Annual report for the year 1907 : (10th year of issue) / Metropolitan Asylums Board.

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METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1907.

PRICE 5/-

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METROPOLITAN ASYLUMS BOARD

(Corner of Carmelite Street),

EMBANKMENT,

LONDON, E.C.,

June, 1908.

SIR,

I forward herewith a copy of the Board's Annual Report for the year 1907.

I should be glad to receive from you at any time a copy of any Report which you may consider would be of interest to the Board.

I am, Sir,

Your obedient Servant,

J. Duncombe Mann.

Clerk to the Board.

500 -6/08 K1.

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METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1907.

(10th YEAR OF ISSUE.)

PRICE 5/-



LONDON:
CHAS. STRAKER & SONS, LIMITED, 5—9, BISHOPSGATE AVENUE, E.C.
1908.

BIBLIOGRAPHICAL NOTE.—Before the year 1886 no regular annual record of the work of the Board was published. (In the year 1871, however, and again in the years 1876 and 1877, the Chairman of the Board issued a report of the nature of an annual report, with some statistics.) For the years between 1886 and 1897, both inclusive, the Chairman of the Board issued an annual report and the Statistical Committee also issued a report, each separately. These reports may, together, be taken as the reports of the Board for those years.

For the year 1898, and for subsequent years, an annual report of the Board, and so called, has been issued, consisting of a summary of the work of the Board for the year, the reports of the several standing committees, and the report of the Statistical Committee. The reports for the four years, 1898, 1899, 1900, and 1901 were issued in two volumes : vol. I. containing the report of the Board and the reports of the standing committees, except that of the Statistical Committee, which itself formed vol. II. The report for the year 1902 commenced a new series in one volume, bound in cloth and furnished with an index. The reports are sold to the public at 5s. a copy, in one volume or two as the case may be.

The separate reports of the Chairman of the Board above referred to and the first report of the Statistical Committee (1886) were of foolscap size ; all the remainder are of the size of this volume.

In the report for 1888 a spot map showing smallpox admissions was included. In the report for 1889 spot maps showing admissions of all diseases to the Board's hospitals were included. In the report for 1890 were included spot maps of notifications also. In the reports for 1891 to 1902 spot maps of notifications but not of admissions were included. In the reports for 1903 to 1905, spot maps of notifications of smallpox and typhus cases only are included.

The following reports are nearly or wholly out of print :—The reports issued in 1871, 1876, and 1877. The report of the Statistical Committee for 1886. The report of the Board (two vols.) for 1900. (For this year—1900—however, all those parts of the report which referred to infectious diseases have been collected and separately printed, and copies may still be obtained. For the years 1899 and 1900 a somewhat similar collection was made as regards the imbecile asylums, and copies may still be obtained.)

From the years of the opening of the several institutions to 1885, annual reports of the medical superintendents, with statistics, and, in some cases, reports by the committees of management, were issued separately, and copies of many of them may still be had.

The annual reports of the Captain-Superintendent and Committee of the Training Ship " Exmouth " may be obtained in a separate form from 1877 ; the reports of the Children's Committee from 1898 ; the reports of the Ambulance Committee from 1884 to 1897 ; and the reports of the Finance Committee from 1900.

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MANAGERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS.

Union or Parish.	Name of Manager.	Address.	Committees (as at end of 1907).
Bermondsey	Ecroyd, W. H.	64, Bermondsey Street, Bermondsey, S.E.	Asylums, Contract, Works.
Bethnal Green	Barnard, A. P., J.P.	309, Hackney Road, N.E.	Hospitals.
Bloomsbury	Smith, Prof. W. R., M.D., J.P.	74, Great Russell Street, Bloomsbury, W.C.	Finance, Asylums, Hospitals, Statistical.
Camberwell	Brown, R.	32, East Dulwich Road, S.E.	Asylums, Children's, Contract.
,,	Sayer, S.	302, Southampton Street, Camberwell, S.E.	Asylums, Children's, Ambulance.
Chelsea	Crosse, T. Warren	10, Cresswell Gardens, South Kensington, S.W.	Children's, Ambulance.
City of London	Benson, Charles J.	10, Bury Court, St. Mary Axe, E.C.	" Exmouth."
,,	Doughty, Rev. G. B.	27, Westbourne Gardens, W.	Hospitals, Statistical.
,,	Lile, J. H., J.P., D.L.	4, Ludgate-Circus, E.C.	Asylums, Children's, Contract, Works.
,,	Monckton, A.	189, Upper Thames Street, E.C.	Children's, Ambulance.
,,	Wilkinson, Cuthbert	66, Holland Park, W.	Finance, Hospitals, Contract, Works.
Fulham	Botterill, Charles	St. Botolph's, Fulham Palace Road, Fulham, S.W.	Hospitals, Children's, Works.
Greenwich	Oldman, F. J.	85, Arbuthnot Road, New Cross, S.E.	Asylums, Children's, Works.
Hackney	Bates, Thomas	67, Clifden Road, Lower Clapton, N.E.	Hospitals, Children's
,,	Beurle, W. L.	Linden House, 331, Victoria Park Road, N.E.	Hospitals, Children's.
Hammersmith	Seager, O.	3, Girdler's Road, Brook Green	Finance, Hospitals, Ambulance.
Hampstead	Sheffield, Col. Frank	" Palaspai," Dalcham Gardens, Hampstead, N.W.	Hospitals, Asylums.
Holborn	Baker, Miss I. M.	37, Brooke Street, Holborn, E.C.	Hospitals, Children's.
,,	Edwards, J. H.	10, Osbaldeston Road, Stoke Newington, N.	Hospitals, Asylums.
Islington	Elliott, G. S.	14, Upper Street, Islington, N.	Children's.
,,	Guttridge, George	29, Yonge Park, Seven Sisters Road, N.	Asylums.
,,	Lambert, Samuel, J.P.	125, Barnsbury Road, N.	Hospitals, Asylums, " Exmouth."
Kensington	Fleming, Sir Francis, K.C.M.G.	9, Sydney Place, South Kensington, S.W.	Children's, Ambulance.
,,	Webb, Colonel R. F., J.P., D.L.	6, West Cromwell Road, South Kensington, S.W.	Finance, Asylums, Works.
,,	Wilde, Miss M. J.	84, Lexham Gardens, W.	Asylums, Children's.
Lambeth	Baldwin, Henry	York Lodge, 93, Loughborough Road, S.W.	Hospitals.
,,	Clark, Arthur	Lynton, Crane's Park, Surbiton	Asylums, Children's, Works.
,,	Gough-Cook, William	26, Herne Hill, S.E.	Asylums, Children's.
Lewisham	West, Major Thomas	The Elms, Southend, Catford, S.E.	Finance, Hospitals, Children's.
Mile End Old Town	Hirst, Rowland	237, Mile End Road, E.	Children's.
Paddington	Cole, S. J.	" Fernleigh," 123, Fernhead Road, W.	Hospitals, " Exmouth."
,,	Humphry, Miss A. M.	41, Sussex Gardens, W.	Children's.
Poplar	Moore, W. B.	89, Malmesbury Road, Bow, E.	Asylums, " Exmouth."
St. George's	Bramston, Miss Georgina	39, Greycoat Gardens, Victoria Street, S.W.	Hospitals, Children's.
,,	Hilliard, Harvey, M.R.C.S., L.R.C.P.	30, Wilton Place, S.W.	Hospitals.
,,	Luttman-Johnson, Henry	17, Rutland Gate, S.W.	Finance, Hospitals, Asylums.
,,	Walden, R. W., J.P.	" Bella Vista," Upper Warlingham	Asylums, Children's, Statistical.

MANAGERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS—*continued.*

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1907).
St. George-in-the-East ..	Martineau, P. M., J.P., D.L., LL.B. (*Vice-Chairman of the Board*)	" Littleworth," Esher, Surrey	*Ex-officio member of all committees.*
St. Marylebone	Browne, Elliott S., L.R.C.S.I., L.R.C.P.I. ..	5, Cavendish Mansions, Langham Street, W.	Hospitals, Children's, Statistical.
,, ...	Dennis, Walter	Ifield House, Carshalton, Surrey	Hospitals, Children's, Contract, Works.
,, ...	White, Edward, J.P.	20, Upper Berkeley Street, W.	Contract.
St. Pancras	Boden, Anthony	34, Maitland Park Villas, N.W.	Hospitals, Asylums, Works.
,, ...	Thornley, Joseph, J.P.	53, Camden Square, N.W.	Hospitals, Children's, Works.
,, ...	Wetenhall, W. J., J.P.	8, Maitland Park Villas, N.W.	Asylums, Children's.
Shoreditch	Bye, John	258, Kingsland Road, N.E.	Asylums, Children's.
Southwark	Cornell, Thomas	63, Borough Road, S.E.	Asylums, Children's, Contract, " Exmouth."
,, ...	Devereux, J. O.	20, Nelson Square, Blackfriars Road, S.E.	Asylums, Children's.
Stepney	Higley, Rev. F. H.	636, Commercial Road East, E.	Children's, " Exmouth."
Strand	Wylson, O. C.	16, King William Street, Strand, W.C.	Finance, Hospitals, Works.
Wandsworth	Lower, J.	123, Sugden Road, Lavender Hill, S.W.	Hospitals, Children's, Works.
,, ...	Penfold, William F.	Burwood House, Upper Tooting, S.W.	Asylums, Children's.
,, ...	Sullivan, A.	3, St. Nicholas Road, Balham, S.W.	Asylums, Children's, Ambulance.
Westminster	Lyon, H. Thomson	34, St. James's Street, S.W.	Hospitals, Ambulance, Works.
Whitechapel	Brown, James, J.P.	5, Kent Terrace, Regent's Park, N.W.	Hospitals, Statistical.
Woolwich	Graham, Lieut.-Col. W. J. B., V.D.	" Whitehouse Villa," Woodlands, Old Charlton, Kent	Asylums, Contract, Works.

MANAGERS NOMINATED BY THE LOCAL GOVERNMENT BOARD.

NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1907).
Doneraile, The Right Hon. The Viscount	91, Victoria Street, Westminster, S.W.	Hospitals, Ambulance, Statistical.
Drage, Geoffrey	29, Cadogan Square, S.W.	" Exmouth," Statistical.
Gell, H. W., M.B.	24, Palace Court, Bayswater, W.	Asylums, Children's, Ambulance, " Exmouth."
Goldie, Colonel J.	41, Charleville Road, West Kensington, W.	Hospitals, Asylums, " Exmouth."
Helby, J. T. (*Chairman of the Board*)	" Glengarriff," Cobham, Surrey	*Ex-officio member of all committees.*
Hensley, Sir Robert M., J.P.	" Glenton House," Putney, S.W.	Finance, Asylums.
Hunt, Jackson, J.P.	23, Montagu Square, W.	Finance, Hospitals, Ambulance.
Inderwick, Miss E. F.	8, Warwick Square, S.W.	Hospitals, Statistical.
Meinertzhagen, E. L. J.P.	4, Cheyne Walk, Chelsea, S.W.	Hospitals.
Portman, Berkeley	22, Tedworth Gardens, Chelsea, S.W.	Finance, Ambulance.
Ritchie, Gerald	39, Cheyne Walk, Chelsea, S.W.	Hospitals, Children's, " Exmouth," Contract.
Rolfe, Admiral E. N., C.B.	167, Victoria Street, Westminster, S.W.	Asylums, " Exmouth."
Scovell, Sir A. C., J.P.	8, Primrose Mansions, Battersea Park, S.W.	Finance, Hospitals, Ambulance, Statistical, Works.
Spender, Harold	47, Campden House Court, Campden Hill, W.	Children's, Contract.
Sprankling, Rev. James	St. George's Cathedral House, Southwark, S.E.	Hospitals, Children's, Works.
Stanley, Hon. Maude A.	32, Smith Square, Westminster, S.W.	Children's.
Strong, Richard, J.P.	" Helstonleigh," Champion Park, Camberwell, S.E.	Hospitals, Asylums, Statistical.
Vallance, W., J.P.	55, Tressillian Road, St. John's, S.E.	Finance, Asylums, Children's, " Exmouth."

N.B.—The Chairmen of the Finance, Asylums, Hospitals, Children's, Works, Ambulance, and Training Ship Committees are also members of the Contract Committee.

METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT OF THE BOARD FOR THE YEAR 1907.

INTRODUCTION.

13th May, 1908.

New Board. The constitution of the newly-elected Board of Management which came into office on the 16th May differed from that of the former Board in the following fifteen instances :—

Parish or Union represented.	Retiring Manager.	Place taken by.
Chelsea	Rev. Dr. W. D. Morrison	Mr. T. W. Crosse
City of London	Mr. W. Mann Cross	Rev. G. Bell Doughty
,, ,,	Rev. J. F. Marr	Mr. Cuthbert Wilkinson
Fulham . ..	Mr. Chas. Thomas	Mr. Charles Botterill
Islington ..	Miss Amelia Varley	Mr. Geo. Guttridge
Kensington ..	Mr. E. Palgrave Simpson	Sir F. Fleming, K.C.M.G.
Lambeth ..	Mr. Alfred Burridge	Mr. Henry Baldwin
,,	Mr. R. W. Bowers	Mr. Wm. Gough-Cook
Lewisham ..	Mr. Alfred Huggett	Major Thos. West
Poplar	Mr. J. T. McCarthy	Mr. W. B. Moore
St. George's ..	Col. G. L. M. Farmer	Col. G. B. Hobart, J.P.
Shoreditch ..	Mr. E. J. Wakeling	Mr. John Bye
Southwark ..	Mr. Wm. Neville	Mr. J. O. Devereux
Stepney	Mr. F. C. Mills, J.P.	Rev. F. H. Higley
Strand	Mr. H. L. D'Arcy Jaxone	Mr. O. C. Wylson

Of the retiring Managers, Mr. W. Neville had been a member of the Board for 12 years, Miss Varley and Messrs. Burridge, Wakeling and Mills for 9 years, Messrs. Thomas, Palgrave Simpson and Jaxone for 6 years, and the others for 3 years or less.

Mr. Harold Spender was nominated by the Local Government Board in April, 1907.

Col. G. B. Hobart, the representative of St. George's Union, resigned his seat in September, 1907, and his place was subsequently taken by Mr. Harvey Hilliard, M.R.C.S., L.R.C.P.

Mr. Osmund Seager was elected as the representative of the Parish of Hammersmith to fill the vacancy caused by the death of the Rev. G. W. Pope.

Dr. H. W. Gell resigned his seat as one of the representatives of the Parish of Paddington, and was subsequently nominated by the Local Government Board, while Miss A. M. Humphry was elected to fill the vacancy caused by the resignation of Dr. H. W. Gell as an elected Manager.

Chairman and Vice-Chairman.

On the 25th May Mr. J. T. Helby was appointed Chairman of the Board for the ensuing twelve months *vice* Mr. Augustus C. Scovell, J.P., who had filled the office to the complete satisfaction of his colleagues during the three previous years. On the same date Mr. P. M. Martineau, J.P., D.L., was re-elected to the office of Vice-Chairman of the Board.

Sir Augustus C. Scovell, J.P.

In November the honour of knighthood was conferred by His Most Gracious Majesty the King upon Mr. Augustus C. Scovell, J.P., the late Chairman of the Board—a reward which was well earned and a distinction which his colleagues gladly recognised as a fitting tribute to one who had devoted so much time and attention to the work of the Board.

Finance.

Towards the close of the year the Managers decided to consolidate nearly all their outstanding loans into one loan carrying a uniform rate of interest. These loans, which had been advanced to the Board from time to time by the London County Council, amounted to about £3,000,000,

were 127 in number, and covered several hundred items in respect of each of which detailed records had to be kept. They bore 12 distinct rates of interest varying from $2\frac{3}{4}$ to 4 per cent. In addition to the simplification of accounts which the new arrangement will effect, the Ratepayers will benefit by a total reduction of approximately £300,000 in the amount of interest to be paid. There will also be the advantage of repayment being made by equal half-yearly instalments, and the whole amount of the loans will be liquidated within fourteen years from March, 1908.

It is a matter for satisfaction that during 1907, and for the first year in the existence of the Board, a period now over 40 years, no loans were raised in respect of building or other works.

Mainly in consequence of the exceptional prevalence of infectious disease in the Metropolis to which reference is hereinafter made, and of the increase in the average daily number of inmates and officers maintained in the Board's hospitals, the expenditure of the Managers on current account during the year ended at Michaelmas, 1907, amounted to £1,098,371, and exceeded that of the previous year by £43,071.

The average daily number of inmates in the Board's institutions during the year was 13,127 as against 12,627 during the previous twelve months.

Another item of expenditure worthy of comment is the amount now being paid for Superannuation allowances, which last year amounted to £8,117, whereas the contributions under the Act only amounted to £5,953.

Revision and Consolidation of Local Government Board's Orders.

The year under review witnessed the completion of a work which, initiated by the Managers in 1900, and authorised by the Local Government Board in 1903, had for its object the consolidation into one order of the 73 orders of the Poor Law Board and the Local Government Board which have hitherto regulated the proceedings of the Managers, their committees and officers.

This draft order, the object of which was to reconcile conflicting regulations and to amend and harmonise the powers and duties of the Managers and their officials, was submitted to the Managers in

July last; was approved by them at their first meeting in the following October; and is now under the consideration of the Local Government Board, who have been requested to authorise its enforcement for an experimental period of twelve months.

Printing and Stationery. The centralisation of the supervision of the printing and stationery arrangements at the Head Office, which originally came into operation during the year ended Lady-day, 1898, has had most satisfactory financial results, the expenditure in respect of printing and stationery having been reduced from £11,232 in respect of 24 institutions during the year ended at Lady-day, 1897, to £6,980 in respect of 42 institutions for the year ended at Lady-day, 1907. With these results before them, the Managers will heartily endorse the remarks of the Finance Committee as to the careful supervision that now obtains over these items of expenditure.

Infectious Hospitals. (a) Fever and Diphtheria. The year 1907 will be memorable in the history of the Board for the abnormal amount of infectious disease—particularly of scarlet fever—which prevailed in the Metropolis throughout the whole of the year, the total number of fever and diphtheria patients admitted into the hospitals of the Board being no fewer than 32,169, or 6,165 in excess of the numbers received during any previous year.

Not only did the total number of admissions thus largely surpass all previous records, but the total number of patients under treatment at any one time also reached the highest recorded figures, as many as 7,158 cases, or 1,448 in excess of the previously recorded maximum, having been under treatment in the hospitals of the Board on the 19th November.

The absence of smallpox enabled the Managers to make temporary use of the Joyce Green Hospital for acute cases of fever. 475 cases were admitted there and remained there during the convalescent stage as well as the acute stage of the disease, with most satisfactory results, as the average length of stay was only seven weeks.

It is satisfactory to note that, with the largest number of fever cases on record, not a single case was refused admission. The admissions of infectious diseases during the year compared with the notifications represent 85·7 per cent., the highest percentage yet

attained. Scarlet fever showed even a higher percentage, viz. :— 89·4.

The mortality of scarlet fever patients treated in the hospitals has been but 2·8 per cent. Only on one occasion previously has it been as low.

It is much to be regretted that the number of cases of mistaken diagnosis is apparently on the increase. In the course of the year no fewer than 3,111 cases were admitted, as against 2,151 the previous year. Dr. Turner, the Medical Superintendent of the South-Eastern Hospital, states in his report that "a far greater percentage of error is made at the large general hospitals than by private practitioners." It would seem that this requires some explanation. The new isolation cubicles at the South-Western Hospital have proved an undoubted success, and tend to show the necessity for additional isolation accommodation at all the hospitals.

The newer portion of the Lower Gore Farm Hospital was brought into use for convalescing patients; at one time (20th November) 1,528 patients were accommodated in the Upper and Lower Hospitals. Without doubt, the charge of so large a number of patients was a great responsibility to place upon one Medical Superintendent, but no difficulty arose. Great credit is due to the Medical Superintendent and his Staff for the admirable way in which the Hospital was administered under so great a strain.

Ambulance Service.

The exceptional prevalence of fever in the Metropolis necessarily entailed an enormous amount of work on the ambulances of the Board, the total number of patients conveyed by these vehicles having far exceeded all previous records. In successfully meeting the exceptional demands made upon them, the Managers were largely indebted to the increased facility which motor traction has offered for the transference of convalescent patients from the acute to the convalescent hospitals, and particularly from the hospitals at Tottenham and Hampstead to the Gore Farm Hospitals. As evidence of the great strain thrown upon the ambulance service during the busiest time of the year, it may be mentioned that on the 13th November as many as 344 removals were effected, of which 123 were acute cases taken from their homes to

the acute hospitals, 178 convalescent cases transferred from the acute to the convalescent hospitals, and 43 were recovered patients.

The practice of affording the friends of recovered patients the opportunity of fetching them from the convalescent hospitals was continued at the Northern Hospital throughout the year and at the Gore Farm Hospital up to the end of September.

During 1907 the ambulances of the Board removed to hospital 32,037 fever patients and 15 patients certified (prior to removal) to be suffering from smallpox*; 454 persons suffering from dangerous infectious diseases to other places than the Managers' hospitals, and 841 medical and surgical cases to general hospitals and other places.

The Board's ambulances likewise removed 807 imbeciles, 452 children suffering from ophthalmia, 28 from ringworm, and conveyed 165 defective and other children to and from the Board's institutions. The aggregate mileage run by the Board's vehicles during the year was 462,756, which surpassed the mileage run in 1902 (the highest previously recorded) by no fewer than 73,760 miles.

Asylums. The increase in the number of patients in the Imbecile Asylums at the end of the year was only 45 more than at the commencement of the year. 213 of the patients admitted during the year were over 70 years of age, and many of these were of the aged and infirm class transferred from the Workhouse Infirmaries either because they were troublesome or to afford the Guardians additional accommodation in the Infirmaries. The removal of this class of patient from the Poor Law Institutions, where they are near to their friends, and treating them as lunatics for the remainder of their short lives, seems cruel and is a proceeding which should not be encouraged. In addition to providing accommodation for this class of old and infirm patient, the patients already in the Board's Asylums are attaining the condition of aged and infirm and have to be treated as such. This has necessitated the conversion of several blocks in the Leavesden and Caterham Asylums into Infirmary Wards at considerable cost, a consequent increase of staff, and increased expenditure for administration.

The erection at the Tooting Bec Asylum of two additional

* The certificates in respect of five of these patients were subsequently withdrawn.

infirmary blocks, supplementary staff accommodation, and a recreation hall was practically completed by the end of the year, and should be of great assistance to the Managers in meeting the demand upon them for additional accommodation for infirmary cases.

The plans of the modified scheme for the adaptation of the remaining portion of the buildings at the Belmont Asylum for the accommodation of 523 male imbecile patients, which were before the Local Government Board at the beginning of the year, were again before the Managers in April last, when, after considering certain representations made to them by the Local Government Board, they decided to withdraw from that Board this revised scheme, and to abandon wholly the works which would have been involved in carrying it through.

The satisfactory development of Darenth Asylum as a training school and industrial colony where patients are engaged in the making of baskets and brushes, doormats and rugs, and in bookbinding, carpentering, painting, tailoring, upholstering, needlework, etc., still continues, and interesting particulars as to the work carried on by patients in the industrial section of this asylum will be found in the annual report of the Medical Superintendent (p. 231), which is well worthy of perusal. Great credit is due to the Medical Superintendent and staff for the admirable way in which the work has developed under their care and attention.

The provision of facilities for the carrying on of needlework by the patients, and the erection of new workshops for staff artisans and working patients at Darenth; the steps taken to meet an outbreak of ophthalmia at Belmont; and the amendment of the dietary scale for adult patients at Tooting Bec in a manner calculated to effect a considerable annual saving without detriment to the health or comfort of the patients, are the only other matters of any importance which have to be recorded in connection with the Board's imbecile asylums.

Into these institutions during 1907 there were admitted 832 patients, whilst 662 died, and 135 were discharged, leaving 6,713 under treatment at the end of the year, of whom 5,977 were adults, and 736 children under 15 years of age.

Children's Committee. (i.) General. In the last annual report attention was called to the fact that, whilst there had been a progressive increase in the total number of Metropolitan Poor Law children in receipt of indoor relief, there had been a marked decrease in the class of children for whom the Managers had been called upon to provide accommodation—a decrease which was especially noticeable in the case of children suffering from ringworm, and in a less degree in the case of those afflicted with ophthalmia.

Although from the Managers' point of view this condition of affairs cannot be otherwise than satisfactory, there can be little doubt that adequate use is not made by the several Metropolitan Boards of Guardians of the accommodation provided by the Managers for special classes of Poor Law children. This fact is again emphasised in the annual report of the Children's Committee, who point out that at the time of the enquiry of the departmental committee on Metropolitan Poor Law schools in 1896, there were 17,807 children receiving indoor relief from the Metropolitan Boards of Guardians, of whom it was estimated that some 2,000 of the classes now dealt with by the Board would require to be provided for. As a matter of fact, the number of children under treatment in the Board's institutions at any one time since the Managers undertook the segregation of these children in separate institutions for curative and educational treatment has never exceeded three-fourths of this number, although the total number of children receiving relief in the Metropolis on the 1st January, 1907, had reached 19,830, or 2,000 more than in 1896.

It is satisfactory to be able again to record that the scholastic work in the institutions under the control of the Children's Committee is, notwithstanding the special medical treatment which they undergo, still maintained at a high level, and has once more received the unqualified approval of H.M. Inspectors.

(ii.) Ophthalmia Schools. Although there has been a slight increase in the number of cases admitted into the ophthalmia schools of the Board the nature of the cases admitted has undoubtedly been of a milder character, the number of cases of trachoma continuing to decline. The period of detention of children suffering from ophthalmia also continues to decrease, the average stay of the last 100 cases discharged during 1907 having been only nine months, as

against an average of 18·23 months for the first 100 cases admitted by the Board in 1903.

The question as to what course should be adopted with regard to children who, having attained the age of 16 years, are still suffering from ophthalmia is one upon which the Local Government Board have been asked for an expression of their opinion. The case is one of some difficulty, as, whilst it is obviously impracticable to retain adult chronic cases of ophthalmia for an indefinite period, it is equally undesirable, as the Children's Committee point out, to discharge a case at the age of 16 which is likely to be cured in a comparatively short time.

(iii.) Ringworm Schools.

Thanks to the beneficent results which have followed the X-ray method of treatment of ringworm cases, the average period of detention of the last 100 cases treated by this apparatus and discharged prior to the 31st December, 1907, was again very low, being only 5·33 months per case from the beginning of treatment as compared with a period of about 18 months before this new method of treatment was introduced.

The number of cases remaining under treatment also showed a slight decrease, viz.: —329 cases on the 1st January, 1908, as against 339 on the 1st January, 1907. Compared with the years 1904, 1905, and 1906, when the numbers under treatment averaged about 550, the decrease during the past two years must be considered as satisfactory from every point of view.

(iv.) Seaside Homes.

The closing and renovation of S. Anne's Home from the 15th February to the 12th June in consequence of an outbreak of scarlet fever thereat; the provision of an operating room and of additional accommodation for staff at East Cliff House; and the encouraging results which are being obtained at Millfield, where cases of early pulmonary tuberculosis are received, are the only matters of interest to be recorded in connection with the seaside homes of the Board, at which during the year 1907, 742 patients were admitted and 11 died, and from which there were 700 discharges, leaving 366 cases under treatment at the end of the year.

(v.) Homes for the Mentally defective.

The report of the Children's Committee deals at considerable length with the difficulties which have attended their endeavours to provide for the care of feeble-minded children—difficulties which must necessarily continue to

exist pending the issue of the report of the Royal Commission which was appointed in 1905 to deal with this important question and to report as to the amendments of the law, or other measures to be adopted with regard thereto.

The growth of the two industrial colonies for older feeble-minded children, *i.e.*, for males at Bridge Industrial Home, Witham, and for females in part of the buildings of the High Wood School at Brentwood, and the good work accomplished in the face of considerable difficulties, as well as the work which has been carried on on the usual lines in the smaller London homes, will be found fully dealt with in the Children's Committee's report. It is satisfactory to note in this connection that the extension of the country colonies for feeble-minded cases has reduced the pressure on the London homes, and that it is proposed in the near future to dispose of the Kingwood Road Home.

At the end of the year 213 cases remained under treatment in the institutions for feeble-minded cases.

(vi.) Remand Homes. The number of children admitted into these homes during 1907 was 2,098, of whom 1,808 were boys, and 290 were girls. These figures do not include separate remands of the same child.

The reception by the Home Secretary on the 24th January of a deputation which was convened at the instance of the Committee on Wage Earning Children, and the points discussed on that occasion; the passing in August last of the Probation of Offenders Act, which gives a court of summary jurisdiction discretionary power to discharge an offender on probation upon his entering into recognisances to be of good behaviour; and the satisfactory diminution which is taking place year by year in the number of juvenile delinquents, are other matters to which the Children's Committee also call attention in their report.

Training Ship Exmouth. It is matter for continued surprise and regret that the splendid opportunities offered by the Exmouth for training lads for service in the Royal Navy and Mercantile Marine should be so little appreciated in London that the Managers should be compelled year after year to receive boys from extra Metropolitan parishes and unions in order to supplement the

numbers under training. Even with this help the enrolment of the ship is by no means complete, there having been at the end of the year only 535 boys under training, or 65 short of the ship's authorised complement. To whatever cause this unsatisfactory state of affairs may be attributable, there can be little doubt that, considering the prominence which is year by year given to the matter, an exceedingly valuable asset, the knowledge of which should require no stimulus to ensure full use being made of it, is being to a considerable extent ignored by those who should have at heart the best interests of the lads for whom the Exmouth was established.

During 1907 the admissions on board the Exmouth were only 242, viz.:—171 from the Metropolis, and 71 from parishes and unions outside. As the Training Ship Committee point out in their report, these admissions are the lowest recorded, with the exceptions of the years 1891 and 1903.

285 lads were discharged during the year, of whom 88 entered the Royal Navy, and 144 the Mercantile Marine, leaving 535 under training at the end of the year. Of these 368 were lads from London, and 167 from places outside.

Medical Officer for General Purposes.

Arising out of the decision of the Managers in August, 1906, to create the office of Medical Investigator for their hospitals service, the Local Government Board, by order dated 12th September, 1907, empowered the Managers to appoint a Medical Officer for General Purposes whose services should be available in connection with every branch of the Board's work, and to assign to him such duties as the Local Government Board might approve. These duties were duly formulated by the General Purposes Committee; were adopted by the Managers towards the close of the year; and have since received the sanction of the Local Government Board.

Emoluments and Rations of Officers and Servants.

In the annual report of the Committee for General Purposes (p. 75) will be found particulars of the steps taken and the regulations adopted by the Board during the past year with the object of simplifying, and placing upon a more satisfactory footing than had hitherto obtained, various complex and difficult questions relating to emoluments in kind enjoyed by the officers and servants of the Board.

Works Committee.

The Managers are to be congratulated upon the fact that the year 1907 has witnessed the practical completion of building works and schemes the initiation and development of which have formed so significant a feature of the Board's policy in the past.

The only building schemes of importance which were commenced during 1907 were the erection of new central stores at Peckham, for which a tender at the sum of £16,381 was accepted in June; the erection of a new boiler-house, workshops, destructor-house, etc., at the North-Eastern Hospital, for which tenders amounting in the aggregate to about £12,000 were accepted later in the year; and the preparation of plans for the erection of a bacteriological laboratory at Belmont at an estimated cost of about £6,300.

During 1907 works were carried out under the supervision of the Engineer-in-chief to the approximate value of £88,769, of which £66,687 was expended on works carried out by contract, and the balance on works executed by direct labour.

Contract Committee.

In addition to sundry minor contracts of the value of which no reliable estimate can be given, 704 contracts for the supply of coals, provisions, necessaries, linen and woollen goods, drapery, clothing, hardware, boots and shoes, and other articles, representing an approximate value of £291,151, were entered into by the Board during 1907 on the recommendation of the Contract Committee.

With the view of improving the methods of estimating for contract purposes the quantities of goods likely to be required by the Board during any given period, and of revising the samples so as to contract as far as practicable only for goods readily obtainable on the market, and not for such as require to be specially made; and with the object of simplifying where practicable the Board's arrangements for supplies, the Contract Committee, following the practice prevailing in H.M. Civil Service, have requested the Clerk to the Board to constitute a Departmental Committee of officers specially conversant with these matters, who will consider and report to the Committee upon the whole subject.

During 1907 1488 samples of provisions, necessaries and other supplies were analysed by direction of the Contract Committee. Of the samples thus analysed, 243 (of which 202 represented samples of milk) yielded unsatisfactory results, and in each case the cost of

the analysis was charged against the contractor and, wherever practicable, the contract conditions as to the rejection of unsatisfactory supplies duly enforced. No doubt the frequent, regular, and thorough testing by analysis of all supplies capable of being so tested is the most efficient means of securing and maintaining a high standard of quality in supplies, and fully repays the relatively small cost and additional labour which it entails.

Officers and Staff.

The total number of officers and staff in the service of the Board on the 31st December, 1907, was as follows:—

	Permanent.	Temporary.
Head Office	119	11
Asylums	1,285	68
Fever Hospitals*	3,456	96
Smallpox Hospitals (including River Ambulance Service)	309	47
Land Ambulance Service	196	5
Children's Homes and Schools	401	13
Exmouth (Training Ship)	44	5
Stores and Needlerooms	14	9
	5,824	254

* Including Bacteriological Laboratories.

During the year 2,368 officers and servants were appointed, and 1,882 left the service, showing an increase of 486; 31 were superannuated.

A Statement, showing the location, acreage, date of opening, and accommodation of the several institutions under the Board's control, is appended.

(Signed) J. T. HELBY.
Chairman of the Board.

(Signed) T. DUNCOMBE MANN,
Clerk to the Board.

Office of the Board,
Embankment, London, E.C.
13*th May*, 1908.

APPENDIX.—List of the various institutions

No.	Name of Institution.	Where Situate.
	Imbecile Asylums.	
1	Tooting Bec Asylum and Children's Receiving Home	Tooting, S.W.
2	Leavesden Asylum	King's Langley, Herts
3	Caterham ,,	Caterham, Surrey
4	Darenth Training School and Industrial Colony	Dartford, Kent
5	Belmont Asylum	Sutton, Surrey
	Fever Hospitals.	
6	Eastern Hospital	Homerton Grove, N.E.
7	North-Eastern Hospital	St. Ann's Road, South Tottenham, N.
8	North-Western ,,	Lawn Road, Hampstead, N.W.
9	Western ,,	Seagrave Road, Fulham, S.W.
10	South-Western ,,	Landor Road, Stockwell, S.W.
11	Fountain ,,	Tooting Grove, Tooting Graveney, S.W.
12	Grove ,,	Tooting Grove, Tooting Graveney, S.W.
13	South-Eastern ,,	Avonley Road, New Cross, S.E.
14	Park ,,	Hither Green, Lewisham, S.E.
15	Brook ,,	Shooters Hill, Kent
16	Northern ,, (for Convalescing Patients.)	Winchmore Hill, N.
17	Gore Farm Upper ,, (,,)	Dartford, Kent
	,, Lower ,, (,,)	
18	Southern ,, (,,)	Carshalton, Surrey
	Smallpox Hospitals.	
19	Joyce Green Hospital	Dartford, Kent
20	Orchard Hospital	,, ,,
21	Long Reach Hospital	,, ,,
22	**Training Ship "Exmouth."**	Moored off Grays, Essex
	Infirmary	Grays, Essex
	Shipping Home	24, Stainsby Road, Limehouse
	Schools and Homes for Children.	
	Ringworm School.	
23	The Downs School	Sutton, Surrey
	Ophthalmia Schools.	
24	High Wood School*	Brentwood, Essex
25	White Oak ,,	Swanley Junction, Kent
	Seaside Homes.	
26	S. Anne's Home	Herne Bay, Kent
27	East Cliff House	Margate, Kent
28	Millfield	Rustington, near Littlehampton
	Homes for Defectives.	
29	Lloyd House	11, Lloyd Street, Pentonville, W.C.
	12, Lloyd Street	Pentonville, W.C.
30	26, Elm Grove	Peckham, S.E.
31	60, 62, 64, Kingwood Road	Fulham, S.W.
32	81, Earlsfield Road	Wandsworth, S.W.
33	Surrey House, 66, St. Ann's Hill	,, ,,
34	Bridge Industrial Home	Witham, Essex
	Remand Children's Homes.	
35	70, 72, 74, Pentonville Road	Pentonville Road, N.
36	203, 205, Harrow Road	Paddington, W.
37	36, 37, 38, Camberwell Green	Camberwell Green, S.E.
	Ambulance Stations.	
38	Eastern Ambulance Station	Brooksby's Walk, Homerton, N.E.
39	North-Western ,,	Lawn Road, Hampstead, N.W.
40	Western ,,	Seagrave Road, Fulham, S.W.
41	Mead ,,	Carnwathe Road, Fulham, S.W.
42	South-Western ,,	Landor Road, Stockwell, S.W.
43	South-Eastern ,,	New Cross Road, S.E.
44	Brook ,,	Shooters Hill, Kent
45	Tooting Bec ,,	Tooting, S.W.
	Wharves, Piers, and Steamers.	
46	North Wharf	Managers' Street, Blackwall, E.
47	South ,,	Trinity Street, Rotherhithe, S.E.
48	West ,,	Carnwathe Rd., nr. Wandsworth Bge., S.W.
—	Five Ambulance Steamers	
	Contract Department.	
49	Central Stores	Mermaid Court, Borough, S.E.
	Temporary Central Needleroom	67, Newcomen Street, S.E.
50	Diphtheria, Antitoxin and Bacteriological Establishments	Sutton, Surrey.

* At this school certain buildings have been temporarily set apart for the accommodation of feeble-minded girls of age

under the Board's control, or in course of erection.

No.	Date of Opening.	Acreage.	Accommodation.
1	January 19th, 1903	22 a.	891 beds.
2	October, 1870	137 a.	1,877 „
3	„ „	154 a. 1 r. 32 p.	1,943 „
4	November, 1878	164 a. 1 r. 0 p.	1,994 „
5	July 5th, 1905	93 a.	336 „ (portion only)
			— 7,041
6	February 1st, 1871	9 a.	368 „
7	October 8th, 1892	33 a. 0 r. 6 p.	662 „
8	January 25th, 1870	12 a. 0 r. 1 p.	460 „
9	March 10th, 1877	13 a. 2 r. 35 p.	452 „
10	January 31st, 1871	8 a. 1 r. 20 p.	339 „
11	October, 1893	10 a. 2 r. 19 p.	405 „
12	August 17th, 1899	22 a. 3 r. 3 p.	518 „
13	March 17th, 1877 (re-opened 2nd July, 1906)	10 a. 2 r. 0 p.	488 „
14	November 8th, 1897	19 a. 1 r. 6 p.	548 „
15	August 31st, 1896	29 a. 1 r. 2 p.	568 „
16	September 25th, 1887	35 a. 2 r. 38 p.	738 „
17	October, 1890	160 a. 0 r. 16 p.	922 „
	Erected, 1902		610 „
18	Erected, 1906	136 a. 0 r. 0 p.	800 „
			— 7,878
19	December 28th, 1903	315 a. 0 r. 0 p.	940 „
20	Erected spring, 1902	Part of Joyce Green estate	800 „
21	February 27th, 1902	8 a. 1 r. 0 p.	300 „
			— 2,040
22	March, 1876		600 boys.
	„ „	2 a. 3 r. 21 p.	46 beds.
	January, 1878	8 a. 1 r. 0 p.	9 boys.
			— 655
23	February 26th, 1903	19 a. 1 r. 24 p.	420 children.
24	July, 1904	28 a.	300 „
25	March 20th, 1903	49 a.	300 „
26	December 26th, 1897	2 a. 3 r. 0 p.	134 beds.
27	June 26th, 1898	1 a. 2 r. 0 p.	130 „
28	April 6th, 1904	5 a. 2 r. 0 p.	100 „
29	January 16th, 1899		20 girls.
	October 18th, 1901		8 „
30	January 25th, 1901		14 boys.
31	September 17th, 1900		22 „
32	July 7th, 1903		10 girls.
33	December 11th, 1903		16 boys.
34	February 12th, 1901	7 a. 1 r. 0 p.	150 children.
35	January 1st, 1902		40 boys, 15 girls
36	January 1st, 1902		45 boys.
37	January 1st, 1902		40 boys, 10 girls.
			1,774
38	June 20th, 1885	The areas of these sites are included in those of the adjoining hospitals (see above).	.. .. ..
39	September 1st, 1897		.. .. ..
40	July 9th, 1884		.. .. ..
41	April, 1902	On part of the West Wharf site	.. .. ..
42	May 2nd, 1898	The areas of these sites are included in those of the adjoining hospitals (see above).	.. .. ..
43	October 1st, 1883		.. .. ..
44	August 18th, 1896		.. .. ..
45	Erected 1903	Included in site of asylum	.. .. ..
46	Purchased November, 1883	— 2 r. 0 p.	9 beds.
47	„ September, 1883	2 a. 1 r. 0 p.	24 „
48	„ January, 1885	2 a. 2 r. 10 p.	.. .. ..
—	October, 1884, to March, 1902	.. .. ..	About 170 beds.
49	July, 1896	.. .. ..	.. .. ..
	September, 1901	.. .. ..	.. .. ..
50	May, 1907	Part of Belmont Estate	.. .. ..

from about 16 to 21 years.

ANNUAL REPORT OF THE HOSPITALS COMMITTEE FOR 1907.

19th March, 1908.

We submit our annual report for the year 1907.

Chairman and vice-chairman. Mr. J. T. Helby, who had been our chairman for two years, having been elected chairman of the Board in May, we appointed Mr. Walter Dennis (our vice-chairman since 22nd March, 1906) to be our chairman, and the Rev. J. Sprankling to be our vice-chairman.

Meetings. During the year we have held 20 meetings. The sub-committees have held 308 meetings.

Principal officers and others. The vacant post of Medical Superintendent of Gore Farm Hospital was filled in February by the promotion of Dr. W. T. Gordon Pugh, formerly Senior Assistant Medical Officer at the North-Eastern Hospital.

Dr. Bruce, Medical Superintendent of the Western Hospital, continued, with our permission, to act as Clinical Instructor in Fevers under the Army Medical Service for a second year.

Mr. E. Kellett, Deputy Steward, Grove and Fountain Hospitals, resigned and left in June.

Assistant medical-officers and students. During the year 20 assistant medical officers joined the Board's service, and 15 left.

40 assistant medical officers were employed temporarily at various times.

259 students (27 of whom were women) received clinical instruction at ten of the fever hospitals.

During the year 5 clinical assistants were appointed.

Patients—Fever and diphtheria. The number of patients remaining under treatment on 1st January, 1907, was 4,931, viz. :—

3,822 *scarlet fever.
978 *diphtheria.
129 *enteric.
2 *other diseases.

The year 1907 has been marked by an exceptional prevalence of infectious disease in the Metropolis, particularly of scarlet fever. The highest number of patients in hospital on any one day was reached on 19th November, when 7,158

* Uncorrected for mistakes in diagnosis.

cases were under treatment, viz.:—5,712 scarlet fever, 1,315 diphtheria, 130 enteric fever, and 1 other disease, this total being no fewer than 1,660 in excess of the maximum of 1906, and 1,448 more than the highest number on any previous occasion.

During the two months of October and November the daily admissions exceeded 100 on 50 occasons, 14 times they rose above 150, and once no fewer than 193 were admitted n one day (21st October).

It is satisfactory to report that, although the Board's resources were submitted to a very severe trial, the loyal co-operation of the medical superintendents enabled us to receive every patient for whom admission was sought. To accomplish this, however, exceptional measures had to be taken. It has been pointed out on previous occasions how erratic is the behaviour of infectious disease, and another illustration of this is afforded by the statistics above referred to. In point of fact, the provision for fever cases was not sufficient. But, happily, there was not at the moment any smallpox to cause anxiety, and the provision made for this disease at Dartford came to our aid. The Joyce Green Smallpox Hospital was empty of patients and was practically fully equipped, and to meet the unprecedented demands of fever the Board, with the Local Government Board's sanction, authorised the temporary use of that hospital for acute fever cases. The Medical Superintendent (Dr. Ricketts) and the Matron (Miss Wacher), with great promptitude, gathered a staff together, and the first batch of patients was admitted on 22nd October. The North Wharf was used as a place of embarkation. Here Dr. A. F. Cameron saw all the patients on their arrival and determined as to their disposal, and his past experience in such an important position was of great value to the Board.

Altogether a total of 475 patients were admitted to Joyce Green.

A portion only of the hospital was used for the purpose, Long Reach Hospital being reserved for smallpox cases. Fortunately, no cases of smallpox occurred during the temporary occupation of Joyce Green by fever patients.

As regards accommodation for convalescing cases, the whole of the Lower Hospital at Gore Farm had to be brought into use.

Isolation accommodation by means of cubicle wards.

The two wards at the South-Western Hospital referred to in our last report, which have been converted into cubicles for isolation purposes, have been in use throughout the year. They were inspected in February, at our invitation, by several of the medical officers of health of the Metropolis.

A scheme for the provision of additional isolation accommodation at the Eastern Hospital, by converting one of the wards into separate rooms is under consideration.

Discharge of scarlet fever patients.

In their observations on Dr. A. G. R. Cameron's report on return cases, the medical superintendents unanimously recommended "that a discharge ward for scarlet fever be established at each hospital, into which the patient could be admitted and bathed not later than the day before discharge."

Reports having been made to us upon the whole matter, we approved of arrangements whereby all the hospitals, except the Eastern—as to which a scheme is under consideration—have been provided with this additional safeguard.

Preparation of diphtheria antitoxin and bacteriological work.

The new stables at Belmont, referred to in our last report, were completed in the early part of the year, and work was commenced there in May.

The Local Government Board, after protracted negotiations, did not assent to the erection at Peckham Rye of the proposed new central laboratories as the managers wished, but, instead, approved of their

provision near to the stables at Belmont. The erection of an entrance lodge for the accommodation of a resident officer in charge was also approved. Meanwhile, the laboratory work is being continued at the Examination Hall. The provision there, however, having proved much too small for the proper carrying on of the work arrangements were entered into with the Royal College of Physicians and Surgeons, with the assent of the Local Government Board, for the renting of an additional room.

In December the Board appointed Dr. G. E. Cartwright Wood (whose appointment up to that time had been a temporary one) as bacteriologist at a salary of £600 per annum, and approved of the appointment of an assistant bacteriologist, at the rate of £300 per annum rising by £25 annually to £350 per annum.

Smallpox. At the end of 1906 no smallpox patients were under treatment, and it is gratifying to note that throughout the year only two patients were admitted. The last case was discharged on 21st September.

Smallpox Hospitals and River Ambulance Service. During the year the problem of what was to be done with Long Reach Temporary Smallpox Hospital came up for solution—a matter to which we gave much consideration—and, as a result we proposed that the Board should retain the buildings and carry out certain necessary works of preservation to them which, it is estimated, will add 15 years to their life. These proposals the Board agreed to.

Revised regulations for the nursing and other subordinate staffs of the Smallpox Hospitals and River Ambulance Service and revised wages scales for the River Ambulance Service (other than for nursing and domestic staffs), were submitted by us to the Board and approved by them.

The erection of one of the two proposed blocks of cottages at Joyce Green, a subject which was referred to last year, has been postponed, it having been determined to erect half the number at present.

In 1903 the Board resolved to undertake the publication of two books—to be prepared by the Medical Superintendent (Dr. Ricketts)—on the diagnosis and treatment of smallpox. Difficulties having arisen in connection with the publication of these works by the Board an agreement has been arrived at whereby it was left to Dr. Ricketts to make his own arrangements for publication.

Conclusion. It is with renewed pleasure that we again record our appreciation of the invaluable assistance rendered to us by the medical superintendents and other officers during last year, a period which our report shows to have been one of very great stress.

(Signed) WALTER DENNIS,
Chairman, Hospitals Committee.

ANNUAL REPORT OF THE ASYLUMS COMMITTEE FOR 1907.

24th February, 1908.

Applications for admissions and actual admissions. 905 *(941)** applications for the admission of patients were dealt with at the Head Office, and the actual admissions totalled 832† *(784)*; of the latter number 206 *(157)* were children, and 213 *(208)* were over 70 years of age. 108 *(200)* patients were admitted from asylums under the control of the London County Council, the majority of whom did not pass through Tooting Bec Asylum, but were taken direct to Caterham or Leavesden.

Of the 213 *(208)* patients admitted over 70 years of age, 77 *(86)* were between 70 and 75, 79 *(69)* were between 75 and 80, 40 *(38)* were between 80 and 85, 16 *(12)* were between 85 and 90, and 1 *(3)* was over 90 years.

Transfers. 740 *(743)* transfers were effected, the details of which are shown on the following statement:—

	Males.	Females.	Total.	
(a) From Tooting Bec:				
To Caterham	31	47	78	*(98)*
To Leavesden	29	115	144	*(157)*
To Darenth (over 16 years)	29	14	43	*(69)*
To Darenth (under 16 years)	111	63	174	*(164)*
To Belmont	50	—	50	*(26)*
Total	250	239	489	*(514)*
(b) From Caterham:				
To Darenth	1	—	1	—
To Tooting Bec	—	20	20	*(1)*
Total	1	20	21	
(c) From Leavesden:				
To Caterham	1	1	2	*(1)*
To Darenth	2	—	2	—
To Tooting Bec	1	22	23	—
Total	4	23	27	

*The italicised figures in brackets throughout are those for the previous year, 1906.

†This number includes the re-admission of 5 patients temporarily transferred from Tooting Bec Asylum to the Grove Hospital.

	Males.	Females.	Total.	
(d) From DARENTH:				
To Belmont (over 16 years)	40	—	40	(*148*)
To Leavesden	30	46	76	(*9*)
To Caterham	—	47	47	—
Total	70	93	163	
(e) From BELMONT:				
To Caterham (over 16 years)	1	—	1	—
To Darenth (under 16 years)	8 (Cured Ringworm Cases.)	—	8	(*1*)
To Tooting Bec (over 16 years)	31 (temporarily).	—	31	—
Total	40		40	—
Grand total of transfers for 1907	346	394	740	

Of the 174 child patients (i.e., those less than 16 years of age) transferred to Darenth from Tooting Bec, only 49 were considered by the Medical Superintendent of the latter institution to be of the "improvable" type; 84 of them were classed as unimprovable, and 41 as doubtful. These proportions are much less satisfactory than those relating to the years 1905 and 1906.

Age limit for admission of imbecile children. Towards the end of the year the limit of age for the admission of imbecile children was reduced, with the assent of the Local Government Board, from 5 to 3 years. It has been arranged that the children between 3 and 5 whom the Guardians may send shall, upon being transferred to Darenth from Tooting Bec Receiving Home, be accommodated in one of the Darenth pavilions, and kept under special observation.

Type of admissions. There has been no relaxation of pressure on the infirmary accommodation, owing to the fact that most of the patients sent in continue to be of the aged and infirm type, who need continuous care and attention, and are unfitted to be placed in large wards constructed for able-bodied patients.

As a consequence, we felt that the conversion of three additional blocks into infirmary wards at Leavesden Asylum, which the Medical Superintendent had for some time advocated, could no longer be postponed, and we accordingly submitted a recommendation to the Managers in November, which they adopted. In addition to the expenditure incurred for this work, the annual cost of the extra staff required will be about £2,345.

Patients not suitable to be placed in ordinary large wards continue to increase in number, and there can be little doubt that ere long it will be necessary to provide additional infirmary accommodation at Caterham Asylum.

Admission of patients suffering from ringworm and ophthalmia. In compliance with our request, the Local Government Board, in May last, issued an Order sanctioning the admission of insane children "suffering from contagious disease of the scalp, or of the skin, or of the eyes," if suitable and separate premises" for the accommodation of such children were hereafter provided by the Managers, and, on our recommendation, the Managers, and subsequently the Local Government Board agreed to the allocation of the little-used

accommodation in the Receiving Home above-mentioned, which had been specially provided for patients in whom ringworm or ophthalmia might develop after admission.

By the same Order the Local Government Board rescinded their Order of the 5th May, 1890, which practically limited the admission of insane children to Darenth Asylum, and prescribed amended regulations to govern admissions into an "Asylum for insane children."

Darenth Asylum. The development of Darenth Asylum as a Training School and Industrial Colony continues to be satisfactory, as will be seen on reference to the annual report of the Medical Superintendent.

The marked change which has taken place in the administration and usefulness of this institution during recent years is a source of much gratification to us.

On the occasion of our inspection of this Institution on the 23rd July, we were greatly pleased to see an increasing number of the imbecile inmates contentedly and happily employed in various useful handicrafts, and turning out excellent work.

In the school department many of the younger patients were engaged in the lighter kinds of basket-making, paper-flower fashioning, mat-making, weaving, and domestic occupations, while in the Industrial Colony about 800 of the older patients were most usefully employed in the making of large and strong wicker baskets, brushes of various kinds, door mats and rugs; also in book-binding, carpentering, tailoring, upholstering, needlework, and several other desirable occupations.

Our only regret on the occasion was that the whole body of Managers was not present to share the satisfaction we derived from our visit.

We take this opportunity of expressing our thanks, not only to our Darenth Sub-Committee, but also to the Medical Superintendent (Dr. Rotherham) and his staff for the excellent results of their labours during the past few years.

Darenth Asylum—Needlework. With a view to providing facilities for carrying on needlework by patients at Darenth, one of the blocks has been converted into stores, where new clothing is being made for the Central Stores, and the other ordinary repairs for the institution are carried on. This arrangement has not necessitated any loss of accommodation, as the 40 beds displaced have, without overcrowding, been distributed among the other wards on the female side of the Industrial Colony. A reduction of staff has also been possible, which will result in a saving of about £100 a year in wages.

Leavesden Asylum—Extension of Cemetery. The assent of the Local Government Board has been obtained to the appropriation of land, about 2 acres in extent, adjacent to the existing cemetery at Leavesden Asylum, which is rapidly becoming filled. The site will shortly be prepared and suitably laid out, and arrangements have been made for the consecration of the ground by the Bishop of St. Albans in June, 1908.

Leavesden Asylum—Increased accommodation. Owing to the fact that at Leavesden many members of the staff are allowed to live out of the Asylum—an arrangement which has proved so far most satisfactory—a further increase in the accommodation for patients has become possible. In our last report we recorded an increase from 1,804 beds to 1,877 beds, and the total now stands at 1,936 beds.

As the result of careful measurements, it appears that a further large number of beds can, without detriment to the health of the patients, be placed in the wards. The proposals which have been made await the approval of the Local Government Board.

Belmont Asylum—Adaptation of "boys' school" buildings.

In our report for the year 1905 reference was made to the proposed adaptation of the second, and larger, group of buildings at Belmont Asylum, known as the "boys' school" section, for the accommodation of patients, and in May, 1906, the plans were approved by the Managers and forwarded to the Local Government Board. After a considerable lapse of time, the Board suggested that a conference should be held between their officers and the Managers, with a view to a revision of the proposals. This conference was held on the 6th February, 1907, with the result that the scheme for adapting the "boys' school" section was subsequently withdrawn. The question of the use to which these buildings should be put, therefore, remains in abeyance, but steps have been taken to make them water-tight and to prevent them from falling into decay.

Tooting Bec Asylum—Suicide of a male patient.

An unusual and regrettable occurrence took place at Tooting Bec Asylum on the 27th October, when a male patient cut his throat with a razor which had been left by an attendant in a place to which the patient had access, in direct violation of the rules of the Board.

With the view of preventing a repetition of such an occurrence, we made certain additional regulations, and directed the Medical Superintendents to take steps to ensure their strict observance.

Ophthalmia at Belmont and Leavesden Asylums.

The existence of an abnormal number of cases of ophthalmia at Belmont Asylum in the summer caused some anxiety, but the drafting of several of the unaffected patients to Tooting Bec Asylum temporarily gave facilities for a better classification of the patients, with results that proved satisfactory.

Towards the end of the year somewhat similar trouble arose at Leavesden Asylum, being partially met by segregating the affected patients. Other steps for dealing with the matter were under consideration at the end of the year.

Other matters.

Of the many other matters with which we have dealt during 1907 we would specially mention the following:—

(*a*) The removal of the existing heating apparatus from the wards and staircases at Leavesden Asylum, and the carrying out of requisite alterations in the corridor heating apparatus. (Estimated cost, £160.)

This work became possible in consequence of the satisfactory results obtained by the substitution of modern slow combustion grates for the old-fashioned grates, to which reference was made in our last report.

(*b*) The provision of a high-pressure water main for fire-extinguishing purposes to the inhabited portion of Belmont Asylum, at an estimated cost of £850.

(*c*) The execution of certain works for improving the sewage disposal arrangements at Leavesden Asylum. (Estimated cost, £310.)

(*d*) The amendment of the dietary scale for adult patients at Tooting Bec Asylum, calculated to effect a considerable annual saving without detriment to the health and comfort of the patients.

(*e*) The discontinuance of the allowance of beer (or other equivalent beverages included in the rations scale), or money in lieu thereof, to subordinate officers and servants in the asylums service. [See report of General Purposes Committee.]

(*f*) The allocation of a cottage on an asylum estate as one of the allowances of an office, the wages assigned to such office being adjusted accordingly.

Lunacy Commissioners' reports. The reports (copies of which we append) of the Visiting Commissioners in Lunacy who inspected the Asylums of the Managers continued to testify to the satisfactory management of the Asylums.

Inspection of asylums by committee. We inspected all five Asylums, and were gratified to find the patients well looked after and all the institutions maintained in a clean and wholesome condition. At each place there was ample evidence of the continued interest taken in their duties, not only by our Sub-Committees, but by the institution officers and servants.

Principal officers. In March, Mr. W. J. Freeman and Mr. F. N. Simmonds, assistant stewards, were promoted to be stewards in the asylums service, to fill vacancies at Leavesden and Caterham Asylums respectively.

Mr. Williams, who had been in charge of the steward's department at Belmont Asylum since its opening in July, 1905, with the status of an assistant steward, was, in June, promoted to be acting steward, and his salary was substantially increased. As suitable apartments for Mr. Williams could not be found in the Asylum, he has been allowed, during our pleasure, to reside outside, and has been granted a money payment in lieu of the emoluments attached to his office.

Meetings. We held 21 meetings during the year, and our several Sub-Committees met on 140 occasions, making a total of 161 meetings.

The usual interim visits were also made to the several institutions, and special visits were made from time to time by the Chairmen of Institution Sub-Committees.

Signed on behalf of the Asylums Committee,

(Signed) A. BODEN,

Chairman.

APPENDIX I.

REPORTS OF COMMISSIONERS IN LUNACY ON VISITS TO ASYLUMS DURING THE YEAR 1907.

A.—TOOTING BEC ASYLUM.

REPORT OF DR. F. NEEDHAM.

LUNACY COMMISSION,
66, VICTORIA STREET, S.W.
(Undated.)

On the 24th instant I visited the Metropolitan Asylums Board Asylum at Tooting Bec, and saw the patients who were in residence.

Their number was 741, of whom 284 were males and 457 females. The total accommodation as certified by the Local Government Board is for 855 patients; there were therefore vacancies for 114 adult patients, 97 of them being for males for whom numerous vacancies are stated to have existed for the last six months.

It seems very desirable that these could be made available for persons chargeable to the County of London, for whom other accommodation can be found with difficulty and often only at a distance from their homes and friends. The anomaly will be increased presently when additional blocks for 105 men and 102 women, now in course of construction as the ultimate completion of the Asylum, have been erected. The present building operations also comprise a new recreation hall and a block for the staff. The total area of the estate is only 22 acres.

Since the last visit by Commissioners 133 patients had been admitted, 97 transferred to other Asylums of the Board, 4 discharged, recovered, and 1 removed to a County Asylum, while there had been 75 deaths. All the deaths were due to natural causes, ascertained by post-mortem examination in the satisfactory proportion of 88 per cent., but in two of them the patients had sustained accidental fractures of the femur. In these and a sudden death from a natural cause inquests were held. Bedsores were present in only 2·6 per cent. of the total deaths. It is a significant fact as showing the character of the cases under treatment that as many as 52 per cent. of the deaths were ascribed to the decay of old age.

The only accident which had resulted in an injury not ending fatally was that of a woman who fell and sustained an intra-capsular fracture of the femur. With the exception of influenza there had been no outbreak of zymotic disease in the Asylum, and while seclusion had been used in the case of one patient only, there had been no recourse at all to mechanical restraint.

I found the patients generally contented and comfortable, and for the most part free from complaints. Their dress was varied and neat, and their personal condition indicated careful attention on the part of the staff.

For the class of persons of which the inmates principally consisted, I thought the general health good, but 56 men and 95 women were confined to bed, among whom there were no bedsores. It was obvious that a very large proportion of all the patients in residence were physically as well as mentally feeble.

I saw a good and substantial dinner of meat and potato pie served to them, with mince and puddings for the more decided invalids.

Such of the patients as are capable of it take exercise regularly in the airing grounds, but few are able to be usefully employed; none in the laundry, where

the 21,000 articles a week are dealt with entirely by paid labour. This, and the nursing requirements of so many, fully explain the reason of the high maintenance rate of 16s. 5¾d. a week.

I found all parts of this well but expensively equipped asylum in admirable order.

The wards were well warmed, although freely ventilated, and there was no objectionable smell anywhere.

The beds and bedding were clean and well attended to. I noticed in the w.c.'s looped pipes and other projections, which, in my opinion, are a source of danger which should not be allowed to continue. In this, as in other similar asylums, are always to be found patients who are potentially suicidal, and whose delusions of persecution or other mental impulses may at any time lead them to become actively so.

Dr. Beresford continues to discharge his duties with zeal and efficiency. He has the assistance of three medical colleagues, by whom the case books are carefully kept.

The staff of attendants and nurses is maintained of good strength, about 1 to every 10 patients, and they struck me as being generally of a respectable class. Since the last visit three male attendants have been discharged, two of them for absenting themselves without leave, and the third for being found asleep on duty.

(Signed) F. NEEDHAM,
Commissioner in Lunacy.

B.—LEAVESDEN ASYLUM.

Report of Dr. F. Needham.

Lunacy Commission,
66, Victoria Street, S.W.
30th January, 1907.

Since this Asylum was last visited by members of our Board in June, 1906, 120 patients have been admitted, 27 discharged, and 86 have died, leaving on the books the names of 1,778 patients of whom 811 are men and 967 women.

The total sleeping accommodation in the Asylum is for 1,877 patients. There are therefore vacancies for 99 in about equal proportions of the sexes, and there has been an average of 65 vacancies throughout the year.

It seems very undesirable that so many vacancies should be maintained, in view of the urgent need of accommodation for patients chargeable to the County of London, many of whom have to be boarded out at a considerable additional expense to the ratepayers.

The charge for the maintenance in this Asylum is 10s. 7¾d.

The admissions continue to comprise a large proportion of persons who are aged, broken down, or otherwise in need of nursing, and a decreasing number of those who are capable of productive work.

The deaths since the last visit were due to natural causes in all but two instances, in one of which suffocation followed upon an epileptic fit, and in the other an accidental fracture of the femur from a fall contributed to the fatal result. Inquests were held in three instances.

Post-mortem examination verified the causes of death in the very creditable proportion of 97 per cent., and in 7 per cent. of the total deaths bedsores of greater or less extent were present. 22 per cent. of the deaths were due to tuberculosis disease affecting some organ or other, but I was informed that the percentage of tuberculosis cases has shown a gradual diminution since their segregation from the rest of the patients. 12 per cent. of the deaths were due to the decay of old age.

The serious injuries not of a fatal nature sustained by patients since the last visit have consisted of fractures of bones, all of them the result of accidental falls in seven instances.

There has been no employment of mechanical restraint or seclusion.

The only cases of zymotic disease beyond influenza have been one of enteric fever, two of erysipelas, and one of dysentery. An isolation hospital has now been provided at a cost for four patients' beds of £2,179.

Visiting and making a full inspection of the Asylum on the 25th instant, I found all parts of it in excellent order. Although the day was cold, the day-rooms were warm, but they were well ventilated and free from atmospheric taint. The dormitories, beds, and bedding were clean, comfortable, and generally well cared for.

Dr. Elkins informed me that it is proposed to do away altogether with artificial heating other than by open fires, except in the corridors of communication, and for this purpose improved grates are being introduced into the day-room dormitories, of which so much of the accommodation consists. It is also proposed to convert additional blocks into infirmary wards, and in relation to this it was interesting to notice the greater freedom from restlessness and excitement in the existing small infirmary wards, where the sleeping and day-rooms for 50 patients only were combined, than in the blocks where the day-rooms contained from 100 to 130 patients.

The rearrangement would involve the services of more nurses, but by improving the supervision, and so the habits of the patients, it would probably be economical.

At present all the patients in the Asylum sleep under continuous supervision.

Since the last visit, many useful improvements have been effected, none of them, however, being of a very extensive character. Two new shelters of the improved type have been provided for the airing courts, and no doubt these necessary adjuncts will gradually be extended to all of them.

I noticed with regret that the water-closets and lobbies still contained looped pipes, bars, chains, and other points of suspension, which have been previously pointed out as affording opportunity of suicide such as should not be disregarded even in an Asylum of this type, where some patients are at all times potentially suicidal.

The patients generally were very quiet and well conducted, and most of them seemed contented and comfortable. They were properly dressed and looked well cared for, and although I gave them all the opportunity of speaking to me, none made complaints which appeared to be reasonable or well founded. Confined to bed were 36 males and 66 females, one suffering from a bedsore and another from a very slight abrasion, but I saw many indications that the nursing of the sick was satisfactory, and was glad to learn that two superintendent hospital-trained nurses supervise all the male infirmary wards, one or other visiting each of them several times a day.

While I was in the wards a good dinner of roast beef with two vegetables and bread was served to the patients, together with various puddings and other extras for those on special diet.

The arrangements regulating the attendance at religious services and entertainments, as well as occupation and exercise, appear to be satisfactory.

A good staff of attendants and nurses, who seemed a respectable class, is maintained, and since the last visit only one has been discharged, and he for being the worse for liquor. Twenty of the nurses are boarded out, a recent practice of

which Dr. Elkins spoke very favourably in its effect upon the health of the female attendants.

For the men 22 cottages have been built. Their estimated cost was £654 a pair, but they were ultimately erected at a cost of £6,637, or £630 a pair.

These provisions will no doubt react favourably in maintaining the satisfactory duration of service of the staff. Dr. Elkins evidently continues to devote his best energies to his work, into all of which he infuses the medical spirit. He is assisted by three colleagues, by whom the case records, which I examined, are carefully kept.

(Signed) F. NEEDHAM,
Commissioner in Lunacy.

C.—DARENTH ASYLUM.

REPORT OF DR. E. MARRIOTT COOKE AND MR. L. L. SHADWELL.

LUNACY COMMISSION,
66, VICTORIA STREET, S.W.
12th March, 1907.

A complete inspection of the Metropolitan District Asylum at Darenth, which we made yesterday, enables us to confirm the favourable view expressed by our colleague after his visit in June last as to the condition and management of the institution.

We found the day-rooms and dormitories well kept and properly ventilated, there being everywhere a noticeable freedom from objectionable odour. Although a cold day, most of the wards were comfortably warm, but in some of the pavilions the temperature was rather too low, especially considering the feeble circulation of many of the patients there. The beds and bedding were in excellent order.

The patients presented a clean and well-cared for appearance, the helpless, crippled, and degraded children in the pavilions being in quite as satisfactory a condition as the patients in the main Asylum, which is devoted to the more intelligent and certified patients over 16 years of age, and as those in the schools, where the improvable, and to a large extent, uncertified, children below that age are placed.

With regard to certification, we are informed that the practice now is for all fresh patients, of whatever age, to be certified before they are admitted, and for all uncertified cases admitted in the past to be certified on their attaining the age of 16, failing which they are not allowed to remain. In this way, in course of time, there will be, as intended by the Lunacy Act, none but certified patients in the institution.

The patients whose mental condition permitted, were almost without exception happy and contented. This, coupled with the interest displayed by those engaged in the various trades and occupations, in the different school classes and at physical exercises, spoke well for the patience of the attendants and teachers.

The patients, as a rule, looked well nourished and in good health. Twelve males and 20 females were in bed, among them being some too crippled to be up

and others suffering from phthisis; the latter it would be well to treat apart from the rest of the inmates. In the male and female isolation blocks there was a case of chicken-pox, nine mild cases of ophthalmia, and 29 cases of ringworm.

The total number of patients on the books was 1,930, viz., 987 males and 943 females. Of these, rather more than one-half were warded in the main Asylum, or Industrial Home, as it is called, and the rest were nearly equally divided between the schools and the pavilions. Over 29 per cent. of the patients are epileptics, and on an average quite 10 per cent. of the total number wet their bedding every night.

Since the last visit above referred to 233 patients have been admitted; 147 have been discharged, and 59 have died.

No inquest has been held, and the deaths were all the result of natural causes, 20 per cent. of them being due to phthisis. In only 54 per cent. of the cases was the cause of death verified by post-mortem examination. One death was from scarlet fever, the only case which occurred, and one from enteric fever, from which disease four patients have suffered, all of them having been transferred from Belmont Asylum, where there had been a severe outbreak.

Since the last visit also, as many as 9 patients have been attacked with erysipelas, and a rather extensive epidemic of influenza has occurred among the patients and the staff.

Serious casualties have been limited to a fracture of the tibia and to a fracture of a metacarpal bone, both sustained accidentally.

It has not been found necessary to resort to seclusion or mechanical restraint in the treatment of any patient.

There are at present 64 vacancies.

The maintenance charge per head per week is 9s. 8d.

The dinner which we saw served to the patients during our visit consisted in most instances of roast meat, potatoes, and bread. A few of the more intelligent patients complained, we thought with some reason, of the quality of the meat. This was the only complaint of any kind made to us during our inspection.

The attendance at the religious services on Sunday and at the entertainments is good.

As many as 236 boys and 175 girls are at present on the school register, and the return of employment is very satisfactory, 40 per cent. of the total inmates being daily engaged at some trade or work.

We were glad to hear that the artisan's workshops are shortly to be extended and improved; the need for this has been pointed out on previous occasions.

We can also report that the laundries have been improved, additional machinery has been installed in both, and a foul laundry, so long a desideratum, has been provided in connection with the one at the industrial home.

Some other minor but useful improvements, which need not be referred to in detail, have been effected.

We understand that the whitewashing and repainting of the pavilions, much wanted, is shortly to be taken in hand.

The staff of attendants is sufficient. For day duty there are 60 men and 95 nurses, or one to every 12½ patients, and for night duty there are 16 men and 27 nurses. The duration of their service is satisfactory.

Eight attendants and two nurses have been discharged during the period under review, one for striking a patient, another for sleeping when on night duty, and the rest for misconduct not affecting the patients.

The case books require more attention, the notes in some instances being in arrear.

(Signed) E. MARRIOTT COOKE,
L. L. SHADWELL,
Commissioners in Lunacy.

D.—BELMONT ASYLUM.

REPORT OF DR. E. MARRIOTT COOKE AND MR. L. L. SHADWELL.

LUNACY COMMISSION,
66, VICTORIA STREET, S.W.
22nd March, 1907.

Yesterday we paid the visit for the year to the Belmont Metropolitan District Asylum, and found that as yet there has been no extension of the accommodation, which is for 355 unimprovable male imbeciles; but plans for the adaptation of some more of the disused school buildings are at present before the Local Government Board.

Since the visit of our colleague on the 7th of June last 137 patients have been admitted, 64 have been discharged or removed, and 39 have died. These changes leave 314 patients in the Asylum, all of whom we saw.

They presented a clean and satisfactory appearance, and were generally well nourished and in good health. Only a very few of them could give a sensible reply to even simple questions, and the most that any of them are able to do in the way of employment is to assist a little in the ward work and pick up stones on the farm.

The estate comprises in all 93 acres, and there are two large meadows where the patients are taken for exercise when the weather permits. In damp weather they are exercised in two paved courts, where there are good covered shelters.

A Church of England service is held in the Chapel every Sunday, and is attended by about 48 per cent. of the patients, and a little entertainment, consisting of songs and selections by a band, which we are glad to hear has been organised among the attendants, is given weekly, at which 42 per cent. of the patients are usually present. The room in which the entertainment takes place is in the isolation block, which does not seem a very appropriate place, apart from its being a wood and iron building similar in construction to the buildings which were the seat of the disastrous fire at Colney Hatch Asylum a few years ago. Having regard to the experience then gained, we do not consider that the exits from the room are sufficient, and think, if no better room can at present be devoted to the purpose, two more exits should be provided at once, by converting a window on each side of the room into a doorway.

We are glad to be able to report that the severe epidemic of enteric fever, which was in progress at the last visit, has died out, no fresh case having occurred since August. In the course of the epidemic, which lasted four months, as many as 60 patients and four attendants were attacked with the disease, nine of the former fatally. The cause of the outbreak does not appear to have been clearly accounted for, but we understand that opinion inclines to the view that it was imported by some patients who had been transferred from another institution, where there had been some cases.

We learn that in February three patients were attacked with colitis. The only cases of infectious disease at present under treatment, besides some of phthisis, are nine of ophthalmia and five of ringworm, the latter being small children temporarily transferred from Darenth Asylum in order that they may undergo the light treatment at the Board's institution for ringworm, which is close by.

The 39 deaths were all the result of natural causes, which we are glad to know were verified in 95 per cent. by post-mortem examination.

There has been no serious casualty and no resort to either mechanical restraint or seclusion.

Of the total number of patients, 121, or 38 per cent., suffer from epilepsy.

The patients' dinner consisted of roast mutton, potatoes, and bread. It was properly cooked and served in an orderly manner.

The wards and bedding are well kept, the former being a comfortable temperature and properly ventilated; they are still, however, almost devoid of anything in the way of plants, pictures, birds, or gramophones to interest and amuse the patients.

We are informed that the daily cost per patient in this Asylum for half-year ended Michaelmas, 1906, was as under:—

	Daily cost per patient. d.
1. *Maintenance of patients*—	
Provisions, stimulants, necessaries, clothing, and funerals	8·93
2. *Maintenance of officers and servants*—	
Salaries, provisions, necessaries, uniforms, and sundries...	14·31
3. *Buildings and establishment*—	
Maintenance, furnishing, heating, lighting, and cleansing	6·03
4. Rates and insurances	2·11
5. Drugs and Medical and Surgical appliances	·24
6. *Miscellaneous*—	
Stationery, travelling expenses, and sundries ...	·66
	32·28 or 2s. 8¼d.

The staff is adequate. For day duty there are 31 attendants, or about 1 attendant to every 10 patients; and for night duty there are 8 attendants.

We are sorry to see that two attendants have had to be dismissed for striking patients.

(Signed) E. MARRIOTT COOKE,
L. L. SHADWELL,
Commissioners in Lunacy.

E.—CATERHAM ASYLUM.

Report of Dr. Needham and Mr. A. H. Trevor.

17th December, 1907.

We have to-day paid our annual visit of inspection to the Caterham Asylum, which continues to be carefully and capably administered.

We have found all the day-rooms bright, cheerful, and comfortable. In all of them were numerous objects of interest, which at this season included extensive Christmas decorations arranged with pleasing effect. We noticed, however, a conspicuous deficiency of books, on which we have had occasion to comment at previous visits, and we must again emphasise their value, especially in the form of illustrated books, in which we are satisfied, from our experience elsewhere, that much interest would be taken by many of the patients.

A comfortable temperature existed in the rooms, while free ventilation was maintained.

We have again to recommend the protection of points of possible suspension in the w.c.'s and lobbies, which at present afford opportunities to suicidal patients, who are found to exist among those even of the class who are received here, and we suggest that the floors of rooms which are now scrubbed be treated for sanitary reasons by a coating of boiled linseed oil. Handrails on the two sides of the wide stone staircases would add much to their safety.

The general bath-rooms have been provided with good, new, strong enamel baths. The dressing-rooms attached to them, however, are quite inadequate in size for their purpose. We think that means should be found by which they could be enlarged, even if it were by some curtailment of the size of the bath-rooms.

We understand that additional and much needed accommodation is about to be afforded for the male staff by the provision of new recreation and mess-rooms and of cubicles and lavatories.

The dormitories were very clean and well kept, and the bedding was throughout in excellent order.

The patients were generally free from excitement, such as there was being usually in those day-rooms in which large numbers were in association, and there were comparatively few complaints, none, indeed, of a substantial and reliable character. We had, however, numerous applications for discharge, and we directed the careful attention of the medical superintendent to the case of one man, as to the necessity of whose detention we had doubts.

The dress and personal condition of the inmates were, upon the whole, satisfactory, and in other respects, such as nursing and general care, there was evidence of attention and efficiency. Thirty men and fifty women were confined to bed, one of each sex suffering from a bedsore.

The numbers on the books and seen by us were 1,850, of whom 811 were of the male and 1,039 of the female sex, and from tables submitted to us, we learn that since the last visit, in June, 1906, 258 patients have been admitted, 45 discharged (of whom one had recovered), and 204 have died, leaving 93 vacant beds.

With five exceptions, in which death was either sudden or the result of accident for which no blame was attributed to any of the staff by the coroner's juries, all the deaths were due to natural causes, ascertained in the very creditable proportion of 90 per cent. by post-mortem examination. Twenty per cent. of the deaths were attributed to senile decay, a proportion not undue in view of the very large number of aged and feeble patients under care, and 10 per cent. were due to epilepsy and phthisis respectively. Bedsores were present in 4·4 per cent. of all the deaths.

A few scattered cases of scarlet fever, measles, chicken-pox, and colitis have comprised all the zymotic diseases which have visited the Asylum during the past 18 months.

There have been 15 injuries to patients, consisting of fractures or dislocations of bones; all except one, which could not be accounted for, proved to be due to accidental falls or to extreme brittleness of bones, ascertained by autopsy.

Only one patient has been restrained once for three hours for surgical reasons, and seven patients as many times and for the same number of hours have been secluded.

We saw a good dinner of meat and potato pie and bread neatly served in the wards and evidently enjoyed.

The maintenance rate is 9s. 0½d. per head per week.

Due attention appears to be paid to the arrangements for the religious services, associated entertainments, and exercise of the patients, but we think that more might usefully be done in providing them with occupations suited to their capacity, and in encouraging them to engage in them.

The success which has attended the operations of the Brabazon Society may well serve as an object-lesson, and we think that the staff should devote more personal attention to this very desirable object.

The patients are by day in charge of 54 male and 58 female attendants, so that there is one male attendant for every 15 male patients, and one nurse for every 18 females, a perhaps adequate but by no means overstrong staff in an Asylum where so many of the patients are helpless and feeble.

No attendant has been discharged for misconduct since the last visit.

Dr. Campbell continues to have the assistance of three medical colleagues, all of whom seemed well acquainted with their cases.

We should not omit to mention that during our visit an alarm of fire was accidentally given, and the brigade and the staff generally were prompt and decided in their action.

(Signed) F. NEEDHAM,
A. H. TREVOR,

Commissioners in Lunacy.

ANNUAL REPORT OF THE CHILDREN'S COMMITTEE FOR THE YEAR 1907.

I.—GENERAL.

The Committee's work.

1. We submit to the Board our tenth annual report for the year 1907 on the care and treatment of the following special classes of poor law children, viz.:—

(*a*) Children suffering from ophthalmia or other contagious disease of the eye;
(*b*) Children suffering from contagious disease of the skin or scalp;
(*c*) Children requiring either special treatment during convalescence or the benefit of seaside air, including children suffering from tubercular disease of bones, joints, or glands, and pulmonary tuberculosis;
(*d*) Children who, by reason of defect of intellect or physical infirmity, cannot properly be trained in association with children in ordinary schools;
(*e*) Juvenile offenders on remand.

Provision has now been made for these classes of children in two ophthalmia schools, one ringworm school, three homes at the seaside, eight homes for mentally deficient, and three remand homes. The total accommodation of these homes is for 1,788 children, and the staff ordinarily employed numbers 458.

In this report, except for a few general observations, each class of child is dealt with in a separate section.

Chairman and Vice-Chairman.

2. In May we elected Dr. Elliott S. Browne to be our Chairman, and Mr. T. Cornell, who had completed a term of three years in the chair, to be our Vice-Chairman.

Arrangement of work.

3. A visiting sub-committee is formed for each school and home, or, in the case of the small London homes, for groups of homes. Matters of general importance are passed on to a central sub-committee (the Special Purposes and Finance Sub-Committee), which also reviews all questions of finance and accommodation. Lastly, the work of all the sub-committees is submitted to us. By an arrangement for adding one member to each sub-

committee from a monthly *rota*, every member is afforded an opportunity of becoming acquainted with each branch of the work and with institutions of each class.

Meetings. 4. We held 21 meetings, and, in addition, our various sub-committees held 254 meetings, of which 54 were at the Office of the Board and the remainder away from that centre.

Proportion of Poor Law children dealt with. 5. On the general question of the total accommodation for poor law children which the Board has been called upon to provide, it is interesting to note that at the time of the enquiry of the Departmental Committee on Poor Law Schools there were 17,807 children receiving indoor relief from the metropolitan boards of guardians, excluding those relieved as insane or as casual paupers, and it was estimated that provision for the special classes referred to would be required for some 2,000 of these. The numbers under treatment by the Board since the time the provision contemplated for each class has been made have been:—

On 1st January, 1905	1,501
1st January, 1906	1,465
1st January, 1907	1,374
1st January, 1908	1,431

The numbers of metropolitan children receiving relief as above-mentioned were as follows:—

1st January, 1905	19,839
1st January, 1906	20,069
1st January, 1907*	19,830

Expenditure. 6. The gross expenditure out of general account on the children's homes and schools, which reached its highest point of £63,065 in 1905, amounted to £61,831 for the year 1907. The total amount borrowed on loan in respect of the children's work is £427,198, of which £340,378 was outstanding at Michaelmas last.

Educational work. 7. We referred last year to the importance of maintaining the scholastic work in these institutions at a high level, so that side by side with the special medical treatment the children should receive a sound elementary education, and it is gratifying to note that the school work has received the approval of H.M. Inspectors.

We quote the following reports of the Inspectors:—

(i.) High Wood School—27th February.

"This is a difficult school to arrange owing to the constant coming "and going of the scholars. In these circumstances it is very creditable "that so much good work is done. The children answer readily and without constraint, and the mechanical side of the curriculum deserves "praise. . . The infants are managed kindly and efficiently."

(ii.) White Oak School—13th March.

". . . The school has made a great advance since the last visit "and is now in a highly satisfactory condition. . . . The drill is "thoroughly good."

* The return for the 1st January, 1908, was not available at the date of the publication of this report.

(iii.) The Downs School—22nd March.
"The order is very good, and the instruction, which is carefully and "diligently given under discouraging conditions, is very creditable to "the teachers. The drill is smartly performed."

(iv.) East Cliff House—26th February and 4th April.
"At both visits I found the work going on in a satisfactory manner."

(v.) S. Anne's Home—31st July.
"The teaching is sensibly planned in view of the short time most of "the children are here."

Inspections. 8. On the 13th July we held an inspection at S. Anne's Home on the re-opening of the home after painting and cleaning works and alterations, and on 26th July at Bridge Industrial Home. An inspection which had been arranged of White Oak School was unavoidably postponed.

School Hygiene Congress. 9. Our Chairman and Vice-Chairman were appointed by the Board as representatives at the Second International Congress on School Hygiene, and in August a number of the foreign delegates to the Congress visited High Wood School, Lloyd House, and Pentonville Road Remand Home, and expressed their great appreciation of the various phases of work amongst children which they saw, and with the general arrangements of these institutions.

Changes in Committee. 10. In February last Mr. W. Crooks, M.P., resigned his seat on the Board. Mr. Crooks had been an active member of the Committee since May, 1898, Chairman for three years (1900-1902), and Vice-Chairman for two years (1903-4), and we have on previous occasions paid ungrudging tribute to the value of his work. The triennial election to the Board in May, 1907, brought several changes, and amongst old members leaving the committee there were Miss Varley, Mr. Charles Thomas, and Mr. E. J. Wakeling, and members joining the committee for the first time included Miss Humphry, Messrs. Botterill, Bye, Crosse, Devereux, Gough-Cook, Spender, Rev. F. H. Higley, and Sir F. Fleming.

Use of Homes and Schools. 11. We have generally concluded this section of our report with some mention of the question of the extent to which the institutions under our care are utilised by the metropolitan boards of guardians, and we dealt in our last two reports with misunderstandings which have not uncommonly arisen as to the manner in which the cost of the institutions and of the maintenance of patients therein is borne, and also with the desirability of there being some general and uniform system of examination of poor law children by medical experts such as those employed by the Board. In connection with this subject it will be remembered that one of the recommendations of the Poor Law Schools Committee of 1896 was that a central authority should be appointed for the metropolis, who should have the control and supervision of all the London institutions for poor law children. We await with great interest the Report of the Royal Commission on the Poor Laws which is expected to be issued in the autumn of 1908, and especially that part of the report dealing with the care and control of the "children of the State."

II.—OPHTHALMIA SCHOOLS.

Admissions. 12. A perusal of the statistics appended to this report will show that there has been a slight increase in the number of cases admitted. The ophthalmic surgeon states in his report that it cannot be definitely inferred from this fact that there has been an increased prevalence of ophthalmia, and he

calls attention to the continued decrease in the number of cases of trachoma. The ophthalmic surgeon also calls attention to the large percentage of admissions coming from Southwark and Wandsworth.

Period of detention.

13. Last year we gave some figures with regard to the average stay of children in the ophthalmia schools, as follow:—

	Months.
Average stay of first 100 cases admitted by the Board—1903 ...	18.23
Average stay of last 100 cases discharged before 31st December, 1906	7.4
Average stay of 100 cases of trachoma discharged in 1906 ...	17.73
Average stay of 100 cases of trachoma at Hanwell Ophthalmia School	31.91

Taking the cases treated last year, we find that the average stay of the last 100 cases discharged prior to the close of the year was 9 months.

Dealing with trachoma only, we find that, taking the last 100 cases discharged prior to the close of the year, the average period of detention was 25.4 months, as follows:—

Period.	Number.
1 to 12 months	22
12 to 24 ,, ...	29
24 to 36 ,, ...	19
36 to 48 ,, ...	14
48 to 60 ,, ...	16
	100

This increase is accounted for by the discharge during the year of several very old cases originally admitted from the Hanwell temporary Ophthalmia School.

Retention of cases over 16 years of age.

14. The question as to the course which should be taken with regard to inmates of the ophthalmia schools who are still suffering from ophthalmia on attaining the age of 16 years is one which has engaged our attention. On the one hand, it is obviously impossible to retain in these institutions chronic cases for an indefinite period when they have practically become adults, while, on the other hand, it seems equally undesirable to draw a hard-and-fast line and discharge a case at the age of 16 years if the case is one which is yielding to treatment and is likely to be cured in a comparatively short time. We have asked the Local Government Board for some expression of opinion on the subject.

High Wood School—Feeble-minded colony.

15. The temporary use of a portion of the buildings at this school for the accommodation of elder female feeble-minded cases has continued. The work in connection with these cases is dealt with in the section of this report relating to defective children.

White Oak School—Elder cases.

16. Most of the elder children have been treated at White Oak School, and, after they have passed school age, these cases have been trained in various industrial occupations with a view to their going direct into suitable employment on leaving the school. Specially good have been the results in connection with boys who have been trained under the gardener, and who have obtained certificates from the Royal Horticultural Society.

Medical reports and statistics.

17. Detailed particulars of the work of the two schools, together with statistics of the cases treated, will be found in the report of the ophthalmic surgeon, Mr. E. Treacher Collins, F.R.C.S. (Appendix II.).

III.—RINGWORM SCHOOL.

The Downs School. Number under treatment.

18. The number of cases remaining under treatment in The Downs School on the 1st January, 1908, was 329. The numbers for previous years have been:—

Remaining on 1st January, 1904	... ...	554
,, ,, 1st January, 1905	... ...	569
,, ,, 1st January, 1906	... ...	538
,, ,, 1st January, 1907	... ...	339

The report of the dermatologist, Dr. Colcott Fox, with details and statistics, will be found in Appendix III.

Period of detention.

19. Last year we gave the average period of detention of the first 100 children admitted by the Board to Bridge School after its opening in 1901 as 19 months, and we pointed out the great reduction in the average stay of children which had been effected by the introduction of the X-ray method of treatment. The average period of detention of 100 cases treated by X-rays only in 1906 was 5.73 months, or 4.49 months counting only from the time the treatment actually began. The average period of detention of the last 100 cases treated by X-rays and discharged prior to 31st December, 1907, was 6.21 months, as follows:—

Period.	Number.
1 to 2 months	1
2 to 4 ,, ...	7
4 to 6 ,, ...	48
6 to 8 ,, ...	19
8 to 10 ,, ...	12
10 to 12 ,, ...	5
12 to 14 ,, ...	5
14 to 16 ,, ...	2
20 to 22 ,, ...	1
	100

Owing to the demand made on the apparatus, which has now been enlarged, many cases had to wait some time before being treated, and if the period of detention for the 100 cases recorded in the foregoing table is taken from the date in which the treatment was begun it averaged only 5.33 months. This slight increase is due largely to delays in discharging cases which have been necessitated by small but troublesome outbreaks of whooping cough and chicken-pox.

Works.

20. The work of installing electric light at this school has been completed at a total cost of £2,322, and repairs to tar-paving have been carried out at a cost of £177.

IV.—SEASIDE HOMES.

S. Anne's Home.

21. Consequent upon the occurrence of a number of cases of scarlet fever in the closing days of 1906, we found it desirable to close this home on the 15th February. The bulk of the inmates were transferred to an empty block at The Downs School, Sutton, and the remainder to East Cliff House, where they remained until the re-opening of the home on the 12th June.

During the interval the home was thoroughly renovated, and advantage was taken of the opportunity to make certain changes and improvements in the lavatory and bathing arrangements. The total cost of the painting and cleaning works and alterations was £1,084.

A small strip of land forming part of a detached grass plot in front of the home was sold to the Herne Bay Urban District Council, in order to enable the Council to widen the roadway and improve the approach to the sea front.

The Rev. W. L. Payne, M.A., Vicar of Herne Bay, was appointed Chaplain of the home, in place of the Rev. T. B. Watkins, M.A., who had left the town.

East Cliff House.

22. During the year the work of providing an operating room has been completed, and has been found of material assistance in dealing with the large number of cases of tubercular bones and glands requiring operative treatment which are received at this home.

Additional accommodation for staff having become necessary, a new cottage, containing accommodation for 7 officers, has been built on a site adjacent to the laundry.

Millfield.

23. The medical officer reports that, generally speaking, the results that are being obtained at this home, where cases of early pulmonary tuberculosis are received, continue to be encouraging. We desire to emphasise the fact that only those patients who are suffering from the disease in its early stages should be sent to the home, and it is very undesirable that beds should be occupied by severe cases to the exclusion of those who would derive benefit from a stay in the home.

In connection with the administration of the home the Board have, on our recommendation, decided to erect a porter's lodge at the entrance gate. This will enable proper supervision to be kept at the gate, a task which, under existing conditions, is difficult, and will also allow of a male officer being resident on the premises.

24. The reports of the medical officers of the three seaside homes on the work of the homes during the past year will be found in Appendix IV.

V.—HOMES FOR DEFECTIVES.

The Feeble-minded.

25. The care of the feeble-minded has proved to be one of the most difficult branches of our work. Ten years ago, as we have before pointed out, the question of public provision for the feeble-minded was in its infancy, and it was only by the sure guidance of experience that any judgment could be formed as to the needs of the future. The young feeble-minded children who were at that time received in the small homes established under our control have, in the main, remained under our care, and, contrary to the hopes of many interested in the problem, have not so far improved under special care and treatment as to justify their being sent out to take a place in the world as ordinary citizens.

Royal Commission on the Feeble-minded.

26. The necessity for making further provision for these cases as they grew older opened up an important question of public policy to which it was felt that justice could only be done by the appointment of a Royal Commission. This Commission was appointed in 1905, the terms of reference being "to consider the existing methods "of dealing with idiots and epileptics, and with imbecile, feeble-minded, or defective persons not certified under the Lunacy Laws; and in view of the hardship or "danger resulting to such persons and the community by insufficient provision for "their care, training, and control, to report as to the amendments in the law or "other measures which should be adopted in the matter, due regard being had to "the expense involved in any such proposals, and to the best means of securing "economy therein."

The Board's evidence was submitted to the Commission in the same year, but the report of the Commission has not yet been issued. Meantime permanent progress has been at a standstill, and we have been compelled to deal with the situation as it confronts us in the best manner possible, and by measures which, in the main, are admittedly of a temporary and makeshift character.

Industrial Colony for Male Cases.

27. The two industrial colonies for elder feeble-minded cases, to which detailed reference was made last year, i.e., for males at Bridge Industrial Home, and for females in part of the buildings of the High Wood (Ophthalmia) School, Brentwood, have grown considerably during the year.

At Bridge Industrial Home the number of inmates has increased from 63 on 1st January, 1907, to 107 on 31st December. In the summer it was decided as a temporary measure to place the medical administration from the mental side under the control of Dr. Rotherham (medical superintendent of Darenth Asylum), while the physical ailments of the inmates are dealt with by a local visiting medical officer.

Dr. Rotherham's report (Appendix Vg.) deals in detail with the occupations of the inmates, but we may note here that the work includes bootmaking, tailoring, sash and blind-cord making, market gardening, cooking and baking, each branch being supervised by a skilled industrial trainer. In addition, nearly all the inmates receive some instruction in school.

An open-air swimming bath, 50 feet long, has been constructed by the inmates, under the general mechanic, at a cost of £90, and the lads have also dug out 100 tons of ground, have re-formed existing roads, and constructed a new road. The whole of the laundry work is done by the inmates, under the supervision of the housekeeper. A brass band has been formed, and, under a local bandmaster, who visits two hours a week, has made remarkable progress.

Industrial Colony for Female Cases.

28. The inmates of this colony at High Wood School have increased from 36 to 47 during the year, and the question of what steps can be taken to increase the accommodation available is under our consideration. In face of difficulties in connection with staff and accommodation, both consequent upon the peculiar situation of the colony, much good work has been done, and we must be content with what progress is possible under existing conditions until the colony can be placed in permanent quarters upon a permanent basis.

London Homes.

29. The work of these homes has continued on the usual lines, and details of the progress made will be found in the reports of the medical officer, Miss R. Turner (Appendix Va-f.).

The extension of the country colonies has somewhat reduced the pressure on the London homes, and we propose in the near future to dispose of the Kingwood Road home. In view of the established necessity for the permanent detention of a considerable proportion of the feeble-minded class, it is probable that the setting up of country colonies where a proper system of classification can be carried out will enable the same results to be obtained in these colonies as in the small homes, which are undoubtedly expensive and more difficult to supervise.

Other defective children.

30. As with the feeble-minded so with the other classes of defective children, the physically defective, the morally defective, and the epileptic, no new work is likely to be undertaken until the report of the Royal Commission already referred to has been made and dealt with.

VI.—REMAND HOMES.

Number received.

31. The number of remands during 1907 was 3,160. This number includes separate remands of the same child. The actual number of children passing through the homes in 1907 was 2,098. There is very little variation in the statistics from year to year, the admissions last year being 77 more than in 1902, the first year the homes were opened.

General.

32. The clothing worn by children on remand is now made at the Camberwell Green Home, the articles made during the year numbering 281, and including 50 sailor suits for boys and 24 girls' blue serge frocks.

33. The superintendent of the Camberwell Green Home, to whose experience on this subject we referred last year, continues to find the desire to obtain the price of admission to suburban musical-halls (in some cases as low as twopence) a prolific inducement to petty larceny by juveniles. He quotes cases of two boys stealing three empty beer bottles, a boy stealing clothes from his father, a girl pilfering sheets from her home, and others—all with this end in view. The begging of programmes from patrons of the first performance, in order to sell them to persons awaiting admission to the second, is another device, while as many as 150 boys have been counted waiting outside a music-hall for the doors to open.

Legislation. Deputation to Home Secretary.

34. On the 24th January, 1907, a deputation with regard to the treatment of juvenile offenders, convened by the Committee on Wage-Earning Children, was received by the Home Secretary. Our then Chairman (Mr. Cornell) represented the Board on the deputation, and was one of the speakers. The points advanced by the deputation included those which the Board brought forward as the result of their experience so long ago as 1900, and which they have continued to urge ever since. These points included the establishment of Remand Homes in all large towns; the prohibition of the detention of boys and girls under 16 in police-court cells or workhouses; the institution, if possible, at the Remand Homes of special courts for children, particularly in London and other large towns, and the passing of a measure enabling the court to release the offender on probation without proceeding to conviction, and providing for the appointment of probation officers who should have the care of these children. The Home Secretary, in reply, expressed his general agreement with the objects of the deputation. He agreed that, generally speaking, delinquent children were not in any sense real criminals, that the first consideration when these children get into trouble should be the welfare of the child and its character, and that the offence should occupy a secondary position as far as possible. He said that he was entirely in sympathy with the work of Remand

Homes, and added that while unable to speak definitely on matters of detail, he hoped to introduce the Probation of Offenders Bill in the forthcoming session, possibly with additions which would deal with the phases of prison detention, and make the Bill of considerably larger scope.

Probation of Offenders Act, 1907.

35. In accordance with the hope held out to the deputation, the Probation of Offenders Bill was introduced, and by the passing of this Bill in August a notable advance was made in the methods of dealing with juvenile offenders.

The Act gives a court of summary jurisdiction discretionary power to discharge an offender on probation without proceeding to conviction, upon his entering into recognisances to be of good behaviour and to appear for conviction and sentence when called upon at any time during a specified period not exceeding three years, and the court may make a probation order requiring the insertion in the recognisance of a condition that the offender shall be under the supervision of a probation officer during this period. The court may make additional conditions, having regard to the particular circumstances of the case, (a) for prohibiting the offender from associating with undesirable persons or from frequenting undesirable places, (b) as to abstention from intoxicating liquor, and (c) generally for securing that the offender should lead an honest and industrious life. Powers are given for the appointment of probation officers generally and of special children's probation officers with duties to visit or receive reports from the person under supervision, to see that he observes the conditions of his recognisance, to report to the court as to his behaviour, and generally to advise, assist, and befriend him, and when necessary to endeavour to find him suitable employment.

Juvenile crime.

36. While the statistics of the Remand Homes have varied but little, it is worthy of note that juvenile delinquency, as measured by commitment to prison and recorded in the reports of the Prison Commissioners, is diminishing year by year. In the last published report of the Commissioners they point out that the numbers for the year ending 31st March, 1907, are less than half of those for the year 1897. Only four children under 12 were sent to prison, as compared with 58 in 1897, and 704 males and 20 females between the ages of 12 and 16, as compared with 1,541 and 89 in 1897.

Attention is also called in the same report to the continued remarkable decrease in the number of juveniles received into Birmingham prison, where the numbers were formerly large, there having been only 20 cases in the year. Only five were committed from the City of Birmingham, a result which the governor attributes to the new method of dealing with children's cases in a separate children's court, established two years ago.

Though not strictly within our province, we may quote as an instance of the beneficial results to the community at large which attend every effort that can be made to deal with young offenders in an enlightened manner, and to save them from a life of crime, as well as an example of what may be hoped for from the appointment of probation officers, the great success which the Prison Commissioners consider has attended the method of dealing with juvenile-adults (16-21) known as the Borstal system, and the efforts of members of Borstal Committees in assisting and overlooking offenders of this class on their discharge.

Children's courts.

37. The movement in favour of children's courts continues to spread throughout the world. The latest additions to the instances given in our previous reports of the action taken in this direction are the United States, where 22 of the States now have children's courts in existence, Canada, and South Australia, Western Australia, where the State Children's Act, 1907, has made provision for children's courts, Germany, where a court is being established at Frankfort, as well as Manchester, and other provincial towns. Several

other countries are now considering the subject, but there is every reason to believe that the next movement will be in our own country, and that the Act of last session will be followed very shortly by a large and comprehensive measure consolidating and revising the laws relating to the welfare of children.

(Signed) ELLIOTT S. BROWNE,
Chairman.

APPENDICES.

I. Particulars of homes and schools.
II. Ophthalmia schools—ophthalmic surgeon's report.
III. Ringworm school—dermatologist's report.
IV. Seaside homes—reports of the medical officers of S. Anne's Home, East Cliff House, and Millfield.
V. Homes for defective children—medical officer's reports.
VI. Remand homes—statistical tables.
VII. Return of cases admitted from the several unions and parishes.
VIII. General statistical statement.
IX. Financial statement.

APPENDIX I.

(This Appendix is omitted, as the various particulars given in it are included in the Appendix to the Introduction on pages xxii. and xxiii.)

APPENDIX II.

OPHTHALMIA SCHOOLS.

REPORT OF THE VISITING OPHTHALMIC SURGEON (MR. E. TREACHER COLLINS, F.R.C.S.).

January, 1908.

WHITE OAK SCHOOL, SWANLEY.

There were 284 children left in the School at the end of 1906.

During the year 1907 280 children have been admitted.

The affections of the eyes from which these children were suffering may be classified as follows:—

Trachoma	40	cases.
Follicular conjunctivitis	30	,,
Acute mucopurulent conjunctivitis	35	,,
Chronic conjunctivitis	140	,,
Phlyctenular ophthalmia	10	,,
Lachrymal obstruction	3	,,
Marginal blepharitis	22	,,

254 children have been discharged cured:—

Trachoma	65	cases.
Follicular conjunctivitis	31	,,
Acute mucopurulent conjunctivitis	22	,,
Chronic conjunctivitis	116	,,
Phlyctenular ophthalmia	7	,,
Lachrymal obstruction	1	,,
Marginal blepharitis	12	,,

27 children have been removed by order of the Guardians before they were cured.

5 children with Ringworm were transferred to Brentwood.

2 children absconded.

1 child suffering from Scarlet Fever was transferred to Brook Hospital.

7 children who had been discharged cured were re-admitted with a recurrence of the eye disease for which they had previously been treated.

272 children were left in the School at the end of the year.

There have been several outbreaks of infectious disease during the year. In January there were 6 cases of measles; in February one case of chicken-pox and one of scarlet fever; in July 23 cases of measles; and in December 10 cases of whooping cough.

In March, Dr. Anderson not reapplying for election as Assistant Medical Officer, Dr. Lyden was appointed to that post.

HIGH WOOD SCHOOL, BRENTWOOD.

There were 216 children left in the School at the end of 1906.

During the year 1907 222 children have been admitted.

The affections of the eyes from which these children were suffering may be classified as follows:—

Trachoma	42	cases.
Follicular conjunctivitis	27	,,
Acute mucopurulent conjunctivitis	44	,,
Chronic conjunctivitis	92	,,
Phlyctenular ophthalmia	8	,,
Lachrymal obstruction	1	,,
Marginal blepharitis	8	,,

In addition to these, there have been 52 cases admitted with chronic conjunctivitis from the adjoining feeble-minded colony.

162 children were discharged cured:—

Trachoma	23	cases.
Follicular conjunctivitis	19	,,
Acute mucopurulent conjunctivitis	48	,,
Chronic conjunctivitis	60	,,
Phlyctenular ophthalmia	5	,,
Marginal blepharitis	7	,,

30 children have been removed by order of the Guardians before they were cured.

12 children were transferred to Swanley at the time of the outbreak of ophthalmia among the feeble-minded.

10 children who had been discharged cured were re-admitted with a recurrence of the eye disease for which they had previously been treated.

234 children were left in the School at the end of the year.

The general health of the children during the year has been remarkably good; the only outbreaks of infectious disease which occurred were three cases of chicken-pox in January and two cases of measles in March.

The following table shows the number of trachomatous and non-trachomatous cases admitted into each of the schools from the different parishes and unions:—

Parish or Union.	Non-Trachoma.		Trachoma.		Total.	
	White Oak School.	High Wood School.	White Oak School.	High Wood School.	White Oak School.	High Wood School.
Bermondsey	33	14	3	2	36	16
Bethnal Green	16	8	7	3	23	11
Bloomsbury	1	1	—	—	1	1
Camberwell	6	4	1	—	7	4
Chelsea	1	1	—	—	1	1
Fulham	3	3	—	—	3	3
George, S. in the East	—	1	1	1	1	2
Greenwich	10	5	4	3	14	8
Hackney	1	4	—	—	1	4
Hammersmith	1	2	—	1	1	3
Holborn	3	4	1	—	4	4
Islington	3	9	—	2	3	11
Kensington	4	3	—	—	4	3
Lambeth	6	9	1	1	7	10
Lewisham	6	4	—	—	6	4
London, City of ..	2	2	—	—	2	2
Marylebone S.	2	1	1	—	3	1
Paddington	1	2	—	—	1	2
Pancras, S.	2	5	2	2	4	7
Poplar	15	15	2	4	17	19
Shoreditch	—	3	—	2	—	5
Southwark	75	38	10	7	85	45
Stepney	4	9	1	4	5	13
Strand	3	2	—	—	3	2
Wandsworth	30	20	1	7	31	27
Whitechapel	2	1	1	—	3	1
Woolwich	—	2	—	1	—	3
*Chesterfield	—	—	1	—	1	—
*Croydon	1	—	—	—	1	—
Edmonton	—	1	—	2	—	3
*Hendon	1	—	—	—	1	—
London County Council	—	1	—	—	—	1
*Newcastle-under-Lyne	2	—	—	—	2	—
West Ham	4	6	3	—	7	6
*Watford	1	—	—	—	1	—
*Willesden	1	—	—	—	1	—
Total	240	180	40	42	280	222
	420		82		502	

* From Training Ship "Exmouth."

The number of children admitted to the two Schools during 1907 has been greater than in any previous year since they were opened.

As in previous years the largest number has come from the parishes of Southwark and Wandsworth. Out of a total of 502 admissions, 130 have been received from the former and 58 from the latter. There have been no admissions during the year from S. George's, Hampstead, Mile End Old Town, and Westminster.

The commonest affection from which the newly-admitted children have suffered has been Chronic Conjunctivitis, of which there were 232 cases. A large proportion of these were found to be due to infection with the Morax-Axenfeld diplo-bacillus.

Though the number of cases admitted is larger than in previous years, it cannot be definitely inferred that there has been an increased prevalence of ophthalmia. It may be only that the facilities afforded by the Ophthalmia Schools for dealing with these cases have become more generally appreciated, or it may be that more strict and systematic examinations of the eyes of the children in the Poor Law schools are being carried out than formerly.

It is satisfactory to find that, though the total number of new cases has increased, the decrease in the number of trachoma cases, commented on last year, has continued.

The following table shows the number of trachoma cases admitted from each of the London parishes or unions during the last four years:—

Parish or Union.	1904	1905	1906	1907
Bermondsey	27	19	12	5
Bethnal Green	15	9	3	10
Bloomsbury	1	—	1	—
Camberwell	1	4	2	1
Chelsea	1	—	1	—
Fulham	1	1	2	—
George's S., West ..	4	—	4	—
George S., in-the-East	—	2	—	2
Greenwich	8	5	4	7
Hackney	6	14	8	—
Hammersmith	1	—	2	1
Hampstead	—	—	—	—
Holborn	—	5	2	1
Islington	3	3	1	2
Kensington	1	1	5	—
Lambeth	10	6	4	2
Lewisham	1	—	—	—
London, City of ..	3	—	1	—
Marylebone	2	—	1	1
Mile End Old Town ..	—	3	1	—
Paddington	3	1	—	—
Pancras S.	—	9	2	4
Poplar	12	6	3	6
Shoreditch	8	2	7	2
Southwark	22	19	24	17
Stepney	9	9	3	5
Strand	2	—	2	—
Wandsworth	13	14	7	8
Westminster	1	—	—	—
Whitechapel	—	2	2	1
Woolwich	4	2	5	1
Total	159	136	109	76

There was an outbreak of acute mucopurulent ophthalmia at The Downs School in August, and 19 children were admitted from there to High Wood School; all these cases had been returned cured by the end of the year.

In March an outbreak of chronic conjunctivitis occurred in the feeble-minded colony, which is lodged in some of the cottages originally part of the Ophthalmia School, but now railed off by a high fence. It spread, so that 52 of the inmates ultimately became affected and were transferred to the Ophthalmia School for treatment. The affection was, fortunately, of a mild type, but owing to the character of the patients, some of the cases have required very prolonged treatment. Two only remained in the Ophthalmia School under treatment at the end of the year.

. . . . . .

I regret to have to report that two nurses have during the year contracted ophthalmia, one at White Oak School and the other at High Wood School. The former is now cured; the latter is progressing favourably.

(Signed) E. TREACHER COLLINS.

APPENDIX III.

RINGWORM SCHOOL.

THE DOWNS SCHOOL, SUTTON, SURREY.

REPORT OF THE VISITING DERMATOLOGIST (MR. T. COLCOTT FOX, M.B. *(Lond.)*, F.R.C.P.). *January, 1908.*

On January 1st, 1907, there remained 339 children under treatment, and up to the end of the year 737 other children were admitted, making a total of 1,075 under treatment. Of these, no less than 673 were discharged cured; two children died; 46 were taken out at the request of the Guardians before the children were certified as cured; and of 26 children transferred to the Ophthalmia School at Brentwood, five still remain there, leaving at The Downs School on December 31st, 1907, 329 cases. It is to be noted that these results were obtained notwithstanding that we were able to close one block, capable of holding 70 children, throughout the year.

Dr. Sale-Barker treated 508 cases by the X-Ray method, and of these 465 cases were discharged definitely cured, and 43 were removed at the Guardians' request.

TABLE I.

ADMISSIONS TO THE DOWNS SCHOOL DURING 1907.

Parish or Union.	Microsporum Ringworm.	Endothrix Trichophyton Ringworm.	Undetermined.	Total.
Bermondsey	16	1	4	21
Bethnal Green	16	4	4	24
Bloomsbury	3	0	0	3
Camberwell	48	1	11	60
Chelsea	10	0	2	12
Edmonton	15	4	3	22
Fulham	9	0	1	10
S. George's, West	5	1	2	8
S. George, in-the-East	0	0	1	1
Greenwich	17	0	2	19
Hackney	30	2	4	36
Ham, West	30	4	11	45
Hammersmith	6	1	1	8
Hampstead	0	0	0	0
Holborn	18	2	1	21
Islington	24	3	4	31
Kensington	9	0	4	13
Lambeth	49	12	8	69
Lewisham	26	0	4	30
London, City of	1	1	4	6
Marylebone, S.	21	6	2	29
Mile End	7	4	3	14
Paddington	9	1	3	13
Pancras, S.	32	10	10	52
Poplar	20	10	13	43
Shoreditch	25	7	9	41
Southwark	17	4	12	33
Stepney	7	1	1	9
Strand	2	0	1	3
Wandsworth	16	0	5	21
Westminster	1	0	0	1
Whitechapel	0	0	0	0
Woolwich	25	0	9	34
L.C.C.	4	1	0	5
	518	80	139	737

TABLE II.

AGES OF CHILDREN ADMITTED.

Age in Years.	Microsporum.		Trichophyton.		Undetermined.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
1	0	1	0	0	0	0	0	1
2	0	0	0	0	0	0	0	0
3	25	23	1	0	5	2	31	25
4	40	41	1	5	9	6	50	52
5	43	38	2	4	8	6	53	48
6	28	38	4	4	11	4	43	46
7	26	40	3	5	5	7	34	52
8	23	31	1	9	10	8	34	48
9	18	22	4	7	6	4	28	33
10	7	16	5	4	10	4	22	24
11	6	14	4	4	3	7	12	26
12	9	6	3	3	3	5	15	14
13	5	8	1	1	2	2	8	11
14	4	2	0	1	1	1	5	4
15	1	2	2	1	5	4	8	7
16	0	0	0	0	0	1	0	1
17	0	0	0	1	0	0	0	1
Not stated	0	1	0	0	0	0	0	1
Total ..	235	283	31	49	78	61	343	394
	518		80		139		737	

The "undetermined" cases include several categories, viz., (1) cases which were not ringworm; (2) cases treated before admission and practically cured; (3) cases of ringworm of other regions than the scalp, which I did not differentiate.

. . . . .

The Nursing Staff.—I desire to heartily acknowledge the immense help derived from the experience and devotion of the nursing staff to their duties, and the ever-ready help of Dr. Rice.

In conclusion, may I be permitted to express my admiration of the general management of the School, and the striking good effects on the health and conduct of the children under the happy and healthful influences under which they are placed.

(Signed) T. COLCOTT FOX.

APPENDIX IV.

SEASIDE HOMES.

(a) *S. ANNE'S HOME, HERNE BAY.*

REPORT OF THE MEDICAL OFFICER (DR. C. K. BOWES).

February, 1908.

I beg to submit the following report on the work at S. Anne's Home during the year 1907.

Owing to the unfortunate outbreak of scarlet fever, mentioned in my last report, there were no new admissions into the Home for a period of six months. Four fresh cases of scarlet fever occurred in January, making a total of 16 cases in all, and the Home was closed for painting and repairs from February 15th to June 12th.

From the time of reopening to the end of the year there were 297 admissions and 168 discharges, leaving 129 children in the Home at the end of the year.

As in former years, most of the cases admitted were medical cases, a few only being convalescent, after surgical treatment before admission.

There were no deaths in the Home during the year.

(Signed) C. K. BOWES, M.D.

(b) *EAST CLIFF HOUSE, MARGATE.*

REPORT OF THE MEDICAL OFFICER (MR. W. G. SUTCLIFFE, F.R.C.S.).

January, 1908.

Number of admissions, 430; cases in Home on January 1st, 1907, 130; total for the year, 560.

The larger number of admissions is due to the temporary closure of one of the Board's institutions, as during April and May 100 children were admitted. Cases of tuberculous glands, bones, and joints continue to provide the greater portion of the actual work of the institution, as most of these demand treatment of long duration, but an increasing use is being made of the Home for convalescents for short periods.

In view of the number of children that require active surgical treatment, the Committee have provided a small but adequate operating room, so that asepsis can be more easily ensured. It has added considerably to the scope and utility of the institution, as it is now possible to carry out all necessary surgical operations on the spot without interrupting the climatic conditions that indeed form the chief factor in the recovery of the patients.

The 35 beds on the verandah have been in constant use throughout the year. Many cases of old-standing hip-joint deformity have been corrected by prolonged extension, and several spinal cases, having completed their periods of twelve months or more of rest, are walking about preparatory to their discharge, fit to take part in ordinary school routine. The number of surgical operations for which anæsthetics were administered is 42. Of these, there were three re-amputations, two for conical stump, and one for an unhealed Symes amputation of the foot, 12 excisions of glands of neck, one excision of hip, and one radical cure of hernia. The remainder were operations for tuberculous abscesses, several of which were connected with joints and a few minor cases.

Of the suppurating hip-joints operated on this year, four out of five have healed soundly without excision, the case requiring excision being a very extensive one and slowly recovering.

In view of the extensive trials of Koch's new tuberculin in all the hospitals of the country and its establishment on a safe basis as a part of the treatment of all forms of tuberculous disease, a number of children are being treated with it, and its effects carefully watched and noted. The results will be embodied in the Medical Officer's Report for 1908, as at present the inoculations have not been continued for a length of time to give the sufficient value to appear as statistics possessing the *imprimatur* of the Metropolitan Asylums Board.

(Signed) W. GREENWOOD SUTCLIFFE, F.R.C.S. *(Eng.)*.

(c) *MILLFIELD, RUSTINGTON.*

Report of the Medical Officer (Mr. C. E. Last, M.R.C.S., L.R.C.P.).

January, 1908.

I beg to submit the following annual report for the information of the Children's Committee.

During the year 1907 there have been 78 admissions, 2 deaths, 57 discharges, and 107 children remain under treatment.

Of the 57 discharges, 33 were satisfactory, and of the remaining 24, 7 were discharged over-age, 7 as hopelessly incurable, and 3 at the request of Guardians; 3 were transferred to The Downs School and 2 to East Cliff House, and 2 cases (1 of sarcoma of the femur and 1 of chronic nephritis) were returned to their Unions.

The number of severe cases that have been in the Home appears to be increasing.

In 6 of the 7 discharged over-age the disease was in an advanced stage, and with the 7 discharged as hopeless, the 2 deaths, and some 15 others who still remain, the total number of children who showed cavitation or other signs of advanced pulmonary tuberculosis amounted to 30.

The balconies have been of great service, but it was found that certain tempestuous conditions of the weather either necessitated the drawing of the canvas blinds, or, even in spite of this, rendered them uninhabitable.

It was further found that the drawing of these blinds seriously interfered with the ventilation of the balcony and the dormitory behind.

By a simple re-adjustment of certain windows and by providing the canvas blinds with upright supports, to prevent them bellying in on windy, wet nights, it is hoped that this defect will be remedied and that the balconies will become permanently occupiable, thereby increasing the total accommodation of the Home by about 18 beds.

Generally speaking, the results that are being obtained continue to be encouraging, progress is maintained, direct complications are rare, and there has been very little illness of a general character.

(Signed) CECIL E. LAST.

APPENDIX V.

HOMES FOR DEFECTIVES.

REPORTS OF MEDICAL OFFICER (MISS R. TURNER, M.R.C.S., L.R.C.P.).

(a) LLOYD HOUSE, AND 12, LLOYD STREET.

December, 1907.

Medical. I am glad to be able to place before the Committee a very satisfactory report for the year 1907. From the point of view of health generally we have been very fortunate. There has been little illness, and none of a serious character. In the spring there were 2 cases of German measles, 1 of chickenpox, and 2 of follicular tonsilitis, all of which were mild attacks, and the patient in every case made an uninterrupted recovery. We have been unfortunate in the matter of ringworm; in this respect the record is a heavy one. There have been 11 cases of tinea tonsurans, which were removed to The Downs School, Sutton; 7 of these have now returned to the Home, the others are still away. In addition, there has been 1 case of tinea circinata, but that was slight, and yielded readily to treatment. The enlarged tonsils and adenoids of 2 girls have been removed, and the operation in both cases has been followed by very beneficial results.

2 slight accidents have occurred during the year. On September 7th 1 of the girls swallowed a pin, but, fortunately, there have been no bad consequences. In the other case the child pushed into her ear a bead, which was removed with some difficulty. Considering the kind of children we are dealing with, it is surprising that we do not have more troubles of this kind.

Eyes. 7 girls have had their sight tested, and for 5 out of this number glasses were ordered.

Mental and moral. Most of the girls in the Home at present have now been here for more than 12 months, and they begin to show in their work and conduct the good effects of careful and suitable treatment. Some show very decided improvement, and the majority give promise of reaching a fair level of development and consequent usefulness in the future. 4 girls, in spite of every effort, proved to be too deficient to be suitable cases for this Home, and it was found necessary to certify them as improvable imbeciles and send them to Tooting Bec.

The girls went, as usual, for their summer holiday to Margate, and the report given of their conduct while there is most encouraging. The report was given to the Matron verbally and was to the effect that the girls had been very good, their visit had been a pleasure, and their return next year would be looked forward to.

Pocket money and drill. The pocket-money and drill are being continued with the same good results as hitherto. The drill is enjoyed by the girls. When first joining some are described as too deficient "to follow or "imitate the movements," but they speedily learn, and the effort they put forth is most beneficial.

Admissions and discharges. During the year 2 girls have been admitted and 6 have been discharged. Of those discharged, 4, already referred to, have been removed to Tooting Bec, and the other 2 have been transferred to the Colony at Brentwood.

(Signed) R. TURNER.

(*b*) 16, *ELM GROVE, PECKHAM.*

December, 1907.

Medical. The return of illness in this Home for the past year is, fortunately, one of the lightest that I have had the pleasure to report, and this is especially satisfactory, as there has been a large number of admissions during the year, some of the boys admitted being of rather weakly constitution. 1 boy had an enlarged gland, and, as this did not yield to treatment, he was sent to S. Anne's Home, Herne Bay, for a good change. 1 boy has had enlarged tonsils and adenoids removed, and there were 2 cases of tinea tonsurans in the summer, which were sent to The Downs School at Sutton, the boys having returned cured after a short period of treatment.

Of actual illness there has been, I am glad to say, none of any kind.

Mental and moral. There have been many changes in this Home, and 6 boys have been transferred to the Witham Colony, of whom, with one exception, all had been in this Home for some time. The improvement in these boys is most encouraging, and there is every hope that, if suitable treatment is continued, they will all do well. The 6 sent to Witham are the pick of the boys, and there are now left only comparatively newcomers. Out of 13 now in the Home, all but 3 have been admitted this year, many towards the end of the year, and the others have only been under our care for from 15 to 18 months. In spite, however, of the shortness of their stay here, most of them are beginning to show definite improvement. In children of this type progress is necessarily very slow, and there are many difficulties to contend with. Their faults are varied and are hard to unlearn; tempers, sulky and spiteful, as well as violent and explosive, untruthfulness and a tendency to petty dishonesty, helplessness, extending to the commonest actions of life, such as dressing and feeding themselves—one or more of these weaknesses, sometimes almost contradictory ones, are found in practically every deficient child, and it is only long and patient training which can eradicate or even modify them.

Drill. The weekly drill is given, and is a useful means for stimulating the children's sense of responsive obedience and discipline.

Admissions and discharges. During the year there have been 11 admissions and 10 discharges. Of the new boys, 5 were transferred to this Home from the Home at Fulham, after being there a very short time only. Of the boys discharged, 2 have been removed to Tooting Bec, certified as improvable imbeciles, 2 have been returned to their guardians, and 6, already referred to, have been transferred to the Bridge Industrial Home at Witham.

(Signed) R. TURNER.

(*c*) 60, 62, *and* 64, *KINGWOOD ROAD, FULHAM.*

December, 1907.

Medical. In presenting my annual report on this Home, I have much pleasure in stating that the record of illness for this year, as for last year, is a very small one, and the little illness we have had has been of a quite unimportant character. 2 boys had slight attacks of urticaria, and another had 2 small abscesses on the hand. There was 1 case of eczema towards the close of the year and 1 of tonsilitis. A boy, admitted in November, 1906, who had frequent epileptic attacks, was discharged on account of the fits at the beginning of the year. There have been 3 cases of ringworm, and these were sent to The

Downs School at Sutton, whence 2 have since returned cured, their stay at Sutton having been of short duration.

There is marked improvement in the general physical condition of all the boys.

Eyes. 4 boys have had their eyes tested at the City Road Royal Ophthalmic Hospital. In all cases glasses were ordered. Another boy was found, towards the close of the year, to be suffering from marginal blepharitis, and was sent to the High Wood School at Brentwood for treatment.

Mental and moral. As has also happened at Peckham, most of the older boys and those who had been under care longest have been transferred from this Home to Witham. It is encouraging to note the improvement in these boys, in some of whom the change for the better is quite remarkable. Of these, one especially may be mentioned. He was admitted to the Home in May, 1904, and at the time of his admission was so feeble-minded and "tricky" tempered that he could with difficulty be got to do the simplest action; but for the last 12 months he has given no trouble whatever, and is now a promising case.

Among the boys who are still in the Home, I should like to quote 2 cases to illustrate the good effects of the training. The first is that of a boy who, for several months after his admission, was quite unmanageable on account of his faulty habits, obstinate disposition, and deficiency, but who has so far improved that his certification as an imbecile, which though contemplated, has been—at least, for the present—reconsidered, in order to give an opportunity to see if the change is a lasting one. The other case is that of a boy, admitted in March, 1905, who has improved so much that for some time past he has been attending the ordinary school. This boy has got on so well that he would now benefit most if he could mix with normal boys, and at the same time remain under strict supervision. The conditions of life on a training-ship would suit his case perfectly; but, unfortunately, this is not open to him, as his height and girth are much below the standard.

Another boy from this Home, besides the above, has also attended the ordinary school, having been promoted to it quite recently. This boy is among the number of those transferred to Witham.

Drill. The boys continue to have weekly drill, and they have certainly benefited by it, both physically, in improved carriage and gait, and mentally in increased readiness and discipline. They are said to enjoy it thoroughly, and to look forward to it.

Admissions and discharges. 9 new boys have been admitted during the year, and 17 have been discharged. Of those discharged, 2 have been returned to their guardians, 1 because he was subject to fits, and the other on account of his health; 5 have been transferred to the Peckham Home, in view of the closing of the Fulham Home, and the remainder, 10 in all, have been transferred to the Bridge Industrial Home at Witham.

(Signed) R. TURNER.

(*d*) 81, *EARLSFIELD ROAD, WANDSWORTH.*

December, 1907.

Medical. I am glad to be able to report that the health of this Home during the past year has been very good. There have been no cases of severe illness at all, and very few even of an unimportant character. 1 girl had an attack of follicular tonsilitis, and 2 had slight impetigo contagiosa.

There has also been 1 case of eczema, and towards the end of the year 1 of the children had an abscess of the finger. 2 girls who were suffering from tinea tonsurans, and who were sent to The Downs School, Sutton, in September of last year, have returned this year, one in January and the other in May.

Mental and moral. Mentally, all the children in this Home show most satisfactory improvement. Although this is a small Home and the girls are few in number—or, perhaps, just because of this—the results attained in this Home are exceptionally good. One girl has been promoted to the ordinary school, and another, it is hoped, will shortly be able to join her.

Admissions and discharges. 6 girls have been admitted during the year, and 6 have been discharged, 5 to the High Wood School, Brentwood, and 1 to East Cliff House, Margate, as, soon after her admission, she was found to be an unsuitable case for the Earlsfield Road Home on account of her health.

(Signed) R. TURNER.

(*e*) *SURREY HOUSE, WANDSWORTH.*

December, 1907.

I beg to present my report on this Home for the year 1907.

Medical. I am glad to say that the return of illnesses is by no means a heavy one and contrasts favourably with that for last year, when several severe cases of illness occurred. Early in the year there was 1 case of scarlet fever, the boy being sent to the Grove Hospital in January, and returning at the beginning of April. Another boy, suffering from the same illness, which he had contracted in December of last year, returned to the Home in March. Both boys are now quite well, and are suffering from no weakness consequent on the scarlet fever. In the summer there was 1 case of pleurisy, and it was thought advisable to return the boy to his Infirmary. On his discharge, cured, he was sent for a fortnight's holiday to Herne Bay, where his health was thoroughly recuperated. Within the last two months there have been five cases of measles, but in every case, I am glad to say, the attack was a mild one, and there were no complications.

Except the above, there has, fortunately, been no illness of any importance. There has been 1 case of follicular tonsilitis, 2 slight cases of impetigo contagiosa, and 2 of urticaria. 1 boy had 2 slight epileptic fits in the course of one morning. There was no obvious cause for these fits, and there has been no recurrence of them.

Mental and moral. The majority of the children in this Home have been here only about 15 months, but, in spite of the shortness of the time that they have been under care, the results of the training are in nearly all cases most encouraging, and much improvement is observable in their mental condition. Two or three boys, especially, who were subject to fits of temper or spitefulness, are becoming more self-controlled, and others who were so helpless as not to be able even to dress themselves, are now learning to make themselves useful.

In the matter of nocturnal incontinence particularly, there has been decided improvement, and when it is remembered how important a criterion this is of the mental condition of the children, and how, unless cured of this habit, a child cannot attain any high standard mentally or morally, it will be seen how encouraging the great improvement in this respect is. To quote one case out of

several showing special improvement in this respect: the boy had been in the Home eighteen months. When he first came he suffered from nocturnal incontinence practically every night, but during the last quarter it occurred in October three times, in November twice,and in December once only.

As this is a matter of such importance, special forms are kept, which are issued every quarter. This system gives accurate and reliable information, and this is most desirable as there is medical significance in the fact whether the child suffers in this way successively or at intervals. The formality of it also acts somewhat as a deterrent on the mind of the child.

Drill. The boys have recently been having weekly drill, and there is every likelihood that they will before long show evidences of it in improved bearing and physical condition as well as mentally in increased alertness.

No boys have been admitted to this Home during the year, and none have been discharged.

(Signed) R. TURNER.

(f) COLONY FOR ELDER FEEBLE-MINDED GIRLS AT HIGH WOOD SCHOOL, BRENTWOOD.

December, 1907.

Admissions and discharges. There are now 48 girls in the Industrial Colony at Brentwood, 3 of whom are at present away, under treatment for ophthalmia. There have been 13 admissions during the year and 1 discharge. Of the girls admitted, 6 came direct from their guardians, 5 were transferred here from the Earlsfield Road Home and 2 from Lloyd House. The girl discharged was sent to Tooting Bec Asylum. She suffered from paralysis of the right side, and was also extremely feeble-minded. Although improved a great deal in every way, she was unlikely to benefit sufficiently to justify retaining her longer in the Colony.

Progress of the work. I regret to have to report that the work of the Colony has been interrupted a good deal during the year.

. . . . .

During the year there have been 3 different superintendents, and there have been many changes among the attendants also. In spite, however, of the disadvantages under which the work has been carried on, I am pleased to say that there is in the case of every girl some improvement, and in several very definite improvement, to be reported.

Occupations. The girls are still receiving instruction in laundry work, stocking knitting by machine, weaving towels on the loom, basket work, chair caning, and rug making, as well as housework, cooking, sewing, knitting, and crocheting. In all branches the girls are making satisfactory progress and in laundry work especially. I should like to mention that in addition to doing their own laundry work and that of Lloyd House, all of which is done in the Colony, 6 of the oldest and most intelligent girls work in the steam laundry belonging to the Ophthalmia School, in place of a somewhat smaller number of laundry maids formerly employed here. It is satisfactory to be able to report that the Laundry Instructress speaks in high terms of the progress and conduct of these girls. The laundry work done in the Colony itself is not inconsiderable, the average number of articles washed per week is 1,151.

With exception of the actual cooking, the entire work of the Colony is done by the girls themselves, and 2 of the girls still continue to work in the staff block, 1 as scullery maid and the other as under-housemaid.

The work at the loom is progressing most satisfactorily under the direction of a Norwegian Instructress, who has been appointed comparatively recently.

School instruction. During the year school instruction has been given in the Colony. This is a new departure, and it has worked extremely well. These studies have contributed greatly to the mental improvement in the girls. School instruction is given in the morning and in the afternoon, but to different sets of girls, those who attend school in the morning being taught a manual occupation in the afternoon, and *vice versa*.

Routine of the colony. The regular hours for all instruction are from 10 to 12 in the morning, and from 2 to 4.30 in the afternoon. Before 10 a.m. the girls are busy with housework. On Saturday mornings all the girls who are capable of it mend their clothes under supervision. On Tuesdays and Saturdays, from 1.30 to 4 p.m., the girls go for a long walk. On Sundays they attend church morning and evening.

I think it is a pity that more is not done in the direction of rural occupations. There is plenty of scope in the Colony for gardening and poultry farming, and these occupations would interest the girls, and also give them the physical exercise in the open air which is so beneficial for their health. They are capable of something much more practical than playing at attending to little gardens. Heavy work, like digging and rolling, is beneficial for them; in fact, the heavier the work, provided it is not sufficient to strain them, the better. The difficulty with the big, strong ones among our girls is to find work which will fatigue them sufficiently. A few fowls are kept, but there is room for a good many more, and if methodically worked up, this department might be made a profitable industry.

Drill. Some of the younger girls receive instruction in drill, but, unfortunately, there is no room large enough to accommodate a sufficient number together, and the weather often makes it impossible for the drill to be held in the open. It would be a great advantage if it could be arranged for us to have a large room in which drill could be thoroughly and systematically given.

Recreations. The girls spend their spare time in talking and in knitting and crocheting lace. Occasionally they write letters. There is, unfortunately, a great lack of variety in their recreations. It would be a great gain if happy evenings could be organised, and more attention given to teaching games. Not only would it promote sociability, which is more desirable than allowing the girls to spend their time in twos and threes with nothing definite to do, but it would also make their lives happier and brighter.

Pocket-money. Each girl can gain 3d. a week for good conduct. It is worked in the following way:—21 marks are allowed weekly—3 a day—and for every 3 marks lost 1d. is forfeited. The girls appreciate their pocket money very much, and it is an excellent means of discipline, as the withholding of this money is the only effectual punishment we have. The girls spend their money on ribbons and postcards, etc. Some have banked their money, and in one or two cases a girl has saved sufficient to buy herself a hat. If they wish to write a letter, every other Sunday a stamp is allowed.

Discipline. The chief difficulty in dealing with these girls—who are consciously growing into womanhood, and who are yet feeble-minded—is how to exercise sufficient control over them and to maintain discipline. Although

below the average in intelligence, many of them have great shrewdness in estimating the capabilities of the persons who are over them, and they are well aware of the limits of their powers. Moreover, the example of one insubordinate member is sure to incite several others to behave in the same way. Sometimes they definitely set out to "play up," as they express it. To cope successfully with the problem of discipline, it is essential to have as Superintendent some one thoroughly kind and in sympathy with the girls, and at the same time tactful and capable of exercising the necessary authority. We have had considerable trouble in the past year with one girl, who is subject to attacks, partly hysterical in character, in which she will refuse to work and will behave rudely to the attendants. I am glad to say that under suitable treatment she shows very great improvement, and in time should be cured of these attacks. The addition to the staff has proved a very great advantage. I am sure that having got the Colony into sound working order, with a thoroughly competent Superintendent, provided the health of the girls remains good, very great advance should be made in the coming year.

(Signed) R. TURNER.

REPORT OF THE MENTAL SPECIALIST (MR. A. ROTHERHAM, M.A., M.B., B.C., *Camb.*).

February, 1908.

(*g*) *BRIDGE INDUSTRIAL HOME, WITHAM.*

Statistics.

Patients on January, 1st, 1907	63
Admissions	43
Discharged	7
Remaining, December 31st, 1907	99

Health. During the past year the general health of the patients has been very good, except in the case of 1 boy, who has been extremely ill and under the care of two trained nurses since September last.

Staff. Since the beginning of September the Sub-Committee have increased the staff of the Home by the addition of a Tailor Industrial Attendant, a Clerk, and an Attendant for night duty, and it is proposed shortly to engage a woman helper and another Industrial Attendant to teach the patients rope making.

Perhaps the most important of these additions is the Night Attendant. This man's duties consist in sitting for the greater part of the night in one dormitory in which are congregated any boys who from their known bad habits or for any other reason need special supervision, and also in making periodical visits to all other dormitories and other parts of the house, and recording such visits by means of a checking clock.

When it is remembered that at the beginning of September last over 36 per cent. of the inmates were known to practice self-abuse, the need for night supervision is obvious, and the success of the experiment is shown by the fact of the great improvement, both mentally and physically, of a number of the patients who are addicted to these bad habits.

With the addition of the rope maker, it will be possible, for the first time, for the Superintendent so to arrange the work of his staff that at no period of the day will any section of the boys be left without adequate supervision, whereas up till now at various intervals during the day the patients have been left to themselves without any control.

Employment. When I took over my duties at the Home in September, 1907, I found that all the 81 patients then in residence were employed either in the grounds, shops, house-work, or in the schoolroom, but that while 33 of them received instruction in school work only and not in any trade, etc., the remaining 48 who worked in gardens and at trades, etc., received no school instruction whatever.

It appeared to me that this was a mistaken method of working, and so, on my advice, since that time the Superintendent has been endeavouring to arrange that all patients should have schooling in some form, however small, at least once a week, and also that all patients should have some opportunity of doing outdoor work or of learning a trade. So far he has not quite succeeded in carrying out this idea, but at the present time all patients receive some instruction in school, and it has been possible, so far, to give employment out of school to all except 16 out of a total of 99, instead of 33 out of a total of 81 as was formerly the case.

The work, in the short time I have had an opportunity of seeing it, has been generally improving, both outdoor work and in the shops.

In the garden. 3 boys are doing extremely well, and are most useful, being capable of working by themselves, and only needing a general eye being kept on them. The others are making progress.

In the laundry. One woman, with the aid of the patients, can wash and turn out about 1,550 articles, and with 3 of the boys can wash, iron, mangle, etc., and the others are useful as general helpers.

In the sewing room. The Superintendent's wife can, with patients' labour, repair about 200 articles a week, though, of course, she is unable to spend very much of her time in this department.

In the shoemaker's shop. The average weekly repairs are 110, and the new work 10 pairs. All repairs are executed for High Wood School, Kingwood Road, Elm Grove, Surrey House, Earlsfield Road, and Lloyd House, besides those for the Home itself. 4 of the patients can make new boots throughout, and the remainder show a general improvement.

In the tailor's shop. Some 18 patients are employed here. The work in this shop, which was started at the beginning of September last, has made great progress, and some of the patients have shown a remarkable aptitude for the work. One of them can already make new trousers and vests, and is a good machinist; while the next best 3 can all make vests, and 1 of them can do machine work.

Repairs done, weekly average 40.
New work, average 5 vests,
2 pairs trousers,
2 coats.

The drilling of the whole of the inmates, which takes place daily, continues to be a marked feature of the routine, and is most valuable, not only in improving the boys' physical condition, the way in which they hold themselves, and their manner of walking, but also in teaching them discipline and the necessity of obeying an order quickly and smartly.

The brass band, consisting entirely of patients, continues to make steady progress, and it is astonishing how well the boys play after such a short time and with such a small amount of skilled teaching.

During the past year an open-air swimming-bath has been made, no outside labour being employed. The use of this is keenly enjoyed by both patients and staff, and is valuable in improving the patients' health and cleanliness, and in teaching the boys the art of swimming. In connection with this, the Committee has recently obtained extra lengths of hose, so that now the fire-engine can obtain an ample supply of water from the bath in case of fire in any part of the building.

I have been greatly struck with the discipline obtaining in the Home, the happiness of the patients, and the personal interest taken by the whole of the staff, not only in the work of the boys, but also in their recreations of all kinds.

(Signed) A. ROTHERHAM.

APPENDIX VI.

REMAND HOMES.

(*a*) Table showing the number of children admitted during the year 1907 to each home:—

HOME.	Boys.	Girls.	TOTAL.
Camberwell Green	641	114	755
Harrow Road	421	..	421
Pentonville Road	746	176	922
Totals	1,808	290	2,098

(*b*) Table showing ages of the children admitted during the year 1907:—

AGE IN YEARS.	Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
2	9	..	2	11
3	12	..	5	17
4	14	4	12	30
5	14	5	6	25
6	17	3	26	46
7	28	20	23	71
8	35	21	50	106
9	53	43	75	171
10	60	37	85	182
11	76	37	91	204
12	79	39	119	237
13	99	54	129	282
14	100	61	109	270
15	116	58	122	296
16	35	27	46	108
17	8	10	18	36
18	..	1	4	5
19	..	1	..	1
Totals	755	421	922	2,098

(*c*) Table showing periods for which children were remanded during 1907.

NUMBER OF DAYS.	Number of Children at Camberwell Green.	Number of Children at Harrow Road.	Number of Children at Pentonville Road.	TOTAL.
1	..	..	39	39
2	7	6	12	25
3	2	7	25	34
4	4	5	46	55
5	7	2	21	30
6	16	5	45	66
7	30	10	76	116
8	416	196	298	910
9	81	64	110	255
10	31	20	39	90
11	4	4	13	21
12	6	5	16	27
13	5	4	11	20
14	13	5	19	37
15	72	40	48	160
16	31	27	41	99
17	10	11	15	36
18	..	1	5	6
19	1	..	3	4
20	2	2	8	12
21	5	1	7	13
22	2	1	10	13
23	2	1	4	7
24	1	3	2	6
25	..	..	2	2
26	1	..	2	3
27	1	..	1	2
28	..	..	2	2
29	..	1	1	2
30	1	..	1	2
35	1	..	..	1
36	1	..	..	1
42	2	..	..	2
Totals	755	421	922	2,098

(*d*) Table showing the schools attended by the children prior to arrest during 1907 :—

SCHOOL.	At Camberwell Green.	At Harrow Road.	At Pentonville Road.	Total.
County Council schools	486	293	586	1,365
,, ,, ,, (special) ..	8	10	17	35
Church of England schools	97	..	51	148
Roman Catholic schools	88	57	101	246
Truant schools	5	7	31	43
Industrial schools	3	13	..	16
Wesleyan schools	3	..	..	3
Jewish schools	1	4	28	33
Poor Law schools	3	2	4	9
Grammar schools	5	..	..	5
Private schools	..	5	..	5
Higher grade schools	5	..	3	8
National schools	..	..	41	41
Schools outside metropolis	1	13	..	14
No school	39	..	..	39
Infants and unknown	11	17	60	88
Totals	755	421	922	2,098

(*e*) Table showing the offences with which the children were charged during 1907 :—

CHARGES.	Camberwell Green.	Harrow Road.	Pentonville Road.	Total.
Felony	212	164	229	605
Larceny	74	..	66	140
Begging	106	77	134	317
Beyond control	77	18	25	120
Unlawful possession	9	6	16	31
Wandering	151	90	291	532
Burglary and house-breaking	19	11	17	47
Found on enclosed premises	14	3	18	35
Embezzlement	8	5	..	13
Suspected persons	17	5	17	39
Fraud	..	1	8	9
Wilful damage	8	3	9	20
Assault	4	..	6	10
Residing in a house of ill-fame	30	13	27	70
Sleeping out	..	11	7	18
Missile throwing	5	6	..	11
Killing a horse	..	..	1	1
Indecent conduct	..	1	1	2
Disorderly conduct	9	1	7	17
Truants	8	1	30	39
Gambling	4	..	5	9
Attempted suicide	..	1	1	2
Loitering	..	3	..	3
Wounding	..	..	1	1
Obstruction	..	1	..	1
Using bad language	..	..	6	6
Totals	755	421	922	2,098

(*f*) Table showing the result of the last appearance of the children before the magistrate during 1907 :—

RESULT.	Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
Discharged to homes	242	117	328	687
Birched	12	1	6	19
Fined or bound over	83	81	167	331
Taken by police court missionary ..	..	18	..	18
Sent to reformatory or industrial training ships	39	31	40	110
Sent to reformatory or industrial or truant schools	329	161	324	814
Sent to workhouses and various homes	43	7	44	94
Sent to prison	4	4	10	18
Committed to the sessions	3	..	..	3
Sent to infirmaries	..	..	3	3
Result unknown	..	1	..	1
Totals	755	421	922	2,098

(*g*) Table showing the religious persuasion of the children admitted during 1907 :—

RELIGIOUS PERSUASION.	Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
Church of England	591	339	714	1,644
Roman Catholics	151	71	133	355
Wesleyans	3	..	1	4
Baptists	3	..	..	3
Nonconformists	4	..	..	4
Presbyterians	..	..	3	3
Jews	3	11	71	85
Totals	755	421	922	2,098

(*h*) Table showing clothing given away during 1907 to children requiring it either in consequence of their not having sufficient on admission or of their own clothing having to be destroyed :—

ARTICLES.	Camberwell Green.	Harrow Road.	Pentonville Road.	Total.
Complete outfits	63	..	45	108
Coats	21	5	61	87
Vests	11	1	17	29
Trousers	23	2	48	73
Braces	29	1	9	39
Shirts	40	13	40	93
Socks and stockings	65	7	92	164
Neckerchiefs	23	..	..	23
Frocks	11	..	17	28
Articles of girls' underclothing ..	27	..	69	96
Girls' jackets	8	..	..	8
Hats and caps	14	2	19	35
Boots and shoes, pairs	55	14	100	169
Collars	..	1	..	1

(*i*) Table showing the number of children who slept in police-station cells prior to admission to the homes during 1907 :—

AGES.	Camberwell Green.	Harrow Road.	Pentonville Road	Total.
Under 10 years	24	19	..	43
Between 10 and 13 years	35	24	22	81
Over 13 years	105	68	15	188
Totals	164	111	37	312

Statement of cases admitted and discharged at the Homes and Schools during 1907 arranged under the respective Parishes and Unions.

PARISH OR UNION.	Ophthalmia.				Ringworm.				Convalescents.				Defectives.			
	Remaining on 31st Dec., 1906.	Admitted during 1907.	Discharged and Died during 1907.	Remaining on 31st Dec., 1907.	Remaining on 31st Dec., 1906.	Admitted during 1907.	Discharged and Died during 1907.	Remaining on 31st Dec., 1907.	Remaining on 31st Dec., 1906.	Admitted during 1907.	Discharged and Died during 1907.	Remaining on 31st Dec., 1907.	Remaining on 31st Dec., 1906.	Admitted during 1907.	Discharged and Died during 1907.	Remaining on 31st Dec., 1907.
Bermondsey	42	51	60	33	6	21	18	9	13	11	18	6	8	2	..	10
Bethnal Green	23	35	20	38	12	25	28	9	20	35	43	12	21	4	5	20
Bloomsbury	3	2	2	3	..	3	3	..	2	2	3	1	2	1	..	3
Camberwell	8	10	14	4	17	60	42	35	6	45	37	14	6	3	..	9
Chelsea	3	3	3	3	1	13	7	7	7	5	6	6	3	..	1	2
Fulham	10	6	8	8	7	11	17	1	16	30	36	10	3	1	..	4
George's, S.	8	..	4	4	5	8	10	3	8	17	18	7	4	4	1	7
George, S., in-the-East	5	3	3	5	4	1	5	..	6	17	13	10	3	..	..	3
Greenwich	24	21	19	26	13	21	27	7	12	39	33	18	9	7	1	15
Hackney	29	4	14	19	34	37	48	23	20	52	51	21	10	5	4	11
Hammersmith	6	4	4	6	2	8	5	5	13	15	22	6	3	..	..	3
Hampstead	..	..	..	..	..	..	..	..	5	7	5	7	3	..	..	3
Holborn	4	8	9	3	11	22	23	10	1	8	4	5	4	3	..	7
Islington	12	12	12	12	17	28	33	12	10	19	20	9	22	1	4	19
Kensington	11	6	11	6	3	13	8	8	14	21	19	16	3	..	1	2
Lambeth	15	17	16	16	38	68	83	23	25	26	29	22	2	2	..	4
Lewisham	2	10	7	5	18	30	31	17	..	9	3	6	1	..	..	1
London, City of	1	4	1	4	4	6	9	1	..	3	3	..	3	1	3	1
Marylebone, S.	3	4	1	6	5	29	19	15	6	33	30	9	11	3	..	14
Mile End Old Town	4	..	2	2	10	13	16	7	..	6	5	1	8	2	1	9
Paddington	3	3	1	5	5	15	11	9	23	43	44	22	3	2	2	3
Pancras, S.	21	13	11	23	27	51	61	17	15	37	27	25	4	3	..	7
Poplar	37	33	31	39	16	42	41	17	27	51	55	23	4	4	1	7
Shoreditch	9	5	6	8	18	40	36	22	10	29	35	4	8	2	..	10
Southwark	80	128	118	90	27	34	47	14	18	51	28	41	8	3	1	10
Stepney	28	17	22	23	4	9	8	5	8	28	24	12	1	3	..	4
Strand	3	3	2	4	1	3	3	1	6	5	8	3	3	1	1	3
Wandsworth	57	53	51	59	9	22	22	9	36	65	61	40	11	5	3	13
Westminster	..	..	..	..	..	2	..	2	2	9	8	3	1	1	..	2
Whitechapel	9	4	5	8	..	..	..	..	3	12	12	3	5	..	2	3
Woolwich	11	3	6	8	6	34	23	17	3	10	11	2	5	1	2	4
School Authority for London (L.C.C.)	..	1	..	1	1	5	6	..	..	1	..	1	..	..	..	..
Extra Metropolitan	29	22	16	35	18	68	62	24	..	1	..	1	..	..	..	..
Total	500	485	479	506	339	742	752	329	335	742	711	366	182	64	33	213

Transfers between the Homes and Schools (except between those of the same class, and in the case of defectives, the transfers to and from the Seaside Homes for the summer holidays), are included in this table. Transfers of chargeability are also included in the table.

APPENDIX VIII.

GENERAL STATEMENT OF CHILDREN AT HOMES AND SCHOOLS, 1907.

HOMES AND SCHOOLS.			NUMBER OF CHILDREN.																								
Description and Name.	Total accommodation.	Date of Opening.	Remaining on 1st January, 1907.			Admitted.						Discharged.						Died during the Year.			Remaining on 31st Dec., 1907.			Total Number of Children admitted from opening of Home to 31st December, 1907.		
						Direct from Unions or Parishes.			From other institutions of the Board.			Direct to Unions or Parishes.			To other institutions of the Board.											
			Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
I.—Ophthalmia																											
White Oak School, Swanley ..	300	20 March, 1903 ..	163	121	284	148	106	254	19	7	26	157	108	265	20	7	27	..	..	..	153	119	272	950	740	1,690
High Wood School, Brentwood..	240	26 July, 1904 ..	99	117	216	94	91	185	12	25	37	65	77	142	24	38	62	..	..	..	116	118	234	404	457	861
II.—Ringworm.																	[b]										
The Downs School, Sutton ..	420	26 February, 1903	155	184	339	307	352	659	108	53	[a]161	343	354	697	96	35	131	1	1	2	130	199	329	1,550	1,529	3,079
III.—Seaside.																	[a]										
S. Anne's Home, Herne Bay ..	134	26 December, 1897	96	21	117	127	63	190	103	10	[b]113	106	41	147	124	20	144	..	..	..	96	33	129	1,584	689	2,273
East Cliff House, Margate.. ..	130	26 June, 1898 .. (Additional buildings,13 Sept.,1901)	51	79	130	160	220	380	13	38	51	153	202	355	20	47	67	7	2	9	44	86	130	750	1,374	2,124
Millfield, Rustington	100	6 April, 1904 ..	46	42	88	43	30	73	2	3	5	29	24	53	2	2	4	..	2	2	60	47	107	200	162	362
IV.—Defective Children.																											
Lloyd House, Pentonville .. .. For Girls only.	20	16 Jan., 1899	..	26	26	..	2	2	..	25	25	..	1	1	..	32	32	..	..	..	..	20	20	..	89	[e]89
Lloyd Street,Pentonville, No. 12 For Girls only.	8	18 Oct., 1901																									
Elm Grove, Peckham, No. 16 .. For Boys only.	14	25 January, 1901	13	..	13	7	..	7	15	..	15	2	..	2	20	..	20	..	..	..	13	..	13	57	..	[e]57
Kingwood Road, Fulham, Nos. 60, 62 and 64. For Boys only.	22	17 Sept., 1900 ..	22	..	22	11	..	11	17	..	17	2	..	2	39	..	39	..	..	..	9	..	9	86	..	[e]86
Earlsfield Road, Wandsworth, No. 81. For Girls only.	10	7 July, 1903 ..	..	7	7	..	6	6	..	9	9	..	1	1	..	12	12	..	..	..	..	9	9	..	25	[e]25
Surrey House, S. Ann's Hill, Wandsworth	16	11 December, 1903	15	..	15	..	..	..	18	..	18	1	..	1	16	..	16	..	..	..	16	..	16	58	..	[e]58
High Wood School, Brentwood.. Temporary : for Females only.	60	7 Nov., 1904 ..	..	36	36	..	7	7	..	7	7	..	3	3	..	..	..	..	..	..	..	47	47	21	51	72
Bridge Industrial Home, Witham For Males only.		6 June, 1906 ..	63	..	63	22	..	22	21	..	21	5	..	5	2	..	2	..	..	..	99	..	99	107	..	107
V.—Remand Homes.																											
Pentonville Road, Nos. 70, 72, and 74. For Boys and Girls.	55	1 January, 1902	3	3	6	1,127	302	[c]1,429	..	..	..	1,124	304	[c]1,428	..	..	..	..	..	..	6	1	7	5,681	1,425	7,106
Harrow Road, Nos. 203 and 205 : For Boys only.	45	Do.	4	..	4	653	..	[c]653	..	..	..	655	..	[c]655	..	..	..	..	..	..	2	..	2	2,844	..	2,844
Camberwell Green, Nos. 36, 37, and 38 : For Boys and Girls.	50	Do.	5	3	8	898	180	[c]1,078	..	..	..	896	182	[c]1,078	..	..	..	..	..	..	7	1	8	4,689	947	5,636
		TOTALS	735	639	1,374	3,597	1,359	4,956	328	177	505	3,538	1,297	4,835	363	193	556	8	5	13	751	680	1,431	18,981	7,488	[d]26,469

(*a*) Including 72 children (62 boys and 10 girls) transferred from S. Anne's Home to The Downs School on the 15th February, 1907, when the home was closed temporarily owing to an outbreak of scarlet fever.

(*b*) Including 42 children (37 boys and 5 girls) transferred from The Downs School to S. Anne's Home on the re-opening of the home on the 12th June, 1907.

APPENDIX IX.

Numbers relating to Staff and inmates and average weekly cost of children for the year ended Michaelmas 1907.

(Figures for the year 1906 are inserted under the figures for the year 1907).

SCHOOL OR HOME.	Average Daily Number of Inmates.	Percentage of Average Daily Number to Normal Accommodation.	Permanent Officers (all Grades), Highest Number.	Maintenance and Clothing per inmate per week.	Total cost per inmate per week, including all charges.*
				s. d.	s. d.
OPHTHALMIA SCHOOLS—					
I. White Oak School	**273**	**91**	**89**	**3 6**	**16 5**
	242	81	87	3 11	17 11
II. High Wood School	**261**	**87**	**95**	**3 11**	**16 4**
	253	97	93	3 11	16 11
RINGWORM SCHOOL—					
I. Bridge School	..	† ..	..	..	† ..
	64	..	46	..	..
II. The Downs School	**351**	**84**	**105**	**3 2**	**13 5**
	392	93	109	3 5	13 2
SEASIDE HOMES—					
I. S. Anne's Home	**77**	**57**	**33**	**3 5**	..
	120	90	28	3 2	12 4
II. East Cliff House	**120**	**92**	**32**	**3 3**	**12 8**
	114	88	34	3 5	12 7
III. Millfield	**97**	**97**	**30**	**5 10**	**16 9**
	74	74	27	5 11	18 9
HOMES FOR DEFECTIVE CHILDREN—					
I. Lloyd House, and 12, Lloyd Street	**24**	**86**	**6**	**4 8**	**13 0**
	25	89	8	4 4	13 3
II. 16, Elm Grove	**13**	**93**	**5**	**3 1**	**11 7**
	13	93	5	3 6	12 4
III. 60, 62, 64, Kingwood Road	**18**	**81**	**5**	**4 2**	**12 4**
	20	91	6	4 3	11 9
IV. 81, Earlsfield Road	**7**	**70**	**4**	**3 11**	**14 2**
	9	90	4	4 4	12 6
V. Surrey House	**14**	**87**	**5**	**3 11**	**12 6**
	15	94	5	5 7	14 2
VI. Bridge Industrial Home	**69**	**43**	**12**	**3 10**	**10 10**
	† ..	..	..	..	† ..
REMAND HOMES—					
I. Pentonville Road	**23**	**42**	**8**	**3 3**	**14 0**
	26	47	8	3 2	14 0
II. Harrow Road	**11**	**25**	**4**	**3 8**	**18 10**
	9	20	4	3 7	21 5
III. Camberwell Green	**18**	**36**	**6**	**3 0**	**15 9**
	21	42	6	2 6	13 10

* Except rent or loan charges, special expenditure, and head office or central expenses.

† The Bridge School was used for ringworm until March, 1906, when it was closed and reopened for the reception of male feeble-minded cases in June, 1906.

ANNUAL REPORT OF THE COMMITTEE OF MANAGEMENT OF THE TRAINING SHIP EXMOUTH FOR THE YEAR 1907.

1. We submit our thirty-second annual report on the work of the Exmouth for the year 1907.

Committee. 2. We re-elected Mr. W. Vallance, J.P., to be our Chairman, and Admiral E. N. Rolfe, C.B., to be our Vice-Chairman. The triennial election to the Board caused several changes on the Committee. Mr. F. C. Mills, J.P., who had done a large amount of valuable work in connection with the new ship and the school organisation, left the Board on his removal from London, the other retiring members being Messrs. Beurle (a member of the Committee for 13 years), E. J. Wakeling, and C. Thomas. Their places were filled by Messrs. C. J. Benson, W. B. Moore, Gerald Ritchie, and the Rev. F. Higley.

Annual Inspection. 3. The annual inspection of the ship by the Board was held on July 27th. We had to regret the unavoidable absence of the President of the Local Government Board, who had kindly consented to distribute the prizes to the boys. His place was admirably filled by Dr. T. J. Macnamara, M.P., Parliamentary Secretary to the Local Government Board. He was accompanied by Miss Macnamara, who handed the prizes to the boys. Dr. Macnamara spoke some inspiring words to the boys, and later in the day addressed the members of the Board and their guests in terms of appreciation of the work done on the ship. In a subsequent letter he wrote: "I was greatly pleased at "what I saw to-day on the Exmouth. The boys are well set up, bright, intelligent, "and being trained on quite sound lines. The greatest credit is due to Captain "Colmore and the officers generally. I confess I am surprised you have to go "outside London to complete the ship's enrolment. I am sure, if London Guardians "really knew what was being done for the boys on the Exmouth, your difficulty "would be to meet the demands upon her accommodation."

4. We have again to thank the donors named in the appendices to this report for presenting special prizes to the boys.

Successes of Exmouth boys.

5. We referred in our last report to the remarkable successes gained at the Christmas examination of 1906 at the Royal Naval Barracks, Shotley, when old Exmouth boys, who numbered only 2.4 per cent. of the total number at the barracks, gained 11 of the 44 prizes offered (or 25 per cent.).

Further confirmation of the value of the Exmouth training, if such be needed, has again been forthcoming, this time from Devonport, where J. D. Haines (City of London Union) gained the first prize in the advanced class on H.M.S. Impregnable, a gilt clock, given by Vice-Admiral Sir Lewis Beaumont, Commander-in-Chief at Plymouth. This boy attended on board the ship on Inspection Day and received the special prize for the best old boy, kindly given by Mrs. Drage.

Admiralty Inspection.

6. The report of the Inspecting Captain of Naval Training Ships, after the usual annual inspection on behalf of the Admiralty, was as follows:—

"Condition—very good indeed.
"Cleanliness—spotless.
"This ship is splendidly equipped.

"The boys were very smart and keen, and showed a very high standard of "efficiency in every branch—especially small arm and company drills—physical "exercises and gymnastics. The field gun crews were very smart.

"I consider this training establishment to be in a very high state of efficiency. "Many of the boys drilled small arm companies and parties with cutlasses in a very "efficient manner.

"The musical and educational training is also of the same high standard.

"The boys appear happy and to be very proud of their ship, and keen to reach "a high standard."

Paucity of new entries.

7. In view of the foregoing reports and of the continued commendations of the work of the ship by those qualified to judge, it is very disappointing to find that the number of admissions during 1907 has, with the exceptions of the years 1891 and 1903, been the lowest on record. In the case of several metropolitan unions there has been a marked diminution in the number of boys sent to the ship, while from other unions practically no support is forthcoming.

The physical standard required for admission is the lowest that affords any possibility of a boy so developing as to become fitted for entry into the Royal Navy or into good employment in the Mercantile Marine, and, as those who have compared the physique of Exmouth boys with those of other training ships, and who are cognisant of the physical requirements which go to make a sailor, are well aware, it is impossible for us to seek to increase the number of new admissions by any reduction of these standards.

8. There can be no doubt, as Dr. Macnamara points out in his letter already quoted, that the result of a proper appreciation by the guardians of the poor of the work of the Exmouth should be that the Board would find it difficult to meet the demand for accommodation from London alone. In our experience, where the number of entries from any union has shown an increase, this fact has been directly attributable to the personal interest taken in the matter by individual guardians. It is too often the case that the question of selecting and sending boys for sea service is left in the hands of the officers of the poor law schools, who are guided chiefly by a very human desire to keep their best boys and to show the most favourable results from their own institutions, and who are concerned to get rid of boys only when they give trouble or show little aptitude for work. The growth of competitions in football and cricket and other inter-school rivalries is another factor which tells against sending the best material to the Exmouth.

Infirmary. 9. The removal from the old infirmary (Sherfield House) to the new infirmary, purchased from the London County Council and formerly occupied in connection with the Training Ship Shaftesbury, was effected in June, and the enlarged playing-field of over six acres has proved of the greatest benefit to the ship's company.

Works. 10. In the light of experience, sundry minor works have been found necessary in connection with the new ship, including the improvement of the ventilation of the engine-room and the re-painting of the inside of the keel-trough to prevent rusting. It has not yet been deemed necessary to dock the ship for examination, the report made by a diver sent down to examine the condition of the hull being satisfactory.

The new infirmary has been thoroughly cleaned and re-painted, and the repairs necessary to the fencing round the grounds and to the swimming-bath there, which we contemplate using as a rifle range, the old swimming-bath being sufficient for the needs of the boys, have been carried out.

The brigantine Steadfast has been docked and overhauled, and the moorings of the boats have been attended to by the Thames Conservancy.

Health. 11. The health of the boys has been good, but spasmodic cases of ringworm, chiefly of the body, have caused us some trouble.

Visitors' records. 12. We quote the following records made by visitors during the past year:—

(1) *The Right Hon. Lord Brassey, Admiral Sir N. Bowden-Smith, and the Hon. W. M. Hughes, Member of the Australian Commonwealth Parliament* (6*th May*, 1907):—

Most favourably impressed with all that we have seen. The work accomplished on board the Exmouth reflects the highest credit on all concerned.

(2) *Dr. A. H. Mackay, Superintendent of Education, Nova Scotia, Canada, on behalf of delegates to the Federal Conference on Education* (30*th May*, 1907):—

We saw the boys go through a large variety of exercises, visited their school-rooms, saw some of the teaching and school exercises, their rooms, the kitchen, etc. The physical drill, discipline, and general appearance of the boys were superior, on the whole, to those of the best schools—the drill and alertness and physical vigour being specially remarkable. I am quite sure that the Navy and Mercantile Marine were never supplied with better trained men in the past.

(3) *Guardians of Strood Union* (26*th June*, 1907):—

We have this day visited the Exmouth and interviewed the boys chargeable to the Strood Union. We also witnessed the drill, which was carried out in an excellent manner. We consider the training which the boys are receiving is a splendid one, and the discipline which prevails on the ship is excellent, all reflecting the greatest credit upon the Captain-Superintendent and the other officers of the ship.

(4) *Guardians of West Ham Union* (19*th July*, 1907):—

We have this day visited our boys on the ship, and have also inspected the ship, and are extremely pleased with all we have seen.

(5) *Guardians of Richmond (Surrey) Union* (24*th July*, 1907):—

We have visited the Exmouth on behalf of Richmond Board of Guardians. We have only two boys here at present, but from what we have observed in drills of various requirements, we would like every boy to pass through the admirable training on board, as evidence of real interest in the welfare of the boys is everywhere present, and our boys confirm it.

(6) *Guardians of Croydon Union* (14*th August*, 1907):—

On behalf of the Croydon Union Board of Guardians, we have to report our satisfaction at what we have seen on board the Exmouth. We have seen 12 of the 17 boys whose names were furnished to us as visitors. The Lieutenant in charge reports that three are at sea on board the Steadfast Brigantine for training, and two, Ernest Inman and Frederick Stone, have been transferred to Swanley. All the boys are in good health. We desire to testify to cleanliness and good order and discipline of all on board.

(7) *Guardians of Watford Union* (28*th August*, 1907):—

We interviewed the six boys from the Union, and were pleased to hear all the boys are progressing satisfactorily, and their behaviour is good.

(8) *Guardians of Fulham Union* (16*th September*, 1907):—

We have to-day visited the Exmouth to see our fifteen lads on board, and are glad to hear such good reports of their conduct, and also to see how well and contented they are. We interviewed each boy singly, and are pleased that most of them are looking forward to entering the Royal Navy. The Captain kindly showed us over the whole ship, the schools, etc., and we tender him our best thanks for his kindness and the trouble he took to explain the whole system of the training. We were much struck by the very excellent mental arithmetic shown by 5 and 6 Standards, and also the practical system for instruction in steering. We found everything very clean, and the medical care of the very best.

(9) *Guardians of Camberwell Union* (3*rd October*, 1907):—

We have inspected the ship, and were most courteously received and shown over the various departments by the Captain. We have been greatly impressed with the discipline and order everywhere evident. We were greatly pleased and impressed with the intelligence shown by the lads, and their keen interest in their work, and their apparent contentment with their position.

(10) *Guardians of Lewisham Union* (18*th October*, 1907):—

We have this day visited the ship, and we were very pleased with the splendid training that the boys receive, and we are of the opinion that the training the boys receive is the best thing for their future welfare.

Cost per head.

13. The cost per head per week for maintenance and clothing for the year ended Michaelmas, 1907, was 7s. 5½d., and the cost, including all charges (except outfits for boys going to sea, and repayments of amounts raised on loan), 12s. 1d.

14. We feel that the Board would not wish us to conclude our report without expressing our great appreciation of the ervices of Captain Colmore, the Captain-Superintendent, to whose efforts are in a large measure due the high state of efficiency in which the ship has been maintained and the success which has attended Exmouth boys.

(Signed) W. VALLANCE.

Chairman.

APPENDIX I.

ANNUAL REPORT OF THE CAPTAIN-SUPERINTENDENT FOR 1907.

To the Committee of the Training Ship Exmouth.

GENTLEMEN,

I beg to submit my report for 1907.

Table I. shows the admissions and discharges for 1907, as well as in previous years.

Table II. shows the number of boys admitted from each of the Metropolitan Parishes and Unions and Country Unions in 1907, and also during the time the ship has been established.

Table III. shows the number of boys shipped each year at Liverpool and from the Shipping Home at Limehouse, to the Mercantile Marine. During the past year 84 boys were assisted to get another ship a second time. Many of these left the sea thinking they could do better on shore, but, getting tired of it, applied to go to sea again. The remainder lost their berths through the ship being laid up and trade being bad.

Seamanship. The steering models, which give the boys practical lessons in steering when the weather is too wet to use the boats with steering wheels, have been altered and brought up to date. The launches, fitted with platforms for heaving the lead, and the platform specially fitted to the ship, have constantly been in use, thus giving the boys a thorough practical knowledge of the most important duties of a seaman before going to the brigantine. Boat pulling and sailing have also been frequently practised, the former being carried out daily, weather permitting, by the watch at seamanship and gunnery. The Signal Class, under retired Yeomen of Signals from the Royal Navy, has done remarkably well in all systems of signals. There are at present 235 boys who have gained the coveted cross-flags. The Riggers' Class, that is, boys who have passed out of all instructions, have been busily engaged in making gear for the ship, kit-bags for the boys going to the Mercantile Marine, and sails for the brigantine and boats.

No fewer than 380 boys have passed out of helm, lead, and compass instruction. The numbers given below are those in the various classes of seamanship:—

Riggers' class	179
1st class	47
2nd ,, ...	6
3rd ,, ...	67
4th ,, ...	21
5th ,, ...	55
Band	160
Total...	535

The cruising of the brigantine Steadfast was continuous from April to October. The brigantine, having parted her cable off Southend in a heavy gale, was delayed at Grays for a month until a new one was ready. 303 boys were practically trained, and 40 of the band boys who did not go on Midsummer leave were sent for a fortnight's cruise. The mates are employed during the winter

months when the brigantine is laid up, instructing the boys in knotting and splicing.

Gunnery. The boys were admirably instructed in this department, the drills being short and frequent. The closest touch has been kept with the Naval alterations in all drills, so that, with the means at our disposal, the boys are kept thoroughly up to date. The Admiralty have lent a 6 pr. quick-firing gun, which has enabled us to increase the knowledge of the boys in this department. A sub-target has been purchased to practise the boys at aiming, and also some small rifles, and, as soon as the range is completed at the Westfield House, regular classes will be formed.

Leading gunners	80
1st class	105
2nd ,, ...	76
3rd ,, ...	87
4th ,, ...	27
Band	160
Total...	535

Ambulance. The Band boys have been instructed by Dr. Partridge in first-aid to injured persons. The Examiner appointed by the St. John's Ambulance Association was Dr. M. Coates, R.N. 28 boys passed the examination, and were awarded the certificate.

Gymnastics. The additional instructor appointed has enabled this drill to be greatly extended, and has much improved the physique of the boys. The usual examination was held by Mr. J. Harvie, Associate of British College of Physical Education. In his report to me he says:—

I have the honour to report that I examined the boys on the Training Ship Exmouth on Tuesday, the 28th May, in gymnastics, and have pleasure in stating that the work shown was good, and above the standard of boys of their age. They all seemed keen and interested in the subject. Though not showing such uniform muscular strength as in some previous years, a circumstance which is readily explained by the fact that many of the stronger boys have been drafted away from the ship, leaving their places to be filled up by comparatively new pupils, still there is a great promise, from what I saw, of good results from the present boys that they will keep up the standard of excellence in gymnastics, for which the Training Ship Exmouth is known.

School. H.M. Inspector, Mr. A. F. Butler, with his Assistant, Mr. Watkins, paid his usual visits on February 6th and October 1st, and expressed himself as well satisfied with the work being carried on in school.

Band. During the past year the band has done extremely well. The first-class band are taught to play both wind and string instruments. The very greatest care is taken of the instruments, which are in admirable order. Each boy keeps the same instrument the whole time he is in the band, and is responsible for its cleanliness and efficiency. The very small repairs necessary testify to the efficiency of these arrangements. Every opportunity has been taken of landing the boys at the recreation field, which has not only improved their health, but has also taught them to play while on the march. The various classes were put through a stiff examination by Mr. Lidiard, Chief Bandmaster of the Royal Naval School of Music. His report to me is as follows:—

I have the honour to submit the report of the annual examination of the bands of the ship under your command, which, in accordance with your directions, was con-

ducted on the 14th and 15th May. The whole of the boys comprising the First Class Band played together a march that was in readiness, and also a march that I selected for them. The performance was good in time and in tune, both pieces being very well played. 23 boys of this band formed into a special band, and played a fantasia in a very creditable manner, the solo parts being played with confidence, and the band showing good attack and precision.

The string band played two pieces, keeping well in tune and a good performance for young beginners. Every boy was tested individually on his respective instrument, and taken in class for questions in Elements of Music, the progress made being very satisfactory, and creditable to the teaching and supervision that must have been exercised to produce such a good result.

The boys in the Second Class Band were tested individually in the playing of scales and elementary questions. Good progress is being made in both subjects, several boys showing promise of quickly being qualified for advancement to the First Class Band.

The Third Class Band were taken as a class, the test questions being written on the blackboard. The replies were quickly given, and great keenness was shown in being the first to answer. The class, as a whole, was very good indeed, and much better in giving correct answers than is usually expected for a junior class.

The First Class Bugle Band is up to quite an efficient standard, collectively in the playing of marches they are very good; individually, their knowledge and blowing of the various calls is also very good. The playing of marches on the "double" is excellent practice, and no doubt helps to the good results produced.

The Second Class Bugle Band are also making good progress with the blowing of calls, and had a good knowledge of the various calls I directed them to sound.

The instruments were very clean and in good order, but some of the brass instruments are quite worn out and not worth any further repair, it being difficult to produce the sound and quite devoid of tone.

The general result I consider was very good, the many fresh boys taking the places of those who have gone away since the examination of 1906, and the standard that is maintained throughout so well is very satisfactory, both in ability and numbers.

Swimming. Very satisfactory progress has been made in this instruction, no fewer than 215 boys being taught to swim. The usual examination was held, and the competition for prizes was very keen. A Life-Saving Class has been formed, and they were examined by Mr. William Henry, of the Royal Life-Saving Society, and only two boys failed to obtain the Society's certificate.

Tailoring. The following is a list of work done in the Tailor's Shop this year:

280 serge jumpers altered to fit.
254 serge jumpers repaired.
324 serge trousers altered to fit.
261 serge trousers repaired.
213 flannels repaired.
1159 gold badges made.
9 monkey jackets repaired.

Cooking. Good progress is still being made in this department, and our boys have secured some excellent billets.

Domestics. The training of domestics has been most thoroughly carried out, and I am pleased to say I have received some excellent reports of our domestic boys.

Dentist's report. The Surgeon-Dentist, Mr. E. Keen, M.R.C.S., L.D.S., reports to me as follows:—

During the past year I have paid my usual weekly visits to the ship and infirmary, inspecting the boys on board, and operating on shore. My general impression of the

condition of the boys' teeth is that they are, upon the whole, in a more healthy condition than heretofore. I find I have performed:—

Inspections.	Stoppings.	Extractions.		Scalings.
		Permanent.	Temporary.	
1,728	453	99	204	40

Health. Dr. Partridge, the Medical Officer, reports:—

There have been 943 admissions to the Infirmary during the year 1907. 25 per cent. of these admissions have been for minor surgical conditions. There have been no deaths, and there has been no serious illness throughout the year. 32 minor operations have been performed. One case of Scarlet Fever occurred during the month of August, necessitating removal to a fever hospital.

The new Infirmary has been a great improvement upon the old. The supervision of the boys is easier, all being on the one floor, and it has, so far, proved sufficiently large for our requirements.

Monthly visits have been made to the ship at 5.30 a.m. with a view of detecting early cases of Ophthalmia. The ship at the end of the year remains free from this disease.

Religious instruction. The Chaplain, Rev. A. H. W. Seally, reports:—

The course of instruction has been very much the same as in past years, as regards the educational work. I have visited the respective classes repeatedly, and have always found the boys hard at work. I have also examined them individually.

The Sunday services have been conducted regularly, and both officers and boys have taken a keen interest in them, doing all in their power to render them bright and cheerful. The Tuesday and Friday visits to the ship for the purpose of instruction and examination have been regularly carried out. I have been again and again exceedingly pleased with the boys' attention and intelligent answers.

The Lord Bishop of Colchester visited the ship on Friday, May 17th, when 161 boys were presented for the Holy Confirmation, since which date a number of boys have attended the 8 o'clock Celebration of the Holy Communion, either at the Parish Church or All Saints' Church, each Sunday, which Service they appreciate highly.

The Infirmary has been constantly visited, and many a pleasant hour has been spent with the lads. There can be no question whatever as to the aim, zeal, and earnestness of the work done on board, and one cannot fail to be deeply impressed with the conduct of the boys.

General remarks. The conduct of the boys generally has been very good. The new Shipping Master at Liverpool, Captain Mathias, has done extremely well, getting some excellent billets for our boys in the Mercantile Marine, and, assisted by Mrs. Mathias, has looked after the boys on their return, with most excellent results.

During the long winter evenings lectures in signals and other instructions have been given to the boys, and also have been enlivened by some excellent performances by both the officers and boys, as well as the magic lantern entertainments by the Head Schoolmaster.

Our Annual Prize Day was held on board, on July 27th. Dr. J. T. Macnamara, M.P., was accompanied by Miss Macnamara, who distributed the prizes, and subsequently Dr. Macnamara addressed the boys, in the absence of the Right Hon. the President of the Local Government Board, who was unavoidably prevented from coming. The boys gave an excellent display.

The output to sea-service was 232, the highest since 1901. This is most excellent, considering the standard for entry into the Royal Navy has been the highest on record, and competition for the Mercantile Marine more severe than in any other previous year. I am glad to be able to state that reports received from all sources on those who have left the ship are most excellent. The winning of the first prize in the Advance Class in School on board H.M.S. Impregnable, to which ship only the pick of the boys are sent, establishes another record for the Exmouth; and this same boy, J. D. Haines, of City of London,

again appeared at the head of the list for the Christmas Examination. This boy (having been boarded out before entry to the ship) attributes his success largely to the training he received on board the Exmouth, as he was thus enabled to devote a much greater part of his time to scholastic subjects.

The new Chaplain, the Rev. A. H. W. Seally, has worked indefatigably, with most excellent results.

The Society for Befriending Boys has again assisted us greatly in the after-care of our lads, and it is to be hoped that all the Boards of Guardians will liberally support them.

I am very glad to be able to report that the number of deposits in the Savings Bank have been steadily increasing. On questioning the boys who have returned from a voyage, I have been much pleased to see that the necessity for thrift, which has been so forcibly impressed on them whilst under training, has been attended with practical results.

The extensive playground at the new Infirmary will easily accommodate the whole ship's company. The boys, weather permitting, have been landed nearly every afternoon after work. This enables all ports to be opened, and the ship thoroughly purified, and to this I attribute the immunity from outbreaks of a serious nature, the good health of the boys, and the great improvement in their physique.

The boys' sports have received a great impetus by several officers having joined the football teams, and the first team, although playing against a large proportion of men, enjoy an unbeaten record.

There are 65 vacancies, the number on board at the end of the year being 535. This reduction in numbers is most discouraging, as it makes one feel that the Guardians do not appreciate the good work that is being done.

The number entered for 1907 was 242, and with the exceptions of 1891 and 1903, it was the lowest entry for the past 20 years. This is inexplicable, as, considering the great success at the end of 1906, when 24 Exmouth boys took one quarter of the prizes offered at the R.N. Barracks, Shotley, it was hoped that the Guardians would recognise our successes, and by keeping the ship filled up, not only reduce the cost per boy, but allow the fullest advantages to be taken of the staff and appliances; and what better opening can there be for these boys than to join the Royal Navy? Moreover, the training they receive on board the Exmouth gives them a distinct advantage over those entered from other sources.

There have been very few changes in the staff, which has not only conduced to the efficiency of the ship, but has very largely contributed to the excellent results obtained. The officers are very keen to raise the boys to a high state of efficiency, and I think you will agree with me when I say that their efforts have been crowned with success.

It only remains for me, Gentlemen, to thank you for your support, and for the great kindness and consideration you have shown me during the period of my command.

I have the honour to be,

Gentlemen,

Your obedient servant,

(Signed) REGINALD B. COLMORE,

Captain R.N. (Retired) and
Captain-Superintendent.

APPENDIX II.

TABLE I.—BOYS ADMITTED AND DISCHARGED—1876 TO 1907.

YEAR	1876	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	TOTALS.
Admitted	194	494	188	210	289	226	348	350	326	267	374	241	301	329	290	223	322	299	307	278	347	325	323	341	423	413	329	223	294	277	279	242	9,672
Discharged to Royal Navy	1	6	1	8	72	85	155	141	95	128	114	95	87	104	108	89	83	102	133	163	137	129	123	149	115	151	116	42	103	96	58	88	3,077
Discharged to Mercantile Marine ..	53	19	126	115	105	107	109	96	106	91	107	93	141	171	134	75	69	90	87	96	109	112	112	135	145	146	112	93	105	123	115	144	3,441
Discharged to Army as Musicians ..	9	11	9	31	17	27	46	74	61	43	55	36	18	56	48	42	66	28	26	37	49	28	32	58	93	56	101	51	17	12	39	13	1,289
Discharged to situations	1	..	2	..	3	..	..	..	2	..	..	..	..	..	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	..	..	14
Discharged to Unions by order of Guardians or Committee, absconded, &c. ..	21	23	47	30	61	43	27	33	52	39	49	44	45	44	36	18	51	34	54	41	51	29	39	29	39	31	50	47	30	25	69	40	1,271
Boys died	..	..	2	1	..	4	1	..	2	2	5	1	2	1	1	..	1	3	2	1	3	2	1	1	1	2	2	1	2	..	1	..	45
Totals	85	59	187	185	258	266	338	344	318	303	330	269	293	376	327	225	270	257	303	338	350	300	307	373	393	387	381	234	258	256	282	285	9,137

Total number of boys discharged	9,137
Remaining under training 31st December, 1907	535
Total	9,672

TABLE II.

Number of boys admitted from each of the Metropolitan Unions, and from Country Unions, during 1907, and during the whole time the ship has been established.

Year ending Dec. 31st, 1907.	PARISH.	From March 31st, 1876, to Dec. 31st, 1907.
	Number of boys in ship when taken over by Managers.	12
	Metropolitan Unions.	
—	Bermondsey	301
7	Bethnal Green	263
—	Bloomsbury	42
28	Camberwell	545
2	Chelsea	164
17	Fulham	307
3	St. George's West	291
1	St. George's in the East	129
3	Greenwich	454
5	Hackney	327
4	Hammersmith	22
2	Hampstead	35
5	Holborn	300
12	Islington	310
1	Kensington	210
6	Lambeth	484
11	Lewisham	706
—	London, City of	128
7	Marylebone	528
3	Mile End	245
3	Paddington	151
5	St. Pancras	495
12	Poplar	436
3	Shoreditch	158
2	Southwark	495
1	Stepney	113
2	Strand	40
13	Wandsworth	348
2	Westminster	68
1	Whitechapel	181
10	Woolwich	393
	Country Unions.	
—	Aston	2
1	Banbury	5
—	Basford	1
—	Bath	1
1	Bedford	21
—	Bedwellty	1
—	Bicester	3
—	Birmingham	2
—	Brentford	13
—	Brighton	4
1	Bromley	21
—	Cheadle	1
—	Chelmsford	10
—	Chertsey	1
—	Chesterfield	19
—	Chippenham	2
—	Colchester	15
3	Croydon	49
—	Cuckfield	2
1	Derby	21
—	Dewsbury	3
1	Dorking	5
3	Eastbourne	12
—	East Retford	1
—	Ely	1
—	Epsom	10
—	Eton	1
Card. ford. 182	Carried forward	8908

Year ending Dec. 31st, 1907.	PARISH.	From Mar. 31st. 1876, to Dec. 31st. 1907.
Brot. ford. 182		Brot. ford. 8908
	Country Unions—Continued.	
—	Foleshill	1
—	Gateshead	1
1	Gravesend	11
1	Great Yarmouth	10
6	Guildford	14
—	Hambledon	2
—	Hartley Wintney	1
—	Haslingden	1
—	Hastings	1
—	Hemel Hempstead	3
4	Hendon	11
—	Henley	2
—	Hitchin	2
5	Horsham	6
1	Ipswich	6
2	Isle of Thanet	44
3	Kettering	13
—	Kingston	81
1	Leeds	2
—	Leicester	10
—	Lewes	3
—	Leigh	1
—	Maidstone	29
—	Maldon	2
2	Martley	3
—	Medway	29
4	Newbury	1
—	Newcastle-under-Lyne	8
—	Newhaven	1
1	Northampton	1
1	Norwich	6
—	Nottingham	16
—	Orsett	17
1	Oxford	2
2	Portsmouth	2
4	Reigate	11
—	Richmond	18
—	Romford	5
—	Rotherham	1
—	Royston	1
—	St. Albans	3
—	Sculcoats	1
—	Seisdon	1
—	Sevenoaks	1
—	Steyning	14
—	Stockport	14
—	Stow	4
1	Strood	58
—	Tamworth	2
6	Thakeham	2
1	Truro	1
6	Warwick	1
—	Watford	29
—	Wellingborough	2
—	West Ham	160
—	Westhampnett	4
1	Willesden	42
1	Wilton	5
2	Windsor	5
2	Worcester	33
1	Worksop	3
Total 242	Total	9672

Table III.—Boys Shipped in Mercantile Marine.

Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped.
1876	53	Brot. ford. ..	836	Brot. ford. ..	1717	Brot. ford ..	2603
1877	19	1885	91	1893	90	1901	146
1878	126	1886	107	1894	87	1902	112
1879	115	1887	93	1895	96	1903	93
1880	105	1888	141	1896	109	1904	105
1881	107	1889	171	1897	112	1905	123
1882	109	1890	134	1898	112	1906	115
1883	96	1891	75	1899	135	1907	144
1884	106	1892	69	1900	145		
Card. ford.	836	Card. ford. ..	1717	Card. ford. ..	2603	Total ..	3441

Table IV.—Prize List for Special Good Conduct and Ability, 1907.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Rank.	Prize.	Given by	Remarks.	Destination.
9225	13	H. Oakley (*For Best*	.. Camberwell .. *Boy in School.*)	Chief Petty Officer	Silver Watch	Mr. W. Vallance	An excellent lad in every way, very intelligent, pulls a good oar, very good at all sports, neat and clean in person.	Still on board.
9161	241	J. Barber (*For Best Boy in*	.. Islington .. *Lowest Standard*).	—	Ditto ..	Mr. C. Thomas	Made most excellent progress in school, of excellent character, clean and tidy, never been punished.	Ditto
8325	535	W. Swain (*Popular*	.. Woolwich .. *Boy*).	Chief Petty Officer	Ditto ..	Captain Brown's Legacy Fund	An excellent domestic and waiter, very good at all instructions and games, five years in ship and only two minor offences against him and these were during the earlier period of his career.	Mercantile Marine.
9020	344	C. Hawker (*Best Boy i*	.. Woolwich .. *n Brigantine.*)	—	Ditto ..	Admiral .. .. E. N. Rolfe, C. B.	A lad of excellent character, has done remarkably well in brigantine, pulls a good oar, good coxswain of boat, very good at school and thorough in every way.	Ditto
8883	328	F. Akers .. (*Best Boy i*	.. Aston .. .. *n Cooking.*)	—	Ditto ..	The Managers	An excellent cook, good scholar, very good at all instructions, and pulls a good oar.	Ditto
8838	192	J. Nimmo (*Special*	.. Wandsworth *Good Conduct and*	Chief Petty Officer *Ability.*)	Ditto ..	Sir R. Hensley, late Chairman of Board	A very clean, smart, chief band-sergeant, who has taken charge of band with great credit to ship, very good musician, of excellent character, very good swimmer.	Royal Navy.
8954	323	E. Braine (*First Boy*	.. Lambeth .. *in Gun Drill.*)	Ditto	Ditto ..	Mr. G. Drage	An excellent boy at drill, very smart in his person, awake in the performance of his duties, good signaller, very good oar, worked well at all inspections.	Mercantile Marine.
8949	168	A. Rawlingson (*Second Boy*	.. Lambeth .. *in Gun Drill.*)	Ditto	Ditto ..	Captain Superintendent	A very smart little boy, quick and attentive at his duties, of excellent character, very keen at all his instructions.	Still on board.
8942	134	R. Dominick (*Most useful*	.. Whitechapel *Boy.*)	Ditto	Ditto ..	Mr. R. Strong	A very good sub-instructor boy, excellent Captain of Division, very good character, pulls a good oar.	Mercantile Marine.
8630	73	F. Arnold	.. Lambeth ..	Ditto	Silver Medal..	The Managers	Holds the very important post of Store Room boy, clean, well behaved, passed all instructions.	Ditto
9297	54	C. Gregg ..	.. Chertsey ..	Ditto	Ditto ..	Ditto	Good Captain of Division, pulls a good oar, clean and tidy in his person.	Still on board.
8780	119	F. Faith ..	.. Lambeth ..	Ditto	Ditto ..	Ditto	Of excellent character, very good at all instructions, pulls a good oar, very clean.	Mercantile Marine.
9032	197	D. Weston	.. Bethnal Green	Ditto	Ditto ..	Ditto	A very good steady boy of excellent character, pulls a good oar, very clean in person.	Still on board.

TABLE IV.—PRIZE LIST FOR SPECIAL GOOD CONDUCT AND ABILITY, 1907.—*Continued.*

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Rank.	Prize.	Given by	Remarks.	Destination.
9438	212	E. Chapman	.. Norwich ..	Chief Petty Officer.	Silver Medal.	The Managers	An excellent lad, reliable Captain of Division, good at all instructions, sets a good example.	Still on Board.
9342	259	H. Davis	.. Woolwich ..	Ditto	Ditto ..	Ditto	Nine months in ship and passed out all instructions, very good character, excellent manners.	Mercantile Marine.
9254	348	A. Baker ..	.. Poplar	Ditto	Ditto ..	Ditto	Very good Chief Petty Officer boy, sets an excellent example.	Royal Navy.
9186	326	F. Ball ..	.. Bloomsbury..	Ditto	Ditto ..	Ditto	A very clean, tidy, and reliable boy, pulls a good oar.	Still on board.
8830	402	G. Flint ..	.. Holborn ..	Ditto	Ditto ..	Ditto	Holds a very responsible position as Mate of Drying Room, very good bugler.	Ditto
8895	480	E. Soames	.. Lambeth ..	Ditto	Ditto ..	Ditto	A very good band boy, extremely clean and tidy in his person and of excellent character.	Ditto
8898	595	S. Bevan	.. Wandsworth	Ditto	Ditto ..	Ditto	Very good sub-instructor boy, has charge of boat-pulling instruction, of excellent character.	Ditto
9031	596	C. Hood ..	.. Holborn ..	Ditto	Ditto ..	Ditto	A thoroughly reliable messenger boy, clean and tidy in person, of excellent character.	Ditto

TABLE V.—BOYS WHO HAVE GAINED CERTIFICATES OF MERIT.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Destination.
9187	3	E. Blake	Camberwell	Mercantile Marine.
9230	15	W. Lawson	,,	Still on board.
9317	7	R. Sherringham	Bethnal Green	,,
9257	19	R. Herman	West Ham	,,
9460	57	W. Harris	St. Pancras	,,
9355	18	E. Levene	,,	,,
9392	38	A. Barlow	Croydon	,,
9071	52	D. Kelly	Wandsworth	Mercantile Marine.
9056	56	P. Tyman	Isle of Thanet	,,
9147	193	G. Gibson	Camberwell	Still on board.
8780	119	F. Faith	Lambeth	,,
9011	137	A. Crosby	St. Marylebone	,,
8234	155	F. Bridges	West Ham	,,
9258	163	P. Dyer	Eastbourne	Royal Navy.
8911	126	F. Ambrose	Stow	Mercantile Marine.
9221	102	J. Button	Southwark	Still on board.
9066	190	T. Ballard	Mile End	,,
8926	198	F. Scrivener	Maidstone	,,
8891	235	W. Wadman	Lewisham	,,
9434	223	T. Cole	Westminster	,,
9212	237	P. Rayner	Islington	Royal Navy.
8565	217	W. Collins	Southwark	,,
9386	215	J. Williams	Bethnal Green	,,
9357	298	C. Ellis	St. Pancras	,,
8466	244	H. March	Camberwell	,,
8950	208	J. Wall	Lambeth	,,
9291	296	R. Swift	Poplar	,,
9406	353	A. Hayes	Hackney	,,
9013	355	W. Grant	St. Marylebone	Mercantile Marine.
8888	304	C. Munns	Croydon	Royal Navy.
8953	389	W. Bennett	Lambeth	Mercantile Marine.
8975	314	H. Dilley	Wandsworth	Still on board.
9446	325	R. Allen	Derby	,,
9300	363	J. Godfrey	Kingston	,,
9008	308	J. Hands	Wandsworth	,,
9144	364	H. Johns	Camberwell	,,
8537	414	G. Atkins	Watford	Royal Navy.
9218	462	F. Larkins	Southwark	Still on board.
9203	440	A. Cole	Wandsworth	,,
9165	415	W. Presents	Norwich	Mercantile Marine.
9294	417	T. Tickell	West Ham	,,
9224	433	C. Simpson	Camberwell	,,
8995	435	J. Chisholm	Richmond	,,
8858	457	A. Marchant	Croydon	Still on board.
8788	540	H. Gosby	Watford	,,
9127	525	H. Paternoster	Hitchin	,,
9164	529	F. Skingsley	Camberwell	,,
8919	532	C. Cook	,,	,,
9368	574	A. Haynes	Kingston	,,
9237	577	E. Crutch	Holborn	,,
9380	571	J. Matthews	St. George's	,,
8705	575	F. Rayfield	Gravesend	Mercantile Marine.
9126	586	T. Howard	St. Pancras	Still on board.

TABLE VI.—BOYS DISCHARGED TO ARMY FROM 1876 TO 1907.

Regiment.	No.	Regiment.	No.	Regiment.	No.
Royal Horse Artillery	1	20th Hussars	9	South Lancashire Regiment	17
Royal Artillery	6	21st Hussars	2	Lancashire Regiment	8
Royal Engineers	2	Grenadier Guards	8	Leicester Regiment	8
3rd Hussars	1	Coldstream Guards	4	Leinster Regiment	4
4th Hussars	1	Scots Guards	1	Lincolnshire Regiment	4
5th Lancers	2	Argyle and Sutherland High		Liverpool Regiment	3
11th Hussars	1	landers	21	Manchester Regiment	86
Berkshire Regiment	31	Oxfordshire Light Infantry	13	Middlesex Regiment	14
Border Regiment	18	Northumberland Fusiliers	7	Munster Fusiliers	2
Cheshire Regiment	18	Rifle Brigade	17	Cameron Highlanders	6
Connaught Rangers	55	Royal Fusiliers	21	Northampton Regiment	14
Derbyshire Regiment	21	Royal Highlanders	3	Wiltshire Regiment	6
Devonshire Regiment	2	Royal Marine Light Infantry	1	Worcester Regiment	17
Dorsetshire Regiment	9	Royal Scots (Lothian Regiment)	40	York and Lancaster Regt.	23
Dublin Fusiliers	17	Scots Fusiliers	26	Yorkshire Light Infantry	42
Duke of Cornwall's Light Infantry	7	Scottish Rifles	13	Yorkshire Regiment	10
Durham Light Infantry	—	Seaforth Highlanders	2	East Yorkshire Regiment	23
Essex Regiment	37	Shropshire Light Infantry	8	Army Hospital Corps	1
Gloucestershire Regiment	5	Somerset Light Infantry	32	Army Medical Corps	11
Highland Light Infantry	13	Staffordshire (North)	1	East Surrey Regiment	14
Gordon Highlanders	5	Staffordshire (South)	29	Bedford Regiment	7
Inniskilling Fusiliers	9	Suffolk Regiment	28	18th Hussars	2
Irish Fusiliers	23	Surrey Regiment	7	"The Queen's" Regiment.	3
Irish Rifles	15	Sussex Regiment	30	West Yorkshire Regiment	8
East Kent Regiment	9	South Wales Borderers	16	Cameronian Regiment	4
Kent Regiment	5	Royal Warwick Regiment	46	Dragoon Guards	19
King's Own Scottish Borderers	5	Welsh Fusiliers	15		
King's Royal Rifles	27	Welsh Regiment	36	Total	1213
Lancashire Fusiliers	53	West Riding Regiment	1		
13th Hussars	1	East Lancashire Regiment	12		
9th Hussars	1	Loval North Lancashire Regt.	8		

Table VII.—School Prize List.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Prize. s.	Prize. d.	Destination.
		STANDARD VII.				
9328	90	E. Phillpott	Isle of Thanet	5	0	Still on board.
9389	240	W. Bywater	Woolwich	3	0	"
9192	290	F. Clarke	Woolwich	2	0	"
9225	13	H. Oakley	Camberwell	2	0	"
9189	501	A. Pearce	Southwark	2	0	"
		STANDARD VI.				
9265	505	A. Black	Bethnal Green	5	0	"
9289	487	C. King	Whitechapel	5	0	"
9304	542	O. Liquorish	Leicester	4	0	Mercantile Marine
9162	334	E. Clegg	Camberwell	4	0	Still on board.
9293	417	T. Tickell	West Ham	2	6	Mercantile Marine
9345	212	E. Chapman	Norwich	2	6	Still on board.
9444	299	W. Cooper	Willesden	1	6	"
9376	58	W. Stanley	Bermondsey	1	6	"
		STANDARD V.				
9386	215	J. Williams	Bethnal Green	5	0	"
9331	92	W. White	Gravesend	5	0	Friends
9380	571	J. Matthews	St. George's in the East	4	0	Still on board.
9156	10	B. Holder	Croydon	4	0	"
9188	169	E. Gratwick	Camberwell	2	6	"
9254	348	A. Baker	Poplar	2	6	Royal Navy.
8857	167	C. Dyke	Croydon	1	6	Army.
9355	18	E. Levene	St. Pancras	1	6	Still on board.
		STANDARD IV.				
8843	573	P. Rawlinson	Islington	5	0	"
9222	204	J. Hickson	Southwark	5	0	"
8644	136	J. Mitchell	Wandsworth	3	0	Mercantile Marine.
9317	15	W. Lawson	Camberwell	3	0	Still on board.
9093	332	J. Lane	Whitechapel	2	0	"
9112	517	A. Aplin	Lambeth	2	0	"
9341	30	W. Kennard	Shoreditch	1	0	"
8325	535	W. Swain	Woolwich	1	0	Mercantile Marine.
		STANDARD IIIA.				
9023	179	A. Maynard	Wandsworth	4	0	Still on board.
9240	316	A. Raynsford	Kingston	4	0	"
9108	175	A. Howarth	Orsett	3	0	"
9076	572	J. Smith	Derby	3	0	"
9375	79	W. Perkins	Leicester	2	0	"
8842	470	A. Gooch	Islington	2	0	"
9250	295	A. Knight	Croydon	1	0	"
9036	24	W. Pratt	St. Marylebone	1	0	"
		STANDARD IIIB.				
9284	315	S. Acraman	Southwark	4	0	"
9066	190	T. Ballard	Mile End	4	0	"
8953	389	W. Bennett	Lambeth	3	0	Mercantile Marine.
9159	22	S. Bell	Hackney	2	0	Still on board.
9378	31	J. Saggers	Lewisham	2	0	"
9142	150	W. Mardell	Camberwell	2	0	"
9369	423	J. Eager	Kingston	1	0	"
8949	168	A. Rawlingson	Lambeth	1	0	"
		STANDARD II.				
9388	109	S. Brown	Woolwich	3	0	"
9397	34	W. Holland	Hartley Wintney	3	0	"
9039	465	C. Colvin	West Ham	2	0	Mercantile Marine.
9426	384	H. Jarman	Camberwell	2	0	Still on board.
9382	209	G. Brown	Paddington	1	0	Mercantile Marine.
9391	390	H. Green	Camberwell	1	0	Still on board.
		PASSED OUT BOYS.				
8933	153	G. Cooper	Strood	4	0	"
8878	74	E. Ferry	Bethnal Green	4	0	"
8536	414	G. Atkins	Watford	4	0	Royal Navy.
9126	586	T. Howard	St. Pancras	4	0	Still on board.
8003	395	E. Harwood	Bermondsey	4	0	Mercantile Marine.
9111	247	J. Baskerville	Lambeth	4	0	Still on board.

Table VIII.—Passed Out Boys' Prize List.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Prize.		Destination.
9020	344	C. Hawker	Woolwich	3	0	Mercantile Marine.
8895	480	E. Soames	Lambeth	3	0	Still on board.
9164	529	F. Kingsley	Camberwell	3	0	"
8798	441	P. Mills	St. Marylebone	3	0	Mercantile Marine.
8864	29	E. Gillard	Southwark	3	0	Still on board.
8570	580	W. Guerin	Holborn	2	0	"
8889	304	C. Munns	Croydon	2	0	Royal Navy.
8926	198	F. Scrivener	Maidstone	2	0	Still on board.
8718	513	E. Henser	Whitechapel	2	0	Mercantile Marine.
9068	596	C. Hood	Holborn	2	0	Still on board.
9052	568	F. Warburton	Leicester	2	0	Royal Navy.
8808	221	J. Hopson	West Ham	2	0	Still on board.
9116	53	W. Stevens	Lambeth	1	0	"
8777	543	W. Cullen	Orsett	1	0	"
8838	192	J. Nimmo	Wandsworth	1	0	Royal Navy.
8565	78	W. Daniels	Southwark	1	0	"
9173	205	P. Tyler	City of London	1	0	Still on board.
8954	323	E. Braine	Lambeth	1	0	Mercantile Marine.

Table IX.—Band Prize List.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Prize.	Destination.
		For Best Playing and Reading at sight—		s. d.	
8834	255	F. Bridges	West Ham	10 0	Still on board.
8570	580	W. Guerin	Holborn	5 0	,,
8535	414	G. Atkins	Watford	2 6	Royal Navy.
		For Best Soloists—			
8838	192	J. Nimmo	Wandsworth	10 0	Royal Navy.
8466	244	H. March	Camberwell	5 0	Still on board.
8811	561	S. Dipple	West Ham	2 6	Royal Navy.
		For Most Advanced in General Knowledge—			
8642	99	C. Cross	Wandsworth	10 0	Still on board.
8557	291	W. Stevens	Mile End	5 0	,,
8408	47	G. Maulkin	Greenwich	2 6	Royal Navy.
		2nd Class Band. *For Best General Progress—*			
9146	57	G. Boreham	Camberwell	5 0	Still on board.
8732	63	A. Hewitt	Strand	3 6	,,
9130	45	B. Fullman	Camberwell	2 0	,,
9037	277	F. Dicks	Derby	1 6	Royal Navy.
		3rd Class Band. *For Best General Progress—*			
9299	248	B. Joyce	Kingston	5 0	Still on board.
9347	157	F. Pearce	Fulham	3 6	,,
9106	494	W. Jones	Camberwell	2 0	,,
9401	352	S. Diprose	Colchester	1 6	Royal Navy.
		Bugle Band. *For the Most Efficient—*			
8891	235	W. Wadman	Lewisham	5 0	Still on board.
8840	369	W. Haynes	West Ham	3 0	,,
8930	402	G. Flint	Holborn	2 0	,,
9284	315	F. Acraman	Southwark	2 0	,,
		For the Best Kept Instruments—			
8236	588	F. Dennis	Holborn	5 6	Still on board.
8627	166	F. Butler	Lambeth	3 0	,,
9138	492	P. Smart	St. Marylebone	2 0	,,
8565	217	W. Collins	Southwark	2 0	,,

Table X.—Swimming Prize List.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Prize.	Given by	Destination.
8895	480	E. Soames	Lambeth	Silver Watch	Mr. Lambert	Still on board.
8655	159	C. Moorhouse	Lambeth	Silver Medal	The Managers	,,
8883	328	F. Akers	Aston	12s.	,,	MercantileMar.
8838	192	J. Nimmo	Wandsworth	10s.	,,	Royal Navy.
9207	94	A. Dornan	Woolwich	8s.	,,	MercantileMar.
9438	212	E. Chapman	Norwich	7s.	,,	Still on board.
8570	580	W. Guerin	Holborn	2s.	,,	,,

Table XI.—Gymnastic Prize List.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Prize.	Given by	Destination.
8655	159	C. Moorhouse	Lambeth	Silver Watch	The Managers	Still on board.
8644	136	J. Mitchell	Wandsworth	15s.	,,	Mercantile Mar.
8766	118	W. Claydon	Orsett	10s.	Captain Brown's Legacy Fund	Still on board.
8619	511	F. Lovell	Islington	7s. 6d.	,, ,, ,, ,,	,,
8919	532	C. Cook	Camberwell	5s.	,, ,, ,, ,,	,,
8962	455	D. Shave	Bermondsey	2s. 6d.	,, ,, ,, ,,	,,

Table XII.—Ambulance Prize List.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Prize.	Destination.
9237	557	E. Crutch	Holborn	5s. and Certificate	Still on board.
8895	480	E. Soames	Lambeth	5s. "	"
8466	244	H. March	Camberwell	4s. "	"
9208	123	W. Dornan	Woolwich	4s. "	"
8891	235	W. Wadman	Lewisham	4s. "	"
8339	257	F. Marshall	Woolwich	3s. "	"
8950	208	J. Wall	Lambeth	3s. "	"
8788	540	H. Gosby	Watford	2s. "	"
8776	521	A. Webber	Islington	2s. "	"
9062	489	H. Betts	Mile End	2s. "	"
9011	137	A. Crosby	St Marylebone	2s. "	Army
9275	203	E. Butterfield	City of London	1s. "	"
9225	500	J. Trott	Camberwell	1s. "	Royal Navy.
8792	71	J. Appleton	Woolwich	1s. "	Army.
9107	498	G. Watkins	Camberwell	1s. "	Still on board.

Table XIII.—Signal Prize List.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish.	Rank.	Prize.	Given by	Destination.
8851	5	A. Palmer	Hackney	Chief Petty Officer	Telescope	The Chairman of Board	Friends.
9014	538	A. Crafts	BethnalGreen	Petty Officer	Silver Medal	The Managers	Still on board.
8926	198	F. Scrivener	Maidstone	—	6s.	"	"
9002	302	C. Hollamby	Islington	—	5s.	"	Mercantile Marine.
8954	323	E. Braine	Lambeth	Chief Petty Officer	3s.	"	"

Table XIV.—List of Old Boys who have Visited the Ship or Written to the Captain-Superintendent during 1907.

Omitted from this volume.

REPORT OF THE AMBULANCE COMMITTEE FOR THE YEAR 1907.

16*th March*, 1908.

We submit our report upon the work of the Ambulance Service of the Board for the year 1907.

The most notable feature of the year's work was the greatly increased number of patients removed to the Board's hospitals. This was due to an unusual prevalence of scarlet fever. The total number of patients conveyed by the service vehicles exceeded all previous records. But notwithstanding the increased numbers carried and the mileage run, we are glad to record the continuance of that entire freedom from accident involving injury to any patient which has characterised this service since its inauguration 26 years ago.

Ambulance service for London. In the beginning of the year the Organising Committee of a conference of delegates from Metropolitan Poor Law Authorities invited the Managers to appoint delegates to a Conference on the 9th February, 1907, on the question of the provision of an Ambulance Service for London; and to send ambulances to take part in a parade which it was proposed to hold in connection with the discussion. The invitation was referred to us, and we sent a motor and two horse ambulances to the parade; but as the Conference was to be composed of representatives of the Metropolitan Boards of Guardians, some of whom were members of the Asylums Board, we considered it unnecessary for the Board to appoint special delegates.

The whole question of ambulance provision in London has since been the subject of inquiry by a Departmental Committee of the Home Office, and, therefore, we do not make any further reference to the proceedings of the Conference.

Motor traction. We have added to the motor vehicles two petrol-driven omnibuses: a large one built by the Lancashire Steam Motor Company, and a smaller one built by Messrs. Dennis Bros., and orders have been placed with the latter firm for three more omnibuses, two large and one small, and with the Argyll Company for the supply of a chassis for a motor ambulance, the body of which it is intended to build at the South-Eastern Ambulance Station. When these vehicles have been delivered the Board will possess eight motor omnibuses and three ambulances. This number is more than could be accommodated at the South-Western Ambulance Station, and, after very careful consideration, we decided to make the Mead Ambulance Station, where there is ample accommodation, the headquarters of the motor service. The necessary arrangements for transferring the motor workshop, machinery, and tools will be completed early in the new year.

Removals to the managers' hospitals.

On reference to appendix I. A. (p. 188) it will be seen that the total number of fever patients removed to the Managers' hospitals during the year was 32,037 (*25,893*). The removals of smallpox patients numbered 15 (*33*). The removals to the Board's fever hospitals were more numerous than in any previous year since they were established. It is undoubtedly probable that admission would have been refused to cases at certain of the hospitals but for the increased facility which motor traction has offered for the transference of convalescent patients from the acute hospitals at Hampstead and Tottenham to the convalescent hospitals at Gore Farm.

Patients conveyed to other places than the managers' hospitals.

Infectious Cases.—Under the powers conferred by section 79 (3) of the "Public Health (London) Act, 1891," 454 (*405*) persons suffering from dangerous infectious disorders were conveyed in the Managers' ambulances to other places than the Managers' hospitals during the year 1907. Of these 82 (*81*) were stated to have measles, 32 (*29*) scarlet fever, 44 (*30*) enteric fever, 7 (*10*) diphtheria, 240 (*228*) erysipelas, 9 (*10*) puerperal fever, 11 (*13*) chickenpox, 1 Malta fever, 4 German measles, and 10 spotted fever; also 14 (*1*) scarlet fever contacts.

Non-infectious Cases.—841 (*424*) cases (medical and surgical) availed themselves of the facilities afforded by the Managers for the hire of ambulances for the conveyance of non-infectious cases; of that number 9 were street accident cases.

The total sum received by the Managers during 1907 for the conveyance of persons to other places than the Board's own institutions was £397 15s. (*£223 11s.*), of which £15 10s. (*£11 7s. 6d.*) was in respect of the service of nurses, and £325 19s. (*£169 15s.*), or an average of 8s. (*8s.*) a case, was for the conveyance of non-infectious cases. A large number of infectious cases were conveyed gratuitously owing to the want of means of the patients.

Conveyance of imbeciles and children.

In addition to the above-mentioned removals, 807 (*734*) imbeciles, 452 (*318*) children suffering from ophthalmia, 28 (*58*) from ringworm, 165 (*271*) defective and other children have been conveyed to their several institutions during the year, making, with the medical and surgical cases before referred to, a total of 2,296 (*1,807*) non-infectious cases.

Total removals.

The aggregate removals during the year, including the transferring of patients from one institution to another, numbered 64,058 (*50,306*), and the mileage run by the vehicles was 462,756 (*388,265*). The number of removals and the mileage run were greater than in any previous year.

Nurses' journeys.

The journeys made by nurses numbered 30,992 (*27,228*), and the sum credited to the hospitals for their services amounted to £3,874 (*£3,403 10s.*).

Conveyance of stores.

Large quantities of goods and stores (including 220,000 (*195,600*) bundles of wood) have been conveyed from one institution to another. By judicious arrangements for the work to be carried out at times when the falling off in the demands for the conveyance of infectious patients left some of the men and horses at liberty, it has been done without the employment of additional staff, and, therefore, without expense to the Managers, beyond the cost of an occasional extra horse.

Italic figures in brackets are the corresponding figures for 1906.

Work of ambulance stations. Tables A and B (see pp. 188 and 190) show the work performed by the ambulance stations during the past year.

The following table briefly summarises the year's work of each station:—

STATION.	Number of Removals.	Number of Journeys.	Miles Run by Vehicles.
Eastern	10,713 (*9,540*)	7,499 (*6,856*)	78,750 (*73,425*)
North-Western	6,844 (*6,495*)	4,574 (*4,403*)	50,327 (*49,073*)
Western	8,787 (*8,076*)	6,508 (*5,588*)	75,789 (*63,266*)
Mead (non-infectious work, vehicles only used, horses and men supplied by the Western Station)	204 (*1,037*)	138 (*288*)	2,706 (*9,011*)
South-Western	21,212 (*11,527*)	6,813 (*6,038*)	118,113 (*81,399*)
South-Eastern (re-opened)	8,137 (*2,470*)	7,108 (*2,598*)	77,723 (*25,416*)
Brook	8,161 (*11,161*)	5,908 (*6,843*)	59,348 (*86,675*)
Totals	64,058 (*50,306*)	38,548 (*32,614*)	462,756 (*388,265*)

The following table shows (*a*) the greatest number of patients removed to hospital in a single day by each station; and (*b*) the heaviest week's work of each station:—

STATION.	(*a*) Greatest number of patients removed to Board's hospitals in one day.		(*b*) Heaviest week's work.		
	Date.	Number.	Week ended.	Removals (including transfers, &c.).	Mileage Run by Vehicles.
Eastern	28 Oct.	49 (*42*)	2 Nov.	382 (*230*)	3,362 (*2,033*)
North-Western ...	22 „	23 (*27*)	26 Oct.	238 (*218*)	1,947 (*1,762*)
Western	28 „	41 (*34*)	2 Nov.	284 (*276*)	2,989 (*2,059*)
South-Western ..	7 „	30 (*25*)	12 Oct.	991 (*335*)	4,672 (*2,861*)
South-Eastern ...	22 „	44 (*30*)	26 „	240 (*151*)	2,518 (*1,590*)
Brook	21 „	33 (*30*)	26 „	261 (*315*)	2,074 (*2,210*)

The average lengths of the journeys from the respective ambulance stations were as follows:—

STATION.	Removals from Homes.		Transfers.	Average of every kind of Journey.
	Miles.		Miles.	Miles.
	Smallpox.	Fever.		
Eastern	16·0 (*16·1*)	9·7 (*9·9*)	21·0 (*21·4*)	10·5 (*10·8*)
North-Western ...	23·5 (*22·5*)	10·1 (*10·1*)	22·1 (*22·2*)	11·3 (*11·1*)
Western	17·0 (—)	10·3 (*9·5*)	39.1 (*34·4*)	11·6 (*11·3*)
South-Western ..	— (—)	12·3 (*10·1*)	42·4 (*43·9*)	17·1 (*13·5*)
South-Eastern ...	10·0 (—)	10·3 (*9·2*)	34·1 (*31·6*)	10·9 (*10·6*)
Brook	17·0 (*17·4*)	9·1 (*10·6*)	30·1 (*32·1*)	10·0 (*12·6*)

Italic figures in brackets are the corresponding figures for 1906.

On one day (13th November, 1907) no fewer than 344 removals were effected. They included 123 acute cases from their homes to the Board's hospitals; 178 transfers from town to country hospitals (including 20 taken from the Eastern Hospital to North Wharf en route to Joyce Green Hospital) and 43 recovered patients.

The transfer of patients from the hospitals at Tottenham and Hampstead to the Gore Farm Convalescent Hospitals added to the work, for these patients, when recovered, are discharged in ones and twos and brought with other patients in the omnibuses to the South-Eastern or South Western Ambulance Station. Thence they have to be taken by special conveyances to the Eastern or North-Western Ambulance Station, where their friends are summoned to meet them.

The practice of giving the friends of recovered patients the option of fetching them from the convalescent hospitals was continued throughout the year at the Northern Hospital, and up to the end of September at the Gore Farm Hospital. The effect of discontinuing the practice at the latter hospital was to increase the work of conveying recovered patients from that hospital by about 30 per cent., at the busiest time of the year.

Ambulance stations. The ambulance stations have continued to be maintained in a satisfactory state of repair, the minor repairs and painting having been executed by the staff.

Staff. The health of the staff was better on the whole than in the previous year.

The following table shows the number of staff off duty through illness during the year:—

STATION.	Number off Duty.	Total days off Duty.
Eastern	9 (*11*)	110 (*104*)
North-Western	12 (*6*)	104 (*241*)
Western	7 (*10*)	145 (*241*)
Mead	— (*1*)	— (*21*)
South-Western	6 (*7*)	70 (*58*)
South-Eastern	3 (*6*)	47 (*42*)
Brook	11 (*9*)	95 (*66*)
	48 (*50*)	571 (*773*)

There were 23 (*24*) resignations, 30(*18*) discharges, and 77 (*57*) appointments to the staff during the year.

Wages and uniforms scale. The revisions which we were able to make in these scales during the year will result, we hope, in reducing the future expenditure under these headings.

Italic figures in brackets are the corresponding figures for 1906.

Staff regulations. These regulations were also revised.

Horse hire contract. The contract for the supply of horses on hire to the several stations was, in March last, entered into for 12 months instead of three years, as was formerly the custom.

Electric light. The Board have made arrangements for the installation of electric light at the South-Western Ambulance Station.

(Signed) H. WILLINGHAM GELL,

Chairman.

ANNUAL REPORT FOR 1907 OF THE COMMITTEE FOR GENERAL PURPOSES.

January, 1908.

Sane Epileptics. On two separate occasions during the past year the question of the provision by the Managers of accommodation for sane epileptic patients formed the subject of reports to the Board by the General Purposes Committee. In view, however, of the fact that the Managers had had this question before them as far back as 1903, when they endeavoured, but without success, to obtain an expression of the Local Government Board's opinion thereon, the Committee had no alternative but to recommend the Managers again to make application to that Board for a reply to their letter of the 14th December, 1903.

In this connection it will be remembered that, on the 26th October, 1906, provision for sane epileptic children of ten years of age and under at the infirmary building at the Bridge Industrial Home was approved by the Managers, but the Local Government Board, in reply to an application for their consent to this proposal, stated that they did not consider it desirable to add to the divisions of classification at this industrial home at present. We do not, therefore, anticipate that any definite decision on the subject will be arrived at until the Royal Commission on the Care and Control of the Feeble-Minded shall have presented their report.

Medical-officer for General Purposes. Under an order of the Local Government Board dated 12th September, 1907, the Managers were empowered to appoint a Medical-Officer for General Purposes, and to assign to him such duties and salary (or remuneration) as the Managers, with the Local Government Board's approval, might from time to time prescribe.

In reporting to the Managers as to the terms and conditions of this appointment (which, it will be remembered, arose out of, and was consequent upon, the decision of the Managers on the 4th August, 1906, to create the office of Medical Investigator for the Hospital's Service), we advised that the officer so appointed should rank as an officer on the Head Office staff; should be assigned a salary of £800 per annum, rising to £850, together with certain specified duties; and that Dr. H. E. Cuff should be appointed to the newly-created post.

Such of our recommendations as affirmed the principle of appointing a Medical-Officer for General Purposes, and the rank and duties to be assigned to him,

were adopted by the Managers. The question, however, as to making a definite appointment to the post was still under consideration at the end of the year.

Emoluments of Officers and Servants. On the 12th May, 1906, we were instructed to prepare a scale defining, where necessary, the quantities of the several emoluments in kind enjoyed by officers and servants of the Board. As the result of our consideration of an exhaustive report which we received from the Finance Committee on the subject, and in which they summarised their views in the form of certain recommendations which we endorsed, the Managers, upon our advice, decided (i.) that in future appointments the emoluments in kind of resident officers and servants who have no separate residence be limited to, and expressed as, board (or specific meals if granted), lodging, washing, uniform, as the case may be; (ii.) that in such appointments no specific emoluments in kind of fire, light, milk, and potatoes and other vegetables be granted; and (iii.) that officers or servants living in separate residences the property of the Managers, may, under proper conditions, and with the approval of the Board, be permitted, or be required, to draw supplies of fire (coal, etc.), light, milk, and potatoes and other vegetables, on payment to the Board of the cost price of the supply.

The Managers also decided (iv.) to rescind all pre-existing regulations which prescribed limitations to the number of articles to be washed for individual officers and servants; and (v.) that all salaries and wages scales should stand referred to the Finance Committee for consideration, and with instructions to recommend to the Board, after conference with the several committees concerned, such alterations (if any) as appeared to them to be necessary.

In submitting these recommendations to the Board, we emphasised the fact that their adoption would considerably simplify the whole subject, would remove difficulties which had been previously experienced with certain officers, and would in every way be more satisfactory both to the Board and to the officers concerned.

Officers' and Servants' Rations. Reporting to the Managers on the 7th December on a recommendation by the Asylums Committee, which had for its object the abolition, in the case of subordinate officers and servants in the asylum's service, of the emolument of beer (or other equivalent beverages included in the rations scale), or money in lieu thereof, and certain payments to such officers for the emoluments thus abolished, we pointed out how divergent was the practice which had hitherto obtained, and how urgently the regulations needed revision and simplification. We accordingly advised the Board (i.) to rescind their resolution of the 6th December, 1897, relating to a money allowance in lieu of beer or its equivalent beverages; (ii.) to expunge ale, stout, porter, and other beverages from the rations scale of principal and subordinate officers; and (iii.) to instruct the Finance Committee to report to the Board what adjustments were necessary in the various wages scales for officers and servants now in force at the several institutions of the Board. These recommendations (of which notice was necessary) were still under consideration by the managers at the end of the year.

Farming Operations. In April last we were instructed to consider and report to the Board what improvements (if any) could be made in the management and control of the Managers' farming operations; but having had before us a report giving particulars as to the acreage of land under cultivation, live stock in hand, and the results which had attended the farming of the land at certain of the Board's institutions during the year ended at Michaelmas, 1906, we saw no reason for advising the Board to adopt any regulations which would limit the responsibility or interfere with the duties of the several committees and sub-committees concerned with the management of the farming operations at the establishments under their control.

Proposed Needleroom at Central Stores. The Contract Committee, having asked the Managers to affirm certain general principles as to the working of the central needle-rooms which it was proposed to erect in connection with the new Central Stores at Peckham Rye, and to authorise that committee to make all necessary arrangements in the matter, we were instructed to report upon these proposals. Having subsequently considered the replies to certain inquiries which we had addressed to the Asylums, Hospitals and Children's Committees, the Contract Committee, and the Accountant, we came to the conclusion that no sufficient cause had been shown to justify the Managers in agreeing to the establishment of this needle-room, the erection of which was, therefore, abandoned.

Clerk to the Board. In November last, the Managers, upon our recommendation, decided, subject to the sanction of the Local Government Board, to increase the salary of Mr. T. Duncombe Mann, Clerk to the Board, from £1,250 to £1,500 per annum, as from the 25th December, 1907. In reporting to the Managers upon this proposal, we called attention to the substantial increase which had taken place in the duties of the Board's chief administrative officer since his salary was last revised; to the industry, ability, and tact which Mr. Mann had at all times brought to bear upon the many intricate and important problems which had so frequently arisen in connection with the organisation and administration of the numerous departments and institutions under the Managers' control; and to the fact that, apart altogether from the increase in the work of the Board which the expansion of its duties had witnessed during the past seven years, the character of that work had, under Mr. Mann's judicious guidance, shown a marked and continuous advance in efficiency, both in its clerical and administrative aspects.

Head Office Clerical Staff. In July last, the Managers, upon our recommendation, decided to sanction the employment of boy clerks as a regular class on the Head Office staff, it being understood that the members of this class should be eligible for promotion, but that if a boy clerk failed to obtain promotion by the time he had reached twenty years of age, his appointment should, *ipso facto*, terminate.

There is nothing else calling for special record in connection with the Head Office clerical staff, the numerical strength of which remains the same as during 1906.

Other Matters. Other matters which engaged our attention during the past year were:—(i.) A proposal to discontinue the conveyance of smallpox patients to hospital by the river—a reference which the Managers, upon our recommendation, decided to discharge; (ii.) the testing of weighbridges, weights and scales, and measures at the institutions of the Board—a matter which we thought might well be left to the several committees concerned to deal with by their engineers or otherwise; and (iii.) the administration, upkeep, and maintenance of the Smallpox Hospitals and River Ambulance Service—a subject of far-reaching importance, which we still have under consideration.

(Signed) JOHN H. LILE,
Chairman.

ANNUAL REPORT OF THE FINANCE COMMITTEE FOR 1907.

January, 1908.

General. This review of the past year's work of the Committee records several schemes of more than usual importance, which have for their object the simplification of the procedure of the Managers, and which should enable the details of the Board's work to be more readily grasped and controlled.

L.G.B. Orders. Revision and consolidation. First in importance is the revision and consolidation of the existing orders of the Local Government Board applicable to the Managers. This work was initiated in 1900, and the consent of the Board to the Managers preparing a draft Order for their consideration was given in November, 1903. It was our original intention to place the preparation of the draft, which was of a very special character, in the hands of a draughtsman, but eventually the Clerk to the Board undertook this important work.

The draft Order consolidates 73 of the Orders now in force, omits obsolete provisions, reconciles conflicting regulations, and generally amends, harmonises, and brings up-to-date the Managers' powers and duties, whilst reducing into reasonable compass regulations now occupying some four hundred pages of print. The Order, which has been approved by the Managers, has been submitted to the Local Government Board, with a request that they should bring it into force for an experimental period of twelve months, subject to modification or revocation, either in whole or in part, during that period, as experience of the working may suggest. We suggested this tentative course because experimental working—and experimental working only—will show in what points the draft Order is defective and how it may be improved. Such a course has been followed in several instances by Parliament and by the Local Government Board.

Loans. (i.) Consolidation. In 1903 we effected an arrangement with the London County Council by which the payments of instalments of principal and interest on outstanding loans were made each quarter in lieu of each month.

At that date the payments (of the annual instalments and the interest on the reducing balances) falling in each of the two financial half-years were nearly equal, but in raising the sums required in recent years, the amount falling to be charged in the half-year ending Michaelmas is now some £20,000 more than that chargeable in the half-year ending Lady Day. The number of separate advances from the Council is 127, covering several hundred individual items, in respect of each of which detail records as to the discharge of the loan are required to be kept, and there are 12 distinct rates of interest, varying from £2$\frac{3}{4}$ per cent. to £4 per cent.

After considering alternative proposals with a view to simplifying these various arrangements for discharging the debt, we arranged with the Council, with the sanction of the Local Government Board to certain details, for all the outstanding loans to be consolidated, as at March next, into one loan, to carry one uniform rate of interest, and to be liquidated by equal half-yearly instalments, combining principal and interest.

Apart from the simplification that will be effected, which will be considerable, there will be a reduction in the loan charges in the earlier years, with a substantial reduction in the total interest payable under the scheme as compared with that payable under the old arrangements, and the entire debt will be liquidated in fourteen years from March, 1908, whilst the only cost is that of preparing the necessary deeds.

Of the total amount of the loans outstanding as at March next—£3,113,612—the comparatively small sum of £172,076 will be due to the Public Works Loan Commissioners, but the conditions are not quite the same as in the County Council loans, and the loans are few. In order, however, to bring them into line, it is proposed, after the Council's loans have been consolidated, to deal with those of the Public Works Loan Commissioners on a similar principle.

(ii.) Application of unexpended balances, etc.

For the first year in the history of the Board, some forty years, we are able to record that no moneys have been raised on loan. This has been rendered possible partly by the fact that the large schemes for additional accommodation under existing powers are practically approaching completion, partly by the application to current works of unexpended balances of loans not required for the purposes for which they were originally raised, and partly by the application of certain sale moneys, and as to the remainder by having recourse to the standing balances. In addition, it is proposed to appropriate the fees for clinical instruction received from students to the expenditure on the erection of a laboratory.

(iii.) Estimated requirements.

To estimate the Managers' loan requirements for the purposes of the London County Council Annual Money Bill, has this year been rendered difficult, owing to the impossibility, in the absence of specific schemes, of forecasting so far ahead as Michaelmas, 1909, the contingencies under which the Managers may be called upon to expend moneys on works of a permanent character, particularly in the infectious services. Having regard to all the circumstances, we thought it only prudent that the Council should obtain power to make an advance of a reasonable sum.

Delay in payment.
(i.) Precepts.

The delay in payment of precepts by certain of the constituent parishes and unions has received our consideration for several years past, as such delay results not only in inconvenience, but in direct loss by way of interest, the extent of which may be gauged by the following figures for each of the past five years, viz.:—

Year ended Michaelmas.	Loss of interest at 3 per cent.
1903	£1,688
1904	£1,315
1905	£820
1906	£837
1907	£638

shewing an average annual loss of £1,060.

We felt that, even with the considerable improvement that had been effected, the position could not be considered satisfactory, but we were of opinion that in certain cases the time for payment might reasonably be extended at the discretion of the Managers, provided interest from the due date to the date of payment was paid in addition to the amount of the precept. We were advised that under the

existing law guardians have no authority to pay interest in such circumstances, and in the interests of equitable finance we deemed it desirable that the necessary power should, if possible, be obtained.

The suggestion that application should be made to the Local Government Board to promote legislation, authorising the Managers to charge interest upon overdue precepts or instalments of precepts for contributions payable by guardians, was adopted by the Managers.

(ii.) Accounts. We have adopted regulations to ensure more prompt payment of sundry amounts due to the Managers. In the case of an extra-metropolitan authority whose patients are received in the Managers' institutions, the continuous periodical delay in payment of the accounts, which total a large sum annually, compelled us to rearrange the dates of payment, and in the result a substantial advantage will accrue.

Superannuation.
(i.) Statistics. Under the provisions of the Superannuation Acts, 32 persons have been granted superannuation allowances during the year ended Michaelmas, 1907 (amounting to £1,402 per annum), whilst 11 persons in receipt of pensions, amounting to £578 per annum, have died during the year, leaving the number in receipt of pensions (amounting to £8,362 per annum) at Michaelmas, 1907, at 178.

(ii.) Addition of years. Two recommendations only for the addition of years to the actual period of service have been considered by us during the year. In each case the circumstances warranted us in endorsing the recommendations, and they were subsequently approved by the Managers and the Local Government Board.

(iii.) Appeal. One pensioner having appealed against the amount of the allowance, we have submitted our views on the matter to the Local Government Board, and are awaiting their decision.

(iv.) Superannuation under the 1864 Act. By Section 15 of the Poor Law Officers' Superannuation Act, 1896, any officer who then availed himself of the option of exemption from the provisions of the Act remained subject to the provisions of the Superannuation Act of 1864, under which Act the Managers may, at their discretion, and with the sanction of the Local Government Board, award a pension. Two applications (the first since the passing of the 1896 Act) have been submitted to us during the year, and as the result of our consideration we arrived at the conclusion that an allowance should be granted to each of the applicants. At the same time, we did not think that they should be placed in quite the same position as officers who did not claim exemption from the 1896 Act, and who had since paid contributions by way of a percentage sum on the annual value of their appointments, and we settled the amount of the superannuation allowances in accordance with this view. The Managers and the Local Government Board subsequently sanctioned the pensions.

(v.) Return of contributions. As in previous years, several persons, on leaving the service of the Managers, made application for the return of their contributions, and, when necessary, such applications were submitted to and dealt with by us. In the case of an officer who left the service through resignation, and appealed to the Local Government Board, we informed the Board, in reply to their inquiry, that in the circumstances we were advised that the Managers had no legal power to refund the amount of the contributions.

(vi.) Valuation of emoluments. New scheme. In submitting the new scheme of valuation of emoluments in 1906, we expressed the opinion that it would, by reason of its elasticity of application, work out more justly than any other method of solving

the difficult problems presented by the numerous classes of employees, the diversity of their emoluments, and the varying degrees in which the emoluments were enjoyed at different institutions. The experience of the working of the new scheme since it came into general operation on the 30th September, 1906, has amply confirmed our opinion.

The adoption of the new scheme by existing employees was optional, subject to the payment of the additional contributions on the increased values, and the amount of the additional sum so received is £2,006 to Michaelmas, 1907.

Under standing authority we have dealt with the classification of new offices and other matters arising on the practical working out of the scheme.

Emoluments in kind.

In submitting the new valuation scheme, referred to in the preceding paragraph, we drew the Managers' attention to the indefinite character, from a superannuation point of view, of certain emoluments in kind by reason of the absence in some cases of any limit thereto, and in other cases where limits have been fixed, to the want of uniformity, even in the same grade of officers.

The emoluments more particularly in question were washing, coals, light, potatoes, other vegetables, and milk.

In regard to the emolument of washing, we found the position to be very anomalous, and in view of the fact that considerations affecting the proper administration of the institutions, and altogether foreign to the enjoyment and value of the emolument under ordinary conditions (particularly in the infectious services), entered largely into the question, we arrived at the conclusion that the limits to washing should be entirely abolished, and that the responsibility of preventing an unreasonable or improper use of the laundry must rest upon the officers at the head of each institution.

With reference to the other emoluments mentioned, the experience of the working of the scales forced us to the conclusion that, in the interests of close administration, it would be wiser not to proceed further in the direction of limiting the quantities of emoluments in kind, but rather to abolish such emoluments wherever practicable, to remunerate the officer in cash by readjusting the salaries and wages scales where necessary, and at the same time to provide facilities, under proper conditions, for the purchase from the Board by the officers affected of such supplies as were represented by the discontinued emoluments.

The adoption of the suggestion, which was merely an extension of principles then in force, considerably simplified the whole subject, and removed practical difficulties which had been experienced. This solution is in every way much more satisfactory, both to the Managers and to the officers concerned.

On the adoption by the Managers of the series of recommendations to give effect to the proposals, we intended to review the existing salaries and wages scales, and where necessary to suggest adjustment in regard to the discontinued emoluments, but on submission of such recommendation the reference was considerably enlarged to include a review, in conference with the several standing Committees concerned, of all salaries and wages scales, and this is, at the close of the year, receiving our consideration.

Exemptions from Stamp Duty.

(i.) Treasurer's Orders.

In 1897 the Commissioners of Inland Revenue expressed the opinion that the "cheques drawn upon the London and County Bank by the "Managers . . . . . do not come within the exemption from "stamp duty contained in Section 86 of the Act 4 and 5 Will. IV., "Ch. 76," but on the revival in 1906 of the office of personal treasurer it was considered that the opinion of the Commissioners might, in the altered circumstances, not apply. On a further communication being addressed to them accordingly, they stated that they would "consent to regard as exempt from stamp duty "orders drawn by the Treasurer of the Metropolitan Asylums Board on his official

"account at a bank in the form prescribed by the Local Government Board's Order "of the 19th April, 1906." The amount of duty represented is about £55 per annum.

(ii.) Marine Insurance policies. The Commissioners, on being approached, also agreed to consider the Managers' marine insurance policies as exempt from duty, under the same Act, and refunded £72 18s., the amount of duty paid during the previous two years. The amount of duty represented is nearly £30 per annum.

(iii.) Receipt stamps. The Commissioners having intimated to the Local Government Board "that they had decided in future to regard as exempt from stamp "duty all receipts given by or on behalf of the guardians of the poor "for Poor Law purposes, except the ordinary receipts for poor rates," instructions were issued to the Managers' officers accordingly.

Insurance.
(i.) Marine Insurance. The question of the insurance against marine and other risks of the ambulance steamers, wharves, Exmouth, and brigantine, with contents and boats, in the total sum of £109,750, was again reviewed, and an offer submitted in competition with companies of the highest standing was accepted at a slightly lower rate of premium than that accepted last year.

(ii.) Third-party and other risks. Ambulance Service. On the introduction of motor vehicles into the ambulance service the question of the insurance of third-party and other risks became more prominent, and after keeping the matter under review for twelve months we arrived at the conclusion that it would be prudent to take out a policy to indemnify the Board against the possible claims for one year, a course which has proved to be sound. We accordingly invited quotations for insurance in respect of the entire ambulance service against all damage done either to persons or to property by any of these vehicles (horse and motor) or damage received by such vehicles in any collision or other accident of any sort whatever while out on the business of the Board, but excluding injury to patients in the ambulances. The insurance, placed on favourable terms, covers the risks above-mentioned in excess of £5 on any one accident, with a limit of £1000 for any one accident, but without any limit as to the number of accidents in the year, and the premium is based on the average number of vehicles in daily use, and is subject to adjustment if the average number quoted for is exceeded.

(iii.) Workmen's Compensation Acts. During the year a claim was received from the widow of an officer whose death was due to a defect in an electrical appliance belonging to the Managers. Although we were advised that there was some doubt as to the legality of the claim, we felt that the Managers would not wish under the circumstances to consider their liability solely from a strictly legal standpoint, and a sum of £200 was granted.

(iv.) Workmen's Compensation Act, 1906. The passing of the Workmen's Compensation Act, 1906, which came into operation on the 1st July, 1907, necessitated the enlargement of the standing reference to cover all questions affecting the insurance or otherwise of the Managers' liabilities in respect of accidents to their employees and all claims arising thereon.

Having regard to the far-reaching effect of the Act (which affects a very large number of the Managers' employees—over 5,000) and to the fact that the number of accidents which have occurred in the past and the consequent amount of compensation and sick pay have been comparatively small, we formed the opinion that the cost of insurance, as indicated by the quotations received from various leading companies, would have been out of all proportion to the risk involved. Moreover, the more serious of such claims in the case of employees permanently in-

capacitated are, in some measure, already provided for under the Superannuation Acts. We, therefore, advised non-insurance, and are keeping the question before us with a view to reconsidering it in the light of a year's experience.

Printing and Stationery. As a result of centralisation of supervision of the printing and stationery arrangements, a saving of some 20 per cent. was effected in the first year ending Lady Day, 1898. Believing that a further comparative saving could be effected, we conducted an inquiry in 1905 into the whole arrangements, and, in conference with the Contract Committee, arrived at certain decisions.

One of our decisions was that a report should be submitted to us annually, and from the last report we find that our anticipations have been more than justified, as the total expenditure has been reduced to £6,980 for the year to Lady Day, 1907, for 42 institutions, as compared with £11,232 for the year to Lady Day, 1897, for 24 institutions.

We think these gratifying results indicate the careful supervision that now obtains over this important item of expenditure.

Assessments.

(i.) New assessments. During the year the two occupied cottages at the Southern Hospital have been brought into rating at an assessment of £17 each, and the new Exmouth Infirmary at £175. The Belmont Stables were also assessed at £127, but, on representations being made, the assessment was reduced to £110. The additional assessments amount to £319 rateable value.

(ii.) Altered assessments. The rateable value of East Cliff House was increased by £18 to £532, on the completion of the additional quarters for laundry staff, whilst the total rateable value of the 26 cottages on the Leavesden Asylum Estate was reduced by £19 to £247, and a piece of land at that Asylum by £4 15s. to £5 15s. rateable value.

(iii.) Head Office. The City Corporation, having obtained a mandamus directing the Assessment Committee to insert in the quinquennial valuation list of the precinct of Whitefriars the rateable value of that part of the Head Office which is exempt, under an Act of George III., from the payment of certain rates, an appeal was lodged against the judgment of the Divisional Court to protect the Managers' rights, and was allowed, with costs, including the costs in the Court below.

(iv.) Temporary reductions. The reduced assessment of the West Wharf and Mead Ambulance Station has been continued, resulting in a relief for the year to Michaelmas, 1907, of £394.

Head Office Property Tax. On the assessment to property tax of the Head Office in 1901 we communicated with the Board of Inland Revenue, with a view to the assessment being vacated on the ground of exemption, but they informed us in reply that in their opinion the rule as to exemption in favour of hospitals and the offices belonging thereto—which we advanced—did not apply to such offices "separately and apart from the institutions themselves." In view of this decision, we considered that, as the Managers were compelled to pay property tax, although they had in fact no available income arising from the premises, the tax deducted from the mortgage interest should be retained, in the same manner that a private individual would deduct and retain tax, in order to avoid a double assessment.

The Commissioners did not take this view of the matter, and as the same question affected not only the Managers, but also all local authorities throughout the country who occupied their own property, a general representation was made

and agreed to that payment should be made under formal protest, pending a judicial decision on the point at issue being obtained; and payment has since been made by the Managers accordingly.

The case was contested by the London County Council, and was decided in their favour in the King's Bench Division, and also in the Appeal Court; but the House of Lords having reversed the judgment of the Courts below, the Managers are in common with all other local authorities similarly situated compelled to pay the tax permanently, amounting on the present assessment and rate in the pound to £153 15s. per annum. The Chief Office is the only property of the Managers assessed to property tax.

Miscellaneous.

(i.) Estimates of cost of works. Nine estimates of cost of works have been remitted to us by the several standing Committees during the year, totalling £55,883, and we have submitted the same to the Managers with our views as to the method of providing the necessary funds in each case.

(ii.) Forfeited deposits. Deposits in respect of specifications, etc., have for various reasons from time to time during the past three years to Michaelmas, 1906, become forfeit to the amount of £110 5s., and, following the course adopted in 1904, the amount has been distributed to the constituent parishes and unions.

(iii.) Stock-taking. Not having received authority from the Local Government Board to the system of taking stock, detailed in the report to and resolutions of the Managers in February, 1903, a further communication was addressed to the Board, pointing out that the experience since gained, generally and by experimental tests on the lines indicated, had convinced us of the importance of the arrangements being carried out as originally outlined. No reply has yet been received.

(iv.) Visitors to Officers, Payment for rations. The rates of payment by officers for rations for their visitors, having been approved at different times, varied at different institutions. We accordingly reviewed the charges, and obtained the Managers' approval to uniform rates assessed on meals consumed by each visitor.

(v.) Travelling clerk's reports. Visits of inspection, test examination and inquiry have been made by this officer during the year, and action taken upon his reports where necessary.

Abstract of accounts and financial tables. Statements of the year's income and expenditure, balance-sheet, and financial and statistical tables in considerable detail, are appended hereto.

(Signed) AUGUSTUS C. SCOVELL,
Chairman.

APPENDIX I.—FINANCIAL STATISTICS OF THE DISTRICT.

NOTE.—Unless otherwise stated the following statistics relate to the financial year ended Michaelmas, 1907.

The Metropolitan Asylum District is coterminous with that of the Metropolitan Unions and Parishes, *i.e.*, **the Metropolis, excluding the Inns of Court** (Inner and Middle Temples, Gray's Inn and Lincoln's Inn), which during the continuance of certain payments are extra parochial.

The **population** of the District, as estimated by the Registrar-General at the middle of 1907, was **4,758,218.**

The **rateable value** of the District was **£43,787,702** on the **6th April, 1907,** being an increase of **£392,653 (0.89 per cent.)** during the year.

The produce of **one penny in the £** on the rateable value of the District at Michaelmas, 1907, represents **£182,396.**

The **precepts levied** by the Managers on the constituent parishes and unions of the District for the year work out at **5½d. in the £,** and the **average** for the past five years was **6d. in the £.**

The **total expenditure** for the year has been **£1,145,783** (Loan **£47,412** and General **£1,098,371**), and the **average** for the past five years **£1,247,589** (Loan **£184,459,** and General **£1,063,139**).

The **estimated expenditure** on current account for the year was **£1,071,785,** and the **actual amount** expended **£1,098,371,** as against the year's income of **£1,018,181.**

The **rateable value** of the Board's property is **£153,545,** and the amount of the **rates paid** last year was **£50,765,** of which **£27,045** is payable to Metropolitan authorities, and **£23,720** to Provincial authorities.

The **borrowing powers** are limited to **$\frac{1}{5}$th of the rateable value** of the District.

The **sanctions to borrow** received in the year amounted to **£17,571.**

No **amount** was **borrowed** during the year. The **amount repaid** was **£209,209,** and the **amount outstanding** at Michaelmas, 1907, was **£3,206,789.**

The total **amount borrowed** to Michaelmas, 1907, is **£5,606,799,** and the total amount of **loans repaid, £2,400,010.**

The **amount of loans outstanding** at Michaelmas, 1907, works out at **£7·32** for every **£100** of **rateable value.**

The **amount of loans outstanding** at Michaelmas, 1907, per head of the population of the District as estimated by the Registrar-General at the middle of 1907 is **£0·67.**

The **rates of interest payable** on loans outstanding vary from **2¾ per cent. to 4 per cent.,** and the average rate of interest at Michaelmas, 1907, is **3⅓ per cent.**

The **number of institutions** belonging to the Managers is **51.**

The **number of persons** maintained by the Managers, on the last day of the year ended Michaelmas, 1907, was—

Permanent staff (excluding Head Office, Central Stores, Laboratories, and Stables)	5,298
Inmates	14,366
Total	19,664

The **average daily number of inmates** maintained was in—

1903	10,749
1904	11,004
1905	12,074
1906	12,627
1907	13,127

The **number of persons** in receipt of **superannuation allowances** at the end of the year was **178,** and the superannuation **payments,** excluding compensation, amounted to **£8,117** for the year.

The **percentage deductions** from the pay of the staff under the Poor Law Officers' Superannuation Act, 1896, during the year amounted to **£5,953,** including **£43** in respect of Medical Students' Fees and Central Stores Staff, but exclusive of **£759** special repayment of arrears consequent on increased valuation of emoluments.

Dr. APPENDIX II.—**Income an**
For Year, from 30th September

Year 1905-1906.	**Expenditure.**	£	£
£			
	To Direct Charges:—		
123,237	**Maintenance** of boys, patients, and children (including provisions, necessaries, clothing, and funerals)	130,042	
1,287	**Other Direct Charges** (including clothing for discharged patients, expenses of boys going to sea and of children to and from Homes, and certification of imbeciles)	1,199	
124,524			**131,**
	Common Charges:—		
	Maintenance of officers and servants	£	
200,466	Salaries and wages of officers...	205,081	
93,139	Provisions	99,529	
2,357	Necessaries	2,424	
8,246	Uniforms and sundries...	8,670	
304,208			315,704
	Buildings and establishment—		
	Works—		
11,015	Wages	12,868	
10,544	Contracts and materials	10,902	
21,559		23,770	
	Gardening—		
3,695	Wages	3,962	
403	Plants, seeds, &c.	428	
4,098		4,390	
	Furniture—		
11,166	Furniture and other articles	12,523	
9,194	Bedding and linen	10,288	
2,349	Earthenware	2,356	
1,642	Hardware	1,354	
24,351		26,521	
	Heating, lighting, and cleansing—		
14,098	Wages of the engineering staff	15,098	
58,575	Coal and coke	61,675	
31,867	Gas, electric light, water and other supplies	33,571	
104,540		110,344	
154,548			165,025
53,117	**Rates, rent, taxes, and insurance**		55,535
6,989	**Medicines & medical & surgical appliances**...		7,232
	Miscellaneous expenses—		
10,045	Stationery, postage and office expenses	9,508	
10,100	Other charges—travelling, horse hire, Managers' and sundry expenses	9,225	
20,145			18,733
	Expenditure of a special character—		
50,211	Buildings—contract and non-contract	60,236	
8,135	Furniture, &c.	9,960	
58,346			70,196
	Sundry general expenses—		
206,544	Repayment of loans	209,209	
114,910	Interest on loans	111,772	
11,969	Law expenses, pensions, notification fees, &c. ...	13,724	
333,423			334,705
			967,1
1,055,300	**Total expenditure** (for details see pp. 88-95)		**1,098,3**
29,214	**Balance** carried down, being income in excess of expenditure for year ...		...
£1,084,514			**£1,098,3**

To Balance brought down, being expenditure in excess of income for year	£80,1
„ Balance on current account on 5th October, 1907, carried to balance sheet (p. 96) ...	58,5
	£138,7

Expenditure Account.

1906, to 5th October, 1907. *Cr.*

	£	£	*Year 1905-1906.* £
Income.			
By Contributions from Parishes and Unions in the District :—			
In respect of Direct Charges	128.500		*127,700*
,, Common Charges on rateable value— ..	858,534		*934,221*
		987,034	***1,061,921***
Amounts paid by extra Metropolitan Authorities			
For maintenance of patients in hospitals and schools ...	10,992		*4,300*
,, boys on Exmouth	4,506		*2,267*
		15,498	***6,567***
Interest on balances in hands of bankers, &c.		6,559	***4,776***
Sundry receipts :—			
Rents of buildings and land	865		*671*
Sale of ambulance vehicles and sundry receipts	632		*614*
Value of furniture and other stocks brought into account during year	924		*2,665*
Superannuation contributions (including £759 arrears on increased valuation of emoluments)...	6,669		*6,477*
Sale of engineering plant, scrap metal, &c.	...		*823*
		9,090	***11,250***
Total Income		1,018,181	1,084,514
Balance carried down, being expenditure in excess of income for year ...		80,190	...

HEADS OF EXPENDITURE.

1905—1906. Amount.	*1905—1906.* Rate in the £.		1906—1907. Amount.	1906—1907. Rate in the £.
£	d.		£	d.
200,604	1·11	Imbeciles	204,709	1·12
		Infectious sick—		
351,408	1·94	Fever...	388,166	2·13
26,712	0·15	Smallpox	22,151	0·12
		Ambulance service—		
27,679	0·16	Land	32,618	0·18
7,224	0·04	River (including wharves) ...	6,929	0·04
17,765	0·10	Boys on training ship	18,393	0·10
61,799	0·34	Children of various classes ...	61,831	0·34
		General expenses (including repayment of and interest on loans, printing, &c., and Head Office salaries and expenses)		
362,109	2·00		363,574	1·99
£1,055,300	**5·84**		**£1,098,371**	**6·02**

(For details see pp. 88-95).

	£1,098,371	*£1,084,514*
By Balance on current account on 29th September, 1906, brought forward		*£138,714*
		£138,714

APPENDIX III.—**Details of Revenue Expenditure for the Year**

(Figures for the Year 1905-1906 are inserted

INSTITUTIONS.	DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the									
				MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND					
								Works.		Gardening.		Furniture.	
	MAINTENANCE OF INMATES	OTHER DIRECT CHARGES.	Total Direct Charges	Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Wages.	Contracts and Materials.	Wages.	Plants, Seeds, &c.	Furniture, and other articles.	Bedding and Linen
HOSPITALS:—	£	£	£	£	£	£	£	£	£	£	£	£	
Eastern	3,164	..	3,164	7,474	3,985	116	359	418	353	149	13	535	4
	2,913	..	2,913	7,622	3,792	166	390	482	422	146	14	570	3
North-Eastern	5,031	1	5,032	10,255	5,952	139	516	490	290	349	27	577	8
	4,261	3	4,264	9,612	6,002	137	511	174	116	335	16	489	7
North-Western	3,640	..	3,640	8,513	4,722	118	487	522	702	143	8	341	4
	2,968	..	2,968	8,250	4,544	87	472	437	449	140	11	414	3
Western	3,827	..	3,827	8,682	5,591	127	461	632	425	214	33	567	4
	3,593	..	3,593	8,762	5,555	111	428	629	372	215	22	568	2
South-Western	2,688	..	2,688	6,924	3,986	81	338	532	479	149	24	391	3
	2,792	3	2,795	6,940	3,949	72	331	542	454	143	18	284	3
Fountain	698	..	698	2,858	1,640	45	143	296	243	152	4	292	2
	2,073	..	2,073	6,019	3,227	94	273	183	193	146	5	360	3
Grove	3,865	..	3,865	9,713	5,583	146	428	358	376	201	21	495	6
	3,662	..	3,662	9,436	5,361	149	393	397	472	217	23	397	4
South-Eastern	3,744	2	3,746	8,988	6,325	83	364	273	249	202	77	547	4
	688	..	688	2,288	1,105	31	155	122	72	10	8	12	..
Park	4,541	1	4,542	9,177	5,789	162	427	754	711	216	9	421	4
	3,456	..	3,456	8,318	4,627	111	398	707	609	212	12	328	3
Brook	4,722	..	4,722	9,311	6,117	149	501	617	290	281	30	564	7
	4,222	..	4,222	9,595	6,112	131	483	612	452	277	41	526	6
Northern	7,996	13	8,009	8,579	5,407	143	379	560	367	279	19	421	4
	6,448	4	6,452	8,683	5,228	125	401	824	367	279	13	406	3
Southern	..	..	..	..	20	..	6	550	46	..	..	..	..
	..	..	..	..	..	..	..	21	3	..	..	..	..
Gore Farm	7 694	..	7,694	8,827	5,052	80	373	676	454	43	17	673	2
	6,587	2	6,589	8,357	4,765	88	268	554	402	27	..	437	1
Smallpox	11	..	11	3,368	1,977	108	182	452	284	155	8	540	1
	53	5	58	4,058	2,289	137	158	328	521	162	19	450	2
Totals carried forward	51 621	17	51,638	102,366	62,146	1,497	4,964	7,130	5,269	2,533	290	6,364	5,9
Totals for Year 1905-6 carried forward ...	43,716	17	43,733	97,940	56,558	1,439	4,661	6,012	4,907	2,309	202	5,241	4,4

The Bacteriological Laboratories, Stables, Central Stores, and Central Needleroom expenditure is charged to the several estab

from 30th September, 1906, to 5th October, 1907.

nder the figures for the year 1906—1907.)

several Parishes and Unions in the District, irrespective of the number of Inmates chargeable to them.

Establishment.			Rates, Rent, Taxes, and Insurance.	Drugs and Medical and Surgical Appliances.	Miscellaneous.		General Expenses.	Total Common Charges Excluding Special Expenditure.	Expenditure of a Special Character.			Total Common Charges.	TOTAL EXPENDITURE FOR YEAR.
Furniture.		Heating, Lighting, and Cleansing (including Wages).			Stationery, Postage and Office Expenses.	Travelling, Horse Hire, Managers' and Sundry Expenses.			Buildings.	Furniture, &c.	Total.		
arthenware.	Hardware.												
£	£	£	£	£	£	£	£	£	£	£	£	£	£
126	54	3,633	1,436	404	266	36	..	19,816	2,346	..	2,346	22,162	25,326
117	81	3,792	1,512	446	290	41	..	20,259	3,986	79	4,065	24,324	27,237
158	48	5,594	3,293	830	294	57	..	29,734	1,138	..	1,138	30,872	35,904
174	79	5,316	3,203	738	303	50	..	27,968	3,058	397	3,455	31,423	35,687
112	64	4,661	1,963	441	250	29	..	23,523	865	..	865	24,388	28,028
102	89	4,748	1,937	367	251	32	..	22,715	1,024	..	1,024	23,739	26,707
85	85	5,300	2,652	934	290	28	..	26,572	928	40	968	27,540	31,367
82	82	5,211	2,616	949	308	32	..	26,197	2,673	129	2,802	28,999	32,592
111	54	5,278	1,761	445	202	30	..	21,176	2,456	280	2,736	23,912	26,600
118	64	5,359	1,800	471	238	33	..	21,189	836	66	902	22,091	24,886
49	19	2,714	1,218	56	71	12	..	10,029	421	..	421	10,450	11,148
84	70	4,584	1,245	194	200	26	..	17,229	2,589	330	2,919	20,148	22,221
172	65	6,702	2,933	733	356	41	..	29,009	737	50	787	29,796	33,061
176	48	6,499	3,013	797	309	41	..	28,136	2,596	..	2,596	30,732	34,394
121	67	6,347	2,315	490	292	28	..	27,170	8,232	1,618	9,850	37,020	40,766
..	..	1,275	117	120	13	81	..	5,534	978	2,656	3,634	9,168	9,856
127	48	6,020	3,296	350	274	46	..	28,302	1,075	..	1,075	29,377	33,919
116	71	5,748	3,057	288	235	104	..	25,259	2,453	834	3,287	28,546	32,002
113	52	7,551	3,878	740	340	82	..	31,319	1,063	..	1,063	32,382	37,104
130	82	7,066	3,667	725	304	131	..	31,008	2,592	157	2,749	33,757	37,979
97	45	5,164	2,543	158	343	197	..	25,180	3,076	22	3,098	28,278	36,287
102	62	5,011	2,603	222	364	174	..	25,192	752	..	752	25,944	32,396
..	..	919	219	..	4	12	..	1,776	8,109	476	8,585	10,361	10,361
..	..	124	32	..	..	..	..	180	1,917	..	1,917	2,097	2,097
124	113	5,666	2,512	274	457	503	..	26,102	1,825	2,074	3,899	30,001	37,695
118	114	4,463	2,870	188	424	444	..	23,628	3,006	131	3,137	26,765	33,354
21	14	4,212	4,962	15	69	466	..	16,966	5,147	27	5,174	22,140	22,151
19	21	5,668	4,918	26	92	1,036	..	20,111	5,972	571	6,543	26,654	26,712
1,416	728	69,761	34,981	5,870	3,508	1,567	..	316,674	37,418	4,587	42,005	358,679	410,317
1,338	863	64,864	32,590	5,531	3,456	2,225	..	294,605	34,432	5,350	39,782	334,387	378,120

lishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads.

ANNUAL REPORT,

APPENDIX III.—**Details of Revenue Expenditure for Year**

(Figures for the year 1905—1906 are inserted

INSTITUTIONS.	DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the									
				Maintenance of Officers and Servants.				Buildings and					
								Works.		Gardening.		Furniture.	
	Maintenance of Inmates.	Other Direct Charges.	Total Direct Charges	Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Wages.	Contracts and Materials.	Wages.	Plants, Seeds, &c.	Furniture, and other articles.	Bedding and Linen
	£	£	£	£	£	£	£	£	£	£	£	£	£
Amounts brought forward	51,621	17	51,638	102,669	62,146	1,497	4,964	7,130	5,269	2,533	290	6,364	5,98
Amounts brought forward	43,716	17	43,733	97,940	56,556	1,439	4,661	6,012	4,907	2,309	202	5,241	4,47
AMBULANCE SERVICE: Eastern Station	..	..	..	2,223	684	..	142	..	126	..	..	219	2
	..	..	..	2,574	762	..	118	..	142	..		164	2
North-Western Station	..	..	..	1,715	630	..	92	..	154	..	..	200	1
	..	..	..	1,783	630	..	82	..	76	..	..	119	1
Western-Station	..	..	..	1,996	668	..	77	..	114	..	..	214	1
	..	..	..	1,955	665	..	85	..	85	..	..	120	1
South-Western Station	..	..	..	2,136	773	..	149	..	41	..	..	257	3
	..	..	..	2,145	713	..	158	..	52	..	..	153	2
South-Eastern Station ...	..	..	..	1,853	685	..	132	..	81	..	..	294	1
	..	..	..	492	229	..	45	..	79	..	..	127	1
Brook Station	..	..	..	2,006	816	..	103	..	136	..	..	219	1
	..	..	..	2,457	900	..	107	..	61	..	..	148	
Mead Station	..	..	..	205	23	..	4	..	23	..	..	19	
	..	..	..	349	41	..	1	..	35	..	..	60	..
Tooting Bec Station ...	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
River Service	..	..	..	2,825	364	73	71	..	207	..	..	61	3
	..	..	..	3,122	331	66	92	..	161	..	..	70	14
Totals	..	..	..	14,959	4,643	73	770	..	882	..	..	1,483	14
Totals for Year 1905-6 ...	..	..	..	14,877	4,271	66	688	..	691	..	..	961	23
ASYLUMS:— Leavesden	15,806	43	15,849	11,997	5,107	63	520	1,356	824	211	19	644	1,34
	16,403	48	16,451	11,965	4,961	69	460	1,121	603	276	29	1,009	1,41
Caterham	17,822	20	17,842	10,266	5,560	86	491	1,230	657	237	41	920	1,01
	18,170	20	18,190	10,266	5,226	60	465	1,071	597	225	45	968	74
Darenth	14,458	42	14,500	13,033	6,447	88	537	1,349	535	246	3	651	69
	14,724	50	14,774	13,391	6,303	123	512	1,127	1,497	244	9	717	1,05
Tooting Bec	7,252	95	7,347	9,765	5,550	103	419	373	479	284	29	414	36
	6,975	86	7,061	9,663	5,535	102	500	259	400	271	40	407	39
Rochester House	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	18	4	1	..	..	..	..	..	..	..
Belmont	2,833	1	2,834	3,547	1,712	19	169	160	140	84	3	215	6
	3,223	3	3,226	3,159	1,523	20	169	235	74	14	8	302	8
Totals	58,171	201	58,372	48,608	24,376	359	2,136	4,468	2,635	1,062	95	2,844	3,49
Totals for Year 1905-6 ...	59,495	207	59,702	48,462	23,552	375	2,106	3,816	3,171	1,030	131	3,403	3,68
Amounts carried forward	109,792	218	110,010	166,236	91,165	1,929	7,870	11,598	8,786	3,595	385	10,691	9,61
Amounts carried forward	103, 211	224	103,435	161,279	84,379	1,880	7,455	9,828	8,769	3,339	333	9,605	8,39

The Bacteriological Laboratories, Stables, Central Stores, and Central Needleroom expenditure is charged to the several estab-

from 30th September, 1906, to 5th October, 1907 (*continued.*)
under the figures for the year 1906—1907).

several Parishes and Unions in the District, irrespective of the number of Inmates chargeable to them.

Establishment.			Rates, Rent, Taxes, and Insurance.	Drugs and Medical and Surgical Appliances.	Miscellaneous.		General Expenses.	Total Common Charges excluding Special Expenditure.	Expenditure of a Special Character.			Total Common Charges.	TOTAL EXPENDITURE FOR YEAR.
Furniture.		Heating, Lighting and Cleansing (including Wages).			Stationery, Postage and Office Expenses.	Travelling, Horse Hire, Managers' and Sundry Expenses.			Buildings.	Furniture, &c.	Total.		
Earthenware.	Hardware.												
£	£	£	£	£	£	£	£	£	£	£	£	£	£
1,416	728	69,761	34,981	5,870	3,508	1,567	..	316,674	37,418	4,587	42,005	358,679	410,317
1,338	863	64,864	32,590	5,531	3,456	2,225	..	294,605	34,432	5,350	39,782	334,387	378,120
3	5	270	215	..	31	799	..	4,739	..	..	..	4,739	4,739
3	5	257	215	..	52	1,004	..	5 316	21	..	21	5,337	5,337
4	2	267	199	..	29	593	..	3,897	..	..	..	3,897	3,897
3	3	202	188	..	30	651	..	3,777	..	35	35	3,812	3,812
4	4	308	295	..	22	695	..	4,409	18	..	18	4,427	4,427
4	3	267	292	..	30	676	..	4,196	185	..	185	4,381	4,381
8	4	742	219	..	39	521	..	4,924	73	4,313	4,386	9,310	9,310
7	5	448	196	..	42	858	..	4,801	54	1,334	1,388	6,189	6,189
5	8	306	232	..	26	701	..	4,339	19	..	19	4,358	4,358
4	6	103	20	..	29	149	..	1,300	15	17	32	1,332	1,332
5	3	336	267	..	34	1,000	..	4,936	34	260	294	5,230	5,230
5	3	312	243	..	32	1,357	..	5,631	..	40	40	5,671	5,671
..	..	99	250	..	..	31	..	657	..	..	..	657	657
..	..	53	254	..	1	82	..	876	40	25	65	941	941
..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	16	..	16	16	16
7	8	976	1,090	4	25	50	..	5,792	1,137	..	1,137	6,929	6,929
12	3	827	1,160	3	26	40	..	6,055	1,134	35	1,169	7,224	7,224
36	34	3,304	2,767	4	206	4,390	..	33,693	1,281	4,573	5,854	39,547	39,547
38	28	2,469	2,568	3	242	4,817	..	31,952	1,465	1,486	2,951	34,903	34,903
206	139	6,200	1,608	245	282	401	..	31,166	1,917	..	1,917	33,083	48,932
225	138	5,943	1,430	185	327	422	..	30,577	1,375	..	1,375	31,952	48,403
192	163	6,071	1,773	224	289	223	..	29,437	1,245	..	1,245	30,682	48,524
206	162	6,040	1,900	191	298	196	..	28,662	929	..	929	29,591	47,781
164	60	7,030	3,120	93	325	347	..	34,727	6,708	..	6,708	41,435	55,935
176	120	7,466	3,607	118	361	376	..	37,197	1,925	48	1,973	39,170	53,944
125	33	6,040	3,286	151	255	58	..	27,732	283	755	1,038	28,770	36,117
147	68	5,817	3,360	209	265	63	..	27,501	907	199	1,106	28,607	35,668
..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	3	..	..	..	..	26	..	..	..	26	26
35	11	1,902	737	42	92	96	..	9,033	3,334	..	3,334	12,367	15,201
32	22	1,844	725	60	103	101	..	8,476	2,578	502	3,080	11,556	14,782
722	406	27,243	10,524	755	1,243	1,125	..	132,095	13,487	755	14,242	146,337	204,709
786	510	27,110	11,025	763	1,354	1,158	..	132,439	7,714	749	8,463	140,902	200,604
2,174	1,168	100,308	48,272	6,629	4,957	7,082	..	482,462	52,186	9,915	62,101	544,563	654,573
2,162	1,401	94,443	46,183	6,297	5,052	8,200	..	458,996	43,611	7,585	51,196	510,192	613,627

lishments to which tthe goods are supplied, and therefore forms part of the above expenditure under the respective heads.

FINANCE COMMITTEE, 1907.

APPENDIX III.—**Details of Revenue Expenditure for Year**

(Figures for the year 1905—1906 are inserted

INSTITUTIONS.	DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the										
				Maintenance of Officers and Servants.				Buildings and						
								Works.		Gardening.		Furniture.		
	Maintenance of Inmates.	Other Direct Charges.	Total Direct Charges.	Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Wages.	Contracts and Materials.	Wages	Plants seeds, etc.	Furniture and other articles.	Bedding and Linen	
	£	£	£	£	£	£	£	£	£	£	£	£	£	
Amounts brought forward	**109,792**	**218**	**110,010**	**166,236**	**91,165**	**1,920**	**7,870**	**11,598**	**8,786**	**3,595**	**385**	**10,691**	**9,6**	
Amounts brought forward	103,211	224	103,435	161,279	84,379	1,880	7,455	9,828	8,769	3,339	333	9,605	8,3	
CHILDREN'S HOMES AND SCHOOLS:—														
High Wood	**2,727**	**39**	**2,766**	**3,304**	**1,363**	**26**	**75**	**163**	**119**	**94**	**14**	**237**		
	2,558	31	2,589	3,161	1,529	32	72	124	177	90	17	185		
White Oak	**2,558**	**63**	**2,621**	**3,219**	**1,312**	**35**	**76**	**161**	**217**	**129**	**6**	**202**	**1**	
	2,450	76	2,526	3,182	1,281	33	83	155	200	118	8	221	1	
Bridge	**699**	**6**	**705**	**324**	**144**	**2**	**19**	**91**	**24**	..	..	**59**		
	623	33	656	926	329	5	1	89	81	23	1	32		
The Downs	**2,980**	**25**	**3,005**	**3,674**	**1,849**	**57**	**76**	**150**	**297**	**79**	**3**	**181**	**1**	
	3,448	24	3,472	3,861	1,915	50	86	157	225	57	21	132	1	
S. Anne's	**702**	**96**	**798**	**901**	**384**	**17**	**22**	**131**	**85**	..	**3**	**114**		
	999	88	1,087	1,085	499	20	15	135	85	..	4	111		
East Cliff	**1,043**	**127**	**1,170**	**1,014**	**660**	**24**	**21**	**125**	**137**	..	**3**	**92**		
	1,007	143	1,150	942	625	20	34	120	57	..	2	80		
Millfield	**1,509**	**51**	**1,560**	**910**	**697**	**18**	**37**	**97**	**120**	**60**	**6**	**84**		
	1,145	51	1,196	772	568	13	34	94	75	68	8	91		
Lloyd Street	**295**	..	**295**	**172**	**85**	**12**	..	..	**38**	..	**2**	**23**		
	281	..	281	176	107	17	3	..	20	..	3	27		
Elm Grove	**104**	..	**104**	**116**	**61**	**9**	**1**	..	**11**	..	..	**2**		
	114	..	114	116	59	7	1	..	9	..	..	5		
Kingwood Road	**206**	**1**	**207**	**133**	**62**	**17**	**2**	..	**13**	..	..	**14**		
	226	..	226	156	78	17	2	..	7	..	..	3		
Earlsfield Road	**77**	..	**77**	**81**	**40**	**8**	**1**	..	**4**	..	..	**7**		
	103	..	103	78	40	6	1	..	3	..	..	3		
Surrey House	**148**	..	**148**	**113**	**63**	**12**	**2**	..	**14**	..	..	**24**		
	217	..	217	107	63	11	1	..	39	..	..	2		
Pentonville Road	**196**	**21**	**217**	**229**	**121**	**15**	**8**	..	**37**	..	**2**	**28**		
	213	24	237	230	142	17	15	..	40	..	2	30	**1**	
Harrow Road	**101**	**5**	**106**	**170**	**88**	**11**	**12**	..	**15**	..	**2**	**5**		
	89	4	93	174	86	10	12	..	27	..	2	9		
Camberwell Green	**138**	**10**	**148**	**255**	**130**	**14**	**4**	..	**10**	..	**2**	**9**		
	134	11	145	245	127	16	12	..	17	..	2	9		
Totals	**13,483**	**444**	**13,927**	**14,615**	**7,059**	**277**	**356**	**918**	**1,141**	**362**	**43**	**1,081**	**5**	
Totals for year 1905-6 ...	13,607	485	14,092	15,211	7,448	268	372	874	1,062	356	70	940	6	
Amounts carried forward	**123,275**	**662**	**123,937**	**180,851**	**98,224**	**2,206**	**8,226**	**12,516**	**9,927**	**3,957**	**428**	**11 772**	**10,1**	
Amounts carried forward...	116,818	709	117,527	176,490	91,827	2,148	7,827	10,702	9,831	3,695	403	10,545	9,0	

The Bacteriological Laboratories, Stables, Central Stores, and Central Needleroom expenditure is charged to the several estab-

from 30th September, 1906, to 5th October, 1907 (*continued*).

under the figures for the year 1906—1907.)

several Parishes and Unions in the District, irrespective of the number of Inmates chargeable to them.

Establishment.			Rates, Rent, Taxes, and Insurance.	Drugs and Medical and Surgical Appliances.	Miscellaneous.		General Expenses.	Total Common Charges, excluding Special Expenditure.	Expenditure of a Special Character.			Total Common Charges.	TOTAL EXPENDITURE FOR YEAR.
Furniture.		Heating, Lighting, and Cleansing, (including Wages).			Stationery, Postage and Office Expenses.	Travelling, Horse Hire, Managers' & Sundry Expenses.			Buildings.	Furniture, &c.	Total.		
Earthenware.	Hardware.												
£	£	£	£	£	£	£	£	£	£	£	£	£	£
2,174	1,168	100,308	48,272	6,629	4,957	7,082	..	482,462	52,186	9,915	62,101	544,563	654,573
2,162	1,401	94,443	46,183	6,297	5,052	8,200	..	458,996	43,611	7,585	51,196	510,192	613,627
39	19	1,650	977	125	114	197	..	8,615	302	..	302	8,917	11,683
32	20	1,685	979	92	115	181	..	8,534	922	118	1,041	9,575	12,164
43	24	1,744	1,634	160	74	131	..	9,329	911	..	911	10,240	12,861
43	21	1,681	1,302	157	68	114		8,804	1,304	..	1,304	10,108	12,634
2	3	307	119	7	25	150	..	1,278	89	..	89	1,367	2,072
2	6	417	121	14	44	124	..	2,251	96	105	201	2,452	3,108
27	22	1,556	1,157	116	84	64	..	9,512	3,130	..	3,130	12,642	15,647
40	35	1,688	1,142	188	94	87	..	9,958	184	120	304	10,262	13,734
9	15	326	214	35	48	126	..	2,461	1,113	..	1,113	3,574	4,372
11	18	451	184	53	65	89	..	2,880	135	12	147	3,027	4,114
6	10	423	203	78	42	110	..	2,982	462	..	462	3,444	4,614
11	17	364	202	106	43	85	..	2,763	90	10	100	2,863	4,013
19	7	471	84	12	54	121	..	2,821	945	..	945	3,766	5,326
17	17	386	70	13	67	140	..	2,471	2,816	77	2,893	5,364	6,560
2	2	97	77	8	11	26	..	563	49	..	49	612	907
3	3	102	78	14	8	33	..	618	77	..	77	695	976
1	1	40	31	3	2	5	..	286	24	..	24	310	414
..	..	41	34	2	3	9	..	291	..	..	..	291	405
2	1	86	29	7	11	15	..	398	30	..	30	428	635
..	3	69	29	4	7	12	..	395	..	..	..	395	621
..	1	28	12	3	3	4	..	201	44	..	44	245	322
1	..	32	13	2	6	7	..	193	..	..	..	193	296
1	..	54	20	3	5	11	..	325	62	..	62	387	535
2	1	58	21	5	5	13	..	330	40	..	40	370	587
1	2	98	286	..	12	7	..	854	41	..	41	895	1,112
2	2	119	287	2	11	13	..	927	98	..	98	1,025	1 262
1	2	66	65	..	5	6	..	451	32	..	32	483	589
1	1	61	64	..	13	4	..	470	8	..	8	478	571
2	2	84	67	..	7	5	..	594	..	..	..	594	742
1	1	86	72	..	9	5	..	600	9	..	9	609	754
155	111	7,030	4,975	557	497	978	..	40,670	7,234	..	7,234	47,904	61,831
166	145	7,240	4,598	652	558	916		41,485	5,780	442	6,222	47,707	61,799
2,329	1,279	107,338	53,247	7,186	5,454	8,060	..	523,132	59,420	9,915	69,335	592,467	716,404
2,328	1,546	101,683	50,781	6,949	5,610	9,116	..	500,481	49,391	8,027	57,418	557,899	675,426

lishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads.

ANNUAL REPORT,

APPENDIX III.—**Details of Revenue Expenditure for the Year**

(Figures for the year 1905-1906 are inserted

INSTITUTIONS.	DIRECT CHARGES			COMMON CHARGES assessable on the Rateable Values of the										
				MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND						
								Works.		Gardening.		Furni-	
	MAINTENANCE OF INMATES	OTHER DIRECT CHARGES.	Total Direct Charges	Salaries and Wages.	Provisions	Necessaries.	Uniforms and Sundries.	Wages.	Contracts and Materials.	Wages	Plants, Seeds, Etc.	Furniture and other Articles	Bedding and Linen.
	£	£	£	£	£	£	£	£	£	£	£	£	£
Amounts brought forward	123,275	662	123,937	180,851	98,224	2,206	8,226	12,516	9,927	3,957	428	11,772	10,132
Amounts brought forward	116,818	709	117,527	176,490	91 827	2,148	7,827	10,702	9,831	3,695	403	10,545	9,000
TRAINING SHIP	6,767	537	7,304	3,739	1,305	218	283	352	800	5	..	591	130
Totals for Year, 1905-6 ...	6,419	578	6,997	3,695	1,312	209	250	313	535	..	..	445	191
PREMISES at PECKHAM	..	..	..	..	..	..	..	..	25	..	..	..	..
Totals for Year, 1905-6 ...	..	..	..	..	..	..	..	..	17	..	..	..	..
GENERAL EXPENSES													
Office of the Board ...	..	..	..	20,491	..	..	161	..	150	..	..	160	26
	..	..	..	20,281	..	..	169	..	161	..	..	176	3
Samples and Analysing	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Telephones	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Milan Exhibition	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Loans—													
Instalments Repaid	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Interest on	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Legal Expenses	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Superannuation allowances & compensation	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Repayment of Notification Fees	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	20,491	..	..	161	..	150	..	..	160	26
Totals for Year, 1905-6 ...	..	..	..	20,281	..	..	169	..	161	..	..	176	3
Grand Totals for Year 1906/1907	130,042	1,199	131,241	205,081	99,529	2,424	8,670	12,868	10,902	3,962	428	12,523	10,288
Grand Totals for year 1905-1906.	123,237	1,287	124,524	200,466	93,139	2,357	8,246	11,015	10,544	3,695	403	11,166	9,194

The Bacteriological Laboratories, Stables, Central Stores, and Central Needleroom expenditure is charged to the several establishments

from 30th September, 1906, to 5th October, 1907 (*continued.*)
under the figures for the year 1906-1907.)

several Parishes and Unions in the District, irrespective of the number of Inmates chargeable to them.

Establishment.			Rates, Rent, Taxes, and Insurance.	Drugs and Medical and Surgical Appliances.	Miscellaneous		General Expenses.	Total Common Charges Excluding Special Expenditure.	Expenditure of a Special Character.			Total Common Charges.	Total Expenditure for Year.
ture.		Heating, Lighting, and Cleansing (including Wages).			Stationery, Postage and Office Expenses.	Travelling, Horse Hire, Managers' and Sundry Expenses.			Buildings.	Furniture, &c.	Total.		
Earthenware	Hardware												
£	£	£	£	£	£	£	£	£	£	£	£	£	£
2,329	1,279	107,338	53,247	7,186	5,454	8,060	..	523,132	59,420	9,915	69,335	592,467	716,404
2,328	1,546	101,683	50,781	6,949	5,610	9,116	..	500,481	49,391	8,027	57,418	557,899	675,426
27	72	2,294	642	46	173	309	..	10,986	103	..	103	11,089	18,393
19	94	2,148	621	40	185	317	..	10,374	329	65	394	10,768	17,765
..	..	..	1	..	..	..	..	26	405	..	405	431	431
..	..	..	1	..	..	..	..	18	365	..	365	383	383
..	3	712	592	..	3,881	378	..	26,554	308	45	353	26,907	26,907
2	2	709	676	..	4,250	399	..	26,828	126	43	169	26,997	26,997
..	..	..	..	..	..	478	..	478	..	..	..	478	478
..	..	..	..	..	..	268	..	268	..	..	..	268	268
..	..	..	1,053	..	..	..	..	1,053	..	..	..	1,053	1,053
..	..	..	1,038	..	..	..	..	1,038	..	..	..	1,038	1,038
..	..	..	..	..	..	..	4	4	..	..	..	4	4
..	..	..	..	..	..	..	102	102	..	..	..	102	102
..	..	..	..	..	..	..	209,209	209,209	..	..	..	209,209	209,209
..	..	..		..	..	..	206,544	206,544	..	..	..	206,544	206,544
..	..	..	..	..	..	..	111,772	111,772	..	..	..	111,772	111,772
..	..	..	..	..	..	..	114,910	114,910	..	..	..	114,910	114,910
..	..	..	..	..	..	..	1,219	1,219	..	..	..	1,219	1,219
..	..	..	..	..	..	..	762	762	..	..	..	762	762
..	..	..	..	..	..	..	8,147	8,147	..	..	..	8,147	8,147
..	..	..	..	..	..	..	7,303	7,303	..	..	..	7,303	7,303
..	..	..	..	..	..	..	4,354	4,354	..	..	..	4,354	4,354
..	..	..	..	..	..	..	3,802	3,802	..	..	..	3,802	3,802
..	3	712	1,645	..	3,881	856	334,705	362,790	308	45	353	363,143	363,143
2	2	709	1,714	..	4,250	667	333,423	361,557	126	43	169	361,726	361,726
2,356	1,354	110,344	55,535	7,232	9,508	9,225	334,705	896,934	60,236	9,960	70,196	967,130	1,098,371
2,349	1,642	104,540	53,117	6,989	10,045	10,100	333,423	872,430	50,211	8,135	58,346	930,776	1,055,300

to which goods are supplied, and therefore forms part of the above expenditure under the respective heads.

LIABILITIES.

LOAN ACCOUNT.

Loans.

	£	£
Loans outstanding Michaelmas, 1906	3,415,998	
„ received during the year	...	
	3,415,998	
Less instalments of loans repaid during year	209,209	
Loans outstanding Michaelmas, 1907		3,206,789
London County Council	£3,029,236	
Public Works Loan Commissioners	177,553	
(For details, see statement, p. 107.)	£3,206,789	

Balance.

Instalments repaid	2,400,010	
Expenditure in excess of amounts authorised to be borrowed paid out of current account, and sundry receipts	*170,210	
		2,570,220
Total on Loan Account		**£5,777,009**

GENERAL ACCOUNT.

Suspense Adjustment Account.

	£		
Expenditure awaiting adjustment (Proceeds of sale of plant) ..	815		
Amounts due from Extra Metropolitan Authorities for maintenance and treatment of patients to be credited to Parishes and Unions when received	5,308		
		6,123	

Sundry Creditors.

Tradesmen's accounts and other amounts owing	103,239	

Legacies.

Captain Brown's legacy to the training ship (£119), less legal expenses	£115		
William Thomas Farguson's legacy to the Homerton Smallpox Hospital (£100), and accumulated income ..	£168		
Add interest unapplied	2		
	170		
George Dryden's legacy to the Stockwell Smallpox Hospital (£100), less books purchased for Hospital Ships (£25)	75		
George Cook's legacy to Darenth Asylum (£100), less legal expenses	£73		
Add interest unapplied	1		
	74		
Mrs. M. E. Bates' legacy to the Eastern Hospital (£100), less books purchased for Eastern Hospital (£6)	£94		
Add interest unapplied	2	96	
		530	

Students' Fees for Clinical Instruction.

	Total at Michaelmas, 1906.	Year to Michaelmas, 1907.	Total at Michaelmas, 1907.		
Amounts received from students	£17,819	£870	£18,689		
Less amounts paid to medical superintendents for clinical instruction ..	10,421	872	11,293		
	£7,398	-2	£7,396		
Less amount transferred in reduction of outlay as estimated cost of provision of buildings for instruction (Park Hospital, £1,750, and Grove Hospital, £750)			£2,500		
				4,896	

Balance on Current Account.

Net balance in favour of Parishes and Unions in the District	58,524	
Total on General Account ..		**173,312**
Grand Total		**£5,950,321**

* In addition to these figures, large amounts of expenditure of a capital nature

at 5th October, 1907.

PROPERTY, ASSETS AND CAPITAL OUTLAY.

LOAN ACCOUNT.

Capital Outlay.

	£
Land, buildings, fittings, and furniture (original cost)	* 5,773,849
(For details, see statement, p. 98).	

Cash.

	£	£
London and County Banking Company, Limited—		
Balance in their hands	3,182	
Less unpresented cheques	22	
		3,160
Total on Loan Account		**£5,777,009**

GENERAL ACCOUNT.

Stock.

	£
Goods at central stores and at the various institutions, including unused railway tickets and postage stamps	86,144

Sundry Debtors.

Extra-Metropolitan Authorities and other sundry debtors	6,292

Legacies (Investment Accounts).

Brown's legacy—£104 14s., 3½ per cent. stock, London County Council (Metropolitan Board of Works) (at cost) ..	£115	
Farguson's legacy—£173 17s. 2d., consols (at cost)	168	
Dryden's legacy—£75 18s. 4d., consols (at cost)	75	
Cook's legacy—£75 18s. 4d., consols (at cost)	73	
Bates' legacy—£100, 3 per cent. stock, London County Council (at cost)	94	
		525

Cash.

London and County Banking Company, Limited—			
Balance in their hands	£79,900		
Less unpresented cheques	3,523		
		76,377	
Accounting officers—balances in their hands ..	2,546		
Less sums due to accounting officers ..	22		
		2,524	
Cheques drawn in advance for payments for Lady Day, 1908, half-year		1,450	
			80,351
Total on General Account			**173,312**
Grand Total			**£5,950,321**

exceeding £400,000 have from time to time been defrayed out of the current rates.

MORRIS HEYES, A.C.A.,
Treasurer and Accountant to the Board.

APPENDIX V.—Details of Expenditure in respect of Capital Outlay.

INSTITUTION.	Expenditure at 29th September, 1906.		Expenditure in year to 5th October, 1907.		Total Expenditure at 5th October, 1907.		
	Land.	Buildings, &c.	Land.	Buildings, &c.	Land.	Buildings, &c.	Total.
Asylums—	£	£	£	£	£	£	£
Leavesden	19,449	210,420	677	...	20,126	210,420	230,546
Caterham	14,965	214,390	...	...	14,965	214,390	229,355
Darenth	16,148	339,087	...	...	16,148	339,087	355,235
Tooting Bec	27,682	271,710	...	22,943	27,682	294,653	322,335
Clapton	...	2,551	...	...	...	2,551	2,551
Belmont	...	129,623	...	...	...	129,623	129,623
Totals for Asylums	78,244	1,167,781	677	22,943	78,921	1,190,724	1,269,645
Hospitals—							
Eastern	29,826	93,924	...	183	29,826	94,107	123,933
North Eastern	25,673	150,149	...	...	25,673	150,149	175,822
North Western	28,845	142,619	...	...	28,845	142,619	171,464
Western	29,488	199,911	...	...	29,488	199,911	229,399
South Western	16,781	151,236	...	...	16,781	151,236	168,017
Fountain	12,376	143,232	...	...	12,376	143,232	428,053
Grove		272,445				272,445	
South Eastern	12,318	252,020	...	5,478	12,318	257,498	269,816
Park	22,759	254,043	...	...	22,759	254,043	276,802
Brook	16,610	305,228	...	...	16,610	305,228	321,838
Northern	13,747	184,143	...	...	13,747	184,143	197,890
Southern	15,853	223,902	...	7,597	15,853	231,499	247,352
Gore Farm (Upper)	19,699	183,395	...	...	19,699	183,395	203,094
Do. (Lower)	...	176,960	...	...	...	176,960	176,960
Smallpox—Hospital Ships	33,979	47,538	...	...	33,979	47,538	81,517
Do. Long Reach	...	66,373	...	...	...	66,373	66,373
Do. Orchard	...	115,542	...	...	...	115,542	115,542
Do. Joyce Green	31,657	357,106	...	101	31,657	357,207	388,864
Totals for Hospitals	309,611	3,319,766	...	13,359	309,611	3,333,125	3,642,736
Antitoxin Buildings	...	...	...	5,280	...	5,280	5,280
Land Ambulance Stations—							
Eastern	...	2,675	...	...	...	2,675	2,675
North Western	5,100	15,442	...	...	5,100	15,442	20,542
Western	...	4,111	...	...	...	4,111	4,111
South Western	2,172	13,976	...	...	2,172	13,976	16,148
South Eastern	...	1,625	...	...	...	1,625	1,625
Brook	...	16,448	...	...	...	16,448	16,448
Mead	...	34,949	...	...	...	34,949	34,949
Tooting Bec	...	1,567	...	...	...	1,567	1,567
Totals for Land Ambulance Service	7,272	90,793	...	...	7,272	90,793	98,065
River Ambulance Service—							
South Wharf	13,119	34,447	...	...	13,119	34,447	47,566
North Wharf	3,558	7,404	...	...	3,558	7,404	10,962
West Wharf	5,652	8,906	...	...	5,652	8,906	14,558
Steamers	...	40,988	...	...	...	40,988	40,988
Totals for River Ambulance Service	22,329	91,745	...	...	22,329	91,745	114,074
Training Ship Exmouth	...	92,357	...	8,533	...	100,890	100,890
Children's Homes and Schools—							
High Wood	2,300	104,186	...	...	2,300	104,186	106,486
White Oak	5,300	127,204	...	...	5,300	127,204	132,504
Bridge	...	11,059	...	...	...	11,059	11,059
The Downs	...	99,922	...	...	...	99,922	99,922
St. Anne's	...	16,037	...	...	...	16,037	16,037
East Cliff	...	17,419	...	...	...	17,419	17,419
Millfield	850	26,192	...	...	850	26,192	27,042
Lloyd House	...	650	...	...	...	650	650
Elm Grove	...	1,000	...	...	...	1,000	1,000
Kingwood Road	...	1,480	...	...	...	1,480	1,480
Earlsfield Road	...	690	...	...	...	690	690
Surrey House	...	1,050	...	...	...	1,050	1,050
Pentonville Road	...	3,534	...	...	...	3,534	3,534
Harrow Road	...	3,715	...	...	...	3,715	3,715
Camberwell Green	...	5,196	...	...	...	5,196	5,196
Totals for Children's Homes and Schools	8,450	419,334	...	...	8,450	419,334	427,784
Central Stores	4,250	16	...	...	4,250	16	4,266
Office of the Board	53,700	57,409	...	...	53,700	57,409	111,109
GRAND TOTALS	483,856	5 239,201	677	50,115	484,533	5,249,316	5,773,849

Note.—The expenditure under "Land," includes in certain instances premises acquired with the site, but where the buildings are utilised for the purpose for which the capital outlay has been incurred, the total expenditure on the purchase is inserted under the head of "Buildings, &c."

APPENDIX VI.—**Statement showing the Expenditure out of Loans Account, the Loans raised, repaid, outstanding, increase or decrease, and the average rate per cent. for interest on Loans raised and Loans outstanding—each year from 1867 to 1907.**

Year ended Michaelmas.	EXPENDITURE OUT OF LOANS ACCOUNT.								LOANS				Average Rate per Cent. for Interest on Loans.	
	Asylums.	Hospitals.	Ambulance Service.	Training Ship Exmouth.	Children's Homes and Schools.	Office of the Board.	Central Stores.	Total.	Raised.	Repaid.	Outstanding at end of each year.	Increase each year. Decreases marked —	Raised.	Outstanding at end of each year.
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
1867	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1868	16,345	16,254	..	..	..	..	..	32,599	42,100	..	42,100	42,100	3.87	..
1869	81,139	32,016	..	..	..	..	..	113,155	127,106	2,438	166,768	124,668	3.87	..
1870	143,959	88,827	..	..	..	..	..	232,786	290,794	9,000	448,562	281,794	3.87	..
1871	48,594	77,786	..	..	..	..	..	126,380	40,000	..	492,333	43,771	3.93	..
1872	**9,673**	**8,674**	..	..	..	..	..	**18,347**	**29,473**	**17,198**	**504,608**	**12,275**	**3.87**	..
1873	17,504	11,087	..	..	..	..	..	28,591	23,797	9,270	519,136	14,528	3.87	..
1874	3,678	1,331	..	..	..	..	..	5,009	7,800	9,425	517,510	– 1,626	3.87	..
1875	21,247	845	..	..	..	..	..	22,092	38,930	9,996	546,333	28,823	3.92	..
1876	20,608	5,488	..	2,570	..	..	..	28,666	50,000	..	596,333	50,000	3.75	..
1877	**15,333**	**89,558**	..	**19,765**	..	..	..	**124,656**	**100,000**	**24,841**	**671,492**	**75,159**	**3·75**	..
1878	61,133	7,418	..	36	..	..	..	68,587	46,575	15,156	702,910	31,418	3·75	..
1879	57,533	5,200	..	..	..	..	..	62,733	100,000	18,319	784,591	81,681	3·75	..
1880	59,404	5,467	..	..	..	..	..	64,871	42,650	18,494	808,748	24,157	4·17	..
1881	30,615	1,264	..	..	..	..	..	31,879	28,950	20,146	817,551	8,803	4·14	..
1882	**6,552**	**11,000**	..	..	..	..	..	**17,552**	**25,300**	**1,426**	**841,425**	**23,874**	**3·50**	..
1883	16,638	23,226	4,379	..	..	..	..	44,243	12,030	47,910	805,545	– 35,880	3·50	..
1884	5,834	90,516	29,793	613	..	..	..	126,756	105,350	27,685	883,210	77,665	3·50	..
1885	11,722	80,870	11,037	1,178	..	..	..	104,807	179,541	29,636	1,033,114	149,904	3·50	..
1886	21,656	53,834	9,571	2,877	..	..	..	87,938	102,809	38,434	1,097,490	64,376	3·50	..
1887	**33,269**	**4,603**	**232**	**35**	..	..	..	**38,139**	**10,973**	**41,251**	**1,067,212**	**– 30,278**	**3·50**	..
1888	18,167	9,634	75	19	..	..	..	27,895	52,939	40,024	1,080,127	12,915	3·50	..
1889	1,920	45,341	..	..	..	..	..	47,261	12,892	42,085	1,050,935	– 29,192	3·50	..
1890	1,299	12,841	..	..	..	..	..	14,140	10,400	43,220	1,018,115	– 32,820	3·50	..
1891	1,057	197	..	..	..	..	..	1,254	5,050	43,007	980,157	– 37,958	3·50	..
1892	**6,237**	**36,098**	**2,382**	..	..	..	..	**44,717**	**16,644**	**43,262**	**953,539**	**– 26,618**	**3·50**	..
1893	346	54,222	1,439	..	..	..	..	56,007	95,295	45,643	1,003,191	49,652	3·50	..
1894	27,339	161,415	10,417	..	..	..	..	199,171	175,366	45,564	1,132,993	129,802	3·43	..
1895	8,364	374,124	12,550	..	..	..	..	395,038	485,928	55,077	1,563,844	430,851	3·00	..
1896	2,143	294,669	29,214	..	..	..	..	326,026	262,198	84,051	1,741,992	178,148	2·77	..
1897	**11,610**	**399,252**	**19,139**	**2,770**	..	..	..	**432,771**	**392,096**	**94,436**	**2,039,651**	**297,659**	**2·75**	..
1898	9,287	178,282	6,915	..	31,650	56,675	..	282,809	283,036	108,668	2,214,019	174,368	2·78	..
1899	485	120,490	854	..	4,980	30,861	..	157,670	164,881	117,158	2,261,742	47,723	2·75	..
1900	35,513	88,325	..	..	3,790	14,633	..	142,261	183,012	123,872	2,320,882	59,140	3·07	3·17
1901	88,495	132,465	545	515	40,901	3,934	..	266,855	294,756	102,945	2,512,693	191,811	3·50	3·20
1902	**106,045**	**554,035**	**51,294**	..	**196,465**	**3,750**	..	**911,589**	**748,050**	**110,322**	**3,150,422**	**637,729**	**3·50**	**3·25**
1903	151,645	85,346	500	..	94,652	607	4,250	337,000	519,124	166,353	3,503,193	352,771	3·37	3·25
1904	19,804	117,138	1,419	12,138	43,149	349	..	193,997	226,280	*184,881	3,544,592	41,399	3·62	3·25
1905	35,428	139,374	206	46,024	10,551	..	..	231,583	210,354	§196,724	3,558,222	13,630	3·48	3·25
1906	10,348	99,294	..	1,303	1,360	..	..	112,305	64,320	206,544	3,415,998	–142,224	3·75	3·33
1907	**22,999**	**15,880**	..	**8,533**	..	..	..	**47,412**	..	**209,209**	**3,206,789**	**–209,209**	..	**3·31**
Totals	1,240,967	3,533,686	191,961	98,376	27,498	110,809	4,250	5,607,547	5,606,799	2,403,670	..	..	..	..

Includes £1,263, an extraordinary repayment of principal.
Includes £250, an extraordinary repayment of principal.
Includes £3,660 repaid to the Public Works Loans Board during the years 1869-70, and subsequently raised again as loan from the Metropolitan Board of Works.

APPENDIX VII.—**Statement showing the Current Account Expenditure (excluding Loan Charges), Loan Charges and Total Net Expenditure**

No. of Year	Year ended Michaelmas.	No. of Institutions open.	CURRENT ACCOUNT EXPENDITURE, EXCLUDING LOAN CHARGES.															
			Asylums.		Hospitals.		Ambulance Service.		Training Ship Exmouth.		Children's Homes and Schools.		General Expenses.					
													Office of the Board.		Law Expenses.	Superannuation Allowances and Gratuities.	Repayment of Notification Fees.	Other General
			Ordinary.	Special.*	Ordinary.	Special.*	Ordinary.	Special.*	Ordinary.	Special.*	Ordinary.	Special.*	Ordinary.	Special.*				
			£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
1	1867	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2	1868	..	132	..	13	..	..	..	..	..	..	..	2,394	..	..	..	..	..
3	1869	..	638	..	835	..	..	..	..	..	..	..	1,949	..	22	..	..	..
4	1870	3	1,226	..	5,473	..	..	..	..	..	..	..	1,915	..	61	..	..	..
5	1871	5	59,204	..	48,905	..	..	..	..	..	..	..	2,946	..	135	..	..	..
6	**1872**	**5**	**74,890**	..	**39,826**	..	..	..	..	..	..	..	**3,089**	..	**1,227**	..	..	..
7	1873	5	86,462	..	20,862	..	..	..	..	..	..	..	3,032	..	1,022	..	..	..
8	1874	5	91,722	..	21,680	..	..	..	..	..	..	..	2,866	..	450	..	..	..
9	1875	6	99,294	..	28,203	..	..	..	..	..	..	..	3,743	..	317	..	..	..
10	1876	7	108,165	..	26,972	..	..	..	3,573	..	..	..	3,653	..	290	..	..	..
§11	1877	10	106,775	..	83,703	..	..	..	12,388	..	..	..	4,543	..	380	..	..	..
12	1878	9	107,328	..	74,565	..	..	..	20,115	..	..	..	4,742	..	1,954	..	..	..
13	1879	9	107,564	..	57,449	..	..	..	19,616	..	..	..	5,107	..	5,128	..	..	..
14	1880	10	114,153	..	59,041	..	..	..	19,767	..	..	..	4,766	..	2,026	..	..	..
†15	1881	10	150,222	..	159,322	..	..	..	21,079	..	..	..	5,485	..	1,660	..	..	..
†16	1882	11	160,693	..	149,266	..	7,916	..	23,368	..	..	..	6,101	..	5,799	..	..	..
†17	1883	12	161,651	..	132,138	..	10,579	..	22,142	..	..	..	6,691	..	3,334	..	..	..
†18	1884	15	154,032	..	259,367	..	41,098	..	23,547	..	..	..	7,758	..	18,352	..	..	..
†19	1885	16	160,235	..	215,789	..	33,032	..	21,699	..	..	..	9,695	..	9,121	..	..	..
20	1886	14	124,032	..	67,432	..	15,856	..	18,431	..	..	..	9,737	..	4,050	..	..	..
21	**1887**	**15**	**125,119**	..	**65,184**	..	**10,985**	..	**18,642**	..	..	..	**11,546**	..	**1,749**	..	..	..
22	1888	16	123,081	..	139,869	..	12,417	..	17,350	..	..	..	11,174	..	350	..	..	..
23	1889	16	130,218	..	89,809	..	16,300	..	19,390	..	..	..	9,295	..	254	185	..	73
24	1890	16	129,724	..	112,437	..	12,368	..	18,823	..	..	..	10,283	..	817	423	1,852	75
25	1891	17	137,782	..	135,446	..	11,080	..	19,100	..	..	..	11,161	..	1,123	790	3,421	82
26	**1892**	**18**	**144,386**	..	**210,890**	..	**16,059**	..	**19,732**	..	..	..	**12,617**	..	**571**	**937**	**3,300**	**82**
27	1893	19	145,302	..	285,653	..	25,361	..	20,296	..	..	..	15,784	..	614	1,012	5,278	1,04
28	1894	19	140,866	..	270,586	..	27,430	..	21,414	..	..	..	17,699	..	1,543	1,122	8,189	1,05
29	1895	19	148,439	..	233,926	..	26,746	..	22,029	..	..	..	13,090	..	1,274	1,335	3,487	2,26
30	1896	22	139,455	..	271,093	..	28,246	..	18,616	..	..	..	16,584	..	456	1,460	5,413	3,32
31	**1897**	**25**	**133,924**	..	**294,664**	..	**30,406**	..	**18,176**	..	..	..	**16,701**	..	**675**	**1,640**	**5,636**	**5,76**
32	1898	28	140,135	..	319,069	..	30,739	..	18,857	..	4,530	..	17,063	..	578	2,034	5,347	2,41
33	1899	30	151,994	..	340,016	..	28,754	..	23,177	..	6,920	..	17,726	..	1,105	2,448	4,287	1,24
34	1900	30	147,455	17,754	353,868	22,794	29,095	2,146	19,198	251	6,599	1,954	20,715	2,000	1,595	2,790	4,812	2,29
35	1901	36	164,323	12,989	377,723	22,302	31,240	1,094	20,772	886	12,430	4,429	25,623	..	4,605	3,201	3,781	2,40
36	**1902**	**39**	**164,749**	**12,093**	**455,300**	**34,291**	**49,114**	**11,304**	**18,627**	**245**	**17,260**	**7,947**	**25,249**	**669**	**810**	**4,355**	**7,016**	**1,24**
37	1903	41	184,811	9,073	358,570	133,983	38,095	17,320	18,230	273	33,996	11,257	25,768	770	760	4,924	6,471	1,42
38	1904	44	190,748	20,476	296,946	47,505	33,946	2,107	17,458	253	50,048	3,827	26,286	1,944	625	5,466	3,980	1,75
39	1905	47	192,690	16,685	310,183	48,006	30,843	2,662	17,776	470	57,336	5,729	26,573	925	1,112	6,896	3,631	2,06
40	1906	46	192,141	8,463	338,338	39,782	31,952	2,951	17,371	394	55,577	6,222	26,828	169	762	7,303	3,802	1,79
41	**1907**	**47**	**190,467**	**14,242**	**368,312**	**42,005**	**33,693**	**5,854**	**18,290**	**103**	**54,597**	**7,234**	**26,554**	**353**	**1,219**	**8,147**	**4,354**	**1,96**

* Prior to year ended Michaelmas, 1900, special expenditure is not shown separately, but is included under ordinary expenditure.
§ Hampstead Hospital, during this year, was used for both imbeciles and infectious sick, and an approximate amount in respect of
† The large expenditure under Asylums during each of these years is accounted for by the fact that it has been found impossible
‡ The rate in the £ is calculated on the basis of the rateable values in force at Michaelmas each year.

NOTES.—The gross amount of salaries and wages (which include the contributions of the Staff under the Superannuation Act) are
The Bacteriological Laboratories, Stables, Central Stores, and Central Needlerooms expenditure is charged to the several
the year ended Michaelmas, 1899.

In considering this table regard should be had to the great increase in the Board's work especially in recent years

(excluding Loan Charges), Current Account Receipts, Net Expenditure met out of Rates, and Rate in the £ each year from 1867 to 1907.

Total General Expenses.	Total.	CURRENT ACCOUNT RECEIPTS. Maintenance of Patients.	Interest on Balances.	Superannuation Contributions.	Sundry other Receipts.	Total.	NET EXPENDITURE EXCLUDING LOAN CHARGES. Amount.	++ Rate in the £.	LOAN CHARGES. Interest.	Repayment.	Total.	++ Rate in the £.	TOTAL NET EXPENDITURE MET OUT OF RATES. Amount.	++ Rate in the £.	No. of Institutions open.	Year ended Michaelmas.	No. of Year.
£	£	£	£	£	£	£	£	d.	£	£	£	d.	£	d.			
..	..	..	..	..	..	..	...	..	..	..	..	..	..	..	..	1867	1
2,394	2,539	..	..	..	..	..	2,539	·03	..	..	..	..	2,539	.03	..	1868	2
1,971	3,444	..	..	..	..	..	3,444	.05	2,502	2,438	4,940	0.06	8,384	.11	..	1869	3
1,976	8,675	..	..	..	..	..	8,675	.12	17,917	9,000	26,917	0.36	35,592	.48	3	1870	4
3,081	111,190	..	..	..	..	..	111,190	1.34	13,837	..	13,837	0.17	125,027	1.51	5	1871	5
4,316	**119,032**	..	..	..	**1,905**	**1,905**	**117,127**	**1.42**	**24,402**	**17,198**	**41,600**	**0.50**	**158,727**	**1.92**	**5**	**1872**	**6**
4,054	111,378	..	1,190	..	..	1,190	110,188	1.33	20,292	9,270	29,562	0.36	139,750	1.69	5	1873	7
3,316	116,718	..	..	..	1,789	1,789	114,929	1.35	20,342	9,425	29,767	0.35	144,696	1.70	5	1874	8
4,060	131,557	..	1,000	..	1,673	2,673	128,884	1.49	20,540	9,996	30,536	0.35	159,420	1.84	6	1875	9
3,943	142,653	..	1,000	..	1,775	2,775	139,878	1.46	15,908	..	15,908	0.16	155,786	1.62	7	1876	10
4,923	**207,789**	..	..	..	**2,000**	**2,000**	**205,789**	**2.11**	**30,498**	**24,841**	**55,339**	**0.57**	**261,128**	**2.68**	**10**	§1877	**11**
6,696	208,704	..	1,000	..	2,852	3,852	204,852	2.10	27,340	15,156	42,496	0.44	247,348	2.54	9	1878	12
10,235	194,864	..	1,500	..	3,819	5,319	189,545	1.91	29,230	18,319	47,549	0.48	237,094	2.39	9	1879	13
6,792	199,753	..	1,500	..	3,817	5,317	194,436	1.91	30,091	18,494	48,585	0.48	243,021	2.39	10	1880	14
7,145	337,768	..	1,000	..	3,553	4,553	333,215	3.20	31,862	20,146	52,008	0.50	385,223	3.70	10	†1881	15
11,900	**353,143**	..	..	..	**6,662**	**6,662**	**346,481**	**3.04**	**24,226**	**1,426**	**25,652**	**0.23**	**372,133**	**3.27**	**11**	†1882	**16**
10,025	336,535	..	..	..	4,253	4,253	332,282	2.87	39,518	47,910	87,428	0.75	419,710	3.62	12	†1883	17
26,110	504,154	..	..	..	3,967	3,967	500,187	4.24	32,983	27,685	60,668	0.52	560,855	4.76	15	†1884	18
18,816	449,571	..	..	..	3,947	3,947	445,624	3.71	36,193	29,636	65,829	0.55	511,453	4.26	16	†1885	19
13,787	239,538	..	..	..	4,528	4,528	235,010	1.92	38,539	38,434	76,973	0.63	311,983	2.55	14	1886	20
13,295	**233,225**	..	**2,094**	..	**10,880**	**12,974**	**220,251**	**1.74**	**40,952**	**41,251**	**82,203**	**0.65**	**302,454**	**2.39**	**15**	**1887**	**21**
11,524	304,241	..	650	..	..	650	303,591	2.38	39,939	40,024	79,963	0.63	383,554	3.01	16	1888	22
10,471	266,188	..	2,086	..	3,943	6,029	260,159	2.02	40,164	42,085	82,249	0.64	342,408	2.66	16	1889	23
14,130	287,482	26	1,778	..	1,003	2,807	284,675	2.17	39,051	43,220	82,271	0.63	366,946	2.80	16	1890	24
17,316	320,724	..	890	..	109	999	319,725	2.44	37,596	43,007	80,603	0.62	400,328	3.06	17	1891	25
18,253	**409,320**	..	**341**	..	**40**	**381**	**408,939**	**2.99**	**36,395**	**43,262**	**79,657**	**0.58**	**488,596**	**3.57**	**18**	**1892**	**26**
23,728	500,340	228	..	..	41	269	500,071	3.59	37,156	45,643	82,799	0.59	582,870	4.18	19	1893	27
29,608	489,904	142	..	..	202	344	489,560	3.49	39,747	45,564	85,311	0.60	574,871	4.09	19	1894	28
21,446	452,586	2,376	..	..	1,171	3,547	449,039	3.17	46,312	55,077	101,389	0.71	550,428	3.88	19	1895	29
27,239	484,649	3,164	..	..	..	3,164	481,485	3.24	56,422	84,051	140,473	0.95	621,958	4.19	22	1896	30
30,420	**507,590**	**2,875**	**754**	..	..	**3,629**	**503,961**	**3.37**	**63,367**	**94,436**	**157,803**	**1.05**	**661,764**	**4.42**	**25**	**1897**	**31**
27,438	540,768	2,627	1,454	..	..	4,081	536,687	3.54	69,692	108,668	178,360	1.18	715,047	4.72	28	1898	32
26,810	577,671	3,084	1,906	..	421	5,411	572,260	3.73	71,955	117,158	189,113	1.24	761,373	4.97	30	1899	33
34,206	635,320	7,019	3,448	..	..	10,467	624,853	4.01	73,274	123,872	197,146	1.27	821,999	5.28	30	1900	34
39,611	687,799	9,737	3,600	..	..	13,337	674,462	4.08	76,863	102,945	179,808	1.09	854,270	5.17	36	1901	35
39,347	**810,277**	**16,903**	**993**	..	..	**17,896**	**792,381**	**4.75**	**92,521**	**110,322**	**202,843**	**1.22**	**995,224**	**5.97**	**39**	**1902**	**36**
40,122	845,730	8,425	1,743	..	3,976	14,144	831,586	4.93	111,047	166,353	277,400	1.64	1,108,986	6.57	41	1903	37
40,051	703,365	8,434	4,943	4,530	6,390	24,297	679,068	3.97	115,215	183,618	298,833	1.75	977,901	5.72	44	1904	38
41,203	723,583	10,880	3,754	4,858	5,101	24,593	698,990	4.03	116,640	196,474	313,114	1.81	1,012,104	5.84	47	1905	39
40,655	733,846	6,567	4,776	6,477	4,773	22,593	711,253	3.94	114,910	206,544	321,454	1.78	1,032,707	5.71	46	1906	40
42,593	**777,390**	**15,498**	**6,559**	**6,669**	**2,421**	**31,147**	**746,243**	**4.11**	**111,772**	**209,209**	**320,981**	**1.77**	**1,067,224**	**5.88**	**47**	**1907**	**41**

ommon Charges thereof has been allocated under Asylums and Hospitals.
approximately divide the Darenth Asylum expenditure on imbeciles from the Darenth Camps expenditure on smallpox patients.

serted for the years ended Michaelmas, 1904-7, but such contributions are deducted from the expenditure for the years 1897-1903.
stitutions to which the goods are supplied, and therefore forms part of the above expenditure under the above respective heads from

APPENDIX VIII.—**Statement of the Total Days' Maintenance and the Daily**
Michaelmas,

INSTITUTIONS.	TOTAL NUMBER OF DAYS'					
	1907	1906	1905	1904	1903	1902
Asylum (Imbecile)—						
Leavesden	669,737	646,906	646,154	634,123	638,834	643,351
Caterham	696,203	685,937	702,171	705,311	701,556	702,795
Darenth	715,324	702,606	685,036	706,071	709,214	722,343
Tooting Bec	288,407	280,323	270,502	268,100	148,430	..
Rochester House	..	..	28,385	49,302	52,249	42,517
Belmont	110,348	90,472	18,172	..	..	..
Gore Farm	..	..	62,162	6,440	..	..
Totals and Averages	2,480,019	2,406,244	2,412,582	2,369,347	2,250,283	2,111,006
Hospitals (Fever)—						
Eastern	114,746	105,372	101,384	95,551	74,871	86,945
North-Eastern	165,474	159,981	159,141	122,413	116,304	174,980
North-Western	130,735	118,188	104,442	95,533	110,989	161,448
Western	135,162	120,600	102,730	90,430	118,367	134,471
South-Western	87,368	99,588	100,838	77,911	97,145	108,938
Fountain	22,207	66,927	72,770	..	69,538	137,766
Grove	133,004	116,970	114,861	78,816	107,990	90,423
South-Eastern	130,164	20,790	..	23,490	79,370	97,419
Park	142,044	104,168	126,542	107,099	105,192	148,198
Brook	147,350	142,669	141,254	130,918	134,523	162,472
Northern	211,627	190,804	189,837	144,900	129,243	176,724
Gore Farm	254,524	226,676	22,348	..	..	298
London General Hospitals (in respect of M.A.B. enteric cases)	..	..	..	..	1,308	3,933
Totals and Averages	1,674,405	1,472,733	1,236,147	967,061	1,144,840	1,484,015
Hospitals (Smallpox)—						
Hospital Ships, Long Reach, and Joyce Green	73	949	3,172	19,551	12,461	95,643
Gore Farm	..	..	..	..	..	202,001
Totals and Averages	73	949	3,172	19,551	12,461	297,644
Homes and Schools (Children)—						
High Wood	96,814	91,975	86,061	5,073	..	..
White Oak	101,349	88,058	95,755	119,834	57,786	..
Bridge	25,451	23,298	56,248	55,764	57,085	55,481
The Downs	130,216	142,625	145,132	146,968	78,293	..
S. Anne's	28,721	43,807	45,362	40,429	41,513	42,222
East Cliff	44,344	41,632	45,293	35,867	32,875	29,468
Millfield	36,130	26,942	22,940	6,518	..	..
Lloyd Street	8,856	9,114	8,179	8,556	8,052	8,839
Elm Grove	4,703	4,588	4,531	4,256	4,628	4,576
Kingwood Road	6,856	7,385	7,198	7,297	6,667	7,245
Earlsfield Road	2,735	3,306	3,150	2,789	336	..
Surrey House	5,307	5,408	5,347	4,020	..	..
Pentonville Road	8,490	9,421	8,726	8,914	9,304	5,594
Harrow Road	3,867	3,443	3,272	3,355	4,190	2,740
Camberwell Green	6,500	7,440	6,628	7,263	7,141	5,394
Totals and Averages	510,339	508,442	543,822	456,903	307,870	161,559
Training Ship (Boys)	205,250	207,894	199,225	193,350	197,012	207,837
GRAND TOTALS	4,870,086	4,596,262	4,394,948	4,006,212	3,912,466	4,262,061

Average Number of Inmates for each of the nine years ended 1907.

MAINTENANCE.			AVERAGE NUMBER OF INMATES.								
1901	1900	1899	1907	1906	1905	1904	1903	1902	1901	1900	1899
663,296	707,383	710,842	1,805	1,777	1,775	1,742	1,755	1,767	1,788	1,943	1,954
717,710	725,506	728,133	1,877	1,884	1,929	1,938	1,927	1,931	1,934	1,992	2,000
735,952	708,980	727,756	1,928	1,930	1,882	1,940	1,948	1,984	1,983	1,948	1,999
..	..	..	777	770	743	736	408	..	..	..	..
1,890	..	..	..	..	78	135	144	117	..	..	..
..	..	..	298	249	50	..	..	..	..	..	..
..	..	..	..	..	171	18	..	..	..	..	..
2,118,848	**2,141,869**	**2,166,731**	**6,685**	**6,610**	**6,628**	**6,509**	**6,182**	**5,799**	**5,705**	**5,883**	**5,953**
102,288	106,812	111,666	309	289	278	262	206	239	275	293	307
129,354	109,153	108,900	446	440	437	336	319	481	348	300	300
140,344	118,920	148,007	352	325	287	262	305	444	377	326	407
133,119	136,597	144,005	364	331	282	248	325	369	359	375	395
98,360	88,867	92,796	235	274	277	214	267	299	265	244	253
109,889	94,848	110,226	60	184	200	..	191	378	296	260	303
91,884	79,720	3,659	359	321	316	217	297	248	247	219	20
102,986	119,121	123,586	351	57	..	65	218	268	278	327	310
134,825	140,200	143,388	383	286	348	294	289	407	362	385	394
144,094	153,463	174,380	397	392	388	360	369	446	388	422	479
179,645	146,423	199,305	571	524	522	398	355	486	483	402	549
95,913	142,363	141,191	686	623	61	..	..	1	261	391	390
7,973	7,048	4,025	..	..	..	..	4	11	22	19	11
1,470,674	**1,443,535**	**1,505,134**	**4,513**	**4,046**	**3,396**	**2,656**	**3,145**	**4,077**	**3,961**	**3,963**	**4,148**
6,263	2,208	221	..	3	9	53	34	263	17	6	1
..	..	..	..	..	..	..	..	555	..	..	..
6,263	**2,208**	**221**	..	**3**	**9**	**53**	**34**	**818**	**17**	**6**	**1**
..	..	..	261	253	236	14	..	..	..	..	..
..	..	..	273	242	263	329	159	..	..	..	..
27,912	..	..	69	64	155	153	157	152	129	..	..
..	..	..	351	392	399	404	215	..	..	..	..
44,078	42,219	43,418	77	120	125	111	114	116	119	116	119
15,468	12,719	13,968	120	114	124	99	90	81	41	34	38
..	..	..	97	74	63	18	..	..	..	..	..
6,496	6,583	4,819	24	25	22	23	22	24	18	18	18
3,152	..	..	13	13	12	12	13	13	12	..	..
4,796	169	..	18	20	20	20	18	20	19	..	..
..	..	..	7	9	9	8	1	..	..	..	..
..	..	..	14	15	15	11	..	..	..	..	..
..	..	..	23	26	24	24	26	15	..	..	..
..	..	..	11	9	9	9	11	8	..	..	..
..	..	..	18	21	18	20	20	15	..	..	..
101,902	**61,690**	**62,205**	**1,376**	**1,397**	**1,494**	**1,255**	**846**	**444**	**338**	**168**	**175**
213,159	**197,898**	**204,249**	**553**	**571**	**547**	**531**	**542**	**571**	**574**	**543**	**561**
3,910,846	**3,847,200**	**3,938,540**	**13,127**	**12,627**	**12,074**	**11,004**	**10,749**	**11,709**	**10,595**	**10,563**	**10,838**

APPENDIX IX.—**Statement of the average Weekly Cost of and Head Office and Central Expenses) for**

INSTITUTIONS.	WEEKLY AVERAGE																			
	Maintenance.										Other									
	1907		1906		1905		1904		1903		1902		1901		1900		1899		1907		1906		1905		1904	
Asylums (Imbecile)—	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.
Leavesden	3	3.6	3	6.6	3	8.3	3	9.7	3	11.9	4	3.4	4	5.6	3	9.3	3	9.7	6	6.2	6	7.4	6	2.8	6	0.3
Caterham	3	7.0	3	8.5	3	9.1	3	10.5	4	0.6	4	0.6	3	10.5	3	7.8	4	0.1	5	11.0	5	10.2	5	7.3	5	6.6
Darenth	2	10.0	2	11.2	3	1.7	3	10.3	3	11.1	3	11.7	4	1.9	3	11.0	3	7 1	6	9.5	7	4.9	7	5.1	8	0.0
Tooting Bec	3	6.3	3	5.8	3	7.3	3	11.1	..		..		..		..		..		13	5.5	13	8.8	14	1.4	13	3.8
Rochester House	..		..		..		3	3.8	3	4.8	4	2.8	..		..		..		..		..		..		7	9.4
Belmont	3	7.1	4	11.8	..		..		..		..		..		..		..		11	5.5	13	1.4	..		..	
Gore Farm	..		..		..		..		..		..		..		..		..		..		..		..		..	
Total Average Cost	**3**	**3.4**	**3**	**5.5**	**3**	**6.4**	**3**	**10.1**	**3**	**11.7**	**4**	**1.2**	**4**	**1.9**	**3**	**9.3**	**3**	**9.7**	**7**	**5.5**	**7**	**8.5**	**7**	**3.9**	**7**	**4.1**
Hospitals (Fever)—																										
Eastern	3	10.3	3	10.4	3	11.3	4	1.0	4	5.2	4	6.0	4	4.3	4	5.9	4	7.7	24	2.1	26	11.0	29	2.3	30	7.0
North-Eastern ...	4	3.0	3	8.7	3	10.2	4	2.5	4	9.2	4	6.7	4	2.6	3	11.4	4	6.7	25	1.9	24	5.7	24	5.8	29	5.5
North-Western ...	3	10.7	3	6.2	4	3.4	4	10.4	5	3.0	5	5.9	5	3.3	5	3.1	4	9.1	25	2.3	26	10.8	30	1.4	30	4.6
Western	3	11.6	4	2.0	4	8.9	5	2.8	5	2.9	5	10.9	5	11.9	5	7.3	6	0.0	27	6.1	30	4.8	34	3.5	38	1.5
South-Western ...	4	3.7	3	11.1	4	3.1	5	1.3	5	5.3	5	8.5	5	6.2	5	2.7	5	5.4	33	11.2	29	9.4	29	4.0	38	0.6
Fountain...	4	4.8	4	4.0	5	0.7	..		..		5	2.0	5	3.8	5	7.9	5	9.0	..		36	0.5	31	11.0	..	
Grove	4	0.8	4	4.6	4	6.6	5	2.5	6	0.2	6	4.7	6	6.1	6	5.0	..		30	6.4	33	8.1	33	9.2	44	6.8
South-Eastern ...	4	0.3	..		..		..		5	5 6	5	9.3	5	4.2	5	2.4	4	11.7	29	2.7	..		..		..	
Park...	4	5.7	4	7.7	4	10.0	6	0.0	6	3 6	5	10.3	5	2.8	5	9.7	6	2.3	27	10.7	33	11.4	28	7.0	34	2.2
Brook	4	5.8	4	1.7	4	4.5	4	9.0	5	8.2	5	10.9	5	11.2	5	11.0	5	7.7	29	9.1	30	5.1	31	3.2	33	11.5
Northern	5	3.4	4	8.8	4	10.3	5	3.1	5	10.1	6	1.1	5	10.8	5	9.1	5	7.5	16	7.9	18	5.8	18	4.8	21	8.6
Gore Farm	4	2.8	4	0.8	..		..		..		..		6	10.7	6	4.3	6	11.2	14	4.3	14	7.1	..		..	
London General Hospitals (in respect of M.A.B. enteric cases) ...	..		..		..		..		5	8.0	5	6.6	5	10.4	5	8.6	5	8.0	..		..		..		..	
Total Average Cost	**4**	**3.8**	**4**	**1.7**	**4**	**5.6**	**4**	**11.5**	**5**	**5.7**	**5**	**6.9**	**5**	**6.4**	**5**	**6.0**	**5**	**6.6**	**24**	**4.7**	**25**	**11.0**	**28**	**2.2**	**33**	**0.5**
Hospitals (Smallpox)—																										
Hospital Ships, Long Reach and Joyce Green ...	..		7	9.8	9	3.8	10	1.3	7	11.7	11	7.6	9	2.7	7	1.8	9	3.5	..		..		..		..	
Gore Farm	..		..		..		..		..		11	8.9	..		..		..		..		..		..		..	
Total Average Cost	**..**		**7**	**9.8**	**9**	**3.8**	**10**	**1.3**	**7**	**11.7**	**11**	**8.4**	**9**	**2.7**	**7**	**1.8**	**9**	**3.5**	**..**		**..**		**..**		**..**	
Homes & Schools (Children)—																										
High Wood	3	11.3	3	10.7	4	3.0	..		..		..		..		..		..		12	5.1	12	11.9	13	2.1	..	
White Oak	3	6.4	3	10.7	3	7.7	3	8.0	..		..		..		..		..		12	10.6	14	0.0	13	6.0	11	5.4
Bridge	3	10.1	..		2	11.5	3	2.0	3	2.3	3	7.8	5	7.2	..		..		6	11.7	..		8	11.5	9	3.9
The Downs	3	2.4	3	4.6	3	5.5	3	11.4	..		..		..		..		..		10	2.7	9	9.3	9	1.3	9	7.5
S. Anne's	3	5.1	3	2.3	3	8.4	4	0.3	3	10.4	4	0.8	3	10.2	3	7.5	3	10.8	..		9	2.2	9	5.2	10	2.7
East Cliff	3	3.5	3	4.6	3	6.2	3	8.0	3	11.8	4	6.8	4	4.0	4	0.1	3	9.4	9	4.2	9	2.7	8	5.2	9	6.4
Millfield	5	10.2	5	11.4	6	4.6	..		..		..		..		..		..		10	11.1	12	10.1	13	8.0	..	
Lloyd Street	4	7.9	4	3.8	4	7.0	5	0.5	4	8.9	5	5.2	4	8.6	4	0.7	5	5.8	8	3.8	8	11.1	9	10.1	9	10.4
Elm Grove	3	1.1	3	5.7	3	5.9	3	10.2	3	9.0	4	2.0	4	6.9	..		..		8	6.2	8	10.6	9	9.5	9	8.0
Kingwood Road ...	4	2.5	4	3.4	4	7.1	4	8.6	5	8.3	5	5.6	5	3.0	..		..		8	1.5	7	5.9	7	11.0	8	3.5
Earlsfield Road ...	3	11.3	4	4.3	4	6.9	6	5.1	..		..		..		..		..		10	3.4	8	2.1	8	11.8	10	7.1
Surrey House ...	3	10.8	5	7.4	6	7.2	..		..		..		..		..		..		8	6.9	8	6.5	7	8.7	..	
Pentonville Road	3	2.8	3	2.0	3	3.9	4	7.6	4	0.2	..		..		..		..		10	9.4	10	9.6	11	6.0	11	6.0
Harrow Road ..	3	7.9	3	7.4	3	8.2	4	5.0	4	1.7	..		..		..		..		15	2.0	17	9.7	18	3.2	17	4.3
Camberwell Green	2	11.7	2	6.2	2	9.4	4	1.3	3	10.3	..		..		..		..		12	9.5	11	3.5	13	0.9	11	1.9
Total Average Cost	**3**	**8.6**	**3**	**9.0**	**3**	**9.3**	**3**	**9.9**	**3**	**9.5**	**4**	**2.0**	**4**	**6.5**	**3**	**9.0**	**4**	**0.0**	**11**	**0.1**	**11**	**2.8**	**10**	**9.6**	**10**	**2.9**
Training Ship (Boys)—	**4**	**7.4**	**4**	**3.9**	**4**	**8.1**	**5**	**2.0**	**5**	**4.0**	**5**	**1.4**	**5**	**9.5**	**5**	**7.4**	**5**	**7.1**	**7**	**5.6**	**6**	**11.4**	**7**	**3.8**	**7**	**0.4**

Patients (excluding Rent or Loan Charges, Special Expenditure each of the nine years ended Michaelmas, 1907.

COST PER PATIENT.									
Charges.					Total.				
1903	1902	1901	1900	1899	1907	1906	1905	1904	1903
s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
6 1.6	6 5.3	6 0.9	5 2.2	4 11.1	9 9.8	10 2.0	9 11.1	9 10.0	10 1.5
5 5.6	5 5.5	5 5.5	4 7.6	4 8.3	9 6.0	9 6.7	9 4.4	9 5.1	9 6.2
8 1.8	8 3.1	8 3.2	7 8.6	7 4.4	9 7.5	10 4.1	10 6.8	11 10.3	12 0.9
..	..	..	..	..	16 11.8	17 2.6	17 8.7	17 2.9	..
8 3.0	9 7.8	..	..	..	..	..	..	11 1.2	11 7.8
..	..	..	..	..	15 0.6	18 1.2	..	..	..
..	..	..	..	..	..	..	..	..	..
6 7.7	**6 9.6**	**6 7.6**	**5 10.**	**5 7 9**	**10 8.9**	**11 2.0**	**10 10.3**	**11 2.2**	**10 7.4**
38 6.8	34 6.4	30 9.3	28 4.9	26 0.3	23 0.4	30 9.4	33 1.6	34 8.0	43 0.0
33 0.7	22 5.0	22 5.7	22 8.9	22 10.0	29 4.9	28 2.4	28 4.0	33 8.0	37 9.9
28 6.8	21 6.2	24 8.0	27 0.2	20 11.0	29 1.1	30 5.0	34 4.8	35 3.0	33 9.8
31 3.3	28 0.9	29 2.3	26 11.3	23 6.8	31 5.7	34 6.8	39 0.4	43 4.3	36 6.2
32 6.2	29 9.5	33 2.0	32 3.0	29 10.4	38 2.9	33 8.5	33 7.1	43 1.9	37 11.5
..	20 4.2	26 1.7	28 1.3	23 8.1	..	40 4.5	36 11.7	..	..
37 3.7	46 4.2	45 0.2	46 6.5	..	34 7.2	38 0.7	38 3.8	49 9.3	43 3.9
39 8.6	33 3.9	33 5.1	26 9.1	23 5.7	33 3.0	..	..	..	45 2.2
35 4.6	26 9.4	28 7.1	26 7.4	23 10.5	32 4.4	38 7.1	33 5.0	40 2.2	41 8.2
35 11.7	31 1·8	35 8.8	30 8.7	26 1.1	34 2.9	34 6.8	35 7.7	38 8.5	41 7.9
27 3.9	20 2.0	20 1.9	22 11.5	17 4.4	21 11.3	23 2.6	23 3.1	26 11.7	33 2.0
..	..	32 1.6	22 10.7	21 6.8	18 7.1	18 7.9	..	..	..
17 1.5	29 9.5	23 9.7	28 10.2	14 9.4	..	..	..	..	22 9.5
33 6.4	**27 2.5**	**29 2.9**	**27 9.5**	**23 1.3**	**28 8.5**	**30 0.7**	**32 7.8**	**38 0.0**	**39 0.1**
..	55 0.0	..	..	..	..	..	..	..	..
..	26 0.0	..	..	..	..	..	..	..	..
..	**36 0.0**	..	..	..	..	..	..	..	..
..	..	..	..	..	16 4.4	16 10.6	17 5.1	..	..
..	..	..	..	..	16 5.0	17 10.7	17 1.7	15 1.4	..
8 11.9	9 1.4	12 8.1	..	..	10 9.8	..	11 11.0	12 5.9	12 2.2
..	..	..	..	..	13 5.1	13 1.9	12 6.8	13 6.9	..
6 7.2	10 0.5	9 4.3	9 0.5	9 1.0	..	12 4.5	13 1.6	14 3.0	10 5.6
9 10.5	10 4.9	14 0.3	14 9.1	13 0.7	12 7.7	12 7.3	11 11.4	13 2.4	13 10.3
..	..	..	..	..	16 9.3	18 9.5	20 0.6	..	..
10 7.3	9 11.0	10 9.0	9 5.1	9 6.2	12 11.7	13 2.9	14 5.1	14 10 9	15 4.2
9 4.5	9 11.3	12 11.6	..	..	11 7.3	12 4.3	13 3.4	13 6.2	13 1.5
8 10.1	8 2.6	10 2.2	..	..	12 4.0	11 9.3	12 6.1	13 0.1	14 6.4
..	..	..	..	..	14 2.7	12 6.4	13 6.7	17 0.2	..
..	..	..	..	..	12 5.7	14 1.9	14 3.9	..	..
11 5.2	..	..	..	..	14 0.2	13 11.6	14 9.9	16 1.6	15 5.4
15 1.2	..	..	..	..	18 9.9	21 5.1	21 11.4	21 9.3	19 2.9
12 2.6	..	..	..	..	15 9.2	13 9.7	15 10.3	15 3.2	16 0.9
9 0.9	**9 8.0**	**11 2.6**	**10 3.2**	**10 0.1**	**14 8.7**	**14 11.8**	**14 6.9**	**14 0.8**	**12 10.4**
7 2.7	**6 9.6**	**7 1.5**	**7 2.2**	**7 0.9**	**12 1.0**	**11 3.3**	**11 11·9**	**12 2.4**	**12 6.7**

1902	1901	1900	1899
s. d.	s. d.	s. d.	s. d.
10 8.7	10 6.5	8 11.5	8 8.8
9 6.1	9 4.0	8 3.4	8 8.4
12 2.8	12 5.1	11 7.6	10 11.5
..	..	..	..
13 10.6	..	..	..
..	..	..	..
..	..	..	..
10 10.8	**10 9.5**	**9 7.4**	**9 5.6**
39 0.4	35 1.6	32 10.8	30 8.0
26 11.7	26 8.4	26 8.3	27 4.7
27 0.1	29 11.3	32 3.3	25 8.1
33 11.8	35 2.2	32 6.6	29 6.8
35 6.0	38 8.2	37 5.7	35 3.8
25 6.2	31 5.5	33 9.2	29 5.1
52 8.9	51 6.3	52 11.5	..
39 1.2	38 9.3	31 11.5	28 5.4
32 7.7	33 9.9	32 5.1	30 0.8
37 0.7	41 8.0	36 7.7	31 8.8
26 3.1	26 0.7	28 8.6	22 11.9
..	39 0.3	29 3.0	28 6.0
35 4.1	29 8.1	34 6.8	20 5.4
32 9.4	**34 9.3**	**33 3.5**	**28 7.9**
66 7.6	..	..	..
37 8.9	..	..	..
47 8.4	..	..	..
..	..	..	..
..	..	..	..
12 9.2	18 3.3	..	..
..	..	..	..
14 1.3	13 2.5	12 8.0	12 11.8
14 11.7	18 4.3	18 9.2	16 10.1
..	..	..	..
15 4.2	15 5.6	13 5.8	15 0.0
14 1.3	17 6.5	..	..
13 8.2	15 5.2	..	..
..	..	..	..
..	..	..	..
..	..	..	..
..	..	..	..
13 10.0	**15 9.1**	**14 0.2**	**14 0.1**
11 11.0	**12 11.0**	**12 9.6**	**12 8.0**

APPENDIX X.—**Statement showing the Rateable Value of the District, produce of 1d. rate in the £, rates in the £, and amounts of Precepts each year from 1867 to 1907.**

No. of Year.	Year ended Michaelmas.	Rateable Value of the Asylum District at Michaelmas of each Year.		Produce of 1d. rate in the £ on the rateable values at Michaelmas of each year.	PRECEPTS.						Year ended Michaelmas.	No. of Year.
					Amount in the £ worked out as a Metropolitan Rate.*			Amount Raised.				
		Amount.	Annual Increase.		Common Charges	Direct Charges	Total.	Common Charges.	Direct Charges.	Total.		
		£	£	£	d.	d.	d.	£	£	£		
1	1867	16,024,891	..	66,770	..	..	..	..	..	..	1867	1
2	1868	16,852,680	827,789	70,219	0.12	..	0.12	8,346	..	8,346	1868	2
3	1869	17,564,237	711,557	73,184	0.12	..	0.12	8,777	..	8,777	1869	3
4	1870	17,802,258	238,021	74,176	0.50	..	0.50	40,317	636	40,953	1870	4
5	1871	19,812,058	2,009,800	82,550	0.75	0.35	1.10	99,199	31,400	130,599	1871	5
6	**1872**	**19,812,058**	..	**82,550**	**0.75**	**1.30**	**2.05**	**61,912**	**111,290**	**173,202**	**1872**	**6**
7	1873	19,812,058	..	82,550	1.00	0.50	1.50	83,768	42,590	126,358	1873	7
8	1874	20,391,125	579,067	84,963	1.00	0.70	1.70	84,964	60,820	145,784	1874	8
9	1875	20,713,749	322,624	86,307	1.00	0.70	1.70	86,356	61,040	147,396	1875	9
10	1876	23,035,324	2,321,575	95,980	1.50	0.55	2.05	138,209	51,980	190,189	1876	10
11	**1877**	**23,367,824**	**332,500**	**97,365**	**1.50**	**0.80**	**2.30**	**145,380**	**79,180**	**224,560**	**1877**	**11**
12	1878	23,367,824	..	97,365	1.75	0.85	2.60	170,390	81,970	252,360	1878	12
13	1879	23,848,222	480,398	99,367	1.75	0.88	2.63	173,893	88,080	261,973	1879	13
14	1880	24,388,802	540,580	101,620	1.75	0.66	2.41	177,835	67,500	245,335	1880	14
15	1881	25,012,087	623,285	104,217	1.75	0.77	2.52	182,380	81,400	263,780	1881	15
16	**1882**	**27,313,146**	**2,301,059**	**113,804**	**3.00**	**1.10**	**4.10**	**341,414**	**124,700**	**466,114**	**1882**	**16**
17	1883	27,771,967	458,821	115,716	2.75	1.20	3.95	318,678	118,500	437,178	1883	17
18	1884	28,284,594	512,627	117,852	2.75	1.10	3.85	324,301	130,000	454,301	1884	18
19	1885	28,819,345	534,751	120,080	3.75	1.33	5.08	450,302	157,700	608,002	1885	19
20	1886	29,289,747	470,402	122,040	3.00	0.50	3.50	366,122	61,600	427,722	1886	20
21	**1887**	**30,305,986**	**1,016,239**	**126,274**	**1.25**	**0.57**	**1.82**	**158,026**	**72,720**	**230,746**	**1887**	**21**
22	1888	30,618,304	312,318	127,576	2.25	0.83	3.08	287,142	104,520	391,662	1888	22
23	1889	30,898,854	280,550	128,745	2.00	0.60	2.60	257,496	77,500	334,996	1889	23
24	1890	31,362,718	463,864	130,677	2.12	0.60	2.72	277,045	74,000	351,045	1890	24
25	1891	31,362,718	..	130,677	2.12	0.71	2.83	277,699	99,600	377,299	1891	25
26	**1892**	**32,863,615**	**1,500,897**	**136,931**	**2.25**	**0.66**	**2.91**	**308,073**	**98,150**	**406,223**	**1892**	**26**
27	1893	33,405,572	541,957	139,190	3.62	0.86	4.48	396,134	122,400	518,534	1893	27
28	1894	33,680,160	274,588	140,334	4.00	0.86	4.86	559,077	129,850	688,927	1894	28
29	1895	33,994,317	314,157	141,642	3.00	0.86	3.86	421,065	122,630	543,695	1895	29
30	1896	35,608,442	1,614,125	148,368	3.25	0.83	4.08	460,340	114,800	575,140	1896	30
31	**1897**	**35,886,590**	**278,148**	**149,527**	**3.75**	**0.83**	**4.58**	**556,303**	**131,000**	**687,303**	**1897**	**31**
32	1898	36,361,174	474,584	151,505	4.25	0.80	5.05	635,394	125,350	760,744	1898	32
33	1899	36,795,824	434,650	153,316	4.25	0.80	5.05	643,826	120,000	763,826	1899	33
34	1900	37,333,656	537,832	155,556	4.50	0.83	5.33	689,922	129,000	818,922	1900	34
35	1901	39,678,072	2,344,416	165,325	4.62	0.83	5.45	719,466	133,000	852,466	1901	35
36	**1902**	**40,005,723**	**327,651**	**166,690**	**5.25**	**1.00**	**6.25**	**868,052**	**170,300**	**1,038,352**	**1902**	**36**
37	1903	40,528,588	522,865	168,869	5.75	1.00	6.75	959,135	156,800	1,115,935	1903	37
38	1904	40,998,185	469,597	170,875	5.12	0.77	5.89	865,385	131,400	996,785	1904	38
39	1905	41,566,771	568,586	173,195	4.75	0.74	5.49	811,407	126,900	938,307	1905	39
40	1906	43,376,568	1,809,797	180,736	5.39	0.74	6.13	934,221	127,700	1,061,921	1906	40
41	**1907**	**43,775,074**	**398,506**	**182,396**	**4.75**	**0.71**	**5.46**	**858,534**	**128,500**	**987,034**	**1907**	**41**

* The rates in the £ of the precepts raised are calculated on the basis of the rateable values in force at the time the estimates of expenditure were approved and adopted.

APPENDIX XI.—Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907 (*continued*).

NOTE.—On the 14th May, 1907, the Local Government Board by order cancelled all unexercised powers to borrow which for various reasons were then no longer likely to be required.

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Central Stores.	£	Years.	£		£	£ s. d.
1903 Apr. 23	Purchase of Nos. 155 and 157, Peckham Rye ..	4,250	40	4,250	1903	3 7/16	3,824 13 4
1907 July 6	Buildings	17,571	..	..	..	..	..
	Carried to summary at end	£21,821	£	4,250		£	3,824 13 4
	Leavesden Asylum.						
1868 Jan. 8	Purchase of land	7,600	60	7,600	1870	3 7/8	2,786 13 4
1868 May 22	Buildings, furnishing, &c.	128,000	60	128,000	1870	3 7/8	46,933 6 8
1870 Jan. 21	Buildings and furniture (additional)	8,000	60	8,000	1870	3 7/8	2,933 6 8
1871 Mar. 16	Furniture	1,000	59	1,000	1871	3 7/8	372 0 0
1871 May 17	Clerk's house	750	59	750	1871	3 7/8	269 0 0
1872 Jan. 22	Additional accommodation	6,000	58	6,000	1872	3 7/8	2,207 0 0
1873 Mar. 25	Additional accommodation (infirmary)	3,000	56	3,000	1874	3 7/8	1,158 0 0
1875 Apr. 8	Additional accommodation	13,000	55	13,000	1875	3 7/16	5,151 0 0
	Purchase of property (Hall)	1,750	55	1,750	1875	3 7/16	759 0 0
1880 July 30	Purchase of additional land	750	49	750	1880	3 1/4	336 18 0
1881 Sep. 5	Enlargement of gasworks	2,200	15	2,200	1881	3 1/2	Repaid.
1883 May 29	Fireproof staircases, dormitories, &c.	2,500	15	2,500	1883	3 1/2	Repaid.
1884 Dec. 15	Drainage works..	540	Part	360	1886	3 1/2	61 0 3
	Heating dormitories		15	180	1886	3 1/2	30 9 9
1885 July 3	Enlargement of laundry ..	565	and	565	1886	3 1/2	95 15 6
1885 Aug. 21	Heating blocks	747	part	747	1886	3 1/2	126 12 9
1886 Apr. 20	Day rooms and dormitories	1,130	30	1,130	1886	3 1/2	191 11 9
1887 Mar. 24	Water supply	500	10	500	1887	3 1/2	Repaid.
1891 Oct. 28	Recreation hall	5,844	30	5,844	1892	3 1/2	2,922 0 0
1900 July 11	Mortuary	710	30	710	1902	3 5/8	591 13 4
1900 Nov. 12	Water-softening apparatus	2,386	5	2,386	1901	3 1/2	Repaid.
1901 Jan. 10	Sanitary annexes & fittings	1,429	15	1,429	1902	3 5/8	952 6 8
1901 Jan. 14	Drainage and disposal of sewage	1,020	15	1,020	1902	3 5/8	680 0 0
1901 June 12	Alterations and additions to laundry	7,180	15	3,400	1902	3 5/8	2,266 13 4
			10	3,100	1902	3 5/8	1,550 0 0
			10	680	1903	3 5/8	408 0 0
1901 June 17	Isolation hospital	2,200	30	2,200	1903	3 5/8	1,906 13 4
1902 Apr. 7	Sanitary annexes and fittings (additional)	520	15	520	1904	3 3/8	416 0 0
1902 July 15	Cottages for married attendants	5,730	30	5,730	1903	3 7/16	4,966 0 0
1902 Aug. 20	Hair-picking building and boot room	1,820	20	1,820	1903	3 3/8	1,456 0 0
1903 Feb. 10	Female attendants' home	§6,206	30	§6,206	1903	3 7/16	§5,378 12 10
1903 Mar. 24	Sanitary annexes (balance)	§1,111	15	§1,111	1904	3 5/8	§892 16 9
1904 Mar. 16	Cottages for married attendants (additional).. ..	1,100	30	1,100	1905	3 1/4	1,026 13 4
1904 Dec. 16	Purchase of additional land	5,628	50	5,628	1905	3 5/8	5,399 2 8
1905 Sep. 9	Sewage disposal works ..	3,000	15	3,000	1906	3 1/4	2,800 0 0
	Carried to summary at end	£223,916	£	223,916		£	97,024 6 11
	Caterham Asylum.						
1868 Jan. 28	Purchase of land	6,000	60	6,000	1870	3 7/8	2,200 0 0
1868 June 22	Buildings, furniture, &c. ..	129,000	60	129,000	1870	3 7/8	47,300 0 0
1870 Jan. 21	Additional buildings, furniture, &c.	7,000	60	7,000	1870	3 7/8	2,566 13 4
1871 Feb. 20	Formation of roads	1,000	59	1,000	1871	3 7/8	372 0 0
1871 Mar. 25	Purchase of bedding.. ..	1,000	59	1,000	1871	3 7/8	371 0 0
1871 Oct. 4	Completing, fitting up, and furnishing	1,700	58	1,700	1872	3 7/8	592 0 0
	Carried forward ..	£145,700	£	145,700		£	53,401 13 4

§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** *(continued)*.

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Caterham Asylum *(Continued)*.	£	Years.	£		£	£ s. d.
	Brought forward ..	145,700		145,700			53,401 13 4
1871 Nov. 8	Completing (further on account)	500	58	500	1872	3⅞	178 0 0
1872 Mar. 21	Laundry Machinery	700	58	303	1872	3⅞	124 0 0
			57	397	1872	3⅞	152 0 0
1872 Sept. 4	Recreation hall, &c.	13,000	57	13,000	1872	3⅞	5,005 0 0
1873 July 1	Additions	3,700	56	3,700	1874	3⅞	1,449 0 0
1875 Apr. 8	Additional buildings.. ..	16,000	55	16,000	1875	3 37/40	6,433 0 0
1875 July 12	Additions	1,500	52	1,500	1876	3¾	629 0 0
1877 Aug. 15	New boiler	1,000	15	1,000	1878	3¾	Repaid.
1878 Apr. 18	Coal store, &c.	*473	51	*473	1878	3¾	*208 16 3
1881 Dec. 22	Purchase of additional land	6,600	59	6,600	1882	3½	3,800 0 0
1883 Mar. 20	Ditto ditto	2,080	28–58	2,080	1883	3½	1,216 12 0
1885 July 28	Additional warming appliances and fire-escape facilities	7,529	10–15	7,529	1886	3½	984 12 0
			30				
1896 Mar. 7	Reconstruction of drainage	7,450	15	7,450	1898	2¾	2,980 0 0
1896 Aug. 7	Isolation infirmary	4,800	30	4,800	1898	2¾	3,360 0 0
1897 Aug. 4	Attendants' home	*5,548	30	*5,548	1898	2¾	*3,883 9 9
1900 Aug. 29	Alterations to laundry ..	4,311	20	4,311	1902	3⅜	3,231 0 0
1901 Dec. 31	Ditto (additional)	1,160	20	1,160	1902	3⅜	870 0 0
1902 June 5	Additional sanitary annexes	§2,505	15	§2,505	1903	3 7/16	§1,837 3 8
1902 Aug. 25	Additional staff accommodation	§2,698	15	2,500	1903	3 7/16	1,833 6 8
				§198	1904	3⅜	§158 2 0
	Carried to Summary at end	£227,254	£	227,254		£	91,734 15 8
	Darenth Asylum and Schools.						
1875 May 12	Purchase of Land	9,300	55	8,180	1875	3 37/40	3,233 0 0
			52	1,120	1876	3¾	467 0 0
1875 Aug. 13	Ditto	450	52	450	1876	3¾	170 0 0
1876 Mar. 25	School buildings	75,000	54	50,000	1876	3¾	20,372 0 0
			52	14,000	1876	3¾	5,609 0 0
			20	11,000	1876	3¾	Repaid.
1878 Apr. 4	Gasworks, &c.	14,500	15	14,500	1878	3¾	Repaid.
1878 June 24	Asylum buildings	52,500	51	29,380	1878	3⅜	12,646 0 0
			50	23,120	1879	3⅜	9,710 8 0
			50	4,430	1879	3¾	1,860 12 0
			49	228	1880	3¾	102 9 0
1878 Oct. 31	School buildings, &c. ..	13,758	20	2,800	1879	3¾	Repaid.
			15	4,500	1879	3¾	Repaid.
			15	1,800	1879	4½	Repaid.
1879 Jan. 2	Asylum buildings	7,500	50	7,500	1879	3¾	3,150 0 0
1879 Mar. 10	Purchase of additional land	6,322	49	6,322	1880	3¾	2,829 1 3
1879 Aug. 20	Additional expenditure ..	22,650	15	22,650	1880	4½	Repaid.
1879 Dec. 12	Furniture	9,000	15	9,000	1881	4½	Repaid.
1880 Aug. 12	Additional works	3,500	15	1,600	1880	4½	Repaid.
				1,900	1881	4½	Repaid.
1880 Dec. 17	Infirmaries	15,000	49	13,000	1880	3¾	5,826 2 0
			15	2,000	1880	4½	Repaid.
1881 Nov. 10	Ditto	5,500	15	5,500	1881	3½	Repaid.
1882 Oct. 27	Cottages for officers	2,200	25–58	2,200	1883	3½	1,286 18 0
1883 Feb. 21	Fitting up infirmaries ..	2,200	5	2,200	1883	3½	Repaid.
1883 Mar. 16	Recreation hall	5,550	58	5,550	1883	3½	3,246 10 0
	Carried forward ..	£244,930	£	244,930		£	70,509 0 3

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Darenth Asylum and Schools (*continued*).	£	Years.	£		£	£ s. d.
	Brought forward ..	244,930		244,930			70,509 0 3
1884 Apr. 9	Extension of gas and water works	5,783	30	4,500	1884	3½	1,050 0 0
			30	200	1884	3½	46 13 4
			15	600	1884	3½	Repaid.
			5	483	1884	3½	Repaid.
1884 Oct. 16	Extension of water supply	530	15	530	1885	3½	Repaid.
1885 Dec. 16	Water softening..	3,075	10	2,698	1886	3½	Repaid.
			30	377	1886	3½	113 0 3
1886 May 18	Extension of buildings ..	64,700	30	62,000	1886	3½	18,594 0 0
			15	2,700	1886	3½	Repaid.
1886 Sept. 9	Softening and increasing water supply	309	15	309	1887	3½	Repaid.
1887 Mar. 14	Ditto ditto	300	15	300	1887	3½	Repaid.
1888 July 2	Fitting up and furnishing additional buildings ..	4,500	10	4,500	1889	3½	Repaid.
1894 Aug. 14	Female staff recreation room, etc.	7,950	20	7,950	1894	3⅛	2,782 10 0
1895 May 15	Fire-escape staircase.. ..	*651	15	*651	1896	2⅞	*173 9 9
1896 Apr. 23	Female staff recreation room, etc.	1,330	20	1,330	1896	2¾	598 10 0
	Carried to Summary at end	£334,058		£ 334,058			£ 93,867 3 7
	Tooting Bec Asylum.						
1894 May 1	Purchase of site and premises	27,000	50	27,000	1894	3⅛	19,980 0 0
1900 Feb. 19	Buildings, fittings, etc.	229,090	30	75,000	1900	3½	57,500 0 0
				75,000	1900	3½	57,500 0 0
				50,000	1902	3⅜	41,666 13 4
				29,090	1902	3⅜	24,241 9 2
		16,698	15	8,500	1903	3 7/16	6,233 6 8
				5,300	1904	3⅝	4,240 0 0
				2,898	1905	3⅝	2,511 12 0
1901 July 20	Receiving home for children	§12,516	30§	12,516	1903	3 7/16	§10,846 19 8
1902 Dec. 22	Furniture and equipment	13,240	10	13,240	1903	3 7/16	7,944 0 0
1904 Dec. 27	Additional buildings.. ..	36,250	30	10,000	1906	3¾	9,666 13 4
			‡	‡16,269	‡	‡	‡12,812 14 4
	Carried to Summary at end	£334,794		£ 324,813			£ 255,143 8 6
	Clapton Asylum.						
1875 July 12	Furnishing	2,500	20	2,500	1877	3¾	Repaid.
	Carried to Summary at end	£2,500		£ 2,500			..
	Belmont Asylum.						
1900 Jan. 20	Purchase of premises ..	103,750	25	103,750	1902	3⅜	83,000 0 0
1904 June 21	Adaptation of premises and drainage works	15,900	10	15,900	1905	3⅝	12,720 0 0
1904 Aug. 26	Ditto (additional) ..	1,730	10	1,730	1905	3⅓	1,384 0 0
1905 Feb. 15	Electric lighting and provision of telephones and fire alarms	§2,845	10	2,000	1905	3⅝	1,600 0 0
			10	§395	1905	3⅓	§ 316 1 4
1906 Jan. 13	Furnishing and equipment	4,180	5	4,180	1906	3¾	3,344 0 0
	Carried to Summary at end	£128,405		£ 127,955			£ 102,364 1 4

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

‡ Amount of unexpended balances applied as per Table C, p. 123.

§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** *(continued).*

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 190
	Eastern Hospital.	£	Years.	£		£	£ s.
1868 Apr. 23	Purchase of land	12,500	60	12,500	1870	3⅞	4,583 6
1869 June 16	Buildings, furniture, &c. ..	56,760	60	56,760	1870	3⅞	20,812 0
1870 July 9	Ditto ditto ..	* ..	59	* ..	1871	3⅞	* ..
1871 Apr. 5	Completion of erection, &c.	8,000	59	7,950	1871	4	2,992 0
			59	50	1871	3⅞	13 0
1871 Dec. 2	Coal stores, &c.	1,570	58	1,570	1872	3⅞	778 0
1875 May 13	Additions	*6,978	52	*6,978	1876	3¾	2,828 1
1878 Nov. 20	Mortuary	* ..	50	* ..	1879	3¾	* ..
1883 July 13	Purchase of land, &c. ..	17,090	58	17,090	1883	3½	10,010 0
1884 July 23	Purchase of leasehold interest in 75, Brooksby Walk, Homerton	250	56	250	1885	3½	151 9
1894 May 19	Heating four enteric wards	600	5	600	1894	3½	Repaid.
1894 Aug. 4	Additional accommodation	13,150	30	13,150	1894	3⅛	7,451 13
1896 May 4	Ditto ditto ..	1,227	20	1,227	1898	2⅞	674 17
1898 Aug. 3	Workshops and isolation pavilion	2,852	25	2,852	1899	2¾	1,940 0
1902 Aug. 25	Additional fire exits	710	15	710	1904	3⅛	568 0
1903 Nov. 14	Alterations to laundry ..	850	15	850	1904	3⅛	680 0
1904 June 10	Ditto (additional) ..	360	15	360	1905	3⅛	312 0
	Carried to Summary at end	£122,897		£ 122,897			£ 53,794 7
	North-Eastern Hospital.						
1892 Aug. 11	Purchase of site	12,000	50	12,000	1893	3½	8,640 0
1893 June 30	Purchase of additional land and premises	6,500	50	4,000	1893	3½	2,880 0
			50	2,500	1893	3½	1,800 0
1893 Nov. 1	Ditto ditto ..	6,000	50	6,000	1894	3½	4,440 0
1894 Mar. 22	Purchase of leases of two cottages adjoining	500	50	500	1894	3⅛	370 0
1896 May 4	Boundary wall and fencing	2,820	25	2,820	1896	2¾	1,579 4
1897 May 21	Medical superintendent's house	2,155	30	2,155	1899	2¾	1,576 6
1898 Nov. 9	Constructing permanent hospital	126,850	15	13,200	1899	2¾	5,720 0
			30	50,225	1899	2¾	35,979 0
			30	63,425	1899	2¾	45,249 0
1899 Dec. 12	Erection of laundry	10,251	30	10,251	1901	3½	8,199 8
1899 Dec. 12	Fittings for ditto, and construction of rain-water reservoir	4,550	15	4,550	1901	3½	2,730 0
1902 June 25	Erection of laundry, &c. (additional)	521	15	521	1902	3⅜	347 1
1902 Oct. 4	Furniture for additional buildings	3,000	5	3,000	1902	3⅜	Repaid.
	Carried to Summary at end	£175,147		£ 175,147			£ 119,510 1 1
	North-Western Hospital.						
1868 Feb. 13	Purchase of land	16,000	60	16,000	1870	3⅞	5,866 13 4
1868 Aug. 24	Boundary walls	1,606	60	1,606	1870	3⅞	588 17 4
1870 Jan. 21	Buildings	8,000	60	6,654	1870	3⅞	2,439 16 0
			59	1,346	1871	3⅞	496 0 0
1871 Feb. 3	Additions to buildings ..	12,500	59	12,500	1871	3⅞	4,668 0 0
1871 June 7	Medical superintendent's house	1,300	59	1,300	1871	3⅞	486 0 0
1872 Mar. 6	Engineering works	*625	58	*625	1872	3⅞	*205 6 2
	Carried forward ..	£40,031		£ 40,031			£ 14,750 12 10

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	North-Western Hospital (*continued*).	£	Years.	£		£	£ s. d.
	Brought forward ..	40,031		40,031			14,750 12 10
1883 Dec. 22	Purchase of land & premises	13,000	57	13,000	1884	3½	7,750 5 7
1884 June 23	Boundary wall	2,700	30	2,700	1885	3½	720 0 0
1884 Aug. 14	Enlargement of medical superintendent's house..	320	30	320	1885	3½	85 6 8
1891 Dec. 23	Additional laundry accommodation	2,650	15	2,650	1892	3½	..
1892 Oct. 6	Administrative block of buildings..	30,050	30	25,550	1893	3½	13,626 13 4
			15	4,500	1893	3½	300 0 0
1894 Apr. 6	Reconstruction of patients' laundry and erection of disinfecting house	1,130	15	1,130	1894	3⅛	150 13 4
1895 May 15	Additional ward pavilions	54,805	30	54,805	1895	2⅞	31,209 0 0
1895 June 10	Mains and wires for electric lighting	2,000	10	2,000	1896	2⅞	Repaid.
1895 July 31	Administrative block (additional expenditure) ..	10,000	25	10,000	1896	2⅞	5,600 0 0
1896 Mar. 27	Workshops	572	20	572	1896	2¾	257 8 0
1897 Feb. 23	Additional staff accommodation	*9,753	30	* 9,753	1898	2¾	* 6,826 17 8
1897 Dec. 30	Gate-porter's lodge	550	30	550	1898	2¾	385 0 0
1900 July 31	Mains & wires for electric lighting (additional) ..	†1,200	10	† 1,200	†	†	†472 13 1
	Carried to Summary at end	£168,761		£ 168,761		£	82,134 10 6
	Western Hospital.						
1871 May 4	Purchase of site..	12,000	59	12,000	1871	3⅞	4,486 0 0
1872 Mar. 27	Boundary walls	2,000	58	2,000	1872	3⅞	748 0 0
1876 May 11	Provision of administrative accommodation	10,000	52	925	1876	3¾	366 0 0
			52	9,075	1877	3¾	3,676 0 0
1877 Jan. 11	Buildings and furniture ..	32,000	52	15,925	1877	3¾	6,430 0 0
			52	11,075	1877	3¾	4,678 0 0
			20	5,000	1877	3¾	Repaid.
1877 July 17	Boundary wall	600	51	600	1878	3¾	252 0 0
1879 July 28	Alterations and additions	5,250	49	5,250	1880	3¾	2,357 0 6
1883 June 7	Ditto ditto	2,250	30	2,250	1883	3½	450 0 0
1884 Feb. 9	Ditto ditto	380	30	380	1885	3½	101 6 8
1885 Jan. 30	Medical superintendent's house and other additions, &c.	4,300	15–30	4,300	1886	3½	1,078 6 3
1886 June 19	Alterations and additions	2,300	20	2,300	1886	3½	Repaid.
1891 Jan. 31	Further accommodation for staff..	5,050	20	5,050	1891	3½	1,010 0 0
1891 July 22	Purchase of additional land	8,150	50	8,150	1892	3½	5,705 0 0
1892 May 26	Additional buildings.. ..	43,025	30	36,325	1892	3½	18,162 10 0
			15	6,700	1892	3½	..
1893 July 6	Additional staff accommodation	3,360	20	3,360	1894	3½	1,176 0 0
1894 Aug. 18	Purchase of land(addition'l)	10,000	50	10,000	1894	3⅛	7,400 0 0
1895 July 1	Alterations and additions	8,490	25	8,490	1896	2⅞	4,754 8 0
1895 Dec. 6	Additional buildings (further on account)	13,230	30	8,570	1896	2⅞	5,427 13 4
			15	4,660	1896	2⅞	1,242 13 4
1896 Oct. 26	Diphtheria isolation and staff blocks	51,350	30	50,000	1897	2¾	33,333 6 8
				1,350	1901	3½	1,080 0 0
1897 Feb. 3	Additional b'ldngs (bal'nce)	1,073	30	1,073	1897	2¾	715 6 8
1897 May 6	Tar-paving & fencing work	2,103	5	2,103	1899	2¾	Repaid.
1897 Dec. 28	Engineering works, &c. ..	5,600	15	5,600	1898	2¾	2,240 0 0
1900 Jan. 18	Furniture for new buildings	† 2,639	5	† 2,639	†	†	† 1,039 5 4
	Carried to Summary at end	£225,150		£ 225,150		£	107,908 16 9

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

† Amount of unexpended balances applied as per Table B, p. 122.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	South-Western Hospital.	£	Years.	£		£	£ s. d.
1868 July 13	Purchase of land	15,000	60	15,000	1870	3⅞	5,500 0 0
1868 Aug. 10	Ditto	500	60	500	1870	3⅞	183 6 8
1869 June 5	Buildings, fitting up, &c.	65,380	60	65,380	1870	3⅞	23,972 13 4
1870 July 9	Ditto ditto	* ..	59	* ..	1871	3⅞	* ..
1871 Apr. 5	Completion of erection, &c.	10,000	59	10,000	1871	4	3,710 0 0
1871 July 13	Purchase of tents	1,600	59	1,600	1871	3⅞	601 0 0
1878 Aug. 8	Alterations and additions	1,550	50	1,550	1879	3¾	651 0 0
1879 Feb. 12	Provision of water tanks ..	400	49	400	1880	3¾	179 12 3
1879 June 17	Pavilion for typhus fever..	6,000	49	6,000	1880	3¾	2,693 17 0
1881 Jan. 5	Additional accommodation	700	15	700	1881	4½	Repaid.
1884 Jan. 29	Purchase of adjoining land	1,300	57	1,300	1884	3½	775 1 2
1884 May 3	Entrance gates, &c.	1,905	15	365	1885	3½	Repaid.
			30	1,540	1885	3½	410 13 4
1892 Nov. 7	Additional staff accommodation	6,420	20	6,420	1893	3½	1,926 0 0
1894 Dec. 29	Alterations and additions	26,976	30	26,976	1895	2⅞	12,835 4 0
1896 June 19	Ditto ditto	5,230	20	5,230	1897	2¾	2,615 0 0
1896 Sep. 7	Ditto ditto	792	20	792	1899	2¾	475 4 0
1867 Dec. 27	Pavilion and reconstruction of drains	*16,765	25	*16,765	1898	2¾	*10,729 17 11
1899 Jan. 16	Alterations and additions	2,351	20	2,351	1899	2¾	1,403 16 0
1902 July 7	Additional fire exits	570	5	570	1904	3⅝	228 0 0
	Carried to Summary at end	£163,439		£ 163,439			£ 68,890 5 8
	Fountain Hospital.						
1893 Aug. 11	Purchase of site	10,500	50	10,500	1894	3½	7,770 0 0
1893 Oct. 30	Purchase of land	1,506	50	1,506	1894	3½	1,110 0 0
1895 July 19	Temporary hospital and provision of fittings ..	128,347	5	128,347	1895	2⅞	Repaid.
1903 Dec. 1	Fire-resisting works, alterations, &c. ..	14,750	5	14,000	1904	3⅝	5,600 0 0
			5	750	1905	3½	450 0 0
	Carried to Summary at end	£155,103		£ 155,103			£ 14,930 0 0
	Grove Hospital.						
1896 Oct. 7	Erection, fitting up, and furnishing	255,116	30	100,000	1897	2¾	66,666 13 4
			30	100,000	1897	2¾	66,666 13 4
			15	50,000	1897	2¾	16,666 13 4
			30	5,116	1901	3½	4,092 16 0
1903 Apr. 23	Ditto	15,990	30	8,450	1903	3⅝	7,323 6 8
			15	7,540	1903	3⅝	5,528 0 0
	Carried to Summary at end	£271,106		£ 271,106			£ 166,944 2 8
	South-Eastern Hospital.						
1872 May 10	Purchase of site	10,400	57	10,400	1872	3⅞	4,017 0 0
1873 Aug. 25	Boundary walls and gates	1,100	56	1,100	1874	3⅞	451 0 0
1876 May 11	Administrative accommodation	10,000	52	10,000	1877	3¾	4,042 0 0
1877 Jan. 11	Buildings and furniture	39,000	52	15,000	1877	3¾	6,033 0 0
			52	19,000	1877	3¾	8,038 0 0
			20	5,000	1877	3¾	Repaid.
1878 Oct. 10	Alterations and additions	4,800	50	4,800	1879	3¾	2,016 0 0
1883 June 18	Purchase of additional land	2,200	58	2,200	1883	3½	1,288 0 0
1884 May 14	Alterations and additions for separation of cases ..	13,100	15	2,270	1885	3½	Repaid.
			30	10,830	1885	3½	2,888 0 0
	Carried forward ..	£80,600		£ 80,600			£ 28,773 0 0

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** *(continued)*.

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	South-Eastern Hospital *(continued)*.	£	Years	£		£	£ s. d.
	Brought forward ..	80,600		80,600			28,773 0 0
1893 Nov. 7	Additional staff accommodation	14,200	30	14,200	1894	3½	8,046 13 4
1894 Mar. 15	Laundry buildings, machinery, and fittings ..	8,950	20	8,950	1894	3½	3,132 10 0
1895 Dec. 17	Laundry buildings (additional expenditure) ..	1,772	20	1,772	1896	2⅞	797 8 0
1896 Mar. 31	Additional pavilions and workshops	21,350	30	21,350	1896	2¾	13,521 13 4
1898 Nov. 30	Improvement of heating arrangements	8,832	15	8,832	1899	2¾	4,112 0 0
1902 May 23	Ditto (additional)	3,280	15	3,280	1902	3⅜	2,183 18 4
1904 Jan. 9	Reconstruction of hospital	135,200	20	39,500	1904	3⅝	33,575 0 0
			20	49,022	1905	3½	44,119 4 0
			20	35,000	1906	3¾	33,250 0 0
	Carried to Summary at end	£274,184		£ 262,506			£ 171,511 7 0
	Park Hospital.						
1893 June 29	Purchase of site	22,500	50	22,500	1893	3½	16,200 0 0
1896 Feb. 29	Erection, fitting up, and furnishing	§251,447	30	100,000	1896	2¾	63,333 6 8
			30	100,000	1896	2¾	63,333 6 8
			15	46,000	1896	2¾	12,266 13 4
			30	§ 5,447	1901	3½	§4,356 13 1
	Carried to Summary at end	£273,947		£ 273,947			£ 159,489 19 9
	Brook Hospital.						
1894 Jan 18	Purchase of site	16,095	50	16,095	1894	3½	11,910 6 0
1894 Aug. 16	Erection of hospital	200,000	30	100,000	1894	3½	56,666 13 4
			30	75,000	1895	3½	45,000 0 0
			15	25,000	1895	3½	5,000 0 0
1898 Dec. 2	Erection of hospital and fitting up, &c.	101,456	15	14,456	1899	2¾	* 6,262 0 0
			30	87,000	1899	2¾	62,350 0 0
	Carried to Summary at end	£317,551		£ 317,551			£ 187,188 19 4
	Northern Hospital.						
1884 Jan. 25	Purchase of land	13,580	57	13,580	1884	3½	8,096 0 5
1884 Apr. 21	Fencing part of site	1,146	15	1,146	1884	3½	Repaid.
1884 Sep. 12	Entrance gates	2,075	30	2,075	1885	3½	553 6 8
1884 Nov. 19	Erection of hospital	83,377	30	71,347	1885	3½	19,024 0 0
			10	11,150	1885	3½	Repaid.
			5	880	1885	3½	Repaid.
1884 Nov. 19	Roads	3,000	5	3,000	1885	3½	Repaid.
1885 Dec. 7	Drainage works	1,503	30	1,503	1886	3½	450 9 3
1886 July 10	Laying out grounds, &c. ..	3,580	10	3,580	1886	3½	Repaid.
1886 Nov. 18	Erection of hospital	1,830	10	1,830	1887	3½	Repaid.
1889 Mar. 23	Additional pavilions and other works, &c.	10,400	30	9,900	1889	3½	3,960 0 0
			15	500	1889	3½	Repaid.
1892 Aug. 24	Extension of administrative buildings..	10,855	30	10,855	1893	3½	5,789 6 8
1893 Nov. 3	Medical superintendent's house	*1,711	30	*1,711	1894	3½	*969 9 11
1894 June 30	Extension of additional administrative buildings ..	1,650	30	1,650	1894	3½	935 0 0
1894 Dec. 6	Double pavilion and alteration to laundries	22,350	30	22,350	1895	2¾	12,940 0 0
	Carried forward ..	£157,057		£ 157,057			£ 52,717 12 11

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Northern Hospital (*continued*).	£	Years.	£		£	£ s. d.
	Brought forward ..	157,057		157,057			52,717 12 11
1896 July 31	Double pavilion and alteration to laundries (additional expenditure) ..	1,890	25	1,890	1896	2¾	1,058 8 0
1896 Nov. 30	Isolation block	3,200	30	3,200	1898	2⅞	2,240 0 0
1898 Mar. 5	Nurses' home, &c.	18,000	30	18,000	1898	2⅞	12,600 0 0
		†1,500		†1,500	†	†	590 16 7
1899 June 16	Electric lighting plant ..	§11,781	10	11,000	1899	2¾	2,200 0 0
				§781	1901	3½	§311 7 6
1901 Feb. 21	Furniture for nurses' home	1,000	5	1,000	1901	3½	Repaid.
	Carried to Summary at end	£194,428		£ 194,428		£	71,718 5 0
	Southern Hospital.						
1897 Mar. 27	Purchase of site	14,273	50	14,273	1897	2¾	11,417 5 0
1899 Feb. 8	Redemption of tithe rent charge	922	25	922	1899	2¾	627 0 0
				25,000	1902	3⅜	20,833 6 8
				50,000	1903	3⅜	43,333 6 8
1901 Dec. 5	Buildings, fittings, &c. ..	284,312	30	75,000	1904	3⅝	67,500 0 0
				40,000	1905	3⅝	37,333 6 8
				40,000	1905	3⅜	37,333 6 8
	Carried to Summary at end	£299,507		£ 245,195		£	218,377 11 8
	Gore Farm (Upper) Hospital.						
1883 June 22	Purchase of site	13,175	58	13,175	1883	3½	7,727 0 0
1883 Oct. 25	Purchase of additional land	125	57	125	1883	3½	74 9 11
1884 Apr. 23	Boundary walls	1,148	30	1,148	1884	3½	267 17 4
1884 May 2	Ditto	332	30	332	1884	3½	77 9 4
1884 June 19	Purchase of additional land and premises	2,500	57	2,500	1884	3½	1,487 9 9
1884 July 10	Purchase of additional land	1,100	57	1,100	1884	3½	654 10 3
1888 Apr. 19	Convalescent smallpox hospital	58,392	20	50,000	1888	3½	2,500 0 0
			20	8,392	1889	3½	839 4 0
1893 Nov. 17	Additional accommodation	30,500	30	30,500	1894	3½	17,283 6 8
1896 June 22	Staff blocks, laundry, &c.	32,120	25	32,120	1897	2¾	19,272 0 0
1897 Dec. 27	Enlargement of rain-water reservoir	1,596	20	1,596	1898	2⅞	877 16 0
1902 Feb. 14	Additional buildings ..	39,500	10	24,000	1902	3⅜	12,000 0 0
				15,500	1902	3⅜	7,750 0 0
	Carried to Summary at end	£180,488		£ 180,488		£	70,811 3 3
	Gore Farm (Lower) Hospital.						
1902 Feb. 14	Buildings, fittings, &c. ..	134,500	10	134,500	1902	3⅜	67,250 0 0
1903 Mar. 13	Ditto ditto ..	500	10	500	1903	3⅜	300 0 0
	Carried to Summary at end	£135,000		£ 135,000		£	67,550 0 0

† Amount of unexpended balances applied as per Table B, p. 122.
§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Smallpox Hospitals. Ships.	£	Years.	£		£	£ s. d.
1881 Nov. 10	Fitting up and furnishing "Atlas" & "Endymion"	11,000	5	11,000	1881	3½	Repaid.
1883 June 15	Purchase of "Castalia" ..	5,500	15	5,500	1883	3½	Repaid.
1883 Aug. 16	Purchase of land	1,000	57	1,000	1883	3½	596 8 11
1883 Sept. 25	Alterations to "Castalia"	12,000	10	12,000	1883	3½	Repaid.
1883 Dec. 11	Administrative buildings	8,800	30	4,000	1884	3½	933 6 8
	Construction of pier		30	4,800	1884	3½	1,120 0 0
1883 Dec. 28	Land for roadway, &c. ..	500	57	500	1884	3½	298 1 8
1884 Feb. 18	Machinery and fittings at administrative buildings	1,800	15	1,800	1884	3½	Repaid.
1884 Feb. 29	"Castalia" — ventilating, heating, and mooring ..	7,024	10	7,024	1885	3½	Repaid.
1884 May 27	Construction of gangway to connect "Castalia" and "Endymion"	*578	10	*578	1885	3½	*Repaid.
1884 June 23	Additional administrative buildings	1,050	15	258	1885	3½	Repaid.
	Fences		15	542	1885	3½	Repaid.
	Additional administrative buildings		30	250	1885	3½	66 13 4
1884 Oct. 1	Construction of roadway ..	1,975	30	1,975	1885	3½	521 6 8
1884 Oct. 16	Additional expenditure, alterations to "Castalia"	1,630	10	1,630	1886	3½	Repaid.
1885 June 13	Purchase of "Atlas" ..	14,900	20	8,400	1885	3½	Repaid.
	Purchase of "Endymion"		20	6,500	1885	3½	Repaid.
1885 July 27	Additional administrative buildings	6,528	30	6,528	1886	3½	1,636 19 9
	Carried to Summary at end	£74,285		£ 74,285		£	5,172 17 0
	Smallpox Hospitals. Long Reach.						
1902 Feb. 14	Buildings, fittings, &c. ..	57,000	10	57,000	1902	3⅜	28,500 0 0
1903 Mar. 23	Pier head buildings	2,700	30	2,700	1903	3 7/16	2,340 0 0
1904 Mar. 26	Pontoon and landing stage	8,288	10	7,800	1904	3⅝	5,457 0 0
			10	488	1905	3⅓	390 16 0
	Carried to Summary at end	£67,988		£ 67,988		£	36,687 16 0
	Smallpox Hospitals. Orchard.						
1902 Feb. 14	Buildings, fittings, &c. ..	69,000	10	69,000	1902	3⅜	34,500 0 0
1903 Mar. 13	Ditto ditto ..	54,000	10	54,000	1903	3⅜	32,400 0 0
	Carried to Summary at end	£123,000		£ 123,000		£	66,900 0 0
	Smallpox Hospitals. Joyce Green.						
1894 Aug. 23	Purchase of site	22,350	50	22,350	1894	3⅛	16,539 0 0
1896 July 25	Construction of tramway ..	5,200	20	5,200	1898	2¾	2,860 0 0
1896 Nov. 9	Boundary fence	1,450	20	1,450	1898	2¾	797 10 0
1899 Feb. 8	Redemption of tithe-rent charges	3,175	25	2,945	1899	2¾	1,992 0 0
	Redemption of land tax ..		30	230	1899	2¾	168 13 4
1899 Aug. 31	Purchase of additional land	1,440	50	1,440	1901	3½	1,267 4 0
	Carried forward ..	£33,615		£ 33,615		£	23,624 7 4

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Smallpox Hospitals.	£	Years.	£		£	£ s. d.
	Joyce Green (*Continued*).						
	Brought forward ..	33,615		33,615			23,624 7 4
1900 Apr. 30	Buildings, fittings, &c.	246,000	30	100,000	1901	3½	80,000 0 0
				75,000	1902	3⅝	62,500 0 0
				71,000	1902	3⅜	59,166 1 8
		11,100	15	11,100	1904	3⅝	8,880 0 0
1902 Jan. 13	Buildings (additional) ..	§77,456	30	21,000	1902	3⅜	17,499 16 8
				50,000	1902	3⅜	41,665 10 0
				§6,456	1904	3⅝	§5,814 16 9
				§ ..	1905	3⅝	§ ..
1905 Jan. 9	Internal painting	§2,698	5	§2,698	1905	3⅝	§1,619 0 0
	Carried to Summary at end	£370,869	£	370,869		£	300,769 12 5
	Antitoxin Buildings.						
1903 Apr. 24	Erection of stables and other buildings	5,280	20	5,280	1906	3¾	5,016 0 0
	Carried to Summary at end	£5,280	£	5,280		£	5,016 0 0
	Eastern Ambulance Station.						
1895 Sept. 11	Nurses' quarters, &c. ..	2,645	30	2,645	1896	2¾	1,675 3 4
	Carried to Summary at end	£2,645	£	2,645		£	1,675 3 4
	North-Western Ambulance Station.						
1895 June 28	Purchase of part of site ..	925	30	925	1896	2¾	585 16 8
1896 May 30	Purchase of remainder of site	3,907	30	3,907	1896	2¾	2,474 8 8
1896 June 11	Erection of station	15,422	30	15,422	1896	2¾	9,767 5 4
	Carried to Summary at end	£20,254	£	20,254		£	12,827 10 8
	Western Ambulance Station.						
1892 Mar. 30	Reconstruction and enlargement of station ..	3,800	20	3,800	1892	3½	950 0 0
	Carried to Summary at end	£3,800	£	3,800		£	950 0 0
	South-Western Ambulance Station.						
1895 Sep. 30	Purchase of lease of site ..	2,000	50	2,000	1896	2¾	1,560 0 0
1897 Feb. 3	Erection of station	*13,976	30	*13,976	1897	2¾	*9,317 11 6
	Carried to Summary at end	£15,976	£	15,976		£	10,877 11 6
	South-Eastern Ambulance Station.						
1904 Jan. 1	Additional accommodation for nurses	§1,625	20	§1,625	1904	3⅛	§1,381 9 3
	Carried to Summary at end	£1,625	£	1,625		£	1,381 9 3
	Brook Ambulance Station.						
1894 Nov. 27	Erection of station	*16,408	30	*16,408	1896	2⅞	*10,391 8 7
	Carried to Summary at end	£16,408	£	16,408		£	10,391 8 7

* Less amounts of unexpended balance of loans authorised to be applied towards defraying cost of certain works. See Table A, p. 121.

§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907 (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Mead Ambulance Station.	£	Years.	£		£	£ s. d.
1903 Mar. 13	Erection of station	28,500	10	28,500	1903	3⅜	17,100 0 0
	Carried to Summary at end	£28,500	£	28,500		£	17,100 0 0
	Tooting Bec Ambulance Station.						
1901 Sept. 28	Erection of station	1,567	30	1,567	1905	3⅝	1,462 10 8
	Carried to Summary at end	£1,567	£	1,567		£	1,462 10 8
	South Wharf.						
1883 Nov. 21	Purchase of wharf	13,000	57	13,000	1883	3½	7,750 1 2
1884 Jan. 21	Construction of pier	4,400	30	4,400	1884	3½	1,026 13 4
1893 Aug. 29	Shelters for patients	1,737	5	1,737	1894	3⅛	Repaid.
1894 June 8	Ditto	263	5	263	1894	3⅛	Repaid.
1895 Aug. 22	Staff quarters	8,181	30	8,181	1896	2⅞	5,181 6 0
1898 Mar. 26	Smallpox shelter	875	5	875	1899	2¾	Repaid.
1901 Mar. 1	Male staff quarters	§6,588	30	3,807	1901	3½	3,045 2 2
				§2,781	1902	3⅜	§2,317 11 3
1903 Mar. 13	Receiving and isolation wards, staff quarters, &c.	8,110	10	8,110	1903	3⅜	4,866 0 0
	Carried to Summary at end	£43,154	£	43,154		£	24,186 13 11
	North Wharf.						
1884 Jan. 21	Purchase of wharf	6,500	57	3,500	1884	3½	2,086 11 2
	Construction of pier		30	3,000	1884	3½	700 0 0
1884 Aug. 28	Construction of roadway ..	410	15	60	1885	3½	Repaid.
			30	350	1885	3½	93 6 8
1885 June 26	Fencing, paving, &c. ..	515	10-15	515	1886	3½	121 3 3
1885 July 2	Piermaster's house and other buildings	1,340	30	1,340	1886	3½	315 6 9
1903 Mar. 13	Detention shelter, staff change rooms, &c. ..	790	10	790	1903	3⅜	474 0 0
	Carried to Summary at end	£9,555	£	9,555		£	3,790 7 10
	West Wharf.						
1884 Apr. 26	Purchase of wharf	4,500	56	4,500	1885	3½	2,726 12 4
1884 Nov. 14	Ditto	1,000	56	1,000	1885	3½	605 18 6
1885 Aug. 24	Construction of pier	2,500	30	2,500	1886	3½	750 0 0
1885 Dec. 16	Construction of river walling and other works	6,207	30	5,947	1886	3½	1,782 10 6
			10	260	1886	3½	Repaid.
	Carried to Summary at end	£14,207	£	14,207		£	5,865 1 4
	River Ambulance Steamers.						
1883 June 22	"Red Cross"—Construction, fitting up, &c. ..	4,630	15	4,630	1883	3½	Repaid.
1884 Mar. 22	"Maltese Cross"—Construction, fitting up, &c.	5,500	10	5,500	1885	3½	Repaid.
1884 May 27	"Albert Victor"—Purchase money	3,150	10	3,150	1885	3½	Repaid.
	Carried forward ..	£13,280	£	13,280			Repaid.

§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	River Ambulance Steamers (*continued*).	£	Years.	£		£	£ s. d.
	Brought forward ..	13,280		13,280			Repaid.
1884 June 16	"Maltese Cross"—Fitting up, &c. (balance)	360	10	360	1885	3½	Repaid.
1884 Sep. 1	"Marguerite" — Purchase money	1,075	10	1,075	1885	3½	Repaid.
1894 May 12	"Geneva Cross" — Construction, fitting up, &c.	9,750	15	9,750	1894	3½	1,300 0 0
1895 Feb. 12		1,230	15	1,230	1896	2⅞	328 0 0
1896 Sep. 8	"White Cross"—Construction, fitting up, &c. ..	2,042	15	2,042	1897	2¾	259 2 6
1903 Mar. 13	"Red Cross" — Purchase money	8,100	10	8,100	1903	3⅜	4,860 0 0
	Carried to Summary at end	£35,837		£ 35,837		£	6,747 2 6
	Training Ship Exmouth.						
1876 July 13	Fitting up ship	16,000	20	14,000	1876	3¾	Repaid.
1876 Dec. 6	Purchase of brigantine ..	2,000	20	2,000	1877	3¾	Repaid.
1877 July 17	Fitting up ship (additional)	4,000	20	2,000	1877	3¾	Repaid.
	Erection of causeway ..		15	3,000	1878	3¾	Repaid.
1884 June 24	Construction of swimming bath and boat-house ..	2,700	51	1,000	1878	3¾	447 0 0
1885 July 1	Installation of electric light	1,664	15	2,700	1886	3½	Repaid.
1886 Apr. 25	Construction of swimming bath, &c...	729	10	1,664	1886	3½	Repaid.
1897 Feb. 22	Purchase of Sherfield House and grounds at Grays ..	2,770	30	729	1886	3½	Repaid.
1901 Apr. 25	Purchase of lease of Shipping Home, 24, Stainsby Road	515	10	2,770	1897	2¾	1,846 13 4
1904 May 31	Building new ship	§62,498	30	515	1901	3½	205 6 6
			30	30,000	1904	3⅜	27,000 0 0
1905 Apr. 22	Ditto (additional)..	§ ..	30	§32,498	1905	3⅜	§30,331 9 4
1906 July 23	Purchase of lands and premises situate at Grays ..	5,500	30	§ ..	1905	3⅓	§ ..
	Carried to Summary at end	£98,376		£ 98,376	1906	3¾	5,317 6 8
						£	65,147 15 10
	High Wood School.						
1898 Jan. 20	Purchase of site	2,300	50	2,300	1898	2⅞	1,886 0 0
			30	25,000	1901	3½	20,000 0 0
			30	25,000	1902	3⅜	20,833 6 8
1900 Feb. 17	Buildings, furniture, &c. ..	102,560	30	35,000	1902	3⅜	29,166 0 0
			15	15,000	1904	3⅝	12,000 0 0
			15	1,200	1905	3⅓	1,040 0 0
			15	1,360	1906	3¾	1,269 0 0
1904 Jan. 27	Furnishing and equipment	1,617	5	1,617	1904	3⅝	646 16 0
	Carried to Summary at end	£106,477		£ 106,477		£	86,841 2 8
	White Oak School.						
1898 May 19	Purchase of site	5,050	50	5,050	1899	3½	3,992 0 0
			30	25,000	1901	3½	20,000 0 0
1901 Mar. 23	Buildings	119,694	30	25,000	1902	3⅜	20,833 6 8
			30	60,000	1902	3⅜	49,998 10 0
			30	8,694	1903	3 7/16	7,530 0 0
			15	1,000	1904	3⅝	800 0 0
1903 July 29	Furniture and equipment	7,500	10	7,500	1904	3⅝	5,247 0 0
	Carried to Summary at end	£132,244		£ 132,244		£	108,400 16 8

§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Bridge Industrial Home.	£	Years.	£		£	£ s. d.
1900 Jan. 20	Purchase of premises ..	11,000	25	11,000	1901	3½	8,360 0 0
	Carried to Summary at end	£11,000		£ 11,000			£ 8,360 0 0
	The Downs School.						
1900 Jan. 20	Purchase of premises ..	88,200	25	88,200	1902	3⅜	70,560 0 0
1902 Aug. 4	Laundry and fittings ..	11,600	25	8,600	1903	3⅜	7,224 0 0
			15	3,000	1903	3⅜	2,200 0 0
	Carried to Summary at end	£99,800		£ 99,800			£ 79,984 0 0
	S. Anne's Home.						
1897 Dec. 16	Purchase of home	16,000	25	16,000	1898	2¾	10,240 0 0
	Carried to Summary at end	£16,000		£ 16,000			£ 10,240 0 0
	East Cliff House.						
1898 Apr. 13	Purchase of house	8,300	30	8,300	1898	2⅞	5,810 0 0
1900 July 28	Extension of premises ..	9,020	30	9,020	1901	3½	7,216 0 0
	Carried to Summary at end	£17,320		£ 17,320			£ 13,026 0 0
	Millfield.						
1899 Aug. 31	Purchase of site	850	50	850	1901	3½	748 0 0
			30	10,000	1902	3⅜	8,333 6 8
1901 Feb. 23	Buildings	20,143	30	9,600	1903	3⅜	8,320 0 0
			15	150	1904	3⅝	120 0 0
			15	393	1905	3⅝	340 12 0
1902 Nov. 4	Drainage and sewage works	698	30	698	1904	3⅝	624 4 0
1903 Oct. 7	Buildings	3,468	25	3,468	1904	3⅝	3,055 4 0
1904 Jan. 27	Furnishing and equipment	1,883	5	1,883	1904	3⅝	753 4 0
	Carried to Summary at end	£27,042		£ 27,042			£ 22,294 10 8
	Lloyd House.						
1899 Aug. 31	Purchase of leasehold interest	†650	12	†650	†	†	†256 0 5
	Carried to Summary at end	£650		£ 650			£ 256 0 5
	Elm Grove.						
1899 May 4	Purchase of No. 16, Elm Grove	1,000	40	1,000	1899	3	800 0 0
	Carried to Summary at end	£1,000		£ 1,000			£ 800 0 0

† Amount of unexpended balances applied as per Table B, p. 122.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** (*continued*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Amount Borrowed.	Year Borrowed	Rate per cent. of Interest payable.	Balance of Principal Outstanding 5th October, 1907.
	Kingwood Road Home.	£	Years.	£		£	£ s. d.
1900 Feb. 13	Purchase of Nos. 60, 62, and 64, Kingwood Road	†1,480	35	†1,480	†	†	†582 19 0
	Carried to Summary at end	£1,480		£ 1,480		£	582 19 0
	Earlsfield Road.						
1902 Jan. 7	Purchase of No. 81	690	40	690	1902	3⅜	600 0 0
	Carried to Summary at end	£690		£ £690		£	600 0 0
	Surrey House.						
1902 Nov. 20	Purchase of No. 66, S. Ann's Hill	1,050	30	1,050	1903	3⅜	910 0 0
	Carried to Summary at end	£1,050		£ 1,050		£	910 0 0
	Pentonville Road.						
1900 Mar. 19	Purchase of leasehold interests of Nos. 70, 72, and 74	†1,500	30	†1,500	†	†	†590 16 7
1901 Dec. 21	Adaptation	2,034	10	2,034	1902	3⅜	1,017 0 0
	Carried to Summary at end	£3,534		£ 3,534		£	1,607 16 7
	Harrow Road.						
1901 Aug. 1	Purchase of leasehold and occupier's interests of Nos. 203 and 205	2,815	40	2,815	1902	3⅜	2,460 0 0
1902 Mar. 11	Adaptation	900	10	900	1902	3⅜	450 0 0
	Carried to Summary at end	£3,715		£ 3,715		£	2,910 0 0
	Camberwell Green.						
1899 May 17	Purchase of No. 37, Camberwell Green..	1,230	36	1,230	1899	3	956 13 4
1899 Sept. 26	Purchase of Nos. 36 and 38, Camberwell Green.. ..	2,250	36	2,250	1899	3	1,750 0 0
1901 Dec. 21	Adaptation	1,716	10	1,716	1902	3⅜	858 0 0
	Carried to Summary at end	£5,196		£ 5,196		£	3,564 13 4
	Office of the Board.						
1897 Aug. 24	Purchase of site	53,000	50	53,000	1897	2¾	42,395 15 0
1898 Feb. 23	Construction of foundations	3,400	30	3,400	1898	2⅞	2,380 0 0
1898 Mar. 31	Buildings	40,000	30	40,000	1898	2⅞	28,000 0 0
1901 Feb. 21	Redemption of land tax ..	700	50	700	1901	3½	616 0 0
1901 Apr. 27	Buildings	§ 10,511	30	§10,511	1901	3½	§ 8,408 12 0
1902 Dec. 9	Expenses *re* and cost of closing railway tunnel ventilator	3,200	50	3,200	1903	3⅜	2,944 0 0
	Carried to Summary at end	£110,811		£ 110,811		£	84,744 7 0

† Amount of unexpended balances applied as per Table B, p. 122.
§ Less amount of unexpended balance of loan authorised to be applied towards defraying cost of additional buildings at Tooting Bec Asylum. See Table C, p. 123.

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** *(continued).*

Unexpended Balances of Loans.

Table A.

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Unexpended balance of Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest payable.	Amount of Unexpended Balance.	
							Principal Repaid.	Principal Outstanding 5th October, 1907.
	CATERHAM ASYLUM.	£	Yrs.	£ s. d.		£	£ s. d.	£ s. d.
1878 Apr. 18	Coal store, &c	47	51	46 15 5	1878	3¾	26 11 8	20 3 9
1897 Aug. 4	Attendants' home	242	30	242 3 0	1898	2¾	72 12 9	169 10 3
	DARENTH ASYLUM.							
1895 May 15	Fire escape staircases ...	44	15	44 7 9	1896	2⅞	32 10 10	11 16 11
	EASTERN HOSPITAL.							
1870 July 9	Buildings, furniture	3,102	59	3,102 0 0	1871	3⅞	1,942 0 0	1,160 0 0
1875 May 13	Additions	27	52	26 18 10	1876	3¾	16 0 4	10 18 6
1878 Nov. 20	Mortuary	1,300	50	1,300 0 0	1879	3¾	754 0 0	546 0 0
	NORTH-WESTERN HOSPITAL.							
1872 Mar. 6	Engineering work	75	58	75 0 11	1872	3⅞	45 7 1	29 13 10
1897 Feb. 23	Additional staff accommodation	147	30	147 5 10	1898	2¾	44 3 6	103 2 4
	SOUTH-WESTERN HOSPITAL.							
1870 July 9	Buildings, fitting up, &c. ..	3,102	59	3,102 0 0	1871	3⅞	1,942 0 0	1,160 0 0
1897 Dec. 27	Pavilion and reconstruction of drains	235	25	234 11 1	1898	2¾	84 9 0	150 2 1
	NORTHERN HOSPITAL.							
1893 Nov. 3	Medical superintendent's house	59	30	59 2 6	1894	3½	25 12 5	33 10 1
	HOSPITAL SHIPS.							
1884 May 27	Construction of gangway to connect "Castalia" and "Endymion"	373	10	372 9 2	1885	3½	372 9 2	Repaid.
	SOUTH-WESTERN AMBULANCE STATION.							
1897 Feb. 3	Erection	24	30	23 12 8	1897	2¾	7 17 6	15 15 2
	BROOK AMBULANCE STATION.							
1894 Nov. 27	Erection	192	30	192 8 10	1896	2⅞	70 10 9	121 18 1
	Totals ... .. £	8,969	£	8,968 16 0		£	5,436 5 0	3,532 11 0

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** *(continued)*.

Unexpended Balances of Loans *(continued)*.

Table B.

Application of amounts to the undermentioned purposes authorised by letter of the Local Government Board, dated 20th July, 1903.

Date of Sanction.	Purpose to which unexpended balances applied.	Amount Sanctioned.	Period Sanctioned for.	Amount not borrowed, but met by the application of unexpended balances as per Table A.	Amount of unexpended balance as per Table A, allocated proportionately as under.	
					Principal repaid	Principal outstanding 5th October, 1907.
	NORTH-WESTERN HOSPITAL.	£	Years.	£ s. d.	£ s. d.	£ s. d.
1900 July 31	Mains and wires for electric lighting (additional)	1,200	10	1,200 0 0	727 6 11	472 13 1
	WESTERN HOSPITAL.					
1900 Jan. 18	Furniture for new buildings	2,639	5	2,638 16 0	1,599 10 8	1,039 5 4
	NORTHERN HOSPITAL.					
1898 Mar. 5	Nurses' home, &c....	1,500	30	1,500 0 0	909 3 5	590 16 7
	LLOYD HOUSE.					
1899 Aug. 31	Purchase of leasehold interest	650	12	650 0 0	393 19 7	256 0 5
	KINGWOOD ROAD.					
1900 Feb. 13	Purchase of Nos. 60, 62, & 64, Kingwood Road...	1,480	35	1,480 0 0	897 1 0	582 19 0
	PENTONVILLE ROAD.					
1900 Mar. 19	Purchase of leasehold interests of Nos. 70, 72, & 74, Pentonville Road	1,500	30	1,500 0 0	909 3 5	590 16 7
	Totals ... ... £	8,969		£ 8,968 16 0	5,436 5 0	3,532 11 0

APPENDIX XI.—**Statement of Sanctions to Borrow, amount Borrowed, &c., and amount Outstanding, at 5th October, 1907** *(continued)*.

Unexpended Balances of Loans *(continued)*.

Table C.

Application of the undermentioned amounts of Unexpended Balances of Loans, authorised by letter of the Local Government Board dated 18th June, 1907, to be applied towards the cost of erection of additional buildings at Tooting Bec Asylum.—(*see ante pages 107-20*).

Date of Sanction.	Purpose.	Amount Sanctioned.	Period Sanctioned for.	Unexpended Balance of Amount Borrowed.	Year Borrowed.	Rate per cent. of Interest Payable.	Amount of Unexpended Balance.	
							Principal Repaid.	Principal Outstanding, 5th Oct., 1907.
	LEAVESDEN ASYLUM.	£	Yrs.	£ s. d.		£	£ s. d.	£ s. d.
1903, Feb. 10	Female Attendants' Home	794	30	793 16 1	1903	$3\frac{7}{12}$	105 15 7	688 0 6
1903, Mar. 24	Sanitary Annexes ...	3	15	3 3 9	1904	$3\frac{5}{8}$	0 8 6	2 15 3
	CATERHAM ASYLUM.							
1902, June 5	Sanitary Annexes ..	295	15	294 14 3	1903	$3\frac{7}{12}$	78 11 3	216 3 0
1902, Aug. 25	Additional Staff Accommodation	2	15	2 7 6	1904	$3\frac{5}{8}$	0 9 6	1 18 0
	TOOTING BEC ASYLUM.							
1901, July 20	Receiving Home for Children	1,454	30	1,454 3 2	1903	$3\frac{7}{12}$	193 16 2	1,260 7 0
	BELMONT ASYLUM.							
1905, Feb. 15	Electric Lighting and Provision of Telephones and Fire Alarms	3,605	10	3,604 18 1	1905	$3\frac{1}{3}$	720 19 5	2,883 18 8
	PARK HOSPITAL.							
1896, Feb. 29	Erection, &c.	492	30	492 5 2	1901	$3\frac{1}{2}$	98 9 2	393 16 0
	NORTHERN HOSPITAL.							
1899, June 16	Electric Lighting Plant ..	51	10	50 15 8	1901	$3\frac{1}{2}$	30 9 8	20 6 0
	JOYCE GREEN HOSPITAL.							
1902, Jan. 13	Buildings (additional) ...	44	30	44 11 10	1904	$3\frac{5}{8}$	4 8 7	40 3 3
1902, Jan. 13	Ditto ditto ...	1,968	30	1,968 0 0	1905	$3\frac{3}{8}$	131 4 0	1,836 16 0
1905, Jan. 9	Internal Painting ...	4,302	5	4,301 13 6	1905	$3\frac{3}{8}$	1,720 13 6	2,581 0 0
	SOUTH EASTERN AMBULANCE STATION.							
1904, Jan. 1	Additional Accommodation for Nurses ...	175	20	174 14 6	1904	$3\frac{5}{8}$	26 3 9	148 10 9
	SOUTH WHARF.							
1901, Mar. 1	Male Staff Quarters ...	743	30	742 16 4	1902	$3\frac{3}{8}$	123 15 1	619 1 3
	TRAINING SHIP EXMOUTH.							
1904, May 31	Building new Ship ...	502	30	502 1 2	1905	$3\frac{5}{8}$	33 10 6	468 10 8
1905, Apr. 22	Ditto ...	1,350	30	1,350 0 0	1905	$3\frac{1}{3}$	90 0 0	1,260 0 0
	OFFICE OF THE BOARD.							
1901, Apr. 27	Buildings	489	30	489 4 5	1901	$3\frac{1}{2}$	97 16 5	391 8 0
	TOTALS £	16,269	£	16,269 5 5		£	3,456 11 1	12,812 14 4

APPENDIX XII.—**Summary of sanctions to Borrow, amount Borrowed, and amount Outstanding 5th October, 1907.**

INSTITUTION.	Amount Sanctioned.	Amount Borrowed.	Balance of Principal Outstanding 5th October, 1907.
	£	£	£ s. d.
Central Stores (Land and premises at Peckham) ...	**21,821**	**4,250**	**3,824 13 4**
Asylums—			
Leavesden	223,916	223,916	97,024 6 11
Caterham	227,254	227,254	91,734 15 8
Darenth	334,058	334,058	93,867 3 7
Tooting Bec	334,794	324,813	255,143 8 6
Clapton	2,500	2,500	— — —
Belmont	128,405	127,955	102,364 1 4
TOTALS FOR ASYLUMS	**1,250,927**	**1,240,496**	**640,133 16 0**
Hospitals—			
Eastern	122,897	122,897	53,794 7 8
North-Eastern	175,147	175,147	119,510 1 1
North-Western	168,761	168,761	82,134 10 6
Western	225,150	225,150	107,908 16 9
South-Western	163,439	163,439	68,890 5 8
Fountain	155,103	155,103	14,930 0 0
Grove	271,106	271,106	166,944 2 8
South-Eastern	274,184	262,506	171,511 7 0
Park	273,947	273,947	159,489 19 9
Brook	317,551	317,551	187,188 19 4
Northern	194,428	194,428	71,718 5 0
Southern	299,507	245,195	218,377 11 8
Gore Farm (Upper)	180,488	180,488	70,811 3 3
Do. (Lower)	135,000	135,000	67,550 0 0
Smallpox—Hospital Ships	74,285	74,285	5,172 17 0
Do. Long Reach (Temporary)	67,988	67,988	36,687 16 0
Do. Orchard	123,000	123,000	66,900 0 0
Do. Joyce Green	370,869	370,869	300,769 12 5
TOTALS FOR HOSPITALS	**3,592,850**	**3,526,860**	**1,970,289 15 9**
Antitoxin Buildings	**5,280**	**5,280**	**5,016 0 0**
Land Ambulance Stations—			
Eastern	2,645	2,645	1,675 3 4
North-Western	20,254	20,254	12,827 10 8
Western	3,800	3,800	950 0 0
South-Western	15,976	15,976	10,877 11 6
South-Eastern	1,625	1,625	1,381 9 3
Brook	16,408	16,408	10,391 8 7
Mead	28,500	28,500	17,100 0 0
Tooting Bec	1,567	1,567	1,462 10 8
TOTALS FOR LAND AMBULANCE SERVICE ...	**90,775**	**90,775**	**56,665 14 0**
River Ambulance Service—			
South Wharf	43,154	43,154	24,186 13 11
North Wharf	9,555	9,555	3,790 7 10
West Wharf	14,207	14,207	5,865 1 4
Steamers	35,837	35,837	6,747 2 6
TOTALS FOR RIVER AMBULANCE SERVICE ...	**102,753**	**102,753**	**40,589 5 7**
Training Ship Exmouth	**98,376**	**98,376**	**65,147 15 10**
Children's Homes and Schools—			
High Wood School	106,477	106,477	86,841 2 8
White Oak School	132,244	132,244	108,400 16 8
Bridge Industrial Home	11,000	11,000	8,360 0 0
The Downs School	99,800	99,800	79,984 0 0
S. Anne's Home	16,000	16,000	10,240 0 0
East Cliff House	17,320	17,320	13,026 0 0
Millfield	27,042	27,042	22,294 10 8
Lloyd Street	650	650	256 0 5
Elm Grove	1,000	1,000	800 0 0
Kingwood Road	1,480	1,480	582 19 0
Earlsfield Road	690	690	600 0 0
Surrey House	1,050	1,050	910 0 0
Pentonville Road	3,534	3,534	1,607 16 7
Harrow Road	3,715	3,715	2,910 0 0
Camberwell Green	5,196	5,196	3,564 13 4
TOTALS FOR CHILDREN'S HOMES	**427,198**	**427,198**	**340,377 19 4**
Office of the Board	**110,811**	**110,811**	**84,744 7 0**
GRAND TOTALS	£ 5,700,791	5,606,799	3,206,789 6 10

APPENDIX XIII.—**Sanctions to Borrow not exercised 5th October, 1907.**

	£	£
Total amount sanctioned to be borrowed, as per Summary	5,700,791	
Less total amount borrowed	5,606,799	
		93,992
Leaving unexercised sanctions to borrow as under:—		
Central Stores—Buildings	17,571	
Tooting Bec Asylum—Additional Buildings	9,981	
Belmont Asylum—Electric Lighting, &c.	450	
South Eastern Hospital—Reconstruction	11,678	
Southern Hospital—Erection	54,312	
		93,992

Note.—On 14th May, 1907, the Local Government Board, by order, cancelled all unexercised powers to borrow which for various reasons were then no longer likely to be required.

APPENDIX XIV.—**Interest on Loans.**

The average rate of interest per cent. per annum payable on the principal of loans outstanding 5th October, 1907, amounting to £3,206,789, **is £3 1/3**. The following table shows particulars of the amount borrowed, the amount repaid and the amount outstanding at the various rates payable:—

	Amount Borrowed.	Amount Repaid.	Amount Outstanding.	Rate per cent. per annum of Interest payable.
	£	£	£	£
	1,060,472	402,493	657,979	2 3/4
	372,699	227,216	145,483	2 7/8
	4,480	973	3,507	3
	285,830	123,925	161,905	3 1/8
	5,050	1,058	3,992	3 1/4
	100,000	9,484	90,516	3 1/3
	1,147,790	328,278	819,512	3 3/8
	119,384	21,152	98,232	3 7/16
	1,141,965	592,675	549,290	3 1/2
	336,634	52,599	284,035	3 5/8
	392,845	223,000	169,845	3 3/4
	543,120	342,905	200,215	3 7/8
	38,930	23,354	15,576	3 15/16
	17,950	11,248	6,702	4
	39,650	39,650	—	4 1/2
Total	**£5,606,799**	**£2,400,010**	**£3,206,789**	{Average rate on outstanding loans} **£3 1/3**

ANNUAL REPORT OF THE WORKS COMMITTEE FOR 1907.

1st January, 1908.

Engineer-in-chief.
(i.) Amplification of duties.

In order to render more effective the Engineer-in-chief's supervision over the various engineering and electrical plants at the Board's institutions, the managers in June last imposed upon him the responsibility of reporting from time to time on the appliances and fittings at such institutions, and of issuing to the resident engineers if, and when, necessary any technical instructions concerning the management or use of the plants or fabrics which, in his opinion, might be desirable or expedient.

(ii.) Cost of works carried out during 1907.

Works to the approximate value of £88,769 were carried out under the supervision of the Engineer-in-Chief during 1907. Of this amount £15,746 represents the value of engineering works and repairs, £15,000 the cost of numerous works and repairs which have been carried out by the staffs at the various institutions, and £58,023 the value of building works and repairs, including £31,295 for the new buildings at the Tooting Bec Asylum, and £10,698 for annual cleaning and painting works. Of the total amount thus expended, £66,687 represents the value of works carried out by contract, and the balance that carried out by direct labour.

(iii.) Head office staff.

No change of importance has taken place in the *personnel* of the staff attached to the Engineer-in-chief's department during the past year.

Central Stores.
Erection of Buildings.

The proposal to erect a new and enlarged needleroom in connection with the new central stores having been abandoned, the managers in June last accepted the tender of Messrs. Charles Wall, Ltd., for the erection of these stores for the sum of £16,381, and fairly satisfactory progress had been made with the works by the end of the year.

IMBECILE ASYLUMS.

Caterham Asylum. Staff accommodation. Plans prepared by the Engineer-in-Chief for the provision of additional mess-room and sleeping accommodation for the male staff at this asylum, at an estimated cost of £2,500, were approved by the managers in the early part of the year, and we hope shortly to submit to the Board a tender for the work.

Tooting Bec Asylum. (i.) Additional buildings. As we anticipated in our last annual report, the erection at this asylum of two additional infirmary blocks, supplemental staff accommodation, and a recreation-hall, in accordance with the plans prepared by the Engineer-in-chief, was practically completed by the end of the year. The contract amount for these works, which were carried out by Messrs. J. Garrett and Son, was £31,295.

(ii.) Electric generating plant. In January, 1907, the Board decided to discontinue generating electricity at this asylum, and to enter into an agreement with the County of London Electric Supply Co. for the supply of electricity for lighting and power for a period of seven years at a cost of 2¼d. per unit for lighting and 1d. per unit for power. In view of this decision, the gas plant at the asylum from which electricity had been generated was sold for £815, this being the highest of the tenders received.

Darenth Asylum. (i.) New workshops. The old workshops having been found altogether insufficient for the altered requirements of this asylum, the managers in April last accepted the tender of Messrs. Hyde and Co. for the erection of new workshops for staff artisans and working patients, in accordance with the plan prepared by the Engineer-in-chief, at the sum of £2,970.

(ii.) Alterations to laundries. The completion of Messrs. D. and J. Tullis's contract for engineering alterations to the laundries at a total cost of £2,795 6s. 1d., or £89 13s. 11d. less than the contract amount, was reported to the Board in April last. These works formed part of a scheme previously approved by the Board with a view of adapting the two laundries at Darenth to meet the requirements of the patients and staff of the reorganised institution.

Belmont Asylum. Adaptation of remaining buildings. In our last annual report we stated that plans of the modified scheme for the adaptation of the remaining portion (formerly known as the boys' school section) of the buildings at this asylum for the accommodation of 523 male imbecile patients and the necessary staff were still before the Local Government Board. The cost of this modified scheme, it will be remembered, was estimated approximately by the architects, Messrs. Dinwiddy and Sons, at £69,500, exclusive of the cost of machinery and engineering works, estimated by the Engineer-in-chief at £22,600.

In April last the managers decided to withdraw from the Local Government Board this revised scheme; to abandon wholly the works which would be involved in carrying it through; and to pay the architects a sum equal to 1¼ per cent. upon the estimated cost of the works in full discharge of their claims.

Minor works. The more important of the minor works for which tenders were accepted during 1907 in connection with the imbecile asylums were (i.) the re-arrangement of bathing accommodation at the Caterham Asylum (£539), being part of a scheme estimated to cost from £750 to £800; (ii.) the repair of roads at the Leavesden Asylum (£800); and (iii.) cleaning and painting works and repairs at the Darenth Asylum (£1,685 4s.).

The Managers also authorised the execution by temporary labour under the Engineer-in-chief, at an estimated cost of £1,000, of certain repairs to the roofs, etc., of the old and disused buildings at Belmont Asylum in order to prevent these buildings from falling into decay.

INFECTIOUS HOSPITALS AND RIVER AMBULANCE SERVICE.

South-Eastern Hospital. Reconstruction of hospital.

We reported to the Board in November last the completion of Messrs. Godson and Sons' contract for the reconstruction of this hospital at a total cost of £112,945 2s. 9d.

The contract amount was £109,947 14s., including a provisional sum for general contingencies of £5,000. The variations on the contract, including £1,300 for extra foundations, amounted to £3,022 3s. 6d., against the provision of £5,000, so that the actual value of the works included in the contract was £107,969 17s. 6d., to which, however, had to be added £4,975 5s. 3d. for additional works ordered and executed while the contract was in progress.

Southern Hospital. (i.) Engineering works.

In submitting to the Managers in April last the final accounts in connection with Messrs. J. Richmond and Co.'s contract for heating, hot water and fire services, we reported that the works had been carried out at a total cost of £12,454 5s. 9d., or £114 5s. 9d. in excess of the contract sum. This amount, however, was exclusive of a claim of £1,350 made by the contractors for compensation on account of delays which they alleged occurred during the progress of their contract, and over which they had no control. This claim of £1,350 was eventually settled by the contractors being awarded, and accepting, a special payment of £200 in full discharge thereof.

(ii.) Upkeep of hospital.

The Managers in June last having decided that until further orders the whole responsibility in respect of the maintenance of this hospital should be left in the hands of the Works Committee, we have since nominated two members to visit and inspect the hospital monthly and to report to us thereon.

The normal staff in charge of the hospital buildings consists of 10, and during the year under review the total cost of the upkeep of the hospital, including labour and material, has been £1,551 13s., an expenditure which we submit may be considered as very satisfactory, in view of the extensive character of the buildings and grounds.

North-Eastern Hospital. New boiler house, workshop, coal store, etc.

At the commencement of the year the Managers approved of a modified scheme, at an approximate cost of £12,000, for the erection of a new boiler-house, workshops, destructor-house, etc., at this hospital, in accordance with further plans which had been prepared by the Engineer-in-chief, and later in the year they accepted the following tenders for the necessary works, viz., Mr. E. Wall for building works, £4,996; Messrs. J. and F. May for installation of new boilers and workshop machinery, £6,985 10s.; and the Alphonse Custodis Chimney Construction Co. for the erection of a new chimney shaft for the sum of £454.

As compared with the scheme previously submitted, the modified scheme provided for a reduction in the size of the steam coal store, the omission of the house coal store and of the coke store, and an alteration in the mode of construction of the chimney shaft. We have every reason to anticipate that this amended scheme will fully meet the requirements of the hospital.

Brook Hospital. Nuconomiser. On the 4th March, 1905, the Managers authorised an expenditure of £7,600 on the installation of nuconomiser plant (together with the necessary building works and engineering contingencies) in connection with the heating and hot water supply at this hospital, it being anticipated at the time that a saving of at least 14 per cent. per annum, or not less than £1,000, would be effected on this outlay. It was, therefore, with considerable satisfaction that we were enabled to report to the Board in November last that the whole of the works had been completed at a cost of £7,323 2s. 11d., and that, whilst the contractors had estimated to obtain a reduction of 1,800 tons per annum on the amount of steam coal consumed at the hospital, as compared with previous years (this previous consumption having been mutually agreed at 5,816 tons per annum), this rate of economy had been slightly exceeded, and that the Engineer-in-chief saw no reason why it should not be maintained.

Eastern Hospital. (i) Alterations and additions to laundry and new boiler house. In May last we reported that Messrs. J. and F. May had completed their contract for the installation of new boilers and engineering alterations in the laundry at this hospital at the sum of £2,715, as against the contract amount of £2,372, and that the total cost of the alterations and additions to this building, including builders' work and electric lighting, had been £4,060 3s. 8d., or £39 16s. 4d. less than the amount estimated.

(ii.) Additional accommodation for male staff. Plans prepared by the Engineer-in-chief for the provision of additional cubicles for male staff, and an enlarged messroom and recreation-hall, with lavatory and sanitary accommodation, and other works, at a total cost of £2,300, were approved by the Board in November last, and at the end of the year were still under consideration by the Local Government Board.

Park Hospital. Condition of roads. In connection with a recommendation which the Hospitals Committee submitted to the Managers in April last, we were instructed to report to the Board on the general condition of the roads at this hospital. In presenting this report we detailed the steps which had been taken, since the hospital was opened for the reception of patients in 1897, for the repair of these roads, and pointed out that since that date contracts for the repair of the roads and for certain surface drains, etc., had been entered into by the Board to the total value of nearly £2,000.

As the result of their consideration of our report the Managers decided to authorise a further expenditure of £810 on the laying of granite tracks along certain sections of the hospital roads, so as to withstand the wear and tear of coal traffic, and the carrying out of sundry other repairs to the roads at other parts of the hospital. With the completion of these works, a tender for which at the sum of £723 2s. 3d. was accepted by the Board in August last, the Engineer-in-chief anticipates that the roads at the hospital will remain in serviceable condition for many years to come.

Northern Hospital. The managers *a.t.s.* Woollaston. At the beginning of the year the Managers received through the Board's solicitors a claim, amounting to £905, by Messrs. R. Woollaston and Co., in connection with a contract for cleaning and painting works at this hospital, which had previously been determined by the Board.

This action was heard before a special jury in June, the result being that the plaintiffs were awarded £500—the agreed amount of damages—which included the value of work executed by the contractors before their contract was terminated, and the value of materials left on the site and used in completing the work.

Joyce Green Hospital.
(i.) Additional male staff accommodation, etc.—Cost on completion.

The total cost on completion of the erection of additional accommodation for male staff, visitors to patients, etc., was £7,388 15s. 10d., as against £8,680 authorised by the Local Government Board. This satisfactory result was mainly due to the fact that the contract sum (£6,786) was £864 below the architects' estimate, and that no expenditure was incurred in respect of general contingencies, for which a sum of £380 was provided.

(ii.) Staff cottages, goods reception station, etc.

In July last the Managers accepted a tender, at the sum of £4,713, for the erection of 8 cottages, a goods reception station, gate porter's lodge, etc., at this hospital, in accordance with plans which had been prepared by Messrs. Treadwell and Martin, architects, and approved by the Local Government Board. Upon application, however, being made to the Local Government Board for their sanction to the necessary expenditure in connection with these works, they stated that, whilst they were prepared to issue an order authorising the proposed expenditure on the goods reception station and porter's lodge, they were not prepared to sanction so heavy an expenditure as £3,042 on the erection and drainage of the block of 8 cottages, and asked the Managers to reconsider the matter with a view to reducing the cost of this portion of the scheme.

Acting upon this suggestion, we have, after conference with the Hospitals Committee, instructed the architects to prepare a revised plan of these cottages, with a view to a substantial reduction in the cost thereof.

Antitoxic serum.
Stables and other buildings at Belmont.

In July last we reported that the total cost on completion of the stables and other buildings at Belmont in connection with the production of antitoxic serum had been £5,296 9s. 5d., an amount which included architects' and quantity surveyors' charges, etc., and which was £16 9s. 5d. in excess of the amount sanctioned.

Laboratory. The Local Government Board having (as we pointed out in our last annual report) raised certain objections to the scheme for the erection of this laboratory at Peckham, and the Managers having subsequently decided to build the laboratory at Belmont instead, revised plans were prepared by the architects, Messrs. T. W. Aldwinckle and Son, and have now received the sanction of the Local Government Board. The estimated cost of these buildings is £6,300, and we hope shortly to submit a tender for acceptance.

The Managers having decided to provide an entrance lodge for the accommodation of a resident officer and his wife, who would be in charge not only of the laboratory, but also of the adjoining antitoxin stables, a tender for the erection of this lodge at the sum of £348 was accepted by the Board shortly before the close of the year.

Minor works.

Of the more important minor works for which tenders were accepted during 1907 in connection with the infectious hospitals and river ambulance service may be noted (i.) repair of roads (£473) and alterations and additions to electric light plant (£367) at the Brook Hospital; (ii.) relaying and repairing drains at the Park Hospital (£225); (iii.) repair of roads (£399 13s.) and rearrangement of hot water supplies in staff and administrative blocks at the Western Hospital (£204 15s.); (iv.) alterations to fire alarms and telephones (£400) and to hot and cold water supplies and cold water mains at the Gore Farm Hospital (£415); (v.) repairs to roofs and external painting works at Long Reach Hospital (£2,490); and (vi.) repairs to dolphins at South Wharf (£603).

INSTITUTIONS FOR CHILDREN.

Sundry works. The only works of importance for which contracts were entered into during 1907 at the institutions under the control of the Children's Committee were (a) the repair of roads and tar-paving works at the White Oak School (£623); (b) repairs to tar-paving at The Downs School (£176); (c) the provision of accommodation for laundry staff at East Cliff House (£530); and (d) sundry sanitary works and repairs at S. Anne's Home (£717).

Bills of quantities. For reasons which were fully set forth in the report which we submitted to the Managers in August last, they rescinded their resolution of the 5th November, 1898, under the terms of which bills of quantities formed part of the contract in all building contracts. In consequence of this decision, quantity surveyors are no longer required to guarantee the accuracy of their quantities; but in the light of certain representations made to us by the Accountant, we have now under consideration the question of revising the regulations under which such surveyors should in future be employed by the Board, and hope shortly to submit to the Managers certain recommendations thereon.

Architects' Remuneration. As the result of a suggestion made to us that the payment for architects' services should, whenever possible, be fixed at a lump sum, and not by way of commission, we have adopted a resolution affirming this principle in the case of all works estimated to cost £5,000 and upwards.

Sundry matters. Amongst sundry matters which have received our consideration during the year under review, but upon which we have not been called upon to report to the Board, were (a) the provision of additional accommodation for assistant medical officers at certain of the infectious hospitals; (b) the revision of conditions governing contracts for building and other works; (c) the adoption of regulations under which architects are now required to submit for our approval all specifications of sub-contracts before prices are invited and before any provisional sum is inserted in the main contract; (d) the provision of special fittings so as to obviate the unauthorised interchange of incandescent lamps at electrically lighted hospitals; (e) the provision of electric hand lamps so constructed that it will be impossible to receive a shock under any conditions; and (g) the circulation of information regarding the weight-carrying capacity of the lifts at the various institutions of the Board.

We have also appointed Sub-Committees (i.) to examine and report to us on all plans and specifications for work estimated to exceed £100 in value; and (ii.) to report on the present and probable staff requirements of the Engineer-in-chief.

Appendices. The usual appendices relating to the various contracts and works which were carried out under our supervision during the year 1907 are submitted.

(Signed) J. THORNLEY,

Chairman.

APPENDIX I.

Statement showing principal ENGINEERING and SIMILAR WORKS carried out by contract (C) and by direct labour (D) under the Engineer-in-chief during 1907.

Institution.	Nature of Works.	Cost. £ s. d.
Leavesden Asylum	C New Worthington pump	63 0 0
	D Coupling up of existing sewage pump ...	45 0 0
Caterham Asylum	C Repairs and alterations to lightning conductors	30 0 0
Darenth Asylum	C Alterations and additions to machinery in laundries at industrial colony and training school	2,795 0 0
	C Repairs and alterations to lightning conductors	38 0 0
	C Repairs to steam boilers at Industrial Colony	26 0 0
	C Banding chimney shaft	10 0 0
	D Repairs to boiler settings	55 0 0
	D Renewing blow-off pipe in boiler-house at Industrial Colony	12 0 0
	D Fixing silent heaters in hot water tank at Industrial Colony	10 0 0
Tooting Bec Asylum	C Disposal of electrical generating plant, price realised	815 0 0
	C Change over from own generating plant to Company's supply	100 0 0
	C Steam supply to laundry	45 0 0
	C Alterations to electric supply cables	31 0 0
	C Repairs to calorifiers	24 0 0
	C Alterating condense main	13 0 0
Belmont Asylum	C New boiler feed pump	44 0 0
	C Alterations to fire alarm system	19 0 0
	C Repairs to lightning conductors	10 0 0
Eastern Hospital	C Electric bells in north and south Administrative Blocks	21 0 0
	C Repairs to lifts	13 0 0
	C Laundry lighting	10 0 0
North Eastern Hospital ..	C Electric bells and telephones	400 0 0
	C New chimney to portable boiler	30 0 0
	C New tubes for calorifier	13 0 0
	C Supporting chimney of portable boiler ...	13 0 0
North Western Hospital	C Utilisation of exhaust steam	540 0 0
	C Removing water meter	29 0 0
	C New steam traps	22 0 0
	C Repairs to hot water boilers	20 0 0
	D New governor gear to laundry engine ...	10 0 0
Western Hospital	C Rectification of hot water supplies	229 0 0
	C Electrical testing set	20 0 0
	C Repairs to potato steamer	17 0 0
	C Repairing reducing valve	15 0 0
	C Repairs to lightning conductors	10 0 0
	D Repairing leakage under boiler settings ...	10 0 0

Institution.	Nature of Works.	Cost. £ s. d.
South Western Hospital ...	C Repairing water mains	46 0 0
	D New rinsing tank	27 0 0
Grove Hospital	C Sockets for wall plugs	25 0 0
Fountain Hospital	C Electrical work in subway	36 0 0
South Eastern Hospital ...	C Steam main to destructor and disinfector	69 0 0
	C Alterations to electric wiring and supply of new motor for mincing machine ...	30 0 0
	C Repairs to mechanical stokers	20 0 0
	C Ventilation of coal bunkers	10 0 0
	C Repairs to hydro extractor	10 0 0
	C Repairs and renewals to reducing valves..	10 0 0
	C Alterations to pipes and valves	10 0 0
	C Alterations to motor connections	10 0 0
	C Alterations to telephones	10 0 0
	D Bypass round feed pumps	20 0 0
	D Fixing reducing valves in laundry	10 0 0
Park Hospital	C Iron screen for back and drainage of economiser	107 0 0
	C Providing and fixing chequer plate for covering tubes of boilers	60 0 0
	C Supplying and erecting gangway in front of boilers and re-arranging feed tank..	44 0 0
	C Repairs to economiser	27 0 0
	C Repairs to guide rod of deep well pump...	10 0 0
	D Fitting steam traps to heaters	44 0 0
Brook Hospital	C Nuconomiser system	5,239 0 0
	C Alterations to electric lighting plant ...	367 0 0
	C Screwing machine	23 0 0
Northern Hospital...	C Repairs to electric light cables	10 0 0
Gore Farm Hospital	C Alterations to fire alarms and telephones at lower hospital	175 0 0
	C Covering boilers and pipes at lower hospital with non-conducting composition, &c.	91 0 0
	C Repairs to water meter	10 0 0
	D Repairs to laundry machines	13 0 0
	D Repairs to kitchen apparatus	10 0 0
Southern Hospital	C Repairs to cold water pipes	165 0 0
	C Engineer's tools	52 0 0
	C Localising and rectifying fault on underground telephone cables	50 0 0
	C Overhauling and repairing telephone system	40 0 0
	C Enamelled tablets for rooms and blocks...	39 0 0
	C Fire hose, cart, and fittings	15 0 0
	C Repairs to hot and cold water apparatus in various blocks	14 0 0
	C Inspection of lifts	10 0 0
Joyce Green Hospital ...	C Alterations and repairs to telephones ...	16 0 0
	C Isolating valves on steam mains	78 0 0
	D Alterations to fire alarms	83 0 0
	D Repairs to steam main	25 0 0
North Wharf	C Installation of electric light	10 0 0

Institution.	Nature of Works.	Cost. £ s. d.
North Western Ambulance Station	C Incandescent lighting	10 0 0
Western Ambulance Station	C Repairs to hot water pipes	32 0 0
	C Drilling machine	27 0 0
	C Grinder for workshop	13 0 0
	C Repairs to fire main	10 0 0
Mead Ambulance Station ...	C New engineer's tools	57 0 0
	C Transfer of machinery from South Western Station, and alterations in workshop	48 0 0
	C Repair of gas and water mains	10 0 0
	C Installing heating apparatus	64 0 0
T. S. Exmouth	C Ventilation of dynamo-room and boiler-house	39 0 0
	C Blow down from shore boiler	24 0 0
	C Repairing faulty armature	12 0 0
	C Cutting out and re-tubing No. 2 boiler on shore	10 0 0
High Wood School	C Cleaning out steam boilers	10 0 0
	D Alterations to thermometers and to gas brackets in cottages	10 0 0
White Oak School	C New hot water boilers in cottages	10 0 0
	C Cleaning steam boilers	10 0 0
	D Alterations to X-ray apparatus and to wires to laundry	55 0 0
	D Alterations to thermometers and to gas brackets in cottages	14 0 0
The Downs School	C Installation for electric lighting	2,291 0 0
	C Repairs to X-ray coils	23 0 0
	C Cleaning steam boilers	11 0 0
	D New boiler for recreation hall	29 0 0
East Cliff House	C Repairs to hot water supply system	25 0 0
	C Repairs to kitchen boiler and new shelves	11 0 0
Lloyd House	C Repairs to cold water mains	16 0 0
Head Office	C Repair of heating and hot water apparatus	49 0 0
	C New valves on hot water mains	17 0 0
	C Electrical testing set	17 0 0
	C Additional electric lighting in Boardroom	10 0 0
	Total	£15,746 0 0

APPENDIX II.

Statement showing BUILDING AND SIMILAR WORKS carried out by contract (C) and by direct labour (D) under the Engineer-in-chief during 1907.

Institution.	Nature of Works.	Cost. £ s. d.
Leavesden Asylum	C Repairs to roads	800 0 0
	C Covering and ventilating sewage tank ...	59 0 0
	D Alterations to drainage of farm	82 0 0
Caterham Asylum	C Alterations to bathrooms	554 0 0
Darenth Asylum	C Alterations to laundries	1,245 0 0
	C Cleaning and painting	1,691 0 0
Tooting Bec Asylum	C New buildings	31,295 0 0
	C Painting to children's receiving home ...	98 0 0
	C Alterations to retort house	37 0 0
	C Rebuilding economiser wall	82 0 0
	C New doors in meter room	14 0 0
Belmont Asylum	D Repairs to old buildings	476 0 0
Eastern Hospital	D Cleaning and painting	683 0 0
	C Relaying defective drains	108 0 0
	C Removing caps of destructor shaft, etc....	20 0 0
North Eastern Hospital ...	C Cleaning and painting	546 0 0
	C Bricking up old entrance	24 0 0
	C Repairs to surface drains	20 0 0
Western Hospital	C Cleaning and painting	1,083 0 0
	C Repairs to roads	80 0 0
	C Alterations to bathrooms	13 0 0
	C Testing drains	24 0 0
South Western Hospital ...	C Repairs to chimney shafts	25 0 0
	C Lantern lights to mortuary	64 0 0
	D Painting and cleaning	643 0 0
Grove Hospital	D Cleaning and painting	740 0 0
	C New bed pan sinks	48 0 0
Fountain Hospital	C New w.c.'s	12 0 0
	C Repairs to roads	396 0 0
	D Repairs to roofs	24 0 0
	C Repairs to tar paving	122 0 0
	C Ventilating and draining subway	83 0 0
South Eastern Hospital ...	C Greenhouse and potting shed	199 0 0
	C Rebuilding boundary wall	43 0 0
	C Altering lantern light in kitchen	11 0 0
Park Hospital	C Box room in medical superintendent's house	80 0 0
	C Cleaning and painting	221 0 0
	C Reslating roofs of medical superintendent's house and mortuary	97 0 0
	C Relaying soil drains	242 0 0

Institution.	Nature of Works.	Cost. £ s. d.
Park Hospital (*continued*) ...	C Repairs to roads	747 0 0
	C Repair to porch of lodge	12 0 0
	C Repair to rainwater drain	12 0 0
Brook Hospital	C Repairs to roads	481 0 0
	C Cleaning and painting	251 0 0
	D Repairs to economiser flue and drain ...	14 0 0
Northern Hospital	C Cleaning and painting	1,410 0 0
	C Drainage refuse pit	21 0 0
	C Repairs to chimney shaft	10 0 0
	D Underpinning pavilions 7 and 9	134 0 0
	C Relaying road between hut wards	174 0 0
	C Pointing and repairing works	1,075 0 0
	C Repaving stable yard	15 0 0
Southern Hospital	D Retopping roads	138 0 0
	C Distempering engineer's house and gate porter's lodge	18 0 0
Joyce Green Hospital	D Altering gates	24 0 0
	D Water supply to farm	27 0 0
	C Road repairs	1,548 0 0
	C Cleaning and painting work	281 0 0
Long Reach Hospital	C Preservation of buildings	2,543 0 0
Gore Farm Hospital	C Cleaning and painting	358 0 0
	C Waterproofing to L block	30 0 0
	C Chimney shaft repairs	27 0 0
	C Repairs to chimney stacks	50 0 0
South Wharf	D Cleaning and painting	607 0 0
	C Repairs to dolphins	614 0 0
Eastern Ambulance Station.	C Entrance to hospital grounds	23 0 0
North Western Ambulance Station	C Repairs to asphalte roofs	54 0 0
Western Ambulance Station	C Widening entrance	18 0 0
South Western Ambulance Station	C Removing column and shutter	18 0 0
South Eastern Ambulance Station	C New w.c. to waiting room	19 0 0
	C Repairs to lead roofs	14 0 0
Brook Ambulance Station..	C Repairs to revolving shutters	26 0 0
Mead Ambulance Station ...	C Motor pit	14 0 0
T. S. Exmouth	C Sanitary work	41 0 0
	C Cleaning and painting (Westfield)	67 0 0
	C Repairs to brickwork to shore boilers ...	13 0 0
	C Drain testing (Westfield)	10 0 0
	C Fencing (Westfield)	68 0 0
	C Raising fencing (Westfield)	25 0 0
	C 2 reflectors to surgery and repairs to skylight (Westfield)	17 0 0
	C Skylights to swimming bath (Westfield)	23 0 0
	C Repairs to roof of ditto	32 0 0
	C Additional fencing (Westfield)	23 0 0

Institution.	Nature of Works.	Cost. £ s. d.
High Wood School	c Cleaning and painting	40 0 0
	c Altering baths	10 0 0
White Oak School	c Cleaning and painting	772 0 0
	c Road repairs	623 0 0
The Downs School...	c Urinal to No. 3 home	20 0 0
	c Works to clerk's cottage	27 0 0
	c Paving from entrance gates to weighbridge	52 0 0
	c Cleaning and painting	722 0 0
	c Repairs to tarpaving	177 0 0
S. Anne's Home	c Sanitary and other work	1,044 0 0
East Cliff House	c Bed pan sink	14 0 0
	c Operating room	63 0 0
	c Laundrymaids' quarters	539 0 0
	c Cleaning and painting	55 0 0
	c Repairs to kitchener	11 0 0
	c Repairs to laundry ironing stove	20 0 0
	c Fencing and gate	21 0 0
Millfield	c Alterations to verandah windows...	27 0 0
Lloyd House	c Cleaning and painting	33 0 0
Kingwood Road	c Cleaning and painting	30 0 0
Central Needleroom	c Sundry repairs	11 0 0
Earlsfield Road	c Cleaning and painting	44 0 0
Surrey House	c Cleaning and painting	62 0 0
Pentonville Road	c Repairs to roofs and skylights	11 0 0
	c Cleaning and painting	42 0 0
	c Guttering and chimney cowls	10 0 0
157, Peckham Rye	c Repairs to copper	14 0 0
Harrow Road	c Cleaning and painting work and new tank	40 0 0
Head Office	c Cleaning work	86 0 0
	c Painting Board room ceiling	93 0 0
	c General repairs	100 0 0
	Total	£58,023 0 0

APPENDIX III.

Contracts entered into by the managers during the year 1907 for works to be carried out under the supervision of the Works Committee.

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.
				£ s. d.
Caterham Asylum	Re-arranging bathing accommodation..	Engineer-in-chief ...	E. Wall	539 0 0
Darenth Asylum	Erection of workshops	Do. ...	W. H. Hyde & Co.	2,970 0 0
	Cleaning and painting	Do. ...	L. Kazak	1,635 4 0
Leavesden Asylum	Road repairs	Do. ...	Bracey & Clark	800 0 0
Brook Hospital	Road repairs	Do. ..	H. Woodham & Sons... ...	473 0 0
	Cleaning and painting	Do. ...	S. T. Wright & Co.	255 0 0
	Alterations to electric light plant ...	Do. ...	J. H. Holmes & Co.	367 0 0
Eastern Hospital	Drain repairs	Do. ...	A. Roberts & Co., Ltd. ...	102 0 0
Fountain Hospital	Road repairs	Do. ...	T. Wood & Sons	399 13 0
	Alterations in pipe subway	Do. ...	E. Wall	81 0 0
Fountain and Grove Hospitals ...	Tarpaving	Do. ...	J. Wainwright & Co., Ltd.	122 7 0
Gore Farm Hospital	Cleaning and painting	Do. ...	J. Ellingham & Son	364 0 0
	Alterations to telephones and fire alarms	Do. ...	Electrical Engineering and Maintenance Co.	175 0 0
	Do. do.	Do. ...	T. Potter & Sons, Ltd. ...	225 0 0
	Alterations to hot and cold water supplies	Do. ...	Watford Engineering Works	415 0 0

Institution.	Nature of Work.	Professional Advisers.	Contractors.	Amounts of Contract. £ s. d.
North-Eastern Hospital	Installation of telephones, bells, etc.	Engineer-in-chief ...	W. M. Glendinning	400 0 0
	Cleaning and painting	Do. ...	Sabey & Son, Ltd.	520 0 0
	Erection of new boiler house, workshops, etc.	Do. ...	E. Wall	4,996 0 0
	Installation of new boilers and workshop machinery	Do. ...	J. & F. May	6,985 10 0
	New chimney shaft and lightning conductor	Do. ...	Alphonse Custodis Chimney Construction Co. ...	454 0 0
Northern Hospital	Road repairs	Do. ...	Grounds & Newton	170 0 0
	Pointing and repairs	Do. ...	W. Hussey	1,055 0 0
Park Hospital	Cleaning and painting	Do. ...	F. Kinnaird	223 0 0
	Drain repairs	Do. ...	A. Roberts & Co., Ltd. ...	225 0 0
	Road repairs	Do. ...	T. Wood & Sons	723 2 3
Smallpox Hospitals	Valves and traps on steam mains at Joyce Green Hospital	Do. ...	J. & F. May	77 10 0
	Cleaning and painting at Joyce Green Hospital	Do. ...	W. J. Simms & Sons	275 0 0
	Roofing repairs and painting at Long Reach Hospital	Do. ...	W. Hussey	2,490 0 0
South-Eastern Hospital	Connecting destructor and disinfector to central heating system	Do. ...	T. Potter & Sons, Ltd. ...	80 0 0
	Erection of greenhouse, potting-shed, and tool shed	Do. ...	H. Line	197 0 0

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amounts of Contract.
				£ s. d.
Western Hospital	Road repairs and tar-paving	Engineer-in-chief ...	Grounds & Newton	80 0 0
	Cleaning and painting	Do. ...	W. J. Negus	1,044 2 9
	Re-arranging hot water supplies ...	Do. ...	T. T. Smith & Co.	204 15 0
Laboratory and Stables	Entrance Lodge	T. W. Aldwinckle & Son	Wood & Co.	348 0 0
South Wharf	Repair of dolphins	Engineer-in-chief ...	Chafen and Newman... ...	603 0 0
East Cliff House, Margate ...	Staff building	Do. ...	A. E. Goodbourn	535 0 0
S. Anne's Home, Herne Bay ...	Cleaning and painting, drainage and sanitary work, and repairs	Do. ...	W. Hussey	717 0 0
The Downs School, Sutton ...	Cleaning and painting	Do. ...	W. Hussey	690 0 0
	Tarpaving repairs	Do. ...	Chittenden & Simmons ...	176 0 0
White Oak School, Swanley ...	Road repairs and tarpaving	Do. ...	H. Woodham & Sons ...	623 0 0
	Cleaning and painting	Do. ...	M. McCarthy	696 0 0
Central Stores	Erection	T. W. Aldwinckle & Son	Chas. Wall, Ltd.	16,381 0 0

ANNUAL REPORT OF THE CONTRACT COMMITTEE FOR THE YEAR 1907.

4th March, 1908.

We present our annual report for the year 1907.

Number and approximate value of contracts.

The total number of contracts of major importance entered into by the Board at our instance during the year was upwards of 700, representing an aggregate estimated value of approximately £290,000. The subjoined table classifies the contracts referred to:—

	Number of Contracts.	Approximate Total Value.
		£
For Provisions	362	167,652
For Necessaries (*i.e.*, soap, soda, oilman's goods, paints, drugs, and the like)	104	26,069
For Stores Goods (*i.e.*, linen and woollen goods, drapery, clothing, hardware, brushware, boots and shoes, and the like)	162	24,460
For Coal and Coke (including delivery)	76	72,970
	704	£291,151

In addition to the contracts above-mentioned, 99 others of minor importance and value were entered into for (*a*) builders' and engineers' ironmongery, engineering stores and electrical sundries, (*b*) laboratory and surgical appliances, (*c*) basket, brush, and mat-making materials, etc., (*d*) seeds, plants, and farm and garden requisites, and (*e*) the cartage of soda, which is distributed by the Contract Department from the wharf where bulk delivery is taken. It is impracticable to give any reliable estimate of the values of these contracts, as the requirements of the institutions fluctuate considerably, either in the description or as to the quantities of the goods required.

Newspapers and Periodicals.

During the year 1906 we made enquiries with a view to arranging centrally for the supply of newspapers and periodicals—as authorised by the responsible Committees—for the Board's institutions. The results of our enquiries showed that a considerable reduction in cost might be effected by such central arrangements without any change in the number or descriptions of the newspapers, etc., allowed. With the approval of the Committees concerned, we therefore instituted such arrangements in March, 1907, with the result that the same papers, etc., as before are now obtained at less cost to the Board.

Provisional acceptance of tenders.

During recent years we have from time to time had before us the question of giving tenderers earlier notification of the result of their tenders, particularly in cases where fluctuations in market prices are frequent.

In October, 1907, in consequence of representations made to us, we submitted the following recommendation to the Board:—

> "That the Contract Committee be authorised, in cases where that course appears to them to be advisable, to notify successful firms as soon as practicable after the meeting of the Committee at which the tenders are dealt with of the Committee's intention to recommend the Board to accept their tenders—such notification to be regarded only as a provisional acceptance, subject to confirmation by the Board."

The Board adopted our recommendation, and we have since acted accordingly. We have reason to believe that this practice will result in financial advantage to the Board, and that it is appreciated by firms who tender for the Board's supplies.

Supply of waterproof sheeting.

In consequence of numerous complaints as to the quality of the waterproof sheeting obtained under contract, and in view of the great importance of this supply, we have given careful and prolonged consideration to the question of the method most likely to secure supplies of efficient and durable material of this class, and have obtained the advice of the Medical Officer for General Purposes on the subject.

As a result we have been and are still, with the sanction of the Managers and of the Local Government Board, obtaining from selected firms of manufacturers supplies of waterproof sheeting of various descriptions and qualities for experimental use at the Board's institutions. We trust that the results of these experiments will enable us to decide on a waterproof sheeting which will meet with all the Board's requirements, and still be obtainable at a reasonable price.

Supply of miscellaneous articles not included in current contracts.

During the year, in accordance with practice, the Contract Department received requisitions, upwards of 470 in number, from the various central and other committees and their sub-committees, for the supply of miscellaneous articles required at the institutions, but not included in periodical contracts. The total value of the goods purchased to meet these miscellaneous requisitions was about £2,150. The transfer of surplus stock from one institution to another, to meet such requisitions, has been greatly reduced, as there is now but little at any institution which can be termed surplus stock.

New Central Stores.

In March, 1907, the Local Government Board approved the plans relating to the proposed new Central Stores, and the Works Committee have proceeded with the erection of the buildings required. Satisfactory progress is being made, and we anticipate being able to effect the necessary transfer from the present premises at Mermaid Court, Borough, S.E., to the new buildings at Peckham not later than Michaelmas, 1908. Possession of the new Stores and the better facilities to be provided there, will, we trust, enable us to comply more promptly and fully with all the demands of the Board's institutions than has hitherto been practicable.

Equipment of additional accommodation for fever patients.

In the Autumn of the year all our resources were severely taxed to meet the unforeseen and urgent demands for large quantities of stores goods and of made-up articles from the central needle-rooms, and for certain furniture and other articles, required by the Hospitals Committee to enable them to increase the Board's available accommodation for fever patients, as was necessitated by the exceptional and continued pressure on such accommodation prevailing during the latter part of the year. It is impracticable at present to hold such stocks of stores goods as

would enable us, without making special arrangements for supplemental supplies, to meet the demands for such goods necessarily arising from any sudden epidemic of fever or smallpox. Obviously that is still more the case as regards furniture and certain other goods required by the Board in such emergencies. To meet this emergency we, therefore, had to make special arrangements for certain supplies, which enabled us to meet all demands with sufficient promptitude to obviate any hindrance to the reception of patients.

Supply of vegetables and fruit.

A question to which we have given much attention during the year under review is that of the supply of vegetables and fruit to the larger institutions of the Board during the months of June, July, August, and September.

In April, 1907, we reported to the Board on the difficulties inherent in the existing system of obtaining these supplies, and later we recommended them to apply to the Local Government Board for the suspension of the operation of articles Nos. 17 and 19 of the Poor Law Board's order, dated 18th June, 1867, so far as regards supplies of vegetables and fruit during the summer months in question, so that more satisfactory arrangements for such supplies might be made.

The system we instituted under the authority subsequently obtained was, in place of making formal contracts, to invite weekly quotations from selected firms for the actual supplies required during the following week, and to accept the lowest of the tenders received.

After carefully reviewing the whole matter at the close of the year, in the light of reports obtained from the chief officers of all the institutions concerned, we were satisfied that both as regards quality and cost a substantial improvement had been made, and the Local Government Board were informed accordingly.

Institution of a Departmental Committee to advise on contracts and supplies.

During the latter part of the year we devoted much time and attention to the question of (i.) improving the methods of estimating, for contract purposes, the quantities of goods likely to be required by the Board during any given period; (ii.) the revision of contract samples, with a view to (*a*) contracting as far as practicable only for goods readily obtainable on the market, and not such as require to be specially made, and (*b*) the reduction of the number of alternative patterns of articles intended for the same purpose; and (iii.) the general question of improving, where practicable, the Board's arrangements for supplies. To assist us in these matters we decided, on the advice of the Chairman of the Board, to take steps for the institution (following the practice prevailing in H.M. Civil Service) of a Departmental Committee of officers, specially conversant with such matters in their various aspects, to consider, and report to us upon, the whole subject. The Clerk to the Board, at our request, accordingly constituted such a committee, and they are now, under his presidency, considering the various matters which we referred to them. We trust that their report will enable us to effect, or where necessary to recommend to the Board, many beneficial changes in matters concerning supplies.

Analysis of supplies.

During the year, by our direction, 1,488 samples of provisions, necessaries, oils, paints, and other contract supplies were analysed. Of these samples, 243 yielded unsatisfactory results, and in each case the cost of the analysis was charged against the contractor, and, wherever practicable, the supplies were rejected, pursuant to the contract conditions. Of the total number of samples analysed 855 were milk samples, and of these 202 were found to be below the Board's standard, which is ·3 per cent. of milk fat higher than the legal standard.

The proportion of unsatisfactory samples to the total number taken may appear to be high, but the figures must be qualified by consideration of the fact that whenever there is any suspicion as to the quality of a supply, samples are

taken repeatedly—and still more so in the case of supplies where actual default has been detected—with a view to prevent any repetition, and at the same time to secure the rejection of unsatisfactory supplies wherever such may have been delivered. This course necessarily makes the proportion of unsatisfactory results higher than if the incidence of analysis were regular on all supplies capable of analysis, without any special regard to cases where default might be anticipated.

From the increased number of samples analysed during 1907 as compared with previous years the Board will gather that full advantage has been taken of the authority they gave us in May, 1906, to extend the system of analysing supplies. We believe that the frequent, regular, and thorough testing by analysis of all supplies capable of being so tested—coupled as it is in the Board's case with the rejection of supplies found to be below the prescribed standard, the deduction of the cost of the analysis from the defaulting contractor's account, and, in the case of milk found to be below the legal standard, the practice of calling in the aid of the local authorities with a view to the prosecution of the offending contractors—is the most efficient means of securing and maintaining a high standard of quality in supplies, and fully repays the relatively small cost and additional labour it entails.

(Signed) W. J. B. GRAHAM,

Chairman.

ANNUAL REPORT OF THE STATISTICAL COMMITTEE FOR THE YEAR 1907.

13th MAY, 1908.

We submit our report for the year 1907 upon the statistics concerning:—

(1) 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 Statistics. (1.) During the year there were notified in the Metropolis 41,022 (*35,812*)* cases of infectious disease. Of these, 36,271 (*30,023*) were legally admissible to the Managers' hospitals. The remainder—mainly cases of erysipelas, but including also 254 (*298*) cases of puerperal fever—were not admissible. Out of the admissible cases 31,078 (*25,213*)† or 85·7 (*84·0*) 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 steadily increasing (with the exception of a decrease in the year 1893, see p. 147, and slight decreases in the years 1895 and 1906) from 33·6 to 85·7 as follows:—

1890	33·6 per cent.			1899	68·1 per cent.		
1891	36·7	„		1900	70·6	„	
1892	43·2	„		1901	74·7	„	
1893	36·9	„		1902	77·2	„	
1894	52·2	„		1903	78·9	„	
1895	50·3	„		1904	80·0	„	
1896	52·4	„		1905	84·6	„	
1897	58·5	„		1906	84·0	„	
1898	65·5	„		1907	85·7	„	

*Italic figures in brackets throughout are the corresponding figures for 1906.

†Excluding Tottenham and other Extra-metropolitan cases.

Table A, p. 146A, shows the number of notifications of, and deaths from those notifiable diseases which are admissible to the Managers' 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 1907.

Facing p. 147 we give three charts tracing the course throughout the year of scarlet fever, diphtheria, and enteric fever. Each chart shows week by week (*a*) the notifications of the disease to which it relates, (*b*) the admissions, and (*c*) the mean number of patients under treatment.

The following table, A1, shows the number of cases of infectious disease admissible to the Managers' hospitals which were notified during the years 1890 to 1907:—

TABLE A1.—*Number of cases of admissible Diseases notified during the years from* 1890 *to* 1907.

YEARS.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.	Relapsing Fever.†	Continued Fever.†	Cerebro-Spinal Meningitis.	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
1901	18,381	11,968	3,194	20	1,700	—	48	—	35,311
1902	18,252	10,538	3,407	4	7,796	2	47	—	40,046
1903	12,531	7,582	2,339	22	416	—	40	—	22,930
1904	13,439	7,073	1,896	3	489	1	29	—	22,930
1905	19,461	6,358	1,552	9	74	1	14	—	27,469
1906	20,329	8,045	1,600	7	31	2	9	—	30,023
1907	25,925	8,771‡	1,394	5	8	—	36	132	36,271

From the foregoing table it will be seen that diphtheria, up to and including the year 1905, had been declining in prevalency since 1899; but since 1905 it has again increased. Scarlet fever also has increased in prevalence, and more cases were notified in 1907 than in any year since 1893. Enteric fever notifications have been declining since 1899; they were lower in 1907 than in any year since notification became compulsory in 1889.

In considering the question of the amount of accommodation which should be provided to meet the wants of the Metropolis, a point of great importance is the proportion which the hospital admissions bear to the total number of cases. In this connection the table, A2, p. 147, is of interest.

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

‡Including 173 cases of membranous croup.

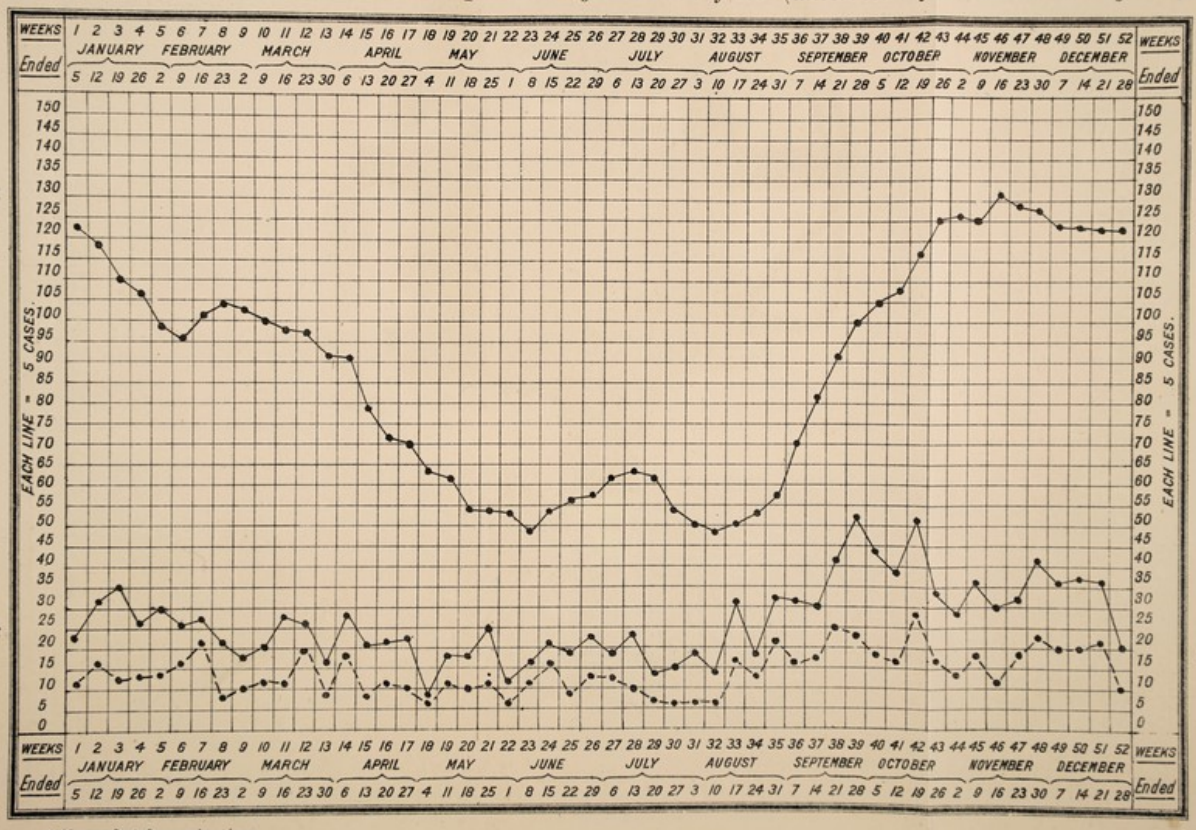
STATISTICAL COMMITTEE, 1907.

TABLE A.—*Cases of Infectious Disease Notified, and Deaths therefrom, in London in* 1907.

Boroughs in which the cases were resident.	Population. Estimated to the middle of 1907.	Estimated Density of Population per Acre.	Notifications of, and Deaths from, those Notifiable Diseases which are Admissible to the Managers' Hospitals.																		Notifications of other Notifiable Diseases.				Grand Total of Notifications.
			Notifications.										Deaths.												
			Smallpox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric or Typhoid Fever.	Typhus Fever.	Relapsing Fever.	Continued Fever.	Cerebro-Spinal Meningitis.	Total Notifications.	Annual Rate per 1,000 persons living.	Smallpox.	Scarlet Fever.	Diphtheria (including Membranous Croup).	Enteric or Typhoid Fever.	Typhus Fever.	Total Deaths.	Annual Rate per 1,000 persons living.	Cholera.	Erysipelas.	Puerperal Fever.	Total.	
WEST :—																									
Paddington	149,909	111	..	577	162	7	34	..	..	1	..	781	5·2	..	13	20	5	..	38	0·25	..	124	6	130	911
Kensington	181,842	79	..	532	241	9	40	..	..	4	2	828	4·6	..	9	24	6	..	39	0·22	..	127	2	129	957
Hammersmith	122,337	54	..	581	214	1	40	..	..	..	4	840	6·9	..	10	18	6	..	34	0·28	..	78	7	85	925
Fulham	166,749	98	..	668	604	1	58	..	..	1	3	1,335	8·0	..	14	38	8	..	60	0·36	..	130	15	145	1,480
Chelsea	74,857	113	..	219	155	3	21	..	..	..	4	402	5·4	..	2	7	3	..	12	0·16	..	44	4	48	450
Westminster	172,219	69	..	418	144	1	51	..	..	2	4	620	3·6	..	12	17	8	..	37	0·22	..	102	3	105	725
NORTH :—																									
Marylebone	127,718	87	1	435	124	4	31	..	..	..	4	599	4·7	..	19	16	2	..	37	0·29	..	134	7	141	740
Hampstead	91,137	40	1	320	111	1	21	..	..	..	..	454	5·0	..	5	7	2	..	14	0·15	..	56	3	59	513
St. Pancras	236,753	88	1	848	342	7	55	..	..	1	5	1,259	5·3	..	26	30	4	..	60	0·25	..	183	4	187	1,446
Islington	347,017	112	..	1,216	482	..	95	..	..	1	11	1,805	5·2	..	22	41	13	..	76	0·22	..	254	23	277	2,082
Stoke Newington	53,613	62	..	252	114	4	15	..	..	..	1	386	7·2	..	10	7	3	..	20	0·37	..	30	2	32	418
Hackney	232,993	71	..	1,808	514	29	108	1	..	2	4	2,466	10·6	..	43	47	21	..	111	0·48	..	311	15	326	2,792
CENTRAL :—																									
Holborn	55,134	136	..	157	63	1	14	1	..	..	2	238	4·3	..	2	10	2	..	14	0·25	..	39	1	40	278
Finsbury	96,732	164	..	505	146	9	23	..	..	..	3	686	7·1	..	17	16	2	..	35	0·36	..	109	3	112	798
City of London	20,310	30	2	97	27	1	9	..	..	..	..	136	6·7	..	1	5	2	..	8	0·39	..	15	..	15	151
EAST :—																									
Shoreditch	115,662	176	1	877	219	4	36	..	..	..	6	1,143	9·9	..	28	20	6	..	54	0·47	..	138	3	141	1,284
Bethnal Green	130,831	172	..	1,288	281	9	55	1	..	..	8	1,642	12·6	..	43	18	7	..	68	0·52	..	247	5	252	1,894
Stepney	308,923	175	..	3,128	744	7	120	1	..	10	9	4,019	13·0	..	83	93	21	..	197	0·64	..	473	16	489	4,508
Poplar	171,086	74	1	1,285	351	9	81	..	..	..	11	1,738	10·2	..	44	50	11	..	105	0·62	..	187	14	201	1,939
SOUTH :—																									
Southwark	209,781	185	..	1,275	417	5	80	..	..	..	10	1,787	8·5	..	35	36	11	..	82	0·39	..	256	19	275	2,062
Bermondsey	128,263	86	..	1,021	316	3	45	..	..	..	7	1,392	10·9	..	36	21	7	..	64	0·50	..	143	5	148	1,540
Lambeth	318,538	78	..	1,478	314	13	54	1	..	6	13	1,879	5·9	..	40	47	5	..	92	0·29	..	226	22	248	2,127
Battersea	181,736	84	..	977	353	6	44	..	..	1	10	1,391	7·7	..	19	38	4	..	61	0·34	..	175	13	188	1,579
Wandsworth	281,419	31	..	1,321	629	7	69	..	..	1	3	2,030	7·2	..	24	40	11	..	75	0·27	..	214	27	241	2,271
Camberwell	277,059	62	..	1,571	392	13	82	..	..	..	3	2,061	7·5	..	37	39	8	..	84	0·30	..	264	16	280	2,341
Deptford	166,510	75	..	777	305	13	34	..	..	6	2	1,137	9·8	..	14	25	6	..	45	0·39	..	145	4	149	1,286
Greenwich	107,222	28	..	661	255	2	18	..	..	..	1	937	8·8	..	10	18	5	..	33	0·31	..	93	2	95	1,032
Lewisham	152,532	22	..	604	298	4	32	..	..	..	1	939	6·2	..	12	18	1	..	31	0·20	..	86	7	93	1,032
Woolwich	129,336	16	..	1,027	279	..	27	..	..	..	1	1,334	10·3	..	14	15	4	..	33	0·26	..	113	6	119	1,453
Port of London	.. .	..	1	2	2	..	2	..	..	..	..	7	..	..	..	..	..	..	..	..	..	1	..	1	8
Totals	4,758,218	64	8	25,925	8,598	173	1,394	5	..	36	132	36,271	7·6	..	644	781	194	..	1,619	0·34	..	4,497	254	4,751	41,022
Percentage of the above cases admitted to the Managers' Hospitals (un-corrected for mistakes in diagnosis) ..	..	..	87·5	89·4	83·2	..	51·5	60·0	..	..	2·3	..	..	..	96·6	69·7	37·1	..	76·5	..	Percentage of deaths in the Managers' Hospitals.				

METROPOLITAN ASYLUMS BOARD.

CHART *showing the mean number of* ENTERIC FEVER *patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1907 (uncorrected for mistakes in diagnosis).*

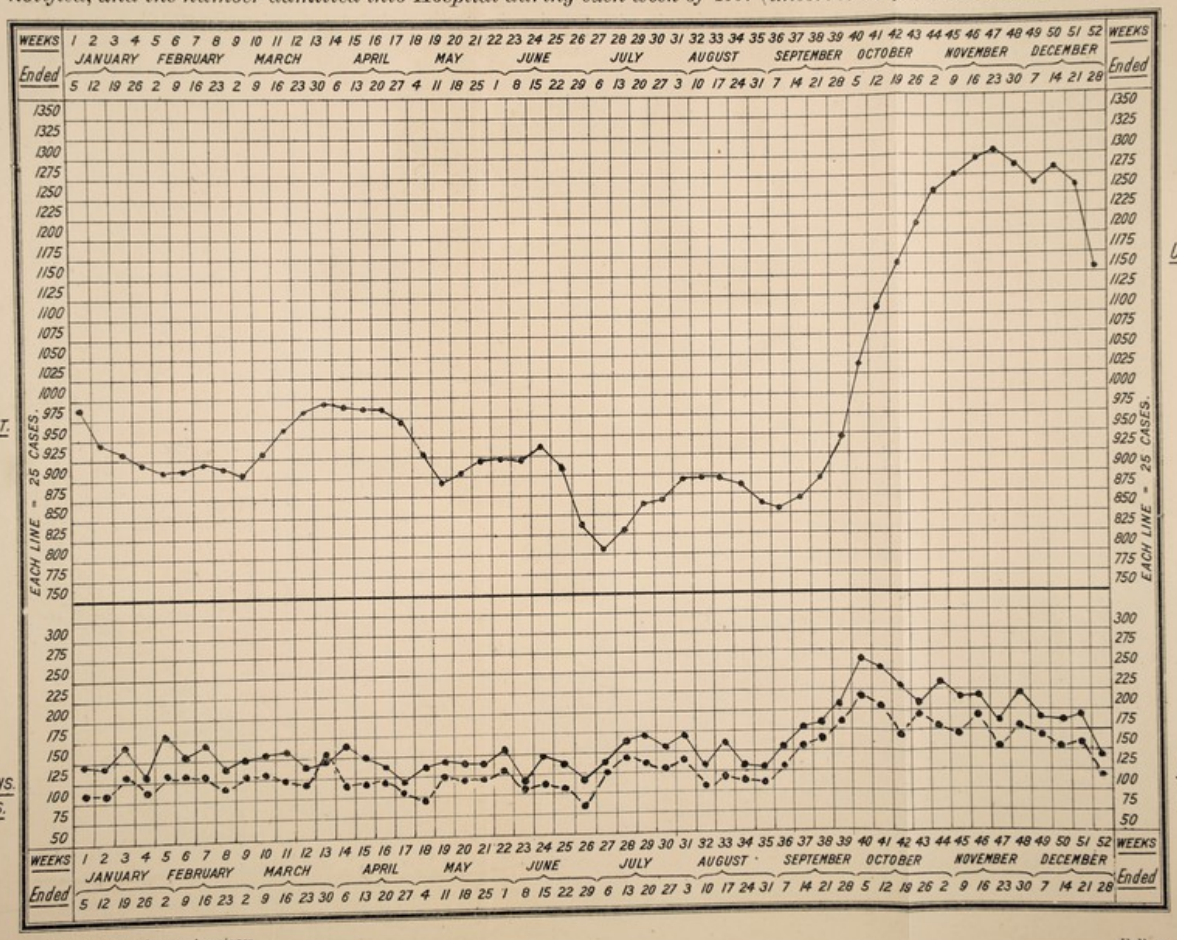


Cha^s Straker & Sons Ltd. Bishopsgate Avenue London

Follow page 146A (1).

METROPOLITAN ASYLUMS BOARD.

CHART showing the mean number of DIPHTHERIA patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1907 (uncorrected for mistakes in diagnosis).



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Follow page 146A (2).

METROPOLITAN ASYLUMS BOARD.

CHART showing the mean number of **SCARLET FEVER** *patients remaining under treatment each week, also the number of cases notified and the number admitted into Hospital during each week of 1907 (uncorrected for mistakes in diagnosis.)*



TABLE A2.—*Percentage of Admissions to Notifications of each admissible Disease during the years* 1890 *to* 1907.

YEARS.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.
1890	42·8	17·9	22·5	42·9	36·7
1891	46·8	25·1	27·3	70·4	55·3
1892	48·8	30·2	25·3	60·0	66·7
1893	39·7	24·5	20·0	36·4	81·2
1894	63·9	38·9	20·2	61·9	78·4
1895	58·2	41·5	24·1	42·9	84·6
1896	62·6	39·9	27·0	33·3	61·8
1897	67·0	51·6	30·4	50·0	66·3
1898	73·2	62·1	36·6	87·5	24·8
1899	74·3	69·7	40·8	84·6	55·2
1900	75·1	72·5	47·7	57·1	73·6
1901	78·9	74·8	45·3	85·0	97·3
1902	80·3	72·9	53·2	—	96·3
1903	83·8	80·3	51·8	100·0	97·8
1904	84·5	79·5	51·7	100·0	101·2
1905	88·6	82·1	51·4	55·6	105·4
1906	88·5	78·4	55·1	55·6	93·5
1907	89·4	81·6	51·5	60·0	87·5

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 the Fever Statistical Table on p. 209.

Since the year 1890, the proportion of scarlet fever admissions to notifications has risen from 42·8 to 89·4 (*88·5*)*, of diptheria cases from 17·9 to 81·6 (*78·4*), and of enteric cases from 22·5 to 51·5 (*55·1*). The low figures of 1893, 1895, and 1896 were due to the fact that scarlet fever and diphtheria were unusually prevalent in those years, and the Board's hospital accommodation was inadequate.

The chart facing p. 148 traces the course of scarlet fever, diphtheria, enteric fever, and smallpox month by month during each year from 1893 to 1907.

AGE AND SEX DISTRIBUTION. Table A3 exhibits the age and sex of cases notified as scarlet fever, diphtheria, enteric fever, and smallpox respectively during the year. Scarlet fever and diphtheria are most prevalent amongst children; over two-thirds of the cases of each disease being under ten years of age.

* Italic figures in brackets throughout are the corresponding figures for 1906.

TABLE A3.—*Ages of Cases Notified*—1907.

AGES.	SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.			SMALLPOX.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1	138	128	266	113	88	201	...	...	...	...	...	...
1 to 2	526	437	963	337	280	617	1	...	1	...	1	1
2 „ 3	809	830	1,639	346	379	725	6	6	12	...	...	...
3 „ 4	1,164	1,165	2,329	480	451	931	8	5	13	...	...	...
4 „ 5	1,331	1,311	2,642	473	509	982	17	23	40	...	1	1
Total under 5	3,968	3,871	7,839	1,749	1,707	3,456	32	34	66	...	2	2
5 to 10	4,931	5,785	10,716	1,326	1,659	2,985	79	83	162	...	1	1
10 „ 15	1,812	2,400	4,212	397	555	952	73	86	159	...	...	...
15 „ 20	656	668	1,324	156	225	381	90	87	177	...	...	...
20 „ 25	345	520	865	103	178	281	112	98	210	3	1	4
25 „ 30	201	312	513	67	160	227	88	104	192	...	...	...
30 „ 35	100	147	247	44	87	131	83	64	147	...	...	...
35 „ 40	50	70	120	29	55	84	62	51	113	1	...	1
40 „ 45	23	26	49	12	23	35	41	28	69	...	...	...
45 „ 50	11	9	20	6	16	22	20	18	38	...	...	...
50 „ 55	3	8	11	4	14	18	14	11	25	...	...	...
55 „ 60	1	4	5	7	4	11	9	6	15	...	...	...
Upwards.. ...	...	4	4	2	12	14	12	9	21	...	...	...
Unrecorded ...	...	...	...	...	1	1	...	...	...	...	...	...
Totals ...	12,101	13,824	25,925	3,902	4,696	8,598	715	679	1,394	4	4	8

Ambulance Work. (2.) The statistical tables concerning the work of the ambulance service will be found on pp. 188 to 191.

Land Service. Infectious Removals. During the year 32,052 (*25,926*)* fever, diphtheria, and smallpox patients were conveyed to the various hospitals of the Managers; 15,929 (*12,617*) convalescent patients were transferred to the Northern and other hospitals; and 11,156 (*8,043*) recovered patients were brought back to London, that number including 44 (*29*) taken from the convalescent hospitals direct to their homes, and 11,112 (*8,014*) to the ambulance stations. Of the latter 259 (*292*) were subsequently conveyed home in consequence of their friends not attending to take charge of them. 1,259 (*1,094*) recovered patients were taken home from the acute hospitals. Further, 454 (*405*) persons were removed to other places than the Managers' hospitals; and 3 (*24*) extra-metropolitan cases were taken from the out-patient departments of general hospitals to their homes.

Non-Infectious Removals. The non-infectious removals during the year were as follows:—

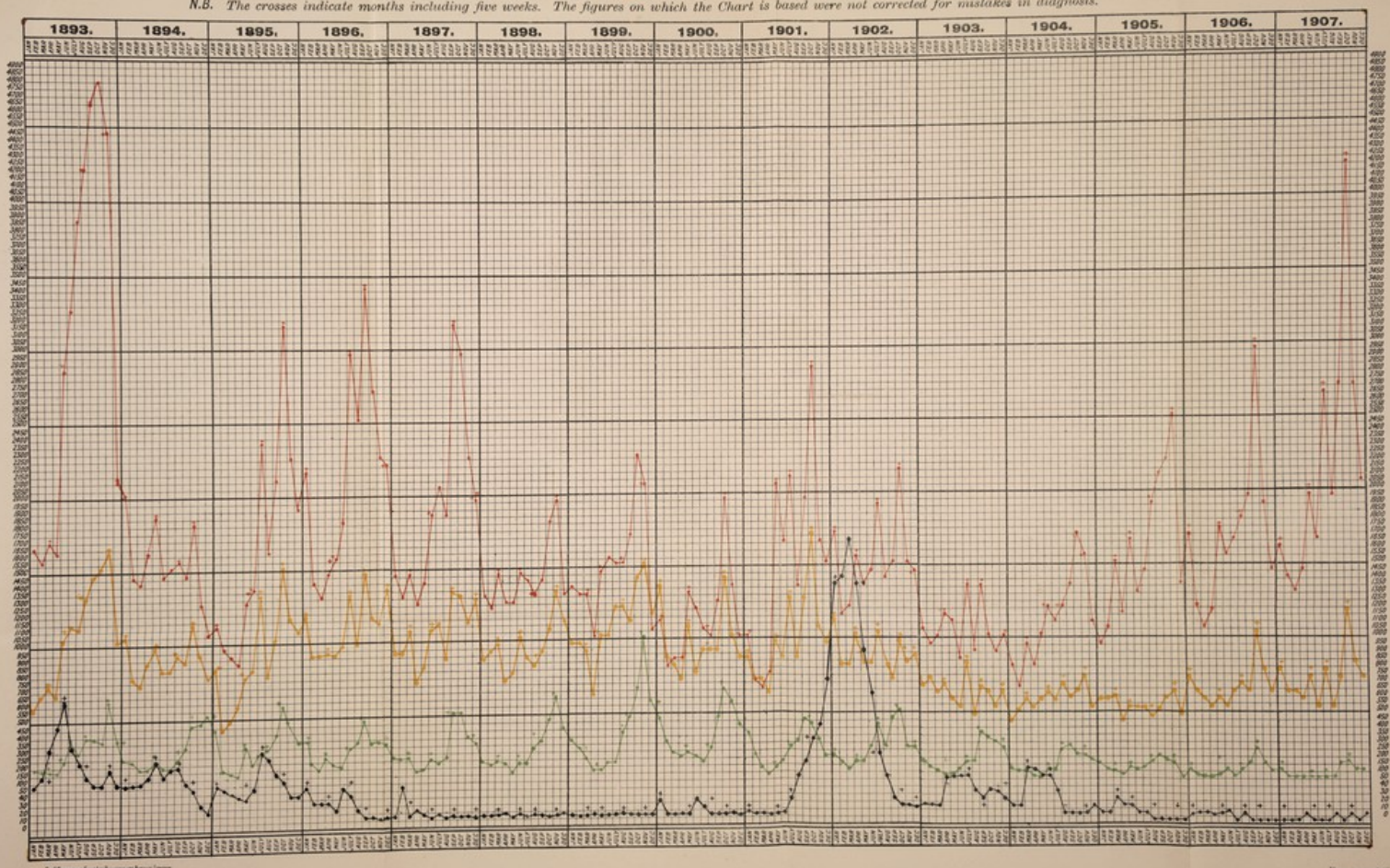
Imbecile cases	807	(*734*)
Ringworm „	28	(*58*)
Ophthalmia „	452	(*318*)
Defective and other children	165	(*271*)
Other cases (private removals)	841	(*424*)
Staff	3	(*2*)
Total	2,296	(*1,807*)

Total Removals. Altogether 64,058 (*50,306*) removals were effected by the land ambulance service during 1907, and the various vehicles made 38,548 (*32,614*) journeys, and ran 462,756 (*388,265*) miles.

*Italic figures in brackets throughout are the corresponding figures for 1906.

METROPOLITAN ASYLUMS BOARD.

NOTIFICATION CHART—Monthly notifications, Scarlet fever, Red line ---, Enteric fever, Green line ---, Diphtheria, Yellow line ---, Smallpox, Black line ---
N.B. The crosses indicate months including five weeks. The figures on which the Chart is based were not corrected for mistakes in diagnosis.



Face page 148.

River Service. The steamboats of the river ambulance service conveyed 877 (*709*)* passengers to and from Long Reach; of that number 2 (*27*) were patients taken to the smallpox hospital; 456 were patients suffering from scarlet fever, 2 (*27*) were recovered patients (smallpox) brought back to London, and 417 (*655*) were visitors, staff, workmen, etc.

Fires were alight on the steamboats a total of 14,198 (*15,467*) hours; steam was raised on 570 (*683*) days; the vessels were under steam 8,839 (*7,924*) hours, under way 575 (*427*) hours; they ran 5,592 (*4,451*) miles, and consumed 171 (*164*) tons of coal.

Hospital Accommodation. (3.) FEVERS AND DIPHTHERIA.—The normal accommodation at the fever hospitals is as under:—

Hospital.	No. of Beds.	
Eastern Hospital	368	
North-Eastern Hospital (including temporary buildings)	662	
North-Western Hospital (including some temporary buildings)	460	
Western Hospital	452	
South-Western Hospital	339	
Fountain Hospital	405	
Grove Hospital	518	
South-Eastern Hospital	488	
Park Hospital	548	
Brook Hospital	568	
Northern Hospital (including temporary buildings) ...	738	
Gore Farm Upper Hospital	922	
„ „ Lower „ (as adjunct to Upper Hospital if and when required)	610	
	——	7,078

From this total should be deducted 100 beds to the use of which the Urban District of Tottenham is entitled.

There is also the Southern Hospital, which could accommodate 800 patients but is not yet equipped.

SMALLPOX.—For this disease the Managers possess the following accommodation:—

Joyce Green Hospital	940	beds
Long Reach Hospital	300	„
Orchard Hospital	800	„
Total	2,040	„

Hospital Statistics. (4.) FEVER.—On the last day of 1906 there were 4,931 (*4,224*) patients in the fever hospitals.

In the first four months of the year the number under treatment steadily declined and fell to the minimum for the year, 3,563 on the 11th May (*28th April, 1906, 3,108*); then followed a rise which was gradual until the end of June, rapid during July, gradual during August, then rapid again during October and part of November, until the number attained the maximum, 7,158, for the year on 19th November (*20th November, 1906, 5,498*); it then declined until the end of the year, when, on the 31st December, 6,193 (*4,931*) patients remained under treatment.

*Italic figures and dates in brackets throughout are the corresponding figures and dates for 1906.

Distribution of patients amongst the several fever hospitals on 11th May, 1907 :—

Minimum number under treatment.

Hospital.	Beds Occupied.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	Total.
Eastern	143	102	..	9	..	254
North-Eastern	303	75	..	6	..	384
North-Western	174	80	..	8	..	262
Western	150	146	..	11	1	308
South-Western	141	70	..	4	..	215
Fountain and Grove	194	95	..	10	1	300
South-Eastern	194	133	..	3	1	331
Park	256	45	..	..	..	301
Brook	232	79	..	3	..	314
Northern	419	23	..	..	..	442
Gore Farm	414	38	..	..	..	452
Totals	2,620	886	..	54	3	3,563

Distribution of patients amongst the several hospitals on 19th November, 1907 :—

Maximum number under treatment.

Hospital.	Beds Occupied.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	Total.
Eastern	159	132	..	33	1	325
North-Eastern	499	160	..	28	..	687
North-Western	342	133	..	6	..	481
Western	258	179	..	24	..	461
South-Western	193	95	..	16	..	304
Fountain and Grove	615	180	..	..	..	795
South-Eastern	256	119	..	20	..	395
Park	409	120	..	..	..	529
Brook	456	55	..	3	..	514
Joyce Green	458	..	..	..	..	458
Northern	662	42	..	..	..	704
Gore Farm	1,405	100	..	..	..	1,505
Totals	5,712	1,315	..	130	1	7,158

*Italic figures and dates in brackets throughout are the corresponding figures and dates for 1906.

The following table shows the number of cases of scarlet and enteric fevers and diphtheria notified in the respective borough areas, and the number of such cases which were admitted to the Managers' hospitals. The Managers keep their records of admissions according to the Poor Law districts to which the patients are chargeable. The areas of these districts are not in all cases co-extensive with the borough areas. Both areas are included in the table, and, in certain instances, several parishes or unions are grouped together to make a total corresponding to the borough areas.

Notifications and Admissions during the 52 weeks ended 31st December, 1907.

Metropolitan Boroughs and Populations estimated to the middle of 1907.	Corresponding Poor Law Parishes and Unions and Populations.*	Scarlet Fever.		Diphtheria (including Membranous Croup).		Enteric Fever (including Continued Fever).		Total.		Percentage of Admissions to Notifications.
		Notifications.	Admissions.	Notifications.	Admissions.	Notifications.	Admissions.	Notifications.	Admissions.	
Paddington .. 149,909	Paddington .. —	577	505	169	135	35	16	781	656	84·0
Kensington .. 181,842	Kensington .. —	532	482	250	203	44	21	826	706	85·5
Hammersmith 122,337	Hammersmith —	581	488	215	173	40	18	836	679	81·2
Fulham .. 166,749	Fulham .. —	668	594	605	548	59	34	1,332	1,176	88·3
Chelsea .. 74,857	Chelsea .. —	219	196	158	135	21	11	398	342	85·9
City of Westminster .. 172,219	Strand .. 17,020 / Westminster 30,625 / St.George's W. 124,574	418	397	145	144	53	12	616	553	89·8
St. Marylebone 127,718	St. Marylebone —	435	379	128	100	31	11	594	490	82·5
Hampstead .. 91,137	Hampstead .. —	320	256	112	82	21	5	453	343	75·7
St. Pancras .. 236,753	St. Pancras .. —	848	787	349	273	56	30	1,253	1,090	87·0
Islington .. 347,017	Islington .. —	1,216	1,048	482	376	96	53	1,794	1,477	82·3
Stoke Newington 53,613 / Hackney .. 232,993	Hackney —	2,060	1,774	661	498	125	71	2,846	2,343	82·3
Holborn .. 55,134 / Finsbury .. 96,732	Holborn .. 122,818 / Bloomsbury 29,048	662	617	219	192	37	21	918	830	90·4
City of London 20,310	City of London —	97	95	28	28	9	—	134	123	91·8
Shoreditch .. 115,662	Shoreditch .. —	877	849	223	175	36	22	1,136	1,046	92·1
Bethnal Green 130,831	Bethnal Green —	1,288	1,273	290	248	55	29	1,633	1,550	94·9
Stepney .. 308,923	Stepney .. 58,759 / St. George's E. 51,430 / Whitechapel 81,832 / Mile End O.T. 116,902	3128	3,007	751	685	130	54	4,009	3,746	93·4
Poplar .. 171,086	Poplar .. .. —	1,285	1,102	360	281	81	39	1,726	1,422	82·3
Southwark .. 209,781	Southwark .. —	1,275	1,242	422	391	80	46	1,777	1,679	94·5
Bermondsey .. 128,263	Bermondsey .. —	1,021	978	319	267	45	26	1,385	1,271	91·7
Lambeth .. 318,538	Lambeth .. —	1,478	1,376	327	254	60	32	1,865	1,662	89·1
Battersea .. 181,736 / Wandsworth 281,419	Wandsworth 463,155	2,298	2,063	995	815	115	68	3,408	2,946	86·4
Camberwell .. 277,059	Camberwell .. —	1,571	1,315	405	335	82	58	2,058	1,708	83·0
Deptford .. 116,510 / Greenwich .. 107,222 / Lewisham .. 152,532 / Woolwich .. 129,336	Greenwich .. 198,006 / Lewisham .. 160,756 / Woolwich .. 146,838	3,069	2,564	1,156	918	117	63	4,342	3,545	81·6
	Port Sanitary Authority ..	2	—	2	—	2	—	6	—	—
4,758,218	Totals	25,925	23,387	8,771	7,256	1,430	740	36,126	31,383	86·9

N.B.—The admissions in this table are not corrected for mistakes in diagnosis.
Extra-metropolitan cases are not included in this table.

*Populations are the same as in the boroughs unless otherwise stated.

Tables I. to VII. and the accompanying chart summarise the several fever hospital tables given on pp. 208-217.

TABLE I.—*Admissions, Discharges, and Deaths at Fever Hospitals during* 1907.

DISEASES.	Remaining on Dec. 31, 1906.	Admitted.	Total under treatment during 1907.	Discharged.	Died.	Mortality per cent.	Remaining on Dec. 31, 1907.
Scarlet	3,841*	22,764	26,605	21,014	622	2·80	4,969
Diphtheria	849	5,744	6,593	5,072	544	9·58	977
Enteric	121	541	662	482	72	13·15	108
Typhus	...	3	3	3	...	...	...
Cerebro-Spinal Meningitis	...	8	8	5	3	37·50	...
Totals	4,811*	29,060	33,871	26,576	1,241	4·36	6,054
Other diseases	120*	3,109	3,229	2,926	164	5·29	139
Grand Totals ..	4,931	32,169	37,100	29,502	1,405	...	6,193

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.

*These figures differ slightly from those given in last year's report as remaining, owing to subsequent correction of errors of diagnosis.

The total number of patients treated during the year was 6,872 more than in the preceding year. The mortality rate for scarlet fever was 0·14 and for enteric fever 2·87 lower, whilst for diphtheria it was 0·81 higher than in 1906.

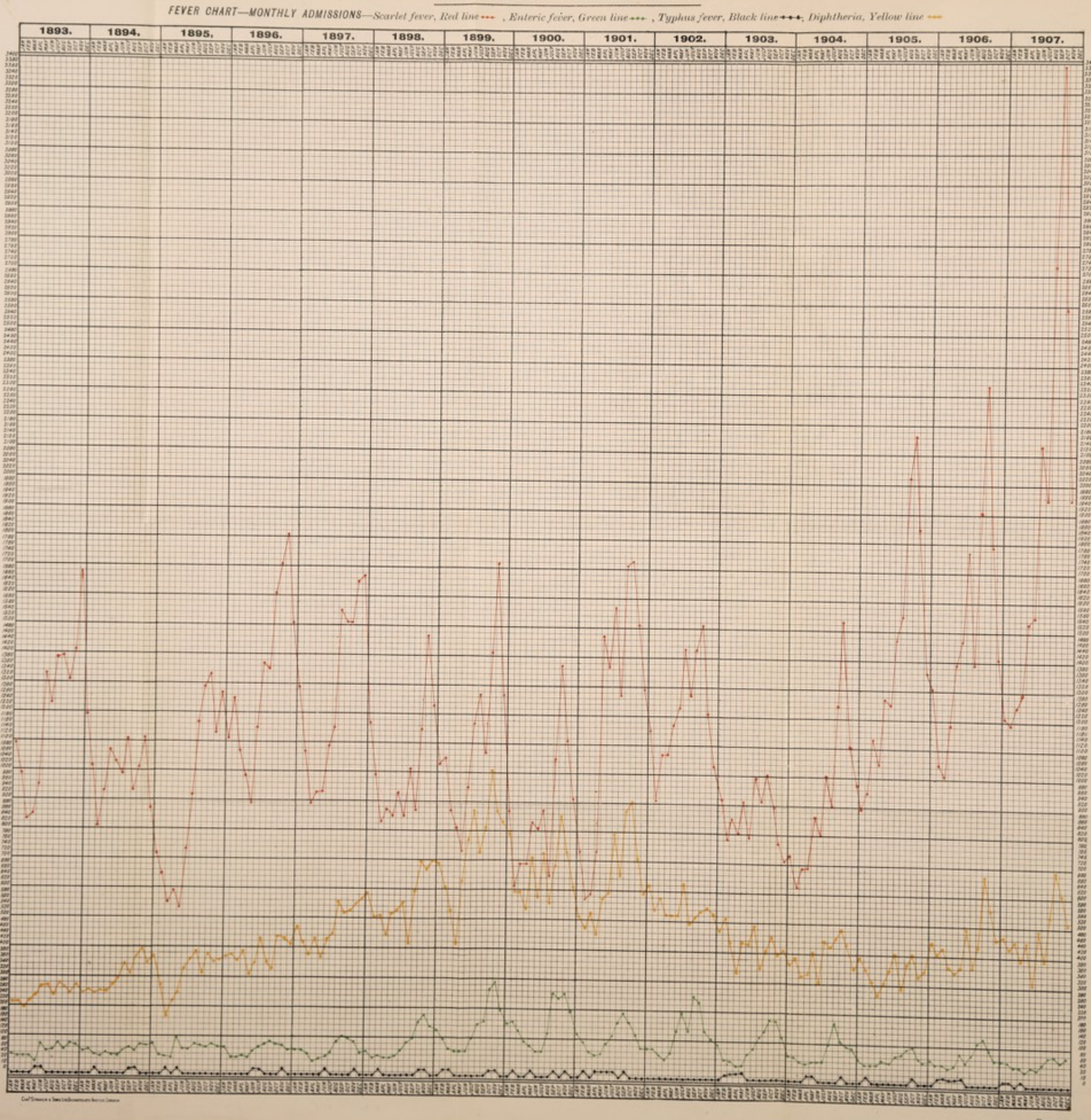
The percentages of cases transferred to convalescent hospitals from the acute hospitals were as under:—

	Scarlet.		Diphtheria.	
Eastern Hospital	65·08	(*54·73*)†	11·83	(*7·23*)
North-Eastern Hospital	57·32	(*52·69*)	4·77	(*2·54*)
North-Western ,, ...	64·85	(*58·40*)	5·26	(*5·90*)
Western ,, ...	57·68	(*64·59*)	19·08	(*13·62*)
South-Western ,, ...	60·65	(*65·14*)	4·21	(*7·97*)
Grove & Fountain ,, ...	64·21	(*62·71*)	12·88	(*16·59*)
South-Eastern ,, ...	59·81	(*61·94*)	3·62	(*0·27*)
Park ,, ...	70·85	(*68·02*)	34·03	(*23·30*)
Brook ,, ...	52·08	(*45·90*)	10·41	(*12·25*)
Totals	60·1	(*58·9*)	12·8	(*10·8*)

† Italic figures in brackets are the corresponding figures for 1906.

METROPOLITAN ASYLUMS BOARD.

FEVER CHART—MONTHLY ADMISSIONS—Scarlet fever, Red line, Enteric fever, Green line, Typhus fever, Black line, Diphtheria, Yellow line



Face page 153.

TABLE II.—*Monthly Admissions and Deaths at Fever Hospitals during* 1907.

MONTH.	ADMISSIONS.							DEATHS.							MORTALITY PER CENT.*						
	Scarlet.	Diphtheria.	Enteric.	Typhus.	Cerebro-Spinal Meningitis.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Cerebro-Spinal Meningitis.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Cerebro-Spinal Meningitis.	Other Diseases.	Total.
Jan.	1,218	465	52	1	..	197	1,933	37	59	14	..	..	18	128	2·39	11·99	21·37	..	..	9·57	5·58
Feb.	1,182	428	49	1	..	202	1,862	24	47	4	..	..	11	86	1·75	11·03	8·25	..	..	5·96	4·23
March	1,245	454	35	..	1	294	2,029	35	45	4	..	1	15	100	2·61	10·77	10·13	..	100.00	5·79	4·82
April	1,299	398	34	1	3	265	2,000	43	34	8	..	2	26	113	3·30	7·93	17·39	..	66.67	9·75	5·49
May	1,530	445	20	..	1	223	2,219	49	36	4	..	..	12	101	3·41	7·98	12·50	..	..	5·17	4·69
June	1,559	311	33	..	1	263	2,167	45	31	2	..	..	11	89	3·09	8·22	6·90	..	..	4·26	4·20
July	2,129	490	23	..	..	294	2,936	61	33	3	..	..	12	109	3·30	7·36	11·76	..	..	4·30	4·19
Aug.	1,956	399	41	..	1	257	2,654	51	39	6	..	..	11	107	2·69	9·22	16·22	..	..	4·08	4·08
Sept.	2,731	540	66	..	..	265	3,602	57	49	8	..	..	12	126	2·40	10·65	17·78	..	..	4·50	4·00
Oct.	3,380	690	70	..	1	311	4,452	91	55	8	..	..	9	163	3·14	9·59	13·79	..	..	3·05	4·26
Nov.	2,584	607	57	..	..	299	3,547	55	62	3	..	..	9	129	2·24	10·31	5·45	..	..	2·90	3·76
Dec.	1,951	517	61	..	..	239	2,768	74	54	8	..	..	18	154	3·27	9·29	12·03	..	..	6·75	4·85
Totals	22,764	5,744	541	3	8	3,109	32,169	622	544	72	..	3	164	1,405	2·80	9·58	13·15	..	37·50	5.29	4·45

* Calculated according to the Registrar-General's formula. See footnote to Table I., p. 209.

The total monthly admissions were lowest in February (*March*)* and highest in October (*October*).

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1893.

During the thirty-four 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 once in January, fifteen times in February, five times in March, eight times in April, four times in June, once in September, and twice in December (1888 and 1903); while the maximum number of admissions was reached once in January (1888), twice in July, five times in September, twenty times in October, six times in November, and twice in December. The enteric fever admissions fell to the minimum for the year four times in March, thirteen times in April, ten times in May, eight times in June, and once in July; and rose to the maximum once in May, seven times in September, sixteen 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, once in March, eight times in April, once in May, once in June, once in August, and once in September; while the maximum admissions took place four times in July, once in August, twice in September, seven times 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 during the years referred to in the chart, for the reason that on several occasions the accommodation in the Managers' hospitals became exhausted.

The maximum death-rate in 1907 was for scarlet fever in May (*March*), for diphtheria in January (*December*), and for enteric fever in January (*March*). The minimum rate was for scarlet fever in February (*September*), for diphtheria in July (*June*), and for enteric fever in November (*April*).

* Months in italics in brackets are the corresponding months for 1906.

TABLE III.—*Admissions and Deaths of Patients at Fever Hospitals during* 1907, *divided according to Parishes or Unions.*

PARISH OR UNION.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Cerebro-Spinal.	Other Diseases.	Total Admissions.	Total Deaths.
Kensington	475	171	16	..	..	50	712	32
Hammersmith	495	121	14	..	1	49	680	28
Fulham	570	468	26	..	..	110	1,174	52
Paddington	482	103	15	..	..	58	658	31
Chelsea	184	108	11	..	..	40	343	12
St. George's, Hanover Square	269	85	6	..	..	41	401	16
Westminster	65	15	2	..	..	15	97	..
St. Marylebone	361	77	2	..	..	50	490	29
St. Pancras	746	232	15	..	1	95	1,089	62
Hampstead	245	70	2	..	..	26	343	12
Islington	984	312	40	..	1	143	1,480	64
Hackney	1,683	406	55	..	..	205	2,349	113
St. Giles & St. George, Bloomsbury	41	16	..	1	..	9	67	2
Strand	35	13	1	..	1	6	56	5
Holborn	569	118	13	..	..	81	781	39
London, City of	81	18	..	..	..	23	122	5
Shoreditch	771	121	15	..	1	121	1,029	55
Bethnal Green	1,191	157	19	1	..	178	1,546	66
Whitechapel	770	166	13	..	1	132	1,082	56
St. George-in-the-East ..	605	41	1	..	..	82	729	23
Stepney	376	94	7	1	..	63	541	25
Mile End Old Town	1,078	149	16	..	..	142	1,385	69
Poplar	1,065	219	36	..	..	102	1,422	76
Southwark	1,147	288	25	..	1	203	1,664	74
Bermondsey	925	201	22	..	..	131	1,279	57
Lambeth	1,279	201	16	..	1	160	1,657	73
Wandsworth	1,945	648	50	..	..	308	2,951	117
Camberwell	1,247	288	41	..	..	140	1,716	61
Greenwich	1,088	376	25	..	..	106	1,595	64
Woolwich	859	188	10	..	..	88	1,145	43
Lewisham	515	208	6	..	..	83	812	22
Port of London	..	..	..	..	..	..	..	..
Tottenham	575	63	20	..	..	65	723	21
Beyond Metropolitan Area ..	43	3	1	..	..	4	51	1
Totals	22,764	5,744	541	3	8	3,109	32,169	1,405

SCARLET FEVER.—TABLE IV.—*Admissions, Deaths, and Mortality per cent. of Scarlet Fever Patients during* 1907, *divided according to age and sex.*

AGES.	MALES.			FEMALES.			TOTAL.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 ..	97	17	17·5	104	10	9·6	201	27	13·4
1 to 2 ..	365	38	10·4	337	40	11·9	702	78	11·1
2 „ 3 ..	696	59	8·5	704	59	8·4	1,400	118	8·4
3 „ 4 ..	999	56	5·6	984	42	4·3	1,983	98	4·9
4 „ 5 ..	1,166	48	4·1	1,208	46	3·8	2,374	94	4·0
Totals under 5 years ..	3,323	218	6·6	3,337	197	5·9	6,660	415	6·0
5 to 10 ..	4,539	74	1·6	5,181	67	1·3	9,720	141	1·5
10 „ 15 ..	1,709	16	0·9	2,217	14	0·6	3,926	30	0·8
15 „ 20 ..	551	9	1·6	571	6	1·0	1,122	15	1·3
20 „ 25 ..	290	4	1·4	374	5	1·3	664	9	1·4
25 „ 30 ..	155	2	1·3	216	2	0·9	371	4	1·1
30 „ 35 ..	66	3	4·5	102	1	1·0	168	4	2·4
35 „ 40 ..	41	1	2·4	41	1	2·4	82	2	2·4
40 „ 45 ..	13	2	15·4	18	..	..	31	2	6·5
45 „ 50 ..	7	..	..	2	..	..	9	..	..
50 „ 55 ..	4	..	..	3	..	..	7	..	..
55 „ 60 ..	1	..	..	2	..	..	3	..	..
And upwards	..	..	..	1	..	..	1	..	..
Grand Totals ..	10,699	329	3·1	12,065	293	2·4	22,764	622	2·7

The total admissions of scarlet fever cases in 1907 were 22,764 (*17,933*)*; the females were 1,366 (*983*) in excess of the male admissions. The total mortality, calculated on the admissions, was 2·7 (*2·9*) per cent.

DIPHTHERIA.—TABLE V.—*Admissions, Deaths, and Mortality per cent. of Diphtheria Patients during* 1907, *divided according to age and sex.*

AGES.	MALES.			FEMALES.			TOTAL.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 ...	53	21	39·6	36	11	30·6	89	32	36·0
1 to 2 ...	231	56	24·2	169	31	18·3	400	87	21·8
2 „ 3 ...	249	38	15·3	275	43	15·6	524	81	15·5
3 „ 4 ...	354	46	13·0	339	51	15·0	693	97	14·0
4 „ 5 ...	395	29	7·3	404	34	8·4	799	63	7·9
Total under 5 years	1,282	190	14·8	1,223	170	13·9	2,505	360	14·4
5 to 10 ...	960	70	7·3	1,171	95	8·1	2,131	165	7·7
10 „ 15 ...	258	6	2·3	342	3	0·9	600	9	1·5
15 „ 20 ...	84	1	1·2	107	3	2·8	191	4	2·1
20 „ 25 ...	48	2	4·2	68	...	...	116	2	1·7
25 „ 30 ...	36	1	2·8	56	1	1·8	92	2	2·2
30 „ 35 ...	16	...	...	42	...	...	58	...	...
35 „ 40 ...	10	...	...	19	1	5·3	29	1	3·4
40 „ 45 ...	4	...	...	9	...	...	13	...	...
45 „ 50 ...	...	...	...	3	...	..	3	...	...
50 „ 55 ...	...	...	...	3	1	33·3	3	1	33·3
55 „ 60 ..	1	...	...	...	...	...	1	...	...
And upwards	1	...	...	1	...	...	2	...	...
Grand Totals	2,700	270	10·0	3,044	274	9·0	5,744	544	9·5

The total admissions of diphtheria were greater by 526 than in the previous year. The death-rate, calculated on the admissions, was 9·5 (*8·5*) per cent.

The rates varied at the different hospitals, from 5·79 at the Park Hospital to 13·18 per cent. at the South-Eastern Hospital. The Medical Superintendent at the former hospital states that the rate there was far lower than ever before, "and is to be accounted for by the fact that so many of them had bacteriological, as distinct from clinical, diphtheria." There is matter for consideration in his question whether the persons so affected were properly admitted to the Board's hospitals, and, if so, why not all persons similarly affected?

ENTERIC FEVER.—TABLE VI.—*Admissions, Deaths, and Mortality per cent. of Enteric Fever Patients during* 1907, *divided according to age and sex.*

AGES.	MALES.			FEMALES.			TOTAL.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 5 ...	7	...	...	18	...	...	25	...	...
5 to 10 ...	35	2	5·7	36	1	2·8	71	3	4·2
10 „ 15 ...	34	3	8·8	43	3	7·0	77	6	7·8
15 „ 20 ...	36	6	16·7	36	5	13·9	72	11	15·3
20 „ 25 ...	44	8	18·2	33	3	9·1	77	11	14·3
25 „ 30 ...	36	5	13·9	48	6	12·5	84	11	13·1
30 „ 35 ...	37	10	27·0	23	1	4·3	60	11	18·3
35 „ 40 ...	24	7	29·2	8	3	37·5	32	10	31·3
40 „ 45 ..	13	3	23·1	15	2	13·3	28	5	17·9
45 „ 50 ...	1	...	...	5	1	20·0	6	1	16·7
50 „ 55 ...	3	2	66·7	3	1	33·3	6	3	50·0
55 „ 60 ...	2	...	...	...	...	...	2	...	...
And upwards	...	...	...	1	...	...	1	...	...
Totals ...	272	46	16·9	269	26	9·7	541	72	13·3

There were 157 fewer cases of enteric fever admitted than during 1906.

The total death-rate, calculated on the admissions, was 13·3 (*15·5*) per cent.

*Italic figures in brackets throughout are the corresponding figures for 1906.

TYPHUS FEVER.—TABLE VII.—Only 3 (4)* cases of typhus fever were admitted during the year. For details refer to Table VII., p. 216.

MISCELLANEOUS DISEASES. The table giving details of the cases of miscellaneous diseases admitted will be found in the Medical Supplement, p. 288. Further reference to it is made on p. 160, "Cases of mistaken diagnosis."

LENGTH OF RESIDENCE OF PATIENTS IN HOSPITAL. The following tables 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 town hospitals, and the other with cases that completed their treatment at the convalescent hospitals.

SCARLET FEVER PATIENTS. TABLE VIIIA.—*Length of Residence of Scarlet Fever Patients who completed their Recovery or Died at the Board's Town Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	511	28,305	55·4	447	27,483	61·48
	(584)	(30,233)	(51·8)	(533)	(29,530)	(55·4)
North-Eastern ..	1,160	72,401	62·4	1,069	71,165	66·6
	(1,129)	(66,278)	(58·7)	(1,062)	(65,169)	(61·4)
North-Western ..	621	36,126	58·2	559	35,098	62·8
	(694)	(42,553)	(61·3)	(622)	(41,207)	(66·2)
Western	633	39,561	62·5	593	38,986	65·7
	(572)	(31,899)	(55·8)	(505)	(30,295)	(60·0)
South-Western ..	387	23,820	61·5	345	23,333	67·6
	(377)	(27,453)	(72·8)	(324)	(26,613)	(82·1)
Fountain & Grove	864	46,469	53·8	791	45,357	57·3
	(977)	(58,423)	(59·8)	(915)	(57,244)	(62·6)
South-Eastern ..	698	41,239	59·1	624	40,133	64·3
	(205)	(11,179)	(54·5)	(182)	(10,953)	(60·2)
Park	636	34,712	54·6	563	33,753	59·9
	(436)	(23,123)	(53·0)	(371)	(22,116)	(59·6)
Brook	1,103	59,302	53·8	1,023	58,360	57·0
	(909)	(54,611)	(60·1)	(859)	(53,761)	(62·6)
Joyce Green ..	283	13,561	47·9	275	13,366	48·6
Totals ..	6,896	395,496	57·3	6,289	387,034	61·5
	(5,883)	(345,752)	(58·8)	(5,373)	(336,888)	(62·7)

TABLE VIIIB.—*Length of Residence of Scarlet Fever Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.			Average Residence.			Recovered Cases only.	Number of Days' Residence.			Average Residence.		
		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.
Northern	6,290	192,374	202,297	394,671	30·6	32·2	62·7	6,282	192,191	201,831	394,022	30·6	32·1	62·7
	(5,989)	(191,894)	(177,084)	(368,978)	(32·0)	(29·6)	(61·6)	(5,981)	(191,623)	(176,850)	(368,473)	(32·0)	(29·6)	(61·6)
Gore Farm	8,450	253,643	260,710	514,353	30·0	30·9	60·9	8,443	253,403	260,488	513,891	30·0	30·9	60·9
	(5,690)	(183,572)	(206,750)	(390,322)	(32·3)	(36·3)	(68·6)	(5,687)	(183,502)	(206,651)	(390,153)	(32·3)	(36·3)	(68·6)
Totals ..	14,740	446,017	463,007	909,024	30·3	31·4	61·7	14,725	445,594	462,319	907,913	30·3	31·4	61·7
	(16,179)	(375,466)	(383,834)	(759,300)	(32·1)	(32·9)	(65·0)	(11,668)	(375,125)	(383,501)	(758.626)	(32·1)	(32·9)	(65·0)

* Italic figures in brackets throughout are the corresponding figures for 1906.

The average duration of residence of scarlet fever cases was at the town hospitals 57·3 (*58·8*)* days, including deaths, and 61·5 (*62·7*) days if the fatal cases be excluded. At the convalescent hospitals the average duration was 61·7 (*65·0*) and 61·7 (*65·0*) days respectively (including residence in the town hospitals). So that, on the whole, the total residence of cases who completed their recovery at the convalescent hospitals was only ·2 (*2·3*) days longer than that of cases at the town hospitals. The Northern Hospital cases were detained 1·1 days longer than in the preceding year and 3·7 days longer than in 1905.

As regards the residence of the recovered patients in the town hospitals there are very considerable variations. The shortest residence was 57·0 days at the Brook Hospital (*Eastern Hospital, 55·4*), or 4·5 (*7·3*) days below the average, and the longest was 67·6 at the South-Western Hospital (*South-Western Hospital, 82·1*), or 6·1 (*9·4*) days above the average.

DIPHTHERIA PATIENTS.

TABLE IXA.—*Length of Residence of Diphtheria Patients who completed their Recovery or Died at the Board's Town Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	475	27,050	56·9	404	26,214	64·9
	(*468*)	(*26,869*)	(*57·4*)	(*418*)	(*26,344*)	(*63·0*)
North-Eastern ..	328	20,516	62·5	288	19,985	69·4
	(*487*)	(*27,516*)	(*56·5*)	(*450*)	(*27,202*)	(*60·4*)
North-Western ..	526	28,616	54·4	482	27,997	58·1
	(*455*)	(*23,689*)	(*52·1*)	(*420*)	(*23,161*)	(*55·1*)
Western	733	34,818	47·5	644	33,886	52·6
	(*641*)	(*24,753*)	(*38·6*)	(*561*)	(*23,844*)	(*42·5*)
South-Western ..	423	22,392	52·9	374	22,013	58·9
	(445)	(*23,892*)	(*53·7*)	(*405*)	(*23,516*)	(*58·1*)
Fountain & Grove	787	35,946	45·7	714	35,210	49·3
	(*577*)	(*26,221*)	(*45·4*)	(*515*)	(*25,809*)	(*50·1*)
South-Eastern ..	727	38,962	53·6	632	38,120	60·3
	(*225*)	(*10,769*)	(*47·9*)	(*191*)	(*10,467*)	(*54·8*)
Park	413	14,536	35·2	373	14,280	38·3
	(*369*)	(*16,176*)	(*43·8*)	(*318*)	(*15,053*)	(*47·3*)
Brook	435	21,363	49·1	392	20,903	53·3
	(*639*)	(*31,154*)	(*48·8*)	(*584*)	(*30,601*)	(*52·4*)
Totals ..	4,847	244,199	50·3	4,303	238,608	55·5
	(*4,306*)	(*211,039*)	(*49·0*)	(*3,862*)	(*205,997*)	(*53·3*)

TABLE IXB.—*Length of Residence of Diphtheria Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.			Average Residence (days).			Recovered Cases only.	Number of Days' Residence.			Average Residence (days).		
		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.		Town Hospital.	Convalescent Hospital.	Total.	Town Hospital.	Convalescent Hospital.	Total.
Northern..	296	13,710	7,629	21,339	46·3	25·8	72·1	296	13,710	7,629	21,339	46·3	25·8	72·1
	(*245*)	(*10,219*)	(*5,895*)	(*16,114*)	(*41·7*)	(*24·1*)	(*65·8*)	(*245*)	(*10,219*)	(*5,895*)	(*16,114*)	(*41·7*)	(*24·1*)	(*65·8*)
Gore Farm	473	16,201	14,921	31,122	34·3	31·5	65·8	473	16,201	14,921	31,122	34·3	31·5	65·8
	(*383*)	(*15,573*)	(*10,397*)	(*25,970*)	(*40·7*)	(*27·1*)	(*67·8*)	(*382*)	(*15,540*)	(*10,352*)	(*25,892*)	(*40·7*)	(*27·1*)	(*67·8*)
Totals ..	769	29,911	22,550	52,461	38·9	29·3	68·2	769	29,911	22,550	52,461	38·9	29·3	68·2
	(*628*)	(*25,792*)	(*16,292*)	(*42,084*)	(*41·1*)	(*25·9*)	(*67·0*)	(*627*)	(*25,759*)	(*16,247*)	(*42,006*)	(*41·1*)	(*25·9*)	(*67·0*)

* Italic figures in brackets throughout are the corresponding figures for 1906.

The average length of residence of diphtheria patients at the town hospitals was 50·3 (*49·0*)* days, including deaths, and 55·5 (*53·3*) days if the fatal cases be excluded. At the convalescent hospital the average residence of recovered cases (including residence in the town hospitals) was 68·2 (*67·0*) days or 12·7 (*13·7*) days longer than in the town hospitals. The Northern Hospital cases were detained 6·3 days longer than in the preceding year and 9·8 days longer than in 1905.

The variations in length of residence of recovered patients at different hospitals during the year are again very remarkable, ranging from 38·3 days at the Park Hospital (*Fountain Hospital, 39·1*), 17·2 (*14·2*) days below the average, to 69·4 days at the North-Eastern Hospital (*Eastern Hospital, 63·0*), or 13·9 (*9·7*) days above the average.

ENTERIC FEVER PATIENTS.

TABLE X.—*Length of Residence of Enteric Fever Patients who completed their Recovery or Died at the Board's Town Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence. (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	120	6,802	56·7	104	6,426	61·8
	(*137*)	(*7,281*)	(*53·1*)	(*118*)	(*6,952*)	(*58·9*)
North-Eastern ..	47	2,249	47·9	37	2,162	58·4
	(*100*)	(*5,307*)	(*53·1*)	(*86*)	(*5,127*)	(*59·6*)
North-Western ..	51	3,250	63·7	48	3,178	66·2
	(*36*)	(*1,962*)	(*54·5*)	(*33*)	(*1,932*)	(*58·5*)
Western	96	4,842	50·4	86	4,755	55·3
	(*77*)	(*3,787*)	(*49·2*)	(*59*)	(*3,422*)	(*58·0*)
South-Western ..	46	2,517	54·7	41	2,472	60·3
	(*81*)	(*3,955*)	(*48·8*)	(*64*)	(*3,737*)	(*58·4*)
Fountain & Grove	28	1,949	69·6	27	1,936	71·7
	(*75*)	(*3,642*)	(*48·6*)	(*61*)	(*3,466*)	(*56·8*)
South-Eastern ..	81	3,589	44·3	65	3,332	51·3
	(*36*)	(*1,466*)	(*40·7*)	(*29*)	(*1,389*)	(*47·9*)
Park	23	1,169	50·8	20	1,100	55·0
	(*4*)	(*129*)	(*32·2*)	(*3*)	(*128*)	(*42·7*)
Brook	62	3,416	55·1	54	3,292	61·0
	(*104*)	(*5,171*)	(*49·7*)	(*89*)	(*4,988*)	(*56·0*)
Total ..	554	29,783	53·8	482	28,653	59·4
	(*650*)	(*32,700*)	(*50·3*)	(*542*)	(*31,141*)	(*57·5*)

The average residence of enteric fever patients was 53·8 (*50·3*) days, including deaths, and 59·4 (*57·5*) days, if the fatal cases be excluded. The shortest residence of recovered cases was 51·3 days at the South-Eastern Hospital (*Park Hospital, 42·7*), or 8·1 (*14·8*) days below the average, and the longest 71·7 days at the Grove and Fountain Hospital (*North-Eastern Hospital, 59·6*), or 12·3 (*2·1*) days above the average.

* Italic figures in brackets throughout are the corresponding figures for 1906.

TYPHUS FEVER PATIENTS.

TABLE Xa.—*Length of Residence of Typhus Fever Patients who completed their Recovery or Died at the Board's Town Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	1 (3)*	20 (83)	20·0 (27·7)	1 (3)	20 (83)	20·0 (27·7)
South-Western ..	1 (1)	35 (21)	35·0 (21·0)	1 (1)	35 (21)	35·0 (21·0)
South-Eastern ..	1	51	51·0	1	51	51·0
Totals ..	3 (4)	106 (104)	35·3 (26·0)	3 (4)	106 (104)	35·3 (26·0)

CEREBRO-SPINAL MENINGITIS PATIENTS.

TABLE Xb.—*Length of Residence of Cerebro-Spinal Fever Patients who completed their Recovery or Died at the Board's Town Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	2	136	68·0	2	136	68·0
North Western ..	2	10	5·0	—	—	—
Western	2	121	60·5	2	121	60·5
Grove & Fountain	1	8	8·0	..	..	..
South-Eastern	1	69	69·0	1	69	69·0
Totals	8	344	43·0	5	326	65·2

MISCELLANEOUS DISEASES.

TABLE XI.—*Length of Residence of Patients suffering from Miscellaneous Diseases who completed their Recovery or Died at the Board's Town Hospitals during the year* 1907.

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	322 (292)	7,460 (6,464)	23·2 (22·1)	294 (264)	7,129 (6,169)	24·3 (23·4)
North-Eastern ..	447 (406)	12,173 (9,111)	27·2 (22·4)	433 (374)	11,981 (8,808)	27·7 (23·6)
North-Western ..	247 (202)	6,345 (5,158)	25·7 (25·5)	220 (168)	6,095 (4,820)	27·7 (28·7)
Western ..	285 (242)	4,747 (3,862)	16·7 (16·0)	262 (227)	4,512 (3,767)	17·5 (16·6)
South-Western ..	230 (132)	5,456 (3,464)	23·7 (26·2)	222 (121)	5,403 (3,351)	24·3 (27·7)
Fountain & Grove	438 (291)	8,089 (6,440)	18·5 (22·1)	427 (278)	8,017 (6,332)	18·8 (22·8)
South-Eastern ..	393 (156)	6,362 (2,642)	16·2 (16·9)	372 (147)	6,306 (2,605)	17·0 (17·7)
Park	462 (240)	11,246 (5,226)	24·3 (21·8)	452 (234)	11,062 (5,201)	24·5 (21·2)
Brook	263 (183)	5,506 (3,813)	20·9 (20·8)	241 (168)	5,285 (3,598)	21·9 (21·4)
Totals ..	3,087 (2,144)	67,384 (46,180)	21·8 (21·5)	2,923 (1,981)	65,790 (44,651)	22·5 (22·5)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 21·8 (*21·5*) days, including deaths, and 22·5 (*22·5*) days if the fatal cases be excluded. The shortest residence of recovered cases was at the South-Eastern Hospital, 17·0 (*Western Hospital, 16·6*) days, or 5·5 (*5·9*) days below the average, and the longest at the North-Eastern and North-Western Hospitals, 27·7 (*South-Western Hospital, 27·7*) days, or 5·2 (*5·2*) days above the average.

SMALLPOX HOSPITAL.

Of smallpox patients 2 (*27*) were treated. Average residence, 34·5 (*35·1*) days.

SMALLPOX PATIENTS. TABLES.

TABLE XII.—The following table is a condensed form of Table I. on p. 220A.

* Italic figures in brackets throughout are the corresponding figures for 1906.

TABLE XII.—*Admissions, Deaths, and Discharges at Smallpox Hospitals during* 1907.

PARISH OR UNION.	Remaining in Hospital on 1st January, 1907.				Admissions.				Deaths.				Discharges.				Remaining in Hospital on 31st December, 1907.			
	Class A. Vaccinated.	Class B. Doubtful.	Class C. Unvaccinated.	Total.	Class A. Vaccinated.	Class B. Doubtful.	Class C. Unvaccinated.	Total.	Class A. Vaccinated.	Class B. Doubtful.	Class C. Unvaccinated.	Total.	Class A. Vaccinated.	Class B. Doubtful.	Class C. Unvaccinated.	Total.	Class A. Vaccinated.	Class B. Doubtful.	Class C. Unvaccinated.	Total.
Kensington	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hammersmith	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fulham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paddington	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chelsea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. George's	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Westminster	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Marylebone	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Pancras	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hampstead	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	1	..	..	..	..
Islington	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hackney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Giles and St. George, Bloomsbury	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Strand	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Holborn	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
London, City of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Shoreditch	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bethnal Green	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whitechapel	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. George-in-the-East	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stepney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mile End Old Town	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poplar	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Southwark	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	1	..	..	..	..
Bermondsey	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lambeth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wandsworth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Camberwell	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Greenwich	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woolwich	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lewisham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Port of London	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Beyond Metropolitan area	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	2	..	..	2	..	..	..	..	2	..	..	2	..	..	..	..

N.B.—Admissions, &c., from "other diseases" during the year are not included in this table.

NOTE.—The columns headed "Doubtful" contain the particulars of cases stated to have been vaccinated but having no visible evidence of the operation, and also of those in which no statement was made, but the nature of the eruption or other cause prevented any observation of the marks, if any existed. An analysis of these cases appears in Table XIV., pp. 288-299.

In addition to the 2 (*27*)* genuine smallpox cases included in the foregoing table, there were 13 (*6*) non-smallpox cases received at South Wharf.

Table II., p. 220B, shows the ages and conditions as regards vaccination of the patients admitted during 1907.

The following table, XIIIA, gives the totals of each class as shown in Table II., p. 220B.

Table XIIIA.

	Admissions.	Deaths.	Mortality per cent.
A. Vaccinated class:—			
A^1, half and upwards of half square inch total area of cicatrices ...	2	—	—
A^2, one-third, but less than half ditto	—	—	—
A^3, less than one-third ditto ...	—	—	—
A^4, area not recorded	—	—	—
Totals of vaccinated class ...	2	—	—
B. Doubtful class	—	—	—
C. Unvaccinated class	—	—	—
Grand totals	2	—	—

* Italic figures, etc., in brackets throughout are the corresponding figures for 1906.

CASES OF MISTAKEN DIAGNOSIS.

Fever.—In the course of the year 1907 no fewer than 3,109 (*2,151*)* patients, or a percentage on the total admissions of 9·7 (*8·3*), 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 (Table XIV., Medical Supplement, pp. 288-299). The largest number of cases admitted to any one hospital was at the North-Eastern Hospital (*North-Eastern Hospital*), where the proportion was 463 (*390*) out of 4,443 (*3,687*) admissions, or 10·4 (*10·6*) per cent. of the total. The percentage on the total scarlet fever cases was 6·8 (*5·2*), diphtheria cases 17·0 (*18·3*), and enteric fever cases 29,1 (*33·7*).

Amongst the 1,670 (*932*) cases wrongly certified as scarlet fever there were 137 (*93*) of measles, 377 (*85*) of rubella, 264 (*169*) of tonsilitis, 322 (*138*) of erythema, 134 (*145*) had no obvious disease, and 164 (*82*) were not diagnosed. Amongst the 1,180 (*959*) cases wrongly certified as diphtheria were 73 (*47*) of measles, 815 (*672*) of tonsilitis, 31 (*20*) had no obvious disease, and 21 (*10*) were not diagnosed. Amongst the 222 (*235*) cases wrongly certified as enteric fever were 17 (*14*) of influenza, 5 (*1*) of general tuberculosis, 50 (*62*) of pneumonia, 3 (*7*) had no obvious disease.

On reference to Table XI., p. 159, it will be noted that these cases were detained in hospital on an average for 21·8 days (*21·5*) days.

Attention is called to Dr. Birdwood's observations (p. 202) regarding the large number of cases of mistaken diagnoses and the danger of crowding wards.

Smallpox.—In the case of smallpox the original medical certificate is revised by 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 6 (*6*)* out of 8 (*33*), or 75·0 (*18·2*) per cent.

Statistics since Establishment of the Managers' Hospitals.

(5.) FEVER.—The return on p. 164 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.

* Italic figures in brackets throughout are the corresponding figures for 1906.

TABLE XVII.—*Showing the Admissions and Deaths of Patients and Mortality per cent. at the Managers' FEVER HOSPITALS during each Year since 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, Typhus, and Enteric Fevers and Diphtheria, extracted from the Registrar-General's Annual Summaries.*

YEAR.	ADMISSIONS.						DEATHS.						Mortality per cent. of Patients treated in Managers' Hospitals.				Annual Mortality per 1,000 of estimated Population.			
	Scarlet.	Diphtheria.	Typhus	Enteric.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Typhus	Enteric.	Scarlet.	Diphtheria.	Typhus	Enteric.
1870 Relapsing fever ..	..	..	..	..	..	218	..	..	..	..	..	14	Rel	apsing	fever	6·3	..	..	..	..
1871 (15 months to ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0·58	0·11	0·12	0·27
1872 Dec. 31st, 1872) ..	108	..	134	279	343	864	11	..	30	57	70	168	10·8	..	23·6	22·0	0·28	0·08	0·05	0·24
1873	92	..	401	381	271	1,145	6	..	91	56	58	211	6·5	..	23·1	15·1	0·19	0·09	0·08	0·27
1874	804	..	536	435	359	2,134	89	..	106	63	84	342	12·1	..	19·6	14·9	0·77	0·12	0·09	0·26
1875	1,182	..	65	299	269	1,815	160	..	16	78	54	308	13·7	..	23·3	24·7	1·06	0·17	0·04	0·23
1876	671	..	139	288	294	1,392	90	..	28	59	71	248	12·1	..	19·3	20·3	0·65	0·11	0·04	0·22
1877	479	..	170	372	186	1,207	54	..	36	79	33	202	12·1	..	23·0	22·9	0·44	0·09	0·04	0·25
1878	679	..	168	484	233	1,564	91	..	47	100	40	278	14·3	..	26·2	20·3	0·49	0·15	0·04	0·28
1879	1,469	..	48	385	196	2,098	211	..	11	74	39	335	15·3	..	21·6	19·7	0·72	0·15	0·02	0·23
1880	1,949	..	28	248	239	2,464	242	..	6	43	37	328	12·3	..	20·7	15·6	0·82	0·14	0·02	0·19
1881	1,477	..	219	415	211	2,322	168	..	34	86	46	334	11·1	..	16·9	21·5	0·55	0·17	0·02	0·25
1882	1,850	..	148	515	354	2,867	189	..	27	104	60	380	10·4	..	16·9	20·7	0·52	0·22	0·01	0·25
1883	1,920	..	45	486	269	2,720	234	..	11	74	66	385	12·4	..	21·1	15·6	0·51	0·24	0·01	0·25
1884	1,845	..	29	493	180	2,547	234	..	5	98	55	392	12·3	..	20·0	18·8	0·36	0·24	0·01	0·23
1885	1,353	..	53	220	229	1,855	130	..	7	36	46	219	9·5	..	12·2	15·8	0·18	0·23	0·01	0·15
1886	1,780	..	10	333	74	2,197	151	..	4	47	22	224	9·0	..	42·1	14·8	0·17	0·21	0·00	0·15
1887	5,900	..	35	441	161	6,537	489	..	4	61	59	613	9·5	..	11·6	14·6	0·36	0·23	0·00	0·15
1888	4,408	99	1	450	194	5,152	501	46	..	72	60	679	9·9	59·3	..	14·6	0·30	0·32	0·00	0·17
1889	4,518	722	23	290	219	5,772	366	275	6	41	48	736	8·9	40·7	31·6	15·1	0·19	0·39	0·00	0·13
1890	6,537	942	16	498	341	8,334	510	316	5	93	81	1,005	7·9	33·5	25·7	19·7	0·21	0·33	0·00	0·15
1891	5,262	1,312	18	755	462	7,809	357	397	1	106	102	963	6·7	30·6	5·9	14·5	0·14	0·32	0·00	0·13
1892	13,093	2,009	19	430	725	16,276	839	583	2	65	140	1,629	7·3	29·3	9·8	13·2	0·27	0·46	0·00	0·10
1893	14,548	2,848	2	544	732	18,674	901	865	1	110	105	1,982	6·1	30·4	50·0	20·5	0·37	0·76	0·00	0·16
1894	11,598	3,666	6	534	863	16,667	717	1,035	1	96	150	1,999	5·9	29·3	16·7	18·1	0·22	0·62	0·00	0·15
1895	11,271	3,635	3	661	1,277	16,847	591	820	..	119	142	1,672	5·4	22·8	..	18·2	0·19	0·54	0·00	0·14
1896	15,982	4,508	9	600	1,174	22,273	666	948	2	96	109	1,821	4·3	21·2	25·0	15·8	0·21	0·60	0·00	0·13
1897	15,113	5,673	2	664	1,417	22,869	619	987	..	124	140	1,870	4·1	17·7	..	18·6	0·18	0·51	0·00	0·12
1898	12,125	6,566	9	869	1,488	21,057	514	991	1	143	147	1,796	4·1	15·4	11·1	17·7	0·13	0·39	0·00	0·13
1899	13,290	8,676	11	1,535	1,582	25,094	353	1,182	..	240	160	1,935	2·6	13·9	..	16·5	0·09	0·43	0·00	0·17
1900	10,343	7,873	4	1,728	1,706	21,654	313	988	1	245	167	1,714	3·0	12·3	22·2	14·1	0·08	0·34	0·00	0·16
1901	14,539	7,622	13	1,129	2,365	25,668	542	849	4	175	167	1,737	3·8	11·1	30·8	14·2	0·13	0·29	0·00	0·11
1902	14,503	6,520	..	1,420	2,108	24,551	512	739	..	218	178	1,647	3·4	11·0	..	15·5	0·12	0·25	0·00	0·12
1903	10,345	5,072	19	967	1,913	18,316	333	504	4	145	166	1,152	3·1	9·7	21·0	15·4	0·08	0·16	0·00	0·08
1904	11,155	4,687	3	750	1,993	18,588	364	469	..	115	183	1,131	3·4	10·0	..	14·6	0·08	0·16	0·00	0·06
1905	16,958	4,148	5	586	2,157	23,854	536	347	..	82	147	1,112	3·3	8·3	..	13·1	0·12	0·12	..	0·05
1906	17,933	5,218	4	698	2,151	26,004	521	445	..	108	163	1,237	2·9	8·8	..	16·0	0·11	0·15	..	0·05
1907	22,764	5,744	3	541	3,117	32,169	622	544	..	72	167	1,405	2·8	9·6	..	13·1	0·14	0·16	..	0·02
Totals	269,843	87,540	2,398	21,923	31,852	413,574	13,226	13,330	491	3,580	3,562	34,203	..	..	..	..	..	..	..	..

NOTE.—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. The use of antitoxic serum in the treatment of diphtheria began in 1894. 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

There was a decrease in the mortality amongst scarlet fever patients, as compared with the previous year, the rate being 2·8, as compared with 2·9. The rate was as low as 2·6 in 1899.

The mortality amongst diphtheria patients was 9·6, an increase over the previous year. The lowest rate recorded was 8·3 in 1905.

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 fallen, and this fall has been coincident with the introduction and increasing use of the antitoxic serum treatment of diphtheria.

Antitoxin treatment of Diphtheria.

We submit the following tables, which summarise the results of the antitoxin treatment of diphtheria in the Board's hospitals during the years 1895-1907, and compare them with the results obtained before the use of that treatment.

At the Brook Hospital it has been the practice to tabulate (p. 204) the results of the antitoxin treatment, with special reference to the day of the disease on which the treatment began. Amongst 250 cases treated during the years 1897-1907 on the first day of the disease, not a single death occurred; whereas, there died of 1,513 cases treated on the second day, 4·29 per cent.; of 1,690 cases treated on the third day, 11·24 per cent.; of 1,338 cases treated on the fourth day, 16·89 per cent.; and of 1,765 cases treated on the fifth day and afterwards, 18·58 per cent.

TABLE XVIII.—*Summary of the Antitoxin Treatment of Diphtheria at the Board's Hospitals during the years* 1895-1907, *compared with the results obtained before the adoption of that treatment:—*

TABLE A.—ALL FORMS OF DIPHTHERIA.

YEAR.	Cases treated with Antitoxin.			Cases not so treated.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
1890-3	Before use of antitoxin.			7,111	2,161	30·4
1894	Antitoxin in occasional use.			3,042	902	29·6
Antitoxin years—						
1895	2,182	615	28·1	1,347	181	13·4
1896	2,764	717	25·9	1,411	154	10·9
1897	4,381	896	20·4	1,078	62	5·8
1898	5,186	906	17·5	1,186	84	7·8
1899	7,038	1,082	15·4	977	44	4·5
1900	7,271	936	12·9	954	51	5·3
1901	6,499	817	12·6	1,013	32	3·1
1902	6,015	714	11·8	824	27	3·3
1903	4,839	493	10·2	583	11	1·9
1904	4,070	444	10·9	569	20	3·5
1905	3,734	335	9·0	490	11	2·2
1906	4,149	432	10·4	788	12	1·5
1907	5,121	530	10·4	494	14	2·8*

TABLE B.—LARYNGEAL CASES.

YEAR.	Cases treated with Antitoxin.			Cases not so treated.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
1890-3	Before use of antitoxin.			(Particulars not published.)		
1894	Antitoxin in occasional use.			466	289	62·0
Antitoxin years—						
1895	461	195	42·2	82	35	42·7
1896	488	141	28·8	28	12	42·8
1897	473	142	30·0	18	10	55·6
1898	624	199	31·9	30	26	86·7
1899	669	190	28·4	18	11	61·1
1900	777	182	23·2	22	14	63·6
1901	753	159	21·1	15	10	66 7
1902	618	125	20·2	21	9	42·8
1903	551	99	18 0	9	3	33 3
1904	688	123	17 9	7	4	57·1
1905	699	112	16 0	7	4	57·1
1906	695	122	17·6	7	5	71·4
1907	970	163	16·8	11	6	54·5*

*At all the hospitals antitoxin is now given to every case that is judged to be sufficiently severe to require it. For an explanation of the deaths among the non-infected patients, see the footnotes to "Summary of Antitoxin Treatment" in the Medical Supplement (p. 283).

TABLE C.—TRACHEOTOMY CASES.

YEAR.	Cases treated with Antitoxin.			Cases not so treated.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
1890-3	Before use of antitoxin.			364	241	66·2
1894	Antitoxin in occasional use.			261	184	70·5
Antitoxin years—						
1895	225	113	50·2	30	12	40·0
1896	197	80	40·6	15	7	46·7
1897	258	103	39·9	6	4	75·0
1898	305	113	37·0	8	6	75·0
1899	377	147	39·1	5	2	40·0
1900	377	127	33·6	13	12	92·3
1901	367	111	30·2	5	4	80·0
1902	257	82	31·9	7	4	57·1
1903	219	65	29·7	4	2	50·0
1904	243	76	31·3	4	3	75·0
1905	253	70	27·6	2	2	100·0
1906	292	107	36·6	3	3	100·0
1907	427	124	29·0	5	5	100·0

TABLE XX.—*Summary of number of Cases of Laryngeal and Non-Laryngeal Post-Scarlatinal Diphtheria at the Board's Hospitals during the years* 1896-1907.

YEAR.	LARYNGEAL CASES.					NON-LARYNGEAL CASES.					ALL CASES.				
	Cases.	Total Deaths.	Deaths from causes other than Diphtheria.	Deaths from Diphtheria.	Diphtheria Mortality per cent.	Cases.	Total Deaths.	Deaths from causes other than Diphtheria.	Deaths from Diphtheria.	Diphtheria Mortality per cent.	Cases.	Total Deaths.	Deaths from causes other than Diphtheria.	Deaths from Diphtheria.	Diphtheria Mortality per cent.
1896	79	18	1	17	29·5	626	18	5	13	2·1	705	36	6	30	4·3
1897	119	10	1	9	7·6	677	20	5	15	2·2	796	30	6	24	3·0
1898	82	5	1	4	4·9	579	19	4	15	2·6	661	24	5	19	2·9
1899	84	10	...	10	11·9	608	15	3	12	2·0	692	25	3	22	3·2
1900	27	4	...	4	14·8	378	8	6	2	0·5	405	12	6	6	1·5
1901	40	9	1	8	20·0	340	14	10	4	1·2	380	23	11	12	3·2
1902	55	11	4	7	12·7	369	10	4	6	1·6	424	21	8	13	3·1
1903	29	1	...	1	3·4	246	2	1	1	0·4	275	3	1	2	0·7
1904	18	1	...	1	5·6	193	2	...	2	1·0	211	3	...	3	1·4
1905	29	4	...	4	13·8	189	1	...	1	0·5	218	5	...	5	2·3
1906	23	3	1	2	8·7	165	2	...	2	1·2	188	5	1	4	2·1
1907	23	2	1	1	4·3	225	5	1	4*	1·8	248	7	2	5	2·0

*Includes 1 death from heart failure due to diphtheria, but the condition was complicated by whooping cough.

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 XIX.—*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.*

YEAR.	ADMISSIONS.			DEATHS.			Mortality per cent. of Patients treated in Managers' Hospitals.	Total Annual Mortality per 1,000 of estimated Population.
	Smallpox.	Other Diseases.	Total.	Smallpox.	Other Diseases.	Total.	Smallpox.	Smallpox.
1st Dec., 1870, to 3rd Feb., 1871	582	...	582	97	...	97	20·8	...
1871-2 (4th Feb., 1871, to 31st Jan., 1872) ...	13,139	6	13,145	2,460	...	2,460	18·9	2·42
1872-3 (year ended 31st Jan., 1873)	2,359	3	2,362	467	1	468	17·8	0·54
1873-4 (year ended 31st Jan., 1874)	174	17	191	35	...	35		0·03
1874 (11 months ended 31st Dec.)	112	8	120	10	...	10	17·0	0·02
1875	89	22	111	22	...	22		0·01
1876	2,134	16	2,150	372	1	373	21·6	0·21
1877	6,516	104	6,620	1,214	4	1,218	17·9	0·71
1878	4,558	96	4,654	824	9	833	18·0	0·39
1879	1,628	60	1,688	273	5	278	15·7	0·12
1880	1,982	50	2,032	286	2	288	15·9	0·12
1881	8,551	120	8,671	1,417	14	1,431	16·6	0·62
1882	1,799	55	1,854	260	3	263	13·0	0·11
1883	598	28	626	93	...	93	16·1	0·03
1884	6,362	204	6,567	940	3	943	16·0	0·31
1885	6,146	198	6,344	1,052	3	1,055	15·8	0·35
1886	99	33	132	22	2	24		0·01
1887	56	3	59	3	...	3		0·00
1888	62	5	67	8	...	8	14·3	0·00
1889	5	...	5	...	...	...		...
1890	22	5	27	3	...	3		0·00
1891	63	1	64	8	...	8		0·00
1892	325	23	348	35	...	35	11·3	0·01
1893	2,376	*118	2,494	180	2	182	7·6	0·05
1894	1,117	*120	1,237	102	7	109	8·9	0·02
1895	941	*81	1,022	64	1	65	6·4	0·01
1896	190	*41	231	9	1	10	4·0	0·00
1897	70	*26	96	13	1	14	18·4	0·00
1898	5	*9	14	...	...	...	...	0·00
1899	18	*18	36	3	...	3	20·7	0·00
1900	66	*19	85	3	...	3	4·3	0·00
1901	1,743	*107	1,850	257	3	260	18·5	0·05
1902	7,916	*608	8,524	1,337	5	1,342	16·6	0·28
1903	355	*80	435	12	1	13	3·4	0·00
1904	449	*64	513	27	...	27	6·0	0·01
1905	53	*34	87	8	1	9	15·1	0·00
1906	27	*6	33	...	...	...	...	...
1907	2	*13	15	...	1	1	...	...
Totals	72,690	2,401	75,091	11,916	70	11,986	...	...

*Most of these were patients who were detained for observation at South Wharf.

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

YEARS.	Estimated Population in the Middle of each Year.	Deaths from Smallpox.		
		Annual Total.	Annual Rate per Million of Population.	Rate per Million on Averages of Five Years.
1838	1,766,169	3,817	2,161	—
1839	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	2,373,081	1,062	448	409
1852	2,416,367	1,159	480	418
1853	2,459,899	211	86	291
1854	2,503,662	694	277	301
1855	2,547,639	1,039	408	340
1856	2,591,815	531	205	291
1857	2,636,174	156	59	207
1858	2,680,700	242	90	208
1859	2,725,374	1,158	425	237
1860	2,770,181	898	324	221
1861	2,815,101	217	77	195
1862	2,860,117	366	128	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	3,824,964	2,367	617	391
1882	3,862,876	430	110	271
1883	3,901,164	136	34	201
1884	3,939,832	1,236	307	238
1885	3,978,883	1,419	347	283
1886	4,018,321	24	5	160
1887	4,058,150	9	2	139
1888	4,098,374	9	2	132
1889	4,138,996	—	—	71
1890	4,180,021	4	1	2
1891	4,221,452	8	2	1·4
1892	4,263,294	41	10	3
1893	4,306,411	206	50	12
1894	4,349,166	89	22	16
1895	4,392,346	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
1901	4,544,983	229	50	11
1902	4,579,110	1,372	300	71
1903	4,613,812	13	3	71
1904	4,648,950	25	5·4	72
1905	4,684,794	10	2·1	71
1906	4,721,217	—	—	61
1907	4,758,218	—	—	2

Staff Illness. On p. 170A is a summary of the returns submitted by the medical superintendents of the several hospitals, showing the total number of members of the staff who were warded on account of illness.

There were 5,836 (*5,151*)* persons employed at the fever hospitals during the course of the year, 226 (*179*) or 3·9 (*3·5*) per cent. fell ill with fever or diphtheria, while 1,365 (*1,388*) or 23·3 (*26·9*) per cent. suffered from other forms of illness.

The Joyce Green Smallpox Hospital and the River Ambulance Service, having been used for fever purposes, are included in the return.

II.—IMBECILITY.

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

Institution.	Males.	Females.	Total.
Tooting Bec Asylum	381	474	855
„ „ Receiving Home for Children	28	24	52
Leavesden Asylum	864	1,072	1,936
Caterham „	888	1,055	1,943
Darenth „	1,030	964	1,994
Belmont „	336	..	(*a*) 336
Total	3,527	3,589	7,116

(*a*) Not yet definitely settled.

Annual Reports. The annual reports of the medical superintendents of the asylums will be found on pp. 221-242.

* Italic figures in brackets throughout are the corresponding figures for 1906.

TABLE XX.—*Staff Illness in Infectious Hospitals during the year 1907.*

NATURE OF DISEASE.	OFFICERS.	Eastern Hospital.		North-Eastern Hospital.		North-Western Hospital.		Western Hospital.		South-Western Hospital.		Grove and Fountain Hospital.		South-Eastern Hospital.		Park Hospital.		Brook Hospital.		Joyce Green Hospital and River Ambulance Service.		Northern Hospital.		Gore Farm Hospital.		SUMMARY.		REMARKS. (All recovered except where otherwise stated.)
		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 days warded.	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 days warded.	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 days warded.	Number of Officers.	Number of days warded.	
	Assistant medical officers	..	..	..	..	1*	28	..	..	..	..	1	30	..	..	..	..	..	..	..	..	..	..	1†	46	2	76	G. F. H. one remaining warded at end of year.
	Charge nurses	..	..	..	..	..	..	1	55	..	..	2	87	..	..	2	101	..	..	1	41	..	..	..	..	6	284	G. & F. H. one remaining warded at end of year.
	Assistant nurses	9	305	5	238	7	338	3	137	3	136	13	655	4	183	4	211	3	109	12	411	4	163	6	265	73	3,151	S.E.H. one warded at commencement of year; S.W.H. two, S.W.H. one, S.E.H. one, P.H. one, B.H. three, J.G.H. seven, and G.F.H. six remaining warded at end of year.
Scarlet Fever	Nurse attendants	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	274	5	274	
	Wardmaids	5	165	2	101	1	57	4	166	4	374	6	339	5	212	6	314	3	182	4	132	4	162	2	98	46	2,302	S.W.H. one warded at commencement of year; S.E.H. one, P.H. two, J.G.H. two, and G.F.H. one remaining warded at end of year.
	Assistant Sempstress	..	..	..	..	..	..	..	..	..	..	1	66	..	..	..	..	..	..	..	..	..	..	..	..	1	66	
	Laundrymaid	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	38	..	..	1	38	
	Laundryman	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	88	..	..	..	..	..	..	1	88	
	Porters	..	..	1	45	..	..	..	..	1	62	1	8	3	120	..	..	..	..	..	..	..	..	1	56	7	291	G. & F.H. one remaining warded at end of year.
	Assistant medical officer	1	132	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	132	
	Charge nurses	1	28	1	53	..	..	..	..	..	..	3	123	2	149	1	20	2	34	..	..	..	..	..	..	10	407	S.E.H. one remaining warded at end of year.
Diphtheria	Assistant nurses	4	122	8	325	2	67	6	160	..	..	14	566	14	527	1	24	1	30	..	..	5	109	..	..	55	1,930	E.H. one, S.E.H. one, G.A.F.H. three, S.E.H. three, S.H. one remaining warded end of year.
	Wardmaids	1	31	2	29	..	..	1	39	2	102	1	45	3	121	..	..	1	61	..	..	1	26	2	82	14	536	N.E.H. two and G.F.H. three remaining warded at end of year.
	Laundrymaids	..	..	..	..	..	..	1	41	..	..	2	83	..	..	..	..	..	..	..	..	..	..	..	..	3	124	
	Porter	..	..	..	..	..	..	..	..	..	..	..	..	1	22	..	..	..	..	..	..	..	..	..	..	1	22	
	Charge nurse	1	39	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	92	..	..	..	..	..	..	2	131	
	Assistant nurses	4	195	2	83	..	..	..	..	..	..	1	98	..	..	..	..	1	3	..	..	..	..	..	..	8	379	E.H. one died. E.H. one, N.E.H. two, and B.H. one, remaining warded at end of year.
Enteric Fever	Wardmaid	..	..	..	..	..	..	..	..	1	90	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	90	
	Laundrymaid	..	..	..	..	..	..	..	..	..	..	1	96	1‡	71	..	..	..	..	..	..	..	..	..	..	2	167	
	Porter	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	116	..	..	..	..	..	..	1	116	
		26	1,017	21	874	10	462	16	598	11	764	46	2,196	33	1,405	14	670	14	715	17	584	15	498	17	821	240	10,604	
	Medical superintendent	1	6	..	..	..	..	..	..	..	..	1	11	..	..	..	..	..	..	1	14	..	..	..	..	3	31	
	Assistant medical officers	..	..	..	..	1	7	1	18	2	48	1	11	..	..	3	25	13	70	..	..	..	..	2	11	13	190	P.H. two and B.H. one remaining warded at end of year.
	Matrons	1	64	..	..	..	..	..	..	1	7	2	42	..	..	..	..	..	..	1	28	..	..	..	..	5	141	N.H. one remaining warded at end of year.
	Assistant matrons	..	..	..	..	..	..	1	20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	20	
	Night superintendent nurses	..	..	..	..	..	..	1	27	1	27	..	..	..	..	..	..	1	7	..	..	..	..	..	..	3	61	
	Superintendent nurse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	1	2	
	Charge nurses	7	97	8	106	8	72	10	133	6	65	19	173	14	166	18	243	22	151	12	115	1	15	7	85	132	1,421	G. & F.H. one and P.H. one remaining warded at end of year.
	Assistant nurses	20	251	54	632	39	510	61	1,154	32	660	111	1,119	56	595	55	557	40	440	25	164	34	267	35	659	562	7,068	S.E.H. three warded at commencement of year; E.H. one, S.E.H. three, G.A.F.H. four, S.E.H. three, F.H. four, B.H. one, S.H. one & G.F.H. five remaining warded end of year.
	Nurse attendants	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	40	4	40	
	Wardmaids	19	165	53	722	25	183	..	..	23	368	61	468	21	303	34	334	22	169	27	212	29	167	34	524	348	3,615	N.E.H. four, G. & F.H. one warded at commencement of year; S.E.H. one, P.H. two, B.H. two, & G.F.H. two remaining warded end of year.
	Housekeeper	..	..	..	..	..	..	..	..	1	32	1	43	..	..	..	..	..	..	1	2	..	..	..	..	3	77	
	,, (Amb. St.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	6	..	..	..	..	..	..	1	6	
	Telephone clerk (Amb. St.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	11	..	..	..	..	..	..	1	11	
	Cooks ,, ,,	..	..	..	..	..	..	1	27	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	2	29	
	Assistant cooks	..	..	..	..	1	11	..	..	..	..	1	8	..	..	..	..	..	..	..	..	..	..	..	..	2	19	
	Messroom maids	..	..	2	19	..	..	2	71	1	3	3	40	..	..	1	18	..	..	..	..	2	17	..	..	11	168	
	Housemaids	2	16	..	..	..	..	3	49	3	36	6	61	..	..	..	..	..	..	1	5	..	..	..	..	15	158	
	Kitchenmaids	..	..	3	45	1	7	..	..	..	..	8	40	2	16	3	27	4	90	1	5	..	..	..	..	22	230	
	Pantrymaids	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	9	..	..	..	..	..	..	2	9	
	Scullerymaids	..	..	..	..	..	..	2	28	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	3	31	
	Dormitory maids	..	..	1	12	..	..	..	..	..	..	..	..	1	9	..	..	..	..	..	..	..	..	..	..	2	21	
	Needleroom superintendent	..	..	..	..	..	..	..	..	..	..	..	..	1	25	..	..	..	..	..	..	..	..	..	..	1	25	
	Laundry superintendents	..	..	..	..	..	..	..	..	..	..	1	13	..	..	..	..	..	..	1	5	..	..	..	..	2	18	
	Ironer	..	..	1	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	15	
Other Diseases	Laundrymaids	4	54	8	107	9	52	7	112	8	126	20	216	11	103	8	40	7	40	3	12	6	30	4	51	95	940	N.H. one and G.F.H. one remaining warded at end of year.
	Needleroom maids	..	..	..	..	1	63	..	..	1	47	..	..	..	..	..	..	1	4	1	9	..	..	..	..	4	123	
	General servants (Amb. St.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	22	..	..	..	..	..	..	3	22	
	Sempstress	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	14	1	14	
	Dispenser	..	..	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	
	Engineer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	8	..	..	..	..	1	8	
	Assistant engineer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	..	..	..	..	1	4	
	Clerks	..	..	..	..	..	..	..	..	..	..	2	26	..	..	1	6	..	..	..	..	1	4	1	16	5	52	P.H. one remaining warded at end of year.
	Farm bailiff	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	10	..	..	..	..	1	10	
	Carpenter	..	..	..	..	..	..	..	..	..	..	1	6	..	..	..	..	..	..	..	..	..	..	..	..	1	6	
	Gardeners	..	..	..	..	..	..	..	..	1	58	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	58	
	Under gardener	..	..	..	..	..	..	..	..	..	..	1	17	..	..	..	..	..	..	..	..	..	..	..	..	1	17	
	Ambulance drivers	5	76	..	..	..	..	3	56	..	..	..	..	1	14	..	..	3	35	..	..	..	..	..	..	12	181	E.H. one and S.E.H. one remaining warded at end of year.
	Coachman	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	6	..	..	..	..	1	6	
	Fitter	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	25	..	..	..	..	1	25	
	Stokers	..	..	..	..	..	..	..	..	4	36	7	156	..	..	..	..	1	8	..	..	..	..	..	..	12	200	
	,, (Amb. St.)	..	..	..	..	..	..	1	51	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	51	
	Piermen	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	..	..	..	1	2	
	Foreman porter	..	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	
	Gate porter	..	..	..	..	..	..	..	..	1	5	1	6	..	..	..	..	..	..	..	..	..	..	..	..	2	11	
	Stores porter	..	..	..	..	..	..	..	..	..	..	2	13	..	..	..	..	..	..	..	..	..	..	..	..	2	13	
	Coal porter	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	12	..	..	..	..	1	12	
	Porters (general)	5	48	11	66	3	36	3	54	2	50	8	172	6	55	6	165	5	36	1	9	1	7	4	103	55	801	N.W.H. one, P.H. five, G. & F.H. one remaining warded at end of year.
	Male attendant	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	..	1	3	
	Dynamo attendant	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	7	..	..	1	7	
	Laundrymen	..	..	4	32	..	..	..	..	..	..	1	16	..	..	..	..	..	..	..	..	..	..	..	..	5	48	
	Totals	90	1,791	166	2,630	98	1,403	112	2,389	100	2,337	304	4,853	146	2,691	143	2,080	131	1,817	100	1,231	92	1,018	109	2,324	1,591	26,569	
Number employed	Males		71		65		57		60		77		197		94		78		101		191		65		164		1,220	
	Females		297		456		315		319		241		629		416		339		365		325		307		607		4,616	
	Totals		368		521		372		379		318		826		510		417		466		516		372		771		5,836	
Number engaged during the year	Males		27		12		10		12		35		111		48		21		42		136		11		103		568	
	Females		122		192		96		80		76		261		170		111		124		284		87		361		1,964	
	Totals		149		204		106		92		111		372		218		132		166		420		98		464		2,532	
Number that left during the year	Males		26		14		11		13		35		104		49		17		42		80		11		83		485	
	Females		119		172		90		79		62		208		156		104		126		107		85		194		1,502	
	Totals		145		186		101		92		97		312		205		121		168		187		96		277		1,987	

* Employed at Grove Hospital.
† One on Grove Hospital Staff.

Asylum Statistics. The annual statistical tables for each asylum are printed on pp. 242A-274.

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

TABLE I.—*Admissions, Re-admissions, Discharges, and Deaths at Asylums during* 1907.

	Males.	Females.	Total.
In the asylums, January 1st, 1907	3,249	3,429	6,678
Cases admitted—	Males.	Females.	Total.
First admissions	399	399	798
Not first admissions	16	18	34
From other Asylums of the Board	*365*	*375*	*740*
Total cases admitted during the year	415	417	832
Total cases under care during the year	3,664	3,846	7,510
Discharged—	Males.	Females.	Total.
Not insane	2	2	4
Recovered	14	5	19
Relieved	5	5	10
Not improved	57	45	102
To other Asylums of the Board	*365*	*375*	*740*
Died	306	356	662
Total cases discharged and died during the year	384	413	797
Remaining in the asylums, December 31st, 1907	3,280	3,433	6,713
Average number resident during the year	3,273	3,431	6,704
Persons recovered	14	5	19
Transferred from other asylums not under the Board†	64	70	134
Transferred to other asylums not under the Board§	27	37	64

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

TABLE Ia.—(1) *Previous Attacks among Persons Admitted at the Asylums during* 1907, *and* (2) *the Number of Times they have previously Recovered in one of those Asylums or any other Asylum.*

(1) NUMBER OF PREVIOUS ATTACKS.	PERSONS.		
	Males.	Females.	Total.
Have had 1 attack	15	17	32
„ 2 attacks	3	3	6
„ 3 „	..	2	2
„ 4 „	..	..	..
„ 5 „	..	..	..
„ 6 „	..	..	..
Unknown	..	..	..

(2) NUMBER OF TIMES PATIENTS RECOVERED.	IN BOARD'S ASYLUMS.			IN ANY ASYLUMS.		
	M.	F.	Total.	M.	F.	Total.
Once	3	..	3	11	12	23
Twice	..	..	..	2	3	5
3 times	..	..	..	..	2	2
4 „	..	..	..	..	..	..
5 „	..	..	..	..	..	..
6 „	..	..	..	..	..	..
Unknown	..	..	..	..	..	..

TABLE II.—*Admissions, Re-admissions, Discharges, and Deaths from the opening of the Asylums to the* 31*st December,* 1907.

	Males.	Females.	Total.	Males.	Females.	Total.
Persons admitted during the period of 37 years and 49 days	13,826	13,159	26,985	..	..	..
Re-admissions	180	137	317	..	..	..
Admissions from other asylums of Board				14,006	13,296	27,302
				3,544	2,829	6,373
				17,550	16,125	33,675
	Males.	Females.	Total.			
Discharged cases—						
Not insane	32	28	60	..	..	..
Recovered	651	448	1,099	..	..	..
Relieved †	913	645	1,558	..	..	..
Not improved	1,061	962	2,023	..	..	..
To other asylums of the Board	3,256	2,357	5,613	..	..	..
Died	8,357	8,252	16,609	..	..	..
Total cases discharged and died since opening of the asylums				14,270	12,692	26,962
Remaining December 31st, 1907				3,280	3,433	6,713
Average number resident during the 37 years and 94 days				2,492	2,800	5,292
Transferred from other asylums not under the Board ‡				675	1,018	1,693 ‖
Transferred to other asylums not under the Board §				293	294	587 ‖

† These include a few escapes which have occurred since the opening of the asylums.
‡ Included in the admissions.
§ Included with the not improved cases.
‖ See notes to Table II., p. 242A.

TABLE IIA.—*Admissions and Recoveries of Persons* from the opening of the Asylums to the 31st December, 1907 (37 Years and 94 Days).*

	Males.	Females.	Total.
Persons* admitted	10,735	10,314	21,049
Persons discharged recovered during the same period	560	367	927
Of whom were re-admitted relapsed†	2	..	2
Recovered persons who have not relapsed	23	21	44
Relapsed persons discharged recovered‡	1	..	1
Net recovered persons§	20	18	38

N.B.—This is an incomplete table. See notes to Table IIA. p. 244.

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

† *i.e.*, persons who have relapsed one or more times.

‡ *i.e.*, after last re-admission, if relapsed more than once.

§ *i.e.*, recovered persons, sane at the present time, so far as the asylum statistics show.

TABLE III.—*Admissions, Discharges, and Deaths, with the Mean Annual Mortality and proportion of Recoveries on the Admissions per cent. at the Asylums for* 1898 *and each subsequent year.*

YEAR.	ADMITTED.			DISCHARGED.									DIED.			Remaining 31st December in each year.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Numbers Resident.		
	From Parishes and Unions.*			Recovered. ‡			Relieved.			Not Improved. †																	
	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.
1898 ..	260	289	549	25	12	37	15	13	28	40	34	74	202	216	418	2,892	3,099	5,991	2,953	3,087	6,040	9·6	4·1	6·7	6·8	7·0	6·9
1899 ..	298	228	526	15	9	24	31	8	39	40	32	72	214	217	431	2,890	3,061	5,951	2,874	3,069	5,943	5·0	3·9	4·6	7·4	7·1	7·2
1900 ..	175	209	384	10	8	18	14	6	20	24	27	51	235	284	519	2,782	2,945	5,727	2,836	2,995	5,831	5·7	3·8	4·7	8·2	9·5	8·9
1901 ..	218	219	437	5	1	6	1	3	4	15	21	36	170	172	342	2,809	2,967	5,776	2,769	2,919	5,688	2·3	0·5	1·4	6·1	5·9	6·0
1902 ..	246	207	453	4	2	6	10	3	13	26	24	50	156	164	320	2,857	2,981	5,838	2,853	2,972	5,825	1·6	1·0	1·3	5·5	5·5	5·5
1903 ..	588	637	1,225	8	7	15	13	15	28	22	22	44	233	223	456	3,170	3,351	6,521	3,097	3,271	6,368	1·4	1·1	1·2	7·5	6·8	7·2
1904 ..	395	375	770	9	10	19	14	9	23	16	36	52	272	283	555	3,254	3,388	6,642	3,312	3,385	6,697	2·3	2·7	2·5	8·2	8·4	8·3
1905 ..	351	335	686	8	15	23	23	19	42	38	48	86	306	281	587	3,230	3,360	6,590	3,245	3,370	6,615	2·3	4·5	3·3	9·4	8·3	8·9
1906 ..	426	448	874	11	6	17	21	6	27	41	32	73	334	335	669	3,249	3,429	6,678	3,236	3,396	6,632	2·1	1·3	1·7	10·3	9·9	10·1
1907 ..	415	417	832	16	7	23	5	5	10	57	45	102	306	356	662	3,280	3,433	6,713	3,272	3,431	6,703	3·1	1·2	2·2	9·4	10·4	9·9

* Including transfers from asylums not under Board. † Including transfers to asylums not under Board. ‡ Including "not insane" cases shown on Table II.

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, 1907.*

(Table VIII. in reports previous to 1900.)

YEAR.	ADMITTED.							OF EACH YEAR'S ADMISSIONS DISCHARGED AND DIED IN 1907.										TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.												Remaining of each year's Admissions 31st December, 1907.		
	First Admissions.		Not First Admissions.		Total.			Recovered.			Relieved.			Not Improved.			Died.			Recovered.*			Relieved.			Not Improved.			Died.					
	Males.	Females.	Males.	Females.	Males.	Females.	Grand 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.
1870 (part of) ..	624	758	..	..	624	758	1,382	..	..	..	..	..	..	..	..	..	1	4	5	19	12	31	33	35	68	31	51	82	484	616	1,100	42	37	79
1871	1,184	1,415	..	..	1,184	1,415	2,599	..	..	..	..	..	..	..	..	..	1	10	11	67	46	113	80	53	133	98	85	183	869	1,118	1,987	36	97	133
1872	422	417	..	..	422	417	839	..	..	..	..	..	..	..	1	1	4	4	8	36	18	54	36	21	57	26	24	50	301	316	617	2	13	15
1873	324	332	1	..	325	332	657	..	..	..	..	..	..	..	..	..	1	3	4	28	14	42	29	12	41	30	40	70	247	272	519	10	10	20
1874	355	318	3	3	358	321	679	..	..	..	..	..	..	..	..	..	1	1	2	25	26	51	32	20	52	15	17	32	307	267	574	14	22	36
1875	316	322	12	7	328	329	657	..	..	..	..	..	..	..	..	..	2	2	4	23	16	39	20	32	52	67	37	104	257	260	517	13	23	36
1876	400	285	12	9	412	294	706	..	..	..	..	..	..	..	..	..	1	8	9	18	16	34	50	21	71	21	32	53	393	505	898	52	58	110
1877	305	79	2	1	307	80	387	..	..	..	..	..	..	..	..	..	1	..	1	7	3	10	23	8	31	10	3	13	222	54	276	31	8	39
1878	276	64	3	4	279	68	347	..	..	..	..	..	..	..	..	..	1	..	1	11	3	14	24	3	27	11	6	17	205	33	238	30	9	39
1879	347	237	1	1	348	238	586	..	..	..	..	..	..	..	..	..	2	..	2	12	10	22	19	15	34	23	9	32	233	139	372	22	34	56
1880	289	390	2	7	291	397	688	..	..	..	..	..	..	..	..	..	1	3	4	21	15	36	31	37	68	22	37	59	181	275	456	18	33	51
1881	273	239	5	3	278	242	520	..	..	..	..	..	..	..	..	..	1	1	2	17	17	34	22	22	44	22	10	32	169	168	337	22	17	39
1882	403	411	3	6	406	417	823	..	..	..	..	..	..	..	..	..	..	1	1	24	27	51	31	30	61	28	31	59	297	268	565	33	37	70
1883	342	377	9	6	351	383	734	..	..	..	..	..	..	..	..	..	2	2	4	24	19	43	37	36	73	24	25	49	197	229	426	15	21	36
1884	269	291	8	3	277	294	571	..	..	..	..	..	..	..	..	..	..	..	..	17	25	42	27	25	52	23	21	44	161	191	352	18	15	33
1885	216	226	8	4	224	230	454	..	..	..	..	..	..	..	..	..	1	1	2	12	15	27	23	16	39	18	15	33	144	160	304	10	24	34
1886	284	268	11	7	295	275	570	..	..	..	..	..	..	..	..	..	..	..	..	15	5	20	33	26	59	22	21	43	162	161	323	39	48	87
1887	307	278	5	6	312	284	596	..	..	..	..	..	..	1	..	1	..	4	4	12	8	20	33	11	44	27	25	52	185	185	370	36	44	80
1888	275	272	4	2	279	274	553	..	..	..	..	..	..	..	..	..	4	..	4	14	8	22	26	17	43	31	27	58	181	179	360	62	58	120
1889	451	370	5	6	456	376	832	..	..	..	..	..	..	..	..	..	1	..	1	26	11	37	39	30	69	41	37	78	264	200	464	47	51	98
1890	448	421	6	7	454	428	882	..	..	..	..	..	..	..	..	..	3	6	9	26	20	46	29	22	51	51	31	82	253	253	506	83	66	149
1891	443	412	7	2	450	414	864	..	..	..	..	..	..	1	..	1	3	6	9	29	28	57	21	19	40	37	23	60	264	241	505	51	49	100
1892	381	339	8	5	389	344	733	..	..	..	..	..	..	..	..	..	4	4	8	18	11	29	26	10	36	35	26	61	228	209	437	60	86	146
1893	328	263	6	3	334	266	600	1	..	1	..	..	..	..	..	..	2	1	3	22	9	31	19	10	29	30	24	54	195	145	340	56	67	123
1894	323	341	10	1	333	342	675	..	..	..	..	..	..	..	..	..	6	7	13	21	6	27	23	12	35	28	23	51	191	181	372	57	89	146
1895	305	275	2	4	307	279	586	1	..	1	1	..	1	..	..	..	4	2	6	13	10	23	19	17	36	31	20	51	148	160	308	67	82	149
1896	301	215	5	3	306	218	524	..	..	..	1	..	1	..	..	..	2	6	8	15	7	22	10	12	22	19	18	37	142	107	249	86	87	173
1897	303	215	2	2	305	217	522	..	..	..	..	3	3	..	..	..	2	3	5	16	8	24	19	10	29	24	26	50	129	99	228	96	82	178
1898	256	286	4	3	260	289	549	..	..	..	1	5	6	..	..	..	3	7	10	13	10	23	15	13	28	23	27	50	113	124	237	84	121	205
1899	291	226	7	2	298	228	526	..	..	..	1	1	2	..	..	..	10	6	16	19	7	26	18	7	25	25	27	52	136	106	242	98	81	179
1900	170	204	5	5	175	209	384	..	..	..	2	..	2	..	..	..	6	8	14	8	9	17	4	4	8	10	18	28	83	103	186	69	101	170
1901	216	219	2	..	218	219	437	..	..	..	..	1	1	..	..	..	6	5	11	3	..	3	3	8	11	18	14	32	78	72	150	69	99	168
1902	245	205	1	2	246	207	453	..	..	..	1	2	3	..	..	..	6	8	14	5	3	8	13	3	16	10	11	21	90	73	163	86	90	176
1903	587	637	1	..	588	637	1,225	1	..	1	..	..	..	..	..	..	4	1	5	32	46	78	12	10	22	15	5	20	20	26	46	301	329	630	310	322	632
1904	394	375	1	..	395	375	770	1	..	1	..	..	..	..	..	..	3	4	7	24	38	62	9	9	18	11	7	18	24	26	50	172	155	327	201	182	383
1905	349	335	2	..	351	335	686	2	..	2	..	1	1	..	2	2	2	2	4	45	49	94	5	5	10	10	10	20	31	30	61	190	152	342	410	330	740
1906	425	443	1	5	426	448	874	2	1	3	1	2	3	6	11	17	86	65	151	11	4	15	8	4	12	22	25	47	148	102	250	387	311	698
1907	399	399	16	18	415	417	832	10	6	16	2	2	4	33	14	47	37	45	82	10	6	16	2	2	4	33	14	47	37	45	82	458	529	987
Total	13,826	13,159	180	137	14,006	13,296	27,302	16	7	23	5	5	10	57	45	102	306	356	662	683	476	1,159	913	645	1,558	1,061	962	2,023	8,357	8,252	16,609	3,280	3,433	6,713

* Includes the "not insane" cases shown in Tables I. and II.

TABLE V.—*Causes of Death at the Asylums*

(Table VII. in

CAUSE OF DEATH.	5 and under 10.			10 and under 20.			20 and under 25			25 and under 30.			30 and under 35.			35 and under 40.			40 and under 45.			45 and under 50.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CEREBRO-SPINAL DISEASES—																								
Apoplexy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Brain atrophy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Cerebral disease	3	1	4	2	2	4	3	1	4	1	..	1	1	..	1	..	..	..	..	..	..	2	..	2
Cerebral hæmorrhage	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	..	1	1	5	4	9	1	1	2	..	..	2	3	2	5	1	1	2	..	..	..	..	..	..
Exhaustion of dementia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Exhaustion of imbecility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
General paralysis	1	1	2	2	3	5	1	..	1	1	..	1	1	..	1	1	1	2	1	2	1	..	..	..
Hydrocephalus	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	3	5	2	7
Maniacal or melancholic exhaustion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Softening of brain	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Softening of brain and old fracture of femur (No inquests)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1
THORACIC DISEASES—																								
Abscess of lung	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Atheroma of coronary arteries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis and pneumonia	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1	..	..	..	1	..	1	..	1	1
Empyæma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	1	1
Exhaustion from whooping cough	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gangrene of lung	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Heart, valvular disease of	..	..	..	2	1	3	1	..	1	..	..	..	..	1	1	1	..	1	..	..	..	..	1	1
Heart, degeneration of	..	..	..	..	..	..	1	1	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..
Pericarditis	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	..	1	1	9	5	14	7	6	13	6	5	11	2	6	8	3	3	6	..	1	1	3	1	4
Pneumonia	5	2	7	4	2	6	4	..	4	4	..	4	4	..	4	2	2	4	1	1	2	2	..	2
Rupture of heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ABDOMINAL DISEASES—																								
Acute nephritis	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brights disease, chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Chronic cystitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colitis	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Liver, disease of (Cirrhosis)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Obstruction of bowels	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Obstruction of bowels (volvulus)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis (tubercular)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyelo-nephritis (tubercular)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
Renal calculi	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Strangulated hernia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GENERAL DISEASES—																								
Asylum dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1
Caries of spine	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cellulitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Enteric fever	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Purpura hæmorrhagica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Senile decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicæmia	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis	1	..	1	1	..	1	3	1	4	1	..	1	..	..	..	..	..	..	2	..	2	1	..	1
ACCIDENT OR VIOLENCE—																								
Fracture of femur (inquests)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fracture of ribs and softening of brain (inquest)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis (perforation by a straw) no inquest	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suicide	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	10	7	17	28	20	48	23	13	36	13	10	23	12	10	22	10	9	19	10	7	17	16	10	26

during 1907, *together with the Ages at Death.*

reports previous to 1900.

50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 90.			90 and under 95.			95 and under 100.			100 and under 105.			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.	Males.	Females.	Total.
..	..	..	..	1	1	2	2	4	1	..	1	..	2	2	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	4	8	12 (11)
..	1	1	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3 (1)
1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	1	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	7	19 (14)
..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	4	4	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	17	30 (22)
..	1	1	..	1	1	2	..	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	4	7 (5)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2 (1)
1	..	1	1	1	2	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	15	11	26 (19)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	2	..	2	1	..	1	1	2	3	2	4	6	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	8	10	18 (16)
..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	1	1	..	..	..	2	..	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	1	1	2	2	..	2	..	3	3	2	..	2	1	..	1	1	1	2	..	..	..	..	..	..	..	1	1	..	..	..	6	5	11 (10)
..	..	..	..	..	..	..	2	2	..	..	..	..	2	2	2	1	3	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	4	16	20 (12)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3 (3)
..	..	..	..	..	..	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
2	1	3	1	2	3	1	4	5	3	7	10	6	2	8	8	4	12	1	2	3	3	..	3	..	..	..	..	..	..	..	..	..	1	2	3 (3)
..	..	..	..	..	..	..	1	1	2	..	2	3	..	3	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	29	25	54 (49)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	..	10 (9)
2	..	2	1	1	2	2	1	3	2	1	3	..	3	3	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	3	7 (7)
1	2	3	2	3	5	8	2	10	1	2	3	6	2	8	4	2	6	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	39	35	74 (68)
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	50	21	71 (57)
																																	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	1	1	4	4	8	7	1	8	..	1	1	3	4	7	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	15	13	28 (26)
..	..	..	..	..	..	..	2	2	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3 (3)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	3	..	3 (3)
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2 (2)
..	..	..	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	2	..	1	1	1	..	1	1	5	6	2	3	5	1	..	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	5	16	21 (20)
..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	1	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3 (3)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
..	..	..	..	..	..	4	2	6	4	10	14	11	26	37	12	31	43	5	38	43	10	24	34	1	2	3	..	2	2	..	..	..	47	135	182 (165)
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
																																	10	1	11 (9)
..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
12	16	28	13	20	33	35	22	57	19	39	58	38	49	87	40	45	85	13	48	61	13	26	39	1	2	3	..	3	3	..	..	..	306	356	662 (584)

From the foregoing table it will be seen that the principal causes of death were pneumonia, phthisis, epilepsy, general paralysis, pulmonary tuberculosis, diseases of the heart, cancer, and senile decay.

TABLE VI.—*Length of Residence in those Discharged Recovered and in those who have Died at the Asylums during* 1907.

(Table IX. in reports previous to 1900.)

LENGTH OF RESIDENCE.	RECOVERED.*			DIED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 Month	4	3	7*	6	14	20
From 1 to 3 Months ..	3	1	4	11	11	22
„ 3 „ 6 „ ..	3	2	5	21	20	41
„ 6 „ 9 „ ..	1	..	1	24	16	40
„ 9 „ 12 „ ..	1	..	1	14	12	26
„ 1 „ 2 Years	2	1	3	69	61	130
„ 2 „ 3 „	..	..	..	32	56	88
„ 3 „ 5 „	2	..	2	49	59	108
„ 5 „ 7 „	..	..	..	16	11	27
„ 7 „ 10 „	..	..	..	13	22	35
„ 10 „ 12 „	..	..	..	13	11	24
„ 12 „ 15 „	..	..	..	10	14	24
„ 15 „ 20 „	..	..	..	8	7	15
„ 20 „ 25 „	..	..	..	7	7	14
„ 25 „ 30 „ and upwards	..	..	..	13	35	48
Totals	16	7	23	306	356	662

* Includes the "not insane" cases. See Table I.

TABLE VII.—*Duration of Insanity on Admission in the Admissions, Discharges, and Deaths at the Asylums during* 1907.

CLASS.	DURATION OF DISEASE ON ADMISSION IN FIVE CLASSES.											
	Admissions.			Recoveries.			Removals not Recovered.			Deaths.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
First class—First attack—												
Within 1 week on admission ..	..	1	1	..	..	..	..	..	..	2	1	3
„ 1 month „ ..	41	21	62	5	1	6	4	3	7	20	22	42
„ 2 months „ ..	30	43	73	1	..	1	1	2	3	13	15	28
„ 3 „ „ ..	20	10	30	..	..	..	2	1	3	13	11	24
Second class—First attack—												
Above 3 and within 6 months on admission	9	28	37	1	..	1	2	5	7	9	17	26
Above 6 and within 12 months on admission	32	30	62	2	1	3	8	2	10	14	25	39
Third class—Not first attack, and within 1 month on admission ..	1	2	3	..	..	..	..	..	..	3	2	5
„ 6 months „ ..	2	2	4	1	..	1	..	2	2	1	..	1
„ 12 „ „ ..	..	..	..	..	..	..	..	8	8	2	2	4
Fourth class—First attack or not, but over 12 months on admission ..	47	86	133	3	2	5	12	36	48	105	107	212
Fifth class—Congenital	183	130	313	1	..	1	105	127	232	84	104	188
Unknown	16	32	48	..	1	1	3	..	3	40	50	90
Not insane	2	2	4	2	2	4	..	..	..	..	..	..
Totals	383	387	770†	16	7	23	137	186	323	306	356	662

† Incomplete as regards Leavesden Asylum.

TABLE VIII.—*Ages of Patients Admitted, Recovered, and Died at the Asylums during* 1907, *and of those remaining on* 31*st December*, 1907.

(In place of Tables X. and XI. in reports previous to 1900.)

AGES.	Admissions. From Parishes and Unions.†			Recoveries. ‡			Deaths.			Patients Resident 31st Dec., 1907.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Under 5 years	4	2	6	..	..	..	..	..	..	4	2	6
From 5 and under 10 years	65	42	107	..	..	..	10	8	18	147	119	266
„ 10 „ 15 „	49	29	78	1	..	1	7	10	17	286	178	464
„ 15 „ 20 „	39	29	68	1	..	1	20	8	28	348	245	593
„ 20 „ 25 „	29	23	52	..	..	..	23	13	36	313	253	566
„ 25 „ 30 „	19	10	29	1	..	1	14	10	24	274	222	496
„ 30 „ 35 „	11	13	24	1	..	1	11	9	20	280	227	507
„ 35 „ 40 „	13	16	29	..	1	1	11	10	21	232	226	458
„ 40 „ 45 „	13	11	24	1	..	1	9	7	16	223	216	439
„ 45 „ 50 „	12	13	25	..	..	..	18	10	28	202	236	438
„ 50 „ 55 „	13	15	28	3	1	4	11	17	28	187	255	442
„ 55 „ 60 „	31	13	49	..	..	..	13	21	34	214	237	451
„ 60 „ 65 „	20	28	48	6	..	6	34	22	56	160	227	387
„ 65 „ 70 „	27	26	53	1	1	2	20	39	59	140	243	383
„ 70 „ 75 „	33	45	78	..	4	4	38	47	85	127	200	327
„ 75 „ 80 „	27	51	78	1	..	1	40	45	85	88	182	269
„ 80 „ 85 „	6	32	38	..	..	..	13	48	61	40	113	153
„ 85 „ 90 „	4	13	17	..	..	..	13	26	39	13	43	56
„ 90 „ 95 „	..	1	1	..	..	..	1	2	3	4	2	7
„ 95 „ 100 „	..	..	..	..	..	..	..	3	3	..	1	1
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	1	1	..	4	4
Total	415	417	832	16	7	23	306	356	662	3,280	3,433	6,713
Mean age	37	49	42	51	64	55	54	62	58	37	45	41

Of the direct admissions 313 (*334*)* were patients over 60 years of age; 13 (*8*) patients over 60 years of age were discharged as recovered. There were 68 (*69*) patients over 85 years old remaining in the asylums at the end of the year.

TABLE IX.—*Condition as to Marriage of Patients Admitted, Recovered, and Died at the Asylums during* 1907.

(Included in Table XIII. in reports previous to 1900.)

CONDITION AS TO MARRIAGE.	Admissions. From Parishes and Unions.†			Recoveries.			Deaths.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Single	255	207	462	‡8	‡4	12	140	136	276
Married	76	68	144	‡5	1	6	65	53	118
Widowed	83	140	223	3	‡2	5	73	138	211
Unknown	1	2	3	—	—	—	28	29	57
Totals	415	417	832	16	7	23	306	356	662

462 (*482*) out of a total of 832 (*874*) direct admissions are recorded as single.

* Italic figures in brackets throughout are the corresponding figures for 1906.
† Including transfers from asylums not under the Board.
‡ Includes "not insane" cases.

TABLE X.†—*Probable Causes of Insanity in the Patients admitted at the Asylums during* 1907.

(Table XI. in reports previous to 1900.)

CAUSES OF INSANITY.	Total number of Direct Admissions. Males, 415; Females, 417; Total, 832. — Number of Instances in which Causes were Assigned — Number of Cases. Admissions—Males, 343; Females, 347; Total, 690.											
	As predisposing cause.			As exciting cause.			As predisposing or exciting, where these could not be distinguished.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
MORAL—												
Domestic trouble (including loss of relatives and friends)	..	..	..	..	..	..	3	2	5	3	2	5
Adverse circumstances (including business anxieties and pecuniary difficulties)	..	..	..	..	..	..	..	..	..	..	..	..
Love affairs	..	..	..	..	..	..	..	1	1	..	1	1
Mental anxiety and worry (not included under the above head) and overwork	..	..	..	..	..	..	..	..	..	..	..	..
Religious excitement	..	..	..	..	..	..	..	..	..	..	..	..
Fright and nervous shock	..	..	..	..	..	..	..	..	..	..	..	..
PHYSICAL—												
Intemperance in drink	..	..	..	..	..	..	7	6	13	7	6	13
Intemperance, sexual	..	..	..	..	..	..	..	..	..	..	..	..
Venereal disease	..	..	..	..	..	..	..	..	..	..	..	..
Self-abuse, sexual	..	..	..	..	..	..	1	..	1	1	..	1
Over-exertion	..	..	..	..	..	..	..	..	..	..	..	..
Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..
Accident or injury	..	..	..	..	..	..	3	..	3	3	..	3
Parturition and the puerperal state	..	..	..	..	..	..	..	..	..	..	..	..
Change of life	..	..	..	..	..	..	..	..	..	..	..	..
Fevers	..	..	..	..	..	..	..	..	..	..	..	..
Privation and starvation	..	..	..	..	..	..	..	..	..	..	..	..
Old age	..	..	..	..	..	..	122	171	293	122	171	293
Other bodily diseases or disorders	..	..	..	..	..	..	3	..	3	3	..	3
Previous attacks	..	..	..	..	..	..	8	6	14	8	6	14
Hereditary influences	..	..	..	..	..	..	13	16	29	13	16	29
Congenital defect, ascertained	124	75	199	..	..	..	57	58	115	181	133	314
Other ascertained causes	2	2	4	..	..	..	3	10	13	5	12	17
Unknown	..	..	..	..	..	..	..	..	..	..	..	..
Not insane	..	..	..	..	..	..	..	..	..	..	..	..

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 of the Board are not included in this table.

Intemperance in drink is assigned as a cause in 13 (*25*)* cases. Hereditary influence in 29 (*45*) cases, and congenital defect in 314 (*312*).

* Italic figures in brackets throughout are the corresponding figures for 1906.
† Incomplete as regards Leavesden Asylum.

TABLE XI.—*Form of Mental Disorder in the Admissions, Recoveries, and Deaths at the Asylums during* 1907, *and of Inmates on* 31*st December*, 1907.

(Includes Tables IV. and V. in reports previous to 1900.)

FORM OF MENTAL DISORDER.	ADMISSIONS.			RECOVERIES.			DEATHS.			REMAINING IN ASYLUMS.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CONGENITAL OR INFANTILE MENTAL DEFICIENCY—												
Congenital—(*a*) with epilepsy ..	41	22	63	1	..	1	49	37	86	605	629	1,234
(*b*) without „ ..	137	107	244	..	..	..	52	49	101	1,542	1,224	2,766
Epilepsy acquired	3	1	4	..	..	..	11	7	18	146	127	273
General paralysis of the insane	23	6	29	..	..	..	15	9	24	39	18	57
Cretinism	1	2	3	..	..	..	..	..	..	..	4	4
MANIA—												
Acute	5	..	5	1	1	2	..	..	..	..	2	2
Chronic	1	5	6	2	..	2	2	12	14	37	107	144
Recurrent	..	..	..	..	..	..	2	..	2	13	1	14
A potù	1	..	1	..	..	..	..	..	..	..	..	..
Senile	..	4	4	..	..	..	1	1	2	2	15	17
Delusional systematised	..	..	..	..	..	..	..	..	..	5	5	10
Delusional not systematised ..	..	..	..	..	..	..	..	..	..	16	11	27
Alternating insanity	..	..	..	..	..	..	..	..	..	2	..	2
Epileptic	..	2	2	..	..	..	..	1	1	1	6	7
MELANCHOLIA—												
Acute	1	1	2	..	..	..	..	..	..	..	1	1
Chronic	..	7	7	..	..	..	4	1	5	25	65	90
Senile	6	11	17	1	1	2	4	2	6	..	11	11
Puerperal	..	..	..	..	..	..	..	1	1	..	..	..
Maniacal depressive insanity ..	..	..	..	..	..	..	..	..	..	..	1	1
DEMENTIA—												
Primary	23	18	41	3	..	3	4	4	8	5	13	18
Secondary	9	25	34	1	1	2	52	62	114	518	678	1,196
Senile	112	150	262	3	2	5	105	161	266	309	478	787
Organic (*i.e.*, from tumours, coarse brain disease, &c.) ..	..	2	2	..	..	..	3	8	11	3	7	10
Alcoholic dementia	7	6	13	1	..	1	1	..	1	..	3	3
Delusional insanity	11	16	27	1	..	1	1	1	2	12	27	39
Not insane	2	2	4	..	..	..	..	..	..	..	..	..
Totals	383	387	770 †	14	5	19	306	356	662	3,280	3,433	6,713

4,000 (*3,960*)* out of the 6,713 (*6,678*) patients remaining in the asylums at the end of the year were cases of congenital insanity, 144 (*290*) of chronic mania, 90 (*108*) of chronic melancholia, 1,196 (*897*) of secondary dementia, and 787 (*884*) of senile dementia.

* Italic figures in brackets throughout are the corresponding figures for 1906.
† Incomplete as regards Leavesden Asylum.

TABLE XII.—*Station or Occupation of Patients admitted at the Asylums during* 1907.

(Included in Table XIII. in reports previous to 1900.)

STATION OR OCCUPATION.	M.	F.	STATION OR OCCUPATION.	M.	F.	STATION OR OCCUPATION.	M.	F.
			Brought Forward	75	54	Brought Forward	173	102
Army pensioner ..	1	..	Fitter	1	..	Publican	1	..
Baker's assistant..	1	..	French polisher ..	1	..	Public house manageress	..	1
Barrow maker ..	1	..	Fruit salesman ..	1	..	Rag sorter	..	1
Billiard marker ..	1	..	Furniture porter ..	1	..	Railway signaller..	1	..
Blacksmith	1	..	Gardeners	4	..	Reading boy ..	1	..
Board carrier ..	1	..	General servants ..	..	2	Rigger	1	..
Book binder ..	1	..	Glass blower ..	1	..	Road sweepers ..	2	..
Book folders ..	..	2	Governesses	..	2	Sawyer	1	..
Book seller	1	..	Grocer's assistants	2	..	School teacher ..	1	..
Boot clicker ..	1	..	Hawkers	5	2	Seamen	2	..
Boot makers ..	3	..	Horse keepers ..	2	..	Servants	..	22
Boot repairers ..	2	..	House keepers ..	..	2	Shirt buttonholers	..	2
Box maker	1	..	Housewives	..	15	Shoe black	1	..
Brass finisher ..	1	..	Ironers	..	3	Shoe makers ..	2	..
Brush makers ..	3	..	Knitter	..	1	Slater	1	..
Builder	1	..	Labourers	43	..	Slipper maker ..	1	..
Butcher	1	..	Laundresses	..	2	Stableman	1	..
Cabinetmaker ..	1	..	Lawyer's clerk ..	1	..	Stage hand	1	..
Cabmen	5	..	Leather finisher ..	1	..	Stoker	1	..
Camera maker ..	1	..	Lighterman	1	..	Stonemason's labourer	1	..
Caretaker	..	1	Lithographic printer	1	..	Street vendor ..	..	1
Carmen	3	..	Machinist	..	1	Tailors	5	..
Carpenters	5	..	Market porter ..	1	..	Timber porters ..	2	..
Carpet cutter ..	1	..	Messenger	1	..	Tongue curer ..	1	..
Carriage trimmer..	1	..	Match box maker..	..	1	Traveller	1	..
Cart minder	1	..	Milkman	1	..	Tutor	1	..
Charwomen	..	31	Milkman's assistant	1	..	Upholsterers.. ..	..	2
Cigar box maker ..	1	..	Milliner	..	1	Van boy	1	..
Cigarette maker ..	..	1	Music teacher ..	..	1	Warehouseman ..	1	..
Clerks	4	..	Naval pensioners..	2	..	Washerwomen ..	..	3
Coachmen	5	..	Navvy	1	..	Watchmen	3	..
Coal agent	1	..	Needlewomen ..	..	12	Wood chopper ..	1	..
Coal porters	2	..	News vendor.. ..	1	..	None (children) ..	130	77
Coal trimmer ..	1	..	Nurse	..	1	Not known	1	2
Commission agent	1	..	Office boys	2	..	No occupation ..	76	204
Cooks	1	3	Organ builder ..	1	..			
Cooper	1	..	Packingcase maker	1	..			
Crossing sweepers	1	1	Painters	3	..			
Customs watcher..	1	..	Painter's labourer	1	..			
Deal porter	1	..	Pea distributor ..	1	..			
Dock labourer ..	1	..	Pensioner	1	..			
Domestic servants	..	11	Pianoforte makers' assistant	1	..			
Draper	1	..	Picture framer ..	1	..			
Dressmakers.. ..	..	4	Plumber	1	..			
Editor	1	..	Policeman	1	..			
Enamel worker ..	1	..	Polisher..	..	1			
Engine minder ..	1	..	Porters	6	..			
Engraver	1	..	Porter valet	1	..			
Errand lad	1	..	Postman	1	..			
Farmers	5	..	Post mistress ..	..	1			
Farm labourers ..	2	..	Potmen	2	..			
Fish porter	1	..	Print colourer ..	1	..			
Fishmonger's assistant ..	1	..						
Carried Forward	75	54	Carried Forward	173	102	Total	415	417

TABLE XIII.†—*Table of Heredity in Patients admitted in the Asylums during* 1907.

DEGREE.	Males.	Females.	Total.
I. DIRECT—			
Paternal	6	7	13
Maternal	6	5	11
Grandparents	2	1	3
II. COLLATERAL—			
Brothers or sisters	13	13	26
Paternal uncles or aunts	11	4	15
Maternal „ „	10	9	19
Maternal or paternal uncles or aunts	1	..	1
Maternal or paternal grandparents	5	4	9
Cousins	..	1	1
III. REMOTE—			
Undefined	..	1	1
Totals	54	45	99
Total number of direct admissions	415	417	832
Number in which causes were assigned	46	47	93
Percentage of heredity on admissions	11.08	11.27	11.18

In the 99 (*110*)* cases dealt with, there appears to have been a history of insanity in the parents or grandparents of the patients in 27 (*41*) cases, and in other relatives in 72 (*69*) cases.

* Italic figures in brackets throughout are the corresponding figures for 1906.

† Incomplete as regards Leavesden Asylum.

TABLE XIV.—*Table showing the number of Male and Female Imbeciles Admitted, Transferred, Discharged and Died at the Board's several Asylums during the year* 1907, *according to the Parishes and Unions, also the number remaining under treatment at the end of the year.*

PARISHES & UNIONS.	No. remaining at Asylum on 1st January, 1907.			Admitted.						Died.			Discharged.			Transferred to other Asylums of the Board.			No. remaining at Asylum on 31st December, 1907.		
				Direct.			From other Asylums of the Board.														
	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.	M	F	Total.
Kensington	81	68	149	15	8	23	(1) 11	4	(1) 15	5	7	12	1	3	4	11	4	15	91	66	157
Hammersmith	45	54	99	6	9	15	4	(1) 6	(1) 10	..	12	12	1	..	1	4	6	10	50	52	102
Fulham	54	43	97	10	11	21	7	5	12	6	8	14	3	2	5	7	5	12	55	44	99
Paddington	55	42	97	6	10	16	9	10	19	4	2	6	1	..	1	9	10	19	56	50	106
Chelsea	42	59	101	2	3	5	3	3	6	5	5	10	..	..	..	3	3	6	39	57	96
St. George's, W.	82	84	166	20	13	33	9	10	19	9	11	20	2	2	4	9	10	19	91	84	175
Westminster	40	38	78	6	3	9	5	2	7	3	6	9	2	..	2	(2) 5	2	(2) 7	39	35	74
St. Marylebone	94	96	190	3	..	3	6	6	12	10	7	17	1	..	1	6	6	12	86	89	175
St. Pancras	323	390	713	36	52	88	32	47	79	40	46	86	9	10	19	32	47	79	310	386	696
Hampstead	24	31	55	6	3	9	6	2	8	..	1	1	1	2	3	6	2	8	29	31	60
Islington	109	114	223	13	12	25	16	13	29	11	10	21	1	3	4	16	13	29	110	113	223
Hackney	122	133	255	13	10	23	(1) 11	9	(1) 20	8	11	19	4	1	5	11	9	20	124	131	255
Bloomsbury	40	38	78	1	3	4	1	(2) 1	(2) 2	3	2	5	..	..	..	(1) 1	1	(1) 2	37	41	78
Strand	29	24	53	1	2	3	(1) 1	2	(1) 3	3	..	3	1	..	1	1	2	3	27	26	53
Holborn	161	175	336	8	7	15	(1) 9	(1) 9	(2) 18	11	7	18	..	2	2	9	(2) 9	(2) 18	159	172	331
London, City of	103	74	177	13	12	25	14	16	30	8	10	18	3	1	4	14	16	30	105	75	180
Shoreditch	112	119	231	8	6	14	10	(1) 9	(1) 19	9	18	27	..	..	..	10	(1) 9	(1) 19	111	107	218
Bethnal Green	93	102	195	11	4	15	6	8	14	4	9	13	2	..	2	6	8	14	98	97	195
Whitechapel	144	111	255	30	10	40	18	10	28	12	10	22	11	6	17	18	(1) 10	(1) 28	151	104	255
St. George's, E.	61	69	130	9	8	17	11	11	22	4	6	10	2	..	2	11	11	22	64	71	135
Stepney	50	58	108	3	2	5	6	6	12	4	5	9	..	2	2	6	6	12	49	53	102
Mile End	85	82	167	11	3	14	(1) 9	(2) 5	(3) 14	7	10	17	3	..	3	9	5	14	87	77	164
Poplar	131	158	289	21	40	61	13	31	44	15	25	40	4	2	6	(2) 13	(1) 31	(3) 44	131	170	301
Southwark	181	168	349	20	32	52	(3) 11	(2) 17	(5) 28	20	14	34	3	..	3	(1) 11	17	(1) 28	180	188	368
Bermondsey	142	140	282	24	32	56	(1) 16	20	(1) 36	16	17	33	5	1	6	16	(1) 20	(1) 36	146	153	299
Lambeth	251	300	551	42	37	79	(2) 34	30	(2) 64	36	35	71	9	9	18	(3) 34	30	(3) 64	247	293	540
Wandsworth	172	177	349	21	32	53	26	19	45	16	21	37	3	4	7	(2) 26	(2) 19	(4) 45	172	182	354
Camberwell	188	240	428	31	35	66	(2) 26	(2) 31	(4) 57	21	25	46	3	6	9	26	(2) 31	(2) 57	197	244	441
Greenwich	133	125	258	8	5	13	16	11	27	9	8	17	2	..	2	16	11	27	130	122	252
Woolwich	61	73	134	13	7	20	14	15	29	5	7	12	1	..	1	14	15	29	68	73	141
Lewisham	41	44	85	4	6	10	5	7	12	2	1	3	..	1	1	(3) 5	(1) 7	(3) 12	41	47	88
Totals	3,249	3,429	6,678	415	417	832	(13) 365	(11) 375	(24) 740	306	356	662	78	57	135	(13) 365	(11) 375	(24) 740	3,280	3,433	6,713

NOTE.—The small figures in brackets represent alterations in chargeability after admission.

III.—CHILDREN'S SCHOOLS AND HOMES.

Children suffering from ophthalmia or other contagious disease of the eye.

The reports of the visiting ophthalmic surgeon, Mr. E. Treacher Collins, on the two Ophthalmia Schools, at Swanley and Brentwood respectively, will be found at pp. 28—31.

There were 500 (*472*)* children in the homes at the beginning of the year; 439 (*383*) were admitted during the year direct from the unions or parishes, and 63 (*71*) from other institutions of the Board; 407 (*370*) children were discharged direct to the unions or parishes, and 89 (*55*) to other institutions of the Board. Not any (*1*) died; and 506 (*500*) remained under treatment at the end of the year.

Children suffering from contagious disease of the skin or scalp.

At the Ringworm School at Sutton there were 339 (*538*) children remaining at the beginning of the year; 659 (*585*) were admitted from the unions and parishes, and 161 (*120*) from other institutions of the Board; 697 (*784*) have been discharged to the unions and parishes, and 131 (*118*) to other institutions of the Board; 2 (*2*) have died; and 329 (*339*) remained under treatment at the close of the year.

The report of the visiting medical officer will be found on pp. 32—33.

Children requiring special treatment during convalescence, or the benefit of seaside air.

The Homes at Herne Bay, Margate, and Rustington contained 335 (*307*) children at the beginning of the year; 643 (*648*) were admitted direct from the unions and parishes, and 169 (*129*) from other institutions of the Board; 555 (*599*) were discharged to the unions and parishes, and 215 (*140*) to other institutions of the Board; 11 (*10*) died; and 366 (*335*) remained under treatment at the end of the year.

The reports of the visiting medical officers will be found on pp. 34—35.

Defective children.

In the eight Homes for Children who, by reason of defect of intellect or physical infirmity, cannot properly be trained in association with children in ordinary schools, there were resident at the beginning of the year 149 (*100*) children; 55 (*62*) were admitted from the unions or parishes, and 112 (*129*) from other institutions of the Board; 15 (*9*) were discharged to the unions or parishes, and 121 (*182*) to other institutions of the Board; not one (*1*) died; 213 (*119*) remained under training at the end of the year.

The reports of the medical officers will be found on pp. 36—44.

Remand homes.

In the three homes provided for children who are ordered by two Justices or a Magistrate to be taken, under the Industrial Schools Act, 1866, and Youthful Offenders' Act, 1900, to a workhouse or an asylum of the district, there were resident 18 (*29*) children at the beginning of the year; 3,160 (*3,068*) were admitted, and 3,161 (*3,079*) were discharged, leaving 17 (*18*) resident at the end of the year.

* Italic figures in brackets throughout are the corresponding figures for 1906.

IV.—TRAINING SHIP EXMOUTH.

Statistics. The number of boys admitted during the year was 242 (*279*)* (including 71 (*97*) from extra-metropolitan parishes and unions), while the number discharged was 285 (*281*); no deaths (*1*) occurred.

Of the discharges, 88 (*58*) entered the royal navy, 144 (*115*) the mercantile marine, 13 (*39*) the army as musicians, and 40 (*69*) were returned to their respective parishes and unions.

At the end of the year there remained 535 (*578*) boys under training.

The statistical tables on pp. 61-69 supply detailed information concerning the boys under training.

V.—GENERAL SUMMARY.

In conclusion, we 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, 1907.
Fever patients	413,574	6,193
Smallpox patients	75,091	—
Imbeciles (including 1,201 admitted at Hampstead Hospital)	27,302	6,713
Boys on training ship "Exmouth"	9,672	535
Children at homes and special schools	26,469†	1,431
Totals	552,108†	14,872

† Includes 942 children transferred from one home to another.

* Italic figures in brackets throughout are the corresponding figures for 1906.

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. E. W. Goodall and Dr. F. M. Turner), 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 1907, 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. Summary of Antitoxin treatment of diphtheria.
4. Tracheotomy, intubation, and laparotomy statistics.
5. Miscellaneous diseases.

There are also included papers by five of the Board's medical officers.

(Signed)

R. WOOLLEY WALDEN,

Chairman.

APPENDIX I.—INFECTIOUS DISEASES.

(Statistical tables detached from the Ambulance Committee's Annual Report, p. 70.)

A.—AMBULANCE SERVICE.—*Number of Patients removed by the Ambulances of the Board.*

FEVER AND DIPHTHERIA.	From 1881 to 1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	Totals.
Removed :—														
From homes to Hospitals	110,760	22,152	22,795	20,923	24,917	21,430	25,532	24,410	18,191	18,468	23,736	25,893	32,037	391,244
„ „ General Hospitals	..	..	..	..	..	..	..	..	..	..	‡1	‡1	‡1	3
Enteric Fever from homes to General Hospitals	627	109	186	133	247	201	98	59	..	..	..	..	..	1,660
From General Hospitals to homes, owing to want of room in the Managers' Hospitals, or to the patients being extra-Metropolitan residents	1,335	1,287	752	71	144	20	159	51	44	44	37	24	3	3,971
Returned Home :—														
Mistaken diagnoses	†	†	†	†	†	†	†	33	48	38	51	68	121	359
Transferred :—														
Convalescent to Northern and other Hospitals	36,570	9,998	8,941	6,437	7,973	5,394	5,223	4,210	2,565	5,388	9,584	12,617	15,929	130,829
Other transfers between Hospitals and Wharves	68	1	10	2	8	39	201	66	43	3	642	21	75	1,179
Discharged :—														
From Northern Hospitals to Town Hospitals	29,256	5,899	5,259	4,226	4,530	2,681	4,300	4,489	2,758	4,300	6,099	..	..	73,797
From Northern Hospital and conveyed from Eastern, Western, South-Eastern, North-Western, and South-Western Hospitals to other Hospitals	463	154	111	1	99	29	126	293	229	306	574	..	..	2,385
From Gore Farm Hospital to Town Hospitals	5,562	3,629	3,658	2,445	3,374	2,735	1,239	..	..	..	..	..	..	22,642
From Gore Farm Hospital and conveyed from the South-Eastern, the South-Western, and the Brook Hospitals to other Hospitals	421	31	181	125	31	233	87	..	..	..	..	..	..	1,109
From Northern Hospital direct home	..	..	..	..	..	..	..	..	..	..	4	8	30	42
From Gore Farm Hospital direct home	..	..	..	..	..	..	..	..	..	..	257	21	14	292
From Northern Hospital to Ambulance Stations	..	..	..	..	..	..	..	..	..	..	609	3,315	3,730	7,654
From Gore Farm Hospital to Ambulance Stations	..	..	..	..	..	..	..	..	..	..	1,185	4,699	7,382	13,266
From Joyce Green Hospital to Ambulance Stations	..	..	..	..	..	..	..	..	..	..	..	..	244	244
From Ambulance Station to Ambulance Station	..	..	..	..	..	..	..	..	..	..	..	..	197	197
From Ambulance Stations to homes	..	..	..	..	..	..	..	..	..	..	75	292	259	626
From other Hospitals to homes	*3,824	377	350	317	385	577	642	623	663	972	1,267	1,094	1,259	12,350
Total Fever and Diphtheria patients	188,886	43,637	42,243	34,680	41,708	33,339	37,607	34,234	24,541	29,519	44,121	48,053	61,281	663,849

SMALLPOX	From 1881 to 1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	Totals.
Removed :—														
From homes to Hospitals and Wharves ..	18,996	265	121	36	28	94	1,848	7,830	422	494	80	33	15	30,262
Returned Home; mistaken diagnoses ..	†	†	†	†	†	†	†	310	68	40	27	5	12	462
Transferred :—														
From Hospitals to Wharves	5,492	..	..	..	8	..	3	16	1	..	..	..	..	5,520
Other transfers between Hospitals and Wharves	10	..	..	..	7	..	2	33	1	..	..	..	..	53
Discharged :—														
From Hospitals and Wharves to homes ..	10,566	39	33	1	1	31	118	567	15	30	3	3	..	11,407
Total Smallpox patients ..	35,064	304	154	37	44	125	1,971	8,756	507	564	110	41	27	47,704
Conveyance of Infectious Patients to other places than the Managers' Hospitals ..	1,876	433	361	326	369	327	388	360	323	442	423	405	454	6,487
NON-INFECTIOUS REMOVALS														
Imbecile	..	..	..	..	..	..	96	23	769	531	684	734	807	3,644
Ringworm	..	..	..	..	..	..	180	120	203	22	..	58	28	611
Ophthalmia	..	..	..	..	..	..	..	..	245	433	306	318	452	1,754
Defective and other Children	..	..	..	..	..	..	13	129	90	219	314	271	165	1,201
Other Patients (private removals)	..	..	..	..	..	..	..	..	..	68	134	424	841	1,467
Staff	..	..	..	..	..	..	..	..	..	..	1	2	3	6
Total Non-Infectious Removals	..	..	..	..	..	..	289	272	1,307	1,273	1,439	1,807	2,296	8,683
Grand Totals	225,826	44,374	42,758	35,043	42,121	33,791	40,255	43,622	26,678	31,798	46,093	50,306	64,058	726,723

† Not recorded.

B.—AMBULANCE SERVICE—(*continued*).

Return of Work for the Twelve Months ended December 31st, 1907.

PARTICULARS OF WORK.	Number of Journeys.	MILES RUN. By Horses. 1	2	3	4	By Motor.	Total by Vehicles.
I. INFECTIOUS CASES.							
Removals from Home—							
To the Board's Hospitals—							
Fever Patients	30,539	296,466	572	..	..	17,233	314,271
Smallpox Patients	—	—					—
To the Board's Wharves—							
Smallpox Patients	15	279	..	..	..	..	279
To General Hospitals	—	—					
Other Removals—							
From General Hospitals to homes owing to want of room in the Board's Hospitals, or to the patients being extra-Metropolitan residents	3	54	..	..	..	..	54
Non-Smallpox Patients returned home	12	194	..	..	..	..	194
Other Patients returned home	119	1,003	..	..	..	30	1,033
Patients sent for, but for various causes not removed (lost journeys)	408	3,177	102	..	..	314	3,593
Patients' friends taken from home to Hospital	211	2,497	..	..	..	..	2,497
Patients' friends taken from Hospital to home	213	2,545	..	..	..	..	2,545
Transfers between Hospitals—							
Fever Patients to Northern Hospital	724	980	14,213	..	..	4,485	19,688
Fever Patients to Gore Farm Hospital	837	224	12,181	..	..	14,677	32,346
Other transfers between Hospitals	11	97	65	..	..	..	162
Recovered Patients—							
From Northern Hospital to Homes	24	547	137	..	..	..	684
„ Gore Farm „ „	13	292	40	..	..	209	541
„ Northern „ to Ambulance Stations	466	2,326	4,349	..	..	5,341	12,016
„ Gore Farm „ „	497	52	2,355	..	..	14,529	17,029
„ Joyce Green Hospital (Fever) to Ambulance Stations	26	..	249	..	..	790	1,039
„ Ambulance Stations to Homes	232	1,809	..	..	..	382	2,191
„ Ambulance Station to Ambulance Station	97	1,182	375	..	..	..	1,557
„ Acute Fever Hospitals to Homes	877	8,969	72	..	..	80	9,121
„ Wharves (Smallpox)	..	..	..	..	..	..	..
Conveyance of Patients—							
To other places than Managers' Hospitals (private removals)	434	5,006	24	..	..	753	5,783
Totals	35,758	327,699	34,734			58,823	426,623
II. NON-INFECTIOUS CASES.							
Imbeciles	167	84	486	..	..	7,025	7,620
Ringworm children	105	491	108	..	..	1,016	1,615
Ophthalmic children							
Defective and other children	21	107	151	..	..	..	258
To other places than the Managers' Institutions (private removals)	841	8,996	189	..	..	803	9,992
Lost journeys	39	308	52	..	..	..	360
Totals	1,173	9,986	986			8,844	19,845
III. OTHER WORK.							
Service requirements and conveyance of general stores	966	7,314	422	..	..	4,017	9,638
Conveyance of Ambulance Committee	12	52	..	..	..	16	68
Conveyance of other Committees	2	10	..	..	..	..	10
Conveyance of Hospital Stores—							
Fever	348	1,958	4,509	..	..	86	6,473
Smallpox							
Conveyance of Staff	6	99	..	..	..	..	99
Horses in exchange	283	87	7,678	..	..	..	..
Totals	1,617	9,520	12,609	..	..	4,119	16,288
Totals for 1907	38,548	347,205	48,329	..	..	71,786	462,756
Totals for 1906	32,614	284,415	85,152	..	..	23,527	388,265
Totals for 1905	28,926	264,282	64,671	175	..	6,050	334,446
Totals for 1904	22,625	216,958	31,902	8	..	1,964	250,352
Totals for 1903	20,374	181,799	24,081½	330	..	..	205,676½
Totals for 1902	35,151	369,571½	19,836½	38	..	..	388,996
Totals for 1901	30,587	290,758	26,580	48	..	..	317,278
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	19,796	176,602	26,918	72	228	..	203,820
Totals for 1893	24,017	214,884	30,186	..	241	..	245,311
Totals for 1892	17,607	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
Grand Totals	455,643	4,046,717½	647,237	3,042	11,342	103,327	4,799,842½

N.B.—The difference between the totals for horses and vehicles is due to change of horses.

C.—RIVER SERVICE.

Number of Patients, Visitors, Staff, &c., conveyed to and from Long Reach during the year 1907.

Month.	Patients conveyed to Long Reach.	Recovered cases conveyed from Long Reach.	Visitors conveyed to and from Long Reach (including Managers).	Staff, &c., conveyed to and from Long Reach.	Totals.
January	..	..	..	22	22
February	..	..	..	36	36
March	..	..	..	40	40
April	1	..	3	41	45
May	..	1	..	26	27
June	..	..	..	40	40
July	..	..	2	38	40
August	1	..	..	39	40
September	..	1	..	35	36
October	209	..	..	29	238
November	247	..	..	29	276
December	..	..	..	37	37
Totals for 1907	458‡	2	5	412	877
Totals for 1906	27	27	18	637	709
Totals for 1905	51	57	121	569	798
Totals for 1904	437	418	90	711	1,656
Totals for 1903	349	321	34	1,631	2,335
Totals for 1902	7,239	6,002	5,708	5,667	24,616
Totals for 1901	1,614	633	1,300	1,906	5,453
Totals for 1900	64	69	42	1,460	1,635
Totals for 1899	11	6	17	1,434	1,468
Totals for 1898	6	5	7	937	955
Totals for 1897	69	55	132	1,027	1,283
Totals for 1896	188	243	153	1,815	2,399
Totals for 1895	925	792	862	2,372	4,951
Totals for 1894	1,101	1,009	1,762	3,742	7,614
Totals for 1893	2,364	2,053	2,195	4,040	10,652
Totals for 1892	298	235	121	735	1,389
Totals for 1891	63	53	155	503	774
Totals for 1890	26	25	38	339	428
Totals for 1889	5	4	51	445	505
Totals for 1888	62	63	246	476	847
Totals for 1887	54	45	395	478	972
Totals for 1886	130	145	458	*3,929	4,662*
Totals for 1885	5,468	5,809	†	†	11,277
Totals for 1884	5,592	4,267	†	†	9,859
Grand Totals	26,601	22,338	13,910	35,265	98,114

STEAMERS.

Steamer.	Fires alight.		Under Steam.		Under Way.		Coal consumed.		Number of days when steam raised.	Distance run.
	Hours.	Mins.	Hours.	Mins.	Hours.	Mins.	Tons.	Cwt.		Miles.
"Albert Victor"	2,499	0	1,359	0	89	24	50	0	94	889
"Geneva Cross"	82	0	40	0	..	..	5	0	3	..
"Maltese Cross"	1,322	0	763	0	79	14	30	0	51	724
"White Cross"	8,202	0	5,322	0	406	22	54	0	339	3,979
"Red Cross"	2,093	0	1,355	0	..	..	32	0	83	..
Totals	14,198	0	8,839	0	575	0	171	0	570	5,592

Quantity of Stores, Parcels, &c., conveyed to and from Long Reach.

Weight, 94 tons 9 cwt. 1 qr. 26 lbs.

* Included in this number is the number of contractors' workmen who were engaged on building and other work in connection with the Smallpox Hospitals, and who were conveyed to and from Long Reach each week.

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

‡ 456 were fever patients.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE BOARD'S FEVER HOSPITALS FOR THE YEAR 1907.

No. 1.

EASTERN HOSPITAL,

HOMERTON, N.E.,

20th January, 1908.

Statistics. The past year has been the busiest since 1899. In that year the number of admissions was 2,682; last year it was 2,681.

The total number of patients under treatment was 3,019, rather more than last year. The wards were very full in the autumn, for a second year in succession. To meet a temporary emergency a few extra beds were placed in some of the wards, and on one occasion the number under treatment rose to 383.

Scarlet fever. The scarlet fever fatality is 3·74 per cent., slightly higher than last year. In eight cases death was due to some other cause than scarlet fever, as follows:—Scalds, 2 cases; puerperal septicæmia, 2; measles, 1; measles and diphtheria, 1; tuberculous meningitis, 1; and parotid sarcoma, 1. If allowance is made for these cases the fatality is 3·27 per cent.

There were 26 cases of post-scarlatinal diphtheria, with 1 death. In this case the patient was suffering from measles as well as diphtheria.

"Return cases" of scarlet fever. The number of instances in which a case of scarlet fever apparently gave rise to fresh cases after its discharge from hospital was 21, being 4·7 per cent. of the discharges. This is a somewhat high rate, and contrasts unfavourably with that of the previous year, 3·0. On February 1st, 1907, I made a change in the method of discharging the patients who have recovered from scarlet fever. Previously, a warm bath was given to each patient immediately before he left the hospital. But this bath had been condemned by the medical superintendents in their observations on Dr. Cameron's report on "Return Cases." I omitted this bath. Instead, the patient has been bathed on the evening before his discharge, and, having been provided with clean night and bed-clothes, has remained for the night in the scarlet fever ward. The next morning he has been taken from the ward to a discharge-room, where he has been dressed in the clothes provided by his relatives. The adoption of this procedure appears to have increased the percentage of "return cases"; it has certainly not lowered it. A suitable discharge ward is very much wanted at this hospital.

Diphtheria. The diphtheria fatality is 12·69 per cent., considerably higher than last year. In five cases death was due to scarlet fever, in two to whooping-cough, in one to measles, and in one to acute tuberculosis. The subtraction of these cases reduces the fatality to 11·90 per cent.

Of 552 completed cases 133 were laryngeal, 24·0 per cent. They may be classified as follows:—

(*a*)	Cases not requiring operation	49	with	1	death.
(*b*)	,, submitted to tracheotomy only	20	,,	8	,,
(*c*)	,, ,, ,, intubation only	32	,,	2	,,
(*d*)	,, ,, ,, intubation followed by tracheotomy...	24	,,	10	,,
(*e*)	,, ,, ,, tracheotomy before admission ...	7	,,	1	,,
(*f*)	,, ,, ,, intubation before admission ...	1	,,	0	,,
		133	,,	22	,,

The fatality of all the laryngeal cases is 16·6 per cent.; of the 76 cases operated upon, (*b*), (*c*), and (*d*), 26·3; of the 56 intubated, (*c*) and (*d*), 21·4.

There were also 5 cases of tracheotomy, 6 of intubation, and one of intubation followed by tracheotomy, in diseases other than diphtheria; and one of tracheotomy in a case of post-scarlatinal diphtheria; so that the total number of cases operated on in the hospital for laryngeal obstruction was 89, exactly the same number as last year.

Enteric fever. The enteric fever fatality is 13·17 per cent., a fraction lower than last year. One of the patients died from acute tuberculosis, which supervened during convalescence from enteric fever.

A rather larger proportion of patients have been transferred to the convalescent hospitals than last year, 65·0 per cent. of the scarlet fever cases under treatment, and 11·8 per cent. of the diphtheria cases. Last year the figures were 54·7 and 7·2 respectively; and the year before 66·4 and 20·0. Sixty-three of the scarlet fever cases were transferred to the Joyce Green Hospital in November, to make room for acute cases at the Eastern Hospital. I have not been able to send all the convalescents I have wished, for lack of accommodation at the Northern Hospital.

Other diseases. Of the 2,679 patients admitted, 311, or 11·6 per cent., were found to be suffering from diseases other than those notifiable diseases which are admitted to the Managers' hospitals. The percentage of error was:—For scarlet fever, 8·1; for diphtheria, 17·4; and for enteric fever, 24·0.

There was an unusual prevalence of rubella (German measles) in this part of London during the spring and early summer. Forty-one cases were admitted, all of them having been notified as scarlet fever, and a number of patients caught the disease in hospital.

Cerebro-spinal fever. The two cases returned as cerebro-spinal fever were cases of posterior basal meningitis of infants, a disease which is believed by most authorities to be a sporadic form of cerebro-spinal fever.

Staff illness. There has been more sickness amongst the staff than usual. Five nurses contracted enteric fever, of whom one, Assistant-Nurse Deasey, died. One still remains in hospital, convalescent from a very severe attack.

(Signed) E. W. GOODALL,
Medical Superintendent.

No. 2.

NORTH-EASTERN HOSPITAL.

St. Ann's Road,

Tottenham, N.

21*st January*, 1908.

Statistics. During the year 1907 the total number of cases treated was 4,834; of these 1,827 were discharged, 2,232 were transferred to other hospitals, and 155 died. At the end of the year 620 remained under treatment.

Scarlet fever. The number treated was 3,857; of these 1,069 were discharged, 2,211 were transferred, and 91 died. At the end of the year 486 remained. The mortality rate was 2·64 per cent.

Diphtheria. The number treated was 440; of these 288 were discharged, 21 were transferred, and 40 died. At the end of the year 91 remained. The mortality rate was 10·82.

Enteric fever. The number treated was 59; of these 37 were discharged and 10 died. At the end of the year 12 remained. The mortality rate was 19·61 per cent.

Other diseases. The number treated was 478; of these 433 were discharged and 14 died. At the end of the year 31 remained. The mortality rate amongst these was 3·08 per cent.

The percentage error in the notifications was as follows:—Scarlet fever, 8·3 per cent.; diphtheria, 24·1 per cent.; and enteric fever, 23·6 per cent.

Staff illness. Eight of the staff suffered from scarlet fever, 11 from diphtheria, and 2 from enteric fever. Six remained warded at the end of the year.

(Signed) FREDERIC THOMSON,

Medical Superintendent.

No. 3.

NORTH-WESTERN HOSPITAL.

Lawn Road, Fleet Road,
Hampstead, N.W.,
19*th February*, 1908.

Statistics. The number of patients under treatment during the year was 3,657; of these 1,309 were discharged, 1761 were transferred to the convalescent hospitals of the Board, 138 died, and 449 were remaining in the hospital at the end of the year. The general mortality was 4·2; that for scarlet fever being 2·6; for diphtheria, 7·5; for enteric, 7·3; and for other diseases, 11·8.

Other diseases. The percentage of cases found not to be suffering from the disease certified was in regard to scarlet fever, diphtheria, and enteric respectively 5·5, 9·7, and 42·5.

Two patients, one certified diphtheria and one enteric, proved to be cases of cerebro-spinal fever.

Post-scarlatinal diphtheria. One case, which recovered.

Staff illness. 98 members of the staff were warded with illness; of these 7 assistant-nurses and 1 wardmaid had scarlet fever, and 2 assistant-nurses diphtheria. All recovered.

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

No. 4.

WESTERN HOSPITAL.

Seagrave Road, Fulham, S.W.
1*st February*, 1908.

Statistics. During the past year 3,606 patients came under treatment. Of these, 1,587 were discharged, 1,432 were transferred to the convalescent hospitals, and 162 died. At the end of the year 425 remained in the hospital.

Of scarlet fever 2,129 cases were treated, and 1,228, or 57 per cent., were transferred. The mortality was 2·13 per cent., 1·14 lower than in the preceding year.

There were 4 cases of post-scarlatinal diphtheria, all of which recovered.

Of diphtheria 1,069 cases were treated, and 204, or 18 per cent., were transferred.

The mortality was 9·50 per cent., ·53 lower than in the preceding year.

Tracheotomy was performed on 94 patients, with 24 deaths, a mortality of 25·5 per cent.; and intubation alone on 6 cases, with one death.

Of enteric fever 113 cases were treated. The mortality was 10·31 per cent., 12·3 lower than in the preceding year.

295 cases were found to have been wrongly certified. The percentage of error was as follows:—Scarlet fever, 4·5; diphtheria, 16·6; enteric fever, 37·5.

Staff illness. 112 members of the staff were warded during the year, 8 of whom suffered from scarlet fever, and an equal number from diphtheria. All recovered.

(Signed) R. M. BRUCE,
Medical Superintendent.

No. 5.

SOUTH-WESTERN HOSPITAL.

STOCKWELL,

10th February, 1908.

Statistics. The number of patients treated during the year was 2,286. Of these, 983 were discharged, 914 transferred, 104 died, and 285 remained in hospital at the close of the year.

The scarlet fever death-rate was 3·24.

The diphtheria death-rate was 11·12.

The enteric fever death-rate was 10·1.

One case of typhus fever was admitted, and the patient recovered.

The death-rate among patients admitted suffering from miscellaneous diseases other than the above was unusually low, viz., 3·4 per cent. This unduly low mortality may be chiefly ascribed to the large number of cases of German measles which were received during the year. The disease was very prevalent in London during the spring months, and its admitted likeness to mild scarlet fever was a potent source of confusion.

Other diseases. Among cases completed during the year, the proportion which was found on arrival at the hospital to have been wrongly certified as either scarlet fever, diphtheria, enteric fever, or cerebro-spinal fever was 11·1 per cent., the figures being:—For scarlet fever, 9·6 per cent., for diphtheria, 10·1 per cent., for enteric fever, 47·7 per cent., and for cerebro-spinal fever, 100 per cent.

The mistakes in the diagnosis of enteric fever were, as is invariably the case here, higher than in the case of the other diseases. Last year the proportion was even higher, viz., 52·1 per cent.

Only 5 cases of post-scarlatinal diphtheria occurred, but of post-diphtheritic scarlet fever there were 27. Excepting one of the latter, all recovered. The proportion of patients who developed a second infectious disease in hospital was 6·7 per cent. In a good many instances infection had been contracted prior to admission.

In 2·3 per cent. of the total patients, two infectious diseases were coexistent at the time of admission.

Isolation accommodation. The two wards recently converted into cubicles were opened on January 1st, and have been in occupation throughout the year. They have proved of the utmost value, and have fully justified my anticipations. Not only have these cubicles provided a much-needed extension of the isolation beds required for the observation of doubtful and anomalous cases, but they have served to free to a corresponding extent the separation rooms attached to the main wards, and rendered these available for cases of mixed infection. Further, the cubicles have proved well adapted for the isolation of scarlet fever patients during the two days prior to their discharge. By this means, since October 1st I have been enabled to utilise as an ordinary scarlet fever ward the one relegated to discharging purposes, and thus supplement the scarlet fever accommodation at a time when pressure existed.

Return cases. It is satisfactory to note that the incidence of return cases after scarlet fever has again been low, viz., 1·7 per cent. on the number of scarlet fever patients discharged.

Works. No works of a structural character have been carried out during the year. I note with satisfaction that it has been decided to instal the electric light vice gas, and that the necessity of supplementing the boiler power is engaging your serious attention.

Staff illness. 15 members of the staff contracted an infectious illness during the year, all of whom recovered.

(Signed) F. FOORD CAIGER,
Medical Superintendent.

No. 6.

GROVE AND FOUNTAIN HOSPITALS.

Tooting Grove, S.W.,
29th January, 1908.

Statistics. The number of patients under treatment during the past year has been 5,172. Of these 1,959 were discharged recovered, 2,457 were transferred to the convalescent hospitals, and 159 died, leaving in hospital at the end of the year a total of 597. The admissions comprised 3,257 cases of scarlet fever, 907 of diphtheria, 18 of enteric fever, 1 case of cerebro-spinal fever, and 459 suffering from other diseases.

Scarlet fever. As regards scarlet fever, 3,257 patients were admitted, and 73 deaths occurred, giving a case mortality of 2·2 per cent. Amongst these were 47 patients who were certified to be suffering from diphtheria at the time of their admission. One patient certified to be suffering from scarlet fever was diagnosed as cerebro-spinal fever subsequent to admission

Diphtheria. 907 diphtheria patients were admitted, and 73 deaths occurred, giving a case mortality of 7·9 per cent. Eight patients were found to have diphtheria at the time of admission who were certified to be suffering from scarlet fever. Antitoxin was given in 93·29 per cent. of the cases.

Enteric fever. Of the 18 enteric fever patients who were admitted direct from their homes, 1 died, showing a mortality of 4·3 per cent. Owing to the falling off in the number of enteric fever patients requiring removal to hospital, the two wards were closed early in June, and were not in use again for enteric fever patients during the year. During the autumn the female ward was opened as a female diphtheria ward, and the male ward was used as a scarlet fever discharge ward for the two hospitals.

Other diseases. The original diagnosis was not confirmed in 515 of the 4,642 patients who were admitted direct from their homes. The percentage of cases in which a different diagnosis was made subsequent to admission amounted to 5·57 in the case of scarlet fever patients, 22·08 in the case of diphtheria, and 25·00 for enteric fever patients.

6 of the scarlet fever patients suffered from diphtheria during convalescence, or a percentage incidence of 0·18 on the completed cases. This is approximately the same as the incidence at the Grove Hospital during 1906, viz., 0·14 per cent.

31 of the completed cases of diphtheria contracted scarlet fever while in hospital, or a percentage incidence of 3·35. The incidence at the Grove Hospital during 1906 was 3·62 per cent. Several outbreaks of measles occurred in the scarlet fever wards, chiefly at the Fountain, during the autumn of the year.

Average residence. The average stay of patients in hospital shows a reduction in the case of scarlet fever, diphtheria, and other diseases, as compared with 1906. For enteric fever there is a considerable increase, but very few patients were admitted, and none remained in hospital at the end of 1907.

The proportion of scarlet fever patients transferred to the convalescent hospitals was 74·57 per cent., as compared with 61·71 at the Grove in 1906.

As in previous years, I have had a table prepared showing the percentage of patients discharged after each week's residence in hospital.

Number of weeks.	Under 1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	Over 12	Total
Scarlet Fever	...	·12	...	1·39	3·41	13·02	22·37	19·21	12·51	6·44	6·71	3·54	11·25	99·97
Diphtheria	...	...	·56	3·64	7·56	29·83	22·54	19·94	7·98	6·72	2·66	2·24	6·30	99·97
Enteric Fever	...	...	...	...	3·70	14·81	3·70	1·1	3·70	14·81	7·40	7·40	33·3	99·96
Other Diseases	2·57	21·54	40·75	24·35	7·72	1.40	·46	·46	..	·23	·23	·23	...	99·94

For scarlet fever the figures correspond closely with those for the Grove Hospital during 1906. The majority (54·6 per cent.) of the patients were discharged after a stay of between five and eight weeks. In the previous year the percentage amounted to 57·87, and in 1905 to 58·62. The slight reduction probably corresponds to the increase in the proportion of patients transferred to the convalescent hospitals. 11·25 per cent. of the patients were in hospital over 12 weeks; the percentage in 1906 was almost identical, viz., 11·78.

Amongst the diphtheria patients, 11·76 per cent. were discharged after five weeks, as compared with 11·35; 62·31 per cent. were discharged after five to eight weeks' residence, as compared with 61·85; and 11·2 per cent. remained in hospital over ten weeks, as compared with 13·38 in 1906.

Return cases. 39 return cases were reported during the year in connection with patients discharged direct from the hospital. 31 of these were cases of scarlet fever arising subsequent to the discharge of 28 scarlet fever patients, 7 were cases of diphtheria arising after the discharge of 6 diphtheria patients. The remaining case was an instance of cross infection, 1 case of diphtheria arising after the discharge of a scarlet fever patient.

The following particulars refer to the 31 return cases which originated in connection with the discharge of 28 scarlet fever patients:—

The interval which elapsed between the discharge of the infecting case and the occurrence of the return case was 7 days or under in 11 instances, from 8 to 14 days in 9, from 15 to 21 in 3, from 22 to 28 in 1, from 29 to 35 in 2, and over 35 in 5. The interval in those discharged after 35 days was generally considerable, viz., 39, 49, 49, 60, and 62 days respectively, making it doubtful whether they should be included as return cases. I have, therefore, omitted them in connection with the following particulars, which refer only to the remaining 23 patients. Of the 23 cases, 9 suffered from nasal discharge while in hospital (and in 4 instances the nose was not in a healthy condition at the time of discharge); 1 had had both nasal and ear discharge, and 2 ear discharge only. In 11 instances no discharges were observed during the time the patients were in hospital.

18 of the infecting cases were discharged from hospital between October and March, and 5 between April and September. As regards the ages of the infecting cases:—12 were under 5, 8 from 5 to 10, 2 from 10 to 15, and 1 from 20 to 25.

The average residence of the infecting cases was 61·91 days, as compared with an average residence of 57·34 for all scarlet fever patients discharged direct to their homes.

Staff illness. (*a*) Infectious diseases. 17 officers contracted scarlet fever, 18 contracted diphtheria, 1 contracted enteric fever. All recovered.

(*b*) Other diseases. 258 officers were off duty with various ailments. All recovered. There was less sickness among the staff during the autumn than in previous years.

Works. The most important work undertaken during the past year has been the draining, ventilation, and lighting of the pipe duct which runs below the corridor at the Fountain Hospital. This was approaching completion at the end of the year, and will greatly facilitate the carrying out of any repairs that are required.

(Signed) J. E. BEGGS,
Medical Superintendent.

No. 7.

SOUTH-EASTERN HOSPITAL,

Avonley Road, New Cross, S.E.,

13th February, 1908.

Statistics. The total number of cases admitted during the year was 3,423, and the total number under treatment was 3,773. Of these 2,421 were suffering from scarlet fever, 828 from diphtheria, 109 from enteric fever, 1 each from typhus and cerebro-spinal fever, and 413 from other diseases.

The death rate for scarlet fever was 3·37, for diphtheria 13·18, and for enteric fever 18·08. In each case the rate was higher than in 1906; in scarlet fever, however, the rate was less than that for the period 1900-1906 inclusive, but greater in the case of diphtheria and enteric fever.

Case Mortality Per Cent.—South-Eastern Hospital Cases Only.

	1907.	1906.	1900-1906.
Scarlet Fever	3·37	2·52	3·86
Diphtheria	13·18	11·43	12·57
Enteric Fever	18·08	16·47	12·00

The greater number of the patients came from Eastern districts, and were of Hebrew extraction. The proportion of patients admitted from across the river was 69·6. In the preceding year it was only 37·2. The death rate is no doubt considerably influenced by the class of patient admitted, but evidence is at present lacking to shew in which direction this influence tends.

Erroneous diagnoses. More than 10 per cent. of the cases admitted were found to be wrongly diagnosed. This proportion is very high, and I think might be reduced with more care and deliberation on the part of the certifying practitioners. A far greater percentage of error is made at the large hospitals than by the private practitioners.

Cases Certified, Showing Percentage of Erroneous Diagnoses.

Hospitals and Institutions.	Total Cases.	Erroneous Diagnosis.	Proportion per cent.
London Hospital	590	133	22·0
Shadwell Hospital	109	25	22·9
Guy's Hospital	75	16	21·3
Other Institutions	95	20	22·1
Total ...	869	194	22·4
Private Practitioners	2548	208	8·2

With all possible care and experience, a large number of erroneous diagnoses must remain. The Committee will understand from the facts shown in the next paragraph that even the exceptional experience of these diseases obtained by your own medical officers does not bring the power of forming in all cases at once, or even after an interval, correct diagnoses. And I cannot fix any figure as the irreducible minimum of incorrect diagnoses, which, under the present circumstances of the sick poor and their medical advisers, must occur. But I see no reason for the excessive proportion of mistakes made at the general hospitals, other than haste or inexperience, and both causes ought to be remedied.

Doubtful cases. Since July 1st a record has been kept of all cases certified scarlet fever, in whom the diagnosis appeared to be doubtful in the admission room, chiefly with a view of estimating what isolation accommodation was required. 100 such cases were admitted, and the majority were isolated, though a few were sent to general wards when the isolation rooms were full. Of these, 50 were ultimately considered to have had scarlet fever, and 50 not. Of the former, the diagnosis was certain in the majority of cases, but in several the disease was of so mild a type that it was not possible to be sure. In addition to these cases, 15 were certified to have scarlet fever, and the diagnosis was accepted by the medical officer on duty, but were ultimately considered to be mistakenly diagnosed. The total mistaken diagnoses were, therefore, 65.

The 100 cases isolated remained for a total of 1,190 days, an average of 11·9 days for each case.

For every day of the half-year there were, on an average, therefore, 6·5 cases isolated from this cause alone.

Two of these doubtful cases contracted scarlet fever during the six months.

Similar figures have been compiled for diphtheria and enteric fever since September 1st. In the four months 104 cases of diphtheria were admitted who were considered doubtful. Of these, 46 ultimately were found to have diphtheria, and 58 not. The majority were not isolated. None caught the disease during the four months. In addition to these cases, 18 were certified to have diphtheria, and the diagnosis was accepted by the medical officer on duty, but were ultimately considered not to have this disease. The total mistaken diagnoses were, therefore, 76

In the case of enteric fever, very few cases occur where a doctor feels sure of his diagnosis at the first visit; the figures collected, therefore, were not reliable enough for publication.

Return cases. During the year 34 outbreaks of infectious disease have occurred after discharge of a patient from this hospital. Ten such outbreaks occurred in 1906.

The following table shows further details of such outbreaks:

RETURN CASE OUTBREAKS, 1906-7.

	Infecting Cases.	Total Discharges.	Infectivity Rate.
Scarlet Fever following Scarlet Fever	24	806	2·97
Diphtheria following Scarlet Fever	1		·12
Diphtheria following Diphtheria	7	823	·85
Scarlet Fever following Diphtheria	10	—	1·21
Scarlet Fever following other diseases	2	519	·36
Total	44	2148	

INFECTIVITY RATES BEFORE AND AFTER THE RECONSTRUCTION OF THE HOSPITAL.

	1906–7. S. E. Hospital.	1902–4. S. E. Hospital.	1902–4 All Hospitals.
Scarlet Fever after Scarlet Fever	2·97	4·36	3·27
Diphtheria after Scarlet Fever ...	·12		·28
Diphtheria after Diphtheria ...	·85	·76	1·02
Scarlet Fever after Diphtheria ...	1·21		·29

It will be seen that, with the exception of the last group, the past 18 months compare favourably with the preceding period.

Staff illness. The number of staff warded with diphtheria was 20, with scarlet fever 12. One laundry-maid on the staff of another hospital was warded here with enteric fever. All recovered.

Both in scarlet fever and diphtheria, the number is above the average for the past five years in which the hospital was open. In diphtheria several of the nurses had very severe attacks, which is not usual.

(Signed) F. M. TURNER,
Medical Superintendent.

No. 8.

PARK HOSPITAL,

HITHER GREEN, S.E.,
27th January, 1908.

Statistics. The widespread prevalence of scarlet fever in the Metropolis is indicated in the statistical returns now submitted.

More patients were admitted to the hospital than in any previous year since the Park was opened, in 1897. The decision of the Managers not to use the accommodation available at the Southern Hospital resulted in a great strain on our resources. The wards were crowded for a prolonged period, the staff overworked, and the patients exposed to additional risk of other infectious diseases, owing to the inability to control outbreaks by closing wards.

The very large number remaining in hospital at the end of the year seems to indicate the prudence of immediately reconsidering that decision, and of having the Southern Hospital ready to admit patients in the summer of this year.

398 patients remained in hospital on the 31st December, 1906;
4,356 were admitted and 1 sent back from Gore Farm Hospital;
1,408 were discharged;
2,733 were transferred;
126 died;
488 remained in hospital at the end of 1907.

The hospital mortality was just under three in the hundred.

Scarlet fever. 3,178 scarlet fever patients were admitted. The previous highest number was 2,262 in 1901. 73 died, the mortality being 2·32, a little lower than before, and less than half what it was in 1901, when it was 4·72, the previous highest at the Park.

Diphtheria. The number of diphtheria patients was 708. This has been exceeded in four previous years, having been 1,315 in 1899.

The death rate was far lower (5·79) than ever before, and is to be accounted for by the fact that so many of them had bacteriological, as distinct from clinical, diphtheria.

It is well worth the Managers' consideration whether these patients are properly admitted to their hospitals, and if so, why not all persons similarly affected?

Other diseases. 454 patients were admitted certified to have one of the diseases requiring isolation, but our diagnosis did not agree with that on the certificate. The number certified is the highest recorded.

26 certified to have scarlet fever and 11 diphtheria had measles.

58 with rubella and 14 with chickenpox were sent in certified scarlet fever, and so on.

The relatively small number of adults admitted to hospital suggests the possibility of disease being spread by grown-up people disregarding mild attacks of scarlet fever and diphtheria. It is certainly remarkable that so many children are admitted and so few parents and teachers.

Diphtheria. Obstruction to breathing requiring surgical relief was present in 24 diphtheria patients; 4 of these died. They were all intubated, and 5 of them subsequently had tracheotomy performed; of the latter, 1 died, and of the 19 who were only intubated, 3 died.

I trust the Managers' efforts recently initiated to control the epidemic spread of scarlet fever may be successful. Prevention probably presents no greater difficulties in this disease than apparently existed when smallpox was always with us.

(Signed) R. A. BIRDWOOD,
Medical Superintendent.

No. 9.

BROOK HOSPITAL,

SHOOTERS HILL, WOOLWICH,
29th January, 1908.

Statistics. The total number of cases treated during the year 1907 was 4,144. Of these, 1,710 were discharged recovered, 1,736 were transferred to other hospitals of the Board, and 153 died. There remained under treatment on 31st December 545 patients.

Scarlet fever. The number treated was 3,222. The mortality was 2·84 per cent.

Diphtheria. The number treated was 567. The mortality was 8·61 per cent. There were 5 hæmorrhagic cases. 8 patients died within 24 hours of admission, 1 of these dying one minute after admission to the receiving-room. Tracheotomy was performed on 46 patients, of whom 19 died. The mortality was, therefore, 41·3 per cent. Two of the deaths occurred in patients suffering from concurrent measles and diphtheria, and 2 from other diseases supervening some time after the tracheotomy wound had closed in both cases.

Antitoxin treatment. Of 494 completed cases, 359 were treated with antitoxin. Of the 135 cases not treated with antitoxin, 133 were mild cases, and did not require antitoxin; of the 2 remaining cases, 1 died one minute after admission to the receiving-room.

The following table shows the results of the antitoxin treatement, with special reference to the day of disease on which the treatment began:—

AGES.	DAY OF DISEASE ON WHICH TREATMENT BEGAN.												
	1st.		2nd.		3rd.		4th.		5th & later.		Total.		Mortality Percentage.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases	Deaths.	Cases.	Deaths.	Cases	Deaths.	
Under 1 ...	—	—	1	—	4	2	—	—	1	1	6	3	50·0
1 to 2 ...	1	—	5	—	6	2	5	1	10	2	27	5	18·52
2 to 3 ...	2	—	5	1	7	1	7	1	10	1	31	4	12·90
3 to 4 ...	3	—	7	2	14	2	9	2	19	4	52	10	19·23
4 to 5 ...	3	—	7	—	14	3	4	1	17	2	45	6	13·33
5 to 10 ...	4	—	29	—	26	2	31	1	46	7	136	10	7·51
10 to 15 ...	2	—	10	—	11	—	5	—	6	1	34	1	2·94
15 to 20 ...	—	—	5	—	2	—	—	—	6	—	13	—	—
20 and upwards	—	—	3	—	6	—	1	—	5	2	15	2	13·33
Total	15	—	72	3	90	12	62	6	120	20	359	41	11·42
Percentage Mortality ...	—		4·17		13·33		9·68		16·66		11·42		

Enteric fever. The number treated was 72. The mortality was 14·16 per cent.

Staff illness. (*a*) Infectious diseases.—3 second assistant nurses, 3 wardmaids, 1 laundryman contracted scarlet fever; 2 charge nurses, 1 second assistant nurse, 1 wardmaid contracted diphtheria; 1 charge nurse, 1 assistant nurse, 1 mortuary porter, contracted enteric fever. All recovered.

(*b*) Other diseases.—108 officers of the hospital and 8 officers of the Brook Ambulance Station were warded with various ailments. All recovered.

(Signed) JOHN MacCOMBIE,
Medical Superintendent.

No. 10.

NORTHERN HOSPITAL.

WINCHMORE HILL, N.,
6th February, 1908.

Statistics. The epidemic of Scarlet Fever which visited the Metropolis in the latter half of the year must, one would imagine, be unique in point of magnitude and the demand it made upon the resources of the Board. During the height of the epidemic, the normal accommodation of this hospital, which stands at 738 beds, was temporarily increased by the addition of 70 beds, distributed over the various pavilions.

The admissions, discharges, and deaths for the year are as follows:—

Number of patients remaining at end of 1906	577
Admitted during 1907	6,711
Total treated in ,, ...	7,288
Discharged ,, ,, ...	6,581
Transferred to other hospitals of the Board	3
Died	8
Remaining on 31st December, 1907	697

The total admissions show an increase of 415 over those of 1906 and consisted of 6,377 cases of scarlet fever and 332 of diphtheria.

Average residence. The average stay in hospital of scarlet fever patients was 31·7 days, which compares with 29·6 days in 1906.

Return cases. 159 alleged "infecting" patients were reported to me as having been the cause of a secondary outbreak of scarlet fever some time within four weeks of their return home. The interval between the date of their discharge and the occurrence of the alleged return case was as follows: 62 within the first week, 46 in the second week, 30 in the third week, and 21 in the fourth week. The percentage incidence of alleged infecting cases of scarlet fever was 2·5. The cold and wet Spring and Summer experienced last year is probably responsible for the slight increase in the incidence of infecting cases and length of stay of the patients.

Direct discharge of patients. Of the 6,580 patients discharged, 3,129, or 47 per cent., either left or were removed by their friends direct from the hospital, while the remainder were conveyed in omnibuses to the Ambulance Stations, there to be handed over to their friends. I am able to report that on the whole far fewer complaints as to the injurious effect on the recovered patient of the present system of discharge have reached me than used to be the case under the late system.

Staff illness. During the year, 4 assistant nurses, 4 wardmaids, and 1 laundry-maid contracted scarlet fever; 5 assistant nurses and 1 wardmaid contracted diphtheria. All recovered.

(Signed) C. E. MATTHEWS,
Medical Superintendent.

No. 11.

GORE FARM HOSPITAL.

DARTFORD, KENT.

3rd February, 1908.

Statistics. During the year 1907 10,147 patients were treated in the hospital. Of these 8,917 were discharged, 3 were transferred to other hospitals, 7 died, and 1,220 remained at the close of the year.

During October alone, 1,710 patients were received, and the number under treatment rose until a maximum of 1,528 was attained on November 20th.

Lower Hospital. During the summer the Northern Section of the Lower Hospital was prepared for use in conjunction with the Upper Hospital, and connection between the two hospitals was established by means of a new roadway. In the autumn it became necessary to prepare and open the Southern half of the Lower Hospital also. On 20th November the distribution of occupied beds was as follows:—Upper Hospital, 962; Northern Section of Lower Hospital, 304; Southern Section, 286.

Staff illness. 1 assistant medical officer, 6 assistant nurses, 5 nurse attendants, 2 wardmaids, 1 porter, and 4 children of resident officers contracted scarlet fever; 2 wardmaids contracted diphtheria. All recovered.

(Signed) W. T. GORDON PUGH,
Medical Superintendent.

E.—FEVER STATISTICS.—

DISEASES.	Remaining on Dec. 31st, 1906.	Admitted during 1907		Total under treatment during 1907.	Discharged during 1907.		Died during 1907.	Mortality per cent.	Remaining on Dec. 31st 1907.
		Direct from homes.	From other Hospitals of Board.		Recovered.	To other Hospitals of Board.			
EASTERN HOSPITAL.									
Scarlet	215	1,675	2	1,892	447	1,230	64	3·74	151
Diphtheria	84	567	..	651	404	77	71	12·69	99
Enteric	22	123	..	145	104	..	16	13·17	25
Typhus	..	1	..	1	1	..	..	..	..
Cerebro-Spinal Fever	..	2	..	2	2	..	..	..	..
	321	2,368	2	2,691	958	1,307	151	6·31	275
Other diseases	17	311	..	328	294	..	28	8·85	6
Totals	338	2,679	2	3,019	1,252	1,307	179	..	281
NORTH-EASTERN HOSPITAL.									
Scarlet	322	3,535	..	3,857	1,069	2,211	91	2·64	486
Diphtheria	50	390	..	440	288	21	40	10·82	91
Enteric	4	55	..	59	37	..	10	19·61	12
Typhus	..	..	..	..	..	..	..	..	..
	376	3,980	..	4,356	1,394	2,232	141	36·40	589
Other diseases	15	463	..	478	433	..	14	3·08	31
Totals	391	4,443	..	4,834	1,827	2,232	155	..	620
NORTH-WESTERN HOSPITAL.									
Scarlet	286	2,371	1	2,658	559	1,723	62	2·63	314
Diphtheria	73	611	..	684	482	36	44	7·50	122
Enteric	24	31	..	55	48	..	3	7·32	4
Cerebro-Spinal Fever	..	2	..	2	..	..	2	100·00	..
	383	3,015	1	3,399	1,089	1,759	111	3·72	440
Other diseases	20	238	..	258	220	2	27	11·08	9
Totals	403	3,253	1	3,657	1,309	1,761	138	..	449
WESTERN HOSPITAL.									
Scarlet	230	1,899	..	2,129	593	1,228	40	2·13	268
Diphtheria	133	936	..	1,069	644	204	89	9·50	132
Enteric	15	98	..	113	86	..	10	10·31	17
Typhus	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever	..	2	..	2	2	..	..	..	..
	378	2,935	..	3,313	1,325	1,432	139	4·77	417
Other diseases	10	283	..	293	262	..	23	8·07	8
Totals	388	3,218	..	3,606	1,587	1,432	162	..	425
SOUTH-WESTERN HOSPITAL.									
Scarlet	157	1,312	..	1,469	345	891	42	3·24	191
Diphtheria	86	436	..	522	374	22	49	11·12	77
Enteric	5	53	..	58	41	..	5	10·10	12
Typhus	..	1	..	1	1	..	..	..	..
	248	1,802	..	2,050	761	913	96	5·38	280
Other diseases	4	232	..	236	222	1	8	3·46	5
Totals	252	2,034	..	2,286	983	914	104	..	285
GROVE & FOUNTAIN HOSPITAL.									
Scarlet	356	3,257	..	3,613	791	2,320	73	2·27	429
Diphtheria	157	907	..	1,064	714	137	73	7·97	140
Enteric	10	18	..	28	27	..	1	4·35	..
Cerebro-Spinal Fever	..	1	..	1	..	..	1	100·00	..
	523	4,183	..	4,706	1,532	2,457	148	3·56	569
Other diseases	7	459	..	466	427	..	11	2·45	28
Totals	530	4,642	..	5,172	1,959	2,457	159	..	597
SOUTH-EASTERN HOSPITAL.									
Scarlet	*175	2,246	..	2,421	624	1,448	74	3·37	275
Diphtheria	143	685	..	828	632	30	95	13·18	71
Enteric	13	96	..	109	65	..	16	18·08	28
Typhus	..	1	..	1	1	..	..	..	..
Cerebro-Spinal Fever	..	1	..	1	1	..	..	..	..
	331	3,029	..	3,360	1,323	1,478	185	6·15	374
Other diseases	*19	394	..	413	372	..	21	5·34	20
Totals	350	3,423	..	3,773	1,695	1,478	206	..	394

TABLE I.—*Admissions, Discharges, and Deaths during* 1907.

DISEASES.	Remaining on Dec. 31st, 1906.	Admitted during 1907		Total under treatment during 1907.	Discharged during 1907.		Died during 1907.	Mortality per cent.	Remaining on Dec. 31st, 1907.
		Direct from homes.	From other Hospitals of Board.		Recovered.	To other Hospitals of Board.			
PARK HOSPITAL.									
Scarlet	312	3,178	1	3,491	563	2,472	73	2·32	383
Diphtheria	59	708	..	767	373	261	40	5·79	93
Enteric	7	16	..	23	20	..	3	15·38	..
Typhus	..	..	..	..	..	..	..	..	..
	378	3,902	1	4,281	956	2,733	116	3·01	476
Other diseases	20	454	..	474	452	..	10	2·18	12
Totals	398	4,356	1	4,755	1,408	2,733	126	..	488
BROOK HOSPITAL.									
Scarlet	371	2,849	2	3,222	1,023	1,677	80	2·84	442
Diphtheria	63	504	..	567	392	59	43	8·62	73
Enteric	21	51	..	72	54	..	8	14·16	10
Typhus	..	..	..	..	..	..	..	..	..
	455	3,404	2	3,861	1,469	1,736	131	3·89	525
Other diseases	8	275	..	283	241	..	22	8·18	20
Totals	463	3,679	2	4,144	1,710	1,736	153	..	545
JOYCE GREEN HOSPITAL.									
Scarlet	..	412	63	475	275	..	8	2·11	192
Diphtheria	..	..	..	..	..	..	..	..	..
Enteric	..	..	..	..	..	..	..	..	..
Typhus	..	..	..	..	..	..	..	..	..
	..	412	63	475	275	..	8	2·11	192
Other diseases	..	..	..	..	..	..	..	..	..
Totals	..	412	63	475	275	..	8	..	192
NORTHERN HOSPITAL.									
Scarlet	577	1	6,376	6,954	6,282	3	8	·13	661
Diphtheria	..	..	332	332	296	..	..	..	36
	577	1	6,708	7,286	6,578	3	8	·12	697
Other diseases	..	..	2	2	2	..	..	..	..
Totals	577	1	6,710	7,288	6,580	3	8	..	697
GORE FARM HOSPITAL.									
Scarlet	840	29	8,761	9,630	8,443	3	7	·08	1,177
Diphtheria	1	..	515	516	473	..	..	..	43
Enteric	..	..	..	..	..	..	..	..	..
	841	29	9,276	10,146	8,916	3	7	·08	1,220
Other diseases	..	..	1	1	1	..	..	..	..
Totals	841	29	9,277	10,147	8,917	3	7	..	1,220
SUMMARY.									
Scarlet	*3,841	22,764	(*15,206*)	26,605	21,014	(*15,206*)	622	2·80	4,969
Diphtheria	849	5,744	(*847*)	6,593	5,072	(*847*)	544	9·58	977
Enteric	121	541	..	662	482	..	72	13·15	108
Typhus	..	3	..	3	3	..	..	..	..
Cerebro-Spinal Fever	..	8	..	8	5	..	3	37·50	..
Totals	4,811	29,060	(*16,053*)	33,871	26,576	(*16,053*	1,241	4·36	6,054
Other diseases	*120	3,109	(*3*)	3,229	2,926	(*3*)	164	5·29	139
Grand Totals	4,931	32,169	(*16,056*)	37,100	29,502	(*16,056*)	1,405	..	6,193

NOTES.—The mortalities returned as above include all deaths occurring from intercurrent diseases.

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.

*These figures differ slightly from those given in the committee's report for 1906, p. 231, owing to the subsequent correction of errors of diagnoses.

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FEVER STATISTICS.—TABLE II.—*Monthly Admissions, Discharges, and Deaths during 1907.*

EASTERN HOSPITAL.

MONTH.	ADMISSIONS AND DEATHS.																		DISCHARGES.															
	Scarlet.			Diphtheria.			Enteric.			Typhus.		Cerebro-Spinal Fever.		Other Diseases.			Total Admissions.	Total Deaths.	Recovered.							To other Hospitals of Board.									
	Admissions.		Deaths.	Admissions.		Deaths.	Admissions.		Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.				Scarlet.	Diphtheria.	Enteric.	Typhus.	Cerebro-Spinal Fever.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enteric.	Other Diseases.	Total.						
	Direct.	Transfers.		Direct.	Transfers.		Direct.	Transfers.																										
January	128	..	8	48	..	7	5	..	1	..	..	..	..	31	4	212	20	40	39	13	..	..	17	109	113	..	..	..	113	..	..	..	..	..	..	..
February	109	1	5	51	..	8	7	..	2	..	..	..	..	32	5	200	24	46	40	4	..	..	24	114	62	..	..	..	62	..	..	..	..	..	..	..
March	116	..	2	58	..	5	2	..	..	..	..	..	..	37	3	193	10	43	25	7	..	..	34	109	78	17	..	..	95	..	..	..	..	..	..	..
April	89	..	5	35	..	2	5	..	..	1	..	..	..	34	4	164	11	49	16	6	1	..	37	109	81	14	..	..	95	..	..	..	..	..	..	..
May	153	..	11	37	..	3	7	..	..	..	..	..	..	20	2	217	16	32	24	3	..	..	24	83	76	7	..	..	83	..	..	..	..	..	..	..
June	129	..	6	24	..	7	8	..	1	..	..	1	..	26	1	188	15	28	32	3	..	..	28	90	91	12	..	..	103	..	..	..	..	..	..	..
July	163	..	6	39	..	2	13	..	3	..	..	..	..	30	3	245	13	16	33	5	1	..	21	76	102	6	..	..	108	..	..	..	..	..	..	..
August	153	1	5	49	..	5	8	..	1	..	..	1	..	24	2	236	13	27	41	12	..	..	27	117	105	..	..	..	105	..	..	..	..	..	..	..
September	145	..	2	59	..	6	27	..	4	..	..	..	..	19	3	250	15	54	28	6	..	..	22	110	85	..	..	..	85	..	..	..	..	..	..	..
October	198	..	6	64	..	12	19	..	..	..	..	..	..	18	..	299	18	43	34	14	..	..	15	106	148	6	..	..	154	..	..	..	..	..	..	..
November	150	..	7	66	..	6	10	..	..	..	..	..	..	21	2	247	15	19	43	14	..	..	24	100	172	3	..	..	175	..	..	..	..	..	..	..
December	142	..	5	57	..	9	12	..	1	..	..	..	..	19	..	230	15	40	49	18	1	3	24	132	117	12	..	..	129	..	..	..	..	..	..	..
Totals	1,675	2	64	567	..	71	123	..	16	1	..	2	..	311	28	2,681	179	447	404	104	1	3	294	1,252	1,330	77	..	..	1,307	..	..	..	..	..	..	..

SOUTH-WESTERN HOSPITAL.

MONTH.	ADMISSIONS AND DEATHS.																		DISCHARGES.															
	Scarlet.			Diphtheria.			Enteric.			Typhus.		Cerebro-Spinal Fever.		Other Diseases.			Total Admissions.	Total Deaths.	Recovered.							To other Hospitals of Board.									
	Admissions.		Deaths.	Admissions.		Deaths.	Admissions.		Deaths.	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.				Scarlet.	Diphtheria.	Enteric.	Typhus.	Cerebro-Spinal Fever.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Enteric.	Other Diseases.	Total.						
	Direct.	Transfers.		Direct.	Transfers.		Direct.	Transfers.																										
January	67	..	..	37	..	5	3	..	..	..	..	..	..	12	..	119	3	24	42	2	..	..	9	77	64	..	..	..	64	..	..	..	..	..	..	..
February	86	..	..	55	..	4	4	1	1	..	..	..	..	14	1	160	11	25	25	1	..	..	10	61	38	..	..	..	38	..	..	..	..	..	..	..
March	126	..	1	38	..	5	4	..	..	..	..	..	..	30	..	198	6	25	32	4	1	..	25	87	84	5	..	1	90	..	..	..	..	..	..	..
April	99	..	1	30	..	3	4	2	..	..	..	..	..	26	2	159	9	30	26	4	..	..	28	88	64	4	..	..	68	..	..	..	..	..	..	..
May	92	..	1	43	..	2	1	..	..	..	..	..	..	11	..	147	3	34	27	3	..	..	24	92	84	..	..	..	84	..	..	..	..	..	..	..
June	73	..	8	20	..	2	3	..	..	..	..	..	..	28	..	125	10	29	29	3	..	..	15	76	58	1	..	..	59	..	..	..	..	..	..	..
July	109	..	5	50	..	6	2	..	..	..	..	..	..	20	1	186	11	31	23	1	..	..	24	79	60	6	..	..	66	..	..	..	..	..	..	..
August	87	..	1	27	..	4	7	1	..	..	..	..	..	9	..	130	8	37	24	2	..	..	20	83	56	6	..	..	62	..	..	..	..	..	..	..
September	147	..	4	16	..	4	5	..	..	..	..	..	..	21	1	193	9	28	23	1	..	..	9	61	86	..	..	..	86	..	..	..	..	..	..	..
October	179	..	5	53	..	2	6	..	..	..	..	..	..	28	3	257	9	23	28	5	..	..	20	76	107	..	..	..	107	..	..	..	..	..	..	..
November	151	..	8	48	..	8	6	..	..	..	..	..	..	27	..	232	16	29	41	6	..	..	31	109	123	..	..	..	123	..	..	..	..	..	..	..
December	105	..	4	34	..	4	9	1	..	..	..	..	..	6	1	154	10	26	34	7	..	..	17	84	67	..	..	..	67	..	..	..	..	..	..	..
Totals	1,312	..	42	436	..	49	53	5	1	..	..	..	..	232	8	2,034	104	345	374	41	1	..	222	983	891	22	..	1	914	..	..	..	..	..	..	..

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January	123	..	2	18	..	5	1	..	1	..	..	..	..	27	..	169	8	98	21	4	..	..	17	140	73	..	..	..	73	..	..	..	..	..	..	..
February	143	..	4	37	..	3	7	..	..	..	..	..	..	40	..	227	6	97	17	..	..	..	20	134	44	..	..	..	44	..	..	..	..	..	..	..
March	158	..	3	28	..	3	2	..	1	..	..	..	..	48	..	240	7	79	13	2	..	..	46	140	69	4	..	..	73	..	..	..	..	..	..	..
April	196	..	7	9	..	..	4	..	..	..	..	..	..	28	2	237	9	102	16	5	..	..	39	162	44	..	..	..	44	..	..	..	..	..	..	..
May	215	..	8	10	..	2	..	..	..	..	..	..	..	21	..	246	10	107	31	2	..	..	23	163	84	..	..	..	84	..	..	..	..	..	..	..
June	268	..	7	6	..	3	..	..	..	..	..	..	..	39	2	313	12	95	15	3	..	..	34	146	121	..	..	..	121	..	..	..	..	..	..	..
July	262	..	9	33	..	2	3	..	..	..	..	..	..	33	2	328	14	85	14	1	..	..	35	135	109	..	..	..	109	..	..	..	..	..	..	..
August	355	..	8	42	..	5	1	..	..	..	..	..	..	51	1	447	14	114	15	..	..	..	32	161	217	..	..	..	217	..	..	..	..	..	..	..
September	493	..	14	43	..	1	9	..	..	..	..	..	..	54	..	589	15	89	21	1	..	..	60	171	272	..	..	..	272	..	..	..	..	..	..	..
October	588	..	15	77	..	9	13	..	4	..	..	..	..	63	2	741	30	79	33	..	..	..	55	158	509	10	..	..	519	..	..	..	..	..	..	..
November	468	..	6	30	..	5	6	..	1	..	..	..	..	35	2	559	14	50	33	7	..	..	44	134	374	..	..	..	374	..	..	..	..	..	..	..
December	298	..	8	37	..	3	12	..	3	..	..	..	..	24	3	371	17	80	59	13	..	..	28	180	235	7	..	..	242	..	..	..	..	..	..	..
Totals	3,535	..	91	390	..	40	55	..	10	..	..	..	..	463	14	4,443	155	1,069	288	37	..	..	433	1,827	2,211	21	..	..	2,232	..	..	..	..	..	..	..

GROVE AND FOUNTAIN HOSPITALS.

January	170	..	3	78	..	7	2	..	..	..	..	..	..	23	1	273	11	107	110	4	..	..	16	237	165	..	..	..	165	..	..	..	..	..	..	..
February	146	..	1	85	..	2	5	..	..	..	..	..	..	17	..	253	3	65	69	4	..	..	20	158	126	..	..	..	126	..	..	..	..	..	..	..
March	144	..	3	60	..	7	5	..	..	..	..	..	..	28	1	247	11	45	44	3	..	..	20	112	111	42	..	..	153	..	..	..	..	..	..	..
April	186	..	4	42	..	7	6	1	..	..	..	1	1	28	2	282	15	55	48	4	..	..	36	123	137	13	..	..	150	..	..	..	..	..	..	..
May	195	..	5	61	..	10	..	..	..	..	..	..	..	30	..	296	15	25	39	9	..	..	29	102	136	14	..	..	150	..	..	..	..	..	..	..
June	156	..	4	47	..	5	..	..	..	..	..	..	..	43	..	246	9	38	42	2	..	..	30	112	126	6	..	..	132	..	..	..	..	..	..	..
July	241	..	9	55	..	6	..	..	..	..	..	..	..	49	1	356	16	57	53	1	..	..	43	154	139	7	..	..	146	..	..	..	..	..	..	..
August	259	..	6	63	..	3	..	..	..	..	..	..	..	35	2	357	11	39	44	..	..	..	26	109	183	7	..	..	190	..	..	..	..	..	..	..
September	441	..	9	93	..	8	..	..	..	..	..	..	..	39	1	573	18	59	46	..	..	..	41	146	176	12	..	..	188	..	..	..	..	..	..	..
October	632	..	11	100	..	2	..	..	..	..	..	..	..	56	1	793	16	64	62	..	..	..	50	176	493	15	..	..	508	..	..	..	..	..	..	..
November	495	..	7	110	..	10	..	..	..	..	..	..	..	41	..	656	17	121	68	..	..	..	55	244	367	15	..	..	382	..	..	..	..	..	..	..
December	382	..	9	94	..	4	..	..	..	..	..	..	..	49	2	425	17	136	89	..	..	..	52	277	254	6	..	..	260	..	..	..	..	..	..	..
Totals	3,357	..	73	907	..	73	18	1	..	..	1	1	459	11*	4,642	159	791	714	27	..	..	427	1,959	2,320	137	..	..	2,457	..	..	..	..	..	..	..

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January	119	..	5	48	..	2	11	..	1	..	..	..	..	12	2	199	8	70	33	11	..	..	18	131	99	..	..	..	99	..	..	..	..	..	..	..
February	95	1	1	28	..	2	2	..	..	..	..	..	..	18	1	144	4	80	41	9	..	..	11	131	37	..	..	..	37	..	..	..	..	..	..	..
March	118	..	6	54	..	2	8	..	2	..	..	1	1	23	3	204	14	82	33	9	..	..	21	145	95	1	..	..	96	..	..	..	..	..	..	..
April	128	..	7	45	..	2	..	..	..	..	..	1	1	20	4	194	14	20	41	6	..	..	13	80	80	..	..	..	80	..	..	..	..	..	..	..
May	154	..	4	45	..	5	..	..	..	..	..	..	..	22	3	221	12	29	43	6	..	..	22	100	103	6	..	1	110	..	..	..	..	..	..	..
June	168	..	5	35	..	1	..	..	..	..	..	..	..	17	3	229	9	28	45	1	..	..	15	89	86	..	..	..	86	..	..	..	..	..	..	..
July	255	..	3	42	..	2	2	..	..	..	..	..	..	31	1	300	6	37	48	..	..	..	18	103	169	..	..	..	169	..	..	..	..	..	..	..
August	227	..	7	55	..	3	1	..	..	..	..	..	..	16	2	299	13	43	34	..	..	..	19	96	136	1	..	..	137	..	..	..	..	..	..	..
September	330	..	4	67	..	6	2	..	..	..	..	..	..	22	2	421	12	41	17	3	..	..	10	71	258	28	..	1	286	..	..	..	..	..	..	..
October	350	..	8	74	..	5	4	..	..	..	..	..	..	16	..	444	13	29	33	1	..	..	16	79	284	7	..	..	291	..	..	..	..	..	..	..
November	350	..	8	38	..	4	..	..	..	..	..	..	..	22	1	353	11	48	67	1	..	..	29	145	222	..	..	..	222	..	..	..	..	..	..	..
December	197	..	8	53	..	10	1	..	..	..	..	..	..	13	4	264	22	42	48	1	..	..	28	119	134	..	..	..	134	..	..	..	..	..	..	..
Totals	2,371	1	62	611	..	44	31	..	3	..	..	2	2	238	27	3,254	138	559	482	48	..	..	220	1,309	1,723	36	..	2	1,761	..	..	..	..	..	..	..

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January	161	..	8	82	..	10	7	3	1	..	..	..	..	20	3	271	24	37	86	10	..	..	23	156	110	..	..	..	110	..	..	..	..	..	..	..
February	113	..	4	57	..	13	4	1	1	..	..	..	..	11	2	185	20	43	61	3	..	..	18	123	73	..	..	..	73	..	..	..	..	..	..	..
March	127	..	5	69	..	11	8	..	..	..	..	..	..	40	3	244	19	56	50	2	1	..	27	136	52	3	..	..	55	..	..	..	..	..	..	..
April	134	..	5	71	..	6	3	4	..	..	..	1	..	28	2	254	17	55	50	7	..	..	31	143	86	6	..	..	92	..	..	..	..	..	..	..
May	135	..	4	34	..	5	1	..	..	..	..	..	..	23	..	193	7	59	73	5	..	..	20	148	81	8	..	..	89	..	..	..	..	..	..	..
June	214	..	9	50	..	4	9	..	..	..	..	..	..	28	2	301	15	33	49	..	1	..	27	110	126	..	..	..	126	..	..	..	..	..	..	..
July	234	..	10	53	..	2	1	..	..	..	..	..	..	40	2	328	14	48	40	4	..	..	28	120	135	7	..	..	142	..	..	..	..	..	..	..
August	220	..	5	42	..	6	7	..	..	..	..	..	..	37	1	306	12	39	43	7	..	..	33	122	171	6	..	..	177	..	..	..	..	..	..	..
September	257	..	4	56	..	8	11	3	..	..	..	..	..	31	3	335	18	68	46	1	..	..	40	149	179	..	..	..	179	..	..	..	..	..	..	..
October	257	..	9	69	..	10	9	3	..	..	..	..	..	41	..	376	22	57	44	8	..	..	35	144	172	..	..	..	172	..	..	..	..	..	..	..
November	165	..	5	49	..	13	23	..	..	..	..	..	..	41	2	278	20	75	41	5	..	..	48	169	141	..	..	..	141	..	..	..	..	..	..	..
December	232	..	6	53	..	9	13	2	..	..	..	..	..	54	1	352	18	63	61	13	..	..	44	181	128	..	..	..	128	..	..	..	..	..	..	..
Totals	2,246	..	74	685	..	95	96	16	1	..	1	..	..	394	21	3,423	206	624	632	65	1	1	372	1,695	1,448	30	..	..	1,478	..	..	..	..	..	..	..

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January	137	..	4	71	..	15	7	..	1	..	..	..	..	22	2	237	22	41	53	8	..	..	19	121	136	7	..	..	143	..	..	..	..	..	..	..
February	177	..	4	67	..	10	2	..	..	..	..	..	..	16	1	262	15	43	69	6	..	..	12	130	100	1	..	..	101	..	..	..	..	..	..	..
March	170	..	5	82	..	6	1	..	..	..	..	..	..	32	4	285	15	41	46	5	..	..	37	119	132	14	..	..	146	..	..	..	..	..	..	..
April	125	..	2	62	..	7	6	..	..	..	..	..	..	32	5	235	14	47	64	2	..	..	24	137	97	24	..	..	121	..	..	..	..	..	..	..
May	148	..	..	86	..	9	11	..	1	..	..	1	..	23	3	269	13	61	37	6	..	..	17	121	98	9	..	..	107	..	..	..	..	..	..	..
June	134	..	1	51	..	5	12	..	1	..	..	..	..	27	..	218	7	58	50	9	..	..	28	145	84	15	..	..	99	..	..	..	..	..	..	..
July	181	..	4	95	..	6	3	..	..	..	..	..	..	22	..	307	10	39	50	12	..	..	24	125	111	26	..	..	137	..	..	..	..	..	..	..
August	192	..	2	46	..	4	12	..	4	..	..	..	..	22	1	283	15	65	57	5	1	..	23	151	111	26	..	..	137	..	..	..	..	..	..	..
September	220	..	4	91	..	9	10	..	1	..	..	..	..	27	1	351	15	35	38	3	..	..	19	95	78	14	..	..	92	..	..	..	..	..	..	..
October	221	..	4	122	..	8	15	..	1	..	..	1	..	24	1	392	14	26	48	8	..	..	25	107	161	35	..	..	196	..	..	..	..	..	..	..
November	128	..	1	88	..	4	8	..	1	..	..	..	..	22	1	240	7	73	47	12	..	1	22	155	82	30	..	..	112	..	..	..	..	..	..	..
December	146	..	2	72	..	6	9	..	..	..	..	..	..	20	4	247	19	73	85	10	..	..	22	190	91	5	..	..	96	..	..	..	..	..	..	..
Totals	1,899	..	40	936	..	89	98	..	10	..	..	2	..	283	23	3,210	162	593	644	86	..	2	262	1,567	1,226	204	..	..	1,432	..	..	..	..	..	..	..

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January	161	1	5	53	..	6	8	2	..	..	..	..	..	38	2	263	15	71	45	3	..	..	34	153	154	..	..	..	154	..	..	..	..	..	..	..
February	175	..	3	47	..	4	7	..	..	..	..	..	..	43	1	272	8	74	39	5	..	..	30	148	125	..	..	..	125	..	..	..	..	..	..	..
March	166	..	5	57	..	2	1	..	..	..	..	..	..	26	..	249	8	58	27	7	..	..	40	132	160	29	..	..	189	..	..	..	..	..	..	..
April	177	..	7	42	..	4	..	..	..	..	..	..	..	43	..	262	11	34	34	4	..	..	31	93	129	32	..	..	161	..	..	..	..	..	..	..
May	200	..	7	57	..	..	..	..	..	..	..	..	..	42	1	299	8	49	24	..	..	..	30	114	96	15	..	..	111	..	..	..	..	..	..	..
June	228	..	2	35	..	2	..	..	..	..	..	..	..	36	2	305	4	49	35	..	..	..	30	114	167	23	..	..	190	..	..	..	..	..	..	..
July	306	..	12	59	..	2	..	..	..	..	..	..	..	67	3	402	17	51	17	..	..	..	37	85	204	15	..	..	219	..	..	..	..	..	..	..
August	262	..	7	43	..	3	..	..	..	..	..	..	..	39	..	344	10	60	23	..	..	..	60	123	246	29	..	..	275	..	..	..	..	..	..	..
September	364	..	6	79	..	6	1	..	..	..	..	..	..	37	1	481	13	64	23	..	..	..	43	130	217	29	..	..	246	..	..	..	..	..	..	..
October	372	..	8	84	..	1	..	..	..	..	..	..	..	41	..	497	9	36	9	..	..	..	38	83	367	34	..	..	401	..	..	..	..	..	..	..
November	294	..	4	96	..	3	..	..	..	..	..	..	..	28	..	521	14	52	37	..	..	..	33	162	328	45	..	..	373	..	..	..	..	..	..	..
December	303	..	4	66	..	5	..	..	..	..	..	..	..	28	..	396	9	64	60	1	..	..	36	154	279	10	..	..	289	..	..	..	..	..	..	..
Totals	3,178	1	73	708	..	40	16	3	..	..	..	..	..	454	10	4,357	126	563	373	20	..	..	452	1,408	2,472	261	..	..	2,733	..	..	..	..	..	..	..

ANNUAL REPORT, STATISTICAL COMMITTEE, 1907.

FEVER STATISTICS.—TABLE II. *(continued)*—*Monthly Admissions, Discharges, and Deaths during* 1907.

BROOK HOSPITAL.

ADMISSIONS AND DEATHS.

MONTH.	Scarlet. Admissions. Direct.	Scarlet. Admissions. Transfers.	Scarlet. Deaths.	Diphtheria. Admissions. Direct.	Diphtheria. Admissions. Transfers.	Diphtheria. Deaths.	Enteric. Admissions. Direct.	Enteric. Admissions. Transfers.	Enteric. Deaths.	Typhus. Admissions.	Typhus. Deaths.	Cerebro-Spinal Fever. Admissions.	Cerebro-Spinal Fever. Deaths.	Other Diseases. Admissions. Direct.	Other Diseases. Admissions. Transfers.	Other Diseases. Deaths.	Total Admissions.	Total Deaths.
January	148	..	3	30	..	4	8	..	5	..	..	..	..	12	..	4	198	16
February	153	..	1	23	..	2	11	..	..	..	..	..	..	11	..	..	176	3
March ..	140	..	3	28	..	4	5	..	..	..	..	..	..	20	..	1	193	8
April ..	158	..	4	43	..	3	6	..	1	..	..	..	..	26	..	5	233	13
May ..	229	..	6	72	..	5	..	..	..	..	..	..	..	31	..	3	332	12
June ..	186	..	3	53	..	6	2	..	..	..	..	..	..	25	..	1	266	8
July ..	338	..	4	39	..	5	..	..	..	..	..	..	..	24	..	..	418	9
August ..	293	2	9	32	..	4	5	..	..	..	..	..	..	24	..	1	356	14
September	360	..	8	33	..	1	1	..	..	..	..	..	..	15	..	..	409	9
October ..	373	..	20	47	..	6	4	..	..	..	..	..	..	24	..	3	448	29
November	265	..	3	35	..	5	4	..	1	..	..	..	..	33	..	1	337	10
December	246	..	16	34	..	2	5	..	1	..	..	..	..	33	..	3	333	22
Totals	2,849	2	80	504	..	43	51	..	8	..	..	..	..	275	..	22	3,681	153

DISCHARGES.

MONTH.	Recovered. Scarlet.	Recovered. Diphtheria.	Recovered. Enteric.	Recovered. Typhus.	Recovered. Cerebro-Spinal Fever.	Recovered. Other Diseases.	Recovered. Total.	To other Hospitals of Board. Scarlet.	To other Hospitals of Board. Diphtheria.	To other Hospitals of Board. Enteric.	To other Hospitals of Board. Other Diseases.	To other Hospitals of Board. Total.
January	122	37	10	..	..	8	177	78	..	..	..	78
February	127	16	12	..	..	13	168	34	..	..	..	34
March ..	116	25	1	..	..	11	153	96	..	..	..	96
April ..	67	28	12	..	..	22	129	53	7	..	..	60
May ..	43	33	6	..	..	22	104	137	17	..	..	154
June ..	72	38	4	..	..	26	140	92	9	..	..	101
July ..	65	43	1	..	..	22	131	210	8	..	..	218
August ..	45	43	1	..	..	30	119	228	18	..	..	246
September	102	31	1	..	..	11	145	198	..	..	..	198
October ..	52	32	2	..	..	16	102	269	..	..	..	269
November	108	40	3	..	..	25	176	183	..	..	..	183
December	104	26	1	..	..	35	166	99	..	..	..	99
Totals	1,023	392	54	..	..	241	1,710	1,677	59	..	..	1,736

GORE FARM HOSPITAL.

ADMISSIONS AND DEATHS.

MONTH.	Scarlet. Admissions. Direct.	Scarlet. Admissions. Transfers.	Scarlet. Deaths.	Diphtheria. Admissions. Direct.	Diphtheria. Admissions. Transfers.	Diphtheria. Deaths.	Enteric. Admissions. Direct.	Enteric. Admissions. Transfers.	Enteric. Deaths.	Typhus. Admissions.	Typhus. Deaths.	Cerebro-Spinal Fever. Admissions.	Cerebro-Spinal Fever. Deaths.	Other Diseases. Admissions. Direct.	Other Diseases. Admissions. Transfers.	Other Diseases. Deaths.	Total Admissions.	Total Deaths.
January	4	470	..	..	..	..	..	..	..	..	..	..	..	..	..	..	474	..
February	5	372	..	..	..	..	..	..	..	..	..	..	..	..	..	1	377	..
March ..	..	411	1	..	..	..	74	..	..	..	..	..	..	..	..	..	485	1
April ..	..	356	..	..	..	..	54	..	..	..	..	..	..	..	..	..	410	..
May ..	9	427	..	..	..	..	39	..	..	..	..	..	..	..	..	..	475	..
June ..	3	480	..	..	..	..	39	..	..	..	..	..	..	..	..	..	522	..
July ..	..	686	..	..	..	..	42	..	..	..	..	..	..	..	..	..	728	..
August ..	..	794	..	..	..	..	60	..	..	..	..	..	..	..	..	..	854	..
September	4	918	2	..	..	..	41	..	..	..	..	..	..	..	..	..	963	2
October ..	4	1,640	2	..	..	..	66	..	..	..	..	..	..	..	..	..	1,710	2
November	..	1,362	1	..	..	..	61	..	..	..	..	..	..	..	..	..	1,423	1
December	..	843	1	..	..	..	16	..	..	..	..	..	..	..	..	1	861	1
Totals ..	29	8,761	7	..	..	345	..	..	..	..	..	..	..	..	..	1	9,306	7

DISCHARGES.

MONTH.	Recovered. Scarlet.	Recovered. Diphtheria.	Recovered. Enteric.	Recovered. Typhus.	Recovered. Cerebro-Spinal Fever.	Recovered. Other Diseases.	Recovered. Total.	To other Hospitals of Board. Scarlet.	To other Hospitals of Board. Diphtheria.	To other Hospitals of Board. Enteric.	To other Hospitals of Board. Other Diseases.	To other Hospitals of Board. Total.
January	663	1	..	..	..	..	664	1	..	..	..	1
February	520	..	..	..	..	..	520	..	..	..	..	..
March ..	476	8	..	..	..	1	485	..	..	..	..	..
April ..	434	71	..	..	..	..	505	..	..	..	..	..
May ..	428	51	..	..	..	..	479	..	..	..	..	..
June ..	567	22	..	..	..	..	589	..	..	..	..	..
July ..	676	55	..	..	..	2	733	2	..	..	..	2
August ..	839	40	..	..	..	..	879	..	..	..	..	..
September	1,247	42	..	..	..	..	1,289	..	..	..	..	..
October ..	1,121	71	..	..	..	..	1,192	..	..	..	..	..
November	1,095	48	..	..	..	..	1,143	..	..	..	..	..
December	..	..	..	..	..	1	1	3	..	..	..	3
Totals ..	8,443	473	..	..	..	4	8,917	3	..	..	..	3

JOYCE GREEN HOSPITAL.

MONTH.	Scarlet. Admissions. Direct.	Scarlet. Admissions. Transfers.	Scarlet. Deaths.	Diphtheria. Admissions. Direct.	Diphtheria. Admissions. Transfers.	Diphtheria. Deaths.	Enteric. Admissions. Direct.	Enteric. Admissions. Transfers.	Enteric. Deaths.	Typhus. Admissions.	Typhus. Deaths.	Cerebro-Spinal Fever. Admissions.	Cerebro-Spinal Fever. Deaths.	Other Diseases. Admissions. Direct.	Other Diseases. Admissions. Transfers.	Other Diseases. Deaths.	Total Admissions.	Total Deaths.
January ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
February	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
March ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
April ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
May ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
June ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
July ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
August ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
September	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
October ..	314	..	..	..	..	..	..	..	..	..	..	..	..	214	..	..	..	..
November	198	63	4	..	..	..	..	..	..	..	..	..	..	263	..	4	..	..
December	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..
Totals ..	512	63	8	..	..	..	..	..	..	..	..	..	..	475	..	8	..	..

DISCHARGES.

MONTH.	Recovered. Scarlet.	Recovered. Diphtheria.	Recovered. Enteric.	Recovered. Typhus.	Recovered. Cerebro-Spinal Fever.	Recovered. Other Diseases.	Recovered. Total.	To other Hospitals of Board. Scarlet.	To other Hospitals of Board. Diphtheria.	To other Hospitals of Board. Enteric.	To other Hospitals of Board. Other Diseases.	To other Hospitals of Board. Total.
January ..	..	..	..	..	..	..	..	..	..	..	..	..
February	..	..	..	..	..	..	..	..	..	..	..	..
March ..	..	..	..	..	..	..	..	..	..	..	..	..
April ..	..	..	..	..	..	..	..	..	..	..	..	..
May ..	..	..	..	..	..	..	..	..	..	..	..	..
June ..	..	..	..	..	..	..	..	..	..	..	..	..
July ..	..	..	..	..	..	..	..	..	..	..	..	..
August ..	..	..	..	..	..	..	..	..	..	..	..	..
September	..	..	..	..	..	..	..	..	..	..	..	..
October ..	275	..	..	..	..	..	275	..	..	..	..	..
November	..	..	..	..	..	..	..	..	..	..	..	..
December	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	275	..	..	..	..	..	275	..	..	..	..	..

NORTHERN HOSPITAL.

MONTH.	Scarlet. Admissions. Direct.	Scarlet. Admissions. Transfers.	Scarlet. Deaths.	Diphtheria. Admissions. Direct.	Diphtheria. Admissions. Transfers.	Diphtheria. Deaths.	Enteric. Admissions. Direct.	Enteric. Admissions. Transfers.	Enteric. Deaths.	Typhus. Admissions.	Typhus. Deaths.	Cerebro-Spinal Fever. Admissions.	Cerebro-Spinal Fever. Deaths.	Other Diseases. Admissions. Direct.	Other Diseases. Admissions. Transfers.	Other Diseases. Deaths.	Total Admissions.	Total Deaths.
January	..	522	1	..	7	..	..	..	..	..	..	..	..	..	..	..	529	1
February	..	267	..	..	1	..	..	..	..	..	..	..	..	..	..	..	268	..
March ..	..	496	1	..	41	..	..	..	..	..	..	..	..	..	..	..	507	1
April ..	..	425	1	..	38	..	..	..	..	..	..	..	..	..	..	..	463	1
May ..	..	458	3	..	22	..	..	..	..	..	..	..	..	1	..	..	481	3
June ..	..	465	..	..	27	..	..	..	..	..	..	..	..	..	..	..	492	..
July ..	..	599	..	..	31	..	..	..	..	..	..	..	..	..	..	..	630	1
August ..	..	679	1	..	33	..	..	..	..	..	..	..	..	..	..	..	712	1
September	..	631	..	..	35	..	..	..	..	..	..	..	..	1	..	..	667	..
October	1*	778	1	..	41	..	..	..	..	..	..	..	..	..	..	..	820	1
November	..	567	..	..	32	..	..	..	..	..	..	..	..	..	..	..	599	..
December	..	519	..	..	24	..	..	..	..	..	..	..	..	..	..	..	543	..
Totals ..	1	6,376	8	..	332	..	..	..	..	..	..	..	..	2	..	..	6,711	8

DISCHARGES.

MONTH.	Recovered. Scarlet.	Recovered. Diphtheria.	Recovered. Enteric.	Recovered. Typhus.	Recovered. Cerebro-Spinal Fever.	Recovered. Other Diseases.	Recovered. Total.	To other Hospitals of Board. Scarlet.	To other Hospitals of Board. Diphtheria.	To other Hospitals of Board. Enteric.	To other Hospitals of Board. Other Diseases.	To other Hospitals of Board. Total.
January	570	..	..	..	..	..	570	..	..	..	..	..
February	411	..	..	..	..	..	411	2	..	..	..	2
March ..	398	14	..	..	..	..	412	..	..	..	..	..
April ..	443	38	..	..	..	..	481	..	..	..	..	..
May ..	434	19	..	..	..	1	454	..	..	..	..	..
June ..	446	26	..	..	..	..	472	..	..	..	..	..
July ..	541	31	..	..	..	..	572	..	..	..	..	..
August ..	647	29	..	..	..	..	676	1	..	..	..	1
September	609	24	..	..	..	1	634	..	..	..	..	..
October ..	679	37	..	..	..	..	716	..	..	..	..	..
November	606	46	..	..	..	..	652	..	..	..	..	..
December	493	32	..	..	..	..	530	..	..	..	..	..
Totals ..	6,282	296	..	..	..	2	6,580	3	..	..	..	3

*Born in Hospital.

SUMMARY.

MONTH.	Scarlet. Admissions. Direct.	Scarlet. Admissions. Transfers.	Scarlet. Deaths.	Diphtheria. Admissions. Direct.	Diphtheria. Admissions. Transfers.	Diphtheria. Deaths.	Enteric. Admissions. Direct.	Enteric. Admissions. Transfers.	Enteric. Deaths.	Typhus. Admissions.	Typhus. Deaths.	Cerebro-Spinal Fever. Admissions.	Cerebro-Spinal Fever. Deaths.	Other Diseases. Admissions. Direct.	Other Diseases. Admissions. Transfers.	Other Diseases. Deaths.	Total Admissions.	Total Deaths.
January	1,218	993	37	465	7	59	52	..	14	1	..	..	..	197	..	18	1,303	126
February	1,182	647	24	428	1	47	49	..	4	1	..	..	..	202	..	11	1,862	86
March ..	1,245	977	35	454	121	45	35	..	4	..	..	1	1	294	..	15	2,029	100
April ..	1,299	781	43	398	100	34	34	..	8	1	..	3	2	265	..	26	2,080	113
May ..	1,530	885	49	445	76	36	39	..	1	..	..	1	..	323	1	12	2,219	101
June ..	1,559	945	45	331	66	31	33	..	2	..	..	1	..	263	..	11	2,167	89
July ..	2,129	1,385	61	490	73	33	23	..	3	..	..	..	..	294	..	12	2,936	109
August ..	1,956	1,476	54	399	81	39	41	..	6	..	..	1	..	257	..	11	2,654	107
September	2,731	1,549	57	540	76	49	66	..	8	..	..	..	..	263	1	12	3,602	126
October	3,380	2,418	91	690	107	55	70	..	8	..	..	1	..	311	..	9	4,452	163
November	2,584	1,992	55	607	93	62	57	..	3	..	..	..	..	399	..	9	3,547	129
December	1,951	1,364	74	547	80	54	61	..	8	..	..	..	..	236	..	18	2,768	134
Totals ..	22,764	15,306	622	5,744	887	544	541	..	72	3	..	8	3	3199	2	164	32,109	1,405

DISCHARGES.

MONTH.	Recovered. Scarlet.	Recovered. Diphtheria.	Recovered. Enteric.	Recovered. Typhus.	Recovered. Cerebro-Spinal Fever.	Recovered. Other Diseases.	Recovered. Total.	To other Hospitals of Board. Scarlet.	To other Hospitals of Board. Diphtheria.	To other Hospitals of Board. Enteric.	To other Hospitals of Board. Other Diseases.	To other Hospitals of Board. Total.
January	1,843	460	65	..	..	161	2,529	893	7	..	..	1,000
February	1,541	377	44	..	..	156	2,118	641	1	..	1	643
March ..	1,468	337	40	2	..	242	2,089	877	115	1	..	993
April ..	1,267	425	50	1	..	203	2,004	781	100	..	..	881
May ..	1,293	423	40	..	..	229	1,985	895	76	..	1	972
June ..	1,504	391	16	..	..	242	2,153	1,285	73	..	..	1,358
July ..	1,511	374	25	..	1	252	2,163	1,285	73	..	..	1,358
August ..	1,762	406	27	..	1	270	2,466	1,476	93	..	..	1,569
September	1,968	331	16	..	..	256	2,571	1,549	76	..	1	1,626
October ..	2,526	402	16	..	1	269	3,036	2,418	107	..	..	2,525
November	2,326	534	50	..	..	312	3,178	1,992	93	..	..	2,085
December	2,496	504	64	..	1	276	3,428	1,364	89	..	..	1,453
Totals ..	21,014	5,072	482	3	5	2,926	29,502	15,206	847	..	3	16,056

MORTALITIES PER CENT.

MONTH.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Cerebro-Spinal Meningitis.	Other Diseases.	Total.
January ..	2·38	11·99	21·27	..	..	9·57	5·58
February	1·75	11·03	8·25	..	..	5·96	4·23
March ..	2·63	10·77	10·13	..	100·00	5·79	4·82
April ..	3·30	7·93	17·39	..	66·67	9·75	5·43
May ..	3·41	7·98	12·50	..	..	5·17	4·69
June ..	3·09	8·22	6·90	..	..	4·26	4·20
July ..	3·30	7·36	11·76	..	..	4·30	4·19
August ..	2·69	9·22	16·22	..	..	4·08	4·08
September	2·40	10·65	17·78	..	..	4·50	4·06
October ..	3·14	9·59	15·79	..	..	3·05	4·26
November	2·24	10·34	9·45	..	..	2·90	3·76
December	3·27	9·29	12·03	..	..	6·75	4·85
Totals ..	2·80	9·58	13·15	..	..	37·51	5·29	4·45

TABLE III.—*Admissions and Deaths of Patients during 1907, divided according to Parishes and Unions.*

| PARISHES AND UNIONS. | EASTERN HOSPITAL. | | | | | | | | NORTH-EASTERN HOSPITAL. | | | | | | | | NORTH-WESTERN HOSPITAL. | | | | | | | | WESTERN HOSPITAL. | | | | | | | | SOUTH-WESTERN HOSPITAL. | | | | | | | | GROVE END FOUNTAIN HOSPITALS. | | | | | | | | SOUTH-EASTERN HOSPITAL. | | | | | | | | PARK HOSPITAL. | | | | | | | | BROOK HOSPITAL. | | | | | | | | JOYCE GREEN HOSPITAL. | | SOUTHERN HOSPITALS. | | GORE INFIRMARY. | | SUMMARY. | | | | | | | | PARISHES AND UNIONS |
|---|---|---

FEVER STATISTICS.—TABLE IV.—*Scarlet Fever Admissions*

AGES.	EASTERN HOSPITAL.							NORTH-EASTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 1 ..	1	..	1	..	2	..	..	16	3	10	3	26	6	..
1 to 2 ..	34	3	24	5	58	8	..	19	6	36	6	55	12	..
2 to 3 ..	63	8	63	5	126	13	..	106	12	94	11	200	23	..
3 to 4 ..	89	7	76	3	165	10	..	136	6	115	6	251	12	..
4 to 5 ..	97	8	83	6	180	14	..	172	9	215	7	387	16	..
5 to 10 ..	343	11	385	4	728	15	..	749	8	823	4	1,572	12	..
10 to 15 ..	98	..	168	2	266	2	..	314	3	364	2	678	5	..
15 to 20 ..	24	..	44	..	68	..	..	87	1	93	1	180	2	..
20 to 25 ..	18	..	23	..	41	..	..	44	1	49	1	93	2	..
25 to 30 ..	10	..	16	1	26	1	..	24	..	25	..	49	..	..
30 to 35 ..	4	..	4	..	8	..	..	9	..	14	..	23	..	..
35 to 40 ..	2	..	..	..	2	..	..	5	..	6	..	11	..	..
40 to 45 ..	2	1	2	..	4	1	..	2	1	5	..	7	1	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
50 to 55 ..	..	..	..	..	..	..	..	1	..	1	..	2	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Totals..	785	38	890	26	1,675	64	..	1,684	50	1,851	41	3,535	91	..

AGES.	NORTH-WESTERN HOSPITAL.							WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 1 ..	12	1	5	3	17	4	..	8	..	40	2	48	2	..
1 to 2 ..	45	2	26	6	71	8	..	25	3	29	2	54	5	..
2 to 3 ..	67	6	79	6	146	12	..	45	2	55	7	100	9	..
3 to 4 ..	108	4	108	5	216	9	..	55	3	84	..	139	3	..
4 to 5 ..	125	2	124	6	249	8	..	87	2	95	6	182	8	..
5 to 10 ..	475	7	527	5	1,002	12	..	395	6	449	4	844	10	..
10 to 15 ..	162	3	228	..	390	3	..	106	1	184	..	290	1	..
15 to 20 ..	67	..	61	1	128	1	..	39	..	35	1	74	1	..
20 to 25 ..	26	2	46	..	72	2	..	40	1	35	..	75	1	..
25 to 30 ..	16	1	32	1	48	2	..	25	..	34	..	59	..	..
30 to 35 ..	8	1	14	..	22	1	..	9	..	13	..	22	..	..
35 to 40 ..	5	..	3	..	8	..	..	3	..	2	..	5	..	..
40 to 45 ..	1	..	..	..	1	..	..	2	..	3	..	5	..	..
45 to 50 ..	1	..	..	..	1	..	..	1	..	..	..	1	..	..
50 to 55 ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals..	1,118	29	1,253	33	2,371	62	..	841	18	1,058	22	1,899	40	..

AGES.	SOUTH-WESTERN HOSPITAL.							FOUNTAIN AND GROVE HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 1 ..	6	..	4	..	10	..	..	10	2	16	..	26	2	..
1 to 2 ..	18	1	17	4	35	5	..	48	5	60	1	108	6	..
2 to 3 ..	41	7	38	1	79	8	..	75	7	78	6	153	13	..
3 to 4 ..	62	9	53	3	115	12	..	123	5	130	8	253	13	..
4 to 5 ..	74	1	72	3	146	4	..	146	4	142	6	288	10	..
5 to 10 ..	242	2	310	6	552	8	..	642	10	777	9	1,419	19	..
10 to 15 ..	90	..	125	..	215	..	..	249	1	337	5	586	6	..
15 to 20 ..	28	2	31	1	59	3	..	92	1	90	1	182	2	..
20 to 25 ..	19	..	31	1	50	1	..	55	..	77	..	132	..	..
25 to 30 ..	13	..	14	..	27	..	..	22	1	36	..	58	1	..
30 to 35 ..	8	1	6	..	14	1	..	12	..	20	..	32	..	..
35 to 40 ..	2	..	7	..	9	..	..	4	..	6	1	10	1	..
40 to 45 ..	..	..	..	..	..	..	..	3	..	3	..	6	..	..
45 to 50 ..	..	..	1	..	1	..	..	1	..	..	..	1	..	..
50 to 55 ..	..	..	..	..	..	..	..	2	..	..	..	2	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	603	23	709	19	1,312	42	..	1,484	36	1,773	37	3,257	73	..

AGES.	SOUTH-EASTERN HOSPITAL.							PARK HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 1 ..	19	6	9	2	28	8	..	10	2	5	..	15	2	..
1 to 2 ..	52	4	58	6	110	10	..	64	7	43	5	107	12	..
2 to 3 ..	100	4	96	8	196	12	..	96	8	92	6	188	14	..
3 to 4 ..	120	6	124	5	244	11	..	169	9	144	4	313	13	..
4 to 5 ..	125	6	129	2	254	8	..	173	3	182	7	355	10	..
5 to 10 ..	473	11	496	12	969	23	..	608	9	675	9	1,283	18	..
10 to 15 ..	136	..	156	..	292	..	..	261	..	323	..	584	..	..
15 to 20 ..	36	..	46	1	82	1	..	75	1	82	1	157	2	..
20 to 25 ..	8	..	25	..	33	..	..	36	..	48	1	84	1	..
25 to 30 ..	7	..	10	..	17	..	..	17	..	31	..	48	..	..
30 to 35 ..	1	1	8	..	9	1	..	10	1	10	..	20	1	..
35 to 40 ..	3	..	3	..	6	..	..	8	..	8	..	16	..	..
40 to 45 ..	1	..	2	..	3	..	..	1	..	3	..	4	..	..
45 to 50 ..	1	..	..	..	1	..	..	2	..	..	..	2	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	2	..	2	..	..
55 to 60 ..	1	..	1	..	2	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	1,083	38	1,163	36	2,246	74	..	1,530	40	1,648	33	3,178	73	..

and Deaths during 1907, divided according to Age and Sex.

AGES.	BROOK HOSPITAL.							JOYCE GREEN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 1 ..	13	1	13	2	26	3	..	1	..	1	..	2	..	..
1 to 2 ..	55	2	39	8	94	10	..	5	1	5	1	10	2	..
2 to 3 ..	85	3	97	6	182	9	..	18	..	12	2	30	2	..
3 to 4 ..	115	6	128	6	243	12	..	22	..	22	..	44	..	..
4 to 5 ..	142	6	150	5	292	11	..	25	1	16	..	41	1	..
5 to 10 ..	520	9	640	9	1,160	18	..	82	1	91	2	173	3	..
10 to 15 ..	252	10	287	2	539	12	..	34	..	43	..	77	..	..
15 to 20 ..	92	3	74	..	166	3	..	10	..	14	..	24	..	..
20 to 25 ..	41	1	36	..	77	1	..	3	..	4	..	7	..	..
25 to 30 ..	19	..	17	..	36	..	..	2	..	1	..	3	..	..
30 to 35 ..	5	..	12	..	17	..	..	..	..	1	..	1	..	..
35 to 40 ..	9	1	6	..	15	1	..	..	..	..	..	..	..	..
40 to 45 ..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
45 to 50 ..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals..	1,350	42	1,499	38	2,849	80	..	202	3	210	5	412	8	..

AGES.	NORTHERN HOSPITAL.							GORE FARM HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 1 ..	*1	..	..	..	1	..	..	..	..	..	..	..	..	..
1 to 2 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 to 3 ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
3 to 4 ..	..	..	..	1	..	..	1	..	..	..	2	..	..	2
4 to 5 ..	..	..	..	2	..	..	2	..	2	..	..	..	..	2
5 to 10 ..	..	..	..	1	..	..	1	10	2	8	..	18	..	2
10 to 15 ..	..	1	..	..	..	..	1	7	..	2	..	9	..	..
15 to 20 ..	..	..	..	..	..	..	..	1	..	1	..	2	..	..
20 to 25 ..	..	1	..	..	..	..	1	..	..	..	..	..	..	..
25 to 30 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals..	1	4	..	4	1	..	8	18	4	11	3	29	..	7

SUMMARY.

Under 1 ..	97	17	104	10	201	27	..
1 to 2 ..	365	38	337	40	702	78	..
2 to 3 ..	696	59	704	59	1,400	115	3
3 to 4 ..	999	56	984	42	1,983	95	3
4 to 5 ..	1,166	48	1,208	46	2,374	90	4
5 to 10 ..	4,539	74	5,181	67	9,720	138	3
10 to 15 ..	1,709	16	2,217	14	3,926	29	1
15 to 20 ..	551	9	571	6	1,122	15	..
20 to 25 ..	290	4	374	5	664	8	1
25 to 30 ..	155	2	216	2	371	4	..
30 to 35 ..	66	3	102	1	168	4	..
35 to 40 ..	41	1	41	1	82	2	..
40 to 45 ..	13	2	18	..	31	2	..
45 to 50 ..	7	..	2	..	9	..	..
50 to 55 ..	4	..	3	..	7	..	..
55 to 60 ..	1	..	2	..	3	..	..
And upwards	..	..	1	..	1	..	..
Totals..	10,699	329	12,065	293	22,764	607	15

*Born in Hospital.

FEVER STATISTICS.—TABLE V.—*Diphtheria Admissions and Deaths during* 1907, *divided according to Age and Sex.*

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.					
	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.
	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.
Under 1	7	2	9	1	..	3	21	1	4	..	..	1	13	1	7	..	..	1	8	2	6	..	..	1	5	2	10	..	..	4
1 to 2	21	10	17	3	..	13	16	1	10	1	..	5	34	6	23	3	..	5	24	9	16	3	..	11	41	11	36	3	..	11
2 to 3	36	9	44	3	..	17	22	2	16	1	..	7	33	6	52	3	..	7	16	3	21	2	..	6	37	3	30	2	..	6
3 to 4	42	6	32	5	..	11	21	2	21	2	..	7	37	5	37	2	..	7	28	4	25	3	..	6	58	3	72	2	..	8
4 to 5	38	4	48	4	..	8	28	2	31	2	..	6	56	6	52	3	..	8	32	3	30	2	..	5	57	3	72	2	..	5
5 to 10	81	9	92	4	..	17	69	4	85	9	..	13	182	7	180	6	..	12	78	5	72	1	..	6	150	5	150	2	..	12
10 to 15	28	2	39	..	..	2	14	1	18	..	..	1	42	..	52	1	..	1	7	..	7	..	..	1	32	..	25	..	..	1
15 to 20	11	..	7	..	..	..	6	..	6	..	..	..	10	..	14	1	..	1	7	..	9	..	..	1	16	..	10	..	..	1
20 to 25	4	..	7	..	..	..	2	..	2	..	..	..	3	..	10	..	..	..	6	..	10	..	..	..	16	..	16	..	..	1
25 to 30	1	..	6	..	..	..	1	..	2	..	..	..	4	..	17	..	..	..	2	..	5	..	..	..	7	..	7	..	..	..
30 to 35	..	..	1	..	..	..	1	..	2	..	..	..	8	..	6	..	..	..	2	..	6	..	..	..	6	..	5	..	..	..
35 to 40	2	..	1	..	..	..	1	..	1	..	..	..	3	..	4	..	..	..	1	..	2	..	..	..	2	..	2	..	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	2	..	..	..	3	..	2	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	271	42	296	29	..	71	185	14	205	26	..	40	278	18	333	26	..	44	452	40	484	49	..	89	207	28	229	21	..	49

AGES.	GROVE AND FOUNTAIN HOSPITALS.						SOUTH-EASTERN HOSPITAL.						PARK HOSPITAL.						BROOK HOSPITAL.						SUMMARY.					
	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.	Males.		Females.		Died.	Total.
	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.	Admitted.	Died.	Admitted.	Died.	Trans-ferred Cases.	Direct Admis-sions.
Under 1	3	1	2	..	..	1	12	3	8	1	..	6	20	2	4	..	..	1	21	6	1	..	..	3	53	21	36	11	..	32
1 to 2	22	5	16	..	..	8	58	16	39	3	..	28	20	3	14	1	..	3	18	4	14	1	..	5	231	56	169	31	..	87
2 to 3	33	5	29	..	..	8	45	4	34	2	..	10	28	3	18	1	..	4	16	3	13	1	..	4	249	38	275	43	..	81
3 to 4	53	9	49	1	..	14	47	9	49	4	..	11	38	3	34	2	..	4	34	4	34	3	..	9	354	46	339	51	..	97
4 to 5	62	5	71	1	..	11	45	3	41	3	..	8	53	2	63	2	..	4	25	3	55	5	..	5	395	29	404	34	1	92
5 to 10	189	13	227	6	..	30	84	10	122	10	..	20	93	6	147	8	..	14	81	7	115	7	..	14	960	70	1,171	95	3	165
10 to 15	43	1	47	..	..	1	25	1	31	..	..	1	50	..	57	1	..	1	27	..	35	1	..	1	258	6	342	3	..	9
15 to 20	7	..	10	..	..	..	6	..	5	..	..	..	14	1	41	..	..	1	11	..	9	..	..	..	84	1	107	3	..	4
20 to 25	6	..	5	..	..	..	5	..	9	..	..	..	4	..	10	..	..	..	9	..	4	..	..	..	48	2	68	..	..	..
25 to 30	8	..	6	..	..	..	6	1	5	..	..	..	5	..	13	..	..	..	6	..	2	..	..	..	36	1	56	1	..	..
30 to 35	2	..	9	..	..	..	..	..	4	..	..	..	1	..	6	..	..	..	3	..	1	..	..	..	16	..	42	..	..	..
35 to 40	1	..	4	..	..	..	..	..	2	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	10	..	19	..	..	..
40 to 45	..	..	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	4	..	9	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..
50 to 55	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	1
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
And upwards	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..
Totals	429	39	478	34	..	73	335	47	350	48	..	95	310	19	398	21	..	40	233	23	271	20	..	43	2,700	270	3,044	274	5,744	544

EVER STATISTICS.—TABLE VI.—*Enteric Fever Admissions and Deaths during* 1907, *divided according to Age and Sex.*

AGES.	EASTERN HOSPITAL.					NORTH-EASTERN HOSPITAL.					NORTH-WESTERN HOSPITAL.					WESTERN HOSPITAL.					SOUTH-WESTERN HOSPITAL.				
	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.
	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.
Under 5	6	..	12	1	1	24	5	31	5	10	13	3	18	..	3	46	7	52	3	10	28	2	25	3	5
5 to 10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 to 15	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..
15 to 20	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..
20 to 25	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..
25 to 30	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..
30 to 35	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..
35 to 40	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	1	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	62	9	61	7	16	24	5	31	5	10	13	3	18	..	3	46	7	52	3	10	28	2	25	3	5

AGES.	GROVE AND FOUNTAIN HOSPITALS.					SOUTH-EASTERN HOSPITAL.					PARK HOSPITAL.					BROOK HOSPITAL.					SUMMARY.				
	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.	Males.		Females.		Total.
	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.	Admitted.	Died.	Admitted.	Died.	Died.
Under 5	..	..	..	..	..	1	..	2	..	..	1	..	2	..	..	1	..	2	..	..	7	..	18	..	..
5 to 10	..	..	..	..	..	7	..	3	..	..	1	..	1	..	..	6	..	4	..	..	35	..	36	..	..
10 to 15	..	..	..	..	..	5	..	4	..	..	1	..	1	..	..	3	..	2	..	..	34	..	43	..	..
15 to 20	..	..	..	..	..	5	..	8	..	..	..	..	2	..	..	4	..	4	..	1	36	..	36	1	2
20 to 25	1	..	1	..	1	12	3	7	1	4	..	..	1	..	..	4	..	3	..	..	44	3	33	1	4
25 to 30	..	..	..	..	..	5	..	6	..	..	..	..	2	..	..	3	..	3	..	..	36	1	46	1	2
30 to 35	..	..	..	..	..	10	2	6	1	3	1	..	2	..	..	3	..	3	..	..	37	2	23	1	3
35 to 40	..	..	..	..	..	4	..	5	..	..	..	..	1	..	..	3	..	1	..	..	24	1	8	..	..
40 to 45	..	..	..	..	..	3	..	1	..	..	1	..	1	..	..	2	..	1	..	..	13	1	15	1	1
45 to 50	..	..	..	..	..	2	..	4	..	..	..	..	..	..	..	1	..	1	..	..	1	..	5	..	..
50 to 55	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	..	54	12	42	4	16	7	2	9	1	3	32	6	19	2	8	272	46	269	26	72

FEVER STATISTICS.—TABLE VII.—*Typhus Fever Admissions and Deaths during* 1907, *divided according to Age and Sex.*

AGES.	EASTERN HOSPITAL.							SOUTH-WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	
						Of Direct Admissions.	Of Transferred Cases.						Of Direct Admissions.	Of Transferred Cases
Under 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20	1	..	..	..	1	..	..	..	..	..	..	..	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	1	..	1	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	1	..	..	..	..	1	..	1	..	..

AGES.	SOUTH-EASTERN HOSPITAL.							SUMMARY.						
Under 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20	..	..	..	..	..	..	..	1	..	..	..	1	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40	..	..	1	..	1	..	..	..	..	1	..	1	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	1	..	1	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	1	..	1	..	..	1	..	2	..	3	..	..

FEVER STATISTICS.—TABLE VIII.—*Cerebro-Spinal Meningitis Admissions and Deaths during* 1907, *divided according to Age and Sex.*

AGES.	EASTERN HOSPITAL.							NORTH-WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 5	1	..	1	..	2	..	..	1	1	..	..	1	1	..
5 to 10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30	..	..	..	..	..	..	..	1	1	..	..	1	1	..
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	1	..	1	..	2	..	..	2	2	..	..	2	2	..

AGES.	WESTERN HOSPITAL.							GROVE & FOUNTAIN HOSPITALS.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 5	..	..	2	..	2	..	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	1	1	..	..	1	1	..
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	..	..	2	..	2	..	..	1	1	..	..	1	1	..

AGES.	SOUTH-EASTERN HOSPITAL.							SUMMARY.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Of Direct Admissions.	Died. Of Transferred Cases.
Under 5	..	..	..	..	..	..	..	2	1	3	..	5	1	..
5 to 10	..	..	1	..	1	..	..	..	..	1	..	1	..	..
10 to 15	..	..	..	..	..	..	..	1	1	..	..	1	1	..
15 to 20	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30	..	..	..	..	..	..	..	1	1	..	..	1	1	..
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	1	..	1	..	..	4	3	4	..	8	3	..

REPORT OF THE MEDICAL SUPERINTENDENT OF THE SMALLPOX HOSPITALS FOR THE YEAR 1907.

No. 12.

JOYCE GREEN HOSPITAL,

DARTFORD, KENT,

25th February, 1908.

Statistics. Only two patients suffering from smallpox were admitted during the year 1907. Both recovered.

Non-smallpox cases. In addition, 13 persons certified to have smallpox were sent to South Wharf, where they were found to be suffering from another disease, as follows:—

Varicella	7
Varicella and Measles	1
Erythema	3
Scabies	1
Papular dermatitis	1

Use of Joyce Green Hospital for fever. Owing to the excessive prevalence of the disease in London, the Managers decided in the month of October to use temporarily some of the accommodation at Joyce Green for the treatment of acute cases of scarlet fever. The first patients were received on October 22nd, and the total number admitted was 475. Most of the patients were admitted direct from their homes, but 63 were transferred from the Eastern Hospital. The patients completed their convalescence at Joyce Green, and 192 remained under treatment at the end of the year. There were 8 deaths.

It was inevitable, with a large staff gathered rapidly together, of which most members had no previous experience of infectious diseases, that a considerable proportion should become infected with scarlet fever. 17 fell ill with that disease, but all recovered, except one, an assistant nurse.

The experiment has shown that the Joyce Green Hospital, in conjunction with the river service, is well adapted to the reception of scarlatinal patients acutely ill. The organisation for fever was kept distinct. The patients were received at North Wharf, Poplar, where two special ambulance steam-boats were kept moored for their conveyance. There was a small resident staff at North Wharf, and the steam-boats were manned by special crews. There was, in fact, no communication with South Wharf, at which place the usual arrangements for smallpox remained in force. North Wharf is singularly well situated for a receiving station. It lies in a part of the East End of London which is remote from all the Board's fever hospitals. It is, therefore, capable of seconding the resources of the Eastern Hospital, the only hospital situated in the East of London. At the same time, since the Wharf lies at the head of the Blackwall Tunnel, it is within easy reach of the South-East. These advantages were made full use of when the Joyce Green Hospital was opened.

The difficulties to contend with were not so serious as in the case of smallpox. For smallpox there is only one receiving station, for fever there are many. Consequently, it was found possible to limit the reception of patients at North Wharf to the busy hours of the day, and to suspend their reception altogether when the weather was unfavourable for transport. Dr. A. F. Cameron, from the South-Eastern Hospital, attended daily at the Wharf to examine the patients on their arrival and to determine their disposal. The rule followed was to admit to the ambulance steam-boats only those patients who would be sent to a general ward from the receiving-room at a fever hospital. Other patients were either sent back home or sent on to one of the other hospitals. Dr. Cameron's experience, on the one hand, of the diagnosis of infectious diseases, and, on the other, of the administration of the river service, was of great assistance. There were no mishaps to chronicle. The patients in all cases bore the journey very well. Indeed, my experience is that patients with scarlet fever bear the fatigue of travel far better than do those with smallpox.

Long Reach Hospital and Shore buildings.

The Joyce Green Hospital had been disinfected and painted during the years 1905 and 1906. The two patients with smallpox, admitted during the earlier part of last year, were maintained in strict quarantine in one of the isolation blocks. Consequently, when the hospital was required for scarlet fever it was a clean hospital, and no time was lost in disinfection. Coincidently with the decision to use the hospital for scarlet fever, preparations were instituted for opening a part of the Long Reach hospital for the reception of patients with smallpox. Such preparations are difficult to execute hurriedly in the case of a hospital which has been dismantled and kept in disuse. I have, therefore, suggested to you that it might be desirable to maintain at Long Reach a nucleus of accommodation which would be available at short notice in a similar emergency. Facilities exist for providing and maintaining at small cost four dozen beds, which would be in addition to the total accommodation now available in these hospitals. The cost of the necessary structural alterations would be not much more than ten pounds a bed.

Hospital accommodation.

The Managers have had under discussion during the past year the costliness of the arrangements whereby such large provision as now exists is reserved exclusively for possible outbreaks of smallpox. The total accommodation at your disposal is for about 2,000 beds, a figure which hardly reaches that recommended by the Royal Commission on Smallpox of 1880, and which the experience of 1902 shows not to be excessive. Of this accommodation more than a half is supplied by the Orchard and Long Reach Hospitals, both of which are unfurnished. The cost of upkeep of that unfurnished accommodation is comparatively insignificant. The money goes in maintaining 880 beds (exclusive of isolation wards) at Joyce Green, and in the upkeep of the river ambulance service.

It will be understood that 880 beds are not kept at all times instantly ready for the reception of patients. The hospital is kept in such a state that a certain number of beds is always available for use, and the remainder can be prepared with such speed as past experience of sudden outbreaks of smallpox has shown to be necessary. The sudden opening of the hospital last autumn for scarlet fever affords a good illustration of the resources which the hospital provides for the Board, and the rapidity with which they can be utilised. The cost of maintaining a hospital in such a state of readiness would not be in proportion to the size of the hospital so maintained. If the Joyce Green Hospital were half the size, the rates and cost of fuel would be less, but the staff required to keep it in readiness would be approximately the same as that maintained under existing circumstances.

It is upon the salaries and wages bill that criticism is most apt to fasten. The minimum staff employed numbers about 70. That seems a large number to keep a hospital going which is empty of patients, it may be, for months at a time. It is natural that a comparison should suggest itself between the staff-list of the Joyce Green Hospital and that of a small provincial smallpox hospital, empty also, but prepared. But the comparison is not a just one, because the small hospital is inexpansible. The large staff which is employed at Joyce Green when the hospital is empty is necessary only to provide the machinery for rapidly opening up the available accommodation. Given certain conditions, the staff-bill could be largely reduced, and still a certain number of beds kept ready for use; but at the same time would go the capacity for immediate expansion, which the size of the Metropolis demands. Relatively to the population served, the cost of the provision for outbreaks of smallpox is probably not greater, but considerably less for London than for a provincial town.

If economy is to be effected, it would be more consonant with the interests of the public to enlarge the functions of the hospital than to cripple its scope for usefulness. To recognise it as available for use as an emergency or overflow hospital for fever would be to effect a large and solid economy. I see no serious objection to such a course on the ground that the resources for smallpox would be mortgaged. For the greatest seasonal prevalence of smallpox and of fever is, fortunately, at opposite seasons of the year; and even the event of a sudden and serious autumnal outbreak of smallpox could be provided against, so long as the accommodation at Joyce Green were not too far encroached upon by fever patients. There would, indeed, be this positive advantage about such a practice, that the organisation would suffer less from disuse.

Staff illness. It has been my practice for some years to submit certain returns of the staff employed in the smallpox hospitals, classified in relation to the degree to which the persons have been exposed to the infection of smallpox. But since the two patients treated here were kept in quarantine and strictly isolated from all except a few members of the staff, similar returns for last year would be meaningless, and I therefore omit them.

(Signed) T. F. RICKETTS,
Medical Superintendent.

ANNUAL REPORT, STATISTICAL COMMITTEE, 1907.

G.—SMALLPOX STATISTICS.—TABLE I.—*Return showing the Numbers of Smallpox Patients Admitted from each Parish or Union during each Month of the Year, 1907; the Total Admissions, Discharges, and Deaths during the Year, and the condition of the Patients as to Vaccination.*

PARISH OR UNION.	Remaining in Hospital on 1st January.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total Admissions.	Deaths.	Discharges.	Remaining in Hospital on 31st December.
	VACCINATION CICATRIX OR CICATRICES.																
	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.	Present. / Vaccination Evidence inconclusive. / Absent.
Kensington	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Hammersmith	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Fulham	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Paddington	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Chelsea	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
St. George's	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Westminster	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
St. Marylebone	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
St. Pancras	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Hampstead	... ...	... ...	... ...	... ...	1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1	... ...	1	... ...
Islington	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Hackney	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Bloomsbury	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Strand	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Holborn	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
London, City of	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Shoreditch	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Bethnal Green	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Whitechapel	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
St. George-in-the-East	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Stepney	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Mile End Old Town	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Poplar	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1	... ...	... ...	... ...	... ...	1	... ...	1	... ...
Southwark	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Bermondsey	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Lambeth	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Wandsworth	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Camberwell	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Greenwich	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Woolwich	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Lewisham	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Port of London	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Beyond Metrop'lit'n Area	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
Totals	... ...	... ...	... ...	... ...	1	... ...	... ...	... ...	1	... ...	... ...	... ...	... ...	2	... ...	2	... ...
Totals combined	...	...	...	...	1	...	...	...	1	...	...	...	...	2	...	2	...

N.B.—(1.)—Admissions, &c., from "other diseases during the year are not included in this return.
(2.)—The columns headed "Vaccination Evidence inconclusive" 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 eruption or other cause prevented any observation of the marks, if any existed. An analysis of these cases appears in Table III.

SMALLPOX STATISTICS.—TABLE II.—*Showing the condition as regards Vaccination of Patients admitted during 1907.* (MALES AND FEMALES TOGETHER).

AGES.	A.—VACCINATED CLASS, i.e., cases with vaccination cicatrix, or cicatrices present. Area of Cicatrix or Cicatrices. Class A′ = half-and upwards of one-half square inch total area. Number of Scars. Four or more. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Three. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Two. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. One. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Not recorded. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Class A″ = one-third, but less than one-half square inch total area. Number of Scars. Four or more. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Three. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Two. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. One. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Not recorded. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Class A‴ = less than one-third square inch total area. Number of Scars. Four or more. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Three. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Two. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. One. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Not recorded. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Class A = cicatrix not recorded. Number of Scars. Four or more. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Three. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Two. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. One. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Not recorded. Formation of Scars. Not over large area but scattered. Pitted. Stellate. Linear. Total Vaccinated Cases Admitted. Deaths amongst Vaccinated Cases. Class A′. Class A″. Class A‴. Total (Deaths amongst Vaccinated Cases).	B.—"DOUBTFUL CLASS," i.e., cases in which no vaccination cicatrix has been observed, but in which, for reasons shown in Table III., the evidence as to vaccination is inconclusive. * Class B′ Not vaccinated successfully after having been infected by smallpox. Admissions. Deaths. Class B″ Successfully vaccinated after having been infected by smallpox. Admissions. Deaths. Total in "Doubtful" Class (B′ and B″ combined). Admissions. Deaths.	C.—UNVACCINATED CLASS, i.e., cases in which vaccination cicatrix is absent, and which are not stated to be vaccinated.† Class C′ Not vaccinated successfully after having been infected by smallpox. Admissions. Deaths. Class C″ Successfully vaccinated after having been infected by smallpox. Admissions. Deaths. Class C‴ Vaccinated after having been infected by smallpox but result not recorded. Admissions. Deaths. Total in Unvaccinated (C′, C″, & C‴ combined). Admissions. Deaths.
Under 1 year	... ...

APPENDIX II.—IMBECILITY.

A.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE IMBECILE ASYLUMS FOR THE YEAR 1907.

No. 1.

TOOTING BEC ASYLUM,

TOOTING, S.W.,

3rd February, 1908.

Statistics. The following is a brief summary of the statistics for the year 1907:—

	Males.	Females.	Total.
Remaining on January 1st, 1907	282	461	743
Admitted during the year	280	345	625
Discharges to other asylums of the Board..	139	176	315
,, to other asylums not under the Board ..	6	10	16
,, not insane	2	2	4
,, recovered..	10	4	14
,, improved	1	1	2
,, not improved	12	11	23
Died	111	147	258

Admissions. There has been no variation in the type of patients sent to this Institution, and the title Imbecile Asylum is surely a misnomer, and to some extent an unfair reflection on the families of patients sent to be cared for here until death releases them from the infirmities, mental and physical, which are concomitant with senility. The lack of adequate accommodation and sufficient staff in some of the Poor Law Institutions is obviously the actuating reason to convert many of these extremely feeble old people into lunatics for the few remaining months of their lives. There is no question as to their being certifiable, but the certification of this class of patient carries with it a stigma which with adequate staff and accommodation in outside institutions might well be avoided in many cases.

Out of the total number of deaths, 258, 97 patients had been resident here less than twelve months.

Deaths. During the year the deaths have numbered 258. The percentage of those resident on the male side is 38·6, and on the female side 31·2.

Post-mortem examinations have been made in 237 instances.

The average age of those dying was on the male side 73, and on the female side 74.

Amongst the main causes of death may be enumerated the following:—

General paralysis	9
Chronic bronchitis	10
Chronic heart disease	31
Pneumonia	27
Phthisis	5
Chronic Bright's disease	17
Cancer	6
Senile decay	122

Our immunity from tuberculosis is very remarkable. One would have imagined that the worn-out mucous membranes of enfeebled old men and women would form a peculiarly fertile soil for the growth and development of the tubercle baccillus. Possibly the "monotonous cleanliness" recently alluded to by the President of the Local Government Board, combined with the very strict attention to ventilation, may explain to a great extent our present immunity from the scourge of phthisis.

The death of a patient by his own hand calls for some comment. The unfortunate fatality was led up to by an act of carelessness on the part of an attendant, in leaving a razor in a place to which patients had access. The patient was a man who had for some years been confined in three separate asylums, and at no period of his detention had he ever in any way suggested by word or conduct the least desire to injure himself.

He was a patient who, had not the means presented itself to him of ending his life by cutting his throat, could have found ample opportunity of ending his life in any asylum, whatever rules and precautions were taken and kept to obviate such occurrences. The successful suicide in an asylum is not as a rule the patient who is on a "caution," but the patient who has never evinced any suicidal tendencies, and who, in consequence, is not constantly watched.

Inquests. Inquests have been held in 3 cases during the year, and, beyond the case of suicide alluded to previously, call for no comment.

Restraint and Seclusion. No restraint has been employed during the year; 4 females were secluded on 108 occasions, totalling 102 hours 40 minutes.

Visit of Lunacy Commissioners. The Commissioners in Lunacy visited the asylum on the 24th January, and their report will be found on reference to the index.

Staff. I am glad to be able to report very favourably on the general conduct of the staff in this asylum during the past year.

Building. During the past year the hall has been handed over to us, and the holding of services and simple musical entertainments for the old patients have been much appreciated.

RECEIVING HOME FOR CHILDREN.

Statistics.

	Males.	Females.	Total.
Remaining on January 1st, 1907	11	5	16
Admitted during the year	129	77	206
Discharges to other Asylums of the Board	111	63	174
,, not insane	...	...	...
,, recovered	2	...	2
,, improved	...	...	...
, not improved	...	...	...
Died	1	1	2

Admissions. In connection with the above, I append two tables—(1) showing the forms of imbecility and insanity from which children were found to be suffering on admission; and (2) showing the probable cause of their mental defects, so far as can be ascertained. It has not been possible in all cases to obtain family histories, but the family histories which have been secured were from personal interviews with the relatives of the patients. The table with regard to family history will be found interesting.

Faithfully yours,

EDWYN H. BERESFORD.

TABLE I.

	Males.	Females.	Total
Imbecility or Idiocy	84	51	135
,, ,, with epilepsy	27	13	40
Microcephalic	...	4	4
,, with epilepsy	2	...	2
Hydrocephalic	...	1	1
,, with epilepsy	1	...	1
Mongolian	5	4	9
Cretin	1	...	1
Juvenile general paralysis	6	4	10
Totals ..	126	77	203

Not included in above table—3 boys, acute mania.

TABLE II.

	History of Insanity.			History of Phthisis.			History of Syphilis.			History of Alcohol.			History of Abnormal Labour.			History of Trauma of Patient.			Unknown and None.		
	M	F	Tl	M	F	Tl	M	F	Tl	M	F	Tl	M	F	Tl	M	F	Tl	M	F	Tl
Imbecility or idiocy	18	11	29	8	6	14	...	1	1	...	...	...	3	1	4	1	...	1	50	38	88
,, ,, with epilepsy	12	5	17	4	1	5	...	...	...	...	...	...	...	...	...	1	...	1	13	5	18
Microcephaly	...	1	1	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	1	3	4
,, with epilepsy ..	...	.	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	1	2
Hydrocephaly	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
,, with epilepsy ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Mongolian	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	6	3	9
Cretin	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Juvenile general paralysis ..	3	...	3	...	...	...	...	...	...	...	...	..	..	...	...	...	...	...	3	4	7
Totals ..	33	17	50	12	7	19	...	1	1	...	...	...	3	1	4	2	1	3	77	54	131

No. 2.

LEAVESDEN ASYLUM.

1st January, 1908.

Statistics. The following is a brief summary of the statistics for the year 1907 :—

	M.	*F.*	*T.*
On January 1st, 1907, the Asylum contained ...	818	977	1,795
Admitted during the year	91	191	282
Died during the year	58	93	151
Discharged during the year	20	49	69
Remaining in the Asylum on December 31st, 1907...	831	1,026	1,857

Owing to the apportionment of more staff-rooms for the use of patients, the total accommodation has risen from 1,877 to 1,936. A remeasurement of the wards has shown that more patients can be housed in them, but the consent of the Local Government Board has not yet been obtained to this increase. As the patients are now mostly infirm, the workshops and some other rooms no longer serve their purpose, and a scheme is before the Sub-Committee to utilise this accommodation so as further to increase the resident number of patients.

Admissions. The admissions have been of the usual infirm class. As the Board has decided to convert three more blocks, originally intended for ordinary patients, into nine infirmary wards, it is expected that shortly the difficulties as to accommodating these feeble folk will be overcome. There will then remain only one male and one female block for non-infirm patients.

Discharges.

	M.	*F.*	*T.*
Recovered	—	—	—
Relieved	4	3	7
Not improved	16	46	62
Total Discharges	20	49	69

Of this number, nine were discharged through the Guardians to the care of relatives, and 27 were transferred to sister Metropolitan Asylums, whilst two were sent to the City of London Asylum and 31 to the London County Asylums as dangerous to themselves or others.

Deaths. The deaths numbered 151, 58 males and 93 females, of which 48 were persons over 70 years of age. The percentage of deaths on the average number resident was in 1907 as follows:—

Males	7.08
Females	9.31
Total	8.31

There were 144 post-mortem examinations, 56 males and 88 females, this representing 95·3 per cent. of the deaths. Every body was systematically examined after death for bedsores, and any break in the continuity of the skin over an area liable to pressure by lying or sitting was carefully noted, with the following results:—

Males	4	bedsores
Females	2	,,
Total	6	,,

(Slight abrasions not included.)

Considering the class of patients under care, no reflection is made upon the nursing, which is generally considered good.

The following table gives a list of the deaths during 1907 where tuberculosis played a part:—

	M.	*F.*	*T.*
Pulmonary tuberculosis	11	21	32
General tuberculosis	1	—	1
Tubercular peritonitis	2	1	3
Tubercular pyclo-nephritis	1	—	1
Total	15	22	37

The following table gives particulars as to the tubercular death-rate during the past eight years:—

Year.	Average number of patients resident.	Deaths from all causes.	Tubercular Deaths.	Percentage.
1900	1905	310	104	5·46
1901	1772	164	67	3·78
1902	1768	134	43	2·38
1903	1752	131	34	1·94
1904	1751	158	53	3·02
1905	1776	126	44	2·47
1906	1782	127	40	2·24
1907	1817	151	37	2·03

Among the other chief causes of death during 1907 were senile decay 21, pneumonia and bronchitis 20, cerebral softening 13, valvular disease of heart 12, cancer 9, general paralysis of the insane 6.

Accidents, Inquests, and Sudden Deaths.

There were 10 accidents during the year, involving fractures of bone and other serious injury, each being fully reported at the time. The circumstances of each accident were also inquired into by members of the Sub-Committee soon after the injury had been sustained.

Besides the above accidents, there were three inquests. At an inquest held on June 10th, on the body of Lucy Boyston, aged 84, the jury returned the following verdict:—"That the said Lucy Boyston died on the 7th day of June, 1907, at Leavesden Asylum aforesaid, from failure of the heart's action and senile decay, accelerated by a fractured thigh, which was caused by her accidentally falling in No. 3 Ward on the 30th April, 1907, and that no blame is attached to any person." At an inquest held on June 26th, on the body of Sarah Haycock, aged 75, the jury returned the following verdict:—"The said Sarah Haycock died at the Metropolitan Asylum, Leavesden, on the 23rd day of June, 1907, and the cause of death was due to a fracture of the right thigh and congestion of the

lungs and shock following on it. That such fracture was caused by the deceased accidentally falling in No. 5B Ward, on the 30th May, 1907. That no blame is attached to any of the officials." A rider was added:—"That, having regard to the number of deaths which have occurred by patients falling and injuring themselves, the jury consider that suitable shoes should be supplied to the attendants." At an inquest held on August 13th, on the body of Victoria Hawkins, aged 62, who had fractured ribs at death, the jury returned the following verdict:—"That the said Victoria Hawkins died at the Leavesden Asylum of the Metropolitan Asylums Board, in the Parish of Watford, on Monday, the 12th day of August, 1907, from softening of the brain (a natural cause), accelerated by shock caused by an involuntary fall, arising from the condition of deceased's health, and that no blame attaches to any of the officers of the above-named asylum."

There were 4 cases of unexpected or unusual death, in which the Coroner, after satisfying himself as to the facts, did not deem an inquest necessary.

Entertainments and Amusements Provided. These, of a high order, and mostly provided by the staff, have taken place as usual. The pantomime and the Choral Society's concerts were excellent. In this connection the valuable services of the Chaplain and Mrs. Athelstan Clark should be specially recorded.

Improvements and Additions. Among the more important works executed during the year may be mentioned the laying out of a new recreation-ground, the thorough repair of the main roads on the estate, the provision of better fire-grates throughout the institution, and the entire removal of the old heating apparatus from the wards. The new graveyard is to be ready for consecration by the Bishop of St. Albans in June, 1908.

The Staff. During the year eleven of the staff obtained the valuable nursing certificate of the Medico-Psychological Association, and thirty-seven gained the St. John Certificate.

General Remarks. A Commissioner in Lunacy visited on January 25th, and a Local Government Board Inspector on February 27th.

The list of communicable diseases which have occurred among the patients during the year comprises one fatal case of enteric fever, one fatal case of dysentery, and three cases of erysipelas, all of whom recovered. Two nurses had scarlet fever, and were treated until recovery at one of the Board's Fever Hospitals.

There was no necessity during 1907 to use seclusion by day or night, mechanical restraint, or strong dresses in the treatment of the patients.

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

No. 3.

CATERHAM ASYLUM.

CATERHAM, SURREY,

1st January, 1908.

The following is a summary of the changes during the year 1907 :—

To the Asylums Committee,—

I beg to submit my Annual Report on the condition of the Asylum and patients for the year 1907, together with the usual statistical tables.

The following tabulated statement shows the number of admissions, discharges, and deaths, the total number under treatment, and the average daily number resident during the year :—

	Males.	Females.	Total.
Number of Patients on January 1st, 1907	845	1,036	1,881
Admitted Since	37	102	139
Total under treatment	882	1,138	2,020
Discharged	8	25	33
Died	65	77	142
Remaining December 31st, 1907	809	1,036	1,845
Average daily number resident...	837	1,042	1,879

Admissions. Of the 139 patients admitted during the year, with the exception of 4 men and 7 women, transferred from London County Asylums, all were received from the Board's Asylums. As regards the condition of these patients, I can only repeat the opinion expressed in previous reports, that the majority are unsuited for treatment in an Asylum such as this, where the largeness of the wards renders the collection of so many helpless, cripple, excitable, and noisy cases, whose habits are frequently depraved and destructive, both unsatisfactory and not devoid of risk. While every endeavour is made to utilise all patients capable of doing any work at all, the necessity of obtaining more paid help is becoming more and more imperative, for as those who have in the past been usefully employed drop out, owing to age and debility, it is impossible to replace them. In this respect I might mention that in the annual return recently compiled for the Commissioners in Lunacy, the number of employed on the female side shows a fall from 40 per cent. in 1904 to 33 per cent. at the end of this year.

Discharges. Of the 33 patients who left the Asylum during the year, 5 males and 3 females were transferred as suicidal or dangerous to acute asylums, 1 male and 20 females to asylums under the Board, 2 men and 1 woman were discharged as recovered, and 1 woman was removed by order of the Clerk to the Guardians to the Parish to which she was chargeable.

While always anxious to give those who have improved a chance of leaving the Asylum, I feel very strongly that, in the case more especially of young female degenerates, the discharge of such patients on the solicitation of friends, often contrary to medical advice, is to be deprecated. The parent or next-of-kin may sign an undertaking to be responsible for safe care and maintenance, but the possibility of marriage and the risk of imbeciles and epileptics being propagated is very great, an increase in lunacy and in consequence an additional encumbrance of the rates being extremely probable.

Deaths. The total number of patients who died during the year was 142—65 male and 77 female. The percentage, calculated on the average daily number resident, being 7·8 for the males and 7·4 for the females, and the cause of death was verified by post mortem examination in 127 cases. In the cases of 9 male and 7 female patients the certified cause of death was pulmonary tuberculosis, which, under the circumstances, cannot be considered as excessive. In no case, in my opinion, could the disease be attributed to infection after admission, and in support of this view it is noteworthy that, specially on the male side, a large proportion had only been a comparatively short time in the Asylum. Early in the year pneumonia was prevalent, 16 male and 7 female patients succumbing to that complaint, while, as in previous years, senile decay was a prominent cause, 11 exceeding 80 and 2 being over 90 years of age. Inquests were held in the case of 1 male and 3 female patients; the verdicts were in accordance with the medical evidence and call for no special comment.

Casualties. There has been no serious accident on the male side, but 16 women sustained dislocations or fractures of bones during the year; all were more or less helpless or decrepit, 9 exceeding 70 and 2 being over 80 years of age. As in 3 of the cases death occurred within a few months of the accident, the Coroner for the district decided to hold inquests, and in no case was blame attached to any official.

Restraint and Seclusion. In September a female patient was restrained for a period of 3 hours for surgical purposes, and 4 women have been secluded for a total period of 3 hours, chiefly at meal times, when the staff was in consequence depleted.

Entertainments and Amusements. The usual weekly entertainments, in the form of dances, theatricals, concerts, etc., during the winter months have tended greatly to brighten the lives of the patients and relieve monotony, while the annual summer Fête, attended by more than 800 patients, was greatly appreciated, both by patients and staff, as was also the cricket and football matches, in both of which the asylum team did well.

General History. The sanitary condition of the Asylum and health of the patients and staff have been generally satisfactory.

During the months of January and February a nurse and 8 female patients were removed to the Isolation Hospital, owing to suspicious, though to some extent negative, symptoms of scarlatina. It is difficult to trace the origin or account for the spread of the complaint, the patients having been located in four different blocks. As far as I could ascertain at the time, there were no cases in the immediate neighbourhood, and in my opinion it must have been imported

by friends when visiting patients. The visit of Dr. Cuff, Medical Investigator to the Board, who saw the patients in consultation with me, was a source of great satisfaction.

Dr. Downes, Local Government Board Inspector, visited the Asylum on February 28th; Mr. Reginald Palmer, Lord Chancellor's Visitor, interviewed a female patient on February 28th and July 12th; there was a general inspection of the Asylum by the Asylums Committee on July 12th; and two of the Commissioners in Lunacy visited the Asylum on December 17th.

Structural Alterations and Improvements. The usual work necessary for the cleaning, renovating, and upkeep of the Asylum has been carried out, and I can speak most highly of the very satisfactory way in which several members of the male staff have this year rendered considerable assistance by thoroughly washing down the walls of their wards and corridors. The bath-rooms on both sides have been reorganised, the new baths fitted, the better supply of hot and cold water and arrangements for filling and emptying the baths have proved very satisfactory. The better ventilation and extraction of steam from the female staff wash-house has been effected by two turbine propeller fans. The alteration of additional windows so that they can be opened has also greatly improved the ventilation of the Chapel. A new W.C. and urinal have been provided adjoining the general kitchen for the use of the male patients.

The Staff. A charge male and charge female attendant, after 34 and 35 years' service respectively, were superannuated; in both cases the silver medal for long and meritorious service had been awarded by the Asylum Workers Association. With but very few exceptions, the conduct of the staff has been very good, and their duties carried out in a most satisfactory manner.

During the year 12 members of the staff obtained the certificates for proficiency in mental nursing granted by the Medico-Psychological Association, and 22 the certificates issued by the St. John Ambulance Association. The interest taken in the instruction given by the Medical Officers is most gratifying, and it is with the utmost satisfaction I am able to record that 57 per cent. of the present nursing staff hold one or other of these certificates.

(Signed) P. E. CAMPBELL, M.B.,
Medical Superintendent.

No. 4.

DARENTH ASYLUM.

February, 1908.

Statistics for the Year 1907.

	Males.	Females.	Total.
On January 1st, 1907, the asylum contained	991	950	1941
Admitted during the year	153	77	230
Total number under treatment during the year ...	1144	1027	2171
Discharged during the year	89	97	186
Died during the year	33	38	71
Remaining in the asylum on December 31st, 1907 ...	1022	892	1914

Admissions. There were 230 patients admitted during the year, all of whom were transferred from other asylums under the Board, with the exception of two, who were admitted from Claybury Asylum and Colney Hatch Asylum respectively; one of these was only aged 3¾ years, being admitted by special permission of the Local Government Board.

Discharges. There were 186 discharges during the year, and I again regret to report that 17 were discharged by order of the Guardians. This makes 34 patients discharged in this way during the past two years, none of whom, in my opinion, ought to have been allowed to leave the asylum.

The general health of the institution was very satisfactory, and there was no epidemic during the year. The accidents have been few, and there has been no inquest.

The Farm. The farm accounts for the past year show a balance of £1,503 5s. 10d. This is the highest favourable balance ever known to have been recorded.

Industrial Colony. Satisfactory progress has continued to be made, and there are now 494 males and 374 females usefully employed.

will be ready for occupation early next March. The difficulty of supervising the

work in our present shops, which are scattered over the institution at considerable distances from one another, will then be overcome, and I confidently look forward to much better work being obtained as a result of this.

For a considerable time the female needleworkers, owing to lack of room, have been compelled to use as a needleroom what was originally a store under the Infirmary Block. This room was in many ways most unsatisfactory, so, with the sanction of the committee, in October last Ward 6, which up till then had contained 40 crippled patients, was converted into two needlerooms. These 40 patients were transferred to other asylums of the Board, and arrangements were made so that there was no loss in the accommodation for the normal number of patients. One of these needlerooms is now used as a repairing-room, and the other for making new work for other institutions. As will be seen later, this innovation has met with a great success.

Drilling of the male and female patients continues to be efficiently carried on by the male and female staff, and at present 68 females and 86 males receive instruction. The benefit accruing to the patients from this drill cannot be overestimated. The way they walk and hold themselves and their general behaviour has improved immensely, and any one who knew the patients, but had not seen them for the last two years, would hardly know them as the same people.

Below, each industry is separately dealt with, and a comparative table of the work done in 1906 and 1907 is presented:—

Tailor's Shop.—There is a considerable increase in the new work, and the repairs to the institution have been kept well up to date. Some few repairs have also been done for Belmont Asylum and the Central Stores. Articles made, 2,122; articles repaired, 11,459.

Shoemaker's Shop.—The progress in this shop cannot be estimated by the number of new articles made or the number of repairs, which show a decrease, as compared with last year, but must be judged by the improved finish given to the work. Besides our own work, repairs are done for White Oak School, Tooting Bec and Belmont Asylums. Articles made, 316; articles repaired, 8,521.

Upholsterer's Shop.—In this shop again there is a large deficit in the number of articles made, as compared with the previous year; but, in reality, owing to the larger kinds of work undertaken, the progress has been considerable. Upholstery work, mattress-making, etc., is now being undertaken for the following institutions:—Tooting Bec, Leavesden and Belmont Asylums, Joyce Green and the South-Eastern Hospitals, and Lloyd House. When the new shop is taken over, it will probably be necessary to obtain an additional carding machine. Articles made, 1,236; articles repaired, 3,361; hair-carded, 90,781 lbs. In connection with this shop, and in order to compete with the large amount of work now being done for other institutions, it is proposed shortly to start a mattress-making shop for female patients.

Basket Shop.—Great progress can be reported in this shop, both in the number of articles turned out, and in the general finish of the work. The patients are exceedingly good at chair-caning, basket-repairing, and fancy-basket work. A little bamboo work is also done. We are much handicapped by want of space in this shop. Articles made, 942; articles repaired, 196; chairs caned, 185.

Mat Shop.—Though largely handicapped by want of space, the general quality of the work turned out by the patients in this shop has been excellent, both in coir work and in rug-making, by both boys and girls, especially considering that the male and female instructors both have learnt their work here. A large expense is saved to this institution by being able to repair coir mats and

kneelers. Articles made—6 fend-offs, 570 coir mats, 59 nets, 51 rugs. Articles repaired, 348.

The above potato nets are entirely made by one blind patient.

Brush Shop.—Excellent progress has been made in this shop, over 2,600 more brushes having been made this year than last year. There are now nine patients thoroughly proficient at pan work, and others are rapidly improving. In the female brush shop the girls under Nurse Maxim—who learnt the trade here—are most useful, and good progress has been made. A lathe for drilling brush boards and backs has recently been obtained. This should prove a great saving, as the prices for unbored backs is very much lower than for those already bored. Brushes made, 14,593.

Carpenter's Shop.—This shop has been fully employed throughout the year. The work turned out has been good, and, I believe, will fully compare with the samples to which we have worked. The work has consisted chiefly of large and small tables of pine, American white wood, and birch, deal and teak foot-racks, knife-boxes, etc., and we have at present in hand 160 satin walnut tables, 2 wardrobes, and 12 birch deck-chairs, as well as the equipment for the new industrial workshops. Some of the patients can, alone without help, make throughout $9' \times 4'$ $6''$ tables in oak and white wood. It is proposed shortly to engage an assistant industrial attendant in this shop. The articles made in this shop show a large increase over the previous year.

Painter's Shop.—A large amount of work has been done by the industrial painter, with his nine patients, during the past year, and it is proposed that they shall be given a considerable quantity of the next year's painting contract. Their work is generally improving. The estimated value of work done is £136 5s.

Woodchopping.—A large amount of work continues to be done in this shop, 223,093 bundles having been made, over 13,000 more than last year. It is hoped in the near future to generally improve the light in this shop, and also the sanitary accommodation.

Tinsmith's Shop.—The number of articles made in this shop has largely increased, although many of them, owing to their being hand-made and to the large cost of the material, do not show a profit. The patients in this work have made less progress than in any other department, but I am still hopeful that, under better conditions and with better supervision, it will eventually turn out to be a success. Articles made, 812; articles repaired, 326.

Bookbinding Shop.—This is the first year in which it has been possible to keep a profit and loss account in this industry, the shop only having been opened in July, 1906. Notwithstanding that during this time there has been a change in the industrial attendant instructor, very considerable progress has been made, and the results, as far as we have gone, are, I think, extremely satisfactory. In connection with this shop a book-sewing-room has been started on the female side, and three or four girls are doing thoroughly good work. The books bound vary from MS. books to registers of staff, finance reports, Board minutes, etc., for the Chief Office. Two of the male patients are competent to bind any book throughout, and one is making rapid progress with gold lettering. In both the female and male rooms paper-bag making and cardboard-box making are also undertaken, and the girls especially are exceedingly good at this work.

The following is a detailed account of the work done in these shops during the past year:—

MS. Books, Etc., Made.

1,268 2 qr. marble side MS. books
474 1 qr. „ „ „ „
1,000 2 qr. octo. red skiver notebooks,
278 1d. notebooks.
378 2d. „
25 2 qr. officer's report books.
12 3 qr. committee minute books.
2 4 qr. „ „ „ (in vellum).
78 3 qr. shorthand notebooks.

3,515

Books Bound, Official.

8 leave lists.
5 volumes "Times."
5 Chief Office attendance books.
1 fortnightly statements.
6 staff washing returns.
4 medical extra books.
4 volumes "Lancet."
3 „ "British Medical Journal."
5 „ L.C.C. minutes.
2 Board's agendas
3 letter books
2 sub. staff returns.
10 weekly wages books.
2 registers of staffs.
24 Hospital Committee minutes.
110 volumes magazines.

Books Bound.

2 finance reports.
64 volumes Board minutes.
2 expenditure statements.
4 volumes "Builder."
1 Webster's Dictionary.
1 diphtheria return.
15 volumes Works Committee Minutes.
15 volumes Asylums Committee Minutes.
12 volumes Children's Committee Minutes.
1 public health return.
1 seal book.
3 lettering pieces.
1 volume "Engineer."
1 „ "Engineering."
1 „ "Electrical Review."
2 invoice and day books.
2 Lunacy Commissioners' reports.
1 Registrar General's return.
2 fever returns.
2 smallpox returns.
2 staff prescription books.
1 volume bank interest.
1 „ cash papers.
1 gate book.
48 books altered and repaired.
1 volume receipt papers.
1 „ school register.
3 washing returns.
20 fancy notebooks.
45 novels.

Fancy articles made:—

12 collar-boxes, 3 blotting-pads, 1 leather pocket-case, 3 writing-cases, 1 strop-case, 9 razor-cases.
50,870 paper-bags.
1,500 cardboard-boxes.

Roadmakers.—The patients engaged in roadmaking have been most useful in remaking roads, levelling and preparing ground for the excavations for the new workshops, and in helping generally with all building work.

Needlerooms.—There are now four rooms for needlework, one, as formerly, at the Training Schools, for making all the Darenth clothing, another in the Industrial Colony, for general repairs; a third in the Industrial Colony, for teaching the patients the most elementary part of needlework; and, lastly, a new needleroom, mentioned above, in which clothing is made for outside institutions. This last needleroom was commenced in October, 1907, and at the present time there are 63 patients employed there; seven of these can cut out, fix, and make articles throughout, 18 others are capable of doing hand-finishing of the work without supervision, while the remaining 38 can sew very neatly, but require their

articles fixed for them. Of the above patients, six have been taught, and constantly use, treadle sewing machines, others are being brought on, and I hope before long that this number will be doubled.

Since October the following articles have been made in this needleroom for outside institutions, and I may mention that the only paid labour employed is a needle-mistress and one assistant, who is not always present:—

36 oven cloths, 36 pudding cloths, 472 chamber towels, 100 dinner cloths, 100 medicine cloths, 926 bath towels, 306 table cloths, 386 round towels, 562 tea cloths, 452 chemises, 210 pairs of drawers, 403 flannel vests, 120 Oxford shirts, 36 glass cloths, 215 bibs, 378 flannel petticoats, 123 upper petticoats, 24 dust sheets, 84 blankets (cut in halves), 125 cloaks and hoods, 72 feeding cloths.

Total, 5,196 articles.

In the repairing room, which adjoins the new needleroom, 61 patients are employed, two of whom have been taught, and constantly use, treadle machines. These patients are improving rapidly, and it is proposed to draft them into the new needlroom as others can be found to take their place from the probationary needleroom. The probationary room at present contains 21 patients, though 30 others, who had no idea how to hold a needle, have passed through this room since it commenced, and after learning well enough to do repairs, have been drafted on to the repairing-room, whilst two of these, who had no idea of needlework in 1906, are now doing new work in the new needleroom. It should be mentioned that one patient in the repairing-room has been taught to use the stocking-machine, and has in the past few months refooted 761 pairs of stockings. Another stocking-machine has been purchased, and will shortly be in use. Articles repaired, 35,336.

Needleroom at Training School.—In this needleroom 15 patients are now employed, and are doing extremely well. Articles made, 13,428; repairs, 3066.

Kitchens.—10 female patients and 8 male patients continue to be usefully employed in the two kitchens. They are all doing good work.

Laundries.—67 female patients are employed in the two laundries. They have shown steady progress during the past year, though their work has been much handicapped by the building and alterations which have taken place in the laundries. As now arranged, the whole of the patients' washing is dealt with in the Industrial Colony Laundry, whilst that of the staff is washed at the schools.

INDUSTRY.	Number of Patients employed.		Number of Articles made.		Number of Articles repaired.		REMARKS.
	1906.	1907.	1906.	1907.	1906.	1907.	
Tailor	42	44	1,764	2,122	14,967 5 sundries	11,459	The repairs are valued as follows:—Jackets, 9d. each; vests, 4d.; trousers, 8d.; capes, 3d.; overcoats, 9d.; and combinations, 3d. The new articles as per contract.
Upholsterer	20	21	3,139	1,236	3,057 Hair carded 60,847 lbs.	3,361 Hair carded 90,781 lbs.	Repairs valued: Mattresses, 1/-; bolsters, 6d.; pillows, 3d.; hair carding, ¼d. per lb. Other articles valued as follows:—Mattresses remade, 2/6; bolsters, 3d.; pillows, 4d.; kneelers, 6d.
Shoemaker	39	43	484 21 doz. pegs	316	8,227	8,521	Repairs:—White Oak, 1/3; Darenth, 1/9; Belmont, 2/-. New work as per schedule.
Basket maker	11	14	466 Chairs caned	942	205	196	All goods are charged at contract prices.
Chair caning	4	4	195	182 and 3 lounge frames	...	...	At 1/3 per seat (large and small)
Brush maker	Male 19 Female 18	Male 20 Female 19	11,944 Fendoffs 32	14,593 Fendoffs 6	...	1	All goods are charged at contract prices.
Mat ,,	21	25	624 Nets 72	570 Nets 59	43	348	Do. do.
Rug (Axminster) maker	Male 6 Female 9	Male 4 Female 9	63	51	...	...	These rugs have been sold at 3/- to 42/-.
Wood chopping	38	31	210,033	223,093	...	...	At 30/- per 1000.
Tinsmith	6	6	349	812	308	326	The price for repairs is based on tinsmith's time, and new work to schedule price.
Carpenter	18	19	762	2,051	48	8	At invoiced prices to other institutions, and a nominal charge for repairs.
Bookbinder	6	7	...	50,870 paper bags 1,500 cardboard boxes 757 official volumes bound 3,515 MS. books, etc., bound	...	...	
Painter	10	9	...	...	...	...	
Baker	7	9	...	...	...	...	
Farm and garden, carts, etc.	58	58	...	...	...	...	
Roadmaking	6	7	...	...	...	...	
Bricklayer	1	2	...	...	...	...	
Engineer	2	2	...	...	...	...	
Stores	6	5	...	...	...	...	
Kitchen	8	8	...	...	...	...	
Handyman	3	4	...	...	...	...	
Ward work	104	100	...	...	...	...	
Domestic offices	9	7	...	...	...	...	
Odd jobs	47	45	...	...	...	...	
Laundry	73	67	...	...	...	...	
Kitchen	10	10	...	...	...	...	
Needleroom	83	160	...	...	...	...	
Brush makers	18	19	...	...	...	...	
Rug ,,	9	9	...	...	...	...	
Messroom	2	2	...	...	...	...	

Profit and Loss Account for the Year ended Michaelmas, 1907:—

Dr. SHOEMAKER'S ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	35 8 4	Goods disposed of and repairs executed	798 3 1
,, ,, New Stock	428 0 4	Value of Stock in hand ...	73 3 6
Rations and wages of Instructor	138 16 10		
To balance of account ...	269 1 1		
	£871 6 7		£871 6 7

69,500½ hours of patients' labour not charged.

Dr. TAILOR'S ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock Brought forward	94 15 10	Goods disposed of and repairs executed	681 3 5
,, ,, New Stock	305 12 10	Stock remaining	50 9 8
Rations and wages of instructor	128 16 7		
To balance of account ...	206 7 10		
	£735 13 1		£735 13 1

75,586½ hours of patients' labour not charged.

Dr. UPHOLSTERER'S ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	108 10 8	Goods disposed of and repairs executed	770 3 2
,, ,, New Stock	320 14 3	Value of Stock in hand	134 16 7
Rations and wages of instructor	115 17 4		
To balance of account ...	359 17 6		
	£904 19 9		£904 19 9

35,023 hours of patients' labour not charged.

Dr. BRUSH ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	185 19 11	Goods disposed of and repairs executed	585 16 8
,, ,, New Stock	533 2 5	Value of Stock in hand	321 17 9
Rations and wages of instructor	66 7 0		
To balance of account ...	122 5 1		
	£907 14 5		£907 14 5

28,212 hours of patients' labour not charged.

Dr. BASKET ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	140 6 5	Goods disposed of and repairs executed	235 1 0
,, ,, New Stock	146 17 0	Value of Stock in hand	131 10 2
Wages and rations of instructor	44 14 5		
To balance of account ...	35 3 4		
	£366 11 2		£366 11 2
27,415 hours of patients' labour not charged.			

Dr. MAT ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	37 6 9	Goods disposed of and repairs executed	162 0 4
,, ,, New Stock	115 9 9	Value of Stock in hand	92 8 3
Wages and rations of instructors	41 9 4		
To balance of account ...	60 2 9		
	£254 8 7		£254 8 7
48,419½ hours of patents' labour not charged.			

Dr. FIREWOOD ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	74 5 3	Firewood made	235 14 0
,, ,, New Stock	649 18 0	Value of Stock in hand	591 16 5
Wages and rations of instructor	40 2 2		
To balance of account ...	63 4 10		
	£827 10 5		£827 10 5
76,197 hours of patients' labour not charged.			

Dr. TINWARE ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	21 14 0	Goods disposed of and repairs executed	30 15 3
,, ,, New Stock	18 18 5	Value of Stock in hand	21 8 7
Wages and rations of instructor	28 18 7	Balance against account	17 7 2
To balance of account ...			
	£69 11 0		£69 11 0
8,837 hours of patients' labour not charged.			

Dr. PAINTER'S ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock in hand ...		Goods disposed of and repairs executed	136 5 0
New Stock	6 19 3	Stock in hand	
Wages and rations of instructor	55 7 0		
To balance of account ...	73 18 9		
	£136 5 0		£136 5 0
12,230½ hours of patients' labour not charged.			

Dr. CARPENTER'S ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	46 10 5	Goods disposed of and repairs executed	373 8 6
,, ,, New Stock	191 12 8	Value of Stock in hand ...	54 1 1
Rations and wages of instructor	140 6 5		
To balance of account ...	49 0 1		
	£427 9 7		£427 9 7
10,728 hours of patients' labour not charged.			

Dr. BOOKBINDER'S ACCOUNT. *Cr.*

	£ s. d.		£ s. d.
Value of Stock brought forward	9 10 10	Goods disposed of and repairs executed	129 14 2
,, ,, New Stock	93 2 7	Value of Stock in hand ...	70 14 7
Rations and wages of instructor	33 19 0		
To balance of account ...	63 16 4		
	£200 8 9		£200 8 9
10,920 hours of patients' labour not charged.			

These totals do not include the rent or maintenance of the Shops. A correct proportion of the Craftsmaster's salary is now included.

Chaplain's report. The Chaplain reports that his work has manifested interesting results during the past 12 months. The Chapel services have been well attended, and their congregational character has been maintained. The choir has improved, and is now able to lead in the services better than for some years past.

The Sunday School is making progress. The best method for carrying it on, experience will decide. The instruction is essentially elementary. The effort is being made to impress the simple fundamental facts of religion, and by constant repetition to enable the child to grasp them. The children's singing has greatly improved. Their Chapel services in this respect are far in advance of past years.

The Bible Class for the Colony girls has maintained its numbers. The members show interest in its work, and are exceptionally regular in attendance.

A class for boys has also been started, and promises to develope. It is satisfactory to note the earnestness manifested by its members. If this continues, its success will be assured.

The lantern has been used for several services, and is a valuable means for arousing interest, and, through pictorial illustration, for realisation of facts. A picture is more efficient than abstract statements for our people.

The regular visiting of the different wards and workshops is carried out, and is the best means for using personal influence.

He wishes to express his thanks to all those who have so kindly assisted him in carrying out his work during the last 12 months.

Head Mistress's Report.

Statistics.

	Males.	Females.	Total.
Number on School Register on January 1st, 1907 ...	233	171	404
Admitted during the year	65	35	100
Taken off Register	55	33	88
Number on School Register on December 31st, 1907 ...	243	173	416
Highest number attending School daily	—	—	393

During the past year the children of the various classes have progressed steadily both in lessons and work.

As will be seen by the following table, several new industries have been started, and the bead blind-making proves an attractive as well as a remunerative occupation for the little ones.

An advance in the weaving department has been made on the glass cloths, and material for children's blouses is now being woven.

The paper flower industry has much improved; sprays as well as bunches are now made. The following table shows the number of articles made in the school and sold during 1907:—

No.	Industry.	No. of Articles.	£ s. d.
1	Basket Work	275	7 12 0
2	Rug Work	7	1 18 0
3	Teneriffe Lace and Drawn Thread Work	47	3 8 0
4	Calico Animals	189	3 17 11
5	Fancy Needlework	6	0 15 6
6	Flower Work	2608	10 17 4
7	Paper Work	263	2 7 10
8	Macrame Work	87	8 0 1
9	Knitting	56	3 16 10
10	Hand Loom Weaving	28	1 1 0
11	Bead Blind Making	10	1 10 5
12	Fretwork	7	0 13 3
13	Woodwork	2	0 5 9
14	Crochet Work	25	0 6 2
15	Cross Stitch	20	0 5 0
16	Victorian Embroidery	2	0 10 6
	Total	3632	£47 5 7

WORK FOR THE INSTITUTION NOT SOLD.

No.	Industry.	No. of Articles.
1	Plain Needlework	504
2	Ironing	2042
3	Cane Seating	7
	Total	2553

The following alterations and improvements have been carried out at the Institution during the past year:—

Painting and cleaning pavilion wards and the gas-holders.
Repairs to sulphate house.
Tiling and sanitary improvements, Industrial Colony Centre.
Repairs to roofs and chimney tops, pavilions.
Repairs to chimneys, Industrial Colony.
Alteration to circulating boilers, schools.
Paving back entrance yard, Industrial Colony.
Repaving stores yard, schools.
Tiling scullery floor, Industrial Colony.
Alterations and building in Industrial Colony and school laundries.
Building new workshops.

(Signed) A. ROTHERHAM,
Medical Superintendent.

No. 5.

BELMONT ASYLUM.

1st January, 1908.

Statistics. The following is a summary of the statistics for the year 1907:—

	Male Patients.		
	Over 16 years of age.	Under 16 years of age.	Totals.
No. resident Jan. 1st, 1907	294	8	302
Admitted during the year 1907 ...	90	—	90
Discharged—			
(a) To other Asylums of the Board	32	8	40
(b) Not recovered	2	—	2
(c) Died	38	—	38
Total No. of cases under treatment ...	392	—	392
No. remaining Dec. 31st, 1907	312	—	312

Adaptation of Buildings. The year 1907 has been comparatively uneventful, except for the modification which has taken place in the Board's policy in regard to the development of the Asylum. On April 13th, 1907, the Board adopted a recommendation of the Asylums Committee that "the scheme relative to the proposed alterations and additions to Belmont Asylum now before

the Local Government Board be withdrawn." It, therefore, became necessary to decide to what extent it was practicable to remove the disabilities which up to that time had been submitted to in the expectation that they were merely of a temporary character. A lengthy report on this subject was laid before the Sub-Committee on July 2nd, 1907, and several minor works intended to meet the more pressing needs of the institution are now either in progress or under consideration. Of these, the most important is the provision of a ring main round the occupied buildings in order to supply a sufficient quantity of water under high pressure to cope with any fire that may occur. Some repairs necessary to the preservation of the unoccupied buildings have also been carried out by the Works Committee.

Ophthalmia Epidemic. There has, fortunately, been no recurrence of the enteric fever which caused so much anxiety in 1906, but the summer months were marked by an outbreak of ophthalmia, which assumed rather extensive proportions. Many of the patients have suffered at intervals from this disease for years, and are liable to relapses, which, as in this instance, may make them sources of infection. Mr. E. Treacher Collins visited the Asylum on July 17th to advise upon the cases, and the services of two non-resident ophthalmic nurses were engaged to assist in carrying out the line of treatment prescribed. Thirty of the unaffected patients were temporarily transferred to Tooting Bec Asylum in order to facilitate the separation of those suffering from the disease. Towards the end of August the number of cases reached 67, and there has since been a steady decline in the figures, only 8 patients now requiring isolation.

Deaths. Thirty-eight deaths occurred in 1907, as against 67 in 1906. In one instance an inquest was held, the Asylum officials being exonerated from blame in connection with the death.

A post-mortem examination was made in every case, and notes of any features bearing upon the study of pathology were preserved. Much more might be done in this department if some additions were made to the equipment of the post-mortem room.

Accidents. In August one patient sustained an intracapsular fracture of the neck of the left thigh-bone, and in September a case of fractured collar-bone occurred. Neither accident could be attributed to neglect of duty on the part of any member of the staff.

Mechanical restraint. It was not found necessary to employ either this measure or seclusion during the year.

Visits of Inspection. Two Commissioners in Lunacy, Messrs. E. M. Cooke and L. L. Shadwell, visited the Asylum on March 21st. As a result of representations made by them, an extra door of exit has been provided in the section of the isolation block where entertainments for the patients are given.

Messrs. R. G. Duff and V. F. Roundell, assistant-inspectors of the Local Government Board, visited the Asylum on October 16th, and the annual inspection by the Managers took place on July 20th.

The Farm. This is now placed on a satisfactory footing, and a balance on the right side appears in the accounts made up to Michaelmas, 1907. During the year 1907 the amounts of the three chief forms of produce disposed of have been approximately:—

	Used in the Asylum.	Transferred to other Asylums.
Potatoes	23 tons ...	45 tons
Vegetables	12 tons ...	15 tons
Pork	17½ cwt. ...	...

(Signed) E. B. SHERLOCK,

Acting Medical Superintendent.

ANNUAL REPORT, STATISTICAL COMMITTEE, 1907.

B.—ASYLUM STATISTICS.—TABLE I.—*Admissions, Re-admissions, Discharges, and Deaths during the Year ended 31st December, 1907.*

	TOOTING BEC ASYLUM.						TOOTING BEC RECEIVING HOME FOR CHILDREN.						LEAVESDEN ASYLUM.			CATERHAM ASYLUM.			DARENTH ASYLUM.			BELMONT ASYLUM.			SUMMARY.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
In the Asylums, 1st January, 1907	..	..	..	282	461	743	..	..	..	11	5	16	..	..	..	818	977	1,795	..	..	..	845	1,036	1,881	..	..	..	991	950	1,941	..	..	..	302	..	302	..	..	..	3,249	3,429	6,678
Cases admitted —																																								
First admissions	237	285	522	..	..	..	124	77	208	..	..	..	32	30	62	..	..	..	4	7	11	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	399	399	798	..	..	..
Not first admissions	11	18	29	..	..	..	¶5	..	¶5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	¶16	18	¶34	..	..	..
From other asylums of the Board	*32*	*42*	*74*	..	..	..	..	..	..	..	..	..	*59*	*161*	*220*	..	..	..	*33*	*95*	*128*	..	..	..	*151*	*77*	*228*	..	..	..	*30*	..	*30*	..	..	..	(365)	(375)	(740)	..	..	..
Total cases admitted during the year	..	..	..	280	345	625	..	..	..	¶129	77	¶206	..	..	..	91	191	282	..	..	..	37	102	139	..	..	..	153	77	230	..	..	..	90	..	90	..	..	..	¶415	417	¶832
Total cases under care during the year	..	..	..	562	806	1,368	..	..	..	140	82	222	..	..	..	909	1,168	2,077	..	..	..	882	1,138	2,020	..	..	..	1,144	1,027	2,171	..	..	..	392	..	392	..	..	..	3,664	3,846	7,510
Cases discharged —																																								
Not insane	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	..	..	..
Recovered	10	4	14	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	14	5	19	..	..	..
Relieved	1	1	2	..	..	..	..	..	..	..	..	..	4	3	7	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5	10	..	..	..
Not improved	12	11	23	..	..	..	¶9	4	¶13	..	..	..	12	23	35	..	..	..	5	3	8	..	..	..	17	4	21	..	..	..	2	..	2	..	..	..	57	45	102	..	..	..
To other asylums of the Board	*120*	*176*	*315*	..	..	..	*111*	*63*	*174*	..	..	..	*4*	*13*	*17*	..	..	..	*1*	*20*	*21*	..	..	..	*70*	*93*	*163*	..	..	..	*10*	..	*10*	..	..	..	(365)	(375)	(740)	..	..	..
Died	111	147	258	..	..	..	1	1	2	..	..	..	58	93	151	..	..	..	65	77	142	..	..	..	33	38	71	..	..	..	38	..	38	..	..	..	306	356	662	..	..	..
Total cases discharged and died during the year	..	..	..	275	341	616	..	..	..	121	68	189	..	..	..	78	142	220	..	..	..	73	102	175	..	..	..	122	135	257	..	..	..	80	..	80	..	..	..	384	413	797
Remaining in the asylums, 31st Dec., 1907	..	..	..	287	465	752	..	..	..	19	14	33	..	..	..	831	1,026	1,857	..	..	..	809	1,036	1,845	..	..	..	1,022	892	1,914	..	..	..	312	..	312	..	..	..	3,280	3,433	6,713
Average number resident during the year	..	..	..	288	471	759	..	..	..	12	8	20	..	..	..	819	998	1,817	..	..	..	837	1,042	1,879	..	..	..	1,009	912	1,921	..	..	..	308	..	308	..	..	..	3,273	3,431	6,704
Persons* under care during the year†	..	..	..	551	788	1,339	..	..	..	135	82	217	..	..	..	909	1,168	2,077	..	..	..	882	1,138	2,020	..	..	..	1,144	1,027	2,171	..	..	..	362	..	362	..	..	..	..	..	..
Persons admitted	..	..	..	269	327	596	..	..	..	124	77	201	..	..	..	91	191	282	..	..	..	37	102	139	..	..	..	153	77	230	..	..	..	60	..	60	..	..	..	..	..	..
Persons recovered	..	..	..	10	4	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	2	..	2	..	..	..	..	..	..	14	5	19	..	..	..
Transferred from other asylums not under the Board‡	..	..	..	23	32	55	..	..	..	3	1	4	..	..	..	32	30	62	..	..	..	4	7	11	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	64	70	134
Transferred to other asylums not under the Board §	..	..	..	6	10	16	..	..	..	..	1	1	..	..	..	12	21	33	..	..	..	5	3	8	..	..	..	4	2	6	..	..	..	..	..	..	..	..	..	27	37	64

*Persons, i.e., separate persons in contradistinction to "cases," which may include the same individual more than once. † Total cases, unless re-admissions of patients discharged during the current year. ‡ Included in first admissions. § Included with not improved cases. ¶ 5 re-admitted after recovery from fever.

TABLE II.—*Admissions, Re-admissions, Discharges, and Deaths from the Opening of the Asylums to the 31st December, 1907.*

	TOOTING BEC ASYLUM. Opened 19th January, 1905.						TOOTING BEC RECEIVING HOME FOR CHILDREN. Opened 22nd Oct., 1904.						LEAVESDEN ASYLUM. Opened 9th October, 1870.			CATERHAM ASYLUM. Opened 29th September, 1870.			DARENTH ASYLUM. Opened November, 1878.			BELMONT ASYLUM. Opened 5th July, 1905.			ROCHESTER HOUSE ASYLUM. Opened 1st August, 1901. Closed 24th June, 1905.			GORE FARM (Temporary ASYLUM). Opened 15th Aug., 1904. Closed 5th July, 1905.			SUMMARY.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Persons admitted during the period of 37 years and 94 days	1,494	1,681	3,175	..	..	..	319	232	551	..	..	..	4,513	4,344	8,857	..	..	..	4,409	4,057	8,466	..	..	..	3,088	2,845	5,933	..	..	..	..	..	..	..	..	..	15,826	13,159	26,985	..	..	..
Re-admissions	14	23	37	..	..	..	16	..	16	..	..	..	56	25	81	..	..	..	39	34	73	..	..	..	65	55	120	..	..	..	..	..	..	..	..	..	180	137	317	..	..	..
Admissions from other asylums of the Board	*125*	*164*	*289*	..	..	..	..	..	..	..	..	..	*637*	*836*	*1,473*	..	..	..	*446*	*587*	*1,033*	..	..	..	*1,419*	*1,112*	*2,531*	..	..	..	*524*	..	*524*	..	..	..	*762*	*79*	*241*	..	..	..	*3,514*	*2,829*	*6,343*	..	..	..
Total cases admitted	..	..	..	1,633	1,868	3,501	..	..	..	325	232	557	..	..	..	5,206	5,205	10,411	..	..	..	4,894	4,678	9,572	..	..	..	4,572	4,012	8,584	..	..	..	524	..	524	..	..	..	165	79	244	..	..	..	231	51	282	..	..	..	17,550	16,125	33,675
Discharged cases —																																																			
Not insane	4	3	7	..	..	..	1	1	2	..	..	..	13	8	21	..	..	..	6	2	8	..	..	..	8	14	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE Ia.—*Showing* (1) *the previous attacks among persons admitted during* 1907.

(1) Number of previous attacks.	TOOTING BEC						LEAVESDEN ASYLUM.		
	ASYLUM.			RECEIVING HOME FOR CHILDREN.					
	Persons.			Persons.			Persons.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl
Have had 1 attack ..	12	12	24	..	..	..	..	..	..
„ „ 2 attacks ..	2	3	5	..	..	..	..	..	..
„ „ 3 „ ..	..	2	2	..	..	..	..	..	..
„ „ 4 „ ..	..	..	..	..	..	..	..	..	..
„ „ 5 „ ..	..	..	..	..	..	..	..	..	..
„ „ 6 „ ..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..

(2) Number of times patients recovered.	In this Asylum.			In any Asylum.			In this Asylum.			In any Asylum.			In this Asylum.			In any Asylum.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Once	1	..	1	11	12	23	2	..	2	..	..	..	..	..	..	..	..	..
Twice	..	..	..	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..
3 times	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..
4 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE IIa.—*Admissions and recoveries of persons* from the opening*

	TOOTING BEC						LEAVESDEN ASYLUM.		
	ASYLUM.			RECEIVING HOME FOR CHILDREN.					
	Opened 19th Jan., 1903			Opened 22nd Oct., 1904			Opened 9th Oct., 1870.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Persons* admitted direct during 37 years and 94 days	1494	1681	3175	319	232	551	4513	4344	8857
Persons admitted from other Asylums of the Board during the same period	125	164	289	..	..	..	635	833	1468
Persons discharged during the same period ..	23	20	43	2	1	3	263	150	413
Of whom were re-admitted relapsed†	2		2						
Recovered persons who have not relapsed ..	21	20	41	2	1	3	Insufficient data obtainable, hence impossible to give reliable figures.		
Relapsed persons discharged recovered‡ ..	1		1						
Net recovered persons§	18	17	35	2	1	3			

* Persons, *i.e.*, separate persons in contradistinction to cases, which may include the same individual
‡ *i.e.*, after last re-admission, if relapsed more than once. § *i.e.*, recovered

and (2) the number of times they had previously recovered in an asylum.

CATERHAM ASYLUM.			DARENTH ASYLUM.			SUMMARY.		
Persons.			Persons.			Persons.		
M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
3	5	8	..	..	..	15	17	32
1	..	1	..	..	..	3	3	6
..	..	..	..	..	..	..	2	2
..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..

In this Asylum.			In any Asylum.			In this Asylum.			In any Asylum.			In this Asylum.			In any Asylum.		
M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	11	12	23
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	5
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

of the asylums to the 31st December, 1907 (37 years and 94 days).

CATERHAM ASYLUM.			DARENTH ASYLUM.			BELMONT ASYLUM.			ROCHESTER HOUSE ASYLUM.			GORE FARM (Temporary) ASYLUM.			SUMMARY.		
Opened 29th Sept., 1870.			Opened Nov., 1878.			Opened 5th July, 1905.			Opened 1st Aug., 1901. Closed 24th June, 1905			Opened 15th Aug., 1904 Closed 5th July, 1905.					
M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
4409	4057	8466				..	..	..	..	..	..	..	..	..	10735	10314	21049
446	587	1033	Insufficient data obtainable, hence impossible to give reliable figures.			436	..	436	..	..	..	231	51	282	1873	1635	3508
272	196	468				..	..	..	..	..	..	..	..	..	560	367	927
						..	..	..	..	..	..	..	..	..	2	..	2
Insufficient data obtainable, hence impossible to give reliable figures.						..	..	..	..	..	..	..	..	..	23	21	44
						..	..	..	..	..	..	..	..	..	1	..	1
						..	..	..	..	..	..	..	..	..	20	18	38

more than once. † *i.e.*, Persons who have relapsed once or more times.
persons, sane at the present time so far as the asylums statistics show.

TABLE III.—*Admissions, Discharges, and Deaths, with the Mean Annual Mortality subsequent*

Year.	Admitted.									Discharged.											
	From Parishes and Unions.*			From other Asylums of Board.			Total.			Recovered‡			Relieved.			Not Improved†			To other Asylums of Board.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
TOOTING BEC Asylum.																					
1903	419	509	928	80	100	180	499	609	1,108	2	2	4	..	..	..	5	12	17	101	132	233
1904	280	300	580	..	2	2	280	302	582	6	6	12	..	..	..	3	16	19	208	193	401
1905	260	268	528	13	19	32	273	287	560	1	3	4	2	5	7	8	17	25	157	152	309
1906	301	324	625	..	1	1	301	325	626	6	6	12	2	1	3	4	8	12	222	128	350
1907	248	303	551	32	42	74	280	345	625	12	‡6	18	1	1	2	12	11	23	139	176	315
TOOTING BEC Receiving Home for Children.																					
1904	15	20	35	..	..	..	15	20	35	..	..	..	..	..	..	..	..	..	8	6	14
1905	91	67	158	..	..	..	91	67	158	..	1	1	..	1	1	3	1	4	76	63	139
1906	90	68	158	..	..	..	90	68	158	2	..	2	..	..	..	4	..	4	88	76	164
1907	129	77	206	..	..	..	129	77	206	..	..	..	..	..	..	9	4	13	111	63	174
	¶		¶				¶		¶												
LEAVESDEN ASYLUM.																					
1898	119	135	254	..	..	..	119	135	254	20	11	31	5	6	11	17	16	33	..	..	..
1899	184	135	319	12	11	23	196	146	342	12	5	17	25	5	30	26	18	44	..	..	..
1900	32	29	61	46	69	115	78	98	176	2	3	5	5	2	7	16	16	32	2	..	2
1901	81	65	146	..	..	..	81	65	146	..	..	..	..	..	..	8	11	19	..	1	1
1902	80	91	171	5	..	5	85	91	176	2	1	3	2	..	2	18	16	34	2	1	3
1903	18	12	30	50	63	113	68	75	143	1	2	3	6	4	10	6	7	13	..	..	..
1904	..	..	..	101	104	205	101	104	205	1	4	5	4	2	6	5	15	20	..	..	..
1905	..	..	..	94	118	212	94	118	212	3	10	13	8	12	20	16	22	38	5	3	8
1906	10	9	19	88	78	166	98	87	185	..	..	..	10	3	13	14	11	25	..	1	1
1907	32	30	62	59	161	220	91	191	282	..	..	..	4	3	7	12	23	35	4	23	27
CATERHAM ASYLUM.																					
1898	80	120	200	..	..	..	80	120	200	7	3	10	2	4	6	4	8	12	..	..	..
1899	76	68	144	..	..	..	76	68	144	3	4	7	3	1	4	10	8	18	..	..	..
1900	41	51	92	..	..	..	41	51	92	8	4	12	4	1	5	7	6	13	..	1	1
1901	54	64	118	..	1	1	54	65	119	2	1	3	1	2	3	2	3	5	1	..	1
1902	67	58	125	1	1	2	68	59	127	2	..	2	2	2	4	5	6	11	..	..	..
1903	15	12	27	111	86	197	126	98	224	..	2	2	1	4	5	8	1	9	48	12	60
1904	..	..	..	53	64	117	53	64	117	1	..	1	1	2	3	5	3	8	..	..	..
1905	..	..	..	62	94	156	62	94	156	4	1	5	8	1	9	6	3	9	9	..	9
1906	25	47	72	57	42	99	82	89	171	2	..	2	5	1	6	8	2	10	..	1	1
1907	4	7	11	33	95	128	37	102	139	2	1	3	..	1	1	5	3	8	1	20	21
DARENTH ASYLUM.																					
1898	61	34	95	19	25	44	80	59	139	..	..	..	8	3	11	17	8	25	19	25	44
1899	38	25	63	14	10	24	52	35	87	..	..	..	3	2	5	4	6	10	26	21	47
1900	102	129	231	2	1	3	104	130	234	..	1	1	5	3	8	1	5	6	46	69	115
1901	83	90	173	2	..	2	85	90	175	3	..	3	..	1	1	5	7	12	41	54	95
1902	99	58	157	9	4	13	108	62	170	..	1	1	6	1	7	3	2	5	69	10	79
1903	136	104	240	40	27	67	176	131	307	5	1	6	3	5	8	3	2	5	129	128	257
1904	97	55	152	75	42	117	172	97	269	1	..	1	8	5	13	3	2	5	217	53	270
1905	..	..	..	194	172	366	194	172	366	..	..	..	5	..	5	4	5	9	97	96	193
1906	..	..	..	200	94	294	200	94	294	1	..	1	4	1	5	10	11	21	157	9	166
1907	2	..	2	151	77	228	153	77	230	2	..	2	..	..	..	17	4	21	70	93	163

* Including transfers from asylums not under Board. † Including transfers to asylums not under Board. ¶ See note to Table I.

and proportion of Recoveries per cent. on the Admissions for the year 1898, and each year.

Died.			Remaining December 31st in each year.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Numbers Resident.		
M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
68	52	120	323	411	734	263	353	616	0·40	0·30	0·36	25·85	14·73	19·48
79	91	170	307	407	714	321	409	730	2·14	1·99	2·06	24·61	22·25	23·29
97	103	200	315	414	729	316	414	730	0·37	1·04	0·71	30·69	24·88	27·39
100	135	235	282	461	743	311	447	758	1·67	1·84	1·76	32·15	30·20	31·00
111	147	258	287	465	752	288	471	759	3·60	‡1·16	‡2·08	38·60	31·20	33·99
..	..	..	7	14	21	7	12	19	..	..	..	..	..	..
2	1	3	17	14	31	11	11	22	..	1·48	·63	18·18	9·09	13·64
2	1	3	11	5	16	11	10	21	1·11	..	·63	18·18	10·00	14·28
1	1	2	19	14	33	12	8	20	..	..	..	8·33	12·50	10·00
92	102	194	885	1,099	1,984	889	1,097	1,986	16·8	8·1	12·2	10·3	9·3	9·8
121	129	250	897	1,088	1,985	869	1,083	1,952	6·1	3·4	5·0	13·9	11·9	12·8
137	173	310	813	992	1,805	863	1,042	1,905	2·6	3·1	2·8	15·8	16·6	16·2
75	89	164	811	956	1,767	813	959	1,772	..	..	..	9·2	9·2	9·2
60	74	134	812	955	1,767	815	953	1,768	2·4	1·1	1·7	7·3	7·7	7·5
64	67	131	803	950	1,753	805	947	1,752	1·5	2·7	2·1	7·9	7·1	7·5
82	76	158	812	957	1,769	806	945	1,751	1·0	3·8	2·4	10·2	8·0	9·0
65	61	126	809	967	1,776	812	964	1,776	3·2	8·5	6·1	8·0	6·3	7·1
65	62	127	818	977	1,795	819	963	1,782	..	..	..	7·9	6·4	7·1
58	93	151	831	1,026	1,857	819	998	1,817	..	..	..	7·0	9·3	8·3
67	83	150	929	1,072	2,001	931	1,056	1,987	7·5	2·5	4·5	7·1	7·8	7·5
58	53	111	931	1,074	2,005	932	1,070	2,002	3·9	5·8	4·8	6·2	4·9	5·5
58	76	134	895	1,037	1,932	919	1,061	1,980	19·5	7·8	13·7	6·3	7·2	6·8
57	52	109	886	1,044	1,930	886	1,044	1,930	3·7	1·6	2·7	6·4	5·0	5·7
63	48	111	882	1,047	1,929	885	1,045	1,930	3·0	..	1·6	7·1	4·6	5·7
64	62	126	887	1,064	1,951	888	1,038	1,926	..	2·0	0·9	7·2	6·0	6·5
52	83	135	881	1,040	1,921	882	1,049	1,931	1·9	..	0·9	5·9	7·9	7·0
66	84	150	850	1,045	1,895	875	1,049	1,924	6·5	1·0	3·2	7·5	8·0	7·8
72	94	166	845	1,036	1,881	840	1,037	1,877	2·4	..	1·2	8·6	9·1	8·8
65	77	142	809	1,036	1,845	837	1,042	1,879	5·4	1·0	2·1	7·7	7·4	7·6
43	31	74	1,078	928	2,006	1,133	934	2,067	..	..	..	8·87	7·11	7·99
35	35	70	1,062	899	1,961	1,073	916	1,989	..	..	..	6·90	7·70	7·30
40	35	75	1,074	916	1,990	1,054	892	1,946	..	0·8	0·4	3·79	3·92	3·85
38	31	69	1,072	913	1,985	1,070	916	1,986	3·5	..	1·7	3·55	3·39	3·47
32	42	74	1,070	919	1,989	1,070	916	1,986	..	1·6	0·6	2·99	4·58	3·72
37	41	78	1,069	873	1,942	1,057	880	1,937	2·8	0·8	2·0	3·50	4·66	4·03
57	30	87	955	880	1,835	1,033	912	1,945	0·6	..	0·4	5·52	3·29	4·47
52	31	83	991	920	1,911	993	911	1,904	..	..	..	5·24	3·13	4·36
28	43	71	991	950	1,941	993	939	1,932	0·5	..	0·3	2·82	4·58	3·67
33	38	71	1,022	892	1,914	1,009	912	1,921	1·3	..	0·9	3·27	4·16	3·69

‡ Includes " not insane " cases shown in Tables I. and II.

TABLE III. (*contd.*).—*Admissions, Discharges, and Deaths, with the Mean Annual and each*

Year.	Admitted.									Discharged.											
	From Parishes and Unions.*			From other Asylums of Board.			Total.			Recovered. ‡			Relieved.			Not Improved. †			To other Asylums of Board.		
	M.	F.	T	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
BELMONT ASYLUM.																					
1905		..	..	251	..	251	251	..	251	..	..	..	..	..	..	..	..	..	..	..	..
1906		..	..	183	..	183	183	..	183	..	..	..	..	..	..	1	..	1	61	..	61
1907		..	..	90	..	90	90	..	90	..	..	..	..	..	..	2	..	2	40	..	40
ROCHESTER HOUSE ASYLUM.																					
1901	..	..	..	41	54	95	41	54	95	..	..	..	..	..	..	..	..	..	1	..	1
1902	..	..	..	65	10	75	65	10	75	..	..	..	..	..	..	..	..	..	10	4	14
1903	..	..	..	24	15	39	24	15	39	..	..	..	3	2	5	..	..	..	27	19	46
1904	3	..	3	32	..	32	35	..	35	..	..	..	1	..	1	..	..	..	39	1	40
1905	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	83	50	133
GORE FARM. (Temporary) ASYLUM.																					
1904	..	..	..	211	51	262	211	51	262	..	..	..	..	..	..	..	..	..	..	10	10
1905	..	..	..	20	..	20	20	..	20	..	..	..	..	..	..	1	..	1	207	39	246
SUMMARY.																					
1898	260	289	549	*19*	*25*	*44*	260	289	549	25	12	37	15	13	28	40	34	74	19	25	44
1899	298	228	526	*26*	*21*	*47*	298	228	526	15	9	24	31	8	39	40	32	72	26	21	47
1900	175	209	384	*48*	*70*	*118*	175	209	384	10	8	18	14	6	20	24	27	51	48	70	118
1901	218	219	437	*43*	*55*	*98*	218	219	437	5	1	6	1	3	4	15	21	36	43	55	98
1902	246	207	453	*80*	*15*	*95*	246	207	453	4	2	6	10	3	13	26	24	50	81	15	96
1903	588	637	1225	*305*	*291*	*596*	588	637	1225	8	7	15	13	15	28	22	22	44	305	291	596
1094	395	375	770	*472*	*263*	*735*	395	375	770	9	10	19	14	9	23	16	36	52	472	263	735
1905	351	335	686	*634*	*403*	*1037*	351	335	686	8	15	23	23	19	42	38	48	86	634	403	1037
1906	426	448	874	*528*	*215*	*743*	426	448	874	11	6	17	21	6	27	41	32	73	528	215	743
1907	415	417	832	*365*	*375*	*740*	415	417	832	16	7	23	5	5	10	57	45	102	365	375	740

* Including transfers from asylums not under the Board.

† Including transfers to asylums not under Board.

§ Average numbers resident for period during 1905

Mortality and proportion of Recoveries per cent. on the Admissions for the year 1898, subsequent year.

Died.			Remaining December 31st in each year.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Numbers Resident.		
M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
3	..	3	248	..	248	214	..	§214	..	..	..	1·4	..	1·4
67	..	67	302	..	302	262	..	262	..	..	..	25·6	..	25·6
38	..	38	312	..	312	308	..	308	..	..	..	12·3	..	12·3
..	..	..	40	54	94	..	..	..	..	..	..	..	..	..
1	..	1	94	60	154	83	58	141	..	..	..	1·20	..	·71
..	1	1	88	53	141	84	53	137	..	..	..	..	1·88	·73
..	1	1	83	51	134	83	40	123	..	..	..	..	2·5	0·82
..	1	1	..	..	..	56	43	§99	..	..	..	..	2·32	1·01
2	2	4	209	39	248	180	19	199	..	..	..	1·1	10·5	2.0
21	..	21	..	..	..	209	2	§211	..	..	..	10·05	..	9.95
202	216	418	2892	3099	5991	2953	3087	6040	9·62	4·15	6·74	6·84	6·99	6·92
214	217	431	2890	3061	5951	2874	3069	5943	5·02	3·95	4·56	7·44	7·07	7·25
235	284	519	2782	2945	5727	2836	2995	5831	5·71	3·83	4·69	8·25	9·48	8·90
170	172	342	2809	2967	5776	2769	2919	5688	2·29	0·46	1·37	6·14	5·86	6·01
156	164	320	2857	2981	5838	2853	2972	5825	1·63	0·97	1·32	5·47	5·52	5·49
233	223	456	3170	3351	6521	3097	3271	6368	1·36	1·10	1·22	7·52	6·82	7·16
272	283	555	3254	3388	6642	3312	3385	6697	2·28	2·67	2·47	8·21	8·36	8·29
306	281	587	3230	3360	6590	3245	3370	6615	2·28	4·47	3·35	9·43	8·34	8·87
334	335	669	3249	3429	6678	3236	3396	6632	2·12	1·34	1·72	10·32	9·86	10·09
306	356	662	3280	3433	6713	3273	3431	6704	3·13	1·20	2·16	9·35	10·38	9·88

‡ Includes "not insane" case shown in Tables I. and IIa.

hat the asylum was open (see Table IIa).

TABLE IV.—*History of the Annual Admissions since the opening of the remaining on the*

(Table VIII. in

YEAR.	ADMITTED. First Admissions. M	F	Not first Admissions. M	F	From other Asylums of the Board. M	F	TOTAL. M	F	G. Tl.	Of each year's admissions, discharged & died in 1907. *Recovered. M	F	Tl.	Relieved. M	F	Tl.	Not Improved. M	F	Tl.	To other Asylums of the Board. M	F	Tl.	Died. M	F	Tl.
TOOTING BEC ASYLUM.																								
1903	419	509	..	..	80	100	499	609	1,108	..	..	..	..	..	..	1	..	1	..	9	9	23	32	55
1904	279	300	1	..	..	2	280	302	582	..	..	..	..	..	..	..	2	2	..	1	1	13	19	32
1905	258	268	2	..	13	19	273	287	560	2	..	2	..	..	..	1	1	2	1	1	2	19	21	40
1906	301	319	..	5	..	1	301	325	626	2	1	3	..	..	..	1	4	5	9	31	40	31	42	73
1907	237	285	11	18	32	42	280	345	625	8	5	13	1	1	2	9	4	13	129	134	263	25	33	58
Totals ..	1,494	1,681	14	23	125	164	1,633	1,868	3,501	12	6	18	1	1	2	12	11	23	139	176	315	111	147	258
TOOTING BEC RECEIVING HOME FOR CHILDREN.																								
1904	15	20	..	..	..	..	15	20	35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1905	91	67	..	..	..	..	91	67	158	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
1906	89	68	1	..	..	..	90	68	158	..	..	..	..	..	..	..	1	1	10	3	13	..	..	..
1907	124	77	¶5	..	..	..	129	77	206	..	..	..	..	..	..	¶9	3	¶12	101	60	161	..	..	..
Totals ..	319	232	¶6	..	..	..	325	232	557	..	..	..	..	..	..	¶9	4	¶13	111	63	174	1	1	2
LEAVESDEN ASYLUM.																								
1870 part of ..	468	556	..	..	..	..	468	556	1,024	..	..	..	..	..	..	..	..	..	..	2	2	..	3	3
1871	520	545	..	..	..	..	520	545	1,065	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3
1872	163	256	..	..	..	..	163	256	419	..	..	..	..	..	..	..	1	1	..	..	..	..	2	2
1873	141	165	..	..	41	30	182	195	377	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
1874	115	149	1	..	1	13	117	162	279	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
1875	111	108	1	1	..	..	112	109	221	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3
1876	158	79	..	..	126	184	284	263	547	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4
1877	95	..	..	..	1	4	96	4	100	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1878	69	1	1	..	13	..	83	1	84	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1879	80	89	..	..	..	..	80	89	169	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1
1880	92	75	..	..	..	..	92	75	167	..	..	..	..	..	..	..	..	..	..	1	1	1	3	4
1881	85	71	4	1	..	..	89	72	161	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1882	82	85	3	2	..	..	85	87	172	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1883	75	106	5	1	..	..	80	107	187	..	..	..	..	..	..	..	..	..	..	2	2	1	..	1
1884	56	96	2	..	..	..	58	96	154	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1885	71	97	2	..	..	..	73	97	170	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
1886	62	83	3	3	..	..	65	86	151	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1887	80	92	2	..	..	..	82	92	174	..	..	..	..	..	..	..	..	..	..	2	2	..	1	1
1888	71	83	2	..	..	..	73	83	156	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1889	140	121	2	1	..	..	142	122	264	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
1890	162	155	1	2	..	..	163	157	320	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1891	176	148	3	2	..	..	179	150	329	..	..	..	..	..	..	1	..	1	..	1	1	2	2	4
1892	181	149	4	2	..	1	185	152	337	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
1893	156	95	4	..	..	..	160	95	255	..	..	..	1	..	1	..	..	..	..	1	1	1	1	2
1894	148	112	6	..	..	..	154	112	266	..	..	..	..	..	..	..	..	..	..	1	1	1	3	4
1895	125	125	1	2	..	..	126	127	253	..	..	..	1	..	1	1	..	1	..	..	..	3	2	5
1896	136	100	3	2	..	..	139	102	241	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
1897	143	102	2	1	..	..	145	103	248	..	..	..	..	..	..	..	3	3	..	1	1	1	1	2
1898	118	134	1	1	..	..	119	135	254	..	..	..	..	..	..	..	4	4	..	1	1	..	3	3
1899	182	134	2	1	12	11	196	146	342	..	..	..	..	..	..	1	1	2	..	3	3	9	4	13
1900	32	28	..	1	46	69	78	98	176	..	..	..	..	..	..	1	..	1	..	..	..	1	5	6
1901	80	65	1	..	..	..	81	65	146	..	..	..	..	..	..	..	..	..	1	1	2	3	1	4
1902	80	89	..	2	5	..	85	91	176	..	..	..	..	..	..	1	1	2	..	..	..	1	5	6
1903	18	12	..	..	50	63	68	75	143	..	..	..	..	..	..	..	..	..	..	1	1	1	4	5
1904	..	..	..	..	101	104	101	104	205	..	..	..	..	..	..	2	2	4	..	4	4	5	9	14
1905	..	..	..	..	94	118	94	118	212	..	..	..	..	1	1	1	1	2	..	..	..	4	15	19
1906	10	9	..	..	88	78	98	87	185	..	..	..	1	2	3	..	4	4	..	1	1	16	8	24
1907	32	30	..	..	59	161	91	191	282	..	..	..	1	..	1	4	6	10	2	..	2	1	8	9
Totals ..	4,513	4,344	56	25	637	836	5,206	5,205	10,411	..	..	..	4	3	7	12	23	35	4	23	27	58	93	151

¶ See note to Table I.

Asylums, with the Discharges and Deaths, and the numbers of each year 31st December, 1907.

(reports previous to 1900.)

TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.															Remaining of each year's Admissions 31st December, 1907.		
*Recovered.			Relieved.			Not Improved.			To other Asylums of the Board.			Died.					
M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.
5	5	10	1	1	2	9	20	29	188	203	391	225	262	487	71	118	189
5	5	10	..	..	..	5	16	21	162	163	325	85	79	164	23	39	62
2	4	6	2	5	7	4	13	17	160	139	299	68	82	150	37	44	81
7	4	11	1	..	1	5	11	16	188	142	330	52	72	124	48	96	144
8	5	13	1	1	2	9	4	13	129	134	263	25	33	58	108	168	276
27	23	50	5	7	12	32	64	96	827	781	1,608	455	528	983	287	465	752
..	..	..	..	..	..	..	..	..	15	19	34	..	1	1	..	..	..
..	1	1	..	1	1	4	1	5	82	62	144	5	2	7	..	..	..
2	..	2	..	..	..	3	1	4	85	67	152	..	..	..	..	..	..
..	..	..	..	..	..	9	3	12	101	60	161	..	..	..	19	14	33
2	1	3	..	1	1	16	5	21	283	208	491	5	3	8	19	14	33
15	8	23	26	22	48	25	44	69	12	6	18	363	459	822	27	17	44
20	15	35	30	23	53	50	49	99	15	10	25	378	400	778	27	48	75
12	6	18	12	11	23	15	15	30	5	14	19	119	198	317	..	12	12
9	4	13	10	6	16	17	21	38	10	5	15	133	152	285	3	7	10
7	2	9	2	7	9	13	17	30	2	..	2	93	136	229	..	..	..
5	3	8	3	5	8	17	13	30	..	..	..	90	85	165	7	3	10
13	3	16	18	8	26	12	13	25	..	..	..	220	213	433	21	26	47
7	..	7	5	..	5	3	..	3	..	..	..	72	4	76	9	..	9
5	..	5	4	..	4	3	..	3	..	..	..	62	1	63	9	..	9
3	3	6	3	5	8	3	8	11	..	1	1	65	60	125	6	12	18
8	5	13	10	9	19	10	4	14	..	1	1	61	45	106	3	11	14
11	8	19	7	5	12	7	3	10	..	..	..	62	55	117	2	1	3
3	6	9	3	5	8	3	3	6	..	..	..	68	64	132	8	9	17
4	2	6	8	8	16	4	9	13	..	2	2	62	75	137	2	11	13
2	8	10	3	3	6	6	7	13	..	..	..	40	77	117	7	1	8
4	9	13	5	4	9	5	8	13	..	..	..	59	63	122	..	13	13
3	..	3	3	1	4	7	4	11	1	..	1	39	62	101	12	19	31
4	3	7	5	3	8	5	7	12	..	2	2	63	67	130	5	10	15
6	3	9	4	2	6	6	4	10	..	..	..	49	58	107	8	16	24
9	4	13	10	5	15	8	13	21	1	..	1	102	78	180	12	22	34
14	12	26	13	8	21	12	8	20	..	..	..	110	103	213	14	26	40
14	10	24	7	10	17	14	12	26	..	1	1	128	92	220	16	25	41
14	7	21	11	5	16	22	9	31	..	1	1	119	99	218	19	31	50
13	4	17	9	3	12	14	12	26	..	1	1	100	67	167	24	8	32
12	2	14	9	5	14	16	11	27	1	1	2	93	67	160	23	26	49
8	3	11	10	3	13	20	10	30	2	1	3	74	92	166	12	18	30
12	4	16	4	4	8	12	13	25	2	..	2	70	49	119	39	32	71
10	1	11	10	4	14	10	19	29	..	2	2	69	51	120	46	26	72
11	7	18	4	2	6	8	15	23	..	1	1	66	72	138	30	38	68
9	5	14	11	3	14	22	20	42	2	4	6	92	77	169	60	37	97
2	3	5	2	2	4	6	10	16	2	1	3	34	45	79	32	37	69
1	..	1	1	2	3	13	8	21	2	1	3	39	29	68	25	25	50
3	1	4	3	1	4	6	8	14	..	..	..	38	41	79	35	40	75
1	5	6	4	1	5	2	2	4	1	1	2	22	20	42	38	46	84
1	3	4	8	4	12	11	8	19	..	4	4	32	37	69	49	48	97
1	..	1	5	4	9	12	9	21	..	1	1	22	26	48	54	78	132
..	..	..	2	2	4	2	5	7	..	2	2	30	8	38	64	70	134
..	..	..	1	..	1	4	6	10	2	..	2	1	8	9	83	177	260
276	159	435	285	195	480	425	427	852	60	63	123	3,329	3,335	6,664	831	1,026	1,857

* Includes the "not insane" cases shown in Table II.

TABLE IV. (*contd.*)—*History of the Annual Admissions since the opening of the Asylums, a*

(Table VIII. i

YEAR.	ADMITTED. First Admissions.		Not first Admissions.		From other Asylums of the Board.		TOTAL.			Of each year's admissions, discharged & died in 1907. *Recovered.			Relieved.			Not Improved.			To other Asylums of the Board.			DIED.		
CATERHAM ASYLUM.	M	F	M	F	M	F	M	F	Gd. Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.
1870 part of ..	156	202	..	..	..	..	156	202	358	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
1871	664	870	..	..	..	..	664	870	1,534	..	..	..	..	..	..	..	..	..	..	..	..	..	8	8
1872	259	161	..	..	..	..	259	161	420	..	..	..	..	..	..	..	..	..	..	..	..	4	2	6
1873	183	167	1	..	..	..	184	167	351	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2
1874	240	169	2	3	72	36	314	208	522	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1875	158	180	..	..	..	..	158	180	338	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1876	173	170	5	5	33	167	211	342	553	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5
1877	178	56	2	..	..	1	180	57	237	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1878	157	47	..	..	17	..	174	47	221	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1879	176	84	..	..	6	..	182	84	266	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1880	122	87	2	6	..	..	124	93	217	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1881	122	105	..	..	..	..	122	105	227	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
1882	81	85	..	2	..	..	81	87	168	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1883	73	37	3	3	..	..	76	40	116	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
1884	98	102	2	1	..	..	100	103	203	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1885	59	48	3	3	..	..	62	51	113	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1886	115	91	3	1	..	..	118	92	210	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1887	103	90	2	1	..	..	105	91	196	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
1888	83	81	..	..	..	..	83	81	164	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1889	92	78	..	1	..	..	92	79	171	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1890	119	122	2	1	..	..	121	123	244	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1891	104	108	..	..	..	..	104	108	212	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4
1892	101	114	2	1	..	..	103	115	218	..	..	..	..	..	..	..	..	..	..	2	2	1	4	5
1893	86	76	..	..	..	..	86	76	162	..	..	..	..	..	..	..	..	..	..	1	1	4	2	6
1894	100	112	2	1	..	..	102	113	215	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1895	85	75	..	1	..	..	85	76	161	..	..	..	..	..	..	..	..	..	..	..	..	5	2	7
1896	83	59	1	..	1	..	85	59	144	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
1897	84	58	..	..	..	..	84	58	142	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5
1898	77	119	3	1	..	..	80	120	200	..	..	..	..	..	..	..	1	1	..	..	..	1	1	2
1899	73	67	3	1	..	..	76	68	144	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5
1900	41	49	..	2	..	..	41	51	92	..	..	..	..	..	..	..	..	..	1	..	1	..	3	3
1901	54	64	..	..	..	1	54	65	119	..	..	..	..	..	..	..	..	..	..	1	1	3	1	4
1902	66	58	1	..	1	1	68	59	127	..	..	..	..	..	..	..	..	..	..	2	2	2	2	4
1903	15	12	..	..	111	86	126	98	224	1	..	1	..	..	..	1	1	2	..	2	2	2	1	3
1904	..	..	..	..	53	64	53	64	117	..	..	..	..	..	..	..	..	..	..	3	3	6	6	12
1905	..	..	..	..	62	94	62	94	156	..	..	..	..	..	..	..	..	..	..	2	2	4	7	11
1906	25	47	..	..	57	42	82	89	171	..	..	..	..	..	..	..	..	..	..	2	2	3	5	8
1907	4	7	..	..	33	95	37	102	139	1	1	2	..	1	1	..	..	..	..	4	4	12	12	24
																			..	2	2	2	3	5
Total ..	4,409	4,057	39	34	446	587	4,894	4,678	9,572	2	1	3	..	1	1	5	3	8	1	20	21	65	77	142
DARENTH ASYLUM.																								
†1875	47	34	11	6	155	124	213	164	377	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1876	69	36	7	4	..	4	76	44	120	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1877	32	23	..	1	..	..	32	24	56	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1878	50	16	2	4	1	..	53	20	73	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1879	91	64	1	1	..	..	92	65	157	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1880	75	228	..	1	25	54	100	283	383	..	..	..	..	..	..	..	..	..	..	4	4	..	..	..
1881	66	63	1	2	..	13	67	78	145	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
1882	240	241	..	2	78	17	318	260	578	..	..	..	..	..	..	..	..	..	3	5	8	..	1	1
1883	194	234	1	2	6	8	201	244	445	..	..	..	..	..	..	..	..	..	..	5	5	..	..	..
1884	115	93	4	2	..	..	119	95	214	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1885	86	81	3	1	22	30	111	112	223	..	..	..	..	..	..	..	..	..	..	4	4	..	..	..
1886	107	94	5	3	20	8	132	105	237	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..
1887	124	96	1	5	12	69	137	170	307	..	..	..	..	..	..	..	..	..	2	1	3	..	3	3
1888	121	108	2	2	145	86	268	196	464	..	..	..	..	..	..	..	..	..	2	3	5	2	..	2
1889	219	171	3	4	26	9	248	184	432	..	..	..	..	..	..	..	..	..	1	4	5	1	1	2
1890	167	144	3	4	52	42	222	190	412	..	..	..	..	..	..	..	..	..	1	4	5	..	4	4
1891	163	156	4	..	..	..	167	156	323	..	..	..	..	..	..	..	..	..	3	4	7	..	..	..
1892	99	76	2	2	11	31	112	109	221	..	..	..	..	..	..	..	..	..	3	4	7	..	1	1
1893	86	92	2	3	45	44	133	139	272	..	..	..	..	..	..	..	..	..	..	7	7	..	..	..
1894	75	117	2	..	38	13	115	130	245	..	..	..	..	..	..	..	..	..	1	4	5	..	2	2
1895	95	75	1	1	26	46	122	122	244	..	..	..	..	..	..	..	..	..	3	6	9	1	..	1
1896	82	56	1	1	27	29	110	86	196	..	..	..	..	..	..	..	..	..	5	3	8	..	1	1
1897	76	55	..	1	24	33	100	89	189	..	..	..	..	..	..	..	..	..	3	3	6	..	1	1
1898	61	33	..	1	19	25	80	59	139	..	..	..	..	..	..	1	..	1	5	1	6	2	..	2
1899	36	25	2	..	14	10	52	35	87	..	..	..	..	..	..	..	..	..	..	3	3	1	2	3
1900	97	127	5	2	2	1	104	130	234	..	..	..	..	..	..	1	..	1	5	8	13	2	2	4
1901	82	90	1	..	2	..	85	90	175	..	..	..	..	..	..	..	1	1	2	2	4	1	2	3
1902	99	58	..	..	9	4	108	62	170	..	..	..	..	..	..	..	1	1	5	1	6	3	2	5
1903	135	104	1	..	40	27	176	131	307	..	..	..	..	..	..	2	..	2	5	4	9	2	4	6
1904	97	55	..	..	75	42	172	97	269	1	..	1	..	..	..	1	..	1	6	4	10	2	3	5
1905	..	..	..	..	194	172	194	172	366	..	..	..	..	..	..	..	..	..	3	6	9	5	7	12
1906	..	..	..	..	200	94	200	94	294	..	..	..	..	..	..	3	1	4	8	1	9	6	3	9
1907	2	..	..	..	151	77	153	77	230	1	..	1	..	..	..	9	1	10	3	..	3	5	1	6
Totals ..	3,088	2,845	65	55	1,419	1,112	4,572	4,012	8,584	2	..	2	..	..	..	17	4	21	70	93	163	33	38	71

† See footnote, Table II.

Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1907.
eports previous to 1900.)

TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.															Remaining of each year's Admissions 31st December, 1907.		
*Recovered.			Relieved.			Not Improved.			To other Asylums of the Board.			DIED.					
M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.
4	4	8	7	13	20	6	7	13	3	1	4	121	157	278	15	20	35
47	31	78	50	30	80	48	36	84	19	6	25	491	718	1,209	9	49	58
24	12	36	24	10	34	11	9	20	16	11	27	182	118	300	2	1	3
19	10	29	19	6	25	13	19	32	12	9	21	114	120	234	7	3	10
18	24	42	30	13	43	2	..	2	36	18	54	214	131	345	14	22	36
13	11	24	10	8	18	9	8	17	1	3	4	119	130	249	6	20	26
2	11	13	21	13	34	5	9	14	..	..	..	152	277	429	31	32	63
..	..	..	14	4	18	5	3	8	1	..	1	138	42	180	22	8	30
5	3	8	11	1	12	4	5	9	2	..	2	131	29	160	21	9	30
6	4	10	9	4	13	13	1	14	1	..	1	137	53	190	16	22	38
7	4	11	11	7	18	8	7	15	..	..	..	83	64	147	15	11	26
3	2	5	6	5	11	10	4	14	..	..	..	83	78	161	20	16	36
9	11	20	5	5	10	2	4	6	..	..	..	50	58	108	15	9	24
11	4	15	4	3	7	3	1	4	..	1	1	45	25	70	13	6	19
7	12	19	9	11	20	6	5	11	2	..	2	65	61	126	11	14	25
2	2	4	..	1	1	5	2	7	1	..	1	44	38	82	10	8	18
12	5	17	7	6	13	11	4	15	..	..	..	71	56	127	17	21	38
7	4	11	7	2	9	8	6	14	2	..	2	60	56	116	21	23	44
5	5	10	6	..	6	4	6	10	..	..	..	55	54	109	13	16	29
9	3	12	4	4	8	4	10	14	2	..	2	61	44	105	12	18	30
8	7	15	4	3	7	10	6	16	1	..	1	72	75	147	26	32	58
6	2	8	2	2	4	5	5	10	1	2	3	65	73	138	25	24	49
3	2	5	1	1	2	6	11	17	3	1	4	65	64	129	25	36	61
8	3	11	3	5	8	9	5	14	1	..	1	52	41	93	13	22	35
6	1	7	6	3	9	4	5	9	1	..	1	62	67	129	23	37	60
4	4	8	4	3	7	8	5	13	3	..	3	43	37	80	23	27	50
3	3	6	4	1	5	6	5	11	2	..	2	46	31	77	24	19	43
5	2	7	3	1	4	10	1	11	2	..	2	43	30	73	21	24	45
2	3	5	6	7	13	6	12	18	..	..	..	35	46	81	31	52	83
10	2	12	3	3	6	2	7	9	3	1	4	35	24	59	23	31	54
2	4	6	..	..	..	..	1	1	1	..	1	24	22	46	14	24	38
1	..	1	1	3	4	2	4	6	4	1	5	26	21	47	20	36	56
2	1	3	3	..	3	4	1	5	25	14	39	28	22	50	6	21	27
2	..	2	..	..	..	4	2	6	..	2	2	32	25	57	88	69	157
2	1	3	1	1	2	3	1	4	1	3	4	19	28	47	27	30	57
2	..	2	2	..	2	2	..	2	..	2	2	14	27	41	42	65	107
1	..	1	3	1	4	6	1	7	..	5	5	18	18	36	54	64	118
1	1	2	..	1	1	..	..	..	..	2	2	2	3	5	34	95	129
278	198	476	300	181	481	264	218	482	146	82	228	3,097	2,963	6,060	809	1,036	1,845
5	2	7	7	19	26	41	16	57	102	82	184	58	45	103	..	..	..
3	2	5	11	..	11	4	10	14	37	17	54	21	15	36	..	..	..
..	3	3	4	4	8	2	..	2	14	9	23	12	8	20	..	..	..
1	..	1	9	2	11	4	1	5	27	14	41	12	3	15	..	..	..
3	3	6	7	6	13	7	..	7	44	30	74	31	26	57	..	..	..
6	6	12	10	21	31	4	26	30	43	53	96	37	166	203	..	11	11
3	7	10	9	12	21	5	3	8	26	21	47	24	35	59	..	..	..
12	10	22	23	20	43	23	24	47	71	41	112	179	146	325	10	19	29
9	13	22	25	25	50	17	15	32	60	58	118	90	129	219	..	4	4
8	5	13	15	11	26	11	9	20	29	17	46	56	53	109	..	..	..
6	4	10	18	11	29	8	5	13	38	30	68	41	59	100	..	3	3
..	..	..	23	19	42	4	13	17	43	22	65	52	43	95	10	8	18
1	1	2	21	6	27	14	12	26	29	78	107	62	62	124	10	11	21
3	..	3	16	15	31	21	17	38	110	71	181	77	67	144	41	26	67
8	4	12	25	21	46	29	14	43	62	56	118	101	78	179	23	11	34
4	1	5	12	11	23	29	17	46	63	78	141	71	75	146	43	8	51
9	16	25	12	7	19	18	6	24	47	51	98	71	76	147	10	..	10
1	2	3	14	4	18	7	6	13	30	32	62	44	46	90	16	19	35
1	2	3	7	2	9	7	7	14	56	54	110	43	37	80	19	37	56
3	3	6	8	4	12	8	7	15	49	43	92	36	47	83	11	26	37
1	3	4	5	11	16	3	5	8	50	35	85	31	31	62	32	37	69
..	..	..	2	7	9	1	..	1	58	16	74	26	27	53	23	36	59
1	5	6	6	5	11	4	6	10	43	23	66	17	18	35	29	32	61
..	..	..	5	4	9	9	..	9	31	18	49	12	6	18	23	31	54
..	..	..	4	1	5	1	..	1	23	16	39	9	5	14	15	13	28
4	2	6	2	2	4	4	7	11	46	43	89	25	36	61	23	40	63
1	..	1	1	1	2	3	2	5	43	28	71	13	21	34	24	38	62
..	1	1	3	2	5	..	2	2	37	18	55	23	10	33	45	29	74
4	..	4	10	3	13	5	2	7	22	17	39	22	20	42	113	89	202
1	..	1	2	2	4	4	1	5	49	21	70	14	8	22	102	65	167
..	..	..	1	..	1	9	7	16	15	7	22	14	15	29	155	143	298
1	..	1	2	1	3	5	7	12	72	1	73	10	4	14	110	81	191
..	..	1	..	..	..	9	1	10	3	..	3	5	1	6	135	75	210
100	95	195	319	259	578	320	248	568	1,472	1,100	2,572	1,339	1,418	2,757	1,022	892	1,914

* Includes the "not insane" cases shown on Tables I. and II.

TABLE IV. (*contd.*)—*History of the Annual Admissions since the opening of the Asylums, with t*

Table VIII.

YEAR.	ADMITTED. First Admissions.		Not First Admissions.		From other Asylums of the Board.		TOTAL.			Of each year's admissions, discharged & died in 1907. *Recovered.			Relieved.			Not improved.			To other Asylums of the Board			Died.		
BELMONT ASYLUM.	M	F	M	F	M	F	M	F	Gd. Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.
1905	..	..	..	..	251	..	251	..	251	..	..	..	..	..	..	..	..	..	15	..	15	13	..	13
1906	..	..	..	..	183	..	183	..	183	..	..	..	..	..	..	..	..	..	20	..	20	21	..	21
1907	..	..	..	..	90	..	90	..	90	..	..	..	..	..	..	2	..	2	5	..	5	4	..	4
Totals ..	..	..	..	..	524	..	524	..	524	..	..	..	..	..	..	2	..	2	40	..	40	38	..	38
ROCHESTER HOUSE ASYLUM.																								
1901	..	..	..	..	41	54	41	54	95	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1902	..	..	..	..	65	10	65	10	75	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1903	..	..	..	..	24	15	24	15	39	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1904	3	..	..	..	32	..	35	..	35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	3	..	..	..	162	79	165	79	244	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GORE FARM (Temporary) ASYLUM.																								
1904	..	..	..	..	211	51	211	51	262	..	..	..	..	..	..	..	..	..	..	..	..	..		..
1905	..	..	..	..	20	..	20	..	20	..	..	..	..	..	..	..	..	..	..	..	..	..		..
Totals ..	..	..	..	..	231	51	231	51	282	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
SUMMARY.																								
1870 (part of)	624	758	..	..	..	..	624	758	1,382	..	..	..	..	..	..	..	..	..	..	2	2	1	4	5
1871	1,184	1,415	..	..	..	..	1,184	1,415	2,599	..	..	..	..	..	..	..	..	..	..	..	..	1	10	11
1872	422	417	..	..	..	..	422	417	839	..	..	..	..	..	..	..	1	1	..	..	..	4	4	8
1873	324	332	1	..	*41*	*30*	325	332	657	..	..	..	..	..	..	..	..	..	..	1	1	1	3	4
1874	355	318	3	3	*73*	*49*	358	321	679	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
1875	316	322	12	7	*155*	*124*	328	329	657	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4
1876	400	285	12	9	*159*	*353*	412	294	706	..	..	..	..	..	..	..	..	..	..	..	..	1	8	9
1877	305	79	2	1	*1*	*5*	307	80	387	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1878	276	64	3	4	*31*	..	279	68	347	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1879	347	237	1	1	*6*	..	348	238	586	..	..	..	..	..	..	..	..	..	..	1	1	2	..	2
1880	289	390	2	7	*25*	*34*	291	397	688	..	..	..	..	..	..	..	..	..	..	5	5	1	3	4
1881	273	239	5	3	..	*13*	278	242	520	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2
1882	403	411	3	6	*78*	*17*	406	417	823	..	..	..	..	..	..	..	..	..	3	5	8	..	1	1
1883	342	377	9	6	*6*	*8*	351	383	734	..	..	..	..	..	..	..	..	..	..	7	7	2	2	4
1884	269	291	8	3	..	..	277	294	571	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1885	216	226	8	4	*22*	*30*	224	230	454	..	..	..	..	..	..	..	..	..	..	4	4	1	1	2
1886	284	268	11	7	*20*		295	275	570	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..
1887	307	278	5	6	*12*	*69*	312	284	596	..	..	..	..	..	..	1	..	1	2	3	5	..	4	4
1888	275	272	4	2	*145*	*86*	279	274	553	..	..	..	..	..	..	..	..	..	2	3	5	4	..	4
1889	451	370	5	6	*26*	*9*	456	376	832	..	..	..	..	..	..	..	..	..	2	4	6	1	..	1
1890	448	421	6	7	*52*	*42*	454	428	882	..	..	..	..	..	..	..	..	..	1	4	5	3	6	9
1891	443	412	7	2	..	..	450	414	864	..	..	..	..	..	..	1	..	1	3	7	10	3	6	9
1892	381	339	8	5	*11*	*32*	389	344	733	..	..	..	..	..	..	..	..	..	3	5	8	4	4	8
1893	328	263	6	3	*45*	*44*	334	266	600	..	..	..	1	..	1	..	..	..	..	8	8	2	1	3
1894	323	341	10	1	*38*	*13*	333	342	675	..	..	..	..	..	..	..	..	..	1	5	6	6	7	13
1895	305	275	2	4	*26*	*46*	307	279	586	..	..	..	1	..	1	1	..	1	3	6	9	4	2	6
1896	301	215	5	3	*28*	*29*	306	218	524	..	..	..	..	..	..	1	..	1	5	3	8	2	6	8
1897	303	215	2	2	*24*	*33*	305	217	522	..	..	..	..	..	..	..	3	3	3	4	7	2	3	5
1898	256	286	4	3	*19*	*23*	260	289	549	..	..	..	..	..	..	1	5	6	5	2	7	3	7	10
1899	291	226	7	2	*26*	*21*	298	228	526	..	..	..	..	..	..	1	1	2	1	6	7	10	6	16
1900	170	204	5	5	*48*	*70*	175	209	384	..	..	..	..	..	..	2	..	2	5	8	13	6	8	14
1901	216	219	2	..	*43*	*55*	218	219	437	..	..	..	..	..	..	..	1	1	3	4	7	6	5	11
1902	245	205	1	2	*80*	*15*	246	207	453	..	..	..	..	..	..	1	2	3	5	3	8	6	8	14
1903	587	637	1	..	*305*	*291*	588	637	1,225	1	..	1	..	..	..	4	1	5	5	16	21	32	46	78
1904	394	375	1	..	*472*	*263*	395	375	770	1	..	1	..	..	..	3	4	7	6	12	18	24	38	62
1905	349	335	2	..	*634*	*403*	351	335	686	2	..	2	..	1	1	2	2	4	19	9	28	45	49	94
1906	425	443	1	5	*528*	*215*	426	448	874	2	1	3	1	2	3	6	11	17	47	40	87	86	65	151
1907	399	399	16	18	*65*	*375*	415	417	832	10	6	16	2	2	4	33	14	47	240	196	436	37	45	82
Totals ..	13,826	13,159	180	137	*3,544*	*2,829*	14,006	13,296	27,302	16	7	23	5	5	10	57	45	102	365	375	740	306	356	662

Discharges and Deaths, and the numbers of each year remaining on the 31st December, 1907.
(Reports previous to 1900.)

TOTAL DISCHARGED AND DIED OF EACH YEAR'S ADMISSIONS.															Remaining of each year's Admissions, 31st December, 1907.		
*Recovered.			Relieved.			Not Improved.			To other Asylums of the Board.			Died.					
M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.	M	F	Tl.
..	..	..	..	..	..	..	..	..	63	..	63	66	..	66	122	..	122
..	..	..	..	..	..	1	..	1	33	..	33	38	..	38	111	..	111
..	..	..	..	..	..	2	..	2	5	..	5	4	..	4	79	..	79
..	..	..	..	..	..	3	..	3	101	..	101	108	..	108	312	..	312
..	..	..	..	2	2	..	..	..	41	51	92	..	1	1	..	..	..
..	..	..	4	..	4	..	..	..	60	10	70	1	..	1	..	..	..
..	..	..	..	..	..	..	..	..	24	13	37	..	2	2	..	..	..
..	..	..	..	..	..	..	..	..	35	..	35	..	..	..	..	..	..
..	..	..	4	2	6	..	..	..	160	74	234	1	3	4	..	..	..
..	..	..	..	..	..	1	..	1	188	49	237	22	2	24	..	..	..
..	..	..	..	..	..	..	..	..	19	..	19	1	..	1	..	..	..
..	..	..	..	..	..	1	..	1	207	49	256	23	2	25	..	..	..
19	12	31	33	35	68	31	51	82	15	7	22	484	616	1,100	42	37	79
67	46	113	80	53	133	98	85	183	34	16	50	869	1,118	1,987	36	97	133
36	18	54	36	21	57	26	24	50	21	25	46	301	316	617	2	13	15
28	14	42	29	12	41	30	40	70	22	14	36	247	272	519	10	10	20
25	26	51	32	20	52	15	17	32	38	18	56	307	267	574	14	22	36
23	16	39	20	32	52	67	37	104	103	85	188	257	260	517	13	23	36
18	16	34	50	21	71	21	32	53	37	17	54	393	505	898	52	58	110
7	3	10	23	8	31	10	3	13	15	9	24	222	54	276	31	8	39
11	3	14	24	3	27	11	6	17	29	14	43	205	33	238	30	9	39
12	10	22	19	15	34	23	9	32	45	31	76	233	139	372	22	34	56
21	15	36	31	37	68	22	37	59	43	54	97	181	275	456	18	33	51
17	17	34	22	22	44	22	10	32	26	21	47	169	168	337	22	17	39
24	27	51	31	30	61	28	31	59	71	41	112	297	268	565	33	37	70
24	19	43	37	36	73	24	25	49	60	61	121	197	229	426	15	21	36
17	25	42	27	25	52	23	21	44	31	17	48	161	191	352	18	15	33
12	15	27	23	16	39	18	15	33	39	30	69	144	160	304	10	24	34
15	5	20	33	26	59	22	21	43	44	22	66	162	161	323	39	48	87
12	8	20	33	11	44	27	25	52	31	80	111	185	185	370	36	44	80
14	8	22	26	17	43	31	27	58	110	71	181	181	179	360	62	58	120
26	11	37	39	30	69	41	37	78	65	56	121	264	200	464	47	51	198
26	20	46	29	22	51	51	31	82	64	78	142	253	253	506	83	66	149
29	28	57	21	19	40	37	23	60	48	54	102	264	241	505	51	49	100
18	11	29	26	10	36	35	26	61	33	34	67	228	209	437	60	86	146
22	9	31	19	10	29	30	24	54	57	55	112	195	145	340	56	67	123
21	6	27	23	12	35	28	23	51	51	44	95	191	181	372	57	89	146
13	10	23	19	17	36	31	20	51	55	36	91	148	160	308	67	82	149
15	7	22	10	12	22	19	18	37	62	16	78	142	107	249	86	87	173
16	8	24	19	10	29	24	26	50	45	25	70	129	99	228	96	82	178
13	10	23	15	13	28	23	27	50	31	19	50	113	124	237	84	121	205
19	7	26	18	7	25	25	27	52	28	21	49	136	106	242	98	81	179
8	9	17	4	4	8	10	18	28	49	44	93	83	103	186	69	101	170
3	..	3	3	8	11	18	14	32	90	81	171	78	72	150	69	99	168
5	3	8	13	3	16	10	11	21	122	42	164	90	73	163	86	90	176
12	10	22	15	5	20	20	26	46	235	236	471	301	329	630	310	322	632
9	9	18	11	7	18	24	26	50	450	259	709	172	155	327	201	182	383
5	5	10	10	10	20	31	30	61	339	211	550	190	152	342	410	330	740
11	4	15	8	4	12	22	25	47	378	217	595	148	102	250	387	311	698
10	6	16	2	2	4	33	14	47	240	196	436	37	45	82	458	529	987
683	476	1,159	913	645	1,558	1,061	962	2,023	3,256	2,357	5,613	8,357	8,252	16,609	3,280	3,433	6,713

* Includes the "not insane" cases shown on Tables I. and II.

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

TOOTING BEC

CAUSE OF DEATH.	5 and under 10.			10 and under 20.			20 and under 25.			25 and under 30.			30 and under 35.			35 and under 40.			40 and under 45.			45 and under 50.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CEREBRO-SPINAL DISEASES:—																								
Apoplexy																								
Brain atrophy																								
Epilepsy																								
General paralysis					1	1								1	1									
Maniacal or melancholic exhaustion					1	1				1		1										2	1	3
Organic disease of brain																								
Softening of brain																								
THORACIC DISEASES:—																								
Abscess of lung																								
Bronchitis																								
Gangrene of lung																								
Heart, valvular disease of																								
Heart, degeneration of																								
Pericarditis																								
Phthisis																								
Pneumonia								2	2															
Rupture of heart				1		1																		
ABDOMINAL DISEASES:—																								
Bright's disease, chronic																								
Chronic cyotitis																								
Liver, disease of (cirrhosis)																								
Obstruction of bowels (volvulus)																								
Peritonitis																								
GENERAL DISEASES:—																								
Cancer																								
Senile decay																								
ACCIDENT OR VIOLENCE:—																								
Suicide																								
Total				1	2	3		2	2	1		1		1	1							2	1	3

TOOTING BEC CHILDREN'S

CEREBRO-SPINAL DISEASE:—																								
General paralysis	1		1		1	1																		
Total	1		1		1	1																		

N.B.—Number of cases in which the cause of death was ascertained by *post-mortem*

1907, *together with the Ages at Death.*

reports previous to 1900).

ASYLUM.

50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 90.			90 and under 95.			95 and under 100.			100 and under 105.			TOTALS.		
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.	Males.	Females.	Total.
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3 (3)
..	1	1	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3 (1)
..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3 (1)
..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	3	7 (3)
..	..	..	..	1	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	1	..	1	..	..	..	..	1	1	1	1	2	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3 (2)
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	6 (6)
..	..	..	..	2	2	2	..	2	..	1	1	2	..	2	1	..	1	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	4	10 (10)
..	..	..	..	1	1	..	1	1	2	5	7	5	1	6	7	3	10	1	..	1	3	..	3	..	..	..	..	..	..	..	..	..	1	1	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	11	29 (29)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2 (2)
1	2	3	1	..	1	4	1	5	1	1	2	4	2	6	4	2	6	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5 (4)
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	9	27 (22)
																																1	..	1 (1)
..	..	..	3	1	4	6	..	6	..	1	1	3	1	4	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	4	17 (16)
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3 (3)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	1	1	2	..	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	6 (6)
..	..	..	..	..	..	1	1	2	3	5	8	8	12	20	6	22	28	1	29	30	9	22	31	1	2	3	..	..	..	..	..	..	29	93	122 (112)
..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
2	3	5	7	5	12	13	6	19	9	19	28	28	19	47	27	31	58	8	32	40	12	23	35	1	2	3	..	1	1	..	..	..	111	147	258 (230)

RECEIVING HOME.

..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2 (1)

examination shown by small figures in brackets, thus, 29 (27).

TABLE V.—*(continued)*—*Causes of Death during*

(Table VII. in

LEAVESDEN

CAUSE OF DEATH.	5 and under 10.			10 and under 20			20 and under 25			25 and under 30.			30 and under 35.			35 and under 40.			40 and under 45			45 and under 50		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CEREBRO-SPINAL DISEASES :—																								
Apoplexy																								
Epilepsy								1	1		2	2	1		1							2	1	3
General paralysis							1		1				1		1	1		1						
Hydrocephalus							1		1															
Organic disease of brain																								
Softening of brain																			1		1		1	1
Softening of brain and old fracture of femur (No inquest)																								
THORACIC DISEASES :—																								
Abscess of lung																								
Atheroma of Coronary Arteries																								
Bronchitis and Pneumonia								1	1		1	1		1	1				1		1		1	1
Empyæma																			2		2		1	1
Gangrene of lung											1	1												
Heart, valvular disease of																1		1					1	1
Heart, degeneration of																								
Pericarditis																								
Phthisis								3	3	2	4	6	1	3	4	2	3	5		1	1	2	1	3
ABDOMINAL DISEASES :—																								
Acute Nephritis								1	1															
Peritonitis (Tubercular)																				1	1			
Pyelo-nephritis Tubercular																								
Renal Calculi																								
Strangulated hernia																								
GENERAL DISEASES :—																								
Asylum dysentery																								
Cancer																	1	1					1	1
Cellulitis																						1		1
Enteric Fever											1	1												
Gangrene																								
Purpura Hæmorrhagica																								
Senile decay																								
Tuberculosis (General)																			1		1			
ACCIDENT OR VIOLENCE :—																								
Fracture of femur (inquests)																								
Fracture of ribs and softening of brain (inquest)																								
Peritonitis (Perforation by a straw) no inquest																								
Totals							2	6	8	2	9	11	3	4	7	4	4	8	5	2	7	5	7	12

CATERHAM

CEREBRO-SPINAL DISEASES :—																								
Apoplexy																				1	1			
Cerebral abscess																1		1						
Epilepsy				2	2	1		1				1	1	2	1		1					1		1
Exhaustion of dementia																						1	1	2
Exhaustion of Imbecility																1	1	1		1				
General paralysis																1	1		2	2				
THORACIC DISEASES :—																								
Heart, valvular disease of						1		1					1	1										
Heart, degeneration of															1		1							
Phthisis	1	1	1	1		1	3		3	1	3	4							1		1			
Pneumonia							3		3	2		2	1	1	2	1	1	2	2		2			
ABDOMINAL DISEASES :—																								
Bright's disease, chronic																							1	1
Colitis																								
Diarrhœa																								
Obstruction of bowels																								
GENERAL DISEASES :—																								
Cancer																				1	1			
Gangrene																								
Senile decay																								
Tuberculosis										1		1										1		1
Total				3	3	3		3	7		7	4	5	9	4	3	7	2	5	7	6	2	8

N.B.—Number of cases in which the cause of death was ascertained by *post-mortem*

1907, *together with the Ages at Death.*

reports previous to 1900.)

ASYLUM.

50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 90.			90 and under 95.			95 and under 100.			100 and under 105.			TOTALS.		
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.	Males.	Females.	Total.
..	..	..	..	1	1	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3 (3)
..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5 (5)
..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	6 (6)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	1	..	1	1	..	1	1	1	2	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5	10 (10)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	1	1	..	..	..	..	..	..	..	..	..	..	2	2	2	1	3	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	2	2	1	1	2	..	2	2	..	3	3	..	2	2	2	1	3	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	4	16	20 (19)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3 (3)
..	..	..	..	..	..	..	2	2	1	1	2	1	1	2	1	1	2	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	8	12 (11)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
2	..	2	..	1	1	..	..	..	1	1	2	..	3	3	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	21	32 (21)
..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3 (3)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	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	3	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	7	9 (8)
..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	1	1	1	1	2	..	2	2	4	4	8	3	3	6	..	2	2	..	..	..	..	..	..	..	..	..	1	2	3 (3)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	13	21 (18)
																																1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
4	6	10	3	7	10	5	7	12	9	9	18	3	12	15	10	9	19	3	9	12	..	2	2	..	..	..	..	..	..	..	..	..	58	93	151 (144)

ASYLUM.

..	..	..	..	..	..	1	2	3	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	6 (5)
1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	3	3	..	..	..	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	8	13 (10)
..	1	1	..	1	1	2	..	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	4	7 (4)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2 (1)
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4 (3)
2	1	3	1	1	2	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5	10 (8)
..	..	..	..	..	..	1	..	1	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	5 (4)
..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	5	12 (12)
..	..	..	1	3	4	4	1	5	..	1	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16	7	23 (20)
..	1	1	1	1	2	1	1	2	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	7 (7)
..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	1	1	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	5	5 (5)
..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	1 (1)
1	..	1	..	..	..	3	..	3	..	4	4	3	10	13	2	5	7	1	6	7	1	..	1	..	..	..	..	..	..	..	..	..	10	27	37 (33)
																																	3	..	3 (2)
6	7	13	3	6	9	16	9	25	1	10	11	7	13	20	3	5	8	2	6	8	1	1	2	..	..	..	..	2	2	..	..	..	65	77	142 (123)

nation shown by small figures in brackets, thus, 29 (27).

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

DARENTH

CAUSE OF DEATH.	5 and under 10			10 and under 20.			20 and under 25.			25 and under 30.			30 and under 35.			35 and under 40.			40 and under 45.			45 and under 50.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CEREBRO-SPINAL DISEASES :—																								
Cerebral Hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	..	1	1	3	1	4	..	..	..	..	..	..	1	..	1	..	1	1	..	..	..	..	..	..
General Paralysis	..	1	1	2	1	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Organic disease of brain	3	1	4	2	2	4	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Softening of brain	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
THORACIC DISEASES :—																								
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Exhaustion from whooping cough	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Heart, valvular disease of	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pericarditis	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	..	1	1	3	4	7	1	1	2	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..
Pneumonia	5	2	7	3	2	5	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
ABDOMINAL DISEASES :—																								
Bright's disease, chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colitis	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GENERAL DISEASES :—																								
Cancer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Caries of Spine	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Senile decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicæmia	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis	1	..	1	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	9	7	16	17	14	31	4	5	9	..	1	1	1	..	1	1	2	3	..	..	..	1	..	1

BELMONT

CEREBRO-SPINAL DISEASES :—																								
Cerebral disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..
Epilepsy	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General Paralysis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
Organic disease of brain	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
THORACIC DISEASES :—																								
Heart, valvular disease of	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Heart, degeneration of	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Pericarditis	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis	..	..	..	6	..	6	5	..	5	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	..	..	..	..	..	..	4	..	4	1	..	1	2	..	2	1	..	1	..	..	..	..	..	..
GENERAL DISEASES :—																								
Pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Tuberculosis	..	..	..	..	..	..	3	..	3	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
	..	..	..	10	..	10	14	..	14	3	..	3	4	..	4	1	..	1	3	..	3	2	..	2

N.B.—Number of cases in which the cause of death was ascertained by *post-morte*

1907, *together with Ages at Deaths.*

reports previous to 1900.)

ASYLUM.

50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 90.			90 and under 95.			95 and under 100.			100 and under 105.			TOTALS.		
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.	Males.	Females.	Totals.
..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	3	7 (4)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	4	11 (6)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	7	12 (8)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	5	13 (7)
..	..	..	..	2	2	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4 (3)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1 (1)
..	..	..	..	2	2	..	..	..	..	1	1	..	5	5	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	33	38	71 (42)

ASYLUM.

..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3 (3)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2 (2)
..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	..	13 (13)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	..	8 (8)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1 (1)
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	4 (4)
..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	38	..	38 (38)

examinations shown by small figures in brackets, thus, 20 (18)

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

SUMMARY.

CAUSE OF DEATH.	5 and under 10.			10 and under 20.			20 and under 25.			25 and under 30.			30 and under 35.			35 and under 40.			40 and under 45.			45 and under 50.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
CEREBRO-SPINAL DISEASES :—																								
Apoplexy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
Brain atrophy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral disease	3	1	4	2	2	4	3	1	4	1	..	1	1	..	1	1	..	1	..	..	..	2	..	2
Cerebral hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	..	1	1	5	4	9	1	1	2	..	2	2	3	2	5	1	1	2	..	..	..	1	..	1
Exhaustion of dementia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	1	1	2
Exhaustion of imbecility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	2	3	5	2	7
General paralysis	1	1	2	2	3	5	1	..	1	1	..	1	1	..	1	1	1	2	1	2	3	5	2	7
Hydrocephalus	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Maniacal or melancholic Exhaustion	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Softening of brain	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1
Softening of brain and old fracture of femur (No inquest)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
THORACIC DISEASES :—																								
Abscess of lung	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Atheroma of coronary arteries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis and pneumonia	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1	..	..	..	1	..	1	..	1	1
Empyæma	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	1	1
Exhaustion from whooping cough	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gangrene of lung	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Heart, valvular disease of	2	1	3	1	..	1	..	..	..	..	1	1	..	1	1	1	..	1	..	..	..	..	1	1
Heart, degeneration of	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..
Pericarditis	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	1	4
Phthisis	..	1	1	9	5	14	7	6	13	6	5	11	2	6	8	3	3	6	..	1	1	2	..	2
Pneumonia	5	2	7	4	2	6	4	..	4	4	..	4	4	..	4	2	2	4	1	1	2	..	..	..
Rupture of heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ABDOMINAL DISEASES :—																								
Acute nephritis	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bright's disease, chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Chronic cystitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colitis	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Liver, disease of (Cirrhosis)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Obstruction of bowels	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Obstruction of bowels (volvulus)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis (tubercular)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyelo-nephritis (tubercular)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
Renal calculi	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Strangulated hernia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GENERAL DISEASES :—																								
Asylum dysentery	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Caries of spine	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1
Cellulitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	..	1
Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Purpura hæmorrhagica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Senile decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Septicæmia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	2	..	2	1	..	1
ACCIDENTS OR VIOLENCE :—																								
Fracture of femur (inquests)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fracture of ribs and softening of brain (inquest)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis (Perforation by a straw) no inquest	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Suicide	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	10	7	17	28	20	48	23	13	36	13	10	23	12	10	22	10	9	19	10	7	17	16	10	26

1907, *together with the Ages at Death.*

reports previous to 1900.)

SUMMARY.

50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 90.			90 and under 95.			95 and under 100.			100 and under 105.			TOTALS.		
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.	Males.	Females.	Total.
12	16	28	13	20	33	35	22	57	19	39	58	38	49	87	40	45	85	13	48	61	13	26	39	1	2	3	..	3	3	..	..	..	306	356	662 (584)

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TABLE VI.—*Length of Residence in those Discharged Recovered and in those who have Died during 1907.*
(Table IX in reports previous to 1900.)

LENGTH OF RESIDENCE.	TOOTING BEC ASYLUM. Recovered.* M	F	T	Died. M	F	T	TOOTING BEC RECEIVING HOME FOR CHILDREN. Recovered. M	F	T	Died. M	F	T	LEAVESDEN ASYLUM. Recovered. M	F	T	Died. M	F	T	CATERHAM ASYLUM. Recovered. M	F	T	Died. M	F	T	DARENTH ASYLUM. Recovered. M	F	T	Died. M	F	T	BELMONT ASYLUM. Recovered. M	F	T	Died. M	F	T	SUMMARY. Recovered.* M	F	T	Died. M	F	T
Under 1 Month	4	3	7*	6	13	19	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	3	7*	6	14	20
From 1 to 3 Months	2	..	2	9	7	16	..	..	..	..	..	..	..	..	..	2	2	4	1	1	2	..	2	2	..	..	..	..	..	..	..	..	..	2	..	2	3	1	4	11	11	22
,, 3 to 6 ,,	2	2	4	11	14	25	..	..	..	..	..	..	..	..	..	1	4	5	..	..	..	..	1	1	1	..	1	4	1	5	..	..	..	5	..	5	3	2	5	21	20	41
,, 6 to 9 ,,	1	..	1	9	10	19	..	..	..	..	..	..	..	..	..	6	6	12	..	..	..	4	..	4	..	..	..	1	..	1	..	..	..	4	..	4	1	..	1	24	16	40
,, 9 to 12 ,,	1	..	1	8	10	18	..	..	..	..	..	..	..	..	..	3	2	5	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2	..	2	1	..	1	14	12	26
,, 1 to 2 Years	2	1	3	23	34	57	..	..	..	..	1	1	..	..	..	9	7	16	..	..	..	9	16	25	..	..	..	6	3	9	..	..	..	22	..	22	2	1	3	69	61	130
,, 2 to 3 ,,	..	..	..	14	24	38	..	..	..	1	..	1	..	..	..	5	17	22	..	..	..	4	8	12	..	..	..	5	7	12	..	..	..	3	..	3	..	..	..	32	56	88
,, 3 to 5 ,,	..	..	..	31	35	66	..	..	..	..	..	..	..	..	..	5	10	15	1	..	1	8	7	15	1	..	1	5	7	12	..	..	..	..	..	..	2	..	2	49	59	108
,, 5 to 7 ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5	10	..	..	..	6	2	8	..	..	..	5	4	9	..	..	..	..	..	..	..	..	..	16	11	27
,, 7 to 10 ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	10	19	..	..	..	2	8	10	..	..	..	2	4	6	..	..	..	..	..	..	..	..	..	13	22	35
,, 10 to 12 ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	6	..	..	..	8	7	15	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..	13	11	24
,, 12 to 15 ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	7	..	..	..	7	7	14	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..	10	14	24
,, 15 to 20 ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	6	..	..	..	3	1	4	..	..	..	2	3	5	..	..	..	..	..	..	..	..	..	8	7	15
,, 20 to 25 ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	..	..	..	5	1	6	..	..	..	1	4	5	..	..	..	..	..	..	..	..	..	7	7	14
,, 25 to 30 ,, ,, 30 and upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	17	22	..	..	..	8	17	25	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	13	35	48
Totals	12	6	18	111	147	258	..	..	..	1	1	2	..	..	..	58	93	151	2	1	3	65	77	142	2	..	2	33	38	71	..	..	..	38	..	38	16	7	23	306	356	662

* Includes the "Not Insane" cases. See Table I.

TABLE VII.—*Duration of Insanity on Admission, in the Admissions, Discharges, and Deaths, during 1907.*

| CLASS. | TOOTING BEC ASYLUM. Duration of Disease on Admission in Five Classes. Direct Admissions. M | F | T | Recoveries. M | F | T | Removals not Recovered. M | F | T | Deaths. M | F | T | TOOTING BEC RECEIVING HOME FOR CHILDREN. Duration of Disease on Admission in Five Classes. Admissions. M | F | T | Recoveries. M | F | T | Removals not Recovered. M | F | T | Deaths. M | F | T | LEAVESDEN ASYLUM. Duration of Disease on Admission in Five Classes. Admissions. M | F | T | Recoveries. M | F | T | Removals not Recovered. M | F | T | Deaths. M | F | T | CATERHAM ASYLUM. Duration of Disease on Admission in Five Classes. Admissions. M | F | T | Recoveries. M | F | T | Removals not Recovered. M | F | T | Deaths. M | F | T | DARENTH ASYLUM. Duration of Disease on Admission in Five Classes. Admissions. M | F | T | Recoveries. M | F | T | Removals not Recovered. M | F | T | Deaths. M | F | T | BELMONT ASYLUM. Duration of Disease on Admission in Five Classes. Admissions. M | F | T | Recoveries. M | F | T | Removals not Recovered. M | F | T | Deaths. M | F | T | SUMMARY. Duration of Disease on Admission in Five Classes. Admissions. M | F | T | Recoveries. M | F | T | Removals not Recovered. M | F | T | Deaths. M | F | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---

TABLE VIII.—*Showing in Quinquennial Periods the Ages of those Admitted,*

(In place of Tables X. and

AGES.	Admissions. From Parishes and Unions.*			Admissions. From other Asylums of the Board.			Total Admissions.			Recoveries.†			Deaths.			Patients Resident 31st December, 1907.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
TOOTING BEC ASYLUM.																		
Under 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 and under 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 10 „ 15 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 15 „ 20 „	25	25	50	10	..	10	35	25	60	..	..	..	1	2	3	6	4	10
„ 20 „ 25 „	19	18	37	8	..	8	27	18	45	..	..	..	..	2	2	2	11	13
„ 25 „ 30 „	14	8	22	5	..	5	19	8	27	1	..	1	1	..	1	2	4	6
„ 30 „ 35 „	6	12	18	4	..	4	10	12	22	1	..	1	..	1	1	1	4	5
„ 35 „ 40 „	12	13	25	1	..	1	13	13	26	..	1	1	..	..	..	4	6	10
„ 40 „ 45 „	8	6	14	..	3	3	8	9	17	1	..	1	..	..	..	3	7	10
„ 45 „ 50 „	11	11	22	1	1	2	12	12	24	..	..	..	2	1	3	5	12	17
„ 50 „ 55 „	12	11	23	1	4	5	13	15	28	3	1	4	2	3	5	5	11	16
„ 55 „ 60 „	28	11	39	1	4	5	29	15	44	..	..	..	7	6	13	13	22	35
„ 60 „ 65 „	19	25	44	..	5	5	19	30	49	4	..	4	13	6	19	30	33	63
„ 65 „ 70 „	25	24	49	..	6	6	25	30	55	1	..	1	9	19	28	50	47	97
„ 70 „ 75 „	32	45	77	..	8	8	32	53	85	..	4	4	28	19	47	69	81	150
„ 75 „ 80 „	27	48	75	1	5	6	28	53	81	1	..	1	27	30	57	58	103	161
„ 80 „ 85 „	6	32	38	..	4	4	6	36	42	..	..	..	8	32	40	26	83	109
„ 85 „ 90 „	4	13	17	..	2	2	4	15	19	..	..	..	12	23	35	10	34	44
„ 90 „ 95 „	..	1	1	..	..	..	..	1	1	..	..	..	1	2	3	3	2	5
„ 95 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..		1	..	1	1
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	248	303	551	32	42	74	280	345	625	12	6	18	111	147	258	287	465	752
Mean age	52	59	54	26	64	48	49	60	55	55	63	58	73	74	73	66	66	66
TOOTING BEC RECEIVING HOME FOR CHILDREN.																		
Under 5 years	3	2	5	..	..	..	3	2	5	..	..	..	..	..	..	3	2	5
From 5 and under 10 years	65	42	107	..	..	..	65	42	107	..	..	..	1	..	1	10	7	17
„ 10 „ 15 „	49	29	78	..	..	..	49	29	78	..	..	..	..	1	1	6	5	11
„ 15 „ 20 „	12	4	16	..	..	..	12	4	16	..	..	..	..	..	..	..	..	..
„ 20 „ 25 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 25 „ 30 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 30 „ 35 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 35 „ 40 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 40 „ 45 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 45 „ 50 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 50 „ 55 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 55 „ 60 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 60 „ 65 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 65 „ 70 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 70 „ 75 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 75 „ 80 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 80 „ 85 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 85 „ 90 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 90 „ 95 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 95 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	¶129	77	¶206	..	..	..	¶129	77	¶206	..	..	..	1	1	2	19	14	33
Mean age	10	9	10	..	..	..	10	9	10	..	..	..	8	13	10	8	8	8
LEAVESDEN ASYLUM.																		
Under 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 and under 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 10 „ 15 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 15 „ 20 „	2	..	2	16	13	29	18	13	31	..	..	..	..	..	..	29	22	51
„ 20 „ 25 „	7	5	12	6	16	22	13	21	34	..	..	..	2	6	8	56	73	129
„ 25 „ 30 „	5	2	7	4	10	14	9	12	21	..	..	..	2	9	11	81	68	149
„ 30 „ 35 „	3	1	4	3	11	14	6	12	18	..	..	..	3	4	7	91	88	179
„ 35 „ 40 „	1	2	3	4	13	17	5	15	20	..	..	..	4	4	8	80	96	176
„ 40 „ 45 „	5	5	10	5	9	14	10	14	24	..	..	..	5	2	7	83	90	173
„ 45 „ 50 „	1	2	3	5	12	17	6	14	20	..	..	..	5	7	12	87	91	178
„ 50 „ 55 „	1	3	4	4	12	16	5	15	20	..	..	..	4	6	10	78	111	189
„ 55 „ 60 „	3	5	8	6	11	17	9	16	25	..	..	..	3	7	10	83	103	186
„ 60 „ 65 „	1	2	3	3	13	16	4	15	19	..	..	..	5	7	12	63	77	140
„ 65 „ 70 „	2	1	3	..	13	13	2	14	16	..	..	..	9	9	18	44	91	135
„ 70 „ 75 „	1	..	1	2	13	15	3	13	16	..	..	..	3	12	15	29	56	85
„ 75 „ 80 „	..	2	2	..	14	14	..	16	16	..	..	..	10	9	19	15	39	54
„ 80 „ 85 „	..	..	..	1	..	1	1	..	1	..	..	..	3	9	12	10	10	20
„ 85 „ 90 „	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2	7	9
„ 90 „ 95 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
„ 95 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	3	3
Totals	32	30	62	59	161	220	91	191	282	..	..	..	58	93	151	831	1,026	1 857
Mean age	38	46	42	37	47	42	37	48	42	..	..	..	57	57	57	45	48	47

* Includes transfers from asylums not under the Board. † Includes the "not insane" cases shown in Table I.
¶ See note, Table I.

Recovered, and Died during 1907, *and of those Remaining on the* 31st *December*, 1907.

XI. in reports previous to 1900.)

AGES.	Admissions. From Parishes and Unions.*			Admissions. From other Asylums of the Board.			Total Admissions.			Recoveries.			Deaths.			Patients Resident 31st December 1907.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
CATERHAM ASYLUM.																		
Under 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 and under 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 10 „ 15 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 15 „ 20 „	..	..	..	1	21	22	1	21	22	..	..	..	..	3	3	11	44	55
„ 20 „ 25 „	2	..	2	4	14	18	6	14	20	..	..	..	3	..	3	36	74	110
„ 25 „ 30 „	..	..	..	3	9	12	3	9	12	..	..	..	7	..	7	71	76	147
„ 30 „ 35 „	2	..	2	2	5	7	4	5	9	..	..	..	3	4	7	72	78	150
„ 35 „ 40 „	..	1	1	3	6	9	3	7	10	..	..	..	5	4	9	68	70	138
„ 40 „ 45 „	..	..	..	3	3	6	3	3	6	..	..	..	1	5	6	98	81	179
„ 45 „ 50 „	..	..	..	4	3	7	4	3	7	..	..	..	8	2	10	97	98	195
„ 50 „ 55 „	..	1	1	4	5	9	4	6	10	..	..	..	5	7	12	96	109	205
„ 55 „ 60 „	..	2	2	6	7	13	6	9	15	..	..	..	3	6	9	108	102	210
„ 60 „ 65 „	..	1	1	3	10	13	3	11	14	2	..	2	15	9	24	61	100	161
„ 65 „ 70 „	..	1	1	..	7	7	..	8	8	..	1	1	2	10	12	44	89	133
„ 70 „ 75 „	..	..	..	..	3	3	..	3	3	..	..	..	7	13	20	28	57	85
„ 75 „ 80 „	..	1	1	..	2	2	..	3	3	..	..	..	3	5	8	13	37	50
„ 80 „ 85 „	..	..	..	..	..	..	..	..	..	..	..	..	2	6	8	4	18	22
„ 85 „ 90 „	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	2	3
„ 90 „ 95 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
„ 95 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Totals	4	7	11	33	95	128	37	102	139	2	1	3	65	77	142	809	1,036	1,845
Mean age	27	59	43	43	39	41	41	40	40	63	68	64	53	61	57	47	49	48
DARENTH ASYLUM.																		
Under 5 years	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1
From 5 and under 10 years	..	..	..	57	36	93	57	36	93	..	..	..	9	8	17	137	112	249
„ 10 „ 15 „	..	..	..	48	23	71	48	23	71	1	..	1	7	9	16	280	173	453
„ 15 „ 20 „	..	..	..	24	10	34	24	10	34	1	..	1	9	3	12	208	175	383
„ 20 „ 25 „	1	..	1	13	1	14	14	1	15	..	..	..	5	5	10	138	95	233
„ 25 „ 30 „	..	..	..	4	1	5	4	1	5	..	..	..	..	1	1	74	74	148
„ 30 „ 35 „	..	..	..	2	4	6	2	4	6	..	..	..	1	..	1	75	57	132
„ 35 „ 40 „	..	..	..	2	1	3	2	1	3	..	..	..	1	2	3	58	54	112
„ 40 „ 45 „	..	..	..	1	1	2	1	1	2	..	..	..	..	..	..	29	38	67
„ 45 „ 50 „	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	9	35	44
„ 50 „ 55 „	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	24	27
„ 55 „ 60 „	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	5	10	15
„ 60 „ 65 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	17	19
„ 65 „ 70 „	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	16	18
„ 70 „ 75 „	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	1	6	7
„ 75 „ 80 „	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	4	4
„ 80 „ 85 „	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	2
„ 85 „ 90 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 90 „ 95 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 95 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
Totals	2	..	2	151	77	228	153	77	230	2	..	2	33	38	71	1,022	892	1,914
Mean age	13	..	13	13	13	13	13	13	13	15	..	15	16	28	23	20	25	22
BELMONT ASYLUM.																		
Under 5 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From 5 and under 10 years	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 10 „ 15 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 15 „ 20 „	..	..	..	41	..	41	41	..	41	..	..	..	10	..	10	94	..	94
„ 20 „ 25 „	..	..	..	15	..	15	15	..	15	..	..	..	13	..	13	81	..	81
„ 25 „ 30 „	..	..	..	13	..	13	13	..	13	..	..	..	4	..	4	46	..	46
„ 30 „ 35 „	..	..	..	9	..	9	9	..	9	..	..	..	4	..	4	41	..	41
„ 35 „ 40 „	..	..	..	3	..	3	3	..	3	..	..	..	1	..	1	22	..	22
„ 40 „ 45 „	..	..	..	3	..	3	3	..	3	..	..	..	3	..	3	10	..	10
„ 45 „ 50 „	..	..	..	3	..	3	3	..	3	..	..	..	2	..	2	4	..	4
„ 50 „ 55 „	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	5	..	5
„ 55 „ 60 „	..	..	..	2	..	2	2	..	2	..	..	..	..	..	..	5	..	5
„ 60 „ 65 „	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	4	..	4
„ 65 „ 70 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 70 „ 75 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 75 „ 80 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 80 „ 85 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 85 „ 90 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 90 „ 95 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 95 „ 100 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	90	..	90	90	..	90	..	..	..	38	..	38	312	..	312
Mean age	..	..	..	25	..	25	25	..	25	..	..	..	27	..	27	25	..	25

TABLE VIII. (*continued*).—*Showing in Quinquennial Periods the Ages of those Admitted Recovered, and Died during* 1907, *and of those Remaining on the* 31*st December*, 1907.

(In place of Tables X. and XI. in reports previous to 1900.)

AGES.	Admissions. From Parishes and Unions.*			Admissions. From other Asylums of the Board.			Recoveries.†			Deaths.			Patients Resident 31st December, 1907.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F	Tl.	M.	F.	Tl.	M.	F.	Tl.
SUMMARY.															
Under 5 years	4	2	6	..	..	..	..	..	..	..	..	..	4	2	6
From 5 and under 10 years	65	42	107	*57*	*36*	*93*	..	..	..	10	8	18	147	119	266
„ 10 „ 15 „	49	29	78	*48*	*23*	*71*	1	..	1	7	10	17	286	178	464
„ 15 „ 20 „	39	29	68	*92*	*44*	*136*	1	..	1	20	8	28	348	245	593
„ 20 „ 25 „	29	23	52	*46*	*31*	*77*	..	..	..	23	13	36	313	253	566
„ 25 „ 30 „	19	10	29	*29*	*20*	*49*	1	..	1	14	10	24	274	222	496
„ 30 „ 35 „	11	13	24	*20*	*20*	*40*	1	..	1	11	9	20	280	227	507
„ 35 „ 40 „	13	16	29	*13*	*20*	*33*	..	1	1	11	10	21	232	226	458
„ 40 „ 45 „	13	11	24	*12*	*16*	*28*	1	..	1	9	7	16	223	216	439
„ 45 „ 50 „	12	13	25	*13*	*16*	*29*	..	..	..	18	10	28	202	236	438
„ 50 „ 55 „	13	15	28	*10*	*21*	*31*	3	1	4	11	17	28	187	255	442
„ 55 „ 60 „	31	18	49	*15*	*22*	*37*	..	..	..	13	21	34	214	237	451
„ 60 „ 65 „	20	28	48	*6*	*28*	*34*	6	..	6	34	22	56	160	227	387
„ 65 „ 70 „	27	26	53	..	*26*	*26*	1	1	2	20	39	59	140	243	383
„ 70 „ 75 „	33	45	78	*2*	*24*	*26*	..	4	4	38	47	85	127	200	327
„ 75 „ 80 „	27	51	78	*1*	*21*	*22*	1	..	1	40	45	85	86	183	269
„ 80 „ 85 „	6	32	38	*1*	*4*	*5*	..	..	..	13	48	61	40	113	153
„ 85 „ 90 „	4	13	17	..	*2*	*2*	..	..	..	13	26	39	13	43	56
„ 90 „ 95 „	..	1	1	..	..	..	..	..	..	1	2	3	4	3	7
„ 95 „ 100 „	..	..	..	..	..	..	..	..	..		3	3	..	1	1
„ 100 „ 105 „	..	..	..	..	..	..	..	..	..		..	..	..	..	..
Unknown	..	..	..	..	*1*	*1*	..	..	..		1	1	..	4	4
Totals	415	417	832	*375*	*375*	*740*	16	7	23	306	356	662	3,280	3,433	6,713
Mean age	37	49	42	*24*	*40*	*31*	51	64	55	54	62	58	37	45	41

* Including transfers from Asylums *not* under the Board. † Includes the "not insane" cases shown in Table I.

TABLE IX. *Condition as to Marriage of those Admitted, Recovered, and Died during* 1907.

(Included in Table XIII. in reports previous to 1900.)

Condition as to Marriage.	Admissions.						Total Admissions.			Recoveries.			Deaths.		
	From Parishes and Unions.*			From other Asylums of Board.											
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
TOOTING BEC ASYLUM.															
Single	97	108	205	27	12	39	124	120	244	†6	†3	9	12	22	34
Married	69	57	126	2	8	10	71	65	136	†3	1	4	37	17	54
Widowed	81	137	218	..	13	13	81	150	231	3	†2	5	57	105	162
Unknown	1	1	2	3	9	12	4	10	14	..	..	..	5	3	8
Total	248	303	551	32	42	74	280	345	625	12	6	18	111	147	258
TOOTING BEC RECEIVING HOME FOR CHILDREN.															
Single	¶ 129	77	¶ 206	..	..	..	¶ 129	77	¶ 206	..	..	..	1	1	2
Married	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Widowed	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	¶ 129	77	¶ 206	..	..	..	¶ 129	77	¶ 206	..	..	..	1	1	2
LEAVESDEN ASYLUM.															
Single	23	20	43	38	79	117	61	99	160	..	..	..	35	56	91
Married	7	9	16	8	30	38	15	39	54	..	..	..	16	20	36
Widowed	2	1	3	4	36	40	6	37	43	..	..	..	6	16	22
Unknown	..	..	..	9	16	25	9	16	25	..	..	..	1	1	2
Total	32	30	62	59	161	220	91	191	282	..	..	..	58	93	151
CATERHAM ASYLUM.															
Single	4	2	6	20	62	82	24	64	88	..	1	1	24	24	48
Married	..	2	2	8	18	26	8	20	28	2	..	2	10	14	24
Widowed	..	2	2	5	8	13	5	10	15	..	..	..	9	15	24
Unknown	..	1	1	..	7	7	..	8	8	..	..	..	22	24	46
Total	4	7	11	33	95	128	37	102	139	2	1	3	65	77	142

* Including transfers from asylums not under the Board. ¶ See footnote, Table I. † Includes 1 each "not insane." See Table I.

TABLE IX. (*contd.*)—*Conditions as to Marriage of those Admitted, Recovered, and Die during* 1907.

(Included in Table XIII. in Reports previous to 1900.)

DARENTH ASYLUM.

Condition as to Marriage.	Admissions.						Total Admissions.			Recoveries.			Deaths.		
	From Parishes and Unions.*			From other Asylums of Board.											
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Single	2	..	2	151	77	228	153	77	230	2	..	2	33	33	66
Married	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Widowed	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Total	2	..	2	151	77	228	153	77	230	2	..	2	33	38	71

BELMONT ASYLUM.

Single	..	..	..	82	..	82	82	..	82	..	..	..	35	..	35
Married	..	..	..	8	..	8	8	..	8	..	..	..	2	..	2
Widowed	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	..	..	..	90	..	90	90	..	90	..	..	..	38	..	38

SUMMARY.

Single	¶ 255	207	¶ 462	*318*	*230*	*548*	¶ 255	207	¶ 462	†8	†4	12	140	136	276
Married	76	68	144	*26*	*56*	*82*	76	68	144	†5	1	6	65	53	118
Widowed	83	140	223	*9*	*57*	*66*	83	140	223	3	†2	5	73	138	211
Unknown	1	2	3	*12*	*32*	*44*	1	2	3	..	..	..	28	29	57
Total	¶ 415	417	¶ 832	*365*	*375*	*740*	¶ 415	417	¶ 832	16	7	23	306	356	662

* Including transfers from asylums not under the Board. † Includes 1 each "not insane." See Table 1. ¶ See footnote, Table 1.

STATISTICAL COMMITTEE, 1907.

TABLE X.†—*Probable causes of Insanity in the Patients admitted during 1907.*

(Table VI. in reports previous to 1900.)

| CAUSES OF INSANITY. | TOOTING BEC | | |

ANNUAL REPORT, STATISTICAL COMMITTEE, 1907.

TABLE XI.—*Form of Mental Disorder in the Admissions, Recoveries, and Deaths of the Year 1907, and of Inmates on 31st December, 1907.*

(Includes Tables IV. and V. in reports previous to 1903.)

| FORM OF MENTAL DISORDER. | TOOTING BEC ASYLUM. Direct Admissions. Males | Females | Total. | Recoveries. Males | Females | Total. | Deaths. Males | Females | Total. | Remaining in Asylum. Males | Females | Total. | TOOTING BEC RECEIVING HOME FOR CHILDREN. Direct Admissions. Males | Females | Total. | Recoveries. Males | Females | Total. | Deaths. Males | Females | Total. | Remaining in Asylum. Males | Females | Total. | LEAVESDEN ASYLUM. Direct Admissions. Males | Females | Total. | Recoveries. Males | Females | Total. | Deaths. Males | Females | Total. | Remaining in Asylum. Males | Females | Total. | CATERHAM ASYLUM. Direct Admissions. Males | Females | Total. | Recoveries. Males | Females | Total. | Deaths. Males | Females | Total. | Remaining in Asylum. Males | Females | Total. | DARENTH ASYLUM. Direct Admissions. Males | Females | Total. | Recoveries. Males | Females | Total. | Deaths. Males | Females | Total. | Remaining in Asylum. Males | Females | Total. | BELMONT ASYLUM. Direct Admissions. Males | Females | Total. | Recoveries. Males | Females | Total. | Deaths. Males | Females | Total. | Remaining in Asylum. Males | Females | Total. | SUMMARY. Direct Admissions. Males | Females | Total. | Recoveries. Males | Females | Total. | Deaths. Males | Females | Total. | Remaining in Asylum. Males | Females | Total. |
|---|---|---

TABLE XII.—*Station or Occupation of Patients admitted during* 1907.

(Included in Table XIII, in reports previous to 1900.)

Station or Occupation.	Tooting Bec. Asylum.		Tooting Bec. Receiving Home for Children.		Leavesden Asylum.		Caterham Asylum.		Darenth Asylum.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Army pensioner	1	..	..	..	..	..	..	..	..	..	1	..
Baker's assistant	1	..	..	..	..	..	..	..	..	..	1	..
Barrow maker	1	..	..	..	..	..	..	..	..	..	1	..
Billiard marker	1	..	..	..	..	..	..	..	..	..	1	..
Blacksmith	1	..	..	..	..	..	..	..	..	..	1	..
Board carrier	1	..	..	..	..	..	..	..	..	..	1	..
Bookbinder	1	..	..	..	..	..	..	..	..	..	1	..
Bookfolders	..	1	..	..	..	1	..	..	..	..	..	2
Book seller	1	..	..	..	..	..	..	..	..	..	1	..
Boot clicker	1	..	..	..	..	..	..	..	..	..	1	..
Bootmakers	2	..	..	..	1	..	..	..	..	..	3	..
Boot repairers	2	..	..	..	..	..	..	..	..	..	2	..
Box maker	..	..	..	..	1	..	..	..	..	..	1	..
Brass finisher	1	..	..	..	..	..	..	..	..	..	1	..
Brush makers	2	..	..	..	1	..	..	..	..	..	3	..
Builder	1	..	..	..	..	..	..	..	..	..	1	..
Butcher	1	..	..	..	..	..	..	..	..	..	1	..
Cabinet maker	..	..	..	..	1	..	..	..	..	..	1	..
Cabmen	4	..	..	..	1	..	..	..	..	..	5	..
Camera maker	1	..	..	..	..	..	..	..	..	..	1	..
Caretaker	..	1	..	..	..	..	..	..	..	..	..	1
Carmen	3	..	..	..	..	..	..	..	..	..	3	..
Carpenters	5	..	..	..	..	..	..	..	..	..	5	..
Carpetcutter	1	..	..	..	..	..	..	..	..	..	1	..
Carriage trimmer	1	..	..	..	..	..	..	..	..	..	1	..
Cart minder	1	..	..	..	..	..	..	..	..	..	1	..
Charwomen	..	29	..	..	..	1	..	1	..	..	..	31
Cigar box maker	1	..	..	..	..	..	..	..	..	..	1	..
Cigarette maker	..	1	..	..	..	..	..	..	..	..	..	1
Clerks	2	..	..	..	2	..	..	..	..	..	4	..
Coachmen	5	..	..	..	..	..	..	..	..	..	5	..
Coal agent	1	..	..	..	..	..	..	..	..	..	1	..
Coal porters	2	..	..	..	..	..	..	..	..	..	2	..
Coal trimmer	1	..	..	..	..	..	..	..	..	..	1	..
Commission agent	1	..	..	..	..	..	..	..	..	..	1	..
Cooks	1	3	..	..	..	..	..	..	..	..	1	3
Cooper	1	..	..	..	..	..	..	..	..	..	1	..
Crossing sweepers	1	1	..	..	..	..	..	..	..	..	1	1
Customs watcher	1	..	..	..	..	..	..	..	..	..	1	..
Deal porter	1	..	..	..	..	..	..	..	..	..	1	..
Dock labourer	1	..	..	..	..	..	..	..	..	..	1	..
Domestic servants	..	11	..	..	..	..	..	..	..	..	..	11
Draper	1	..	..	..	..	..	..	..	..	..	1	..
Dressmakers	..	3	..	..	..	1	..	..	..	..	..	4
Editor	1	..	..	..	..	..	..	..	..	..	1	..
Enamel worker	..	..	..	..	1	..	..	..	..	..	1	..
Engine minder	1	..	..	..	..	..	..	..	..	..	1	..
Engraver	1	..	..	..	..	..	..	..	..	..	1	..
Errand lad	1	..	..	..	..	..	..	..	..	..	1	..
Farmers	5	..	..	..	..	..	..	..	..	..	5	..
Farm labourer	1	..	..	..	..	..	1	..	..	..	2	..
Fish porter	1	..	..	..	..	..	..	..	..	..	1	..
Fishmonger's Assistant	1	..	..	..	..	..	..	..	..	..	1	..
Fitter	1	..	..	..	..	..	..	..	..	..	1	..
French polisher	1	..	..	..	..	..	..	..	..	..	1	..
Fruit salesman	1	..	..	..	..	..	..	..	..	..	1	..
Furniture porter	1	..	..	..	..	..	..	..	..	..	1	..
Gardeners	4	..	..	..	..	..	..	..	..	..	4	..
General servants	..	2	..	..	..	..	..	..	..	..	..	2
Glassblower	..	..	..	..	1	..	..	..	..	..	1	..
Carried forward..	74	52	..	..	9	3	1	1	..	..	84	56

TABLE XII. (*continued*).—*Station or Occupation of Patients admitted during* 1907.

(Included in Table XIII. in reports previous to 1900.)

Station or Occupation.	Tooting Bec Asylum.		Tooting Bec Receiving Home for Children.		Leavesden Asylum.		Caterham Asylum.		Darenth Asylum.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Brought forward ..	74	52	..	..	9	3	1	1	..	..	84	56
Governesses	..	..	..	..	..	2	..	..	..	..	..	2
Grocers' Assistants ..	2	..	..	..	..	..	..	..	..	..	2	..
Hawkers	3	2	..	..	2	..	..	..	..	..	5	2
Horsekeepers	2	..	..	..	..	..	..	..	..	..	2	..
Housekeepers	..	2	..	..	..	..	..	..	..	..	..	2
Housewives	..	11	..	..	..	4	..	..	..	..	..	15
Ironers	..	3	..	..	..	..	..	..	..	..	..	3
Knitter	..	1	..	..	..	..	..	..	..	..	..	1
Labourers	39	..	..	..	3	..	1	..	..	..	43	..
Laundresses	..	2	..	..	..	..	..	..	..	..	..	2
Lawyer's clerk	1	..	..	..	..	..	..	..	..	..	1	..
Leather finisher	1	..	..	..	..	..	..	..	..	..	1	..
Lighterman	1	..	..	..	..	..	..	..	..	..	1	..
Lithographic printer ..	1	..	..	..	..	..	..	..	..	..	1	..
Machinist	..	1	..	..	..	..	..	..	..	..	..	1
Market porter	1	..	..	..	..	..	..	..	..	..	1	..
Messenger	1	..	..	..	..	..	..	..	..	..	1	..
Matchbox maker ..	..	1	..	..	..	..	..	..	..	..	..	1
Milkman	..	..	..	..	1	..	..	..	..	..	1	..
Milkman's assistant ..	..	..	..	..	..	..	1	..	..	..	1	..
Milliner	..	1	..	..	..	..	..	..	..	..	..	1
Music teacher	..	1	..	..	..	..	..	..	..	..	..	1
Naval pensioners ..	2	..	..	..	..	..	..	..	..	..	2	..
Navvy	1	..	..	..	..	..	..	..	..	..	1	..
Needlewomen	..	11	..	..	..	1	..	..	..	..	..	12
Newsvendor..	1	..	..	..	..	..	..	..	..	..	1	..
Nurse	..	1	..	..	..	..	..	..	..	..	..	1
Office boys	1	..	..	..	1	..	..	..	..	..	2	..
Organ builder	1	..	..	..	..	..	..	..	..	..	1	..
Packingcase maker ..	1	..	..	..	..	..	..	..	..	..	1	..
Painters	3	..	..	..	..	..	..	..	..	..	3	..
Painter's labourer ..	1	..	..	..	..	..	..	..	..	..	1	..
Pea distributor	1	..	..	..	..	..	..	..	..	..	1	..
Pensioner	1	..	..	..	..	..	..	..	..	..	1	..
Piano maker's assistant	1	..	..	..	..	..	..	..	..	..	1	..
Picture framer	1	..	..	..	..	..	..	..	..	..	1	..
Plumber	1	..	..	..	..	..	..	..	..	..	1	..
Policeman	1	..	..	..	..	..	..	..	..	..	1	..
Polisher	..	1	..	..	..	..	..	..	..	..	..	1
Porters	6	..	..	..	..	..	..	..	..	..	6	..
Porter valet	1	..	..	..	..	..	..	..	..	..	1	..
Postman	1	..	..	..	..	..	..	..	..	..	1	..
Postmistress	..	1	..	..	..	..	..	..	..	..	..	1
Potmen	1	..	..	..	1	..	..	..	..	..	2	..
Print colourer	1	..	..	..	..	..	..	..	..	..	1	..
Publican	1	..	..	..	..	..	..	..	..	..	1	..
Publichouse manageress	..	1	..	..	..	..	..	..	..	..	..	1
Rag sorter	..	1	..	..	..	..	..	..	..	..	..	1
Railway signaller ..	1	..	..	..	..	..	..	..	..	..	1	..
Reading boy	1	..	..	..	..	..	..	..	..	..	1	..
Rigger	1	..	..	..	..	..	..	..	..	..	1	..
Road sweepers	1	..	..	..	1	..	..	..	..	..	2	..
Sawyer	1	..	..	..	..	..	..	..	..	..	1	..
School teacher	1	..	..	..	..	..	..	..	..	..	1	..
Seamen	2	..	..	..	..	..	..	..	..	..	2	..
Servants	..	14	..	..	..	7	..	1	..	..	..	22
Shirt button holers ..	..	2	..	..	..	..	..	..	..	..	..	2
Shoeblack	1	..	..	..	..	..	..	..	..	..	1	..
Shoemakers	2	..	..	..	..	..	..	..	..	..	2	..
Carried forward ..	165	109	..	..	18	17	3	2	..	..	186	128

TABLE XII. (*continued*).—*Station or Occupation of Patients admitted during* 1907.

(Included in Table XIII. in reports previous to 1900.)

Station or Occupation.	Tooting Bec.				Leavesden Asylum.		Caterham Asylum.		Darenth Asylum.		Total.	
	Asylum.		Receiving Home for Children.									
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Brought forward ..	165	109	..	..	18	17	3	2	..	..	186	128
Slater	1	..	..	..	..	..	..	..	..	..	1	..
Slipper maker	1	..	..	..	..	..	..	..	..	..	1	..
Stableman	1	..	..	..	..	..	..	..	..	..	1	..
Stage hand	..	..	..	..	1	..	..	..	..	..	1	..
Stoker	1	..	..	..	..	..	..	..	..	..	1	..
Stonemasons' labourer	1	..	..	..	..	..	..	..	..	..	1	..
Street vendor	..	1	..	..	..	..	..	..	..	..	..	1
Tailors	4	..	..	..	1	..	..	..	..	..	5	..
Timber porters	1	..	..	..	1	..	..	..	..	..	2	..
Tongue curer	1	..	..	..	..	..	..	..	..	..	1	..
Traveller	1	..	..	..	..	..	..	..	..	..	1	..
Tutor	1	..	..	..	..	..	..	..	..	..	1	..
Upholsterers	..	2	..	..	..	..	..	..	..	..	..	2
Van boy	1	..	..	..	..	..	..	..	..	..	1	..
Warehouseman	1	..	..	..	..	..	..	..	..	..	1	..
Washerwomen	..	3	..	..	..	..	..	..	..	..	..	3
Watchmen	3	..	..	..	..	..	..	..	..	..	3	..
Wood chopper	1	..	..	..	..	..	..	..	..	..	1	..
None (children)	..	..	129	77	..	..	..	..	1	..	130	77
Not known	1	2	..	..	..	..	..	..	..	..	1	2
No occupation	63	186	..	..	11	13	1	5	1	..	76	204
Total	248	303	129	77	32	30	4	7	2	..	415	417

TABLE XIII.—*Table of Heredity in Patients admitted in* 1907.

Degree.	TOOTING BEC ASYLUM.			TOOTING BEC RECEIVING HOME FOR CHILDREN.			LEAVESDEN ASYLUM.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
I. Direct—									
Paternal	1	5	6	5	2	7	..	..	..
Maternal	..	4	4	5	1	6	..	..	..
Grandparents	2	..	2	..	1	1	..	..	..
II. Collateral—									
Brothers or sisters	12	13	25	1	..	1	..	..	..
Paternal uncles or aunts	2	..	2	9	4	13	..	..	..
Maternal ,, ,,	1	6	7	9	3	12	..	..	..
Maternal or paternal uncles or aunts	..	..	..	1	..	1	..	..	..
Paternal grandparents	..	..	..	2	1	3	..	..	..
Maternal ,,	..	..	..	3	3	6	..	..	..
Cousins	..	1	1	..	..	..	..	..	..
III. Remote—									
Undefined	..	..	..	..	1	1	..	..	..
Total	18	29	47	35	16	51	..	..	..
Total number of direct admissions	248	303	551	*129	77	*206	32	30	62
Number in which causes were assigned	12	16	28	25	11	36	8	20	28
Percentage of heredity on admissions	4.83	5.28	5.08	19.38	14.28	17.47	25.00	66.67	45.16

Degree.	CATERHAM ASYLUM.			DARENTH ASYLUM.			SUMMARY.		
	Males.	Females	Total.	Males.	Females	Total.	Males.	Females	Total.
I. Direct—									
Paternal	..	..	..	..	..	..	6	7	13
Maternal	1	..	1	..	..	..	6	5	11
Grandparents	..	..	..	..	..	..	2	1	3
II. Collateral—									
Brothers or sisters	..	..	..	..	..	..	13	13	26
Paternal uncles or aunts	..	..	..	..	..	..	11	4	15
Maternal ,, ,,	..	..	..	..	..	..	10	9	19
Maternal or paternal uncles or aunts	..	..	..	..	..	..	1	..	1
Paternal grandparents	..	..	..	..	..	..	2	1	3
Maternal ,,	..	..	..	..	..	..	3	3	6
Cousins	..	..	..	..	..	..	..	1	1
III. Remote—									
Undefined	..	..	..	..	..	..	..	1	1
Total	1	..	1	..	..	..	54	45	99
Total number of direct admissions	4	7	11	2	..	2	415	417	832
Number in which causes were assigned	1	..	1	..	..	..	46	47	93
Percentage of heredity admissions	25	..	9	..	..	..	11·08	11·27	11·1

Transfers admitted from other Asylums of the Board are not included.
* See note to Table I.

MEDICAL SUPPLEMENT

FOR THE

YEAR 1907.

EDITED BY

E. W. GOODALL, M.D.

AND

F. M. TURNER, M.D.

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ERRATA.

Medical Supplement, 1906.

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Page 305. Table I.

Rheumatism—total cases 511, not 11.

„ 310. Table IX.

Eastern Hospital Cases (top line) should read thus
10, 26, 20, 76, 5, 2, 9, 16, ..., ..., ..., ..., ..., ..., ..., ..., 10, 26, 20, 76, 5, 2, 9, 16, 21·1.

Total Cases should read thus—
240, 79, 32, 351, 81, 8, 17, 106, ..., ..., 243, 79, 32, 354, 84, 8, 17, 109, 30·8.

Also to the Cases operated upon before admission add
Eastern Hospital 20 cases, 2 deaths.

„ 311. Table X.

Age 1—2	read	63,	34,	54·0.
„ 2—3	„	51,	18,	35·3
„ 3—4	„	47,	15,	31·9.
„ 6—7	„	17,	3,	17·6.
Total	„	275,	101,	36·7.

In each case the corrections refer to the first three columns.

1.—PREFACE.

In the year 1896 the Managers decided to publish, in the form of a Medical Supplement, certain tables and papers of medical interest relating to the work of the fever hospitals. In view of the great extension of the Board's work since that date, contributions have this year been invited from medical officers in other branches of the service, and one paper from the Asylums' and one from the Children's Department have been included in this number.

The routine tables have been compiled on the same lines as those of previous years, except that the tables of causes of death have been discontinued. All the tables except Table XIV. have been compiled from lists of cases completed during the year 1907.

2. COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1907.

The following tables are compiled from cases completed during 1907 :—

TABLE I.—*Showing Incidence of Complications amongst* 22,096 *cases of Scarlet Fever completed during* 1907.

Complications.	Eastern.	North Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove & Fountain.	Park.	Brook.	J. Green.	Northern.	Gore Farm.	Total.	Mortality per cent.
Total cases	1,741	3,371	2,344	1,861	1,278	2,146	3,184	3,108	2,780	283	[6,293]	[8,453]	22,096	..
Relapse of disease ..	28	38	10	15	7	16	34	9	20	3	65	80	325	1.47
Rheumatism	33	85	76	34	91	41	111	82	78	11	12	44	698	3.16
Chorea	2	1	1	..	..	..	2	..	2	..	1	2	11	0.05
Pyæmia	..	6	1	..	1	2	1	8	..	..	..	..	19	0.09
Meningitis	..	1	2	1	..	2	4	1	..	1	1	2	15	0.07
Otitis	184	266	281	268	183	233	314	184	303	12	203	218	2,749	11.4
Mastoid Abscess[1] ..	6	11	4	12	8	7	17	20	10	1	5	3	104	0.47
Endocarditis	6	10	4	8	8	16	19	7	30	3	5	13	129	0.58
Pericarditis	..	2	2	2	2	6	1	1	1	..	..	..	17	0.08
Laryngitis	1	1	13	..	3	1	4	..	2	..	1	2	28	0.13
Bronchitis	11	8	..	12	6	3	17	12	14	4	7	16	110	0.50
Broncho-pneumonia ..	5	16	21	8	7	17	22	17	14	1	8	8	144	0.65
Pneumonia	9	6	1	2	1	4	9	5	4	1	2	4	48	0.22
Pleurisy	2	3	6	1	..	4	2	8	3	..	..	3	32	0.14
Empyema	4	4	2	2	..	2	..	4	..	..	..	1	19	0.05
Stomatitis, Ulcerative	11	24	14	10	10	4	19	3	15	1	25	24	160	0.72
Tonsillitis during convalescence	15	28	9	11	22	29	32	5	22	7	16	110	306	1.38
Jaundice	3	6	7	2	5	5	4	4	8	..	4	3	51	0.23
Nephritis	73	125	108	64	46	99	123	131	102	4	41	38	954	4.32
Albuminuria[2]	104	253	72	250	40	317	390	239	229	29	183	192	2,298	10.4
Cervical Cellulitis ..	6	2	8	5	2	8	8	2	8	..	..	..	49	0.22
Adenitis, suppurative, occurring in the acute stage	..	24	..	27	5	7	..	..	2	..	..	..	65	0.29
Adenitis of convalescence, simple	96	127	135	134	89	141	217	135	246	26	53	117	1,516	6.87
Adenitis of convalescence, suppurative..	33	17	30	22	18	19	33	26	30	1	17	11	257	1.16
Abscesses — excluding Mastoid and Cervical Abscesses	24	10	10	27	14	17	14	13	25	..	2	3	159	0.72
Diphtheria ..	26	10*	1	4	5	27	6	1	6	..	114	48	248	1.12
Chickenpox	45	16	4	18	27	27	30	82	11	..	48	33	341	1.54
Measles ..	21	14	19	6	26	10	25	14	10	..	15	2	162	0.73
Rubella ..	30	38	14	3	13	10	9	49	10	..	93	54	323	1.46
Whoopingcough	6	13	10	18	3	4	6	4	4	..	80	35	183	0.83
Mumps	..	..	..	..	..	2	..	..	..	..	30	2	34	0.15
Erysipelas	..	2	..	1	3	1	2	..	..	..	..	..	9	0.04
Enteric fever	..	..	..	..	..	..	..	..	..	..	..	2	2	0.01
Influenza	..	..	..	..	..	2	..	..	..	..	..	..	2	0.01

* 7 of these were cases of fibrinous rhinitis.

1. Includes all Abscesses in or around the mastoid process.
2. Includes all cases in which albumen was detected, and in which there were no other signs of Nephritis, even if only on one occasion.
3. Specific infectious diseases co-existent on admission are returned in Table IV.

TABLE II. *Showing Incidence of Complications amongst* 5,695 *cases of Diphtheria completed during* 1907.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove.	Park.	Brook.	Northern	Gore Farm	Total.	Mortality Per cent.
Total cases	552	349	562	938	445	757	924	674	494	(296)	(473)	5,695	
Relapse of disease	15	1	2	6	3	10	14	1	11	1	3	67	1·18
Paralysis	84	50	72	196	36	121	136	49	64	..	12	820	14·4
Otitis	40	8	28	46	39	51	39	4	27	6	4	292	5·12
Mastoid abscess	..	..	..	1	1	3	1	1	2	..	1	10	0·18
Pneumonia	7	4	..	11	4	7	4	1	1	..	..	39	0·68
Broncho-pneumonia	8	1	3	8	12	15	15	9	7	..	..	78	1·37
Adenitis *a* — Suppurative, occurring in the acute stage ..	8	..	5	..	..	8	..	..	1	..	..	22	0·39
Adenitis of convalescence — simple	14	2	15	5	15	17	27	5	19	1	5	125	2·20
Adenitis of convalescence — suppurative	..	..	..	10	3	5	8	..	4	1	1	32	0·56
Nephritis	5	2	..	5	3	6	2	2	4	1	..	30	0·53
Albuminuria	211	67	..	170	54	116	353	8	170	2	7	1,158	2·03
Scarlet fever .. .. (Specific Infectious Diseases, *b*)	40	14	14	63	27	64	31	14	9	11	6	293	5·15
Chickenpox	12	1	1	4	10	15	4	..	..	..	..	47	0·83
Measles	6	..	3	16	8	13	4	2	7	..	1	60	1·05
Whooping cough ..	4	1	2	1	7	5	1	1	1	..	..	23	0·40
Rubella	9	1	3	2	3	2	..	2	2	1	..	25	0·44
Mumps	2	..	..	..	..	..	..	..	..	..	..	2	0·04
Diphtheria . ..	..	..	..	..	..	1	..	..	..	..	..	1	0·02
Influenza	..	..	..	..	..	1	..	..	..	..	..	1	0·02
Erysipelas	..	..	..	..	1	..	..	..	..	..	..	1	0·02
Complications referable to Antitoxin amongst 5,121 *cases of Diphtheria treated with it* :—													
Total cases	513	310	543	877	420	693	862	544	359	..	..	5,121	
Rash	150	46	92	214	147	145	312	39	136	..	..	1,281	25.0
Joint pains	14	5	17	28	16	13	37	1	27	..	..	158	3.09
Abscess	2	..	1	8	2	4	5	..	3	..	..	25	0.49

a Cases developing after the subsidence of the early throat symptoms only.
b Specific infectious diseases co-existent on admission are returned in Table IV.

TABLE III. *Showing Incidence of Complications amongst* 554 *cases of Enteric Fever completed during 1907.*

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove.	Park.	Brook.	Total.	Mortality per cent.
Total cases	120	47	51	96	46	81	28	23	62	554	
Relapse of disease	11	7	6	7	3	5	10	..	4	53	9.57
Hæmorrhage	11	6	3	4	10	10	4	1	6	55	9.95
Perforation	6	1	2	2	..	7	..	1	2	21	3.79
Peritonitis (non-perforative) ..	1	..	..	2	..	..	..	..	..	3	0.54
Pneumonia	2	..	..	1	2	1	..	2	7	15	2.71
Broncho-pneumonia	1	1	7	1	..	2	..	..	1	13	2.34
Pleurisy	2	1	..	1	1	..	1	1	..	7	1.26
Pericarditis	..	1	..	..	..	..	..	..	..	1	0.18
Rheumatism	..	1	..	..	..	..	..	..	..	1	0.18
Nephritis	2	..	2	..	..	..	..	..	..	4	0.72
Cystitis	1	..	..	1	..	1	..	..	3	6	1.08
Bacilluria	..	..	..	1	6	1	..	..	..	8	1.44
Periostitis	..	..	..	1	3	..	..	..	1	5	0.90
Phlebitis	..	1	..	4	2	2	1	1	1	12	2.16
Dementia	1	..	2	..	..	1	1	..	1	6	1.08
Peripheral neuritis	..	..	..	..	1	..	..	..	1	2	0.36
Otitis Media	2	..	3	2	3	1	1	..	5	17	3.07
Abscesses	3	..	..	..	3	..	..	..	..	6	1.08
Boils	2	..	..	..	2	..	2	..	1	7	1.26
Scarlet fever) Specific infec-	..	..	1	1	1	..	..	..	..	3	0.54
Diphtheria) tious diseases. *a*	..	..	..	2	..	..	..	..	..	2	0.36

a Specific infectious diseases co-existent on admission are returned in Table IV.

TABLE IV. *Showing Number of cases in which two separate Infectious Diseases were co-existent at the time of admission during* 1907.

Diseases.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove.	Park.	Brook.	Total.
Scarlet fever and Diphtheria	10	10	9	4	20	31	1	..	15	100
Scarlet fever and Chickenpox	4	20	3	4	8	31	26	8	26	130
Scarlet fever and Whooping cough ..	14	32	9	5	8	16	10	7	24	125
Scarlet fever and Measles	9	9	2	4	2	11	6	..	11	54
Scarlet fever and Rubella	1	2	..	..	..	1	4	..	9	17
Scarlet fever and Enteric fever	1	..	..	..	..	..	..	..	..	1
Scarlet fever and Mumps	..	..	..	..	..	..	1	..	..	1
Scarlet fever and Vincent's disease ..	..	..	..	..	..	..	2	..	..	2
Scarlet fever and Tuberculosis	..	..	..	..	..	..	1	..	..	1
Scarlet fever and Cerebro-spinal Meningitis	..	..	..	..	..	..	..	1	..	1
Diphtheria and Measles	6	2	3	..	4	15	16	..	8	54
Diphtheria and Chickenpox	..	1	2	..	4	6	1	..	3	17
Diphtheria and Whooping cough ..	5	3	3	..	1	4	15	..	7	38
Diphtheria and Enteric fever	..	..	..	..	..	..	..	..	3	3
Diphtheria and Rubella	..	..	..	..	1	..	..	..	1	2

Infectious diseases arising after admission are returned in Tables I., II., and III.

3. POST-SCARLATINAL DIPHTHERIA, 1907.

TABLE V.—*Sex Distribution and Mortality.*

		Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		South-Eastern.		Grove.		Park.		Brook.		Northern.		Gore Farm.		Total.		Mortality per cent.
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Non-Laryngeal Cases	Males ..	7	..	5	..	..	..	2	..	5	..	12	1	3	..	..	..	3	..	32	..	22	..	91	1	..
	Females	18	..	4	..	..	..	2	..	..	..	14	..	1	1	..	..	3	..	68	2†	24	1	134	4	..
	Total ..	25	..	9*	..	..	..	4	..	5	..	26	1	4	1	..	..	6	..	100	2	46	1	225	5	2·22
Laryngeal Cases.	Males ..	1	1	..	..	1	..	..	..	..	..	..	..	2	..	..	..	..	..	8	..	1	..	13	1	..
	Females	..	..	1	1	..	..	..	..	..	..	1	..	..	..	1	..	..	..	6	..	1	..	10	1	..
	Total ..	1	1	1	1	1	..	..	..	..	..	1	..	2	..	1	..	..	..	14	..	2	..	23	2	8·70
All Cases	Males ..	8	1	5	..	1	..	2	..	5	..	12	1	5	..	..	..	3	..	40	..	23	..	104	2	..
	Females	18	..	5	1	..	..	2	..	..	..	15	..	1	1	1	..	3	..	74	2	25	1	144	5	..
	Total ..	26	1	10	1	1	..	4	..	5	..	27	1	6	1	1	..	6	..	114	2	48	1	248	7	2·82

* Including 7 fibrinous rhinitis. † Including one who died from measles.

TABLE VI.—*Antitoxin Treatment.*

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		South-Eastern.		Grove.		Park.		Brook.		Northern.		Gore Farm.		Total.		Mortality per cent.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Cases treated with Antitoxin	23	1	10	1	1	..	4	..	5	..	15	1	6	1	1	..	3	..	109	2	43	1	220	7	3·18
Cases not so treated ..	3	..	..	..	..	..	..	..	..	..	12	..	..	..	..	..	3	..	5	..	5	..	28	..	0·0
Total	26	1	10	1	1	..	4	..	5	.	27	1	6	1	1	..	6	..	114	..	48	1	248	7	2·82

4. SUMMARY OF THE ANTITOXIN TREATMENT OF DIPHTHERIA, 1907.

TABLE VII. *All Forms of Diphtheria.*

Hospital.	Cases treated with Antitoxin.			Cases not so treated.			Total.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Eastern	513	68	13·2	39	3 (1)	7·7	552	71	12·8
North-Eastern ..	310	39	12.6	18	1 (2)	5·5	328	40	12.4
North-Western ..	543	42	7·7	19	2 (3)	10·5	562	44	7·8
Western	877	87	9·9	2	2 (4)	100·0	938	89	9·5
South-Western ..	420	49	11·7	25	..	0·0	445	49	11·0
South-Eastern ..	693	92	13·3	64	3 (5)	4·7	757	95	12.5
Grove	862	72	8·4	62	1 (6)	1·6	924	73	7·9
Park	544	40	7·4	130	..	0·0	674	40	5·9
Brook	359	41	11·4	135	2 (7)	1·5	494	43	8·7
Total	5121	530	10·37	494	14	2·84	5674	544	9·58

1. Two of these cases were moribund on admission. The third, a mild case, died of pneumonia during convalescence.
2. Admitted on the 14th day of disease with a normal throat.
3. One died shortly after admission. The other had no clinical evidence of diphtheria.
4. Both moribund on admission.
5. One case suffering from pneumonia, no clinical evidence of diphtheria. Two others moribund on admission, both laryngeal. One of them had measles and diphtheria.
6. No clinical evidence of diphtheria; death due to scarlet fever.
7. One died one minute after admission before tracheotomy could be performed; the other 15 minutes after admission; the latter was operated upon.

TABLE VIII. *Laryngeal Cases.*

Hospital.	Cases treated with Antitoxin.			Cases not so treated.			Totals.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality. per cent.
Eastern	133	22	16·5	..	..	..	133	22	16·5
North-Eastern ..	41	5	12·2	..	..	..	41	5	12·2
North-Western ..	56	7	12·5	..	..	..	56	7	12·5
Western	159	28	17·6	2	2	100·0	161	30	18·6
South-Western ..	123	22	17·9	..	..	..	123	22	17·9
South-Eastern ..	182	29	15·9	4	2	50·0	186	31	16·7
Grove	132	25	18·9	..	..	..	132	25	18·9
Park	63	4	6·3	3	..	..	66	4	6·1
Brook	81	21	25·9	2	2	100·0	83	23	27·7
Total	970	163	16·8	11	6	54·5	981	169	17·2

TABLE IX. *Operations for Primary Laryngeal Diphtheria.*

HOSPITALS.	Cases treated with Antitoxin.								Cases not so treated.								TOTAL.								Mortality per cent. (all operations).
	Cases.				Deaths.				Cases.				Deaths.				Cases.				Deaths.				
	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	
Eastern	20	32	24	76	8	2	10	20	..	..	..	..	..	..	..	..	20	32	24	76	8	2	10	20	26·3
North-Eastern ..	26	..	..	26	4	..	..	4	..	..	..	..	..	..	..	..	26	..	..	26	4	..	..	4	15·4
North-Western ..	24	..	..	24	6	..	..	6	..	..	..	..	..	..	..	..	24	..	..	24	6	..	..	6	25·0
Western	92	6	5	103	22	1	2	25	2	..	..	2	2	..	..	2	94	6	5	105	24	1	2	27	25·7
South-Western ..	55	..	..	55	15	..	..	15	..	..	..	..	..	..	..	..	55	..	..	55	15	..	..	15	27·3
South-Eastern ..	76	..	..	76	21	..	..	21	2	..	..	2	2	..	..	2	78	..	..	78	23	..	..	23	29·5
Grove	57	..	2	59	18	..	..	18	..	..	..	..	..	..	..	..	57	..	2	59	18	..	..	18	30·5
Park	..	19	5	24	..	3	1	4	..	..	..	..	..	..	..	..	..	19	5	24	..	3	1	4	16·7
Brook	39	5	2	46	17	2	..	19	1	..	..	1	1	..	..	1	40	5	2	47	18	2	..	20	42·5
Total	389	62	38	489	111	8	13	132	5	..	..	5	5	..	..	5	394	62	38	494	116	8	13	137	27·8

The following additional cases were admitted, on whom Tracheotomy had been performed previously to admission :

North-Eastern .. .. 2 cases .. .. .. 2 deaths.
Eastern .. .. .. 7 „ .. .. .. 1 „
also 1 intubation case recovered.
North-Western .. .. 5 cases .. .. .. 0 „
Western .. .. .. 4 „ .. .. .. 0 „
South-Western .. .. 10 „ .. .. .. 6 „
South-Eastern .. . 18 cases .. .. .. 3 deaths.
Grove .. .. .. 5 „ .. .. .. 1 „
Park .. .. . 11 „ .. .. .. 0 „
Brook .. .. . 3 „ .. .. .. 0 „
Total 65 13

5. TRACHEOTOMY AND INTUBATION STATISTICS, 1907.

TABLE X.—*Number of Cases and Deaths at different Ages of all Cases of Tracheotomy performed for Primary Diphtheria, Secondary Diphtheria, also for other causes, at all the Hospitals.*

Age.	Primary Diphtheria.			Secondary Diphtheria.			Other Causes.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	15	9	60·0	..	..		1	1	
1 to 2	99	41	41·4	..	..		7	5	
2 „ 3	81	24	29·6	1	1		2	1	
3 „ 4	67	19	28·3	1	1		7	7	
4 „ 5	73	16	21·9	2	..		1	1	
5 „ 6	53	10	18·8	..	..		..	..	
6 „ 7	27	7	25·9	..	..	50·0	3	1	76·2
7 „ 8	9	1	11·1	..	..		..	..	
8 „ 9	3	1	33·3	..	..		..	..	
9 „10	3	..	0·0	..	..		..	..	
Over 10	2	1	50·0	..	..		..	..	
Total	432	129	29·9	4	2		21	16	

TABLE XI.—*Number of Cases and Deaths at different Ages of all Cases of Intubation performed for Primary Diphtheria, also for other causes, at all the Hospitals.*

Age.	Primary Diphtheria.			Other Causes.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	5	4		..	..	
1 to 2	15	4		9	1	
2 „ 3	17	3		1	1	
3 „ 4	21	3		2	1	
4 „ 5	17	2		..	..	
5 „ 6	15	4		1	..	
6 „ 7	5	1	21·0	..	..	21·4
7 „ 8	1	..		..	..	
8 „ 9	3	..		..	..	
9 „10	1	..		..	..	
Over 10	..	..		1	..	
Total	100	21		14	3	

TABLE XII.—*Number of Cases and Deaths of Patients suffering from Primary Diphtheria on whom Intubation and Tracheotomy were both performed.*

Age.	Cases.	Deaths.	
Under 1	3	2	
1 to 2	9	4	
2 „ 3	9	3	
3 „ 4	7	1	
4 „ 5	4	..	
5 „ 6	3	2	
6 „ 7	2	1	Mortality per cent.= 34·2
7 „ 8	..	..	
8 „ 9	1	..	
9 „10	..	..	
Over 10	..	..	
Total	38	13	

* The 38 cases of this table have also been included in each of the two preceding tables.

LAPAROTOMIES FOR PERFORATION IN ENTERIC FEVER PERFORMED DURING 1907.

TABLE XIII.

Hospital at which Operation was performed.	Sex.	Age.	Period of Illness.	Length of time between Perforation and Operation.	Condition of Abdomen.	Nature of Operation.	Result.	Remarks.
Eastern	M	24	55th day ..	8½ hours ..	Serous and plastic peritonitis	Perforation closed. No drainage	Death 6 days after operation	Second perforation found post mortem.
North-Eastern ..	M	30	21 days ..	15 hours ..	Perforation near cæcum. Intestines very injected and fair amount of lymph on intestines. A quantity of yellowish fluid with fæcal odour in abdomen	Incision in middle line of abdomen. Perforation stitched up by means of purse string and Lembert's sutures. Abdominal cavity washed out with weak boracic lotion. Drainage tube placed down in pelvis and abdominal wall sewn up	Died in 24 hours	Patient had perforated about 13 hours before admission and was not in good condition.
South-Eastern ..	M	14	42nd day ..	24 hours ..		Perforation sutured	Death in 16 hours	
	M	24	15th day ..	18 hours ..	Gas and fluid, not offensive. 2 perforations	Perforations closed by Lembert's Sutures. Drainage	Death in 11 hours	
	M	17	14th day ..	6 hours ..	Severe peritonitis. Gas and fluid	Large perforation closed by Lembert's Sutures	Death in 36 hours	Operation unsatisfactory on account of intense inflammation and thickening of intestinal wall.
Brook	M	29	End of 2nd week	2 days ..	Some general peritonitis: foul-smelling turbid fluid in abdomen: perforation in ileum, about 20 inches from ileo-canal valve	Laparotomy under $C.HC_3$: perforation sutured with Lembert's sutures (silk). Pelvis washed out with sterile water. Rubber drainage tube	Died	Died on 7th day after operation.

7. DETAILS OF MISCELLANEOUS DISEASES ADMITTED

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Scarlet Fever ..	973	*General Diseases*						
		Vaccinia	1	..	..	..	..	..
		Chickenpox	..	..	2	..	4	..
		Measles	12	4	13	4	9	3
		Measles and whooping cough	..	..	2	..	..	..
		Rubella	41	1	80	..	30	..
		Rubella & chicken-pox	..	..	..	..	..	..
		Rubella and measles ..	..	..	1	..	..	..
		Rubella and whooping cough	..	..	2	..	..	..
		Influenza	1	..	..	..	1	..
		Whooping cough ..	..	..	1	..	6	..
		Febricula	1	..	1	..	..	..
		Erysipelas	..	..	..	..	..	..
		Septicæmia	..	..	..	..	1	..
		Acute tuberculosis ..	..	..	1	1	..	..
		Phthisis	..	..	..	..	..	..
		Tubercular meningitis	..	..	..	..	..	..
		Tubercular ulceration of bowel	..	..	..	..	..	..
		Tuberculosis of spine..	..	..	..	..	..	..
		Tubercular kidney ..	..	..	..	..	..	..
		Rheumatism	..	..	1	..	..	..
		Rheumatic erythema and pericarditis ..	..	..	..	..	..	..
		Purpura	..	..	..	..	1	..
		Marasmus	..	..	5	..	..	..
		Nervous System.						
		Meningitis	..	..	..	..	..	..
		Cerebral abscess ..	..	..	..	..	1	1
		Ear, Diseases of—						
		Otitis media	2	..	..	..	..	..
		Mastoid abscess ..	1	..	..	..	..	..
		Nose, Disease of—						
		Rhinitis	11	..	..	..	..	..
		Circulatory System.						
		Pericarditis	..	..	..	..	..	..
		Morbus cordis	..	..	2	..	..	..
		Respiratory System.						
		Laryngitis	..	..	..	..	..	..
		Bronchitis	2	..	1	..	1	..
		Pneumonia lobar ..	3	..	4	1	1	..
		Broncho-pneumonia	..	..	2	1	4	..
		Pleurisy	1	..	1	..	1	1
		Digestive System.						
		Stomatitis	1	..	3	..	..	..
		Dentition	..	..	3	..	2	..
		Alveolar abscess ..	..	..	..	..	..	..
		Vincent's disease ..	..	..	..	..	..	..
		Tonsillitis, etc.	19	..	48	..	40	..
		Post-pharyngeal abscess	..	..	1	..	..	..
		Dyspepsia, etc.	..	..	..	..	..	..
		Appendicitis	1	1	2	..	..	..
Carried forward	973		97	6	176	7	102	5

DURING 1907, ALSO OF THOSE DYING DURING 1907.—TABLE XIV.

WESTERN HOSPITAL.		SOUTH-WESTERN HOSPITAL.		SOUTH-EASTERN HOSPITAL.		GROVE HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		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.
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	4	..	6	..	4	..	14	..	1	..	35	..
10	1	12	1	17	3	30	2	26	3	5	2	134	23
..	..	1	..	..	..	..	..	..	..	..	..	3	..
14	..	66	..	17	..	30	..	58	..	37	..	373	1
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	2	..
1	..	..	..	..	..	..	..	..	..	..	..	3	..
..	..	4	..	1	..	3	..	1	..	2	..	18	..
..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	2	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	1	..	..	..	..	1	1	..	..	..	..	3	3
..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	1	1	..	..	1	1	..	..	2	2
..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	1	1	..	..	1	1
..	..	..	..	..	..	..	..	1	..	2	..	4	..
..	..	..	..	..	..	..	..	..	..	1	1	1	1
..	..	..	..	..	..	..	..	1	..	1	..	3	..
1	..	..	..	1	..	..	..	2	..	1	..	10	..
..	..	..	..	..	..	1	1	1	..	..	..	2	1
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	1	..	1	..	..	..	..	..	..	..	4	..
..	..	..	..	1	1	..	..	..	..	..	..	2	1
1	..	..	..	..	..	1	..	..	..	..	..	13	..
..	..	..	..	..	..	1	1	..	..	..	..	1	1
..	..	..	..	..	..	..		..	..	..	..	2	..
1	..	..	..	..	..	1	..	..	..	..	..	2	..
1	..	..	..	1	..	..	..	..	..	2	..	8	..
2	1	2	..	5	..	5	..	3	..	4	..	29	2
	..	..	..	2	..	1	..	4	..	1	..	14	1
..	..	..	..	..	..	..	..	..	..	..	..	3	1
..	..	..	..	..	..	..	..	..	..	..	..	4	..
..	..	1	..	..	..	1	..	5	..	..	..	12	..
..	..	..	..	..	..	1	..	..	..	1	..	2	..
1	..	..	..	..	..	..	..	..	..	1	..	2	..
31	..	15	..	27	..	37	..	5	..	42	..	264	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	1	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	3	1
65	3	109	1	80	5	119	5	123	5	102	3	973	40

Details of Miscellaneous Diseases admitted during 1907,

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	973	.. ..	97	6	176	7	102	5
Scarlet Fever (*continued*)	697	DIGESTIVE SYSTEM (*continued*)						
		Constipation	..	..	1	..	..	..
		Lymphatic System.						
		Adenitis	4	..	..	..	..	..
		Urinary System.						
		Albuminuria	1	..	..	..	..	..
		Nephritis	..	..	4	..	1	..
		Nephritis and pneumonia	..	..	..	..	..	..
		Bone, Diseases of						
		Osteomyelitis ..	..	..	1	1	..	..
		Skin Diseases.						
		Erythema	22	..	80	..	19	..
		Erythema and Putussis	..	..	1	..	..	..
		Urticaria	2	..	3	..	..	..
		Eczema	3	..	2	..	..	..
		Seborrhœa	..	..	..	..	..	..
		Dermatitis	2	..	..	..	..	..
		Sudamina	..	..	..	..	..	..
		Pemphigus	..	..	..	..	..	..
		Drug Rash	..	..	..	..	..	..
		Pityriasis rubra	..	..	..	..	..	..
		Xerodermia	..	..	2	..	..	..
		Scabies	..	..	..	..	..	..
		Flea bites	..	..	1	..	..	..
		Impetigo	2	..	..	..	..	..
		Connective tissue						
		Ludwig's Angina ..	..	..	..	..	1	1
		Cellulitis	..	..	..	..	..	..
		Local Injuries.						
		Burns	1	..	..	..	..	..
		No obvious disease ..	14	..	51	..	17	..
		Not diagnosed	..	..	..	..	..	..
	1670	Total	148	6	322	8	140	6
Diphtheria	91	GENERAL DISEASES.						
		Influenza	1	1	..	..	1	..
		Measles	7	2	..	..	14	7
		Rubella	..	..	1	..	..	..
		Rheumatism	..	..	..	..	..	..
		Whooping cough ..	..	..	..	..	2	1
		Parotitis	..	..	..	..	..	..
		Septicaemia	..	..	..	..	..	..
		Pyæmia	1	1	..	..	..	..
		Tuberculosis	..	..	..	..	..	..
		Phthisis	..	..	..	..	..	..
		Tubercular meningitis	1	1	..	..	..	..
		Tubercular ulceration of intestines	..	..	..	..	..	..
	91	Carried forward ..	10	5	1	..	17	8
Carried forward	1761		158	11	323	8	157	14

also of those Dying during 1907 (*continued*).

WESTERN HOSPITAL.		SOUTH-WESTERN HOSPITAL.		SOUTH-EASTERN HOSPITAL.		GROVE HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		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	3	109	1	80	5	119	5	123	5	102	3	973	40
..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	..	..	..	..	1	..	..	..	2	..	8	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	1	..	2	..	..	..	..	..	1	..	9	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	1
8	..	16	..	49	..	77	..	2	..	49	..	322	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
5	..	1	..	..	..	..	..	..	..	3	..	14	..
1	..	..	..	2	..	..	..	..	..	..	..	8	..
..	..	..	..	..	..	2	..	..	..	1	..	3	..
1	..	..	..	..	..	..	..	6	1	..	..	9	1
..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	1	..	..	..	..	..	1	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	1	1	1	1
..	..	1	..	..	..	4	..	1	..	..	..	8	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	3	..
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	..	..	..	..	..	..	1	1	1	1
..	..	..	..	..	..	..	..	..	..	..	..	1	..
3	..	4	..	15	..	28	..	2	..	..	..	134	..
..	..	..	..	..	..	..	..	164	..	..	..	164	..
84	3	135	1	149	5	231	5	299	6	162	5	1,670	45
..	..	..	..	..	..	..	..	..	..	..	..	2	1
7	6	4	..	9	1	9	2	11	1	12	6	73	25
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	1	..	2	..	..	..	..	..	..	..	5	1
..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	1	..	..	..	1	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	1	1	..	..	..	..	..	..	..	..	2	2
1	1	..	..	..	..	..	..	..	..	..	..	1	1
8	7	7	1	12	1	10	2	14	1	12	6	91	31
92	10	142	2	161	6	241	7	313	7	174	11	1761	76

Details of Miscellaneous Diseases admitted during 1907,

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	1761	.. ..	158	11	323	8	157	14
Brought forward —Diphtheria	91	.. ..	10	5	1	..	17	8
Diphtheria (*continued*)	1008	GENERAL DISEASES (*continued*).						
		Tubercular ulceration of fauces	1	1	..	..	..	..
		Syphilis	2	..	..	..	..	..
		Syphilis, congenital ..	..	..	..	..	..	..
		Rickets	1	..	..	..	..	..
		Debility	..	..	..	..	..	..
		Eye, Diseases of						
		Ophthalmia	..	..	..	..	..	..
		Panophthalmitis ..	..	..	..	..	..	..
		Ear, Diseases of						
		Otitis Media	1	..	..	..	..	..
		Mastoid disease ..	..	..	..	..	..	..
		Lateral sinus pyæmia	..	..	..	..	1	..
		Circulatory System.						
		Endocarditis	..	..	..	..	..	..
		Morbus Cordis	1	..	..	..	..	..
		Nose, Diseases of						
		Rhinitis	2	..	1	..	..	..
		Adenoids	..	..	..	..	..	..
		Respiratory System.						
		Laryngitis	20	..	2	..	..	..
		Foreign body in larynx		..	..	..	..	..
		Tracheal stenosis ..	..	..	..	..	..	..
		Bronchitis	..	..	2	..	1	1
		Bronchitis, chronic ..	..	..	..	..	..	..
		Pneumonia, lobar ..	1	..	1	..	2	..
		Broncho-pneumonia ..	..	..	3	1	4	4
		Pleurisy	..	..	..	..	..	..
		Phthisis (see under general diseases) ..	..	..	..	..	..	..
		Empyema	..	..	..	..	..	..
		Digestive System.						
		Thrush	1	..	..	..	..	..
		Stomatitis	1	..	1	..	3	1
		Ulceration of palate ..	..	..	..	..	1	..
		Adenoids	..	..	1	..	..	..
		Dentition	..	..	..	..	1	..
		Vincent's Angina ..	..	..	9	..	2	1
		Tonsillitis, etc.	73	1	87	1	30	1
	1099	Carried forward	114	7	108	2	62	16
Carried forward	2769		262	13	430	10	202	22

also of those dying during 190 7 *(continued).*

WESTERN HOSPITAL.		SOUTH-WESTERN HOSPITAL.		SOUTH-EASTERN HOSPITAL.		GROVE HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		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.
92	10	142	2	161	6	241	7	313	7	174	11	1761	76
8	7	7	1	12	1	10	2	14	1	12	6	91	31
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	1	..	..	..	2	..	..	..	..	..	5	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
1	..	..	..	..	..	..	..	..	..	..	..	1	..
2	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	2	1	..	..	2	1
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	1	..	..	..	1	..
1	1	..	..	..	..	..	..	..	..	..	..	2	1
1	..	..	..	..	..	6	..	1	..	2	..	13	..
2	..	..	..	..	..	..	..	..	..	..	..	2	..
2	..	..	..	11	..	2	..	7	..	..	..	44	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
2	..	..	..	..	..	1	..	3	..	3	..	12	1
..	..	..	..	1	..	..	..	..	..	..	..	1	..
2	1	..	..	1	..	2	1	2	..	5	4	16	6
..	..	..	..	6	1	2	..	2	1	..	..	17	7
..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	1	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	2	..	10	..	1	..	1	..	..	..	19	1
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
7	..	..	..	11	..	3	..	..	..	4	..	36	1
124	3	38	2	149	1	171	..	93	..	56	..	821	9
152	12	48	3	203	3	201	3	126	3	85	10	1099	59
236	15	183	4	352	8	432	8	425	9	247	15	2769	104

Details of Miscellaneous Diseases admitted during 1907,

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	2769	.. ..	262	13	430	10	202	22
Brought forward —Diphtheria	1099	.. ..	114	7	108	2	62	16
Diphtheria (*continued*)	81	*Digestive System.* (continued).						
		Tubercular ulceration of fauces. (*see* general diseases)						
		Syphilitic ulceration of fauces. (*see* general disease, syphilis)						
		Foreign body in tonsil	..	..	..	..	..	..
		Post-pharyngeal abscess	1	1	3	..	1	1
		Diarrhœa	1	1	..	..	..	..
		Gastro-enteritis	..	..	1	..	..	..
		Lymphatic System. Adenitis	..	..	..	..	..	..
		Diseases of the Skin. Eczema	..	..	1	..	..	..
		Erythema nodosum ..	..	..	..	..	..	..
		Lichen	..	..	..	..	..	..
		Prurigo	..	..	..	..	..	..
		Urinary System. Nephritis	..	..	..	..	..	..
		Nephritis, chronic ..	..	..	..	..	..	..
		Local Diseases. Abscess	..	..	..	..	1	..
		Local Injuries. Circumcision	..	..	..	..	1	..
		No obvious Disease ..	4	..	11	..	..	..
		Not Diagnosed ..	..	..	..	..	..	..
	1180	Total	120	9	124	2	65	17
Enteric Fever	47	GENERAL DISEASES.						
		Influenza	3	..	1	..	4	..
		Measles	..	..	..	..	..	..
		Whooping cough ..	..	..	2	..	..	..
		Febricula	..	..	..	..	..	..
		Pyrexia	5	..	..	..	..	..
		Pyæmia	..	..	..	..	1	1
		Acute tuberculosis ..	1	1	..	..	..	..
		Tubercular meningitis	1	1	..	..	..	..
		Phthisis	1	1	1	..	1	..
	47	Carried forward	11	3	4	..	6	1
Carried forward	2897		279	18	450	10	211	24

also of those Dying during 1907 (*continued*).

WESTERN HOSPITAL.		SOUTH-WESTERN HOSPITAL.		SOUTH-EASTERN HOSPITAL.		GROVE HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		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.
236	15	183	4	352	8	432	8	425	9	247	15	2769	104
152	12	48	3	203	3	201	3	126	3	85	10	1099	59
..	..	1	..	..	..	..	..	..	..	..	..	1	..
2	1	..	..	2	1	2	..	2	..	2	1	15	5
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	1	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	..	..	1	..	1	1	..	..	..	..	2	1
1	..	..	..	..	..	..	..	..	..	1	1	2	1
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	..	..	1	..	13	..	1	..	..	..	31	..
..	..	..	..	..	..	..	..	21	..	..	..	21	..
156	13	50	3	208	4	218	4	151	3	88	12	1180	67
4	..	4	..	..	..	..	..	..	..	1	..	17	..
1	..	..	..	..	..	1	1	..	..	1	..	3	1
..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	2	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	5	..
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	3	3	1	1	..	..	..	..	5	5
..	..	1	1	2	2	..	..	..	..	2	2	6	6
1	1	1	..	1	..	..	..	..	..	..	..	6	2
6	1	6	1	8	5	2	2	..	..	4	2	47	15
246	17	191	5	365	14	451	11	450	9	254	19	2897	127

Details of Miscellaneous Diseases admitted during 1907,

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	2897	.. ..	279	18	450	10	211	24
Brought forward —Enteric Fever	47	.. ..	11	3	4	..	6	1
Enteric Fever (*continued*)	152	GENERAL DISEASES (*continued*)						
		Tubercular peritonitis	1	1	..	..	..	..
		Rheumatism	..	..	..	..	1	..
		Rheumatism and chorea	..	..	1	1	..	..
		Purpura	..	..	..	..	1	..
		Abdominal tumour ..	1	..	..	..	..	..
		Anæmia	..	..	..	..	..	..
		Nervous System.						
		Meningitis	..	..	..	..	1	1
		Meningitis, pneumo-coccal	..	..	..	..	..	..
		Contusion of brain ..	..	..	..	..	..	..
		Neurasthenia	..	..	..	..	1	..
		Hysteria	..	..	..	..	..	..
		Chorea	..	..	..	..	1	..
		Diseases of the Ear.						
		Circulatory System.						
		Endocarditis, malignant	..	..	..	..	..	..
		Pericarditis	2	2	..	..	..	..
		Morbus Cordis	1	..	..	..	..	..
		Respiratory System.						
		Bronchitis	..	..	1	..	1	..
		Pneumonia, lobar ..	9	2	3	1	1	..
		Broncho-pneumonia ..	3	..	..	..	1	..
		Pleuro-pneumonia ..	..	..	..	..	..	..
		Phthisis (see under general diseases) ..	..	..	..	..	..	..
		Phthisis, fibroid ..	..	..	..	..	..	..
		Pleurisy	..	..	1	..	..	.
		Empyema	1	..	1	1	..	..
		Digestive System.						
		Tonsillitis	..	..	..	..	..	..
		Gastric ulcer	..	..	..	..	..	..
		Gastro enteritis ..	..	..	..	..	..	..
		Diarrhœa, etc.	..	..	4	1	..	..
		Appendicitis	2	..	..	..	..	..
		Dyspepsia, etc.	..	..	..	..	1	..
		Constipation	1	..	1	..	..	..
		Peritonitis	1	..	..	..	1	..
		Colic	2	..	..	..	1	..
		Hepatitis	..	..	..	..	..	..
		Gall stones	..	..	..	..	..	..
		Cirrhosis of liver ..	..	..	..	..	..	..
		Cholangitis	..	..	..	..	..	..
	199	Carried forward ..	35	8	16	4	17	2
Carried forward	3049		303	23	462	14	222	25

also of those dying during 1907 (*continued*).

WESTERN HOSPITAL.		SOUTH-WESTERN HOSPITAL.		SOUTH-EASTERN HOSPITAL.		GROVE HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		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.
246	17	191	5	365	14	451	11	450	9	254	19	2897	127
6	1	6	1	8	5	2	2	..	..	4	2	47	15
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	2	..	1	..	..	..	..	..	..	..	4	..
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
1	1	..	..	1	1	..	..	..	..	1	..	4	3
..	..	..	..	..	..	..	..	..	..	1	1	1	1
..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	1	..	..	1	1	..	..	..	..	..	..	2	2
..	..	..	..	..	..	..	..	..	..	1	1	3	3
..	..	..	..	..	..	..	..	..	..	..	..	1	..
2	..	..	..	2	..	..	..	..	..	1	..	7	..
10	1	13	3	6	3	2	..	..	..	6	..	50	10
..	..	1	..	..	..	..	..	..	..	..	..	5	..
..	..	2	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	2	..	1	..	..	..	..	..	..	..	4	..
..	..	..	..	..	..	..	..	..	..	..	..	2	1
1	..	1	..	1	..	..	..	..	..	..	..	3	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
3	..	..	..	..	..	..	..	..	..	..	..	3	..
7	..	..	..	2	..	1	..	1	..	1	..	16	1
3	..	5	..	..	..	..	..	..	..	1	..	11	..
..	..	5	..	..	..	1	..	..	..	1	..	8	..
..	..	1	..	3	..	..	..	..	..	..	..	6	..
..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	3	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
1	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
36	4	39	4	29	10	6	2	1	..	20	4	199	38
276	20	224	8	386	19	455	11	451	9	270	21	3049	150

Details of Miscellaneous Diseases admitted during 1907,

Disease as certified on admission.	Number of Cases.	Disease as diagnosed after admission.	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.	
			No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward	3049	.. ..	303	23	462	14	222	25
Brought forward —Enteric Fever	199	.. ..	35	8	16	4	17	2
Enteric Fever (*continued*)	23	*Urinary System.*						
		Nephritis	..	..	..	..	..	..
		Nephritis, acute ..	1	..	1	..	..	..
		Cystitis	..	..	..	..	1	..
		Perinephric abscess ..	..	..	..	..	..	..
		Generative System.						
		Pregnancy	..	..	..	..	1	..
		Miscarriage	..	..	..	..	..	..
		Puerperal septicæmia	..	..	..	..	1	..
		Hydrosalpinx	..	..	..	..	..	..
		Oöphoritis	..	..	..	..	..	..
		Epididymitis	..	..	..	..	..	..
		Orchitis	1	..	..	..	..	..
		Lymphatic System.						
		Adenitis	1	..	..	..	1	..
		Disease of Connective Tissue. ..						
		Cellulitis	1	..	..	..	..	..
		Local Diseases.						
		Abscess	..	..	..	..	..	..
		No obvious disease ..	..	..	..	..	1	..
		Not diagnosed	..	..	..	..	..	..
	222	Total	39	8	17	4	22	2
Continued Fever	3	Tuberculosis, acute ..	..	..	..	..	..	..
		Cirrhosis of liver.. ..	..	..	..	..	..	..
		Febricula	..	..	..	..	..	..
	3	Total	..	..	..	..	..	..
Scarlet Fever and Diphtheria	1	Tonsillitis	..	..	..	..	..	..
	1	Total	..	..	..	..	..	..
Infective Sore Throat ..	1	Pertussis	..	..	..	..	1	..
	1	Total	..	..	..	..	1	..
Typhus Fever ..	1	Influenza	1	..	..	..	..	..
	1	Total	1	..	..	..	..	..
Cerebro-Spinal Meningitis	9	Influenza	..	..	..	..	1	..
		Morbilli	1	1	..	..	..	..
		Marasmus and purpura	1	1	..	..	..	..
		Lobar pneumonia ..	..	..	..	..	1	1
		Lobar pneumonia and meningitis	1	1	..	..	..	..
		Meningitis, simple ..	..	..	..	..	..	..
		Hydro-cephalus ..	..	..	..	..	..	..
	9	Total	3	3	..	..	2	1
Uncertified	22	Children admitted with mother	..	..	..	..	8	1
		Dermatitis	..	..	..	..	..	..
		Erythema	..	..	..	..	..	..
		Born in Hospital ..	..	..	..	..	..	..
	22	Total	..	..	..	..	8	1
	—	Cases dying in 1907 but admitted in 1906..	..	2	..	..	..	..
	—	Total	..	2	..	..	..	..
GRAND TOTALS	3109		311	28	463	14	238	27

also of those Dying during 1907 (*continued*).

WESTERN HOSPITAL.		SOUTH-WESTERN HOSPITAL.		SOUTH-EASTERN HOSPITAL.		GROVE HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		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.
276	20	224	8	386	19	455	11	451	9	270	21	3049	150
36	4	39	4	29	10	6	2	1	..	20	4	199	38
..	..	..	..	..	..	..	..	..	..	1	1	1	1
..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	1	..	2	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	1	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..		..	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	2	..	..	..	..	..	..	..	3	..
..	..		..	..	..	..	..	2	..	..	..	2	..
36	4	42	4	33	10	6	2	4	..	23	5	222	39
1	1	..	..	..	..	..	..	..	..	..	..	1	1
1	1	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	1	..	..	..	..	..	..	..	1	..
2	2	..	..	1	..	..	..	..	..	..	..	3	2
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	1	1
..	..	..	..	..	..	1	..	..	..	..	..	2	1
..	..	..	..	..	..	..	..	..	..	..	..	1	1
1	1	..	..	..	..	..	..	..	..	..	..	1	1
..	..	1	..	..	..	..	..	..	..	..	..	1	..
1	1	2	..	..	..	1	..	..	..	..	..	9	5
2	..	1	..	1	..	2	..	..	..	2	..	16	1
1	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	..	..	1	..	..	..	..	..	..	..	2	..
..	..	1	..	1	1	1	..	..	..	..	..	3	1
4	..	2	..	3	1	3	..	..	..	2	..	22	2
..	..	..	..	..	1	..	..	..	1	..	..	..	4
..	..	..	..	..	1	..	..	..	1	..	..	..	4
283	23	232	8	394	21	459	11	454	10	275	22	3109	164

8. ON THE ESTIMATION OF SEVERITY IN DISEASE.

By F. M. TURNER, M.D., B.C., B.A.Cantab., B.Sc.Lond.

Medical men have always recognised the great variability of the phenomena of disease. Every text-book description of scarlet fever or enteric fever gives first a detailed account of a so-called "typical case," and goes on, as a rule, to the subject of variation from the type by describing various sub-types, such as benign, septic, and toxic scarlet fever, and abortive, ambulatory, ataxic, and adynamic enteric fever. No one, so far as I am aware, has published figures showing the comparative frequency of the separate forms. Yet without this, or something similar, we cannot investigate such important questions as the influence of the severity of attack upon complications. That complications are more frequent in severe attacks, both in scarlet and enteric fevers, is fairly obvious to those who work in fever hospitals; but the problem is one that admits of definite quantitative statement; that is, it is a problem in statistics. The two following papers are, therefore, attempts to set up quantitative standards in smallpox, not only as a necessary preliminary to attacking the above problem, but also to draw attention to the variability of the phenomena as in itself worth study.

The older methods, which have been used in the Asylums Board Reports, and innumerable other medical publications, do not, as a rule, make use of any calculations, except the two following: Either the mean value for a series, e.g., the mean stay in hospital of scarlet fever, enteric fever, and diphtheria respectively; or a proportion sum, usually given as a ratio per cent., e.g., the death-rates and the complication rates, seen in the present volume. The writings of Professor Karl Pearson have brought to the notice of most medical men the terms correlation and probable error, possibly also fitted curves and standard deviation, in which the modern mathematician expresses his statistical results; but as I know of no good text-book or paper which would explain these terms intelligibly to the medical reader who is well versed in the usual methods, I will attempt to do this, taking in all cases concrete instances, and, as far as possible, from the work of the M.A.B.

Several good accounts of the newer methods exist, but both from my own experience, and from discussing the modern methods with other medical men, I have found that there is a difficulty in following them, a result largely due to our previous education. The mathematician starts with the assumption that he is dealing with a variable quantity, and he devises methods to measure that variability. The medical man is aware of the variability of his phenomena, but does not know how to deal with it. He reduces all variable quantities to their mean values, and ignores the outstanding differences. He forces the dogma of the uniformity of nature into fields where nature is not uniform, and in which common experience teaches us that like causes do not always produce like results. The dogma is the result of our preliminary education in the exact sciences, and its failure in the realm of biology, more especially in medicine, hardly seems to have occurred to many.

A.—PROBABLE ERROR.

In April, 1900, a special committee of the Royal College of Physicians was appointed to consider certain matters concerning return cases of scarlet fever and diphtheria. They had before them an extensive report, with comments from each of the Board's fever hospital superintendents. They found that evidence was lacking to decide whether mucous discharges are in themselves infectious, and in view of the high importance of this question, they made the following recommendation:—

"That at each hospital a couple of wards, identical in respect to cubic space "per bed, etc., should be set aside and administered on a different principle, the "sex of the children being the same, and the age, as far as possible; that in one "ward the cases subject to mucous discharges from nose and ear be rigorously "excluded; that immediately on the appearance of any such discharge, the "patient should be removed; and that all nozzles of syringes should be kept in "antiseptic solutions. In the other ward no special attention should be paid to "these discharges other than that hitherto adopted. The incidence of either "rhinorrhœa or otorrhœa should be compared. Cases of 'septic scarlet fever' "should be excluded from both."

Here we have a definite recommendation to carry out a statistical inquiry in order to settle a disputed point. The only experiment whose results have so far been published was made by Dr. Caiger, at the South-Western Hospital. (See M.A.B. Report, 1904, pp. 311—313.)

The experiment lasted eighteen months, and followed the lines above laid down, with one exception: Cases of septic scarlet fever were not excluded from both wards. Into Ward A only cases free from otorrhœa, rhinorrhœa, or septic scarlet fever were admitted; into Ward B cases were admitted without selection. Dr. Caiger's paper gives the following results:—

	Number of Scarlet Fever cases treated.	Rhinorrhœa.	Otorrhœa.
Ward A	173	31 (17·9%)	11 (6·3%)
Ward B	102	20 (19·6%)	22 (21·5%)

Upon these facts Dr. Caiger pronounces his opinion, though with some hesitation, that the selection of cases practised in Ward A lessened the incidence of rhinorrhœa and otorrhœa.

Let us examine whether these facts will justify this conclusion. Taking the case of rhinorrhœa first: The important fact observed was that in Ward A the percentage incidence was less than in Ward B. Does it, therefore, follow that the selection caused the reduction? Obviously not. The two percentage rates differ, but, then, no one would have expected them to be the same. If 20 cases occur out of 102, 33.9 cases would have to occur out of 173 to keep the proportion the same, which is physically impossible. And even if we had treated in Ward A such a number as to give an integer, nobody with any practical experience would have expected the two rates to be identical. Plainly, the right to draw any conclusion from the above data depends not only upon the sign of the difference, but also upon its magnitude. Taking 34 as the nearest whole number to 33.9, we should have expected 34 cases to have occurred in Ward A, whereas only 31 were found. Does the difference of 3 justify any positive conclusion being drawn? Most people with experience would say "No, the difference is too small," and they would be right. The mathematician would calculate the probable error, and come to the same conclusion. But inasmuch as the insight based upon experience gives us only the vaguest ideas as to what differences are "large enough," and what are "too small," the latter method is the better; it tells us, as a rule correctly, in which results we may have confidence, or in which not. It also tells us what is the extent of the border zone of doubtful results.

The probable error is, therefore, the measure of the variability of nature when the conditions are kept, as far as possible, invariable. The recommendation of the committee was to test one ward under special conditions, and one under ordinary conditions, and judge the point in dispute by the result of the experiment. To avoid error, they recommended that the two wards should be, as far as possible, alike in dimensions, class of patient admitted, etc., and both be used simultaneously, to avoid possible errors through seasonal differences. The whole plan laid out for the experiment would be perfect, if only such careful attention to detail could ensure our always obtaining the same incidence rate for otorrhœa and rhinorrhœa. But no possible amount of care in the conditions will ensure this. It is in the nature of complications to arise capriciously, and we can no more ensure that a ward shall have a definite incidence rate by putting it under conditions already tried, than we can foretell for single patients whether or not they will develop otitis under known conditions.

Instead, therefore, of comparing one ward under the special condition of the experiment with one ordinary ward, we should do better to compare it with 100 wards under ordinary conditions. Suppose we continue the experiment in the special ward one year. It would not be difficult, using the results from all the Board's hospitals, to get the incidence rates for otorrhœa and rhinorrhœa in an ordinary scarlet fever ward through one year in 100 different instances. If 100 were impracticable, the records of 50 might be ascertained, and the following method could equally be applied, but the results would not be quite so trustworthy. Such figures have not yet been compiled, but if they had been we should of course find considerable discrepancy between them. Perhaps the lowest rate would be 7 per cent. and the highest 35 per cent. Although the extreme range would thus be 28 per cent., the numbers would not be equally distributed throughout the range, but would cluster most thickly about the middle values.

Let us arrange the whole 100 rates in consecutive order, and pay attention to the 25th and 26th, also the 75th and 76th, which we will assume to be 15·5, 15·7, 23·8, and 24·1 respectively. Taking the mean of the first two, we get 15·6 as the value of the dividing line between the first quarter of the observations and the rest. This division is called by Galton the first quartile. The second quartile, or middle value, lies between the first and second halves of the series. It generally, though not always, lies very close to the mean value. The third quartile, in the above instance, would be 23·95, and the distance from the third to the first quartile would be 8·35. Half this distance, or 4·17, would be the probable error of any one observation, as may be seen from the following considerations:—

Imagine that the observations were repeated in another 100 instances. Although we should expect each observation to be somewhere near the mean of the first series, we should not expect it to coincide exactly with it. In fact, we should expect the whole of the second series to scatter away on each side of the mean value, in very close correspondence to the first. Therefore, the chance that any one experiment of the second series would occur in each of the four quarters would be equal; also the chance that it would occur between the first and third quartiles would exactly equal the chance that it would occur outside those limits.

Hence any new experiment giving a new rate, as in the case quoted above, is to be judged according to the magnitude of the difference, compared with the magnitude of the probable error found in the above method. A difference less than the probable error will justify no conclusion; for such a difference, at least, may be expected in one half of the cases from chance alone. A difference not much larger than the probable error is also untrustworthy, as such also occurs frequently from chance. It is not possible to draw the line with certainty between differences that are really significant and those which are doubtful, but it is usual with statisticians, for reasons too long to be explained here, to assume that differences greater than 3 or 4 times the

probable error are trustworthy. Really, the trustworthiness of a difference increases as its disproportion to the probable error increases, and the chance of an accidental difference occurring equal to 4 times the probable error is roughly 1 in 300, so small as to be in general disregarded.

The above method would involve much labour. A shorter but less accurate method is possible. It is easy to see that the essential point of the above argument is in recognising the inherent tendency of such facts as we are dealing with to vary, *and in finding a measure of the natural variability*. In the exact sciences we usually say that like causes produce like results; the physical and chemical experimenters attempt, by extreme care in the conditions of their experiments, to obtain concordant results, and within very narrow limits they succeed. The biologist and medical man usually try to imitate them in their methods, but as a rule ignore the very great variability in results which nature furnishes, even when the conditions are regulated. Now, to measure the variability in incidence of rhinorrhœa in scarlet fever wards, it is not necessary to have 102 patients in each batch, and repeat the experiment 100 times. It would be possible to have only 10 in each batch, and repeat the experiment 10 times. From each batch of 10 we should get an attack rate for rhinorrhœa, and from the 10 batches we should have material, rather scanty, it is true, for judging of the inherent tendency of the rate to vary when the conditions were kept as far as possible invariable. And instead of recording 100 new observations, we could use the records of Dr. Caiger's 102 cases, if the details had been given, and from them calculated roughly the probable error. Also, it is possible to consider the above 102 cases as 102 separate experiments, of one case each. By doing this, the reasoning by which we reached the probable error becomes inapplicable, but methods have been devised of calculating a probable error in such cases, based upon the same principles, but too long to explain here. The result is given in the following formula:—

If a be the total number of cases under observation, and each of these cases has to fall into one of two classes, let b cases fall into the first class, and c into the second. Then the probable error of b and of c are each equal to

$$\cdot 6745 \sqrt{\frac{bc}{a}}$$

If the proportion of b to a is expressed in a rate per cent. the probable error of the result will be

$$\cdot 6745 \sqrt{\frac{bc}{a}} \times \frac{100}{a} = 67 \cdot 45 \sqrt{\frac{bc}{a^3}}$$

Using this formula, we find that the probable error of the incidence of rhinorrhœa in Ward B is:—

$$\cdot 6745 \times \sqrt{\frac{20 \times 82}{102}} \times \frac{100}{102} = 2 \cdot 7$$

The result is usually expressed thus—Incidence of rhinitis in Ward B = 19·6 ± 2·7 per cent.

We now see that the difference between the two rhinitis rates in Wards A and B will not justify any positive conclusion being drawn, for it is less than the probable error of one of them.*

Applying the above formula to the figures found for otitis, we get:—

Incidence of otitis in Ward B =

$$21 \cdot 5 \pm \cdot 6745 \sqrt{\frac{22 \times 80}{102}} \times \frac{100}{102} = 21 \cdot 5 \pm 2 \cdot 8$$

Difference in rates of Wards A and B = 15·2.

*A negative conclusion, however, is quite legitimate. Probably some of those who laid down the scheme for the experiment expected to find a great reduction in rate, such as 50%. The experiment is conclusive as against such a view.

It is, therefore, extremely unlikely that this difference is accidental, and we must therefore conclude that selection of cases, as practised by Dr. Caiger, in this instance would reduce the incidence of otitis whenever the experiment is repeated.*

The above argument has been given at length to enable the reader to appreciate, not only how the probable error may be calculated, but also what is its significance when it is found. The probable error is really a means of expressing the tendency of nature to vary even when the conditions are kept as far as possible constant. And this variability may be measured either experimentally, which is the most correct way, or calculated by formulæ, as in the instance given above.†

B.—CORRELATION.

It is well known that the immunity conferred by vaccination diminishes with lapse of time. Since this immunity is deduced from the different rates of mortality among vaccinated and unvaccinated persons, the same statistics that show the existence of such an immunity ought to be able to show at what age the immunity disappears; or, if it never wholly disappears, ought to show to what extent it has decreased at any given age. Let us examine how far the older and the more modern methods enable us to go towards a solution of this problem.

The Asylums Board reports give detailed statistics of all smallpox cases treated, both as to age, state of vaccination, and result. From the reports for the years 1901 and 1902, the period of the last great epidemic, I have obtained the following figures:—

PATIENTS UNDER 10 YEARS OF AGE.

	Recoveries.	Deaths.	Total.
Unvaccinated or doubtful	859	448	1307
Vaccinated	132	2	134
Total	991	450	1441

PATIENTS OVER 40 YEARS OF AGE.

	Recoveries.	Deaths.	Total.
Unvaccinated or doubtful	98	108	206
Vaccinated	1091	285	1376
Total	1189	393	1582

*It is not quite correct to compare the difference with the probable error of one of the rates. It should be compared with the probable error of the difference. The formula for this is omitted for the sake of brevity. Its value in the above instance is almost the same, viz., 3·0.

†The formulæ are less correct than the method of experiment, because they depend upon certain assumptions which are not in all cases strictly accurate. For instance, the formula given is not reliable if either a, b, or c is very small. Thus, if $b = 0$, the formula gives the probable error as also 0, which is untrue. At the South-Eastern Hospital, during 1907, no case of scarlet fever died between the ages of 20 and 30 years. But it would be incorrect to argue that no case would die between those ages in the following year. Also, if c, the total number of cases observed, is small, the calculated error cannot be absolutely relied upon It is advisable to have 500 or 1000 cases, if possible; if only 100 cases are available, the conclusions drawn must be accepted with some reservation.

The usual way to treat data of this character is to calculate the four death rates, and examine the differences of the first and second pairs, thus:—

Case mortality under ten years of age—

	Per cent.
Unvaccinated or doubtful cases	34·3
Vaccinated	1·5
Difference	32·8

Case mortality over 40 years of age—

Unvaccinated or doubtful cases	52·5
Vaccinated	20·7
Difference	31·8

If we include the doubtful cases with the vaccinated, which is probably more correct, we obtain:—

Case mortality under ten years—

	Per cent.
Unvaccinated	34·7
Vaccinated or doubtful	4·8
Difference	29·9

Case mortality over 40 years—

Unvaccinated	66·6
Vaccinated or doubtful	23·4
Difference	43·2

If we use the difference in death rate between the vaccinated and unvaccinated population in each age group as the measure of the effect of vaccination, we are met with the astonishing result that the protection is within a very little as strong after 40 years as within a few years from the operation, or perhaps considerably greater—a complete *reductio ad absurdum*. Other methods of estimating have, however, been commonly used. In such a case, some statisticians take the difference between the first two death rates, and express it as a proportion of the first. Thus:— $\frac{32·8}{34·3} = 95·7\%$ For the second pair $\frac{31·6}{52·3} = 60·5\%$; which would show some reduction with the lapse of 30 years. The method, however, is not legitimate, for there is no reason for distinguishing the first rate from the second. We might with equal justice take the proportion of the difference to the second rate, thus:—

Under 10 years— $\frac{32·8}{1.5} = 218\%$ Over 40 years— $\frac{31·6}{20·7} = 153\%$

showing a considerably greater reduction than before. Moreover, the present method also will occasionally give an absurd result. An instance may be seen in Dr. Cameron's report upon return cases, table 47, p. 27. (See also comment thereon, p. 211, Table V.)

To reach a method with a more philosophical basis, we must discard the method of percentage death rates, which through long use has become almost a second nature to medical men, yet is really a rather clumsy method of expressing the facts.

Let us look at the figures for the age group under 10 years. The essential data are a population of 1,441 individuals, grouped into four sub-groups by being classified according to two twofold divisions. The respective

frequencies of the four groups are 859, 448, 132, and 2. Also the first division, according to result, gives 991 recoveries and 450 deaths. The other division, according to vaccination, gives 1,307 unvaccinated or doubtful, and 134 vaccinated.

Let us now calculate what effect would have been produced if vaccination had no influence whatever upon the result. Obviously, the proportions of recoveries and deaths in the two groups, vaccinated and unvaccinated, would each be the same as in the total. Therefore, by rule of three, we get the following table—

	Recoveries.	Deaths.	Total.
Unvaccinated or doubtful ..	$\frac{991 \times 1307}{1441} = 899$	$\frac{450 \times 1307}{1441} = 408$	1307
Vaccinated	$\frac{991 \times 134}{1441} = 92$	$\frac{450 \times 134}{1441} = 42$	134
Total	991	450	1441

If the observed frequencies had been the same as those just calculated, the independence of vaccination and the recovery or death of the patient would have been manifest. But if we compare the calculated and observed figures, we find in the upper left-hand quadrant 40 cases calculated more than observed. In the opposite quadrant also 40 cases more, while the remaining quadrants each show 40 cases less. The number 40 in this instance is a true measure of the influence of the condition as to vaccination upon the result of the case, or the tendency of two opposing quadrants of the table to be smaller and the other two larger than the hypothesis of no influence would require. In general terms, if a, b, c, d represent the values of the quadrants in a fourfold division, $\frac{ad - bc}{a + b + c + d}$ represents the transfer of cases that would result between the adjacent quadrants in deriving the actual numbers from a really symmetrical distribution.

If $a\,d = b\,c$ the distribution is already symmetrical, and the two factors are independent. The value of the transfer = 0. On the other hand, the transfer has an upper limit, when one of the four numbers a, b, c, d becomes 0.

It is convenient to measure the association or correlation of the two factors by a function which lies between fixed limits and several such functions have been used.

The simplest is that given by Yule. Coefficient of association $= \frac{ad - bc}{ad + bc}$; which becomes $= +1$ when either b or $c = 0$, and -1 when either a or $d = 0$, and 0 when $ad = bc$.

The numerical value of this fraction, therefore, expresses the association, and the sign expresses in which direction the association takes place.

In the above examples, under 10 the coefficient is —0·94, and over 40 is —0·61, a moderate decrease in magnitude. In both cases, the negative sign denotes that greater vaccination is associated with less severity of disease.

Many other formulæ, all of which depend upon the value of $ad - bc$, have been given by Professor Pearson. For the above tables, Pearson's best-known formulæ give:—

Under 10 years ... ... —·6636
Over 40 years ... ... —·4440

—again showing a moderate decrease.

Wherein do these formulæ improve upon those derived from the death rates? All are logically more sound, since they are quite symmetrical in respect to a, b, c, and d, which the others were not. Logically, the separation into death or recovery is that into two alternatives. Whatever formula we apply to the death

rate we can equally apply to the recovery rate. We have, therefore, several formulæ, which have a sounder basis than those usually used, for estimating the skewness, or want of symmetry, of a fourfold division. In a case like that given, where one of the classifications is non-quantitative, like death or recovery, the formulæ are all arbitrary, and any of them may be used.

We do not, however, fully grasp the idea of correlation, until we examine cases where the division is into quantitative classes. Very few of the tables in the M.A.B. reports refer to measurable quantities. I have only found the two following, which, however, will suffice as an introduction to this subject.

If any of my readers were asked whether age of the patients suffering from diphtheria had any influence upon the date of disease at which they were brought into hospital, he would say "No," perhaps with some hesitation; and if he were asked whether the number of vaccination scars upon a patient influenced the age at which he would contract smallpox, if at all, would say "Yes" without any hesitation. Let us examine these two opinions in the light of recorded facts.

On p. 178 of the M.A.B. Report for 1896 is found a table of cases and deaths showing the age of diphtheria patients admitted during that year, and the day of disease upon which treatment was commenced. The cases only are given here:—

		Day of Disease.					
		1st	2nd	3rd	4th	5th and after	Total.
Age.	0—1	2	10	13	10	28	63
	1—2	2	35	41	37	75	190
	2—3	7	39	60	56	130	292
	3—4	7	61	83	74	155	380
	4—5	5	61	77	88	190	421
	5—10	27	157	212	232	428	1056
	10—15	7	33	47	53	113	253
	15—20	0	3	8	6	21	38
	20 and over	0	7	16	23	25	71
Total		57	406	557	579	1165	2764

By taking each row separately, we can calculate the mean day of disease for each age period, and we get the following:—

Age...	0—1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20 and over.	Total.
Mean Day of Disease	3·55	3·35	3·63	3·52	3·67	3·57	3·64	3·95	3·61	3·58

The mean day of disease is almost identical in each row. What differences exist are not only small, but also irregular. There is no perceptible tendency to get larger values at one end of the scale than the other, and the difference between the means of the top and bottom rows is only equal to 1-17th of a day. Hence we can conclude that there was no influence of age upon the day of disease upon which treatment was commenced.*

*Strictly, we ought to compare the differences with their probable errors. These can be calculated by the formula given above. Or it is possible to investigate the question otherwise. The lower values of the 1st, 2nd, and 3rd rows might be accidental, or not. In the latter case, we should expect them to be repeated in all similar tables. Such tables have been published in the same volume (p. 180) and in the preceding volume (p. 121).

We can also calculate the mean age of each column thus:—

Day of Disease	1st	2nd	3rd	4th	5th and after	Total.
Mean Age ...	6·29	6·06	6·41	6·80	6·40	6·43

Here, again, the values are nearly equal. The difference between the mean ages of the first and last columns is only 1-9th of a year.

The following table, showing connection of age and number of vaccination scars among the patients admitted to a smallpox hospital, is summarised from the same volume of the M.A.B. reports, Table II C., p. 104:—

		No. of Vaccination Scars.					
		0	1	2	3	4 or more	Total.
Age.	0—5	20	—	—	—	—	20
	5—10	11	—	—	1	1	13
	10—15	14	—	2	—	5	21
	15—20	9	3	2	2	17	33
	20—25	5	5	—	7	11	28
	25—30	1	2	6	8	12	29
	30—35	2	1	2	3	5	13
	35—40	—	4	3	2	3	12
	40—50	2	1	1	3	—	7
	50—60	—	1	2	1	—	4
Total		64	17	18	27	54	180

Taking first the mean of the rows, we get:—

Age	0—5	5—10	10—15	15—20	20—25	25—30	30—35	35—40	40—50	50—	Total
Mean no. of scars	0	·54	1·14	2·45	2·50	2·98	2·61	2·33	1·71	2·0	1·94

Here we see a regular progression in mean number of scars until the age of 25—30 is reached, after which there is a less marked falling-off, from which we conclude that the presence of scars is associated with higher ages.

Similarly, we can find the mean of the columns:—

No. of Scars	0	1	2	3	4 or more	Total.
Mean Age	11·9	29·5	31·0	29·0	22·6	21·2

Here, also, we find a strong association between presence of scars and higher age. In fact, if we regard the scars as cause, and the age as effect, we can attribute to their presence a postponement of the attack of smallpox of about 10—20 years. The effect in this instance was not a regular progression. I have not come across any instance of regular progression in the Board's reports, but numerous examples can be found in the works cited at the end of this paper.

The above tables will sufficiently illustrate some of the important phenomena of correlation between two variables:—

I. When there is no correlation, the means of all the rows lie in the same vertical line, and the means of all the columns in the same horizontal line. Also the scattering about the mean, which is found in any row or column, is approximately the same as exists in the totals row and column.

II. When there is correlation, the whole table becomes asymmetrical. The quantities tend to preponderate in opposite quadrants, showing correspondence of high values of one variable with high values of the other, and also, of course, low with low; or else of high values of the first with low of the second, and *vice versa*. The first is called positive and the second negative correlation.

Also the lines of mean values of both rows and columns get deflected into the two high quadrants. The greater the correlation the more marked the deflection.

Also the scattering about the mean value in any row or column is less than the scattering about the mean value of the corresponding line of totals.

III. Correlation is a quantitative phenomenon. With no correlation, the two lines of mean values start at right angles. As correlation increases, these lines tend to deviate into the same pair of quadrants. The limit to this process is reached when the two lines coincide. When this happens, the scattering of the individual values of each row about the mean value of the row ceases, and the whole table shuts up into one diagonal line. Then we get absolute causation, and each value of the first variable corresponds to one value only of the second. Such a phenomenon, however, never occurs in medicine nor any of the biological sciences.*

It only remains to show how correlations can be measured when the variables themselves are quantitative. There are two methods, both of which will, if the calculations be performed accurately, give the same result. The graphic way, which some will find easiest, is to calculate the means of each row and column in the manner just performed. Plot all these values to scale on a diagram, preferably upon squared paper. Find the two straight lines which correspond most closely with the observed means. This can often be done with sufficient accuracy by eye. Measure the tangent of inclination of each line of means to the vertical and horizontal respectively, and take the geometrical mean. This will be the value of the correlation coefficient, usually called r.

The other method is as follows: Find the mean value of each variable, measure all the cases according to their distances from the means. Let us call one variable x, the other y. For every observed case, first square the value of x; take the sum for the whole of the cases observed; divide by the number of cases. This is called the second moment in x, about the mean, and measures the tendency of the cases to scatter away from the mean to right and left. Take the square root of this.

Next perform the same operation for y; this gives the second moment in y, and measures the tendency of the whole figure to scatter away from the mean value upwards and downwards.

Lastly, for each observed case take the produce of its values in x and y; take the sum of these values for all the cases, and divide by the number of cases.

This is called the product moment, and measures the tendency the cases have to lie along a diagonal line rather than the vertical and horizontal lines.†

$$\text{Then } r = \frac{\text{product moment}}{\sqrt{\text{second moment in x} \times \text{second moment in y}}}$$

Formulæ have also been devised for calculating correlations when the divisions are non-measurable, but space forbids my giving them here. Such formulæ are equally applicable to characters which are quantitative, though in practice impossible to measure, and to characters that are entirely qualitative. As

*An instance in a non-quantitative character is seen in the connection between districts and hospitals in Table III. of the M.A.B. fever statistics. For the year 1906 I have calculated the correlation as .988. The scattering of patients from any one district among the hospitals is, in most instances, very slight. If there had been no scattering at all, and each hospital corresponded to one district, the correlation would have been unity.

†In practice, the arithmetic is much shorter if we take the three moments about an arbitrary point and then reduce; formulæ will be found in the authorities cited.

instances of the former, they are used in reference to eye colour and hair colour in investigating heredity of man and animals, and might be used in many cases in investigating severity of disease. As instances of the latter, we may take the majority of the tables in the Board's reports, such as those showing the allocation of different diseases to the various hospitals, the allocation of districts to special hospitals, and the influence of the seasons.

The following instances are from the report for 1906. In Table IV., p. 235, data are given for finding in scarlet fever the relation between (a) sex and age, (b) age and recovery, (c) sex and recovery. Taking each of these in order, we obtain:

SEX AND AGE IN SCARLET FEVER.

ALL HOSPITALS, 1906.

	Males.	Females.	Total.
Under 5	2910	2979	5889
5 or over	5565	6479	12044
Total	8475	9458	17933

Yule's coefficient = ·064.

AGE AND RECOVERY IN SCARLET FEVER.

ALL HOSPITALS, 1906.

	Recoveries.*	Deaths.	Total.
Under 5	5540	349	5889
5 or over	11872	172	12044
Total	17412	521	17933

Yule's coefficient = ·626.

SEX AND RECOVERY IN SCARLET FEVER.

ALL HOSPITALS, 1906.

	Recoveries.*	Deaths.	Total.
Males	8188	287	8475
Females	9224	234	9458
Total	17412	521	17933

Yule's coefficient = ·160.

From these three tables we conclude that age has a very strong influence upon the result (i.e., death or recovery), whereas age and sex are very little connected. Sex and recovery are also slightly connected, but the correlation is not quite so small as in the last instance.

Where the division is given into many classes, it is not, as a rule, the best plan to reduce the table to a fourfold division, as has been done above. Nor is Yule's coefficient the most reliable formula to use in the majority of cases. However, I cannot recommend any other course to those readers who find a difficulty in grasping the idea of correlation as a quantity, than to calculate correlations for themselves, for which the M.A.B. official statistics will furnish abundant examples, and Yule's formula will probably be the only one they will have the patience to apply.

*The figures for the recoveries have been obtained by subtraction, and are not quite accurate. The age and sex of recovered cases are not published in the M.A.B. reports.

By one of Professor Pearson's formulæ, given on p. 318, I find for the above examples:—

Correlation between age and sex ...	·0504
Correlation between age and result ...	·5229
Correlation between sex and result ...	·1264

which agree fairly closely with the other values.

Every correlation coefficient, calculated from actual data, has a probable error, and the significance of the latter is similar to that of the probable error of a percentage ratio discussed above. For instance, the connection between age and recovery in scarlet fever can be worked out for any given set of cases. For those admitted to the South-Eastern Hospital in 1907, I find by Yule's formula ·617, and by Pearson's ·459. By taking 20 such tables, or better 100, say, by examining the connection separately for each hospital for each of eight or ten years, we could reach a good estimate of the variability of the correlation between similar samples of the total scarlet fever population, and would in the end have a firm basis for prophesying what would happen in future years. The exact number, ·626, would not be likely to recur, but the future data would probably give a number quite close to that, the difference probably being about the magnitude of the probable error, and almost certainly being less than four times that magnitude. In ordinary statistical work, however, the probable error is calculated by formulæ, usually rather complex, from the same data which give the correlation.

Almost all the tables in the present volume may be looked upon as correlation tables.* Instead, however, of showing only two variable characters, they mostly show three, four, or more. Thus, of the four tables of fever statistics, No. II. shows season of year, hospital, disease, and result (death or recovery), four variables in all. Table III. shows hospital, disease, locality, and result. Table IV., already dealt with, shows only three. The smallpox table No. II. shows no less than five, viz., age, result, area of vaccination scars, number of ditto, and foveation of ditto. However complicated the division, in discussing the influence of any one factor upon any other, it is necessary to begin by concentrating our attention upon those two factors only, as we have done in the example worked out above. In the table last mentioned not only is there a strong influence of all the other four factors upon the result, but there is a distinct correlation between all the others in pairs. How far these correlations interact upon each other, e.g., how far we can explain an observed correlation between the first and second of three factors as the result of the correlation of each of them with the third is a very important question, but too long to be discussed here. A full account is found in one of the papers cited below. Although such explanations are often given by statisticians, who are unaware of how correlations can be calculated, in very few instances is the explanation really justified.

Although the official tables in this volume furnish plenty of examples in correlation, the scientific interest of most of them is very small. For instance, the factor which is given in full detail in every fever table, the distribution of cases between the various hospitals, can have no interest outside the circle of the officials, and little even for them. But the reader must not from this suppose that correlation is confined to such instances. Almost every phenomenon connected with disease is highly variable, and all questions relating to the influence of one factor upon another are really questions of correlation. The student who has the patience to arrange his facts in regular tables and calculate the results will, at any rate, gain greatly in precision of his ideas. In cases where the correlation is perfectly regular, the calculations enable us to predict the future with some

*This applies to all the general tables, but not to tables I., II., and III. of the Medical Supplement. In the latter, cases with several complications are entered several times over. Any table in which every individual is entered once, and once only, may be looked on as a correlation table.

approach to accuracy, and hence promise to reduce eventually the wide gap at present existing between the exact and the inexact sciences. In most medical phenomena the correlation is not regular, and the student will find that the formulæ will not always give identical results.* This irregularity may disappoint him, but would not justify us in discarding the method. Similar irregularities occur even in the exact sciences, yet engineers build bridges and design machines, and naval architects build ships which perform the duty required of them, in spite of the fact that many of the necessary calculations are performed with inaccurate formulæ.

C.—MULTIPLE CORRELATION.

Rarely is any statistical result published showing a connection between two factors, but the criticism is brought forward that the connection between the two is accidental, and is caused, or at least influenced, by the connection of both factors with a third.

Thus, in the discussion on return cases, Cameron showed a smaller infectivity rate for convalescent institutions. A great part of his report, and the subsequent comments upon it, are taken up with the questions whether this is influenced by the selection of cases for transfer, in respect of age or of mucous discharges. When Millard showed that the incidence of scarlet fever in a number of large towns was not connected with the proportion of cases isolated, the criticism was at once raised, and is, I believe, still regarded as valid by many public health officials, that some of these towns were chiefly industrial and others residential, some rich, some high up, some on the Old Red Sandstone; while others were poor, low, or on clay ground. In no respect do the modern methods show to more advantage over the old than in the discussion of such problems.

The older method relied chiefly upon investigating only precisely similar cases varying in respect of the one factor only. Thus its exponents would insist in the first problem on sorting out from the whole of the acute and convalescent hospitals that pair which were most similar in average age of patients treated; in the second problem they would search for two towns as nearly alike as may be in size, subsoil, industrial conditions, etc. In every account of a statistical experiment, as in that which I have used as my first illustration of this paper, one can read between the lines the hope, "If we can only keep all other conditions exactly equal, except the one under investigation, then we can rely on our result."

The modern method is to collect all available instances, with reasonable care as to identity of conditions where feasible; and then to investigate the correlation between each pair of variables at a time. Thus in the latter problem we could discuss separately the effect of poverty, subsoil, altitude, etc., on the incidence of scarlet fever, and in the end get a complete grasp of the whole of the data.

The case of three variables is sufficient for illustration. In the subsequent paper on smallpox will be found tables showing the connection of age, number of vaccination scars, and severity of eruption in 6,949 cases. Out of the whole number we can form correlation tables for age and vaccination, age and severity, and vaccination and severity. Also we can form sub-tables; taking a given age, we can express the correlation of vaccination and severity; or for a given number of scars the correlation of age and severity. What relation has the correlation for given ages of vaccination and severity to that for all ages? In this case the correlation for special ages differs, but is nearly always higher than for all ages, and the reason is not difficult to see.

Mathematical formulæ will enable us to calculate one of these correlations from the other in cases of regular correlation; and where the correlation is not regular, the formulæ may still be taken as approximately true. We are hence enabled to use extensive data and estimate the effect of disturbing factors on our results, and in the end get a far greater certainty than by the former method of special instances.

*For instance, in the tables on p. 310, if the age division is taken at 3 years or at 10 years the results will differ.

D.—STANDARD DEVIATION.

With any variable quantity the arithmetic mean gives only scanty information. What is the duration of the pyrexia of scarlet fever? Several text-books say seven days or a day or two less. From a large series of cases I have found the mean value 5·054 days. But when we have calculated the mean, we have a very poor representation of the facts. It is not even correct to assume that five days is the most probable duration of any case.

The variability is an important phenomenon. In the above series the range was from nought to twenty-seven days, or more than five times the value of the mean. The range itself would be a good measure if it were definite, but all ordinary statistics show a distribution with much tailing out at the ends; very large and very small values are rare, and the range of a series depends largely upon the number taken.

A very good measure of variability is the probable deviation, which may be found for any series by the method of quartiles, exactly as with probable errors. The method, however, preferred by Prof. Pearson is to calculate the mean square deviation. Measure the deviation of each individual from the mean; square the result; sum for all the individuals; lastly, take the square root. This is called the standard deviation.

In the best known form of statistical curves, the probable deviation = ·67449 × standard deviation, and it is usual to calculate the probable deviation thus rather than to take out quartiles. The result, however, is not so accurate in skew curves.

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Although the phenomena of medicine are pre-eminently variable, more so than any other science, yet few attempts have been made to describe modern statistical methods specially for medical men. I have only found two, a very readable account in the B.M. Journal of July 13th, 1907, and an accurate but very condensed chapter in Notter and Firth's "Hygiene."

Two text books have been published—Davenport's *Statistical Methods* and Elderton's *Frequency Curves and Correlation*. Neither gives quite what the beginner wants. The former is a store-house of formulæ, but the explanations will not suffice a beginner without help. The latter is very clear, but only intelligible to those conversant with the calculus.

The best account of Correlation I have met is in a paper by G. U. Yule in *Journ. Roy. Statistical Soc., Dec., 1897*. Or the beginner might find the explanations in Galton's *Natural Inheritance* or Pearson's *Grammar of Science* useful.

Prof. Karl Pearson gave the first two examples of application of modern methods of statistics to the study of medical problems in *Phil. Trans. A*. Vol. 195; and other papers upon the same lines have been published since, particularly by Dr. Brownlee.

For examples of correlation tables any number of Biometrika may be consulted. The papers by Pearson and Lee on inheritance in man in Vol. II., and by Greenwood on variability and correlation in the human viscera in Vol. III., furnish good illustrations of the phenomena of correlation, and are on subjects familiar to the medical profession.

I have written this sketchy introduction to modern methods because I know of no work from which the average medical man could pick it up. The Board's work offers unique opportunity for the collection of data; what is wanted is men who will use them. A knowledge of mathematics is a great help, but is not essential. The work of Galton, one of the founders of the modern school, has always been done by simple methods. I need hardly say that I should be pleased to help any worker in this field so far as I am able.

9. A CLASSIFICATION OF CASES OF SMALLPOX BY THE NUMERICAL SEVERITY OF THE ERUPTION.

PART I.

By T. F. Ricketts, M.D., M.R.C.P., Lond.

When I was younger—it is fifteen years since—I took an interest in the vaccination controversy. I even went so far as to analyse and to supplement the statistics published by the Board relative to a group of 2,361 patients with smallpox who had come under my observation.* I took occasion then to point out the difficulty of drawing trustworthy conclusions even from a considerable number of cases, owing to the want of convenient standards for measuring the severity of attack. The case mortality is not a convenient test for smallpox, nor, indeed, for most diseases. In the year to which I refer, 1893, the case mortality was 7.5 per cent. for all cases, and only 2.5 per cent. for the vaccinated. A division of cases into two groups so unequal as those of deaths and recoveries from smallpox is of little practical value for statistical purposes. A classification into discrete and confluent attacks was found to be not much more useful, for there were only 285 confluent attacks among the 2,361 cases analysed. I therefore expressed the hope that I might be able at a future time to suggest a classification which should be better adapted to statistical purposes, and it is that promise which this note is written to fulfil.

I may state two problems to indicate the kind of classification which seemed to me to be required:—(1) to ascertain whether the number of cicatrices displayed by the patient is correlated with severity of attack among the vaccinated; (2) to ascertain whether the age of the patient is correlated with severity of attack among the unvaccinated. The cases would be divided into groups according to the number of scars presented or according to the ages of the patients, and for each group the percentage of severe cases would be ascertained. If there were no relation between severity of attack and age or number of scars, the percentage for each group, within a little, would be the same. The reliability of the results would increase with the number of cases, but with the same number of cases would be greater in proportion as the number of severe cases and the number of mild cases approximated. It would therefore be inconvenient to use the same standard of severity for the two problems, since among the vaccinated and among the unvaccinated the average severity would be so very different.

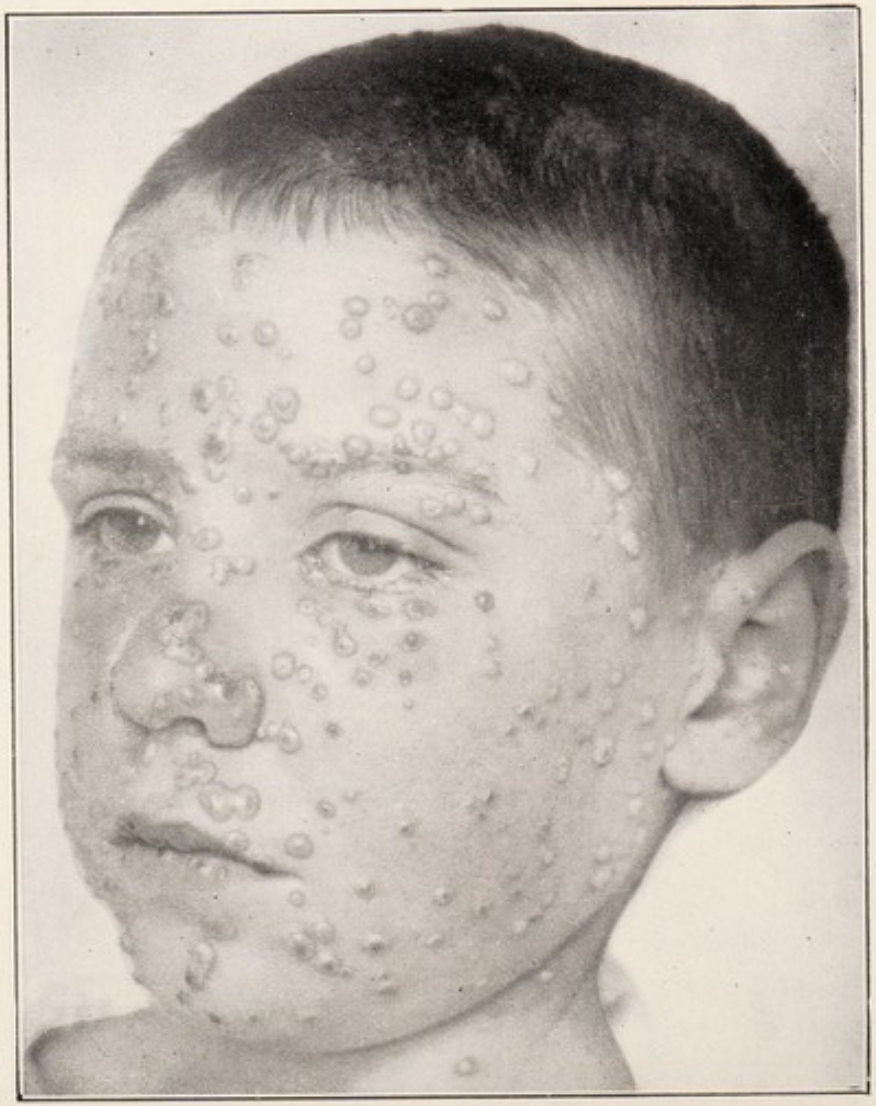
What should be the criterion of severity of attack? With discrete and confluent smallpox all that matters besides the vitality of the patient is the amount of suppuration in the skin. The eruption is most dense upon the face, and it is there that absorption is most active. Hence the prognosis turns almost wholly upon the amount of suppuration on the face. But suppuration is not directly measurable. Probably the most accurate method of comparison, if it could be applied, would be to measure the area of skin involved in the suppurative process. The difficulties of such a mensuration would be almost insuperable, and I have been content to substitute for it a comparison of the number of pocks. This method

*Annual Report of the Metropolitan Asylums Board, 1893.

PLATE I.



Type of Class 6.



Type of Class 5.

PLATE II.



Type of Class 4.



Type of Class 3.

involves the fallacy, which would not be so conspicuous were it possible to measure the total area occupied by the pocks, that with modified smallpox the number of pocks may be considerable and yet the amount of suppuration insignificant. The defect is serious, but at any rate it is one at which the opponents of vaccination could not cavil. I have therefore used for a number of years the following classification:—

(1) Hæmorrhagic or toxic smallpox.
(2) Smallpox confluent on the face in the papular or vesicular stage.
(3) Smallpox confluent on the face at the time of maturation (the sixth day of efflorescence).
(4) Discrete smallpox with more than 500 pocks on the face.
(5) Discrete smallpox with more than 100, but not more than 500, pocks on the face.
(6) Discrete smallpox with not more than 100 pocks on the face.

To convey some idea of the degrees of severity determined by this classification, a series of photographs is reproduced representing a type for each class except the first. The cases selected were near the average of severity of the respective classes with the exception of the case representing class 6. That patient had nearly 100 spots upon the face, and therefore approached the limit. For these photographs I am indebted to my colleague, Dr. J. B. Byles.

The classification seems to me to serve well enough the purpose for which it was originated—that is to say, to enable the dividing line between severe and mild cases to be drawn at a variable point to suit the particular purpose for which statistics may happen to be required. In a group of cases selected without discrimination as to severity, discrete smallpox always predominates. Hence the best dividing line would always come between classes 5 and 6, classes 4 and 5, or classes 3 and 4. In other words, for the purposes for which the classification was instituted, the first three classes might have been merged into one.

In drawing conclusions from results obtained by using such a classification as I have suggested, it is very necessary to be clear as to the meaning of our terms. I have used the phrase "severity of attack" to describe the quality of which the classification is designed to take account. That quality is by no means the same as "severity of illness" or "probability of death." Suppose that we were dealing with areas instead of numbers of pocks, and assume the area covered by the rash to be a true measure of the amount of suppuration. Then two people would have attacks of the same severity if the rash in each case covered the same area. But if one person were a child and the other an adult, the child would be likely to have the more severe illness. The method, in fact, would compare the dose of poison, but not its effect upon the patient. We might compare the relative dose of poison, or the "relative severity of attack," by following the practice of the laboratory and dividing the area occupied by the rash by the body-weight of the patient. Yet we should not arrive thereby at the "severity of illness" or the "probability of death" which depend also upon the vitality of the patient. The point is of some importance, because statistical results obtained from this method of classification will not be comparable, and may not be consonant, with those obtained from case-mortality. For example, it is a well-known fact that the severity of attack among unvaccinated children under two years of age is less than among older unvaccinated children or among unvaccinated adults; whereas the case-mortality is much higher among unvaccinated children under two than at any subsequent age-period.

The illustration just used leads me to point out one particular in which the classification fails to carry out the intention expressed. Class 3 is distinguished from class 4 by the fact of the rash being confluent. But on the small faces of children it takes less rash to be confluent than on the larger faces of adults. That is to say, with children, and especially with infants, class 3 benefits at the expense of class 4. The point of that particular illustration is not lost wherever the dividing

line between severe and mild attacks be taken, but it should be remembered, in comparing severity of attack at different ages, that it is desirable to draw the line between classes 4 and 5 or classes 5 and 6 rather than between classes 3 and 4.

Reference must be made, also, to the cases grouped into class 1. An attack of smallpox consists of two distinct illnesses, the primary, or variolous, fever and the secondary, or suppurative, fever. In most instances the former is not a serious element of the case. But in some cases the primary fever is fatal, and such cases are said to be examples of hæmorrhagic or toxic smallpox. It is clear, therefore, that I have used one standard for the first class, viz., the severity of the primary illness, and a totally different standard for the other five classes, viz., the severity of the attack of the secondary illness. There is this difficulty about the matter: toxic smallpox is often fatal before the complete efflorescence of the eruption, and under those circumstances it is impossible to tell how much eruption the patient would have developed had he survived. It may be assumed, however, that in practically all cases of toxic smallpox the eruption would have been confluent had the patient lived long enough; and that in the majority of cases the eruption would have been such as to place the case in class 3. There would not be a very serious error if the toxic cases were to be distributed between the second and third classes in the proportion in which the numbers in those classes would occur were the toxic cases eliminated. Probably there should be, among the toxic cases, a somewhat diminished bias in favour of class 3. For ordinary purposes the point is of no importance, because there would be no object in discriminating between the three first classes.

I think I have made it clear that the classification was intended to provide a means of dividing for statistical purposes a number of cases into two groups approximately equal. My friend, Dr. F. M. Turner, would like to make a further use of it. Suppose that it had been possible, instead of counting the pocks, to estimate the area of the face occupied by eruption, and that cases had been classified according as that area was less than one square inch, between one and two square inches, between two and three, and so forth indefinitely. We should have got in that way a quantitative scale of severity of attack which would have been very useful for some kinds of statistical enquiry. The classification which has been adopted has the initial disadvantage that the groups are very few. A further drawback is that though two of the classes are defined quantitatively, the other three are not. Taking the dimension of the sixth class, 100 pocks, as the unit, the fifth class embraces four units; but what of the fourth class, and the third, and the second?

With the precautions indicated earlier in this paper, it would be possible to put the classification to the use suggested by Dr. Turner, if we could give a numerical interpretation to the definitions of all classes and could fix the upper limit of the second class. With the lower limit of class 3 there is no great difficulty. This limit was defined many years ago by reference to a patient of whom a photograph was taken. This photograph is reproduced (Plate III., second figure). From the photograph three enumerations of the number of pocks on the face have been made by myself and Dr. Byles, our estimates being 1,960, 1,970, and 2,116. The average of these figures is 2,015, so that the dividing line between classes 4 and 3 may be taken to be approximately 2,000.

The upper limit of class 3 is incapable of numerical definition with the same degree of accuracy. A photograph is reproduced which represents a patient who may be taken to have been on the border-line between classes 2 and 3 (Plate IV.). For the use of this photograph I am again indebted to Dr. Byles, who has also assisted me in the difficult task of enumeration. For this purpose Dr. Byles supplied an enlargement on a large scale of the same photograph. We then made our counts by dividing the surface into small squares. The two enumerations gave the figures 6,380 and 5,170 for the whole face. The average of these numbers is 5,775. Though this figure can only be regarded as an approximation, it may be

PLATE III.

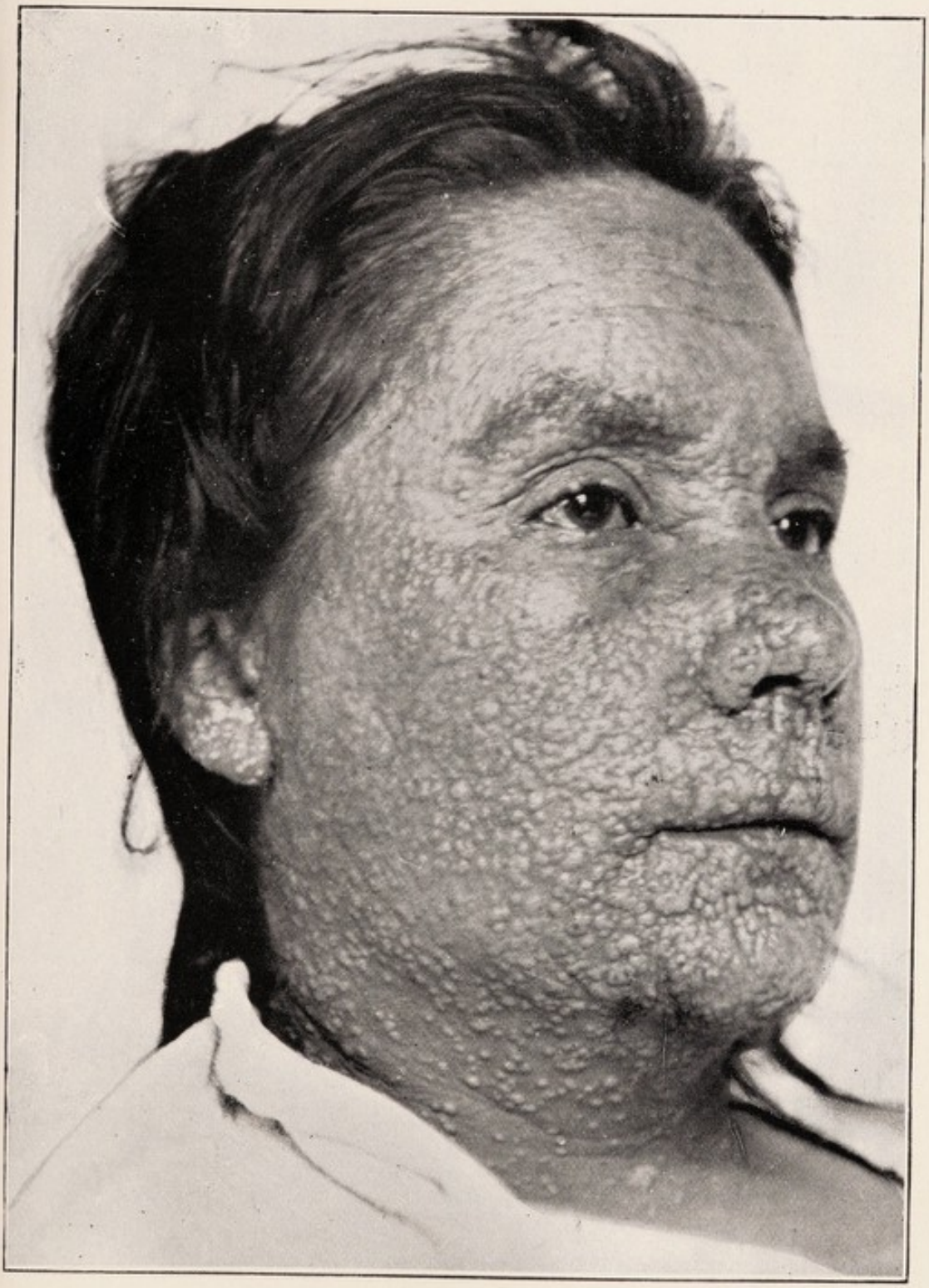




Lower limit of

Type of Class

PLATE IV.



Upper limit of Class 3.

assumed that the real limit lies between 5,000 and 6,500. It must be remembered that the difficulty of the enumeration corresponds with a difficulty which is often encountered in practice in deciding into which of the two classes a particular case should fall.

The upper limit of class 2, who can fix it? What is the largest number of pocks which it is possible to crowd on to the human face? Probably a very rough estimate would serve the purposes of the statisticians, and we may be reasonably certain, I think, that it lies between 10,000 and 20,000. Any one who liked to take the trouble might arrive at an estimate by measuring the area of the face between the hairy scalp and the lower edge of the ramus of the jaw, and dividing the figure by the assumed average area of the pocks. In the worst cases the average diameter of the pocks would probably not be less than one-tenth, or at the least one-sixteenth, of an inch. The assumption would be involved that every particle of skin would be occupied, and that assumption is not very wide of the mark in a few of the very worst cases of smallpox.

PART II.

By F. M. Turner, M.D., B.C., B.A. Cantab., B.Sc. Lond.

Of the 7,916 patients admitted to the M.A.B. hospitals with smallpox during 1902, 7,317 were under the care of Dr. Ricketts, either at Long Reach Hospital or the Hospital Ships, and were classified in the manner described by him. In 368 of these the presence of scars was either doubtful or else their number was not recorded. The remaining 6,949 form the subject of the present paper.

Table I. shows the cases arranged according to vaccination (number of scars) and severity (Dr. Ricketts' classes).

TABLE I.—*Vaccination and Severity.*

No. of Vaccination Scars.	Class.						
	VI.	V.	IV.	III.	II.	I.	Total.
4	1,248	425	303	151	38	42	2,207
3	623	268	214	111	40	38	1,294
2	434	204	133	125	34	39	969
1	253	132	106	90	30	44	655
Absent	293	356	385	538	149	103	1,824
Total	2,851	1,385	1,141	1,015	291	266	6,949

These data furnish a means of gauging roughly the distribution of severity according to the number of pocks. Classes VI. and V. are numerical by definition. Classes IV. and III. are separated by the criterion of confluence, which is rather a matter of density than of number. Class I. is the only one defined by a character independent of the number of pocks; it is, therefore, advisable to leave out these cases from the estimate. If they survive till the eruption appears it is usually of the type seen in Classes II. or III.; but some cases do not survive till any eruption appears. It will be noticed in the following tables that Class I. has a different age distribution from that of the two next severe classes, having a much greater tendency to appear at the two extremes (see esp. table VIc., p. 324).

To attempt the quantitative estimation, I made a count some years ago of the number of pocks visible on the half-face in plate III., fig 2, and doubled the figure obtained. This gave approximately 1,300 pocks. Recently Dr. Ricketts has taken up the matter, at my suggestion, and, as a mean of three counts of the same photograph, also of plate IV., places the division between Classes III. and IV. at 2,000 pocks, that between II. and III. at 5,800. In these counts, I am inclined to accept Dr. Rickett's figures rather than my own, as he has so much greater practice; but even he, I believe, would not claim for them any high degree of accuracy. Even if, however, we regard a 10% error in the first and a 20% or 30% in the second as possible, we still get a very interesting series of facts as to the distribution of severity among the cases. The upper limit to Class II. Dr. Ricketts estimates at between 10,000 and 20,000 pocks.

Using these figures we obtain

TABLE Ia.

FREQUENCIES OF CASES PER RANGE OF 100 POCKS.

		Class VI.	Class V.	Class IV.	Class III.	Class II.
No of Pocks.		0–100	100–500	500–2,000	2,000–5,800	5,800–15,000
No. of Vaccination Scars.	4	1,248	106	20·2	4·0	·4
	3	623	67	14·3	2·9	·4
	2	434	51	8·9	3·3	·4
	1	253	33	7·1	2·4	·3
	0	293	89	25·7	14·1	1·6
Total		2,851	346	76·2	26·7	3·1

The correlation of Table I. has been obtained by reducing it to a fourfold division.

TABLE Ib.

	Vaccinated cases.	Unvaccinated cases.	Total.
Class VI. ..	2,558	293	2,851
Classes V.-I. ..	2,567	1,531	4,098
Total ..	5,125	1,824	6,949

By Prof. Pearson's formulæ, if $r = \sin \frac{\pi}{2} \frac{1}{\sqrt{1 + k^2}}$

and $k^2 = \frac{4\ abcd\ N^2}{(ad - bc)\ (a + d)\ (b + c)}$

Then r = ·604.

Using normal curve formulæ, r = ·524.

The following tables show the connection between age, severity of disease, and vaccination :—

TABLE II.—*Severity and Age. Cases with 4 or more scars.*

Class.	Years.																	Total.
	0–4	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–	65–	70–	75–	80 and over.	
I	..	..	2	2	9	6	7	7	2	2	2	..	2	1	..	..	..	42
II	..	..	..	6	9	7	5	6	2	1	1	..	..	1	..	..	..	38
III	..	1	3	16	18	37	31	19	13	3	7	3	..	..	..	..	..	151
IV	..	1	14	28	73	65	46	32	25	6	6	6	1	..	..	..	..	303
V	1	2	23	58	102	93	63	32	23	12	7	4	2	2	1	..	..	425
VI	2	43	106	217	316	250	139	62	51	25	17	5	8	4	1	..	2*	1,248
Total	3	47	148	327	527	458	291	158	116	49	40	18	13	8	2	..	2	2,207

* Ages 83 and 96.

TABLE II*a*.—*Details of cases under* 10 *years.*

Class.	Years.										Total.
	0–	1–	2–	3–	4–	5–	6–	7–	8–	9–	
I	..	..	..	..	..	..	..	..	..	..	..
II	..	..	..	..	..	..	..	..	..	..	..
III	..	..	..	..	..	..	..	..	1	..	1
IV	..	..	..	..	..	..	..	..	1	..	1
V	..	..	..	1	..	..	..	..	..	2	3
VI	..	..	..	1	1	3	6	9	7	18	45
Total	..	..	..	2	1	3	6	9	9	20	50

TABLE III.—*Severity and Age. Cases with* 3 *scars.*

Class.	Years.																	Total.
	0–	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–	65–	70–	75–	80 & over	
I	..	..	..	1	4	3	11	6	5	2	4	1	1	..	..	..	..	38
II	..	..	..	3	4	4	8	10	5	5	..	1	..	..	..	..	..	40
III	..	..	..	8	16	22	19	17	13	8	6	1	1	..	..	..	..	111
IV	..	1	2	18	29	34	50	30	23	14	7	4	1	1	..	..	..	214
V	..	4	8	28	40	48	49	36	22	15	8	4	4	2	..	..	..	268
VI	2	7	28	97	110	132	94	71	37	18	9	9	6	..	3	..	..	623
Total	2	12	38	155	203	243	231	170	105	62	34	20	13	3	3	..	..	1,294

TABLE IIIa.—*Details of cases under* 10 *years.*

	Years.										Total.
	0–	1–	2–	3–	4–	5–	6–	7–	8–	9–	
I	..	..	..	..	..	..	..	..	..	..	..
II	..	..	..	..	..	..	..	..	..	..	..
III	..	..	..	..	..	..	..	..	..	..	..
IV	..	..	..	..	..	..	..	..	..	1	1
V	..	..	..	..	..	..	1	1	..	2	4
VI	..	..	..	..	2	..	3	1	1	2	9
Total	..	..	..	..	2	..	4	2	1	5	14

TABLE IV.—*Severity and Age. Cases with* 2 *scars.*

Class.	Years.																	Total.
	0–	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–	65–	70–	75–	80 & over	
I	..	..	..	2	1	3	5	10	3	10	2	1	1	..	1	..	..	39
II	..	..	..	2	2	4	6	6	5	6	2	..	1	..	..	..	..	34
III	..	1	..	4	13	16	14	35	19	9	7	4	2	..	1	..	..	125
IV	..	..	1	11	13	19	16	24	13	21	7	5	3	..	..	..	..	133
V	..	1	7	16	35	24	41	29	17	14	5	9	3	2	1	..	..	204
VI	3	11	20	51	66	59	58	53	42	18	17	13	9	5	7	1	1*	434
Total	3	13	28	86	130	125	140	157	99	78	40	32	19	7	10	1	1	969

* Age 84.

TABLE IVa.—*Details of cases under* 10 *years.*

	Years.										Total.
	0–	1–	2–	3–	4–	5–	6–	7–	8–	9–	
I	..	..	..	..	..	..	..	..	..	..	..
II	..	..	..	..	..	..	..	..	..	..	..
III	..	..	..	..	..	..	..	1	..	..	1
IV	..	..	..	..	..	..	..	..	..	..	..
V	..	..	..	..	..	..	1	..	..	..	1
VI	..	..	..	1	2	1	1	1	1	7	14
Total	..	..	..	1	2	1	2	2	1	7	16

TABLE V.—*Severity and Age. Cases with* 1 *scar.*

Class.	Years.																	Total.
	0–	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–	65–	70–	75–	80 and over.	
I	..	..	..	..	4	4	3	8	7	11	2	1	4	..	..	..	..	44
II	..	1	..	2	4	5	3	5	2	4	..	1	2	1	..	..	..	30
III	..	..	2	1	11	16	17	18	9	7	3	1	3	1	..	1	..	90
IV	..	2	9	7	10	13	14	13	18	9	1	4	4	1	1*	..	..	106
V	1	2	5	13	19	16	18	17	12	5	8	6	4	2	1	3	..	132
VI	6	9	19	24	40	32	25	22	23	25	7	5	6	3	3	2	2*	253
Total	7	14	35	47	88	86	80	83	71	61	21	18	23	8	5	6	2	655

* Ages 82 and 85.

TABLE V*a.*—*Details of cases under* 10 *years.*

Class.	Years.										Total.
	0–	1–	2–	3–	4–	5–	6–	7–	8–	9–	
I	..	..	..	..	..	..	..	..	..	..	..
II	..	..	..	..	..	..	..	..	1	..	1
III	..	..	..	..	..	..	..	..	..	..	..
IV	..	..	..	..	..	..	1	1	..	..	2
V	..	..	..	..	1	..	1	1	..	..	3
VI	..	1	2	1	2	2	2	1	2	2	15
Total	..	1	2	1	3	2	4	3	3	2	21

TABLE VI.—*Severity and Age. Cases with no scars and who were not stated to have been vaccinated.*

Class.	Years.																	Total.
	0–	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–	65–	70–	75–	80 and over.	
I	43	18	12	7	6	4	5	1	2	2	1	2	..	..	..	..	..	103
II	37	20	33	22	14	13	4	3	3	..	..	..	..	..	..	..	..	149
III	138	132	91	73	35	27	16	13	4	4	2	2	..	..	..	..	1*	538
IV	122	112	64	30	26	12	10	5	..	3	..	..	1	..	..	..	..	385
V	130	102	56	27	19	11	4	4	..	..	1	1	..	..	..	1	..	356
VI	108	85	44	21	13	10	2	4	..	1	2	..	2	1	..	..	..	293
Total	578	469	300	180	113	77	41	30	9	10	6	5	3	1	..	1	1	1,824

* Age 91.

TABLE VI*a*.—*Details of cases under* 10 *years.*

Class.	Years.										Total.
	0–	1–	2–	3–	4–	5–	6–	7–	8–	9–	
I	22	9	6	3	3	4	6	2	4	2	61
II	5	8	5	9	10	8	3	4	1	4	57
III	32	14	21	43	28	23	28	25	29	27	270
IV	29	19	17	21	36	23	24	24	18	23	234
V	27	23	19	34	27	28	16	19	18	21	232
VI	38	15	17	18	20	19	22	21	10	13	193
Total	153	88	85	128	124	105	99	95	80	90	1,047

TABLE VI*b*.—*Details of cases under* 1 *year.*

Class.	Months.												Total.
	0–	1–	2–	3–	4–	5–	6–	7–	8–	9–	10–	11–	
I	12	3	1	1	..	1	1	..	1	2	..	..	22
II	..	..	..	..	1	..	1	1	..	1	..	1	5
III	6	5	6	1	1	2	3	2	1	..	3	2	32
IV	6	2	1	5	3	6	..	1	1	3	1	..	29
V	3	..	1	2	5	4	..	3	..	5	..	4	27
VI	9	2	3	5	1	2	5	4	4	..	2	1	38
Total	36	12	12	14	11	15	10	11	7	11	6	8	153

Each table shows the partial correlation of age and severity for a given state of vaccination; but by rearranging the figures tables can easily be obtained showing the connection of vaccination and severity for given age, or for age and vaccination for given severity of disease.

The former, reduced to fourfold divisions, are shown in Tables VII. to XI.

TABLE VII.—*Vaccination and Severity. Ages* 0–10.

	Vaccinated.	Unvaccinated.	Total.
Classes VI	83	193	276
Class V–I	18	854	872
Total	101	1,047	1,148

r = ·844.

TABLE VIII.—*Vaccination and Severity. Ages* 10–20.

	Vaccinated.	Unvaccinated.	Total.
Class VI	562	65	627
Classes V–I	302	415	717
Total	864	480	1,344

r = ·794.

TABLE IX.—*Vaccination and Severity. Ages* 20–30.

	Vaccinated.	Unvaccinated.	Total.
Class VI	1,005	23	1,028
Classes V–I	855	167	1,022
Total	1,860	190	2,050

$r = \cdot 748.$

TABLE X.—*Vaccination and Severity. Ages* 30–40.

	Vaccinated.	Unvaccinated.	Total.
Class VI	524	6	530
Classes V–I	786	65	851
Total	1,310	71	1,381

$r = \cdot 704.$

TABLE XI.—*Vaccination and Severity. Over* 40 *years.*

	Vaccinated.	Unvaccinated.	Total.
Class VI	384	6	390
Classes V–I	606	30	636
Total	990	36	1,026

$r = \cdot 435.$

The necessity for revaccination and the proper age at which it is performed are usually judged by the resistance to attack in patients who have been vaccinated previously at various intervals of time. Such tables as II. to VI. show plainly that vaccination postpones the attack of smallpox if the latter arrives at all. There are, however, no sufficient data of those exposed to smallpox who escape the disease to enable us to calculate the effect precisely. We may, however, enquire what power vaccination has at different ages to influence the severity of attack, granted that an attack has supervened. The five tables show that there is very little falling off in power until the age of forty is passed.

Calculations have also been made with some other divisions and other formulæ. None of the methods shows a diminution at all comparable to that usually inferred from the protection against attack. In another paper I have shown a somewhat similar series of correlations based upon the recovery or death of the cases.* It is usually stated that the protective power of vaccination against severe attacks or against death persists much longer than its power to ward off an attack at all; but it is possible that the discrepancy is apparent only, and is due to our leaving out of account in the tables those cases who were protected sufficiently to escape the attack.†

The correlation of age and severity for given vaccination is always positive, i.e., greater age corresponds with greater severity. Thus from Table VI. by contingency I find r = ·209. By the fourfold division, dividing age at 10 years and severity at the line between VI. and V., r = ·166. Dividing severity at the line between IV. and III., r = ·231; which values all agree fairly, and we may say r = about ·2. From Table II. by contingency r = ·218.

*See Biometrika, Vol. IV., p. 489.

†The argument is given in the above paper, but some reasons to the contrary have been given by Pearson, cp. Biometrika, Vol. IV., p. 205, and Vol. V., p. 361-364.

TABLE VIc.—*Age and Severity. Scars absent.*

Class.	Years.						Total.
	0–5	5–10	10–15	15–20	20–30	30 and over.	
I	43	18	12	7	10	13	103
	32·6	26·4	16·9	10·2	10·7	6·1	102·9
	+10·4	—8·4	—4·9	—3·2	—·7	+6·9	
II	37	20	33	22	27	10	149
	47·2	38·2	24·5	14·7	15·5	8·7	148·8
	—10·2	—18·2	+8·5	+7·5	+11·5	+1·3	
III	138	132	91	73	62	42	538
	170·5	138·2	88·5	53·	56·1	31·6	537·9
	—32·5	—6·2	+2·5	+20·	+5·9	+10·4	
IV	122	112	64	30	38	19	385
	121·8	99·	63·4	38·	40·1	22·6	384·9
	+·2	+13·	+·6	—8·	—2·1	—3·6	
V	130	102	56	27	30	11	356
	112·7	91·6	58·6	35·2	37·1	20·9	356·1
	+17·3	+10·4	—2·6	—8·2	—7·1	—9·9	
VI	108	85	44	21	23	12	293
	92·8	75·3	48·2	28·9	30·5	17·2	292·9
	+15·2	+9·7	—4·2	—7·9	—7·5	—5·2	
Total	578	469	300	180	190	107	1,824

In this Table each row shews on the upper line the actual number of cases; the second line shows the number calculated on the hypothesis of age and severity being independent; the third gives the differences between the first and second.

On the other hand, the correlation is the other way among the total cases considered.

The death rate is highest at the two extremes of life, especially among infants, hence the correlation, for a given state of vaccination, between age and severity, judged by deaths or recovery, is generally negative, i.e., the less the age the greater the severity. This results, I believe, from the weakness of the patients, not from any actual phenomenon of the disease.

An exception occurs with Class I., which attacks the infants and older cases in excess; it is also almost invariably fatal. If we regard Dr. Ricketts' system of classification as based upon two categories—(*a*) hæmorrhagic or non-hæmorrhagic, (*b*) number of pocks, we can say that (*a*) is very closely correlated with death, and also attacks those ages most liable to death, even in the non-hæmorrhagic class. (*b*), on the contrary, is closely, but less closely than (*a*), correlated with death; but as regards age, the correlation of age and number of pocks is positive.

The following values show the triple correlation of age, severity, and vaccination. The age division has been taken at ten years, and the severity between Classes VI. and V.:—

Total correlations (calculated by normal formulæ)—

Vaccination and severity	—·524
„ „ age	+·915
Age and severity	—·300

Partial correlations—

Vaccination and severity (fixed age)	—·649
Age and severity (fixed vaccination) ...	+·358

It will be seen that the partial correlation for vaccination and severity is stronger than the total The latter has been depressed by the high correlations between the other two factors. The partial and total correlations between age and severity are of opposite sign, as already explained.

The above tables are based upon an estimate of severity which is independent of the result of the case. The usual method of judging severity is by the result, i.e., death or recovery. To enable the two methods to be compared the following tables are given. They show the details of all fatal cases amongst the 6,949 :—

TABLE XII.—*Fatal cases with* 4 *scars.*

Class.	Years.															Total.
	0–5	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–70	70–80	80 and over.	
I	..	..	2	2	9	6	7	7	2	2	2	..	3	..	..	42
II	..	..	..	3	3	4	5	6	2	1	1	..	1	..	..	26
III	..	..	..	..	3	10	9	6	5	2	5	1	..	..	..	41
IV	..	..	..	..	2	1	4	2	..	..	..	1	..	..	..	10
V	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	4
VI	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..	3
Total	..	..	2	5	17	23	26	22	10	6	9	2	4	..	..	126

TABLE XIII.—*Fatal cases with* 3 *scars.*

Class.	Years.															Total.
	0-5	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–70	70–80	80 & over.	
I	..	..	..	1	4	3	11	6	5	2	4	1	1	..	..	38
II	..	..	..	2	3	4	4	9	4	5	..	1	..	..	..	32
III	..	..	..	2	2	5	7	7	7	5	2	..	1	..	..	38
IV	..	..	..	..	..	..	1	1	2	1	1	..	1	..	..	7
V	..	..	..	..	..	..	1	1	..	..	1	..	..	..	..	3
VI	..	..	..	..	1	..	..	..	..	..	..	1	1	1	..	4
Total	..	..	..	5	10	12	24	24	18	13	8	3	4	1	..	122

TABLE XIV.—*Fatal cases with* 2 *scars.*

Class.	Years.															Total.
	0–5	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–70	70–80	80 & over.	
I	..	..	..	2	1	3	5	10	3	10	2	1	1	1	..	39
II	..	..	..	1	2	2	5	5	4	5	2	..	1	..	..	27
III	..	1	..	1	1	2	3	14	11	6	4	2	2	..	..	47
IV	..	..	..	..	..	3	1	1	..	2	1	..	..	..	..	8
V	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	2
VI	..	..	..	..	..	..	..	2	1	..	1	..	..	1	..	5
Total	..	1	..	4	4	11	14	33	19	23	10	3	4	2	..	128

TABLE XV.—*Fatal cases with* 1 *scar.*

Class.	Years.															Total.
	0–5	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–70	70–80	80 & over	
I	..	..	..	..	4	4	3	8	7	11	2	1	4	..	..	44
II	..	1	..	1	2	5	3	5	2	4	..	1	3	..	..	27
III	..	..	..	..	5	5	10	9	6	6	3	1	3	1	..	49
IV	..	..	..	..	..	..	3	2	2	3	..	..	2	1	..	13
V	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
VI	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	2
Total	..	1	1	1	11	14	19	25	17	25	5	3	12	2	..	136

TABLE XVI.—*Fatal cases without scars.*

Class.	Years.															Total.
	0–5	5–	10–	15–	20–	25–	30–	35–	40–	45–	50–	55–	60–70	70–80	80 & over	
I	43	18	11	7	6	4	5	1	2	2	1	2	..	..	..	102
II	36	15	23	18	12	13	4	3	3	..	..	..	..	..	..	127
III	112	42	33	19	15	14	7	12	4	2	2	2	..	..	1	265
IV	49	6	..	2	1	1	..	..	..	..	..	..	..	..	..	59
V	24	3	..	..	..	..	..	..	..	..	..	..	..	1	..	28
VI	14	..	1	..	..	..	..	..	..	..	..	..	..	..	..	15
Total	278	84	68	46	34	32	16	16	9	4	3	4	..	1	1	596

I am indebted to Miss Goodwin, of Joyce Green Hospital, who has gone over the whole of the figures independently.

10. THREE CASES OF HEMIPLEGIA FOLLOWING SCARLET FEVER.

By J. D. Rolleston, M.A., M.D, Oxon., Assistant Medical Officer, Grove Hospital.

The rarity of hemiplegia in scarlet fever is illustrated by the fact that the present three cases are the only ones that have occurred among 10,781 consecutive cases of scarlet fever admitted to the Grove Hospital between August, 1899, and December 31, 1907. A prolonged search through literature has enabled me to add 62 more, thus making a total of 65 cases. It is well known that hemiplegia may follow any infectious disease. Forty-six cases have recently been collected by Smithies in typhoid fever and 65 cases in diphtheria by myself. When one considers the greater prevalence of scarlet fever, compared with diphtheria or typhoid fever, it is obvious that hemiplegia is much less common in scarlet fever than in the other two diseases.

It is well to insist on the rarity of hemiplegia in scarlet fever, as the statements of some neurologists are somewhat misleading. More confidence should be given to pædiatists, who see much of scarlet fever, than to those who are likely to be consulted only for its nervous sequelæ. It is instructive to compare the words of Sir W. Gowers: "Sudden cerebral hemiplegia (in scarlet fever) is not infrequent," with the following quotations: "Nervous complications and sequelæ are seen less frequently after scarlet fever than with most of the infectious diseases of such severity" (Holt). "Les paralysies dans le cours de la scarlatine sont excessivement rares" (Moizard). "Eine Betheiligung des Gehirns am Scharlachprocesse kam mir nur selten vor" (Henoch). Similar testimony is given by Landouzy in his well-known monograph, "Des paralysies dans les maladies aiguës," in opposition to Gubler, who regarded paralysis in scarlet fever as fairly frequent. In this connection it may be said that some authorities have a mistaken tendency to ascribe too large a number of cases of cerebral palsy to infectious disease. Sachs and Spiller have rightly protested against this view. In striking contrast to Marie and Jendrassik, who were of opinion that infectious disease was the only cause of infantile hemiplegia, Sachs states that the appearance of this palsy after infectious disease could be affirmed with certainty in only 20 per cent. of his 225 cases.

In discussing the ætiology of hemiplegia in scarlet fever it is interesting to note that the occurrence of this paralysis is by no means confined to young children. This is clearly shown in the following table:—

Table 1.—Ages and sexes of scarlet fever patients at the onset of hemiplegia.

Ages.	Male.	Female.
0—1	0	1
1—2	2	1
2—3	3	4
3—4	3	2
4—5	3	1
5—6	4	3
6—7	0	7
7—8	4	5
8—9	1	2
9—10	0	1
11—12	1	0
12—13	1	0
13—14	0	1
14—15	1	0
15—16	0	2
16—17	0	1
20—21	1	0
24—25	0	1
	24	32

In 9 the ages and sexes were not recorded. Thus 20 cases occurred in the first quinquennium, 27 in the second, 4 in the third, and the remainder in older patients. Right hemiplegia occurred in 42, left in 15. In Muls's case there was crossed hemiplegia (left facial palsy, with paralysis of the right upper and lower limbs). In 7 no details were given. Hemiplegia took place at the following dates:—In the first week of scarlet fever 5 cases, in the second 7, in the third 5, and in the fourth to sixth week 12. In cases where no exact date is stated it is said to have occurred in convalescence in 17 cases. In 19 no date whatever was stated. Recovery took place in 48, but in only 17 cases was it complete. In the majority contractures and atrophy supervened. Henoch's case is remarkable in that the contractures disappeared at the end of a year. Among other sequelæ athetosis is mentioned in the cases of Barlow, Dejerine, Fisher, Fürbringer, Montgomery and Pastore; chorea in Fürbringer's, Kennedy's, and one of Osler's cases; recurrent convulsions in those of Barlow, Bernhardt, Dejerine, Heubner, Lewis Smith, Montgomery, and Wallenberg; and failure of the memory and intellect in the cases of Bernhardt, Bohn, Condie, Hughlings Jackson, Osler, and Wallenberg.

Death occurred in 11, on 8 of which there was an autopsy. In 3 of the latter, however, death took place many years after the onset of hemiplegia, being due in one case to pneumonia at 54 (Dejerine), and in others to phthisis at 19 and 27 (Bernhardt and Taylor). In 6 the issue of the cases was not recorded.

In 27 of the cases of right hemiplegia the paralysis was associated with aphasia. It is of historical interest that the two phenomena were combined in the earliest case recorded, that of De Haen in 1760.* In 3 it is stated that there was no aphasia, but one of these patients (Dr. F. Taylor's case) was left-handed. In the great majority of cases in which details are given, i.e., in 22 out of 30, the initial scarlatinal attack was severe. In the remainder, wherein may be included the three cases to be described, it was mild. In some of the recorded cases another infectious disease had recently preceded scarlet fever, e.g., diphtheria in the cases of Heubner and of Fyshe and Hunter, and whooping cough in the cases of Walker and one of Osler's patients.

Since diphtheria and whooping cough may each be followed by cerebral palsy, it is impossible to exclude them from the causation of the hemiplegia in these cases. In 27 cases, including Cases II. and III., hemiplegia was associated with scarlatinal nephritis. In the remaining 38 nephritis either did not occur or was not recorded.

As already stated, autopsies were held in 8 cases. Cerebral hæmorrhage was found in 3 (Dejerine, Fürbringer, Southard and Sims), embolism in 1 (Taylor), thrombosis in 1 (Alexeff), sclerosis in 1 (Neurath), and atrophy in 2 (Bernhardt and Taylor). Out of the fatal cases on which no autopsy was held hæmorrhage was diagnosed in 1 (Sufrin), embolism in 1 (Case I.) and uræmia in 1 (Case III.). In the cases which recovered the diagnosis of hæmorrhage was made in 3 (Henoch, Montgomery, and Sufrin), of thrombosis in 5 (Addy, Baginsky, Bazin, and Ferrier), of embolism in 11 (Barlow, Cheripin, Freud, Fyshe and Hunter, Hughlings Jackson, Kennedy, Osler, Rosenberg, and Wallenberg), of acute encephalitis in 3 (Heubner, Muls, and Pastore), and of uræmia in 1 (Case 2). One of Osler's cases was unique in that the hemiplegia was of surgical origin. A cervical abscess following scarlet fever gave rise to ulceration of the right carotid, necessitating ligature in a girl of 6. Left hemiplegia followed and was still present at the age of 24.

Table II. shows that apart from uræmia cerebral embolism has been regarded as the commonest cause of hemiplegia in scarlet fever. However, now that more attention has recently been given to acute non-suppurative encephalitis as a cause of cerebral palsy, more cases may be found due to this cause than has hitherto

*Puella 16 annorum febre scarlatina correpta mense Septembri anno 1760, dein convulsione 7 Octobri latere dextro paralytica facta est, et perfecte aphona.—Quoted by Imbert-Goubeyre, loc cit.

been supposed.* In 17 cases no mention is made of a cardiac lesion, but the occurrence of nephritis alone was noted. With the exception of three cases recorded by Alexeff, Bohn, and Semple respectively, in which complete recovery took place, the paralysis was permanent. It is highly improbable, therefore, that the hemiplegia, except in the three cases mentioned, could have been due to uræmia, since almost invariably uræmic paralysis is of transient duration. It is far more likely that coexistent hæmorrhage or embolism due to an undetected cardiac lesion was the cause of the hemiplegia in the other cases. If this supposition is correct, only three cases of uræmic hemiplegia in scarlet fever have hitherto been recorded, to which number Cases II. and III. may now be added.

In Walker's case, in which the hemiplegia occurred on the first day of disease, the paralysis was attributed to the direct action of the scarlatinal virus on the cerebro-spinal system. In Bassette's case the condition was regarded as a neuritis, though the existence of a mitral lesion and the disturbance of speech make cerebral embolism more probable.

TABLE II.—Showing causes of hemiplegia in 65 cases:—

Cerebral embolism	13	cases
„ hæmorrhage	7	„
„ thrombosis	6	„
Encephalitis	3	„
Cerebral atrophy	2	„
„ sclerosis	1	case
Nephritis. Uræmia	17	cases
Neuritis	1	„
Ligature of carotid	1	„
Toxæmia (Walker's case)	1	„
	52	

No cause was assigned in 13 cases.

CASE I.

A woman, aged 24, a milliner by occupation, was admitted to hospital on July 6th, 1904, on the sixth day of an attack of scarlet fever. For the last few weeks she had been treated for anæmia, but there was no history of heart disease. She stated that she had already had scarlatina in 1888.

On admission there was a fading punctate erythema on the trunk. On the limbs the rash was brighter. Examination of the heart revealed a systolic murmur localised to the apex. By July 8th the rash had faded. Characteristic desquamation followed. The temperature, which was 101·6° on admission, did not sink below 98·8°, but remained partly continuous and partly intermittent during the rest of her stay in hospital. On the 11th she vomited three times, and complained of pain in the region of the spleen. There was some tenderness over that area, but no enlargement of the organ could be detected till the 18th, when its lower border could be felt one finger's breadth below the costal margin. On the 13th the urine, which had hitherto been normal, showed a cloud of albumin, and on the 18th hæmaturia developed. Blood disappeared from the urine the following day, and subsequently was present only on the 22nd and 23rd of August. Albuminuria, however, persisted.

In July 15th petechiæ appeared on the trunk. On the 22nd and 23rd she complained of pain throughout the left lower limb. On the 24th the pain became localised to the upper part of the calf and then disappeared. The same day the cardiac apex beat was found to be outside the nipple line, the dulness extending 1½ inches beyond it. The systolic murmur was now conducted into the

*Rhein has recently recorded a fatal case of scarlet fever in which acute encephalitis was found at the autopsy. Death had been preceded by convulsions, but no paralysis had occurred.

axilla. A few fresh petechiæ were noted on the trunk. On the 27th she woke up suddenly at 1 a.m., muttered something inarticulate, and was unable to move her right arm and leg. Examination in the course of the morning showed complete right hemiplegia. In addition to the motor palsy anæsthesia was present in the parts affected. The tongue was deviated to the right. Well marked ankle clonus and Babinski's sign existed in the right foot. There was partial motor aphasia, but no alexia. The cardiac condition was unchanged. On the 28th the aphasia was complete, and the tongue was more deviated to the right. The right lower limb could be moved slightly, movement taking place at the pelvis. Sensation was returning in the right side of the face, right side of the trunk, and right lower limb. There was still anæsthesia but not analgesia of the right arm. On the 30th sensation began to return in the right arm. Ankle clonus was still very readily obtained in the right foot. The aphasia continued as before. On the 31st a few fresh petechiæ were noted on the neck and trunk. She was now able to say a few short words at a time and to read aloud from a book. On August 1st the right arm and leg, which since the ictus had been quite flaccid, were now becoming somewhat rigid. There was still some anæsthesia of the paralysed side. On the 2nd she could speak a little more, but could not distinctly articulate polysyllabic words. Slight impairment of the intellectual faculties was shown (1) by an inability to perform simple sums in mental arithmetic. Though she could multiply 5 by 4 she could not give the product of 12 by 12. (2) By a certain degree of amnesia. She was unable to say more than the first few words of the Lord's Prayer. (3) By inability to read without soon feeling tired. On the 3rd she was able to write the words "wrote" and "millinery," but when asked to write "haberdashery," "crinoline," or "cashmere," a look of vacuity came over her face, and she was unable to proceed. On the 6th, improvement was shown by her being able to write the words "impossibility" and "haberdashery." She could also recite the whole of the Lord's Prayer with very little prompting, and read to herself longer without being tired.

During the rest of her stay in hospital fresh petechiæ were noted almost daily on the trunk and limbs. The spleen gradually increased in size, and the heart became more dilated. During the last three weeks of her stay she had frequent attacks of severe pain in the abdomen and lower limbs, which yielded only to the injection of morphia. On September 3rd, being free from scarlatinal infection, she was discharged. Her condition was then as follows:—The facial palsy had almost gone. There was still some hesitancy in speech and deviation of tongue to the right. The right arm was quite powerless, and there was some rigidity at the shoulder and elbow. The fingers were kept flexed, but could easily be extended. The right lower limb could be moved fairly freely, but there was some stiffness of the knee. Death, preceded by coma of two days' duration, took place on November 26th.

Though no autopsy was held in this case, the causation of the hemiplegia was obviously cerebral embolism, due to infective endocarditis. Multiple embolism doubtless existed. Not only were the brain, kidneys, and spleen affected, but the attacks of pain in the abdomen and limbs were probably due to the discharge of minute clots from the diseased valves. The only other recorded case of scarlatinal hemiplegia associated with multiple embolism is that of Fyshe and Hunter. Their diagnosis was based on the occurrence of sudden and transient attacks of pain in the abdomen and lower limbs, the sudden onset of Jacksonian epilepsy, transient left hemiplegia, and the presence of blood in the stools. Recovery took place. The history of anæmia in the present case suggests that the heart condition may have been present before the onset of scarlet fever, but in any case the rapid subsequent progress of the disease showed that the acute exanthem considerably aggravated, if it did not actually originate, the cardiac lesion. Of special interest is the age of the patient. Although, as already stated, scarlatinal hemiplegia is not confined to young children, the only other cases in adults are two reported by Ferrier in soldiers whose ages are not given, and one by Achard in a man of 20.

CASE II.

A girl, aged 13 years, was admitted to hospital on March 28th, 1905, on the second day of a typical attack of scarlet fever. Characteristic desquamation followed. On the 31st she had some rheumatism in the hands, and from April 4th to April 7th there was slight albuminuria. The heart was not affected. The urine subsequently remained clear till the 18th, when it showed a cloud of albumin, and the patient complained of headache. There was frequent but slight epistaxis. On the 19th the urine contained blood and was scanty (8 oz. in 24 hours). The face was puffy, especially round the eyes. The temperature, which had been normal since the 6th, rose to 99° at 8 p.m. A drachm and a half of liquorice powder was given, and the bowels acted freely. On the 20th the headache was less, the face was not so puffy, and the flow of urine had increased to 47 ounces in the twenty-four hours. There was still some epistaxis.

On April 21st, the twenty-sixth day of disease, there was only a faint trace of albumin in the urine, but there was still occasional epistaxis. Nothing unusual was observed till 2.45 p.m. that day, when the nurse first noticed some twitching of the face. When I saw the patient ten minutes later, there was loss of power and sensation in the right arm and right lower limb. Ankle clonus was very readily obtained in the right foot. There was no plantar response. The right conjunctiva was insensitive, the left conjunctival reflex was normal. Though she did not speak, she showed that she was conscious by putting out her tongue and shaking her head when told to do so. At 3 p.m. twitching of the right side of the face began, and spread to the opposite side. Shortly afterwards generalised convulsions supervened with loss of consciousness. Cyanosis of the face was very marked. The heart sounds were rapid and irregular in force and rhythm. About 12 oz. of blood were withdrawn from the right elbow, and inhalations of chloroform were given. A minim of croton oil in butter was also placed upon the tongue. After the venesection the convulsions ceased, and the cyanosis gradually passed off. By 4.30 p.m. the child was somewhat restless, but was gradually regaining consciousness. The right arm, though not absolutely flaccid, was immobile, while the left could be moved freely. At 4.35 p.m. slight vomiting occurred. The right hallux now gave a decided extensor response. The tongue, on being protruded, was deviated to the right.

At 5.35 p.m. consciousness was regained. The right arm could now be moved freely. She could speak a few words, but not distinctly.

At 6 p.m. Babinski's sign was present in both feet. There was now no ankle clonus. The tongue was still deviated to the right.

At 10 p.m. Babinski's sign was replaced by a flexor response.

The temperature was 100° at 8 p.m., but fell to normal at midnight, and subsequently remained subnormal. The urine record for the 22nd and 23rd was 16 and 15 ounces respectively, but on the following days the output considerably increased, the average amount passed during the twenty-four hours being 40 ounces.

On the 23rd the patient seemed quite herself again. The tongue was no longer deviated to the right, but was still sore where it had been bitten during the convulsions.

The urine became free of albumin on the 28th. Beyond the occurrence of pigmented striæ atrophicæ on the breasts, which were first observed on the 28th, nothing further of note occurred, and the patient was discharged on May 24th, 1905. At the time of writing (December 1907), her father informs me that she has enjoyed the best of health since leaving the hospital.

The prodromal headache and epistaxis, the diminution of the urinary secretion, the presence of blood and albumin in the urine, the transient character of the palsy, and the rapid and complete recovery, justify the diagnosis of uræmic paralysis in this case. In the absence of endocarditis, which could have given rise to cerebral embolism, the possibility of cerebral hæmorrhage was at first suggested by the sudden character of the onset and the condition of the reflexes, but this hypothesis was soon set aside by the rapid disappearance of the paresis, and by the

restoration of the reflexes to their normal condition. The difficulty, and even impossibility, of diagnosing uræmic paralysis from paralysis due to cerebral hæmorrhage, embolism, or thrombosis has been dwelt upon by many writers, who point out that there is nothing characteristic in the onset of uræmic hemiplegia to distinguish it from hemiplegia due to other causes. As was illustrated by the autopsy in Alexeff's case, the mere presence of nephritis does not justify the diagnosis of uræmic hemiplegia. In that case, in addition to nephritis, endocarditis and embolism of the middle cerebral artery were found. Further, it is well known that cerebral hæmorrhage is liable to occur in Bright's disease, and it was to this cause alone that any paralysis was attributed by Laségue, who, like Addison, denied the existence of uræmic paralysis. The imitative character of uræmia has been happily expressed by Chauffard in the following words:—"En matière de pathologie cérébrale, l'uremie est comme la syphilis et l'hystérie: elle peut tout réaliser ou du moins tout simuler."

It is noteworthy that, though there was some diminution in the urinary secretion, there was by no means anuria. As has been pointed out by Dr. Rose Bradford in his Goulstonian lectures, and as is exemplified in Case III., rapidly fatal uræmia may occur while the patient is passing quite considerable quantities of urine. Leichtenstern has also recorded cases of scarlatinal nephritis, in which oliguria and hæmaturia were replaced by polyuria with rapid disappearance of albumin, and in which, nevertheless, grave uræmic phenomena supervened.

Provided the patient recovers from uræmia, which is always a condition of considerable gravity, the prognosis of uræmic paralysis is good. The paralysis is usually transitory and leaves no sequelæ. Bohn's case is exceptional, in that the child, who before her illness had been highly gifted, became mentally deficient, though she recovered from the hemiplegia and aphasia.

Case III.

A girl, aged 11 years, was admitted to hospital on October 19th, 1907, on the third day of a mild attack of scarlet fever. On November 6th, the twenty-first day of disease, a trace of albumin appeared in the urine. During the next few days the albumin increased. On the 10th hæmaturia developed, and the temperature, which had been normal since October 9th, rose to 99·6° at midnight. On the 11th she had numerous fits, followed by loss of power in her right arm and leg. Sensation apparently was not affected. Motor aphasia was present, but she appeared to understand what was said to her. Babinski's sign and ankle clonus were present in her right foot, and the right abdominal reflex was absent. The following day the palsy disappeared. In spite of hot packs, croton oil. lumbar puncture, and phlebotomy, the fits continued. Coma supervened, and death occurred on November 19th, the twenty-ninth day of disease. So far from there being anuria urine was passed freely during her fits. As much as 30 oz. were collected in the last twenty-four hours.

No autopsy was performed.

The occurrence of aphasia in Cases II. and III. deserves special mention. Uræmic aphasia is rare. Like uræmic paralysis, it is usually of short duration. Riesman in 1902 had collected 29 cases, including two of his own, 15 of which were unaccompanied by paralysis, while in the remainder some form of paralysis existed. It is remarkable that Monod, who, faithful to the doctrine of the time, denied the existence of paralysis in uræmia, should have recorded two cases of uræmic aphasia following scarlet fever. In both aphasia was associated with convulsions, as in Cases II. and III., and in both recovery took place.

The occurrence of aphasia was noted in 24 of the 65 cases of scarlatinal hemiplegia which I have collected. In 14 of the 24 cases there was nephritis, but in four of these cardiac lesions were also present, and the aphasia was attributed to embolism (Alexeff, Barlow, Cheripin, Rosenberg). It is probable that the same explanation would account for the aphasia in some, if not in most, of the rest.

Dupré, who in 1894 drew special attention to the existence of uræmic aphasia, recorded a case very similar to those under discussion. A boy, aged nine years, while suffering from scarlatinal nephritis, was suddenly seized with complete motor aphasia, agraphia, and paresis of the right upper limb. Within twelve hours speech began to return, and three days later was completely restored. It may be mentioned that aphasia may occur as an isolated symptom in scarlet fever apart from paralysis, just as, but much less frequently, than aphasia does in typhoid fever. A case of the kind has been recorded by Brasch, in which aphasia developed at the onset of scarlet fever.

The pathogeny of uræmic paralysis is not yet fully elucidated. Though the occurrence of cerebral symptoms in kidney disease was described by Addison in 1839, uræmic paralysis was practically unknown before the appearance of Raymond's monograph in 1885. It is a remarkable fact that the earlier writers, such as Addison and Laségue, laid special stress on the absence of paralysis as characteristic of uræmia. That such excellent clinicians should have denied its existence is sufficient proof that uræmic paralysis is rare. On the strength of some post-mortem findings the paralysis was at first ascribed to cerebral œdema, but this explanation was contested by others on the ground that in many autopsies no trace of œdema could be found, nor was it clear why in cases in which it had been found a diffuse cerebral œdema should produce a unilateral paralysis. The theory of a toxic paralysis sine materia was, therefore, substituted, similar to that which may follow such poisons as carbon monoxide, mercury, or lead. More recently Raymond, on the ground of experimental and clinical facts, states that uræmic intoxication very probably produces an acute or subacute encephalitis. In the immense majority of cases the encephalitis clears up, since most of the patients recover from their hemiplegia, but in a few the lesion persists and entails a permanent palsy.

It is surprising that in spite of the frequency of nephritis in scarlet fever uræmic paralysis should be so rare. Such cerebral symptoms as headache, vomiting, drowsiness, and twitching in scarlatinal uræmia are not uncommon. Generalised convulsions are much less frequent, but are less rare than any kind of paralysis. Ferrand in 1893 attempted to explain the variety of nervous symptoms in uræmia by saying that a specially sensitive nervous system is required for their development, and supporting this hypothesis by the relative frequency of eclampsia in pregnancy. In 1904, in conjunction with Castaigne, he brought forward clinical and experimental evidence to show that uræmic paralysis is due to old lesions of the cerebral motor zones, which for that reason are less resistant to the mechanical and toxic action of cerebral œdema.

This view is of considerable interest, but needs further confirmation. In the absence of any history or evidence of old cerebral trouble this explanation of uræmic paralysis can hardly be applied to the cases under discussion.

Conclusions.

1. Hemiplegia in scarlet fever is rare.
2. It is not confined to children.
3. It is usually due to cerebral embolism, but may also follow thrombosis, hæmorrhage, or acute encephalitis. Under this last heading uræmic hemiplegia may probably be placed.
4. The prognosis of hemiplegia in scarlet fever is generally good as regards life, but unfavourable in respect to complete recovery.
5. Uræmic hemiplegia, which probably occurred in only a few of the recorded cases, is exceptional in that it is almost invariably of short duration and leaves no sequelæ.

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THE PATHOLOGY OF EPILEPTIC IDIOCY.

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(Being part of a Thesis approved for the M.D. Degree of the University of London.)

In spite of the immense amount of time which has been devoted to the study of congenital mental defect and of the tendency to the occurrence of epileptic seizures which often accompanies it, no satisfactory explanation of these conditions is as yet forthcoming, and as this lack of a working hypothesis is productive of inconvenience in dealing with cases of the kind, I have during the last few years been on the watch for any evidence bearing upon the matter in the hope of gleaning, in regard to the numerous patients suffering from epileptic idiocy with whom my work has brought me into contact, such information as might result in establishing, on something more nearly approaching a scientific basis than at present exists, the pathology of a form of mental disorder which is of much importance to the welfare of the community. The hope has, in a great measure, met with disappointment. I have found that the difficulties of the subject have disclosed themselves with more rapidity than my capacity to deal with them has developed; and my task has, therefore, resolved itself into little more than an investigation of the relations of epileptic idiocy to epilepsy and idiocy respectively, and the incidental examination of some of the views at present held as to the circumstances which give rise to the particular departures from the normal standard known as epileptic fits.

To achieve these purposes comparisons have been made between different groups of cases selected, as far as practicable on account of their general similarity in all respects except the existence or absence of epilepsy, from among the patients at the Belmont and Darenth Asylums of the Metropolitan Asylums Board, with both of which institutions the writer has been connected in a professional capacity.

It should perhaps be stated by way of preliminary that no sharp distinction, if indeed such be possible, has been drawn between "idiocy" and "imbecility," and that the members of the class here considered are feeble-minded persons of low grade, but not necessarily of the same degree of intelligence.

Figures and descriptions relating to epileptics of higher mental development have been taken from Dr. W. A. Turner's recent work, "Epilepsy: A Study of the Idiopathic Disease," since the cases observed by Dr. Turner at the Chalfont Colony and at the National Hospital would probably include few of the idiot class.

Numerous observers have published tables of a more or less inharmonious character setting forth the part which hereditary influences may be presumed to play in the production of epilepsy or idiocy. The exact value of these tables is difficult to estimate, but the fact that they disagree with each other so greatly suggests that there are in some of them elements of uncertainty, or even of inexactitude, which impair their utility. The tables Nos. 1 and 2, given in the Appendix, have been compiled not from the statements of relieving-officers or other persons whose opportunities for obtaining precise information are scanty, but as the result of personal interview with near relatives of the patients concerned. Only in this way is it possible to arrive at any approximation to the truth, and the obvious unreliability of much of the information vouchsafed even in these circumstances makes necessary a careful weighing of the evidence collected. Table 1 deals with a series of forty-five cases of idiocy with epilepsy, while in Table 2 forty-five cases of idiocy uncomplicated by epilepsy are considered. The family history as regards nervous or mental disease, alcoholism and syphilis is stated. In regard to the last the difficulty of attaining accuracy is especially great, but close questioning has probably yielded figures which are reasonably trustworthy.

The patients were all of the male sex.

The following summaries will serve to make clear the results obtained:—

A. Nervous and mental disease.

TABLE 1.

History of nervous or mental disease	in 25 (55·5%).
History of insanity	in 14 (31%).
History of epilepsy	in 10 (22%).

TABLE 2.

History of nervous or mental disease	in 25 (55·5%).
History of insanity	in 20 (44·5%).
History of epilepsy	in 2 (4·5%).

It would therefore appear that epilepsy occurs five times more frequently in this series of cases among the ascendants of idiots who are epileptic than among the ascendants of non-epileptic idiots, while as regards mental and nervous disease in general there is little difference between the two classes. Insanity, however, is commoner in the latter.

The figures for higher grade epileptics as quoted by Turner[1] are:—

History of nervous or mental disease,	25 to 66%.
History of insanity	5·4 to 29·6%.
History of epilepsy	11 to 37·2%.

The results given in Table 1 will be seen to come within the limits mentioned by Turner except in the case of insanity, and the fact that insanity occurs as an antecedent still more frequently in the records of non-epileptics seems to point to a substitution of epilepsy for some other neurosis in the ancestors of epileptic idiots.

B. Alcoholism was admitted in 9 instances (20%) among the 45 epileptics referred to in Table 1, and in 6 (13·5%) of those in Table 2. Turner[2] found the percentage as low as 3·1, while others have given figures ranging from 14 to 51·6%. No very definite conclusion as to the relationship of alcoholism in the parents with epilepsy in the offspring seems to be deducible from these figures.

C. Syphilis. In 8 (18%) of the cases in Table 1 there was a fairly definite history of syphilis on the part of the parents, while in Table 2 the percentage works out (5 cases) as 11. Considering the prevalence of syphilis among the social class to which the pauper idiots under observation belong, the figures are not high. As is mentioned further on there is little evidence in the way of syphilitic stigmata to be obtained, and Turner is perhaps justified in inferring that "inherited syphilis plays little part in the genesis of idiopathic epilepsy."[3] It is, however, possible that the incidence of the disease may be chiefly on the nervous system, and I incline to the view of Binswanger,[4] that "in spite of the scanty evidence . . . . hereditary lues plays a part in predisposing to epilepsy much more frequently than is supposed."

I proceed now to consider the subject of epileptic idiocy under some of its clinical aspects. For this purpose a series of 75 cases of idiocy with epilepsy have been compared with a similar number not presenting the latter symptom. The 75 epileptics include every idiot inmate of Belmont Asylum who had a fit during the period extending from January 1st, 1906, to June 30th, 1907. The comparison has been instituted in regard to head measurements, the existence of asymmetry or other abnormality of the head, the presence of paralysis or other evidence of nervous affection and the condition of certain reflexes, while a note has also been made of the occurrence of any signs of congenital syphilis and of the number of patients showing left-handedness. The investigation has been carried out with sufficient thoroughness to ensure that no distinctive feature has been overlooked, but the inquiry was at an early stage discovered to offer so little prospect of a useful result that it was not deemed advisable to expend upon it a large proportion of the limited amount of time at my disposal. All the patients were males. Nearly all were young adults, and none was under the age of 16 years.

1. Head measurements. Three of these were taken by means of a measuring tape and calipers. They are read to the nearest half centimetre, and, since the patients were all living, include the thickness of the scalp. The measurements are:—

(*a*) Circumference along a line passing in front just above the upper margins of the orbits and behind over the occipital protuberance.

(*b*) Diameter between the glabella and the occipital point.

(*c*) Maximum parieto-squamous diameter.

The formula $\frac{(c) \times 100}{(b)}$, gives the cephalic index.

Table 3 contains the circumference of the head and the cephalic index as calculated for the 75 epileptic patients. A similar table for the non-epileptics was prepared, but only a summary of it is given, as the details do not seem to have any special interest. The chief points to be noted are:—

(*a*) The maximum circumference was found in an epileptic, but the average in the two sets of cases was almost the same, being a little lower for the epileptics.

(*b*) The maximum cephalic index occurred among the non-epileptics, while the average was higher in the epileptics.

(*c*) The smallest skulls belonged to the dolichocephalic type and the largest to the hyperbrachycephalic, while the average in both cases fell within the limits (75-80) of the mesaticephalic type.

(*d*) In his "Text Book of Pathology," W. Ford Robertson[5] gives as average measurements of the normal British skull—

Circumference, 50·3 to 53·4 cm.

Cephalic Index, 78.

Allowance being made for the thickness of the scalp, which would affect more particularly the circumference, the measurements obtained for the 150 idiots

indicate that the average among them departs very little from the normal. It does not appear, therefore, that the routine measurement of the heads of patients supplies much evidence of diagnostic value. It completely fails, at any rate, to throw any light on the pathology of epilepsy.

2. Asymmetry of the head or face, so far as it could be detected by simple inspection, was observed among the 75 epileptic patients in 10 instances, *i.e.*, 13·5%. In two cases it was very well marked. Among the 75 non-epileptics it was observed in 21 instances (28%), but it was of only slight degree in all. Facial asymmetry is described by Turner[6] as having been present in 42% of his cases, but it seems probable that this "stigma" is not especially associated with epilepsy, though it may be with congenital mental defect as a whole.

3. Abnormalities of the ears. Over a score of modes of departure from what is conceived to be the normal shape of the auricle have been described by various writers. Peculiarities of implanation, size, relative dimensions or hairiness, suppression or undue development, adhesion or separation of parts, all these have been utilised to found different schemes of classification, and the names of various observers, e.g., Blainville, Stahl, Wildermuth, Morel, and Darwin, have become associated with special types of ear. For the purpose of comparison only the more striking anomalies are here dealt with, and of these but few were found. They are noted in the following table.

	Epileptics.	Non-epileptics.
Ears large and prominent	4	3
Ears unduly small	4	1
Ears different in shape or in size	2	5
Hæmatoma..	1 (Double)	1 (Left ear)
Left ear deformed	1	–
Totals	12	10

Thus in only 16% of the epileptics and 13·5% of the non-epileptics was there noticeable irregularity as far as the ears were concerned, and it is perhaps worthy of note that asymmetry occurred in five of the latter class as against two of the former.

Turner[7] found abnormal ears in 23% of the cases observed by him. His standard of comparison was, however, not quite the same as that here employed.

4. Defects observed in connection with the eyes may be thus tabulated:

	Epileptics.	Non-epileptics.
Ptosis	7	–
Nystagmus	3	1
Strabismus	4	1
Totally Blind	2	2
Cataract	1	2
Pupils not reacting to light	1	–
Pupils unequal (right smaller than left) ..	6	2
(right larger than left) ..	4	2
Totals	28	10

As far as it goes this table suggests that optical defects occur more frequently in epileptic than in non-epileptic idiots.

5. The Palate. Much importance has been attached to variations in this anatomical feature as indicating conditions of mental defect. Clouston refers palates to three types, the normal, the neurotic, and the deformed, but as these agree only imperfectly with what I have observed in the 150 cases here dealt with, I have found it advisable to make use of a somewhat different classification. Degrees of divergence from the normal in two directions were noted so that a series was obtained extending from a very wide and low palate to one very narrow and high. The former pattern seems to have no place in Clouston's arrangement. In the table here given four classes have been constituted, the more numerous cases in which the tendency to narrowing and increased height was prominent being divided according to the extent of these conditions. The last two categories so defined seem to correspond fairly closely with Clouston's "neurotic" and "deformed" groups, and it is therefore convenient to retain those descriptions.

Palate.	Wide and flat.	Normal.	Neurotic.	Deformed.	Total.
Epileptics ..	5 (6·5%)	26 (34·5%)	29 (38·5%)	15 (20%)	75
Non-epileptics ..	8 (10·5%)	27 (36%)	30 (40%)	10 (13·5%)	75

For the three classes, Normal, Neurotic, and Deformed, Turner[8] gives percentages of 54, 26, and 13·5 respectively as found among his epileptic patients.

6. The teeth of both groups were so uniformly bad that in this respect no distinction could be drawn. Of irregularity in the arrangement of the teeth, e.g., undue crowding or displacement, there were 20 examples (26·5%) among the epileptics and 36 (48%) among the non-epileptics. Two patients in each group had noticeably small teeth, and in two of the epileptics the teeth were peg-shaped.

7. All the patients were examined as to defects of articulation, but these were so generally present and so little distinctive that an analysis of the results obtained would be of little value.

8. Paralysis. Under this heading are included all definite degrees of paralysis with or without contracture.

Patients of the class here treated of exhibit a large variety of forms of paralysis, and only the broad outlines of the condition as it appears affecting the limbs and face are given.

	All Limbs.	Rt. Hemiplegia.	Lt. Hemiplegia.	Paraplegia.	L. Leg.	Face.
Epileptics	6	4	10	9	2	5
Non-Epileptics	1	1	1	9	2	3

The noteworthy feature here is the preponderance of hemiplegia and particularly of left-sided hemiplegia among the epileptics. This supports the accepted view which recognises a relation between early brain lesions and the development of epilepsy. A comparison with the figures given by Bourneville[9] for the Bicêtre Hospital is of interest. At the end of December, 1904, he had under his care 59 mentally defective patients suffering from hemiplegia. In 32 of these the affection was at the left side, in 27 at the right. Of the former 19 suffered from epilepsy; of the latter 12. The disproportion between epileptics and non-epileptics and of the incidence of the hemiplegia on the right and left sides shown in the above table may therefore be regarded as exaggerated.

9. Tics. Various movements which may properly be designated by this name were observed in 15 (20%) of the epileptics and 10 (13·5%) of the non-epileptics. It can hardly be said with Turner[10], therefore, that the co-existence of epilepsy and the tics is "notably rare." It is, however, likely enough that the association of the tics is rather with the idiocy than with the epilepsy from which the patients suffer.

10. Reflexes. Knee jerk, ankle clonus, and the Babinsky phenomenon were sought for in all cases with the following results:—

		Epileptics.	Non-epileptics.
(a) Knee-jerk	Normal	20 (26·5%)	30 (40%)
	Increased both sides	34 (45·5%)	24 (32%)
	Diminished both sides	12 (16%)	18 (24%)
	Greater on right side	3	3
	Greater on left side	6	–
(b) Ankle clonus	Present both sides	2	3
	Present at right side	2	–
	Present at left side	–	1
(c) Babinsky's sign	Present both sides	1	4
	Present right side	–	–
	Present left side	5	1

The very general existence of paralysis among the patients as indicated under heading No. 8 prevents the attaching of much importance to these figures as showing the state of the reflexes in persons affected with epilepsy. A distinct indication that the knee-jerk tends to be increased in epilepsy may, however, be traced, and it is strengthened by the fact, which cannot conveniently be shown in the table, that in many cases the exaggeration of the reflex was considerable, whereas in the non-epileptics it was of slight degree. Except in one instance the examination was made when the patient was not under the special influences associated with a seizure. In the main the results are in accord with Turner's statement[11] that "the knee-jerks during the interparoxysmal periods of epileptics are exaggerated."

11. Congenital syphilis. The patients studied presented few definite signs of this disorder, but such evidence as was forthcoming was obtained chiefly from the epileptics of whom five had notched incisors, while six had scars or eruptions of a suspicious character. In only one case among the non-epileptics were notched incisors found.

12. Excluding cases of paralysis, left-handedness was found in five patients of each group, i.e., in 6·5%.

It does not seem possible to derive from the foregoing data any conclusions of value as to the pathology of epilepsy, nor even any diagnostic principles which might be utilised in doubtful cases. During the period dealt with there were at Belmont Asylum, in addition to the 75 cases of epilepsy, 40 who were described on admission as epileptic but among whom no fit occurred between January, 1906, and June, 1907. It may be of some interest to summarise the facts noted about these in order to see how little help in classifying them is obtained from a consideration of the "stigmata" upon which so much stress is laid by some writers.

1. Head Measurements.

	Circumference.	Cephalic Index.
Greatest	59·5 c.m.	85·71
Least	50·5 c.m.	71·79
Average	53·8 c.m.	78·1

Table 3 shows that the average circumference approximates more closely to that of the non-epileptics than to that of the epileptics while the average cephalic index is nearer that of the epileptics than of the non-epileptics.

2. Asymmetry. This was observed in 10 instances or 25%, as against 13·5% for epileptics and 28% for non-epileptics.

3. The ears were observed to be abnormal in 12 cases, i.e., 30%, the total being made up of:—

Large and prominent	5	
Unduly small	2	
Different in shape and size	4	
Hæmatoma	1	(left ear)
	12	

4. The eyes.

Ptosis	2	
Nystagmus	1	
Strabismus	3	
Total blindness	2	
Pupils unequal (Rt. smaller)	1	
,, (Rt. larger)	2	
	11	

These figures are intermediate between those for epileptics and non-epileptics.

5. The Palate.

Wide and flat	6	(15%)
Normal	18	(45%)
Neurotic	11	(27·5%)
Deformed	5	(12·5%)
	40	

From which it appears that in this group the palate was much more frequently normal than in either the epileptics or the non-epileptics definitely recognised.

6. Irregularities of the teeth of the kinds already mentioned occurred in 10, i.e., 25% of the cases.

7. Here also the speech defects were too indefinite and too general to be of much assistance.

8. Paralysis.

All Limbs.	Rt. Hemiplegia.	L. Hemiplegia.	Paraplegia.	Face.
1	2	1	4	4

These results again are intermediate between those for epileptics and non-epileptics.

9. Tics were noted in 12 (30%) of the cases, a higher proportion than in either of the groups already referred to.

10. Reflexes.

(a) Knee-jerk.

Normal in 12 (30%).
Increased in 21 (52·5%).
Diminished in 7 (17·5%).

Such inequalities as were found were of slight degree, and are not specially referred to in the summary.

(b) Ankle clonus was observed in three cases.

(c) The Babinsky reflex was obtained in two cases.

The tendency to increased knee-jerk exemplified in the series is consistent with the presumption that most, if not all, of the 40 doubtful patients were really suffering from epilepsy.

Even when the most liberal allowance is made for the comparatively superficial nature of the observations which have been tabulated above, the study of the 190 cases comprised in the three groups seems to make it probable that none of the "stigmata" described can be taken very seriously, and the recognition of really helpful clinical characters may be interfered with by the concentration of attention on these unprofitable aspects of the cases. There is, however, one "stigma" which appears to afford more substantial evidence in the rare cases in which it is found. This is the condition known to dermatologists as adenoma sebaceum, which is characterised by the presence in the skin, particularly of the face and back of the trunk, of small firm new growths. On the face the tumours are generally thickly placed over an area which includes the nose and the anterior portions of the cheeks, constituting what has been described as a "butterfly rash." They are discrete, and are associated with enlarged blood vessels, so that there is a distinct redness of the face which attracts notice. On the trunk the distribution is much more irregular, the growths being scattered so that their arrangement is not the same in any two cases. They are also larger, frequently confluent into patches of various shapes and almost indistinguishable from the surrounding skin in colour.

In Table 4 are summarised for each of the 18 months to which the record refers, the fits experienced by the 75 patients. This table has been compiled to afford information as to the type of epilepsy and as to the dependence of the fits on some secondary conditions.

Epileptic seizures may be classified accordingly as they occur only during the day or night or during both those periods. The distinction between day and night here employed has for its basis the rather arbitrary arrangement regulating the hours of duty of the staff in charge of the patients. The interval designated "day" extends from 6 a.m. to 8 p.m., while "night" means the 10 hours between 8 p.m. and 6 a.m. of the next day.

Seven patients had only one fit each during the 18 months. In five of them the fits occurred during the day and in the remaining two at night. Excluding these there were five cases (6·5% of the whole number) in which diurnal fits only were recorded, and four cases (5·5%) with nocturnal fits only. The remaining 59 patients had fits both day and night, though Nos. 24 and 69 approximated to the diurnal type, and Nos. 5, 13, and 20 to the nocturnal. Turner's figures[12] for 177 cases are

Diurnal incidence, 27%
Nocturnal incidence, 16%

While there do not seem to be any regular variations in the incidence of the fits due to known conditions, the tendency to uniformity which the table shows is not inconsistent with the occurrence of groups of seizures at irregular intervals. The more detailed records of which the table is an abstract and which are too bulky for inclusion show that in eight instances (10·5%) the epilepsy belonged to the serial type. Some details of these eight cases may be given.

No. 30. The four fits for February, 1906, occurred in one day, and six of the nine in March, 1906, in three days.

No. 31. One hundred and sixty-nine fits occurred on November 3rd, 461 on the 4th, 35 on the 6th, and 13 on the 9th, and there were then only five more up to December 24th. A further period of exacerbation ranged from April 27th to May 3rd, 1907, and a still more prolonged and severe one from May 12th to June 9th, 1907, only one more fit being noted that month.

No. 33. The 16 fits recorded for May, 1906, were spread over one day.

No. 46. All the monthly totals are also totals for single days.

No. 57. The 14 fits in March, 1907, occurred in one night.

No. 61. Eighty-six of the 89 in October, 1906, happened in one day.

No. 69. Groups of five fits occurred on February 28th and March 2nd, 1906, a group of seven on March 15th, 1906, and a group of nine in May, 1907.

No. 74. All the fits in March, 1906, happened between the 14th and 19th inclusive, the 11 in August on one day, all in October in four days, all those in January, February, March, and June respectively within 24 hours.

In the summer of 1906 there was at Belmont Asylum an epidemic of enteric fever, and among those affected were the patients indicated in the table. The time during which the fever lasted is also shown. So far as can be seen the fever made no difference to the course of the epilepsy in ten out of the 14 cases. One (No. 8) had no fits from March to October, while Nos. 49, 50, and 58 appear to show some slight tendency to increase. It must be supposed, therefore, that even such a severe disturbance of the ordinary vital processes as is involved in enteric fever has practically no influence in determining the onset of fits.

Taking only cases under observation during the whole period, and excluding those having fewer than ten fits per day or night, and also those above referred to as having suffered from enteric fever, a search has been made for any evidence of seasonal variation in the fits. The tables below show for each month in 1906 and the six months of 1907 the number of cases in which the maximum number of fits was recorded in that month.

1906.

	J.	F.	M.	A.	M.	J.	J.	A.	S.	O.	N.	D.
D. ..	4	1	3	3	7	2	1	1	..	2	2	1
N. ..	4	1	1	1	4	2	1	1	4	4	3	6

1907.

	J.	F.	M.	A.	M.	J.
D.	3	5	2	1	8	6
N.	7	1	3	3	3	4

Both tables show a maximum for day fits in May, while the maxima for night fits fall in December and January. A more extended series of observations will be necessary to settle the point, but there are some indications of variation with the seasons of the year.

A common classification of epileptic patients is based on the nature of the fits themselves. Major, minor, and mixed types are distinguishable among

epileptics of higher grade, but among idiots the first and third of these groups include practically all the cases. The departure from normal conduct which characterises the subject of minor epilepsy, though distinct enough when compared with the standard offered by a person of full intellectual development, is inconspicuous against a background of idiocy, and, perhaps, for this reason only one case of pure minor epilepsy is included among the 75 epileptics. This was No. 39, in whom there occurred seizures lasting for two to three minutes, with rigidity and loss of consciousness but no convulsions, the patient making a whining noise and passing urine.

The mixed type of epilepsy was observed in Nos. 4, 24, 30, 54, and 59, the minor seizures presenting the following features:—

No. 4. Flickering of the eyelids for about ten seconds, followed by a fall. The patient then gets up and wanders about.

No. 24. Patient is seen to hold on to a table and then lose consciousness for a few seconds. On recovering he is dazed for a time, always asks for water and is aware that he has had a "sensation."

No. 30. Patient walks about with head thrown back, mouth open, and right hand raised, but does not seem to entirely lose consciousness. The seizures occur in the evening for three or four days in succession. After them the patient complains of headache, and for half-an-hour or so his articulation is affected.

No. 54. Patient stops what he may be doing, remains at rest for two to four minutes, and then resumes his occupation.

No. 59. Patient sits in a rigid attitude for a couple of minutes, then wanders about muttering as after the major fits.

In all the remaining patients the fits, so far as noted, have been of the major type, differing widely among the different patients, but as a rule conforming to Herpin's law that the type of seizure is constant for the individual. Apparent exceptions to the law were observed in Nos. 31 and 74. Thus in the former the convulsions were at one time confined to the left side, at another time general, and later restricted to the right side of the face or the right arm, while in the latter sometimes the right and sometimes the left side has been chiefly affected.

The cry at any rate is not an element of great constancy, i.e., a patient may utter one on some occasions but not on others. There is, however, even in this respect a tendency to similarity between the fits, thus in 28 cases a cry was the rule, while in 26 its absence was equally well-marked.

The observation of auræ, epileptic equivalents, or post-paroxysmal phenomena in idiots is interfered with by the considerations already mentioned. I have only notes of three cases in which an aura seems to have occurred. One patient spoke of a "feeling of fear" as preceding the fit; two others said they knew when the fit was coming on because, in one case, of headache, and in the other of "feeling faint," and both were observed to sit down on a chair or bed to prevent their sustaining injury.

After a fit one patient grasps the fingers of his left hand in his right; two wander about, and a fourth also wanders about muttering rapidly and incoherently.

Early in 1905 I published, for the information of the Managers of the Metropolitan Asylums Board, an account of a series of cases of adenoma sebaceum to which my attention had been called when at the Darenth Asylum. There was at the asylum a tradition that these cases had a special pathology of which epilepsy was the clinical manifestation, while changes in the brain and kidneys were the features distinctive of the morbid anatomy. The combination of a series of observations made on patients then living in the asylum, with a study of the case-books for the previous 25 years, enabled me to identify in eighteen cases a condition to which I gave the name of Anoia, and which I defined thus:—

"Anoia is a form of amentia characterised clinically by the presence of a "persistent eruption involving especially the face and by epileptiform "seizures."

The nature of the changes in the internal organs will be considered later. By the courtesy of the Medical Superintendent of Darenth Asylum, I have recently had an opportunity of bringing up to date my notes on this subject, so far as concerns the cases at that institution, and during the period which has elapsed since the writing of the original account, I have been able to get some additional information from other sources. Outside the limits of idiot asylums the condition is so rare that there is still very general ignorance of its existence, and it falls naturally into a place in this thesis since it may, I think, be now regarded as constituting a special type of epileptic idiocy.

I have collected from the Darenth records the following notes of 20 cases, the last 10 in the list being those which I have myself seen:—

1. F. W., admitted September, 1879, when six years old. An epileptic idiot of low grade. Learned eventually to speak a few words and to count up to five. Bad-tempered and of faulty habits. Eruption on face present on admission; described as having "come on since the fits." In September, 1898, it is noted that he was having one or two fits every day, which number had increased in January, 1900, to "twenty to forty daily." At the end of this month he developed signs of pneumonia, and died on February 1st, at the age of twenty-seven years. When the fits became very numerous, the bromides were given without obvious effect.

2. L. B., admitted February, 1886, at the age of eight years. An epileptic idiot of low grade. The fits began in 1890. The first mention of the facial eruption is dated September, 1898, but this fact does not by any means exclude the possibility that the disease was of older standing. In July, 1899, the patient fell into a condition of status epilepticus, from which she recovered. The status epilepticus recurred, with sudden onset and a temperature of 105 degrees F., in March, 1901, and, in spite of treatment, persisted until the patient's death two days later, at the age of twenty-three years.

3. M. D., admitted November, 1893, aged five years. At the time of admission she was already suffering from daily severe fits, and was mentally of very low development. In May, 1896, status epilepticus set in, but from this she recovered. Vomiting occurred on sundry occasions. No note was made of the presence of adenoma sebaceum until June, 1898, when it was also observed that the fits were numerous, but not very severe. In June, 1901, however, status epilepticus again set in, and death speedily ensued, the temperature previously reaching 107·4 degrees F. The age at death was thirteen years.

4. J. C. K., admitted October, 1894, aged five years. An epileptic idiot of low grade. In June, 1895, she was described as having fits which were "severe and accompanied by post-epileptic stupor of some hours' duration," and a somewhat similar condition was alluded to in May, 1901. The age at which the condition of adenoma sebaceum first occurred does not appear, but the disease was present in June, 1898. This patient died, in May, 1904, of epilepsy, at the age of fifteen years.

5. V. R., admitted October, 1903, at the age of eight years. A low-grade epileptic idiot. The condition of adenoma sebaceum was present on admission. In April, 1904, the patient is recorded as having on an average five fits weekly. In August, 1904, status epilepticus set in, and continued until death, which occurred on the third day, the patient being then nine years old.

6. J. R. P., admitted March, 1902, when six years old. A low-grade epileptic idiot. Adenoma sebaceum present on admission. Vomiting and convulsive twitchings began on December 24th, 1902, and continued until death, which occurred on the 27th.

7. E. M., admitted April, 1894, at eighteen years of age. An epileptic idiot of low development, very troublesome, and of dirty habits. Subject to

attacks of vomiting. Thus, it was noted, in November, 1894, that she was "constantly sick." In February, 1895, status epilepticus supervened, with death after forty-six fits had occurred, the patient being then nineteen years old. The facial eruption was strongly marked in this case.

8. J. P. A., admitted October, 1896, when five years old. This patient had very severe fits, and was of a low type of idiocy. The condition of adenoma was first recorded in July, 1898. The patient died in June, 1900, with growths, thought to be of a malignant character, affecting the skin, but no post-mortem examination appears to have been made.

9. R. P., admitted March, 1897, aged five years. An epileptic idiot of low grade. The condition of adenoma sebaceum was first noted in June, 1898. It is recorded that this patient died suddenly in November, 1900, twenty minutes after having had an epileptic fit, at the age of eight years. No post-mortem examination was permitted.

10. E. S., admitted April, 1899, when thirteen years old. Spots had appeared on the face at three years of age, and the condition of adenoma sebaceum was present when the case was admitted. In October, 1902, the patient suffered from vomiting and collapse, and in December of the same year was recorded the first distinct epileptic seizure. In January, 1903, severe fits, followed by drowsiness, occurred; and although the patient appeared to recover from these, a succession of fits terminated her existence in May, 1903, when she was seventeen years old. Here, again, it was not possible to make a post-mortem examination.

11. H. C., admitted January, 1900, at the age of eight years. Adenoma sebaceum was observed on admission. It has been getting worse since then, and is now well marked. The patient had in October, 1904, a series of fits, spreading over three days, which left her in an exhausted state. Her mental development is very poor. She is faulty in her habits and unable to speak. Menstruation had not occurred up to September 13th, 1907, when she was last seen. Since 1905 the condition of the face seems to have become more marked, but otherwise there is no great change. During this year up to the date mentioned fits have occurred as follows:—

1907.

	J.	F.	M.	A.	M.	J.	J.	A.	S.
D.	64	51	39	6	12	7	5	7	—
N.	6	11	1	—	9	12	6	7	5

12. P. A., admitted August, 1898, at the age of six years. Adenoma sebaceum was present on admission. She was an epileptic idiot of very low development, unable to talk, and her noisy and dirty habits rendered her a troublesome case. This patient was the sister of the one numbered eight. The epilepsy was of a moderate degree of severity, there being two or three fits a week. She died of pneumonia on September 5th, 1906.

13. P. F. This boy was admitted to Darenth Asylum on May 12th, 1898, at the age of five years. The rash on the face was present on admission, but at that time the patient was not epileptic. His first fit occurred on February 2nd, 1900, and the fits are still rare. One was recorded in March, 1906, and one in August of the same year. The mental capacity is slowly deteriorating, and the patient has become very dirty in his habits.

14. M. L. S., admitted June, 1888, aged five years. Has been subject to epileptic fits since the age of three years. In August, 1890, she was described as having fits nearly every week; while in December, 1891, there was said

to have been no fit for six months. No fit has occurred for a long but somewhat uncertain period. Her articulation is defective, and she has made little progress at school. The condition of adenoma sebaceum is not strongly marked. She seems to have slightly improved as regards her mental capacity during the past two years, and has become a useful laundry worker.

15. A. S., admitted May, 1898, aged five years. In April, 1899, this patient was having frequent attacks of petit mal, with slight fits of major epilepsy about once a week. The facial eruption was first noted in September, 1903. He is said not to be getting worse, and has had no fit since March 2nd, 1905.

16. E. B., admitted March, 1897, at the age of thirteen years. The first record of an epileptic fit was made in June, 1898, when also the condition of adenoma sebaceum was observed to be present. A strong fit is said to have occurred in August, 1899, while in January, 1900, the rash on the face was considered to be more diffuse. The last recorded fit took place four years ago, and was general in its character, severe, and followed by exhaustion. At the present time the patient exhibits fair intelligence; he can talk and give a sensible account of himself, and he is a good ward worker. The skin affection, though diffuse, is not at all of an advanced character.

17. H. W., admitted November, 1901, when seven years old. In this case the skin condition, which was present on admission, is not pronounced, and does not appear to get worse. The patient is imbecile, and so far (September, 1907) has not been known to have an epileptic seizure, unless "fits when teething" are to be regarded as of this nature.

The last four cases suggest that the prognosis in Anoia is not so hopeless as I supposed in 1905.

18. M. E., admitted to Darenth in August, 1904, at the age of five years. Adenoma sebaceum was present on admission, but not well-marked, nor was the mental defect of an advanced character. Nothing in the way of fits was recorded until October, 1905, when the entry "Has syncopal attacks sometimes" appears in the case-book. On February 7th, 1906, the patient died in one of these "syncopal attacks," but as leave for a post-mortem examination was refused, their nature was not cleared up.

19. S. U., a male patient admitted, at the age of 12 years, on April 17th, 1905. In November of that year it is noted that he was having severe fits, and occasionally series of fits. A further batch of fits is recorded in March, 1906. Since the beginning of 1907 the fits have been entirely nocturnal in character, though previously the average was about the same for day and night. Their incidence is shown in the following table:—

1907.

	J.	F.	M.	A.	M.	J.	J.	A.	S. (Up to 13th)
D.	—	—	—	—	—	—	—	—	—
N.	3	4	4	4	2	2	1	3	1

The boy is fairly intelligent, and does not appear to be getting more demented as yet.

20. F. W. S. This little girl was admitted to Darenth on August 8th, 1907, at the age of five years. There is at present no history of epilepsy, and the child appears to be fairly bright, but is uncleanly in her habits.

The literature of psychiatry contains occasional references to cases which are of the same class as those already described, thus in "Brain" for February, 1906, Dr. A. W. Campbell gives a detailed account of an epileptic patient in the Rainhill Asylum who suffered from adenoma sebaceum, and in whom the post-mortem

appearances to be subsequently dealt with were found. It seems probable too that the patient referred to by Dr. M. B. Dobson in the *Lancet* for December 8th, 1906, under the heading, "A Case of Epileptic Idiocy associated with Tuberose Sclerosis of the Brain," was suffering from the same disorder as is here described, though no changes in the kidney are noted.

From time to time since 1880 Bourneville has published accounts of patients exhibiting the disease which he calls "sclérose hypertrophique," and in 1898 he gave a list of 10 cases of the kind.[13] Exactly how many of these are examples of the condition which I have called Anoia it is difficult to say, since no particular attention seems to have been paid to the presence or absence of the special changes in the skin of the face and trunk which constitute adenoma sebaceum. In connection with his first case there is mentioned the presence of "acné rosacée et "pustuleuse de la face; de plus, éruption vésiculo-papuleuse confluente du nez, "des joues, du front; nombreux petits molluscums à la nuque et sur les parties du "cou,"[14] which is suggestive though it does not seem to be a particularly happy description of adenoma sebaceum as one sees it in this country. A written inquiry in regard to the cases received no reply, and when, during a recent visit to Paris, I called at the Bicêtre Hospital, I was still unable to get any definite information as to the extent to which adenoma sebaceum had been met with.

In view of the extensive changes which are found post-mortem, not the least surprising feature of the cases of Anoia which I have seen is the absence of any definite paralysis or of any abnormality in the urine. As Albarran and Imbert[15] remark, these cases, considered as instances of renal tumour, have no known clinical history. Four of the cases (Nos. 3, 6, 7, and 10) were complicated by vomiting, and two had otorrhœa, a condition which was noted in the first two cases of adénomes sébacés described by Balzer.[16]

Thus far the clinical aspects only of cases of epileptic idiocy have been considered. An account of the post-mortem appearances observed may now be given. One might conceivably devote a lifetime to the minute study of the nervous system of a single epileptic patient and so accumulate a bewildering mass of data, the applicability of which to the matter in hand would be too obscure to have any practical value. It seemed better, therefore, to try to utilise, as far as possible, all the material available even though the interruptions incidental to the opening of a new institution have caused the results to be of a rather fragmentary character. The main source of information drawn upon has been a series of 79 post-mortem examinations of the bodies of idiots made by me at the Darenth and Belmont Asylums. For the notes on the morbid anatomy of Anoia I am largely indebted to the records of Darenth Asylum.

Microscopical preparations of the brain or of the brain and spinal cord have been made in 18 cases: i.e., 13 epileptics (including 1 case of Anoia) and 5 non-epileptics (including 1 case of general paralysis). The selection of these has, however, been guided rather by considerations of personal convenience than by the intrinsic interest of the cases.

In general the following procedure was adopted. Preparations of the brain were hardened in 10% formalin solution, and those of the spinal cord in Müller's Fluid. All were embedded in celloidin. The sections of the brain were stained by Nissl's method and those of the cord by the Weigert-Pal method, using Kultschitzky's hæmatoxylin. A few sections were stained with eosin or hæmatoxylin, but the employment of these reagents was not pursued, as it did not give any results of particular value. Most of the work was done in the laboratory of Bethlem Royal Hospital, since the facilities for carrying it out at Belmont Asylum were lacking.

Reference to the numerous hypotheses which have been promulgated may be found in works treating of epilepsy, e.g., those of Binswanger[17] or v. Sarbo.[18] It was impracticable to carry on at one and the same time investigations in all the fields thus opened up, and I have therefore confined myself to the sphere of one plausible proposition and the speculations to which it gives rise.

In his "Text-Book of Psychiatry," Bianchi[19] expresses the opinion that "Asymmetry is the most constant and the most characteristic feature of epilepsy both in the anatomical and morphological and in the psychic field." From the eminence of its exponent this view, which is not entirely novel, must necessarily carry great weight, although its exact bearing is rendered a little uncertain by the further statement that "The lesions found in the brains of epileptics are the effects of the repetitions of the accessions."[20] It seemed advisable to investigate the subject of asymmetry as far as practicable in order to define more precisely what it amounts to when regarded as an etiological factor in epilepsy.

As already pointed out, no satisfactory evidence of the dependence of epilepsy on asymmetry was obtainable during the lifetime of the patients observed, and it remains to inquire whether the more detailed study of the bodies of patients which is possible after death throws any light on the position.

Asymmetry in the central nervous system, which I take to be the region where its occurrence may produce the symptoms found in epilepsy, may be gross, so as to be visible to the unaided eye, or microscopic, or of that still finer kind which presumably depends on chemical and physical changes, but which is as yet too subtle for recognition except as "function."

Macroscopical differences between the cerebral hemispheres are frequently apparent. The arrangement of the convolutions may be unlike at the two sides, but a slight degree of this condition, such as is found so frequently in healthy brains, may be at once put out of court, for its existence need not imply any structural differences in the parts compared. More marked instances are likely to be associated with epilepsy, but the relationship is not constant. The photographs lettered A to E show a series of epileptic brains with increasing degrees of asymmetry, but no simple relation between the extent of the inequality and the severity of the symptoms (of epilepsy) was observed. The patient whose brain is shown in A had minor fits only, and these averaged 10 a month. B, C, D, and E had major fits only, the respective monthly averages being 1·5, 17, 1·5, and 20.

F represents a brain with an atrophic condition of the convolutions at the anterior poles of the hemispheres, which was really more marked than appears in the photograph, where the familiar distortion of the parts nearest the camera has obscured the diminution in the size of the convolutions. There is here no great amount of asymmetry, and the epilepsy was, in fact, of a mild character. On the other hand, the brain of the patient numbered 21, who had for a long time had the disease in an exceptionally severe form, presented no noteworthy macroscopical features whatever.

The photograph G is introduced to demonstrate that even extensive congenital deformity of the brain is not a sufficient cause of fits, for the patient to whom the brain belonged was not epileptic. Less marked abnormalities, involving in most cases some departure from the comparative symmetry of healthy brains, were quite commonly found among the epileptics, but they could be paralleled among both non-epileptic idiots and general paralytics. Thickening of the skull and excessive amounts of cerebro-spinal fluid were frequent features. The pia-arachnoid, in contradistinction to what is said to be found in epileptics of higher grade, was usually very thick, tough, and opaque, though as a rule it could be easily stripped off. In the photograph B, a piece of pia-arachnoid, fairly typical of the condition generally found, is shown in situ, while the upper figures in both D and E illustrate the same point. Granularity of the ependyma of the ventricles was often well marked, but even among the non-epileptic idiots it was sometimes as well developed as in general paralysis. In 2 instances, one among the epileptics and one among the non-epileptics, the pineal body was enlarged, and in a further epileptic case it was cystic. The case with minor seizures only had cysts in the choroid plexuses of the lateral ventricles, and another epileptic had in the dilated iter a strand of whitish tissue somewhat resembling decolorised

clot attached at the anterior end to the dorsal aspect of the opening into the 3rd ventricle. In a non-epileptic idiot the corpus callosum was represented only by a layer of thickened ependyma.

It seems pretty obvious that gross congenital lesions, like some of those included in the above summary, cannot be regarded as "the effects of the repetitions of the accessions," and if it be contended that their association is with the mental defect exhibited by the patients, and not with the epilepsy which complicated it, one is driven to conclude that, while all epileptics may be asymmetrical, there may be asymmetry without epilepsy.

There is reason to believe that, when asymmetry is measured by determining the respective weights of the cerebral hemispheres, the average discrepancy found is greater in epileptics than in non-epileptics. Bourneville[21] compared these weights in 97 cases of idiocy, and found that the difference ranged from 15 to 350 grams. Only 46 of the patients had been the subjects of epilepsy. Table 5 institutes a comparison between the brains of 50 epileptic and of 50 non-epileptic idiots in regard to this particular feature. The first 44 of the epileptic brains and the first 35 of the non-epileptic were obtained at post-mortem examinations made by myself, the series being completed by figures from the pathological registers of Darenth Asylum. The total difference in weight for the epileptic series is 59½ ozs., that for the non-epileptics 29¾ ozs., giving averages of 1·19 ozs. and ·59 oz. respectively. It is doubtless a mere accident that the ratio of these figures should be exactly 2 : 1, but it may be taken that, as detected by weighing, asymmetry in the brains of idiots is about twice as great among epileptics as among non-epileptics.

The particular modification of the structure of the brain due to the development in the organ of areas of sclerosis requires more detailed consideration. It is a familiar experience to find in the brains of idiots regions which are palpably of more than normal hardness. In association with obvious asymmetry it will often be found that the smaller structure is firmer and denser than the larger; thus the tissue of the left hemisphere of the brain figured in D, and of the right in E, was perceptibly more resistant to pressure than that of the other hemisphere in each case. As opposed to this variety of localised, even if extensive, sclerosis, there is also met with a form in which the altered areas are numerous and scattered throughout the various parts of the brain. Patients displaying the former type have usually been epileptic, but I have not been able to establish a relation between this complication and any particular distribution of the sclerotic change. In regard to the latter type, the case is somewhat different, since there appears to be a special variety of which the association with epilepsy is much more constant. This is the one known as tuberose or hypertrophic sclerosis, which seems to have been first described by Bourneville in 1880, and which, I am submitting evidence in this paper to show, is accompanied by the formation of new growths in the skin and in the kidneys. In his first case, Bourneville[22] described the lesions as consisting of rounded islets "de volume variable, d'une coloration blanchâtre, opaque, d'une densité bien supérieure aux parties avoisinantes et faisant partie des circonvolutions." The kidneys presented "masses blanchâtres, mamelonnées, dures, formant une saillie de 3 à 5 millimètres."

Summarising his cases in 1899, Bourneville[23] referred to the kidney lesions as constantly present. In Dr. A. W. Campbell's case it is noted that "at first glance the surface (of the hemispheres) appeared healthy."[24] This is in accordance with what I have myself seen in the 5 brains, including 2 in the Bicêtre museum, which have come under my observation. The descriptions "hypertrophic" and "tuberose" are indeed not altogether happy as far as the cerebral cortex is concerned, for the altered regions are not denoted by any obvious deformity of the convolutions, and are most readily detected by touch. Within the lateral ventricles, however, distinct prominences may be found. As to the kidneys in Dr. Campbell's case, it is noted that in each "quite a dozen firm, round, white growths, 1 to 5 mm. in diameter, were seen projecting above the surface level."[25]

Information in greater or less detail is available in regard to the post-mortem appearances observed in 8 of the 20 cases referred to on pp. 345-7. The accounts are very incomplete, but most of them were written in ignorance of their bearing, and they are therefore not vitiated by prejudice in favour of the views here expressed.

They are numbered according to the patients to whom they refer.

1—(F. W.)—The post-mortem appearances, in so far as they bear upon the matter under consideration, are thus described:—

"Scattered through the cortex (of the cerebrum) were numerous patches—"seven or eight in each hemisphere—of sclerosis. They were firm, almost "cartilaginous, white or shaded off into the white matter. Over the lenticular "nucleus and the optic thalamus in both lateral ventricles were firm elevations "bridging between these nuclei, of exactly the same structure and colour as "the patches in the cortex, and apparently fibrous growths."

The right kidney contained "a growth the size of a walnut, which had burst "through the capsule and was fungating—apparently a sarcoma." The left kidney contained a growth, in the pelvis, exactly similar in appearance to that of the right, except that it was larger and more lobulated.

2—(L. B.)—The cerebral ventricles contained "nodular projections of the "size of a pea" just above the optic thalamus. Both kidneys showed small hard white growths, varying in size from that of a pin's head to that of a pea, situated below the cortex, and similar in appearance to the growths found in the optic thalamus. To the account in the post-mortem register is appended the following note:—"This patient was the subject of the disease adenoma "sebaceum. In the case of the last patient suffering from this disease on whom "a post-mortem was performed, similar growths were found in the kidneys." This description does not appear to refer to any of the cases included in my list, but I have no further evidence to support my counting it as an additional one.

3—(M. D.)—Post-mortem the cerebral cortex was found to be "narrow," firm, and "fibrous to the touch." In the floor of the ventricles, especially near the corpus striatum, there were two or three white, rounded elevations. Each kidney contained two or three new growths which were perceptible on the surface, and about ½-inch diameter. The growths were white and waxy-looking on section; one was cystic in nature.

4.—(J. C. K.)—The following pathological changes were noted:—

Cerebrum.—In places the cortex was of a cartilaginous hardness, these regions being pale on section. The parts of the brain most affected were the highest convolutions—i.e., along the line of the superior longitudinal sinus. There was no fibrosis of the medulla. Small white projections were present on the ventricular aspect of the optic thalamus.

Right Kidney.—Enlarged and irregularly lobulated, with numerous small foci, apparently of fibrous tissue. Besides these there were several large tumours, which were softer and looked somewhat like multiple sarcomata.

Left Kidney.—Smaller than the right, with numerous fibroid patches. A yellowish growth about three-eighths inch in diameter was found in the spleen.

5—(V. R.)—Each hemisphere weighed 19 ozs.

A sclerosed patch of cortex was found surrounding the upper extremity of the right fissure of Rolando. On section this was found to be opaque and whiter than normal cortical tissue. Similar areas existed at the anterior extremities of the frontal lobes. Both kidneys exhibited small hard opaque white areas raised above the surface and having the character of new growths.

6—(J. R. P.)—In this case only the brain was examined after death. There were present in the cerebral cortex numerous scattered ivory-white patches much harder than the surrounding tissue. Taken together, the patches in-

volved a considerable extent—about one-third of the surface of the cerebral hemispheres. As to the state of the kidneys nothing is known, but this case bears out the connection between the skin and cerebral conditions which it is desired to establish.

7—(E. M.)—The post-mortem notes on this case are very brief, but they mention "cancer of the kidneys," so that it is clear that here, also, there was an association of some form of new growth in the kidneys with changes in the skin.

12—(P. A.)—Patches in the cerebrum described as "firm and waxy" are mentioned in the pathological register, and it is added that "numerous drab-"coloured growths" were scattered throughout the liver, both kidneys and the right adrenal.

In the remaining cases which died no post-mortem examination was made. It will be noted that there are discrepancies in the different accounts of the cerebral condition found at the autopsies, but in the majority of cases a patchy sclerosis involving the cortex of the hemispheres has been observed. In the case of the kidneys, it would appear that small benign tumours are the rule, but there is some evidence that the growths may become malignant. If so, support is given to the view of Dupré, that the tumours in the kidney are metastatic. The association of changes in brain, skin, and kidney is curious, and may perhaps be regarded as confirming that epiblastic origin of the kidneys which has been described by Flemming, Rabl, and others[26].

Enough evidence has perhaps now been adduced to justify the separation, from the main body of epileptics, of a special class having the characteristics above-mentioned. The cases seem to be of congenital origin though the disease process usually progresses until a fatal termination is reached. Cases No. 8 and 12 were brother and sister, which suggests that hereditary influences may play a part. Of the 20 cases enumerated 10 were males and 10 females, so that the incidence upon the sexes seems to be the same.

The relationship of tuberose sclerosis to disseminated sclerosis is a question of much interest, but one which I have not yet been able to study in any detail. Germane to the present inquiry is the fact that in the latter disease seizures of an epileptiform character do not seem to occur unless the attacks of vertigo and coma, which have been described, are to be so regarded. If epilepsy were due to the disturbance of structural equilibrium and consequent asymmetry, caused by the development of scattered patches of sclerosis, there seems to be no good reason why true epileptic fits should not be as distinctive of disseminated sclerosis as of the tuberose variety.

There remains the possibility that the lesions hitherto considered are of the nature of epiphenomena and that independently of them there may be more minute structural changes producing the particular kind of asymmetry necessary to support Bianchi's contention. For some reason these seem to have been mainly sought for in the cornu Ammonis. That the reports of the results of the search are decidedly conflicting is perhaps due, as Kræpelin[27] remarks, to the fact that the alterations discovered have so far rarely been verified by the finer methods of research. Mere inspection of the region certainly does not afford much satisfactory information, but I have found that Nissl's method of staining brings out the main features of the cornua with sufficient distinctness to enable comparisons to be made with even low powers of the microscope. Sections made through the middle of the length of the horn have been prepared from 15 brains and have been stained in this way. The brains included 3 from cases of non-epileptic idiocy and 1 from a case of general paralysis. The diagramH will serve as a convenient guide to the anatomy of the part.

There does not appear from the results obtained to be any constant relation between the degree of sclerosis, or other source of asymmetry, and the severity of the epilepsy. In H. A. G. A. and W. P., whose brains, as appears

from the photographs, showed much inequality between the cerebral hemispheres, there were, as might be expected, differences also in the cornua, but while the former patient had few fits, the latter suffered severely. The maximum degree of asymmetry was observed in B. O., who was not epileptic. In B. D., the worst epileptic of the series, there was no sclerosis, though there was evidence of degeneration of the white substance. Quite as marked evidence in this respect was, however, forthcoming in the case of A. S., a non-epileptic, and in F. E. D., in whom fits were infrequent, and a less marked degree of the same condition occurred in the case of the general paralytic. Among the epileptics, H. J. and J. C. displayed the most asymmetry, but in both the epilepsy was of a mild character. The association of the cornual changes seems to have been rather with the mental defect than with the epilepsy.

A further aspect of asymmetry now demands attention. The condition may conceivably be of the nature of a disturbance of equilibrium between the influences controlling bodily movements. Ordinarily the voluntary and instinctive activities which characterise human beings are so adjusted to each other that the resultant conduct of life does not exceed the limits which expediency has laid down as "normal." In epilepsy these limits are transgressed, apparently as the result of interference with the relation between the two sets of activities mentioned.

Dr. W. H. B. Stoddart has taught that manifestations of the will are dependent upon the contractions of muscles controlled by influences transmitted along the pyramidal tract, while the agencies which direct the mode of expression of instincts and emotions act through the channels provided by the cortico-rubro-spinal tracts. This latter system would appear to have an even wider control over the musculature of the body than the pyramidal since what are known as "involuntary muscles" also come under its sway and the variety of the manifestations, including emotional instability, which epileptics exhibit, suggests that in them the cortico-rubro-spinal tracts rather than the pyramidal are at fault. Aschaffenburg's contention that in epilepsy there is a periodic fluctuation of affective tone is in harmony with this hypothesis.

Prus[29] observed that section of the pyramidal tracts on both sides did not interfere with the development and generalisation of the fits produced by electrically irritating the cortex, and further investigations led him to conclude that the impulses giving rise to epileptic convulsions are transmitted along tracts lying in the dorsal portions of the cerebral peduncles. It seemed possible therefore that an examination of the tegmental regions in some of the cases of epileptic idiocy which reached the post-mortem room might disclose the presence of lesions which might be presumed to have some connection with the convulsions observed during life. In order to obtain information on this point, preparations were made from the brains of 9 epileptic and 2 non-epileptic idiots. The sections were taken across the broadest part of the red nucleus, just in front of the origin of the 3rd cranial nerve, and they include portions of the substantia nigra. In addition preparations were made of the cervical, dorsal and lumbar regions of the spinal cord in 7 of the cases of epilepsy, with a view to ascertaining whether either the pyramidal tracts or the rubro-spinal tracts showed any degeneration. The cases were some of those already referred to in connection with the subject of changes in the cornu Ammonis.

As is so frequently the case with investigations upon epilepsy the results yielded were of a negative character and cannot be held to advance to any great extent our knowledge of the pathology of the disease. In 4 cases there was evidence of degeneration in the red nucleus and in the substantia nigra, but two of the cases, viz., W. P. and H. A. G. A., were those shown in the photographs as having an extent of, probably congenital, deformity which prevents the laying of much stress on minor structural changes. In neither of the patients, A. E. F. M. and F. E. D., were convulsions frequent. The cords similarly showed little of interest, but it is perhaps worthy of note that the dorsal and lumbar regions in the case of W. B. were deformed apparently as the result of a condition of hydromyelia.

Four slides were prepared from the brain of J. C. K., the patient numbered 4 in the list of cases of adenoma sebaceum. The material, which had been in spirit for three years, was not in good condition for histological examination, but sclerosis is well marked in all the preparations. Dr. A. W. Campbell, in his paper already referred to, has given a very full account of the minute anatomy of the altered brain regions, and has attributed the sclerosis to morbid processes originating in the vascular system of the affected parts. Some support is given to this view by the presence of the enlarged blood-vessels at the bases of the intra-ventricular elevations which may be seen in two of the preparations.

As appears from what has now been said, I have not found in the brains of epileptic idiots any constant feature, with the exception of hypertrophic sclerosis, which can be definitely connected with the occurrence of convulsions, nor does the asymmetry met with show any simple relation to the severity or the frequency of the seizures. The notion of asymmetry seems to have been arrived at on purely a priori grounds, and though its existence is probable enough it would seem to be independent of gross lesions and to have a "functional" character which does not lend itself to demonstration under the microscope.

It may be said with a good deal of truth, though the statement seems rather paradoxical, that the organs chiefly affected in mental diseases of the kind which are met with at Belmont Asylum are the kidneys. Among my cases it has been quite the exception to find at the autopsies kidneys approaching the normal standard of weight even though there were not obvious pathological changes in other respects. In the following table a summary of 90 cases from the Belmont records is given to illustrate this point:—

	Epileptics (46 cases)		Non-epileptics (44 cases)	
	R. Kidney.	L. Kidney.	R. Kidney.	L. Kidney.
Maximum ..	5¼ ozs.	5¾ ozs.	6¼ ozs.	6½ ozs.
Minimum ..	1¾ ozs.	1¾ ozs.	2¼ ozs.	2¼ ozs.
Average ..	3·1 ozs.	3·2 ozs.	3·8 ozs.	3·9 ozs.

The patients were almost all young adult males, so that figures approaching the normal standard of 5¼ ozs. and 5½ ozs. respectively for the right and left kidneys might be expected, but the average is much below this, especially in the epileptics. Such a degree of "renal inadequacy" suggests that there may well be a failure in the excretion of some pernicious product of metabolism.

The hypothesis least inconsistent with what is known of epilepsy is, indeed, that the disease is dependent upon the presence in the blood of some toxic body or bodies of which the origin is as yet obscure. My search for structural peculiarities in association with epilepsy so far as it has gone has only tended to emphasise the fact that they do not conform to any special type. Even in hypertrophic sclerosis there is no regularity in regard to the distribution of the cerebral changes. The severity of the manifestations of epilepsy and the extent to which abnormalities are present in the brain, skin, and kidneys seem to vary directly, but this fact does not preclude the possibility that both sets of conditions are controlled by a common agency which may be of a toxic nature. Renal changes rather than cerebral ones may be at the bottom of the trouble, and thus the cases may be brought into line with the epileptics in the above table.

Assuming the existence of a toxine, there still remains to be found some reasonable suggestion as to the way in which it may be supposed to act. In this as in other departments of mental disorder the theory of a toxic origin has failed as yet to offer any satisfactory solution of the part played by mental and physical stresses in the production of the symptoms. There are many instances on record[30] in which acute emotional disturbance seems to have been the exciting cause of

epileptic convulsions, and Awtokratow[31] has called attention to the prevalence of epilepsy among Russian soldiers, who had previously shown no signs of the neurosis, after the severe engagements of the Russo-Japanese War.

Dr. J. Turner claims to have shown that the immediate precursor of the epileptic fit is a clotting in the small vessels of the cortex causing a localised stasis and that the structural changes found in epileptic brains and described as atrophy and sclerosis are due to blocking of arteries or veins, as the case may be. My own preparations of the cortex afford no evidence in support of this view, though allowance must be made for the fact that they were not stained in a way to give prominence to such a feature, nor do the sections described in this paper give any indication of a special tendency to intra-vascular clotting. It seems necessary to assume that the nervous tissue itself must supply the stimulus to the process of coagulation in order that this may be of such constancy in its distribution as Herpin's laws would require. One is apparently to infer that each seizure is preceded by an act of coagulation and that the extent of the atrophy or sclerosis resulting will consequently depend on the number of fits. The case B. D., transferred to Belmont from an epileptic colony on account of the intractability of the disorder, had over 900 fits in two months, but the parts of the brain examined showed a minimum of degenerative change, and it is difficult to suppose that, both in this case and in that of another patient, who had during one week 1,289 fits, clotting and resolution of the clot could have proceeded with the necessary rapidity to maintain the sequence of stimuli. It is perhaps no demerit in Turner's theory that a somewhat similar one has been advanced to explain the origin of the symptoms observed in chorea, for not only this disease, but also eclampsia, hysteria, migraine, the Stokes-Adams syndrome, general paralysis, the tics, and angina pectoris have points of contact with some of the manifold aspects of epilepsy; while Sir Wm. Gowers has lately shown that ordinary "faints" and what he calls "vagal and vaso-vagal attacks"[32] may also be brought into relation with the disease. A comprehensive scheme in which suitable places can be assigned to all these forms of morbid nervous activity is still to seek.

Whatever divergences there may be in other respects it is generally admitted that in epilepsy one has to do with an excess of katabolic processes in cells of the cerebral cortex. Recent years have made us familiar with unexpected forms of radiant energy, and the experiments of Blondlot and Charpentier, described in several communications to the Académie des Sciences, suggested that it might be possible to get some evidence of the chemical and physical changes which presumably accompany the "discharge" of cortical cells. A photographic plate of as high a degree of sensitiveness as could be obtained was placed in a wooden "double-back," surrounded by a perforated copper band, beneath the head of a patient during a series of fits. No trace of an imprint of the design in the copper band was, however, observed on developing the plate.

It will be obvious that this paper has not contributed much towards a realisation of the hope so confidently expressed by Dr. W. Ford Robertson,[33] that we shall soon "understand fully, as we now understand in a large measure, the pathogenesis of idiopathic epilepsy." Something in the way of a necessary if inglorious clearing of the ground has perhaps been accomplished, and the paper may serve as an introductory chapter to a more complete study of epilepsy. The account of hypertrophic sclerosis or "Anoia" is, however, the fullest which has so far appeared, and the establishment of this disorder as a distinct pathological entity may, I think, be justly claimed for the present thesis.

My acknowledgments are due to Dr. W. H. B. Stoddart for many helpful suggestions in regard to the conduct of the investigations of which the results are here set forth, and the extent of my obligation to Dr. W. A. Turner's recent book on Epilepsy is indicated by the numerous references to that work which I have had occasion to make.

TABLE I.

Table showing the Family History of 45 Epileptic Idiots, as regards (a) Nervous or Mental Disorder. (b) Alcoholism. (c) Syphilis.

No.	Name.	Mental or Nervous Disorder.	Alcoholism.	Syphilis.
1	E. K. ..	None	Father ..	Probable
2	J. A. H.	Father, Mother, Maternal Grandfather, and probably Maternal Grandmother	None ..	None
3	H. L. ..	None	None ..	None
4	G. B. ..	Father epileptic	None ..	None
5	A.E.F.M.	None	None ..	None
6	A. E. H.	None	None ..	None
7	J. C. ..	Father neurotic, Maternal Grandfather paralysed	None ..	None
8	E. C. ..	Father probably insane, Maternal Uncle insane, Brother and three Sisters epileptic	Father ..	Yes
9	H. J. ..	None	None ..	None
10	W. P. ..	Paternal Grandfather insane	Father and Paternal Grand-father ..	None
11	E. N. P.	Father and Sister insane. Three Uncles eccentric	Yes ..	Yes
12	V. A. C.	Father, Mother, three Brothers and three Sisters insane	None ..	None
13	H. G. ..	None	None ..	None
14	E. S. ..	None	Father ..	None
15	H.A.G.A.	None	None ..	None
16	B. D. ..	Father insane. Sister epileptic	None ..	None
17	H. H. ..	Maternal Grandfather, Maternal Uncle, and Paternal Uncle insane	None ..	Yes
18	C. A. W.	Maternal Aunt epileptic	Mother ..	None
19	R. F. ..	Sister deaf and dumb	None ..	Probable
20	F. D. ..	Father and Brother insane	None ..	None
21	J. P. ..	Mother epileptic	Father ..	Probable
22	A. H. ..	Two Brothers insane and epileptic. Maternal Grandfather paralysed	None ..	None
23	H. P. ..	Sister insane	None ..	None
24	W. J. B.	Mother and two Maternal Uncles insane	None ..	Probable
25	E. J. ..	None	None ..	None
26	W. E. ..	None	None ..	None
27	A. T. ..	Father insane	None ..	None
28	W. R. R.	None	None ..	None
29	F. B. ..	Father insane, Paternal Grandmother epileptic	Father ..	None
30	H. P. P.	None	Yes ..	None
31	A. S. ..	Father and Brother feeble-minded, Mother deaf	None ..	None
32	S. F. ..	Brother blind	None ..	None
33	A. T. P.	Paternal Aunt hysterical	None ..	None
34	A. N. P.	None	None ..	None
35	H. H. ..	None	None ..	None
36	H. A. ..	Maternal Grandmother neurotic ..	None ..	None
37	A. P. ..	None	None ..	None
38	H. E. ..	None	Mother ..	None
39	D. S. ..	None	None ..	None
40	W. W.	None	None ..	None
41	F. J. ..	Paternal Uncle, Sister and Cousin epileptic	None ..	Probable
42	E. D. .	Maternal Uncle insane. Sister epileptic	Father ..	None
43	J. G. ..	None	None ..	None
44	J.S.B.F.	None	None ..	None
45	J. E. B.	Father probably epileptic	None ..	None

TABLE II.

Table showing the Family History of 45 Non-Epileptic Idiots, as regards (a) Nervous or Mental Disorder. (b) Alcoholism. (c) Syphilis.

No.	Name.	Mental or Nervous Disorder.	Alcoholism.	Syphilis.
1	E. C. O.	Grandmother insane	None	None
2	W. J. E.	Father and Brother insane. Mother paralysed	None	None
3	W. C. K.	None	None	None
4	P. K. S.	None	None	None
5	W. B.	Cousin insane	Probable	None
6	T. K. V.	None	None	None
7	A. S.	Sister insane. Brother epileptic. Mother and Sister neurotic	None	None
8	W. P.	Father insane	None	None
9	T. B.	Father paralysed	None	None
10	H. B.	Maternal Aunt and probably Brother insane	None	None
11	A. M.	Brother insane. Sister deaf and dumb. Many relatives neurotic	None	Yes
12	H. T.	None	Mother	None
13	C. F.	None	None	None
14	H. P.	Paternal Uncle insane	None	None
15	C. A. M.	Mother and Maternal Grandmother neurotic	Father	Yes
16	G. P.	Sister insane	None	None
17	A. M.	None	None	None
18	P. H. H.	Father insane	None	None
19	W. D.	None	None	None
20	A. A.	Uncle insane	None	None
21	T. J. J.	Brother insane. Father paralysed	None	None
22	H. L.	Mother's Aunts insane	None	Yes
23	C. F. R.	Paternal Grandfather. Paternal Aunt or Sister insane	None	None
24	C. L. M.	Mother probably insane	None	None
25	F. C. T.	None	None	Probable
26	C. L.	Father insane. Sister paralysed	None	None
27	W. V.	Sister insane	None	None
28	W. T.	None	None	None
29	C. J. N.	None	Father	None
30	F. K.	None	None	None
31	J. B.	None	Father	Probable
32	W. L. S.	Mother hysterical	None	None
33	P. H. D.	None	None	None
34	H. H.	Paternal Aunt epileptic	None	None
35	J. B. W.	Father insane. Mother paralysed. Brother neurotic	None	None
36	G. C. S.	None	None	None
37	A. H.	None	Mother	None
38	S. K.	None	None	None
39	H. C.	Paternal Uncle insane	None	None
40	J. R.	None	None	None
41	A. M.	Probable	None	None
42	A. P.	Sister insane	None	None
43	R. H.	None	None	None
44	F. B.	None	None	None
45	A. W.	None	None	None

TABLE III.

Table showing Head Measurements in 75 Cases of Epileptic Idiocy.

No.	Name (Initials).	Circumference in cms.	Cephalic Index.	No.	Name (Initials).	Circumference in cms.	Cephalic Index.
1	H. A.	54	77·78	39	T. H.	51	83·3
2	A. A.	53	82·86	40	H. H.	54·5	81·08
3	H. A. A.	51	82·35	41	J. J.	58	77·5
4	W. B.	54·5	85·71	42	H. J.	54·5	78·94
5	G. W. B.	54	78·85	43	J. K.	55	74·35
6	J. B.	51·5	75	44	A. L.	56	72·3
7	W. B.	56	72·5	45	H. L.	50	80
8	J. B.	51·5	75	46	G. M.	50·5	77·14
9	G. B.	54	75·73	47	J. N.	55	73·68
10	J. E. B.	54	78·37	48	R. P.	54·5	78·37
11	F. B.	57·5	77·5	49	J. P.	50·5	79·41
12	W. C.	56·5	78·94	50	C. J. P.	58·5	75
13	G. C.	51	80	51	F. P.	55	81·08
14	F. C.	49	81·81	52	C. P.	54	75·67
15	R. C.	50·5	77·78	53	W. P.	51·5	82·86
16	J. C.	59·5	76·19	54	E. N. P.	57	80
17	R. A. C.	54	81·08	55	H. P.	53·5	80·5
18	C. C.	54	71·79	56	H. P. P.	54·5	76·31
19	V. C.	55	78·94	57	R. G. P.	52	77·7
20	F. E. D.	52	80·5	58	D. S.	55	76·31
21	B. D.	57	77·5	59	J. S.	51	80·5
22	H. E.	53	80·5	60	H. S.	57	75·5
23	B. E.	55	81·08	61	W. S.	53	80·5
24	R. F.	65	79·54	62	J. S.	51	77·78
25	S. J. F.	54	86·48	63	C. S.	56	75
26	G. A. F.	52	80·5	64	C. T.	52·5	77·78
27	F. F.	51	77·7	65	J.G.H.T.	52	75·73
28	W. G.	52	75·67	66	G. W.	55·5	78·94
29	H. G.	53	75·67	67	F. R. W.	50	77·14
30	J. G.	55	78·94	68	H. W.	56	76·92
31	C. G.	51·5	75	69	C. W.	55	76·31
32	J. G.	51	85·29	70	S. W.	51·5	77·78
33	L. G.	51	80	71	W. E. W.	48	84·37
34	T. G.	52·5	78·40	72	C. A. W.	55	81·57
35	F. G.	55·5	76·31	73	A. P.	52	78·4
36	W. A. G.	51·5	77·14	74	A. J.	55	81·08
37	A. H.	53·5	83·3	75	W. H.	54	73·68
38	J. H.	52	77·14				

	Circumference in cms.	Cephalic Index.
Highest	65	86·48
Lowest	48	71·79
Average	53·54	78·3 (approx.)

Summary of Corresponding Measurements in 75 Non-Epileptic Cases.

	Circumference in cms.	Cephalic Index.
Highest	59·5	88·80
Lowest	48	71·42
Average	53·64	77·5 (approx.)

TABLE IV.

Table showing for each of 75 Epileptic Idiots the number of Fits noted during the months January, 1906, to June, 1907, inclusive.

No.	Time.	1906. J.	F.	M.	A.	M.	J.	1907. J.	A.	S.	O.	N.	D.	J.	F.	M.	A.	M.	J.	Totals.	Remarks.
1	D.	7	2	..	6	8	3	2	5	11	1	2	1	1	1	1	1	4	5	61	Enteric fever May and June 1906
	N.	1	2	..	1	3	1	4	1	1	3	3	3	3	7	5	2	3	2	45	
2	D.	..	..	..	1	..	1	..	..	..	..	..	1	..	1	..	..	..	1	4	
	N.	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	2	4	
3	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	..	1	..	5	Died 1/6/07
4	D.	2	9	9	7	6	4	10	13	3	10	3	2	5	2	3	2	2	7	100	
	N.	1	1	0	8	1	..	9	4	7	7	11	9	9	6	6	12	4	9	104	Mixed type
5	D.	1	..	..	..	..	8	..	..	..	6	..	..	..	..	..	..	..	..	2	
	N.	4	..	1	5	4	6	3	4	6	2	5	8	3	5	3	2	3	5	69	
6	D.	7	9	3	2	3	3	8	6	1	5	2	1	2	1	2	..	2	2	60	
	N.	2	2	2	3	3	2	5	..	..	..	4	3	..	..	..	1	5	4	36	
7	D.	1	5	8	8	8	15	12	8	10	7	10	9	10	11	1	..	46	..	169	Died 28/5/07
	N.	..	..	2	2	4	10	4	3	11	8	5	6	5	8	5	1	18	..	94	
8	D.	1	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	5	Enteric fever May and July 1906
	N.	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
9	D.	..	..	..	1	..	1	..	1	..	..	2	..	..	1	..	..	..	..	6	
	N.	..	..	..	..	..	..	2	..	..	..	..	1	..	..	1	..	1	..	4	
10	D.	..	..	..	..	..	..	..	..	..	..	..	..	2	3	2	4	4	..	15	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	1	6	8	7	10	..	32	
11	D.	8	5	13	7	14	8	13	11	3	8	10	11	8	12	8	6	6	12	165	
	N.	20	23	19	23	31	20	32	25	39	27	29	34	37	24	33	29	25	29	499	
12	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	6	7	6	6	3	28	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	6	2	16	
13	D.	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	4	
	N.	2	2	6	4	3	3	1	3	5	7	6	7	6	2	8	5	4	5	79	
14	D.	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
15	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	N.	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	
16	D.	..	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	3	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
17	D.	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	..	..	..	3	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
18	D.	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	..	1	5	
	N.	..	..	..	..	..	..	..	..	..	..	1	1	3	5	7	2	4	4	34	
19	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	
20	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	Died 7/6/07
	N.	1	..	1	..	1	2	..	5	1	..	..	1	..	2	..	..	..	..	15	Died 27/5/07
21	D.	..	..	..	..	..	..	..	..	..	..	..	..	13	134	169	85	..	..	400	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	41	318	284	94	..	..	737	
22	D.	26	20	30	24	25	32	20	38	24	34	40	41	50	18	10	14	17	9	472	
	N.	37	42	32	17	32	31	35	22	55	21	23	41	58	18	27	18	24	28	579	
23	D.	..	..	..	2	..	1	..	..	..	..	..	..	1	1	..	..	..	..	5	
	N.	2	3	1	5	3	4	2	2	..	..	1	6	2	3	..	5	1	2	42	
24	D.	..	2	2	3	7	6	3	3	3	4	..	1	1	1	3	2	1	5	50	Mixed type
	N.	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	
25	D.	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	
	N.	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	
26	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	1	5	10	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	
27	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	1	6	3	2	..	12	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	..	1	..	6	
28	D.	..	1	1	1	..	..	..	..	..	..	1	3	..	..	2	..	..	..	9	
	N.	..	1	..	..	1	1	1	..	..	..	2	1	1	2	..	..	..	..	14	
29	D.	..	..	..	1	2	1	..	..	1	..	1	2	..	..	..	..	..	..	8	Enteric fever May and July 1906
	N.	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	Mixed type
30	D.	..	4	9	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	16	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	Died 26/8/07
31	D.	5	23	31	40	11	17	5	15	8	10	326	3	4	12	9	113	886	558	2,078	
	N.	4	22	32	25	22	19	23	21	13	34	388	16	12	17	14	238	805	389	2,085	
32	D.	..	1	1	6	1	6	2	1	2	2	2	3	4	2	1	3	5	..	42	Died 28/6/07
	N.	2	3	8	14	8	11	12	8	14	20	16	15	15	21	26	44	23	3	275	
33	D.	..	..	3	2	16	3	3	1	3	3	..	3	6	..	2	..	3	3	54	
	N.	..	..	1	1	4	1	1	4	4	6	2	3	7	3	5	6	2	..	52	
34	D.	..	..	..	..	..	..	..	..	..	..	7	14	7	4	4	1	6	7	47	
	N.	..	..	..	..	..	..	..	..	..	..	2	3	2	1	..	..	2	..	10	
35	D.	..	..	..	..	..	..	1	..	..	1	..	..	..	3	1	..	..	4	11	
	N.	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	2	..	4	
36	D.	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	Enteric fever June and July 1906
	N.	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
37	D.	1	2	..	..	6	2	..	1	1	2	4	3	3	1	2	2	..	..	28	
	N.	3	5	1	1	..	..	1	1	2	4	3	3	1	2	2	1	2	1	33	
38	D.	11	4	3	4	3	..	..	..	..	1	2	2	1	3	1	4	7	2	50	
	N.	2	..	..	..	..	..	..	..	..	..	1	2	1	1	1	..	..	1	4	
39	D.	18	5	6	4	6	2	2	3	4	4	4	4	3	3	..	..	..	..	79	Minor fits only
	N.	5	2	1	7	6	1	6	9	10	4	10	5	7	4	2	..	..	..	79	Died 9/4/07
40	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
41	D.	1	3	6	..	4	2	..	..	..	7	4	1	4	3	5	3	3	4	55	
	N.	19	2	6	4	13	9	..	..	..	5	3	5	3	5	3	5	3	6	82	
42	D.	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	Died 2/6/07
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
43	D.	2	1	4	2	2	4	..	..	..	..	5	3	1	1	..	..	..	..	27	
	N.	3	..	4	7	5	12	1	..	..	6	7	9	2	19	..	7	4	15	96	
44	D.	8	10	12	3	8	11	9	17	8	9	11	5	7	10	7	7	5	7	154	
	N.	6	4	6	4	6	6	6	1	5	4	4	4	2	2	7	3	3	1	73	
45	D.	..	..	2	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	5	
	N.	..	3	1	..	3	4	2	..	..	..	1	1	6	2	3	5	1	2	42	
46	D.	1	2	21	..	..	..	..	..	..	..	1	..	..	..	..	..	15	..	40	
	N.	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	
47	D.	10	5	6	4	12	8	3	11	10	3	5	8	5	7	5	6	8	7	122	
	N.	3	2	1	2	..	1	1	2	2	1	1	3	1	..	..	1	1	1	23	
48	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	4	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	3	
49	D.	5	12	3	2	3	6	7	4	16	14	5	8	10	8	2	5	2	6	119	Enteric fever July and Sept. 1906
	N.	8	4	7	7	2	10	4	7	11	10	8	3	6	2	6	7	3	6	108	
50	D.	20	6	4	22	16	8	27	30	25	30	11	14	7	6	8	7	15	13	269	Enteric fever June and Aug. 1906
	N.	19	17	7	6	7	3	13	4	5	20	8	3	8	8	7	9	3	6	153	
51	D.	1	6	..	1	1	..	..	1	1	5	1	9	7	1	..	8	1	..	39	Enteric fever June and July 1906
	N.	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	9	
52	D.	..	..	2	..	1	..	..	..	..	..	..	..	..	1	..	..	1	..	4	
	N.	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	Enteric fever June and Aug. 1906
53	D.	..	..	6	7	10	8	10	15	14	12	4	18	7	12	9	12	10	8	182	Died 19/6/07
	N.	..	4	14	8	12	13	10	6	19	13	3	5	17	5	8	15	4	..	156	
54	D.	..	..	..	..	..	..	..	..	..	..	10	23	10	20	8	7	4	4	86	Mixed type
	N.	..	..	..	..	..	..	..	..	..	..	..	3	3	3	4	2	2	1	18	
55	D.	..	..	..	..	..	..	..	..	..	1	1	..	2	1	1	..	..	..	6	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
56	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	2	..	2	8	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	
57	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	1	..	..	15	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
58	D.	..	..	..	1	7	14	4	2	1	..	..	3	..	..	1	..	..	4	37	Enteric fever May and July 1906
	N.	15	10	16	11	26	11	11	15	9	21	9	11	14	9	13	18	12	16	247	
59	D.	32	19	13	22	10	1	15	3	6	6	11	3	4	8	4	7	8	7	179	Mixed type
	N.	6	2	2	5	17	3	10	10	11	17	13	17	15	7	6	5	4	14	184	
60	D.	1	1	11	1	2	5	4	7	3	5	1	2	5	4	1	9	3	..	76	
	N.	23	25	13	20	24	15	27	19	20	18	21	34	20	19	12	17	11	18	334	
61	D.	21	16	6	5	6	13	..	..	..	89	8	6	4	5	1	1	2	6	289	
	N.	1	4	3	7	10	8	1	..	..	4	2	2	3	2	1	1	4	3	56	
62	D.	1	..	..	13	6	..	3	..	..	..	..	..	..	..	..	..	..	..	23	
	N.	3	..	..	6	..	..	2	9	..	..	..	..	1	1	1	..	..	..	23	
63	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
	N.	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
64	D.	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	Enteric fever June and July 1906
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
65	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	Died 22/5/07
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
66	D.	3	2	1	..	2	..	1	2	..	..	..	..	..	..	1	..	..	4	16	Enteric fever May and June 1906
	N.	11	9	6	4	7	4	6	6	8	5	7	9	10	6	8	4	7	13	130	
67	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	Enteric fever May and June 1906
	N.	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	4	
68	D.	3	5	6	4	11	10	5	3	3	1	1	2	1	..	..	1	3	1	60	
	N.	11	8	2	8	4	6	7	4	8	9	8	8	13	6	8	10	9	7	156	
69	D.	23	13	18	13	2	7	8	7	5	2	2	3	7	5	1	2	11	2	128	
	N.	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	
70	D.	..	..	..	1	..	..	1	..	..	..	..	1	..	1	1	..	..	1	6	Enteric fever May and June 1906
	N.	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	
71	D.	..	..	1	..	2	..	1	..	1	1	..	1	1	..	2	..	1	1	17	
	N.	..	2	1	1	1	6	..	..	..	4	6	2	2	..	..	1	1	1	31	
72	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	5	9	12	14	..	40	
73	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	3	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	2	
74	D.	2	..	27	..	..	..	1	11	..	12	..	..	11	29	..	..	..	..	111	Enteric fever May and July 1906
	N.	1	..	23	..	..	..	..	..	..	43	..	..	6	..	14	..	..	19	118	
75	D.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
	N.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

TABLE V.

Table showing the Weights in Ounces of the Cerebral Hemispheres in 50 Cases of Epileptic and in 50 Cases of Non-Epileptic Idiocy.

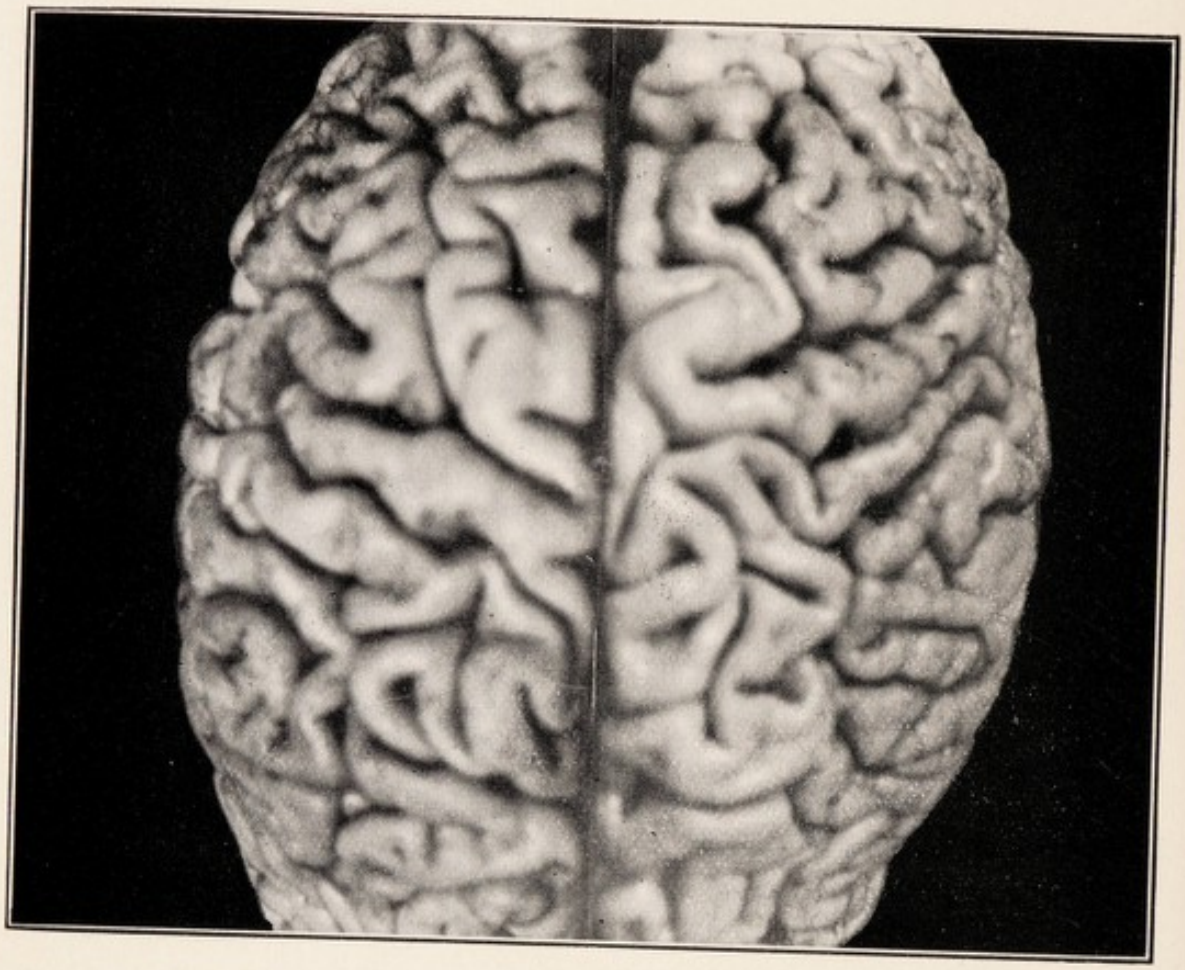
Epileptics.				*Non-Epileptics.*			
No.	Right.	Left.	Difference.	No.	Right.	Left.	Difference.
1	15½	15¾	¼	1	20¾	20¾	..
2	17¼	20¼	3	2	16¾	14¾	2
3	19¾	19¾	..	3	17	17	..
4	21½	21½	..	4	20¾	20½	¼
5	17¾	17¾	..	5	15¾	17	1¼
6	16¾	12¾	4	6	20½	20½	..
7	17½	17½	..	7	†25½	18¾	6¾
8	15¼	16¼	1	8	22	21¾	¼
9	20¾	21	¼	9	22¾	22¼	½
10	19¾	19¼	½	10	19¼	17¾	1½
11	16¾	16¼	½	11	23½	22½	1
12	14	13	1	12	20¼	20½	¼
13	20	20	..	13	20½	19½	1
14	21½	21½	..	14	14¾	14¾	..
15	13¾	14	¼	15	22	22	..
16	18	16¼	1¾	16	19	18¾	¼
17	20¼	19	1¼	17	17¾	17½	¼
18	18¾	18½	¼	18	16	16¼	¼
19	22	22	..	19	21½	21¾	¼
20	18¼	18	¼	20	16	16	..
21	13¾	17	3¼	21	9¾	12¾	3
22	14¾	15¼	½	22	15	15¼	¼
23	19	18¾	¼	23	21	21¼	¼
24	20	19¾	¼	24	20¼	20¼	..
25	17	16½	½	25	20½	20½	..
26	17	15¼	1¾	26	17½	17½	..
27	14½	14½	..	27	20¼	20½	¼
28	19¼	18¼	1	28	22	22	..
29	16½	18¾	2¼	29	16¾	16½	¼
30	16½	16¼	¼	30	18¼	18¼	..
31	18¼	18¼	..	31	17	17	..
32	19¾	19¾	..	32	14	14	..
33	20¼	21	¾	33	15½	16½	1
34	19¼	20	¾	34	14½	14	½
35	21½	21¾	¼	35	20	20	..
36	24¼	24	¼	36	17½	20½	3
37	19¾	13	6¾	37	18	19	1
38	20	20	..	38	22	21	1
39	18¾	19	¼	39	16½	16½	..
40	6¾	17¾	11	40	15	15	..
41	18¼	18	¼	41	20½	20	½
42	17¾	16	1¾	42	13	13	..
43	15½	16	½	43	12	11½	½
44	17	17	..	44	23½	23	½
45	‡19	19	..	45	16	15	1
46	§8¼	18	9¾	46	18	18	..
47	§10	9	1	47	17	17	..
48	16½	16½	..	48	17	17	..
49	17	16	1	49	17	16	1
50	21	22	1	50	16	16	..

† A case of cerebral tumour. ‡ A case of hypertrophic sclerosis.
§ Cases with much deformity of the hemispheres.

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A



L.

Brain of T. H., an epileptic idiot, aged 32 years, seen from above.

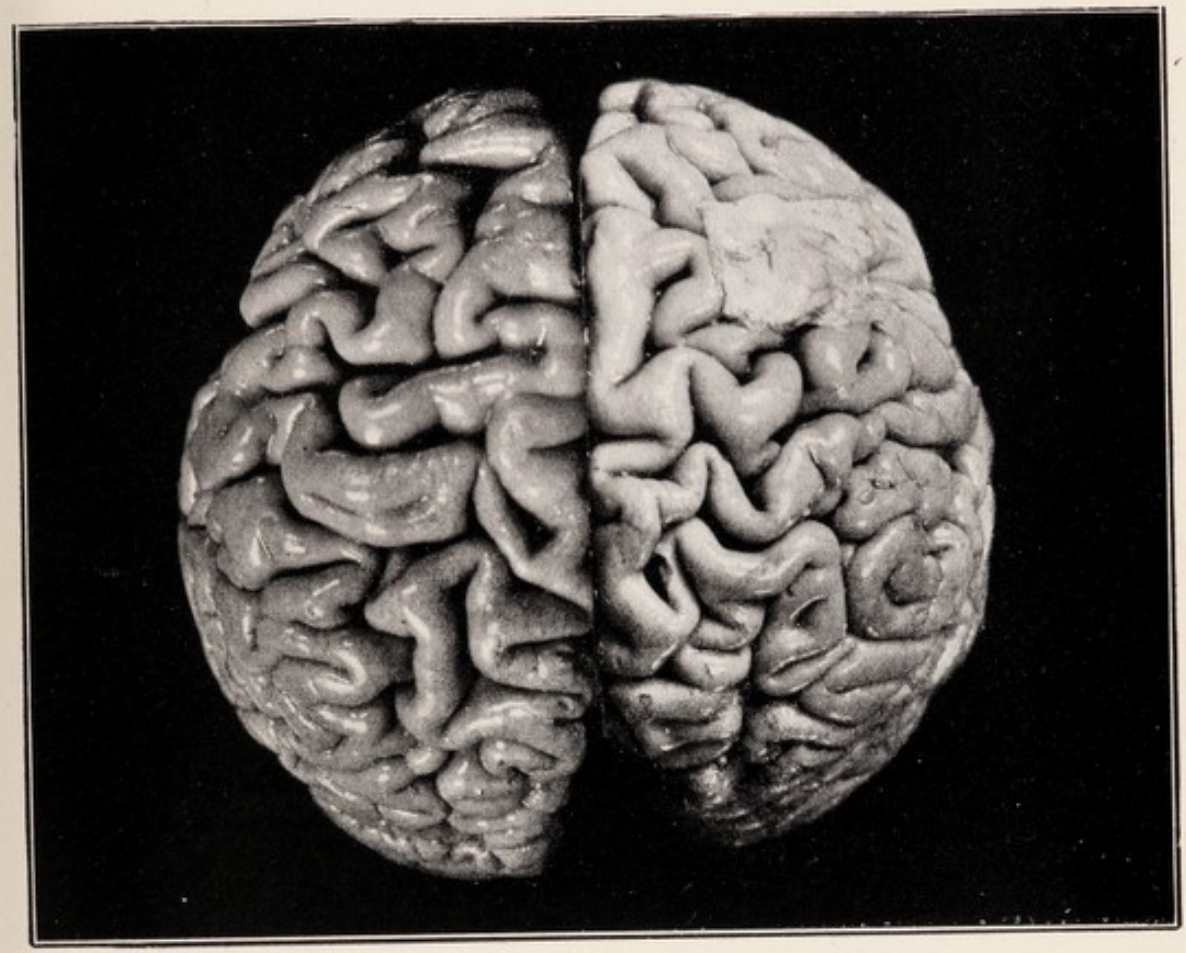
The ascending parietal convolution on the right side is smaller than the corresponding one on the left side.

The pia arachnoid was thick, opaque, and somewhat adherent, and there were numerous small cysts, the largest about $\frac{1}{4}$ inch in diameter, in the choroid plexuses of the lateral ventricles.

In this case the hemispheres were of the same weight.

This patient, No. 39 in Table 4, and No. 31 in Table 5, died April 9th, 1907.

B

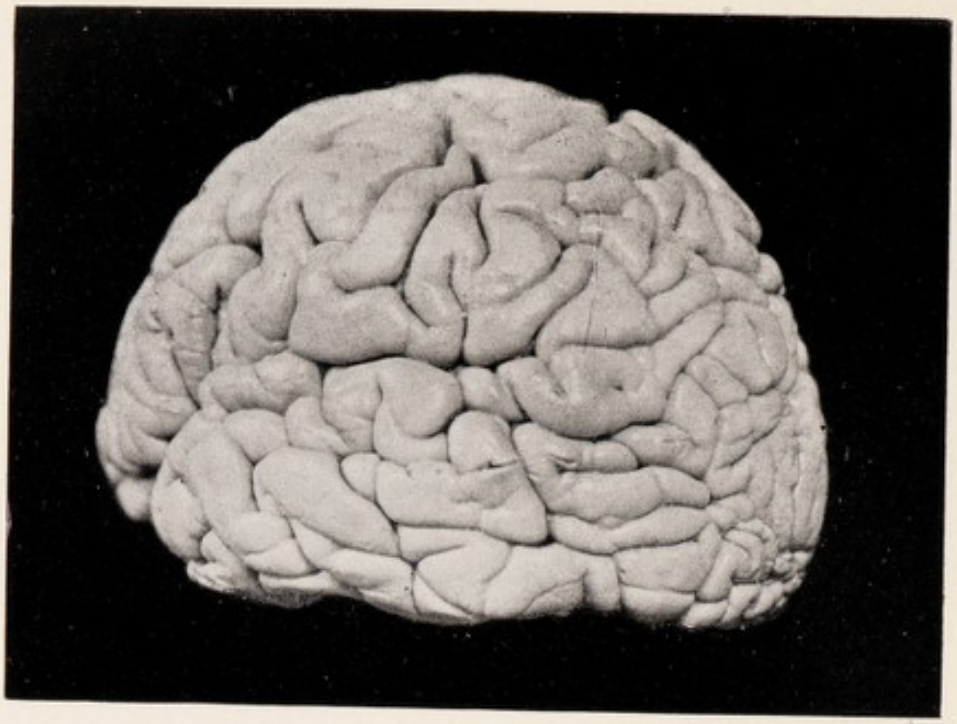


R.

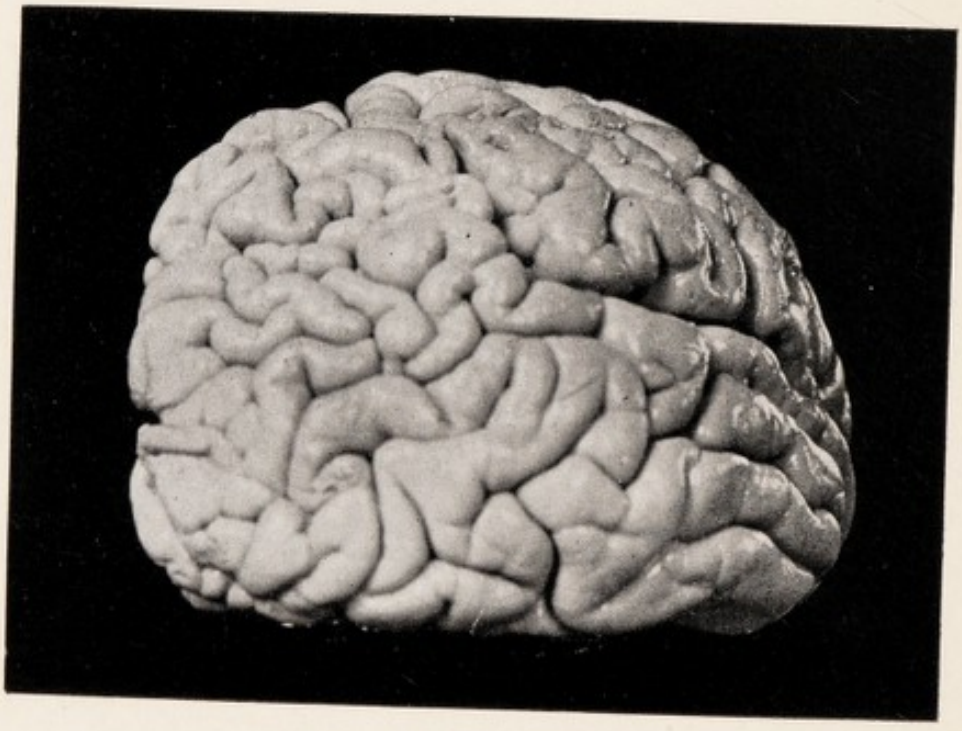
Brain of A. E. F. M., an epileptic idiot, aged 30 years, seen from above.

A patch of the membrane covering the brain has been left at the right side to show how thick and opaque this structure may become in conditions of mental enfeeblement. The right ascending frontal convolution is noticeably narrower than that of the left side, but the right hemisphere was slightly heavier than the left.

This patient, No. 30 in Table 5, died March 12th, 1907.



Left Hemisphere.



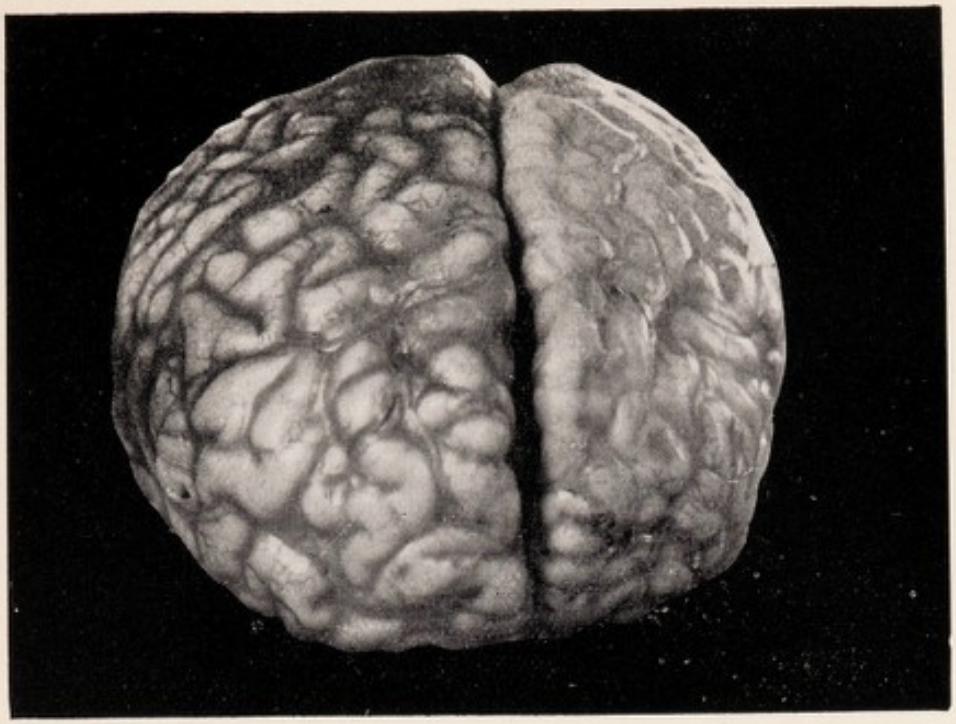
Right Hemisphere.

Views, taken from the side and somewhat from behind, of the two hemispheres of the brain of H. G., an epileptic idiot, aged 17 years, who died March 9th, 1907.

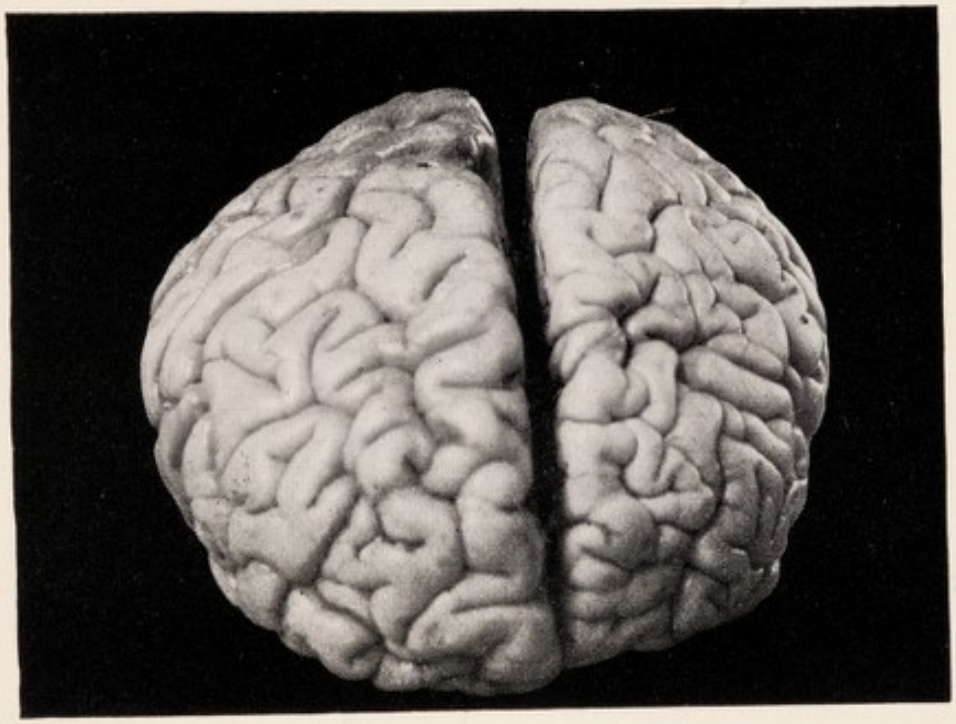
The right hemisphere weighed $2\frac{1}{4}$ ozs. less than the left, and shows an area of small, worm-like convolutions quite different from those at the left side.

This patient was No. 29 in Table 5.

D



R. L.

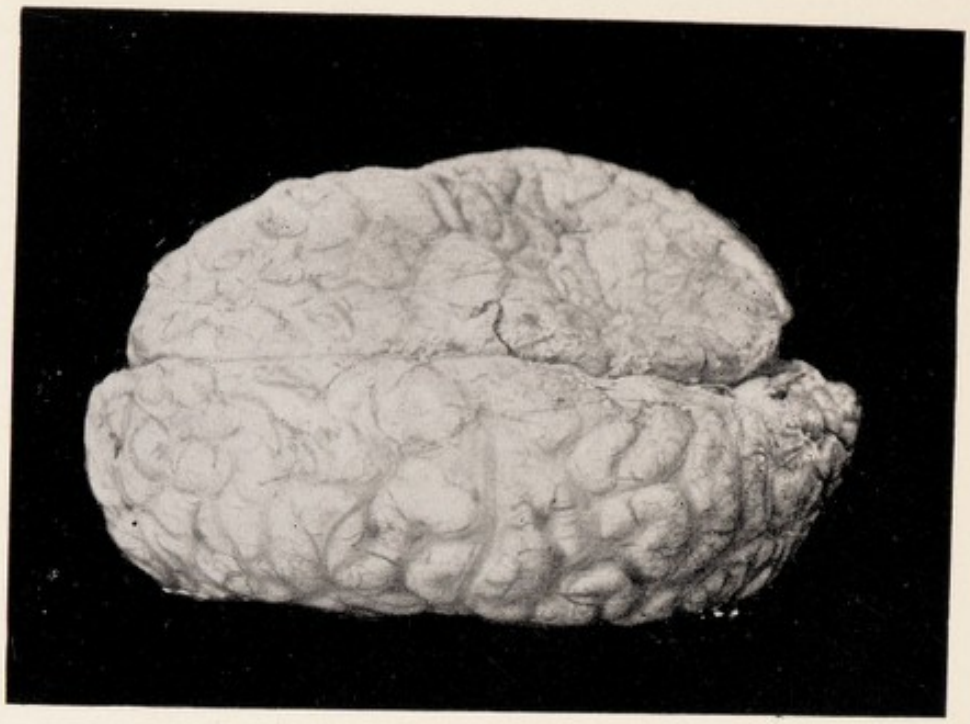


R. L.

Brain of an epileptic idiot, H. A. G. A., aged 17 years, seen from the front, showing inequality of the two hemispheres. The right one weighed $19\frac{3}{4}$ ozs. and the left one 13 ozs. The upper photograph, taken before the membranes were removed, shows how much thicker and more opaque they are over the wasted portion. The right lobe of the cerebellum weighed 2 ozs. and the left $2\frac{1}{4}$ ozs.

This patient was No. 3 in Table 4 and No. 37 in Table 5.

He died on June 1st, 1907.





R. L.

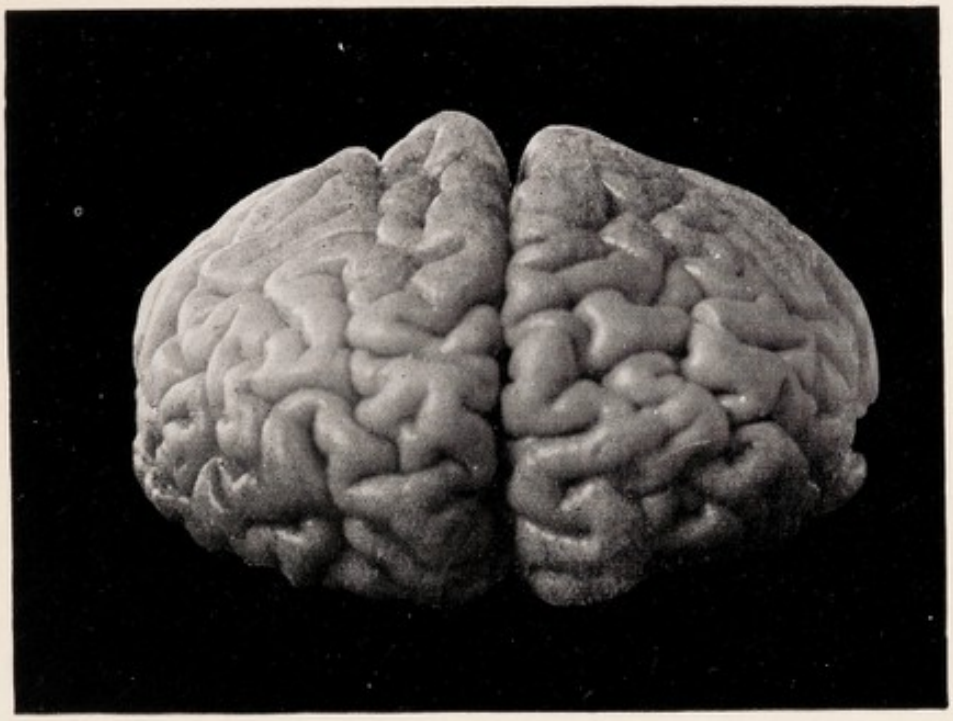
Brain of an epileptic idiot, W. P., aged 18 years, who died June 19th, 1907.

The left hemisphere weighed $17\frac{3}{4}$ ozs., while the right weighed only $6\frac{3}{4}$ ozs. The right lobe of the cerebellum weighed $2\frac{1}{4}$ ozs., the left $1\frac{3}{4}$ ozs. The descending and posterior horns of the right ventricle were dilated, the wall of the hemisphere in the parietal and occipital regions being reduced to a thickness of about $\frac{1}{4}$ inch.

The upper photograph shows the opaque pia-arachnoid and the collapsed state of the right hemisphere, after the contained fluid had drained away.

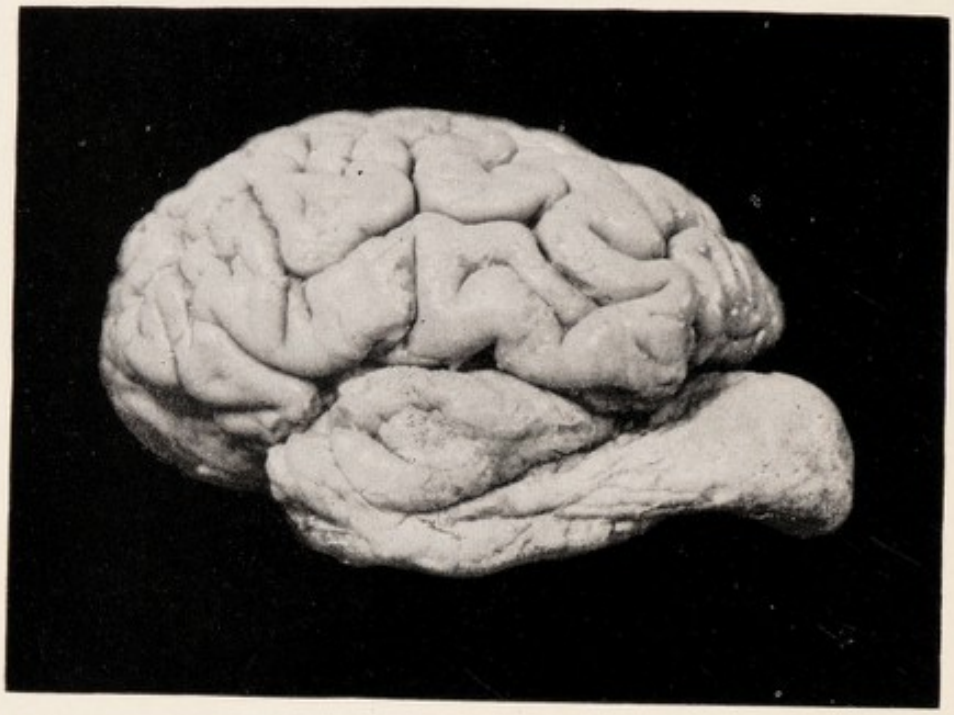
This patient was No. 53 in Table 4 and No. 40 in Table 5.

F



View from the front of the brain of H. J., an epileptic idiot, aged 17 years. Died June 3rd, 1907. This patient was No. 42 in Table 4 and No. 38 in Table 5. He had only 1 fit during the period dealt with, viz., in February, 1906. There was general thickening and opacity of the pia-arachnoid, especially in the frontal region. The convolutions about the anterior pole of each hemisphere were atrophied.

Both hemispheres were of the same weight, viz., 20 ozs.



Lateral view of the left cerebral hemisphere of E. G., aged 26 years, a microcephalic non-epileptic idiot. Died February 16th, 1907.

Appearances noted at post-mortem:

Scalp hypertrophied and marked by antero-posterior parallel grooves. Skull thin and smooth externally.

Right hemisphere, weight $9\frac{3}{4}$ ozs.; left hemisphere, weight $12\frac{3}{4}$ ozs.

At each side the parietal and occipital regions were represented by a sac with walls about one-eighth inch in thickness, which enclosed the posterior part of the lateral ventricle. The differentiation between grey and white matter extended for a little way beyond the margins of the sac.

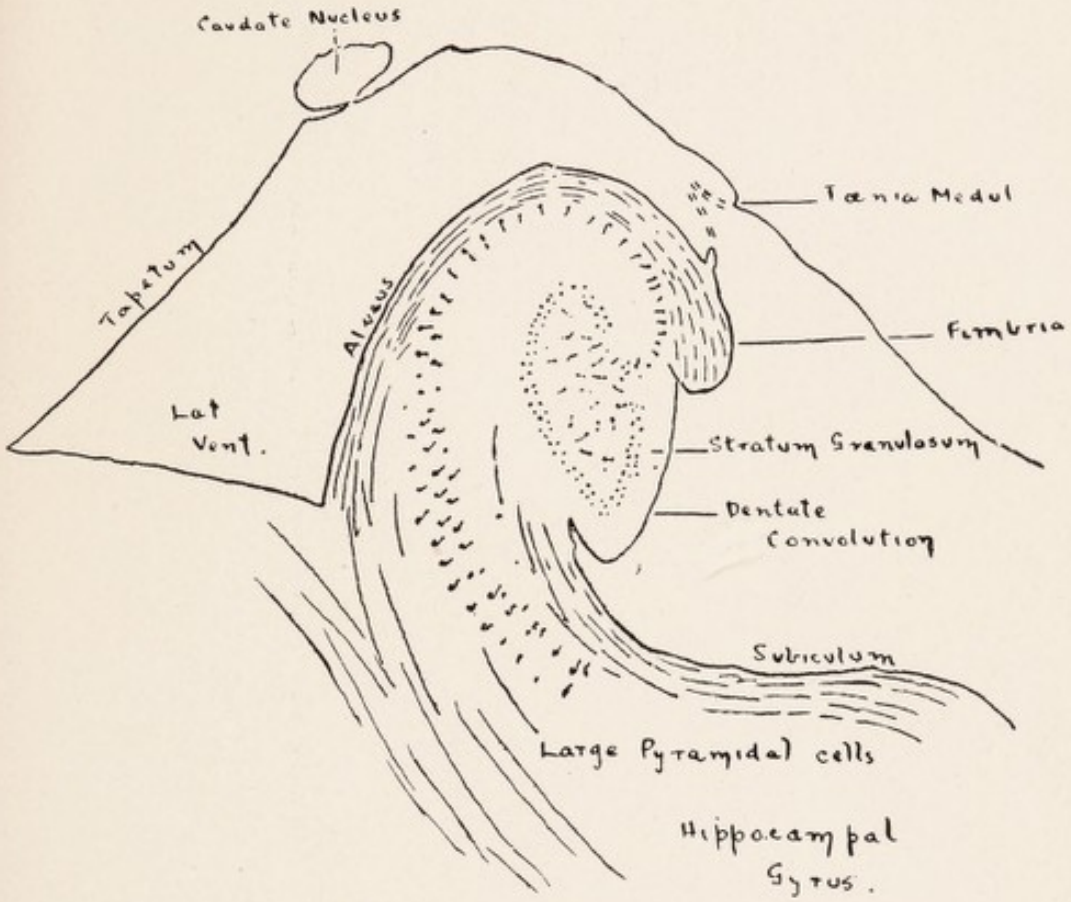


Diagram showing the chief features of the cornu Ammonis, more especially the relations of the small rounded cells of the stratum granulosum to the nerve fibres (the striated areas) and the large pyramidal cells.

12. OBSERVATIONS ON TREATMENT OF DISEASES OF THE HIP AND KNEE JOINTS IN CHILDREN.

By W. Greenwood Sutcliffe, F.R.C.S., Eng.

We have had at East Cliff House, Margate, out of 2,000 children admitted, one hundred and seventy-six cases of tuberculous disease of the hip joint, and forty-eight of the knee.

These have been in all stages of the disease, from early cases detected after admission to those riddled with septic sinuses and affected with lardaceous disease; there have, therefore, been opportunities of studying the progress of the conditions in sufficient amount to justify a few notes on the subject. The fact that the Managers place practically no time-limit on the stay of children is of enormous advantage in their treatment. Every surgeon treating such cases as out-patients at a London hospital, or even here in the Royal Sea Bathing Hospital or the Victoria Children's Home, is obliged, either from demands on the hospitals for beds or from the inability of the parents to keep up payments, to send such children away before the disease is at an end. And though they leave the surgeon with splints on and the limbs in good position, he cannot help but have many misgivings as to their future, as the tendency of parents, nurses, and possibly even of medical men is to remove splints far sooner than is safe.

Such children rarely escape deformity, often develop abscesses, and are frequently returned to us, after years of treatment at different Metropolitan hospitals, with a joint excised and a limb riddled with sinuses, or with an amputation stump in its place. Hip cases may be roughly classified into:—those in which the disease is still active, with or without abscess; those with sinuses, and, therefore, the almost certain subjects of mixed infection; those with deformities due to old-standing disease.

The patients are examined on admission, and a decision made as to whether they are to be kept in bed or allowed up. If in bed they are altogether in the open air on a sunny verandah night and day; if allowed up they have a certain amount of school, and are out of doors the greater part of the day. Early cases, those in which a history of not over six months' duration can be obtained, are sent to bed for observation. If there be flexion, an extension apparatus is applied; should the child possess a suitably-fitting splint, it is retained; if not, a Thomas's hip-splint is ordered. The length of time that a child is kept in bed depends on the absence of pain and the correction of the deformity. So long as a child complains of pain the recumbent position is enforced; and until the flexion has altogether disappeared the extension is kept up. A fixed rule as to the time required for weight extension or when the Thomas's splint is to be applied, is out of the question; the only guide is a rigid observation of the child.

Extension is always applied in the long axis of the flexed limb, the apparatus figured in Howard Marsh's "Diseases of Joints and Spine" being almost invariably used. It is maintained till after the limb has been flat for a few weeks, when a Thomas's splint is applied. The patient is kept in bed with the splint on for a few weeks; in the case of a very young child full advantage is taken of the

absence of a time-limit, and he is kept in bed as many months as is necessary, and at the end of that time, if there has been no return of any symptoms, he is allowed up with a patten on the sound leg, and gets about on crutches.

After removal of the extension, the child has to be watched for signs of returning flexion. Night cries, of course, call at once for a re-application of the weight; but apart from such obvious subjective signs, observation of the child in his first few days or weeks or "Thomas's splint" recumbency will show that he is continually endeavouring so to twist himself that the joint is flexed, and in trying to effect this he achieves a characteristic lob-sided attitude, in which the affected hip is tilted forwards, and the spine is bent laterally away from the splint in the lumbar regions, and has a corresponding curve towards it higher up.

There is a boy of 5 years at present on extension who has twice had a Thomas's splint applied at intervals of two months; on each occasion we have had to return to weight-extension after a week in the splint. During the course of this treatment an abscess over the front of the joint has required incision, but this has healed. In all probability the boy will be kept lying down for a year or more from the date of his admission, and will have possibly another year on a Thomas's splint and crutches before we begin to consider his discharge, which will take place when he has walked without a splint and without a return of deformity for many weeks. Abscess formation is always looked for and treated at the earliest possible moment. In spite of the suggestions of some authorities as to aspiration, I think it is generally admitted that free incisions, as thorough an examination as possible of the abscess cavity, without too forcible a scraping of its boundaries, and if possible immediate suture, constitute the best treatment, and it is the one adopted here. The question of immediate excision arises in many of these cases with abscesses, and it is difficult to lay down a precise rule for guidance. Primary excision is always considered and generally carried out in cases (1) where the child is admitted with an abscess and a pathological dislocation; (2) where it is suffering from tuberculous disease of the lungs, is in a bad general condition, or has other joints badly affected; (3) where on examination of the joint there is found extensive disease of the bone, either femoral or acetabular. In the first set of cases I have tried on three separate occasions evacuating the abscess cavity, replacing the head in position, and fixing it there with a splint and weight extension; these were at the Royal Sea Bathing Hospital, and all ended in excision. The last of these was in 1902, since when I have adopted primary excision with good results. The second set can be illustrated by two cases of excision at East Cliff House. The first, a girl of 15, was admitted with a large abscess of the right hip-joint. She was thin, weak, wasted, and racked with starting pains. She had only recently left her home in Whitechapel, and obviously did not possess the repairing power to stand prolonged treatment. The usual anterior operation was done, the wound healed rapidly, and the girl was soon about on her splint, free from pain and disease. She was detained in the Home till able to walk.

The second case of this type was a boy of 15, who had been transferred here from another of the Managers' Homes with advancing phthisis and hip-disease with an acute abscess. Excision was here done to relieve pain, and in this it succeeded, the boy being comfortable for the last six months of his life.

In the third case, where excision can be decided upon only after an examination of the state of the bones, three factors are of great importance: (1) the age of the patient; (2) the condition of the patient's general health; (3) the possibility of excluding a mixed infection.

(1) Especially at early ages, below seven years and even below twelve, is excision to be avoided if possible; although the wound may heal and the disease be cut short, as the child grows there is, as compared with the intact limb, an increasing shortening, producing a very serious deformity in adult life. Like many surgeons I have been startled at the woefully shrunken limbs of those whose hip-joints had been subjected to excision in early childhood.

The objections to excision are very much less when the patient is over fifteen, as at that age the upper epiphysis has so many years' less activity, and the consequent shortening of the limb at full growth is less marked. In fact, at and above that age I always open a hip-joint with a mind biassed in favour of excision if the cartilages are badly affected, and always bear in mind that at that age the patient cannot afford to wait through the years of treatment that more conservative surgery calls for.

Acute cases starting as an epiphysitis in young children, where the head is found loose on opening the joint cavity, do not often reach Margate unexcised, so that I cannot speak of the frequency of their occurrence. I have not met one in eleven years at any of the institutions with which I am connected.

(2) The condition of the patient's general health. To this must be ascribed the very small number of children in private practice whose condition calls for excision. I have during ten years' work in a practice chiefly concerned with surgical tuberculosis, never once met such a case in a child, and only three times in adults. Children of the well-to-do are usually treated under more favourable conditions, are brought under notice at an earlier stage, are better nourished and clothed, and are usually under the care of one special nurse; so that in the event of an abscess occurring the risks of infection are reduced to a minimum. "Poor-law" children are often sent down almost direct from their homes in a debilitated and ill-nourished condition, and in them the fact that excision gives an earlier relief from pain and allows them to get about sooner, should, unless the child be of tender years, be a strong argument for its performance if the disease be advanced enough to call for an examination of the interior of the joint.

(3) The possibility of excluding a mixed infection must be always an important factor. Doubt as to this is considerably lessened by the provision by the Managers of an up-to-date operating-room, with efficient apparatus for sterilising. But where there are a large number of dressings to be done it is difficult to prevent an occasional case, especially in subjects of low resisting power like these children. I think that with a large abscess cavity bulging beneath the vessels to the inner side of the thigh, and with a fair amount of pulpy tissue behind, the patient runs less risk if there is free drainage provided by removal of the head and insertion of a tube through the joint. Whether the treatment of bacterial infections by specific vaccines will ever come to be a routine part of the work of the practical surgeon unaided by a clinical laboratory, is for the future to decide. At present he is bound to take every precaution to prevent the "sowing of the wind" rather than to try and "control the whirlwind" by the opsonic system of inoculations.

Eight excisions have been done at East Cliff House, but of these four only were primary cases, the other four being necessary after incision and drainage had failed to improve the conditions.

Secondary excision of the hip, that is excision after an abscess has been opened and drained without improving the temperature, discharge, etc., may be necessitated by the spread of the tuberculous process in the bones, but is far more likely to be called for by septic infection. Every precaution is taken to prevent such infection; if possible, the abscess cavity is sewn up, and where it is a deep one healing is usually complete in eight days, when the wound is dressed. The more superficial abscesses heal less readily, and if the skin is at all reddened over them they are left without any sutures and dressed daily. Where tubes are inserted, the dressings are done by myself for the first few days, and the necessity of avoiding infection pointed out for all future dressings.

As to the details of the operation itself, when the abscess is behind, whether the head is dislocated or not, I use Langenbeck's incision; in septic cases sometimes a free T-shaped incision; and where possible the anterior incision between the sartorius and tensor vaginæ femoris. The practical points that emphasise themselves with increasing experience are: (1) that the skin incision can hardly be

too free, and that the joint capsule should be freely opened up; (2) that the bone should be divided *in situ* with an Adams's saw; (3) that drainage for forty-eight hours is advisable.

For after-treatment I use weight-extension and sand-bags to steady the limb, with occasionally a long Liston's splint on the sound leg to ensure rigidity for the first few days. After the first eight or ten days a Thomas's splint is applied, and the child remains in bed for at least eight weeks. It is kept in the Home if possible till able to walk, which should be from six to eighteen months after the operation. The older the child the sooner, on the whole, he learns to walk, but no dogmatic statement on this point is safe.

A considerable number of children admitted are the subjects of what is to a certain extent avoidable deformity. If they walk with the legs parallel it is at the expense of extreme lordosis; and in some cases they are actually wearing straight splints in spite of the lordosis, or bent to fit the deformity. There are two boys in the Home at present who were admitted wearing high boots on the shortened limbs; both were, on examination, found to have the affected joint flexed to at least a right angle with a corresponding compensatory curve of the dorsolumbar spine. They were allowed to run about for a few weeks until prolonged extension could be conveniently applied, because only a limited number of patients can be in the hands of our by no means large nursing staff at one time so as to receive a proper amount of individual attention. They were then put up in the apparatus before mentioned, attended to for twelve and ten weeks respectively, and are now fitted with Thomas's splints with the joint in the correct position.

Evidently these boys, neither of whom had sinuses or other evidence of abscesses, had not been treated for a sufficient length of time before leaving off the splint. My impression is that in young children it is never safe to leave off the splint under a year and a-half; and even then the child should be examined regularly every three months during the next two years to make sure that flexion is not going on.

This flexion is caused in "quiet" cases by the weight of the body pressing on the imperfectly anchylosis but functionless joint, and unless checked will go on to even beyond a right angle. The flexion and adduction that occur in the early stages and are due to muscular contraction, are, unless corrected at the time, much more difficult to get rid of than this later deformity.

Unless there has been arthritis of an acutely septic type it is doubtful if adhesions formed in so-called anchylosis are ever of a bony character; with that exception I have never met a case that has failed to yield to extension made in the right direction. Skiagrams of the flexed hip-joints are not in my experience reliable guides as to the type of anchylosis present, so that as soon as possible all cases of flexion deformity are put on an extension apparatus.

The time taken for correcting these bent joints varies a good deal, being dependent on the duration and extent of the flexion. A child of ten or eleven years with rectangular deformity will begin to yield to extension in a few days, and the limb can be lowered almost daily up to the last few degrees of flexion; but such cases take, as a rule, many weeks to correct, and demand much patience and attention to weight adjustment. The weight may be increased as the angle of flexion becomes less acute. In a child of eleven I should begin with a weight of 3 lbs., and increase it to 4½ or 5 lbs. as the limb approaches its normal plane.

The number of these deformities is certainly a reflection on the methods of treating surgical tuberculosis in children. Many of our cases have been under treatment at Metropolitan hospitals at an earlier stage of the disease; but as it is impossible for the hospital authorities to keep them under their care for the years that are required, they can hardly be held responsible.

What is required for London is the provision of some scheme whereby such children could be kept under observation for periods of years, and of some institution to which they should be sent as a matter of routine as soon as the disease is recognised.

East Cliff House has been utilised by the Metropolitan Asylums Board for "Poor-law Children," but when it is remembered that the Paris Municipality has seaside institutions capable of dealing with 5,000 children, it must be recognised that the Board have only touched the fringe of a very great question.

Deformities due to old dislocations are, as a rule, not interfered with unless the children are hopelessly crippled by them. Many of the patients are able to get about almost as well as they could possibly do after excision of the head of the femur; and even where the deformity is considerable they are best left till about fifteen or sixteen years of age.

As to cases admitted with septic sinuses, a number represent the unavoidable failures of Metropolitan hospitals and infirmaries under the present system, and are already affected with lardaceous disease. The question of amputation has in most cases been considered before sending them to us, and has been negatived by extensive pelvic disease or the implication of other parts of the body. But a few children are sent down after amputation, and these are kept till the wound has healed.

The ordinary "old hip" cases with a few sinuses are, as a rule, allowed up with or without a splint, and beyond a dressing of the wounds they get as little surgical interference as possible; the only point attended to being the prevention of further avoidable deformity.

Most of them attend school regularly, and bathe in the sea in the summer months.

Many of the forty-eight cases of knee-joint disease were in a fairly early stage, and it has been in them possible to avoid all operative treatment.

While the condition has been in any degree acute, they have been kept in bed with a properly-fitted splint, and when allowed up have been fitted in the first instance with a Thomas's knee splint, and subsequently with a metal back-splint like the lower part of a Thomas's hip-splint and extending from the gluteal fold to just above the heel. Out of these forty-eight cases the only ones that were operated on, with the exception of opening periarticular abscesses, were two re-excisions for angular deformity after excision in a Metropolitan hospital, and one that was admitted in a hopeless condition and amputated. In several it has been possible to keep the children sufficiently long under observation to remove the splint, and even to allow some mobility of the joint to be restored; in others contraction has been overcome by gradual extension and the limb straightened out. Knee-joint disease in children, if brought under treatment sufficiently early, very rarely goes on to suppuration; and absorption of the thickened synovial membrane is, in my experience, the rule. But to achieve these results there must be no relaxation of the treatment. Too early removal of the splint leads infallibly to disaster, a sharp recrudescence of the disease or a slow flexion of the joint with the characteristic backward displacement being the unfailing sequels of haste.

Of cases admitted after excision in London hospitals the majority show various degrees of angular deformity; and where the operation has been performed some years previously in a young child this is accompanied by considerable shortening of the limb. Here again the splint is left off much too soon, possibly by the parents without the surgeon's knowledge. If an excision be done, a splint should certainly be retained for twelve months at least, and the younger the child the longer should the splint be retained.

It is questionable whether such operations as excision or even a full arthrectomy are justifiable in young children; that they recover without operations or at most with simple incisions, has long been known to be the rule in private practice, always provided that they are treated under proper climatic conditions and given rest for a sufficiently long time.

That the result of operative treatment in Metropolitan hospitals is to leave an unduly large number of badly crippled children on the hands of the public is shown by Dr. Kerr's report to the London Education Committee on tuberculosis in school children. If in spite of treatment a backward displacement of the tibia

should occur, no attempt at correction of the deformity should, in my opinion, be made till the child is well over fifteen years of age. Excision before that age almost certainly damages the epiphysial lines, and is followed by so much shortening as to make the remedy worse than the disease.

I have found that some of these children left to that age, where there is not much actual flexion and only backward displacement, can walk quite firmly and require no operation at all except possibly for the sake of appearance.

To conclude, it is evident that children affected with tuberculosis of joints, and especially of the hip and knee, are likely to do far better and to escape with fewer deformities if they are under suitable conditions from beginning to end of their treatment, and that sooner or later the public will realise that their charity would be better employed in providing such conditions than in perpetuating the temporising methods of the Metropolitan hospitals.

The question of tuberculin in joint cases is not being considered here, because estimation of the opsonic index is not practicable under present conditions. Selected cases are being injected at intervals with minimal doses, and the clinical conditions carefully noted.

I hope to be able to fully report the effects observed during the ensuing year.

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