

Annual report for the year 1908 : (11th year of issue) / Metropolitan Asylums Board.

Contributors

Metropolitan Asylums Board (London, England)

Helby, J. T.

Duncombe Mann, T.

Dennis, Walter.

Boden, A.

Shadwell, L. L.

Trevor, A. H.

Cooke, E. Marriott.

Browne, Elliott S.

Collins, E. Treacher 1862-1932.

Fox, T. Colcott 1849-1916.

Bowes, C. K.

Sutcliffe, W. Greenwood.

Last, Cecil E.

Turner, R.

Rotherham, A.

Vallance, W.

Colmore, Reginald B.

Willingham Gell, H.

Lile, John H.

Scovell, Augustus C.

Ecroyd, W. H.

Graham, W. J. B.

Woolley Walden, R.

Goodall, E. W.

Thomson, Frederic.

Hume, F. N.

Bruce, R. M.

Foord-Caiger, F.

Beggs, J. E.

Turner, F. M.

Birdwood, R. A.

MacCombie, John.

Matthews, C. E.

Pugh, W. T. Gordon

Ricketts, T. F.

Beresford, Edwyn H.

Elkins, Frank Ashby.

Campbell, P. E.

Sims Woodhead, G.

Cartwright Wood, G. E.

Prausnitz, Carl.

Rolleston, J. D. 1873-1946.

Wyler, E. J.

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METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1908.

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METROPOLITAN ASYLUMS BOARD

(Corner of Carmelite Street),

EMBANKMENT,

LONDON, E.C.,

July, 1909.

SIR,

I forward herewith a copy of the Board's Annual Report for the year 1908.

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.

METROPOLITAN ASYLUM BOARD

(Office of General Board)

EXAMINERS

LONDON, E.C.

July, 1902.

Sir,

I forward herewith a copy of the Board's Annual
Report for the year 1902.

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,

Yours obedient Servant,

J. Brunner

Chief to the Board.

METROPOLITAN ASYLUMS BOARD.

Statistical Items extracted from the Annual Reports on the work of the Metropolitan Asylums Board for the year 1908.

1. **Area** of district served by the Board, 121 square miles ;
Population estimated to middle of 1908, 4,795,757.

2. Number of Institutions.

- (i.) 15 Hospitals for Infectious Diseases.
- (ii.) 4 Asylums for Imbeciles.
- (iii.) Land Ambulance Service : 8 stations, 147 ambulance and other vehicles.
- (iv.) River Ambulance Service : 3 wharves and 5 steamboats.
- (v.) A Training Ship (with infirmary on shore).
- (vi.) 1 School for Children with Ringworm.
- (vii.) 2 Schools for Children with Ophthalmia.
- (viii.) 3 Seaside Homes for Children.
- (ix.) 5 Homes for Defective Children.
- (x.) 1 Infirmary for Sick and Convalescent Children.
- (xi.) 3 Homes for Children remanded by Magistrates.
- (xii.) Central Stores.
- (xiii.) Office of Board.
- (xiv.) Bacteriological Establishment.

TOTAL, 49.

3. Infectious Diseases.

	*Notifications.		†Admissions.		Death rates, 1908.	
(i.) Scarlet fever ..	22,071	..	19,629	..	2.6	
(ii.) Diphtheria ..	7,851	..	5,230	..	9.7	
(iii.) Enteric fever ..	1,357	..	509	..	16.3	
(iv.) Typhus fever ..	4	..	2	..	—	
(v.) Cerebro-Spinal fever	85	..	3	..	40.0	
(vi.) Smallpox ..	4	..	1	..	—	

Average death rates in Board's hospitals in quinquennial periods.

	1872-6.	1877-81.	1882-6.	1887-91.	1892-6.	1897-1901.	1902-6.	1908.
(i.) Scarlet fever	12.4	12.6	10.7	8.3	5.5	3.5	3.1	2.6
(ii.) Diphtheria	—	—	—	33.6	25.5	13.7	9.3	9.7
(iii.) Enteric fever	18.6	20.0	17.5	15.3	17.5	15.6	14.6	16.3
(iv.) Typhus fever	21.2	21.1	18.9	17.2	15.3	15.3	14.0	—
(v.) Cerebro-Spinal-fever	—	—	—	—	—	—	—	40.0

Rates in smallpox epidemics.

	1870-2.	1876-8.	1881.	1884-5.	1893-4.	1901-2.
(vi.) Smallpox ..	18.8	18.2	16.5	15.9	8.0	16.8

*Metropolitan cases only.

†Including extra-metropolitan cases.

Staff, mortality rates amongst. (From infectious diseases only, calculated on number employed) :—

At fever hospitals .. .. .	..	..	..	..	..	..	..	.13
At smallpox hospitals .. .. .	..	..	..	..	..	..	..	Nil.

4. Ambulance work.

LAND SERVICE.—Infectious patients removed from home to hospital—fever, 27,882 ; smallpox, 8 ; other infectious removals, 28,856. Conveyance of imbeciles and other persons, 3,124 ; total removals, 59,870. Mileage run by vehicles, 421,594.

RIVER SERVICE.—Patients conveyed down the river to the Board's hospitals, 1 ; other passengers conveyed to and from the hospitals, including staff, contractors' workmen, and recovered patients, 813 ; total passengers, 814. Miles run by steamboats, 4,094.

5. Asylums.

Patients admitted, 972 ; discharged or transferred to other places, 100 ; died, 645 ; remaining, 6,940.

6. Children's Homes and Schools.

Children admitted, 6,228 ; discharged, 6,119 ; died, 19 ; remaining, 1,521.

7. Training Ship " Exmouth."

Boys admitted, 297 ; discharges to royal navy, 86 ; to mercantile marine, 96 ; to army, 17 ; other discharges, 43 ; died, 1 ; remaining, 589.

8. Total number of persons in the various institutions on the last day of the year :—

Permanent staff .. .. .	..	..	..	..	..	..	5,355
Temporary staff .. .. .	..	..	..	..	..	..	230
Inmates .. .. .	..	..	..	..	..	..	13,974
Total .. .. .	..	..	..	..	..	..	19,559

9. General Expenditure for the year ended Michaelmas, 1908.—£1,118,782 (£1,098,371).

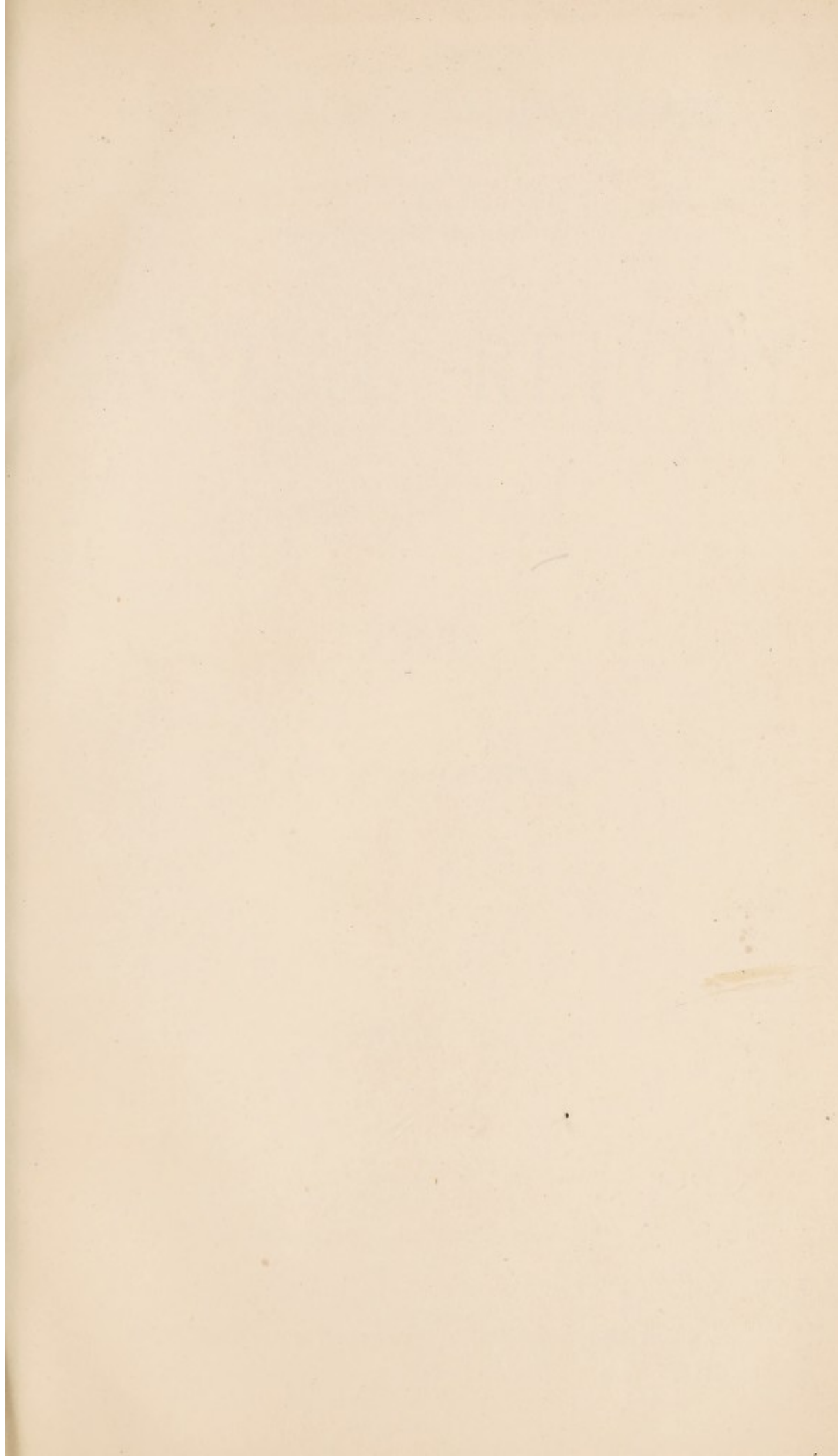
SUB-DIVISION of general expenditure—Asylums, £219,746 (£204,709), hospitals, £439,635 (£410,317) ; ambulance services—land £33,730 (£32,618) ; river (including wharves, but excluding cost of medical department at South Wharf, which is now included in hospital expenditure, £6,245 (£6,929) ; training ship, £17,807 (£18,393) ; children's homes and schools, £59,228 (£61,831) ; general expenses, £327,020 (£363,143) ; and central stores, £15,371 (£431).


10. Loans.—Total amount borrowed to Michaelmas, 1908, £5,606,799 (£5,606,799) ; total amount owing, £3,025,044 (£3,206,789).

11. Capital outlay for land, buildings, fittings, and furniture, £5,837,808 (£5,773,849).

12. Acreage of Board's property, 1,429.

Office of the Board, Embankment, E.C.
16th June, 1909.





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METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1908.

(11th YEAR OF ISSUE.)

PRICE 5/-

LONDON
CHAS. STRAKER & SONS, LIMITED, 5-9, BISHOPSGATE AVENUE, E.C.

1909.

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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LIST OF MEMBERS OF THE BOARD, SHOWING THE COMMITTEES ON WHICH EACH WAS SERVING AT THE CLOSE OF THE YEAR.

MANAGERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS.

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1903).
Bermondsey	Eccroyd, 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., D.L.	74, Great Russell Street, Bloomsbury, W.C.	Finance, 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, Children's, Statistical.
"	Lile, J. H., J.P., D.L. (Chairman, General Purposes Committee)	4, Ludgate Circus, E.C.	Ex-Officio Member of Asylums, Hospitals, and Children's Committees.
"	Monckton, A.	189, Upper Thames Street, E.C.	Children's, Ambulance, Contract.
"	Wilkinson, Cuthbert	66, Holland Park, W.	Finance, Asylums, Contract, Statistical.
Fulham	Botterill, Charles	St. Botolph's, Fulham Palace Road, Fulham, S.W.	Hospitals, Works.
Greenwich	Oldman, F. J.	85, Arbutnot 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.
Hammersmith	Seager, O.	3, Girdler's Road, W. Kensington	Finance, Hospitals, Children's, Ambulance.
Hampstead	Sheffield, Col. Frank	" Palaspiat," Dalciam 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, Children's.
"	Lambert, Samuel, J.P.	125, Barnsbury Road, N.	Hospitals, Asylums, " Exmouth."
"	Fleming, Sir Francis, K.C.M.G.	9, Sydney Place, South Kensington, S.W.	Children's.
Kensington	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	Lynnton, Crane's Park, Surbiton	Asylums, Children's, Works.
"	Gough-Cook, William	26, Herne Hill, S.E.	Asylums, Children's, Works.
Lewisham	West, Major Thomas	The Elms, Southend, Catford, S.E.	Hospitals, Children's, Statistical.
Mile End Old Town	Atkinson, S. B., M.A., M.B., J.P.	4, Ewing Street, Bow, E.	Hospitals, Children's.
Paddington	Cole, S. J.	" Fernleigh," 123, Fernhead Road, W.	Hospitals, " Exmouth."
"	Graham, Henry	182, Fernhead Road	Hospitals.
Poplar	Moore, W. B.	89, Malmesbury Road, Bow, E.	Asylums, " Exmouth."
St. George's	Bramston, Miss Georgina	76, Streatham Road, Upper Tooting	Hospitals, Children's.
"	Hilliard, Harvey, M.R.C.S., L.R.C.P.	30, Wilton Place, S.W.	Hospitals, Ambulance.
"	Lutman-Johnson, Henry	17, Rutland Gate, S.W.	Finance, Hospitals, Asylums.
"	Walden, R. W., J.P.	" Bella Vista," Upper Warlingham	Asylums, Children's, Statistical.

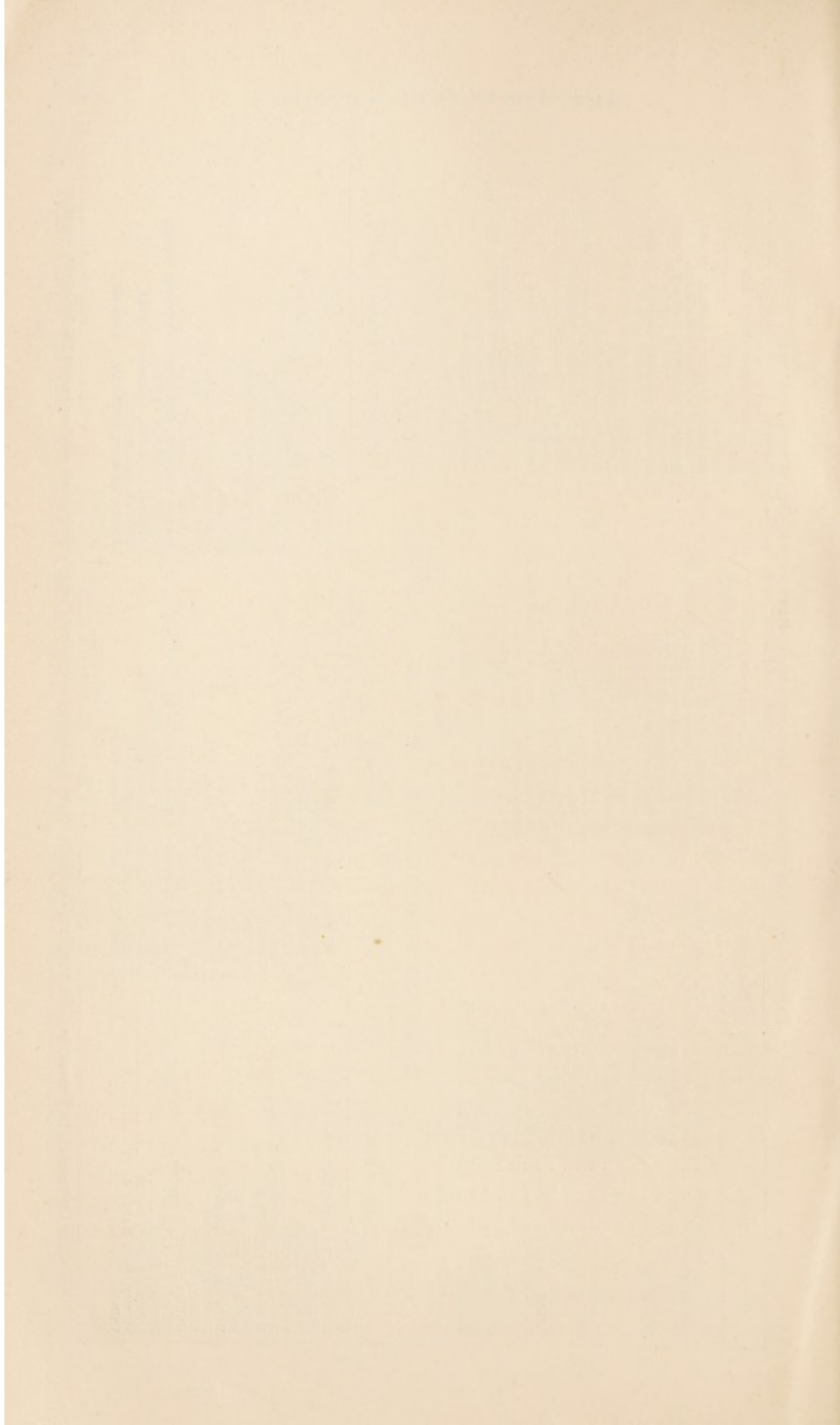
MANAGERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS—continued.

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1905).
St. George-in-the-East	Martineau, P. M., J.P., D.L., LL.B.	" Littleworth," Esher, Surrey	Hospitals, Asylums, Contract, Works.
St. Marylebone	Browne, Elliott S., L.E.C.S.I., L.R.C.P.	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, Matland Park Villas, N.W.	Hospitals, Asylums, Contract, Works.
"	Thornley, Joseph, J.P. (<i>Vice-Chairman of the Board</i>)	53, Camden Square, N.W.	<i>Ex-officio member of all committees.</i>
"	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.	Hospitals, Children's, Works.
Stepney	Higley, Rev. F. H.	636, Commercial Road East, E.	Finance, Works.
Strand	Wylson, O. C.	16, King William Street, Strand, W.C.	Hospitals, Children's, Works.
Wandsworth	Lower, J.	123, Sugden Road, Lavender Hill, S.W.	Finance, Works.
"	Penfold, William F.	Burwood House, Upper Tooting, S.W.	Hospitals, Children's, Works.
"	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, Children's.
Woodwich	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 1905).
Doneraile, The Right Hon. The Viscount	91, Victoria Street, Westminster, S.W.	Ambulance, Statistical.
Drage, Geoffrey	29, Cadogan Square, S.W.	" Exmouth."
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. (<i>Chairman of the Board</i>)	" Glengarriff," Cobham, Surrey	<i>Ex-officio member of all Committees.</i>
Hensley, Sir Robert M., J.P.	" Glenton House," Putney, S.W.	Finance, Asylums, Statistical.
Hunt, Jackson, J.P.	23, Montagu Square, W.	Finance, Hospitals, Ambulance.
Inderwick, Miss E. F.	8, Warwick Square, S.W.	Hospitals, Statistical.
Mehertzhausen, E. L., J.P.	4, Cheyne Walk, Chelsea, S.W.	Hospitals.
Portman, Berkeley	22, Tedworth Gardens, Chelsea, S.W.	Finance, Ambulance, Contract.
Ritchie, Gerald	39, Cheyne Walk, Chelsea, S.W.	Hospitals, Children's, " Exmouth."
Rolle, 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.	Hospitals, Children's, Contract.
Sprankling, Rev. Canon	St. George's Cathedral House, Southwark, S.E.	Hospitals, Children's, Statistical, Works.
Stanley, Hon. Maude A.	32, Smith Square, Westminster, S.W.	Children's, Contract.
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 1908.

INTRODUCTION.

16th June, 1909.

Finance. The Managers are to be congratulated on the fact that, for the second year in the existence of the Board, it was not found necessary during 1908 to raise any loan in respect of building or other works; and the Board's indebtedness was reduced during the financial year, ended at Michaelmas last, by the substantial sum of £181,745, leaving the Board's capital indebtedness at £3,025,044, while the estimated value of its property exceeds double the amount.

The consolidation in 1907 of the then outstanding loans from the London County Council into one loan, carrying a uniform rate of interest—the loan repayments and interest being payable half-yearly instead of quarterly—enabled the Board, during 1908, to make arrangements for the precepts for common charges to be raised by equal sums on the 1st May, the 1st July, and the 1st August in the Michaelmas half-year, and on the 1st November, the 1st January, and the 1st February in the Lady-day half-year, the direct charges remaining payable as heretofore on the 1st September and the 1st March. While this arrangement—spreading the Board's claims over eight precepts instead of six, annually—has not caused any financial

inconvenience to the Board, it has undoubtedly proved advantageous to, and has been appreciated by, the contributing authorities.

During the financial year ended at Michaelmas, 1908, the net expenditure of the Board was £1,121,942, as against £1,145,783 at Michaelmas, 1907. The precepts levied by the Managers on the constituent parishes and unions of the District amounted to 6d. in the £, the same as the average for the past five years.

The number of persons maintained in the Managers' establishments on the last day of the financial year was 18,612, of whom 13,562 were inmates of the Board's institutions, and the remainder officers and servants.

The average daily number of inmates maintained during the year was 13,612, or 485 in excess of the average number maintained during the previous twelve months.

The number of persons in receipt of superannuation allowances at the end of the year under review was 201, the payments during the year having amounted to £9,123. This amount was £1,006 more than during the year 1907. On the other hand, the percentage deductions from the pay of the staff under the Poor Law Officers' Superannuation Act for 1896 amounted during the year to £6,156, as against £5,953 for 1907.

A very desirable alteration was made in the officers' ration scale, by the abolition of the allowance of beer and its equivalent emoluments.

The retirement of the Stocktaker gave an opportunity of bringing into operation a new system for the verification of stocks at the various Institutions of the Board, by surprise visits during the year, and a yearly fixed stocktaking by members of the Accounting Staff. This method has minimized the great inconvenience which had hitherto been experienced, inasmuch as the stocktaking can be performed in a much shorter period.

The Finance Committee submitted to the Board proposals for securing a closer supervision over the requisitions of the Accounting Officers, the adoption of which it was hoped would lead to considerable economy, and prevent to a large extent the accumulation of stock at the various institutions: but the General Purposes Committee, to whom the proposals were referred by the Board, were averse from the acceptance of the Committee's recommendations.

It is satisfactory to note that the expenditure for printing and stationery during the twelve months shows a further reduction of £838, although forty-five institutions have been supplied as compared with forty-three institutions the previous year.

Contracts. The Departmental Committee appointed during 1907 to consider and report to the Contract Committee as to the best methods of estimating for goods likely to be required by the Board during any given period, and generally improving and simplifying, where practicable, the Board's arrangements for supplies, presented their report to the Committee in July last. This report, which contains many important and far-reaching recommendations, was under discussion by the Committee at the end of the year. Great credit is due to the Clerk of the Board and the members of the Departmental Committee for the thoroughness with which they examined all details, and for the excellent report and valuable suggestions which they submitted.

In August last the erection of the new Central Stores at Peckham Rye was completed, and the Contract Committee, who shortly afterwards effected the removal to these stores of the stock at Mermaid Court. Before the removal, however, stock was carefully examined, and a considerable quantity of old and useless articles was disposed of, so as to avoid the expense of transport. Advantage was taken of the opportunity for reviewing the whole of the contract samples, which are now being revised. The practical advantages and conveniences attending the central storage of goods which have to be kept constantly under review and available for prompt distribution will at once be apparent, and as the new stores contain nearly twice the amount of storage accommodation which was available at the old premises, the increased facilities afforded for the arrangement and classification of goods should prove in every way beneficial to the Board.

During the year under review 743 contracts of the approximate total value of £271,060 were entered into by the Board on the recommendation of the Contract Committee. In addition to these, 108 contracts of minor importance and value were also concluded.

Among other matters dealt with by the Contract Committee were the furnishing and equipping of The Children's Infirmary—a work

undertaken and carried out with very creditable expedition—and the substitution of non-proprietary articles for proprietary articles in contract schedules, which has been of considerable financial advantage.

Works. During 1908 works and repairs to the approximate value of £81,392 were carried out under the supervision of the Engineer-in-chief. Of this amount £48,343 represents the value of work carried out by contract, and the balance that carried out by direct labour and institution mechanics. No new building schemes of importance were initiated during the year, which, however, witnessed the completion of the Central Stores at Peckham Rye, and the staff cottages, goods reception station, etc., at Joyce Green Hospital. The aggregate value of these completed works may be estimated approximately at £22,000.

With the object of expediting the completion of the alterations and repairs to the Belmont Asylum buildings prior to their transfer to the Fulham Board of Guardians, it was decided that the whole of these works, the value of which was estimated at about £10,140, should be carried out by direct labour. This was done with skill and promptitude under the supervision of the Engineer-in-chief and those immediately associated with him.

Towards the close of the year arrangements were made for the annual cleaning and painting works at the majority of the Board's institutions to be also carried out by direct labour under the supervision of the Engineer-in-chief.

Asylums. During the past year 972 patients, of whom 255 were under 16 years of age, and 234 over 70 years of age, were admitted into the Board's imbecile asylums. During the same period 645 patients died, and 100 were discharged, leaving 6,940 under treatment at the end of the year.

The applications for the admission of cases of senile decay still continue, being 19 more than in the previous year. Of the total number of those cases admitted over 70 years of age, 91 were between 70 and 75 ; 77 between 75 and 80 ; 48 between 80 and 85 ; 16 between 85 and 90 ; and 2 over 90. In addition, the patients

already in the Asylums who were able at one time to do a little work, are becoming more and more infirm, and thus the great mass of the adult imbecile patients are unable to do anything for themselves, necessitating considerable increase in the staff. At the present time, of the population at the three Asylums, Leavesden, Caterham, and Tooting Bec, numbering 4,808, 1,961 are unable to do anything for themselves; 2,847 are only able to help themselves in such matters as washing, dressing, and feeding, whilst only 275 can perform such work as would otherwise be executed by paid labour.

The transfer to the Guardians of Fulham of the buildings on the Belmont Asylum estate for the purpose of facilitating the administration of poor relief in the Metropolis was satisfactorily effected in October last, after the necessary alterations and additions had been carried out to the buildings. The displaced imbecile patients were distributed among the Leavesden, Caterham, and Tooting Bec Asylums. The loss of 336 beds which this transfer entailed was partially met by the provision of additional accommodation at the Leavesden and Tooting Bec Asylums, 82 additional beds being provided for male patients in the former Asylum, and 51 in the latter. Further accommodation was provided at Tooting Bec Asylum for 105 male patients.

The development of Darenth Asylum as a training school and industrial colony continues to make excellent progress, which will be still further enhanced when the decision of the Managers to provide additional workroom accommodation for female patients in the industrial colony shall have been given effect to.

The reduction of the limit of the age for admission of children from 5 to 3 years at Darenth Asylum has resulted in an admission of 46 children during the year, only one of whom has shown the slightest signs of improvement. The number of children admitted to Darenth Asylum was 234, the greatest for some years past, of whom only 30 per cent. are considered improvable; a sad fact, as it probably means that they will have to remain in an Asylum for their whole life-time at the expense of the ratepayers.

At the request of the Local Government Board, an exhibit of articles made by the patients of the Industrial Colony and Training

School at Darenth was sent to the Franco-British Exhibition. Some 700 articles entirely made by patients from six years of age and upwards were exhibited, and called forth from thousands of visitors interested in education from all parts of the world, the greatest praise and surprise that such work could be performed by mentally deficient people. The Visitors' Book, which was kept at the exhibition stall, contains over 2,600 entries, and the remarks made therein show the great appreciation of the work performed at Darenth.

The Report of the Medical Superintendent of Darenth Asylum is well worthy of the perusal of those interested, showing as it does the variety of work performed by the patients.

Infectious Hospitals. (a) *Smallpox*.—The Managers are again to be congratulated upon the immunity from smallpox which the Metropolis has enjoyed during the past year, only one case of the disease having been admitted during that period.

It is interesting to note that of the 72,691 patients admitted into the smallpox hospitals of the Board from the 1st December, 1870, to the 31st December, 1908 (a period of 38 years), no fewer than 61,806 were received during the five epidemic periods of 1871-3, 1876-8, 1881-2, 1884-5, and 1901-2. Of the remaining 10,885 smallpox patients, the years 1879-80 were accountable for 3,610 admissions, and the years 1893-4 for 3,493, the balance of the cases received during the remaining years ranging from a maximum of 941 in 1895 to a minimum of 1 in 1908. These figures show that whilst during the first fifteen years of the Board's existence the Metropolis was visited by smallpox every third or fourth year, during the past twenty-three years these visitations have only occurred every seventh or eighth year.

(b) *Fever*.—Although the large number of fever and diphtheria patients under treatment in the Board's hospitals during the spring of the year caused some apprehension, it is satisfactory to be able to record that the maximum number under treatment (which was reached on November 30th) was 1,856 below the highest number reached during 1907; in that year the number of patients surpassed all previous records, as many as 7,158 cases

having been at one time under treatment in the Board's fever hospitals.

The following table shows the total number of patients admitted into the Board's fever hospitals during 1908, with the diseases from which they were suffering, and the percentages of mortality in respect of each disease :—

		Admissions.	Discharges.	Deaths.	Mortality per cent.
Scarlet .. ..	..	19,629	20,468	520	2.56
Diphtheria .. ..	..	5,230	4,679	507	9.73
Enteric .. ..	..	509	394	80	16.28
Typhus .. ..	..	2	2	..	..
Cerebro-Spinal Meningitis .. ..	..	3	1	1	40.00
Other diseases .. ..	..	2,594	2,437	147	5.68
Totals .. ..	..	27,967	27,981	1,255	
		† (32,169)	(29,502)	(1,405)	

The average duration of residence of the patients in the Hospitals is again on the increase. The variation in length of residence of recovered patients at different Hospitals during the year is again very remarkable, ranging in scarlet fever cases from 59.6 days at the Eastern Hospital to 72 days at the North-Western Hospital, and in diphtheria cases from 51 days at the Brook Hospital to nearly 72 days at the North-Eastern Hospital.

The results which have attended the working of the cubicle system for isolation purposes at the South-Western Hospital, tend to show the necessity for carrying out a similar system at other Hospitals of the Board.

**Institu-
tions for
Children.** By far the most important and interesting work of the Children's Committee during the year was that connected with the opening of the Southern Hospital as an infirmary for sick and debilitated children.

With a view to relieving the pressure on the accommodation provided by the several Boards of Guardians for the treatment of the sick poor in the Metropolis, the Managers, at the suggestion of the Local Government Board, and after considering replies to various

† Italic figures in brackets are the corresponding figures for 1907.

enquiries on the subject which had been addressed to the several Metropolitan Boards of Guardians and Boards of Management of Sick Asylum Districts, and to the Medical Superintendents of the Poor Law infirmaries and sick asylums, decided, before adjourning for the summer vacation, to undertake the care and treatment of "sick or convalescent or debilitated children chargeable to the Metropolitan Boards of Guardians, and to utilise the Southern Hospital for the purpose." In this institution, which was originally designed as a convalescent fever hospital, but which, owing to the changed policy of the Board, is no longer required for that purpose, the Managers possess an admirable group of buildings suitably placed in the midst of healthy country surroundings, and thoroughly adapted for the most ample classification of cases; and it is significant to note that of the thirty-one constituent Boards of Guardians of the District only one offered any definite objections to the proposal that the Managers should undertake the duties suggested by the Local Government Board.

On the 11th September an order was received from the Local Government Board amending their order of the 2nd April, 1897, so as to permit of the admission of "sick or convalescent or debilitated children who may be fit for removal to, and suitable for reception into, such buildings as the Board of Management may have available for their reception." Upon the receipt of this order the Children's Committee were empowered by the Managers to make arrangements for the fitting up, furnishing, staffing, and opening of the buildings as an infirmary for children, and such excellent progress was made by the Committee in carrying out the duties entrusted to them, that at the close of the year, the institution now known as The Children's Infirmary was practically ready for the reception of patients, the first admissions taking place on the 29th January, 1909.

(ii.) Ophthalmia Schools. The total number of patients admitted into these schools during 1908 was 489, or 13 less than during 1907. Unfortunately the decrease in the number of trachoma cases, which had been continuous in each year since the school was first opened, was not maintained, the number of patients admitted with this type of ophthalmia having been 94 in 1908 as against 76 in the previous year.

(iii.) Ring-
worm
Schools.

In their annual report (p. 40) special attention is directed by the Children's Committee to the observations on the X-ray method of treatment of ringworm by the dermatologist, Dr. Colcott Fox, who, after discussing the question in all its bearings, states that "the prolonged experience of the X-ray method confirms the view that it is in many respects ideal, especially in regard to the important features of painlessness, certainty, and rapidity." At the same time he lays stress upon the fact "that this powerful agent demands for perfect success the most careful attention to all the details of application in the hands of an expert."

The average period of detention of children suffering from ringworm during 1908 was again low, being 5.02 months as against 5.33 months in 1907.

The number of patients admitted to the Downs School during 1908 numbered 807, an increase of 59, as compared with the previous year. Of the 1,136 patients treated, 704 were discharged cured (an increase of 31 over the previous year); 53 were removed at the request of the Guardians; and one died; leaving 378 children under treatment on the 31st December.

(iv.) Seaside
Homes.

The admissions direct from the parishes and unions into the three seaside homes under the control of the Board at Herne Bay, Margate and Rustington aggregated 767 in 1908, as against 643 in 1907. During the same period 731 children were discharged to their parishes and unions, and 117 to other institutions of the Board; whilst 17 died; leaving 378 patients under treatment at the end of the year.

Interesting details of the work carried on at these homes, and the results attending the treatment of the children therein, will be found in the reports of the several medical officers.

Special attention may, however, be drawn to the fact that at East Cliff House an increasing proportion of cases suffering from surgical tuberculosis (for whom the situation and arrangements of the establishment are more especially suited) was admitted in 1908; and to the contention of the medical officer of Millfield—where cases of pulmonary tuberculosis are received—that three main factors still tend to produce a certain amount of inefficiency in connection

with the treatment of patients in this home, viz., (i) the premature removal of eligible children; (ii) the admission of advanced cases; and (iii) the admission of cases which show definite signs of disease, but which are too near the age limit to permit of recovery taking place in the short space of time during which they can legally be detained in the home.

(v.) **Homes for the Mentally Defective.** In the various homes provided by the Board for the treatment of this class of patients, 61 cases were admitted direct from the unions and parishes during 1908, and 113 were transferred from other institutions of the Board. During the same period 20 patients were discharged direct to the Boards of Guardians, and 121 to other institutions of the Managers. At the end of the year 246 patients remained under treatment in the Board's institutions for feeble-minded cases.

(vi.) **Remand Homes.** By The Children Act, 1908, it is provided that the Local Government Board may by order transfer from the Metropolitan Asylums Board to the London County Council any building provided by the Managers for the purpose of a remand home under Sec. (4) of the Youthful Offenders Act, 1901, together with any officers employed by the Board in connection with the homes. The Local Government Board had taken no action in the direction contemplated by the Act at the close of the year.

During 1908, the number of children admitted into these homes was 2,285, of whom 1,956 were boys and 329 girls. These figures, which do not include separate remands of the same child, show an increase of 187 over the number admitted in 1907.

Training Ship Exmouth. Attention was called in the last annual report to the lack of appreciation by the Metropolitan parishes and unions of the opportunities offered by the Exmouth for training lads for service in the Royal Navy and Mercantile Marine. It is, therefore, gratifying to be able to record that at the close of 1908 the number of boys receiving training on board the Exmouth was only eleven short of the ship's complement of 600. This satisfactory result was in a large measure due to the recognition by the Guardians

of county unions and parishes of the advantages of the ship and their readiness to enter into agreements with the Managers for sending boys to the ship and to take full advantage of the facilities afforded by such agreements.

During 1908 the admissions on board the Exmouth were 297 (as compared with 242 in 1907). Of these 202 were admitted from the Metropolis, and 95 from extra-Metropolitan parishes and unions.

During the same period 242 boys were discharged (of whom 86 entered the Royal Navy, 96 the Mercantile Marine, and 17 the Army as musicians) and 1 died.

In the annual report of the Training Ship Committee interesting particulars are given as to (i) the institution of a class for instructing the boys in navigation (so as to enable them to qualify for warrant officers in the Royal Navy at an early date); and (ii) the success which has attended the alteration in the arrangements recently made for the shipping of boys at Liverpool into the mercantile marine.

Ambulance Service. The total number of removals effected by the Board's ambulances during 1908 was 59,870, of which 27,889 were removals from their homes to the Board's hospitals, and 1,291 medical and surgical cases (including 17 accident cases) of a non-infectious type. The number of journeys made during the same period by the Board's ambulances was 34,260, the distances covered aggregating 421,594 miles. With the exception of the year 1907 the number of removals effected, and the number of miles run were in each case greater than during any previous year of the Board's history, and the Ambulance Committee note with satisfaction "that the record of entire freedom of the services from accident involving injury to any patient remains unbroken."

By making the Mead Ambulance Station the headquarters for a motor ambulance service, and providing at the Western Ambulance Station (which is to be converted entirely into a motor station) eight additional motor ambulances, increased facilities for the removal and transfer of patients will be afforded in the near future.

**Board of
Manage-
ment.**

By the resignation, owing to failing health, in November last of Mr. Richard Strong, J.P., the Managers lost a most valuable and experienced colleague, who had been a member of the Board for twenty-five years, and at various times during that extended period had occupied with distinction such important chairmanships as those of the General Purposes Committee, the Asylums Committee, and the Training Ship Committee.

Other changes in the ranks of the Managers during the past twelve months were the resignation of Miss A. M. Humphreys, and the appointments of Dr. S. B. Atkinson and Mr. Henry Graham.

**Officers
and Staff.**

On the 31st December, 1908, the total number of officers and staff in the employment of the Board was as follows :—

	Permanent.	Temporary.
Head Office	118	9
Asylums	1,273	55
Fever Hospitals*	3,194	96
Smallpox Hospitals (including River Ambulance Service)	115	14
Land Ambulance Service	182	3
Children's Homes and Schools	419	45
Exmouth (Training Ship)	45	6
Stores and Needlerooms	9	2
	<hr/> 5,355	<hr/> 230

* Including Bacteriological Laboratories and Stables.

During the year 1,375 officers and servants were appointed and 1,844 left the service, showing a decrease of 469; 25 were superannuated.

**Territorial
and
Reserve
Forces
Act, 1907.**

To encourage those officers who might desire to enlist in the Territorial Force the Managers in February last unanimously adopted resolutions (i) permitting members of the Board's staff to join the force, and (ii) granting them special leave for half the period of the prescribed annual training, subject to the remaining half being taken out of their annual leave.

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

(Signed) J. T. HELBY,
Chairman.

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

OFFICE OF THE BOARD,
EMBANKMENT, E.C.
16th June, 1909.

APPENDIX.—List of the various institutions

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

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

† The present Training Ship, "Exmouth," was built for the Board in 1905.

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

No.	Date of Opening.	Acreage.	Accommodation.
1	January 19th, 1903	22 a.	1,114 beds.
2	October, 1870	137 a.	2,130 "
3	" "	154 a. 1 r. 32 p.	1,943 "
4	November, 1878	164 a. 1 r. 0 p.	1,994 "
			7,181
5	February 1st, 1871	9 a.	368 "
6	October 8th, 1892	33 a. 0 r. 6 p.	662 "
7	January 25th, 1870	12 a. 0 r. 1 p.	460 "
8	March 10th, 1877	13 a. 2 r. 35 p.	452 "
9	January 31st, 1871	8 a. 1 r. 20 p.	339 "
10	October, 1893	10 a. 2 r. 19 p.	405 "
11	August 17th, 1899	22 a. 3 r. 3 p.	518 "
12	March 17th, 1877 (re-opened 2nd July, 1906)	10 a. 2 r. 0 p.	488 "
13	November 8th, 1897	19 a. 1 r. 6 p.	548 "
14	August 31st, 1896	29 a. 1 r. 2 p.	568 "
15	September 25th, 1887	35 a. 2 r. 38 p.	738 "
16 {	October, 1890	160 a. 0 r. 16 p. {	922 "
	Erected, 1902		610 "
			7,078
17	December 28th, 1903	315 a. 0 r. 0 p.	940 "
18	Erected spring, 1902	Part of Joyce Green estate	800 "
19	February 27th, 1902	8 a. 1 r. 0 p.	300 "
			2,040
20 {	March, 1876	6 a. 2 r. 13 p.	600 boys.
	August, 1905		34 beds.
			634
21	February 26th, 1903	19 a. 1 r. 24 p.	420 children.
22	July, 1904	28 a.	300 "
23	March 20th, 1903	49 a.	300 "
24	Opened 29th January, 1909	136 a. 0 r. 0 p.	1000 "
25	December 26th, 1897	2 a. 3 r. 0 p.	134 beds.
26	June 26th, 1898	1 a. 2 r. 0 p.	130 "
27	April 6th, 1904	5 a. 2 r. 0 p.	120 "
28 {	January 16th, 1899	7 a. 1 r. 0 p.	20 girls.
	October 18th, 1901		8 "
29	January 25th, 1901		15 boys.
30	July 7th, 1903		10 girls.
31	December 11th, 1903		20 boys.
32	February 12th, 1901		160 "
33	January 1st, 1902 .. .. .	.. .. .	40 boys, 15 girls
34	January 1st, 1902 .. .. .	.. .. .	45 boys.
35	January 1st, 1902 .. .. .	.. .. .	40 boys, 10 girls.
			2,787
36	June 20th, 1885	The areas of these sites are included in those of the adjoining hospitals (see above). On part of the West Wharf site .. .. .	.. .. .
37	September 1st, 1897 .. .. .		.. .. .
38	July 9th, 1884 .. .. .		.. .. .
39	April, 1902	The areas of these sites are included in those of the adjoining hospitals (see above). Included in site of asylum .. .. .	.. .. .
40	May 2nd, 1898 .. .. .		.. .. .
41	October 1st, 1883 .. .. .		.. .. .
42	August 18th, 1896 .. .. .	.. .. .	.. .. .
43	Erected 1903 .. .. .	.. .. .	.. .. .
44	Purchased November, 1883	— 2 r. 0 p.	9 beds.
45	" September, 1883	2 a. 1 r. 0 p.	24 "
46	" January, 1885	2 a. 2 r. 10 p. .. .. .	.. .. .
—	October, 1884, to March, 1902 .. .. .	.. .. .	About 170 beds.
47	September, 1908 .. .. .	.. .. .	.. .. .
48	May, 1907	2 a. 2 r. 0 p. .. .. .	.. .. .

from about 16 to 21 years. (60 Beds).



ANNUAL REPORT, HOSPITALS COMMITTEE, 1908.

ANNUAL REPORT OF THE HOSPITALS COMMITTEE FOR 1908.

March, 1909.

We submit our annual report for the year 1908.

Chairman and Vice-chairman. 1. We re-elected Mr. Walter Dennis to be our Chairman and the Rev. Canon Sprankling to be our Vice-Chairman.

Meetings. 2. During the year we have held 19 meetings. The sub-committees have held 305 meetings.

Principal officers and others. 3. In December the Board decided to transfer Dr. W. T. G. Pugh, Medical Superintendent, Gore Farm Hospital, to be Medical Superintendent of The Children's Infirmary. Steps are being taken to fill the vacancy thus caused in the hospitals service.

The appointment of Mr. Morss, Steward, Smallpox Hospitals, was terminated in April, with the sanction of the Local Government Board.

Mr. Moule, Steward, Western Hospital, resigned on superannuation and left in December.

Mr. Hilder was promoted from the post of Assistant Steward to that of Acting Steward at Gore Farm Hospital in November.

Rev. A. J. B. Dewdney, Chaplain, Northern Hospital, resigned his appointment in January on account of ill-health. Before considering the appointment of a successor, the Board, on our recommendation, decided that, subject to the assent of the Local Government Board, appointments of Chaplains in the hospitals service should, in future, be subject to annual re-election. The decision of that Board has not yet been received. In the meantime the duties of Chaplain at the Northern Hospital are being discharged, temporarily, by the Rev. A. J. King, senior curate of St. Paul's, Winchmore Hill.

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

Assistant medical officers and students. 4. During the year 11 assistant medical officers joined the Board's service and 11 left. 27 assistant medical officers were employed temporarily at various times.

207 students (17 of whom were women) received clinical instruction at 10 of the fever hospitals.

During the year 4 clinical assistants were appointed.

In May, the holding of morning classes for medical instruction at certain of the hospitals was sanctioned for 12 months as an experiment, with the assent of the Local Government Board, and during the October-November-December course the experiment was tried at the Eastern, North Eastern and Brook Hospitals.

**Eastern Hos-
pital—
Discharge of
Patients, and
Accommoda-
tion for Staff.**

5. The accommodation for the discharge of scarlet fever patients at this hospital, to which we alluded in our last report, has long been felt to be most inadequate, the Medical Superintendent being presented with the alternatives of having to discharge patients to their homes direct from the scarlet fever wards or to give them a warm bath immediately before they leave the hospital, a practice which the Medical Superintendents, in their observations on Dr. Cameron's report on Return Cases, have condemned. The accommodation for the staff is quite insufficient. Accordingly, schemes were approved by the Board, on our recommendation, for the erection on land belonging to the adjoining ambulance station, of a block containing additional discharge accommodation for patients on the ground floor and on the first floor additional quarters for female staff. After somewhat protracted negotiations the scheme was ultimately sanctioned by the Local Government Board, and it is hoped that the work of erection will be put in hand in the near future.

As regards the male staff, it was necessary to provide accommodation for those who should be sleeping inside, to afford relief to the overcrowding amongst those sleeping in and to improve the inadequate and unsuitable accommodation for meals and recreation. A scheme for effecting this much-needed improvement was adopted by the Board at the end of 1907, and sanctioned by the Local Government Board in August last.

Hospitals.

6. At our request, the Works Committee obtained expert advice as to what steps (if any) were necessary to minimise the risk of loss of life in case of fire in the temporary buildings at the North Eastern Hospital. A report was obtained from Mr. A. M. Stutter, an ex-superintendent of the London Fire Brigade, which concluded as follows:—"In fact, the whole of the fire arrangements and precautions adopted at these temporary buildings appeared to me to leave nothing to be desired, assuming your Board recognise the fire risk attendant on such wooden structures, especially having regard to their age." After considering Mr. Stutter's report, we decided not to take any action.

During the year the installation of electric light at the South Western Hospital has been completed, and a similar scheme is now being prepared for the North Eastern Hospital.

In March the Board approved of a scheme prepared by the Engineer-in-Chief for the extension of the upper boiler house at the South Western Hospital, to which the Local Government Board assented.

**Working of
Grove and
Fountain
Hospitals.**

7. In our report for 1906 we referred to a scheme which had been adopted for the utilisation of the Board's Hospitals, and which included the joint working of the Grove and Fountain Hospitals under the general supervision of the Medical Superintendent of the Grove Hospital. After the joint working under this arrangement had been in operation for a period of eighteen months we came to the conclusion that it was not desirable that it should be continued, and the Board on our recommendation approved of the appointment temporarily when needed of an acting Medical Superintendent at the Fountain Hospital.

**Patients—
Fever and
diphtheria.**

8. The number of patients remaining under treatment on the 1st January, 1908, was 6,194, viz. :—
4,939* scarlet fever.
1,138* diphtheria.
117* enteric.

* Uncorrected for errors in diagnosis.

The high numbers under treatment during the early part of the year caused some anxiety as to the probable demands on the Board's accommodation in the autumn, and it was deemed wise to make early application to the Local Government Board to sanction—as they did last year—the use of Joyce Green Hospital at Dartford for fever patients in case of need, and the sanction was promptly given. However, numbers decreased steadily until July 4th, when the minimum (3,283) was reached.

From this date admissions began to rise and the possibility of having again to provide emergency accommodation seemed imminent, but the uncertain behaviour of infectious disease to which we have often alluded was once again manifested, and fortunately it was found unnecessary to adopt exceptional measures. The maximum number (5,302) was reached on November 30th, which number was no fewer than 1,856 below the highest number for 1907, in which year it will be remembered the Board dealt with the largest number of patients in their history. It must be added, however, that this maximum number of 5,302 is well above the average, and has only been exceeded in late years in 1907 and in 1906, in which latter year the maximum was but slightly larger, viz., 5,498.

As compared with the year 1907 the decrease in 1908 was almost entirely in scarlet fever. There was no practical diminution in diphtheria and enteric fever.

Isolation Accommodation. 9. We received reports from the Medical Superintendent of the South Western Hospital (Dr. Caiger) on the working of the cubicle system of isolation and from the Medical Superintendent of the North Eastern Hospital (Dr. Thomson) on the working of the cubicle and box or room systems of isolation at those hospitals. These reports will be found in the medical supplement, pp. 258-266.

The scheme for the provision of additional isolation accommodation at the Eastern Hospital, by converting one of the wards into separate chambers (to which we referred in our last annual report) is still under consideration and it is hoped that this work will be put in hand at an early date.

Preparation of diphtheria antitoxin and bacteriological work. 10. The erection of the new laboratories at Belmont on a site adjacent to the stables was practically completed at the end of the year and it is anticipated that the building will be occupied early next year. Arrangements were made to determine at Lady Day, 1909, the tenancy of the temporary laboratories rented from the Royal Colleges of Physicians and Surgeons at the Examination Hall.

At the end of 1907 the Board's bacteriologist (Dr. Cartwright Wood) became ill and was unable to carry out his duties for some months. During this period the responsible duty of acting bacteriologist was placed upon Dr. Eliot Swainston, assistant medical officer, who in August, 1907, had been temporarily transferred from the hospitals service to assist at the laboratories and stables. Dr. Swainston discharged the duties of a position of peculiar difficulty with entire satisfaction.

In May Dr. Carl Prausnitz was appointed assistant bacteriologist of the Board.

Smallpox. 11. At the end of 1907 there were no smallpox patients under treatment, and it is with renewed satisfaction that we record that only one patient was admitted during the year. This case was discharged on May 16th.

Smallpox Hospitals and River Ambulance Service. 12. In January we had under review the whole system of farming at Joyce Green, and, after a thorough consideration of the possibility of dealing with the surplus land either without farming it or by sheep farming, we decided to continue the system in operation.

During the year the Board, on our recommendation, approved of the provision of two large and two small ambulance tramcars, properly fitted up, for the conveyance of patients between the pier at Long Reach and the Smallpox Hospitals, in addition to the large experimental car already provided, which the use of Joyce Green Hospital for fever had shown to be very satisfactorily fitted for the transport of patients.

We have given consideration to various works which it will be necessary to carry out at the Orchard and Long Reach Hospitals before they can be ready for the reception of their full complement of patients, and we are in communication with the Works Committee thereon, so that, if and when the need for the use of these hospitals arises in future, plans and specifications for the additional work will be ready prepared and it will only be necessary to put the works in hands. We hope to be in a position shortly to submit our proposals.

Conclusion. 13. We acknowledge with pleasure the continued and valuable assistance afforded to us by the Medical Superintendents and other officers.

(Signed)

WALTER DENNIS,

Chairman, Hospitals Committee.

ANNUAL REPORT OF THE ASYLUMS COMMITTEE FOR 1908.

8th March, 1909.

Patients. 1. 1,117 (905)* applications for the admission of patients were dealt with at the Head Office, and the actual admissions totalled 972 (832); of the latter number 255 (206) were children (of whom 46 were under 5 years of age), and 234 (213), *i.e.* about one in every three adults admitted, were over 70 years of age. 154 (108) 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. One went direct to Darenth.

Of the 234 (213) patients admitted over 70 years of age, 91 (77) were between 70 and 75, 77 (79) were between 75 and 80, 48 (40) were between 80 and 85, 16 (16) were between 85 and 90 and 2 (1) were over 90.

The deaths during the year numbered 645 (662), and the discharges 100 (135).

1,124 (740) transfers were effected, the details of which are shown in the following statement:—

From	To Tooting Bec.		To Belmont.		To Darenth.				To Caterham.		To Leavesden.		Total.	
	M.	F.	M.	F.	Over 16 years.		Under 16 years.		M.	F.	M.	F.		
Tooting Bec	—	—	3	—	47	23	140	94	22	31	22	100	234	248
Belmont ..	79	—	—	—	—	—	—	—	100	—	139	—	318	—
Darenth ..	—	—	28	—	—	—	—	—	69†	19	26	105	123	124
Caterham	35	—	—	—	—	—	—	—	—	—	1	—	36	—
Leavesden	37	—	—	—	1	1	—	—	1	1	—	—	39	2
	151	—	31	—	48	24	140	94	192	51	188	205	750	374
	151		31		72		234		243		393		1124	

The following statement shows the number of patients who have been transferred from Tooting Bec to Darenth during the four years ended 31st December, 1908.

Year.	<i>Adults.</i>		<i>Children under 16.</i>	
	All considered improvable).		No. considered to be improvable at time of transfer.	Percentage of cases considered to be improvable.
1905	46	139	70	50%
1906	69	164	82	50%
1907	44	174	49	28%
1908	70	234	72	30%
	229	711	273	39%

* The italicised figures in brackets, throughout, are those for the year 1907.

† 39 of these were under 16 but not less than 14 years of age.

Admission of children between 3 and 5 years of age.

2. In our last report we alluded to the reduction in the limit of age for the admission of children from 5 to 3 years. Of the total of 255 children admitted last year, 46 were between 3 and 5 years of age (there had been 5 previously received). When giving their assent to the reduction in the age limit, the Local Government Board expressed the view that special reports should be made periodically in respect of these children, who are accommodated at Darenth Asylum, and, as a matter of interest, we reproduce the first of the medical superintendent's special reports, viz :—

“ With regard to the children admitted between three and five years of age, all these children, with one exception, are of a very poor type, and show practically no mental capacity whatever. In the majority of cases, their habits are very faulty, and very little improvement has taken place in their mental condition, although, in nearly every case, their physical health has much improved. The one case above mentioned is a girl, aged four, who has considerably improved since her admission. Her habits are better, and she is generally brighter mentally, but although this is so, she is still, in my opinion, obviously a case to be kept in an institution, and it is very doubtful whether she will ever improve sufficiently to be able to look after herself in any way, if discharged.”

Admission of children suffering from ringworm and ophthalmia.

3. Very few children affected with ringworm or ophthalmia have been sent in under the authority given by the Local Government Board's order of 8th May, 1907.

Leavesden Asylum.

(i.) Increased accommodation and living out of staff.

4. In 1907 the accommodation for patients at Leavesden Asylum was increased from 1,877 to 1,936 beds, owing to members of the staff being allowed to live out of the asylum. During the past year the living out system has been still further extended, and with eminently satisfactory results, both in regard to the improved health of the staff and to the cost of administration generally. The Local Government Board have assented to the accommodation being still further increased to 2,130. This further gain in beds was in part the result of a careful remeasurement of the wards after the removal of the heating coils, when it was found that additional beds could be placed in the wards without detriment to the health of the patients.

(ii.) Extension of infirmary accommodation.

5. Three more blocks have been converted into infirmaries, in order to make suitable provision for the more or less helpless patients who now form the majority of the transfers to this and the similar asylum at Caterham.

There now remain only one block for working and able-bodied men, one block for female laundry workers, and one other small block for working and able-bodied women. It is desirable that these blocks should be kept full, if possible by transfers from Darenth, as by so doing a considerable amount of paid labour will be saved.

(iii.) Alteration in patients' dietary scale.

6. In consequence of the larger number of infirm and aged patients now under treatment at Leavesden Asylum, it has been decided, while still retaining the existing scale for such patients as may need it, to adopt for a period of six months the dietary scale which was introduced at Tooting Bec Asylum in 1904, as being more suitable for the aged and infirm and more economical than the former scale.

(iv.) Ophthalmia, or eye cases. 7. A considerable number of eye cases have been under treatment during the year in wards set apart for that purpose. Dr. J. C. Mead, an ophthalmic surgeon, was appointed for a period of six months to direct the treatment and to perform such operations as might be necessary. At the end of the year there were 101 eye cases under segregation and treatment.

(v.) New cemetery. 8. The new cemetery has been laid out, and a lych gate has been removed from the old cemetery and placed at the entrance to the new one. The ceremony of consecration was conducted by the Bishop of Barking on the 30th May, 1908.

The old mortuary near the cemetery has been converted into a small mortuary chapel.

(vi.) Sewage arrangements. 9. Considerable trouble has been experienced with the sewage arrangements, chiefly in regard to overflows caused on occasions of heavy rainfall, and to the difficulty of cleaning out the tank since it has been closed in. Certain alterations are being carried out under the direction of the Engineer-in-chief, which it is hoped will prevent any recurrence of the troubles alluded to.

(vii.) Increase of staff. 10. The provision of additional infirmary accommodation at Leavesden Asylum has necessitated an increase in the normal staff of 28 attendants (10 male and 18 female), the annual cost of which is calculated at £2,345.

Caterham Asylum.
(i.) Water supply. 11. In consequence of a breakdown in the pumping machinery at Caterham Asylum, which, but for the prompt action of the staff, might have led to the temporary cutting off of the water supply, arrangements have been made with the East Surrey Water Company to provide a supply of water for use at the asylum in case of emergency, at the rate of 1s. 6d. per 1,000 gallons, with a minimum payment of £10 a quarter. This has involved the construction of a meter house in which to place three large meters hired from the Water Company.

(ii.) Increase of staff. 12. The attendant staff at Caterham Asylum has been increased by 23 (13 males and 10 females). These increases were in consequence of (a) the conversion of a block into an infirmary for the accommodation of 44 young male patients from Darenth, to enable the latter institution to make provision for the reception of children between 3 and 5 years of age; (b) the transfer of 100 male patients from Belmont on the closing of that institution (see par. 17 below); and (c) the large increase in the numbers of aged, crippled and epileptic patients and those of destructive and depraved habits.

Darenth Asylum.
(i.) Development. 13. The development of this asylum as a training school and industrial colony continues to progress satisfactorily. Interesting information concerning the work carried on will be found in the annual report of the Medical Superintendent.

(ii.) Additional workrooms. 14. Owing to the increased number of female patients employed, the workroom accommodation on the female side of the industrial colony was found to be insufficient. After due consideration, we decided that five additional workrooms were required (two for needlework and three for indus-

tries) affording accommodation for 239 patients. Our proposals were approved by the Managers on the 18th July and we hope that this much needed accommodation will soon be available.

Tooting Bec Asylum.

(i.) Additional blocks.

15. Two additional blocks of three wards each and capable of accommodating 207 patients were passed for use during the latter half of the year. They have been erected on sites marked on the original plans of the asylum. This has raised the accommodation at this asylum, including 52 beds in the Children's Receiving Home, from 907 to 1,114 beds.

(ii.) Underpinning of steam boilers.

16. Defects discovered in the setting of the three large steam boilers at Tooting Bec necessitated their being underpinned. This work was satisfactorily accomplished, at a cost of £683, under the supervision of the Engineer-in-Chief, who estimated that the increased efficiency of the boilers would mean a saving of 500 tons of coal a year.

Belmont Asylum.

17. In May we were instructed by the Managers to consider how the patients at Belmont Asylum could be accommodated in the Board's other asylums, so that the whole of the buildings at Belmont could be placed at the disposal of the Guardians of Fulham, in connection with a scheme for providing additional accommodation for able-bodied male paupers. In the result, the patients were distributed among Leavesden, Caterham and Tooting Bec Asylums, and the majority of the Belmont staff were also transferred to other institutions of the Managers.

Additional beds.

(i.) For males.

18. The loss of 336 beds for male patients at Belmont Asylum, consequent upon the leasing of the buildings to the Fulham Guardians has been partially met by additional male accommodation (238 beds) procured at other asylums, as follows :—

- (1) Fifty-one additional beds in the four original male blocks at Tooting Bec Asylum.
- (2) The completion of the additional block at Tooting Bec Asylum which accommodates 105 males.
- (3) Eighty-two extra beds at Leavesden Asylum due to the removal of disused heating apparatus and the re-measurement of wards.

After Belmont Asylum was emptied of patients, very little spare accommodation for male patients existed. Towards the end of the year it was decided to re-measure the wards at Caterham Asylum in the belief that extra beds could be placed in them also.

(ii.) For females. 19. The accommodation for females has been increased during the year by 216 beds, 102 in the new block on the female side at Tooting Bec Asylum and 114 at Leavesden Asylum, for reasons above mentioned.

The total normal accommodation at the end of the year stood at 7,181. (For males, 3,378 ; for females, 3,803.)

Appointments of assistant medical-officers.

Paucity of candidates for vacancies.

20. For a considerable time the paucity of candidates for vacant appointments on the medical staff at the asylums had become very noticeable and unsatisfactory. Several reasons were advanced by the medical superintendents of the Managers' asylums which in their opinion accounted for the unpopularity which appeared to attach to these appointments, and these reasons were fully discussed with the medical superintendents.

In the hope of attracting a larger number of suitable candidates for these positions it was decided :

(a) That it was desirable that a Standing Order which required assistant medical officers in the asylums' service to be annually re-elected after the third year of office should be rescinded. (This the Managers did on the 14th March.)

(b) To recognise the principle that senior assistant medical officers might marry and be permitted to live off the asylum estate. (Three of the officers have availed themselves of this privilege.)

(c) To modify the restrictions in force as to the number of visitors who could be received in one year.

(d) That applications for future posts of assistant medical officers in the asylums' service should be made through the medical superintendent concerned instead of through the Clerk to the Board.

We have not yet had sufficient opportunities of judging whether these alterations in the regulations will achieve their object.

With regard to (b) above we subsequently approved of regulations concerning the distance of residence from the asylum, hours of duty, and meals, which are set forth on our Minutes of 27th July, pp. 97-8.

Retirement of Mr. R. Strong, J.P. 21. The retirement from the Committee of Mr. R. Strong, J.P., on his resignation in November of his seat on the Board through ill health, has been deeply regretted by us. Mr. Strong had been a member of the Committee from its formation in June, 1899. He had held the office of Vice-Chairman from June, 1902, until November, 1904, when he was elected Chairman on the resignation of Mr. Swift, and filled that position until June, 1907. The withdrawal of Mr. Strong's services and genial presence has been a heavy loss to the Committee.

Other matters. 22. Amongst other matters dealt with by us during the year have been the following :—

(a) The repair at Darenth Asylum of (i.) the road leading to the coal shoot at the gasworks (estimated cost, £165), and (ii.) the road leading to the industrial workshops (estimated cost, £550).

(b) The conversion of one ward for male patients at Caterham Asylum into an infirmary ward (estimated cost, £180).

(c) The installation, at the industrial colony, Darenth Asylum, of three water tube boilers, with chain grate stokers, to replace three boilers which had been in use for nearly 30 years (estimated cost, £2,500).

(d) The provision, at Leavesden Asylum, of precipitating tanks in connection with the sewage tank, to facilitate the cleaning out of this tank (estimated cost, £135).

Various other works have been executed under the control of the Works Committee.

Lunacy Commissioners' reports. 23. The reports made by the Commissioners in Lunacy who visited the asylums during the year were of the usual generally satisfactory character.

In accordance with our practice, we append copies of such reports.

Inspection of asylums by Committee. 24. We inspected all the asylums except Belmont and were pleased to find ample evidence of the care and attention given to the patients. Our visits gave us much gratification.

Principal officers.

25. The Chaplain of Caterham Asylum (the Rev. C. A. Greenland) was permitted, in January, to leave the house adjoining the asylum, allotted to him by the Board on his appointment, and was granted the sum of £50 per annum in lieu of the emoluments of an unfurnished house, coals, light and milk, and the house has since been let to the senior assistant medical officer at the asylum, Dr. Nicoll.

Upon the closing of Belmont Asylum, arrangements were made for the acting medical superintendent (Dr. Sherlock) to be transferred to Darenth Asylum with the special title of "medical officer attached to Darenth Asylum," and at the maximum salary of a senior assistant medical officer. He took up his new duties on the 29th September, replacing a second assistant medical officer. The acting steward (Mr. Williams) was transferred to Leavesden Asylum to fill the post of assistant steward there which happened to become vacant. The matron (Mrs. Williams) was granted leave of absence pending a definite decision respecting her, and the services of the temporary chaplain were dispensed with.

No other changes have occurred among the principal officers in the asylums' service.

Meetings.

26. Twenty-one meetings were held by us during the year, and our several Sub-Committees met on 132 occasions, making a total of 153 meetings.

Interim visits were also made as usual to the several asylums, and special visits were occasionally made by the Chairmen of the Asylum Sub-Committees.

Signed on behalf of the Asylums Committee,

A. BODEN,

Chairman.

APPENDIX I.

REPORTS OF COMMISSIONERS IN LUNACY ON VISITS TO ASYLUMS
DURING THE YEAR 1908.

A.—CATERHAM ASYLUM.

REPORT OF MR. L. L. SHADWELL.

LUNACY COMMISSION,
66, VICTORIA STREET, S.W.
28th April, 1908.

I have to-day visited and inspected this Asylum, and have pleasure in being able to give a favourable report of the efficiency with which it continues to be administered.

The wards were all in good order and comfortable, and the air everywhere fresh and sweet. They were well supplied with various objects to interest the patients, and in spite of the dull gloomy weather, had a bright and cheerful appearance. The dormitories were clean and the beds and bedding good and sufficient.

In accordance with the recommendations made by two of my colleagues who visited last December, the dressing room attached to the male general bathroom has been enlarged, without, it may be added, any curtailment of the size of the bathroom, and certain rooms and lavatories formerly cleaned up by scrubbing have been treated with boiled oil and are now dry rubbed. Other measures recommended at the same visit, viz :—the protection of points of suspension in the w.c.'s and lobbies, the provisions of hand rails on both sides of the wide stone staircases, and the increase of the supply of books, are under consideration.

The erection of new recreation and mess rooms and of cubicles and lavatories for the male staff will shortly be taken in hand.

In the period of little more than four months which has elapsed since the last visit the changes among the patients have been as follows :—83 have been admitted and 3 discharged or removed, and 68 have died. There are now on the books the names of 831 men and 1,030 women—a total of 1,861. The sleeping accommodation being estimated to be sufficient for 888 men and 1,055 women, these figures show 57 vacancies on the male and 25 on the female side.

In the course of my visit I saw all the patients with the exception of a woman employed as a worker at the isolation hospital, where one of the kitchenmaids of the establishment is under treatment for scarlatina. Their dress and personal condition were quite satisfactory, and they appeared to be generally contented with their treatment, though many appealed for discharge.

A good and substantial dinner of meat pie was served in the wards in my presence, and seemed to be enjoyed by the patients.

The 68 deaths which have occurred since the last visit were all due to natural causes, verified in the creditable proportion of 85·3 per cent. by post-mortem examination. Heart disease was the cause in 20·6 per cent. of the total, pneumonia and bronchitis in 14·7 per cent., and senile decay, epilepsy and phthisis in 13·2 per cent., 11·8 per cent. and 5·9 per cent. respectively. Bedsores existed at death in 8·8 per cent. of the cases. I was glad to learn, however, that none of the 44 men and 63 women whom I found to-day in bed was suffering from this complication.

One inquest has been held, in which the verdict was death from natural causes.

The only case of zymotic disease has been that above mentioned of scarlatina affecting a member of the kitchen staff.

There have been five serious casualties involving fractures of bones. The injuries were in each case caused by falls, which in three instances were the result of epileptic fits.

No use of mechanical restraint or seclusion has been recorded in the period under review.

No attendant or nurse has been dismissed, or allowed to resign in order to escape dismissal for misconduct since the last visit.

(Signed) L. L. SHADWELL,

Commissioner in Lunacy.

B.—DARENTH ASYLUM.

REPORT OF MR. A. H. TREVOR.

25th June, 1908.

On the 22nd instant I visited this asylum, and after a thorough inspection of all parts of the establishment I can report that it continues to be maintained in excellent order.

During the past year, in addition to various minor improvements, which include much painting and redecoration, the new workshops have been completed and brought into use. The result is very satisfactory, as the concentration in one part of all the shops, which were formerly scattered promiscuously about the buildings, is far more convenient and enables a more thorough and effective supervision to be given to the workers. It was impossible not to be impressed by the interest which most of those employed took in the various branches of work on which they were occupied. Much of the work itself appeared to me to be excellent; specimens of the patients' work are at the present time being shown at a stall in the Franco-British Exhibition, and the favourable mention they have received from the general public must be very gratifying to the teachers, and to all who have had any share in the organisation of the work. It is however unfortunate that reasons of economy have led to the shops themselves being erected on a much smaller scale than was originally contemplated, with the result that they are already overcrowded, and it is therefore impossible to take full advantage of a system which conduces so much to the welfare and happiness of the patients; this is the more to be regretted as the shops are to a large extent self-supporting, the net profit derived from the sale of patients' work during the past year amounting, as I was informed, to just on £1,300.

During the past year all the pavilions have been thoroughly cleaned and repainted inside and out.

For some time it has been found difficult to provide a proper room for the female needleworkers, and in October last ward 6, which had been used for the accommodation of 40 crippled patients, was converted into two needlerooms, one

for repairs and the other for new work. The crippled patients were removed to other asylums of the Metropolitan Asylums Board, and arrangements were made to prevent loss in accommodation for the normal number of patients. The results of this change have proved very satisfactory.

One of the pavilions has been set apart for children between the ages of 3 and 5 ; there are at present 24 such children warded there, but there is available accommodation for 44. These little patients are very kindly and efficiently nursed.

The new foul laundry is now in good working order, but the floor of the laundry in the main building is very much out of repair and requires relaying. In this laundry the whole of the patients' washing is dealt with, that of the staff being washed at the schools.

Since the last visit of members of our Board, 343 patients have been admitted, 259 discharged or removed, 2 of whom had recovered, and 75 have died, all from natural causes. There are now on the books the names of 1,938 patients, of whom 1,002 are of the male and 936 of the female sex. There is vacant accommodation for 20 males and 15 females, exclusive of the vacancies for small children already referred to.

Post-mortem examinations were made in 50 of the 75 deaths, or in a proportion of 66·6 per cent. No bedsores existed at death in any of the cases. Fifteen of the deaths were due to phthisis, and the same number to pneumonia. There was one death from dysentery and 2 from scarlet fever, of which disease there were 17 cases in the months of January and February. No arrangement has yet been made for the separate treatment of phthisical cases.

There have been 9 serious but non-fatal casualties, involving in most cases fracture of bones, as the result of accidental falls.

No mechanical restraint or seclusion has been employed.

All parts of the asylum were in good order, the wards being bright and cheerful, the dormitories fresh and airy, and the beds and bedding scrupulously clean. The patients appeared generally happy and contented ; they were neat in dress and personal appearance, and I received no complaints. Their general health was good, those in bed suffering for the most part from general debility and helplessness. In the Isolation Hospital there was one case of suspected scarlet fever. There are also some cases of ringworm, whooping cough, german measles and scabies, all progressing towards recovery.

I saw a good dinner of roast mutton, potatoes, cabbage and bread served in several of the wards, which was evidently relished.

Physical drilling of the patients continues to be a distinctive feature of the curriculum of this asylum. Many of the patients of both sexes receive instruction, and, in addition to the fact that they evidently enjoy it, they derive much benefit from the exercise in their general health and deportment.

I was much struck with the various forms of education that were being imparted to the different grades and classes of children in the schools.

One attendant has been discharged for striking a patient, and one nurse was, on account of her previous good service, allowed to resign for the same offence.

The condition in which I found this asylum reflects great credit on Dr. Rotherham and the staff by whom he is assisted.

The entries in the case books are now well up to date.

(Signed) A. H. TREVOR.

C.—TOOTING BEC ASYLUM.

REPORT OF DR. E. MARRIOTT COOKE.

3rd November, 1908.

On the 30th ultimo I made a complete inspection of the wards and administrative departments of the Metropolitan Asylums Board's asylum at Tooting Bec.

I found the additional block for 105 male patients, the hall for religious services and recreation and the further accommodation for 26 domestics completed and in use. The additional block for 102 female patients was also nearly ready for occupation, the only work remaining to be done being some re-laying of the wood block floors, which at present are not satisfactory. These two new blocks raise the accommodation of the asylum, including the 52 beds in the children's block, to 1,114 beds, of which 514 are for males and 600 for females. The new blocks are identical in design to the original blocks, the only difference between the two being that in the former the day-rooms and dormitories are lined from floor to ceiling with glazed bricks.

I am able to express a very favourable opinion of the condition of the asylum, which except as regards the nurses' block and domestic block has been painted and distempered throughout. Good order prevailed; the wards were bright and well furnished, the beds and bedding properly attended to, and, except in the padded rooms, where the windows should be made to open and the shutters provided with ventilating panels of strong galvanised iron wire gauze, and in some of the rooms belonging to the staff which were unduly heated, all parts of the building were well ventilated and of a comfortable temperature. The plant for generating and storing electricity has been sold, and the supply of electric current is now obtained from a public company, an arrangement which has been productive of a considerable saving in cost.

In the laundry I pointed out several driving bands and parts of the machines which should be better protected.

There were on the books the names of 974 patients, 490 being males and 484 females. Of the total number 35 (18 males and 17 females) were children. I saw them all, and gave to every one an opportunity of speaking with me, of which a good many availed themselves, but a large proportion were too demented or too childish to converse. They were quiet, well behaved, and generally contented. Their personal condition was highly creditable to those in charge of them, especially when it is remembered how few can look after themselves, the women being particularly neat. Seventy-four of the women and 66 of the men, mostly very aged, feeble people, were in bed, but beyond a case or two of pneumonia or bronchitis there were none among them who were suffering from illness of an acute character. Among the children there was one case of ophthalmia and four cases of ringworm, and a male attendant was convalescing from german measles.

The new hall will add to the resources of the asylum. I am informed that 175 patients attended Divine service held there last Sunday, and that about 284 patients are present at the entertainments which are given from time to time.

None of the patients are fit to be employed except in their wards, where a small number do assist in the housework and needlework. Among the men were about 100 youths who have been admitted from the Belmont Asylum, which has now been closed; these patients will probably be gradually drafted off to other institutions.

From the returns furnished to me, I learn that since my colleague visited the asylum on 24th January, 1907, as many as 1,616 patients, of whom 395 were children,

have been admitted ; 946 discharged or removed, 18 having recovered and 451 have died.

It is very satisfactory to find that in nearly 75 per cent. the causes of death were verified by post-mortem examination. Death in 54 per cent. resulted from senile decay, and in only about 2 per cent. each from cancer and phthisis. Bed-sores existed at death on nearly 10 per cent. of the bodies, a high proportion, but I am glad to say that none of the patients whom I saw in bed at the time of my visit were suffering in this way.

A male patient who had been in various asylums, and was not suspected to have any suicidal tendency, committed suicide by cutting his throat with a razor which an attendant (who was dismissed for his carelessness) had neglected to lock up. In this instance, and in seven others, most of them being cases where the patients had not long before their decease sustained accidental fractures of the femur, inquests were held. The suicide just referred to emphasises the fact that even for the class of patients in this asylum precautions against suicide—such as were advocated by my colleague, but which I regret the Managers have decided not to adopt—are requisite. The serious non-fatal casualties which have occurred during the 21 months under review have been 15 fractures of bones and a dislocation. These injuries were all occasioned by falls which in two instances were caused by a push from other inmates, nearly all the rest being accidental in character.

Ten of the children and four of the staff were attacked in the autumn of last year with scarlet fever, and in the summer two attendants had measles. I am informed that besides these and those already mentioned, there have been no other cases of infectious disease.

No one has been mechanically restrained, but eight patients have been secluded on altogether 98 occasions and for a total of 187½ hours.

The dinners which I saw served in several of the wards were of good quality and well cooked.

The staff of attendants is a strong one, and necessarily so, the great majority of the patients being so helpless and infirm. By day there is on the male side an attendant for every eight patients, and on the female side one for every six patients, while for night duty there are approximately 15 attendants in the male division and 19 in the female division. Their record of service is satisfactory.

The various medical records are properly kept.

(Signed) E. MARRIOTT COOKE,
Commissioner in Lunacy.

D.—LEAVESDEN ASYLUM.

REPORT OF DR. E. MARRIOTT COOKE.

10th November, 1908.

As a result of the annual visit of inspection which I paid to the Leavesden Asylum on the 10th instant, I found that since my colleague's visit of 30th January, 1907, 639 patients had been admitted ; 127 had been discharged or removed, and 274 had died, changes which left 2,017 patients—910 males and 1,107 females—in the asylum, all of whom I saw and gave an opportunity of speaking with me.

The admissions have again, more particularly on the female side, comprised

a larger number of infirm demented and crippled imbeciles. This has necessitated the conversion of three more blocks into infirmaries, so that on the male side there are now as many as 15 infirmary wards, and only one block for working and able-bodied men; while on the female side there are no less than 18 infirmary wards, and only the laundry block and one other small block for working and able-bodied women.

Originally there were but three infirmary wards in each division, and now that nearly all the rest of the asylum has been converted into wards that are occupied by day as well as by night (whereas formerly one-third was used by day only and two-thirds by night only), the work of supervision has largely increased. The present arrangement whereby the blocks are only connected by a corridor on the ground floor adds greatly to the labour of supervision, which would be much lessened if the blocks were coupled up in pairs by two-tiered iron bridges. The bridges would also afford a ready means of escape in case of fire for the very feeble and crippled ones, whose removal up and down stairs must be a tedious and difficult matter, and might be utilised for them to sit or lie out upon in favourable weather.

The state of the patients was satisfactory. They were orderly in their behaviour, presented a clean and well-cared for appearance, and the 21 men and 62 women in bed were receiving proper attention.

Many of the inmates were too lost and vacant to converse intelligently, but almost without exception those who did talk to me rationally spoke well of the treatment. I had urgent appeals from two men for their transfer to one of the other Metropolitan Board's asylums in order that they might be near their relatives, who are at present, to a great extent, debarred from seeing them owing to the expense entailed by the journey. I discussed these requests with Dr. Elkins, who promised to bring them to the notice of the Managers, who, I was sorry to find, do not visit all the wards at fairly frequent and regular intervals.

Of the total number of patients 21 per cent. are epileptics, and these all sleep under continuous observation. 489 patients on the average attend the Church of England and 118 the Roman Catholic services, making altogether 33 per cent., which is a satisfactory proportion. An average of 23 per cent. attend the entertainments; 11 per cent. are taken for walks beyond the asylum estate, and 34 per cent. make themselves in some degree useful, though, excepting those men who work on the farm and in the gardens and airing courts, very few of the inmates are able to be employed beyond the wards, and there are so few in the asylum who are capable of any skilled work that even the mattresses are now all made and remade at Darenth Asylum.

I saw a substantial dinner of potato pie served to the patients.

The wards were tidy, well ventilated and a proper temperature, and the beds and bedding good and well kept. As the result of recent remeasurement in accordance with the recognised scale, which allows 850 cubic feet for infirmary cases; 1,200 cubic feet for offensive cases (such as sloughing ulcers and gangrene of the lungs); a floor space of 100 square feet for advanced tuberculous cases, and of 300 cubic feet by day and of 500 cubic feet by night for the able-bodied—there is accommodation in the asylum for 2,130 patients (946 males and 1,184 females), so that upon this calculation there are vacancies for 36 males and 77 females.

The taps on some of the baths in the wards should be labelled more distinctly, to prevent the possibility of an accident. In the laundry, engine room and engineer's shop there are certain driving bands and parts of machinery that require to be better guarded, and at the kitchens an alteration is needed to prevent the male patients working there having access to the females' corridors and yards. Disastrous consequences might easily result from the existing lack of precautions in these respects.

The maintenance charge per head per week is 10s. 9½d.

The causes of the 274 deaths were in the highly creditable proportion of over 96 per cent. verified by post-mortem examination. Inquests were held in eight instances, in most of them because at no remote date prior to death the patients had in accidental falls sustained fractures of bones or other injuries. As particulars of all these cases, as well as of all the other 20 serious but non-fatal casualties which have occurred were fully reported to and considered by our Board at the time, it is not necessary to enter into details of them here. Two patients, upon whom no inquests were held, died of peritonitis following upon perforation of the intestinal canal, caused in one instance by a straw and in the other by leaves which had been swallowed.

During the period under review there have been among the patients two cases of dysentery, both fatal; four of erysipelas, one fatal; and a large number of cases of ophthalmia, with which disease some patients are still affected, while among the staff three nurses have suffered from scarlet fever.

Neither seclusion nor mechanical restraint has been resorted to in the treatment of any one.

I witnessed a drill of the Fire Brigade, and observed with satisfaction that the supply and pressure were sufficient to allow of three large jets of water being thrown simultaneously over the roofs of the highest buildings.

The staff of attendants gives for day duty about one male attendant or one nurse for every 12 patients, and for night duty there are 19 male attendants and 23 nurses. On the female side the day staff is none too strong, and if the number of helpless cases continues to increase, it will have to be strengthened. The changes among the charge attendants and charge nurses have been rather numerous, but on the whole the duration of service is satisfactory.

The various medical records were produced to me.

(Signed)

E. MARRIOTT COOKE,

Commissioner in Lunacy.

ANNUAL REPORT OF THE CHILDREN'S COMMITTEE FOR THE YEAR 1908.

I.—GENERAL.

The Committee's work. 1. We submit to the Board our eleventh annual report, for the year 1908, 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.

These five classes of children are provided for in two ophthalmia schools, one ringworm school, three homes at the seaside, seven homes for the mentally deficient, and three remand homes. The total accommodation in these homes is for 1,787 children, and the staff ordinarily employed numbers 454.

Changes in Work. 2. The chief events of the year, so far as the work of the committee is concerned, were two in number. In the first place there was the addition to the special classes above enumerated, for which the Board are required to make provision, of another large class of children, viz., "sick or convalescent or debilitated." This addition was made by an order of the Local Government Board, dated 11th September, 1908.

The second event of note was the passing of The Children Act, which will come into force on the 1st April, 1909, and which, *inter alia*, places upon the London County Council instead of the Metropolitan Asylums Board the duty of making provision for juvenile offenders on remand from the police courts.

In this report, except for a few preliminary observations, each class of children is dealt with in a separate section. In accordance with this arrangement we deal at length with the provision to be made for the additional class of children in Section IV., and with the changes made by The Children Act in Section VI.

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. An additional central sub-committee is constituted by the chairmen of the other sub-committees, for the review of all questions of finance and accommodation and nursing, and of matters relating to more than one institution. Lastly, we receive reports on the work of all the sub-committees. 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.

Chairman,
Vice-Chairman,
and Committee. 4. We re-elected Dr. Elliott S. Browne to be our Chairman and Mr. T. Cornell to be our Vice-Chairman. Miss A. M. Humphry resigned her seat on the committee, and two additional members were added, Dr. S. B. Atkinson and Mr. J. O. Devereux.

Meetings. 5. We held 21 meetings during the year, and, in addition, our various sub-committees held 262 meetings, of which 71 were at the Office of the Board and the remainder away from that centre.

Proportion of Poor Law children dealt with. 6. We pointed out last year that at the time of the enquiry of the Departmental Committee on Poor Law Schools in 1896 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 the special classes for which separate provision was required numbered about 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
1st January, 1909	..	..	..	1,521

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

On 1st January, 1905	..	..	..	19,839
1st January, 1906	..	..	..	20,069
1st January, 1907	..	..	..	19,830
1st January, 1908*	..	..	..	20,474

Expenditure. 7. 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 £59,228 in 1908, a reduction of £2,603 on the previous year. The total amount borrowed on loan in respect of the children's work is £427,198, of which £324,971 was outstanding at Michaelmas last. Details of the cost per head in the several homes and schools will be found in Appendix IX.

Educational work. 8. Towards the close of the year an important report was made to the Board of Education by Mr. J. Tillard, H.M.I., and Miss M. B. Synge, who were appointed by the Board to conduct an enquiry into the educational work in poor law schools, and in those schools certified under the Poor Law (Certified Schools) Act, 1872, which are inspected by the Board of Education. The Inspectors say that they have considered the reports made by the Board's District Inspectors since 1905, when they undertook the duty of inspection, on the educational work of the schools, together with the special reports made by them for the purposes of this enquiry, and that the criticisms and conclusions embodied in their report are based on these materials as well as on their personal investigations, in the course of which they have visited 28 schools or institutions, in company with the District Inspectors of the Board.

* The return for the 1st January, 1909, had not been issued at the date of the publication of this report.

The principal conclusions at which the Inspectors have arrived are that :—

1. In view of the isolation and want of freshness which is caused by the conditions under which the Poor Law teachers work, they feel very strongly that they should as far as possible be placed under exactly the same conditions as public elementary school teachers.

2. Poor Law Schools, whether cottage homes or barrack, are in reality boarding schools, and the present system of dual control produces serious obstacles to their proper administration and tends to divert attention from their educational purpose.

3. In view of the enormous importance of giving an efficient education, (both general and technical), to boys and girls who are in the public care, very often up to 16 years of age, and of the many and difficult problems involved in planning and working a good system of education for children of such varying ages and capacities, it seems deplorable that the experience and knowledge of members of local education authorities should not be brought to bear on the problem.

The references in the report to the educational work under the Asylums Board's control are most satisfactory. They are contained in the following two extracts, viz :—

(a) "The schools of the Metropolitan Asylums District Board, which are maintained under the powers conferred by the special Acts, form an independent group of separate schools. These schools include special schools for ophthalmia and ringworm cases, which do not differ materially from the ordinary Poor Law Schools, except that the scholars are continually changing. The premises are remarkably good, and the schools are generously equipped, suitably staffed and conducted on the most approved lines. The standard of education in those schools visited by us was entirely satisfactory."

"Seaside homes are also maintained by the Board. In these the children are also constantly changing, but H.M. Inspectors report in favourable terms on such education as is given."

(b) "Of one school (Swanley, Metropolitan Asylums Board), he [Mr. Phillips, H.M.I.] says 'The teaching here is up to the level of the very best modern council schools in most ways.'"

Other reports of H.M. Inspectors on the school work received during the year are as follows :—

(i) The Downs School—24th January.

"The children are as usual industriously and carefully taught, but the conditions are very discouraging to the teachers, as the average time the children stay at the school is now fortunately short, and the attendance has been broken by sickness during the latter part of the year. . ."

(ii) High Wood School—12th February.

"The syllabuses of work were discussed with the new mistress, who promises well.

"The older infants are very skilfully managed and their whole training is highly creditable to their teacher. They are bright and happy, free and natural in their speech, and they begin to read very nicely."

"It would probably be much better for the babies if they were excluded from school. If and so long as they are retained they should have plenty of games and stories and little, if any, formal instruction. . ."

(iii) White Oak School—14th February.

"The Head Mistress and her staff are to be heartily congratulated upon the state of the school. The curriculum is well planned and the teaching bright and vigorous. The children seem keenly interested in their work, and in some subjects the level of their attainments is remarkably high. A specially well-trained class is the 4th.

"The physical training is in capable hands. . ."

(iv) East Cliff House—23rd March.

"The children are taught suitably to the conditions under which they are inmates of this Home. Their health in most cases would not permit of long hours or very strenuous work; but they are interested in their lessons, and make very fair progress. The Schoolmistress conducts the school with very great tact and kindness."

Dietary Scale.

9. The Board on our recommendation have approved of a revised dietary scale for children in the homes and schools, prepared by the Medical Officer for General Purposes after consultation with the institution medical officers.

Inspections. 10. On the 11th July we held an inspection of East Cliff House, and on the 15th July of White Oak School.

Royal Commission Report.

11. Last year we remarked on the fact that one of the recommendations of the Poor Law School Committee of 1896 was that a central authority should be appointed for the metropolis for the control of all the institutions for metropolitan Poor Law children. Since 1896, and especially during the last two years, this question with regard to the management of the Poor Law Schools has become part of a very much larger one relating to all the Poor Law institutions. At the close of the year the Report of the Royal Commission on the Poor Laws in which this subject will no doubt be fully dealt with, had not been issued, though its appearance was not likely to be very long delayed.

The Report of the Royal Commission on the feeble-minded was, however, issued in July last. Though the work of this Commission has been to some extent overshadowed in the public estimation by that of the Poor Law Commission, yet its report, together with the volumes containing the evidence on which its recommendations are based, are documents of the greatest interest, and are worthy of the fullest consideration on the part of those who are entrusted with the care of the feeble-minded. Some of the recommendations are referred to in Section V. of this report.

II.—OPHTHALMIA SCHOOLS.

Admissions.

12. The total number of admissions during the year numbered 489, as compared with 502 in 1907. At the same time, as the ophthalmic surgeon points out in his report, the number of trachoma cases admitted, which has been decreasing year by year since the schools were opened, shows for the first time an increase over the previous year, from 76 in 1907 to 94 in 1908. There continues to be complete freedom from anything approaching a serious outbreak of ophthalmia in the Poor Law Schools, and the accommodation at the Board's disposal appears ample to meet all demands likely to be made upon it.

Period of detention.

13. The following statistics with regard to the detention of cases in ophthalmia schools are of interest, viz :—

	Months.
Average stay of first 100 cases admitted by the Board—1903 ..	18·23
Average stay of last 100 cases discharged before 31st December, 1908	11·00
Average stay of last 80 cases of trachoma discharged before 31st December, 1908, as follows :—	31·2

Period.	Number.
1 to 12 months	10
12 to 24 „	20
24 to 36 „	16
36 to 48 „	21
48 to 60 „	12
Over 60 „	1
	80

Retention of cases over 16 years of age.

14. The question of the retention of inmates in the ophthalmia schools, who are still suffering from ophthalmia on attaining the age of 16 years, has been carefully considered. While we have thought it desirable for the present to allow a certain amount of elasticity with regard to the discharge of these patients, we propose to carefully review the whole subject from time to time, and to receive periodical reports from the ophthalmic surgeon on the individual cases. We are glad to find that the number of these elder cases is steadily diminishing.

Assistant medical-officers.

15. In order to allow of more time being devoted by the assistant medical officers at the ophthalmia schools to the general health of the children, and also to the bacteriological examination of the discharge from the children's eyes, which affords valuable indications for treatment, the Board have increased the hours of attendance required from the assistant medical officers, and have granted a corresponding increase in the remuneration.

Medical reports and statistics.

16. 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.**

17. The number of cases admitted during the year 1908 at The Downs School was 807. The total numbers of ringworm cases admitted in previous years have been :—

At Bridge School :

1901	187
1902	129

At Bridge School and The Downs School :

1903	..	..	..	..	673
1904	..	..	..	..	619
1905	..	..	..	..	619

At The Downs School :

1906	..	..	..	..	705
1907	..	..	..	..	748

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

18. Notwithstanding the records contained in our more recent annual reports as to the efficiency of the X-ray treatment for ringworm cases, this method of treatment still forms at times a subject for criticism, not always favourable. We would, therefore, direct special attention to the observations of Dr. Colcott Fox on this treatment in his report, as well as to the figures we give with regard to the large increase in the annual numbers under treatment (although the accommodation for ringworm children has been materially decreased by closing one school,) and also to the period of detention of patients under treatment. The average stay of the first 100 children, admitted by the Board to Bridge School after the opening in 1901, was 19 months. The average stay of 100 cases treated by X-rays only in 1906, counting only from the time the treatment actually began, was 4.49 months. For a similar batch of cases in 1907, the average stay showed a slight increase to 5.33 months, while last year the period fell to 5.02 months, notwithstanding that the number of cases put under X-ray treatment increased to such an extent that it was found difficult for the X-ray operator to keep pace with it. The stay from beginning of treatment of this last 100 cases is shown in the following table :—

Period.							Number.
1 to 2 months	...	...	...	...	...	...	3
2 to 4 "	...	...	...	...	...	...	34
4 to 6 "	...	...	...	...	...	...	43
6 to 8 "	...	...	...	...	...	...	6
8 to 10 "	...	...	...	...	...	...	9
10 to 12 "	...	...	...	...	...	...	3
12 to 14 "	...	...	...	...	...	...	2
							100

Assistants
to the
Dermatologist.

19. Towards the end of the year it became necessary to make fresh arrangements for carrying on the X-ray work, and we appointed Drs. H. G. Adamson and H. G. Critchley as assistants to the dermatologist for this work.

IV.—INSTITUTIONS FOR SICK AND CONVALESCENT CHILDREN.

(a) THE CHILDREN'S INFIRMARY.

Additional
Class of
Children.

20. At their meeting on the 18th July, the Board considered a letter from the Local Government Board, dated 13th July, stating that in view of the pressure on the accommodation for the sick poor in the metropolis, it had been suggested as a means of relieving

that pressure, that the Metropolitan Asylums Board should be empowered to provide accommodation for such sick or convalescent children as might be fit for removal and suitable for reception into such buildings as the Managers might have available for the purpose; and that the Southern Hospital at Carshalton might be used for the accommodation of the class in question, but that before taking any steps in the matter the Local Government Board would be glad to be furnished with the observations of the Managers on the subject. The letter was referred to the General Purposes Committee for consideration, and at the same time a copy of it was forwarded to each of the Boards of Guardians for their observations, and for report as to the probable number of children that would be sent to the hospital, if used for the purpose contemplated.

The General Purposes Committee informed the Board that from the replies received, it appeared that about 20 Boards of Guardians were in favour of the proposal or had children to send, while others, who required further information, would apparently regard the scheme with favour provided the conditions of admission were made sufficiently elastic. Only one Board of Guardians appeared to be definitely opposed to the proposal, and even in that case the medical superintendent of their infirmary considered the proposal would assist the administration of the institution, and he stated a number of children who could be sent. Some Boards had not replied at the time of the Committee's report, but the estimate received up to that time of the probable number of children who could be sent amounted to between 600 and 800.

The Committee, however, quoted the figures given by Dr. Downes, Local Government Board Inspector, as the result of a census taken in April, 1907, when it appeared there were 2,175 children in infirmaries under medical treatment and 205 in workhouses. Of these, 1,637 (with 73 epileptics) were classed as mainly medical and 680 as mainly surgical, while 1,655 were acute and 725 chronic. Dr. Downes informed the Committee that the figures had not varied materially since the date mentioned.

With regard to these figures, the Managers were reminded that the proposal emanated from the Local Government Board, and that the Managers would, as indeed they must, look to that Board to ensure that an adequate population was forthcoming from amongst the numbers given for the building to be used. The Committee added that the Managers had never shrunk from assuming new responsibilities or undertaking additional duties for the benefit of the Metropolis as a whole, when these had been proposed to them by the responsible central authority, and, looking to the information which had been placed before them, they could not doubt that it was in this case also the Managers' duty to express to the Local Government Board their readiness to comply with that Board's wishes.

With regard to the proposed use of the Southern Hospital, the Managers had in this hospital a splendid set of buildings, placed in the midst of healthy country surroundings, and thoroughly adapted for the most ample classification of cases. They had decided that it was not now required for the purpose of fever hospital accommodation, and no other use had yet been decided upon for it. The proposal afforded an opportunity of materially benefiting large numbers of poor children, who could be removed from their necessarily confined surroundings in London, of relieving the pressure on many infirmaries, and of putting to a proper and advantageous use an institution for which no use had yet been found.

The Committee concluded their report by recommending that, in reply to their letter of the 13th July, 1908, the Local Government Board be furnished with copies of the letters received from the Boards of Guardians and others in reply to the Managers' enquiry on the subject, with an intimation that the Managers will be prepared to undertake the duties referred to in the Local Government Board's letter, and to utilise the Southern Hospital for the purpose, as it was not at present needed for hospital requirements.

The recommendation was adopted, and a reply sent in the terms proposed to the Local Government Board, who shortly after expressed their satisfaction with the decision of the Managers, and proceeded on the 11th September to issue an order as follows:—

Whereas an Order dated the 15th day of May, 1867, the Poor Law Board ordered that certain Unions and Parishes therein mentioned should be combined into a District, to be termed "The Metropolitan Asylum District" (hereinafter referred to as the "District"), for the reception and relief of poor persons chargeable to some Union, or Parish within the District who might be infected with or suffering from fever, of the disease of small-pox, or who might be insane, and that a Board of Management should be constituted for the District;

And whereas by an Order dated the 2nd day of April, 1897 (hereinafter referred to as "the Order of 1897"), we, the Local Government Board, directed that poor persons chargeable to some Union or Parish in the District for whose reception and relief the District should be deemed to be formed, should include the classes of poor persons so chargeable described in the Order of 1897;

And whereas by a further Order made by us, and dated the 4th day of March, 1903, the Order of 1897 was amended;

And whereas it is expedient that the Order of 1897 should be further amended so that the class of poor persons so chargeable, which is hereinafter described, should be included amongst those for whose reception and relief the District should be deemed to have been formed;

Now, therefore, in pursuance of the powers given to us by the Statutes in that behalf, we do hereby order and direct that, as from the date hereof, the Order of 1897 as altered as aforesaid, shall be further altered, and shall have effect as if the following paragraph were included therein immediately after paragraph (e); that is to say,—

(f) Sick or convalescent or debilitated children who may be fit for removal to and suitable for reception into such buildings as the Board of Management may have available for their reception.

Given under the Seal of Office of the Local Government Board this Eleventh day of September, in the year one thousand nine hundred and eight.

On receipt of this Order the Managers referred the matter to us, and delegated to us the control of the Southern Hospital to be used for the purposes of the Order.

The Southern Hospital at Carshalton, which the Managers decided to use for the accommodation of this additional class of children, stands on a site of about 136 acres, which was purchased in July, 1896, for £13,550. A tender for the erection of buildings designed for the purposes of a convalescent fever hospital was accepted at the sum of £176,050, and the amount expended to Michaelmas, 1907, including cost of engineering, electric lighting, road-making, etc., works, was £232,920. A portion of the site (about 42½ acres), on sloping ground outside the boundary fence, has been let on lease.

The buildings consist of—

- 24 double cottages in 6 groups;
- 6 staff blocks (one for each of the 6 groups of 4 double cottages);
- 2 infirmary blocks, with connecting corridor;
- Central administrative block;
- Kitchen and stores block;
- 2 subordinate staff blocks;
- Laundry, etc.;
- Mortuary;
- Medical Superintendent's house;
- Steward's house;
- Engineer's house;
- Gate porter's lodge.

The accommodation was designed for 852 beds for convalescent patients (a ward for 15 beds and a single-bedded separation room in each of the 48 cottages, and 84 beds in the two isolation blocks), with 214 beds for resident officers (excluding separate houses). There is no doubt, however, that the normal accommodation

for children can be much increased beyond this, 20 being a much more probable cottage unit than 15, while the infirmary normal accommodation also is capable of much extension, and we anticipate that at least 1000 children can be accommodated.

The Children's Infirmary. 21. The Board, on our recommendation, decided to rename the institution "The Children's Infirmary," the intention being to indicate clearly the purpose for which the institution was to be used, viz., to take the place of the metropolitan infirmaries for those children who are able to travel and who can be received.

Class of Cases and Conditions of Admission. 22. In order to arrive at a clear understanding as to exactly what cases the Local Government Board had in mind as suitable for reception in The Children's Infirmary, when they suggested the proposed use of this institution, the question was discussed with Dr. Downes, Local Government Board Inspector, and the result confirmed the view which we had already formed from the wording of the Board's Order, viz., that provision should be made for all those sick, debilitated, and convalescent children now treated in the metropolitan poor law institutions who could safely undertake the journey to Carshalton. This definition included children who would travel in a recumbent position as well as those who would travel by rail.

The next point considered was as to the reception of cases of contagious disease, and this was important, as several Boards of Guardians had raised the question of the admission of cases of whooping-cough, chicken-pox, and measles. This question was discussed with Dr. Downes and with Dr. Cuff, the Medical Officer for General Purposes, and they concurred in advising that whooping-cough only should be admitted. It was understood that children suffering from this disease would be greatly benefited by treatment at Carshalton, and that there was no reason why they should be excluded. Dr. Downes considered that the admission of cases of whooping-cough should be restricted to children coming from the poor law infirmaries and not direct from their own homes.

It appeared to be undesirable, at any rate for the present, to receive cases of either chicken-pox or measles. Both diseases are peculiarly infectious in character, and with regard to measles, medical opinion appeared on the whole to be against the removal to any distance of cases of measles in the acute stage.

The conditions of admission at the other institutions under the control of the Children's Committee provide that, in addition to the prescribed form of admission order sent to the Clerk of the Board, and containing the necessary medical and other particulars, a certificate must be sent with the child to the effect that it has not been exposed to infection for 21 days. It is proposed that this certificate should not be insisted on at The Children's Infirmary, but that "contacts" should be admitted, provided that the fact of the contact having occurred is notified before admission. We believe that the adoption of this course will materially assist in relieving the infirmaries of suitable cases, as experience with the children's institutions has shown that when the certificate in question is insisted upon, delays are frequently caused through the occurrence of cases of infectious disease in the wards in which the candidates for admission are located. Moreover, in many cases in which children have been admitted to the infirmaries, and have not remained in them for 21 days previous to transfer to a children's institution, the certificate, even if given, is not of much value.

With regard to the age of children to be received, it is proposed to admit children at the earliest age at which they can safely be separated from their mothers, and, at the other end of the scale, at nearly 16 years of age provided there is any likelihood of material benefit being received before that age is attained, and discharge consequently becomes necessary.

A careful perusal of the lists received from the Boards of Guardians showed that it might be expected that about 50 to 60 per cent. of the cases admitted would be under 5 years of age, and that a considerable number would be under 3 years of age.

We do not think it will be possible, or indeed desirable, to keep the classes of cases to be received at The Children's Infirmary entirely distinct from those received at the three seaside homes, where at present ordinary convalescent cases and cases of surgical and pulmonary tuberculosis are received. The children will be interchangeable between these institutions, and the others under the Committee, as may be necessary.

We may add that in this paragraph we have not touched upon the question of sane epileptics—a deserving class, whose claims for special consideration have been considered by the Managers on several occasions. These cases might, perhaps, be considered again at a convenient opportunity.

The conclusions at which we arrived, as expressed in the foregoing paragraph, and adopted by the Managers, may be summed up as follows:—

(a) children to be received at The Children's Infirmary to be those sick (medical and surgical), debilitated and convalescent cases now received in the metropolitan poor law institutions, including cases of whooping-cough, but excluding cases of measles and chicken-pox, who are

- (i) fit to travel to Carshalton;
- (ii) of sufficient age to be taken from their mothers; and
- (iii) not too old to derive material benefit before attaining 16 years of age.

(b) Certificate of freedom from contact with infectious or contagious diseases to be given when possible, but "contacts" to be admitted subject to proper notification being given.

(c) Children to be interchangeable between The Children's Infirmary and the seaside homes, as well as the other institutions under the Committee, if necessary.

Transport of cases. 23. The question of the arrangements for the transport of cases also engaged our attention. At the other homes and schools, with one exception, where special circumstances exist, the practice is for the Guardians to bring the children to the London terminus or other central place in London, and to hand them over there to the care of the Managers, whose officers convey the children to the several institutions.

As regards The Children's Infirmary, we saw no reason to depart from this practice in the case of those children who could travel by rail. For those children who must travel by ambulance throughout the journey, it would be almost essential to make use of motor ambulances, and we concluded that the Managers were the authority best fitted to cope with this work. We, therefore, proposed that the Managers should undertake the removal of ambulance cases from door to door, as we believed the adoption of this course would facilitate the smooth working of the admission arrangements and the removal of children from the infirmaries. These views were adopted by the Managers.

Arrangements for opening. 24. We appointed a sub-committee of seven members to make arrangements for the furnishing, fitting up, staffing and opening of the institution, and the work was rapidly proceeded with. A detailed list of the furniture and equipment required was prepared and forwarded to the Contract Committee, who made arrangements for the early supply of the goods. A temporary needleroom was opened at The Downs School for making under the direction and supervision of Miss Turton, the matron, the greater part

of the finer linen and clothing required, while large quantities of towels, cloths, etc., were made in the workrooms at Darenth Asylum.

Staff. 25. The question of the staff required was carefully considered, as, without attempting to lay down a definite establishment of staff, it was necessary to make some forecast of the probable staff in order that questions of staff accommodation, which had a bearing on wages' scale and furnishing, might be considered. We thought it would be possible to outline with some approach to accuracy the male staff and domestic staff required, but that any list of nursing staff would be of a very tentative nature. A point which seemed assured was that the very large number of infants likely to be admitted would entail a large nursing staff, and would materially increase the cost of working the Infirmary.

The proposed list of staff was drawn up and submitted to the Managers in detail, with a proposed wages scale. The list numbered 255, made up as follows:—

Male Staff—

Medical and dentist	..	..	..	..	..	4
Chaplain	..	..	..	..	..	1
Steward and clerical	..	..	..	..	..	4
Garden	..	..	..	..	..	5
Engineering	..	..	..	..	..	10
Porters	..	..	..	..	..	8
						<hr/> 32

Female Staff—

Matron and nursing	..	..	..	..	..	117
Domestics, including laundry and needle-room	..	..	..	..	..	105
Dispenser	..	..	..	..	..	1
						<hr/> 223

Nursing. 26. The infirmary will be staffed with nurses on hospital lines. Under the matron and assistant matron, each group of 4 double cottages (8 wards), with a separate staff block, will be under a home sister, while the wards will be largely staffed with staff nurses (fully trained). The two large isolation blocks, in one of which the operating theatre is placed, will be used for the most acute and surgical cases, and will be staffed with ward sisters.

We also propose to institute a training school for nurses on lines similar to those which prevail at the children's hospitals, and to give a three years' certificate of the same value as the certificates given after training in a children's hospital.

Staff accommodation. 27. The institution having been designed for use as a convalescent fever hospital, the staff accommodation was naturally not on the same scale as that required for acute work. Indeed, with the change in the type of patients now transferred from the acute to the convalescent fever hospitals, it is very doubtful whether the female staff accommodation would have been nearly adequate, even had the institution been opened for the purpose originally planned. Having regard to the number of nursing and domestic staff to be provided for, it was decided that the male staff should be non-resident, and that the block containing 32 cubicles designed for the male staff should be appropriated to the female staff. Even so, if the infirmary is at all largely used, one of the first questions likely to arise will be that of providing further accommodation, especially for nursing staff.

Transport of Food, etc.

28. Two or three matters in connection with the equipment of the infirmary are worthy of special mention. The food is supplied from a central kitchen, and in order to provide for it to be quickly delivered at some fifty blocks scattered on a site of 100 acres, it was decided to provide a small electric motor van, capable of carrying 5 cwt. From experiments made, we found that such a vehicle could deliver the meals for one half of the institution in about 20 minutes. It will no doubt be found convenient to rely on electric motor vehicles for the work of the institution, and we propose to experiment with an electric lorry for the heavier work.

A portion of the workshops yard will be enclosed for use as a motor garage.

Arrangements have also been made for a system of electric clocks to be installed throughout the infirmary. Financially, this plan would appear to be cheaper in the end than the provision of a large number of the ordinary dial clocks, as no arrangements for winding and cleaning are required. The electric time circuit system also secures uniform time throughout the institution, and this where the buildings are widely scattered, and the officers mess centrally, is an important matter.

Laying out of grounds.

29. This work has also been taken in hand, and is being carried out practically by direct labour. Owing to the extent of the site, and to the fact that the grounds have been quite unattended to for some years, the work will be a laborious and expensive one, but we hope that a great deal will be done towards setting the grounds in fair order by next spring.

Officers.

30. In December the Managers decided to transfer Dr. W. T. Gordon Pugh, M.D., B.S. (Lond.), M.R.C.S. (Lond.), L.R.C.P. (Eng.), Medical Superintendent of Gore Farm Hospital, to be Medical Superintendent of The Children's Infirmary.

In addition to his successful work in connection with the administration of Gore Farm Hospital, one of the largest institutions under the Board, Dr. Pugh has had a large and varied experience of all classes of medical and surgical diseases of children, and we think he is eminently qualified for his responsible duties at The Children's Infirmary.

Miss N. T. Bell, formerly housekeeping sister at Guy's Hospital, and matron of the Birmingham Children's Hospital, was appointed matron. Mr. F. G. Hopgood was selected for the post of steward.

The chief officers will go into residence in January, and we anticipate that patients will be received before the end of that month.*

(b) SEASIDE HOMES.**Medical Reports.**

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

Millfield.

32. At this home, which is exclusively used as a sanatorium for lung cases, the laundry has been converted from a hand to a power laundry, and an entrance lodge has been erected.

Miss Kingcott resigned her appointment as matron, and Miss E. Firth, formerly matron of the Bridge School for ringworm cases, was appointed in her place. The Rev. J. L. Crosland, M.A., Vicar of Rustington, was appointed chaplain. An assistant schoolmistress was appointed to meet the educational needs of the increased number of inmates in the home.

* The Infirmary was opened for the reception of children on January 29th, 1909.

**East Cliff
House.**

33. At this home, where the treatment of tubercular cases of bones, glands, etc., continues to be successfully carried on, an additional staff cottage has been completed and opened, and the bathing facilities have been improved by the fixing of extra baths for infants. Steps are also being taken for the construction of a bathroom for the children on the verandah.

The Medical Officer in his report (Appendix IV.) (c) gives the results of the systematic trial and observation of the effects of treatment of tuberculin.

V.—HOMES FOR DEFECTIVES.**London
Homes.**

34. The work of these homes is fully dealt with in the reports of the medical attendant, Miss R. Turner, (Appendix V.). We stated last year that the extension of the country colonies had somewhat reduced the pressure on the London homes, and that it was proposed to dispose of the Kingwood Road Home. The houses forming this home were sold in July. The houses, although the best obtainable near the special classes which the inmates attended, have never been satisfactory, and we welcomed the circumstances which enabled us to dispose of them.

We also remarked in our last report that, in view of the established necessity for the permanent detention of a considerable proportion of the feeble-minded class, it was probable that the setting up of country colonies, where a proper system of classification could be carried out, would enable the same results to be obtained in those colonies as in the small homes, which were undoubtedly expensive and more difficult to supervise.

We are now enabled to quote, as we do in a later paragraph, the views expressed by the Royal Commission on this subject.

**Industrial
Colonies.**

35. The two working colonies for elder feeble-minded cases, that at Bridge Industrial Home for males, and in part of High Wood School for females, continue to expand, as they naturally will do, having regard to the steady transfer of cases from the London Homes. The number of inmates at the Bridge Industrial Home has increased from 99 at the end of 1907 to 128, and at the colony at High Wood School from 47 in 1907 to 58. At High Wood School it has been found possible, owing to lack of pressure on the ophthalmic section of the school, to take away the large junior school building from the latter section and to add it to the colony. In this way more spacious workrooms have been provided for the inmates, as well as a large central hall for drill and recreation.

It will be remembered that the present arrangements for both colonies are intended to be temporary. They were, indeed, only devised because it was thought to be inexpedient to proceed with the provision of permanent working colonies for the feeble-minded pending the issue of the report of the Commission, and the carrying out of the developments which might be expected to arise therefrom.

It cannot be a long time before the accommodation provided in these two colonies will be utilised to the fullest extent, but we hope by that time the whole question of dealing with the feeble-minded will have been satisfactorily settled on a permanent basis.

For the reasons just mentioned, the temporary arrangement, whereby Dr. Rotherham, Medical Superintendent of Darenth Asylum, undertakes the mental work at Bridge Industrial Home, has been continued.

Report of Royal Commission on the feeble-minded. 36. The Report of the Royal Commission on the care and control of the feeble-minded was, as already mentioned, issued in July last. This Commission was appointed in September, 1904, "to consider the existing methods of dealing with idiots and epileptics, and with imbecile, feeble-minded, and defective persons not certified under the lunacy laws; and in view of the hardship or danger resulting to such persons and the community from 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." Subsequently the reference was extended, and the Commissioners were authorised to enquire into the constitution, jurisdiction, and working of the Lunacy Commission and other lunacy authorities in England and Wales, and into the expediency of amending the same, or adopting some other system of supervising the care of lunatics and mental defectives, and to report as to any amendments in the law which should, in their opinion, be adopted.

37. The Report of the Commissioners contains a voluminous and exhaustive survey of the whole field covered by the wide terms of the reference to them, while the Commissioners also published in six large blue books the minutes of evidence which they received from 248 witnesses, with the reports of medical investigators and the report on the visit of certain Commissioners to America. These volumes contain a wealth of information on most important questions dealing with the mental, moral, and physical well-being of the community.

38. We are, of course, specially concerned with the views and recommendations of the Commissioners with regard to the care of the feeble-minded and of non-imbecile epileptics, and we think it well, as some of these recommendations have an important bearing on this branch of our work, to refer to them in this place, though of necessity, only very briefly.

The evidence with regard to the Board's work, both as to imbeciles and feeble-minded, was submitted to the Commission by the present Chairman of the Board (Mr. Helby), one of our members (the Hon. Maude Stanley), and by the Clerk to the Board (Mr. T. Duncombe Mann), the medical attendant of the homes for feeble-minded (Miss R. Turner), as well as by representative officials from the imbecile asylums. This evidence looms large throughout the section of the report dealing with London.

In the preamble to their recommendations, the Commissioners place in the foreground the important reservation that "it is not intended that the maintenance at public expense of the mentally defective, or of epileptics not mentally defective, should be extended to those who either at their own cost, or at that of their relatives or friends, can be otherwise suitably and sufficiently provided for." At the same time, we find nothing in the report adverse to the view which we have long expressed, and which was supported by the Chairman of the Board in his evidence, namely, that public provision should be available for all classes of mentally defectives, subject to payment of the cost, in whole or in part, according to means, by the relatives of the patient. The difficulty experienced at present is that, speaking generally, a patient must either be a pauper to secure admission to an institution maintained out of public funds, or sufficiently wealthy to pay the comparatively large fees required by even the least expensive of the voluntary or private institutions. There appears to be at present no middle course.

With regard to London the Commissioners discussed fully the work of the Metropolitan Asylums Board and the London County Council, and their recommendations are that notwithstanding any existing statutes, the proposed general Act for the care and control of the mentally defective should provide that, in the

case of the administrative county of London, the institutions of the Metropolitan Asylums Board should be transferred to the London County Council for the use of its Statutory Committee for the care of the mentally defective, on whom the duty to make suitable and sufficient provision for the care and control of the mentally defective in the Administrative County of London will by the said Act devolve. The Commissioners, having already decided that in the country in general the poor law authority cannot suitably undertake the care of the mentally defective, and that this duty should devolve upon the county authority, remark that they find no point of difference in regard to London which would lead them to recommend for it a scheme different from that which they recommend for England generally. They appear, moreover, to have been impressed (1) as regards the imbecile work, by the complaints of the London County Council that the Asylums Board have not kept pace with the need for imbecile accommodation, and that the pressure falls more and more upon the former body (who provide for lunatics), and less and less upon the Asylums Board; and (2) with regard to the feeble-minded, by what they call the institutional disorganisation as to the mentally defective, by which phrase is indicated chiefly the fact that in London the Asylums Board provide accommodation while the Council educate a considerable section of the feeble-minded, as well as to the fact that the Council also provide some residential homes.

39. It is not germane to our report to deal with the first point, however much open to argument it is, though we may mention that the Commissioners speak of the "very clear and enlightened policy of the Board" with regard to the imbecile work, and one Commissioner refers to the Board as "a progressive and efficient local lunacy authority."

As to the second point, we may say that this duplication of authority, so far as the Board's feeble-minded cases are concerned, will only apply so long as the small residential homes in London are maintained, and that the Commissioners' own conclusions point to the replacement of these homes by larger settlements. They say that "probably in the future more reliance will be placed upon the education of these children at an early age, and often continuously, in colonies like that at Darenth and Sandlebridge, than in scattered residential 'homes.'" Again, as to the utility of special schools and classes, reference is made to the fact that it is estimated that in London from 5 to 10 per cent. of the children are moved into ordinary schools and do well, that some 45 per cent. at most "do manual work well and are of fair intelligence as regards ordinary matters of life," and are considered capable of earning their own living altogether, or to a material extent, and that some 50 per cent. are suitable for permanent detention. At Birmingham, as the result of seven years' investigation, only 19.8 per cent. have been wage-earners at all, and only 3.9 per cent. earn as much as 10s. a week.

40. The Commissioners conclude that "the result of this survey confirms the opinion that the special school or class is to be regarded rather as incidental to a general organisation of industrial and institutional training than as of main or ultimate importance in itself. This conclusion is far reaching. If it be accepted, the special class or school as part of the elementary education of the country, does not remain the central point of organisation round which an industrial and institutional system should be organised. The latter becomes incidental to its working and development."

Thus the special class, except as a kind of sorting-house, must, equally with the scattered residential homes, give way in the future to the complete self-contained colony such as Darenth.

41. As the most suitable local authority for the care of the mentally defective, the Commissioners appear to have made their choice between the Poor Law authority and the County Council in favour of the latter, quite apart from the question of the likelihood of profound changes being made in the administration of the poor laws in the next few years. The fact that the Royal Commission on the Poor Laws will shortly issue its report, and that this report must inevitably deal alike with the future of poor law work, with the constitution of the poor law authority, and with classification, finance, and other questions, make it almost inevitable that consideration of the proposals which we have briefly reviewed will be taken side by side with those of the Poor Law Commission. Till that time, therefore, might be left further consideration of the problems as to whether the care of the mentally defectives, a work which is wholly institutional in character, should be undertaken by a body differing from that which will in future control the institutional work of the poor law, and as to whether the needs of London are of such a character as to justify a departure from any scheme approved for the rest of the country.

42. Of the other recommendations, we would only mention here that which proposes the setting up of one central authority for the general protection and supervision of mentally defective persons, and for the regulation of the provision made for their accommodation and maintenance, care, treatment, education, training and control. The central authority would be known as the "Board of Control," and would consist of commissioners appointed by the Secretary of State for the Home Department.

It is also proposed that the statutory use of the word "lunatic" be discontinued, that the term "mentally defective" be defined in the proposed Act for the care and control of the mentally defective, as comprising the whole of the classes dealt with in the report, and also that the term "hospital" be substituted for the word "asylum."

VI.—REMAND HOMES.

Number received.

43. The number of children remanded to these homes in 1908 was 3,881, or 731 more than last year. This total includes separate remands of the same child. The actual number of children passing through the homes in 1908 was 2,285, or 187 more than in 1907. We gather that the large increase in the number of remands is due to the great demands on the accommodation of the Reformatory and Industrial Schools throughout the country, and to the difficulty of quickly finding vacancies for children to be sent from the Remand Homes.

24 children were admitted during the year under 4 years of age, and 3 were only one year old.

Items of interest.

44. It is notable how few of the children sent to Remand Homes from the police-courts come from Poor Law Schools. Last year there were only 18 out of 2,285 children admitted, and since January 1st, 1902, when the homes were opened, the number has only been 37, or .5 per cent. of the whole.

During the year 197 children slept in police-court cells prior to admission to the Remand Home, or 115 fewer than in 1907. 13 children were sent to prison.

An interesting deduction as to the bearing of definite religious education on the children may be drawn from the lamentable fact that no fewer than 70 per cent. of the children admitted to one of the Homes did not know to what religious persuasion they belonged.

We note a considerable reduction in the number of children admitted who have been street vendors. Since the issue of the street trading badge by the London County Council, only two children licensed to sell in the street have been remanded.

Our attention has again been drawn to the petty pilfering on the part of children who desire to gain admission to a cheap music-hall. It seems regrettable that some provision with regard to the admission of children of tender years to these halls, unaccompanied by an adult, was not included in the otherwise comprehensive Children Act, of last year.

The Homes have been visited during the year by the President of the Local Government Board and by the Inspectors of that Board, by the Chief Constable of Glasgow, and by the Vice-President of the Discharged Prisoners' Aid Society of Russia.

Probation of Offenders Act, 1907. 45. This Act came into force on the 1st January, 1908. Its principal provisions were given in our last report. During the year the number of children from the Remand Homes placed under the care of probation officers under the Act was 98.

The Children Act, 1907. 46. This Act was passed in the last session of Parliament, and will come into force on April 1st, 1909. Its provisions with regard to juvenile offenders and Remand Homes bring to fruition the policy of which we have been exponents ever since the passing of the Youthful Offenders Act, 1901, when the care of juvenile offenders on remand became one of our duties. From year to year since that time, we have steadily advocated the adoption by the legislature of measures tending towards the reclamation of the juvenile offender, the establishment of separate courts for children, and their entire dissociation from the adult criminal.

The principal provisions of the section of the Act under notice are that "places of detention" are to be provided by the police authority for every petty sessional division, either by arranging for the use of existing homes or institutions, or by the provision of special ones. To these homes of detention will be sent children on arrest (if for some reason they cannot be released on recognizances) and on committal for trial. They may also be kept in custody here instead of being lodged in gaol, if sentenced to a term of detention not exceeding one month. Offenders under 16 years of age are to be tried in "juvenile courts," which must be held in a different building or room from that in which the ordinary sittings of the Court are held or on different days and at different times from those at which the ordinary sittings are held. To these juvenile courts only the members and officers of the court, those directly concerned in the case, and representatives of the Press may be admitted, unless with the special leave of the magistrate.

In future no "child" i.e., under 14 years of age, may be sentenced to imprisonment or penal servitude for any offence, or committed to prison in default of payment of fine, damages or costs; and no "young person," i.e., from 14 to 16 years of age, may be sentenced to penal servitude, or may be sentenced to imprisonment, unless the court certifies that he is of so unruly a character or so depraved that it is not desirable to send him to a place of detention under the Act.

Provision is to be made for preventing persons apparently under the age of 16 years, whilst being conveyed to and from the court, or whilst waiting before or after attendance in court, from associating with adults charged with any offence, unless the adult is jointly charged with the same offence as the person under 16.

Finally, parents and guardians are to be required to attend the hearing of the charges against their children or wards, and may be ordered to pay any fines, damages and costs.

Transfer of
the Board's
duties.

47. The Act provides that in the metropolitan police district the powers and duties conferred and imposed upon the police authority, with regard to the provision of places of detention shall be exercised and performed as respects London, by the London County Council, and that the Local Government Board may by order transfer from the Metropolitan Asylums Board to the London County Council the Remand Homes already provided by the Board.

While we cannot but view with regret the removal from the Board, which this section imports, of a branch of work fraught with the liveliest interest to many of our members who have taken a keen personal part in the well-being of the young inmates of the Remand Homes, we recognise the desirability of associating this work with that of the large institutions to which many of the children are drafted after remand, and of bringing these children within the purview of the visiting officers of the education authority.

The Board will have, at any rate, the great satisfaction of having been the pioneers in regard to the special treatment of juvenile offenders, of having carried on the work of the Remand Homes for over six years after their inception, and of having seen the views which they have steadily forwarded on this subject carried into effect with cordial approval of all sections of Parliament.

48. We may add that the remainder of the Children Act is divided into sections dealing with Infant Life Protection, the prevention of cruelty to children and young persons, juvenile smoking, reformatory and industrial schools, miscellaneous, the latter including the provisions excluding children under 14 from the bars of public houses. The importance of the Act may be judged from the fact that it repeals in their entirety 21 measures dealing with children, and materially modifies the provision of 17 others.

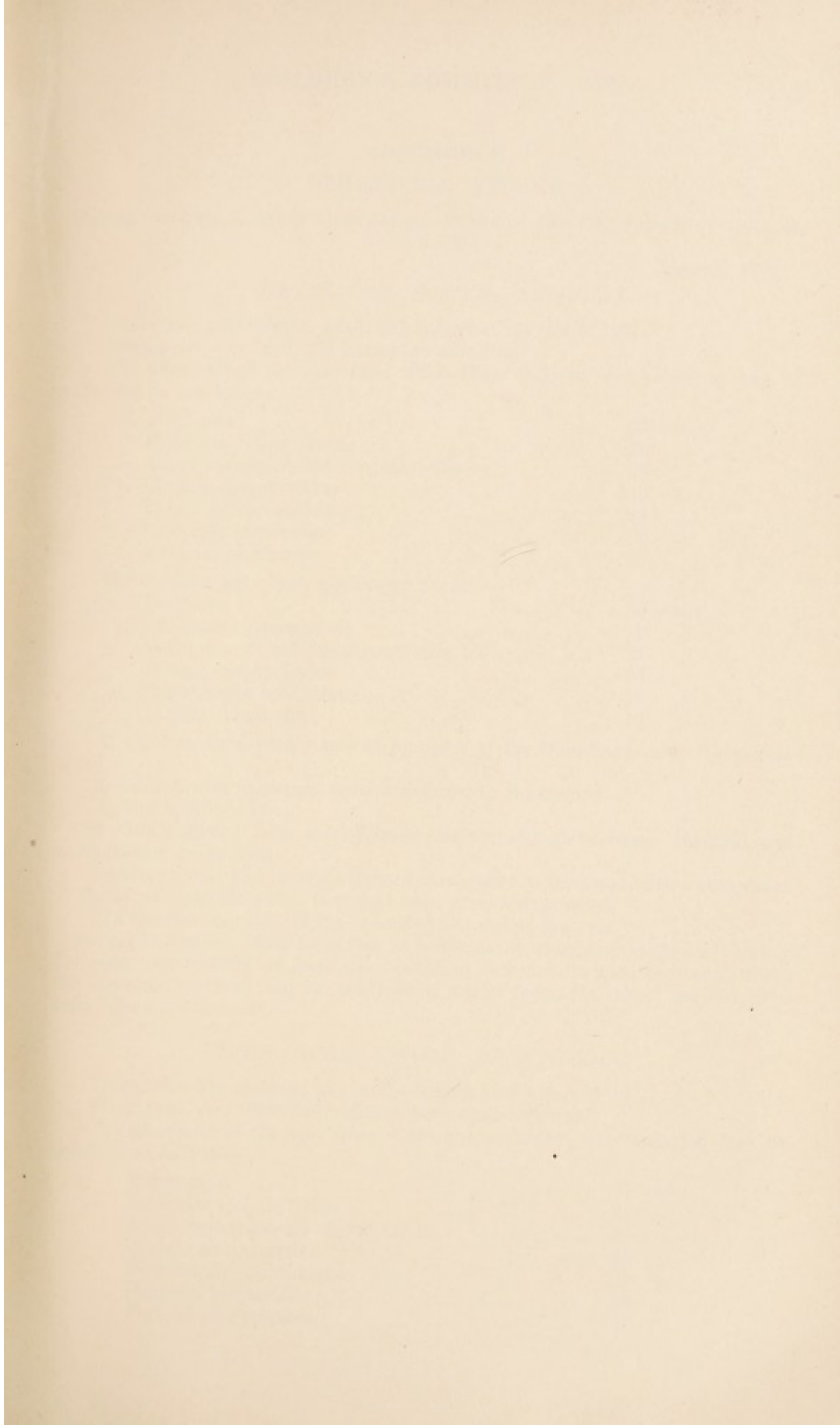
(Signed) ELLIOTT S. BROWNE,
Chairman.

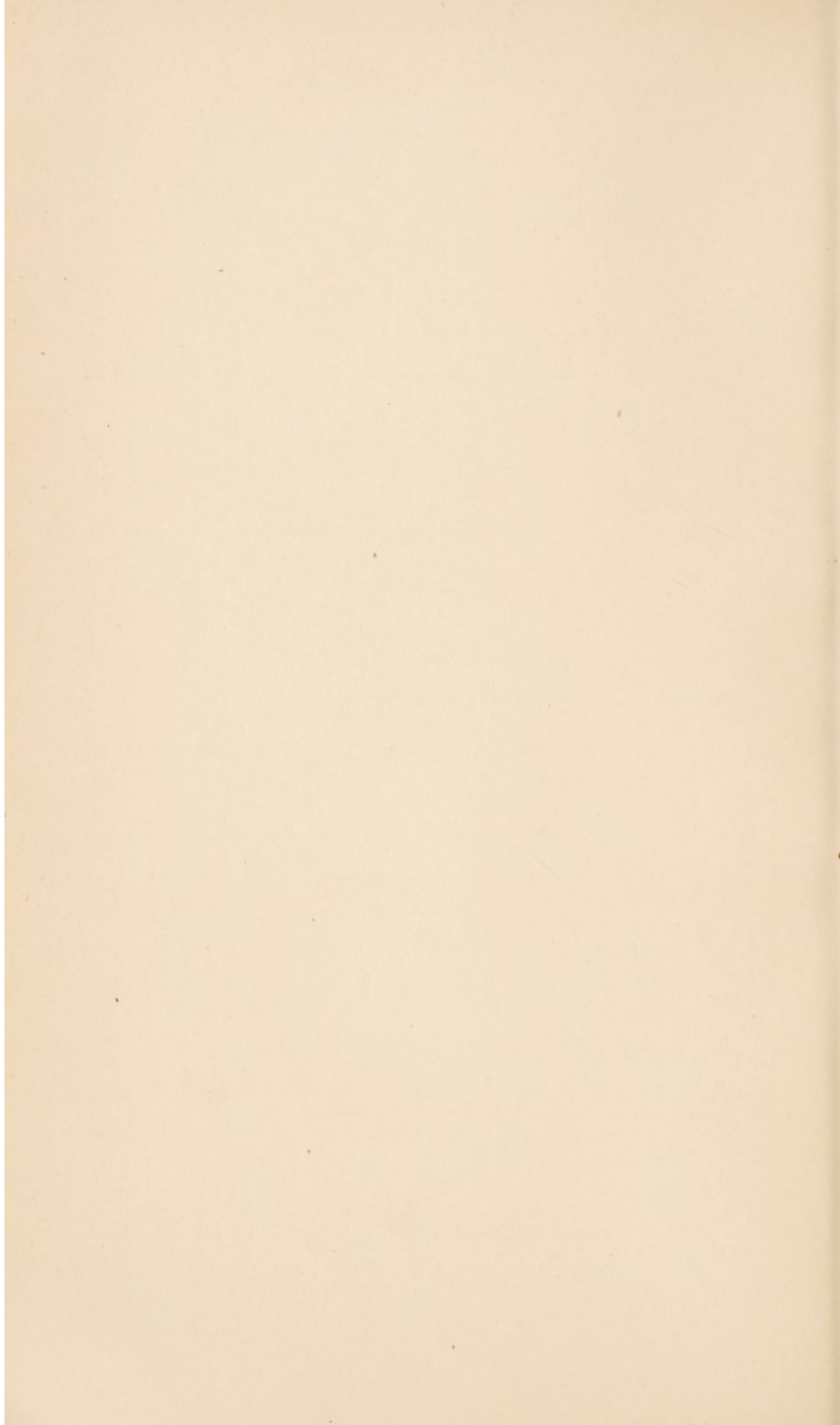
APPENDICES.

- I. Particulars of homes and schools (omitted, as the various particulars in it are included in the Appendix to the Introduction on pp. xxii., xxiii.).
- 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 officers' reports.
- VI. Remand homes—statistical tables.
- VII. Return of cases admitted from the several unions and parishes.
- VIII. General statistical statement.
- IX. Financial statement.

The first of these is the fact that the children of the poor are more likely to be neglected and abused than those of the rich. This is due to the fact that the poor have less money to spend on their children's education and care. The second is that the children of the poor are more likely to be employed in dangerous and unhealthy occupations. This is due to the fact that the poor have less money to spend on their children's education and care. The third is that the children of the poor are more likely to be neglected and abused than those of the rich. This is due to the fact that the poor have less money to spend on their children's education and care.

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APPENDIX II.

OPHTHALMIA SCHOOLS.

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

January 1909.

WHITE OAK SCHOOL, SWANLEY.

There were 272 children left in the School at the end of 1907.

During the year 1908, 273 have been admitted.

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

Trachoma	57 cases.
Follicular conjunctivitis	26 „
Acute muco-purulent conjunctivitis	29 „
Chronic conjunctivitis	116 „
Phlyctenular ophthalmia	23 „
Lacrymal obstruction	2 „
Marginal blepharitis	20 „

232 children have been discharged cured :—

Trachoma	63 cases.
Follicular conjunctivitis	19 „
Acute mucopurulent conjunctivitis.. .. .	27 „
Chronic conjunctivitis	92 „
Phlyctenular ophthalmia	16 „
Marginal blepharitis	15 „

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

3 children with ringworm were transferred to Brentwood.

1 child absconded.

1 child suffering from scarlet fever was transferred to Brook Hospital and subsequently readmitted.

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

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

During December, 1907, there was an outbreak of whooping cough and during the early part of 1908, 16 fresh cases occurred; all made a good recovery. With the exception of these, and the one case of scarlet fever, the school has been free from infectious diseases.

HIGH WOOD SCHOOL, BRENTWOOD.

There were 234 children left in the School at the end of 1907.

During the year 1908 216 children have been admitted.

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

Trachoma	37 cases.
Follicular conjunctivitis	21 „
Acute mucopurulent conjunctivitis.. .. .	36 „
Chronic conjunctivitis	88 „
Phlyctenular ophthalmia	5 „
Marginal blepharitis	14 „
Pediculi on eyelashes.. .. .	1 „

14 children were admitted direct to the School without previous inspection, they were found not to be suffering from any contagious affection of the eyes and after being kept under observation for a few weeks were discharged.

186 other children were discharged cured:—

Trachoma	33 cases.
Follicular conjunctivitis	22 „
Acute mucopurulent conjunctivitis.. .. .	39 „
Chronic conjunctivitis	79 „
Phlyctenular ophthalmia	4 „
Lacrymal obstruction	1 „
Marginal blepharitis	7 „
Pediculi on eyelashes	1 „

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

1 child died from general tuberculosis.

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

There have been two outbreaks of infectious disease in the course of the year; chicken-pox in April of which there were 3 cases; and measles in July of which there were 13 cases.

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	38	7	4	—	42	7
Bethnal Green	13	13	8	3	21	16
Camberwell	8	9	—	2	8	11
Fulham	1	3	3	—	4	3
George's, S. West	5	2	3	1	8	3
George, S. in the East	—	—	—	1	—	1
Greenwich	13	2	1	—	14	2
Hackney	1	3	—	—	1	3
Hammersmith	1	3	1	—	2	3
Hampstead	1	—	—	—	1	—
Holborn	5	1	1	1	6	2
Islington	5	1	2	—	7	1
Kensington	—	3	1	1	1	4
Lambeth	4	18	1	5	5	23
Lewisham	3	—	—	—	3	—
London, City of	3	—	2	—	5	—
Marylebone, S.	3	3	1	—	4	3
Paddington	8	14	1	—	9	14
Pancras, S.	2	—	—	1	2	1
Poplar	5	7	—	6	5	13
Shoreditch	7	6	2	4	9	10
Southwark	35	31	13	6	48	37
Stepney	18	11	2	3	20	14
Strand	—	1	—	—	—	1
Wandsworth	28	33	2	1	30	34
Westminster	—	—	2	—	2	—
Whitechapel	2	4	—	—	2	4
Woolwich	3	2	3	1	6	3
West Ham	4	2	4	1	8	3
Total	216	179	57	37	273	216
	395		94		489	

The total number of new cases admitted to the two Schools is smaller than in the previous years. In 1907 the total number of admissions was 502 and in 1908 489.

The decrease in the number of trachoma cases which has been going on in each year since the Schools were first opened has not been maintained during 1908.

The number of trachoma cases admitted during each of the past five years is as follows :—

1904	..	..	..	..	..	..	..	159
1905	..	..	..	..	..	..	..	136
1906	..	..	..	..	..	..	..	109
1907	..	..	..	..	..	..	..	76
1908	..	..	..	..	..	..	..	94

The total number of cases which have been discharged cured since the Schools were first opened in 1903 is 2,149, 1,590 non-trachoma and 559 trachoma.

Two of the nurses at the High Wood School have during the year contracted mucopurulent ophthalmia; both were cured.

(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, 1909.

On January 1st, 1908, there remained under treatment in the School 329 children, and 807 others were admitted during the year 1908, an increase of 61 children compared with the year 1907, thus making a total of 1,136 under treatment. Of these 704 were discharged cured, an increase of 31 over the previous year; 53 were taken out at the request of the guardians; one child died. On the 31st December, 1908, there were 378 children remaining.

TABLE I.
ADMISSIONS TO THE DOWNS SCHOOL DURING 1908.

Parish or Union.	Micro- sporum Ringworm.		Endothrix Tricho- phyton Ringworm.		Undeter- mined.		Alopecia.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Bermondsey	14	6	1	2	3	1	0	0	18	9	27
Bethnal Green	13	12	0	3	2	5	1	11	16	31	47
Camberwell	29	17	2	5	1	5	0	0	32	27	59
Chelsea	9	17	3	5	1	5	0	0	13	27	40
Edmonton	7	6	2	0	2	0	0	0	11	6	17
Fulham	1	2	0	3	0	3	0	0	1	8	9
S. George's, West	3	4	0	0	2	1	0	0	5	5	10
S. George, in-the-East	1	0	1	0	3	0	0	0	5	0	5
Greenwich	13	3	1	1	0	2	0	0	14	6	20
Hackney	15	13	0	1	0	1	0	0	15	15	30
Ham, West	8	8	1	3	1	0	0	0	10	11	21
Hammersmith	2	6	0	3	0	2	0	0	2	11	13
Hampstead	0	2	0	1	0	0	0	0	0	3	3
Holborn	4	3	1	1	0	2	0	0	5	6	11
Islington	6	14	2	0	1	4	0	0	9	18	27
Kensington	17	25	1	3	1	5	0	0	19	33	52
Lambeth	33	28	9	8	1	0	0	0	43	36	79
Lewisham	15	17	0	0	1	1	0	0	16	18	34
London, City of	1	2	3	2	0	0	0	0	4	4	8
Marylebone, S.	20	17	1	0	0	0	0	0	21	17	38
Mile End	5	1	0	0	0	0	0	0	5	1	6
Paddington	2	6	2	11	1	1	0	0	5	18	23
Pancras, S.	12	7	3	3	1	2	0	0	16	12	28
Poplar	10	14	3	5	2	0	0	0	15	19	34
Shoreditch	11	15	0	3	1	2	0	0	12	20	32
Southwark	5	17	1	4	8	9	0	0	14	30	44
Stepney	0	4	0	2	0	0	0	0	0	6	6
Strand	0	1	0	0	0	0	0	0	0	1	1
Wandsworth	16	10	0	1	2	4	0	0	18	15	33
Watford	2	0	1	0	4	0	0	0	7	0	7
Westminster	1	1	0	0	0	1	0	0	1	2	2
Whitechapel	1	1	0	0	0	1	0	0	1	2	3
Woolwich	12	15	1	0	3	4	0	0	16	19	35
L.C.C.	0	0	1	0	0	1	0	0	1	1	2
	288	294	40	70	41	62	1	11	370	437	807
	582		110		103		12		807		

TABLE II.
AGES OF CHILDREN ADMITTED.

Age in Years.	• Microsporum Ringworm.		• Endothrix Trichophyton Ringworm		Undetermined.		Alopecia.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	
3	22	23	0	0	0	1	0	0	46
4	55	49	3	5	2	5	0	0	119
5	58	44	6	6	8	7	0	0	129
6	49	35	5	4	8	3	0	0	104
7	29	36	8	6	3	11	0	0	93
8	19	31	5	8	7	11	0	1	82
9	10	24	3	14	2	8	1	3	65
10	12	23	5	10	1	7	0	0	58
11	10	11	3	8	4	3	0	1	40
12	7	7	0	9	2	1	0	1	27
13	12	5	1	0	3	2	0	5	28
14	1	2	1	0	0	2	0	0	6
15	1	1	0	0	0	2	0	0	4
	285	291	40	70	40	63	1	11	801
	576 [*]		110		103		12		

* The ages of six other children were unstated.

Acute Specific Fevers and the arrangements to prevent their introduction.—The introduction of acute specific fevers into the institution is a constant source of anxiety both with regard to the health of the children, and because, when brought about, it disorders the working of the establishment and inevitably delays the treatment of the ringworm. As many of the children admitted have been liable to exposure to infection by one of the acute specific fevers, it is obviously most desirable to try and prevent the dissemination of these diseases in this School. The most practical method appeared to be to keep the new admissions in probation for a suitable time before mixing with the other children. To carry out this project arrangements have been made to admit the children once a fortnight, and, although this may cause some difficulties to the guardians by keeping the children infected with ringworm on their hands for a short time longer than would otherwise be desirable, I think the greater of the two evils is obvious.

The X-Ray method of treatment.—By this method 526 children were treated in the year, and 228 by other means. The children on admission are often already in all stages of treatment, and I use my judgment as to the best means of proceeding further towards a cure either by preparing the head for the X-ray method or continuing the older methods. The prolonged experience of the X-ray method confirms the view that it is in many respects ideal, especially in regard to the important features of painlessness, certainty and rapidity. But it is none the less true that this powerful agent demands for perfect success the most careful attention to all the details of application in the hands of an expert.

Experience has shown us that with our numerous patients a large amount of time must be expended on the raying operations, in order to clear the waiting cases off, and prevent any unnecessary delay in dealing with new admissions. A limited diseased area can be denuded by a single exposure, but much time is

required to clear heads that are more widely diseased. Allowing that by six exposures the whole head can be cleared, such an operation would probably take well over two hours, and a majority of children have more or less extensive disease. If there are fifteen children to ray each week with an average of four exposures each, and a single exposure with the arranging of the child takes half an hour, it is evident that these fifteen children would take the operator thirty hours, *i.e.*, practically every day in the week. But the treatment was expedited, and the time halved, by having two tubes at work. As the past year went on, we found great difficulties in coping with the increased pressure of cases admitted, so it was arranged to have two expert operators at work on different days, for it must be borne in mind that expert operators have other calls on their time. In addition the apparatus for working three tubes has been established. The result promises to be very satisfactory.

Researches on Ringworm.—I may mention that I have availed myself of the opportunities afforded by this institution to investigate the different species of fungi causing what is known as *Endothrix Trichophyton Ringworm*, which is relatively rare in London generally, but far more commonly met with at this School. By systematic cultivation of the fungi I have succeeded in distinguishing four different species, and I have published my conclusions in the Transactions of the Royal Society of Medicine.

A remarkable outbreak of a rare Alopecia was noted.—Twelve girls were admitted from the Leytonstone School of the Bethnal Green Guardians with single small patches. After prolonged research I decided the cases were not ringworm, but as they were presumably contagious I kept them in hand under proper precautions, and the girls are getting well without having contracted ringworm or communicated the alopecia to others. I may say the affection was not the ordinary alopecia areata, but it, or something similar, has been recorded in a few instances as occurring in institutions where children are collected.

(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, 1909.

I beg to submit the following report on the work done at S. Anne's Home during the year 1908 :—

There were in the Home at the end of 1907, 129 children.

Admitted during the year 1908, 418 children.

Discharged during the year 1908, 409 children.

Died in the Home during the year 1908, 5 children.

Remaining in the Home at the end of 1908, 133 children.

Most of the cases admitted were medical cases, those surgical cases that were admitted were convalescent, 11 of them being admitted from East Cliff House. One case of necrosis and hip-joint disease was transferred to East Cliff House for surgical treatment and open air treatment.

Of the five children who died one was an old-standing case of heart disease, 3 died of tubercular meningitis, and one died of gastritis and syncope. In this case I made a post-mortem examination and found tubercular disease of both supra-renal bodies and old tubercular disease of both pleuræ. Of the 3 cases of tubercular meningitis one was secondary to very old-standing disease of the spine and another was probably secondary to tubercular disease of the pleura.

One case of scarlet fever occurred during the year. She had been in the Home five weeks before she was taken ill, and I was unable to trace the source of infection. All contacts were isolated for fourteen days, and there was no further spread of the disease.

(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, 1909.

Four hundred and ninety-five children were treated in the Home during 1908 ; of these an increasing proportion were suffering from surgical tuberculosis for whom the situation and arrangements of the establishment are more especially suited.

The out-door beds have been constantly filled with spinal, hip and knee joint cases, several of these have after prolonged treatment been discharged fit to take part in ordinary school routine. Efforts are made to detain children affected with joint disease until all probability of a relapse has disappeared, the various Boards of Guardians have in nearly every case approved the suggestions made by the medical officer for a prolongation of the duration of stay.

A feature of the treatment this year has been the systematic trial and observation of the effects of minute doses of tuberculin. Over 50 children have been selected as cases likely to be benefited, and in many the result has been a convincing demonstration of improvement brought about by the treatment. The greatest improvement has occurred in superficial lesions and sinuses due to old joint disease.

In active joint disease, it is safer to trust to the older methods. Glands, especially the old-standing or suppurating type met with in poor law children, are more rapidly and surely treated by operation, but where the skin, or tissues round the gland have been infected post operative inoculations are employed with benefit.

Seventy-four anæsthetics have been administered. Twenty-two of these were for removal of glands, two for operations on the mastoid antrum, two for old empyæmata, one for a cerebral abscess, for amputation at the hip joint and two for excisions of the hip. The remainder were for various minor operations such as the opening of abscesses, the removal of sequestra, the scraping of sinuses and removal of tonsils and adenoids.

There has been a complete freedom from epidemic disease throughout the year, and the general health and appearance of the children have been uniformly satisfactory.

(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.).

31st December, 1908.

During the year 1908 there have been 88 admissions, 2 deaths, 77 discharges and 116 children remain under treatment.

Of the 77 discharges, 38 were satisfactory, and of the remaining 39, 6 were discharged over-age, 19 as incurable and 6 at the request of guardians; 7 were transferred to The Downs School and 1 to East Cliff House. At one of the meetings of the sub-committee it was pointed out that in my annual reports the number of cases returned as cured out of the number of discharges did not reach a very high figure (54 per cent.), and the question was raised as to how far these annual statistics were accurate in representing the success or otherwise of the Home as an institution for the treatment of pulmonary tuberculosis.

I promised to look into the matter and to make it the subject of my report for this year, and I beg to submit the following to include the period from April, 1904, (when the Home was opened) to December, 1908. Now, inasmuch as many cases are discharged from time to time as a result of circumstances over which I have no control, such as over-age, request of guardians or parents, and transference to other institutions, such cases are not entered as cured.

At the same time these cases (which during the period under consideration amounted to 75, or 30 per cent. of the total discharges) can hardly be described as failures *in toto*, seeing that treatment was begun but never completed, and it is not in reason that such a large percentage of discharges should be classed as uncured and unsuccessful when many of them are curable and potentially successful.

For the purpose of these statistics I have neglected this doubtful and uncertain quantity, selecting those who, so to speak, have been "accepted for treatment," and who, having been admitted, are discharged as cured, incurable or who have died.

This brings us at any rate to a working basis which is fairly accurate and which certainly shows the past minimum efficiency of the Home, but which is open to certain objections, which if maintained, would indicate an almost maximum efficiency as I will show later.

I find that from April, 1904, to December, 1908, 181 cases have been "accepted for treatment," of which 140 have been cured, 34 discharged as incurable and 7 have died, showing a minimum efficiency of 77 per cent.

The average stay of the 140 cured cases was a little over 12 months, the longest being 2 years 10 months and the shortest 3 months.

Of the 34 incurable cases the average was about 14 months, the longest being 3 years 10 months and the shortest under one month.

Of the 7 deaths the average residence was $2\frac{1}{2}$ months, the longest being 5 months and the shortest being under one month.

It is an examination of these figures that brings me to the objection, and it is a question as to how far the objection is maintained when one takes into consideration the purposes for which the Home was opened, which was for the treatment of early cases of pulmonary tuberculosis. The objection raises the question as to what is, from a statistical point of view, and what is not a case that can be called "accepted for treatment."

It would not seem reasonable to say that a case which had been discharged as incurable after 2 years has not been "accepted."

But can a case be called "accepted" which shows advanced disease on arrival and which is discharged as hopeless after one, two, or three months when suitable circumstances arrive, or can a case be called "accepted" which is hopeless on arrival and which dies within a few weeks, the reason of the case being not returned being that the child is too ill to travel.

To class some of these cases as "not accepted" and to neglect them in the above statistics would be to raise the efficiency of the Home to between 80 and 90 per cent.

If we dealt only with selected cases, as I believe some Homes do, I think that we should show a still higher percentage, but it is obvious that the cases we have can in no sense be called selected. Undoubtedly it is the wish of the Managers to make Millfield as efficient as possible, and after a careful consideration of the facts as shown in this report there appear to be three main factors which tend to produce a certain amount of inefficiency.

1. The premature removal of eligible children.
2. The admission of advanced cases.
3. The admission of cases showing definite signs of disease, but which are at or too near the age limit to permit recovery to take place in the short space of time left.

The first of these is a wrong policy, but is probably rather difficult to control as the application for removal usually emanates from parents. The second and third are laudable desires to do good, but appear to be equally erroneous as such cases only occupy beds, frequently to no purpose, which could be more profitably occupied by others.

(Signed) CECIL E. LAST.

APPENDIX V.

HOMES FOR DEFECTIVES.

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

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

December, 1908.

Medical.

The illnesses in this Home during 1908 have been, I am glad to report, by no means heavy. 1 girl who suffers from chronic heart disease had a severe attack of bronchitis in the early part of the year. The same girl subsequently had a patch of alopecia areata which fortunately did not become extensive. Later in the year she had another though less severe attack of bronchitis and it was thought advisable to send her for a holiday to Margate. She has since returned having very much benefited by the change. 5 girls had abscesses which required treatment; 1 was a bad one and was due to the breaking down of a tubercular gland of the neck. It was found necessary to incise this freely. In the Autumn there was a case of bad whitlow which had to be incised. Another girl had an acute attack of muscular rheumatism, and, as she is a very nervous girl and there was evidence of some hysteria, it was thought advisable to send her away to Margate for a change to improve her general condition. In May there was unfortunately a slight accident, one of the girls getting the tips of the first and second fingers of her right hand badly crushed in the iron gate of the playground at school. The hand required constant attention and it was several weeks before the fingers were perfectly healed.

Operations.

3 girls whose tonsils and adenoids it was thought advisable to remove have been operated on with beneficial results. 1 girl has been vaccinated.

Eyes.

During the year 3 girls have attended Moorfields to have their eyes tested. In every case it was thought necessary that they should wear glasses. 1 girl suffering from blepharitis was treated at University College Hospital. In a very short time the condition was cured.

Mental.

Although there is, at present, a fairly large number of girls in this Home and consequently much variation in their mental capacity the average is very promising and the training continues to have the best results. One very hopeful feature is the transference of 2 girls from the special classes to the ordinary school, where it is said they are doing most satisfactorily.

**Drill and
Pocket Money.**

The girls continue to have drill and pocket-money, and these are proving useful means for stimulating their intelligence and initiative.

Admissions.

There have been 9 new girls admitted to this Home during the year, 1 of them, I am pleased to say, being only 7 years old. I am strongly of opinion that if the best results are to be obtained, the training of the feeble-minded must begin early. Besides these new admissions 2 girls have been re-admitted, both from the Ringworm School at Sutton, where they have been under treatment—1 from September, 1906, to May, 1908, and the other from August, 1907, to March, 1908.

Discharges. 8 girls have been discharged during the year. 4 proved unsuitable cases of whom 3, owing to extreme deficiency, were certified as improvable imbeciles and sent to Tooting Bec, and the fourth was returned to her guardians. The other 4 were transferred to the High Wood Colony, Brentwood.

(Signed) R. TURNER.

(b) 26, *ELM GROVE, PECKHAM.*

December, 1908.

Medical. In submitting my report for the past year on the Peckham Home, I have much pleasure in stating that there has been no serious illness of any kind. 1 new boy was admitted suffering from eczema of the scalp, which required treatment for a time, and during the year it was thought advisable to give tonics to 2 or 3 boys who were in a somewhat poor state of health. The Home may be congratulated upon this most fortunate absence of illness, as well as on the fact that there have been no accidents even of a slight nature.

Operations. During the year 4 boys have had small operations, 3 having been circumcised and the fourth having had tonsils and adenoids removed. In all cases beneficial results have followed the operation.

Eyes. 3 boys attended Moorfields Hospital as their eyes required testing, and in 2 cases glasses were found necessary. For the third boy local treatment was prescribed.

Mental. Some of the boys at present in the Home have unfortunately not shown as much improvement mentally as might be wished. This, however, is scarcely a matter for surprise because they have all been here only a short time, the older boys who had had the advantage of longer training having been transferred to Witham. Those who remain in the Home besides having been here a short time only are mentally much below the standard of those who have been trained here in former years. It is much to be regretted that this is the case, as it is a matter of the greatest importance that the boys admitted should be mentally promising and not too deficient to profit by the training given. It is a great waste of time and excludes others who might benefit more, and, at the same time, it is very disheartening for the teachers who expend much time and trouble on a boy only to have him removed because it has been found necessary to discharge him, his improvement being insufficient to justify his remaining longer in the Home.

Drill, etc. All the means employed with a view to bringing out the individuality of the boys continue to be used with much success. A weekly drill class is held and every week the boys receive pocket-money if their behaviour has been satisfactory.

Admissions. 4 new boys have been admitted to the Home during the year and 1 boy who had been staying for some time at Herne Bay on account of a badly enlarged tubercular gland which would not yield to treatment was re-admitted in August.

Discharges. 5 boys have been discharged, 3 to the Bridge Industrial Home at Witham and 2 to Tooting Bec.

(Signed) R. TURNER.

(c) 81, *EARLSFIELD ROAD, WANDSWORTH.**December, 1908.***Medical.**

I have pleasure in stating that in my report for the year 1908, I have only one case of illness to record. This was the case of a large and deep abscess caused the by breaking down of tubercular glands. The patient was admitted to the New Hospital, Euston Road, where the abscess was operated on, and the abscess cavity thoroughly scraped and a drainage tube put in. After 3 weeks' treatment at the Hospital the girl was sent for about the same period to Margate for a thorough change, with the result that she was quite restored, and is now in normal health. The Home has been so fortunate as to have had no case of illness beyond this one. One slight operation has been performed for the removal of tonsils and adenoids. There has also been one vaccination.

Mental.

During the year one girl in this Home has been transferred from the special to the ordinary school, and all the girls are getting on satisfactorily, and their mental improvement is distinctly encouraging. The only exceptions are those cases recently admitted which were too mentally deficient for training, and should not have been admitted at all.

Admissions.

The total number of admissions during the year was 6, of which 2 were quite unsuitable. One of these was 14 years of age and so deficient as to be practically an idiot, and quite incapable of mental training. She could not recognise the letter "a," and had no knowledge of number, time or coins. In addition to this, she was so mentally deficient as to be devoid of all sense of decency. She was discharged 3 months after admission. The second unsuitable case was that of a very delicate girl, 9½ years old. She had many scars of old tubercular lesions, and had been a short time in the Home before, but was almost immediately transferred to Margate on account of her delicate health. This girl could not be got to speak intelligently, but would only utter inarticulate sounds.

Discharges.

There have been 7 discharges during the year. The 2 wholly unsuitable cases mentioned above were transferred to Tooting Bec. With their exception, all the girls under training have done well—some exceptionally well, and of these 1 has been discharged to her parents. It would be interesting, after the lapse of a few years, to follow up the case and ascertain what her future has been, and whether there has been improvement or deterioration in her mental condition. The 4 others discharged have all been transferred to the Brentwood Colony.

(Signed) R. TURNER.

(d) *SURREY HOUSE, WANDSWORTH.**December 1908.***Medical.**

The health of the boys at Surrey House during 1908 has been, I am glad to report, fairly good, but there have been a few cases of illness more or less severe. The most unfortunate case was that of a boy who, after being some time in the Home, lately developed epilepsy, and whom it has, therefore, been found necessary to discharge. By constitution he was always a very delicate little boy, always ailing, and at the beginning of the year he had a bad abscess under the chin, which had to be freely incised. As he was in a generally weak condition, he was sent to Herne Bay for a change of about 5 weeks to recruit his health, and returned apparently much benefited, but, unfortunately, about a

month later he had a slight epileptic fit. He, subsequently, had several others of a more severe character, and it was, therefore, thought advisable to remove him on account of the other children. In the summer there were two cases of measles, and it was thought advisable to return the boys to their infirmaries in order to prevent the infection spreading. In addition to the above there was 1 case of gastritis with raised temperature, and a case of urticaria.

Operations. During the year 1 boy has been circumcised and another has had tonsils and adenoids removed. A third boy has been vaccinated.

Eyes. 5 boys had their eyesight tested at Moorfields Hospital, and in all cases glasses were found to be necessary.

Mental. All the boys in this Home are doing well, and there are some promising cases among them. One case may be mentioned, that of a boy of the Cretin type. When admitted, 18 months ago, his sense tests were unusually poor and his mental attainments practically nil, as he could not pick out a single letter or recognise a penny. He now knows his alphabet, can spell out easy words from a reading primer, and has some knowledge of number and of the copper coins. He also shows marked improvement in sense tests, and in manner and bearing has become fairly sensible. This encouraging improvement is due to the Home and School training combined with the regular administration of a drug suitable to his condition.

Drill. The boys continue to enjoy the very important advantage of regular drill from an instructor.

Admissions. At the beginning of the year 10 boys were transferred here from the Fulham Home, which was to be closed. In addition to these, 8 boys have been admitted, 1 of whom, having proved an unsuitable case, has been discharged to Tooting Bec Asylum.

Discharges. 19 boys have been discharged during the year. Of these 2 have gone to Tooting Bec, including the boy recently admitted and mentioned above. 2 have been returned to their guardians, one on account of fits also mentioned above, and the other recalled by his guardians because his father is now in a position to support him. The rest, 15 in all, have been transferred to the Bridge Industrial Home for further training.

(Signed) R. TURNER.

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

December 1908.

Admissions and discharges. Since the writing of the last report the number of girls in the Colony has been increased from 48 to 58, of whom 1 is temporarily away under treatment for ophthalmia. There have been 15 admissions and 4 discharges during the year. Of the latter, 1 was a very hysterical and troublesome girl, whose outbursts of uncontrolled temper were such a distraction to the work of the Colony that it was thought well to return her to her guardians. This was much to be regretted, as she was a promising case, and should, with suitable treatment, have been capable of much improvement. Another girl discharged had had, in the early part of the year, 3 epileptic fits within a short period. She subsequently developed acute mania, and had to be certified and

removed to the County Asylum. The 2 others were among the girls who have gained much benefit from their training, and as their relatives desired their return they were discharged. Unfortunately, however, though much improved they were not sufficiently so to make their discharge advisable. There is much that is unsatisfactory about these discharges, which are apt to be sought by the girls and their friends before the time is altogether ripe. The girls go from the shelter of the Colony to the dangers and hardships of service, and in so doing incur grave risks, if not sufficiently improved for the new conditions. From one of these girls, one who left in July, I have had a letter, in which she already regrets the old life and complains of the hardships of the new one. The question is forced on one, whether, for their own sakes as well as for the sake of others, it would not be well to have the power to retain these feeble-minded girls indefinitely.

The New Rooms.

The Colony has acquired, comparatively lately, the use of a large detached building (formerly used as a school), in which there is ample space for most of the occupations of the Colony to be carried on under the most advantageous circumstances. On one side are rooms for laundry work, needlework and basket-making; on the other side a room in which weaving, rug-making and stocking-making are done, and beyond it a fair sized hall—the dimensions of which are approximately 22×18 feet—which can be cleared of all furniture, and where all the members of the Colony can be assembled for drill or other purposes. Such a central building for the industrial occupations of the Colony was badly needed, and the hall is an acquisition tending to the promotion of a bright, social, corporate life.

Occupations. The work of the Colony has steadily grown in variety and improved in quality. All the girls give some part of their day to domestic work, but, except a few who are employed exclusively in housework, they devote the best part of the working hours to some industrial occupation. Laundry work, weaving, stocking-knitting, rug-making, needlework and basket-making have been carried on here with success for some time. The industry most lately added is jersey-making, by machine. This is now taught with promising results—one girl can already make a jersey in a day.

School instruction.

Most of the girls attend school either in the morning or in the afternoon, the useful mental training afforded by the school subjects being of the greatest importance in training the feeble-minded.

Progress.

There has been definite improvement in the work of the Colony during the year. This is due to a variety of causes. First there is the improved accommodation, already referred to, which enables the various branches of work to be carried on at greater advantage. In the second place, the health of the Colony has been good, and so there have been fewer interruptions from the cause of ill-health, fortunately unlike the Colony's experience in 1907, when much time was lost through nearly all the members being attacked by an epidemic of ophthalmia. A third cause of increased improvement is the fact that there have been fewer changes in the staff. The advantage of this cannot be over-rated, so especially does the successful working of the Colony depend on the regular and tactful enforcement of the routine by a superintendent trained in her work and of vigorous and capable personality. Still another cause contributing to greater improvement is the multiplication of occupations suited to every variety of mental capacity. Objection has been taken to this very thing, it being argued that one thing done well would be better than many done indifferently. But this objection misses the real purpose of the occupations, which is not only to perform work, but to educate the capabilities of the girls by means of work. The members

of the Colony represent very varying powers, and hardly half a dozen are capable of deriving the same amount of advantage from the same employment. The *desideratum* is something that every one can do, from the most intelligent to the least intelligent, and only a variety of employments can supply this diversity. It would be a move in the right direction to introduce new and different occupations, as, for instance, straw hat-making in all its branches, as the preparation of the straw involves processes such as splitting, plaiting and mangling which can be performed by the most unintelligent. In the straw hat-making districts, very little children are often seen engaged in these very simple occupations, which are at once interesting to perform and involve a minimum amount of labour. On the other hand, for the strong, robust members of the Colony it would be advantageous to have more out of door employment, even the more laborious occupations connected with gardening could be performed by them, and, as before suggested, instead of the few head of poultry kept there might be a fairly large chicken farm, which would afford useful and interesting occupation to the members of the Colony.

Drill and Pocket Money. Drill under the new conditions, that is to say, in the new hall, is a far more interesting and educative part of the curriculum than it used to be. It is to be hoped that more and more drill will be given, especially during those seasons of the year when exercise in the open is not so easy. The girls continue to receive 3d. a week as pocket money when their conduct is satisfactory. This arrangement is found to work well.

(Signed) R. TURNER.

(f) *BRIDGE INDUSTRIAL HOME, WITHAM.*

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

Statistics.

Patients in Home on January 1st, 1908	..	..	99
Admitted	..	..	39
Discharged to Guardians	..	..	5
„ to Asylum	..	..	5
Remaining in Home on December 31st, 1908	..	128	

Health. Dr. Gimson, the Medical Officer, reports on the general health as follows:—"The general health of the School for the past year has been good. The presence of a trained nurse in the Infirmary has been a great advantage. Gilbey, a patient, was discharged as medically unfit."

Staff. The staff has been increased during the past year by the addition of a Sashcord Maker, Assistant Shoemaker, Sempstress, Female Attendant, and Nurse, and a short time ago the Committee appointed a Band and Drill Instructor, who will take over his duties early in the new year.

School. All the inmates now attend school for some hours during the week. The schoolmaster has left, and a new one has been appointed in his place. Under their new teacher, who has been with them quite a short time, the boys are improving considerably, and take considerable interest in their lessons. The teaching now consists almost entirely of object lessons, and it is the endeavour of the schoolmaster to teach the boys, as far as possible, all the common things which will interest them and

be useful to them in their life at Witham, and afterwards when they go to their homes. It has been found that to try and teach this class of lad reading, writing, and arithmetic, except in the smallest degree, is a pure waste of time.

Industries. The following table shows how the inmates are employed:—

Shoemaker's Shop ..	34	Tailor's Shop ..	18
Sashcord Making ..	18	Garden ..	17
Laundry ..	11	Housework ..	9
Sewing Room..	9	Mechanics ..	7
Cook ..	5		

Shoemaker's shop. During the year this shop has been increased in size, and a larger number of patients have been employed than previously, and this being so, an Assistant Shoemaker was appointed, the work having grown too much for one instructor. This industry has been most successful, and the lads take an interest in their work, and do their best to improve themselves. Twelve boys new to the work have been taught the beginnings of the trade during the year, and they, of course, have taken up a considerable amount of the instructor's time. The amount of work turned out shows a considerable increase over that of the previous year, and still maintains its good quality. Repairs have been executed for High Wood School, Lloyd House, Surrey House, T.S. Exmouth, Earlsfield Road, Elm Grove, Kingwood Road, and the Bridge Home, totalling in all 8,224 pairs.

Tailor's shop. This shop has only been opened for 16 months, and the progress which I spoke of in my last Annual Report has been well maintained. Of the 18 boys employed, who are of all ages, 5 are capable of working the treadle machine, 4 machines being actually in use, 1 boy can make a suit throughout, and 3 others can make vests and trousers without help. The following shows the work done in the shop during the year:—

<i>New Work.</i>	Coats ..	73
	Waistcoats ..	53
	Trousers (pairs) ..	31
	Knickers „ ..	140
	Trousers, linings (pairs) ..	16
	Overalls (pairs) ..	8
<i>Repairs ..</i>		2,657

Sashcord making. This industry was started in August last, but progress has been much handicapped by the teacher having to do the baking for the Institution for three afternoons a week, over a considerable period, and actually, the shop has only been working full time for about a month. Notwithstanding this, a very good beginning has been made, 18 boys are employed in the shop, 15 of whom are already of considerable use, while 6 are capable of working by themselves. 1,008 yards of sashcord were turned out during the short time the shop was at work, and it is expected that during the next year 3,600 yards can be sent away for use in other of the Board's Institutions.

Garden. The garden, which covers an area of about 2½ acres for vegetable and fruit growing, is managed by the garden industrial trainer, with 17 boys to help him, and, at the same time, there are,

on an average, sixty head of poultry and sixteen pigs to look after. The gardener speaks well of the improvement in most of the boys and of their use to him as gardener's labourers. Gardening, especially hard digging work, is a most useful occupation for a number of feeble-minded boys like those at this Home. There is no better treatment for patients of immoral habits than good hard work in the open air all day long. At night they are tired, go to bed and sleep well, waking up in the morning refreshed and quite fit to start another day's hard work. Out of the 17 boys employed in the garden a few are lads of this kind.

Laundry. The Laundress, with eleven boys to help her, can wash about 1,800 articles a week. All the boys are useful assistants.

Sewing room. Repairs to all underclothing are done by the sempstress with the aid of her nine patients, and she also makes all the female uniforms. All the nine boys are quite junior ones, and are showing satisfactory progress.

Drilling. This continues to be a very successful part of the boys' training, but it has been found that with the increased number of boys, especially considering their various ages, more attention is required in detail than it has as yet been possible to give. To remedy this the Committee have engaged a Drill Instructor. When he joins he will be able to drill the inmates in small squads, and I have no doubt the improvement will shortly be very marked. All the boys are now provided with a drill costume.

Band. There are 22 performers in the Band, which will now be instructed by the Drill Master, who is also Bandmaster. The Band is a really good one, and has shown continued progress. Twice during the year they have been engaged to give performances at entertainments away from the Home. They look very smart in the uniforms which have been provided for them by the Committee.

Swimming-bath. The open air swimming-bath continues to be much appreciated by all, and 60 boys can now swim two lengths of the Bath as compared with 20 who could do so the previous season.

Generally the year has been a most successful one, and this is very largely due to the energy of the Superintendent and his wife, and to the way in which all the Staff work in instructing the boys during work hours, and in helping in their amusements during the hours of play.

(Signed) A. ROTHERHAM.

APPENDIX VI.

REMAND HOMES.

(a) Table showing the number of children admitted during the year 1908 to each home :—

HOME.				Boys.	Girls.	TOTAL.
Camberwell Green	..	..		724	145	869
Harrow Road	..	..		374	..	374
Pentonville Road	..	..		858	184	1,042
Totals	..	..	..	1,956	329	2,285

(b) Table showing ages of the children admitted during the year 1908 :—

AGE IN YEARS.				Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
1	..	..	..	3	..	..	3
2	..	..	..	7	..	..	7
3	..	..	..	9	2	3	14
4	..	..	..	14	3	6	23
5	..	..	..	22	3	8	33
6	..	..	..	23	9	24	56
7	..	..	..	26	10	30	66
8	..	..	..	50	25	46	121
9	..	..	..	59	34	89	182
10	..	..	..	69	20	85	174
11	..	..	..	85	43	94	222
12	..	..	..	106	46	129	281
13	..	..	..	122	55	161	338
14	..	..	..	108	41	108	257
15	..	..	..	129	55	173	357
16	..	..	..	35	21	56	112
17	..	..	..	2	6	23	31
18	..	..	..	..	1	5	6
19	..	..	..	..	..	1	1
20	..	..	..	..	..	1	1
Totals				869	374	1,042	2,285

(c) Table showing periods for which children were remanded during 1908 :—

NUMBER OF DAYS.	Number of Children at Camberwell Green.	Number of Children at Harrow Road.	Number of Children at Pentonville Road.	TOTAL.
1	2	14	7	23
2	19	3	46	68
3	11	5	18	34
4	7	1	29	37
5	5	7	18	30
6	14	2	51	67
7	58	9	61	128
8	396	172	311	879
9	87	47	123	257
10	29	15	61	105
11	6	3	29	38
12	10	4	17	31
13	10	1	30	41
14	25	3	29	57
15	69	31	76	176
16	40	25	39	104
17	13	8	18	39
18	3	2	7	12
19	2	1	5	8
20	2	1	8	11
21	5	..	3	8
22	15	7	7	29
23	9	5	12	26
24	4	..	2	6
25 .. ..	..	..	1	1
27	1	..	3	4
28	1	..	3	4
29	6	2	6	14
30	3	3	3	9
31	5	..	1	6
32	1	1	..	2
33	1	..	..	1
36 .. ..	..	1	..	1
37	4	1	7	12
39	2	..	2	4
41 .. ..	..	..	1	1
42	1	..	..	1
43	1	..	1	2
44	1	..	3	4
49 .. ..	..	..	1	1
51 .. ..	..	..	2	2
53	1	..	..	1
67 .. ..	..	..	1	1
Totals	869	374	1,042	2,285

(f) Table showing the result of the last appearance of the children before the magistrate during 1908 :—

RESULT.	Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
Discharged	292	119	304	715
Birched	7	5	19	31
Fined or bound over	71	59	242	372
Taken by police court missionary .. .. .	..	..	47	47
Sent to reformatory or industrial training ships	359	21	13	920
Sent to reformatory or industrial or truant schools				
Sent to workhouses and various homes	58	132	395	81
Sent to prison	4	3	6	13
Committed to the sessions	4	..	..	4
Sent to infirmaries or hospitals	1	2	1	4
Placed on probation*	73	14	11	98
Totals	869	374	1,042	2,285

* i.e. Under Probation of Offenders Act, 1907.

(g) Table showing the religious persuasion of the children admitted during 1908 :—

RELIGIOUS PERSUASION.	Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
Church of England	719	328	865	1,912
Roman Catholics	133	38	106	277
Wesleyans	7	3	..	10
Baptists	3	..	..	3
Nonconformists	3	..	2	5
Presbyterians	2	2	..	4
Jews	2	3	64	69
Unknown .. .. .	..	..	5	5
Totals	869	374	1,042	2,285

(h) Table showing clothing given away during 1908 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	62	..	22	84
Coats	22	15	33	70
Vests	14	2	34	50
Trousers	22	19	56	97
Braces	23	6	22	51
Shirts .. .. .	..	23	53	76
Socks and stockings .. .. .	..	29	78	107
Neckerchiefs	42	..	..	42
Frocks .. .. .	..	..	11	11
Articles of girls' underclothing ..	34	..	35	69
Girls' jackets .. .. .	..	..	8	8
Hats and caps	41	12	39	92
Boots and shoes, pairs	48	27	101	176

(i) Table showing the number of children who slept in police-station cells prior to admission to the homes during 1908:—

AGES.	Camberwell Green.	Harrow Road.	Pentonville Road.	Total.
Under 10 years	18	5	..	23
Between 10 and 13 years	19	12	10	41
Over 13 years	75	18	40	133
Totals	112	35	50	197

CHILDREN'S COMMITTEE, 1908.

Statement of cases admitted and discharged at the Homes and Schools during 1908 arranged under the respective Parishes and Unions.

PARISH OR UNION.	Ophthalmia.				Ringworm.				Sick and Convalescents.				Defectives.			
	Remaining on 31st Dec., 1907.	Admitted during 1908.	Discharged and Died during 1908.	Remaining on 31st Dec., 1908.	Remaining on 31st Dec., 1907.	Admitted during 1908.	Discharged and Died during 1908.	Remaining on 31st Dec., 1908.	Remaining on 31st Dec., 1907.	Admitted during 1908.	Discharged and Died during 1908.	Remaining on 31st Dec., 1907.	Admitted during 1908.	Discharged and Died during 1908.	Remaining on 31st Dec., 1908.	
Bermondsey	48	47	34	9	27	30	6	6	14	10	10	2	1	11	
Bethnal Green	37	49	26	9	47	36	20	12	40	31	20	2	2	20	
Bloomsbury	3	2	1	..	..	..	..	1	..	1	..	..	1	2	
Camberwell	21	15	10	35	61	75	21	14	42	47	9	2	2	9	
Chelsea	2	1	7	41	33	15	6	5	6	5	1	1	2	
Fulham	9	8	9	1	9	9	1	10	30	30	10	..	1	3	
George's, S.	12	7	9	3	10	9	4	7	25	26	6	5	1	11	
George, S., in-the-East	1	4	2	..	5	3	2	10	9	14	5	1	..	4	
Greenwich	16	23	19	7	20	16	11	18	38	37	19	..	3	12	
Hackney	4	15	8	23	30	33	20	21	65	59	27	1	2	10	
Hammersmith	5	4	7	5	13	12	6	6	15	14	7	1	1	3	
Hampstead	1	1	..	..	3	1	2	7	2	7	2	..	1	2	
Holborn	7	4	6	10	12	16	6	5	18	12	11	1	2	6	
Islington	7	5	14	12	27	24	15	9	35	25	19	7	1	25	
Kensington	6	6	6	8	52	42	18	16	28	23	21	1	..	3	
Lambeth	29	28	17	23	82	61	44	22	48	46	24	11	..	15	
Lewisham	3	5	3	17	36	30	23	6	5	6	6	..	..	1	
London, City of	5	3	6	1	8	3	6	..	..	..	..	..	1	..	
Marylebone, S.	4	7	6	15	38	39	14	9	55	47	17	5	1	18	
Mile End Old Town	2	1	1	7	6	6	7	1	7	7	1	2	..	11	
Paddington	23	14	14	9	24	17	16	22	54	46	30	6	3	6	
Pancras, S.	23	3	18	17	28	30	15	25	22	33	14	7	3	8	
Poplar	39	26	33	17	34	37	14	23	53	52	24	4	1	7	
Shoreditch	8	11	15	22	33	35	20	4	12	9	7	1	..	10	
Southwark	90	86	94	14	44	46	12	41	41	52	30	2	1	11	
Stepney	23	34	30	5	5	7	3	12	32	32	12	1	1	4	
Strand	4	4	1	1	1	2	..	3	1	3	1	1	1	3	
Wandsworth	59	60	68	9	36	33	12	40	54	66	28	1	..	14	
Westminster	2	..	2	2	2	3	1	3	1	3	1	..	..	2	
Whitechapel	6	8	6	..	3	3	..	3	20	17	6	..	..	3	
Woolwich	8	9	10	17	35	38	14	2	11	9	4	6	..	10	
School Authority for London (L.C.C.)	1	1	..	..	2	1	1	..	..	..	..	..	..	..
Extra Metropolitan	35	11	25	24	43	38	29	1	7	7	..	..	..	..
Total ..	506	500	505	501	329	817	768	378	366	789	777	378	64	31	213	246

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 IX.

Numbers relating to Staff and inmates and average weekly cost of children for the year ended Michaelmas 1908.

(Figures for the year 1907 are inserted under the figures for the year 1908.)

SCHOOL OR HOME.	Average Daily Number of Inmates.	Percentage of Average Daily Number to Normal Accommo- tion.	Permanent Officers (all Grades), Highest Number.	Mainten- ance 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	265 273	88 91	93 89	3 9 3 6	17 9 16 5
II. High Wood School	269 261	90 87	95 95	3 10 3 11	16 8 16 4
RINGWORM SCHOOL—					
I. The Downs School	346 351	82 84	104 105	3 6 3 2	13 7 13 5
SEASIDE HOMES—					
I. S. Anne's Home	128 77	96 57	29 33	3 5 3 5	12 1 ..
II. East Cliff House	117 120	90 92	34 32	3 7 3 3	13 1 12 8
III. Millfield	110 97	92 97	31 30	4 7 5 10	13 11 16 9
HOMES FOR DEFECTIVE CHILDREN—					
I. Lloyd House, and 12, Lloyd Street	23 24	82 86	6 6	4 5 4 8	13 7 13 0
II. 16, Elm Grove	13 13	87 93	5 5	3 2 3 1	11 10 11 7
III. 60, 62, 64, Kingwood Road .. †	4 18	18 81	5 5	3 8 4 2	.. 12 4
IV. 81, Earlsfield Road	8 7	80 70	4 4	4 3 3 11	13 3 14 2
V. Surrey House	16 14	80 87	5 5	4 5 3 11	12 10 12 6
VI. Bridge Industrial Home	110 69	69 43	17 12	4 9 3 10	13 1 10 10
REMAND HOMES—					
I. Pentonville Road	27 23	49 42	8 8	3 0 3 3	13 4 14 0
II. Harrow Road	10 11	22 25	4 4	3 2 3 8	19 11 18 10
III. Camberwell Green	24 18	48 36	6 6	3 0 3 0	13 8 15 9

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

† Kingwood Road Home closed 24th January, 1908.

ANNUAL REPORT OF THE TRAINING SHIP EXMOUTH COMMITTEE FOR THE YEAR 1908.

1. We submit our thirty-third annual report on the work of the Exmouth for the year 1908.

Committee. 2. The constitution of the Committee remained unaltered from last year. We again re-elected Mr. W. Vallance, J.P., to be our Chairman, and Admiral E. N. Rolfe, C.B., to be our Vice-Chairman.

Annual Inspection. 3. The annual inspection of the ship by the Board was held on 27th June. Unfortunately the President of the Local Government Board, the Rt. Hon. John Burns, M.P., who had kindly consented to distribute the prizes to the boys, was prevented by illness from attending. Mr. Burns wrote that it was a great disappointment to Mrs. Burns and himself that they were unable to meet the boys of the Exmouth, as he had hoped to have endorsed personally the excellent report that they had received as to their good conduct and high training, and he promised to take the earliest opportunity of seeing the lads and giving them personally some words of advice and guidance as to their welfare in the future.

Mr. Burns' place was taken by the Chairman of the Board, Mr. J. T. Helby, and Mrs. Helby distributed the prizes. Mr. Helby spoke some helpful words to the boys on their prospects in life, and subsequently in responding to the toast of his health, explained the work of the ship and the results which had been achieved to the Guardians and other visitors present.

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

Numbers on Board. 5. After the remarks we have found it necessary to make in each of our recent annual reports as to the lack of support which the ship has received from the Guardians and the smallness of the number of boys presented for entry, it is gratifying to be able to note that at the end of the year the ship was only 11 boys short of its full complement of 600. There were 589 boys on board on the 31st December. The number of boys sent from parishes and unions is not, however, nearly so large as might be expected, having regard to the large field from which the Guardians can draw recruits, and to the good careers available to the boys of satisfactory physique after training on the ship. The fact that the number of boys on board at the end of the year was so high is due in large measure to the appreciation of the ship by country Guardians, who continue to evince a desire to enter into agreements with the Board for the maintenance and training on the Exmouth of boys chargeable to them, and who never fail to take advantage of their agreements by sending their best boys to the ship.

Physical Standards required on Admission.

6. The question of the physique of the boys entered on the ship having just been mentioned, we would take this opportunity of repeating that the physical standards prescribed for candidates for entry are the lowest that afford any chance whatever of a boy so developing as to become fitted for entry into the Royal Navy or into satisfactory employment in the Mercantile Marine. We pointed out last year that it was impossible for us to seek to increase the number of new admissions by any reduction in these standards. The rejection of boys who fall short of them is often a disappointment to those interested in the boys' welfare, but their object would be retarded rather than forwarded by the entry of the boys on the ship, when it is quite well recognised that there would be no satisfactory outlet for such boys at the end of their training.

The Year's Results.

7. During the year 86 boys were entered in the Royal Navy, 96 in the Mercantile Marine, and 17 in the Army as musicians.

We mentioned in our last report the success of the boy J. D. Haines (City of London), who gained the first prize in the Advanced Class on H.M.S. Impregnable, at Devonport. This lad was equally successful at the following examination. At the prize distribution at the Naval Training School at Devonport, the Director of Naval Education in his speech stated "The work of J. D. Haines, who stands at the head of the list, deserves special commendation. He obtained nearly full marks in all subjects, with 95 per cent. on the grand total, a truly remarkable performance. It is interesting to note that this boy comes from the Exmouth."

The Commander-in-Chief, Admiral Sir Lewis A. Beaumont, on the same occasion, stated that "he supposed that it was very rarely indeed that in any establishment such a record of success had been achieved as by the boy Haines. To have almost full marks for everything showed not only great ability, but great application, and a great desire to profit by the facilities afforded to him."

We received a communication from the City of London Guardians expressing their opinion that the successes of this boy reflected the greatest credit on the officers and instructors of the Exmouth.

School.

8. The question of the organisation of the school work on the ship has received our close attention during the year, and a Special Sub-Committee are now considering what improvements can be made in the educational arrangements on board.

Instruction in Navigation.

9. A class for instruction in Navigation and Nautical Astronomy has been instituted for the first time and under the Chief Officer, Lieut. Coplestone, has made excellent progress. This instruction will add materially to the prospects of the boys who take advantage of it, as those entering the Royal Navy will be able to qualify as warrant officers, at an early age, and those entering the Mercantile Marine to pass the Board of Trade examination for mate in these subjects.

Shipping of Boys.

10. The arrangements for shipping boys into the Mercantile Marine at the Port of Liverpool continue to work satisfactorily. The increase in the number of boys shipped at this port and the consequent diminution in the number of boys shipped in London, as well as the success which has attended the use of the Sailors' Home at Liverpool, led us to consider the desirability of discontinuing the use of the Board's own shipping home at Limehouse, and of bringing the arrangements for shipping boys in London into line with those at Liverpool.

The question was fully considered by a special sub-committee, and on their advice we submitted a report to the Board in favour of disposing of the shipping home at Limehouse and of making use in its place of the Sailors' Home, Well Street.

With regard to old boys, *i.e.*, boys who have been found a ship and have made their first voyage, and over whom the influence of the shipping officer is necessarily only a moral one, there is little doubt that they will be more ready to use the Sailor's Home between voyages than to return to the Board's own home. The life in the Sailors' Home is brighter and more attractive for them, and while they would be free from any possible restraint which they might fear in the shipping home, under the Board's own officer, yet they would be bound to conduct themselves well in the Sailors' Home, and, as at Liverpool, they would know the shipping officer could be found there to advise and help them. This officer has access to the Home at all times and is in and out of it daily.

We are satisfied therefore that the important work of the after-care of boys could be even better kept up under such a plan than it can be with a separate shipping home.

With regard to new boys, there is little to be urged on behalf of keeping them in a separate home for the few days that elapse between their leaving the Exmouth and starting on their first voyage. As soon as they get on board the ship they must mix with seamen of all sorts, and it would seem almost a kindness to give them a chance of finding their feet to some extent by staying in a Sailors' Home under good supervision for the short time in question.

Our view therefore was that it would be a better and more efficient system than that in force for dealing with the boys shipped in London to use the Sailors' Home on the lines which obtain at Liverpool, and that an active and zealous officer would have even greater opportunities of useful service with these boys than under the conditions hitherto existing.

At the same time, although we do not regard this as the primary object of the change, a great saving would be effected.

The Board adopted our proposals, and in accordance with them, the shipping home at Limehouse was sold and the boys now use the Sailors' Home, Well Street.

Infirmary. 11. The old infirmary, Sherfield House, disused since the removal to the new infirmary, formerly used in connection with the Training Ship Shaftesbury, and purchased by the Board from the London County Council, was sold in April.

Works. 12. Sundry minor works have been carried out during the year. The upper deck was found to be leaking in places and the defective planks have been cut out and replaced by teak planks. The storeroom floors have been recaulked. The work of repainting the inside of the keel trough to prevent rusting was completed, and the wings of the ship were scraped and repainted in the same manner.

Health. 13. The health of the boys has on the whole been good. There was a slight outbreak of influenza in February.

Visitors' records. 14. We quote the following records made by visitors during the past year:—

1) *The Lord Bishop of Barking* (20th May, 1908):—

I held a Confirmation Service at the parish. Greatly pleased with the boys' attention. The discipline and order seemed all that could be desired.

(2) *Guardians of the Kingston Union (20th May, 1908) :—*

Visited the Exmouth this day and were delighted with all we saw. Education of our boys seemed thoroughly good and the discipline of all was splendid.

The Guardians expressed their great satisfaction with what is being done for and with the boys on your ship who are chargeable to this union.

(3) *Guardians of the Orsett Union (23rd June, 1908) :—*

Visited the ship. We were struck with the healthy and smart appearance of the lads and delighted with the excellent display of drill. We were particularly pleased to find three out of the four Orsett boys as petty officers, bearing excellent characters and promising well for a distinguished career.

(4) *C. F. Roundell, Esq., Asst. Local Government Board Inspector (17th June, 1908) :—*

I visited the ship to-day and found everything in admirable order. The various drills were excellently carried out.

(5) *Guardians of the Strood Union (24th June, 1908) :—*

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 and reflected the highest credit upon the Captain-Superintendent and officers of the ship.

(6) *Guardians of Richmond (Surrey) Union (24th June, 1908) :—*

We have visited three boys on board. Good progress has been made by two boys who were here on our visit of last year. These particular cases together with the general aspect and smartness of the whole confirms our previous good impression, and as guardians we feel that to send boys here is to send them to a home where their moral and physical training is a conscientious work on the part of the Captain and officers.

(7) *Baron Sakatani, Japan (17th July, 1908) :—*

It is no impossible work to change stones into gold.

(8) *Alan H. Burgoyne, Esq, Navy League (17th July, 1908) :—*

The ship is a revelation and more than a credit to the organisers and Captain.

(9) *Col. W. Concanon, White Star Line (17th July, 1908) :—*

Immensely struck with the ship and efficiency of the training.

(10) *Guardians of Croydon Union (28th September, 1908) :—*

Greatly pleased with the appearance of Croydon Union boys. Field gun drill particularly smart and all drills and exercises well carried out.

(11) *Guardians of Wandsworth Union :—*

Found all the boys looking clean and well. The ship is a credit to both officers and boys.

(12) *Guardians of Parish of Leicester (18th November, 1908) :—*

We were exceedingly pleased to find that the arrangement for the care of the boys was of such an excellent character, the cheeriness of the boys themselves being an excellent testimony to the same. We also noted that without exception the discipline of the boys reflected the greatest credit upon all responsible. The various exercises we had the pleasure of seeing performed showed very clearly that great thought had been given to the selection of such best suited to the development of brain and physique. The various drills were also very smartly done, notwithstanding the fact that a great number of the boys were of but a few months' training.

Cost per head.

15. The cost per head per week for maintenance and clothing for the year ended Michaelmas, 1908, was 4s. 9d., and the cost, including all charges (except outfits for boys going to sea, and repayment of amounts raised on loan), 12s. 0½d.

16. The high state of efficiency in which the ship is maintained and the success which attends the training of the boys, to which the records of visitors above quoted and our own observation alike bear witness, is we feel due in great measure to the zeal and ability which the Captain-Superintendent, Captain R. B. Colmore, R.N., continues to bring to bear upon this work.

The only change of any importance in the staff has been the resignation of the Chief Officer Lieut. L. Menzies, R.N., and the appointment in his place of Lieut. F. L. Coplestone, R.N. Lieut. Coplestone's work in connection with the navigation class has already been mentioned, and in every possible way he has seconded the efforts of the Captain-Superintendent for the welfare of the ship.

(Signed)

W. VALLANCE.

Chairman.

APPENDIX I.

ANNUAL REPORT OF THE CAPTAIN-SUPERINTENDENT FOR 1908.

To the Committee of the Training Ship Exmouth.

GENTLEMEN,

I beg to submit my report for 1908.

Table I. shows the admissions and discharges for 1908, 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 1908 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 225 were assisted to get another ship the second time. Some 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.

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 been constantly in use, thus giving the boys a practical knowledge of the most important duties of a seaman before going to the brigantine. Boat sailing and pulling have also been carried out frequently, the latter 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. This year no fewer than 235 boys gained the coveted cross-flags. The Riggers' Class, that is, boys who have passed out of all instructions, have been busily engaged in making new paunch mats, re-fitting boats' falls, rigging, etc., re-stropping blocks and fitting wire hawsers. Under the sailmaker, they have completed the following work :—

104 kit bags for boys going to sea.
186 hammocks.
347 cap covers.
235 beds (re-picked and re-covered).
One new set of boat sails.
Repaired awnings of ship.
Repaired sails of Brigantine.

No fewer than 400 boys have passed out of helm, lead, and compass instruction. The numbers given below are those in the various classes of seamanship :—

Riggers' class	..	..	..	..	173
1st class	..	..	..	..	39
2nd „	..	..	..	..	85
3rd „	..	..	..	..	40
4th „	..	..	..	..	101
5th „	..	..	..	..	45
Band	..	..	..	..	106

The cruising of the brigantine *Steadfast* was continuous from April to October. The brigantine having carried away her anchor off Southend in a heavy gale, was delayed at Grays for some time until a new one was ready. 309 boys were practically trained and 40 of the band 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, in instructing the boys in knotting and splicing.

Gunnery. The boys have been admirably instructed in this department. The closest touch has been kept with all Naval alterations in drills. The sub-target has been brought up to date, and the range at Westfield will be completed very shortly, when classes will be formed for Morris Tube practice. The 6 pounder quick-firing gun, lent by the Admiralty, has been constantly used for drill.

Leading gunners	..	..	..	..	60
1st class	..	..	..	..	71
2nd „	..	..	..	..	102
3rd „	..	..	..	..	186
4th „	..	..	..	..	64
Band ..	..	..	..	..	106
Total ..					589

Ambulance. The Band boys have been instructed by Dr. Partridge in first-aid to injured persons. The examiner appointed by the S. John's Ambulance Association was Dr. Coates, R.N., and 49 boys passed the examination and were awarded the certificate.

School. H.M. Inspector, Mr. A. F. Butler, and his assistant paid their usual visits to the School on February 11th, March 11th, and September 18th.

Band. During the past year the Band has made great progress. The First Class Band has become very proficient in both string and wind instruments. The condition of the instruments is specially mentioned in the Inspection report. The entries into the Royal Navy have been limited owing to a decision on the part of the Admiralty only to accept boys who play the clarinet and a string instrument. The stiff examination by Mr. Lidiard, Chief Bandmaster of the R.N. School of Music, was carried out in April, and I think reflects the greatest credit on our Bandmaster. His report to me is as follows:—

“I have the honour to submit the report of the examination of the band of the ship *Exmouth*” under your command, which, by your directions, I attended to on the 7th and 8th instant. The First Class Band were already formed up on the Upper Deck, around which they marched. Sixty-three boys were in the band and played remarkably well, keeping in tune and observing the marks of expression. This playing on the march is good, beneficial practice. A selected number of this band performed two pieces of music (Overture and Valse) in a very good style and with care—a really creditable performance. A portion of these boys then changed to stringed instruments, and played two other pieces (Selection and Valse) with a very few wind instruments combined. This enabled the string players to predominate without forcing the tone. The string band has greatly improved and the full wind band keeps at a good standard, and therefore it is very evident that the teaching must have been constant and thorough. Each boy was separately tested in the playing of scales and exercises and the whole Class taken for questioning in the elements of music—it is on these points that the boys are recommended for prizes, and it was quite a keen competition, the knowledge of scales and answers generally being very good.

The Second Class Band boys were examined in the playing of scales individually and taken in class for elementary questions. Good progress is being made in the

knowledge of scales and learning to play the same, the general knowledge of elements of music being very good.

The Third Class Band was given a test in general knowledge of the elements of music, the replies were quickly given and as I have found at previous times, for a junior class of boys, they are more advanced than it is expected to find. I had to take extra time to decide fairly who were the most deserving for recommending on the award list.

The First Class Bugle Band played on the march, the playing being well sustained and the time good. Individually I found that each boy had a good knowledge of the various calls, the one to be played being named by me, and in general the blowing was done smartly and distinctly and in all cases correctly—a very good lot of boys.

The Second Class Bugle Band I tested individually in the knowledge of calls, which was quite satisfactory, and good progress is being made generally with the blowing.

The instruments were very clean indeed, and I have not met with any band that keeps the instruments in so presentable a condition. The new instruments that have been added are of great help to the boys for their learning and I took the opportunity of pointing out to them the great value to them of making use of the opportunities that are now afforded them, especially the additional facilities for the learning and practising of the stringed instruments, several of which I found had been newly supplied.

The general result of the examination I consider is eminently satisfactory, more especially considering the very large number of boys under training. I would ask your favourable consideration in the matter of obtaining the services of an Instructor for the bugles and drums, and to assist, possibly, with the junior boys. It seems a pity for the Bandmaster to be instructing the buglers and drummers, when for the benefit of the Second Class Band boys and those learning stringed instruments, his time could be employed so much better to the advantage of those boys in starting them out in their future career. A Marine pensioned Bugler would be well suited for the junior class work under the direction of the Bandmaster, who, of course, should be responsible, but I am sure the gain to the boys would be very marked.

The Bandmaster is evidently very painstaking and conscientious in his work, but it is obvious that, with such a large number of boys (159 of all classes) under instruction, there must be of necessity much time taken up with buglers and juniors that would be very valuable if devoted to the teaching of stringed instruments in particular and to the boys who ultimately join service bands."

Swimming. Very satisfactory progress has been made in this instruction, no fewer than 285 boys being taught to swim.

Tailoring. The following is a list of work done in the tailors' shop during the past year:—

300 serge jumpers repaired.
60 serge jumpers altered to fit.
360 serge trousers repaired.
200 serge trousers altered to fit.
382 flannels repaired.
72 night shirts repaired.
20 blankets repaired.
575 gold lace badges made.
72 cap covers made.
144 cap ribbons sewn on.
75 towels made.

Cooking. Good progress is still being made in this department.

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. I find I have performed :—

Inspections.	Stoppings.	Extractions.		Scalings.
		Permanent.	Temporary	
1,745	338	118	225	62

One boy has been supplied with artificial teeth.”

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

“The general health of the ship was maintained throughout the year of 1908. Very few serious cases of illness occurred. One boy died from acute tuberculosis, and a very few were returned to their Unions as physically unfit. In February there was an outbreak of influenza, and 100 boys were affected. The disease was of a mild catarrhal type. The average daily number of boys in Hospital varied from 20 to 30, the greater proportion of admissions being from minor surgical conditions.

Two Ambulance Classes were formed and prepared for the S. John's Junior Examination, and 49 boys were successful in obtaining the certificate.”

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

“The curriculum has been practically the same as heretofore. The classes have been visited regularly, and many of the boys have been examined individually by myself. The answers they have given me have been bright and intelligent. The Sunday morning Services have been regular, and have been exceedingly bright and cheerful. The officers have helped in no small degree by the interest they have taken to make these services most attractive and popular. I cannot speak too highly of those responsible for the musical portion of these services. Their help has been invaluable. The week-day classes in religious knowledge have been most gratifying. The boys' order and conduct have been excellent, and they have taken a deep interest in their lessons. A party of boys have attended the 8 o'clock Celebration of the Holy Communion at Church each Sunday. The lads value this privilege. I have visited the Infirmary regularly and have spent many a happy time with the patients. The care, zeal, and earnestness with which the work is carried out on board leaves nothing to be desired.”

General remarks. The conduct of the boys has been very good. During the long winter evenings the ship's company has given some excellent entertainments, the one by the officers just before the Christmas leave being exceedingly good and thoroughly enjoyed by everyone present.

Our Annual Prize Day was held on June 27th and was very well attended. The Chairman of the Board, Mr. J. T. Helby, was accompanied by Mrs. Helby, who distributed the prizes, and subsequently Mr. Helby addressed the boys, in the absence of 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 182, and considering the slackness of the shipping trade and the high standard for entry in the Royal Navy, this is remarkably good. Our Shipping Master at Liverpool, Captain Mathias, has procured some excellent billets for our boys in the Mercantile Marine, and has also shown great tact and kindness in dealing with the boys returning from voyages, which has materially contributed to the success of our lads who have adopted the sea as a profession.

The physique of the boys presented for entry shows an improvement on the previous year. The ships of the Royal Navy and the Mercantile Marine, now being a mass of machinery, the British seaman of the present day must be intelligent, resourceful, and (now the Employers Liability Act applies to seamen) of good physique. The day is consequently past when the weakling and the fool of the family can be sent to sea. It has therefore become impossible to find billets for

boys of weak physique and of poor intellect, as they are rejected by the examining doctors. The pay and prospects, however, for good lads are excellent and employment continuous. The one aim and object of nearly every Company is to keep their men as long as possible.

The boys continue to make excellent progress under the careful ministrations of our Chaplain, the Rev. A. H. W. Seally, who is to be heartily congratulated on a thoroughly successful year. The Annual Confirmation was held in the Grays Parish Church on May 20th by the Lord Bishop of Barking, who expressed himself very pleased with the attention paid by the boys during the service.

For the first time in the history of the ship a class has been formed to instruct the boys in Navigation and Nautical Astronomy. For a really good all-round boy this is a splendid opening, as any of these on leaving should be able to pass for mate. The Chief Officer has volunteered to instruct the class, which under his excellent tuition is making rapid strides.

There have been few changes in the Staff. The Chief Officer, Lieutenant L. Menzies, R.N., resigned, and was succeeded by Lieutenant F. L. Coplestone, R.N.

The Officers have worked extremely hard to keep the boys in a high state of efficiency, and I think from the various reports and inspections their efforts have met with success.

It only remains for me, Gentlemen, to thank you for the great kindness 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.*

TABLE II.

Number of boys admitted from each of the Metropolitan Unions and from Country Unions during 1908 and during the whole time the ship has been established.

Year ending Dec. 31st, 1908.	PARISH OR UNION.	From March 31st, 1876, to Dec. 31st, 1908.	Year ending Dec. 31st, 1908.	PARISH OR UNION.	From Mar. 31st, 1876, to Dec. 31st, 1908.
	Number of boys in ship when taken over by Managers.	12	Brot. ford. 222		Brot. ford. 9130
	<i>Metropolitan Unions.</i>			<i>Country Unions—Continued.</i>	
7	Bermondsey	308	—	Foleshill	1
23	Bethnal Green	286	—	Gateshead	1
1	Bloomsbury	43	—	Gravesend	12
23	Camberwell	568	3	Great Yarmouth	10
2	Chelsea	166	—	Guildford	17
8	Fulham	315	—	Hambledon	2
6	S. George's West	297	—	Hartley Wintney	1
2	S. George-in-the-East	131	—	Haslingden	1
7	Greenwich	461	1	Hastings	2
15	Hackney	342	1	Hemel Hempstead	3
2	Hammersmith	24	2	Hendon	12
—	Hampstead	35	—	Henley	3
7	Holborn	307	—	Hitchin	4
7	Islington	317	1	Horsham	6
2	Kensington	212	4	Hatfield	1
8	Lambeth	492	2	Ipswich	6
14	Lewisham	720	—	Isle of Thanet	48
1	London, City of	129	1	Kettering	15
—	Marylebone S.	523	—	Kingston	81
—	Mile End	245	5	Kidderminster	1
6	Paddington	157	—	Leeds	2
2	S. Pancras	497	—	Leicester	15
15	Poplar	451	—	Lewes	3
—	Shoreditch	158	—	Leigh	1
20	Southwark	515	—	Maidstone	29
3	Stepney	116	2	Maldon	2
4	Strand	44	—	Martley	3
9	Wandsworth	357	—	Medway	31
—	Westminster	68	—	Newbury	1
1	Whitechapel	182	3	Newcastle-under-Lyne	8
7	Woolwich	400	7	Newhaven	1
	<i>Country Unions.</i>		1	Northampton	4
—	Aston	2	—	Norwich	13
—	Banbury	5	—	Nottingham	17
2	Basford	3	1	Orsett	18
—	Bath	1	—	Oxford	2
—	Bedford	21	3	Portsmouth	2
1	Bedwellty	2	—	Reigate	12
—	Bicester	3	—	Richmond	18
—	Birmingham	2	—	Romford	8
—	Brentford	13	—	Rotherham	1
—	Brighton	4	—	Royston	1
4	Bromley	25	—	S. Albans	3
—	Cheadle	1	—	Sculcoats	1
1	Chelmsford	11	3	Seisdon	1
—	Chertsey	1	2	Sevenoaks	1
—	Chesterfield	19	4	Steyning	14
2	Chippenham	2	—	Stockport	17
2	Colchester	17	1	Stow	6
2	Cosford	2	—	Strood	62
3	Croydon	52	3	Tamworth	2
—	Cuckfield	2	—	Thakeham	3
2	Derby	23	3	Truro	1
—	Dewsbury	3	—	Uxbridge	3
—	Dorking	5	—	Warwick	1
2	Eastbourne	14	16	Watford	32
—	East Retford	1	2	Wellingborough	2
1	Edmonton	1	—	West Ham	176
—	Ely	1	—	Westhampnett	4
—	Epsom	10	—	Willesden	42
—	Eton	1	1	Wilton	5
				Windsor	5
				Worcester	33
				Worksop	4
Card. ford. 222	Carried forward	9130	Total 297	Total	9969

ANNUAL REPORT,

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	1908	96
Card. ford.	836	Card. ford. ..	1717	Card. ford. ..	2603	TOTAL ..	3537

TABLE IV.—SPECIAL PRIZE LIST, 1908.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Remarks.	Destination.
9116	53	(For Best Boy in School.) W. Stevens ..	Lambeth ..	Silver Watch ..	Mr. W. Vallance ..	A very smart little boy, very good school monitor, an excellent musician.	Army.
8777	543	(For Most Popular Boy.) W. Cullen ..	Orsett ..	Ditto ..	Captain Brown's Legacy Fund	Holds the important position of drafting boy, taking charge of boys leaving the ship, most reliable, smart and intelligent.	Royal Navy.
9014	538	(For Best Boy in Brigade.) A. Crafts ..	Bethnal Green ..	Ditto ..	Admiral E. N. Rolfe	Has done remarkably well in Brigantine, pulls a good oar, good coxswain of boat, and generally good at all instructions.	Still on board.
8988	595	(For Best Boy in Cooking.) S. Bevan ..	Wandsworth ..	Ditto ..	The Managers	A very good clean boy, both in work and person.	Royal Navy.
8853	394	(For Special Good Conduct and Ability.) H. Potten ..	Lambeth ..	Ditto ..	Colonel Goldie	A very good sub-instructor boy, very quiet, clean and well behaved.	Royal Navy.
9072	195	(For First Boy in Gun Drill.) W. Franklin ..	Greenwich ..	Ditto ..	Mr. G. Drage	Has done remarkably well, very smart and clean, sets a good example to other boys, a very good drill, pulls a good oar.	Still on board.
9369	423	(For Second Boy in Gun Drill.) J. Eager ..	Kingston ..	Ditto ..	Captain-Superintendent	An exceedingly smart young boy, excellent drill, very reliable, and clean in his person.	Ditto.
9164	529	(For Most Useful Boy.) F. Kingsley ..	Camberwell ..	Ditto ..	Mr. R. Strong	A remarkably good sub-instructor boy in seamanship, excellent coxswain of boat, very reliable.	Ditto.
9167	225	FOR BEST BOYS IN BOXING: (Featherweight Championship.) J. Bridger ..	Willesden ..	Ditto ..	Mr. G. Drage		Ditto.
9424	227	(Lightweight Championship.) A. Hall ..	Worcester ..	Ditto ..	The Chief Officer		Ditto.
9197	547	(Middleweight Championship.) J. Mercer ..	Maldstone ..	Ditto ..	Admiral E. N. Rolfe ..		Royal Navy.
8493	263	(Heavyweight Championship.) E. Anslow ..	Camberwell ..	Ditto ..	Captain-Superintendent		Mercantile Marine.
9397	34	(For Special Good Conduct & Ability.) W. Holland ..	Hartley Winney	Silver Medal ..	The Managers	A very quiet, well conducted boy, and a good oar. Excellent Captain of division.	Royal Navy.
9423	43	C. Copplestone	Stepney ..	Ditto ..	Ditto ..	A very good valet and domestic, clean and tidy in his person. Captain's Coxswain.	Still on board.
8943	77	H. Bennett ..	Whitechapel ..	Ditto ..	Ditto ..	A very steady lad, good captain of division, slow but sure.	Ditto.
9259	146	J. Green ..	Eastbourne ..	Ditto ..	Ditto ..	A very excellent captain of division, very thorough in his work.	Mercantile Marine.
8768	285	G. Brown ..	Gravesend ..	Ditto ..	Ditto ..	A very good reliable lad, excellent bugler, good captain of division.	Ditto.
8493	283	E. Anslow ..	Camberwell ..	Ditto ..	Ditto ..	Very good captain of division, good boxer, pulls a good oar.	Ditto.
9464	341	G. Ong ..	Fulham ..	Ditto ..	Ditto ..	A very steady plodding boy, pulls a good oar, and is very trustworthy.	Royal Navy.

TABLE IV.—SPECIAL PRIZE LIST, 1908.—Continued.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Remarks.	Destination.
9437	362	(For Special Good G. Freshwater	Conduct & Ability.) Hendon	Silver Medal ..	The Managers ..	A very steady, reliable, quiet boy, passed out of all instructions, good captain of division.	Still on board.
9503	493	J. Ramscar ..	Bethnal Green ..	Ditto ..	Ditto ..	A very good smart, quiet, intelligent boy, pulls a good oar.	Royal Navy.
9048	420	J. Henderson	West Ham ..	Ditto ..	Ditto ..	A very intelligent boy, who uses his brains, good oar, holds the important billet of chief messenger.	Still on board.
8234	155	F. Bridges ..	West Ham ..	Ditto ..	Ditto ..	A very well behaved boy, clean in his person, excellent musician.	Army.
8417	549	C. Booth ..	Croydon ..	Ditto ..	Ditto ..	A very good captain of division, excellent oar, sets a good example to other boys.	Royal Navy.
9005	514	G. Burgess ..	Orsett ..	Ditto ..	Ditto ..	A very trustworthy boy, frequently sent on duty to London, good at all instructions.	Still on board.

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

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Destination.
9239	7	S. Sherringham	Bethnal Green	Still on board.
9257	19	R. Herman	West Ham	Royal Navy.
9468	35	A. Lewis	St. Marylebone	Still on board.
9317	15	W. Lawson	Camberwell	"
9131	65	R. Voller	"	"
9256	6	W. Sexton	"	Mercantile Marine.
9462	4	E. Bullimore	Hackney	Friends.
9523	76	J. Hoddy	Mile End	Mercantile Marine.
9559	50	W. Neve	Woolwich	Royal Navy.
9142	150	F. Mardell	Camberwell	Still on board.
9066	190	T. Ballard	Mile End	"
9132	112	C. Newman	Camberwell	"
9100	165	H. Hides	Mile End	"
9240	121	C. Holdford	Bethnal Green	"
9293	120	F. Tickell	West Ham	"
9433	172	C. Nightingale	Camberwell	"
9323	200	T. Crockett	"	"
9422	127	W. Franks	Wandsworth	"
8565	217	W. Collins	Southwark	Mercantile Marine.
9386	215	J. Williams	Bethnal Green	Still on board.
8879	243	T. Fisher	Greenwich	Mercantile Marine.
9364	272	A. Coudry	Guildford	Royal Navy.
9561	268	C. Avery	Romford	Still on board.
9444	299	W. Cooper	Willesden	"
9440	249	G. Hallybone	Poplar	Royal Navy.
9424	227	A. Hall	Worcester	Still on board.
8928	214	H. Clifford	Holborn	Royal Navy.
9427	333	F. Challis	Camberwell	Still on board.
9280	320	W. Oakley	Islington	"
8467	345	J. Hook	Camberwell	Mercantile Marine.
9149	339	H. Newington	"	Still on board.
9578	354	R. Conquer	Wandsworth	"
9430	396	A. Ford	Willesden	"
9426	384	H. Jarman	Camberwell	"
9411	366	W. Ladd	Bethnal Green	"
90-8	368	J. Easeman	Wandsworth	"
9344	431	G. White	Woolwich	Mercantile Marine.
9484	419	F. Jones	Kettering	Still on board.
9379	438	E. Palmer	West Ham	"
9217	442	C. Bonds	Greenwich	"
9485	475	G. Allen	Kettering	Mercantile Marine.
8356	448	B. Bevans	West Ham	Army.
9497	432	G. Hems	Wandsworth	Still on board.
9421	405	C. Cooley	Eastbourne	"
95-7	467	J. Madden	Fulham	Royal Navy.
8987	582	J. White	Wandsworth	"
9530	547	H. Mulliner	Poplar	"
9181	545	T. Cavalier	Lambeth	Still on board.
9381	567	R. Brown	Paddington	Mercantile Marine.
9412	503	F. Ede	Bethnal Green	Still on board.
9219	501	A. Pearce	Southwark	Royal Navy.
9236	588	S. Dennis	Holborn	"
8577	530	A. Crooks	Bethnal Green	Mercantile Marine.
9237	577	E. Crutch	Holborn	Royal Navy.

TABLE VI.—BOYS DISCHARGED TO ARMY FROM 1876 TO 1908.

Regiment.	No.	Regiment.	No.	Regiment.	No.
Royal Horse Artillery	1	21st Hussars	2	Lancashire Regiment	8
Royal Artillery	6	Grenadier Guards	8	Leicester Regiment	8
Royal Engineers	2	Coldstream Guards	4	Leinster Regiment	4
3rd Hussars	1	Scots Guards	1	Lincolnshire Regiment	4
4th Hussars	1	Argyle and Sutherland High-landers	21	Liverpool Regiment	3
5th Lancers	2	Oxfordshire Light Infantry	13	Manchester Regiment	86
11th Hussars	1	Northumberland Fusiliers	7	Middlesex Regiment	14
Berkshire Regiment	31	Rifle Brigade	18	Munster Fusiliers	2
Border Regiment	18	Royal Fusiliers	21	Cameron Highlanders	6
Cheshire Regiment	18	Royal Highlanders	3	Northampton Regiment	14
Connaught Rangers	55	Royal Marine Light Infantry	1	Wiltshire Regiment	6
Derbyshire Regiment	21	Royal Scots (Lothian Regiment)	40	Worcester Regiment	18
Devonshire Regiment	2	Scots Fusiliers	26	York and Lancaster Regt.	23
Dorsetshire Regiment	10	Scottish Rifles	14	Yorkshire Light Infantry	42
Dublin Fusiliers	24	Seaforth Highlanders	2	Yorkshire Regiment	10
Duke of Cornwall's Light Infantry	7	Shropshire Light Infantry	2	East Yorkshire Regiment	23
Essex Regiment	37	Somerset Light Infantry	33	Army Hospital Corps	1
Gloucestershire Regiment	6	Staffordshire (North) Regiment	1	Army Medical Corps	11
Highland Light Infantry	13	Staffordshire (South) Regiment	29	East Surrey Regiment	14
Gordon Highlanders	5	Suffolk Regiment	28	Bedford Regiment	7
Inniskilling Fusiliers	9	Surrey Regiment	7	18th Hussars	2
Irish Fusiliers	23	Sussex Regiment	30	"The Queen's" Regiment	2
Irish Rifles	15	South Wales Borderers	18	West Yorkshire Regiment	8
East Kent Regiment	9	Royal Warwick Regiment	46	Cameronian Regiment	4
Kent Regiment	5	Welsh Fusiliers	15	Dragoon Guards	19
King's Own Scottish Borderers	7	Welsh Regiment	36		
King's Royal Rifles	27	West Riding Regiment	1		
Lancashire Fusiliers	53	East Lancashire Regiment	12		
13th Hussars	1	Loyal North Lancashire Regt.	8		
9th Hussars	1	South Lancashire Regiment	17		
20th Hussars	9				
				Total	1225

TABLE VII.—SCHOOL PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Destination.
STANDARD VII.				s. d.	
9541	313	L. Chester	Nottingham	4 0	Still on board.
9561	268	C. Avery	Romford	4 0	"
9444	299	W. Cooper	Willesden	3 0	"
9389	240	W. Bywater	Woolwich	3 0	"
9289	487	C. King	Whitechapel	2 0	"
9502	40	A. Hastings	Woolwich	2 0	"
STANDARD VI.					
9386	215	J. Williams	Bethnal Green	5 0	"
9522	486	J. Waldon	Fulham	5 0	"
9681	153	W. Maxted	Isle of Thanet	3 0	"
9450	380	J. Burrows	Chelsea	3 0	"
9188	169	E. Gratwick	Camberwell	2 6	"
9457	562	S. Brown	Lewisham	2 6	"
9456	311	A. Wickenden	Kingston	1 6	"
9679	104	G. Gifford	Isle of Thanet	1 6	Royal Navy.
STANDARD V.					
8946	443	R. Parsons	Lewisham	5 0	Mercantile Marine.
9516	256	C. Matthews	Dorking	5 0	Still on board.
9213	329	D. Bruce	S. Marylebone	3 0	"
9466	106	J. Salter	West Ham	3 0	Mercantile Marine.
9631	477	F. Dyke	Croydon	2 6	Still on board.
9553	234	J. Seeger	Shoreditch	2 6	"
9010	61	F. O'Neill	Holborn	1 6	"
9570	570	J. Nott	S. Marylebone	1 6	"
STANDARD IV.					
8417	549	C. Booth	Croydon	5 0	Royal Navy.
8482	444	C. Thorpe	Lewisham	5 0	Still on board.
9003	433	T. Stark	Islington	3 0	"
9087	422	C. Hunter	Bloomsbury	3 0	"
9472	87	H. Anderson	Ipswich	2 0	"
9312	512	W. Eyre	Camberwell	2 0	"
9615	425	W. Kemp	Lambeth	1 0	"
9659	126	H. Tyrie	Bermondsey	1 0	"
STANDARD IIIA.					
9369	423	J. Eager	Kingston	4 0	Still on board.
9611	430	F. Hurren	Fulham	4 0	"
9358	475	A. Haws	Poplar	3 0	Mercantile Marine.
9142	150	G. Mardell	Camberwell	3 0	Royal Navy.
9431	101	H. Shave	Willesden	2 0	Still on board.
9387	302	J. Simmonds	Chelsea	2 0	Mercantile Marine.
9282	365	B. Semain	Southwark	2 0	Still on board.
9409	2	J. Stanton	S. Marylebone	2 0	"
STANDARD IIIB.					
9388	109	S. Brown	Woolwich	4 0	"
9397	34	W. Holland	Hartley Wintney	4 0	Royal Navy.
9465	587	E. Fowler	West Ham	3 0	Mercantile Marine.
9426	384	H. Jarman	Camberwell	3 0	Still on board.
9464	341	G. Ong	Fulham	2 0	Royal Navy.
9391	390	H. Green	Camberwell	2 0	Still on board.
9287	497	J. Butler	Kettering	1 0	"
9322	9	H. Remon	Bethnal Green	1 0	Army.
STANDARD II.					
9442	589	J. Fairweather	Poplar	3 0	Still on board.
9155	488	F. Sutton	Croydon	3 0	"
9649	55	J. Tyler	Camberwell	2 0	"
9175	292	J. Medcrafts	Bethnal Green	2 0	"
9521	177	J. Clarke	Fulham	1 0	"
9453	356	C. Wright	Greenwich	1 0	Mercantile Marine.
PASSED OUT BOYS.					
9265	505	A. Black	Bethnal Green	4 0	Still on board.
9429	219	T. Taylor	Camberwell	4 0	"
8843	573	P. Rawlingson	Islington	4 0	"
9275	203	E. Butterfield	City of London	4 0	Army.
9173	205	W. Tyler	"	4 0	Royal Navy.
8995	435	J. Chisholm	Richmond	4 0	Still on board
8895	480	E. Soames	Lambeth	3 0	"

TABLE VIII.—PASSED OUT BOYS' PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Destination.
9380	571	C. Matthews	S. George-in-the-East	3 0	Royal Navy.
9164	529	F. Kingsley	Camberwell	3 0	Still on board.
8642	99	C. Cross	Wandsworth	3 0	"
9423	43	C. Copplestone	Stepney	3 0	"
9237	577	E. Crutch	Holborn	3 0	Army.
9147	197	G. Gibson	Camberwell	2 0	Still on board.
8777	543	W. Cullen	Orsett	2 0	Royal Navy.
9317	15	W. Lawson	Camberwell	2 0	Still on board.
9151	74	W. Clive	Croydon	2 0	"
8667	469	W. Sewell	Watford	2 0	Royal Navy.
9264	310	E. Smith	Bethnal Green	2 0	Still on board.
9116	53	W. Stevens	Lambeth	1 0	Army.
9333	577	H. Weare	Camberwell	1 0	Still on board.
9005	514	G. Burgess	Orsett	1 0	"
9244	287	H. Hall	Aston	1 0	"
8864	29	E. Gillard	Southwark	1 0	"
9239	7	S. Sherringham	Bethnal Green	1 0	"

TABLE IX.—BAND PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Destination.
1ST CLASS BAND. <i>For Best Playing and Reading at sight—</i>					
8234	155	F. Bridges	West Ham ..	s. d. 10 0	Army.
8466	242	H. March	Camberwell ..	5 0	Royal Navy.
8565	217	W. Collins	Southwark ..	2 0	Mercantile Mar.
<i>For Best Soloist—</i>					
8570	580	W. Guerin	Holborn ..	10 0	Royal Navy.
9237	557	E. Crutch	Holborn ..	5 0	Army.
8950	208	J. Wall	Lambeth ..	2 6	Royal Navy.
<i>For Most Advanced in General Knowledge—</i>					
9236	588	S. Dennis	Holborn ..	10 0	Royal Navy.
8642	99	C. Cross	Wandsworth ..	5 0	Still on board.
9100	165	H. Hides	Mile End ..	2 6	"
2ND CLASS BAND. <i>For the Best General Progress—</i>					
9010	61	F. O'Neill	Holborn ..	5 0	Still on board.
9407	264	W. Glenn	Camberwell ..	3 6	"
9550	590	G. Warwick	Camberwell ..	2 0	"
9496	260	J. Eldred	Poplar ..	1 6	"
3RD CLASS BAND. <i>For Best General Progress—</i>					
9402	396	C. Diprose	Colchester ..	5 0	Still on board.
9487	386	T. Gatehouse	Greenwich ..	3 0	"
9553	234	J. Seeger	Shoreditch ..	2 0	"
9432	132	J. Montague	Bethnal Green ..	1 6	"
BUGLE BAND. <i>For the Most Efficient—</i>					
8891	235	W. Wadman	Lewisham ..	5 0	Royal Navy.
9247	578	C. Hawley	Watford ..	3 0	Mercantile Mar.
8968	285	G. Brown	Gravesend ..	2 0	"
9305	289	A. Jacks	Mile End ..	2 0	"
<i>For the Best Kept Instruments—</i>					
8895	480	E. Soames	Lambeth ..	5 6	Still on board.
9284	315	S. Acraman	Southwark ..	3 0	"
9375	79	W. Perkins	Leicester ..	2 0	Royal Navy.
9218	462	T. Larkins	Southwark ..	2 0	Still on board.

TABLE X.—SWIMMING PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Remarks.	Destination.
8895	480	E. Soames ..	Lambeth ..	Silver Watch	Mr. Lambert	An excellent boy in every way, splendid swimmer.	Still on board.
9685	13	W. Hewitt ..	Strand ..	12s. ..	The Managers		"
9457	562	S. Brown ..	Lewisham ..	10s. ..	"		"
8619	511	F. Lovell ..	Islington ..	8s. ..	"		"
9684	542	G. Orme ..	Bethnal Green	7s. ..	"		"
8946	443	R. Parsons ..	Lewisham ..	2s. ..	"		Mercantile Mar.
9418	428	B. Martin ..	Greenwich ..	Silver Medal	"		Still on board.

TABLE XI.—GYMNASTIC PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by.	Destination.
8619	511	F. Lovell ..	Islington ..	Silver Watch	The Managers	Still on board.
8766	188	W. Clayton ..	Orsett ..	15s. ..	Captain Brown's Legacy Fund	"
9221	102	J. Button ..	Southwark ..	10s. ..	" " " "	"
9416	266	F. Crook ..	Greenwich ..	7s. 6d. ..	" " " "	"
9217	442	C. Bonds ..	Greenwich ..	5s. ..	" " " "	"
9216	238	W. Hill ..	Derby ..	2s. 6d. ..	" " " "	"

TABLE XII.—AMBULANCE PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Destination.
9239	7	S. Sherringham ..	Bethnal Green ..	5s.	Still on board.
9108	498	C. Woodhouse ..	Camberwell ..	5s.	Royal Navy.
9418	418	B. Martin ..	Greenwich ..	4s.	Still on board.
9003	439	T. Stark ..	Islington ..	4s.	"
9375	79m	W. Perkins ..	Leicester ..	4s.	Royal Navy.
9189	479	J. Relf ..	Lewisham ..	3s.	"
9523	76	J. Hoddy ..	Mile End ..	3s.	Mercantile Mar.
9284	315	S. Acraman ..	Southwark ..	2s.	Still on board.
9413	162	E. Bennett ..	Greenwich ..	2s.	"
8356	448	B. Bevans ..	West Ham ..	2s.	Army.
8493	283	E. Anslowe ..	Camberwell ..	2s.	Mercantile Mar.
9507	279	G. Buckingham ..	S. George's, West ..	1s.	Still on board.
9146	51	G. Boreham ..	Camberwell ..	1s.	"
9044	286	A. Fry ..	West Ham ..	1s.	"
8732	63	A. Hewitt ..	Strand ..	1s.	Mercantile Mar.

TABLE XIII.—SIGNAL PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Destination.
9341	313	L. Chester ..	Nottingham ..	Telescope ..	Mr. J. T. Helby	Still on board.
9014	538	A. Crofts ..	Bethnal Green ..	Silver Medal	The Managers	"
8557	291	W. Stevens ..	Mile End ..	6s.	"	Mercantile Mar.
9004	514	G. Burgess ..	Orsett ..	5s.	"	"
9048	420	J. Henderson ..	West Ham ..	3s.	"	Still on board.

THE HISTORY OF THE UNITED STATES

OF THE UNITED STATES OF AMERICA

FROM THE FIRST SETTLEMENTS TO THE PRESENT TIME

BY JAMES H. HARRIS

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ANNUAL REPORT OF THE AMBULANCE COMMITTEE FOR 1908.

15th March, 1909.

We submit our report upon the work of the Ambulance Service of the Board for the year 1908.

The year's work was in excess of that of any former year, except 1907. Originally confined to the removal of infectious cases to the Board's own hospitals, the transport service has, by degrees, extended its operations until now it renders assistance in every department of the Board's work—Hospitals', Asylums', Children's, Training Ship Exmouth and Stores'—besides undertaking the conveyance of considerable numbers of private infectious and non-infectious cases.

From the year 1881, when the service was established, until 1890, the annual number of removals of patients did not exceed 15,500. Immediately after the introduction of the compulsory notification of infectious diseases, at the end of 1889, the work of the service increased rapidly. In 1900 the number of removals had risen to 33,791, the number of journeys to 24,808, and the mileage run by the vehicles to 232,848; while in 1908 these figures advanced in removals to 59,870, or an increase of 77 per cent.; in number of journeys to 34,260, or an increase of 38 per cent.; and in mileage to 421,594, or an increase of 81 per cent. In the previous year (when scarlet fever was exceptionally prevalent) the figures were considerably higher.

It affords us great satisfaction to note that the record of entire freedom of the service from accident involving injury to any patient remains unbroken.

Motor traction. In our last annual report we referred to our decision to make the Mead Ambulance Station the headquarters of the motor service; and in the beginning of 1908 the necessary transfer of machinery, tools and vehicles from the South Western Ambulance Station was effected. Four omnibuses and one ambulance have been added to the service during the year; another omnibus will shortly be delivered; and the Board has sanctioned tenders being obtained for the supply of eight motor ambulances. The latter are intended for the Western Ambulance Station, which will be converted entirely into a motor station.

Removals to the managers' hospitals. On reference to appendix I. A. (p. 168) it will be seen that the total number of fever patients removed to the Managers' hospitals during the year was 27,882 (32,037). The removals of smallpox patients numbered 8 (15). The removals to the Board's fever hospitals were more numerous than in any previous year since they were established, with the exception of the year 1907.

Removals to places other than the managers' hospitals. *Infectious Cases.*—Under the powers conferred by section 79 (3) of the "Public Health (London) Act, 1891," 408 (454) persons suffering from dangerous infectious disorders were conveyed in the Managers' ambulances to places other than the Managers' hospitals during the year 1908. Of these, 44 (82) were stated to have measles, 48 (32) scarlet fever, 53 (44) enteric fever, 20 (7) diphtheria, 218 (240) erysipelas, 11 (9) puerperal fever, 6 (11) chickenpox, 1 (4) German measles, and 1 typhus fever; also 6 (14) scarlet fever contacts.

Italic figures in brackets are the corresponding figures for 1907.

Non-infectious Cases.—1,291 (841) 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 17 (9) were accident cases.

The total sum received by the Managers during 1908 for the conveyance of persons to places other than the Board's own institutions was £609 5s. 6d. (£397 15s.), of which £11 (£15 10s.) was in respect of the service of nurses, and £514 14s. 6d. (£325 19s.), or an average of 7/11·7 (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, and for the same reason the fees paid for non-infectious cases were refunded in a few instances.

Conveyance of imbeciles and children. In addition to the above-mentioned removals, 1,177 (807) imbeciles 435 (452) children suffering from ophthalmia, 9 (28) from ringworm, 176 (165) defective and other children have been conveyed to their several institutions during the year, making, with the medical and surgical cases before referred to, and 36 staff cases, a total of 3,124 (2,296) non-infectious cases.

Total removals. The aggregate removals during the year, including the transferring of patients from one institution to another, numbered 59,870 (64,058), and the mileage run by the vehicles was 421,594 (462,756). The number of removals and the mileage run were greater than in any previous year except the year 1907.

Nurses' journeys. The journeys made by nurses numbered 28,324 (30,992), and the sum credited to the hospitals for their services amounted to £3,540 10s. (£3874).

Conveyance of stores. Large quantities of goods and stores (including 238,500 (220,000) bundles of wood) have been conveyed to the various institutions. 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.

Work of ambulance stations. Tables A and B (see pp. 168 to 170) 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	6,846 (10,713)	6,042 (7,499)	62,527 (78,750)
North-Western	4,458 (6,844)	4,072 (4,574)	42,000 (50,327)
Western	6,805 (8,787)	6,433 (6,508)	72 721 (75,789)
Mead	25,382 (204)	2,380 (138)	80,541 (2,706)
South-Western	4,331 (21,212)	3,971 (6,813)	45,737 (118,113)
South-Eastern (re-opened)	6,360 (8,137)	6,137 (7,108)	60,477 (77,723)
Brook	5,688 (8,161)	5,225 (5,908)	57,591 (59,348)
Totals	59,870 (64,058)	34,260 (38,548)	421,594 (462,756)

Italic figures in brackets are the corresponding figures for 1907.

ANNUAL REPORT,

The following table shows (a) the heaviest day's work; and (b) the heaviest week's work of each station :—

STATION.	(a) Heaviest single day's work.		(b) Heaviest week's work.		
	Date.	Removals (including transfers, &c.)	Week ended.	Removals (including transfers, &c.).	Mileage Run by Vehicles.
Eastern ...	11 Feb.	49 (61)	11 Jan.	221 (382)	1,250 (3,362)
North-Western ...	7 Jan.	44 (44)	11 „	194 (238)	1,489 (1,947)
Western ...	7 „	50 (57)	14 Nov.	172 (284)	2,041 (2,989)
Mead ...	5 Nov.	166 (closed)	12 Dec.	657 (closed)	2,272 (closed)
South-Western ..	7 Jan.	103 (145)	11 Jan.	320 (991)	1,865 (4,672)
South-Eastern ...	6 „	34 (45)	19 Sept.	185 (240)	2,104 (2,518)
Brook ...	13 Oct.	26 (52)	10 Oct.	135 (261)	1,701 (2,074)

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)	10·0 (9·7)	21·5 (21·0)	10·4 (10·5)
North-Western ..	— (23·5)	10·0 (10·1)	22·0 (22·1)	10·3 (11·3)
Western ...	— (17·0)	11·0 (10·3)	33·4 (39·1)	11·3 (11·6)
Mead ...	— (—)	— (—)	38·0 ()	33·8 (—)
South-Western ..	— (—)	11·4 (12·3)	37·4 (42·4)	11·5 (17·1)
South-Eastern ..	— (10·0)	9·8 (10·3)	36·1 (34·1)	9·9 (10·9)
Brook ...	— (17·0)	10·1 (9·1)	29·7 (30·1)	11·0 (10·0)

The practice of giving the friends of recovered patients the option of fetching them from the convalescent hospitals, which was discontinued at the end of September, 1907, at the Gore Farm Hospital, was also discontinued at the Northern Hospital shortly before the end of the year 1908. The result of the new arrangement will be a considerable increase in the number of recovered patients conveyed from the Northern Hospital to London.

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

At the Mead Station electric light has been installed in the workshops, washhouses, and yard; a heating apparatus supplied to the coachhouses, and a motor pit constructed. Works are also in progress for closing in the ends of the covered portion of the yard, and for constructing a tank for the storage of petrol in bulk.

Staff. The health of the staff was not so good as in the previous year.

Italic figures in brackets are the corresponding figures for 1907.

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

STATION.	Number off Duty.	Total days off Duty.
Eastern	16 (9) (<i>1 Scarlet Fever.</i>)	283 (110)
North-Western	9 (12)	54 (104)
Western	5 (7)	120 (145)
Mead	6 —	86 —
South-Western	1 (6)	17 (70)
South-Eastern	10 (3)	126 (47)
Brook	8 (11)	80 (95)
	55 (48)	766 (571)

There were 18 (23) resignations, 20 (30) discharges, and 23 (77) appointments to the staff during the year.

(Signed) H. WILLINGHAM GELL,
Chairman.

Italic figures in brackets are the corresponding figures for 1907.

ANNUAL REPORT OF THE COMMITTEE FOR GENERAL PURPOSES FOR 1908.

1st January, 1909.

**Tuber-
culosis.**

In reporting to the Managers on the 4th July last upon a resolution of the Whitechapel Board of Guardians, in which they urged the Local Government Board to authorise the Managers to provide accommodation for the reception and treatment of the phthisical patients now maintained in the Metropolitan infirmaries (on the ground that such provision was desirable in the interests of the patients themselves and would relieve the pressure on the accommodation in the infirmaries), we recapitulated the result of the Managers' previous consideration of this question, and pointed out that inasmuch as the Local Government Board, both in March, 1906, and in January, 1908, had raised objections to similar proposals, it did not appear to us that the Managers were in a position to take action in the matter.

**Medical
Officer for
General
Purposes.**

At the end of 1907 the question of making a definite appointment to this office was still under consideration. Acting upon our recommendation, the Managers, on the 29th February, appointed Dr. Herbert E. Cuff, M.D., B.S. (Lond.), F.R.C.S. (Eng.), to the vacant post, upon terms and conditions previously approved by the Managers and sanctioned by the Local Government Board.

**Head Office
Clerical
Staff.**

The only change of moment in connection with the Head Office clerical staff was the promotion at Lady Day last of Mr. H. E. Holtorp from the post of second-class clerk to that of first-class clerk.

**Territorial
and Reserve
Forces
Act, 1907.**

In February last the Managers on our advice unanimously adopted resolutions (i.) permitting members of the Board's staff to join the Territorial Force; and (ii.) granting them special leave for half the period of the prescribed annual training, subject to the remaining half being taken out of their annual leave. This special leave is subject in each instance to the convenience and the requirements of the Board's service, and to the submission of a regimental certificate that the member of the staff has duly attended such training.

**Sick, Con-
valescent,
and
Debilitated
Children.**

In July last we were instructed to consider a communication from the Local Government Board in which they asked for the Managers' observations on proposals (i.) to entrust to the care of the Managers the sick and convalescent children chargeable to the Metropolitan Boards of Guardians and then accommodated in the infirmaries of those Boards; and (ii.) to utilise the Southern Hospital for this purpose.

After considering replies to enquiries on the subject which we had addressed to the several Metropolitan Boards of Guardians and Boards of Management of Sick Asylum Districts, and to the medical superintendents of the Poor Law Infirmarys and Sick Asylums, we advised the Managers to express to the Local Government Board their readiness to comply with the wishes of that Board by undertaking the duties referred to in their letter, and to utilise the Southern Hospital for the purpose. Our recommendation was adopted, and later in the year the Southern Hospital (now known as The Children's Infirmary) was duly handed over to the Children's Committee for the treatment of "sick or convalescent or debilitated children."

Religious Requirements of Nonconformist Patients. In February last we were instructed to consider and report to the Board whether any, and, if so, what, better arrangements could be made for meeting the religious requirements of the Nonconformist inmates of the several institutions of the Managers. As the result of our consideration of this reference, and of the replies we had received from the several central committees to certain enquiries which we had addressed to them on the subject, we reported to the Managers that "in our opinion the Nonconformist inmates of the Board's institutions do not suffer any disability in consequence of the existing regulations."

Requisitions and Requirement Books. A proposal of the Finance Committee "that the system of requisitioning for provisions approved by the Board on the 24th January, 1903, be extended to other recurrent supplies," was referred to us for report in November last; but after duly considering the whole question we did not see our way to advise the Managers to endorse the Committee's proposal.

Other Matters. Other matters which engaged our attention during the past twelve months were (i.) and (ii.) the conditions of service in the stewards' department and the revision of the rations scale for boarded officers (upon both of which matters we hope soon to report to the Board); (iii.) the wages of gardeners (upon which we were not prepared to advise the Managers to take action); and (iv.) what alterations were required in the administration of the laundries in the several institutions under the Managers' control by reason of the fact that these laundries are now factories under the Factory and Workshop Acts. Upon the last of these matters we have already submitted a preliminary report dealing with hours of labour, meals, and annual leave of the laundry staffs, and we propose to report at a later date upon certain sanitary, mechanical, and administrative questions in connection with the Managers' laundries to which we may think it advisable to direct attention.

(Signed) JOHN H. LILE,

Chairman.

ANNUAL REPORT OF THE FINANCE COMMITTEE FOR 1908.

January, 1909.

General. 1. Much routine work has been transacted during the year 1908, and several reforms have been completed and others initiated. The more important matters before us in the year are submitted in the report following.

L.G.B. Orders. Revision and consolidation. 2. In the annual report for 1907 we referred to the fact that a draft consolidated Order had been forwarded to the Local Government Board for their approval to the experimental introduction thereof for a period of twelve months, in order that experience of the working might be obtained. Their approval has not yet been received.

Motor Traction: Ambulance Service. 3. The Local Government Board having asked for a statement of the expenditure incurred by the Managers upon the introduction of motor traction, with particulars as to the extent to which that form of traction had been adopted and with a comparative statement of the results, financial and administrative, as compared with horse traction, the whole question was exhaustively investigated and full detailed information submitted to the Managers on the 28th March, when we informed the Managers of our conclusion that the results of the employment of the few motor vehicles—particularly the omnibuses—for the short time they had been in use were more than sufficient to justify the introduction of motor traction and its gradual extension.

Since that report the matter has been kept under observation, and further returns have been prepared, bearing out the original conclusions; and the service is, upon the advice and under the direction of the Ambulance Committee, now being extended.

Loans and Estimated Loan requirements. 4. For the second year in the history of the Board we are able to record that, as last year, it has not been found necessary to raise any moneys on loan, and the debt has consequently been further reduced by £181,745 (the gross amount of the loans repaid) to £3,025,044 as at Michaelmas, 1908.

The estimated loan requirements for the purposes of the London County Council Annual Money Bill have again been fixed at a reasonable sum to meet any capital outlay not now contemplated which the Managers may be called upon to expend before Michaelmas, 1910.

Precepts for Common Charges. 5. Consequent upon the consolidation of the loans advanced by the London County Council to the Managers, under which the loan charges were made payable half-yearly instead of by annual payments (some of which fell due in each quarter of the year), we found it

possible to arrange for the common charges in the Michaelmas half-year, which had hitherto been paid by equal moieties on the 1st May and the 1st July, to be made payable as to one-third on the former date and as to two-thirds on the latter date, which postponement we believed would be an advantage to the contributing authorities. This arrangement was also continued in fixing the amounts of the precepts due on the 2nd November and the 1st January in the present (Lady Day) half-year.

As anticipated this has not caused any financial inconvenience, and after reviewing the position in the light of the year's experience we have decided that a further concession might be granted by postponing payment of a part of the precept due on the 1st July until the 1st August, and similarly of a part of the precept due on the 1st January until the 1st February. Under such an arrangement the precepts for common charges will be raised by equal sums on the 1st May, 1st July, and 1st August, in the Michaelmas half-year, and on the 1st November, 1st January, and 1st February in the Lady Day half-year, the direct charges being payable as at present on the 1st September and the 1st March in the respective half-years.

Should the precepts not be paid promptly by the Parishes and Unions, or should the Managers' financial engagements in the future so require, it should be clearly understood that the old arrangements must be reverted to.

Abolition of Beer and Equivalent Emoluments. 6. The Managers having determined, as from Lady Day, 1908, to expunge beer and "equivalent beverages" from the rations scale and to discontinue the money allowance in lieu thereof, referred the question of any necessary adjustments to us for consideration. We found that on the 25th November, 1907, 59 officers were receiving beer, 17 beverages in lieu, 3670 beer-money, whilst 1673 were not entitled to the emolument in any form.

After careful consideration we came to the conclusion that as regards future officers no adjustment of the scales was called for; but that following the general policy of the Managers when introducing reforms of reserving to existing officers, as far as possible, the privileges enjoyed by them, we were of opinion that as from Lady Day, 1908, existing officers should continue to receive their emolument in the same form, except that the money payment should be considered and treated as salary or wages.

Salaries and Wages Scales. 7. Towards the end of last year the Managers entrusted us with a reference to review, in conference with the several standing committees concerned, all the salaries and wages scales, and to submit such alterations, if any, as appeared to us to be necessary, and at the close of the year a draft proposed scale is under consideration.

Under the original proposals submitted by us through the General Purposes Committee, to the Managers, on discontinuing in future appointments certain emoluments in kind of fire, light, milk, and potatoes and other vegetables, it was provided that existing officers and servants should not be adversely affected, but that they should have the opportunity, if they thought fit, of accepting any adjustment of the wages scales that might be subsequently approved. Inasmuch, however, as no addition to the existing cash salaries for future appointments appeared to us to be necessary, but we were still of opinion that in the interests of all concerned it was desirable that the emoluments in question should be discontinued at the earliest date, the opportunity was afforded existing officers to compound such of the emoluments in question as they enjoyed, at the value fixed for superannuation purposes.

Superannuation. 8. Under the provisions of the Superannuation Acts, 30 persons have been granted superannuation allowances during the year ended Michaelmas, 1908 amounting to £1302 per annum, whilst 7 persons in receipt of pensions amounting to £183 per annum, have died during the year, leaving the number in receipt of pensions amounting to £9481 per annum at Michaelmas, 1908, at 201.

(i.) Statistics.

(ii.) Addition of years. Two recommendations for the addition of years to the actual period of service of officers have been remitted to and considered by us during the year.

In one case the circumstances were such as, in our opinion, warranted us in endorsing the recommendation, and this was subsequently approved by the Managers and by the Local Government Board, but in the other case we were unable to concur in the proposal.

(iii.) Gratuities. Three applications for gratuities for loss of office have been submitted to us during the year, and in each case the circumstances were such as to justify the proposal. The gratuities, which were approved by the Local Government Board, amounted to £99 5s.

(iv.) Appeals. Two pensioners having appealed to the Local Government Board against the amount of the allowances we reviewed the facts, and in the one case further information was submitted to us which led us to modify our former opinion, and the amount of the allowance was revised. In the other case it was claimed that the value of an emolument which had been enjoyed, but which had not been granted by the Managers, should be reckoned in calculating the allowance. We were, however, unable to admit the equity of this contention, and our view was upheld by the Local Government Board.

(v.) Return of contributions. The applications by members of the staff for the return of contributions on leaving the service which have been submitted to us during the year, have been more numerous than in previous years, and the reasons for determining some of the appointments have been of such a character as to render the determination of the claims very difficult. The Act has been interpreted and administered as consistently as possible.

Requisitions and Requirement Books. 9. This subject has been before us on many occasions, and we have submitted to the Board our views as to the method by which closer supervision might be exercised over the requisitions of accounting officers. Following upon the introduction of a special system of requisition for provisions approved by the Managers in 1903, which immediately demonstrated beyond question its utility, we arrived at the conclusion that the system could be usefully extended to include most of the goods supplied to the large institutions under contract, the suitability of which goods is or ought to be a predetermined fact. The Managers, however, did not see their way to endorse our views; and this we regret, as we believe that an opportunity has been lost for effecting a reform which would have relieved the Managers of what appears to us to be work of a mechanical character which could be safely entrusted to the officers, thus adding to the Managers' time available for administrative and supervisory work at the institutions.

Stocktaking. 10. The absence of complete and efficient arrangements for verification of the valuable stores held at the several institutions of the Managers, under the Orders of the Local Government Board, has been the subject of consideration periodically for several years, and so long ago as 1903

we formulated our views as to the system which in the then circumstances we considered should be adopted, in a series of recommendations, which were approved by the Managers and forwarded to the Local Government Board for any necessary consent to departure from their Orders; but except in certain details the scheme remains unsanctioned.

On the retirement of the official stocktaker this year, we again reviewed the position, and feeling that under existing circumstances, any scheme requiring the appointment of one or more permanent valuers was undesirable, we came to the conclusion that the work should, for the present, be entrusted to the Accountant, thus leaving it open to the Managers at any future time to reconsider, and if necessary to modify, the arrangements, as experience might suggest, without the necessity of disturbing any officer.

As to the detailed working of the scheme adopted, an exhaustive stocktaking with notice, and a whole or partial stocktaking without notice, will be carried out each year by the Accountant with such additional temporary assistance, if necessary of an expert character, as we may approve, at a cost not exceeding £150 per annum.

The system is elastic in application, and minimises the inconvenience caused to the service, in that the stocktaking is performed in the shortest possible time. In addition, inasmuch as the official taking of stock on a fixed date after notice is not exhaustive from an audit point of view, the relative quantities of goods in stock, the figures of consumption—particularly at the opening and closing of each period—and their relation to previous figures, are now carefully reviewed. Work of this character was outside the scope of the old system of stocktaking, and obviously can be more efficiently performed by members of the Accountant's staff experienced in the checking of the accounts and having an inside knowledge of the transactions, whilst being entirely independent of the institutions.

Statement of Supplies issued. 11. The returns of provisions consumed, and necessities, linen, bedding, etc., issued during the half-year, at the asylums, hospitals, and children's institutions, have this year been printed in an improved form, enabling the differences in the consumption of articles of the same class, which continue to occur, to be seen more clearly.

We hope that the circulation of this information will tend to closer supervision.

Printing and Stationery. 12. The gratifying results set out in our last report, showing the careful supervision exercised over the printing and stationery expenditure, have been emphasised by a further reduction of the expenditure under this head for the twelve months ended Lady-Day, 1908, during which year the total amount spent on printing and stationery was £6,142 (for 45 institutions), as compared with £6,980 in the previous year (for 43 institutions) and £11,232 in 1897 (for 24 institutions).

Water Board Charges. 13. Under the Metropolitan Water Board (Charges) Act, 1907, which came into operation on the 1st April, 1908, the Water Board, in accordance with the Act, laid down a scale of charges for supply to institutions similar to those of the Managers, by which regulations the total amount payable by the Managers would have been very considerably increased. Representations were, however, favourably entertained by the Water Board, who on a formal appeal modified the terms substantially, and in the result the total charges for water will be approximately the same as under the old arrangements.

Insurance.**(i.) Marine.**

14. We have from time to time reported the revision of the terms for insurance against marine and other risks in connection with the ambulance steamers, wharves, Exmouth, and brigantine with contents and boats, now insured to the total value of £109,750; and, following our usual practice, the question was again considered this year.

From the experience gained, we were of opinion that it would be advisable to insure for a longer term than one year, and on inviting quotations accordingly from companies of the highest standing, for one and three years respectively, the quotation for the three years was accepted, the difference in favour of the Managers being very material. The annual premium is, therefore, substantially less than that for last year, and although the total amount insured is three-and-a-half times that of ten years ago, the total annual premium is now not quite three-fourths of the total premium paid ten years ago.

(ii.) Cash.

The question of the safe custody of the Managers' cash has, under standing reference, from time to time been the subject of consideration, and officers have been impressed with the necessity for the money required for weekly wages and monthly salaries, being drawn from the bank as short a time as possible before actual disbursement. The officers have further been reminded of the necessity for the utmost vigilance whilst transferring the cash from the bank; and the serviceableness of the safes has also been considered.

Notwithstanding the care exercised, a burglary and theft of cash was during the year effected from the steward's safe at one of the institutions, and on reconsidering the position, we came to the conclusion that we had no reason to doubt that every precaution was taken by the officers, and that nothing more could be done to ensure the security of the cash except at considerable expense. We, therefore, found it advisable to cover the possible loss of moneys by means of insurance, and a policy on favourable terms covering the loss of moneys from the time of drawing from the bank until paid away, including the risk of transit and integrity of and whilst in the hands of the Managers' messengers, officers, employees, or servants, was effected for one year.

(iii.) Third-party and other risks: Ambulance Service.

The insurance of third-party and other risks in connection with the motor and other vehicles in the ambulance service, placed tentatively with Lloyd's Underwriters last year, having expired, we decided, after carefully considering the facts, that it would be wise to continue the insurance of these risks in excess of £5 for any one accident with a limit of £1,000 for any one accident, but without any limit as to the number of accidents in the year.

(iv.) Workmen's Compensation Act, 1906.

Since the coming into operation of this Act on the 1st July, 1907, the Managers have not insured their liabilities, and we have from time to time had before us the few cases not adequately covered by the standing regulations of the Board as to sick pay or other allowance, and have dealt with them accordingly. Non-insurance has been fully justified by the results up to the present; but we are keeping the question under review until a longer experience has been obtained.

Assessments.**(a.) Additional.**

15. The stores premises erected at Peckham were brought into assessment at £750 rateable value, which was, however, reduced on appeal to £709. This sum is still, in our opinion, excessive, and we propose to again represent our views to the Assessment Committee on the first opportunity.

(ii.) **Altered** The North-Eastern Hospital has been reassessed in the year, and the total rateable value increased by £670, which was reduced on appeal to £230. On occupation of the additional buildings at Tooting Bec Asylum, the assessment was increased by £738 rateable value.

(iii.) **Vacated.** The following premises having been sold or the tenancies determined, the assessments are vacated so far as the Managers are concerned :

					Rateable value.
Stores premises, Mermaid Court	..	..	..	..	£321
Needlerooms, Newcomen Street	..	..	..	..	34
Shipping Home, Stainsby Road	..	..	..	..	39
Kingwood Road Home	..	..	..	..	72
					<hr/>
					£466
					<hr/>

(iv.) **Temporary reductions.** With the concurrence of the rating authority, the reduced assessment of the West Wharf and Mead Ambulance Station, now used as a motor station, has been continued, resulting in a relief for the year of £381 in rates.

(v.) **General.** In the result, the altered and additional assessments, after deducting assessments vacated, show a net increase of £1,211 in the total rateable value in the year.

Extra Metropolitan Patients. 16. On the application of an extra-metropolitan authority to be allowed a greater number of beds for fever patients than previously agreed on, the Managers decided to accede to the request—the charge for the additional patients being the standing figure of 6s. per patient per day with the usual out-of-pocket expenses. It was intimated that in view of the present position of poor law matters in the metropolis, and pending the Report of the Royal Commission on the Poor Laws, any arrangements entered into at the present time should be considered as tentative.

Miscellaneous. 17. Representations having been made that the operation of the rule requiring payment by officers for rations for their visitors, (i.) **Visitors to Officers.** when literally interpreted, worked unjustly as regards visits paid by officers from other institutions of the Managers, who at such institutions were entitled to full rations, the regulation was relaxed to exclude such officers from being considered “visitors” within the meaning of the resolution.

(i.) **Estimates of cost of works.** Five estimates of cost of works, totalling £14,492, have been remitted to us and dealt with in the year.

(iii.) **Travelling clerk's reports.** The reports of this officer, after his visits of inspection and test examination without notice and generally, have been submitted to us, and suitable action taken where necessary.

Abstract of accounts and financial tables. 18. Statements of the year's income and expenditure, balance sheet, and detailed financial and statistical tables, are appended hereto.

(Signed) AUGUSTUS C. SCOVELL,
Chairman.

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APPENDIX I.—FINANCIAL STATISTICS OF THE DISTRICT.

NOTE.—Unless otherwise stated the following statistics relate to the financial year ended Michaelmas, 1908.

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 1908, was 4,795,757.

The rateable value of the District was £44,247,939 on the 6th April, 1908, being an increase of £460,237 (1.05 per cent.) during the year.

The produce of one penny in the £ on the rateable value of the District at Michaelmas, 1908, represents £184,172.

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

The total expenditure for the year has been £1,121,942 (Loan £3,160 and General £1,118,782), and the average for the past five years £1,179,960 (Loan £117,691, and General £1,062,269).

The expenditure on current account for the year was £1,118,782 as against the year's income of £1,120,753.

The rateable value of the Board's property is £154,756, and the amount of the rates paid last year was £50,262, of which £26,492 is payable to Metropolitan authorities, and £23,770 to Provincial authorities.

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

One sanction to borrow was received in the year for £13,025.

No amount was borrowed during the year. The amount repaid was £181,745, and the amount outstanding at Michaelmas, 1908, was £3,025,044.

The total amount borrowed to Michaelmas, 1908, is £5,606,799, and the total amount of loans repaid, £2,581,755.

The amount of loans outstanding at Michaelmas, 1908, works out at £6.84 for every £100 of rateable value.

The amount of loans outstanding at Michaelmas, 1908, per head of the population of the District as estimated by the Registrar-General at the middle of 1908 is £0.63.

The rates of interest on loans vary from £2 15s 0d. per cent. to £3 7s. 1d. per cent. (the latter rate being the equated rate payable on the London County Council Loans), and the average rate of interest at Michaelmas, 1908, is $3\frac{1}{3}$ per cent.

The number of institutions belonging to the Managers is 48.

The number of persons maintained by the Managers, on the last day of the year ended Michaelmas, 1908, was—

Permanent staff (excluding Head Office, Central Stores, Laboratories, and Stables)	5,030
Inmates	13,562
Total	<u>18,612</u>

The average daily number of inmates maintained was in—

1904	11,004
1905	12,074
1906	12,627
1907	13,127
1908	13,612

The number of persons in receipt of superannuation allowances at the end of the year was 201, and the superannuation payments, excluding compensation, amounted to £9,123 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 £6,156.

Dr.

Year 1906-1907.	Expenditure.	£	£
£	To Direct Charges:—		
130,042	Maintenance of inmates (including provisions, necessities, clothing, and funerals)	137,853	
1,199	Other Direct Charges (including clothing for discharged inmates, expenses of boys going to sea and of children to and from Homes, and certification of imbeciles)	1,286	
131,241	Common Charges:—		139,111
205,081	Maintenance of officers and servants		
99,529	Salaries and wages	217,919	
2,424	Provisions	97,567	
8,670	Necessaries	2,426	
	Uniforms and sundries	9,656	
315,704			327,568
	Buildings and establishment—		
12,868	Works—		
10,902	Wages	12,831	
23,770	Contracts and materials	11,829	
			24,660
3,962	Gardening—		
428	Wages	4,017	
4,390	Plants, seeds, &c.	422	
			4,439
12,523	Furniture—		
10,288	Furniture and other articles	14,788	
2,356	Bedding and linen	11,616	
1,354	Earthenware	2,254	
26,521	Hardware	1,338	
			29,996
15,098	Heating, lighting, and cleansing—		
61,675	Wages of engineering staff	14,576	
33,571	Coal and coke	71,394	
110,344	Gas, electric light, water and other supplies	36,282	
			122,252
165,025			181,347
55,535	Rates, rent, taxes, and insurance	55,020	
7,232	Medicines & medical & surgical appliances	8,954	
9,508	Miscellaneous expenses—		
9,225	Stationery, postage and office expenses	7,639	
18,733	Other charges—travelling, horse hire, Managers' and sundry expenses	9,500	
			17,139
60,236	Expenditure of a special character—		
9,960	Buildings—contract and non-contract	79,323	
70,196	Furniture, &c.	11,398	
			90,721
209,209	Sundry general expenses—		
111,772	Repayment of loans	181,745	
13,724	Interest on loans	103,480	
334,705	Law expenses, pensions, notification fees, &c.	13,669	
			298,894
			979,111
1,098,371	Total expenditure (for details see pp. 96-103)	1,118,347	
...	Balance carried down, being income in excess of expenditure for year		11,764
£1,098,371			£1,120,111

To Balance on current account on 3rd October, 1908, carried to balance sheet (p. 104) ... £60,000

£60,000

Expenditure Account.

1907, to 3rd October, 1908.

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Income.		Year 1906-1907.
By Contributions from Parishes and Unions in the District:—	£	£
In respect of Direct Charges	132,550	128,500
„ Common Charges (on rateable value)—	957,717	858,534
	<u>1,090,267</u>	<u>987,034</u>
Amounts paid by extra Metropolitan Authorities		
For maintenance of patients in hospitals and schools ...	12,306	10,992
„ boys on Exmouth	4,213	4,506
	<u>16,519</u>	<u>15,498</u>
Interest on balances in hands of bankers, &c.	3,548	6,559
Sundry receipts: —		
Rents of buildings and land	1,269	865
Sale of ambulance vehicles and sundry receipts	250	632
Value of furniture and other stocks brought into account during year	2,744	924
Superannuation contributions	6,156	6,669
	<u>10,419</u>	<u>9,090</u>
Total Income	<u>1,120,753</u>	<u>1,018,181</u>
Balance , being expenditure in excess of income for year		80,190

HEADS OF EXPENDITURE.					
1906—1907.			1907—1908.		
Amount.	Rate in the £.		Amount.	Rate in the £.	
£	d.		£	d.	
204,709	1'12	Imbeciles	219,746	1'19	
388,166	2'13	Infectious sick—	426,171	2'32	
22,151	0'12	Fever... ..	13,464	0'07	
		Smallpox			
32,618	0'18	Ambulance service—	33,730	0'18	
6,929	0'04	Land	6,245	0'03	
18,393	0'10	River (including wharves) ...	17,837	0'10	
61,831	0'34	Boys on training ship	59,228	0'32	
		Children of various classes ...			
		General expenses (including repayment of and interest on loans, printing, &c., and Head Office salaries and expenses)	342,391	1'86	
363,574	1'99		£1,118,782	6'07	
<u>£1,098,371</u>	<u>6'02</u>				

(For details see pp. 96-103.)

	<u>£1,120,75</u>	<u>£1,098,371</u>
By Balance brought down, being income in excess of expenditure for year	£1,971	
„ Balance on current account on 5th October, 1907, brought forward	58,524	
		<u>£60,495</u>

ANNUAL REPORT,

APPENDIX III.—Details of Revenue Expenditure for the Year

(Figures for the Year 1906—1907 are inserted)

INSTITUTIONS.	DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the									
	MAINTENANCE OF INMATES	OTHER DIRECT CHARGES.	Total Direct Charges	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND					
				Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.		Gardening.		Furniture.	
								Wages.	Contracts and Materials.	Wages.	Plants, Seeds, &c.	Furniture, and other articles.	Buildings and Land.
	£	£	£	£	£	£	£	£	£	£	£	£	£
HOSPITALS:—													
Eastern	2,727	..	2,727	7,483	3,663	94	335	416	278	146	11	450	
	3,164	..	3,164	7,474	3,985	116	359	418	353	149	13	535	
North-Eastern	5,887	1	5,888	11,390	5,941	130	557	591	359	346	55	808	
	5,031	1	5,032	10,255	5,952	139	516	490	290	349	27	577	
North-Western	3,445	2	3,447	8,829	4,614	120	506	368	314	145	9	362	
	3,640	..	3,640	8,513	4,722	118	487	522	702	143	8	341	
Western	4,366	..	4,366	8,869	5,369	134	361	648	378	219	15	712	
	3,827	..	3,827	8,682	5,591	127	461	632	425	214	33	567	
South-Western	2,808	..	2,808	7,000	3,758	87	327	505	312	145	13	345	
	2,688	..	2,688	6,924	3,986	81	338	532	479	149	24	391	
Fountain	2,352	..	2,352	5,686	3,210	147	276	216	407	119	10	480	
	698	..	698	2,858	1,640	45	143	296	243	152	4	292	
Grove	3,496	..	3,496	9,153	5,254	170	384	346	448	205	18	711	
	3,865	..	3,865	9,713	5,583	146	428	358	376	201	21	495	
South-Eastern	3,149	..	3,149	9,081	6,018	125	474	427	626	172	18	660	
	3,744	2	3,746	8,988	6,325	83	364	273	249	202	77	547	
Park	4,784	1	4,785	9,586	5,552	159	434	838	726	210	17	485	
	4,541	1	4,542	9,177	5,789	162	427	754	711	216	9	421	
Brook	4,681	..	4,681	9,514	5,951	153	449	538	498	278	15	713	
	4,722	..	4,722	9,311	6,117	149	501	617	290	281	30	564	
Northern	7,476	5	7,481	8,935	5,017	84	483	387	374	266	12	320	
	7,996	13	8,009	8,579	5,407	143	379	560	367	279	19	421	
Southern ... ..	..	..	..	..	24	..	5	810	276	..	..	65	
	..	..	..	..	20	..	6	550	46	..	..	..
Gre Farm	9,193	..	9,193	10,619	5,591	100	755	697	660	121	44	623	
	7,694	..	7,694	8,827	5,052	80	373	676	454	43	17	673	
Smallpox	1,610	..	1,610	5,287	3,341	76	353	553	459	128	45	762	
	11	..	11	3,368	1,977	108	182	452	284	155	8	540	
Totals carried forward	55,974	9	55,983	111,432	63,302	1,579	5,699	7,340	6,115	2,500	282	7,496	
Totals for Year 1906-7 carried forward ...	51,621	17	51,638	102,669	62,146	1,497	4,964	7,130	5,269	2,533	290	6,366	

The Bacteriological Laboratories & Stables, Central Stores, and Central Needlework working expenditure is charged to the ...
 * The Joyce Green Hospital was used ...

from 6th October, 1907, to 3rd October, 1908.

under the figures for the year 1907—1908.)

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

ESTABLISHMENT.		Heating, Lighting, and Cleansing (including Wages).	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.
Structure.	Hardware.				Stationery, Postage and Office Expenses.	Traveling, Horse Hire, Managers' and Sundry Expenses.			Buildings.	Furniture, &c.	Total.		
£	£	£	£	£	£	£	£	£	£	£	£	£	£
119	51	3,718	1,451	520	185	32	..	19,356	697	..	697	20,053	22,780
126	54	3,633	1,436	404	266	36	..	19,816	2,346	..	2,346	22,162	25,326
168	71	6,387	3,689	1,430	295	52	..	33,001	11,010	..	11,010	44,011	49,899
158	48	5,594	3,293	830	294	57	..	29,734	1,138	..	1,138	30,872	35,904
92	34	5,048	1,941	504	221	33	..	23,725	1,164	..	1,164	24,889	28,336
112	64	4,661	1,963	441	250	29	..	23,523	865	..	865	24,388	28,028
95	51	5,946	2,567	911	256	102	..	27,132	1,492	..	1,492	28,624	32,990
85	85	5,300	2,652	934	290	28	..	26,572	928	40	968	27,540	31,367
106	42	5,995	1,761	506	153	29	..	21,454	3,563	..	3,563	25,017	27,825
111	54	5,278	1,761	445	202	30	..	21,176	2,456	280	2,736	23,912	26,600
97	21	4,528	1,164	106	105	11	..	17,010	1,026	..	1,026	18,036	20,388
49	19	2,714	1,218	56	71	12	..	10,029	421	..	421	10,450	11,148
144	35	6,726	2,801	1,059	242	44	..	28,732	1,258	..	1,258	29,990	33,486
172	65	6,702	2,933	733	356	41	..	29,009	737	50	787	29,796	33,661
106	52	6,350	2,271	480	241	39	..	27,791	1,912	..	1,912	29,703	32,852
121	67	6,347	2,315	490	292	28	..	27,170	8,232	1,618	9,850	37,020	40,766
140	52	6,748	3,260	493	259	79	..	29,329	590	..	590	29,919	34,704
127	48	6,020	3,296	350	274	46	..	28,302	1,075	..	1,075	29,377	33,919
107	41	7,218	3,668	871	247	80	..	30,995	2,655	..	2,655	33,650	38,331
113	52	7,551	3,878	740	340	82	..	31,319	1,063	..	1,063	32,382	37,104
86	50	5,707	2,705	216	296	181	..	25,744	673	..	673	26,417	33,898
97	45	5,164	2,543	158	343	197	..	25,180	3,076	22	3,098	28,278	36,287
.	1	688	147	..	4	7	..	2,027	5,323	..	5,323	7,350	7,350
.	..	919	219	..	4	12	..	1,776	8,109	476	8,585	10,361	10,361
117	126	7,250	2,388	425	454	618	..	31,271	3,255	4,016	7,271	38,542	47,735
124	113	5,666	2,512	274	457	503	..	26,102	1,825	2,074	3,899	30,001	37,695
44	43	6,055	4,864	67	144	500	..	22,844	4,034	573	4,607	27,451	29,061
21	14	4,212	4,962	15	69	466	..	16,966	5,147	27	5,174	22,140	22,151
421	670	78,364	34,677	7,585	3,102	1,807	..	340,411	38,652	4,589	43,241	383,652	439,635
416	728	69,761	34,981	5,870	3,508	1,567	..	316,674	37,418	4,587	42,005	358,679	410,317

establishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads.
 clients during the half-year ended Lady Day, 1908.

ANNUAL REPORT,

APPENDIX III.—Details of Revenue Expenditure for the Year

(Figures for the year 1906—1907 are inserted)

INSTITUTIONS.	DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the									
	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total Direct Charges	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND					
				Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.		Gardening.		Furni-	
								Wages.	Contracts and Materials.	Wages.	Plants, Seeds, &c.	Furniture, and other articles.	Bedding and Linen.
	£	£	£	£	£	£	£	£	£	£	£	£	£
Amounts brought forward	55,974	9	55,983	111,432	63,303	1,579	5,699	7,340	6,115	2,500	282	7,496	7,000
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	5,980
AMBULANCE SERVICE: Eastern Station ... ..	..	..	..	2,347	653	..	131	..	101	..	..	314	..
.. ..	..	..	..	2,223	684	..	142	..	126	..	..	219	..
North-Western Station	..	..	..	1,747	597	..	147	..	100	..	..	225	..
.. ..	..	..	..	1,715	630	..	92	..	154	..	..	200	..
Western Station ... ..	..	..	..	2,149	613	..	95	..	97	..	..	220	..
.. ..	..	..	..	1,996	668	..	77	..	114	..	..	214	..
South-Western Station	..	..	..	1,439	542	..	176	..	71	..	..	203	..
.. ..	..	..	..	2,136	773	..	149	..	41	..	..	257	..
South-Eastern Station ...	..	..	..	1,973	662	..	110	..	88	..	..	220	..
.. ..	..	..	..	1,853	685	..	132	..	81	..	..	294	..
Brook Station ... ..	..	..	..	1,896	656	..	128	..	67	..	..	273	..
.. ..	..	..	..	2,006	816	..	103	..	136	..	..	219	..
Mead Station ... ..	..	..	..	1,258	560	..	139	..	167	..	..	762	..
.. ..	..	..	..	205	23	..	4	..	23	..	..	19	..
River Service ... ..	..	..	..	2,799	390	47	111	..	161	..	..	73	..
.. ..	..	..	..	2,825	364	73	71	..	207	..	..	61	..
Totals ... ..	..	..	..	15,608	4,673	47	1,037	..	852	..	..	2,290	..
Totals for Year 1906-7 ...	..	..	..	14,959	4,643	73	770	..	882	..	..	1,483	..
ASYLUMS:—													
Leavesden	17,412	27	17,439	12,658	4,950	60	548	1,245	579	230	5	586	11
.. ..	15,806	43	15,849	11,997	5,107	63	520	1,356	824	211	19	644	11
Caterham	18,447	61	18,508	11,012	4,427	53	542	1,376	485	260	32	1,010	..
.. ..	17,822	20	17,842	10,266	5,560	86	491	1,230	657	237	41	920	11
Darenth	14,291	40	14,331	13,556	5,740	77	494	1,397	607	240	11	797	..
.. ..	14,458	42	14,500	13,033	6,447	88	537	1,349	535	246	3	651	..
Tooting Bec	8,091	127	8,218	10,162	4,926	97	405	278	506	299	14	420	..
.. ..	7,252	95	7,347	9,765	5,550	103	419	373	479	284	29	414	..
Belmont	2,393	1	2,394	3,422	1,305	27	110	31	414	111	2	212	..
.. ..	2,833	1	2,834	3,547	1,712	19	169	160	140	84	3	215	..
Totals	60,634	256	60,890	50,810	21,348	314	2,099	4,327	2,591	1,140	64	3,025	31
Totals for Year 1906-7 ...	58,171	201	58,372	48,608	24,376	359	2,130	4,468	2,635	1,062	95	2,844	31
Amounts carried forward	116,608	265	116,873	177,850	89,324	1,940	8,835	11,667	9,558	3,640	346	12,811	11
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	..

The Bacteriological Laboratories & Stables, Central Stores, and Central Needleroom working expenditure is charged to the service.

FINANCE COMMITTEE, 1908.

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from 6th October, 1907, to 3rd October, 1908 (continued.)

under the figures for the year 1907—1908).

several Parishes and Unions in the District, irrespective of the number of Inmates chargeable to them														TOTAL EXPENDI- TURE FOR YEAR.
ESTABLISHMENT.		Heating, Lighting and Leans- ing (in- cluding Wages).	RATES, RENT, TAXES, AND INSUR- ANCE.	DRUGS AND MEDICAL AND SURGI- CAL APPLI- ANCES.	MISCELLANEOUS.		GENERAL EX- PENSES.	Total Common Charges excluding Special Expendi- ture.	EXPENDITURE OF A SPECIAL CHARACTER.			Total Common Charges.		
ture.					Build- ings.	Furni- ture, &c.			Total.					
Earth- ware.	Hard- ware.													
£	£	£	£	£	£	£	£	£	£	£	£	£	£	
1,421	670	78,364	34,677	7,588	3,102	1,807	..	340,411	38,652	4,589	43,241	383,652	439,635	
416	728	69,761	34,981	5,870	3,508	1,567	..	316,674	37,418	4,587	42,005	358,679	410,317	
3	7	288	228	..	24	785	..	4,894	..	..	..	4,894	4,894
3	5	270	215	..	31	799	..	4,739	..	..	..	4,739	4,739
4	4	299	205	..	29	545	..	3,910	..	..	..	3,910	3,910
4	2	267	199	..	29	593	..	3,897	..	..	..	3,897	3,897
4	6	388	296	..	20	670	..	4,573	..	..	..	4,573	4,573
4	4	308	295	..	22	695	..	4,409	18	..	18	4,427	4,427	
4	8	501	208	..	23	395	..	3,589	49	269	318	3,907	3,907	
8	4	742	219	..	39	521	..	4,924	73	4,313	4,386	9,310	9,310	
5	2	365	240	..	21	699	..	4,400	..	..	..	4,400	4,400
5	8	306	232	..	26	701	..	4,339	19	..	19	4,358	4,358	
2	3	351	262	..	26	755	..	4,430	..	..	..	4,430	4,430
5	3	336	267	..	34	1,000	..	4,936	34	260	294	5,230	5,230	
2	5	815	301	..	24	51	..	4,098	274	3,244	3,518	7,616	7,616	
..	..	99	250	..	..	31	..	657	..	..	..	657	657
6	8	970	1,051	4	22	21	..	5,690	555	..	555	6,245	6,245	
7	8	976	1,090	4	25	50	..	5,792	1,137	..	1,137	6,929	6,929	
30	43	3,977	2,791	4	189	3,921	..	35,584	878	3,513	4,391	39,975	39,975	
36	34	3,304	2,767	4	206	4,390	..	33,693	1,281	4,573	5,854	39,547	39,547	
173	151	6,885	1,652	261	248	405	..	32,171	2,112	782	2,894	35,065	52,504	
206	139	6,200	1,608	245	282	401	..	31,166	1,917	..	1,917	33,083	48,932	
148	159	6,561	1,944	252	247	209	..	29,591	1,868	..	1,868	31,459	49,967	
192	163	6,071	1,773	224	289	223	..	29,437	1,245	..	1,245	30,682	48,524	
156	80	7,430	2,948	114	262	385	..	34,843	4,150	130	4,280	39,123	53,454	
164	60	7,030	3,120	93	325	347	..	34,727	6,708	..	6,708	41,435	55,935	
115	34	6,327	3,275	160	202	81	..	27,871	6,764	1,553	8,317	36,188	44,406	
125	33	6,040	3,286	151	255	58	..	27,732	283	755	1,038	28,770	36,117	
16	16	1,973	697	15	64	409	..	8,889	7,460	672	8,132	17,021	19,415	
35	11	1,902	737	42	92	96	..	9,033	3,334	..	3,334	12,367	15,201	
608	440	29,176	10,516	802	1,023	1,489	..	133,365	22,354	3,137	25,491	158,856	2 9,746	
722	406	27,243	10,524	755	1,243	1,125	..	132,095	13,487	755	14,242	146,337	204,709	
2,059	1,153	111,517	47,984	8,394	4,314	7,217	..	509,360	61,884	11,239	73,123	582,483	699,356	
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	

Establishments 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 1906—1907 are inserted)

INSTITUTIONS.	DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the									
	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total Direct Charges.	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND					
				Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.		Gardening.		Furniture and other articles.	
	£	£	£	£	£	£	£	£	£	£	£	£	£
Amounts brought forward ...	116,608	265	116,873	177,850	89,324	1,940	8,835	11,667	9,558	3,640	346	12,811	10,7
Amounts brought forward	109,792	218	110,010	166,236	91,165	1,929	7,870	11,598	8,786	3,595	385	10,691	9,6
CHILDREN'S HOMES AND SCHOOLS:—													
High Wood	2,685	42	2,727	3,451	1,364	51	102	137	199	128	7	260	
	2,727	39	2,766	3,304	1,363	26	75	163	119	94	14	237	
White Oak	2,603	76	2,679	3,292	1,332	30	78	151	184	124	9	295	
	2,558	63	2,621	3,219	1,312	35	70	161	217	129	6	202	
Bridge	1,363	10	1,373	682	278	4	21	104	139	8	..	154	
	699	6	705	324	144	2	19	91	24	..	..	59	
The Downs	3,158	26	3,184	3,552	1,713	59	91	163	153	59	17	244	
	2,980	25	3,005	3,674	1,849	57	70	150	297	79	3	181	
S. Anne's	1,127	75	1,202	1,141	503	21	17	92	132	8	4	105	
	702	96	798	901	384	17	22	131	85	..	3	114	
East Cliff	1,091	118	1,209	1,005	680	27	23	100	60	..	..	87	
	1,042	127	1,170	1,014	660	24	21	125	137	..	3	92	
Millfield	1,314	45	1,359	918	504	17	23	76	159	38	21	85	
	1,501	51	1,560	910	697	18	37	97	120	60	6	84	
Lloyd Street	258	..	258	169	81	11	..	..	24	..	3	15	
	295	..	295	172	85	12	..	..	38	..	2	23	
Elm Grove	104	..	104	117	59	9	..	..	5	..	..	10	
	104	..	104	116	61	9	1	..	11	..	..	2	
Kingwood Road	43	..	43	67	37	6	..	..	4	..	..	6	
	206	1	207	133	62	17	2	..	13	..	..	14	
Earlsfield Road	91	1	92	79	37	8	..	..	2	..	..	7	
	77	..	77	81	40	8	1	..	4	..	..	7	
Surrey House	182	..	182	109	60	13	1	..	9	..	3	27	
	148	..	148	113	63	12	2	..	14	..	..	24	
Pentonville Road	206	19	225	252	131	11	13	..	32	..	3	30	
	196	21	217	229	121	15	8	..	37	..	2	28	
Harrow Road	86	..	86	170	83	10	17	..	22	..	..	21	
	101	5	106	170	88	11	12	..	15	..	2	5	
Camberwell Green	189	16	205	265	125	13	13	..	29	..	1	23	
	138	10	148	255	130	14	4	..	10	..	2	9	
Totals	14,500	428	14,928	15,269	6,987	290	39	823	1,153	365	68	1,369	
Totals for year 1906-7 ...	13,482	444	13,927	14,615	7,059	277	356	918	1,141	362	43	1,081	
Amounts carried forward	131,108	693	131,801	193,119	96,311	2,230	9,234	12,490	10,711	4,005	414	14,180	11
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

The Bacteriological Laboratories & Stables, Central Stores, and Central Needlework working expenditure is charged to the several

FINANCE COMMITTEE, 1908.

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from 6th October, 1907, to 3rd October, 1908 (continued).

under the figures for the year 1907—1908.)

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.
Earth-ware.	Hard-ware.	Heating, Lighting, and Cleansing, (including Wages).			Stationery, Postage and Office Expenses.	Traveling, Horse Hire, Managers' & Sundry Expenses.			Buildings.	Furniture, &c.	Total.		
£	£	£	£	£	£	£	£	£	£	£	£	£	£
2,059	1,153	111,517	47,984	8,394	4,314	7,217	..	509,360	61,884	11,239	73,123	582,483	699,356
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
37	20	1,875	934	91	92	192	..	9,010	5	..	5	9,015	11,742
39	19	1,650	977	125	114	197	..	8,615	302	..	302	8,917	11,683
44	20	1,907	1,612	133	69	131	..	9,664	629	..	629	10,293	12,972
43	24	1,744	1,634	160	74	131	..	9,329	911	..	911	10,240	12,861
5	12	571	136	14	43	170	..	2,385	178	84	262	2,647	4,020
2	3	307	119	7	25	150	..	1,278	89	..	89	1,367	2,072
32	16	1,465	1,099	130	78	65	..	9,070	707	..	707	9,777	12,961
27	22	1,556	1,157	110	84	64	..	9,512	3,130	..	3,130	12,642	15,647
12	8	428	201	50	52	82	..	2,889	..	..	..	2,889	4,091
9	15	326	214	35	48	120	..	2,461	1,113	..	1,113	3,574	4,372
16	12	462	207	80	33	106	..	2,931	276	..	276	3,207	4,416
6	10	423	203	78	42	110	..	2,982	462	..	462	3,444	4,614
16	7	466	84	7	44	151	..	2,646	37	25	62	2,708	4,067
19	7	471	84	12	54	121	..	2,821	945	..	945	3,766	5,326
1	2	108	77	9	8	25	..	551	..	..	..	551	809
2	2	97	77	8	11	20	..	563	49	..	49	612	907
1	..	40	30	2	3	7	..	285	..	..	..	285	389
1	1	40	31	3	2	5	..	286	24	..	24	310	414
..	1	44	21	2	2	4	..	197	..	..	..	197	240
2	1	86	29	7	11	15	..	398	30	..	30	428	635
1	1	33	12	1	5	4	..	192	..	..	..	192	284
..	1	28	12	3	3	4	..	201	44	..	44	245	322
2	4	62	20	5	11	10	..	341	24	..	24	365	547
1	..	54	20	3	5	11	..	325	62	..	62	387	535
2	5	119	288	..	14	12	..	918	52	50	102	1,020	1,245
1	2	98	286	..	12	7	..	854	41	..	41	895	1,112
1	3	66	65	..	4	9	..	487	..	..	..	487	573
1	2	60	65	..	5	6	..	451	32	..	32	483	589
1	3	100	65	..	15	8	..	667	..	..	..	667	872
2	2	84	67	..	7	5	..	594	..	..	..	594	742
171	114	7,746	4,851	524	473	976	..	42,233	1,908	159	2,067	44,300	59,228
155	111	7,030	4,975	557	497	978	..	40,670	7,234	..	7,234	47,904	61,831
2,230	1,267	119,263	52,835	8,918	4,787	8,193	..	551,593	63,792	11,398	75,190	626,783	758,584
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

establishments 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 1906-1907 are inserted)

INSTITUTIONS.	DIRECT CHARGES			COMMON CHARGES assessable on the Rateable Values of the									
	MAINTENANCE OF INMATES	OTHER DIRECT CHARGES.	Total Direct Charges	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND					
				Salaries and Wages.	Provisions	Necessaries.	Uniforms and Sundries.	Works.		Gardening.		Furni-	
								Wages.	Contracts and Materials.	Wages.	Plants, seeds, Etc.	Furniture and other Articles	Bedding and Linen.
	£	£	£	£	£	£	£	£	£	£	£	£	£
Amounts brought forward ...	131,108	693	131,801	193,119	96,311	2,230	9,234	12,490	10,711	4,005	414	14,180	11,440
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	10,111
TRAINING SHIP ...	6,745	593	7,338	3,625	1,256	196	281	341	707	12	..	416	28
Totals for Year, 1906-7 ...	6,767	537	7,304	3,732	1,305	218	283	352	800	5	..	591	11
NEW CENTRAL STORES	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals for Year, 1906-7 ...	..	..	..	..	..	..	..	..	25	..	..	..	..
GENERAL EXPENSES													
Office of the Board ...	..	..	..	21,175	..	..	141	..	411	..	8	192	..
	..	..	..	20,491	..	..	161	..	150	..	..	160	..
Samples and Analysing	..	..	..	..	..	..	..	..	..	..	..	..	..

Telephones ...	..	..	..	..	..	..	..	..	..	..	..	..	..

Franco-British Exhibition ...	..	..	..	..	..	..	..	..	..	..	..	..	..

Milan Exhibition ...	..	..	..	..	..	..	..	..	..	..	..	..	..

Loans—	..	..	..	..	..	..	..	..	..	..	..	..	..
Instalments Repaid	..	..	..	..	..	..	..	..	..	..	..	..	..

Interest ...	..	..	..	..	..	..	..	..	..	..	..	..	..

Legal Expenses ...	..	..	..	..	..	..	..	..	..	..	..	..	..

Superannuation allowances & compensation	..	..	..	..	..	..	..	..	..	..	..	..	..

Repayment of Notification Fees ...	..	..	..	..	..	..	..	..	..	..	..	..	..

Totals ...	..	..	..	21,175	..	..	141	..	411	..	8	192	..
Totals for Year, 1906-7 ...	..	..	..	20,491	..	..	161	..	150	..	..	160	..
Grand Totals for Year 1907 1908	137,853	1,286	139,139	217,919	97,567	2,426	9,656	12,831	11,829	4,017	422	14,788	11,440
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	10,111

The Bacteriological Laboratories & Stables, Central Stores, and Central Needleroom working expenditure is charged to the ...

FINANCE COMMITTEE, 1908.

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from 6th October, 1907, to 3rd October, 1908 (continued.)

under the figures for the year 1907—1908.)

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.
Earth-ware.	Hard ware.	Heating, Lighting, and Cleansing (including Wages).			Stationery, Postage and Office Expenses.	Traveling, Horse Hire, Managers' and Sundry Expenses.			Buildings.	Furniture, &c.	Total.		
£	£	£	£	£	£	£	£	£	£	£	£	£	£
2,230	1,267	119,263	52,835	8,918	4,787	8,193	..	551,593	63,792	11,398	75,190	626,783	758,584
2,329	1,279	107,338	53,247	7,180	5,454	8,060	..	523,132	59,420	9,915	69,335	592,467	716,404
22	68	2,166	635	36	138	300	..	10,407	62	..	62	10,469	17,807
27	72	2,294	642	46	173	309	..	10,986	103	..	103	11,089	18,393
..	..	..	..	..	..	..	..	..	15,371	..	15,371	15,371	15,371
..	..	..	1	..	..	..	..	26	405	..	405	431	431
2	3	823	499	..	2,714	384	..	26,354	98	..	98	26,452	26,452
..	3	712	592	..	3,881	378	..	26,554	308	45	353	26,907	26,907
..	..	..	..	..	..	623	..	623	..	..	..	623	623
..	..	..	..	..	..	478	..	478	..	..	..	478	478
..	..	..	1,051	..	..	..	..	1,051	..	..	..	1,051	1,051
..	..	..	1,053	..	..	..	..	1,053	..	..	..	1,053	1,053
..	..	..	..	..	..	..	28	28	..	..	..	28	28
..
..
..	..	..	..	..	..	..	4	4	..	..	..	4	4
..	..	..	..	..	..	..	181,745	181,745	..	..	..	181,745	181,745
..	..	..	..	..	..	..	209,209	209,209	..	..	..	209,209	209,209
..	..	..	..	..	..	..	103,480	103,480	..	..	..	103,480	103,480
..	..	..	..	..	..	..	111,772	111,772	..	..	..	111,772	111,772
..	..	..	..	..	..	..	346	346	..	..	..	346	346
..	..	..	..	..	..	..	1,219	1,219	..	..	..	1,219	1,219
..	..	..	..	..	..	..	9,140	9,140	..	..	..	9,140	9,140
..	..	..	..	..	..	..	8,147	8,147	..	..	..	8,147	8,147
..	..	..	..	..	..	..	4,155	4,155	..	..	..	4,155	4,155
..	..	..	..	..	..	..	4,354	4,354	..	..	..	4,354	4,354
2	3	823	1,550	..	2,714	1,007	298,894	326,922	98	..	98	327,020	327,020
..	3	712	1,645	..	3,881	856	334,705	362,790	308	45	353	363,143	363,143
2,254	1,338	122,252	55,020	8,954	7,639	9,500	298,894	888,922	79,323	11,398	90,721	979,643	1,118,782
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

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

LIABILITIES.**LOAN ACCOUNT.****Loans.**

Loans outstanding Michaelmas, 1907	£	3,206,789	£
Less instalments of loans repaid during year		181,745	
Loans outstanding Michaelmas, 1908			3,025,044
London County Council	£2,858,445		
Public Works Loan Commissioners	166,599		
(For details, see statement, p. 115.)	£3,025,044		

Balance.

Instalments repaid	2,581,755		
Expenditure paid out of current account, and sundry receipts	*231,009		
		2,812,764	
Total on Loan Account			£5,837,808

GENERAL ACCOUNT.**Suspense Adjustment Account.**

Proceeds of sale of properties awaiting application	£	2,807	£
Amounts due from Extra Metropolitan Authorities for maintenance and treatment of inmates to be credited to Parishes and Unions when received	5,970		8,777

Sundry Creditors.

Tradesmen's accounts and other amounts owing		91,682	
--	--	--------	--

Legacies.

Captain Brown's legacy to the Training Ship (£119), less legal expenses	£	115	
William Thomas Ferguson'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	£75		
Add interest unapplied	1	76	
George Cook's legacy to Darenth Asylum (£100), less legal expenses		73	
Mrs. M. E. Bates' legacy to the Eastern Hospital (£100), less books purchased	£94		
Add interest unapplied	1	95	529

Students' Fees for Clinical Instruction.

	Total at Michaelmas, 1907.	Year to Michaelmas, 1908.	Total at Michaelmas, 1908.	
Amounts received from students	£18,689	£648	£19,337	
Less amounts paid to medical superintendents for clinical instruction	11,293	501	11,794	
	£7,396	147	£7,543	
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	
Amount applied towards cost of erection of Bacteriological Laboratories		2,419	4,919	2,624

Balance on Current Account.

Net balance in favour of Parishes and Unions in the District (including outstanding contributions)		60,495	
Total on General Account			164,107
Grand Total			£6,001,915

* In addition to these figures, large amounts of expenditure of a capital nature

at 3rd October, 1908.

PROPERTY, ASSETS AND CAPITAL OUTLAY.**LOAN ACCOUNT.**

Capital Outlay.

Land, buildings, fittings, and furniture (original cost)	.. .. .	£
(For details, see statement, p. 106).			*5,837,808

Total on Loan Account £5,837,808

GENERAL ACCOUNT.

Stock.

Goods at central stores and at the various institutions, including unused railway tickets and postage stamps	.. .. .	£
			81,040

Sundry Debtors. £

Parishes and Unions in the District...	.. .. .	6,700	
Extra-Metropolitan Authorities and other sundry debtors	.. .. .	6,351	
			13,051

Legacies (Investment Accounts).

Brown's legacy—£104 14s., 3½ per cent. stock, London	£	
County Council (Metropolitan Board of Works) (at cost)	..	115
Ferguson'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	.. .. .	71,634	
Less unrepresented cheques	.. .. .	6,284	
			65,350
Accounting officers—balances in their hands	.. .. .	1,994	
Less sums due to accounting officers	.. .. .	78	
			1,916
Cheques drawn in advance for payments for			
Lady Day, 1909, half-year	.. .. .	2,225	
			69,491

Total on General Account 164,107

Grand Total £6,001,915

approaching £500,000 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 5th October, 1907.		Expenditure in year to 3rd October, 1908.		Total Expenditure at 3rd October, 1908.		
	Land.	Buildings, &c.	Land.	Buildings, &c.	Land.	Buildings, &c.	TOTAL.
Asylums—	£	£	£	£	£	£	£
Leavesden	20,126	210,420	...	...	20,126	210,420	230,546
Caterham	14,965	214,390	...	1,237	14,965	215,627	230,592
Darenth	16,148	339,087	...	2,269	16,148	341,356	357,504
Tooting Bec	27,682	294,653	...	8,506	27,682	303,159	330,841
Clapton ... ..	...	2,551	...	...	...	2,551	2,551
Belmont ... ..	...	129,623	...	...	...	129,623	129,623
Totals for Asylums	78,921	1,190,724	...	12,012	78,921	1,202,736	1,281,657
Hospitals—							
Eastern	29,826	94,107	...	...	29,826	94,107	123,933
North Eastern	25,673	150,149	...	9,984	25,673	160,133	185,806
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	155,608
Grove ... ..	...	272,445	...	750	...	273,195	273,195
South Eastern	12,318	258,913	...	...	12,318	258,913	271,231
Park	22,739	254,043	...	1,750	22,739	255,793	278,532
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	240,084	...	5,323	15,853	245,407	261,260
Gore Farm (Upper)	19,699	183,395	...	...	19,699	183,395	203,094
Do. (Lower) ... ..	...	176,960	...	4,016	...	180,976	180,976
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	357,207	...	2,334	31,657	359,541	391,198
Totals for Hospitals	309,611	3,343,125	...	24,157	309,611	3,367,282	3,676,893
Bacteriological Laboratories and Stables ... ..	...	5,280	...	2,419	...	7,699	7,699
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 ... ..	...	100,890	...	...	...	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 ... ..	...	26,192	...	...	...	26,192	26,192
Lloyd House	850	650	...	...	850	650	1,500
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	...	15,371	4,250	15,387	19,637
Office of the Board	53,700	57,409	...	...	53,700	57,409	111,109
GRAND TOTALS	£ 484,533	5,299,316	...	53,959	484,533	5,353,275	5,837,808

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."

PENDIX VI.—Statement showing the Expenditure out of Loans Account, the Loans raised, repaid, outstanding, increase or decrease, and the average rate per cent. of interest on Loans raised and Loans outstanding—each year from 1867 to 1908.

Year ended Michaelmas.	EXPENDITURE OUT OF LOANS ACCOUNT.								LOANS				Average Rate per cent. of Interest 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	607,425	..	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
1908	3,160	..	..	..	..	..	..	3,160	..	181,746	3,025,044	181,745	..	3.34
Totals	1,244,127	3,533,686	191,961	98,376	427,498	110,809	4,250	5,610,707	5,606,799	2,585,416	..	..	..	..

*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

Year ended Michaelmas	CURRENT ACCOUNT EXPENDITURE, EXCLUDING LOAN CHARGES.															
	Asylums.		Hospitals.		Ambulance Service.		Training Ship Exmouth.		Children's Homes and Schools.		General Expenses.					
	Ordinary.	Special.*	Ordinary.	Special.*	Ordinary.	Special.*	Ordinary.	Special.*	Ordinary.	Special.*	Office of the Board.		Law Charges and Other General Expenses.	Superannuation Allowances and Gratuities.	Repayment of Notification Fees.	Total General Expenses.
											Ordinary.	Special.*				
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
1867	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1868	132	..	13	..	..	..	..	..	..	..	2,394	..	..	..	..	2,394
1869	638	..	835	..	..	..	..	..	..	..	1,949	..	22	..	..	1,971
1870	1,226	..	5,473	..	..	..	..	..	..	..	1,915	..	61	..	..	1,976
1871	59,204	..	48,905	..	..	..	..	..	..	..	2,946	..	135	..	..	3,081
1872	74,890	..	39,826	..	..	..	..	..	..	..	3,089	..	1,227	..	..	4,316
1873	86,462	..	20,862	..	..	..	..	..	..	..	3,032	..	1,022	..	..	4,054
1874	91,722	..	21,680	..	..	..	..	..	..	..	2,866	..	450	..	..	3,316
1875	99,294	..	28,203	..	..	..	..	..	..	..	3,743	..	317	..	..	4,060
1876	108,165	..	26,972	..	..	..	3,573	..	..	..	3,653	..	290	..	..	3,943
1877	106,775	..	83,703	..	..	..	12,388	..	..	..	4,543	..	380	..	..	4,923
1878	107,328	..	74,565	..	..	..	20,115	..	..	..	4,742	..	1,954	..	..	6,696
1879	107,564	..	57,449	..	..	..	19,616	..	..	..	5,107	..	5,128	..	..	10,235
1880	114,153	..	59,041	..	..	..	19,767	..	..	..	4,766	..	2,026	..	..	6,792
†1881	150,222	..	159,322	..	..	..	21,079	..	..	..	5,485	..	1,660	..	..	7,145
†1882	160,693	..	149,266	..	7,916	..	23,368	..	..	..	6,101	..	5,799	..	..	11,900
†1883	161,651	..	132,138	..	10,579	..	22,142	..	..	..	6,691	..	3,334	..	..	10,025
†1884	154,032	..	259,367	..	41,098	..	23,547	..	..	..	7,758	..	18,352	..	..	26,110
†1885	160,235	..	215,789	..	33,032	..	21,699	..	..	..	9,695	..	9,121	..	..	18,816
1886	124,032	..	67,432	..	15,856	..	18,431	..	..	..	9,737	..	4,050	..	..	13,787
1887	125,119	..	65,184	..	10,985	..	18,642	..	..	..	11,546	..	1,749	..	..	13,295
1888	123,081	..	139,869	..	12,417	..	17,350	..	..	..	11,174	..	350	..	..	11,524
1889	130,218	..	89,809	..	16,300	..	19,390	..	..	..	9,295	..	991	185	..	10,471
1890	129,724	..	112,437	..	12,368	..	18,823	..	..	..	10,283	..	1,572	423	1,852	14,130
1891	137,782	..	135,446	..	11,080	..	19,100	..	..	..	11,161	..	1,944	790	3,421	17,316
1892	144,386	..	210,890	..	16,059	..	19,732	..	..	..	12,617	..	1,399	937	3,300	18,253
1893	145,302	..	285,653	..	25,361	..	20,296	..	..	..	15,784	..	1,654	1,012	5,278	23,728
1894	140,866	..	270,586	..	27,430	..	21,414	..	..	..	17,699	..	2,598	1,122	8,189	29,608
1895	148,439	..	233,926	..	26,746	..	22,029	..	..	..	13,090	..	3,534	1,335	3,487	21,446
1896	139,455	..	271,093	..	28,246	..	18,616	..	..	..	16,584	..	3,782	1,460	5,413	27,239
1897	133,924	..	294,664	..	30,406	..	18,176	..	..	..	16,701	..	6,443	1,640	5,636	30,420
1898	140,135	..	319,069	..	30,739	..	18,857	..	4,530	..	17,063	..	2,994	2,034	5,347	27,438
1899	151,994	..	340,016	..	28,754	..	23,177	..	6,920	..	17,726	..	2,349	2,448	4,287	26,810
1900	147,455	17,754	353,868	22,794	29,095	2,146	19,198	251	6,599	1,954	20,715	2,000	3,889	2,790	4,812	34,206
1901	164,323	12,989	377,723	22,302	31,240	1,094	20,772	886	12,430	4,429	25,623	..	7,006	3,201	3,781	39,611
1902	164,749	12,093	455,300	34,291	49,114	11,304	18,627	245	17,260	7,947	25,249	669	2,058	4,355	7,016	39,347
1903	184,811	9,073	358,570	133,983	38,095	17,320	18,230	273	33,996	11,257	25,768	770	2,189	4,924	6,471	40,122
1904	190,748	20,476	296,946	47,505	33,946	2,107	17,458	253	50,048	3,827	26,286	1,944	£2,375	5,466	3,980	40,051
1905	192,690	16,685	310,183	48,006	30,843	2,662	17,776	470	57,336	5,729	26,573	925	£3,178	6,896	3,631	41,203
1906	192,141	8,463	338,338	39,782	31,952	2,951	17,371	394	55,577	6,222	26,828	169	£2,553	7,303	3,802	40,655
1907	190,467	14,242	368,312	42,005	33,693	5,854	18,290	103	54,597	7,234	26,554	353	£3,185	8,147	4,354	42,593
1908	194,255	25,491	396,394	43,241	35,584	4,391	17,745	62	57,161	2,067	26,354	98	£17,419	9,140	4,155	57,166

* Prior to year ended Michaelmas, 1900, special expenditure, which includes expenditure on works of a permanent character.

† Includes £15,371 special expenditure in 1908 and £405 in 1907, part cost of erecting New Central Stores; and in year 1906, £405.

‡ The large expenditure under Asylums during each of these years is accounted for by the fact that it has been found impossible to estimate the cost of the Asylums on a permanent basis.

§ 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) is charged to the current account.

|| The Bacteriological Laboratories and Stables, Central Stores, and Central Needlework working expenditure is charged to the current account.

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 1908.

Total.	CURRENT ACCOUNT RECEIPTS.					NET EXPEN- DITURE EXCLUDING LOAN CHARGES.		LOAN CHARGES.				TOTAL NET EXPENDITURE MET OUT OF RATES.				Year ended Michaelmas.
	Maintenance of Patients.	Interest on Balances.	Superannuation Contributions.	Sundry other Receipts.	Total.	Amount.	+ Rate in the £.	Interest.	Repay- ment.	Total.	+ Rate in the £.	Ordinary.	Special.*	Total.	+ Rate in the £.	
£	£	£	£	£	£	£	d.	£	£	£	d.	£	£	£	d.	
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1867
2,539	..	..	..	..	..	2,539	.03	..	..	..	..	2,539	..	2,539	.03	1868
3,444	..	..	..	..	..	3,444	.05	2,502	2,438	4,940	0.06	8,384	..	8,384	.11	1869
8,675	..	..	..	..	..	8,675	.12	17,917	9,000	26,917	0.36	35,592	..	35,592	.48	1870
111,190	..	..	..	..	..	111,190	1.34	13,837	..	13,837	0.17	125,027	..	125,027	1.51	1871
119,032	..	..	..	1,905	1,905	117,127	1.42	24,402	17,198	41,600	0.50	158,727	..	158,727	1.92	1872
111,378	..	1,190	..	..	1,190	110,188	1.33	20,292	9,270	29,562	0.36	139,750	..	139,750	1.69	1873
116,718	..	..	..	1,789	1,789	114,929	1.35	20,342	9,425	29,767	0.35	144,696	..	144,696	1.70	1874
131,557	..	1,000	..	1,673	2,673	128,884	1.49	20,540	9,996	30,536	0.35	159,420	..	159,420	1.84	1875
142,653	..	1,000	..	1,775	2,775	139,878	1.46	15,908	..	15,908	0.16	155,786	..	155,786	1.62	1876
207,789	..	..	..	2,000	2,000	205,789	2.11	30,498	24,841	55,339	0.57	261,128	..	261,128	2.68	1877
208,704	..	1,000	..	2,852	3,852	204,852	2.10	27,340	15,156	42,496	0.44	247,348	..	247,348	2.54	1878
194,864	..	1,500	..	3,819	5,319	189,545	1.91	29,230	18,319	47,549	0.48	237,094	..	237,094	2.39	1879
199,753	..	1,500	..	3,817	5,317	194,436	1.91	30,091	18,494	48,585	0.48	243,021	..	243,021	2.39	1880
337,768	..	1,000	..	3,553	4,553	333,215	3.20	31,862	20,146	52,008	0.50	385,223	..	385,223	3.70	1881
353,143	..	..	..	6,662	6,662	346,481	3.04	24,226	1,426	25,652	0.23	372,133	..	372,133	3.27	1882
336,535	..	..	..	4,253	4,253	332,282	2.87	39,518	47,910	87,428	0.75	419,710	..	419,710	3.62	1883
504,154	..	..	..	3,967	3,967	500,187	4.24	32,983	27,685	60,668	0.52	560,855	..	560,855	4.76	1884
449,571	..	..	..	3,947	3,947	445,624	3.71	36,193	29,636	65,829	0.55	511,453	..	511,453	4.26	1885
239,538	..	..	..	4,528	4,528	235,010	1.92	38,539	38,434	76,973	0.63	311,983	..	311,983	2.55	1886
233,225	..	2,094	..	10,880	12,974	220,251	1.74	40,952	41,251	82,203	0.65	302,454	..	302,454	2.39	1887
304,241	..	650	..	..	650	303,591	2.38	39,939	40,024	79,963	0.63	383,554	..	383,554	3.01	1888
266,188	..	2,086	..	3,943	6,029	260,159	2.02	40,164	42,085	82,249	0.64	342,408	..	342,408	2.66	1889
287,482	26	1,778	..	1,003	2,807	284,675	2.17	39,051	43,220	82,271	0.63	366,946	..	366,946	2.80	1890
20,724	..	890	..	109	999	319,725	2.44	37,596	43,007	80,603	0.62	400,328	..	400,328	3.06	1891
209,320	..	341	..	40	381	408,939	2.99	36,395	43,262	79,657	0.58	488,596	..	488,596	3.57	1892
100,340	228	..	..	41	269	500,071	3.59	37,156	45,643	82,799	0.59	582,870	..	582,870	4.18	1893
189,904	142	..	..	202	344	489,560	3.49	39,747	45,564	85,311	0.60	574,871	..	574,871	4.09	1894
352,586	2,376	..	..	1,171	3,547	449,039	3.17	46,312	55,077	101,389	0.71	550,428	..	550,428	3.88	1895
484,649	3,164	..	..	..	3,164	481,485	3.24	56,422	84,051	140,473	0.95	621,958	..	621,958	4.19	1896
307,590	2,875	754	..	..	3,629	503,961	3.37	63,367	94,436	157,803	1.05	661,764	..	661,764	4.42	1897
40,768	2,627	1,454	..	..	4,081	536,687	3.54	69,692	108,668	178,360	1.18	715,047	..	715,047	4.72	1898
77,671	3,084	1,906	..	421	5,411	572,260	3.73	71,955	117,158	189,113	1.24	761,373	..	761,373	4.97	1899
35,320	7,019	3,448	..	..	10,467	624,853	4.01	73,274	123,872	197,146	1.27	775,100	46,899	821,999	5.28	1900
37,799	9,737	3,600	..	..	13,337	674,462	4.08	76,863	102,945	179,808	1.09	812,570	41,700	854,270	5.17	1901
10,277	16,903	993	..	..	17,896	792,381	4.75	92,521	110,322	202,843	1.22	928,675	66,549	995,224	5.97	1902
35,730	8,425	1,743	..	3,976	14,144	831,586	4.93	111,047	166,353	277,400	1.64	936,310	172,676	1,108,986	6.57	1903
303,365	8,434	4,943	4,530	6,390	24,297	679,068	3.97	115,215	183,618	298,833	1.75	901,721	76,180	977,901	5.72	1904
23,583	10,880	3,754	4,858	5,101	24,593	698,990	4.03	116,640	196,474	313,114	1.81	936,653	75,451	1,012,104	5.84	1905
3,846	6,567	4,776	6,477	4,773	22,593	711,253	3.94	114,910	206,544	321,454	1.78	974,361	58,346	1,032,707	5.71	1906
7,390	15,498	6,559	6,669	2,421	31,147	746,243	4.11	111,772	209,209	320,981	1.77	997,028	70,196	1,067,224	5.88	1907
33,557	16,519	3,548	6,156	4,263	30,486	803,071	4.38	103,480	181,745	285,225	1.55	997,575	90,721	1,088,296	5.93	1908

not shown separately, but is included under ordinary expenditure.

in 1905, £974; and in 1904, £68 for premises at Peckham, etc.

to approximately divide the Darenth Asylum expenditure on imbeciles from the Darenth Camps expenditure on smallpox patients.

inserted for the years ended Michaelmas, 1904-8, but such contributions are deducted from the expenditure for the years 1897-1903.

to the several institutions to which the goods are supplied, and therefore forms part of the above expenditure under the appropriate

APPENDIX VIII.—Statement of the Total Days' Maintenance and the Daily Michaelmas,

INSTITUTIONS.	TOTAL NUMBER OF DAYS'						
	1908	1907	1906	1905	1904	1903	1902
Asylums (Imbecile)—							
Leavesden	679,132	669,737	646,906	646,154	634,123	638,834	643,351
Caterham	681,473	696,203	685,937	702,171	705,311	701,556	702,795
Darenth	698,594	715,324	702,606	685,036	706,071	709,214	722,343
Tooting Bec	302,634	288,407	280,323	270,502	268,100	148,430	..
Rochester House ... ..	..	..	..	28,385	49,302	52,249	42,517
Belmont	90,757	110,348	90,472	18,172	..	..	..
Gore Farm ... ..	..	..	..	62,162	6,440	..	..
Totals and Averages ...	2,452,590	2,480,019	2,406,244	2,412,582	2,369,347	2,250,283	2,111,006
Hospitals (Fever)—							
Eastern	98,789	114,746	105,372	101,384	95,551	74,871	86,945
North-Eastern	191,142	165,474	159,981	159,141	122,413	116,304	174,980
North-Western	127,006	130,735	118,188	104,442	95,533	110,989	161,448
Western	146,864	135,162	120,600	102,730	90,430	118,367	134,471
South-Western	87,164	87,368	99,588	100,838	77,911	97,145	108,938
Fountain	70,121	22,207	66,927	72,770	..	69,538	137,766
Grove	112,256	133,004	116,970	114,861	78,816	107,990	90,423
South-Eastern	114,619	130,164	20,790	..	23,490	79,370	97,419
Park	151,720	142,044	104,168	126,542	107,099	105,192	148,198
Brook	146,419	147,350	142,669	141,254	130,918	134,523	162,472
Northern	208,850	211,627	190,804	189,837	144,900	129,243	176,724
Gore Farm	285,809	254,524	226,676	22,348	..	..	298
Joyce Green	27,340	..	..	..	..	..	..
London General Hospitals (in respect of M.A.B. enteric cases)	..	..	..	..	..	1,308	3,933
Totals and Averages ...	1,768,099	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	54	73	949	3,172	19,551	12,461	95,643
Gore Farm ... ..	..	..	..	..	..	..	202,001
Totals and Averages ...	54	73	949	3,172	19,551	12,461	297,644
Homes and Schools (Children)—							
High Wood	98,023	96,814	91,975	86,061	5,073	..	..
White Oak	96,657	101,349	88,058	95,755	119,834	57,786	..
Bridge	40,013	25,451	23,298	56,248	55,764	57,085	55,481
The Downs	126,093	130,216	142,625	145,132	146,968	78,293	..
S. Anne's	46,442	28,721	43,807	45,362	40,429	41,513	42,222
East Cliff	42,688	44,344	41,632	45,293	35,867	32,875	29,468
Millfield	39,901	36,130	26,942	22,940	6,518	..	..
Lloyd Street	8,208	8,856	9,114	8,179	8,556	8,052	8,839
Elm Grove	4,584	4,703	4,588	4,531	4,256	4,628	4,576
Kingwood Road	1,622	6,856	7,385	7,198	7,297	6,667	7,245
Earlsfield Road	2,986	2,735	3,306	3,150	2,789	336	..
Surrey House	5,719	5,307	5,408	5,347	4,020	..	..
Pentonville Road	9,678	8,490	9,421	8,726	8,914	9,304	5,594
Harrow Road	3,805	3,867	3,443	3,272	3,355	4,190	2,740
Camberwell Green	8,785	6,500	7,440	6,628	7,263	7,141	5,394
Totals and Averages	535,204	510,339	508,442	543,822	456,903	307,870	161,559
Training Ship (Boys) ...	198,693	205,250	207,894	199,225	193,350	197,012	207,837
GRAND TOTALS ...	4,954,640	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 TEN years ended 1908.

MAINTENANCE.			AVERAGE NUMBER OF INMATES.									
1901	1900	1899	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899
663,296	707,383	710,842	1,866	1,805	1,777	1,775	1,742	1,755	1,767	1,788	1,943	1,954
717,710	725,506	728,133	1,872	1,877	1,884	1,929	1,938	1,927	1,931	1,934	1,992	2,000
735,952	708,980	727,756	1,919	1,928	1,930	1,882	1,940	1,948	1,984	1,983	1,948	1,999
..	..	..	832	777	770	743	736	408	..	..	..	..
1,890	..	..	..	..	..	78	135	144	117	..	..	..
..	..	..	249	298	249	50	..	..	..	..	..	..
..	..	..	..	..	..	171	18	..	..	..	..	..
2,118,848	2,141,869	2,166,731	6,738	6,685	6,610	6,628	6,509	6,182	5,799	5,705	5,883	5,953
102,288	106,812	111,666	271	309	289	278	262	206	239	275	293	307
129,354	109,153	108,900	525	446	440	437	336	319	481	348	300	300
140,344	118,920	148,007	349	352	325	287	262	305	444	377	326	407
133,119	136,597	144,005	404	364	331	282	248	325	369	359	375	395
98,360	88,867	92,796	240	235	274	277	214	267	299	265	244	253
109,889	94,848	110,226	193	60	184	200	..	191	378	296	260	303
91,884	79,720	3,659	308	359	321	316	217	297	248	247	219	20
102,986	119,121	123,586	315	351	57	..	65	218	268	278	327	340
134,825	140,200	143,388	417	383	286	348	294	289	407	362	385	394
144,094	153,463	174,380	402	397	392	388	360	369	446	388	422	479
179,645	146,423	199,305	574	571	524	522	398	355	486	483	402	549
95,913	142,363	141,191	785	686	623	61	..	..	1	261	391	390
..	..	..	75	..	..	..	..	..	..	..	..	..
7,973	7,048	4,025	..	..	..	..	..	4	11	22	19	11
1,470,674	1,443,535	1,505,134	4,858	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
..	..	..	269	261	253	236	14	..	..	..	..	..
..	..	..	265	273	242	263	329	159	..	..	..	..
27,912	..	..	110	69	64	155	153	157	152	129	..	..
..	..	..	346	351	392	399	404	215	..	..	..	..
44,078	42,219	43,418	128	77	120	125	111	114	116	119	116	119
15,468	12,719	13,968	117	120	114	124	99	90	81	41	34	38
..	..	..	110	97	74	63	18	..	..	..	..	..
6,496	6,583	4,819	23	24	25	22	23	22	24	18	18	18
3,152	..	..	13	13	13	12	12	13	13	12	..	..
4,796	169	..	4	18	20	20	20	18	20	19	..	..
..	..	..	8	7	9	9	8	1	..	..	..	..
..	..	..	16	14	15	15	11	..	..	..	..	..
..	..	..	27	23	26	24	24	26	15	..	..	..
..	..	..	10	11	9	9	9	11	8	..	..	..
..	..	..	24	18	21	18	20	20	15	..	..	..
101,902	61,690	62,205	1,470	1,376	1,397	1,494	1,255	846	444	338	168	175
213,159	197,898	204,249	546	553	571	547	531	542	571	574	543	561
3,910,846	3,847,200	3,938,540	13,612	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 Inmate Office and Central Expenses) for each of the

INSTITUTIONS.	WEEKLY AVERAGE														
	Maintenance.										Other				
	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1908	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. 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. s. d. s.	d. s. d. s.
Leavesden ...	3 7.0	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 7.6	6 6.2	6 7.4	6 2.8	6 0.0
Caterham ...	3 9.5	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	6 0.9	5 11.0	5 10.2	5 7.3	5 5.0
Darenth ...	2 10.3	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 11.8	6 9.5	7 4.9	7 5.1	8 0.0
Tooting Bec ...	3 8.9	3 6.3	3 5.8	3 7.3	3 11.1	..	..	..	..	..	12 10.7	13 5.5	13 8.8	14 1.4	15 0.0
Rochester H.	..	..	..	..	3 3.8	3 4.8	4 2.8	..	..	..	..	..	..	..	..
Belmont ...	3 8.3	3 7.1	4 11.8	..	..	..	..	..	..	..	..	11 5.5	13 1.4	..	..
Gore Farm ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Average Cost	3 5.4	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 4.5	7 5.5	7 8.5	7 3.9	7 0.0
Hospitals (Fever)—															
Eastern ...	3 10.4	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	27 5.1	24 2.1	26 11.0	29 2.3	30 0.0
North-Eastern	4 3.7	4 3.0	4 8.7	3 10.2	4 2.5	4 9.2	4 6.7	4 2.6	3 11.4	4 6.7	24 2.1	25 1.9	24 5.7	24 5.8	25 0.0
North-Western	3 9.6	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	26 1.8	25 2.3	26 10.8	30 1.4	30 0.0
Western ...	4 1.9	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	25 10.2	27 6.1	30 4.8	34 3.5	35 0.0
South-Western	4 6.1	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	34 5.5	33 11.2	29 9.4	29 4.0	30 0.0
Fountain...	4 8.3	4 4.8	4 4.0	5 0.7	..	..	5 2.0	5 3.8	5 7.9	5 9.0	33 11.5	..	36 0.5	31 11.0	..
Grove ...	4 4.3	4 0.8	4 4.6	4 6.6	5 2.5	6 0.2	6 4.7	6 6.1	6 5.0	..	35 10.0	30 6.4	33 8.1	33 9.2	4 0.0
South-Eastern	3 10.2	4 0.3	..	..	..	5 5.6	5 9.3	5 4.2	5 2.4	4 11.7	33 11.3	29 2.7	..	..	..
Park ...	4 5.0	4 5.7	4 7.7	4 10.0	6 0.0	6 3.0	5 10.3	5 2.8	5 9.7	6 2.3	27 0.7	27 10.7	33 11.4	28 7.0	3 0.0
Brook ...	4 5.7	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 7.6	29 9.1	30 5.1	31 3.2	33 0.0
Northern ...	5 0.1	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	17 3.1	16 7.9	18 5.8	18 4.8	23 0.0
Gore Farm ...	4 6.0	4 2.8	4 0.8	..	..	..	..	6 10.7	6 4.3	6 11.2	15 3.8	14 4.3	14 7.1	..	..
Joyce Green	8 2.5	..	..	..	..	..	..	..	..	..	..	..	..	..	..
London Gen- Hospitals (en- teric cases) ...	..	..	..	..	..	5 8.0	5 6.6	5 10.4	5 8.6	5 8.0	..	..	..	..	..
Total Average Cost	4 4.5	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	25 4.5	24 4.7	25 11.0	28 2.2	33 0.0
Hospitals (Smallpox)—															
Hos. Ships, Long Reach 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, &c. (Children)—															
High Wood ...	3 10.0	3 11.3	3 10.7	4 3.0	..	..	..	..	..	..	12 10.2	12 5.1	12 11.9	13 2.1	..
White Oak ...	3 9.2	3 6.4	3 10.7	3 7.7	3 8.0	..	..	..	..	..	14 0.0	12 10.6	14 0.0	13 6.0	1 0.0
Bridge ...	4 9.2	3 10.1	..	2 11.5	3 2.0	3 2.3	3 7.8	5 7.2	..	..	8 3.5	6 11.7	..	8 11.5	..
The Downs ...	3 6.1	3 2.4	3 4.6	3 5.5	3 11.4	..	..	..	..	..	10 0.8	10 2.7	9 9.3	9 1.3	..
S. Anne's ...	3 4.8	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	8 7.9	..	9 2.2	9 5.2	1 0.0
East Cliff ...	3 6.9	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 6.6	9 4.2	9 2.7	8 5.2	..
Millfield ...	4 7.3	5 10.2	5 11.4	6 4.6	..	..	..	..	..	..	9 3.4	10 11.1	12 10.1	13 8.0	..
Lloyd Street	4 4.8	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 9.2	8 3.8	8 11.1	9 10.1	..
Elm Grove ...	3 2.1	3 1.1	3 5.7	3 5.9	3 10.2	3 9.0	4 2.0	4 6.9	..	..	8 8.4	8 6.2	8 10.6	9 9.5	..
Kingwood Rd.	3 8.5	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	..
Earlsfield Road	4 3.2	3 11.3	4 4.3	4 6.9	6 5.1	..	..	..	..	..	9 0.0	10 3.4	8 2.1	8 11.8	1 0.0
Surrey House	4 5.4	3 10.8	5 7.4	6 7.2	..	..	..	..	..	..	8 4.2	8 6.9	8 6.5	7 8.7	..
Pentonville Rd.	2 11.8	3 2.8	3 2.0	3 3.9	4 7.6	4 0.2	..	..	..	..	10 4.6	10 9.4	10 9.6	11 6.0	1 0.0
Harrow Road	3 2.0	3 7.9	3 7.4	3 8.2	4 5.0	4 1.7	..	..	..	..	16 8.9	15 2.0	17 9.7	18 3.2	1 0.0
Camberwell G.	3 0.1	2 11.7	2 6.2	2 9.4	4 1.3	3 10.3	..	..	..	..	10 7.6	12 9.5	11 3.5	13 0.9	1 0.0
Total Average Cost	3 9.5	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	10 11.3	11 0.1	11 2.8	10 9.6	1 0.0
Training Ship (Boys)—															
..	4 9.0	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 3.7	7 5.6	6 11.4	7 3.8	..

(excluding Rent or Loan Charges, Special Expenditure and Head
TEN years ended Michaelmas, 1908.

COST PER INMATE																
Charges.										Total.						
903	1902	1901	1900	1899	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899		
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. s.	d. s.	d. s.	d. s.	d. s.
1.6 6	5.3 6	0.9 5	2.2 4	11.1 4	2.6 10	9.8 9	2.0 10	11.1 9	10.0 9	1.5 10	8.7 10	6.5 10	11.5 8	8.8 8		
5.6 5	5.5 5	5.5 4	7.6 4	8.3 4	10.4 9	6.0 9	6.7 9	4.4 9	5.1 9	6.2 9	6.1 9	4.0 9	3.4 8	8.4 8		
1.8 8	3.1 8	3.2 7	8.6 7	4.4 7	10.1 9	7.5 9	4.1 10	6.8 10	10.3 11	0.9 12	2.8 12	5.1 12	7.6 11	11.5 10		
..	..	..	..	..	16 7.6	11.8 16	2.6 17	8.7 17	2.9 17	..	..	..	..	..
3.0 9	7.8 ..	..	..	..	..	..	..	..	11 1.2	11 7.8	13 10.6	..	..	..
..	..	..	..	..	..	15 0.6	18 1.2	..	..	..	..	..	..	..
..		
7.7 6	9.6 6	7.6 5	10.1 5	7.9 5	9.9 10	8.9 10	2.0 11	10.3 10	2.2 11	7.4 10	10.8 10	9.5 10	7.4 9	5.6 9		
6.8 34	6.4 30	9.3 28	4.9 26	0.3 0	3.5 31	0.4 23	9.4 30	1.6 33	8.0 34	0.0 43	0.4 39	1.6 35	10.8 32	8.0 30		
0.7 22	5.0 22	5.7 22	8.9 22	10.0 22	5.8 28	4.9 29	2.4 28	4.0 33	8.0 37	9.9 26	11.7 26	8.4 26	8.3 27	4.7 27		
6.8 21	6.2 24	8.0 27	0.2 20	11.0 20	11.4 29	1.0 29	5.0 30	4.8 35	3.0 33	9.8 27	0.1 29	11.3 29	3.3 25	8.1 25		
3.3 28	0.9 29	2.3 26	11.3 23	6.8 23	0.1 30	5.7 31	6.8 34	0.4 43	4.3 36	6.2 33	11.8 35	2.2 32	6.6 29	6.8 29		
6.2 29	9.5 33	2.0 32	3.0 29	10.4 29	11.6 38	2.9 38	8.5 33	7.1 43	1.9 37	11.5 35	6.0 38	8.2 37	5.7 35	3.8 35		
.. 20	4.2 26	1.7 28	1.3 23	8.1 23	7.8 38	.. 40	4.5 36	11.7 ..	.. ..	25 6.2	31 5.5	33 9.2	29 5.1	.. ..	
3.7 46	4.2 45	0.2 46	6.5 ..	.. ..	2.3 40	7.2 34	0.7 38	3.8 49	9.3 43	3.9 52	8.9 51	6.3 52	11.5 ..	.. ..	
8.6 33	3.9 33	5.1 26	9.1 23	5.7 23	9.5 37	3.0 33	.. ..	.. ..	45 2.2	39 1.2	38 9.3	31 11.5	28 5.4	.. ..	
4.6 26	9.4 28	7.1 26	7.4 23	10.5 23	5.7 31	4.4 32	7.1 38	5.0 40	2.2 41	8.2 32	7.7 33	9.9 32	5.1 30	0.8 30		
11.7 31	1.8 35	8.8 30	8.7 26	1.1 26	1.3 34	2.9 34	6.8 35	7.7 38	8.5 41	7.9 37	0.7 41	8.0 36	7.7 31	8.8 31		
3.9 20	2.0 20	1.9 22	11.5 17	4.4 17	3.2 22	11.3 21	2.6 23	3.1 26	11.7 33	2.0 26	3.1 26	0.7 28	8.6 22	11.9 22		
.. ..	32 1.6	22 10.7	21 6.8	.. ..	9.8 19	7.1 18	7.9 18	.. ..	.. ..	.. ..	.. ..	0.3 39	3.0 29	6.0 28		
..		
1.5 29	9.5 25	9.7 28	10.2 14	9.4 14	.. ..	.. ..	.. ..	.. ..	.. ..	22 9.5	35 4.1	29 8.1	34 6.8	20 5.4		
6.4 27	2.5 29	2.9 27	9.5 23	1.3 23	9.0 29	8.5 28	0.7 30	7.8 32	0.0 38	0.1 39	9.4 32	9.3 34	3.5 33	7.9 28		
.. 55	0.0 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	66 7.6	.. ..	.. ..	.. ..	.. ..
.. 26	0.0 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	37 8.9	.. ..	.. ..	.. ..	.. ..
.. 36	0.0 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	47 8.4	.. ..	.. ..	.. ..	.. ..
.. ..	.. ..	.. ..	.. ..	.. ..	16 8.2	16 4.4	16 10.6	17 5.1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
.. ..	.. ..	.. ..	.. ..	.. ..	17 9.2	16 5.0	17 10.7	17 1.7	15 1.4	.. ..	.. ..	.. ..	.. ..	.. ..
11.9 9	1.4 12	8.1 ..	.. ..	.. ..	0.7 13	9.8 10	.. 11	11.0 12	5.9 12	2.2 12	9.2 12	3.3 18	.. ..	.. ..
.. ..	.. ..	.. ..	.. ..	.. ..	6.9 13	5.1 13	1.9 12	6.8 13	6.9 12	.. ..	.. ..	.. ..	.. ..	.. ..
7.2 40	0.5 9	4.3 9	0.5 9	1.0 9	0.7 12	.. 12	4.5 13	1.6 14	3.0 10	5.6 14	1.3 13	2.5 12	8.0 12	11.8 12		
10.5 10	4.9 14	0.3 14	9.1 13	0.7 13	1.5 13	7.7 12	7.3 11	11.4 13	2.4 13	10.3 14	11.7 18	4.3 18	9.2 16	10.1 16		
.. ..	.. ..	.. ..	.. ..	.. ..	10.7 13	9.3 16	5.20 9.5	0.6 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
7.3 9	11.0 10	9.0 9	5.1 9	6.2 9	2.0 13	11.7 12	2.9 14	5.1 14	10.9 15	4.2 15	4.2 15	5.6 13	5.8 15	0.0 15		
4.5 9	11.3 12	11.6 ..	.. ..	.. ..	10.5 11	7.3 12	4.3 13	3.4 13	6.2 13	1.5 14	1.3 17	6.5 ..	.. ..	.. ..
10.1 8	2.6 10	2.2 ..	.. ..	.. ..	.. 12	4.0 11	9.3 12	6.1 13	0.1 14	6.4 13	8.2 15	5.2 ..	.. ..	.. ..
.. ..	.. ..	.. ..	.. ..	.. ..	3.2 13	2.7 14	6.4 13	6.7 17	0.2 ..	.. ..	.. ..	.. ..	.. ..	.. ..
.. ..	.. ..	.. ..	.. ..	.. ..	9.6 12	5.7 14	1.9 14	3.9 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5.2 ..	.. ..	.. ..	.. ..	.. ..	4.4 13	0.2 14	11.6 14	9.9 16	1.6 15	5.4 ..	.. ..	.. ..	.. ..	.. ..
1.2 ..	.. ..	.. ..	.. ..	.. ..	10.9 19	9.9 21	5.1 21	11.4 21	9.3 19	2.9 ..	.. ..	.. ..	.. ..	.. ..
2.6 ..	.. ..	.. ..	.. ..	.. ..	7.7 13	9.2 15	9.7 15	10.3 15	3.2 16	0.9 ..	.. ..	.. ..	.. ..	.. ..
0.9 9	8.0 11	2.6 10	3.2 10	0.1 10	8.8 14	8.7 14	11.8 14	6.9 14	0.8 12	10.4 13	10.0 15	9.1 14	0.2 14	0.1 14		
2.7 6	9.6 7	1.5 7	2.2 7	0.9 7	0.7 12	1.0 12	3.3 11	11.9 11	2.4 12	6.7 11	11.0 12	11.0 12	9.6 12	8.0 12		

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 1908.

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. ^o			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
42	1908	44,201,386	426,312	184,172	5.25	0.72	5.97	957,717	132,550	1,090,267	1908	42

* The rates in the £ of the precepts raised are calculated on the basis of the rateable values in force at the time the half-yearly estimates of expenditure were approved and adopted, viz., in March and July respectively of each year.

APPENDIX XI.—Summary of sanctions to Borrow, amount Borrowed and amount Outstanding 3rd October, 1908.

INSTITUTION.	Amount Sanctioned.	Amount Borrowed.	Balance of Principal Outstanding 3rd October, 1908.		
	£	£	£	s.	d.
Central Stores (Land and premises at Peckham) ...	21,821	4,250	3,716	12	5
Asylums—					
Leavesden ...	223,916	223,916	92,895	7	5
Caterham ...	227,254	227,254	87,865	13	5
Darenth ...	334,058	334,058	91,031	1	4
Tooting Bec ...	334,794	324,813	245,705	7	1
Clapton ...	2,500	2,500	...	...	...
Belmont ...	128,405	127,955	97,733	2	1
TOTALS FOR ASYLUMS ...	1,250,927	1,240,496	615,230	11	4
Hospitals—					
Eastern ...	122,897	122,897	51,924	12	1
North-Eastern ...	188,172	175,147	113,528	10	7
North-Western ...	168,761	168,761	77,653	10	7
Western ...	225,150	225,150	102,839	5	5
South-Western ...	163,439	163,439	65,803	15	1
Fountain ...	155,103	155,103	11,554	2	9
Grove ...	271,106	271,106	154,821	16	4
South-Eastern ...	274,184	262,506	162,904	17	5
Park ...	273,947	273,947	151,745	12	1
Brook ...	317,551	317,551	175,613	14	0
Northern ...	194,428	194,428	65,935	10	2
Southern ...	299,507	245,195	210,084	6	8
Gore Farm (Upper) ...	180,488	180,488	63,292	17	1
Do. (Lower) ...	135,000	135,000	52,523	4	6
Smallpox—Hospital Ships ...	74,285	74,285	4,467	18	8
Do. Long Reach (Temporary) ...	67,988	67,988	35,651	9	1
Do. Orchard ...	123,000	123,000	59,762	15	7
Do. Joyce Green ...	370,869	370,869	284,108	13	7
TOTALS FOR HOSPITALS ...	3,605,875	3,526,860	1,844,216	11	8
Bacteriological Laboratories and Stables ...	5,280	5,280	4,874	6	2
Land Ambulance Stations—					
Eastern ...	2,645	2,645	1,627	17	0
North-Western ...	20,254	20,254	12,465	3	6
Western ...	3,800	3,800	923	3	4
South-Western ...	15,976	15,976	10,570	6	0
South-Eastern ...	1,625	1,625	1,254	19	11
Brook ...	16,408	16,408	9,566	8	2
Mead ...	28,500	28,500	13,847	9	6
Tooting Bec ...	1,567	1,567	1,370	9	5
TOTALS FOR LAND AMBULANCE SERVICE ...	90,775	90,775	51,625	16	10
River Ambulance Service—					
South Wharf ...	43,154	43,154	22,086	1	3
North Wharf ...	9,555	9,555	3,391	5	5
West Wharf ...	14,207	14,207	5,329	19	4
Steamers ...	35,837	35,837	5,058	1	11
TOTALS FOR RIVER AMBULANCE SERVICE ...	102,753	102,753	35,865	7	11
Training Ship Exmouth ...	98,376	98,376	62,254	17	0
Children's Homes and Schools—					
High Wood ...	106,477	106,477	82,606	10	8
White Oak ...	132,244	132,244	103,810	19	7
Bridge ...	11,000	11,000	7,696	5	7
The Downs ...	99,800	99,800	77,196	0	4
S. Anne's ...	16,000	16,000	9,328	16	6
East Cliff ...	17,320	17,320	12,658	0	11
Millfield ...	27,042	27,042	20,830	5	9
Lloyd Street ...	650	650	246	8	0
Elm Grove ...	1,000	1,000	775	0	0
Kingwood Road ...	1,480	1,480	561	1	10
Earlsfield Road ...	690	690	583	1	1
Surrey House ...	1,050	1,050	850	5	8
Pentonville Road ...	3,534	3,534	1,556	18	9
Harrow Road ...	3,715	3,715	2,827	16	0
Camberwell Green ...	5,196	5,196	3,443	15	3
TOTALS FOR CHILDREN'S HOMES AND SCHOOLS ...	427,198	427,198	324,971	5	11
Office of the Board ...	110,811	110,811	82,288	7	0
GRAND TOTALS ...	£ 5,713,816	5,606,799	3,025,043	16	3

See next page for notes.

APPENDIX XI.—*continued.*

(Note I.) Particulars of the dates of the several sanctions in force, the respective purposes, amounts and periods sanctioned; the amounts borrowed, year of borrowing and the rates per cent. of interest payable; together with the balances of principal outstanding as on 5th October, 1907, are set out in full detail in Appendix XI. of the Annual Report of the Finance Committee for 1907 (pages 107-123). During the year ended Michaelmas, 1908, sanction to borrow £13,025 was received from the Local Government Board for erection of boiler house, coal stores, and workshops at the North-Eastern Hospital, repayable within a period not exceeding fifteen years.

(Note II.) With the sanction of the Local Government Board the periods of such of the balances of the loans owing to the London County Council as Mortgagees in March, 1908, as fell due for repayment before March, 1922, were extended to such latter date and these loans were thereupon consolidated into one loan repayable in fourteen years from 28th February, 1908, by equal half-yearly instalments of principal and interest combined amounting to £265,260 per annum—the interest being the average rate on the then existing loans—£3 7s. 1d. per cent. per annum, calculated with quarterly rests.

(Note III.) By arrangement with the Public Works Loans Commissioners, the other Mortgagees, the balances of loans outstanding are being repaid by equal half-yearly instalments of principal and interest combined, amounting to £16,000 per annum, the interest being calculated at the various rates provided in the mortgage deeds and the repayments ceasing on extinction of the loans within the sanctioned periods before March, 1922.

APPENDIX XII.—**Sanctions to Borrow not exercised 3rd October, 1908.**

	£	£
Total amount sanctioned to be borrowed, as per Summary	5,713,816	
Less total amount borrowed	5,606,799	
		107,017
Leaving unexercised sanctions to borrow as under:—		
Central Stores—Buildings	17,571	
Tooting Bee Asylum—Additional Buildings	9,981	
Belmont Asylum—Electric Lighting, &c.	450	
South-Eastern Hospital—Reconstruction	11,678	
Southern Hospital—Erection	54,312	
North-Eastern Hospital—Boiler house, coal stores, and workshops	13,025	
		107,017

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 XIII.—**Interest on Loans.**

The average rate of interest per cent. per annum payable on the principal of loans outstanding 3rd October, 1908, amounting to £3,025,044, is £3½. The following table shows particulars of the amount borrowed, the amount repaid, and the amount outstanding, at the various rates now payable.

Amount Borrowed.	Amount Repaid.	Amount Outstanding	Rate per cent. per annum of interest payable.
£	£	£	£ s. d.
263,363	104,040	159,323	2 15 0
4,480	1,095	3,385	3 0 0
5,050	1,159	3,891	3 5 0
5,333,906	2,475,461	2,858,445	3 7 1
Totals £5,606,799	£2,581,755	£3,025,044	{ Average rate on outstanding loans. £3 6 8

ANNUAL REPORT OF THE WORKS COMMITTEE.

1st January, 1909.

Engineer-in-chief.
Staff requirements. 1. In our last annual report we announced the appointment of a sub-committee to report to us on the present and probable staff requirements of the Engineer-in-chief. The report of this sub-committee was submitted to us on the 25th November, when we had no hesitation in endorsing the conclusions at which they had arrived, viz. (i.) that no reduction in the staff of the Engineer-in-chief's department was then practicable; (ii.) that the staff had been, and were, fully occupied; and (iii.) that there was no reason to believe that an outside firm of architects or of engineers would have performed the same duties as those performed by Mr. Hatch and his staff with equal efficiency and at a less cost.

Cost of works carried out during 1908. During 1908, works to the approximate value of £81,392 were carried out under the supervision of the Engineer-in-chief. Of this amount, £22,520 represents the value of engineering works and repairs; £15,000, the approximate cost of numerous works and repairs which were carried out by the staffs at the various institutions; and £43,872 the value of the building works and repairs. Of the total amount thus expended, £48,343 represents the value of works carried out by contract, and the balance that carried out by direct labour and the institution mechanics.

Works under consideration. At the close of the year the following works upon which we hope shortly to report to the Board were engaging our attention, viz: electric lighting at North-Eastern Hospital (estimate £5,200); additional workrooms at the industrial colony of the Darenth Asylum (estimate, £4,225); reconstruction of the upper boiler house at the South-Western Hospital (estimate, £1,975); and isolation accommodation (estimate £1,855), additional staff accommodation (estimate £2,340), and discharge accommodation (estimate £2,570) at the Eastern Hospital.

Cleaning and painting works and repairs. Arrangements have recently been made for the annual cleaning and painting works at the majority of the Board's institutions to be carried out by direct labour under the supervision of the Engineer-in-chief. For this purpose he was authorised to employ on each work a nucleus of tried men strengthened by others—preferably married men with children—who might be recommended from time to time by the labour bureaux and distress committees of the parishes and unions in the neighbourhood of the institution at which the work was to be done.

By thus employing direct labour to carry out works which, as a rule, have hitherto been entrusted to contractors at a later season of the year, the Managers have been enabled to put these works in hand at a much earlier period than would have been the case had quantities been taken out, specifications prepared, and tenders invited in the usual way.

Generation of electricity In March last, on the recommendation of the Engineer-in-chief, we approved the issue of standard forms of returns for use in connection with the work done by the electric generating plants at the Board's institutions.

Central Stores. 2. On the 28th August last, Messrs. T. W. Aldwinckle & Son certified that the contractors, Messrs. C. Wall, Ltd., had completed these buildings to their satisfaction, and the same were handed over to the Contract Committee. Owing, however, to delay on the part of the quantity surveyors in measuring up the variations on the contract we had not received the final statement of accounts at the close of the year.

Solomon's passage. In order to secure better access for vehicles to the stores, the Managers, in August last, assented to the surrender to the Camberwell Borough Council of a strip of land abutting on this passage, which will hereafter be paved and maintained at the Council's expense.

IMBECILE ASYLUMS.

Belmont Asylum. 3. At a special meeting of the Board on the 24th February last, the Managers decided to place either the whole or a portion of the buildings on the Belmont Asylum estate at the disposal of the Guardians of Fulham, "with a view of facilitating the administration of poor relief in the Metropolis," and subsequently (on the 9th May) the Works Committee were instructed to make arrangements for the prompt carrying out, at an outlay not exceeding £10,000, of certain alterations and repairs to the buildings which the Local Government Board had considered necessary.

With the object of expediting the completion of these works it was decided that they should be carried out by direct labour under the supervision of the Engineer-in-chief, and on the 10th October we had the satisfaction of reporting that, with the exception of the delivery of materials for the boundary fence, which was to be erected under the supervision of the Fulham Guardians, and the fixing of certain electric bells and telephones, the alterations and repairs required to adapt the asylum as a workhouse for able-bodied paupers had been completed at a cost of £7,800, or £2,340 less than the amount (£10,140) sanctioned by the Local Government Board.

We at the same time expressed to the Managers our appreciation of the skill and promptitude with which the alterations and repairs had been carried out under the Engineer-in-chief and those immediately associated with him.

Caterham Asylum. 4. Beyond the acceptance of a tender in March last for the provision of additional messroom and sleeping accommodation for the male staff at this asylum, at the sum of £2,389 10s., no work of importance has been carried out at this asylum under our supervision during the past twelve months.

Leavesden Asylum. 5. A plan for the provision of additional infirmary accommodation at this asylum by the conversion of blocks Nos. 9 and 11 on the female side and block No. 10 on the male side, at an estimated cost of £1,050, was formally approved by the Managers in February last, and the works were completed by the end of the year.

The provision (i.) of a precipitating tank in connection with the disposal of sewage, and (ii.) of additional washing and ironing machines in the laundry are the only other items of work at this asylum to which reference need here be made.

Darcnth Asylum.
New boilers. 6. In September last the Managers, upon our recommendation, accepted the estimate of Messrs. Babcock & Wilcox, Ltd., for the installation of three new water tube boilers, with chain grate stokers, at the industrial colony of this asylum, at a cost of £2,690, these works having been necessitated by the fact that the old Lancashire boilers were nearly thirty years old, were too small for the work required of them, and had to be forced so hard in the winter as to require frequent and costly repairs, without any permanently satisfactory results.

Sundry works. The only other works of importance carried out under our supervision at this asylum during the past twelve months have been the repair of the back road leading to the industrial workshops at a cost of £456, and the completion of the new workshops for staff artisans and working patients at a total approximate cost of £2,970.

Tooting Bec Asylum.
Additional buildings. 7. In November last we reported to the Board that the ascertained cost of the erection at this asylum of two additional infirmary blocks, supplemental staff accommodation and a recreation hall, in accordance with the plan prepared by the Engineer-in-chief (which works were completed towards the end of 1907) had been £30,108 11s. 4d., there having been a net omission of £1,186 8s. 8d. (due mainly to the adjustment of provisional sums and p.c. amounts) on the contract sum of £31,295.

Boiler foundations. The under-pinning of the steam boilers and the reconstruction of the flues thereof at this asylum having been found necessary owing to the unsatisfactory condition of the concrete raft on which the boilers were laid, it was decided to carry out the necessary works (at a schedule of prices for labour and material) under the supervision of the Engineer-in-chief. In reporting towards the end of the year that these works had been satisfactorily completed at a total cost of £683 17s. 10d., Mr. Hatch stated that they had resulted in a marked improvement in the efficiency of the boilers, and that he estimated that such increased efficiency would result in a saving of about 500 tons of coal annually.

INFECTIOUS HOSPITALS AND RIVER AMBULANCE SERVICE.

Southern Hospital.
Builders' accounts. 8. In May last we reported to the Board that the total sum payable to the building contractors, Messrs. W. Johnson & Co. (apart from certain special claims (£2,401) made by the contractors in respect of delays and other matters arising out of the execution of their contract, which had previously been settled by the payment to them of a sum of £932 4s. 4d.), was £185,388 15s. 8d., or a net increase over the contract sum of £9,338 15s. 8d.; the extra expenditure being mainly accounted for by works consequent upon the engineering works, additional drainage works, rain-water tank, overflow and sump, the laundry, etc., and sundry extra works which we had reported to the Board from time to time during the progress of the works.

Upkeep of Hospital. From the 1st January to the 12th September last, when the hospital buildings were handed over to the Children's Committee for infirmary purposes, the total cost of the upkeep of the buildings (including labour and material) was £1,085 2s. 8d. This amount compares satisfactorily with the total cost (£1,551 13s.) incurred during the twelve months of 1907.

Joyce Green Hospital. 9. In February last the Managers approved revised plans, prepared by Messrs. Treadwell & Martin, architects, for the erection at this hospital of seven (instead of eight) staff cottages, Temple Cottage being utilised (after repair) as the eighth, and accepted the amended estimate of Mr. Coles for the erection of these cottages, a goods reception station, gate porter's lodge, etc., and the execution of sundry alterations to Temple Cottage at the sum of £4,102 9s. 4d., a reduction of about £600 on the previous estimate. The contract works were almost completed at the end of the year.

Brook Hospital. 10. Towards the end of the year we communicated to the Board the purport of a report which we had received from the Engineer-in-chief, and in which he stated that as the result of the installation at this hospital of the Nuconomiser plant, on which the Managers had authorised an expenditure of £7,600, economies had been effected during the first twelve months of complete working amounting in value to £1,549, of which £1,266 was due to a reduction on the steam coal account, £138 to a reduction of staff, and £145 to economies in the water supply.

South-Eastern Hospital. 11. On the 23rd May we presented to the Managers a statement showing that the total cost of the reconstruction works at this hospital, including general building works, electric lighting, laundry revisions, new boiler house installation, architects' and surveyors' charges, etc., had amounted to £131,374 1s. 4d., as against £135,200 sanctioned by the Local Government Board under their Order of the 9th January, 1904.

Minor works. 12. Of the minor works for which tenders were accepted during 1908 in connection with the infectious hospitals may be instanced (i.) the erection of a coal store (£399 10s.) at the Brook Hospital; (ii.) road repairs and paving works (£1,520 19s. 7d.), at the Eastern Hospital; (iii.) repairs to roads (£295 17s. 6d.), and improved heating in the isolation wards (£374) at the Grove Hospital; (iv.) alterations and additions to laundry (£629) at the North-Western Hospital; and (v.) installation of electric lighting (£3,434) and repairs to floors (£340) at the South-Western Hospital.

Bacteriological laboratories. 13. The erection of these laboratories, which were rapidly approaching completion at the end of the year, had been previously delayed owing to the Managers, in October last, having to determine the contract (£5,503 15s.) entered into during the early part of the year, and to accept another tender for finishing the works.

INSTITUTIONS FOR CHILDREN.

Sundry works. 14. Apart from the acceptance of tenders for the erection of a new entrance lodge at Millfield (£432 7s. 9d.); for alterations and additions to the laundry machinery (£455 5s) at Millfield; and for the provision

of sundry joinery fittings at The Children's Infirmary at a cost of £1,348, we have not been concerned with any works of importance in connection with the Board's institutions for children during 1908.

AMBULANCE STATIONS.

15. The installation of electricity for lighting and power, the construction of a petrol tank, and the covering in of a portion of the yard for the accommodation of motor vehicles (£589) at the Mead Ambulance Station, are the only works of any importance which have engaged our attention in connection with the Board's land ambulance stations during the year.

GENERALLY.

**Quantity
Surveyors.**
Terms and
conditions of
appointment.

16. To obviate the recurrence of certain difficulties which have arisen in the past, more particularly in connection with the measurement of variations on contracts and the adjustment of contractors' final accounts, the Managers, upon our recommendation, have approved and adopted a revised series of regulations relating to the employment of quantity surveyors, which we anticipate will operate in the best interests of the Board.

**Unspecified
contingencies
in contracts.**

17. We have arranged that for the future no provision for unspecified contingencies shall be included in any contract for works, it being understood that in cases where it may be necessary to apply to the Local Government Board for their sanction to expenditure on works such provision shall be shown distinct and apart from the contract amount.

Appendices. 18. We submit the usual appendices relating to the various contracts and works which were carried out under our supervision during 1908.

W. H. ECROYD,
Chairman.

APPENDIX I.

Statement showing ENGINEERING and SIMILAR WORKS carried out by contract (c) and by direct labour (D) under the Engineer-in-chief during 1908.

Institution.	Nature of Works.	Cost.		
		£	s.	d.
Leavesden Asylum ..	D Fire proof curtain	51	0	0
	D Additional laundry machinery	200	0	0
	D Infirmary conversions	160	0	0
	D Improving drying rooms	38	0	0
	D Repairing hot water tank	16	0	0
Darent Asylum ..	D Alterations to cornish boilers	28	0	0
	D Installing new boiler pump	25	0	0
Tooting Bec Asylum ..	c Covering steam pipes	10	0	0
	c Hot water storage cylinders	102	0	0
	D New reducing valve	20	0	0
	c Fire-guards for new wards	38	0	0
	c Heating, etc., in new infirmary blocks ..	1,845	0	0
	c Repairs to boiler brickwork	16	0	0
	c Underpinning steam boilers	684	0	0
	c Repairs to underground electric cables ..	23	0	0
	c Electric lighting in new buildings ..	970	0	0
Belmont Asylum ..	c Alterations to condense main	16	0	0
	c Fire mains	604	0	0
	c Repairing laundry machines	10	0	0
	D New washing machine	98	0	0
Eastern Hospital ..	D Engineering revisions in old buildings ..	1,300	0	0
	c Alterations to telephone and bells (Medical superintendent's house) ..	24	0	0
	c Repairs to heating boiler	28	0	0
	c Renewing hot water pipes	10	0	0
	c New boiler-feed pumps	11	0	0
North Eastern Hospital ..	c New hot water apparatus in mortuary ..	25	0	0
	c Alterations to telephone and fire alarms ..	10	0	0
	c Repairs to and painting of main storage tank	30	0	0
North Western Hospital ..	c New boiler installation	7,300	0	0
	D New hot water cylinder	25	0	0
	c New electricity meter, etc.	10	0	0
Western Hospital ..	c Repairing laundry heater	20	0	0
	c Repairs to lightning conductors	10	0	0
	c Safe	21	0	0
	D Repairs to washing machine	15	0	0
	c Ditto ditto	33	0	0
South Western Hospital ..	c Revision of laundry shafting	47	0	0
	c Repairs to boiler settings	54	0	0
	c Heater in transformer room	28	0	0
	c Throat lamps	13	0	0
Grove Hospital ..	c Electric lighting	3,434	0	0
	c Covering pipes in kitchen	17	0	0
	c Heating isolation blocks	381	0	0

Institution.	Nature of Works.	Cost.
Grove Hospital (<i>continued</i>)	c Revising kitchen apparatus	£ s. d. 110 0 0
	c Overhauling electric light meters ..	10 0 0
Fountain Hospital ..	c Repairing hot water heaters	96 0 0
	c Covering hot water pipes	99 0 0
	c Two potato steamers	42 0 0
	D Repairs to steam coils	10 0 0
	c Fitting thermostatic valves to hot water tank	10 0 0
South Eastern Hospital ..	c Alterations to electrical work	19 0 0
	c Revising boiling coppers in scullery ..	37 0 0
	c New boiling copper	30 0 0
	c Repairs to radiator valves	50 0 0
	c New hydro-extractor	97 0 0
	c Repairs to laundry engine	56 0 0
	c Repairs to washing machine	10 0 0
	c New valve chest for pumps	16 0 0
	c Repairs to circulating and condense pumps	15 0 0
	c Repairs to laundry shafting	80 0 0
	D New shirt and collar ironer	30 0 0
	c Heating receiving rooms	21 0 0
Park Hospital	c Revising hot water supplies in Medical superintendent's house	10 0 0
	c Repairs to economiser	216 0 0
	c Repairs to hydraulic lift in stores ..	24 0 0
Brook Hospital	c Coal shoots in boiler house	73 0 0
	c Additional radiators in isolation wards	30 0 0
	D Repairing underground steam main ..	10 0 0
	c New ironing machine	190 0 0
	c Gas range for medical superintendent's house	19 0 0
	c Repairs to water mains	10 0 0
Northern Hospital ..	c Alterations to electric cables	11 0 0
Gore Farm Hospital ..	c Repairs to gas meter	10 0 0
The Children's Infirmary..	c Alterations to fire alarm and telephones	403 0 0
	c Alterations to hot and cold water supplies	486 0 0
	c Repairs to hot water boilers	19 0 0
	c Repairs to washing machines	20 0 0
	c New manhole covers	10 0 0
Joyce Green Hospital ..	c New stop valves for water main	10 0 0
	c Alterations to electric lighting	10 0 0
	c Overhauling electric lift	10 0 0
	c Dinner tins	42 0 0
Long Reach Hospital ..	D Fixing new ejector, tank, etc., in boiler house	22 0 0
	c Repairs to fire alarms	10 0 0
	c New boiling tank in kitchen	10 0 0
	c New hot plate in kitchen	56 0 0
	D Altering heating of chapel	30 0 0
	D Revising steam piping to kitchen	12 0 0
	c Repairs to fire alarms and telephone circuits	19 0 0
Long Reach Hospital ..	D Fixing new smoke stacks	62 0 0

Institution.	Nature of Works.	Cost.
Western Ambulance Station	c Repairs to hot water boilers	£ s. d. 16 0 0
South Western Ambulance Station	c Electric lighting	50 0 0
South Eastern Ambulance Station	c Cleaning and repairing boiler	10 0 0
Brook Ambulance Station	D Repairs to hot water valves	10 0 0
Mead Ambulance Station	c New saddle boiler	19 0 0
	c Heating motor garage	63 0 0
	c Workshop machinery	60 0 0
	c Electric lighting	139 0 0
T. S. Exmouth	c Alterations to blow-down from shore	
	boilers	24 0 0
	c Repairs to pumps, fan motor, and meter	15 0 0
	c Hot water meter	24 0 0
	c Alterations to disinfectant at Infirmary ..	19 0 0
	c Alterations to steam mains	7 0 0
	c Storage battery and alteration to electric	
	light	304 0 0
High Wood School ..	c Cleaning out steam boilers	11 0 0
	D Repairs to main water tank	10 0 0
White Oak School ..	c Repairing chimney shaft	31 0 0
	D Alterations to water supply, by-pass, etc.	16 0 0
	c Repairs to lightning conductors ..	10 0 0
	D Alterations to fire alarm and telephones	97 0 0
	D Installing gas and water meters in	
	laundry	17 0 0
	D Installing new lavatory basins ..	10 0 0
	c Repairs to steam fittings and boiler ..	17 0 0
The Downs School ..	c Cleaning steam boilers	11 0 0
	D Installing new hot water boiler	14 0 0
	c Repairs to fire alarms and electric	
	lighting system	10 0 0
S. Anne's Home	c New gas engine	48 0 0
East Cliff House	c Repairs to hot water boiler	10 0 0
	c Telephones and bells	42 0 0
Millfield Home	c Laundry alterations	431 0 0
	c New hot water boiler	20 0 0
	c Cleaning out hot water boilers	10 0 0
	c Repairs to hot water boilers and pipes ..	18 0 0
	c Repairs to cold water storage tanks ..	15 0 0
Bridge Industrial Home ..	D Installing calorifier in scullery	17 0 0
Pentonville Road Home ..	c Repairs to lift gear, laundry plant, and	
	disinfectant	21 0 0
	c Drying room alterations	33 0 0
Harrow Road Home ..	c Repairs to disinfectant, etc.	10 0 0
Belmont Stables	c Covering steam pipes	10 0 0
Examination Hall ..	c Repairs to refrigerating plant	10 0 0

Institution.	Nature of Works.				Cost.
		£ s. d.			
Hospitals (general) ..	c Altering electric light fittings	23 0 0			
Head Office	c Renewing of electric cables	39 0 0			
	c Repairs to electric light	15 0 0			
	c Revising heating apparatus	163 0 0			
Central Stores	c Fire appliances	99 0 0			
	Total	<u>£22,520 0 0</u>			

APPENDIX II.

Statement showing BUILDING and SIMILAR WORKS carried out by contract (c) and by direct labour (D) under the Engineer-in-chief during 1908.

Institution.	Nature of Works.	Cost.		
		£	s.	d.
Leavesden Asylum	D Infirmary conversions	954	0	0
Caterham Asylum	c Additional accommodation for male staff	2,390	0	0
	D Meter house	80	0	0
Darenth Asylum	c Erection of workshops	2,967	0	0
	c Cleaning and painting	2,833	0	0
Tooting Bec Asylum	c Cleaning and painting	1,880	0	0
	c Fire exit doors	11	0	0
Belmont Asylum	D Reconstruction, roads and drains, etc. (old " boys' school ")	6,449	0	0
	c Lightning conductors and gutters	21	0	0
Belmont Stables	c Sundry repairs	17	0	0
Eastern Hospital	c Repairs and painting in courage ward	94	0	0
	c Alterations to medical superintendent's house, etc.	200	0	0
	c Repairs to destructor shaft	45	0	0
	c Cleaning and painting	1,450	0	0
North Eastern Hospital	c Erection of boiler house and workshops	4,990	0	0
	c Erection of chimney shaft	493	0	0
	D Cleaning and painting	899	0	0
	c Repairs to floors and walls	27	0	0
North Western Hospital	c Laundry extension	632	0	0
	c Cleaning and painting in laundry	18	0	0
	c Drainage to Valley hut wards	181	0	0
	c New milk store	60	0	0
	c Cleaning and painting	192	0	0
	D Repairs to destructor, etc. Repairs to floors	33	0	0
Western Hospital	c Teak sinks	150	0	0
	D Cleaning and painting	807	0	0
South Western Hospital	c Repairs to wards floors	338	0	0
	D Cleaning and painting	1,360	0	0
	c Relief surface water drain	68	0	0
	c Repairing asphalte roads	16	0	0
Grove Hospital	D Cleaning and painting	808	0	0
Grove Hospital and Fountain Hospital	c Road repairs	300	0	0
Fountain Hospital	D Cleaning and painting	663	0	0
South Eastern Hospital	c Tar paving airing courts	194	0	0
	D Cleaning and painting	1,720	0	0
	c New entrance gates	19	0	0
	c Wood paving repairs	20	0	0
	c Sundry repairs	11	0	0

Institution.	Nature of Works.	Cost.
		£ s. d.
Park Hospital	c Staff cubicles	92 0 0
	c Repairs to roof and chimney stacks ..	29 0 0
	c Additional rainwater stackpipes, and drains	56 0 0
	c Repairs to granolithic paving	30 0 0
	c Sundry repairs	14 0 0
	c Glazed roofing to mortuary	10 0 0
	d Cleaning and painting	680 0 0
Brook Hospital	c New coal store	400 0 0
	c Tar paving	130 0 0
	c New entrance gates	57 0 0
	c Ladder to Nuconomiser room	34 0 0
	c New drain to manhole to stores	20 0 0
	c New paving	10 0 0
	d Cleaning and painting	986 0 0
Northern Hospital ..	c Cleaning and painting	287 0 0
	c Relaying drain and manhole	17 0 0
Gore Farm Hospital ..	c Cleaning and painting	4,697 0 0
	c Tar paving airing courts	80 0 0
	c Repairs to destructor	12 0 0
The Children's Infirmary	c Painting at entrance lodge	15 0 0
Joyce Green Hospital ..	c New weighbridge and foundations ..	171 0 0
	c Cleaning and painting to smallpox hospitals	788 0 0
South Wharf	c New entrances	20 0 0
	c Cleaning and painting	304 0 0
North Wharf	c Cleaning and painting	103 0 0
Eastern Ambulance Station	c Repairs to roofs and other works ..	25 0 0
Western Ambulance Station	c Repairs to chimney stacks, etc. ..	10 0 0
North Western Ambulance Station	c Shutters and sundry repairs	10 0 0
South Western Ambulance Station	c Repairs to shutters	10 0 0
Brook Ambulance Station	c Relaying approach road	17 0 0
Training Ship Exmouth ..	c Relaying drains	28 0 0
	c Repairs to causeway	32 0 0
	c Repairs to swimming bath and valves ..	10 0 0
High Wood School ..	c Cleaning and painting	245 0 0
	c Relaying floors and w. c. apparatus ..	13 0 0
The Downs School ..	c Cleaning and painting	508 0 0
	c Cleaning and painting home No. 6 ..	118 0 0
	c Road repairs	19 0 0
S. Anne's Home	c Cleaning and painting, etc.	22 0 0

Institution.	Nature of Works.				Cost.		
					£	s.	d.
East Cliff House	c	Cleaning and painting, and stoves	..	..	82	0	0
	c	New bathroom and fittings	..	..	40	0	0
Millfield	c	Painting work and new partitions	..	..	31	0	0
	c	New doorway	..	..	14	0	0
Surrey House	c	New cubicles	..	..	15	0	0
Pentonville Road Home ..	c	Cleaning and painting	..	..	31	0	0
	c	Screen in bathroom, etc.	..	..	14	0	0
	c	Separation of No. 72 from No. 74	..	..	22	0	0
Harrow Road Home ..	c	Repairs to roofs and gutters, and alterations to w. c., etc.	..	..	20	0	0
Head Office	c	Cleaning and painting and sundry repairs	..	..	104	0	0
		Total	..	..	£43,872	0	0

APPENDIX III.

Contracts entered into by the Managers during the year 1908 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.	
Belmont Asylum	Fire main, hydrants, etc. ..	Engineer-in-chief ..	Wenham & Waters, Ltd.	659	0 0
Belmont Laboratories ..	Erection	T. W. Aldwinckle & Son	Walter Wallis	5,503	15 0
	Do. (completion)	Do.	F. Potter	1,855	0 0
Brook Hospital	Coal store	Engineer-in-chief ..	Frank Miskin, Ltd. ..	399	10 0
	New ironing machine	Do.	T. Bradford & Co. ..	197	15 0
	Tar paving	Do.	J. Wainwright & Co., Ltd.	129	18 0
Caterham Asylum	Staff accommodation	Do.	E. Wall	2,440	0 0
Central Stores	Works in Solomon's Passage ..	T. W. Aldwinckle & Son	H. King & Son	249	0 0
	Cleaning, painting, and repairs ..	Engineer-in-chief ..	L. Kazak	2,695	18 6
Darenth Asylum	Road repairs	W. Harston	Road Maintenance & Stone Supply Co.	456	7 3
	New boilers and stokers	Engineer-in-chief ..	Babcock & Willcox, Ltd.	2,690	0 0
East Cliff House	Cleaning, painting, and repairs ..	Do.	F. J. Doughty	63	5 0
Eastern Hospital	Cleaning and painting	Do.	B. E. Nightingale ..	1,356	0 0
	Alterations at Medical Supt.'s house ..	Do.	Gardner & Hazell ..	195	0 0
	Road work	Do.	W. Griffiths & Co., Ltd.	1,520	19 7
Gore Farm Hospital	Cleaning, painting, and repairs ..	Do.	L. Kazak	4,697	0 0
	Tar paving	Do.	J. Wainwright & Co., Ltd.	79	7 0
Grove Hospital	Heating work in isolation blocks ..	Do.	C. P. Kinnell & Co. ..	374	0 0
	Road repairs	Do.	T. Wood & Sons	295	17 6

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.	
				£	s. d.
Head Office	Heating repairs and other work ..	Engineer-in-chief ..	Rosser & Russell, Ltd. ..	160	0 0
High Wood School ..	Cleaning and painting ..	Do. ..	F. W. Jarvis ..	245	0 0
Joyce Green Hospital ..	Staff cottages, porter's lodge and goods reception station ..	Treadwell & Martin ..	A. N. Coles ..	4,102	9 4
Leavesden Asylum ..	Baths and fittings ..	Engineer-in-chief ..	Doulton & Co., Ltd. ..	209	14 0
	Sewage precipitating tanks ..	Do. ..	Clifford & Gough ..	129	0 0
Mead Ambulance Station ..	Installing electricity ..	Do. ..	T. Potter & Sons, Ltd. ..	139	0 0
	Enclosing yard and providing petrol tank ..	Do. ..	General Iron Foundry Co., Ltd. ..	450	0 0
Millfield	Laundry alterations ..	Do. ..	D. & J. Tullis, Ltd. ..	455	5 0
	Erection of entrance lodge ..	Do. ..	J. Linfield & Sons, Ltd. ..	432	7 9
North Western Hospital ..	Laundry alterations ..	Do. ..	W. Reason ..	629	0 0
			(in lieu of E. J. Price at £440)		
	Repair of back road ..	Do. ..	T. Wood & Sons ..	135	0 0
	Cleaning and painting ..	Do. ..	Jarvis Bros. ..	178	0 0
	Drainage work ..	Do. ..	L. Kazak ..	186	0 0
North Wharf	Cleaning and painting ..	Do. ..	J. S. Fenn ..	98	0 0
Northern Hospital ..	Cleaning, painting, and repairs ..	Do. ..	J. Carmichael ..	255	0 0
Park Hospital	Staff cubicles ..	Do. ..	J. Lonsdale ..	101	0 0
Smallpox Hospitals ..	Cleaning and painting ..	Do. ..	Vigor & Co. ..	790	0 0
South Eastern Hospital ..	Tar paving ..	Do. ..	Chittenden & Simmons, Ltd. ..	193	18 3

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.
South Western Hospital ..	Electric lighting Floor repairs	Engineer-in-chief .. Do.	W. J. Fryer & Co. .. Ellis, Geary & Co. ..	£ s. d. 3,434 0 0 340 0 0
South Wharf	Cleaning and painting	Do.	W. Durrant & Son ..	303 0 0
The Downs School	Cleaning and painting Do.	Do. Do.	J. Hocking & Co. .. S. T. Wright & Co. ..	109 0 0 514 13 10
The Children's Infirmary ..	Joinery fittings	Treadwell & Martin ..	J. Garvie & Sons ..	1,348 0 0
Tooting Bec Asylum	Cleaning and painting Hot water cylinders in staff blocks ..	Engineer-in-chief .. Do.	M. McCarthy T. T. Smith & Co. ..	1,716 0 0 104 3 0
Training Ship Exmouth ..	Electric storage battery, etc. ..	Do.	Johnson & Phillips, Ltd. ..	302 0 0
Western Hospital	Teak sinks	Do.	Swan Bros.	135 0 0

ANNUAL REPORT OF THE CONTRACT COMMITTEE
FOR THE YEAR 1908.

3rd March, 1909.

We present our annual report for the year 1908.

**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 740, representing an aggregate estimated value of approximately £270,000. The following table classifies the contracts in question :

	Number of Contracts.	Approximate Total Value.
		£
Provisions	275	155,000
Necessaries (<i>i.e.</i> , soap, soda, oilman's goods, paints, and the like)	102	19,700
Stores Goods (<i>i.e.</i> , linen and woollen goods, drapery, clothing, hardware, brushware, boots and shoes, and the like)	*307	25,500
	*Two periods in 1908.	
Coal and Coke (including delivery)	59	70,860
	743	£271,060

In addition to those contracts 108 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 impossible to give a reliable estimate of the values of these minor contracts, as the requirements of the various institutions fluctuate considerably.

**Supply of
miscellaneous
non-contract
articles, and
transfers of
Stock
between
institutions.**

During the year, in accordance with established practice, the Contract Department received and fulfilled requisitions from the various committees and sub-committees, for the supply of miscellaneous articles required at institutions, not included in current contracts. The number of such requisitions was 350, and the total value of the goods purchased to meet them was about £1,500. In addition, there were 150 requisitions which were fulfilled by the transfer of goods in stock at institutions and not at the time required there. The occasions for such transfers become less frequent year by year owing to the operation of the Board's various orders of recent years relating to stock at institutions.

Departmental Committee on contracts and supplies. In our annual report for the year 1907, we informed the Board of the institution of this Departmental Committee and of its purpose. The committee presented their report to us in July, 1908, and thereafter we devoted much time to its consideration. The report is of considerable length, and contains much information and many important recommendations and suggestions for the improvement of the Board's system of obtaining supplies. We propose shortly to submit the report to the Board, with our observations and recommendations on the whole subject.

New Central Stores—removal to, etc. The new stores buildings at Solomon's Passage, Peckham Rye, were handed over to us by the Works Committee in August, and the removal of goods from the former premises in the Borough was commenced on the 24th August and completed on the 11th September. The Board's tenancy of the Borough premises expired on the 29th September, after lasting for twelve years. In view of the impending removal the stock at the old stores was reduced to the lowest practicable level, yet there still remained 58 large pantechicon loads of goods—about 230 tons in all—to be transferred to the new premises. Prior to the removal we reviewed the goods in stock, to obviate as far as practicable the transfer to the new premises of any surplus or obsolete stock which from changes in practice, fluctuations in demand, or other causes, had accumulated during the Board's prolonged tenancy of the old premises. With the assistance of the other committees we succeeded in securing the beneficial utilisation of all such stock except an inconsiderable residuum of out-of-date or damaged goods, which, under authority from the Board, was sold. The removal was effected, and the new stores put into working order, without inconvenience to the institutions or extra expense to the Board beyond the cost of hiring the necessary vans, horses and men for the transport work—an achievement, we consider, greatly to the credit of the stores staff, who willingly and capably performed the extra work thrown upon them.

The new stores contain about twice the superficial area of storage space available at the old premises, and possess many conveniences for the reception, examination, storage and issue of goods which were previously lacking. We are confident that these increased facilities, judiciously used, will prove of the greatest advantage to the Board and render the erection of the premises a sound and economical investment. As an illustration of the practical advantage of adequate and convenient central stores we may mention that at the close of the year we were able to supply from the new stores—practically on demand, as was necessary in the circumstances—the bulk of the very large quantities of linen, cotton, and woollen, piece goods, hardware, and the like, required for the equipment of The Children's Infirmary. On the general question of stores it seems almost unnecessary to point out that the varying incidence, of the infectious diseases with the treatment of which the Board are so largely concerned and which renders them liable at any time to be called upon to equip additional hospital beds at short notice, makes the question of the amount of stock, which it is as a rule advisable to hold, one of unusual difficulty. After prolonged and careful consideration of the matter from all points of view we have decided that the best policy—since it is calculated to combine efficiency with economy—will be to stock, as a rule, six months' supply of all articles in regular and general use, and our arrangements for obtaining stores goods will in future, as far as it is practicable, be made on that basis. We hold very strongly that whatever stock of stores goods the Board have should be at their Central Stores, where it is constantly under review and immediately available for distribution; that the stock at the stores should at all times be sufficient to meet ordinary institution requirements with reasonable

promptitude; and that no accumulation of such stock at any institution should be allowed.

**Revision of
samples of
stores goods.**

A matter intimately connected with the question of stores stock is the character of the goods to be purchased—which is, of course, determined by the samples shown. It is, therefore, of the first importance that those samples should represent articles which will efficiently and economically meet the Board's multifarious requirements. To attain those ends the samples must represent (i) a sufficient variety of articles to fulfil satisfactorily all practical purposes without extending to that unnecessarily great variety which leads to increase of stock without any corresponding gain in utility; (ii.) articles in general and regular use under the Board; and (iii.) articles of ordinary trade patterns. The last qualification is very important from the economical point of view, as the adoption of ordinary trade articles, which are readily obtainable, not only decreases the necessity for holding large stocks, but also obviates the extra (and in most cases wholly unnecessary) expense of having goods specially made.

With these objects in view, as soon as practicable after the removal to the new stores, we undertook the complete revision of all samples of stores goods. We also communicated our views and intentions in the matter to the several other committees concerned, and we take this opportunity of recording our appreciation of the support and co-operation they have so far given us in that connection, and our confident hope that with their continued assistance we shall be able in the future to secure increased economy with unimpaired efficiency in the matter of stores supplies.

**Central
Needle-room
—abolition of.**

The period for which the Board decided to maintain a central needle-room having expired, the staff was disbanded at the end of April, 1908, and the premises at 67, Newcomen Street, Borough, were given up at the expiration of the temporary tenancy.

**Substitution
of non-
proprietary
articles for
proprietary
articles in
contract
schedules.**

In previous annual reports we have recorded the economy effected by substituting for proprietary articles in our schedules definite formulæ or specifications to which such articles should be made. The following, among other articles in regular use by the Board have been so dealt with during the past few years:—baking powder, custard powder, mustard, vinegar, curry powder, cornflour, cotton cake, linseed cake, black lead, laundry blue (soluble), laundry blue (liquid), cleansing or soap powder, soaps, and starch.

All these articles can be, and are under our system, thoroughly tested by analysis, and from the results of such testing, coupled with the practical results of their use, we are satisfied that the articles now contracted for to specifications are in no case inferior—but in some cases decidedly superior—to the proprietary brands which they have replaced. The Board's consumption of some of those articles—notably starch, laundry blue, mustard, and cleansing powder—is large, and as the difference between the cost of the non-proprietary article and of the proprietary brand is in nearly every case substantial, the aggregate saving resulting from the changes referred to is considerable—at a conservative estimate not less than £600 per annum.

Early in the year under review, in consequence of information laid before us, we decided, after careful consideration and enquiry, to apply the principle above-mentioned to the supply of margarine, which theretofore had been contracted for on a schedule specifying only certain proprietary brands. A chemical

specification was accordingly prepared, after obtaining expert advice—both scientific and practical—and tenders were invited on that basis. As a result, margarine, which has proved entirely satisfactory in use, being uniformly palatable and of pleasing appearance, and which repeated analyses have shown to be at least fully equal in purity and food-value to that previously supplied, has been obtained at from 6s. to 10s. per cwt. less than the lowest price quoted for the proprietary brand formerly supplied under contract. The saving to the Board effected by this change represents about £500 per annum; moreover, any question of giving invidious preference to the products of any particular firm or firms, which might have been raised under the previous system, can no longer arise. We may add that since the change was made in the Board's contract schedule for margarine, requests for copies of the revised schedule and for general information on the subject have been received from several other public bodies—from which it appears that they also contemplate making changes in the same direction. We, ourselves, think it of the utmost importance that the contract schedules of public bodies should, as far as practicable, be so framed as to enable all firms of sufficiently good standing to compete on equal terms, and we welcome any changes towards that end.

The children's infirmary—Furniture and equipment. On the 10th October, 1908, the Board instructed us “to provide the furniture which the Children's Committee require to enable them to open the Southern Hospital as an infirmary for children.” On the 25th November we received from the Children's Committee their first lists of requirements with an intimation that the goods were needed by the middle of January, when they contemplated opening the Infirmary. To meet the urgent circumstances, and under special authority from the Managers and the Local Government Board, we arranged for the supply of the furniture required by obtaining tenders direct from nine leading firms of wholesale furniture manufacturers, on the basis of the official designs and specifications of furniture adopted during the past few years—with, of course, the necessary modifications. This is the first case in which tenders for the supply of furniture to the Board have been obtained from wholesale furniture manufacturers direct, and although the bulk of the goods was not delivered until after the close of the year under review, we think we may here mention that the results as regards cost, quality and prompt delivery have been entirely satisfactory, and we trust that in any future case of the Board requiring a large quantity of furniture the necessary authority may be obtained from the Local Government Board to enable us to deal with the matter on similar lines. This would be quite impossible if the Local Government Board's Order as to advertising for tenders had to be observed.

Analysis of supplies. During the year, under the system in force, we have had 1,839 samples of contract supplies analysed. Of that number 346 samples were found to be unsatisfactory, representing a percentage of 18.8 and an increase of 2.3 per cent. on the number of unsatisfactory samples in the previous year. This increase was mainly caused by unsatisfactory supplies (for a short period only in each case) of drugs, soft soap, and patent driers. In each of those cases special action was immediately taken.

Fifty-six samples of drugs and medical preparations were analysed and 24 were found to be unsatisfactory; in consequence, the contract under which they were supplied was summarily terminated by the Board.

Of the 1,839 samples analysed, 1,014 were milk, and of this number 220 were unsatisfactory. These figures indicate a decrease of two in the percentage of unsatisfactory samples as compared with the preceding year.

In accordance with our practice the co-operation of the local authorities was secured in testing milk supplies on numerous occasions, but no prosecution

resulted. In that connection we would refer to the following paragraph from a report we submitted to the Board on the 18th July, 1908, viz. :

“As the Board are aware, whenever we have reason to doubt the quality of the milk supplied under contract to any of their institutions, we not only arrange for frequent analyses—surcharging the contractor with the cost of such as give unsatisfactory results—but also request the local authorities to take action with a view to proceedings against the contractor under the Sale of Foods and Drugs Acts. Proceedings under those Acts, however, fail if the defendant can prove that he received the milk in question under a warranty. This, as will readily be seen, seriously handicaps local authorities, and often defeats the object of proceedings taken by them at considerable trouble and expense. Representations have, we understand, been made from time to time to the Local Government Board by local authorities as to the difficulties experienced; and in view of the fact that the purity and good quality of the milk supplied to institutions such as those under the control of this Board cannot but be regarded as of the highest importance, we consider that the Board would be well advised themselves to make representations to the Local Government Board in the matter.”

On that report the Managers resolved to call the attention of the Local Government Board to the unsatisfactory working of the existing Sale of Foods and Drugs Acts—particularly as regards the operation of the warranty clauses; and to ask the Board to promote, at an early date, legislation with a view to remedying the defects referred to.

We are so fully alive to the importance of maintaining the Board's milk supplies at the highest level of purity and quality that we have, after exhaustive enquiry and careful consideration, decided to put in force in future contracts even more stringent and detailed regulations than heretofore.

Milk is the main food of very many of the Board's patients at critical periods of their illness, and it is therefore essential that the highest possible standard of quality and purity should be uniformly maintained—for which reason the Board's contracts stipulate for a minimum of 3·3 per cent. of milk fat instead of the legal minimum of 3 per cent.; moreover, milk is an article which in the absence of any obvious indication of adulteration or impurity is necessarily liable to be accepted and consumed before the results of chemical analyses of samples can be known. It is therefore eminently desirable that some ready and simple means of testing milk supplies, before acceptance, should be provided at each institution. We are satisfied, after prolonged experiment at one of the Board's institutions, that such a means exists in an apparatus which has been brought to our notice, by the use of which any intelligent person can, in about fifteen minutes, ascertain with sufficient accuracy the percentage of fat in milk—which is the essential criterion of its quality. The cost of the necessary apparatus is relatively trifling, and would be saved in a very short time by the decreased necessity for full chemical analyses of samples, while the advantage of being able to test supplies before acceptance is unquestionable.

At the time of writing we are in communication with the several Committees concerned with a view to the provision and regular use of the apparatus in question in the institutions under their control, and we trust that our representations may achieve that object.

(Signed)

W. J. B. GRAHAM,

Chairman.

ANNUAL REPORT OF THE STATISTICAL COMMITTEE FOR THE YEAR 1908.

JUNE, 1909.

We submit our report for the year 1908 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 (1.) During the year there were notified in the Metropolis 35,967
Statistics. (41,022)* cases of infectious disease. Of these 31,536 (36,271) were legally admissible to the Managers' hospitals. The remainder—mainly cases of erysipelas, but including also 228 (254) cases of puerperal fever—were not admissible. Out of the admissible cases 27,383 (31,078)† or 86.8 (85.7) 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. 138, and slight decreases in the years 1895 and 1906) from 33.6 to 86.8 as follows:—

1890	..	..	..	33.6 per cent.	1900	..	..	..	70.6 per cent.
1891	..	..	..	36.7 „	1901	..	..	..	74.7 „
1892	..	..	..	43.2 „	1902	..	..	..	77.2 „
1893	..	..	..	36.9 „	1903	..	..	..	78.9 „
1894	..	..	..	52.2 „	1904	..	..	..	80.0 „
1895	..	..	..	50.3 „	1905	..	..	..	84.6 „
1896	..	..	..	52.4 „	1906	..	..	..	84.0 „
1897	..	..	..	58.5 „	1907	..	..	..	85.7 „
1898	..	..	..	65.5 „	1908	..	..	..	86.8 „
1899	..	..	..	68.1 „					

*Italic figures in brackets throughout are the corresponding figures for 1907.

†Excluding Tottenham and other Extra-metropolitan cases.

Table A, p. 138A, 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 1908.

Immediately following p. 138A 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 1908 :—

TABLE A1.—*Number of cases of admissible Diseases notified during the years from 1890 to 1908.*

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
1908	22,071	8 002‡	1,357	4	4	—	13	85	31,536

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 prevalency since 1903, although there was a marked diminution in the number of cases last year as compared with the number in 1907. Enteric fever notifications have been declining since 1899; they were lower in 1908 than in any year since notification became compulsory in 1889.

In considering the question of the amount of accommodation which should be proved 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 following table, A2, p. 139, is of interest :—

*Italic figures in brackets throughout are the corresponding figures for 1907.

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

‡Including 152 cases of membranous croup.

STATISTICAL COMMITTEE, 1908.

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 1908 (uncorrected for mistakes in diagnosis).

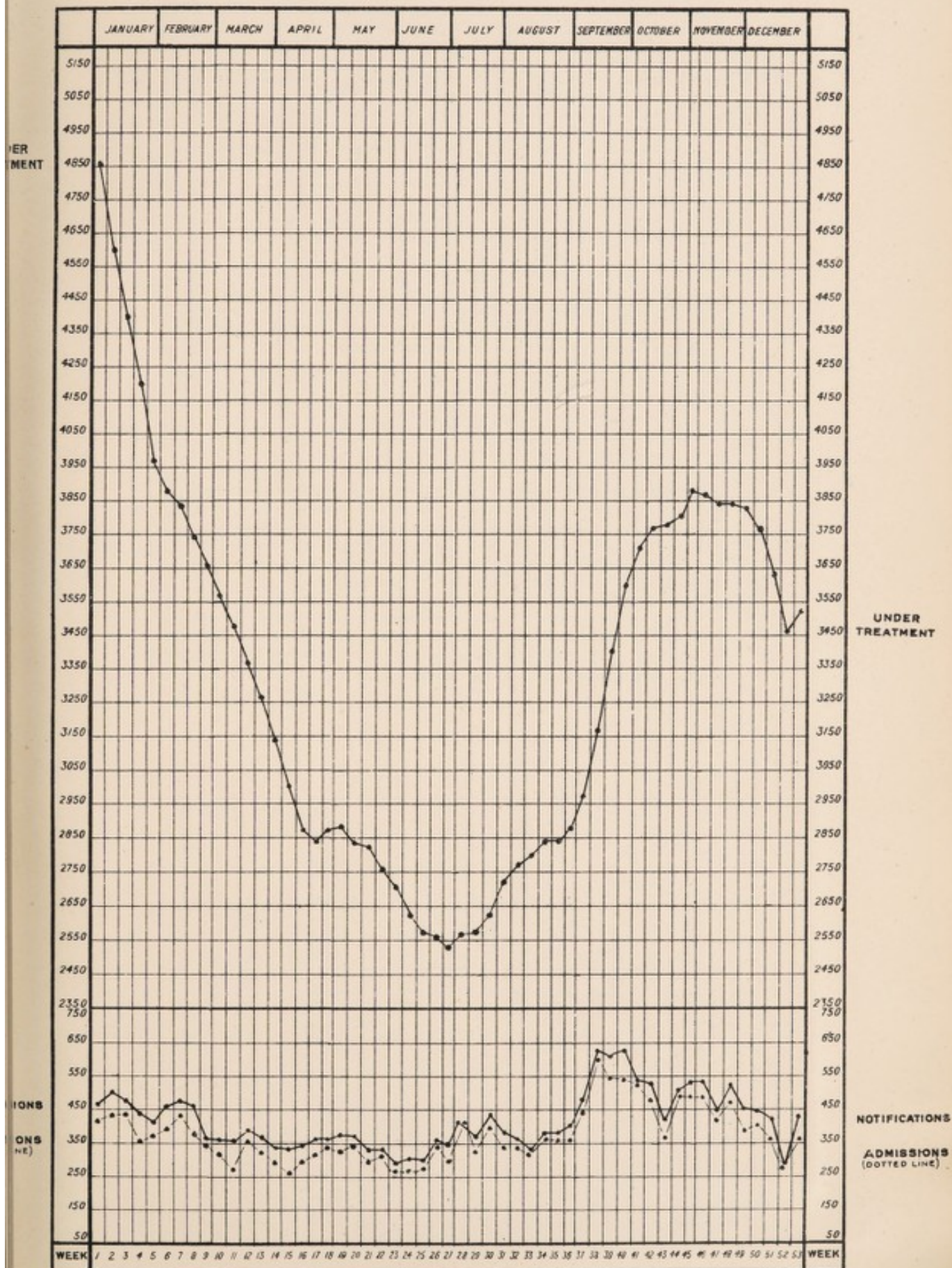




CHART showing the mean number of DIPHTHERIA patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1908. (uncorrected for mistakes in diagnosis).

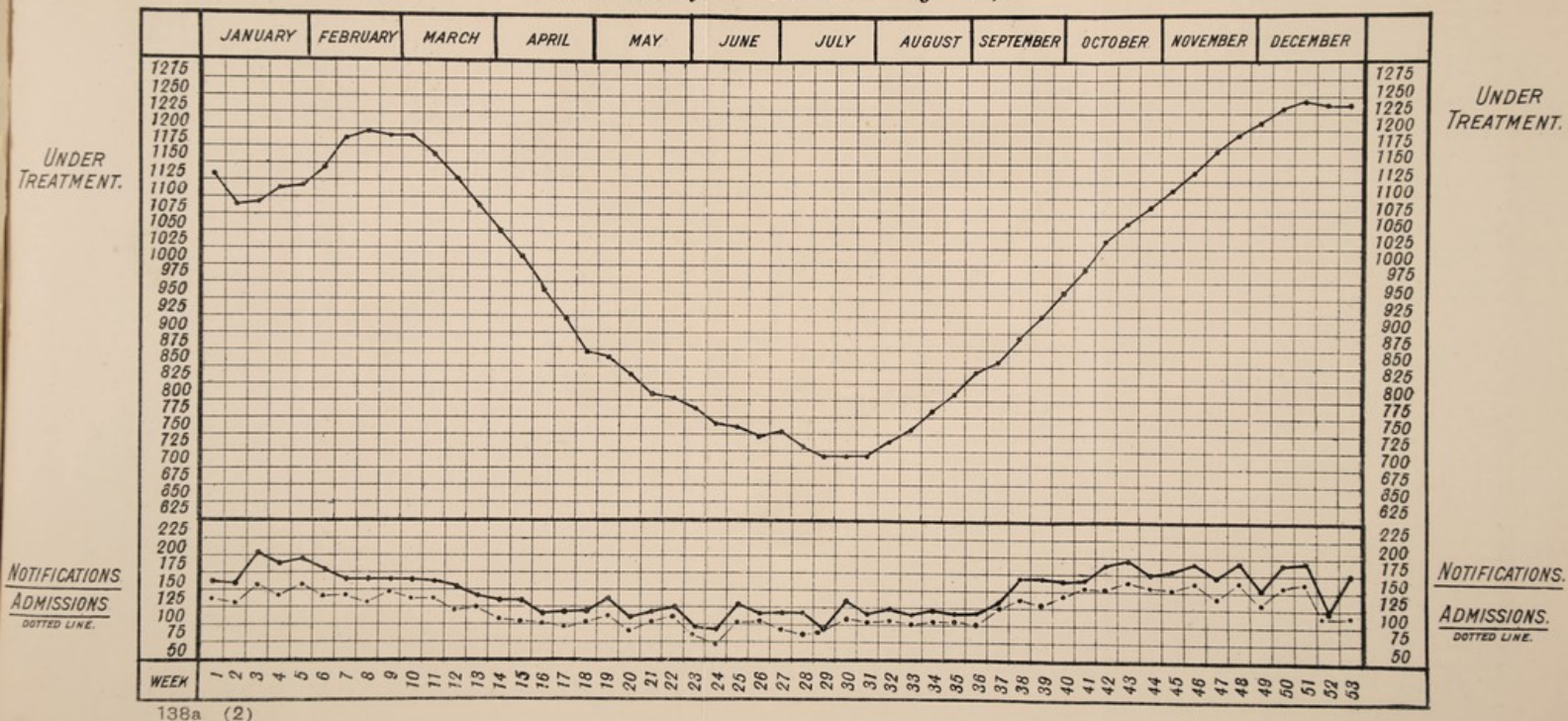
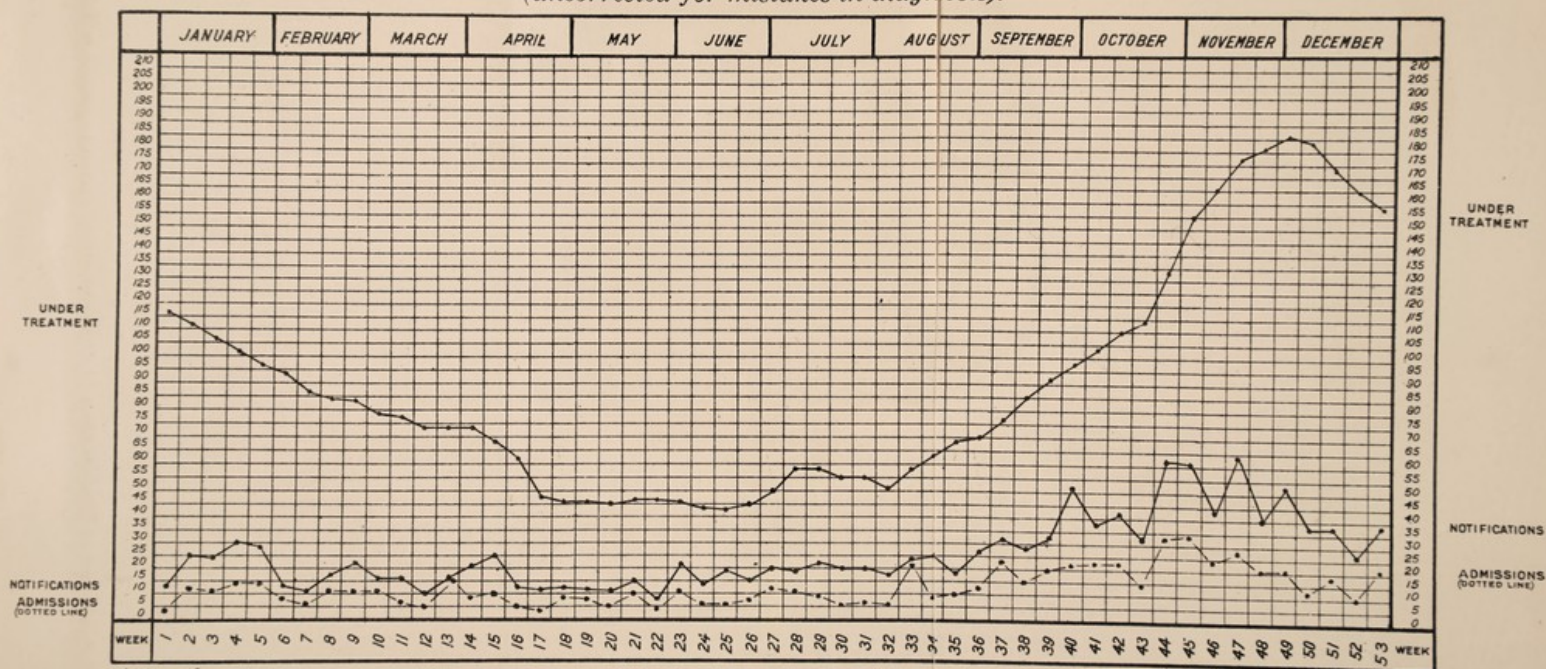
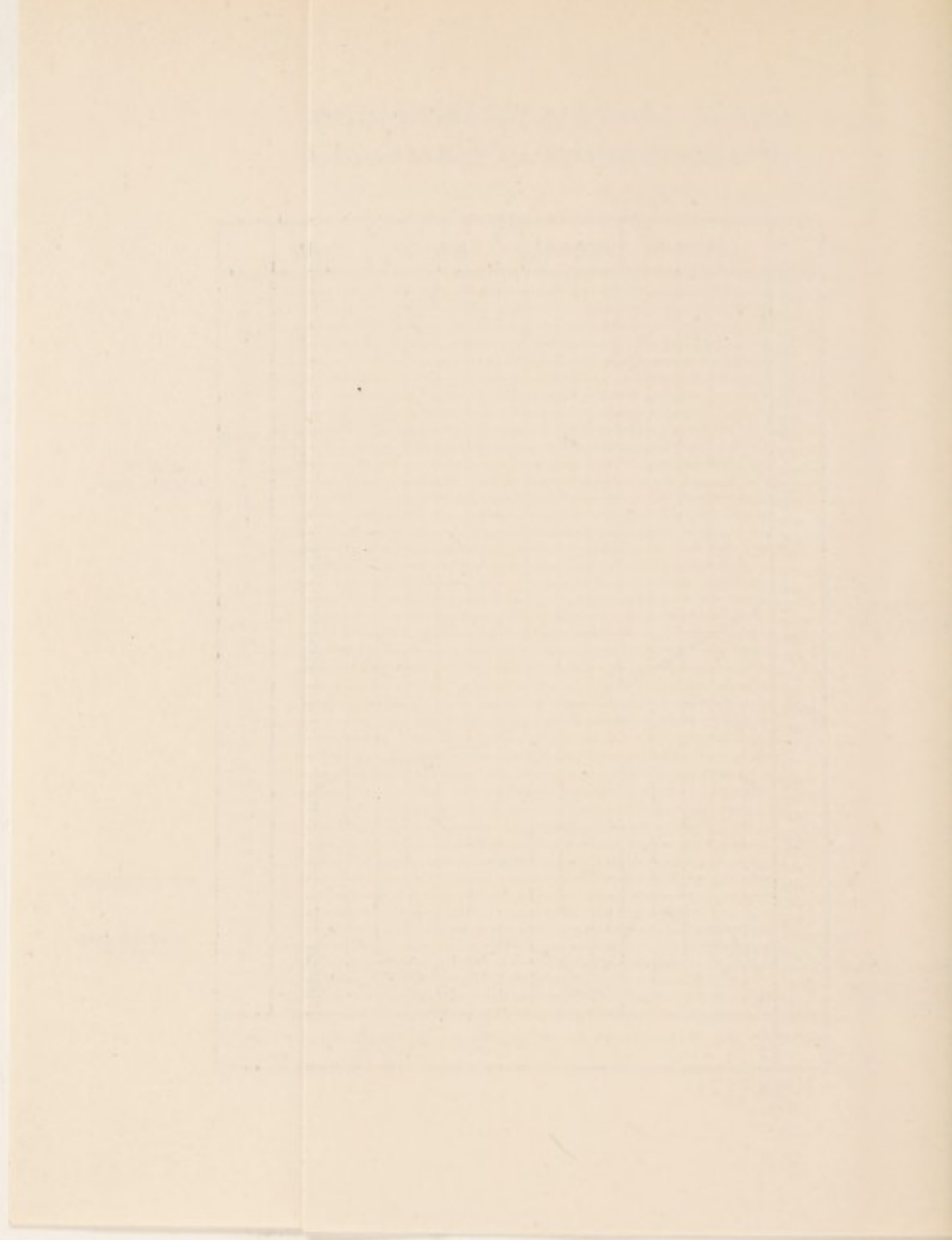
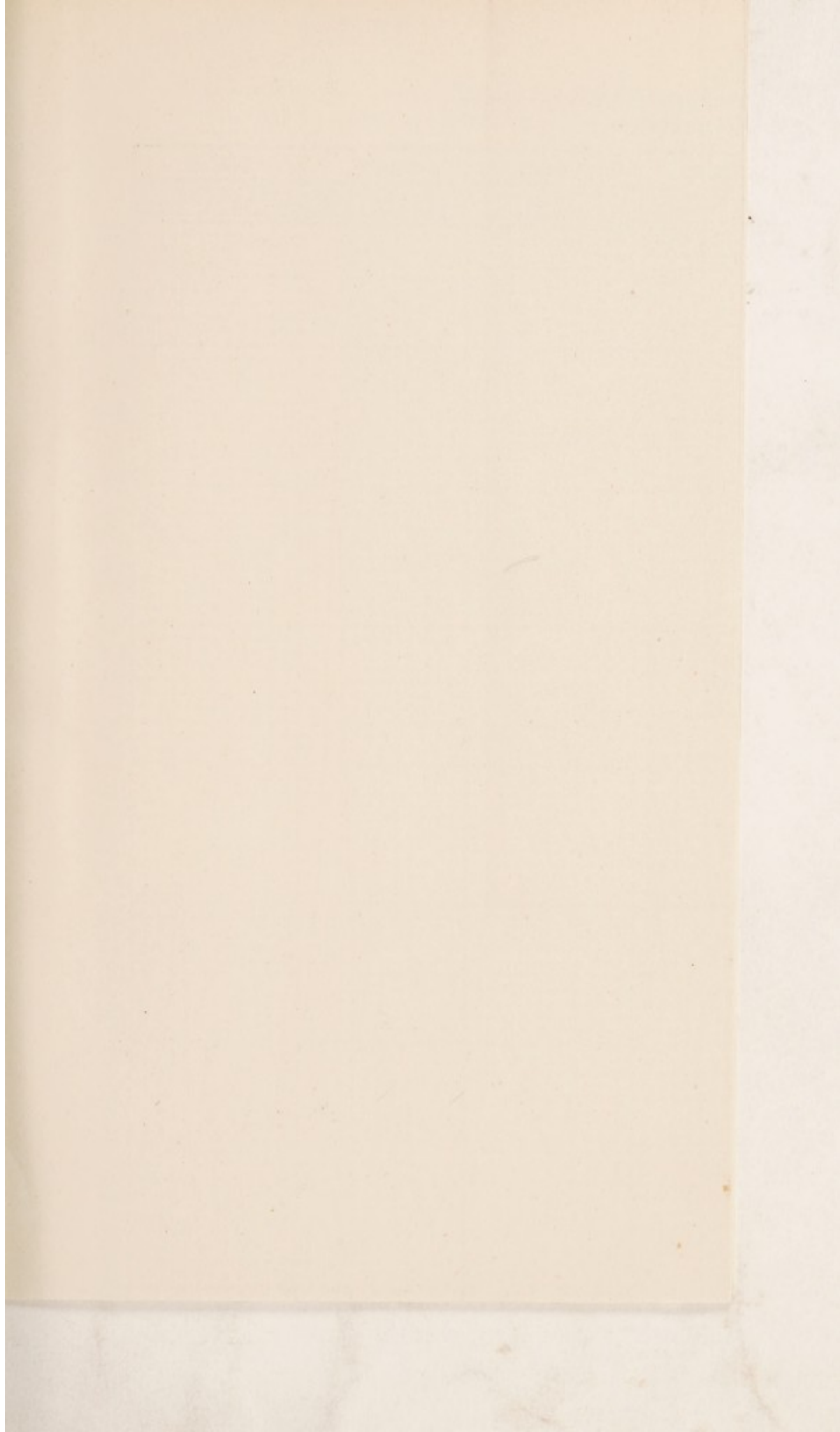


CHART showing the mean number of ENTERIC FEVER patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1908.
(uncorrected for mistakes in diagnosis).



138a (3)





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.

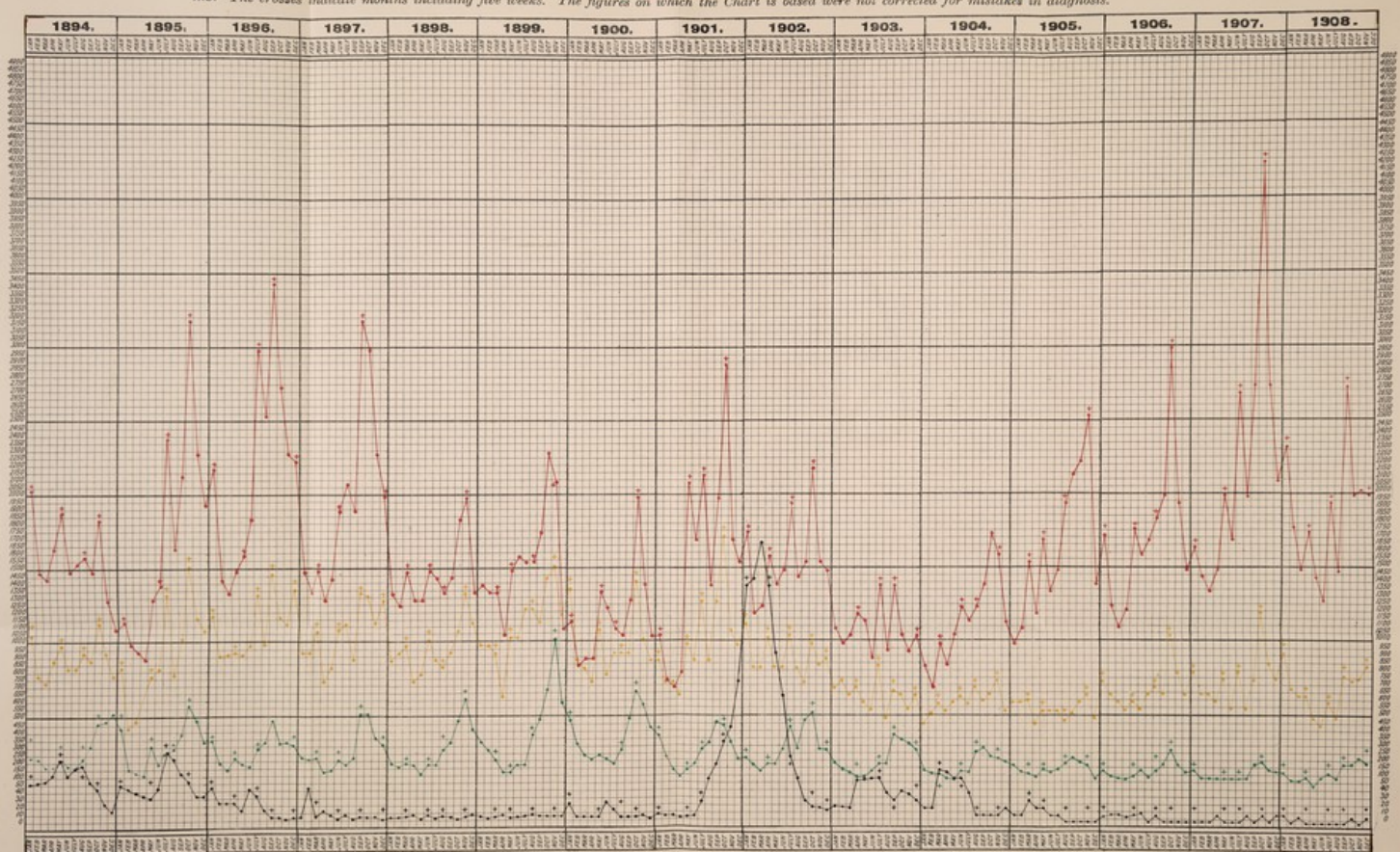


TABLE A2.—*Percentage of Admissions to Notifications of each admissible Disease during the years 1890 to 1908.*

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	893.5
1907	89.4	81.6	51.5	60.0	7.5
1908	90.9	84.1	50.4	50.0	—

N.B.—These percentages are exclusive of Extra-metropolitan cases, and 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 pp. 186-195.

Since the year 1890, the proportion of scarlet fever admissions to notifications has risen from 42.8 to 90.9 (*89.4*)*, of diphtheria cases from 17.9 to 84.1 (*81.6*), and of enteric cases from 22.5 to 50.4 (*51.5*). 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 this page traces the course of scarlet fever, diphtheria, enteric fever, and smallpox month by month during each year from 1894 to 1908.

AGE AND SEX Table A3 exhibits the age and sex of cases notified as scarlet fever, DISTRIBUTION: diphtheria, and enteric fever 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 1907.*

TABLE A3.—*Ages of Cases Notified—1908.*

AGES.	SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1	140	136	276	126	122	248	1	1	2
1 to 2	422	347	769	290	226	516	2	2	4
2 „ 3	702	655	1,357	368	316	684	5	4	9
3 „ 4	925	908	1,833	413	429	842	7	13	20
4 „ 5	1,120	1,128	2,248	401	414	815	14	15	29
Total under 5	3,309	3,174	6,483	1,598	1,507	3,105	29	35	64
5 to 10	4,323	4,921	9,244	1,272	1,521	2,793	73	69	142
10 „ 15	1,636	2,031	3,667	372	512	884	92	82	174
15 „ 20	509	561	1,070	133	195	328	104	78	182
20 „ 25	271	450	721	88	184	272	82	89	171
25 „ 30	161	266	427	62	133	195	77	79	156
30 „ 35	80	144	224	29	84	113	79	68	147
35 „ 40	43	79	122	37	37	74	65	54	119
40 „ 45	16	34	50	16	23	39	53	30	83
45 „ 50	16	18	34	8	10	18	36	17	53
50 „ 55	8	6	14	1	10	11	17	17	34
55 „ 60	3	4	7	3	5	8	9	7	16
Upwards... ..	2	6	8	3	7	10	9	6	15
Unrecorded ...	...	...	...	...	...	...	...	1	1
Totals	10,377	11,694	22,071	3,622	4,228	7,850	725	632	1,357

Ambulance Work. (2.) The statistical tables concerning the work of the ambulance service will be found on pp. 168-171.

Land Service. During the year 27,890 (32,052)* fever, diphtheria, and smallpox patients were conveyed to the various hospitals of the Managers; Removals. 14,265 (15,929) convalescent patients were transferred to the Northern and other hospitals; and 11,615 (11,156) recovered patients were brought back to London, that number including 28 (44) taken from the convalescent hospitals direct to their homes, and 11,587 (11,112) to the ambulance stations. Of the latter 228 (259) were subsequently conveyed home in consequence of their friends not attending to take charge of them. 1,611 (1,259) recovered patients were taken home from the acute hospitals. Further 408 (454) persons were removed to other places than the Managers' hospitals; and 6 (3) 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 follow:—

Imbecile cases	..	..	..	..	1,177	(807)
Ringworm „	..	..	..	..	9	(28)
Ophthalmia „	..	..	..	..	435	(452)
Defective and other children	..	..	..	..	176	(165)
Other cases (private removals)	..	..	..	..	1291	(841)
Staff	..	..	..	..	36	(3)
Total .. ..	..	..	..	..	3,124	(2,296)

*Italic figures in brackets throughout are the corresponding figures for 1907.

Total Removals. Altogether 59,870 (64,058) removals were effected by the land ambulance service during 1908, and the various vehicles made 34,260 (38,548) journeys, and ran 421,594 (462,756) miles.

River Service. The steamboats of the river ambulance service conveyed 814 (877)* passengers to and from Long Reach; of that number only 1 (2) was a patient taken to the smallpox hospital; 1 (2) recovered patient brought back to London, and 812 (417) were visitors, staff, workmen, etc.

Fires were alight on the steamboats a total of 11,870 (14,198) hours; steam was raised on 489 (570) days; the vessels were under steam 7,358 (8,839) hours, under way 414 (575) hours; they ran 4,094 (5,592) miles, and consumed 134 (171) 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.

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 1907 there were 6,193 (4,931) patients in the fever hospitals.

In the first half of the year the number under treatment steadily declined and fell to the minimum for the year, 3,283 on the 4th July (11th May, 3,563); subsequently rising until the number attained the maximum, 5,302, for the season, on the 30th November (19th November, 1907, 7,158); and then declining until the end of the year, when, on the 31st December, 4,924 (6,193) patients remained under treatment.

*Italic figures and dates in brackets throughout are the corresponding figures and dates for 1907.

Distribution of patients amongst the several fever hospitals on 4th July, 1908 :—

Minimum number under treatment.

HOSPITAL.	BEDS OCCUPIED.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	TOTAL.
Eastern	105	68	..	6	..	179
North-Eastern	225	119	..	10	..	354
North-Western	218	25	..	3	..	246
Western	217	121	..	21	..	359
South-Western	109	44	..	6	..	159
Fountain and Grove }	239	72	..	..	..	311
South-Eastern	144	76	..	4	..	224
Park	256	70	..	..	..	326
Brook	180	77	..	3	..	260
Northern	418	18	..	..	..	436
Gore Farm	390	39	..	..	..	429
TOTALS	2,501	729	..	53	..	3,283

Distribution of patients amongst the several hospitals on 30th November, 1908 :—

Maximum number under treatment

HOSPITAL.	BEDS OCCUPIED.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	TOTAL.
Eastern	180	98	..	33	..	311
North-Eastern	346	161	..	29	..	536
North-Western	281	88	..	15	..	384
Western	245	172	..	19	..	436
South-Western	164	92	..	27	..	283
Fountain and Grove }	474	121	..	..	..	595
South-Eastern	211	117	..	45	1	374
Park	326	141	..	..	..	467
Brook	336	101	..	17	..	454
Northern	619	26	..	..	..	645
Gore Farm	718	99	..	..	..	817
TOTALS	3,900	1,216	..	185	1	5,302

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.

TABLE A4.—*Notifications and Admissions during 1908.*

Metropolitan Boroughs and Populations estimated to the middle of 1908.	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 .. 150,923	Paddington .. —	682	640	150	116	32	7	864	763	88.3
Kensington .. 182,752	Kensington .. —	453	404	238	195	43	24	734	623	84.9
Hammersmith 124,012	Hammersmith .. —	394	326	204	170	31	17	629	513	81.4
Fulham .. 171,562	Fulham .. —	596	538	400	335	39	23	1,035	896	86.6
Chelsea .. 75,049	Chelsea .. —	174	165	141	123	17	7	332	295	88.9
City of Westminster .. 170,545	{ Strand .. 16,277 Westminster 30,241 St. George's W. 124,027 }	627	593	187	169	41	10	855	772	90.3
St. Marylebone 126,867	St. Marylebone .. —	411	372	119	88	35	11	565	471	83.4
Hampstead .. 92,654	Hampstead .. —	280	218	64	46	20	5	370	269	72.7
St. Pancras .. 237,075	St. Pancras .. —	952	880	308	239	61	26	1,321	1,145	86.9
Islington .. 349,091	Islington .. —	1,411	1,264	530	414	98	52	2,039	1,730	84.9
Stoke Newington 54,015	Hackney .. 289,268	1,478	1,242	453	322	77	55	2,008	1,619	80.6
Hackney .. 235,253	Holborn .. 121,978	194	540	50	175	25	25	269	740	52.0
Holborn .. 54,466	Bloomsbury 28,495	409	76	170	16	49	5	628	97	15.4
Finsbury .. 96,007	City of London —	53	50	29	23	7	—	89	73	82.0
City of London 19,252	Shoreditch .. —	600	554	210	171	105	53	915	778	85.0
Shoreditch .. 115,227	Bethnal Green .. —	1,010	978	278	228	83	37	1,371	1,243	90.7
Bethnal Green 131,066	{ Stepney .. 58,913 St. George's E. 51,830 Whitechapel 82,358 Mile End O.T. 117,605 }	2,358	2,207	658	584	100	50	3,116	2,841	91.2
Stepney .. 310,706	Poplar .. —	1,280	1,121	315	239	61	29	1,656	1,389	83.9
Poplar .. 171,516	Southwark .. —	775	777	270	243	48	31	1,093	1,051	96.2
Southwark .. 210,442	Bermondsey .. —	641	583	252	214	58	31	951	828	87.1
Bermondsey .. 127,910	Lambeth .. —	1,453	1,332	345	280	69	41	1,867	1,653	88.5
Lambeth .. 321,344	Wandsworth 473,379	2,413	2,190	957	786	102	70	3,472	3,046	87.7
Battersea .. 183,873	Camberwell .. —	1,054	887	399	309	36	13	1,489	1,209	81.2
Wandsworth 289,506	Greenwich .. 200,173	2,372	2,017	1,271	1,077	120	60	3,763	3,154	83.8
Camberwell .. 280,022	Lewisham .. 165,015	1	—	5	—	7	—	13	—	—
Camberwell .. 117,539	Woolwich .. 149,434	—	—	—	—	—	—	—	—	—
Deptford .. 117,539	Port Sanitary Authority ..	—	—	—	—	—	—	—	—	—
Greenwich .. 109,110	Totals	22,071	19,954	8,003	6,562	1,370	682	31,444	27,198	86.5
Lewisham .. 156,627										
Woolwich .. 131,346										
4,795,757										

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. 186-195.

TABLE I.—*Admissions, Discharges, and Deaths at Fever Hospitals during 1908.*

DISEASES.	Re- main- ing on Dec. 31, 1907.	Admitted.	Total under treatment during 1908.	Dis- charged.	Died.	Mortality per cent.	Re- main- ing on Dec. 31, 1908.
Scarlet.. .. .	4,989*	19,629	24,618	20,468	520	2·56	3,630
Diphtheria	957*	5,230	6,187	4,679	507	9·73	1,001
Enteric	107*	509	616	394	80	16·28	142
Typhus .. .. .	...	2	2	2	...	...	...
Cerebro-Spinal Menin- gitis .. .. .	...	3	3	1	1	40·00	1
Totals	6,053*	25,373	31,426	25,544	1,108	4·26	4,774
Other diseases	140*	2,594	2,734	2,437	147	5·68	150
Grand Totals	6,193	27,967	34,160	27,981	1,255	...	4,924

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.

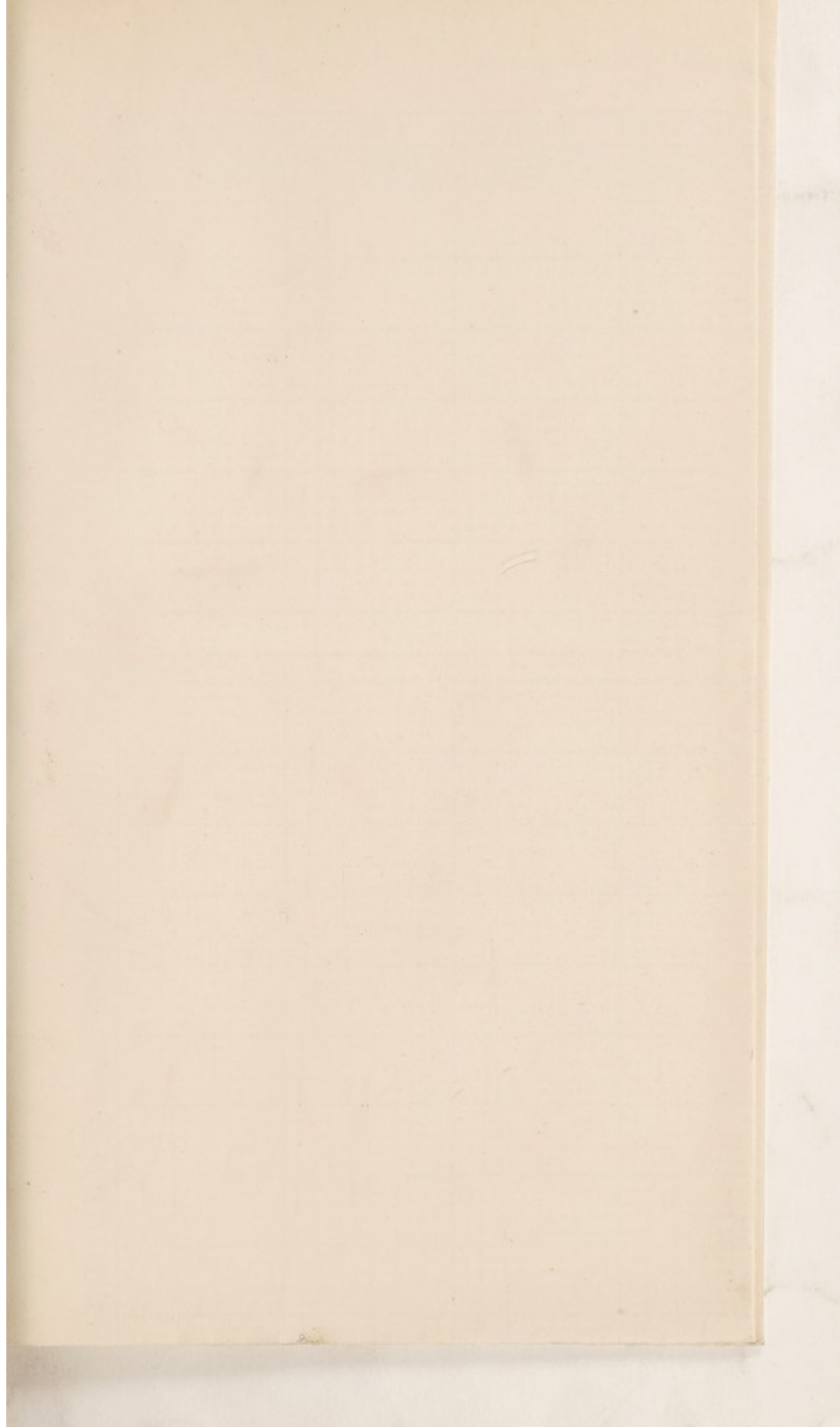
*These figures differ from those given in last year's report as remaining, owing to subsequent correction of errors of diagnosis.

The total number of patients treated during the year was 2,940 less than in the preceding year. The mortality rate for scarlet fever was .24 per cent. lower and for diphtheria 0·15, and enteric fever 3·13 per cent. higher than in 1907.

The percentages of cases transferred to convalescent hospitals from the acute hospitals were as under (calculated on the total number under treatment) :—

	Scarlet.		Diphtheria.	
Eastern Hospital	69·34	(65·08)†	28·11	(11·83)
North-Eastern Hospital	56·06	(57·32)	5·37	(4·77)
North-Western	60·32	(64·85)	6·31	(5·26)
Western	53·28	(57·68)	5·75	(19·08)
South-Western	51·13	(60·65)	1·26	(4·21)
Grove & Fountain	61·87	(64·21)	9·60	(12·88)
South-Eastern	54·74	(59·81)	4·42	(3·62)
Park	70·71	(70·85)	3·12	(34·03)
Brook	47·98	(52·08)	2·59	(10·41)
Totals	53·5	(60·1)	13·9	(12·8)

† Italic figures in brackets are the corresponding figures for 1907.



METROPOLITAN ASYLUMS BOARD.

FEVER CHART—MONTHLY ADMISSIONS—Scarlet fever, Red line---, Enteric fever, Green line---, Typhus fever, Black line---, Diphtheria, Yellow line---

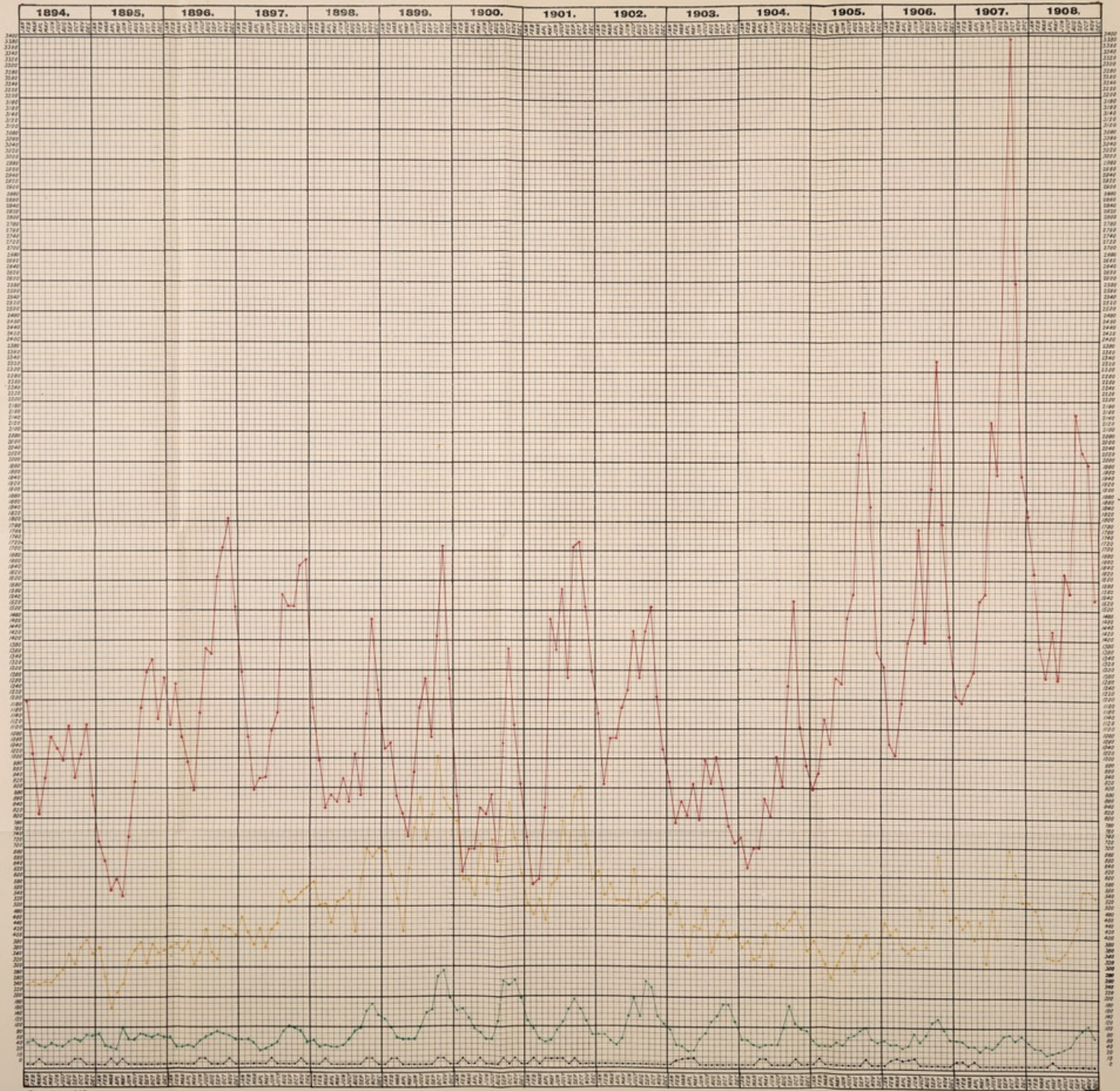


TABLE II.—*Monthly Admissions and Deaths at Fever Hospitals during 1908.*

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.	1,815	518	40	1	213	2,587	65	81	2	1	12	161	2.80	14.92	4.04	100.00	5.96	5.17
Feb.	1,618	487	24	1	241	2,371	50	42	4	..	13	109	2.79	9.21	11.43	..	5.75	4.34
March	1,376	424	22	..	265	2,087	53	55	4	..	16	128	3.30	11.52	13.56	..	6.45	5.42
April	1,272	336	10	..	218	1,836	46	40	4	..	17	107	3.26	9.61	18.60	..	6.91	5.11
May	1,422	326	16	2	230	2,005	41	24	5	..	9	79	2.76	6.43	30.30	..	3.83	3.75
June	1,266	328	19	..	189	1,802	39	21	..	..	11	71	2.90	6.32	..	..	5.20	3.74
July	1,617	345	22	..	171	2,155	31	29	2	..	8	70	2.03	7.86	9.52	..	4.66	3.35
Aug.	1,559	385	35	..	178	2,157	42	31	2	..	11	86	2.85	9.31	7.69	..	6.04	4.27
Sept.	2,151	436	68	1	252	2,908	29	29	16	..	11	85	1.62	7.35	30.19	..	4.82	3.44
Oct.	2,022	555	90	..	253	2,920	38	33	10	..	17	98	1.99	6.62	14.93	..	6.51	3.58
Nov.	1,983	554	101	..	201	2,839	44	66	22	..	8	140	2.23	13.36	26.50	..	3.97	5.17
Dec.	1,528	536	62	..	174	2,300	42	56	9	..	14	121	2.46	10.69	12.16	..	7.71	4.86
Totals	19,629	5,230	509	2	2,594	27,967	520	507	80	..	1	147	1.25	9.73	16.28	..	5.63	4.39

† Calculated according to the Registrar-General's formula. See footnote to Table I., p. 144.

The total monthly admissions were lowest in June (*February*)* and highest in October (*October*).

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1894.

During the thirty five 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, five 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, six 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, fourteen 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, eleven 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, twice 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, eight times in October, twice in November, and thrice in December.

The maximum death-rate in 1908 was for scarlet fever in March (*May*), for diphtheria in January (*January*), and for enteric fever in May (*January*). The minimum rate was for scarlet fever in September (*February*), for diphtheria in June (*July*), and for enteric fever in January (*November*).

* Months in italics in brackets are the corresponding months for 1907.

TABLE III.—*Admissions and Deaths of Patients at Fever Hospitals during 1908, divided according to Parishes or Unions.*

PARISH OR UNION.	scarlet.	Diph-theria.	Enteric.	Typhus.	Cerebro-Spinal.	Other Diseases.	Total Ad-missions.	Total Deaths.
Kensington	373	156	14	..	..	64	607	35
Hammersmith	325	132	14	..	..	41	512	26
Fulham	514	307	12	..	..	80	913	57
Paddington	603	98	8	..	..	62	771	29
Chelsea	148	102	6	..	..	41	297	21
St. George's, Hanover Square	441	95	1	..	..	55	592	13
Westminster	88	12	1	..	..	10	111	4
St. Marylebone	368	63	5	..	1	38	475	23
St. Pancras	839	165	17	..	..	130	1,151	45
Hampstead	200	34	4	..	..	31	269	15
Islington	1,212	314	40	..	..	168	1,734	70
Hackney	1,206	256	40	..	..	123	1,625	93
St. Giles & St. George, Blooms- bury	65	13	3	..	..	10	91	4
Strand	36	21	1	..	..	6	64	3
Holborn	509	114	18	..	..	91	732	43
London, City of	45	22	..	..	..	9	76	1
Shoreditch	544	114	45	..	..	74	777	39
Bethnal Green	935	138	33	..	..	136	1,242	71
Whitechapel	492	132	5	1	..	120	750	30
St. George-in-the-East	414	46	3	..	..	64	527	14
Stepney	348	78	11	..	..	57	494	27
Mile End Old Town	788	153	14	1	..	117	1,073	55
Poplar	1,075	201	24	..	..	91	1,391	58
Southwark	735	210	23	..	1	76	1,045	50
Bermondsey	539	168	25	..	..	100	832	45
Lambeth	1,287	243	27	..	..	94	1,651	85
Wandsworth	2,105	548	48	..	..	350	3,051	102
Camberwell	869	251	8	..	..	82	1,210	64
Greenwich	882	326	28	..	..	101	1,337	33
Woolwich	521	278	6	..	1	67	873	31
Lewisham	522	345	9	..	..	61	937	41
Port of London .. .. .	..	..	..	..	..	..	..	..
Tottenham	586	89	12	..	..	45	732	28
Beyond Metropolitan Area	15	6	4	..	..	..	25	..
Totals	19,629	5,230	509	2	3	2,594	27,967½	1,255

SCARLET FEVER.—TABLE IV.—*Admissions, Deaths and Mortality per cent. of Scarlet Fever Patients during 1908, 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 ..	84	11	13·1	78	10	12·8	162	21	13·0
1 to 2 ..	374	25	6·7	281	35	12·5	655	60	9·2
2 „ 3 ..	637	45	7·1	589	41	7·0	1,226	86	7·0
3 „ 4 ..	840	51	6·1	831	42	5·1	1,671	93	5·6
4 „ 5 „	1,014	32	3·2	1,067	28	2·6	2,081	60	2·9
Totals under } 5 years .. }	2,949	164	5·6	2,846	156	5·5	5,795	320	5·6
5 to 10 ..	3,863	68	1·8	4,375	73	1·7	8,238	141	1·7
10 „ 15 ..	1,613	15	·9	1,796	15	·8	3,409	30	·9
15 „ 20 ..	470	6	1·3	513	4	·8	983	10	1·0
20 „ 25 ..	221	3	1·4	334	4	1·2	555	7	1·3
25 „ 30 ..	125	2	1·6	183	1	·5	308	3	1·0
30 „ 35 ..	65	1	1·5	105	1	1·0	170	2	1·2
35 „ 40 ..	30	2	6·7	58	2	3·4	88	4	4·5
40 „ 45 ..	17	1	5·9	28	1	3·6	45	2	4·4
45 „ 50 ..	14	..	..	9	..	..	23	..	..
50 „ 55 ..	3	1	33·3	6	..	..	9	1	11·0
55 „ 60 ..	1	..	..	..	..	..	1	..	..
And upwards ..	..	..	..	5	..	..	5	..	..
Grand Totals ..	9,371	263	2·8	10,258	257	2·5	19,629	520	2·6

The total admissions of scarlet fever cases in 1908 were 19,629 (22,764)*; the females were 887 (1,366) in excess of the male admissions. The total mortality, calculated on the admissions, was 2·6 (2·7) per cent.

DIPHTHERIA.—TABLE V.—*Admissions, Deaths, and Mortality per cent. of Diphtheria Patients during 1908, 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 ...	68	15	22·0	49	19	38·7	117	34	29·0
1 to 2 ...	189	33	17·5	149	29	19·5	338	62	18·3
2 „ 3 ...	240	37	15·1	235	35	14·9	475	72	15·1
3 „ 4 ...	326	48	14·7	320	40	12·5	646	88	13·6
4 „ 5 ...	300	30	10·0	337	27	8·0	637	57	8·9
Total under 5 years	1,123	163	14·5	1,090	150	13·8	2,213	313	14·1
5 to 10 ...	899	67	7·4	1,095	94	8·5	1,994	161	8·1
10 „ 15 ...	271	9	3·3	306	10	3·3	577	19	3·3
15 „ 20 ...	76	2	2·6	90	1	1·1	166	3	1·8
20 „ 25 ...	40	2	5·0	79	2	2·5	119	4	3·4
25 „ 30 ...	18	1	5·6	54	...	...	72	1	1·4
30 „ 35 ...	8	...	...	29	...	...	37	...	...
35 „ 40 ...	7	...	...	12	1	8·3	19	1	5·3
40 „ 45 ...	6	...	...	12	1	8·3	18	1	5·6
45 „ 50 ...	2	...	...	2	...	...	4	...	...
50 „ 55 ...	...	...	...	2	...	...	2	...	...
55 „ 60 ...	1	...	...	3	2	66·7	4	2	50·0
And upwards	2	...	...	3	2	66·7	5	2	40·0
Grand Totals	2,453	244	9·9	2,777	263	9·1	5,230	507	9·7

The total admissions of diphtheria were 514 less than in the previous year. The death-rate, calculated on the admissions, was 9·7 (9·5) per cent.

The rates varied at the different hospitals, from 7·13 at the Grove and Fountain Hospitals to 13·7 per cent. at the Eastern Hospital.

ENTERIC FEVER.—TABLE VI.—*Admissions, Deaths, and Mortality per cent. of Enteric Fever Patients during 1908, 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 ...	12	2	16·7	10	1	10·0	22	3	13·6
5 to 10 ...	26	2	7·7	30	...	...	56	2	3·6
10 „ 15 ...	33	2	6·1	35	2	5·7	68	4	4·5
15 „ 20 ...	41	7	17·1	28	3	10·7	69	10	14·5
20 „ 25 ...	26	6	23·1	23	3	13·0	49	9	18·4
25 „ 30 ...	40	9	22·5	40	8	20·0	80	17	21·2
30 „ 35 ...	33	5	15·2	25	5	20·0	58	10	17·2
35 „ 40 ...	28	9	32·1	22	3	13·6	50	12	24·0
40 „ 45 ...	14	3	21·4	15	2	13·3	29	5	17·2
45 „ 50 ...	9	2	22·2	6	2	33·0	15	4	26·7
50 „ 55 ...	3	...	...	6	2	33·0	9	2	22·2
55 „ 60 ...	3	1	33·0	1	1	100·0	4	2	50·0
And upwards	...	...	...	...	...	...	...	...	...
Totals ...	268	48	17·9	241	32	13·3	509	80	15·7

There were 32 fewer cases of enteric fever admitted than during 1907.

The total death-rate, calculated on the admissions, was 15·7 (13·3) per cent.

*Italic figures in brackets throughout are the corresponding figures for 1907.

TYPHUS FEVER.—TABLE VII.—Only 2 (3)* cases of typhus fever were admitted during the year. For details refer to Table VII., p. 194.

MISCELLANEOUS DISEASES. The table of cases of miscellaneous diseases admitted will be found in the Medical Supplement, p. 254. Further reference to it is made on p. 152, "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 1908.*

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	343 (511)	18,487 (28,305)	53·9 (55·4)	295 (447)	17,592 (27,483)	59·6 (61·5)
North-Eastern ..	1,205 (1,160)	81,623 (72,401)	67·7 (62·4)	1,118 (1,069)	80,384 (71,165)	71·9 (66·6)
North-Western ..	673 (621)	46,058 (36,126)	68·4 (58·2)	624 (559)	44,992 (35,098)	72·1 (62·8)
Western	836 (633)	47,717 (39,561)	57·1 (62·5)	785 (593)	46,890 (38,986)	59·7 (65·7)
South-Western ..	482 (387)	31,448 (23,820)	65·9 (61·5)	449 (345)	30,779 (23,333)	68·5 (67·6)
Fountain & Grove	976 (864)	56,857 (46,469)	58·3 (53·8)	913 (791)	55,612 (45,357)	60·9 (57·3)
South-Eastern ..	737 (698)	42,260 (41,239)	57·3 (59·1)	680 (624)	41,351 (40,133)	60·8 (64·3)
Park	686 (636)	37,876 (34,712)	55·2 (54·6)	611 (563)	36,621 (33,753)	59·9 (59·9)
Brook	1,010 (1,103)	60,671 (59,302)	60·1 (53·8)	963 (1,023)	59,976 (58,360)	62·3 (57·0)
Joyce Green ..	192 (283)	14,506 (13,561)	75·6 (47·9)	192 (275)	14,506 (13,366)	75·6 (48·6)
Totals ..	7,140 (6896)	437,503 (395,496)	61·3 (57·3)	6,630 (6,289)	428,703 (387,034)	64·7 (61·5)

TABLE VIIIB.—*Length of Residence of Scarlet Fever Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1908.*

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	5,972 (6,290)	185,712 (192,374)	196,955 (202,297)	382,667 (394,671)	31·1 (30·6)	33·0 (32·2)	64·1 (62·7)	5,968 (6,282)	185,584 (192,191)	196,752 (201,831)	382,336 (394,022)	31·1 (30·6)	33·0 (32·1)	64·1 (62·7)
Gore Farm	7,876 (8,450)	241,710 (253,643)	236,326 (260,710)	478,036 (514,353)	30·7 (30·0)	30·0 (30·9)	60·7 (60·9)	7,870 (8,443)	241,559 (253,403)	235,962 (260,488)	477,521 (513,891)	30·7 (30·0)	30·0 (30·9)	60·7 (60·9)
Totals ..	13,848 (14,740)	427,422 (446,017)	433,281 (463,007)	860,703 (909,024)	30·9 (30·3)	31·3 (31·4)	62·2 (61·7)	13,838 (14,725)	427,143 (445,594)	432,714 (462,319)	859,857 (907,913)	30·9 (30·3)	31·3 (31·4)	62·1 (61·7)

* Italic figures in brackets throughout are the corresponding figures for 1907.

The average duration of residence of scarlet fever cases was at the town hospitals 61.3 (57.3)* days, including deaths, and 64.7 (61.5) days if the fatal cases be excluded. At the convalescent hospitals the average duration was 62.2 (61.7) and 62.1 (61.7) 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 hospital was 2.6 (.2) days longer than that of cases at the town hospitals. The Northern Hospital cases were detained 1.4 days longer than in the preceding year and 5.1 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 59.6 days at the Eastern Hospital (*Brook Hospital*, 57.0), or 5.1 (4.5) days below the average, and the longest was 72.1 at the North-Western Hospital (*South-Western Hospital*, 67.6), or 7.5 (6.1) 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 1908.*

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	339 (475)	17,562 (27,050)	51.8 (56.9)	273 (404)	16,949 (26,214)	62.1 (64.9)
North-Eastern ..	438 (328)	28,532 (20,516)	65.1 (62.5)	392 (288)	28,148 (19,985)	71.8 (69.4)
North-Western ..	425 (526)	24,088 (28,616)	56.7 (54.4)	386 (482)	23,547 (27,997)	61.0 (58.1)
Western	786 (733)	37,304 (34,818)	47.5 (47.5)	697 (644)	36,652 (33,886)	52.6 (52.6)
South-Western ..	374 (423)	20,303 (22,392)	54.3 (52.9)	337 (374)	20,096 (22,013)	59.6 (58.9)
Fountain & Grove	602 (787)	28,817 (35,946)	47.9 (45.7)	555 (714)	28,427 (35,210)	51.2 (49.3)
South-Eastern ..	494 (727)	23,477 (38,962)	47.5 (53.6)	435 (632)	22,748 (38,120)	52.3 (60.3)
Park	459 (413)	20,869 (14,536)	45.5 (35.2)	388 (373)	20,293 (14,280)	52.3 (38.3)
Brook	446 (435)	20,855 (21,363)	46.8 (49.1)	393 (392)	20,061 (20,903)	51.0 (53.3)
Totals ..	4,363 (4,847)	221,807 (244,199)	50.8 (50.3)	3,856 (4,303)	216,921 (238,608)	56.3 (55.5)

TABLE IXB.—*Length of Residence of Diphtheria Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1908.*

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 ..	255 (296)	12,863 (13,710)	6,700 (7,629)	19,563 (21,339)	50.4 (46.3)	26.3 (25.8)	76.7 (72.1)	255 (296)	12,863 (13,710)	6,700 (7,629)	19,563 (21,339)	50.4 (46.3)	26.3 (25.8)	76.7 (72.1)
Gore Farm	568 (473)	23,905 (16,201)	16,016 (14,921)	39,921 (31,122)	42.1 (34.3)	28.2 (31.5)	70.3 (65.8)	568 (473)	23,905 (16,201)	16,016 (14,921)	39,921 (31,122)	42.1 (34.3)	28.2 (31.5)	70.3 (65.8)
Totals ..	823 (769)	36,768 (29,911)	22,716 (22,550)	59,484 (52,461)	44.7 (38.9)	27.6 (29.3)	72.3 (68.2)	823 (769)	36,768 (29,911)	22,716 (22,550)	59,484 (52,461)	44.7 (38.9)	27.6 (29.3)	72.3 (68.2)

* Italic figures in brackets throughout are the corresponding figures for 1907.

The average length of residence of diphtheria patients at the town hospitals was 50·8 (50·3)* days, including deaths, and 56·3 (55·5) days if the fatal cases be excluded. At the convalescent hospitals the average residence of recovered cases (including residence in the town hospitals) was 72·3 (68·2) days or 16·0 (12·7) days longer than in the town hospitals. The Northern Hospital cases were detained 4·6 days longer than in the preceding year and 14·4 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 51·0 days at the Brook Hospital (*Park Hospital*, 38·3), 5·3 (17·2) days below the average to 71·8 days at the North-Eastern Hospital (*North-Eastern Hospital*, 69·4), or 15·5 (13·9) 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 1908.*

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	96 (120)	5,336 (6,802)	55·6 (56·7)	80 (104)	5,017 (6,426)	62·7 (61·8)
North-Eastern ..	68 (47)	3,757 (2,249)	55·2 (47·9)	52 (37)	3,549 (2,162)	68·2 (58·4)
North-Western ..	29 (51)	1,535 (3,250)	52·9 (63·7)	24 (48)	1,475 (3,178)	61·5 (66·2)
Western	82 (96)	4,350 (4,842)	53·5 (50·4)	68 (86)	4,206 (4,755)	61·9 (55·3)
South-Western ..	61 (46)	3,413 (2,517)	56·0 (54·7)	52 (41)	3,286 (2,472)	63·2 (60·3)
Fountain & Grove	1 (28)	50 (1,949)	50·0 (69·6)	1 (27)	50 (1,936)	50·0 (71·7)
South-Eastern ..	89 (81)	4,110 (3,589)	46·2 (44·3)	74 (65)	3,926 (3,332)	53·0 (51·3)
Park	2 (23)	95 (1,169)	47·5 (50·8)	2 (20)	95 (1,100)	47·5 (55·0)
Brook	46 (62)	2,506 (3,416)	54·5 (55·1)	41 (54)	2,449 (3,292)	59·7 (61·0)
Total ..	474 (554)	25,152 (29,783)	53·1 (53·8)	394 (482)	24,053 (28,653)	61·0 (59·4)

The average residence of enteric fever patients was 53·1 (53·8) days, including deaths, and 61·0 (59·4) days, if the fatal cases be excluded. The shortest residence of recovered cases was 53·0 days at the South-Eastern Hospital (excluding the Fountain and Park Hospital, where a very few cases were treated) (*South-Eastern Hospital*, 51·3), or 8·0 (8·1) days below the average, and the longest 68·2 days at the North-Eastern Hospital (*Grove and Fountain Hospital*, 71·7), or 7·2 (12·3) days above the average.

* Italic figures in brackets throughout are the corresponding figures for 1907.

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 1908.*

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 (1)	51 (20)	25.5 (20.0)	2 (1)	51 (20)	25.5 (20.0)
South-Western ..	.. (1)	.. (35)	.. (35.0)	.. (1)	.. (35)	.. (35.0)
South-Eastern ..	(1)	(51)	(51.0)	(1)	(51)	(51.0)
Totals	2 (3)	51 (106)	25.5 (35.3)	2 (3)	51 (106)	25.5 (35.3)

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 1908.*

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 ..	1 (2)	6 (10)	6.0 (5.0)	.. ..	.. ..	.. ..
Western .. ..	.. (2)	.. (121)	.. (60.5)	.. (2)	.. (121)	.. (60.5)
Fountain & Grove	.. (1)	.. (8)	.. (8.0)	.. ..	.. ..	.. ..
South-Eastern	1 (1)	132 (69)	132.0 (69.0)	.. (1)	.. (69)	.. (69.0)
Brook	1	74	74.0	1	74	74
Totals	3 (8)	212 (344)	70.6 (43.0)	1 (5)	74 (326)	74 (65.2)

* Italic figures in brackets throughout are the corresponding figures for 1907.

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 1908.*

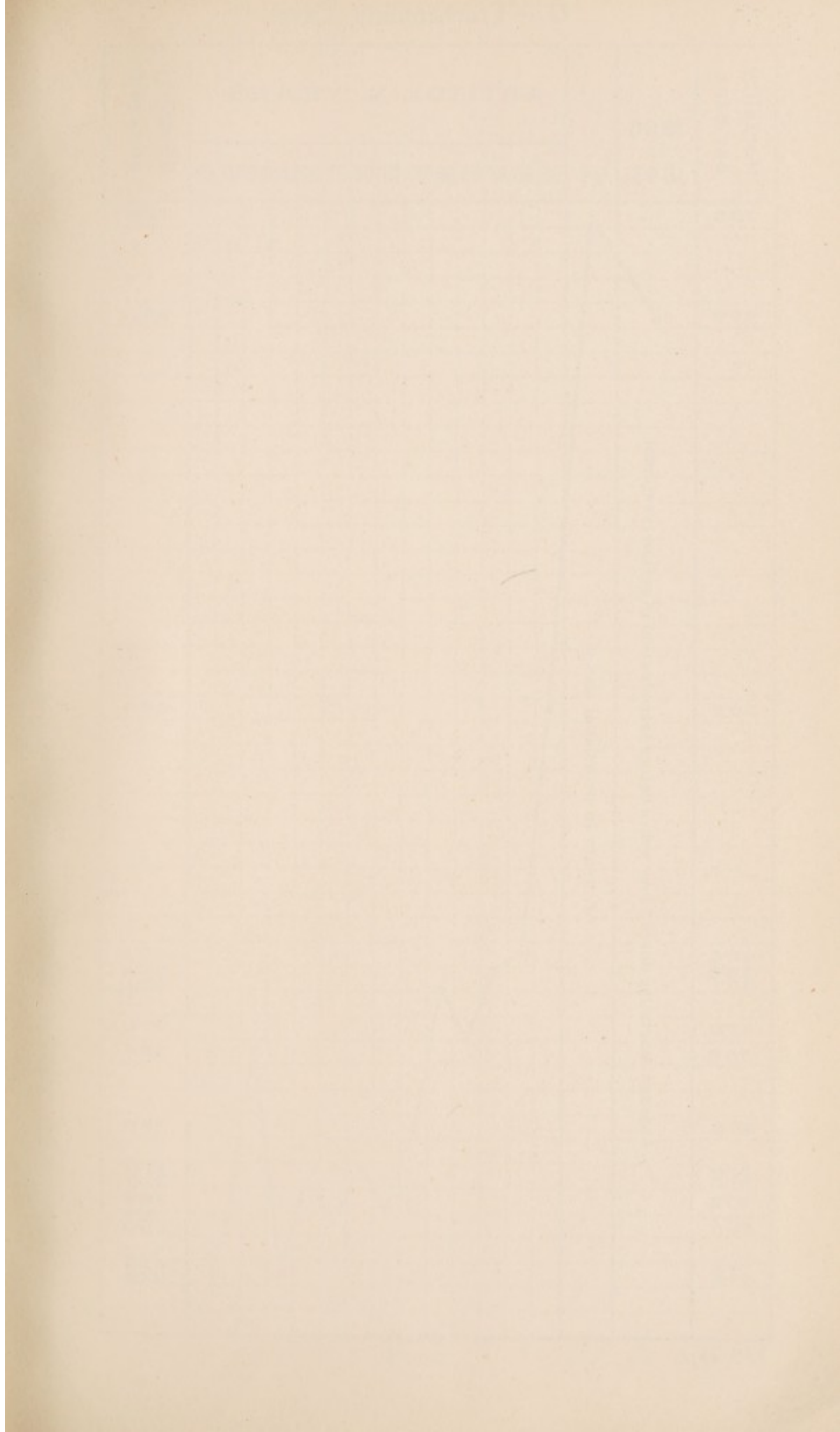
HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	240 (322)	5,816 (7,460)	24·2 (23·2)	221 (294)	5,669 (7,129)	25·7 (24·3)
North-Eastern ..	317 (447)	9,778 (12,173)	30·8 (27·2)	305 (433)	9,611 (11,981)	31·5 (27·7)
North-Western ..	282 (247)	6,788 (6,345)	24·1 (25·7)	262 (220)	6,629 (6,095)	25·3 (27·7)
Western	278 (285)	5,293 (4,747)	19·0 (16·7)	255 (262)	5,031 (4,512)	19·7 (17·5)
South-Western ..	115 (230)	3,013 (5,456)	26·2 (23·7)	99 (222)	2,867 (5,403)	29·0 (24·3)
Fountain & Grove	428 (438)	10,746 (8,089)	25·1 (18·5)	414 (427)	10,615 (8,017)	25·6 (18·8)
South-Eastern ..	401 (393)	5,591 (6,362)	13·9 (16·2)	377 (372)	5,385 (6,306)	14·3 (17·0)
Park	299 (462)	8,279 (11,246)	27·7 (24·3)	295 (452)	8,217 (11,062)	27·9 (24·5)
Brook	219 (263)	5,284 (5,506)	24·1 (20·9)	204 (241)	5,134 (5,285)	25·2 (21·9)
Totals	2,579 (3,087)	60,588 (67,384)	23·5 (21·8)	2,432 (2,923)	59,158 (65,790)	24·3 (22·5)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 23·5 (21·8)* days, including deaths, and 24·3 (22·5) days if the fatal cases be excluded. The shortest residence of recovered cases was at the South-Eastern Hospital, 14·3 (*South-Eastern Hospital*, 17·0) days, or 10·0 (5·5) days below the average, and the longest at the North-Eastern Hospital, 31·5 (*North-Eastern and North-Western Hospitals*, 27·7) days, or 7·2 (5·2) days above the average.

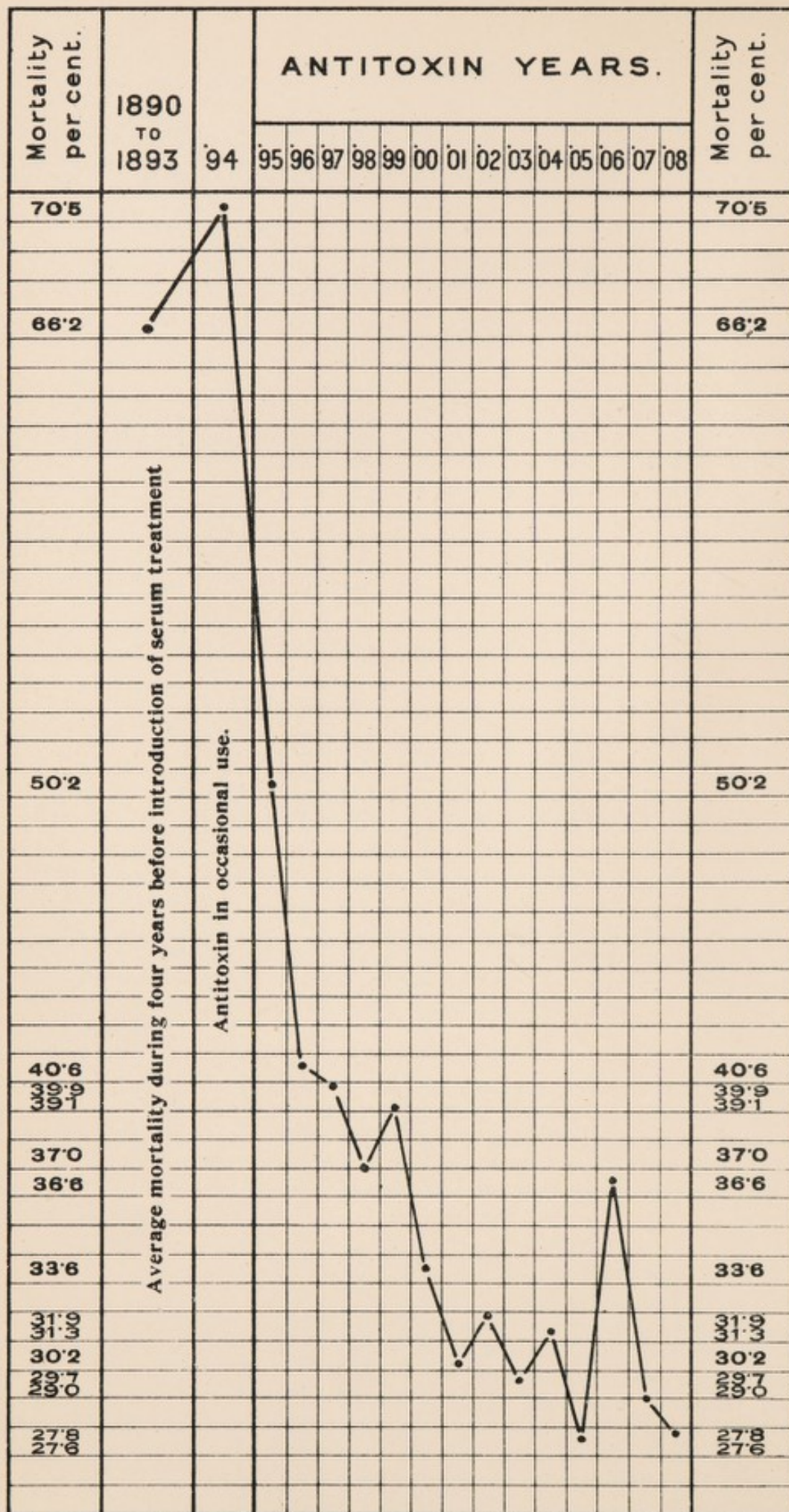
SMALLPOX PATIENTS. Not a single genuine case of smallpox arose in the metropolitan area during the year. But from Leyton one case was admitted to the Smallpox Hospital. The patient was a male, 36 years of age, vaccinated in infancy, marks—upwards of half-square-inch total area, 4 scars, less than half foveated. He had not been re-vaccinated. He was admitted in March, and discharged recovered in May.

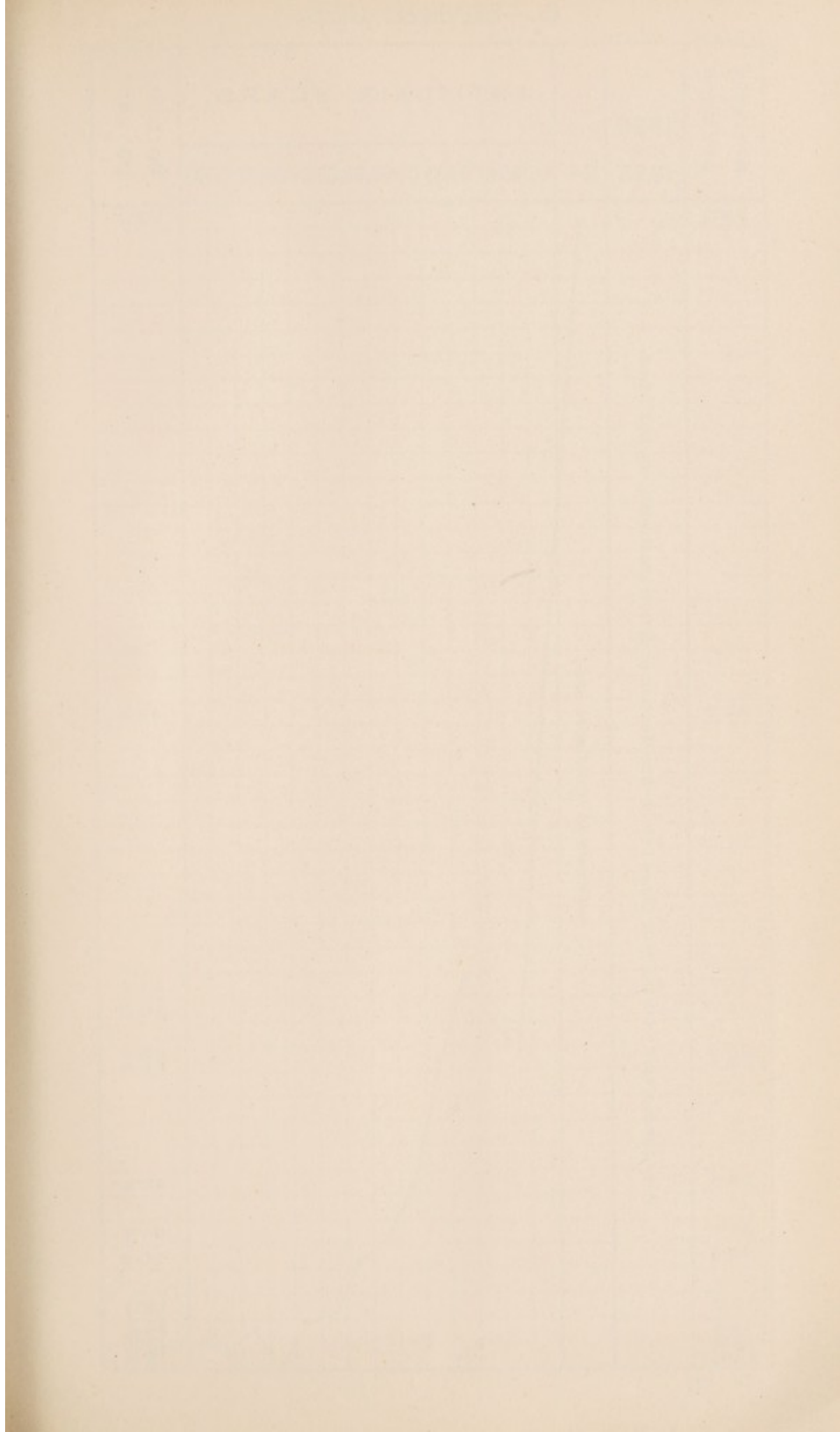
CASES OF MISTAKEN DIAGNOSIS. *Fever.*—In the course of the year 1908 no fewer than 2,594 (3,109) patients, or a percentage on the total admissions of 9·3 (9·7) were, after admission at the fever hospitals, found not to be suffering from the diseases mentioned in the medical certificates upon which they were removed to hospital (Table XV., Medical Supplement, pp. 254-256). The largest number of cases admitted to any one hospital was at the Grove Hospital (*North-Eastern Hospital*), where the proportion was 431 (463) out of 4,208 (4,443) admissions, or 10·2 (10·4) per cent. of the total. The percentage on the total scarlet fever cases was 6·1 (6·8), diphtheria cases 22·2 (17·0), and enteric fever cases 39·1 (29·1).

* Italic figures in brackets throughout are the corresponding figures for 1907.

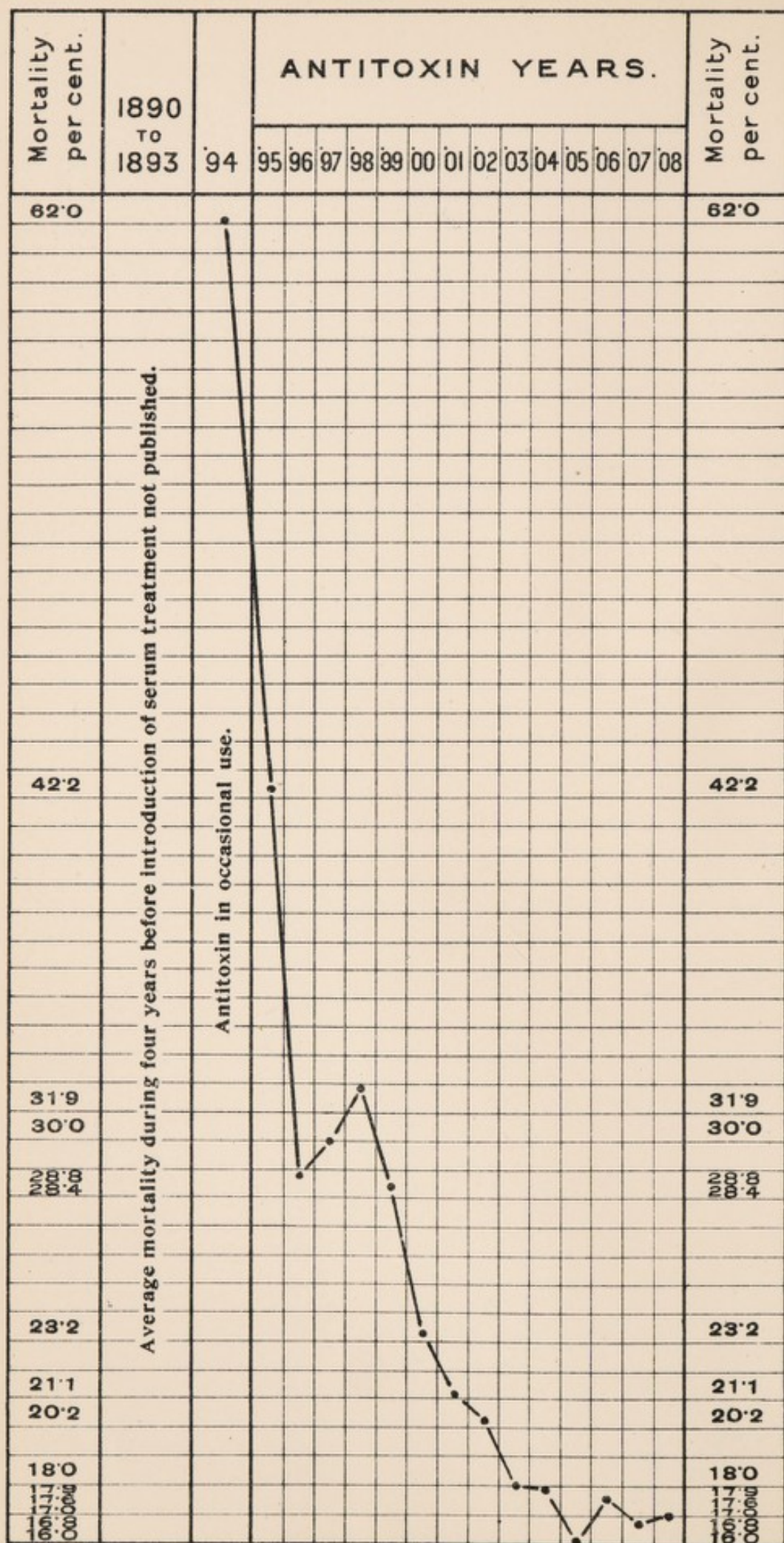


C.—Tracheotomy Cases.



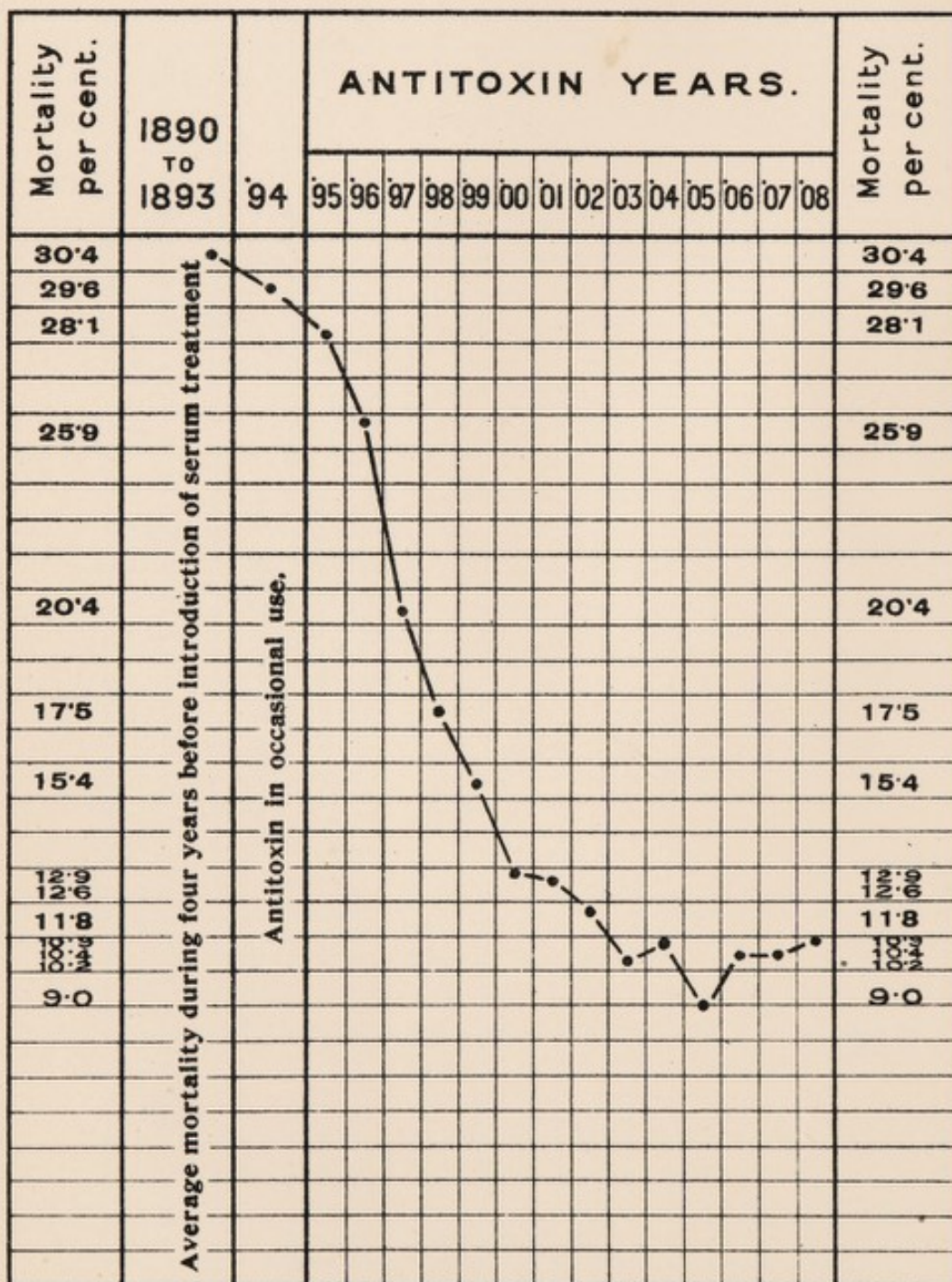


B.—Laryngeal Cases.



CHARTS showing the mortality rates amongst Diphtheria patients at the Board's Hospitals, before and after the introduction of the Antitoxin treatment of Diphtheria.

A.—All forms of Diphtheria.



Amongst the 1,202 (1,670)* cases wrongly certified as scarlet fever there were 97 (137) of measles, 46 (377) of rubella, 280 (264) of tonsillitis, 267 (322) of erythema, 274 (298) had no obvious disease or were not diagnosed. Amongst the 1,159 (1,180) cases wrongly certified as diphtheria were 51 (73) of measles, 802 (815) of tonsillitis, 84 (52) had no obvious disease or were not diagnosed. Amongst the 199 (222) cases wrongly certified as enteric fever were 9 (17) of influenza, 11 (5) of general tuberculosis, 32 (50) of pneumonia, 6 (3) had no obvious disease or were not diagnosed.

On reference to Table XI., p. 152, it will be noted that these cases were detained in hospital on an average for 23·5 (21·8) days.

Smallpox.—In the case of smallpox, the original medical certificate is revised by a medical officer of the Board at the London wharves: 8 persons were certified as suffering from smallpox and removed to the wharves. The diagnosis was confirmed in one instance only (an extra-metropolitan case); the other cases were returned home.

Statistics since Establishment of the Managers' Hospitals. (5). FEVER.—The return on p. 154 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.

There was again a decrease in the mortality amongst scarlet fever patients, the rate being 2·6, the lowest recorded in the Managers' hospitals.

The mortality amongst diphtheria patients was 9·7, a slight 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. Facing this page we submit charts, A, B, and C, which summarise the results of the antitoxin treatment of diphtheria in the Board's hospitals during the years 1895-1908, as compared with the results obtained before the use of that treatment.

We have also had prepared in the Medical Supplement (pp. 247-249) tables showing the results at all the hospitals during the past year, with special reference to the day of the disease on which the treatment began. Of 202 cases treated on the first day of the disease, there died 3·0 per cent.; whereas, there died of 1,076 cases treated on the second day, 6·5 per cent.; of 1,182 cases treated on the third day, 10·5 per cent.; of 832 cases treated on the fourth day, 12·7 per cent.; and of 1,249 cases treated on the fifth day and afterwards, 14·8 per cent.

A valuable report by Professor G. Sims Woodhead and Dr. G. E. Cartwright Wood on the laboratory work and preparation of diphtheria antitoxin carried on for the Board during the years 1895-1908 will be found on pp. 218-238.

* Italic figures in brackets throughout are the corresponding figures for 1907.

TABLE XIII.—*Summary of number of Cases of Laryngeal and Non-Laryngeal Post-Scarlatinal Diphtheria at the Board's Hospitals during the years 1896-1908.*

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
1908	32	2	...	2	6.2	343	4	1	3	0.9	375	6	1	5	1.3

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

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	17·0	0·03
1874 (11 months ended 31st Dec.)	112	8	120	10	...	10		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	0·36
1886	99	33	132	22	2	24	14·3	0·01
1887	56	3	59	3	...	3		0·00
1888	62	5	67	8	...	8		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	...	...
1908	1	*3	4	...	...	...	...	...
Totals	72,691	2,404	75,095	11,916	70	11,986	...	...

*Most of these patients 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	771
1843	1,954,041	438	225	396
1844	2,033,816	1,804	890	508
1845	2,073,298	909	440	463
1846	2,113,535	257	122	373
1847	2,202,673	955	427	420
1848	2,244,837	1,620	724	520
1849	2,287,302	521	229	390
1850	2,330,054	499	215	345
1851	2,373,081	1,062	448	407
1852	2,416,367	1,159	478	417
1853	2,459,899	211	86	291
1854	2,503,662	694	277	300
1855	2,547,639	1,039	408	339
1856	2,591,815	531	204	290
1857	2,636,174	156	59	207
1858	2,680,700	242	90	205
1859	2,725,374	1,158	425	237
1860	2,770,181	898	323	223
1861	2,815,101	217	77	196
1862	2,860,117	366	128	208
1863	2,905,210	1,996	687	329
1864	2,950,361	547	185	281
1865	2,995,551	640	214	259
1866	3,040,761	1,391	457	335
1867	3,085,971	1,345	436	395
1868	3,131,160	597	190	297
1869	3,176,308	275	87	275
1870	3,221,394	973	302	293
1871	3,267,251	7,912	2,422	699
1872	3,319,736	1,786	537	716
1873	3,373,065	113	34	676
1874	3,427,250	57	17	653
1875	3,482,306	46	13	588
1876	3,538,246	736	207	160
1877	3,595,085	2,551	710	201
1878	3,652,837	1,417	388	272
1879	3,711,517	450	121	289
1880	3,771,139	471	125	308
1881	3,824,980	2,367	619	391
1882	3,862,956	430	111	273
1883	3,901,309	136	35	202
1884	3,940,042	1,236	313	240
1885	3,979,160	1,419	357	286
1886	4,018,666	24	6	165
1887	4,058,565	9	2	142
1888	4,098,860	9	2	134
1889	4,139,555	—	—	72
1890	4,180,654	4	1	2
1891	4,223,720	8	2	1·4
1892	4,269,634	41	10	3
1893	4,312,263	206	48	12
1894	4,351,501	89	20	16
1895	4,387,248	55	13	18
1896	4,419,411	9	2	18
1897	4,447,907	16	4	17
1898	4,472,664	1	0	7·6
1899	4,493,617	3	1	3·7
1900	4,510,711	4	1	1·5
1901	4,544,983	242	53	11
1902	4,579,110	1,300	284	71
1903	4,613,812	13	3	71
1904	4,648,950	25	5	72
1905	4,684,794	10	2	71
1906	4,721,217	—	—	61
1907	4,758,218	—	—	2
1908	4,795,757	—	—	1·4

It will be observed that for the third year in succession not a single death from smallpox has occurred in London. From the year 1838 up to the epidemic years 1884-5 the Metropolis was never free from smallpox. Since 1885 all smallpox cases have been removed for treatment to hospitals in isolated positions outside London, with the result that during the succeeding 23 years only once has the disease become seriously prevalent.

Staff Illness. On p. 158A is a summary of the returns submitted by the medical superintendents of the several hospitals, showing the total numbers of members of the staff who were warded on account of illness.

There were 4,955 (5,836)* persons employed at the fever hospitals during the course of the year, 175 (240) or 3·5 (4·1) per cent. fell ill with fever or diphtheria, and 2 died; while 1,360 (1,351) or 27·4 (23·1) per cent. suffered from other forms of illness, and 3 died.

The Joyce Green Smallpox Hospital and the River Ambulance Service, having been used for fever purposes, are included in the return.

II.—IMBECILITY.

**Accommo-
dation 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	486	576	1,062
„ „ Receiving Home for Children	28	24	52
Leavesden Asylum	946	1,184	2,130
Caterham „	888	1,055	1,943
Darenth „	1,030	964	1,994
Total	3,378	3,803	7,181

**Annual
Reports.**

The annual reports of the medical superintendents of the asylums will be found on pp. 196-212.

* Italic figures in brackets throughout are the corresponding figures for 1907.

TABLE XV.—*Staff Illness in Infectious Hospitals during the year 1936*

TABLE A.—Table showing the number of Male and Female Imbeciles Admitted, Transferred, Discharged, and Died at the Board's several Asylums during the year 1908, 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, 1908.			Admitted.			Died.			Discharged.			Transferred to other Asylums of the Board.			No. remaining at Asylum on 31st December, 1908.		
	M.	F.	Total.	Direct and Indirect.		From other Asylums of the Board.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
				M.	F.													
Kensington ..	91	66	157	7	6	13	18	5	23	9	3	12	2	..	2	18	5	23
Hammermith ..	50	52	102	5	7	12	10	5	15	6	6	12	1	..	1	10	5	15
Fulham ..	55	44	99	(1) 11	11	(1) 22	13	9	22	3	3	6	..	..	..	13	9	22
Paddington ..	55	50	106	10	9	19	19	9	28	3	4	7	..	(2) 1	(1) 1	19	8	(1) 27
Chelsea ..	39	57	96	4	15	19	11	9	20	2	4	6	(1) 1	..	(1) 1	11	9	20
St. George's, W.	91	84	175	20	23	43	17	15	32	9	9	18	(3) 2	(3) 2	(1) 4	17	(1) 15	(1) 32
Westminster ..	39	35	74	(2) 4	(3) 4	(5) 8	(2) 5	4	(2) 9	2	3	5	..	..	..	5	4	9
St. Marylebone ..	86	89	175	(1) 48	46	(1) 94	(2) 55	28	(3) 83	40	38	78	(1) 2	(1) 2	(1) 4	18	8	26
St. Pancras ..	310	386	696	5	7	12	6	4	10	4	4	8	..	(1) 2	(1) 2	6	4	10
Hampstead ..	29	31	60	12	10	22	13	9	22	4	4	8	..	(1) 2	(1) 2	28	16	44
Islington ..	110	113	223	12	(2) 18	(3) 30	28	(1) 16	(1) 44	7	6	13	(1) 3	(1) 3	(1) 6	28	16	44
Hackney ..	124	131	255	34	(3) 46	(3) 80	40	25	65	14	21	35	(1) 1	(1) 1	(1) 2	40	25	65
Bloomsbury ..	37	41	78	7	(1) 10	(1) 17	8	2	10	3	4	7	..	..	..	8	2	10
Strand ..	27	26	53	13	15	28	(1) 38	10	(1) 48	16	10	26	(1) 3	(1) 3	(1) 6	2	10	12
Holborn ..	159	172	331	13	15	28	13	15	28	16	10	26	(1) 3	(1) 3	(1) 6	2	10	12
London, City of ..	105	75	180	9	4	13	15	2	17	5	4	9	(1) 1	(1) 1	(1) 2	15	2	17
Shoreditch ..	111	107	218	(1) 20	(1) 11	(2) 31	28	14	42	9	13	22	(1) 1	(1) 1	(1) 2	28	14	42
Bethnal Green ..	98	97	195	9	(1) 9	(1) 18	20	14	34	9	4	13	(1) 1	(1) 1	(1) 2	20	14	34
Whitechapel ..	151	104	255	23	(1) 18	(1) 41	30	10	40	20	9	29	(1) 8	(1) 1	(1) 9	30	10	40
St. George's, E.	64	71	135	8	5	13	13	(2) 20	(1) 31	5	6	11	(1) 1	(1) 1	(1) 2	15	5	20
Stepney ..	49	53	102	13	8	21	15	5	20	6	7	13	..	(2) 2	(2) 4	25	7	32
Mile End ..	87	77	164	13	13	26	25	7	32	9	11	20	(1) 1	(1) 1	(1) 2	25	7	32
Poplar ..	131	170	301	16	18	34	24	15	39	14	18	32	(1) 1	(1) 1	(1) 2	24	15	39
Southwark ..	180	188	368	(2) 38	(1) 21	(4) 59	(1) 35	(1) 19	(2) 54	24	15	39	(1) 3	(1) 3	(1) 6	37	19	56
Bernonsey ..	146	153	299	23	28	51	33	19	52	12	16	28	(1) 3	(1) 3	(1) 6	33	19	52
Lambeth ..	247	293	540	27	31	58	49	33	82	36	34	70	(1) 3	(1) 3	(1) 6	48	22	70
Wandsworth ..	172	182	354	(1) 29	(1) 52	(2) 81	41	33	74	14	19	33	(1) 3	(1) 3	(1) 6	41	33	74
Camberwell ..	197	244	441	(1) 35	37	(1) 72	53	22	(1) 75	21	18	39	(3) 4	(1) 1	(1) 5	52	22	(2) 74
Greenwich ..	130	122	252	13	8	21	16	9	25	8	5	13	..	(1) 1	(1) 2	16	9	25
Woolwich ..	68	73	141	2	(1) 8	(1) 10	16	7	23	7	5	12	(1) 1	(1) 1	(1) 2	16	7	23
Lewisham ..	41	47	88	13	10	23	15	11	26	4	2	6	(1) 1	(1) 1	(1) 2	15	11	26
Totals ..	3,280	3,433	6,713	(10) 475	(15) 497	(25) 972	(10) 750	(9) 374	(19) 1,124	331	314	645	(11) 50	(17) 50	(28) 100	(9) 750	(7) 374	(16) 1,124
																3,374	3,556	6,940

NOTE.—The small figures in brackets represent alterations in chargeability after admission.

Asylum Statistics. The annual statistical tables for each asylum are printed on pp. 212A-217. They differ in form and arrangement from those hitherto in use, having been drawn to correspond as far as practicable with the series of tables adopted by the Medico-Psychological Association of Great Britain and Ireland in 1906, and approved by the Commissioners in Lunacy.

The tables are divided into five groups.

Group A. shows the movement of the population of the asylums during the year.

Group B. gives particulars of the admissions;

Group C. of the discharges;

Group D. of the deaths; and

Group E. of the patients remaining in the asylums at the end of the year.

The following tables summarise the Statistics of the Board's Asylums as a whole. They are not mere arithmetical additions of all the tables, because, with few exceptions, all the patients admitted direct from the Parishes and Unions or indirectly through Asylums not under the Board, are, in the first instance, received at Tooting Bec Asylum or Receiving Home and subsequently transferred to the Board's Country Asylums. Therefore, to include in certain of the summaries the patients admitted to the last mentioned Asylums would be to count the same patients several times over.

TABLE A1—*Showing the movement of the Asylums' Population during the year 1908.*

	M.	F.	Total.	M.	F.	Total.
In the asylums, January 1st, 1908 ..				3,280	3,433	6,713
Total cases admitted during the year:						
Direct Cases	407	396	803			
Indirect „	68	101	169			
				475	497	972
Total cases under treatment during the year				3,755	3,930	7,685
Discharged or transferred* during the year as—						
Not insane	1	..	1			
Recovered	2	4	6			
Relieved	3†	2	5			
Not improved	44†	44	88			
Died	331	314	645			
Total cases discharged, transferred and died during the year				381	364	745
Remaining in the asylums, December 31st, 1908				3,374	3,566	6,940
Average number resident during the year				3,385	3,494	6,879

*Exclusive of transfers between the Board's own Asylums. † Includes 1 escape. ‡ Includes 2 escapes.

The admissions were 140 in excess of those of 1907. The total discharges were 35 and the deaths 17 less than in the previous year. Of the admissions 234 were over 70 years of age.

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TABLE A2.—GENERAL TABLE, showing the movement of the Asylum Population during each year since the year 1899, together with the RECOVERY AND DEATH RATES.

SUMMARY.

YEAR.	ADMISSIONS.									DISCHARGED OR TRANSFERRED.									DIED.			Remaining on Registers December 31st in each year.			Average Daily Number on Registers.			Percentage of Total Recoveries on the Total Number of Admissions.			Percentage of Total Recoveries on the Direct Admissions.			Percentage of Recoveries yielded by Direct Admissions on Direct Admissions.			Percentage of Deaths on Average Numbers Resident.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Direct.			Indirect.*			Total.			Total Number under Treatment.			Recovered.‡			Relieved.																								Not Improved.‡																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	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.	M.	F.	TL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
From 1870 to Dec 31, 1898	11,182	10,693	21,875	597	411	1,008	781	571	1,352	782	675	1,457	6,131	5,937	12,068	

* Includes admissions from Asylums not under the Board.

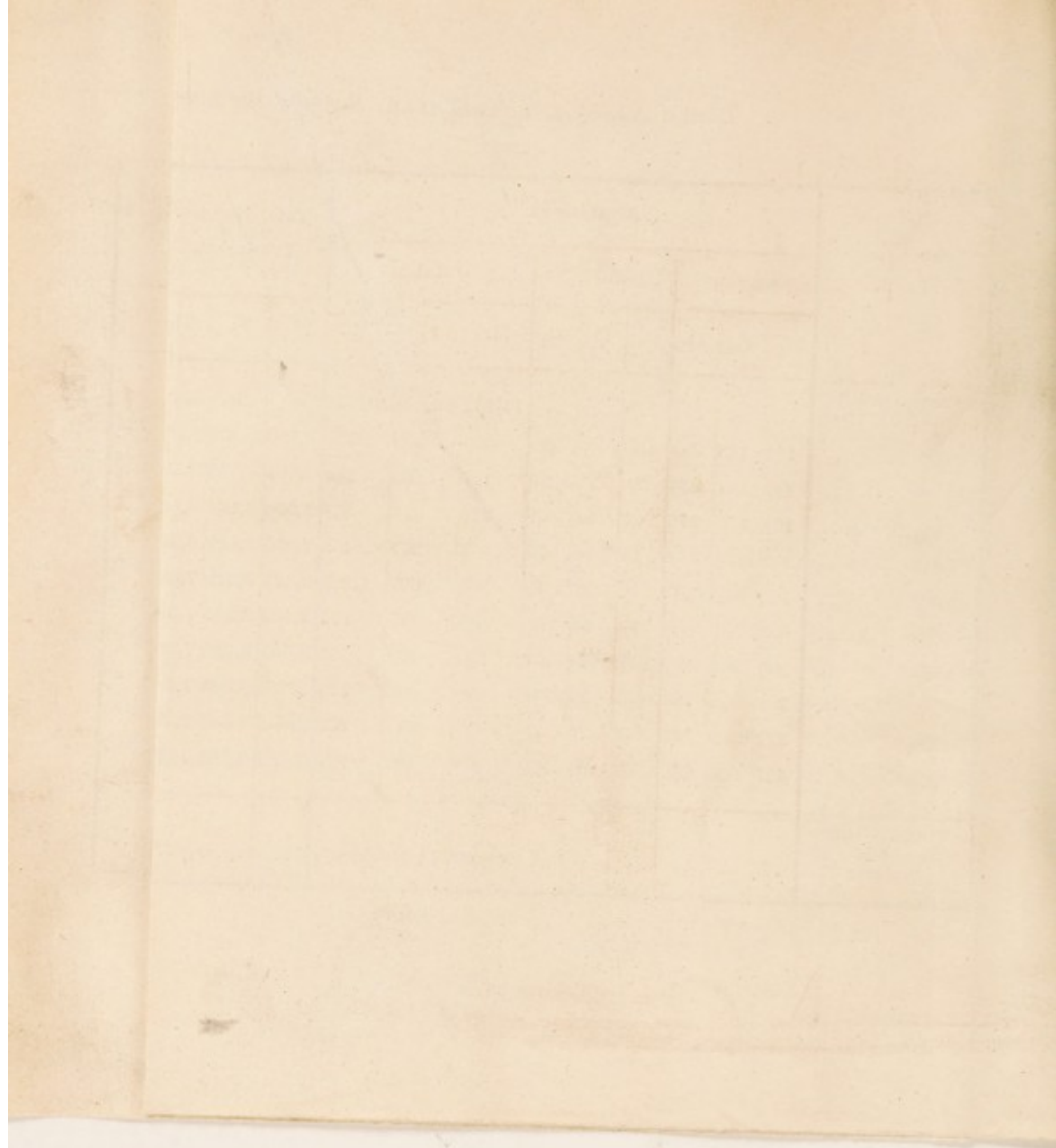
† Includes transfers to Asylums not under the Board.

‡ Includes 1 M "not insane" case.

§ Includes "not insane" cases.

¶ Includes 2 M escapes.

‡ Includes 1 M escape.



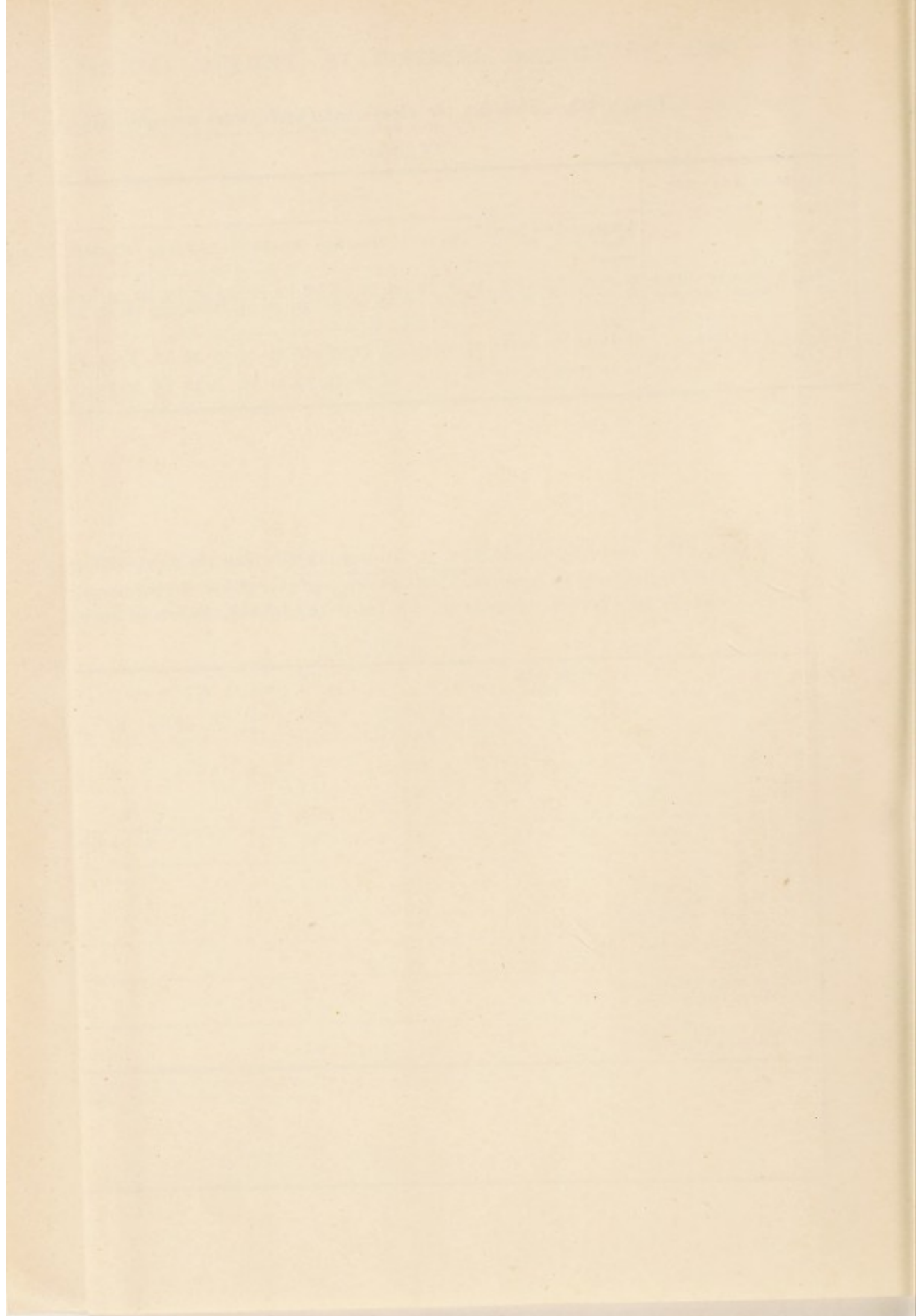


TABLE B1.—*Analysis of Admissions during the year 1908.*

SUMMARY.

CLASSES OF ADMISSIONS.	CONGENITAL.			ACQUIRED.									TOTAL.		
				First attack.			Not first attack.			Unknown whether first attack or not.					
	M.	F.	T.							M.	F.	T.	M.	F.	T.	M.	F.	T.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Direct	198	174	372	185	176	361	12	7	19	11	39	50	406*	396	802*
Indirect	13	30	43	47	55	102	7	13	20	1	3	4	68	101	169
Statutory Re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Admissions	211	204	415	232	231	463	19	20	39	12	42	54	474*	497	971*

* 1 case admitted "not insane" not included in this total.

TABLE B2.—*Showing the Duration of the present attack of Mental Disorder on admission in the Admissions during the year 1908, and stating (in those not congenital) whether first attack or not.*

SUMMARY.

Duration of mental disorder prior to admission.	DIRECT ADMISSIONS.								
	First Attack			Not First Attack			Unknown whether First Attack or not.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Less than two weeks .. .	1	..	1	..	..	..	..	..	1
2 weeks and less than 1 month	3	2	5	..	..	..	..	..	3
1 month	14	14	28	1	1	2	..	..	15
3 months	15	12	27	1	..	1	..	..	16
6	20	13	33	..	2	2	..	..	20
9	8	7	15	1	..	1	..	..	9
12	22	13	35	1	1	2	..	1	23
18	6	10	16	..	..	..	..	..	6
2 years	16	16	32	..	1	1	..	..	16
3	18	17	35	1	..	1	1	..	20
5	18	11	29	..	..	..	..	..	18
10	4	5	9	..	1	1	..	..	4
15	4	3	7	..	..	..	..	..	4
20 .. .. .	..	3	3	..	..	..	..	..	..
30 .. .. .	..	1	1	..	..	..	..	..	..
Several years .. .	..	1	1	..	..	..	..	..	..
Duration unknown .. .	36	48	84	7	1	8	10	38	53
Congenital Cases .. .	..	..	..	..	..	..	..	..	198
Totals.	185	176	361	12	7	19	11	39	406*

* 1 case admitted "not insane" not included in this total

TABLE B5.—*Showing the form of Mental Disorder on admission in the Admissions during the year 1908.*

SUMMARY.

Forms of Mental Disorder.		DIRECT ADMISSIONS.			INDIRECT ADMISSIONS.			TOTALS.		
		M.	F.	TL.	M.	F.	TL.	M.	F.	TL.
Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed.	(1). Intellectual { With epilepsy	42	80	122	4	8	12	46	88	134
	{ Without epilepsy	156	94	250	9	22	31	165	116	281
	(2). Moral	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	(1). Insanity with epilepsy	9	3	12	6	5	11	15	8	23
	(2). General paralysis of Insane	16	2	18	1	..	1	17	2	19
	(3). Insanity with grosser brain lesions	14	2	16	2	1	3	16	3	19
	(4). Acute delirium	..	..	..	..	..	..	..	..	..
	(5). Confusional insanity	1	..	1	..	..	..	1	..	1
	(6). Stupor	1	..	1	1	..	1	2	..	2
	(7). Primary dementia.	18	40	58	2	..	2	20	40	60
	(8). Mania { (a). Recent	1	1	2	2	1	3	3	2	5
	{ (b). Chronic	5	2	7	4	8	12	9	10	19
	{ (c). Recurrent	..	..	..	..	..	..	..	..	..
	(9). Melancholia { (a). Recent	..	..	..	1	1	2	1	1	2
	{ (b). Chronic	15	3	18	2	1	3	17	4	21
	{ (c). Recurrent	..	..	..	..	..	..	..	..	..
	(10). Alternating insanity	2	..	2	1	..	1	3	..	3
	(11). Delusional { (a). Systematised	7	1	8	9	2	11	16	3	19
	Insanity { (b). Non-Systematised	3	1	4	..	..	..	3	1	4
	(12). Volitional { (a). Impulse	..	..	..	..	..	..	..	..	..
	insanity { (b). Obsession	..	..	..	..	..	..	..	..	..
	{ (c). Doubt	..	..	..	..	..	..	..	..	..
	(13). Moral insanity	1	..	1	..	..	..	1	..	1
	(14). Dementia { Senile	109	163	272	5	12	17	114	175	289
	{ Secondary	6	4	10	19	40	59	25	44	69
Total		406*	396	802	68	101	169	474*	497	971*

*1 Admission at Tooting Bee Asylum certified "not insane," and discharged as such, not included in this total.

TABLE B6.—Showing the Occupations of the Direct Admissions, excluding the Congenital Cases, during the year 1908, distinguishing between First-Attack Cases, Not-First-Attack Cases, and cases Unknown-whether-First-Attack-or-not; and, in respect of the First-Attack Cases, arranged according to the age at commencement of the Mental Disorder.

SUMMARY.																											
SYMBOL.			NAME OF OCCUPATIONS.	FIRST ATTACK CASES.											Total.			Not-First-Attack Cases.			Unknown-whether-First-Attack-or-Not.			Total Direct Admissions, excluding Congenital Cases.			
				Age at commencement of the Mental Disorder.																							
Group.	Sub-group.	Sub-division.		Under 10.	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 and upwards.	Not known.	M	F	T	M	F	T	M	F	T	M	F	T	
TOOTING BEC ASYLUM.																											
E	a	2	Agent											1	1		1							1		1	
K	c	5	Blacksmiths ..								1			1	2		2							2		2	
R	b	3	Bookbinders ..											2	2		2							2		2	
T	a	18	Bootlaster ..										1		1		1						1		1		
R	a	5	Boxmaker, Fancy ..																				1		1		
K	c	7	Brass Finishers ..								1		1		2		2							2		2	
M	a	4	Bricklayer ..										1		1		1							1		1	
N	a	1	Cabinetmakers ..								1			1	2		2		1		1	1		4		4	
F	b	7	Cab rank attendant ..																				1		1		
F	b	2	Cabmen ..										1		1		2							2		2	
D	c	3	Caretakers ..										1		1		1					1	1		2	2	
F	b	3	Carmen ..						2		4	1		3	10		10							10		10	
M	a	3	Carpenters ..										5	3	2	10		10		1	1		1	12		12	
N	a	6	Carver, Wood ..										1		1		1							1		1	
E	c	1	Cashier ..										1		1		1							1		1	
D	c	5	Charwomen ..						1	1	2	3	1	5		13	13					4	4		17	17	
D	c	4	Chef ..															1		1				1		1	
G	a	1	Clergyman ..																	1			1		1	1	
E	b	1	Clerks ..						1	1					2		2		1		1	1		4		4	
L	b	1	Clockmaker ..										1		1		1							1		1	
K	i	3	Coachmaker ..										1		1		1							1		1	
D	b	1	Coachmen ..						1				1	1	4		4							4		4	
F	e	2	Coal Porter ..											1	1		1							1		1	
V	d	1	Coffee House Keeper ..						1						1		1							1		1	
R	b	1	Compositors ..										2		2		2							2		2	
D	a	2	Cook ..						1						1		1							1		1	
N	b	6	Cork Cutter ..															1		1				1		1	
W	b	2	Crossing Sweeper ..										1		1		1							1		1	
F	d	2	Dock Labourer ..										1		1		1							1		1	
D	a	1	Domestic servants ..				1	1	2	1	1	2		1	2	7	9		1	1		4	4	2	12	14	
C	f	1	Engineer ..					1							1		1							1		1	
K	g	17	Farrier ..										1		1		1							1		1	
Q	a	3	Fellmonger ..											1	1		1							1		1	
V	a	8	Fishmongers ..										2		2		2				1		1	3		3	
V	a	20	Food Dealer ..										1		1		1							1		1	
N	a	2	French Polisher ..									1			1		1							1		1	
D	b	2	Gardeners ..										1		1		1				1		1	2		2	
V	a	17	Greengrocer ..										1		1		1							1		1	
T	a	20	Hairdresser ..				1								1		1							1		1	
X	c	3	Hawkers ..						1	2		1	4	7	2	9								7	2	9	
N	b	7	Herbalist ..										1		1		1							1		1	
K	g	6	Ironmoulder ..											1	1		1							1		1	
L	a	1	Jeweller ..										1		1		1							1		1	
M	a	2	Labourers, Builders' ..										1		1		1							1		1	
X	d	1	General ..			1				2	5	4	1	8	21		21		4		4	1		1	26		26
F	d	1	Waterside ..							1				1	2		2							2		2	
M	a	7	Masons' ..										1		1		1							1		1	
D	c	6	Laundry service ..					1				1	2	3	1	6	7					4	4	1	10	11	
Q	d	1	Leather Dealer ..																					1		1	
T	v	9	Mantlemakers ..											2		2	2					1	1		3	3	
V	a	2	Milkman ..										1		1		1							1		1	
T	a	5	Milliners ..										1		3	2	4					4	4		14	14	
X	d	3	Modeller ..												1		1							1		1	
D	c	4	Musicians ..						1				1		1	1	2							1	1	2	
N	c	7	Nurses ..										1	1	1		3	3							3	3	
D	b	4	Packers ..											1	2		2							2		2	
M	a	12	Painters ..										2		1	3		3			1		1	4		4	
M	a	11	Paperhanger ..												1		1							1		1	
L	a	1	Pianoforte-maker ..										1		1		1							1		1	
A	b	1	Police Constable ..							1					1		1							1		1	
F	e	3	Porters ..				2					2	2		8		8							8		8	
V	d	5	Potman ..											1	1		1							1		1	
V	d	3	Publichouse Managers ..								1		1		2		2							2		2	
F	a	8	Railway carriage cleaner ..																			1		1		1	
F	a	1	Railway Inspector ..										1		1		1							1		1	
X	b	6	Rag sorter ..										1			1	1								1	1	
S	d	4	Sackmaker ..																				1	1		1	
N	b	1	Sawyer ..												1	1		1						1		1	
C	d	1	Scientist ..												1	1		1						1		1	
G	c	1	Sculptor ..										1		1		1							1		1	
F	c	1	Seaman ..						1						1		1							1		1	
T	a	11	Shirtmaker ..										1			1	1								1	1	
X	a	15	Shoemakers ..					2	2				3		1	8		8			1		1	9		9	
T	c	1	Shopkeeper ..										1		1		1							1		1	
M	a	8	Slater ..											1	1		1							1		1	
F	b	1	Stablemen ..							2	1		1		5		5							5		5	
I	b	6	Stonemason ..										1		1		1							1		1	
T	a	7	Tailors ..				1	1				1	1	1	4	2	6										

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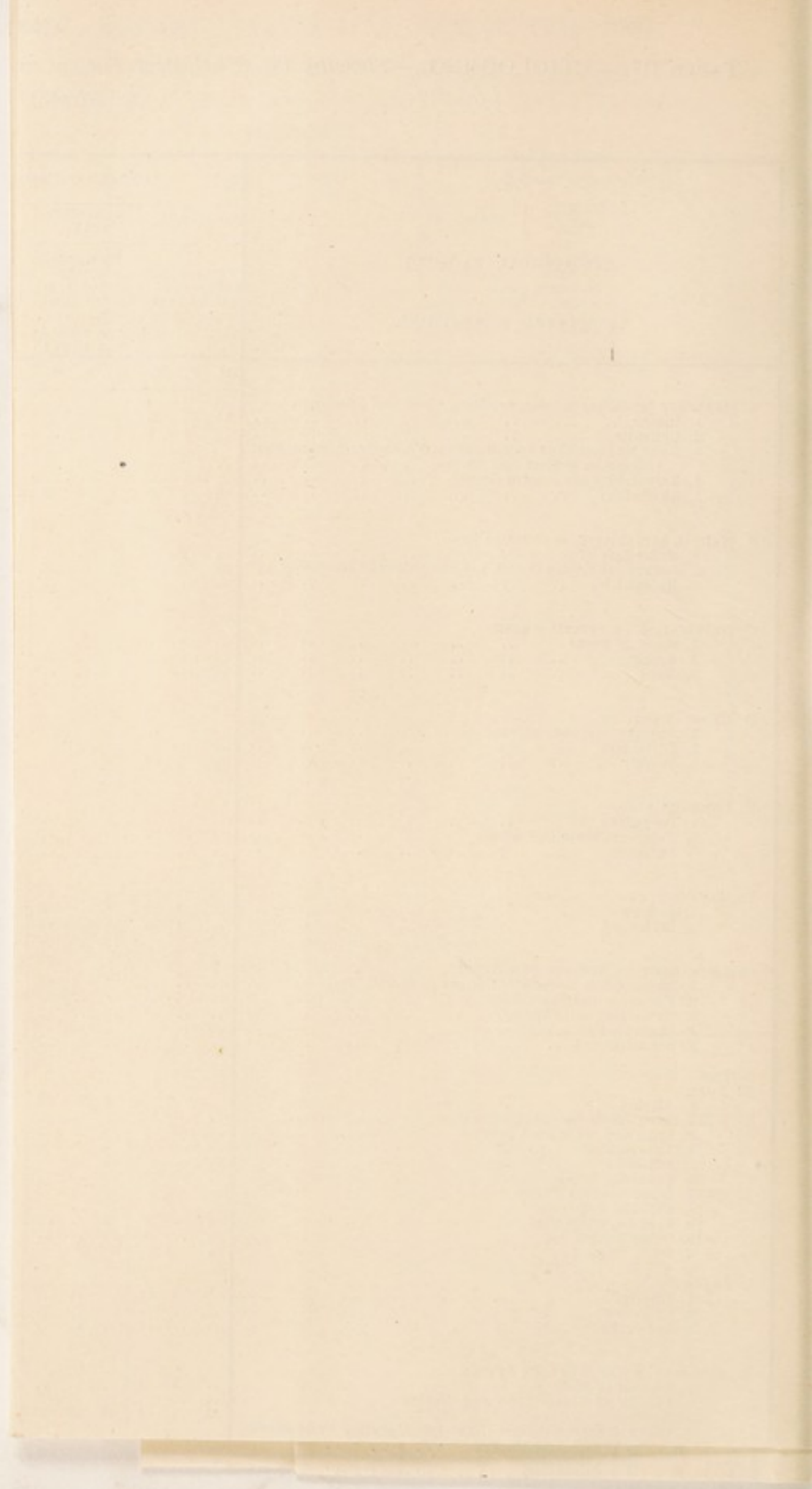
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TABLE B7.—ETIOLOGICAL.—Showing the Etiological Factors and Associated Conditions assigned in the Direct Admissions during the year 1908, distinguishing between cases—Congenital, First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-Not.

SUMMARY.

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.			FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-whether-FIRST-ATTACK-or-NOT.			TOTAL DIRECT ADMISSIONS.		
	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	GRAND TOTAL.
	Instances where regarded as the essential or chief factor.*	Instances where regarded as a contributory factor or associated condition.†	INCIDENCE.	Instances where regarded as the essential or chief factor.*	Instances where regarded as a contributory factor or associated condition.†	INCIDENCE.	Instances where regarded as the essential or chief factor.*	Instances where regarded as a contributory factor or associated condition.†	INCIDENCE.	Instances where regarded as the essential or chief factor.*	Instances where regarded as a contributory factor or associated condition.†	INCIDENCE.	Total instances where regarded as the essential or chief factor.	Total instances where regarded as a contributory factor or associated condition.	Total Incidence.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
A. HEREDITY (excluding cousins, nephews, nieces and offspring).															
1. Insane	11	9	20	7	2	9	18	11	29	6	1	7	6	8	14
2. Epileptic	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Neuritic (including only Hysteria, Neurasthenia, Spasmodic (Idiopathic) Asthma and Chorea)	2	3	5	2	3	5	2	3	5	2	3	5	2	3	5
4. Eccentricity (in marked degree)	6	6	12	8	7	15	2	2	4	1	1	2	1	1	2
5. Alcoholism	6	6	12	8	7	15	2	2	4	1	1	2	1	1	2
B. MENTAL INSTABILITY, as revealed by—															
1. Moral deficiency	61	60	121	1	1	2	3	2	5	2	2	4	1	1	2
2. Congenital Mental Defect, not amounting to Imbecility	61	60	121	1	1	2	3	2	5	2	2	4	1	1	2
3. Eccentricity	61	60	121	1	1	2	3	2	5	2	2	4	1	1	2
C. DEPRIVATION OF SPECIAL SENSE.															
1. Smell or Taste	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Hearing	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Sight	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
D. CRITICAL PERIODS.															
1. Puberty and Adolescence	101	118	219	13	16	29	114	134	248	6	3	9	7	22	29
2. Climacteric	7	22	29	7	22	29	7	22	29	7	22	29	7	22	29
3. Senility	7	22	29	7	22	29	7	22	29	7	22	29	7	22	29
E. CHILD-BEARING.															
1. Pregnancy	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Puerperal State (not septic)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Lactation	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
F. MENTAL STRESS.															
1. Sudden	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Prolonged	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
G. PHYSIOLOGICAL DEFECTS AND ERRORS.															
1. Malnutrition in early life (signs of Rickets, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Privation and Starvation	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Over-exertion (Physical)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
4. Masturbation	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. Sexual excess	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
H. TOXIC.															
1. Alcohol	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Drug Habit (morphia, cocaine, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Lead and other such poisons	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
4. Tuberculosis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. Influenza	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. Puerperal Sepsis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. Other Specific Fevers	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. Syphilis, acquired	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
9. Syphilis, congenital	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Other Toxins	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
I. TRAUMATIC.															
1. Injuries	8	3	11	8	3	11	9	7	16	7	1	8	16	8	24
2. Operations	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Sunstroke	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
K. DISEASES OF THE NERVOUS SYSTEM.															
1. Lesions of Brain	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Lesions of Spinal Cord and Nerves	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Epilepsy	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
4. Other defined Neuroses (limited to Hysteria, Neurasthenia, Spasmodic Asthma, and Chorea)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. Other Neuroses which occurred in Infancy or Childhood (limited to Convulsions and Night-terrors)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
L. OTHER BODILY AFFECTIONS.															
1. Hemopoietic System (Anemia, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Cardio-vascular degeneration	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. Valvular Heart Disease	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
4. Respiratory System (Excluding Tuberculosis)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. Gastro-intestinal System	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. Renal and Vesical System	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. Genitive System (excluding Syphilis)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. Other General Affections, not included above (e.g., Diabetes, Myxedema, etc.)	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4
M. CASES IN WHICH NO PRINCIPAL FACTOR COULD WITH CERTAINTY BE ASSIGNED, but in which one or more factors were ascertained, and were returned as contributory.	21	32	53	5	1	6	5	1	6	1	1	2	27	33	60
N. NONE ASSIGNABLE, notwithstanding full History and Observation	12	1	13	2	2	4	2	2	4	1	1	2	14	3	17
O. NONE ASCERTAINED, History defective	75	65	140	12	20	32	4	1	5	1	17	18	92	103	195
Totals	198	174	372	185	176	361	12	7	19	11	39	50	406	396	802

* One entry, and one only, has been made in these columns for each case recorded in them; thus the totals of these columns will equal the number of cases belonging to that particular case.
† As several factors will have sometimes been entered in these columns in respect of one case, and, on the other hand, there may have been none to enter, no attempt should be made to totalize these columns.
‡ All cases believed to have suffered, at any time in their lives, from Syphilis have been entered.
§ 1 male direct admission "not insane," not included.



TOOTING REC ASYLUM AND TOOTING REC RECEIVING HOME FOR CHILDREN

† The small brown insects were all *Exochus* sp. *Exochus* was the only species found.

¹ In this column, the names in the sixth column of Table 37 have been corrected as far as known. (1)

	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423
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TABLE B9.—Showing the General Paralytics in the Direct Admissions during the year 1908, arranged according to their ages at Commencement of the Attack and to their Civil State, and also the number of instances in which the attack was ascertained to have been preceded by Syphilis, together with the age at which the latter was contracted.

SUMMARY.

CIVIL STATE.	AGE AT COMMENCEMENT OF THE ATTACK OF GENERAL PARALYSIS.																								TOTALS.			With positive evidence of Syphilis.				
	Under 15.			15—19.			20—24.			25—34.			35—44.			45—54.			55—64.			65 and upwards.									Unknown.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
Single	2	..	2	2	..	2	1	1	2	..	2	1	..	1	2	1	3	9	2	11	8	..	8
Married	2	..	2	3	..	3	2	..	2	7	..	7	5	..	5	
Widowed	2	..	2	2	..	2	1	..	1	
Unknown	
TOTALS	2	..	2	2	..	2	2	1	3	5	..	5	3	..	3	2	..	2	2	1	3	18	2	20	14	..	14
SYPHILIS, congenital ..	2	..	2	1	..	1	1	..	1	4	..	4	<div></div>		
" contracted prior to age 25..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 25—34 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 35—44 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 45—54 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" at or after age 55..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" at age unknown ..	..	..	..	..	..	..	..	..	..	2	..	2	4	..	4	2	..	2	1	..	1	..	..	1	..	1	10	..	10

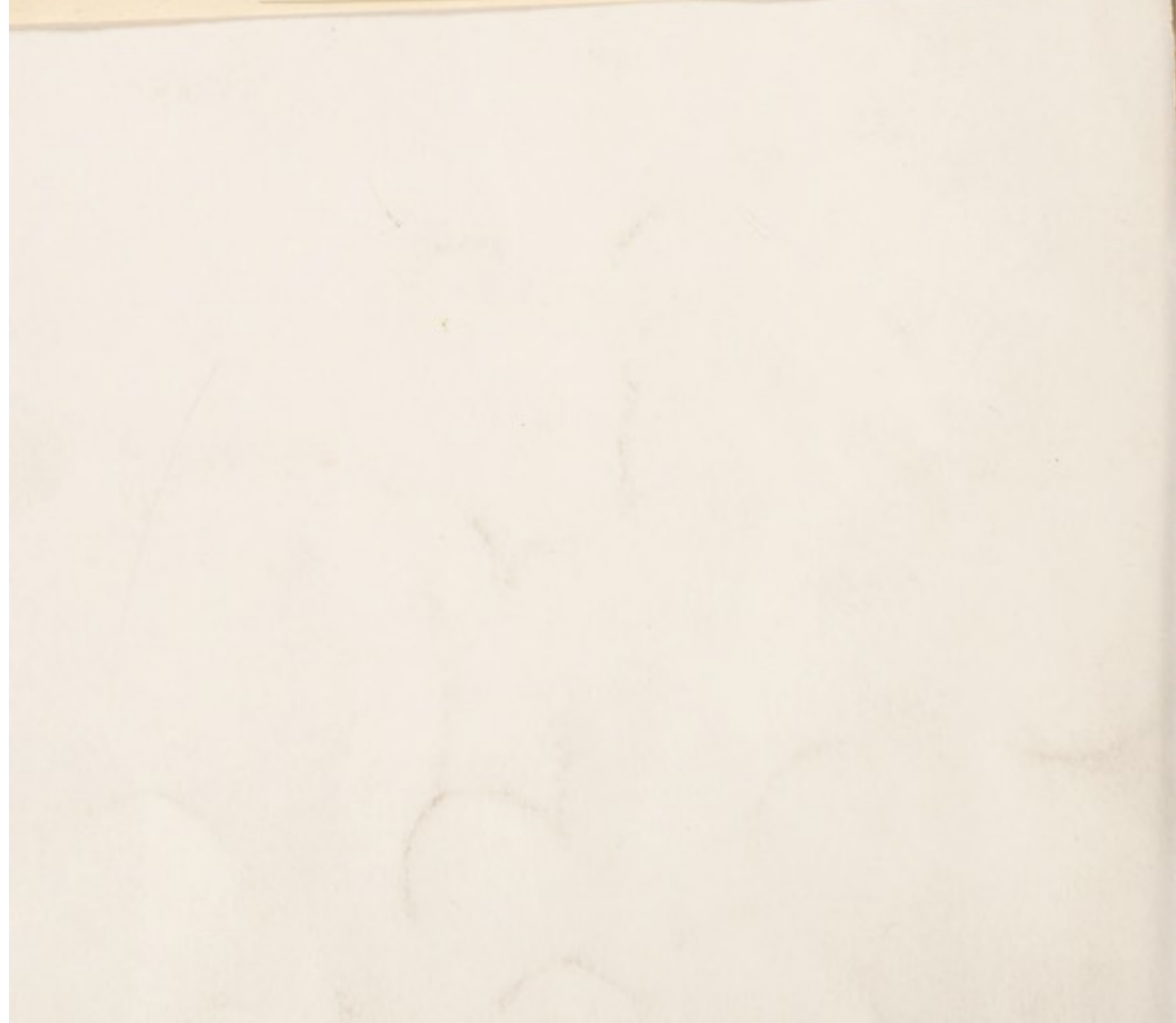
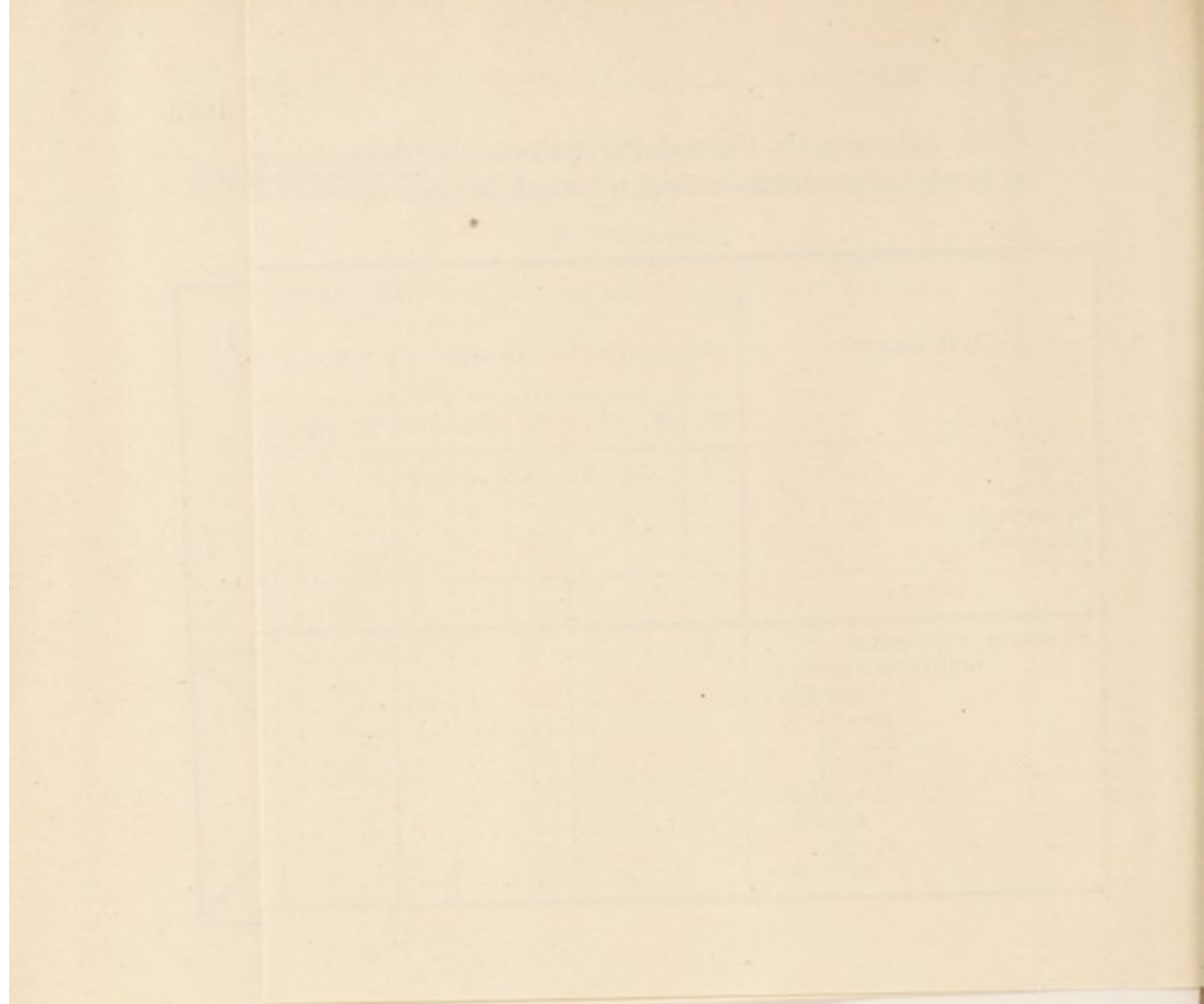


TABLE CI.—*An Analysis of the Discharges and Transfers during the year 1908.*

SUMMARY.

	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Discharged as Recovered—									
From direct admissions—									
First attack cases	1	3	4	..	..	..	..	..	..
Not first attack cases	*1	1	2	..	..	..	..	..	..
Cases unknown whether first attack or not .. .. .	..	..	..	..	..	..	..	..	..
Total from direct admissions—				2	4	6	..	..	..
From transfers—									
First attack cases	1	..	1	..	..	..	..	..	..
Not first attack cases .. .. .	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not .. .. .	..	..	..	..	..	..	..	..	..
Total from transfers .. .. .	..	..	..	1	..	1	..	..	..
Total discharged as recovered	..	..	..	3	4	7	..	..	..
Discharged (not recovered) as—				Relieved			Not improved		
Relieved ‡	3	2	5	3	2	5	..	..	..
Not improved †	44	44	88	..	..	..	44	44	88
Total	47	46	93						
Reasons for such discharge—									
To go to care of friends	14	18	32	..	..	..	..	..	..
To go to workhouse	7	..	7	..	..	..	..	..	..
To go to L.C.C. and other Asylums ..	23	28	51	..	..	..	..	..	..
To be boarded out .. .. .	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in Reception Order .. .. .	..	..	..	..	..	..	..	..	..
Statutory, by lapsing of Reception Order ..	..	..	..	..	..	..	..	..	..
Escaped	3	..	3	..	..	..	..	..	..
Total	47	46	93						
Transferred as—									
Relieved .. .. .	..	..	..	..	..	..	..	..	..
Not improved .. .. .	..	..	..	..	..	..	..	..	..
Total									
Destination of such transfers—									
To other asylums, reg. hospitals, and licensed houses .. .. .	..	..	..	..	..	..	..	..	..
To "single care" .. .. .	..	..	..	..	..	..	..	..	..
Other destination .. .. .	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..			
Total discharged and transferred as—									
Relieved .. .. .	..	..	..	3	2	5	..	..	..
Not improved .. .. .	..	..	..	..	..	..	44	44	88

* Not insane.

‡ Includes 2 male escapes.

† Includes 1 male escape.

TABLE C3.—*Showing the form of Mental Disorder, on admission, in those Discharged Recovered during 1908.*

SUMMARY.

FORMS OF MENTAL DISORDER (ON ADMISSION).								M.	F.	Total.
Primary Dementia	..	..	..	..	..	..	..	1	..	1
Recent Mania	..	..	..	..	..	..	..	..	1	1
Chronic Melancholia	2	2
Senile Dementia	1	1	2
Totals								2	4	6*

*Exclusive of one not insane.

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TABLE C2.—Showing in the Total Cases Discharged Recovered during the year 1908 the ages in Quinquennial Periods—(a) On Recovery, and (b) at the Commencement of the Recent Attack of Mental Disorder, arranged according to the Total Length of such attack.

SUMMARY.																					
AGE PERIODS ¹	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70—74.	75—79.	80—84.	85—89.	Age unknown	Total.		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	T.	
AGE ON RECOVERY 1	1 1	1 1 1	2	4	6
Total Length of this Attack of Mental Disorder.		AGE AT COMMENCEMENT OF RECENT ATTACK OF MENTAL DISORDER.																			
Less than 1 month	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
1 month and less than 3 months	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1
3 months	.. 6	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1
6 ..	.. 9	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1
9 ..	.. 12	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	2
12 ..	.. 18	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1	1
18 ..	.. 2 years	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2 years	.. 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3 ..	.. 5	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Duration unknown	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
Totals 1	1 1	1 1 1	2	4	6

TABLE I	
Year	Amount
1880	100.00
1881	120.00
1882	150.00
1883	180.00
1884	200.00
1885	220.00
1886	250.00
1887	280.00
1888	300.00
1889	320.00
1890	350.00
1891	380.00
1892	400.00
1893	420.00
1894	450.00
1895	480.00
1896	500.00
1897	520.00
1898	550.00
1899	580.00
1900	600.00

TABLE C4.—Showing the *Ætiological Factors* ascertained in the Recoveries during the year 1908, distinguishing between cases—First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-Not.

TOOTING BEC ASYLUM AND CATERHAM ASYLUM. (Figures in small type refer to case at Caterham Asylum.)

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	FIRST-ATTACK CASES.						NOT-FIRST-ATTACK CASES.						CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.						TOTAL DIRECT RECOVERIES.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	PRINCIPAL.			CONTRIBUTORY.			TOTAL INCIDENCE.	PRINCIPAL.			CONTRIBUTORY.			TOTAL INCIDENCE.	PRINCIPAL.			CONTRIBUTORY.			GRAND TOTAL INCIDENCE.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Instances where regarded as the essential or chief factor. *	Instances where regarded as a contributory factor or associated condition. †	TOTAL	Instances where regarded as the essential or chief factor. *	Instances where regarded as a contributory factor or associated condition. †	TOTAL		Instances where regarded as the essential or chief factor. *	Instances where regarded as a contributory factor or associated condition. †	TOTAL	Total instances where regarded as the essential or chief factor.	Total instances where regarded as a contributory factor or associated condition.	TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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* One entry, and one only, has been made in these columns for each case recorded in them; thus the totals of these columns will equal the number of cases belonging to that particular class.

† As several factors will have sometimes been entered in these columns in respect of one case, and, on the other hand, there may have been none to enter, no attempt should be made to totalise these columns.

‡ All cases believed to have suffered, at any time in their lives, from Syphilis have been entered.

TABLE D1.—Showing all the Causes of Death that entered into the Deaths during the year 1908, arranged as PRINCIPAL, CONTRIBUTORY, and the Totals of these; also the number of times each Case (whether Principal or Contributory) was associated with certain Selected Causes; and the number of occasions each principal Cause of Death was verified by Post-mortem Examination.

SUMMARY.

Causes of death.	Instances when returned as PRINCIPAL.			No. verified by P.M.	Instances when returned as CONTRIBUTORY.			Total incidence.	Showing the total correlation between any given cause of Death (whether acting as Principal or Contributory), and the subjoined selected causes.														
									Epidemic Diarrhoeal and Infective Enteritis.	Dysentery (Colitis).	Pneumonia.	Pulmonary Tuberculosis.	General Paralysis of the Insane.	Exhaustion from Mania or Melancholia.	Valvular Heart Disease.	Fatty Degeneration of the Heart.	Cerebral Hemorrhage.	Chronic Bright's Disease.	Tubercular other than Pulmonary.	Pleurisy.	Mastoid Disease.	Syphilis.	
	M.	F.	T.		M.	F.	T.																M.
GENERAL DISEASES.																							
Scarlet Fever	1	1	2	2				1	1	2													
Asylum Dysentery	1	1	1	1																			
Dysentery	1	1	2	2				1	1	2													
Colitis (non-ulcerative) ..	1	1	1	1																			
Gangrene	1	1	2	2				1	1	2													
Syphilis, Cerebral	1	1	1	1				1	1	1													
other than Cerebral ..	1	1	1	1				1	1	2													
Pneumonia, Lobar	6	3	9	7	5	4	9	11	7	18													
Broncho	5	2	7	4				5	2	7													
not defined	21	22	43	37	32	5	37	53	27	80													
Erysipelas	1	1	1	1				1	1	1													
Pyæmia	2	3	5	4				2	3	5													
Phthisis	17	4	21	17	1	3	4	18	7	25													
Tuberculosis of Peritoneum	2	1	2	1				2	1	2													
" Bowel	1	1	1	1				1	1	1													
" Intestines	1	1	1	1				1	1	1													
" Kidney	1	1	1	1				1	1	1													
" Pulmonary	21	23	44	39	1	1	1	22	23	45													
" General	6	3	9	7	1	1	2	7	4	11													
Carcinoma of Stomach	1	1	1	1				1	1	1													
Cancer	12	15	27	24	2	2	4	14	17	31													
Leucocythæmia	1	1	1	1				1	1	1													
DISEASES OF NERVOUS SYSTEM.																							
Meningitis, Septic	2	1	3	3	1	1	1	1	1	1													
Abscess of Brain	4	6	10	10	2	3	5	6	9	15													
Softening of Brain	1	1	2	2				1	1	2													
Tumour of Brain	14	2	16	8	1	1	1	14	3	17													
Organic Disease of Insane	25	7	32	25	1	1	1	26	7	33													
General Paralysis of Insane	1	1	2	2				1	3	4													
Mania, Exhaustion from ..	22	16	38	25	3	2	5	25	18	43													
Epilepsy	1	1	1	1				1	1	1													
Locomotor Ataxy	1	1	1	1				1	1	1													
Uremic Convulsions	1	1	1	1				1	1	1													
DISEASES OF ORGAN OF SPECIAL SENSE.																							
Mastoid Disease	1	1	1	1				1	1	1													
Abscess of Middle Ear	2	1	3	2				2	1	2													
DISEASES OF HEART.																							
Valvular Disease	16	32	48	45	28	21	49	44	53	97													
Endocarditis, Acute	1	1	1	1				1	1	1													
Pericarditis	2	2	2	2	3	3	5	5	5	5													
Fatty Degeneration of Heart	4	9	13	11	5	4	9	9	13	22													
Heart Failure	2	1	3	3	13	13	15	1	16														
DISEASES OF BLOOD VESSEL.																							
Cerebral Hemorrhage	4	13	17	16				4	13	17													
Cerebellar	1	1	1	1				1	1	1													
Senile Gangrene	1	1	1	1				1	1	1													
Cerebral Thrombosis	1	1	1	1				1	1	1													
Arterio Sclerosis	1	1	1	1				1	1	1													
Subdural Hemorrhage	1	1	1	1				1	1	1													
Atheroma of Coronary Arteries	1	1	1	1				1	1	1													
DISEASES OF RESPIRATORY ORGANS.																							
Bronchitis, Acute and Chronic	8	10	18	14	18	5	23	26	15	41													
Pleurisy	1	1	1	1	1	1	1	1	1	1													
Empyema	1	1	1	1	1	1	1	1	1	1													
Abscess of Lung	1	1	1	1	1	1	1	1	1	1													
Edema	1	1	1	1	1	1	1	1	1	1													
Bronchiectasis	1	1	1	1	1	1	1	1	1	1													
Gangrene of Lung	1	1	1	1				1	1	1													
DISEASES OF DIGESTIVE SYSTEM.																							
Gastric Ulcer	1	1	1	1	1	1	1	1	1	1													
Enteritis (not epidemic) ..	1	1	1	1	1	1	1	1	1	1													
Appendicitis	1	1	1	1	1	1	1	1	1	1													
Intestinal Obstruction	1	1	1	1	1	1	1	1	1	1													
Peritonitis	1	1	1	1	1	1	1	1	1	1													
" Septic	1	1	1	1	1	1	1	1	1	1													
Cirrhosis of Liver	1	1	1	1	1	1	1	1	1	1													
DISEASES OF LYMPHATIC AND DUCT-LESS GLANDS.																							
Addison's Disease	1	1	1	1				1	1	1													
DISEASES OF URINARY SYSTEM.																							
Acute Nephritis	2	7	9	9	11	5	16	13	12	25													
Chronic	1	1	2	2	1	2	3	2	3	5													
Bright's Disease	8	5	13	10	3	3	6	11	8	19													
Cystitis	3	3	3	3	4	4	4	7	7	7													
Prostatic Enlargement	1	1	1	1				1	1	1													
Pyelitis	1	1	1	1	1	1	1	1	1	1													
Hydronephrosis	1	1	1	1	1	1	1	1	1	1													
CONDITIONS NOT SPECIFIED.																							
Debility	1	1	1	1				1	1	1													
Senile Decay	85	109	194	175	5	13	18	90	122	212													
ACCIDENTS OR VIOLENCE.																							
Choking	1	1	1	1				1	1	1													
Fracture of Femur	1	1	1	1	4	3	7	4	3	7													
" Right Tibia	1	1	1	1	1	1	1	1	1	1													
Peritonitis, perforation by a straw	1	1	1	1	1	1	1	1	1	1													
" " " leaves	1	1	1	1	1	1	1	1	1	1													
Total	331	314	645	555																			

* The figures in this column should correspond with those in the column indicated by an asterisk in Table D2.

1. The first column contains the names of the persons who have been admitted to the Society since the last meeting. The second column contains the names of the persons who have been expelled from the Society since the last meeting. The third column contains the names of the persons who have been suspended from the Society since the last meeting. The fourth column contains the names of the persons who have been reinstated to the Society since the last meeting. The fifth column contains the names of the persons who have been transferred from one class to another since the last meeting. The sixth column contains the names of the persons who have been promoted from one class to another since the last meeting. The seventh column contains the names of the persons who have been demoted from one class to another since the last meeting. The eighth column contains the names of the persons who have been removed from the Society since the last meeting. The ninth column contains the names of the persons who have been added to the Society since the last meeting. The tenth column contains the names of the persons who have been removed from the Society since the last meeting.

Name	Class	Status	Date
A. B. C.	First	Admitted	1890
D. E. F.	Second	Expelled	1891
G. H. I.	Third	Suspended	1892
J. K. L.	Fourth	Reinstated	1893
M. N. O.	Fifth	Transferred	1894
P. Q. R.	Sixth	Promoted	1895
S. T. U.	Seventh	Demoted	1896
V. W. X.	Eighth	Removed	1897
Y. Z. A.	Ninth	Added	1898
B. C. D.	Tenth	Removed	1899

TABLE D2.—Showing the Principal cause of Death in each death during the year 1908, together with the ages at death in quinquennial periods.

SUMMARY.

Principal Causes of Death.	Ages at Death in Quinquennial Periods.															Total.
	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70 & over		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.		
GENERAL DISEASES—																
Scarlet Fever		1 1													1 1	2
Asylum Dysentery													1		1 1	1
Dysentery													1	1	1 1	2
Colitis, non-ulcerative								1							1	1
Gangrene												1		1	1 1	2
Syphilis, Cerebral													1		1	1
" other than Cerebral									1		2				1	3
Pneumonia, Lobar		1 2			2					2	2				6 3	9
" Broncho			1 2	1 2		1									5	2
" not defined	2							1			2	2		6 3	7 9	21 22 43
Erysipelas										1						1 1
Pyæmia	1				1				1					1	1	2
Tuberculosis, phthisis			4	2 1 2		3	2		1 1 1	1 1			1	1 1	17 4	21
Tubercular Peritonitis		1								1					2	2
Tuberculosis of Intestines									1							1 1
" Kidney				1											1	1
" Pulmonary		1		3 3	4 6 4 3		3 4 3		3 1 1	1		1	1 1	1 1	21 23	44
" General			1				1	1	1		1			1	6 3	9
Carcinoma											1					1
Cancer										1 1			2 4	4 1	5 9	12 15 27
Leucocythæmia				1											1	1
DISEASES OF NERVOUS SYSTEM—																
Abscess of Brain	1		1									1			2	1
Softening								1		2		1 1	1 1	1 1	4 6	10
Tumour												1			1	1
Organic Disease	5	3	2	1	1			1		1 1		1			14	2
General Paralysis of Insane		2 1	4 1	2	1		1 1 5		2 1 2	3	3	1 1			25 7	32
Mania, Exhaustion from										1		1			1	1
Epilepsy	1 1	3	2	1 2	1 3	3	3 1	2 2	1		1 4	1		2	12 16	38
Locomotor Ataxy										1					1	1
DISEASES OF ORGANS OF SPECIAL SENSE—																
Abscess of Middle Ear				1	1										2	2
DISEASES OF HEART—																
Valvular Disease			1		1	1		2		2 6	2 2	2 1	6 3	4 13	16 32	48
Endocarditis								1							1	1
Pericarditis	1		1												2	2
Fatty Degeneration of Heart								1		1	1	4	1		4 9	13
Heart Failure												1		1 1	2 1	3
DISEASES OF BLOOD VESSELS—																
Cerebral Hemorrhage		1									1 2		1	2 9	4 13	17
Cerebellar												1				1
Senile Gangrene														2	2	2
Cerebral Thrombosis												1				1
Subdural Hemorrhage														1	1	1
Atheroma of Coronary Arteries													1			1
DISEASES OF RESPIRATORY ORGANS—																
Bronchitis						1		1		1 1	1	2 1	1 2	3 3	8 10	18
Empyema						1									1	1
Abscess of Lung				1											1	1
Edema of Lung									1						1	1
Bronchiectasis												1 1			1 1	2
Gangrene of Lung													1			1
DISEASES OF DIGESTIVE SYSTEM—																
Gastric Ulcer						1				1						2 2
Enteritis						1			1				1		2	1
Appendicitis									1						1	1
Intestinal Obstruction													1		2	2
Peritonitis			1			1	1 1				1			1	5 1	6
Cirrhosis of Liver							1 1								1 1	2
DISEASES OF LYMPHATIC & DUCTLESS GLANDS—																
Addison's Disease							1								1	1
DISEASES OF URINARY SYSTEM—																
Acute Nephritis				1 1 1								2 1			3	2 7 9
Chronic									1						1	1
Bright's Disease									1 1	3		1 3	1		8 5	13
Cystitis				1										2	3	3
Prostatic Enlargement							1					1		1	1	1
Pyelitis																
Hydronephrosis																
CONDITIONS NOT SPECIFIED—																
Debility										1					1	1
Senile Decay										1	1 2	4		13 8	67 98	85 109 194
ACCIDENTS OR VIOLENCE—																
Choking																
Fracture of Femur													1		1	1
Fracture of Right Tibia																
Peritonitis, perforation by straw									1						1	1
" " leaves															1	1
Totals	10 4	14 5	19 8	16 10	15 10	13 6	13 8	15 6	13 15	16 18	21 16	19 20	41 28	106 160	331 314	645

* The figures in this column should correspond with those in the column indicated by an asterisk in Table D1.

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TABLE D3.—Showing the total duration of the Present Attack of Mental Disorder in the deaths during the year 1908, arranged according to the Form of Mental Disorder on admission.

SUMMARY.

Form of Mental Disorder (on admission).		Total duration of Present Attack of Mental Disorder.																								Totals.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		Less than 1 month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m.—9 m.	9 m.—12 m.	12 m.—2 years.	2—3 Years.	3—5 Years.	5—10 Years.	10—15 Years.	15—20 Years.	20—25 Years.	25—30 Years.	30—35 Years.	35—40 Years.	40—50 Years.	50 years and over.	Un-known.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Insanity occurring later in life.	1. Intellectual { with epilepsy

Date	Description	Amount	Balance
1890	Jan 1	100.00	100.00
1891	Feb 1	50.00	50.00
1892	Mar 1	25.00	25.00
1893	Apr 1	15.00	10.00
1894	May 1	10.00	0.00
1895	Jun 1	5.00	5.00
1896	Jul 1	3.00	2.00
1897	Aug 1	2.00	0.00
1898	Sep 1	1.00	1.00
1899	Oct 1	0.50	0.50
1900	Nov 1	0.25	0.25
1901	Dec 1	0.10	0.10

TABLE E1.—*Showing the ages (in quinquennial periods) of those on the Registers on the 31st December, 1908, arranged according to the Total Duration of present Attack of Mental Disorder.*

SUMMARY.

[illegible]

* The figures here should correspond with the total of (a) and (b), Congenital Cases, in Table E2.

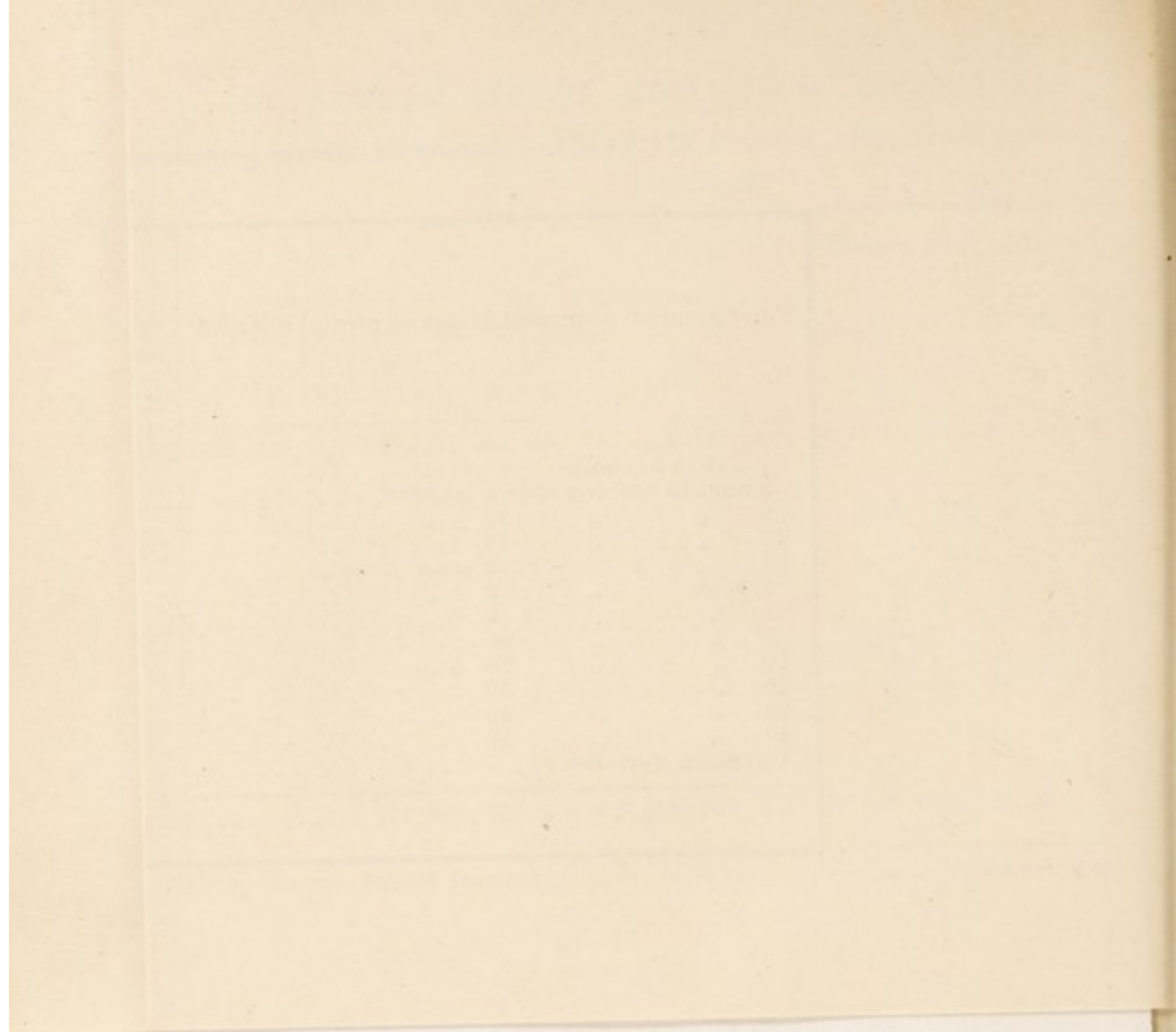


TABLE E2.—*Showing the Form of Mental Disorder on 31st December, 1908, of those on the Registers at that date.*

SUMMARY.

Forms of Mental Disorder on 31st December.							M.	F.	T.							
Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed.	1. Intellectual { a. With epilepsy						582	617	1,199							
	b. Without epilepsy						1,682	1,470	3,152							
	2. Moral .. .. .						..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy						128	131	259							
	2. General paralysis of the insane						28	17	45							
	3. Insanity with grosser brain lesions						8	9	17							
	4. Acute delirium .. .. .						..	..	..
	5. Confusional insanity .. .. .						..	..	..
	6. Stupor						1	..	1							
	7. Primary dementia						22	44	66							
	8. Mania { a. Recent .. .. .						..	..	..
	b. Chronic						72	177	249							
	c. Recurrent .. .. .						..	1	1	
	9. Melancholia { a. Recent						1	..	1							
	b. Chronic						22	56	78							
	c. Recurrent .. .. .						..	..	..
	10. Alternating insanity						4	..	4							
	11. Delusional insanity { a. Systematised						19	6	25							
b. Non-systematised						31	28	59								
12. Volitional insanity { a. Impulse .. .. .						..	..	..
b. Obsession .. .. .						..	..	..
c. Doubt .. .. .						..	..	..
13. Moral insanity .. .. .						..	..	..
14. Dementia { a. Senile						241	443	684								
b. Secondary						533	567	1,100								
Totals							3,374	3,566	6,940							
Prospect of mental recovery { Favourable .. .. .							..	..	..
							Doubtful							4	3	7
							Unfavourable							3,370	3,563	6,933

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. 36-38.

There were 506 (500)* children in the homes at the beginning of the year; 474 (439) were admitted during the year direct from the unions or parishes, and 15 (63) from other institutions of the Board; 464 (407) children were discharged direct to the unions or parishes, and 29 (89) to other institutions of the Board. One died; and 501 (506) 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 329 (339) children remaining at the beginning of the year; 761 (659) were admitted from the unions and parishes, and 46 (61) from other institutions of the Board; 728 (697) have been discharged to the unions and parishes, and 29 (131) to other institutions of the Board; one died (2); and 378 (329) remained under treatment at the close of the year.

The report of the visiting medical officer will be found on pp. 39-41.

Children
requiring
special
treatment
during
convales-
cence, or
the benefit
of seaside
air.

The Southern Hospital at Carshalton, Surrey, built for convalescent fever patients, but never used for that purpose, has been re-named The Children's Infirmary, and will be opened early in 1909 for the reception of the "sick, convalescent, and debilitated children." The Homes at Herne Bay, Margate, and Rustington contained 366 (335) children at the beginning of the year; 767 (643) were admitted direct from the unions and parishes, and 110 (169) from other institutions of the Board; 731 (555) were discharged to the unions and parishes, and 117 (215) to other institutions of the Board; 17 (11) died; and 378 (366) remained under treatment at the end of the year.

The reports of the visiting medical officers will be found on pp. 42-44.

Defective
children.

In the six 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 213 (149) children; 61 (55) were admitted from the unions or parishes, and 113 (112) from other institutions of the Board; 20 (15) were discharged to the unions or parishes, and 121 (121) to other institutions of the Board; none died; 246 (213) remained under training at the end of the year.

The reports of the medical officers will be found on pp. 45-52.

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 17 (18) children at the beginning of the year; 3,881 (3,160) were admitted, and 3,880 (3,161) were discharged, leaving 18 (17) resident at the end of the year.

IV.—TRAINING SHIP EXMOUTH.

Statistics.

The number of boys admitted during the year was 297 (242) (including 95 (71) from extra-metropolitan parishes and unions), while the number discharged was 242 (285); 1 death (*none*) occurred.

* Italic figures in brackets throughout are the corresponding figures for 1907.

Of the discharges 86 (88)* entered the Royal Navy, 96 (144) the Mercantile Marine, 17 (13) the Army as musicians, and 43 (40) were returned to their respective parishes and unions.

At the end of the year there remained 589 (535) boys under training.

The statistical tables on pp. 71-79 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.	Admitted direct from Homes or Parishes and Unions.	Remaining in the various Institutions Dec. 31st, 1908.
Fever patients	441,541	4,924
Smallpox patients	75,092	—
Imbeciles	29,034	6,940
Boys on training ship Exmouth	9,969	589
Children at homes and special schools	32,628†	1,521
Totals	588,264†	13,974

† Includes 1226 children transferred from one home to another.

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 1908, 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.

* Italic figures in brackets throughout are the corresponding figures for 1907.

APPENDIX I.—INFECTIOUS DISEASES.

(Statistical tables detached from the Ambulance Committee's Report, p. 70.)

A.—AMBULANCE SERVICE.—Number of Patients removed by the Ambulances of the Board.

	From 1881 to 1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	TOTALS.
FEVER AND DIPHTHERIA.														
REMOVED :—														
From homes to Hospitals	132,912	22,795	20,923	24,917	21,430	25,532	24,410	18,191	18,468	23,736	25,893	32,037	27,882	419,126
" " General Hospitals	736	186	133	247	201	98	59	..	..	†1	†1	†1	7	10
Enteric Fever from homes to General Hospitals .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1,660
From General Hospitals to homes, owing to want of room in the Managers' Hospitals, or to the patients being extra-Metropolitan residents	2,622	752	71	144	20	159	51	44	44	37	24	3	6	3,977
RETURNED HOME :—														
Mistaken diagnoses	†	†	†	†	†	†	33	48	38	51	68	121	88	447
TRANSFERRED :—														
Convalescent to Northern and other Hospitals	46,568	8,941	6,437	7,973	5,394	5,223	4,210	2,565	5,388	9,584	12,617	15,929	14,265	145,094
Other transfers between Hospitals and Wharves	69	10	2	8	39	201	66	43	3	642	21	75	8	1,187
DISCHARGED :—														
From Northern Hospitals to Town Hospitals	35,155	5,259	4,226	4,530	2,681	4,300	4,489	2,758	4,300	6,099	..	..	1	73,798
From Northern Hospital and conveyed from Eastern, Western, South-Eastern, North-Western, and South-Western Hospitals to other Hospitals	617	111	1	99	29	126	293	229	306	574	..	..	..	2,385
From Gore Farm Hospital to Town Hospitals	9,191	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	452	181	125	31	233	87	..	..	..	..	..	..	..	1,109
From Northern Hospital direct home .. ..	..	..	..	..	..	..	..	..	..	4	8	30	7	49
From Gore Farm Hospital direct home .. ..	..	..	..	..	..	..	..	..	..	257	21	14	21	313
From Northern Hospital to Ambulance Stations	..	..	..	..	..	..	..	..	..	609	3,315	3,730	3,245	10,899
From Gore Farm Hospital to Ambulance Stations	..	..	..	..	..	..	..	..	..	1,185	4,699	7,382	8,342	21,608
From Joyce Green Hospital to Ambulance Stations .. ..	..	..	..	..	..	..	..	..	..	..	..	244	156	400
From Ambulance Station to Ambulance Station .. ..	..	..	..	..	..	..	..	..	..	..	..	197	456	653
From Ambulance Stations to homes .. ..	..	..	..	..	..	..	..	..	..	..	292	259	228	854
From other Hospitals to homes	*4,201	350	317	385	577	642	623	663	972	1,267	1,094	1,259	1,611	13,961
Total Fever and Diphtheria patients	232,523	42,243	34,680	41,708	33,339	37,607	34,234	24,541	29,519	44,121	48,053	61,281	56,323	720,172

REMOVED :—	from 1881 to 1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	TOTALS
SMALLPOX														
From homes to Hospitals and Wharves ..	19,261	121	36	28	94	1,848	7,830	422	494	80	33	15	8	30,270
RETURNED HOME; mistaken diagnoses ..	†	†	†	†	†	†	310	68	40	27	5	12	7	469
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 ..	10,605	33	1	1	31	118	567	15	30	3	3	..	..	11,407
Total Smallpox patients ..	35,368	154	37	44	125	1,971	8,756	507	564	110	41	27	15	47,719
CONVEYANCE OF INFECTIOUS PATIENTS to other places than the Managers' Hospitals ..	2,309	361	326	369	327	388	360	323	442	423	405	454	408	6,895
NON-INFECTIOUS REMOVALS														
Imbecile ..	..	..	..	..	..	96	23	769	531	684	734	807	1,177	4,821
Ringworm..	..	..	..	..	..	180	120	203	22	..	58	28	9	620
Ophthalmia ..	..	..	..	..	..	..	..	245	433	306	318	452	435	2,189
Defective and other Children ..	..	..	..	..	..	13	129	90	219	314	271	165	176	1,377
Other Patients (private removals) ..	..	..	..	..	..	..	..	..	68	134	424	841	1,291	2,758
Staff ..	..	..	..	..	..	..	..	..	..	1	2	3	36	42
Total Non-Infectious Removals	..	..	..	..	..	289	272	1,307	1,273	1,439	1,807	2,296	3,124	11,807
Grand Totals ..	270,200	42,758	35,043	42,121	33,791	40,255	43,622	26,678	31,798	46,093	50,306	64,058	59,870	786,593

† Not recorded.

B.—AMBULANCE SERVICE—(continued).

Return of Work for the Twelve Months ended December 31st, 1908.

PARTICULARS OF WORK.	Number of Journeys.	MILES RUN.					
		By Horses.				By Motor.	Total by Vehicles.
		1	2	3	4		
I. INFECTIOUS CASES.							
Removals from Home—							
To the Board's Hospitals—							
Fever Patients	26,634	268,302	311	..	..	6,154	274,767
Smallpox Patients .. .. .	..	..	..	..	..	..	..
To the Board's Wharves—							
Smallpox Patients	8	167	..	..	..	..	167
To General Hospitals	7	69	..	..	..	..	69
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	6	77	..	..	..	..	77
Non-Smallpox Patients returned home	7	125	..	..	..	..	125
Other Patients returned home ..	63	537	..	..	..	..	537
Patients sent for, but for various causes not removed (lost journeys)	307	2,538	..	..	..	78	2,616
Patients' friends taken from home to Hospital	5	62	..	..	..	..	62
Patients' friends taken from Hospital to home	16	180	..	..	..	..	180
Transfers between Hospitals—							
Fever Patients to Northern Hospital	483	105	1,833	..	..	13,540	15,478
Fever Patients to Gore Farm Hospital	608	..	825	..	..	23,791	24,775
Other transfers between Hospitals..	2	28	26	..	..	..	54
Recovered Patients—							
From Northern Hospital to Homes	5	128	..	..	..	38	166
" Gore Farm	16	387	62	..	..	222	671
" Northern " to Ambulance Stations	381	1,029	1,465	..	..	8,062	10,535
" Gore Farm	489	..	503	..	..	19,062	19,565
" Joyce Green Hospital (Fever) to Ambulance Stations ..	20	..	509	..	..	314	857
" Ambulance Stations to Homes	196	1,694	..	..	..	8	1,702
" Ambulance Station to Ambulance Station	145	2,065	345	..	..	..	2,410
" Acute Fever Hospitals to Homes	1,005	11,375	46	..	..	78	11,499
" Wharves (Smallpox) .. .. .	..	..	..	..	..	..	..
Conveyance of Patients—							
To places other than Managers' Hospitals (private removals)	386	4,060	119	..	..	947	5,126
Totals	30,789	292,928	6,044	..	..	72,294	371,438
II. NON-INFECTIOUS CASES.							
Imbeciles	173	24	221	..	..	8,611	8,856
Ringworm children	10	62	12	..	..	255	329
Ophthalmic children	79	252	117	..	..	785	1,154
Defective and other children ..	23	62	30	..	..	544	636
To places other than the Managers' Institutions (private removals) ..	1,289	14,948	291	..	..	971	16,210
Lost journeys	31	308	..	..	..	29	337
Totals	1,605	15,656	671	..	..	11,195	27,522
III. OTHER WORK.							
Service requirements and conveyance of general stores	1,301	8,490	603	..	..	5,588	12,508
Conveyance of Ambulance Committee	13	95	..	..	..	18	113
Conveyance of other Committees ..	..	..	..	..	..	..	..
Conveyance of Hospital Stores—							
Fever	475	3,346	5,670	..	..	..	9,495
Smallpox .. .. .	..	..	..	..	..	..	..
Conveyance of Staff	38	459	..	..	..	59	518
Horses in exchange	39	100	770	..	..	..	..
Totals	1,866	12,490	7,043	..	..	5,665	22,634
Totals for 1908	34,260	321,074	13,758	..	..	89,154	421,594
Totals for 1907	38,548	347,205	48,329	..	..	71,786	467,756
Totals for 1906	32,614	284,415	85,152	..	..	23,527	338,265
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	40,792	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	489,903	4,367,791½	660,995	3,042	11,342	192,481	5,221,436½

N.B.—The difference between the mileage totals for horses and vehicles is due to exchange horses.

C.—RIVER SERVICE.

Number of Patients, Visitors, Staff, &c., conveyed to and from Long Reach during the year 1908.

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 .. .. .	..	..	..	42	42
February .. .. .	..	..	..	44	44
March	1	..	..	59	60
April .. .. .	..	..	..	46	46
May .. .. .	..	1	1	56	58
June .. .. .	..	..	6	48	54
July .. .. .	..	..	2	53	55
August .. .. .	..	..	..	46	46
September .. .. .	..	..	..	109	109
October .. .. .	..	..	2	88	90
November .. .. .	..	..	2	100	102
December .. .. .	..	..	..	108	108
Totals for 1908	1	1	13	*799	814*
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	26,602	22,339	13,923	36,064	98,928

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.	Cwts.		Miles.
"Albert Victor" ..	1,228	0	562	0	2	0	24	10	46	9
"Geneva Cross" ..	167	0	37	0	0	0	18	0	4	0
"Maltese Cross" ..	1,378	0	824	0	32	0	24	0	60	303
"White Cross" ..	7,886	0	5,254	0	380	0	46	0	332	3,782
"Red Cross" ..	1,211	0	681	0	0	0	21	10	47	0
Totals ..	11,870	0	7,358	0	414	0	134	0	489	4,094

Quantity of Stores, Parcels, &c., conveyed to and from Long Reach.

Weight, 69 tons 19 cwt. 3 qr. 16 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.

D.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE BOARD'S FEVER HOSPITALS FOR THE YEAR 1908.

No. 1.

EASTERN HOSPITAL.

HOMERTON, N.E.,

24th January, 1909.

Statistics. The total number of patients under treatment was 2,634, considerably less than last year.

Scarlet fever. The scarlet fever fatality is 3·15, slightly lower than last year. In eight cases death was due to some other cause than scarlet fever, as follows:—diphtheria, 2 cases; tuberculosis, 2; measles, 1; whooping cough, 1; chronic heart disease, 1; and peritonitis following an operation for hernia, 1. If allowance is made for these cases the fatality is 2·64 per cent.

"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 was 20, being 6·7 per cent. of the discharges. This is a high rate. For its probable cause I must refer to my last Annual Report. The discharge ward mentioned therein has been sanctioned by the Local Government Board. I hope that its erection will speedily be commenced.

The total number of "return cases" was 26.

Diphtheria. The diphtheria fatality is 13·74, slightly higher than last year. In five cases death was due to scarlet fever, in two to measles, in one to whooping cough, in one to hydrocephalus and in one to tuberculous peritonitis. The subtraction of these cases reduces the fatality to 11·90 per cent.

Of 497 completed cases 90 were laryngeal, 18·1 per cent. They may be classified as follows:—

(a) Cases not requiring operation	..	..	..	..	34	with 2 deaths.
(b) „ submitted to tracheotomy only	..	..	..	..	22	„ 10 „
(c) „ „ „ intubation only	..	..	..	..	15	„ 1 „
(d) „ „ „ intubation followed by tracheotomy	..	..	..	..	13	„ 2 „
(e) „ „ „ tracheotomy before admission	..	..	..	..	6	„ 0 „
					—	—
					90	„ 15 „
					—	—

The fatality of all the laryngeal cases is 14·4 per cent. ; of the 50 cases operated upon, (b), (c), and (d), 26·0 per cent. ; of the 28 intubated, (c) and (d), 10·7 per cent.

There were also 6 cases of tracheotomy and one of intubation in diseases other than diphtheria ; so that the total number of cases operated on in hospital was 57.

Enteric fever. The enteric fever fatality is 17·02, higher than last year. In one of the cases the cause of death was phthisis.

Transfers. A larger proportion of patients have been transferred to the convalescent hospitals than last year, 69·3 per cent. of the scarlet fever cases under treatment, and 28·11 per cent. of the diphtheria cases. Last year the figures were 65·1 and 11·8 respectively.

Other diseases. Of the 2,349 patients admitted, 260, or 11·0 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, 6·4 ; for diphtheria, 21·1 ; and for enteric fever, 21·3.

Staff illness. There has been slightly more illness amongst the staff than there was last year, 25 per cent. of those employed in the hospital having to be warded, against 23 per cent. in 1907.

(Signed) E. W. GOODALL,
Medical Superintendent.

No. 2.

NORTH-EASTERN HOSPITAL.

ST. ANN'S ROAD,

TOTTENHAM, N.

2nd February, 1909.

Statistics. During the year 1908 the total number of cases treated was 4,318 ; of these 1,867 were discharged, 1,805 were transferred to other hospitals, and 161 died. At the end of the year 485 remained under treatment.

Scarlet fever The number treated was 3,345 : of these 1,118 were discharged, 1,775 were transferred, and 87 died. At the end of the year 365 remained. The mortality rate was 2·98.

Diphtheria. The number treated was 559 ; of these 392 were discharged, 30 were transferred, and 46 died. At the end of the year 91 remained. The mortality rate was 9·83.

Enteric fever. The number treated was 88 ; of these 52 were discharged and 16 died. At the end of the year 20 remained. The mortality rate was 22·22.

Other diseases. The number treated was 326 ; of these 305 were discharged and 12 died. At the end of the year 9 remained. The mortality rate was 3·92.

The percentage error in the notifications was as follows :—scarlet fever, 4·47 ; diphtheria, 23·28 and enteric fever 20·00.

Staff illness. Nine of the staff contracted scarlet fever : of these 1 was an Assistant Medical Officer, 4 were Assistant Nurses, 2 were Wardmaids and 2 were Laundrymaids.

Eleven contracted diphtheria : of these 8 were Assistant Nurses and 3 were Wardmaids.

Two contracted enteric fever. These were both Assistant Nurses. One Assistant Nurse suffering from enteric fever and one Wardmaid suffering from scarlet fever remained warding at the end of the year.

(Signed) FREDERIC THOMSON,
Medical Superintendent.

No. 3.

NORTH-WESTERN HOSPITAL.

LAWN ROAD, FLEET ROAD,

HAMPSTEAD, N.W.,

3rd February, 1909.

Statistics. The total number under treatment during the year was 3,268 ; of these 1,296 were discharged, 1,473 were transferred to other hospitals of the Board, 114 died, and 385 were remaining in hospital at the end of the year.

Of the admissions 2,065 were scarlet fever, 417 diphtheria, 40 enteric fever, and 297 other diseases.

The general mortality was 3·9.

That of scarlet fever, 2·35 ; diphtheria, 8·90 ; enteric, 14·49 ; and other diseases, 6·89.

Other diseases. The percentage of diagnoses not confirmed after admission was in respect of scarlet fever, 6·4 ; of diphtheria, 34·5 and of enteric fever, 37·5.

Post-scarlatinal diphtheria. Five cases, of which two died.

Return Cases. The incidence in regard to scarlet fever was 1·7.

Staff illness. 114 members of the staff were warded with illness; of these 1 assistant medical officer, 1 charge nurse, 4 assistant-nurses, 1 wardmaid, and 1 laundrymaid had scarlet fever, and 4 assistant-nurses and 2 wardmaids had diphtheria. All recovered.

Works. The only structural work of importance during the year was an extension of the staff laundry.

(Signed)

F. N. HUME,

Medical Superintendent.

NO. 4.

WESTERN HOSPITAL.

SEAGRAVE ROAD, FULHAM, S.W.

3rd February, 1909.

Statistics. During the past year 3,615 patients were treated. Of these 1,805 were discharged, 1,258 were transferred, 177 died, and 375 remained in the hospital at the end of the year.

Of scarlet fever 2,257 cases were treated, 785 were discharged, 1,202 were transferred, and 51 died, leaving 219 in hospital. The percentage mortality was 2·53, which is 40 higher than that of last year.

Post-scarlatinal diphtheria occurred in two cases, both of which recovered.

Of diphtheria 974 cases were treated, 697 were discharged, 56 were transferred, and 89 died, leaving 132 in hospital. The percentage mortality was 10·47, as compared with 9·50 last year. Tracheotomy was performed on 81 patients, of whom 25 died, a mortality of 30·86 per cent.

Of enteric fever, 96 cases were treated, and 68 were discharged, leaving 14 in hospital. The mortality was 17·39 per cent., as compared with 10·31 last year.

Other diseases. The original diagnosis was not confirmed in 4·6 per cent. of the cases certified to have scarlet fever, in 13·2 per cent. of those certified to have diphtheria, and in 38·6 per cent. of those certified enteric fever.

Staff illness. During the year, 134 members of the staff were warded. Of these 19 suffered from infectious diseases, viz.: 6 from scarlet fever, 12 from diphtheria, and 1 from enteric fever. All recovered.

(Signed)

R. M. BRUCE,

Medical Superintendent.

No. 5.

SOUTH-WESTERN HOSPITAL.

STOCKWELL,

1st February, 1909.

Statistics. The number of patients treated during the past year was 1,997. Of these 937 were discharged, 685 transferred, 95 died, and 280 remained in hospital at the close of the year.

That fewer patients were admitted than in recent years was due to the necessity for keeping several of the wards closed throughout the summer months in order to allow of the installation of the electric light.

The scarlet fever death-rate was 2·87.

The diphtheria death-rate was 9·48.

The enteric fever death-rate was 15·00.

No case of typhus or cerebro-spinal fever was admitted, though several patients were sent into hospital certified as suffering from the latter disease.

Other diseases. Of the cases completed during the year, the proportion found on arrival at the hospital to have been wrongly certified was 6·4 per cent., the figures being:—for scarlet fever, 4·9 per cent., for diphtheria, 5·7 per cent., for enteric fever, 49·1 per cent.

As has always been the case, the largest number of mistaken diagnoses was in respect to enteric fever.

Only 7 cases of post-scarlatinal diphtheria occurred, though in a good many instances diphtheria bacilli were detected in the nasal discharge in scarlatinal patients. There were 23 cases of post-diphtheritic scarlet fever.

The proportion of patients who developed a second infectious disease while in hospital was 3·6 per cent. In a good many of these intercurrent attacks the infection had been contracted before admission.

In 2·5 of the total patients, two infectious diseases were co-existent at the time of admission.

Isolation accommodation. The two cubicle wards have proved of the greatest value, as I have already indicated in a Special Report on the subject of Cubicle Isolation. The cubicles have now been in use for two years, *i.e.*, from January 1st., 1907, to December 31st, 1908. During this period 1,011 patients have been placed in them. Their convenience has been established not only for the observation of doubtful and anomalous attacks, whether in patients admitted direct from the receiving room, or transferred from one of the main wards in consequence of the appearance of another disease, but the cubicles have proved most useful for the isolation of certain well recognised infective diseases which are inadmissible into the general wards, and also for the final isolation of scarlet fever patients during the few days immediately preceding their discharge.

The utilisation of the cubicles for this latter purpose has done away with the necessity for a special scarlet fever discharge ward.

Works. No works involving structural alteration have been carried out during the year, but electric light has been installed throughout the hospital. This is a great improvement on gas for lighting purposes, and will effect a material

saving in the cost of illumination, and in the expense annually incurred in internal cleaning and painting.

An enlargement of the upper boiler-house to receive the two boilers removed from the South-Eastern Hospital at the time of its reconstruction is contemplated this summer. Their installation here should meet a long-felt want, since the steam-producing capacity of the present boilers is quite inadequate to the needs of the hospital.

Staff illness. Six members of the staff contracted an infectious disease in the course of their duties, and 76 others were warded for various other ailments. All made a good recovery.

(Signed) F. FOORD CAIGER,
Medical Superintendent.

No. 6.

GROVE AND FOUNTAIN HOSPITALS.

TOOTING GROVE, S.W.,

27th January, 1909.

Statistics. The number of patients under treatment during the past year has been 4,806. Of these 1,883 were discharged recovered, 2,280 were transferred to the convalescent hospitals, and 124 died; leaving in hospital at the end of the year a total of 519. The admissions comprised 3,136 cases of scarlet fever, including 1 case re-admitted to the Grove Hospital from Gore Farm, 641 of diphtheria, 1 of enteric fever, and 431 suffering from other diseases.

Scarlet fever. As regards scarlet fever, 3,136 patients were admitted and 63 deaths occurred, giving a case mortality of 1.99 per cent. Amongst these were 26 patients who were certified to be suffering from diphtheria at the time of their admission.

Diphtheria. 641 diphtheria patients were admitted and 47 deaths occurred, giving a case mortality of 7.13 per cent. Eight patients were found to have diphtheria at the time of admission who were certified to be suffering from scarlet fever. One patient certified to be suffering from diphtheria was found to have enteric fever. Antitoxin was given in 93.94 per cent. of the cases.

Enteric fever. Only one patient was admitted. The enteric fever wards were closed throughout the year.

Other diseases. The original diagnosis was not confirmed in 431 of the 4,208 patients who were admitted direct from their homes. The percentage of cases in which a different diagnosis was made subsequent to admission amounted to 5.62 in the case of scarlet fever patients, and 29.86 for diphtheria patients. Amongst these are included 64 diphtheria contacts admitted from an

infirmary and who had no clinical evidence of the disease. If these be excluded the percentage of diphtheria cases in which a different diagnosis was made falls to 24.58 per cent.

15 of the scarlet fever patients suffered from diphtheria during convalescence, or a percentage incidence of 0.47 on the completed cases. This is approximately two and a half times as great as the incidence during 1907, viz., 0.18 per cent.

34 of the completed cases of diphtheria contracted scarlet fever while in hospital or a percentage incidence of 5.02. The incidence during 1907 was 3.35 per cent.

Average residence.

The average stay of patients in hospital shows an increase in the case of scarlet fever, diphtheria, and other diseases as compared with 1907.

The proportion of scarlet fever patients transferred to the convalescent hospitals was 61.87 per cent. as compared with 64.21 in 1907.

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	...	...	0.21	0.54	1.20	11.83	23.32	17.30	10.07	8.43	7.00	4.49	15.55	99.94
Diphtheria	...	...	0.18	3.06	8.28	21.44	24.32	11.53	8.46	8.46	5.22	4.32	4.68	99.95
Enteric Fever	...	...	...	...	...	...	...	100	...	...	...	...	...	100
Other Diseases	3.14	8.45	28.50	28.01	13.28	7.24	5.55	1.93	0.48	0.96	1.44	0.24	0.72	99.94

The majority (52.45 per cent.) of the scarlet fever patients were discharged after a stay of between five and eight weeks. In the previous year the percentage amounted to 54.6 and in 1906 to 57.87. 15.55 per cent. of the patients were in hospital over 12 weeks; the percentage in 1907 was 11.25.

Amongst the diphtheria patients 11.52 per cent. were discharged under five weeks as compared with 11.76, 57.29 per cent. were discharged after five to eight weeks' residence as compared with 62.31, and 14.22 per cent. remained in hospital over ten weeks as compared with 11.2 in 1907. The increased residence in the case of diphtheria patients is probably due to the higher incidence of secondary diseases, i.e., 5.9 per cent. on the completed cases as compared with 4.3 per cent. in 1907.

Return cases. 35 return cases were reported during the year in connection with patients discharged direct from the hospital. 23 of these were cases of scarlet fever arising subsequent to the discharge of 21 scarlet fever patients; 7 were cases of diphtheria arising after the discharge of 3 diphtheria patients. The remaining cases were instances of cross infections, 1 case of diphtheria arising after the discharge of a scarlet fever patient, and 4 cases of scarlet fever after the discharge of 4 diphtheria patients.

The following particulars refer to the 23 return cases which originated in connection with the discharge of 21 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 5, from 15 to 21 in 3, from 22 to 28 in 3, and over 28 in 1 (40 days). Of the 21 cases 5 suffered from nasal discharge while in hospital (in one instance the nose was not in a healthy condition at the time of discharge); and 5 had had both nasal and ear discharge. 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 3 between April and September. As regards the ages of the infecting cases:—7 were under 5, 11 from 5 to 10, and 3 from 10 to 15.

The average residence of the infecting cases was 56·52 days as compared with an average residence of 60·91 for all scarlet fever patients discharged direct to their homes.

As regards the 7 diphtheria return cases, 5 (all members of one family) arose in connection with the discharge of one diphtheria patient: the first after an interval of 8 days and the others subsequently. The interval in the other two cases was 5 days and 37 days respectively.

Staff illness. (a) Infectious diseases. 13 officers contracted scarlet fever, 12 contracted diphtheria. All recovered. (b) Other diseases. 318 officers were off duty with various ailments. All recovered.

Works. The most important works undertaken during the past year were (1) the replacement and re-arrangement of certain of the culinary apparatus in the kitchen at the Grove Hospital, and (2) the re-arrangement of the heating service in four of the isolation wards at the Grove Hospital. These will contribute very materially to the efficient working of the hospital.

(Signed) J. E. BEGGS,

Medical Superintendent.

NO. 7.

SOUTH-EASTERN HOSPITAL.

AVONLEY ROAD, NEW CROSS, S.E.,

11th February, 1909.

Statistics. The total number of cases admitted during 1908 was 2,952. 394 cases were remaining under treatment at the end of the preceding year, making 3,346 under treatment during the year. Of the admissions 1,931 were suffering from scarlet fever, 519 from diphtheria, 105 from enteric fever, one from cerebro-spinal fever and 396 from other diseases.

The death-rate for scarlet fever was 2·94 per cent., for diphtheria 11·36, for enteric 15·46, in each case somewhat lower than the corresponding rate for 1907. The single case of cerebro-spinal fever died on January 26th, 1909.

Other diseases. Over 13 per cent. of the admissions were in the opinion of the medical staff erroneously diagnosed. In my report for 1907 I gave particulars showing that a much higher proportion of erroneous diagnoses came here from the general hospitals and other institutions than from doctors in private practice. These figures were challenged by Dr. Norman May, of Shadwell Hospital, and in consequence I went through the whole of the cases again,

comparing the original certificates with the register. As a result a number of errors were detected, for which I owe an apology both to this sub-committee and to Dr. May and other readers of my report. I give below the revised figures for 1907 and a similar table for 1908. It will be seen that the errors are proportionately more numerous from the institutions, but the preponderance is less than I originally stated, roughly 2 to 1 instead of 3 to 1.

CASES CERTIFIED IN 1907, SHOWING PERCENTAGE OF ERRONEOUS DIAGNOSES.

	Cases Sent Home Direct.	Cases Admitted.		Total Cases.	Proportion of Incorrect Diagnosis, per cent.
		Diagnosis Correct.	Diagnosis Incorrect.		
London Hospital ...	3	556	132	691	19.5
Shadwell Hospital ...	..	125	25	150	16.7
Guy's Hospital ...	2	84	15	101	16.2
Other Institutions ...	1	103	21	125	17.5
Total ...	6	868	193	1067	18.6
Private Cases ...	14	2161	198	2373	8.9
Total ...	20	3029	391*	3440*	11.9

* The general tables on pages 208 and 299 include 3 additional cases who were not certified.

CASES CERTIFIED IN 1908, SHOWING PERCENTAGE OF ERRONEOUS DIAGNOSES.

	Cases sent Home Direct.	Cases Admitted.		Total Cases.	Proportion of Incorrect Diagnosis, per cent.
		Diagnosis Correct.	Diagnosis Incorrect.		
London Hospital ...	12	470	149	631	25.5
Shadwell Hospital ...	2	122	21	145	15.8
Guy's Hospital ...	6	93	21	120	22.5
Other Institutions ...	1	149	36	186	19.8
Total ...	21	834	227	1082	22.9
Private Cases ...	4	1720	168	1892	9.1
Total ...	25	2554	395*	2974*	14.1

* The general table on p. 186 includes one additional case who was not certified.

Staff illness. The number of staff warded with diphtheria and scarlet fever was 6 and 7 respectively against 20 and 12 for the preceding year. I regret, however, to say that one assistant-nurse contracted enteric fever and died at home. Two other deaths occurred, one assistant-nurse from tuberculosis and the head sempstress from cancer of the œsophagus.

(Signed) F. M. TURNER,

Medical Superintendent.

No. 8.

PARK HOSPITAL,

HITHER GREEN, S.E.,

8th February, 1909.

Statistics. During the past year :—

3,913 patients were admitted ;
1,296 were discharged ;
2,526 were transferred ;
150 died.

The hospital mortality for the year was 3·8. The largest number of monthly admissions was 426, in October. Camberwell sent most, 917. In both scarlet fever and diphtheria more female than male patients were admitted ; except under four years of age in the former, and three in the latter.

It is sometimes asserted that isolation of scarlet fever and diphtheria patients in hospital has failed, so far as the reduction of the incidence of these diseases on the people is concerned. In this connection the following figures may be of interest. They demonstrate that our hospital population suffers far more from the infectious diseases that are not sent to hospital for isolation than from scarlet fever or diphtheria. The histories of one thousand consecutive scarlet fever and five hundred diphtheria patients were tabulated by Dr. Hughes with the following results :—

Out of 1000 scarlet fever patients 712 were stated to have previously had measles, 353 whooping cough, 330 chickenpox, and only 34 diphtheria.

Out of 500 diphtheria patients, 316 had had measles, 183 whooping cough, 159 chickenpox, and only 44 scarlet fever.

It seems as if isolation of these two diseases is having a decided influence in limiting their spread. It should be remembered that even amongst the notified patients, removal to hospital is in many instances delayed for several days after the initial illness. Considering the number of deaths from measles in the Metropolis and also the permanent injury to sight, hearing, or health caused by this disease, I recommend, for the Managers' consideration, the desirability of providing hospital accommodation for patients suffering from measles. It is probable that the spread of the disease would be prevented by isolation, as it was with smallpox. For the mode of infection in measles resembles that of smallpox ; more than that of the other diseases isolated in the Board's hospitals.

I am indebted to Dr. Hughes for the care and diligence with which he has prepared the statistical tables.

(Signed) R. A. BIRDWOOD,

Medical Superintendent.

No. 9.

BROOK HOSPITAL.

SHOOTERS HILL, WOOLWICH,

10th February, 1909.

Statistics. The total number of cases treated was 3,666. Of these 1,452 were transferred to other hospitals of the Board, 1,602 were discharged recovered, and 120 died. There remained under treatment, on 31st December, 492 patients.

Scarlet fever. The number treated was 2,624. The mortality was 2·11 per cent.

Diphtheria. The number treated was 745. The mortality was 8·08 per cent. There were 17 hæmorrhagic cases. Three patients died within twenty-four hours of admission. Tracheotomy was performed on 38 patients, of whom 12 died; the mortality was therefore 31·57 per cent.

Antitoxin treatment. Of 639 completed cases 491 were treated with antitoxin; 148 were not treated with antitoxin, all, except one that died within two minutes of admission, being so mild that antitoxin was not required. The table of results of antitoxin treatment with special reference to the day of disease on which the treatment began is now given in the Medical Supplement.

Enteric Fever. The number treated was 65. The mortality was 9·90 per cent.

Staff illness. (a) Infectious diseases—1 charge nurse, one head laundress, 3 assistant-nurses, 2 wardmaids, contracted scarlet fever; 1 first assistant-nurse, 3 second assistant-nurses, 1 wardmaid, 1 general porter, contracted diphtheria. All recovered.

(b) Other diseases.—102 officers of the hospital and 6 officers of the ambulance station were warded with various ailments. One hospital engine-driver died of pulmonary tuberculosis; the others recovered.

(Signed) JOHN MACCOMBIE,

Medical Superintendent.

No. 10.

NORTHERN HOSPITAL.

WINCHMORE HILL, LONDON, N.

19th February, 1909.

Statistics. The admissions, discharges and deaths for the year are as follows :—

697 remained in hospital at the end of 1907 ;
6,055 were admitted ;
6,231 were discharged ;
4 died.
517 remained on December 31st.

Of the admissions 5,800 were cases of scarlet fever and 251 of diphtheria.

The average duration of stay of scarlet fever patients was 33·0 days and of diphtheria patients 26·3 days.

The maximum number of patients on any day was 721 on January 10th, and the minimum 409 on July 22nd.

**Direct
discharge
of patients.**

The system of discharge of patients from the hospital underwent a rather important modification on December 21st, the effect of which is that all recovered patients are now conveyed to London in the Board's omnibuses: they are bathed and clothed here in their own clothes and are handed over to their friends immediately on their arrival at the station to which they have been conveyed.

Staff illness.

During the year 1 assistant medical officer, 2 assistant-nurses, 1 assistant-sempstress, 2 wardmaids and 1 general porter contracted scarlet fever; 2 assistant-nurses contracted diphtheria; and 79 members of the staff were warded with various ailments. All recovered.

(Signed) C. E. MATTHEWS,

Medical Superintendent.

No. 11.

GORE FARM HOSPITAL.

DARTFORD, KENT.

1st March, 1909.

Statistics.

The total number of patients under treatment during 1908 was 9212. Of these 8,439 were discharged, 6 were transferred to other hospitals of the Board, 6 died, and 761 remained in hospital at the end of the year.

**Lower
Hospital.**

The Northern Section of the Lower Hospital was again used during the autumn.

Staff illness.

7 assistant nurses and 1 wardmaid contracted scarlet fever; 4 wardmaids contracted diphtheria. All recovered.

(Signed) W. T. GORDON PUGH,

Medical Superintendent.

F.

REPORT OF THE MEDICAL SUPERINTENDENT OF
THE SMALLPOX HOSPITALS FOR THE YEAR 1908.

No. 12.

JOYCE GREEN HOSPITAL.

DARTFORD, KENT,

26th January, 1909.

Statistics. There were 192 patients under treatment for scarlet fever on December 31st, 1907, and there were no fresh admissions during 1908. All the patients recovered. The last patient recovered from scarlet fever was discharged on March 11th. I regret to say that an assistant-nurse who contracted scarlet fever succumbed to the attack.

Only one patient suffering from smallpox was admitted during 1908. He recovered. Seven persons certified to have smallpox were admitted to South Wharf, but were found on examination to be suffering from the following disorders :

Chickenpox, 6 ; erythema, 1.

(Signed) T. F. RICKETTS,

Medical Superintendent.

EASTERN HOSPITAL.									
DISEASES.	Remain- ing on Dec. 31st, 1907.	Admitted during 1908		Total under treatment during 1908.	Discharged during 1908.		Died during 1908.	Mortality per cent.	Re- main- ing on Dec. 31st, 1908.
		Direct from homes.	From other Hospitals of Board.		Recovered.	To other Hospitals of Board.			
Scarlet	151	1,532	3	1,686	295	1,167	48	3·15	176
Diphtheria	99	463	1	563	273	158	66	13·74	66
Enteric	25	92	..	117	80	..	16	17·02	21
Typhus .. .. .	..	2	..	2	2	..	..	..	..
Cerebro-Spinal Fever	..	..	..	..	..	..	..	..	..
Other diseases	275	2,089	4	2,368	650	1,325	130	6·19	263
	6	260	..	266	221	..	19	7·60	26
Totals	281	2,349	4	2,634	871	1,325	149	..	289
NORTH-EASTERN HOSPITAL.									
Scarlet	486	2,859	..	3,345	1,118	1,775	87	2·98	365
Diphtheria	91	468	..	559	392	30	46	9·83	91
Enteric	12	76	..	88	52	..	16	22·22	20
Typhus .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	589	3,403	..	3,992	1,562	1,805	149	4·31	476
	31	295	..	326	305	..	12	3·92	9
Totals	620	3,698	..	4,318	1,867	1,805	161	..	485
NORTH-WESTERN HOSPITAL.									
Scarlet	314	2,065	..	2,379	624	1,435	49	2·35	271
Diphtheria	122	417	..	539	386	34	39	8·90	80
Enteric	4	40	..	44	24	..	5	14·49	15
Cerebro-Spinal Fever	..	1	..	1	..	..	1	100·00	..
Other diseases	440	2,523	..	2,963	1,034	1,469	94	3·67	366
	9	296	..	305	262	4	20	6·89	19
Totals	449	2,819	..	3,268	1,296	1,473	114	..	385
WESTERN HOSPITAL.									
Scarlet	268	1,988	1	2,257	785	1,202	51	2·53	219
Diphtheria	132	842	..	974	697	56	89	10·47	132
Enteric	17	79	..	96	68	..	14	17·39	14
Typhus .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	417	2,909	1	3,327	1,550	1,258	154	5·25	365
	8	280	..	288	255	..	23	8·24	10
Totals	425	3,189	1	3,615	1,805	1,258	177	..	375
SOUTH-WESTERN HOSPITAL.									
Scarlet	191	1,137	1	1,329	449	679	33	2·87	168
Diphtheria	77	401	..	478	337	6	37	9·48	98
Enteric	12	59	..	71	52	..	9	15·00	10
Typhus .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	280	1,597	1	1,878	838	685	79	4·94	276
	5	114	..	119	99	..	16	14·00	4
Totals	285	1,711	1	1,997	937	685	95	..	280
GROVE & FOUNTAIN HOSPITALS.									
Scarlet	429	3,135	1	3,565	913	2,205	63	1·99	384
Diphtheria	140	641	..	781	555	75	47	7·13	104
Enteric .. .. .	..	1	..	1	1	..	..	..	..
Other diseases	569	3,777	1	4,347	1,469	2,280	110	2·88	488
	28	431	..	459	414	..	14	3·26	31
Totals	597	4,208	1	4,806	1,883	2,280	124	..	519
SOUTH-EASTERN HOSPITAL.									
Scarlet	275	1,930	1	2,206	680	1,207	57	2·94	262
Diphtheria	71	518	1	590	435	26	59	11·36	70
Enteric	*27	105	..	132	74	..	15	15·46	43
Typhus .. .. .	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Fever	..	1	..	1	..	..	..	..	1
Other diseases	*373	2,554	2	2,929	1,189	1,233	131	5·13	376
	*21	396	..	417	377	1	24	6·02	15
Totals	394	2,950	2	3,346	1,566	1,234	155	..	391

TABLE I.—*Admissions, Discharges, and Deaths during 1908.*

PARK HOSPITAL.									
DISEASES.	Remain- ing on Dec. 31st, 1907.	Admitted during 1908		Total under treatment during 1908.	Discharged during 1908.		Died during 1908.	Mortality per cent.	Re- main- ing on Dec. 31st, 1908.
		Direct from homes.	From other Hospitals of Board.		Recovered.	To other Hospitals of Board.			
Scarlet	383	2,792	1	3,176	611	2,245	75	2·62	245
Diphtheria	93	808	..	901	388	281	71	9·17	161
Enteric .. .. .	..	2	..	2	2	..	..	..	..
Typhus .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	476	3,602	1	4,079	1,001	2,526	146	4·01	406
	12	311	..	323	295	..	4	1·31	24
Totals	488	3,913	1	4,402	1,296	2,526	150	..	430
BROOK HOSPITAL.									
Scarlet	442	2,182	..	2,624	963	1,259	47	2·11	355
Diphtheria	73	672	..	745	393	193	53	8·08	106
Enteric	10	55	..	65	41	..	5	9·90	19
Cerebro-Spinal Fever	..	1	..	1	1	..	..	..	..
Other diseases	525	2,910	..	3,435	1,398	1,452	105	3·58	480
	20	211	..	231	204	..	15	6·98	12
Totals	545	3,121	..	3,666	1,602	1,452	120	..	492
JOYCE GREEN HOSPITAL.									
Scarlet	192	..	..	192	192	..	..	..	..
Diphtheria .. ..	..	..	..	..	..	..	..	..	..
Enteric .. .. .	..	..	..	..	..	..	..	..	..
Typhus .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	192	..	..	192	192	..	..	..	..

Totals	192	..	..	192	192	..	..	..	..
NORTHERN HOSPITAL.									
Scarlet	*674	1	5,799	6,474	5,968	3	4	·07	499
Diphtheria	*23	..	251	274	255	1	..	..	18
Other diseases	697	1	6,050	6,748	6,223	4	4	·07	517
	..	..	4	4	4	..	..	..	..
Totals	697	1	6,054	6,752	6,227	4	4	..	517
GORE FARM HOSPITAL.									
Scarlet	*1,184	8	7,375	8,567	7,870	5	6	·08	686
Diphtheria	*36	..	608	644	568	1	..	..	75
Enteric .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	1,220	8	7,983	9,211	8,438	6	6	·07	761
	..	..	1	1	1	..	..	..	..
Totals	1,220	8	7,984	9,212	8,439	6	6	..	761
SUMMARY.									
Scarlet	*4,989	19,629	(13,182)	24,618	20,468	(13,182)	520	2·56	3,630
Diphtheria	*957	5,230	(861)	6,187	4,679	(861)	507	9·73	1,001
Enteric	*107	509	..	616	394	..	80	16·28	142
Typhus .. .. .	..	2	..	2	2	..	..	..	..
Cerebro-Spinal Fever	..	3	..	3	1	..	1	40·00	1
Totals	*6,053	25,373	(14,043)	31,426	25,544	(14,043)	1,108	4·26	4,774
Other diseases	*140	2,594	(5)	2,734	2,437	(5)	147	5·68	150
Grand Totals	6,193	27,967	(14,048)	34,160	27,981	(14,048)	1,255	..	4,924

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.

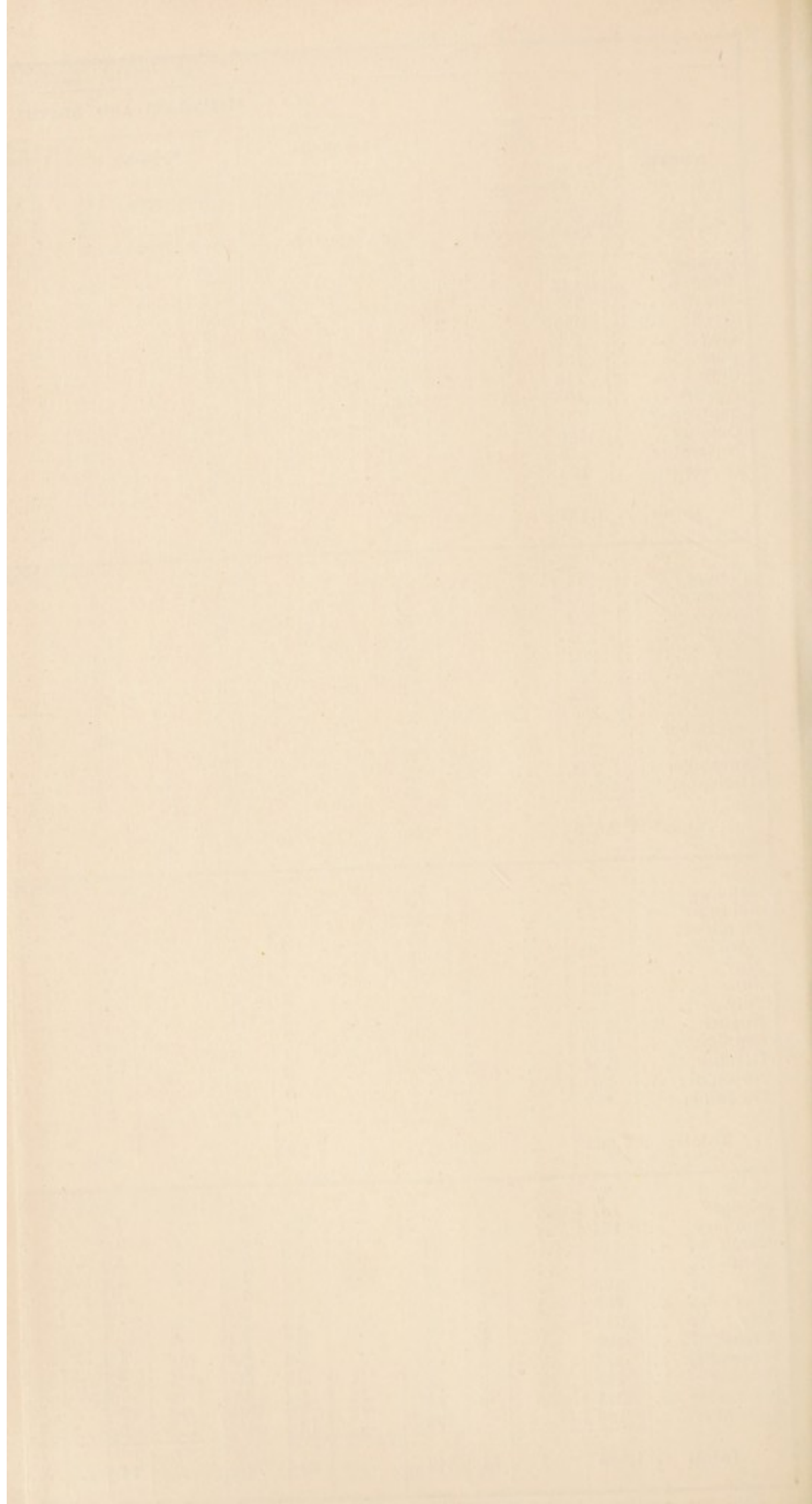
*These figures differ from those given in the committee's report for 1907, pp. 208-9, owing to the subsequent correction of errors of diagnoses.

ANNUAL REPORT,

ANNUAL REPORT. STATISTICAL COMMITTEE, 1904.
 FEVER STATISTICS.—TABLE II.—Monthly Admissions, Discharges, and Deaths during 1904.

1884

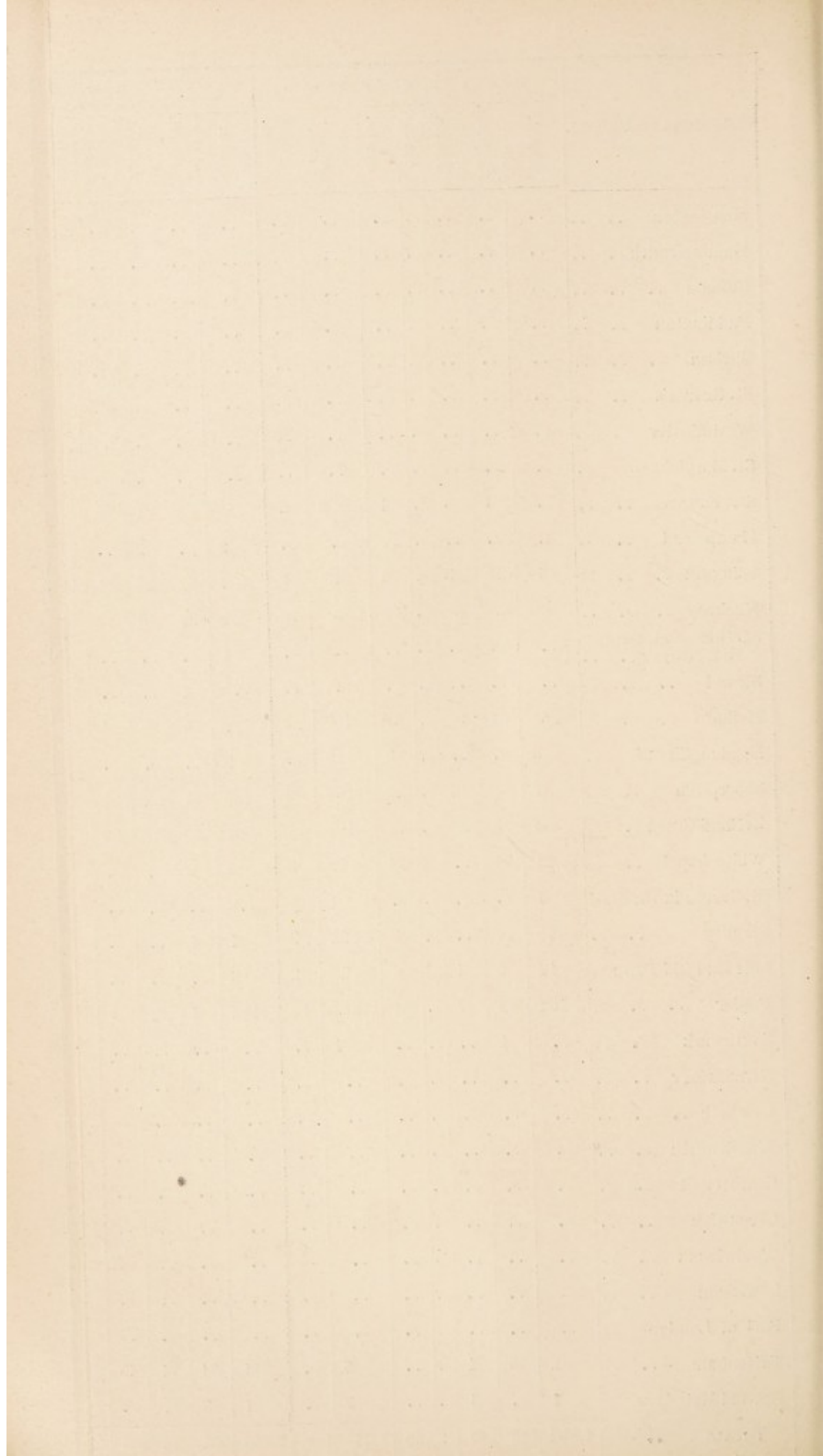
MONTH.		EASTERN HOSPITAL.														SOUTH-WESTERN HOSPITAL.																					
		ADMISSIONS AND DEATHS.							DISCHARGES.							ADMISSIONS AND DEATHS.							DISCHARGES.														
		Febrile.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.					
		Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.						
January	136	1	52	16	6	22	14	1	200	22	25	33	10	7	15	111	6	129	January	119	4	39	8	1	165	9	44	4	5	10	97	70	70				
February	143	1	49	9	4	13	18	2	206	28	33	41	10	10	20	114	6	120	February	106	4	35	7	1	152	10	41	5	10	10	66	66	66				
March	149	1	43	9	4	13	20	2	218	26	33	49	10	10	20	114	6	120	March	92	2	30	5	1	124	13	31	5	10	10	66	66	66				
April	122	1	39	2	3	3	2	2	175	15	10	21	9	9	18	110	4	114	April	83	2	29	5	1	136	11	42	1	10	10	71	71	71				
May	119	1	32	2	3	3	2	2	148	16	10	20	8	8	16	106	4	110	May	76	2	29	5	1	106	17	116	6	10	10	66	66	66				
June	115	1	22	1	3	3	2	2	163	6	24	30	1	1	2	113	3	116	June	76	2	22	5	1	113	11	31	4	10	10	66	66	66				
July	108	1	16	1	3	3	2	2	113	19	29	48	4	4	8	113	3	116	July	66	1	17	3	1	109	31	14	2	10	10	37	37	37				
August	108	1	16	1	3	3	2	2	113	19	29	48	4	4	8	113	3	116	August	66	1	17	3	1	109	31	14	2	10	10	37	37	37				
September	115	1	16	1	3	3	2	2	121	20	23	43	4	4	8	113	3	116	September	66	1	17	3	1	109	31	14	2	10	10	37	37	37				
October	138	1	16	1	3	3	2	2	121	20	23	43	4	4	8	113	3	116	October	105	3	39	11	14	124	20	32	2	10	10	66	66	66				
November	173	1	16	1	3	3	2	2	121	20	23	43	4	4	8	113	3	116	November	105	3	39	11	14	124	20	32	2	10	10	66	66	66				
December	134	1	16	1	3	3	2	2	121	20	23	43	4	4	8	113	3	116	December	80	3	39	11	14	124	20	32	2	10	10	66	66	66				
Totals	1,332	3	49	63	1	68	92	16	2	200	19	2,302	189	205	273	80	221	821	1,867	158	1,625	1,332	3	49	63	1	68	92	16	2	200						
MONTH.		EASTERN HOSPITAL.														SOUTH-WESTERN HOSPITAL.																					
		ADMISSIONS AND DEATHS.							DISCHARGES.							ADMISSIONS AND DEATHS.							DISCHARGES.														
		Febrile.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.					
		Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.						
January	214	12	47	5	4	1	26	2	294	22	115	47	1	135	20	199	175	175	January	268	1	9	79	10	35	3	403	22	139	75	222	222	222				
February	227	8	49	5	4	1	26	2	294	22	115	47	1	135	20	199	175	175	February	264	7	9	79	10	35	3	403	22	139	75	222	222	222				
March	229	10	42	5	4	1	26	2	294	22	115	47	1	135	20	199	175	175	March	260	12	50	7	11	36	3	403	22	139	75	222	222	222				
April	202	10	39	2	3	3	26	2	294	22	115	47	1	135	20	199	175	175	April	260	12	50	7	11	36	3	403	22	139	75	222	222	222				
May	191	10	39	2	3	3	26	2	294	22	115	47	1	135	20	199	175	175	May	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
June	252	10	39	2	3	3	26	2	294	22	115	47	1	135	20	199	175	175	June	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
July	252	10	39	2	3	3	26	2	294	22	115	47	1	135	20	199	175	175	July	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
August	264	12	33	1	12	1	27	2	329	14	96	34	1	20	24	106	126	126	August	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
September	255	10	39	2	3	3	26	2	294	22	115	47	1	135	20	199	175	175	September	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
October	264	12	33	1	12	1	27	2	329	14	96	34	1	20	24	106	126	126	October	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
November	264	12	33	1	12	1	27	2	329	14	96	34	1	20	24	106	126	126	November	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
December	264	12	33	1	12	1	27	2	329	14	96	34	1	20	24	106	126	126	December	268	6	47	7	12	37	3	403	22	139	75	222	222	222				
Totals	2,459	87	468	40	76	116	18	2	295	12	3,088	341	1,118	392	52	305	1,867	1,775	30	1,605	1,312	3	48	403	1	68	92	16	2	200							
MONTH.		EASTERN HOSPITAL.														SOUTH-WESTERN HOSPITAL.																					
		ADMISSIONS AND DEATHS.							DISCHARGES.							ADMISSIONS AND DEATHS.							DISCHARGES.														
		Febrile.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.					
		Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.						
January	203	5	53	6	2	1	27	2	341	22	72	60	3	9	9	144	168	168	January	172	6	36	6	8	41	31	30	41	186	122	1	121	121	121			
February	152	9	35	5	1	1	27	2	341	22	72	60	3	9	9	144	168	168	February	156	10	50	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
March	187	6	42	5	1	1	27	2	341	22	72	60	3	9	9	144	168	168	March	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
April	174	7	22	18	9	1	27	2	341	22	72	60	3	9	9	144	168	168	April	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
May	175	6	49	5	1	1	27	2	341	22	72	60	3	9	9	144	168	168	May	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
June	126	9	17	13	1	1	27	2	341	22	72	60	3	9	9	144	168	168	June	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
July	130	4	25	2	1	1	27	2	341	22	72	60	3	9	9	144	168	168	July	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
August	130	4	25	2	1	1	27	2	341	22	72	60	3	9	9	144	168	168	August	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
September	174	6	50	6	1	1	27	2	341	22	72	60	3	9	9	144	168	168	September	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
October	174	6	50	6	1	1	27	2	341	22	72	60	3	9	9	144	168	168	October	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
November	174	6	50	6	1	1	27	2	341	22	72	60	3	9	9	144	168	168	November	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
December	187	2	30	12	3	3	27	2	341	22	72	60	3	9	9	144	168	168	December	158	9	46	6	1	47	2	217	18	73	29	9	41	186	122	1	121	121
Totals	2,065	49	417	39	49	5	1	1	296	29	2,819	111	824	386	21	262	1,296	1,435	34	1,473	1,312	3	48	403	1	68	92	16	2	200							
MONTH.		EASTERN HOSPITAL.														SOUTH-WESTERN HOSPITAL.																					
		ADMISSIONS AND DEATHS.							DISCHARGES.							ADMISSIONS AND DEATHS.							DISCHARGES.														
		Febrile.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.			Typhoid.					
		Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.	Admissions.	Deaths.	Total.						
January	197	4	65	10	10	1	21	1	253	18	94	56	4	11	11	120	88	88	January	207	12	75	14	14	17	389	26	90	39	10	13	151	224	18	241	241	
February	149	6	65	10	10	1	21	1	253	18	94	56	4	11	11	120	88	88	February	198	9	68	7	14	17	389	26	90	39	10	13	151	224	18	241	241	
March	149	6	65	10	10	1	21	1	253	18	94	56	4	11	11	120	88	88	March	198	9	6															



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ANNUAL REPORT, STATISTICAL COMMITTEE, 1906.



STATISTICAL COMMITTEE, 1908.

ANNUAL REPORT,
FEVER STATISTICS.—TABLE IV.—*Scarlet Fever Admissions*

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						
	Males.		Females.		Total.		Males.		Females.		Total.		Males.		Females.		Total.		Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.	Admitted.	Died.	Admitted.	Died.	Of Direct Admissions.	Of Transferred Cases.	
Under 1 ..	4	1	9	13	1	..	16	3	29	4	..	..	6	8	14	1	..	..	12	10	22	2	..	..
1 to 2 ..	31	6	54	48	7	..	55	5	103	12	..	..	37	27	64	2	..	..	33	16	49	4	..	..
2 to 3 ..	52	2	78	87	6	..	98	10	185	16	..	..	74	57	131	12	..	..	53	56	109	9	..	..
3 to 4 ..	69	8	140	108	10	..	125	4	233	14	..	..	73	95	168	7	..	..	93	78	171	8	..	..
4 to 5 ..	86	1	174	135	3	..	123	6	258	9	..	..	120	111	231	5	..	..	118	111	229	8	..	..
5 to 10 ..	313	8	680	664	9	..	625	13	1,289	22	..	..	411	496	907	13	..	..	401	450	854	13	..	..
10 to 15 ..	111	1	252	247	2	..	228	4	475	6	..	..	139	152	291	4	..	..	143	171	314	2	..	..
15 to 20 ..	30	1	67	80	2	..	61	1	141	3	..	..	46	54	100	2	..	..	46	45	91	..	..	..
20 to 25 ..	14	1	42	45	..	..	21	..	66	..	..	..	20	42	62	1	..	..	28	42	70	2	..	..
25 to 30 ..	10	1	20	18	..	..	14	1	32	1	..	..	19	30	49	..	..	..	14	24	38	..	..	..
30 to 35 ..	4	..	9	12	..	..	9	..	21	..	..	..	10	15	25	..	..	..	9	12	21	..	..	..
35 to 40 ..	1	..	6	8	..	..	7	..	15	..	..	..	8	6	14	..	..	..	1	6	7	1	..	..
40 to 45 ..	..	..	..	5	..	..	3	..	8	..	..	..	1	5	6	..	..	..	2	4	6	2	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	3	..	..	..	3	3	6	..	..	..
50 to 55 ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	725	29	807	1,474	40	..	1,385	47	2,859	87	..	..	966	1,099	2,065	49	..	..	959	1,029	1,988	51	..	..
SOUTH-WESTERN HOSPITAL.													FOUNTAIN AND GROVE HOSPITAL.												
Under 1 ..	7	..	3	9	..	..	12	2	21	2	..	..	9	1	23	4	..	..	11	3	20	5	..	..
1 to 2 ..	28	2	11	36	4	..	45	3	81	7	..	..	49	3	92	9	..	..	46	3	90	7	..	..
2 to 3 ..	39	4	29	66	7	..	90	6	156	13	..	..	81	6	175	12	..	..	88	5	173	10	..	..
3 to 4 ..	45	2	34	127	4	..	97	5	224	9	..	..	101	6	212	11	..	..	134	13	257	20	..	..
4 to 5 ..	54	3	59	124	3	..	145	2	269	5	..	..	107	6	238	6	..	..	158	3	324	7	..	..
5 to 10 ..	212	3	268	712	7	..	630	15	1,342	22	..	..	367	3	791	7	..	..	469	10	963	21	..	..
10 to 15 ..	76	1	115	306	2	..	297	2	603	4	..	..	121	4	254	5	..	..	302	1	629	1	..	..
15 to 20 ..	29	..	60	96	..	..	98	..	194	..	..	..	33	2	69	2	..	..	78	..	180	..	..	..
20 to 25 ..	15	..	45	56	..	..	59	..	115	..	..	..	13	..	34	..	..	..	31	1	79	3	..	..
25 to 30 ..	12	..	7	33	..	..	25	..	58	..	..	..	3	..	22	..	..	..	15	..	40	..	..	..
30 to 35 ..	4	..	16	21	..	..	11	1	32	1	..	..	4	..	10	1	..	..	10	..	21	..	..	..
35 to 40 ..	4	..	8	12	..	..	3	..	15	..	..	..	3	..	5	..	..	..	1	..	10	1	..	..
40 to 45 ..	..	..	2	7	..	..	7	..	14	..	..	..	3	..	5	..	..	..	..	..	2	..	..	..
45 to 50 ..	2	..	1	..	..	..	4	..	4	..	..	..	..	..	..	..	..	..	1	..	2	..	..	..
50 to 55 ..	..	..	..	..	..	..	1	..	4	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..
Totals ..	527	15	610	1,610	27	..	1,525	36	3,135	63	..	..	894	31	1,930	57	..	..	1,345	39	2,792	75	..	..

FEVER STATISTICS.—TABLE VI.—Enteric Fever Admissions and Deaths during 1908, divided according to Age and Sex.

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.					
	Males.			Females.			Males.			Females.			Males.			Females.			Males.			Females.			Males.			Females.		
	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.
Under 5	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5 to 10	8	4	12	5	2	7	5	2	7	4	2	6	4	2	6	3	2	5	3	2	5	3	2	5	3	2	5	3	2	5
10 to 15	9	1	10	5	1	6	4	1	5	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4
15 to 20	9	1	10	7	1	8	4	1	5	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4
20 to 25	9	1	10	7	1	8	4	1	5	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4
25 to 30	6	1	7	6	1	7	7	3	10	3	1	4	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7
30 to 35	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7	6	1	7
35 to 40	4	1	5	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4
40 to 45	4	1	5	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4	3	1	4
45 to 50	3	1	4	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3
50 to 55	3	1	4	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3
55 to 60	3	1	4	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3
And upwards	3	1	4	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3	2	1	3
Totals	49	9	58	43	7	50	39	10	49	37	6	43	22	2	24	40	7	47	40	7	47	39	7	46	25	6	31	3	59	9
	GROVE AND FOUNTAIN HOSPITALS.						SOUTH-EASTERN HOSPITAL.						PARK HOSPITAL.						BROOK HOSPITAL.						SUMMARY.					
	Males.			Females.			Males.			Females.			Males.			Females.			Males.			Females.			Males.			Females.		
	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.
Under 5	4	1	5	3	1	4	7	1	8	4	1	5	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5 to 10	8	2	10	5	1	6	17	3	20	16	3	19	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10 to 15	9	1	10	5	1	6	16	3	19	15	3	18	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
15 to 20	11	1	12	7	1	8	11	1	12	11	1	12	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
20 to 25	11	1	12	7	1	8	11	1	12	11	1	12	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
25 to 30	10	1	11	6	1	7	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
30 to 35	11	1	12	7	1	8	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
35 to 40	11	1	12	7	1	8	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
40 to 45	11	1	12	7	1	8	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
45 to 50	11	1	12	7	1	8	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
50 to 55	11	1	12	7	1	8	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
55 to 60	11	1	12	7	1	8	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
And upwards	11	1	12	7	1	8	14	1	15	13	1	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
Totals	62	12	74	43	3	46	105	3	108	105	15	120	21	2	23	30	2	32	30	2	32	25	3	28	268	48	241	32	509	80

FEVER STATISTICS.—TABLE VII.—*Typhus Fever Admissions and Deaths during 1908, divided according to Age and Sex.*

AGES.	EASTERN HOSPITAL.							SUMMARY.						
	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	1	..	..	..	1	..	..	1	..	..	..	1	..	..
15 to 20	1	..	1	..	..	..	..	1	..	1	..	..
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	1	..	1	..	2	..	..	1	..	1	..	2	..	..

FEVER STATISTICS.—TABLE VIII.—*Cerebro-Spinal Meningitis Admissions and Deaths during 1908, divided according to Age and Sex.*

AGES.					NORTH-WESTERN HOSPITAL.						SOUTH-EASTERN 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	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
5 to 10	..	..	..	..	1	1	..	..	1	1	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	1	1	..	..	1	1	..	..	..	1	..	..

					BROOK HOSPITAL.						SUMMARY.					
					Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Under 5												
5 to 10	..	..	..	..	..	..	..	1	1	..	..	1	1	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20	..	1	..	..	1	..	..	1	..	..	..	1	..	..
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	..	..	..	..	1	..	..	1	1	1	..	3	1	..

APPENDIX II.—IMBECILITY.

A.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF
THE IMBECILE ASYLUMS FOR THE YEAR 1908.

No. 1.

TOOTING BEC ASYLUM.

TOOTING, S.W.,

5th March, 1909.

Statistics.

The following is a brief summary of the statistics for the year 1908 :—

	Males.	Females.	Total.
Remaining on January 1st, 1908	287	465	752
Admitted during the year	437	300	737
Discharges to other asylums of the Board.. .. .	94	154	248
„ to other asylums not under the Board	9	11	20
„ not insane	1	..	1
„ recovered.. .. .	1	4	5
„ improved	1	..	1
„ not improved	1	3	4
Died	138	124	262

Admissions.

In the admissions for 1908, there is no change to record in the type of patient sent to this Asylum, and my notes made on this question in the Annual Report for 1907 might be truthfully repeated word for word.

Out of the total number of deaths, 262, 120 patients had been resident less than twelve months.

Deaths.

During the year the deaths have numbered 262. The percentage of those resident on the male side is 37·0, and on the female side 26·6.

Post-mortem examinations have been made in 243 instances.

The average age of those dying on the male side is 69, and on the female side 74.

Amongst the main causes of death may be enumerated the following:—

General paralysis	...	...	...	...	...	...	11
Chronic heart disease	...	...	...	...	...	...	16
Pneumonia	...	...	...	...	...	...	20
Phthisis	...	...	...	...	...	...	8
Cancer	...	...	...	...	...	...	8
Senile decay	...	...	...	...	...	...	158

Our immunity from phthisis, to which I alluded in my report for last year, is even more marked than for the preceding twelve months. In 1907 there were five deaths from phthisis. In 1908 we had a record of eight deaths, but five of these patients were practically speaking dying from phthisis when admitted.

Four cases had been resident here for periods, varying from 11 to 25 days only, and the fifth case resident here for two months and eleven days.

Inquests. Inquests have been made in six cases during the year, and the verdicts were in all the cases in accordance with the medical evidence, and call for no comment.

Restraint and Seclusion. No restraint has been employed during the year. One male was secluded on one occasion for two and a half hours, and five females were secluded on 23 occasions, totalling 58 hours.

Visit of Lunacy Commissioners. The Commissioners in Lunacy visited the Asylum on 31st October, and their report will be found on reference to the index.

Staff. I am again able to report most favourably on the general conduct of the staff.

Building. Two new blocks for patients and additional female staff accommodation have been recently handed over, bringing our accommodation to a total of 1,114.

RECEIVING HOME FOR CHILDREN.

Statistics.

	Males.	Females.	Total.
Remaining on January 1st, 1908	19	14	33
Admitted during the year	146	104	250
Discharges to other Asylums of the Board	140	94	234
„ not improved	2	5	7
Died	1	1	2

Ringworm and Ophthalmia There have been three vacancies granted to cases of ringworm (one male and two females) and four vacancies granted to cases of ophthalmia (three males and one female). There were remaining at the end of the year four cases of ringworm (females) and three cases of ophthalmia (two males and one female).

Medical statistics. I submit for the first time the new tables drawn up by the Medico-Psychological Association. Their compilation is arduous, and strict accuracy in dealing with the antecedents of senile cases is in many cases impossible, but they should prove of great value and assistance.

(Signed) EDWYN H. BERESFORD,

Medical Superintendent.

No. 2.

LEAVESDEN ASYLUM.

1st January, 1909.

Statistics.

	<i>M.</i>	<i>F.</i>	<i>T.</i>
On January 1st, 1908, the Asylum contained ..	831	1,026	1,857
Admitted during the year	218	255	473
Died during the year	65	91	156
Discharged during the year	55	11	66
Remaining in the Asylum on December 31st, 1908	929	1,179	2,108

The Local Government Board have agreed to the accommodation being increased from 1,936 to 2,130. These additional beds were gained (a) by a remeasurement of the wards, which showed that more could be housed in them, (b) by adding to the top wards of nine blocks a waste recess, and (c) by the conversion of three blocks of dayrooms and dormitories originally intended for ordinary patients into nine infirmary wards.

If more accommodation is needed it may be pointed out that the upholsterer's shop remains empty and could be converted into a tubercular ward, whilst the present tailor's shop and shoemaker's shop are now altogether too large for the persons employed in them. By rearrangements these workshops could be made available, and, at a small cost, 70 additional beds for male patients could be gained.

Admissions. The admissions included 122 received from Tooting Bec Asylum of the usual type, 270 unimprovable imbeciles from Belmont and Darenth Asylums, 80 transferred from the City and County of London Asylums, and one male received from Caterham Asylum.

Discharges. The discharges numbered 66. Of this number 1 escaped, 6 were discharged through the Guardians to the care of relatives, and 41 were transferred to sister Metropolitan Asylums, whilst 18 were sent to the City and County of London Asylums as dangerous to themselves or to others.

Deaths. The deaths numbered 156, 65 males and 91 females, of which 39 were persons of over 70 years of age. The percentage of deaths on the average number resident was in 1908 as follows:—

Males	Females	Total
7.52	8.61	8.12

There were 153 post-mortem examinations, 63 males and 90 females, this representing 98 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	3 bedsores
Females	1 bed sore
Total	4 bedsores

(Slight abrasions not included.)

Considering the class of patients under care no reflection is made on the nursing, which is generally considered good.

The following table gives particulars as to the tubercular death rate during the past 10 years:—

Year.	Average number of patients resident.	Deaths from all causes.	Tubercular Deaths.	Tubercular Percentage.	Percentage of post-mortems.
1899 ..	1952 ..	250 ..	73 ..	3.74 ..	52.2 ..
1900 ..	1905 ..	310 ..	104 ..	5.46 ..	84 ..
1901 ..	1772 ..	164 ..	67 ..	3.78 ..	90 ..
1902 ..	1768 ..	134 ..	43 ..	2.38 ..	94 ..
1903 ..	1752 ..	131 ..	34 ..	1.94 ..	96.9 ..
1904 ..	1751 ..	158 ..	53 ..	3.02 ..	94 ..
1905 ..	1776 ..	126 ..	44 ..	2.47 ..	90.5 ..
1906 ..	1782 ..	127 ..	40 ..	2.24 ..	97 ..
1907 ..	1817 ..	151 ..	37 ..	2.03 ..	95.3 ..
1908 ..	1920 ..	156 ..	39 ..	2.03 ..	98 ..

Among the other chief causes of death during 1908 were:—

	M.	F.	T.
Valvular disease of heart	1	17	18
Pneumonia	5	10	15
Senile decay	4	10	14
Cerebral softening	4	6	10
General paralysis of the insane	9	1	10

Accidents, Inquests, and Sudden Deaths. There were 14 accidents during the year, involving fractures of bone, besides 5 resulting in inquests; and there was 1 case of unexpected or unusual death in which the Coroner, after satisfying himself as to the facts, did not deem an inquest necessary. Full reports were laid before the Sub-Committee respecting each of these cases, and there is nothing worthy of special report.

Improvements and Additions. Among the more important works executed during the year may be mentioned the laying out of a new cemetery, the conversion of blocks 9, 10, and 11 into 9 infirmary wards, works undertaken to prevent an overflow of the sewage tank and flooding of the gas-works, the provision of a fireproof curtain for the stage, and, in the laundry, the fixing of two fans in the drying rooms and the provision of a dirty linen washer, a body linen ironer, and a shirt and collar ironer.

The Staff. During the year, five of the staff obtained the valuable nursing certificate of the Medico-Psychological Association—eight others have been examined, but the results are not yet known—and thirty-three gained S. John Certificates.

General Remarks. A Commissioner in Lunacy visited on November 10th, and a Local Government Inspector on May 28th. There was one fatal case of dysentery (ulcerative colitis) in May, in the person of an aged female patient, who had been in the asylum since 1875. It is suspected that a recently-admitted case in the same ward, who had some diarrhœa before death, just previously, but upon whom no post-mortem examination was made, because permission was refused, had handed on the disease. Two patients had erysipelas, the disease proving fatal in one. One nurse had scarlet fever, and was treated to recovery in one of the Board's fever hospitals. Over fifty of the patients and over fifty of the staff suffered from influenza in the spring, some of the patients affected dying of sequential pneumonia. Much trouble was caused during the year by outbreaks of scabies or itch, which affected only female patients. As some of the patients, owing to lack of sensation, did not scratch themselves, the trifling eruption was difficult to discover in the early stage, and it was equally difficult to know when the eruption was cured, so that it spread to others, and was most disheartening to treat. At the end of the year there does not appear to be a case of itch in the asylum. Cases having discharges from the eyes from any cause have been under treatment during the year in separate wards, and for six months, from April 1st, Dr. J. C. Mead (an ophthalmic surgeon) was added to the staff, in order to do the necessary operations, and in order to cure as many cases as possible. At the end of the year there were 101 eye cases still under segregation and treatment.

There was no necessity during 1908 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,

January, 1909.

I have the honour to present the Annual Report of this Asylum for the year 1908, together with the statistical tables, which in common with Asylums generally are compiled in accordance with the recommendations of the Medico-Psychological Association, and approved by the Commissioners in Lunacy. While, owing to the fact that all the patients are now received from County Asylums or are transferred from the Board's Asylums, and the great difficulty experienced in obtaining reliable information, the results may not at first be completely satisfactory, I am of opinion that the change will in the future prove advantageous and tend to simplification.

The following is a summary of the changes which have taken place during the year :—

	Males.	Females.	Total.
On the Registers, 1st January, 1908	809	1,036	1,845
Admitted Since	200	93	293
Total under treatment	1,009	1,129	2,138
Discharged or Transferred	40	8	48
Died	69	74	143
Remaining in the Asylum, 31st December, 1908 ...	900	1,047	1,947
Average number resident	854	1,038	1,892

Admissions. The number of patients admitted is higher than for many years past, due to 100 male cases being transferred from Belmont Asylum on that institution being closed. While as I have previously stated this Asylum is well fitted for the reception of the imbecile class of patients for which it was originally intended, it has been found impossible to satisfactorily treat in the large wards the recent influx and increasing accumulation of feeble patients and those of mischievous, destructive, and depraved habits. To insure better supervision it has been decided to convert additional blocks into Infirmary wards, and, owing to

the large number unable to attend to their personal requirements and the diminishing number of those capable of assisting in the work of the institution, an increase of staff has been rendered absolutely necessary. For many of the so-called senile dementeds admitted here as imbeciles, I feel deep sympathy. It is very hard for individuals who are the subject of decay of old age with concomitant mild mental symptoms to be certified and sent to an Asylum, where, owing to there being little prospect of improvement, their detention is unavoidable. If certification and detention in an Asylum could be avoided it would, without doubt, be better for these poor old people, and relieve the relatives from being branded with the stigma of insanity.

Discharges. One male patient was discharged as recovered, 2 females as relieved to the care of friends, while 39 male and 6 female patients were transferred to the under-mentioned Asylums.

	Males.	Females.	Total.
London County Asylum, Cane Hill	2	5	7
London County Asylum, Bexley	1	0	1
London County Asylum, Horton	0	1	1
Leavesden Asylum	1	0	1
Tooting Bec Asylum	35	0	35
	39	6	45

Deaths. The mortality for the year shows a percentage of 7·6 on the average number resident, and in 109 instances or 76·2 per cent. of the cases the cause of death was verified by post mortem examination. Pulmonary tuberculosis figures as the cause of death in the case of 12 males and 2 female patients, an increase on the male side. On January 14th, the Coroner for the district held an inquest on the body of Susan Restall, who a few weeks previously fell in a fit and sustained a fracture of one of her legs. A verdict of "Death from natural causes" was returned.

Restraint and Seclusion. It has not been necessary to resort to mechanical restraint during the year, but 4 female patients were secluded for brief periods totalling in all 5½ hours.

General History. The past year has been comparatively uneventful, and I am pleased to report that the health both of the staff and patients has been generally good. With the exception of a kitchenmaid who was treated for scarlatina in the Isolation Hospital, and two cases of colitis there has been no epidemic disease, and the number of casualties have been fewer than usual.

One of the Commissioners in Lunacy visited on April 28th, Mr. O. F. Roundell, assistant Local Government Board Inspector, on May 29th, and on July 13th, a deputation of the Fulham Board of Guardians visited and interviewed the patients chargeable to that Parish. Satisfactory entries were also made in the Visitors' Book by Surgeon-Major Horrocks, who was permitted, on the request of the General Officer commanding the London District, to inspect the arrangements for the disposal of sewage at the Asylum Farm, and by one of the Managers of the Royal Lunatic Asylum, Montrose.

**Entertain-
ments and
Amuse-
ments.**

The routine life in an Asylum is undoubtedly very irksome and monotonous, and the beneficial effect on the patients able to participate in the amusements provided can only be recognised by those associated with the inmates. The usual variety of entertainments have been given during the year. The sensational accounts in the press and elsewhere regarding walking parties have, in my opinion, been greatly exaggerated. To deprive those capable of appreciating the pleasure of a country walk, more especially if the privilege has been enjoyed for years, would not only be detrimental but cruel. Those permitted to leave the Asylum estate here are carefully selected, and every endeavour is taken to avoid annoyance being given to the public, complaints have been extremely rare, and it has been very gratifying to me on several occasions to have parties of patients return from their walk full of gratitude for acts of kindness shown them when outside.

**Structural
Alterations
and Im-
provements.**

The following are among the more important works carried out during the year:—A meter house has been built and water meters provided; this will insure a supply of water to the Asylum in case of emergency. The alterations and additions to the male staff quarters have been carried out in a very satisfactory manner, and the additional messroom accommodation has added greatly to the comfort of the male attendants. The middle floor of M. D. block has been converted into an Infirmary ward, and as suggested by the Commissioners in Lunacy an additional handrail has been fixed on the staircases of all the blocks, and increased accommodation provided in the dressing-room adjoining the male general bath-room.

The work in prospect includes the conversion of an entire block on each side and a portion of another male block into Infirmary wards, the fixing of two foul washing machines in the Laundry, and the provision of a new range of coppers in the general kitchen to replace those which have been in use since the opening of the Asylum.

The Staff.

The conduct of the attendants and employees has been with but a few exceptions very good.

(Signed) P. E. CAMPBELL, M.B.,
Medical Superintendent.

No. 4.

DARENTH ASYLUM.

2nd March, 1909.

Statistics

	Males.	Females.	Total.
On January 1st, 1908, the asylum contained	1022	892	1914
Admitted during the year	193	119	312
Total number under treatment during the year ...	1215	1011	2226
Discharged during the year	137	134	271
Died during the year	34	24	58
Remaining in the asylum on December 31st, 1908 ...	1044	853	1897

Admissions. Of the 312 patients admitted, 304 were transferred from Tooting Bec Asylum, 5 from the Bridge Industrial Home, 2 from Leavesden Asylum, and 1 from the Manor Asylum. The class of case received has, on the whole, been distinctly poor, about 45 per cent. being what may well be described as unimprovable. This makes the proper classification of the inmates extremely difficult, and has already resulted in the necessity of using one of the wards in the Training School for unimprovable female children.

Authority having been obtained from the Local Government Board, a ward in the Pavilions was set apart in March last for 44 children of both sexes between the ages of 3 and 5 years, and since that time this ward has been filled. All the 44 children received were of a very low type, and showed practically no mental capacity whatever, and since their reception very little improvement has taken place in their mental condition, although in nearly every case their physical health has been much benefited.

Discharges. Of these, 18 patients were discharged by order of the Guardians, making a total of 52 so discharged during the past three years. Practically all of these cases should, in my opinion, have been kept under observation in an institution, and more particularly in an institution where there is every facility for teaching them both in school and in workshops, but unfortunately, we have no power to detain them, and can only hope that before long an Act of Parliament will be passed which will enable this to be done. Four cases were certified and sent to the L.C.C. Asylums.

Deaths. 58. This is the lowest number of deaths recorded for many years past.

General health. Except for an epidemic of scarlet fever, spreading a few cases at a time over some months, the general health was good. There have been few accidents and no inquests.

Farm. The farm accounts show a balance of £1,560 18s. 5d. This being £57 12s. 7d. more than that of the previous year, which, up till then, had been the highest favourable balance ever known.

Franco-British Exhibition.

At this Exhibition, which was open between May and November, space was allotted in the British Educational Section to the Local Government Board, and, at their request, an exhibit of articles made by the patients in the Industrial Colony and Training School was sent up from this Institution. At first the space for exhibits given to Darenth was so small that there was little prospect of successfully showing off the numerous articles, but eventually, owing to the courtesy of Mr. Hoare of the Local Government Board, a larger space was obtained, which, though still not nearly large enough, enabled a fine show to be made. Some 700 articles, entirely made by patients from six years of age upwards, with enlarged photographs of the inmates at work, were extremely well arranged by the craftsman, to whom great credit is due for the thoroughness and energy with which he undertook this, to him, novel work, the result being highly satisfactory. A great deal of attention was devoted to our exhibit by thousands of visitors interested in education, the only one in the exhibition which showed what can be done in an institution for mentally deficient people. A visitors' book was kept in which visitors might enter their names and record their impressions. Over 2,600 entries were made by people from all over the world, and their remarks showed their surprise that such an exhibit made by mentally deficient people was possible, and their thankfulness and gratitude for the work which was being carried out by the Metropolitan Asylums Board and the staff at Darenth. The exhibition has resulted in Darenth being known and appreciated all over the world, as is shown by the fact that visitors from the following countries entered their names in the visitors' book:—British Isles, France, Germany, Sweden, Denmark, Holland, Belgium, Austria, Switzerland, Italy, Spain, Portugal, United States, Canada, Nova Scotia, Newfoundland, Russia, Poland, Persia, India, China, Burma, Australia, New Zealand, Japan, Jamaica, South Africa, West Africa, and Rhodesia. This book is now kept at Darenth, and can be inspected at any time.

Industrial Colony.

Satisfactory progress has continued to be made, especially in the number of patients usefully employed, there being now 515 males and 453 females working as compared with 494 males and 374 females at the same time last year. At last, after years of waiting, our new workshops for male patients were opened in March, and have proved to be a great boon both to the staff and patients. All the workshops are now congregated together instead of being far apart and scattered all over the institution as was formerly the case. This results in our having far better supervision, both over the instructors and patients, which makes for better workmanship all round, and a large increase in the number of articles turned out.

During the year plans for new workshops for the female workers have been got out and have passed various committees, and I am hopeful that if sanction to them can be obtained from the Local Government Board, the building may be commenced in the early part of 1909. The need for these shops is most pressing, for though it is only about fifteen months since a large dayroom and dormitory were converted into needlerooms, these rooms are already filled and are rapidly becoming overcrowded.

The drilling of the male and female patients continues to be efficiently carried out by the male and female staff, and at present 107 females and 108 males receive instruction. This drill, as I have stated in all my previous reports, continues to be of immense value as a training to both the bodies and minds of the patients.

Below each industry is separately dealt with, and a comparative table of the work done in 1907 and 1908 is given.

Tailor's Shop.—For the first time an attempt has been made to construct the staff uniforms, and, so far, with fair success. The trousers and vests can be managed,

but the coats at present prove rather more than the patients can undertake. There has been an increase in this shop of over 600 articles over those made in the previous year.

Shoemaker's Shop.—A Blake's Sole sewing machine has been obtained, and a patient is able to work this by himself. Two other patients work the Bradbury's machine for uppers. There has been a general increase in the work done in this shop.

Upholsterer's Shop.—Two new hair carding machines, fitted with dust extractors, have been obtained, and have proved very helpful. They have been placed in a new hair carding shed, which is much more airy and convenient than the old one. During the year there has been started a female upholsterer's shop, where 11 female patients are employed mattress making. This new departure has been a great success. The number of articles made in the upholsterer's shop shows an increase of more than 1,000 articles over previous years.

Basket Shop.—For six months during the year the basket industrial attendant was employed to take charge of the exhibits at the Franco-British Exhibition, and consequently the patients were left without any qualified instructor, and it shows how well the boys have been taught, and how really clever they are at their work, that they were able to go on in his absence both with repairs and with the making of new articles, and that the work that they did was thoroughly well turned out. A large number of repairs have been done, baskets, chairs, etc., and a great advance has been made with the wicker, cane, and fancy chair-making.

Mat Shop.—The improvement in this shop is undoubted, and no complaint has been received as to the quality of the mats, though the patients find some difficulty in making the mats accurately to the sizes ordered. During the year 185 mops and 132 coal sacks have been made, both of these being new industries. An increased number both of mats and rugs have also been made.

Brush Shop.—There has been a large increase in the number of brushes made during the past year, and the orders we have received have greatly exceeded the estimated quantities, a total of 17,089 brushes having been made. A number of complaints have been received from institutions to which these brushes have been sent as to the quality of the brush turned out. It must be remembered that these 17,089 brushes are made entirely by imbecile patients, with one instructor to supervise them and the work they do. The boys all work honestly, and finish the brushes to the best of their ability, but naturally some are not as clever as others, and it must not be expected that every brush made shall be perfection. It is recognised that with the increased work thrown on this shop, one skilled industrial attendant is insufficient, and the sub-committee have given me authority to employ a second. I hope also that in the near future a second brush shop will be in use, and that then, with the aid of the second instructor, it will be possible for every brush to be thoroughly inspected before it is sent away. Thirty girls are now being employed in brush and rug making on the female side, and continue to do excellent work.

Carpenter's Shop.—The improvement in this department is very gratifying, and the workmanship is extraordinarily good considering that the workers are mentally deficient. The great difficulty met with in this shop is that up till now we have not had in stock a quantity of good seasoned hard wood suitable for furniture making. This has now been remedied. There are 19 patients employed at carpentering work, and during the year a second industrial carpenter has been engaged.

Painter's Shop.—The boys are improving considerably, and a larger amount of work has been done during the past year. One of the male blocks was omitted from the painting contract, and is being undertaken entirely by the patients and their one instructor. These boys also have a considerable quantity of polishing and varnishing of the furniture made in the carpenter's shop.

Woodchopping.—33 poorer class patients obtain good healthy employment in the woodshed, and during the year turned out 228,178 bundles of wood, over 4,000 more than has ever been turned out before. This shop has been much improved by the addition of extra windows to improve the lighting, and the sanitary accommodation has been entirely renewed.

Tinsmith's Shop.—2,600 articles were made as compared with 812 the year before, and 10 patients are now employed in contrast to the 6 who formerly worked in this shop. The much looked for progress, which up till this year had been almost non-existent, has at length started, and I have no doubt will now continue, and this shop will be able to take its place with the others as a really progressive industry.

Bookbinding Shop.—Marked progress can be recorded in the work done by all the patients employed, and there are now two patients who can bind practically any kind of book in a workmanlike manner and thoroughly finish them without any help from the instructor. The quantity of work turned out has been largely in excess of that of the previous year, and we are hoping that during next year we may get increased orders. The paper-bag making industry finds employment for both male and female patients, over 188,000 well-made paper bags being turned out during the year, and the same patients also made over 2,700 cardboard boxes for packing hair brooms and other brushes.

Roadmakers.—A very useful number of boys are engaged in general labouring, road repairing, grave-digging, etc., and they give very useful help on various repair works, thereby greatly reducing their cost.

Farm and Garden.—59 are employed on the farm and gardens and do useful work, 20 help to draw various carts about the grounds and 39 are very useful in doing any odd jobs that may turn up.

Printing.—I am fully convinced that it would be possible to do a considerable amount of printing in this institution as is at present done in other asylums and institutions for imbeciles, and I am hoping that in my next annual report I shall be able to give an account of a printing shop as a going concern.

Needlerooms.—In the needleroom in which articles are made for the other institutions under the Board there are now employed 102 patients with one needle-mistress and two industrial trainers to look after them, and they have made during the year over 32,000 articles. Twenty-four sewing machines are being used by the patients themselves, 18 new sewing machines having been bought during the year for the use of patients, who have been taught how to manage them. A large order for clothing for the new Children's Infirmary at Carshalton was executed in this room. Eighty-five patients are employed in a repairing room, of whom five have been taught to use sewing machines, and during the year 30 have improved sufficiently to be transferred to the needleroom in which new articles are made. Over 285,000 articles were repaired in this needleroom during the year, an increase in number over previous years owing to the repairs which were formerly done in the wards being now done in this room.

In the teaching room are 30 of the very worst class of patients being taught needlework. Very slow progress is made, but that the progress is there is shown by the fact that 8 patients, who a year ago had no idea of any kind of work, are now sufficiently clever with their needle to have been drafted into the repairing room.

In the needleroom at the schools, where the new clothing for Darenth is made, 13 patients are employed and do good work.

The patients employed in the kitchens, laundries, and wards continue to be of the utmost service in their respective departments.

During the past year the industrial attendants, both male and female, have worked well and without friction, and great credit is due to them for the pains they take in instructing the patients under them, and the interest they show in their progress.

Profit and Loss Account for the Year ended Michaelmas, 1908:—

Dr.		TAILOR'S ACCOUNT.		Cr.	
	£ s. d.		£ s. d.		
Value of Stock brought forward	54 9 8	Value of repairs executed and goods disposed of	845 5 4		
" " New Stock	553 13 9	Value of Stock in hand	249 4 0		
Instructor's board	10 10 7				
" wages	114 19 6				
To balance of account	360 15 10				
	<u>£1,094 9 4</u>			<u>£1,094 9 4</u>	
71,991 hours of patients' labour not charged.					

Dr.		SHOEMAKER'S ACCOUNT.		Cr.	
	£ s. d.		£ s. d.		
Value of Stock brought forward	73 3 6	Value of repairs executed and goods disposed of	823 8 9		
" " New Stock	321 8 8	Value of Stock in hand	33 0 1		
Instructor's board	8 0 7				
" wages	120 0 6				
To balance of account	333 15 7				
	<u>£856 8 10</u>			<u>£856 8 10</u>	
62,588½ hours of patients' labour not charged.					

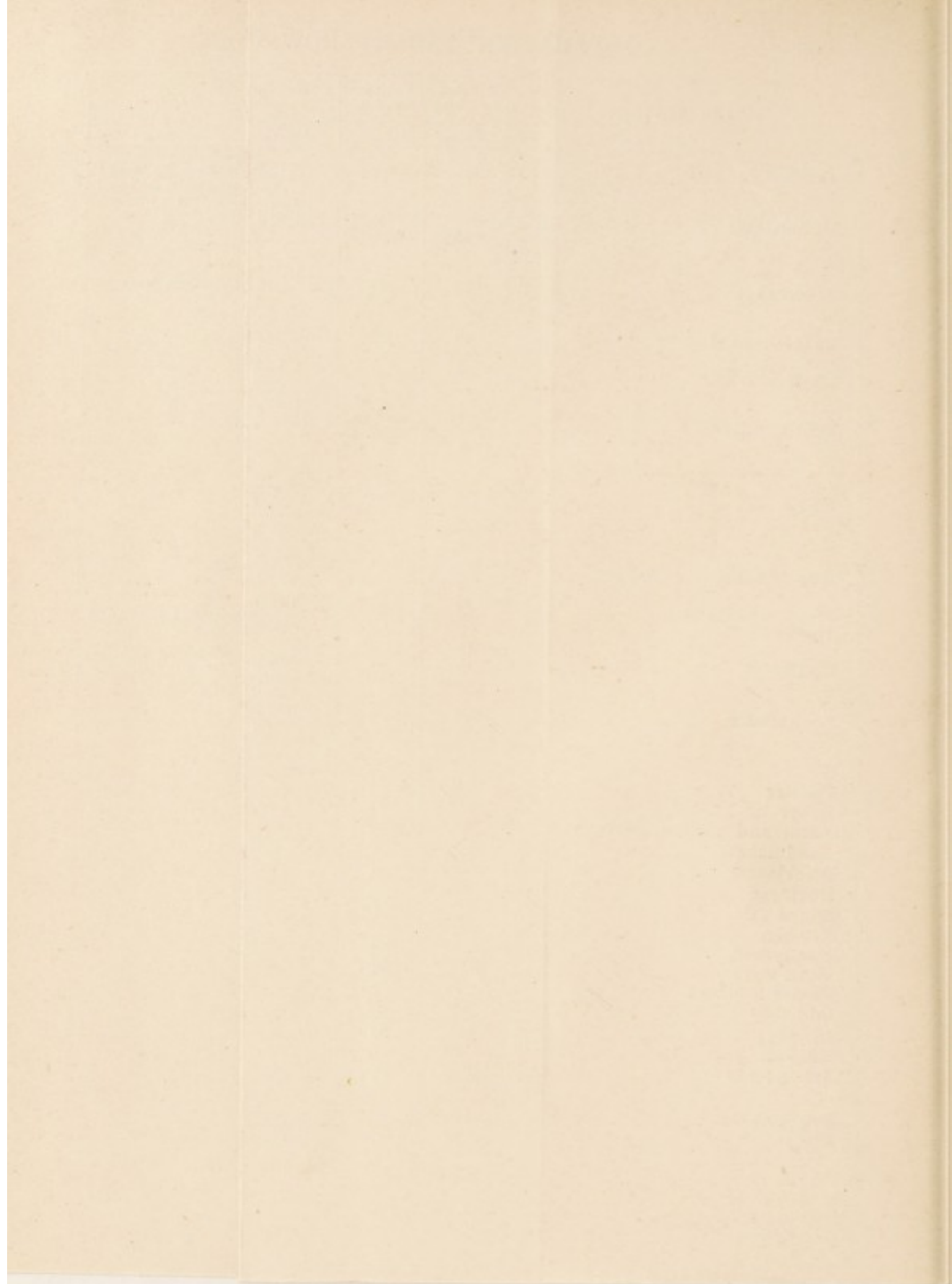
Dr.		UPHOLSTERER'S ACCOUNT.		Cr.	
	£ s. d.		£ s. d.		
Value of Stock brought forward	134 16 7	Value of repairs executed and goods disposed of	1,586 3 4		
" " New Stock	990 15 6	Value of Stock in hand	479 6 2		
Instructor's board	4 18 3				
" wages	228 9 4				
To balance of account	706 9 10				
	<u>£2,065 9 6</u>			<u>£2,065 9 6</u>	
458,28½ hours of patients' labour not charged.					

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COMPARATIVE TABLE SHOWING THE WORK DONE IN 1907 AND 1908.

INDUSTRY.	Number of Patients employed.		Number of Articles made.		Number of Articles repaired.		REMARKS.
	1907.	1908.	1907.	1908.	1907.	1908.	
Tailor	44	47	2,122	2,788	11,459	7,049	The repairs are valued as follows:—Jackets, 9d. each; vests, 4d.; trousers, 8d.; capes, 3d.; overcoats, 9d.; and combinations, 1/. The new articles as per contract.
Upholsterer	Male 21 Female 0	Male 24 Female 11	1,236	2,509	3,361 Hair carded 90781 lb.	3,372 Hair carded 90000 lb.	
Shoemaker	43	44	316	430	8,521	8,790	Repairs:—White Oak, 1/3; Darenth, 1/9. New work as per schedule.
Basket maker	14	18	942	609	196	530	
Chair caning	4	4	182 and 3 lounge frames	247	...	...	All goods are charged at contract prices. At 1/3 per seat (large and small)
Brush maker	Male 20 Female 19	Male 26 Female 23	14,593	17,089	1	...	
Mat	25	28	Fendoffs 6 Mats 570 Nets 59	Fendoffs 24 Mats 651 Nets 100 Curb Kneelers 54 Coal sacks 132 Mops 185	Kneelers and Mats 348	Kneelers and Mats 124 Sacks 20	Do.
Rug (Axminster) maker	Male 4 Female 9	Male 4 Female 7	51	56	...	...	These rugs have been sold at 3/- to 45/-.
Wood chopping	31	33	223,093	228,178	...	...	At 30/- per 1000.
Tinsmith	6	10	812	2,600	326	83	The price for repairs is based on tinsmith's time, and new work to schedule prices.
Carpenter	19	20	2,051	1,365	...	...	At invoiced prices to other institutions, and a nominal charge for repairs
Bookbinder	Male 7 Female 0	Male 10 Female 7	Paper Bags 50,870 Boxes 1500 Official Books 357 MS., etc., Books 3,515	Paper Bags 188,132 Boxes 2,748 Official Books 452 MS., etc., Books 7,028	...	...
Painter	9	11	...	...	...	...
Baker	9	11	...	...	...	...
Farm and garden, carts, etc. ..	58	59	...	...	...	...
Roadmakers	7	8	...	...	...	...
Bricklayers	2	1	...	...	...	...
Engineer	2	2	...	...	...	...
Stores	5	5	...	...	...	...
Kitchen	8	8	...	...	...	...
Handymen	4	4	...	...	...	...
Ward work	100	91	...	...	...	...
Domestic offices	7	8	...	...	...	...
Odd jobs	45	39	...	...	...	...
Laundry	67	61	...	...	...	...
Kitchen	10	8	...	...	...	...
Needleroom	160	201	...	Articles made 1908, 50,417	...	Articles repaired 1908, 287,805	
Brushmakers	19	23	...	See above	...	See above	
Rug	9	7	...	See above	...	See above	



<i>Dr.</i>		PAINTER'S ACCOUNT.		<i>Cr.</i>	
	£ s. d.		£ s. d.		
Stock brought forward ..	— — —	Value of work done	125 9 5		
Value of New Stock	6 19 0	Value of Stock in hand ..	— — —		
Instructor's board	9 8 0				
" wages	62 4 0				
To balance of account	46 18 5				
	<u>£125 9 5</u>				<u>£125 9 5</u>
162,33½ hours of patients' labour not charged.					

<i>Dr.</i>		WOODCHOPPING ACCOUNT.		<i>Cr.</i>	
	£ s. d.		£ s. d.		
Value of Stock brought forward	591 16 5	Goods disposed of	500 2 10		
" New Stock	243 7 1	Value of Stock in hand	396 11 10		
Instructor's board	11 4 11				
" wages	29 7 7				
To balance of account	20 18 8				
	<u>£896 14 8</u>				<u>£896 14 8</u>
72,257 hours of patients' labour not charged.					

<i>Dr.</i>		TINSMITH'S ACCOUNT.		<i>Cr.</i>	
	£ s. d.		£ s. d.		
Value of stock brought forward	21 8 7	Value of repairs executed and goods disposed of ..	55 3 6		
" New Stock	51 16 1	Value of Stock in hand	41 2 3		
Instructor's board	10 17 2	Balance against account	6 14 4		
" wages	18 18 3				
	<u>£103 0 1</u>				<u>£103 0 1</u>
11,114½ hours of patients' labour not charged.					

<i>Dr.</i>		BOOKBINDER'S ACCOUNT.		<i>Cr.</i>	
	£ s. d.		£ s. d.		
Value of Stock brought forward	70 14 7	Value of repairs executed and goods disposed of ..	227 17 7		
" New Stock	257 9 7	Value of Stock in hand	190 14 9		
Instructor's board	16 16 7				
" wages	30 4 0				
To balance of account	43 7 7				
	<u>£418 12 4</u>				<u>£418 12 4</u>
25,211 hours of patients' labour not charged.					

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<i>Dr.</i>	BASKET ACCOUNT.		<i>Cr.</i>	
	£	s. d.	£ s. d.	
Value of Stock brought forward	131	10 2	Value of repairs executed and	
„ „ New Stock	146	1 0	goods disposed of ..	236 12 3
Instructor's board	10	13 11	Value of Stock in hand	184 1 5
„ wages	32	0 4		
To balance of account	100	8 3		
	£420	13 8		£420 13 8
30,530 hours of patients' labour not charged.				

<i>Dr.</i>	MAT ACCOUNT.		<i>Cr.</i>
	£	s. d.	£ s. d.
Value of Stock brought forward	92	8 3	Value of repairs executed and
„ „ New Stock	144	9 4	goods disposed of ..
Instructor's board	12	6 10	Value of Stock in hand
„ wages	30	6 1	
To balance of account	42	9 4	
	<hr/>		
	£321	19 10	£321 19 10
	<hr/>		
60,407½ hours of patients' labour			
not charged.			

<i>Dr.</i>	BRUSH ACCOUNT.		<i>Cr.</i>	
	£	s. d.	£ s. d.	
Value of Stock brought forward	321	17 9	Value of goods disposed of. .	709 6 3
„ „ New Stock	677	1 6	Value of Stock in hand	486 0 5
Instructor's board	19	17 6		
„ wages	60	17 5		
To balance of account	115	12 6		
	£1,195	6 8		£1,195 6 8
66,397 hours of patients' labour not charged.				

Dr.	CARPENTER'S ACCOUNT.			Cr.		
	£	s.	d.	£	s.	d.
Value of Stock brought forward	54	1	1	Value of repairs executed and		
„ „ New Stock	192	17	4	goods disposed of ..	308	0 8
Instructor's board	17	19	2	Value of Stock in hand	166	13 8
„ wages	119	7	4			
To balance of account	90	9	5			
	<hr/>				<hr/>	
	£474	14	4		£474	14 4
<hr/>						
30,249½ hours of patients' labour						
not charged.						

Dr.	WORKROOM ACCOUNT.			Cr.
	£	s.	d.	£ s. d.
Value of Stock brought forward	—	—	—	
" " New Stock	3,419	6	0	
Instructor's board	29	15	0	
" wages	39	3	10	
To balance of account	249	12	10	
	£3,737	17	8	
				Value of goods disposed of and repairs executed 2730 6 7
				Value of Stock in hand 1007 11 1
				£3,737 17 8

These totals do not include the rent or maintenance of the shops. A correct proportion of the craftsman's salary is now included.

Chaplain's Report.—The Chaplain reports that his work among the adults has become more interesting. The Bible Classes, held for the patients, have aroused greater interest than he expected. Classes are held for men and for women. Both of these are well attended. An effort is being made to promote the habit of regular Bible reading among those who can read.

The Sunday School for the children continues to prove of great service. It has been instrumental in promoting the improvement noticeable in the Chapel services for the children. The singing and responses are better than in former years. The attention paid to singing in the day school has also contributed to this result.

Lantern services have been held for the adults, which have been appreciated. Pictorial representation assists in the appeal made to a limited intelligence. The grant made by the committee for this object has been helpful. The lantern has also been used for several entertainments for the children, who enjoyed them greatly.

The Chapel services are well attended. The effort is made to maintain these bright and hearty. This characteristic promotes their efficiency, and depends to no small extent on the musical efficiency of the choir.

The Chaplain desires to express his thanks to all the members of the staff, who by their courtesy and helpfulness have assisted him in his work.

Head Mistress's Report.

Statistics for Training School.

	Males.	Females.	Total.
Number on School Register on January 1st, 1908 ..	243	173	416
Admitted during the year	93	53	146
Taken off Register	81	54	135
Number on School Register on December 31st, 1908 ..	259	172	431
Highest number attending School daily	214	135	349

During the last year we have been exceptionally unfortunate, having had several outbreaks of infectious diseases amongst the children, thereby causing many wards to be isolated, and the patients kept from school. In fact, from the middle of February to the middle of April, the whole school was closed, and the children walked out in the grounds. Notwithstanding this, we exhibited at two exhibitions, and very good work was shown.

For the Franco-British Exhibition the children worked hard when school re-assembled, and 184 articles, at a value of £10 17s. 6d., were sent. Although it is necessary for the Colony to have the children as early as possible when they become

at all useful, it must be recognised that this weeding out of the best workers leaves a gap in the schools which takes some time to fill, so that the list of industries now depends upon the number of children whom we have had time to train.

The following table shows the number and value of articles made during the year 1908:—

No.	Industry.	No. of Articles.	£	s.	d.
1	Basket Work	187	7	5	3
2	Macrame Work	66	6	13	5
3	Flower Work	1,363	9	6	3
4	Ornamental Paper Work	199	1	6	5
5	Crochet Work	94	1	11	8
6	Knitting	45	3	8	1
7	Hand Loom Weaving	45	1	16	10
8	Japanese Curtain Work	12	0	17	11
9	Cross Stitch	23	0	15	10
10	Fancy Needlework	4	0	11	9
11	Stuffed Calico Toys	98	2	14	2
12	Teneriffe Lace and Drawn Thread Work	59	3	12	0
13	Rug Work	4	4	3	0
14	Fretwork	4	0	10	0
15	Woodwork	4	0	7	4
16	Victorian Embroidery	2	0	14	0
Total		2,209	£45	13	11

WORK FOR THE INSTITUTION NOT SOLD.

No.	Industry.	No. of Articles.
1	Plain Needlework	350
2	Ironing	1,573
3	Cane Seating	10
Total		1,933

The following alterations and improvements have been carried out at the institution during the past year:—

Improved sanitary accommodation at the woodshed.

Improved lighting to the woodshed.

Paving laid to coal bunkers at the gasworks.

Repaving part of the floor in the bakehouse and providing additional troughs.

Improving road to the cemetery.

Main back road repaired and curbed pathway formed.

Chimney stacks at schools overhauled and repaired.

Adult asylum outside painted.

Schools inside painted.

New office erected for the craftsman.

New floors to blocks 16 and 17 at the schools.

Fitter's and Cowman's cottages drained.

(Signed)

A. ROTHERHAM,

Medical Superintendent.

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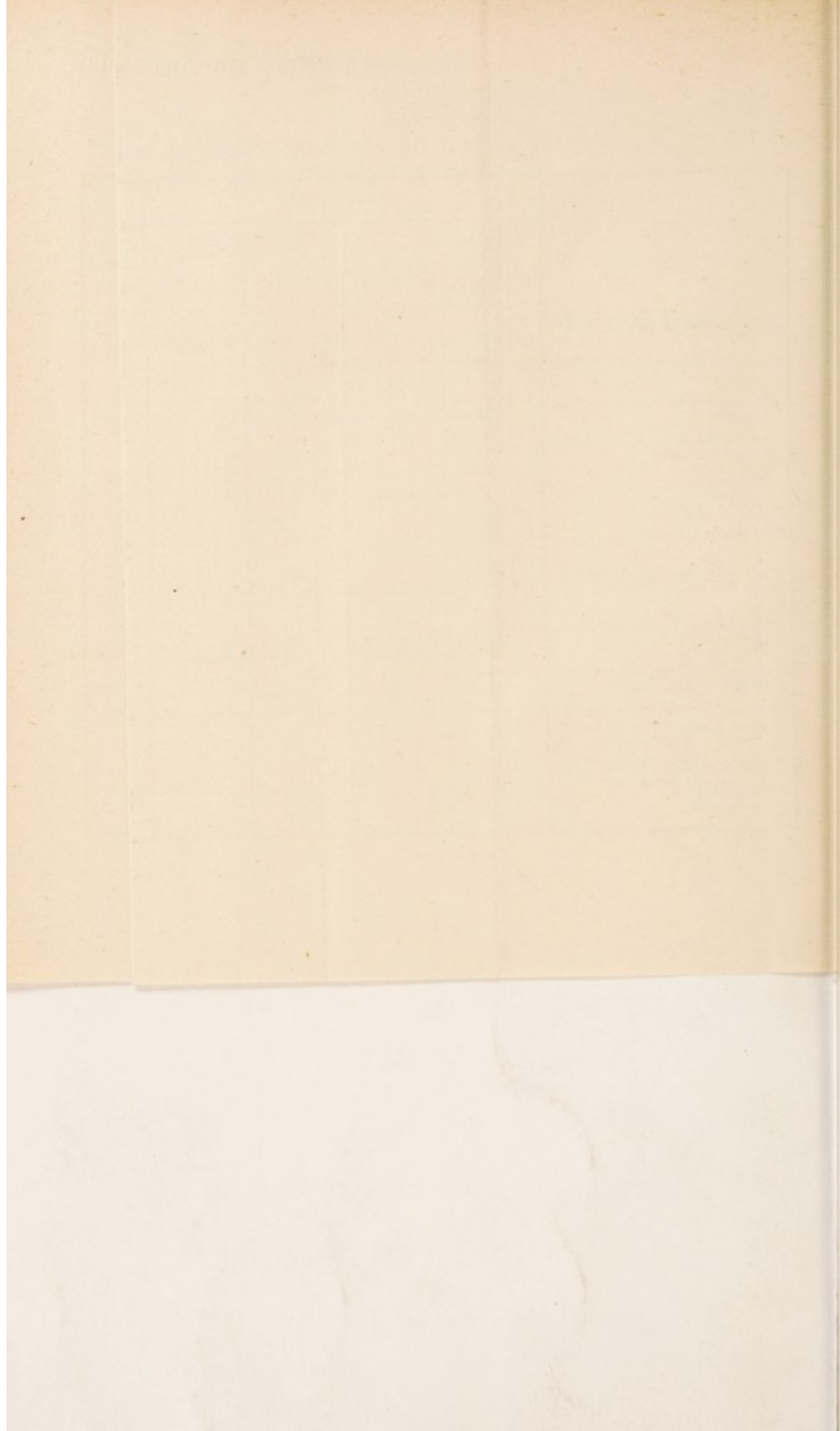
B.

TABLE A1.—General Table, showing the movement of the Asylum Population during the year 1908.

	TOOTING BEC.												LEAVESDEN ASYLUM.				CATERHAM ASYLUM.				DARENTH ASYLUM.				BELMONT ASYLUM. CLOSED SEPT. 29TH, 1908.											
	ASYLUM.						RECEIVING HOME FOR CHILDREN.																													
	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.			
On the Asylums' Registers, Jan. 1st, 1908	287	465	752	..	..	..	19	14	33	..	..	..	831	1026	1857	..	..	..	809	1036	1845	..	..	..	1022	892	1914	..	..	..	312	..	312	..	..	..
Total cases admitted during the year	437	300	737	..	..	..	146	104	250	..	..	..	218	255	473	..	..	..	200	93	293	..	..	..	193	119	312	..	..	..	31	..	31	..	..	..
Total cases under treatment during the year .. .. .	..	..	..	724	765	1489	..	..	..	165	118	283	..	..	..	1049	1281	2330	..	..	..	1009	1129	2138	..	..	..	1215	1011	2226	..	..	..	343	..	343
Cases discharged or transferred during the year as :																																				
Not insane	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Recovered	1	4	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relieved	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not improved	104	168	272	..	..	..	142	99	241	..	..	..	55	11	66	..	..	..	39	6	45	..	..	..	135	134	269	..	..	..	319	..	319	..	..	..
Died during the year	138	124	262	..	..	..	1	1	2	..	..	..	65	91	156	..	..	..	69	74	143	..	..	..	34	24	58	..	..	..	24	..	24	..	..	..
Total cases discharged, transferred, and died during the year .. .. .	..	..	..	245	296	541	..	..	..	143	100	243	..	..	..	120	102	222	..	..	..	109	82	191	..	..	..	171	158	329	..	..	..	343	..	343
On the Asylums' Registers, Dec. 31st 1908 .. .. .	..	..	..	479	469	948	..	..	..	22	18	40	..	..	..	929	1179	2108	..	..	..	900	1047	1947	..	..	..	1044	853	1897	..	..	..	..	..	..
Average daily number on the Registers during the year .. .. .	..	..	..	373	466	839	..	..	..	18	14	32	..	..	..	864	1056	1920	..	..	..	854	1038	1892	..	..	..	1013	920	1933	..	..	..	263	..	263
Certified Persons (<i>i.e.</i>) separate persons in contradistinction to "cases" which may include the same individual more than once):																																				
Under care during year	723	765	1488	..	..	..	165	118	283	..	..	..	1049	1281	2330	..	..	..	1009	1129	2138	..	..	..	1215	1011	2226	..	..	..	343	..	343	..	..	..
Admitted	437	300	737	..	..	..	146	104	250	..	..	..	218	255	473	..	..	..	200	93	293	..	..	..	193	119	312	..	..	..	31	..	31	..	..	..
Recovered	1	4	5	1	..	1

* Includes 1 Escape. † 2 Escapes.

FOR SUMMARY OF TABLE SEE P. 160.

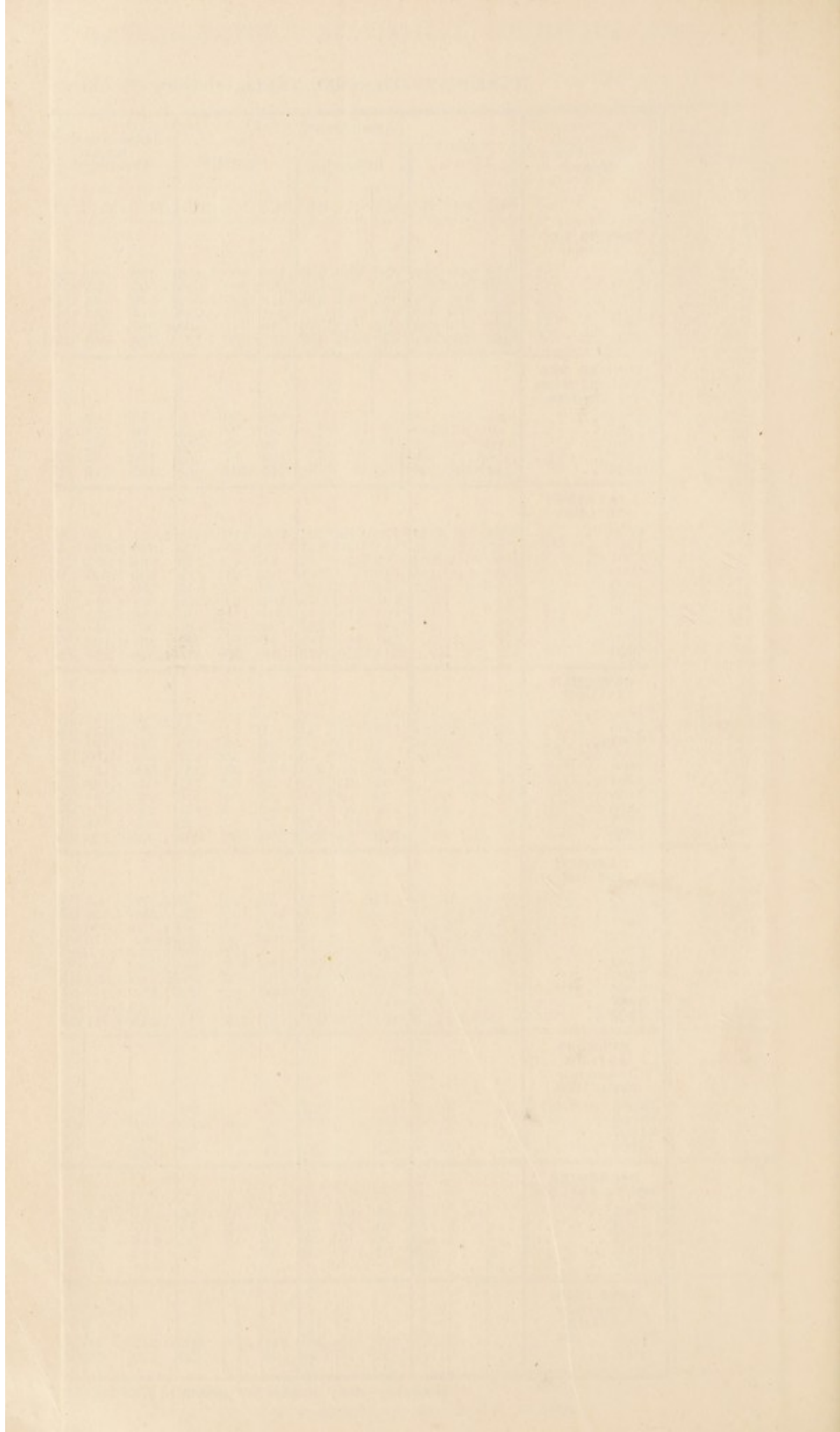


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TABLE A2.—GENERAL TABLE, showing the movement of the Asylum Population during each year since the year 1899, together with the Recovery and Death Rates.

YEAR.	ADMISSIONS.									DISCHARGED OR TRANSFERRED.									DEED.			Remaining on Registers December 31st in each year.			Average Daily Number on Registers.			Percentage of Total Recoveries on the Total Number of Admissions.			Percentage of Total Recoveries on the Direct Admissions.			Percentage of Recoveries paid by Direct Admissions.			Percentage of Deaths on Average Number Resident.														
	Direct.			Indirect.			Total.			Total Number under Treatment.			Recovered.			Relieved.																								Not Improved.											
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.															
TOOTING REC ASYLUM.																																																			
1903	...	419	509	928	80	100	180	499	609	1,108	499	609	1,108	2	2	4	106	144	250	68	52	120	323	411	734	263	353	616	0.46	0.30	0.36	.46	.30	.46	.46	.30	.46	25.85	14.73	19.48								
1904	...	280	300	580	280	300	580	603	713	1,316	6	6	12	211	209	420	70	91	170	307	407	714	321	409	730	2.14	1.99	2.06	2.10	2.00	2.07	2.10	2.00	2.07	24.61	22.25	23.29								
1905	...	301	324	625	301	323	624	616	739	1,355	6	6	12	226	136	362	100	133	233	282	401	743	311	447	758	1.87	1.84	1.74	1.80	1.80	1.84	1.80	1.80	1.84	32.15	30.20	31.90								
1906	...	248	263	511	248	263	511	12	6	18	151	187	338	111	147	258	287	401	723	288	471	729	3.57	3.16	3.24	4.80	1.90	3.29	4.80	1.90	3.29	38.60	31.20	33.99								
1908	...	258	292	550	179	8	187	437	300	737	734	765	1,499	2	4	6	104	168	272	138	124	262	479	469	948	373	466	839	0.23	1.30	0.68	0.23	1.37	1.11	80	114	106	57.00	29.61	31.22								
TOOTING REC Receiving Home for Children.																																																			
1904	...	15	20	35	15	20	35	8	6	14	7	14	21	7	12	19					
1905	...	91	67	158	91	67	158	79	64	143	17	14	31	11	11	22					
1906	...	90	68	158	90	68	158	92	76	168	11	5	16	11	10	21	1.11					
1907	...	129	167	296	129	167	296	120	67	187	19	14	33	12	8	20				
1908	...	144	104	248	146	104	250	122	99	241	1	1	2			
LEAVESDEN ASYLUM.																																																			
1899	...	64	57	121	132	89	221	196	146	342	1,081	1,245	2,326	12	5	17	26	18	44	121	129	250	897	1,088	1,983	869	1,083	1,952	6.1	3.4	5.9	18.7	8.7	14.0		
1900	...	17	28	45	61	70	131	78	98	176	973	1,186	2,161	2	2	3	18	16	34	137	173	310	815	992	1,807	863	1,042	1,905	2.6	3.1	2.8	11.7	10.7	11.1		
1901	...	59	45	104	22	20	42	81	63	144	894	1,057	1,951	7	7	14	57	52	109	886	1,044	1,930	886	1,044	1,930	3.7	1.8	2.7	4.9	2.9	3.9	
1902	...	66	49	115	19	42	61	85	91	176	896	1,047	1,943	20	17	37	60	74	134	812	955	1,767	815	953	1,768	2.4	1.1	1.7	3.0	2.9	2.6	
1903	...	14	3	17	54	72	126	68	75	143	880	1,030	1,910	10	6	16	61	67	128	863	956	1,734	865	947	1,752	1.5	2.7	2.1	7.1	6.6	4.6	
1904	101	104	205	101	104	205	904	1,054	1,958	15	20	35	82	76	158	812	957	1,769	806	945	1,751	1.0	3.8	2.4		
1905	94	118	212	94	118	212	966	1,075	1,981	8	12	20	21	25	46	63	61	128	809	967	1,776	812	964	1,776	3.2	8.5	6.1	
1906	98	87	185	98	87	185	967	1,054	1,961	10	3	13	14	12	26	63	62	127	818	971	1,785	819	963	1,785	
1907	91	101	192	91	101	192	969	1,168	2,097	4		
1908	218	255	473	218	255	473	1,049	1,281	2,330	
CATERHAM ASYLUM.																																																			
1899	...	61	56	117	15	12	27	76	68	144	1,005	1,149	2,153	3	4	7	10	8	18	58	53	111	931	1,074	2,005	932	1,070	2,002	3.9	5.8	4.8	4.9	7.1	6.0	
1900	...	28	30	58	13	21	34	41	51	92	972	1,125	2,097	8	4	12	18	16	34	137	173	310	815	992	1,807	863	1,042	1,905	2.6	3.1	2.8	11.7	10.7	11.1	
1901	...	49	50	99	5	15	20	54	63	117	919	1,057	1,976	7	7	14	57	52	109	886	1,044	1,930	886	1,044	1,930	3.7	1.8	2.7	4.9	2.9	3.9	
1902	...	36	26	62	12	33	45	68	59	127	954	1,103	2,057	5	6	11	63	48	111	882	1,047	1,929	885	1,045	1,930	3.0	1.6	3.5	
1903	126	88	214	126	88	214	1,008	1,143	2,151	6	13	20	64	62	126	887	1,064	1,951	888	1,038	1,929	
1904	62	94	156	62	94	156	943	1,134	2,077	15	3	18	66	84	150	881	1,049	1,921	882	1,049	1,931	1.9	
1905	82	89	171	82	89	171	940	1,128	2,068	5	1	9	72	94	169	845	1,036	1,881	849	1,037	1,877	2.4	
1906	37	102	139	37	102	139	1,132	1,138	2,059	1
1908	200	85	285	200	85	285	1,009	1,129	2,138
DARENTH ASYLUM.																																																			
1899	...	38	25	63	14	10	24	52	35	87	1,130	963	2,093	3	2	5	30	27	57	35	35	70	1,062	899	1,961	1,073	916	1,989	
1900	...	102	129	231	2	1	3	104	130	234	1,166	1,029	2,195
1901	...	83	90	173	2	85	90	175	1,169	1,096	2,265	
1902	...	59	58	117	9	4	13	108	62	179	1,180	975	2,153	
1903	...	136	104	240	40	27	67	176	137	307	1,246	1,060	2,306	
1904	75	72	147	75	72																																											



NAME OF ASYLUM.	CLASSES OF ADMISSIONS.	CONGENITAL.						ACQUIRED.						TOTAL.		
		First attack.			Not first attack.			Unknown whether first attack or not.			M.	F.	T.	M.	F.	T.
		M.	F.	T.	M.	F.	T.	M.	F.	T.						
TOOTING BEC.	Direct ..	58	72	130	176	174	350	12	7	19	11	39	50	257*	292	549
	Indirect { Transfers ..	92	3	95	55	5	60	6	..	6	26	..	26	179	8	187
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	150	75	225	231	179	410	18	7	25	37	39	76	436*	300	736*
TOOTING BEC RECEIVING HOME FOR CHILDREN.	Direct ..	135	102	237	9	2	11	..	..	..	..	..	..	144	104	248
	Indirect { Transfers ..	2	..	2	..	..	..	..	..	..	..	..	..	2	..	2
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	137	102	239	9	2	11	..	..	..	..	..	..	146	104	250
LEAVESDEN.	Direct ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers ..	163	129	292	49	119	168	6	7	13	..	..	..	218	255	473
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	163	129	292	49	119	168	6	7	13	..	..	..	218	255	473
CATERHAM.	Direct ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers ..	171	52	223	22	30	52	3	8	11	4	3	7	200	93	293
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	171	52	223	22	30	52	3	8	11	4	3	7	200	93	293
DARENTH.	Direct ..	5	..	5	..	..	..	..	..	..	..	..	..	5	..	5
	Indirect { Transfers ..	184	117	301	..	..	..	..	..	..	4	2	6	188	119	307
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	189	117	306	..	..	..	..	..	..	4	2	6	193	119	312
BELMONT.	Total Direct ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total { Transfers ..	30	..	30	1	..	1	..	..	..	..	..	..	31	..	31
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	30	..	30	1	..	1	..	..	..	..	..	..	31	..	31

* Exclusive of one male not insane (Table A1).

For Summary of Table see p. 161.

TABLE B2.—*Showing the Duration of the present attack of Mental Disorder on admission in the Admissions during the year 1908, and stating (in those not congenital) whether First Attack or not.*

TOOTING BEC ASYLUM.																	
Duration of mental disorder prior to admission.			DIRECT ADMISSIONS.														
			First attack.			Not first attack.			Unknown whether first attack or not.			Total.					
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Less than 2 weeks	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 weeks and less than 1 month	3	2	5	..	..	..	..	..	..	3	2	5		
1 month	..	3 months	..	14	14	28	1	1	2	..	..	..	15	15	30
3 months	..	6 "	..	14	12	26	1	..	1	..	..	..	15	12	27
6 "	..	9 "	..	20	13	33	..	2	2	..	..	..	20	15	35
9 "	..	12 "	..	7	7	14	1	..	1	..	..	..	8	7	15
12 "	..	18 "	..	21	13	34	1	1	2	..	1	1	22	15	37		
18 "	..	2 years	..	6	10	16	..	..	..	..	..	..	6	10	16
2 years	..	3 "	..	16	15	31	..	1	1	..	..	..	16	16	32
3 "	..	5 "	..	16	17	33	1	..	1	1	..	1	18	17	35		
5 "	..	10 "	..	15	10	25	..	..	..	..	..	..	15	10	25
10 "	..	15 "	..	4	5	9	..	1	1	..	..	..	4	6	10
15 "	..	20 "	..	4	3	7	..	..	..	..	..	..	4	3	7
20 "	..	30 "	..	..	3	3	..	..	..	..	..	..	..	3	3
30 "	..	40 "	..	..	1	1	..	..	..	..	..	..	..	1	1
Several years	1	1	..	..	..	..	..	..	..	1	1		
Duration unknown	36	48	84	7	1	8	10	38	48	53	87	140		
Congenital cases			..	..	..	..	..	..	..	..	..	..	58	72	130
Totals			176	174	350	12	7	19	11	39	50	†257	292	†549

TOOTING BEC RECEIVING HOME FOR CHILDREN AND DARENTH ASYLUM.															
Less than 2 weeks	..	..	1	..	1	..	..	..	..	..	..	1	..	1
2 weeks and less than 1 month	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1 month	..	3 months	..	..	..	..	..	..	..	..	..	..	..	..
3 months	..	6 "	1	..	1	..	..	..	..	..	..	1	..	1
6 "	..	9 "	..	..	..	..	..	..	..	..	..	..	..	..
9 "	..	12 "	1	..	1	..	..	..	..	..	..	1	..	1
12 "	..	18 "	1	..	1	..	..	..	..	..	..	1	..	1
18 "	..	2 years	..	..	..	..	..	..	..	..	..	..	..	..
2 years	..	3 "	..	1	1	..	..	..	..	..	..	..	1	1
3 "	..	5 "	2	..	2	..	..	..	..	..	..	2	..	2
5 "	..	10 "	3	1	4	..	..	..	..	..	..	3	1	4
Duration unknown			..	..	..	..	..	..	..	..	..	..	..	..
Congenital cases			*5	102	*5
Totals			9	2	11	149	104	253

* The small figures indicate cases at Darenth Asylum.

† Exclusive of one male not insane (Table A1).

For Summary of Table B2 see p. 161.

TABLE B3.—Showing the Ages and Civil State on admission, in the Admissions, Direct and Transfers grouped together, and in the Congenital Cases of the Direct Admissions during the Year 1905

NAME OF ASYLUM.	CLASSES OF ADMITTERS.	Average age.	AGE IN ADMISSION.																																																												Total.	CIVIL STATUS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
			Less than 10 years of age.										10-14.										15-19.										20-24.										25-29.										30-34.											35-39.										40-44.										45-49.										50-54.										55-59.										60-64.										65-69.										70-74.										75-79.										80-84.										85-89.										90-94.										95-99.										100-104.										105-109.										110-114.										115-119.										120-124.										125-129.										130-134.										135-139.										140-144.										145-149.										150-154.										155-159.										160-164.										165-169.										170-174.										175-179.										180-184.										185-189.										190-194.										195-199.										200-204.										205-209.										210-214.										215-219.										220-224.										225-229.										230-234.										235-239.										240-244.										245-249.										250-254.										255-259.										260-264.										265-269.										270-274.										275-279.										280-284.										285-289.										290-294.										295-299.										300-304.										305-309.										310-314.										315-319.										320-324.										325-329.										330-334.										335-339.										340-344.										345-349.										350-354.										355-359.										360-364.										365-369.										370-374.										375-379.										380-384.										385-389.										390-394.										395-399.										400-404.										405-409.										410-414.										415-419.										420-424.										425-429.										430-434.										435-439.										440-444.										445-449.										450-454.										455-459.										460-464.										465-469.										470-474.										475-479.										480-484.										485-489.										490-494.										495-499.										500-504.										505-509.										510-514.										515-519.										520-524.										525-529.										530-534.										535-539.										540-544.										545-549.										550-554.										555-559.										560-564.										565-569.										570-574.										575-579.										580-584.										585-589.										590-594.										595-599.										600-604.										605-609.										610-614.										615-619.										620-624.										625-629.										630-634.										635-639.										640-644.										645-649.										650-654.										655-659.										660-664.										665-669.										670-674.										675-679.										680-684.										685-689.										690-694.										695-699.										700-704.										705-709.										710-714.										715-719.										720-724.										725-729.										730-734.										735-739.										740-744.										745-749.										750-754.										755-759.										760-764.										765-769.										770-774.										775-779.										780-784.										785-789.										790-794.										795-799.										800-804.										805-809.										810-814.										815-819.										820-824.										825-829.										830-834.										835-839.										840-844.										845-849.										850-854.										855-859.										860-864.										865-869.										870-874.										875-879.										880-884.										885-889.										890-894.										895-899.										900-904.										905-909.										910-914.										915-919.										920-924.										925-929.										930-934.										935-939.										940-944.										945-949.										950-954.										955-959.										960-964.										965-969.										970-974.										975-979.										980-984.										985-989.										990-994.										995-999.										1000-1004.										1005-1009.										1010-1014.										1015-1019.										1020-1024.										1025-1029.										1030-1034.										1035-1039.										1040-1044.										1045-1049.										1050-1054.										1055-1059.										1060-1064.										1065-1069.										1070-1074.										1075-1079.										1080-1084.										1085-1089.										1090-1094.										1095-1099.										1100-1104.										1105-1109.										1110-1114.										1115-1119.										1120-1124.										1125-1129.										1130-1134.										1135-1139.										1140-1144.										1145-1149.										1150-1154.										1155-1159.										1160-1164.										1165-1169.										1170-1174.										1175-1179.										1180-1184.										1185-1189.										1190-1194.										1195-1199.										1200-1204.										1205-1209.										1210-1214.										1215-1219.										1220-1224.										1225-1229.										1230-1234.										1235-1239.										1240-1244.										1245-1249.										1250-1254.										1255-1259.										1260-1264.										1265-1269.										1270-1274.										1275-1279.										1280-1284.										1285-1289.										1290-1294.										1295-1299.										1300-1304.										1305-1309.										1310-1314.										1315-1319.										1320-1324.										1325-1329.										1330-1334.										1335-1339.										1340-1344.										1345-1349.										1350-1354.										1355-1359.										1360-1364.										1365-1369.										1370-1374.										1375-1379.										1380-1384.										1385-1389.										1390-1394.										1395-1399.										1400-1404.										1405-1409.										1410-1414.										1415-1419.										1420-1424.										1425-1429.										1430-1434.										1435-1439.										1440-1444.										1445-1449.										1450-1454.										1455-1459.										1460-1464.										1465-1469.										1470-1474.										1475-1479.										1480-1484.										1485-1489.										1490-1494.										1495-1499.										1500-1504.										1505-1509.										1510-1514.										1515-1519.										1520-1524.										1525-1529.										1530-1534.										1535-1539.										1540-1544.										1545-1549.										1550-1554.										1555-1559.										1560-1564.										1565-1569.										1570-1574.										1575-1579.										1580-1584.										1585-1589.										1590-1594.										1595-1599.										1600-1604.										1605-1609.										1610-1614.										1615-1619.										1620-1624.										1625-1629.										1630-1634.										1635-1639.										1640-1644.										1645-1649.										1650-1654.										1655-1659.										1660-1664.										1665-1669.										1670-1674.										1675-1679.										1680-1684.										1685-1689.										1690-1694.										1695-1699.										1700-1704.										1705-1709.										1710-1714.										1715-1719.										1720-1724.										1725-1729.										1730-1734.										1735-1739.										1740-1744.										1745-1749.										1750-1754.										1755-1759.										1760-1764.										1765-1769.										1770-1774.										1775-1779.										1780-1784.										1785-1789.										1790-1794.										1795-1799.										1800-1804.										1805-1809.										1810-1814.										1815-1819.										1820-1824.										1825-1829.										1830-1834.										1835-1839.										1840-1844.										1845-1849.										1850-1854.										1855-1859.										1860-1864.										1865-1869.										1870-1874.										1875-1879.										1880-1884.										1885-1889.										1890-1894.										1895-1899.										1900-1904.										1905-1909.										1910-1914.										1915-1919.										1920-1924.										1925-1929.										1930-1934.										1935-1939.										1940-1944.										1945-1949.										1950-1954.										1955-1959.										1960-1964.										1965-1969.										1970-1974.										1975-1979.										1980-1984.										1985-1989.										1990-1994.										1995-1999.										2000-2004.										2005-2009.										2010-2014.										2015-2019.										2020-2024.										2025-2029.										2030-2034.										2035-2039.										2040-2044.										2045-2049.										2050-2054.										2055-2059.										2060-2064.										2065-2069.										2070-2074.										2075-2079.										2080-2084.										2085-2089.										2090-2094.										2095-2099.										2100-2104.										2105-2109.										2110-2114.										2115-2119.										2120-2124.										2125-2129.										2130-2134.										2135-2139.										2140-2144.										2145-2149.										2150-2154.										2155-2159.										2160-2164.										2165-2169.										2170-2174.										2175-2179.										2180-2184.										2185-2189.										2190-2194.										2195-2199.										2200-2204.										2205-2209.										2210-2214.										2215-2219.										2220-2224.										2225-2229.										2230-2234.										2235-2239.										2240-2244.										2245-2249.										2250-2254.										2255-2259.										2260-2264.										2265-2269.										2270-2274.										2275-2279.										2280-2284.										2285-2289.										2290-2294.										2295-2299.										2300-2304.										2305-2309.										2310-2314.										2315-2319.										2320-2324.										2325-2329.										2330-2334.										2335-2339.										2340-2344.										2345-2349.										2350-2354.										2355-2359.										2360-2364.										2365-2369.										2370-2374.										2375-2379.										2380-2384.										2385-2389.										2390-2394.										2395-2399.										2400-2404.										2405-2409.										2410-2414.										2415-2419.										2420-2424.										2425-2429.										2430-2434.										2435-2439.										2440-2444.										2445-2449.										2450-2454.										2455-2459.										2460-2464.										2465-2469.										2470-2474.										2475-2479.										2480-2484.										2485-2489.										2490-2494.										2495-2499.										2500-2504.										2505-2509.										2510-2514.										2515-2519.										2520-2524.										2525-2529.										2530-2534.										2535-2539.										2540-2544.										2545-2549.										2550-2554.										2555-2559.										2560-2564.										2565-2569.										2570-2574.										2575-2579.										2580-2584.										2585-2589.										2590-2594.										2595-2599.										2600-2604.										2605-2609.										2610-2614.										2615-2619.										2620-2624.										2625-2629.										2630-2634.										2635-2639.										2640-2644.										2645-2649.										2650-2654.										2655-2659.										2660-2664.										2665-2669.										2670-2674.										2675-2679.										2680-2684.										2685-2689.										2690-2694.										2695-2699.										2700-2704.										2705-2709.										2710-2714.										2715-2719.										2720-2724.										2725-2729.										2730-2734.										2735-2739.										2740-2744.										2745-2749.										2750-2754.										2755-2759.										2760-2764.										2765-2769.										2770-2774.										2775-2779.										2780-2784.										2785-2789.										2790-2794.										2795-2799.										2800-2804.										2805-2809.										2810-2814.										2815-2819.										2820-2824.										2825-2829.										2830-2834.										2835-2839.										2840-2844.										2845-2849.										2850-2854.										2855-2859.										2860-2864.										2865-2869.										2870-2874.										2875-2879.										2880-2884.										2885-2889.										2890-2894.										2895-2899.										2900-2904.										2905-2909.										2910-2914.										2915-2919.										2920-2924.										2925-2929.										2930-2934.										2935-2939.										2940-2944.										2945-2949.										2950-2954.										2955-2959.										2960-2964.										2965-2969.										2970-2974.										2975-2979.										2980-2984.										2985-2989.										2990-2994.										2995-2999.										3000-3004.										3005-3009.										3010-3014.										3015-3019.										3020-3024.										3025-3029.										3030-3034.										3035-3039.										3040-3044.										3045-3049.										3050-3054.										3055-3059.										3060-3064.										3065-3069.										3070-3074.										3075-3079.										3080-3084.										3085-3089.										3090-3094.										3095-3099.										3100-3104.										3105-3109.										3110-3114.										3115-3119.										3120-3124.										3125-3129.										3130-3134.										3135-3139.										3140-3144.										3145-3149.										3150-3154.										3155-3159.										3160-3164.										3165-3169.										3170-3174.										3175-3179.										3180-3184.										3185-3189.										3190-3194.										3195-3199.										3200-3204.										3205-3209.										3210-3214.										3215-3219.										3220-3224.										3225-3229.										3230-3234.										3235-3239.										3240-3244.										3245-3249.										3250-3254.										3255-3259.										3260-3264.										3265-3269.										3270-3274.										3275-3279.										3280-3284.										3285-3289.										3290-3294.										3295-3299.										3300-3304.										3305-3309.										3310-3314.										3315-3319.										3320-3324.										3325-3329.										3330-3334.										3335-3339.										3340-3344.										3345-3349.										3350-3354.										3355-3359.										3360-3364.										3365-3369.										3370-3374.										3375-3379.										3380-3384.										3385-3389.										3390-3394.										3395-3399.										3400-3404.										3405-3409.										3410-3414.										3415-3419.										3420-3424.										3425-3429.										3430-3434.										3435-3439.										3440-3444.										3445-3449.										3450-3454.										3455-3459.										3460-3464.										3465-3469.										3470-3474.										3475-3479.										3480-3484.										3485-3489.										3490-3494.										3495-3499.										3500-3504.										3505-3509.										3510-3514.										3515-3519.										3520-3524.										3525-3529.										3530-3534.										3535-3539.										3540-									

* Includes 1 male "old inmate."

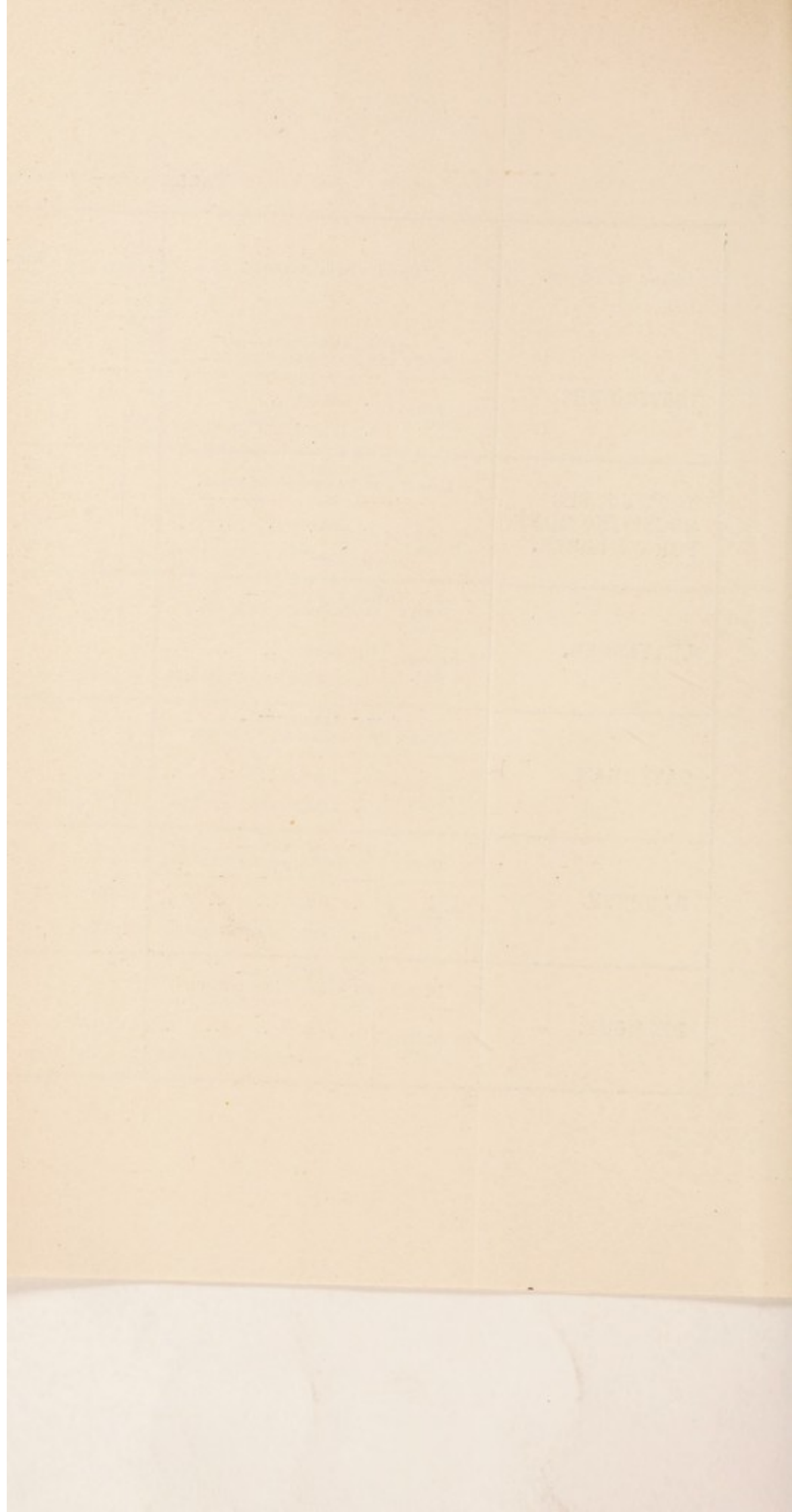
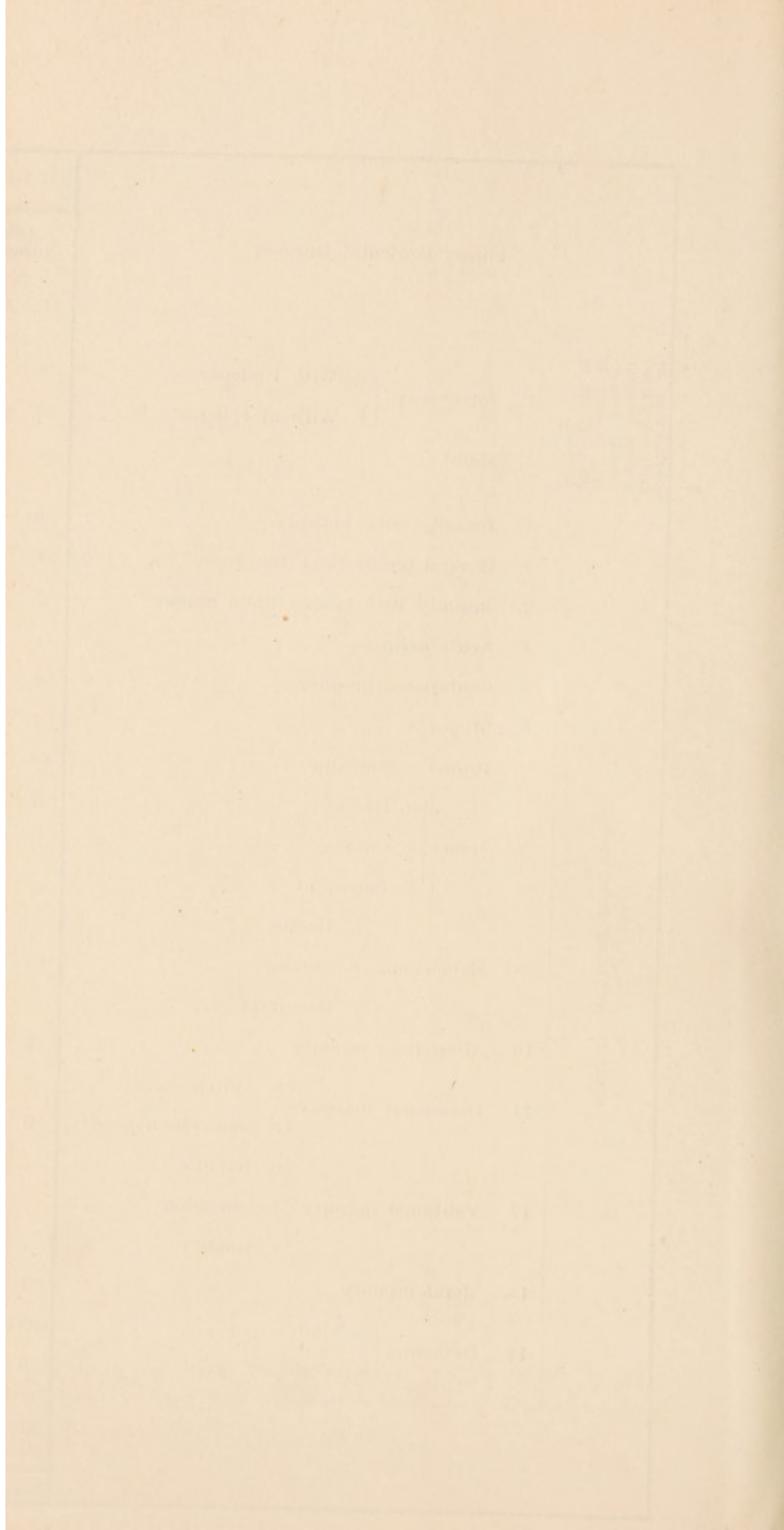


TABLE R5.—Showing the form of Mental Disorder on admission in the Direct Admissions and Transfers during the year 1908.

[illegible]

* Not insane.
FOR SUMMARY OF TABLE SEE P. 285

For Table B6 see p. 162A.



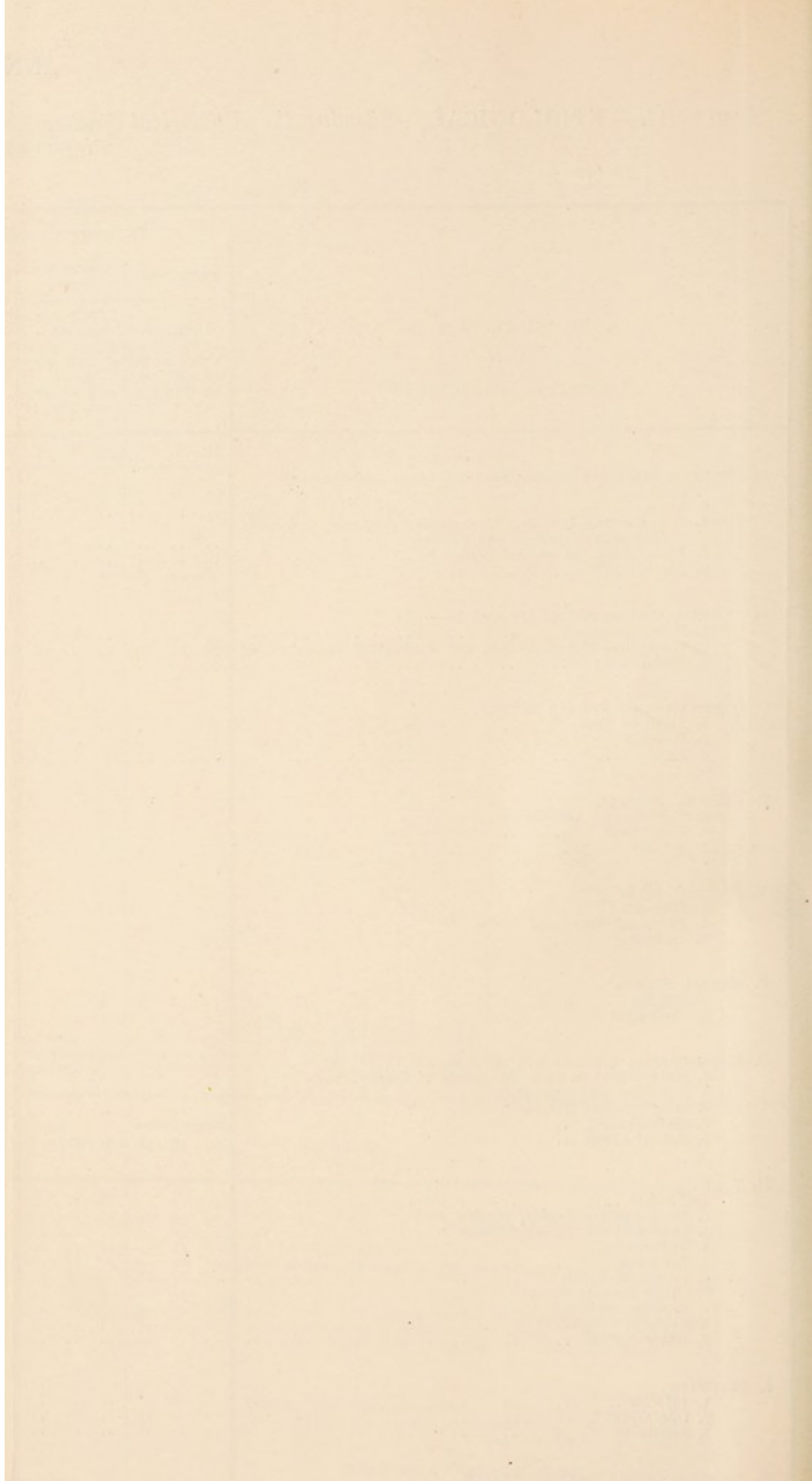


TABLE B7.—Continued.—**ÆTIOLOGICAL.**—Showing the *Ætiological Factors and Associated Conditions assigned in the Direct Admissions during the year 1908, distinguishing between cases—Congenital, First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-Not.* (Voluntary Boarders excluded.)

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ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.			FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-WHETHER-FIRST ATTACK-OR-NOT.			TOTAL DIRECT ADMISSIONS.		
	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	GRAND TOTAL INCIDENCE.
	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.		Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.		Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.		Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.		Total instances where regarded as the essential or chief factor.	Total instances where regarded as a contributory factor or associated condition.	
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
A. HEREDITY (excluding cousins, nephews, nieces and offspring).															
1. Insane	8	5	13	2	2	10	5	15	..	..	..	..	8	5	13
2. Epileptic .. .. .	..	1	1	..	..	..	1	1	..	..	..	..	..	1	1
3. Neurotic (including only Hysteria, Neurasthenia, Spasmodic (Idiosyncratic) Asthma and Chorea) .. .. .	..	..	2	1	3	2	1	3	..	..	..	..	..	2	1
4. Eosinophilia (in marked degree) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Alcoholism .. .. .	..	1	1	..	1	1	..	1	..	..	..	..	..	1	1
B. MENTAL INSTABILITY, as revealed by—															
1. Moral deficiency .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Congenital Mental Defect, not amounting to Imbecility	32	29	61	1	1	33	29	62	..	..	..	..	32	29	61
3. Eosinophilia .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.															
1. Smell or Taste .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
D. CRITICAL PERIODS.															
1. Puberty and Adolescence .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Climacteric .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Senility .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E. CHILD-BEARING.															
1. Pregnancy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal State (not septic) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.															
1. Sudden .. .. .	..	..	1	1	1	1	..	1	..	..	..	..	..	1	1
2. Prolonged .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
G. PHYSIOLOGICAL DEFECTS AND ERRORS.															
1. Malnutrition in early life (signs of Rickets, etc.) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Privation and Starvation .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Over-exertion (Physical) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Masturbation .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Sexual excess .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
H. TOXIC.															
1. Alcohol .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Drug habit (morphine, cocaine, etc.) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Puerperal Septic .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Other Specific Fevers .. .. .	..	..	..	1	1	1	1	..	..	..	..	..	..	1	1
8. Syphilis, acquired .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Syphilis, congenital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Other Toxins .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.															
1. Injuries	7	2	9	..	..	7	2	9	4	1	5	..	11	3	14
2. Operations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.															
1. Lesions of Brain .. .. .	..	1	1	..	..	1	1	..	..	..	..	..	..	1	1
2. Lesions of Spinal Cord and Nerves .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Epilepsy	1	..	1	23	25	28	24	25	59	1	..	1	2	..	2
4. Other defined Neuroses (limited to Hysteria, Neurasthenia, Spasmodic Asthma, and Chorea) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Other Neuroses which occurred in Infancy or Childhood (limited to Convulsions and Night-terrors) .. .. .	..	1	1	..	..	1	1	..	..	..	..	..	..	1	1
L. OTHER BODILY AFFECTIONS.															
1. Hemorrhagic System (Anæmia, etc.) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Cardio-vascular degeneration .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Valvular Heart Disease .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Respiratory System (Excluding Tuberculosis) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Gastro-intestinal System .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Renal and Vesical System .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Generative System (excluding Syphilis) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Other General Affections, not included above (e.g., Diabetes, Myxædema, etc.) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
M. CASES IN WHICH NO PRINCIPAL FACTOR COULD WITH CERTAINTY BE ASSIGNED, but in which one or more factors were ascertained, and were returned as contributory	18	27	45	..	..	..	..	..	..	..	..	..	18	27	45
N. NONE ASSIGNABLE, notwithstanding full History and Observation	10	..	10	..	..	..	..	..	..	..	..	..	10	..	10
O. NONE ASCERTAINED, History defective	59	36	95	..	..	..	3	1	4	..	..	..	62	37	99
Totals	135	102	237	9	2	11	9	2	11	11	3	14	149	104	253
	(Total Congenital cases.)			(Total First-Attack cases.)			(Total Not-First-Attack cases.)			(Total cases Unknown-whether-First-Attack-or-not.)			(Total Direct Admissions.)		

* One entry, and one only, has been made in these columns for each case recorded in them; thus the total of these columns will equal the number of cases belonging to that particular class.
† As several factors will have sometimes been entered in these columns in respect of one case, and, on the other hand, there may have been none to enter, no attempt should be made to totalise these columns.
‡ All cases believed to have suffered, at any time in their lives, from Syphilis have been entered.
§ Figures in small type represent direct admissions at Darenth Asylum.

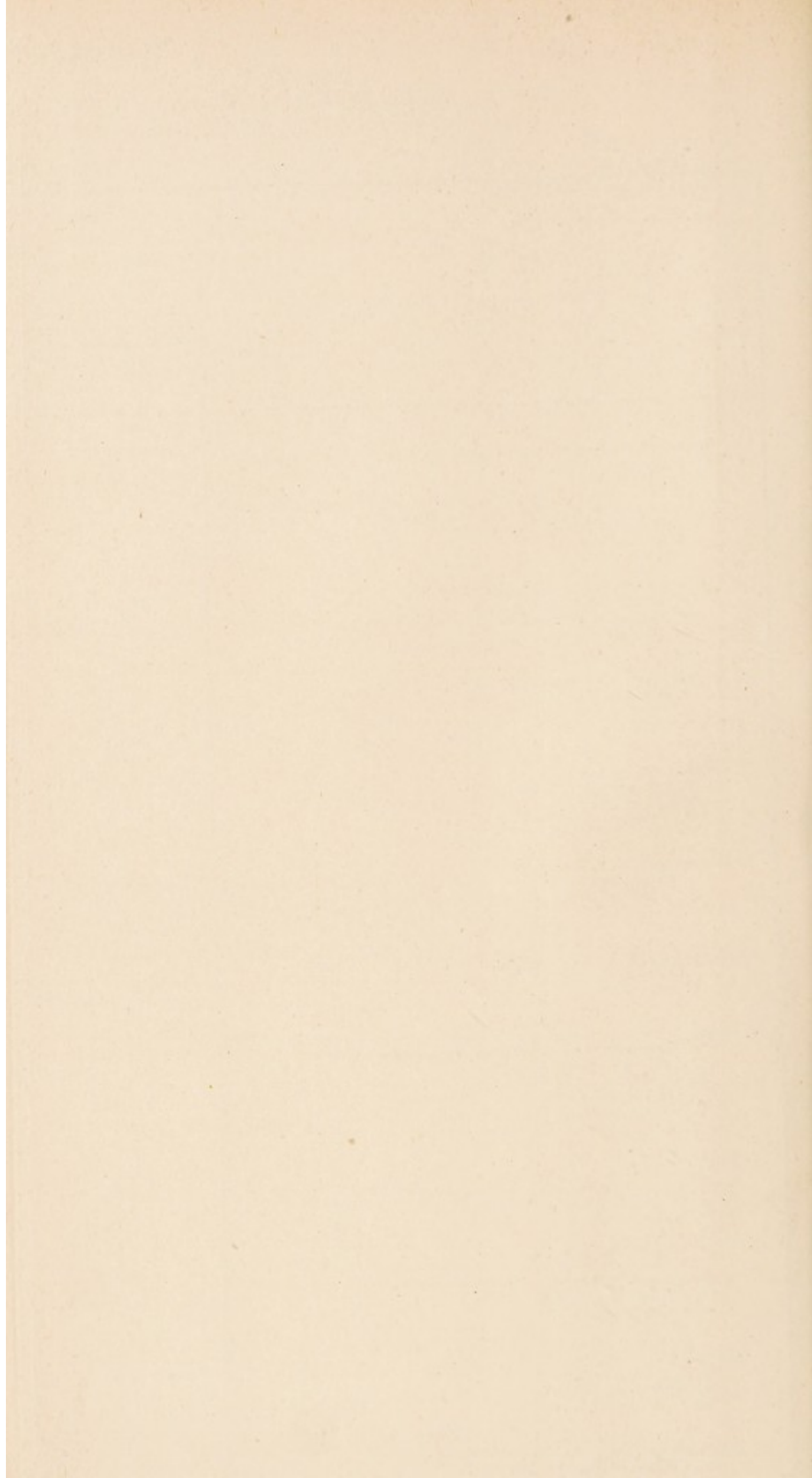


TABLE B9.—Showing the GENERAL PARALYTICS in the Direct Admissions during the year 1908, arranged according to their ages at Commencement of the Attack and to their Civil State, and also the number of instances in which the attack was ascertained to have been preceded by Syphilis, together with the age at which the latter was contracted.

TOOTING BEC ASYLUM.

CIVIL STATE.	AGE AT COMMENCEMENT OF THE ATTACK OF GENERAL PARALYSIS.										TOTALS.	with positive evidence of Syphilis.
	Under 15.	15—19.	20—24.	25—34.	35—44.	45—54.	55—64.	65 and upwards.	Unknown.			
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.			
Single	2 .. 2	.. .. .	.. 1 1	2 .. 2	1 .. 1	.. .. .	.. .. .	2 1 3	7 2 9	6 .. 6	
Married	2 .. 2	3 .. 3	2 .. 2	.. .. .	.. .. .	.. .. .	7 .. 7	5 .. 5	
Widowed..	2 .. 2	.. .. .	.. .. .	2 .. 2	1 .. 1	
Unknown	
TOTALS	2 .. 2	.. .. .	2 1 3	5 .. 5	3 .. 3	2 .. 2	.. .. .	2 1 3	16 2 18	12 .. 12	
SYPHILIS, congenital	1 .. 1	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	1 .. 1	2 .. 2		
„ contracted prior to age 25..		
„ „ 25—34		
„ „ 35—44		
„ „ 45—54		
„ „ at or after age 55		
„ „ at age unknown	2 .. 2	4 .. 4	2 .. 2	1 .. 1	.. .. .	1 .. 1	10 .. 10		
TOOTING BEC RECEIVING HOME FOR CHILDREN.												
Single	2 .. 2	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 .. 2	2 .. 2
Married	
Widowed..	
Unknown	
TOTAL	2 .. 2	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 .. 2	2 .. 2
SYPHILIS, congenital	2 .. 2	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 .. 2	
„ contracted prior to age 25..		
„ „ 25—34		
„ „ 35—44		
„ „ 45—54		
„ „ at or after age 55		
„ „ at age unknown		

FOR SUMMARY OF TABLE B9 SEE P. 162D.

ANNUAL REPORT, STATISTICAL COMMITTEE, 1908.

2146

TABLE CI.—An Analysis of the Discharges and Transfers during the year 1908.

	TOOTING REC. ASYLUM.			TOOTING REC. RECEIVING HOME FOR CHILDREN.			LEAVESDEN ASYLUM.			CATERHAM ASYLUM.			DAREMTH ASYLUM.			BELMONT ASYLUM.		
	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.	M. F. TL.	M. F. TL.	M. F. TL.	M. F. TL.	M. F. TL.	M. F. TL.
DISCHARGED AS RECOVERED.																		
From Direct Admissions.																		
First Attack Cases	1	3	4															
Not First Attack Cases	1	1																
Cases unknown whether First Attack or not																		
Total from Direct Admissions	2	4	4															
From Transfers.																		
First Attack Cases										1	1							
Not First Attack Cases																		
Cases unknown whether First Attack or not																		
Total from Transfers										1	1							
Total Discharged as Recovered	2	4	4							2	2							
DISCHARGED (NOT RECOVERED) AS—																		
Relieved	1	1	1							2	2		2	2	2	2	1	1
Not Improved	10	14	24							16	9	25	3	6	9	12	10	22
Total	11	15	25							18	11	25	5	8	11	14	10	24
REASONS FOR SUCH DISCHARGE.																		
To go to care of friends	3	3								2	2		10	7	17			
" workhouse	2	2								4	4		1	3	4			
" L.C.C. or other asylum	9	11	20							3	6	9						
To be boarded out																		
Statutory, by irregularity in Reception Order																		
" by lapsing of																		
Other reasons																		
Total	12	16	25							19	11	25	14	10	24			
TRANSFERRED AS—																		
Relieved																		
Not Improved	94	154	248							36	36		36	36	123	124	247	
Total	94	154	248							36	36		36	36	123	124	247	
DESTINATIONS OF SUCH TRANSFERS.																		
To other asylums of the Board	94	154	248							36	36		36	36	123	124	247	
To "single care"																		
Other destination																		
Total	94	154	248							36	36		36	36	123	124	247	
TOTAL DISCHARGED AND TRANSFERRED AS—																		
Relieved	1	1	1							2	2		2	2	2	2	1	1
Not Improved	104	168	272							55	11	66	39	6	45	135	134	269

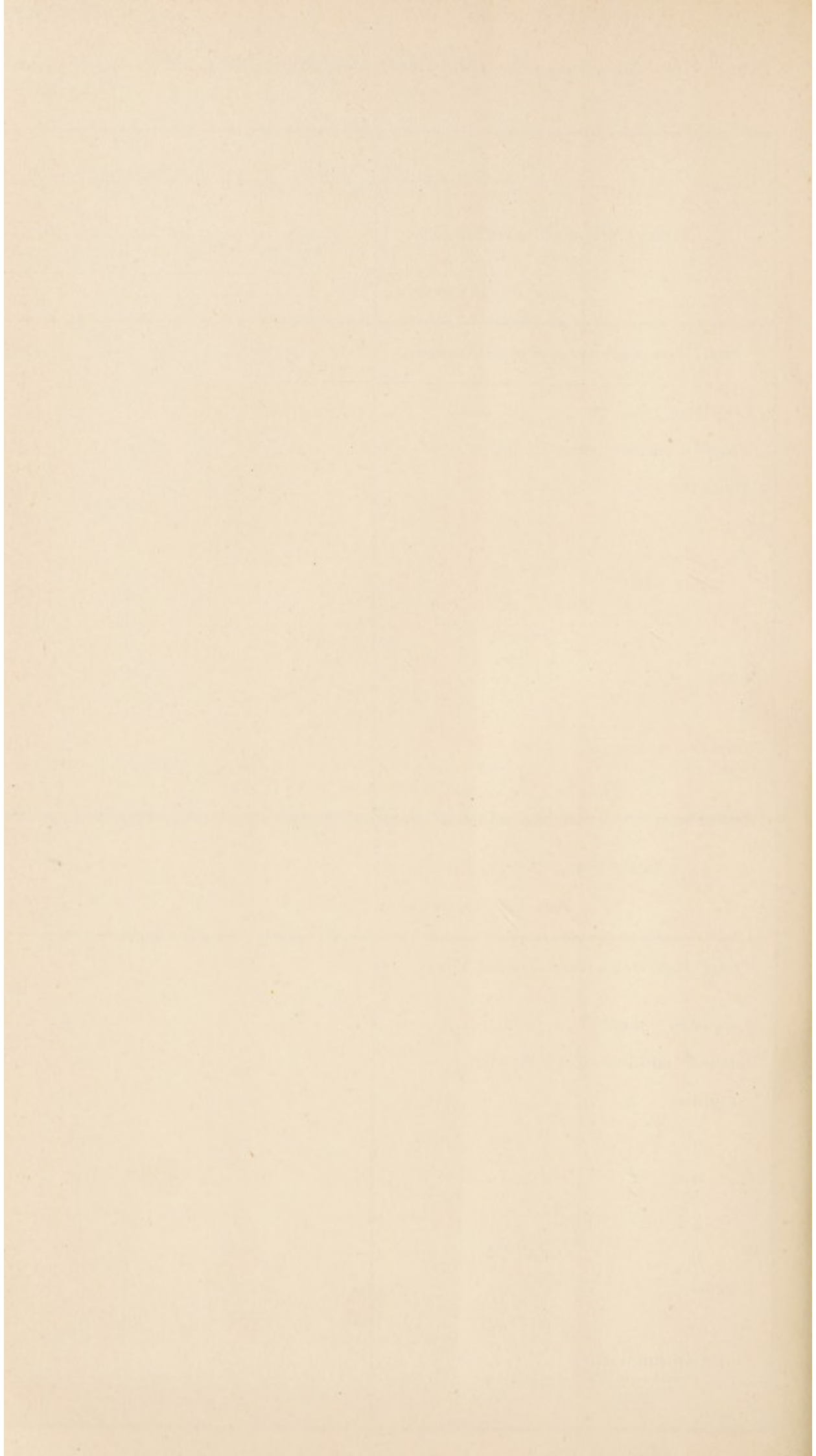
* Escaped. † 1 male "not insane" not included.

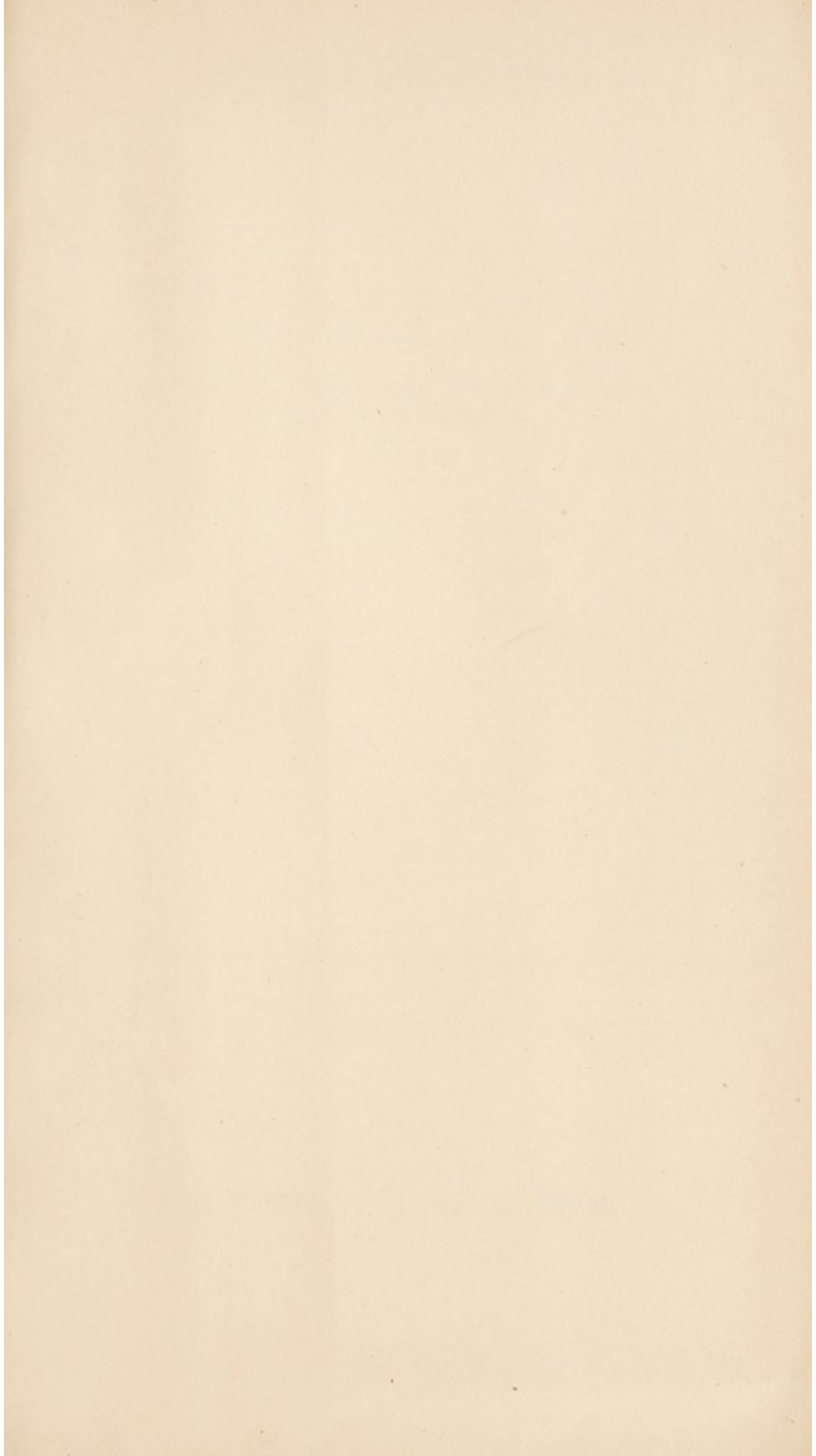
FOR SUMMARY OF TABLE SEE P. 162.

TABLE C2.—Showing in the Total Cases Discharged Recovered during the year 1908 the ages in Quinquennial Periods—(a) on Recovery, and (b) at the Commencement of the Recent Attack of Mental Disorder, arranged according to the Total Length of such attack.

AGE PERIODS TOOTING BEC ASYLUM.	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70—74.	75—79.	80—84.	Age unknown	Total.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	TL
AGE ON RECOVERY	1 .. ..	.. ..	.. ..	.. ..	1 .. ..	.. ..	.. ..	1 .. ..	.. ..	1 .. ..	.. ..	1	— —	*1 4 5	
Total Length of this Attack of Mental Disorder.																			
AGE AT COMMENCEMENT OF RECENT ATTACK OF MENTAL DISORDER.																			
Less than 1 month
1 month and less than 3 months	1 .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1
3 months .. 6	1 .. ..	.. ..	1 1
6 .. 9	1 .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1
9 .. 12	1 .. ..	.. ..	.. ..	.. ..	.. ..	1 1
12 .. 18	1 .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1
18 .. 2 years
2 years .. 3
3 .. 5
Duration unknown
Totals	1 .. ..	.. ..	.. ..	.. ..	1 .. ..	.. ..	.. ..	1 .. ..	.. ..	1 .. ..	.. ..	1 .. ..	.. ..	1 4 5	
CATERHAM ASYLUM.																			
AGE ON RECOVERY	1 .. ..	.. ..	.. ..	.. ..	1	1
Total Length of this Attack of Mental Disorder.																			
Less than 1 month
1 month and less than 3 months
3 months .. 6
6 .. 9
9 .. 12	1 .. ..	.. ..	.. ..	.. ..	1	1
12 .. 18
18 .. 2 years
2 years .. 3
3 .. 5
Duration unknown
Totals	1 .. ..	.. ..	.. ..	.. ..	1	1

* 1 Male "not insane" not included.
FOR SUMMARY OF TABLE C2 SEE P. 164A.





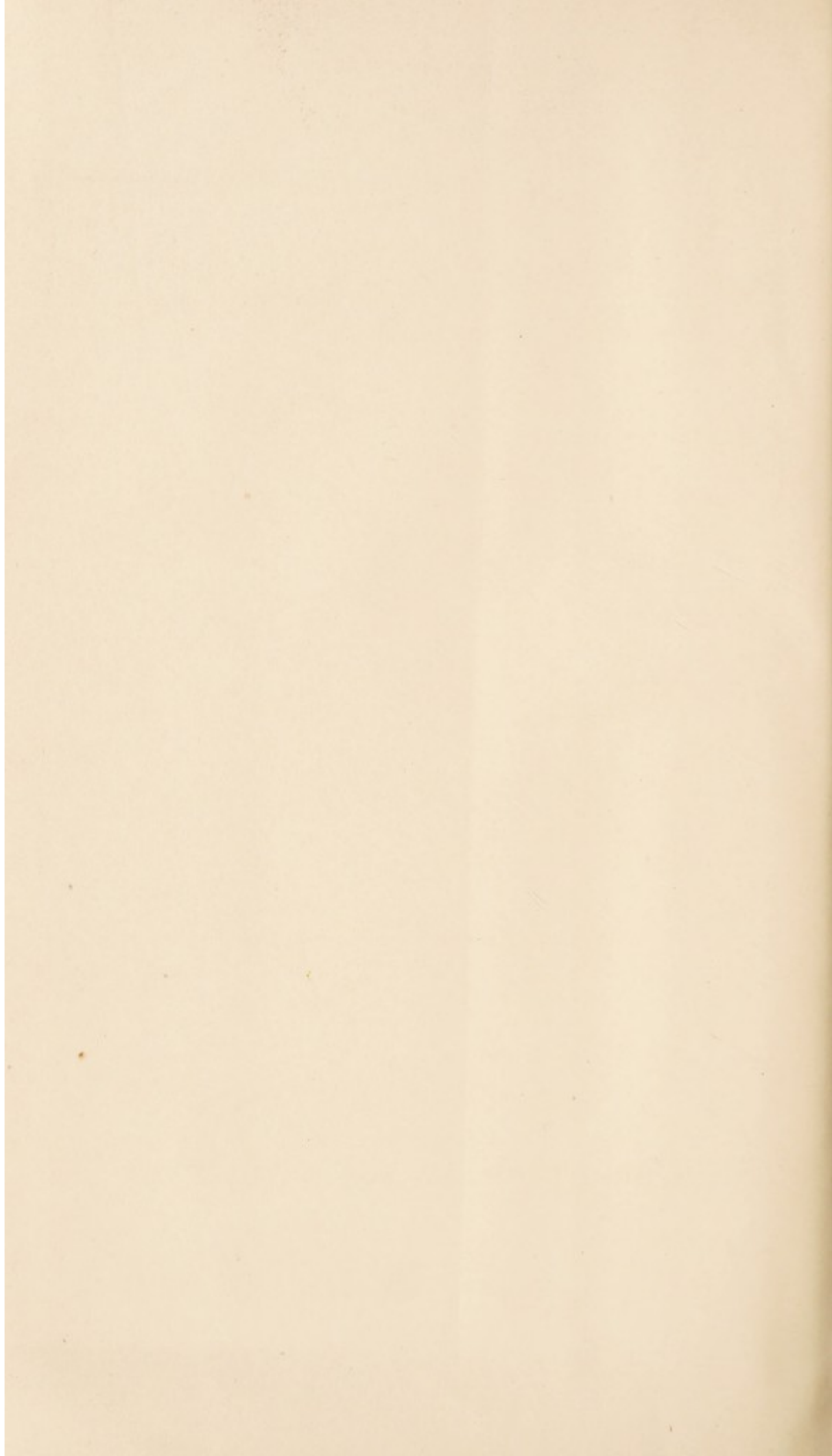


TABLE C3.—*Showing the Form of Mental Disorder, on admission, in those Discharged Recovered during the year 1908.*

Forms of Mental Disorder (on admission).								M.	F.	Tl.
TOOTING BEC ASYLUM.										
Primary Dementia	..	..	..	..	..	..	..	1	..	1
Recent Mania	..	..	..	..	..	..	..	..	1	1
Chronic Melancholia	..	..	..	..	..	..	..	..	2	2
Senile Dementia	..	..	..	..	..	..	..	..	1	1
								†1	4	5
CATERHAM ASYLUM.										
Senile Dementia	..	..	..	..	..	..	..	1	..	1
								1	..	1

† One male "not insane" not included.

For Summary of Table C3 see p. 164.

For Table C4 see p. 164B.



TABLE D1 (continued).—Showing all the causes of death that entered into the Deaths during the year 1908, arranged as PRINCIPAL, CONTRIBUTORY, and the Totals of these; also the number of times each Cause (whether Principal or Contributory) was associated with certain selected causes; and the number of occasions each principal Cause of Death was verified by Post-mortem Examination.

Names of causes of death.	Instances when returned as PRINCIPAL.			No. verified F.M.	Instances when returned as CON-TRIBUTORY.			Total incidence.	Showing the total correlation between any given cause of Death (whether acting as Principal or Contributory) and the subjoined selected causes.															
	M.	F.	T.		M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
GENERAL DISEASES.																								
Ulcerative Colitis	1	1	2	2				1	1	2														
Syphilis (Tertiary)	1	1	1	3				1	1	1														
Lobar Pneumonia	3	3	6	9				3	3	6														
Pyæmia	1	3	4	4				1	3	4														
Phthisis	11	2	13	9				12	3	15														
Tuberculosis (non-pulmonary) ..	3	1	3	3				3	1	4														
Cancer	3	10	13	10				5	11	16														
DISEASES OF NERVOUS SYSTEM.																								
General Paralysis	1	1	1	1				1	1	1														
Mania, Exhaustion from	1	1	2	2				1	1	2														
Epilepsy	9	10	10	10				10	10	20														
DISEASES OF HEART.																								
Valvular Disease	6	2	13	11				18	17	35														
Fatty Degeneration of Heart ..	4	7	11	9				9	11	20														
DISEASES OF BLOOD VESSELS.																								
Cerebral Hemorrhage	1	6	7	7				1	6	7														
DISEASES OF RESPIRATORY ORGANS.																								
Bronchitis	4	1	5	5				5	1	6														
Bronchiectasis	1	1	2	2				2	1	3														
Edema of Lung	1	1	2	2				2	1	3														
DISEASES OF DIGESTIVE ORGANS.																								
Gastric Ulcer	1	2	3	2				3	2	5														
Enteritis (non-epidemic)	1	1	2	2				2	1	3														
Liver, Cirrhosis of	1	1	2	2				2	1	3														
DISEASES OF URINARY ORGANS.																								
Chronic Bright's Disease	8	4	12	9				11	7	18														
CONDITIONS NOT SPECIFIED.																								
Debility	1	1	1	1				1	1	2														
Senile Decay	7	15	22	15				7	15	22														
Total	69	74	143	109																				
DARENTH ASYLUM.																								
GENERAL DISEASES.																								
Scarlet Fever	1	1	2	2				2	1	3														
Pneumonia	4	3	7	7				4	3	7														
Broncho-Pneumonia	2	2	4	4				2	2	4														
Pyæmia	1	1	2	2				1	1	2														
Tubercular Peritonitis	1	1	2	2				1	1	2														
Pulmonary Tuberculosis	1	1	2	2				1	1	2														
General	1	1	2	2				1	1	2														
Syphilis	1	1	2	2				1	1	2														
DISEASES OF NERVOUS SYSTEM.																								
Cerebral Abscess	1	1	1	1				1	1	1														
Organic Brain Disease	9	1	10	3				9	1	10														
General Paralysis of Insane ..	5	1	6	3				5	1	6														
Exhaustion from Epilepsy ..	6	2	8	4				6	2	8														
DISEASES OF ORGANS OF SPECIAL SENSE.																								
Mastoid Disease	1	1	2	2				1	1	2														
DISEASES OF HEART.																								
Valvular Disease	1	1	1	1				1	1	1														
Pericarditis	2	2	2	2				2	2	2														
DISEASES OF BLOOD VESSELS.																								
Cerebral Hemorrhage	1	1	1	1				1	1	1														
DISEASES OF RESPIRATORY ORGANS.																								
Chronic Bronchitis	2	2	2	2				2	2	2														
Acute	1	1	1	1				1	1	1														
Pleurisy	1	1	1	1				1	1	1														
DISEASES OF DIGESTIVE ORGANS.																								
Cirrhosis of Liver	1	1	1	1				1	1	1														
DISEASES OF URINARY SYSTEM.																								
Bright's Disease	1	1	1	1				1	1	1														
Total	34	24	58	29																				
BELMONT ASYLUM.																								
GENERAL DISEASES.																								
Pneumonia Lobar	3	3	3	3				3	3	3														
" Broncho	3	3	3	3				3	3	3														
Pulmonary Tuberculosis	4	4	4	4				4	4	4														
General	1	1	1	1				1	1	1														
Carcinoma of Stomach	1	1	1	1				1	1	1														
DISEASES OF NERVOUS SYSTEM.																								
Cerebral Abscess	1	1	1	1				1	1	1														
Chronic Cerebral Disease ..	3	3	3	3				3	3	3														
General Paralysis of Insane ..	3	3	3	3				3	3	3														
Epilepsy	2	2	2	2				2	2	2														
DISEASES OF HEART.																								
Valvular Disease	1	1	1	1				1	1	1														
DISEASES OF RESPIRATORY ORGANS.																								
Pulmonary Edema	1	1	1	1				1	1	1														
DISEASES OF DIGESTIVE ORGANS.																								
Peritonitis	2	2	2	2				2	2	2														
Total	24	24	24	20																				

* The figures in this column should correspond with those in the column indicated by an asterisk in Table D2.

TABLE D2.—Showing the Principal cause of death in each Death during the year 1908, together with the ages at death in quinquennial periods.

TOOTING BEC ASYLUM.																
PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.															
	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70 and over.	Total*	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	Tl.
GENERAL DISEASES.																
Pneumonia, not defined .. ..	..	..	..	..	..	..	..	1	..	1	1	..	3	1	6	20
Phthisis .. ..	..	..	2	1	..	..	..	..	1	1	..	..	1	1	6	8
General Tuberculosis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
Cancer .. ..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	5	8
Gangrene, Acute .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
DISEASES OF NERVOUS SYSTEM.																
Cerebral Abscess .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1
" Tumour .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	2
Chronic Brain Disease .. ..	..	..	..	..	1	..	..	1	..	1	..	..	..	..	2	3
General Paralysis of Insane .. ..	..	..	..	..	1	..	1	..	1	1	2	1	2	1	7	11
Status Epilepticus .. ..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	3	3
Locomotor Ataxy .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1
DISEASES OF HEART.																
Valvular Disease .. ..	..	..	..	..	..	..	..	..	..	1	1	1	4	1	2	16
Heart Failure .. ..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	2	3
DISEASES OF BLOOD VESSELS.																
Senile Gangrene .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	2
Cerebral Hemorrhage .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	7
Subdural .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
DISEASES OF RESPIRATORY ORGANS.																
Bronchitis .. ..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	4
DISEASES OF DIGESTIVE SYSTEM.																
Intestinal Obstruction .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	2
Peritonitis .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	2	2
DISEASES OF URINARY SYSTEM.																
Nephritis .. ..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	3	5
Cystitis .. ..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	2	2
Prostatic Enlargement .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
CONDITIONS NOT SPECIFIED.																
Senile Decay .. ..	..	..	2	1	1	2	1	1	3	6	2	6	3	10	25	158
	..	..	..	..	..	..	..	..	..	..	..	..	..	81	104	262
TOOTING BEC RECEIVING HOME FOR CHILDREN.																
GENERAL DISEASES.																
Pneumonia	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
DISEASES OF NERVOUS SYSTEM.																
General Paralysis .. ..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1
	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	2
LEAVESDEN ASYLUM.																
GENERAL DISEASES.																
Colitis (non-ulcerative) .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1
Asylum Dysentery .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Gangrene .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1
Syphilis, Cerebral .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1
Pneumonia .. ..	..	..	1	..	..	..	..	..	1	1	2	..	3	2	5	15
Erysipelas .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Pulmonary Tuberculosis .. ..	..	..	1	2	5	4	2	2	4	2	..	1	1	1	16	33
Peritonsillar Tuberculosis .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Tuberculosis of Intestines .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
" Kidney .. ..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	1	1
" General .. ..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	1	2
Cancer .. ..	..	..	..	..	..	..	..	..	..	..	1	1	1	2	4	6
Leucocythæmia .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1
DISEASES OF NERVOUS SYSTEM.																
Cerebral Softening .. ..	..	..	..	..	..	..	..	1	..	2	..	1	1	1	1	10
Epilepsy .. ..	..	..	..	..	1	1	1	..	1	..	1	..	..	1	4	6
General Paralysis of Insane .. ..	..	..	1	1	..	..	1	2	1	..	2	1	1	..	9	10
DISEASES OF ORGANS OF SPECIAL SENSE.																
Abscess of Middle Ear .. ..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	2	2
DISEASES OF HEART.																
Valvular Disease .. ..	..	..	..	..	1	1	..	2	1	3	1	1	2	1	5	18
Endocarditis .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	1
Fatty Degeneration of Heart .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	2	2
DISEASES OF BLOOD VESSELS.																
Cerebral Hemorrhage .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	2	2
" Thrombosis .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1
Cerebellar Hemorrhage .. ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1
Atheroma of Coronary Arteries .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1
DISEASES OF RESPIRATORY ORGANS.																
Bronchitis, Acute and Chronic .. ..	..	..	..	..	..	..	1	..	..	..	1	1	..	1	2	6
Abscess of Lung .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	4
Gangrene of Lung .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1
Empyema .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1
DISEASES OF DIGESTIVE SYSTEM.																
Appendicitis .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Peritonitis, due to perforated Duo- denal Ulcer .. ..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	2
DISEASES OF LYMPHATIC AND DUCT- LESS GLANDS.																
Addison's Disease .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	1
DISEASES OF URINARY SYSTEM.																
Acute Nephritis .. ..	..	..	..	1	1	1	..	..	..	1	..	..	..	..	1	4
Chronic Nephritis .. ..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	2
" Cystitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
CONDITIONS NOT SPECIFIED.																
Senile Decay .. ..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	9	14
ACCIDENTS OR VIOLENCE.																
Choking .. ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1	1
Peritonitis, perforation by a straw .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1
" " " leaves .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1
	..	..	2	3	7	6	7	5	3	4	5	6	6	2	5	8
	..	..	..	..	..	..	..	..	..	..	..	4	10	3	4	9
	..	..	..	..	..	..	..	..	..	..	..	..	9	10	12	27
	..	..	..	..	..	..	..	..	..	..	..	..	..	65	91	156

FOR SUMMARY OF TABLE D2 SEE P. 164D.



TABLE D2 (continued).—Showing the Principal cause of death in each Death during the year 1908, together with the ages at death in quinquennial periods.

CATERHAM ASYLUM.

AGES AT DEATH IN QUINQUENNIAL PERIODS.

PRINCIPAL CAUSES OF DEATH.																	Total.	
	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70 and over.				
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	TL		
GENERAL DISEASES.																		
Ulcerative Colitis														1	1	1	1	
Syphilis (Tertiary)																3	3	
Pneumonia Lobar						1			1							1	1	
Pyæmia						1				1	2					1	3	
Phthisis														1		11	2	
Tuberculosis (non-pulmonary)			2	1	1	2		3			1						13	
Cancer								1		1						3	3	
DISEASES OF NERVOUS SYSTEM.																		
General Paralysis																1	1	
Mania, Exhaustion from												1		1		1	2	
Epilepsy						1	2	1		1				1	1	9	19	
DISEASES OF HEART.																		
Valvular Disease																		
Fatty Degeneration of Heart										1	3	1	1		2	6	13	
DISEASES OF BLOOD VESSELS.																		
Cerebral Hemorrhage										1				4	1	4	7	
DISEASES OF RESPIRATORY ORGANS.																		
Bronchitis																		
Bronchiectasis																4	5	
DISEASES OF DIGESTIVE SYSTEM.																		
Gastric Ulcer											1						2	
Enteritis (non-epidemic)								1								2	3	
Liver, Cirrhosis of														1			1	
DISEASES OF URINARY SYSTEM.																		
Chronic Bright's Disease											1	1	3	1	2	8	12	
CONDITIONS NOT SPECIFIED.																		
Debility																1	1	
Senile Decay														1		6	14	
			2	2	4	6	4	4	5	7	10	5	7	13	69	74	143	

DARENTH ASYLUM.

GENERAL DISEASES.																															
Scarlet Fever	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	
Pneumonia	..	..	..	1	..	1	2	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	3	7
Broncho-Pneumonia	..	..	..	..	1	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	1
Pyæmia	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Tubercular Peritonitis	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Pulmonary Tuberculosis	..	..	..	..	1	..	..	1	1	..	1	..	1	..	1	..	1	..	1	..	..	..	..	..	..	..	..	1	6	7	1
General	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	2
DISEASES OF NERVOUS SYSTEM.																															
Cerebral Abscess	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
Organic Brain Disease	..	..	5	..	3	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	9	1	10	8
General Paralysis of Insane	..	..	..	..	2	1	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1	6	6
Exhaustion from Epilepsy	..	1	1	3	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	6	2	8	8
DISEASES OF HEART.																															
Valvular Disease	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
Pericarditis	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	2
DISEASES OF BLOOD VESSELS.																															
Cerebral Hemorrhage	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
DISEASES OF RESPIRATORY ORGANS.																															
Chronic Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	2	2	2
Acute	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	1
DISEASES OF DIGESTIVE ORGANS.																															
Cirrhosis of Liver	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
DISEASES OF URINARY SYSTEM.																															
Bright's Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	1	1
9 4 14 5 8 4 2 1 1 1 .. 1 .. 2 1 .. 2 1 .. 2																															

BELMONT ASYLUM.

GENERAL DISEASES.																														
Lobar Pneumonia								1		1						1												3		3
Broncho								1		2																		3		3
Pulmonary Tuberculosis						1									1													4		4
General																												1		1
Carcinoma of Stomach																		1										1		1
DISEASES OF NERVOUS SYSTEM.																														
Cerebral Abscess						1																						1		1
Chronic Cerebral Disease						1																						3		3
General Paralysis of Insane						1																						3		3
Epilepsy												2																2		2
DISEASES OF RESPIRATORY ORGANS.																														
Pulmonary Edema																1												1		1
DISEASES OF DIGESTIVE ORGANS.																														
Peritonitis						1						1																2		2
				5		4		2		3		3		2		2		1		1		1						24		24

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No. 1.		No. 2.		No. 3.		No. 4.		No. 5.		No. 6.		No. 7.		No. 8.		No. 9.		No. 10.		No. 11.		No. 12.		No. 13.		No. 14.		No. 15.		No. 16.		No. 17.		No. 18.		No. 19.		No. 20.		No. 21.		No. 22.		No. 23.		No. 24.		No. 25.		No. 26.		No. 27.		No. 28.		No. 29.		No. 30.		No. 31.		No. 32.		No. 33.		No. 34.		No. 35.		No. 36.		No. 37.		No. 38.		No. 39.		No. 40.		No. 41.		No. 42.		No. 43.		No. 44.		No. 45.		No. 46.		No. 47.		No. 48.		No. 49.		No. 50.		No. 51.		No. 52.		No. 53.		No. 54.		No. 55.		No. 56.		No. 57.		No. 58.		No. 59.		No. 60.		No. 61.		No. 62.		No. 63.		No. 64.		No. 65.		No. 66.		No. 67.		No. 68.		No. 69.		No. 70.		No. 71.		No. 72.		No. 73.		No. 74.		No. 75.		No. 76.		No. 77.		No. 78.		No. 79.		No. 80.		No. 81.		No. 82.		No. 83.		No. 84.		No. 85.		No. 86.		No. 87.		No. 88.		No. 89.		No. 90.		No. 91.		No. 92.		No. 93.		No. 94.		No. 95.		No. 96.		No. 97.		No. 98.		No. 99.		No. 100.		No. 101.		No. 102.		No. 103.		No. 104.		No. 105.		No. 106.		No. 107.		No. 108.		No. 109.		No. 110.		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TABLE D3.—Showing the Total Duration of the Present Attack of Mental Disorder in the Deaths during the year 1908, arranged according to the Form of Mental Disorder on Admission.

Original or transferable residence, or locality in which insanity first observed, or in life as it was observed.		Form of Mental Disorder (on admission).	TOOTING BEC ASYLUM.																								Totals.	
			Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Un-known.								
				M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.						
Insanity occurring later in life.	1. Intellectual (a. With epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	1	..	..	..	..	..	3	1	2
	2. Moral (b. Without epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	3
	1. Insanity with epilepsy ..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	4
	2. General paralysis of the insane ..	..	..	..	1	..	..	5	1	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	9	2	11
	3. Insanity with grosser brain lesions ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..
	4. Acute delirium ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia (a. Recent ..	..	..	1	..	..	1	2	..	..	2	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	5
	8. Mania (b. Chronic ..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	2
	9. Melancholia (c. Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity (a. Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity (b. Non-systematised ..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	3
	12. Volitional insanity (c. Impulse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity (a. Obsession ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia (b. Doubt ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals		..	2	..	5	3	10	3	4	7	35	20	18	15	17	22	17	13	4	7	8	2	2	1	3	1	..	

Original or transferable residence, or locality in which insanity first observed, or in life as it was observed.		Form of Mental Disorder (on admission).	TOOTING BEC RECEIVING HOME FOR CHILDREN.																								Totals.	
			Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Un-known.								
				M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.						
Insanity occurring later in life.	1. Intellectual (a. With epilepsy	1	1	..	
	2. Moral (b. Without epilepsy	1	
	1. Insanity with epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	2. General paralysis of the insane ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	3. Insanity with grosser brain lesions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	4. Acute delirium ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia (a. Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania (b. Chronic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia (c. Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity (a. Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity (b. Non-systematised ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity (c. Impulse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity (a. Obsession ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia (b. Doubt ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals		1	1	1	1	

Original or transferable residence, or locality in which insanity first observed, or in life as it was observed.		Form of Mental Disorder (on admission).	LEAVESDEN ASYLUM.																								Totals.	
			Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Un-known.								
				M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.						
Insanity occurring later in life.	1. Intellectual (a. With epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	3	1	1	..	..	..	..	..	..	..	6	11
	2. Moral (b. Without epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	1	3	3	..	..	..	..	..	..	..	16	20
	1. Insanity with epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	5
	2. General paralysis of the insane ..	..	..	..	..	..	2	2	1	3	..	4	..	1	..	..	..	..	..	..	..	..	..	..	..	8	3
	3. Insanity with grosser brain lesions ..	..	..	..	1	..	..	..	..	2	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	2	1
	4. Acute delirium ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia (a. Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania (b. Chronic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2
	9. Melancholia (c. Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity (a. Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity (b. Non-systematised ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity (c. Impulse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity (a. Obsession ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia (b. Doubt ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals		..	..	..	1	..	2	..	3	7	7	3	8	8	10	5	7	2	1	14	11	11	4	7	2	5	4

FOR SUMMARY OF TABLE D3 SEE P. 164E.

TABLE E2.—Showing the Form of Mental Disorder on 31st December, 1908, of those on the Registers at that date.

Congenital or infantile mental deficiency (idiocy, imbecility) occurring as early in life as it can be observed.		Forms of Mental Disorder on 31st December.										TOOTING BEC RECEIVING HOME FOR CHILDREN.				LEAVESDEN ASYLUM.				CATERHAM ASYLUM.				PARENTH ASYLUM.			
		TOOTING BEC ASYLUM.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.		M.		F.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
		Insanity occurring later in life.																									
		Insanity occurring later in life.																									
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For Summary of Table E2 see p. 165.

APPENDIX III.

REPORT ON THE LABORATORY WORK AND PREPARATION OF DIPHTHERIA ANTITOXIN CARRIED ON FOR AND UNDER THE METROPOLITAN ASYLUMS BOARD DURING THE YEARS 1895-1908.

BY G. SIMS WOODHEAD, M.A., M.D., LL.D., ADVISER TO THE BOARD,
AND
G. E. CARTWRIGHT WOOD, M.D., B.Sc., BACTERIOLOGIST.

In 1883 Klebs pointed out that a special bacillus occurred in the throats of patients suffering from diphtheria, but it was not until 1884 that Loeffler was able to demonstrate the etiological association between what is now known as the Klebs-Loeffler bacillus and diphtheria. When, however, such association had been demonstrated, it was merely a matter of time as to when the presence of this organism would become a matter of great diagnostic importance, not in private practice merely, but in all hospitals where diphtheria cases are treated. In the hospitals under the Metropolitan Asylums Board, where so many cases come in for treatment, the detection of the diphtheria bacillus was evidently a matter of such great importance and was so accepted, that the Managers very early took steps to put the work on a well-organised basis, and on the 25th October, 1894, a letter was sent to the Laboratories Committee of the Conjoint Board of the Royal Colleges of Physicians and Surgeons, asking "whether the Royal Colleges of Physicians and Surgeons could afford the Managers facilities for the bacteriological investigation of doubtful cases of diphtheria which may be sent to the Board's hospitals from time to time." In a letter sent in answer to this communication, the Committee undertook the investigation on the following conditions:—

- (1) "That the investigations be carried out by special persons to be appointed by the Laboratories Committee under the superintendence of the Director, Dr. G. Sims Woodhead.
- (2) "That the Metropolitan Asylums Board defray the expenses of the investigation, including the salaries of those occupied in the work."

The Board accepted these terms, and an agreement for a period of six months, commencing on the 1st January, 1895, was entered into. Under this arrangement it was proposed that not only should cases be examined on admission to Hospital, but cases should be subjected to similar bacteriological examination before they were discharged. From the beginning of the year the work was organised and carried out by the Director, but in the middle of February Mr. A. H. Card, M.R.C.S., was engaged by the Laboratories Committee to assist in this bacteriological examination. In June, 1895, at the request of the Managers, the Laboratories Committee agreed to continue the work for a further period of six months, the Director reporting that the work had much exceeded what was originally anticipated. It had been estimated, in the first instance, that the daily average number of cases would not exceed twenty; the number of cases examined, however, rarely fell below this number and frequently greatly exceeded it. In one instance, at least, the number reached 115. In the following year also this number was exceeded on several occasions, and twice rose to 150. In November of 1895 an

interim report was presented to the Board, and during December of the same year the arrangement *re* the bacteriological examination was renewed for a further period of six months. In March, 1896, Mr. James Hussey, M.B. (London), F.R.C.S. (England), was appointed successor to Mr. Card. In June, 1896, the arrangement was continued for a further period of six months, but at the end of that time the agreement was allowed to lapse, and in January, 1897, arrangements were made under which the Laboratories Committee of the Royal Colleges undertook, with the help of Dr. Cartwright Wood, to examine the swabs from doubtful cases only, and to supply the Hospitals of the Board with tubes of Loeffler's cultivation medium, to be used for purposes of bacteriological investigation in connection with cases of diphtheria admitted into the Hospitals. In 1897, with the assistance of clerks supplied by the Board, Dr. Woodhead commenced to draw up a report on the bacteriological diagnosis and antitoxic serum treatment of cases of diphtheria admitted to the Hospitals of the Board during the years 1895 and 1896. In this report of 270 folio pages a full account is given of the whole of the work done during these two years.

In 1895, 8,974 examinations were made from 3,824 patients.

In 1896, 12,620 examinations were made from 5,068 patients.

In 1899 samples of water, and now and again a sample of food, of milk, or of blood serum for the Widal reaction, were first sent in for examination, and after a time this kind of work assumed larger and still larger proportions, until the end of 1904, when the agreement with the Royal Colleges of Physicians and Surgeons terminated. The Board then determined, with the consent of the Local Government Board, to continue the services of Dr. Cartwright Wood as Director of the laboratories, whose work, it was decided by the Special and Medical Sub-Committee, should, in addition to the preparation of antitoxin, be the examination of swabs from discharge cases of diphtheria showing organisms allied to Loeffler's bacilli, the examination of material from doubtful cases of diphtheria, the examination of scarlet fever patients on admission and discharge for the presence of organisms allied to Loeffler's bacilli, the examination of samples of blood from typhoid cases by Widal's method, and the periodical examination of water from Institutions of the Board which derive their supply from wells.

This part of the work became so important that when in October, 1905, it was decided to continue the preparation of antitoxin, it was realised that special accommodation and assistance must be provided for carrying it on effectively and successfully. How important this diagnostic work is, may be gathered from the fact that, as soon as the new Laboratories were in process of completion, Dr. Theodore Thomson, of the Local Government Board, through Dr. A. H. Downes, asked that arrangements might be made for the discharges of all typhoid fever patients in the Hospitals under the Board to be specially examined two or three times before their discharge from the Hospital. This investigation will be made the subject of a special report, and is here mentioned simply as an indication of the lines along which this kind of work is likely to continue and increase.

Before giving any account of the new laboratories in which this work is being carried out, it may be well to refer to the conditions under which the Board came to undertake the preparation of diphtheria antitoxin.

In June, 1894, when the antitoxin treatment of diphtheria had made some advance in Germany and France, this treatment was introduced into the Hospitals under the Board. The antitoxin used at first was obtained from Paris, but the bulk of it, up to September, 1895, was supplied by the British Institute of Preventive Medicine. As early as November, 1894, the Board realised that it would be both a difficult and an expensive matter to obtain a regular and sufficient supply for the treatment of the whole of the cases of diphtheria admitted to their hospitals, and on the 9th November, 1894,

a communication was sent to the Conjoint Board of the Royal Colleges of Physicians (London) and Surgeons (England) asking :—

“ Whether the Royal Colleges of Physicians and Surgeons will be willing to supply, and if so when, and on what terms, diphtheria antitoxin for use in the Hospitals of the Board.”

The matter was referred to the Laboratories Committee of the Conjoint Board of the Royal Colleges, who stated that they would be willing to supply diphtheria antitoxic serum on the following conditions :—

“ That the Metropolitan Asylums Board will afford accommodation on one of their farms near London for the required number of horses, such accommodation to include the services of the necessary stable attendants and the keep of the animals, and that other expenses entailed in the preparation of the serum should be defrayed by the Metropolitan Asylums Board, with the exception of the initial cost of the horses, which will be provided by the Royal Colleges.”

The Laboratories Committee stated that they undertook this work, as they believed that it would be attended by considerable advantage to Scientific Medicine for the following reasons :—

- (a) That the work could be carried out in conjunction with the bacteriological examination of cases ;
- (b) That definite information could be obtained in regard to the method of preparation and the exact strength of the antitoxin used in these cases ;
- (c) That further researches could be conducted for the improvement of the preparation of antitoxic serum, and possibly also of the method of treatment ; and
- (d) That the results could be compared from both “ bacteriological ” and “ antitoxin ” points of view.

After some unavoidable delay, resulting from the difficulty of finding suitable premises in a convenient locality, the Managers placed at the disposal of the Laboratories Committee of the Royal Colleges certain stabling on their estate at Tooting. The advantage of this stabling was that it was in two separate blocks, one of which could be divided into two perfectly isolated stables. There was also a coach-house, which was easily converted into stalls for the reception of four horses ; a loose box, which was used as an Isolation box for any horse that might be ill or that had to be kept under observation ; and a second loose box in another small building, which was converted into a side room laboratory in which the necessary arrangements were made for carrying out the various processes involved in the preparation and collection of the antitoxic serum. On this estate there was ample space for grazing and exercising the horses in the grounds adjoining the stables. On the 18th January, 1895, the stables, having been thoroughly cleaned and put into good repair, and a couple of horsekeepers engaged, operations were commenced on three horses obtained from the authorities of the Brown Institution. These horses were injected with mallein, and were kept under careful observation until they were proved to be free from infectious disease. Thirteen horses were thus treated at the Tooting stables. The horses were kept unshod, and were periodically examined and treated by a farrier. We had the great advantage of receiving from Principal McFadyean and Professor Hobday, of the Royal Veterinary College, and from Mr. Garside, M.R.C.V.S., and Mr. Arnold, M.R.C.V.S., most valuable information and advice as to the treatment and management of the horses that came under our care during this period, and we were exceedingly fortunate in having few accidents to our horses and little disease resulting from irregular feeding. In 1897, when building operations for the new Asylum at Tooting were commenced, it became necessary to look out for other accommodation, and a yard behind 62 and 63, Alderbrook Road, Balham, S.W., on which was a building which could easily be converted into a stable, still leaving sufficient room for exercising the horses, was taken. One of the houses facing Alderbrook Road was rented along with the yard, and was occupied by Mr. James Miller, a member of the Laboratory staff, who was thus able to keep

the horses under constant supervision. In the yard was a tan ring for the exercising of the horses. To the left of this ring was a small and convenient laboratory in which all the sterilisation of tubing and the decanting of serum, preparations for the injection of the horses, and for the withdrawal of the blood from the animals that were yielding antitoxin were carried out. A couple of specially constructed isolation boxes were built and next to these, but well isolated from them, a stall for a pony used to convey toxins from the Laboratory on the Embankment to the stables and to return with the antitoxic serum from the stables to the Laboratories. The main stable, with stall accommodation for ten horses, well-ventilated and easily cleaned, was excellently adapted for the purpose for which it had been designed. To the right of the stable was a yard in which stood a covered, well-lighted shed, in which the operations of injecting and bleeding the horses were carried on. An abundant supply of water, hot and cold, was laid on, and there was excellent storage for food and bedding. The work of preparing the toxin with which the horses were injected, the settling, filtering, and testing of the antitoxic serum, were all carried out at the Laboratories on the Embankment, but all the injection work, bleeding, and separation of the serum, had necessarily to be carried out at the stables.

In 1899, when Dr. Woodhead left London for Cambridge, and Dr. Cartwright Wood was appointed to take full charge of the work, this accommodation was no longer equal to the demands made upon it, and the lease of a yard next to the stables was obtained on the 25th March, 1900, and on this yard six stalls, to be used as quarantine stables, were erected. This yard was isolated and was staffed separately, so as to minimise any risk of infection from without.

Early in 1905 Dr. Cartwright Wood, who had been considering the question of the provision of cold storage, pointed out that as the quantity of serum produced must necessarily vary very greatly from time to time, there were often supplies in excess of the demands made by the Hospitals, whilst at others there was only just sufficient for immediate wants. He thought that it would be possible, by means of cold storage, to preserve all excess production, and thus to equalise and maintain a supply with a smaller number of horses than it was at present found necessary to keep under treatment, so that the cost of cold storage would soon be recovered.

This cold storage was installed by Messrs. J. and E. Hall, and apart from the purpose for which it was obtained, and in meeting which it has been of great use, has been of inestimable value during the period of transference of the stables from Balham to Sutton, a reserve of antitoxin being prepared and stored sufficient to last over 17 months, with the result that there has never been a single break in the supply, all demands from the Hospitals being fully met at once.

Early in this year, too, special apparatus was devised and arrangements were made for supplying antitoxin for intravenous injection. The antitoxin so used was sent out without antiseptic and therefore had to be filtered. During the last six years the whole of the antitoxin has been filtered.

The Managers, at the beginning of 1905, decided, as their tenancy of the Examination Hall would expire at the end of the year, to ask the Hospitals Committee to submit a report after nine months working.

When the new arrangement for carrying out the antitoxin work was entered into in January, 1905, Dr. Woodhead was appointed as Consultant to the Board, he undertaking, in conjunction with Dr. Wood, to supervise the work, from time to time to confer with Dr. Cartwright Wood, to inspect the laboratories and stables, to send in a quarterly report upon the working of the Department, and to be available at any time for consultation.

In July 1905 it was reported, that in any new scheme the ideal accommodation would consist of stabling and a small laboratory to be erected at some little distance from Town. That in connection with this, a special central laboratory, in which

the toxin might be prepared, antitoxin handled and despatched, and to which samples and specimens might be brought for examination, should be erected in Town, or in such position that it would be readily accessible from the various Hospitals and Institutions under the Board. At the same time, a list of requirements for these stables and laboratories was presented for the consideration of the Hospitals Committee.

On the 12th October, 1905, the Special and Medical Sub-Committee reported to the following effect :—

“ Diphtheria Antitoxin ”—

On the 23rd July, 1904, the Board decided to continue for 12 months, from the 1st January 1905, the work hitherto carried out by the Royal Colleges of Physicians and Surgeons, of producing antitoxic serum for the treatment of diphtheria patients, and we were instructed to present a report upon the work at the expiration of nine months.

We are able to report that the result of this new departure by the Board is in all respects satisfactory. The demands of the infectious hospitals for serum and bacteriological investigations have been promptly met, and a considerable saving of cost has been effected under the new system. The following figures by the Accountant as to the cost of working will give information to the Managers upon this point :—

Net expenditure, excluding cost of refrigerating plant	£2,537
Apportioned thus :—	
Bacteriological examinations of water and of diphtheria and other cases	431
Serum and other tubes and swabs	571
Antitoxin	1,535
	<hr/>
	£2,537

The cost of antitoxin works out at 6½d per dose of 1,000 units, as compared with an average charge for the four years to 31st December, 1904, of 10d. per dose ; the reduced cost being chiefly accounted for by the utilisation of the services of the bacteriologists.

Taking all the circumstances into our consideration, we feel justified in advising the Committee to recommend the Board to sanction the necessary steps being taken for continuing the work on a permanent footing.

It will be remembered that under the present conditions the Board have (a) accommodation at the Examination Hall of the Royal Colleges of Physicians and Surgeons on the Embankment for use as laboratories and office ; (b) the tenancy from Mr. Williams of stables for horses at Balham, which expires at Christmas next ; and (c) the tenancy from Mr. Small of other stables used for quarantine purposes, also at Balham, under an assigned lease from the Colleges, terminable in 1911.

As regards the laboratory accommodation on the Embankment, we understand that there will be no difficulty in the extension of the tenancy for another year being agreed upon by the Colleges on the terms of the existing arrangements, and we advise that steps be taken for procuring this extension. We do not advise any extension of the tenancy of the stables rented from Mr. Williams.

To meet the demands, it is necessary that the supply of the serum should go on continuously, and since the Board erected the refrigerating apparatus at the Examination Hall, it has facilitated the laying in by Dr. Cartwright Wood of a good stock, and he will be able, by means of the cold storage, to supply the needs of the hospitals' service for about nine months, the maximum period which it will take for the permanent arrangements to be completed.

The above are our proposals for temporarily continuing the supplies, and coming now to the details as regards the permanent working, we are of opinion that the Laboratories should be provided in a convenient spot within the metropolitan district, but that the stables for the horses should be in the country. It happens, as it seems to us, that the Board have already in their possession two sites which would be admirably suited for these requirements. We understand that there are two houses at Peckham Rye adjacent to the proposed new stores, which, if they could not be satisfactorily adapted for laboratory purposes, could be pulled down and a suitable building erected in their place, while a part of the grounds at present belonging to the Belmont Asylum would be, we believe, eminently suitable on which to erect, on the same lines as the Fountain Hospital, stables and the necessary adjuncts.

The services of an architect should, we think, be placed at the Hospitals Committee's disposal as quickly as possible, in order that no time may be lost for making all preparations with a view to avoiding a break in the continuous supply of the serum, which the Committee will readily recognise would be a very unfortunate circumstance, and as it appears to us that the construction would be of a special character, it would be well to advise the Board

to depart from its usual practice, and to empower the Hospitals Committee to undertake this particular work.

We have not, of course, had sufficient information before us to make a definite estimate of expenditure, but we have reason to believe that by adopting the course we propose above, the future annual cost, including interest on capital, will not exceed the present figure, while there will be the additional advantage of the work being carried out under improved conditions in buildings belonging to the Board.

We recommend—

(A.)

That the principle of continuing the work of serum production and bacteriological examinations on a permanent basis be approved, and that the Managers be recommended to confirm this principle, subject to the assent of the Local Government Board.

(B.)

That the Board be recommended to enter into arrangements with the Royal Colleges of Physicians and Surgeons for the continuance of the Board's tenancy, on the existing terms and conditions, of the accommodation at the Examination Hall for a further period of twelve months from the 1st January, 1906.

(C.)

That the Board be recommended to authorise the Hospitals Committee to continue in office for one year from the 1st January, 1906, all or any of the staff hitherto employed in connection with the preparation of antitoxic serum, and to make all necessary arrangements for carrying on the work for that year.

(D.)

That the Managers be recommended to authorise the Works Committee to employ the services of an architect to submit a scheme, upon instructions to be given to him by the Hospitals Committee, for the provision of laboratory and stable accommodation on the Board's property at Peckham Rye and Sutton, subject to consultation with the respective Committees concerned, and to submit the scheme, with estimate of cost, to the Board for their consideration at a future date.

On 15th February, 1906, Messrs. T. W. Aldwinckle & Son, after consultation with the Adviser and the Bacteriologist to the Board, submitted to the Special and Medical Sub-Committee sketch plans for stables and a small laboratory; these were referred to the Local Government Board who, on the 9th March, 1906, wrote stating that it was undesirable that the establishment should be in excess of the Managers' own requirements. On these grounds the Local Government Board considered that the present accommodation should not exceed the amount sufficient for 20 horses, but that subject to a reduction according to the Managers' proposal, the Local Government Board would be prepared to assent to the scheme. After some discussion, it was decided that the present accommodation at Sutton should be erected, at an estimated cost of £5,280. The actual cost of erecting the stables was £5,296. These stables were occupied on 15th May, 1907.

On the 19th March, 1906, the architects, after further consultation with Drs. Woodhead and Wood, submitted a description and report on sketch plans proposed for the central laboratories to be erected at Peckham Rye, and this report was sent by the Board to the Local Government Board, who asked whether the whole scheme was now before them, and desired full information as to the contemplated bacteriological work as well as a complete estimate of the total annual cost of the serum required, staff, wages, horses, etc., etc. They also wished to know whether any provision for bacteriological work had been made at the Hospitals, and how it was proposed to allocate the bacteriological work between the Hospitals and the central laboratories. The Hospitals Committee, after careful consideration of all the facts and information at their disposal came to the conclusion that it was essential that the stables should be in the country, but that the laboratory should be in a more central position. They also decided that the laboratory accommodation then at their disposal was quite inadequate although the work carried on therein was

entirely supplementary to the bacteriological examinations carried on at the various Hospitals, and giving a statement of work actually done in 1905 in the central laboratory, pointed out that although its market value was £8,353, the total cost to the Board was only £3,500. It was reported that so long as the work done at the laboratories did not increase greatly, the annual cost of the scheme (£4,000) was not likely to be exceeded, that the average market value of antitoxin alone during the preceding three years whilst it was supplied by the Royal Colleges was £4,000, whilst the market value of other work carried out by the Director was over £1,000. After further correspondence, the Local Government Board, on the 27th August, 1907, wrote to the Metropolitan Asylums Board stating that they could only give their assent to the erection of a central laboratory at Belmont, as they considered in spite of what had been advanced to the contrary that it was inadvisable to separate the central or main laboratory from the stables. They pointed out that they were not prepared to authorise a total expenditure on the work of more than £6,500, as they were advised that a saving of not less than £1,000 might be effected if the laboratory were erected on the Belmont site. These laboratories, costing £6,000 inclusive of fittings, were occupied on 4th February, 1909. In submitting the description of the laboratories, may we be allowed to state that Messrs. T. W. Aldwinckle & Son have designed excellent buildings, which, in spite of their relatively low cost, are very suitable for the purposes for which they are to be used, are of good construction, very convenient, easily cleaned and worked, being provided with a number of labour-saving devices. Special attention has been paid to one section of the work which is only too frequently neglected by those to whom such buildings are entrusted. Messrs. Aldwinckle have provided a capital system of ventilation, so complete and so well under control, that the staff carrying out investigations in these laboratories will work under the most favourable conditions.

We are greatly indebted to the assistant bacteriologist, Dr. Prausnitz, elected on the 9th May, 1908, for the very full and accurate description that he has submitted.

Finally we should like to refer to the excellent services rendered to the Board by Dr. Swainston who, during Dr. Cartwright Wood's enforced absence on account of illness, carried on the antitoxin work with such success that at no time was there any break in the continuity of supply of antitoxin to the Board.

It may be of interest to note how the amount of antitoxin supplied during any one year has varied during the last fourteen years since the antitoxin was first prepared specially for the Hospitals, and in the following table will be seen the number of doses of antitoxin supplied to the Hospitals from the laboratories :—

Year.	Number of Doses.	Number of Units.
1895	2,828	1,201,230
1896	15,424	25,652,400
1897	23,864	60,392,000
1898	27,987	67,718,000
1899	31,305	110,647,000
1900	34,452	103,664,000
1901	31,598	94,794,000
1902	32,125	96,375,000
1903	27,752	83,256,000
1904	25,350	76,050,000
1905	16,100	78,606,000
1906	16,432	88,405,000
1907	20,293	116,601,000
1908	23,513	94,442,000

" We beg to submit the following appendices to our report, viz.

1. A list of the officers and staff of the Belmont laboratories and stables.
2. A description of the laboratories and stables, as completed, which, being preferable to any description made from the plans, Dr. Prausnitz has drawn up at our request.
3. A tabular statement of the antitoxin supplied, and the work done for the various institutions of the Board and outside hospitals."

(Signed),

G. SIMS WOODHEAD.

G. E. CARTWRIGHT WOOD

25th March, 1909.

APPENDIX I.

OFFICERS.

Professor G. Sims Woodhead, M.A., M.D., L.L.D., Adviser to the Board.
 William Hunting, F.R.C.V.S., Veterinary Adviser to the Board.
 G. E. Cartwright Wood, M.D., B.Sc., Bacteriologist.
 Carl Prausnitz, M.D. Bresl., M.R.C.S., L.R.C.P., Assistant Bacteriologist.

STAFF

(a) LABORATORIES

- 1 Laboratory Clerk.
- 2 Laboratory Attendants.
- 1 Laboratory Mechanic.
- 1 Animal Keeper.
- 1 Junior Laboratory Attendant.
- 2 Laboratory Boys.
- 1 Charwoman.

(b) STABLES

- 1 Head Stableman.
- 4 Stablemen.
- 1 Coachman and Quarantine Stableman.

APPENDIX II.

DESCRIPTION OF STABLES AND LABORATORIES.

The stables and laboratories are situated in the Urban District of Sutton, on a site $2\frac{1}{2}$ acres in extent. The approach is at the southern end of Stanley Road, Sutton. The site is bounded on the east by the Epsom Downs line of the London, Brighton, and South Coast Railway, on the south and west by the grounds of Belmont Workhouse, an unoccupied strip of field being interposed, and on the north by the houses and gardens of Camborne and Stanley Roads, from which they are separated by an extension of this unoccupied strip.

According to the nature of the work carried on, the Institution is divided into two main parts, the stables and the laboratories. The stables are arranged in two separate yards, viz., the Quarantine Yard and the Antitoxin Yard. At the main entrance is the Lodge, a tiled brick cottage, with parlour, kitchen, scullery, three bedrooms, and a bathroom. To this lodge belongs a strip of garden land, separating

the Antitoxin Yard from the road. The cottage is occupied by the head stableman and his wife, the gate portress. The drive leads from the Lodge past the stables, the Quarantine Yard lying on the right, the Antitoxin Yard on the left, to the laboratories. The entrances to these yards are about half-way up the drive.

STABLES.

The *Quarantine Yard* contains two blocks, the northern one comprising the coach house and the living rooms of the coachman, who also acts as quarantine stableman. The southern block contains seven boxes, each ventilated by exhaust ventilators in the roof, and provided with a steel sash window and a door. One of these boxes serves as a forage store. The entrances to the boxes are on the north side, along which runs a strip of granolithic pavement, draining to a gully in the centre of the yard. On the south of the boxes, between them and the grounds of the laboratories, is a small exercise ground.

In the Quarantine Yard the newly acquired horses which have been selected and tested with mallein by the Veterinary Surgeon, Mr. W. Hunting, are kept for about a fortnight in strict isolation from the horses in the Antitoxin Yard. During this time they are subjected to a careful clinical observation, and are again tested with mallein. This is considered necessary, as although the first injection of mallein, carried out at the Veterinary Surgeon's stables, would give a positive result if the animal were already suffering from glanders, it might be negative if the disease were still incubating. In such case, however, it would probably give a positive reaction if injected during quarantine. Here the animals are also injected with tuberculin. Any animal showing a positive reaction with either tuberculin or mallein would be killed at once, and in the case of a mallein reaction being obtained the Sanitary Authority would have to be notified. In view of the stringent regulations laid down for such cases by the Board of Agriculture, giving the Authorities and their Inspectors powers to enter any stables declared to have been occupied by a glandered animal, to test all the animals present with mallein, to slaughter those reacting, to seize any part of a horse (*e.g.*, serum) removed from the stable, and to publish the existence of the disease in the district; it is of the greatest importance that this quarantine system be enforced most rigidly, and the two yards kept entirely separate from one another; no strange horse therefore enters the Antitoxin Yard, and no person not employed in the yards may enter them without special permission from the Board.

The trap and horse which may come into contact with horses outside as they are used for conveying the antitoxin and other bacteriological supplies for the hospitals to the Board's head office, are housed in this yard.

The stables staff is divided into two sections: the coachman and quarantine stableman, whose work is limited to the Quarantine Yard, and the head stableman and the four stablemen, who work exclusively in the Antitoxin Yard.

The *Antitoxin Yard* contains a block of six loose boxes, situated along the western side of the yard, and bounded by the drive; in the centre, the main stables, on the northern extremity the official block, on the eastern extremity, near the railway, the injection shed; near the middle of the yard the forage store and mess room and on the southern boundary a shed in which are bred some of the guinea-pigs and rabbits required in the laboratories. Between the main stables and the breeding-shed is a large exercise ground, at one end of which is a small destructor.

The loose boxes are similarly arranged to those in the Quarantine Yard, having exhaust ventilators in the roof, steel sash windows and doors. In these boxes the selected horses from the Quarantine Yard are kept for one month before they are allowed to mix with the other horses. During this time they are again, for the third time, treated with mallein. These boxes also serve for the temporary isolation of horses showing any illness or requiring for any other reason to be kept apart from

the remainder. At the southern end of this block of boxes are the men's lavatories.

The main stables will accommodate 16 horses. They are divided into two by a massive brick wall, so that if any illness broke out among the horses in one part of the stables, it might remain localised. They are roomy, well lighted, and ventilated buildings, each block is provided with two doors leading into the yard. The walls are faced with granite silicon plastering whitewashed, the pavement is granolithic, drained to a channel which runs along the whole length of the stable between the stalls and the gangway, and discharging into trapped gullies in the open. The stalls face south against a blank wall, provided with a Sheringham ventilator and two mangers to each stall. The northern wall, over the gangway, is lighted by steel sash windows. There is also one such window at each cross wall of the stable. The stall divisions are of cast-iron, filled in with wood. Along the northern side of this building, in the centre of which are the chief approaches to the stables, runs a six-foot way of granolithic, on which the horses are groomed and watered. It has been decided to carry this further into the yard and re-drain, in order to prevent the accumulation of waste water which at present is troublesome.

The manure of the horses is collected every morning and taken to an asphalted platform at the southern end of the loose boxes. This platform abuts on to a pad-locked side gate, constructed so narrow as not to admit a cart. The cart collecting the manure can only be backed on to a strip of blue bricks, situated on the drive at the outside of the boxes; the gate is then opened and the manure thrown directly on to the cart. This obviates the necessity of carting the manure out of the chief gate, and also of the manure cart entering the yard.

The official block contains a sterilising room, fitted with an autoclave, steam steriliser, and hot air steriliser, which are required for the sterilisation of the beakers and apparatus used in the treatment of the horses, a small glass-cleaning room, a small laboratory, an incubator in which the toxin is kept at body temperature for two days, thus both testing it for sterility, and maintaining it at such a temperature that on injection into the horses it sets up a minimum of irritation; an office, a lavatory, and a small animal house, with accommodation for a few guinea pigs, which may be required for work at the stables, are also provided. The block is heated by warm water from a coke furnace built in under the building.

The injection shed is a corrugated iron building, provided with entrances on the eastern, southern, and western sides. In it are two solid oak "stocks," in which the horses are kept during the time of operation. Adjoining this shed, and opening into it by a doorway on the north, is a small room fitted with a lead-lined bench, supplied with gas and water, in which the preparations for the operations are carried out. In order to reduce the exposure of the horses and men to the weather during the time of the operations, a couple of sliding doors, glazed in the upper part, are to be fitted at the west entrance of this building. On the south side of the injection shed is a weighing bridge, on which the horses are weighed once a week. This has given valuable indications as to the effect of the treatment which serve as a guide in the dosage of toxin.

The treatment of the horses has been described in detail in a previous report.* It consists in the daily injection in the horses of increasing doses of diphtheria toxins, *i.e.*, cultures of diphtheria bacilli which have been grown at body temperature for a certain length of time, and have subsequently been freed from their bacterial contents by filtration. Different liquids are employed for growing the bacilli, the chief of these being the veal broth medium and the horse serum broth. At intervals of about four weeks the horses are bled, some 10 to 16 litres being drawn from a vein by a sterilised canula and tube into sterilised beakers. It takes several months for

* Report on the Bacteriological Diagnosis and Antitoxic Serum Treatment of cases admitted to the Hospitals of the Board during the years 1895 and 1896, by Professor G. Sims Woodhead, M.D.

the horses to acquire a sufficient degree of immunity for their serum to contain an adequate amount of antitoxin, but in the interval their serum is used for the preparation of serum media, a large stock of which is required for purposes of diagnosis at the laboratories and the various hospitals, and also for the preparation of the horse serum broth.

The veterinary control of the horses, including their purchase and subsequent disposal, mallein tests, etc., is carried out by Mr. W. Hunting, F.R.C.V.S., Veterinary Adviser to the Board, who inspects and reports upon the condition of the horses, stables, forage, etc., once a month. His advice both as regards the planning of the new stables and the supervision of the work carried out have been of great value throughout, and we are pleased to take this opportunity of acknowledging it.

LABORATORIES.

The laboratories consist of a one-storey brick building, facing north, with a basement under the eastern end. It is situated on the highest part of the site, and built on an incline. An L-shaped animal house is partially separated from the western end of the laboratories by a paved yard. The advantages of having a laboratory of this kind in the form of a one-storey building are not only the cheapness of construction, but also the greater ease of supervision of the work carried out in it.

The flooring is granolithic pavement, which is covered with linoleum in the principal laboratories, but is left exposed in the corridor, the glass cleaning room, the incubating room, the workshop, the engine rooms, and the animal rooms. The majority of the last named rooms are drained to floor gullies, to allow of their being flooded with water. The main walls are constructed of 9-inch bricks, the partition walls of Frazzi bricks. The walls of the basement and animal house are white-washed, those of the other rooms are finished with granite silicon plaster. All angles, the salient and internal, have been rounded off in order to prevent the collection of dust. The walls, when thoroughly dry, will be painted. The doors are constructed to collect a minimum of dust, the edges between the panels and frames being rounded off, and no beading of any kind being used. All the rooms are provided with sufficient cupboard accommodation, the cupboards being fixed to the walls and standing on concrete platforms three inches high, with a curved skirting. This curved skirting also runs round all floors. The tops of the cupboards slope upwards to the walls, thus preventing the accumulation of any dust on the top. All benches, sinks, etc., are arranged on the cantilever system, and in all cases are independent of the floor.

The general arrangement of the rooms allows of the accommodation, in a number of separate rooms, of the different classes of work carried out at the laboratories. In the space at our disposal this object could only be attained economically by making the rooms relatively small, their sizes being from 8 feet to 17 feet in length, 13 feet in width, and 10 feet in height. The heating and ventilation of such rooms, which obviously presented considerable difficulties, are carried out by means of the "plenum" system, with the exception of a few rooms which, as well as the corridor, are heated by warm water radiators or coils.

Before giving a detailed description of the fittings of the different rooms, the *heating and ventilation* may be described. The boiler room is situated at the eastern end of the basement. In it is storage for about 25 cwt. of broken coke (one week's supply in coldest winter weather). This room contains the plant for the supply of hot water to the laboratories, a large amount of which is required, and one cast-iron sectional boiler, which provides the hot water required for the heating of the building. This water is distributed, at 170° F., in three circuits, one of which provides the adjoining workshop and mess room, whilst the other serves the radiators and coils in the corridor and the rooms not heated by the plenum, and

the third supplies a battery of 10 radiators which heat the air supply to the building. The air supply is drawn through an opening at the east end of the building, protected by 8 slate louvres, and passes next through a baffle system, consisting of 250 vertical galvanised iron rods 5 feet long, $\frac{5}{16}$ inch diameter, which may be kept moist by a supply of water trickling down them from a perforated trough above the tops of the rods. This provides the necessary moisture, if required, and in summer it may serve to cool the air and to remove a considerable proportion of the dust. In the past winter it has not been necessary to make use of this arrangement. A blower fan, worked by a $1\frac{1}{2}$ h.p. motor fixed to the same shaft, drives the air which has passed through the louvres and been filtered in the baffle system of rods through the battery of 10 radiators into the main plenum duct, which it enters at a temperature of 90° F. The temperature of the air is regulated by the number of radiators into which the hot water is turned.

The plenum duct runs under the whole length of the corridor from the eastern end to its termination just inside the western entrance from the animal yard into the corridor. Its height is 2 feet clear, whilst its width tapers from 4 feet 6 inches at the eastern end, to 2 feet 8 inches at the western end, thus allowing for the reduction of air volume resulting from the supplies to the different rooms being given off from it. The floors and ceiling of the duct are concrete and granolithic respectively, the side walls and air inlets to the rooms being faced with glazed bricks.

In the rooms which are under the plenum system, there are, according to their size, one or two inlets placed on or near to the corridor wall. The inlets are cast-iron shafts, 8 feet high, and 18 inches by 8 inches in section, with a door in front, the top being carried up so as to form a hood, sloping upwards and into the room. The warm air which rises in the shaft and discharges from the mouth at the top of the shaft at a velocity of 3 feet per second, is thus deflected almost to a horizontal direction towards the upper part of the windows, where it is gradually cooled down, finds its way back to the outlet near the floor level, and is finally carried away in the exhaust ducts. The outlets are vertical gratings, 2 feet by 1 foot 3 inches, standing at the floor level, one or two of which, according to the size of the room, are placed along or near the corridor wall.

The removal of the fouled air from the rooms is effected by two exhaust ducts, 2 feet by 2 feet 6 inches, one at each side of the plenum duct. The duct for the northern part of the building, all the rooms of which are on the plenum system, runs along the whole length of the building, beginning just outside the battery chamber. The duct for the southern side, on which only the rooms west of the basement staircase are supplied by the plenum system, begins at this staircase and runs underneath the southern side of the corridor to the animal yard at the western end of the building, where it joins with the other exhaust duct, the two being carried up over the roof by means of a vertical shaft, 28 feet high, 2 feet 6 inches square, at the top of which is a small electric fan of about $\frac{1}{4}$ h.p., behind a louvred opening on the north side of the shaft. The interior of the exhaust ducts and shaft is lime whited. All ducts in connection with the admission of air are of such a size as to allow of their being easily cleaned out. The plenum duct is accessible by means of 7 man-holes in the corridor, both exhaust ducts by doors at their eastern extremities, by man-holes in two rooms near the middle of the building, a man-hole in the animal yard, and doors at the bottom and top of the exhaust shaft.

It is obviously of importance that the exhaust fan should be only a fraction as strong as the blower fan, since otherwise the air might be sucked directly through from the inlets to the outlets, thus short-circuiting the rooms. All inlets and outlets are provided with adjustable diaphragms, which have been so regulated by the architects as to allow each room to have its air contents renewed six times an hour. Generally speaking, the inlet valves are widest open at the western end, and the

outlet valves widest open at the eastern end of the building; the pressure of the fans is thus equalised.

Through the plenum duct run the warm water heating pipes which supply the radiators in the glass-cleaning room (south-western end of building), the lavatory, the corridor, a small radiator in the lobby of incubating room, and the pipes heating the animal house. These main hot water pipes also serve to keep up the temperature of the air in the further part of the duct.

In order to ensure the proper working of the ventilation in the rooms supplied by the plenum, the doors are provided with pneumatic springs and the windows are pad-locked.

The instructions given by the architects for the working of the system state that the blower fan is to be set in motion two hours before the rooms will be occupied, and that one hour later, when a slight over-pressure has been attained in them, the exhaust fan is to be switched on. The instructions also include details as to the number of radiators of the battery required at given outside temperatures, and the sizes of the openings of the inlets and outlets in the various rooms.

During the severe weather of the last winter a good opportunity was afforded for testing the system. The results were entirely satisfactory—a temperature of 56° to 60° F. being maintained in all the rooms without difficulty. As regards the ventilation, the result of smoke tests carried out in several rooms has also been to show the working efficiency of the plant. The rooms were filled with an irrespirable smoke, and within 15 to 20 minutes not a trace of the smoke could be noticed. The air remains good even in those laboratories in which a number of gas flames are burning, and some particularly evil-smelling cultures are kept for hours. No trace of draughts has been experienced. Yet a complete absence of any oppressive or close feeling in the rooms is one of the notable features of the building.

The *lighting* has been arranged in such a manner that the laboratories in which microscopic and other delicate work is carried out, face north, whilst the southern side is reserved for the rooms in which either much light is required, *e.g.*, the glass-cleaning room, or in which the question of light is of less importance. In every case the windows are of good size, and the sashes are of steel. Those rooms, in which daylight would be harmful to the work carried out therein, *viz.*, the incubator room, the rooms for filtering toxin and antitoxin, the photographic dark room and the cold storage rooms, are windowless. The corridor is well lighted by windows and three skylights.

The *electric current* supplied to the building is 200 volts single phase alternating. For power purposes, this current is used directly, whilst for lighting purposes it is transformed down to 65 volts, in order to allow of the use of Tantalum lamps. The wiring has been carried out on the distribution system. Emergency gas lamps have been provided in the basement and ground floor corridors.

Gas is laid on to all the laboratories, and is also used for the heating of the incubator room and sterilisers.

The *water* is supplied to all the laboratories directly from the main under a relatively high pressure, *viz.*, 100 to 120 lbs. per square inch. A storage cistern of about 450 gallons capacity is also provided. This normally supplies the hot water system and the W.C.'s only, but, should the pressure be cut off at the main, this cistern would automatically, through a back-pressure valve, supply the whole of the building with water. For several purposes, notably for the working of the filter pumps and the water centrifuge, a high pressure is essential.

The *drainage* of the Institution is carried out on the separate system, the rain water and surface washings passing into eight sumps, 6 feet diameter, 10 feet deep in the chalk, situated in the Quarantine and Antitoxin Yards and the laboratory grounds, while the soil and sink drains are taken into the sewer. A suitable trap has been provided at the foot of each rain water pipe. At the foot of every waste

pipe, excluding the soil pipes, is a gully. All lead soil pipes are connected to the drains by gun-metal thimbles. The drain pipes are 4 inches cast-iron, coated inside and out with Dr. Angus Smith's solution, the joints being made with blue lead. The joints are bedded on cement concrete. A fall of not less than 1-40 is provided for all drains.

There are manholes at intervals between which the drain runs in a straight line so that inspection may easily be carried out.

Detailed Description of Laboratories. The main entrance lies at the middle of the northern side of the building, 9 steps leading up from the drive to the ground floor corridor. The five rooms to the left of the main entrance, facing north, form a suite of communicating rooms, these being the only rooms in the laboratories thus arranged. Adjoining the main entrance is the director's office, leading into the clerks' office, thence into the director's bacteriological laboratory, the chemical laboratory, and assistant's laboratory.

The Director's Bacteriological Laboratory is the largest laboratory in the building; it is 17 feet long and 13 feet wide, and has three windows. Along the front of the room runs a bench, 2 feet $\frac{1}{2}$ inch wide, of yellow pine, covered with linoleum. The bench is carried by "T" iron cantilevers fixed to the wall, so that its free edge is not interrupted by legs or bearers. The cantilevers have been slotted to receive the screws fixing the bench, so as to allow for the effects of heat and shrinkage. At one end of the bench is a glazed fireclay sink, 30 inches by 20 inches by 10 inches, with hot and cold water laid on. In the intermediate part of the bench are two cast iron white enamelled sinks, 14 inches by 10 inches by 6 inches, with cold water supply only, the valves of which are worked from underneath the bench. Gas is laid on to taps for rubber tube connections on the bench, the taps also being worked from underneath the bench. Between the windows are fixed two sets of reagent shelves. These are constructed of bearers of teak, on which rest three shelves of $\frac{1}{2}$ -inch plate glass; the shelves are easily removable, but rest in rebates in such manner as to prevent their falling out. In one corner of the room is a Hearson's incubator, adjusted to body temperature, and used for special work which is carried out in the laboratory. A blow pipe table is also placed in this laboratory, the space available in the adjoining chemical laboratory being insufficient for this.

The Director's Chemical Laboratory is a small room, intended for the carrying out of a limited amount of such work. It is fitted with a teak bench and one small and one large sink. On one cross wall is a slate slab, holding a fine chemical balance (Bunge's type), capable of carrying 200 grammes and sensitive to 0.1 milligrammes, and a physical balance, capable of carrying 500 grammes and sensitive to 5 milligrammes. Along the other cross wall is fitted a fume closet which is ventilated by means of a 4-inch iron flue-pipe, carried directly up through the roof, an upward current being induced by a gas burner. The back of the fume closet is tiled. Gas and water are laid on to it, and the burners employed are white porcelain instead of the ordinary brass laboratory burners, which would be speedily corroded by the gases evolved in this chamber. Adjoining it is a small lead-lined distillation wall bench with gas and cold water laid on to it. The room is provided with two reagent shelves, of similar construction to those in the bacteriological laboratory.

The Assistant's Laboratory is of about the same size as the chemical laboratory, but it is equipped on similar lines to the Director's bacteriological laboratory. In addition to the ordinary fittings there are, in the centre of the room, a teak-topped table, 5 feet by 3 feet, with three drawers, gas being laid on to a three-way tap on this table, and along the passage wall a stand, carrying a small Hearson's Incubator and a paraffin embedding oven. Adjoining the large sink is a water centrifuge, employed for the separation of blood sera and similar work carried out in this laboratory. The centrifuge carries two aluminium beakers, holding tapering glass tubes of 10 c.c. capacity, and revolves at the rate of about 2,000 per minute. On the bench is a Hearson's Opsonic Incubator, which serves for the

incubation of the small glass capillaries used in the determination of the Opsonic index.

Outside the assistant's laboratory, at the eastern end of the corridor, is an ice safe, used for the temporary storage of blood samples and other materials until they are examined or taken to the Toxin Cold Storage Room. Adjoining it is a Hearson's cool Incubator for gelatine cultures, which is kept at a constant temperature of 50° F. In this incubator the regulation of temperature is carried out by a constant drip of water cooling, and a small jet of gas, governed by a Hearson's capsule, warming the water jacket of the cupboard. The wastes from this incubator and the ice safe are carried through the southern wall into the waste channel of the glass-cleaning room.

The Glass-Cleaning Room occupies the south-eastern corner of the building; it is the largest room, being 24 feet long by 13 feet wide, and is excellently lighted by four large windows facing east and two windows facing south. Along the eastern wall runs a lead-lined trough, 2 feet 3 inches wide, with three large sinks supplied with hot and cold water. These sinks drain untrapped into an open glazed half-channel pipe, discharging outside the southern wall into a hopper head over a trapped gully. Above the bench, between the windows, are fixed four draining boards, two feet wide by 2 feet 6 inches high, with 42 obliquely fixed pegs on each. The western cross wall is fitted with six large cupboards, in which is kept the glassware used for the bacteriological work. Along the middle of the room runs a table, 12 feet 3 inches by 2 feet 2 inches, with cupboards underneath. Gas is laid on to a four-way tap on the top of this table. To the end of the table are fixed the meat chopper and meat press employed in the preparation of the meat juice required for the diphtheria broth cultures. Once or twice a fortnight, 30lbs. of veal are treated in this way to produce between 25 and 30 litres of broth. As it was considered inexpedient to include this room in the plenum system, it is heated by a large radiator, the ventilation being effected by opening the windows when required.

Adjoining the glass-cleaning room are three small store rooms, and beyond these the lavatory and cloak room. Beyond this the southern wall of the corridor is interrupted by the staircase leading to the basement.

The rooms west of the main entrance are employed chiefly for the preparation of culture media, of toxin and antitoxin. Along the northern side of the corridor are four rooms fitted up as laboratories, similar to the bacteriological laboratories already described. The first, the "blood-testing room," is at present employed for the drawing off of the serum from the beakers filled with blood at the stables, but will in future be used for testing the blood samples sent from the Hospitals for diagnosis. The second room is used for testing the strength of toxins and antitoxins, a process requiring great accuracy, and on which, to a great extent, depend the success of the treatment of the horses and the successful use of the antitoxin. The third room serves for the preparation of the culture media used in the laboratories. The fourth is used for the filling in of the antitoxin into the tubes in which it is sent out. For this process an apparatus is employed which, worked by a pedal, fills into the tubes a constant quantity of antitoxin; a special adjustment of this apparatus allows the dose to be fixed at any given amount between 1 c.c. and 25 c.c.

Beyond this room is the *Photographic Room*, fitted with a lead-lined bench and a small lead sink, with gas and cold water laid on; it is used for the preparation of the solutions required, and for that part of photographic work which is carried out in the daylight. Adjoining this is a dark room, with a lead-lined sink and two cold water taps; one of these is an ordinary bib-tap, the other a double action reversible tap, controlled underneath the bench, and discharging, as required, either through a rose or a simple straight nozzle. A small store for materials sensitive to light adjoins the dark room.

Along the southern side of the building, west of the basement staircase, are a waiting and distributing room for the messengers from the various hospitals, the rooms for the filtration of the toxins and antitoxins, the Incubator room, and the Centrifuge room.

The duplication of rooms for working with *Toxins* and with *Antitoxins*, which will be seen to recur in the cold storage, is of great importance in ensuring the absolute innocuousness of the antitoxin. The arrangement of these filtering rooms, which receive no natural light, is such, that along the front of the room, and in the case of the toxin filtering room, along part of one side, there runs a lead-lined trough, 2 feet 3 inches wide, with a sink with two cold water taps at one end, and two taps discharging over the bench at the other end. At each end of the bench there is fitted to the one tap a glass water vacuum pump, connected by "composition" pipe, with a system of three tubulated one-gallon bottles. In connection with these bottles is a mercury manometer, and from them leads a composition pipe to a number of draw-off tubes which are connected up with the filters when in use. It should be noted that the bottles have a double use, firstly, to equalise the vacuum, and thus keep it near a constant level, even when the pumps are not working—they thus economise the water consumption—their second use being to act as safety valves in the event of the high pressure water being suddenly shut off at the main. The arrangement has been carried out in such manner that either system suffices to obtain the maximum amount of negative pressure required; thus in the event of one system becoming defective, the whole work can be carried out by means of the other. In the case of the antitoxin filtration a further complication was introduced by the necessity of filtering the antitoxin at a relatively low pressure. The four draw-off tubes for negative pressure in this room have therefore been connected with separate manometers and pressure-reducing bottles. Each of these rooms is supplied with the necessary shelf accommodation, and a lavatory basin with hot and cold water.

The *Incubating Room* has been constructed from the plans and specifications of Mr. Charles Hearson, to whom we are greatly obliged for the interest and attention he has devoted to the work and the excellent results obtained. It is an octagonal room, 13 feet wide and 8 feet high. It is approached from the corridor through a closed lobby, which during cold weather, is kept at a temperature of about 70° F. by means of a small radiator. A door, 7 inches thick, of wood, filled with slag wool, leads from the lobby to the Incubating room.

The floor of the room is granolithic. The walls are brick, lined on the inside with 1 inch boards, 6 inches of slag wool, and faced with granite-silicon plaster on steel helical laths. The ceiling, which is carried on steel joists, consists of half an inch of plaster, 4 inches of slag wool, 5 inches of sawdust, and 2 inches of clinkers; the corners of the octagon are filled with hay. The roof space above this room is separated from the roof space over the adjoining rooms by a brick wall on either side. A trap door in the lobby leads to the roof space above it, from which a door in the cross wall forms the approach to the roof space above the Incubating room.

Round seven sides of the room yellow pine standards are erected, carrying five tiers of shelves; these consist of movable laths, resting in notched rebates in the cross pieces of the standards. The eighth side of the room is formed by the door, which opens outwards into the lobby.

The heating is effected by means of a gas-stove, placed in the centre of the floor. This stove consists of a cylindrical iron casing, 10 inches diameter, 5 feet high, tapering upwards to a flue, which passes through an opening in the ceiling to the roof space above. The casing is provided with a tight fitting door with a mica window, and completely encloses the burner, which consists of 5 luminous fish-tail jets. The gaseous products of combustion pass into the roof space, and escape therefrom by a process of natural ventilation and diffusion through the chinks and crevices between the slates. The air supply to the burners is taken

exclusively from the roof space above, where it is warmed before coming into contact with the gas. It will thus be seen that although the stove is placed within the room, it has no direct communication with the air of the room.

In order to prevent a sudden gust of wind pressing down into the inlet and blowing on the flame, the inlets have been constructed in duplicate, at diametrically opposite corners of the roof space, and joined into a horizontal pipe underneath the floor, from which a T-pipe leads into the interior of the stove. Any air pressure exerted in the roof space unequally on the one inlet pipe would to a great extent pass upwards through the other one, thus only affecting the air supply of the burners to a small extent.

The regulation of the temperature is effected by a Hearson's Excelsior valve, which automatically governs the flow of gas to the burners by means of a capsule, in similar manner to the other biological incubators in use in the laboratories.

The outside of the casing of the stove is provided with 22 vertical flanges, $2\frac{1}{2}$ inches wide, 21 inches long, and outside these is a cylindrical wrought-iron shield, 15 inches diameter, 3 feet 6 inches high, which can be moved up and down as required. At present its lower end has been raised 2 feet above the floor level, in order to give the lower part of the room the benefit of direct radiation. In the annular space between the casing and the shield, the air is heated and a strong upward current is produced, a small part of which passes into the roof space above by means of a narrow annular adjustable opening in the ceiling outside the flue pipe, whilst the greater part of this current is deflected by the ceiling towards the outer and upper part of the room. A constant current of air is thus kept up, which tends to keep the different levels of the room at an equal temperature. It will be noted that the heating of the room depends to a certain extent also on the radiation from the stove, the octagonal arrangement of the room materially aiding the effects both of convection and radiation.

The ventilation of the room is at present effected by means of the plenum supply of fresh air coming in by openings arranged all round the floor, whilst a small part of the heated air is allowed to find its way out, as described, along the outside of the flue. Of course the opening and shutting of the door considerably aids the ventilation.

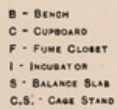
The gas supply to the Incubating room stove passes through a 5-light meter and a Hearson's Gas Governor. The consumption at present registered is about 1,500 to 2,000 cubic feet per week, but this will probably be further reduced.

As regards the results of the working of this room during the first two months, it may be said these have been very satisfactory. The temperature regulation is reliable, whilst it is specially noteworthy that the temperatures at different levels of the rooms show remarkably small differences. Records taken have shown the following degrees of heat to be fairly constantly maintained, viz., 104°F. at the top, 100.5° at the second, 98.5° at the third, 97° at the fourth, 95° at the fifth, and about 90° near the floor, where the cooler air comes in from the plenum duct. The carbonic acid tests have shown the amount of this gas present in the room to be only slightly in excess of that present in the air at other parts of the building, whilst the relatively low gas consumption points to the good insulation of the room.

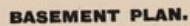
The *Centrifuge Room* contains a large electrical centrifuge, constructed by Messrs Baird and Tatlock on similar lines to a machine which has been supplied to the Metropolitan Water Board Laboratories, and which we understand is working satisfactorily there. The machine, which is driven by a 2 h.p. motor, is constructed to carry 8 nickel-plated buckets spun from sheet brass and fitted with steel collars having a horizontal axis. The buckets hang vertically when at rest, but horizontally while the machine is revolving.

Each bucket is fitted with a heavy glass vessel capable of holding 100 c.c. The

GROUND FLOOR PLAN.

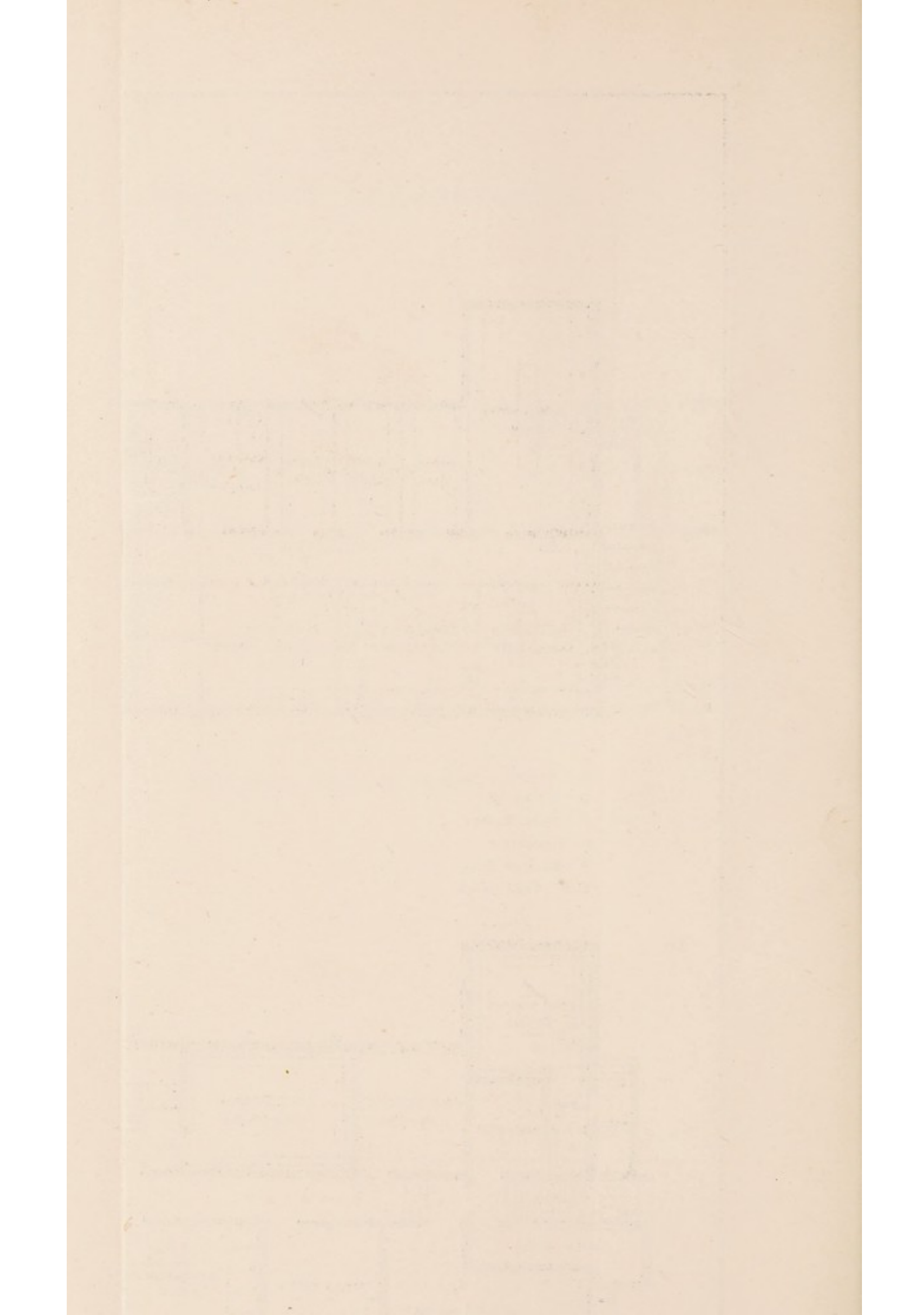


GROUND FLOOR PLAN.

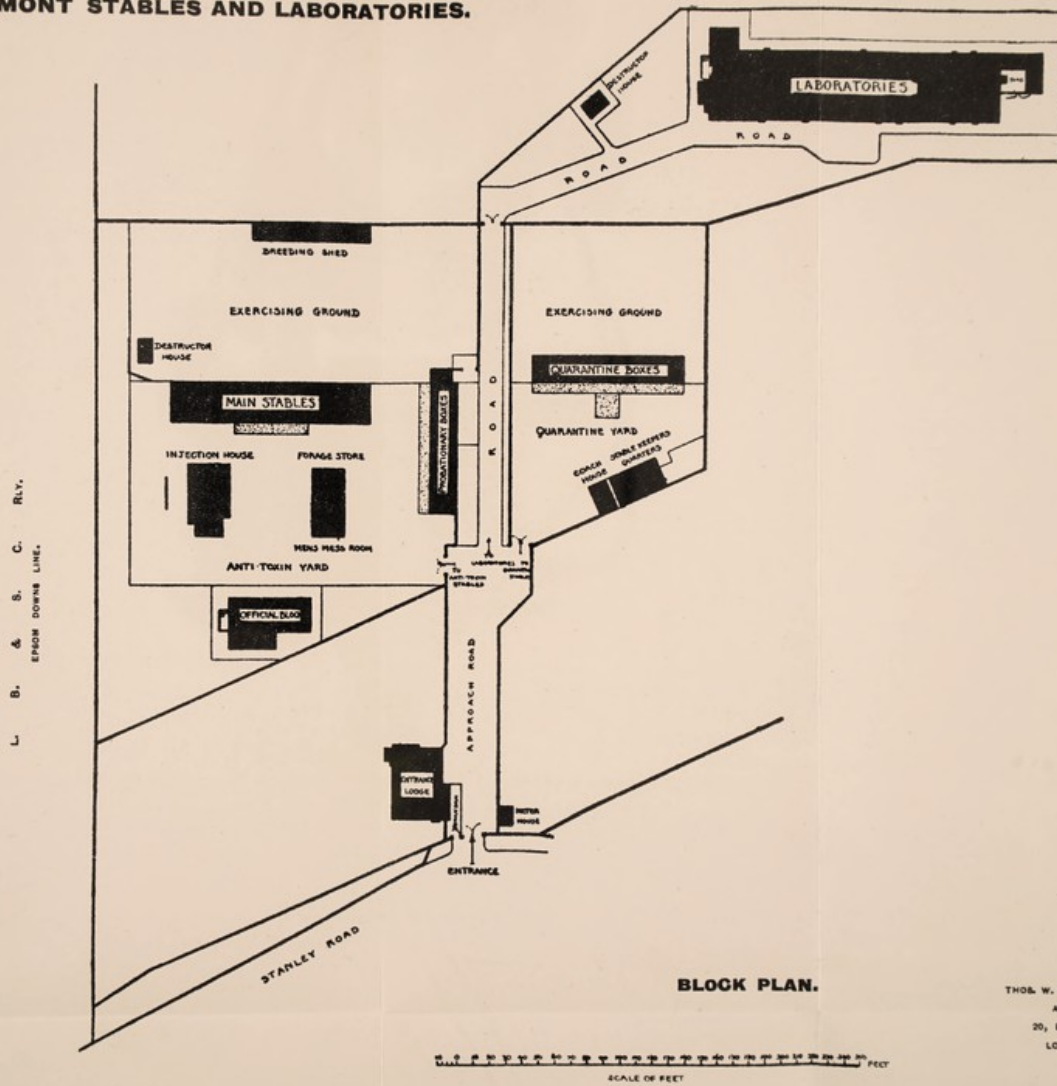


A horizontal scale bar labeled "SCALE OF FEET" with markings from 0 to 70 feet. The scale is divided into 10-foot increments, with major ticks every 10 feet and minor ticks every 2 feet. The numbers 0, 10, 20, 30, 40, 50, 60, and 70 are written below the line.

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BELMONT STABLES AND LABORATORIES.



revolving head is fitted with a spun copper guard to reduce the air resistance; this copper guard has a movable cover to allow easy access to the buckets. The revolving head is mounted on a vertical steel driving shaft which is furnished with 4 sets of ball bearings, two of which carry the load of the machine, the other two sets preventing any side movement.

The lower part of the steel revolving shaft carries the driving pulley, and its extreme end is mounted on a footstep ball bearing.

Friction is thus reduced to a minimum and the machine can be run at a speed of 3,600 revolutions per minute for a period of 2 or 3 hours without any of the bearings becoming unduly warm. The load is taken at right angles to the axis of rotation of the balls and a perfect rolling action is the result.

The machine is mounted on a solid cast iron base with a dome-shaped upright, and holes drilled in the base in order to securely bolt it to the floor. It is enclosed in a wooden guard lined with $\frac{1}{8}$ -inch sheet iron with a movable hinged cover to the top, providing easy access to the centrifuge itself.

The starting switch and fuse are placed near the motor inside the room, but a cut-out switch has been placed in the corridor, outside the room, allowing the machine to be stopped from without.

The last room on each side of the western end of the corridor being reserved for work on animals, this portion of the corridor is separated from the main corridor by a glazed door, closed by a spring. No animal is ever brought into the laboratories beyond this door. This end of the corridor, or lobby, opens by another glazed door into a paved yard, 12 feet square, which, in turn, opens into the Animal House, and is also accessible by means of a gate from a path leading from the main entrance along the northern wall of the building.

In the two rooms outside the glazed door provision has been made for working with infectious materials. The floor is constructed of granolithic pavement, falling to a gully near the window. This gully may be banked up by an iron surround, with a rubber seating, thus allowing the whole room to be flooded with antiseptic solution. Along the front of each room runs a slate bench, 2 feet 3 inches wide, 1 inch thick, with a raised nosing and a grating opening over the gully, thus allowing the bench to be easily washed down with antiseptic if it should have become infected. In the northern of the two rooms shelves have been erected in which cages for guinea-pigs, rabbits, etc., may stand. Under ordinary circumstances this room is used for keeping animals injected with infective material, *e.g.* tuberculous, typhoid, diphtherial, etc. material, but in case of plague, or cholera diagnostic work becoming necessary at the laboratories, it should be efficiently safeguarded for the carrying out of such work. For this purpose it has been considered necessary that the room be heated by a radiator, and thus be rendered independent of the plenum system. In this manner the room may be kept at a temperature sufficiently high for the animals, even during the nights and the week-ends.

The room on the opposite side of the corridor is generally used for the injection of non-infectious material, *e.g.*, toxins and mixtures of toxins and antitoxins, which are to be tested for their toxicity, but it would in case of such an emergency be used for the other infected animals.

The Animal House is an L-shaped building, the outer two walls of which, 18 feet in length, facing south and west, are blank, except that they are provided with seven Sheringham ventilators, whilst the inner two walls facing the yard are provided with three steel sash windows, and two doors, opening into this yard. The width of the animal house is 6 feet. Along the outer walls runs a 3-inch flow and return warm water pipe, and over this are erected cage stands. These hold three tiers of guinea-pig cages, which rest on two parallel horizontal iron pipes, whilst underneath each tier of cages is a zinc-covered shelf, sloping downwards and forwards to a vertical fillet. These shelves are destined to catch the refuse thrown out of the cages, and thus prevent it from falling into the cages under-

neath. Below the lowest shelf are the larger rabbit cages which stand, on $2\frac{1}{2}$ inch legs, on the floor.

The Basement contains the store for bonded alcohol, the sterilising room, the cold storage plant, the work-shop, and the boiler-house.

The Sterilising room contains two autoclaves, four steam sterilisers, two hot air sterilisers, one muffle oven for burning the porcelain filters, one serum inspissator, in which the blood serum tubes used in diphtheria diagnosis are solidified at 180° F., and one serum toxin heater, in which the horse serum broth is heated to 150° F. before it is injected into the horses. All these apparatus are heated by gas burners, and as these are constantly working during the day, a large amount of gas is consumed, and incidentally large quantities of steam and other gaseous waste products are formed. With regard to the gas consumption, it is hoped that economies may be effected by a gas governor which it has been proposed to fit up; other means of reducing the consumption are at present under consideration. The removal of the waste products is carried out in a fairly efficient manner by means of a small electric fan, worked by a motor of about a quarter horse-power.

The Cold storage plant consists of the engine room, which is flanked by the two rooms for the cold storage of toxins and antitoxins respectively, a temperature of 33° to 36° F. being constantly maintained in these rooms. The object of this cold storage is to retard so far as possible, the chemical and, under certain circumstances, the bacterial decompositions to which these liquids are peculiarly liable. The rooms are insulated by slag wool and yellow pine, and are cooled by brine, circulating in 8-inch drums beneath the ceiling. Around the rooms are erected pine wood stands with movable shelves, covered with linoleum, on which are stored the toxins or antitoxins as the case may be.

The Engine room contains a J. and E. Hall's No. 4 Carbonic Acid refrigerating machine. The principle of this machine consists in the production of intense cold by means of alternate compression, condensation, and expansion of carbonic acid. The cold is communicated to a brine tank surrounding the pipes in which the carbonic acid expands, and a centrifugal pump forces the brine from this tank at a temperature of 20° to 30° F. through the brine drums situated in the ceiling of the cooling chambers. The machine is driven by a 6 h.p. electric motor.

A well appointed work-shop is being fitted up with a lathe, driven by a $\frac{1}{2}$ h.p. electric motor. This work-shop is in the hands of a skilled mechanic, responsible for the running of the whole plant of the laboratories.

The basement corridor leads through the work-shop into an area at the south-eastern end of the laboratories, thus providing a further entrance into the building, which is used for bringing in stores, and for removing the refuse.

Adjoining the basement entrance is a small Horsfall destructor, serving the purpose of burning various kinds of refuse, such as animal refuse, etc., which are unsuitable for removal by the dust-men.

The Post Office Telephone to the laboratories ends in an instrument in the clerk's office, whence an extension is carried down to the Lodge. The object of this arrangement is to allow the necessary communications with the Lodge as to admission of visitors, delivery of letters and parcels, etc.; after office hours the telephone is switched on to the Lodge allowing all urgent matters to be dealt with from there, without delay.

A private telephone installation is fitted up in the laboratories, the exchange being placed in the glass-cleaning room, where there is practically always an attendant present. From the inter-communication board in this room six lines run respectively to instruments in the clerks' office, the distributing room, the media room, the animal house, the basement corridor, and the antitoxin yard of the stables. Two spares are also provided on the inter-communication board.

From the returns hitherto available, it would appear that in the winter months the average weekly consumption of coke, water, gas, and electricity in the Laboratories will be as follows :—

Amount used.				Price.	Total cost		
				s. d.	£	s.	d.
Coke	..	..	25 cwt.	21 10	..	1	7 3
Water	..	..	22,000 gallons	0 10	..	0	18 4
Gas	..	..	12,000 cub. ft.	2 8	..	1	12 0
Electricity (Lighting)	..	..	7 units	0 5	..	0	2 11
„ (Power)	..	..	about 80 units	0 2½	..	0	16 8
						£4	17 2

Of Electric Power the different motors in use in the building require approximately the following amounts per week.

Motor			Nominal H.P.	Units per hr.	Weekly Consumption (Estimd. Average.) Units.
Blower fan	..	..	1½	0·6	33
Exhaust fan	..	..	less than ¼	0·2	10
Sterilising Room fan	..	..	less than ¼	0·2	8
Cold Storage motor	..	..	6	3·0	27
Centrifuge motor	..	..	2	1·2	
Lathe Motor	..	..	½	0·3	

During the summer months it is to be expected that the following variations will occur as regards these items of expenditure.

The Coke consumption should fall to about 8 cwt. per week, as only the hot water supply and the refuse destructor will then be in use.

The Water consumption will probably show a moderate increase, due to its increased use in the condenser of the Cold Storage Plant.

The Gas consumption will probably not show any material differences.

There will be a certain decrease, though probably not a very large one, in the consumption of electric light. The electric power consumption for the blower and exhaust fans will fall to zero, if the plenum system is not used, and ventilation is carried out, as suggested by the architects, by opening the windows. The amount of power used for working the cold storage plant will certainly show a very marked increase, the amount of this increase depending upon many influences that cannot at present be gauged. No estimate of this item can therefore yet be given. The use of the centrifuge and the lathe is not likely to be influenced in any way by the condition of the weather, but only by conditions of the work itself.

(Signed)

CARL PRAUSNITZ.

25th March, 1909.

MEDICAL SUPPLEMENT

FOR THE

YEAR 1908.

EDITED BY

E. W. GOODALL, M.D.

AND

F. M. TURNER, M.D.

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1.—PREFACE.

The tables in the Supplement are all, with the exception of that dealing with the Miscellaneous Diseases (Table XV.), compiled from completed cases, that is cases that have been discharged or have died or have been transferred from the acute to the convalescent hospitals during the year 1908.

Certain alterations have been made, as follows :—

1. A new Table has been added (Table IX.), to show the results of the antitoxin treatment of diphtheria according to the day of the disease upon which the treatment was begun. This table is in form the same as one published in the special reports on antitoxin treatment during 1895 and 1896, and in the annual report of the Medical Superintendent of the Brook Hospital for each year since 1896. The results for 1908, as shown in Table IX., are confirmatory of those obtained in past years.

2. Tracheotomy and Intubation. Cases in which both of these operations were performed in the same patient have been excluded from Tables XI. and XII. of this Supplement. In previous years such cases have been included. Whosoever wishes to ascertain the total number of these cases at a given age, can do so by adding the figures for that age given in Tables XI. and XIII. The alteration has been made to enable the totals in Tables X., XI., XII., and XIII. to correspond.

3. Miscellaneous Diseases, Table XV. In order to save space this table has been much condensed by omitting the details of each hospital and giving only the totals of all the hospitals. In the lists of diseases the official nomenclature of the Royal College of Physicians has, so far as is convenient, been followed.

The first of the year was a very successful one for the school. The pupils showed a marked improvement in their work, and the teachers were very pleased with the results. The school was also very busy with various activities, and the pupils enjoyed them very much. The school was also very successful in its efforts to raise money for the purchase of new books and supplies. The pupils were very helpful in this regard, and the school was able to purchase the necessary items without any difficulty. The school was also very successful in its efforts to improve the quality of its teaching. The teachers were very dedicated and hardworking, and the pupils were very responsive to their instruction. The school was also very successful in its efforts to provide a safe and healthy environment for the pupils. The school was very clean and well-maintained, and the pupils were very safe and healthy. The school was also very successful in its efforts to provide a good education for the pupils. The pupils were very well-educated and had a good understanding of the subjects they were studying. The school was also very successful in its efforts to provide a good environment for the pupils. The pupils were very happy and enjoyed their time at school. The school was also very successful in its efforts to provide a good education for the pupils. The pupils were very well-educated and had a good understanding of the subjects they were studying. The school was also very successful in its efforts to provide a good environment for the pupils. The pupils were very happy and enjoyed their time at school.

2. COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1908.

TABLE I.—*Showing Incidence of Complications amongst cases of Scarlet Fever completed during 1908.*

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove & Fountain.	Park.	Brook.	Joyce Green.	Northern.	Gore Farm.	Total.	Ratio per cent.
Total cases	1,507	2,980	2,108	2,025	1,160	1,943	3,180	2,930	2,269	[192]	[5,975]	[7,880]	20,102	..
Relapse of disease ..	9	18	9	8	11	6	41	13	10	8	65	60	258	1.28
Rheumatism	20	72	66	45	107	74	163	46	77	9	20	38	737	3.67
Chorea	1	3	1	1	..	2	2	..	..	1	3	..	14	0.07
Pyæmia	2	6	..	1	1	2	..	3	2	..	..	..	17	0.08
Meningitis	1	..	..	6	1	1	2	..	1	..	..	2	14	0.07
Otitis	141	342	212	274	181	219	291	136	210	35	183	279	2,503	12.45
Mastoid Abscess ¹ ..	7	10	5	7	16	2	14	12	7	..	4	12	96	0.48
Endocarditis	6	17	4	6	5	9	23	12	33	3	7	40	165	0.82
Pericarditis .. ..	..	6	1	2	3	..	2	3	2	1	1	3	24	0.12
Laryngitis	4	..	..	..	1	2	5	..	4	..	3	..	19	0.09
Bronchitis	14	28	13	7	10	18	44	1	10	11	16	5	177	0.88
Broncho-pneumonia ..	3	20	1	13	3	8	16	18	13	1	2	8	106	0.53
Pneumonia	4	8	6	8	..	7	9	10	5	1	6	6	70	0.35
Pleurisy	1	2	..	6	..	2	5	2	8	..	1	3	30	0.15
Empyema .. ..	..	3	1	2	..	6	4	..	1	..	..	..	17	0.08
Stomatitis, Ulcerative	9	36	8	11	12	4	15	3	7	..	23	8	136	0.68
Tonsillitis during convalescence	13	18	16	8	33	39	40	8	20	5	26	130	356	1.77
Jaundice	3	5	7	2	1	7	6	4	3	2	5	6	51	0.25
Nephritis	77	213	97	81	70	119	173	150	167	24	47	62	1,280	6.37
Albuminuria ²	65	419	81	250	50	284	434	160	199	45	158	103	2,248	11.18
Cervical Cellulitis ..	3	2	3	1	3	1	..	3	5	..	..	..	21	0.10
Adenitis, suppurative, occurring in the acute stage	36	17	4	5	5	4	25	35	16	2	..	..	149	0.74
Adenitis of convalescence, simple	72	204	167	30	137	167	301	93	146	34	58	98	1,507	7.50
Adenitis of convalescence, suppurative ..	..	65	15	9	20	24	26	..	9	4	20	25	217	31.08
Abscesses — excluding Mastoid and Cervical Abscesses	28	4	9	5	4	23	13	11	26	1	2	5	131	0.65
Diphtheria	17	8	5	2	7	10	15	14	40	1	120	136	375	1.87
Chickenpox	21	49	29	11	3	18	21	40	5	16	60	22	295	1.47
Measles	22	29	21	14	13	16	16	15	2	5	30	3	186	0.92
Rubella	5	4	..	2	5	..	12	9	2	..	26	5	70	0.35
Whooping cough ..	2	3	19	2	6	12	2	8	6	..	11	37	108	0.54
Mumps	2	..	8	..	..	..	..	..	2	..	5	..	17	0.08
Enteric fever .. ..	..	..	..	..	..	..	..	..	2	..	..	..	2	0.01
Erysipelas .. ..	..	2	1	..	..	1	2	..	1	1	..	1	9	0.04

¹ Includes all abscesses in or around the mastoid process.

² Includes all cases in which albumen was detected, even if found only on one occasion, and in which there were no other signs of nephritis.

³ Exclusive of Eastern and Park Hospital cases.

TABLE II. *Showing Incidence of Complications amongst cases of Diphtheria completed during 1908.*

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove.	Park.	Brook.	Northern.	Gore Farm.	Total.	Ratio Per cent.
Total cases	496	468	459	854	380	519	677	740	639	(266)	(569)	5,232	..
Relapse of disease	2	6	4	6	2	6	4	1	8	3	6	48	0.91
Paralysis	69	86	52	173	42	72	142	75	67	..	5	783	14.97
Otitis	18	20	19	40	30	26	24	6	17	5	5	210	4.01
Mastoid abscess .. .. .	..	..	..	1	1	1	1	..	..	..	..	4	0.07
Pneumonia	5	..	1	5	1	6	..	7	..	..	..	25	0.48
Broncho-pneumonia	5	16	6	6	7	7	7	12	3	..	1	70	1.34
Adenitis — Suppurative, occurring in the acute stage ..	3	3	..	2	..	..	3	..	..	..	..	11	0.21
Adenitis of convalescence — simple	8	15	8	10	15	48	15	23	35	1	4	182	3.48
Adenitis of convalescence — suppurative .. .. .	..	3	1	16	6	5	1	3	3	..	..	38	0.73
Nephritis	5	2	5	5	3	3	1	5	..	..	..	29	0.55
Albuminuria ¹	107	132	68	203	63	143	293	71	209	..	1	1,290	24.66
Scarlet fever	25	19	11	21	23	35	34	44	23	6	9	250	4.78
Chickenpox	4	4	2	..	1	4	..	2	3	4	..	24	0.46
Measles	2	3	1	1	3	4	5	9	..	..	..	28	0.53
Whooping cough .. .. .	..	3	..	2	1	1	1	6	..	..	4	18	0.34
Rubella .. .. .	..	..	..	..	..	..	..	2	..	..	..	2	0.04
Mumps	1	..	..	..	..	1	..	..	..	..	..	2	0.04
<i>Complications referable to Antitoxin amongst 4,583 cases of Diphtheria treated with it :—</i>													
Total cases	458	429	412	708	358	480	635	612	491	..	..	4,583	..
Rash	121	148	77	158	130	121	294	126	216	..	..	1,391	30.35
Joint pains	16	25	18	25	25	8	25	4	28	..	..	174	3.80
Abscess	1	2	5	6	..	5	4	..	2	..	..	25	0.55

¹ Includes all cases in which albumen was detected, even if found only on one occasion, and in which there were no other signs of nephritis.

TABLE III. *Showing Incidence of Complications amongst cases of Enteric Fever completed during 1908.*

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove.	Park.	Brook.	Total.	Ratio per cent.
Total cases	96	68	29	82	61	9	1	2	46	474	..
Relapse of disease	7	7	..	9	10	12	..	..	6	51	10.76
Hæmorrhage	9	12	1	9	7	6	..	..	6	50	10.55
Perforation	6	3	1	1	1	2	..	..	1	15	3.17
Peritonitis (non-perforative) ..	..	..	1	1	..	..	..	..	..	2	0.42
Pneumonia	3	..	..	4	..	2	..	..	..	9	1.90
Broncho-pneumonia	1	..	..	..	1	1	..	..	..	3	0.63
Pleurisy	2	..	..	1	1	..	..	..	..	4	0.84
Nephritis .. .. .	..	3	..	1	1	1	..	..	..	6	1.27
Cystitis .. .. .	..	..	..	..	..	..	..	..	..	0	0.00
Parotitis	1	1	..	1	..	1	..	1	..	5	1.05
Periostitis	2	1	..	1	2	1	..	..	2	9	1.90
Phlebitis	1	3	..	4	3	2	..	..	..	13	2.74
Dementia	2	..	..	..	1	..	..	..	..	3	0.63
Peripheral neuritis .. .. .	..	..	..	3	..	..	..	..	..	3	0.63
Otitis Media	3	2	1	1	1	3	..	..	2	13	2.74
Abscesses	1	2	..	..	2	1	..	..	3	9	1.90
Boils .. .. .	..	3	..	3	1	3	..	..	..	10	2.11
Scarlet Fever .. .. .	..	..	..	..	..	2	..	..	..	2	0.42

TABLE IV. *Showing Number of cases in which two separate Infectious Diseases were co-existent at the time of admission during 1908.*

DISEASES.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove.	Park.	Brook.	Total.
Scarlet fever and Diphtheria	14	14	..	11	16	15	7	8	19	104
Scarlet fever and Chickenpox	9	16	8	8	5	21	18	12	24	121
Scarlet fever and Whooping cough ..	12	23	3	1	3	20	8	5	26	101
Scarlet fever and Measles	5	14	..	3	5	2	4	4	3	40
Scarlet fever and Rubella .. ..	..	4	..	1	..	1	5	..	4	15
Scarlet fever and Enteric fever .. ..	..	1	..	..	..	2	..	..	..	3
Scarlet fever and Mumps .. ..	..	1	..	..	..	..	..	..	..	1
Diphtheria and Measles	2	3	..	7	2	14	4	5	3	40
Diphtheria and Chickenpox .. ..	..	3	..	8	4	2	4	1	8	30
Diphtheria and Whooping cough	2	7	..	3	3	5	7	..	7	34
Diphtheria and Rubella .. ..	..	..	..	2	..	..	2	..	2	6

3. POST-SCARLATINAL DIPHTHERIA, 1908.

TABLE V.—Sex Distribution and Mortality.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		South-Eastern.		Grove.		Park.		Brook.		Northern.		Gore Farm.		Joyce Green.		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.	Deaths.	
Non-Laryngeal Cases.	Males ..	3 ..	1 ..	1 ..	1 ..	1 ..	1 ..	1 ..	3 ..	1 ..	5 ..	1 ..	9 ..	1 ..	8 ..	1 ..	19 ..	1 ..	30 ..	1 ..	60 ..	1 ..	1 ..	1 ..	140 ..	1 ..	..
	Females ..	3 ..	7 ..	4 ..	4 ..	2 ..	1 ..	2 ..	2 ..	2 ..	5 ..	1 ..	4 ..	4 ..	4 ..	1 ..	21 ..	1 ..	80 ..	1 ..	72 ..	1 ..	1 ..	1 ..	203 ..	3 ..	..
	Total ..	6 ..	8 ..	5 ..	5 ..	3 ..	2 ..	3 ..	5 ..	3 ..	10 ..	2 ..	13 ..	2 ..	12 ..	2 ..	40 ..	2 ..	110 ..	2 ..	132 ..	2 ..	1 ..	1 ..	343 ..	4 ..	1.17
Laryngeal Cases.	Males ..	7 ..	..	..	..	1 ..	1 ..	2 ..	2 ..	2 ..	..	..	..	..	..	..	..	..	4 ..	..	2 ..	..	..	..	16 ..	..	..
	Females ..	4 ..	..	..	..	..	..	..	..	..	..	..	2 ..	2 ..	2 ..	2 ..	..	..	6 ..	..	2 ..	..	..	..	16 ..	2 ..	..
	Total ..	11 ..	..	..	..	1 ..	1 ..	2 ..	2 ..	2 ..	..	..	2 ..	2 ..	2 ..	2 ..	..	..	10 ..	..	4 ..	..	..	..	32 ..	2 ..	6.25
All Cases.	Males ..	10 ..	1 ..	1 ..	1 ..	1 ..	1 ..	5 ..	5 ..	5 ..	5 ..	1 ..	9 ..	1 ..	8 ..	1 ..	19 ..	1 ..	34 ..	1 ..	62 ..	1 ..	1 ..	1 ..	156 ..	1 ..	..
	Females ..	7 ..	7 ..	4 ..	2 ..	1 ..	1 ..	2 ..	2 ..	2 ..	5 ..	1 ..	6 ..	2 ..	6 ..	1 ..	21 ..	1 ..	86 ..	1 ..	74 ..	1 ..	1 ..	1 ..	219 ..	5 ..	..
	Total ..	17 ..	8 ..	5 ..	2 ..	2 ..	2 ..	7 ..	7 ..	7 ..	10 ..	2 ..	15 ..	2 ..	14 ..	2 ..	40 ..	2 ..	120 ..	2 ..	136 ..	2 ..	1 ..	1 ..	375 ..	6 ..	1.60

TABLE VI.—Antitoxin Treatment.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		South-Eastern.		Grove.		Park.		Brook.		Northern.		Gore Farm.		Joyce Green.		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.	Deaths.	
Cases treated with Antitoxin	11 ..	..	8 ..	..	3 ..	2 ..	2 ..	..	7 ..	..	4 ..	..	14 ..	2 ..	14 ..	..	34 ..	..	117 ..	2 ..	92 ..	..	1 ..	..	307 ..	6 ..	1.95
Cases not so treated	6 ..	..	..	..	2 ..	..	..	..	..	..	6 ..	..	1 ..	..	..	..	6 ..	..	3 ..	..	44 ..	..	..	..	68 ..	..	0.0
Total	17 ..	..	8 ..	..	5 ..	2 ..	2 ..	..	7 ..	..	10 ..	..	15 ..	2 ..	14 ..	..	40 ..	..	120 ..	2 ..	136 ..	..	1 ..	..	375 ..	6 ..	1.60

4. SUMMARY OF THE ANTITOXIN TREATMENT OF DIPHTHERIA, 1908.

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	458	66	14.4	38	..	0.0	496	66	13.3
North-Eastern ..	429	46	10.7	39	..	0.0	468	46	9.8
North-Western ..	412	38	9.2	47	1 ⁽¹⁾	2.1	459	39	8.5
Western	708	88	12.4	146	1 ⁽²⁾	0.7	854	89	10.4
South-Western ..	358	37	10.3	22	..	0.0	380	37	9.7
South-Eastern ..	480	59	12.3	39	..	0.0	519	59	11.4
Grove	635	45	7.1	42	2 ⁽³⁾	4.8	677	47	6.9
Park	612	67	10.9	142	4 ⁽⁴⁾	2.8	754 ⁽⁶⁾	71	9.4
Brook	491	52	10.6	148	1 ⁽⁵⁾	0.7	639	53	8.3
Total	4583	498	10.87	664	9	1.35	5247 ⁽⁶⁾	507	9.66

¹ Moribund on admission.² Died before admission.³ Moribund on admission.⁴ One case died on admission, one was admitted on the 12th day of disease, one died of cardiac failure during convalescence, and one had measles and pneumonia with diphtheria bacilli present.⁵ Died two minutes after admission.⁶ This includes 14 cases of diphtheria and scarlet fever combined. See p. 243.TABLE VIII. *Laryngeal Cases.*

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	90	13	14.4	..	..	..	90	13	14.4
North-Eastern ..	89	17	19.1	..	..	..	89	17	19.1
North-Western ..	60	8	13.3	2	1	50.0	62	9	14.5
Western	157	35	22.3	1	1	100.0	158	36	22.8
South-Western ..	63	11	17.5	..	..	..	63	11	17.5
South-Eastern ..	144	20	13.9	5	..	0.0	149	20	13.4
Grove	83	8	9.6	2	2	100.0	85	10	11.76
Park	80	17	21.2	2	1	50.0	82	18	21.9
Brook	82	15	18.3	1	..	0.0	83	15	18.07
Total	848	144	16.98	13	5	38.46	861	149	17.31

TABLE IX.—*Showing the results of the Antitoxin Treatment, with special reference to the day of disease on which the treatment began. Cases completed during the year 1908, all Hospitals.*

AGES.	Day of Disease on which Treatment began.										Total.		Mortality Percentage.
	1st.		2nd.		3rd.		4th.		5th and later.				
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Under 1	7	..	23	5	26	12	13	7	30	15	99	39	39·4
1 to 2	23	..	84	9	73	10	48	13	74	23	302	55	18·2
2 „ 3	24	3	106	12	108	19	63	9	126	26	427	69	16·1
3 „ 4	33	2	145	14	160	21	122	22	150	27	610	86	14·1
4 „ 5	28	..	144	6	137	14	111	11	181	24	601	55	9·2
5 „ 10	63	..	410	19	447	41	329	38	493	58	1742	156	9·0
10 „ 15	19	1	106	5	134	5	74	5	101	4	434	20	4·6
15 „ 20	2	..	20	..	34	1	22	..	40	3	118	4	3·4
20 and upwards ..	3	..	38	..	63	2	40	1	54	5	198	8	4·0
Total	202	6	1076	70	1182	125	822	106	1249	185	4531	492	10·8
Percentage Mortality	..	3·0	..	6·5	..	10·6	..	12·9	..	14·8	..	10·8	..

In addition to these cases, 52 patients were admitted and injected, in whom the information was insufficient to classify them in this table. Of these 46 recovered and 6 died.

5. TRACHEOTOMY AND INTUBATION STATISTICS, 1908.TABLE XI.—*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 Hospitals, exclusive, however, of those cases which were previously intubated.*

AGES	PRIMARY DIPHTHERIA.			SECONDARY DIPHTHERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	22	16	72·7	0·0	5	4	66·7
1 to 2	64	24	37·5	..	..		6	4
2 „ 3	65	21	32·3	..	..		8	6
3 „ 4	69	16	23·2	2	..		5	4	
4 „ 5	56	8	14·3	..	..		1	..
5 „ 6	32	5	15·6	..	..		..	..
6 „ 7	20	5	25·0	..	..		1	..
7 „ 8	6	..	0·0	..	..		1	..
8 „ 9	2	..	0·0	..	..		..	..
9 „ 10	2	1	50·0	..	..		..	..
Over 10	1	1	100·0	..	..		..	..
Total	339	97	28·6	2	..		27	18	

TABLE XII.—*Number of Cases and Deaths at different Ages of all Cases of Intubation performed for Primary Diphtheria, also for other causes, at all Hospitals exclusive, however, of those cases in which tracheotomy was subsequently performed.*

AGES.	PRIMARY DIPHTHERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	19·4	0·0
1 to 2	4	1		..	..
2 „ 3	10	2		..	..
3 „ 4	8	..		1	..	
4 „ 5	4	1		..	..
5 „ 6	4	1		..	..
6 „ 7	3	1		..	..
7 „ 8	1	..		..	..
8 „ 9 .. ..	..	..		..	..
9 „ 10	1	..		..	..
Over 10	1	1		
Total	36	7		1	..	

TABLE XIII.—*Number of Cases and Deaths of Patients suffering from Primary Diphtheria on whom Intubation and Tracheotomy were both performed.*

AGES.					Cases.	Deaths.	Mortality per cent.
Under 1	20·0
1 to 2	..	..	..	..	3	1
2 „ 3	..	..	..	..	8	2
3 „ 4	..	..	..	..	4	1
4 „ 5	..	..	..	..	1	..
5 „ 6	..	..	..	..	2	..
6 „ 7	..	..	..	..	2	..
7 „ 8	..	..	..	..	..	..
8 „ 9	..	..	..	..	..	..
9 „ 10	..	..	..	..	..	..
Over 10	..	..	..	..	..	..
Total	20	4	

6. LAPAROTOMIES FOR PERFORATION IN ENTERIC FEVER PERFORMED DURING 1908.

TABLE XIV.

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	F	35	53rd day	6 hours	Septic general peritonitis	Single perforation sutured. Median incision. No irrigation. Drainage	Death in 5½ hours	
	M	22	23rd day	1½ hours	Localised peritonitis	Median incision. Single perforation sutured. No irrigation or drainage	Death after 8 days	Subsequent irrigation and drainage.
	M	17	15th day	5 hours	Localised peritonitis	R. lateral incision. Single perforation sutured. No irrigation or drainage	Death after 6 days	
	M	45	22nd day	25 hours	Localised purulent peritonitis	Median incision. Perforated coil brought to surface and stitched to wound. No irrigation or drainage	Death after 3 days	Perforation too large to suture.
North-Eastern ..	M	36	32nd day	11 hours	Injection of bowels with fair amount of lymph. Gas and turbid fluid in abdomen; small perforation in caecum	Perforation closed by a purse-string and Lembert's sutures. Peritoneal cavity sponged out. Tube inserted for drainage	Died in 7 hours	Patient's condition not satisfactory prior to operation.
	F	28	25th day	Indefinite	Injection of bowels with a little turbid fluid. Small perforation in ileum a few inches from caecum	Perforation closed by Lembert's sutures. Abdomen washed out with sterile water. Rubber tube drain inserted, and abdomen closed	Death in 38 hours	Had had several hemorrhages prior to perforation.
North-Western ..	M	21	22nd day	12 hours	Gas and fluid. Perforation about 8 inches above ileo-caecal valve. Margins of perforation necrotic and sloughing	Suture of perforation. Abdominal cavity irrigated with sterile water, and pelvis drained with Keith's tube	Died in 33 hours	P.M. General peritonitis. Complete closure of perforation.

LAPAROTOMIES FOR PERFORATION IN ENTERIC FEVER PERFORMED DURING 1908.

TABLE XIV.—continued.

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.
South-Western ..	M	22	24th day	..	..	Median laparotomy. Perforation brought to edge of abdominal wound after sponging out peritoneal cavity	Death 20 hours after operation	Perforation size of threepenny piece, consisting of slough of floor of ulcer; so much infiltration round it that suturing gut out of question.
South-Eastern .	M	14	25th day	..	Much fluid, no lymph	Perforation sutured. Drainage	Died in 18 hours	
	M	10	17th day	..	Much fluid, little lymph	Perforation sutured. Irrigation and drainage	Died in 3 days	P.M. only two ulcers, each minute and difficult to find.
Erock ..	M	40	47th day	..	Gas and turbid fluid, a few flakes of recent lymph, caecum adherent to lower part of ileum. Perforation found 1 inch above caecum with faecal matter exuding	Laparotomy under eucaline and adrenalin. Perforation closed by Lembert's sutures. Gauze drain to site of perforation, and rubber tube drain to pelvis	Died 32 hours after operation	

7. DETAILS OF MISCELLANEOUS DISEASES ADMITTED DURING 1908; ALSO OF THOSE DYING DURING 1908.

TABLE XV.—Summary for all Fever Hospitals.

Disease diagnosed in Hospital.	Certified Scarlet Fever.		Certified Diphtheria.		Certified Enteric Fever.		Total.	
	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
<i>Infective Diseases—</i>								
Chicken pox	18	..	4	..	..	..	22	..
Vaccination	1	..	..	..	..	..	1	..
Infective endocarditis ..	..	..	..	..	4	4	4	4
Epidemic diarrhoea ..	..	..	..	..	2	2	2	2
Erysipelas	3	..	..	..	1	..	4	..
„ of fauces and skin ..	..	..	1	..	..	..	1	..
German measles	46	..	..	..	1	..	47	..
Influenza	9	..	1	..	9	1	19	1
Malaria .. ..	..	..	..	..	2	..	2	..
Measles	97	8	51	7	2	..	150	15
Mumps .. ..	..	..	1	..	..	..	1	..
Pneumonia	22	2	14	5	32	8	68	15
Pyæmia .. ..	..	..	1	1	1	..	2	1
Pyrexia of uncertain origin	16	..	1	..	10	..	27	..
Rheumatism	2	..	2	..	5	..	9	..
Septicæmia	5	2	..	..	1	..	6	2
Syphilis .. ..	..	..	7	..	..	..	7	..
Tuberculosis, general ..	1	1	2	2*	11	9	14	12
Tuberculous meningitis ..	5	5	1	1	5	5	11	11
„ phthisis	1	..	2	1	3	1	6	2
„ peritonitis	1	..	..	..	..	..	1	..
„ ulceration of fauces ..	..	..	1	1	..	..	1	1
„ caries of spine, etc. ..	1	..	..	..	..	..	1	..
Whooping cough	5	..	9	2	1	1	15	3
„ „ and measles ..	1	..	..	..	..	..	1	..
<i>Intoxications—</i>								
Alcoholism .. ..	..	..	..	..	1	2*	1	2
Ptomaine poisoning ..	1	..	..	..	1	..	2	..
<i>Other General Diseases—</i>								
Anæmia .. ..	..	..	1	1	..	..	1	1
Gout	1	..	..	..	..	..	1	..
Leucocythæmia .. ..	..	..	1	..	..	..	1	..
Rheumatoid arthritis ..	..	..	1	..	..	..	1	..
Rickets .. ..	..	..	1	1	..	..	1	1
<i>Malformations—</i>								
Congenital heart disease ..	..	..	1	1	..	..	1	1
<i>New Growths—</i>								
Abdominal tumour ..	..	..	..	..	1	..	1	..
Mediastinal „ ..	..	..	1	..	..	..	1	..
<i>Parasites, effects of—</i>								
Flea bites	1	..	..	..	..	..	1	..
Pediculosis	1	..	..	..	..	..	1	..
Scabies	1	..	1	..	..	..	2	..
<i>Diseases of Nervous System—</i>								
Neuritis .. ..	..	..	..	..	1	..	1	..
Acute anterior poliomyelitis	..	..	..	..	1	..	1	..
Meningitis	1	..	..	..	5	4	6	4
<i>Diseases of eye, ear and nose—</i>								
Conjunctivitis	4	..	..	..	..	..	4	..
Panophthalmitis .. ..	..	..	1	..	..	..	1	..
Otitis media	2	..	3	..	1	..	6	..
Mastoid Abscess	2	..	..	..	1	..	3	..
Rhinitis	14	..	44	..	..	..	58	..
Carried forward ..	262	18	153	23	102	37	517	78

* One of these was admitted in the preceding year.

Details of Miscellaneous Diseases admitted during 1908 ; also of those dying during 1908 (continued).

Disease diagnosed in Hospital.	Certified Scarlet Fever.		Certified Diphtheria.		Certified Enteric Fever.		Total.	
	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward ..	262	18	153	23	102	37	517	78
<i>Diseases of the circulatory system</i>								
Pericarditis .. ..	..	..	1	1	1	2*	2	3
Endocarditis .. ..	..	..	..	..	3	1	3	1
Valvular disease	2	1	1	..	2	..	5	1
Fatty heart .. ..	..	..	..	..	1	1	1	1
Arterial sclerosis .. ..	..	..	..	..	1	1	1	1
<i>Diseases of the respiratory system—</i>								
Laryngitis	1	..	59	2	..	..	60	2
Bronchitis	8	..	11	..	11	2	30	2
Broncho-pneumonia	15	7	11	5	8	1	34	13
Emphysema .. ..	..	..	..	..	1	..	1	..
Pleurisy	2	..	..	..	5	..	7	..
Empyema	2	1	..	..	2	..	4	1
Pneumo-thorax .. ..	..	..	..	..	1	..	1	..
<i>Diseases of the digestive system—</i>								
Stomatitis	2	..	7	1	..	..	9	1
Dentition	3	..	3	..	2	..	8	..
Alveolar abscess	1	..	..	..	..	..	1	..
Glossitis .. ..	..	..	3	..	..	..	3	..
Inflammation of tonsils, palate or pharynx	280	1	802	11	3	..	1,085	12
Post-pharyngeal abscess	2	1	8	..	..	..	10	1
Parotitis .. ..	..	..	1	..	..	..	1	..
Gastritis	2	..	..	..	2	..	4	..
Gastric ulcer .. ..	..	..	..	..	1	..	1	..
Indigestion	2	..	..	..	1	..	3	..
Enteritis	3	2	1	..	14	..	18	2
Colitis .. ..	..	..	..	..	2	..	2	..
Appendicitis .. ..	..	..	..	..	9	3	9	3
Diarrhoea	3	..	..	..	2	..	5	..
Constipation	1	..	..	..	5	..	6	..
Cirrhosis of liver .. ..	..	..	..	..	2	2	2	2
Icterus neonatorum	1	1	..	..	..	..	1	1
Peritonitis .. ..	..	..	..	..	2	1	2	1
Subphrenic abscess .. ..	..	..	..	..	1	..	1	..
Retro-peritoneal abscess .. ..	..	..	..	..	1	..	1	..
<i>Diseases of the lymphatic system, etc.—</i>								
Adenitis	5	..	2	..	2	..	9	..
Status thymicus .. ..	..	..	1	1	..	..	1	1
<i>Diseases of the urinary system—</i>								
Nephritis, acute	16	4	4	1	..	..	20	5
Nephritis, chronic .. ..	..	..	2	1	1	1	3	2
Albuminuria	3	..	..	..	..	..	3	..
Bacilluria .. ..	..	..	..	..	1	..	1	..
<i>Diseases of the generative system—</i>								
Pyosalpinx .. ..	..	..	..	..	1	1	1	1
Pelvic peritonitis .. ..	..	..	..	..	1	..	1	..
Vulvitis	1	..	..	..	..	..	1	..
<i>Diseases of organs of locomotion—</i>								
Epiphysitis	1	1	..	..	..	..	1	1
Arthritis	3	..	..	..	..	..	3	..
Carried forward ..	621	37	1,070	46	191	53	1,882	136

* One of these was admitted in the preceding year.

Details of Miscellaneous Diseases admitted during 1908; also of those dying during 1908 (continued).

Disease diagnosed in Hospital.	Certified Scarlet Fever.		Certified Diphtheria.		Certified Enteric Fever.		Total.	
	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Brought forward ..	621	37	1,070	46	191	53	1,882	136
<i>Diseases of the skin—</i>								
Erythema	267	..	4	..	..	..	271	..
Enema rash	3	..	..	..	..	..	3	..
Copaiba rash	1	..	..	..	..	..	1	..
Urticaria	5	..	..	..	..	..	5	..
Eczema	6	..	..	..	..	..	6	..
Dermatitis from irritants ..	1	..	..	..	..	..	1	..
Desquamation from applica- tion of soda	1	..	..	..	..	..	1	..
Impetigo	5	..	..	..	1	..	6	..
Herpes febrilis	1	..	..	..	..	..	1	..
Psoriasis	1	..	..	..	..	..	1	..
Dermatitis exfoliativa ..	1	..	..	..	..	..	1	..
Lichen	2	..	..	..	..	..	2	..
Ichthyosis	4	..	..	..	..	..	4	..
Seborrhœa	1	..	..	..	..	..	1	..
Sudamina	1	..	..	..	..	..	1	..
Folliculitis	1	..	..	..	..	..	1	..
Scald	3	2	..	..	..	..	3	2
<i>Diseases not classified—</i>								
Marasmus	1	..	..	..	..	..	1	..
Lumbar abscess	1	..	..	..	..	..	1	..
Wound of hand	1	..	..	..	..	..	1	..
Foreign body in œsophagus ..	..	..	1	1	..	..	1	1
Hæmorrhage into mesentery with gangrene of duodenum ..	..	..	..	..	1	1	1	1
<i>No obvious disease and cases not diagnosed</i>	274	..	84	..	6	..	364	..
Total	1,202	39	1,159	47	199	54	2,560	140
	Certified Scarlet Fever and Diphtheria.		Certified Cerebro-spinal Meningitis.		Certified Typhus Fever.		Certified Continued Fever.	
	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
<i>Diseases diagnosed in hospital—</i>								
Tuberculosis, general ..	..	..	1	1	..	..	..	..
Tuberculous meningitis ..	..	..	2	2	..	..	..	..
Tuberculous enteritis ..	1	1	..	..	..	..	..	..
Erythema .. ..	..	..	..	..	1	..	..	..
Rheumatism .. ..	..	..	..	..	..	..	1	..
Total	1	1	3	3	1	..	1	..
	Not Certified.		Carried forward.		Total.			
	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Born in hospital .. ..	..	..	2	2	..	..	..	..
Children admitted with mother ..	..	..	23	1	..	..	..	..
Measles .. ..	..	..	2	..	..	..	..	..
Erythema .. ..	..	..	1	..	..	..	..	..
Total .. ..	..	..	28	3	2,560	140	2,594	147

Details of Miscellaneous Diseases admitted during 1908; also of those dying during 1908 (continued).

TABLE XVI.

	EASTERN HOSPITAL.		NORTH-EASTERN HOSPITAL.		NORTH-WESTERN HOSPITAL.		WESTERN HOSPITAL.		SOUTH-WESTERN HOSPITAL.		SOUTH-EASTERN HOSPITAL.		GROVE FOUNTAIN 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.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.	No. of Cases.	No. of Deaths.
Cases certified as scarlet fever ..	106	8	129	6	129	7	98	2	58	3	176	6	177	1	206	2	123	4	1,202	39
Cases certified as diphtheria ..	124	3	142	..	144	8	129	7	22	4	186	10	247	11	104	2	61	2	1,159	47
Cases certified as scarlet fever & diphtheria ..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1
Cases certified as enteric fever	25	6	19	5	19	5	50	12	31	8	32	8	1	1	..	..	22	9	199	54
Cases certified as continued fever	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
Cases certified as typhus fever	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Cases certified as cerebro-spinal fever ..	1	1	..	..	..	..	1	1	..	..	..	..	1	1	..	..	..	..	3	3
Cases not certified	4	1	5	1	4	..	..	..	3	1	1	..	5	..	1	..	5	..	28	3
Total ..	260	19	295	12	296	20	280	23	114	16	396	24	431	14	311	4	211	15	2,594	147

S. REPORTS ON ISOLATION ACCOMMODATION.

I.

By F. Foord Caiger, M.D., F.R.C.P., Medical Superintendent, South-Western Hospital, on the working of the cubicle wards at that hospital.*

It may be remembered that on 1st August, 1907, at the request of the Hospitals Committee, I presented a report on the working of the cubicle wards since the time of their opening on 1st January of that year.

In the report I stated that, while the results had in my opinion proved very satisfactory, the period covered by the observations, viz., seven months, was not long enough to enable me to express a very decided opinion as to the value of cubicle isolation in practice.

A further experience of 11 months, however, during which time the cubicles have been in constant use, and representing as it does a considerably wider field of observation, has served to confirm the favourable view I then expressed as to their scope and general utility.

The observations on which this report is based extend from 1st January, 1907, to 30th June, 1908, a period of 18 months exactly.

The number of patients admitted into the two cubicle wards during this time was 737.

33 of them, however, were treated in the two separation rooms attached to the wards, and since they were not actually in the wards, though nursed and tended by the cubicle nurses, these 33 cases will be left out of consideration. The number of patients actually treated in the 32 cubicles was therefore 704.

Among these 704 patients are included 289 scarlet fever convalescents who were placed in cubicles for the two days and nights prior to their discharge.

The remaining 415 may be taken as representative of the class of cases for the reception of which the cubicle wards were especially provided.

They were placed in cubicles on account of one of the following reasons :—

- (a) The original diagnosis was uncertain.
- (b) The disease, though recognised, was one which called for separate isolation.
- (c) The patient had been exposed to another infection prior to admission, and was therefore possibly incubating a second disease.
- (d) The patient was suffering from more than one infectious disease.
- (e) The disease was obviously of a non-infectious nature.

Of the 415 cases, 260 were admitted into the cubicle direct from the receiving room and 155 were transferred from one of the other wards.

Now, the real test of the value of cubicle isolation is, of course, the proportionate number of patients who develop a second infectious disease while resident in the ward, but it is necessary to scrutinise very carefully the circumstances under which such secondary cases arise, to avoid falling into the error of ascribing to inadequate isolation attacks of which the source of infection should be sought in other directions.

* There are two cubicle wards at the South Western Hospital. Each contains 16 cubicles. The cubicles are separated from one another by partitions 7 feet high, of which the upper halves are of glass in metal frames, the lower of granite silicon plaster. [ED.]

Among the 704 patients treated in cubicles during the 18 months under review, 20 developed a second disease during their stay. From these, four must be excluded for the reason above stated. Three of them were admitted in the incubation stage, having evidently caught the infection before leaving home, and one (diphtheria) was obviously infected by the wardmaid working in the cubicle, who was warding with a severe attack of diphtheria the day before the patient showed any sign of the disease.

There remain, then, 16 among 700 patients who, it must be assumed, derived their infection, either directly or indirectly, from other patients occupying cubicles in the same ward. It is interesting to note that in two instances (one chickenpox and one measles) there had been no recognised case of the same disease previously in the ward for periods of six weeks and two months respectively.

In six instances the disease contracted was scarlet fever, in six chickenpox, in two German measles, and in two measles.

The six cases of *chickenpox* were those to which I referred at some length in my previous report (1st August, 1907), since when no other case of chickenpox has been placed in the cubicles.

The circumstances attending the occurrence of these cases were so striking that I had no hesitation in expressing my conviction that the degree of protection afforded by cubicle isolation is insufficient for chickenpox, and I see no reason to modify this opinion.

That only six cases of *scarlet fever* arose during the 18 months amongst 253 patients who were suffering from some other disease, notwithstanding the fact that 163 cases of scarlet fever, nearly all of whom were in the eruptive stage of the disease at the time of their admission, were being treated in the wards, is evidence of the comparative safety with which scarlet fever patients can be treated in cubicles along with those suffering from other disorders, if care be exercised in the details of ward administration.

German measles, too, appears to be a disease which shows but little tendency to spread beyond the confines of a cubicle. Apart from the comparatively trivial nature of the disorder, the fact that only two attacks arose in 18 months, though 82 cases were admitted, nearly all in the eruptive stage, and that for several months the wards contained on an average from six to eight cases of German measles, attests the suitability of cubicles for the isolation of that disorder. In respect to *measles* the figures are too small to enable me to speak with any confidence. Only 22 cases in all were admitted into the wards, several of which were in the convalescent stage at the time. The number of patients who contracted measles was two. In one instance there had been no recognised case in the ward for more than two months previously; as regards the other, no less than seven of the remaining 15 cubicles in that ward were occupied by patients at the time suffering from measles. Experience tends to show that the infection of measles declines rapidly during defecescence, and while I should prefer not to put measles into a cubicle ward during the eruptive or pre-eruptive stage, I should have no hesitation in doing so after the rash had faded. It is satisfactory to record that no case of either *diphtheria* or *whooping cough* arose, though the number of cases admitted was 31 and 17 respectively. The result, however, was in accordance with expectations; and the same thing may be said with equal truth of *enteric fever*, a disease which with careful nursing would have been extremely unlikely to spread to other patients, even had a large number of cases of enteric fever been admitted.

A question of great interest and of no small importance arises in connection with cubicle isolation, viz., as to the exact method by which infection is transmitted in the different infectious diseases.

Careful observation of the conditions under which cases arise, coupled with accurate records extending over a prolonged series of cases, should be capable of yielding valuable information on this head, information which should not only be

useful as a guide to the management of cubicle wards, and as serving to define their limitations, but as evidence of the behaviour and potentialities of the various infections in a wider field.

The number of secondary attacks which arose in the series under review, viz., 16, is far too small to warrant any very authoritative conclusion. The records, however, have been very carefully kept, and from them it is seen that the cases of chickenpox occurred in cubicles located more or less indiscriminately in respect to distance from the assumed source of infection; whereas the secondary cases of scarlet fever and rubella arose in each instance, either in a cubicle adjoining, next but one, or opposite to the case or cases which may reasonably be thought to have infected them.

The same thing occurred in the one case in which an attack of measles occurred at a time when a recognised source of infection existed in the ward.

These observations, as far as they go, tend to confirm the view that chickenpox, like smallpox, though probably to a less extent, is capable of spreading by so-called "aerial convection," whereas in the case of scarlet fever and German measles a comparatively close association with the source is usually necessary for infection. I am inclined to regard measles as occupying a position intermediate between the two groups, though its infectivity is certainly as great as that of either chickenpox or smallpox.

I have purposely left out of account the possibility of mediate infection through the agency of the doctor or nurse, or of any article used for the patients.

In the present series I believe this source of infection may be almost entirely discounted. The full ritual of disinfection devised to meet this risk has been scrupulously enforced throughout the 18 months, as I believe it to be essential to the success of cubicle isolation.

The measures I refer to comprise the immediate cleansing of the hands of both doctor and nurse after touching the patient, his bed, or belongings; the wearing by them of a separate overall for each patient while engaged in the cubicle, the rigorous sterilisation of every instrument, spatula, medicine glass, knife, fork, spoon, plate and cup after use by the patient, and the retention within the cubicle for his own individual use his brush, comb, flannel and soap, and every toy, book, or other article provided for his amusement. In practice the multiplicity of detail renders the work of nursing in a cubicle ward very laborious, and at times exceedingly irksome.

From close personal observation, however, I am convinced that the technique has been loyally carried out, and the successful results attained are a tribute to the interest displayed by the nurses engaged in the work, and the unsparing manner in which they have fulfilled their obligations.

The maximum number of nurses employed at any time in the two wards, which, with the separation rooms, contain 36 beds, was nine, both day and night staff included.

The number formerly employed in the same wards before they were divided up into cubicles was six. The additional number therefore was three, or 50 per cent. more than in a scarlet fever ward of the same accommodation.

The nursing staff required for the same number of beds if contained in ordinary isolation rooms with two to four beds, as commonly arranged, would be considerably larger, but whether the number of patients developing a second disease would have been any lower is by no means equally certain.

If we ignore the cases of chickenpox, for the treatment of which disease cubicles have been shown to be unsuited, the results may be summarised as follows:—10 patients out of 415 treated in the cubicles during the course of 18 months caught a second disease, of which only one attack proved serious. Further, during the same period, scarlet fever convalescents to the number of 289 were placed in the same wards for two days prior to their discharge without, as far as is known, any harm accruing.

I submit that the cubicle wards have achieved their object, which was to provide for the temporary isolation and further observation of anomalous and doubtful cases, especially those simulating scarlet fever and diphtheria; and, moreover, they have afforded a much needed addition to the means of isolating certain other well recognised infectious diseases, the presence and occurrence of which are a constant embarrassment in fever hospital administration.

Cubicle wards, as opposed to self-contained isolation rooms, are unsuited for smallpox, chickenpox, and, I think, measles in the acute stage, but I should have no hesitation in admitting cases of measles into them after the eruptive stage is over.

Cubicle beds to the extent of 10 per cent. of the total accommodation, or 50 per cent. of that devoted to isolation, appears to be a suitable proportion, and their provision should prove of great utility in any fever hospital.

(Signed) F. FOORD CAIGER.

12th July, 1908.

II.

By F. H. Thomson, M.B., C.M., Medical Superintendent, North-Eastern Hospital, on the working of the cubicle system and the "box" or room system of isolation at that hospital.*

In accordance with the request of the Hospitals Committee, I beg to submit a report dealing with the treatment of patients in cubicles and boxes during the twelve months from September, 1906, to August, 1907, inclusive.

At this hospital two distinct systems have been, and are, carried out, one the cubicle system proper, the other the box or room system, and I purpose to deal with each separately.

THE CUBICLE SYSTEM.

There are three wards adapted to this system, two containing twelve cubicles each and one containing ten cubicles. Each cubicle is for one patient only, the total accommodation being 34 beds. In each of these wards the cubicles are, in equal number, on each side of a central corridor.

During the twelve months under consideration these cubicles have been used for those cases certified to be suffering from scarlet fever in which we have considered the correctness of the certificate doubtful. When a definite diagnosis was made the cases were drafted to a general scarlet fever ward or elsewhere, according to the circumstances of each case.

There has been, however, a certain variation in the precise method in admitting to these wards during the twelve months. For about the first six months a proportion of cases certified to be suffering from scarlet fever, but actually suffering from German measles, were admitted to and treated in these cubicles. Owing to this disease having infected others on certain occasions, I stopped this practice and admitted, as far as medical skill could succeed, only doubtful cases of scarlet fever. That was the only difference in the routine during the twelve months.

With the exception of occasional doubtful cases of diphtheria and those cases of German measles mentioned above, all other infectious diseases have been excluded.

Naturally, a considerable proportion of the cases admitted to the cubicles were actually correctly certified, so that in some of the cubicles in each ward scarlet fever was practically always present. It is to be remembered, however, that when the diagnosis of scarlet fever is in doubt the type of scarlet attack is, with few exceptions, very mild, and that very mild attacks of scarlet fever are now very generally considered less infectious than the ordinary, and much less infectious than the severe

* For a full description of these cubicles and "box" rooms see the Board's Annual Report for 1906, page 9. [Ed.]

type. The few exceptions where the attack of scarlet fever was severe, but the diagnosis at first in doubt were not admitted to the cubicles but were isolated elsewhere.

Certain cases admitted to these cubicles were incubating other diseases, *e.g.*, measles; but in such cases as soon as the disease became apparent the case was removed to isolation wards for the special disease which was contracted.

During the 12 months 637 cases were treated in the cubicles, and of these the following were infected by others:—

(I may here say that I have excluded all cases about which there can be any reasonable doubt, and only included such as I am quite satisfied actually contracted an infectious disease from others in the cubicle wards.)

3 cases contracted	German measles from others in the same wards.
2 „ „	measles „ „ „ „
1 case „	scarlet fever „ „ „ „
1 „ „	whooping cough „ „ „ „

The three cases of German measles all occurred in the earlier part of the 12 months, and this cannot be considered as a large incidence since this infection was, as I mention above, present on numerous occasions in the earlier part of the 12 months. In spite of all precautions, it has also been present occasionally during the latter part of the 12 months, but only until a diagnosis was made. No case contracted German measles during the latter part.

Only one case of scarlet fever occurring must, I think, be considered on the whole satisfactory, especially as the infection of scarlet fever has been present in these wards for practically the whole time.

The infection of whooping cough was seldom present, and usually only for a short period, yet one child contracted this disease. There were, as a matter of fact, in all 10 exposures to this infection; two in one ward, three in another, and five in the ward in which the child contracted the disease.

The number of exposures to the infection of measles, including the two patients who contracted the disease, was seven. In two of the wards there was one exposure each, and in the ward in which the two patients contracted the disease there were five exposures. In all there were seven exposures, five of which produced no result, and two which did, but it is quite conceivable that the last negative exposure had no material to act on, as no more susceptible children may have been left. That is quite possible and, if so, would reduce the value of the five negative exposures to four. The history of the two cases, in so far as it is of interest, is as follows:—A case supposed probably not to be scarlet fever was admitted into one cubicle and on the following day developed signs of measles; this case was at once isolated elsewhere. After the usual incubation period the patient in the adjoining cubicle developed signs of measles, and was in turn isolated; again, after an incubation period, a patient on the opposite side of the corridor, and two cubicles distant, developed measles and was isolated. There were no more attacks.

During the 12 months no case of chickenpox occurred in the cubicle wards, so there was no exposure to the infection of that disease, except on one occasion, a case of chickenpox was admitted for a short period to one of these wards, but it was late in the disease and was probably not very infective.

I may say that, so far as we have been able to devise, every precaution has been taken to avoid infection being carried from one sick person to another by the attendants. Special officers have been chosen for these wards, and I think they have been as careful as human beings can be made to be; and that being so, it is merely a matter of interesting medical detail as to whether they carried the infection or not. The facts remain, and they show that cubicles cannot be used with impunity for purposes of general isolation; but, on the other hand, these wards do appear to

me to be suitable for admitting doubtful cases of scarlet fever just as has been done at this hospital. I say this with some hesitation, as I would have liked another years' experience from which to judge.

Shortly, I will put my conclusions from what experience I have had :—

First.—It is not permissible to treat diseases which are highly infectious, such as measles, in cubicle wards in which patients are who are not suffering, or have not suffered from, the like disease. I would also include chickenpox under this category.

Second.—It does not appear to me to be desirable to treat diseases which are less highly infectious, such as German measles, whooping cough, etc., in cubicle wards in which patients are who are not suffering from, or have not suffered from, the like disease.

Third.—It appears to me that cubicle wards are suitable for the treatment of doubtful cases of scarlet fever, with certain reservations. As I said above, I would rather have had another year's experience before expressing this opinion. I admit I may be over-cautious.

THE BOX OR ROOM SYSTEM.

There are two wards of this class at this hospital, and in them the isolation is somewhat more complete than is the case in the cubicle wards. The partitions extend to the ceiling, and an indoor corridor runs the whole length of each ward, the rooms are in a single row, and the door of each room opens on to this corridor.

One ward contains four two-bedded rooms and one four-bedded room, while the other has six two-bedded rooms. These wards are used for purposes of isolation, and 316 patients have been treated in them during the twelve months under consideration.

The various infectious diseases, scarlet fever, diphtheria, German measles, whooping cough, and their cross infections, have been treated here, but not chickenpox.

Measles has, as far as possible, been treated in one of these wards only, but to other rooms of that ward patients who have already had measles have been admitted. In this ward 4 patients contracted scarlet fever from patients in the adjoining rooms who suffered from scarlet fever. Also one patient contracted German measles from a patient in the adjoining room.

In the other ward one patient contracted measles from a case of that disease in the adjoining room; one patient contracted scarlet fever from a case of that disease in the adjoining room; and one patient contracted whooping cough also from a case in the adjoining room. Two patients contracted German measles from patients suffering from that disease several rooms distant. One patient developed chickenpox in one of these wards, having contracted the infection elsewhere. This case was at once removed, and no other patient was infected.

In these wards, therefore, out of the 316 cases isolated there—

5	contracted	scarlet fever from others in the same wards;
3	„	German measles from others in the same wards;
1	„	measles from another in the same ward;
1	„	whooping cough from another in the same ward.

It is noticeable that a much larger proportion of patients contracted scarlet fever than was the case in the cubicle wards; but it is to be remembered that the cases of scarlet fever treated in these room wards were of a less mild type, and some, indeed, were of a severe type. In addition to this, most of these cases were suffering from the superadded infections.

The same care in the choice of the attendants on the sick, etc., was exercised as in the case of the cubicle wards.

I cannot speak favourably on the results attained in these room wards, and for purposes of isolation I can only say that I regard them as a distinct retrograde step upon the most approved English system of isolation. The only point in their favour is that glass is let into the divisions between the rooms, thus giving the nurses a better control and the patients a means of making the isolation less irksome ; but, after all, these glass partitions could be let into the dividing walls of the accepted English system, and in which the connecting corridor is, as it certainly should be, in the open air, but with a covered roof.

(Signed) FREDERIC THOMSON.

30th October, 1907.

Further report by Dr. Thomson on the same subject.

In accordance with the request of the Hospitals Committee, I beg to submit a report dealing with the treatment of patients in "cubicles" and "boxes" during the twelve months from September, 1907, to August, 1908, inclusive.

At this hospital two distinct systems have been, and are, carried out, one the "cubicle system" proper, the other the "box" or "room system," and I purpose dealing with each separately.

THE CUBICLE SYSTEM.

There are three wards adapted to this system, two containing twelve cubicles each and one containing ten cubicles. Each cubicle is for one patient only, the total accommodation being 34 beds. In each of these wards the cubicles are, in equal number, on each side of a central corridor.

During the twelve months in question, these cubicles have been almost entirely used for those cases certified to be suffering from scarlet fever in which we have considered the correctness of the certificate doubtful. When a definite diagnosis was made the cases were drafted to a general scarlet fever ward or elsewhere, according to the circumstances of each case. The cubicles have also been used for such cases as those certified to be suffering from diphtheria but which we suspected might be scarlet fever. All other infectious diseases, however, have been excluded from admission to these wards.

Naturally, a considerable proportion of the cases admitted to the cubicles were actually correctly certified, so that in some of the cubicles in each ward scarlet fever was practically always present. It is to be remembered, however, that when the diagnosis of scarlet fever is in doubt, the type of scarlet fever is then, with few exceptions, very mild ; and, that very mild attacks of scarlet fever are now very generally considered less infectious than the ordinary, and much less infectious than the severe type. The few exceptions when the attack of scarlet fever was severe, but the diagnosis at first in doubt were not admitted to the cubicles, but were isolated elsewhere.

Certain cases admitted to these cubicles were incubating other diseases, *e.g.*, measles ; but in such cases as soon as the disease became apparent they were removed to isolation wards.

During the twelve months 653 cases were treated in the several cubicle wards, and of these the following were infected by other residents in these cubicles :—

(I may here say that I have excluded all cases about which there can be any reasonable doubt, and only included such as I am quite satisfied actually contracted an infectious disease from others in the cubicle wards).

4	cases	contracted	scarlet fever ;
3	"	"	chickenpox ;
2	"	"	diphtheria.

The infection of scarlet fever has been present in all the cubicle wards practically constantly, and, as mentioned above, four patients contracted this disease. During the former twelve months—September, 1906, to August, 1907, inclusive—only one patient contracted this disease. The result this year has therefore not been so satisfactory, but the result still must, in my opinion, be regarded as satisfactory on the whole.

The infection of chickenpox has been present once only, and that in one ward only. The result of this was that three other children in the ward contracted the disease from this case, in spite of the fact that this, the infecting case, was removed from the ward as soon as the disease became apparent, thus giving only a short exposure.

The infecting case occurred in one of the end cubicles of the ward. Two of the children who were infected were on the same side of the ward as the infecting case—one in the second cubicle from it, the other in the third. The third case infected was on the opposite side of the central corridor, not in the cubicle opposite, nor in the first away, but in the second.

That two cases contracted diphtheria does not appear of value in criticising cubicle wards, inasmuch as it is possible that these patients may have had inactive bacilli on their mucous membranes on admission. At all events, this possibility forbids deductions as to cubicle isolation value.

The cubicle wards were exposed to the infection of measles three times, and the patients who so exposed the other inmates were at once removed when the diagnosis was made. In one ward the patient suffering from measles was in a late stage of the disease (the 9th day), and was in a cubicle less than 24 hours. This case was not expected to infect others, and it did not. The other two cases in another ward were in the early stage of the disease, and were removed from the ward on the diagnosis being made. No other cases were infected. It will be remembered that in the year September, 1906, to August, 1907, there were seven exposures, five of which did not infect, while two did.

There were no exposures to the infections of German measles and whooping cough.

The conclusions I added to my report for the year September, 1906, to August, 1907, do not appear to be vitiated by another year's experience, and I see no reason to alter them. I may point out that last year I suggested that, although a chickenpox exposure had not then occurred, I would place chickenpox amongst those diseases which it is not permissible to treat in cubicles. I mention above that one short exposure to this disease resulted this year in three other children contracting it. This fact confirms my suggestion of last year.

These conclusions were :—

(a) It is not permissible to treat diseases which are highly infectious, such as measles, in cubicle wards in which patients are who are not suffering, or have not suffered from, the like disease. I would also include chickenpox under this category.

(b) It does not appear to me to be desirable to treat diseases which are less highly infectious, such as German measles, whooping cough, etc., in cubicle wards in which patients are who are not suffering from, or have not suffered from, the like disease.

(c) It appears to me that cubicle wards are suitable for the treatment of doubtful cases of scarlet fever, with certain reservations.

THE BOX OR ROOM SYSTEM.

There are two wards of this class at this hospital, and in them the isolation is somewhat more complete than is the case in the cubicle wards. The partitions extend to the ceiling, and an indoor corridor runs the whole length of each ward, the rooms are in a single row, and the door of each room opens on this corridor. One ward contains four two-bedded rooms and one four-bedded room, while the other ward has six two-bedded rooms. These wards are used for purposes of isolation, and 344 patients have been treated in them during the twelve months under consideration.

Various infectious diseases have been treated in these wards, scarlet fever, diphtheria, German measles, whooping cough, mumps, erysipelas, and their cross infections, but not chickenpox.

One of these wards has been reserved for the isolation of measles, but to other rooms of this ward patients were admitted who had been exposed to the infection of measles and also some whose past history stated that they had already suffered from measles. In this ward one patient contracted scarlet fever, probably from one of the cases in the adjoining rooms, as in the rooms on each side patients resided who were suffering from scarlet fever. One patient contracted measles. This patient suffered from an eruption, with some resemblance to measles, shortly after admission to the hospital, and, accordingly, was isolated in a room in this ward. This eruption was ultimately diagnosed not to be measles. This patient was infected with measles, probably from one or both of the adjoining rooms, as in the room on each side cases of measles were being treated.

In the other ward two cases of chickenpox occurred; these two cases were not infected in this ward but elsewhere. They were removed as soon as chickenpox became apparent, and were isolated elsewhere. As a result of this, two children were infected, and, after the usual incubation period, developed chickenpox. They in their turn were removed and isolated elsewhere. The infection in each of these two cases came either from the adjoining room or from two rooms away. Further, these last two cases, or one of them, infected still another patient, who, after the usual incubation period, developed chickenpox, and was removed to an isolation ward elsewhere. This patient was resident in the room between the rooms in which the two former cases occurred.

In these wards, therefore, out of the 344 patients isolated there :—

3 cases contracted chicken pox from others in the same ward.					
1 case	„	scarlet fever	„	„	„
1 case	„	measles	„	„	„

It is noticeable that only one case contracted scarlet fever this year compared with five last year.

In the light of another year's experience my opinion of these wards remains the same, and I still regard them as a retrograde step upon the most approved English system of isolation.

(Signed) FREDERIC THOMSON.

30th November, 1908.

9. THE TREATMENT OF TUBERCULOUS GLANDS.

BY W. G. SUTCLIFFE, F.R.C.S., ENG.

Margate and its institutions furnish opportunities for dealing with tuberculous glands in larger numbers than fall to the lot of surgeons working in more extensive fields. In the last nine years I have had considerably over 800 cases of operation for glands of the neck alone, and if to that total be added, at the very least, an equally large number that have not required operation, it will, I think, be admitted that I have sufficient experience of them to excuse a paper on the subject. There are at present several methods of treatment in use. Of these I need only mention:— (1) Abundance of fresh air and sunlight in combination with rest. (2) Administration of tuberculin, (controlled by estimation of the opsonic index), by hypodermic doses at intervals of ten or fourteen days, or by the oral method of graduated doses introduced by Dr. Latham, of St. George's Hospital. (3) The application of X-rays for many weeks at a stretch. (4) Operative treatment. Though in his paper of November, 1905, published in the Medico-Chirurgical Society's Transactions, Sir A. E. Wright prophesied that, thanks to tuberculin, the work of the surgeon in tubercular disease would soon be altogether dispensed with, experience has shewn that the type of case for which operation remains the best treatment has varied little, if at all, since the re-introduction of tuberculin as a factor in practical therapeutics. The first method of treatment, that of affording the sufferer from tuberculous glands a maximum of fresh air and sunlight, is best combined with the others, and retains its place, in my opinion, as the most important of all features in the treatment. That a large number of glandular swellings disappear without any other treatment is familiar to all who have to do with children in any numbers. The records of Eastcliffe House furnish convincing proof of this, for out of 2,600 poor-law children, every one of whom was sent down either convalescent from some serious illness or suffering from surgical tuberculosis, enlargement of the cervical glands was present on an average in one out of five; yet only one hundred operations have been necessary, and often more than one operation has been done on the same child.

In children the groups of glands most often attacked are the superficial and deep sets in the anterior triangle, these being the areas more directly connected with the lymphatics of the tonsils and mouth. The origin of the enlargement in many cases is an attack of catarrhal sore throat, which is followed by a rapid swelling of the neck, often accompanied by high temperature persisting for several days. As a rule, this swelling subsides up to a certain point, and with this subsidence of periglandular inflammation the glands themselves can be felt. My opinion, unverified, however, by bacteriological proof, is that these swellings are not originally tuberculous, but become infected sooner or later, and for many months are of a mixed character; eventually, if suppuration does not take place, and the organism has not sufficient force to supply the necessary resistance, they become wholly tuberculous and, before becoming shut up as caseous (almost avascular) masses, infect directly through their communicating lymph channels a long chain of glands. In this state glands will readily disappear if the patients are placed under proper hygienic surroundings

and kept at rest. The rest should be as complete as can be obtained, the ideal being undoubtedly a bed on a verandah, at the seaside. If this be not available, the patient should remain as long as possible in the open air, taking very little exercise. The fact that so many of these glands disappear spontaneously under proper conditions is evidently not sufficiently realised by the more strenuous advocates of tuberculin, especially by those who disregard all clinical facts and pin their faith to the opsonic method, with its tedious laboratory investigations. It would be interesting to know the actual duration of each case said to have been cured by these methods. Clinical experience has shewn that in Margate, in the majority of cases of less than six months standing, if suppuration has not yet begun, the rapid diminution and eventual disappearance of the glands can be certainly predicted, without the employment of tuberculin or, indeed, any other remedy than rest.

Of the three methods of tuberculin administration mentioned, that in which the dose is dependent on observations of the opsonic index, is at once tedious, costly, and unnecessary. As a method of dealing with large numbers of children, it may be at once dismissed as impracticable. As originally announced by Sir A. E. Wright, a dose of tuberculin was injected, which, if given at the right time, produced a rise in the opsonic curve, indicating a phase of increased resistance; this was followed by a fall of the curve below the normal line, lasting a greater or less period of time, known as the negative phase. While this negative phase lasted the further administration of tuberculin caused not a rise of the curve or an increase of resistance, but an actual prolongation of the negative phase or period of diminished resistance. It was, therefore, necessary to take the opsonic index at periods of seven days or more, to ascertain if the curve was again approaching the normal, when a further dose of tuberculin could be given with beneficial results. Experience has shewn that any ill-effects of tuberculin are due to overdoses, and has shewn further that the dose varies for each individual in a way difficult to explain by variations in opsonic indices, and that much better results are obtained by giving very small doses. From doses of $\frac{1}{200}$ th of a milligram we have shrunk to $\frac{1}{50,000}$ th milligram, or even less, and we find that the bad effects observed clinically as distinguished from results recorded by laboratory observers are now seen with much less frequency. At Eastcliffe House I adopted what, I thought, was a safe method of inoculation for children—doses of $\frac{1}{5,000}$ th milligram at intervals of 14 days. I found in several instances, where the children were the subjects of multiple tubercle, that this dose was sufficient to cause a very active disturbance, and in them the treatment was forthwith discontinued. These bad effects were noted only in cases of joint disease; in the majority of gland cases no result of any kind was observed, though the injections were continued for over six months. Certain cases were, undoubtedly improved by the injections, and for them the tuberculin treatment has a definite future. These cases fall into two classes:—(1) where a tuberculous infection of skin has followed a breaking down of superficial glands, and where there are sinuses not leading down to enlarged deep glands; (2) cases of not too long standing, where there is no evidence of caseation or suppuration. Improvement in this type of case occurs independently of tuberculin; but while formerly it was exceedingly rare for glands of more than six months standing to disappear without operative treatment, I have seen several do so with tuberculin. Old cases where the glands when removed are encased in thick leather-like capsules, and whose interior has been reduced to a thick cheesy, or even calcareous mass, are very slowly, if at all, affected by tuberculin, even when assisted by local massage, possibly because their deficient vascularity does not admit active lymph to the diseased tissues. In acute cases, where breaking down follows quickly on enlargement, tuberculin is valueless, because they are practically always due to mixed infection. It is equally ineffective in more chronic types where fluctuation can be felt. Judging by the very careful observations of Drs. Latham and Inman (*Lancet*, Oct. 31st, 1908, and *Proc. Roy. Soc. Med.*, Vol. 1), oral or rectal administration is in every way as effective as

subcutaneous injection. The doses given are very small, beginning with a 50,000th to a 20,000th of a milligram, and their influence is gauged by the effect on the diurnal variation of temperature. Too large a dose causes a rise of temperature; if this rise be merely transitory in character, lasting for a few hours only, the dose is diminished; should the rise last for several days, absolute rest is enforced, and very much smaller doses given. An insufficient dose has no effect one way or the other, and should be increased. An appropriate dose causes a fall in temperature or reduces the daily variation. That the effects are falling off is shewn by a recurrence of the daily variations, and the drug should then be repeated. The paper alluded to, from which these directions are quoted, deals more particularly with pulmonary tubercle, but the methods can be applied to surgical tubercle, and especially to gland cases, with much greater ease, as auto-inoculation can be so often controlled. Since in children tubercle is so often multiple, affecting one or more joints as well as glands, tuberculin must be given with the greatest care, and only when the child is continuously under observation; a very small dose is capable of setting up, in addition to the rise of temperature, fairly acute inflammatory processes in the articulations.

Treatment by X-rays has been tried repeatedly since their introduction as therapeutic agents, but only within the last few years with anything approaching success in this country. I have no personal experience of any success, but a paper was read in February of this year before the Royal Society of Medicine, by Dr. Pirie, in which a number of successful cases were recorded; and since 1905 it has been continuously practised in Belgium and France. The sight of severe scarring from X-ray burns has convinced me that the method is not without its disadvantages; and the presence of masses of glands beneath the scars has, in more than one case, cast a doubt on its virtue as a curative agent. In this country the method is still *sub judice*, and further evidence of its effect on definitely tuberculous cases is required before it can be said to have passed the experimental stage.

Treatment by operation, in spite of the improvements in vaccine therapy, is still the most rapid and effective way of dealing with enlarged glands, and for poor-law children should always be carried out if improvement does not soon follow removal to better surroundings. An operation should be performed: (1) where suppuration is taking place, as evidenced by fluctuation; (2) where sinuses exist leading down to palpable glands; (3) where the enlarged glands have resisted other methods of treatment and are sufficiently large to produce deformity or discomfort, especially when the neck is already scarred by previous operations. Of the cases on which I have operated, one hundred have been at Eastcliffe House, three hundred and twenty were at the Royal Sea Bathing Hospital, and the remainder, up to considerably over 800, were at other institutions and in private practice. In a paper published in the *British Medical Journal*, 1905, I pointed out that the incisions usually adopted caused a good deal of unnecessary scarring, and that disfigurement could be prevented by an intelligent choice of incisions, while the probability of recurrence was minimised by a thorough method of operating.

The longitudinal cuts in front of the sterno-mastoid need hardly ever be employed, and, except in those cases where the glands are very large, which in these days are becoming increasingly rare, the anterior and the greater part of the posterior triangle can be cleared through a transverse incision lying in the crease of the neck. Glands in tuberculous disease are, as a rule, sufficiently enlarged to be palpable and visible; they are also sufficiently adherent to each other to be removed *en masse*, so that lines of incision, quite unsuitable for malignant or lymphadenomatous disease where no trace of fatty or other diseased tissue should be left, are amply sufficient for all but phenomenally large tuberculous glands. I usually work through lines curved transversely, the upper line hitting off the normal crease of the neck; through this line, if it be prolonged, the greater part of both triangles is accessible. A line parallel to and midway between it and the clavicle will allow of the removal

of the lower posterior triangle area below the spinal accessory nerve ; while a third transverse line, curving outwards from the narrow head of the sterno-mastoid, a little above the clavicle, gives a perfect exposure of the subclavian triangle ; it should be prolonged outwards over the edge of the trapezius, so that when at a later stage the muscle is lifted up, the spinal accessory nerve can be more readily avoided. When the glands are larger, instead of the parallel lines, use may be made of (a) the inner part of the transverse line for the anterior triangle below and internal to the the spinal accessory nerve, and (b) a line running obliquely from the tip of the mastoid to the sternal insertion of the sterno-mastoid for the posterior triangle above and below the nerve. This line lies in a natural fold behind the fleshy part of the muscle, and is practically invisible from the front. Superficially placed glands over the parotid are best dealt with through a vertical incision in front of the ear ; if enlarged enough to be felt they are almost certainly caseous, and can be readily shelled out with a sharp spoon. The branches of the facial nerve are well protected by parotid gland tissue, and will escape injury if the capsule of the glands be opened and the contents removed without attempting a deep dissection.

Many cases that reach Margate have already been operated on, perhaps the commonest being those in which an abscess has been opened and its contents scraped out, leaving the deeper glands untouched, and often communicating directly with the resulting sinus. It is rare indeed for this condition to heal without further active treatment. Others arrive with a large superficial abscess, with the overlying skin thinned and reddened ; and here it may be taken as an axiom that the deep glands are found to be infected and also suppurating. Unless obviously impossible, I usually treat such cases, in debilitated London children, by allowing them a week or two of rest, fresh air and sunlight, and then make the operation as complete as possible. It has been stated by the advocates of the opsonic method that the mere incision of these abscesses is, when followed by correct doses of tuberculin, sufficient. I have seen cases that have been for many months under the care of metropolitan experts, in which the only result of immense labour on the part of the opsonist was to produce a most gruesome looking scar perforated by a sinus leading down to a deep seated gland. Where the underlying glands are freely removed, healing is on the average a matter of weeks, and may even be sound in a few days. If it be thought necessary to add to the patient's powers of resistance by tuberculin, that agent is more likely to be effective if the protected focus formed by a thick-capsuled, deep-lying gland is removed. There is little more risk in clearing the glands out than in merely incising the abscess, and as the advantages are obvious, most surgeons will prefer to rely on this method rather than face the uncertainties of a prolonged course of tuberculin, with its chances of failure and a possible operation at the end of it. If the case be an abscess with thinned or broken-down skin, the damaged area is freely excised between curved transverse incisions, the idea being to remove the whole abscess without allowing the escape of its contents, but the attainment of this is seldom possible when the gland walls are thinned out so as to make a bag of pus. The deep glands, which are often adherent to the superficial, are exposed, cleared off the carotid sheath, and removed *en masse*. A sinus is dealt with in a similar way, the skin margins widely excised, the glands exposed and dissected out, and the wounds sewn up. In all septic cases it is better to employ drainage for the first twenty-four hours, and in bad ones to leave the wound almost entirely unsutured. I have described in detail the steps of gland operations in a paper published in the *British Medical Journal*, 1905, and have little to add to that description as regards the anterior and posterior triangles. The chief points which further experience has confirmed are : in the anterior triangle, the desirability of beginning at the lowest accessible point ; cleanly exposing the internal jugular vein, and keeping it well in sight ; peeling the glands upwards off its sheath, and dividing the connecting fibrous tissue with a scalpel ; of avoiding injury to the spinal accessory nerve external

to the vein, and in adherent cases the hypoglossal internal to it. The clearing of the vein is sometimes difficult but seldom impossible; if it be injured it should be ligatured above and below the puncture, and the part adherent to the glands removed with them, its upper end being tied just below the digastric. The spinal accessory may be injured in removing the glands between it and the vein, but can generally be brought into view by pulling backwards the edge of the sterno-mastoid, which puts the nerve on the stretch. In young children it is often found considerably lower down in the neck than opposite the angle of the jaw, its regular anatomical situation in the adult. If it be divided here, its ends should be looked for and carefully sutured before completing the operation. I have sutured the nerve three times, and in all three cases the restoration of function was complete at the end of two months. The branch of the facial nerve to the lower lip is sometimes difficult to avoid, O'Dowd (*Annals of Surgery*, 1905), has said that if the transverse incision be made sufficiently low down and the platysma and deep fascia divided at the same level, the nerve is carried upwards with the retracted fascia. Unfortunately the nerve is generally, in cases of any duration, adherent to the fascia and the glands beneath it, and will often, in spite of every care, fail to escape division.

In the posterior triangle I have lately made much more use of parallel transverse incisions, and have found that if the skin and deep fascia are freed in both directions, a complete clearance of the area can be effected in all but the largest cases. The triangle is divided into two parts by the spinal accessory nerve, its course is therefore defined and the group above and below it cleared separately, from behind forwards, leaving the muscular floor of the triangle bare. The vein, if not already defined in the anterior triangle, comes into view under the sterno-mastoid, and is cleared by pulling the muscle forward and cutting on the attachments of the glands to the sheath. I have recently had a succession of cases in the subclavian and lower part of the posterior triangles. Here the incision was begun at the sternal head of the sterno-mastoid and carried backwards across the space, curving upwards over the trapezius. Better access was given to the area below the clavicle by raising the shoulders on a sandbag. The platysma was divided, the external jugular tied, and the sterno-mastoid dissected off the glands; the innermost gland at the junction of the internal jugular and subclavian was sought for and pulled up with gland forceps, and then freed from its connection with the vascular sheath by dividing the fascia over it; the glands above it lying in contact with the sheath were freed in the same way, and the finger being inserted beneath them, the whole mass in the subclavian triangle was worked out from before backwards. The trapezius when reached was pulled backwards, and the spinal accessory nerve having been defined, the entire mass of glands, fat, and fascia was removed from below upwards. In this region, though the glands are often very adherent to each other, they are usually easily separated from the floor of the triangle, especially as their deep fascial connections are divided by beginning the removal at the innermost and deepest point. Old calcareous glands are sometimes found adherent either to the pleura itself or to Sibson's fascia over it, but injury to these structures does not appear seriously to retard recovery. Injury to the veins, the thoracic duct, the phrenic nerve, the omo-hyoid, and the brachial plexus, is avoided by always cutting on the exposed gland capsules, using a scalpel throughout and avoiding blunt dissectors altogether.

The after-treatment of neck operations is of considerable importance. The patient should lie with the head turned to the side operated on; the dressings should be firm and bulky enough to keep the head steady, and should be re-applied at intervals of a few days for at least a fortnight. The swelling often seen after a very complete operation, due to a localised infection of the surrounding tissues by the bursting of the gland capsules and escape of their contents during the operation, is much more likely to appear if the patient be allowed up too soon; and a sound,

healing of the wound in its deeper parts is only to be effected by complete rest. In all suppurating cases, and in those that have been subjected to a prolonged operation, I use a drain for the first twenty-four hours; a small tube is better than the gauze drain formerly recommended, as the latter seems to block up the discharge after the first few hours. Recurrence in the area operated on is an indication that some part of it has been imperfectly cleared; but the appearance of fresh glands in untouched regions indicates that the patient's resistance to tubercle has not been sufficiently increased. With children, unless they are sure of returning to good surroundings, the best method of increasing their resistance is to keep them at the seaside for periods of six months to two years; and the resistance may be added to in the future when tuberculin has left the experimental stage by systematic doses of that vaccine. At Eastcliffe House we are enabled to treat the children under conditions scarcely equalled by any institution in the country; they can be kept for an almost unlimited time, and when their convalescent period is reached their education is proceeded with under first-rate hygienic conditions.

I have during the past two years operated under local anæsthesia for glands of neck in twelve cases. The anæsthesia was induced by injection of a one per cent. solution of adrenalin and eucain. The injection is made some half-an-hour before the operation is begun, in the line to be used for the incision; and when the deep parts of the wound are reached they are again soaked with the solution. The results were, on the whole, satisfactory, but in nervous patients, where there was some traction on the glands, it was found necessary to have an anæsthetist at hand ready to apply ether by the open method, which, without producing complete unconsciousness, tided over the period during which pain was felt. A disadvantage in this method is the alteration in the colour of the tissues due to the bloodlessness of the parts, so that it is by no means so easy to distinguish the edge of the internal jugular vein or the point of entrance of the spinal accessory nerve, as in a case under ordinary anæsthesia. For young children a general anæsthetic has always been employed.

Tuberculous glands in the axilla of any size, whether suppurating or not, should always be removed, and their removal should be as complete as possible. I usually make an incision from just internal to the insertion of the pectoralis major to below the margin of the breast, along the middle of the axilla, and dissect up the upper margin of the wound till the pectoralis major is exposed, the fascia over the muscle is then incised, and the removal of the glands carried out from the thorax towards the axillary vein. In malignant disease, the pectoralis major, and usually the minor also, are cut through at their insertions and turned out of the way before commencing the real dissection of the axilla, which is here started from the vein towards the breast, beginning by peeling the fascia off the exposed vein. For tuberculous glands division of the pectorals can seldom be called for, as in the largest cases where such a procedure could alone be even considered, the glands are always sufficiently adherent to each other to allow enough traction on them to bring the uppermost far enough into view to permit its liberation and removal with the rest of the mass. Having exposed the pectoralis major and divided its fascia, the mass is freed from beneath it; in some large cases the glands extend across the vessels under the muscle to its insertion, so that on their liberation the vessels, and more particularly the axillary vein, are exposed; but in the majority, after freeing the glands from beneath the muscle, and separating the mass from its thoracic connections, the lower margin is dissected up, and the mass worked out from below towards the vein. The large subscapular vein comes into view in this process, and furnishes a ready guide to the axillary vein. The subscapular nerves can always be preserved with a little care.

Tuberculous glands in the groin are much less frequently met with, but when of any size, or suppurating, should be cleared out in the same way. A long incision

is made over the mass, the lowest seized, the femoral sheath exposed, and the glands dissected out *en masse*.

In conclusion, I may sum up the treatment of the various types of tuberculous glands, whether of neck, axilla, or groin. Glands of short duration, and without signs of suppuration will, in a great number of cases, disappear if put under conditions of rest in suitable surroundings, such as are furnished for "Poor Law" children at Eastcliff House by the Metropolitan Asylums Board. Sinuses with skin ulceration, but without deep suppurating glands, often heal readily with small doses of tuberculin. Suppurating or caseous glands, sinuses with deep glands, and old cases that have not yielded to other treatment, are best treated by operation.

10. NOTES ON HÆMORRHAGIC DIPHTHERIA.

BY J. D. ROLLESTON, M.D.

Definition.—In the present paper the term hæmorrhagic diphtheria is applied to those cases in which in addition to other signs of malignancy hæmorrhages appear in the skin at an early stage of the disease, with or without hæmorrhages from the mucous membranes.

The insertion of the words "at an early stage" has been made so as to exclude cases of purpura occurring in convalescence from diphtheria such as have been described by Buckley,* Goodall,† and Barlow.‡ The qualification "in addition to other signs of malignancy" has been used because petechiæ may sometimes develop at the injection sites in cases which are not remarkably severe. These lesions which are usually scanty and minute have no evil significance. Cases in which epistaxis alone occurred, though accompanied by other features of malignancy, have not been dignified with the title of hæmorrhagic diphtheria, nor has the term been applied to malignant cases in which hæmorrhage occurred from beneath the faucial membrane alone.

It is sometimes difficult to determine whether a hæmorrhage is spontaneous, or is due to some slight mechanical cause. It is perhaps best to follow Sevestre, § who maintains that the lesion is always disproportionate to the local agent. Thus a bruise may appear over the knee after a light percussion of the extensor tendon, or over a rib after auscultation of the chest.

Frequency.—The present paper is based on 1,550 cases of diphtheria which have been under my care at the Grove Hospital in the course of the last six years. Of these, 78 or 5.03 per cent. were hæmorrhagic.

Classification.—The cases have been divided into two groups. A. Those in which the hæmorrhages involved both the skin and the mucous membranes (53 cases). B. Those in which the skin only was affected (25 cases).

* *Lancet* II. 1901, p. 132.

† *Ibidem*, p. 1492, and Guy's Hosp. Rep. 1894, Vol. L. p. 91.

‡ M.A.B. Reports, 1901.

§ In Comby's *Traité des mal. de l'enf.* Tome 1, 1904, p. 112, art. Diphthérie.

Age and Sex.—23, or 4.1 per cent. occurred in the first quinquennium; 50, or 7.02 per cent. in the second; and 5, or 3.4 per cent. in the third. The oldest patient affected was aged 12 years, though 167 of the 1,550 were above that age. 31 or 4.2 per cent. were males; 47 or 5.7 per cent. were females.

Seasonal incidence.—The following figures show that hæmorrhagic cases are almost equally frequent at all periods of the year. Thus 20 or 4.4 per cent. occurred in the first quarter, 14 or 6.03 per cent. in the second, 13 or 4.1 per cent. in the third, and 31 or 5.6 per cent. in the fourth.

Table I. shows that with two exceptions the annual percentage of hæmorrhagic cases has remained practically the same since 1902. The year 1903, for which the Grove Hospital diphtheria case mortality was only 6.0 per cent., was exceptional for its small number of malignant cases. The patients of 1908 cannot fairly be compared with those of the other years, since they represent an unusually large proportion of young children.

TABLE I.

Year.	Total number of		Hæmorrhagic		Percentage.
	cases.		cases.		
1902	168	..	10	..	5.9
1903	318	..	9	..	2.8
1904	200	..	11	..	5.5
1905	187	..	10	..	5.3
1906	306	..	16	..	5.12
1907	295	..	15	..	5.08
1908	76	..	7	..	9.2
	1550		78		

Previous health.—Hæmorrhagic diphtheria in the present series did not show a special tendency to attack weakly children, or those debilitated by a recent illness, as some writers have noted. In none of the cases was any other disease, such as scarlet fever or measles co-existent with diphtheria. 13 had had no previous illness whatever. The others had had one or more of the acute exanthemata, or a previous history of sore throat or bronchitis.

Character of diphtherial attack.—In all the cases the faucial membrane was extensive, and one or more of the characteristic features of malignancy were present, such as faucial and palatal œdema, foetor, disproportionate adenopathy, pitting of the skin over the glandular swelling, and absence of, or a delay in, reaction to antitoxin.

Sixty-eight cases, or 87.3 per cent., showed signs of nasal involvement either by membrane visible within the nasal fossæ or by profuse and thick rhinorrhœa. Only 4 had laryngeal symptoms. Two of them required tracheotomy. All 4 died.

Enlargement of the liver appreciable during life was found in 32 cases out of 57 hæmorrhagic cases, in whom it was investigated, *i.e.*, in 51.6 per cent. as compared with a percentage of 7.4 among 1,170 diphtheria patients in whom a routine examination of the liver was made.

A punctate rash on the knees described by Marfan * as characteristic of severe

* Bull. et mém. de la Soc. Méd des Hôp. de Paris, 1902, p. 722.

diphtheria, occurred in 11 out of 48 hæmorrhagic cases in which this sign was investigated.

Albuminuria was present in every case in which a specimen of urine could be obtained. Complete suppression of urine for 24 hours or more before death occurred in 24 cases, and pronounced oliguria in another 8.

With the exception of 39 cases who died of toxæmia during the acute stage, every hæmorrhagic patient suffered from paralysis.

It is of neurological interest, as indicating the perturbation of the pyramidal system met with in severe diphtheria that Babinski's sign was present in 17 out of 38 hæmorrhagic cases, *i.e.*, in 44.7 per cent., as compared with a percentage of 19.1 in a series of 636 cases of diphtheria in which this sign was investigated.

Day of disease on admission to hospital.—Table II. shows the day of disease on admission to hospital, which in all but 3 cases was the same as that on which antitoxin was first injected.

TABLE II.

						Cases.	Percentage frequency among all cases admitted.
1st day	..	..	..	..	..	0	0
2nd	..	..	..	..	..	3	0.9
3rd	..	..	..	..	..	14	3.4
4th	..	..	..	..	..	22	6.8
5th	..	..	..	..	..	20	9.6
6th	..	..	..	..	..	10	9.6
7th	..	and later	..	..	..	9	7.5
						78	

Thus no hæmorrhagic cases occurred among those injected on the first day, the percentage among second day cases was small, and the frequency progressively increased with delay in administration of antitoxin.

The diminished frequency of hæmorrhagic cases admitted after the sixth day is probably to be explained by the fact that only a small number of untreated hæmorrhagic cases survived after that date. Occurrence of hæmorrhages in those treated comparatively early is to be attributed to a precocious malignancy of the disease and finds a striking parallel in certain rare cases of syphilis in which early adoption of specific treatment does not prevent the disease running a severe and rapidly fatal course (*v. Med. Press and Circ. I.* 1907, p. 307, in which I have reported a case of this kind).

Of the three cases who had been injected before admission, one had received 2,000 units at home on the third day, was admitted on the fourth, and died on the ninth day of disease. The second had received 2,000 units on each of the sixth and seventh days, was admitted on the seventh, and died on the eleventh day. The third had received 1,700 units at home on the fourth day, was admitted the same day and died on the twelfth day.

Relation to antitoxin.—Table III. shows the total amount of antitoxin given in each case. As a rule injection was not made more than once daily, the maximum dose at one time rarely exceeding 24,000 units. The subcutaneous method only was adopted.

Upper limbs—

Upper arms	5 cases.
Forearms	..	..	..	..	..	..	..	16 "
Hands	..	..	..	..	..	..	..	4 "

Lower limbs—

Thighs	..	..	..	..	..	..	..	20 "
Legs	..	..	..	..	..	..	..	28 "
Feet	..	..	..	..	..	..	..	5 "

Hæmorrhages from mucosæ.—Hæmorrhage from the nasal mucosæ was by far the most frequent, being met with in 44 cases. Bleeding from the lips, tongue, or gums occurred in 16, and from the fauces in 9. In only 2 was there hæmaturia. Subconjunctival hæmorrhage, so frequently seen in hæmorrhagic smallpox, occurred in only 1 case. Hæmorrhage from the genital mucosæ, which is also frequent in smallpox, was not observed.

Internal hæmorrhages.—The earlier the death the more likely are hæmorrhages to be found in the cellular tissue, muscles, serous membranes, and viscera. An autopsy was held in 27 cases. In 7 no internal hæmorrhages whatever were found. It is probable that in some of them hæmorrhages had existed, but had been absorbed before death. Hæmorrhages in the cervical and retropharyngeal cellular tissue were constant in cases which had died early. Intramuscular hæmorrhages, extending in the abdominal wall from the injection sites up to the thorax and downwards into the pelvis, were also almost invariable in early cases.

Subepicardial hæmorrhages were found in 17 cases, subpleural in 10, and subperitoneal in 7. Hæmorrhages into the suprarenals were seen in all the cases in which they were examined.

Hæmorrhages beneath the gastric mucous membrane were noted in 9 cases, and intrapulmonary hæmorrhages in 3.

Date of occurrence of hæmorrhages.—Table V. shows the day of disease on which the hæmorrhages were first noted.

TABLE V.

3rd day	..	..	..	..	..	3 cases.
4th	..	..	..	..	..	6 "
5th	..	..	..	..	..	23 "
6th	..	..	..	..	..	17 "
7th	..	..	..	..	..	15 "
8th	..	..	..	..	..	7 "
9th	..	..	..	..	..	4 "
10th	..	..	..	..	..	2 "
14th	..	..	..	..	..	1 case.

—
78 cases.

Thus 64 occurred in the first week, 14 in the second week, and the great majority—55 cases—between the 5th and 7th days.

Mortality.—Of the 78 cases, 65 died—a mortality of 83.3 per cent. This high figure can best be appreciated by comparing it with the total mortality of the 1,550 cases, which was 8.0 per cent (124 deaths). Among 53 cases in which both skin and mucosæ were involved there were 43 deaths; 6 in this class showed petechiæ and epistaxis only. Of these, 3 recovered. Among 25 cases in which

the skin only was involved there were 22 deaths. Seven, all of which were fatal, showed both bruises and petechiæ; 6, of which 5 died, had petechiæ only, the remaining 12, of which 10 died, had bruises only.

Date of death.—The date of death is shown in Table VI. from which it is seen that the great majority died in the week comprised between the 6th and 12th days.

TABLE VI.

Date of death.					
4th day of disease					
4th	day of disease	..	..	..	1 case.
5th	"	"	"	"	3 cases.
6th	"	"	"	"	10 "
7th	"	"	"	"	10 "
8th	"	"	"	"	9 "
9th	"	"	"	"	6 "
10th	"	"	"	"	4 "
11th	"	"	"	"	6 "
12th	"	"	"	"	4 "
13th	"	"	"	"	2 "
14th	"	"	"	"	3 "
15th	"	"	"	"	4 "
18th	"	"	"	"	1 case
30th	"	"	"	"	1 "
52nd	"	"	"	"	1 "

} 24 in first week.

} 34 in second week.

} 5 in third week.

65

In 39 or 60.0 per cent of the fatal cases, death took place from toxæmia, while the faucial membrane was still present, before paralysis had had time to develop. The remaining 26 died after the membrane had disappeared; in 24 of these death was due to cardiac paralysis, which had first developed before the beginning of the third week, and was associated in 21 cases with precocious paralysis of the palate.

One died of broncho-pneumonia on the 30th day. The remaining fatal case was the only one which showed any other paralysis than that of the heart and palate.

A girl, aged 4 years, was admitted on October 7, 1905, on the 14th day of disease.

State on admission.—Considerable superficial necrosis of epithelium of soft palate and left tonsil. Small patch of membrane on uvula. Thick nasal discharge. Petechiæ on chest and right shoulder. Knee and ankle jerks active. 18,000 units. Adrenalin chloride m. x., 4 hourly.

15th day. Throat clean. Epistaxis. Lips bleeding. Bruises over sacrum and posterior iliac spines. A few fresh petechiæ on chest.

16th day. Two fresh bruises on right forearm, and one over lumbar vertebræ. More petechiæ on thighs. Still epistaxis.

17th day. Cardiac arrhythmia and enlargement of liver.

20th day. Nasal voice.

33rd day. Ciliary palsy. Knee and ankle jerks lost.

35th day. Squint.

49th day. Pharyngeal and labial palsies.

50th day. Diaphragmatic palsy.

52nd day. Death.

Albuminuria was present from admission till death.

In 24 of the 65 fatal cases death occurred within 24 hours of the first occurrence of skin hæmorrhage. Among the remainder death took place at the following dates :

TABLE VII.

Date of death.							
2 days after occurrence of hæmorrhage	..	..	..	..	..	..	15 cases.
3 "	"	"	"	..	..	..	4 "
4 "	"	"	"	..	..	..	4 "
5 "	"	"	"	..	..	..	2 "
6 "	"	"	"	..	..	..	5 "
7 "	"	"	"	..	..	..	4 "
8 "	"	"	"	..	..	..	3 "
10 "	"	"	"	..	..	..	2 "
21 "	"	"	"	..	..	..	1 case.
38 "	"	"	"	..	..	..	1 "

Austen and Cogill* in their analysis of 58 cases of hæmorrhagic diphtheria state that with the exception of two cases which lived till the 9th and 11th days after the appearance of hæmorrhages, all died within 48 hours, 30 dying within 24 hours. Antitoxin had been given in only 12 cases, 6 of which were moribund on admission. Similar testimony as to the rapidity of death in pre-antitoxin times is given by MacCombie.† My own figures show that life in many cases may be prolonged, and in a few saved by the employment of large doses of antitoxin.

Short histories of the cases which recovered will now be given.

Case 1.—Girl, aged 5 years, admitted October 19th, 1902, on 4th day of disease. State on admission: Fauces very œdematous. Membrane covers enlarged tonsils, pillars and uvula, and extends on to soft palate. Much adenopathy. Profuse watery nasal discharges. Knee jerks absent. 18,000 units.

5th day. Membrane as yesterday. Marked fœtor. Nasal discharge thicker, more profuse and sanious. Adenopathy increased. Bruise over right anterior superior iliac spine. 15,000 units. Adrenalin chloride solution m.v., 4 hourly.

6th day. Throat slightly cleaner. Two fresh bruises over lumbar vertebræ.

10th day. Throat clean.

11th day. General urticaria for one day only.

16th day. Heart shows triple rhythm. Irregularity of force and rhythm lasted till 45th day.

33rd day. Nasal voice.

41st day. Ciliary palsy lasting till 58th day.

43rd day. Late tonsillitis.

47th day. Squint.

54th day. Allowed to sit up.

She walked badly for some days after first getting up in clothes. On her discharge from hospital on the 79th day her knee jerks were still absent.

Case 2.—Boy, aged 4 years, admitted December 29th, 1902, on 3rd day of disease. State on admission: Fauces and palate œdematous. Tonsils meeting and covered by membrane which invades soft palate. Profuse watery nasal discharge. Stertor and fœtor. Bruises on right shoulder and right leg. 18,000 units.

4th day. Membrane of same distribution. Fauces less œdematous. Bleeding from gums. Two bruises over lumbar vertebræ. 15,000 units. Adrenalin m.v., 4 hourly.

7th day. Albuminuria lasting till 28th day.

10th day. Throat clean.

* Brit. Med. Jour. I., 1895, p. 694.

† *Ibidem* II., 1906, p. 1759.

13th and 14th days. General urticaria.
 15th day. Cardiac dilatation lasting till 58th day.
 27th day. Palatal and ciliary palsies.
 5th week. Pharyngeal and diaphragmatic palsies.
 6th week. Paralysis of vesical sphincter.
 7th week. Labial palsy and weakness of neck muscles.
 8th week. Up in clothes but paraplegic for more than a fortnight.
 Discharged after 81 days' stay in hospital.

Case 3.—Boy, aged 5 years, admitted January 3rd, 1903, on 3rd day of disease. State on admission: Dirty membrane covers swollen tonsils, pillars, and part of soft palate. Considerable adenopathy. Profuse and thick nasal discharge. 18,000 units.

4th day. Uvula covered by membrane. Blood-stained nasal discharge. 18,000 units. Adrenalin chloride solution m.v., 4 hourly.
 5th day. Numerous petechiæ at second injection site.
 7th day. Epistaxis. Albuminuria lasting till 26th day.
 9th day. Throat clean.
 10th–13th days. Urticaria on trunk and limbs.
 20th–43rd days. Cardiac dilatation.
 21st day. Palatal palsy.
 25th day. Ciliary palsy.
 52nd day. Scarlet fever, without complications.
 Discharged after 96 days in hospital.

Case 4.—Boy, aged 10½ years, admitted January 28th, 1903, on 6th day of disease. State on admission: Fauces and palate œdematous. Membrane covers both tonsils and pillars and part of soft palate. Proconsular neck. Marked fœtor and stertor. Petechiæ on neck and left upper arm. No knee jerks. Albuminuria lasting till 35th day. 21,000 units. Adrenalin chloride m.v., 4 hourly.

7th day. Fauces as yesterday. Considerable œdema of cellular tissue spreading from neck down to the level of the nipples.

8th day. Bloodstained nasal discharge.

9th day. Numerous petechiæ scattered all over the abdomen. Large hæmatoma at second injection site.

9th–11th and 14th–16th days. General urticaria.

12th day. Cardiac dilatation and irregularity which persisted during stay in hospital.

13th and 17th days. Nausea and vomiting.

30th–57th days. Ciliary palsy.

39th–55th days. Palatal palsy.

60th day. Allowed to sit up.

Walking was unsteady for the first fortnight that he was up. On his discharge after 77 days in hospital the knee jerks were still absent.

Case 5.—Boy, aged 3 years, admitted February 22nd, 1903, on 6th day of disease. State on admission: Fauces œdematous. Membrane on tonsils and pillars. Profuse nasal discharge. Albuminuria which persisted till 21st day. 18,000 units.

7th day. Profuse epistaxis. Bruises at injection site. Numerous petechiæ scattered all over abdomen and on legs. 27,000 units. Adrenalin chloride solution m. x., 4 hourly.

9th day. Bruises on right forearm.

12th–16th days. General urticaria.

12th–25th days. Vomiting associated with cardiac dilatation and irregularity.

Palatal and ciliary palsies developed in the 4th week and pharyngeal, diaphragmatic, and labial palsies in the 5th week. He was allowed to sit up on the 65th day, but it was another month before he could walk at all well.

He was discharged after 96 days in hospital.

Case 6.—Boy, aged $5\frac{1}{2}$ years, admitted January 20th, 1904, on 5th day of disease. State on admission: Dirty membrane covers tonsils and pillars, part of posterior pharyngeal wall and soft palate. Sanious nasal discharge. Well-marked bilateral adenopathy. Petechiæ in right groin. 21,000 units. Adrenalin chloride solution m.v., 4 hourly.

6th day. Membrane of same distribution. Nasal discharge no longer blood-stained. 21,000 units.

7th day. Albuminuria which persisted till 35th day. 21,000 units.

8th day. Throat clean. Liver edge 2 fingers' breadth below costal margin.

14th-to 20th days. General urticaria.

14th-18th days. Cardiac irregularity.

20th day. Ciliary palsy lasting till 53rd day.

24th day. Palatal palsy, also gone by 53rd day.

49th day. Sat up. For 11 days after getting up he had some difficulty in walking.

He was discharged after 79 days in hospital.

Case 7.—Boy, aged $2\frac{1}{2}$ years, admitted February 18th, 1904, on 5th day of disease. State on admission: Old thin membrane on both tonsils, pillars, uvula and epiglottis. Watery nasal discharge. Albuminuria lasting till 50th day. 18,000 units. Adrenalin chloride m.v., 4 hourly.

6th day. Membrane of same distribution. Bruises on legs and on left posterior superior iliac spine. 21,000 units. Adrenalin chloride increased to 2 hourly doses.

7th day. Epistaxis.

8th day. Throat clean.

17th-18th days. General urticaria.

32nd day. Palatal and labial palsies.

35th day. Pharyngeal palsy. Cutaneous analgesia. Knee jerks and abdominal reflexes lost.

38th day. Squint and ptosis.

48th-56th days. Cardiac dilatation.

When propped up on the 56th day well-marked palsy of the neck muscles was present. Loss of power in the lower limbs persisted for more than a month after getting up.

Discharged after 99 days in hospital.

Case 8.—Boy, aged 1 year 10 months, admitted July 4th, 1904, on 6th day of disease. State on admission: Membrane on both tonsils and anterior pillars. Profuse watery nasal discharge. Moderate adenopathy. 18,000 units. Adrenalin chloride m.v., 4 hourly.

7th day. Membrane of same distribution. Marked fœtor. Adenopathy increased. Epistaxis. 21,000 units. Adrenalin increased to 2 hourly doses.

8th day. Petechiæ on thighs. Bruise over lumbar vertebræ.

9th day. Bruise just internal to inferior angle of right scapula.

10th and 11th days. Epistaxis.

11th day. Slight enlargement of liver.

13th day. Throat clean.

14th day only. A few wheals of urticaria.

15th day. Albuminuria.

20th day. Palatal palsy

24th-64th days. Cardiac dilatation and irregularity.

39th day. Squint.

56th day. Allowed to sit up. Paraplegia for a fortnight after first sitting up. No knee nor ankle jerks on his discharge after 81 days' stay in hospital.

Case 9.—Girl, aged 7 years, admitted December 14th, 1904, on 4th day of disease. State on admission: Fauces œdematous. Membrane covers tonsils, pillars and uvula. Some deposit on epiglottis. Proconsular neck. Bruise over left internal malleolus. 24,000 units. Adrenalin m.v., 2 hourly.

5th day. Membrane of same distribution. Fœtor marked. Bruise on right knee. 24,000 units.

6th day. Membrane still of same distribution. Albuminuria lasting till 33rd day. 24,000 units.

9th day. Punctate rash on knees.

10th-14th days. General urticaria.

11th day. Throat clean.

17th day. Palatal palsy.

22nd-42nd days. Cardiac dilatation and irregularity.

26th day. Ciliary palsy.

39th day. Labial palsy.

56th day. In clothes. No loss of power in limbs, but knee and ankle jerks absent.

Discharged after 62 days' stay in hospital.

Case 10.—Boy, aged 4 years, admitted December 23rd, 1904, on 4th day of disease. State on admission: Fauces and palate œdematous. Membrane covers both tonsils, pillars, and tip of uvula. Profuse nasal discharge. Membrane visible in nasal fossæ. Moderate adenopathy. Stertor and fœtor. Petechiæ round neck. 24,000 units. Adrenalin chloride m.v., 2 hourly.

5th day. Fauces still œdematous. Fœtor and stertor increased. Thick cloud of albumin in urine lasting till 40th day. 24,000 units.

6th day. Several fresh petechiæ on neck. A few on scapulæ. Bruise at second injection site.

7th day. Numerous fresh petechiæ on neck, back, buttocks and legs. Liver 2 fingers' breadth below costal margin. Throat clean.

11th-15th days. Urticaria.

14th day. Palatal palsy.

26th day. Cardiac arrhythmia.

35th day. Ciliary palsy.

42nd day. Labial palsy.

49th-53rd days. Pharyngeal palsy.

54th day. Allowed to sit up, but it was a fortnight before he could walk by himself. The knee and ankle jerks were still absent on his discharge from hospital on the 72nd day.

Case 11.—Boy, aged 7 years, admitted March 5th, 1905, on 4th day of disease. State on admission: Fauces extremely œdematous. Thick membrane covers both tonsils and pillars, and is continued as a thin film almost on to hard palate. Adenopathy well-marked. Thick nasal discharge. Membrane visible in nostrils. Much fœtor. 24,000 units. Adrenalin chloride m. x., 2 hourly.

5th day. Delirious in night. Bruise on left calf and back of left hand. 24,000 units. Albuminuria lasting till 31st day.

8th day. Liver 1 finger's breadth below ribs. Throat clean.

11th-12th days. Urticaria.

11th day. Palatal palsy lasting till 60th day.

15th-27th days. Cardiac dilatation and arrhythmia.

28th day. Ciliary palsy.

50th day. Squint, ptosis and diplopia.

Some motor paresis for a fortnight after he was first up in clothes.

Discharged after 78 days' stay in hospital.

Case 12.—Girl, aged 7 years, admitted at 12.15 a.m. on March 14th, 1906, on 5th day of disease. State on admission: Fauces œdematous. Thick membrane covers tonsils, anterior pillars, uvula, and part of soft palate. Watery nasal discharge. Stertor and fœtor. Proconsular neck. Albuminuria persisting till 41st day. Babinski's sign in both feet lasting till 33rd day. 24,000 units. Adrenalin chloride m. x., 4 hourly. 1.20 p.m., 24,000 units.

6th day. Hæmorrhage from beneath membrane on palate.

7th day. Sanious nasal discharge.

8th day. Numerous petechiæ on back and sides of thorax. A few round neck and in left groin. Punctate eruption on knees. Bruise on right iliac crest.

9th day. Hæmorrhage from fauces. Voice nasal.

11th day. Throat free of membrane. Extensive superficial necrosis of epithelium of tonsils, uvula, pillars, and soft palate.

12th day only. A few small wheals on abdomen.

25th day. Ciliary palsy.

33rd-49th days. Cardiac dilatation and irregularity.

40th-60th days. Labial palsy.

Transferred to convalescent hospital on 70th day of disease. No loss of power in limbs, but knee and ankle jerks absent.

Case 13.—Boy, aged 5 years, admitted April 1st, 1908, at 12.15 a.m. on 5th day of disease. State on admission: Fauces and palate œdematous. Membrane covers tonsils, pillars, uvula, and soft palate. Profuse nasal discharge. Proconsular neck. 28,000 units. Adrenalin m. x., 4 hourly.

11.15 a.m. Much epistaxis. 24,000 units. Adrenalin increased to m. x., 2 hourly.

6th day. Bruise over tubercle of left tibia.

7th day. Bruises over right posterior iliac spine. Sanious nasal discharge. Albuminuria persisting till 44th day.

9th day. Throat clean.

12th day. Palatal palsy lasting till 52nd day. Heart sounds indistinct. Liver edge 1 finger's breadth below costal margin.

12th-13th days. A few small wheals on abdomen.

15th day. Urticaria on face and thighs.

21st day. Ciliary palsy lasting till 45th day.

25th-64th days. Cardiac irregularity and dilatation.

32nd day. Labial palsy.

76th day in clothes. For a few days he was unable to walk without support. The knee and ankle jerks which were sluggish on admission were lost by the 32nd day and were still absent on his discharge on the 101st day.

It will be seen that all these cases showed the characteristic features of malignant diphtheria. In addition to severe angina, all but one had some degree of nasal involvement. Albuminuria was present in all. In 9 it was abundant, and lasted for more than three weeks.

All developed extensive paralysis. Palatal palsy occurred in all, in 4 it was precocious, *i.e.*, appeared before the beginning of the third week. All but two who were too young to test, showed ciliary palsy. All manifested some degree of cardiac dilatation and irregularity. In two there was cardiac vomiting. Ten

showed considerable weakness of the lower extremities which persisted for a fortnight or more after first getting up. In two of the remainder though there was no actual loss of power, the knee and ankle jerks were abolished (paraplegie fruste of Aubertin and Babonneix *). Labial palsy was noted in 6, squint in 4, paralysis of the pharynx in 4, and of the diaphragm in 2.

The length of stay in hospital was considerably longer than the average, though only one patient (Case 3), developed a secondary disease—scarlet fever. The shortest stay was 62 days, the longest 97, and the average period, 80 days.

The treatment in each case consisted in large doses of antitoxin, the justification for which will be seen in Table III., and in the internal administration of adrenalin. This drug was given not so much for the sake of controlling the hæmorrhages, which in no case were sufficient to endanger life, but to compensate for the suprarenal insufficiency, clinical and anatomical evidence of which exists in every severe case of diphtheria.

SUMMARY.

1. Cutaneous hæmorrhages occurring during the early stages of the disease with or without hæmorrhages from the mucous membranes and associated with other features of malignancy, occur in about 5 per cent, of all cases of diphtheria.

2. The severity of the diphtherial attack is usually due to neglect of treatment at an early stage, but is sometimes due to precocious malignancy (*cf.* syphilis).

3. Hæmorrhagic diphtheria is confined to children. It is not affected by the season, sex, or previous health.

4. Reaction to antitoxin is delayed, and the usual sequelæ of serum treatment are much less frequent in hæmorrhagic than in milder forms of diphtheria.

5. The mortality of hæmorrhagic diphtheria is over 80 per cent.

6. All the cases which recover suffer from extensive paralysis.

7. Treatment should consist in large doses of antitoxin associated with frequent administration of adrenalin.

11. A CASE OF CEREBRAL ABSCESS FOLLOWING OTITIS MEDIA AND OCCURRING DURING CONVALESCENCE FROM SCARLET FEVER.

BY E. J. WYLER, M.B., B.S., LOND.

Florence H., aged 10, was admitted to the Western Hospital on the 27th January, 1908, suffering from scarlet fever. Whilst there she had an attack of nephritis of short duration; otherwise the disease ran a favourable course, and she was transferred on the 6th April to the Northern Hospital.

Six days after admission a typical relapse commenced, with raised temperature (103°), rapid pulse, punctate erythema, tongue papillated and later peeling, and injected throat. A culture taken from the throat shewed absence of diphtheria bacilli.

* Presse Médicale, 1905, p. 84.

On the 14th April there was blood and albumen in the urine, which continued on and off until the 6th June, when it finally ceased.

On the 19th April a right otorrhoea commenced, and on the 5th May the right ear was painful, and there was slight mastoid tenderness, whilst the discharge was profuse.

On the 27th May an incision was made over the mastoid bone, and a quantity of pus was evacuated.

On the 2nd June the patient had some frontal headache, which ushered in a generalised convulsion, apparently uræmic in character, lasting about one hour. Potassium bromide (grs. xx.) and chloral hydrate (grs. x.) were given per rectum, and a hot pack was applied. The condition rapidly subsided. On the two days prior to the fit the urine had contained no albumen; but it shewed a trace on the succeeding three days, after which it remained free.

On the 12th June there was a return of the frontal headache, and on the 14th June the patient began to vomit. The frontal headache and vomiting were from now onward marked features of the case. At first the vomiting seemed to bear a relation to food, but the apparent relationship was negated by the fact that substitution of rectal for oral feeding caused no abatement of the symptom.

About this date persistent constipation commenced, the bowels being again naturally opened on only two occasions.

The outstanding features of the case were now constipation and frontal headache, fairly profuse otorrhoea and slow pulse (varying from 50 to 66). The mental condition underwent rapid and frequent alterations, the patient being at one time cheerful and at another being seized with languor and drowsiness, almost merging into coma. The temperature was normal, and continued so until the end (except during the acute stage of the otorrhoea and during the first "fit"). On the 20th June loss of knee jerks was noted, and the right pupil was widely dilated and fixed, and unresponsive to light. The left pupil re-acted normally. There was slight paresis of the left lower and right upper sides of the face, pointing to a supra-nuclear lesion of the seventh nerve (the right sided ptosis suggesting an involvement of the third nerve), whilst the tongue was protruded slightly to the right of the middle line. Babinski's extensor response was readily obtained, and there was commencing double optic neuritis. The patient complained of pain in the back of the neck and diplopia, and she was quite positive that the diplopia was most marked when the pain (which was paroxysmal in character) was at its worst, but there was no retraction of the head, and Kernig's sign could not be elicited.

On the morning of the 21st the patient had a "fit": both forearms were tightly flexed and the thumbs were folded in under the flexed fingers; she appeared to lose consciousness, there was no incontinence, and the tongue was not bitten; the legs were unaffected. The "fit" lasted three minutes, and was preceded by a shriek three minutes before.

On the 22nd inst. there were two "fits," the first of which lasted four minutes, and the second twenty minutes. The whole body, the limbs, and the right side of the face were involved. The pulse was dicrotic, and varied in rate between 50 and 60. The size of the pupils varied spontaneously with great frequency, at one minute being apparently normal in size and re-action, and at the next dilated and fixed.

On the afternoon of the 22nd, the otorrhoea had ceased for 24 hours. She was then seen by Mr. Sargent, of St. Thomas's Hospital, who operated at 2.30 p.m. with chloroform anaesthesia.

Operation: The mastoid cells were chiselled away, and found to contain inspissated pus. The antrum was found full of pus. The lateral sinus, on exposure, proved to be unaffected. On removing the necrosed roof of the attic, the dura mater of the middle fossa bulged into the opening, and granulations were seen upon it. A small incision was made, and the closed blades of a sinus forceps were gently

insinuated into the opening and pushed onwards into the temporal lobe. This was immediately followed by a gush of inodorous pus, about one ounce being evacuated. A medium-sized rubber tube, with a gauze wick in its lumen and without lateral openings, was inserted as far as possible.

The patient withstood the operation well; the pulse-rate rose to seventy-two, there was no vomiting, and she was able to retain a little albumen water and, later on, some peptonized milk.

On the morning of the 23rd June the pulse was eighty-four, regular, of low tension. There was no apraxia. In the afternoon she had a "fit": both forearms were flexed, the thumbs were folded into the palms, the fingers were not clenched, there was incontinence of faeces and urine, and the pulse-rate rose to 112. At the same time, there was independent movement of the eyeballs, with nystagmus. Later the pulse-rate rose to 120, and 40 c.c. of polyvalent anti-streptococcic serum were given per rectum, the dose being repeated in three hours. The condition now again appeared to be mending, the pulse-rate fell, whilst the tension improved; there was no repetition of the fits, and the pupils were normal. The improvement was maintained for two days, when the patient became drowsy and "wandered" slightly. There was no strabismus, but both eyes were persistently diverged to the right. Twenty c.c. of the serum were given subcutaneously, but without benefit. The pulse became "running," there were continual movements of the arms, with short spasms of the right side of the face, and continual screaming, meningitic in character, from midnight until death, at 5 a.m., on the 26th June.

Autopsy. The permission for the autopsy was limited to an examination of the brain. I am indebted to Mr. Sargent for the following notes.

The abscess was found to have been efficiently drained, so that its cavity was almost obliterated. But there had been extension into the lateral ventricle, and, no doubt, death was due to that cause. Apart from some firm adhesions around the opening which had been made for drainage, there was no evidence of meningitis. The abscess which was in the temporal lobe had extended inwards and basalwards, so as to come into close proximity with the third nerve.

Note. The persistent otorrhoea, taken together with the constipation, headache, slow pulse, and vomiting, were the first symptoms to suggest the existence of cerebral trouble. The absence of pyrexia, except on the occasions already noted, also pointed in the same direction, but the otorrhoea was the only definite localising symptom, suggesting either the cerebellum or the temporal lobe as the seat of the mischief, whilst the apparent involvement of the third nerve, as shewn by ptosis and pupillary changes, seemed to point to the temporal lobe. The very variable mental condition was of doubtful significance, as also was the existence of commencing double optic neuritis, since this latter has definitely been shewn to occur in mastoid suppuration, unaccompanied by any intracranial lesion.

The early and continued presence of Babinski's extensor response I am unable to explain.

Incidentally the case is interesting and instructive as illustrating the extreme caution necessary in giving a prognosis in intracranial complications of middle ear disease, even when the condition subsequent to operation appears to be assuming a favourable aspect.

12. ON THE TEMPERATURE IN SCARLET FEVER.

By F. M. TURNER, M.D., ASSISTED BY W. LOWSON, M.B.

The temperature charts of 829 patients in the South-Eastern Hospital case books of 1903-4 have been examined by my late assistant (Dr. Lowson) and myself, with some help from a paid clerk. 806 of the patients recovered and 23 died. 77 cases, including 2 deaths were rejected as useless, either from having been admitted too late—after the 10th day of disease, or from some complication having been present on admission. 325 cases, including 11 deaths, were admitted on or before the 2nd day of disease; 374 cases, including 9 deaths, on the 3rd, 4th, or 5th days; and 53 cases, including 1 death, between the 6th and 10th days.

In considering the duration of the fever, the days spent at home do not matter, but in considering the height the loss of record for that time becomes important as the time lengthens. It has been necessary, therefore, in some cases, to utilise only one or two of these groups.

DURATION OF FEVER.

In most cases the recovery from fever is gradual, so that the exact duration of the pyrexia is not very well defined. In order to have a definite point in every case, a patient was reckoned to have fever so long as his temperature reached 99° at least once in the day. The duration of fever in 668 recovered cases was as follows:—

TABLE I.

Duration in days	0	1	2	3	4	5	6	7	8	9	10	11	12	13
No. of cases	2	4	24	111	100	98	85	43	44	31	28	15	17	8

Duration in days	14	15	16	17	18	19	20	21	22	23	24	25	26	27
No. of cases	16	13	4	6	2	2	1	2	..	2	..	1	3	1

Duration in days	28	29	30	31	32	33	34	35	36	..	..	52	Total.
No. of cases	..	..	1	1	..	..	..	1	1	..	..	1	668

In addition, 63 cases admitted within ten days of onset of the fever had no fever left when admitted, these cases will be discussed below. The greatest number of cases had 3 days' fever only, but from 3 to 6 days are very common periods. The mean duration of all these cases is 6.313 days, if we take 1 day cases to extend from 0 to 1 day, 2 day cases from 1 to 2 days, etc.

This figure, however, over-estimates the mean duration; for though there was no fever present on admission in 63 cases, it is not correct to leave them entirely out of account.

In 6 of these admitted on the 2nd day of disease, we know that the fever was of 1 day duration at the most, in 24 admitted on the 3rd day of disease, the fever was of 2 days duration at the most; these cases, therefore, are cases of short duration, and must not be ignored if we want to get a fair average of the duration. Assuming each case in which no fever was present on admission to have had fever

up to the preceding day, we shall, at least, not under-estimate the mean duration of fever. Inserting these cases the first 9 figures of the preceding table are altered as follows :—

TABLE IA.

Duration in days	..	..	..	0	1	2	3	4	5	6	7	8	9
No. of cases	..	..	..	2	10	48	124	112	101	86	43	45	34

The mean duration of these 731 recovered cases is 6.042 days. The most frequent duration is 3 days, and the frequency curve is highly asymmetrical. The standard deviation of the cases is 5.08 days.

The duration of the cases is connected with the day of disease upon which they were admitted, either as cause or effect. This is shown in the next table.

TABLE II. RECOVERED CASES ONLY.

Duration in days.			Day of disease on which patient was admitted.										Total.
			1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th.	9th.	10th.	
0	..	..	2	..	..	..	..	..	..	..	..	..	2
1	..	..	4	..	..	..	..	..	..	..	..	..	4
2	..	..	7	17	..	..	..	..	..	..	..	..	24
3	..	..	13	75	23	..	..	..	..	..	..	..	111
4	..	..	16	37	37	10	..	..	..	..	..	..	100
5	..	..	3	31	28	22	14	..	..	..	..	..	98
6	..	..	2	22	23	19	14	5	..	..	..	..	85
7	..	..	4	6	12	5	8	4	4	..	..	..	43
8	..	..	2	18	7	6	7	1	3	..	..	..	44
9	..	..	..	8	9	8	2	1	2	..	1	..	31
10	..	..	..	10	5	6	3	2	1	..	..	1	28
11	..	..	..	3	6	2	..	2	..	2	..	..	15
12	..	..	1	5	1	7	2	..	..	..	..	1	17
13	..	..	1	2	..	2	1	..	1	1	..	..	8
14	..	..	1	4	5	2	2	..	1	..	..	1	16
15	..	..	..	5	3	2	..	1	1	..	..	1	13
16	..	..	..	..	1	..	1	1	1	..	..	..	4
17	..	..	..	..	2	2	..	1	1	..	..	..	6
18	..	..	..	1	..	..	1	..	..	..	..	..	2
19	..	..	..	1	1	..	..	..	..	..	..	..	2
20	..	..	1	..	..	..	..	..	..	..	..	..	1
21	..	..	..	1	..	..	1	..	..	..	..	..	2
22	..	..	..	..	..	..	..	..	..	..	..	..	..
23	..	..	1	..	..	..	..	..	..	..	..	1	2
24	..	..	..	..	..	..	..	..	..	..	..	..	..
25	..	..	1	..	..	..	..	..	..	..	..	..	1
26	..	..	..	2	..	..	..	..	..	1	..	..	3
27	..	..	..	1	..	..	..	..	..	..	..	..	1
28	..	..	..	..	..	..	..	..	..	..	..	..	..
29	..	..	..	..	..	..	..	..	..	..	..	..	..
30	..	..	..	..	..	1	..	..	..	..	..	..	1
31	..	..	..	..	..	..	..	..	..	..	..	..	..
32	..	..	..	..	..	1	..	..	..	..	..	..	1
33	..	..	..	..	..	..	..	..	..	..	..	..	..
34	..	..	..	..	..	..	..	..	..	..	..	..	..
35	..	..	..	..	..	..	1	..	..	..	..	..	1
36	..	..	..	..	..	..	..	..	1	..	..	..	1
..
..
52	..	..	..	..	..	..	1	..	..	..	..	..	1
Uncertain *	..	..	..	6	24	13	12	3	1	..	1	3	63
Total	..	..	59	255	187	108	70	21	17	4	2	8	731

* Fever over before admission.

The mean duration of each column separately, ignoring the 63 imperfectly observed cases, is given below, and shews a very regular increase in duration with increase of the period to which the disease had advanced before admission; approximately the fever lasted one day longer for each day spent at home.

It may be argued that the omission of the imperfect cases, which will necessarily raise the mean age of the later columns, is the chief cause of this increase. But we can include these cases, assuming that each had no fever, the most unfavourable supposition. The means of the later columns will thus be reduced, probably to an excessive extent. The mean of each column so calculated is shewn in the third row of the next table, which proves that there is still a considerable increased duration corresponding to increased stay at home, even after excluding the above source of error.

TABLE III.

Day on which patient was admitted	1	2	3	4	5	6	7	8	9	10
Mean duration of fever—										
(a) excluding imperfect cases	5.07	5.78	6.30	8.05	8.97	9.15	11.9	15.2	9.0	14.8
(b) including imperfect cases	5.07	5.64	5.50	7.09	7.43	7.87	11.2	15.2	4.5	9.2

Two reasons readily suggest themselves for this connection. Either hospital treatment has a favourable influence, or, what is the same thing for comparative purposes, home conditions an unfavourable influence, on the course of the cases; or the selection of cases by which some come in later than others is in some way connected with their severity. Clinical experience does not suggest that, as a rule, the more severe cases are difficult to diagnose in an early stage, but rather the reverse. The former reason, therefore, seems the more probable; and this is confirmed by the fact that a series of 78 cases of scarlet fever caught in hospital examined by the author had a mean duration of 4.05 days.*

The remarkable skewness of the distribution might be thought to result from the inclusion of two or more different types of cases, such as the complicated and uncomplicated together, but this is not the case. Though complicated cases tend to have fever of longer duration, yet the distribution is also skew in uncomplicated cases. The following table shows the distribution of all cases admitted on the 1st or 2nd day of disease, compared with the uncomplicated cases only.

TABLE IV.

Duration in days	0	1	2	3	4	5	6	7	8	9
No. of cases admitted on 1st or 2nd day of disease	2	10	24	88	53	34	24	10	20	8
No. of uncomplicated cases only ..	2	4	13	46	38	25	10	3	13	4

Duration in days	10	11	12	13	14	15	16	17	18	19
No. of cases admitted on 1st or 2nd day of disease	10	3	6	3	5	5	..	..	1	1
No. of uncomplicated cases only ..	2	1	2	1	..	1	..	..	..	..

Duration in days	20	21	22	23	24	25	26	27	Total.
No. of cases admitted on 1st or 2nd day of disease	1	1	..	1	..	1	2	1	314
No. of uncomplicated cases only ..	..	..	..	..	..	..	..	..	165

* See *Lancet*, Feb. 8, 1908 (p. 418).

HEIGHT OF FEVER.

The following table shews the maximum recorded temperature in all cases admitted on or before the fifth day of disease, to the nearest degree :—

TABLE V.

Maximum temperature ..	Less than 99·5	99·5–100·5	100·5–101·5	101·5–102·5	102·5–103·5	103·5–104·5	104·5–105·5	Total.
No. of recovered cases ..	123	134	156	117	119	27	3	679
„ fatal cases ..	..	..	..	2	5	7	6	20
Total	123	134	156	119	124	34	9	699

The mean culminating point of the fever is $101^{\circ}\cdot243$. The distribution is asymmetrical, but not nearly so skew as in the duration of fever. The greatest frequency was within the range $99^{\circ}\cdot5$ – $100^{\circ}\cdot5$. The standard deviation is $1^{\circ}\cdot489$.

In some cases the maximum temperature was out of proportion to the general course of the case. Had such cases been numerous, the use of the maximum as a test of severity of disease would have been rendered unreliable. An examination in detail was made of the 326 cases admitted on the 1st and 2nd day of disease. In each case the maximum recorded on each day of the fever was examined. The result did not differ essentially from the above. Whatever day of disease was taken, there were more cases with temperatures below than above the mean of the whole number.

The objection to using isolated temperatures as a measure of severity does not apply to the mean temperature, which was measured in the following way: The area included on the temperature chart, between the line showing the patient's temperature and that representing $98^{\circ}\cdot4$, the normal temperature was measured with a planimeter. The commencement was made at the first whole day recorded, and the end at the point where fever ceased, as already defined. The total area divided by the number of days observed gave the mean height in arbitrary units, depending on the scale of the charts. Since a temperature of 1° continued for 24 hours gave an area of 2·89 on our charts, the arbitrary units can be reduced to degrees (above normal temperature) by dividing by that figure.

TABLE VI. CASES ADMITTED ON THE 5TH DAY OR EARLIER.

Mean height of fever.	No. of Cases.		
	Recoveries.	Deaths.	Total.
98·4–98·75	66	..	66
98·75–99·09	112	..	112
99·09–99·44	97	..	97
99·44–99·78	100	..	100
99·78–100·13	75	2	77
100·13–100·48	52	1	53
100·48–100·82	23	1	24
100·82–101·17	16	3	19
101·17–101·51	8	3	11
101·51–101·86	3	3	6
101·86–102·21	1	1	2
102·21–102·55 .. ..	..	2	2
102·55–102·90 .. ..	..	2	2
Total	553	18	571

In 128 cases the area after admission was 0, and therefore no mean height could be ascertained. If these cases had been fully observed, there is no doubt that the mean height would have been little above normal, hence the actual distribution would be more skew than the figures given.

The area measured on the chart serves as a specially useful criterion for grading cases according to severity, since it is affected both by the height and the duration of the fever. It is not, however, suitable to cases admitted after 3 or 4 days at home, since the major portion of the pyrexia may have been passed during that time, nor to the comparisons between fatal and recovered cases. Death usually cuts into the pyrexial period, so that a very severe case may have a very small area. The area was measured in all the cases, and was used in working out the mean height, but for the reasons just stated the next table is confined to cases admitted on the 1st or 2nd days.

TABLE VII. CASES ADMITTED ON 1ST OR 2ND DAY.

Area in square inches	0	0-5	5-	1-	1-5	2-	2-5	3-	3-5	4-	4-5	5-	5-5
No. of recovered cases	29	114	42	25	18	22	11	7	6	6	8	5	3
„ fatal cases ..	1*	..	..	1	..	2	1	..	..	..	..	..	1
Total	30	114	42	26	18	24	12	7	6	6	8	5	4

* Died very soon after admission.

Area in square inches	6-	6-5	7-	7-5	8-	8-5	9-	9-5	10-	10-5	11-	11-5
No. of recovered cases	3	1	2	2	1	2	1	..	..	..	1	1
„ fatal cases ..	..	..	1	..	..	..	1	..	..	..	..	..
Total	3	1	3	2	1	2	2	..	..	..	1	1

Area in square inches	12-	14-	14-5-15		17-5-18		20-20-5	21-21-5	Total.
No. of recovered cases	..	1	1	..	1	..	1	..	314
„ fatal cases ..	1	1	..	..	..	..	..	1	11
Total	1	2	1	..	1	..	1	1	325

The mean area of these cases is 1·888 square inches, corresponding to a temperature of 1° above normal, lasting for 6·54 days.

High correlations exist between the above quantities, by which is meant, not that every case with long duration has necessarily a high maximum, high mean temperature, etc.; but that some cases occur with long duration and low fever, and a much larger number with long duration and high fever. The following correlation co-efficients express this quantitatively: $R=0$ corresponds to complete independence between two characters, low values of one being equally commonly associated with high and low values of the other. $R=1$ corresponds to complete dependence, each value of the one being found only with one definite value of the other.

Between.	Correlation.
Duration and area	·942 ± ·004
„ „ mean height	·500 ± ·024
„ „ maximum	·579 ± ·017
Mean height and maximum	·786 ± ·012

Two of the correlation tables are given in full at the end, and will serve to shew the connection. With a given duration the area is known within certain

limits and *vice versa*. The lower correlation between duration and height of fever means that for a given duration the limits of height are less close, in fact, the range of height is considerable. Still, the mean value of any row is markedly influenced by the position of that row in the table.

The severity of fever is not dependent on the age of the patient. The area and age correlation has been examined separately for the cases admitted on the 1st or 2nd day. Taking the recovered cases only, the correlation was found to be $+0.058 \pm 0.038$; including fatal cases $+0.0072 \pm 0.038$. The latter table is given in full at the end.

Another group of cases admitted on the 3rd, 4th, or 5th day was also tabulated; the calculation for recovered cases gave -0.0012 ± 0.035 . All these results concur, therefore, in showing, as far as it is possible, that age and severity are not connected.

Severity of fever is, on the other hand, closely correlated with death or recovery, as would be expected, and less closely with the onset of complications. Tables V., VI., and VII. shew the correlations between recovery and maximum temperature, mean temperature, and area respectively.

There is no satisfactory formula for calculating the co-efficients from such tables. The method used for the preceding tables is no longer applicable: it is necessary to reduce the tables to a four-fold division, and the result is not always the same, if different points of division are taken. In working out the figures given below, the division was taken near the middle, and Prof. Pearson's formula (see *M.A.B. Report*, 1907, p. 318) was used. The results may be taken as roughly accurate, less so than those given above.

Between.	Correlation.
Area and death or recovery .. .. .	.. .540
Duration .. .. .	.. .462
Maximum height .. .. .	.. 1.0
Mean height .. .. .	.. 1.0

In fatal cases the duration, and to a less marked extent the area, tend to diminish as the severity of the disease increases, whereas the contrary is, of course, the case among recoveries. With the height of fever on the contrary, severity shews itself in the same direction, both in fatal and recovered cases.

COMPLICATIONS.

Between.	Correlation.
Area and otitis .. .. .	.. +.457
.. .. rhinitis .. .. .	.. +.223
.. .. adenitis .. .. .	.. +.368
.. .. albuminuria .. .. .	.. +.153
.. .. rheumatism .. .. .	.. +.947
.. .. relapse .. .. .	.. -1.0

The last line shews that relapse only occurred in cases with a small amount of fever, and no relapse occurred when this exceeded 30 units. Some cases may have been erroneously diagnosed, but, apart from the risk of this error, it is to be supposed that very mild cases would be more prone to re-infection.

A further series of 256 cases, all admitted on the 1st or 2nd day of disease, were measured from the case register for 1896, 1897, and 1898, the earliest records in which charts of the present pattern were in use. Beyond the fact that in these years it was much less common for cases to be admitted so early in the disease, no differentiation from the corresponding cases of 1903 was made out. The mean duration and mean area were very close to, but slightly below those, for the latter year. Several of the correlations given above were found to be high in this series, as also was the skewness of distribution of area, duration, etc.

SUMMARY.

Several methods of grading cases of scarlet fever, according to the severity of the fever, have been worked out. Of these the area included under the record line of the temperature chart seems the most comprehensive. The very wide range of severity can thus be represented, which is not possible by the usual statistical method counting only recovery or death. Cases of severity 0, or approximately 0, are very frequent, whichever character be used; and I think it probable that the same would be found true in scarlet fever if other symptoms could be brought into a qualitative scale.

Individual cases do not occur at identical positions on the scale if different methods are used; but the correlation between these is high. There is also high correlation between severity of fever, measured in any of these ways, and death or recovery, and the incidence of some important complications, but not between severity of fever and the age of the patient.

TABLE VIII.
AREA AND DURATION.

Days.	Area.																											Total.		
	0	0.5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	115	120	140	145	175		200	210
0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
1	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10
2	25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25
3	..	86	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	89
4	..	28	19	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	54
5	..	2	11	12	7	3	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	35
6	5	7	4	3	3	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24
7	1	2	4	3	3	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11
8	..	1	1	..	1	7	3	2	2	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	21
9	1	2	1	1	2	2	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
10	3	1	2	1	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	11
11	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
12	3	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	6
13	1	1	1	..	..	..	2	1	..	..	..	..	..	..	..	1	..	..	..	3
14	1	..	1	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	6
15	15	..	..	..	..	..	1	..	1	1	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	5
16	1	..	..	..	..	..	..	..	1	..	..	..	..	..	2
17
18	1	..	..	..	..	..	..	..	1
19	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1
20	1	..	..	..	..	..	..	..
21	1	..	..	..	..	..	..	..
22
23	1	..	..	..	..
25	1	..	..	..	..	..	..	..	1	..	..	1	2
26	1	..	1	..	..	2
27	1	..	1
Total	37	117	39	28	17	19	10	7	6	6	8	4	4	3	1	4	2	2	1	1	..	1	1	1	1	2	1	1	1	325

$r = .942 + .004.$

TABLE IX.
DURATION AND HEIGHT OF FEVER.

Duration.	Maximum Recorded Temperature.																Total.
	98 98.4	98.6 98.8	99 99.4	99.6 99.8	100 100.4	100.6 100.8	101 101.4	101.6 101.8	102 102.4	102.6 102.8	103 103.4	103.6 103.8	104 104.4	104.6 104.8	105 105.4		
0	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
1	4	..	1	2	1	..	..	..	..	..	..	..	..	..	..	10
2	8	3	6	..	..	..	..	..	..	..	..	..	..	25	
3	15	13	23	3	24	2	4	3	1	1	..	..	..	89	
4	1	3	8	2	17	9	9	6	3	1	..	..	1	54	
5	7	1	5	8	8	5	5	..	1	..	..	35	
6	1	2	4	4	2	2	7	2	1	..	..	24	
7	3	2	2	1	3	2	..	..	..	11	
8	1	..	..	3	5	2	4	2	3	1	..	..	21	
9	2	1	4	1	..	..	..	8	
10	1	1	3	2	3	..	..	1	..	11	
11	1	1	1	..	..	..	3	
12	1	2	2	1	..	..	..	..	6	
13	3	..	..	..	..	3	
14	2	1	2	..	1	..	..	6	
15	1	2	2	..	..	..	5	
16	1	..	1	..	..	2	
17	
18	1	..	..	..	..	1	
19	1	1	..	..	1	
20	1	..	..	..	1	
21	1	..	..	..	..	1	
22	
23	1	..	..	..	..	1	
24	
25	1	..	1	..	2	
26	1	1	..	..	..	2	
27	1	..	..	1	
Total	6	2	25	22	46	9	61	14	42	29	42	17	7	2	1	325	

$r = .579 \pm .017.$

AREA AND COMPLICATION RATES. (Recovered cases only.)

TABLE X.—*Otitis.*

Area.	Otitis.	Not Otitis.	Total.	Percentage.
0-9	25	167	192	13.0
10-29	8	62	70	11.4
30-49	8	19	27	29.6
50-99	7	12	19	36.8
100 and over	4	2	6	66.7
Total	52	262	314	16.6

 $r = .457.$ TABLE XI.—*Adenitis.*

Area.	Adenitis.	Not Adenitis.	Total.	Percentage.
0-9	17	175	192	8.9
10-29	6	64	70	8.6
30-49	5	22	27	18.5
50-99	3	16	19	15.8
100 and over	3	3	6	50.
Total	34	280	314	10.8

 $r = .368.$ TABLE XII.—*Nephritis and Albuminuria.*

Area.	Nephritis or Albuminuria.	Neither.	Total.	Percentage.
0-9	17	175	192	8.9
10-29	8	62	70	11.4
30-49	4	23	27	14.8
50-99	5	14	19	26.3
100 and over	1	5	6	16.7
Total	35	279	314	11.1

 $r = .153.$ TABLE XIII.—*Relapse.*

Area.	Relapse.	No Relapse.	Total.	Percentage.
0	4	32	36	11.1
1-1	1	31	32	3.1
1-2	1*	28	29	3.4
2-15	0	121	121	0.0
15-20	1	15	16	6.2
Over 20	0	80	80	0.0
Total	7	307	314	2.2

* This case was probably an incorrect diagnosis.

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