

Annual report for the year 1909 : (12th year of issue) / Metropolitan Asylums Board.

Contributors

Metropolitan Asylums Board (London, England)

Helby, J. T.

Duncombe Mann, T.

Dennis, Walter.

Boden, A.

Needham, F.

Trevor, A. H.

Shadwell, L. L.

Coupland, Sidney.

Browne, Elliott S.

Collins, E. Treacher 1862-1932.

Fox, T. Colcott 1849-1916.

Pugh, W. T. Gordon

Bowes, C. K.

Sutcliffe, W. Greenwood.

Last, Cecil E.

Turner, R.

Rotherham, A.

Drage, Geoffrey, 1860-1955.

Colmore, Reginald B.

Willingham Gell, H.

Lile, John H.

Scovell, Augustus C.

Ecroyd, W. H.

Portman, B.

Woolley Walden, R.

Goodall, E. W.

Thomson, Frederic.

MacCombie, John.

Bruce, R. M.

Foord-Caiger, F.

Beggs, J. E.

Turner, F. M.

Birdwood, R. A.

Howell Griffiths, J.

Matthews, C. E.

Byles, J. B.

Beresford, Edwyn H.

Elkins, Frank Ashby.

Campbell, P. E.

Sims Woodhead, G.

Cartwright Wood, G. E.

Rolleston, J. D. 1873-1946.

Griffin, F. W. W. 1881-

Publication/Creation

London : printed by Chas. Straker & Sons, 1910.

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METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1909.

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METROPOLITAN ASYLUMS BOARD

(Corner of Carmelite Street)

EMBANKMENT,

LONDON, E.C.,

May, 1910.

SIR,

I forward herewith a copy of the Board's Annual
Report for the year 1909.

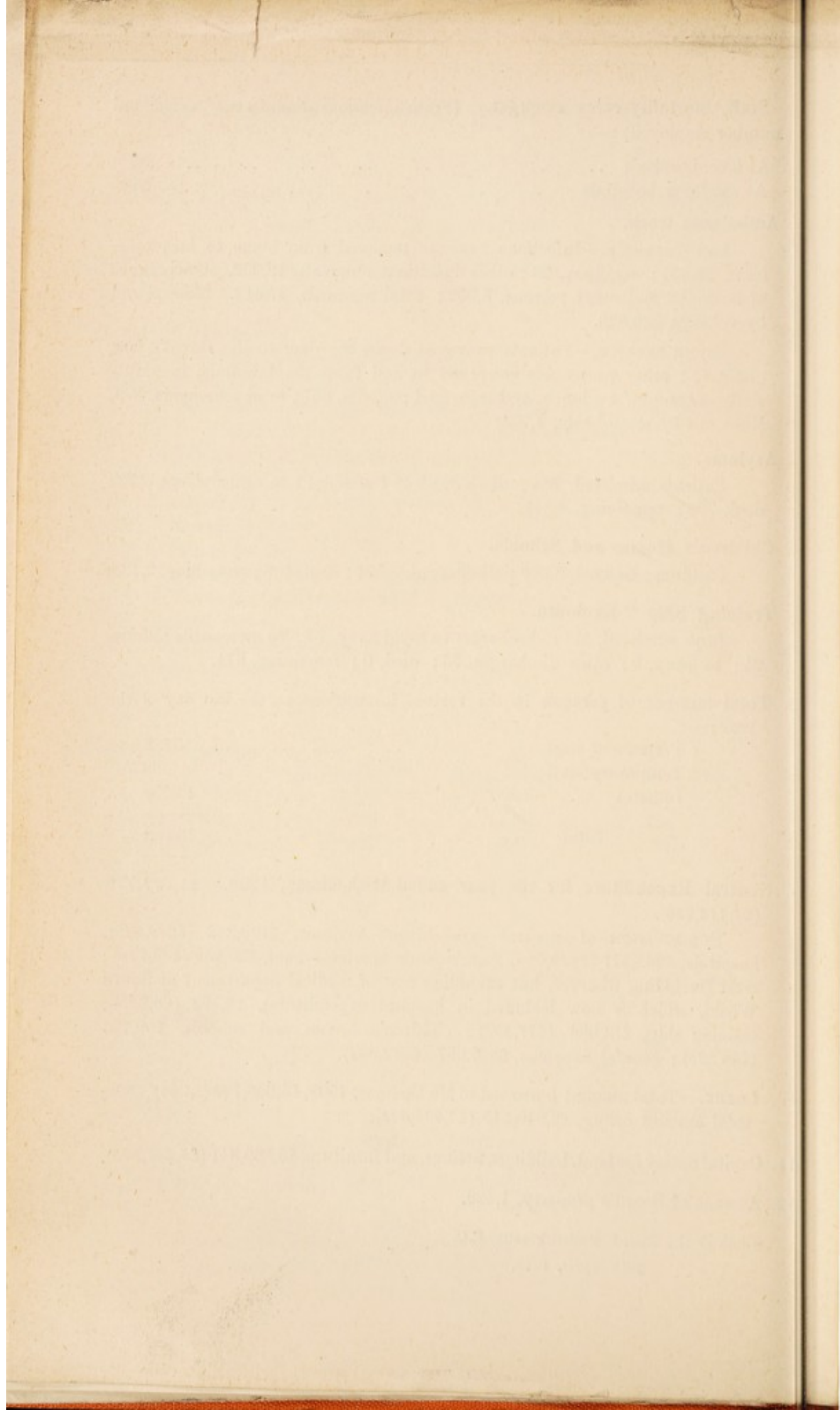
I should be glad to receive from you at any time
a copy of any Report which you may consider would
be of interest to the Board.


I am, Sir,

Your obedient Servant,

J. Duncombe Mank.

Clerk to the Board.





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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 1909).
Bermondsey	Ecroyd, W. H.	64, Bermondsey Street, Bermondsey, S.E.	Asylums, Children's, 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, Contract, Statistical.
Camberwell	Brown, R.	32, East Dulwich Road, S.E.	Asylums, Children's, Contract.
Chelsea	Sayer, S.	302, Southampton Street, Camberwell, S.E.	Hospitals, Children's.
City of London	Crosse, T. Warren	10, Cresswell Gardens, South Kensington, S.W.	Children's, Ambulance.
"	Benson, Charles J. B.	10, Bury Court, St. Mary Axe, E.C.	" Exmouth."
"	Doughty, Rev. G. B.	27, Westbourne Gardens, W.	Hospitals, Children's.
"	Lile, J. H., J.P., D.L. (Chairman, General Purposes Committee)	4, Ludgate Circus, E.C.	Contract, Works, <i>Ex-Officio Member of Asylums, Hospitals, and Children's Committees.</i>
"	Monckton, A.	189, Upper Thames Street, E.C.	Children's, Ambulance, Contract.
"	Wilkinson, Cuthbert	66, Holland Park, W.	Statistical.
Fulham	Botterill, Charles	St. Botolph's, Fulham Palace Road, Fulham, S.W.	Hospitals, Asylums, 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.
Hammersmith	Beurie, W. L.	Linden House, 331, Victoria Park Road, N.E.	Hospitals.
Hampstead	Seager, O.	3, Girdler's Road, W. Kensington; W.	Finance, Hospitals, Children's, Ambulance.
Holborn	Sheffield, Col. Frank	" Palaspa," Dalham Gardens, Hampstead, N.W.	Hospitals, Asylums.
"	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.	Children's, " Exmouth."
"	Lambert, Samuel, J.P.	125, Barnsbury Road, N.	Asylums, Children's.
Kensington	Fleming, Sir Francis, K.C.M.G.	9, Sydney Place, South Kensington, S.W.	Finance, Asylums.
"	Webb, Colonel R. F., J.P., D.L.	6, West Cromwell Road, South Kensington, S.W.	Asylums, Children's.
"	Wilde, Miss M. J.	84, Lexham Gardens, W.	Hospitals.
Lambeth	Baldwin, Henry	York Lodge, 93, Loughborough Road, S.W.	Asylums, Children's, Works.
"	Clark, Arthur	Lynton, Crane's Park, Surbiton	Asylums, Children's, Works.
"	Gough-Cook, William	26, Herne Hill, S.E.	Asylums, Children's, Works.
Lewisham	Atkinson, S. B., M.A., M.B., J.P.	Stebonheath, 455, Mile End Road, E.	Hospitals, Children's, Statistical.
Mile End Old Town	Cole, S. J.	" Fernleigh," 123, Fernhead Road, W.	Hospitals, " Exmouth."
Paddington	Graham, Henry	182, Fernhead Road	Hospitals.
"	Moore, W. B.	89, Malnesbury Road, Bow, E.	Hospitals, Asylums, " Exmouth."
Poplar	Heilbuth, Deputy G. H.	15, Walbrook, E.C.	Statistical.
St. George's	Sinner, Abel	137, Victoria St., S.W.	Hospitals.
"	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 1909).
St. George-in-the-East	Martineau, P. M., J.P., D.L., LL.B.	"Littleworth," Esher, Surrey	Hospitals, Asylums, Contract.
St. Marylebone	Brown, Elliott S., L.R.C.S.I., L.R.C.P.I.	5, Cavendish Mansions, Langham Street, W.	Hospitals, Children's, Statistical.
"	Dennis, Walter	15, Field House, Carshalton, Surrey	Hospitals, Children's, Works.
"	White, Edward, J.P.	20, Upper Berkeley Street, W.	Contract.
St. Pancras	Boden, Anthony	34, Matland Park Villas, N.W.	Hospitals, Asylums, Works.
"	Thornley, Joseph, J.P. (Vice-Chairman of the Board)	53, Camden Square, N.W.	Ex-officio member of all committees.
"	Wetenhall, W. J., J.P.	8, Matland Park Villas, N.W.	Asylums, Children's.
Shoreditch	Bye, John	258, Kingsland Road, N.E.	Asylums, Children's, Works.
Southwark	Cornell, Thomas	62 and 63, Borough Road, S.E.	Asylums, Children's, Contract, "Exmouth."
"	Devereux, J. O.	20, Nelson Square, Blackfriars Road, S.E.	Asylums, Children's.
Stepney	Higley, Rev. F. H.	636, Commercial Road East, E.	Children's, "Exmouth."
Strand	Wylson, O. C.	16, King William Street, Strand, W.C.	Finance, Works.
Wandsworth	Lower, Joseph	123, Sugden Road, Lavender Hill, S.W.	Hospitals, Children's, Works.
"	Penfold, William F.	Burwood House, Upper Tooting, S.W.	Finance, Asylums, Children's.
"	Sullivan, Alfred	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.
Woolwich	Graham, Lieut.-Col. W. J. B., V.D.	Whitehouse Villa, Woodlands, Old Charlton, Kent	Asylums, Contract, Works.

MANAGERS NOMINATED BY THE LOCAL GOVERNMENT BOARD.

NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1909).
Donerale, 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, Ambulance, "Exmouth."
Goldie, Colonel J.	105, Philbeach Gardens, Kensington, S.W.	Hospitals, Asylums, Ambulance, "Exmouth."
Helby, J. T. (Chairman of the Board)	"Glengarriff," Cobham, Surrey	Ex-officio member of all committees.
Henderson, Admiral W. H.	12, Vicarage Gardens, Kensington, W.	Hospitals, Ambulance, "Exmouth."
Hensley, Sir Robert M., J.P.	"Glenon House," Putney, S.W.	Finance, Asylums.
Hunt, Jackson, J.P.	23, Montagu Square, W.	Finance, Hospitals, Ambulance.
Inderwick, Miss E. F.	8, Warwick Square, S.W.	Hospitals, Statistical.
Meinertzhagen, E. L. J.P.	4, Cheyne Walk, Chelsea, S.W.	Hospitals, Children's, "Exmouth."
Nepean, Captain St. Vincent, M.V.O., R.N.	11, Kensington Crescent, W.	Finance, Ambulance, Contract.
Portman, Berkeley	Hurlingham Court, S.W.	Hospitals, Children's, "Exmouth."
Ritchie, Gerald	39, Cheyne Walk, Chelsea, S.W.	Finance, Works.
Simpson, E. Palgrave	5, Durham Villas, Phillimore Gardens, W.	Finance, Hospitals, Ambulance, Statistical, Works.
Scovell, Sir A. C., J.P.	8, Primrose Mansions, Battersea Park, S.W.	Hospitals, Children's, Contract.
Spender, Harold	47, Campden House Court, Campden Hill, W.	Hospitals, Children's, Statistical, Works.
Sprankling, Rev. Canon	St. George's Cathedral House, Southwark, S.E.	
Stanley, Hon. Maude A.	32, Smith Square, Westminster, S.W.	Children's.

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.

REPORT OF THE BOARD FOR THE YEAR 1909.

INTRODUCTION.

20th April, 1910.

Preface. 1. It is convenient for purposes of reference to preface this annual review of the work of the Board and of the events of the year relating to it with a brief account of the constitution of the Board, its composition and duties.

Constitution of the Board. 2. The Metropolitan Asylums Board was established by an Order of the Poor Law Board, dated 15th May, 1867, pursuant to the provisions of the Metropolitan Poor Act, 1867. This Act empowered the Poor Law Board to combine into districts the unions and parishes of the metropolis, as they should think fit, for the purpose of establishing asylums

for the reception and relief of the sick, insane or infirm, or other class or classes of the poor chargeable in unions or parishes in the metropolis,

and to control the action of the Managers of any such district by the issue of Orders. The Poor Law Board and their successors, the Local Government Board, have from time to time issued Orders for the direction and guidance of the Metropolitan Asylums Board.

Composition of the Board. 3. The Board is composed of 73 members, 55 being elected by the Metropolitan Boards of Guardians, and 18 nominated by the Local Government Board.

- Duties.** 4. The first Order already referred to, dated 15th May, 1867, constituted the Board

for the reception and relief of the classes of poor persons chargeable to some union or parish in the said district respectively who may be infected with, or suffering from, fever, or the disease of smallpox, or may be insane.

By the Poor Law Act, 1879, subsequently superseded by the Public Health (London) Act, 1891, the Board were empowered to provide an Ambulance Service to undertake the removal of patients from their homes to the hospitals.

The provision of a training ship for the training of boys for sea service was sanctioned by the Local Government Board, 1875, under the provisions of the Metropolitan Poor Amendment Act, 1869.

Finally, under Orders of the Local Government Board, dated 2nd April, 1897, 4th March, 1903, and 11th September, 1908, the Board have been constituted as the central metropolitan authority for dealing with various classes of poor law children.

5. The present functions of the Board may be summarised as follows, viz. :—

Infectious Diseases—fifteen hospitals and bacteriological establishments.

Accommodation, 9,128 patients, 3,000 staff.

Imbeciles—four asylums, including infirmary for aged patients, training school, and industrial colony.

Accommodation, 7,347 patients, 1,300 staff.

Poor Law Children—one ringworm school, two ophthalmia schools, one infirmary, three seaside sanatoria or homes, seven homes and working colonies for mentally deficient, three homes for juvenile offenders, one training ship.

Accommodation, 3,533 inmates, 850 staff.

Ambulance Service—eight ambulance stations, three riverside wharves.

The scope of the Board's work has thus been steadily enlarged in the way indicated by the devolution upon it of those services which it has been found desirable to transfer from local authorities to a central body.

- Organisation of Work.** 6. The three principal branches of the Board's work are conducted and controlled by three central committees, the Hospitals, Asylums and Children's Committees, sitting at the Office of the Board and carrying out the duties delegated to them by the Board. The other central services are similarly organised by the Finance, Contract, Works and Ambulance Committees, while

the Training Ship is managed by a smaller separate committee. The General Purposes Committee considers questions of general policy and principle and the Statistical Committee is responsible for the statistics and publications of the Board.

The annual reports of each of these Committees for the year 1909, together with the statistics relating to the work of the Board, are published in this volume.

Reports of
Royal Com-
missions on
Feeble-
minded and
on the Poor
Laws.

7. The prospect of changes in the character and composition of the bodies, both local and central, now charged with the relief of the poor in its many branches, consequent upon the reports of two Royal Commissions, has to some extent reacted on the work of the Board during recent years.

The Royal Commission on the feeble-minded 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 the 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 Commissioners and other lunacy authorities in England and Wales and as to the expediency of amending the same, or of 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.

In December, 1905, a Royal Commission was appointed to enquire into the working of the laws relating to the relief of poor persons in the United Kingdom . . . and to consider and report whether any, and if so, what modification of the Poor Laws or changes in their administration or fresh legislation for dealing with distress are advisable.

As a natural consequence of the appointment of these Commissions, and of the expectation that some result of their labours would be seen at a much earlier date than at this time appears probable, it has been felt inadvisable, as a general rule, for any new or important departures to be made in the work of existing bodies, and the Board are therefore passing through a prolonged period not favourable to initiative or progress except in so far as domestic matters entirely under their own control are concerned.

Royal Commission on the Feeble-minded.

8. The Report of the Royal Commission on the Feeble-minded was issued in July, 1908, and many of its proposals were dealt with by the Children's Committee in their annual report for that year. The Commissioners spoke of the

very clear and enlightened policy of the [Metropolitan Asylums] Board, and one of their members referred to the Board as

a progressive and efficient local lunacy authority.

The Commissioners, nevertheless, found themselves unable to differentiate between the scheme they propounded for the country in general, and that suggested as a solution for the problem of a metropolis unique in the peculiar difficulties presented by its size and character. Their recommendations, if carried out, would, then, involve for London, as for the rest of the country, the transfer to a statutory committee of the County Council of the duty of providing for the mentally defectives of all degrees, within the county. The observations made later in this review with regard to a similar attitude on the part of the Poor Law Commissioners are equally relevant to the proposal just quoted.

Royal Commission on the Poor Laws.

9. The report of the Commission on the feeble-minded, important as it was, has been overshadowed, and a ready reason has been afforded for delay in following its recommendations by legislative action, by the practically simultaneous sittings of the Royal Commission on the Poor Laws and Relief of Distress. The issue of the report of this last-named body in February, 1909, was the principal event of interest during the past year in the world of municipal and local government. This document is fully commensurate in size and importance with the devoted and prolonged labours of the Commissioners, extending over a period of three and a half years, and is, indeed, the greatest landmark in the field of relief work since the passing of the Poor Law Amendment Act, 1834.

Fourteen of the eighteen Commissioners appended their signatures to the report of the majority, whilst the remaining four Commissioners, finding themselves unable to agree with that report, signed a separate report stating the facts as they had been revealed to them, and setting forth the reforms which, in their opinion, these facts irresistibly demanded. The two reports form a volume of 1,238 pages, while the evidence of witnesses, reports of investigators, Commissioners' memoranda, and indices, fill some 34 supplemental volumes.

The vastness of this mass of material militates against its receiving, except from experts, that share of attention and consideration which is its due, but as the proposals in either of the reports, if adopted in their entirety, would involve the extinction of the Metropolitan

Asylums Board and the destruction of an existing central machinery, the result of years of careful work and progress, some reference, necessarily brief, may fittingly be made here to those of the recommendations which bear upon the work of the Board.

10. The chief point of interest discussed by the majority of the Commissioners is that of the future central authority for London. The problem of London and of the comparative merits of a central authority constituted by direct election, by nominated Commissioners, by a transformed Metropolitan Asylums Board or by a statutory committee of the County Council is discussed in four pages of their voluminous report, and determined after some hesitation in favour of the last-named suggestion.

The Poor Law Commissioners join with the members of the Commission on the Feeble-minded in bearing testimony to the work of the Board :

the Metropolitan Asylums Board have efficiently discharged as a central body for London the task entrusted to them,

but with an inconsistency, which also reflects the attitude of the other Commission, they seek to set up a new and experimental statutory committee. They appear to be actuated in part by a dislike to direct election having any share in the constitution of the new body, and in part by a reluctance to depart, in the case of London, from a plan which has commended itself to them for the rest of the country.

11. While on many points all the Commissioners are in agreement, yet the minority are wholly at variance with their colleagues on the fundamental issue as to whether the distribution of relief should be divided between various semi-independent committees already charged with other weighty functions, or should be entrusted to a separate body. The minority advocate the first plan in a document of great ability and interest, built around a taking and popular but somewhat misleading phrase, "the break-up of the Poor Law." In this report little emphasis is placed on the remarkable diminution in pauperism during the last fifty years, or upon the great progress which has been made in that time by Poor Law authorities, and occasionally the argument is not strengthened by some looseness of expression, as in the reference to the

3,000 to 6,000 patients in these hospitals [of the Metropolitan Asylums Board] costing nearly £1,000,000 a year,

whereas the latter sum represented the total average annual expenditure of the Board for all purposes, less than one-half of it having reference to the patients in question.

12. It is to be deprecated that the discussion on these reports has tended to resolve itself into one on the respective merits of the two sets of proposals as a whole, but there are certain serious considerations which must present themselves in an especial degree to those who, in common with the members of the Metropolitan Asylums Board, have devoted many years of unremitting service to the relief of the poor. Whether any scheme for the break-up of the Poor Law, however attractive in its delineation, can in the end denude the country of its pauperism, whether any real co-ordination of relief work is attainable when the different branches of it are controlled by different committees, each so strong and important as to be semi-independent of one another, may well be doubted. To take only one instance, the suggested enlargement of the powers of education committees to include the maintenance of large numbers of children divided by the finest line, in point of poverty, from multitudes of those still the subject of parental effort and care, may well be viewed with the misgiving that such a provision would prove all too attractive, and, in removing whatever remains of the "stigma of pauperism," set up in its place a readiness to regard "public assistance" of an eleemosynary character as the normal rather than the abnormal condition of life, and so tend to sap that personal independence and undermine those foundations of self-help and self-reliance upon which the strength of a nation is built.

13. Opposed to this view is that expressed in the main report, that

we consider that the many and subtle problems associated with public assistance, especially when it is a family rather than one individual that requires rehabilitation, cannot be solved by the simpler process of sending off each unit to a separate authority for maintenance and treatment. What is needed is a disinterested authority practised in looking at all sides of a question and able to call in skilled assistance.

If this be granted it is difficult to see what useful purpose is to be served by making the proposed body a statutory committee of another authority, rather than a separate Board, dealing direct with the Government department concerned, and comprising members able and willing to devote themselves to their own sufficiently onerous duties without being of necessity required to take a share in the administration of manifold and vast municipal services.

14. Reference is vainly sought in the report alike to the scope of the existing operations of the Board with its institutions accommodating a daily population of 18,000, its average annual expenditure of £1,000,000, and to any details of the plan under which the County Council, already heavily weighted with extensive functions and vast services, is to undertake the carrying out of those operations as

well as the work of the Guardians of the poor with, in turn, their institutions and 70,000 inmates, and annual expenditure of nearly 3,000,000.

15. In a separate memorandum attached to the majority report Dr. A. H. Downes, Senior Medical Inspector of the Local Government Board for Poor Law purposes, speaking from a wide experience, expresses the conviction that the defects indicated in that report could be met by a revision, a strengthening and an extension of existing powers on lines already established, and advocates for London, which he says presents an exceptional problem, a central and independent authority. Dr. Downes adds

the device of a statutory committee is at best but a makeshift of representative government; the great county or county borough councils are already overburthened with duties, and the minor municipal bodies can claim no such status as would entitle them to a dominant control of public relief.

Nor is it easy to see how, under any other plan in London, can that invaluable personal interest of the members of the authority in the work and the care of the inmates be maintained, or the no less valuable strong and systematic financial control of the central government department, which are features of the existing system.

Dr. Downes, in his memorandum, entertains no doubt that the central organisation of relief may well be combined with the administration of asylums and hospitals.

both of these are essentially instruments of public relief, and there would be obvious advantage in consolidating the administration of these public institutions under one body specially equipped for such a duty. The experience of London has shown that the fever hospitals and ambulance services may be admirably administered by such an authority, and that the arrangement admits of many advantages which could not otherwise be secured. The scientific application of principles of administration, the development of a trained and organised service, the control of finance, of contracts and supplies, and the adaptation of accommodation according to the need of the times may be instanced in illustration.

To this may be added that the experience of the Metropolitan Asylums Board, in carrying out the central duties which have from time to time devolved upon them, lends no support to the view expressed in the minority report that

no alteration in the membership, no change in the constitution, no enlargement in the area would remedy the defects that now stand revealed.

16. In view of the many and divided counsels in matters of such far-reaching importance, it cannot be altogether counted as loss that the state of public business has prevented any hasty legislation *en bloc*, and has afforded the President of the Local Government Board opportunities of proceeding by administrative measures on the lines

emphasised by Mr. Burns himself in the interesting speech which he delivered at the opening of the Children's Infirmary on May 15th, an event which brought to fruition another important extension of the Board's duties by the centralisation under its care of the sick, convalescent, and debilitated children from the metropolitan workhouses and infirmaries, and which afforded an excellent example of the steady development in poor law work taking place under the present administration at the Local Government Board.

Finance. 17. Turning to the detailed records of the past year's work of the Board, which are contained in the annual reports of the separate committees in this volume, and dealing first with finance, it may be observed that during the financial year ended at Michaelmas, 1909, the net expenditure of the Board met out of the rates was £1,045,092, representing a rate of 5·63d. in the pound, or £43,204 less than the previous year, when this expenditure necessitated a rate of 5·93d. in the pound. This decrease was effected in face of an increase in the average daily number of inmates maintained in the Board's institutions during the year under review from 13,612 to 13,687. The total expenditure was made up of the following items :—

	Total.	Increase or decrease on previous year.
	£	£
Asylums	199,242	— 20,504
Hospitals and Ambulance Service ..	434,698	— 44,866
Children	117,881	+ 40,846
Repayment of, and interest on, loans and general expenses ..	325,957	— 16,434
Total	1,077,778	—40,958
Less Receipts ..	32,686	+ 2,246
Net Total	1,045,092	—43,204

The increase in the cost of the children's work was mainly due to the equipment and opening of The Children's Infirmary.

18. For the third consecutive year no money has been raised on the loan account. The outstanding loans have been further reduced during the financial year by £184,399, and at Michaelmas, 1909, amounted to £2,840,645, the total reduction since 1906 having been £575,353. Since 1868, when the Board contracted their first loan, they have raised for various purposes over £5,600,000. It is most satisfactory to find that not only have the Board ceased entirely to borrow during the last three years, and at Michaelmas last had paid

off one half of the total amount borrowed, but that should no further loans be required the liabilities of the Managers on the capital account will entirely disappear in about 12 years, whereas the value of their properties will have become greatly enhanced.

19. The satisfactory state of the Board's finance, and particularly the results of the scheme for the consolidation of the loans, have elicited encomiums from the Local Government Board, who, in their own reports, write:—

1907-8—We have elsewhere referred to the achievement of the Managers in the consolidation of their outstanding loans and the arrangements whereby the consolidated loan will be entirely paid off within fourteen years. No money was borrowed . . . during the year . . . making . . . during the past two years a total decrease of no less than £351,433 in the debt of the Metropolitan Asylum District. It is satisfactory to record this substantial result of the Managers' finance.

1908-9.—We referred in our last Annual Report to the notable achievement effected by the Managers in the consolidation of their loans. We have now the satisfaction to record that by continued careful control of their expenditure the Managers have reduced their loan account (all purposes) by more than half a million pounds during the past three years.

Other matters referred to in the report of the Finance Committee, and worthy of notice, are the satisfactory working of the arrangements made for the earlier payment of precepts by the various parishes and unions, the continued reduction in the total cost of printing and stationery (which has been a diminishing figure for some years past, and was £1,375 less for the year ending Lady Day, 1909, than for the previous year), and the adoption of a new consolidated wages scale for the whole of the institutions of the Board, which should be for the benefit of the service as a whole and should prevent disturbing migrations of staff from one branch to another, which have been encouraged by the different rates of pay formerly obtaining, by providing a uniform rate of pay throughout the service.

Hospitals. 20. The total number of patients admitted into the Board's fever hospitals during 1909, the diseases from which they were suffering, and the percentage of mortality in respect of each disease, are set forth in the following table:—

	Admissions.	Discharges.	Deaths.	Mortality per cent.
Scarlet	15,384	16,155	371	2·33
Diphtheria	4,393	4,324	432	9·44
Diphtheria :—Bacteriological ..	210	198	3	1·46
Enteric	331	382	45	11·87
Typhus	4	4		
Cerebro-Spinal Meningitis ..	2	1	2	80·00
Other diseases	2,322	2,165	182	7·80
Totals	22,646	23,229	1,035	

Compared with the statistics of last year the above figures show a very considerable decrease, the admissions having been fewer by 5,321, and the deaths by 220. Consequently the number of fever and diphtheria patients under treatment throughout the year was exceptionally small, the numbers in June having fallen as low as 3,126, whilst the highest number in hospital during the autumn was only 3,920. Reference to the annual statistics of the Board will show that only once during the past fifteen years has the highest number of patients under treatment in any one year been below these figures, viz., in November, 1903, when they aggregated only 2,934. In the following November (1904) the greatest number of patients under treatment was also low, viz., 3,982, but with the exception of these two years the number of patients in the Board's hospitals during the autumn months has invariably been well over 4,000, whilst in November, 1907, it reached the unprecedented aggregate of 7,158.

21. Representations having been made to the Managers that hardship was inflicted on candidates for the Diploma of Public Health by the regulations which required them to reside in the Board's hospitals as clinical assistants, further facilities have been afforded to candidates by instituting, experimentally, at two of the hospitals, classes for instruction in hospital administration without requiring candidates to be resident thereat.

22. In July last the Managers, with a view to the improvement of fever nursing and of the status of the nurses employed in fever hospitals, adopted a scheme which had been submitted to them by the Fever Nurses' Association for systematising the teaching given in the Board's hospitals, and for instituting a uniform standard of training.

23. During 1909 only 16 patients were admitted into the Board's Smallpox Hospitals, and of these 4 remained under treatment at the end of the year. In the last Annual Report attention was directed to the fact 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 following twenty-three years these visitations only occurred every seventh or eighth year. In this connection, it is interesting to note that the last considerable epidemic period of smallpox with which London was visited was in 1902, when 7,916 patients were admitted into the Board's hospitals and the highest number of patients under treatment on any one day was 1,604. To what extent the immunity from smallpox which London has so long enjoyed will continue is necessarily a matter for conjecture; but it is satisfactory to know that if and when it should draw to a close the Managers have ample accommodation at their disposal to cope with any emergency that is likely to arise.

Asylums. 24. During 1909, 784 patients (of whom 206 were under 16 years of age and 186 over 70 years of age) were admitted to the Board's imbecile asylums, whilst 708 died and 172 were discharged. Of the patients admitted over 70 years of age, 72 were between 70 and 75; 64 between 75 and 80; 48 between 80 and 90, and 2 over 90. The admissions were considerably below those of the previous year, when they totalled 972, and, as both deaths and discharges exceeded those of 1908, the result was that at the end of 1909 only 6,844 patients were under treatment in the Board's asylums, as compared with 6,940 at the end of 1908.

25. The number of beds available for patients was still further augmented during the year after a remeasurement of the wards of the Caterham Asylum, which resulted in the accommodation in that asylum being increased by 166 beds. The normal accommodation for imbecile patients in all the asylums now stands at 7,347, and is only slightly lower than in 1908, when, owing to the transfer of the Belmont Asylum to the Fulham Board of Guardians, the number of beds at the Board's disposal was reduced by 336.

26. Whilst some increase has to be recorded in the number of improvable adult patients admitted to Darenth Asylum during the past twelve months, the majority of children have been of the unimprovable type. This latter fact has not only greatly hampered the working of the scheme which was adopted by the Managers six years ago, and under which Darenth was made primarily a training centre, but has rendered acute the question of relieving the Darenth Asylum of its unimprovable imbeciles, both children and adults.

27. Towards the close of the year the Asylum Officers' Superannuation Act, 1909, received the sanction of Parliament, and will come into force on the 1st April, 1910. This Act, which applies to established officers and servants only (*i.e.*, to those who are employed in a permanent capacity in an asylum), imposes upon the authorities of all public asylums for the insane the obligation to grant superannuation allowances to their officers and servants on fixed scales after definite periods of service, and subject to such officers and servants contributing from the amount of their salaries or wages and emoluments. The Act recognises the principle long contended for that work involving personal contact with the insane is of a special nature, and merits a potential pension under rather more favourable conditions and limitations than those imposed in other Acts, such as the Poor Law Officers' Superannuation Act, under which most of the officers in the Board's Asylums have hitherto been pensionable. At the close of the year the Asylums Committee had the provisions of the Act under consideration, in so far as they may affect the officers and servants at the Board's imbecile asylums.

28. Plans for the provision of additional workroom accommodation for patients at the Industrial Colony of the Darenth Asylum were approved by the Managers on the 27th February, 1909, but, owing to certain objections raised by the Local Government Board, were abandoned, and a modified scheme was adopted and was still awaiting the sanction of the Local Government Board at the close of the year. Until this additional workroom accommodation is provided the development of Darenth Asylum as a training school and industrial colony (particularly for female patients) must necessarily be retarded.

29. The steps taken with the view to the more effectual treatment of tuberculous patients at the Leavesden Asylum; the extension of infirmary accommodation at Caterham Asylum; the experimental adoption at the same asylum of the dietary scale for aged and infirm patients on the lines of that which is in force at Tooting Bec Asylum, and which has been found both satisfactory and economical in working; and the provision of increased accommodation for male patients at Darenth Asylum, are amongst other matters recorded in the annual report of the Asylums Committee.

Children. 30. The principal feature of the work of the Children's Committee during the year has been the opening for the reception of patients of The Children's Infirmary at Carshalton, the largest children's hospital in the world. The institution was formally opened by the President of the Local Government Board in May, and the report of that Board may again be quoted :

by the readiness of their response to our suggestions in these matters [adaptation and opening of the institution] and by their willing devotion to the laborious work involved the Managers and their staff rendered signal service to the metropolis and to the welfare of the children thus provided for.

The report of the Children's Committee details the results of the first year's working of this institution.

31. The same report also contains some interesting comments on the Report of the Poor Law Commission, so far as relates to the care of Poor Law children. In view of recent criticisms as to the value of schools not under the control of elementary education authorities, an extract quoted by the Children's Committee may be repeated here :

The premises [Metropolitan Asylums Board's schools] are remarkably good, and the schools are generously equipped, suitably staffed and conducted on the most approved lines. The standard of education in these schools visited by us was entirely satisfactory. [Report of Board of Education, 1908.]

32. The number of patients admitted and discharged from the children's institutions is shown in the following table :—

				Increase or decrease of admissions over previous year.			
				Admitted.	Discharged.	1909.	31st Dec.
Ophthalmia	..	..	..	642	590	551	+153
Ringworm	..	..	..	946	977	344	+139
Sick and Debilitated:							
The Children's Infirmary	..			2,042	1,140	813	
Seaside	..	..	..	769	755	381	—108
Mentally Defective	..	..		75	13	304	+ 14
Remand Homes	..	..	..	2,406	2,387	37	+121

Details of the working of these institutions from the medical side will be found in the reports of the several medical officers.

33. The work of dealing with the mentally defective class continues, for reasons already indicated, on existing lines, and the best use continues to be made of temporary and tentative measures, which are, however, outliving the period for which they were expected to meet the demands upon them.

34. It was anticipated that the close of the year would have seen the transfer to the County Council of the three remand homes for juvenile offenders, established by the Board in 1902, in accordance with the provisions of the Children Act, 1908, but the homes will remain under the management of the Board till March, 1910, under circumstances explained by the Children's Committee in the last of their interesting series of reports on this branch of work to which they have devoted much care and attention.

Training Ship Exmouth.

35. The unaccountable reluctance of many of the metropolitan parishes and unions to avail themselves of the admirable opportunities which the Training Ship Exmouth affords for the training of lads for service in the Royal Navy and Mercantile Marine (a matter to which attention was prominently directed in the last two annual reports) still continues, and has again compelled the Managers during the past twelve months to rely largely upon extra-metropolitan parishes and unions in making up the ship's complement. When it is pointed out that of the 311 boys admitted during the past year, as many as 137, or 44 per cent. of the total admissions, were from extra-metropolitan parishes and unions, whilst of the 674 boys remaining on board at the end of the year, 232, or 34 per cent., were recruited from outside London, this lack of appreciation on the part of metropolitan Guardians of the training facilities afforded by the Exmouth will be more fully realized.

The highest number of boys under training during the year was 688, and the average number under training since July last, when the

normal accommodation on board was increased from 600 to 700, was 656. During the year 70 boys joined the Royal Navy, 94 the Mercantile Marine, and 9 the Army as musicians.

Information will be found in the annual reports of the Committee and of the Captain-Superintendent with regard to the increasing difficulty of obtaining berths for the boys both in the Royal Navy and in the Mercantile Marine owing to the continued advance of the physical and educational standards required of boys employed at sea, and to the steps taken during the year to improve the all-round seamanship of the boys on board. Special attention is directed to the satisfactory results which have attended gunnery practice, ambulance instruction and swimming, no fewer than 207 boys having been taught to swim during the year.

Ambulance. 36. Reference was made in the last annual report to the preliminary steps taken for establishing a motor ambulance service at the Mead and Western Ambulance Stations, and it is satisfactory to be able to record that during 1909 this establishment was completed at the latter station shortly before the close of the year. The Ambulance Committee have also in contemplation the substitution of motor for horse traction at the Eastern Station at an early date, whilst in order to avoid as far as possible the dismissal of coachmen of long service and accustomed to ambulance work and the handling of patients, some of the most suitable of these coachmen are being trained as motor drivers. Since The Children's Infirmary, Carshalton, was opened on the 29th January last, the conveyance thereto of children from the Poor Law infirmaries of London, and the return of recovered children, has been satisfactorily and expeditiously carried out by motor omnibuses specially fitted with beds and seats.

37. In March, 1909, a Departmental Committee of the Home Office reported upon the question of providing ambulances for cases of accident and sudden illness occurring in the streets and other places within the metropolis.

The recommendation of the Committee, by a majority of two to one, that this work should be undertaken by the Metropolitan Asylums Board was endorsed by the Board and by the County Council, but inconsequently enough facilities were afforded in Parliament for the passage of a Bill promoted by the dissentient member of the Committee imposing the duty on the County Council. From the ratepayers' point of view it is to be regretted that the proved and complete organisation of the Board already dealing with non-infectious as well as infectious cases, and removing without a hitch some 50,000 cases annually, should have been passed over in favour of a plan which must involve, after much delay, a duplication of existing machinery and a setting up of a second service.

38. During 1909 the total number of removals effected by the Board's ambulances, including the transfer of patients from one institution to another, was 47,613, of which 22,601 were removals to the Board's hospitals and 451 removals of persons suffering from infectious disorders to places other than these hospitals. In addition, 1,794 mental, medical and surgical cases, of which 16 were cases of accident, availed themselves of the facilities afforded by the Managers for the hire of ambulances for the conveyance of non-infectious cases. The ambulance service was also made use of in the conveyance of imbeciles and children, and of large quantities of goods and stores to the various institutions of the Board.

Contract Committee. 39. Upwards of 600 contracts, representing a total value of over £300,000, have been dealt with by the Contract Committee in their work of supplying the provisions and necessities for the institutions of the Board. The report of the Departmental Committee *re* contracts, to which allusion was made last year as having been under discussion by the Contract Committee at the end of 1908, was duly considered by that Committee, who found themselves in cordial and practically unanimous agreement with the great majority of the recommendations embodied therein, and the Managers in August last endorsed such recommendations, and their adoption will, it is hoped, bring the Board's entire system of supplies to an even higher level of efficiency and economy than it has hitherto attained.

Works Committee. 40. The annual report of the Works Committee deals with the numerous engineering and other works which have been carried out under its supervision during 1909. The value of such works carried out under the Engineer-in-Chief amounted to approximately £60,569, of which £33,262 represented the value of engineering works and repairs, and the balance that of building works and repairs.

No works of any magnitude were dealt with by the Works Committee during the year. Their report records the substitution of low voltage metallic filament electric lamps for carbon filament lamps at certain of the electrically lighted institutions of the Board and the financial results anticipated; the steps taken with the view to the provision of additional workrooms at the Darenth Asylum and of further accommodation for male staff at the Eastern Hospital; and the initiation and completion of sundry minor works.

Officers and Staff. 41. The Board have centralised in the General Purposes Committee the work of selecting, appointing and promoting the staff in the stewards' departments at the various institutions, and have authorised an interchange of staff when desirable between the junior members of the accountant's staff

at the Head Office and the stewards' departments. It is confidently anticipated that a marked improvement will be effected by these measures in this very important branch of the Board's service.

42. The Local Government Board in September last issued an Order directing that in future appointments, stewards in the Managers' service shall not rank as principal officers, thus giving effect to the Managers' contention that there should be only one recognised head at all the Board's establishments, with general authority and control over the entire staff.

43. Other matters connected with the Board's officers and staff, to which reference will be found in the report of the General Purposes Committee, are (a) the adoption of a revised table of maximum quantities and values to be issued from stores for officers' provisions for actual consumption only, and (b) the modification and extension of the Board's regulations relating to those officers of the Board who have enlisted in the Territorial Force.

44. The total number of officers and servants in the service of the Board on the 31st December, 1909, was as follows :—

	Permanent.	Temporary.
Head Office	116	12
Asylums	1,330	41
Fever Hospitals*	2,755	39
Small pox Hospitals (including River Ambulance Service)	117	10
Land Ambulance Service	163	3
Children's Homes and Schools	725	44
Exmouth (Training Ship)	46	8
Central Stores	10	3
	<hr/> 5,262	<hr/> 160

*Including Bacteriological Laboratories.

During the year 1,771 officers and servants were appointed and 1,864 left the service, showing a decrease of 93 ; 18 were superannuated.

**Board of
Manage-
ment.**

45. In May last the Board received with profound regret intelligence of the sudden death of Admiral E. Neville Rolfe, C.B., and in the following August of Mr. W. Vallance, J.P. Both of these gentlemen (who were members nominated by the Local Government Board) had devoted much time and attention to the work of the Board as a whole, and more particularly to the work of the Training Ship Committee, to whom the naval experience and knowledge of Admiral Rolfe and the expert knowledge of poor law work possessed by Mr. Vallance were invariably of the greatest assistance.

The death has also to be recorded with regret of Major T. West, who represented the Lewisham Board of Guardians, and the resignation of Miss Bramston and of Dr. Harvey Hilliard, representing the Guardians of S. George's Union.

To fill vacancies on the Board, the Local Government Board nominated Admiral W. H. Henderson, Captain St. Vincent Nepean, M.V.O., and Mr. E. Palgrave Simpson ; whilst the S. George's Union elected as their representatives on the Board of Management Mr. G. H. Heilbuth and Mr. Abel Simner.

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

(Signed) J. T. HELBY,

Chairman of the Board,

(Signed) T. DUNCOMBE MANN,

Clerk to the Board,

OFFICE OF THE BOARD,

EMBANKMENT, E.C.

APPENDIX.—List of the various institutions.

No.	Name of Institution.	Where Situate.
Imbecile Asylums.		
1	Tooting Bec Asylum and Children's Re-	{
2	ceiving Home	
3	Leavesden Asylum	
4	Caterham	
5	Darenth Training School and Industrial	{
6	Colony	
7	Eastern Hospital	
8	North-Eastern Hospital	
9	North-Western	{
10	Western	
11	South-Western	
12	Fountain	
13	Grove	{
14	South-Eastern	
15	Park	
16	Brook	
17	Northern	{
18	Gore Farm Upper	
19	Lower	
20	for Convalescing Patients	
Smallpox Hospitals.		
21	Joyce Green Hospital	{
22	Orchard Hospital	
23	Long Reach Hospital	
24	Training Ship "Exmouth." †	
25	Infirmary	{
26	Schools and Homes for Children.	
27	Ringworm School.	
28	The Downs School	
29	Ophthalmia Schools.	{
30	High Wood School*	
31	White Oak	
32	Sick and Convalescent, Inland.	
33	The Children's Infirmary	{
34	Sick and Convalescent, Seaside.	
35	S. Anne's Home	
36	East Cliff House	
37	Millfield	{
38	Homes for Defectives.	
39	Lloyd House	
40	12, Lloyd Street	
41	26, Elm Grove	{
42	81, Earlsfield Road	
43	Surrey House, 66, S. Ann's Hill	
44	Bridge Industrial Home	
45	Remand Homes.	{
46	70, 72, 74, Pentonville Road	
47	203, 205, Harrow Road	
48	36, 37, 38, Camberwell Green	
Ambulance Stations.		
49	Eastern Ambulance Station	{
50	North-Western	
51	Western	
52	South-Western	
53	South-Eastern	{
54	Brook	
55	Tooting Bec	
56	Mead (Motor Workshop)	
Wharves, Piers, and Steamers.		
57	North Wharf	{
58	South	
59	West	
60	Five Ambulance Steamers	
Contract Department.		
61	Central Stores	{
62	Bacteriological Establishments	
63	Soloman's Passage, Peckham Rye, S.E. . .	
64	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.

§ Will be transferred to London County Council 1st April, 1910.

under the Board's control.

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.	2,109 "
4	November, 1878	164 a. 1 r. 0 p.	1,994 "
			7,347
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 <small>(reconstructed 1904-1906 and re-opened 2nd July, 1906)</small>	10 a. 2 r. 0 p.	498 "
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 "
			7,088
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.	700 boys.
	August, 1905		34 beds.
			734
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	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		172 "
33	January 1st, 1902 .. .. .	.. .. .	40 boys, 15 girls
34	January 1st, 1902 .. .. .	.. .. .	45 boys.
35	January 1st, 1902 .. .. .	.. .. .	40 boys, 10 girls.
			2,799
36	June 20th, 1885	The areas of these sites are included in those of the adjoining hospitals (see above).	.. .. .
37	September 1st, 1897 .. .. .		.. .. .
38	July 9th, 1884 .. .. .		.. .. .
39	May 2nd, 1898	The areas of these sites are included in those of the adjoining hospitals (see above).	.. .. .
40	October 1st, 1883 .. .. .		.. .. .
41	August 18th, 1896 .. .. .		.. .. .
42	Erected 1903	Included in site of asylum .. .. .	.. .. .
43	April, 1902	On part of the West Wharf site .. .. .	.. .. .
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. (96 Beds).

Date	Description	Amount
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ANNUAL REPORT OF THE HOSPITALS COMMITTEE FOR 1909.

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 21 meetings. The sub-committees have held 288 meetings.

Principal Officers and others. 3. Dr. W. T. G. Pugh, Medical Superintendent of the Gore Farm Hospital, was transferred in January from the Hospitals' to the Children's service, to be Medical Superintendent of The Children's Infirmary. The vacancy thus caused was filled by the promotion of Dr. J. B. Byles, Senior Assistant Medical Officer, Smallpox Hospitals. He commenced his new duties in May.

By the sudden death in June of Dr. F. N. Hume, Medical Superintendent of the North-Western Hospital, the Board lost the services of a valued and much esteemed officer, who had served the Board for upwards of 30 years. In September Dr. J. MacCombie was transferred from the Brook Hospital to fill the vacant place, and it has been decided to transfer Dr. Byles from Gore Farm to the Brook Hospital, Dr. J. H. Griffiths, Senior Assistant Medical Officer, Brook Hospital, being promoted to the position of a Medical Superintendent in the hospitals service and located at the Gore Farm Hospital.

Since 1903 classes in fevers have been held at several of the hospitals in turn for officers in the Army Medical Service. In January, Dr. Goodall, Medical Superintendent, Eastern Hospital, with our permission, succeeded Dr. Bruce, Medical Superintendent, Western Hospital, as the Clinical Teacher.

Miss A. Thomas, Matron, Park Hospital, resigned and left in September, and Miss S. A. Villiers, Matron, Fountain Hospital, was transferred to the Park Hospital in her room.

Miss H. M. Schooling, Matron of the North-Eastern Hospital since July, 1893, retired, and left in December. Steps are being taken to fill the vacancy in the service thus occasioned.

The Chaplain of the South-Eastern Hospital, the Rev. J. Hodson, LL.D., resigned and left in January. From that date until May the duties of Chaplain were temporarily performed by the Rev. W. Rowley, who formerly assisted Dr. Hodson, and since then by the Rev. E. C. Gee, M.A., Missioner of Corpus Christi Mission, Camberwell.

After forty years' Poor Law service, the Steward of the Northern Hospital, Mr. Jay, resigned and left in March.

Assistant Medical Officers and Students, and candidates for D.P.H. 4. During the year 10 Assistant Medical Officers joined the Board's hospitals service and 9 left.
17 Assistant Medical Officers were employed temporarily at various times.

A time-limit for Assistant Medical Officers has now been laid down, under which the maximum of service has been fixed at four years for junior Assistant Medical Officers, and a total of ten years in the case of juniors promoted to be seniors.

183 students (23 of whom were women) received clinical instruction at ten of the fever hospitals.

In our report for 1908 we referred to the proposed experiment of holding morning classes for twelve months for medical instruction at certain of the hospitals. During the October-November-December, 1908, course, the experiment was tried at the Eastern, North-Eastern, and Brook Hospitals. In 1909, during the January-February-March and May-June-July courses, it was continued at these three hospitals. After the twelve months' trial we decided to continue the experiment for another year.

During the year 6 clinical assistants were appointed, of whom 2 were women.

It having been represented to us that the requirement that candidates for the D.P.H. who wished to study administration in the Board's hospitals must reside there as clinical assistants was a hardship for many candidates, and compliance with it an impossibility for others, we reported to the Board on the matter, and approval (with the subsequent sanction of the Local Government Board) was given to further facilities being afforded to candidates by the institution at two of the hospitals, as an experiment, of classes for instruction in hospital administration, without requiring them to enter into residence.

Fever training.

5. In July the Board sanctioned the adoption at the infectious hospitals of the scheme of fever training laid down by the Fever Nurses' Association, a body composed of a number of medical superintendents and matrons of fever hospitals in the United Kingdom.

Preparation of diphtheria antitoxin and bacteriological work.

6. The Board's laboratories were transferred in February from the temporary premises at the Examination Hall, Victoria Embankment, W.C., rented from the Royal Colleges of Physicians and Surgeons, to the newly-erected laboratories at Sutton, Surrey.

Arrangements have been made for the supplies and specimens for diagnosis to be received and distributed through the Office of the Board (except on Sundays and at such other times as it might be closed), where accommodation has been set apart for this purpose.

Eastern Hospital—Accommodation for Staff and discharge of patients.

7. The re-building of the male staff quarters at this hospital, to which we referred in our last report, is rapidly approaching completion, and the work of erecting a block, providing additional discharge accommodation for patients and additional quarters for female staff, the scheme for which we stated in our last report had been sanctioned by the Local Government Board, is about to be commenced.

Eastern Hospital—Isolation accommodation.

8. The scheme for the provision of additional isolation accommodation at this hospital by converting "Temperance" ward into isolation chambers, which we stated in our report for 1908 to be still under consideration, has been approved by the Managers and the Local Government Board, and the work is now in progress.

Patients—Fever and diphtheria.

9. The number of patients remaining under treatment on 1st January, 1909, was 4,924.

As compared with 1907 and 1908, the number of patients with which the Board have been called upon to deal during 1909 has been small. On 5th June the total number in hospital fell as low as 3,126, while the highest number under treatment during the usual autumnal rise was only 3,920 on 19th October, as compared with 7,158 in 1907 and 5,302 in 1908.

To provide, however, against possible contingencies, the precaution was taken of obtaining, in August, the sanction of the Local Government Board to the utilisation, during the autumn and winter months, of the Joyce Green Hospital for the reception and treatment of fever patients, in case such an emergency step should be necessary. Not only was this additional accommodation not required, but the decline of infectious disease has permitted the direct admission of cases to the Fountain Hospital to be suspended, and since the 26th of March the use of that hospital has been limited to the treatment of isolation cases, and to purposes of the discharge of recovered patients.

Proposed provision for cases of measles. 10. This question was raised by the Guardians for the parish of Bermondsey, who asked the Board to provide accommodation for these cases. We replied to the Guardians that we did not consider the matter to be one which the Managers ought to initiate, but that if the Local Government Board directed that persons suffering from that disease should be received by them for isolation, the Managers would make the necessary provision.

North-Eastern Hospital—Electric lighting. 11. In our report for the last year we mentioned that a scheme was then in course of preparation for the electric lighting of the North-Eastern Hospital. This work has been put in hand, and at the close of the year it was almost completed.

South-Western Hospital—Boiler-house, etc. 12. A scheme for the extension of the upper boiler-house at the South-Western Hospital was also put in hand and completed during the year, as well as the work of re-modelling the internal telephone and fire alarm systems at that hospital.

Smallpox Hospitals and River Ambulance Service. 13. In the winter of 1907-8 it was necessary, in order to cope with the very great demands that were then made on the Board's fever resources, to make use temporarily of Joyce Green Hospital for fever cases, Long Reach Hospital being reserved for any cases of smallpox that might have occurred whilst Joyce Green Hospital was so used. As the possibility exists, looking at the fluctuating behaviour of infectious disease, that Joyce Green Hospital may be used again in a similar emergency, we considered whether we could make simpler and more economical arrangements for the few cases of smallpox which might require isolation during the period of great prevalence of fever. We put forward a scheme which had this object in view, but the matter remains in abeyance at the present time.

The smallpox hospital was empty of patients at the close of 1908. During 1909 15 patients were admitted, and at the end of the year 4 remained in hospital.

In connection with the smallpox service, the following works and other matters have been dealt with during the year, viz. :—(i.) the block of cottages for the staff has been completed ; (ii.) the provision of additional bathing and changing accommodation for female staff at South Wharf has been approved ; (iii.) the main from the Dartford Gas Company's works to the Smallpox Hospitals and the hospital main and meter have been enlarged ; (iv.) authority has been given for Long Reach Hospital to be equipped completely, and for certain necessary works to be carried out at the Orchard Hospital at very short notice, when it may be considered prudent ; and (v.) the repair of the roofs of the Orchard Hospital buildings has been sanctioned.

Conclusion. 14. We desire once more to express our appreciation of the valued help we have received from the several medical superintendents and other officers in connection with our control and management of the establishments placed under their charge.

(Signed) **WALTER DENNIS,**
Chairman.

ANNUAL REPORT OF THE ASYLUMS COMMITTEE FOR 1909.

Patients. 1. 825 (1,117)* applications for the admission of patients were dealt with at the Head Office, and the actual admissions totalled 784 (972); of the latter number 206 (255) were children, of whom 34 (46) were under 5 years of age, and 186 (232), *i.e.*, about one in every three adults admitted, were over 70 years of age. 41 (154) patients were sent from asylums under the control of the London County Council.

Of the 186 (234) patients admitted over 70 years of age, 72 (91) were between 70 and 75, 64 (76) were between 75 and 80, 41 (46) were between 80 and 85, 7 (19) were between 85 and 90, and 2 (2) were over 90.

The deaths during the year numbered 708 (645), and the discharges 172 (100).

537 (1,124) transfers were effected, the details of which are shown in the following statement:—

From	To Tooting Bec.		To Darenth.				To Caterham.		To Leavesden.		Total.	
			Over 16 years.		Under 16 years.							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tooting Bec ..	..	..	51	34	121	71	18	15	43	29	233	149
Darenth.. ..	..	..	..	..	..	..	27	45†	20	50†	47	95
Caterham ..	..	..	..	..	..	..	..	..	..	..	..	..
Leavesden ..	..	5	2	1	..	..	2	3	..	..	4	9
	5		53	35	121	71	47	63	63	79	284	253
	5		88		192		110		142		537	

† 40 of these (Caterham 15, Leavesden 25) were under 16 years of age.

* The italicised figures in brackets throughout are those for the year 1908.

The following statement shows the number of patients who have been transferred from Tooting Bec to Darenth during the five years ended 31st December, 1909.

Year.	Adults (all considered improvable).	Children under 16.	No. considered to be improv- able at time of transfer.	Percentage of cases considered to be improv- able.
1905	46	139	70	50
1906	69	164	82	50
1907	44	174	49	28
1908	70	234	72	30
1909	85	192	49	26
	314	903	322	36%

**Ancrease of
Improvable
Adults, but
Decrease of
Improvable
Children.**

2. It will be noticed that, while there has been an increase in the number of improvable adults sent to Darenth, the number of children considered to be improvable has diminished.

It will also be seen by the foregoing statement that the majority of the children admitted at Tooting Bec Receiving Home during the last few years, and afterwards transferred to the only other institutions established

for their reception, viz., Darenth Training School or Pavilions are of the quite unimprovable type. This has resulted in a large accumulation at Darenth of hopeless young imbeciles, whose presence, unless some considerable relief is soon given, is calculated to hamper the industrial and other useful work being carried on by the better class of patients, besides checking the flow of patients from Tooting Bec.

A report hereon was submitted to the Managers on the 3rd July, when the subject was referred to the General Purposes Committee, who, after deciding that in order to give full effect to the policy approved by the Managers and the Local Government Board, the unimprovables at Darenth should be removed elsewhere, as soon as practicable, appointed a sub-committee to consider (a) the best arrangements which could be made to give effect to that decision, and (b) any other matters consequential thereon.

Subsequently, a proposal to use the lower Gore Farm Hospital—a collection of huts near Darenth Asylum, originally built for convalescing fever patients—for the purpose of housing such unimprovables was agreed to by the Managers, but has not yet received the assent of the Local Government Board.

Normal Accommodation. 3. The total normal accommodation for patients at the end of the year was 7,347, an increase of 166 beds (84 for males and 82 for females), obtained at Caterham Asylum, partly as the result of a remeasurement of the wards, and partly by the inclusion of a number of single rooms adjacent to the wards.

This is the highest number of beds for imbeciles which the Managers have ever possessed, except for a short period in 1908, notwithstanding the loss of 336 beds at Belmont Asylum in that year, due to the leasing of the buildings to the Fulham Guardians.

The following statement shows the total increases in accommodation which have been obtained during recent years at the Asylums named:—

		No. of additional beds.
Tooting Bec	.. ..	328
Leavesden	.. ..	326
Caterham	.. ..	166
		<hr/> 820

Of the 328 extra beds at Tooting Bec Asylum, 207 are in the two additional blocks.

Leavesden Asylum. Tubercular Patients. 4. With a view to the more effectual treatment of tuberculous patients at Leavesden Asylum, the medical superintendent's proposal that the building formerly used as an upholsterer's shop should be utilised for the worst of such patients of the male sex, was agreed to in December, and at the end of the year the Managers were awaiting the assent of the Local Government Board thereto. This will result in an addition of 34 beds, thus bringing the total accommodation for patients at the asylum to 2,164.

Caterham Asylum. (i.) Extension of infirmary accommodation. 5. In our report for the year 1907 it was stated that as most of the patients sent to the Managers' asylums continued to be of the aged and infirm type, and were unfitted to be placed in large wards constructed for able-bodied patients, it would in all probability be necessary ere long to provide additional infirmary accommodation at Caterham Asylum.

The necessity for this became manifest early in the year under review, and as the result of a report we submitted to the Managers on the 30th January, it was decided

to convert into infirmaries two blocks of three floors each, one on either side, and the ground and top floors of a third block on the male side. This leaves only two unconverted blocks on the female side and one and two-third blocks on the male side.

(ii.) Increase of 6. An increase of 166 beds in the accommodation at Caterham Asylum is mentioned in paragraph 3 *ante*. This increase has brought the total accommodation for patients at this institution to 2,109.

(iii.) Patients' Dietary Scale. 7. Owing to the increasing number of aged and infirm patients under treatment at Caterham Asylum, it was decided (while still retaining the existing scale for such patients as might require it) to adopt for a trial period the dietary scale in force at Tooting Bec Asylum, which scale has been found very suitable for aged and infirm patients, and very economical in working. A similar experiment has been tried with success at Leavesden Asylum, and it is proposed to consider the subject further, with a view to the adoption of one scale for all asylums, based on that in force at Tooting Bec, which it is believed will result in obtaining further economies.

(iv.) Increase of Staff. 8. The provision of more infirmary accommodation and the additional beds before mentioned has necessitated an increase in the normal staff of 18 attendants at Caterham.

Darenth Asylum.
(i.) Increased accommodation for male patients. 9. In the early part of the year it became necessary to provide more accommodation for male patients at Darenth. To effect this, 45 unimprovable girl patients were transferred from Darenth to Caterham and Leavesden Asylums. A similar need again arose in October, when, by a temporary rearrangement at Darenth, it was found possible to house 40 additional male children, and so prevent the stoppage of admissions at Tooting Bec.

(ii.) Additional workrooms. 10. In our last report we referred to the necessity for the provision of additional workroom accommodation, and stated that our proposals had been approved by the Managers. The Local Government Board, however, did not approve the plans, and, at the end of the year, the matter was still under consideration. We are hopeful that the provision of this very necessary accommodation will not be much longer delayed.

(iii.) Unimprovable patients. 11. The problem of dealing with the large and increasing number of hopelessly unimprovable patients, mostly children, at Darenth Asylum, is referred to in paragraph 2 *ante*.

Tooting Bec Asylum.
Additional Staff. 12. The completion of two additional blocks for patients at Tooting Bec, referred to in our last report, has necessitated an increase in the staff, and after due consideration of our asylum sub-committee's proposals, we approved of the following increase, viz.: 1 superintendent nurse, 31 attendants, 11 domestics.

Other Matters. 13. During the year the following special matters have come before us for consideration:—

- (a) The provision of additional w.c.'s, storage and scullery accommodation for ward 13 at Leavesden Asylum (estimated cost, £95).
- (b) The renewal of the coppers in the cook-house and general kitchen at Caterham Asylum (estimated cost, £490).
- (c) The installation of two foul washing machines at Caterham Asylum (estimated cost, £260).

- (d) The laying of new flooring in certain blocks at Darenth Asylum (estimated cost, £168).
- (e) The repair of a bed of 8 gas retorts, Darenth Asylum (cost, £140).
- (f) The provision of a system of incandescent gas lighting at Darenth Asylum (estimated cost of fittings, £273).
- (g) The provision of two foul washing machines at Tooting Bec Asylum (estimated cost, £220).

Asylums Officers' Superannuation Act, 1909. 14. This Act, which was passed on the 3rd December, and comes into force on the 1st April, 1910, imposes upon the authorities of public asylums for the insane the obligation to grant superannuation allowances to their officers and servants on fixed scales, after definite periods of approved service, contributions by such officers and servants being made annually from the amount of their salaries or wages and emoluments in aid thereof.

The Act applies to established officers and servants only, that is, to those who are employed in a *permanent* capacity in an asylum, and (i.) who have "the care or charge of the patients," or (ii.) whom the asylum authority shall by resolution determine to be established officers or servants. Those whom the Metropolitan Asylums Board do not include in their resolution will remain under the Poor Law Officers' Superannuation Act, 1896, unless they have contracted out of that Act.

Established officers and servants are to be divided into two classes. The first class is to consist of all those "who have the care or charge of the patients in the usual course of their employment," and the second class is to include "all other established officers and servants." A notice with respect to such division, and a schedule showing the annual value of the emoluments as determined by the Board, must be fixed in a conspicuous place in each asylum.

Under instructions from the Board (18th December), we have in hand the preparation of:—

- (i.) A list of the officers and servants, or classes of officers and servants, employed at the Board's imbecile asylums, divided into two groups, viz.:—
 - "Established officers and servants," and
 - All other officers and servants.
- (ii.) A list showing the division of such established officers and servants into the two classes mentioned in the Act.

The conditions and amount of pension are different for the two classes of officers and servants.

An established officer or servant of the *first class* will be entitled to a pension, on resigning or otherwise ceasing to hold office, after he has served for not less than 20 years, and is not less than 55 years old. In this case the pension will be calculated at the rate of one-fiftieth of the amount of his pay and emoluments for each completed year of service; and, for the purposes of computing the amount of the pension, the pay and emoluments shall be taken as the average of the preceding ten years, not five years as under the Poor Law Officers' Superannuation Act.

In no case will a pension exceed two-thirds of the average annual value of pay and emoluments.

An established officer or servant of the *second class* will similarly be entitled to a pension, and subject to the same conditions, after he has served for not less than 20 years, and is not less than 60 years old. In this case the pension will be calculated at one-sixtieth instead of one-fiftieth of the average annual value of his pay and emoluments.

An established officer or servant, to whichever class he may belong, is entitled to a pension when permanently incapacitated for asylum duties, after ten years' service, by injury or illness, mental or bodily, medically certified, and not attributable to his own misconduct.

An abstract of the Act has been prepared by the Clerk to the Board for the information of the asylums' officers and servants, each of whom has been furnished with a copy of it.

Lunacy Commissioners' Reports. 15. The reports made by the Commissioners in Lunacy, who visited the asylums during the year, were of the usual satisfactory nature. We append copies of such reports, in accordance with practice.

Inspection of Asylums by Committee. 16. The asylums at Caterham, Leavesden, and Tooting Bec were inspected by us as a Committee. At each place we found a high standard of efficiency in the care and treatment of the patients continuing to be maintained.

The Darenth institutions were inspected by the Board on Saturday, the 10th July, but it was a matter of regret to us that only 26 Managers took part in the inspection. Those of the Managers who had not been to Darenth before, or who had not visited it for some years, were much impressed by the aptitude displayed by the patients in the carrying on of the various useful industries which have become so marked a feature of this institution during recent years.

Detailed statements of the work performed at Darenth by patients will be found on reference to the Annual Report of the Medical Superintendent.

Principal Officers. 17. The Matron of Tooting Bec Asylum (Miss E. M. Cottrill) resigned, and left on the 3rd December, after a total service under the Managers of upwards of 13 years, 7 of which had been spent at Tooting Bec as Matron. She was succeeded by Miss Ethel S. Rose, formerly Assistant Matron at Napsbury Asylum. The engagement of Mrs. Williams, the former Matron of Belmont Asylum, and who for 16 years had been Matron of Darenth Asylum, was terminated at Lady Day, and she was superannuated on the ground of old age. No other changes occurred among the principal officers during the year.

Meetings. 18. We have held 20 meetings and our several sub-committees have met on 114 occasions, making a total of 134 meetings during the year.

The usual interim visits have been made to the several asylums, and the Chairmen of the asylum sub-committees have made special visits from time to time.

Signed on behalf of the Asylums Committee,

A. BODEN, *Chairman.*

APPENDIX I.

REPORTS OF COMMISSIONERS IN LUNACY ON VISITS TO
ASYLUMS DURING THE YEAR 1909.

A.—DARENTH ASYLUM.

REPORT OF DR. F. NEEDHAM.

LUNACY COMMISSION,
66, VICTORIA STREET, S.W.,

5th February, 1909.

On the 1st of February, 1909, I made a complete inspection of the Darenth Asylum for Imbeciles, and am able to give a very favourable report of its condition and management. They reflect much credit upon Dr. Rotherham, the medical superintendent, and those who are associated with him in his work.

I found all the rooms very clean, bright and comfortable, warm and well ventilated. The beds and bedding were in excellent order.

A profusion of plants, artificial flowers and other objects of interest gave a cheerful appearance to the day rooms, many of which had been painted throughout since the last visit. Two of the dormitories had been refloored. The laundry floor was being relaid, *but I noticed machinery there in further need of protection, such as will no doubt be pointed out by the Factory Inspector at his visit.*

The patients were suitably and neatly dressed, were generally in good health, and looked in all respects well cared for. Expressions of discontent with their detention and treatment were extremely rare, and there was the air of general contentment which is so conspicuous in imbeciles who, in well managed institutions, are able to be usefully employed under conditions of kind and modified discipline. This was, of course, especially manifest in the workshops, which are now so prominent and successful a feature in the training of the patients here. Their concentration has much simplified their administration, but it is unfortunate that their capacity is so limited as to lead already to such a considerable degree of overcrowding as could not fail to be obvious. In these shops, which include those for brushmaking, painting, tailoring, shoemaking, bookbinding, basket and mat making, joinery and upholstery, a large amount of really efficient work is being done and with great pleasure to those engaged in it. It was valued last year at upwards of £7,000, and left a profit of £2,000, a careful profit and loss account being kept in the case of each trade. These results are of striking interest as an object-lesson with reference to the future care and training of imbeciles on a wider scale than has hitherto been attempted in this country. This industrial training is not, however, practised to the exclusion of ordinary simple scholastic education, or of the physical development and discipline which result from regular systematised drill.

Although this asylum is now devoted principally to improvable cases, there are still here many helpless patients needing constant care and attention, and I noticed with pleasure many indications of the kindly manner in which these are given them. It is highly creditable to the nursing of the sick that although I saw many quite helpless children of faulty habits who either lay in bed or in canvas chairs continuously, not one was suffering from a bedsore, and I was assured that no bedsore existed on the body of any patient who died since the last visit.

Thirty-eight patients altogether were confined to bed. There were in addition a few suffering from scabies and ringworm and one from chicken-pox, all of them carefully isolated.

A good substantial and well-cooked dinner of meat pie, potatoes and bread was neatly served during my visit, and was evidently enjoyed.

Since the last visit by a Commissioner, on June the 22nd, 1908, 196 patients have been admitted, 192 discharged, and 26 have died, leaving on the books and in residence 1,916, of whom 1,050 were males and 866 females.

As the total sleeping accommodation in the whole asylum is for 1,994 patients, there are at present vacancies for 78, but of these 44 are for children under five years of age.

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

There has been no use of either mechanical restraint or seclusion.

The 26 deaths were all due to natural and ordinary causes, ascertained, however, by post-mortem examination in only 50 per cent. In 11 per cent. the cause of death was phthisis and in 27 per cent. pneumonia and bronchitis. There has been no inquest.

A few cases of zymotic disease have appeared in the asylum since the last visit, viz., 14 of scarlet fever, 2 of erysipelas and the 1 of chicken-pox already referred to.

Only three serious accidents have occurred, two of them resulting in fractures of bones, and the third in loss of sight from the slipping of a knife while the patient was cutting leather in the shoemaking shop.

An adequate and suitable staff of attendants and nurses is maintained, and averages one to every 14 patients.

Since the last visit four have been discharged and one allowed to resign. In one instance the dismissal was consequent upon roughness to a patient.

(Signed) F. NEEDHAM,

Commissioner in Lunacy.

B.—CATERHAM ASYLUM.

REPORT OF MR. A. H. TREVOR.

11th June, 1909.

I visited this asylum to-day, and can report that it continues to be maintained in very good order.

The wards were uniformly bright and attractive, and afford comfortable accommodation for the patients. I thought that the supply of books and papers, both daily and illustrated, was deficient, especially on the male side, where there are many patients who are capable of reading and of interesting themselves in what is taking place in the world.

The dormitories were fresh and well ventilated, and the beds and bedding were in satisfactory condition.

Although patients known to have suicidal tendencies are, as far as possible, excluded from this asylum, it is impossible to be certain that no one of unsound mind will ever develop a sudden tendency to self-destruction, and it is therefore a matter of much importance that the numerous looped pipes in the water closets and lobbies, to which we have so frequently directed attention, should be adequately protected. The ventilation and freshness of many of the water closets also left much to be desired.

Since my colleague's visit in April, 1908, 299 patients have been admitted, 53 discharged or removed, of whom two had recovered and 134 have died.

There are now 904 men and 1,070 women on the books, making a total of 1,974; all the patients were in residence and seen by me at my visit to-day. There are at the present time vacancies for 68 men and 67 women.

The number of admissions is above the average; this is due to the closing of the Belmont Asylum, from which 100 male patients have been transferred here. There has also been an increase in the number of feeble patients with faulty habits. In order to provide for the better supervision of the very large number of patients of this description now in the asylum, plans are being prepared for the conversion of several of the blocks into infirmary wards, and an increase of the staff has become absolutely necessary.

Additional washing machines are to be provided in the laundry for dealing with the increased amount of foul washing which has now to be dealt with.

The new quarters for the male staff are now completed, providing 12 separate cubicles, good lavatory and bath-room accommodation, and a large and cheerful recreation room. The messroom accommodation has been re-organised so as to enable the charge attendants on both sides to have their meals separate from the ordinary attendants.

Other improvements that may be mentioned are the fixing of further handrails to the staircases, the connecting of the present water supply with the East Surrey Waterworks, and the provision of new cooking apparatus in the kitchen.

The maintenance charge per head per week is 9s. 4d.

A good dinner of bacon, bread, and two vegetables was served in several of the wards during my visit, and seemed to be generally appreciated.

There has been no use of mechanical restraint, but four patients have been secluded on seven occasions for a total of 10 hours.

Proper arrangements are made for the attendance of the patients at the religious services and associated entertainments; and as many of them as are physically and mentally suitable are allowed to walk out, properly attended, beyond the asylum estate—a matter to which we attach the greatest importance in promoting the well being and contentment of the patients.

The patients were for the most part neat in their dress and personal appearance, most quiet and orderly in their behaviour, and, except on the subject of their detention or their preference for some other institution, free from complaint. They are evidently treated with kindness and consideration, and must also be well nursed, as, although as many as 45 men and 53 women were confined to bed at the time of my visit, only one patient was the subject of a bed sore—a very creditable fact in view of the great debility and degenerate habits of many of them.

All the deaths were due to natural causes, post-mortem examinations being held in 65.6 per cent. of them.

The general health of the asylum is good on the whole, the only zymotic disease that has occurred in the year under review being one case of scarlatina; there have been no serious casualties.

The staff of attendants and nurses has been slightly augmented, and now shows rather more than one to every 15 patients; no one has been discharged for misconduct.

Dr. Campbell is assisted by three medical colleagues.

(Signed) A. H. TREVOR.

C.—LEAVESDEN ASYLUM.

REPORT BY MR. L. L. SHADWELL.

6th November, 1909.

I have to-day concluded my visit begun yesterday to this asylum, and in the course of it have seen all the patients and inspected the wards throughout.

The admissions since my colleague's visit on the 10th November, 1908, have numbered 253, the discharges 40, and the deaths 188. When I commenced my visit yesterday there were 2,037 patients whose names were on the books, viz., 914 males and 1,123 females; all were in residence.

According to the estimate of accommodation supplied to our office, there should at the present time be vacancies for 32 males and 61 females, but this estimate is subject to the qualification that certain wards are appropriated to patients suffering from diseases of the eye and from tuberculosis respectively, and are not available for the reception of other cases.

The change noted last year in the class of inmates, by which this asylum is becoming an infirmary for the reception of youthful crippled and helpless cases from the other asylums of the Board is still in progress, and the proportion of working patients, for whose accommodation one block on the male side and one block and an extra ward on the female side suffice, is declining.

Several useful improvements of minor importance have been completed since the last visit. The erection of a new scullery and w.c. accommodation for ward 13, and of additional w.c.'s for block 15 is now in hand. The Factory Inspector has not as yet made a visit of inspection, but meanwhile the engineer has reported on steps required to be taken for the protection of machinery, and his recommendations, which include the suggestions made on this subject by the Commissioners, have been adopted and are to be carried out. The Committee, while recognising the objections to the present arrangements in connection with the kitchen, under which the male patients working there have access to the females' corridor and yards, have not been able to decide how the defect may be remedied. I would again urge upon them the importance of dealing with the matter, in view of the serious consequences which may otherwise ensue.

In accordance with the recommendation made by my colleague last year, plans for connecting the blocks in couples by bridges on the level of the first and second floors were prepared and were adopted by the Committee and the Asylums Board, but were disallowed by the Local Government Board on the score of expense. An amended scheme is now under consideration for linking the blocks together by bridges near the corridor end, where the distance to be traversed, and, consequently, the cost of construction, would be less. This scheme has the advantage that it would facilitate improvement of the ventilation of the sanitary accommodation in the blocks, which is at present somewhat defective. Until some arrangements of the kind contemplated are carried out, the lives of the infirm patients in the wards above the ground floor would be exposed to very serious risks in the event of fire breaking out below, and those responsible for their safety must feel grave anxiety on their account. The saving which such bridges would afford in the labour of supervision, and the use which could be made of them for patients to sit or lie out in suitable weather, were pointed out in my colleague's report.

I found the wards and dormitories in very good order, clean and well kept; and the condition of the beds and bedding was satisfactory. The ventilation of the rooms, which is effected by means of open fires and windows, was excellent, the air being always fresh and pleasant. The appearance of the airing courts has been improved since I was last here.

I was satisfied with the dress and personal condition of the patients; their conduct was quiet and orderly, and those capable of expressing themselves generally spoke well of their treatment. One male patient, a Jew who had formerly been at Colney Hatch Asylum, appealed to be allowed to return to that institution, in order that he might get the benefit of the special arrangements made there for those of his religion. He was a man of intelligence superior to that of the generality of his fellow-patients, and suitable for treatment in a county asylum, and I thought his application reasonable and proper to be granted, if practicable. Another patient, a female, expressed a desire to be moved to Tooting Bec Asylum, where she would be nearer to her friends, and Dr. Elkins thought this might be managed.

I was glad to learn that the Committee have now made arrangements for visiting all the wards at regular intervals.

Dinner of varied diet was served both days in the wards, and appeared adequate in quantity and quality. A larger allowance of bread is given than that fixed by the dietary ($5\frac{1}{2}$ ozs. for men and $4\frac{1}{2}$ ozs. for women at breakfast and supper, and 5 ozs. and 4 ozs. respectively at dinner), which was found to be insufficient.

The maintenance charge is now 10s. 6d. per head per week, a slight reduction on that of last year.

During the period under review no use of mechanical restraint or of seclusion has been recorded.

The epileptics in the asylum at the end of 1908 were 22·7 per cent. of the total number of patients. The attendance during the year at the Church of England and Roman Catholic services was satisfactory; the proportion of those taken for walks beyond the estate and of those usefully employed showed, as compared with the previous year, a diminution which may be attributed to the change above adverted to in the class of inmates.

The causes of over 97 per cent. of the deaths which have occurred since the last visit were verified by post-mortem examination. Inquests were held in four cases. In three of these the patients, who died from senile decay, had fractures of bones, the result of accidents; in the fourth death was caused by choking. Two patients on whom inquests were not held died from perforation of the intestines, in the one case by a hairpin and in the other by a bone. The particulars of the above deaths, and of seven other casualties involving fractures of bones, but not fatal, were fully reported at the time to our Board. With the above exceptions, all the deaths were the result of natural causes, far the most important of these being pulmonary tuberculosis, to which 27 per cent. of the deaths were due.

Last winter 74 patients and 58 attendants were attacked by influenza, which, however, proved fatal to only three of the patients: there have been no cases since among the patients, but five have recently occurred among the staff. The only other cases of zymotic disease have been one each of asylum dysentery, erysipelas, and enteric fever (the last fatal) among the female patients, and one of enteric fever in the male staff.

Eye diseases and tuberculosis continue to be very prevalent. There are now 117 patients suffering from the former, and one ward on the male and two on the female side are set apart for their accommodation. The question of providing for them regular visitation by an oculist is under consideration. The tubercular cases are accommodated in two wards of each side, those in whom the disease is active (72 in number) being placed on the top floor in wards exclusively devoted to them, where a larger floor space per head is allowed than elsewhere, and those in whom it is doubtful whether the disease is present, or in whom it has become quiescent, in the wards immediately below. Although the upper floors have the advantage of fuller exposure to air and sun, yet the increased difficulty which their use involves in taking the patients out of doors is a serious drawback. A proposal has been made that the upholsterer's shop, which for want of workers has been out of use for two years, should be converted into a ward for the isolation of the worst and most con-

tagious tubercular cases on the male side. The shop is well placed on an open and sunny site at a distance from the male building; and the estimated cost of converting it into a ward for 18 cases is very moderate. The proposal seems to be well worthy of consideration, and, should it be tried and found successful, some similar arrangement might be made for the isolation of female cases.

The staff of attendants employed for day duty was at the end of 1908 in the proportion of one to every 11 patients on the male, and one to every 12 patients on the female side, the number of nurses being hardly adequate for the due performance of their duties. The record of service of the staff generally was remarkably good, regard being had to the large additions to their number made within the preceding five years and one year respectively. If these additions be left out of account, it would appear that of the remaining attendants only 6 per cent. on the male and 18 per cent. on the female side had served less than a year, while as many as 75 per cent. of the men and 34 per cent. of the nurses could reckon upwards of five years' service. The arrangement by which a large proportion of the staff are allowed to live out in the village is evidently popular, and in Dr. Elkins' opinion, has not only led to no ill results, but has tended to improve the class of nurses offering themselves for employment.

There has been a complete change of the assistant medical officers since the last visit. Dr. Ellerton left to take up the post of Inspector of the Insane in Queensland, Dr. O'Brien went with him in a subordinate capacity, and Dr. Slattery has been transferred to the Fever Department, under the Asylums Board's management. The new senior assistant medical officer is Dr. Sherlock, late superintendent of Belmont Asylum, who has been appointed without restriction as to marriage.

(Signed)

L. L. SHADWELL,

Commissioner in Lunacy

D.—TOOTING BEC ASYLUM.

REPORT BY DR. S. COUPLAND.

26th November, 1909.

I have to-day visited this asylum, and in company with Dr. Beresford have made a complete inspection of the building, with the result that I have been very favourably impressed by the excellent state of efficiency with which it is maintained. The commodious, well-lighted and well-ventilated wards were properly heated, and afford comfortable accommodation for the inmates, whilst the beds and bedding were in very good order. The recent additions to the accommodation provided by the erection of new blocks on each side are now both fully occupied. Their wards, whilst designed on the same general plan as those in the original blocks, exhibit certain differences in detail. Thus, the two single rooms on each floor are placed next to the ward, instead of being beyond the bathroom and ward kitchen—a decided improvement. Then the new wards have no central stoves, the main heating being effected by the introduction of radiators at intervals along the walls. But the chief departure from the original plan has been the lining of the walls by white glazed bricks, and the removal of the partitions between the portion of the ward set apart as a dayroom from the major portion allotted as the dormitory. The former change, though contributing to cleanliness, detracts from the general sense of comfort and also prevents the bareness of the walls from being relieved by prints or pictures, whilst the abandonment of partitions seems to me to be an obvious drawback.

Amongst other structural alterations lately completed may be mentioned the improvement of the hot water service in the children's home and the underpinning of the steam boilers in the engine house, with consequent economy in the consumption of coal. An additional washing machine has been fixed in the laundry, and the ventilation of the padded rooms has been improved in accordance with the suggestion of my colleague who visited the asylum last year.

The work of laying out the grounds is nearly completed, and it will include the asphaltting of paths, whilst several discarded tramcars have been erected in the grounds to serve as shelters.

Since 31st October, 1908, 845 patients have been admitted, 526 discharged or removed (of whom six had recovered), and 294 have died. The large number of removals is accounted for by the fact that the "probationary" wards in this asylum receive cases from the metropolitan workhouses in general, and thence patients are drafted to other of the asylums of the Board, as well as removed to the chronic wards in this asylum. The above changes leave on the books the names of 1,001 patients (males 463, females 538), a number which includes 20 male and 11 female children, who are lodged in the children's home. All of these patients were in residence to-day, and were seen by me. They were neat and tidy in appearance, and for the most part contented and happy. The general health, considering the advanced ages of the majority, was good, and of the 48 men and 80 women who were in bed few were suffering from diseases other than those incidental to senility. The proportion of epileptics, including the children, was 8.9 per cent.

There are at present vacancies in beds for 51 males and 62 females, so that the additional accommodation provided by the new wards (207 beds in all) has so far been utilised to rather more than half its extent.

The average charge for maintenance is estimated at 15s. 5½d. per week.

The deaths, the causes of which were verified by post-mortem examination in the creditable proportion of 94 per cent., were due to senile decay in as many as 49 per cent. of the total. General paralysis accounted for 4.7 and phthisis for 4.1 per cent. respectively. Bedsores, a term which, as explained to me, included the merest cutaneous abrasions, were present at death in 7 per cent.

There have been two inquests, both on patients dying from the effects of fractures of the thigh, accidentally sustained. In addition to these two cases, there have been in the same period four serious non-fatal casualties in which bones were fractured, all from accidental causes.

In the months of June and July last five of the male children and one nurse were attacked by scarlet fever. Two nurses also contracted this affection in other months. There are to-day under treatment in the children's home four cases of ringworm and two of ophthalmia.

During my visit I saw served in the wards an excellent meal of hot boiled bacon with two vegetables, which seemed to be enjoyed by the patients. I was particularly struck with the very cleanly appearance of the table linen and the general arrangements for serving the dinner.

As at my previous visits, so on this occasion, I could not help noticing how small a proportion of the inmates were occupied in any way whatever; very few women were engaged in needlework, and it was only here and there that a man was reading a newspaper. With every allowance for the mental inertia of the majority of those who enter this asylum, it would at least be worth an effort to attempt to arouse their dormant faculties by a fairly liberal supply of simple table games, such as draughts or dominoes, as well as of illustrated journals and magazines.

Since the last visit three patients have been secluded on 16 occasions for a period of 22 hours. There has been no employment of mechanical restraint, but one patient was pointed out to me to-day in whose interest it may probably be necessary to employ gloves, to restrain him from the habit he has contracted of tearing up and chewing portions of his shirt.

The staff of attendants includes 23 per cent. of the male and 14 per cent. of the female sex who have been in the service of the asylum more than five years. According to the returns for last year, there were 114 employed on day duty and 36 on night duty, the average proportion to patients being nearly 1 to 9. Since the last visit four attendants have been allowed to resign to escape dismissal; in one case this was owing to ill-treatment of a patient. There have also been seven attendants discharged for misconduct.

The sub-committee have provided a recreation court for the male nursing staff, female nursing staff, and domestic staff respectively. These three grades have, together with the officers, combined to establish a recreation club, which is managed by a committee of the staff and is very popular. In addition to provision of outdoor and indoor games, the club organises musical and other entertainments, which are given in the recreation hall and are attended by the patients.

Dr. Beresford is assisted by three assistant medical officers, by whom the medical records and case books are satisfactorily kept.

(Signed) SIDNEY COUPLAND,
Commissioner in Lunacy.

ANNUAL REPORT OF THE CHILDREN'S COMMITTEE FOR THE
YEAR 1909.

I.—GENERAL.

**The Com-
mittee's
Work.**

1. We submit to the Board our twelfth annual report, for the year 1909, on the care and treatment of the special classes of Poor Law children for which the Board are responsible,* 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) Sick, convalescent or debilitated children ;
- (d) Mentally and physically defective children ;
- (e) Juvenile offenders on remand.

These children are provided for in two ophthalmia schools, one ringworm school, one infirmary, three sanatoria or homes at the seaside, seven homes and working colonies for the mentally deficient, and three homes for juvenile offenders.

In this report after some general and preliminary observations each class of children is dealt with in a separate section.

The principal feature of the Committee's work during the year was the opening of The Children's Infirmary, Carshalton, the largest children's hospital in the world. Particulars relating to the first year's work of this institution will be found in Section IV.

**Arrangement
of Work.**

2. 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, 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-Chair-
man and
Committee.**

3. We re-elected Dr. Elliott Browne to be our Chairman and Mr. T. Cornell to be our Vice-Chairman, both for a third year of office. During the year we had to regret the loss by death of Mr. W. Vallance, J.P., a member of the Committee from May, 1904, and chairman of the Northern Defective Homes Sub-Committee from June, 1906, to May, 1908, and also of Major T. West, a member of the Committee from June, 1907.

Captain St. Vincent Nepean, M.V.O., R.N., and Mr. E. Palgrave Simpson joined the Committee.

Meetings.

4. We held 20 meetings during the year, and, in addition, our various sub-committees held 255 meetings, of which 68 were at the Office of the Board and the remainder away from that centre.

* Local Government Board Orders dated 2nd April, 1897, 4th March, 1903, and 11th September, 1908.

Proportion of Poor Law Children dealt with. 5. The numbers of children receiving indoor relief from the metropolitan boards of guardians, excluding those relieved as insane or as casual paupers, are as follows :—

On 1st January, 1905	19,839
1st January, 1906	20,069
1st January, 1907	19,830
1st January, 1908	20,474
1st January, 1909	20,861
1st January, 1910*	

The numbers dealt with by the Board at the same dates were as follows :—

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
1st January, 1910	2,430

Expenditure. 6. The gross expenditure out of general account on the children's institutions has undergone a considerable increase by reason of the opening of The Children's Infirmary; and amounted for the year to £99,795. Including the original cost of the institution in question the total amount borrowed on loan was £672,393, of which £500,327 was outstanding at Michaelmas last. Details of the cost per head will be found in Appendix IX., page 59.

Children under 3 years of age. 7. In October last we reported to the Board that we would make arrangements for the admission of children under three years of age, at the ophthalmia and ringworm schools so far as the accommodation at our disposal would allow, priority being given to applications for the admission of children of school age. Prior to 1903, children were admitted to these schools without limitation as to age, but at that time, owing to the fact that the accommodation was required for children of school age, the age limit for admission was fixed at three years. The question has since been more than once under consideration without any further change having been made pending a decrease in the number of patients over three years of age under treatment. The Board are now receiving sick and convalescent children under three years of age at The Children's Infirmary, and we came to the conclusion that the time had arrived, when, so far as accommodation allowed, children under three years should again be admitted to the ophthalmia and ringworm schools. In the case of ophthalmia especially we think a great boon would be conferred upon the infants afflicted by placing them under expert treatment at the earliest possible moment.

Staff. 8. During the year the new consolidated wages scale for the whole of the institutions of the Board came into force. Subject to certain minor variations which will no doubt be found necessary by experience, we believe that the adoption of this scale will be for the benefit of the Board's service as a whole by providing a uniform rate of pay for the same post throughout the service. Staff matters, which have been dealt with, include the fixing of the hours of duty and meals of laundry staff, consequent upon the passing of the Factory and Workshops Act, 1908, the revision of the annual and other leave of the teaching staff with a view to its being placed upon the same basis as that of teachers in ordinary elementary schools.

* The return for 1st January, 1910, had not been issued at the date of the publication of this report.

Report of the Poor Law Commission. 9. Last year we referred at length to the recommendations of the Royal Commission on the Care and Control of the Feeble-minded so far as they related to one important branch of our work*, and we mentioned the fact that the work of this Commission, important as it was, had been to some extent overshadowed by that of the Royal Commission on the Poor Laws and Relief of Distress. The past year has seen the issue of the report of the latter Commission, the report, with its 1,200 pages and 34 supplemental volumes containing the evidence, reports of investigators and indices, forming one of the most monumental productions of modern times, and bearing eloquent testimony to the devoted labours of the Commissioners for the previous three and a half years. The report of the majority is signed by fourteen of the eighteen commissioners, and a separate minority report is signed by the remaining four.

The principal proposals of the Commissioners affecting the Board will, no doubt, be dealt with in the Board's report, and we will content ourselves by commenting briefly on those recommendations of each section of the Commissioners which relate to the future care of Poor Law children.

In their general opening reference to this subject the majority report points out that the up-bringing of Poor Law children, who form nearly one-third of the total number of persons in receipt of relief, probably affords more opportunity for the exercise of preventive influences than any other branch of Poor Law work, while the special section of the report dealing with the children also opens with a tribute to the general progress of Poor Law work in this direction which may well be quoted:—

With regard to the children under the care of the Poor Law the policy since 1884 has always been one of education to independence, although in the earlier days success was made difficult by defective machinery. But progress in the education of these children has gone step by step with the general educational progress of the country and it is probable that the children in some at least, of the present Poor Law schools are being better fitted for earning their living than those outside.

Again

We are decidedly of opinion—and we believe that the same view has always been held by the Central Poor Law authority—that the education of Poor Law children should be at least as good as that given in the elementary schools, and we believe that in the great majority of cases it is so.

On this point we may repeat an extract, given at greater length last year, from the Report of the Board of Education Inspectors, who, in 1908, conducted an enquiry into the educational work of Poor Law schools.

The premises [Metropolitan Asylums Board's schools] 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.

The majority of the Commissioners are not in favour of any proposal which would transfer the children entirely from the care of the Poor Law to the care of the educational authorities. In addition to stating their opinion, which we have already quoted, as to the quality of the educational work carried on under Poor Law authorities they refer to

evidence from all points of the country . . . as to the incompleteness and unsuitability of the education in public elementary schools in preparing children for the after life. The children under the care of the Poor Law need, and generally receive, much more care and training than is given in the elementary school. . . .

The conclusions of the majority of the Commissioners with regard to the care of Poor Law children are emphatically dissented from by the minority for reasons

* Annual report for 1908, pp. 18-20.

which are ably stated in the section of their report devoted to this part of the subject. They do not lay stress upon the great progress which has been made by Poor Law bodies, but greatly emphasise those points upon which, by general agreement, much remains to be done, and, as part of a wide scheme for dividing the whole of public relief work amongst the various separate committees of the County Councils, they propose that the Poor Law children should be transferred entirely to the existing education committees.

It is impossible, however, to assent to the proposition that only a County Council Education Committee can be safely entrusted with the education of the young, whilst, with regard to the work of Poor Law Guardians, the experience of the Board negatives the view which finds expression in the minority report that

no alteration in the membership, no change in the constitution, no enlargement in the area would remedy the defects that now stand revealed.

That the transfer to education committees of the duty of entirely maintaining thousands of children would tend to advance the aims of those whose ideal is the free maintenance of elementary school children is indeed possible, for the transition from free education via free meals to free maintenance, all under the one authority, would be tempting and easy, while the recovery of the cost from those able to pay is a proposition sounder in theory than workable in practice. The majority prefer the opinion

that the existing educational . . . authorities ought not, in our judgment, to be converted into agencies for the distribution of relief, and the less their functions are associated with the idea of relief the better will they perform the public work for which they were specially called into existence.

Dr. A. H. Downes, Senior Medical Inspector of the Local Government Board for Poor Law purposes, while signing the majority report appended a separate memorandum, in which he urged the need for separate consideration for London as a special problem, and advised an independent authority. There is no doubt that such a course would, as Dr. Downes points out, facilitate the maintenance of a strong and systematic financial control by the central government department, a control unlikely to prove acceptable to a County Council, and we may add that it would secure a continuance of that personal interest of members in the work which would be extremely difficult, if not impossible, under an already overburdened County Council.

The time which must elapse before legislative changes can be effected will allow of fuller consideration being given to the many and important proposals of both reports. Meantime, we may note with satisfaction the progress made under the present control at the Local Government Board by administrative measures on the lines indicated by the President in his speech at the opening of The Children's Infirmary, when, after referring to the great improvements in the modern treatment of Poor Law children under the guidance of the Local Government Board, he adumbrated a scheme for giving effect to many of the practical recommendations by departmental action.

The Children's Infirmary itself affords an excellent example of the measures referred to, being in common with the whole of the work of the Children's Committee of the Metropolitan Asylums Board, the outcome of Orders of the Local Government Board, and we believe that further developments on the same lines are equally feasible.

II. OPHTHALMIA SCHOOLS.

Admissions. 10. The total number of admissions during the year at the two ophthalmia schools, High Wood School, Brentwood, and White Oak School, Swanley, was 643 as compared with 489 in 1908 and 502 in 1907. A great proportion of the additional cases were sent to White Oak School where the admissions for the year numbered 507 against 273 in 1908. At White Oak School, however, the whole of the buildings are devoted to the treatment of ophthalmia, affording a total accommodation when necessary of 360 cases, while at High Wood School, the portion allocated for use as an industrial colony for elder feeble-minded girls has been further enlarged by the addition of two cottages, thereby reducing the possible normal accommodation for ophthalmia to 220.

The percentage of trachoma cases in the total admissions for the past three years is stated by the ophthalmic surgeon as follows :—

1907	..	..	..	..	..	16.3 per cent.
1908	..	..	..	..	..	19.2 per cent.
1909	..	..	..	..	..	17.6 per cent.

Period of Detention. 11. The following statistics show the average period of detention in the ophthalmia schools, 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, 1909 ..	12.04
Average stay of last 87 trachoma cases discharged before 31st December, 1909, as follows :— ..	26

Period.						Number.
1 to 12 months	..	..	..	..	..	22
12 to 24	..	..	..	..	..	23
24 to 36	..	..	..	..	..	18
36 to 48	..	..	..	..	..	8
48 to 60	..	..	..	..	..	9
Over 60	..	..	..	..	..	7
						87

The average stay of the last 80 cases discharged prior to 31st December 1908, was 31.2 months.

Examination of Children before Admission. 12. The Board recognised by a donation to the funds of the hospital the facilities afforded at the Royal London Ophthalmic Hospital, Moorfields, for the examination of children there by the ophthalmic surgeon prior to their admission to the schools.

Works. 13. Minor works carried out include the provision of a doorway between the two rooms of the isolation cottage, and the erection of a bicycle shed at High Wood School, while the question of providing a range of closets for infants at White Oak School, was being discussed with the Local Government Board, at the close of the year.

Medical Reports and Statistics. 14. 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—
Admissions.**

15. The number of cases admitted during the year 1909 at The Downs School was 947. The corresponding numbers for the years 1903-8 are

1903	..	..	..	..	..	673
1904	..	..	..	..	..	619
1905	..	..	..	..	..	619
1906	..	..	..	..	..	705
1907	..	..	..	..	..	748
1908	..	..	..	..	..	807

This increase has been rendered possible by the efficacy of the X-ray treatment, which has resulted in the great diminution in the period of detention of patients to which reference has been made in our previous reports on the subject.

16. A substantial proportion of the additional patients admitted during the year is accounted for by the increase in the number admitted from outside the metropolitan area from 43 in 1908, to 105 in 1909. The Board have entered into agreements with boards of guardians outside the metropolitan area for the reception of children chargeable to those guardians to fill vacancies not required by metropolitan children, as it was not possible that any corresponding reduction in the cost of the school could be effected if these places remained unoccupied.

Dermatologist's Report. 17. The satisfactory working of the X-ray arrangements is referred to by the dermatologist, Dr. T. Colcott Fox, whose report with statistics will be found in Appendix III.

Period of Detention. 18. The average stay of the first 100 children admitted to Bridge School after the opening in 1901 was 19 months. The stay from the beginning of X-ray treatment of the last 100 cases so treated is shown in the following table:—

Period.						Number.
1 to 2 months	..	..	..	..	..	13
2 to 4	..	..	..	..	..	61
4 to 6	..	..	..	..	..	18
6 to 8	..	..	..	..	..	5
8 to 10	..	..	..	..	..	1
10 to 12	..	..	..	..	..	2
						100

Average 3·5 months.

IV. INSTITUTIONS FOR SICK AND CONVALESCENT CHILDREN.

(a) THE CHILDREN'S INFIRMARY.

Opening. 19. We gave at length in our last annual report an account of the circumstances which led to the issue of the Order of the Local Government Board, dated 11th September, 1908, transferring to the Board the care of the sick, convalescent, and debilitated children fit for removal from the metropolitan workhouses and infirmaries, and of the steps taken for the preparation and opening of The Children's Infirmary at Carshalton for the reception and treatment of these children. The infirmary was opened for the reception of children on the 29th January last, some four months only after the issue of the Order. We think the Board are justly entitled to congratulation upon the speedy and successful carrying out of the vast amount of work involved in the preparation for opening of this great institution with its 1,000 beds for sick children and 300 staff, thus affording much-needed relief to the metropolitan infirmaries.

The institution was formally opened by the Rt. Hon. John Burns, M.P., President of the Local Government Board, on Saturday, May 15th, in the presence of a large company of members of the Board, and of metropolitan boards of guardians, who were afforded an opportunity of seeing the Infirmary under working conditions.

The address on Poor Law work delivered by Mr. Burns on this occasion has already been referred to, but further recognition of the work of the Board in connection with this institution is recorded in the report of the Local Government Board :—

By the readiness of their response to our suggestions in these matters [adaptation and opening of the infirmary], and by their willing devotion to the laborious work involved, the Managers and their staff rendered signal service to the Metropolis and to the welfare of the children thus provided for.

Numbers Received. 20. During the original discussion on the merits of the scheme some doubt was expressed as to the extent to which the accommodation at the infirmary would be utilised by the guardians, but it may be noted that from the day of opening the demand for vacancies has been greatly in excess of the accommodation available. The following table of the numbers under treatment at the end of each month shows the steady filling up of the institution in proportion as the beds could be prepared, and the necessary staff engaged :—

February	300	August	680
March	430	September	730
April	490	October	750
May	480	November	780
June	530	December	813
July	640		

The total number of children admitted up to the 31st December last was 2,042, of whom 1,029 were discharged, 111 transferred to other institutions, and 89 died.

Detailed statistics, together with particulars of the work from the medical side, will be found in the report of the medical superintendent Appendix IV. (a).

Additions, Alterations and Repairs. 21. In November last, when we had had nearly ten months' experience, covering each season of the year, of the working of the institution we submitted to the Board a reasoned and detailed report, setting forth the results of our experience and our recommendations for the permanent adaptation of the institution for its new purpose. After the issue of the Local Government Board's Order relating to this work the chief considerations which

presented themselves to the Board were how best to utilise the buildings as they found them, and how to staff and equip them in the shortest space of time so as to allow of the infirmary being opened for the reception of children during the winter, when the pressure on the metropolitan infirmaries would be at its greatest.

The reports which were presented by the special sub-committee, who were responsible for the arrangements for the opening of the infirmary, were directed to this end, and though from the outset doubts were felt as to the adequacy of certain branches of the accommodation, both for staff and patients, and the suitability of certain of the internal arrangements for the working of the institution under the new conditions, it was still more strongly felt that these questions could only be considered in the light of experience gained during the first year's working.

Moreover, as already mentioned, the opening of the infirmary was believed to be a step so tentative in character, and the measure of support likely to be forthcoming from the guardians so doubtful in extent, that no proposals, however necessary they might then have appeared, would have carried the weight or would have received the approval, which we may now expect for our recommendations.

The proposals which we submitted were, we believed, essential for the purpose of remedying deficiencies in the accommodation and working arrangements, due partly to the altered use of the institution, and partly to altered requirements since the buildings were designed. They were necessary, not only if the institution is to be made permanently suitable for a children's hospital, but also if the fullest use is to be made of the present patients' accommodation. To a considerable extent they would be called for whatever use were made of the institution. On the question of staff accommodation alone, as we reminded the Board, in 1907 the medical superintendents of the fever hospitals submitted a joint report, pointing out that the accommodation for nurses and domestic staff had been under-estimated.

Patients' Accommodation. 22. In dealing with large numbers of sick children of tender years, infectious and contagious diseases, either singly or co-existent, will inevitably be present, and these cases must at once be removed from the large wards as they occur. There will also be cases of a doubtful character requiring isolation, and cases which have been exposed to infection. It has also been suggested that "contacts" from the London infirmaries should be admitted, thus dispensing in certain cases with the certificate now required with all cases admitted of 21 days' freedom from exposure to infectious or contagious disease.

There is inadequate provision at the infirmary for the efficient separation and isolation of these cases. Attached to the large wards in the double cottage blocks there are two two-bedded rooms, but these are useless for the purpose of isolating cases of infectious disease (whooping cough, measles, chickenpox, rotheln), because of the certainty of the disease spreading from these rooms to the adjacent general wards. In practice the majority of the beds in several of the 18-bed wards have had to be kept empty owing to the wards being required for a few such cases. As regards the two hospital blocks, the large wards are required for the acute medical and surgical cases for which they are most suitable; and the small wards, of which there are only four, are open to the same objection of adjacency to the large wards, which has been urged against the small rooms in the cottage blocks. To remedy this difficulty, and to obtain the greatest value from the existing patients' accommodation, it is necessary to provide a number of small isolation wards.

The medical superintendent reported that whooping cough and ringworm occur so frequently among the patients that certain of the existing cottages on the streets are being used for them without wastage of accommodation, and on his advice we recommended the provision of additional isolation wards as follow:—

(a) for measles and chickenpox—two two-roomed cottages, each room containing six beds (total, 24 beds) ;

(b) for combined infectious diseases—two wards, each containing six two-bedded rooms separated by glass partitions (total, 24 beds) ;

(c) for doubtful cases of whooping cough and for children exposed to infectious diseases—two wards, each containing 10 one-bedded rooms, separated by glass partitions (total, 20 beds),
or 68 beds in all.

Hall and Schoolrooms. 23. There is no large hall of any kind at the infirmary, and one is needed for the following purposes :—Children's services and entertainments, and staff recreation. With this we have considered the question of making provision for the instruction of children fit to receive it, as the schoolrooms required can conveniently be provided in connection with the building of a hall.

It has always been a leading feature of the Board's policy to provide for the continuation of the education of the special classes of children committed to their care, and this has been done at the ophthalmia and ringworm schools, and also at the seaside homes, where many cases, both chronic and convalescent, similar to those received at the infirmary, are treated and educated. It would be a retrograde step to take children from the metropolitan infirmaries, where, in many instances, provision was made for their education, and to neglect this at The Children's Infirmary. If an additional reason is required, it may be added that there is need for affording occupation for the convalescent cases, and thus keeping them out of mischief during the daytime, as the nursing staff is wholly occupied in the wards.

The number of children fit to be educated is comparatively small—the medical superintendent thinks about 10 per cent.—and we therefore advised the provision of four schoolrooms.

Staff Accommodation. 24. The original estimate of the female staff likely to be required provided for a nursing staff, excluding the matron and assistant matrons, of 116, a domestic staff of 105, and a dispenser, or 222 in all.

The estimate of the nursing staff was largely guess-work, as it was not possible to forecast with any degree of accuracy either the age or condition of patients to be received. It has been found necessary, on the advice of the medical superintendent, to increase the nursing staff largely by reason of the great proportion of infants admitted. No fewer than 662 infants under three years of age have been admitted up to the end of the year, and these infants require an enormous amount of attention, feeding and nursing both day and night.

There have been some small increases in the domestic staff originally contemplated, and a further increase will, of course, be necessary, consequent upon the provision of the additional staff and patients' accommodation outlined in this report.

The revised estimate of staff submitted by the medical superintendent provides for a resident

nursing staff (and dispenser) of	208
domestic „	138
	—
	346

With regard to the accommodation available, it has not been found possible to use as staff bedrooms the majority of the 48 rooms attached to the cottage wards, intended when the hospital was first built for the "house-mothers" in charge of the cottages. The crying of the infants during the night is audible in these rooms, and the medical superintendent and the matron are both satisfied, after trial, that nurses cannot get the necessary rest in them. It is, therefore, proposed to use all these rooms for cases, other than dangerous infectious diseases, which it is desired to remove from the 18-bed wards.

The additional accommodation already required for this staff has up to the present been provided by gradually converting patients' cottages and fitting them by means of rods and curtains into cubicles. In this way three double-cottage blocks have so far been converted into 86 cubicles, at a loss of about 120 patients' beds. The accommodation so provided is uncomfortable and unsatisfactory, a point to be remembered in connection with the difficulties experienced in obtaining and keeping a good staff. On this question our experience up to the present has not been very happy. The distance of the infirmary from London and from the nearest railway stations, the slowness of travelling by some of the routes which many of the officers find it necessary to use, the exposed character of the site in winter, the large area occupied by the buildings and the journeys to be made by the staff between their wards and their mess-rooms and sleeping quarters, the monotonous character of the work of attending on numbers of wasting babies, and the like, have all combined to render both the nursing and domestic staff very unsettled and to make the number of changes at all periods of the year, but especially in the winter season, very numerous. We feel strongly that unless adequate measures are taken, such as the provision of suitable accommodation for the staff, and of a hall for indoor recreation in the winter months, as proposed in a preceding paragraph, it will be a matter of impossibility to attract and keep at the infirmary a staff of the quality which the Board would desire.

By the fitting up of the temporary accommodation for staff 120 beds have so far been absorbed from the accommodation for patients. Any depletion of this accommodation is both undesirable and uneconomical. It is undesirable, seeing that all the patients' accommodation is required by the guardians. It is uneconomical, because the central administrative arrangements must in any case be on a scale which cannot be varied proportionately with an increase or reduction in the number of patients between reasonable limits. Expenditure on staff accommodation to free the whole of the patients' accommodation for its proper purpose is therefore thoroughly justifiable.

We propose to use the existing permanent staff accommodation mainly for domestic staff, and we have recommended the provision of additional permanent sleeping accommodation of 142 day and 57 night nurses together with the requisite spare rooms.

It is very important to note that the following gain in patients' accommodation will result from the provision of the isolation wards and additional staff accommodation, viz. :—

30 staff bedrooms in cottage blocks	= 60 patients' beds	} Total, 248
3 double cottage blocks, now temporarily used for staff	= 120 " "	
New isolation wards	= 68 " "	

Heating Arrangements.

25. In designing the heating arrangements it was considered that at certain periods of the year the number of convalescent fever patients under treatment would steadily fall, and that the institution would be closed block by block. It was decided, therefore, to make the cottage blocks and the hospital self-contained so far as heating was concerned, as this would reduce the initial outlay and would, it was considered, tend to economy in working. This system under existing conditions has proved in many ways unsatisfactory and uneconomical, and we have submitted proposals for reconstructing the heating arrangements by centralising the heating and hot water services (and also extending the gas supply), which we are satisfied will result in a greatly reduced annual expenditure coupled with great improvements in administrative arrangements.

Roads. 26. We have also submitted a scheme for the reconstruction of the internal roads which are now in a very bad state of repair.

Nursing Staff. 27. The matron, Miss N. T. Bell, who rendered much valuable service in connection with the opening of the institution and the organisation of the nursing and domestic staff, resigned at the end of the year owing to her approaching marriage.

Miss M. Winnill, assistant matron at the Board's South Western Hospital, Stockwell, was transferred to fill the vacancy.

The changes in the nursing staff have been somewhat frequent during the year owing largely to the difficulties which we have outlined in a previous paragraph, but with improved conditions the staff has now become much more stable.

The training school for probationers to which we referred last year has been inaugurated, and, for the first time under the Board, a course of three years' training with a certificate at the end of it is provided for the nursing profession.

Other Matters. 28. Other matters worthy of mention include the appointment of a Roman Catholic Religious Instructor owing to the considerable number of children of that creed admitted to the infirmary; the provision of a motor omnibus for the conveyance of staff and others to and from the railway stations, a step which has increased the value to the officers of their occasional and other leave; the completion and fitting up of the operation room, and the fitting of some of the cottage verandahs with blinds in order to render them more suitable for open-air treatment.

(b) SEASIDE INSTITUTIONS.

Medical Reports. 29. The reports of the medical officers of the three homes on the work of the past year will be found in Appendix IV. (b).

East Cliff House and Millfield. 30. The medical officer again calls attention to the exceptional advantages offered at Margate for the treatment of children suffering with tuberculous bones, joints, and glands, and to the excellent results which have been obtained there.

The medical officer of Millfield reports equally favourably on the satisfactory results at that sanatorium for disease of the lungs.

It is not intended that the opening of The Children's Infirmary should operate to remove from the seaside cases which have such excellent prospects of recovery there and especially the surgical tubercular cases from East Cliff House and the cases of pulmonary tuberculosis at Millfield. We have, however, endeavoured to arrange for a suitable interchange of cases between these institutions.

At the close of the year we had under consideration the question of purchasing the considerable property adjoining East Cliff House known as the Chateau Bellevue. The acquisition of this property would enable us to extend the modern portion of East Cliff House and probably to dispose of the old and unsuitable buildings now separated therefrom by a public road, and to rearrange the institution compactly within one boundary.

V. HOMES FOR DEFECTIVES.

The Year's Work. 31. In our last annual report we referred at length to the report and recommendations of the Royal Commission on the care and control of the feeble-minded. The past year with the Board, as with most authorities having the care of the imbecile and feeble-minded classes, has been one of marking time merely, and in the absence of any legislative changes consequent upon this report and that of the Royal Commission on the Poor Laws there is no prospect of

doing more than carrying on existing undertakings in the grooves already defined. It is to be desired that this interval, so unfavourable to progress of any kind, will not be unduly prolonged. Many measures taken by the Board as temporary and tentative steps to tide over pressing needs have already been in force much longer than was originally expected would be the case, but the prospect of the Board being in a position to carry out any comprehensive and permanent scheme for dealing with the feeble-minded appears to be remote.

The Working Colonies. 32. The working colonies provided for elder feeble-minded cases by the utilisation of the buildings at Witham, now known as the Bridge Industrial Home, for males, and of part of the High Wood School for females, are examples of the measures referred to in the last paragraph. The numbers accommodated at these two institutions have increased at Witham from 63 at the end of the first year to 159 on the 31st December last, and at Brentwood from 15 to 80 at the same dates. The accommodation at both these institutions will shortly be fully occupied.

Consequent upon the increased numbers at Witham the Board were negotiating at the end of the year for the renting of additional land at the rear of the Home, to be used for farming and market gardening purposes. The labour of the inmates has been largely utilised in carrying out painting and cleaning works at a cost of some £280.

A full account of the industrial work carried on at the Bridge Industrial Home will be found in the report of the mental specialist, Dr. Rotherham, Appendix V. (f), while similar information relating to the work of the working colony for females at High Wood School is given by the medical attendant, Miss R. Turner, in her report, Appendix V. (e).

London Homes. 33. The work of these homes is also fully described in Miss Turner's reports, Appendix V. (a)-(d).

VI. REMAND HOMES.

Transfer of Homes to London County Council. 34. Contrary to anticipation, the end of the year found the Board still in control of the three Remand Homes. We detailed in our last annual report the principal provisions of the Children Act, 1908, section 108 of which 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.

Although the Act came into force on the 1st April last, the obligation on the London County Council to provide places of detention did not become operative till the 1st January, 1910.

The Board approached the Council in June on the subject of the transfer of the homes, but the end of the year arrived before the Council were able to complete their arrangements for taking over the homes. The Council, therefore, proposed that the Board should carry on the remand homes as places of detention under the Children Act from the 1st January, 1910, until the 31st March, 1910, on the understanding that the Council should repay to the Board the actual expenses incurred by them.

Although we regretted that the Council were not prepared to carry out the work themselves from the date fixed by the Act, yet in the interests of the work it was felt undesirable that there should be any hiatus in the continuity of the homes.

We also ascertained that the course proposed would meet the wishes of the Local Government Board and accordingly a formal agreement on the lines proposed was entered into in accordance with section 108 (4) of the Act.

We felt it necessary, however, to point out both to the Local Government Board and to the Council that the classes and numbers of children who may be sent to places of detention and the conditions under which they may be sent have been materially varied by the Children Act and that the provisions of this Act call for a reorganisation of the classification of the children and of the staffing arrangements of the homes. These questions, which we would have taken in hand twelve months ago had no change in the management of the homes been contemplated, have not been considered by us as it was doubtful how far any changes made would meet with the approval of the Council when they came to administer the homes, and it was therefore felt that it would be better for the Council to settle them for themselves.

In the same way much necessary painting and cleaning work has been deferred as it was understood that the changes contemplated might involve structural alterations in the homes.

With regard to the terms of the transfer we regarded the matter as a statutory duty to be carried out at the expense of practically the same body of ratepayers, and we offered no objection to the transfer of the buildings and contents subject to the Council's taking over the outstanding liabilities on 31st December.

Children's Courts. 35. It had been hoped that under the Children Act the segregation of juvenile offenders would have been carried to the extent of establishing children's courts in the places of detention, thereby entirely removing them from the atmosphere and paraphernalia of the ordinary police court and permitting of a much more informal arrangement of the court for hearing the cases, many of which as the statistics show are those of children of very tender years whose offences are either of a non-criminal character or fall under the distinction so clearly established abroad of having been committed *sans discernement*. The anticipation that some such measure, already carried out with advantage elsewhere in England and in the colonies, would be adopted in London under the new Act does not appear likely to be realised at present, and with this as with other reforms progress would seem to be possible only by "making haste slowly."

Numbers Received. 36. The number of children remanded to these homes in 1909 was 4,072 or 191 more than in 1908. This total includes separate remands of the same child. The actual number of children passing through the homes in 1909 was 2,406 or 121 more than in 1908.

Points of Interest. 37. Several long periods of detention in the remand homes may be noticed, including cases remanded in all for 271, 225, 126 and 113 days respectively. The cases have generally been awaiting admission to industrial schools and demands upon the accommodation of reformatory and industrial schools, and the consequent difficulty of finding vacancies, account for increased periods of detention in the remand homes. 27 children under four years of age were admitted and three were aged one year only.

Last year only 20 children admitted had been educated in Poor Law schools, and since January, 1902, when the homes were opened, the number has been 107, or '6 per cent. of the whole, a testimony to the value of the work done in these schools.

The number of children sleeping in police court cells prior to admission has undergone a great reduction, being only 51 as compared with 197 in the previous year and 312 in 1907.

In the list of charges the new one arising under the Children Act of "being found in charge of drunken parents" will be noted.

150 sailor suits used for clothing the children in the homes have been made at the Camberwell Green Home in the year.

The Harrow Road Home was visited by Mr. Mead, the magistrate attached to Marlborough Street Police Court, on 21st August, and he reported :—

“ I visited the home to-day and was most pleased with everything I saw. The establishment seems excellent in every way ; ”

and by Dr. Aurel Lengzel, Assistant to the Public Procurator at Buda Pesth on 27th October. He reported :

“ I am very pleased to have had the opportunity of visiting this home. I am charmed with the organisation and management. I should like to introduce such an institution into my country.”

There is little to add to our previous reports with regard to the condition of children on admission. The superintendent of the Camberwell Green Home reports :—

The general condition of the children when admitted is very sad, they have no boots or stockings, and a very deplorable state of dirt, rags, and vermin is very general. I note that the charge of housebreaking is much increasing, also felony, and the number of children from houses of ill fame is more than double that of last year. It is, however, well to know that all the children admitted to this home on this account were sent to schools far away from their demoralising surroundings. I am sorry to report again that I find from general conversation with the children of both sexes, that the cheap admission to the music halls, of the two-houses-a-night class, is wholly responsible for a great majority of the petty larcenies among these children. The admission charged is only 2d. in the gallery and 4d. in the pit, and the lads will do almost anything to obtain the price of admission.

Here are one or two stories of what they do. One girl stole her mother's rent, 8s. ; she said she took her friend to the . . . Hall, and that they had supper. Another girl (aged 16) charged at Westminster, stole her mistress' gold ring, value £3, and sold it to the baker for 9s., her reasons for stealing it being that she wanted to take her young man to the music hall. Another girl stole a petticoat from the front door of a pawnbroker's shop and pawned it at the same shop for 1s. She took a friend to the music hall and was apprehended at the hall by a detective officer. In another case a boy (aged 11) has been in the home three times on a charge of begging programmes at the music hall ; and again two boys, aged 11 and 12 respectively, had 14 empty bottles stowed away in a cellar, and as they required them they used to change three at a time at an off licence. They got 2½d. on each bottle, and they then went to the . . . Hall, and had fish and potatoes after the show. The father of one of these boys found his son coming out of the shop after changing the bottles and he spoke to the proprietor, who charged the boys with stealing the bottles.

We earnestly hope the safeguards and restrictions provided in the Children Act 1908, will have the desired effect, and that under the new conditions the work of reclaiming these young offenders will be successfully carried on.

38. We would close this report with an expression of our appreciation of the services of the officers of every grade working under our control whose efforts are devoted to the conscientious and efficient performance of the duties entrusted to them.

(Signed) ELLIOTT S. BROWNE,
Chairman.

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

- (1.) **The Downs School, Sutton, Surrey.**—Purchased from the South Metropolitan School District Board, by whom the school was erected in 1882. Site, 20 acres. Possession given June, 1902.

(iii.) FOR SICK AND CONVALESCENT CHILDREN.

(a) INLAND.

- (1.) **The Children's Infirmary, Carshalton, Surrey.**—Site about 136 acres. Purchased in July, 1896.

Accommodation, 1,000 beds, for sick, debilitated and convalescent children. The institution, formerly known as the Southern Hospital, was completed in 1906, and was originally intended for convalescent fever patients, but has never been used for this purpose. It was handed over to the Children's Committee by the Board on the 12th September, 1903, to be used for the reception of the "sick, convalescent, and debilitated children," whom the Managers were authorised to make provision for by the Local Government Board's Order, dated 11th September, 1908. Opened 29th January, 1909.

Medical Superintendent	..	..	Mr. W. T. Gordon Pugh, M.D., B.S.
Matron	..	..	Miss M. Winmill.
Steward	..	..	Mr. F. G. Hopgood.
Chaplain	..	..	Rev. G. B. Vaux, M.A.

(b) SEASIDE HOMES.

- (1.) **S. Anne's Home, Herne Bay, Kent.**—Purchased from the South Metropolitan School District Board, with contents, and taken over 26th December, 1897. (Originally established in 1874.)

There is a playground and a garden (in all, about $1\frac{3}{4}$ acres) at the rear of the house.

Accommodation, 134 children. Non-tubercular cases: all boys, and girls under 12 years of age.

Matron	..	..	Miss Elizabeth Palmer.
Medical Officer	..	..	Mr. C. K. Bowes, M.D., B.Ch., M.A.
Chaplain	..	..	Rev. W. Laporte Payne.

- (2.) **East Cliff House, Margate, Kent.**—Purchased from the Guardians of S. Pancras, with contents, and taken over 26th June, 1898. (Originally established 1895.)

There is a playground and a garden (in all, about $1\frac{1}{2}$ acres) at the rear of the house, on part of which two blocks, to hold 25 children each, have been erected. These were opened 13th September, 1901.

Accommodation, 130 children. Non-tubercular cases: girls over 12 years of age, and all cases of tubercular bones and glands (surgical cases).

Matron	..	..	Miss Emily K. Jacob.
Medical Officer	..	..	Mr. W. G. Sutcliffe, F.R.C.S.

- (3.) **Millfield, Rustington, near Littlehampton, Sussex.**—Site, $5\frac{1}{2}$ acres.

Accommodation, 120 children. Early cases of pulmonary tuberculosis of both sexes. Opened 6th April, 1904.

Matron	..	..	Miss E. Firth.
Medical Officer	..	..	Mr. C. E. Last, M.R.C.S., L.R.C.P.
Chaplain	..	..	Rev. J. L. Crosland.

(iv.) HOMES FOR DEFECTIVES.

- (1.) **Lloyd House, 11, Lloyd Street, Pentonville, W.C.**—Opened 16th January, 1899.

Accommodation, 20 girls of defective intellect.

- (2.) **12, Lloyd Street, Pentonville, W.C.**—Opened 18th October, 1901.

Accommodation, 8 girls of defective intellect.

The children from both homes attend the special classes for the mentally defective at the Hugh Myddelton County Council School, Clerkenwell Close, E.C.

Matron for both Homes, Miss Annie Green.

- (3.) **26, Elm Grove, Peckham, S.E.**—Opened 25th January, 1901.
Accommodation, 15 boys of defective intellect.
The children attend the special classes at the Victoria Road County Council School, Peckham.
House-mother, Mrs. E. J. Whiddett.
- (4.) **81, Earlsfield Road, Wandsworth, S.W.**—Opened 7th July, 1903.
Accommodation, 10 girls of defective intellect.
The children attend the special classes at the Garratt Lane County Council School, Duntshill, S.W.
House-mother, Mrs. A. Dodd.
- (5.) **Surrey House, 66, S. Ann's Hill, Wandsworth, S.W.**—Opened 11th December, 1903.
Accommodation, 20 boys of defective intellect.
The children attend the special classes at the West Hill County Council School.
House-mother, Mrs. Timbrell.
Medical Officer for the above six Homes, Miss Rose Turner, L.R.C.P., L.R.C.S., L.F.P.S.
- (6.) **High Wood School, Brentwood.**—Eight cottages at this school are at present reserved for the accommodation of 96 elder female feeble-minded cases.
Medical Officer for Mental Work, Miss Rose Turner (*see above*).
- (7.) **Bridge Industrial Home, Witham, Essex.**—Purchased with contents from the South Metropolitan School District Board in January, 1901. It was originally a workhouse, but has been used as a school for the past 18 years. From the time of purchase by the Managers until the 25th March, 1906, it was used for the accommodation of children suffering from ringworm, and was reopened on the 6th June, 1906, as a working colony for elder male feeble-minded cases. Site, $7\frac{1}{4}$ acres.
Accommodation, 172.
Mental Specialist, Mr. A. Rotherham, M.B., B.C., M.A.
Medical Officer, Mr. K. C. Gimson, M.B., B.C.
Superintendent, Mr. T. C. Gibbs.
Ages of admission to Homes for Defectives, 3-16 years.

(v.) REMAND HOMES.

(For children remanded from the Metropolitan Police Courts.)

- (1.) **70, 72, 74, Pentonville Road, N.**—Opened 1st January, 1902.
Accommodation, about 45 boys and 10 girls.
Superintendent, Mr. W. H. Donaldson.
- (2.) **203, 205, Harrow Road, W.**—Opened 1st January, 1902.
Accommodation, about 45 boys.
Superintendent, Mr. J. E. Seal.
- (3.) **36, 37, 38, Camberwell Green, S.E.**—Opened 1st January, 1902.
Accommodation, about 40 boys and 10 girls.
Superintendent, Mr. W. Craig.

APPENDIX II.

OPHTHALMIA SCHOOLS.

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

January, 1910.

WHITE OAK SCHOOL, SWANLEY.

There were 272 children left in the School at the end of 1908. During the year 1909, 506 have been admitted.

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

Trachoma	..	..	..	..	..	81 cases.
Follicular conjunctivitis	..	..	..	..	..	65 "
Acute mucopurulent conjunctivitis	..	..	..	..	..	46 "
Chronic conjunctivitis	..	..	..	..	..	250 "
Phlyctenular ophthalmia	..	..	..	..	..	35 "
Lacrymal obstruction	..	..	..	..	..	3 "
Marginal blepharitis	..	..	..	..	..	26 "

402 children have been discharged cured :

Trachoma	..	..	..	..	..	41 cases.
Follicular conjunctivitis	..	..	..	..	..	48 "
Acute mucopurulent conjunctivitis	..	..	..	..	..	33 "
Chronic conjunctivitis	..	..	..	..	..	229 "
Phlyctenular ophthalmia	..	..	..	..	..	28 "
Lacrymal obstruction	..	..	..	..	..	1 "
Marginal blepharitis	..	..	..	..	..	22 "

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

10 children with ringworm were transferred to Brentwood.

2 children suffering from scarlet fever were transferred to Brook Hospital ; 1 in May, who was subsequently readmitted to the school ; and 1 in October, who died there.

2 children have died in the school, 1 from tubercular meningitis and 1 from acute capillary bronchitis.

335 children were left in the school at the end of the year.

There were 22 cases of chicken-pox in the school during the year—21 from April to August, and 1 in December ; all made a good recovery.

In July Dr. Lyden, the Assistant Medical Officer, owing to the state of his health, had to obtain leave of absence, and as it did not sufficiently improve to enable him to resume work, he later on relinquished his duties. In November, Mr. W. J. Thomas, M.R.C.S., L.R.C.P., was appointed as his successor.

HIGH WOOD SCHOOL, BRENTWOOD.

There were 229 children left in the School at the end of 1908. During the year 1909, 136 children have been admitted.

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

Trachoma	..	..	..	..	..	24 cases.
Follicular conjunctivitis	..	..	..	..	..	10 "
Acute mucopurulent conjunctivitis	..	..	..	..	..	30 "
Chronic conjunctivitis	..	..	..	..	..	59 "
Phlyctenular ophthalmia	..	..	..	..	..	4 "
Marginal blepharitis	..	..	..	..	..	9 "

133 children were discharged cured :

Trachoma	35 cases.
Follicular conjunctivitis	12 „
Acute mucopurulent conjunctivitis	18 „
Chronic conjunctivitis	53 „
Phlyctenular ophthalmia	5 „
Lacrymal obstruction	1 „
Marginal blepharitis	9 „

14 children were removed by order of the Guardians before they were cured.

1 boy was transferred to Swanley on account of age.

1 child contracted scarlet fever, was transferred to Brook Hospital, and subsequently readmitted.

216 children were left in the school at the end of the year.

3 cases of chicken-pox occurred in the school in February ; 16 cases of mumps occurred in the school in April ; all made a good recovery.

I regret to say that one nurse contracted trachoma and another mucopurulent ophthalmia at this school in the course of the year. The former is still under treatment and is progressing favourably ; the latter left the school before she was completely cured.

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	26	5	3	2	29	7
Bethnal Green	3	7	3	1	6	8
Bloomsbury	2	—	1	1	3	1
Camberwell	16	10	4	1	20	11
Chelsea	—	1	—	—	—	1
Fulham	4	2	1	—	5	2
George's, S.	5	—	2	—	7	—
George, S. in the East	1	1	—	—	1	1
Greenwich	13	1	2	1	15	2
Hackney	2	1	2	—	4	1
Hammersmith	8	4	2	—	10	4
Holborn	2	1	—	—	2	1
Islington	9	1	4	—	13	1
Kensington	8	4	3	1	11	5
Lambeth	13	1	1	1	14	2
Lewisham	4	—	—	1	4	1
London, City of	2	—	2	—	4	—
Marylebone, S.	2	1	—	1	2	2
Mile End	2	1	1	—	3	1
Paddington	17	6	2	2	19	8
Pancras, S.	4	1	2	—	6	1
Poplar	16	6	4	1	20	7
Shoreditch	8	2	2	—	10	2
Southwark	108	22	21	6	129	28
Stepney	31	7	5	1	36	8
Strand	—	—	1	—	1	—
Wandsworth	44	22	7	4	51	26
Whitechapel	1	—	1	—	2	—
Woolwich	3	—	3	—	6	—
Edmonton	—	—	3	—	3	—
Hatfield	1	—	—	—	1	—
West Ham	62	5	7	—	69	5
Total	417	112	89	24	506	136
	529		113		642	

The total number of admissions during 1909 was larger than in any preceding year. The number admitted to High Wood School was, however, smaller than in 1908, when it was 216, this year being only 136. This is due to some more of the cottages which were formerly available for ophthalmia cases having been allotted to the feeble-minded. The amount of work carried on at the White Oak School has been unprecedented.

The following table shows the number of children admitted and discharged cured during each year since the schools were opened :—

Year.	Total Admissions.	Trachoma.	Non-Trachoma.	Discharged cured.
1903	.. 625	292	333	226
1904	.. 516	200	316	280
1905	.. 429	141	288	400
1906	.. 461	115	346	383
1907	.. 502	82	420	416
1908	.. 489	94	395	418
1909	.. 642	113	529	534
Total	3,664	1,037	2,627	2,657

It will be seen from this that, as last year, there has been an increase in the number of trachoma cases. Last year, however, the percentage of trachoma cases in the total admissions was higher than in the preceding year, *i.e.*, 19·2 per cent. in 1908, compared with 16·3 per cent. in 1907. This year it is lower than in 1908, 17·6 per cent.

The above table gives the number of admissions from metropolitan and extra-metropolitan parishes.

If only the children coming from the metropolitan parishes are taken, the number of trachoma cases admitted each year is as follows :—

1904	.. .. .	159
1905	.. .. .	136
1906	.. .. .	109
1907	.. .. .	76
1908	.. .. .	89
1909	.. .. .	96

As in preceding years, by far the largest number of children admitted to the schools came from the unions of Southwark and Wandsworth; from the former there were 157 admissions this year, and from the latter 77. From the extra-metropolitan union of West Ham 74 children were received.

No children were admitted from Hampstead or Westminster; and Chelsea and the Strand only sent one each.

(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, 1910.

On January 1st, 1909, there remained in the school 378 children, and in addition 946 were admitted during the year, making a total of 1,324 under care during the year 1909. Of these 3 died, 25 were taken out at the request of the Guardians, 8 were transferred on account of ophthalmia before treatment was commenced or completed, and 945 were discharged cured, making a total of 981, and leaving 343 children at the school on December 31st, 1909. It will be noted that 139 children were admitted in 1909 in excess of the number in 1908, and 241 more were discharged cured than in 1908.

I append the usual tables setting forth the Parish or Union from which children were admitted, and the nature of the disease for which they were sent in, and their ages. I should explain that the column "undetermined" denotes cases in which I failed to find any ringworm, though probably many had suffered from this disease and been cured, and the heading also includes some cases of ringworm of parts of the body other than the scalp. The column headed "Alopecia" refers chiefly to cases constituting a remarkable little epidemic occurring at the Leytonstone Schools, which was mentioned in my report for 1908. These children did not suffer from ringworm, and after prolonged investigation I could not isolate a parasite, though the affection was presumably contagious.

TABLE I.

ADMISSIONS TO THE DOWNS SCHOOL DURING 1909.

Parish or Union.	Micro- sporum Ringworm.		Endothrix Tricho- phyton Ringworm.		Undeter- mined.		Alopecia.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tot.
Bermondsey	6	3	1	1	3	3	0	1	10	8	18
Bethnal Green	7	11	2	8	6	6	0	20	15	45	60
Bloomsbury	0	1	0	1	0	0	0	0	0	2	2
Brentford	3	3	0	0	4	4	1	0	8	7	15
Camberwell	22	18	10	8	4	1	0	0	36	27	63
Chelsea	4	7	1	3	0	5	0	0	5	15	20
Edmonton	7	6	1	0	0	0	0	0	8	6	14
Fulham	7	5	1	0	1	0	0	0	9	5	14
S. George's	0	3	0	1	0	0	0	0	0	4	4
S. George-in-the-East ..	1	2	0	1	2	1	0	0	3	4	7
Greenwich	9	14	3	3	1	2	0	0	13	19	32
Hackney	11	18	1	3	0	1	0	0	12	22	34
Ham, West	27	23	0	3	2	4	1	1	30	31	61
Hammersmith	4	3	0	1	0	4	0	0	4	8	12
Hampstead	2	2	1	1	0	0	0	0	3	3	6
Holborn	14	12	1	1	1	1	0	0	16	14	30
Islington	28	25	3	3	6	4	0	0	37	32	69
Kensington	13	24	1	4	0	3	0	0	14	31	45
Lambeth	20	30	8	8	7	4	0	0	35	42	77
Lewisham	12	8	0	2	4	1	0	0	16	11	27
London, City of	2	1	1	0	0	0	0	0	3	1	4
Marylebone, S.	5	9	0	2	2	1	0	0	7	12	19
Mile End	4	7	1	0	0	4	0	0	5	11	16
Paddington	2	6	2	2	0	0	0	0	4	8	12
Pancras, S.	10	3	0	0	3	1	0	1	13	5	18
Poplar	20	26	1	2	4	0	0	0	25	28	53
Richmond	1	6	1	0	1	0	0	0	3	6	9
Shoreditch	7	15	1	0	2	2	0	0	10	17	27
Southwark	15	17	5	4	1	1	0	0	21	22	43
Stepney	4	5	0	1	0	1	0	0	4	7	11
Strand	0	0	0	0	0	0	0	0	0	0	0
Wandsworth	13	21	2	8	0	5	0	0	15	34	49
Watford	1	0	1	2	0	2	0	0	2	4	6
Westminster	0	0	0	0	0	2	0	0	0	2	2
Whitechapel	3	0	0	1	0	0	0	0	3	1	4
Woolwich	19	25	1	1	9	7	0	1	29	34	63
	303	359	50	75	63	70	2	24	418	528	946
	662		125		133		26		946		

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.	
2	2	3	0	0	0	0	0	0	5
3	47	34	0	2	4	9	0	1	97
4	52	48	2	1	8	6	0	2	119
5	38	50	10	3	11	8	0	0	120
6	49	53	9	7	8	6	2	1	135
7	24	46	8	7	11	10	0	0	106
8	26	40	4	11	6	5	0	1	93
9	23	34	4	11	5	3	0	2	82
10	15	17	7	12	3	7	0	4	65
11	10	18	1	8	2	3	0	7	49
12	10	12	2	5	2	6	0	2	39
13	4	4	3	7	1	5	0	2	26
14	3	0	0	1	1	0	0	2	7
15	0	0	0	0	1	1	0	0	2
16	0	0	0	0	0	1	0	0	1
	303	359	50	75	63	70	2	24	946
	662		125		133		26		

Remarks on the X-Ray Treatment.—It gives me the greatest pleasure to report that the X-ray treatment has been most satisfactory in the expert hands of Drs. Adamson and Critchley, and I warmly congratulate them on their skill and care. Three lights are usually in operation and three children treated simultaneously, and this necessarily involves unremitting attention. Dr. Adamson introduced his method of depilating the whole head in five exposures, and it has been carried out with success and saving of time. The cases completed were 984 by 2,925 exposures, which works out at about 3 exposures per child. I may add that we have never observed any ill-effects on the children's health, even in infants.

Although I am only the Visiting Dermatologist and have nothing to do with the management of the school, I should like to be allowed to express my appreciation of the admirable way in which the school is conducted, and of the striking effect of the good *morale* exercised by the devoted nursing staff, and the obvious good influences of the health-giving situation, and the tending of the children, which is evidenced in the apparent good health and happiness and good conduct of the children, which must at once strike any visitor.

(Signed) T. COLCOTT FOX.

APPENDIX IV.

HOMES FOR SICK AND CONVALESCENT CHILDREN.

(a) INLAND.

THE CHILDREN'S INFIRMARY, CARSHALTON.

REPORT OF THE MEDICAL SUPERINTENDENT (DR. W. T. GORDON PUGH).

28th February, 1910.

Statistics. The infirmary was opened for the reception of patients on January 29th, 1909, and by December 31st 2,042 had been admitted. Of these 1,027 were discharged, 113 were transferred to other institutions of the Board, 89 died, and 813 remained in the infirmary at the end of the year.

Admissions. The following table indicates the age of the children and the parishes from which they were received :—

TABLE I.

Parish or Union.	Under 1 year.	1—2 years.	2—3 years.	3—8 years.	8—12 years.	over 12 years.	Total under 3 years.	Total over 3 years.	Grand Total.
Bermondsey ..	11	19	10	27	11	4	40	42	82
Bethnal Green ..	26	38	23	39	24	17	87	80	167
Bloomsbury ..	—	—	—	—	—	—	—	..	nil
Camberwell ..	—	9	9	34	19	16	18	69	87
Chelsea ..	—	—	5	3	6	6	5	15	20
Fulham ..	10	16	14	38	18	18	40	74	114
George's, S. ..	10	12	10	33	10	7	32	50	82
George, S., in the-East ..	10	6	12	22	9	5	28	36	64
Greenwich ..	—	4	12	47	19	13	16	79	95
Hackney ..	—	—	—	47	32	19	—	98	98
Hammersmith ..	—	1	—	6	2	—	1	8	9
Hampstead ..	2	3	1	6	—	—	6	6	12
Holborn ..	—	—	—	6	8	6	—	20	20
Islington ..	14	22	16	48	14	6	52	68	120
Kensington ..	2	12	9	35	16	14	23	65	88
Lambeth ..	9	19	23	22	17	10	51	49	100
Lewisham ..	—	—	4	3	7	4	4	14	18
London, City of ..	—	—	—	1	1	—	—	2	2
Marylebone, S. ..	8	21	9	47	13	12	38	72	110
Mile End ..	—	1	1	9	10	6	2	25	27
Paddington ..	3	6	4	20	15	5	13	40	53
Pancras, S. ..	5	9	15	48	17	10	29	75	104
Poplar ..	18	22	18	2	1	2	58	5	63
Shoreditch ..	10	7	7	12	5	2	24	19	43
Southwark ..	14	41	16	43	19	14	71	76	147
Stepney ..	15	14	10	6	2	1	39	9	48
Strand ..	—	—	—	—	—	—	—	—	nil
Wandsworth ..	13	20	12	29	35	11	45	75	120
Westminster ..	1	2	1	8	3	3	4	14	18
Whitechapel ..	8	27	12	33	10	5	47	48	95
Woolwich ..	5	2	3	15	10	1	10	26	36
Total ..	194	333	256	689	353	217	783	1,259	2,042

Diseases. The various diseases for which patients were admitted to The Children's Infirmary are enumerated below. The bracing air of the Surrey Downs has a most invigorating effect on the health of both patients and staff. It may be stated generally that nearly all classes of cases have benefited considerably by their stay here. Improvement has perhaps been most marked in surgical tubercular diseases; some patients bedridden for years are now able to walk comfortably on crutches. The majority of marasmic babies have also done very well. It would appear advisable, however, to retain in the town infirmaries, where they can be visited regularly by their relatives, those cases of advanced heart disease with failing compensation in which the prospect of recovery is remote.

TABLE II.

A.—SURGICAL.

				Brought forward		287
TUBERCULAR DISEASE—				RESPIRATORY SYSTEM—		
Spine	59	Adenoids	1			
Sacro-iliac joint	3	Tracheotomy	1			
Hip	75	Empyema	12			
Knee	11	DIGESTIVE SYSTEM—				
Foot	4	Cancrum oris	3			
Shoulder	1	Pyorrhœa alveolaris	1			
Elbow	2	Prolapsus ani	12			
Wrist	3	Inguinal hernia	1			
Fingers	2	Umbilical hernia	2			
Stump	2	DISEASES OF THE EYE—				
Skin (including lupus)	9	Blepharitis	2			
Cervical glands	61	Conjunctivitis	5			
DISEASES OF BONE—				Phlyctenular ulceration	9	
Necrosis (various)	12	Interstitial keratitis	2			
Necrosis of jaw	2	Nystagmus	1			
Periostitis	4	DISEASES OF THE EAR—				
Fractures	9	Otorrhœa	159			
DISEASES OF JOINTS—				Mastoid disease	8	
Ankylosis of elbow	1	Polypus	2			
Synovitis of knee	1	DISEASES OF NOSE—				
DEFORMITIES—				Rhinorrhœa	7	
Spinal Curvature	15	GENERAL—				
Congenital dislocation of hip	1	Abscesses (various)	17			
Bow legs	1	Adenitis, inguinal	2			
Genu Valgum	3	Vulvitis	3			
Talipes	4	Whitlow	1			
Spina Bifida	2	Scalds or burns	6			
Carried forward				Total	544	

B.—MEDICAL.

				Brought forward		85
TUBERCULAR DISEASE—				DISEASES OF METABOLISM—		
Lungs	65	Marasmus	170			
Peritoneum	17	Malnutrition	10			
Intestine	1	Debility (after various illnesses)	357			
Tonsil	1	Anæmia	52			
Kidney	1					
Carried forward				Carried forward	674	

Brought forward	674	Brought forward	1,231
RESPIRATORY SYSTEM—		Eclampsia	1
Laryngitis	1	Chorea	41
Tonsillitis	2	Hydrocephalus	9
Bronchitis	157	Ataxy	3
Bronchiectasis	3	Pseudo-hypertrophic paralysis	1
Pleurisy	6	Hemiplegia	3
CIRCULATORY SYSTEM—		Birth palsy	1
Valvular disease	79	Infantile paralysis	17
Adherent pericardium	1	Spastic paraplegia	1
Congenital heart disease	4	Facial paralysis	2
DIGESTIVE SYSTEM—		Diphtheritic paralysis	1
Stomatitis	17	URINARY SYSTEM—	
Gastritis	6	Enuresis	6
Gastro-enteritis	17	Diabetes insipidus	1
Enteritis	40	Nephritis	10
Diarrhoea	32	Albuminuria	3
GENERAL—		Cystitis	2
Rheumatism	15	DISEASES OF THE SKIN—	
Whooping cough	63	Eczema	99
Hæmophilia	1	Impetigo	51
Scurvy	1	Psoriasis	7
Rickets	101	Seborrhœa	3
NERVOUS SYSTEM—		Ichthyosis	1
Mental deficiency	4	Dysidrosis	1
Hysteria	1	Chilblains	1
Epilepsy	6	Dermatitis	2
Carried forward		Total	1,498

Operations. The infirmary has been provided with a well-equipped operation-room, and nearly a hundred operations were performed last year. They included amputations 4 (hip 1, thigh 2, finger 1); radical cure of hernia, 2; mastoidectomy, 3; excision of tubercular cervical glands, 5; operations for psoas abscess, 5; tubercular disease of hip-joint, 14; of knee-joint, 4; sinus of hip-joint 4; appendix abscess, 1; appendicectomy, 1; necrosis of bone, 8 (jaw, 1; femur, 1; tibia, 4; olecranon, 1; os calcis, 1); and about 40 other operations under anæsthetics for adenoids, empyema, phimosis, abscesses, tracheotomy, etc.

Complicating infectious diseases. Having regard to the fact that this is a Children's Hospital, outbreaks of infectious disease have been comparatively infrequent, a matter which has depended largely, of course, on the care taken in the selection of cases for transfer. I may mention here that in my opinion the suggestion that "contacts" should be admitted ought not to be entertained, as neither of the methods usually adopted for dealing with these cases without wastage of accommodation—isolating them in rooms, or placing them among the adult patients—is available at this infirmary.

3 sporadic cases of diphtheria occurred without spread of infection, and 9 sporadic cases of scarlet fever, with 2 secondary cases. Measles was introduced into three wards at the beginning of the year, and 3, 2 and 3 deaths respectively occurred. Chickenpox was several times introduced, but only a few secondary cases resulted. There were no cases of rotheln or mumps. Whooping cough in the incubation and early stages was not uncommon among the younger patients on admission, and 9 deaths from this complaint occurred during the year. A certain

number of children, also, were found to be suffering from ringworm of the scalp on admission, generally in an obscure form, and 63 primary or secondary cases were transferred to The Downs School for treatment.

Deaths. 89 deaths occurred during the year, a mortality of 5·4 per cent. The causes of death were as follows:—Tuberculosis, 22 (general 4; pulmonary, 6; meningeal, 5; renal, 2; peritoneal, 2; intestinal, 1; spine, 2); measles, 8; pertussis, 9; congenital syphilis, 4; marasmus, 22; enteritis, 8; heart disease, 5; congenital heart disease, 1; broncho-pneumonia, 3; bronchitis, 3; scald, 1; chronic nephritis, 1; pseudo-hypertrophic paralysis, 1; and hydrocephalus, 1.

General. Patients, whether recumbent or capable of sitting up, are brought from the several London infirmaries by motor ambulance in batches of ten or fifteen; when recovered they are returned in the same way to infirmary or workhouse, as the Guardians desire. This method of conveyance has proved convenient and satisfactory; it has been quite exceptional for the patient not to bear the journey well.

For the treatment of the infectious diseases which occur, and for the observation of doubtful cases, the Managers have approved of the construction of six isolation wards, four of them composed of rooms separated by glass partitions. These will provide 68 additional beds and prevent considerable wastage of accommodation.

The provision of a hall for children's services and entertainments, and for staff recreation, has also been approved. I may mention that the local residents have on several occasions provided excellent entertainments for staff and patients. The number of children fit to be educated is steadily increasing, owing to the prolonged stay of the tubercular cases, and at the present time quite 200 children are capable of receiving instruction; class-rooms are to be provided in connection with the hall.

The erection of homes providing sleeping and sitting-room accommodation for nurses has also received the approval of the Board; this will free 180 patients' beds in wards now temporarily fitted up as curtained cubicles for the staff.

The sub-committee have also under consideration the extension of the glass verandahs attached to the wards, and the provision of canvas blinds, with a view to facilitating the open-air treatment already adopted in many cases with excellent results. Some of the children have slept in the open air for practically the whole of the year.

Staff illness. 114 of the female staff were off duty for various ailments; all recovered. 1 nurse acquired measles and 2 whooping cough in the performance of their duties. 1 nurse developed enteric fever, 1 diphtheria, and 1 mumps; in each case the source of infection was apparently outside the institution.

(Signed) W. T. GORDON PUGH,

Medical Superintendent.

(b) SEASIDE HOMES.

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

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

February, 1910.

I beg to submit the following report on the work done at S. Anne's Home during the year 1909.

There were in the home at the end of 1908, 133 children.

Admitted to the home during the year 1909, 318 children.

Discharged from the home during the year 1909, 315 children.

Died in the home during the year 1909, 2 children.

Remaining in the home at the end of the year 1909, 134 children.

The two children who died were both cases of old standing valvular disease of the heart.

We had an unfortunate year as regards infectious and contagious disease.

In February we had an outbreak of chicken-pox and had 17 cases among the children.

At the same time we had an outbreak of ringworm, and in the course of two months we had 14 cases. It caused me a great deal of anxiety at the time, and it required the utmost vigilance on the part of the staff to stamp it out.

In April we had an outbreak of whooping cough, which, I am glad to say, was limited to 8 cases.

In July last we had an outbreak of scarlet fever; one member of the staff and 9 children contracted the disease. Three of the cases were transferred to the Blean Isolation Hospital temporarily, being afterwards removed to the Brook Hospital, and all the other cases were removed direct to the Brook Hospital by motor ambulance.

In October an infant developed scarlet fever fourteen days after admission; she was removed to the Brook Hospital. Four days afterwards a non-resident member of the staff developed scarlet fever. Beyond this there was no further spread of the disease.

In June an infant suffering from ophthalmia was transferred to White Oak School.

It will be noticed that the number of admissions was much smaller than in previous years, this being accounted for by the fact that no children were admitted for fourteen weeks, owing to infectious illness in the Home.

The class of cases admitted was of the usual type, mostly medical cases, the surgical cases we had being quite convalescent, and in several cases were transferred here from East Cliff House.

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

(ii.) *EAST CLIFF HOUSE, MARGATE.*

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

January, 1910.

Total number of admissions during the year was 341, which, added to 129 children remaining in the Home on January 1st, 1909, makes 470 cases dealt with. The slight diminution in the number of children as compared with last year is, to a certain extent, accounted for by the opening of The Children's Infirmary at Carshalton.

The verandah beds and infirmary have, nevertheless, been filled throughout the year, and a considerable amount of surgical tuberculosis treated. 45 operations have been done under anæsthetics, and over 600 doses of tuberculin have been administered by injection. In the latter part of the year tuberculin has been used by the oral method with equally satisfactory results.

The type of work done may be realised by mentioning the fact that at the present time there are 32 cases of tuberculous spine under treatment, 10 cervical, 20 dorsal, and 2 lumbar; of these 16 have sinuses requiring dressings at least once daily, and 3 have paraplegia. In addition to these there are more than 70 cases of joint disease, some of whom, such as the hip cases, require prolonged treatment in the recumbent position, and nearly all are fitted with splints that require frequent adjusting. A complete record of the progress of all joint cases is kept, and every case is kept long enough to allow of its being discharged with a minimum possibility of return of the disease.

East Cliff House offers exceptional advantages for the treatment of children suffering with tuberculous bones, joints and glands, and when these reach us early enough a cure can be safely promised. This has been shown repeatedly during the last year, when several joint cases have been discharged, after having been kept under observation for some months without splints. A case of paralysis due to disease of the cervical spine is recovering under partial suspension treatment, and two children have recovered from paralysis due to the same cause, and have left the home walking normally.

The working of the home has been considerably helped during the year by the provision of bathrooms at the same level as the verandah; and by the purchase of the area of ground at the back of the home, the Board will no doubt be able to do away with the older adapted buildings, whose many narrow passages are not too well suited for the circulation of numbers of crippled children.

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

(iii.) *MILLFIELD, RUSTINGTON.*

REPORT OF THE MEDICAL OFFICER (MR. C. E. LAST, M.R.C.S., L.R.C.P.).

January, 1910.

I beg to submit the following report for the year 1909 for the information of the Children's Committee.

During the year there have been 110 admissions, 106 discharges, and 1 death, leaving 119 children under treatment.

Of the discharges, 75 were cured, 1 was over age, 10 were unfavourable, and 6 at the request of guardians; 11 were transferred to Carshalton, 2 to White Oak School, and 1 for surgical treatment.

The results that are being obtained continue to be satisfactory, and it is satisfactory (in one sense) to note that Millfield has been full for some time, and that cases are immediately sent down to fill the vacancies as they occur.

I say in one sense, because, although one regrets the existence of pulmonary tuberculosis, and regrets that there are cases that must wait their turn, one appreciates the fact that pulmonary tuberculosis is becoming more recognised than formerly as a disease in children, and as a disease that lends itself to treatment; and one appreciates the fact that it is being more frequently recognised in its early stages, and dealt with accordingly.

(Signed) CECIL E. LAST,
Medical Officer.

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.**March, 1910.*

Medical. I am glad to be able to report that there has been very little illness among the girls in this home during 1909. In the spring one girl had an abscess behind the right ear, a condition evidently connected with a former mastoid abscess which had been operated on. The abscess required to be freely incised and subsequently plugged; the result has been that the wound completely healed up and no further trouble has been experienced. Another girl soon after admission had two epileptic fits, and she was discharged in consequence as an unsuitable case. Another girl had an abscess in the face in connection with a tooth. This was cured by extraction of the tooth.

Eyes. It has not been found necessary to test the sight of any of the girls during 1909.

Mental. In the autumn a large number of the older girls, many of whom had been under care in this home for some years, and who were greatly improved, were discharged. One of these was placed in domestic service, but as she was unfortunately not able to give satisfaction, she was re-admitted to Lloyd House, and subsequently transferred with the others to Brentwood. It is encouraging to note that these girls, who have had the advantage of several years' training in a small home, are doing exceptionally well at Brentwood. The vacancies made in the home by the removal of these girls have been filled up with younger ones, with whom the work of patient training has to begin from the beginning. There seems every prospect, however, that in due course they will show the same improvement as their predecessors.

Admissions and Discharges. There have been 11 admissions to the home during the year, and 13 girls have been discharged. One of the latter, as stated above, has been returned to her guardians because suffering from epileptic fits. The remaining 12 have been transferred to the Industrial Colony at Brentwood, one as stated above, after a trial in a situation.

(Signed) R. TURNER.

(b) *26, ELM GROVE, PECKHAM.**December, 1909.*

Medical. I am glad to be able to report that the health of the boys in this home during 1909 has been on the whole most satisfactory. One boy, who has suffered from Raynaud's disease, had a bad sore on the foot, which healed with some difficulty. Another boy has had an abscess on his knee, the knee having been injured by a fall. Another has had a small patch of *tinea circinata* on the back of the neck. Two boys (brothers), who were in a weakly state of health, were sent away to Herne Bay, as it was thought advisable that they should have a thorough change.

Mental. This year has seen a great many new boys admitted to this home and it is at present somewhat early to judge how far they will respond to treatment. But I am pleased to say that some have already shown definite signs of improvement.

Recreations. This summer it has happened most unfortunately that owing to an outbreak of scarlet fever at S. Anne's Home, Herne Bay, the boys in the Peckham Home, as well as those at Surrey House, have been prevented from having their annual holiday. This is much to be regretted, as not only is the short visit to the seaside most beneficial to the boys' health, but also the change of surroundings is most desirable for them mentally. Every effort was made to make up for this deprivation by taking the boys on little outings to various parks within reach, and on one occasion a visit was paid to Greenwich Park by train.

Drill and Pocket Money. The weekly drill and giving of pocket money are still continued, and are said to have most satisfactory results.

Admissions and Discharges. During this year 9 boys have been admitted to this home and 6 have been discharged. Of the boys discharged, 2 have been transferred to Tooting Bec Asylum as improvable imbeciles, 2, as stated above, have been sent to Herne Bay for a long and thorough change, and 2 have been transferred to the Bridge Industrial Home at Witham.

(Signed) R. TURNER.

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

March, 1910.

Medical. I have pleasure in being able to give a very good report of the progress of this home during 1909. In respect of health the record has been exceptionally good, there being no single case of severe illness to report.

Operation. In May one girl had enlarged tonsils and adenoids removed, by which operation her general health has been much benefited.

Mental. In other respects than health the report is also good. Mental improvement has been well maintained, and all the girls appear brighter at their occupations and are well behaved. Reports received from the special school as to their progress in school subjects are very satisfactory. One of the girls in this home attends the ordinary school.

Drill and Pocket Money. In addition to the drill given at school the girls are drilled in the home by one of the staff. This exercise has had a most beneficial effect on the girls' physical condition, and at the same time has promoted their mental improvement.

The system of giving weekly pocket money works in this home most satisfactorily. Fear of losing half the weekly penny is said to act as a strong deterrent. The selection of a small article for purchase with the penny or so at their disposal gives the girls a quite disproportionate interest in the world of realities about them. This interest is proving a most valuable educational means. The same may be said of their occasional visits to places of entertainment, which have had the effect of making the girls mentally much brighter. The smallness of the number in this home enables the life of the girls to be much more nearly that of normal children. This is one great reason why these small homes must in the nature of things be more effective in producing the desired results than larger institutions can be.

Admissions and Discharges. There have been 2 admissions to this Home during the year, and 4 discharges. Of the girls discharged one was transferred to Herne Bay soon after admission on account of her delicate health. The other 3 have been transferred to the Industrial Colony at Brentwood.

(Signed) R. TURNER.

*(d) SURREY HOUSE, WANDSWORTH.**March, 1910.*

Medical. There has fortunately been no severe illness in this home during 1909. One boy contracted whooping cough in the spring, and he was immediately removed to his infirmary to prevent the complaint spreading. There was fortunately no other case. Another boy had a slight accident. While playing at school he ran into his finger a fish hook, which required to be cut out. The general health of the boys shows considerable improvement since their admission.

Eyes. During the year 3 boys have had their eyes tested at the Royal London Ophthalmic Hospital, with the result that all were found to require glasses, which have since been supplied.

Mental. The training has given hopeful mental results in the majority of cases. One boy has improved sufficiently to be moved from the special to the ordinary school. The general conduct of most of the boys has visibly improved after a short time of residence here. They have also become more responsive and more alert mentally.

Drill and Pocket Money. This good effect is largely due to the excellent routine arrangements of the home and the healthy and cheerful tone which prevails. Among the special methods adopted for securing improvement, the weekly drill and pocket money continue to be used with undoubted success. The drill master reports that the boys are much more obedient to orders, and seem to have "new life in them."

Admissions and Discharges. The number of admissions during the year has been 8, and the discharges also 8. Of those boys discharged 2 have been transferred to Tooting Bec as improvable imbeciles. One of these boys had been recently admitted, and was found to be an unsuitable case. Five boys have been transferred to the Bridge Industrial Home at Witham. One boy who had been in the home for some years had improved so much that it was thought desirable to return him to his Guardians that work might be found for him.

(Signed) R. TURNER.

*(e) COLONY FOR ELDER FEEBLE-MINDED GIRLS AT HIGH WOOD SCHOOL, BRENTWOOD.**December, 1909.*

Admissions. During the year 1909 there have been 23 admissions to this colony, 15 of whom have been transferred here from small homes under the care of the Board. There have been no discharges, and the number of inmates at the close of the year was 80.

Occupations. There has been most encouraging progress made in all departments of the girls' work, which is now of a very varied character, providing employment suitable for girls of every temperament and stage of mental capacity. Among the articles produced are machine-knitted jerseys and stockings, hand-knitted gloves and dishcloths, straw hats, rugs, baskets, and simple woven materials, such as towels, for the production of which the colony possesses three looms. In addition to this the girls make and mend their clothes, including their dresses; others find employment in the steam and hand laundries, and two are employed at housework in the staff block. All the girls are required to give a certain proportion of their time to necessary domestic duties.

The amount of work which the colony is capable of doing is seen from the following list of articles, being the output of two consecutive months—those of June and July:—56 pairs of stockings, 60 jerseys, 18 baskets, 11 hats, 48 hand towels, 4 hearth-rugs, 4 mats, 53 garments made, 12 dishcloths, and various articles for household use.

Of the occupations mentioned above, that of hat making has been introduced comparatively recently. It has been so successful that members of the staff have purchased hats for their own use.

The hearthrug making is very suitable for these girls, some of whom display quite a remarkable aptitude for picking out designs. It also provides employment for the less capable ones, who can sort (according to shade) the "thrums," which are received in large quantities unsorted.

The practice of giving the girls some instruction in the ordinary school subjects has been continued, and has had a very beneficial influence on their mental condition.

Musical Drill and Singing. We have quite recently started musical drill and singing classes for the girls, and it is hoped that this new venture, providing as it does entertainment of a social and educational character, will have a stimulating effect on the mental powers, and at the same time provide a pleasurable pastime for the girls. They have been drilled before, though not so regularly as would have been desirable. It is now hoped that the drill will be regular, and, combined with the music, it should add greatly to the general brightness.

Medical. The health of the girls also has been satisfactory. Beyond small ailments such as boils, gatherings, etc., and little accidents incidental to the work such as slight burns, all of which are capable of being treated by simple home remedies, there has been very little illness. Those cases which deserve notice are one of gastric disturbance, which necessitated rest in bed for a week, and one of herpes, and one of tonsillitis. Another girl had an epileptic fit towards the close of the year.

Conduct. The colony has a most fortunate record to show for the past year in the general conduct of the girls and the tone prevailing among them. This is in large measure due to the wisdom and tact of the new second assistant matron in charge, whose sympathetic management has had very good results indeed.

(Signed) R. TURNER.

(f) *BRIDGE INDUSTRIAL HOME, WITHAM.*

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

March, 1910.

Statistics.

Patients in home on January 1st, 1908	..	..	..	128
Admitted	..	..	..	41
Discharged to Guardians	..	..	..	7
„ to Asylum	..	..	..	1
„ to Fever Hospital	..	..	..	1
Died	..	..	..	1
Remaining in Home on December 31st, 1909	..	..	..	159

Health. On the whole the general health of the patients has been good. One boy died suddenly, and the coroner of the district held an inquest, a verdict of "death from natural causes" being returned. Half the Infirmary block is used as a sick bay, and is looked after by a nurse; all boys who appear to be unwell in any way being sent there to be watched, and if necessary, nursed back to health.

Staff. A drill instructor took up his duties in January, and one extra female helper has been engaged.

School. All patients still attend school for some hours every week with, the exception of a few of the oldest boys who have been taken away, as it was found a pure waste of time in their case to try and teach them anything. Under the new teacher, who teaches, as has been before mentioned, almost entirely

by object lessons, many of the boys are showing considerable improvement, and take much interest in their lessons. During the summer months classes of boys are taken for walks in the lanes by the teacher, and he endeavours to interest them in all common objects in the hedgerows.

Drill. Both physical and military drill are now taught with marked success.

The physical drill taught is the Swedish system, which aims at equally developing all the body muscles, one set of muscles being at rest while another is being worked. At each drill at least one exercise from each group in the official syllabus of physical training is gone through.

The military drill is the squad and company drill used in the army, and is most useful in teaching discipline and in training the boys to give their whole attention to what is going on.

To my mind, the efficient drilling of boys is one of the most important factors in obtaining a good moral tone in an institution of this kind.

Gymnasium. In April one of the larger rooms was converted into a small gymnasium, and fitted up with climbing ropes, vaulting horses, parallel bars, horizontal bar, Indian clubs, and dumb-bells.

At first the instructor found the greatest difficulty in overcoming the fear of the boys when they found themselves off the ground, but by kindness and perseverance he gradually overcame this, and they began to improve. Later separate classes were formed, and now, though such a short time has passed since the commencement, a stranger would be astonished at the state of efficiency that the first class has attained. The lads thoroughly enjoy this form of exercise, and it has undoubted value in teaching them self-reliance.

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

Shoemaker's shop ..	42	Mechanics	3
Sashcord making ..	21	Sewing room	2
Tailor's shop	39	Cook	5
Laundry	11	Housework	10
Garden	26		

It will be noticed that all the inmates are employed in some useful work apart from the schoolroom.

Shoemaker's Shop. Eight additional boys have been added to the number learning this trade, and all are improving. The work turned out compares favourably with that of the preceding years, the number of repairs have increased, and beside this 230 pairs of boots and 62 pairs of slippers have been made.

As an offshoot of this industry braces are made, a sufficient number being supplied to meet the demand at the home itself, and also to supply some of the other institutions.

The following shows the repairs executed :—

High Wood School	2,622
T.S. "Exmouth"	4,820
Elm Grove	119
Lloyd House	172
Surrey House	238
Harrow Road	33
Earlsfield Road	39
Bridge Home	4,746
	<hr/>
	12,789

Also 1 pair of stumps made for Tooting Bec Asylum. Braces made, 108 pairs.

Tailor's Shop. The instructor is a good man, who takes great interest in both the work and the boys themselves, and deserves great credit for the results he has obtained. Of the 39 patients under him 3 can make a suit of clothes

throughout, 2 others can make trousers and vests, and 5 can make trousers, 12 do buttonholing, felling, and pressing, whilst the remaining 17 are improving under his supervision. It is to be hoped that in the future all suits made by patients, even though not quite up to the standard of experts, will be used in this and other institutions of the Board, as there is no doubt that not only good material, but also really good work is put into them.

The following articles were made in the tailor's shop :—

Coats	228
Trousers	328
Knickers	124
Vests	5
Jean trousers	4
Canvas trousers	18
Jean coats	4
Canvas coats	14
	<hr/>
	725

Repairs	3,208
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Sashcord Making. In my last report I expressed hopes that some 3,600 yards of cord could be turned out in a year. As a matter of fact during 1909 over 5,000 yards were made, notwithstanding that the instructor was new to the trade and that he spends most of his time in doing carpentering work. This work is found most useful for boys who are incapable of being taught higher trades, such as shoemaking, tailoring, etc., and is especially useful for those who are weak in the hands and arms, and those who are anything but active. Twenty-one boys are now employed here, and generally they are the poorest kind of inmate mentally. Sashcord made, 5,026 yards.

Garden. The gardener has 26 inmates to help him, a large majority of these being boys whom it is necessary to employ in hard muscular exercise for various reasons. The better class of patients employed in the garden are most useful, and without them it would be necessary to employ at least two extra paid hands.

Laundry. The laundress, with eleven boys to help her, washes about 2,200 articles weekly. The boys are all very useful assistants.

Band. There are 24 performers in the band, and their improvement is very noticeable. They play more difficult music, and their reading and expression has greatly improved. They now play as well as most town bands, and could easily undertake country engagements. They have given a performance at a flower show on the Countess of Warwick's estate at Easton Lodge, Dunmow, and their services were highly valued, and they were accorded much praise.

Games. Generally a busy week is spent by all the inmates, and it is well rounded off on Saturday afternoon by cricket or football matches against some outside team. The majority of the Bridge Home team is made up of inmates, and they and the rest of the boys, as onlookers, thoroughly enjoy themselves. The results of the matches are as follows :—

	Won.	Lost.	Drawn.	Total.
Cricket	4	2	0	6
Football	16	3	2	21

The Superintendent and his wife continue to take great interest in the inmates, and in everything connected with the welfare of the home.

(Signed) A. ROTHERHAM.

APPENDIX VI.

REMAND HOMES.

(a) Table showing the number of children admitted during the year 1909 to each home:—

HOME.				Boys.	Girls.	TOTAL.
Camberwell Green	..	..	..	796	128	924
Harrow Road	..	..	..	396	..	396
Pentonville Road	..	..	..	866	220	1,086
Totals	..	..	..	2,058	348	2,406

(b) Table showing ages of the children admitted during the year 1909:—

AGE IN YEARS.				Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
1	..	..	..	3	..	..	3
2	..	..	..	10	..	..	10
3	..	..	..	10	1	3	14
4	..	..	..	13	2	14	29
5	..	..	..	19	5	11	35
6	..	..	..	19	12	24	55
7	..	..	..	38	12	33	83
8	..	..	..	36	21	58	115
9	..	..	..	71	33	96	200
10	..	..	..	72	25	101	198
11	..	..	..	89	31	124	244
12	..	..	..	128	59	148	335
13	..	..	..	116	72	143	331
14	..	..	..	127	48	119	294
15	..	..	..	122	59	165	346
16	..	..	..	45	14	40	99
17	..	..	..	5	2	5	12
18	..	..	..	1	..	2	3
19	..	..	..	..	..	..	..
20	..	..	..	..	..	..	..
Totals				924	396	1,086	2,406

(c) Table showing periods for which children were remanded during 1909 :—

NUMBER OF DAYS.	Number of Children at Camberwell Green.	Number of Children at Harrow Road.	Number of Children at Pentonville Road.	TOTAL.
1	11	21	21	53
2	28	3	55	86
3	12	3	28	43
4	11	2	24	37
5	18	8	19	45
6	21	4	37	62
7	39	12	78	129
8	364	160	359	883
9	149	40	131	320
10	30	16	43	89
11	13	3	26	42
12	8	1	15	24
13	6	2	14	22
14	9	14	19	42
15	61	42	68	171
16	53	33	37	123
17	13	8	10	31
18	3	2	8	13
19	11	5	1	17
20	4	1	4	9
21	7	2	17	26
22	11	1	20	32
23	8	3	13	24
24	5	3	6	14
25 .. ..	..	1	5	6
26	2	..	3	5
27 .. ..	..	..	2	2
28	6	..	2	8
29	3	2	6	11
30	5	1	..	6
31 .. ..	..	1	1	2
32	1	..	..	1
34	1	..	..	1
35 .. ..	..	..	3	3
36	1	..	2	3
37	1	..	4	5
38 .. ..	..	..	1	1
42 .. ..	..	..	1	1
43	4	..	..	4
45	1	..	..	1
46	2	..	..	2
66 .. ..	..	..	1	1
71 .. ..	..	..	1	1
72 .. ..	..	1	..	1
113	1	..	..	1
126 .. ..	..	1	..	1
225 .. ..	..	..	1	1
271	1	..	..	1
Totals	924	396	1,086	2,406

(d) Table showing the schools attended by the children prior to arrest during 1909 :—

SCHOOL.	At Camberwell Green.	At Harrow Road.	At Pentonville Road.	Total.
County Council schools	615	285	854	1,754
" " " (special)	8	6	9	23
Higher grade schools	3	3	..	6
Church of England schools	111	21	50	182
Roman Catholic schools	96	27	39	162
Truant schools	18	2	8	46
Industrial schools	3	..	18	35
Jewish schools	15	1	4	20
Poor Law schools .. .. .	..	..	1	1
Grammar schools .. .. .	..	..	4	4
Private schools .. .. .	..	15	3	18
National schools .. .. .	..	27	16	43
Schools outside metropolis	3	..	..	3
Training Colleges	1	..	..	1
Military schools	13	..	4	17
Infants and unknown	38	9	44	91
No school .. .. .	..	..	..	..
Totals	924	396	1,086	2,406

(e) Table showing the offences with which the children were charged during 1909 :—

CHARGES.	Camberwell Green.	Harrow Road.	Pentonville Road.	Total.
Felony	282	144	352	815
Larceny	12	96	25	487
Begging	171	13	19	75
Beyond control	43	..	10	26
Unlawful possession	16	72	243	552
Wandering	237	9	20	71
Burglary and house-breaking	42	9	4	19
Embezzlement	6	9	4	32
Suspected persons	13	4	15	4
Fraud .. .. .	..	2	4	12
Wilful damage	6	..	4	16
Assault	3	..	13	129
Residing in a house of ill-fame	32	26	71	23
Sleeping out	5	7	11	4
Missile throwing .. .. .	..	3	1	3
Wounding .. .. .	..	1	2	8
Indecent conduct .. .. .	..	..	8	1
Disorderly conduct .. .. .	..	..	1	..
Truants	11	9	35	55
Gambling	7	..	8	15
Attempted suicide .. .. .	..	..	4	4
Loitering	2	1	6	9
Under the Probation of Offenders Act, 1907	2	..	2	4
Prostitution .. .. .	..	..	1	1
Found in charge of drunken parents (Children Act, 1908)	16	..	7	23
Trading in a public-house	1	..	..	1
Pickpockets	1	..	..	1
Sacrilege	5	..	..	5
Threatening	1	..	..	1
Insulting behaviour	10	..	..	10
Totals	924	396	1,086	2,406

(f) Table showing the result of the last appearance of the children before the magistrate during 1909 :—

RESULT.	Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
Committed to Sessions .. .. .	..	..	8	8
Discharged	343	150	386	879
Birched	4	3	19	26
Fined or bound over	67	46	138	251
Taken by police court missionary ..	..	..	14	14
Sent to reformatory or industrial training ships	393	160	448	1001
Sent to reformatory or industrial or truant schools				
Sent to workhouses and various homes	38	23	42	103
Sent to prison	2	2	4	8
Sent to infirmaries or hospitals ..	..	1	7	8
Placed on probation*	74	7	13	94
Handed over to German Consul ..	1	..	..	1
Sent to Canada	1	..	..	1
Absconded	1	..	..	1
Not dealt with during 1909 .. ..	..	..	7	7
Unknown .. .. .	..	4	..	4
Totals	924	396	1,086	2,406

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

(g) Table showing the religious persuasion of the children admitted during 1909 :—

RELIGIOUS PERSUASION.	Camberwell Green.	Harrow Road.	Pentonville Road.	TOTAL.
Church of England	754	346	870	1,970
Roman Catholics	142	42	139	323
Wesleyans	2	1	4	7
Baptists	7	..	..	7
Other Nonconformists	4	..	1	5
Presbyterians	3	..	..	3
Jews	4	7	70	81
Unknown	8	..	2	10
Totals	924	396	1,086	2,406

(h) Table showing clothing given away during 1909 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	77	12	28	117
Coats	17	18	25	60
Vests	16	4	29	49
Trousers, pairs	32	8	30	70
Braces do.	43	2	17	62
Shirts	53	18	35	106
Socks and stockings, pairs	62	21	45	128
Neckerchiefs	45	..	..	45
Frocks	5	..	10	15
Articles of girls' underclothing	24	..	33	57
Girls' jackets	8	..	3	11
Hats and caps	21	5	31	57
Boots and shoes, pairs	73	35	67	175

(i) Table showing the number of children who slept in police-station cells prior to admission to the homes during 1909 :—

AGES.	Camberwell Green.	Harrow Road.	Pentonville Road.	Total.
Under 10 years	3	..	..	3
Between 10 and 13 years	4	..	2	6
Over 13 years	19	..	23	42
Totals	26	..	25	51

APPENDIX VII.

Statement of cases admitted and discharged at the Homes and Schools during 1909 arranged under the respective Parishes and Unions.

PARISH OR UNION.	Ophthalmia.				Ringworm.				Sick and Convalescents.				Defectives.			
	Remaining on 31st Dec., 1908.	Admitted during 1909.	Discharged and Died during 1909.	Remaining on 31st Dec., 1909.	Remaining on 31st Dec., 1908.	Admitted during 1909.	Discharged and Died during 1909.	Remaining on 31st Dec., 1909.	Remaining on 31st Dec., 1908.	Admitted during 1909.	Discharged and Died during 1909.	Remaining on 31st Dec., 1909.	Remaining on 31st Dec., 1908.	Admitted during 1909.	Discharged during 1909.	Remaining on 31st Dec., 1909.
Bermondsey ..	34	38	40	32	6	18	19	5	10	87	49	48	11	1	..	12
Bethnal Green ..	26	14	21	19	20	61	40	41	21	210	151	80	20	3	1	22
Bloomsbury ..	1	4	1	4	..	2	1	1	..	3	..	3	2	..	..	2
Camberwell ..	10	33	22	21	21	62	62	21	9	110	81	38	9	1	..	10
Chelsea ..	1	1	..	2	15	20	29	6	5	22	16	11	2	..	..	2
Fulham ..	9	7	10	6	1	14	12	3	10	142	91	61	3	1	..	4
George's, S. ..	9	7	8	8	4	5	7	2	6	97	69	34	11	2	3	10
George, S., in-the-East ..	2	2	2	2	2	6	7	1	5	67	36	36	4	..	..	4
Greenwich ..	19	17	17	19	11	32	27	16	19	112	84	47	12	6	..	18
Hackney ..	8	5	5	8	20	35	36	19	27	138	109	56	10	3	1	12
Hammersmith ..	7	15	13	9	6	13	16	3	7	22	16	13	3	..	..	3
Hampstead ..	..	..	..	..	2	6	3	5	2	20	7	15	2	1	..	3
Holborn ..	6	3	4	5	6	31	24	13	11	26	20	17	6	..	..	6
Islington ..	14	14	11	17	15	69	66	18	19	140	102	57	25	6	1	30
Kensington ..	6	16	7	15	18	45	48	15	21	108	70	59	3	7	1	9
Lambeth ..	17	19	10	26	44	77	94	27	24	150	80	94	15	13	1	27
Lewisham ..	3	5	4	4	23	27	39	11	6	26	18	14	1	..	..	1
London, City of ..	6	4	4	6	6	4	10	..	..	4	2	2	..	..	..	..
Marylebone, S. ..	6	4	3	7	14	19	28	5	17	139	91	65	18	4	3	19
Mile End Old Town ..	1	3	2	2	7	16	17	6	1	30	19	12	11	5	..	16
Paddington ..	14	27	27	14	16	13	23	6	30	84	71	43	6	4	..	10
Pancras, S. ..	18	7	9	16	15	21	27	9	14	121	83	52	8	2	..	10
Poplar ..	33	26	21	38	14	52	46	20	24	155	138	41	7	3	3	7
Shoreditch ..	15	12	13	14	20	29	44	5	7	62	41	28	10	..	1	9
Southwark ..	94	154	143	105	12	45	44	13	30	185	148	67	11	3	1	13
Stepney ..	30	44	35	39	3	11	10	4	12	118	86	44	4	3	2	5
Strand ..	1	1	..	2	..	..	..	..	1	2	..	3	3	2	1	4
Wandsworth ..	68	76	80	64	12	49	49	12	28	184	128	84	14	2	..	16
Westminster ..	2	..	..	2	1	2	2	1	1	19	11	9	2	..	..	2
Whitechapel ..	6	2	2	6	..	4	3	1	6	105	79	32	3	1	..	4
Woolwich ..	10	6	7	9	14	64	65	13	4	38	16	26	10	4	..	14
School Authority for London (L.C.C.) ..	..	78	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Extra-Metropolitan ..	25	..	73	30	29	105	92	42	1	12	10	3	..	..	..	..
Total ..	501	644	594	551	378	957	991	344	378	2738	1922	1194	246	77	19	304

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.

GENERAL STATEMENT OF CHILDREN AT HOMES AND SCHOOLS, 1909. APPENDIX VIII.

HOMES AND SCHOOLS.			NUMBER OF CHILDREN.																					
Description and Name.	Total accommodation.	Date of Opening.	Remaining on 1st January, 1909.			Admitted.				Discharged.				Died during the Year.		Remaining on 31st Dec., 1909.		Total Number of Children admitted from opening of Home to 31st December, 1909.						
			Boys.	Girls.	Total.	Direct from Unions or Parishes.		From other institutions of the Board.	Direct to Unions or Parishes.		To other institutions of the Board.		Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.			
						Boys.	Girls.		Total.	Boys.	Girls.	Total.										Boys.	Girls.	Total.
<i>I.—Opthalmia</i>																								
White Oak School, Swanley ..	300	30 March, 1903 ..	166	106	272	270	218	488	13	5	18	236	171	407	25	9	34	2	2	1,411	1,058	2,469		
High Wood School, Brentwood ..	220	26 July, 1904 ..	109	120	229	55	57	112	7	17	24	62	65	127	12	10	22	..	..	549	663	1,212
<i>II.—Ringworm.</i>																								
The Downs School, Sutton ..	420	26 February, 1903	166	212	378	358	480	838	60	48	108	421	494	915	34	28	62	3	3	2,340	2,492	4,832		
<i>III.—Sick and Convalescent.</i>																								
The Children's Infirmary, Carshalton ..	1000	29 January, 1909	..	..	..	1,042	954	1,996	30	16	46	548	479	1,027	62	51	113	46	43	416	397	813
S. Anne's Home, Herne Bay ..	134	26 December, 1897	98	35	133	202	72	274	34	10	44	213	68	281	22	12	34	2	2	97	37	134		
East Cliff House, Margate ..	130	26 June, 1898 ..	54	75	129	90	182	272	20	49	69	94	185	279	13	42	55	1	8	56	72	128		
(Additional buildings, 13 Sept., 1901)																								
Millfield, Rustington ..	126	6 April, 1904 ..	56	60	116	52	49	101	1	8	9	43	50	93	5	8	13	1	1	60	59	119		
<i>IV.—Defective Children.</i>																								
Lloyd House, Pentonville ..	20	16 Jan., 1899	..	23	23	..	12	12	..	26	26	..	2	2	..	37	37	22	22	..	
Lloyd Street, No. 12, Pentonville	8	18 Oct., 1901	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
For Girls only.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
For Boys only.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Elm Grove, No. 26, Peckham ..	15	25 January, 1901	10	..	10	9	..	9	1	..	1	..	..	..	6	..	6	..	..	14	..	14
For Boys only.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
For Girls only.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Earlsfield Road, No. 81, Wandsworth.	10	7 July, 1903	11	11	..	2	2	..	11	11	14	14	10	10	..	
Surrey House, S. Ann's Hill, Wandsworth. For Boys only.	20	11 December, 1903	16	..	16	10	..	10	3	..	3	3	..	3	7	..	7	..	..	19	..	19
High Wood School, Brentwood ..	96	7 Nov., 1904	58	58	..	8	8	..	15	15	..	1	1	80	80	..	
Temporary : for Females only.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bridge Industrial Home, Witham	172	6 June, 1906 ..	128	..	128	33	..	33	7	..	8	7	..	7	2	..	2	1	1	159	..	159		
For Males only.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>V.—Remand Homes.</i>																								
Pentonville Road, Nos. 70, 72, and 74. For Boys and Girls.	55	1 January, 1902	8	1	9	1,359	495	1,854	..	..	..	1,357	492	1,849	..	..	..	..	..	10	4	14
Harrow Road, Nos. 203 and 205. For Boys only.	45	Do.	4	..	4	669	..	669	..	..	..	667	..	667	..	..	..	..	..	6	..	6
Camberwell Green, Nos. 36, 37, and 38. For Boys and Girls.	50	Do.	4	1	5	1,247	302	1,549	..	..	..	1,237	300	1,537	..	..	..	..	..	14	3	17
TOTALS	819	702	1,521	5,396	2,831	8,227	177	205	382	4,888	2,397	7,195	188	211	399	56	50	106	1,260	1,170	2,430	23,937	12,178	641,115

(a) Cases remanded more than once are regarded as fresh admissions and discharges for the purposes of this return.

(b) Deducting 1,608 children transferred between the homes and other of the Board's institutions the total number of cases admitted is found to be 39,507. Adding the following children not now included in this table, viz., 673 ringworm (boys and girls), Bridge School, 37 defectives (boys), High Wood School, 87 defectives (boys), Kingwood Road Homes, the total number of cases admitted is found to be 41,912.

APPENDIX IX.

Numbers relating to staff and inmates and average weekly cost of children for the year ended Michaelmas 1909.

(Figures for the year 1908 are inserted under the figures for the year 1909.)

SCHOOL OR HOME.	Average Daily Number of Inmates.	Percentage of Average Daily Number to Normal Accommo- dation.	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	287 265	93 88	96 93	3 6 3 9	16 5 17 9
II. High Wood School	285 269	90 90	98 95	3 6 3 10	15 5 16 8
RINGWORM SCHOOL—					
I. The Downs School	353 346	84 82	103 104	3 3 3 6	13 11 13 7
HOMES FOR SICK AND CONVALESCENT CHILDREN—					
I. The Children's Infirmary ..	341 ..	.. ..	289 ..	4 2 ..	18 4 ..
II. S. Anne's Home	129 128	96 96	30 29	3 5 3 5	12 4 12 1
III. East Cliff House	121 117	93 90	33 34	3 6 3 7	13 9 13 1
IV. Millfield	113 110	94 92	34 31	4 1 4 7	12 9 13 11
HOMES FOR DEFECTIVE CHILDREN—					
I. Lloyd House, and 12, Lloyd Street	22 23	78 82	6 6	3 11 4 5	12 9 13 2
II. 26, Elm Grove	12 13	80 87	5 5	3 1 3 2	12 8 11 10
III. 81, Earlsfield Road	9 8	90 80	4 4	4 5 4 3	12 8 13 3
IV. Surrey House	17 16	85 80	5 5	3 7 4 5	9 11 12 10
V. Bridge Industrial Home ..	133 110	80 69	30 17	4 10 4 9	12 3 13 1
REMAND HOMES—					
I. Pentonville Road	32 27	58 49	8 8	2 11 3 0	11 8 13 4
II. Harrow Road	12 10	27 22	4 4	3 6 3 2	17 6 19 11
III. Camberwell Green	28 24	56 48	6 6	2 7 3 0	12 6 13 8

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

ANNUAL REPORT OF THE COMMITTEE OF MANAGEMENT OF THE TRAINING SHIP EXMOUTH FOR THE YEAR 1909.

1. We submit our thirty-fourth annual report on the work of the Exmouth for the year 1909.

Committee. 2. During the year we felt in an especial degree the great loss sustained by the Board by the sudden death, in May last, of Admiral E. Neville Rolfe, C.B., who was our Vice-Chairman for the three years preceding that date, and in August last of Mr. W. Vallance, J.P., who was our Chairman for the same period.

During the past few years both gentlemen had devoted much time and attention to their work on the Ship Committee. The expert knowledge of poor-law work possessed by Mr. Vallance was always at our disposal, and he had endeared himself to officers and boys alike by his friendly interest in their welfare.

In a similar degree the naval experience and knowledge of Admiral Rolfe has been of the greatest assistance to us in the many questions under our consideration relating to the building of the new ship and the reorganisation of the training which has been carried out in recent years.

In May last we elected as our Chairman Mr. Geoffrey Drage, who had previously filled this office in 1901 and again from 1903-1906. Mr. C. J. Benson was elected Vice-Chairman, and Admiral W. H. Henderson and Captain St. Vincent Nepean, M.V.O., R.N., joined the Committee.

The Year's Results. 3. During the year 70 boys were entered in the Royal Navy, 94 in the Mercantile Marine and 9 in the Army as musicians. We continue to receive excellent reports of Exmouth boys, who are to be found in the Royal Navy, the Mercantile Marine and the Army Bands in every part of the world.

Perhaps the most striking success during the year was that obtained by boy S. Dennis (Holborn), who took 1st place out of 200 candidates in the practical and theoretical examination in music at the Royal Naval School of Music.

Accommodation. 4. The Board on our recommendation increased the normal accommodation on the ship from 600 to 700, sufficient space being available for placing the additional hammocks with due regard to the ventilation necessary.

Numbers. 5. Since this decision was arrived at in July last the highest number of boys on board has been 688 and the average number 656.

We would be glad to see an increase in the number of boys admitted from metropolitan unions, but as we so frequently have occasion to point out no advance in this direction can be sought by reducing the existing standards and qualifications required of candidates for admission. The information that these standards and qualifications are the lowest which permit of entry to the Exmouth, being used as an avenue leading to good employment at sea, and that it would be entirely contrary to a boy's own interests to enter him if he falls short of those standards, has been communicated so often to boards of guardians as to become stereotyped. It is, however, necessary to emphasise these facts and to ask those who are interested in sending boys to the ship to believe that the standards and qualifications are determined after very full consideration and consultation with those most qualified

to advise us on the subject. It must be remembered that the standards both physical and educational required of boys employed at sea are advancing. One instance in point has occurred this year in the increasing attention paid to eyesight in the Mercantile Marine. Lads have been paid off even after two or three voyages because they have not succeeded in passing a stringent eyesight test, and in October the Board of Trade issued a circular notice that on and after January 1st, 1914, the standard of form vision required by the Board of Trade would be raised to full normal vision on one eye and half normal vision on the other.

The Training. 6. The question of improving the training and keeping it up to date is continually before us. During the year some of our members and officials have visited the naval training establishments at Shotley and at Devonport, the Naval School at Greenwich, the Duke of York's School and private training institutions in the country, and their reports have been submitted to us.

Under the direction of the late Admiral Rolfe instruction was instituted in life-saving by means of a rocket apparatus, and practice in placing collision mats has been afforded.

The instruction of a special class in navigation has proceeded under the care of the Chief Officer, Lieutenant Coplestone, R.N., and boys on leaving this class are presented with a manual on navigation.

The orders and regulations for the administration of the ship and the syllabus of training have been revised during the year, and at the end of the year proposals were under consideration for improving the educational work in the school by placing the teaching staff, as far as possible, under the same conditions as public elementary school teachers. Other proposals were also receiving attention for the appointment of additional instructors for physical drill and signalling. Owing to the increase in the use of wireless telegraphy at sea there is likely to be a considerable demand in future for qualified operators, and the training by means of a Marconi buzzer for wireless instruction will we hope afford another good outlet for our boys.

Annual Inspection. 7. The annual inspection of the ship by the Board was held on June 26th, when the Rt. Hon. Lord George Hamilton, G.C.S.I., was the principal guest and Lady George Hamilton distributed the prizes to the boys. The Board welcomed Lord George Hamilton both as a past First Lord of the Admiralty, and as Chairman of the Royal Commission on the Poor Laws. Lord George Hamilton addressed to the boys some inspiring remarks on the importance of sea service to a world-wide empire. In subsequently expressing to the members of the Board and visitors his satisfaction with all that he had seen on board, Lord George Hamilton pointed out that the Exmouth was one of the best practical illustrations of what he and the majority of the members of the Poor Law Commission wished to establish, and that the good results attained on the Exmouth had been rendered possible by the concentration under one authority for the whole of London of the duty of training for sea service boys whose maintenance had become a charge upon the ratepayers.

Sea-going Brigantine. 8. The brigantine *Steadfast*, which has acted as sea-going tender to the Exmouth for the past 15 years, is now becoming unfit for further service, and the question of the steps which should be taken to replace her has occupied the attention of a special Sub-Committee for many months of the year. We were much impressed by the evidence received as to the inadequacy in size of the present brigantine and the insufficient opportunities of training which she provides owing to her limitations as a sailing vessel, and we submitted to the Board a full report on the whole subject, in which we dwelt upon the need for a new and larger ship which would afford improved training for the boys with corresponding benefit to their physique and to their ultimate prospects. The Board, however, deferred consideration of the subject for some months, and the details of our proposals do not, therefore, fall within the scope of the present report.

Health. 9. The health of the boys has been good. There were a few intermittent cases of scarlet fever in the summer, due probably to the infection conveyed by a new boy.

We are considering the question of installing a steam disinfecter in connection with the ship.

The dietary scale for the boys has been revised with satisfactory results.

Visit of Colonial Delegates. 10. A notable event in the history of the ship occurred on 16th August, when the Australian and Canadian delegates to the Imperial Committee on Naval and Military Defence visited and inspected the ship and witnessed the performance of drills. The delegates' impressions may be recorded in their own words :—

(i) Col. J. F. G. Foxton, Minister of Defence, Commonwealth Government :

I am much indebted to Mr. Drage for having given me this opportunity of visiting the Exmouth, and what I have seen has impressed me greatly as to the value of such a vessel. As it is the intention of the Australian Government to make a beginning with a navy of its own to co-operate with and to be practically a part of the Royal Navy to aid in the maintenance of the supremacy of the Empire upon the sea, I am of opinion that it will be necessary to have one or more training ships out in Australia, and I am satisfied that no better model could be found than the Exmouth. I shall carry with me to the other side of the world the liveliest appreciation of the efficiency of the work being done on his ship, reflecting as it does the greatest credit upon the officers, the N.C.O.'s and other Instructors, as well as upon the boys themselves.

(ii) Captain R. Muirhead Collins, C.M.G., R.N., Representative of the Commonwealth Government in London.

I have had much pleasure in visiting the Exmouth and am greatly impressed with the smart and intelligent appearance of the boys, as well as with the excellent drill.

(iii) Captain W. R. Creswell, C.M.G., R.N., Director of the Commonwealth Naval Forces :

An excellent establishment, excellently carried out. I have been much impressed with the exercises and appearance of the boys. The thoroughly Naval character of the work and thoroughly Naval style in which everything has been done has appealed to me—the more so that I feel sure this is mainly the work of my own shipmate, Captain Colmore, whom it has been such a pleasure to me to meet again, and his excellent work is just what one would have anticipated from the zealous and energetic young officer of the 'Undaunted's' days.

(iv) The Hon. L. P. Brodeur, K.C., Minister of Marine and Fisheries in the Government of the Dominion of Canada :

Je désire exprimer à Monsieur Drage mes remerciements les plus sincères pour m'avoir donné l'opportunité de visiter ce vaisseau école l'Exmouth et de voir les exercices qui ont été exécutés avec très grand succès devant nous par les jeunes gens qui ont l'avantage de recevoir ici une excellente éducation navale. Ceux qui sont à la tête de cette organisation ne sauraient recevoir de la part de ces jeunes garçons d'expressions trop fortes de leur profonde reconnaissance.

Naval Visitors. 11. Earlier in the year Captain Savory, R.N., Inspecting Captain of Boys' Training Ships, inspected the Ship, and he subsequently reported to the Lords Commissioners of the Admiralty as follows :—

I have the honour to submit for the information of their Lordships the following remarks on the Mercantile Training Ship "Exmouth," Grays, Essex, which I inspected last month.

There are 700 boys, ages 12 to 15, under training, all clean and intelligent looking, and what particularly struck me was that every boy looked one straight in the face. The Exmouth is an iron ship, built on the lines of an old three decker, and rather more than eight feet between decks, giving plenty of air and ventilation, heated by pipes in winter months. She is also beautifully clean and well kept.

Captain Colmore, R.N., and his twelve officer instructors under him, take personal pride in the state of discipline and education of boys under their charge. The boys certainly respond cheerfully to the interest taken in them, for they march heads well up, arms swinging, the majority smiling and evidently as happy and contented a lot of boys as it is possible to see anywhere.

The physical drill is excellent—capital time maintained and the movements accurate. The squad at the vaulting horse was beyond praise.

I questioned some of them in elementary seamanship, helm and compass, and am quite satisfied that they are well taught and take an interest in learning. Two seven pounder guns' crews carried out their drill in a smart manner. Boat pulling and sailing was also satisfactorily carried out.

Every boy I spoke to seemed anxious to join H.M. Navy. 45 boys were entered during the financial year 1908-9.

I submit these remarks as evidence that any recognition the Admiralty give to the Training Ship Exmouth is not misplaced.

Captain Savory was accompanied by Captain E. Cooper-Key, R.N., Superintendent of the Royal Hospital School, Greenwich, who made the following record of his visit :

It was a real pleasure to see such a number of boys, each one looking so happy, so smart and clean, and so intelligent. The way they performed their various drills and exercises was above praise. If England possessed more of such admirably organised establishments it would be a good thing for the country.

On the 22nd October the ship was inspected by Admiral Sir Reginald Henderson, K.C.B., Admiral Commanding Coast Guard and Reserves, and the following is a copy of the report made by him to the Admiralty on his visit :

1. The ship herself is the best type of harbour training ship I have seen, and was specially built for the purpose by Messrs. Vickers, Sons & Maxim. She is high between decks (which are light and well ventilated), with good school-rooms, cooking place, store rooms, lavatories, and excellent fire appliances, such as W. T. bulkheads, flooding and pumping arrangements. She was very clean and everything in good order.

2. The boys are well instructed and taught in all the attainments necessary for sea life, either in the Royal Navy or the mercantile marine; they are in excellent discipline and order, and appear to be happy and contented. Great attention is paid to physical training, in which many of the boys, under two qualified training instructors, have reached a high state of proficiency.

3. The staff of officers, school-masters and instructors is not large, and the boys, under supervision, do all the work of the ship and establishment themselves.

4. There is an excellent bandmaster and band on board, and many of the boys reach a high standard of proficiency in music.

5. A sea-going brigantine of 100 tons (the "Steadfast") is attached to the ship, which enables 40 boys at a time to have sea-going experience. This vessel requires a good deal of repair, and I understand that the Committee of the ship contemplate building a larger sailing vessel (with auxiliary steam) capable of taking 200 boys to sea, and giving them a much longer time at sea. This will be of the greatest advantage to the boys themselves, not only in improving their health and physique, but in imparting knowledge and experience which will enhance their value in the sea service.

6. There is an excellent infirmary on shore, with staff, and a small isolated house for infectious cases; also a good recreation ground, Morris tube range and swimming bath. All boys are taught to swim.

7. The establishment is well commanded and managed by Captain Reginald B. Colmore, R.N., under the direction of a committee of the Metropolitan Asylums Board; it is well equipped in every way, and I formed a very high opinion of it. . . .

Other Visitors' 12. We quote the following records made by other visitors during the year :

(i) *Members of the Hertfordshire Navy League (16th August, 1909) :—*

(a) *The Rev. Lord William Gascoyne-Cecil, Rector of Hatfield :—*

I was very pleased with the boys and I hope they may prove good sailors and gallant citizens.

(b) *Sir W. S. Church :—*

I was struck, knowing their origin, with the healthy appearance of the boys, and much pleased with their smartness and the evident zest with which they went through their exercises.

(c) *Members of the Hertford Board of Guardians :—*

We are delighted with everything we have seen on board the Exmouth. The boys appear splendidly healthy and look bright and intelligent, and we have thoroughly enjoyed seeing their drill and gymnastic displays.

(d) *The Rev. J. T. Antrobus, The Chaplain's House, Hatfield :—*

I have been much impressed by the brightness of all the boys both in appearance and in their physical drill. One boy in whom I have taken an interest came on board a year ago and is completely transformed in appearance and bearing. He was considerably below the average on leaving school at 14 and is now a smart lad who takes a real interest in the life around him. The neatness of the boys' kits is beyond praise, and I notice a considerable pride taken by the boys in the proper keeping of them. Would it be possible to give displays at various centres throughout the kingdom to interest the general public? No one can fail to take a deep interest in work so thoroughly smartly done.

(e) *The Rev. J. A. Forrest, Vicar of Potters Bar :—*

The general impression made upon me is that there is a splendid curriculum for boys who are of the roughest and untamed disposition. I mean that the physical side is used to get at their qualities of obedience and order, and to bring them out. Their self-respect is also educated. Perfection in action of the body is the thing a boy first needs to learn. The great lack in boys is tidiness. Here they have to be tidy. The object lesson teaches in spite of themselves. There is an aspect of contentment as well as discipline.

(f) *Mr. F. W. Imbert-Terry :—*

I have been greatly struck with the smartness and general appearance of the boys on board the "Exmouth." I think, if I may with great respect say so, that it reflects very great credit on those who command and teach them. My visit has afforded me very great pleasure and satisfaction.

(g) *The Rev. W. Mills, Rector of Bennington :—*

It has been a very great pleasure to observe the healthy and happy appearance of the boys; the brightness and quickness with which they went through all their exercises. They are to be greatly congratulated on the care taken in their education and training, and having instructors so competent.

(ii) *Guardians of the Richmond (Surrey) Union (15th June, 1909) :—*

The Guardians of the Richmond (Surrey) Union having visited this ship to-day and witnessed the drill by the boys, desire to express their unqualified admiration of all they have seen.

(iii) *Professor N. Kanai, of the Imperial University of Tokio (6th August, 1909) :—*

No absolute impossibility to transform sands on the seashore into diamonds.

(iv) *Guardians of the Croydon Union (18th August, 1909) :—*

We interviewed all the Croydon boys, who look well and express themselves as happy and liking the life; everything is most satisfactory.

(v) *Guardians of the Whitechapel Union (7th September, 1909) :—*

The Committee were pleased to notice the smart bearing of the lads and also their general intelligent appearance, which demonstrates very forcibly the pains that must be taken with the boys not only collectively, but individually, by yourself and those under whose care the lads are placed. The Guardians were much impressed with the system of training the boys and only regret that they cannot induce more parents to consent to their children joining the ship.

**Cost per
Head.**

13. The cost per head per week for maintenance and clothing for the year ended Michaelmas, 1909, was 4s. 3d., and the cost, including all charges (except outfits for boys going to sea, and repayment of amounts raised on loan), 10s. 8d.

(Signed)

GEOFFREY DRAGE,

Chairman.

APPENDIX I.

ANNUAL REPORT OF THE CAPTAIN-SUPERINTENDENT FOR 1909.

To the Committee of the Training Ship Exmouth,

GENTLEMEN,

I beg to submit my report for 1909.

Table I. shows the admissions and discharges for 1909, 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 1909, and also during the time the ship has been established.

Table III. shows the number of boys shipped each year at Liverpool and London to the Mercantile Marine. During the past year 136 were assisted to get another ship the second time. Some of these left sea thinking they could do better on shore, but, getting tired of it, applied to go to sea again. The remainder lost their berths through the ship being laid up and trade being bad.

Seamanship. The steering models, which give the boys practical lessons in steering when the weather is too wet to use the boats with steering wheels, have been altered and brought up to date. The launches fitted with platforms for heaving the lead, and the platform specially fitted to the ship, have 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 been carried out frequently, the latter being carried out each morning, 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 214 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, rattling down rigging, etc., re-stropping blocks and fitting wire hawsers and clothes-lines; also taking down masts and yards, and re-fitting all gear on foremast.

Under the sailmaker, they have completed the following work :—

43 kit bags for boys going to sea.

353 hammocks.

175 beds (repicked and recovered).

26 canvas table covers.

A new set of boat sails.

Repaired awnings of ship and made new upper deck awning.

Repaired sails of brigantine.

Repaired 14 table canvas covers.

No fewer than 310 boys have passed out of helm, lead, and compass instruction.

The numbers given below are those in the various classes of seamanship :—

Riggers' class	..	..	..	..	..	185
1st class	..	..	..	..	..	40
2nd „	..	..	..	..	..	102
3rd „	..	..	..	..	..	50
4th „	..	..	..	..	..	75
5th „	..	..	..	..	..	85
Band..	..	..	..	..	..	137

The cruising of the brigantine "Steadfast" was continued from April to October. Owing to calms and very light winds the cruising has not been satisfactory. 240 boys were practically trained, and 40 of the band who did not go on Midsummer leave were sent on 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 and boat-pulling.

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 has been completed, and classes have been formed for Morris Tube practice. The 6-pounder quick-firing gun, lent by the Admiralty, has been constantly used for drill.

Leading gunners	..	..	..	..	..	65
1st class	..	..	..	..	..	80
2nd "	..	..	..	..	..	112
3rd "	..	..	..	..	..	196
4th "	..	..	..	..	..	84
Band..	..	..	..	..	..	137
Total						674

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. Hirsch, and 50 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 May 26th.

Band. Excellent progress has been made by the Band, almost every boy drafted in the past year played a string as well as a wind instrument, and some played even three instruments. The stiff examination by Mr. Lidiard, Chief Bandmaster of the Royal Naval School of Music, on the 24th and 25th May, reflects, I think, the greatest credit on the Bandmaster, and his remarks prove that our band boys are making a name for themselves in the naval bands.

Mr. Lidiard's report to me is as follows :—

1st June, 1909.

"I have the honour to submit the report of the examination of the bands of the ship under your command, which, in accordance with your instructions, I conducted on the 24th and 25th ultimo.

"The First Class Band, consisting of 47 boys, marched round the deck playing the march, "Sword and Lance." It is a march that requires more than ordinary care, and the manner in which it was played at once conveyed to me the impression that the boys were continuing to receive good training.

"This band then performed two pieces already prepared and one piece specially selected by me. The playing of these pieces was uniformly good, and the result in general was satisfactory.

"The String Band next played two pieces, and this band is keeping at a very good standard with the many changes that have occurred since the examination of 1908; it must have taken much care and encouragement to keep these boys making such good progress.

"Every boy was individually tested by me in the playing of scales and exercises, and taken in class for elementary questions, the boys being very well prepared in the different subjects and progressing very satisfactorily, most of the answers being given in a very intelligent manner.

"The boys in the Second Class Band were tested individually on their instruments, and taken in class for questioning in the elements of music.

"Very satisfactory progress is being made by these boys as a whole, and some of them will soon be qualified for advancement, as they are showing very promising ability.

"The Third Class Band were taken in class with the blackboard for testing in general knowledge.

"The class has started well, the boys being very keen in answering, and most replies were correct, showing good promise for the maintenance of the other Bands as vacancies occur.

"The First Class Bugle Band played on the march, both time and method being very good.

"The knowledge of and blowing of the various calls (named by me) produced a very good result. The individual blowing naturally varies in ability, but in not a single instance was a mistake made, or any hesitation noticeable. It is very satisfactory to examine boys who show such evidence of being well attended to in their work.

"The Second Class Bugle Band are also making good progress, showing a good knowledge of the calls. I directed them individually to sound.

"The instruments are as well kept, as I usually find, being exceptionally clean; but some of them are quite worn out. I do not know if it is necessary to replace these for the requirements of the band, but the continual blowing on worn-out instruments produces headaches and chest pains—it is really injurious, especially to growing boys. I therefore would recommend no. 10 euphonium, no. 17 cornet, no. 107 cornet, no. 26 E^b circular bass, and no. 59 piccolo to be condemned as useless. I tried the playing of the brass instruments by blowing them myself, and could not produce a proper sound from them; and they caused a choking sensation.

"The general result produced by the various classes under band instruction I consider to be very good, and obviously it would be a good thing if some one could be engaged to assist with the junior classes, and so enable the Bandmaster to devote more time to the more advanced boys, and especially those learning stringed instruments.

"126 boys were examined by me, and it is a very large number for one instructor to keep going satisfactorily, and it is therefore all the more creditable to those responsible that the boys are so well prepared for the annual examinations.

"The encouraging words spoken to the band boys by the Captain-Superintendent, and the promise to them of special prizes for the most advanced players on stringed instruments previous to my starting the examination, proved a good incentive, for the keenness and readiness shown were excellent.

"In submitting the award list for prizes I would beg to point out that I am most careful in deciding this matter, as I know it produces a good moral effect if a boy knows he has been treated fairly.

"I may mention in connection with this that of 9 boys who were awarded prizes in the First Class Band, 1908, 6 of the boys have since joined the R.M. Band Service; 5 of them are making good progress at the R.N. School of Music, and W. Guerin has already gone to H.M.S. 'King Edward VII.' as *principal* Cornet. I am so gratified in this that I beg it may be accepted as an excuse for referring to it in this report, and I trust, in the case of W. Guerin, it will be accepted as a credit to the 'Exmouth.'

"I beg to recommend the boys nominated on attached list for prizes as a result of the examination of 1909." [See Appendix II., Table IX.]

Swimming. Very satisfactory progress has been made in this instruction, no fewer than 207 boys having been taught to swim.

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

291 serge jumpers repaired as follows:—

Re-sleeved	296
Sewings	60
Patches	121
Collars sewn on	82

501 serge trousers repaired as follows :—				
Re-seated	..	..	..	248
Altered to fit	..	..	..	158
Patches	..	..	..	336
Sewings	..	..	..	85
Bottoms sewn round	..	..	..	127 pairs.
232 flannel shirts repaired.				
198 striped shirts and nightshirts.				
80 cap covers made.				
144 cap ribbons made.				
17 pilot jackets repaired.				
10 oil skins do.				
43 blankets repaired.				
4 cooks' jackets.				
5 curtains made.				
3 curtains repaired.				
10 table covers made.				
3 table covers repaired.				
2 rugs bound.				
5 quilts repaired.				
3 sheets repaired.				
2 dressing-gowns repaired.				
2 blue ensigns repaired.				
589 gold badges.				
92 boys kitted up for the Shipping Home.				

} for Infirmary

Boys are taught to sew and repair their clothing, and some boys are taught the sewing machine.

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 from our domestic boys.

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

“ During the year 1909 the number of boys admitted to the Infirmary shows an increase on the previous year, which is to be attributed to the increase of the total number of boys in the ship, and to the outbreak of scarlet fever. The total number of cases of the latter disease was 13, distributed over a period of four months. Throughout this period many boys were temporarily isolated. Apart from this outbreak the general health has been good. Few serious cases have occurred, and there have been no deaths. One boy had a severe attack of acute infective periostitis. He was removed to the London Hospital, where he underwent the operation of amputation of the leg above the knee joint. One boy sustained a fracture of the neck of the humerus, and another a dislocation of the shoulder joint. Three boys have been operated upon for hernia in the London Hospital. The new diet scale was introduced this year, and is working satisfactorily.

“ Two classes were prepared for the examination of the S. John's Ambulance Association, and 50 boys succeeded in obtaining a certificate. During the year 1909 the general health of the ship's company has been very good.”

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 visited the ship or infirmary, each week, in the morning for inspections, and in the afternoon for operation. I find that the result of my work has been :—

Inspections.	Stoppings.	Extractions.		Scalings.
		Permanent.	Temporary.	
1,775	319	127	233	45

Four boys have been fitted with artificial teeth.”

**Religious
Instruction.**

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

“ The Sunday morning services have been regularly conducted, and have been exceedingly bright and hearty. The boys' conduct and attention have left nothing to be desired. The Chairman of the Ship Committee paid us a surprise visit one Sunday morning, and expressed his great pleasure with the manner in which the service was conducted and with the attention paid by the boys.

“ The musical portions of the service have received the greatest care at the hands of the organist and the bandmaster, while the other officers of the ship have rendered me invaluable help in the performance of my duty.

“ The week-day classes in religious knowledge have been marked by the eagerness in which the boys have asked and answered questions. The boys have given me no trouble whatever. The classes have been constantly visited and the work examined. I have always found the boys hard at work, and have been very pleased with the answers they have given me in the various subjects. Several of the boys have made their Communion on the Sunday mornings. Boys were prepared for confirmation, and the Bishop of Barking was delighted with their keenness to answer and their excellent order.

“ The Infirmary has been regularly visited.

“ The general tone of the ship is far higher than it was last year.”

**General
Remarks.**

The conduct of the boys on the whole has been very good. During the long winter evenings the officers have given some excellent entertainments, the one before Christmas holidays has never been equalled on board. Our Annual Prize Day was held on June 2nd, when the Right Honourable Lord George Hamilton was accompanied by Lady Hamilton, who distributed the prizes ; and subsequently Lord George Hamilton addressed the boys, urging them to take every advantage of the training offered, and so qualify as handy-men. The boys gave a most excellent display.

The output was not up to the standard of former years, and this was owing to the fact that younger boys have been admitted during the past three or four years. The entry of boys has been very satisfactory on the whole, and I attribute this to the fact that the majority of Boards of Guardians have now decided on sending boys direct to the ship from being boarded out ; they have consequently been received on board the “ Exmouth ” younger (some at 10 years of age), and so far with most satisfactory results.

The type of boy presented for entry has now much improved, both physically and intellectually. The former is very necessary, as a boy undergoes a very stiff medical examination now before signing on in the mercantile marine, and moreover must have very good eyesight, otherwise he is rejected.

Captain Mathias at Liverpool has done remarkably well, both in shipping boys and their after care, whilst the new shipping master in London has already made a most excellent start. The Chaplain has been most indefatigable in his efforts to promote the welfare of the boys. The Annual Confirmation was held in the Grays Parish Church on March 3rd, by the Bishop of Barking, who expressed himself much pleased with the behaviour of the boys. The constant attention paid to thrift is having good effect on the boys. The majority of lads on returning from a voyage bank their money ; one lad from Hackney, who had left the ship 18 months, had already banked no less than £39, and was in receipt of pay £6 per month.

I desire to call the attention of the Guardians to the necessity of giving the correct ages of boys on joining the “ Exmouth.” A birth certificate is necessary on joining the Navy, and when these have been obtained by me, sometimes there is a discrepancy amounting to 18 months. This often prevents a boy joining the R.N., and also obtaining good employment elsewhere.

The year has been a record one for visits and inspections. The officers, one and all, have worked hard to keep the boys to perfection, and on each occasion upheld the best traditions of the "Exmouth."

Some of the Navigation class, under Lieut. Coplestone, have completed their course and been drafted to sea, and the boys, at least in one company, are given the facilities for keeping up their knowledge by working out the ship's track daily.

It only remains for me, Gentlemen, to thank you greatly for your kindness to me during the period of my command, and especially for extending my sick leave, which enabled me to regain my health.

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 Country Unions during 1909 and during the whole time the ship has been established.

Year ending Dec. 31st, 1909.	PARISH OR UNION.	From March 31st, 1876, to Dec. 31st, 1909.	Year ending Dec. 31st, 1909.	PARISH OR UNION.	From Mar. 31st, 1876, to Dec. 31st, 1909.
	Number of boys in ship when taken over by Managers.	12	Brt. ford. 210		Brt. ford. 9,341
	<i>Metropolitan Unions.</i>			<i>Country Unions—Continued.</i>	
4	Bermondsey	312	10	Farnham	10
6	Bethnal Green	292	1	Gateshead	1
—	Bloomsbury	43	1	Gravesend	13
13	Camberwell	581	1	Great Yarmouth	11
—	Chelsea	166	—	Guildford	18
2	Fulham	317	3	Hambleton	3
3	S. George's	300	3	Hartley Wintney	1
—	S. George-in-the-East	131	1	Haslingden	4
12	Greenwich	473	2	Hastings	5
4	Hackney	346	—	Hemel Hempstead	4
5	Hammersmith	29	—	Hendon	14
—	Hampstead	35	—	Henley	3
3	Holborn	310	—	Hitchin	4
4	Islington	321	1	Horsham	6
8	Kensington	220	4	Hatfield	1
8	Lambeth	500	—	Ipswich	7
10	Lewisham	730	6	Isle of Thanet	52
4	London, City of	133	—	Kettering	15
6	Marylebone S.	534	—	Kingston	87
3	Mile End	248	6	Kidderminster	1
6	Paddington	163	—	Leeds	2
2	Pancras S.	499	—	Leicester	21
7	Poplar	458	2	Lewes	3
1	Shoreditch	159	—	Leigh	1
21	Southwark	536	—	Maldstone	31
4	Stepney	120	3	Maldon	2
1	Strand	45	1	Martley	3
15	Wandsworth	372	—	Medway	34
3	Westminster	71	—	Mutford and Lothingland	1
1	Whitechapel	183	1	Newbury	1
18	Woolwich	418	—	Newcastle-under-Lyne	8
174	<i>Country Unions.</i>		—	Newmarket	1
—	Aston	2	—	Newhaven	1
—	Banbury	5	2	Northampton	4
—	Basford	3	1	Norwich	13
—	Bath	1	—	Nottingham	19
—	Bedford	21	1	Orsett	18
—	Bedwellty	2	—	Oxford	3
1	Blotfield	1	4	Portsmouth	2
—	Bicester	3	—	Reigate	13
—	Birmingham	2	—	Richmond	18
—	Brentford	13	1	Romford	12
—	Brighton	4	—	Rotherham	1
—	Bromley	25	—	Royston	1
—	Cheadle	1	—	Rye	1
1	Chelmsford	12	—	S. Albans	3
—	Chertsey	1	1	Seulcoats	1
1	Chesterfield	20	—	Seisdon	1
1	Chichester	1	1	Sevenoaks	1
—	Chippenham	2	1	Sheffield	14
1	Colchester	18	—	Steyning	18
—	Cosford	2	1	Stockport	7
19	Croydon	71	—	Stow	62
—	Cuckfield	2	—	Strood	3
4	Derby	27	—	Tamworth	3
—	Dewsbury	3	—	Thakeham	1
1	Dorking	6	5	Truro	3
1	Eastbourne	15	—	Uxbridge	1
—	East Retford	1	26	Warwick	37
1	Edmonton	2	—	Watford	2
—	Ely	1	5	Wellingborough	202
1	Epsom	11	—	West Ham	4
2	Epping	2	—	Westhampnett	49
—	Eton	3	1	Willesden	5
—	Foleshill	1	4	Wilton	5
			137	Windsor	34
				Worcester	8
				Worksop	
Card. ford. 210	Carried forward	9,341	Total 311	Total	10,280

TABLE III.—BOYS SHIPPED IN MERCANTILE MARINE.

Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped.	Year.	Number Shipped.
1876	53	Brt. ford. ..	927	Brt. ford. ..	1,894	Brt. ford. ..	2,954
1877	19	1886	107	1895	96	1904	105
1878	126	1887	93	1896	109	1905	123
1879	115	1888	141	1897	112	1906	115
1880	105	1889	171	1898	112	1907	144
1881	107	1890	134	1899	135	1908	96
1882	109	1891	75	1900	145	1909	94
1883	96	1892	69	1901	146		
1884	106	1893	90	1902	112		
1885	91	1894	87	1903	93		
Card. ford.	927	Card. ford. ..	1,894	Card. ford. ..	2,954	TOTAL ..	3,631

TABLE IV.—SPECIAL PRIZE LIST, 1909.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Remarks.	Destination.
9147	193	(For the Most Useful Boy.) G. Gibson ..	Camberwell ..	Silver Watch ..	The Managers ..	A very good sub-instructor boy, chief quartermaster, and good navigator.	Royal Navy.
9389	240	(For the Best Boy in School.) W. Bywater ..	Woolwich ..	"	The late Mr. W. Vallance, J.P.	An excellent captain of division, very good oar, smart, clean, and qualifying in navigation.	"
9418	428	(For the Cleanest Mess.) Won by Mess, No. 25 ..	" ..	Money ..	Mr. C. J. Benson		R.N. School of Music.
9277	476	(For the Most Popular Boy.) B. Martin ..	Greenwich ..	Silver Watch ..	Capt. Brown's Legacy Fund	A lad of excellent character, and of most happy disposition, and deservedly popular.	Still on board.
9423	43	(For the Best Boy in the Brigantine.) H. Speller ..	Paddington ..	Silver Watch ..	The Managers ..	A good domestic, as well as a thorough sailor in all his work.	Royal Navy.
9386	215	(For the Best Domestic Boy.) C. Copplestone ..	Stepney ..	Silver Watch ..	"	An excellent valet and domestic, being extremely clean, smart, and reliable.	Still on board.
9522	486	(For the Best Boy in Navigation.) J. H. Williams ..	Bethnal Green ..	Silver Watch ..	The Managers ..	Very good at school, excellent manners, and next sub-instructor of Navigation Class.	Royal Navy.
8864	29	(For Special Good Conduct and Ability.) J. Walden ..	Fulham ..	Silver Watch ..	Col. Goldie ..	An excellent football player, good boxer, good at navigation, first-rate captain of division.	"
9472	87	E. Gillard ..	Southwark ..	Silver Medal ..	The Managers ..	Very good at school, good sub-instructor at gymnastics, good football player.	"
9142	150	H. Anderson ..	Ipswich ..	"	"	Very good captain of division, good at navigation, good oar.	Still on board.
9513	124	W. Mardell ..	Camberwell ..	"	"	A very good salinaking boy, pulls stroke oar of the cutter, good captain of division.	"
9167	225	S. Ridler ..	Hammersmith ..	"	"	Very good domestic boy, belongs to the Navigation Class, very trustworthy.	Mercantile Marine.
9208	252	J. Hawthorn ..	Willesden ..	"	"	Very good boxer, excellent captain of division, pulls a good oar.	Still on board.
9149	339	E. Henrikson ..	Kingston ..	"	"	Very good storeroom boy, clean and smart.	"
9213	329	H. Newington ..	Camberwell ..	"	"	Holds a very responsible position as chief messenger boy, very trustworthy, clean and smart, excellent manners.	Mercantile Marine.
9497	432	D. Bruce ..	S. Marylebone ..	Silver Medal ..	The Managers ..	Holds the responsible position of chief drafting boy, very good tempered, clean and smart.	R.N. School of Music.
9369	423	G. Hens ..	Wandsworth ..	Silver Medal ..	"	A very good musician, chief captain of fore-castle, pulls an excellent oar.	Mercantile Marine.
		J. Eager ..	Kingston ..	"	"	Very smart drill, a clever lad, very clean, sure to do well.	

TABLE IV.—SPECIAL PRIZE LIST, 1909.—*Continued.*

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Remarks.	Destination.
9628	436	H. Pitcher ..	Wandsworth ..	Silver Medal ..	The Managers ..	Keen football player, holds the responsible position of captain of drying room, very good-tempered.	Mercantile Marine.
9164	529	F. Kingsley ..	Camberwell ..	" ..	" ..	Very good lad at all his work, excellent captain of division and sub-instructor, very good at navigation, sure to do credit to the "Exmouth."	"
9254	505	A. Black ..	Bethnal Green ..	" ..	" ..	An excellent chief Band Sergeant, and very good musician, clean and smart, pulled stroke oar of the winning cutter.	R.N. School of Music.
9100	165	(For the Best Violin Player.) H. Hides ..	Mile End ..	Silver Watch ..	Captain-Superintendent ..	An excellent musician and good oar.	Still on board.
9475	473	(For the Best Violoncello Player.) C. Flook ..	Woolwich ..	Silver Watch ..	Chief Officer ..	An excellent musician, very attentive to his work, and a good oar.	R.N. School of Music.

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

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Destination.
9579	304	T. Mullins	Wandsworth	Still on board.
9907	492	G. Shelton	Bethnal Green	"
9766	270	J. Brock	Wandsworth	"
9585	45	A. Thompson	Camberwell	"
9209	211	W. Cole	Lewisham	"
9519	552	J. Johnson	Lambeth	"
9577	96	W. Malton	Poplar	"
9262	536	H. Foy	Stockport	"
9531	81	F. Blackwell	Fulham	"
9425	125	W. Day	Camberwell	"
9597	128	P. Robinson	Wandsworth	"
9378	31	J. Sagers	Lewisham	"
9951	469	A. Blackwell	Epsom	"
9931	446	H. Randall	Lambeth	"
9097	115	J. Ward	Mile End	"

TABLE VI.—BOYS DISCHARGED TO ARMY FROM 1876 TO 1909.

Regiment.	No.	Regiment.	No.	Regiment.	No.
Royal Horse Artillery	1	21st Hussars	2	Lancashire Regiment	9
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	8	Middlesex Regiment	14
Berkshire Regiment	31	Rifle Brigade	20	Munster Fusiliers	2
Border Regiment	18	Royal Fusiliers	21	Cameron Highlanders	6
Cheshire Regiment	18	Royal Highlanders	3	Northampton Regiment	17
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	38	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	10	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	1232

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TABLE VII.—SCHOOL PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Destination.
STANDARD VII.					
8864	29	E. Gillard	Southwark	5 0	Royal Navy.
9777	540	T. King	S. Marylebone	5 0	Still on board.
9874	401	W. Burns	Leicester	4 0	"
9782	526	J. Matthews	Poplar	4 0	"
9793	523	E. Long	Chelmsford	3 0	Royal Navy.
9843	408	W. Miller	Romford	3 0	"
9188	169	L. Gratwick	Camberwell	2 0	Mercantile Marine.
9788	274	K. Olver	Islington	2 0	Still on Board
STANDARD VI.					
9767	455	W. Ryan	S. George-in-the-East	5 0	Still on board.
9972	419	J. Marchant	Croydon	5 0	"
9369	423	J. Eager	Kingston	4 0	Mercantile Marine.
9519	552	W. Johnson	Lambeth	4 0	Still on board.
9965	85	L. O'Brien	Croydon	3 0	"
9957	492	G. Shelton	Bethnal Green	3 0	"
9149	339	H. Newington	Camberwell	2 0	"
9973	662	W. Chester	Nottingham	2 0	"
STANDARD V.					
9706	285	W. Hammond	Medway	5 0	Still on Board.
9739	198	G. Tacey	Kensington	5 0	Mercantile Marine.
9585	45	A. Thompson	Camberwell	4 0	Still on board.
9818	246	E. Terry	Hackney	4 0	"
9784	228	E. Manuel	Lambeth	3 0	"
9482	444	G. Thorpe	Lewisham	3 0	"
9292	251	E. Sloman	Westminster	2 0	Royal Navy.
9182	222	S. Lynne	Camberwell	2 0	"
STANDARD IV.					
9599	133	A. Cole	Westhampnett	5 0	Still on board.
9430	396	A. Ford	Paddington	5 0	Mercantile Marine.
9700	179	E. Lewis	Greenwich	3 0	"
9880	71	H. Gregory	Bethnal Green	3 0	Still on board.
9567	451	A. Hawthorne	Willesden	2 0	"
9835	582	H. Morris	Lewisham	2 0	"
9890	157	W. Parker	Bermondsey	2 0	Union.
9891	548	W. Woods	Lewisham	2 0	Royal Navy.
STANDARD IIIA.					
9968	299	A. Shortridge	Medway	4 0	Still on board.
9922	166	L. Kelly	Bethnal Green	4 0	"
9161	241	J. Barber	Islington	3 0	"
9572	206	L. Chester	Tamworth	3 0	"
9869	249	E. Eriattis	Camberwell	2 0	"
9768	116	E. Bumstead	Lewisham	2 0	"
9888	266	A. Ellis	Southwark	1 0	"
9566	283	G. Passmore	Willesden	1 0	"
STANDARD IIIB.					
9307	279	G. Buckingham	S. George's	4 0	Still on board.
9632	546	H. Chapman	Bromley	4 0	"
9737	361	W. Hardy	Holborn	3 0	"
9155	488	F. Sutton	Croydon	3 0	"
9827	501	H. Haies	Paddington	2 0	"
9326	210	G. Bishop	Woolwich	2 0	"
9520	563	A. Wicks	Fulham	0 6	"
9746	512	D. Dwight	Woolwich	0 6	"

TABLE VIII.—PASSED OUT BOYS' PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Destination.
9386	215	J. Williams	Bethnal Green	5 0	Still on board.
9164	529	F. Kingsley	Camberwell	5 0	Mercantile Marine.
9423	43	C. Copplestone	Stepney	5 0	Royal Navy.
9084	105	E. Cornish	Hackney	5 0	Mercantile Marine
9131	65	R. Voller	Camberwell	5 0	"
9541	313	L. Chester	Nottingham	3 0	"
9389	243	W. Bywater	Woolwich	3 0	Royal Navy.
9147	193	G. Gibson	Camberwell	3 0	"
8995	435	J. Chisholm	Richmond	3 0	Mercantile Marine.
9151	74	W. Clive	Croydon	3 0	"
9213	329	D. Bruce	S. Marylebone	2 0	"
9495	98	H. Pitt	Rotherham	2 0	Royal Navy.
9284	315	S. Acraman	Southwark	2 0	Still on board.
9457	562	S. Brown	Lewisham	2 0	Royal Navy.
9324	230	P. Richards	Bedwelty	2 0	Still on board.
9516	256	C. Matthews	Dorking	1 0	"
9317	15	W. Lawson	Camberwell	1 0	"
9684	542	G. Orme	Bethnal Green	1 0	"
9093	332	J. Lane	Whitechapel	1 0	"
9066	190	T. Ballard	Mile End	1 0	R.N. School of Music.

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>		s. d.	
9254	505	A. Black	Bethnal Green ..	10 0	Royal Navy.
9100	165	H. Hides	Mile End	5 0	Still on board.
9066	190	T. Ballard	"	2 0	Royal Navy.
		1ST CLASS BAND. <i>For Best Soloists—</i>			
9341	30	W. Kennard	Shoreditch	10 0	Still on board.
9365	138	E. Buckingham	Kingston	5 0	Royal Navy.
9246	310	E. Smith	Bethnal Green ..	2 0	"
		1ST CLASS BAND. <i>Most advanced in General Knowledge—</i>			
9475	472	C. Flook	Woolwich	10 0	Royal Navy.
9283	220	H. Evans	Southwark	5 0	"
9324	230	P. Richards	Bedwellty	2 0	"
		2ND CLASS BAND. <i>For Best General Progress—</i>			
9817	477	W. Davies	Hackney	5 0	Royal Navy.
9542	27	A. Brown	St. Marylebone ..	3 6	Still on board.
9751	51	E. Marks	Uxbridge	2 0	"
9476	44	A. Wilson	Woolwich	1 6	"
		3RD CLASS BAND. <i>For Best General Progress—</i>			
9721	221	H. Hawes	Hackney	5 0	Still on board.
9733	520	T. Webb	Southwark	3 6	"
9811	543	A. Berks	"	2 0	"
9898	517	H. Beadle	Woolwich	1 6	"
		BUGLE BAND. <i>For the Most Efficient—</i>			
9240	121	C. Holdford	Bethnal Green ..	5 0	Mercantile Mar.
		H. Shave	Willesden	3 0	"
9412	503	T. Ede	Bethnal Green ..	2 0	Still on board.
9290	142	J. Hunt	S. Marylebone ..	1 6	Mercantile Mar.
		<i>For the Best Kept Instruments—</i>			
9156	10	B. Holder	Croydon	6 0	Still on board.
9418	428	B. Martin	Greenwich	3 0	Royal Navy.
9489	62	J. Boness	Richmond	2 0	Still on board.
9684	542	G. Orme	S. Marylebone ..	1 6	Mercantile Mar.

TABLE X.—SWIMMING PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Remarks.	Destination.
9865	388	F. Prayle ..	Poplar ..	Silver Watch	Mr. S. Lambert, J.P.	An excellent boy and a very good swimmer.	To s.s. Oravia
9240	121	C. Holdford	Bethnal G'n.	Silver Medal	The Managers		Mercantile Mar.
8864	29	E. Gillard ..	Southwark	12 0	"		Royal Navy.
9418	428	B. Martin ..	Greenwich	10 0	"		"
9792	208	A. Cottage ..	Poplar ..	8 0	"		Mercantile Mar.
9685	13	W. Hewitt ..	Strand ..	7 0	"		Still on board.
9732	113	A. Wilkinson	Southwark	2 0	"		"

TABLE XI.—GYMNASTIC PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Destination.
9216	238	W. Hill ..	Derby ..	Silver Watch	The Managers	Mercantile Marine.
9513	124	S. Ridler ..	Southwark	15s. ..	Captain Brown's Legacy Fund	Still on board.
8864	29	E. Gillard ..	Hammer-smith	10s. ..	" " " "	Royal Navy.
9167	225	J. Hawthorn	Willesden ..	7s. 6d. ..	" " " "	Mercantile Marine.
9792	208	A. Cottage ..	Poplar ..	5s. ..	" " " "	Mercantile Marine.
9155	488	J. Sutton ..	Croydon ..	2s. 6d. ..	" " " "	Still on board.

TABLE XII.—AMBULANCE PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Destination.
9472	87	H. Anderson ..	Ipswich	5s.	Still on board.
9131	65	R. Voller ..	Camberwell ..	5s.	Mercantile Mar.
9840	408	W. Miller ..	Romford	4s.	Royal Navy.
9386	215	J. Williams ..	Bethnal Green	4s.	Still on board.
9524	189	T. Donovan ..	S. George-in-the-East	4s.	Mercantile Mar.
9216	238	W. Hill ..	Derby	3s.	" "
9403	472	H. Double ..	Colchester ..	3s.	Still on board.
9177	261	J. Kohler ..	S. Marylebone	2s.	Royal Navy.
9614	194	J. Hodgkins ..	Islington ..	2s.	Still on board.
9613	323	F. Shelton ..	Lambeth	2s.	Royal Navy.
9516	256	C. Matthews ..	Dorking	2s.	" "
9672	348	C. Cook ..	Strood	1s.	Mercantile Mar.
9147	193	G. Gibson ..	Camberwell ..	1s.	Royal Navy.
9293	120	F. Tickell ..	West Ham ..	1s.	Still on board.
9829	72	G. Nicholl ..	Bethnal Green	1s.	"

TABLE XIII.—SIGNAL PRIZE LIST.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Prize.	Given by	Destination.
9621	47	J. Dackcombe	Camberwell	Telescope ..	Mr. J. T. Helby, Chairman of the Board	Still on hand.
9541	313	L. Chester ..	Nottingham	Silver Medal	The Managers	Mercantile Mar.
9457	562	S. Brown ..	Lewisham	6s.	"	Royal Navy.
9087	422	C. Hunter ..	Bloomsbury	5s.	"	Mercantile Marine.
9143	254	C. Flack ..	Camberwell	3s.	"	Still on board.

TABLE XIV.—LIST OF OLD BOYS WHO HAVE VISITED THE SHIP OR WRITTEN TO THE CAPTAIN-SUPERINTENDENT DURING 1909.

No. on Ship's Books.	No. on Watch Bill.	Name.	Parish or Union.	Date.	Remarks.
7627	426	H. Rutland ..	Watford ..	21 January ..	Doing well in Navy.
7731	407	J. Record ..	Derby ..	" " ..	" " ..
9138	492	P. Smart ..	Marylebone ..	" " ..	Musician-Light Infantry.
9448	347	H. Tanner ..	S. Pancras ..	" " ..	Mercantile Marine.
8666	318	C. Scanlan ..	Stockport ..	" 8 February ..	Doing well in Navy.
8642	99	C. Cross ..	Wandsworth ..	10 " ..	" " Naval Band.
8570	580	W. Guerin ..	Holborn ..	" " ..	Doing very well in Naval Band.
5782	551	A. Tiddyman ..	Mile End ..	20 " ..	R.N.R. and M.M.
9290	142	J. Hunt ..	Poplar ..	" " ..	R.M.S. " Orissa."
9131	65	R. C. Voller ..	Camberwell ..	" " ..	R.M.S. " Amazon."
9325	309	A. Pizzev ..	Woolwich ..	21 " ..	R.M.S. " Araguaya."
8572	481	R. Constable ..	Southwark ..	22 " ..	Mercantile Marine.
9184	183	T. Woodhouse ..	Camberwell ..	23 " ..	Boy telegraphist, " Black Prince."
8096	232	J. E. Clayton ..	Richmond ..	18 April ..	H.M.S. " Philomel."
8454	148	G. Borrer ..	Woolwich ..	19 " ..	Mercantile Marine.
8267	494	F. C. Daffin ..	Mile End ..	" " ..	At work in Toronto.
9336	566	C. Biggin ..	Chesterfield ..	20 " ..	SS. " Surcoman "
9448	347	H. Tanner ..	S. Pancras ..	" " ..	SS. " Monarch "
9275	203	E. Butterfield ..	City of London ..	24 " ..	Doing well in Army, India.
9398	25	F. White ..	Islington ..	4 June ..	Wrecked Feb. 23. Crew saved.
9713	500	Jno. Evans ..	Bromley ..	5 " ..	H.M.S. " Ganges."
8024	531	C. Kitson ..	Richmond ..	19 July ..	SS. " Gaika."
7525	153	J. Ballard ..	Bermondsey ..	20 " ..	Doing well on shore.
7290	118	F. Faulkner ..	West Ham ..	" " ..	" " in R.N.
9406	353	A. Hayes ..	Hackney ..	21 " ..	" " R.N.
6380	59	E. J. Bagnell ..	Kensington ..	22 " ..	" " R.N.
8966	327	R. Wheeler ..	City of London ..	24 " ..	" " R.N.
9048	420	J. Henderson ..	West Ham ..	25 " ..	R.M.S. " Thames," doing very well.
9238	207	J. Hammond ..	Holborn ..	26 " ..	R.M.S. " Flamenco."
9099	499	F. H. Woodford ..	Mile End ..	27 " ..	2nd Cheshire Regiment, India.
9072	195	W. Franklin ..	Greenwich ..	" " ..	H.M.S. " Vernon." Domestic.
9406	353	A. Hayes ..	Hackney ..	28 " ..	Royal Navy.
9561	268	C. Avery ..	Romford ..	" " ..	R.M.S. " Orita."
8990	157	J. Parker ..	Bermondsey ..	" " ..	R.M.S. " Orotava."
8966	327	R. Wheeler ..	City of London ..	" " ..	Royal Navy
8330	490	W. G. Collins ..	Lewisham ..	29 " ..	" " Domestic.
9207	94	A. Dorrain ..	Woolwich ..	30 " ..	Mercantile Marine.
8420	282	J. Pearson ..	Wandsworth ..	31 " ..	" " "
8577	530	A. Crooks ..	Bethnal Green ..	" " ..	" " "
8956	460	R. Coast ..	Kensington ..	2 August ..	Messenger on shore.
562	355	S. J. Wood ..	Greenwich ..	4 " ..	Now Master Mariner.
8061	120	S. Myers ..	Mile End ..	5 " ..	Doing well in R.N.
8540	240	S. Richardson ..	" " ..	" " ..	" " "
8584	76	W. Wightman ..	Wandsworth ..	9 " ..	Marine Band, doing well.
9465	587	E. Fowler ..	West Ham ..	" " ..	R.M.S. " Orita."
4594	510	W. Baker ..	Camberwell ..	" " ..	Chauffeur on shore.
9550	590	G. Warwick ..	" " ..	" " ..	R.M.S. " Ivernia."
8330	490	W. G. Collins ..	Lewisham ..	" " ..	H.M.S. " Wildfire."
9406	353	A. Hayes ..	Hackney ..	10 " ..	H.M.S. " Africa."
8841	497	G. Ballatti ..	Holborn ..	12 " ..	Domestic, R.N.
4217	442	C. Bond ..	Greenwich ..	12 " ..	Royal Navy.
6577	309	W. Williams ..	City of London ..	15 " ..	Mercantile Marine.
9224	433	C. Simpson ..	Camberwell ..	" " ..	SS. " Averia."
7572	484	H. Woolley ..	Fulham ..	17 " ..	Mercantile Marine.
562	355	S. J. Woods ..	Greenwich ..	25 " ..	Master Mariner; visited ship.
8627	166	A. Butler ..	Lambeth ..	26 " ..	White Star SS. " Canopic."
9221	102	J. Button ..	Southwark ..	" " ..	R.M.S. " Orita."
9345	26	E. H. Hall ..	Fulham ..	" " ..	R.M.S. " Buruta."
9524	189	T. Donovan ..	St. George's ..	" " ..	Mercantile Marine.
9259	146	J. Green ..	Eastbourne ..	27 " ..	SS. " Cyclops."
9578	354	R. Conquer ..	Wandsworth ..	" " ..	R.M.S. " Orissa."
9427	333	F. Challis ..	Camberwell ..	" " ..	" " "
9670	180	H. Gough ..	Basford ..	" " ..	R.N. 1st class boy.
8190	196	R. Abrams ..	West Ham ..	2 September ..	R.N., doing well.
9047	308	H. Daniels ..	Lewisham ..	3 " ..	" " "
5496	230	H. Wilson ..	Gravesend ..	4 " ..	Army
8998	25	Wm. Pavitt ..	Wandsworth ..	5 " ..	Doing excellently in R.N.
8180	297	A. G. Watson ..	Greenwich ..	" " ..	H.M.S. " Triumph."
9452	386	H. Adams ..	Hackney ..	" " ..	H.M.S. " Africa."
8372	357	H. Stanton ..	Camberwell ..	10 " ..	Stoker, H.M.S. " Quail."
8245	300	H. A. Harris ..	Lewisham ..	" " ..	Working in Alexandria.
8989	273	W. J. Morgan ..	Hackney ..	12 " ..	Doing remarkably well in M.M.
9327	447	J. N. Sudds ..	Isle of Thanet ..	" " ..	Boy servant in R.N.
9310	537	A. W. Long ..	Chelmsford ..	13 " ..	R.N., doing well.
9014	538	A. Crafts ..	Bethnal Green ..	15 " ..	Doing extremely well in H.M.S. " Impregnable."
8619	511	F. Lovell ..	Islington ..	18 " ..	Mercantile Marine.
8936	523	F. Watson ..	Lewisham ..	21 " ..	R.M.S. " Orita."
9239	7	S. Sheringham ..	Bethnal Green ..	23 " ..	" " Bugler.
9087	422	C. Hunter ..	Bloomsbury ..	27 " ..	SS. " Oronsa."
7818	165	L. Pettis ..	Woolwich ..	24 October ..	R.N., doing well.
8270	360	D. Coe ..	Watford ..	" " ..	" " "
8979	55	T. Birks ..	Chesterfield ..	26 " ..	Mercantile Marine.
8891	235	W. Hadman ..	Lewisham ..	" " ..	Royal Navy.
5164	127	J. Dolan ..	Chelsea ..	28 " ..	" " "
9253	564	C. Donovan ..	Poplar ..	" " ..	SS. " Junin."
8908	472	J. D. Haines ..	City of London ..	2 November ..	H.M.S. " Dominion."
9159	240	W. H. Bywater ..	Woolwich ..	6 " ..	H.M.S. " Impregnable," doing well.
9389	582	J. H. White ..	Wandsworth ..	7 " ..	SS. " Sorata."
9586	463	T. Allen ..	Chelsea ..	8 " ..	SS. " Junin."
8895	480	G. Soames ..	Lambeth ..	" " ..	SS. " Lima."
9201	216	T. Hickling ..	Bethnal Green ..	" " ..	" " "
8815	352	H. Rowe ..	West Ham ..	" " ..	In Countess of Dudley's service, Australia.
8287	354	H. Hopkins ..	Wandsworth ..	19 December ..	Mercantile Marine.
9817	477	W. C. Davies ..	Hackney ..	22 " ..	R.N. School of Music.

ANNUAL REPORT OF THE AMBULANCE COMMITTEE FOR 1909.

We submit our report upon the work of the Ambulance Service of the Board for the year 1909.

Motor Traction. The work of this Department has been one of continued progress and development. The substitution of motor for horse traction at the Western Ambulance Station (referred to in the report for 1908) was completed shortly before the end of the year. The Station is equipped with nine brougham-shaped motor ambulances (seven for infectious and two for non-infectious cases) and three omnibuses.

The Eastern will be the next station to be transformed and the Board has sanctioned tenders being invited for the necessary motor ambulances.

Meanwhile we have prosecuted our policy of gradually familiarising the other stations with the use of motor vehicles. The fleet of omnibuses, which was at the Mead Station at the date of our last annual report, has been distributed amongst the Eastern, Western, and South-Eastern Stations. The Mead Station is now used solely as a central motor workshop, and all important adjustments, repairs, and overhauling works are carried out by the Engineer in charge and his staff of mechanics.

At the Eastern, Western, and South-Eastern Stations, it has been found necessary to make certain alterations to the coach-houses in order to accommodate the omnibuses, which are longer than the horsed omnibuses formerly in use.

The Children's Infirmary at Carshalton was opened on the 29th January, 1909, and the Ambulance Department was asked to undertake the transfer of the children between the Institution and the Poor Law Infirmary in London. For this purpose two omnibuses were specially fitted by our staff at the Mead Station with interchangeable beds, stretchers and seats, and by this means 2,808 to and from removals were carried out without hitch or untoward incident. At the request of the Children's Committee we have also temporarily stationed at the Infirmary as an experiment a motor omnibus and driver for the conveyance of the staff to and from the railway stations.

Ambulance Service for London. In our report for the year 1907, we mentioned that the question of ambulance provision for cases of accident and sudden illness occurring in streets and places within the Metropolis was the subject of enquiry by a Departmental Committee of the Home Office. In March, 1909, the Committee made their report. In the course of the enquiry the Committee examined thirty-two witnesses, amongst whom was the Clerk to the Board. In his evidence, Mr. Mann gave full details of the Managers' Ambulance Service in connection not only with the removal of infectious cases to the Board's infectious hospitals, but also the conveyance of non-infectious cases to the Board's non-infectious institutions (asylums, schools, and homes), and explained the steps by which, as a consequence of the demands made by the public, the Managers had been led also to authorise the use of their ambulances for the general conveyance of mental, medical and surgical cases upon payment, a new departure, which, although yet not legally sanctioned, appeared to have the tacit approval of the Local Government Board.

In dealing with the main question under the consideration of the Departmental Committee, namely, the provision of a system of rapid ambulances for the transport of cases of accident and sudden illness occurring in the streets, Mr. Mann pointed out that the Board possessed eight ambulance stations so situated as practically to encircle the outer area of the administrative County of London; that two of them could

be entirely set apart for non-infectious work ; that at the remaining six stations completely separate provision for housing ambulances for such work could be made at a small cost ; and that telephonic communication between the ambulance stations (excepting one) and the chief office by private lines, and between that office and all parts of London by public telephone exchanges, already existed. Therefore, the extension of the Board's ambulance service to the conveyance of street cases would neither be difficult nor very expensive.

In one of their conclusions, the Committee stated " under the circumstances at present prevailing in the Metropolis, we think the most efficient and economical system would be found in an extension of the non-infectious service of rapid ambulances which has been initiated by the Metropolitan Asylums Board. So far as relates to street cases this service should be worked in close co-operation with the Metropolitan Police."

The Secretary of State for the Home Department forwarded a copy of the Departmental Committee's report to the Managers, and asked to be furnished with their observations thereon. In their reply the Managers stated that they entirely concurred with the evidence given by the Clerk to the Board, and that, in the event of the necessary authority being conferred on them by Parliament, they were convinced that they could speedily and economically inaugurate an efficient service of rapid ambulances for " street cases " for the Administrative County of London, and, if considered desirable, for the outlying portions of the Metropolitan Police District.

The Home Secretary also sent a copy of the report to the London County Council, who, on the 29th June, 1909, resolved—

" That the Council approves generally the views expressed in the report of the Departmental Committee on the Ambulance Service in London, and that the Secretary of State for the Home Department be so informed."

Having regard to the recommendation of the Departmental Committee that the Asylums Board should be the ambulance authority, and to the acquiescence in that view of the London County Council, some surprise was felt when the Home Secretary subsequently supported and Parliament passed a Bill introduced by a private member to empower the London County Council " to establish and maintain or to contribute towards the cost of, or otherwise to aid in establishing or maintaining an Ambulance Service for dealing with cases of accidents or illness (other than infectious disease) within the County of London, exclusive of the City of London."

Removals to the Managers' Hospitals. On reference to Appendix I. A. (p. 170) it will be seen that the total number of fever patients removed to the Managers' hospitals during the year was 22,601 (27,882), and of smallpox patients 28 (8). The removals to the Board's fever hospitals were fewer by 5,281 than in the previous year, whereas the number of smallpox removals was greater by 20.

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," 451 (408) persons suffering from dangerous infectious disorders were during the year conveyed in the Managers' ambulances to places other than the Managers' hospitals. Of these 91 (44) were stated to have measles, 50 (48) scarlet fever, 37 (53) enteric fever, 14 (20) diphtheria, 216 (218) erysipelas, 13 (11) puerperal fever, 27 (6) chickenpox, 1 (0) spinal meningitis, 1 (0) whooping cough, and 1 (1) typhus fever.

Non-infectious Cases.—1,794 (1,291) cases (mental, 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 16 (17) were accident cases.

The total sum received by the Managers during 1909, for the conveyance of persons to places other than the Board's own institutions was £832 14s. 6d. (£609 5s. 6d. of which £14 15s. (£15 10s.) was in respect of the service of nurses, and £707 7s. (£514 14s. 6d.) or an average of 7s. 10½d. (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, 585 (1,177) imbeciles, 587 (435) children suffering from ophthalmia, 56 (9) children with ringworm, 87 (176) defective children were conveyed during the year, making, with 2,808 patients conveyed to and from the Children's Infirmary, the medical and surgical cases before mentioned, and 35 (36) staff cases, a total of 5,952 (3,124) non-infectious cases.

Total Removals. The aggregate removals during the year, including the transferring of patients from one institution to another, numbered 47,613 (59,870), and the mileage run by the vehicles was 366,829 (421,594).

Nurses' Journeys. The journeys made by nurses numbered 23,966 (28,324), and the sum credited to the hospitals for their services amounted to £2,995 15s. (£3,540 10s.).

Conveyance of Stores. Large quantities of goods and stores (including 269,000 (238,500) 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 additional expense to the Managers.

Work of Ambulance Stations. Tables A and B (see pp. 170 to 172) show the work performed by the ambulance stations during the 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	8,983	(6,846)	5,062	(6,042)	60,708 (62,527)
North-Western	3,745	(4,458)	3,743	(4,072)	36,961 (42,000)
Western	8,343	(6,805)	5,633	(6,433)	69,503 (72,721)
Mead (closed 10th July, 1909) ..	12,617	(25,382)	1,334	(2,380)	48,772 (80,541)
South-Western	3,340	(4,331)	3,547	(3,971)	37,076 (45,737)
South-Eastern	4,985	(6,360)	5,661	(6,137)	63,390 (60,477)
Brook	5,600	(5,688)	4,893	(5,225)	50,419 (57,591)
Totals	47,613	(59,870)	29,873	(34,260)	366,829 (421,594)

Italic figures in brackets are the corresponding figures for 1908.

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

STATION.	(a) Heaviest day's work.		(b) Heaviest week's work.		
	Date.	Removals (including transfers, &c.)	Week ended.	Removals (including transfers, &c.)	Mileage run by vehicles.
Eastern	Oct. 19	74 (49)	July 24	322 (221)	1,407 (1,250)
North-Western ..	„ 18	22 (44)	March 27	91 (194)	1,012 (1,489)
Western	June 17	36 (50)	June 19	168 (172)	1,728 (2,041)
Mead	Closed 10	July (166)	—	— (657)	— (2,272)
South-Western ..	Oct. 12	22 (103)	June 19	93 (320)	1,013 (1,865)
South-Eastern ..	Sept. 18	31 (34)	Sept. 25	157 (185)	1,509 (2,104)
Brook	„ 14	47 (26)	„ 18	193 (135)	1,554 (1,701)

The average length of the journey from each ambulance station was as follows :—

STATION.	Removals from homes to Board's hospitals.		Transfers.	Average of all journeys.
	Miles.		Miles.	Miles.
	Smallpox.	Fever.		
Eastern	20 (—)	10·3 (10·0)	25·5 (21·5)	12·0 (10·4)
North-Western ..	12 (—)	9·7 (10·0)	21·0 (22·0)	9·9 (10·3)
Western	15 (—)	10·2 (11·0)	45·0 (33·4)	12·6 (11·3)
Mead (closed 10th July)	— (—)	— (—)	39·5 (38·0)	36·6 (33·8)
South-Western ..	— (—)	10·2 (11·4)	31·7 (37·4)	10·4 (11·5)
South-Eastern ..	14 (—)	9·4 (9·8)	36·0 (36·1)	8·6 (9·9)
Brook	— (—)	8·6 (10·1)	36·6 (29·7)	10·3 (11·0)

Ambulance Stations. The ambulance stations are in a satisfactory state of repair, the minor repairs and painting having been executed by the staff.

Staff Illness. The following table shows the number of staff who were off duty through illness during the year :—

STATION.	Number off duty.	Total days off duty.
Eastern	10 (16)	109 (283)
North-Western ..	8 (9)	41 (54)
Western	9 (5)	139 (120)
Mead (closed 10th July)	1 (6)	6 (86)
South-Western ..	9 (1)	98 (17)
South-Eastern ..	9 (10)	136 (126)
Brook	6 (8)	89 (80)
Totals	52 (55)	618 (766)

Italic figures in brackets are the corresponding figures for 1908.

One coachman suffered from scarlet fever, and one from measles at the end of the year. One motor driver (suffering from rheumatism) remained off duty.

The staff employed during the year, exclusive of Superintendents and Housekeepers, varied from a maximum of 191 (*159* males, *32* females) to a minimum of 139 (*113* males, *26* females).

Training in Motor Driving. In order to avoid as much as possible the dismissal of coachmen of long service, accustomed to ambulance work, experienced in the handling of patients and well acquainted with London districts, we are training the most suitable men as motor drivers. The Engineer-in-charge at the Mead Station conducts the preliminary training, and finally examines and passes them after they have completed their practical training at the Western Station. Valuable assistance in this work has been rendered by Mr. L. H. Hounsfield, expert adviser, who has gratuitously given the drivers and prospective drivers a course of instruction in motor mechanics and the use and care of cars.

In conclusion we have again the satisfaction of recording the continued absence of all serious accidents, and of any accident whatever involving injury to any passenger under our care.

(Signed)

H. WILLINGHAM GELL,

Chairman.

Italic figures in brackets are the corresponding figures for 1908.

REPORT OF THE COMMITTEE FOR GENERAL PURPOSES FOR 1909.

Stewards' Department Service. The decisions arrived at by the Managers in February and March last with the view to the improvement of the personnel of the stewards' department service should prove of the utmost importance in promoting a more efficient administration of the Board's institutions. These decisions centralised in the General Purposes Committee the work of selecting, appointing, and promoting the staff in the stewards' offices and in the corresponding offices of all the institutions of the Board, with powers of delegation in respect thereof to the Establishment Sub-Committee, who, in furtherance of the responsibilities thus imposed upon them were empowered to authorise, if and when necessary, an interchange of staff between the Head Office and the stewards' departments of the various institutions of the Board.

By thus concentrating the work in the hands of one representative Sub-Committee, who will have the requirements of the service as a whole before them, it is evident that the interests of the Board can be more advantageously promoted than could possibly have been the case when the requirements of a particular institution had alone to be considered. With this object in view a more complete record is now kept at the Head Office of the history and qualifications of every officer in this branch of the Board's service; and their eligibility for promotion to the higher posts will in future be most carefully scrutinised, whilst the greatest possible care will be taken in filling up the junior appointments from time to time.

By the adoption of these measures it is hoped that a marked improvement will be effected in the service, and that ultimately there will be less necessity than there has been in the past to go outside the service for suitable candidates to fill the higher posts.

Status of Stewards. After considerable correspondence and prolonged consideration, the Local Government Board have at last acquiesced in the Managers' proposal that in the case of future appointments stewards in their service should not rank as principal officers. This alteration will in no way affect their responsibility as accounting officers. The main reason urged by the Managers in support of this change was that there should be only one recognised head at all the Board's establishments, with general authority and control over the entire staff, thereby removing all doubt as to the semi-independence of other officers.

In the Order which they have issued, and in which they give their general assent to the Managers' proposal, the Local Government Board reserve to the steward the right of appeal to that Board in the case of his suspension from the discharge of his duties, provided that such appeal be notified in writing within fourteen days of such suspension.

Head Office Staff. The increase of the salary of Mr. W. H. Jarratt, Principal Clerk of the General Department, from £450 to £500 per annum; the awarding of a substantial gratuity to Mr. G. A. Powell, Principal Clerk of the Children's

Department, for extra services rendered by him in connection with the opening of The Children's Infirmary; the promotions of Messrs. C. C. Houston, R. Coleman, and H. E. Hervey from the rank of third-class clerk to that of second-class clerk; and the increase in the personnel of the Head Office staff by the addition of three third-class clerks and two boy clerks are the only matters of importance which call for record in connection with the Head Office clerical staff.

Funeral Expenses of Officers. As the result of their consideration of our report on the whole question of the payment of funeral expenses of officers dying in the Board's service, and of the opinion expressed by the Clerk to the Board that there was no authority for charging the rates with the funeral expenses of officers and servants who die elsewhere than on the Board's premises, the Managers, in February last, decided that the payment of funeral expenses should in future only be allowed when death occurs in an institution under the Board's control.

Puerperal Fever. The Metropolitan Branch of the Incorporated Society of Medical Officers of Health having expressed the opinion that, in the interests of public health, it was desirable that provision should be made by the Managers for the isolation and treatment of cases of puerperal fever, the Board, upon our recommendation, informed the Incorporated Society that, in the event of the Local Government Board deciding to add this fever to the list of infectious diseases for which the Managers are required to provide accommodation, the Managers would be prepared to make arrangements for the reception of certified cases into their hospitals.

Unimprovable Imbeciles. In reporting to the Managers in October last upon certain proposals which had previously been made to them by the Asylums Committee (who drew attention to the large increase in the number of hopelessly unimprovable patients, mostly children, at Darenth Asylum, and pointed out that their continued residence there was hampering the working of the scheme adopted by the Managers six years ago, under which Darenth was made primarily a training centre) we advised the Managers to ask the Local Government Board to authorise the use of the Orchard Hospital buildings for the accommodation of unimprovable imbeciles. The Managers, however, did not endorse our recommendation, but decided to use the Gore Farm Lower Hospital buildings for the purpose, subject to the sanction of the Local Government Board, who are awaiting further information from the Managers on the subject.

Officers' Rations. At the beginning of the year the Managers approved and adopted a revised table of maximum quantities and values to be issued from stores for officers' provisions for actual consumption only, and directed that this table should be substituted for the rations scale for officers hitherto in force as from the 27th March, 1909. The additional expenditure involved by the adoption of this amended scale, mainly due to an increase in the maximum allowance of bacon for both classes of boarded officers, of milk for the female boarded staff, and to the issue of poultry once a week in lieu of meat during six months of the year to the assistant matrons, housekeepers, and members of the nursing staff at the hospitals, asylums, and the institutions under the control of the Children's Committee, will approximate to not less than £2,500 per annum, if the additional quantities authorised should be issued.

Other Matters. Other matters which have engaged our attention during the past twelve months were (i.) the adoption of various measures with the view to giving effect to the requirements of the Factory and Workshop Acts and

of H.M. Inspectors of Factories, so far as they concern the laundries attached to the various asylums, hospitals, and other institutions under the Managers' control ; (ii.) the experimental adoption of a simpler, and we hope more reliable, set of forms for laundry records ; (iii.) the modification and extension of the Board's regulations under which members of the staff who have joined the Territorial Force are afforded facilities for attending the training (both annual and otherwise) of that force ; (iv.) the framing of an additional staff regulation for all branches of the Board's service strictly prohibiting the giving of Christmas or other presents to superior officers, or the giving of any present or tip to a gate porter, or the soliciting of subscriptions towards any such presents, etc. ; and (v.) the amendment of the Board's resolution of the 10th December, 1904, with regard to the hours of duty for gardeners employed by the Managers. We are also giving attention to the question of transferring to Darenth the feeble-minded cases now housed in scattered homes throughout the Metropolis and elsewhere.

(Signed)

JOHN H. LILE,

Chairman.

ANNUAL REPORT OF THE FINANCE COMMITTEE FOR 1909.

- General.** 1. We submit in summary form a record of the more important of the matters which have claimed our attention during the year 1909, but regret that we are unable to report the receipt of the Local Government Board's sanction to the experimental introduction of the revised and consolidated order, the draft of which was submitted to them in 1907.
- Loans.** 2. The outstanding loans have been further reduced in the year
 (i.) General. by £181,696, the amount of the instalments repaid, and by £2,703 the net proceeds of sales of property—together £184,399—and they now stand at £2,840,645. For the third (consecutive) year in the history of the Board, we are able to record that it has not been found necessary to raise any money on loan. During these three years the total amount owing has been reduced by no less a sum than £575,353.
- (ii.) Estimated requirements. As a matter of precaution, we have again fixed at a reasonable sum the estimated loan requirements for the purpose of the London County Council Money Bill, to meet any capital outlay which the Managers may be called upon to expend before Michaelmas, 1911.
- (iii.) Unexercised borrowing powers. In 1906 all balances of unexercised sanctions to borrow, not then likely to be required, were cancelled. A few similar unexercised sanctions outstanding at Lady Day last (the chief being the balance on the erection and equipment of The Children's Infirmary) have since been cancelled so that there are at the present time no unexercised sanctions.
- Precepts.** 3. Last year the payment of part of the precepts issued by the
 (i.) Earlier payment of. Managers for common charges, was deferred to a later date in the respective half-years, and from the more prompt manner in which the precepts have been paid during the past year, such postponement has evidently been an advantage to the contributing authorities. The loss of interest due to delay in payment of precepts (calculated at 3 per cent. per annum) has fallen from £1,688 for the year ended Michaelmas, 1903 (when we first took up this question), to £348 for the year ended Michaelmas, 1909.
- (ii.) Form of. With the consent of the Local Government Board, the form of precept has been modified to permit of the total amount of the half-yearly contributions from each of the respective parishes and unions being levied in one precept, the instalments and dates of payment being stated thereon. The adoption of this modification has reduced the number of precepts ordinarily issued each year from 248 to 62, and substantially simplifies the procedure.
- Forms of Necessaries Account.** 4. The forms of account prescribed for recording the receipt and issue of necessaries at the several institutions have, with the approval of the Local Government Board, been modified. Other proposals submitted by us at the same time for the further simplification of these forms are still under that Board's consideration, and when sanctioned will substantially reduce the clerical work in entering up the records.

Half-yearly Returns.

5. In addition to the tables issued with our annual report, it has been the practice for returns of expenditure and statements of the quantities of provisions, etc., consumed at each of the institutions to be printed and circulated half-yearly. Owing to the fact that comparison with previous half-years was frequently rendered difficult by the variation in the number of weeks from 25 to 27, and for other reasons, we came to the conclusion that an annual survey of the finances of the Managers should be of greater value than a half-yearly review under such conditions. Annual statements will therefore be published, and it is hoped that attention may with greater advantage be concentrated upon the yearly review of the figures, which will be made up as usual at Michaelmas in each year. The cost of printing these statements was about £20 each half-year.

Printing and Stationery.

6. The annual report upon the printing and stationery supplies for the year ended Lady Day, 1909, shows that the reduction in the total cost—which has now been a diminishing figure for some years past—has not only been maintained but has exceeded expectations. The expenditure for the year, £4,767 (44 institutions) is £1,375 less than that for the previous year (45 institutions), showing a decrease of over 22 per cent. and compares with a total of £11,232 (24 institutions) for the year ended Lady Day, 1897—the year before the centralising of the supplies was effected—and with £6,980 (43 institutions) for the year ended Lady Day, 1907, when the present system of closer supervision and control was instituted.

Consolidated Salaries and Wages Scales.

7. We briefly referred last year to the important reference entrusted to us in 1907 to review, in conference with the Committees concerned, all the salaries and wages scales, and to recommend such alterations, if any, as appeared to us to be necessary; and we stated that a draft proposed scale was under consideration at the close of the year.

Early in the current year we referred the draft scale and the replies and suggestions received from the committees concerned (who had been invited to furnish us with their views on specific questions and to favour us with any suggestions they might have to make) to a special sub-committee for consideration and report after conference with the delegates appointed by the committees.

The findings of the conference arrived at after holding seven lengthy meetings were embodied in the form of a consolidated scale, which for convenience was divided into two parts, viz.:

(i.) The regulations.

(ii.) The schedules of offices—in three sections (males, females, and extra payments for additional or special services) with explanatory list of abbreviations used—

and this was subsequently submitted to, and approved by, the Board.

The salient feature of this scale may be briefly stated as an endeavour to provide that all persons in the Board's service carrying out practically the same work under the same conditions should receive the same remuneration; and whilst there must be some instances which do not quite comply with such a rule, we believe that the scale as adopted will substantially attain the objects sought.

In the main the new scale has been framed by simply co-ordinating the existing offices, and, in particular (i) the nomenclature used is that most recently adopted by the Managers: it has been somewhat simplified, and in the result the number of distinct offices is substantially reduced; (ii.) the salaries and other emoluments existing have as a rule been continued, but where they differed as between institutions, the new scale is based generally upon the lowest rates for the particular office.

or group of offices, except in a few special cases in which the circumstances were such as to indicate that the existing salaries were either clearly inadequate or for any reason too low. In the result the salaries of a large majority of offices are left practically undisturbed.

The scale also provides that no existing employee (i.) shall be adversely affected, or (ii.) shall be entitled where the value of an office is increased, to the increase or any part thereof, unless by the express direction of the committee concerned.

Good conduct money, originally only granted to officers in immediate attendance on the imbeciles, having been gradually extended to other classes of asylum officers was received by some 900 (out of some 1,300) asylum officers, and amounted to some £1,800 per annum. It was discontinued in 1907 by the London County Council in their Asylums after an experience of many years; and its desirability was questioned by the Managers' asylum medical superintendents. In view of these facts the regulation authorising these payments was omitted.

Any proposals from any committee, to amend, vary, or add to, the scale, stand referred to us to consider and submit to the Managers our recommendations thereon, after conference with the committees concerned.

The Managers also authorised us until Michaelmas, 1910, to approve at our discretion such minor variations as may be submitted to us in all cases where we are satisfied that the responsible committee has made out a substantial case. After an experience of more than six months of the working, we find that this convenient procedure saves time, while reserving to the Managers all really important cases and keeping them fully informed by quarterly reports of the variations approved.

**Abolition of
beer and
equivalent
emoluments.**

8. Beer and equivalent beverages having been expunged from the rations scale and the money allowance discontinued except to existing officers as salary, it has been found necessary to reduce the superannuation valuation of board by £2 10s. per annum as regards all future officers, and also to reduce the allowance or charge for board, to adults, by 1s. per week.

Necessarily in the adjustment of such an intricate question as this has proved to be cases of hardship have arisen and we have dealt with the same from time to time with due regard to the claims of all concerned.

Superannuation. 9. Under the provisions of the Superannuation Acts, 22 officers have (i.) Statistics. been granted superannuation allowances during the year ended Michaelmas, 1909, amounting to £1,269 per annum, whilst three persons in receipt of pensions amounting to £67 per annum have died during the year, leaving the number in receipt of pensions amounting to £10,683 per annum, at Michaelmas, 1909, at 220.

(ii.) Addition of years. Four 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 did not justify us in endorsing the recommendation, but in deference to the views of the Local Government Board the addition was subsequently granted.

(iii.) Compulsory retirement at 65 years of age. The matter referred to in the preceding paragraph arose out of the operation of the standing order requiring an officer to retire on attaining 65 years of age irrespective of the actual period of his service. The effect of this standing order in the case in question was that the officer having served a few days short of another complete year was deprived of the opportunity of completing that year's service (completed years of service only counting for pension), and it was felt there was possible hardship entailed.

In view of the suggestion of the Local Government Board that there might be advantage in the Managers' order being modified so that an officer might be permitted to remain in the service for a period not exceeding, say, three months, after he attains the age of 65 years in any case in which he would thus be enabled to complete another year's (poor-law) service (a practice which, we understand, obtains in the civil service), the order was amended accordingly.

(iv.) Return of contributions. We have dealt, as in past years, with many applications by members of the staff, for the return of contributions on leaving the service.

(v.) Gratuities in respect of loss of office. One application for a gratuity of £25 in respect of loss of office, submitted through us, has been approved.

(vi.) Asylum Officers' Superannuation Act, 1909. On the 3rd December, 1909, the Royal Assent was given to the Asylum Officers' Superannuation Act, 1909, which affects certain officers of the imbecile asylums of the Managers and comes into operation on the 1st April, 1910.

Insurance.
(i.) Fidelity and cash in transit. 10. Last year we found it advisable to cover by insurance possible loss of moneys from time of drawing from the bank until paid away, including risk of burglary, theft, etc., and incidentally, the integrity of any employee.

The fidelity of the accounting officers, which was guaranteed by several companies or associations at the officers' expense, was therefore covered twice as regards the cash in transit.

Arrangements have now been made with one Company, on favourable terms, to undertake the whole of the business as from March next; the Company providing complete security, covering the fidelity of officers and all risks of cash, including burglary, theft, etc.

This will remove the partial duplication of cover as regards cash in transit, whilst avoiding a substantial amount of work entailed in connection with the old system. In the result the total premium payable works out at little more than one-third of the total amount hitherto paid by the Managers and the officers together.

It has also been arranged that the premiums of the institution officers will in future be borne entirely by the Managers.

(ii.) Third-party risks—Ambulance service. Having regard to the experience of the previous two years, this insurance, which was only tentatively approved at the commencement of each year, has been continued. The policy covers third-party and other risks in this connection in excess of £5 for any one accident with a limit of £1000 for any one accident but without any limit as to the number of accidents in the year.

(iii.) Workmen's Compensation Act, 1906. The working of this Act has received continuous consideration during the year, and we have dealt with such claims as were not adequately covered by the standing regulations of the Managers—as to sick pay and other allowances—according to the circumstances. The Managers have not insured their liabilities under the Act, and we are still keeping the question under review until a longer experience has been obtained.

Stocktaking. 11. On the retirement of the official stocktaker in 1908, it was arranged that the stock at the several institutions should in future be verified by the Accountant with such additional assistance as we might, from time to time approve, at a cost not exceeding £150 per annum. The working of the first completed year shows that the stocks have been verified at each of the institutions, twice during the year (once, the whole of the stocks, after notice, and once, either a whole or partial stocktaking, without notice) at a cost of £126 as compared with £230 for

the previous year under the old system. The work has been successfully carried out and has been done more thoroughly and expeditiously than hitherto, fully justifying expectations.

The facts have been reported to the Local Government Board and the system is being continued.

Assessments. 12. The Southern Hospital having been brought into occupation at the beginning of the year as The Children's Infirmary, was assessed for rating purposes, at the sum of £7,300 rateable value.

At Caterham Asylum new male staff quarters were assessed at £57 rateable value; seven new staff cottages at Joyce Green Hospital at £91 rateable value; and the new gate porter's lodge and goods reception station at Joyce Green Hospital, at £28 rateable value.

The assessment of Millfield was increased by £24 rateable value, consequent upon bringing into rating the recently erected gate porter's lodge, and the assessment of the premises at Belmont, by £130 rateable value consequent upon the erection of the Laboratories.

The additional assessments total £7,630 rateable value.

(ii.) Reductions. The Central Stores at Peckham, the assessment of which we reported last year as being in our opinion excessive even after reduction on appeal, was subsequently the subject of a further appeal to the Assessment Committee, who further reduced the rateable value from £708 to £673.

(iii.) Temporary reductions. By arrangement with the rating authorities, an allowance for partial non-occupation of The Children's Infirmary on the ground of the gradual opening of the premises, was claimed and allowed to the 1st October, 1909. This reduced the amount of rates payable below that payable on the full assessment by no less than £625.

As in previous years, relief has been granted in connection with the assessment of West Wharf and the Mead Ambulance Station, now used as a motor repairing station, to the extent of £381 in rates.

(iv.) General. In the result, the assessments as a whole, show a net increase of £7,595 on the total rateable value.

Miscellaneous. 13. The question of the substitution in the lighting of institutions of electric light for gas has been before the Managers from time to time and the financial result thereof was specially referred to us for consideration and report. Where the conditions were comparable we found that a saving had generally resulted at those institutions where electricity had been substituted for gas, apart from other advantages claimed; but it must not be inferred, when improvements are being effected from time to time in the methods of consumption of both gas and electricity, that their relative financial positions will be maintained.

(ii.) Estimates. Three estimates of cost of works, totalling £7,774, have been remitted to us and dealt with during the year.

(iii.) Travelling Clerk. The reports of this officer after his visits of inspection and test examinations without notice, and generally, have been periodically submitted to us, and action taken where necessary.

Abstract of accounts and financial tables. 14. Statements of the year's income and expenditure, balance sheet, and detailed financial and statistical tables, are appended hereto.

(Signed)

AUGUSTUS C. SCOVELL,
Chairman.

APPENDIX I.—FINANCIAL STATISTICS OF THE DISTRICT.

NOTE.—Unless otherwise stated the following statistics relate to the financial year ended Michaelmas, 1909.

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 1909, was 4,833,938.

The rateable value of the District was £44,582,801 on the 6th April, 1909, being an increase of £334,862 (0.76 per cent.) during the year.

The produce of one penny in the £ on the rateable value of the District at Michaelmas, 1909, represents £185,488.

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 5.8d. in the £.

The total expenditure for the year has been £1,077,778 (no Loan Expenditure), and the average for the past five years £1,156,268 (Loan £78,892, and General £1,077,376).

The expenditure on general account for the year was £1,077,778 as against the year's income of £1,132,887.

The rateable value of the Board's property is £162,351, and the amount of the rates paid last year was £53,777, of which £27,939 is payable to Metropolitan authorities, and £25,838 to Provincial authorities.

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

No sanctions to borrow were received in the year.

No amount was borrowed during the year. The total amount borrowed to Michaelmas, 1909, is £5,606,799. The amount repaid in the year was £181,696, and the total amount of loans repaid, £2,766,154.

The amount of loans outstanding at Michaelmas, 1909, was £2,840,645, and works out at £6.38 for every £100 of rateable value, and is £0.59 per head of the population of the District as estimated by the Registrar-General at the middle of 1909.

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, 1909, is $3\frac{1}{2}$ per cent.

The number of institutions belonging to the Managers is 49.

The number of persons maintained by the Managers, on the last day of the year ended Michaelmas, 1909, was—

Permanent staff (excluding Head Office, Central Stores, Laboratories, and Stables)	5,326
Inmates	13,536
Total	<u>18,862</u>

The average daily number of inmates maintained was in—

1905	12,074
1906	12,627
1907	13,127
1908	13,612
1909	13,687

The number of persons in receipt of superannuation allowances at the end of the year was 220, and the superannuation payments, excluding compensation, amounted to £10,224 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 £6,185 after allowing for contributions refunded.

Dr.

Year 1907-1908.	Expenditure.	£	£
£	To Direct Charges:—		
41,352	Maintenance of inmates (including provisions, necessities, clothing, and funerals)	133,951	
1,286	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)	1,182	
142,638			135,133
	Common Charges:—		
222,178	Maintenance of officers and servants—	£	
97,596	Salaries and wages	221,135	
2,426	Provisions	88,456	
9,656	Necessaries	1,988	
331,856	Uniforms and sundries... ..	8,808	
			320,387
	Buildings and establishment—		
	Works—		
24,794	Wages, £11,965; Contracts and materials, £12,249	24,214	
	Gardening—		
4,439	Wages, £4,310; Plants, seeds, &c., £379	4,689	
	Furniture—	£	
1,4949	Furniture and other articles	14,725	
12,139	Bedding and linen	9,946	
2,254	Earthenware	1,875	
1,330	Hardware	1,412	
30,672			27,958
	Heating, lighting, and cleansing—		
14,576	Wages of engineering staff	14,043	
71,297	Coal and coke	65,330	
36,506	Gas, electric light, water and other supplies	35,342	
122,379			114,715
182,284			171,576
55,020	Rates, rent, taxes, and insurance	58,321	
8,954	Medicines & medical & surgical appliances...	10,043	
	Miscellaneous expenses—		
7,639	Stationery, postage and office expenses	7,597	
9,494	Other charges—travelling, horse hire, Managers' and sundry expenses	8,720	
17,133			16,317
	Sundry general expenses—		
181,745	Repayment of loans	181,696	
103,480	Interest on loans	98,257	
13,669	Law expenses, pensions, notification fees, &c.	14,031	
298,894			293,984
894,141			870,628
	Deduct—		
4,274	Balances on Industrial, &c., Accounts	6,448	
	Services of Nurses engaged in Ambulance Work and Hire of Ambulances	4,164	
4,490			10,612
8,764			860,016
885,377			
	Expenditure of a special character—		
79,323	Buildings—contract and non-contract	65,243	
11,398	Furniture, &c.	17,386	
90,721			82,629
976,098			942,645
1,118,736	Total Expenditure (for details see pp. 98-105)		1,077,778
1,971	Balance carried down, being income in excess of expenditure for year		55,109
£1,120,707			£1,132,887

To Balance on current account on 2nd October, 1909, carried to balance sheet (p. 106) ... £115,604

£115,604

Expenditure Account.

1908, to 2nd October, 1909.

Cr.

		Income.		Year 1907-1908.
By Contributions from Parishes and Unions in the District:—		£	£	£
In respect of Direct Charges ... ..	..	133,000		132,550
„ Common Charges (on rateable value)— ..	..	967,201		957,717
			1,100,201	1,090,267
Amounts paid by extra Metropolitan Authorities				
For maintenance of patients in hospitals and schools ...	...	13,131		12,306
„ boys on Exmouth ... ..	...	4,252		4,213
			17,383	16,519
Interest on balances in hands of bankers, &c. ... ..	...		2,355	3,548
Sundry receipts :—				
Rents of buildings and land ... ..	...	2,775		1,269
Sale of ambulance vehicles and sundry receipts ... ..	...	411		204
Value of furniture and other stocks brought into account during year ... ..	...	3,453		2,744
Superannuation contributions ... ..	...	6,309		6,156
			12,948	10,373
Total Income ... ..	...		1,132,887	1,120,707

HEADS OF EXPENDITURE.

1907—1908.			1908—1909.	
Amount.	Rate in the £.		Amount.	Rate in the £.
£	d.		£	d.
219,746	1'19	Imbeciles	199,242	1'07
426,171	2'32	Infectious sick—	378,077	2'04
13,438	0'07	Fever... ..	20,240	0'11
		Smallpox		
33,710	0'18	Ambulance service—	29,989	0'16
6,245	0'03	Land	6,392	0'03
17,807	0'10	River (including wharves) ...	18,086	0'10
59,228	0'32	Boys on training ship	99,795	0'54
		Children of various classes ...		
		General expenses (including repayment of and interest on loans, printing, &c., and Head Office salaries and expenses)	325,957	1'75
342,391	1'86			
£1,118,736	6'07		£1,077,778	5'81

(For details see pp. 98-105.)

£1,132,887**£1,120,707**

By Balance brought down, being income in excess of expenditure for year ... ..	...	£55,109
„ Balance on current account on 3rd October, 1908, brought forward ... ..	...	60,495
		£115,604

ANNUAL REPORT,

APPENDIX III.—Details of Revenue Expenditure for the Year

(Figures for the Year 1907—1908 are inserted)

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the								
	PATIENTS	BOARD-ED STAFF.	MAINTENANCE OF INMATES	OTHER DIRECT CHARGES.	Total Direct Charges	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISHMENTS.				
						Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works. Wages, Contracts, and Materials.	Garden- ing. Wages, Plants, Seeds, &c.	Furni- ture, and other articles.		
												Furni- ture, and other articles.	Bed- ding and Linen.	Eart enwa
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
HOSPITALS:—			£	£	£	£	£	£	£	£	£	£	£	£
Eastern ...	255	196	2,489	..	2,489	8,190	3,633	75	379	807	158	501	408	1
	271	192	2,727	..	2,727	8,296	3,663	94	335	694	157	450	404	1
North-Eastern	430	303	5,130	..	5,130	11,448	5,728	109	461	894	386	635	719	1
	525	309	5,887	1	5,888	11,392	5,941	130	557	950	401	808	732	1
North-Western	317	222	3,062	..	3,062	9,173	4,314	101	456	892	150	363	388	
	349	234	3,445	2	3,447	9,354	4,614	120	506	682	154	362	585	
Western ...	368	257	3,949	..	3,949	9,822	5,388	111	424	1,133	255	610	591	
	404	252	4,368	..	4,368	9,674	5,369	134	361	1,026	234	712	499	
South-Western	248	194	3,018	1	3,019	7,507	3,431	90	318	888	162	599	338	
	240	188	2,809	..	2,809	7,431	3,758	87	327	817	158	345	370	
Fountain ...	91	83	1,168	..	1,168	3,790	1,713	56	195	434	134	232	262	
	193	145	2,352	..	2,352	5,686	3,210	147	276	623	129	480	427	
Grove ...	303	255	3,680	..	3,680	9,065	4,857	126	465	794	233	551	334	
	308	267	3,504	..	3,504	9,164	5,254	170	384	794	223	711	992	
South-Eastern	292	241	2,701	..	2,701	9,292	4,949	111	352	929	180	451	399	
	315	256	3,150	..	3,150	9,870	6,018	125	474	1,053	190	660	651	
Park ...	344	240	4,074	1	4,075	9,437	4,905	114	387	1,531	231	625	211	
	417	254	4,784	1	4,785	9,586	5,552	159	434	1,564	227	485	291	
Brook ...	393	249	4,610	..	4,610	10,135	5,387	116	438	884	298	615	611	
	402	257	4,680	..	4,680	10,116	5,951	153	449	1,036	293	713	654	
Northern ...	463	230	6,049	9	6,058	8,603	4,441	65	404	993	282	379	450	
	574	245	7,478	5	7,483	8,935	5,017	84	483	761	278	320	625	
Southern ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	..	24	..	5	1,086	..	65	..	..
Gere Farm ...	596	243	6,500	4	6,504	8,856	4,276	97	301	787	233	615	411	
	785	317	9,297	..	9,297	10,619	5,618	100	755	1,357	165	623	683	
Smallpox ...	..	61	9	..	9	3,185	1,560	46	201	954	205	299	50	
	75	128	1,621	..	1,621	5,287	3,358	76	353	1,012	173	762	123	
Carried forward	4,100	2,774	46,439	15	46,454	108,503	54,582	1,217	4,781	11,920	2,907	6,475	5,172	1
Carried forward	4,858	3,044	56,102	9	56,111	115,410	63,347	1,579	5,699	13,455	2,782	7,496	7,036	1

The Bacteriological Laboratories and Stables and Central Stores working expenditure is charged to the several establishments.

FINANCE COMMITTEE, 1909.

99

from 4th October, 1908, to 2nd October, 1909.

under the figures for the year 1908—1909.)

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

MENT.		RATES, RENT, TAXES, AND INSURANCE.	MEDICINES AND SURGICAL APPLIANCES.	MISCELLANEOUS			Total. Columns 6 to 21.	Add or deduct Balances on Farm, Industrial &c. Accounts (educ unless otherwise stated)	Total Common Charges excluding Special Expenditure.	EXPENDITURE OF A SPECIAL CHARACTER.			Total Common Charges. Columns 24 and 27.	TOTAL EXPENDITURE FOR YEAR. Columns 5 and 28.
Pre.	Heating, Lighting and Cleansing (including Wages).			Stationery, Postage and Office Expenses.	Traveling and Sundry Expenses.	GENERAL EXPENSES.				Buildings.	Furniture, &c.	Total.		
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
64	3,907	1,519	738	199	29	..	20,710	627	20,083	4,427	..	4,427	24,510	26,999
51	3,718	1,451	520	185	32	..	20,169	813	19,356	697	..	697	20,053	22,780
76	6,232	4,085	1,330	240	36	..	32,523	3	32,520	9,655	16	9,671	42,191	47,321
71	6,387	3,689	1,430	295	52	..	33,003	2	33,001	11,010	..	11,010	44,011	49,899
27	4,588	1,960	630	202	31	..	23,358	419	22,939	1,086	..	1,086	24,025	27,087
34	5,048	1,941	504	221	33	..	24,250	525	23,725	1,164	..	1,164	24,889	28,336
51	5,591	2,595	1,053	262	30	..	27,993	633	27,360	864	..	864	28,224	32,173
51	5,946	2,567	911	256	102	..	27,937	807	27,130	1,492	..	1,492	28,622	32,990
42	5,461	1,800	834	167	29	..	21,764	412	21,352	3,399	..	3,399	24,751	27,770
42	5,995	1,761	506	153	29	..	21,885	432	21,453	3,563	..	3,563	25,016	27,825
34	3,127	1,218	71	60	18	..	11,395	..	11,395	942	..	942	12,337	13,505
21	4,528	1,164	106	105	11	..	17,010	..	17,010	1,026	..	1,026	18,036	20,388
46	6,512	2,933	752	226	43	..	27,073	28	27,045	1,332	5	1,337	28,382	32,062
35	6,726	2,801	1,059	242	44	..	28,743	19	28,724	1,258	..	1,258	29,982	33,486
60	5,647	2,373	601	210	33	..	25,633	629	25,054	3,089	50	3,139	28,193	30,894
52	6,350	2,271	480	241	39	..	28,580	790	27,790	1,912	..	1,912	29,702	32,852
60	6,169	3,261	410	217	69	..	27,735	30	27,705	3,251	..	3,251	30,956	35,031
52	6,748	3,260	493	259	79	..	29,329	..	29,329	590	..	590	29,919	34,704
55	7,017	3,961	1,020	246	76	..	30,941	593	30,348	2,628	25	2,653	33,001	37,611
41	7,218	3,668	871	247	80	..	31,597	601	30,996	2,655	..	2,655	33,651	38,331
63	5,218	2,928	220	260	153	..	24,529	30	24,499	2,041	..	2,041	26,540	32,598
50	5,707	2,705	216	296	181	..	25,744	2	25,742	673	..	673	26,415	33,828
..
1	688	147	..	4	7	..	2,027	..	2,027	5,323	..	5,323	7,350	7,350
48	5,725	2,617	389	335	405	..	25,174	26	25,148	3,374	..	3,374	28,522	35,026
126	7,250	2,388	425	454	618	..	31,298	131	31,167	3,255	4,016	7,271	38,438	47,735
30	4,094	4,931	7	47	404	..	16,032	389	15,643	3,719	869	4,588	20,231	20,240
43	6,055	4,864	67	144	500	..	22,861	54	22,807	4,034	573	4,607	27,414	29,035
656	69,291	36,181	8,055	2,671	1,356	..	314,910	3,819	311,091	39,807	965	40,772	351,863	393,317
670	78,364	34,677	7,588	3,102	1,807	..	344,433	4,176	340,257	38,652	4,589	43,241	383,498	439,609

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 1907—1908 are inserted)

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of								
	PATIENTS.	BOARD-ED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total Direct Charges	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISHMENTS.				
						Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.	Gardening.	Furni-		
												Furniture, and other articles (12)	Bedding and Linen (13)	Estab-lishments (14)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Brought forward ..	£ 4,100	£ 2,774	£ 46,439	£ 15	£ 46,454	108,503	54,582	1,217	4 781	11,920	2,907	6,475	5,172	11
Brought forward	4,858	3,044	56,102	9	56,111	115,410	63,347	1,579	5,699	13,455	2,782	7,496	7,036	11
AMBULANCE SERVICE:														
Eastern Station ..	..	29	..	..	..	2,138	553	..	112	135	..	358	10	
..	..	30	..	..	..	2,370	653	..	131	101	..	314	13	
North-Western Station ..	..	23	..	..	..	1,542	435	..	67	103	..	198	8	
..	..	26	..	..	..	1,799	597	..	147	100	..	225	8	
Western Station ..	..	27	..	..	..	2,033	528	..	78	111	..	189	18	
..	..	29	..	..	..	2,217	613	..	95	97	..	220	15	
South-Western Station ..	..	19	..	..	..	1,309	411	..	97	106	..	174	9	
..	..	22	..	..	..	1,497	542	..	176	71	..	203	19	
South-Eastern Station ..	..	26	..	..	..	1,850	560	..	75	69	..	327	6	
..	..	27	..	..	..	2,009	662	..	110	88	..	220	15	
Brook Station ..	..	25	..	..	..	1,840	519	..	92	128	..	250	13	
..	..	27	..	..	..	1,905	656	..	128	67	..	273	11	
Mead Station ..	..	30	..	..	..	1,524	565	..	213	72	..	943	5	
..	..	27	..	..	..	1,258	560	..	139	167	..	762	14	
River Service ..	..	16	..	..	..	2,558	458	51	87	172	1	86	14	
..	..	14	..	..	..	2,799	390	47	111	161	..	73	27	
Totals ..	..	195	..	..	..	14,794	4,029	51	821	896	1	2,525	83	
Totals ..	..	202	..	..	..	15,854	4,673	47	1,037	852	..	2,290	122	
ASYLUMS:														
Leavesden ..	2,075	136	18,639	46	18,685	13,776	5,066	51	545	1,726	209	821	1,256	
..	1,866	134	18,041	27	18,068	12,658	4,950	60	548	1,824	235	586	1,535	
Caterham ..	1,947	213	18,511	17	18,528	12,251	4,163	51	481	2,002	226	958	926	
..	1,872	212	18,405	61	18,466	11,012	4,394	53	542	1,861	292	1,010	874	
Darenth ..	1,912	263	16,606	54	16,660	13,830	5,136	66	506	2,311	238	954	1,102	
..	1,919	265	16,954	40	16,994	13,572	5,758	77	494	2,142	251	952	1,072	
Tooting Bec ..	977	260	8,192	116	8,308	11,534	5,019	65	531	883	418	423	336	
..	832	233	8,117	127	8,244	10,172	4,926	97	405	780	313	420	570	
Belmont ..	..	..	..	..	..	335	..	..	..	..	..	14	..	
..	249	55	2,390	1	2,391	3,422	1,305	27	110	445	113	212	65	
Totals ..	6,911	872	61,948	233	62,181	51,726	19,384	233	2,063	6,922	1,091	3,170	3,620	
Totals ..	6,738	899	63,907	256	64,163	50,836	21,333	314	2,099	7,052	1,204	3,180	4,116	
Carried forward	11,011	3,841	108,387	248	108,635	175,023	77,995	1,501	7,665	19,738	3,999	12,170	8,875	
Carried forward	11,596	4,145	120,009	265	120,274	182,100	89,353	1,940	8,835	21,359	3,986	12,966	11,274	

The Bacteriological Laboratories and Stables and Central Stores working expenditure is charged to the several establishments.

FINANCE COMMITTEE, 1909.

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from 4th October, 1908, to 2nd October, 1909 (continued.)

under the figures for the year 1908—1909.)

several Parishes and Unions in the District, irrespective of the number of Inmates chargeable to them														TOTAL EX- PENDI- TURE FOR YEAR. Columns 5 and 28.
ENT.		RATES, RENT, AND INSUR- ANCE. (17)	MEDI- CINES AND SURGI- CAL APPLI- ANCES. (18)	MISCELLANEOUS		GENE- RAL EX- PENSES. (21)	Total Columns 6 to 21. (22)	Add or deduct Balances on Farm, Industrial, &c., Accounts. (Deduct unless otherwise stated.) (23)	Total Common Charges excluding Special Expendi- ture. (24)	EXPENDITURE OF A SPECIAL CHARACTER.			Total Common Charges. Columns 24 and 27. (28)	
No.	Heating, Lighting and Cleans- ing (in- cluding Wages). (16)			Station- ery, Postage and Office Ex- penses. (19)	Travel- ling, and Sundry Ex- penses. (20)					Build- ings. (25)	Furni- ture, &c- (26)	Total. (27)		
(5)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
56	69,291	36,181	8,055	2,671	1,356	..	314,910	3,819	311,091	39,807	965	40,772	351,863	398,317
70	78,364	34,677	7,588	3,102	1,807	..	344,433	4,176	340,257	38,652	4,589	43,241	383,498	439,609
4	306	247	..	19	670	..	4,554	76	4,478	..	..	..	4,478	4,478
7	288	228	..	24	808	..	4,940	46	4,894	..	..	..	4,894	4,894
4	279	206	..	16	444	..	3,305	151	3,154	..	..	..	3,154	3,154
4	299	205	..	29	597	..	4,014	104	3,910	..	..	..	3,910	3,910
2	320	327	..	22	616	..	4,246	202	4,044	..	661	661	4,705	4,705
6	388	296	..	20	736	..	4,707	134	4,573	..	..	..	4,573	4,573
4	283	207	..	19	419	..	3,041	159	2,882	155	..	155	3,037	3,037
8	501	208	..	23	453	..	3,705	126	3,579	49	269	318	3,897	3,897
3	377	268	..	22	584	..	4,145	109	4,036	..	..	..	4,036	4,036
2	365	240	..	21	736	..	4,473	73	4,400	..	..	..	4,400	4,400
2	293	285	..	19	633	..	4,077	26	4,051	..	..	..	4,051	4,051
3	351	262	..	26	764	..	4,448	18	4,430	..	..	..	4,430	4,430
5	818	268	..	23	44	..	4,486	70	4,416	501	1,611	2,112	6,528	6,528
5	815	301	..	24	51	..	4,098	10	4,088	274	3,244	3,518	7,606	7,606
3	945	1,104	3	13	25	..	5,526	..	5,526	866	..	866	6,392	6,392
8	970	1,051	4	22	21	..	5,690	..	5,690	555	..	555	6,245	6,245
27	3,621	2,912	3	153	3,435	..	33,380	793	32,587	1,522	2,272	3,794	36,381	36,381
43	3,977	2,791	4	189	4,166	..	36,075	511	35,564	878	3,513	4,391	39,955	39,955
162	7,081	1,801	390	259	422	..	33,726	1,121	32,605	1,428	535	1,963	34,568	53,253
151	6,869	1,652	261	248	405	..	32,155	613	31,542	2,112	782	2,894	34,436	52,504
244	6,516	1,990	245	258	210	..	30,652	518	30,134	2,225	489	2,714	32,848	51,376
159	6,561	1,944	252	247	209	..	29,558	Add 75	29,633	1,868	..	1,868	31,501	49,967
83	7,662	3,256	127	290	363	..	36,068	4,037	32,031	6,256	68	6,324	38,355	55,015
72	7,567	2,948	114	262	385	..	35,822	3,642	32,180	4,150	130	4,280	36,460	53,454
41	6,215	3,676	239	209	85	..	29,779	29	29,750	853	..	853	30,603	38,911
34	6,333	3,275	160	202	81	..	27,883	38	27,845	6,764	1,553	8,317	36,162	44,406
..	..	..	..	..	5	..	354	..	354	333	..	333	687	687
16	1,973	697	15	64	158	..	8,638	Add 254	8,892	7,460	672	8,132	17,024	19,415
530	27,474	10,723	1,001	1,016	1,085	..	130,579	5,705	124,874	11,095	1,092	12,187	137,061	199,242
432	29,303	10,516	802	1,023	1,238	..	134,056	3,964	130,092	22,354	3,137	25,491	155,583	219,746
213	100,386	49,816	9,059	3,840	5,876	..	478,869	10,317	468,552	52,424	4,329	56,753	525,305	633,940
145	111,644	47,984	8,394	4,314	7,211	..	514,564	8,651	505,913	61,884	11,239	73,123	579,036	699,310

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 1907—1908 are inserted)

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the								
	PATIENTS.	BOARD-ED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total Direct Charges.	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISHMENTS.				
						Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works. Wages, Contracts and Materials.	Garden- ing. Wages, Plants, Seeds, &c.	Furni- ture and other articles. (12)	Bed- ding and Linen. (13)	Estab- lishments.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			£	£	£	£	£	£	£	£	£	£	£	£
Brought forward ...	11,011	3,841	108,387	248	108,635	175,023	77,995	1,501	7,665	19,738	3,999	12,170	8,875	1
Brought forward	11,596	4,145	120,009	265	120,274	182,100	89,353	1,940	8,835	21,359	3,986	12,966	11,274	2
CHILDREN'S HOMES AND SCHOOLS:—														
High Wood ...	285	75	2,629	35	2,664	3,413	1,368	37	99	251	191	227	65	
	269	74	2,703	42	2,745	3,451	1,364	51	102	336	135	265	70	
White Oak ...	287	71	2,596	55	2,651	3,414	1,335	25	82	416	139	243	155	
	265	69	2,617	76	2,693	3,292	1,332	30	78	335	133	296	253	
The Downs ...	353	81	3,010	30	3,040	3,914	1,702	48	91	461	84	267	274	
	346	82	3,123	26	3,149	3,552	1,713	59	91	316	76	244	134	
The Children's Infirmary ...	502	211	4,227	14	4,241	4,695	2,338	55	320	1,003	184	478	..	
..	
S. Anne's ...	129	24	1,147	95	1,242	1,178	520	18	27	257	13	76	79	
	128	23	1,141	75	1,216	1,141	503	21	17	224	12	105	33	
East Cliff ...	121	31	1,102	95	1,197	1,095	711	25	25	224	2	145	63	
	117	30	1,092	118	1,210	1,005	680	27	23	160	..	87	33	
Millfield ...	113	23	1,202	67	1,269	1,005	436	19	29	100	49	71	31	
	110	23	1,314	45	1,359	918	504	17	23	235	59	85	30	
Bridge ...	138	13	1,752	6	1,758	827	342	4	28	479	14	160	40	
	110	12	1,449	10	1,459	691	278	4	21	243	8	154	44	
Lloyd Street ...	22	4	223	3	226	177	79	9	..	23	1	22	8	
	23	4	258	..	258	169	81	11	..	24	3	15	18	
Elm Grove ...	12	3	94	..	94	117	56	10	..	12	..	7	5	
	13	3	104	..	104	117	59	9	..	5	..	10	2	
Kingwood Rd. ...	..	..	..	..	..	..	..	..	..	..	..	..	..
	4	1	43	..	43	67	37	6	..	4	..	6	3	
Earlsfield Road	9	2	102	..	102	80	38	8	1	3	..	9	1	
	8	2	91	1	92	79	37	8	..	2	..	7	2	
Surrey House...	17	3	161	..	161	116	57	11	2	14	..	6	3	
	16	3	182	..	182	109	60	13	1	9	3	27	5	
Pentonville Rd.	32	8	244	14	258	285	127	12	22	19	1	11	4	
	27	8	206	19	225	252	131	11	13	32	3	30	6	
Harrow Road...	12	4	113	3	116	203	77	10	11	30	1	8	3	
	10	4	86	..	86	170	83	10	17	22	..	21	16	
Camberwell Green ...	28	6	185	16	201	305	140	11	11	20	1	17	15	
	24	6	189	16	205	265	125	13	13	29	1	23	6	
Totals ...	2,060	559	18,787	433	19,220	20,824	9,326	302	748	3,312	680	1,747	746	
Totals ...	1,470	344	14,598	428	15,026	15,278	6,987	290	399	1,976	433	1,375	655	
Carried forward	13,071	4,400	127,174	681	127,855	195,847	87,321	1,803	8,413	23,050	4,679	13,917	9,621	1
Carried forward	13,066	4,489	134,607	693	135,300	197,378	96,340	2,230	9,234	23,335	4,419	14,341	11,929	2

The Bacteriological Laboratories and Stables and Central Stores working expenditure is charged to the several establishments.

FINANCE COMMITTEE, 1909.

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from 4th October, 1908, to 2nd October, 1909 (continued).

under the figures for the year 1908—1909.)

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

MENT.		RATES, RENT, AND INSURANCE.	MEDICINES, AND SURGICAL APPLIANCES.	MISCELLANEOUS.		GENERAL EXPENSES.	Total Columns 6 to 21.	Add or deduct Balances on Farm, Industrial, &c., Accounts, (Deduct unless otherwise stated.)	Total Common Charges excluding Special Expenditure.	EXPENDITURE OF A SPECIAL CHARACTER.			Total Common Charges. Columns 24 and 27.	TOTAL EXPENDITURE FOR YEAR. Columns 5 and 28.
re.	Heating, Lighting, and Cleansing (including Wages).			Stationery, Postage and Office Expenses.	Traveling and Sundry Expenses.					Buildings.	Furniture, &c.	Total.		
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
213	100,386	49,816	9,059	3,840	5,876	..	478,869	10,317	468,552	52,424	4,329	56,753	525,305	633,94
145	111,644	47,984	8,394	4,314	7,211	..	514,564	8,651	505,913	61,884	11,239	73,123	579,036	699,31
12	1,807	968	114	77	170	..	8,828	22	8,806	374	..	374	9,180	11,84
20	1,875	934	91	92	192	..	9,015	23	8,992	5	..	5	8,997	11,74
16	1,838	1,701	139	74	118	..	9,731	35	9,696	..	..	..	9,696	12,34
20	1,907	1,612	133	69	131	..	9,665	15	9,650	629	..	629	10,279	12,97
10	1,476	1,157	152	63	79	..	9,802	(add) 19	9,821	552	130	682	10,503	13,54
16	1,465	1,099	130	78	65	..	9,070	(add) 35	9,105	707	..	707	9,812	12,96
4	4,131	1,212	356	322	317	..	15,419	..	15,419	6,677	12,927	19,604	35,023	39,26
..
8	434	199	59	60	92	..	3,034	37	2,997	..	..	..	2,997	4,23
8	428	201	50	52	82	..	2,889	14	2,875	..	..	..	2,875	4,09
35	492	211	80	34	94	..	3,246	4	3,242	108	..	108	3,350	4,54
12	462	207	80	33	106	..	2,931	1	2,930	276	..	276	3,206	4,41
4	483	85	12	47	138	..	2,522	6	2,516	1,071	..	1,071	3,587	4,85
7	466	84	7	44	151	..	2,646	..	2,646	37	25	62	2,708	4,06
15	628	126	13	33	153	..	2,868	210	2,658	..	..	..	2,658	4,41
12	571	136	14	43	170	..	2,394	95	2,299	178	84	262	2,561	4,02
2	104	78	5	9	22	..	541	..	541	72	..	72	613	83
2	108	77	9	8	25	..	551	..	551	..	..	..	551	80
1	37	33	2	2	5	..	287	..	287	..	..	..	287	38
..	40	30	2	3	7	..	285	..	285	..	..	..	285	38
..
1	44	21	2	2	4	..	197	..	197	..	..	..	197	24
..	32	13	..	2	5	..	192	..	192	..	..	..	192	29
1	33	12	1	5	4	..	192	..	192	..	..	..	192	28
3	42	21	3	3	7	..	288	..	288	..	..	..	288	44
4	62	20	5	11	10	..	341	..	341	24	..	24	365	54
2	126	288	1	17	14	..	930	..	930	54	..	54	984	1,24
5	119	288	..	14	12	..	918	..	918	52	50	102	1,020	1,24
..	57	66	..	4	6	..	476	..	476	29	..	29	505	62
3	66	65	..	4	9	..	487	..	487	..	..	..	487	57
1	103	69	..	12	6	..	712	..	712	..	..	..	712	91
3	100	65	..	15	8	..	667	..	667	..	..	..	667	87
113	11,790	6,227	936	759	1,226	..	58,876	295	58,581	8,937	13,057	21,994	80,575	99,79
114	7,746	4,851	524	473	976	..	42,248	113	42,135	1,908	159	2,067	44,202	59,22
326	112,176	56,043	9,995	4,599	7,102	..	537,745	10,612	527,133	61,361	17,386	78,747	605,880	733,73
259	119,390	52,835	8,918	4,787	8,187	..	556,812	8,764	548,048	63,792	11,398	75,190	623,238	758,53

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 1907—1908 are inserted)

INSTITUTIONS.	AVERAGE DAILY NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the								
	PATIENTS.	BOARD-ED STAFF.	MAINTENANCE OF INMATES	OTHER DIRECT CHARGES.	Total Direct Charges	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISHMENTS.				
						Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.	Garden- ing.	Furni- ture and other Articles	Bed- ding and Linen.	Ear- enw.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			£	£	£	£	£	£	£	£	£	£	£	£
Brought forward ...	13,071	4,400	127,174	681	127,855	195,847	87,321	1,803	8,413	23,050	4,679	13,917	9,621	1,000
Brought forward	13,066	4,489	134,607	693	135,300	197,378	96,340	2,230	9,234	23,335	4,419	14,341	11,929	2,000
TRAINING SHIP	616	41	6,777	501	7,278	3,707	1,135	185	227	958	9	614	324	
	546	45	6,745	593	7,338	3,625	1,256	196	281	1,048	12	416	208	
NEW CENTRAL STORES ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..

BACTERIOLOGICAL LABORATORIES	..	..	..	..	..	..	..	..	..	..	..	..	..	..

GENERAL EXPENSES														
Office of the Board ...	..	..	..	..	..	21,581	..	..	168	206	1	194	1	..
Samples and Analysing ...	..	..	..	..	..	21,175	..	..	141	411	8	192	2	..

Telephones ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Franco-British Exhibition ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Loans—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Instalments Repaid ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..

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

Legal Expenses	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Superannuation Allowances & Compensation	..	..	..	..	..	..	..	..	..	..	..	..	..	..

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

Totals ...	..	..	..	..	..	21,581	..	..	168	206	1	194	1	..
Totals ...	..	..	..	..	..	21,175	..	..	141	411	8	192	2	..
Grand Totals for Year 1908-1909	13,687	4,441	133,951	1,182	135,133	221,135	88,456	1,988	8,808	24,214	4,689	14,725	9,946	1,000
Grand Totals for Year 1907-1908	13,612	4,534	141,352	1,286	142,638	222,178	97,596	2,426	9,656	24,794	4,439	14,949	12,139	2,000

The Bacteriological Laboratories and Stables and Central Stores working expenditure is charged to the several establishments.

FINANCE COMMITTEE, 1909.

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from 4th October, 1908, to 2nd October, 1909 (continued.)

under the figures for the year 1908—1909.)

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

NT.	Heating, Lighting, and Cleansing (including Wages).	RATES, RENT, TAXES, AND INSURANCE.	MEDICINES AND SURGICAL APPLIANCES.	MISCELLANEOUS		GENERAL EXPENSES.	Total Columns 6 to 21.	Add or deduct Balances on Farm, Industrial, &c. Accounts. (Deduct unless otherwise stated.)	Total Common Charges excluding Special Expenditure.	EXPENDITURE OF A SPECIAL CHARACTER.			Total Common Charges. Columns 24 and 27.	TOTAL EXPENDITURE FOR YEAR. Columns 5 and 28.
				Stationery, Postage and Office Expenses.	Traveling and Sundry Expenses.					Buildings.	Furniture, &c.	Total.		
	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
26	112,176	56,043	9,995	4,599	7,102	..	537,745	10,612	527,133	61,361	17,386	78,747	605,880	733,735
29	119,390	52,835	8,918	4,787	8,187	..	556,812	8,764	548,048	63,792	11,398	75,190	623,238	758,538
32	1,916	640	48	155	337	..	10,359	..	10,359	449	..	449	10,808	18,086
38	2,166	635	36	138	300	..	10,407	..	10,407	62	..	62	10,469	17,807
	..	..	..	..	..	..	..	..	..	1,646	..	1,646	1,646	1,646
	..	..	..	..	..	..	..	..	..	15,371	..	15,371	15,371	15,371
	..	..	..	..	..	..	..	..	..	1,473	..	1,473	1,473	1,473

4	623	518	..	2,843	400	..	26,539	..	26,539	314	..	314	26,853	26,853
3	823	499	..	2,714	384	..	26,354	..	26,354	98	..	98	26,452	26,452
	..	..	..	..	881	..	881	..	881	..	..	..	881	881
	..	..	..	..	623	..	623	..	623	..	..	..	623	623
	..	1,120	..	..	..	..	1,120	..	1,120	..	..	..	1,120	1,120
	..	1,051	..	..	..	..	1,051	..	1,051	..	..	..	1,051	1,051
	..	..	..	..	..	8	8	..	8	..	..	..	8	8
	..	..	..	..	..	28	28	..	28	..	..	..	28	28
	..	..	..	..	..	181,696	181,696	..	181,696	..	..	..	181,696	181,696
	..	..	..	..	..	181,745	181,745	..	181,745	..	..	..	181,745	181,745
	..	..	..	..	..	98,257	98,257	..	98,257	..	..	..	98,257	98,257
	..	..	..	..	..	103,480	103,480	..	103,480	..	..	..	103,480	103,480
	..	..	..	..	..	176	176	..	176	..	..	..	176	176
	..	..	..	..	..	346	346	..	346	..	..	..	346	346
	..	..	..	..	..	10,306	10,306	..	10,306	..	..	..	10,306	10,306
	..	..	..	..	..	9,140	9,140	..	9,140	..	..	..	9,140	9,140
	..	..	..	..	..	3,541	3,541	..	3,541	..	..	..	3,541	3,541
	..	..	..	..	..	4,155	4,155	..	4,155	..	..	..	4,155	4,155
4	623	1,638	..	2,843	1,281	293,984	322,524	..	322,524	314	..	314	322,838	322,838
3	823	1,550	..	2,714	1,007	298,894	326,922	..	326,922	98	..	98	327,020	327,020
12	114,715	58,321	10,043	7,597	8,720	293,984	870,628	10,612	860,016	65,243	17,386	82,629	942,645	1,077,778
30	122,379	55,020	8,954	7,639	9,494	298,894	894,141	8,764	885,377	79,323	11,398	90,721	976,098	1,118,736

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

LIABILITIES.**LOAN ACCOUNT.**

Loans.					£	£	£
Loans outstanding Michaelmas, 1908	..	..	..	..	..	3,025,044	£
Less Instalments of loans repaid during year	..	..	..	..	181,696		
Extraordinary repayment of principal during the year being proceeds of sale of property	..	..	..	..	2,703		
						184,399	
Loans outstanding Michaelmas, 1909	..	..	..	..	..		2,840,645
London County Council	..	..	..	..	£2,688,041		
Public Works Loan Commissioners	..	..	..	..	152,604		
(See statement, p. 117.)					<u>£2,840,645</u>		
Balance.							
Instalments repaid	..	..	..	..	..	2,766,154	
Expenditure paid out of current account, and sundry receipts	..	..	..	..	..	263,042	
							3,029,196
Total on Loan Account					..	..	£5,869,841

GENERAL ACCOUNT.**Suspense Adjustment Account.**

Donations to certain institutions unexpended at Michaelmas, 1909	£	£
Amounts due from Extra Metropolitan Authorities for maintenance and treatment of inmates, to be credited to Parishes and Unions when received	13	
	6,181	6,194

Sundry Creditors.

Tradesmen's accounts and other amounts owing	92,780
--	----	----	--------

Legacies.

Captain Brown's legacy to the Training Ship (£119), less legal expenses	£	
William Thomas Farguson's legacy to the Homerton Smallpox Hospital (£100), and accumulated income	115	
Add interest unapplied	£168	
George Dryden's legacy to the Stockwell Smallpox Hospital (£100), less books purchased for Hospital Ships	4	172
Add interest unapplied	£75	
George Cook's legacy to Darenth Asylum (£100), less legal expenses	2	77
Add interest unapplied	£73	
Mrs. M. E. Bates' legacy to the Eastern Hospital (£100), less books purchased	1	74
Add interest unapplied	£94	
	2	
	96	534

Students' Fees for Clinical Instruction.

	Total at Michaelmas, 1908.	Year to Michaelmas, 1909.	Total at Michaelmas, 1909.
Amounts received from students	£19,337	£607	£19,944
Less amounts paid to medical superintendents for clinical instruction	11,794	387	12,181
	<u>£7,543</u>	<u>220</u>	<u>£7,763</u>
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	..	5,000	7,500
			266

Balance on Current Account.

Net balance in favour of Parishes and Unions in the District		115,604	
Total on General Account		..	215,378
Grand Total		..	<u>£6,085,219</u>

* In addition to these figures, large amounts of expenditure of a capital nature

at 2nd October, 1909.

PROPERTY, ASSETS AND CAPITAL OUTLAY.**LOAN ACCOUNT.**

Capital Outlay.

Land, buildings, fittings, and furniture (original cost)	£	5,869,841
(For details, see statement, p. 108).						

Total on Loan Account	£5,869,841
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GENERAL ACCOUNT.

Stock.

Goods at central stores and at the various institutions, including unused railway tickets and postage stamps	£	82,715
--	----	----	----	----	----	---	--------

Sundry Debtors.

Extra-Metropolitan Authorities and other sundry debtors	6,452
---	----	----	----	----	-------

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 County and Westminster Banking Company, Limited—	£	£
Balance in their hands	125,756	
Less unrepresented cheques	4,681	
	121,075	
Cheques drawn in advance for payments for ensuing year	2,630	
	123,705	
Accounting officers—balances in their hands	1,981	
	125,686	

Total on General Account	215,378
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Grand Total	£6,085,219
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exceeding £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 3rd October, 1908.		Expenditure in year to 2nd October, 1909.		Total Expenditure at 2nd October, 1909.		
	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	215,627	...	1,162	14,965	216,789	231,754
Darenth	16,148	341,356	...	292	16,148	341,648	357,796
Tooting Bec	27,682	303,159	...	...	27,682	303,159	330,841
Belmont ... ..	...	129,623	...	...	...	129,623	129,623
Clapton ... ..	...	2,551	...	...	...	2,551	2,551
Totals for Asylums	78,921	1,202,736	...	1,454	78,921	1,204,190	1,283,111
Hospitals—							
Eastern	29,826	94,107	...	488	29,826	94,595	124,421
North Eastern	25,673	160,139	...	3,055	25,673	163,188	188,861
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	12,318	273,195	...	...	12,318	273,195	285,513
South Eastern	22,759	258,913	...	...	22,759	258,913	281,672
Park	16,610	255,793	...	...	16,610	255,793	272,403
Brook	13,747	305,228	...	...	13,747	305,228	318,975
Northern	19,699	184,143	...	...	19,699	184,143	203,842
Gore Farm (Upper) ... ..	...	183,395	...	...	...	183,395	183,395
Do. (Lower) ... ..	...	180,976	...	...	...	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	359,541	...	2,832	31,657	362,373	394,030
Totals for Hospitals	293,758	3,121,875	...	6,375	293,758	3,128,250	3,422,008
Bacteriological Laboratories and Stables ... ..	...	7,699	...	4,070	...	11,769	11,769
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
The Downs ... ..	...	99,922	...	...	...	99,922	99,922
The Children's Infirmary	15,853	245,407	...	18,005	15,853	263,412	279,265
St. Anne's ... ..	...	16,037	...	...	...	16,037	16,037
East Cliff ... ..	...	17,419	...	...	...	17,419	17,419
Millfield	850	26,675	...	483	850	26,675	27,525
Bridge ... ..	...	11,059	...	...	...	11,059	11,059
Lloyd House ... ..	...	650	...	...	...	650	650
Elm Grove ... ..	...	1,000	...	...	...	1,000	1,000
Kingwood Road ... ..	...	1,480	...	...	...	1,480	1,480
Earlsfield Road ... ..	...	690	...	...	...	690	690
Surrey House ... ..	...	1,050	...	...	...	1,050	1,050
Pentonville Road ... ..	...	3,534	...	...	...	3,534	3,534
Harrow Road ... ..	...	3,715	...	...	...	3,715	3,715
Camberwell Green ... ..	...	5,196	...	...	...	5,196	5,196
Totals for Children's Homes and Schools	24,303	664,741	...	18,488	24,303	683,229	707,532
Central Stores	4,250	15,387	...	1,646	4,250	17,033	21,283
Office of the Board	53,700	57,409	...	...	53,700	57,409	111,109
GRAND TOTALS	£ 484,533	5,353,275	...	32,033	484,533	5,385,308	5,869,841

NOTE.—The expenditure under "Land," includes in certain instances premises acquired with the site, but where the buildings are utilised for the purpose for which the capital outlay has been incurred, the total expenditure on the purchase is inserted under the head of "Buildings, &c."

APPENDIX VI.—Statement showing the Loans raised, repaid, outstanding, increase or decrease, and the average rate per cent. of interest on Loans raised and Loans outstanding, together with the Expenditure out of Loans Account—each year from 1868 to 1909.

Year ended 31st March	LOANS.				Average Rate per cent. of Interest on Loans.		EXPENDITURE OUT OF LOANS ACCOUNT.							
	Raised.	Repaid.	Out-standing at end of each year.	Increase each year. Decreases marked —	Raised.	Out-standing at end of each year.	Asylums.	Hospitals.	Ambulance Service.	Training Ship Ex-mouth.	Children's Homes and Schools.	Central Stores.	Office of the Board.	Total.
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
1868	42,100	..	42,100	42,100	3.87	..	16,345	16,254	..	..	..	..	..	32,599
1869	127,106	† 2,438	166,768	124,668	3.87	..	81,139	32,016	..	..	..	..	..	† 113,155
1870	290,794	† 9,000	448,562	281,794	3.87	..	143,959	88,827	..	..	..	..	..	† 232,786
1871	40,000	..	492,333	43,771	3.93	..	48,594	77,786	..	..	..	..	..	126,380
1872	29,473	17,198	504,608	12,275	3.87	..	9,673	8,674	..	..	..	..	..	18,347
1873	23,797	9,270	519,136	14,528	3.87	..	17,504	11,087	..	..	..	..	..	28,591
1874	7,800	9,425	517,510	1,626	3.87	..	3,678	1,331	..	..	..	..	..	5,009
1875	38,930	9,996	546,333	28,823	3.92	..	21,247	845	..	..	..	..	..	22,092
1876	50,000	..	596,333	50,000	3.75	..	20,608	5,488	..	2,570	..	..	..	28,666
1877	100,000	24,841	671,492	75,159	3.75	..	15,333	89,558	..	19,765	..	..	..	124,656
1878	46,575	15,156	702,910	31,418	3.75	..	61,133	7,418	..	36	..	..	..	68,587
1879	100,000	18,319	784,591	81,681	3.75	..	57,533	5,200	..	..	..	..	..	62,733
1880	42,650	18,494	808,748	24,157	4.17	..	59,404	5,467	..	..	..	..	..	64,871
1881	28,950	20,146	817,551	8,803	4.14	..	30,615	1,264	..	..	..	..	..	31,879
1882	25,300	1,426	841,425	23,874	3.50	..	6,552	11,000	..	..	..	..	..	17,552
1883	12,030	47,910	805,545	35,880	3.50	..	16,638	23,226	4,379	..	..	..	..	44,243
1884	105,350	27,685	883,210	77,665	3.50	..	5,834	90,516	29,793	613	..	..	..	126,756
1885	179,541	29,636	1,033,114	149,904	3.50	..	11,722	80,870	11,037	1,178	..	..	..	104,807
1886	102,809	38,434	1,097,490	64,376	3.50	..	21,656	53,834	9,571	2,877	..	..	..	87,938
1887	10,973	41,251	1,067,212	30,278	3.50	..	33,269	4,603	232	35	..	..	..	38,139
1888	52,939	40,024	1,080,127	12,915	3.50	..	18,167	9,634	75	19	..	..	..	27,895
1889	12,892	42,085	1,050,935	29,192	3.50	..	1,920	45,341	..	..	..	..	..	47,261
1890	10,400	43,220	1,018,115	32,820	3.50	..	1,299	12,841	..	..	..	..	..	14,140
1891	5,050	43,007	980,157	37,958	3.50	..	1,057	197	..	..	..	..	..	1,254
1892	16,644	43,262	953,539	26,618	3.50	..	6,237	36,098	2,382	..	..	..	..	44,717
1893	95,295	45,643	1,003,191	49,652	3.50	..	346	54,222	1,439	..	..	..	..	56,007
1894	175,366	45,564	1,132,993	129,802	3.43	..	27,339	161,415	10,417	..	..	..	..	199,171
1895	485,928	55,077	1,563,844	430,851	3.00	..	8,364	374,124	12,550	..	..	..	..	395,038
1896	262,198	84,051	1,741,992	178,148	2.77	..	2,143	291,669	29,214	..	..	..	..	326,026
1897	392,096	94,436	2,039,651	297,659	2.75	..	11,610	399,252	19,139	2,770	..	..	..	432,771
1898	283,036	108,668	2,214,019	174,368	2.78	..	9,287	178,282	6,915	..	31,650	..	56,675	282,809
1899	164,881	117,158	2,261,742	47,723	2.75	..	485	120,490	854	..	4,980	..	30,861	157,670
1900	183,012	123,872	2,320,882	59,140	3.07	3.17	35,513	88,325	..	..	3,790	..	14,633	142,261
1901	294,756	102,945	2,512,693	191,811	3.50	3.20	88,495	132,465	545	515	40,901	..	3,934	266,855
1902	748,050	110,322	3,150,422	637,729	3.50	3.25	106,045	554,035	51	94	196,465	..	3,750	911,589
1903	519,124	166,353	3,503,193	352,771	3.37	3.25	151,645	85,346	500	..	94,652	4,250	607	337,000
1904	226,280	* 184,881	3,544,592	41,399	3.62	3.25	19,804	117,138	1,419	12,138	43,149	..	349	193,997
1905	210,354	* 196,724	3,558,222	13,630	3.48	3.25	35,428	139,374	20	46,024	10,551	..	..	231,583
1906	64,320	206,544	3,415,998	142,224	3.75	3.33	10,348	99,294	..	1,303	1,360	..	..	112,305
1907	..	209,209	3,206,789	209,209	..	3.31	22,999	15,880	..	8,533	..	..	..	47,412
1908	..	181,746	3,025,044	181,745	..	3.34	3,160	..	..	..	..	..	..	3,160
1909	..	* 184,399	2,840,645	184,399	..	3.34	..	..	..	..	..	..	..	..
Totals	5,606,799	† 2,769,815	2,840,645	..	..	..	1,244,127	3,533,686	191,961	98,376	427,498	4,250	110,809	† 5,610,707

* Includes extraordinary repayments of principal—in 1904 £1,263, in 1905 £250, and in 1909 £2,703.

† 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
Total Net Expenditure met out of Rates, and Rate in the £ each**

Year ended Michaelmas	CURRENT ACCOUNT EXPENDITURE, EXCLUDING LOAN CHARGES AND SPECIAL EXPENDITURE.										CURRENT ACCOUNT RECEIPTS.					NET EXPENDITURE EXCLUDING LOAN CHARGES & SPECIAL EXPENDITURE	
	INSTITUTIONS.					GENERAL EXPENSES.					Total.	Maintenance of Extra Metropolitan Patients.	Interest on Balances.	Superannuation Contributions.	Sundry other Receipts.	Total.	Amount Columns 11-16.
	Asylums	Hospitals.	Ambulance Service.	Training Ship Exmouth.	Children's Homes and Schools.	Office of the Board.	Law Charges and other General Expenses	Superannuation Allowances and Gratuities.	Repayment of Notification Fees.								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
1867	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1868	132	13	..	..	..	2,394	..	..	..	2,539	..	..	..	..	..	2,539
1869	638	835	..	..	..	1,949	22	..	..	3,444	..	..	..	..	..	3,444
1870	1,226	5,473	..	..	..	1,915	61	..	..	8,675	..	..	..	..	..	8,675
1871	59,204	48,905	..	..	..	2,946	135	..	..	111,190	..	..	..	..	..	111,190
1872	74,890	39,826	..	..	..	3,089	1,227	..	..	119,032	..	..	..	1,905	1,905	117,127
1873	86,462	20,862	..	..	..	3,032	1,022	..	..	111,378	..	1,190	..	..	1,190	110,188
1874	91,722	21,680	..	..	..	2,866	450	..	..	116,718	..	..	..	1,789	1,789	114,929
1875	99,294	28,203	..	..	..	3,743	317	..	..	131,557	..	1,000	..	1,673	2,673	128,884
1876	108,165	26,972	..	3,573	..	3,653	290	..	..	142,653	..	1,000	..	1,775	2,775	139,878
1877	106,775	83,703	..	12,388	..	4,543	380	..	..	207,789	..	..	..	2,000	2,000	205,789
1878	107,328	74,565	..	20,115	..	4,742	1,954	..	..	208,704	..	1,000	..	2,852	3,852	204,852
1879	107,564	57,449	..	19,616	..	5,107	5,128	..	..	194,864	..	1,500	..	3,819	5,319	189,545
1880	114,153	59,041	..	19,767	..	4,766	2,026	..	..	199,753	..	1,500	..	3,817	5,317	194,436
1881	150,222	159,322	..	21,079	..	5,485	1,660	..	..	337,768	..	1,000	..	3,553	4,553	333,215
1882	160,693	149,266	7,916	23,368	..	6,101	5,799	..	..	353,143	..	..	..	6,662	6,662	346,481
1883	161,651	132,138	10,579	22,142	..	6,691	3,334	..	..	336,535	..	..	..	4,253	4,253	332,282
1884	154,032	259,367	41,098	23,547	..	7,758	18,352	..	..	504,154	..	..	..	3,967	3,967	500,187
1885	160,235	215,789	33,032	21,699	..	9,695	9,121	..	..	449,571	..	..	..	3,947	3,947	445,624
1886	124,032	67,432	15,856	18,431	..	9,737	4,050	..	..	239,538	..	..	..	4,528	4,528	235,010
1887	125,119	65,184	10,985	18,642	..	11,546	1,749	..	..	233,225	..	2,094	..	10,880	12,974	220,251
1888	123,081	139,869	12,417	17,350	..	11,174	350	..	..	304,241	..	650	..	..	650	303,591
1889	130,218	89,809	16,300	19,390	..	9,295	991	185	..	266,188	..	2,086	..	3,943	6,029	260,159	
1890	129,724	112,437	12,368	18,823	..	10,283	1,572	423	1,852	287,482	26	1,778	..	1,003	2,807	284,675	
1891	137,782	135,446	11,080	19,100	..	11,161	1,944	790	3,421	320,724	..	890	..	109	999	319,725	
1892	144,386	210,890	16,059	19,732	..	12,617	1,399	937	3,300	409,320	..	341	..	40	381	408,939	
1893	145,302	285,653	25,361	20,296	..	15,784	1,654	1,012	5,278	500,340	228	..	..	41	269	500,071
1894	140,866	270,586	27,430	21,414	..	17,699	2,598	1,122	8,189	489,904	142	..	..	202	344	489,560
1895	148,439	233,926	26,746	22,029	..	13,090	3,534	1,335	3,487	452,586	2,376	..	..	1,171	3,547	449,039
1896	139,455	271,093	28,246	18,616	..	16,584	3,782	1,460	5,413	484,649	3,164	..	..	..	3,164	481,485
1897	133,924	294,664	30,406	18,176	..	16,701	6,443	1,640	5,636	507,590	2,875	754	..	..	3,629	503,961
1898	140,135	319,069	30,739	18,857	4,530	17,063	2,994	2,034	5,347	540,768	2,627	1,454	..	..	4,081	536,687
1899	151,994	340,016	28,754	23,177	6,920	17,726	2,349	2,448	4,287	577,671	3,084	1,906	..	421	5,411	572,260	
1900	147,455	353,868	29,095	19,198	6,599	20,715	3,889	2,790	4,812	588,421	7,019	3,448	..	..	10,467	577,954
1901	164,323	377,723	31,240	20,772	12,430	25,623	7,006	3,201	3,781	646,099	9,737	3,600	..	..	13,337	632,762
1902	164,749	455,300	49,114	18,627	17,260	25,249	2,058	4,355	7,016	743,728	16,903	993	..	..	17,896	725,832
1903	184,811	358,570	38,095	18,230	33,996	25,768	2,189	4,924	6,471	673,054	8,425	1,743	..	3,976	14,144	658,910	
1904	190,748	296,946	33,946	17,458	50,048	26,286	2,307	5,466	3,980	627,185	8,434	4,943	4,530	6,390	24,297	602,888	
1905	192,690	310,183	30,843	17,776	57,336	26,573	2,204	6,896	3,631	648,132	10,880	3,754	4,858	5,101	24,593	623,538	
1906	192,141	338,338	31,952	17,371	55,577	26,828	2,188	7,303	3,802	675,500	6,567	4,776	6,477	4,773	22,593	652,907	
1907	190,467	368,312	33,693	18,290	54,597	26,554	2,780	8,147	4,354	707,194	15,498	6,559	6,669	2,421	31,147	676,047	
1908	194,255	396,368	35,564	17,745	57,161	26,354	2,048	9,140	4,155	742,790	16,519	3,548	6,156	4,217	30,440	712,350	
1909	187,055	357,545	32,587	17,637	77,801	26,539	2,185	10,306	3,541	715,196	17,383	2,355	6,309	6,639	32,686	682,510	

* Special expenditure includes expenditure on works of a permanent character. Prior to year ended Michaelmas, 1900.

† The large expenditure under Asylums during each of these years is accounted for by the fact that it has been found impossible to calculate the rate in the £ on the basis of the rateable values in force at Michaelmas each year.

NOTES.—The salaries and wages for the years 1904-9 include the contributions of the Staff under the Superannuation Act.

The Bacteriological Laboratories and Stables and Central Stores working expenditure is charged to the sewerage account.

In considering this table regard should be had to the great increase in the Board's work, especially in recent years.

Receipts, Net Expenditure, Loan Charges, Special Expenditure, and Year from 1867 to 1909.

LOAN CHARGES				TOTAL NET EXPENDITURE, EXCLUDING SPECIAL.		* SPECIAL EXPENDITURE.							TOTAL NET EXPENDITURE MET OUT OF RATES.		Year ended Michaelmas.
Interest.	Repayment.	Total.	† Rate in the £.	Amount. Columns 17 and 21.	† Rate in the £.	Asylums.	Hospitals.	Ambulance Service.	Training Ship Exmouth.	Children's Homes and Schools.	Office of the Board, Central Stores, &c.	Total.	Amount. Columns 23 and 31.	† Rate in the £.	
(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)
£	£	£	d.	£	d.	£	£	£	£	£	£	£	£	d.	
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1867
..	..	..	..	2,539	03	..	..	..	..	..	..	..	2,539	03	1868
2,502	2,438	4,940	006	8,384	11	..	..	..	..	..	..	..	8,384	11	1869
17,917	9,000	26,917	036	35,592	48	..	..	..	..	..	..	..	35,592	48	1870
13,837	..	13,837	017	125,027	151	..	..	..	..	..	..	..	125,027	151	1871
24,402	17,198	41,600	050	158,727	192	..	..	..	..	..	..	..	158,727	192	1872
20,292	9,270	29,562	036	139,750	169	..	..	..	..	..	..	..	139,750	169	1873
20,342	9,425	29,767	035	144,696	170	..	..	..	..	..	..	..	144,696	170	1874
20,540	9,996	30,536	035	159,420	184	..	..	..	..	..	..	..	159,420	184	1875
15,908	..	15,908	016	155,786	162	..	..	..	..	..	..	..	155,786	162	1876
30,498	24,841	55,339	057	261,128	268	..	..	..	..	..	..	..	261,128	268	1877
27,340	15,156	42,496	044	247,348	254	..	..	..	..	..	..	..	247,348	254	1878
29,230	18,319	47,549	048	237,094	239	..	..	..	..	..	..	..	237,094	239	1879
30,091	18,494	48,585	048	243,021	239	..	..	..	..	..	..	..	243,021	239	1880
31,862	20,146	52,008	050	385,223	370	..	..	..	..	..	..	..	385,223	370	1881
24,226	1,426	25,652	023	372,133	327	..	..	..	..	..	..	..	372,133	327	1882
39,518	47,910	87,428	075	419,710	362	..	..	..	..	..	..	..	419,710	362	1883
32,983	27,685	60,668	052	560,855	476	..	..	..	..	..	..	..	560,855	476	1884
36,193	29,636	65,829	055	511,453	426	..	..	..	..	..	..	..	511,453	426	1885
38,539	38,434	76,973	063	311,983	255	..	..	..	..	..	..	..	311,983	255	1886
40,952	41,251	82,203	065	302,454	239	..	..	..	..	..	..	..	302,454	239	1887
39,939	40,024	79,963	063	383,554	301	..	..	..	..	..	..	..	383,554	301	1888
40,164	42,085	82,249	064	342,408	266	..	..	..	..	..	..	..	342,408	266	1889
39,051	43,220	82,271	063	366,946	280	..	..	..	..	..	..	..	366,946	280	1890
37,596	43,007	80,603	062	400,328	306	..	..	..	..	..	..	..	400,328	306	1891
36,395	43,262	79,657	058	488,596	357	..	..	..	..	..	..	..	488,596	357	1892
37,156	45,643	82,799	059	582,870	418	..	..	..	..	..	..	..	582,870	418	1893
39,747	45,564	85,311	060	574,871	409	..	..	..	..	..	..	..	574,871	409	1894
46,312	55,077	101,389	071	550,428	388	..	..	..	..	..	..	..	550,428	388	1895
56,422	84,051	140,473	095	621,958	419	..	..	..	..	..	..	..	621,958	419	1896
63,367	94,436	157,803	105	661,764	442	..	..	..	..	..	..	..	661,764	442	1897
69,692	108,668	178,360	118	715,047	472	..	..	..	..	..	..	..	715,047	472	1898
71,955	117,158	189,113	124	761,373	497	..	..	..	..	..	..	..	761,373	497	1899
73,274	123,872	197,146	127	775,100	498	17,754	22,794	2,146	251	1,954	2,000	46,899	821,999	528	1900
76,863	102,945	179,808	109	812,570	492	12,989	22,302	1,094	886	4,429	..	41,700	854,270	517	1901
92,521	110,322	202,843	122	928,675	557	12,093	34,291	11,304	245	7,947	669	66,549	995,224	597	1902
111,047	166,353	277,400	164	936,310	554	9,073	133,983	17,320	273	11,257	770	172,676	1,108,986	657	1903
115,215	183,618	298,833	175	901,721	528	20,476	47,505	2,107	253	3,827	2,012	76,180	977,901	572	1904
116,640	196,474	313,114	181	936,653	541	16,685	48,006	2,662	470	5,729	1,899	75,451	1,012,104	584	1905
114,910	206,544	321,454	178	974,361	539	8,463	39,782	2,951	394	6,222	534	58,346	1,032,707	571	1906
111,772	209,209	320,981	177	997,028	548	14,242	42,005	5,854	103	7,234	758	70,196	1,067,224	588	1907
103,480	181,745	285,225	155	997,575	542	25,491	43,241	4,391	62	2,067	15,469	90,721	1,088,296	593	1908
98,257	181,696	279,953	151	962,463	519	12,187	40,772	3,794	449	21,994	3,433	82,629	1,045,092	563	1909

amount is small and is included under ordinary expenditure.

to approximately divide the Darenth Asylum expenditure on imbeciles from the Darenth Camps expenditure on smallpox patients.

such contributions are excluded for the years 1897-1903.

institutions to which the goods are supplied, and therefore forms part of the above expenditure under the appropriate head.

APPENDIX VIII.—Statement of the Total Days' Maintenance and the Daily Michaelmas,

INSTITUTIONS.	TOTAL NUMBER OF DAYS'						
	1909	1908	1907	1906	1905	1904	1903
Asylums (Imbecile)—							
Leavesden	755,134	679,132	669,737	646,906	646,154	634,123	638,834
Caterham	708,860	681,473	696,203	685,937	702,171	705,311	701,556
Darenth	696,125	698,594	715,324	702,606	685,036	706,071	709,214
Tooting Bec	355,611	302,634	288,407	280,323	270,502	268,100	148,430
Rochester House ... ..	..	..	..	..	28,385	49,302	52,249
Belmont ... ..	..	90,757	110,348	90,472	18,172	..	..
Gore Farm ... ..	..	..	..	..	62,162	6,440	..
Totals and Averages ...	2,515,730	2,452,590	2,480,019	2,406,244	2,412,582	2,369,347	2,250,283
Hospitals (Fever)—							
Eastern	92,820	98,789	114,746	105,372	101,384	95,551	74,871
North-Eastern	156,511	191,142	165,474	159,981	159,141	122,413	116,304
North-Western	115,520	127,006	130,735	118,188	104,442	95,533	110,989
Western	133,790	146,864	135,162	120,600	102,730	90,430	118,367
South-Western	90,162	87,164	87,368	99,588	100,838	77,911	97,145
Fountain	33,312	70,121	22,207	66,927	72,770	..	69,538
Grove	110,387	112,256	133,004	116,970	114,861	78,816	107,990
South-Eastern	106,126	114,619	130,164	20,790	..	23,490	79,370
Park	125,343	151,720	142,044	104,168	126,542	107,099	105,192
Brook	142,895	146,419	147,350	142,669	141,254	130,918	134,523
Northern	168,379	208,850	211,627	190,804	189,837	144,900	129,243
Gore Farm	217,029	285,809	254,524	226,676	22,348	..	..
Joyce Green ... ..	..	27,340	..	..	..	..	..
London General Hospitals (in respect of M.A.B. enteric cases)	..	..	..	..	..	..	1,308
Totals and Averages ...	1,492,274	1,768,099	1,674,405	1,472,733	1,236,147	967,061	1,144,840
Hospitals (Smallpox)—							
Hospital Ships, Long Reach, and Joyce Green	140	54	73	949	3,172	19,551	12,461
Gore Farm ... ..	..	..	..	..	..	..	..
Totals and Averages ...	140	54	73	949	3,172	19,551	12,461
Homes and Schools (Children)—							
High Wood	103,891	98,023	96,814	91,975	86,061	5,073	..
White Oak	104,641	96,657	101,349	88,058	95,755	119,834	57,786
The Downs	128,513	126,093	130,216	142,625	145,132	146,968	78,292
*The Children's Infirmary	124,134	..	..	..	..	..	..
S. Anne's	46,808	46,442	28,721	43,807	45,362	40,429	41,511
East Cliff	43,984	42,688	44,344	41,632	45,293	35,867	32,871
Millfield	40,944	39,901	36,130	26,942	22,940	6,518	..
Bridge	50,285	40,013	25,451	23,298	56,248	55,764	57,083
Lloyd Street	8,004	8,208	8,856	9,114	8,179	8,556	8,053
Elm Grove	4,206	4,584	4,703	4,588	4,531	4,256	4,623
Kingwood Road ... ..	..	1,622	6,856	7,385	7,198	7,297	6,667
Earlsfield Road	3,248	2,986	2,735	3,306	3,150	2,789	336
Surrey House	6,346	5,719	5,307	5,408	5,347	4,020	..
Pentonville Road	11,706	9,678	8,490	9,421	8,726	8,914	9,304
Harrow Road	4,460	3,805	3,867	3,443	3,272	3,355	4,190
Camberwell Green	10,029	8,785	6,500	7,440	6,628	7,263	7,141
Totals and Averages ...	691,199	535,204	510,339	508,442	543,822	456,903	307,871
Training Ship (Boys) ...	224,052	198,693	205,250	207,894	199,225	193,350	197,011
GRAND TOTALS ...	4,923,395	4,954,640	4,870,036	4,596,262	4,394,948	4,006,212	3,912,464

*NOTE. The average number of inmates (1909) for The Children's Infirmary

Average Number of Inmates for each of the TEN years ended 1909.

MAINTENANCE.			AVERAGE NUMBER OF INMATES.									
1902	1901	1900	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900
643,351	663,296	707,383	2,075	1,866	1,805	1,777	1,775	1,742	1,755	1,767	1,788	1,943
702,795	717,710	725,506	1,947	1,872	1,877	1,884	1,929	1,938	1,927	1,931	1,934	1,992
722,343	735,952	708,980	1,912	1,919	1,928	1,930	1,882	1,940	1,948	1,984	1,983	1,943
..	..	..	977	832	777	770	743	736	408	..	..	..
42,517	1,890	..	..	..	..	..	78	135	144	117	..	..
..	..	..	..	249	298	249	50	..	..	..	..	..
..	..	..	..	..	..	..	171	18	..	..	..	..
2,111,006	2,118,848	2,141,869	6,911	6,738	6,685	6,610	6,628	6,509	6,182	5,799	5,705	5,883
86,945	102,288	106,812	255	271	309	289	278	262	206	239	275	293
174,980	129,354	109,153	430	525	446	440	437	336	319	481	348	303
161,448	140,344	118,920	317	349	352	325	287	262	305	444	377	323
134,471	133,119	136,597	368	404	364	331	282	248	325	369	359	373
108,938	98,360	88,867	248	240	235	274	277	214	267	299	265	243
137,766	109,889	94,848	91	193	60	184	200	..	191	378	296	263
90,423	91,884	79,720	303	308	359	321	316	217	297	248	247	213
97,419	102,986	119,121	292	315	351	57	..	65	218	268	278	323
148,198	134,825	140,200	344	417	383	286	348	294	289	407	362	383
162,472	144,094	153,463	393	402	397	392	388	360	369	446	388	423
176,724	179,645	146,423	463	574	571	524	522	398	355	486	483	403
298	95,913	142,363	596	785	686	623	61	..	..	1	261	393
..	..	..	..	75	..	..	..	..	..	..	..	..
3,933	7,973	7,048	..	..	..	..	..	..	4	11	22	113
1,484,015	1,470,674	1,443,535	4,100	4,858	4,513	4,046	3,396	2,656	3,145	4,077	3,961	3,963
95,643	6,263	2,208	..	..	..	3	9	53	34	263	17	6
202,001	..	..	..	..	..	..	..	..	..	555	..	..
297,644	6,263	2,208	..	..	..	3	9	53	34	818	17	6
..	..	..	285	269	261	253	236	14	..	..	..	..
..	..	..	287	265	273	242	263	329	159	..	..	..
..	..	..	353	346	351	392	399	404	215	..	..	..
..	..	..	*502	..	..	..	..	..	..	..	..	..
42,222	44,078	42,219	129	128	77	120	125	111	114	116	119	116
29,468	15,468	12,719	121	117	120	114	124	99	90	81	41	34
..	..	..	113	110	97	74	63	18	..	..	..	..
55,481	27,912	..	138	110	69	64	155	153	157	152	129	..
8,839	6,496	6,583	22	23	24	25	22	23	22	24	18	18
4,576	3,152	..	12	13	13	13	12	12	13	13	12	..
7,245	4,796	169	..	4	18	20	20	20	18	20	19	..
..	..	..	9	8	7	9	9	8	1	..	..	..
..	..	..	17	16	14	15	15	11	..	..	..	..
5,594	..	..	32	27	23	26	24	24	26	15	..	..
2,740	..	..	12	10	11	9	9	9	11	8	..	..
5,394	..	..	28	24	18	21	18	20	20	15	..	..
161,559	101,902	61,690	2,060	1,470	1,376	1,397	1,494	1,255	846	444	338	168
207,837	213,159	197,898	616	546	553	571	547	531	542	571	574	543
4,262,061	3,910,846	3,847,200	13,687	13,612	13,127	12,627	12,074	11,004	10,749	11,709	10,595	10,563

has been calculated for the period from 29th January, 1909, only.

**APPENDIX IX.—Statement of the average Weekly Cost of Inmate
Office and Central Expenses) for each of the**

INSTITUTIONS.	WEEKLY AVERAGE														
	MAINTENANCE (including provisions, necessaries, clothing, and funerals).										OTHER				
	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1909	1908	1907	1906	1905
	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.
Asylums (Imbecile)—															
Leavesden ...	3 5 4	3 8 6	3 3 6	3 6 6	3 8 3	3 9 7	3 11 9	4 3 4	4 5 6	3 9 3	6 0 6	6 6 0	6 6 2	6 7 4	6
Caterham ...	3 7 9	3 9 4	3 7 0	3 8 5	3 9 1	3 10 5	4 0 6	4 0 6	3 10 5	3 7 8	5 11 4	6 1 0	5 11 0	5 10 2	5
Darenth ...	3 4 0	3 4 7	2 10 0	2 11 2	3 1 7	3 10 3	3 11 1	3 11 7	4 1 9	3 11 0	6 5 4	6 5 4	6 9 5	7 4 9	7
Tooting Bec ...	3 2 7	3 9 1	3 6 3	3 5 8	3 7 3	3 11 1	..	..	..	..	11 8 5	12 10 5	13 5 5	13 8 8	14
Rochester H.	..	..	..	..	..	3 3 8	3 4 8	4 2 8	..	..	..	..	..	..	..
Belmont ...	..	3 8 2	3 7 1	4 11 8	..	..	..	..	..	..	..	..	11 5 5	13 1 4	..
Gore Farm ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Average Cost	3 5 4	3 7 8	3 3 4	3 5 5	3 6 4	3 10 1	3 11 7	4 1 2	4 1 9	3 9 3	6 11 4	7 2 1	7 5 5	7 8 5	7
Hospitals (Fever)—															
Eastern ...	3 9 0	3 10 3	3 10 3	3 10 4	3 11 3	4 1 0	4 5 2	4 6 0	4 4 3	4 5 9	30 3 5	27 5 2	24 2 1	26 11 0	29
North-Eastern	4 7 1	4 3 7	4 3 0	3 8 7	3 10 2	4 2 5	4 9 2	4 6 7	4 2 6	3 11 4	29 1 0	24 2 1	25 1 9	24 5 7	24
North-Western	3 8 5	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	27 9 6	26 1 8	25 2 3	26 10 8	30
Western ...	4 1 6	4 2 0	3 11 6	4 2 0	4 8 9	5 2 8	5 2 9	5 10 9	5 11 9	5 7 3	28 7 4	25 10 1	27 6 1	30 4 8	34
South-Western	4 8 2	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	33 1 9	34 5 5	33 11 2	29 9 4	29
Fountain ...	4 10 9	4 8 3	4 4 8	4 4 0	5 0 7	..	..	5 2 0	5 3 8	5 7 9	..	33 11 5	..	36 0 5	31 1
Grove ...	4 8 0	4 4 4	4 0 8	4 4 6	4 6 6	5 2 5	6 0 2	6 4 7	6 6 1	6 5 0	34 3 6	35 9 9	30 6 4	33 8 1	33
South-Eastern	3 6 8	3 10 1	4 0 3	..	..	..	5 5 6	5 9 3	5 4 2	5 2 4	33 0 5	33 11 4	29 2 7	..	..
Park ...	4 6 6	4 5 0	4 5 7	4 7 7	4 10 0	6 0 0	6 3 6	5 10 3	5 2 8	5 9 7	30 11 3	27 0 7	27 10 7	33 11 4	28
Brook ...	4 6 2	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	29 8 8	29 7 6	29 9 1	30 5 1	31
Northern ...	5 0 3	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	20 4 5	17 3 1	16 7 9	18 5 8	18
Gore Farm ...	4 2 3	4 6 7	4 2 8	4 0 8	..	..	..	..	6 10 7	6 4 3	16 2 7	15 3 1	14 4 3	14 7 1	..
Joyce Green	..	8 3 4	..	..	..	..	..	..	..	..	..	..	..	..	..
London Gen. Hospitals (enteric cases) ...	..	..	..	..	..	..	5 8 0	5 6 6	5 10 4	5 8 6	..	..	..	..	..
Total Average Cost	4 4 3	4 5 3	4 3 8	4 1 7	4 5 6	4 11 5	5 5 7	5 6 9	5 6 4	5 6 0	27 8 6	25 3 7	24 4 7	25 11 0	28
Hospitals (Smallpox)—															
Hos. Ships, Long Reach	9 0 0	..	..	7 9 8	9 3 8	10 1 3	7 11 7	11 7 6	9 2 7	7 1 8	..	..	..	..	..
Joyce Green	..	..	..	..	..	..	..	11 8 9	..	..	..	..	..	..	..
Gore Farm ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Average Cost	9 0 0	..	..	7 9 8	9 3 8	10 1 3	7 11 7	11 8 4	9 2 7	7 1 8	..	..	..	..	..
Homes, &c. (Children)—															
High Wood ...	3 6 5	3 10 3	3 11 3	3 10 7	4 3 0	..	..	..	..	..	11 10 4	12 9 9	12 5 1	12 11 9	13
White Oak ...	3 5 7	3 9 5	3 6 4	3 10 7	3 7 7	3 8 0	..	..	..	..	12 11 6	13 11 7	12 10 6	14 0 0	13
The Downs ...	3 3 3	3 5 6	3 2 4	3 4 6	3 5 5	3 11 4	..	..	..	..	10 8 4	10 1 3	10 2 7	9 9 3	9
The Children's Infirmary	4 2 3	..	..	..	..	..	..	..	..	..	14 2 2	..	..	..	..
S. Anne's ...	3 5 1	3 5 3	3 5 1	3 2 3	3 8 4	4 0 3	3 10 4	4 0 8	3 10 2	3 7 5	8 11 1	8 7 4	..	9 2 2	9
East Cliff ...	3 6 1	3 7 0	3 3 5	3 4 6	3 6 2	3 8 0	3 11 8	4 6 8	4 4 0	4 0 1	10 3 1	9 6 5	9 4 2	9 2 7	8
Millfield ...	4 1 4	4 7 3	5 10 2	5 11 4	6 4 6	..	..	..	..	..	8 7 2	9 3 4	10 11 1	12 10 1	13
Bridge ...	4 10 5	5 0 8	3 10 1	..	2 11 5	3 2 0	3 2 3	3 7 8	5 7 2	..	7 4 5	7 11 9	6 11 7	..	8 1
Lloyd Street ...	3 10 8	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	8 9 8	8 9 2	8 3 8	8 11 1	9 1
Elm Grove ...	3 1 5	3 2 2	3 1 1	3 5 7	3 5 9	3 10 2	3 9 0	4 2 0	4 6 9	..	9 6 7	8 8 3	8 6 2	8 10 6	9
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 1
Earlsfield Road	4 4 8	4 3 2	3 11 3	4 4 3	4 6 9	6 5 1	..	..	..	..	8 3 2	9 0 0	10 3 4	8 2 1	8 1
Surrey House	3 6 6	4 5 5	3 10 8	5 7 4	6 7 2	..	..	..	..	..	6 4 3	8 4 1	8 6 9	8 6 5	7
Pentonville Rd.	2 11 0	2 11 8	3 2 8	3 2 0	3 3 9	4 7 6	4 0 2	..	..	..	8 8 8	10 4 6	10 9 4	10 9 6	11
Harrow Road	3 6 6	3 1 9	3 7 9	3 7 4	3 8 2	4 5 0	4 1 7	..	..	..	13 11 2	16 9 0	15 2 0	17 9 7	18
Camberwell G.	2 7 0	3 0 1	2 11 7	2 6 2	2 9 4	4 1 3	3 10 3	..	..	..	9 11 3	10 7 6	12 9 5	11 3 5	13
Total Average Cost	3 8 3	3 9 8	3 8 6	3 9 0	3 9 3	3 9 9	3 9 5	4 2 0	4 6 5	3 9 0	11 1 8	10 11 0	11 0 1	11 2 8	10
Training Ship (Boys)—															
Boys ...	4 2 8	4 9 1	4 7 4	4 3 9	4 8 1	5 2 0	5 4 0	5 1 4	5 9 5	5 7 4	6 5 2	7 3 6	7 5 6	11 4 7	..

*NOTE.—The Industrial, Farm, &c., balances are adjusted wholly on other Charges in 1909 and 1908, thus modifying the figures for those years.
†The Children's Infirmary figures are for Michaelmas, 1900.

(excluding Rent or Loan Charges, Special Expenditure and Head
TEN years ended Michaelmas, 1909.

COST PER INMATE																																																								
CHARGES.														TOTAL.																																										
4	1903				1902				1901				1900				1909				1908				1907				1906				1905				1904				1903				1902				1901				1900			
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.																
0.3	6	1.6	6	5.3	6	0.9	5	2.2	9	6.0	10	2.6	9	9.8	10	2.0	9	11.1	9	10.0	10	1.5	10	8.7	10	6.5	8	11.5																												
6.6	5	5.6	5	5.5	5	5.5	4	7.6	9	7.3	9	10.4	9	6.0	9	6.7	9	4.4	9	5.1	9	6.2	9	6.1	9	4.0	8	3.4																												
0.0	8	1.8	8	3.1	8	3.2	7	8.6	9	9.4	9	10.1	9	7.5	10	4.1	10	6.8	11	10.3	12	0.9	12	2.8	12	5.1	11	7.6																												
3.8	14	11.2	16	7.6	16	11.8	17	2.6	17	8.7	17	2.9																												
9.4	8	3.0	9	7.8	11	1.2	11	7.8	13	10.6																												
..	15	0.6	18	1.2																												
..																												
4.1	6	7.7	6	9.6	6	7.6	5	10.1	10	4.8	10	9.9	10	8.9	11	2.0	10	10.3	11	2.2	10	7.4	10	10.8	10	9.5	9	7.4																												
7.0	38	6.8	34	6.4	30	9.3	28	4.9	34	0.5	31	3.5	28	0.4	30	9.4	33	1.6	34	8.0	43	0.0	39	0.4	35	1.6	32	10.8																												
5.5	33	0.7	22	5.0	22	5.7	22	8.9	33	8.1	28	5.8	29	4.9	28	2.4	28	4.0	33	8.0	37	9.9	26	11.7	26	8.3	26	8.3																												
4.6	28	6.8	21	6.2	24	8.0	27	0.2	31	6.1	29	11.4	29	1.0	30	5.0	34	4.8	35	3.0	33	9.8	27	0.1	29	11.3	32	3.3																												
1.5	31	3.3	28	0.9	29	2.3	26	11.3	32	9.0	30	0.1	31	5.7	34	6.8	39	0.4	43	4.3	36	6.2	33	11.8	35	2.2	32	6.6																												
0.6	32	6.2	29	9.5	33	2.0	32	3.0	37	10.1	38	11.6	38	2.9	33	8.5	33	7.1	43	1.9	37	11.5	35	6.0	38	8.2	37	5.7																												
..	..	20	4.2	26	1.7	28	1.3	38	7.8	40	4.5	36	11.7	25	6.2	31	5.5	33	9.2																												
6.8	37	3.7	46	4.2	45	0.2	46	6.5	38	11.6	40	2.3	34	7.2	38	0.7	38	3.8	49	9.3	43	3.9	52	8.9	51	6.3	52	11.5																												
..	39	8.6	33	3.9	33	5.1	26	9.1	36	7.3	37	9.5	33	3.0	45	2.2	39	1.2	38	9.3	31	11.5																													
2.2	35	4.6	26	9.4	28	7.1	26	7.4	35	5.9	31	5.7	32	4.4	38	7.1	33	5.0	40	2.2	41	8.2	32	7.7	33	9.9	32	5.1																												
11.5	35	11.7	31	1.8	35	8.8	30	8.7	34	3.0	34	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																												
8.6	27	3.9	20	2.0	20	1.9	22	11.5	25	4.8	22	3.2	21	11.3	23	2.6	23	3.1	26	11.7	33	2.0	26	3.1	26	0.7	28	8.6																												
..	32	1.6	22	10.7	20	5.0	19	9.8	18	7.1	18	7.9	39	0.3	29	3.0																											
..																												
..	17	1.5	29	9.5	23	9.7	28	10.2	..	..	..	..	..	..	..	..	..	..	..	22	9.5	35	4.1	29	8.1	34	6.8																		
0.5	33	6.4	27	2.5	29	2.9	27	9.5	32	0.9	29	9.0	28	8.5	30	0.7	32	7.8	38	0.0	39	0.1	32	9.4	34	9.3	33	3.5																												
..	..	55	0.0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	66	7.6	..	..	..	..	..																								
..	..	26	0.0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	37	8.9	..	..	..	..	..																								
..	..	36	0.0	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	47	8.4	..	..	..	..	..																								
..	15	4.9	16	8.2	16	4.4	16	10.6	17	5.1																													
5.4	..	..	..	..	..	..	..	16	5.3	17	9.2	16	5.0	17	10.7	17	1.7	15	1.4	..	..	..	..	..	..	..	..																					
7.5	..	..	..	..	..	..	..	13	11.7	13	6.9	13	5.1	13	1.9	11	11.0	13	6.9	..	..	..	..	..	..	..	..																					
..	..	..	..	..	..	..	..	18	4.5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..											
2.7	6	7.2	10	0.5	9	4.3	9	0.5	12	4.2	12	0.7	..	12	4.5	13	1.6	14	3.0	10	5.6	14	1.3	13	2.5	12	8.0																													
6.4	9	10.5	10	4.9	14	0.3	14	9.1	13	9.2	13	1.5	12	7.7	12	7.3	11	11.4	13	2.4	13	10.3	14	11.7	18	4.3	18	9.2																												
..	..	..	..	..	..	..	..	12	8.6	13	10.7	16	9.3	18	9.5	20	0.6	..	..	..	..	..	..	..	..	..	..																			
3.9	8	11.9	9	1.4	12	8.1	..	12	3.0	13	0.7	10	9.8	..	12	6.8	12	5.9	12	2.2	12	9.2	18	3.3																														
0.4	10	7.3	9	11.0	10	9.0	9	5.1	12	8.6	13	2.0	12	11.7	13	2.9	14	5.1	14	10.9	15	4.2	15	4.2	15	5.6	13	5.8																												
8.0	9	4.5	9	11.3	12	11.6	..	12	8.2	11	10.5	11	7.3	12	4.3	13	3.4	13	6.2	13	1.5	14	1.3	17	6.5	..	..																											
3.5	8	10.1	8	2.6	10	2.2	..	..	..	..	..	..	12	4.0	11	9.3	12	6.1	13	0.1	14	6.4	13	8.2	15	5.2	..	..																										
7.1	..	..	..	..	..	..	..	12	8.0	13	3.2	14	2.7	12	6.4	13	6.7	17	0.2	..	..	..	..	..	..	..	..																					
..	..	..	..	..	..	..	..	9	10.9	12	9.6	12	5.7	14	1.9	14	3.9	..	..	..	..	..	..	..	..	..	..																			
6.0	11	5.2	..	..	..	..	..	11	7.8	13	4.4	14	0.2	13	11.6	14	9.9	16	1.6	15	5.4	..	..	..	..	..	..																							
4.3	15	1.2	..	..	..	..	..	17	5.8	19	10.9	18	9.9	21	5.1	21	11.4	21	9.3	19	2.9	..	..	..	..	..	..																							
1.9	12	2.6	..	..	..	..	..	12	6.3	13	7.7	15	9.2	13	9.7	15	10.3	15	3.2	16	0.9	..	..	..	..	..	..																							
2.9	9	0.9	9	8.0	11	2.6	10	3.2	14	10.1	14	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																												
0.4	7	2.7	6	9.6	7	1.5	7	2.2	10	8.0	12	0.7	12	1.0	11	3.3	11	11.9	12	2.4	12	6.7	11	11.0	12	11.0	12	9.6																												

Comparison with former years, more particularly the Maintenance Charges at Darenth Asylum and Bridge Industrial Home.
Year only, and are included in the average total figures.

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 1909.

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.	Annual Increase.		Amount in the £ worked out as a Metropolitan Rate.*			Amount Raised.				
					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
43	1909	44,517,260	315,874	185,488	5.25	0.72	5.97	967,201	133,000	1,100,201	1909	43

*† 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 2nd October, 1909.

INSTITUTION.	Amount Sanctioned.	Amount Borrowed.	Balance of Principal Outstanding 2nd October, 1909.		
	£	£	£	s.	d.
Asylums—					
Leavesden	223,916	223,916	87,357	9	11
Caterham	227,254	227,254	82,627	12	8
Darenth	334,058	334,058	85,604	6	6
Tooting Bec	324,813	324,813	231,057	16	10
Clapton	2,500	...	...	...	...
Belmont	127,955	127,955	91,906	16	7
TOTALS FOR ASYLUMS	1,240,496	1,240,496	578,554	2	6
Hospitals—					
Eastern	122,897	122,897	48,824	0	5
North-Eastern	175,147	175,147	107,017	0	0
North-Western	168,761	168,761	75,020	3	6
Western	225,150	225,150	96,708	11	11
South-Western	163,439	163,439	61,825	10	3
Fountain	155,103	155,103	10,865	6	11
Grove	271,106	271,106	145,592	4	11
South-Eastern	262,506	262,506	152,813	8	0
Park	273,947	273,947	142,699	8	4
Brook	317,551	317,551	165,140	10	9
Northern	194,428	194,428	60,970	7	10
Gore Farm (Upper)	180,488	180,488	59,519	14	2
Do. (Lower)	135,000	135,000	49,392	1	11
Smallpox—Hospital Ships	74,285	74,285	4,211	11	8
Do. Long Reach (Temporary)	67,988	67,988	33,526	2	6
Do. Orchard	123,000	123,000	56,200	1	5
Do. Joyce Green	370,869	370,869	267,166	4	9
TOTALS FOR HOSPITALS	3,281,665	3,281,665	1,535,482	9	3
Bacteriological Laboratories and Stables	5,280	5,280	4,583	14	8
Land Ambulance Stations—					
Eastern	2,645	2,645	1,530		2
North-Western	20,254	20,254	11,722	1	5
Western	3,800	3,800	868	2	8
South-Western	15,976	15,976	9,940	3	3
South-Eastern	1,625	1,625	1,180	3	7
Brook	16,408	16,408	8,996	2	3
Mead	28,500	28,500	13,021	19	5
Tooting Bec	1,567	1,567	1,288	15	5
TOTALS FOR LAND AMBULANCE SERVICE	90,775	90,775	48,548	4	2
River Ambulance Service—					
South Wharf	43,154	43,154	20,769	8	5
North Wharf	9,555	9,555	3,189	2	0
West Wharf	14,207	14,207	5,012	4	6
Steamers	35,837	35,837	4,756	11	4
TOTALS FOR RIVER AMBULANCE SERVICE	102,753	102,753	33,727	6	3
Training Ship Exmouth	98,376	98,376	58,543	11	7
Children's Homes and Schools—					
High Wood	106,477	106,477	77,682	0	4
White Oak	132,244	132,244	94,712	11	11
The Downs	99,800	99,800	72,594	0	10
The Children's Infirmary	245,195	245,195	197,558	12	10
S. Anne's	16,000	16,000	8,772	13	11
East Cliff	17,320	17,320	11,903	9	0
Millfield	27,042	27,042	19,588	10	2
Bridge	11,000	11,000	7,237	9	5
Lloyd Street	650	650	231	14	3
Elm Grove	1,000	1,000	750	0	0
Kingwood Road	1,480	1,480	527	12	10
Earlsfield Road	690	690	548	5	11
Surrey House	1,050	1,050	799	11	11
Pentonville Road	3,534	3,534	1,464	2	5
Harrow Road	3,715	3,715	2,659	4	5
Camberwell Green	5,196	5,196	3,297	7	10
TOTALS FOR CHILDREN'S HOMES AND SCHOOLS	672,393	672,393	500,327	8	0
Office of the Board	110,811	110,811	77,383	15	11
Central Stores (Land and premises at Peckham)	4,250	4,250	3,495	1	1
GRAND TOTALS	£5,606,799	5,606,799	2,840,644	13	5

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 all such 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 other Mortgagees, the Public Works Loans Commissioners, 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.

(Note IV.) On the 14th May, 1907, and 2nd November, 1909, the Local Government Board, by order, cancelled all unexercised powers to borrow which for various reasons were then no longer likely to be required, and there are no unexercised powers to borrow now existing.

APPENDIX XII.—**Interest on Loans.**

The average rate of interest per cent. per annum payable on the principal of loans outstanding 2nd October, 1909, amounting to £2,840,645, 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 pay- able.
	£	£	£	£ s. d.
Public Works	263,363	114,772	148,591	2 15 0
Loans	4,480	1,216	3,264	3 0 0
	5,050	4,301	749	3 5 0
London County Council Loans	5,333,906	2,645 865	2,688,041	3 7 1
Totals	£5,606,799	£2,766,154	£2,840,645	{ £ Average rate on outstanding loans } £3 6 8

ANNUAL REPORT OF THE WORKS COMMITTEE FOR 1909.

January, 1910.

(i.) Engineer-in-chief's Department. So far as the operations of the Works Committee were concerned, the year 1909 was one of comparative quiescence, no works of any magnitude having been dealt with during the twelve months under review. This condition of affairs (which should be a matter of congratulation to the Managers) enabled the energies of the Engineer-in-chief to be more directly concentrated on the structural upkeep of the numerous buildings under the Board's control, and on the effective maintenance of the valuable engineering and electrical plants connected therewith.

(ii.) Cost of works carried out during 1909. Works to the approximate value of £60,569 were carried out under the supervision of the Engineer-in-chief during 1909. Of this amount, £33,262 represents the value of engineering works and repairs (of which works to the value of £15,000 were carried out by the staffs at the various institutions) and £27,307 the value of building works and repairs, of which £10,448 were carried out by contract, and £16,859 by temporary labour, mainly at the Board's infectious hospitals.

(iii.) Annual cleaning and painting works and repairs. In our last annual report we called attention to the fact that with a view to the annual cleaning and painting works at the Board's institutions being put in hand at an earlier period than usual, arrangements had been made for these works to be carried out at the majority of the Board's institutions by direct labour under the supervision of the Engineer-in-chief instead of by contract.

We now submit the following statement showing the estimated value and actual cost on completion of the works so carried out :—

Institution.	Estimated Cost.	Cost on Completion.
Brook Hospital	£2,400	£2,023 5 5
Caterham Asylum	520	502 19 11
Eastern Hospital	985	1,050 9 0
Fountain Hospital	915	896 6 7
Grove Hospital	787	590 5 10
North-Eastern Hospital ..	1,625 (less washing down work)	1,875 12 10
North-Western Hospital ..	148	116 13 5
Park Hospital	2,075	2,182 4 5
South-Eastern Hospital ..	2,530	2,666 13 4
The Children's Infirmary ..	1,400	1,254 5 5
Tooting Bec Asylum	510 10s.	558 10 2
Western Hospital	735	667 0 10

The actual cost on completion of the works at the Northern Hospital (estimated cost £1,495), and at the South-Western Hospital (estimated cost £450), is not at present ascertainable.

(iv.) **Low voltage lamps.** In July last the Managers decided upon the installation of low voltage metallic filament electric lamps, in place of the carbon filament lamps then in use, at the North-Western, Western, South-Western, and South-Eastern Hospitals, The Children's Infirmary, The Downs School, the Western, South-Western, Mead and South-Eastern Ambulance Stations, and the new Central Stores, at a total initial expenditure estimated at £1,920.

The result of a previous test of these low voltage lamps, extending over a period of three months at the South-Western Hospital, had been so satisfactory that we had no hesitation in endorsing the recommendation of the Engineer-in-chief, who estimated that the annual saving which these low voltage lamps would effect would amount to £1,100, exclusive of the saving to be effected at the Children's Infirmary and other institutions, for which no figures were available for comparison. The actual financial results will be awaited with interest.

(v.) **Electric safety hand lamps.** Since May, 1907, when a fatal accident occurred to an artisan at one of the Board's institutions, who at the time was holding a hand lamp, the Engineer-in-chief has been in communication with various manufacturers of electrical appliances, as well as with the Electrical Inspector of the Home Office, with a view of obtaining an electric hand lamp of the safest possible type. The result of these enquiries was that in February last we were able to report to the Board that, upon Mr. Hatch's recommendation, we had approved of a lamp which, in his opinion, was the safest on the market. This lamp has now been adopted at all the electrically-lighted institutions under the Board, those previously in use being discarded and the use of unprotected lamps discontinued.

(vi.) **Head Office staff.** No change of importance has taken place during the year in the personnel of the Engineer-in-chief's department at the Head Office, the numerical strength of which still remains as at the end of 1908.

(vii.) **New central stores.** In October last we reported to the Board that the net total amount payable under the contract of Messrs. Charles Wall, Ltd., for the erection of these stores was £16,032 17s. 6d., the contract amount (including a general contingent sum of £500) having been £16,381, so that the net total cost was less than the contract sum by £348 2s. 6d.

IMBECILE ASYLUMS.

Caterham Asylum. The only works of any importance put in hand at this asylum to which reference need be made in this report were (a) the provision of Sundry works. additional infirmary accommodation at an estimated cost of £845; and (b) the supply and fixing of additional cooking apparatus at a cost of £415. The former of these two works was, at the close of the year, being carried out by temporary labour under the supervision of the Engineer-in-chief.

Darenth Asylum. As long ago as the 18th July, 1908, the Managers approved of the provision of additional needleroom accommodation for patients at (i.) Additional workrooms. the industrial colony at this asylum upon lines indicated by the Asylums Committee, and the Works Committee were instructed to cause a plan to be prepared for the consideration of the Managers and of the Local Government Board, and to arrange for the work to be carried out by direct labour, with the assistance of asylum patients, and under the direction of the Engineer-in-chief. Plans for the provision of this accommodation, at an estimated cost of

£4,225, were duly submitted to and approved by the Managers on the 27th February, 1909, but owing, in the first instance, to certain objections raised by the Local Government Board to these plans, and to the subsequent rescission by the Managers on the 8th May, 1909, of their resolution approving the provision of these additional needlerooms, considerable delay occurred, and it was not until the meeting of the Board on the 6th November (the Local Government Board having in the meantime urged the Managers to reconsider the matter in view of the satisfactory report of the Lunacy Commissioners on the successful working of the workshops already provided) that modified plans, prepared by Messrs. T. W. Aldwinckle and Son, architects, were submitted to the Managers. These modified plans were still awaiting the sanction of the Local Government Board at the close of the year.

(ii.) Gas lighting. The installation of incandescent gas lamps for lighting purposes at this asylum, at an initial expenditure of £273 11s. 6d. on the necessary lamps and fittings was approved by the Managers on the 4th December, and we have every reason to anticipate that the substitution of these modern fittings for the old-fashioned and extravagant flat flame burners will result in a very substantial saving.

(iii.) Installation of new boilers. In July last we were enabled to report that Messrs. Babcock & Willcox' contract for the installation of new boilers at this asylum, to which reference was made in our last annual report, had been satisfactorily completed at a total cost of £2,708, the amount of the contract being £2,690.

INFECTIOUS HOSPITALS AND RIVER AMBULANCE SERVICE.

Eastern Hospital. Sundry works. In July last the Managers accepted the tender of Messrs. Pasterfield & English for the provision of additional accommodation for male staff at this hospital at a cost of £2,058; and on the 23rd October that of Messrs. F. & G. Foster for the provision of isolation rooms in Temperance Ward at a cost of £1,882. The former of these works was approaching completion, whilst the latter was well in hand at the end of the year.

North-Eastern Hospital. Sundry works. The acceptance by the Managers in March last of Messrs. W. J. Fryer & Co.'s tender for the installation of electric light at this hospital at a cost of £5,095; and the satisfactory completion in June and July last of Mr. E. Wall's contract for the erection of new boiler house and workshops at a total cost of £5,014 7s. 0d. (contract amount £4,996), and that of Messrs. J. & F. May for the supply and fixing of new boilers and workshop machinery, etc., at a total cost of £7,296 7s. 11d. (contract amount £7,280 0s. 9d.), are the only works of importance carried out at this hospital during the year.

South-Western Hospital. Sundry works. The completion of Messrs. Fryer & Co.'s contract at the sum of £3,415 0s. 8d. (contract amount £3,434) for the installation of the electric light; the execution of alterations to the upper boiler house to meet the present needs of the hospital by Messrs. H. Windsor & Co. at a cost of £637 13s. 0d. for the building work, and £1,165 (contract amount) for the engineering work; and the acceptance of the tender of Messrs. Speedy, Eynon & Co., for re-modelling the telephone and fire-alarm systems at a cost of £435, are the only works calling for attention in connection with this hospital.

Smallpox Hospitals. Cottages, goods reception station, and porter's lodge. In April last we reported the completion of Mr. Coles' contract for the erection of these buildings, which were then taken formal possession of on the Board's behalf, the total cost of such contract having been £4,085 17s. 6d., as against a contract amount of £4,102 9s. 4d., which, however, included the sum of £250 for contingencies.

Belmont Laboratories. On the 3rd February these laboratories were handed over to the Hospitals Committee for occupation, the cost of their erection, exclusive of architects' and quantity surveyors' charges, having been £4,832 19s. 6d.

Minor works. Of minor works for which tenders were accepted during 1909 in connection with the Board's infectious hospitals may be instanced (i) the erection of additional house coal storage at the Eastern Hospital (£199); (ii.) road repairs (£649), and additional lavatory accommodation (£216) at the Northern Hospital; (iii.) repairs to tar-paving at the Park Hospital (£185); (iv.) repairs to roofs and chimney stacks at the South-Western Hospital (£180); (v.) provision of new ambulance tramcars (£838), and improvement of gas supply (£550 11s. 0d.) at the Smallpox Hospitals, and (vi.) the reconstruction of the foundations to the steam boilers and flues at the North-Western Hospital at a cost of £527 3s. 2d., based upon a schedule of prices.

INSTITUTIONS FOR CHILDREN.

The Children's Infirmary. Towards the close of the year the Managers, on the recommendation of the Children's Committee, endorsed a scheme for the provision at this infirmary of (a) additional isolation wards for 68 patients; (b) a hall and schoolrooms; (c) further sleeping accommodation for day nurses and night nurses; (d) the centralising of the heating and hot water services and the extension of the gas supply; and (e) repairs and alterations to the roads and tar-paving.

No estimate is at present available as to the cost of the works involved under (a), (b), and (c). The total cost of the items included under (d) and (e) is estimated at £17,770. As soon as the sanction of the Local Government Board shall have been received to so much of the scheme as requires their sanction, steps will be taken to give immediate effect to the Managers' decision.

Minor works. The acceptance of a tender for the tar-paving repairs at The Downs School (£220 15s. 6d.); the settlement upon terms satisfactory to the Managers of the claim of the South Metropolitan Electric Tramways and Lighting Co., Ltd., for compensation in respect of the period during which The Children's Infirmary buildings (formerly the Southern Hospital) were unoccupied; and the satisfactory completion of the new entrance lodge at Millfield, at a cost of £489 4s. 6d. (including all charges) are the only matters of any moment with which we were concerned in connection with the Board's institutions for children during 1909.

AMBULANCE STATIONS.

Revised plans for the provision of accommodation for motor ambulances at the Eastern and South-Eastern Stations at a total estimated cost of £290, were approved by the Managers in October last, and tenders for the execution of these works were accepted by the Managers just before the close of the year.

In June last we reported the satisfactory completion by the General Iron Foundry Co., of their contract for closing in the ends of the covered yard, the construction of a new petrol tank, and other works at the Mead Station at a total cost of £458 1s. 3d.

APPENDICES.

The usual appendices detailing the various contracts and works carried out under our supervision during 1909 are appended.

(Signed)

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 1909.

Institution.	Nature of Works.	Cost.		
		£	s.	d.
Leavesden Asylum ..	c Hot water tank (new)	19	0	0
	D Improving drying accommodation in laundry	25	0	0
Caterham Asylum ..	c Repairs to gas holder	100	0	0
	c New foul washing machines	199	0	0
Darenth Asylum	c Installation of Babcock and Willcox boilers	2,708	0	0
	c Alterations to gas retorts	145	0	0
	D Alteration to h.w. supplies in training school	45	0	0
Tooting Bec Asylum ..	c Covering cold water and hydrant pipes ..	32	0	0
	c New air vessel and repairs to pumps ..	50	0	0
	c New beef-tea apparatus and cooking pan in kitchen	76	0	0
	c New h.w. cylinder	37	0	0
	c New foul linen washing machine ..	99	0	0
Eastern Hospital ..	c Alterations to heating boilers in S. Veronica ward	38	0	0
	c Repairs to ironing machine	10	0	0
	c Altering position of laundry h.w. tank ..	10	0	0
	c New h.w. boiler and repairs to piping ..	43	0	0
	c Installation of fan in laundry	22	0	0
North Eastern Hospital ..	c Electric light installation	5,095	0	0
	c Transferring telephone and fire alarm apparatus from old to new boiler house	10	0	0
	D Disconnecting gas meters and altering gas mains	25	0	0
	c Installation of motor for driving workshop tools	47	0	0
	c Installation of motor for driving mechanical stokers	82	0	0
	c Coal trolleys	18	0	0
	c Non-conducting composition over boiler flues	10	0	0
	c New h.w. supply heaters and alterations in staff blocks	100	0	0
	c Heating stokers' bathroom	14	0	0
	c Gangway over boilerhouse roof	10	0	0
	D Workshop benches and wood fittings ..	13	0	0
North Western Hospital ..	D Workshop tools	66	0	0
	D Converting steam boiler to h.w. boiler ..	22	0	0
	D Installing h.w. boiler in nurses' home ..	18	0	0
	c Repairs to steam heaters	23	0	0
	c New h.w. tank	47	0	0
	c Making trial holes and underpinning steam boilers	525	0	0
	c Repairs to destructor	15	0	0

Institution.	Nature of Works.	Cost.
		£ s. d.
North Western Hospital (continued)	c Changing electric light installation to low voltage metallic filament lamps ..	250 0 0
Western Hospital	c Changing electric light installation to low voltage metallic filament lamps ..	360 0 0
	c New heater for nurses' block	70 0 0
	c New steam pump	13 0 0
	c New heaters for wards nos. 2 to 5, etc.	58 0 0
	c Repairing mechanical stoker shafting ..	32 0 0
	c Repairing condense pipes	70 0 0
	c Three new steam heaters and repairs to one existing heater	89 0 0
	c Heating dispensary	10 0 0
South Western Hospital ..	c Repairing washing machines	28 0 0
	c Remodelling telephones and fire alarms	445 0 0
	c Installation of new boilers	1,165 0 0
	c Repairs to heater, etc.	45 0 0
	c Installation of electric light in upper boiler house	36 0 0
	c Changing electric light installation to low voltage metallic filament lamps ..	280 0 0
	c Installation of fan in laundry	24 0 0
Grove Hospital	c New steam chest for heater	10 0 0
	c New potato steamers	63 0 0
Fountain Hospital ..	c Installation of new fire alarm cable ..	22 0 0
	c New bed for ironing machine	65 0 0
South Eastern Hospital ..	c New potato steamers	80 0 0
	c New boiling coppers	72 0 0
	c New valves on h.w. supply	23 0 0
	c Radiators in isolation ward no. 12 ..	68 0 0
	c Repairs to circulating pump	15 0 0
	c Spare steam chest	11 0 0
	c Changing electric light installation to low voltage metallic filament lamps ..	200 0 0
	c Repairs to boiler feed pump	18 0 0
Park Hospital	c Installation of mercury vapour lamps ..	10 0 0
Northern Hospital ..	c Rack and piping in laundry	31 0 0
	D Extending laundry steam heater ..	15 0 0
	c Repairing ironing machine	12 0 0
Gore Farm Hospital ..	D Installing steam radiators in nurses' home	15 0 0
	D Installing h.w. boiler in block J. ..	17 0 0
	D Fitting new sections to heating boilers ..	20 0 0
	D Fitting new down-takes to steam boilers	10 0 0
The Children's Infirmary..	c New foul linen washing machine ..	75 0 0
	c Additional electric lighting in operating room	15 0 0
	c Installation of motor generator set for charging electric vehicle batteries ..	70 0 0
	c Installing electric radiators in operating room	35 0 0
	c Repairs to lift motor	10 0 0
	D Installing machine tools in workshops ..	241 0 0

Institution.	Nature of Works.	Cost.
The Children's Infirmary (continued)		£ s. d.
	D Installing heating apparatus in work-shops	28 0 0
	C Installing heating apparatus in general stores	88 0 0
	D Installing Osram lamps in motor shed ..	13 0 0
	D h. and c. water supply in laundry block	17 0 0
	C Repairs to motor driving mechanical stokers	10 0 0
	D Installing outside lights under verandah of double cottage blocks	105 0 0
	C Adjustment and calibration of wattmeters and voltmeters	11 0 0
	C Installation of motor driving mincing machine	38 0 0
	C Supply of new 5 cwt. electric vehicle ..	300 0 0
	C Supplying new moveable top cover to motor lorry	15 0 0
	C Supplying new 25 cwt. electric motor lorry	480 0 0
	C Changing electric light installation to low voltage metallic filament lamps ..	480 0 0
Joyce Green Hospital ..	C Installing new gas meter and mains ..	555 0 0
	D Alterations to cold water supply in laundry	10 0 0
Smallpox Hospitals ..	C New ambulance tram cars	838 0 0
Western Ambulance Station	C Installation of mercury arc rectifier ..	24 0 0
	C Changing electric light installation to low voltage metallic filament lamps ..	30 0 0
South Western Ambulance Station	C Changing electric light installation to low voltage metallic filament lamps ..	26 0 0
South Eastern Ambulance Station	C Alterations to electric lights under covered portion of yard, etc.	23 0 0
	C Changing electric light installation to low voltage metallic filament lamps ..	40 0 0
Brook Ambulance Station	D Repairing hot water supply pipes ..	10 0 0
Mead Ambulance Station	C Installing emery grinding machine ..	10 0 0
	C Installing mercury arc rectifier ..	23 0 0
	C Changing electric light installation to low voltage metallic filament lamps ..	15 0 0
	C Installing motor for driving workshop tools	60 0 0
T. S. Exmouth	C Altering electric light fittings to suit metallic filament lamps	11 0 0
	C Fitting air vessel, etc., to pump ..	10 0 0
High Wood School ..	D Installation of engine in workshop ..	27 0 0
	D Installation of radiators in isolation block	16 0 0
	C Cleaning out steam boilers	10 0 0
White Oak School ..	C Repairs to steam boiler settings ..	113 0 0
	C Repairs to X-ray apparatus	11 0 0
	C Cleaning out steam boilers	10 0 0

Institution.	Nature of Works.	Cost.
		£ s. d.
The Downs School ..	c Alterations to fire alarm system ..	15 0 0
	c Cleaning out steam boilers	10 0 0
	c Repairs to h.w. boiler	10 0 0
	c Changing electric light installation to low voltage metallic filament lamps ..	180 0 0
S. Anne's Home	c Repairs to ironing stove	17 0 0
	c Additions and alterations to laundry ..	42 0 0
	c Repairs to h.w. supply apparatus and baths	10 0 0
East Cliff House	c Installing gas boiler in nurses' home	15 0 0
	c Cleaning out laundry pipes and kitchen boiler	
	c Installation of additional telephones and batteries	10 0 0
Bridge Industrial Home ..	c Repairs to washing machine	10 0 0
Head Office	c Erection of racks and shelves in roof ..	98 0 0
	c Alterations to lighting arrangements in roof	39 0 0
	c Supply of new plan cabinet	10 0 0
	c Erection of cupboards in room 2 ..	14 0 0
	c Repairs to h. and c. water pipes ..	10 0 0
	c Bridge Megger testing set	31 0 0
Central Stores	c Racks and shelves for stationery and engineers' and builders' ironmongery	133 0 0
	c Tools for use in engineer's store ..	10 0 0
Belmont Workhouse ..	c New cooking coppers	76 0 0
Bacteriological Laboratories	d Installing tools in workshops	56 0 0
	c Installing gas governor	13 0 0
	Total	<u>£18,262 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 1909.

Institution.		Nature of Works.	Cost.		
			£	s.	d.
Leavesden Asylum ..	c	Precipitating tanks	129	0	0
	D	Cleaning and painting	685	0	0
Caterham Asylum ..	D	Cleaning and painting	503	0	0
Darenth Asylum ..	c	Cleaning and painting	1,330	0	0
Tooting Bec Asylum ..	c	Relaying c. l. ward floor	67	0	0
	D	Cleaning and painting	558	0	0
Eastern Hospital ..	c	Repairs to ward floors	272	0	0
	c	Erection of coal stores	200	0	0
	c	Repairs to roads	1,599	0	0
	D	Cleaning and painting	905	0	0
North Eastern Hospital ..	c	Wood block repairs	16	0	0
	c	Repairs to corridor paving	72	0	0
	D	Cleaning and painting	1,875	0	0
North Western Hospital ..	c	Road repairs	166	0	0
	D	Cleaning and painting	116	0	0
	D	Repairs to Med. Supts. house	77	0	0
	c	Bathrooms—administrative block ..	85	0	0
	c	Repairs to lecture room	55	0	0
	D	Repairs to drains "I" ward	40	0	0
	D	Rebuilding portion of boundary wall ..	20	0	0
	D	Repairs to corridor gutter	10	0	0
Western Hospital ..	D	Cleaning and painting	667	0	0
	D	Guard rails to lantern lights	30	0	0
	c	Overlaying ward floor	118	0	0
South Western Hospital ..	D	Cleaning and painting	500	0	0
	c	Repairs and alterations to upper boiler house	637	0	0
	c	Repairs to roofs and chimney stacks ..	215	0	0
Grove Hospital ..	c	Repairs to roads	65	0	0
	c	Bedpan and slop sinks	47	0	0
	D	Cleaning and painting	590	0	0
Fountain Hospital ..	D	Cleaning and painting	893	0	0
South Eastern Hospital ..	D	Cleaning and painting	2,666	0	0
Park Hospital ..	c	Repairs to tar paving	185	0	0
	c	Asphalting to flats	89	0	0
	D	Cleaning and painting	2,182	0	0
Brook Hospital ..	D	Cleaning and painting	2,023	0	0
Northern Hospital ..	c	Repairs to chimney shaft	13	0	0
	c	Repairs to roads	664	0	0
	D	Cleaning and painting	1,230	0	0

Institution.	Nature of Works.	Cost.		
		£	s.	d.
Gore Farm Hospital ..	c Cleaning and painting	1,316	0	0
The Children's Infirmary..	c Tar paving work	30	0	0
	c Cleaning and painting	33	0	0
	c Trenches for pipes	22	0	0
	c Repairs to ducts	30	0	0
	d Cleaning and painting	1,254	0	0
	d Cubicles	35	0	0
	c Covering in workshops yard	288	0	0
Smallpox Hospitals ..	c Revolving shutters	97	0	0
	c Widening openings of coach-houses ..	22	0	0
	c Ventilators and railings	22	0	0
Eastern Ambulance Station	c New bath, etc.	12	0	0
Western Ambulance Station	c Repairs to roofs and chimney stacks ..	22	0	0
North Western Ambulance Station	c Repairs to gutters	13	0	0
Mead Ambulance Station	c Closing ends and petrol tank, etc. ..	458	0	0
	c Cleaning and painting	247	0	0
West Wharf	c Cleaning and painting	34	0	0
T. S. Exmouth	c Painting isolation block	27	0	0
	c Sump in rifle range	12	0	0
High Wood School ..	c Repairs to laundry floor	11	0	0
	c Cleaning and painting	113	0	0
White Oak School.. ..	c Cleaning and painting	121	0	0
The Downs School ..	c Repairs to flag staff and ceilings ..	10	0	0
	c Repairs to tar paving	231	0	0
	c Cleaning and painting	143	0	0
S. Anne's Home	c Repairs to gutters and stoves, etc. ..	24	0	0
East Cliff House	c Stoves, etc.	12	0	0
	c New bathrooms	40	0	0
	c Painting isolation cottage and repairs to roofs, etc.	35	0	0
Millfield	c Cleaning and painting	25	0	0
	c Painting dormitories	15	0	0
	c Granite setts to yard	75	0	0
	c Erection of lodge	433	0	0
	c Dwarf walls to sun-room	14	0	0
Lloyd House	c Cleaning and painting	47	0	0
Harrow Road Home ..	c Sundry repairs	20	0	0
Head Office	c Cleaning and painting	206	0	0
Central Stores	c Sundry repairs	10	0	0
Bacteriological Laboratories	c Sliding doors to shed	13	0	0
	c Repairs to roads and paving	141	0	0
Total		£27,307	0	0

APPENDIX III.

Contracts entered into by the Managers during the year 1909 for works to be carried out under the supervision of the Works Committee.

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.
Belmont Stables	Road repairs and paving work ..	Engineer-in-chief ..	E. Wall	£ s. d. 131 0 0
Caterham Asylum	Two washing machines	Do.	D. & J. Tullis, Ltd. ..	199 0 0
	Ten cooking pans	Do.	Manlove, Elliott & Co., Ltd.	415 0 0
Central Stores	Installation of low voltage metallic filament electric lamps	Do.	W. J. Fryer & Co. ..	schedule rates
Darenth Asylum	Cleaning and painting	Do.	L. Kazak	1,329 9 8
	Repairs to gas retorts	Do.	Drakes, Ltd.	140 0 0
Eastern Ambulance Station ..	Adaptation for motors	Do.	H. King & Son	184 0 0
Eastern Hospital	Additional coal storage	Do.	W. J. Fryer & Co. ..	199 0 0
	Flooring repairs	Do.	Euboeolith Patent Floor- ing Co.	280 0 0
	Additional accommodation for male staff	Do.	Pasterfield & English ..	2,058 0 0
	Isolation accommodation in Temper- ance ward	T. W. Aldwinckle & Son	F. & G. Foster	{ 1,882 0 0 59 0 0
Gore Farm Hospital	Cleaning, painting, and repairs ..	Engineer-in-chief ..	L. Kazak	1,244 0 0
Head Office	Shelving, partitions, etc., in roof ..	Do.	H. Haynes	89 15 0
	Cleaning and painting	Do.	L. Kazak	205 0 0
High Wood School	Cleaning and painting	Do.	W. Hussey	115 0 0
Mead Ambulance Station ..	Cleaning, painting, and repairs ..	Do.	E. Newbery	247 0 0

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract. £ s. d.
North Eastern Hospital ..	Wiring and fitting up for electric light New disinfecter house and incidental work Repairs to roads	Engineer-in-chief .. Do. Do.	W. J. Fryer & Co. .. J. Oram & Son .. W. H. Wheeler & Co., Ltd.	5,095 0 0 274 10 0 268 0 0
North Western Hospital ..	Installation of low voltage metallic filament electric lamps	Do.	W. J. Fryer & Co. ..	schedule rates
North Wharf	Cleaning and painting	Do.	J. Holt & Sons	131 10 0
Northern Hospital	Road work New skittle alley and shelter .. Additional lavatory accommodation	Do. Do. Do.	S. Hobman & Co. .. General Iron Foundry Co. L. Kazak	649 0 0 114 0 0 216 0 0
Park Hospital	Repairs to tar paving, etc.	Do.	Clittenden & Simmons, Ltd.	185 0 0
Smallpox Hospitals	Four ambulance tram cars Larger gas main Larger gasmeter, etc.	Do. Do. Do.	United Electric Car Co., Ltd. Dartford Gas Co. .. Gas Meter Co. ..	838 0 0 145 10 0 (about) 255 1 0
South Eastern Hospital ..	Installation of low voltage metallic filament electric lamps	Do.	W. J. Fryer & Co. ..	schedule rates
South Western Hospital ..	Reconstruction of upper boilerhouse (engineering work) Reconstruction of upper boilerhouse (building work) Remodelling fire alarms and tele- phones Installation of low voltage metallic filament electric lamps Repairs to roofs and chimney stacks ..	Do. Do. Do. Do. Do. Do.	H. Windsor & Co. .. H. Windsor & Co. .. Speedy, Eynon & Co. .. W. J. Fryer & Co. .. W. A. King	1,165 0 0 650 0 0 435 0 0 schedule rates 180 0 0

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.
The Children's Infirmary ..	Shelter for motors Engineering tools and appliances .. Installation of low voltage metallic filament electric lamps	Engineer-in-chief .. Do.	D. T. Bostel & Sons .. W. Newbold & Co., Ltd. ..	£ s. d. 271 0 0 204 1 3
The Downs School ..	Tar paving repairs Cleaning, painting, and repairs .. Installation of low voltage metallic filament electric lamps	Do. Do. Do.	W. J. Fryer & Co. .. Chittenden & Simmons, Ltd. Dellar Bros.	schedule rates 220 15 6 126 0 0
Western Hospital ..	Installation of low voltage metallic filament electric lamps Flooring repairs	Do. Do.	W. J. Fryer & Co. .. W. J. Fryer & Co. .. Euboeolith Patent Flooring Co.	schedule rates schedule rates 132 10 0

ANNUAL REPORT OF THE CONTRACT COMMITTEE FOR THE YEAR, 1909.

We submit our annual report for the year 1909.

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 600, representing an aggregate estimated value of approximately £307,000. The following table classifies the contracts in question :

	Number of Contracts.	Approximate Total Value.
		£
Provisions	228	177,000
Necessaries (<i>i.e.</i> , soap, soda, oilman's goods, paints, and the like)	104	22,000
Stores Goods (<i>i.e.</i> , linen and woollen goods, drapery, clothing, hardware, brushware, boots and shoes, and the like)	200	40,000
Coal and Coke (including delivery)	54	64,000
Printing and Stationery	21	4,000
	607	£307,000

In addition to those contracts 84 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 ; (*e*) the cartage of soda, which is distributed by the Contract Department from the wharf where bulk delivery is taken, and (*f*) miscellaneous supplies. It is impossible to give a reliable estimate of the values of these minor contracts, as the requirements of the various classes of goods included in them fluctuate considerably.

Supply of miscellaneous non-contract articles, and transfers of Stock between institutions. During the year the Contract Department fulfilled 508 requisitions from the various committees and sub-committees for the supply of miscellaneous articles not included in current contracts. The total value of the goods purchased to meet these requisitions was about £1,800. In addition, 45 requisitions were fulfilled by the transfer of goods in stock at various institutions. This remarkable decrease in the number of transfers compared with previous years is due to the successful operation of the Board's various orders of recent years for the prevention of accumulations of surplus stock.

Report of Departmental Committee on contracts and supplies. In March, 1909, we submitted this report (referred to in our annual report for 1908) to the Board, with our observations and recommendations on the whole subject. The report contained, in addition to many suggestions for the improvement of the Board's system of supplies, a complete and detailed statement of existing practice in that connection—a useful record previously non-existent. After prolonged and careful consideration of the report we found ourselves in cordial and practically unanimous agreement with the great majority of the views expressed, and recommendations formulated, in it, and as a result the Board at our instance, on the 24th April, 1909, adopted a series of resolutions endorsing those views and directing the carrying into effect of those recommendations. Since that date, as opportunity has served, we have taken action accordingly, and from our experience so far we feel assured that, with the continued good-will and co-operation of the various other Committees concerned, the changes authorised will, in the near future, bring the Board's whole system of supplies to a still higher level of efficiency combined with economy than that attained hitherto.

The Children's Infirmary—Completion of furnishing and equipment. In the early part of the year we arranged for the supply of the additional furniture and other articles required at The Children's Infirmary to complete the equipment of the existing accommodation thereat. The total cost of all the furniture purchased for the Infirmary was about £5,000, expended under some 25 contracts, and providing for 850 patients and about 280 resident staff.

Central Stores: In the course of the year we carried into effect the decision to stock at (i.) Stocking of the Central Stores certain classes of stationery and certain selected kinds of engineers' stores and electrical appliances; we also commenced to stock crockeryware and glass. These changes necessarily entail increased work both at the Stores and at the Office of the Board. We believe, however, that they will secure commensurate advantages by (i) enabling supplies to be purchased in bulk from actual makers or wholesale factors and to be maintained at a uniform standard of quality; and (ii) affording means of closer supervision over the demands of the several institutions for such supplies—a point which our experience shows to be of great importance. We are not yet prepared to speak of definite results in the case of engineer's stores and appliances but as regards crockery and stationery our experience has already proved the practical advantage of the change, particularly as regards quality in the case of the former, and cost in the case of the latter. The total value of the annual turnover of stationery at the Stores will be about £1,300 and we already have instances of reductions varying from 25 to 70 per cent. in the cost of leading items.

As the Board are aware from our previous annual reports, the question of revising all the official samples of Stores goods (upwards of 2,000 in number) and bringing them up to date, has occupied much of our time and attention. We are glad to state that this work is now practically finished, and under the arrangements we have made the Board should henceforth possess at all times a complete set of Stores samples thoroughly adapted to their requirements and combining efficiency with economy so far as trade conditions permit.

Coal Supplies: In view of the progressively increasing cost of all descriptions of small steam coals for use with mechanical stokers, the Engineer-in-Chief has for some time past, at our request, been making practical comparative tests at different institutions of various kinds of these coals purchased by us for that purpose under special authority. The results of these tests when completed should enable us, when considering steam coal tenders in future, to assess their relative merit on an exact basis of comparison, and so to advise the Board as to the most really economical coal to purchase.

**Proprietary
articles or
brands :
deletion of,
from contract
schedules.**

In successive annual reports for the past seven years we have stated the progress made in eliminating proprietary articles or brands from contract schedules, and substituting technical specifications of the goods required. We have also given particulars of the satisfactory financial and other results achieved. We are glad to report that we have now applied this principle, with but few exceptions, throughout the Board's schedules of requirements. As instances of articles so dealt with we may mention butter, margarine, soaps, soap powder, starch, laundry blue, black lead, baking powder, vinegar, mustard. The total saving effected by these changes now exceeds £3,000 per annum.

**Analyses of
Supplies.**

Of the 1,800 samples analysed under the Board's system during the past year 388 were found to be unsatisfactory. This number represents a percentage of 21.5—an increase of 2.7 over the previous year's percentage of 18.8. This increase is attributable partly to unsatisfactory milk supplies made by a firm whose contract was in consequence summarily determined, and partly to the use at the Board's Institutions of the Gerber milk testing apparatus referred to below.

Of drugs and medical preparations, 57 samples were analysed. All gave satisfactory results. Out of a total of 1,081 milk samples analysed, 306 were found unsatisfactory. During the year, the Gerber milk testing apparatus above-mentioned—and referred to at some length in our Annual Report for the year 1908—was installed at all the principal institutions of the Board with highly satisfactory results. Their apparatus enables receiving officers to test every delivery of milk before accepting it, and, under the current contract conditions, to reject it entirely if it should be below the legal standard of quality, or, if above that standard but below the contract requirements, to debit the contractor with the proportionate cash value of the deficient cream. For purposes of confirmation, and of such further steps against defaulting contractors as may seem advisable, a sample of every unsatisfactory supply is, under this system, sent to the Board's analyst for analysis—the total cost thereof being charged against the contractor, except in the comparatively few cases where the results of the initial test are not confirmed.

(Signed)

B. PORTMAN,

Chairman.

ANNUAL REPORT OF THE STATISTICAL COMMITTEE
FOR THE YEAR 1909.

20th April, 1910.

We submit our report for the year 1909 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 29,620
Statistics. (35,967)* cases of infectious disease. Of these 25,135 (31,536) were legally admissible to the Managers' hospitals. The remainder—mainly cases of erysipelas, but including also 287 (228) cases of puerperal fever—were not admissible. Out of the admissible cases 21,738 (27,383)† or 86·5 (86·8) 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. 137, and slight decreases in the years 1895 and 1906) from 33·6 to over 86 per cent., the figures are 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 „	1909	..	..	..	86·5 „

*Italic figures in brackets throughout are the corresponding figures for 1908.

†Excluding Tottenham and other Extra-metropolitan cases.

Table A, p. 136A, 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 1909. The rates per 1,000 persons living were 8·3 and 9·8 in Lewisham and Woolwich respectively, as compared with an average rate for London of 5·2.

Following p. 136A 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 1909 :—

TABLE A1.—*Number of cases of admissible Diseases notified during the years from 1890 to 1909.*

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
1909	17,254	6,679‡	1,043	7	21	3	17	111	25,135

The prevalency of scarlet fever, diphtheria, and enteric fever continues to decrease, but the upward movement of smallpox appears to have commenced.

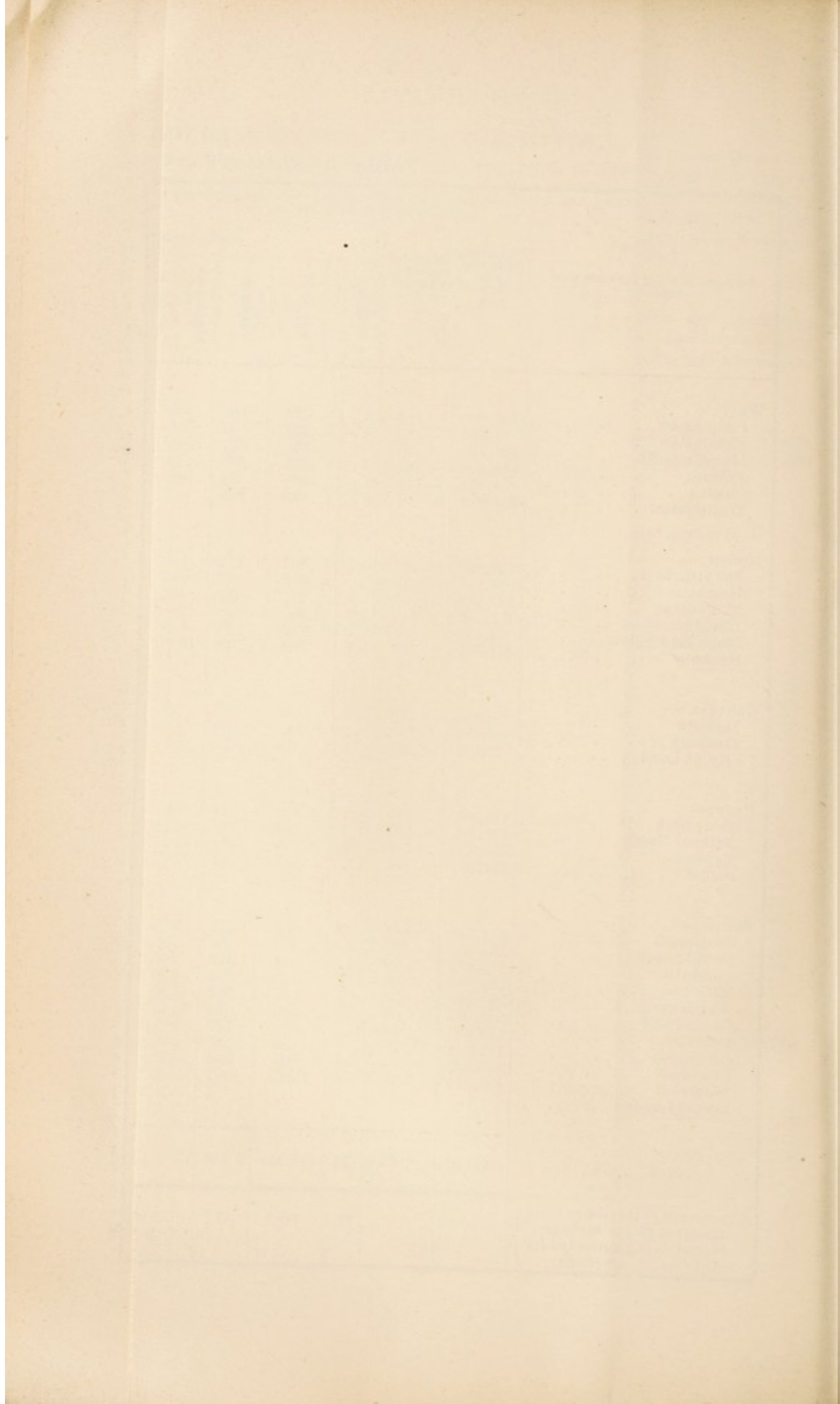
In considering the question of the amount of accommodation which should be provided to meet the wants of the Metropolis, a point of great importance is, the proportion which the hospital admissions bear to the total number of cases. In this connection the following table, A2, p. 137, is of interest :—

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

‡Including 131 cases of membranous croup.

ANNUAL REPORT, STATISTICAL COMMITTEE, 1909.
TABLE A.—Cases of Infectious Disease Notified, and Deaths therefrom, in London in 1909.

Boroughs in which the cases were resident.	Population, Estimated to the middle of 1909.	Estimated Density of Population per Acre.	NOTIFICATIONS OF, AND DEATHS FROM, THOSE NOTIFIABLE DISEASES WHICH ARE ADMISSIBLE TO THE MANAGERS' HOSPITALS.													NOTIFICATIONS OF OTHER NOTIFIABLE DISEASES.					GRAND TOTAL OF NOTIFICATIONS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
			NOTIFICATIONS.										DEATHS.			Cholera.	Erysipelas.	Puerperal Fever.	Glanders.	Anthrax.		Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
			Smallpox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Etiotic or Typhoid Fever.	Typhus Fever.	Relapsing Fever.	Continued Fever.	Cerebro-Spinal Meningitis.	TOTAL NOTIFICATIONS.	Annual Rate per 1,000 persons living.	Smallpox.	Scarlet Fever.								Diphtheria Membranous Croup.	Etiotic or Typhoid Fever.	Typhus Fever.	TOTAL DEATHS.	Annual Rate per 1,000 persons living.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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STATISTICAL COMMITTEE.

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 1909 (uncorrected for mistakes in diagnosis).

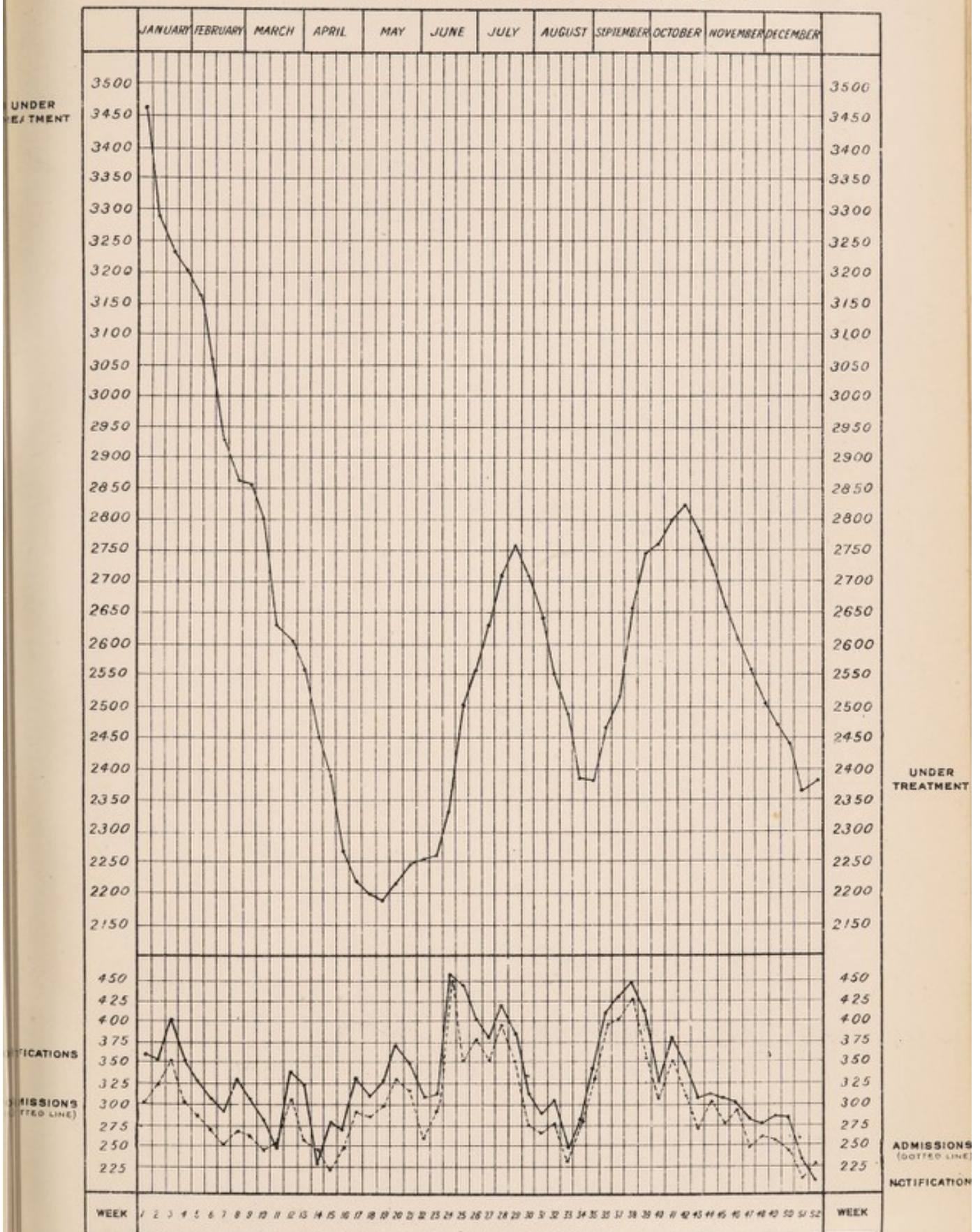




CHART showing the mean number of DIPHTHERIA patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1909. (uncorrected for mistakes in diagnosis).

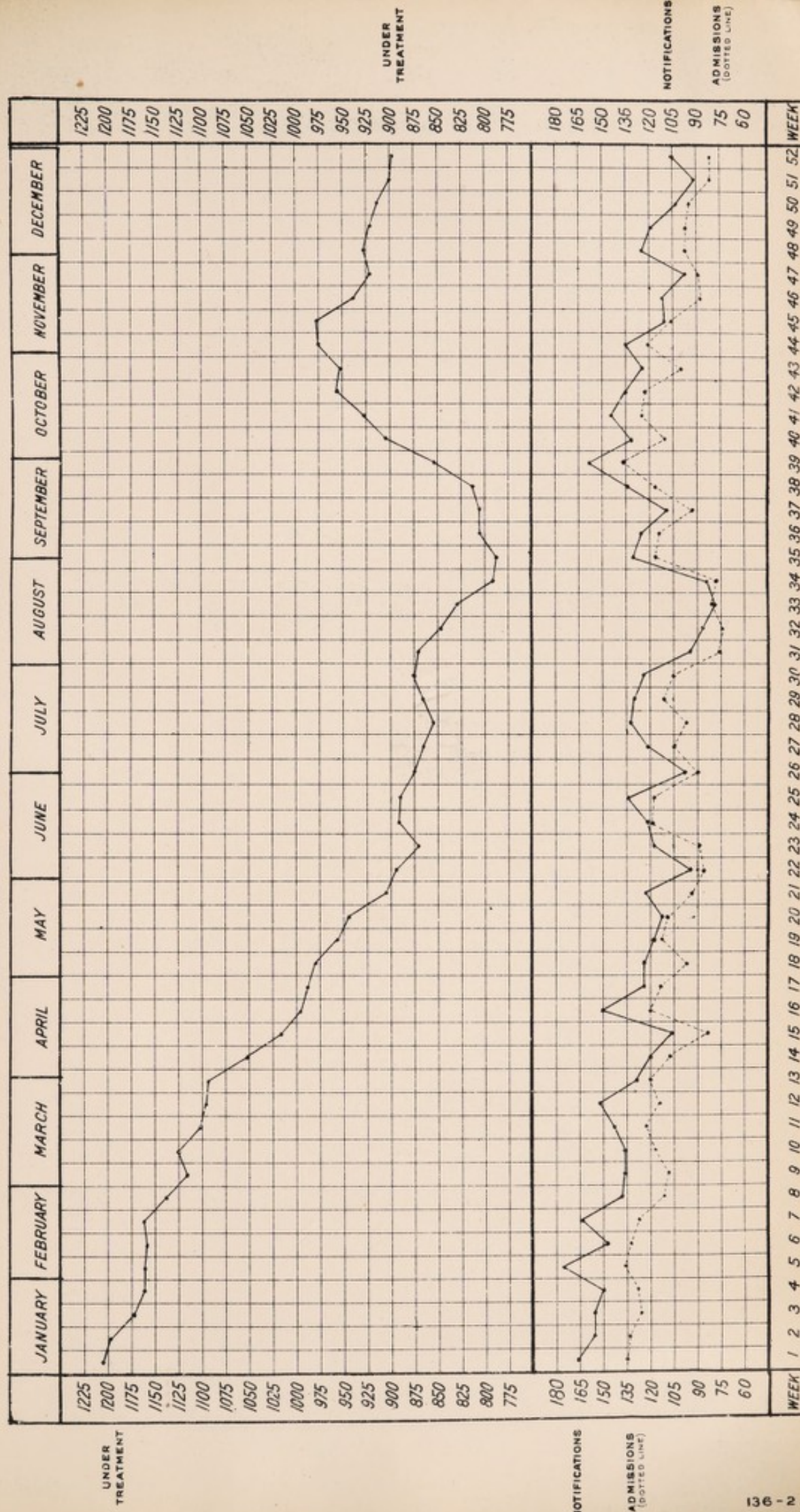
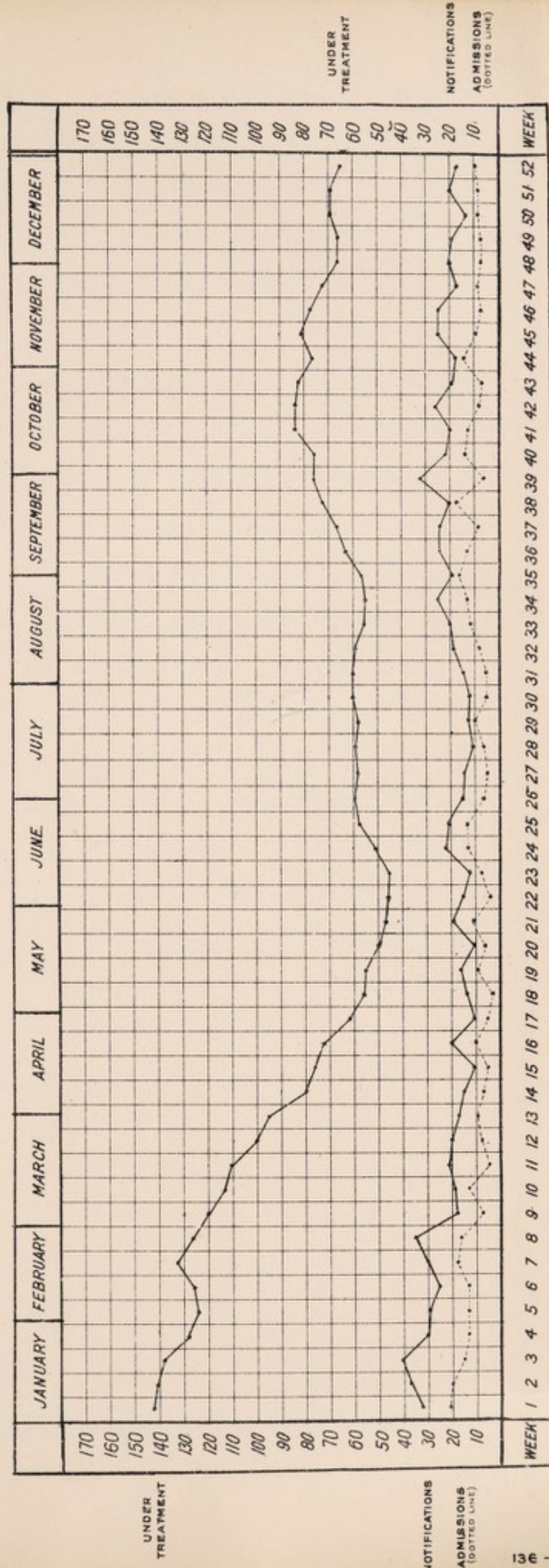
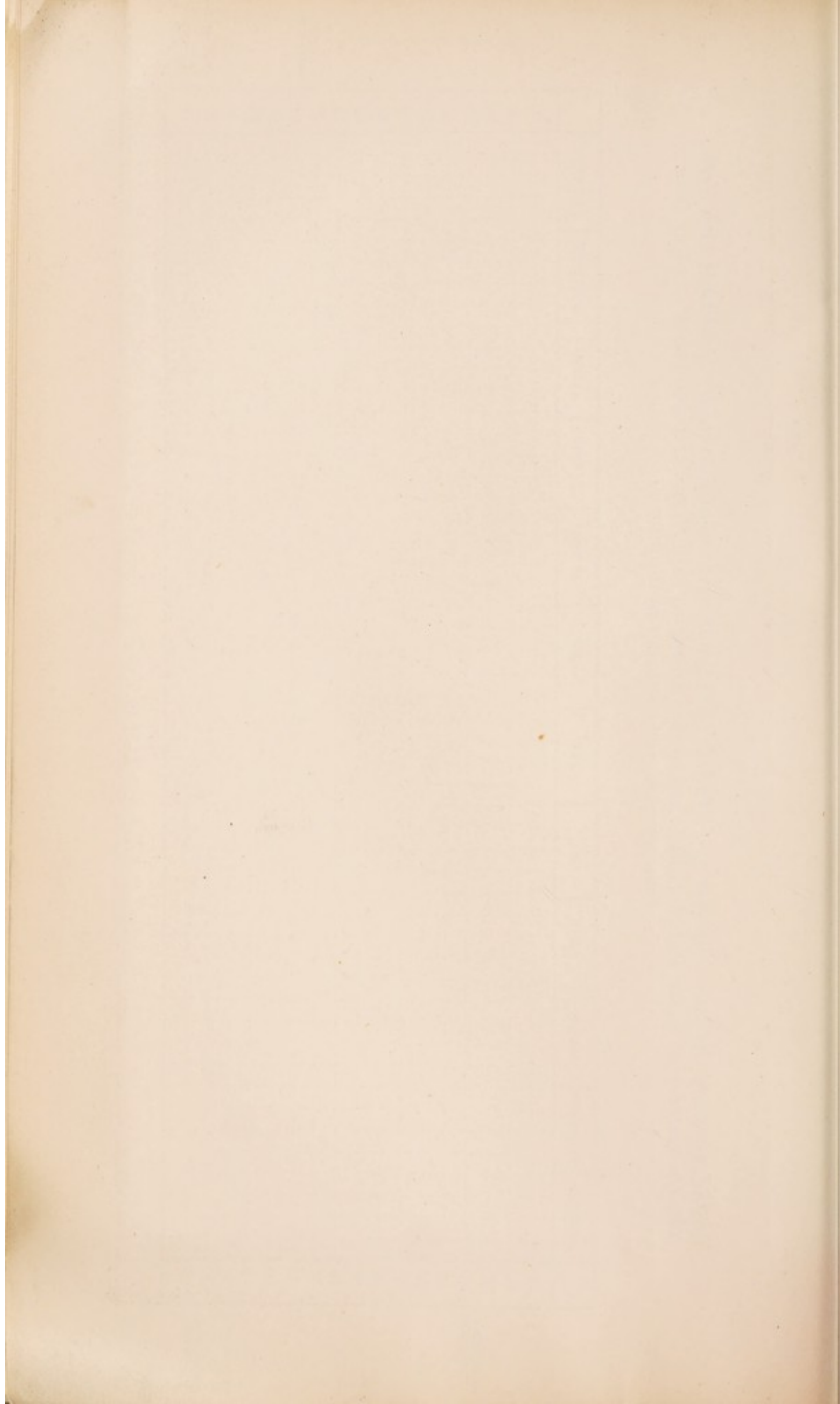




CHART showing the mean number of ENTERIC FEVER patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1909.
(uncorrected for mistakes in diagnosis).





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.

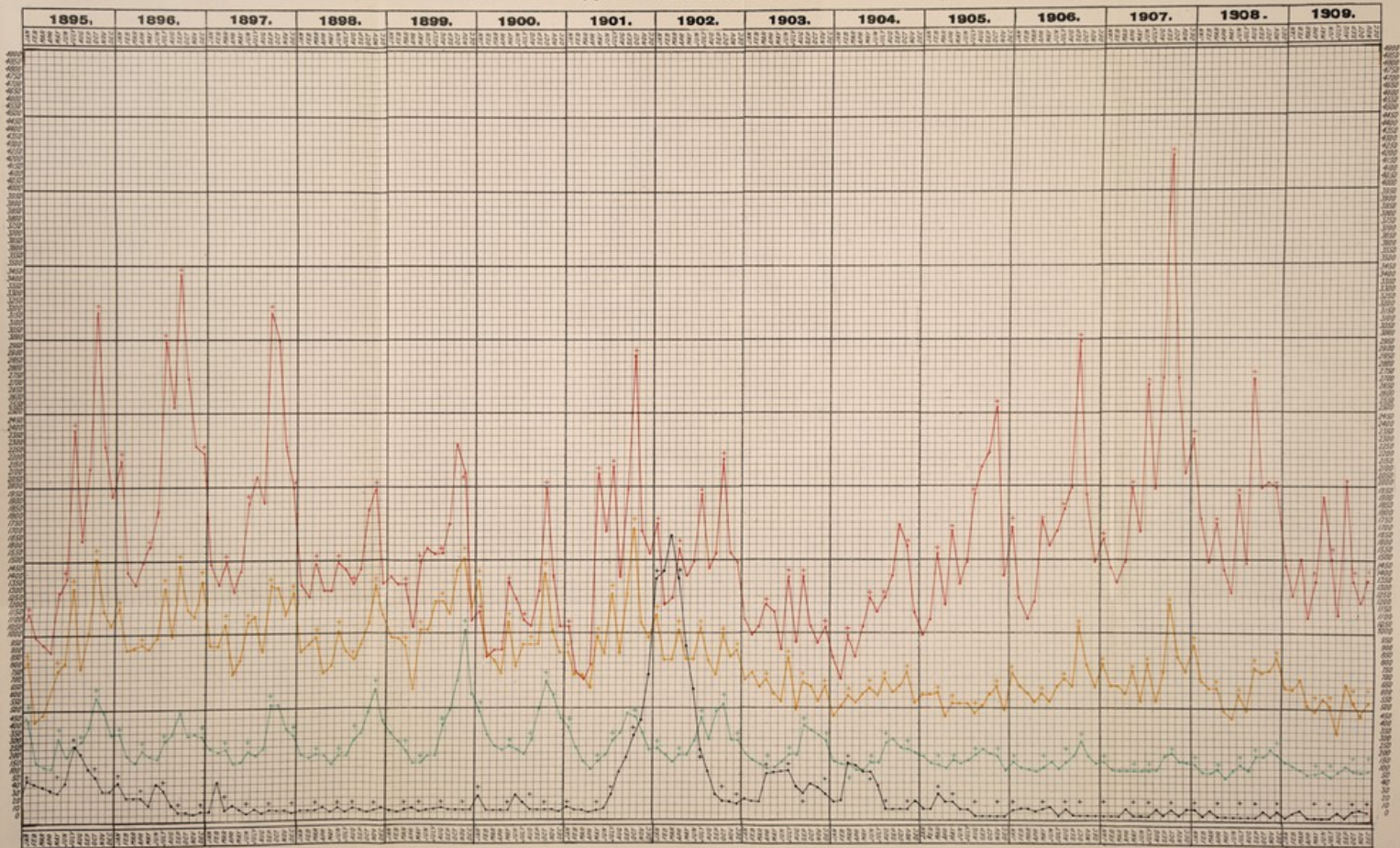


TABLE A2.—*Percentage of Admissions to Notifications of each admissible Disease during the years 1890 to 1909.*

YEARS.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.
1890	42·8	17·9	22·5	42·9	36·7
1891	46·8	25·1	27·3	70·4	55·3
1892	48·8	30·2	25·3	60·0	66·7
1893	39·7	24·5	20·0	36·4	81·2
1894	63·9	38·9	20·2	61·9	78·4
1895	58·2	41·5	24·1	42·9	84·6
1896	62·6	39·9	27·0	33·3	61·8
1897	67·0	51·6	30·4	50·0	66·3
1898	73·2	62·1	36·6	87·5	24·8
1899	74·3	69·7	40·8	84·6	55·2
1900	75·1	72·5	47·7	57·1	73·6
1901	78·9	74·8	45·3	85·0	97·3
1902	80·3	72·9	53·2	—	96·3
1903	83·8	80·3	51·8	100·0	97·8
1904	84·5	79·5	51·7	100·0	101·2
1905	88·6	82·1	51·4	55·6	105·4
1906	88·5	78·4	55·1	55·6	93·5
1907	89·4	81·6	51·5	60·0	87·5
1908	90·9	84·1	50·4	50·0	—
1909	90·2	85·7	49·3	57·1	71·4

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 p. 186.

Since the year 1890, the proportion of scarlet fever admissions to notifications has risen from 42·8 to 90% (90·9)*, of diphtheria cases from 17·9 to 85·7 (84·1), and of enteric cases from 22·5 to 49·3 (50·4). 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 1895 to 1909.

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. TION. 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 1908.

TABLE A3.—*Ages of Cases Notified—1909.*

AGES.	SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1	125	98	223	121	98	219	2	5	7
1 to 2	292	276	568	238	202	440	2	4	6
2 „ 3	588	541	1,129	332	272	604	9	3	12
3 „ 4	738	734	1,472	374	353	727	9	11	20
4 „ 5	800	817	1,617	357	363	720	14	9	23
Total under 5	2,543	2,466	5,009	1,422	1,288	2,710	36	32	68
5 to 10	3,345	3,840	7,185	985	1,237	2,222	68	56	124
10 „ 15	1,419	1,489	2,908	301	414	715	74	69	143
15 „ 20	463	413	876	128	159	287	54	58	112
20 „ 25	219	310	529	75	138	213	62	79	141
25 „ 30	122	248	370	55	120	175	65	80	145
30 „ 35	75	128	203	23	68	91	41	39	80
35 „ 40	36	50	86	18	36	54	47	39	86
40 „ 45	14	27	41	14	20	34	38	20	58
45 „ 50	2	16	18	8	11	19	16	12	28
50 „ 55	3	7	10	5	9	14	20	13	33
55 „ 60	1	7	8	2	6	8	7	3	10
Upwards... ..	3	8	11	2	4	6	8	7	15
Unrecorded ...	...	...	...	...	...	...	...	...	...
Totals ...	8,245	9,009	17,254	3,038	3,510	6,548	536	507	1,043

Ambulance Work. (2.) The statistical tables concerning the work of the ambulance service will be found on pp. 170-173.

Land Service. During the year 22,629 (27,890)* fever, diphtheria, and smallpox patients were conveyed to the various hospitals of the Managers; **Infectious Removals.** 8,596 (14,265) patients were transferred to the convalescent and other hospitals; and 8,139 (11,615) recovered patients were brought back to London, that number including 50 (28) taken from the convalescent hospitals direct to their homes, and 8,089 (11,587) to the ambulance stations. Of the latter 208 (228) were subsequently conveyed home in consequence of their friends not attending to take charge of them. 1,495 (1,611) recovered patients were taken home from the acute hospitals. Further, 451 (408) persons were removed to other places than the Managers' hospitals; and 1 (6) extra-metropolitan case was taken from the out-patient department of a general hospital to the patient's home.

Non-Infectious

Removals. The non-infectious removals during the year were as follow:—

Imbecile cases	585	(1,177)
Ringworm „	56	(9)
Ophthalmia „	587	(435)
Defective and other children	87	(176)
To and from the Children's Infirmary ..	2,808	(—)
Other cases (private removals) ..	1,794	(1,291)
Staff	35	(36)
Total	5,952	(3,124)

*Italic figures in brackets throughout are the corresponding figures for 1908.

Total Removals. Altogether 47,613 (59,870)* removals were effected by the land ambulance service during 1909, and the various vehicles made 29,873 (34,260) journeys, and ran 366,829 (421,594) miles.

River Service. The steamboats of the river ambulance service conveyed 873, (814) passengers to and from Long Reach; of that number only 15 (1) were patients taken to the smallpox hospital; 10 (1) recovered patients brought back to London, and 848 (812) were visitors, staff, workmen, etc.

Fires were alight on the steamboats a total of 12,080 (11,870) hours; steam was raised on 486 (489) days; the vessels were under steam 7,475½ (7,358) hours, under way 466½ (414) hours; they ran 4,703 (4,094) miles, and consumed 154½ (134) 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	498
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
	<hr/> 7,088 <hr/>

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	<hr/> 2,040 <hr/>	„

Hospital Statistics. (4.) FEVER.—The annual reports of the Medical Superintendents of the Fever Hospitals will be found on pp. 174-184.

On the last day of 1908 there were 4,924 (6,193) 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, 3,126 on the 5th June (4th July, 1908, 3,283), a gradual rise to 3,727 on 20th July was followed by a decline to 3,172 on the 27th August, after which the usual autumnal increase commenced, the maximum for the year, 3,920, being attained on the 19th October (30th November, 1908, 5,302), and subsequently the number declined until the end of the year, when, on the 31st December, 3,306 (4,924) patients remained under treatment.

* Italic figures and dates in brackets throughout are the corresponding figures and dates for 1908.

Distribution of patients amongst the several fever hospitals on 5th June, 1909 :—

Minimum number under treatment.

HOSPITAL.	BEDS OCCUPIED.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	TOTAL.
Eastern	141	97	..	9	1	248
North-Eastern	171	109	..	6	..	286
North-Western	195	60	..	2	2	259
Western	195	137	..	8	..	340
South-Western	114	81	..	12	..	207
Fountain and Grove }	196	104	..	..	..	300
South-Eastern	129	103	1	2	..	235
Park	158	55	..	..	..	213
Brook	208	84	..	3	..	295
Northern	311	17	..	..	..	328
Gore Farm	383	32	..	..	..	415
TOTALS	2,201	879	1	42	3	3,126

Distribution of patients amongst the several hospitals on 19th October, 1909 :—

Maximum number under treatment

HOSPITAL.	BEDS OCCUPIED.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other Diseases.	TOTAL.
Eastern	122	59	..	6	..	187
North-Eastern	256	136	..	12	..	404
North-Western	259	58	..	3	..	320
Western	175	167	..	20	..	362
South-Western	164	101	..	14	..	279
Fountain and Grove }	181	96	..	..	..	277
South-Eastern	168	104	..	7	..	279
Park	266	104	..	..	..	370
Brook	288	97	..	19	..	404
Northern	415	10	..	..	..	425
Gore Farm	581	32	..	..	..	613
TOTALS	2,875	964	..	81	..	3,920

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 1909.*

Metropolitan Boroughs and Populations estimated to the middle of 1909.	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 .. 151,955	Paddington .. —	630	583	184	152	29	12	843	747	88.6
Kensington .. 183,683	Kensington .. —	420	373	177	145	48	28	645	546	84.7
Hammersmith 125,704	Hammersmith .. —	389	307	192	174	16	7	597	488	81.7
Fulham .. 176,406	Fulham .. —	511	458	322	292	42	27	875	777	88.8
Chelsea .. 75,249	Chelsea .. —	307	290	98	94	13	7	418	391	93.5
City of Westminster .. 168,883	{ Strand .. 15,532 Westminster 29,858 St. George's W. 123,493 }	590	567	225	210	25	9	840	786	93.6
St. Marylebone 126,027	St. Marylebone .. —	458	425	113	97	21	6	592	528	89.2
Hampstead .. 94,185	Hampstead .. —	259	214	47	32	16	4	322	250	77.6
St. Pancras .. 237,422	St. Pancras .. —	771	754	320	269	50	12	1,141	1,035	90.7
Islington .. 351,202	Islington .. —	1,285	1,174	432	355	94	40	1,811	1,569	86.6
Stoke Newington 54,423	Hackney .. 292,024	894	732	292	220	71	41	1,257	993	79.0
Hackney .. 237,601	Holborn .. 120,788	337	346	214	192	30	14	581	552	95.0
Holborn .. 53,802	Bloomsbury 28,303	38	53	19	30	4	3	61	86	141.0
Finsbury .. 95,289	City of London .. —	340	329	186	150	51	18	577	497	86.0
City of London 18,193	Shoreditch .. —	566	564	184	146	34	13	784	723	92.2
Shoreditch .. 114,802	Bethnal Green .. —	1,038	948	583	542	72	30	1,693	1,520	89.8
Bethnal Green 131,316	{ Stepney .. 59,074 St. George's E. 52,236 Whitechapel 82,893 Mile End O.T. 118,322 }	731	669	213	161	54	27	998	857	85.9
Stepney .. 312,525	Poplar .. —	590	598	256	237	36	20	882	855	96.9
Poplar .. 171,965	Southwark .. —	459	424	197	162	30	16	686	602	87.8
Southwark .. 211,125	Bermondsey .. —	1,171	1,090	378	313	51	25	1,600	1,428	89.2
Bermondsey .. 127,569	Lambeth .. —	1,730	1,538	659	560	122	80	2,511	2,178	86.7
Lambeth .. 324,188	Battersea .. 186,036	1,022	923	374	279	47	29	1,443	1,231	85.3
Battersea .. 186,036	Wandsworth 483,682	2,718	2,429	1,013	889	100	56	3,831	3,374	88.1
Wandsworth 297,646	Camberwell .. —	—	—	1	—	4	—	5	—	—
Camberwell .. 283,022	Greenwich .. 202,366	—	—	—	—	—	—	—	—	—
Deptford .. 118,583	Lewisham .. 169,303	—	—	—	—	—	—	—	—	—
Greenwich .. 111,014	Woolwich .. 152,051	—	—	—	—	—	—	—	—	—
Lewisham .. 160,749	Port Sanitary Authority ..	—	—	—	—	—	—	—	—	—
Woolwich .. 133,374	Totals	17,254	15,788	6,679	5,701	1,060	524	24,993	22,013	88.1
4,833,938										

N.B.—The admissions in this table are not corrected for mistakes in diagnosis, and extra-metropolitan cases are not included.

† This apparent anomaly is occasioned by the removal to the Managers' Hospitals of a number of "in-patients" from St. Bartholomew's Hospital. These patients are *notifiable* to the district in which the patient resides, but are *chargeable* to the City of London Union (the Union in which the Hospital is situated). If they be deducted from the admissions, the percentage becomes reduced to 91.8.

*Populations are the same as in the boroughs unless otherwise stated.

Tables I. to VIII. 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 1909.*

DISEASES.	Re- maining on Dec. 31, 1908.	Admitted.	Total under treatment during 1909.	Dis- charged.	Died.	Mortality per cent.	Re- maining on Dec. 31, 1909.
Scarlet.. .. .	3,625*	15,384	19,009	16,155	371	2·33	2,483
Diphtheria	1,001	4,393	5,394	4,324	432	9·44	638
Diphtheria (Bacterio- logical)	6	210	216	198	3	1·46	15
Enteric	141*	331	472	382	45	11·87	45
Typhus .. .. .	...	4	4	4	...	...	...
Cerebro-Spinal Menin- gitis	1	2	3	1	2	80·00	...
Totals	4,774	20,324	25,098	21,064	853	4·04	3,181
Other diseases	150	2,322	2,472	2,165	182	7·80	125
Grand Totals	4,924	22,646	27,570	23,229	1,035	...	3,306

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 6,590 less than in the preceding year. The mortality rate for scarlet fever was '23 per cent., for diphtheria, including bacteriological diphtheria, '6 per cent., and enteric fever 4·4 per cent. lower than in 1908.

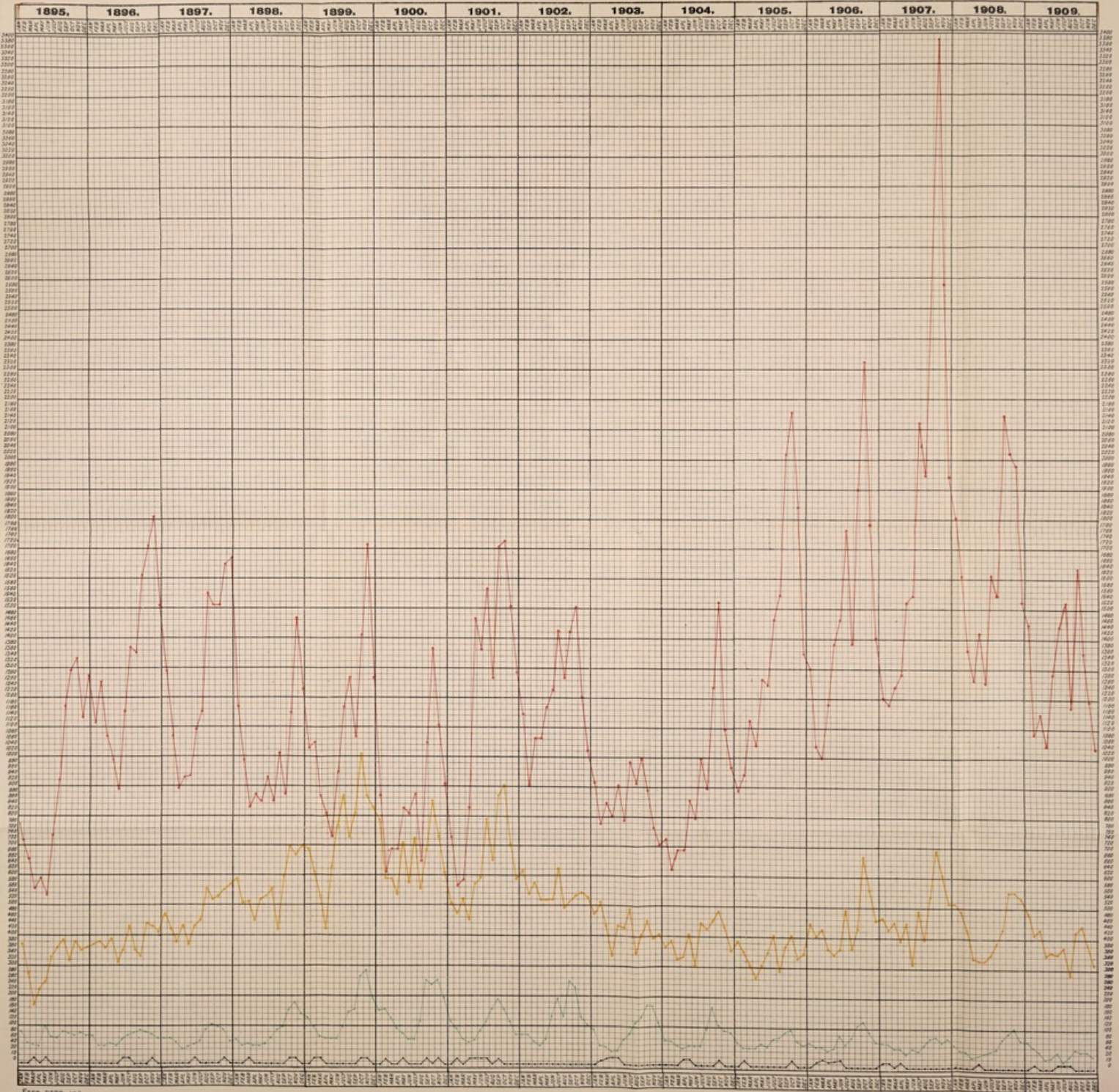
Of cases treated, the percentages transferred to the convalescent hospitals from the acute hospitals were as under:—

	Scarlet.		Diphtheria.	
Eastern Hospital	73·57	(69·34)†	40·04	(28·11)†
North-Eastern Hospital	53·48	(56·06)	2·54	(5·37)
North-Western	59·16	(60·32)	2·61	(6·31)
Western	44·17	(53·28)	5·64	(5·75)
South-Western	52·87	(51·13)	3·05	(1·26)
Grove & Fountain	61·01	(61·87)	4·97	(9·60)
South-Eastern	48·08	(54·74)	0·86	(4·42)
Park	70·72	(70·71)	38·57	(31·2)
Brook	46·63	(47·98)	13·51	(25·9)
Totals	53·11	(53·5)	12·18	(13·9)

† Italic figures in brackets are the corresponding figures for 1908.

METROPOLITAN ASYLUMS BOARD.

FEVER CHART—MONTHLY ADMISSIONS—Scarlet fever, Red line ---, Enteric fever, Green line ---, Typhus fever, Black line ---, Diphtheria, Yellow line ---



MOON.

Jan.
Feb.
March
April
May
June
July
Aug.
Sept.
Oct.
Nov.
Dec.

TABLE II.—*Monthly Admissions and Deaths at Fever Hospitals during 1909.*

MONTH.	ADMISSIONS.								DEATHS.								MORTALITY PER CENT.†							
	Scarlet.	Diphtheria.	Diphtheria Bacteriological.	Enteric.	Typhus.	Cerebro-Spinal Meningitis.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria Bacteriological.	Enteric.	Typhus.	Cerebro-Spinal Meningitis.	Other Diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria Bacteriological.	Enteric.	Typhus.	Cerebro-Spinal Meningitis.	Other Diseases.	Total.
Jan.	1,451	475	10	61	..	..	196	2,193	37	54	..	9	..	1	11	112	2.28	10.76	..	12.08	..	..	5.63	4.65
Feb.	1,081	387	25	45	1	..	178	1,717	31	48	..	10	..	..	14	103	2.45	11.43	..	19.23	..	..	8.16	5.34
March	1,152	415	16	29	..	..	236	1,849	33	52	..	4	..	..	24	113	2.56	12.00	..	9.88	..	..	10.81	5.64
April	1,043	340	9	12	..	1	222	1,627	40	34	..	3	..	..	23	100	3.26	8.73	..	9.52	..	..	9.98	5.29
May	1,287	345	13	16	..	..	207	1,868	31	41	1	3	..	..	22	98	2.49	10.92	7.69	14.29	..	..	10.00	5.23
June	1,442	321	28	28	1	..	218	2,038	32	28	..	2	..	..	14	76	2.44	8.03	..	9.76	..	..	7.07	4.01
July	1,522	350	22	8	1	..	204	2,107	26	27	2	1	..	..	13	69	1.78	7.58	7.55	8.33	..	..	5.99	3.33
Aug.	1,175	276	8	17	1	..	181	1,658	27	26	..	3	..	..	13	69	2.06	8.41	..	17.14	..	..	6.99	3.76
Sept.	1,637	401	21	39	..	..	189	2,287	23	36	..	3	..	..	12	74	1.58	9.86	..	10.91	..	..	6.45	3.60
Oct.	1,357	414	27	30	..	1	179	2,008	29	26	..	3	..	1	11	70	2.14	7.00	..	10.71	..	100.00	5.98	3.56
Nov.	1,199	360	21	29	..	..	148	1,757	36	36	..	3	..	..	16	91	2.79	9.74	..	9.37	..	..	9.82	4.85
Dec.	1,037	309	10	17	..	..	164	1,537	26	24	..	1	..	..	9	60	2.32	7.19	..	4.55	..	..	5.59	3.63
Totals	15,384	4,393	210	331	4	2	2,322	22,646	371	432	3	45	..	2	182	1,035	2.33	9.44	1.46	11.87	..	80.0	7.80	4.41

† Calculated according to the Registrar-General's formula. See footnote to Table I., p. 142.

The total monthly admissions were lowest in December (*June*)* and highest in September (*October*).

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1895.

During the thirty-eight 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 three times in December; while the maximum number of admissions was reached once in January (1888), twice in July, seven 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 twice in July; and rose to the maximum once in January, once in May, seven times in September, seventeen times in October, eleven times in November, and once in December.

Diphtheria cases were first admitted to the Managers' hospitals in October 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, twice in August, and once in September; while the maximum admissions took place once in January, 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 1909 was for scarlet fever in April (*March*), for diphtheria in March (*January*), and for enteric fever in February (*May*). The minimum rate was for scarlet fever in September (*September*), for diphtheria in October (*June*), and for enteric fever in December (*January*).

Months in italics in brackets are the corresponding months for 1908.

TABLE III.—*Admissions and Deaths of Patients at Fever Hospitals during 1909, divided according to Parishes or Unions.*

PARISH OR UNION.	Scarlet.	Diph-theria.	Dysentery & Cholera.	Enteric.	Typhus.	Cerebro-Spinal.	Other Diseases.	Total Ad-missions.	Total Deaths.
Kensington	370	111	4	17	..	..	47	549	30
Hammersmith	303	113	2	4	..	..	53	475	37
Fulham	461	206	21	15	..	..	100	803	55
Paddington	546	102	13	6	..	..	71	738	26
Chelsea	265	72	7	5	..	..	35	384	19
St. George's	394	152	12	4	..	1	43	606	26
Westminster	94	23	2	2	..	..	12	133	8
St. Marylebone	400	59	8	2	..	..	57	526	10
St. Pancras	724	186	11	3	..	..	117	1,041	45
Hampstead	200	16	..	2	..	..	34	252	10
Islington	1,099	271	13	24	..	1	166	1,574	63
Hackney	688	149	5	29	..	..	121	992	44
Bloomsbury	26	9	1	1	..	..	8	45	4
Strand	21	9	1	..	..	..	5	36	1
Holborn	294	125	10	7	..	..	70	506	29
London, City of	41	23	1	2	..	..	22	89	2
Shoreditch	294	102	6	13	..	..	85	500	24
Bethnal Green	537	98	3	10	..	..	67	715	45
Whitechapel	207	111	4	7	1	..	73	403	17
St. George-in-the-East	124	47	3	3	1	..	44	222	7
Stepney	200	81	10	3	..	..	39	333	25
Mile End Old Town	349	126	2	7	..	..	80	564	24
Poplar	649	124	3	20	..	..	63	859	48
Southwark	560	210	3	14	..	..	65	852	41
Bermondsey	384	118	11	12	2	..	73	600	27
Lambeth	1,026	282	..	10	..	..	115	1,433	73
Wandsworth	1,486	427	25	54	..	..	199	2,191	83
Camberwell	866	226	1	15	..	..	128	1,236	57
Greenwich	517	225	15	20	..	..	92	869	40
Woolwich	984	221	5	8	..	..	59	1,277	45
Lewisham	805	292	3	5	..	..	123	1,228	40
Port of London .. ..	..	..	..	..	..	..	..	..	..
Tottenham	463	75	5	7	..	..	55	605	30
Beyond Metropolitan Area	7	2	..	..	..	..	1	10	..
Totals	15,384	4,393	210	331	4	2	2,322	22,646	1,035

SCARLET FEVER.—TABLE IV.—*Admissions, Deaths and Mortality per cent. of Scarlet Fever Patients during 1909, 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 ..	74	16	21·6	59	4	6·8	133	20	15·0
1 to 2 ..	291	24	8·2	293	30	10·2	584	54	9·2
2 „ 3 ..	559	29	5·2	514	16	3·1	1,073	45	4·2
3 „ 4 ..	657	22	3·3	665	31	4·7	1,322	53	4·0
4 „ 5 ..	756	25	3·4	794	24	3·0	1,550	49	3·2
Totals under 5 years ..	2,337	116	5·0	2,325	105	4·5	4,662	221	4·7
5 to 10 ..	3,013	58	1·9	3,354	55	1·6	6,367	113	1·8
10 „ 15 ..	1,279	9	·7	1,356	10	·7	2,635	19	·7
15 „ 20 ..	381	4	1·0	366	2	·5	747	6	·8
20 „ 25 ..	183	3	1·6	229	2	·9	412	5	1·2
25 „ 30 ..	106	1	·9	182	1	·5	288	2	·7
30 „ 35 ..	50	2	4·0	86	1	1·2	136	3	2·2
35 „ 40 ..	34	..	..	49	1	2·0	83	1	1·2
40 „ 45 ..	5	..	..	23	..	..	28	..	..
45 „ 50 ..	3	1	33·3	11	..	..	14	1	7·1
50 „ 55 ..	4	..	..	6	..	..	10	..	..
55 „ 60 ..	..	..	..	..	..	..	..	..	..
And upwards ..	1	..	..	1	..	..	2	..	..
Grand Totals ..	7,396	194	2·6	7,988	177	2·2	15,384	371	2·4

The total admissions of scarlet fever cases in 1909 were 15,384 (19,629)*; the females were 592 (887) in excess of the male admissions. The total mortality, calculated on the admissions, was 2·4 (2·6) per cent.

DIPHTHERIA.—TABLE V.—*Admissions, Deaths, and Mortality per cent. of Diphtheria Patients (excluding Bacteriological cases) during 1909, 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 ...	70	22	31·4	46	26	56·5	116	48	41·4
1 to 2 ...	167	36	21·6	126	25	19·8	293	61	20·8
2 „ 3 ...	244	39	11·5	226	31	13·7	470	70	14·9
3 „ 4 ...	270	35	13·0	276	28	10·1	546	63	11·5
4 „ 5 ...	262	24	9·2	284	27	9·5	546	51	9·3
Total under 5 years)	1,013	156	15·4	958	137	14·3	1,971	293	14·9
5 to 10 ...	693	53	7·6	916	71	7·8	1,609	124	7·7
10 „ 15 ...	202	1	·5	238	7	2·9	440	8	1·8
15 „ 20 ...	81	1	1·2	73	2	2·7	154	3	1·9
20 „ 25 ...	34	1	2·9	36	1	2·8	70	2	2·9
25 „ 30 ...	20	...	...	58	...	...	78	...	...
30 „ 35 ...	11	1	9·1	28	...	...	39	1	2·6
35 „ 40 ...	6	...	...	7	...	...	13	...	...
40 „ 45 ...	4	...	...	5	...	...	9	...	...
45 „ 50 ...	3	...	...	2	...	...	5	...	...
50 „ 55 ...	1	...	...	2	1	50·0	3	1	33·3
55 „ 60 ...	1	...	...	1	...	...	2	...	...
And upwards	...	...	...	...	...	...	...	...	...
Grand Totals	2,069	213	10·3	2,324	219	9·4	4,393	432	9·8

It has been suggested that the decline in the mortality amongst cases of diphtheria, which followed the introduction of the antitoxin-serum treatment of the disease, might largely be accounted for by the inclusion of numbers of cases which were certified as diphtheria after the bacteriological test only. Therefore such cases have been shown this year in a separate column from those exhibiting the usual clinical signs of the disease. It is very satisfactory to find that, notwithstanding the exclusion of the bacteriological cases, the death rate, calculated on the admissions, is still as low as 9·8, as compared with a rate of 30 per cent. before the introduction of antitoxin.

The rates varied considerably at different hospitals. In regard to the high rate, 14·45 (10·47) at the Western Hospital, the medical superintendent states “In three cases death was due to scarlet fever, in three to measles, and in two to tuberculous meningitis; 42 patients died within 48 hours after admission.”

*Italic figures in brackets throughout are the corresponding figures for 1908.

ENTERIC FEVER.—TABLE VI.—*Admissions, Deaths, and Mortality per cent. of Enteric Fever Patients during 1909, 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 ...	14	...	...	12	...	...	26	...	...
5 to 10 ...	27	1	3·7	22	...	...	49	1	2·0
10 „ 15 ...	31	2	6·5	30	2	6·7	61	4	6·6
15 „ 20 ...	15	2	13·3	18	4	22·2	33	6	18·2
20 „ 25 ...	23	6	26·1	18	...	...	41	6	14·6
25 „ 30 ...	23	6	26·1	27	5	18·5	50	11	22·0
30 „ 35 ...	13	3	23·1	11	1	9·1	24	4	16·7
35 „ 40 ...	11	5	45·5	10	1	10·0	21	6	28·6
40 „ 45 ...	10	3	30·0	3	...	...	13	3	23·1
45 „ 50 ...	6	4	66·7	2	...	...	8	4	50·0
50 „ 55 ...	2	...	...	1	...	...	3	...	...
55 „ 60 ...	1	...	...	1	...	...	2	...	...
And upwards	...	...	...	...	...	...	...	...	...
Totals ...	176	32	18·2	155	13	8·4	331	45	13·6

There were 178 fewer cases of enteric fever admitted than during 1908.

The total death-rate, calculated on the admissions, was 13·6 (15·7) per cent.

TYPHUS FEVER.—TABLE VII.—Only 4 (2)* cases of typhus fever were admitted during the year. For details refer to Table VII., p. 194.

CEREBRO-SPINAL MENINGITIS.—TABLE VIIA.—2 (3) cases only were admitted: both died (1). For ages of patients refer to Table on p. 195.

MISCELLANEOUS DISEASES. The table of cases of miscellaneous diseases admitted will be found in the Medical Supplement, p. 234. 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, dealing with cases treated to termination at the Boards' town hospitals, and with cases who completed their treatment at the convalescent hospitals. There is also a table relating to the bacteriological cases of diphtheria who recovered or died at the town hospitals: the few such cases as were transferred to convalescent hospitals are included in Table IXB.

*Italic figures in brackets throughout are the corresponding figures for 1908.

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 1909.*

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	278 (343)	15,559 (18,487)	56·0 (53·9)	250 (295)	15,116 (17,592)	60·5 (59·6)
North-Eastern ..	926 (1,205)	62,451 (81,623)	67·4 (67·7)	873 (1,118)	61,412 (80,384)	70·3 (71·9)
North-Western ..	638 (673)	41,479 (46,058)	65·0 (68·4)	604 (624)	41,070 (44,992)	68·0 (72·1)
Western	875 (836)	50,561 (47,717)	57·8 (57·1)	832 (785)	49,775 (46,890)	59·8 (59·7)
South-Western ..	434 (482)	28,682 (31,448)	66·1 (65·9)	400 (449)	28,152 (30,779)	70·1 (68·5)
Fountain & Grove	704 (976)	43,058 (56,857)	61·2 (58·3)	674 (913)	42,459 (55,612)	63·0 (60·9)
South-Eastern ..	750 (737)	40,673 (42,260)	54·2 (57·3)	695 (680)	39,885 (41,351)	57·4 (60·8)
Park	440 (686)	27,291 (37,876)	62·0 (55·2)	400 (611)	26,514 (36,621)	66·3 (59·9)
Brook	1,057 (1,010)	66,492 (60,671)	62·9 (60·1)	1,010 (963)	65,699 (59,976)	65·0 (62·3)
Joyce Green ..	.. (192)	.. (14,506)	.. (75·6)	.. (192)	.. (14,506)	.. (75·6)
Totals ..	6,102 (7,140)	376,246 (437,503)	61·7 (61·3)	5,738 (6,630)	370,082 (428,703)	64·5 (64·7)

TABLE VIIIB.—*Length of Residence of Scarlet Fever Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1909.*

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	4,732 (5,972)	152,730 (185,712)	146,991 (196,955)	299,721 (382,667)	32·3 (31·1)	31·0 (33·0)	63·3 (64·1)	4,730 (5,968)	152,631 (185,584)	146,963 (196,752)	299,594 (382,336)	32·3 (31·1)	31·0 (33·0)	63·3 (64·1)
Gore Farm	5,692 (7,876)	180,270 (241,710)	175,939 (236,326)	356,209 (478,036)	31·7 (30·7)	30·9 (30·0)	62·6 (60·7)	5,687 (7,870)	180,127 (241,559)	175,803 (235,962)	355,930 (477,521)	31·7 (30·7)	30·9 (30·0)	62·6 (60·7)
Totals ..	10,424 (13,848)	333,000 (427,422)	322,930 (433,281)	655,930 (860,703)	31·9 (30·9)	31·0 (31·3)	62·9 (62·2)	10,417 (13,838)	332,758 (427,143)	322,766 (432,714)	655,524 (859,857)	31·9 (30·9)	31·0 (31·3)	62·9 (62·1)

The average duration of residence of scarlet fever cases was at the town hospitals 61·7 (61·3)* days, including deaths, and 64·5 (64·7) days if the fatal cases be excluded. At the convalescent hospitals the average duration was 62·9 (62·2) and 62·9 (62·1) days respectively (including residence in the town hospitals). So that, on the whole, the total residence of cases who completed their recovery at the convalescent hospitals was 1·6 (2·6) days shorter than that of cases at the town hospitals. The period of detention at the Northern Hospital was ·8 days shorter than in the preceding year, but was 4·3 days longer than in 1905.

As regards the residence of the recovered patients in the town hospitals, there are very considerable variations. The shortest residence was 57·4 days at the South Eastern Hospital (*Eastern Hospital*, 59·6), or 7·1 (5·1) days below the average, and the longest was 70·3 at the North-Eastern Hospital (*Joyce Green Hospital*, 75·6), or 5·8 (10·9) days above the average.

* Italic figures in brackets throughout are the corresponding figures for 1908.

DIPHTHERIA
PATIENTS.TABLE IXA.—*Length of Residence of Diphtheria Patients (exclusive of bacteriological diphtheria patients) who completed their Recovery or Died at the Board's Town Hospitals during the year 1909.*

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	247 (339)	12,744 (17,562)	51.6 (51.8)	1205 (273)	11,959 (16,949)	58.3 (62.1)
North-Eastern ..	390 (438)	29,561 (28,532)	75.8 (65.1)	362 (392)	29,253 (28,148)	80.8 (71.8)
North-Western ..	383 (425)	21,285 (24,088)	55.6 (56.7)	347 (386)	20,991 (23,547)	60.5 (61.0)
Western	669 (786)	33,920 (37,304)	50.7 (47.5)	570 (697)	32,819 (36,652)	57.6 (52.6)
South-Western ..	493 (374)	27,920 (20,303)	56.6 (54.3)	439 (337)	27,351 (20,096)	62.3 (59.6)
Fountain & Grove	538 (602)	27,463 (28,817)	51.0 (47.9)	491 (555)	27,101 (28,427)	55.2 (51.2)
South-Eastern ..	508 (494)	24,749 (23,477)	48.7 (47.5)	471 (435)	24,421 (22,748)	51.8 (52.3)
Park	367 (459)	17,268 (20,869)	47.1 (45.5)	321 (388)	16,671 (20,293)	51.9 (52.3)
Brook	452 (446)	23,173 (20,855)	51.3 (46.8)	412 (393)	23,001 (20,061)	55.8 (51.0)
Totals	4,047 (4,363)	218,083 (221,807)	53.9 (50.8)	3,618 (3,856)	213,567 (216,921)	59.0 (56.3)

TABLE IXB.—*Length of Residence of Diphtheria Patients who completed their Recovery or Died at the Board's Convalescent Hospitals during the year 1909.*

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 (255)	11,581 (12,863)	6,142 (6,700)	17,723 (19,563)	45.4 (50.4)	24.1 (26.3)	69.5 (76.7)	†255 (255)	11,581 (12,863)	6,142 (6,700)	17,723 (19,563)	45.4 (50.4)	24.1 (26.3)	69.5 (76.7)
Gore Farm	462 (568)	19,439 (23,905)	17,174 (16,016)	36,613 (39,921)	42.1 (42.1)	37.1 (28.2)	79.2 (70.3)	459 (568)	19,275 (23,905)	17,076 (16,016)	36,351 (39,921)	42.0 (42.1)	37.2 (28.2)	79.2 (70.3)
Totals ..	717 (823)	31,020 (36,768)	23,316 (22,716)	54,336 (59,484)	43.3 (47.7)	32.5 (27.6)	75.8 (72.3)	714 (823)	30,856 (36,768)	23,218 (22,716)	54,074 (59,484)	43.2 (44.7)	32.5 (27.6)	75.7 (72.3)

* Italic figures in brackets throughout are the corresponding figures for 1908.

† Includes 8 Diphtheria Bacteriological Cases.

BACTERIOLOGICAL
DIPHTHERIA
PATIENTS.TABLE IXc.—*Length of Residence of Bacteriological Diphtheria Patients who completed their Recovery or Died at the Board's Town Hospitals during the year 1909.*

HOSPITALS.	Total Number of Cases (including Deaths).	Number of days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
Eastern	10	571	57.1	8	526	65.7
North-Eastern ..	18	866	48.1	18	866	48.1
North-Western ..	18	407	22.6	18	407	22.6
Western	55	2,196	39.9	55	2,196	39.9
South-Western ..	3	81	27.0	3	81	27.0
Fountain & Grove	34	751	22.1	34	751	22.1
South-Eastern ..	32	738	23.1	31	701	22.6
Park	5	107	21.4	5	107	21.4
Brook	18	398	22.1	18	398	22.1
Totals ..	193	6,115	31.7	190	6,033	31.8

The average length of residence of diphtheria patients at the town hospitals was 53.9 (50.8)* days, including deaths, and 59.0 (56.3) days if the fatal cases be excluded. At the convalescent hospitals the average residence of recovered cases (including residence in the town hospitals) was 75.7 (72.3) days or 16.7 (16.0) days longer than in the town hospitals. The period of detention at the Northern Hospital was 7.2 days shorter than in the preceding year, but was 7.2 days longer than in 1905, whereas at the Gore Farm Hospital it was 8.9 days longer than last year.

The variations in length of residence of recovered patients at different hospitals during the year are again very remarkable, ranging from 51.8 days at the South-Eastern Hospital (*Brook Hospital*, 51.0), 7.2 (5.3) days below the average, to 80.8 days at the North-Eastern Hospital (*North-Eastern Hospital*, 71.8), or 21.8 (15.5) days above the average.

The average length of residence of the recovered bacteriological cases was 31.8 days, and varied from 21.4 at the Park Hospital, to 65.7 days at the Eastern Hospital.

* Italic figures in brackets throughout are the corresponding figures for 1908.

ENTERIC
FEVER
PATIENTSTABLE X.—*Length of Residence of Enteric Fever Patients who completed their Recovery or Died at the Board's Town Hospitals during the year 1909.*

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	66 (96)	4,164 (5,336)	63.1 (55.6)	61 (80)	4,111 (5,017)	67.4 (62.7)
North-Eastern ..	69 (68)	4,883 (3,757)	70.8 (55.2)	65 (52)	4,863 (3,549)	74.8 (68.2)
North-Western ..	19 (29)	1,243 (1,535)	65.4 (52.9)	19 (24)	1,243 (1,475)	65.4 (61.5)
Western	76 (82)	3,865 (4,350)	50.9 (53.5)	64 (68)	3,770 (4,206)	58.9 (61.9)
South-Western ..	58 (61)	4,002 (3,413)	69.0 (56.0)	53 (52)	3,918 (3,286)	73.9 (63.2)
Fountain & Grove	.. (1)	.. (50)	.. (50.0)	.. (1)	.. (50)	.. (50.0)
South-Eastern ..	79 (89)	4,477 (4,110)	56.7 (46.2)	72 (74)	4,366 (3,926)	60.6 (53.0)
Park .. ..	.. (2)	.. (95)	.. (47.5)	.. (2)	.. (95)	.. (47.5)
Brook	60 (46)	3,378 (2,506)	56.3 (54.5)	48 (41)	3,216 (2,449)	67.0 (59.7)
Total	427 (474)	26,012 (25,152)	60.9 (53.1)	382 (394)	25,487 (24,053)	66.7 (61.0)

The average residence of enteric fever patients was 60.9 (53.1) days, including deaths, and 66.7 (61.0) days, if the fatal cases be excluded. The shortest residence of recovered cases was 58.9 days at the Western Hospital (*South-Eastern Hospital*, 53.0), or 7.8 (8.0) days below the average, and the longest 74.8 days at the North-Eastern Hospital (*North-Eastern Hospital*, 68.2), or 8.1 (7.2) days above the average.

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 1909.*

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)*	.. (51)	.. (25.5)	.. (2)	.. (51)	.. (25.5)
South-Western ..	2	75	37.5	2	75	37.5
South-Eastern ..	2	70	35	2	70	35
Totals	4 (2)	145 (51)	36.2 (25.5)	4 (2)	145 (51)	36.2 (25.5)

* Italic figures in brackets throughout are the corresponding figures for 1908.

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 1909.*

HOSPITAL.	Total Number of Cases (including Deaths).	Number of Days' Residence.	Average Residence (days).	Recovered Cases only.	Number of Days' Residence.	Average Residence (days).
North Western ..	1 (1)	107 (6)	107·0 (6·0)	1 ..	107 ..	107·0 ..
Western	1 ..	3 ..	3..	....	....	....
South-Eastern	1 (1)	133 (132)	133·0 (132·0)	1 ..	133 ..	133·0 ..
Brook .. ..	.. (1)	.. (74)	.. (74·0)	.. (1)	.. (74)	.. (74)
Totals ..	3 (3)	243 (212)	81·0 (70·6)	2 (1)	240 (74)	120·0 (74)

MISCEL-
LANEOUS
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 1909.*

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	341 (240)*	8,763 (5,816)	25·7 (24·2)	305 (221)	8,340 (5,669)	27·3 (25·7)
North-Eastern ..	263 (317)	9,229 (9,778)	35·1 (30·8)	236 (305)	8,865 (9,611)	37·6 (31·5)
North-Western ..	275 (282)	6,668 (6,788)	24·2 (24·1)	252 (262)	6,449 (6,629)	25·6 (25·3)
Western	284 (278)	6,074 (5,293)	21·4 (19·0)	259 (255)	5,787 (5,031)	22·3 (19·7)
South-Western ..	170 (115)	4,472 (3,013)	26·3 (26·2)	152 (99)	4,339 (2,867)	28·5 (29·0)
Fountain & Grove	242 (428)	5,889 (10,746)	24·3 (25·1)	235 (414)	5,832 (10,615)	24·8 (25·6)
South-Eastern ..	304 (401)	4,591 (5,591)	15·1 (13·9)	279 (377)	4,369 (5,385)	15·7 (14·3)
Park	297 (299)	8,385 (8,279)	28·2 (27·7)	290 (295)	8,319 (8,217)	28·7 (27·9)
Brook	168 (219)	3,689 (5,284)	22·0 (24·1)	154 (204)	3,571 (5,134)	23·2 (25·2)
Totals ..	2,344 (2,579)	57,760 (60,588)	24·6 (23·5)	2,162 (2,432)	55,871 (59,158)	25·8 (24·3)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 24·6 (23·5) days, including deaths, and 25·8 (24·3) days if the fatal cases be excluded. The shortest residence of recovered cases was at the South-Eastern Hospital 15·7 (*South Eastern Hospital*, 14·3) days, or 10·1 (10·0) days below the average, and the longest at the North-Eastern Hospital, 37·6 (*North Eastern Hospital*, 31·5) days, or 11·8 days above the average.

* Italic figures in brackets throughout are the corresponding figures for 1908.

It is notable that the periods of detention are all longer at the North-Eastern than at any other hospital, being, as regards scarlet fever 5·8, diphtheria 21·8, enteric fever 8·1 and miscellaneous diseases 11·8 days above the average.

SMALLPOX PATIENTS. Of smallpox patients, 15 were treated during the year. Average residence, including deaths 31·4 days, or, excluding deaths, 33·8 days. Two of the patients, who were admitted in October, were stated to have been successfully revaccinated after infection, from the 8th to the 10th day before the rash appeared; one being a female, 29 years of age, and the other a male of 34 years; both had discrete smallpox, and were discharged recovered.

CASES OF FEVER.—In the course of the year 1909 no fewer than 2,322 (2,594) patients, or a percentage on the total admissions of 10·3 (9·3) were, after **MISTAKEN DIAGNOSIS.** admission at the fever hospitals, found not to be suffering from the diseases mentioned in the medical certificates upon which they were removed to the hospital (Table XIV., Medical Supplement, pp. 234-237). The largest number of cases admitted to any one hospital, was at the Eastern Hospital (*Grove Hospital*), where the proportion was 328 (431) out of 2,059 (4,208) admissions, or 15·9 (10·2) per cent. of the total. The percentage on the total scarlet fever cases was 6·8 (6·1), diphtheria cases 16·8 (22·2), and enteric fever cases 37·9 (39·1).

Amongst the 1,132 (1,202)* cases wrongly certified as scarlet fever there were 93 (97) of measles, 53 (46) of rubella, 214 (280) of tonsillitis, 278 (267) of erythema, 248 (274) had no obvious disease or were not diagnosed. Amongst the 930 (1,159) cases wrongly certified as diphtheria were 82 (51) of measles, 621 (802) of tonsillitis, 27 (84) had no obvious disease or were not diagnosed. Amongst the 202 (199) cases wrongly certified as enteric fever were 20 (9) of influenza, 11 (11) of general tuberculosis, 34 (32) of pneumonia, 7 (6) had no obvious disease or were not diagnosed.

On reference to Table XI., p. 151, it will be noted that these cases were detained in hospital on an average for 24·6 (23·5) days.

Smallpox.—In the case of smallpox, the original medical certificate is revised by a medical officer of the Board at the London wharves: 28 persons were certified as suffering from smallpox and removed to the wharves. The diagnosis was confirmed in 15 cases. The Annual Report of the Medical Superintendent of the Smallpox Hospitals will be found on p. 196.

Statistics since Establishment of the Managers' Hospitals. (5.) **FEVER.**—The return on p. 153 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 2·3, the lowest recorded in the Managers' hospitals.

The mortality amongst diphtheria patients was 9·4, a slight decrease compared with the previous year. The lowest rate recorded was 8·3 in 1905.

In connection with the mortality of diphtheria cases, we draw special attention to the rate per 1,000 of the estimated population. For some years prior to 1893 it had been steadily advancing, notwithstanding occasional reductions, until in the year mentioned it had attained the very high figure of 0·76. Since 1893, however, the rate has fallen, and this fall has been coincident with the introduction and increasing use of the antitoxic serum treatment of diphtheria.

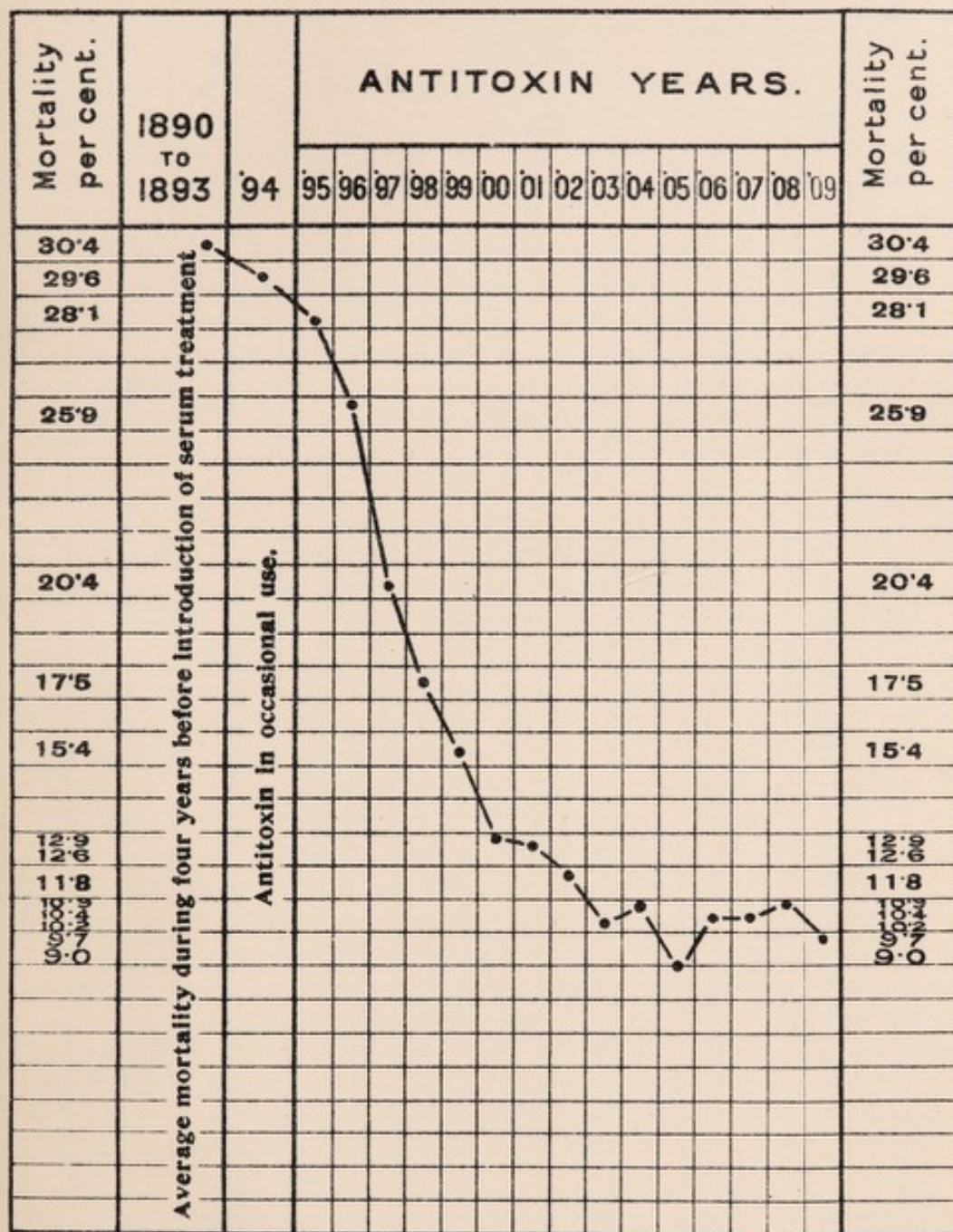
Antitoxin treatment of Diphtheria. We submit the charts, A, B and C, which summarise the results of the antitoxin treatment of diphtheria in the Board's hospitals during the years 1895-1909, as compared with the results obtained before the use of that treatment.

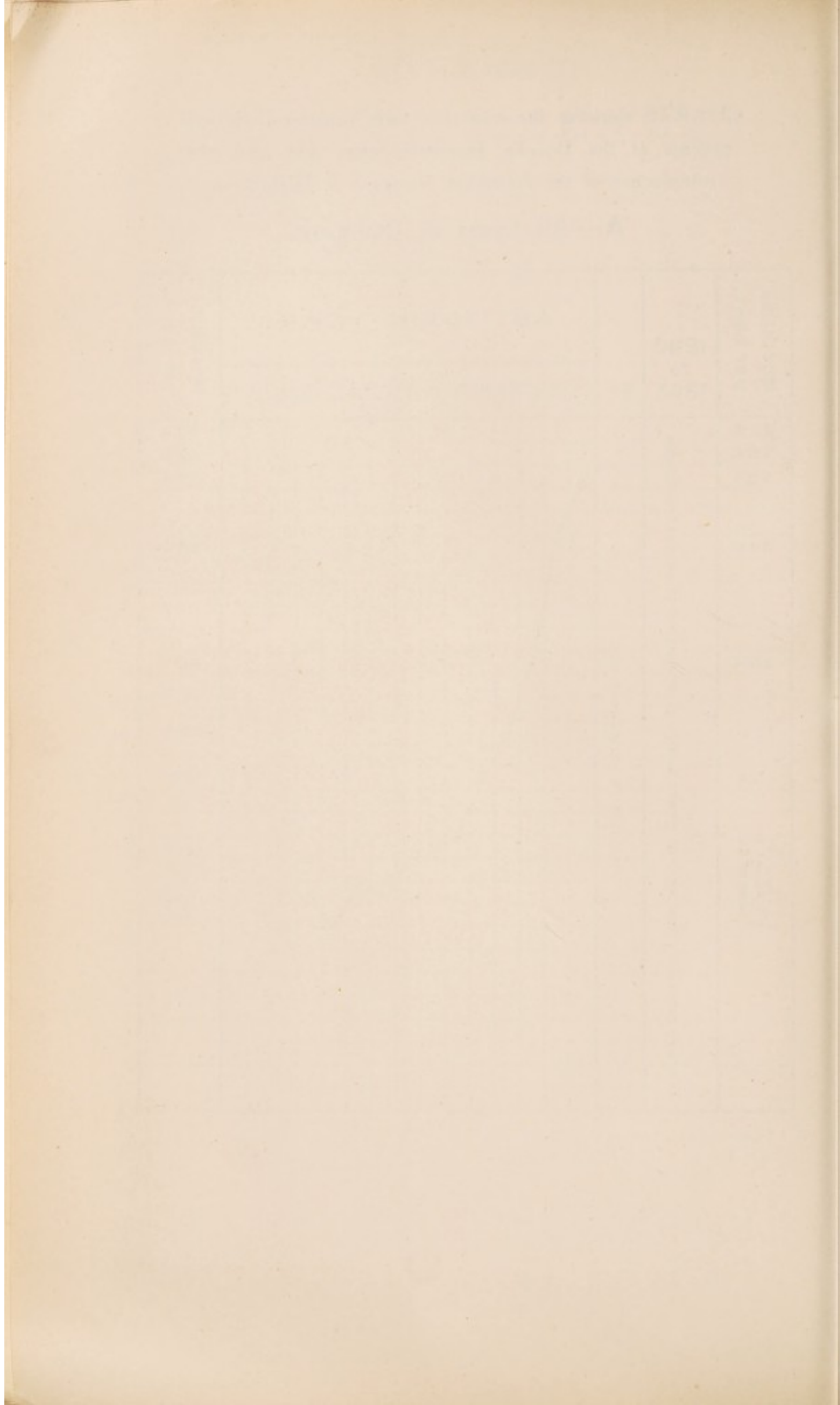
A report by Professor G. Sims Woodhead and Dr. G. E. Cartwright Wood on the laboratory work and preparation of diphtheria antitoxin carried out at the bacteriological establishments of the Board during 1909 will be found on pp. 218-220A.

* Italic figures in brackets throughout are the corresponding figures for 1908.

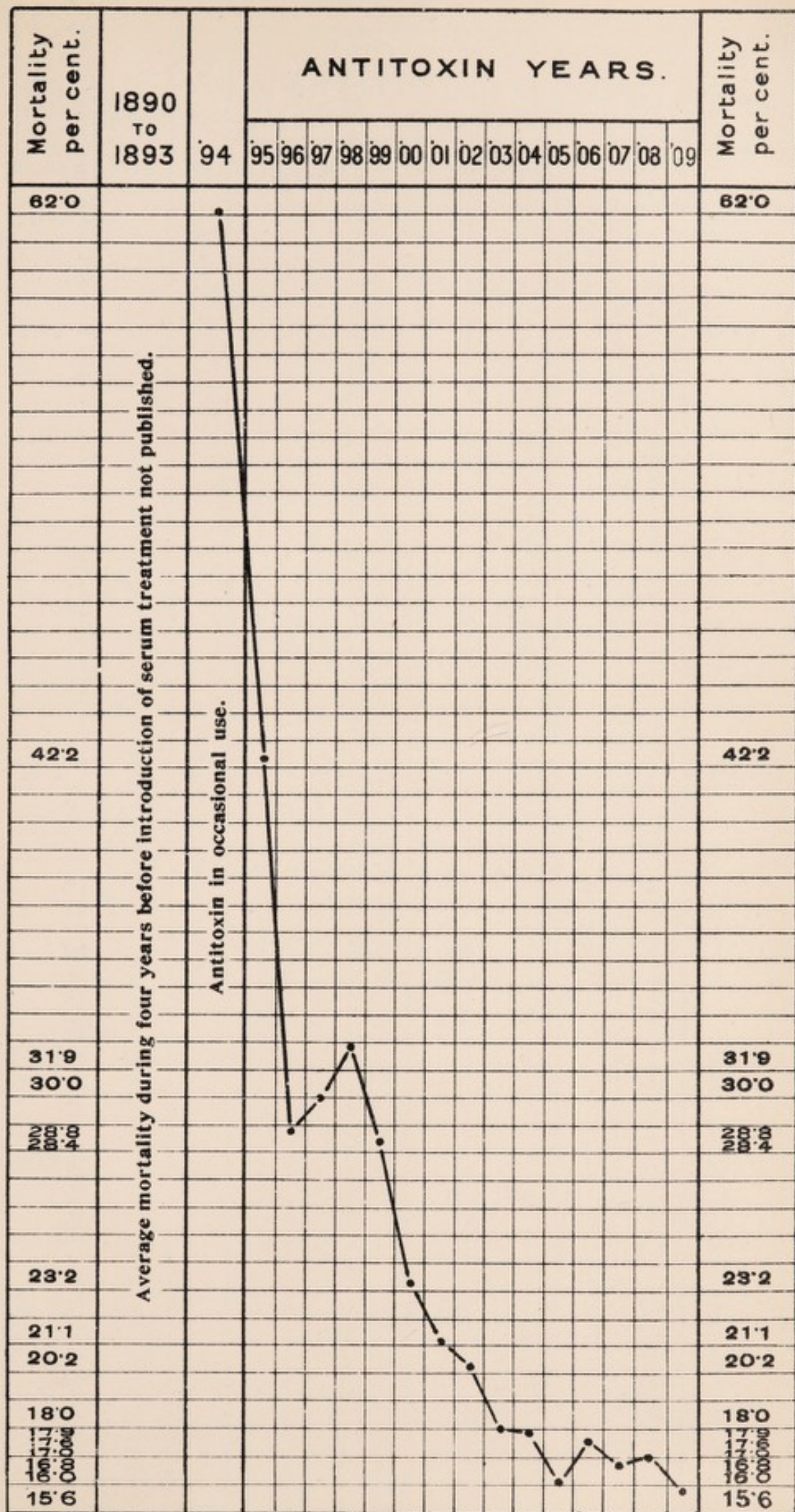
CHARTS showing the mortality rates amongst Diphtheria patients at the Board's Hospitals, before and after the introduction of the Antitoxin treatment of Diphtheria.

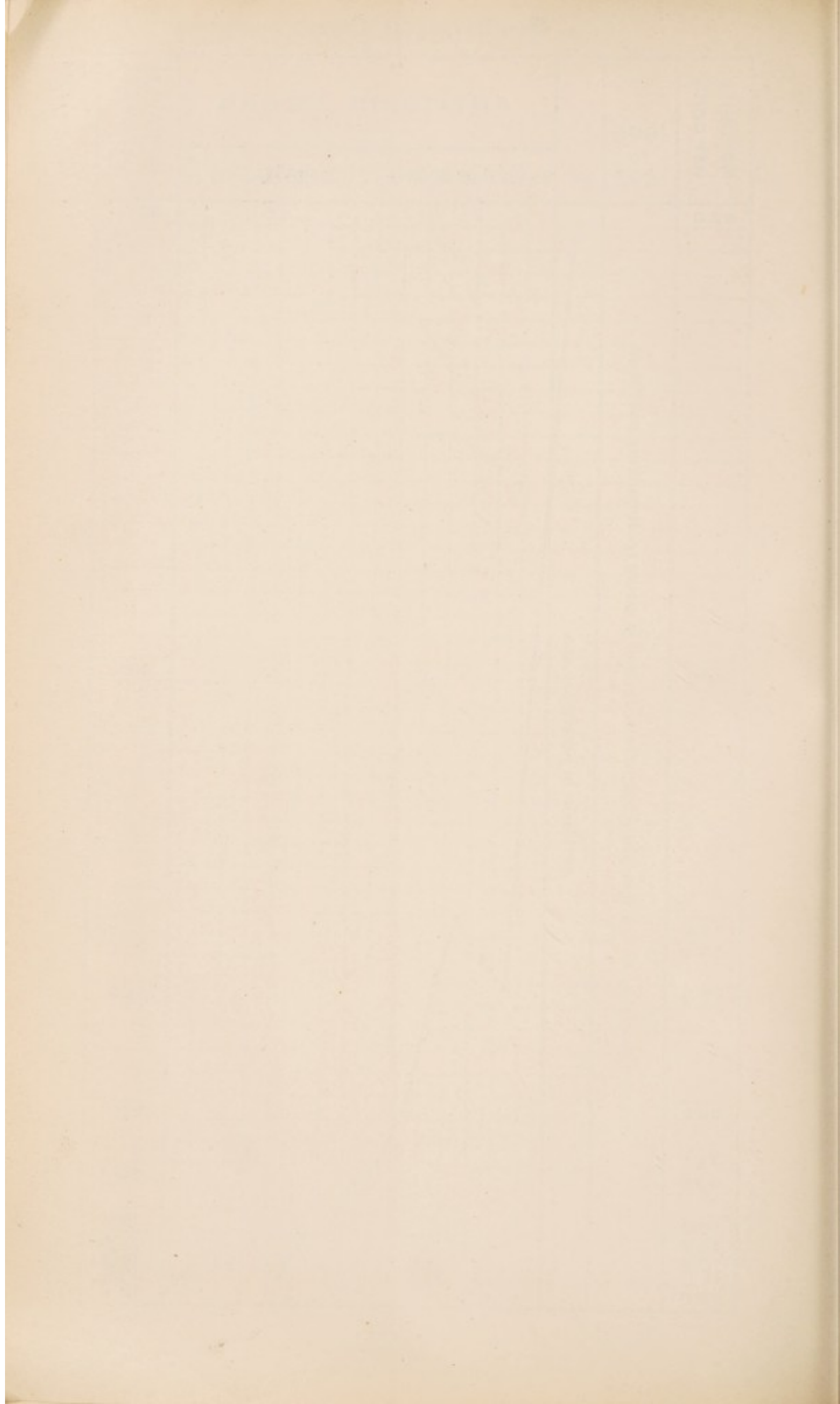
A.—All forms of Diphtheria.



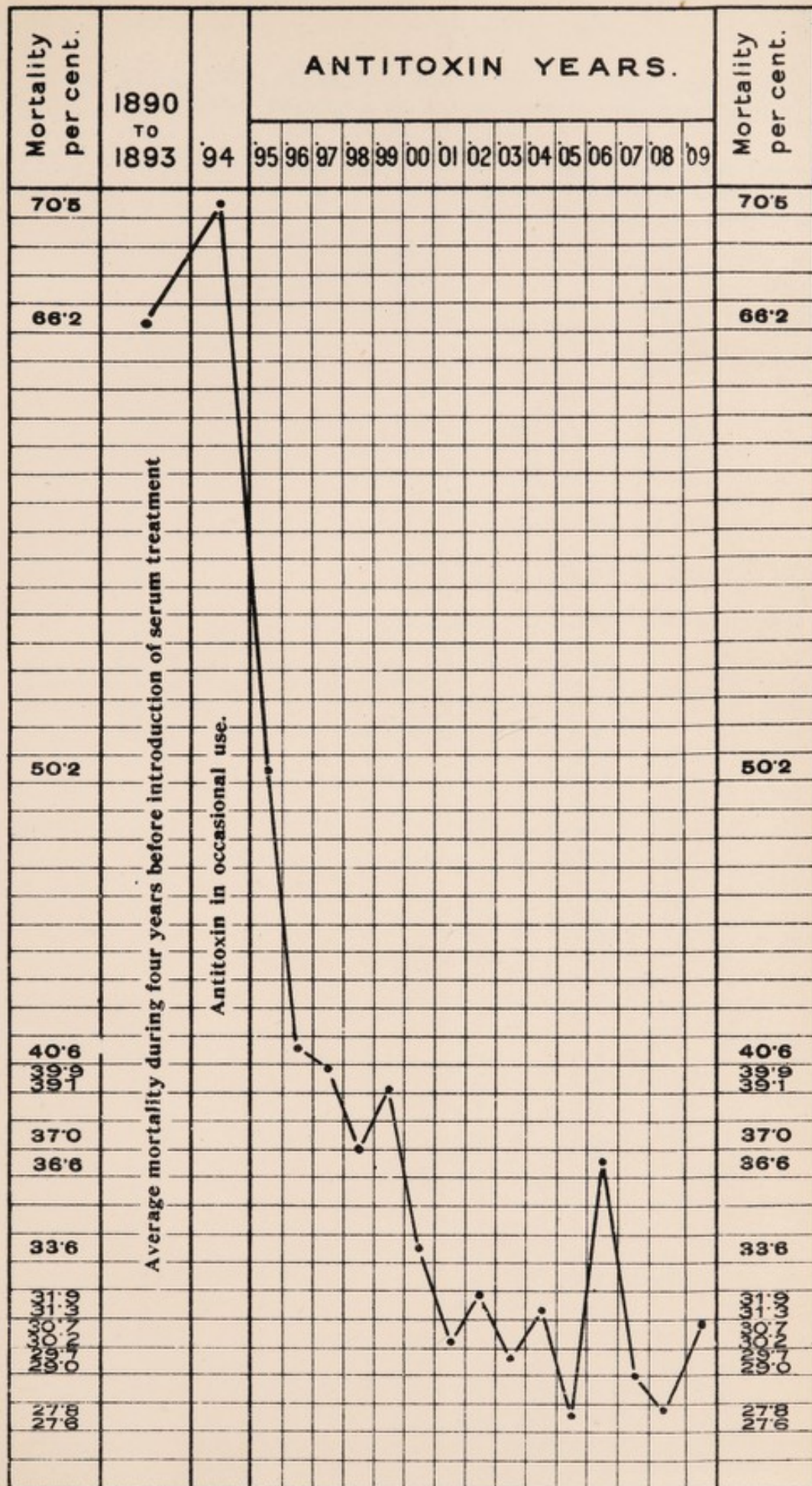


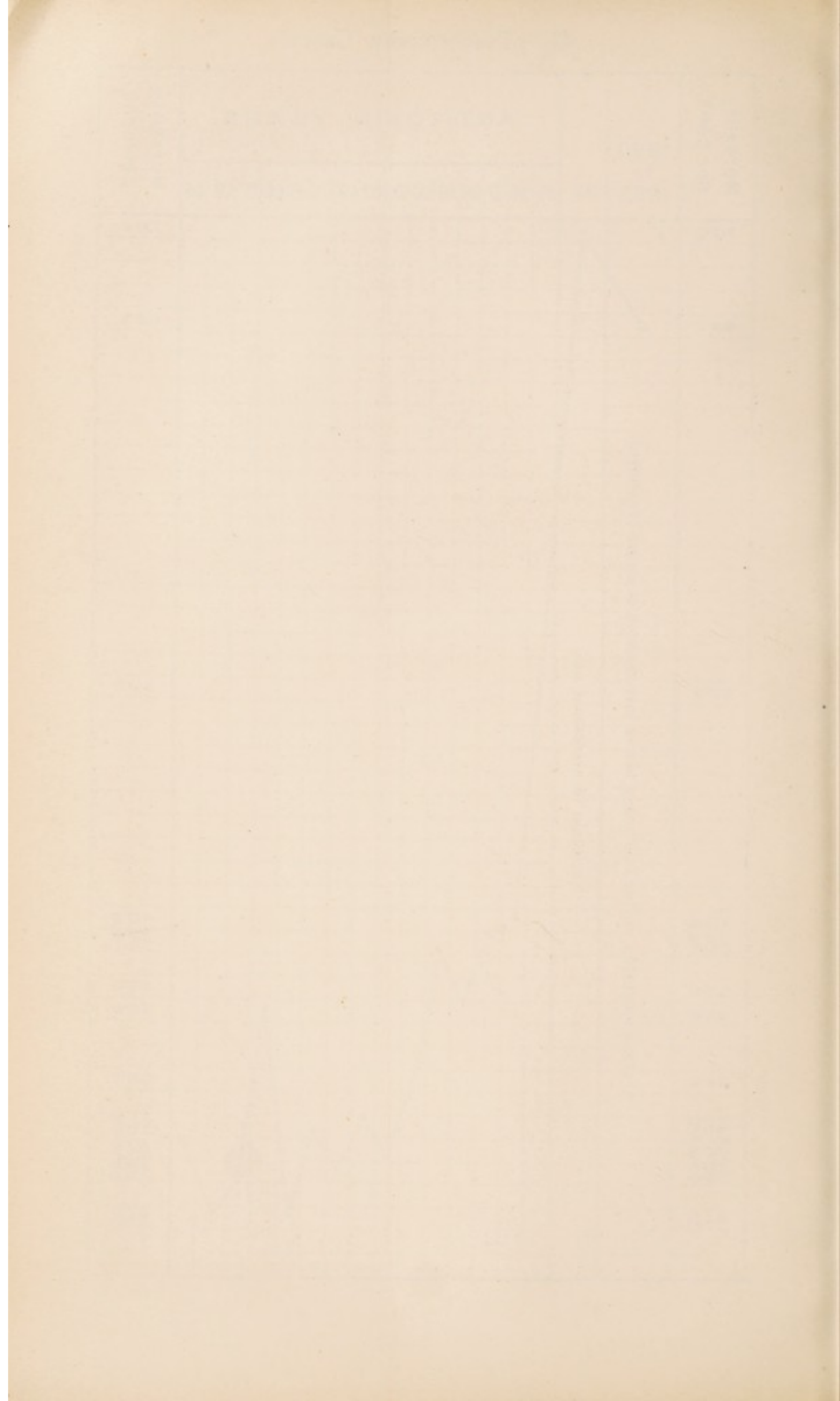
B.—Laryngeal Cases.





C.—Tracheotomy Cases.





showing the admissions and deaths of patients and the mortality per cent. at the Managers' Fever Hospital during each year since the opening of the first hospital on 25th January, 1870, together with the Annual Mortality per 1,000 persons living of the Population of the Metropolitan from Scarlet, Typhus and Enteric Fevers and Diphtheria, extracted from the Registrar-General's Annual Summaries.

YEAR.	ADMISSIONS.						DEATHS.						Mortality per cent. of Patients treated in Managers' Hospitals.				Annual Mortality per 1,000 of estimated Population.							
	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Typhus Enteric.	Other Dis-eases.	Total.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Typhus.	Enteric.	Other Dis-eases.	Total.	Scarlet.	Diphtheria.	Typhus Enteric.	Scarlet.	Diphtheria.	Typhus Enteric.	Diphtheria.	Typhus	Enteric.		
																							fever	
1870	Relapsing fever	..	..	..	..	218	..	..	..	..	..	..	14	..	..	..	6.3	0.58	0.11	0.12	0.27	..	..
1871	(15 months to Dec. 31st, 1872)	..	..	..	..	864	..	..	..	30	57	70	168	..	..	23.6	22.0	0.28	0.08	0.05	0.24	..	..
1872	..	108	..	134	279	343	..	11	..	91	56	58	211	10.8	..	23.1	15.1	0.19	0.09	0.08	0.27	..	..
1873	..	92	..	401	381	271	1,145	6	..	106	63	84	342	6.5	..	19.6	14.9	0.77	0.12	0.09	0.26	..	..
1874	..	804	..	536	435	359	2,134	89	..	16	78	54	308	12.1	..	23.3	24.7	1.06	0.17	0.04	0.23	..	..
1875	..	1,182	..	65	299	269	1,815	160	..	28	59	71	248	13.7	..	19.3	20.3	0.65	0.11	0.04	0.22	..	..
1876	..	671	..	139	288	294	1,392	90	..	36	79	33	202	12.1	..	23.0	22.9	0.44	0.09	0.04	0.25	..	..
1877	..	479	..	170	372	186	1,207	54	..	47	100	40	278	14.3	..	26.2	20.3	0.49	0.15	0.04	0.28	..	..
1878	..	679	..	168	484	233	1,564	91	..	11	74	39	335	15.3	..	21.6	19.7	0.72	0.15	0.02	0.23	..	..
1879	..	1,469	..	48	385	196	2,098	211	..	6	43	37	328	12.3	..	20.7	15.6	0.82	0.14	0.02	0.19	..	..
1880	..	1,949	..	28	248	239	2,464	242	..	34	86	46	334	11.1	..	16.9	21.5	0.55	0.17	0.02	0.25	..	..
1881	..	1,477	..	219	415	211	2,322	168	..	27	104	60	380	10.4	..	16.9	20.7	0.52	0.22	0.01	0.25	..	..
1882	..	1,850	..	148	515	354	2,867	189	..	11	74	66	385	12.4	..	21.1	15.6	0.51	0.24	0.01	0.25	..	..
1883	..	1,920	..	45	486	269	2,720	234	..	5	98	55	392	12.3	..	20.0	18.8	0.36	0.24	0.01	0.23	..	..
1884	..	1,845	..	29	493	180	2,547	234	..	7	36	46	219	9.5	..	12.2	15.8	0.18	0.23	0.01	0.15	..	..
1885	..	1,353	..	53	220	229	1,855	130	..	4	47	22	224	9.0	..	42.1	14.8	0.17	0.21	0.00	0.15	..	..
1886	..	1,780	..	10	333	74	2,197	151	..	4	61	59	613	9.5	..	11.6	14.6	0.36	0.23	0.00	0.15	..	..
1887	..	5,900	..	35	441	161	6,537	489	..	..	72	60	679	9.9	59.3	..	14.6	0.30	0.32	..	0.17	..	..
1888	..	4,408	99	1	450	194	5,152	501	46	..	41	48	736	8.9	40.7	31.6	15.1	0.19	0.39	0.00	0.13	..	..
1889	..	4,518	722	23	290	219	5,772	366	275	..	6	41	81	736	8.9	40.7	25.7	19.7	0.21	0.33	0.00	0.15	..	..
1890	..	6,537	942	16	498	341	8,334	510	316	..	5	93	81	1,005	7.9	33.5	5.9	14.5	0.14	0.34	0.00	0.13	..	..
1891	..	5,262	1,312	18	755	462	7,809	357	397	..	1	106	102	963	6.7	30.6	9.8	13.2	0.27	0.46	0.00	0.10	..	..
1892	..	13,093	2,009	19	430	725	16,276	839	583	..	2	65	140	1,629	7.3	29.3	50.0	20.5	0.37	0.76	0.00	0.16	..	..
1893	..	14,548	2,848	2	544	732	18,674	901	865	..	1	110	105	1,982	6.1	30.4	16.7	18.1	0.22	0.62	0.00	0.15	..	..
1894	..	11,598	3,666	6	534	863	16,667	717	1,035	..	1	96	150	1,999	5.9	29.3	16.7	18.1	0.22	0.62	0.00	0.15	..	..
1895	..	11,271	3,635	3	661	1,277	16,847	591	820	..	..	119	142	1,672	5.4	22.8	..	18.2	0.19	0.54	..	0.14	..	..
1896	..	15,982	4,508	9	600	1,174	22,273	666	948	..	2	96	109	1,821	4.3	21.2	25.0	15.8	0.21	0.60	0.00	0.13	..	..
1897	..	15,113	5,673	2	664	1,417	22,869	619	987	..	..	124	140	1,870	4.1	17.7	..	18.6	0.18	0.51	..	0.13	..	..
1898	..	12,125	6,566	9	869	1,488	21,057	514	991	..	1	143	147	1,796	4.1	15.4	11.1	17.7	0.13	0.39	0.00	0.13	..	..
1899	..	13,290	8,676	11	1,535	1,582	25,094	353	1,182	..	..	240	160	1,935	2.6	13.9	..	16.5	0.09	0.43	0.00	0.18	..	..
1900	..	10,343	7,873	4	1,728	1,706	21,654	313	988	..	1	245	167	1,714	3.0	12.3	22.2	14.1	0.08	0.35	0.00	0.17	..	..
1901	..	14,539	7,622	13	1,129	2,365	25,668	542	849	..	4	175	167	1,737	3.8	11.1	30.8	14.2	0.13	0.30	0.00	0.12	..	..
1902	..	14,503	6,520	..	1,420	2,108	24,551	512	739	..	..	218	178	1,647	3.4	11.0	..	15.5	0.12	0.25	..	0.13	..	..
1903	..	10,345	5,072	19	967	1,913	18,316	333	504	..	4	145	166	1,152	3.1	9.7	21.0	15.4	0.08	0.16	0.00	0.08	..	..
1904	..	11,155	4,687	3	750	1,993	18,588	364	469	..	..	115	183	1,131	3.4	10.0	..	14.6	0.08	0.16	..	0.06	..	..
1905	..	16,958	4,148	5	586	2,157	23,854	536	347	..	..	82	147	1,112	3.3	8.3	..	13.1	0.12	0.12	..	0.05	..	..
1906	..	17,933	5,218	4	698	2,151	26,004	521	445	..	..	108	163	1,237	2.9	8.8	..	16.0	0.11	0.15	..	0.06	..	..
1907	..	22,764	5,744	3	541	3,117	32,169	622	544	..	..	72	167	1,405	2.8	9.6	..	13.1	0.14	0.17	..	0.04	..	..
1908	..	19,629	5,230	2	509	2,597	27,967	520	507	..	..	80	148	1,255	2.6	9.7	..	16.3	0.11	0.15	..	0.05	..	..
1909	..	15,384	4,393	4	331	2,324	22,646	371	2	3	..	4	184	1,035	2.3	9.4	..	11.9	0.08	0.13	..	0.03	..	..
Totals	..	304,856	97,163	210	2,404	22,563	36,773	464,187	14,117	14,269	3	491	3,705	3,894	36,493	..	..	..	..	..	..	..	..	..

NOTE.—1. From 1st December, 1870, to the end of September, 1871, smallpox cases only were admitted to the Board's hospitals. 2. The deaths of fever patients include those deaths due to intercurrent maladies. 3. Diphtheria cases have only been admitted into the Managers' hospitals since 23rd October, 1888. The use of antitoxic serum in the treatment of diphtheria began in 1894. 4. The mortality rates of patients in the Managers' hospitals are calculated according to the Registrar-General's formula, i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.

TABLE XIII.—*Summary of number of Cases of Laryngeal and Non-Laryngeal Post-Scarlatinal Diphtheria at the Board's Hospitals during the years 1896-1909.*

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
1909	27	...	...	...	...	272	4	...	4	1.5	299	4	...	4	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	...	...	...	11·3	...
1890	22	5	27	3	...	3		0·00
1891	63	1	64	8	...	8		0·00
1892	325	23	348	35	...	35	7·6	0·01
1893	2,376	*118	2,494	180	2	182	8·9	0·05
1894	1,117	*120	1,237	102	7	109	6·4	0·02
1895	941	*81	1,022	64	1	65	7·3	0·01
1896	190	*41	231	9	1	10		0·00
1897	70	*26	96	13	1	14		
1898	5	*9	14	...	...	...	18·5	0·05
1899	18	*18	36	3	...	3		
1900	66	*19	85	3	...	3		
1901	1,743	*107	1,850	257	3	260	16·6	0·28
1902	7,916	*608	8,524	1,337	5	1,342	5·4	...
1903	355	*80	435	12	1	13		
1904	449	*64	513	27	...	27		
1905	53	*34	87	8	1	9	...	...
1906	27	*6	33	...	...	...
1907	2	*13	15	...	1	1		
1908	1	*3	4	...	...	...	...	...
1909	15	*13	28	2	...	2		
Totals	72,706	2,417	75,123	11,918	70	11,988	...	...

*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	1,317	332	282
1886	4,018,666	20	5	159
1887	4,058,565	9	2	137
1888	4,098,860	9	2	131
1889	4,139,555	1	—	68
1890	4,180,654	3	1	2
1891	4,223,720	8	2	1.4
1892	4,269,634	29	7	3
1893	4,312,263	186	43	11
1894	4,351,501	89	21	15
1895	4,387,248	55	13	17
1896	4,419,411	9	2	17
1897	4,447,907	16	4	17
1898	4,472,664	1	0	8
1899	4,493,617	3	1	4
1900	4,510,711	4	1	1.6
1901	4,544,983	229	51	11
1902	4,579,110	1,314	282	67
1903	4,613,812	13	3	68
1904	4,648,950	25	5	68
1905	4,684,794	10	2	69
1906	4,721,217	—	—	58
1907	4,758,218	—	—	2
1908	4,795,757	—	—	1.4
1909	4,833,938	2	—	0.4

TABLE XX.—*Staff Illness in Infectious Hospitals during the year 1900*

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 24 years only once has the disease become seriously prevalent.

Staff Illness. On p. 157A 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 4,397, (4,955)* persons employed at the fever hospitals during the course of the year, 94 (175) or 2·1 (3·5) per cent. fell ill with fever or diphtheria, and 1 died; while 1,171 (1,360) or 26·6 (27·4) per cent. suffered from other forms of illness, and 3 died.

II.—IMBECILITY.

Accommodation for Imbecile Patients.

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

INSTITUTION.	Males.	Females.	Total.
Tooting Bec Asylum	486	576	1,062
„ „ Receiving Home for Children	28	24	52
Leavesden Asylum	946	1,184	2,130
Caterham „	972	1,137	2,109
Darenth „	1,030	964	1,994
Total	3,462	3,885	7,347

Annual Reports.

The annual reports of the medical superintendents of the asylums will be found on pp. 197-211.

* Italic figures in brackets throughout are the corresponding figures for 1908.

TABLE A.—Table showing the number of Male and Female Imbeciles Admitted, Transferred, Discharged and Died at the several Asylums during the year 1909, 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, 1909.			Admitted.				Died.			Discharged.			Transferred to other Asylums of the Board.			No. remaining at Asylum on 31st December, 1909.		
	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.	Total.	M.	F.	Total.										
Kensington ..	87	69	156	(1) 10	6	(1) 16	10	(1) 8	(1) 18	12	(1) 2	1	(1) 3	10	8	18	87	71	158
Hammersmith ..	48	53	101	5	7	12	5	8	13	12	1	2	(1) 3	2	4	6	46	52	98
Fulham ..	64	52	116	(1) 5	6	(1) 11	5	6	11	21	(1) 1	(1) 3	(1) 4	5	8	13	60	42	102
Paddington ..	61	54	115	(1) 4	7	11	5	3	8	8	3	4	7	5	6	11	60	51	111
Chelsea ..	40	68	108	5	7	12	1	3	4	13	9	7	16	1	3	4	36	66	102
St. George's, W.	97	95	192	9	8	17	9	4	13	26	2	(1) 2	(1) 4	9	4	13	91	87	178
Westminster ..	41	34	75	(1) 1	2	(1) 3	1	3	4	9	1	..	(1) 1	1	3	4	37	32	69
St. Marylebone ..	89	86	175	(1) 3	5	(1) 8	3	3	6	10	1	..	(1) 1	3	8	11	90	85	175
St. Pancras ..	314	391	705	(1) 20	43	(1) 63	(1) 11	15	(1) 26	78	(1) 5	9	(1) 14	11	15	26	296	380	676
Hampstead ..	30	34	64	3	1	4	1	1	2	7	4	3	7	1	1	2	28	32	60
Islington ..	115	125	240	(1) 17	23	(1) 40	(1) 15	12	(1) 27	21	3	(1) 1	(1) 4	15	16	31	119	138	257
Hackney ..	143	152	295	(1) 24	37	(1) 61	12	14	26	38	(1) 8	(1) 6	(1) 14	12	14	26	140	163	303
Bloomsbury ..	40	39	79	8	1	9	3	3	6	6	3	3	6	3	3	6	42	37	79
Strand ..	29	33	62	3	1	4	6	..	..	3	(1) 1	..	(1) 1	6	..	6	30	31	61
Holborn ..	154	174	328	(1) 6	(1) 2	(1) 8	7	7	14	24	12	12	24	7	7	14	145	164	309
London, City of ..	105	72	177	10	8	18	6	6	12	17	7	7	14	6	6	12	96	72	168
Shoreditch ..	120	104	224	17	(1) 2	(1) 19	14	(1) 6	(1) 20	20	10	10	20	14	6	20	125	108	233
Bethnal Green ..	97	103	200	6	(1) 4	(1) 10	5	5	10	20	1	4	5	5	10	15	92	95	187
Whitechapel ..	145	112	257	24	17	41	13	5	18	24	8	(1) 9	(1) 17	13	5	18	143	112	255
St. George's, E.	62	69	131	2	3	5	5	8	13	12	4	8	12	5	8	13	56	62	118
Stepney ..	51	56	107	6	6	12	7	2	9	16	..	..	..	7	2	9	49	54	103
Mile End ..	90	75	165	12	9	21	7	1	8	12	2	..	..	7	1	8	94	78	172
Poplar ..	133	163	296	36	40	76	18	22	40	40	(1) 7	(1) 7	(1) 14	18	22	40	141	179	320
Southwark ..	193	193	386	(1) 32	11	(1) 43	(1) 20	17	(1) 37	38	(1) 5	2	(1) 7	20	17	37	198	187	385
Bermondsey ..	155	162	317	13	13	26	16	9	25	33	15	14	29	16	9	25	150	155	305
Lambeth ..	236	283	519	43	30	73	(1) 17	12	(1) 29	61	(1) 7	8	(1) 15	17	12	29	240	279	519
Wandsworth ..	184	212	396	33	25	58	23	13	36	42	(1) 7	8	(1) 15	23	13	36	196	200	396
Camberwell ..	206	258	464	29	(1) 27	(1) 56	19	17	36	29	(1) 8	(1) 4	(1) 12	19	17	36	203	254	457
Greenwich ..	135	119	254	5	(1) 10	(1) 15	8	(1) 20	(1) 28	13	1	1	2	8	20	28	134	122	256
Woolwich ..	62	74	136	9	5	14	12	9	21	11	1	1	2	12	9	21	65	72	137
Lewisham ..	48	52	100	3	5	8	3	5	8	9	3	3	6	3	5	8	47	48	95
Totals ..	3,374	3,566	6,940	(9) 403	(9) 381	(17) 784	(6) 284	(4) 253	(19) 537	708	(15) 98	(12) 74	(27) 172	284	253	537	3,336	3,508	6,844

NOTE.—The small figures in brackets represent alterations in chargeability after admission.

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TABLE A2.—GENERAL TABLE, showing the movement of the ASYLUM POPULATION during each year since the year 1900, together with the RECOVERY AND DEATH RATES.

SUMMARY.

YEAR.	ADMISSIONS.									Total Number under Treatment.			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 yielded by Direct Admissions.			Percentage of Recoveries yielded by Direct Admissions on Direct Admissions.			Percentage of Deaths on Average Numbers Resident.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Direct.			Indirect.*			Total.						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, 1899	11,480	10,921	22,401	612	420	1,032	812	579	1,391	822	707	1,529	6,345	6,154	12,499

* Includes admissions from Asylums not under the Board.

† Includes transfers to Asylums not under the Board.

‡ Includes 1 F "not insane" case.

§ Includes "not insane" cases.

|| Includes 3 M "not insane" cases.

No.		Description		Amount	
1		Jan 1			
2		Jan 2			
3		Jan 3			
4		Jan 4			
5		Jan 5			
6		Jan 6			
7		Jan 7			
8		Jan 8			
9		Jan 9			
10		Jan 10			
11		Jan 11			
12		Jan 12			
13		Jan 13			
14		Jan 14			
15		Jan 15			
16		Jan 16			
17		Jan 17			
18		Jan 18			
19		Jan 19			
20		Jan 20			
21		Jan 21			
22		Jan 22			
23		Jan 23			
24		Jan 24			
25		Jan 25			
26		Jan 26			
27		Jan 27			
28		Jan 28			
29		Jan 29			
30		Jan 30			
31		Jan 31			
32		Feb 1			
33		Feb 2			
34		Feb 3			
35		Feb 4			
36		Feb 5			
37		Feb 6			
38		Feb 7			
39		Feb 8			
40		Feb 9			
41		Feb 10			
42		Feb 11			
43		Feb 12			
44		Feb 13			
45		Feb 14			
46		Feb 15			
47		Feb 16			
48		Feb 17			
49		Feb 18			
50		Feb 19			
51		Feb 20			
52		Feb 21			
53		Feb 22			
54		Feb 23			
55		Feb 24			
56		Feb 25			
57		Feb 26			
58		Feb 27			
59		Feb 28			
60		Feb 29			
61		Mar 1			
62		Mar 2			
63		Mar 3			
64		Mar 4			
65		Mar 5			
66		Mar 6			
67		Mar 7			
68		Mar 8			
69		Mar 9			
70		Mar 10			
71		Mar 11			
72		Mar 12			
73		Mar 13			
74		Mar 14			
75		Mar 15			
76		Mar 16			
77		Mar 17			
78		Mar 18			
79		Mar 19			
80		Mar 20			
81		Mar 21			
82		Mar 22			
83		Mar 23			
84		Mar 24			
85		Mar 25			
86		Mar 26			
87		Mar 27			
88		Mar 28			
89		Mar 29			
90		Mar 30			
91		Mar 31			
92		Apr 1			
93		Apr 2			
94		Apr 3			
95		Apr 4			
96		Apr 5			
97		Apr 6			
98		Apr 7			
99		Apr 8			
100		Apr 9			
101		Apr 10			
102		Apr 11			
103		Apr 12			
104		Apr 13			
105		Apr 14			
106		Apr 15			
107		Apr 16			
108		Apr 17			
109		Apr 18			
110		Apr 19			
111		Apr 20			
112		Apr 21			
113		Apr 22			
114		Apr 23			
115		Apr 24			
116		Apr 25			
117		Apr 26			
118		Apr 27			
119		Apr 28			
120		Apr 29			
121		Apr 30			
122		May 1			
123		May 2			
124		May 3			
125		May 4			
126		May 5			
127		May 6			
128		May 7			
129		May 8			
130		May 9			
131		May 10			
132		May 11			
133		May 12			
134		May 13			
135		May 14			
136		May 15			
137		May 16			
138		May 17			
139		May 18			
140		May 19			
141		May 20			
142		May 21			
143		May 22			
144		May 23			
145		May 24			
146		May 25			
147		May 26			
148		May 27			
149		May 28			
150		May 29			
151		May 30			
152		May 31			
153		Jun 1			
154		Jun 2			
155		Jun 3			
156		Jun 4			
157		Jun 5			
158		Jun 6			
159		Jun 7			
160		Jun 8			
161		Jun 9			
162		Jun 10			
163		Jun 11			
164		Jun 12			
165		Jun 13			
166		Jun 14			
167		Jun 15			
168		Jun 16			
169		Jun 17			
170		Jun 18			
171		Jun 19			
172		Jun 20			
173		Jun 21			
174		Jun 22			
175		Jun 23			
176		Jun 24			
177		Jun 25			
178		Jun 26			
179		Jun 27			
180		Jun 28			
181		Jun 29			
182		Jun 30			
183		Jul 1			
184		Jul 2			
185		Jul 3			
186		Jul 4			
187		Jul 5			
188		Jul 6			
189		Jul 7			
190		Jul 8			
191		Jul 9			
192		Jul 10			
193		Jul 11			
194		Jul 12			
195		Jul 13			
196		Jul 14			
197		Jul 15			
198		Jul 16			
199		Jul 17			
200		Jul 18			
201		Jul 19			
202		Jul 20			
203		Jul 21			
204		Jul 22			
205		Jul 23			
206		Jul 24			
207		Jul 25			
208		Jul 26			
209		Jul 27			
210		Jul 28			
211		Jul 29			
212		Jul 30			
213		Jul 31			
214		Aug 1			
215		Aug 2			
216		Aug 3			
217		Aug 4			
218		Aug 5			
219		Aug 6			
220		Aug 7			
221		Aug 8			
222		Aug 9			
223		Aug 10			
224		Aug 11			
225		Aug 12			
226		Aug 13			
227		Aug 14			
228		Aug 15			
229		Aug 16			
230		Aug 17			
231		Aug 18			
232		Aug 19			
233		Aug 20			
234		Aug 21			
235		Aug 22			
236		Aug 23			
237		Aug 24			
238		Aug 25			
239		Aug 26			
240		Aug 27			
241		Aug 28			
242		Aug 29			
243		Aug 30			
244		Aug 31			
245		Sep 1			
246		Sep 2			
247		Sep 3			
248		Sep 4			
249		Sep 5			
250		Sep 6			
251		Sep 7			
252		Sep 8			
253		Sep 9			
254		Sep 10			
255		Sep 11			
256		Sep 12			
257		Sep 13			
258		Sep 14			
259		Sep 15			
260		Sep 16			
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262		Sep 18			
263		Sep 19			
264		Sep 20			
265		Sep 21			
266		Sep 22			
267		Sep 23			
268		Sep 24			
269		Sep 25			
270		Sep 26			
271		Sep 27			
272		Sep 28			
273		Sep 29			
274		Sep 30			
275		Oct 1			
276		Oct 2			
277		Oct 3			
278		Oct 4			
279		Oct 5			
280		Oct 6			
281		Oct 7			
282		Oct 8			
283		Oct 9			
284		Oct 10			
285		Oct 11			
286		Oct 12			
287		Oct 13			
288		Oct 14			
289		Oct 15			
290		Oct 16			
291		Oct 17			
292		Oct 18			
293		Oct 19			
294		Oct 20			
295		Oct 21			
296		Oct 22			
297		Oct 23			
298		Oct 24			
299		Oct 25			
300		Oct 26			
301		Oct 27			
302		Oct 28			
303		Oct 29			
304		Oct 30			
305		Oct 31			
306		Nov 1			
307		Nov 2			
308		Nov 3			
309		Nov 4			
310		Nov 5			
311		Nov 6			
312		Nov 7			
313		Nov 8			
314		Nov 9			
315		Nov 10			
316		Nov 11			
317		Nov 12			
318		Nov 13			
319		Nov 14			
320		Nov 15			

Asylum Statistics. The annual statistical tables for each asylum are printed on pp. 212A-217, 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 are 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 1909.*

	M.	F.	Total.	M.	F.	Total.
In the asylums, January 1st, 1909 ..				3,374	3,566	6,940
Total cases admitted during the year:						
Direct Cases	370	369	739			
Indirect „	33	12	45			
				403	381	784
Total cases under treatment during the year				3,777	3,947	7,724
Discharged or transferred* during the year as—						
Not insane	3	1	4			
Recovered	9	7	16			
Relieved	9	2	11			
Not improved	77	64	141			
Died	343	365	708			
Total cases discharged, transferred and died during the year				441	439	880
Remaining in the asylums, December 31st, 1909				3,336	3,508	6,844
Average number resident during the year				3,370	3,537	6,907

*Exclusive of transfers between the Board's own Asylums.

The admissions were 188 less than in 1908. The total discharges were 72 and the deaths 63 in excess of the previous year. Of the admissions 186 were over 70 years of age.

TABLE B1.—*Analysis of Admissions during the year 1909.*

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.
Direct	182	149	331	162	192	354	5	10	15	18	17	35	*367	*368	*735
Indirect	6	1	7	22	10	32	4	1	5	1	..	1	33	12	45
Statutory Re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Admissions	188	150	338	184	202	386	9	11	20	19	17	36	*400	*380	*780

* 3 Males and 1 Female 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 1909, 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	2	..	..	..	..	..	..
2 weeks and less than 1 month	3	..	3	..	3	3	..	..	..
1 month " " " 3 months	6	16	22	..	2	2	..	1	1
3 months " " " 6 months	7	9	16	1	2	3	..	..	..
6 " " " " 9 "	23	11	34	1	..	1	..	..	..
9 " " " " 12 "	3	2	5	..	..	..	..	..	..
12 " " " " 18 "	24	25	49	1	..	1	..	..	..
18 " " " " 2 years	11	1	12	..	..	..	..	..	..
2 years " " " " 3 "	14	9	23	..	2	2	..	..	..
3 " " " " 5 "	9	13	22	1	1	2	..	..	..
5 " " " " 10 "	13	8	21	..	..	..	..	..	..
10 " " " " 15 "	2	5	7	..	..	..	..	..	..
15 " " " " 20 "	5	3	8	..	..	..	..	..	..
20 " " " " 30 "	..	1	1	..	..	..	..	..	..
30 " " " " 40 "	..	..	..	..	..	..	..	..	..
Duration unknown	41	88	129	1	..	1	18	16	34
Congenital Cases .. ..	..	..	..	..	..	..	..	..	..
Totals.	162	192	354	5	10	15	18	17	35

* 3 Males and 1 Female admitted "not insane" not included in this total.

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TABLE B3.—Showing the Ages and Civil States on admission, in the Admissions, Direct and Indirect grouped together, and in the Congenital Cases of the Admissions during the year 1909.

SUMMARY.

SUMMARY.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
CLASSES OF ADMISSION.		AGES ON ADMISSION.																																								TOTAL.	CIVIL STATE.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		Average Age.	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—89		90 and over.		Single.		Married.		Widowed.		Unknown.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
Total Admissions—Direct and Indirect grouped		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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
		38	47	42	81	47	128	45	26	71	39	31	67	29	28	48	15	6	21	19	10	35	15	19	23	7	15	22	9	9	16	11	27	14	11	25	22	29	45	26	38	74	37	35	72	29	44	64	13	35	48	2	2	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	

* Includes 3 Males and 1 Female "not insane."



SUMMARY.

TOOTING BEC ASYLUM AND TOOTING BEC RECEIVING HOME FOR CHILDREN

* The small figures indicate cases at Tooting Bec Receiving Home for Children.

* The small figures indicate cases at Tooting Bec Receiving Home for Children.

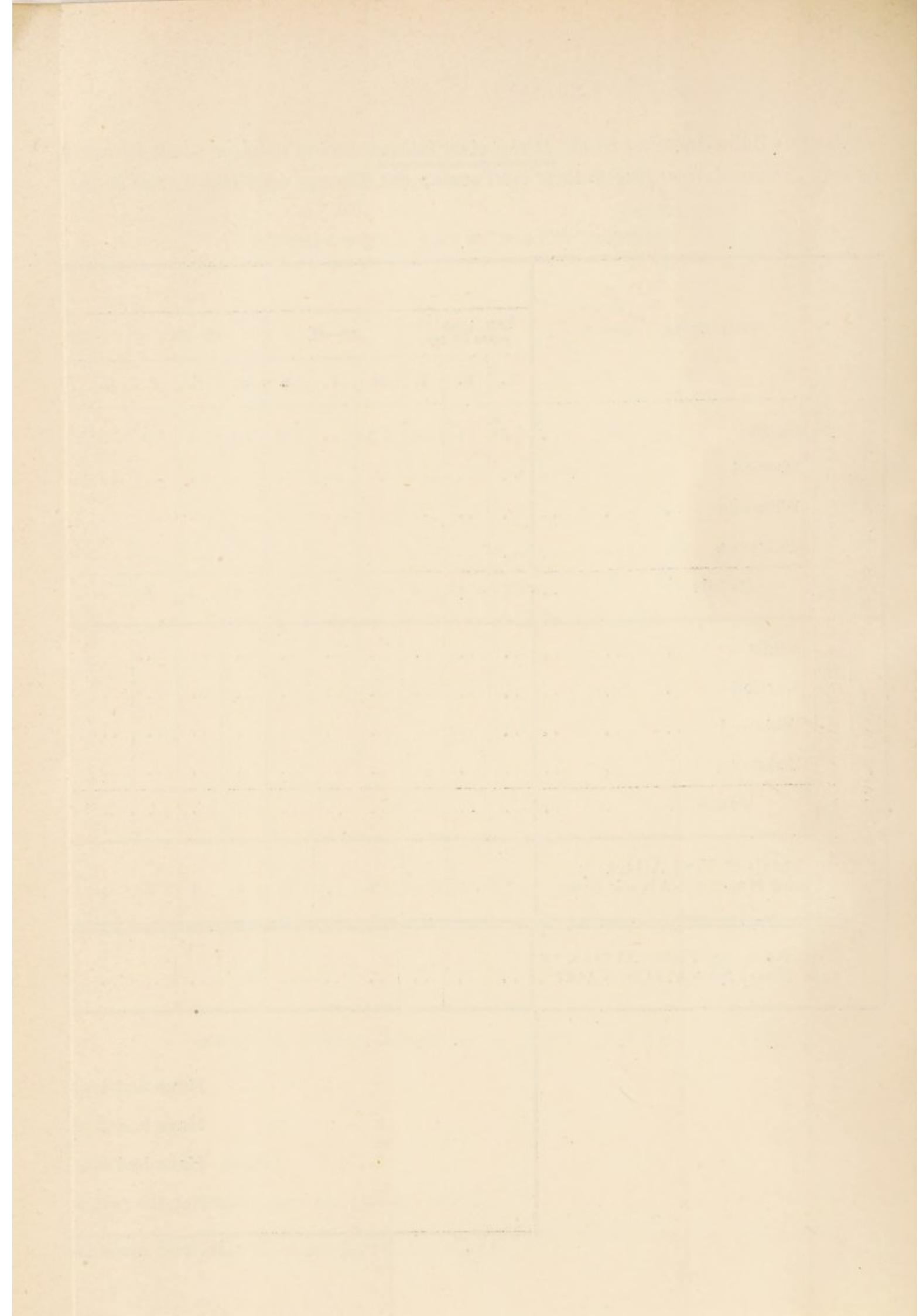


TABLE B5.—*Showing the form of Mental Disorder on admission in the Admissions during the year 1909.*

SUMMARY.

Forms of Mental Disorder.		DIRECT ADMISSIONS.			INDIRECT ADMISSIONS.			TOTALS.		
		M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
(1). Intellectual	With epilepsy	37	28	65	2	1	3	39	29	68
	Without epilepsy	145	121	266	3	..	3	148	121	269
(2). Moral		..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	(1). Insanity with epilepsy	12	6	18	1	1	2	13	7	20
	(2). General paralysis of Insane	10	5	15	..	..	..	10	5	15
	(3). Insanity with grosser brain lesions	18	2	20	2	..	2	20	2	22
	(4). Acute delirium	..	..	..	..	..	..	..	..	..
	(5). Confusional insanity	3	..	3	..	..	..	3	..	3
	(6). Stupor	..	..	..	..	..	..	..	..	..
	(7). Primary dementia.	16	37	53	5	..	5	21	37	58
	(8). Mania { (a). Recent	1	2	3	..	2	2	1	4	5
	(b). Chronic	..	1	1	4	1	5	4	2	6
	(c). Recurrent	..	..	..	..	..	..	..	..	..
	(9). Melancholia { (a). Recent	6	..	6	2	3	5	8	3	11
	(b). Chronic	9	7	16	..	..	..	9	7	16
	(c). Recurrent	..	..	..	..	..	..	..	..	..
	(10). Alternating insanity	..	..	..	..	..	..	..	..	..
(11). Delusional Insanity	(a). Systematised	3	2	5	..	..	..	3	2	5
	(b). Non-Systematised	..	1	1	..	1	1	..	2	2
(12). Volitional insanity	(a). Impulse	..	1	1	..	..	..	..	1	1
	(b). Obsession	..	..	..	..	..	..	..	..	..
	(c). Doubt	..	..	..	..	..	..	..	..	..
(13). Moral insanity		..	..	..	..	..	..	..	..	..
(14). Dementia	Senile	106	154	260	1	1	2	107	155	262
	Secondary	1	1	2	13	2	15	14	3	17
Total		367	368	735	33	12	45	400*	380*	780*

*3 Males and 1 Female 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 1909, 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.				
Group.	Sub-group.	Sub-div. (age).		Age at commencement of the Mental Disorder.										Total.	Not known.														
				Under 10.	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 and upwards.			M	F	T	M	F	T	M	F	T	M	F	T		
TOOTING BEC ASYLUM.																													
V	a	11	Bakers							1	1	2					4		4							4		4	
T	a	20	Barber's Assistant ..			1											1		1							1		1	
M	a	7	Basketmaker ..									1					1		1							1		1	
E	c	2	Billposters ..														2		2							2		2	
K	c	5	Blacksmith ..																			1		1		1		1	
R	c	10	Boilermakers ..										1	1			2		2							2		2	
R	b	3	Bookbinders ..							1				1	1		3		3							3		3	
R	b	4	Bookfolders ..												1		1		1		1	1		1	1		3		3
R	b	2	Book Publisher ..								1						1		1							1		1	
T	a	13	Boot Repairers ..							1		1	1				3		3							3		3	
R	a	15	Boxmaker ..												1		1		1							1		1	
K	a	16	Brassmoulder ..														1		1							1		1	
M	a	4	Bricklayer ..														1		1							1		1	
M	a	2	Builder's Labourer ..														1		1							1		1	
F	b	3	Butcher's Carrier ..														1		1							1		1	
P	d	2	Candlemaker ..										1				1		1							1		1	
M	a	3	Carpenters ..									2	1	1	2		6		6							6		6	
N	a	6	Chairmakers ..														1		1				1		1	2		2	
D	c	5	Charwomen ..							1	2	1	4	4	9		21		21					3	3	24		24	
V	d	2	Cigarmakers ..								1	1					2		2							2		2	
E	b	1	Clerks ..							1	1		1				3		3							3		3	
F	b	2	Coachmen ..								1	2		1			1		5							5		5	
R	a	4	Commercial Traveller ..														1		1							1		1	
R	b	1	Compositors ..											1	1		2		2							2		2	
D	a	2	Cook ..														1		1							1		1	
N	b	5	Cooper ..												1		1		1							1		1	
F	e	3	Corn Porter ..							1							1		1							1		1	
E	d	1	Diamond Merchant ..																			1		1		1		1	
F	d	1	Dock Labourers ..										1				2		2							2		2	
S	g	1	Draper ..												1		1		1							1		1	
T	a	9	Dressmakers ..											2			2		4		1	1				5		5	
C	f	1	Engineers ..			1								1	1	3		6		6						6		6	
S	e	8	Factory timekeeper ..										1				1		1							1		1	
V	a	8	Fishmonger ..														1		1							1		1	
N	a	2	French Polisher ..							1							1		1							1		1	
Q	a	1	Fur sewer ..																				1	1		1		1	
W	a	1	Gasmeter maker ..																			1	1			1		1	
X	c	1	General Dealers ..											1	1		2		2							2		2	
V	a	17	Greengrocer ..																1							1		1	
T	a	20	Hair frame maker ..											1			1		1							1		1	
K	c	5	Hammermen ..												2		2		2							2		2	
X	c	3	Hawkers ..							1		1					3		5		1	1		1	1	7		7	
D	a	2	Housekeepers ..														1		1						1	1		2	
K	k	1	Ironmonger ..														1		1							1		1	
X	d	1	Labourers, General ..	1			1		3	2	3	2	2	8	22		22		22				3	3	25		25	25	
Q	c	1	Leather Dresser ..														1		1							1		1	
C	a	4	Midwife ..														1		1							1		1	
T	c	5	Needlewomen ..														1		1					1	1	6		6	
C	c	5	Nurses ..														1		1					1	1	5		5	
V	d	3	Off-License Keeper ..														1		1							1		1	
X	c	2	Organ grinder ..														1		1							1		1	
N	b	4	Paekingcase maker ..														1		1							1		1	
M	a	12	Painters ..							1	1	2	2				2		8				1	1	9		9	9	
M	b	3	Pavior ..														1		1							1		1	
X	c	3	Pedlar ..																				1		1		1	1	
Y	a	2	Pensioners ..							1							2		2							2		2	
X	b	1	Pipemaker ..														1		1							1		1	
M	a	9	Plasterer ..														1		1							1		1	
M	a	13	Plumber ..														1		1							1		1	
F	e	3	Porters ..														2		3							3		3	
M	b	2	Railway Labourer ..							1							1		1							1		1	
F	a	8	Railway Porter ..								1						1		1							1		1	
S	d	4	Sailmaker ..																			1		1		1		1	
E	a	3	Salesman ..														1		1							1		1	
M	a	16	Scaffolder ..														1		1							1		1	
W	b	2	Scavenger ..														1		1							1		1	
C	d	2	School Officer ..														1		1							1		1	
C	g	1	Sculptor ..														1		1							1		1	
F	c	1	Seamen ..																				2		2		2	2	
V	a	10	Seed Picker ..																					1	1		1	1	
D	a	2	Servants ..			1		1				2		2			5		10					1	1	1	11	12	
X	d	1	Stand minder ..														1		1							1		1	
F	d	1	Stevedores ..														1		2				1		1	3		3	
X	d	2	Stoker ..														1		1							1		1	
M	e	4	Surveyor ..														1		1							1		1	
T	a	7	Tailors ..											1	1	2		3		5</									

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TABLE B7.—ETIOLOGICAL.—Showing the *Ætiological Factors and Associated Conditions assigned in the Direct Admissions during the year 1909, distinguishing between cases—Congenital, First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-Not.*

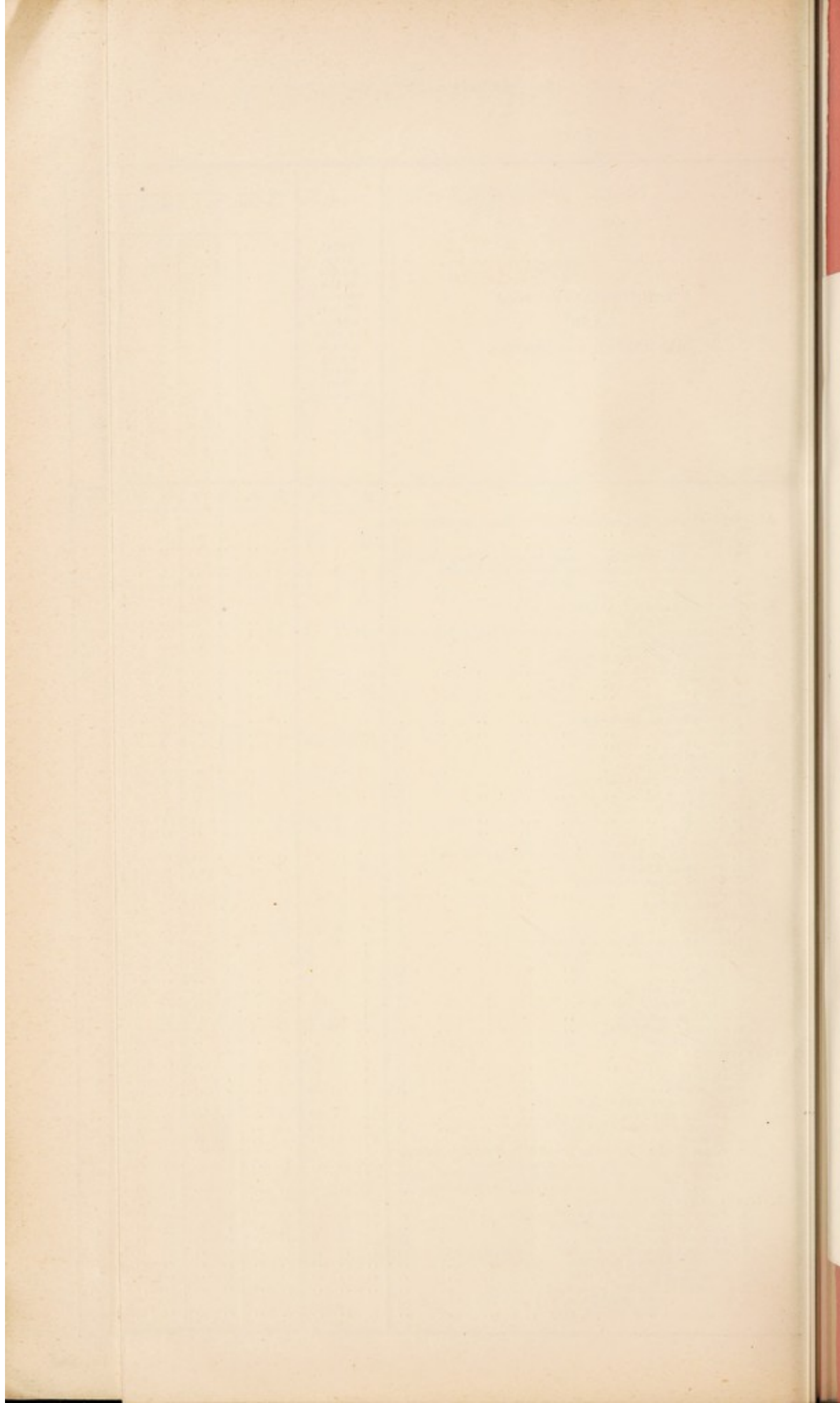
SUMMARY.

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.
	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	16	12	28	1	1	2	17	13	30	16	3	19	17	7	24
2. Epileptic	9	2	11	..	1	1	9	3	12	3	..	3	3	..	3
3. Neurotic (including only <i>Hysteria, Neurasthenia, Spasmodic (Idiopathic) Asthma and Chorea</i>)	4	4	8	1	1	2	2	..	2	1	1	2	1	1	2
4. Eecentricity (in marked degree) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Alcoholism	5	2	7	1	1	2	6	3	9	2	2	4	2	2	4
B. MENTAL INSTABILITY, as revealed by—															
1. Moral deficiency .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Congenital Mental Defect, not amounting to Imbecility .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Eccentricity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.															
1. Sight or Taste .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
D. CRITICAL PERIODS.															
1. Puberty and Adolescence .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Climatetric .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Senility .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E. CHILD-BEARING.															
1. Pregnancy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal State (not septic) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.															
1. Sudden .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Prolonged .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
G. PHYSIOLOGICAL DEFECTS AND ERRORS.															
1. Malnutrition in early life (signs of <i>Rickets</i> , 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 Septic Fevers .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Syphilis, acquired .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Syphilis, congenital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Other Toxins .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.															
1. Injuries	5	6	11	..	..	..	5	6	11	..	..	..	5	6	11
2. Operations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.															
1. Lesions of Brain .. .. .	..	1	1	..	1	1	..	2	2	..	..	..	..	..	..
2. Lesions of Spinal Cord and Nerves .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Epilepsy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Other defined Neuroses (limited to <i>Hysteria, Neurasthenia, Spasmodic Asthma, and Chorea</i>) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Other Neuroses which occurred in Infancy or Childhood (limited to <i>Convulsions and Night-terrors</i>) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
L. OTHER BODILY AFFECTIONS.															
1. Hemopoietic System (<i>Anæmia, etc.</i>) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Cardio-vascular degeneration .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Valvular Heart Disease .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Respiratory System (excluding <i>Tuberculosis</i>) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Gastro-intestinal System .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Renal and Venereal System .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Generative System (excluding <i>Syphilis</i>) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Other General Affections, not included above (e.g., <i>Diabetes, Myxædema, etc.</i>) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
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 .. .. .	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
N. NONE ASSIGNABLE, notwithstanding full History and Observation	64	49	113	..	..	..	..	..	..	..	..	..	..	..	..
O. NONE ASCERTAINED, History defective	72	79	142	..	..	..	..	..	..	..	..	..	..	..	..
Totals	182	149	331	162	192	354	5	10	15	18	17	35	367	368	735

* 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 more than one attempt should be made to totalize these columns.
‡ 3 males and 1 female direct admissions "not insane" not included.

<p>1870</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>	<p>1870</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>
<p>1871</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>	<p>1871</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>
<p>1872</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>	<p>1872</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>
<p>1873</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>	<p>1873</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>
<p>1874</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>	<p>1874</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>
<p>1875</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>	<p>1875</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>
<p>1876</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>	<p>1876</p> <p>Jan 1</p> <p>Feb 1</p> <p>Mar 1</p> <p>Apr 1</p> <p>May 1</p> <p>Jun 1</p> <p>Jul 1</p> <p>Aug 1</p> <p>Sep 1</p> <p>Oct 1</p> <p>Nov 1</p> <p>Dec 1</p>

SUMMARY.
TOOTING REC ASYLUM AND TOOTING REC RECEIVING HOME FOR CHILDREN. (The small figure indicates each of Tooting Rec Receiving Home for Children.)



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TABLE B9.—Showing the GENERAL PARALYTICS in the Direct Admissions during the year 1909, 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.

TOOTING BEC ASYLUM AND TOOTING BEC RECEIVING HOME FOR CHILDREN. (The small figures refer to cases admitted to the Tooting Bec Receiving Home.)

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.	M. F. T.	M. F. T.
Single	1 1 2	1 1 2	1 1 2	1 1 1	4 3 7	3 .. 3	<div></div>
Married	1 .. 1	.. .. .	5 1 6	.. .. .	.. .. .	.. .. .	.. .. .	6 1 7	5 .. 5	
Widowed..	
Unknown	
TOTALS	1 1 2	2 1 3	.. .. .	5 1 6	1 1 2	.. .. .	.. .. .	1 1 1	10 4 14	8 .. 8	
SYPHILIS, congenital	1 .. 1	1 .. 1	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 .. 2	<div></div>	
" contracted prior to age 25..		
" " 25—34		
" " 35—44	2 .. 2	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	2 .. 2		
" " 45—54	1 .. 1	.. .. .	.. .. .	.. .. .	1 .. 1		
" " at or after age 55		
" " at age unknown	1 .. 1	.. .. .	2 .. 2	.. .. .	.. .. .	.. .. .	.. .. .	3 .. 3		

TABLE C1.—*An Analysis of the Discharges and Transfers during the year 1909.*

SUMMARY.

	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Discharged as Recovered—									
From direct admissions—									
First attack cases	5	6	11	..	..	..	..	..	..
Not first attack cases .. .. .	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not	1	..	1	..	..	..	..	..	..
Total from direct admissions—				6	6	12	..	..	..
From transfers—									
First attack cases	3	..	3	..	..	..	..	..	..
Not first attack cases .. .. .	..	1	1	..	..	..	..	..	..
Cases unknown whether first attack or not .. .. .	..	..	..	..	..	..	..	..	..
Total from transfers .. .. .	..	..	..	3	1	4	..	..	..
Total discharged as recovered	..	..	..	*9	7	16	..	..	..
Discharged (not recovered) as—				Relieved			Not improved		
Relieved	9	2	11	9	2	11	..	..	..
Not improved	77	64	141	..	..	..	77	64	141
Total	86	66	152						
Reasons for such discharge—									
To go to care of friends	25	26	51	..	..	..	..	..	..
To go to workhouse	21	9	30	..	..	..	..	..	..
To go to L.C.C. and other Asylums ..	35	31	66	..	..	..	..	..	..
To be boarded out .. .. .	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in Reception Order .. .. .	..	..	..	..	..	..	..	..	..
Statutory, by lapsing of Reception Order ..	..	..	..	..	..	..	..	..	..
To Fever Hospital	5	..	5	..	..	..	..	..	..
Total	86	66	152						
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 .. .. .	..	..	..	9	2	11	..	..	..
Not improved .. .. .	..	..	..	..	..	..	77	64	141

* 3 Males and 1 Female "not insane" not included.

TABLE C3.—*Showing the form of Mental Disorder, on admission, in those Discharged Recovered during 1909.*

SUMMARY.

FORMS OF MENTAL DISORDER (ON ADMISSION).								M.	F.	Total.
Primary Dementia	..	..	..	..	..	..	..	3	1	4
Recent Melancholia	..	..	..	..	..	..	..	1	..	1
Chronic Mania	..	..	..	..	..	..	..	1	..	1
Senile Dementia..	..	..	..	..	..	..	..	2	6	8
Confusionary Insanity	..	..	..	..	..	..	..	2	..	2
Totals ..								9	7	16

* Exclusive of four insane.

TABLE C4.—Showing the *Ætiological Factors* ascertained in the Recoveries during the year 1909, distinguishing between cases—First-Attack Not-First-Attack, and Unknown-whether-First-Attack-or-Not.

SUMMARY.

TOOTING BEC ASYLUM AND CATERHAM ASYLUM. (Figures in small type refer to cases at Caterham Asylum.)

ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	FIRST-ATTACK CASES.						NOT-FIRST-ATTACK CASES.						CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.						TOTAL DIRECT RECOVERIES.					
	PRINCIPAL.			CONTRIBUTORY.			PRINCIPAL.			CONTRIBUTORY.			PRINCIPAL.			CONTRIBUTORY.			TOTAL PRINCIPAL.			TOTAL CONTRIBUTORY.		
	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.
A. HEREDITY (excluding cousins, nephews, nieces and offspring).																								
1. Insane	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1
2. Epileptic .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Neurotic (including only Hysteria, Neurasthenia, Spasmodic (Idiopathic) Asthma and Chorea) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Eccentricity (in marked degree)	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1
5. Alcoholism .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B. MENTAL INSTABILITY, as revealed by—																								
1. Moral Deficiency .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Congenital Mental Defect, not amounting to Imbecility	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1
3. Eccentricity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.																								
1. Smell or Taste .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
D. CRITICAL PERIODS.																								
1. Puberty and Adolescence .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Climacteric .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Senility	1	4	3	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	1	1	2
E. CHILD-BEARING.																								
1. Pregnancy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal State (not septic) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.																								
1. Sudden .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
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	1	1	2	1	..	1	2	1	3	..	..	..	..	..	..	..	..	..	1	1	2	1	..	1
2. Drug Habit (morphine, cocaine, etc.) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Puerperal Septic .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Other Specific Fevers .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Syphilis, acquired	1	..	1	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	2
9. Syphilis, congenital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Other Toxins .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.																								
1. Injuries .. .. .	..	1	1	1	..	1	1	1	2	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1
2. Operations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.																								
1. Lesions of Brain .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Lesions of Spinal Cord and Nerves .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Epilepsy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
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) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
L. OTHER BODILY AFFECTIONS.																								
1. Hemopoietic 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 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
N. NONE ASSIGNABLE, notwithstanding full History and Observation	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	2	..	2	..	..	..
O. NONE ASCERTAINED, History defective	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Totals	8	6	14				0	1	1				1	0	1				9	7	16			
	Total First-Attack cases.						Total Not-First-Attack cases.						Total Unknown-whether-First-Attack-or-Not cases.						Total Direct Recoveries.					

* 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.

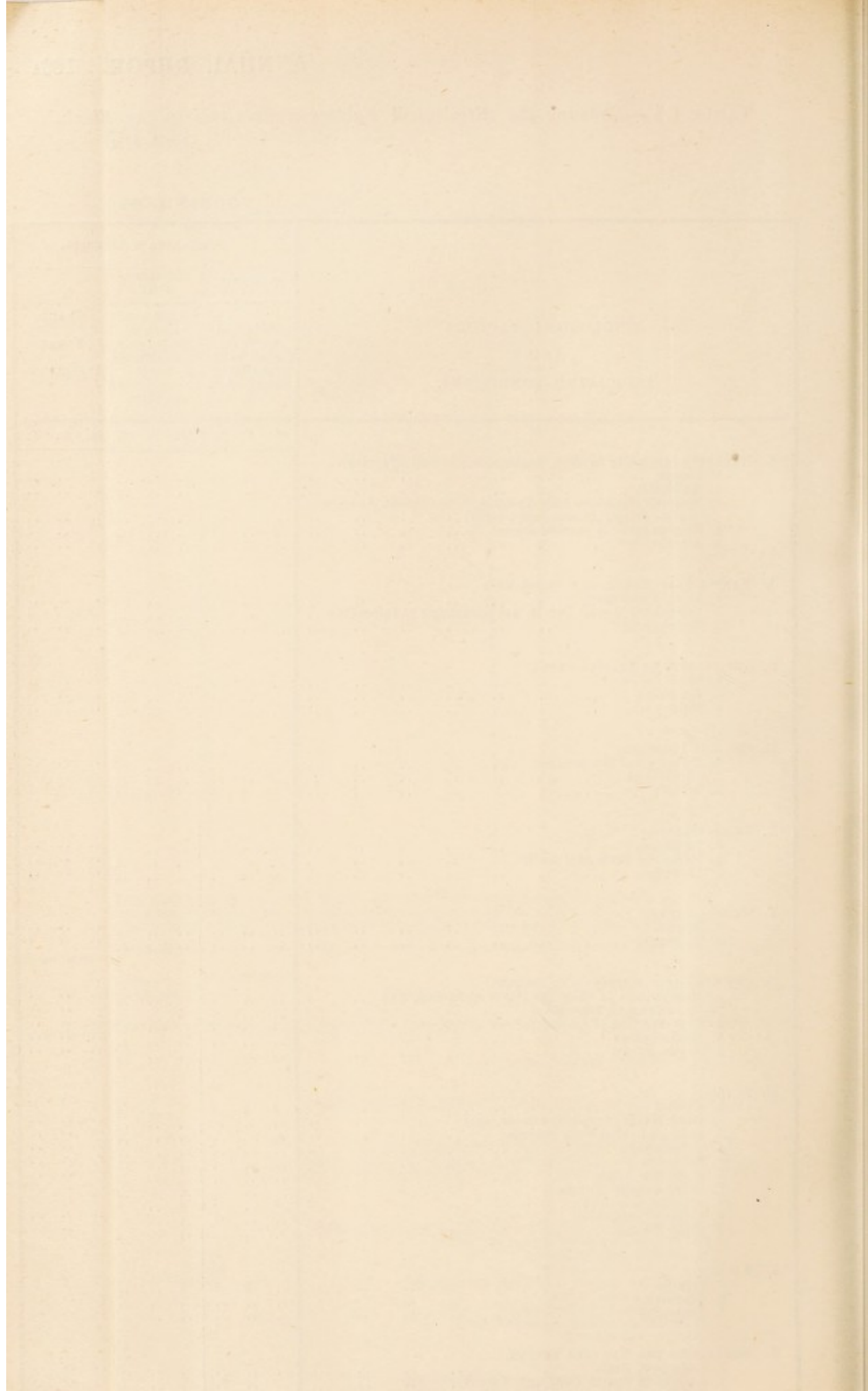


TABLE D1.—Showing all the Causes of Death that entered into the Deaths during the year 1909, arranged as PRINCIPAL, CONTRIBUTORY, and the Totals of these; also the number of times each Case (whether Principal or Contributory) was associated with certain Selected Causes; and the number of occasions each principal Cause of Death was verified by Post-mortem Examination.

SUMMARY.

Causes of death.	Showing the total correlation between any given cause of Death (whether acting as Principal or Contributory), and the subjoined selected causes.																																							
	Instances when returned as PRINCIPAL			No. when returned as CO-CONTRIBUTORY			Total incidence.			Epidemic Diphtheria and Erysipelas		Dysentery (Acute)		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		Perforation of Stomach		Pyelitis		Bronchitis		Senile Decay.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	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.	
GENERAL DISEASES.																																								
Scarlet Fever	1	2	3	1	..	..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	1	2	3	1	..	..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever	1	2	3	1	..	..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	2	1	3	3	1	..	3	2	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gangrene	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Endocarditis, Infective	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	44	31	75	71	31	18	49	75	49	124	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebritis	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicæmia	1	1	2	2	1	..	1	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyæmia	1	3	4	3	1	..	1	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Meninges	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" Peritoneum	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" Pulmonary	54	44	98	87	7	2	9	61	46	107	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" General	4	4	8	8	..	..	4	4	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sarcoma	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer	8	16	24	2	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Anæmia, Pernicious	1	3	3	3	..	..	3	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Amyloid Disease	1	1	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Elephantiasis	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM.																																								
Meningitis, Chronic	1	2	3	2	1	..	1	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Abscess of Brain	1	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral Softening	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral Tumour	1	2	2	2	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Organic Disease of Brain	7	5	12	9	2	..	2	9	5	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General Paralysis of Insane	12	9	21	19	1	..	1	12	10	22	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mania, Exhaustion from	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Melancholia do.	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dementia do.	1	2	3	2	2	9	11	3	11	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	20	14	34	30	2	..	2	22	29	42	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hydrocephalus	2	..	2	2	1	1	2	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF ORGAN OF SPECIAL SENSE.																																								
Otitis, media	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF HEART.																																								
Endocarditis, Malignant	1	..	1	1	..	..	1	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pericarditis	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dilatation of Heart	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic Heart Disease	40	41	81	75	18	19	37	58	60	118	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syncope	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF BLOOD VESSELS.																																								
Cerebral Hemorrhage	8	8	16	14	1	..	1	9	8	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Subdural do.	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral Softening	4	1	5	5	1	..	1	4	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hemiplegia	2	3	5	5	..	..	2	4	3	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Aneurysm, Cerebral	1	1	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Do. Aortic	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arterio Sclerosis	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY ORGANS.																																								
Bronchitis, Acute and Chronic	13	8	21	19	2	21	32	10	42	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Emphysema	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Empyema	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..</

* The figures in this column should correspond with those in the column indicated by an asterisk in Table D2

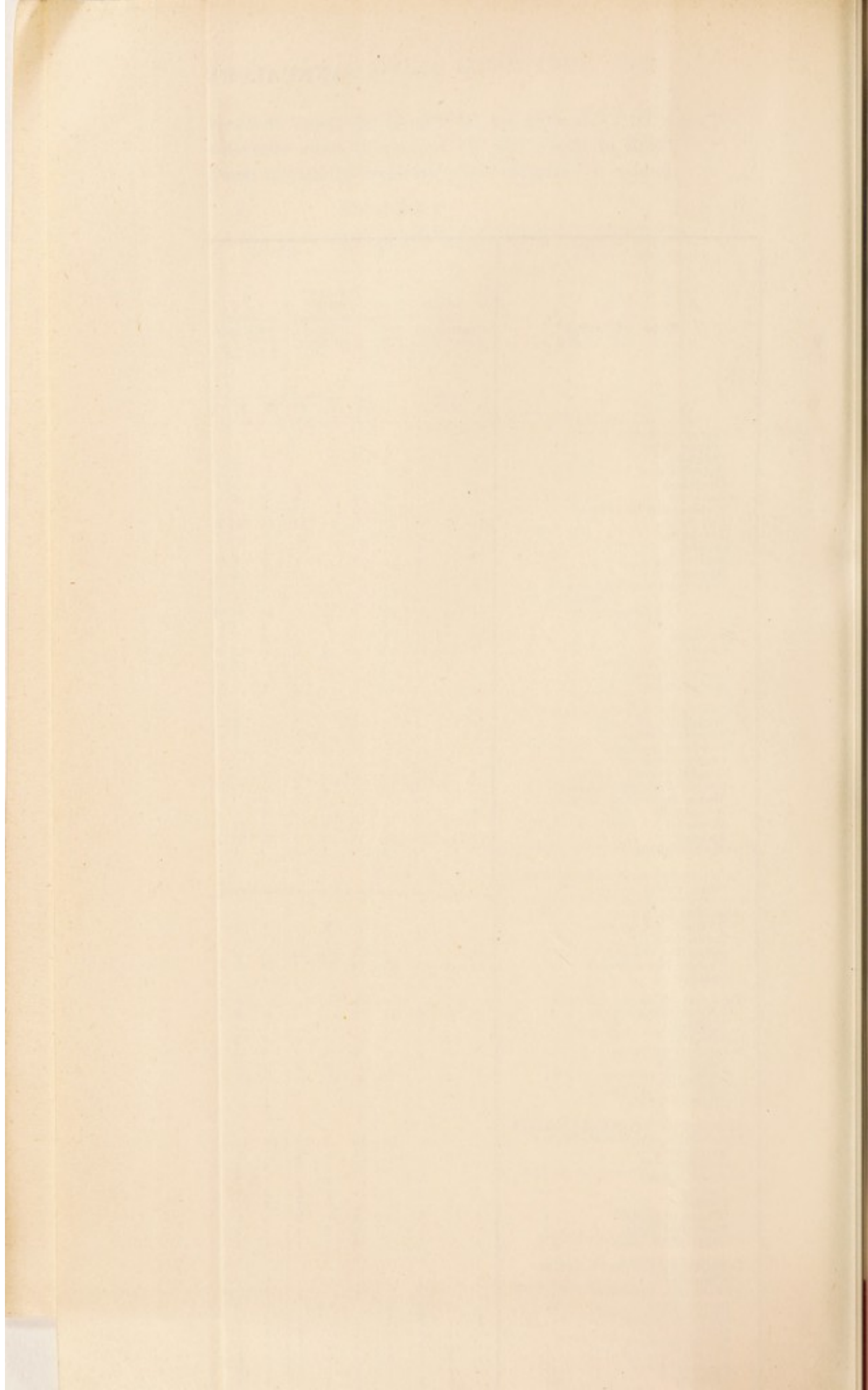


TABLE D2.—*Showing the Principal cause of Death in each death during the year 1909, together with the ages at death in quinquennial periods.*

SUMMARY.

[illegible]

No.	Name	Remarks
1	John Smith	Born 1850, died 1920
2	Mary Jones	Born 1855, died 1915
3	James Brown	Born 1860, died 1930
4	Elizabeth White	Born 1865, died 1925
5	Robert Black	Born 1870, died 1940
6	Sarah Green	Born 1875, died 1935
7	William Hall	Born 1880, died 1945
8	Anna Lee	Born 1885, died 1950
9	George King	Born 1890, died 1955
10	Mary Clark	Born 1895, died 1960
11	John Davis	Born 1900, died 1965
12	Elizabeth Miller	Born 1905, died 1970
13	Robert Wilson	Born 1910, died 1975
14	Sarah Moore	Born 1915, died 1980
15	William Taylor	Born 1920, died 1985
16	Anna Scott	Born 1925, died 1990
17	George Adams	Born 1930, died 1995
18	Mary Baker	Born 1935, died 2000
19	John Campbell	Born 1940, died 2005
20	Elizabeth Evans	Born 1945, died 2010
21	Robert Hill	Born 1950, died 2015
22	Sarah Young	Born 1955, died 2020
23	William King	Born 1960, died 2025
24	Anna Lee	Born 1965, died 2030
25	George King	Born 1970, died 2035
26	Mary Clark	Born 1975, died 2040
27	John Davis	Born 1980, died 2045
28	Elizabeth Miller	Born 1985, died 2050
29	Robert Wilson	Born 1990, died 2055
30	Sarah Moore	Born 1995, died 2060

TABLE D3.—Showing the total duration of the Present Attack of Mental Disorder in the deaths during the year 1909, arranged according to the Form of Mental Disorder on admission.

Form of Mental Disorder (on admission).		SUMMARY.																											
		Total duration of Present Attack of Mental Disorder.																											
		Less than 1 month.	1 m. and less than 6 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.	Totals.									
General form of insanity as observed in life as far as can be observed.		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.	M. F.	M. F.	T.	
Insanity occurring later in life.	1. Intellectual { with epilepsy .. .. .	..	..	..	..	..	..	..	1 ..	7 5	6 4	8 6	10 4	11 2	9 7	2 1	3 4	1 4	..	..	58	37	95				
	2. Moral .. .. .	..	..	..	..	..	..	..	1 4	7 4	4 1	9 6	8 5	6 6	7 3	8 8	14 22	..	..	70	74	144					
	1. Insanity with epilepsy .. .. .	..	..	..	..	..	..	..	3 1	..	1 2	2 4	2 1	..	1 ..	1 ..	..	1 ..	..	4 2	13	13	26				
	2. General paralysis of insane .. .. .	..	..	..	..	..	4 2	4 1	2 ..	3 1	..	..	1 ..	..	..	..	..	..	..	1	13	6	19				
	3. Insanity with grosser brain lesions .. .. .	..	..	..	1 ..	..	2 ..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	4	1	5				
	4. Acute delirium .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia .. .. .	..	..	..	1 ..	2 ..	..	4 ..	..	1 5	1 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania { a. Recent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	b. Chronic .. .. .	..	..	..	..	..	..	..	..	1 ..	1 1	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	c. Recurrent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia { a. Recent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	b. Chronic .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
c. Recurrent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	5	3	..	..	..
10. Alternating insanity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Delusional insanity { a. Systematised .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Non-systematised .. .. .	..	..	..	1 ..	..	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Volitional insanity { a. Impulsion .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Obsessio .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
c. Doubt .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Moral insanity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia { a. Senile .. .. .	..	..	1 ..	1 ..	1 2	2 1	17 26	18 20	18 29	27 22	..	6 3	5 1	1 1	..	..	..	..	..	1 42	43	131	159	290			
b. Secondary .. .. .	..	..	..	..	2 ..	1 1	2 2	2 4	3 5	9 8	7 6	6 1	..	6 ..	2 ..	7 3	1 ..	..	..	4 2	39	45	84				
Totals	1 ..	1 ..	4 2	6 1	26 33	24 24	30 45	49 42	21 25	30 28	28 16	16 20	16 16	10 13	15 15	15 27	51 58	343	365	708						

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TABLE E1.—Showing the ages (in quinquennial periods) of those on the Registers on the 31st December, 1909, arranged according to the Total Duration of present Attack of Mental Disorder.

SUMMARY.

Total duration of present attack of mental disorder.	Ages on 31st December, 1909, of those on Registers at that date.																
	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.	Un-known.	Totals.	
	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.
Congenital	196 132	287 182	334 252	296 244	245 224	236 186	175 201	162 172	126 138	84 125	70 89	36 62	19 48	12 31	.. ..	*2278 *2086	*4364
Less than 3 months	2 2
3 months and less than 6 months	8 16
6 " " 12 " "	1 1	.. ..	.. ..	.. ..	1 2	.. ..	2 3	1 1	1 ..	5 2	5 6	6 2	.. ..	.. ..	22 43
12 " " 18 " "	1 1	1 1	.. ..	.. ..	2 ..	3 1	2 ..	2 1	5 1	8 1	1 1	3 3	5 17	.. ..	31 58
18 " " 2 years	1 1	5 1	4 4	3 1	8 7	.. ..	5 3	5 5	7 6	6 6	9 9	7 23	25 82	.. ..	25 49
2 years " 3 " "	3 ..	4 ..	9 ..	5 ..	4 4	4 5	11 5	9 3	9 2	9 13	14 18	40 74	.. ..	.. ..	76 227
3 " " 5 " "	1 1	1 ..	3 3	9 6	6 4	8 4	5 11	6 13	22 19	20 22	21 14	43 64	.. ..	.. ..	121 307
5 " " 10 " "	1 5	14 5	26 15	24 20	24 25	18 18	17 36	16 21	23 25	27 43	.. ..	.. ..	146 403
10 " " 20 " "	2 1	2 ..	3 1	2 1	12 12	19 19	20 45	17 33	11 35	10 33	13 47	.. ..	111 338
20 " " 30 " "	2 ..	3 2	6 5	9 14	9 20	11 26	10 49	.. ..	50 166
30 " " 40 " "	3 ..	8 6	4 7	6 17	.. ..	.. ..	21 51
40 " " 50 " "	253 575
Unknown duration	3 1	3 3	3 1	8 3	13 7	10 12	19 15	27 24	38 30	35 33	38 45	56 148	.. ..	.. ..	3336 6844
Totals	196 132	288 183	344 256	315 251	273 232	282 202	239 242	224 234	215 226	182 243	204 232	161 227	161 254	252 594	.. ..	.. ..	3336 6844

* 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, 1909, 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 618 606 1,224								
	b. Without epilepsy 1,660 1,480 3,140								
2. Moral									
Insanity occurring later in life.	1. Insanity with epilepsy 124 118 242								
	2. General paralysis of the insane 24 18 42								
	3. Insanity with grosser brain lesions 20 7 27								
	4. Acute delirium								
	5. Confusional insanity								
	6. Stupor 1 .. 1								
	7. Primary dementia 23 54 77								
	8. Mania { a. Recent 1 2 3								
	b. Chronic 71 163 234								
	c. Recurrent 1 2 3								
	9. Melancholia { a. Recent 6 4 10								
	b. Chronic 24 58 82								
	c. Recurrent 1 .. 1								
	10. Alternating insanity 2 .. 2								
	11. Delusional insanity { a. Systematised 18 4 22								
	b. Non-systematised 26 35 61								
	12. Volitional insanity { a. Impulse								
	b. Obsession								
	c. Doubt								
	13. Moral insanity								
	14. Dementia { a. Senile 218 443 661								
	b. Secondary 498 514 1,012								
Totals 3,336 3,508 6,844									
Prospect of mental recovery	Favourable 2 2 4								
	Doubtful								
	Unfavourable 3,334 3,506 6,840								

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. 34-36.

There were 501 (506)* children in the homes at the beginning of the year; 600 (474) were admitted during the year direct from the unions or parishes, and 42 (15) from other institutions of the Board; 534 (464) children were discharged direct to the unions or parishes, and 56 (29) to other institutions of the Board. Two died (1); and 551 (501) 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 378 (329) children remaining at the beginning of the year; 838 (761) were admitted from the unions and parishes, and 108 (46) from other institutions of the Board; 915 (728) have been discharged to the unions and parishes, and 62 (29) to other institutions of the Board; three died (1); and 344 (378) remained under treatment at the close of the year.

The report of the visiting medical officer will be found on pp. 37-39.

Children requiring special treatment during convalescence, 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 renamed The Children's Infirmary, and was opened on the 29th January for the reception of "sick, convalescent, and debilitated children." During the year 2,042 children were admitted. Of these 1,027 were discharged, 113 were transferred to other institutions of the Board, 89 died, and 813 remained under treatment at the end of the year. The Homes at Herne Bay, Margate, and Rustington contained 378 (366) children at the beginning of the year; 647 (767) were admitted direct from the unions and parishes, and 122 (110) from other institutions of the Board; 653 (731) were discharged to the unions and parishes, and 102 (117) to other institutions of the Board; 11 (17) died; and 381 (378) remained under treatment at the end of the year.

The reports of the visiting medical officers will be found on pp. 40-45.

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 246 (213) children; 74 (61) were admitted from the unions or parishes, and 64 (113) from other institutions of the Board; 13 (20) were discharged to the unions or parishes, and 66 (121) to other institutions of the Board; one died (0); 304 (246) remained under training at the end of the year.

The reports of the medical officers will be found on pp. 46-51.

Remand homes.

In the three homes provided for children who are ordered by two Justices or a Magistrate to be taken, under the Industrial Schools Act, 1866, and Youthful Offenders' Act, 1900, to a workhouse or an asylum of the district, there were resident 18 (17) children at the beginning of the year; 2,406 (2,285) were admitted, and 2,387 (2,284) were discharged, leaving 37 (18) resident at the end of the year.

* Italic figures in brackets throughout are the corresponding figures for 1908.

IV.—TRAINING SHIP EXMOUTH.

Statistics. The number of boys admitted during the year was 311 (297)* (including 137 (95) from extra-metropolitan parishes and unions), while the number discharged was 226 (242) ; no death (1) occurred.

Of the discharges 70 (86) entered the Royal Navy, 94 (96) the Mercantile Marine, 9 (17) the Army as musicians, and 53 (43) were returned to their respective parishes and unions.

At the end of the year there remained 674 (589) boys under training.

The statistical tables on pp. 72-81 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, 1909.
Fever patients	464,187	3,306
Smallpox patients	75,123	4
Imbeciles	29,818	6,844
Boys on training ship Exmouth	10,280	674
Children at homes and special schools	49,112	2,430
Totals	628,520	13,258

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 1909, 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 and intubation statistics.
5. Laparotomy statistics.
6. Miscellaneous diseases.

There are also included papers by four of the Board's medical officers.

(Signed) R. WOOLLEY WALDEN,
Chairman.

* Italic figures in brackets throughout are the corresponding figures for 1908.

APPENDIX I.—INFECTIOUS DISEASES.

(Statistical tables detached from the Ambulance Committee's Report, p. 83.)

A.—AMBULANCE SERVICE.—Number of Patients removed by the Ambulances of the Board.

	From 1881 to 1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	TOTALS.
FEVER AND DIPHTHERIA.														
REMOVED :—														
From homes to Hospitals	155,707	20,923	24,917	21,430	25,532	24,410	18,191	18,468	23,736	25,893	32,037	27,882	22,601	441,727
" " General Hospitals	922	133	247	201	98	59	..	..	..	..	..	..	..	11
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	3,374	71	144	20	159	51	44	44	37	24	3	6	1	3,978
RETURNED HOME :—														
Mistaken diagnoses	†	†	†	†	†	33	48	38	51	68	121	88	61	508
TRANSFERRED :—														
Convalescent to Northern and other Hospitals	55,509	6,437	7,973	5,394	5,223	4,210	2,565	5,388	9,584	12,617	15,929	14,265	8,596	153,990
Other transfers between Hospitals and Wharves	79	2	8	39	201	66	43	3	642	21	75	8	2	1,189
DISCHARGED :—														
From Northern Hospitals to Town Hospitals	40,414	4,226	4,530	2,681	4,300	4,489	2,758	4,300	6,099	..	..	1	3	73,801
From Northern Hospital and conveyed from Eastern, Western, South-Eastern, North-Western, and South-Western Hospitals to other Hospitals	728	1	99	29	126	293	229	306	574	..	..	..	..	2,385
From Gore Farm Hospital to Town Hospitals	12,849	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	633	125	31	233	87	..	..	..	..	..	..	..	..	1,109
From Northern Hospital direct home .. ..	..	..	..	..	..	..	..	..	4	8	30	7	8	57
From Gore Farm Hospital direct home .. ..	..	..	..	..	..	..	..	..	257	21	14	21	42	355
From Northern Hospital to Ambulance Stations	..	..	..	..	..	..	..	..	609	3,315	3,730	3,245	4,674	15,573
From Gore Farm Hospital to Ambulance Stations .. ..	..	..	..	..	..	..	..	..	1,185	4,699	7,382	8,342	3,415	25,023
From Joyce Green Hospital to Ambulance Stations .. ..	..	..	..	..	..	..	..	..	..	..	244	156	..	400
From Ambulance Station to Ambulance Station .. ..	..	..	..	..	..	..	..	..	..	..	197	456	63	716
From Ambulance Stations to homes .. ..	..	..	..	..	..	..	..	..	75	292	259	228	208	1,062
From other Hospitals to homes	*4,551	317	385	577	642	623	663	972	1,267	1,094	1,259	1,611	1,495	15,456
Total Fever and Diphtheria patients ..	274,766	34,680	41,708	33,339	37,607	34,234	24,541	29,519	44,121	48,053	61,281	56,323	41,170	761,342*

† These patients were admitted to General Hospitals being too ill to be admitted to Managers' Hospitals. * Not recorded. † Not recorded.

	From 1881 to 1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	TOTALS
REMOVED :—														
From homes to Hospitals and Wharves ..	19,382	36	28	94	1,848	7,830	422	494	80	33	15	8	28	30,298
Returned Home; mistaken diagnoses ..	†	†	†	†	†	310	68	40	27	5	12	7	10	479
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 ..	10,638	1	1	31	118	567	15	30	3	3	..	..	2	11,409
Total Smallpox patients	35,522	37	44	125	1,971	8,756	507	564	110	41	27	15	40	47,759
CONVEYANCE OF INFECTIOUS PATIENTS to other places than the Managers' Hospitals ..	2,670	326	369	327	388	360	323	442	423	405	454	408	451	7,346
NON-INFECTIOUS REMOVALS														
Imbecile ..	..	..	..	..	96	23	769	531	684	734	807	1,177	585	5,406
Ringworm..	..	..	..	..	180	120	203	22	..	58	28	9	56	676
Ophthalmia ..	..	..	..	..	..	..	245	433	306	318	452	435	587	2,776
Defective and other Children ..	..	..	..	..	13	129	90	219	314	271	165	176	87	1,464
To and from The Children's Infirmary	..	..	..	..	..	..	..	..	..	..	..	..	2,808	2,808
Other Patients (private removals) ..	..	..	..	..	..	..	..	68	134	424	841	1,291	1,794	4,552
Staff ..	..	..	..	..	..	..	..	..	1	2	3	36	35	77
Total Non-Infectious Removals	..	..	..	..	289	272	1,307	1,273	1,439	1,807	2,296	3,124	5,952	17,759
Grand Totals ..	312,958	35,043	42,121	33,791	40,255	43,622	26,678	31,798	46,093	50,306	64,058	59,870	47,613	834,206

† Not recorded.

B.—AMBULANCE SERVICE—(continued).

Return of Work for the Twelve Months ended December 31st, 1909.

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	21,635	198,324	854	..	..	11,934	211,112
Smallpox Patients .. .. .	..	..	..	..	..	..	..
To the Board's Wharves—							
Smallpox Patients	26	323	..	..	..	..	323
To General Hospitals	1	..	..	..	..	10	10
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	1	14	..	..	..	..	14
Non-Smallpox Patients returned home	9	111	..	..	..	..	111
Other Patients returned home ..	59	474	..	..	..	5	479
Patients sent for, but for various causes not removed (lost journeys)	216	1,734	24	..	..	106	1,864
Patients' friends taken from home to Hospital	6	55	..	..	..	..	55
Patients' friends taken from Hospital to home	12	104	..	..	..	..	104
Transfers between Hospitals—							
Fever Patients to Northern Hospital	424	63	42	..	..	12,839	12,944
Fever Patients to Gore Farm Hospital	519	..	..	..	..	21,142	21,142
Other transfers between Hospitals..	2	1	..	..	..	14	15
Recovered Patients—							
From Northern Hospital to Homes	5	21	..	..	..	138	159
" Gore Farm	28	112	..	..	..	1,142	1,254
" Northern " to Ambulance Stations	361	312	63	..	..	13,752	14,127
" Gore Farm	410	13	10	..	..	16,240	16,263
" Ambulance Stations to Homes	181	1,524	..	..	..	..	1,524
" Ambulance Station to Ambulance Station	29	409	48	..	..	..	457
" Acute Fever Hospitals to Homes	979	10,168	..	..	..	118	10,286
" Wharves	2	20	..	..	..	..	20
Conveyance of Patients—							
To places other than Managers' Hospitals (private removals) ..	410	4,045	..	..	..	1,094	5,139
Lost Journeys do. do. ..	5	40	..	..	..	..	40
Totals	25,320	217,867	1,041	..	..	78,534	297,442
II. NON-INFECTIOUS CASES.							
Imbeciles	117	50	40	..	..	5,875	5,965
Ringworm children	3	..	..	..	..	72	72
Ophthalmic children	85	162	42	..	..	1,375	1,579
Defective and other children ..	56	42	..	..	..	2,194	2,236
To and from the Children's Infirmary	252	..	..	..	..	8,092	8,092
To places other than the Managers' Institutions (private removals) ..	1,696	18,990	253	..	..	1,540	20,783
Lost journeys	26	159	30	..	..	48	237
Totals	2,235	19,403	365	..	..	19,196	38,964
III. OTHER WORK.							
Service requirements and conveyance of general stores	1,501	9,573	1,517	..	..	6,934	15,944
Conveyance of Ambulance Committee	29	137	..	..	..	29	166
Conveyance of other Committees ..	3	..	84	..	..	..	84
Conveyance of Hospital Stores—							
Fever	584	4,112	6,903	..	..	1,384	12,754
Smallpox	161	388	..	..	..	743	1,131
Conveyance of Staff	5	..	356	..	..	..	..
Horses in exchange	35	..	..	..	..	344	344
Testing Cars .. .. .	..	..	..	..	..	..	..
Totals	2,318	14,210	8,860	..	..	9,434	30,423
Totals for 1909	29,873	251,480	10,266	..	..	107,164	366,829
Totals for 1908	34,260	321,074	13,758	..	..	89,154	421,594
Totals for 1907	38,548	347,205	48,329	..	..	71,786	462,756
Totals for 1906	32,614	284,415	85,152	..	..	23,527	388,265
Totals for 1905	28,926	264,282	64,671	175	..	6,050	334,446
Totals for 1904	22,625	216,958	31,902	8	..	1,964	250,352
Totals for 1903	20,374	181,799	24,081½	330	..	..	205,676½
Totals for 1902	35,151	369,571½	19,836½	38	..	..	388,996
Totals for 1901	30,587	290,758	26,580	48	..	..	317,278
Totals for 1900	24,808	203,532	29,224	92	..	..	232,848
Totals for 1899	28,184	222,128	37,855	452	..	..	260,367
Totals for 1898	23,120	182,255	32,421	33	..	..	214,677
Totals for 1897	26,055	231,143	39,417	810	41	..	271,411
Totals for 1896	26,646	249,376	46,792	337	301	..	296,792
Totals for 1895	19,963	189,360	23,004	..	..	..	212,364
Totals for 1894	19,796	176,602	26,918	72	228	..	203,820
Totals for 1893	24,017	214,884	30,186	..	241	..	245,311
Totals for 1892	17,607	147,606	27,497	..	3,535	..	178,638
Totals for 1891	8,254	66,129	12,958	..	791	..	79,873
Totals for 1890	8,644	67,443	14,167	415	2,405	..	84,423
Totals for 1889	5,594	40,957	6,276	232	881	..	48,346
Totals for 1888	5,550	34,842	12,767	..	1,910	..	49,519
Totals for 1887	6,507	51,894	5,223	..	1,009	..	58,126
Totals for 1886	2,073	13,578	1,980	..	..	..	15,558
Grand Totals	519,776	4,619,271½	671,261	3,042	11,342	299,645	5,588,265½

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 1909.

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 .. .. .	..	..	..	60	60
February	1	..	..	78	79
March	3	1	1	68	73
April .. .. .	..	1	..	51	52
May .. .. .	..	1	6	80	87
June .. .. .	..	..	..	42	42
July .. .. .	..	..	..	79	79
August .. .. .	..	..	..	91	91
September .. .. .	..	..	..	91	91
October	3	..	10	71	84
November	5	3	..	81	89
December	3	4	2	37	46
Totals for 1909	15	10	19	829	873
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	26,617	22,349	13,942	36,893	99,801

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" ..	3,003	0	1,873	0	106	9	69	10	121	1,129
"Geneva Cross" ..	1,353	0	649	0	0	40	19	0	48	6
"Maltese Cross" ..	988	0	537	0	6	23	11	10	39	66
"White Cross" ..	6,651	0	4,386	30	353	20	46	10	275	3,502
"Red Cross" ..	85	0	30	0	0	0	8	0	3	0
Totals ..	12,080	0	7,475	30	466	32	154	10	486	4,703

Quantity of Stores, Parcels, &c., conveyed to and from Long Reach.

Weight, 83 tons 14 cwts. 2 qr. 23 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 1909.

No. 1.

EASTERN HOSPITAL.

HOMERTON, N.E.,

8th February, 1910.

Statistics. The total number of patients under treatment was 2,348, nearly 300 fewer than last year.

Scarlet Fever. The scarlet fever fatality is 2·16 per cent., which is the lowest figure ever reached at this hospital. In 2 cases death was due to some cause other than scarlet fever, as follows:—Measles, 1 case; and burns, 1 case. In 2 other cases another disease contributed towards the fatal termination, in one instance puerperal pyæmia, in the other erysipelas. But in both cases the lesions due to scarlet fever were severe from the outset. If allowance is made for these cases, the fatality is 1·84 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 7, being 2·7 per cent. of the discharges. The total number of “return cases” was 12.

Diphtheria. The diphtheria fatality is 10·06 per cent.; last year it was 13·74. In 7 cases death was due to measles, in 3 to tuberculosis, and in 1 to whooping cough. The subtraction of these cases reduces the fatality to 7·43.

It has been decided to record separately in the statistical tables the so-called “bacteriological cases.” By these words are meant the cases which have been sent to hospital because, while they have not presented any clinical symptoms of diphtheria, they have been found to be harbouring diphtheria bacilli in their throats or nasal passages. In some instances the patient is suffering from another disease. Two of the cases of fatal tuberculosis mentioned above were cases of “bacteriological diphtheria.” Often the occurrence of a case, clinically well-marked, of diphtheria in their vicinity has led to their bacteriological examination. They are also known as “carrier cases,” or “carriers.” There were, however, only 22 such cases sent to this hospital during the year.

Of 454 completed diphtheria cases, 119 were laryngeal, 26·2 per cent. They may be classified as follows:—

(a) cases not requiring operation	53	with	4	deaths.
(b) „ submitted to tracheotomy only	23	„	11	„
(c) „ „ „ intubation only	20	„	0	„
(d) „ „ „ intubation followed by tracheo- tomy	10	„	4	„
(e) „ „ „ tracheotomy before admission ..	13	„	2	„
	119		21	

The fatality of all the laryngeal cases is 17·6 per cent. ; of the 53 cases operated on (b), (c), and (d), 28·3 per cent. ; of the intubated, (c) and (d), 16·1 per cent.

There were also 11 cases of tracheotomy, 2 of intubation, and 6 of intubation followed by tracheotomy, in diseases other than diphtheria ; so that the total number of cases operated on in hospital was 72.

Enteric Fever. The enteric fever fatality is 8·62 per cent. On only one occasion has it been lower, namely, in the year 1901, when it was 6·38 per cent.

Transfers. A larger proportion of patients has been transferred to the Northern Hospital for convalescence than last year: 73·5 per cent. of the scarlet fever cases under treatment, and 40·2 per cent. of the diphtheria cases. Last year the figures were 69·3 and 28·11 respectively.

Other Diseases. Of the 2,059 patients admitted, 328, or 15·9 per cent., were found to be suffering from diseases other than notifiable diseases which are admitted to the Managers' hospitals. The percentage of error was:—For scarlet fever, 8·8 ; for diphtheria, 29·5 ; and for enteric fever, 31·5. These figures are all high, especially those of diphtheria and enteric fever.

Staff Illness. There has been much more illness amongst the staff than there was last year, 30 per cent. of those employed having to be warded, against 25 per cent. in 1908. Amongst the 70 cases of illness, however, there were only 4 of scarlet fever and diphtheria, and none of enteric fever.

Works. Two undertakings of an exceptional character were completed during the year, the repairing of the airing courts and roads, including the laying of a large portion of the latter with granite setts, and the erection of two large coal bunkers. Towards the end of the year two still more important works were commenced, the building of a new block for the accommodation of the male staff, and the conversion of one of the large wards into isolation chambers. I hope to say more about these in next year's report.

(Signed)

E. W. GOODALL,

Medical Superintendent.

No. 2.

NORTH-EASTERN HOSPITAL.

ST. ANN'S ROAD,

TOTTENHAM, N.,

15th February, 1910.

Statistics. During the year 1909 the total number of cases treated was 3,281 ; of these 1,554 were discharged, 1,309 were transferred to the Northern Hospital, and 112 died. At the end of the year 306 remained under treatment.

Scarlet Fever. The number treated was 2,425 ; of these 873 were discharged, 1,297 were transferred, and 53 died. At the end of the year 202 remained under treatment. The mortality rate was 2·47.

Diphtheria. The number treated was 499 ; of these 380 were discharged, 12 were transferred, and 28 died. At the end of the year 79 remained under treatment. The mortality rate was 7·01.

Enteric Fever. The number treated was 71 ; of these 65 were discharged, and 4 died. At the end of the year 2 remained under treatment. The mortality rate was 6·67.

Other Diseases. The number treated was 286 ; of these 236 were discharged and 27 died. At the end of the year 23 remained under treatment. The mortality rate was 10·0.

The percentage error in the notifications was as follows :—Scarlet fever, 7·08 ; diphtheria, 18·1 ; and enteric fever, 37·03.

Staff Illness. Three of the staff contracted scarlet fever ; one was an Assistant Medical Officer, one an Assistant Nurse, and one was a Wardmaid. All three recovered.

Four of the staff contracted diphtheria ; three were Assistant Nurses and one was a Wardmaid. One Assistant Nurse and the Wardmaid recovered, while the two others remained warded at the end of the year.

None of the staff contracted enteric fever. One Assistant Nurse contracted whooping cough, and she recovered.

At the end of 1908 one Assistant Nurse remained warded, suffering from enteric fever, and one Wardmaid remained warded, suffering from scarlet fever. Both recovered.

Works. During the year gas light has been replaced by electric light. The benefits resulting from this procedure are very great, both from the medical and administrative points of view. The adaptability of electric light for medical purposes is greater than that of gas, and consequently efficiency in diagnosis and treatment has been increased. Electric light is also healthier than gas light. From the administrative point of view the adoption of electric light, and especially the metallic filament lamp, will ensure a very considerable annual saving compared with gas ; and, further, a certain amount will be saved by lessening the annual bill for painting and cleaning. In addition to this the hospital is very much better illuminated than it was by gas.

* * * * *

(Signed) **FREDERIC THOMSON,**
Medical Superintendent.

No. 3.

NORTH-WESTERN HOSPITAL.

LAWN ROAD,

HAMPSTEAD, N.W.,

2nd February, 1910.

Statistics. The total number of cases treated was 2,847. Of these 1,241 were discharged recovered, 1,231 were transferred to other hospitals of the Board, and 93 died. There remained under treatment on 31st December 282 patients.

Scarlet Fever. The number treated was 2,057 ; 34 died. The mortality per cent. was 1·87.

Diphtheria. The number treated was 459; 36 died. The mortality per cent. was 9·28. There were 79 laryngeal cases, on 34 of whom tracheotomy was performed; 8 of the tracheotomies died; the mortality was therefore 23·8 per cent.

Enteric Fever. The number treated was 19. There were no deaths.

Staff Illness. Two Assistant Nurses contracted diphtheria; 5 Assistant Nurses contracted scarlet fever, 1 remained warded at end of the year,

(a) Infectious Diseases.

(b) Other Diseases.

1 Wardmaid contracted scarlet fever, and 1 contracted rotheln. I regret to say that one Assistant Nurse, who fell ill in 1908, died of enteric fever.

105 officers were warded with various ailments. 4 remained warded at end of the year.

The hospital sustained a great loss by the sudden and unexpected death of Dr. Hume, who had been Medical Superintendent since October, 1904.

To me the loss was that of a personal friend and colleague, whose friendship I had enjoyed for many years.

(Signed)

JOHN MACCOMBIE,

Medical Superintendent.

No. 4.

WESTERN HOSPITAL.

SEAGRAVE ROAD,

FULHAM, S.W.,

1st February, 1910.

Statistics. The total number of patients treated during the past year was 3,119.

Of these 1,780 were discharged, 882 were transferred to the convalescent hospitals, and 180 died, leaving 277 in the hospital at the end of the year.

Of scarlet fever 1,888 cases were treated, 832 were discharged, 834 transferred, and 43 died. 179 remained in hospital.

The scarlet fever mortality was 2·55 per cent.

Of diphtheria 780 cases were treated, 625 were discharged, 48 were transferred, and 99 died. 67 remained in hospital.

There were 59 cases of "bacteriological" diphtheria. These include (i.) cases in which the original diagnosis was dependent on the bacteriological test, but in which no clinical evidence of the disease was present, nor bacteriological evidence obtained after admission, and (ii.) cases in which the bacteriological test gave positive results after admission, though no clinical evidence of the disease was then present.

The diphtheria mortality, excluding the 59 cases above mentioned, was 14·55 per cent.

In three cases death was due to scarlet fever, in three to measles, and in two to tuberculous meningitis, 42 patients died within 48 hours after admission.

Of enteric fever 93 cases were treated, 64 discharged, and 12 died, leaving 17 in hospital.

The enteric fever mortality was 15·48 per cent.

One case of cerebro-spinal fever was admitted, and ended fatally.

Other Diseases. 288 cases were found after admission to be suffering from other diseases. The percentage of error was 5·5 for scarlet fever, 17·7 for diphtheria, and 36·2 for enteric fever.

Staff Illness. During the year 154 members of the staff were warded with various illnesses. 10 suffered from scarlet fever, 1 from diphtheria, and 1 from enteric fever. All of these recovered. A charge nurse died of perforation following gastric ulcer, and an assistant nurse died of nephritis.

(Signed) R. M. BRUCE,

Medical Superintendent.

No. 5.

SOUTH-WESTERN HOSPITAL.

STOCKWELL, S.W.,

1st February, 1910.

Statistics. The number of patients treated during the year was 2,091. Of these 1,049 were discharged recovered, 680 were transferred, 111 died, and 251 remained under treatment at the close of the year.

The scarlet fever death-rate was 3·1 per cent.

The diphtheria death-rate was 10·7 per cent.

The enteric fever death-rate was 8·8 per cent.

Two cases of typhus fever were admitted ; both patients recovered.

Other Diseases. Of the cases admitted during the year the proportion who were found on arrival to have been wrongly certified was 9·6 per cent., the figures being : for scarlet fever, 8·7 per cent. ; for diphtheria, 5·8 per cent. ; and for enteric fever the proportion was as high as 41·4 per cent.

There were 11 cases of post-scarlatinal diphtheria, exclusive of a certain number of scarlet fever patients who were found to harbour diphtheria bacilli in their nasal secretions.

There were 62 cases of post-diphtheritic scarlet fever.

Of cases completed during the year, the proportion of patients who developed a second infectious disease during their stay in the hospital was 5·7 per cent. In a good many of these the second infection was contracted before admission.

The incidence of secondary infectious diseases amongst the 256 patients treated in cubicle wards was 3·9 per cent., whereas amongst patients treated in the general wards it was 6·6 per cent.

In addition to the 256 patients referred to above, 323 scarlet fever convalescents were placed in cubicles for the last two days and nights before leaving the hospital.

During the three years the cubicle wards have been in use 1,590 patients in all have passed through them, and their utility and convenience is beyond all question.

Works. The work of reconstructing the upper boiler-house and replacement of the boilers was completed in October. The pressure of steam now available appears to be quite sufficient.

Staff Illness. During the year 2 members of the staff contracted an infectious disease in the course of their duties, and 135 were warded on account of some other form of illness. Three remained warded at end of the year.

(Signed) F. FOORD CAIGER,

Medical Superintendent.

No. 6.

GROVE AND FOUNTAIN HOSPITALS.

TOOTING GROVE, S.W.,

26th January, 1910.

Statistics. The number of patients under treatment during the past year has been 3,269. Of these 1,434 were discharged recovered, 1,459 were transferred to the convalescent hospitals, and 84 died; leaving in hospital at the end of the year a total of 292. The admissions comprised 1,955 cases of scarlet fever, 540 of diphtheria, 31 of bacteriological diphtheria, and 224 suffering from other diseases.

Scarlet Fever. As regards scarlet fever, 1,955 patients were admitted and 30 deaths occurred, giving a case mortality of 1·47 per cent. Amongst the scarlet fever admissions were 25 patients who were certified to be suffering from diphtheria.

Diphtheria. 540 diphtheria patients were admitted, and 47 deaths occurred, giving a case mortality of 8·47 per cent. Three patients were found to have diphtheria at the time of admission who were certified to be suffering from scarlet fever. Antitoxin was given in 94·55 per cent. of the cases.

Enteric Fever. No enteric fever patients were admitted during the year.

Other Diseases. The original diagnosis was not confirmed in 246 of the 2,750 patients who were admitted direct from their homes. The percentage of cases in which a different diagnosis was made subsequent to admission amounted to 6·26 in the case of scarlet fever patients, and 17·76 for diphtheria patients. Five of the scarlet fever patients suffered from diphtheria during convalescence, or a percentage incidence of 0·23 on the completed cases. During the previous year the percentage incidence was 0·47. 39 of the completed cases of diphtheria contracted scarlet fever while in hospital, or a percentage incidence of 6·84. The percentage incidence during 1908 was 5·02.

Average Residence. The average stay of patients in hospital shows an increase in the case of scarlet fever and diphtheria, and a slight reduction in the case of patients suffering from miscellaneous diseases, as compared with 1908. The increase in the average residence of scarlet fever and diphtheria patients—as compared with the preceding year—is probably associated with the higher incidence of secondary diseases among the convalescents. For scarlet fever patients this amounted to 3·3 per cent. in 1909, as compared with 2·1 per cent. in 1908; and the corresponding figures for diphtheria are 5·9 and 8·2 per cent. Another factor which may have been operative in the case of scarlet fever patients (in prolonging slightly the average stay in hospital) is the reduction which has taken place in the case mortality. This fell from 1·99 per cent. in 1908 to 1·47 per cent. in 1909. Deaths from scarlet fever occur almost entirely among patients who are suffering from septic attacks; and a higher recovery rate would mean that there is a larger proportion of patients, who are especially prone to suffer from mucous discharges, among the convalescents. Patients with mucous discharges are a class whose stay in hospital is always protracted, as compared with cases of simple scarlet fever.

The reduction in the case mortality was not apparently due to any difference in the type of case admitted, as is shown by the increased incidence of Otorrhœa among the convalescents. This rose from 9·1 per cent. in 1908 to 9·6 per cent. in 1909.

The proportion of scarlet fever patients transferred to the convalescent hospitals was 66·96 per cent., as compared with 69·31 per cent. in 1908.

Return Cases. 41 return cases were reported during the year in connection with patients discharged from the hospital direct. 28 of these were cases of scarlet fever arising subsequent to the discharge of 24 scarlet fever patients; 9 were cases of diphtheria arising subsequent to the discharge of 7 diphtheria patients. The remaining cases were instances of cross infection, 3 cases of diphtheria arising after the discharge of 2 scarlet fever patients, and 1 case of scarlet fever after the discharge of 1 diphtheria patient.

The following particulars refer to the 28 return cases which originated in connection with the discharge of 24 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 10 instances, from 8 to 14 days in 8, from 15 to 21 in 4, from 22 to 28 in 2, and over 28 in 4 (viz., 34, 38, 42, and 47 days respectively). Of the 24 cases 10 suffered from nasal discharge while in hospital, and one of these patients had an ear discharge in addition. In 14 instances no discharges were observed during the time the patients were in hospital. 14 of the infecting cases were discharged from hospital between October and March, and 10 between April and September. As regards the ages of the infecting cases—10 were under 5, 8 from 5 to 10, and 6 were 10 years and over.

The average residence of the infecting cases was 65·2 days, as compared with the average residence of 62·99 days for all scarlet fever patients discharged direct to their homes.

Besides the return cases reported in connection with patients discharged direct from this hospital, particulars of a number of cases were supplied to me in which the infecting case had been originally at this hospital, and had been transferred to Gore Farm before its discharge. They amounted to 46 infecting cases in all. The total number of scarlet fever patients transferred to Gore Farm from this hospital during the year was 1,287; but lack of information of the number discharged during the same period makes it impossible to calculate an infectivity rate for these patients. It probably, however, did not differ very greatly from the infectivity rate of this hospital. As the present system—of transferring all scarlet fever patients as far as possible to the convalescent hospitals before discharge—has now been in force for some four years, it would be interesting to know what effect the practice has had on the occurrence of return cases in scarlet fever.

As regards the 9 diphtheria return cases—the interval which elapsed between the discharge of the infecting case and the occurrence of the return case was 7 days or under in 4 instances, from 8 to 14 days in 3, and over 14 days in 2 (viz., 20 and 29 days).

Staff Illness. (a) Infectious diseases: 6 officers contracted scarlet fever, 9 contracted diphtheria, 1 remained warded at end of the year. (b) Other diseases: 205 officers were off duty with various ailments, 2 remained warded at end of year.

Owing to the reduction in prevalence of infectious disease the use of the wards at the Fountain Hospital for scarlet fever patients was discontinued on the 26th March, 1909, and these wards were not required for use again throughout the year.

(Signed)

J. E. BEGGS,

Medical Superintendent.

No. 7.**SOUTH-EASTERN HOSPITAL.**

AVONLEY ROAD, NEW CROSS,
9th February, 1910.

Statistics. The work of this hospital during 1909 has been less extensive than during the preceding year. 2,369 cases were admitted against 2,952. The decline occurred chiefly in scarlet fever, of which 1,487 cases were admitted against 1,931, but there was a larger proportional decline in enteric fever, only 42 cases were admitted against 105. Of these more than half were admitted early in the year, and really belong to the epidemic of the previous autumn. The admissions last autumn only numbered 16.

For the first time in this report an attempt is made to separate the diphtheria group into two classes, one, those cases diagnosed on purely bacteriological evidence, the other, those cases where other evidence was present. In the former group were only 32 cases, of whom one, a marasmic baby, died; in the latter 514 admissions, and 67 cases remaining over from the previous year gave 37 deaths.

The case mortality rates shew a small rise in scarlet fever, 3·58 against 2·94, a fall in diphtheria, 7·21 against 11·36, in spite of the exclusion of the milder bacteriological group, and a fall in enteric fever, 11·57 against 15·46.

391 cases were left in hospital at the end of 1908, but only 238 at the end of 1909.

Towards the end of March I set aside one ward, and later two wards for treating cases of scarlet fever with eucalyptus and carbolic oils, as recommended by Dr. Milne, Medical Officer to Dr. Barnardo's Homes, in the hope of abolishing the return cases arising after discharge; or if that result did not happen, of considerably reducing the detention of certain selected cases of scarlet fever. I regret to say that several return cases have arisen. I hope to report to you more fully on the matter later on.

Staff illness. Only 6 officers were warded with infectious disease against 13 in 1908. The number of staff newly engaged during 1909 was 72, and during 1908, 114.

(Signed) F. M. TURNER,
Medical Superintendent.

No. 8.**PARK HOSPITAL.**

HITHER GREEN, S.E.,
21st February, 1910.

Statistics. At the end of the year 1908 :—

430 patients remained in the hospital.

2,957 were admitted during the year 1909 direct from their homes, and one re-admitted from another hospital.

1,016 were discharged recovered.

1,938 transferred to other hospitals of the Board.

93 died.

341 remaining at the end of the year 1909, making the hospital death-rate 3·09.

The scarlet fever mortality was 1·89, the lowest since the hospital was opened.

The diphtheria mortality was 7·94.* This has only been lower on one previous occasion, in 1907. It was then 5·79.

(Signed) R. A. BIRDWOOD,
Medical Superintendent.

* Includes diphtheria bacteriological cases.

No. 9.

BROOK HOSPITAL.

SHOOTERS HILL, WOOLWICH,

26th January, 1910.

Statistics. The total number of cases treated was 3,194. Of these 1,167 were transferred to other hospitals of the Board, 1,642 were discharged recovered, and 113 died. There remained under treatment on the 31st December 272 patients.

Scarlet Fever. The number treated was 2,327. The mortality was 2·29 per cent.

Diphtheria. The number treated was 607. The mortality was 7·73 per cent. There were 10 hæmorrhagic cases, and 9 patients died within 24 hours of admission. Tracheotomy was performed on 40 patients, of whom 9 died; the mortality was therefore 22·5 per cent.

Bacteriological Diphtheria. 18 cases were admitted, and all have been discharged recovered.

Antitoxin Treatment. Of 534 completed cases of diphtheria, 435 were treated with antitoxin, and 99 were not given antitoxin, the latter being so mild that it was unnecessary, except in four cases, three of which died within a few hours of admission, and the other, a mild case of diphtheria, died of infantile diarrhoea.

The following table shows the results of antitoxin treatment, with special reference to the day of disease on which the treatment began.

Ages.					Day of Disease on which treatment began.										Total.		
					1st.		2nd.		3rd.		4th.		5th.				
					Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.			
Under 1	..	..	..	..	..	..	3	..	1	..	1	..	1	..	6	..	..
1 to 2	..	..	..	..	..	..	7	..	6	..	6	3	9	1	28	4	14·3
2 „ 3	..	..	..	..	4	..	6	1	10	1	7	1	8	1	35	4	11·4
3 „ 4	..	..	..	..	3	..	13	..	13	1	7	..	19	2	55	3	5·4
4 „ 5	..	..	..	..	3	..	10	..	13	2	7	2	25	3	58	7	12·0
5 „ 10	..	..	..	..	5	..	38	3	45	3	40	3	66	9	194	18	2·3
10 „ 15	..	..	..	..	3	..	11	..	9	..	8	..	9	..	40	..	..
15 „ 20	..	..	..	..	1	..	3	..	3	..	1	..	2	..	10	..	..
20 and upwards	..	..	..	..	..	..	3	..	..	..	1	..	5	..	9	..	..
Total ..	..	..	..	..	19	..	94	4	100	7	78	9	144	16	435	36	8·27
Percentage Monthly ..	..	..	..	..	..	..	4·2	..	7·0	..	11·5	..	11·1	..	8·5	..	..

Since the hospital opened in 1896 there has not been a death among the 290 cases of diphtheria admitted here that came under treatment on the first day of disease. This shows the great importance of commencing the treatment at the earliest onset of diphtheria.

Enteric Fever. The number of cases treated was 68. The mortality was 22·02 per cent.

Other Diseases. Of the 2,071 patients admitted, 162, or 6 per cent., were found to be wrongly diagnosed. The percentage of errors for scarlet fever were 3·9; for diphtheria, 6·7; and for enteric fever, 33·8.

Staff Illness. 2 Assistant Nurses, 1 Wardmaid, 1 Housemaid, 1 Ambulance Driver contracted scarlet fever; 1 Charge Nurse, 3 Assistant Nurses,

1 Wardmaid contracted diphtheria. Two remained warded at end of year.

90 officers of the hospital were warded for various non-infectious ailments.

There was no death among the staff.

(Signed) J. HOWELL GRIFFITHS,
(Acting) Medical Superintendent.

No. 10.

NORTHERN HOSPITAL.

WINCHMORE HILL, LONDON, N.,

3rd February, 1910.

Statistics. As compared with the previous year, the scarlet fever admissions show a considerable reduction, viz., 4,632 as against 5,800, and the diphtheria admissions a slight increase, viz., 277* against 251.

The total cases treated during the year was 5,427, of whom 4,986 were discharged recovered, 2 were transferred to other hospitals of the Board, 2 died, and 437 remained in hospital on December 31st.

The average duration of stay in this hospital was 31·00 days for scarlet fever, and 24·1 days for diphtheria.

Works. A new skittle alley and shelter has been erected and a gravel path, 500 yards long, constructed for the use and recreation of the male patients.

Additional lavatory accommodation for the male staff has been begun, and when completed will contribute largely to their comfort and the better fulfilment of the Board's regulations on the subject of taking baths.

Plans for providing fresh accommodation for the steward's clerks, in place of their existing inadequate and unsuitably situated office, have been for a long time past, and are still, under consideration. I hope that your efforts to put this matter on a satisfactory footing will be rewarded with success before the year closes.

Staff Illness. 3 Nurses contracted diphtheria. 1 Wardmaid, 1 Laundrymaid, and 1 General Porter contracted scarlet fever. All recovered.

(Signed) C. E. MATTHEWS,
Medical Superintendent.

* Includes diphtheria bacteriological cases.

No. 11.**GORE FARM HOSPITAL.**

DARTFORD, KENT,

14th February, 1910.

Statistics. The total number of patients treated during 1909 was 6,616. Of these 6,148 were discharged, 4 were transferred to other institutions of the Board, 8 died, and 456 remained in hospital at the end of the year.

5,458 of the admissions were cases of scarlet fever, 395 of diphtheria, and 2 were other diseases.

The average duration of stay in hospital was 30·9 days in the case of scarlet fever, and 37·2 days in the case of diphtheria patients.

The maximum number of patients under treatment was 787 on 1st January, and the minimum number 372 on 30th August.

Staff illness. 1 Assistant Medical Officer, 2 Assistant Nurses, 1 Wardmaid, 1 Laundrymaid, 1 General Porter contracted scarlet fever during the year. 5 Assistant Nurses, 2 Wardmaids contracted diphtheria. 2 scarlet fever cases remained warded at end of the year.

(Signed)

J. B. BYLES,

Medical Superintendent.

EASTERN HOSPITAL.

DISEASES.	Remain- ing on Dec. 31st, 1908.	Admitted during 1909		Total under treatment during 1909.	Discharged during 1909.		Died during 1909.	Mortality per cent.	Re- main- ing on Dec. 31st 1909.
		Direct from homes.	From other Hospitals of Board.		Recovered.	To other Hospitals of Board.			
Scarlet	176	1,258	..	1,434	250	1,055	28	2·16	101
Diphtheria	66	401	..	467	205	187	42	10·06	33
Diph. Bacteriological ..	..	22	..	22	8	10	2	9·52	2
Enteric	21	50	..	71	61	..	5	8·62	5
Other diseases	263	1,731	..	1,994	524	1,252	77	4·30	141
	26	328	..	354	305	..	36	10·76	13
Totals	289	2,059	..	2,348	829	1,252	113	..	154

NORTH-EASTERN HOSPITAL.

Scarlet	365	2,060	..	2,425	873	1,297	53	2·47	202
Diphtheria	91	390	..	481	362	12	28	7·07	79
Diph. Bacteriological ..	..	18	..	18	18	..	..	..	..
Enteric	20	51	..	71	65	..	4	6·67	2
Typhus .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	476	2,519	..	2,995	1,318	1,309	85	3·24	283
	9	277	..	286	236	..	27	10·00	23
Totals	485	2,796	..	3,281	1,554	1,309	112	..	306

NORTH-WESTERN HOSPITAL.

Scarlet	271	1,784	2	2,057	604	1,217	34	1·87	202
Diphtheria	*78	381	..	459	347	12	36	9·28	64
Diph. Bacteriological ..	..	21	..	21	18	1	..	..	2
Enteric	*14	5	..	19	19	..	..	..	..
Cerebro-Spinal Fever ..	..	1	..	1	1	..	..	..	..
Other diseases	363	2,192	2	2,557	989	1,230	70	3·12	268
	*22	268	..	290	252	1	23	8·46	14
Totals	385	2,460	2	2,847	1,241	1,231	93	..	282

WESTERN HOSPITAL.

Scarlet	219	1,669	..	1,888	832	834	43	2·55	179
Diphtheria	132	648	..	780	570	44	99	14·55	67
Diph. Bacteriological ..	..	59	..	59	55	4	..	..	..
Enteric	14	79	..	93	64	..	12	15·48	17
Cerebro-Spinal Fever ..	..	1	..	1	..	..	1	100·00	..
Other diseases	365	2,456	..	2,821	1,521	882	155	6·18	263
	10	288	..	298	259	..	25	8·74	14
Totals	375	2,744	..	3,119	1,780	882	180	..	277

SOUTH-WESTERN HOSPITAL.

Scarlet	168	1,084	..	1,252	400	662	34	3·12	156
Diphtheria	98	492	..	590	439	18	54	10·77	79
Diph. Bacteriological ..	..	4	..	4	3	..	..	..	1
Enteric	10	55	..	65	53	..	5	8·85	7
Typhus .. .. .	..	2	..	2	2	..	..	..	..
Other diseases	276	1,637	..	1,913	897	680	93	5·62	243
	4	174	..	178	152	..	18	10·47	8
Totals	280	1,811	..	2,091	1,049	680	111	..	251

GROVE & FOUNTAIN HOSPITALS.

Scarlet	384	1,955	..	2,339	674	1,427	30	1·47	208
Diphtheria	104	540	..	644	491	32	47	8·47	74
Diph. Bacteriological ..	3	31	..	34	34	..	..	..	..
Enteric .. .. .	..	..	..	..	..	..	..	..	..
Other diseases	491	2,526	..	3,017	1,199	1,459	77	2·93	282
	*28	224	..	252	235	..	7	3·00	10
Totals	519	2,750	..	3,269	1,434	1,459	84	..	292

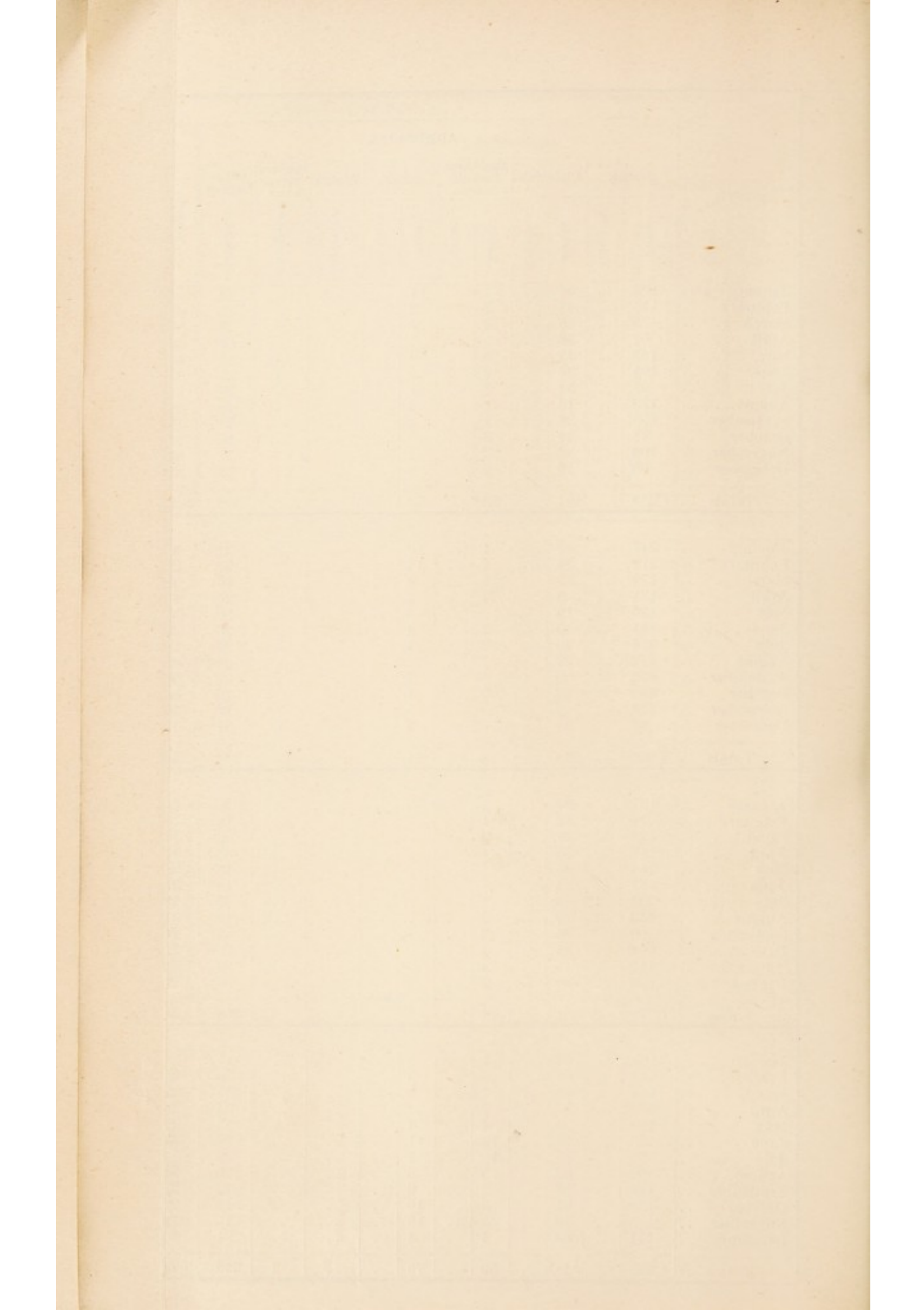
TABLE I.—Admissions, Discharges, and Deaths during 1909.

SOUTH-EASTERN HOSPITAL.									
DISEASES.	Remain- ing on Dec. 31st, 1908.	Admitted during 1909		Total under treatment during 1909.	Discharged during 1909.		Died during 1909.	Mortality per cent.	Re- main- ing on Dec. 31st, 1909.
		Direct from homes.	From other Hospitals of Board.		Recovered.	To other Hospitals of Board.			
Scarlet	262	1,485	2	1,749	695	841	55	3·58	158
Diphtheria	67	514	..	581	471	5	37	7·21	68
Diph. Bacteriological	3	32	..	35	31	..	1	3·12	3
Enteric	43	42	..	85	72	..	7	11·57	6
Typhus .. .. .	..	2	..	2	2	..	..	..	..
Cerebro-Spinal Fever	1	..	..	1	..	..	1	..	..
	376	2,075	2	2,453	1,271	846	101	4·71	235
Other diseases	15	292	..	307	279	..	25	8·39	3
Totals	391	2,367	2	2,760	1,550	846	126	..	238
PARK HOSPITAL.									
Scarlet	245	2,117	1	2,363	400	1,671	40	1·89	252
Diphtheria	161	526	..	687	321	265	46	7·94	55
Diph. Bacteriological	..	5	..	5	5	..	..	..	..
Enteric .. .. .	..	..	..	..	..	..	..	..	..
Typhus .. .. .	..	..	..	..	..	..	..	..	..
	406	2,648	1	3,055	726	1,936	86	3·19	307
Other diseases	24	309	..	333	290	2	7	2·30	34
Totals	430	2,957	1	3,388	1,016	1,938	93	..	341
BROOK HOSPITAL.									
Scarlet	355	1,971	1	2,327	1,010	1,085	47	2·29	185
Diphtheria	106	501	..	607	412	82	40	7·73	73
Diph. Bacteriological	..	18	..	18	18	..	..	..	..
Enteric	19	49	..	68	48	..	12	22·02	8
Typhus .. .. .	..	..	..	..	..	..	..	..	..
	480	2,539	1	3,020	1,488	1,167	99	3·74	266
Other diseases	12	162	..	174	154	..	14	8·48	6
Totals	492	2,701	1	3,194	1,642	1,167	113	..	272
NORTHERN HOSPITAL.									
Scarlet	*494	..	4,632	5,126	4,730	2	2	·04	392
Diphtheria	*23	..	262	285	247	..	..	..	38
Diph. Bacteriological	..	..	15	15	8	..	..	..	7
	517	..	4,909	5,426	4,985	2	2	·04	437
Other diseases .. ..	..	..	1	1	1	..	..	..	..
Totals	517	..	4,910	5,427	4,986	2	2	..	437
GORE FARM HOSPITAL.									
Scarlet	686	1	5,457	6,144	5,687	4	5	·09	448
Diphtheria	75	..	395	470	459	..	3	·70	8
Diph. Bacteriological	..	..	..	..	..	..	..	..	..
Enteric .. .. .	..	..	..	..	..	..	..	..	..
	761	1	5,852	6,614	6,146	4	8	·13	456
Other diseases .. ..	..	..	2	2	2	..	..	..	..
Totals	761	1	5,854	6,616	6,148	4	8	..	456
SUMMARY.									
Scarlet	*3,625	15,384	(10,095)	19,009	16,155	(10,095)	371	2·33	2,483
Diphtheria	1,001	4,393	(657)	5,394	4,324	(657)	432	9·44	638
Diph. Bacteriological	6	210	(15)	216	198	(15)	3	1·46	15
Enteric	*141	331	..	472	382	..	45	11·87	45
Typhus .. .. .	..	4	..	4	4	..	..	..	..
Cerebro-Spinal Fever	1	2	..	3	1	..	2	80·00	..
Totals	4,774	20,324	(10,767)	25,098	21,064	(10,767)	853	4·04	3,181
Other diseases	150	2,322	(3)	2,472	2,165	(3)	182	7·80	125
Grand Totals	4,924	22,646	(10,770)	27,570	23,229	(10,770)	1,035	..	3,306

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 1908, pp. 186-7, owing to the subsequent correction of errors of diagnoses.



REGENT HOSPITAL.																									SUMMARY.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
ADMISSIONS.													DISCHARGES.												DEATHS.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
MONTH.	In-pat.		Out-pat.		In-pat.		Out-pat.		In-pat.		Out-pat.		Total.	In-pat.		Out-pat.		In-pat.		Out-pat.		In-pat.		Out-pat.		Total.	In-pat.		Out-pat.		In-pat.		Out-pat.		Total.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
January	100	58	1	9	7	243	81	24	6	11	132	84	28	11	112	75	4	5	1	13	January	1,616	1,009	475	94	59	61	106	2,295	1,364	475	9	79	184	2,510	1,609	99	1,119	37	34	9	1	112																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
February	141	85	3	10	10	135	105	34	10	16	177	90	32	11	101	86	7	10	1	16	February	1,406	887	367	85	29	1	136	1,717	1,020	405	79	19	1	144	2,029	1,207	79	1	14	111																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
March	127	65	2	10	12	122	100	34	10	16	177	90	32	11	101	86	7	10	1	16	March	1,033	714	415	87	35	29	1	1,284	2,612	1,144	41	14	1	144	2,612	1,144	41	14	1	144																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
April	137	69	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	April	1,043	719	349	89	19	1	222	1,262	1,371	365	14	19	1	216	2,053	1,724	49	1	173	40	34	20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
May	127	65	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	May	1,207	806	315	43	13	1	207	1,406	1,263	106	29	31	1	174	1,778	1,648	49	1	176	41	3	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
June	111	53	1	11	14	167	80	37	1	1	16	95	43	12	1	108	55	10	1	16	June	1,412	929	326	49	28	1	219	1,629	1,149	348	9	11	1	164	1,680	1,095	49	1	164	30	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
July	127	65	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	July	1,412	929	326	49	28	1	219	1,629	1,149	348	9	11	1	164	1,680	1,095	49	1	164	30	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
August	127	65	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	August	1,412	929	326	49	28	1	219	1,629	1,149	348	9	11	1	164	1,680	1,095	49	1	164	30	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
September	127	65	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	September	1,412	929	326	49	28	1	219	1,629	1,149	348	9	11	1	164	1,680	1,095	49	1	164	30	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
October	127	65	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	October	1,412	929	326	49	28	1	219	1,629	1,149	348	9	11	1	164	1,680	1,095	49	1	164	30	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
November	127	65	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	November	1,412	929	326	49	28	1	219	1,629	1,149	348	9	11	1	164	1,680	1,095	49	1	164	30	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
December	127	65	1	11	14	192	96	44	2	6	18	106	50	12	1	122	70	10	1	16	December	1,412	929	326	49	28	1	219	1,629	1,149	348	9	11	1	164	1,680	1,095	49	1	164	30	2	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Totals	1,571	915	18	89	99	2,502	1,309	412	14	48	1,844	1,049	338	93	1,887	87	89	12	11	1,513	Totals	15,294	9,682	4,295	467	181	41	5,322	17,246	10,555	4,024	398	182	4	12,163	23,329	14,646	417	11	7,779	621	422	3	45	2	189	1,025																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
NORTHERN HOSPITAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
January	432	27	459	29	26	486	479	January

Date		Description		Amount	
1890	Jan 1	Balance		100.00	
	Jan 15	Interest		5.00	
	Feb 1	Interest		5.00	
	Feb 15	Interest		5.00	
	Mar 1	Interest		5.00	
	Mar 15	Interest		5.00	
	Apr 1	Interest		5.00	
	Apr 15	Interest		5.00	
	May 1	Interest		5.00	
	May 15	Interest		5.00	
	Jun 1	Interest		5.00	
	Jun 15	Interest		5.00	
	Jul 1	Interest		5.00	
	Jul 15	Interest		5.00	
	Aug 1	Interest		5.00	
	Aug 15	Interest		5.00	
	Sep 1	Interest		5.00	
	Sep 15	Interest		5.00	
	Oct 1	Interest		5.00	
	Oct 15	Interest		5.00	
	Nov 1	Interest		5.00	
	Nov 15	Interest		5.00	
	Dec 1	Interest		5.00	
	Dec 15	Interest		5.00	
	Total			100.00	

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.		
	Admitted.	Died.	Of Direct Admissions.	Admitted.	Died.	Of Transferred Cases.	Admitted.	Died.	Of Direct Admissions.	Admitted.	Died.	Of Transferred Cases.	Admitted.	Died.	Of Direct Admissions.	Admitted.	Died.	Of Transferred Cases.	Admitted.	Died.	Of Direct Admissions.	Admitted.	Died.	Of Transferred Cases.			
Under 1 ..	13	3	5	18	8	1	16	2	..	3	5	..	5	..	..	..	..	..	11	5	6	17	5	..
1 to 2 ..	30	3	40	70	36	2	68	8	..	31	5	..	62	9	..	..	..	..	37	1	36	73	3	..
2 to 3 ..	68	3	56	124	70	7	144	10	..	59	1	..	118	3	..	..	..	..	65	2	40	105	2	..
3 to 4 ..	68	2	68	136	86	6	161	8	..	77	1	..	151	2	..	..	..	..	61	3	69	128	6	..
4 to 5 ..	72	2	78	150	112	3	220	7	..	63	1	..	145	6	..	..	..	..	78	4	89	167	5	..
5 to 10 ..	220	4	269	489	413	7	876	15	..	402	3	..	817	9	..	..	..	..	296	8	351	647	17	..
10 to 15 ..	85	..	79	164	174	..	355	1	..	130	..	..	296	3	..	..	..	..	145	2	132	277	2	..
15 to 20 ..	22	..	25	47	44	..	87	1	..	28	..	..	64	..	..	..	..	..	51	..	54	105	1	..
20 to 25 ..	12	1	15	27	25	..	49	..	..	21	..	..	52	..	..	..	..	..	24	..	42	66	1	..
25 to 30 ..	10	..	10	20	18	..	41	..	..	12	..	..	34	..	..	..	..	..	12	..	27	39	..	..	
30 to 35 ..	4	..	6	10	10	..	20	1	..	7	2	..	19	2	..	..	..	..	7	..	14	21	..	..	
35 to 40 ..	..	..	1	1	7	..	15	..	..	4	..	..	5	..	..	..	..	..	5	..	6	11	..	..	
40 to 45 ..	..	..	..	..	1	..	4	..	..	1	..	..	5	..	..	..	..	..	2	..	5	7	..	..	
45 to 50 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	4	1	..
50 to 55 ..	..	..	1	1	1	..	3	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2	..	..	
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals..	604	18	654	1,258	1,006	26	2,060	53	..	837	13	947	21	1,784	34	..	..	..	797	26	872	1,669	43	..
Fountain and Grove Hospital.																											
South-Western Hospital.																											
Under 1 ..	4	..	9	13	4	..	15	..	..	10	2	6	2	16	4	..	..	..	10	..	5	15	..	..	
1 to 2 ..	28	4	18	46	30	4	54	5	..	42	3	46	6	88	9	..	..	..	25	1	37	62	6	..
2 to 3 ..	41	2	43	84	56	4	113	7	..	61	1	69	3	130	4	..	..	..	80	5	89	149	7	..
3 to 4 ..	51	1	52	103	76	1	157	6	..	85	5	80	6	165	11	..	..	..	83	1	89	172	4	..
4 to 5 ..	58	3	61	119	85	1	169	5	..	89	3	105	1	194	4	..	..	..	117	5	105	222	8	..
5 to 10 ..	201	7	244	445	389	3	805	3	..	266	8	308	8	574	16	..	..	..	420	5	443	863	10	..
10 to 15 ..	62	10	4	166	191	..	390	3	..	92	4	111	2	203	6	..	..	..	211	..	200	411	..	..	
15 to 20 ..	16	1	25	41	59	1	114	1	..	23	..	27	..	50	..	..	..	..	45	1	65	110	1	..
20 to 25 ..	9	..	14	23	21	..	55	..	..	13	1	15	..	28	1	..	..	..	21	1	32	53	2	..
25 to 30 ..	6	..	18	24	17	..	44	..	..	10	..	14	..	24	..	..	..	..	10	1	20	30	2	..
30 to 35 ..	3	..	6	9	5	..	21	..	..	2	..	5	..	7	..	..	..	..	8	..	5	13	..	..	
35 to 40 ..	..	..	7	7	3	..	12	..	..	4	..	1	..	5	..	..	..	..	6	..	7	13	..	..	
40 to 45 ..	..	..	3	3	..	..	4	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	
45 to 50 ..	..	..	1	1	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	479	18	605	1,084	937	14	1,955	30	..	697	27	788	28	1,485	55	..	..	..	1,038	20	1,079	2,117	40	..

FEVER STATISTICS.—TABLE V.—*Diphtheria (excluding bacteriological cases)*
Admissions and Deaths during 1909, divided according to Age and Sex.

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.																				
	Males.			Females.			Total.			Males.			Females.			Total.			Males.			Females.			Total.			Males.			Females.			Total.											
	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Admitted.	Died.													
Under 1	9	2	11	10	20	12	3	3	3	3	3	5	1	8	1	6	5	4	16	10	10	10	10	14	5	8	4	22	9	9	9	9													
1 to 2	23	7	23	2	46	9	14	1	9	2	23	7	8	1	15	6	23	3	3	48	19	19	19	23	2	12	3	35	5	5	5	5													
2 to 3	36	2	38	4	74	6	20	1	17	2	37	3	22	4	18	1	40	5	5	88	19	19	19	27	5	19	6	46	11	11	11	11													
3 to 4	26	2	32	2	58	4	20	2	27	4	47	6	25	4	28	5	53	9	9	7	89	16	16	26	2	26	5	52	7	7	7	7													
4 to 5	20	1	37	4	57	5	34	3	15	2	49	4	30	4	23	5	53	4	4	44	7	7	7	23	2	27	3	50	5	5	5	5													
5 to 10	48	3	50	2	98	5	59	1	93	7	152	8	58	3	72	4	130	7	7	134	14	230	23	74	6	98	10	172	16	16	16	16													
10 to 15	12	1	17	1	29	1	25	1	17	1	42	1	13	1	23	1	36	2	2	27	2	48	2	21	1	39	..	60	1	1	1	1													
15 to 20	7	1	5	1	12	1	11	1	8	1	19	1	4	1	10	1	14	1	1	12	2	21	2	8	1	7	..	21	1	1	1	1													
20 to 25	1	1	2	1	3	1	1	1	3	1	4	1	3	1	2	1	5	1	1	5	1	14	2	9	1	7	..	15	1	1	1	1													
25 to 30	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
30 to 35	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
35 to 40	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
40 to 45	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
45 to 50	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
50 to 55	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
55 to 60	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
And upwards	1	1	2	1	3	1	1	1	3	1	4	1	2	1	5	1	6	1	1	8	1	16	1	3	1	9	..	11	1	1	1	1													
Totals	183	17	218	25	401	42	195	10	195	18	390	28	174	18	207	18	381	36	307	54	341	45	648	99	235	23	257	31	492	54	54	54	54												
GROVE AND FOUNTAIN HOSPITALS.																SOUTH-EASTERN HOSPITAL.												PARK HOSPITAL.						BROOK HOSPITAL and GORE FARM HOSPITAL.						SUMMARY.					
Under 1	5	1	3	3	8	4	8	1	4	5	13	4	4	4	2	3	1	7	3	3	3	3	3	3	3	3	3	3	3	3	3	3													
1 to 2	14	1	11	1	25	2	30	6	1	25	5	11	23	4	11	3	15	3	3	1	5	5	5	5	5	5	5	5	5	5	5	5													
2 to 3	24	4	26	2	50	6	36	6	3	32	5	11	44	4	18	3	41	4	4	1	23	5	5	5	5	5	5	5	5	5	5	5													
3 to 4	31	4	22	3	53	4	41	3	4	33	1	84	4	27	3	34	6	61	8	8	2	46	5	5	5	5	5	5	5	5	5	5													
4 to 5	31	3	30	3	61	6	27	2	3	35	3	62	3	34	6	39	3	73	9	9	3	49	4	4	4	4	4	4	4	4	4	4													
5 to 10	106	12	131	11	237	23	97	2	82	5	159	7	96	9	124	9	220	18	79	8	132	(1)	8	211	16	693	53	916	71	1,409	123	1	1												
10 to 15	27	1	34	1	61	1	16	2	21	1	37	1	29	1	35	1	64	1	38	1	25	1	63	1	202	1	238	7	440	8	1	1													
15 to 20	7	1	8	1	10	1	5	1	7	1	12	1	17	1	11	1	28	1	17	1	11	1	28	1	81	1	138	2	154	3	1	1													
20 to 25	3	1	4	1	10	1	2	1	4	1	6	1	4	1	6	1	10	1	4	1	3	1	5	1	34	1	73	2	154	3	1	1													
25 to 30	4	1	5	1	17	1	1	1	8	1	9	1	2	1	4	1	8	1	2	1	3	1	5	1	11	1	36	1	70	2	1	1													
30 to 35	1	1	5	1	6	1	1	1	5	1	6	1	2	1	4	1	6	1	1	1	3	1	5	1	6	1	11	1	28	1	1	1													
35 to 40	1	1	5	1	6	1	1	1	5	1	6	1	2	1	4	1	6	1	1	1	3	1	5	1	6	1	11	1	28	1	1	1													
40 to 45	1	1	5	1	6	1	1	1	5	1	6	1	2	1	4	1	6	1	1	1	3	1	5	1	6	1	11	1	28	1	1	1													
45 to 50	1	1	5	1	6	1	1	1	5	1	6	1	2	1	4	1	6	1	1	1	3	1	5	1	6	1	11	1	28	1	1	1													
50 to 55	1	1	5	1	6	1	1	1	5	1	6	1	2	1	4	1	6	1	1	1	3	1	5	1	6	1	11	1	28	1	1	1													
55 to 60	1	1	5	1	6	1	1	1	5	1	6	1	2	1	4	1	6	1	1	1	3	1	5	1	6	1	11	1	28	1	1	1													
And upwards	1	1	5	1	6	1	1	1	5	1	6	1	2	1	4	1	6	1	1	1	3	1	5	1	6	1	11	1	28	1	1	1													
Totals	254	26	286	21	540	47	246	16	268	21	514	37	242	26	284	20	526	46	233	23	268	17	501	40	2,069	213	2,324	219	4,393	429	3	3	3												

SUMMARY.

BROOK HOSPITAL
and GORE FARM HOSPITAL.

PARK HOSPITAL.

SOUTH-EASTERN
HOSPITAL.GROVE AND FOUNTAIN
HOSPITALS.

FEVER STATISTICS.—TABLE VI.—Enteric Fever Admissions and Deaths during 1909, divided according to Age and Sex.

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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	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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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ANNUAL REPORT,

FEVER STATISTICS.—TABLE VII.—*Typhus Fever Admissions and Deaths during 1909, divided according to Age and Sex.*

AGES.					SOUTH-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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30	..	..	..	1	..	1	..	..	1	..	..	..	1	..	..	
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	1	..	1	..	2	..	..	2	..	..	..
SUMMARY.																		
Under 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30	..	..	..	1	..	1	..	2	..	..	..	..	..	..	..
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	3	..	1	..	4	..	..	..	..	..	..

FEVER STATISTICS.—TABLE VIII.—*Cerebro-Spinal Meningitis Admissions and Deaths during 1909, divided according to Age and Sex.*

AGES.	NORTH-WESTERN HOSPITAL.							WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	
						Of Direct Admissions.	Of Transferred Cases.						Of Direct Admissions.	Of Transferred Cases.
Under 5
5 to 10
10 to 15	1	..	1	..	..	..	..	..	..	..	..	..
15 to 20
20 to 25
25 to 30	1	1	..	..	1	1	..
30 to 35
35 to 40
40 to 45
45 to 50
50 to 55
55 to 60
And upwards
Totals	1	..	1	..	..	1	1	..	..	1	1	..

	SOUTH-EASTERN HOSPITAL.							SUMMARY.						
Under 5	1	..	1	..	..	..	..	1	..	1	..
5 to 10
10 to 15	1	..	1	..	..
15 to 20
20 to 25
25 to 30	1	1	..	..	1	1	..
30 to 35
35 to 40
40 to 45
45 to 50
50 to 55
55 to 60
And upwards
Totals	1	..	1	..	1	1	1	1	2	2	..

F.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE
SMALLPOX HOSPITALS FOR THE YEAR 1909.

No. 12.

JOYCE GREEN HOSPITAL.

DARTFORD, KENT,

8th February, 1910.

Statistics. During the year 1909 16 patients were admitted to this hospital, 15 of whom were suffering from smallpox, and 1 from varicella. There were 2 deaths.

Besides the patients admitted to Joyce Green Hospital, 12 patients were admitted at South Wharf suffering from other diseases. The nature of the disease in these 12 cases was as follows :—

Varicella	..	..	8
Erythema	..	..	3
Dermatitis	..	..	1

Four patients remained under treatment at Joyce Green on December 31st.

(Signed)

T. F. RICKETTS,

Medical Superintendent.

G.—SMALLPOX STATISTICS.—TABLE L.—Return showing the Numbers of Smallpox Patients Admitted from each Parish or Union during each Month of the Year 1909; the Total Admissions, Discharges, and Deaths during the Year, and the condition of the Patients as to Vaccination.

PARISH OR UNION.	REMAINING IN HOSPITAL, ON 1ST JANUARY.		JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL ADMISSIONS.		DEATHS.		DISCHARGES.		REMAINING IN HOSPITAL, ON 1ST DECEMBER.	
	VACCINATION CICATRIX OR CICATRICES.																																	
	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	Present.	Vaccination Evidence inconclusive.	Absent.	
Kensington
Hammer-smith
Fulham
Paddington
Chelsea
St. George's
Westminster
St. Marylebone
St. Pancras
Hampstead
Islington
Hackney
Bloomsbury
Strand
Holborn
London, City of
Shoreditch
Bethnal Green
Whitechapel
St. George-in-the-East
Stepney
Mill End Old Town
Poplar
Southwark
Bermondsey
Lambeth
Wandsworth
Camden
Greenwich
Woodwich
Lewisham
Port of London
Beyond Metropol'itan Area
Totals
Totals combined

N.B.—(1)—Admissions, &c., from "other diseases" during the year are not included in this return.

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

A—VACCINATED CLASS, *i.e.*, cases with vaccination history, or diagnosis present

† In this column are included cases presenting no vaccination history which were stated to be unvaccinated or in which no statement could be obtained.

1. The first part of the paper is devoted to a general discussion of the problem. It is shown that the problem is of great importance in the theory of the differential equations of the second order.

2. In the second part of the paper, the author considers the case of a linear differential equation. It is shown that the problem is solvable in this case.

3. In the third part of the paper, the author considers the case of a nonlinear differential equation. It is shown that the problem is solvable in this case.

4. In the fourth part of the paper, the author considers the case of a system of differential equations. It is shown that the problem is solvable in this case.

5. In the fifth part of the paper, the author considers the case of a partial differential equation. It is shown that the problem is solvable in this case.

6. In the sixth part of the paper, the author considers the case of a system of partial differential equations. It is shown that the problem is solvable in this case.

7. In the seventh part of the paper, the author considers the case of a differential equation with delay. It is shown that the problem is solvable in this case.

8. In the eighth part of the paper, the author considers the case of a differential equation with variable coefficients. It is shown that the problem is solvable in this case.

9. In the ninth part of the paper, the author considers the case of a differential equation with boundary conditions. It is shown that the problem is solvable in this case.

10. In the tenth part of the paper, the author considers the case of a differential equation with initial conditions. It is shown that the problem is solvable in this case.

11. In the eleventh part of the paper, the author considers the case of a differential equation with a parameter. It is shown that the problem is solvable in this case.

APPENDIX II.—IMBECILITY.

A.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF
THE IMBECILE ASYLUMS FOR THE YEAR 1909.

No. 1.

TOOTING BEC ASYLUM.

TOOTING, S.W.,
14th March, 1910.

Statistics. The following is a brief summary of the statistics for the year 1909 :—

	Males.	Females.	Total.
Remaining on January 1st, 1909	479	469	948
Admitted during the year	248	303	551
Discharged to other asylums of the Board.. ..	111	77	188
„ to other asylums not under the Board ..	13	12	25
„ not insane	1	..	1
„ recovered.. .. .	6	7	13
improved	1	..	1
„ not improved	10	17	27
Died	155	137	292

Admissions. In the admissions for 1909, the large majority of cases are those of senile decay, and there has been no improvement in the type of patient sent to this asylum.

Deaths. During the year the deaths have numbered 292. The percentage of those resident on the male side is 33.7, and on the female side 27.6. Postmortem examinations have been made in 270 instances. The average age of those dying on the male side is 67, and on the female side 74.

Out of the total number of deaths, 123 patients had been resident less than twelve months.

Amongst the main causes of death may be enumerated the following :—

General Paralysis	10
Chronic Heart Disease	38
Pneumonia	24
Phthisis	9
Cancer	5
Senile Decay	157

The deaths from phthisis amount to 9, 3 of those being cases admitted from Belmont Asylum. Our comparative freedom from this disease continues to be a remarkable feature amongst the causes of death.

Inquest. Only one inquest was held during the year, and the verdict was in accordance with the medical evidence.

Restraint and Seclusion. No restraint has been employed during the year; 1 female was secluded on 11 occasions, for a total of 13½ hours.

Visit of Commissioner in Lunacy. One of the Commissioners in Lunacy visited the asylum on the 26th November, and his report will be found on reference to the index.

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I am pleased to be able to report that the general conduct of the staff during the past year has been excellent.

RECEIVING HOME FOR CHILDREN.

Statistics.

	Males.	Females.	Total.
Remaining on January 1st, 1909	22	18	40
Admitted during the year	132	78	210
Discharged not insane	2	1	3
„ not improved	7	3	10
Transferred to other Asylums of the Board	122	72	194
Died	3	4	7

Of the 10 patients discharged not improved, 4 were sent to the Grove Hospital, and 1 to the South Western Hospital suffering from scarlet fever.

Medical Statistics. I again submit the tables drawn up by the Medico-Psychological Association, which should prove of great value.

(Signed) E. H. BERESFORD,
Medical Superintendent.

No. 2.

LEAVESDEN ASYLUM.

1st January, 1910.

Statistics.

	<i>M.</i>	<i>F.</i>	<i>T.</i>
On January 1st, 1909, the Asylum contained ..	929	1179	2108
Admitted during the year	75	80	155
Died during the year	90	120	210
Discharged during the year	27	25	52
Remaining in the Asylum on December 31st, 1909	887	1114	2001
Vacancies in the Asylum on December 31st, 1909..	59	70	129

Admissions. There was a marked change in the character of the admissions, many of them being under 20 and only 20 over 50 years of age. Among them were many crippled, wet and dirty, destructive, epileptic, unimprovable idiots and imbeciles, requiring just as much infirmity care as the senile cases sent in such large numbers in recent years. They came from the Metropolitan Asylum, Darenth (70), the Metropolitan Asylum, Tooting Bec (72), the London County Asylum, Claybury (12), and the London County Asylum, Hanwell (1).

Discharges. The discharges numbered 52. Of these 11 were discharged to the Guardians, one was sent to another asylum as a private patient, 13 were transferred to sister Metropolitan Asylums, and 27 were sent to the City and County of London Asylums as dangerous to themselves or others.

Deaths. The deaths numbered 90 males and 120 females. The percentage of deaths on the average number resident in 1909 was as follows:—

Males.	Females.	Total.
9·79	10·60	10·10

There were 205 post-mortem examinations, 90 males and 115 females, this representing 97·62 per cent. of the deaths.

The following table gives particulars as to the tubercular death-rate during the last 12 years:—

Year.	Average number of patients resident.	Deaths from all causes.	Percentage of post-mortems.	Tubercular Deaths.	Tubercular Percentages on average number of patients resident.
1898	.. 1986	.. 194	.. 32·5	.. 55	.. 2·76
1899	.. 1952	.. 250	.. 52·2	.. 73	.. 3·74
1900	.. 1905	.. 310	.. 84·0	.. 104	.. 5·46
1901	.. 1772	.. 164	.. 90·0	.. 67	.. 3·78
1902	.. 1768	.. 134	.. 94·0	.. 43	.. 2·38
1903	.. 1752	.. 131	.. 96·9	.. 34	.. 1·94
1904	.. 1751	.. 158	.. 94·0	.. 53	.. 3·02
1905	.. 1776	.. 126	.. 90·5	.. 44	.. 2·47
1906	.. 1782	.. 127	.. 97·0	.. 40	.. 2·24
1907	.. 1817	.. 151	.. 95·3	.. 37	.. 2·03
1908	.. 1920	.. 156	.. 98·0	.. 39	.. 2·03
1909	.. 2069	.. 210	.. 97·6	.. 70	.. 3·38

The steps to be taken to minimise the tubercular death-rate are under consideration.

Among the other chief causes of death were senile decay (54), pneumonia (22), valvular disease of heart (17), chronic nephritis (12), cancer (9), general paralysis of the insane (9), and status epilepticus (9).

Accidents and Inquests. There were 7 accidents during the year involving fractures of bone, besides 4 resulting in inquests. Full reports were laid before the sub-committee respecting each of these cases, and there is nothing worthy of special report.

Entertainments and Amusements Provided. In this connexion the valuable services of the Chaplain and Mrs. Athelstan Clark should be specially recorded.

Improvements and Additions. Among the more important works now in course of execution may be mentioned additional W.C. accommodation for block 15, and an additional annex in connexion with ward 13, consisting of W.C. accommodation, a scullery, a dirty linen closet, and a store-room.

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General Remarks. A Commissioner in Lunacy visited on November 5th and 6th, and a Local Government Board Inspector on September 9th. There was one fatal case of dysentery (ulcerative colitis) in January, in the person of a female patient who had been an inmate for 17 years. A male attendant, who lives out, and had been visiting in Sussex, contracted enteric fever in May, but happily recovered. A female patient died of the same disease in September, the source of the contagion not being ascertained. One non-fatal case of erysipelas occurred in January. Seventy-four patients and fifty-four of the staff suffered from influenza in the spring, the disease proving fatal in the case of 3 patients. At the end of the year 12 of the staff were affected with the same disease. On December 31st, 1909, there were 120 cases still under segregation and treatment for ophthalmia of various kinds.

There was no necessity during 1909 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.

January, 1910.

I have the honour to submit my Annual Report upon the management and condition of this Asylum for the year 1909.

The subjoined table shows the numerical changes which have occurred during the last twelve months:—

		Males.	Females.	Total.
Number of patients on January 1st, 1909	..	900	1,047	1,947
Admitted during the year	.. ..	58	67	125
Total under treatment	.. ..	958	1,114	2,072
Discharged during the year	.. ..	11	7	18
Died during the year	.. ..	63	65	128
Remaining in Asylum 31st December, 1909	..	884	1,042	1,926
Average daily number resident	.. ..	896	1,053	1,949

Admissions. Of the 125 patients admitted 47 males and 63 females were transferred from the Board's Asylums, and 11 males and 4 female patients were received from Asylums under the London County Council. The character of the admissions generally continues to be unsatisfactory, there being little likelihood of improvement or prospect of obtaining from any of them the slightest assistance in carrying out the industrial work of the asylum. The necessity of providing suitable accommodation, not only for the feeble and infirm, but also for the increasing accumulation of hopeless degenerates, has had to be again considered, and additional blocks on both sides are now being converted into infirmary wards. The administration of such a huge infirmary is not easy, and while, owing to the diminishing number of patients capable of being industrially employed, the work of the nursing staff is much more laborious, I am of opinion that the duties of the head attendants, who will be responsible for the supervision of a larger staff, several additional wards and bath-rooms, will have increased to such an extent as to be more than the present number will be able to satisfactorily carry out.

Discharges. 11 male and 7 female patients were discharged—3 males as recovered and 2 as relieved, and 6 male and 7 female patients as not improved.

The suggestion of the Royal Commission on the care of the feeble-minded—that all mentally defective persons should be kept under proper control and supervision—is worthy of careful consideration. In an asylum such as this cases are met with in which relatives on noting improvement urgently appeal for their discharge, contrary to the advice of the Medical Superintendent, and in several instances I have afterwards received letters regretting the step taken and the responsibility undertaken. The retention of such mentally deficient persons is, in my opinion, not only advisable, but should be imperative, as owing to their lack of will power there is considerable risk of degenerates being propagated who in all probability would drift into a workhouse or become inmates of asylums or prisons.

Deaths. The deaths numbered 128 (63 males and 65 females), which yields a percentage on the daily average number resident of nearly 7 per cent. Post-mortem examinations were made in 95 instances, the exceptions being mainly due to objections made by friends. Tuberculosis was the principal or contributory cause of death in 16 cases (10 male and 6 female), of whom 9 were recent admissions—4 having been resident in the Asylum for less than six months. The following table, which gives the annual number of deaths from tuberculosis during the last ten years, is interesting, and while it shows a slight increase from this cause since 1906, I am of opinion that this is accounted for by the large proportion of juvenile congenital cases recently transferred here.

Year.	Average No. resident.	Total Deaths.	Tubercular deaths.		
			Males.	Females.	Total.
1900	1,980	134	3	5	8
1901	1,930	109	9	3	12
1902	1,930	111	6	7	13
1903	1,926	126	6	7	13
1904	1,931	135	4	4	8
1905	1,924	150	7	4	11
1906	1,877	166	11	5	16
1907	1,879	142	9	7	16
1908	1,892	143	12	2	14
1909	1,949	128	10	6	16

Seclusion and Restraint. No mechanical restraint has been used, and only four female patients have been secluded for a total period of eight hours during the last twelve months.

Casualties and Operation. One man and four women met with accidents involving fractures of bones; all did well. A male patient, the subject of strangulated hernia, whose condition was critical, was successfully operated on by Dr. Park Inglis, the result being in every way satisfactory.

General History. The health of both patients and staff has been on the whole good. A female patient who was suffering from scarlatina was in June removed to the Isolation Hospital, and arrangements were made on November 17th, owing to the close proximity of the milk supply, for one of the Farm Bailiff's children, who was suffering from the same complaint, to be taken without delay to a fever hospital. Three males and one female died of colitis, and one male and eight female patients were notified as suffering from erysipelas.

Early in the year all the wards were re-measured under the directions of the Engineer-in-Chief, when it was found that in accordance with the amount of air space allowed for each class of patients, 84 additional beds could be added on the male and 82 to the female sides. While there has only been a slight increase in the number of tubercular cases here, I considered it advisable to recommend that a ward, with extra cubic space, should be provided on each side, so as to be able to meet any possible future requirements.

While owing to local circumstances I have always been averse to members of the female staff residing outside the Asylum, in view of the extra time off duty prescribed by the Factory Act, and the great difficulty experienced in providing accommodation for additional nurses rendered necessary through the conversion of blocks into infirmary wards, authority was obtained early in the year for the laundry staff to receive the scale allowance in lieu of board and lodging, and they were permitted to live out.

Dietary. The dietary scale in force at Tooting Bec Asylum, which has been under trial in the infirmary wards here experimentally for a period of six months, has proved satisfactory, the change being much appreciated by the patients. In my opinion, the amount of meat and bread formerly issued in accordance with the scale laid down was more than sufficient for the juvenile congenital cases admitted of late years, and many of the very aged patients. From personal observation I can state that unnecessary waste has been prevented, and when a comparison has been worked out, I believe it will be found that a considerable reduction in expenditure will be effected.

Recreation. The usual winter amusements—weekly dances, dramatic performances or concerts—continue to afford much enjoyment, many of the congenitally feeble-minded patients looking forward to, and greatly appreciating, being taken from the wards to the Recreation Hall. I am much indebted to my colleague, Dr. Powell, for the interest he takes in promoting these entertainments, and also in training the chapel choir.

A visit of inspection was made by one of the Commissioners in Lunacy on June 11th, by Mr. Trevor Turton, Assistant Local Government Board Inspector, on July 30th, and on October 11th the Chairman of the St. Pancras Board of Guardians visited and interviewed patients chargeable to that parish.

Alterations and Improvements. The following is a list of the more important work carried out during the year:—

- (1) The annual cleaning and painting, which included the outside of all the female blocks.
- (2) The provision of a new range of coppers in the general kitchen.
- (3) The fixing of two foul washing machines in the laundry.
- (4) Extensive repairs to one of the gas-holders.

(5) The conversion of old dust-shoots on block staircases into cupboards, for the safe keeping of materials used for floor polishing.

(6) The installation of telephonic communication with the Head Office.

The Staff. The conduct of the attendants and servants has been generally very satisfactory.

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(Signed) P. E. CAMPBELL, M.B.,
Medical Superintendent.

No. 4.

DARENTH ASYLUM.

March, 1910.

Statistics

	Males.	Females.	Total.
On January 1st, 1909, the asylum contained	1044	853	1897
Admitted during the year	174	106	280
Total number under treatment during the year ...	1218	959	2177
Discharged during the year	71	106	177
Died during the year	32	39	71
Remaining in the asylum on December 31st, 1909 ...	1115	814	1929

Admissions. 277 patients were admitted from Tooting Bec Asylum and 3 from Leavesden, 174 being males and only 106 females.

As many of these males were boys, no room could be found for them in the Schools building, and to remedy this Ward 8, in the Adult Colony, was, as a temporary measure, converted into a ward for boys under 16 years of age. This ward is now entirely shut off from the Adult Asylum, and the patients can go backwards and forwards daily to attend School without coming into contact with the adult patients.

Discharges. Of these 33 were discharged by order of the Guardians, making a total of 85 so discharged during the past four years. I can only once again draw attention to what, to my mind, is the absolute folly of thus discharging into the world a set of people only fit to be kept in an institution, and who, if given the opportunity, will, without doubt, add to the number of feeble-minded by producing innumerable children. In these cases the time spent on their education at Darenth seems to be wasted, and we are still looking forward to the time when they may be legally detained.

Deaths. There is nothing of special import to record with regard to the deaths, except in the case of one patient on whom the coroner held an inquest, when the following verdict was returned: "Died suddenly from syncope following upon an epileptic fit from natural causes."

General Health. During the year 13 male children and 19 female children from the Schools and Pavilions suffered from a mild form of scarlet fever, while 4 of the female staff were taken to various hospitals with the same complaint.

The Farm. The Farm Account shows a balance of £1,554 9s. as compared with that of £1,560 18s. 5d. for the year ended Michaelmas, 1908.

Industrial Colony. Good progress continues to be made in training the patients in their various trades and in the better finish given to the articles made. There are now 569 males and 510 females doing useful work, and it may be interesting to compare these figures with those for the previous years since the colony was started :—

			Males.	Females.	Total.
1904	..	..	381	291	672
1905	..	..	440	315	755
1906	..	..	492	337	829
1907	..	..	494	374	868
1908	..	..	515	453	968
1909	..	..	569	510	1,079

In 1904, the first year of the colony, 33 female patients were employed in needle-rooms, as compared with 299 at present, and in that year no other industry was taught, while now 42 patients are at work brush-making, mat-making, and mattress-making. On the male side in 1904, 132 patients were learning trades in the various shops, as compared with 332 at the present time. This shows, I consider, a very satisfactory result in the increase in numbers of workers from year to year, and I think it may be said that though more and more patients are taught every year, yet the way in which the work is turned out has improved tremendously all round, and, except in a few instances, little fault can now be found with the articles when finished.

As will be seen from the preceding paragraph, we now have 341 females employed in trades, and the question of where they are to do their work has become of the utmost importance. At present both day room and dormitory in Ward 6 are used as needlerooms, and the first floor dormitory in Ward 3 is used as a teaching room and repairing room. That this can be done is only due to the fact of there being a number of female vacancies, and it follows that should these vacancies be filled, the room for the workers must be taken away from them and their work must cease. At this time last year I expressed the hope that new buildings for workshops would be commenced early in the present year, and now I must again express this hope, and trust that the building will be hurried on as fast as possible.

Drilling. 129 female patients are now being drilled daily by a staff of five female attendants, assisted by a head attendant. The drill taught is the Swedish physical drill, and during the past year a quantity of apparatus needed for this form of drill has been erected in the recreation hall recess.

Two of the male attendants instruct some 120 male patients in physical drill as taught in the Army, dumb-bells and bar-bells entering largely into exercises. It is a great pity that we have no room which could be fitted up as a gymnasium for both male and female patients. Perhaps in the future, when our new shops are built, it may be found possible to make an addition to them in this form.

Amusements. Throughout the year, once a week, some entertainment is given to the patients, either a dance or a performance on the stage by outside performers, while once a year a fancy dress dance is given to the working adult patients, to which the Chairman of the Sub-Committee has been kind enough to bring a party to hold a concert before the dance commences. The male patients play cricket and football matches, and both males and females are taken for walks into the country in large numbers every week.

Below each industry is separately dealt with, and a comparative table showing the work done in 1908 and 1909 is given :—

Bookbinding.—The progress made in this shop is very good, and there are now three patients who are able to bind throughout (including the sewing) books of account, or to do any heavy work required by the Stationery Department. There are 6 other patients able to bind manuscript books of various kinds, and a few others make cardboard boxes of all kinds, as well as the heavy paper bags. During the past year a gold blocking press has been installed, and one of the patients can use this machine quite well, "setting up" his own type, etc., and in an emergency one other is able to use the hand type. Slight errors occasionally occur in numbering the books and trimming them in the guillotine, but these errors made by the patients would compare favourably with those made in a workshop with the same quantity of work turned out.

The Female Shop continues to do good work, and the work sent out is always very clean and neat, but unfortunately there has not always been sufficient work to keep the patients employed for "full time."

The latest class of goods made here are music-cases, in cloth or leather.

Carpenter.—Some good work is being done in this shop, and no work is refused. The loss of two of the best boys from this shop has been felt, one being discharged to friends, and the other to the Guardians. They were both becoming good workmen, and contributed a good deal to the output.

The mortising machine purchased is used by the boys generally, and their progress in grasping the working of it has been most encouraging. A very fair amount of work is received through the Contract Department for other institutions. It is very varied and of a practical nature. Two of the boys are able to construct tables, wardrobes, and other large goods, and make a finish quite comparable with trade goods.

Shoemaker.—This shop continues to do well, and the number of boys employed on "new work" is increasing. In this shop, as in the tailor's, the separation of new work from the old repairs would be beneficial, and the promotion of the boys from the repair shop to the new workshop would be useful in encouraging the patients.

Upholsterer.—In this shop the amount of work done is very large, and the mattresses and other goods made for other institutions is very considerable. The female shop is very helpful, and turns out a fair quantity of work of satisfactory quality.

Tailor.—In this industry we are steadily increasing the number of boys able to help with new work. In addition to our own repairs an emergency order for large repairs for Leavesden was undertaken, and a very considerable amount of mattress ticks, loose and fixed bed sackings, hammock chair sackings are made here instead of in the Upholsterer's Shop.

Basket Making.—In this shop the improvement made is remarkable, and although the baskets are not yet perfect in shape or make, the goods show a decided improvement, and are quite fit for the open market. Fancy cane tub chairs, wicker chairs, and cane folding chairs are quite easily made by the boys, and the ordinary contract articles are made, with the two exceptions of paper and letter baskets, the materials for the making of these items are unobtainable in England, the baskets being of French make.

Mat Making.—In this shop the progress shown is excellent and the complaints few, the chief trouble was ill-shaped mats, but this difficulty has now been overcome, and an excellent mat is now made. It is impossible to make much stock in this department as the size of mats vary so, but 3 ft. by 2 ft. coir mats, curbed and square kneelers can be made, and they fill up any slack period. Two large jumping

mats, 6 ft. by 10 ft., have just been completed for the T.S. "Exmouth." Coal sacks, fendoffs, and wool mops continue to be made, and our rugs continue to find a ready sale.

Wood Chopping.—The boys in this shop are the most "happy-go-lucky" of the Colony boys. They have done very well indeed, considering the great call upon them for bundles, and we have been able to meet all supplies. Considerable inroads are being made into the last consignment of deal ends, and it appears that the greater the work put before the boys the more energy they put into it.

Tinsmith.—This industry has, in comparison with others, proved the least successful; it is an industry at which a boy must remain a considerable time before being removed as a failure. The din made is very objectionable, and the boys are a long time getting used to this. Six boys, however, are doing quite well, and it is proposed to remove the remainder of the boys to other industries, these patients not being so progressive as the six. The time has arrived when the prices charged for tinware should be amended; at present, in many cases, the weight of tin actually used in the articles exceeds in value the price received for the article when made. There is no doubt about the "lasting" qualities of goods made here as compared with the machine-made articles. This has been proved as regards tinware made for our use here.

Road Making and Odd Gang.—This gang of boys, although apparently not doing so much as those employed in the above industries, are doing a lot of most useful work, such as clearing away raw materials from Store, fetching and carrying for all industries, digging gravel, excavating and concreting, and work of all kinds for which, in the ordinary course, paid labour would have to be employed.

Painter.—These boys during the past year have done good work. No. 10 block was omitted from the painting and cleaning work by contract and given to the boys. The value of the work was £180, and although the work was not so expeditiously carried out, it compared favourably in every other respect with that executed by the contractor. A very considerable amount of other painting and cleaning work was also undertaken.

Brush Making.—The number of patients employed in this industry has been largely augmented during the year, and there are now 51 males and 25 females engaged in this trade, as compared with 26 males and 23 females in the previous year. To cope with this increased number of males a second shop was opened, and another industrial attendant engaged, and we have now, on the whole, better supervision than before, with the result that the work turned out is distinctly improving. Besides brushes, feather dusters are now made in the Brush Shop.

The girls continue to do excellent work in their department, and some of their wire-drawn work can be compared with any work done outside.

Needlerooms.—In the needleroom set apart for making clothing for other institutions there are now employed 125 female patients, as compared with 102 patients a year ago. 14 more sewing machines have been obtained, making 38 in all, all of which are being worked by patients who have been taught how to use them. 37,294 articles have been sent away, and it is greatly to the credit of the workers that so far we have not had a single complaint as to the quality of the work. In the repairing room there are now 125 patients. 8 patients in this room have been taught to use a sewing machine, and some 30 of them are so much improved that they have been transferred into the making room. 1,445 articles have been repaired for Leavesden, besides all repairs for the industrial colony.

In the teaching room there are 36 patients who are learning the first rudiments of sewing, while 19 have so improved that they have been promoted into the repairing room.

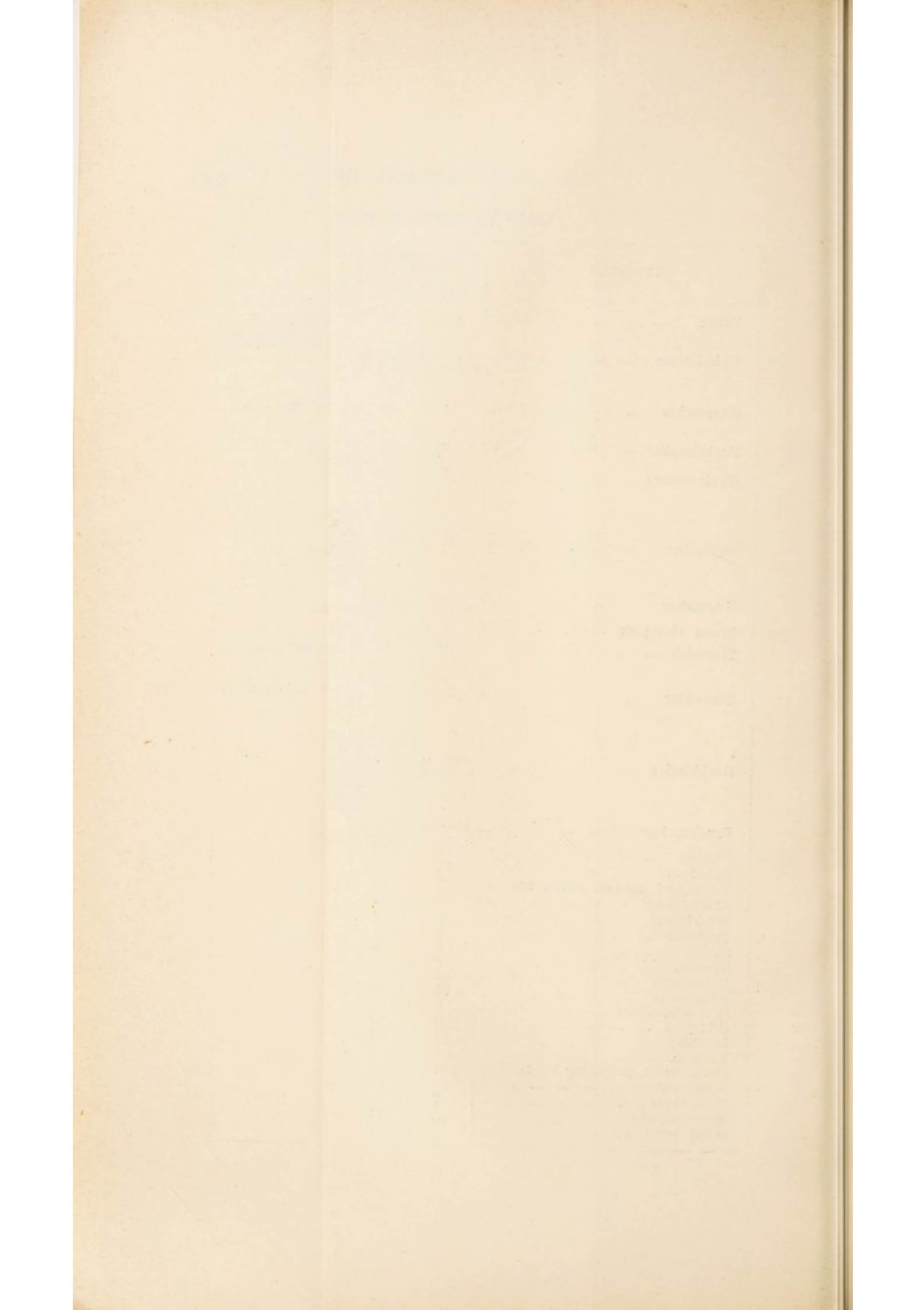
In the needleroom at the Schools 13 patients continue to do most useful work.

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COMPARATIVE TABLE SHOWING THE WORK DONE IN 1908 AND 1909.

INDUSTRY.	Number of Patients employed.		Number of Articles made.		Number of Articles repaired.		REMARKS.
	1908.	1909.	1908.	1909.	1908.	1909.	
Tailor	47	46	2,788	2,982	7,049	16,356	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 24 Female 11	Male 29 Female 11	2,509	3,609	3,372 Hair carded 90,000 lb.	3,908 Hair carded 91,307 lb.	
Shoemaker	44	46	430	507	8,790½ 79 other articles.	8,686½ 55 other articles.	Repairs:—White Oak, 1/3; Darent, 1/3. New work as per schedule.
Basketmaker	18	21	609	861	530	219	All goods are charged at contract prices.
Chair caning	4	4	247	285	...	...	At 1/3 per seat (large and small).
Matmaker	28	30	Fendoffs 24 Mats 631 Nets 100 Curb Kneelers 54 Coal sacks 132 Mops 185	Fendoffs 10 Mats 439 Nets 70 Curb Kneelers 100 Coal sacks 424 Mops 100	Kneelers and Mats 124 Sacks 20	Kneelers 382 Mats 76	All goods are charged at contract prices.
Rugmaker	Male 4 Female 7	Male 4 Female 6	56	47	...	...	These rugs have been sold at 3/- to 45/-.
Wood chopping	33	25	228,178	261,553	...	...	At 30/- per 1000.
Tinsmith	10	12	2,600	2,516	83	147	The price for repairs is based on tinsmith's time, and new work to schedule prices.
Carpenter	20	24	1,365	1,621	...	180	At invoiced prices to other institutions, and a nominal charge for repairs.
Bookbinder	Male 10 Female 7	Male 15 Female 6	Paper Bags 188,132 Boxes 2,748 Official Books 452 MS., etc., Books 7,028	Paper Bags 292,800 Boxes 4,856 Official Books 744 MS., etc., Books 5,033 Fancy Articles, 100	...	...
Brushmaker	Male 26 Female 23	Male 51 Female 25	17,089	30,573	...	...	All goods are charged at contract prices.
Painter	11	15	...	...	...	...
Baker	11	8	...	...	...	...
Farm and garden, carts, etc. ..	59	61	...	...	...	...
Roadmakers	8	9	...	...	...	...
Bricklayers	1	1	...	...	...	...
Engineer	2	2	...	...	...	...
Stores	5	5	...	...	...	...
Kitchen	8	8	...	...	...	...
Handymen	4	3	...	...	...	...
Ward work	91	98	...	...	...	...
Domestic offices	8	8	...	...	...	...
Odd jobs	39	34	...	...	...	...
Laundry	61	64	...	...	...	...
Kitchen	8	8	...	...	...	...
Needleroom, including book-sewers	201	299	50,417	62,685	...	...
Brushmakers	23	25	See above	See above	See above	See above	
Rugmakers	7	6	do.	do.	do.	do.	
Mattressmakers	11	
Ward work, etc.	97	



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Profit and Loss Account for the Year ended Michaelmas, 1909:—

<i>Dr.</i>	TAILOR'S ACCOUNT.	<i>Cr.</i>
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	£	s.	d.		£	s.	d.
Value of Stock brought forward	249	4	0	Value of work done, etc. ..	1,061	14	1
„ „ New Stock	304	12	3	„ „ Stock in hand ..	110	13	3
Wages and Rations	146	3	2				
Balance	472	7	11				
	<u>£1,172</u>	<u>7</u>	<u>4</u>		<u>£1,172</u>	<u>7</u>	<u>4</u>
77,282½ hours of patients' labour not charged.							

<i>Dr.</i>	SHOEMAKER'S ACCOUNT.	<i>Cr.</i>
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	£	s.	d.		£	s.	d.
Value of Stock brought forward	33	0	1	Value of work done, etc. ..	841	5	9
„ „ New Stock	462	15	0	„ „ Stock in hand ..	95	8	2
Wages and rations	171	2	10				
Balance	269	16	0				
	<u>£936</u>	<u>13</u>	<u>11</u>		<u>£936</u>	<u>13</u>	<u>11</u>
77,115 hours of patients' labour not charged.							

<i>Dr.</i>	UPHOLSTERER'S ACCOUNT.	<i>Cr.</i>
------------	------------------------	------------

	£	s.	d.		£	s.	d.
Value of Stock brought forward	479	6	2	Value of work done	2,334	0	0
„ „ New Stock	1,160	11	0	„ „ Stock in hand ..	93	2	5
Wages and Rations	248	17	0				
Balance	538	8	3				
	<u>£2,427</u>	<u>2</u>	<u>5</u>		<u>£2,427</u>	<u>2</u>	<u>5</u>
44,457½ hours of patients' labour not charged.							

<i>Dr.</i>	BRUSH ACCOUNT.	<i>Cr.</i>
------------	----------------	------------

	£	s.	d.		£	s.	d.
Value of Stock brought forward	486	0	5	Value of work done, etc. ..	1,182	8	5
„ „ New Stock	1,147	0	9	„ „ Stock in hand ..	763	5	4
Wages and Rations	156	14	6				
Balance	155	18	1				
	<u>£1,945</u>	<u>13</u>	<u>9</u>		<u>£1,945</u>	<u>13</u>	<u>9</u>
66,053 hours of patients' labour not charged.							

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Dr.	BASKET ACCOUNT.	Cr.
	£ s. d.	£ s. d.
Value of Stock brought forward	184 1 5	Value of work done, etc. .. 264 2 8
" " New Stock	166 15 11	" " Stock in hand .. 201 17 7
Wages and Rations	48 7 8	
Balance	66 15 3	
	<u>£466 0 3</u>	<u>£466 0 3</u>
41,067½ hours of patients' labour not charged.		

Dr.	WOODCHOPPING ACCOUNT.	Cr.
	£ s. d.	£ s. d.
Value of stock brought forward	396 11 10	Value of work done, etc. .. 540 0 7
" " New Stock	471 7 11	" " Stock in hand .. 458 15 6
Wages and Rations	45 7 0	
Balance	85 9 4	
	<u>£998 16 1</u>	<u>£998 16 1</u>
58,762 hours of patients' labour not charged.		

Dr.	MAT ACCOUNT.	Cr.
	£ s. d.	£ s. d.
Value of Stock brought forward	116 10 6	Value of work done, etc. .. 208 12 6
" " New Stock	147 5 7	" " Stock in hand .. 149 3 6
Wages and Rations	47 17 7	
Balance	46 2 4	
	<u>£357 16 0</u>	<u>£357 16 0</u>
73,488½ hours of patients' labour not charged.		

Dr.	TINSMITH'S ACCOUNT.	Cr.
	£ s. d.	£ s. d.
Value of Stock brought forward	41 2 3	Value of work done, etc. .. 73 12 4
" " New Stock	90 5 3	" " Stock in hand .. 64 19 3
Wages and Rations	29 19 3	Balance against 17 15 2
	<u>£161 6 9</u>	<u>£161 6 9</u>
18,239½ hours of patients' labour not charged.		

Dr.	PAINTER'S ACCOUNT.	Cr.
	£ s. d.	£ s. d.
Value of Stock brought forward	—	Value of work done 398 16 4
" " New Stock	93 3 3	" " Stock in hand .. 2 12 6
Wages and Rations	53 14 10	
Balance	254 10 9	
	<u>£401 8 10</u>	<u>£401 8 10</u>
19,616½ hours of patients' labour not charged.		

Dr.

CARPENTER'S ACCOUNT.

Cr.

	£	s.	d.		£	s.	d.
Value of Stock brought forward	166	13	8	Value of work done, etc. ..	316	17	10
„ „ New Stock	167	7	8	„ „ Stock in hand ..	189	12	8
Wages and Rations	77	8	11				
Balance	95	0	3				
	£506	10	6		£506	10	6
38,934½ hours of patients' labour not charged.							

Dr.

BOOKBINDER'S ACCOUNT.

Cr.

	£	s.	d.		£	s.	d.
Value of Stock brought forward	190	14	9	Value of work done	308	11	8
„ „ New Stock	173	12	7	„ „ Stock in hand ..	153	9	4
Wages and Rations	62	12	10				
Balance	35	0	10				
	£462	1	0		£462	1	0
20,774½ hours of patients' labour not charged.							

Dr.

NEEDLEROOM ACCOUNT.

Cr.

	£	s.	d.		£	s.	d.
Value of Stock brought forward	1,007	11	1	Value of goods disposed of, etc.	3,497	0	5
„ „ New Stock	3,449	8	3	„ „ Stock in hand ..	1,738	19	9
Wages and Rations	390	6	5				
Balance	388	14	5				
	£5,236	0	2		£5,236	0	2
199,212 hours of patients' labour not charged.							

These totals do not include the rent or maintenance of the shops. A correct proportion of the craftsman's salary is included.

Chaplain's Report.—The Chaplain reports that his work for the past year calls for no special remark. The Chapel Services have been well attended, as far as accommodation allows. The Sunday School interests the children greatly. The discipline has greatly improved. It is much better than two years ago. The Bible Classes held for the male and female colonists have continued satisfactorily. These classes are intended chiefly for those who can read, of which there is a larger number of men than women. Both these classes have met a distinct need, and are appreciated by those who attend them.

The chief feature of our Chapel Services is the remarkable way in which those who attend take their part in responding. The singing is thoroughly congregational, the attainment of which is the result of practice. During the outbreak of disease of an infectious character services have been held in the Hall, which the colonists have attended very well.

Head Mistress's Report.
Statistics for Training School.

	Males.	Females.	Total.
Number on School Register on January 1st, 1909	255	172	427
Admitted during the year	89	43	132
Taken off Register	57	59	116
Number on School Register on December 31st, 1909	215	126	341
" in Shops	72	30	102
Highest number attending School daily	192	104	296
" " " Shops	69	30	99

In the beginning of the year the shops for junior boys were opened. They have already proved very useful, the rooms are more commodious for the work to be done, and the boys feel more workmanlike in their new surroundings. The land around the shops has been laid out into small garden plots, vegetables and flowers being cultivated. This industry forms an attractive outdoor occupation, besides being remunerative, and also makes a very pleasant outlook for the occupants through the shop windows.

The following table shows the number and value of articles made and sold during the year 1909 :—

No.	Industry.	No. of Articles.	£	s.	d.
1	Basket Work	158	4	0	6
2	Flower Work	1,376	8	14	9
3	Ornamental Paper Work	134	1	0	10
4	Macrame Work	56	2	18	5
5	Rug Work	4	3	13	9
6	Teneriffe and Drawn Thread Work	50	2	16	11
7	Stuffed Calico Animals	143	3	9	7
8	Fancy Needlework	3	0	6	11
9	Crochet Work	102	2	2	0
10	Knitting	40	3	4	3
11	Handloom Weaving	12	0	7	6
12	Japanese Curtains	24	2	8	3
13	Fret and Wood Work	4	0	4	3
14	Cross-stitch	5	0	2	0
15	Garden Produce	437	1	1	9
Total		2,548	£36	11	8

Work for Institution not sold.

1	Plain Needlework, School 428, Shops 273	701
2	Tailoring	27
3	Ironing	1,147
4	Cane Seating	6
5	Carpentry, 1 office stool, 3 mallets, 8 chiselling benches, 1 large cold frame, 1 cucumber frame, 1 set book shelves, and 1 easel	16
Total		1,897

Alterations and Improvements.—The following alterations and improvements have been carried out at the institution since last year :

Commenced installation of incandescent lighting throughout the institution.

Painting and cleaning to exterior of Asylum.

Relaying dormitory and landing floors in Wards 18, 19 and 20 with pitch pine in lieu of deal.

Replacing Lancashire boilers at Asylum with boilers of Babcock and Wilcox type.

Ventilation of roof and relaying floor in Meat Store.

Replacing part of defective laundry floor with granite flooring laid to proper falls.

Repairs to boundary fence, oak posts being replaced with iron columns.

(Signed)

A. ROTHERHAM,

Medical Superintendent.

B.
TABLE A1.—General Table, showing the movement of the Asylum Population during the year 1909.

	TOOTING BEC.										LEAVESDEN ASYLUM.						CATERHAM ASYLUM.						DAREMTH ASYLUM.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	ASYLUM.						RECEIVING HOME FOR CHILDREN.				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.			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.			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.			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.			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.			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.			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.			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.			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.			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.			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.					

FOR SUMMARY OF TABLE SEE P. 159.

[illegible]

† Average daily number for periods in 1905 and 1908 that the Asylum was opened.

: Includes "Not Insane" Cases.

* Includes 1 Escape.

† Includes 2 Escapes.

FOR SUMMARY OF TABLE SEE P. 158A.

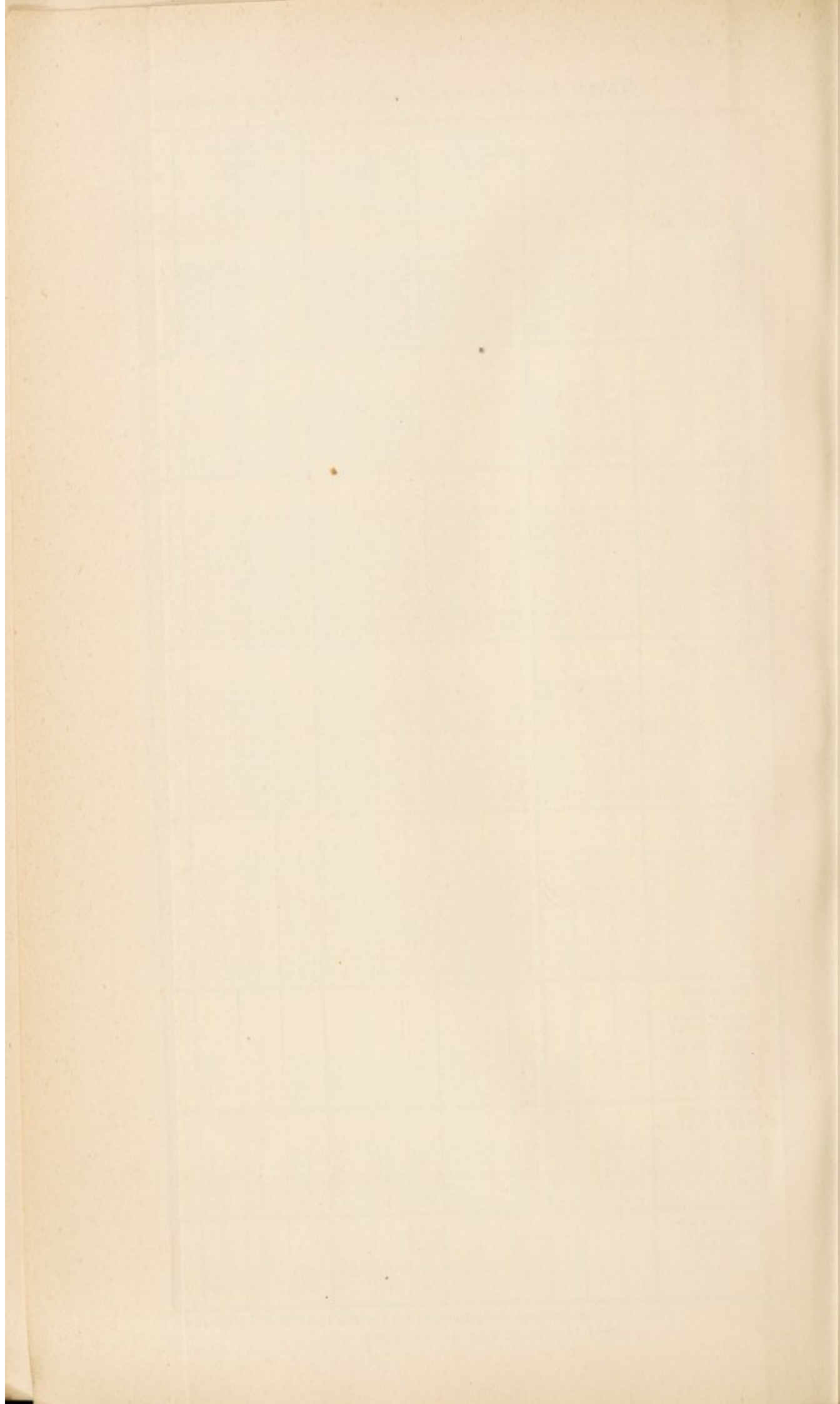


TABLE BI.—Analysis of the Admissions during the year 1909.

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	54	74	128	160	190	350	5	10	15	18	17	35	237*	291	528
	Indirect { Transfers	1	1	2	6	9	15	2	2	4	1	..	1	10	12	22
	Indirect { Statutory re-admissions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	55	75	130	166	199	365	7	12	19	19	17	36	247	303	550
TOOTING BEC RECEIVING HOME FOR CHILDREN.	Direct	128	75	203	2	2	4	..	..	..	..	..	..	130†	77†	207
	Indirect { Transfers .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Statutory re-admissions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	128	75	203	2	2	4	..	..	..	..	..	..	130	77	207
LEAVESDEN.	Direct .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers	35	69	104	34	11	45	6	..	6	..	..	..	75	80	155
	Indirect { Statutory re-admissions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	35	69	104	34	11	45	6	..	6	..	..	..	75	80	155
CATERHAM.	Direct .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers	38	53	91	19	13	32	1	1	2	..	..	..	58	67	125
	Indirect { Statutory re-admissions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	38	53	91	19	13	32	1	1	2	..	..	..	58	67	125
DARENTH.	Direct .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers	169	106	275	5	..	5	..	..	..	..	..	..	174	106	280
	Indirect { Statutory re-admissions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	169	106	275	5	..	5	..	..	..	..	..	..	174	106	280

* Exclusive of 1 Male not insane (Table A1).

† Exclusive of 2 Males and 1 Female not insane.

For Summary of Table see p. 160.

TABLE B2.—Showing the Duration of the present attack of Mental Disorder on admission in the Admissions during the year 1909, 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	..	..		1	1	2	..	..	..	..	..	..	1	1	2
2 weeks and less than 1 month				3	.	3	..	3	3	..	..	..	3	3	6
1 month	"	3 months		6	16	22	..	2	2	..	1	1	6	19	25
3 months	"	6 "		7	9	16	1	2	3	..	..	..	8	11	19
6 "	"	9 "		23	11	34	1	..	1	..	..	..	24	11	35
9 "	"	12 "		3	2	5	..	..	..	..	..	..	3	2	5
12 "	"	18 "		24	25	49	1	..	1	..	..	..	25	25	50
18 "	"	2 years		11	1	12	..	..	..	..	..	..	11	1	12
2 years	"	3 "		14	9	23	..	2	2	..	..	..	14	11	25
3 "	"	5 "		8	13	21	1	1	2	..	..	..	9	14	23
5 "	"	10 "		12	7	19	..	..	..	..	..	..	12	7	19
10 "	"	15 "		2	5	7	..	..	..	..	..	..	2	5	7
15 "	"	20 "		5	3	8	..	..	..	..	..	..	5	3	8
20 "	"	30 "		..	1	1	..	..	..	..	..	..	..	1	1
30 "	"	40 "		..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown	..	..		41	87	128	1	..	1	18	16	34	60	103	163
Congenital cases				..	..	..	..	..	..	..	..	..	54	74	128
Totals				160	190	350	5	10	15	18	17	35	†237	291	†528

TOOTING BEC RECEIVING HOME FOR CHILDREN															
Less than 2 weeks
2 weeks and less than 1 month			
1 month	"	3 months		..	..	..	..	..	..	..	..	..	..	..	..
3 months	"	6 "		..	..	..	..	..	..	..	..	..	..	..	..
6 "	"	9 "		..	..	..	..	..	..	..	..	..	..	..	..
9 "	"	12 "		..	..	..	..	..	..	..	..	..	..	..	..
12 "	"	18 "		..	..	..	..	..	..	..	..	..	..	..	..
18 "	"	2 years		..	..	..	..	..	..	..	..	..	..	..	..
2 years	"	3 "		..	..	..	..	..	..	..	..	..	..	..	..
3 "	"	5 "		1	..	1	..	..	..	..	..	..	1	..	1
5 "	"	10 "		1	1	2	..	..	..	..	..	..	1	1	2
Duration unknown	1	1	..	..	..	..	..	..	..	1	1
Congenital cases				..	..	..	..	..	..	..	..	..	128	75	203
Totals				2	2	4	..	..	..	..	..	..	130*	77*	207

† One male not insane not included.

* 2 males and 1 female not insane not included.

For Summary of Table B2 see p. 160.

For Table B4 see Summary p. 160B.

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TABLE B5.—Showing the form of Mental Disorder on admission in the Direct Admissions and Transfers during the year 1909.

Forms of Mental Disorder.	TOOTING BEC ASYLUM.									TOOTING BEC RECEIVING HOME FOR CHILDREN.									LEAVESDEN ASYLUM.									CATERHAM ASYLUM.									DARENTH ASYLUM.														
	Direct Admissions.			Transfers.			Total.			Direct Admissions.			Transfers.			Total.			Direct Admissions.			Transfers.			Total.			Direct Admissions.			Transfers.			Total.			Direct Admissions.			Transfers.			Total.								
	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.												
Insanity occurring later in life.	1. Intellectual	a. With Epilepsy		6	12	18	6	12	18	31	16	47	31	16	47	9	28	37	9	28	37	15	20	35	15	20	35	42	17	59	42	17	59			
		b. Without epilepsy		48	62	110	1	1	2	49	63	112	97	59	156	97	59	156	26	41	67	26	41	67	23	33	56	23	33	56	127	89	216	127	89	216			
	2. Moral			
	1. Insanity with epilepsy			10	3	15	1	1	2	11	6	17	2	1	3	2	1	3	7	1	8	7	1	8	1	1	..	1	1			
	2. General paralysis of the insane			10	4	14	10	4	14	..	1	1	1	1	7	1	8	7	1	8	1	..	1	..	1			
	3. Insanity with grosser brain lesions			18	2	20	2	..	2	20	2	22	1	..	1	1	..	1			
	4. Acute delirium			
	5. Confusional insanity			3	..	3	3	..	3		
	6. Stupor		
	7. Primary dementia			16	37	53	1	..	1	17	37	54	
	8. Mania	a. Recent			1	2	3	..	2	2	1	4	5	1	..	1	1	..	1	
		b. Chronic	1	1	2	1	3	2	2	4	
	9. Melancholia	a. Recent			6	..	6	2	3	5	8	3	11	3	1	4	3	1	4
		b. Chronic			9	7	16	9	7	16	1	..	1	1	..	1
	10. Alternating insanity	a. Systematised			3	2	5	3	2	5	1	1	2	1	1	2
b. Non-systematised	1	1	1	1		
12. Volitional insanity	a. Impulse	1	1	1	1	
	b. Obsession	
13. Moral insanity	a. Doubt	
	b. Doubt	
14. Dementia	a. Senile			103	154	260	1	3	4	107	157	264	2	1	3	2	1	3	1	4	5	1	4	5	
	b. Secondary	1	1	2	..	1	1	1	2	3	16	6	22	16	6	22	4	5	9	4	5	9
Totals				237	291	528	10	12	22	247	303	550	130	77	207	130	77	207	75	80	155	75	80	155	58	67	125	58	67	125	174	196	380	174	196	380			
				238	291	529	248	303	551	132	78	210	132	78	210	

* Not insane.
FOR SUMMARY OF TABLE SEE P. 161.

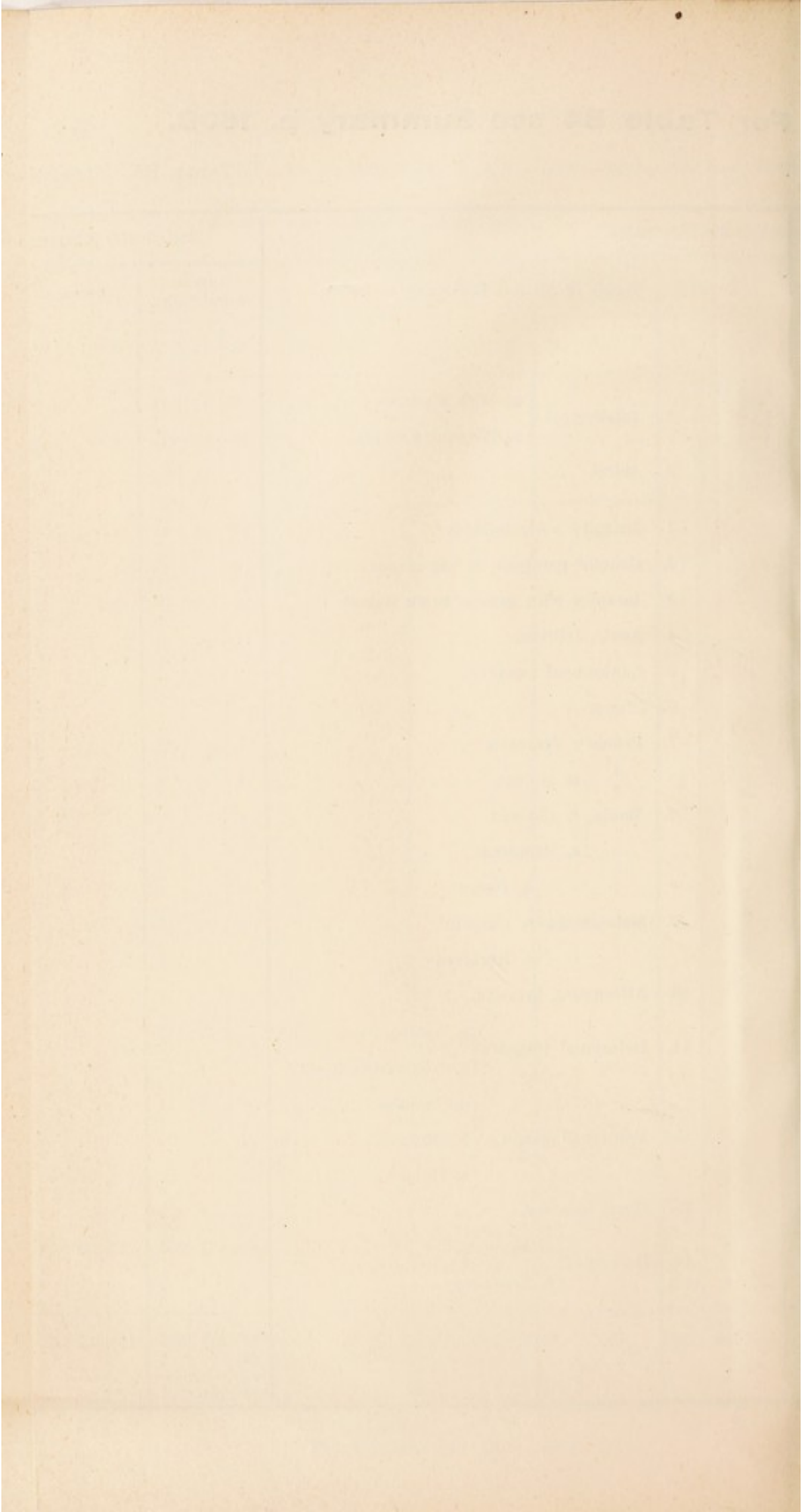


TABLE B7.—ETIOLOGICAL.—Showing the Etiological Factors and Associated Conditions assigned in the Direct Admissions during the year 1909, distinguishing between cases—Congenital, First-Attack, Not-First-Attack, and Unknown-whether-First-Attack-or-Not.

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	9	6	15	1	1	2	16	3	19	1	4	5	25	9	34
2. Epileptic	1	1	2	1	1	2	3	3	6	1	1	2	5	3	8
3. Neuritic (including only Hysteria, Neurasthenia, Spasmodic (Hysteria) Asthma and Chorea)	1	1	2	1	1	2	2	2	4	1	1	2	4	2	6
4. Eosinophilia (in marked degree)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
5. Alcoholism	2	2	4	1	1	2	2	2	4	1	1	2	4	2	6
B. MENTAL INSTABILITY, as revealed by—															
1. Moral deficiency	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Congenital Mental Defect, not amounting to Imbecility	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Eosinophilia	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
C. DEPRIVATION OF SPECIAL SENSE.															
1. Smell or Taste	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Hearing	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Sight	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
D. CRITICAL PERIODS.															
1. Puberty and Adolescence	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Childhood	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Senility	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
E. CHILD-REARING.															
1. Pregnancy	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Puerperal State (not septic)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Lactation	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
F. MENTAL STRESS.															
1. Sudden	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Prolonged	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
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	2	2	4
2. Privation and Starvation	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Over-exertion (Physical)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
4. Masturbation	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
5. Sexual excess	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
H. TOXIC.															
1. Alcohol	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Drug habit (morphine, cocaine, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Lead and other such poisons	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
4. Tuberculosis	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
5. Influenza	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
6. Puerperal Septic	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
7. Other Specific Fevers	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
8. Syphilis, acquired	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
9. Syphilis, congenital	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
10. Other Toxins	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
I. TRAUMATIC.															
1. Injuries	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Operations	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Sunstroke	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
K. DISEASES OF THE NERVOUS SYSTEM.															
1. Lesions of Brain	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Lesions of Spinal Cord and Nerves	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Epilepsy	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
4. Other defined Neuroses (limited to Hysteria, Neurasthenia, Spasmodic Asthma, and Chorea)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
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	2	2	4
L. OTHER BODILY AFFECTIONS.															
1. Hemiplegic System (Anemia, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
2. Cardio-vascular degeneration	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
3. Valvular Heart Disease	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
4. Respiratory System (Excluding Tuberculosis)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
5. Gastro-intestinal System	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
6. Renal and Vesical System	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
7. Generative System (including Syphilis)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
8. Other General Affections, not included above (e.g., Diabetes, Myxedema, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
M. CASES IN WHICH NO PRINCIPAL FACTOR COULD WITH CERTAINTY BE ASSIGNED, BUT IN WHICH ONE OR MORE FACTORS WERE OBTAINED, AND WERE RETURNED AS CONTRIBUTORY.	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4
N. NONE ASSIGNABLE, notwithstanding full History and Observation.	28	21	49	3	5	8	2	3	5	4	14	18	31	26	57
O. NONE ASCERTAINED, History defective.	12	41	53	8	14	22	2	3	5	4	14	18	26	72	98
Totals ..	54	74	128	160	190	350	5	10	15	18	17	35	237	291	528

* 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 occurred at any time in their lives, from Syphilis have been entered.
 § "Not insane" not included.

FOR SUMMARY OF TABLE B7 SEE P. 162B.

For Table B8 see p. 162C.
 " " B9 " p. 162D.

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TABLE CL.—An Analysis of the Discharges and Transfers during the year 1909.

	TOOTING BEC ASYLUM.			TOOTING BEC RECEIVING HOME FOR CHILDREN.			LEAVESDEN ASYLUM.			CATERHAM ASYLUM.			DAREMTH ASYLUM.		
	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.	M.	F.	TL.
DISCHARGED AS RECOVERED.															
From Direct Admissions.															
First Attack Cases	5	6	11												
Not First Attack Cases	1	1													
Cases unknown whether First Attack or not															
Total from Direct Admissions	6	6	12												
From Transfers.															
First Attack Cases										3	3				
Not First Attack Cases	1	1													
Cases unknown whether First Attack or not															
Total from Transfers	1	1													
Total Discharged as Recovered	7	7	13							3	3				
	RELIEVED.	NOT IMPROVED.		RELIEVED.	NOT IMPROVED.		RELIEVED.	NOT IMPROVED.		RELIEVED.	NOT IMPROVED.		RELIEVED.	NOT IMPROVED.	
DISCHARGED (NOT RECOVERED) AS—															
RELIEVED	1	1					1	1		2	2		5	2	7
NOT IMPROVED	23	29	52				22	16	38	6	7	13	19	9	28
Total	24	29	53				23	16	39	8	7	15	24	11	35
REASONS FOR SUCH DISCHARGE.															
To go to care of friends	4	10	14				2	2					19	11	30
" workhouse	7	7	14				8	1	9				4	4	
" L.C.G. or other asylum	13	12	25				15	13	28	6	6	12	1	1	
To be boarded out															
Statutory, by irregularity in Reception Order															
" by lapsing of															
To Fever Hospital							5	5							
Total	24	29	53				23	16	39	8	7	15	24	11	35
TRANSFERRED AS—															
RELIEVED															
NOT IMPROVED	111	77	188				122	72	194	4	9	13	47	95	142
Total	111	77	188				122	72	194	4	9	13	47	95	142
DESTINATIONS OF SUCH TRANSFERS.															
To other asylums of the Board	111	77	188				122	72	194				47	95	142
To "single care"							4	9	13						
Other destination															
Total	111	77	188				122	72	194	4	9	13	47	95	142
TOTAL DISCHARGED AND TRANSFERRED AS—															
RELIEVED	1	1					1	1		2	2		5	2	7
NOT IMPROVED															
	134	106	240				129	75	204	26	25	51	66	104	170

* 1 male "not insane" not included. † 2 males and 1 female "not insane" not included.
 FOR SUMMARY OF TABLE SEE P. 163.

Table 22		Table 23	
a. 1920		b. 1920	
c. 1920		d. 1920	
e. 1920		f. 1920	
g. 1920		h. 1920	
i. 1920		j. 1920	
k. 1920		l. 1920	
m. 1920		n. 1920	
o. 1920		p. 1920	
q. 1920		r. 1920	
s. 1920		t. 1920	
u. 1920		v. 1920	
w. 1920		x. 1920	
y. 1920		z. 1920	
aa. 1920		ab. 1920	
ac. 1920		ad. 1920	
ae. 1920		af. 1920	
ag. 1920		ah. 1920	
ai. 1920		aj. 1920	
ak. 1920		al. 1920	
am. 1920		an. 1920	
ao. 1920		ap. 1920	
aq. 1920		ar. 1920	
as. 1920		at. 1920	
au. 1920		av. 1920	
aw. 1920		ax. 1920	
ay. 1920		az. 1920	
ba. 1920		bb. 1920	
bc. 1920		bd. 1920	
be. 1920		bf. 1920	
bg. 1920		bh. 1920	
bi. 1920		bj. 1920	
bk. 1920		bl. 1920	
bm. 1920		bn. 1920	
bo. 1920		bp. 1920	
bq. 1920		br. 1920	
bs. 1920		bt. 1920	
bu. 1920		bv. 1920	
bw. 1920		bx. 1920	
by. 1920		bz. 1920	
ca. 1920		cb. 1920	
cc. 1920		cd. 1920	
ce. 1920		cf. 1920	
cg. 1920		ch. 1920	
ci. 1920		cj. 1920	
ck. 1920		cl. 1920	
cm. 1920		cn. 1920	
co. 1920		cp. 1920	
cq. 1920		cr. 1920	
cs. 1920		ct. 1920	
cu. 1920		cv. 1920	
cw. 1920		cx. 1920	
cy. 1920		cz. 1920	
da. 1920		db. 1920	
dc. 1920		dd. 1920	
de. 1920		df. 1920	
dg. 1920		dh. 1920	
di. 1920		dj. 1920	
dk. 1920		dl. 1920	
dm. 1920		dn. 1920	
do. 1920		dp. 1920	
dq. 1920		dr. 1920	
ds. 1920		dt. 1920	
du. 1920		dv. 1920	
dw. 1920		dx. 1920	
dy. 1920		dz. 1920	
ea. 1920		eb. 1920	
ec. 1920		ed. 1920	
ee. 1920		ef. 1920	
eg. 1920		eh. 1920	
ei. 1920		ej. 1920	
ek. 1920		el. 1920	
em. 1920		en. 1920	
eo. 1920		ep. 1920	
eq. 1920		er. 1920	
es. 1920		et. 1920	
eu. 1920		ev. 1920	
ew. 1920		ex. 1920	
ey. 1920		ez. 1920	
fa. 1920		fb. 1920	
fc. 1920		fd. 1920	
fe. 1920		ff. 1920	
fg. 1920		fh. 1920	
fi. 1920		fj. 1920	
fk. 1920		fl. 1920	
fm. 1920		fn. 1920	
fo. 1920		fp. 1920	
fq. 1920		fr. 1920	
fs. 1920		ft. 1920	
fu. 1920		fv. 1920	
fw. 1920		fx. 1920	
fy. 1920		fz. 1920	
ga. 1920		gb. 1920	
gc. 1920		gd. 1920	
ge. 1920		gf. 1920	
gg. 1920		gh. 1920	
gi. 1920		gj. 1920	
gk. 1920		gl. 1920	
gm. 1920		gn. 1920	
go. 1920		gp. 1920	
gq. 1920		gr. 1920	
gs. 1920		gt. 1920	
gu. 1920		gv. 1920	
gw. 1920		gx. 1920	
gy. 1920		gz. 1920	
ha. 1920		hb. 1920	
hc. 1920		hd. 1920	
he. 1920		hf. 1920	
hg. 1920		hh. 1920	
hi. 1920		hj. 1920	
hk. 1920		hl. 1920	
hm. 1920		hn. 1920	
ho. 1920		hp. 1920	
hq. 1920		hr. 1920	
hs. 1920		ht. 1920	
hu. 1920		hv. 1920	
hw. 1920		hx. 1920	
hy. 1920		hz. 1920	
ia. 1920		ib. 1920	
ic. 1920		id. 1920	
ie. 1920		if. 1920	
ig. 1920		ih. 1920	
ii. 1920		ij. 1920	
ik. 1920		il. 1920	
im. 1920		in. 1920	
io. 1920		ip. 1920	
iq. 1920		ir. 1920	
is. 1920		it. 1920	
iu. 1920		iv. 1920	
iw. 1920		ix. 1920	
iy. 1920		iz. 1920	
ja. 1920		jb. 1920	
jc. 1920		jd. 1920	
je. 1920		jf. 1920	
jg. 1920		jh. 1920	
ji. 1920		jj. 1920	
jk. 1920		jl. 1920	
jm. 1920		jn. 1920	
jo. 1920		jp. 1920	
jq. 1920		jr. 1920	
js. 1920		jt. 1920	
ju. 1920		jv. 1920	
jw. 1920		jx. 1920	
jy. 1920		jz. 1920	
ka. 1920		kb. 1920	
kc. 1920		kd. 1920	
ke. 1920		kf. 1920	
kg. 1920		kh. 1920	
ki. 1920		kj. 1920	
kk. 1920		kl. 1920	
km. 1920		kn. 1920	
ko. 1920		kp. 1920	
kq. 1920		kr. 1920	
ks. 1920		kt. 1920	
ku. 1920		kv. 1920	
kw. 1920		kx. 1920	
ky. 1920		kz. 1920	
la. 1920		lb. 1920	
lc. 1920		ld. 1920	
le. 1920		lf. 1920	
lg. 1920		lh. 1920	
li. 1920		lj. 1920	
lk. 1920		ll. 1920	
lm. 1920		ln. 1920	
lo. 1920		lp. 1920	
lq. 1920		lr. 1920	
ls. 1920		lt. 1920	
lu. 1920		lv. 1920	
lw. 1920		lx. 1920	
ly. 1920		lz. 1920	
ma. 1920		mb. 1920	
mc. 1920		md. 1920	
me. 1920		mf. 1920	
mg. 1920		mh. 1920	
mi. 1920		mj. 1920	
mk. 1920		ml. 1920	
mm. 1920		mn. 1920	
mo. 1920		mp. 1920	
mq. 1920		mr. 1920	
ms. 1920		mt. 1920	
mu. 1920		mv. 1920	
mw. 1920		mx. 1920	
my. 1920		mz. 1920	
na. 1920		nb. 1920	
nc. 1920		nd. 1920	
ne. 1920		nf. 1920	
ng. 1920		nh. 1920	
ni. 1920		nj. 1920	
nk. 1920		nl. 1920	
nm. 1920		nn. 1920	
no. 1920		np. 1920	
nq. 1920		nr. 1920	
ns. 1920		nt. 1920	
nu. 1920		nv. 1920	
nw. 1920		nx. 1920	
ny. 1920		nz. 1920	
oa. 1920		ob. 1920	
oc. 1920		od. 1920	
oe. 1920		of. 1920	
og. 1920		oh. 1920	
oi. 1920		oj. 1920	
ok. 1920		ol. 1920	
om. 1920		on. 1920	
oo. 1920		op. 1920	
oq. 1920		or. 1920	
os. 1920		ot. 1920	
ou. 1920		ov. 1920	
ow. 1920		ox. 1920	
oy. 1920		oz. 1920	
pa. 1920		pb. 1920	
pc. 1920		pd. 1920	
pe. 1920		pf. 1920	
pg. 1920		ph. 1920	
pi. 1920		pj. 1920	
pk. 1920		pl. 1920	
pm. 1920		pn. 1920	
po. 1920		pp. 1920	
pq. 1920		pr. 1920	
ps. 1920		pt. 1920	
pu. 1920		pv. 1920	
pw. 1920		px. 1920	
py. 1920		pz. 1920	
qa. 1920		qb. 1920	
qc. 1920		qd. 1920	
qe. 1920		qf. 1920	
qg. 1920		qh. 1920	
qi. 1920		qj. 1920	
qk. 1920		ql. 1920	
qm. 1920		qn. 1920	
qo. 1920		qp. 1920	
qq. 1920		qr. 1920	
qs. 1920		qt. 1920	
qu. 1920		qv. 1920	
qw. 1920		qx. 1920	
qy. 1920		qz. 1920	
ra. 1920		rb. 1920	
rc. 1920		rd. 1920	
re. 1920		rf. 1920	
rg. 1920		rh. 1920	
ri. 1920		rj. 1920	
rk. 1920		rl. 1920	
rm. 1920		rn. 1920	
ro. 1920		rp. 1920	
rq. 1920		rr. 1920	
rs. 1920		rt. 1920	
ru. 1920		rv. 1920	
rw. 1920		rx. 1920	
ry. 1920		rz. 1920	
sa. 1920		sb. 1920	
sc. 1920		sd. 1920	
se. 1920		sf. 1920	
sg. 1920		sh. 1920	
si. 1920		sj. 1920	
sk. 1920		sl. 1920	
sm. 1920		sn. 1920	
so. 1920		sp. 1920	
sq. 1920		sr. 1920	
ss. 1920		st. 1920	
su. 1920		sv. 1920	
sw. 1920		sx. 1920	
sy. 1920		sz. 1920	
ta. 1920		tb. 1920	
tc. 1920		td. 1920	
te. 1920		tf. 1920	
tg. 1920		th. 1920	
ti. 1920		tj. 1920	
tk. 1920		tl. 1920	
tm. 1920		tn. 1920	
to. 1920		tp. 1920	
tq. 1920		tr. 1920	
ts. 1920		tt. 1920	
tu. 1920		tv. 1920	
tw. 1920		tx. 1920	
ty. 1920		tz. 1920	
ua. 1920		ub. 1920	
uc. 1920		ud. 1920	
ue. 1920		uf. 1920	
ug. 1920		uh. 1920	
ui. 1920		uj. 1920	
uk. 1920		ul. 1920	
um. 1920		un. 1920	
uo. 1920		up. 1920	
uq. 1920		ur. 1920	
us. 1920		ut. 1920	
uu. 1920		uv. 1920	
uw. 1920		ux. 1920	
uy. 1920		uz. 1920	
va. 1920		vb. 1920	
vc. 1920		vd. 1920	
ve. 1920		vf. 1920	
vg. 1920		vh. 1920	
vi. 1920		vj. 1920	
vk. 1920		vl. 1920	
vm. 1920		vn. 1920	
vo. 1920		vp. 1920	
vq. 1920		vr. 1920	
vs. 1920		vt. 1920	
vu. 1920		vv. 1920	
vw. 1920		vx. 1920	
vy. 1920		vz. 1920	
wa. 1920		wb. 1920	
wc. 1920		wd. 1920	
we. 1920		wf. 1920	
wg. 1920		wh. 1920	
wi. 1920		wj. 1920	
wk. 1920		wl. 1920	
wm. 1920		wn. 1920	
wo. 1920		wp. 1920	
wq. 1920		wr. 1920	
ws. 1920		wt. 1920	
wu. 1920		wv. 1920	
ww. 1920		wx. 1920	
wy. 1920		wz. 1920	
xa. 1920		xb. 1920	
xc. 1920		xd. 1920	
xe. 1920		xf. 1920	
xg. 1920		xh. 1920	
xi. 1920		xj. 1920	
xk. 1920		xl. 1920	
xm. 1920		xn. 1920	
xo. 1920		xp. 1920	
xq. 1920		xr. 1920	
xs. 1920		xt. 1920	
xu. 1920		xv. 1920	
xw. 1920		xx. 1920	
xy. 1920		xz. 1920	
ya. 1920		yb. 1920	
yc. 1920		yd. 1920	
ye. 1920		yf. 1920	
yg. 1920		yh. 1920	
yi. 1920		yj. 1920	
yk. 1920		yl. 1920	
ym. 1920		yn. 1920	
yo. 1920		yp. 1920	
yq. 1920		yr. 1920	
ys. 1920		yt. 1920	
yu. 1920		yv. 1920	
yw. 1920		yx. 1920	
yy. 1920		yz. 1920	
za. 1920		zb. 1920	
zc. 1920		zd. 1920	
ze. 1920		zf. 1920	
zg. 1920		zh. 1920	
zi. 1920		zj. 1920	
zk. 1920		zl. 1920	
zm. 1920		zn. 1920	
zo. 1920		zp. 1920	
zq. 1920		zr. 1920	
zs. 1920		zt. 1920	
zu. 1920		zv. 1920	
zw. 1920		zx. 1920	
zy. 1920		zy. 1920	
za. 1920		zb. 1920	
zc. 1920		zd. 1920	
ze. 1920		zf. 1920	
zg. 1920		zh. 1920	
zi. 1920		zj. 1920	
zk. 1920		zl. 1920	
zm. 1920		zn. 1920	
zo. 1920		zp. 1920	
zq. 1920		zr. 1920	
zs. 1920		zt. 1920	
zu. 1920		zv. 1920	

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TABLE C2.—Showing in the Total Cases Discharged Recovered during the year 1909 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	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.
TOOTING BEC ASYLUM.																		
AGE ON RECOVERY	1 ..	.. ..	.. ..	.. ..	2 ..	.. ..	1 ..	1 ..	1 ..	.. 2	.. 1	1 1	.. 2	.. ..	.. ..	*6 7 13
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 ..	.. ..	.. ..	3 3
6 .. 9	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 .. 1
9 .. 12
12 .. 18	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1
18 .. 2 years	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 .. 1
2 years .. 3
3 .. 5
Duration unknown	3 3	3 3 6
Totals	1 ..	.. ..	.. ..	.. ..	1 ..	.. ..	1 ..	.. ..	1 ..	.. 2	.. ..	.. ..	1 ..	.. ..	3 3	6 7 13
CATERHAM ASYLUM.																		
AGE ON RECOVERY	1 ..	.. ..	1 ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	3 .. 3
Total Length of this Attack of Mental Disorder.																		
Less than 1 month
1 month and less than 3 months
3 months .. 6	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 .. 1
6 .. 9
9 .. 12
12 .. 18
18 .. 2 years
2 years .. 3
3 .. 5	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 .. 1
5 .. 10	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 .. 1
Duration unknown
Totals	1 ..	1 ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 .. 3

* 1 Male "not insane" not included.

FOR SUMMARY OF TABLE C2 SEE P. 164A.

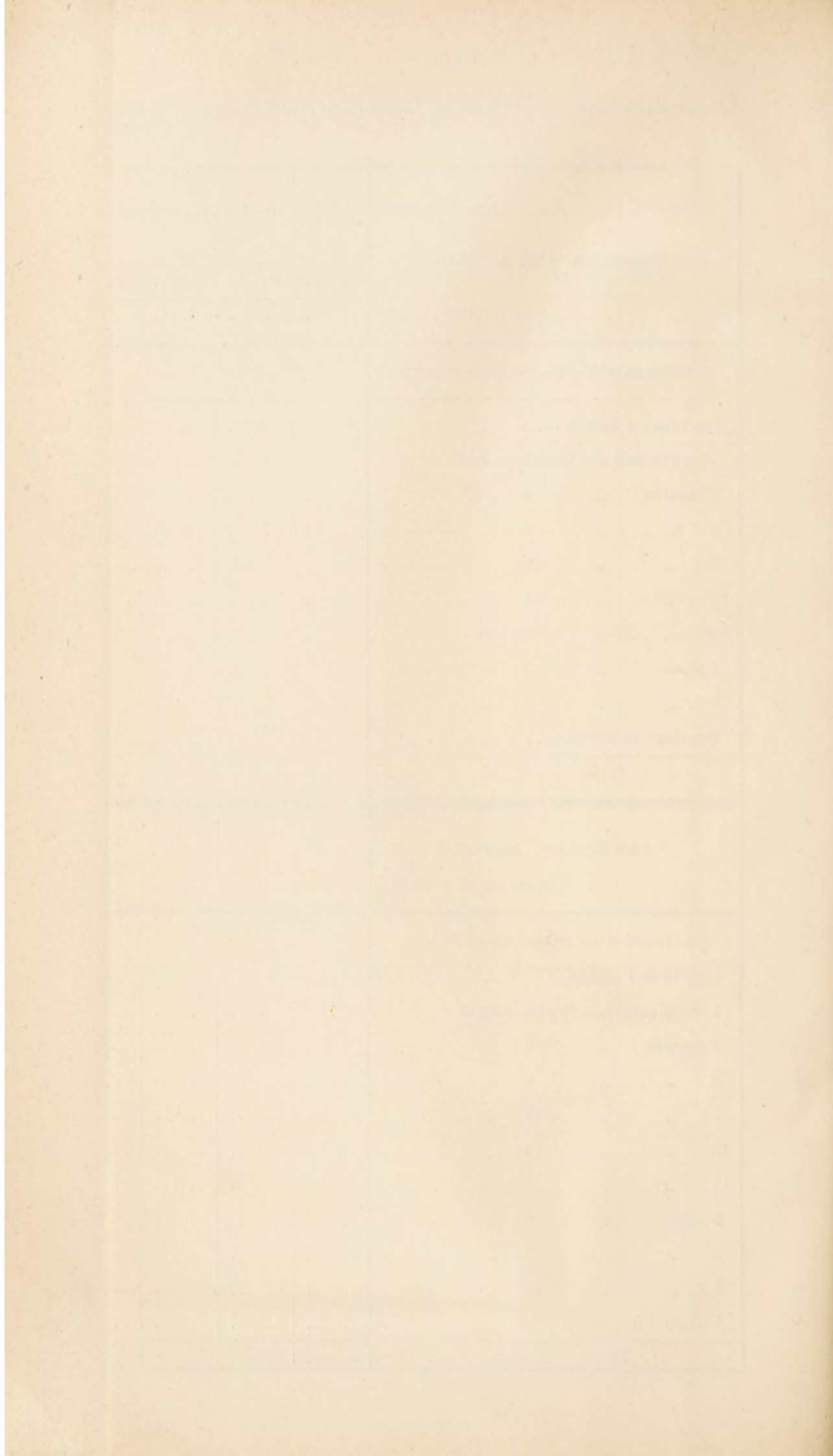


TABLE C3.—*Showing the Form of Mental Disorder, on admission, in those Discharged Recovered during the year 1909.*

Forms of Mental Disorder (on admission).								M.	F.	Tl.
TOOTING BEC ASYLUM.										
Primary Dementia	..	..	..	..	..	..	..	2	1	3
Recent Melancholia	..	..	..	..	..	..	..	1	..	1
Senile Dementia	..	..	..	..	..	..	..	1	6	7
Confusional Insanity	..	..	..	..	..	..	..	2	..	2
								†6	7	13
CATERHAM ASYLUM.										
Primary Dementia	..	..	..	..	..	..	..	1	..	1
Chronic Mania	..	..	..	..	..	..	..	1	..	1
Senile Dementia	..	..	..	..	..	..	..	1	..	1
								3	..	3

† One male "not insane" not included.

For Summary of Table C3 see p. 165.

For Table C4 see p. 166A.

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TABLE D1.—Showing all the Causes of death that entered into the Deaths during the year 1909, 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.

Causes of death.	* Instances when returned as PRINCIPAL.	No. ver- ified as CON- TRIBUTORY.	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.															
					Epidemic Diarrhoea and Typhoid 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 Hæmorrhage.	Chronic Bright's Disease.	Tubercular, etc., of the Pulmonary Tuberculosis.	Pleurisy.	Mastoid Disease.	Syphilis.		
					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.	
TOOTING BEC ASYLUM.																				
GENERAL DISEASES.																				
Pneumonia	16	8	24	24	19	13	32	35	21	56					6	5		1		
Phthisis	7	2	9	8	4	1	5	11	3	14										
Gangrene					1	3	4	1	3	4					1	1				
Sarcoma	1		1	1				1		1										
Cancer	2	3	5	5		1	1	2	4	6										
Erysipelas	1		1	1				1		1										
DISEASES OF NERVOUS SYSTEM.																				
General Paralysis of Insane ..	5	5	10	9				5	5	10										
Epilepsy	2		2	2				2		2					1					
Cerebral Softening					2		2	2		2										
Chronic Brain Disease		3	3	1				2		2										
Cerebral Tumour		1	1	1				1		1										
DISEASES OF HEART.																				
Chronic Heart Disease	27	11	38	36	10	11	21	37	22	59							1	2		
DISEASES OF BLOOD VESSELS.																				
Cerebral Hæmorrhage	7	6	13	11	1		1	8	6	14					1					
Subdural	4	1	5	5		1	1	4	2	6					1					
Arterio Sclerosis	1		1	1				1		1										
DISEASES OF RESPIRATORY ORGANS.																				
Empyema	2		2	2	1	1	2	3	1	4					1					
Abscess of Lung					1	1	2	1	1	2										
Asthma	1		1	1				2	4	25					3	3				
Bronchitis	4	2	6	6	17	2	9	21	4	25					1					
Inflammation of Lung					1	1		1		1					1					
DISEASES OF DIGESTIVE SYSTEM.																				
Cholecystitis	1	1	2	2				1	1	2					1					
Gall Stones					1		1	1		1					1					
Colic					1		1	1		1					1					
Peritonitis	3		3	3		3	3	3	3	6										
Dilated Stomach					1		1	1		1					1					
Duodenal Ulcer					1		1	1		1					1					
Jaundice	2	2	4	1				2	2	4					1					
Cholelithiasis	1	1	2	1		1	1	2	2	4										
DISEASES OF URINARY SYSTEM.																				
Bright's Disease	2		2	2	1		1	3		3					1					
Cystitis	1	2	3	3		2	2	1	4	5					1					
Secondary Nephritis					1	1	2	1	1	2							1	1		
DISEASES OF LOCOMOTOR SYSTEM.																				
Hypertrophic Muscular Dys- trophy					1		1	1		1										
CONDITIONS NOT SPECIFIED.																				
Senile Decay	68	89	157	145	18	6	24	86	95	181					7	9		1		
ACCIDENT OR VIOLENCE.																				
Fracture of Thigh					1	1		1	1	2					1					
Total	155	137	292	270																
TOOTING BEC RECEIVING HOME FOR CHILDREN																				
GENERAL DISEASES.																				
Broncho-Pneumonia	1		1	1	1		1	2		2										
DISEASES OF DIGESTIVE SYSTEM.																				
Tonsillitis	1		1	1				1		1										
DISEASES OF THE SKIN.																				
Adenoma Sebaceum		1	1	1				1		1										
CONDITIONS NOT SPECIFIED.																				
Marasmus	1	3	4					1	3	4										
Total	3	4	7	2																

* The figures in this column should correspond with those in the column indicated by an asterisk in Table D2.

FOR SUMMARY OF TABLE D1 SEE PAGE 166B.

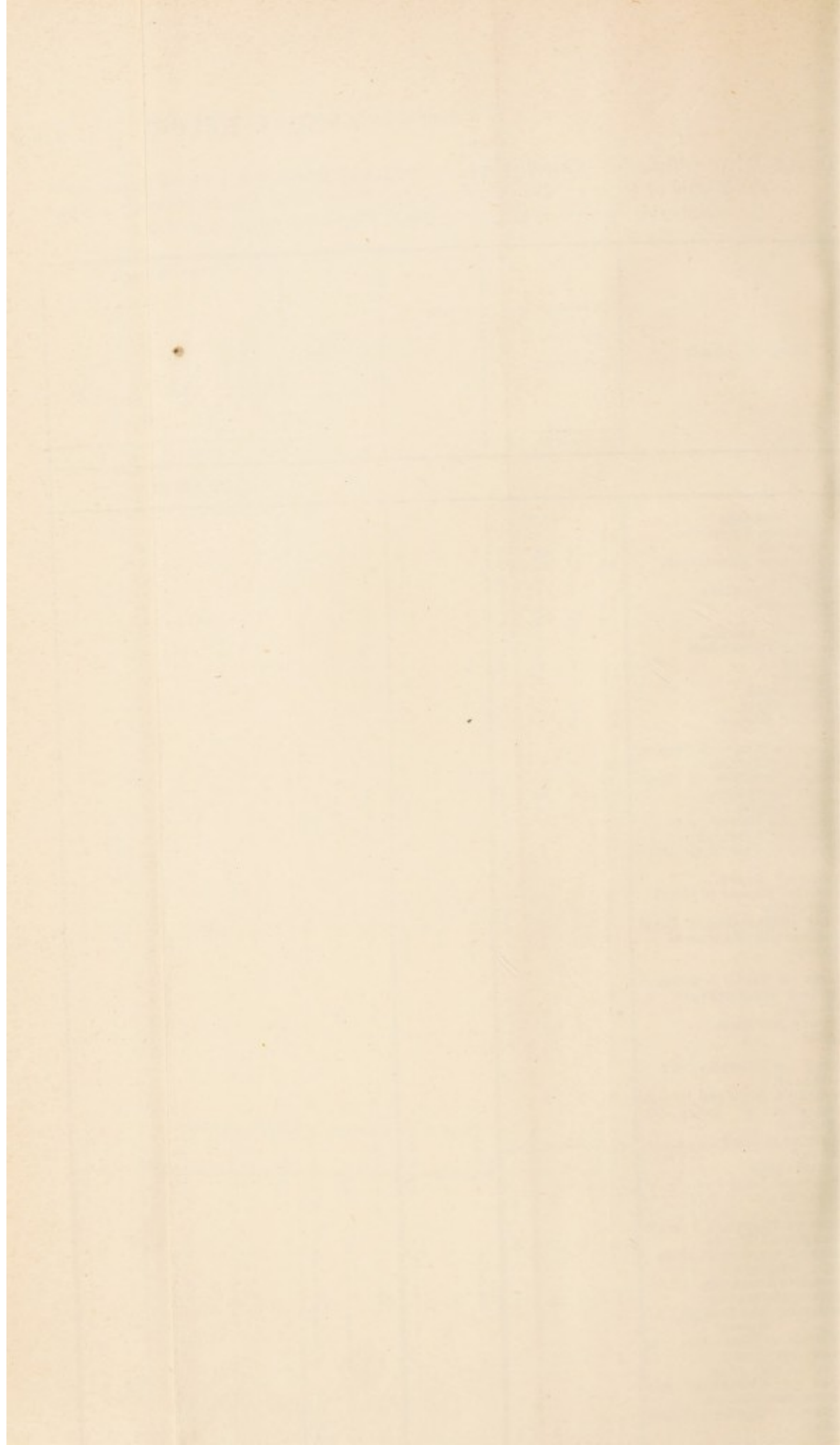


TABLE D1 (continued).—Showing all the causes of death that entered into the Deaths during the year 1909, arranged as PRINCIPAL, CONTRIBUTORY, and the Totals of these; also the number of times each Cause (whether Principal or Contributory) was associated with certain selected causes; and the number of occasions each principal Cause of Death was verified by Post-mortem Examination.

Names of causes of death.	Instances when returned as PRINCIPAL.			No. verified 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.																	
	M.	F.	T.		M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
CATERHAM ASYLUM.																										
GENERAL DISEASES.																										
Pneumonia	5	2	7	4	8	2	10	13	4	17					1				1		1					
Tuberculosis (pulmonary) ..	8	5	13	7	2	1	3	10	6	16										12						
Septicæmia					1		1	1		1																
Tuberculosis (general) ..	1		1	1																						
Endocarditis, infective ..	1		1	1	1		1	2		2																
Ulcerative Colitis	2		2	2	1		2	3	1	4					1											
Cellulitis	1		1	1				1		1																
Cancer																										
Anæmia																										
Pyæmia																			1							
Chronic Interstitial Pneumonia	1		1	1				1		1																
DISEASES OF NERVOUS SYSTEM.																										
General Paralysis of Insane ..	2	1	3	2				2	1	3				1							1					
Meningitis (non-tuberculous) ..		1	1		1		1	1	1	2																
Hydrocephalus, Congenital ..	1		1	1	1		1	2		2																
Organic Disease of Brain ..	2		2	2	2		2	4		4			1													
Dementia, exhaustion from ..	1	2	3	2	2	9	11	3	11	14				2						5						
Mania	1		1					1		1																
Melancholia	1		1					1		1																
Epilepsy	11	7	18	15	2	6	8	13	13	26				1	2		1				1					
Abscess of Brain		1	1					1		1																
DISEASES OF ORGANS OF SPECIAL SENSE.																										
Otitis media	1		1					1		1																
DISEASES OF HEART.																										
Valvular Disease of Heart ..	3	5	8	8	3	3	6	6	8	14				1		1	1									
Fatty Degeneration of Heart ..	1	12	13	11	3	2	5	4	14	18					1	5		1								
Dilatation of Heart	1		1	1	4	6	10	5	6	11							1									
DISEASES OF BLOOD VESSELS.																										
Cerebral Hemorrhage		2	2	2					2	2																
Hemiplegia					3	3			3	3											1					
DISEASES OF RESPIRATORY ORGANS.																										
Empyema	1		1					1		1																
Gangrene of Lung	1		1	1	1	1	2	2	1	3																
Edema of Lung								1		1																
Chronic Bronchitis	1		1	1	2		2	3		3																
Bronchiectasis	1		1	1				1		1																
Acute Bronchitis	1	1	2	2				1	1	2										1						
Asthma	1		1	1				1		1																
Edema of Glottis	1		1	1	3		3	4		4																
Emphysema					1		1	1		1																
DISEASES OF DIGESTIVE SYSTEM.																										
Intestinal Obstruction	5		5	4		1	1	5	1	6											1					
Cancer of Stomach	2	1	3	3				2	1	3				1												
Cancer of Tongue	1		1	1				1		1																
Cancer of Rectum		1	1	1																						
Gastric Ulcer		2	2	2																						
Cirrhosis of Liver		1	1	1																						
Enteritis		5	5	3	1	1	2	1	6	7				1												
DISEASES OF LYMPHATIC AND DUCTLESS GLANDS.																										
Addison's Disease	1		1	1				1		1																
DISEASES OF URINARY SYSTEM.																										
Cancer of Bladder	1	1	2	2		1	1	1	2	3																
Acute Nephritis					1		1	1		1																
Chronic Bright's Disease ..	1	2	3	3	5		5	6	2	8																
CONDITIONS NOT SPECIFIED.																										
Senile Decay	1	7	8	4	3	8	11	4	15	19				1					1		4					
Total	63	65	128	95																						

* The figures in this column should correspond with those in the column indicated by an asterisk in Table D2.

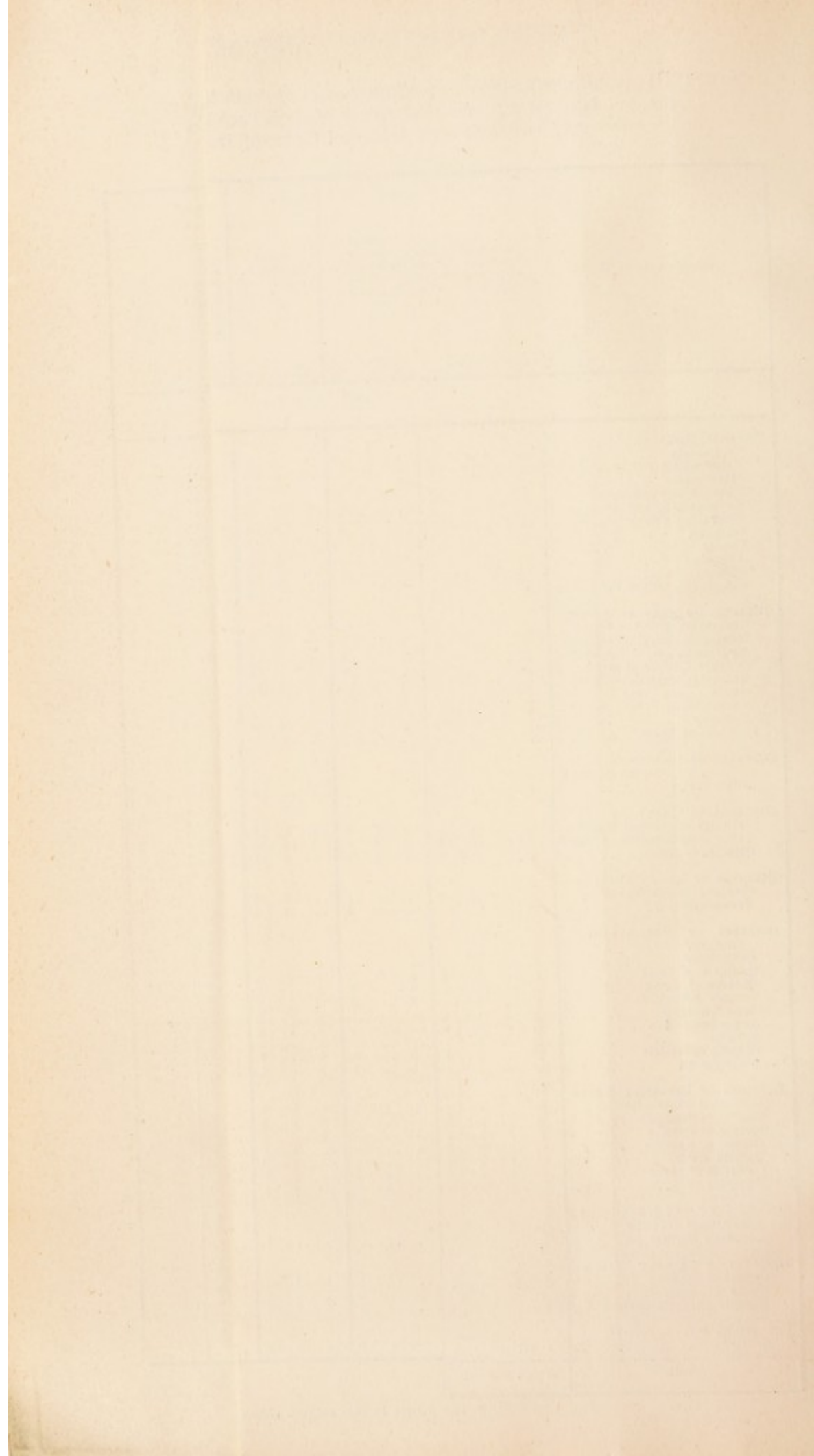


TABLE D1 (continued).—Showing all the causes of death that entered into the Deaths during the year 1909, arranged as PRINCIPAL, CONTRIBUTORY, and the Totals of these; also the number of times each Cause (whether Principal or Contributory) was associated with certain selected causes; and the number of occasions each principal Cause of Death was verified by Post-mortem Examination.

Names of causes of death.	* Instances when returned as PRINCIPAL.			No. verified P.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.	M.	F.	T.	
DARENTH ASYLUM.																											
GENERAL DISEASES.	6	5	11	11	..	..	..	6	5	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, not defined ..	2	10	12	9	..	..	..	2	10	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Phthisis ..	3	2	5	5	..	..	..	3	2	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General Tuberculosis ..	8	3	11	11	..	..	..	8	3	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Broncho-Pneumonia ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tubercular Peritonitis ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicæmia ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM.	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral Meningitis ..	4	2	6	5	..	..	..	4	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Organic Disease of Brain ..	2	2	4	3	..	..	..	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Exhaustion from Epilepsy ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral Tumour ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF THE HEART.	2	3	5	3	..	..	..	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Valvular Disease of Heart ..	2	3	5	3	..	..	..	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY ORGANS.	1	2	3	3	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis ..	1	2	3	3	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM.	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic Gastritis ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cancer of Pancreas ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stenosis of Pylorus ..	1	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF URINARY SYSTEM.	1	2	3	2	..	..	..	1	2	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Chronic Nephritis ..	1	2	3	2	..	..	..	1	2	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
CONDITIONS NOT SPECIFIED.	2	2	1	1	..	..	..	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Senile Decay ..	2	2	1	1	..	..	..	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total ..	32	39	71	62																							

* 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 1909, 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 .. .. .	.. .. .	.. .. .	.. .. .	1 ..	.. ..	.. ..	.. ..	1 ..	.. ..	1 ..	3 1	1 ..	2 1	8 5	16 8	24
Phthisis .. .. .	.. .. .	.. .. .	.. .. .	2 ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	3 ..	7 2	9
Sarcoma .. .. .	.. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1 ..	1
Cancer .. .. .	.. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1 ..	.. ..	.. ..	1 ..	2 ..	2 3	5
Erysipelas .. .. .	.. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1 ..	1
DISEASES OF NERVOUS SYSTEM.																
General Paralysis of Insane .. .. .	.. .. .	.. .. .	2 ..	1 1	.. ..	1 2	.. ..	.. ..	1 1	.. ..	.. ..	1 ..	.. ..	.. ..	5 5	10
Epilepsy .. .. .	.. .. .	.. .. .	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	2 ..	2
Chronic Brain Disease .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	1 ..	.. ..	.. ..	3 3	3
Cerebral Tumour .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	1 1	1
DISEASES OF HEART.																
Chronic Heart Disease .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	5 ..	5 ..	7 3	9 7	27 11	38
DISEASES OF BLOOD VESSELS.																
Cerebral Hemorrhage .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	3 2	4 3	7 6	13
Subdural .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	1 1	4 1	5
Arterio Sclerosis .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	1 ..	1
DISEASES OF RESPIRATORY ORGANS.																
Empyema .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	2 ..	2
Asthma .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1 ..	1 ..	1
Bronchitis .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	1 ..	1 ..	.. ..	1 ..	1 ..	4 2	6
DISEASES OF DIGESTIVE SYSTEM.																
Cholecystitis .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	1 1	2
Peritonitis .. .. .	.. .. .	.. .. .	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	2 ..	2
Jaundice .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	1 1	1
Cholelithiasis .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	..
DISEASES OF URINARY SYSTEM.																
Bright's Disease .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	2 ..	2 ..	2
Cystitis .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 ..	1 2	3
CONDITIONS NOT SPECIFIED.																
Senile Decay .. .. .	.. .. .	.. .. .	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 ..	3 3	14 3	48 83	68 89	157
Totals .. .. .	.. .. .	.. .. .	2 ..	5 1	2 ..	1 2	.. ..	.. 1	1 2	6 2	13 7	12 5	32 11	81 103	155 137	292
TOOTING BEC RECEIVING HOME FOR CHILDREN.																
GENERAL DISEASES.																
Broncho Pneumonia	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1
DISEASES OF DIGESTIVE SYSTEM.																
Tonsillitis	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1
DISEASES OF THE SKIN.																
Adenoma Sebaceum .. .. .	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	1
CONDITIONS NOT DEFINED.																
Marasmus	1 3	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 3	4
Totals	3 3	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 4	7

* The figures in this column should correspond with those in the column indicated by an asterisk in Table D1.

FOR SUMMARY OF TABLE D2 SEE P. 166C.

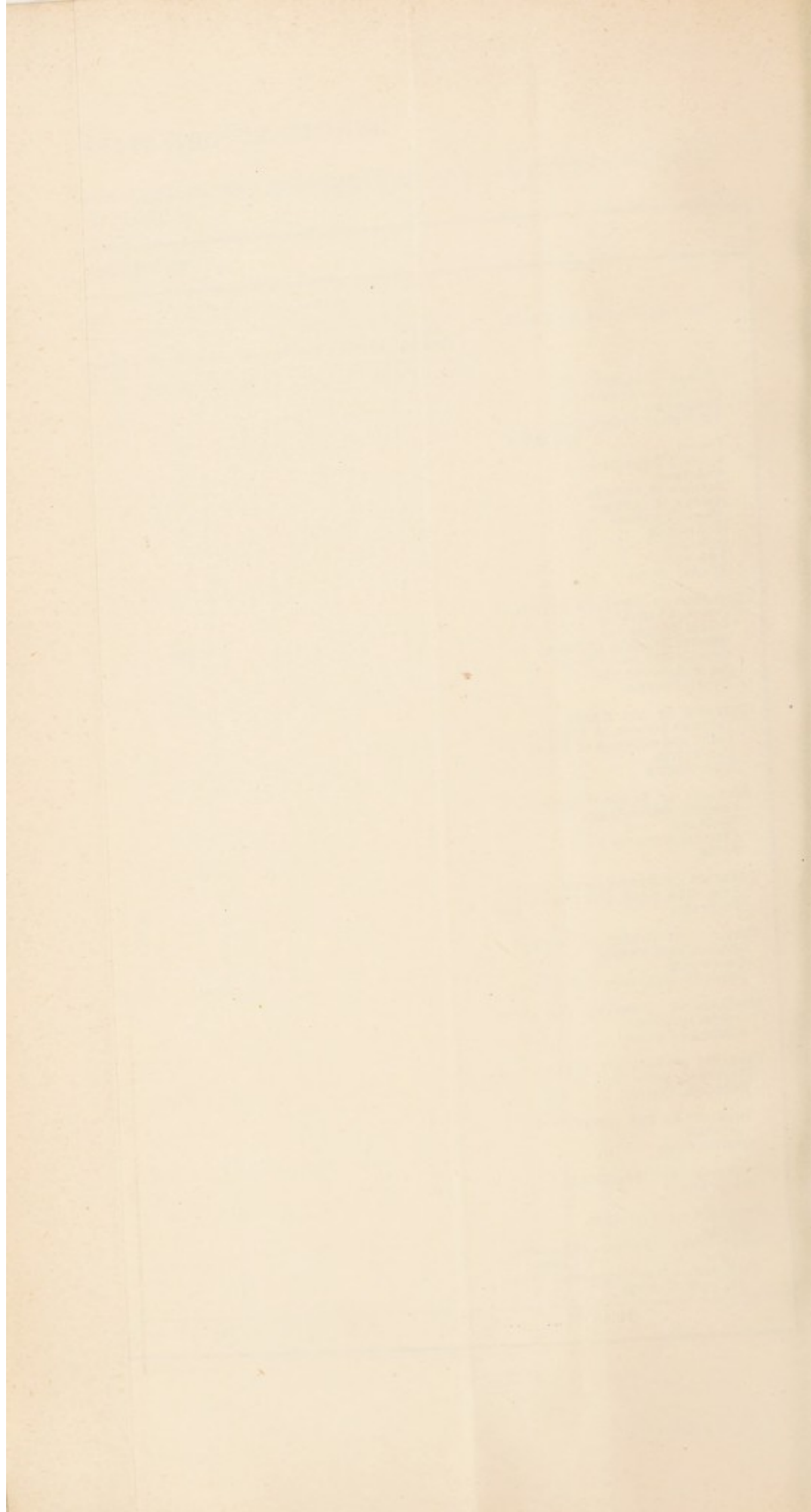
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TABLE D2 (continued).—Showing the principal cause of death in each Death during the year 1909, together with the ages of death in quinquennial periods.

LEAVESDEN ASYLUM.

LEAVESDEN ASYLUM.																								
PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.															Totals.								
	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.	M. F.	Tl.							
GENERAL DISEASES.																								
Meningitis, Tubercular	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..		
Pneumonia	2	..	..	..	..	..	..	..	..	..	..	..	..	7	13		
Pulmonary Tuberculosis	3	5	4	3	6	2	6	4	6	3	3	3	2	4	27							
" " and G.P.I.	1	..							
Cancer	37	27							
General Tuberculosis	1	..							
Gangrene	2	7							
Pernicious Anæmia	2	2							
Asylum Dysentery	1	..							
Amyloid Disease	1	..							
Septicæmia	1	..							
Influenza	1	..							
Pyæmia	1	..							
Enteric Fever	1	2							
DISEASES OF NERVOUS SYSTEM.																								
Cerebral Softening	1	..							
Status Epilepticus	2	3							
General Paralysis of Insane	1	1	1	3	1	..	..	..	..	..	..	..	..	2	5		
Organic Disease of Brain	4	5							
Meningitis, Chronic	5	3							
Hydrocephalus	1	..							
DISEASES OF THE HEART.																								
Valvular Disease of Heart	5	8							
Fatty Degeneration of Heart	2	2							
Pericarditis	1	..							
Endocarditis	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..		
DISEASES OF BLOOD VESSELS.																								
Cerebral Hemorrhage	1	..							
Meningeal	1	..							
Cerebral Aneurism	1	..							
Aortic	1	..							
DISEASES OF RESPIRATORY ORGANS.																								
Bronchitis, Acute and Chronic	1	..	..	..	..	..	..	..	..	..	..	..	..	1	2		
Empyema	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..		
DISEASES OF DIGESTIVE SYSTEM.																								
Strangulated Hernia	1	..							
Pancreatitis	1	..							
Paralytic Distention of Intestine	1	..							
DISEASES OF LYMPHATIC AND DUCT-LESS GLANDS.																								
Addison's Disease	1	..							
DISEASES OF URINARY SYSTEM.																								
Nephritis, Acute	1	..							
Nephritis, Chronic	2	2							
DISEASES OF THE GENERATIVE SYSTEM.																								
Ovarian Cysts	1	6							
CONDITIONS NOT SPECIFIED.																								
Senile Decay	1	1							
ACCIDENTS OR VIOLENCE.																								
Choking	1	1							
Senile Decay—Fracture of Humerus	2	2							
" " Femur	1	..							
Peritonitis, due to perforation by (1)	1	..							
Hair-pin (2) Bone	1	1	1							
Totals	9	9	8	6	13	5	8	6	9	7	6	6	5	9	11	2	8	9	42	90	120	210



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TABLE D2 (continued).—Showing the Principal cause of death in each death during the year 1909, together with the ages at death in quinquennial periods.

CATERHAM 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.	T.
GENERAL DISEASES.																
Pneumonia	1	1	2	..	..	..	1	..	..	..	1	5	2
Tuberculosis, Pulmonary	2	3	1	4	..	..	..	1	..	..	1	8	5	13
General	1	..	..	..	..	..	..	..	1	..	1
Endocarditis, Infective	1	..	..	..	..	..	..	..	..	..	..	1	1
Ulcerative Colitis	1	..	..	..	..	..	..	..	1	1
Cellulitis	1	..	..	..	1	..	..	..	2	2
Cancer	1	..	..	..	..	1	1
Anæmia	1	..	..	..	..	..	..	..	2	2	2
Pyæmia	1	..	..	..	..	2	2
Pneumonia, Chronic Interstitial	1	..	..	1	..	2	2
DISEASES OF NERVOUS SYSTEM.																
General Paralysis of Insane	1	..	..	1	1	1	..	..	..	..	..	2	3
Meningitis, Non-Tuberculous	1	1
Hydrocephalus, Congenital	1	..	..	..	..	..	..	..	..	..	..	..	1	1
Organic Disease of Brain	1	2	2
Dementia, Exhaustion from	1	..	..	..	..	1	2	3
Mania	1	..	..	..	..	1	1
Melancholia	1	..	..	..	..	..	..	..	..	..	..	1	1
Epilepsy	2	1	..	1	2	3	1	1	..	..	..	..	1	1
Abscess of Brain	3	2	1	2	1	1	1	1	..	..	11	18
DISEASES OF ORGANS OF SPECIAL SENSE																
Otitis Media	1	..	..	..	..	..	..	..	..	1	1
DISEASES OF THE HEART.																
Valvular Disease of Heart	1	..	1	..	..	..	1	2	..	1	1	3	8
Fatty Degeneration of Heart	1	1	..	..	3	1	5	2	13
Dilatation of Heart	1	..	1	1
DISEASES OF BLOOD VESSELS.																
Cerebral Hæmorrhage	1	..	..	..	..	1	2	2
DISEASES OF RESPIRATORY ORGANS.																
Empyema	1	..	..	..	..	..	..	..	..	..	..	..	1	1
Gangrene of Lung	1	..	..	..	..	..	..	..	..	..	..	..	1	1
Chronic Bronchitis	1	1
Bronchiectasis	1	..	..	1	1
Acute Bronchitis	1	..	..	1	1
Asthma	1	..	..	..	..	..	1	1	..	1	2
Edema of Glottis	1	..	..	..	..	1	1
DISEASES OF DIGESTIVE SYSTEM.																
Intestinal Obstruction	1	..	1	..	1	..	1	5	5
Cancer of Stomach	1	..	2	2	3
" Tongue	1	..	..	..	..	..	1	1
" Rectum	1	1
Gastric Ulcer	1	..	..	..	..	..	..	1	1
Cirrhosis of Liver	1	1	..	..	..	..	..	..	..	..	2	2
Enteritis	1	1	1	..	..	..	..	1	1
DISEASES OF LYMPHATIC AND DUCTLESS GLANDS.																
Addison's Disease	1	..	..	..	..	..	1	..	1
DISEASES OF URINARY SYSTEM.																
Cancer of Bladder	1	..	1	..	1	2
Chronic Bright's Disease	1	..	..	..	..	..	1	1	..	1	3
CONDITIONS NOT SPECIFIED.																
Senile Decay	1	1	6	8
Totals	6	3	5	6	11	4	5	2	3	3	5	8	6	128



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TABLE D2 (continued).—Showing the Principal cause of death in each Death during the year 1909, together with the ages at death in quinquennial periods.

DARENTH 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	3 1	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. 1	1 2	6 5	11
Phthisis	1 1	.. 2	1 2	.. ..	.. 2	.. 1	.. 1	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	2 10	12
General Tuberculosis	2 ..	.. ..	.. 1	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	3 2	5
Broncho Pneumonia	6 3	2 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	8 3	11
Scarlet Fever .. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1
Tubercular Peritonitis .. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1
Septicæmia .. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1
DISEASES OF NERVOUS SYSTEM.																
Cerebra! Meningitis .. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1
Organic Disease of Brain	2 ..	.. 1	.. ..	1 1	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	4 2	6
Exhaustion from Epilepsy .. ..	.. 1	1 1	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	2 2	4
Epilepsy	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1
Cerebral Tumour .. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1
DISEASES OF THE HEART.																
Valvular Disease of Heart	1 ..	1 ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. 1	2 3	5
DISEASES OF RESPIRATORY ORGANS.																
Bronchitis .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. 2	1 2	3
DISEASES OF DIGESTIVE SYSTEM.																
Chronic Gastritis .. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	1
Cancer of Pancreas .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1
Stenosis of Pylorus .. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1
DISEASES OF URINARY SYSTEM.																
Chronic Nephritis .. ..	.. ..	1 ..	.. ..	.. ..	.. ..	.. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 1	1 2	3
CONDITIONS NOT SPECIFIED.																
Senile Decay .. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. 2	.. 2	2
	16 8	7 6	3 5	2 2	.. 3	.. 2	.. 1	2 ..	.. 3	.. ..	1 ..	.. ..	.. 1	1 8	32 39	71

* The figures in this column should correspond with those in the column indicated with an asterisk in Table D.

TABLE D3.—*Showing the Total Duration of the Present Attack of Mental Disorder in the Deaths during the year 1909, arranged according to the Form of Mental Disorder on Admission.*

[illegible]

FOR SUMMARY OF TABLE SEE PAGE 166D.

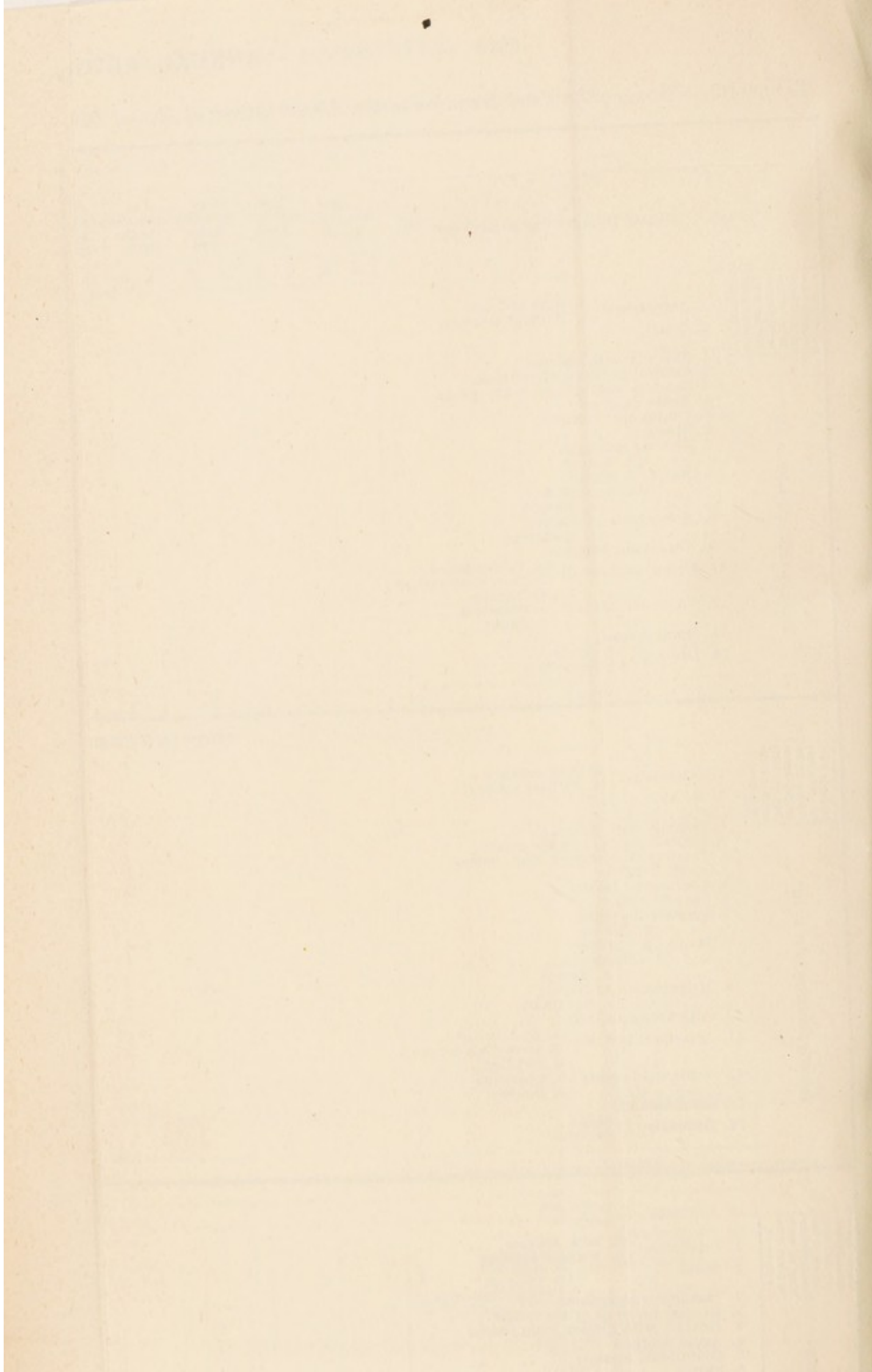


TABLE D3 (Cont.).—Showing the Total Duration of the Present Attack of Mental Disorder in the Deaths during the year 1909, arranged according to the Form of Mental Disorder on Admission.

CATERHAM ASYLUM.																					
Form of Mental Disorder (on admission).		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.	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.	M. F. T ¹
Insanity occurring later in life.	1. Intellectual { <i>a.</i> With epilepsy ..	..	..	..	..	..	..	..	..	..	1	2	3	..	..	..	..	..	..	..	..
	<i>b.</i> Without epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	2	1	2	2	4	1	1	2	..
	2. Moral ..	..	..	..	..	..	..	..	..	..	..	..	2	1	2	2	1	4	7	7	18 11 29
	1. Insanity with epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	19 19 38
	2. General paralysis of the insane ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	2
	4. Acute delirium ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	4 2 6
	5. Confusional insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 1 2
	6. Stupor ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia <i>a.</i> Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>b.</i> Chronic ..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
	<i>c.</i> Recurrent ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3 2 5
	8. Mania { <i>a.</i> Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>b.</i> Chronic ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	3 .. 3
	<i>c.</i> Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
	9. Melancholia { <i>a.</i> Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>b.</i> Chronic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>c.</i> Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
10. Alternating insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 .. 1	
11. Delusional insanity { <i>a.</i> Systematised ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>b.</i> Non-systematised ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Volitional insanity { <i>a.</i> Impulse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>b.</i> Obsession ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>c.</i> Doubt ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Moral insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia { <i>a.</i> Senile ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>b.</i> Secondary ..	..	..	..	..	..	..	3	1	1	2	2	2	1	4	1	..	..	1	6	7	
Totals ..	..	..	..	..	1	..	5	1	1	4	3	4	2	2	5	7	6	4	5	3	2
DARENTH ASYLUM.																					
Insanity occurring later in life.	1. Intellectual { <i>a.</i> With epilepsy ..	..	..	..	..	..	..	..	1	7	5	5	2	1	..	..	..	..	..	..	..
	<i>b.</i> Without epilepsy ..	..	..	..	..	..	..	..	..	1	5	4	4	3	4	1	2	..	..	..	16 10 26
	2. Moral ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16 29 45
	1. Insanity with epilepsy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	2. General paralysis of the insane ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	4. Acute delirium ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia <i>a.</i> Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>b.</i> Chronic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>c.</i> Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania { <i>a.</i> Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>b.</i> Chronic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>c.</i> Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia { <i>a.</i> Recent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>b.</i> Chronic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>c.</i> Recurrent ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Alternating insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Delusional insanity { <i>a.</i> Systematised ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>b.</i> Non-systematised ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Volitional insanity { <i>a.</i> Impulse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>b.</i> Obsession ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>c.</i> Doubt ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Moral insanity ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia { <i>a.</i> Senile ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<i>b.</i> Secondary ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	..	..	..	..	..	..	..	1	1	12	9	9	5	4	4	2	2	3	2	9	32 39 71

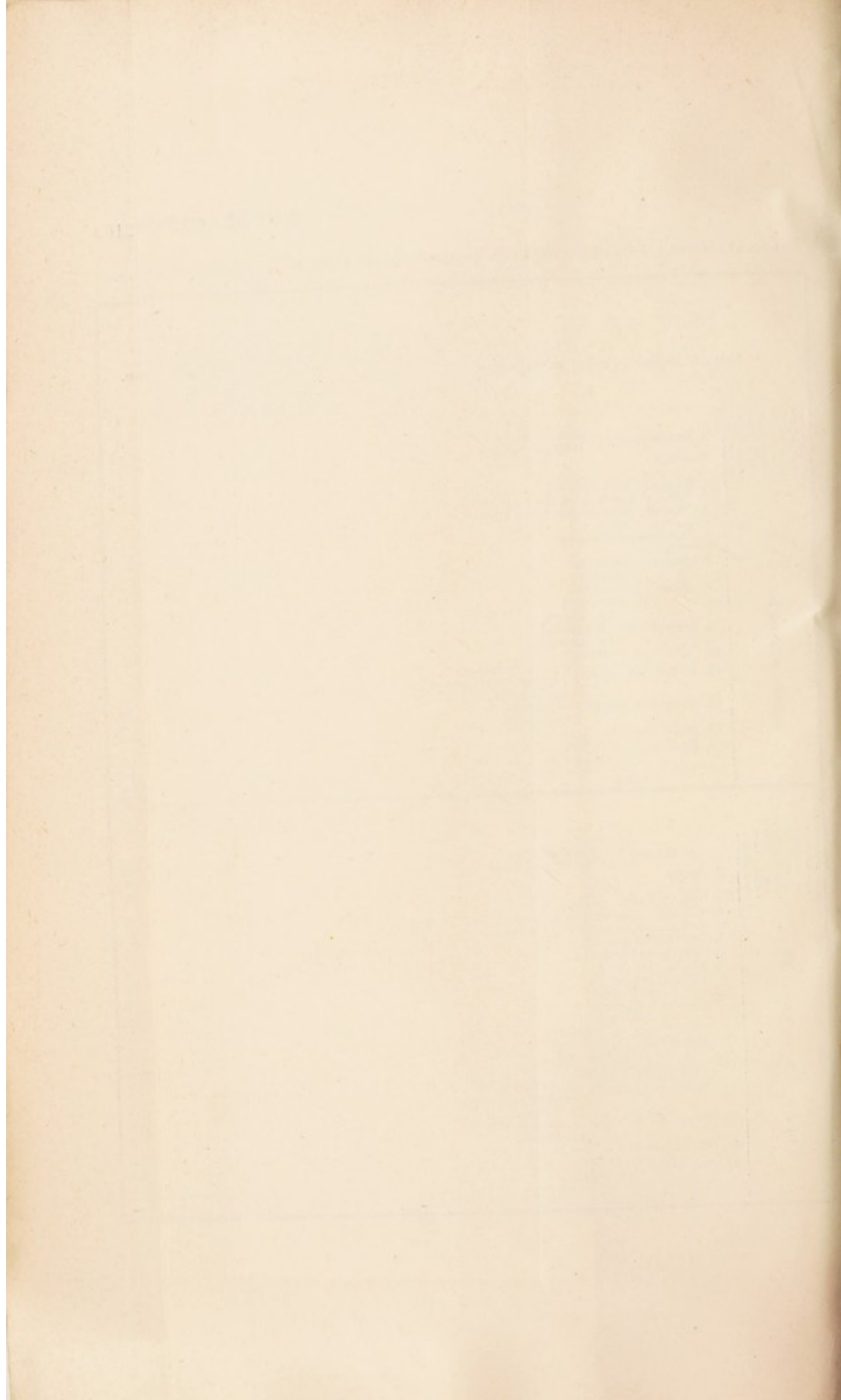


TABLE E1.—Showing the ages (in quinquennial periods) of those on the Registers on the 31st December, 1909, arranged according to the Total Duration of present Attack of Mental Disorder.

TOOTING BEC ASYLUM.																			
Ages on 31st December, 1909, of those on Registers at that date.																			
Total duration of present attack of mental disorder.	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.	Un-known.	Totals.			
	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.
Congenital	4 4	25 10	18 7	12 2	6 6	8 7	4 4	1 2	2 ..	2 ..	1 ..	2 ..	..	*85	42	127	2
Less than 3 months
3 months and less than 6 months
6 " " 12 " "	1 ..	..	..	..	..	1 ..	..	..	1 ..	2 2	3 6	6 2	..	..	..	..	..
12 " " 18 " "	1 1	..	1 ..	..	..	..	..	3 ..	3 ..	1 1	3 3	5 14	..	..	..	..	..
18 " " 2 years	1 1	1 ..	..	1 ..	6 3	6 15	..	..	..	..	..
2 years " 3 " "	1 ..	1 ..	1 ..	..	1 ..	2 ..	1 2	6 2	6 10	23 46	..	..	..	..	..
3 " " 5 " "	2 ..	..	1 ..	..	2 ..	3 1	..	..	1 1	5 7	4 11	33 48	..	..	..	..	..
5 " " 10 " "	1 ..	1 ..	1 ..	1 ..	1 3	1 3	1 6	4 6	19 3	37 47	..	..	..	..	..
10 " " 20 " "	1 1	1 ..	..	..	1 1	1 ..	2 ..	..	1 3	5 9	2 11	8 ..	..	..	..	..
20 " " 30 " "	2 1	..	..	..	..	..	1 2	1 ..	3 3	2 9	2 ..	..	..	..	..	..
30 " " 40 " "	3 4	..	..	..	..	..
40 " " 50 " "	1 1	..	..	..	..	..
Duration unknown.	1 ..	3 ..	..	3 ..	4 1	3 ..	1 5	6 5	8 14	14 15	19 24	38 106	..	..	..	..	..
Totals	9 5	27 16	21 7	16 3	12 70	10 15	10 16	15 17	19 26	38 44	77 67	176 296	..	..	..	..	..

TOOTING BEC RECEIVING HOME FOR CHILDREN.

Congenital	15 8	2 5	2 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Less than 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 months and less than 6 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 " " 12 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 " " 18 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 " " 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years " 3 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 " " 5 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 " " 10 " " ..	..	1 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 " " 20 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 " " 30 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 " " 40 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 " " 50 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown.	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	15 8	3 6	2 2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

LEAVESDEN ASYLUM.

Congenital .. .. .	..	16	46 73	79 68	70 80	73 64	60 74	44 63	45 53	32 45	24 29	12 14	6 12	4 8	..	..	..	..	..
Less than 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 months and less than 6 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 " " 12 " " ..	..	..	1 ..	..	..	..	1 1	3 ..	2 2	1 ..	1 ..	..	2 ..	..	..	..	..	..	..
12 " " 18 " " ..	..	..	..	1 ..	2 ..	1 ..	3 1	..	1 1	..	1 ..	..	..	..	..	..	..	..	..
18 " " 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years " 3 " " ..	..	..	1 1	2 1	4 4	2 1	5 6	4 ..	2 5	3 5	2 2	3 4	..	13 1	35 ..	..	..	..	..
3 " " 5 " " ..	..	..	1 ..	4 ..	7 ..	4 ..	2 4	2 1	7 3	8 1	7 1	4 2	5 2	7 21	..	..	..	..	..
5 " " 10 " " ..	..	..	..	..	2 3	5 3	2 ..	6 3	3 5	2 7	10 9	8 7	2 4	4 7	..	..	..	..	..
10 " " 20 " " ..	..	..	..	..	3 ..	12 4	21 9	16 16	13 13	11 13	12 24	9 9	8 13	12 17	..	..	..	..	..
20 " " 30 " " ..	..	..	..	..	1 ..	1 1	2 1	14 9	16 15	16 33	13 17	9 22	4 18	3 21	..	..	..	..	..
30 " " 40 " " ..	..	..	..	..	..	..	..	1 ..	2 1	4 2	7 8	5 13	4 12	5 17	..	..	..	..	..
40 " " 50 " " ..	..	..	..	..	..	..	..	..	..	..	2 ..	7 6	3 6	4 14	..	..	..	..	..
Duration unknown.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals .. .. .	..	16	48 75	87 69	89 87	99 73	96 96	81 99	91 98	78 108	84 91	59 77	34 89	41 145	..	..	..	..	..

CATERHAM ASYLUM.

Congenital .. .. .	..	9	70 18	49 69	60 66	83 68	51 69	71 70	62 52	48 67	39 45	22 41	9 24	6 19	..	..	..	..	..
Less than 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 months and less than 6 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 " " 12 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 " " 18 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 " " 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years " 3 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 " " 5 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 " " 10 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 " " 20 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 " " 30 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 " " 40 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 " " 50 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals .. .. .	..	9	72 18	58 69	66 66	97 74	70 84	94 88	99 83	86 107	96 101	64 99	47 95	35 149	..	..	..	..	..

DARENTH ASYLUM.

Congenital	181 124	285 152	212 156	193 67	97 71	68 52	58 52	39 32	15 29	3 11	5 14	.. 7	3 12	.. 4	..	..	..	..	..
Less than 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 months and less than 6 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 " " 12 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 " " 18 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 " " 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years " 3 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 " " 5 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 " " 10 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 " " 20 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 " " 30 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 " " 40 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 " " 50 " " ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	181 124	285 152	213 156	143 97	97 72	70 52	61 52	39 32	15 29	3 11	5 14	.. 7	3 12	.. 4	..	..	..	..	..

* The figures here should correspond with the total of (a) and (b) Congenital Cases in Table E2.

FOR SUMMARY OF TABLE E1 SEE P. 166E.

TABLE F2.—Showing the Form of Mental Disorder on 31st December, 1909, of those on the Registers at that date.

TABLE 122.—Showing the Form of Mental Disorder on 31st December, 1909, of those on the Registers at that date.

Forms of Mental Disorder on 31st December.	TOOTING BEC ASYLUM.			TOOTING BEC RECEIVING HOME FOR CHILDREN.			LEAVESDEN ASYLUM.			CATERHAM ASYLUM.			DAREMTH ASYLUM.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
1. Intellectual { <i>a.</i> With epilepsy .. <i>b.</i> Without epilepsy ..	19	9	28	7	1	8	127	196	323	148	190	338	317	210	527
2. Moral	66	33	99	12	13	25	368	403	771	422	428	850	792	603	1395
1. Insanity with epilepsy	14	8	22	1	1	2	70	59	129	39	50	89	..	..	..
2. General paralysis of the insane ..	12	5	17	..	1	1	11	12	23	1	..	1	..	..	..
3. Insanity with grosser brain lesions	16	3	19	..	..	..	3	4	7	1	..	1	..	..	..
4. Acute delirium .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Confusional insanity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Stupor	13	46	59	..	..	..	2	2	4	8	6	14	1	..	1
7. Primary dementia	11	18	29	..	..	..	1	..	1	..	..	..	..	..	..
8. Mania { <i>a.</i> Recent <i>b.</i> Chronic <i>c.</i> Recurrent	1	2	3	..	..	..	4	39	43	51	105	156	5	1	6
9. Melancholia { <i>a.</i> Recent <i>b.</i> Chronic <i>c.</i> Recurrent	2	3	5	..	..	..	4	1	5	..	..	..	..	..	..
10. Alternating insanity	14	20	34	..	..	..	1	1	2	9	37	46	..	..	..
11. Delusional insanity { <i>a.</i> Systematised .. <i>b.</i> Non-systematised ..	8	1	9	..	..	..	10	3	13	..	..	..	..	..	..
12. Volitional insanity { <i>a.</i> Impulse <i>b.</i> Obsession <i>c.</i> Doubt	7	18	25	..	..	..	16	10	26	3	7	10	..	..	..
13. Moral insanity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia { <i>a.</i> Senile <i>b.</i> Secondary	198	329	527	..	..	..	11	74	85	9	40	49	..	..	..
	49	25	74	..	..	..	257	310	567	192	179	371	..	..	..
Totals	430	522	952	20	16	36	887	1114	2001	884	1042	1926	1115	814	1929
Prospect of mental recovery { Favourable Doubtful Unfavourable	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..
	428	520	948	20	16	36	887	1114	2001	884	1042	1926	1115	814	1929

For Summary of Table E2 see p. 167.

APPENDIX III.

REPORT ON THE LABORATORY WORK AND PREPARATION OF DIPHTHERIA ANTITOXIN CARRIED OUT UNDER THE METROPOLITAN ASYLUMS BOARD DURING THE YEAR 1909.

By G. SIMS WOODHEAD, M.A., M.D., LL.D.,

BACTERIOLOGICAL ADVISER TO THE BOARD,

AND

G. E. CARTWRIGHT WOOD, M.D., B.Sc., BACTERIOLOGIST.

Our report for the year 1908 contained a full account of the development of the work of this establishment, together with a detailed description of the new buildings in which the work is now carried out. On the 4th February, 1909, the laboratories were transferred from the Examination Hall to the new laboratories at Belmont, and since that date the whole of the bacteriological work, both diagnostic, and that connected with the preparation of diphtheria antitoxin, has been carried on there.

Diphtheria Antitoxin. The preparation of diphtheria antitoxin has in the past year been carried out on lines similar to those of preceding years. The amount of antitoxin supplied to the various institutions under the Board during 1909 was 20,221 doses, each of 4,000 antitoxin units, and 540,000 units of antitoxin (containing no antiseptic) for intravenous injection, a total of 81,424,000 units. As, during 1909, 5,610 cases were treated for diphtheria in the Board's hospitals (including 216 cases in which diphtheria bacilli were found to be present, although they did not show the clinical signs of the disease), it follows that on an average 14,571 units were used for each patient. The corresponding figures for the year 1908 were: 94,442,000 units supplied, for a total of 6,187 patients treated, or 15,265 units per patient.

Besides the Board's Institutions, two hospitals not under the Board, viz., the Middlesex Hospital and the Hospital for Sick Children, Great Ormond Street, were supplied with diphtheria antitoxin as in previous years, the total amount taken by them during 1909 being 556,000 units, as compared with 748,000 units in 1908.

The amount of antitoxin in cold storage at the end of 1909 was sufficient to supply the institutions under the Board for at least one year.

Other Supplies. In addition, the Board's institutions were supplied with the outfits required for diagnostic work, and with a large amount of different culture media, a summary of which will be found in the tabular statement appended to the report. It is satisfactory to be able to record that during the past year the services of the laboratory were made use of more extensively, notably as regards the preparation of several culture media required in connection with certain special investigations.

The North Western Hospital received 22,400 c.c. of normal horse serum for use in a therapeutic investigation, which was being carried out in this hospital.

DIAGNOSTIC WORK.

Diphtheria examinations. During the past year 683 specimens, mainly swabs taken from the throat, nose or ears of patients in the Board's hospitals, have been examined for the presence of virulent diphtheria bacilli. These specimens were derived from 359 patients, in whom either the diagnosis was doubtful, or who were awaiting their discharge from hospital. In this manner, therefore, there were examined in the laboratories specimens from 6.4 per cent. of all the diphtheria patients in the Board's hospitals, the remainder apparently being cases in which the diagnosis was simple and straightforward. In 1908 the corresponding figures were 804 specimens, derived from 418 patients, or 6.8 per cent. of the total number of cases treated.

Typhoid examinations. In previous years the diagnostic work connected with typhoid patients in the Board's hospitals has consisted mainly in the determination of the agglutinative reaction of their blood serum upon the typhoid bacillus, for the purpose of corroborating the diagnosis of typhoid fever (Widal's reaction). This work has been carried on as in the past, and it should be noted that the number examined showed a slight increase during 1909. In this year the total number of blood specimens thus examined was 557, the specimens being derived from 403 patients, or 85.4 per cent. of the total number of cases treated during that period. This figure is inclusive of 15 specimens which were made the subject of a special examination for their agglutinative reaction upon other bacteria allied to the typhoid bacilli (the paratyphoid group). During 1908, 434 blood samples were examined, and of these only one was examined for its reaction upon paratyphoid bacilli, the number of cases of typhoid fever treated during that period being 616.

In addition to the above work, a systematic search for the presence of typhoid bacilli in the fæces and urines of typhoid fever patients awaiting their discharge from the Board's hospitals was undertaken at the request of Dr. Theodore Thomson, Medical Inspector of the Local Government Board. The examinations were commenced on the 18th January, 1909, and up to the end of that year 953 samples of fæces and 949 of urine were examined, the specimens being derived from 339 patients, or 95.2 per cent. of the total number of patients discharged during the corresponding period (356). These examinations will be made the subject of a special report at a later date. Through the kindness of Dr. Thomson, arrangements were made for the examinations to be carried on by Dr. Ledingham at the Lister Institute of Preventive Medicine during the period of the removal of the laboratories to Sutton. During this period 25 specimens of fæces and 26 of urine were examined by him, this number being included in the totals given previously.

* * * * *

Special examinations. As will be seen from the tabular statement, 11 cases of suspected cerebro-spinal meningitis, 5 of suspected tuberculosis, and 2 of conjunctivitis were examined.

In 15 cases, specimens were sent to the laboratories for the purpose of isolating from them, and, where possible, of identifying, bacteria which were considered to be the cause of certain symptoms of a more or less unusual character. In 10 out of these cases, standardized vaccines were prepared from the bacteria thus isolated, and served for the treatment of these patients. In this connection it may be mentioned that the greater facilities afforded for specialised bacteriological work in the new laboratories considerably facilitated the carrying out of much of this special work, particularly that connected with the estimation of the opsonic index which was required in several of the cases undergoing vaccine treatment.

During the year 3 series of stock vaccines, and 10 series of special vaccines were supplied, and 25 determinations of the opsonic index were carried out.

Various examinations. The water supply of certain of the Board's institutions has been kept under observation during the past year, 21 samples of drinking water from 4 institutions being examined. The water sterilising plant at Leavesden Asylum was tested twice, in each case with a satisfactory result.

Four samples of cattle food, suspected of having caused anthrax, were examined for anthrax bacilli. One specimen of post-mortem material was examined histologically.

Whilst from the above figures it may be seen that a falling-off in the supply of diphtheria antitoxin, and in the number of diphtheria diagnoses carried out at the laboratories has occurred during 1909, this is explained by the considerable reduction in the number of cases of diphtheria treated in the Board's hospitals during the year.

On the other hand, the work generally has increased in certain new directions, notably as regards the typhoid examinations, the preparation of vaccines, and the determination of opsonic indices. There is reason to anticipate that in the lines of work indicated a further increase will continue to take place. In this connection, it may be mentioned that early in the present year the Bacteriologist was instructed to prepare a polyvalent vaccine and serum against the streptococci to which appear to be due many of the serious secondary symptoms observed in scarlet fever.

Owing to the fact that the removal of the laboratories to Sutton caused considerable inconvenience to the hospitals in receiving their supplies of antitoxin, etc., and frequently caused delay to the laboratory staff in obtaining their specimens for examination in a sufficiently fresh condition, arrangements were made for a central distributing and collecting room to be set apart at the Chief Office of the Board, where supplies could be obtained by the hospitals, and specimens for diagnosis could be left to be called for by the laboratories' messenger. This arrangement has now worked most smoothly for 6 months. In this matter special credit is due to the officials of the Hospitals Department for the assistance they have given in carrying out their share of the work.

Buildings, etc. The buildings and plant generally have been kept in good repair during the year; the only alteration worthy of note carried out during that period was the paving with granolithic and re-draining of the central portion of the Antitoxin Yard, which had got into a rather bad condition.

Staff. Since the previous report, the following alterations in the staff have been effected. Mr. R. Barnes was appointed Laboratory Clerk, and entered upon his duties on the 1st May, 1909. At the commencement of the Michaelmas Quarter he was made the Accounting Officer for this Institution.

* * * * *

The additional work of the Institution rendered the appointment of a temporary laboratory boy necessary.

The whole of the staff have worked intelligently and willingly, and we take this opportunity of expressing our hearty appreciation of the efforts made by each member to perform his share of the work punctually and efficiently.

(Signed) G. SIMS WOODHEAD.

(Signed) G. E. CARTWRIGHT WOOD.

ANNUAL REPORT, STATISTICAL COMMITTEE, 1909.

[illegible]

MEDICAL SUPPLEMENT

FOR THE

YEAR 1909.

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 XIV.), 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 1909.

The Table which was included last year, showing the results of the anti-toxin treatment of diphtheria according to the day of the disease upon which the treatment was begun, has been omitted. Otherwise, with the exception of a slight alteration in the arrangement of those relating to tracheotomy and intubation, the tables are the same in number and form as last year.

In the lists of diseases shewn in Table XIV. (Miscellaneous Diseases), the official nomenclature of the Royal College of Physicians has, so far as is convenient, been followed.

PREFACE.

The report of the Board of Trustees for the year ending June 30, 1907, is herewith submitted. It contains a full and complete statement of the financial condition of the University, and of the progress of the various departments of instruction and research.

The report also contains a full and complete statement of the financial condition of the University, and of the progress of the various departments of instruction and research. It is a full and complete statement of the financial condition of the University, and of the progress of the various departments of instruction and research.

In the report of the Board of Trustees for the year ending June 30, 1907, is herewith submitted. It contains a full and complete statement of the financial condition of the University, and of the progress of the various departments of instruction and research.

2. COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1909.

TABLE I.—Showing Incidence of Complications amongst cases of Scarlet Fever completed during 1909.

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	1,333	2,223	1,855	1,709	1,096	1,591	2,131	2,111	2,142	..	(4,734)	(5,696)	16,191	..
Relapse of disease ..	7	34	13	16	11	10	49	4	11	..	65	102	322	1.98
Rheumatism	33	87	58	45	106	46	103	46	65	..	15	24	628	3.88
Chorea	2	2	..	1	..	3	1	..	2	..	..	2	13	0.08
Pyæmia	2	1	..	2	..	2	2	3	3	..	..	..	15	0.09
Meningitis .. ..	..	1	1	..	3	2	1	..	1	..	..	1	10	0.06
Otitis	178	261	226	261	161	183	209	166	202	..	92	117	2,056	12.70
Mastoid Abscess ¹ ..	4	14	11	9	9	8	17	11	13	..	6	3	105	0.65
Endocarditis	3	6	3	21	7	7	18	24	19	..	3	7	118	0.73
Pericarditis .. ..	..	2	..	4	2	..	..	..	2	..	..	1	11	0.07
Laryngitis	5	1	..	1	3	2	6	..	..	..	4	..	22	0.13
Bronchitis	4	20	2	5	4	8	3	1	17	..	8	4	76	0.47
Broncho-pneumonia ..	3	24	5	13	2	9	4	13	2	..	3	7	85	0.52
Pneumonia	4	5	4	4	1	2	3	3	5	..	4	7	42	0.26
Pleurisy	1	2	1	1	..	2	2	1	3	..	1	3	18	0.11
Empyema	1	3	..	3	2	2	2	1	2	..	..	1	17	0.10
Stomatitis, Ulcerative	7	64	..	7	16	15	11	1	24	..	7	4	156	0.96
Tonsillitis during convalescence	14	6	15	19	39	31	7	3	33	..	20	81	268	1.65
Jaundice	3	9	7	1	2	10	3	9	2	..	3	1	50	0.31
Nephritis	96	107	81	51	52	103	127	109	114	..	30	39	909	5.61
Albuminuria ²	80	307	65	100	56	153	190	196	209	..	93	61	1,510	9.32
Cervical Cellulitis ..	9	6	5	3	6	3	4	..	4	..	..	1	41	0.25
Adenitis, suppurative, occurring in the acute stage ³	32	26	8	5	10	8	17	15	14	..	..	..	135	0.83
Adenitis of convalescence, simple	107	187	171	37	123	108	154	113	147	..	42	56	1,245	7.68
Adenitis of convalescence, suppurative ³ ..	..	28	21	27	11	30	17	..	42	..	12	17	205	1.26
Abscesses — excluding Mastoid and Cervical Abscesses	30	16	13	12	13	27	13	16	24	..	1	8	173	1.07
Diphtheria	9	10	9	14	11	25	5	15	61	..	51	89	299	1.85
Chickenpox	4	24	60	18	..	14	20	15	8	..	32	19	214	1.32
Measles	36	24	8	23	10	21	27	18	3	..	30	11	211	1.30
Rubella .. ..	..	1	..	3	3	..	3	3	2	..	3	8	26	0.16
Whooping cough ..	2	10	5	3	4	6	17	15	3	..	16	20	101	0.62
Mumps	1	..	7	1	1	..	..	..	7	..	12	..	29	0.18
Enteric fever	1	..	1	..	..	..	..	..	..	..	..	..	2	0.01
Erysipelas	3	2	1	..	3	1	..	1	..	..	..	..	11	0.07

¹ Includes all cases in or around the mastoid process.

² Includes all cases in which albumen was detected, and in which there were no other signs of nephritis, even if only on one occasion.

³ At the Eastern and Park Hospitals all glandular abscesses have been returned under one heading.

TABLE IV.—Showing Number of cases in which two or more separate Infectious Diseases were co-existent at the time of admission during 1909.

DISEASES.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	South-Eastern.	Grove.	Park.	Brook.	Total.
Scarlet fever and Diphtheria ..	9	15	3	22	13	14	3	9	21	109
Scarlet fever and Chickenpox ..	18	25	6	13	4	20	24	21	15	146
Scarlet fever and Whooping cough ..	6	24	12	13	6	10	9	17	17	104
Scarlet fever and Measles ..	7	11	1	12	12	7	9	2	7	58
Scarlet fever and Rubella ..	..	..	..	..	..	..	..	..	1	1
Scarlet fever and Enteric fever ..	1	2	..	..	..	..	..	..	..	3
Scarlet fever and Mumps ..	..	..	..	..	..	..	..	..	1	1
Scarlet fever, Chickenpox and Whooping cough ..	..	2	..	..	..	..	..	..	..	2
Scarlet fever, Diphtheria and Measles ..	..	1	..	..	..	..	..	..	..	1
Diphtheria and Measles ..	18	2	7	22	7	15	12	3	14	100
Diphtheria and Chickenpox ..	3	1	1	5	..	3	..	6	2	21
Diphtheria and Whooping cough ..	8	10	1	9	2	..	5	4	7	46
Diphtheria and Cerebro-Spinal Meningitis ..	..	..	..	..	..	..	1	..	..	1
Diphtheria and Rubella ..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Syphilis ..	..	..	..	..	1	..	..	..	..	1
Diphtheria and Erysipelas ..	..	..	..	..	1	..	..	..	..	1
Diphtheria, Measles and Whooping cough ..	..	..	..	..	..	..	2	..	1	3
Diphtheria, Enteric and Measles ..	..	1	..	..	..	..	..	..	..	1
Enteric fever and Measles ..	..	..	..	..	1	..	..	..	..	1
Measles and Whooping cough ..	..	..	..	..	..	..	1	..	..	1

3. POST-SCARLATINAL DIPHTHERIA, 1909.

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.	1	..	5	..	2	..	2	..	3	..	12	..	1	..	6	..	37	1	16	..	44	1	..	..	129	2	1.55
	7	..	3	..	6	..	12	..	7	..	13	1	4	..	3	..	22	..	27	1	39	..	..	..	143	2	1.40
	8	..	8	..	8	..	14	..	10	..	25	1	5	..	9	..	59	1	43	1	83	1	..	..	272	4	1.47
Laryngeal Cases.	..	..	1	..	..	..	..	..	1	..	..	..	..	..	5	..	2	..	3	..	2	..	..	..	14	..	..
	1	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	5	..	4	..	..	..	13	..	..
	1	..	2	..	1	..	..	..	1	..	..	..	..	..	6	..	2	..	8	..	6	..	..	..	27	..	0.0
All Cases.	1	..	6	..	2	..	2	..	4	..	12	..	1	..	11	..	39	1	19	..	46	1	..	..	143	2	1.40
	8	..	4	..	7	..	12	..	7	..	13	1	4	..	4	..	22	..	32	1	43	..	..	..	156	2	1.28
	9	..	10	..	9	..	14	..	11	..	25	1	5	..	15	..	61	1	51	1	89	1	..	..	299	4	1.34

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	7	..	10	..	7	..	10	..	11	..	21	1	5	..	14	..	38	1	50	1	89	1	..	..	262	4	1.52
Cases not so treated	2	..	..	..	2	..	4	..	..	..	4	..	..	..	1	..	23	..	1	..	..	..	..	..	37	..	..
Total	9	..	10	..	9	..	14	..	11	..	25	1	5	..	15	..	61	1	51	1	89	1	..	..	299	4	1.34

4. SUMMARY OF THE ANTITOXIN TREATMENT OF DIPHTHERIA, 1909.

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	421	41	9.7	13	1 (1)	7.6	434	42	9.6
North-Eastern ..	393	27	6.9	9	1 (2)	11.1	402	28	7.0
North-Western ..	350	36	10.3	9	..	0.0	359	36	10.0
Western	646	91	14.0	67	8 (3)	11.9	713	99	13.8
South-Western ..	478	53	11.1	33	1 (4)	3.0	511	54	10.5
South-Eastern ..	492	35	7.1	21	2 (5)	9.5	513	37	7.2
Grove	539	46	8.5	31	1 (6)	3.2	570	47	8.2
Park	461	45	9.7	171	1 (7)	0.5	632	46	7.2
Brook	435	36	8.3	99	4 (8)	4.0	534	40	7.5
Total	4215	410	9.7	453	19	4.2	4668	429	9.2

¹ Moribund on admission.² Moribund on admission and died in receiving room.³ All moribund on admission.⁴ Moribund on admission.⁵ One child died while tracheotomy was being performed. The other was a case of measles and diphtheria moribund on admission.⁶ Moribund on admission.⁷ Scarlet fever after admission.⁸ One was a mild faucial case and died eleven days after admission from infantile diarrhoea. One, moribund on admission, died in three hours of broncho-pneumonia. Two died within one hour of admission.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	118	20	16.9	1	1	100.0	119	21	17.6
North-Eastern ..	82	11	13.4	..	..	..	82	11	13.4
North-Western ..	79	10	12.6	..	..	0.0	79	10	12.6
Western	175	47	26.8	8	8	100.0	183	55	30.0
South-Western ..	67	11	16.4	1	1	100.0	68	12	17.6
South-Eastern ..	129	13	10.1	1	1	100.0	130	14	1.07
Grove	101	15	14.8	1	1	100.0	102	16	15.7
Park	65	6	9.2	1	..	0.0	66	6	9.0
Brook	79	7	8.9	2	2	100.0	81	9	11.1
Total	895	140	15.6	15	14 ¹	9.3	910	154	16.9

¹ For causes of death see footnotes to preceding table.

TABLE IX.—Operations for Primary Laryngeal Diphtheria.

HOSPITALS	Cases treated with Antitoxin.						Cases not so treated.						TOTAL.						Mortality per cent. (all operations).							
	Cases.			Deaths.			Cases.			Deaths.			Cases.			Deaths.										
	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.	Both Operations.	Total.	Tracheotomy only.	Intubation only.		Both Operations.	Total.					
Eastern	22	20	10	52	10	..	4	14	1	..	..	1	1	1	..	..	1	23	20	10	53	11	..	4	15	28.3
North-Eastern ..	27	..	2	29	9	..	..	9	..	..	..	..	..	..	..	..	..	27	..	2	29	9	..	..	9	31.0
North-Western ..	34	..	..	34	8	..	..	8	..	..	..	..	..	..	..	..	..	34	..	..	34	8	..	..	8	23.5
Western	96	..	..	96	40	..	..	40	5	..	..	5	5	5	..	..	5	101	..	..	101	45	..	..	45	44.5
South-Western ..	35	..	..	35	11	..	..	11	1	..	..	1	1	1	..	..	1	36	..	..	36	12	..	..	12	33.3
South-Eastern ..	33	..	..	33	6	..	..	6	1	..	..	1	1	1	..	..	1	34	..	..	34	7	..	..	7	20.6
Grove	50	..	..	50	11	..	..	11	1	..	..	1	1	1	..	..	1	51	..	..	51	12	..	..	12	23.5
Park	1	19	8	28	..	2	4	6	..	..	..	..	..	..	..	..	..	1	19	8	28	..	2	4	6	21.4
Brook	38	2	2	42	7	..	..	7	2	2	..	2	2	2	..	..	2	40	2	2	44	9	..	..	9	20.4
Total	336	41	22	399	102	2	8	112	11	..	..	11	11	11	..	..	11	347	41	22	410	113	2	8	123	30.0

The following additional cases were operated upon before admission to Hospital:

	13 cases	2 deaths.	South Eastern	26 cases	2 deaths.
Eastern
North-Eastern	1	Grove ..	1	0
North-Western	0	Park ..	0	0
Western	7	Brook ..	5	0
South-Western	0	Total ..	67	12

¹ For causes of death see footnotes to Table VII.

5. TRACHEOTOMY AND INTUBATION STATISTICS, 1909.TABLE X.—*Number of Cases and Deaths at different Ages of all Cases of Tracheotomy performed for Primary 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	19	15	78·9	..	..		1	1	100·0
1 to 2	58	24	41·4	..	..		5	3	60·0
2 „ 3	82	26	31·7	1	..		4	3	75·0
3 „ 4	85	23	27·1	..	..		10	9	90·0
4 „ 5	40	13	32·5	..	..		5	5	100·0
5 „ 6	31	4	12·9	1	..		2	2	100·0
6 „ 7	18	3	16·6	..	..		2	1	50·0
7 „ 8	4	1	25·0	..	..		..	..	..
8 „ 9	3	1	33·3	..	..		1	1	100·0
9 „ 10	2	..	0·0	..	..		..	..	..
Over 10	4	3	75·0	..	..		2	1	50·0
Total	346	113	33·54	2	..	0·0	32	26	81·25

TABLE XI.—*Number of Cases and Deaths at different Ages of Intubation performed for Primary Diphtheria, Secondary Diphtheria, also for other causes, at all Hospitals exclusive, however, of those cases which were subsequently tracheotomised.*

AGES.	PRIMARY DIPHTHERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	1	1		..	..
1 to 2	2	..		..	..
2 „ 3	6	1		..	..
3 „ 4	11	..		2	1	
4 „ 5	13	..		..	..
5 „ 6	7	..		1	..	
6 „ 7	1	..		..	..
7 „ 8 .. ..	..	..		..	..
8 „ 9 .. ..	..	..		..	..
9 „ 10 .. ..	..	..		..	..
10 and over ..	..	..		..	..
Total	41	2	4·9	3	1	33·3

TABLE XII.—*Number of Cases and Deaths of Patients suffering from Primary Diphtheria on whom Intubation and Tracheotomy were both performed.*

AGES.	PRIMARY DIPHThERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	3	2		..	..
1 to 2	4	4		2	1	
2 „ 3	4	..		2	1	
3 „ 4	2	1		1	..	
4 „ 5	4	..		1	..	
5 „ 6	5	1		..	..
6 „ 7 .. ..	..	..		..	..
7 „ 8 .. ..	..	..		..	..
8 „ 9 .. ..	..	..		..	..
9 „ 10 .. ..	..	..		..	..
10 and over .. ..	..	..		..	..
Total	22	8	36·4	6	2	33·3

6. LAPAROTOMIES FOR PERFORATION IN ENTERIC FEVER PERFORMED DURING 1909.
TABLE XIII.

Hospital at which Operation was performed.	Sex.	Age.	Period of Illness.	Length of time between Perforation and Operation.	Condition of Abdomen.	Nature of Operation.	Result.	Remarks.
Eastern ..	M	10	25th day	21 hours ..	Acute General Peritonitis.	Median incision. Two perforations close together in one ulcer. Lembert's sutures. Peritoneum swabbed. Gauze drain.	Death in 22 hours.	Did not recover from shock of operation.
South-Eastern ..	M	24	19th day	2½ hours ..	No perforation found, but some pus seen.	Drainage with Keith's tube.	Death 2 days later.	Three perforations found P.M.
	M	21	21st day	Either 3 days or half a day, judging from the symptoms.	Coils of intestine matted with thin lymph. Some odourless fluid. No perforation found in last few feet of ileum.	Drainage with Keith's tube.	Death 3 days later.	One perforation found P.M. Peritonitis not more marked than at operation. It seems probable that the perforation did not occur until after the operation, though, of course, this cannot be proved.
Brook ..	M	23	68th day	24 hours ..	Old adhesions in appendix region, and peritonitis localised here, though fluid present in peritoneal cavity.	Perforation closed with silk sutures, using omental covering. Drained.	Death 33 hours after operation.	
	F	12	5th week	?	Gas and fluid in peritoneal cavity. Perforation 4 ins. above caecum.	Perforation sutured with silk. Cavity flushed and drained with tube thrust into pelvis.	Death 28 hours after operation.	
	F	25	6th week	12 hours ..	A little flaky fluid in cavity. Perforation (adherent to omentum) situated 6-8 inches above valve.	Incision in iliac fossa. Perforation sutured with silk. Cavity washed out and gauze drain inserted.	Recovery.	Slight suppuration in wound followed.

7. DETAILS OF MISCELLANEOUS DISEASES ADMITTED DURING 1909
ALSO OF DEATHS DURING 1909.

TABLE XIV.—Summary for all Fever Hospitals.

Disease diagnosed in Hospital.	Cases admitted.								Deaths.					
	Certified Scarlet Fever.	Certified Diphtheria.	Certified Enteric Fever.	Certified Cerebro-Spinal Fever.	Certified Typhus Fever.	Certified Puerperal Fever.	Certified Glanders.	Uncertified.	Total.	Certified Scarlet Fever.	Certified Diphtheria.	Certified Enteric Fever.	Uncertified.	Total.
<i>Infective Diseases—</i>														
Anthrax .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Chicken pox	22	..	..	..	..	..	..	..	22	1	..	..	..	..
Endocarditis, infective ..	..	..	4	..	..	..	..	..	4	..	..	4	..	..
Enteritis, infective ..	..	..	8	..	..	..	..	..	8	..	..	4	..	..
Erysipelas	3	..	..	..	..	..	..	..	3	2	..	..	..	..
German measles	53	..	1	..	..	..	..	..	54	..	..	..	..	..
German measles and chicken pox	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Influenza	9	2	20	..	..	..	..	..	31	..	1	2	..	..
Malaria .. ..	..	..	1	..	..	..	..	..	1	..	..	1	..	..
Measles	93	82	..	..	..	..	..	..	175	14	37	..	..	51
Measles and chicken pox ..	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Measles and whooping cough	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Mumps	3	1	..	..	..	..	..	..	4	..	..	..	..	..
Osteomyelitis .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Paratyphoid .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Pneumonia	16	17	34	1	..	..	..	..	68	2	6	8	..	16
Puerperal fever .. ..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
Pyæmia	1	..	10	..	..	..	..	..	11	..	..	3	..	..
Pyrexia of uncertain origin	13	2	4	..	..	..	..	..	19	..	..	..	..	..
Rheumatic fever	6	..	5	..	..	..	..	..	11	..	..	..	..	..
Septicæmia	1	..	..	..	1	..	..	..	2	1	..	..	..	..
„ puerperal	2	..	2	..	..	..	..	..	4	2	..	1	..	..
Syphilis .. ..	..	5	..	..	..	..	..	..	5	..	..	..	..	..
Tuberculosis, general ..	2	3	11	..	..	..	..	..	16	2	3	11	..	16
Tuberculous glands ..	1	1	..	..	..	..	..	..	2	..	..	..	..	..
„ meningitis	1	..	..	1	..	..	..	..	2	1	..	..	..	..
„ phthisis .. ..	..	4	3	..	..	..	..	..	7	..	3	2	..	..
„ peritonitis .. ..	..	..	2	..	..	..	..	..	2	..	..	..	..	..
„ abscess	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Whooping cough	11	6	..	..	..	..	..	..	17	..	4	..	..	..
<i>Other General Diseases—</i>														
Plumbism .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Anæmia .. ..	..	1	..	..	..	..	..	..	1	..	..	..	..	..
Chlorosis .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Leucocythæmia .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Lymphadenoma .. ..	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Purpura .. ..	..	..	1	..	..	..	..	..	1	..	..	1	..	..
Glioma	1	..	..	..	..	..	..	..	1	1	..	..	..	..
Pelvic tumour .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Scabies	2	..	..	..	..	..	..	..	2	..	..	..	..	..
Thrush	1	1	..	..	..	..	..	..	2	..	..	..	..	..
Worms .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Fishbone in larynx .. ..	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Narcotic poisoning .. ..	..	..	..	3	..	..	..	..	3	..	..	..	..	..
Carried forward ..	244	128	114	5	1	1	..	..	493	26	57	37	..	120

*Tails of Miscellaneous Diseases admitted during 1909 ; also of deaths during 1909
(continued).*

Disease diagnosed in Hospital.	Cases admitted.								Deaths.					
	Certified Scarlet Fever.	Certified Diphtheria.	Certified Enteric Fever.	Certified Cerebro-Spinal Fever.	Certified Typhus Fever.	Certified Puerperal Fever.	Certified Glanders.	Uncertified.	Total.	Certified Scarlet Fever.	Certified Diphtheria.	Certified Enteric Fever.	Uncertified.	Total.
Brought forward ..	244	128	114	5	1	1	..	..	493	26	57	37	..	120
<i>Diseases of Nervous System and Organs of Sense—</i>														
Meningitis	2	..	2	..	..	..	..	..	4	2	..	2	..	4
Hydrocephalus	1	..	..	..	..	..	..	..	1	1	..	..	..	1
Encephalitis .. ..	..	..	1	..	..	..	..	..	1	..	..	1	..	1
Cerebral abscess .. ..	..	..	1	..	..	..	..	..	1	..	..	1	..	1
Paralysis, pharyngeal .. ..	..	1	..	..	..	..	..	..	1	..	1	..	..	1
Sciatica .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Conjunctivitis	2	1	..	..	..	..	..	..	3	..	..	..	..	..
Blepharitis	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Otitis media	10	..	2	1	..	..	..	..	13	..	..	2	..	2
Mastoid abscess	1	..	..	..	..	..	..	..	1	..	..	..	..	..
Rhinitis	13	14	..	..	..	..	..	..	27	..	..	..	..	..
Gangrene of nose .. ..	..	1	..	..	..	..	..	..	1	..	1	..	..	1
<i>Diseases of the Circulatory System—</i>														
Pericarditis .. ..	..	..	1	..	..	..	..	..	1	..	..	1	..	1
Endocarditis	2	..	2	..	..	..	..	..	4	1	..	1	..	2
Valvular disease	1	1	..	..	..	..	..	..	2	..	..	..	..	..
Pylephlebitis .. ..	..	..	2	..	..	..	..	..	2	..	..	1	..	1
Thrombosis	1	..	..	..	..	..	..	..	1	..	..	..	..	..
<i>Diseases of the Respiratory System—</i>														
Asthma .. ..	..	1	..	..	..	..	..	..	1	..	..	..	..	..
Laryngitis .. ..	..	62	..	..	..	..	..	..	62	..	5	..	..	5
Bronchitis	9	11	6	..	1	..	..	..	27	..	1	2	..	3
Broncho pneumonia	16	20	4	..	..	..	..	..	40	1	11	..	..	12
Pleurisy	3	2	5	..	..	..	..	..	10	..	..	..	..	..
Empyema	2	1	2	..	..	..	..	..	5	..	..	..	..	..
<i>Diseases of the Digestive System</i>														
Stomatitis	5	4	..	..	..	..	..	..	9	..	..	..	..	..
„ ulcerative .. ..	..	5	..	..	..	..	..	..	5	..	2	..	..	2
„ gangrenous .. ..	..	2	..	..	..	..	..	..	2	..	1	..	..	1
Dentition .. ..	..	2	..	..	..	..	..	..	2	..	..	..	..	..
Pyorrhœa alveolaris	2	..	..	..	..	..	..	..	2	..	..	..	..	..
Ulceration of tongue	2	..	..	..	..	..	..	..	2	..	..	..	..	..
Inflammation of tonsils, palate or pharynx	214	621	..	..	..	..	..	..	835	..	5	..	..	5
Tonsillitis and whooping cough .. ..	..	1	..	..	..	..	..	..	1	..	..	..	..	..
Post-pharyngeal abscess	1	9	..	..	..	..	..	..	10	..	1	..	..	1
Gastritis	4	..	1	..	..	..	..	..	5	..	..	..	..	..
Indigestion .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Enteritis	2	2	15	..	..	..	..	..	19	1	2	..	..	3
Colitis .. ..	..	..	2	..	..	..	..	..	2	..	..	..	..	..
Appendicitis .. ..	..	..	12	..	..	..	..	..	12	..	..	1	..	1
Intestinal obstruction .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..	..
Diarrhœa	2	1	1	..	..	..	..	..	4	1	..	..	..	1
Carried forward ..	540	890	176	6	2	1	..	..	1,615	33	87	49	..	169

Details of Miscellaneous Diseases admitted during 1909; also of deaths during 1909 (continued).

Disease diagnosed in Hospital.	Cases admitted.								Total.	Deaths.			
	Certified Scarlet Fever.	Certified Diphtheria.	Certified Enteric Fever.	Certified Cerebro-Spinal Fever.	Certified Typhus Fever.	Certified Puerperal Fever.	Certified Glanders.	Uncertified.		Certified Scarlet Fever.	Certified Diphtheria.	Certified Enteric Fever.	Uncertified.
Brought forward ..	540	890	176	6	2	1	..	..	1,615	33	87	49	..
<i>Diseases of the Digestive System (continued)—</i>													
Constipation	1	..	1	..	..	..	..	..	2	..	..	..	..
Colecystitis .. ..	..	..	2	..	..	..	..	..	2	..	..	1	..
Gall stones .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..
Peritonitis	1	..	2	..	..	..	..	..	3	1	..	1	..
Subphrenic abscess ..	..	..	1	..	..	..	..	..	1	..	..	..	..
<i>Diseases of the Lymphatic System—</i>													
Adenitis	2	2	..	..	..	..	..	..	4	1	..	..	..
Cervical abscess ..	1	1	..	..	..	..	..	..	2	..	..	..	..
Hypertrophy of thymus ..	..	1	..	..	..	..	..	..	1	..	..	..	..
<i>Diseases of the Urinary System—</i>													
Nephritis, acute ..	11	2	4	..	..	..	..	..	17	1	1	1	..
Nephritis, chronic ..	7	..	..	..	..	..	..	..	7	..	..	..	..
Urethritis	1	..	..	..	..	..	..	..	1	..	..	..	..
Albuminuria .. ..	..	1	..	..	..	..	..	..	1	..	..	..	..
Perinephric abscess ..	..	..	1	..	..	..	..	..	1	..	..	..	..
Subacute cystitis ..	..	..	2	..	..	..	..	..	2	..	..	..	..
Ovarian cyst .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..
Pelvic abscess .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..
Parametritis .. ..	..	..	1	..	..	..	..	..	1	..	..	..	..
<i>Diseases of the Skin—</i>													
Cellulitis of arm ..	..	1	..	..	..	..	..	..	1	..	..	..	..
Cellulitis of neck ..	..	..	1	..	..	..	..	..	1	..	..	1	..
Erythema	278	2	1	..	..	..	1	..	282	..	..	..	..
Enema rash	2	..	..	..	..	..	..	..	2	..	..	..	..
Drug rash	3	..	..	1	..	..	..	..	4	..	..	..	..
Urticaria	12	..	..	..	..	..	..	..	12	..	..	..	..
Eczema	5	..	..	..	..	..	..	..	5	..	..	..	..
Impetigo	2	3	..	..	..	..	..	..	5	..	..	..	..
Pemphigus	1	..	..	..	..	..	..	..	1	..	..	..	..
Psoriasis	1	..	..	..	..	..	..	..	1	..	..	..	..
Dermatitis exfoliativa ..	4	..	..	..	..	..	..	..	4	..	..	..	..
Sclerodermia	1	..	..	..	..	..	..	..	1	..	..	..	..
Xerodermia	3	..	..	..	..	..	..	..	3	..	..	..	..
Tache bleuâtre .. ..	..	..	..	..	1	..	..	..	1	..	..	..	..
Excision of hip	1	..	..	..	..	..	..	..	1	..	..	..	..
Paronychia	1	..	..	..	..	..	..	..	1	..	..	..	..
Scalds	4	..	..	..	..	..	..	..	4	2	..	..	..
Marasmus	2	..	..	..	..	..	..	..	2	..	..	..	..
<i>No obvious disease—</i>													
Certified as infectious ..	248	27	7	1	..	..	..	1	284	..	..	..	..
Born in Hospital .. ..	..	..	..	..	..	..	..	5	5	..	..	..	2
Admitted with baby .. ..	..	..	..	..	..	..	..	1	1	..	..	..	..
Admitted with mother ..	..	..	..	..	..	..	..	38	38	..	..	..	*1
Total	1,132	930	202	8	3	1	1	45	2,322	38	88	53	3 1

* Died of Infantile Convulsions.

TABLE XV. Showing in Summary the numbers as admitted into the several Hospitals.

Disease as Certified on Admission.	EASTERN HOSPITAL.		NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.		SOUTH- WESTERN HOSPITAL.		SOUTH- EASTERN HOSPITAL.		GROVE FOUNTAIN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		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.	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.
Scarlet fever ..	122	7	146	8	136	5	99	5	104	3	131	2	126	3	187	2	81	3	1,132	38
Diphtheria ..	175	24	90	3	109	15	140	12	31	2	123	16	91	4	117	5	54	7	930	
Enteric fever ..	21	5	30	15	13	3	45	6	39	13	28	7	1	..	..	..	25	4	202	53
Typhus fever ..	2	..	..	..	3	..	..	..	..	..	3	..	..	..	..	..	..	..	8	..
Puerperal fever	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Cerebro-spinal meningitis ..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	3	..
Glanders	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Not certified ..	5	..	11	1	7	..	4	2	..	..	5	..	6	..	5	..	2	..	45	3
Total ..	328	36	277	27	268	23	288	25	174	18	292	25	224	7	309	7	162	14	2,322	182

8. VINCENT'S ANGINA.

By J. D. Rolleston, M.D., Assistant Medical Officer, Grove Hospital.

The present paper is based on the study of 32 cases of Vincent's angina observed at the Grove Hospital in the course of the last five years. Prior to April, 1905, when I first became familiar with this form of sore throat, I had seen several cases which on retrospective consideration were probably examples of this condition, but which I had not learnt to recognise as such. Many other observers have doubtless had a similar experience.

Definition.—Vincent's angina may be defined as a faucial lesion, usually of unilateral distribution, characterised by deep ulceration of the tonsil and adjacent structures, a peculiar fœtor and enlargement of the corresponding lymph glands, and ætiologically associated with the symbiosis of two organisms,* a fusiform bacillus and a spirillum, described by Vincent in 1896, as present in hospital gangrene, and again in 1898 in the lesion to which his name has been given.

Frequency.—Compared with other forms of sore throat, Vincent's angina is uncommon. During the three years, 1905-1907, before and after which period it does not figure in the returns, 15,140 cases of diphtheria were admitted to the Metropolitan Asylums Board hospitals, as well as another 3,047 cases certified as diphtheria but diagnosed after admission as suffering from other diseases. Only 95 of the latter were diagnosed as Vincent's angina, the frequency of which is therefore 0·5 per cent. in all forms of sore throat and 3·1 per cent. in cases of non-diphtheritic angina. These figures probably under-estimate its real frequency, as in 1905 only 3, in 1906 4, and in 1907 6 of the 10 hospitals admitting acute cases of diphtheria returned the diagnosis of Vincent's angina in their statistics. Its slightly greater frequency at the Grove Hospital supports this view. During the quinquennium 1905-1909, 3,266 cases of diphtheria were admitted to this hospital and another 610 were certified as diphtheria, but were found after admission to have other diseases, among which were 30 of the 32 cases which form the subject of this paper. The frequency of Vincent's angina at the Grove Hospital during a period of five years was therefore 0·9 per cent. in all cases of sore throat and 4·9 per cent. in non-diphtheritic angina.

Vincent himself found that it occurred in 2·2 per cent. of all cases of angina. It should be noted, however, that his patients, instead of being of all ages and sexes like those admitted to the Asylums Board Hospitals, were exclusively soldiers between

* The fusiform bacillus has been isolated in pure culture by several investigators. Mühlens alone has succeeded in cultivating the spirillum. For a full account of the bacteriology of Vincent's angina, A. Meyer's valuable monograph should be consulted. Repaci's paper may also be mentioned (v. references).

the ages of 20 and 25 years. L. Martin, at the Hôpital Pasteur, met with it in only 2 out of 122 cases of non-diphtheritic angina. Marfan found it in 1 per cent. of all cases of angina admitted to the diphtheria block at the Hôpital des Enfants Malades. A. Meyer saw 30 cases in 5 years in Heymann's throat and ear department at Berlin, among 15,000 cases of this speciality.

Age and Sex.—The ages and sexes of the 32 patients are shown in the following table :—

TABLE I.

Years.							Males.	Females.
0-2	..	..	..	..	..	..	0	0
2-3	..	..	..	..	..	..	2	1
3-4	..	..	..	..	..	..	3	2
4-5	..	..	..	..	..	..	4	2
5-6	..	..	..	..	..	..	2	4
6-7	..	..	..	..	..	..	0	2
7-8	..	..	..	..	..	..	0	3
8-9	..	..	..	..	..	..	0	0
9-10	..	..	..	..	..	..	2	0
10-11	..	..	..	..	..	..	0	0
11-12	..	..	..	..	..	..	0	1
12-13	..	..	..	..	..	..	0	2
14-15	..	..	..	..	..	..	1	0
16-17	..	..	..	..	..	..	1	0
							15	17

Thus 14 occurred in the first quinquennium, 13 in the second, 4 in the third, and 1 in the fourth. Fifteen were males and 17 females. Illustrative of its occurrence at the extremes of life are Athanasiu's case in a child aged 26 months, and Rudloff's in a man aged 81 years.

As the figures above testify, it is relatively rare in adults. An exception to this rule occurs in the case of soldiers, on whom Vincent's original observations were made, and medical students, among whom cases have recently been reported by Buhlig and Gordon. According to Vincent it shows a predilection for those working in the dissecting room.

Contagiosity.—It is a striking fact, at once illustrative of its rarity among adults and of its feeble contagiousity, that none of the staff at the Grove Hospital contracted the disease during these five years. This is all the more remarkable as they are very liable to various forms of sore throat. Thus during this period 196 suffered from follicular tonsillitis and 19 from quinsy, and their susceptibility to infection is further shown by the fact that 40 developed scarlet fever and 37 diphtheria during the same period.

Although no instances of contagion have been furnished by the present series many such cases have been observed. The disease has been conveyed by kissing, or by the use of an infected pipe or glass (Vincent). In Royster's case a dentist was infected by his patient, and in cases recorded by Vincent and Costa the reverse occurred. Goldenburg mentions a family epidemic in which the father, mother, and two children were affected. In the parents the disease was slight, but in the children fairly severe. Small epidemics in children's homes have been reported by Cushing. Buhlig describes an outbreak among medical students who had a tobacco pouch in common, the string of which they fastened with their teeth, and Todd states that a pathologist, after examining throats in a lunatic asylum during an epidemic of Vincent's angina, caught the disease himself.

Seasonal Incidence.—As is seen from Table II. the disease was commonest in the spring and rarest in the autumn.

TABLE II.—*Shewing the months in which the cases were admitted.*

January	..	..	..	..	..	3 cases.
February	..	..	..	..	..	2 „
March	..	..	..	..	..	2 „
April	..	..	..	..	..	6 „
May	..	..	..	..	..	5 „
June	..	..	..	..	..	4 „
July	..	..	..	..	..	2 „
August	..	..	..	..	..	2 „
September	..	..	..	..	..	0 „
October	..	..	..	..	..	3 „
November	..	..	..	..	..	2 „
December	..	..	..	..	..	1 „

32

Thus 7 occurred in the first quarter, 15 in the second, 4 in the third, and 6 in the fourth.

The experience of other observers is different. Eight of Meyer's 30 cases occurred in September, only 3 between December and March, and 21 between June and October. Reiche, on the other hand, found his cases were most frequent during the warm months.

Previous Health.—Some writers, including Vincent himself, have laid special stress on general ill-health and oral sepsis as predisposing causes. Others, such as Baron, Blackwood, Lavagna, and Reiche, with whose experience my own accords, found the disease equally frequent among those previously healthy. Carious teeth were doubtless present in most if not all of my cases, but not to a greater extent than in other children, nor was the general condition below par. Nine had had no previous illnesses whatever, and 23 had had one or more of the acute exanthemata.

Clinical pictures.—It is customary to distinguish two forms of Vincent's angina, an ulcerative and a membranous or diphtheroid, but in my experience the ulcerative is only a later stage of the diphtheroid. The slough which covers the ulcer may so closely simulate diphtheritic membrane, that even after considerable experience the condition may be regarded as diphtheria and treated accordingly, especially as the characteristic fœtor is often absent in the early stage. Thus 10 cases in which no diphtheria bacilli were subsequently found were diagnosed as diphtheria on admission, and received doses of antitoxin, ranging from 4,000 to 16,000 units. In some of these cases the faucial condition seemed to be benefited by serum treatment, probably through stimulation of local leucocytosis. No help in diagnosis can be gained from the history of the onset, the prodromal symptoms being those common to any angina. Thus in 28 there was a history of sore throat, in 11 of headache and vomiting, in 18 of swollen neck glands, and in 7 of shivering. It is of special interest that nasal discharge, which is so frequent an initial sign of diphtheria, occurred in 14 cases. In 9 it was present on admission, and in another 5 it had been noticed at the commencement of the disease but had ceased before admission.

The resemblance to severe diphtheria is sometimes increased by the presence of faucial oedema, which was found in 5 cases. Adenitis usually confined to one side may be considerable, but I have never observed in Vincent's angina anything resembling the proconsular neck of toxic diphtheria. In every case the inflammation resolved completely. Suppurative adenitis, as Vincent has pointed out, is unknown.

The foetor of Vincent's angina, though absolutely characteristic and quite distinct from that of malignant diphtheria, may mislead those who have had no experience of the former disease. Thus one case in which the odour was very pronounced was brought to hospital by the parents, without waiting for the ambulance, because the certifying practitioner had said that it was a severe case of diphtheria which should be removed to hospital at once.

In the great majority of cases Vincent's angina is a unilateral affection, or, if both sides of the fauces are involved, the lesions are predominant on one side. Thus in 12 cases the right, in 11 the left, and in 9 both sides were affected, but in 5 of the latter the lesions were predominant on the left and in 2 on the right.

In 20 cases the uvula was involved, in 8 cases the right, and in 12 the left side being affected. Damage to this organ in the present series was never considerable, and complete regeneration of tissue always occurred. Cases, however, in which the whole uvula has been destroyed, have been recorded by Auché and by Niedner. In none of my cases was the larynx attacked, as in those published by Arrowsmith, Bruce, and Reiche. Ulcero-membranous stomatitis, which is also due to the fuso-spirillar symbiosis, was not present in any of my cases, but this coexistence of the two affections or rather multiple localisation of the same disease has been recorded by Niclot and Marotte, Grenet, Widai and Darré, Crandall, and others. In one of Blackwood's cases the specific stomatitis was followed by typical angina. In Crandall's case, on the other hand, the disease was first confined to the throat, but was inoculated into the gums by a dentist while scaling the teeth. A similar case is recorded by Costa. In convalescence from scarlet fever I have met with ulcero-membranous stomatitis in which the characteristic odour suggested the presence of Vincent's organisms, which were found to be very plentiful on bacteriological examination. I have not, however, found them in the ulcerative angina of the acute stage of scarlet fever, as Simonin, Vedel and Lagriffoul, and Weaver and Tunnicliff have done.

Disproportion between the severity of the local and general symptoms is one of the most striking features of Vincent's angina. In most of my cases the constitutional disturbance was slight and lasted only during the pyrexial period, which, as a rule, was of short duration. In 5 the temperature was normal throughout their stay in hospital, though the local process was still in an acute stage on admission; in 10 it ranged between 99° and 100° ; in only 4 did it rise above 102° , the highest reading being 103.8° . In 11 cases the temperature became normal within 24 hours of admission, and in only 2 did the pyrexia persist for more than 4 days after their arrival. Compared with diphtheria, the specific disease which it most closely resembles, Vincent's angina is a protracted affection. Whereas in diphtheria the throat becomes clean a few days after the injection of antitoxin, the healing process in Vincent's angina requires as a rule a much longer time. The average period in the 32 cases was 18 days, the extreme limits being 5 days in the mildest, and 59 days in the most severe.

A still more chronic course has been recorded by several writers. In one of Arrowsmith's cases the ulceration lasted over 2 months and involved the right tonsil, anterior and posterior pillars, epiglottis and pharynx.

In Bayer's case the process lasted between 3 and 4 months, and defied all local treatment. Finally recovery took place under arsenic internally and strengthening diet.

In Pusateri's case, in which the diagnosis of tuberculous ulceration of the tonsils was first made, the disease lasted for over a year. Murray and Todd have also recently recorded cases of chronic ulceration of the tonsils associated with the presence of Vincent's organisms.

Two of my cases had a relapse. One occurred on the 9th day, and was probably due to accidental inoculation during painting of the throat, as the child struggled at the time. The other relapse occurred without obvious cause on the 24th day.

In both cases the right tonsil and right side of the uvula were involved in the relapse, whereas the left tonsil and left side of the uvula had been affected in the initial attack.

As a rule, the fuso-spirillar couple disappears as healing commences. The fusiform bacilli persist longer than the spirilla. In 2 cases in which the organisms were found in great abundance on the 5th and 7th days, smears taken on the 10th and 9th days respectively, were negative. In another case, in which numerous fusiform bacilli and a few spirilla were found on the 8th day, there were still some fusiform bacilli, but no spirilla on the 20th, 2 days before the throat became clear.

In a mild case, where the disease was confined to the upper part of the left tonsil, numerous fusiform bacilli and spirilla were present on the 9th day, before treatment was started. After the application of methylene blue powder on two successive days, the fusiform bacilli were still numerous, but the spirilla had disappeared. On the 14th day, when only very slight opacity of the mucosa marked the site of the original lesion, neither fusiform bacilli nor spirilla could be found.

Association with other Diseases.—In 4 cases, in addition to the fuso-spirilla couple found in the smear, organisms morphologically indistinguishable from diphtheria bacilli were present in the cultures. Antitoxin was given, the faucial lesions healed more rapidly than in the uncomplicated cases, and no paralyses resulted. It was at one time thought that the presence of Vincent's angina was enough to exclude diphtheria, but the error of this view soon became manifest. It is true that the co-existence of the two diseases is not common. Meyer points out that the mere presence of Klebs-Loeffler bacilli in the culture does not justify the diagnosis of diphtheria, if the clinical appearances do not correspond, as they have been found in obvious cases of Vincent's angina, without producing any change in the clinical picture. In such cases they were either non-virulent or if virulent they did not necessarily take any part in the morbid process. Cases, however, similar to the four just mentioned, have been recorded by Blumenthal, Többen, Nieder, and Weaver and Tunncliffe, in which prompt improvement followed the injection of antitoxin. In practice, therefore, it is advisable to treat as diphtheria those cases of Vincent's angina in which organisms resembling diphtheria bacilli are present in the culture.

The association of a comparatively mild local disorder like Vincent's angina with a serious general disease like diphtheria, may be compared with the co-existence of soft chancre with syphilis. In these mixed lesions the soft chancre dominates the scene, and the possibility of the more serious infection is ignored until the explosion of secondary symptoms reveals the unwelcome truth.

In one case there was a probable co-existence of inherited syphilis. A girl, aged 4 years, was admitted on May 17th, 1905, with ulceration of both tonsils covered with yellow slough. The lesions were predominant on the left side. No diphtheria bacilli were present in five successive cultures, but smears showed numerous fusiform bacilli and spirilla. In spite of applications of iodine twice daily, the ulceration persisted until July 7th, when she was given a mixture containing Liq. Hydrarg. Perchlor. and Pot. Iod. thrice daily. Within a week the ulcers had completely healed.

Apart from the therapeutic result, there was nothing to suggest syphilis in this case, beyond some flattening of the bridge of the nose. The value of Wassermann's reaction, which at that time had not been discovered, is obvious in a case of this kind, as Sobernheim has recently shown in dealing with the co-existence of Vincent's angina and latent acquired syphilis.

No other instances of the co-existence of Vincent's angina and inherited syphilis have been recorded, but there have been several cases published of Vincent's angina in all stages of the acquired disease. In Lagriffoul and Bousquet's case typical Vincent's angina shortly preceded the roseola. In the cases of Malherbe, Moutot, and Solomon, symptoms of secondary lues were already present. In Sobernheim's

case the spirochaeta pallida was associated with Vincent's organisms in the throat lesions.

Sack records a case of the co-existence of Vincent's angina with tertiary syphilis, in which recovery took place under iodide of potassium. It is interesting to note in this connection as illustrative of the action of the fuso-spirillar couple in ulcers situated elsewhere than in the bucco-pharyngeal cavity, that Launois and Laederich found Vincent's organisms in a phagedaenic chancre of the penis, together with the spirochaeta pallida.

An instructive case is recorded by Balzer and Poisot, of the association of Vincent's organisms with Ducrey's bacillus in gangrenous soft chancre. As in Vincent's angina the general condition did not correspond to the local lesion. The temperature was normal, and the pulse 76. That the local malignancy was due rather to Vincent's organisms than to the organism of soft chancre was proved by the considerable improvement which followed the application of methylene blue. The fuso-spirillar couple completely disappeared in two days, though Ducrey's bacillus still persisted.

Hébert's unique case may also be mentioned here. A man suffering from specific urethritis developed stomatitis of the gums and cheeks, associated with angina, bacteriological examination of which showed gonococci and Vincent's organisms. The case was successfully treated with a gargle and mouth-wash of potassium permanganate.

In only one case of the present series did Vincent's angina arise in convalescence from an acute specific disease. This was in a boy, aged 9 years, on the 26th day of an ordinary attack of scarlet fever. In all the others the disease was primary. With the exception of this and of another case certified as scarlet fever, all the cases were sent in as diphtheria. In all but 3 cases, in which it arose after some weeks' stay in hospital, the angina was already present on admission. Of the 3 exceptions, 2 were cases certified as bacteriological diphtheria, but in whom no clinical nor bacteriological evidence of diphtheria was found after admission.

The third case was that secondary to scarlet fever already mentioned.

The occurrence of Vincent's angina as a sequel of pertussis has been observed by Barlow, Graupner, and Weaver and Tunnichliff, as a sequel of measles by Weaver and Tunnichliff, and of diphtheria by Graupner.

Complications.—The only complications noted in the 32 cases were albuminuria in 2 cases which lasted 2 and 4 days respectively, serum phenomena in 7 of the 12 injected with antitoxin, and the following skin eruptions. One case prior to admission presented a scarlatiniform rash, which was the cause of its being certified as scarlet fever. A similar case is recorded by Eisen, who regarded the diagnosis of scarlatina as improbable, on account of the transient character of the eruption, the complete absence of desquamation, and the slight and transient pyrexia.

Herpes labialis occurred in only 1 case as compared with diphtheria and non-specific tonsillitis, in which, as I have shown elsewhere (*Brit. Jour. Dermatol.* 1907, p. 375), it was found with a frequency of 4 per cent. and 13 per cent. respectively.

In 1 case miliaria of the neck was seen on the fifth day of disease. Joint affections, the occurrence of which in Vincent's angina was recorded by Simonin and Niclot and Marotte, were not observed.

Reiche had two cases which developed palatal and ciliary palsies, loss of knee jerks, and ataxia. No similar observations have been made by others, and in spite of the negative bacteriological examination it is difficult to believe that co-existent diphtheria had not been present.

According to Simonin complications are more frequent after the stomatitis due to Vincent's organisms than after the angina due to the same cause. This he attributes to the powerful leucocytic defence provided by the tonsils. A similar opinion is expressed by Ivanow, who found such complications as erythema multiforme, joint pains, abscesses, and appendicitis more frequent in the cases accom-

panied by severe stomatitis and glossitis. Like Simonin he regarded their occurrence as due to secondary infection by streptococci. The absence of serious complications in my own cases may therefore be attributed to the lack of concomitant stomatitis.

Prognosis.—The present series confirms the general rule as to the benignity of Vincent's angina.

About half-a-dozen fatal cases have been recorded. In one of Bruce's cases death was due to toxic absorption from the site of the local lesion, and in another two to suppurative broncho-pneumonia after involvement of the larynx. Pneumonia was also the cause of death in De Carli's case. In Giliberti's case the angina was associated with ulcero-membranous stomatitis, which was followed by osteomyelitis of the lower jaw. In Meyer and Schreyer's case pernicious anæmia was probably a predisposing cause of infection by Vincent's organisms and explained the fatal issue. In Royer's case, which occurred in a pregnant woman, death took place a few days after delivery. In addition to ulcero-membranous stomatitis pulmonary tuberculosis and gangrene, nephritis, and endometritis were also present.

Most of these cases, however, as Meyer has pointed out, should be rather regarded as gangrene of the pharynx than as Vincent's angina.

Treatment.—In most cases it is sufficient to swab the affected part morning and evening with undiluted tincture of iodine, as Vincent himself recommends. If the fœtor is excessively penetrating, the throat may be syringed with a solution of potassium chlorate and myrrh. In one case where the ulceration advanced in spite of these measures the application on two successive days of powdered methylene blue to the ulcers was followed by rapid healing. Both in this and in another case where this treatment was adopted from the first, the urine passed within 3 hours of the application was light blue, but rapidly resumed its normal colour, when the methylene blue was discontinued. No internal medication was found to be necessary in any case.

SUMMARY.

1. Vincent's angina is an uncommon disease, occurring in 0·9 per cent. of all cases of sore throat and in 4·9 per cent. of cases of non-diphtheritic angina.
2. During a five years' period of observation in a hospital population of all ages, the affection was confined to children between two and 16 years.
3. No instances of contagion were observed.
4. Its incidence was greatest in the spring, least in the autumn.
5. It was not found to show any predilection for weakly children or for cases of oral sepsis.
6. There is nothing characteristic in its prodromal symptoms.
7. There are not two distinct varieties of Vincent's angina. The ulcerative is merely a later stage of the membranous form.
8. Constitutional symptoms are slight or absent, but the local affection is more pronounced than in diphtheria.
9. Association with other diseases is uncommon.
10. The prognosis is favourable. Complications are infrequent and usually insignificant.
11. Treatment consists in the local application of tincture of iodine or methylene blue powder. Internal medication is usually unnecessary.

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9. THREE CASES BEARING ON "VINCENT'S ANGINA."

By E. W. Goodall, M.D., Medical Superintendent of the Eastern Hospital.

Dr. Rolleston's paper on "Vincent's Angina," which, as co-editor of the Medical Supplement, I have had the opportunity of perusing before its publication, induces me to record the following cases:—

Case 1.—Daisy G., aged 28 years, was sent to the Eastern Hospital as a case of diphtheria, on March 10th, 1910. She was the subject of Graves's Disease, for the treatment of which she had been an inmate of the London Hospital for three weeks. A week after she had been in the London Hospital she had a rash on the face, neck, upper part of the chest, arms, and backs of hands. It was very irritating. On March 8th she suffered from "pricking and pain in the throat and neck." A cultivation of the fauces yielded diphtheria bacilli; and on the 9th 8,000 units of antitoxin were administered. On admission to the Eastern Hospital it was found that the patient's left tonsil was much enlarged; upon it were several patches of exudate about one eighth of an inch in diameter; they appeared to be ulcerations of the follicles covered with whitish-yellow exudation. The right tonsil was hardly at all enlarged, and was somewhat depressed in the centre, which was covered with a thick whitish-yellow exudation. No ulceration elsewhere. A gland on the left side of the neck was slightly enlarged. The patient stated that her throat was painful on swallowing. The temperature was 101° F. The palm and soles were peeling profusely; but there was no peeling elsewhere.

Next day it was found that the urine contained a trace of albumen. The faucial condition was much the same. The temperature had fallen to 99.4°; but in the evening it rose to 101°. A culture of the faucial exudation taken on this day did not yield the diphtheria bacillus; but a smear showed many fusiform bacilli and spirilla.

March 12th. "A good deal less exudation to-day. There does not seem to be so much ulceration as I thought yesterday, now the exudation has largely cleared off." Temperature, 99° to 100°.

March 14th. "The appearance of the fauces has altered considerably. There are now no definite patches, but over both tonsils and uvula and adjoining part of palate seems to be smeared a considerable amount of loose mucous exudation." Temperature, 99° to 99.4° yesterday, 98.6° to-day.

March 16th. "Much the same, but less exudation." Temperature, 97° to 97.4° yesterday, 98° to 99.6° to-day.

March 18th. "Since yesterday more exudation has formed on both tonsils and also on the uvula, thick greyish, pultaceous stuff. Throat painful when she swallows, not otherwise." Temperature, 101.4° to 99° yesterday, 99.0 to 98° to-day.

By March 23rd the fauces were quite clean, and there was no ulceration. The temperature varied from normal to 99.6°. There was albuminuria up to March 13th; after that day the urine was normal. On March 28th the patient complained of slight sore-throat. There were two or three specks of exudation on the left tonsil, which cleared up in a few days under treatment. On admission the treatment adopted was swabbing the fauces with equal parts of izal and water twice a day. This did not appear to do much good, and it was altered on March 18th to perchlorate of mercury solution, 1 in 2,000, twice a day.

This patient was under my own care. At first I thought that when the faucial exudation cleared off, considerable ulceration would be revealed; but that proved not to be the case. There was only superficial ulceration.

Case 2.—William John M., aged 21 years, admitted to the Eastern Hospital on February 20th, 1910, certified to have scarlet fever. There had been a rash and sore throat two weeks previously. On admission there was free general desquamation, cervical adenitis on both sides, and albuminuria. The patient's face was puffy; temperature, 99.4°. For three or four days after admission the urine was scanty; on February 23rd blood appeared in the urine. This continued till the patient's death on March 22nd. There was, in fact, acute nephritis; and with the history of a sore throat and rash, and with the evidence of the desquamation, there can be little doubt that the case was one of mild scarlet fever followed by nephritis. On February 22nd and 23rd the temperature was between 101° and 102°; then it gradually declined to normal on February 28th, and continued so till the patient's death, with the exception of very slight rises (99.4° and 99°) on March 18th and 21st. From about February 24th the patient was troubled with a frequent cough. It had been noticed on admission that the patient's teeth were extensively diseased. The upper front teeth, especially, were in a shocking state of neglect and decay. On March 1st a smear was made from the tartar, but no fusiform bacilli or spirilla were to be found, only cocci. On March 3rd the gums became more inflamed, and there was a most offensive odour from the mouth. There was no alteration in the patient's condition till March 21st, when stridor was noticed for the first time, and the patient's voice became hoarse; there was also dysphagia. The fauces were inflamed, but not severely; there was a little exudate in some of the tonsillar crypts. The gums were ulcerated, especially the lower one in front. During the night the stridor, which was inspiratory, increased, but the patient did not appear to be distressed, nor was he restless. There was no cyanosis, and the pulse was good. About 6.30 a.m. the next day he died quite suddenly.

A *post mortem* examination was made the same day. The teeth mostly affected by caries were the incisors and molars. The ulceration of the gums that had been observed during life had left the bone of both upper and lower jaw bare in places. The tonsils were hypertrophied, but there was no ulceration of them nor of any part of the fauces. The base of the tongue was oedematous. There was extreme oedema of the mucous membrane between the base of the tongue and the epiglottis, especially laterally; the upper part of the epiglottis was ulcerated. Within the larynx there was an ulcer, half an inch or so in diameter, in the region of the arytenoid cartilage on each side. These ulcers were deep and undermined; they contained yellowish, pultaceous matter, slough and necrosed cartilage, and emitted a most offensive odour. The mucous membrane of the larynx and upper part of the trachea was oedematous, so that the vocal cords were swollen.

Both kidneys were enlarged, engorged with blood, and in a state of acute inflammation.

There was evidence of slight bronchitis; and there were old pleural adhesions on each side. The heart was normal. The cervical glands were slightly enlarged. The thymus gland was present, 1½ to 2 inches in length. There was no evidence of tubercle anywhere. A smear made from the pultaceous matter of the ulcers in the larynx showed

large numbers of fusiform bacilli and—in smaller numbers—spirilla; there were also many cocci and other bacilli.

Case 3.—Albert H., aged 4 years, admitted on February 25th, 1910, certified to have diphtheria. He had had a sore throat since the previous day. On admission there was slight exudation on the tonsils and margin of the uvula; no rash; no glandular enlargement; temperature, 102° F. A smear made on admission showed neither fusiform bacilli nor spirilla. On February 26th it was noted that there was ulceration with membranous exudate extending over both tonsils and sides of uvula. On February 28th the fauces were in the same condition; but there was slight enlargement of the cervical glands, especially on the left side. On March 1st I noted that there was fairly deep ulceration at the base and along the sides of the uvula and along the adjacent edge of the soft palate, and also on the tonsils. A cultivation of the exudate made on February 28th did not show diphtheria bacilli. Another smear was examined on March 3rd, but no Vincent's organisms could be found. The treatment adopted on admission was swabbing with perchloride of mercury (1 in 2,000) three times a day, but that did not appear to have any effect, and on March 7th it was observed that the ulceration had not improved but had if anything spread and involved the affected parts more deeply. The cervical glands had also become larger and more painful. There was still no improvement on March 12th. Possibly improvement had been hindered by a serum reaction on March 10th and 11th (rash, and temperature of 102.2°); 8,000 units had been injected on admission. On March 9th izal had been substituted from the mercury solution. By March 21st there was a decided improvement in the faucial lesion which had quite healed by March 28th.

For a week after admission there was irregular pyrexia; 97.8° to 101°. There was no albuminuria at any time.

I record this case because clinically it was one which would have done very well for "Vincent's Angina," yet the characteristic organisms were not to be found. As a matter of fact, a day or two after the patient's admission, his brother was sent to the hospital, as a case of diphtheria, but was found to be suffering from a slight but well-marked attack of scarlet fever. There was tonsillitis with exudation, but no ulceration; and Vincent's organisms could not be found. No peeling occurred in Albert H.'s case.

Dr. Rolleston draws attention in his paper to the fact that not all the hospitals of the Board have returned cases of "Vincent's Angina," as such in the annual statistical tables. The Eastern Hospital is one of those which have not specially distinguished these cases, for the reason that I have not yet been convinced that this form of angina exists as a separate disease or that the fusiform bacilli and the spirilla are the cause of the lesion. Clinicians have long been acquainted with various forms of tonsillar and faucial ulceration, besides those which are due to such well-known diseases as scarlet fever, syphilis, diphtheria (occasionally), and so forth; they have also recognised membranous inflammations, which are not diphtherial (using the term "membranous" in a fairly wide sense and the word "diphtherial" as meaning "caused by the diphtheria bacillus").

Dr. Rolleston defines "Vincent's Angina" as "a faucial lesion usually of unilateral distribution, characterised by deep ulceration of the tonsil and adjacent structures, a peculiar foetor and enlargement of the corresponding lymph glands, and ætiologically associated with the symbiosis of two organisms, a fusiform bacillus and a spirillum." Vincent himself, as Dr. Rolleston states, has described two forms of the disease, one, *pseudo-membranous* or *diphtheroid*, in which there is no or very slight ulceration, the other, *ulcero-membranous*, in which there is ulceration more or less deep. Other symptoms are, a peculiarly foetid breath, excess of saliva, dysphagia, fever, and enlargement of the cervical glands. The diphtheroid form is, according to Vincent, rare; but in it the lesion is determined by the fusiform bacillus, alone or associated with streptococci, streptococci, etc. The ulcero-membranous is the most common form, and in it the lesion is determined by the association of the fusiform bacillus and the spirillum. While necrosis and ulceration can be and are caused by the fusiform bacillus, the rapidity and extent of the necrotic process are favoured by the association of the spirillum with the bacillus. But even according to Vincent's own account the difference between the two forms is one of degree only; for he states distinctly in one of his articles that even in the diphtheroid form the false membrane may rest on an ulcerated and bleeding surface. On this point I agree with Dr. Rolleston.

The difficulties in the way of accepting "Vincent's Angina" as a distinct disease are two. The first is that the clinical picture is not sufficiently clear. As I have already stated membranous and ulcerative tonsillitis were known before Vincent began to work at the subject; and merely to delineate anew a sufficiently well-known affection does not entitle the observer or (as in the present instance) his friends to rename them. But it may be urged that Vincent found that one form of ulcero-membranous tonsillitis was due to a particular symbiosis of micro-organisms, and that, therefore, there was justification for the recognition of a new disease. This is in fact the position Vincent himself took up, and he called the disease *l'angine à bacilles fusiformes et spirilles*. He said he was able to pick out from the crowd of ulcero-membranous or diphtheroid sore throats a particular form of sore-throat which often simulated diphtheria and sometimes syphilitic ulceration of the pharynx, and which, moreover, was characterised by symptoms sufficiently specific. The clinical symptoms, however, were not specific enough to enable the disease to be recognised with certainty; and so recourse was to be had to the microscope. But I do not gather that in every case of diphtheroid or ulcero-membranous tonsillitis, even if it was not true diphtheria or syphilis, the organisms of Vincent would be found. That is to say, there are forms of diphtheroid and ulcero-membranous angina, which are not diphtheria, nor syphilis, nor "Vincent's Angina." Case 3, which most probably was one of scarlet fever, was such a case.

The other difficulty lies in the want of evidence that the fusiform bacillus and the spirillum are the cause of the lesions in which they are found. It may be that they are, but it cannot be said to be proved. According to Vincent the organisms are the cause of several forms of gangrenous disease, to wit—hospital gangrene, tropical phagedenic ulcer, ulcerative stomatitis, cancrum oris, gangrene of the lung, (2 cases), abscesses in the vicinity of the alimentary tract, and, in a few cases, of suppuration in other parts of the body connected with wounds of the skin. That the bacilli and spirilla are frequently found in necrotic and suppurative lesions is admitted, as it is also admitted that it is a normal inhabitant of the mouth; but that is far from admitting that it is the cause of the lesions in which it is found. It may be argued that the bacillus of diphtheria is often found in lesions of which it is probably not the cause, and even in healthy throats, and yet that this bacillus is recognised to be the cause of the membranous inflammation, and even of certain other lesions (*e.g.*, cutaneous gangrene). But in the case of this organism there is a mass of experimental evidence to support its case which cannot be set aside; and evidence of such weight is entirely wanting in the case of Vincent's organisms. It may be that future research will show that these organisms do produce the results claimed for them; in which case Vincent's merit will consist, so far as angina is concerned, in having shown that one variety of diphtheroid and ulcero-membranous sore throat was associated with their presence.

Of the three cases related in this paper, Case 1 was a case of inflammation of the fauces, not definitely membranous, and with little, if any, ulceration, in which the fusiform bacilli and spirilla were found. In spite of the fact that diphtheria bacilli had been cultivated from the fauces before admission, I did not consider the case to be one of diphtheria; it certainly did not appear to be so clinically. In Case 2 there was ulceration of the larynx associated with Vincent's organisms; there was hardly any faucial lesion, but there was ulcerative gingivitis. In Case 3 there was an ulcero-membranous lesion of the fauces without the spirilla and bacilli. Probably the patient had scarlet fever.

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10. ON A FATAL VARIETY OF ULCERATIVE SORE THROAT

By E. W. Goodall, M.D., Medical Superintendent of the Eastern Hospital.

Amongst the many cases of disease of the fauces, which are erroneously sent to the hospital as diphtheria, are some which, though they have been described by previous writers, have not of late, so far as I am aware, attracted much attention in this country. Yet they form a distinct clinical group, and are by no means very rare. Their frequency varies, I believe, from time to time; in my experience it has been more noticeable during the past three or four years. It has always been customary to publish in the Annual Report of the Board, tables which show the number of cases of the different affections sent to hospital in error. Amongst those sent in as diphtheria are various forms of inflammation and ulceration of the fauces, which are entered in the tables as septic tonsillitis, "Vincent's Angina," and so forth, and which are different from the ordinary forms of acute tonsillitis. For one thing, deaths are more frequent amongst them. It is very rarely that ordinary tonsillitis prove fatal, whereas a septic inflammation of the fauces may be so. I find on reference to the tables for the past ten years that the fatal cases of acute inflammatory or ulcerative diseases of the tonsils and their neighbourhood numbered, during the years 1900 to 1905, one to five a year. Whereas during the years 1906, 1907, 1908, and 1909, they have been respectively 12, 10, 12 and 5. These figures can be regarded as only approximately accurate; I have no doubt whatever, that some of the cases to which I am drawing attention are diagnosed, even in hospital, as diphtheria, while others, perhaps a larger number, are diagnosed as scarlet fever. But so far as the experience of the Eastern Hospital at Homerton goes, I am quiet sure that the cases have been more frequent of late years than they were, even when allowance has been made for the inclusion of some of them amongst the diphtheria and the scarlet fever cases.

I give below the notes of thirty-five cases of this form of faucial disease. It will be noticed that nearly all of them occurred during the years 1906 to 1909; and it is during these years that I have observed their greater frequency, at any rate in a fatal form. I have recorded here all the fatal cases during 1906 to 1909. Before 1906 fatal cases were not common; in this paper I have included only three which occurred earlier than 1906. I do not suppose that they are all the cases which were observed. But I can confidently state that in the earlier years such cases were decidedly scarce, and a search through the records of the *post mortem* examinations has failed to reveal any but a case here and there before the year 1906. And as a matter of fact I showed the specimen taken from Case 6 at a meeting of the Hunterian Society on 27th January, 1904, because I considered it to be an unusual form of disease.*

Clinical History. The disease, like diphtheria, begins insidiously, so that in a large proportion of the cases it is already considerably advanced when medical aid is sought; the first symptoms may be vomiting, feverishness, loss of appetite, swelling of the neck (usually due to glandular enlargement), and sore throat (not severe). The youth of the patient aids the latency of the disease; it will be noticed that only 5 of the patients were aged 5 years or over; and a large proportion consisted of infants of a few months. Or the presence of some complication, such as pneumonia, may divert attention from the faucial affection as occurred in Case 4. When the lesion of the fauces is observed from the beginning it is usually found to consist of what appears to be diphtheritic membrane on one or both tonsils, and occasionally also on the uvula and soft palate; and

* Transactions of the Hunterian Society, Vol. 1903-4, page 69.

a watery or muco-purulent discharge from the nose is not infrequently present. Consequently most of the cases are in the first instance diagnosed to be diphtheria, and may be accepted as such on admission to hospital. In fact, 30 out of 34 cases in which the disease began before the patient was sent to hospital were certified to have diphtheria; the remaining 4 were certified scarlet fever, because there was a rash (which was not, however, like that of scarlet fever). There is usually pyrexia and some enlargement of the cervical glands. In the course of two or three days it is noticed that the progress of the disease is not like that of diphtheria. The exudation does not become less, the temperature remains abnormally elevated, and there is no improvement in the general condition of the patient; and all in spite of fact that in most instances diphtheria antitoxic serum has been given on the supposition that the patient was suffering from diphtheria. It is usually also found that the exudation seen on the tonsils and palate does not rest upon a normal or nearly normal mucous membrane, but, on the contrary, covers a surface which is more or less deeply ulcerated. The further course of the disease varies. Not a few of the cases prove fatal. In these the ulcerative process spreads and may reach even the larynx; and complications supervene, of which the most common are lobular pneumonia and inflammation and sloughing of the glands, cellular tissue and skin of the neck. In very young patients death occurs within a few days; otherwise it may be delayed for two or three weeks, or even to a later date. In cases which are not fatal recovery is tedious, and the faucial ulceration is slow to heal. In few cases is the disease not severe. Of the 35 cases recorded here, 25 were fatal. But this does not truly represent the fatality of the disease, because some of the non-fatal cases have not been recorded.

Complications are frequent. In 15 cases there was a *rash*; this most often took the form of a morbilliform erythema, so that measles was suspected. In most instances, however, it was not difficult to exclude that disease chiefly on account of the distribution of the rash, which even if universal, as in measles, was best marked on the extremities. Occasionally the rash consisted of erythema marginatum, a variety of erythema multiform which is never seen in measles. A scarlatini-form erythema is not common. *Cervical cellulitis* and *adenitis*, in some cases followed by sloughing or suppuration, occurred in 9 cases; in 1 thrombosis of the faucial vein and superior longitudinal sinus supervened. *Pulmonary complications* are also common and were observed in 12 cases. In 11 there was lobular, and in 1 lobar pneumonia. Pleurisy may also be present. Doubtless the lung complication is secondary to the septic condition of the fauces or larynx. The formidable nature of the disease is illustrated by the fact that in no fewer than 9 cases did the ulcerative process extend to the *larynx*. In 6 cases there was *otitis* followed in 2 by *meningitis* and in 1 by a *mastoid abscess*. In 2 cases there was *thrombosis* of a *cerebral sinus*; and in 2 there was *acute nephritis*. The following complications were observed once each—*stomatitis*, *glossitis*, *multiple abscesses* and *boils*, *jaundice*, *enlarged liver* and *gall-bladder* with *jaundice*, *arthritis*, and *dacryocystitis*. In one case (no. 22) there was a distinct *relapse*.

The following are the detailed notes of the cases:—

Case 1.—Rebecca Hall, aged 2 years, admitted on November 12, 1906, certified scarlet fever. The illness commenced on November 10th, and a rash came out on the 11th. On admission there was a thick yellow patch on the right tonsil and a small one on the left; rhinorrhœa; a large, hard gland on the right side of the neck; a blotchy erythema on the trunk and limb; temperature, 104°F. A culture of the fauces failed to grow diphtheria bacilli; another culture made on November 15th was also negative. Next day the rash consisted of an indefinite erythema all over the trunk, and a blotchy erythema on the limbs; signs of bronchitis on the lower half of the right lung were present; respiration hurried. The gland on the right side of the neck became more swollen, and the surrounding connective tissue and the skin became involved; sloughing occurred, and the skin broke down. There was considerable œdema extending up on to the scalp. By November 20th signs of bronchopneumonia had become very distinct. The faucial lesion remained much the same. On the

23rd a pale pink macular erythema appeared in patches on the trunk and limbs. The patient died on November 24th. There had been continuous pyrexia since admission, the temperature frequently reaching 103°. At the *post mortem* examination it was found that the tonsils were ulcerated; the ulcers were small, and not deep. There were ulcers also on the epiglottis. There was a small ulcer on the left vocal cord, another above the right vocal cord, towards the base of the epiglottis, and there was injection of the mucous membrane of the larynx with some loss of tissue. There was also superficial serpiginous ulceration between the back of the tongue and the epiglottis.

There was induration of the cellular tissue and breaking down of the glands on the right side of the neck. In each lung there was extensive broncho-pneumonia.

Case 2.—Ellen Hall, aged 1 year, sister of Case 1, admitted on November 12th, 1906, certified scarlet fever. It was stated that the child had been ill since November 9th, and that a rash had come out on the face and arms on the 10th. On admission there were thick patches of exudation on each tonsil; on the forearms and hands was a macular erythema; on the trunk and the rest of the limbs and also slightly on the face there was only a mottling, and no definite erythema. There was a large, hard, red swelling on the left side of the neck, consisting of inflamed glands and cellular tissue; there was a discharge from the nose, slight conjunctivitis; temperature normal, though there were signs of broncho-pneumonia. Next day the temperature was 104° and it continued to be more or less raised till the patient's death on November 21st. Briefly the history of the case is that the broncho-pneumonia increased, the appearance of the fauces remained unaltered till two or three days before death, when the tonsils were noted to be ulcerated. The cervical swelling became larger; it was incised on November 18th, no pus was found, but sloughing tissues; the rash lasted off and on till death. Two cultivations from the fauces did not give diphtheria bacilli.

On opening the wound in the neck at the *post mortem* examination a necrosed lymphatic gland was found surrounded by necrotic cellular tissue. Both tonsils had sloughed out, leaving cavities at the bottom of which was a little loose exudation; there was no ulceration elsewhere about the fauces. The interior of the larynx was injected but not ulcerated. There was extensive lobular pneumonia in both lungs. No desquamation could be found.

Case 3.—Alfred Mye, aged 1 year, admitted May 24th, 1907, certified diphtheria. The patient was stated to have been ill since May 19th, and to have had a rash on the arms on that date.

On admission the fauces were swollen; there was a watery rhinorrhœa; the cervical glands were considerably enlarged; there was ulceration of the buccal mucous membrane. Scattered over the trunk were flea-bites and brownish macules. The temperature was 102.4°. On May 25th exudation was observed on the right tonsil; there was brawny red swelling at the angle of the jaw on right side. On May 27th a culture taken was negative as regards diphtheria bacilli. From May 30th to June 2nd there was an extensively distributed rash (erythema marginatum), probably due to serum given on admission. The faucial condition did not alter much, nor did the swelling over the angle of the jaw. Signs of thrombosis of the facial vein and of some intracranial lesion appeared on June 2nd. The child died at midnight of June 2nd to 3rd. Since admission the temperature had been continuously raised, varying from 100° to 105°; but seldom below 102°.

A *post mortem* was made on June 3rd. The swelling over the jaw on being incised was found to consist of necrosed cellular tissue. The facial vein was thrombosed. The fauces were deeply ulcerated, especially on the right side, where a slough was still attached. There was acute nephritis; and also thrombosis of the superior longitudinal sinus.

Case 4.—Daniel Kennard, aged 9 months, admitted February 23rd, 1903, certified scarlet fever; stated to have been ill only since the previous day. On admission there was a patchy erythema, not punctate, scattered over the trunk; there was nothing wrong with the fauces; temperature, 99° F. There was some diarrhœa, and the child was ill, and the cause of the illness appeared to be the diarrhœa. The child remained in much the same state till February 26th, the temperature not being above 99°; it then rose to 100°, and on the 27th was nearly 103°. The child had still diarrhœa, and there was occasional vomiting. On March 1st signs of broncho-pneumonia appeared; and there was also a thin nasal discharge. On March 5th the upper lip was swollen. The child died of broncho-pneumonia on March 11th. The fauces do not appear to have been examined after admission; at any rate, there is no record concerning them in the notes. The temperature was continuously up, seldom falling below 100°, and not infrequently rising to above 103°. On March 11th it was noted that there was a good deal of flaky and branny desquamation on the trunk and limbs, and a little on the face; none of it was pin-hole.

At the *post mortem* examination there was found a clean punched out ulcer on the left tonsil; the naso-pharyngeal surface of the velum palatæ and uvula were superficially eroded; on the vault of the naso-pharynx was a sloughing area about the size of a six-penny piece. There was extensive broncho-pneumonia of both lungs.

Case 5.—Joseph Hay, aged 21½ years, admitted November 25th, 1908, certified diphtheria; said to have been ill since November 21st. On admission there was what looked like membrane on the left tonsil and the uvula, and on the adjacent part of soft palate; glands enlarged on both sides of the neck; rhinorrhœa; temperature, 102° F. The next day coarse puncta, somewhat suggestive of the remains of the rash of scarlet fever, were observed on the trunk and limbs. On November 27th both tonsils were ulcerated. The temperature gradually came to normal by November 30th, but on December 2nd it rose again to 102°, and remained up, more or less, till the day of the patient's death, December 13th. The patient died with cerebral symptoms. At a *post mortem* made on December 14th, it was found that the tonsils had been destroyed by ulceration, and the epiglottis was slightly ulcerated. There was thrombosis of the left lateral veins, the left internal jugular veins, and the inferior longitudinal sinus, due to the ear disease. Pus was found in the enlarged cervical glands; the kidneys were in a state of acute nephritis.

Case 6.—Ethel Choules, aged 1 year, sickened with measles on December 10th, 1904; she had a sharp attack with a good deal of lobular pneumonia. On December 24th white exudate was observed on the uvula and tonsils. On the 26th the lips were swollen, protruding, and ulcerated, there was ulceration of the lower gum at the incisor teeth, and of the tonsils and uvula. The child got worse. On January 6th there was some stridor and recession. She died on January 3rd at 1 a.m.

A *post mortem* examination was made the same day. There were aphthous ulcers at the corners of the mouth and on the tongue. There was very extensive ulceration of the tonsils, lingual tonsils, pyriform fossæ, and aryteno-epiglottidean folds. On the left side there was a deep fissure through the ary-epiglottic fold, nearly down to the ventricle. There was much œdema of the glottis. The cords, trachea, and bronchi were normal. Broncho-pneumonia in both lungs.

Case 7.—William Crudgington, aged 1 year, admitted on November 15th, 1906, certified diphtheria. It was stated that the child had been ill since October 29th, and that on November 6th a rash had appeared. On admission there were what appeared to be membranous patches on the tonsils; next day these were found to cover ulcers, and that the uvula also was ulcerated. There was staining (as after the rash of measles) on the face, trunk, thighs, and arms. In both lungs were signs of broncho-pneumonia. There was an abundant discharge from the nose. The child died of broncho-pneumonia on November 15th. Continuous pyrexia while in hospital. There was no *post mortem* examination.

Case 8.—Samuel Webb, aged 2 years, admitted May 5th, 1909, certified diphtheria; said to have been ill with measles since April 24th, the throat affection dated from the 29th. On admission the child was "croupy," there was slight stridor; fauces slightly inflamed; no exudation to be seen; temperature, 97.4° F.; it rose to 101° in the evening. The child died on May 9th. The stridor had passed off; ulceration of the tonsils had appeared, which spread rapidly to the uvula and palate. There was a profuse muco-purulent rhinorrhœa. Temperature raised, 102° to 103° during last two days. A *post mortem* examination was made on April 11th. The notes state that the tonsils had sloughed away, but the remaining surfaces were smooth and healed. There was hypertrophy of the lingual tonsils and some ulceration of the uvula. There were large areas of gangrenous, foul-smelling ulceration on both sides, 1½ inches long, beginning above at the corner of the hyoid bone (which was denuded and exposed), and extending down along the side of the epiglottis to the inner surface of the wing of the thyroid cartilage, which was extensively bared. The arytenoids, cords, and epiglottis were not involved.

Case 9.—Ivy Andrews, aged 2 years, admitted April 9th, 1906, certified to have diphtheria. Illness began the previous day, but there was no history of any rash. On admission there was an indefinite macular erythema; there was exudate on the tonsils; temperature, 100° F. The child was emaciated. Next day it was noted that there was some peeling on the chest and arms and in the groins; temperature, 103°; no definite rash. The child gradually sank and died on April 14th. At the *post mortem* examination the tonsils were found to be ulcerated and sloughing, and there was exudation upon them. In both lungs were patches of broncho-pneumonia. There was some desquamation of the trunk.

Case 10.—Alice Andrews, aged 8 months, admitted April 9th, 1906, certified diphtheria. The illness dated from April 2nd, but there was no history of a rash. On admission there were patches of exudate on the tonsils and an indefinite erythema on the trunk; child emaciated; temperature, 99.2°. Next day the temperature went up to 102°. There was double otorrhœa; an indefinite rash was observed. The notes are not very full; it is stated that on the 11th the child was "very rigid." She died the same evening. No *post mortem* examination appears to have been made.

Case 11.—William Andrews, aged 5 years, admitted March 21st, 1906, certified diphtheria; said to have been ill since March 15th; no history of a rash. On admission the child was very ill; there was a general mottled rash with a large number of small petechiæ; the cervical glands were much enlarged. The tonsils were ulcerated, and there was much dirty mucus about the fauces. The eyes were discharging. There was some peeling in the groins; temperature, 102° F. Next day a macular and papular rash had appeared on the face and arms; temperature, 104°. The child died the same evening.

At the *post mortem* examination it was found that the tonsils had sloughed out, leaving extensive and deep ulceration. The glands of both sides of the neck were much increased in size, were pale and soft, but had not broken down into pus. There were a few scattered patches of broncho-pneumonia in each lung. The patient was placed in a scarlet fever ward on admission.

Case 12.—Daisy Hibben, aged 1 year and 9 months, admitted October 15th, 1903, certified diphtheria; said to have been ill since October 7th. The notes state that on admission there were the remains of membrane on the tonsils and uvula; that the fauces were irritable and bled readily; and that there was slight stridor. The child looked ill; and the temperature was 102°. On October 17th it is stated that the fauces were clean, and somewhat swollen; and on the 20th, that they were inflamed and smeared with mucus. After that date there is no further note concerning the condition of the fauces; for the Assistant Medical Officer's attention was apparently concentrated on the lung condition. Signs of broncho-pneumonia had appeared on the 17th; these increased, and later there was a strong suspicion of empyema. On November 3rd vomiting and diarrhœa, not severe, set in. The child died on November 7th. After October 27th there was a nasal discharge, more or less profuse. The temperature was irregular all through; usually it was between 101° and 103°; occasionally it fell to normal.

A *post mortem* was made on November 7th, the day of death. The left lung was found to be adherent in part to the chest wall by a thick layer of yellow lymph. Laterally and posteriorly the lung was separated from the chest wall by a layer of soft, plastic, yellow exudate, about one inch in thickness. There was no definite pus. The lung was in a condition of lobular pneumonia. *Fauces.*—On the right side only the posterior half of the tonsil remained, in front of which was a deep hole about the size of a 3d. piece; the floor was smooth, and consisted of the muscle fibres of the middle constrictor of the pharynx: the anterior faucial pillar was represented by a thin thread of tissue. Immediately behind and below the tonsillar remains was an elliptical ulcer, size $\frac{3}{4}$ in. from above downwards, and $\frac{1}{2}$ in. across; the edges were smooth, and the floor uneven, showing the exposed cartilaginous tip of the great cornu of the hyoid bone, with the tip of the superior cornu of the thyroid cartilage immediately below it. The internal margin of this ulcer rested against the anterior half of the aryteno-epiglottic fold, and the anterior edge was formed by the remains of the posterior faucial pillar. Below this ulcer, and separated from it by a strip of mucous membrane $\frac{1}{2}$ in. wide, was another excavation of about the same area as the one just described, but deeper; in the floor of this was seen a portion of the posterior border of the thyroid cartilage, bare. Crossing over to the left side, and starting from below upwards, another ulcer was seen occupying the same position as the one last described. Its area was a shade larger, and in its deepest part (upper half) the posterior border of the left thyroid was seen, excepting that part of it which is formed by the superior cornu. Immediately above this was a narrow strip of mucous membrane adherent to the underlying muscle (inferior constrictor), separating this ulcer from the one above it now to be described: shape roughly quadrilateral, $\frac{1}{2}$ in. by $\frac{1}{4}$, longer from above downwards, floor uneven, in the centre of it could be seen the tip of the left superior cornu of the thyroid. The tip of the hyoid was not within the confines of this ulcer, as on the right side. A narrow strip of mucous membrane separated this ulcer from a small triangular one, which was limited above by the remains of the posterior faucial pillar. The left tonsil was complete, as also was the anterior pillar. The left aryteno-epiglottic fold was much swollen. Within the larynx the base of the epiglottis, and the superior and inferior cords showed shallow ulceration, but the cartilage was not exposed. At the posterior extremity of the left cord, and immediately below it, was a small ulcer, about the size of a lentil. The mucous membrane was destroyed, and the ulcer extended deeply into the tissue, but no cartilage could be felt on probing. On the left side of the trachea between the 1st and 2nd rings was another ulcer (size of a lentil), involving the mucous membrane only.

It was noted that the ulcers in the pharynx were quite clean (free from pus and slough), and did not show any signs of active inflammation; the mucous membrane was thickened, but quite pale and pink in colour. The laryngeal ulcers were of more recent development, and showed surrounding injection and swelling. The pharynx elsewhere showed a moth-eaten velvet appearance of its mucosa. The extent of ulceration on either side was from the anterior faucial pillar to the base of the cricoid cartilage.

Case 13.—James Miller, aged 1 year, admitted on June 8th, 1906, certified diphtheria. The child had been ill since June 6th. On admission there was exudate on the tonsils; temperature, 101° F. On June 10th the cervical glands on each side were enlarged. On

the 11th it was noted that the tonsils were ulcerated; on the 13th there was rhinorrhœa; and on the 14th otorrhœa (left). On the 19th the fauces were still ulcerated. A culture of the fauces made on admission, and another of the nose made on June 14th, were both negative as regards diphtheria bacilli. On June 26th a gland behind the ear suppurated, and the abscess was opened. The mastoid process did not appear to be affected. Until June 27th the temperature was raised, being normal only on one occasion; usually it was above 100°, and sometimes above 103°. On July 7th symptoms of meningitis appeared, and the child died of this complication next day.

At the *post mortem* examination there was purulent meningitis on the left side, and there was pus in the left lateral sinus. This was secondary to otitis media. There was no evidence of suppuration in the antrum. There was healed ulceration of the tonsils.

Case 14.—Mary Neale, aged 1½ years, admitted on October 3rd, 1906, certified diphtheria. The illness dated from September 30th. On admission there was "membrane" on both tonsils, extending slightly on to the pillars of the fauces. The cervical glands were much enlarged, especially those on the right side, which were matted together. The temperature on admission was 98.6° F., but went up a few hours later to 102.4°. The case was thought to be one of diphtheria. During the next few days the adenitis on the right side became worse; there was cellulitis also, and œdema of the right half of the scalp. The exudation ("membrane") had cleared off by October 6th, leaving ulceration of the tonsils and uvula. The temperature ranged from 99° to 103°. On October 8th an abscess on the right side of the neck was opened. A cultivation of the fauces made on October 10th showed no diphtheria bacilli; a smear showed cocci and short bacilli. A smear of the pus from the abscess showed streptococci and staphylococci and short bacilli. On October 12th there was right otorrhœa; on the 13th an abscess on the left side of the neck was opened. On the 16th there were extensive patches of red, œdematous skin over the sacrum and the dorsum of the left foot; next day the skin over the right trochanter was involved in the same way. These patches were not like the ordinary antitoxin rashes. (The patient had had 8,000 units on admission.) The faucial ulceration did not heal. The erythematous patches increased in size, and on October 18th looked more like erysipelas. The respirations were very rapid and shallow, and the pulse over 150. On several days before death, which took place on October 18th, the temperature had varied from 100° to 104.4°, on one occasion being 105°. There was no *post mortem* examination.

Case 15.—Ada Fisher, aged 7 months, admitted December 18th, 1906, certified diphtheria; said to have been ill since December 12th. On admission there was soft, yellow membranous exudate on both tonsils and uvula. There was profuse watery rhinorrhœa; right otorrhœa; on the forearm and legs was an indefinite macular erythema; temperature, 102.6°. Next day the temperature was 103.6°. There was ulceration, with exudate, of both tonsils and the uvula, and also a small ulcer on the hard palate. The child gradually sank and died on December 22nd, with no change in the local condition. A culture of the fauces, made on December 21st, yielded a few rods like diphtheria bacilli. The temperature was never below 101°. There was diarrhœa. There was no *post mortem* examination.

Dolly Fisher, aged 3 years, sister of Ada, was admitted at the same time, certified diphtheria. She was said to have been ill since December 14th. On admission there were a few small patches of exudation on the tonsils; temperature, 100° F. A culture was negative as regards diphtheria bacilli. The tonsils were clear of exudate in three days, and the child left the hospital well on January 8th, 1907.

Case 16.—Alfred Loy, aged 8 years, admitted April 2nd, 1909, certified to have diphtheria. The boy had been ill since March 31st; there was no history of a rash. On admission the tonsils were swollen and covered with pultaceous exudation; there was a thin nasal discharge; the glands on each side of the neck were swollen; there was no rash. A cultivation made from the tonsillar exudation gave bacilli resembling diphtheria bacilli; but they were not certainly those organisms. The subsequent history of the case was quite unlike that of one of diphtheria. The patient died on April 17th. During the whole period the temperature was only once so low as 100° F., was usually above 101°, and occasionally nearly 104°. During the last three or four days there was albumen in the urine. In spite of 16,000 units of antitoxin the exudation cleared off the tonsils but slowly, and as it cleared ulceration was revealed. On April 13th signs of laryngeal obstruction arose, and, rapidly becoming worse, necessitated tracheotomy in a few hours. At times the patient was delirious. The neck, cheek, and parotid region became much swollen on the left side, and the left half of the tongue was swollen.

At the *post mortem* examination, made on April 18th, it was found that the tissues of the parts mentioned above were very infiltrated with serous exudation, but there was no pus. The teeth were in good condition, none being carious.

The mucous membrane of the soft palate and from the anterior pillar backwards and downwards to the epiglottis was much ulcerated; the epiglottis was ulcerated, as also was the interior of the larynx, down to the ventricles on each side. The ulceration of the

fauces was deepest and most extensive on the left side. There was an ulcer in the trachea, apparently due to the lower end of the tracheotomy tube.

Case 17.—James Marney, aged 1 year, admitted February 15th, 1906, certified diphtheria. The patient had been ill for 3 days. On admission there was ulceration of the margins of the soft palate and anterior pillar of the fauces; there was a purulent nasal discharge, excoriating the anterior nares; temperature, 100.8°. The faucial condition remained in about the same state till February 21st, on which day the child died suddenly. On the 18th there had been frequent vomiting. The bowels were loose; the urine was obtained only on one occasion, and was then found to contain albumen. The temperature varied from 98° to 99° F. in the morning to 102.4° in the evening. A culture of the fauces made on February 21st gave diphtheria bacilli; but clinically the disease did not resemble diphtheria. There was no *post mortem* examination.

Case 18.—William Higgins, aged 3 years, admitted February 16th, 1909, certified diphtheria; ill since February 13th; no history of a rash. On admission the fauces were œdematous, but no membrane was to be seen; there was some rhinorrhœa; submaxillary glands enlarged; temperature, 101.2° F.; no rash or desquamation. During the night the patient was delirious. On February 19th there was ulceration (? perforation) of the upper part of the left anterior pillar, and much ulceration on the right side of the fauces. The patient gradually grew worse, and died of septicæmia on February 23rd. The temperature remained elevated (101° to 103°); a perforation appeared in the anterior pillar, and the tonsils and uvula became extensively ulcerated; the ulcers on the tonsils were deep. The pharyngeal wall was also ulcerated. No *post mortem* examination was allowed.

Case 19.—William Hanscombe, aged 1 year, admitted October 22nd, 1907, certified diphtheria. The patient was stated to have had vomiting, and a "croupy" cough since October 18th. On admission there were patches of exudation, such as occur in diphtheria, on the tonsils. It was found that the child was also the subject of laryngismus stridulus; and he had several severe attacks during the next three weeks. Some of the attacks were laryngeal only; but in others there were more or less general convulsions. There were clinical signs of rickets also present. The patient gradually improved, however, and was ready to leave the hospital on November 27th, when a punctate erythema appeared on the chest and back. The fauces were described as being "congested"; there was no rise of temperature. On November 29th several ulcerated patches were noticed on the left tonsil. On December 1st the temperature, for the first time since the rash, rose to 99.8°, and it went up next day to 101.2°. From that date till the day of death, December 8th, it varied from 99.2° to 101°. On December 3rd, patches of ulceration were noticed on both tonsils, the uvula, and the hard palate. There was a thick discharge from the nose. Next day a macular rash appeared on the face. On December 5th, the ulceration had spread, and there were signs of invasion of the larynx. The rash was still present. On the 6th, the lips were ulcerated. The child gradually sank and died on December 8th. There was no *post mortem* examination.

The punctate rash observed on November 27th, was very transient. I did not consider the case to be one of scarlet fever, and the patient remained in the ward (a diphtheria ward of 12 beds) till he died. A child, admitted with diphtheria on November 26th, was found to be suffering from scarlet fever also on December 1st. Two cases of scarlet fever had occurred in the ward, one on November 8th, and the other on November 13th, that is before the beginning of the fatal illness of W. H.

Case 20.—Doris Griffiths, aged 2½ years, admitted October 25th, 1906; certified diphtheria. Said to have been ill since October 20th; no history of a rash. On admission there was on the tonsils what looked at first sight like membrane; a closer examination, however, showed it to be inspissated mucus. The fauces and mouth were inflamed; there were sordes on the lips and aphthous patches on the tongue. The cervical glands were enlarged. On the neck and forearms was a macular erythema; temperature, 100.6°. On the 27th a large "cast of shaggy membrane" was obtained from the fauces, and it was then observed that there was ulceration of the tonsils and uvula. The faucial ulceration did not heal up till November 14th. Two cultivations made at intervals of several days were negative so far as diphtheria bacilli were concerned. By November 2nd the rash became general; then it disappeared in a day or two. On October 26th there was general jaundice and the liver was considerably enlarged. On the 27th the gall bladder was distinctly palpable, and remained so till November 5th. The jaundice gradually disappeared; the liver did not regain its normal life till about the 20th of November. The child had been put in an isolation room on admission, as measles was suspected; but on October 27th she was placed in a diphtheria ward. On November 12 there was some desquamation. The temperature was 100° to 101° till November 1st, after that it was normal, except on November 14th, 18th, 20th, 21st, and 22nd, when it rose, on one or two occasions, to 101° to 102°. The child was discharged well on December 28th. There was no obvious cause for the later rises of temperature.

Case 21.—Leah Bermain, aged 11 months, admitted March 21st, 1908, certified diphtheria; said to have had a rash on March 13th. On admission the fauces were inflamed, and the tonsils ulcerated, with whitish deposit upon them. There was no rash; there was a little desquamation on the neck and thighs; temperature, 98° F. On the 25th double otorrhœa was noticed; the fauces were cleaner, but there was some aphthous ulceration on the palate. On the 26th there was peeling on the thighs. Signs of pneumonia on the left side appeared, and the child died of this complication on March 31st. The temperature, normal on admission, gradually rose to 103° on March 25th, and remained up, though rather less elevated, to the end. No *post mortem* was allowed. The child was in a female diphtheria ward the whole time. A girl aged 2 years, admitted with diphtheria on March 6th, developed scarlet fever on March 23rd.

Case 22.—William Anderson, aged 9 years, admitted October 31st, 1908, certified diphtheria. The illness commenced with a sore throat on October 27th. On admission there was a considerable amount of membrane on both tonsils, which were enlarged, and on the uvula and margin of the soft palate. The cervical glands on each side were enlarged, and the breath was very fetid. On November 2nd it was noted that there was definite membrane on the uvula. Cultivation made on that day and the next resulted in a growth of cocci only. For the first few days after admission the temperature varied from 100° to 102°; it became normal on November 9th. On November 4th the exudate present on the uvula and tonsils was described as being pultaceous. There was some painful swelling in front of the left elbow. Another culture made on November 5th resulted in cocci. On November 6th the nostrils were blocked and there was rhinorrhœa. On the 9th the faucial lesion was described as being ulcerative (tonsils and uvula). On the 16th there was raw, bleeding ulceration of the margin of the soft palate and adjacent portions of tonsils. On the 21st there was pultaceous deposit on the uvula. On November 20th it was noted that the uvula had sloughed away. There was still ulceration present on November 30th, but on December 6th there was none. On that day the temperature rose to 101° F., having been normal since November 9th. The boy complained of pain in his neck, and the glands were slightly enlarged. On December 8th a foul smelling rhinorrhœa set in, which lasted for some days. On the 9th the tonsils and soft palate were ulcerated. A culture was negative so far as diphtheria bacilli were concerned. During the next few days the skin and subcutaneous tissue on the left side of the neck, just below the jaw, became inflamed, and sloughed. The temperature was raised (99° to 102°) till December 16th. On the 21st the fauces were still ulcerated; but this had cleared up by the 28th, when the neck also was nearly well. On the 31st there were redness, swelling, and pain of the right ankle, which continued till January 2nd. The patient then recovered and left the hospital on January 29th, 1909.

Whether this patient gave rise to any cases of scarlet fever in the ward, is doubtful. Possibly he did. Two cases did occur, one on January 10th, and another on January 20th, in patients who had been in the ward some time. But no fewer than three boys, sent in as diphtheria on November 2nd, December 7th, and January 11th respectively, were found the next day to be suffering from scarlet fever, and they may have infected the ward.

Case 23.—George Goodwin, aged 11 months, admitted on August 2nd, 1906, certified to have diphtheria. The illness dated from July 29th; no history of a rash. On admission there was ulceration of each tonsil, the base of the ulcers being covered with whitish deposit. No diphtheria bacilli were found by culturing; the temperature was 101° F. The ulceration certainly lasted for a few days, but the notes do not state for how long. On August 19th the temperature rose to 103°, without any apparent cause. On the 20th a few pustules were found on the trunk. Then during the next few weeks many abscesses and boils appeared in different parts of the body, head, and extremities. The child became very weak and emaciated; finally there was diarrhœa and vomiting, and the child died on November 2nd. There was no *post mortem* examination. On one occasion the pus from an abscess was examined and found to contain staphylococci only.

The patient was admitted to a diphtheria ward; but suspicion as to the nature of his illness having been aroused, he was transferred to an isolation room on August 15th, and there he remained till September 6th, when he was transferred to another diphtheria ward. No case of scarlet fever arose in the first ward. In the second diphtheria ward a child admitted on July 21st developed scarlet fever on September 26th.

Case 24.—Charlotte Lambert, aged 5 years, admitted on December 24th, 1906, certified diphtheria; ill since December 22nd. On admission there was what looked like membrane on both tonsils and uvula, and the wall of the pharynx; but in a day or two it was found that the lesion was not an exudation only, as in diphtheria, but ulceration with exudate. The cervical glands were enlarged. The fauces did not heal till January 9th. The temperature was more or less raised till January 8th, being frequently above 102, and on one occasion 105°. After that date it remained normal, save for a considerable rise

during January 9th and 10th, accompanying an antitoxin rash and joint-pains. Subsequently the child suffered from rhinorrhœa and left otorrhœa, and was a long time getting well. She left the hospital on April 3rd, 1907. A cultivation made soon after admission showed only staphylococci.

The patient was treated in a diphtheria ward during the whole of her stay in hospital, 100 days. Two children in the ward developed scarlet fever, one on January 2nd and another on January 24th.

Case 25.—Grace Fox, aged 7 years, admitted November 18th, 1906, certified diphtheria. The illness began with sore throat on November 13th. On admission there was a membranous looking patch on each tonsil; the cervical glands were enlarged; temperature normal. The note made next day was that there were numerous isolated patches of well-defined membrane speckled over the tonsils; also a few small patches, from which the membrane had separated, on the hard palate and all round the tip of the tongue. There were patches of ulceration on both lips; temperature, 100° F. Cultures from the patches and the tongue and lips were free from diphtheria bacilli. The patient got well, the ulceration having healed by November 24th, and left the hospital on December 14th.

The child remained in a diphtheria ward during the whole of her stay in hospital. On December 6th another child was attacked with scarlet fever.

Case 26.—Sarah Whale, aged 1 year and 10 months; admitted November 3rd, 1908, certified diphtheria. She had been ill for nine days. On admission she was found to be suffering from ulceration of the soft palate and the buccal mucous membrane. There were also signs of laryngitis and broncho-pneumonia. Next day some fine desquamation was observed on the trunk. A culture from the fauces made on admission was negative so far as diphtheria bacilli were concerned. A second culture taken on November 5th was also negative. The faucial ulceration and laryngitis cleared up in a few days; but the broncho-pneumonia persisted for some time, as did an otorrhœa which arose on November 24th. The child left to go to a general hospital for treatment of the ear on January 13th, 1909.

This patient was treated in a diphtheria ward for 71 days. On November 19th another child, a boy, developed scarlet fever; but he had been admitted only six days previously, so that it is quite possible that he had been infected with scarlet fever before admission.

Case 27.—Elizabeth Lewis, aged 1½ years, admitted on September 30th, 1909, certified to have diphtheria. She had been ill since September 23rd. There was no history of a rash. On admission there was a little exudation on both tonsils, and some thin rhinorrhœa; temperature 101.4° F.; there was albumen in the urine. The faucial exudation did not readily disappear, and by October 10th there was marked ulceration of the fauces, with a perforation of the soft palate, and the rhinorrhœa persisted. The temperature remained more or less raised, occasionally to nearly 103° F., till October 12th. The ulceration was deepest on the right side; the anterior pillars were affected. The ulceration did not heal up till about October 25th. On November 13th there was jaundice, which lasted for about ten days. On admission the child was very ill; she quickly became emaciated. She was discharged on December 11th. It was suspected a few days after admission that the case was not one of diphtheria, because three cultivations from the fauces failed to yield diphtheria bacilli. The child was in a diphtheria ward. On October 9th another child in the same ward developed scarlet fever, and Elizabeth Lewis was moved to a scarlet fever ward, where she remained till she left the hospital. On October 12th some fine desquamation was observed on the trunk, but no further note was made of it, so that it could hardly have been profuse.

Case 28.—Rhoda Luxford, aged 3 years, admitted November 26th, 1906, certified diphtheria. Said to have been ill since November 24th, rash stated to have come out on the arm and legs on the 25th. On admission there was exudate on both tonsils; rhinorrhœa; a bright erythema, consisting of papules and confluent patches on the arms and legs; no Koplik's spots; temperature 102.8° F. Next day the rash was out all over the trunk and limbs, and also on the face, though the circum-oral region was not invaded. It looked like a confluent measles rash. It was not punctate nor petechial; temperature 104°; still exudate on tonsils. On November 28th the rash had become more confluent; it was punctate on the upper part of the trunk; the forehead and circum-oral region were invaded by the rash. On the 29th the cervical glands were enlarged; cultures taken on this day from the fauces and nose were negative as regards diphtheria bacilli. On November 30th was noted that the fauces were ulcerated; that the rash had nearly gone, and that "pin-hole" desquamation was commencing on the pubes. The temperature was still up; it did not become normal till December 11th. On December 3rd the lips were ulcerated. On this day I came to the conclusion that the case had been one of scarlatina anginosa, with a septic rash, and removed the child from the isolation room in which she had been placed on admission, and sent her to a general scarlet fever ward. There she remained till she was discharged on March 20th, 1907. She had an attack of varicella on December 27th, and rubella on February 22nd. The ulcers and the tonsils healed up by December 5th. There was general desquamation.

Case 29.—Elsie Cooper, aged 2 years, admitted February 25th, 1909, certified scarlet fever; said to have been ill since February 23rd; a rash appeared on the 24th. On admission the fauces were acutely inflamed and covered with abundant thick mucus; on the trunk was a maculo-papular erythema, and a morbilliform rash on the exterior surfaces of the limbs; there was no punctate rash. The conjunctivæ were congested; no Koplik's spots; temperature 99° F. Next day the rash had spread to the cheeks; there was a nasal discharge. The tonsils and palate became ulcerated and a perforation took place in the left anterior pillar. The rash disappeared by March 2nd, but another blotchy rash came out on the trunk on March 8th and lasted for 24 hours. The cervical glands became moderately enlarged. The child was seriously ill. It was not till March 15th that the faucial ulceration healed up, and even then the perforation persisted. The temperature was 99.5° to 102° for three weeks. On March 10th there was right otorrhœa; subsequently a mastoid abscess formed and the mastoid antrum and cells (which contained pus) were opened and drained. The patient left the hospital well on May 22nd. There was no desquamation. She was in a scarlet fever ward during the whole period of her stay in hospital; and the case was diagnosed as one of scarlet fever.

Case 30.—George Heritage, aged 2 years, admitted October 19th, 1907, certified diphtheria. The father stated that the child had an ulcerated mouth about three weeks previously. The child was taken to a doctor on October 14th, because it was feverish; on October 16th it had a bad throat. No rash had been noticed. There were six other children in the family, who were quite well.

On admission there were streaks of exudate on the right tonsil and uvula; considerable rhinorrhœa, and enlargement of the cervical glands; temperature 103° F. Early the next morning, a rash made its appearance; it consisted of papules and macules, and affected the face, buttocks, and extremities. There was some conjunctivitis. The patches on the uvula and tonsils were bleeding. The child died on the night of October 22nd. The temperature since admission varied from 100° to 104°. He was in a diphtheria ward for 24 hours without giving rise to any scarlet fever cases. At a *post mortem* examination made on October 24th, it was found that there was ulceration covering the tonsils, and extending over the lateral pharyngeal walls and uvula. There was also lobular pneumonia.

On October 22nd, Albert Heritage, aged 5, brother of George, was admitted, certified diphtheria. There was a punctate rash on trunk and lower limbs; and slight deposit on the tonsils, with some swelling of the cervical glands; temperature, 100° F. The child was sent to a scarlet fever ward, quickly got well, and was transferred to the convalescent hospital on November 25th.

On November 1st, Alice Heritage, aged 5, sister of G. H., was admitted, certified diphtheria. She had a well-marked scarlet, punctate rash, but little lesion of the tonsils. On November 7th, she had swelling of the joints of the wrists and legs. She was placed in a scarlet fever ward on admission, where she remained till she was transferred to the convalescent hospital on December 2nd.

Case 31.—Leonard Homer, aged 11, admitted December 5th, 1907, certified diphtheria. It was stated that he had had headache and vomiting on December 2nd, and sore throat on December 3rd. On admission the tonsils were found to be enlarged, and there was "suspicious secretion on the tonsils and uvula." The cervical glands were enlarged, and there was profuse rhinorrhœa. The temperature was 102° F. The next day the notes state that there was extensive ulceration, with exudate, on both tonsils and uvula; also patches on the hard palate on the left side. There was a watery discharge from the nose. The temperature was 102.6°, and the patient was very restless. The urine contained a trace of albumen. A smear from the fauces showed abundant bacilli; numerous pneumococci, a few short bacilli (? short diphtheria bacilli); but no spirilla. Cultures from the throat and nose were negative as regards diphtheria bacilli. The patient's temperature gradually fell to normal by December 8th. The urine was free from albumen by that date, and the fauces healed up. He remained in the same ward (a 12-bedded male diphtheria ward), till he left the hospital on January 8th, 1908. He did not peel.

His sister, Florence, aged 17, was admitted on December 19th, certified to have diphtheria. On admission she was found to be suffering from scarlet fever, there being a well-marked rash. The tonsils were ulcerated, but not deeply. The temperature was 103.6° F. She was placed in a scarlet fever ward, where she remained till she was transferred to the convalescent hospital on January 3rd, 1908.

L. H. did not apparently give rise to any cases of scarlet fever directly. But a boy, A. H., aged 9, who had been in the same ward as L. H., developed scarlet fever on January 11th, and another boy, G. H., admitted on December 26th, developed the disease on January 17th. It might be suggested that L. H. introduced the infection of scarlet fever into this ward.

Case 32.—Albert Wills, aged 1 year, admitted January 6th, 1908, certified to have diphtheria and measles. It was stated that the illness had commenced with a rash on

December 29th. On admission there was ulceration of the tonsils and uvula; rhinorrhœa and ulceration of the anterior nares; and a staining of the trunk suggestive of recent measles; temperature 103.2°. Next day a blotchy macular erythema appeared on the wrists, knees, and ankles; there was slight recession of the chest walls, indicating some laryngeal obstruction. The child died at 8.40 p.m., temperature 105° just before death. At a *post mortem* examination made the next day, ulceration with superficial sloughing was found extending over the tonsils, uvula, soft palate (back and front), and lateral pharyngeal walls down to the pyriform fossæ. There was also ulceration of the tip of the epiglottis, and part of the arytenoids.

This patient's brother, William, aged 10 years, was admitted at the same time, certified to have scarlet fever. He had been ill since January 3rd, when he was seized with vomiting and a sore throat. On admission there was a very indefinite erythema present, the tongue was papillated; but there was no faucial lesion; temperature, 99°. He was sent to a scarlet fever ward, where he remained till he was transferred to the Convalescent Hospital on January 31st. There was peeling on the neck, hands, and fingers.

Case 33.—Miles Bess, aged 2½, admitted on June 13th, 1906, certified to have diphtheria. Illness stated to have begun on June 11th; no history of a rash. On admission there was a very faint blush on the upper part of the trunk; on the upper part of the thighs and in the groins was a very faint macular erythema; profuse mucopurulent rhinorrhœa; slight enlargement of the cervical glands; temperature 102° F. The tonsils were enlarged and, with the uvula, were covered with abundant exudate. The child was very ill. It is not necessary to record in detail the subsequent progress of the case; suffice to say that the tonsils and uvula became ulcerated. There was double otitis media, and on June 18th, symptoms pointing to meningitis. On the 16th, there was a blotchy erythema on the face and hands, and two days later also on the trunk and legs. There was cellulitis on the right side of the neck. The temperature was seldom below 103°, and several times was nearly 105°. On the only occasion on which the urine could be obtained for examination, it contained albumen. The bowels were loose. The child died on June 21st. No *post mortem* examination was allowed.

This patient's sister, Fanny Bess, aged 6, had been admitted on June 9th with scarlatina anginosa of the most severe form; there was a brilliant scarlet rash, a temperature of 102° to 105°, and inflammation of the fauces with ulceration of the tonsils. She died on June 12th. Miles Bess was placed in a scarlet fever ward on admission, as he was believed to be suffering from scarlet fever.

Case 34.—Frederick Francis, aged 4 years, admitted November 20th, 1908, certified diphtheria. The history was that the boy had had an attack of measles on November 7th, and that sore throat had begun on November 16th. On admission there was a fading measles rash; there were patches of exudation on both tonsils, and a discharge from the nose; temperature 102.6° F. Next day it was noted that the tongue was ulcerated, and that there was free peeling on the chest and hands, of the "pin hole" variety. On November 23rd, culture of fauces showed no diphtheria bacilli. On November 28th the lips were ulcerated as well as the fauces and tongue. On December 10th the fauces were clean; but there was still rhinorrhœa, and a discharge from the right ear was also present. On December 18th dacryocystitis (left) was observed. The rhinorrhœa persisted, and diphtheria bacilli were grown from it. The boy slowly recovered, and left the hospital on April 28th, 1909. The temperature did not settle down to normal till December 20th. On November 23rd, the boy's sister, May Francis, aged 9 years, was admitted with scarlet fever. From December 19th onward he was in a scarlet fever ward, having before that day been in an isolation room.

Case 35.—William Darnell, aged 1 year, admitted March 20th, 1907, certified diphtheria. Ill with "croup" since March 18th. On admission there was no clinical evidence of diphtheria, except well-marked laryngeal obstruction; but a culture resulted in a pure growth of diphtheria bacilli. The child was intubated. The tube was removed by expression on March 23rd, and did not have to be replaced. On March 25th signs of scarlet fever showed themselves. The child went through a sharp attack, and the temperature was not normal till April 8th. During this attack there was swelling of the fauces with exudation on both tonsils. By April 11th the exudation had quite disappeared. The child then did well till April 19th, when he vomited, and his temperature rose to 100° F. Next day it was 103°; and it was noted that there was exudation on the right tonsil. On April 21st the right tonsil was ulcerated. By the next morning the process had rapidly spread, for it was noted there was "membrane ensheathing the uvula and ulceration and exudate on both tonsils." There was also stridor and recession, which later in the day necessitated tracheotomy. On the 23rd, it was noted that there was extensive ulceration of the fauces and uvula. The general condition of the patient was bad. Since April 20th the temperature had been more or less continuously raised, twice being 104.6° (on April 20th and 21st) and seldom being below 101°. No membrane was found in the trachea at the operation.

Antitoxin, 12,000 units, given on April 22nd, gave no relief. The patient died at 4.40 a.m. on April 24th.

Even though the exudation seen on April 22nd was described as being membrane, the subsequent appearance of the fauces was quite different from what occurs in diphtheria, and the clinical course as regards the temperature was also different.

A *post mortem* examination was made the same day. There was ulceration of both tonsils and uvula (described in the record as "septic ulceration with exudate"); there was also ulceration of the epiglottis and arytenoids, extending over the cords and cricoid to the trachea. The edges of the tracheotomy wound in neck and in trachea were septic. There was early ulceration over the fifth and sixth rings of the trachea due to the end of the tracheotomy tube. There was extensive lobular pneumonia in both lungs.

What is the real nature of these cases? The question is one of more than scientific interest; for in hospital administration the further question arises, whether they should be isolated or whether they can safely be placed in diphtheria or scarlet fever wards.

In 18 of the cases the results of bacteriological examinations are recorded in the notes; in 14 of them diphtheria bacilli could not be found; in 1 they were present; while in 3 bacilli, resembling but not certainly diphtheria bacilli, were detected. In only 2 cases were smear preparations examined, and in neither were the fusiform bacilli and the spirilla described by Vincent to be found.

The bacteriological findings confirm the clinical evidence that these cases are not diphtheria. Even in these unusual instances in which diphtheria bacilli are found, they are probably accidental and have little if anything to do with the symptoms.

Clinically these cases resemble scarlet fever much more closely than they do diphtheria. It is of importance, therefore, to enquire into their relationship to the former of these 2 diseases.

In the first place it is to be observed that not a single one of these patients presented at all markedly the punctate erythema usually seen in scarlet fever; and that though they were all, without exception, severe cases. In only 3 of them was there a punctate rash at all, Cases 5, 11, and 19, and in them it was indefinite and transient. On the other hand there was acute nephritis in 2 cases, 3 and 5, a complication which certainly suggests scarlet fever. A certain amount of desquamation was noticed in 7 of the cases, 4, 9, 11, 20, 21, 28, and 32, but in all of them, except Case 21, there had been an erythema. In only one case, no. 28, was the peeling at all general. It should be remembered, however, that several of the patients died before peeling might have commenced.

Perforation of one of the anterior pillars of the soft palate,* which is a characteristic lesion of scarlet fever, was observed in 3 cases, 18, 27, and 29; and the faucial lesions, generally, were such as are found in cases of severe scarlatina anginosa.

Other evidence of scarlet fever may be afforded by the occurrence of cases connected with those under discussion. The facts respecting this point are as follows:—Cases 1 to 10 and 32 were treated in isolation rooms and therefore had no opportunity of infecting other patients. Cases 12 to 18 and 30 were treated in diphtheria wards for various periods of time, as follows: 23, 29, 15, 4, 15, 6, 7, and 1 day respectively, till they died. And though they were all severe cases, requiring constant attention from the nursing staff, no other patients caught scarlet fever. Cases 19 to 27 and 31 were possibly connected with the outbreak of scarlet fever cases, though the connection was very conjectural in Cases 19 to 23 and 31, as a reference to the notes will show. On the whole the evidence is rather against the derivation of infection from these cases. In Cases 24 to 27 there were slightly stronger reasons for supposing that the patient had given rise to scarlet fever in another patient, though even in these cases the evidence is far from conclusive. Case 27 was placed in a diphtheria ward on admission on September 30th, on October 9th another patient failed with scarlet fever, upon which Case 27 was transferred

* See Transactions of the Pathological Society, vol. xlv., p. 41.

to a scarlet fever ward where she remained till she left the hospital on December 11th. Besides Case 27, Cases 28 and 29 were treated in a scarlet fever ward for a considerable period without contracting the disease. Case 11 was in a scarlet fever ward for a few hours only. He died the day after admission. In Cases 30 to 34 one or more other members of the patient's family were attacked with scarlet fever at about the same time as the patient. Case 31 was kept in a diphtheria ward for 34 days, and possibly introduced scarlet fever into the ward. Case 32 was isolated, Cases 33 and 34 were treated in scarlet fever wards and did not contract the disease. A brother and sister of Case 30, a sister of Case 31, a brother of Case 32, a sister of Case 33, and a sister of Case 34 had undoubted scarlet fever; a fact which may be taken as evidence that Cases 30 to 34 were also instances of that disease. On the other hand, in Case 35, the patient underwent undoubted attacks of both diphtheria and scarlet fever before he was, when convalescent from the latter disease, attacked with ulcerative disease of the fauces which led to his death.

I think I am justified in concluding from the evidence just given that some of these cases are really scarlet fever, while others are not. If all of them are to be regarded as scarlet fever, then absence of the punctate rash in scarlet fever of the severest anginous form is more common than is supposed.

It is worth while noting that this disease, whatever it may be, may attack more than one member of a family simultaneously; for instance, Cases 1 and 2, both fatal, and Cases 9, 10, and 11, also all fatal. The sister of Case 15 suffered from tonsillitis, and a culture of the exudate was free from diphtheria bacilli.

A perusal of the accounts of some of the cases recorded in this paper will recall the descriptions of "ulcerous sore-throat," or "angina maligna" given by Fothergill and Huxham about the middle of the 18th century.[†] There can be little doubt that amongst the cases included in their description were not a few of severe scarlet fever; indeed Huxham wrote that "truly some of the scarlet fever, mentioned by Morton, seem not much unlike" the ulcerous sore throat observed by himself. At the same time not all the cases observed by those writers were scarlet fever; some were diphtheria, others, various forms of what we should now call "septic sore throat." Such as the "pseudo-diphtheria"[‡] of some writers, the severer cases of the so-called "Vincent's Angina"[§] of others, and some of the cases recorded in this paper. But as in the days of Fothergill and Huxham the diagnosis of these cases from scarlet fever was difficult, so it is now. There appears to be little, if any, difference between the severe kinds of angina with which those observers were familiar and those met with at the present day. They are, perhaps, less frequent now in a severe form, but in their clinical aspects they are just the same.

[†] See Huxham's "An Essay on Fevers, and a Dissertation on the Malignant, Ulcerous, Sore Throat"; 6th Edition, 1769, p. 267.

[‡] See Welch and Schamberg, "Acute Infectious Diseases," p. 652.

[§] See two fatal cases related by Bruce (Lancet, July 16th, 1904), in one of which the larynx was involved.

11. THE TREATMENT BY TUBERCULIN AT THE CHILDREN'S INFIRMARY, CARSHALTON.

By F. W. W. Griffin, M.A., M.B., B.C., Assistant Medical Officer, The Children's Infirmary.

At the Children's Infirmary, during the past year, 45 cases of tuberculous disease have been treated with Tuberculin (Koch's "New Tuberculin" T.R., supplied in tabloid form by Messrs. Allen & Hanbury). The tabloids crushed and mixed with milk sugar are administered one hour before breakfast. One dose a day is given for three days, and then an interval of a week or fortnight is allowed to elapse before repeating the doses. At the commencement of the treatment of each patient $\frac{1}{100000}$ m.g. doses are given, this dose being subsequently increased to $\frac{1}{20000}$ m.g., then to $\frac{1}{10000}$ m.g., and then to $\frac{1}{5000}$ m.g., which is the maximum dose so far. The opsonic index is not taken, but the treatment is guided by observations of:—

- (1) The temperature variations.
 - (2) The alteration in the local physical conditions (rate of healing of wounds, decrease in the size of enlarged glands, etc.).
 - (3) Changes in the general condition of the patient, this last being an important consideration only in children under 2 years of age.
- These 45 cases may be tabulated as under—
- A. *Tuberculous disease of bone, with sinuses*, 39 cases.
 - 7 Healed completely.
 - 27 Definitely improved,
 - 5 No evidence of improvement yet.
 - B. *Tuberculous Glands in neck, enlarging steadily*, 3 cases.
 - 1 Glands decreased in size.
 - 1 Treatment only recently commenced.
 - 1 Unbenefited.
 - C. *Lupus of Face*, 2 cases.
 - 1 Definite improvement.
 - 1 Unbenefited.
 - D. *Tuberculous peritonitis with sinus*, 1 case.
 - 1 Slight improvement only yet.

Many of the above-mentioned patients had been under observation for some time before the commencement of the administration of tuberculin, and had shown previously no tendency to improve; in some cases also, a few doses only have yet been given.

One case (G. W.) on admission to the Infirmary was described as having "very extensive disease of the pelvis and hip, with enlarged liver and spleen," and it was "not considered possible to do anything more" (operatively). He was given tuberculin from October to March, and is now up on crutches, all his wounds healed. In another case (M. W.) there were glands on the right side of the neck, which were rapidly enlarging, with evening pyrexia; after the administration of tuberculin

the glands decreased in size, the temperature became steady, and the patient was discharged within three months from the commencement of this treatment, no operation having been necessary.

The majority of cases illustrated well the value of tuberculin as a solvent of tuberculous tissues. During its administration heaped up granulations were permanently replaced by normal connective tissue, and as a rule the sinuses closed steadily from the bottom. In one case only did an abscess develop beneath a scar.

The influence of this agent on the temperature was not uniform. In some cases of irregular pyrexia, the irregularities in the curve were flattened out and the general temperature lowered, this change being accompanied by evidence of a more rapid healing process in the sinuses. But in other cases, where previously there had been maintained a very regular temperature, generally about 97° F., associated with an absolutely stationary condition of the sinuses, the administration of tuberculin produced an irregular temperature varying between 97° and 99° as a rule; this was sometimes followed by a more level temperature usually about 98°. In all cases this change was accompanied by definite improvement in the diseased areas.

12. ON RETURN CASES.

By F. M. Turner, M.D., Medical Superintendent, South-Eastern Hospital.

The return cases notified as having arisen from cases discharged from the South-Eastern Hospital since its re-opening in July, 1906, to the end of 1909, have been as follow :—

TABLE I.

	1906.	1907.	1908.	1909.	Total.
1. No. of cases of scarlet fever discharged ..	182	624	680	695	2,181
2. No. of subsequent outbreaks of scarlet fever	7	17	26	37	87
3. No. of subsequent outbreaks of diphtheria .. .. .	..	..	1	1	2
4. No. of cases of diphtheria discharged ..	191	632	435	471	1,729
5. No. of subsequent outbreaks of diphtheria	2	6	3	2	13
6. No. of subsequent outbreaks of scarlet fever	2	9	..	1	12
7. Total return case outbreaks.*	11	32	30	41	114
8. Ratio per cent. of (2) to (1)	3.8	2.7	3.8	5.3	4.0
9. " " (3) to (1) .. ..	..	..	0.1	0.1	0.10
10. " " (5) to (4)	1.0	0.9	0.7	0.4	0.75
11. " " (6) to (4)	1.0	1.4	..	0.2	0.69

*In addition to these, 9 cases were notified but have been omitted, since the diagnosis of the case was not confirmed after admission to hospital.

Neglecting the cross infections which are not very numerous, and at present are not easily explained, there were 87 outbreaks of scarlet fever after discharge of scarlet fever cases, or 4.0 per cent.; and 13 of diphtheria after discharge of diphtheria cases, or 0.75 per cent.

The figures corresponding to these for preceding periods may be found in Dr. Cameron's and the author's reports on return cases, and were as follows:—

Period, July, 1901, to July, 1902, scarlet fever, 3.3 per cent.; diphtheria, 0.19 per cent.

Period, January, 1902, to February, 1904, scarlet fever, 4.36 per cent.; diphtheria, 0.76 per cent.

The rate, therefore, for the last four years of scarlet fever infectivity has shown a slight fall, that for diphtheria has remained steady, as compared with the period immediately preceding the closure of this hospital in February, 1904. These facts are not very striking, but they deserve to be recorded in view of two or three differences in routine or policy that have occurred in the interval.

1. *The alleged infectivity of peeling after scarlet fever.*—In 1902 I very rarely allowed a scarlet fever patient to go home until all desquamation was completed, although a few were sent who had plenty of peeling upon the soles. Each of these cases was separately notified to Dr. Cameron. Later, when I found that these special cases caused no harm, I gradually increased the number, but it was only after the re-opening of the hospital that I discharged cases quite irrespective of the amount of peeling upon the legs and feet; in fact, I no longer examine the feet as a routine before discharging a patient. The above return case rates show that the new practice is justified. I would not trouble to record facts upon this point after those already published by Goodall, Matthews, and others, from the Metropolitan Asylums Board, and numerous others outside, if it were not that many still believe his to be an open question. To such, however, I recommend Lauder's paper as a conclusive answer.

2. *The abolition of a bath on discharge, and the use of a warning notice given to parents of discharged patients.*—These two reforms came in together at the re-opening of the hospital. It was hoped by their means to reduce the number of return cases. This may have been the case, but in view of the above figures, either the reduction has been slight, much less than was hoped for; or, if large, it has been masked by other adverse influences. The following evidence, however, tends to show that these two reforms have not remained entirely without an effect, viz., a postponement of the attack.

TABLE II.

No. of return outbreaks occurring each week after the discharge of the first case, reduced to ratio per cent.

	1st week.	2nd week.	3rd week.	4th week.	After 4 weeks.
Dr. Cameron's report, 1901-1902 ..	46.8	26.5	11.0	5.9	9.3
Dr. Turner's report, 1902-1904 ..	45.6	26.7	15.4	5.8	6.5
Present series; no. of cases* ..	24	33	17	2	9
„ „ ratio to total ..	28.2	38.8	20.0	2.4	10.5

*One case of scarlet secondary to diphtheria has been omitted, and one case which arose the same day as that on which the primary case was discharged.

The warning notice which is printed at the end of this paper recommends that certain precautions should be continued during the first three weeks after the patient's discharge. I am informed that a very large number of families do faithfully follow this prescription. Therefore, the more intimate contact begins with the fourth week in these cases. It seems more likely that the observed effect is to be attributed to the bath on discharge than to the warning notice.

It is essential to either theory that the same effect should have occurred at other hospitals also. I have by the courtesy of Dr. Byles been enabled to look over the records of Gore Farm Hospital, and I find that a similar postponement has occurred there.

3. *The routine employment of bacteriological examination of diphtheria patients.*—It seems almost impossible on *a priori* grounds to believe that such routine examination could fail to have a good effect, yet there has been no evidence published so far as I am aware to show that such effect occurs. In Dr. Cameron's and my own reports the hospitals with and without such routine gave practically the same infectivity rate. I therefore decided to abandon the routine, and since the end of November, 1906, only a small minority of cases have been bacteriologically examined; these were chiefly cases with persistent rhinorrhœa. I was sure no harm would result, and the figures of Table I. bear out that anticipation.

4. *What classes of patients are most likely to cause infection?*—All observers agree that mucous discharges should be suspected more highly than any other defect. Dr. Cameron found among 688 infecting cases no less than 52.3 per cent. had mucous discharges, whereas only 3.5 per cent. of ordinary cases were so affected. So great a disproportion makes it appear that the problem would be almost entirely solved if we could effectually deal with the mucous type of case. The above figures, however, include discharges, which started after the patients' return home, Matthews 2, the author 3 and others have published figures showing that, if only discharges developed in hospital be taken, the disproportion is not nearly so marked. I have therefore carefully examined all the bedcards of patients discharged in 1908 and 1909, in this and several other respects, in order to find out if any group of cases, recognisable as such while still in the hospital, is more likely than another to cause infection. The following are the results.

TABLE III.

	No. of cases.			Infectivity rate.
	Infecting.	Non-Infecting.	Total.	
1. Cases with mucous discharge, rhinitis, otitis, nasal diphtheria, vaginitis, or conjunctivitis	28	482	510	5.5
2. Cases without mucous discharge	33.5*	831.5*	865	3.9
3. Total of (1) and (2)	61.5	1313.5	1375	4.5
4. Cases complicated with nephritis	5.5	165.5	171	3.2
5. Cases complicated with secondary tonsillitis	1.5	26.5	28	5.4
6. Cases complicated with a second infectious disease present on admission	3.5	83.5	87	4.0
7. Cases complicated with a second infectious disease caught after admission	4.5	108.5	113	4.0
8. Total of (6) and (7)	8	192	200	4.0
9. Very mild, perhaps doubtful, cases of scarlet fever	3	64	67	4.5
10. Scarlet fever caught in hospital	2	12	14	14.3
11. Scarlet fever and relapse	2.5	11.5	13	19.2

* If two children have been discharged to the same house, one from this hospital and one from Gore Farm or some other hospital, I have counted my own infecting case as one half; similarly if two children have left the South-Eastern before a certain case, one of whom only had nephritis, I have put this down as half an infecting case in the nephritis group. A similar explanation applies to all the fractions in this and the next table.

The third line includes the whole number of cases discharged during the two years. We see from these figures that there is a preponderance of infection amongst the mucous cases, but by no means so great as usually supposed. The groups following the third line are all small, and, with the exception of the last two, show no great variation in the infectivity rate. Even in (10) and (11) I am not sure whether the high rate is more than accidental.

ANNUAL REPORT,

The following shows the length of time that mucous and non-mucous cases were detained in hospital respectively.

TABLE IV.

Detention in weeks.	Non-Mucous Cases.				Mucous Cases.			
	Infecting	Non-infecting.	Total.	Infectivity rate.	Infecting	Non-infecting.	Total.	Infectivity rate.
0-4	4	63	67	6.0	..	4	4	..
4-8	18.5	500.5	519	3.6	12.5	148.5	161	7.8
8-12	6	185	191	3.1	10.5	199.5	210	5.0
Over 12	5	83	88	5.7	5	130	135	3.7
Total ..	33.5	831.5	865	3.9	28	482	510	5.5

I have to thank many people for aid in preparing this paper. Miss Hunt has done most of the compilation of the statistics. Dr. Lakin and Mr. Forsyth Jones have also worked upon them, and the rest of my assistants have also helped. I have derived help in my ideas by discussion with several people, especially from Dr. Woollacott and Dr. Cameron.

REFERENCES.

1. Lauder, Lancet, 1904, vol. 1, p. 712.
2. Matthews, M.A.B. reports, 1905, pp. 306-7.
3. Turner, M.A.B. Special report on Return Cases, 1906, p. 10.

APPENDIX.

The following is the form given to parents of patients before their discharge, which came into use at the South-Eastern Hospital only when re-opened, July, 1906 :—

“NOTICE TO THE FRIENDS OF PATIENTS
DISCHARGED FROM HOSPITAL
AFTER SUFFERING FROM SCARLET FEVER.

“It is recommended—

“1. That for three weeks after leaving hospital, the patient should not sleep in the same bed (or, if possible, the same room) as children who have not had scarlet fever.

“2. That during this period articles used by the patient (such as cup, plate, spoon, handkerchief, towels and toys) should be kept distinct from those used by other children.

“3. That the patient should not attend school for three weeks.

“The above precautions are specially important in the case of those patients who suffer from Discharge from either Nose or Ears.

“OFFICE OF THE BOARD,

“EMBANKMENT, E.C.

“November, 1905.”

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