

## **Annual report for the year 1910 : (13th year of issue) / Metropolitan Asylums Board.**

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METROPOLITAN ASYLUMS BOARD.

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ANNUAL REPORT

FOR THE YEAR

1910.

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CHANDLER'S HISTORY OF MASSACHUSETTS

THE HISTORY OF MASSACHUSETTS, FROM THE FIRST SETTLEMENT TO THE PRESENT TIME. BY JOHN CHANDLER, ESQ. VOL. I.

IN TWO VOLUMES. THE FIRST CONTAINS THE HISTORY FROM THE FIRST SETTLEMENT TO THE YEAR 1780. THE SECOND CONTAINS THE HISTORY FROM THE YEAR 1780 TO THE PRESENT TIME.

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## METROPOLITAN ASYLUMS BOARD.

*Statistical items extracted from the Annual Reports on the work of the Metropolitan Asylums Board for the year 1910.*

1. **Area** of district served by the Board, 121 square miles

**Population** estimated to middle of 1910, 4,872,702.

2. **Number of institutions.**

- (i.) 14 Hospitals for infectious diseases.
- (ii.) 4 Asylums for imbeciles.
- (iii.) Land Ambulance Service: 8 stations, with motor ambulances and other vehicles.
- (iv.) River Ambulance Service: 3 wharves and 5 steamboats.
- (v.) A Training Ship (with infirmary on shore).
- (vi.) 1 School for children with ringworm.
- (vii.) 2 Schools for children with ophthalmia.
- (viii.) 3 Seaside homes for children.
- (ix.) 6 Homes for defective children.
- (x.) 2 Infirmarys for sick and convalescent children.
- (xi.) Central Stores.
- (xii.) Bacteriological Establishment.
- (xiii.) Office of Board.

—  
TOTAL, 47

3. **Infectious diseases.**

	*Notifications.	†Admissions.	Death rates, 1910.	
(i.) Scarlet fever ... ..	10,509	8,782	...	2.3
(ii.) Diphtheria ... ..	5,390	3,856	...	7.4
(iii.) Enteric fever ... ..	1,284	509	...	15.8
(iv.) Typhus fever ... ..	3	3	...	—
(v.) Cerebro-spinal fever ...	115	4	...	50.0
(vi.) Smallpox ... ..	7	5	...	—
(vii.) Measles ... ..	—	297	...	15.8
(viii.) Whooping cough ...	—	64	...	2.2

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

	1872-6	1877-81	1882-6	1887-91	1892-6	1897-1901	1902-6	1907-9 (3 years)	1910
(i.) Scarlet fever ... ..	12.4	12.6	10.7	8.3	5.5	3.5	3.1	2.6	2.3
(ii.) Diphtheria ... ..	—	—	—	33.6	25.5	13.7	9.3	9.5	7.4
(iii.) Enteric fever ... ..	18.6	20.0	17.5	15.3	17.5	15.6	14.6	14.3	15.8
(iv.) Typhus fever ... ..	21.2	21.1	18.9	17.2	15.3	15.3	14.0	—	—
(v.) Cerebro-spinal fever ...	—	—	—	—	—	—	—	46.2	50.0
(vi.) Measles ... ..	—	—	—	—	—	—	—	—	15.8
(vii.) Whooping cough ...	—	—	—	—	—	—	—	—	2.2

Rates in smallpox epidemics.

	1870-2	1876-8	1889	1884-5	1893-4	1901-2
(viii.) Smallpox ... ..	18.8	18.2	16.5	15.9	8.0	16.8

\* Metropolitan cases only.

† Including extra-metropolitan cases.



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

At fever hospitals	...	...	...	...	...	...	...	...	05
At smallpox hospitals	...	...	...	...	...	...	...	...	Nil.

**4. Ambulance work.**

**LAND SERVICE.**—Infectious patients removed from home to hospital, 15,238; other infectious removals, 14,168. Conveyance of imbeciles and other persons, 7,834; total removals, 37,240. Mileage run by vehicles, 283,074.

**RIVER SERVICE.**—Patients conveyed down the river to the Board's hospitals, 7; other passengers conveyed to and from the hospitals, including staff, contractors' workmen, and recovered patients, 450; total passengers, 457. Miles run by steamboats, 3,987.

**5. Asylums.**

Patients admitted, 913; discharged or transferred to other institutions not under the Board, 121; died, 594; remaining, 7,042.

**6. Children's Homes and Schools.**

Children admitted, 6,405; discharged, 6,071; died, 101 remaining, 2,663.

**7. Training Ship Exmouth.**

Boys admitted, 322; discharges to royal navy 73; to mercantile marine, 165; to army, 11; other discharges, 47; died, 1; remaining, 697.

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

Permanent staff	...	...	...	...	...	...	5,041
Temporary staff	...	...	...	...	...	...	157
Inmates	...	...	...	...	...	...	13,017
Total							18,215


**9. General Expenditure for the year ended Michaelmas, 1910—£999,771 (£1,077,778).**

**SUBDIVISION** of general expenditure—Asylums, £194,373 (199,242); hospitals, £329,520 (£398,317); ambulance services—land, £26,698 (£29,989); river (including wharves, but excluding cost of medical department at South Wharf, which is now included in hospital expenditure), £6,088 (£6,392); training ship, £19,318 (£18,086); children's homes and schools, £99,472 (£99,795) general expenses, £324,302 (£325,957).

**10. Loans.**—Total amount borrowed to Michaelmas, 1910, £5,606,799 (£5,606,799); total amount owing, £2,645,491 (£2,840,645).

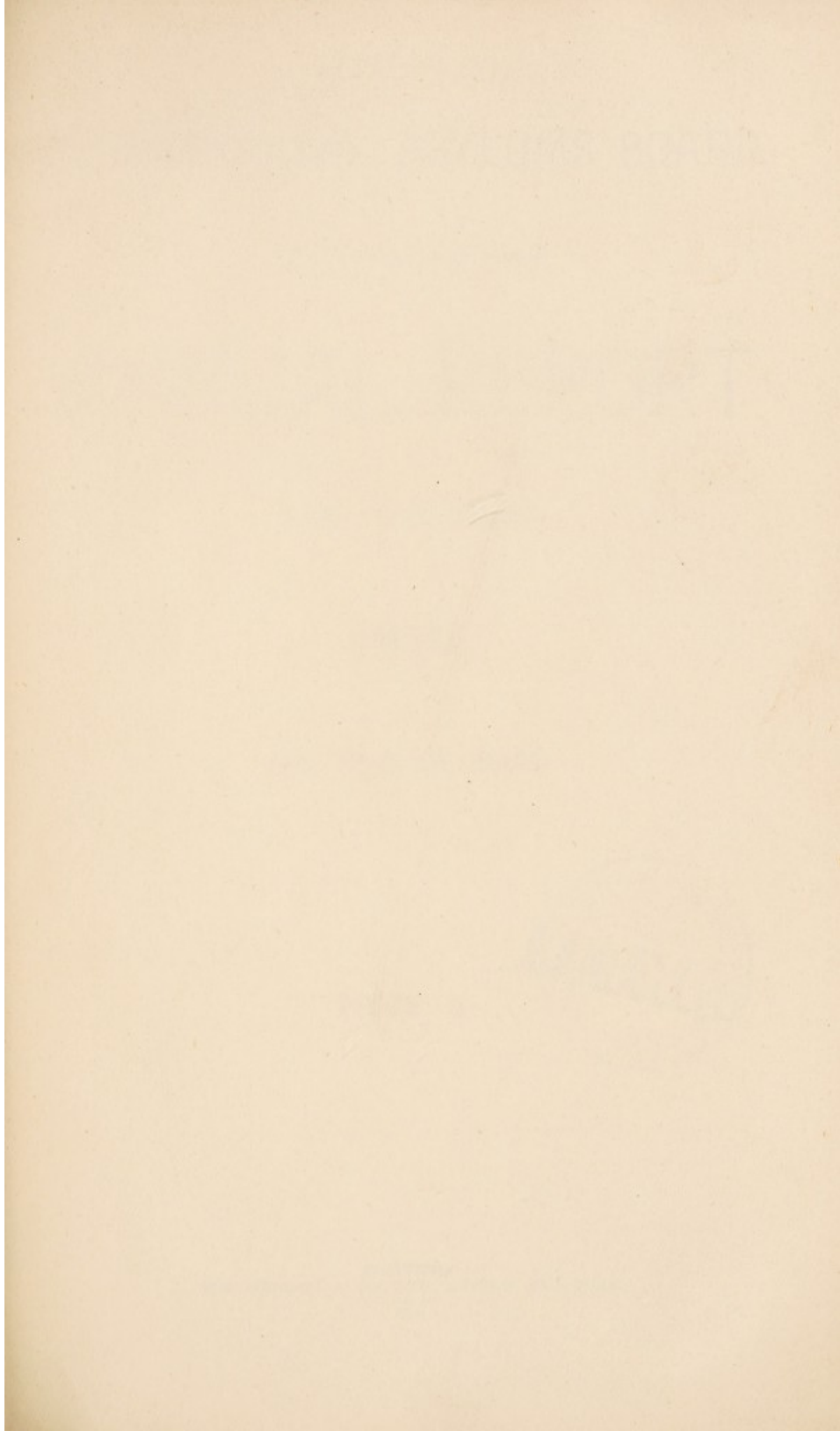
**11. Capital outlay** for land, buildings, fittings, and furniture, £5,879,868 (£5,869,841).

**12. Acreage** of Board's property, 1,450.



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METROPOLITAN ASYLUMS BOARD.

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# ANNUAL REPORT

FOR THE YEAR

1910.

(13th YEAR OF ISSUE.)

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PRICE 5/-



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PRINTERS—  
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1911.

*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 to 1907.

## CONTENTS.

---

	PAGE
<b>Prefatory Note</b> ... ..	vii
<b>General Review</b> ... ..	ix
APPENDIX I.—List of Members of the Board, showing committees on which each was serving at the close of the year ... ..	xxiv
APPENDIX II.—List of institutions under the Board's control ... ..	xxvi
 <b>Report of the Hospitals Committee</b> ... ..	 1
 <b>Report of the Asylums Committee</b> ... ..	 7
APPENDIX I.—Reports of Commissioners in Lunacy on visits to asylums during the year 1910 ... ..	12
 <b>Report of the Children's Committee</b> ... ..	 16
APPENDIX I.—Particulars of homes and schools... ..	26
APPENDIX II.—Homes for sick, convalescent and debilitated children—Medical officers' reports ... ..	30
APPENDIX III.—Ringworm schools—Dermatologist's report ... ..	35
APPENDIX IV.—Ophthalmia schools—Surgeon's report ... ..	38
APPENDIX V.—Homes for defective children—Medical officers' reports ... ..	41
APPENDIX VI.—Return of cases admitted from parishes and unions ... ..	48
APPENDIX VII.—General statistical statement ... ..	49
APPENDIX VIII.—Financial statement .. ..	50



	PAGE
<b>Report of the Training Ship Exmouth Committee</b> ... ..	51
APPENDIX I.—Report of the captain-superintendent ... ..	57
APPENDIX II.—Statistics ... ..	62
<b>Report of the Ambulance Committee</b> ... ..	65
<b>Report of the General Purposes Committee</b> ... ..	69
<b>Report of the Finance Committee</b> ... ..	72
APPENDIX I.—Fire insurance—Report of Finance Committee ...	76
APPENDIX II.—Financial statistics of the district ... ..	79
APPENDIX III.—Income and expenditure account for the year ended 1st October, 1910 ... ..	80
APPENDIX IV.—Details of revenue expenditure for year ended 1st October, 1910 ... ..	82
APPENDIX V.—Balance sheet at 1st October, 1910 ... ..	90
APPENDIX VI.—Details of expenditure in respect of capital outlay	92
APPENDIX VII.—Statement showing loans raised, repaid, out- standing, increase or decrease, and 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 1910 ... ..	93
APPENDIX VIII.—Statement showing the current account expendi- ture out of receipts and net total expenditure from 1868 to 1910 ... ..	94
APPENDIX IX.—Statement of total days' maintenance, average number of inmates for ten years ended Michaelmas, 1910 ..	96
APPENDIX X.—Average weekly cost for ten years ended Michaelmas, 1910 ... ..	98
APPENDIX XI.—Statement showing the rateable value of the district, produce of 1d. rate in the £, and amounts of precepts from 1867 to 1910 ... ..	100
APPENDIX XII.—Summary of sanctions to borrow, amount borrowed, amount outstanding, etc., at 1st October, 1910 ...	101
APPENDIX XIII.—Interest on loans ... ..	102
APPENDIX XIV.—Accounts of the bacteriological laboratories and central stores for years ended Michaelmas, 1910 and 1909 ...	103

	PAGE
<b>Report of the Works Committee</b> ... ..	104
APPENDIX I.—Engineering and similar works carried out by contract (c), and by direct labour (D), under the Engineer-in-chief during 1910 ... ..	108
APPENDIX II.—Building and similar works carried out by contract (c), and by direct labour (D), under the Engineer-in-chief during 1910 ... ..	111
APPENDIX III.—Contracts entered into by the Managers during the year 1910 for works to be carried out under the supervision of the Works Committee ... ..	114
<b>Report of the Contract Committee</b> ... ..	117
<b>Report of the Statistical Committee, with tables and charts</b> ...	119
APPENDIX I.—Infectious diseases ... ..	160
(A), (B), & (C) Details of ambulance statistics ... ..	160
(D) Reports of the medical superintendents of the fever hospitals ... ..	164
(E) Details of fever statistics (10 tables), 1910 ...	176
(E1) Details of fever statistics (9 tables), 1900—1909 ... ..	188
(F) Report of the medical superintendent of the smallpox hospital ... ..	199
APPENDIX II.—Imbecility ... ..	200
(A) Reports of the medical superintendents of the imbecile asylums ... ..	200
(B) Details of asylum statistics (15 tables) ... ..	215
APPENDIX III.—Report on laboratory work and preparation of diphtheria antitoxin ... ..	224
MEDICAL SUPPLEMENT:—	
1. Preface ... ..	231
2. Complications and co-existent infectious diseases, 1910 (4 tables) ... ..	233
2a. Ditto Summary for 10 years, 1900—1909 ...	247



	PAGE
<b>MEDICAL SUPPLEMENT :—</b>	
3. Post-scarlatinal diphtheria (2 tables), 1910 ... ..	236
3a. Ditto Summary for 10 years, 1900—1909 ...	252
4. Antitoxin treatment of diphtheria (3 tables), 1910 ... ..	237
4a. Ditto Summary for 10 years, 1900—1909 ...	253
5. Tracheotomy and intubation statistics (3 tables), 1910 ... ..	239
5a. Ditto Summary for 10 years, 1900—1909 ...	254
6. Laparotomy statistics (2 tables), 1910 ... ..	241
6a. Ditto Summary for 10 years, 1900—1909 ...	256
7. Miscellaneous diseases admitted during 1910 (2 tables) ...	243
8. Summary of tables in annual reports, medical supplement, 1900—1909 ... ..	246
9. An account of the Isolation Chambers recently provided at the Eastern Hospital ... ..	257
10. Two cases of laparotomy in enteric fever ... ..	264
11. The Blood-pressure in diphtheria ... ..	267
12. Memorandum on utilization of spare accommodation in fever hospitals ... ..	279
<b>Index to the whole volume</b> ... ..	<b>283</b>

### *PREFATORY NOTE.*

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, and to issue orders controlling the action of the Managers of any such district.

The Metropolitan Asylum District embraces all the unions and parishes in London and the Board deal with those matters which it is considered can best be transacted by a central authority for the whole of the metropolis rather than by each separate board of guardians acting locally. 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.

The Board is composed of 73 members, 55 being elected by the metropolitan boards of guardians and 18 nominated by the Local Government Board.

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 who may be insane.

By the Poor Law Act, 1879, the Board were empowered to provide an ambulance service to undertake the removal of patients.

The Diseases Prevention (London) Act, 1883, removed the civil disabilities which had till then been attached to admission into the Board's hospitals.

In 1888 the Board were authorised to admit diphtheria patients, and by the Poor Law Act, 1889, they were empowered to admit non-pauper cases of fever, diphtheria, and smallpox.

These provisions with regard to the removal and reception of fever and smallpox patients were subsequently incorporated in the Public Health (London) Act, 1891.

Provision is made at the infectious hospitals for the instruction of medical students.

The Board also receive from the several medical officers of health notifications of infectious disease occurring in the metropolis; and publish information relating thereto.

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

By Orders of the Local Government Board, dated 2nd April, 1897, 4th March, 1903, and 11th September, 1908, the Board were constituted as the central metropolitan authority for dealing with various classes of poor law children, the sick and convalescent, those suffering from ophthalmia and ring-worm and the mentally deficient. Under these Orders the Board also provided for juvenile offenders from 1902 to 1910, when this branch of work was transferred to the County Council.



Finally in accordance with the terms of a further Order dated 18th February, 1911, the Local Government Board sanctioned the admission to any of the hospitals of poor children suffering from measles or whooping cough received through the metropolitan poor law authorities, while in a letter dated 27th March, 1911, the Local Government Board stated that they were advised that non-pauper cases of measles might be admitted under Section 80 of the Public Health (London) Act, 1891, and promised a further Order authorising the admission of such cases as should be recommended by the medical officers of health, this limitation being intended to secure that the available accommodation should be utilised for the most urgent and necessitous cases.

The work of the Board now includes the administration of the following institutions :—

*Infectious diseases*—fifteen hospitals for smallpox, scarlet fever, diphtheria, enteric fever, typhus fever, measles and whooping cough (with arrangements for dealing with plague and cholera); and bacteriological establishments.

Accommodation, 8,555 patients, 3,000 staff.

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

Accommodation, 7,381 patients, 1,350 staff.

*Poor Law children*—two hospitals for sick children, three seaside sanatoria and homes, one ringworm school, two ophthalmia schools, seven homes and working colonies for the mentally deficient and one training ship.

Accommodation, 4,341 inmates, 850 staff.

*Ambulance service*—eight ambulance stations with motor and horse ambulances, three riverside wharves and five ambulance steamers—150 staff.

*Central stores*—for reception of goods and their distribution to the various institutions.

The three principal branches of the Board's work are conducted and controlled by the three central committees, the Hospitals, Asylums and Children's, 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 Exmouth is managed by a smaller separate committee. The General Purposes Committee consider questions of general policy and principle, and the Statistical Committee are responsible for the statistics and publications of the Board.

A general review for the year 1910 of questions affecting the Board and of the Board's work, with the annual reports of each of the Committees mentioned, together with statistics and a medical supplement, are published in this volume.



# METROPOLITAN ASYLUMS BOARD.

REPORT OF THE BOARD FOR THE YEAR 1910.

## GENERAL REVIEW.

19th June, 1911.

### Preface.

1. In the last annual report of the Board reference was made in some detail to the important and far-reaching proposals, relating to the poor laws of the country in general and to the work of the Metropolitan Asylums Board in particular, which were the outcome of the prolonged enquiries of the two Royal Commissions on the care of the feeble-minded and on the poor laws and relief of distress respectively. That these enquiries, more especially that of the Poor Law Commission, herald greater developments in the administration of relief in this country than any which have been enacted since the Poor Law Act of 1834, may be regarded as assured, despite the fact that nearly three years have now elapsed since the issue of the report of the Commission on the feeble-minded, and two years since that of the Poor Law Commission, without any legislation affecting the constitution of poor law authorities.

### Proposals for poor law reform.

2. This absence of legislation will not surprise those who have studied the reports in question, and are acquainted with the divergent views and deep-seated differences of opinion which they revealed between those who took part in the enquiries. The vigorous campaign set on foot in the country in favour of one set of proposals as against another has done little to assist the public in impartially considering the merits of the different plans for the amelioration of admitted evils, while the latest scheme, put forward by the Association of County Councils as a compromise between opposing views, has scarcely retained on closer examination the approval which it received on publication.

3. The truth is that while the different problems to the solution of which the Commissioners applied themselves with so much diligence have changed even since their time, and are changing with the passing of each year, it will be some time before the effect on poor law work of contemporary social legislation can be accurately gauged. Old age pensions, labour exchanges, steps for dealing with the juvenile labour question, and the



probable introduction of a scheme for national insurance against sickness, invalidity and unemployment, these must inevitably re-act on the work of all poor law authorities to an extent which it is not possible now to forecast, but it cannot be doubted that they will eventually largely restrict the operation of the poor law so far as adults are concerned to those destitute persons, who by total incapacity are debarred from any prospect of occupying a useful place in the community.

4. Nothing has occurred to weaken the view expressed last year that, poor law work should continue to be controlled by entirely separate authorities, the manifold activities of municipal corporations being already more than sufficient to occupy all the time they have at their disposal. Meanwhile the progress made in poor law reform by administrative measures is being steadily continued under the present *régime* at the Local Government Board.

5. The question of classification is one to which frequent reference is made by poor law reformers, but the experience of the Board has shown that the desired results can best be obtained by adequate grouping of areas under one independent authority rather than by dividing the classes to be provided for between different committees.

6. Sir Arthur Downes, M.D., Senior Medical Inspector of the Local Board for Poor Law purposes and a member of the Poor Law Commission, in a recent publication on poor law reform writes

The principle adopted [*i.e.*, the grouping of units of administrative areas for such general or special purposes as local needs may require] was the keynote of the Metropolitan Poor Act, 1867, and it is to be hoped that no final decision as to future legislation will be arrived at without a careful examination of the more than forty years' experience of the departure then taken by Mr. Gathorne Hardy. It may not be generally known that—taking only a sub-division of their work—the Metropolitan Asylums Board have now under admirable care with infinite classification, approximately four thousand poor law children (exclusive of those certified as of unsound mind); that during the last five years, although this work has doubled, they have not raised a loan for any purpose. So satisfactory indeed is their present financial position that within the same period they have paid off nearly one million pounds of their outstanding debt, and within eleven years from now will have cleared the remaining two and a half millions if no new obligations are put upon them. I attribute this achievement firstly to the advantage which a single authority for various classes of public assistance has in adapting its accommodation to special needs as the occasion may require, thereby avoiding the waste which must attend a multiplication of authorities to take the different classes. Secondly to a recognition of the fact that a great administrative body must depend on its own constitution for an effectual financial control. The idea that such a control could be applied by another body or by an independent committee, as contemplated by the County Councils Association, would be found in practice both ineffective and productive of friction. I give this illustration of work within my own knowledge, because the recent history of the Metropolitan Asylums Board is not generally well known, and because it affords an actual example of the principle which underlies the suggestions.



**The Board's accommodation.**

7. Perhaps the most important of the domestic subjects which has received the attention of the Board during the year has been a memorandum on the general question of their accommodation, prepared by Sir Arthur Downes and forwarded by the Local Government Board. The points raised involved a survey of the Board's work as a whole, and a review of the provision made for each branch of it, for infectious diseases, for children of various classes, and for imbeciles. The Board were asked to consider the possibility and desirability of treating in their institutions certain additional classes of sick or defective persons for which public provision, if it existed at all in the metropolis, was only made by the guardians of the poor, and was extremely limited in extent. The Board were entirely in sympathy with the view that the best and largest use should be made, in the interests of London as a whole, of the accommodation provided at the cost of the ratepayers; and they adopted in July a report embodying their conclusions so far as concerned the use of vacant accommodation in the infectious hospitals.

8. The report pointed out that the existing accommodation provided by the Board was allocated as follows :—

Fever and diphtheria	...	...	...	...	7,088
Smallpox	...	...	...	...	2,040
Children	...	...	...	...	3,383
Imbeciles	...	...	...	...	7,347
					19,858
	Total	...	...	...	19,858

and that the present enquiry had not been inspired by any suggestion that more accommodation has been provided than is necessary for the existing purposes. On the contrary, Sir Arthur Downes in his memorandum said

It must not be supposed that the accommodation provided by the Managers is in excess of what is likely to be required in epidemic times.

Briefly stated, the questions to be considered were whether part of the margin of unoccupied beds which sometimes existed in the fever and smallpox hospitals could be beneficially used in providing accommodation for other classes of the sick poor, and in meeting the growing demands on other departments—the children and the imbeciles, or, in the alternative, whether some of the fever hospitals should be closed at such times. The latter alternative would save considerable expenditure, but would obviously involve great difficulties in the way of staff reduction. It would mean the dismissal of the nucleus of efficient officers trained and tried in the Board's service, which it might be impossible to get together again when required, and it would induce an undesirable feeling of insecurity, telling against the Board's efforts to maintain an efficient service. The Board considered that a case was established for making use of the vacant accommodation which existed.



9. With regard to smallpox accommodation it appeared that the only considerable smallpox epidemic since 1885 was in 1902 when a maximum of 1,604 cases under treatment was reached in March, and moreover, experience had so fully established the fact that high numbers of smallpox corresponded with low numbers of scarlet fever and vice-versa that it was safe to make use of smallpox accommodation for fever purposes whenever the numbers under treatment so required. The Board therefore decided that only the Long Reach Hospital and certain adjacent buildings should be permanently reserved for smallpox, and that Joyce Green Hospital should be regarded as part of the fever hospital accommodation in all times when not required for smallpox.

10. From a consideration of the numbers in the metropolitan poor law institutions of those sick and convalescent children which the Board had been authorised to receive by the Order of the Local Government Board dated 11th September, 1908, it appeared that another institution could well be set apart for them in addition to the Children's Hospital at Carshalton,\* and the Board agreed to appropriate the Park Hospital, Hither Green, for this purpose.

11. The remainder of the enquiry so far as it had proceeded by July resolved itself into a consideration of how far, in view of the incidence of the fevers then admissible into the Board's hospitals, steps could be taken to provide accommodation for poor persons suffering from measles, whooping cough and puerperal fever. In their discussion of this question the Board received much assistance from the Medical Officer for General Purposes (Dr. H. E. Cuff), whose memorandum on the hospital treatment of these diseases will be found in the medical supplement to this volume. The evidence adduced showed that the mortality rates of measles and whooping cough were higher than that of scarlet fever, and that the sequelæ of these diseases were more serious in their after-effects on the efficiency of the individual than those which are associated with scarlet fever; and after fully considering the questions involved the Board informed the Local Government Board that they would be prepared to arrange for the reception tentatively in their fever hospitals of measles and other approved diseases including whooping cough, provided they could be empowered to receive selected cases from the poorer classes for which no accommodation was at present available. The Board also agreed to receive cases of puerperal fever.

12. The Local Government Board expressed their satisfaction at the Board's reception of the suggestions, and approved of the various proposals,

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\* Soon after the close of the year the Board learned with much gratification that Her Majesty the Queen, had graciously allowed her name to be associated with The Children's Infirmary at Carshalton, and the loyal and dutiful thanks of the Board were conveyed to Her Majesty for the kindly interest she had been pleased to display in their work. The name Queen Mary's Hospital for Children, by which the hospital is now known, is used throughout this volume.



with the exception of that which referred to puerperal fever, as to which no decision has yet been given, while their assent to the reception of measles and whooping cough was limited to pauper cases.

13. At the close of the year important proposals were under consideration relating to the Board's arrangements for dealing with the mentally defective persons under their control.

**Finance.** 14. During the financial year ended at Michaelmas, 1910, the net expenditure of the Board met out of the rates was £965,802, representing a rate of 5·17d in the pound. The average daily number of persons maintained in the Board's institutions during the year was 12,792.

The corresponding figures for the previous three years were:—

	Net expenditure. £	Rate. d.	Average number of persons maintained.
1907 ... ..	1,067,224	5·88	13,127
1908 ... ..	1,088,296	5·93	13,612
1909 ... ..	1,045,092	5·63	13,687

The total expenditure was made up of the following items:—

	Total. £	Increase or decrease on previous years. £
Asylums ... ..	194,373	— 4,869
Hospitals and ambulance service	332,306	— 72,392
Children ... ..	118,790	+ 909
Repayment of, and interest on, loans and general expenses ...	324,302	— 1,655
<b>Total ... ..</b>	<b>999,771</b>	<b>— 78,007</b>
Less receipts ... ..	33,969	+ 1,283
<b>Net total ... ..</b>	<b>965,802</b>	<b>— 79,290</b>

15. The extremely satisfactory results which have attended the Board's finance during recent years and especially the arrangement for the consolidation of the outstanding loans have been referred to in recent annual reports. It is satisfactory to report again—for the fourth consecutive year—that no money has been raised on loan account. Since 1868, when the Board contracted their first loan, over £5,600,000 has been raised on loan for various purposes. The outstanding loans have been further reduced during the financial year by £195,154, and at Michaelmas, 1910, amounted to £2,645,491, the total reduction since 1906 having been £770,507. In the event of no further loans being required, the liabilities of the Board on the capital account will entirely disappear in about eleven years.



Fire Insurance. 16. So long ago as 1902, the Board had under consideration the question of the desirability of discontinuing to insure their buildings against loss by fire, and for nearly a year after that date most of these buildings were uninsured against this risk. Although the Board thereafter reverted to the policy of insuring, the whole subject was kept under review and the Finance Committee, in January, 1910, submitted to the Board a comprehensive report, which is published as an appendix to their annual report in this volume.

As a result of this report, which shows that, taking the last twenty years, the Board's losses by fire have been trivial as compared with the premiums paid for insurance; that 75 per cent. of these premiums would have been saved by non-insurance; and that the risks undertaken in connection with these properties are much less hazardous than the average risks undertaken by fire insurance companies, the Board decided that in future they would not insure their properties against loss by fire, except in special cases involving more than ordinary risks.

Superannuation. 17. The working of the Asylums Officers' Superannuation Act, which came into force in April, 1910, is referred to both by the Finance and the Asylums Committees. The Board on the recommendation of the Asylums Committee decided that all officers and servants who formed part of the normal establishment of staff at their imbecile asylums, and whose terms and conditions of employment were regulated by the approved scale of salaries and wages, should be regarded as "established officers and servants" under this Act, with two minor exceptions. These established officers and servants were then divided into the two classes prescribed by the Act, viz., all who have the care or charge of patients in the usual course of their employment, and all other established officers and servants. Of the 1,326 officers employed at the imbecile asylums, no fewer than 500 exercised the option conferred on them by the Act of declining to avail themselves of its provisions. Of these 156 remained subject to the provisions of the Poor Law Officers' Superannuation Act.

The Asylums Officers' Superannuation Act provides that in the case of officers who have served under two or more authorities, the superannuation allowance should be paid by the authority of the asylum in which the officer is employed at the time the allowance becomes payable, but a proportionate part of the allowance reckoned according to the service and pay of the officer under any other authority may be claimed from that authority. In this respect the Act differs materially from the Poor Law Officers' Superannuation Act, under which a superannuation allowance is payable wholly by the officer's last employers.

The Finance Committee have dealt with the differences arising between the Board and other asylum authorities as to the contributions to be made to pensions, and several appeals have been lodged and are awaiting settlement. The Committee specially mention the fact that the



value assigned to emoluments enjoyed by officers differs at every asylum at which the officers have been employed, and it is to be regretted that the Act provides no machinery for fixing these values on a uniform basis or for a uniform classification of officers and servants.

**Hospitals.** 18. The following statistics relate to the patients in the fever hospitals during the year 1910, viz. :—

	Admissions.	Discharges.	Deaths.	Mortality per cent.
Scarlet fever .. ..	8,782 (—6,602)	9,523 (—6,632)	213 (—158)	2·30
Diphtheria .. ..	3,634 (—759)	3,264 (—1,060)	281 (—151)	7·83
Diphtheria (Bacteriological) ..	222 (+12)	219 (+21)	2 (—1)	·90
Enteric fever .. ..	509 (+178)	390 (+8)	77 (+32)	15·78
Typhus fever .. ..	3 (—1)	3 (—1)	—	—
Cerebro-spinal meningitis .. ..	4 (+2)	2 (+1)	2 (same)	50·00
Measles .. ..	297 (+297)	146 (+146)	38 (+38)	15·80
Whooping cough ..	64 (+64)	24 (+24)	1 (+1)	2·25
Other diseases .. ..	1,723 (—599)	1,657 (—508)	87 (—95)	5·02
	15,238 (—7,408)	15,228 (—8,001)	701 (—334)	4·49

NOTE.—The figures in brackets represent the increase or decrease on the numbers for the previous year.

The diminution in the number of cases admitted, so noticeable in 1909, has been even more noteworthy in 1910.

The admissions for the year were 7,400 or nearly one-third fewer than those for 1909, which in turn were 5,321 fewer than the admissions in 1908. This number is the lowest on record since 1891, the average annual admissions since that year numbering approximately 22,000.

The lowest number of patients under treatment on any day was 2,039 on the 26th August, the lowest minimum for the past fifteen years, and the highest 2,946 on the 8th November, the lowest maximum in the same number of years having been 2,934 in 1903. The average of the corresponding annual figures for fifteen years past is 2,944 and 4,515 respectively.

**Nursing staff.** 19. Some difficulty has been experienced in the past in attracting and retaining in the Board's service in the infectious hospitals an adequate supply of nurses who have received their training in the best general hospitals. In March the Hospitals Committee submitted to the Board an important report embodying the results of their enquiry extending over a period of two years into the whole subject of the character, status and training of the nursing staff in the infectious hospitals. This report, presented after prolonged consultation with the matrons of the leading general hospitals in London as well as with the Board's own officers, dealt not only with the special difficulty referred



to but discussed the measures which the Committee advised should be taken to improve the status of the nursing staff in the fever hospitals, to enlarge the opportunities afforded to nurses of obtaining a practical knowledge of fever nursing, and to bring about an interchange of nurses between the Board's fever hospitals and the general hospitals. These measures embraced the adoption of new nomenclature for the nursing staff similar to that of the general hospitals and to that already approved by the Board for their children's hospitals, the revision of the qualifications for appointment, of the scale of salaries, and the institution of a scheme of two years' training for probationers in fever work, including independent examination and certification, coupled with the acceptance of a number of these probationers into general hospitals for further training. It is hoped that the result of the adoption by the Board of these proposals will be commensurate with the time and care devoted by the Hospitals Committee to the consideration of this important subject.

**Antitoxin.** 20. In August last the Local Government Board issued an order empowering the metropolitan borough councils to provide diphtheria antitoxin for the poorer inhabitants of their districts. The Board, possessing, as they do, modern laboratories maintained at the cost of the metropolitan rates for the production of this serum, would naturally be expected to supply it to the councils in question, but there appears to be legal difficulty in the way of their doing so, which the Local Government Board have therefore been invited to take steps to remove.

**Asylums.** 21. The numbers of patients at the Board's imbecile asylums for the year were as follow, viz. :—

		Increase or decrease on previous year.
Remaining on 1st January, 1910	6,844	— 96
Discharged during the year ...	121	— 51
Died " " ...	594	— 114
Admitted " " ...	913	+ 129
Remaining on 31st December, 1910	7,042	+ 198

The number of patients admitted, owing to an increase of 163 in the number of patients transferred from county lunatic asylums, exceeded 900 for the second time in the last seven years, the average annual number admissions for this period being 833.

Of the patients admitted, 199 were under 16 years of age and 38 of these under 5 years of age. 212 of the patients admitted (or 30 per cent. of the adults) were over 70 years of age, 167 of these being between 70 and 80, 39 between 80 and 90, and 6 over 90.

The number of beds available for patients was increased to 7,381 by the addition of 31 at Leavesden Asylum. At the end of the year proposals were under consideration for increasing the normal accommodation at Darenth.



22. The problem of providing further accommodation for imbeciles of the unimprovable type, which has been a source of anxiety for some time past, remained unsolved at the end of the year. The need for this provision grows more pressing. It alone will enable the institution at Darenth to be relieved of the incubus of unimprovable patients which is at present the obstacle to the carrying out of a complete scheme of classification at that institution. An expedient which would have afforded this relief by the transfer of a number of unimprovable children to the general asylums at Leavesden and Caterham did not meet with the approval of the Local Government Board. It is confidently expected, however, that the outcome of the consideration by the Board of the Memorandum by Sir Arthur Downes relating to the Board's accommodation as a whole, to which reference has already been made, will be the formulation of a complete scheme for the re-organisation of the Board's work in connection with all grades of the mentally defective which will meet the difficulties experienced at Darenth.

23. The excellence of the industrial training at Darenth, which is described in the report of the Medical Superintendent, is widely known, and is probably in advance of anything of the kind elsewhere. Over 700 inmates are now employed in the workshops and needlerooms; and tailoring, upholstering, shoemaking, basket-making, bookbinding, brushmaking, and wood-chopping are amongst the many varied and useful occupations carried on; while printing will shortly be commenced. Many thousands of articles of all descriptions have been made or repaired for use in the Board's institutions, and the lives of this great number of workers rendered happier and more useful thereby. Over 400 inmates are also employed in occupations outside the workshops, *i.e.*, in the kitchens, laundries, or wards, and on the farms. It is satisfactory to report that, in addition to some extensions on the male side, the erection of additional workrooms, accommodating 480 female workers has now been sanctioned. With the completion of these buildings considerable impetus will be given to the industrial work, though its full development cannot be looked for until a suitable scheme for removing the unimprovable patients has been devised and carried into effect.

24. The appointment of a visiting ophthalmic surgeon to advise on the treatment of ophthalmia in the Board's asylums, the provision for tubercular cases at Leavesden Asylum are referred to in the report of the Asylums Committee.

**Children.**

25. The development during recent years of that branch of the Board's work which is concerned with poor law children, resulting in a large increase in the number of children under their care,



has continued during 1910, the Park Hospital, detached from the infectious hospital service, having been re-opened as a second hospital for sick children. The transfer of the three remand homes to the London County Council has been completed.

26. The Board will remember with satisfaction their work in connection with juvenile offenders, practically the first of the kind undertaken by a public authority in this country, as well as the initiative and the prominent part they have taken in promoting the movement for the separation and special treatment of these children.

27. The steps leading to the appropriation of the Park Hospital for sick children have already been referred to. The hospital was formally re-opened for its new use on the 19th November, by the Right Hon. John Burns, M.P., President of the Local Government Board, who has taken a keen personal interest in the provision of hospital accommodation for the sick and convalescent poor law children of London. The President in his speech made special mention of the successful work already accomplished in the hospital at Carshalton.

During the year steps have been taken to equip Queen Mary's Hospital with numerous appliances for the treatment of children, including light treatment, X-rays, remedial gymnastics, etc., and it only needs the sanction of the Local Government Board to the proposals placed before them for the provision of small isolation wards and other additional buildings, to place the institution on the highest possible level of efficiency as a children's hospital.

28. The numbers of patients dealt with at the children's institutions are shown in the following table:—

	Admissions.	Discharges.	Remaining 31st December, 1910.
Sick and convalescent :			
Inland .. .. .	2,385	2,081	1,032
Seaside .. .. .	942	932	385
Ringworm .. .. .	1,019	1,056	303
Ophthalmia .. .. .	682	617	612
Mentally defective .. .. .	72	43	331
Remand Homes .. .. .	1,235	1,272	—

Details of the work relating to each of these classes will be found in the report of the Children's Committee and the reports of the several medical officers appended to it.



**Training ship Exmouth.** 29. During the year 322 boys were admitted to the Training Ship Exmouth and 298 were discharged, 697 remaining under training at the end of the year. Of the admissions 129 were from country unions, and 261 of the boys remaining under training were chargeable to unions outside London.

Many boards of guardians in London, who have avenues for placing out in shore occupations boys physically fit and of good character, have urged that the standards and qualifications for admission to the training ship are too stringent, and have sought the admission, on probation or otherwise, of boys who do not reach these standards, as a method of filling the ship with London boys. The Ship Committee have frequently considered this subject and have pointed out that no useful purpose was to be served by reducing the standards for admission. The Committee refer to the great experience on which their conclusions are based, 3,300 boys having been sent to the Royal Navy and 3,800 to the Mercantile Marine since 1876, they lay stress on the efforts which have been made to maintain the Exmouth as a thoroughly efficient training institution by constant comparison with the work of similar institutions at home and abroad, and by keeping in touch with the requirements of the Royal Navy and the Mercantile Marine, and they contrast the standards required for the Exmouth and the output therefrom with those of other training ships. They ask for a broader outlook on the part of the boards of guardians, a recognition of the fact that the Exmouth is an establishment of their own, and a greater willingness to bring constantly before the boys in their care, the children of a nation whose strength and wealth lie upon the sea, the opportunities afforded by the Exmouth of adopting a seafaring career, and they conclude that if this were done and every physically fit boy of the great number in London poor law schools, who is moved to adopt the sea as his means of livelihood, is allowed to come forward, there would be an ample supply of properly qualified London boys for the ship.

30. Of the boys discharged during the year 1910, 73 were entered into the Navy, including 15 into the Canadian Navy as the result of the visit of the representatives of that Navy in 1909, and 165 entered the Mercantile Marine.

31. The Board approved during the year of a scheme for building a new and larger seagoing tender to replace the old brigantine Steadfast, but the Local Government Board considered the cost of the scheme too high and the question of the steps to be taken to supply this need were still under consideration at the end of the year.

**Ambulance service.** 32. The total number of cases removed by the Board's ambulances during 1910 was 37,240 compared with 47,613 in 1909. Of these, 15,238 were cases removed to the infectious hospitals, and 479 were infectious cases removed to other places.



18 patients and 37 visitors were conveyed to Long Reach by the River Ambulance Service. The facilities afforded by the Board for the hire of non-infectious ambulances were employed in 1,914 mental, medical and surgical cases.

The conveyance of children of the various classes provided for by the Board has added very materially to the work of the Ambulance Department, 4,298 children having been removed during the year in connection with the two hospitals for sick children only.

The total number of ambulance journeys in the year amounted to 22,479 and the miles run by the vehicles to 283,074.

The substitution of motor for horse traction at the ambulance stations progresses steadily. This change has been completed at the Mead and Western Stations and is being carried out at the Eastern, North-Western, Brook and South-Eastern Stations.

**Contracts.** 33. The Contract Committee in 1910 dealt with over 650 contracts, representing an expenditure of £300,000, of which provisions alone account for £143,000. This work, owing to the great attention to detail required, makes considerable demands on the members of the Committee, and it is satisfactory to note that the Local Government Board have assented tentatively to a proposal for a modification of the methods hitherto prescribed for dealing with tenders, based generally on the practice of contracting departments in the government service and calculated to involve a reduced expenditure of time on the part of the Managers.

**Works.** 34. Under the control of the Works Committee the department of the Engineer-in-Chief has carried out works amounting in value to about £46,100. Of this amount £25,726 represents the value of contract works and the remainder that of works carried out by direct labour. The value of engineering works and repairs was £21,409 and of building works and repairs £24,700. The cost of cleaning and painting work carried out at the several institutions was £12,895.

Important works at Queen Mary's Hospital for Children, which are being executed under the supervision of the Engineer-in-Chief, include the centralisation of the heating and hot-water services and the repairs and alterations to the roads. Tenders amounting to £20,125 for these works were accepted by the Board in July last. The Engineer-in-Chief has also prepared plans for additional buildings required at this hospital.

The substitution of metallic for carbon filament lamps, the requirements of the Factory Acts with regard to the guarding of laundry machinery, the renewal of the ward ceilings at Leavesden Asylum, the erection of



additional workrooms at Darenth, the provision of isolation rooms at the Eastern Hospital are among the numerous matters which have occupied the attention of the Works Committee.

**Staff.** 35. An important new departure has been the appointment of a laundry expert to visit the laundries at the Board's institutions and advise as to any improvements and economies which could be effected. This step was taken in consequence of the considerable differences revealed by a detailed return furnished to the Board in the cost of working these laundries at different institutions. A full report has been received from the expert appointed bearing on the types of machinery used, the administration and arrangement of the laundries, the consumption of materials, and the training of the laundry staff.

36. The total number of officers and servants employed by the Board on the 31st December, 1910, was as follows :—

	Permanent.	Increase or decrease on previous year.	Temporary.	Increase or decrease on previous year.
Head office.. .. .	123	+ 7	10	— 2
Asylums .. .. .	1,352	+ 22	46	+ 5
Fever hospitals* .. .. .	2,333	— 422	34	— 5
Smallpox hospitals (including ambulance service) .. .. .	109	— 8	17	+ 7
Land ambulance service .. .. .	130	— 33	5	+ 2
Children's institutions .. .. .	928	+ 203	42	— 2
Training ship Exmouth .. .. .	54	+ 8	3	— 5
Central stores .. .. .	12	+ 2	0	— 3
	5,041	— 222	157	— 3

\* Including Bacteriological Laboratories.

During the year 1,297 officers and servants were appointed and 1,518 left the service, showing a decrease of 221 ; 20 were superannuated.

**Board of Management.**

37. The Board learned with regret of the death, in January, of Dr. Stanley B. Atkinson, J.P., who represented the Mile End Board of Guardians. Dr. Atkinson had only been a member of the Board for 14 months, but had given promise of taking a considerable share in their work. The death has also to be recorded with regret of Mr. H. Baldwin, one of the representatives of the Lambeth Board of Guardians since May, 1907, and of Mr. Abel Simner, a representative of the S. George's Union since April, 1907.

Mr. W. G. Bevan was elected by the Lewisham Board of Guardians in January, to represent them in place of Major West, whose death was recorded last year.



38. The triennial elections and nominations to the Board took place in May. The constitution of the new Board differed from that of the last Board in eleven instances, as follows :—

Parish or union represented.	Retiring member.	Place taken by.
Bethnal Green ..	Mr. A. P. Barnard, J.P. .. ..	Mr. Walter Eieckhoff.
Camberwell .. ..	Mr. Samuel Sayer .. ..	Dr. E. C. Bousfield.
Holborn .. ..	Mr. J. H. Edwards .. ..	Mr. Edward Garrity.
Islington .. ..	Mr. George Guttridge .. ..	Mr. Alfred Walkley.
Lambeth .. ..	— .. ..	Mr. J. F. Hawkey.
Mile End .. ..	— .. ..	Mr. G. R. Boustred.
S. George in the East..	Mr. P. M. Martineau, J.P., D.L., LL.B.	Mr. John Gibbs.
S. Pancras .. ..	Mr. Joseph Thornley, J.P. ..	Miss E. M. Rendel.
Shoreditch .. ..	Mr. John Bye .. ..	Mr. W. E. Hinton.
Strand .. ..	Mr. O. C. Wylson .. ..	Rev. F. Harcourt Hillersdon, J.P.
Whitechapel .. ..	Mr. James Brown, J.P. .. ..	Mr. William Bailey.

39. The Board much regretted the retirement of Mr. P. M. Martineau, J.P., D.L., an earnest and active member for more than 24 years, holding the chair of several important committees and filling for the years 1904 to 1908 the office of Vice-Chairman of the Board in a manner that won for him the affection and goodwill of his colleagues.

Another old and valued member whose retirement in May was much regretted, was Mr. James Brown, J.P., who, during his long membership of over 18 years, had been chairman of some of the chief committees and had performed much useful work for the Board.

The Board also suffered the loss through ill-health of the services of their Vice-Chairman from 1908 to 1910, Mr. Joseph Thornley, J.P., who had represented the S. Pancras Guardians for the past 12 years, and who had been Chairman of the Works and Contract Committees.

Mr. A. P. Barnard, J.P., had represented the Bethnal Green Guardians for more than 15 years and had been assiduous in his attendances and in the discharge of his duties as a Manager.

40. At their meeting on the 7th May, the Board placed on record their sense of the zeal and success with which Mr. J. T. Helby had filled the office of Chairman of the Board during the previous three years, and their great appreciation of the valuable services he had rendered to the metropolis,

not only during his chairmanship but throughout his 12 years membership of the Board, by his constant attention to their work, and his labours to promote efficiency and economy.

41. At the following meeting Mr. Walter Dennis, Chairman of the Hospitals Committee for the previous three years, was elected to be Chairman of the Board for the ensuing twelve months, and Professor William R. Smith, J.P., D.L., M.D., to be Vice-Chairman.

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42. A list of members of the Board, showing the Committees on which each was serving at the close of the year, and a statement showing the location, acreage, date of opening and accommodation of the several institutions under the Board's control are appended.

(Signed) WALTER DENNIS,  
*Chairman of the Board.*

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

OFFICE OF THE BOARD,  
EMBANKMENT,  
LONDON, E.C.



## APPENDIX I.

LIST OF MEMBERS OF THE BOARD,  
SHOWING THE COMMITTEES ON WHICH EACH WAS SERVING  
AT THE CLOSE OF THE YEAR, 1910.

MANAGERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF  
GUARDIANS.

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1910).
Bermondsey ..	Ecroyd, W. H. .. ..	10, Burghill Road, Sydenham ..	Asylums, Works, Contract.
Bethnal Green	Eickhoff, Walter .. ..	99, Drakefell Road, Brockley, S.E. ..	Hospitals.
Bloomsbury ..	Smith, Prof. William R., J.P., D.L., M.D. ( <i>Vice-Chairman of the Board</i> )	74, Great Russell Street, Bloomsbury, W.C.	<i>Ex-Officio Member of all Committees.</i>
Camberwell ..	Brown, R. .. ..	32, East Dulwich Road, S.E. ..	Asylums, Children's, Contract.
" ..	Bousfield, E. C., L.R.C.P., M.R.C.S., D.P.H.	6, De Crespigny Park, Denmark Hill, S.E.	Hospitals, Statistical.
Chelsea ..	Crosse, T. Warren .. ..	10, Cresswell Gardens, South Kensington, S.W.	Children's, Ambulance.
City of London	Benson, Charles J. .. ..	10, Bury Court, St. Mary Axe, E.C.	" Exmouth."
" ..	Doughty, Rev. G. Bell .. ..	27, Westbourne Gardens, W. ..	Hospitals, Children's, " Ex- mouth."
" ..	Lile, J. H., J.P., D.L.	4, Ludgate Circus, E.C. .. ..	Children's, Contract, Finance.
" ..	Monckton, A. .. ..	189, Upper Thames Street, E.C. ..	Statistical.
" ..	Wilkinson, Cuthbert .. ..	2, Mitre Court, Fleet Street, E.C. ..	Hospitals, Asylums, Works.
Fulham ..	Botterill, Charles .. ..	St. Botolph's, Fulham Palace Road, Fulham, S.W.	Asylums, Children's, Works.
Greenwich ..	Oldham, F. J. .. ..	85, Arbuthnot Road, New Cross, S.E.	Hospitals, Children's.
Hackney ..	Bates, Thomas .. ..	67, Clifden Road, Lower Clapton, N.E.	Hospitals, Children's.
" ..	Beurle, W. L. .. ..	Linden House, 331, Victoria Park Road, N.E.	Hospitals, Children's.
Hammersmith	Seager, O. .. ..	3, Girdler's Road, W. Kensington, W.	Finance, Hospitals, Children's, Ambulance, " Exmouth."
Hampstead ..	Sheffield, Col. Frank .. ..	" Palaspai," Daleham Gardens, Hamp- stead, N.W.	Hospitals, Asylums.
Holborn ..	Baker, Miss I. M. .. ..	37, Brooke Street, Holborn, E.C. ..	Hospitals, Children's.
" ..	Garrity, Edward .. ..	Accrington House, 37, Hall Street, Goswell Road, E.C.	Hospitals, Works.
Islington ..	Elliott, G. S. .. ..	14, Upper Street, Islington, N. ..	Children's.
" ..	Lambert, Samuel, J.P. .. ..	125, Barnsbury Road, N. .. ..	Hospitals, Asylums, " Ex- mouth."
" ..	Walkley, Alfred .. ..	Tower House, 17, Cromartie Road, Hornsey Rise, N.	Hospitals, Children's, Works.
Kensington ..	Fleming, Sir Francis, K.C.M.G.	9, Sydney Place, South Kensington, S.W.	Children's.
" ..	Webb, Colonel R. F., J.P., D.L.	6, West Cromwell Road, South Kensington, S.W.	Finance, Asylums.
" ..	Wilde, Miss M. J. .. ..	84, Lexham Gardens, W. .. ..	Asylums, Children's.
Lambeth ..	Clark, Arthur .. ..	Lynton, Crane's Park, Surbiton ..	Asylums, Children's, Works.
" ..	Gough-Cook, William .. ..	26, Herne Hill, S.E. .. ..	Children's, Works.
" ..	Hawkey, J. F. .. ..	75, Arlingford Road, Tulse Hill, S.W.	Hospitals, Statistical, Works.
Lewisham ..	Bevan, W. G. .. ..	10, Sydenham Road, Sydenham, S.E.	Hospitals, Children's.
Mile End Old Town ..	Boustred, G. R. .. ..	83, Clark Street, Stepney, E. ..	Asylums, " Exmouth."
Paddington ..	Cole, S. J. .. ..	" Fernleigh," 123, Fernhead Road, W.	Hospitals, " Exmouth."
" ..	Graham, Henry .. ..	182, Fernhead Road, W. .. ..	Hospitals, Children's.
Poplar Borough	Moore, W. B. .. ..	89, Malmesbury Road, Bow, E. ..	Asylums, " Exmouth."
St. George's ..	Heilbuth, G. H. .. ..	15, Walbrook, E.C. .. ..	Statistical.
" ..	Luttman-Johnson, Henry .. ..	17, Rutland Gate, S.W. .. ..	Finance, Hospitals, Asylums.
" ..	Walden, R. W., J.P. .. ..	" Bella Vista," Upper Waringham ..	Asylums, Children's, Statistical Contract.
" ..	( <i>One Vacancy</i> )		
St. George's-in- the-East ..	Gibbs, John .. ..	229 and 231, Cable Street, E. ..	Statistical.
St. Marylebone	Browne, Elliott S., L.R.C.S.L., L.R.C.P.I.	5, Cavendish Mansions, Langham Street, W.	Hospitals, Children's, Contract Statistical.
" ..	Dennis, Walter ( <i>Chairman of the Board</i> )	Ifield House, Carshalton, Surrey ..	<i>Ex-Officio Member of all Committees.</i>
" ..	White, Edward, J.P. .. ..	20, Upper Berkeley Street, W. ..	Contract.
St. Pancras ..	Boden, Anthony .. ..	" Bonsall," Holden Road, North Finchley, N.	Hospitals, Asylums, Contract Works
" ..	Rendel, Miss E. M. .. ..	23, Russell Square, W.C. .. ..	Hospitals, Children's.
" ..	Wetenhall, W. J., J.P. .. ..	8, Maitland Park Villas, N.W. ..	Asylums, Children's.
Shoreditch ..	Hinton, W. E. .. ..	" Belvedere," Shepherd's Hill, High- gate, N.	Asylums, Children's.



LIST OF MEMBERS OF THE BOARD.

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1910).
Southwark ..	Cornell, Thomas .. ..	"Ingleside," 32, Dornton Road, Balham, S.W.	Asylums, Children's, Contract, "Exmouth."
..	Devereux, J. O. .. ..	20, Nelson Square, Blackfriars Road, S.E.	Asylums, Children's, Contract.
Stepney ..	Higley, Rev. F. H. .. ..	636, Commercial Road East, E. ..	Children's, "Exmouth."
Strand ..	Hillersdon, Rev. F. Harcourt	20, Taviton Street, Gordon Square, W.C.	Finance, Statistical.
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, Am'iance.
Westminster ..	Thomson, H. Lyon .. ..	34, St. James's Street, S.W. .. ..	Hospitals, Ambulance.
Whitechapel ..	Bailey, William .. ..	Harefield, Romford, Essex .. ..	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 1910).
Doneraile, The Viscount ..	91, Victoria Street, Westminster, S.W. ..	Ambulance, Statistical.
Drage, Geoffrey .. ..	29, Cadogan Square, S.W. .. ..	"Exmouth," Contract.
Gell, H. W., M.B. .. ..	24, Palace Court, Bayswater, W. .. ..	Asylums, Ambulance.
Goldie, Colonel J. .. ..	105, Philbeach Gardens, Kensington, S.W.	Hospitals, Asylums, Ambulance, "Exmouth."
Helby, J. T. .. ..	"Glengarriff," Cobham, Surrey .. ..	Finance, Hospitals, Asylums, Ambulance, Contract, Works.
Henderson, Admiral W. H.	12, Vicarage Gardens, Kensington, W. ..	Hospitals, Children's, Ambulance, "Exmouth," Contract.
Hensley, Sir Robert M., J.P.	"Glenton House," Putney, S.W. .. ..	Finance, Asylums.
Hunt, Jackson, J.P. .. ..	23, Montagu Square, W. .. ..	Finance, Hospitals, Ambulance, Contract.
Inderwick, Miss E. F. .. ..	8, Warwick Square, S.W. .. ..	Hospitals.
Meinertzhagen, E. L., J.P. ..	4, Cheyne Walk, Chelsea, S.W. .. ..	Hospitals, Statistical.
Nepean, Captain St. Vincent, M.V.O., R.N.	11, Kensington Crescent, W. .. ..	Children's, Asylums.
Portman, Berkeley .. ..	38, Hurlingham Court, S.W. .. ..	Finance, Ambulance, Contract.
Ritchie, Gerald .. ..	39, Cheyne Walk, Chelsea, S.W. .. ..	Hospitals, Children's.
Scovell, Sir A. C., J.P. .. ..	8, Primrose Mansions, Battersea Park, S.W.	Finance, Hospitals, Ambulance, Statistical, Works.
Simpson, E. Palgrave .. ..	5, Durham Villas, Phillimore Gardens, W.	Finance, Works, Children's.
Spender, Harold .. ..	47, Campden House Court, Campden Hill, W.	Hospitals.
Sprankling, Rev. Canon .. ..	St. George's Cathedral House, Southwark, S.E.	Hospitals, Children's, Statistical, Works, Contract.
Stanley, Hon. Maude A. .. ..	32, Smith Square, Westminster, S.W. ..	Children's.



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

\* At this school certain buildings have been temporarily set apart for the accommodation of feeble-minded girls of  
† The present Training Ship, "Exmouth," was built for the Board in 1905.



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. .. ..	2,164 ..
3	" " .. ..	154 a. 1 r. 32 p. .. ..	2,109 ..
4	November, 1878 .. ..	164 a. 1 r. 0 p. .. ..	1,994 ..
			<b>7,381</b>
5	February 1st, 1871 .. ..	9 a. .. ..	368 ..
6	October 8th, 1892 .. ..	33 a. 0 r. 6 p. .. ..	623 ..
7	January 25th, 1870 .. ..	12 a. 0 r. 1 p. .. ..	474 ..
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	August 31st, 1896 .. ..	29 a. 1 r. 2 p. .. ..	568 ..
14	September 25th, 1887 .. ..	35 a. 2 r. 38 p. .. ..	738 ..
15 {	October, 1890 .. ..	160 a. 0 r. 16 p. .. ..	922 ..
	Erected 1902 .. ..		610 ..
			<b>6,515</b>
16	December 28th, 1903 .. ..	254 a. 1 r. 18 p. .. ..	940 ..
17	Erected spring, 1902 .. ..	63 a. 0 r. 18 p. .. ..	800 ..
18	February 27th, 1902 .. ..	24 a. 0 r. 37 p. .. ..	300 ..
			<b>2,040</b>
19 {	March, 1876.. .. ..	6 a. 2 r. 13 p. .. ..	700 boys.
	August, 1905 .. ..		34 beds.
			<b>734</b>
20	January 29th, 1909 .. ..	136 a. 0 r. 0 p. .. ..	1,000 ..
21	November 8th, 1897 <small>(Used as a fever hospital until 2nd Sept., 1910)</small> .. ..	19 a. 1 r. 6 p. .. ..	800 ..
22	December 26th, 1897 .. ..	2 a. 3 r. 0 p. .. ..	134 ..
23	June 26th, 1898 .. ..	3 a. 2 r. 20 p. .. ..	130 ..
24	April 6th, 1904 .. ..	5 a. 2 r. 0 p. .. ..	120 ..
25	February 26th, 1903 .. ..	19 a. 1 r. 24 p. .. ..	420 children.
26	March 20th, 1903 .. ..	49 a. 2 r. 10 p. .. ..	360 ..
27	July 26th, 1904 .. ..	28 a. .. ..	360 ..
28 {	January 16th, 1899 .. ..	.. ..	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 .. ..	7 a. 1 r. 0 p. .. ..	210 ..
			<b>3,607</b>
33	June 20th, 1885 .. ..	} The areas of these sites are included in those of the adjoining hospitals (see above).	.. ..
34	September 1st, 1897 .. ..		.. ..
35	July 9th, 1884 .. ..		.. ..
36	May 2nd, 1898 .. ..		.. ..
37	October 1st, 1883 .. ..		.. ..
38	August 18th, 1896 .. ..		.. ..
39	Erected 1903 .. ..		Included in site of asylum .. ..
40	April, 1902 .. ..		On part of the West Wharf site.. ..
41	Purchased November, 1883 .. ..	— 2 r. 0 p. .. ..	9 beds.
42	" September, 1883 .. ..	2 a. 1 r. 0 p. .. ..	24 ..
43	" January, 1885 .. ..	2 a. 2 r. 10 p. .. ..	.. ..
—	October, 1884, to March, 1902 .. ..	.. ..	About 170 beds.
44	September, 1908 .. ..	.. ..	.. ..
45	May, 1907 .. ..	2 a. 2 r. 0 p. .. ..	.. ..

ages from about 14 to 21 years. (96 Beds.)





## ANNUAL REPORT OF THE HOSPITALS COMMITTEE FOR 1910.

**Chairman and Vice-chairman.** 1. Mr. Walter Dennis, who had been our chairman for three years, was, in May, elected chairman of the Board, and we then elected the Rev. Canon Sprankling (our vice-chairman since May, 1907) to be our chairman, and Dr. Elliott Browne to be our vice-chairman.

**Meetings.** 2. During the year we have held 21 meetings, and our sub-committees have held 278 meetings.

**Principal officers and others.** 3. The transfer of Dr. J. B. Byles, medical superintendent, from Gore Farm Hospital to the Brook Hospital, to which we referred in our last report, took place in April. Dr. J. H. Griffiths commenced duty at the same time at Gore Farm Hospital as medical superintendent.

We granted permission to Dr. Goodall, medical superintendent, Eastern Hospital, to act for a second year as clinical teacher in fevers under the Army Medical Service.

The vacancy caused by the retirement in December, 1909, of Miss Schooling, matron of the North-Eastern Hospital, was filled by the appointment of Miss A. S. G. Bryson, assistant matron of the Northern Hospital, to be a matron in the hospitals service. Miss Jones, matron, Gore Farm Hospital, was transferred to the North-Eastern Hospital in March, and was succeeded at Gore Farm Hospital by Miss Bryson.

On the transfer, until further orders, of the control of the Park Hospital to the Children's Committee (to which we recur later) the medical superintendent (Dr. Birdwood), the matron (Miss Villiers), and the steward (Mr. Harrington), left the hospitals service for the children's service. Dr. Birdwood had spent more than twenty-six years as medical superintendent in the Board's infectious hospitals, and we have placed on record our high appreciation of his past services.

Mr. C. J. Baker, who had acted as steward at the Western Hospital since December, 1908, was transferred, in January, to be steward at the Northern Hospital, Mr. Fraser, steward, North-Western Hospital, taking his place temporarily at the Western Hospital until May, when Mr. W. Furness was transferred there from the Smallpox Hospitals where he was succeeded by a new steward, Mr. W. H. Golden. Mr. S. D. Pallin was appointed as steward and took up duty at Gore Farm Hospital in June, the acting steward there, Mr. Hilder, reverting to the position of assistant steward and being transferred to the South-Eastern Hospital.

**Assistant medical officers, students and candidates for diploma in public health.** 4. During the year 5 assistant medical officers left the Board's service. No new appointments were made.  
4 assistant medical officers were employed temporarily at various times.  
220 students (12 of whom were women) received clinical instruction at eight of the fever hospitals.



The experiment of holding morning classes for medical instruction was continued at certain of the hospitals.

During the year 5 clinical assistants were appointed. The arrangement made last year whereby facilities were afforded to candidates for the diploma in public health by the establishment at certain hospitals of classes for instruction in hospital administration (the candidates not being required to enter into residence) was attended with success and is being continued.

**Nursing staff.** 5. Towards the end of 1907 our attention was called to the fact that the Board's infectious hospitals service was not attracting nurses from the best training schools attached to the London general hospitals, and in consequence we went into the whole question of the nursing staff with a view to the improvement of the service. We gave the matter prolonged consideration, in which we had the assistance of the Board's medical officer for general purposes (Dr. Cuff); collected a mass of information; were furnished with some valuable suggestions from the medical superintendents and matrons; and interviewed the matrons of ten of the large Metropolitan general hospitals.

As a result we drew up an exhaustive report embodying a new nursing scheme which was submitted to the Board in March.

The advantages which it is hoped will follow from this scheme are:—  
 (i.) the improvement in the general standing of the Board's nursing staff;  
 (ii.) the utilisation of the Board's unique position as an infectious hospital authority to spread abroad among nurses knowledge and experience of fever nursing; (iii.) the bringing of the service into line with that of the large general hospitals; and (iv.) the training of probationers.

The main features of the new scheme (under which it may be added the remuneration of the upper grades of nurses is increased) are as follow:—

In place of charge nurses a distinct grade of sister has been created for the acute and convalescent fever hospitals and for the smallpox hospitals. Sisters must have had full general training and be women of good education. They will be required, as part of their regular duties, to instruct the probationers under them. As far as practicable, they are to be exempt from night duty, and at the acute hospitals are to be allowed to go on duty later than the other nurses.

No further appointments will be made to the grade of assistant nurse (class I.) at the acute fever hospitals, but in lieu thereof a new class of staff nurse has been created. The qualifications for this post are either (a) three years' previous training in a recognised general hospital, Poor Law infirmary, or children's hospital of not less than 70 beds; or (b) two years' service in one of the Board's hospitals, promotion to staff nurse being made, if recommended, on the completion of two years' good work including attendance at lectures and the passing satisfactorily of an examination; or (c) two years' service in any outside fever hospital of not less than 100 beds and also the obtaining of a recognised fever certificate.

Staff nurses who come from a general hospital to gain fever experience will be awarded a certificate of fever training after serving twelve months and passing the necessary examination.

Staff nurses will not be appointed to the convalescent fever hospitals, but assistant nurses (class I.) will be retained there, and also in the smallpox service where, however, they will be employed to supplement the staff nurses.

The greatest change effected by the new scheme is in regard to the remaining grade, viz., the assistant nurses (class II.). The title of this class, so far as the acute fever hospitals are concerned, has been altered to that of probationer.



Probationers will receive fever training and be awarded a certificate. The arrangements made for their training are as follow :—

1. The schedule of ward instruction and the syllabus of lectures drawn up by the Fever Nurses' Association has been adopted for use.
2. Two years has been fixed as the minimum period of training.
3. A certificate of proficiency in fever nursing will be awarded by the Board to those probationers who have spent two years in the Managers' fever service, provided their work and general conduct have been satisfactory and they have passed the necessary examination.
4. This examination will be conducted by independent examiners, who will in each case be unconnected with the hospital in which the nurse received her training.
5. A certain number of probationers from the Board's hospitals will be received into certain of the London and provincial general hospitals for training at the end of their two years' work under the Board, that period of two years to count as one year's work at the general hospital, if the usual period of training at that hospital is four years.

The old grade of assistant nurse (class II.) has been retained both at the convalescent fever hospitals and in the smallpox service, where it is not practicable to carry out the training of probationers. They will also be employed temporarily at the acute hospitals to supplement probationers in the busy season.

We would add that the scheme provides for the abolition of the office of superintendent of nurses (night) at all the infectious hospitals. The duties of that office will, in future, be discharged for not more than twelve months continuously by sisters, selected in rotation. While so acting the sister will receive additional remuneration.

For some time after the introduction of the new scheme, which we hope will take place early in 1911, both the old and the new schemes will be in simultaneous operation.

**Diphtheria  
antitoxin and  
bacteriological  
work.**

6. In view of the issue by the Local Government Board in August, 1910, of an Order empowering the metropolitan borough councils to provide a supply of diphtheria antitoxin for the poorer inhabitants of their districts, we took into consideration the question of the possibility of the Managers supplying the councils with this antitoxin. Communications on the subject were also received from certain of the councils. As a result we reported to the Managers that it would be practicable to meet the needs of the borough councils in this respect, but that there appeared to be legal difficulties in the way of doing so. It was felt, however, that it would be regrettable if the Managers, possessing laboratories and stables erected and maintained out of the rates chiefly for the production of diphtheria antitoxin for use in the treatment of patients in the infectious hospitals, were debarred, merely through lack of authority, from supplying antitoxin (which in any case would have to be obtained at the cost of the rate-payers) for the use of the poorer inhabitants of the Metropolis who needed it but who did not happen to be in their hospitals. The Managers, therefore, in November, on our recommendation, decided to apply to the Local Government Board for powers, legislative if necessary, to supply the Metropolitan borough councils with antitoxin. At the end of the year the reply of the Local Government Board had not been received.

The assistant bacteriologist, Dr. O. C. W. Prausnitz, resigned and left in September. He was succeeded by Dr. W. McLachlan.



**Patients—** 7. The number of patients remaining under treatment on  
**Fever and** 1st January, 1910, was 3,295.  
**diphtheria.**

In our last report we commented on the small number of cases admitted to the Board's hospitals during 1909 in comparison with the numbers in previous years. The returns for 1910 are, however, still more striking and the metropolis is to be congratulated on a year of remarkable freedom from infectious disease. On 26th August there were as few as 2,039 patients in hospital and the highest number during the usual seasonal rise was only 2,946—on 8th November—the lowest maximum with one exception (in 1903) for 19 years.

These figures are the more noteworthy when the growth of the population of London and the increase during recent years in the percentage of admissions to notifications are borne in mind.

The Fountain Hospital was not used at all during the year except for isolation cases from the Grove Hospital and for purposes of the discharge of recovered patients from that hospital.

**Fever and** 8. During the year the Board had under consideration the  
**smallpox** question of whether the vacant accommodation at their disposal  
**accommodation.** could not be more fully utilised, and in July they adopted certain important proposals having this object in view, which were then submitted to them by the General Purposes Committee. These proposals, in so far as they concerned the infectious hospitals, provided:— (i.) that the Long Reach Hospital and the adjacent pier buildings should, in future, be the only accommodation to be permanently reserved for smallpox; (ii.) that in all times when not required for smallpox Joyce Green Hospital should be regarded as part of the fever hospital accommodation; (iii.) that arrangements should be made for the reception, tentatively, of measles and other approved diseases in the Managers' fever hospitals, provided the Local Government Board could empower the Managers to admit certain selected cases from the poorer classes; (iv.) that, subject to the sanction of the Local Government Board, arrangements should be made for the reception of certified cases of puerperal fever into the Managers' hospitals; and (v.) that, subject to the sanction of the Local Government Board and until further orders, the Park Hospital should be assigned for the accommodation of certain sick and debilitated children chargeable to the Guardians.

The Local Government Board sanctioned the assigning temporarily of the Park Hospital for the purpose proposed, and on the discharge of the fever patients the work of disinfection was put in hand, and the hospital was handed over to the Children's Committee on 1st October, arrangements being made for all bedding, clothing, etc., to be transferred to other hospitals.

In view of the decisions in regard to Long Reach Hospital, to which the Local Government Board offered no objection, the necessary steps were immediately taken for the equipment of that hospital.

In December the Local Government Board, with a view to the removal of any administrative difficulties that might arise, promised to issue an Order authorising the Managers to receive into their infectious hospitals Poor Law children suffering from measles and certain other diseases. Steps were at once taken to provide the necessary accommodation, and at some of the hospitals wards were set apart for measles and at others for whooping cough. At the close of the year 82 cases of measles and 44 of whooping cough had been received, and these numbers seemed likely to increase rapidly.

The question of the admission of cases of puerperal fever is still under consideration by the Local Government Board.



- Eastern Hospital— Isolation accommodation.** 9. The work of providing additional isolation accommodation at the Eastern Hospital by converting Temperance ward into chambers which was in progress at the date of our last report, has been completed, and these chambers were brought into use in September.
- Eastern Hospital— Accommodation for staff and discharge of patients.** 10. The rebuilding of the male staff quarters at this hospital was completed in the early part of the year, and the erection of the block containing further discharge accommodation for patients and quarters for female staff is now in hand.
- North-Eastern Hospital— Electric lighting.** 11. The lighting of the North-Eastern Hospital by electricity, which we reported as being well advanced at the end of last year, has been satisfactorily completed.
- North-Eastern Hospital— Storage accommodation for coke, ashes, etc.** 12. With the assent of the Local Government Board, sanction has been given to the provision of additional accommodation at this hospital for the storage of house coal, coke, ashes, etc., and steps are being taken to pull down the old boiler house, and to effect certain necessary alterations to the steam supply.
- Western Hospital— House for steward.** 13. Inconvenience having been experienced owing to lack of accommodation for a married steward at the Western Hospital, plans of a suitable house have been prepared, and at the end of the year they were still under consideration by the Local Government Board.
- Northern Hospital— Offices for steward's staff.** 14. Sanction has been given by the Managers, with the assent of the Local Government Board, to a much needed improvement in the office accommodation for the staff in the steward's department at the Northern Hospital. The works will very shortly be put in hand.
- Smallpox.** 15. 4 patients were under treatment in the smallpox hospitals at the end of 1909; 9 patients were admitted during the earlier months of 1910, and it is with pleasure that we are able to record that after August there were no cases in hospital.
- Smallpox Hospitals and River Ambulance Service.** 16. In January the Managers, on our recommendation, approved of plans prepared by the Engineer-in-Chief for the following works at the Orchard Hospital, viz.:—(a) the provision of additional discharge accommodation and a clothing store; (b) the addition of two baths to the male staff change rooms; and (c) the provision of a shelter for bedding awaiting disinfection; and authorised the Works Committee to obtain all requisite sanction and to take all necessary steps for the execution of the works at very short notice if and when, in our opinion, it might be considered prudent.

In April we approved of arrangements being made by the Works Committee for the immediate provision of certain plant at the Orchard Hospital, and at the end of the year the works were nearing completion.

Certain works have been carried out to the buildings of Long Reach Hospital with a view to their preservation and upkeep.



A visit of inspection was paid by the Board to Joyce Green, Long Reach and Orchard Smallpox Hospitals in July, the Managers proceeding from London to Long Reach pier by ambulance steamer. An opportunity was thus afforded to those Managers who were not associated with the smallpox organisation to become acquainted with this important branch of the Board's work.

In our last report we stated that there was then in abeyance a scheme we had suggested, whereby, if a few cases of smallpox occurred during such a time of pressure on the Managers' resources as necessitated the use of Joyce Green Hospital for fever, these cases could be accommodated more economically than by the use of Long Reach Hospital. This scheme provided for the adaptation of the pier buildings at Long Reach, which originally formed part of the administrative accommodation of the old Hospital Ships. The decisions of the Managers in July of this year to regard Joyce Green Hospital, when not required for smallpox, as part of their normal accommodation for fever, and Long Reach Hospital and the pier buildings (when the latter are adapted) as the permanent provision for smallpox—decisions to which we have alluded elsewhere in this report—have made it necessary for the scheme to be amended, and the whole matter is now being reconsidered.

**Conclusion.** 17. We again place on record our appreciation of the valuable assistance which is at all times willingly afforded to us by the medical superintendents and other officers.

(Signed) J. SPRANKLING,

*Chairman.*



## ANNUAL REPORT OF THE ASYLUMS COMMITTEE FOR 1910.

**Chairman and Vice-Chairman.** (1) Upon the occasion of our first meeting after re-appointment by the Managers in May, we elected Mr. Samuel Lambert, J.P., who, for the three previous years, had been our Vice-Chairman, to be our Chairman, *vice* Mr. A. Boden, who, under Standing Order, was ineligible for further election. We also elected Dr. H. Willingham Gell to be our Vice-Chairman.

**Meetings.** (2) We have held 21 meetings and our several sub-committees have met on 107 occasions during the year.

**Principal officers.** (3) There have been no changes in the personnel of the principal officers.

**Normal accommodation for patients.** (4) The accommodation for patients was increased by 34 beds at the beginning of the year, as the result of utilizing the disused upholsterer's shop at Leavesden Asylum for male tubercular patients. The total normal accommodation at the four asylums now stands at 7,381 beds.

**Patients. Admissions, deaths, discharges and transfers.** (5) 1,021 (825)\* applications for the admission of patients were dealt with at the Head Office, and the actual admissions totalled 915 (784); of the latter number 199 (206) were children, of whom 38 (34) were under 5 years of age, and 212 (186) (*i.e.*, about 30 per cent. of the adults admitted) were over 70 years of age. 204 (41) patients were sent from asylums under the control of the London County Council.

Of the 212 (186) patients admitted over 70 years of age, 92 (72) were between 70 and 75, 75 (64) were between 75 and 80, 21 (41) were between 80 and 85, 18 (7) were between 85 and 90, and 6 (2) were over 90.

The deaths during the year numbered 594 (708) and the discharges 119 (172).

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

From	To		To Darenth.				To		To		Total.	
	Tooting Bec.		Over 16 years.		Under 16 years.		Caterham.		Leavesden.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tooting Bec ...	...	2 <sup>(a)</sup>	30	24	106	73	37	34	40	34	213	167
Darenth ...	...	...	...	...	...	...	54 <sup>(b)</sup>	51 <sup>(b)</sup>	12	...	66	51
Caterham ...	1	...	...	...	...	...	...	...	...	...	1	...
Leavesden ...	22	1	...	...	...	...	10	40	...	...	32	41
	23	3	30	24	106	73	101	125	52	34	312	259
	26		54		179		226		86		571	

(a) From Children's Receiving Home to Adult Asylum. (b) Of these, 22 males and 25 females were under 16 years of age.

\* The italicised figures in brackets throughout are those for the year 1909.



The following statement shows the number of patients transferred from Tooting Bec to Darenth during the six years ended 31st December, 1910.

Year.	Adults (all considered improvable).	Children under 16.	Condition at time of transfer.*		Percentage of children considered improvable.
			Improvable.	Unimprovable	
1905	46	139	70	69	50
1906	69	164	82	82	50
1907	44	174	49	125	28
1908	70	234	72	162	30
1909	85	192	49	143	26
1910	54	179	63	116	35
	368	1,082	385	697	36%

It will be noticed that the percentage of children considered to be improvable was higher than it had been during the three previous years.

**Accumulation of unimprovable children.** (6) In our report for 1909 we referred to the large accumulation at the Darenth Training School and Pavilions of hopeless young imbeciles, whose presence was calculated to hamper the industrial and other useful work being carried on by the better class of patients.

On 12th March we were instructed by the Managers to consider and report to the General Purposes Committee whether the necessary relief which was required at Darenth in connection with unimprovable imbeciles could be obtained by utilizing the vacancies at the other asylums, and if so, how? This resulted in the Managers applying to the Local Government Board for their sanction to the transfer of about 200 quite unimprovable children not less than 10 years of age from Darenth to the asylums at Caterham and Leavesden. The Local Government Board in their reply stated that it appeared to them that there were obvious and weighty objections to the placing of children with adult patients who were also imbecile, and that merely as a matter of classification the proposal involved the reversal of a policy which had been pursued for a long period of years, and they requested that the matter might receive further consideration.

This reply was taken as practically negating the Managers' proposal, which was subsequently withdrawn.

In the meantime we had been asked by a Special Sub-committee of the General Purposes Committee which had been appointed earlier in the year to consider a memorandum by Sir Arthur Downes, Local Government Board Inspector, relative to the Managers' accommodation, to state what, if any, additional accommodation we considered would be needed for imbeciles. In answer, we forwarded a copy of a valuable report by the Chairman of our Special Purposes Sub-Committee (Dr. Gell) which we adopted on 12th December. This report, which contained much useful statistical information and the deductions obtained therefrom, was under consideration by the Special Sub-Committee above-mentioned at the close of the year.

**Leavesden Asylum. Ceilings.** (7) In consequence of reports concerning the defective condition of the ceilings in the wards and other parts of Leavesden Asylum, it has been found necessary to renew the ceilings throughout, under the direction of the Works Committee, at a cost estimated

\* These figures are based on information furnished on transfer lists sent from Tooting Bec Asylum.



by the Engineer-in-chief at £2,900. The work, which at the end of the year was approaching completion, involved stopping the admission of patients for upwards of seven months.

**Leavesden Asylum. Tubercular patients.** (8) With the consent of the Local Government Board, a modern building, formerly used as an upholsterer's shop, has been adapted to accommodate 18 male tubercular patients, as already mentioned. At the end of the year the question of providing a verandah to this building, or some kind of shelter against rain or sun, for bedridden and other patients who need continuous open-air treatment, was under consideration.

**Darenth Asylum. Additional workrooms.** (9) In our last two reports we alluded to the need for more workroom accommodation for female patients. A tender amounting to £5,198 for the erection of workrooms was accepted by the Board in July, and the work, which was started soon afterwards, should be completed in the spring of 1911. The scheme adopted will provide accommodation for 480 workers in three buildings, each accommodating 160, and room has been left for a fourth building, if required, in the future.

**Darenth Asylum. Rainwater drains at Training School.** (10) Early in the year it was found necessary to relay the rain-water drains at the Darenth Training School, owing to the pipes in many instances being partially or entirely choked with roots of trees, etc., which had entered owing to the jointing having perished. The estimated cost, if the whole of the system was found to require renewal, was put by the Engineer-in-chief (Mr. Hatch) at £1,500, but the work was executed for £804 10s. 11d. This satisfactory result was ascribed by that officer in a great measure to the very intelligent manner in which the craftsman (Mr. Bickmore) supervised the execution of the work on Mr. Hatch's behalf.

**Tooting Bec Asylum. Consumption of and charges for electricity.** (11) Our report for 1906 contained an allusion to the question of obtaining a supply of electricity from an outside company, instead of continuing to generate it on the asylum premises, and in January, 1907, the Managers decided to cease generating electricity at the asylum, and to enter into an agreement with the County of London Electric Supply Company for the supply of electricity.

By the terms of the agreement, which was for a minimum period of 7 years the Managers undertook to pay for at least 95,000 units of electrical energy per annum, for *lighting* purposes at 2½d. per unit, and for 50,000 units per annum for *power* purposes at 1d. per unit. At the end of 1908 it appeared from an account for the year ended 29th July, that the Managers must pay for 25,550 unconsumed units for lighting. It was quite evident that the minimum consumption guaranteed by the agreement had been over estimated, and protracted negotiations with the company ensued. Eventually the company offered, on payment to them of the sum of £932 9s. 7d., the amount spent by them in connection with necessary alterations for supplying the asylum with electricity, to waive the minimum consumption specified in the agreement. The Managers accepted the offer, and now have the right, until July, 1921, of purchasing electricity for lighting and power purposes at the rate of 2½d. and 1d. respectively.

Metallic filament lamps have now been provided at the asylum and it is anticipated that this will reduce the actual consumption of electricity for lighting purposes by one-half. The estimated saving on the cost of electricity owing to the carrying out of the arrangements above alluded to is no less than £4,318 or the 11 years ending July, 1921.



**Imbecile patients who may have been to school.** (12) In June we acceded to a request of the Education Committee of the London County Council that they should be informed periodically of any patients received into the Managers' asylums under 21 years of age, who may have been to school. For this purpose arrangements were made to elicit the information from the Boards of Guardians when applying for the admission of patients.

**Common store for articles of ward equipment.** (13) As the outcome of two resolutions passed by the Board in 1909 relative to the equipment of wards, the Managers, in February last, upon our recommendation, agreed to two schemes for the establishment of a common store being tried for twelve months at Leavesden and Tooting Bec Asylums respectively.

**Ophthalmic cases.** (14) In our report for 1908 we referred to the considerable number of eye cases under treatment at Leavesden Asylum, and stated that Dr. J. C. Mead, an ophthalmic surgeon, had been appointed for a period of six months "to direct the treatment and to perform such operations as might be necessary." In 1909 the medical superintendent of Leavesden again called attention to the increase in the number of eye cases and stated: "I am strongly of opinion that more should be done." We gave the matter careful attention, and received valuable assistance from the Medical Officer for General Purposes (Dr. Cuff). As the outcome of his advice it was decided to appoint a consultant, for one year, in connection with the treatment of ophthalmic cases in the several asylums, the number of visits for all asylums not to exceed 12 and the fee to be five guineas per visit inclusive. Mr. A. Macnab was appointed in April to fill this post, and, by the end of the year, he had paid six visits to Leavesden Asylum.

**Asylums Officers' Superannuation Act, 1909.** (15) In our last report we referred to this Act, which came into force on the 1st April, 1910, and we briefly indicated its provisions. As instructed by the Board, we prepared:—

- (1) 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.

- (2) A list showing the division of such established officers and servants into the two classes mentioned in the Act.

As regards the first list, the Managers, on our recommendation, determined that all officers and servants, whose employment was sanctioned by the normal establishment of staff and the salaries and wages scale, should be regarded as "established officers and servants," except boy messengers and organists. The Managers also approved our proposals respecting the division of such established officers and servants into the two classes mentioned in the Act. These proposals were subsequently slightly varied.

**Patients' dietary.** (16) The question of the advisability of revising the dietary scales for patients in the Managers' asylums, with a view to the adoption of one scale for all asylums, based on that in force at Tooting Bec, has been before us. The Medical Officer for General Purposes submitted a report on the subject, which was still under consideration at the end of the year.

**Bread-making at asylums.** (17) For some time past the expediency of utilizing patients' labour in connection with the making of bread at the asylums has been questioned, and in May we decided that patients should not, in future, be employed in the bakehouses.



**Purchase of cows.** (18) In March, we decided to discontinue the tuberculin test in connection with the purchase of cows, on the understanding that all milk supplied from the asylum farms should be sterilized before use. We arrived at this decision after making enquiries of the London and other county asylums, the balance of opinion showing that there was no necessity to continue to insist on the test.

**Tuberculin test.**

**Other matters.** (19) During the year we have dealt with the following special matters, viz. :—

- (a) The repair of two portions of roadway at Darenth Asylum (cost, £168 2s. 4d.)—large amount of patients' labour utilized.
- (b) The installation of a gas engine for the purpose of driving certain farm machinery at Caterham Asylum (estimated cost, £110).
- (c) The provision of two gas engines in connection with the transfer of the smith's shop at Darenth Asylum to another vacant shop, and the adaptation of the shop thus vacated into a combined printing and bookbinding department (estimated cost, £170).
- (d) The asphaltting of the pathways adjoining the two new blocks at Tooting Bec Asylum (estimated cost, £150).
- (e) The provision of additional sanitary accommodation in Block F on the male side at Caterham Asylum (estimated cost, £270).
- (f) The provision of a new weighbridge at Leavesden Asylum (estimated cost, £140).
- (g) The provision of additional pumping machinery at Caterham Asylum (estimated cost, including the construction of a room for housing the pump, £440).
- (h) The replacement of the stand-by engine in the laundry at Caterham Asylum by a vertical engine of greater capacity (estimated cost, £306).

**Lunacy Commissioners' reports.** (20) Visits were made to the several asylums by Commissioners in Lunacy during the year. The reports were, as usual, of a satisfactory nature. Copies are appended, in accordance with practice.

**Inspection of asylums by committee.** (21) In June we rescinded our resolution of 11th June, 1900, to the effect that the several asylums should be visited and inspected once a year, and decided that, in future, Darenth Asylum should be inspected every year, and the other asylums in alphabetical rotation. In conformity with this decision, an inspection of Caterham Asylum was held on 24th June, and the Darenth institutions were inspected by the Board on 5th July. Much regret was felt that only 20 Managers were able to attend the Darenth inspection.

The annual report of the medical superintendent of Darenth contains particulars of the varied and useful work done by several hundred of the patients at that institution.

**Conclusion.** (22) In conclusion we desire to record our appreciation of, and thanks for, the services rendered by the medical superintendents, their respective staffs, and other officers in the discharge of their duties, which to many of them must frequently be of a monotonous and dispiriting character.

(Signed) SAMUEL LAMBERT,

*Chairman.*



## APPENDIX I.

REPORTS OF COMMISSIONERS IN LUNACY ON VISITS TO ASYLUMS DURING  
THE YEAR 1910.

## A.—CATERHAM ASYLUM.

REPORT OF MR. L. A. IRVING AND MR. L. L. SHADWELL.

15th December, 1910.

We to-day visited this asylum and can report as the result of our inspection that it is maintained in very good order.

The wards and dormitories were comfortably warm and well ventilated, and the bedding in the latter was throughout clean and in good condition. There seemed to be a fair supply of picture papers and simple toys in the day-room of the women and younger patients, and on the male side we noticed the papers of the day were mounted on desks for general reading.

Since June, 1909, when the asylum was last visited by a Commissioner, 334 patients have been admitted, and 23 have been discharged, five of these on recovery, while 216 have died. There were to-day on the books the names of 944 males and 1,121 females all of whom were in residence and seen by us.

The patients were properly dressed, quiet and orderly in their behaviour. Many of them asked to be sent back to their unions or former asylums, but otherwise no one made any complaint, and many spoke gratefully of the care they were receiving.

There are vacancies at the present time for 28 men and 16 women.

The maintenance charge is 9s. 7½d.

The deaths were all from natural causes except in the case of one woman, who fell and fractured her thigh. An inquest was held, and the verdict returned was "Accidental death—No blame attached to the asylum officials."

Phthisis was the cause of 12 per cent. of the deaths. In 87 per cent. a post-mortem examination was made, and in 7 per cent. of all those who died a bed-sore was found to exist.

There were several deaths from colitis, but there is no record of the occurrence of any other epidemic or zymotic disease.

Accidental falls accounted for most of the serious but non-fatal casualties, which all included fractures of bones.

We saw a good dinner of boiled beef and vegetables served during our visit.

The question of having a uniform dietary for all the Board's Asylums is under consideration, and the superintendent hopes to be able in the near future to introduce greater variety into the fare.

There has been no use of mechanical restraint, but two women were secluded on two occasions for a total of an hour and a half.

The alterations which have been carried out since last visit are as follow :—

(1) A range of up-to-date coppers has replaced the old ones in the general kitchen.

(2) Two washing machines have been set up in the laundry, where they were required on account of the largely increased amount of foul washing to be dealt with.

(3) The three floors of female E and male F, and ground and top floors of male D, have been converted into infirmary wards. By this alteration it is possible to give to a large number of feeble patients and to those of faulty habits the special supervision which they require, and which it was very difficult to extend to them in wards containing 160 patients.

(4) Five attendants' rooms on the male side and two on the female side have been converted into single rooms for patients.

(5) The farm machinery is now driven by a gas engine. This was requisite owing to the difficulty in finding patients suitable for farm work.

An alteration which is now in progress provides for the reorganisation of the sanitary arrangements of male F block, which were condemned as antiquated and unsatisfactory.

The general health of the asylum has been fair. There were to day in bed 44 male and 73 female patients, mostly for debility. It speaks well for the nursing staff that only one of these were suffering from bed-sore.

There have been some changes among the charge attendants, owing to the conversion of blocks into infirmary wards.

No attendant has been discharged for misconduct.

(Signed) L. A. IRVING,

(Signed) L. L. SHADWELL,

*Commissioners in Lunacy.*



**B.—LEAVESDEN ASYLUM.**

REPORT OF DR. F. NEEDHAM.

20th January, 1910.

I have to-day visited and thoroughly inspected the Leavesden Asylum, and can give a very favourable report of its general condition and administration.

By a series of special circumstances, which have included the removal of large numbers of helpless imbeciles from workhouses and the reorganisation of some of the other Metropolitan Asylums Board asylums, this institution has now assumed the character of a large infirmary, and contains comparatively very few patients who can be regarded as able-bodied or can work. Although 78 only, or rather more than 4 per cent. of the whole, were confined to bed during my visit, the large proportion of helpless persons needing constant care and watchful attention was very conspicuous, and I was quite satisfied with what I saw and heard of their treatment and with the nursing of the sick.

No one was suffering from a bed-sore, and two only were present in the cases which ended fatally since the last visit.

The numbers in residence were, 1,996, of which 1,111 were females and 885 males, and there were 168 vacancies, the number of beds being 2,164. It seems desirable that the opportunity should be taken by the Asylums Committee of the London County Council to utilise some of these vacancies.

Since the last visit on the 5th November only 11 patients have been admitted, and the same number discharged, none of them on recovery.

The deaths were 41, all of them from natural causes, ascertained in upwards of 97 per cent. by post-mortem examination. Ten per cent. were due to senile decay, and the large proportion of nearly 40 per cent. to phthisis.

There has been no inquest and no other serious non-fatal injury beyond the fracture of both bones of the forearm of a woman who had an accidental fall. The general health has been good, especially in view of the large proportion of feeble persons under care, who are evidently therefore living under satisfactory sanitary conditions. There have been a good many cases of ophthalmia, which might very properly be seen at intervals by a specialist in eye affections, and quite recently 12 patients and three of the staff have been attacked with dysentery, of which it has been found impossible to ascertain the source. All these cases, as well as those of a tuberculous character, are carefully segregated, and as far as possible treated antiseptically and with ample exposure to fresh air.

There is no artificial heating of any of the wards except by means of open fires.

Following upon the change in the character of the inmates all the wards have been converted into infirmaries with the exception of 13 and 15 in the female and 12 in the male division.

The needleroom has been converted into ward 13 and new lavatories are being provided for it. The upholsterer's shop has also been altered and devoted to the treatment of a limited number of patients suffering from the more severe forms of tuberculous disease, for which it would be rendered still more suitable if provided with a glass verandah, which would enable them to sit or lie in bed out of doors even in wet weather.

In room 15 on the female side, where 126 women who could be more or less usefully employed were collected together, there was much noisy confusion, in marked contrast to the rest of the wards. In the similar room on the male side, having 106 patients, there was some restless discontent but less active disturbance. I would strongly urge either the division of these rooms by glass screens or their conversion on the lines of the rest of the asylum with perhaps the screening off of part of the ward as a dayroom free from beds. Visits to the large county asylums afford painful experience of the harmful results of the crowding together of considerable numbers of patients in large open wards.

I was glad to notice that every ward has now been provided with an open bookcase and with a supply of books, which might in many cases be supplemented with advantage. A good supply of dolls would be a source of great pleasure and interest to the children.

No bridges have yet been decided upon between the blocks. I hope that no time will be lost in providing these valuable means of communication, exits in case of fire, and open air shelters for invalids.

I saw a good dinner neatly served in the wards. It consisted of roast meat, vegetables and bread, and for invalids fish, mince, pudding or soup. I think that the allowance of bread for the breakfast is somewhat inadequate, but its quality seemed quite satisfactory. The weekly charge for maintenance remains at 10s. 6d. The whole asylum continues to be maintained in excellent order. The dayrooms were bright, cheerful and comfortable, and the dormitories, beds and bedding very clean and well cared for. The ventilation was adequate and the arrangements for heating satisfactory. The patients were neat and clean in person and dress, and, helpless as so many of them are, were evidently well cared for. Most of them seemed happy and contented and but few appealed for their discharge, while none complained of roughness on the part of those in charge of them, with whom they appeared to be generally on good terms.



Nearly 14 per cent. of the patients are epileptics.

The staff of attendants and nurses is of fair strength, and their records of service are quite satisfactory. There is among them a considerable element of trained hospital nurses, which has its beneficial influence upon the general nursing of the asylum.

The plan of boarding out has been an unqualified success. There are on the male side about 20 night attendants. These and the 24 who form the fire brigade are on duty by night, the others living with their families in the village. About 50 of the nurses out of 128 are also provided for out of the asylum.

Dr. Elkins continues to discharge his duties with marked energy and success. His deputy, Dr. Sherlock, evidently renders him every assistance.

(Signed) F. NEEDHAM,  
*Commissioner in Lunacy.*

### C.—DARENTH ASYLUM.

REPORT OF MR. A. H. TREVOR.

15th February, 1910.

On the 15th February, when I paid the annual visit of inspection on behalf of our Board to this institution, I found 1,941 patients upon the books, in the proportion of 1,118 males to 823 females. Since the last visit of a Commissioner 269 patients have been admitted and 160 discharged or removed, while 84 have died. There were vacancies for 20 patients on the male and 33 on the female side.

All parts of the institution were in their usual excellent order, and it is evident that Dr. Rotherham and his staff continue to discharge their administrative duties with energy and ability.

The patients are very well cared for. I was much struck with the happiness and contentment that prevailed amongst the large number who are engaged in the various industrial departments and with the evident interest that they took in their work. Every effort is being used to make the industrial portion of this institution a success, and much excellent and remunerative work is being carried on. Many of the shops are most inconveniently crowded, so that I was specially glad to hear that plans were under consideration for erecting additional accommodation for 480 girl workers. It is much to be desired that extensions of the same sort will be taken in hand on the male side at no distant date, as it is most important to find employment for all those patients who are capable of working, which is at present impossible owing to limitations of space. The more helpless cases, chiefly children in the pavilions, are also most kindly and considerately nursed. Throughout the whole establishment there was only one case of a slight bed-sore, nor was this complication present on the bodies of any of those who died during the year under review—a fact which speaks well for the nursing of the sick.

The various wards and dormitories were bright and airy and attractively decorated with ornaments and pictures of an inexpensive character, which imparted a very pleasant appearance. Since the last visit a large dormitory on the female side has been turned into a repairing shop and brought into use, the flooring of the laundry has been completed, some of the dormitory floors have been relaid with pitch-pine and polished, and in the junior schools shops a start has been made in teaching the patients the elements of kitchen and flower gardening.

The only complaints I received were from two of the older female patients, who expressed a desire to go elsewhere.

I saw a very good dinner of meat pie and bread, neatly served, in several of the wards, and evidently appreciated. That the dietary meets with the approval of the patients is evinced by the fact that I received no complaints as to either the quantity or the quality of the food.

The weekly rate of maintenance is 9s. 9½d. per head.

The general health of the establishment was good. Forty patients were confined to bed, but none of them appeared to be suffering from serious illness. All of the 84 deaths except one were due to natural causes, and post-mortem examinations were made in over 83 per cent. of them. Since April, 1909, there have been 36 cases of scarlet fever among the patients, and four among the nurses, while there have been five cases of erysipelas and a few cases of measles, and in the isolation ward there were several children suffering from ringworm.

Two inquests have been held, one in the case of a male patient who died suddenly from syncope following upon an epileptic fit, and the other, also in the case of a male patient, who died from asphyxia due to swallowing a piece of fat which stuck in his throat. There have been seven serious, but not fatal, casualties, consisting chiefly of fractures of bones as the result of accidental falls.



As many as 53 per cent. of the males and 62 per cent. of the females are usefully employed.

The staff of attendants and nurses is adequate, showing, including industrial attendants one to every 13 patients, while their record of service is satisfactory. Five attendants and two nurses have been discharged for misconduct, but only in one case did such misconduct directly affect a patient.

(Signed) A. H. TREVOR,

*Commissioner in Lunacy.*

#### D.—TOOTING BEC ASYLUM.

REPORT OF MR. A. H. TREVOR.

*1st February, 1910.*

The condition in which I found this asylum when I visited all parts of it to-day reflects great credit on the administration of Dr. Beresford and his staff.

The wards were bright, well ventilated and at the same time comfortably warm, while the beds and the bedding were in excellent condition.

The patients seemed to be for the most part happy and contented, and though many of them expressed a wish to be elsewhere they freely admitted that they are well and kindly treated in the asylum, and during the whole course of my visit, except on the subject of the necessity for detention, I received no complaints of any sort. They were extremely neat and tidy in their dress and personal appearance, a point which is especially creditable in view of the age and faulty habits of many of them.

I think, however, that more might be done to stimulate such mental faculties as the patients possess by a larger provision of cheap picture books and simple games as was suggested by my colleague at the last visit. In the Children's Home, too, there was but an indifferent supply of toys and games. I have no doubt that the prevailing air of unoccupation is more noticeable during the winter months, but I hope that every effort will be made to combat it.

I saw a good dinner of meat pie and bread served in several of the wards and was glad to notice the cleanliness of the tablecloths and the generally attractive character of the table appointments. No patient spoke to me in anything but terms of approval of the dietary.

In the comparatively short time that has elapsed since this asylum was visited by one of my colleagues, 145 patients have been admitted, 80 discharged or removed, five upon recovery, and 83 have died. There were to-day upon the books the names of 984 patients in the proportion of 460 men to 524 women. With the exception of one woman who was away for the day all of them were in residence and seen by me in the course of my visit. The total sleeping accommodation in the asylum is for 1,114 patients, so there are vacancies at present for 130 patients.

The maintenance charge per head per week is 14s. 10½d.

The 83 deaths were all from natural causes ascertained in over 90 per cent. of them by post-mortem examinations, considerably more than half of them being due to senile decay. In only two cases were bed-sores present at death, which, together with the fact that out of the 122 cases that were in bed at the time of my visit only two patients were so suffering, speaks well for the nursing of the sick.

No inquest has been held and there have been no serious casualties; the only instance of zymotic disease has been one mild case of erysipelas.

I was glad to hear that arrangements will shortly be made to segregate as far as possible the phthisical cases and nurse them in the open air.

The attendance at the church services on Sundays and at the entertainments is low, a fact which may be accounted for by the extreme debility of many of the patients. Very few are capable of doing any useful work, and none of them can even assist in the laundry.

A good staff of attendants and nurses is maintained averaging one to every eight patients; 19 per cent. of them can show more than five years' service in the asylum. Two attendants have been discharged for misconduct, not, however, directly affecting the patients.

It is especially satisfactory, in view of the recent decision of the Metropolitan Asylums Board, to give up insuring their asylums against loss by fire, that fire drills are held here every week.

Dr. Beresford continues to discharge his duties with energy and efficiency; he has the assistance of three medical colleagues, by whom the case books and other medical records are properly kept. It was pleasant to notice to how large an extent the medical staff enjoy the confidence and goodwill of the patients.

(Signed) A. H. TREVOR,

*Commissioner in Lunacy.*



ANNUAL REPORT OF THE CHILDREN'S COMMITTEE  
FOR 1910.

I.—GENERAL.

**The com-  
mittee's  
work.**

1. We submit to the Board our thirteenth annual report for the year 1910 on the care and treatment of the special classes of poor law children for which the Board are responsible,\* viz. :—

- (a) Sick, debilitated and convalescent children ;
- (b) Children suffering from contagious disease of the skin or scalp ;
- (c) Children suffering from ophthalmia or other contagious disease of the eye ;
- (d) Mentally and physically defective children ;
- (e) Juvenile offenders on remand.

These children were provided for in two hospitals for sick children, three sanatoria or homes at the seaside, two ophthalmia schools, one ringworm school, seven homes and country colonies for the mentally deficient and three homes for juvenile offenders. The total accommodation of these institutions is approximately 3,750, and the staff ordinarily employed numbers 1,050. In this report, except for a few preliminary observations, each class of children is dealt with in a separate section.

**Changes in  
work.**

2. Recent years have witnessed several notable changes and developments in our work. The year 1908 saw the issue of the Local Government Board Order authorising the Board to provide

for sick and convalescent children, and also the passing of The Children Act, under which the duty of providing for juvenile offenders on remand was transferred to the London County Council. In 1909 Queen Mary's Hospital, Carshalton, was opened, while the year under review was marked by the re-opening of the Park Hospital, Hither Green, hitherto used as an infectious diseases hospital, as an additional hospital for sick children, and by the completion of the transfer of the remand homes to the London County Council.

**Arrangement  
of work.**

3. A visiting sub-committee is formed for each school and home, or, in the case of the small London homes, for the whole group. 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.

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



**Chairman, vice-chairman and committee.** 4. In May last Dr. Elliott Browne completed a term of three years as our chairman, and we placed on record our sense of the valuable services he had rendered in that capacity and of the part he had taken in forwarding our work. In his place we elected as chairman Mr. R. Woolley Walden, J.P., who had been a member of the Committee since 1904, and chairman of The Downs School sub-committee. At the same time we elected Miss I. M. Baker as vice-chairman of the committee in place of Mr. Cornell, who had completed three years as vice-chairman, and who had previously filled the chair of the committee for three years. Mr. Cornell continues in the chair of the sub-committee for Queen Mary's Hospital, with the opening of which he was so largely associated.

During the year we had to regret the death of Dr. Stanley Atkinson, who, though only a member for a short time, had always taken a lively interest in our work. The triennial election of the Board brought many changes. Mr. James Brown, a valuable member since the inception of the committee in 1897, retired from the Board as did Messrs. Bye, Guttridge and Sayer, while Mr. Spender was not re-appointed on the committee. In their places Miss Rendel, Messrs. Bailey, Beurle, Bevan, H. Graham, Hinton, Walkley and Admiral Henderson were appointed.

**Meetings.** 5. We held 21 meetings during the year, and, in addition, our various sub-committees held 229 meetings, of which 67 were at the office of the Board and the remainder away from that centre.

**Proportion of poor law children dealt with.** 6. The numbers of children (a) receiving indoor relief from the metropolitan boards of guardians, excluding those relieved as insane or as casual paupers, and (b) dealt with by the Board at the same dates were as follows:—

	(a)	(b)
On 1st January, 1905 ...	19,839	1,501
1st January, 1906 ...	20,069	1,465
1st January, 1907 ...	19,830	1,374
1st January, 1908 ...	20,474	1,431
1st January, 1909 ...	20,861	1,521
1st January, 1910 ...	21,321	2,430
1st January, 1911 ...	*	2,663

**Numbers for 1910.** 7. The following figures give the numbers of children dealt with during the year, viz. :—

Number of inmates 1st January, 1910	2,430
Discharged during the year ...	6,071
Died " " ...	101
Admitted " " ...	6,405
Remaining 31st December, 1910 ...	2,663

**Expenditure.** 8. The gross expenditure out of general account on the children's institutions amounted for the year to £99,472. Including the original cost of The Children's Infirmary and the Park Hospital the total amount borrowed on loan was £946,340, of which £592,543 was outstanding at Michaelmas last. Details of the cost per head will be found in Appendix VIII., p. 50.

\* The return for 1st January, 1911, had not been issued at the date of the publication of this report.



**Educational work.** 9. The schools and homes in which the education of children is carried on were visited during the year by the Inspectors of the Board of Education and the following reports were received, viz. :—

(i.) The Downs School (11th February)—

There has been no change in the staff during the year. The teachers continue to work industriously without seeing much reward for their labours. The "babies" are rather more ready to talk than formerly; the elder children are backward for their age and irresponsible under oral questioning.

(ii.) White Oak School (9th March)—

Though there have been several changes in the staff during the past year the work continues to be of the same high character as described in last year's report. The spirit and tone of the school are of the best kind, and the children are conspicuously alert and responsive.

(iii.) S. Anne's Home (11th March)—

The school is controlled and taught with sympathy and skill, and the children make very good progress while they are here. I am glad to note that the ventilation has been improved.

(iv.) Millfield (31st May)—

On the morning of my visit six divisions were being taught by two teachers in one unpartitioned room: the work was more than the two teachers could manage satisfactorily. On days when the children cannot be taught in the open air it is suggested that it would be better to revert to the winter time-table. It is doubtful, however, whether all the children can be taught satisfactorily at the same time, either indoors or outdoors, without some addition to the staff owing to the varied attainments of the children.

Writing is generally good. Reading and composition will need much attention. The boys take an intelligent interest in their observation lessons, and it is thought that the time devoted to this kind of work might with advantage be increased.

10. With regard to these reports it must be borne in mind that the schools present special difficulties. A large proportion of the children are inmates of the institutions for short periods only, and, as the Inspector at The Downs School points out, the teachers do not see much result of their work. In the smaller institutions such as Millfield, where the Inspector comments on the numerical sufficiency of the teaching staff, the difficulty in meeting this point is obvious when it is realised that there are only some fifty children on the register for attendance at each school session and that two schoolmistresses are already provided for this number. To carry classification to its full extent would involve the provision of a teacher per 6 or 8 children and, after all, the primary purpose for which the children are at such an institution is that they may recover their health.

**Sick and debilitated children.**

11. In our last two annual reports will be found an account of the large and important development in our duties, which dates from the 11th September, 1908, when the Local Government Board issued an order adding to those special classes of poor law children for whom the Managers had previously been called upon to provide those "sick, or convalescent or debilitated" children fit for removal to and suitable for reception into such buildings as the Managers might have available for their reception. These reports contain a statement of the steps taken to open Queen Mary's Hospital, Carshalton, as a hospital for these children and of the first year's working there.

12. Early in the year the Board received from the Local Government Board a memorandum prepared by their Inspector, Sir Arthur Downes, M.D., upon the accommodation at their institutions generally with a view to some alteration being made in the existing allocation of this accommodation and to certain portions of it, at the time unoccupied, being used to meet the needs of the metropolitan guardians. This memorandum was considered by the General Purposes Committee of the Managers. One portion of it referred particularly to the



desirability of providing further accommodation for sick children under the Order of 11th September, 1908. The number of beds available at Queen Mary's Hospital—some 850—had been fully taken up and applications for the admission of children were still being received.

To assist the Managers in arriving at a decision on this point returns were obtained from the metropolitan guardians showing:—

(a) the total number of children in their infirmaries and workhouses on June 30th last;

(b) the number of these children which could be transferred to institutions of the Metropolitan Asylums Board either in London or the country were accommodation available.

The replies were tabulated as follow:—

	(a) Total number.	(b) Number transferable.
Infectious and contagious diseases—		
Measles ... ..	234	150
Whooping cough...	201	165
Scabies ... ..	82	59
Others ... ..	264	187
Non-infectious—		
(a) Surgical—		
(i.) Tubercular ... ..	98	65
(ii.) Non-tubercular ... ..	225	161
(b) Medical—		
(i.) Tubercular ... ..	64	42
(ii.) Non-tubercular ... ..	881	569
Totals ... ..	2,049	1,398

In view of these figures the Managers agreed that it was difficult to resist the conclusion that some further accommodation was necessary for these children. A larger number of children could be passed through their homes at the seaside, and in course of time the accommodation at Carshalton might be considerably increased. The Local Government Board, however, had deferred consideration of the larger portion of the extension scheme at Carshalton, viz., the provision of additional staff accommodation, pending the consideration by the Managers of the memorandum by Sir Arthur Downes. Apart from this, the figures quoted were very large, especially as they were those for midsummer, when the pressure on metropolitan infirmaries was not at its greatest, and if further accommodation for these children was to be found in the near future it could only be by detailing another institution for their reception.

The General Purposes Committee suggested that the Park Hospital could be so assigned with the least hardship to the community, owing to its comparative proximity to the Brook and South-Eastern Hospitals, and that, being favourably situated and provided with airing courts, it would serve as an adjunct to the infirmary at Carshalton, to relieve the infirmaries and workhouses of London of sick children, and particularly of those cases which require a more sheltered position than Carshalton affords. This would necessitate the Park Hospital being detached from the hospital service and attached to the children's. Children received under the order of the Local Government Board in question are interchangeable between the various institutions under the Children's Committee, who have established a harmonious system of communication with the guardians, through whom the children are admitted by machinery applicable to all the children's institutions.



13. The Managers adopted the proposals of the General Purposes Committee on the 16th July, and the few remaining fever patients having been removed from the Park Hospital and the hospital thoroughly disinfected throughout under the direction of Dr. Birdwood, the medical superintendent, it was re-opened as a hospital for sick children on the 14th November. The formal re-opening ceremony by the Rt. Hon. John Burns, M.P., President of the Local Government Board, took place in the presence of a large body of Managers and representatives of the boards of guardians on the 19th November, when Mr. Burns, in a noteworthy address, eulogised the beneficent work which had been accomplished at the hospital at Carshalton, through which 4,006 children had then passed, and referred at length to the results of the administrative action taken by the Local Government Board in dealing with matters of public health and infant mortality.

14. There have been times since these special institutions for children were opened when we have doubted whether full use was being made of them by the guardians and when we felt it necessary to bring the existence of these institutions more prominently to their notice. Since the opening of Queen Mary's Hospital and of the Park Hospital for Children no such necessity has arisen.

It was clearly the intention of the Local Government Board that these two hospitals should be used to relieve the metropolitan infirmaries of the children hitherto treated there, and when it is found that notwithstanding that there were 1,032 children under treatment in these hospitals at the end of the year, several boards of guardians had a larger number of children chargeable in their own institutions for the sick than they had before the opening of either hospital, it is apparent that a word of caution to those responsible for the administration of relief to the poor is not out of place.

**The value of centralization for certain purposes.**

15. We may close this general section of our report with the testimony of Sir Arthur Downes to the value of the children's work of the Metropolitan Asylums Board as evidence of the success of the plan of grouping units of administrative areas for such general or special purposes as local needs may require.

Sir Arthur Downes in an introduction to the Rt. Hon. Charles Booth's book on poor law reform says:—

It may not be generally known that—taking only a sub-division of their work—the Metropolitan Asylums Board have now under admirable care, and with infinite classification, approximately four thousand poor law children: that during the last five years, although this work has doubled, they have not raised a loan for any purpose.

## II.—SICK AND CONVALESCENT CHILDREN.

### (a) QUEEN MARY'S HOSPITAL FOR CHILDREN.

**Numbers.**

16. The number of children under treatment on 1st January was 813 and on the 31st December 837. The admissions for the year numbered 2,178, compared with 2,042 in 1909.

Detailed statistics together with particulars of the work from the medical side will be found in the report of the medical superintendent, Appendix II. (a) (1).

**Additions, alterations and repairs.**

17. Last year we summarised the results of the experience gained since the opening of the hospital, particularly as to the adequacy of the accommodation for patients and staff, under the altered conditions, and we set forth the proposals which in November, 1909, we submitted to the Managers for enlarging the staff accommodation, for providing small isolation wards for infectious diseases and for



observation purposes, for erecting a hall for the use of patients and staff together with some schoolrooms in which the education of those children who were likely to make a prolonged stay in the hospital might receive attention. Our proposals for supplementing and completing the accommodation of the hospital were adopted by the Managers, and in view of their prompt and ready response to the request of the Local Government Board to make provision for these sick children, we confidently expected that these recommendations would receive the speedy and favourable consideration of that Board. Our expectations were, however, not realised, but after further applications the Local Government Board consented to receive a deputation of the Managers in support of these proposals in May, 1910. At this conference the Board expressed the view that as there was a possibility of opening a second hospital the proposals for extending the staff accommodation at Queen Mary's Hospital, and thereby freeing the patients' wards which are now being used for staff, should remain in abeyance. It was made clear, however, that in any circumstances, the isolation wards and hall and some provision for education would be required at Carshalton, and the Board subsequently asked that sketch plans of these buildings should be submitted. The plans of the hall and schoolrooms were submitted to the Board in November last, and those for the isolation wards early in 1911, but they have not yet been sanctioned. The formulation of these proposals and the preparation of the plans has involved us in a considerable amount of labour extending over eighteen months, and we trust it will be possible for the Local Government Board to give their decision in the near future.

**Central heating and road repairs.** 18. The scheme for reconstructing the heating arrangements by centralising the heating and hot water services (and extending the gas supply), which we believe will result in a greatly reduced annual expenditure and in improved administrative arrangements, received the sanction of the Local Government Board and we hope that the necessary works will be completed in time for the system to be utilised for the winter of 1911. At the same time the repairs and extensions required to the roads of the hospital will be carried out.

**X-rays and electric treatment.** 19. Provision has been made for the equipment of the hospital with apparatus for X-ray examination of diseased bones and joints and other tuberculous affections, Swedish remedial gymnastics, electrical treatment of paralysis and light treatment of lupus.

**Verandahs.** 20. It was found desirable to extend the accommodation available for tubercular patients sleeping out, and this is being done by the enlargement of the verandahs at the rear of six of the cottage blocks so as to provide room for 31 patients under each verandah or 186 in all.

**Works, etc.** 21. Other matters dealt with during the year included the provision of a motor omnibus for the conveyance of staff to and from the railway station, which has been greatly appreciated by the officers and has enhanced the enjoyment of their weekly leave. Sanction has been given to the erection of a greenhouse and extensive repairs to the tar-paving have been carried out.

#### (b) PARK HOSPITAL FOR CHILDREN.

**Opening.** 22. Reference has been made in our opening section to the transfer of the Park Hospital to the children's service for use as a hospital for sick children.



The hospital having been re-opened for the reception of patients as recently as 14th November last, we will defer till next year any detailed report as to the work there and the patients dealt with. By the end of the year 207 children had been admitted, 10 discharged and 2 died, leaving 195 under treatment.

23. The chief officers of the hospital when part of the fever hospital service, viz., Dr. R. A. Birdwood, medical superintendent; Miss Villiers, matron; and Mr. H. Harrington, steward, will continue to fill these positions under the altered conditions.

### (c) SEASIDE INSTITUTIONS.

**Medical reports.** 24. The reports of the medical officers of S. Anne's Home, East Cliff House and Millfield will be found in Appendix II. (b).

**Numbers.** 25. The number of children admitted to these seaside institutions during the year amounted to 942, compared with 769 in 1909. We intend as soon as the arrangements at Queen Mary's Hospital and the Park Hospital have assumed normal shape to consider the question of treating these hospitals and the three institutions at the seaside as part of a general scheme for providing for the sick, debilitated and convalescent children of the metropolis and to arrange for the suitable classification and interchange of children between all these institutions.

**East Cliff House.** 26. At East Cliff House, Margate, the Managers have acquired a site of two acres containing some old buildings known as the Château Bellevue, at the rear of the newer portion of the institution, and when cleared of these old buildings it is proposed to erect accommodation at least equivalent to that now contained in the original portion of East Cliff House and to dispose of this portion, which it will be remembered is separated from the remainder of the home by a roadway. The whole of the institution will then be compactly contained within one boundary.

**Millfield.** 27. At Millfield, Rustington, the question of the defences against the encroachment of the sea has occupied attention and steps will shortly be taken to strengthen these defences.

### III.—RINGWORM.

**The Downs School-admissions.** 28. The numbers of ringworm children dealt with during the year at The Downs School were:—

Remaining on 1st January, 1910	...	...	344	(42)
Discharged during the year	...	...	1,056	(123)
Died	..	..	4	(—)
Admitted	..	..	1,019	(125)
Remaining on 31st December, 1910	...	...	303	(44)

The numbers of admissions during the previous seven years and the numbers remaining under treatment at the end of each year were:—

	Admitted.		Remaining at end of year.	
*1903	673	(1)	...	554 (—)
*1904	619	(—)	...	569 (—)
*1905	619	(24)	...	538 (19)
1906	705	(20)	...	339 (18)
1907	748	(68)	...	329 (24)
1908	807	(43)	...	378 (29)
1909	946	(105)	...	344 (42)

NOTE.—The numbers in brackets relate to extra-metropolitan cases.

\* During the years 1903-5 ringworm children were also accommodated at Bridge School, Witham, (160 beds). The numbers given are for both schools.



29. The total number of children treated continues to increase, but owing to the excellent work of the Board's dermatologist (Dr. Colcott Fox) and of his assistants for X-ray treatment, the period required for treatment has been greatly reduced in recent years, and the number of beds occupied in the institution is so small that we shall shortly be in a position to consider what use can be made of the accommodation at this school not required for ringworm cases.

**Period of detention.** 30. 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 prior to 31st December last is shown in the following table:—

Period.						Number.
1 to 2 months	...	...	...	...	...	19
2 to 4 "	...	...	...	...	...	41
4 to 6 "	...	...	...	...	...	30
6 to 8 "	...	...	...	...	...	6
8 to 10 "	...	...	...	...	...	3
10 to 12 "	...	...	...	...	...	1
						100

Average 3-7 months.

**Dermatologist's report.** 31. The report by the dermatologist with detailed statistics will be found in Appendix III.

**Medical certificate on admission.** 32. Owing to the institution of a period of probation after the admission of children to the school and to the additional accommodation available, we have been able to dispense with the certificate of freedom from contact with infectious or contagious disease hitherto required before children were admitted.

**IV.—OPHTHALMIA.**

**Numbers.** 33. The numbers of children dealt with during the year at the two ophthalmia schools, High Wood School, Brentwood, and White Oak School, Swanley, were:—

Remaining on 1st January, 1910	...	...	551	(30)
Discharged during the year	...	...	617	(31)
Died	"	"	4	(—)
Admitted	"	"	682	(34)
Remaining 31st December, 1910	...	...	612	(33)

The numbers admitted during the previous three years and those remaining under treatment at the end of each year were:—

	Admitted.		Remaining under treatment 31st December.	
1907	502	(22)	...	506 (35)
1908	489	(11)	...	501 (25)
1909	642	(78)	...	551 (30)

NOTE.—The numbers in brackets relate to extra-metropolitan children.



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

1907	...	...	...	...	16.3 per cent.
1908	...	...	...	...	19.2 „ „
1909	...	...	...	...	17.6 „ „
1910	...	...	...	...	17.0 „ „

The number of children remaining under treatment at the end of the year was the largest on record and owing to the great pressure on the accommodation we suspended in the summer the admission of extra-metropolitan cases to the schools.

34. The continued use of some of the cottages at High Wood School for feeble-minded cases—a use which began when there was vacant accommodation at the school and which was intended as a purely temporary arrangement—has in the circumstances caused considerable inconvenience, and no doubt steps will be taken at an early date to find other accommodation for these feeble-minded cases, and so free High Wood School entirely for use as an ophthalmic school.

**Period of detention.**

35. 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, 1910	...	6.92
Average stay of the 90 trachoma cases discharged during 1910,		28
as follows :—		

Period.	Number.
1 to 12 months ... ..	21
12 to 24 „ ... ..	23
24 to 36 „ ... ..	19
36 to 48 „ ... ..	10
48 to 60 „ ... ..	6
Over 60 „ ... ..	11
	90

The average stay of the 87 trachoma cases discharged during 1909 was 26 months.

**White Oak School.**

36. At White Oak School a portion of surplus land not required by the Managers has been re-let. The training of elder boys in gardening work has continued to be very successful, 16 boys out of 18 presented securing the certificate of the Royal Horticultural Society by examination.

**Medical report and statistics.**

37. The report of the ophthalmic surgeon (Mr. E. Treacher Collins, F.R.C.S.) with statistics of the cases treated will be found in Appendix IV.



## V.—THE MENTALLY DEFECTIVE.

**General.** 38. No action has yet been taken on the report of the Royal Commission on the Care of the Feeble-minded, to which we made full reference in our last report. The work of the various homes for the feeble-minded under our control has continued during the year on well established lines, and particulars will be found in the reports of the medical attendant of the London Homes and of the colony at High Wood School (Miss R. Turner) and of the medical adviser at Bridge Industrial Home (Dr. Rotherham) in Appendix V.

39. The question of the reorganisation of the whole of that part of the Board's work relating to the imbeciles under the Asylums Committee and to the feeble-minded under our care is one of the many important issues raised in the memorandum by Sir Arthur Downes, to which reference has already been made, and it has received the attention of the General Purposes Committee. Their report on the whole subject was submitted to the Managers early in 1911 and does not therefore fall within the scope of the present report.

**Bridge Industrial Home.** 40. The normal accommodation at Bridge Industrial Home was increased from 172 to 210, the number of inmates at the end of the year being 180. At this home in order to afford more work for the increasing number of inmates the Managers leased 10 acres of land adjoining the home.

The home was inspected for the first time by the Board of Education Inspector (Dr. Eicholz) on the 20th October.

## VI.—REMAND HOMES.

**Transfer to London County Council.** 41. Our concluding observations on the work of dealing with juvenile offenders in the three remand homes (which the Board had carried on since 1901) consequent upon the transfer of the homes to the London County Council were contained in our last two annual reports. The homes were carried on by the Managers for the Council until the 31st March, 1910, and on the 1st April they were transferred to the Council.

42. 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) R. WOOLLEY WALDEN,

*Chairman.*



## APPENDICES.

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

## APPENDIX I.

## PARTICULARS OF HOMES AND SCHOOLS.

## (i.) FOR SICK, CONVALESCENT AND DEBILITATED CHILDREN.

## (a) INLAND.

1. **Queen Mary's Hospital for Children, Carshalton, Surrey.**—Site, about 136 acres. Purchased in July, 1896.

Accommodation, 1,000 beds, for sick, convalescent and debilitated children. This 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. The control of this institution was transferred to the Children's Committee by the Board on the 12th September, 1908, 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, under the name of "The Children's Infirmary."

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

2. **Park Hospital for Children, Hither Green, Lewisham, S.E.**—Site, about 20 acres. Purchased in June, 1893.

Accommodation, about 800 beds, for sick, convalescent, and debilitated children. This institution, under the name of Park Fever Hospital, was opened for the reception of fever and diphtheria cases, in July, 1897. The Hospital was transferred to the Children's Committee by the Board on 16th July, 1910, for the accommodation of sick and debilitated children received under the Local Government Board's Order, dated 11th September, 1908, above quoted. Re-opened 14th November, 1910.

Medical Superintendent	...	...	R. A. Birdwood, M.D., M.R.C.S., M.A.
Matron	...	...	Miss S. A. Villiers.
Steward	...	...	H. Harrington.
Chaplain	...	...	Rev. J. A. Drummond, M.A., D.C.L.



## (b) SEASIDE.

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 ... .. 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. An additional two acres of land at the rear of the house were purchased in January, 1910.  
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 ... .. 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 ... .. C. E. Last, M.R.C.S., L.R.C.P.  
Chaplain ... .. Rev. J. L. Crosland.

## (ii.) RINGWORM SCHOOL.

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.  
Accommodation, 420 children ... .. Opened 26th February, 1903.  
Visiting Dermatologist ... .. T. Colcott Fox, M.B., F.R.C.P.  
Matron ... .. Miss Emily Turton.  
Assistants to the Dermatologist H. G. Adamson, M.D., H. G. Critchley, M.D.  
Visiting Medical Officer ... .. G. Rice, M.B., C.M.  
Chaplain ... .. Rev. C. C. Taylor, B.A.

## (iii.) OPHTHALMIA SCHOOLS.

1. **White Oak School, Swanley, Kent.**—Site, 49 acres.  
Accommodation, 360 children ... .. Opened 20th March, 1903.  
Visiting Ophthalmic Surgeon ... .. E. Treacher Collins, F.R.C.S.  
Matron ... .. Miss E. D. Lynch.  
Assistant Medical Officer ... .. W. J. Thomas, M.R.C.S., L.R.C.P., D.P.H.  
Chaplain ... .. Rev. A. W. F. T. De Spailier.
2. **High Wood School, Brentwood, Essex.**—Site, 28 acres.  
Accommodation, 264 children ... .. Opened 26th July, 1904.  
Visiting Ophthalmic Surgeon ... .. E. Treacher Collins, F.R.C.S.  
Matron ... .. Miss Emily Baker.  
Assistant Medical Officer ... .. F. A. C. Tyrrell, M.B., B.C., F.R.C.S.  
Chaplain ... .. Rev. C. F. Newton, M.A.  
Eight cottages are set aside for elder feeble-minded girls.



## ANNUAL REPORT,

## (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 Basing 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, Duntshell, S.W.  
House-mother, Miss E. Shepherd.
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 five 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 28 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. Ten acres of land at the rear of the home are rented on lease to provide farming work for the inmates.  
Accommodation, 210.  
Mental Specialist, A. Rotherham, M.B., B.C., M.A.  
Medical Officer, K. C. Gimson, M.B., B.C.  
Superintendent, T. C. Gibbs.  
Ages of admission to homes for defectives, 3-16 years.



## CHILDREN'S COMMITTEE, 1910.

29

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

NOTE.—These homes were transferred from the Board to the London County Council as from the 31st March, 1910, by Order of the Local Government Board, in accordance with Section 108 of the Children Act, 1908.



## APPENDIX II.

## HOMES FOR SICK, CONVALESCENT, AND DEBILITATED CHILDREN.

## (a) INLAND.

## (1.) QUEEN MARY'S HOSPITAL FOR CHILDREN, CARSHALTON.

## REPORT OF THE MEDICAL SUPERINTENDENT.

31st March, 1911.

**Statistics.** During the year 2,991 patients were treated in this institution. 2,178 were admitted; 1,873 were discharged; 198 were transferred to other institutions of the Board, and 83 died. There remained in hospital at the end of the year 837 patients.

**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	12	11	17	9	9	34	35	69
Bethnal Green ...	8	31	16	35	21	12	55	68	123
Bloomsbury ...	1	—	—	2	2	1	1	5	6
Camberwell ...	7	21	27	35	16	15	55	66	121
Chelsea ...	3	4	7	20	8	2	14	30	44
Fulham ...	13	25	27	45	23	17	65	85	150
George's, S. ...	7	11	6	27	11	3	24	41	65
George, S.-in-the-East	4	13	7	12	5	5	24	22	46
Greenwich ...	—	—	11	37	13	6	11	56	67
Hackney ...	—	1	4	43	42	31	5	116	121
Hammersmith ...	2	4	1	13	2	1	7	16	23
Hampstead ...	1	1	1	4	1	—	3	5	8
Holborn ...	—	1	4	21	22	15	5	58	63
Islington ...	6	26	14	42	17	6	46	65	111
Kensington ...	1	9	12	35	17	10	22	62	84
Lambeth ...	6	17	14	30	11	6	37	47	84
Lewisham ...	—	1	4	14	5	4	5	23	28
London, City of	—	—	—	2	—	—	—	2	2
Marylebone, S.	10	20	5	23	16	14	35	53	88
Mile End ...	3	5	1	13	11	7	9	31	40
Paddington ...	10	16	12	26	10	1	38	37	75
Pancras, S. ...	11	18	16	34	15	3	45	52	97
Poplar... ...	26	31	21	15	3	4	78	22	100
Shoreditch ...	11	15	18	32	12	2	44	46	90
Southwark ...	7	26	16	28	18	25	49	71	120
Stepney ...	23	19	20	15	4	6	62	25	87
Strand ...	1	—	3	7	—	1	4	8	12
Wandsworth ...	2	16	19	37	21	15	37	73	110
Westminster ...	—	2	3	2	2	—	5	4	9
Whitechapel ...	6	23	10	30	9	1	39	40	79
Woolwich ...	8	8	2	20	7	9	18	36	54
Watford ...	—	—	—	—	1	—	—	1	1
Edmonton ...	—	—	—	1	—	—	—	1	1
Total ...	188	376	312	717	354	231	876	1,302	2,178



**Diseases.** The various diseases for which patients were admitted are enumerated below.

TABLE II.

A.—SURGICAL.

		Brought forward	...	289
<b>TUBERCULAR DISEASE—</b>		<b>DIGESTIVE SYSTEM—</b>		
Spine... ..	45	Cancrum oris ... ..	2	
Sacro-iliac joint ... ..	1	Dental caries ... ..	1	
Hip ... ..	44	Pyorrhœa alveolaris ... ..	1	
Knee ... ..	6	Prolapsus ani ... ..	11	
Ankle ... ..	3	Ischiorectal abscess ... ..	4	
Foot ... ..	5	Appendicitis ... ..	4	
Shoulder ... ..	1	Hernia, inguinal ... ..	2	
Elbow ... ..	4	„ umbilical ... ..	1	
Wrist ... ..	1	<b>DISEASES OF THE EYE—</b>		
Fingers ... ..	7	Blepharitis ... ..	9	
Bone... ..	12	Conjunctivitis ... ..	4	
Skin (including lupus) ... ..	9	Phlyctenular ophthalmia ... ..	5	
Cervical glands ... ..	64	Corneal ulceration ... ..	4	
		Interstitial keratitis ... ..	3	
<b>DISEASES OF BONE—</b>		Iritis ... ..	1	
Necrosis (various) ... ..	8	Cataract ... ..	1	
Osteomyelitis ... ..	5	Abscess of the nasal duct ... ..	1	
Periostitis ... ..	2	Obstruction of the lachrymal duct... ..	1	
Fragilitas ossium ... ..	1	<b>DISEASES OF THE EAR—</b>		
Fractures ... ..	4	Otorrhœa ... ..	160	
		Mastoid disease ... ..	9	
<b>DISEASES OF JOINTS—</b>		<b>DISEASES OF THE NOSE—</b>		
Synovitis of knee ... ..	2	Rhinorrhœa ... ..	6	
Septic arthritis ... ..	1	Obstruction ... ..	2	
		Ozaena ... ..	2	
<b>DEFORMITIES—</b>		<b>GENERAL—</b>		
Spinal curvature ... ..	9	Abscesses (various) ... ..	20	
Congenital dislocation of hip	1	Whitlow ... ..	1	
Talipes ... ..	1	Vaginitis ... ..	1	
Hare-lip ... ..	1	Pyæmia ... ..	1	
Hypospadias ... ..	1	Hernia cerebri ... ..	1	
Epispadias ... ..	1	Concussion ... ..	1	
		Wound ... ..	1	
<b>RESPIRATORY SYSTEM—</b>		Burns ... ..	5	
Hypertrophy of tonsils ... ..	13	Goitre ... ..	1	
Adenoids ... ..	21	Ulcer ... ..	1	
Empyema ... ..	16			
Carried forward ... ..	289	Total ... ..	556	

B.—MEDICAL.

		Brought forward	...	111
<b>TUBERCULAR DISEASE—</b>		<b>DISEASES OF METABOLISM—</b>		
Lungs ... ..	92	Marasmus ... ..	154	
Peritoneum ... ..	16	Debility (after various diseases) ... ..	508	
Meninges ... ..	2	Anæmia ... ..	55	
General ... ..	1			
Carried forward ... ..	111	Carried forward ... ..	828	



Brought forward	...	828	Brought forward	...	1,181
<b>RESPIRATORY SYSTEM—</b>			<b>Meningitis</b> ... .. 2		
Laryngitis	...	5	Hemiplegia	...	2
Bronchitis	...	125	Paraplegia	...	2
Pleurisy	...	6	Infantile paralysis	...	22
<b>CIRCULATORY SYSTEM—</b>			Lesion of third nerve ... 1		
Valvular disease	...	72	<b>DISEASES OF THE SKIN—</b>		
Pericarditis	...	1	Eczema	...	82
<b>DIGESTIVE SYSTEM—</b>			Impetigo	...	71
Stomatitis	...	16	Seborrhœa of scalp	...	14
Gastro-enteritis	...	11	Ichthyosis	...	1
Enteritis	...	33	Furunculosis	...	2
Diarrhœa	...	14	Purpura	...	1
<b>URINARY SYSTEM—</b>			Psoriasis	...	4
Enuresis	...	3	Urticaria	...	1
Nephritis	...	7	Rupia	...	1
Albuminuria	...	2	Erythema nodosum	...	1
Renal colic	...	1	Pemphigus	...	2
<b>NERVOUS SYSTEM—</b>			Pityriasis	...	1
Chorea	...	41	<b>GENERAL—</b>		
Neuralgia	...	1	Rheumatism	...	24
Epilepsy	...	4	Whooping cough	...	78
Jacksonian epilepsy	...	1	Hæmophilia	...	1
Mental deficiency	...	3	Rickets	...	100
Hydrocephalus	...	5	Scurvy rickets	...	2
Microcephalus	...	1	Congenital syphilis	...	25
Polio-encephalitis	...	1	Splenic enlargement	...	1
Carried forward	...	1,181	Total	...	1,622

**Operations.** 180 operations were performed during the year. They include operations on tubercular joints, 40 (hip, 23; knee, 1; ankle, 1; tarsus, 4; shoulder, 3; elbow, 6; wrist, 1; finger, 1); psoas abscess, 7; excision of tubercular cervical glands, 3; operation for adenoids, 38; for appendicitis, 6; for talipes, 3; radical cure of hernia, 2; mastoidectomy, 2; removal of sequestra, 9. The remainder were operations for empyema, phimosis, hypertrophied tonsils, abscesses, tracheotomy, molluscum, examination of bladder, skin-grafting, whitlow, lupus, pyaemia, dislocation, bursitis, undescended testicle and torticollis.

**Complicating infectious diseases.** 20 cases of scarlet fever and 16 of diphtheria occurred during the year. Except in one instance, when 4 cases arose in a ward, the scarlet fever occurred sporadically. The same observation applies to diphtheria with the exception of an outbreak in a double cottage, containing about 50 children, in which 7 patients, 1 nurse and 1 maid were affected. This outbreak was interesting for the reason that, although all the children exposed to infection received an immunising injection of 1,000 units of antitoxin and were submitted to bacteriological examination, 2 of them developed faucial diphtheria a month later. During the autumn 1 ward was infected with measles, resulting in 1 death, and cases of röteln occurred in several wards. Whooping-cough in the incubation and early stages was again not infrequent among the patients on admission, and 7 deaths resulted from this disease.

**Deaths.** 83 deaths occurred, a mortality of 3·8 per cent. The causes of death were as follows:—Tuberculosis, 22 (general, 1; pulmonary, 11; meningeal, 6; peritoneal, 1; spine, 2; hip, 1); measles, 1; pertussis, 7; congenital syphilis, 1; marasmus, 17; enteritis, 3; peritonitis, 1; eclampsia, 3;



meningitis, 2; heart disease, 11; congenital heart disease, 1; ulcerative endocarditis, 1; broncho-pneumonia, 11; bronchiectasis, 1; chronic nephritis, 1.

**General.** Verandahs, fitted with wooden-lath revolving shutters and each capable of accommodating 37 beds, are in course of construction in connection with 6 of the 24 double cottages and much benefit is anticipated from the continuous open-air treatment which will soon be available for the tubercular cases. The work of remaking the roads and the installation of a central heating system are in progress, but the hall for children's services and entertainments and for staff recreation, the class-rooms and the isolation wards, which are all much needed, remain under consideration.

Marked benefit to the patients and an additional incentive to the nurses to take interest in their work has been derived from the formation of a massage class, conducted by a highly-trained massage sister. A room is also being fitted with apparatus for Swedish remedial gymnastics and a very complete set of X-ray and other medical electrical appliances is being installed.

Much pleasure has been afforded the staff by the gratifying intimation, recently received, that Her Majesty the Queen had been graciously pleased to allow her name to be associated in future with this institution.

(Signed) W. T. GORDON PUGH.

(b) SEASIDE.

(1) S. ANNE'S HOME, HERNE BAY.

REPORT OF THE MEDICAL OFFICER.

12th February, 1911.

I beg to submit the following report on the work done at S. Anne's Home during the year 1910.

There were in the home on January 1st, 1910	134 children.
Admissions during the year 1910 ... ..	408 ..
Discharges during the year 1910 ... ..	405 ..
Deaths during the year 1910 ... ..	3 ..
Remaining in the home on December 31st, 1910	134 ..

One child died rather suddenly of uræmic convulsions—she had chronic nephritis on admission. Another child died of hæmophilia, and the third death was due to old-standing heart disease.

Last year we again suffered a good deal from the incidence of infectious disease.

We had 3 sporadic cases of scarlet fever, one in July, one in November, and one in December. In neither case did we have any spread of the disease, and I could not trace the origin of any of them. They were all three removed to the Brook Hospital.

We had 2 outbreaks of chickenpox, and one of German measles, most of the cases occurring in the infants' department and being easily dealt with.

One little girl suffering from ophthalmia was transferred to White Oak School.

The class of case admitted has been much the same as in former years, but last year we had a very large number of cases of eczema of the scalp admitted, and they all did extremely well.

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



(2) *EAST CLIFF HOUSE, MARGATE.*

REPORT OF THE MEDICAL OFFICER.

*January, 1911.*

Total number of children dealt with during the year is 527.

During the early part of the year there was a slight diminution alike in the number and severity of the cases sent down for treatment, and during that time the verandah and infirmary beds were perhaps not utilised to their full extent. This is no doubt accounted for by the very excellent provision made for such cases at Queen Mary's Hospital for Children at Carshalton; many of the children that would possibly have come to us having been dealt with there.

Our equipment and excellent atmospheric conditions specially fit us to deal with tuberculosis of joints and glands, and a fair amount of work has been done in such cases. There are over ninety children afflicted with this type of disease in the home at the present time. During the year a number of spinal cases have been discharged well, and all joint cases are detained sufficiently long to enable them to dispense with splints, the duration of their stay often running into several years. Special attention has been paid to the prevention and correction of deformities, and to the avoidance of surgical operations that would interfere with the growth of the limbs. Large abscesses in connection with the spine in cervical, dorsal and lumbar regions have been treated by aspiration with excellent results, and similar methods have been tried with success in connection with the hip and other joints.

56 operations were performed under general anæsthetics, including 2 amputations, 2 cases of acute appendicitis, 15 excisions of tuberculous glands, and 5 operations for mastoid disease.

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

(3) *MILLFIELD, RUSTINGTON.*

REPORT OF THE MEDICAL OFFICER.

*January, 1911.*

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

During the year 1910 there have been 135 admissions, 133 discharges and 1 death, leaving 120 children under treatment.

The discharges were as follows:—86 satisfactory, 6 over-age, 4 for special treatment, 2 to East Cliff House, 3 for ophthalmia, 11 to The Downs School, 3 at the request of Guardians and 18 unfavourable or unsuitable, of whom 7 were transferred to Queen Mary's Hospital for Children.

The home continues to serve a useful purpose, and the children are very largely benefited.

It should be noted that, with few exceptions, no tuberculin test is applied, and it is obvious, especially amongst the so-called incipient class, that doubtful cases exist.

The presence of these doubtful cases in the home is in my opinion quite justified, as the presumptive evidence is strong, and the probability of their later showing more definite signs great, and because prophylaxis is an important factor in dealing with pulmonary tuberculosis generally. The cases which give the least satisfaction are the young children between the ages of 3 and 5, and those who are admitted with marked and definite lesions after the ages of 14 or 15.

These latter cases, although deriving according to circumstances considerable benefit, cannot remain long enough, as they are discharged under the age limit.

As in previous years, there has been very little intercurrent illness, and with the exception of the one death the only matters worthy of notice were two cases of dislocated elbow amongst the children and the illness of one of our staff nurses.

(Signed) CECIL E. LAST,  
*Medical Officer.*



## APPENDIX III.

## RINGWORM SCHOOL.

*THE DOWNS SCHOOL, SUTTON, SURREY.*

## REPORT OF THE VISITING DERMATOLOGIST

*February, 1911.*

On January 1st, 1910, there remained 344 children in The Downs School, and during the year 1910 there have been admitted 1,032 children, making a total of 1,376 under treatment in the year, as compared with 1,324 in the year 1909. Of these 4 died, 22 were taken out at the request of the Guardians, 6 were transferred to an ophthalmia school (4 cured by the X-rays, 1 other treated by X-rays, but not formally certified as cured, and in 1 no ringworm was found), and 1,041 were discharged cured, as compared with 945 in the year 1909, leaving 303 children in the school. It will be noticed that we admitted 86 more children than in 1909, but this is largely accounted for by admissions from Queen Mary's Hospital for Children and from various districts outside the metropolitan area.

I append the usual tables setting forth the parishes or unions from which the children were admitted, the nature of the disease diagnosed and the ages. As usual, I desire to explain the meaning of the column headed "undetermined." In a proportion of children there is only a ringworm of parts of the body other than the head, and I have not determined its kind. In some I never could find any ringworm. In others some other disease was present, and lastly, cases, which were probably ringworm, had been efficiently treated, and practically cured.



TABLE I.  
ADMISSIONS TO THE DOWNS SCHOOL DURING 1910.

Parish or Union.	Micro- sporium Ringworm.		Endothrix Tricho- phyton Ringworm.		Undeter- mined.		Alopecia.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Bermondsey .. .. .	11	6	2	1	2	3	..	..	15	10	25
Bethnal Green .. .. .	7	14	..	..	2	1	1	..	10	15	25
Bloomsbury .. .. .	..	1	..	..	..	..	..	..	..	1	1
Camberwell .. .. .	24	29	1	3	2	2	..	..	27	34	61
Chelsea .. .. .	4	8	..	..	..	6	..	..	4	14	18
Fulham .. .. .	11	5	1	3	1	3	..	..	13	11	24
George's, S. .. .. .	4	5	..	1	1	..	..	..	5	6	11
George, S. in-the-East .. .. .	1	..	..	1	2	..	..	..	3	1	4
Greenwich .. .. .	10	8	..	3	2	5	1	1	13	17	30
Hackney .. .. .	23	44	1	1	3	2	..	..	27	47	74
Hammersmith .. .. .	7	10	..	1	2	1	1	..	10	12	22
Hampstead .. .. .	4	8	..	..	..	..	..	..	4	8	12
Holborn .. .. .	11	11	1	..	..	..	..	..	12	11	23
Islington .. .. .	20	26	1	6	7	3	..	..	28	35	63
Kensington .. .. .	23	27	..	..	2	2	..	1	25	30	55
Lambeth .. .. .	31	25	3	..	5	8	..	..	39	33	72
Lewisham .. .. .	15	7	..	..	..	2	..	..	15	9	24
London, City of .. .. .	..	1	..	..	..	..	..	..	..	1	1
Marylebone, S. .. .. .	15	15	..	..	3	2	..	..	18	17	35
Mile End .. .. .	12	4	1	..	5	2	..	..	18	6	24
Paddington .. .. .	8	8	1	..	1	3	1	..	11	11	22
Pancras, S. .. .. .	7	3	..	..	2	..	..	..	9	3	12
Poplar .. .. .	26	18	..	..	2	6	..	..	28	24	52
Shoreditch .. .. .	9	7	..	2	..	5	1	..	10	14	24
Southwark .. .. .	20	15	1	..	3	..	..	..	24	15	39
Stepney .. .. .	4	11	1	1	2	4	..	..	7	16	23
Strand .. .. .	..	..	..	..	..	..	..	..	..	..	..
Wandsworth .. .. .	42	39	3	1	7	8	..	..	52	48	100
Westminster .. .. .	2	3	..	..	..	..	..	..	2	3	5
Whitechapel .. .. .	5	1	..	1	2	..	..	..	7	2	9
Woolwich .. .. .	11	2	1	..	2	..	..	1	14	3	17
Brentford .. .. .	10	12	..	..	7	1	..	..	17	13	30
Dorking .. .. .	2	1	..	..	..	..	..	..	2	1	3
Edmonton .. .. .	7	6	..	..	..	..	..	..	7	6	13
Hartismere .. .. .	4	1	..	..	1	4	..	..	5	5	10
Leicester .. .. .	..	1	..	..	..	..	..	..	..	1	1
Malling .. .. .	..	2	..	..	..	..	..	..	..	2	2
Nottingham .. .. .	1	..	..	..	..	..	..	..	1	..	1
Richmond .. .. .	3	2	..	..	..	..	..	..	3	2	5
Watford .. .. .	3	4	..	..	..	5	..	..	3	9	12
West Ham .. .. .	19	16	1	3	3	5	1	..	24	24	48
	416	406	19	28	71	83	6	3	512	520	1,032
<b>TOTAL .. .. .</b>	<b>822</b>		<b>47</b>		<b>154</b>		<b>9</b>		<b>1,032</b>		



TABLE II.  
AGES OF CHILDREN ADMITTED.

Age.	Microsporum Ringworm.		Endothrix Trichophyton Ringworm.		Undetermined.		Alopecia.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	
1	12	12	..	..	2	1	..	..	27
2	51	43	..	1	11	4	..	..	110
3	72	50	1	..	7	3	..	..	133
4	52	53	3	1	5	14	..	..	128
5	50	46	1	2	9	6	..	..	114
6	45	52	2	..	8	11	1	1	120
7	43	43	2	..	9	10	..	1	108
8	22	33	3	3	4	13	1	..	79
9	19	23	1	9	7	5	..	..	64
10	18	20	2	4	3	7	1	..	55
11	14	14	1	2	4	2	1	..	38
12	9	6	1	1	..	3	1	..	21
13	2	6	2	3	..	2	1	1	17
14	6	5	..	2	1	1	..	..	15
15	1	..	..	..	1	1	..	..	3
	416	406	19	28	71	83	6	3	1,032
	822		47		154		9		

[NOTE.—Tables I. and II. include 13 patients from Darenth Asylum, who were brought to the school for the X-ray treatment. They are not included in Appendices VI. and VII.]

The X-ray treatment has again been all that could be desired in the hands of Drs. Adamson and Critchley, and I warmly congratulate them on their success. I do not think there is anything going on elsewhere in the same successful manner by using three lights at once, and I am sure the Committee must be gratified with the effects. It is remarkable that, notwithstanding occasional difficulties from some temporary imperfect working of the apparatus, and some very dark days, no accidents have happened. It says much for the constant care of these operators that no overdose has been given, and it should be put to their credit that the only flaw has been on a few occasions under difficult circumstances the giving of a dose not quite sufficient. The treatment has been practically ideal. I will add also that after our considerable experience we have never seen any ill effects produced on the health of the children. Surely these results should go far to allay the wide-spread prejudice against the use of X-rays excited by the publication in the newspapers of sad results to those constantly exposed to the rays in earlier days without proper protection. Our success is a proof that in expert hands the dangers are completely controlled.

I find that Dr. Adamson cured by this method 349 cases, and Dr. Critchley 651, and that the exposures required for each case work out at about 3.3 for each case. The whole head is rayed in 5 exposures.

(Signed) T. COLCOTT FOX.



## ANNUAL REPORT,

## APPENDIX IV.

## OPHTHALMIA SCHOOLS.

## REPORT OF THE VISITING OPHTHALMIC SURGEON.

January, 1911.

## WHITE OAK SCHOOL, SWANLEY.

There were 335 children left in the school at the end of 1909.

During the year 1910 406 have been admitted.

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

Trachoma	...	...	...	...	...	58 cases.
Follicular conjunctivitis	...	...	...	...	...	36 "
Acute mucopurulent conjunctivitis	...	...	...	...	...	59 "
Chronic conjunctivitis	...	...	...	...	...	196 "
Phlyctenular ophthalmia	...	...	...	...	...	26 "
Lachrymal obstruction	...	...	...	...	...	1 "
Marginal blepharitis	...	...	...	...	...	30 "

335 children have been discharged cured.

Trachoma	...	...	...	...	...	44 cases.
Follicular conjunctivitis	...	...	...	...	...	34 "
Mucopurulent conjunctivitis	...	...	...	...	...	37 "
Chronic conjunctivitis	...	...	...	...	...	175 "
Phlyctenular ophthalmia	...	...	...	...	...	20 "
Marginal blepharitis	...	...	...	...	...	25 "

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

1 child was discharged uncured being over age.

1 child suffering from diphtheria was transferred to Brook Hospital.

1 child was sent to Charing Cross Hospital for an operation on the ear.

3 children were returned to Poplar the same day as they were admitted, as one was found to be suffering from measles.

24 children were transferred to High Wood School, 13 of them suffering from ringworm.

2 children have died in the school, one from tubercular meningitis and one from intercellular cirrhosis of the liver.

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

## HIGH WOOD SCHOOL, BRENTWOOD.

There were 216 children left in the school at the end of 1909.

During the year 1910, 276 children have been admitted.

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

Trachoma	...	...	...	...	...	64 cases.
Follicular conjunctivitis	...	...	...	...	...	29 "
Acute mucopurulent conjunctivitis	...	...	...	...	...	44 "
Chronic conjunctivitis	...	...	...	...	...	111 "
Phlyctenular ophthalmia	...	...	...	...	...	10 "
Marginal blepharitis	...	...	...	...	...	17 "
Hordeolum internum	...	...	...	...	...	1 "



189 children have been discharged cured.

Trachoma	...	...	...	...	...	46 cases.
Follicular conjunctivitis	...	...	...	...	...	17 "
Acute mucopurulent conjunctivitis	...	...	...	...	...	37 "
Chronic conjunctivitis	...	...	...	...	...	79 "
Phlyctenular ophthalmia	...	...	...	...	...	5 "
Marginal blepharitis	...	...	...	...	...	4 "
Hordeolum internum	...	...	...	...	...	1 "

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

3 children were discharged uncured being over age.

2 children died of tubercular meningitis.

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

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 .. ..	11	3	2	2	13	5
Bethnal Green .. ..	24	16	4	3	28	19
Bloomsbury .. ..	—	—	—	1	—	1
Camberwell .. ..	7	7	—	1	7	8
Chelsea .. ..	—	1	—	—	—	1
Fulham .. ..	1	2	1	1	2	3
George's, S. .. ..	1	—	—	—	1	—
Greenwich .. ..	9	3	—	1	9	4
Hackney .. ..	2	1	1	—	3	1
Hammersmith .. ..	—	—	—	1	—	1
Holborn .. ..	5	2	1	3	6	5
Islington .. ..	3	3	4	4	7	7
Kensington .. ..	13	5	—	1	13	6
Lambeth .. ..	13	13	2	7	15	20
Lewisham .. ..	1	2	—	—	1	2
London, City of .. ..	2	1	1	1	3	2
Marylebone S. .. ..	9	4	1	2	10	6
Paddington .. ..	2	5	—	1	2	6
Pancras, S. .. ..	2	5	2	5	4	10
Poplar .. ..	80	30	11	4	91	34
Shoreditch .. ..	5	2	4	2	9	4
Southwark .. ..	79	62	12	10	91	72
Stepney .. ..	15	9	3	2	18	11
Strand .. ..	1	—	—	1	1	1
Wandsworth .. ..	37	28	4	4	41	32
Whitechapel .. ..	4	—	1	1	5	1
Woolwich .. ..	2	—	1	—	3	—
Edmonton .. ..	—	—	2	3	2	3
Richmond .. ..	1	—	—	—	1	—
West Ham .. ..	19	8	1	3	20	11
<b>Total .. ..</b>	<b>348</b>	<b>212</b>	<b>58</b>	<b>64</b>	<b>406</b>	<b>276</b>

In the annual report for 1909 it was pointed out that the total number of admissions to the two ophthalmia schools was larger than in any preceding year, amounting to 642. This year the total number of admissions has increased to 682. The number of children discharged cured during 1910 is exactly the same as in 1909, viz., 535.



## ANNUAL REPORT,

The number of children remaining in the schools at the end of 1909 was larger than at the end of any preceding year, as is shown in the following table. The number left in at the end of this year was still larger.

No. of children remaining at end of	White Oak School.	High Wood School.	Total.
1903	334	—	334
1904	272	226	498
1905	249	223	472
1906	284	216	500
1907	272	234	506
1908	272	229	501
1909	335	216	551
1910	344	268	612

The number of children admitted to the schools from Southwark exceeds that from any other parish. In 1908 85 children came from Southwark; in 1909 157 children, and in 1910 165 children. Many of the cases sent from this parish are of an exceedingly mild form of ophthalmia which is easily cured by the application of drops for a few days. It seems an exceedingly complicated arrangement for dealing with such cases to have to send them all the way from their parish school to Swanley or Brentwood.

Most fortunately there have been very few cases of infectious diseases in the course of the year, as the overcrowded condition of the schools would have rendered the necessary isolation arrangements for checking the spread of them an exceedingly difficult matter. At White Oak School there were 6 cases of chicken pox in the first quarter of the year and 3 cases in the last quarter. There was also 1 case of diphtheria. At High Wood School there were 3 cases of chicken pox in April.

(Signed) E. TREACHER COLLINS.



## APPENDIX V.

## HOMES FOR DEFECTIVES.

## REPORTS OF MEDICAL OFFICER.

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

*December, 1910.*

**Medical.** I am glad to be able to report that the health of the girls in this home has been on the whole very good. Besides a few minor ailments in the shape of colds, digestive disturbances, boils, etc., there have been one case of whooping cough and one of chickenpox. Both girls were removed to their infirmaries and made a good recovery.

Two slight accidents occurred, both in the school playground. In the first case the girl fell, striking her face against the playground railings, with the result that a great deal of bruising and swelling of the eye followed. On another occasion a girl fell on her elbow, and much swelling of the joint resulted.

Two girls have been vaccinated during the year.

**Eyes.** Only one girl during the year has required to have her eyes tested; glasses were prescribed for her. About two months later the same girl had two small meibomean cysts, which had to be removed.

**Mental and moral.** The girls continue to make good mental and moral progress. Most of them at present under treatment here are comparatively young and they are found to respond well to the care and attention given.

**Admissions and discharges.** 12 new girls have been admitted to the home during 1910 and 7 have been discharged. Of the latter 4 have been transferred to Tooting Bec Asylum, 2 have been returned to their Guardians as unsuitable cases, and 1, who had been for a long time under treatment, has been discharged to her married sister. I am glad to say the last mentioned is reported to be doing well and to be of use to her sister in the household.

In concluding, I wish to call special attention to the significance of the fact stated without comment in the paragraph above, namely, that out of 7 discharges 4 have been transferred to Tooting Bec and 2 have been returned to their Guardians as unsuitable cases. Allow me to point out that of the 4 girls sent to Tooting Bec as imbeciles 2 had been recently admitted, as had also the 2 returned to their Guardians as being too unsuitable to keep in the home at all; one as she was violent and unsafe to be with other children, the other on account of depraved habits precluding all hope of improvement.

From the time of the opening of these homes we have been exceedingly unfortunate in the class of patients recommended for training. Many of those sent to us have been definitely imbeciles of a low grade. The new material forthcoming this year for Lloyd House has not been much below the usual average. To mention the fact that of 12 girls admitted during the year one-third of the number have been too unsuitable to retain for training at all, is really to give an inadequate idea of the generally hopeless character of the material which is sent to us for the quite unattainable purpose of turning out as self-supporting citizens. There is the age difficulty—the difficulty I mean attendant on the postponement of the training of these girls until too late. Of the 12 new girls 5 had already on admission reached the age of 12. This is too late to begin the training of normal children, still less to begin that of the feeble-minded, whose best, if not



only chance, lies in receiving attention very early. But apart from this, in itself a most serious difficulty, the type of children sent to our homes is quite below the standard which would promise any large percentage of successes. Indeed the important question of the degree of feeble-mindedness in cases for admission has up to the present not received sufficient attention. It is indeed *the* outstanding difficulty, *the* factor which complicates the result of the work among the feeble-minded—in our section of that important national work—in an almost fatal degree.

Although it may be very difficult, if not impossible, to draw a hard and fast line between the best of the imbeciles and the worst of the feeble-minded, yet it is comparatively easy for any one with experience to separate the best of the feeble-minded from the worst. Our homes are not intended for imbeciles, nor yet for the worst of the feeble-minded. What we want are the upper grades of the feeble-minded class, the class of boys and girls who, with the careful and individual training provided by our homes—begun, I may add, at a sufficiently early age—can be helped to attain a standard of self-control and industrial efficiency which will enable them in the future to share in the normal life of our cities without danger to themselves or others. We have had some such and they have not belied expectation. It is greatly to be desired that in the future more suitable cases should be selected for admission to our homes—those in fact for whom the homes were originally intended. Until this is done it is hopeless to attempt to base any practical conclusions on the results of the work achieved in them.

(Signed) R. TURNER.

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

*December, 1910.*

**Medical.** I am pleased to be able to report that during the year there has been comparatively little illness in this home. At the end of April one case of diphtheria and one of measles occurred. Both boys were immediately removed, the former to the fever hospital and the latter to his infirmary, and both were re-admitted to the home in good health a few weeks later. In the autumn there was a case of chickenpox, and this patient was also removed to his infirmary, whence he returned after about three weeks. In October one of the boys had a small but deep abscess on the left side of the face, which necessitated treatment. Last year two boys (brothers) were transferred from this home to St. Anne's Home for a long and thorough change, as they were in a generally low state of health. They returned to this home in March, but unfortunately one of them subsequently developed tubercular trouble of the lungs and has had to be discharged to Millfield. Besides these more serious illnesses there have been only minor ailments, and taken generally it may be said the health of the boys has been good and their general physical condition has improved.

**Mental and moral.** All the boys in this home are showing signs of improvement. Last year a large number of new cases were admitted, and these boys are beginning definitely to benefit by their training.

**Drill and pocket-money.** The boys continue to have weekly drill and pocket-money, and both are greatly appreciated.

**Admissions and discharges.** During 1910 two new boys have been admitted to this home and 3 have been discharged, 2 to the Bridge Industrial Home at Witham, and the third, as mentioned above, to Millfield.

(Signed) R. TURNER.



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

December, 1910.

**Medical.** With the exception of one case of follicular tonsillitis, the health of the girls in this home was quite satisfactory until at the end of September several cases of ophthalmia occurred. There were in all 6 girls attacked, 2 of whom had to be transferred, 1 to Swanley, the other to Brentwood. The other cases were so slight that it was thought unnecessary to transfer them to the ophthalmia schools, but they remained isolated and under treatment in the home. One member of the staff had a slight attack and was sent away from her duties for a couple of weeks, after which time she returned to the home cured. 2 girls have been vaccinated this year.

**Eyes.** 2 girls, whose eyesight required attention, were examined and in one case glasses were prescribed.

**Mental and moral.** The progress of these girls has been most satisfactory, their conduct has been excellent and their mental condition has improved very much. During the year one of their number has been transferred from the special to the ordinary school. This is highly satisfactory, for association with normal children is, where possible, of the utmost value for these cases.

**Admissions and discharges.** During 1910 4 girls have been admitted to this home and 5 have been transferred to Brentwood. Of the latter, 1, as mentioned above, was sent to Brentwood on account of her eyes. This girl had not been long in the home, but as she is 13 years of age it is thought desirable, upon her recovery from ophthalmia, that she should be transferred to the colony instead of returning to this home.

(Signed) R. TURNER.

## (d) SURREY HOUSE, WANDSWORTH

December, 1910.

**Medical.** I have pleasure in reporting that there has been little illness in this home during 1910. The little there has been was in the early part of the year. One boy had a bad septic condition of the foot, which probably originated in a blister or a broken chilblain. This necessitated resting the foot for about three weeks. One case of pleurisy occurred, which was treated at the home, and the patient afterwards sent away to St. Anne's Home for a thorough change. Another boy had a whitlow, which had to be incised. Two boys have been vaccinated.

**Eyes.** One boy required to have his eyesight tested. As a result of the examination he was supplied with glasses.

**Mental and moral.** There has been a gratifying improvement in the mental and moral tone of the boys. The home is in all respects excellently managed. There are at present in the home 2 boys who attend the ordinary school, 1 having been transferred during the year. This is a most encouraging fact. In this home, as elsewhere, there is room for complaint as to the type of cases recommended for admission.

**Drill.** The drill instruction given weekly is proving a great success. The instructor reports that he is very satisfied with the progress of the boys, and adds that in the manner in which they do their exercises they compare favourably with classes of normal children whom he instructs elsewhere.

**Admissions and discharges.** 6 boys have been admitted to the home and 6 have been discharged. Of the latter 2 have been returned to the Guardians because relatives applied for their discharge, 2 have been transferred to Tooting Bec Asylum, and 2 to the Bridge Industrial Home at Witham.

(Signed) R. TURNER.



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

December, 1910.

**Admissions and discharges.** During the year there have been 8 girls admitted to this colony, of whom 4 have been transferred here from one of the smaller London homes. Five girls have been discharged, 1 to her sister, 2 to aunts, 1 to service with a former assistant matron of the colony, and the fifth to the Guardians. I have had the opportunity of interviewing both the girls who were discharged to their aunts and have elicited from them the following information:—1 has gone into service where she does the general work of the house, including the cooking. She has been in the situation 6 months. On enquiry as to what she had prepared for dinner on the day of the interview, she told me roast leg of pork, chip and plain boiled potatoes, brussels sprouts and parsnips, and blanc-mange and prunes. All had been cooked by her without assistance. The other girl, discharged at her aunt's request, is a hunchback, and therefore unable to go into service, but she helps in the housework, so enabling her aunt to go out to daily work. The girl in service with a former assistant matron, to judge from the reports received from her mistress, is evidently giving great satisfaction. The fourth case discharged to her sister could not be traced at the time enquiries were made. The number of girls now in this colony is 83.

**Occupations.** I am glad to say that definite progress is being made by the girls in all the industrial employments carried on in the colony. No new occupations have been introduced, but the efficiency of the workers in those already established has greatly increased, and the output of finished work has grown quite considerable. But in spite of this there is a greater demand for the articles made by the girls than can be met. The industries include jersey and stocking knitting by machine, hat, basket and rug making, weaving and laundry work, besides sewing and domestic work.

**Recreations.** Drilling and singing classes are held four times a week and are very popular with the girls, who are reported to be progressing in both. There are also social gatherings held every Saturday evening, when round games and dancing are enjoyed. The girls are said to look forward to these occasions, which are certainly an efficacious means, not only of brightening the girls' lives, but also of developing a social sense among them and a broader interest in one another.

**Medical.** The colony has unfortunately been attacked this year by ophthalmia. The epidemic began during the latter half of July, 22 girls in all contracting the complaint. Fortunately most of the girls recovered fairly quickly. 10 of the number were under treatment for about one month only. Besides this trouble there has been little illness in the colony. 1 case of pneumonia occurred in the middle of December, and from time to time there have been small ailments such as whitlows and boils.

**Mental and moral.** There is a gratifying improvement observable in the mental condition of the girls, who respond well to the training afforded by a regular life filled with varied work and enlivened by pleasant pastimes. The conduct of the girls, too, is on the whole very satisfactory. There are, of course, among so many a few whose disposition is less fortunate and who occasionally show a tendency to resent authority or to be spiteful to their fellows, but the conduct has, as said above, been very satisfactory, and cases could be quoted where real efforts at self-restraint have been detected.

(Signed) R. TURNER.



## (f) BRIDGE INDUSTRIAL HOME, WITHAM.

## REPORT OF THE MENTAL SPECIALIST.

1st January, 1911.

**Statistics.**

Inmates on January 1st, 1910 .. .. .	159
Admitted .. .. .	27
Re-admitted .. .. .	2
Discharged to Guardians .. .. .	4
Discharged to asylums .. .. .	2
Died .. .. .	2
Remaining in home on December 31st, 1910 .. .. .	180

Of the admissions 2 came from Surrey House, 2 from 26, Elm Grove, and the remaining 23 direct from the various Boards of Guardians. They were all between the ages of 10 and 16, 18 of them being under 14 years of age.

The cause of death in both cases was "inflammation of the membranes of the brain." No inquests have been held.

Except for a slight epidemic of influenza in the early part of the year the general health of all the inmates has been good. A trained nurse from one of the fever hospitals is always in residence.

**Staff.** A clerk (class I.) has been engaged to replace the boy clerk. This improvement is a very important one, and has resulted in saving the superintendent considerable time in book-keeping, correspondence, receiving and issuing stores, etc., thus enabling him to exercise better supervision over the home generally.

A male attendant has been engaged, whose duties are to relieve the industrial attendants, to supervise the cleanliness of the dormitories, undertake hair-cutting and shaving, and to look after the inmates when they are not at work.

**Accommodation.** The number of beds has been increased from 172 to 210. This was done by opening two dormitories in the old infirmary for inmates over 14 years of age. One of these dormitories was formerly the tailors' shop, and the other had been divided by partitions into three small rooms, which had never been in use since the home was opened. By converting the tailors' shop into a dormitory the following other changes were necessitated:—

Tailors' shop moved to half of old school room building.

Cord shop moved to half of old school room building.

School moved to old cord shop.

**Employment.** The following shows how the inmates are employed:—

Shoe shop .. .. .	41
Cordmaking .. .. .	40
Garden .. .. .	32
Tailors' shop .. .. .	27
Laundry .. .. .	11
Housework .. .. .	15
Sewing room .. .. .	4
Cook .. .. .	5
Sorting room .. .. .	2
Mechanic .. .. .	3

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180

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Besides being taught the above, 124 attend school for certain hours during the week.



**Shoe shop.** During the year 25,580 repairs were executed, as compared with 12,789 during the previous year, while the following new work was done :—

Boots	..	..	..	..	..	130	pairs.
Sandals	..	..	..	..	..	41	pairs.
Boots, re-made	..	..	..	..	..	106	pairs.
Boots, surgical	..	..	..	..	..	9½	pairs.
Braces	..	..	..	..	..	146	pairs.
Leggings	..	..	..	..	..	2	pairs.
Slippers	..	..	..	..	..	1	pair.

Considering that one boy less is now employed in the shop, and the quality of the work has not in any way deteriorated, the amount of work done is exceedingly satisfactory. It is hoped that in future all the new work turned out in this shop will be used in this and other institutions of the Board, even though the finished articles do not exactly comply with the Board's official sample. I had to make a similar remark in my last year's report concerning clothes made in the tailors' shop.

During the year a new wax thread sewing machine and a new cutting press have been installed.

**Cord making.** 13,000 yards of sash cord have been made as compared with 5,026 yards in the previous year. Nearly double the number of boys are now employed, and they are getting on well at the trade. They are nearly all of poor intelligence and weak physical powers, and this is an excellent method of keeping them employed. All the work is turned out by the inmates themselves, as the attendant in charge spends all his time in doing carpentry work.

Six additional standards have been provided during the year.

**Garden.** Ten acres of land adjoining the garden have recently been acquired, part of which will be turned into a recreation ground, while the rest will be used; for a market garden. An assistant gardener will be engaged shortly, and it is expected that the inmates will be able to cultivate the whole of the land with the help of this one paid hand only.

**Tailors' shop.** There are rather fewer inmates employed now than last year, as it was found that the cord making was a better trade for those who made little progress in this shop, but notwithstanding this, nearly double the number of new articles have been turned out this year as compared with last, while the repairs remain the same.

The following articles were made during the year :—

Coats, tweed	..	..	..	..	..	194
Vests, tweed	..	..	..	..	..	31
Trousers, tweed	..	..	..	..	..	493
Knickers, tweed	..	..	..	..	..	103
Trousers, cord	..	..	..	..	..	134
Knickers, cord	..	..	..	..	..	45
Coats, canvas	..	..	..	..	..	13
Trousers, canvas	..	..	..	..	..	15
Coats, holland	..	..	..	..	..	6
Trousers, holland	..	..	..	..	..	6
Shirts, flannel	..	..	..	..	..	82
Nightshirts, flannelette	..	..	..	..	..	139
Shirts	..	..	..	..	..	168
Uniform coats for band	..	..	..	..	..	2
Uniform trousers for band	..	..	..	..	..	2
Uniform caps for band	..	..	..	..	..	3

1,436

During the year two new sewing machines have been installed.



**Laundry.** The same inmates as last year assist the laundress and wash some 2,500 articles weekly.

**Bakery.** All the bread for the home is baked on three days a week, the man cook being in charge and being assisted by 4 inmates. The inmates all wear white overalls and aprons, are excellent workmen and exceedingly clean in their methods. During the cook's absence on 14 days' annual leave the patients managed the whole of the baking themselves, with only the occasional supervision of the housekeeper, and the bread they turned out was excellent.

**Drill, gymnastics and band.** The better boys take an interest in the drill and gymnastics and show a desire to improve themselves. They have made marked progress and can give a good exhibition of both. The poorer squad, consisting mainly of dull and stupid boys, also improves slowly, but it requires an infinite amount of patience on the part of the instructor, who has to be constantly teaching the same thing over and over again to bring them on.

The bandmaster reports that there is a most noticeable improvement in the band; the boys read and interpret their parts better than last year, and the music they can play is more difficult and of better quality. The band had an engagement at Braintree on August Bank Holiday, when they played a full dance programme and also selections.

**Games.** The inmates continue to take a great interest in their games, and cricket and football matches are played against outside teams. The results of the matches were as follows:—

	Played.	Won.	Lost.	Drawn.
Cricket .. .. .	9	6	3	0
Football .. .. .	23	18	3	2

I consider that the superintendent and his wife can look back on a very successful year.

(Signed) A. ROTHERHAM.



**APPENDIX VI.**  
Statement of cases admitted and discharged at the homes and schools during 1910 arranged under the respective parishes and unions.

PARISH OR UNION.	Sick, convalescent and debilitated.				Ringworm.				Ophthalmia.				Defective.			
	Remaining on 31st Dec., 1909.	Admitted during 1910.	Discharged and died during 1910.	Remaining on 31st Dec., 1910.	Remaining on 31st Dec., 1909.	Admitted (a) during 1910.	Discharged and died during 1910.	Remaining on 31st Dec., 1910.	Remaining on 31st Dec., 1909.	Admitted during 1910.	Discharged and died during 1910.	Remaining on 31st Dec., 1910.	Remaining on 31st Dec., 1909.	Admitted during 1910.	Discharged and died during 1910.	Remaining on 31st Dec., 1910.
Bermondsey	48	84	86	46	5	25	23	7	32	22	27	27	12	..	1	11
Bethnal Green	80	185	195	70	41	25	59	7	19	45	27	37	22	..	3	19
Bloomsbury	3	8	4	7	1	1	2	..	4	1	1	4	2	..	1	1
Camberwell	38	165	126	77	21	58	62	17	21	16	21	16	10	..	..	10
Chelsea	11	50	41	20	6	19	17	8	2	1	..	3	2	2	1	3
Fulham	61	183	180	64	3	23	18	8	6	7	7	6	4	..	1	3
George's, S.	34	95	89	40	2	12	8	6	8	1	3	6	10	..	4	11
George, S., in-the-East	36	58	41	53	1	4	5	..	2	..	1	1	4	2	1	5
Greenwich	47	96	103	40	16	29	41	4	19	14	13	20	18	6	3	21
Hackney	56	153	130	79	19	73	65	27	8	5	5	8	12	3	..	15
Hammersmith	13	51	42	22	3	22	16	9	9	1	6	4	3	..	..	3
Hampstead	15	15	23	7	5	12	12	5	..	..	..	..	3	2	1	4
Holborn	17	78	49	46	13	23	29	7	5	11	8	8	6	1	7	7
Islington	57	154	153	58	18	63	64	17	17	12	11	18	30	2	4	28
Kensington	59	115	123	51	15	54	51	18	15	19	19	15	9	2	1	10
Lambeth	94	186	214	66	27	71	77	21	26	41	40	27	27	7	1	33
Lewisham	14	36	18	32	11	24	29	6	4	3	1	6	1	..	..	1
London, City of	2	3	4	1	..	1	1	..	6	4	6	4	..	..	..	..
Marylebone, S.	65	173	171	67	5	35	28	12	7	15	9	13	19	6	3	22
Mile End Old Town	12	44	30	26	6	24	19	11	2	..	..	2	16	3	2	17
Paddington	43	114	120	37	6	24	24	6	14	7	11	10	10	3	3	10
Pancras, S.	52	127	100	79	9	11	18	2	16	13	8	21	10	7	2	15
Poplar	41	206	184	63	20	52	63	9	38	120	81	77	7	..	..	7
Shoreditch	28	113	88	53	5	25	24	6	14	13	16	11	9	4	2	11
Southwark	67	153	135	85	13	38	41	10	105	164	153	116	13	1	..	14
Stepney	44	167	157	54	4	22	22	4	39	29	28	40	5	3	..	8
Strand	3	13	12	4	..	..	..	..	2	2	2	2	4	1	1	4
Wandsworth	84	196	180	100	12	98	88	22	64	70	73	61	16	1	..	17
Westminster	9	10	17	2	1	5	5	1	2	..	..	2	2	..	..	2
Whitechapel	32	101	101	32	1	9	8	2	6	5	4	7	4	..	..	4
Woolwich	26	72	67	31	13	17	23	7	9	3	5	7	14	3	2	15
Extra-Metropolitan	3	17	15	5	42	125	123	44	30	34	31	33	..	..	..	..
Total	1194	3221	2998	1417	344	1024(a)	1065	303	551	678	617	612	304	64	37	331

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.



CHILDREN'S COMMITTEE, 1910.

INSTITUTIONS.		NUMBER OF CHILDREN.																													
		Date of opening.		Remaining on 1st January, 1910.		Admitted.		Discharged.		Died during the year.		Remaining on 31st Dec., 1910.		Total number of children admitted from opening of institution to 31st December, 1910.																	
Description and name.	Accommodation.	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.					
		<i>I.—Sick, convalescent and debilitated.</i>																													
Queen Mary's Hospital for Children, Carshalton	1000 29 January, 1903	416	397	813	1,097	99	82	181	965	908	1,873	111	87	198	31,52	83	440	397	837	2,203	2,017	4,220									
Park Hospital for Children, Hither Green	800 14 November, 1910	97	37	134	103	207	63	8	71	40	110	3	7	10	2	99	96	195	104	103	207										
S. Anne's Home, Herne Bay	134 26 December, 1897	56	72	128	88	337	15	59	74	83	313	21	60	81	2	42	89	131	1,075	2,160	3,235										
East Cliff House, Margate	130 26 June, 1898 (Additional buildings, 13 Sept., 1901)	60	59	119	55	114	12	9	21	53	110	9	14	23	1	61	59	120	367	328	695										
Millfield, Rustington	120 6 April, 1904	126	218	344	424	816	109	94	203	383	864	101	91	192	3	140	163	303	2,841	3,010	5,851										
The Downs School, Sutton	420 26 February, 1903	186	149	335	221	390	6	10	16	174	181	355	25	15	40	213	131	344	1,638	1,237	2,875										
White Oak School, Swanley	360 20 March, 1903	97	119	216	128	118	18	12	30	95	101	196	14	12	26	133	135	268	695	793	1,488										
High Wood School, Brentwood	264 26 July, 1904	..	22	22	12	12	..	27	27	..	5	5	..	30	30	..	26	26	..	..	130	c130									
Lloyd House, Pentonville	20 16 Jan., 1899	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..										
Lloyd Street, No. 12, Pentonville	8 18 Oct., 1901	14	..	14	4	4	18	18	1	..	1	20	20	..	..	15	..	15	81	..	81										
Elm Grove, No. 26, Peckham	15 25 January, 1901	..	10	10	4	4	..	11	11	..	..	..	17	17	..	8	..	8	..	..	41										
Earlsfield Road, No. 81, Wandsworth.	10 7 July, 1903	19	..	19	8	8	21	21	4	..	4	25	25	..	..	19	..	19	102	..	102										
Surrey House, S. Ann's Hill, Wandsworth.	20 11 December, 1903	..	80	80	4	4	..	4	4	..	5	5	..	..	..	83	83	83	..	..	118										
High Wood School, Brentwood (Temporary). For females only.	96 7 Nov., 1904	159	..	159	24	24	5	5	5	4	4	2	2	2	2	180	..	180	216	..	216										
Bridge Industrial Home, Witham. For males only.	210 6 June, 1906	10	4	14	386	145	5581	..	396	149	5545	..	..	..	..	..	..	..	..	9,001	2,331	11,332									
Pentonville Road, Nos. 70, 72, and 74. For boys and girls.	55 1 January, 1902	6	..	6	194	..	200	..	200	..	200	..	..	..	..	..	..	..	..	4,318	..	4,318									
Harrow Road, Nos. 203 and 205. For Boys only.	45 Do.	14	3	17	398	112	5510	..	412	115	527	..	..	..	..	..	..	..	..	7,463	1,661	9,124									
Camberwell Green, Nos. 36, 37, and 38. For boys and girls.	50 Do.	1,260	1,170	2,430	3,272	2,451	5,723	366	316	682	3,039	2,318	5,357	370	335	714	444	57	101	1,436	1,227	2,663	32,540	14,910	47,450						
TOTALS		1,260	1,170	2,430	3,272	2,451	5,723	366	316	682	3,039	2,318	5,357	370	335	714	444	57	101	1,436	1,227	2,663	32,540	14,910	47,450						

\* The numbers given are for the period from 1st January to 31st March, 1910 only, during which time the remainder homes were carried on by the Board for the London County Council by agreement. See Children's Committee's Annual Report for 1909, p.p. 16-17. There were 61 boys and 15 girls in the 3 homes when they were handed over to the County Council on the 31st March; these figures have been included in the discharges.

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

b Deducting 2,290 children transferred between the homes and schools and other of the Board's institutions the total number of cases admitted is found to be 45,160. 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 48,247.

c Excluding re-admissions of feeble-minded children on return from seaside homes after summer holidays.

d Does not include 13 cases from Darent Asylum sent to the school for X-ray treatment.



## ANNUAL REPORT,

## APPENDIX VIII.

Numbers relating to staff and inmates and average weekly cost of children for the year ended Michaelmas 1910.

(Figures for the year 1909 are inserted under the figures for the year 1910).

SCHOOL OR HOME.	Average daily number of inmates.	Percentage of average daily number to normal accommodation.	Permanent officers (all grades), highest number.	Food and clothing per inmate per week.		Total cost per inmate per week, including all charges.*	
				s.	d.	s.	d.
HOMES FOR SICK, CONVALESCENT AND DEBILITATED CHILDREN—							
I. Queen Mary's Hospital for Children .. .. .	<b>814</b> 341	<b>81</b> ..	<b>334</b> 289	<b>3</b> 4	<b>3</b> 2	<b>16</b> 18	<b>8</b> 4
II. S. Anne's Home .. .. .	<b>131</b> 129	<b>98</b> 96	<b>29</b> 30	<b>3</b> 3	<b>3</b> 5	<b>11</b> 12	<b>10</b> 4
III. East Cliff House .. .. .	<b>124</b> 121	<b>95</b> 93	<b>38</b> 36	<b>3</b> 3	<b>5</b> 6	<b>13</b> 13	<b>2</b> 9
IV. Millfield .. .. .	<b>118</b> 113	<b>98</b> 94	<b>34</b> 34	<b>4</b> 4	<b>1</b> 1	<b>12</b> 12	<b>11</b> 9
RINGWORM SCHOOL—							
I. The Downs School .. .. .	<b>318</b> 353	<b>76</b> 84	<b>104</b> 103	<b>3</b> 3	<b>1</b> 3	<b>14</b> 13	<b>9</b> 11
OPHTHALMIA SCHOOLS—							
I. White Oak School .. .. .	<b>339</b> 287	<b>94</b> 96	<b>102</b> 96	<b>3</b> 3	<b>3</b> 6	<b>14</b> 16	<b>8</b> 5
II. High Wood School .. .. .	<b>311</b> 285	<b>86</b> 90	<b>98</b> 98	<b>3</b> 3	<b>4</b> 6	<b>14</b> 15	<b>4</b> 5
HOMES FOR DEFECTIVE CHILDREN—							
I. Lloyd House, and 12, Lloyd St.	<b>23</b> 22	<b>82</b> 78	<b>6</b> 6	<b>3</b> 3	<b>8</b> 11	<b>12</b> 12	<b>4</b> 9
II. 26, Elm Grove .. .. .	<b>13</b> 12	<b>87</b> 80	<b>5</b> 5	<b>2</b> 3	<b>7</b> 1	<b>12</b> 12	<b>4</b> 8
III. 81, Earlsfield Road .. .. .	<b>9</b> 9	<b>90</b> 90	<b>4</b> 4	<b>4</b> 4	<b>7</b> 5	<b>13</b> 12	<b>2</b> 8
IV. Surrey House .. .. .	<b>18</b> 17	<b>90</b> 85	<b>5</b> 5	<b>3</b> 3	<b>10</b> 7	<b>10</b> 9	<b>5</b> 11
V. Bridge Industrial Home .. .. .	<b>167</b> 138	<b>97</b> 80	<b>21</b> 20	<b>4</b> 4	<b>2</b> 10	<b>9</b> 12	<b>10</b> 3
REMAND HOMES—							
† { I. Pentonville Road .. .. .	<b>27</b> 32	<b>49</b> 58	<b>8</b> 8	<b>3</b> 2	<b>0</b> 11	<b>14</b> 11	<b>8</b> 8
	<b>11</b> 12	<b>24</b> 27	<b>4</b> 4	<b>3</b> 3	<b>4</b> 6	<b>23</b> 17	<b>5</b> 6
	<b>31</b> 28	<b>62</b> 56	<b>6</b> 6	<b>2</b> 2	<b>0</b> 7	<b>11</b> 12	<b>11</b> 6

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

† Homes transferred to the London County Council as from 31st March, 1910.



ANNUAL REPORT OF THE TRAINING SHIP EXMOUTH  
COMMITTEE FOR 1910.

1. We submit our thirty-fifth annual report on the work of the Exmouth for the year 1910.

**The year's work.** 2. The following statistics show briefly the numbers dealt with during the past year, viz. :—

Boys on board 1st January, 1910	..	..	..	674
Discharged during the year	..	..	..	298
Died	..	..	..	1
Admitted	..	..	..	322
Remaining on board 31st December, 1910	..	..	..	697

Of the boys discharged—

73	..	..	..	were entered into the navy.
165	..	..	..	mercantile marine.
11	..	..	..	army as musicians.
49	..	..	..	discharged by order of the guardians to whom they were chargeable or for other reasons.

The discharges to the navy (which include 15 boys entered into the Canadian navy as the result of the visit of the Canadian Naval representatives recorded in our last annual report) are rather below the average of recent years, but on the other hand those to the mercantile marine are well above the average and are only 6 short of the maximum number discharged to this service in any one year, viz., 171 in 1889.

The captain-superintendent in his report calls attention to the large number of instances in which the guardians have authorised the removal of boys after much time and money has been expended on training them for sea service. No doubt this is done at the instance of the parents, but we hope that the guardians will, as far as possible, dissuade parents from taking this course.

**Standards for admission.** 3. For many years past we have endeavoured annually to impress on those responsible for sending boys to the Exmouth that no useful purpose was to be served by reducing the physical and other standards required of boys presented for admission to the ship. Notwithstanding our frequent statements on this subject, the Board received towards the end of the year a number of communications from Metropolitan Boards of Guardians urging that boys below the prescribed standards should be admitted for a probationary period of six months in the hope that during that time they would develop at a greater rate than that which had been allowed for when the various standards were fixed. We have given this matter our full and careful consideration and we have been unable to advise that the proposal should be adopted, but in explaining in detail to the Board the reasons which led us to this conclusion, we hoped to remove some of the misapprehensions on the subject of the conditions of admission to the Exmouth which are still prevalent amongst members of boards of guardians.

The idea of relaxing restrictions upon admission is an attractive one, especially when there is room for many more London boys on the ship than are being sent there, and it is perhaps not unnatural that those who are not burdened with the responsibility of the management of a training ship should have only broad and vague notions of the qualifications requisite in a boy sent for training to such a ship if time and money are not to be wasted on the means, and failure



is not to be the end, of such training. We may say at the outset, therefore, that the training of boys for sea service and the placing of them out in that service is a highly specialised form of work which, so far as the poor law is concerned, exists only on the training ship Exmouth, and, except for the Government service, is found elsewhere in a few voluntary institutions only, of which the largest accommodates not much more than a third of the number of boys on the Exmouth.

The Managers have had the control of the Exmouth since 1876, and from it 3,300 boys have been sent to the royal navy, and 3,800 boys to the mercantile marine. No effort has been spared during this long period, by constant comparisons with the work of similar institutions at home and abroad and by keeping in touch with the requirements of the royal navy and merchant service, to maintain the Exmouth as a thoroughly efficient training institution. We feel it is not too much to ask the Managers and members of boards of guardians generally to accept the conclusions unanimously arrived at by the Committee entrusted with the oversight of the ship, who have this large practical experience behind them, who have highly qualified officers at their service, and who have their eyes always upon the changing conditions of sea service.

The following table shows the standards of height fixed for the Exmouth and those for the other principal training ships, viz. :—

Age in years.	Exmouth.		Training ship A.		Training ship B.		Training ship C.	
	ft.	in.	ft.	in.	ft.	in.	ft.	in.
11 —12	4	3	—	—	—	—	—	—
12 —13	4	5	—	—	—	—	—	—
13 —13½	4	7	—	—	—	—	4	7*
13½—14	4	8	4	9*	—	—	4	8
14 —14½	4	9	—	—	4	11*	4	10
14½—15	4	10	—	—	—	—	5	0
15 —15½	4	11	4	10½	—	—	—	—
15½—16	5	1	—	—	—	—	—	—

\* The minimum age and height for boys admitted.

NOTE.—Minimum age and height for entry to Royal Navy—15½ years, 5ft 1½in.

From this comparison it will be seen that the Exmouth alone of the four ships admits boys below the age of 13 years, and that of the standards for boys over 13 years of age for the other ships, four are higher, two are the same and only one lower by half an inch than that for the Exmouth. The extent to which the reduction of the age of admission below 13 years is of service to the guardians is shown by the fact that during the three years ending 31st December last out of 930 boys admitted to the Exmouth 423 have been below 13 years of age.

The standard chest measurements prescribed are of less importance. They are those which may reasonably be expected for the corresponding standards of height and cause little difficulty.

The other requirements are embraced in the proviso relating to character and in the medical certificate. The Exmouth admission order states that boys of known vicious or criminal habits are not admitted to the ship.

The reasons for this proviso were fully considered by the Board when it was inserted. There are reformatory and industrial ships for boys who have committed thefts, and we conceive that the Board's primary duty in managing the Exmouth is not to reclaim boys of this class or those guilty of moral offences, but to promote the interests of the great number of boys of good character in their charge.



That a similar view is strongly held on the other training ships to which reference has been made is shown by the fact that their regulations for admission include clauses with regard to character even more stringent than those hitherto incorporated in the Board's regulations, which we propose should be strengthened in this respect.

In the same way the points to which the special attention of the medical officer is directed in the medical certificate to be given before admission are no more numerous and the requirements no more stringent than those found to be essential both from our own experience and from that of the other training ships. This certificate has been revised by the Board's medical officer for general purposes after consultation with the officers of the ship. The standard of vision is fixed by the Board of Trade for persons entering the mercantile marine, and it is useless to receive boys with vision less than this. The other points are self explanatory. On the question of the requirements for boys entering the mercantile marine we may quote from a report issued by one of the training ships to which reference has already been made.

The requirements of the Board of Trade, more particularly with regard to the eyesight of seamen, are becoming more stringent every year. This necessitates a very strict examination of all candidates for admission . . . as it is of little use to allow a boy to join, say with defective vision, only to find he is rejected later on as unfit for sea life.

The admission order contains a clause under which the admission may be authorised of boys who are slightly under standard. Notwithstanding this, an impression is abroad that we have been unwilling to use this authority and have adhered with absolute rigidity to the standards. We need submit no further evidence of our desire to meet all reasonable applications than the fact that over 25 per cent. of the boys admitted during the last two years have been under the standard measurements alone. It is sometimes thought that boys may be admitted below the standards of height prescribed with the probability that with the life and training on the Exmouth they will grow at an exceptional pace and will make up the deficit before the time comes for them to leave the ship. Experience lends no support to this theory, but on the contrary proves in actual cases which have been measured that even with the life and training on board the ship boys develop at no greater rate than that allowed for when the standards were fixed.

It is noteworthy that of the parishes or unions making the request for the probationary admission of boys under standard, only three have sent to the ship an average of 10 boys per annum or over for the last 5 years, while 5 have sent 2, 3, 8, 8 and 9 boys respectively during that time.

The successful results which attend the maintenance of adequate standards of admission have been shown clearly to the Board by comparison with the output from other training ships. We believe we submitted ample evidence to convince the Board that the requirements for admission to the Exmouth are reasonable and proper, that if amendment be needed it is in the direction of greater stringency, and that it would be an absolute waste of time and money and of good work to admit and attempt to train for a sea life—the only purpose for which the ship exists—boys who do not fulfil these requirements. They clearly cannot be sent to the royal navy, and the only ships of the mercantile marine into which there is any possibility of getting them are some of the lowest class, where the pay and conditions of living are such as speedily to tire a boy of sea life.

The disability under which the Exmouth suffers at present is that in too many instances boards of guardians and their officers (there are, of course, several notable exceptions) regard the ship as a rival to their own schools and as a competitor with them, or as a punitive or disciplinary establishment. They too often think of sending boys only as a last resort when they are undersized, troublesome, guilty of various offences, or when they have been tried and



failed in shore occupations. What is required is a broader outlook on the part of many boards of guardians; a recognition of the fact that the Exmouth is an establishment of their own, towards the cost of which they have to contribute practically the same share whether they make a large use of it or no use at all, and a greater willingness to bring constantly before the boys in their care, the children of a nation whose strength and wealth lie upon the sea, the opportunities afforded by the Exmouth of adopting a seafaring career. If this is done, and every physically fit boy of the great number in London poor law schools who is moved to adopt the sea as his means of livelihood is allowed to come forward, regardless of the individual interests of this or that institution, or this or that cricket or football team, there would without doubt be an ample supply of London boys for the Exmouth, for whom good berths could be found at sea, and there would be an end to the continual criticism of the requirements and of the pressure put upon us to secure the admission of the unsuitable and unfit.

**The training.** (4). The efforts made during recent years to keep the training thoroughly up-to-date have been maintained in the year under review. In June last our Chairman accompanied by the chief officer visited and inspected the two training ships of the German Training Ship League at Travemünde, and we subsequently expressed our thanks to the Committee of the League for the kindness and attention shown to the visitors and for the information readily afforded them as to the construction, equipment and management of the vessels of the League.

The scale of salaries and conditions of appointment of the teaching staff have been revised with a view to placing the schoolmasters as far as possible under the same conditions as public elementary school teachers and to improving the educational work on board. Several appointments have since been made under the new conditions, and it is satisfactory to note that these conditions attracted a large number of fully trained and certificated candidates and that the school has shown material progress as a result of the appointments.

The Local Government Board in their report on poor law work for the year 1909-10 say:—

The record of the training ship (Exmouth) during recent years has been one of continually increased success and of advance, even on the great reputation already achieved. This has been attained both by the recognition of the high requirements imposed by modern conditions on those who adopt the sea as a profession, and by the constant care of those managers and officers who have been immediately concerned with the welfare of this training ship.

**Annual inspection.** 5. The annual inspection of the ship by the Board was held on July 9th. We were much indebted to Mr. J. Herbert Lewis, M.P., Parliamentary Secretary to the Local Government Board, for accepting an invitation to visit the ship on this occasion, and to Mrs. Lewis for distributing the prizes to the boys.

Mrs. Lewis very kindly presented a challenge cup for competition in future years, and Mr. Lewis gave a substantial donation to the boys' library.

Our thanks are also due to those members of the Board and others mentioned in the prize lists (Appendix II.) for kindly giving money prizes for competition amongst the boys.

**Works and repairs.** 6. For the first time since the new ship arrived at her moorings from Barrow-in-Furness, in 1904, she was removed to the dry dock of the Thames Ironworks Co., at Blackwall, and her exterior scraped and repainted. She was found to be in excellent condition throughout, and was safely re-moored in August after an absence from Grays of 11 days. Those of the boys who were unable to go away on leave were camped out in the ample grounds at the ship infirmary on shore at Grays.



Sanction was given to the erection at the shore buildings of a steam disinfecter, which we anticipate will be of great use in dealing with occasional cases of infectious disease amongst the boys on board.

**Sea going tender.**

7. In our last report we stated that the brigantine Steadfast, which had acted as seagoing tender for the past 16 years, had become unfit for further service, and that the question of the steps which should be taken to replace her had occupied the attention of a special sub-committee. In May last the Board resumed consideration of the proposal which we had put before them to build a new seagoing tender to replace the Steadfast, and they subsequently approved the proposal in a somewhat modified form and authorised us to submit plans of the proposed tender. Plans were accordingly prepared by Professor J. H. Biles, M.I.N.A., M.I.C.E., the naval architect who designed the Exmouth, and the plans were approved by the Board. They were subsequently submitted to the Local Government Board, who authorised tenders being invited for building a ship in accordance with these plans. The tender we subsequently recommended for acceptance amounted to £17,964, and although this amount was considerably in excess of the sum which we originally anticipated would be required, the difference was explained by the increase in the prices of shipbuilding since we first put forward the proposal early in 1909, and by the fact that the tender now included everything necessary for the complete equipment of the ship. Much to our disappointment, however, in view of the great amount of work and labour which we had expended on the preparation and development of the scheme, and of the necessity for improving this side of the work of the Exmouth, the Local Government Board did not sanction the acceptance of the tender in question and asked that the matter should be reconsidered with a view to reducing the cost of the scheme. At the close of the year the matter was receiving our further consideration, but it appeared highly improbable that a more favourable opportunity for building a ship than had been allowed to pass would recur for a long time to come.

**Committee.**

8. At the annual re-election of the Committee in May the places of Dr. H. W. Gell, Captain St. Vincent Nepean and Mr. Gerald Ritchie were taken by Mr. G. R. Boustred, Rev. Geo. Bell Doughty and Mr. Osmund Seager. We again elected Mr. Geoffrey Drage to be our chairman and Mr. C. J. Benson to be our vice-chairman.

**Inspecting Captain's report.**

9. The following report to the Admiralty on his inspection of the ship was made by Captain W. Oswald Story, District Captain, Harwich :—

Physical condition of the boys is very good. Various drills and exercises were smartly carried out. All the arrangements on board this ship for training are very good. The ship itself is well arranged, very clean and has a perfect system of ventilation. The boys, though small for their age, are healthy, clean and well dressed. The system for physical training is very thorough.

**Other visitors' records.**

10. We quote the following records made by other visitors during the year :—

(i.) Guardians of the Kingston Union (18th February, 1910) :

I am asked by my colleagues, Mrs. Minett and Mr. Lambourne (representatives of the Kingston Board of Guardians) who visited your ship on Wednesday last, to express our entire satisfaction with everything we saw, and at the same time to thank you and Lieutenant Coplestone for your courtesy and for the trouble you took to make our visit not only pleasant but instructive. It gave us much satisfaction to find the boys looking so well and happy, and it is evident to us that they are thoroughly well looked after both physically and morally, and the tone which pervades the ship appears to be excellent. We should like specially to mention the smartness of the boys on parade, the excellence of the drill and gymnastics, and the very efficient training of the bands, both string and brass. Our boys bear very good characters, and it was pleasing to hear such high praise of the two petty officers (Hill and Carpenter). We hope it may be our good fortune to visit the Exmouth on another occasion.



## (ii.) Guardians of the Croydon Union (16th March, 1910) :

The representatives of the Croydon Board of Guardians have made a visit to the Training Ship Exmouth, also the Brigantine, and have to thank the captain and his officers. The boys' drill and everything we have seen in connection with the ship is highly creditable to the officers in charge. The boys from our union were inspected and questioned separately and everything was found to be satisfactory.

## (iii.) Guardians of the West Ham Union (9th April, 1910).

As a visiting committee of the West Ham Board of Guardians we have been over the establishment and interviewed the boys from our Board. We are very pleased with everything we have seen, and are glad that our boys have such prospects of being well fitted for a bright future.

## (iv.) Guardians of the Strood Union (29th June, 1910) :

We have to-day inspected the Exmouth and witnessed part of the usual weekly drill, and by the courtesy of the captain-superintendent have been permitted to look over the ship. The Committee were much impressed with the cleanliness and order that prevailed throughout and with the smartness and intelligence of the boys, all reflecting the highest credit upon the captain-superintendent and officers of the ship.

## (v.) Guardians of Richmond (Surrey) Union (7th July, 1910) :

We visited the Exmouth and have been greatly interested and pleased with the drilling, as also our inspection of the vessel, and hardly think a better place for our boys could be found.

## (vi.) Guardians of Fulham Parish (13th September, 1910) :

The representatives of the Fulham Board of Guardians have this day visited this training ship Exmouth and are extremely pleased with the general appearance of the boys and the ship. The captain-superintendent has explained every detail to us, and has personally shewn us over the ship, to our greatest satisfaction.

## (vii.) Guardians of Bethnal Green Parish (21st September, 1910) :

A deputation from the School Committee of the Bethnal Green Guardians visited the Training Ship Exmouth this day and were very much impressed with the manner in which the boys are being trained. The smart and ready way in which they did their drill and the excellent yet kindly discipline maintained, together with the evident interest taken in their present and future welfare by all their officers, especially Captain Colmore, was most gratifying to the deputation. The deputation also wish to express their thanks for the personal courtesy received on board.

## (viii.) Guardians of Willesden Union (11th November, 1910) :

We have to-day visited the ship and seen the lads from Willesden Parish and have been very much impressed by the smartness and improvement since they have been on the Exmouth. We also, by the courtesy of Captain Colmore, had an opportunity of inspecting the ship and the various methods of training the boys and would like to express our appreciation of all we saw. To our minds the training of lads, especially those chargeable to Guardians, cannot be carried out in a better and more satisfactory manner than by the methods adopted on the Exmouth.

**Cost per head.** 11. The cost per head per week for maintenance and clothing for the year ended Michaelmas, 1910, was 3s. 11½d., and the cost, including all charges (excluding outfits for boys going to sea, loan charges, special expenditure and head office and central expenses), was 9s. 10½d.

(Signed) GEOFFREY DRAGE,  
*Chairman.*



## APPENDIX I.

## ANNUAL REPORT OF THE CAPTAIN-SUPERINTENDENT FOR 1910.

*To the Committee of the Training Ship Exmouth.*

GENTLEMEN,

I beg to submit my report for 1910.

Table I. shows the admissions and discharges during 1910, 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 1910 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 179 boys were assisted to get another ship for the second time. These include boys who left the sea for a time in the hope of doing better on shore and boys who lost their berths through their ships being laid up or trade being bad.

**Seamanship.** 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. The apparatus for developing the boys and at the same time teaching them boat pulling has also been in constant use in inclement weather. 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 classes under Mr. Webb, the chief signalling instructor, ably assisted by the other instructors, have made our boys most proficient, in morse and semaphore. The special signal classes are now given an entire knowledge of international signalling including post office telegraphy. The riggers' class, that is, boys who have passed out of all instructions, have been 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:—

- 250 kit bags for boys going to sea.
- 193 hammocks.
- 76 beds (repicked and recovered).
- 73 flags for signals.
- 1 new post bag.
- Repaired awnings of ship.
- Repaired sails of brigantine.
- 2 sets of drag ropes for guns.
- 4 sets of cushions for boats.

No fewer than 250 boys have passed out of helm, lead, and compass instruction.

The brigantine "Steadfast" cruised from April to October. 224 boys were practically trained, and 20 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 range at Westfield has been regularly used for Morris Tube practice. The 6-pounder quick-firing gun, lent by the Admiralty, has been constantly used for drill.

**Ambulance.** The band boys have been instructed by Dr. Partridge in first aid to injured persons. The examiners appointed by the S. John Ambulance Association were Dr. Hirsch and Col. Hall; 40 boys passed the examination and were awarded the certificate.

**School.** H.M. Inspector, Mr. A. F. Butler, accompanied by Miss Nicholson, Lady Inspector of Cookery, visited the ship on February 15th.

**Band.** During the past year the band has been maintained in an efficient state. The first class band is proficient in both string and wind instruments. The condition of the instruments is again specially mentioned in the inspection report. The entries into the Royal Navy have been limited owing to a decision on the part of the Admiralty only to accept boys who play the clarinet and a string instrument. The examination by Mr. Lidiard, chief bandmaster of the R.N. School of Music, was carried out in June, and I think reflects the greatest credit on Mr. Daines, our bandmaster. His report to me is as follows :

11th June, 1910.

"I have the honour to submit the report of the annual examination of the bands of the ship under your command, which by your directions, I conducted on the 6th and 7th inst.

"The first class band, of full strength, consisting of 60 boys, played on the march keeping well in time and making good ensemble.

"A selected number of this band next performed on the wind instruments a "Fantasia," which was quite a creditable production, the whole being well together in time and tune and the solos taken up without any hesitation, showing confidence in their ability.

"These boys next changed to stringed instruments and played two pieces, the playing being nicely in tune and proves by the results produced that the lessons must be well supervised, as the boys playing stringed instruments are also capable players on wind instruments.

"The string band is evidently encouraged by special prizes and privileges, and the results speak well for the system adopted.

"Every boy I tested individually on his instruments practically, and the whole I took in class for elementary questions in theory. All are making satisfactory progress and a good number will undoubtedly be found qualified and accepted in the service bands as vacancies arise.

"The boys of the second class band (28 in number) I examined individually on their instruments and took in class for elementary questions.

"The progress being made is very satisfactory, and at least four of the boys are qualified for immediate advancement to the premier band.

"The boys of the third class band were taken as a class for questions only, and very keen indeed were these young boys in giving replies, there being quite a contest between 7 of the class for the 4 best for prizes, showing an excellent start has been made in musical knowledge.

"The first class bugle band played a march very efficiently, and each boy at the individual test proved to have a thorough knowledge of the various calls and to be making good progress in the blowing of the calls on the bugle.

"The second class bugle band also played a march and have a good knowledge of the principal calls, the individual blowing showing every promise of eventually being good.

"The instruments I have always found to be remarkably clean and well kept, and it is the same now, and from experience I shall be surprised to find it otherwise.

"Four of the brass instruments are quite worn out, and it would be useless expense to have any further repairs effected. If others are purchased to replace these I would recommend as follows :—

B flat cornet No. 26 replaced by a cornet.

Baritone No. 90 replaced by a baritone.

Valve trombone No. 96 replaced by an E flat clarinet.

Valve trombone No. 97 replaced by a concert piccolo.



" The *valve* trombones are now entirely superseded by *slides* in the service bands, but I consider the E flat clarinet is more necessary, there being only one in the ship, and the concert piccolo is required, as at present there is none in the ship.

" The examination in general has proved very satisfactory and very creditable results for the care and instruction that must have been attended to, especially with so large a number of learners.

" The special prizes given to stringed instrument players is certainly a great incentive to practice, the individual test playing producing great keenness and care, the prizes being very hardly tried for.

" I beg to recommend the prizes be awarded to boys nominated on the list forwarded by me on the 8th inst.

**Swimming.** Excellent progress has been made in this instruction, no fewer than 353 boys having been taught to swim.

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

393 serge and duck jumpers repaired, as follows :—

Re-sleeved	...	...	305
Sewings	...	...	181
Patches	...	...	109
Collars sewn in	...	...	115
Altered to fit	...	...	66

674 serge and duck trousers repaired, as follows :—

Re-seated	...	...	282
Patches	...	...	299
Sewings	...	...	217
Bottoms sewn round	...	...	362
Half-legs sewn in	...	...	37
Altered to fit	...	...	164

134 flannel shirts repaired.

162 striped shirts and night shirts repaired.

31 pilot jackets and oil skins repaired.

33 dickies re-taped.

723 gold badges cut and made.

2 table covers made.

3 table covers repaired.

3 whaler's cushions covered and repaired.

144 cap ribbons cut and made.

730 cap ribbons sewn on caps.

124 cap covers made.

21 white quilts repaired

6 sheets repaired

1 blanket repaired

3 night shirts

13 pillow cases repaired

Dentist's chair cover repaired.

} Infirmary.

322 new boys kitted up.

165 boys kitted up for sea.

2,387 pairs of boots stamped and issued.

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

**Domestics.** The training of domestics has been most thoroughly carried out, and I continue to receive some excellent reports of our domestic boys.



**Health.** Dr. Partridge, the medical officer, reports :—

“ There have been 885 admissions to the Training Ship Infirmary during the year 1910, 150 less than the previous year. The greater number of these cases were of a minor surgical character. One death occurred during the month of February through nephritis followed by uraemia. There were 3 cases of scarlet fever ; all were mild in type and made good recoveries at the Eastern Fever Hospital. Two boys sustained fracture, one of the right collar bone and the other of the left fore-arm. One boy developed acute mastoid disease and was removed to the S. Bartholomew's Hospital, where he was successfully operated upon. 10 boys were returned to their unions as physically unfit for sea training.

“ Two ambulance classes were prepared for the S. John's Ambulance examination, and 40 succeeded in obtaining the certificate ”

**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.		Sealings.
1,965	331	Permanent.	Temporary.	49
		116	272	

“ Seven boys have been fitted with artificial teeth.”

**Religious instruction.** The chaplain, the Rev. A. H. Seally, reports :—

“ I have been most pleased with the conduct and attention of the boys during my instructions, and particularly so with the excellent answers they have repeatedly given me. They take a keen interest in their lessons. I have prepared and presented 241 boys for Confirmation during the past year, and the Bishop of S. Albans was highly delighted with the boys' knowledge of the Bible and Prayer Book and with their excellent behaviour. His Lordship was very much struck with their ready answers. I have visited the respective classrooms regularly and have examined the boys' work ; much improvement has been made in the school. I have always found the lads hard at work, and they seemed thoroughly interested in it. A party of lads has attended the parish church on Sunday mornings at 8 o'clock to make their Communion ; the boys value this service and join heartily in it. The services aboard have been marked by singular brightness and cheerfulness. The Chairman of the Ship Committee very kindly paid us a surprise visit one Sunday morning and expressed his great delight with the manner in which the service was conducted and the attention paid throughout by the boys. The bandmaster and organists have spared no pains to bring the musical portion of the service up to a high standard. I have visited the Infirmary regularly and have spent much time with the patients. It was my pleasure to spend nearly a whole week with the Xmas leave party at Southend, and I was proud of our boys smartness and excellent behaviour ; they compared most favourably with boys from other training ships.”

**General remarks.** The conduct of the boys has been very good. During the long winter evenings the officers have given some excellent entertainments under our senior instructor, Mr. Cotterell.

The nautical opera given by the boys under the tuition of the schoolmasters was pronounced by every one who witnessed it to be an excellent display for boys. The dresses were all made on board, and every officer assisted to the utmost of his power.

The boxing competitions organised by Lieutenant Coplestone have done much good, and from every point of view are most beneficial.

The entry of boys has been satisfactory as regards numbers and the stamp of boy has improved.

The output of boys to the mercantile marine is the highest with one exception since the Exmouth has been established. The entry to the navy has been the lowest for thirty years, due to the high physical standard for entry to this service and the low standard for admission to the Exmouth.

The annual confirmation was held on May 31st, on board the ship, by the Lord Bishop of S. Albans, who expressed himself much pleased with the attention and reverent behaviour shewn by the boys. The boys had been carefully prepared by our chaplain.



The navigation class, under the deputy head schoolmaster, Mr. Tunstall, has made great strides, and the boys are very keen on their work, which is of the best and reflects great credit on this officer.

The latest reports from H.M.S. "Impregnable" show that W. H. Bywater, from Woolwich, obtained 2 silver watches and one other prize (1909-1910); J. Seeger, of Shoreditch, a telescope and two other prizes (1909-1910).

I am glad to be able to report that I believe never in the history of the ship have boys been keeping their billets so well in the mercantile marine. Taking the discharges for the past three years 86 per cent. are still keeping to the sea, and there are not 5 per cent. of absolute failures. These records are largely due to the work of our shipping officer, Captain Mathias, at Liverpool, who is indefatigable in his efforts to promote the welfare of our lads. In both him and Mrs. Mathias the boys feel they have friends they can always go to in trouble.

I trust that Guardians will in future prevent boys being removed by their parents just as they are completing their training. There have been several cases this past year. Not only are these removals most disheartening to every one who has the training of the boys, but they mean that the time and money expended in the training is lost.

There have been very few changes in our staff.

During the time I have been in command I have never known the officers keener to keep the boys in a high state of efficiency and train them more thoroughly.

It only remains for me, gentlemen, to thank you greatly for your kindness to me during the period of my command.

(Signed) REGINALD B. COLMORE,  
*Captain R.N. (retired) and  
Captain-Superintendent.*



**APPENDIX II.**  
**TABLE I.—BOYS ADMITTED AND DISCHARGED—1876 TO 1910.**

YEAR	1876	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	TOTALS																												
Admitted ..	194	494	188	210	289	226	348	350	326	267	374	241	301	329	290	223	322	299	307	278	347	325	323	341	423	413	329	223	294	277	279	242	297	311	322	10,602																												
Discharged to Royal Navy	1	6	1	8	72	85	155	141	95	128	113	95	87	104	108	89	83	102	133	163	137	129	123	149	115	151	116	42	103	96	58	88	86	70	73	3,304																												
Discharged to Mercantile Marine ..	53	19	126	115	105	107	109	96	106	91	107	93	141	171	134	75	69	90	87	96	109	112	112	135	145	146	93	105	123	115	144	96	94	165	3,796																													
Discharged to Army as musicians ..	9	11	9	31	17	27	46	74	61	43	55	36	18	56	48	42	66	28	26	37	49	28	32	58	93	56	101	51	17	12	39	13	17	9	11	1,326																												
Discharged to situations ..	1	..	2	..	3	..	..	..	2	..	..	..	..	..	..	1	..	..	1	..	1	..	..	1	..	1	..	..	..	..	..	..	..	2	16																													
Discharged to unions by order of Guardians or Committee	21	23	47	30	61	43	27	33	52	39	49	44	45	44	36	18	51	34	54	41	51	29	39	29	39	31	50	47	30	25	69	40	43	53	47	1,414																												
Died..	..	..	2	1	..	4	1	..	2	2	5	1	2	1	1	..	1	3	2	1	3	2	1	1	1	2	2	1	..	1	..	1	..	1	..	47																												
Total discharges and deaths ..	85	59	187	185	258	266	338	344	318	303	330	269	293	376	327	225	270	257	303	338	350	300	307	373	393	387	381	234	258	256	282	285	243	226	299	9,905																												
Total number of boys discharged and died																													..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9,905	
Remaining under training 31st December, 1910																													..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	697
Total .. .. .																													..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10,602

\* Includes 15 to Canadian Navy.



TABLE II.

Number of boys admitted from each of the Metropolitan Unions and Country Unions during 1910 and during the whole time the ship has been established.

Year ending Dec. 31st, 1910.	PARISH OR UNION.	From March 31st, 1876, to Dec. 31st, 1910.	Year ending Dec. 31st, 1910.	PARISH OR UNION.	From March 31st, 1876, to Dec. 31st, 1910.
	Number of boys in ship when taken over by Managers.	12	Brt. ford. 240	<i>Country Unions—Con.</i>	Brt. ford. 9,591
	<i>Metropolitan Unions.</i>			Freebridge Lynn .. .. .	1
4	Bermondsey .. .. .	316	1	Gateshead .. .. .	1
11	Bethnal Green .. .. .	303	7	Gravesend .. .. .	20
—	Bloomsbury .. .. .	43	—	Great Yarmouth .. .. .	11
38	Camberwell .. .. .	619	3	Guildford .. .. .	21
3	Chelsea .. .. .	169	—	Hambledon .. .. .	3
9	Fulham .. .. .	326	—	Hartley Wintney .. .. .	1
6	George's S. .. .. .	306	2	Hartismere .. .. .	2
—	George's, E. S. .. .. .	131	—	Hasingden .. .. .	4
8	Greenwich .. .. .	481	—	Hastings .. .. .	5
10	Hackney .. .. .	356	—	Hemel Hempstead .. .. .	4
3	Hammersmith .. .. .	32	4	Hendon .. .. .	14
1	Hampstead .. .. .	36	1	Henley .. .. .	7
1	Holborn .. .. .	311	—	Hitchin .. .. .	5
10	Islington .. .. .	331	—	Horsham .. .. .	6
5	Kensington .. .. .	225	—	Hatfield .. .. .	1
9	Lambeth .. .. .	509	—	Ipswich .. .. .	7
10	Lewisham .. .. .	740	1	Isle of Thanet .. .. .	52
1	London, City of .. .. .	134	2	Kettering .. .. .	16
12	Marylebone S. .. .. .	546	4	Kingston .. .. .	89
5	Mill End .. .. .	253	—	Kingston-upon-Hull .. .. .	4
7	Paddington .. .. .	170	—	Kidderminster .. .. .	1
4	Paneras S. .. .. .	503	—	Leeds .. .. .	2
5	Poplar .. .. .	463	—	Leicester .. .. .	21
2	Shoreditch .. .. .	161	—	Lewes .. .. .	3
3	Southwark .. .. .	539	1	Leigh .. .. .	1
5	Stepney .. .. .	125	—	Maidstone .. .. .	32
—	Strand .. .. .	45	1	Malden .. .. .	2
8	Wandsworth .. .. .	380	3	Martley .. .. .	4
—	Westminster .. .. .	71	1	Medway .. .. .	37
3	Whitechapel .. .. .	186	—	Mutford and Lothingland .. .. .	2
10	Woolwich .. .. .	428	—	Newbury .. .. .	1
			—	Newcastle-under-Lyne .. .. .	8
193	<i>Country Unions.</i>		—	Newmarket .. .. .	1
3	Andover .. .. .	3	2	Newhaven .. .. .	3
—	Aston .. .. .	2	2	Northampton .. .. .	6
—	Banbury .. .. .	5	1	Norwich .. .. .	14
—	Basford .. .. .	3	3	Nottingham .. .. .	22
—	Bath .. .. .	1	—	Orsett .. .. .	18
—	Bedford .. .. .	21	1	Oxford .. .. .	4
—	Bedwelty .. .. .	2	—	Portsmouth .. .. .	2
—	Blofield .. .. .	1	—	Reigate .. .. .	13
—	Bicester .. .. .	3	3	Richmond .. .. .	21
—	Birmingham .. .. .	2	1	Romford .. .. .	13
3	Bradford .. .. .	3	—	Ross .. .. .	1
—	Brentford .. .. .	13	—	Rotherham .. .. .	1
—	Brighton .. .. .	4	—	Royston .. .. .	1
3	Bromley .. .. .	28	—	Rye .. .. .	1
1	Buckingham .. .. .	1	—	S. Albans .. .. .	3
—	Cheadle .. .. .	1	—	Seulcoats .. .. .	1
—	Chelmsford .. .. .	12	2	Seisdon .. .. .	1
—	Chertsey .. .. .	1	—	Sevenoaks .. .. .	3
—	Chesterfield .. .. .	20	2	Sheffield .. .. .	1
—	Chichester .. .. .	1	4	Stafford .. .. .	2
—	Chippenham .. .. .	2	2	Steyning .. .. .	18
1	Colchester .. .. .	19	—	Stockport .. .. .	20
—	Cosford .. .. .	2	2	Stow .. .. .	7
1	Coventry .. .. .	1	—	Strood .. .. .	64
22	Croydon .. .. .	93	—	Tamworth .. .. .	3
—	Cuckfield .. .. .	2	—	Thakeham .. .. .	3
3	Derby .. .. .	30	—	Truro .. .. .	1
—	Dewsbury .. .. .	3	—	Uxbridge .. .. .	3
—	Dorking .. .. .	6	4	Warwick .. .. .	1
3	Eastbourne .. .. .	18	2	Watford .. .. .	41
1	East Retford .. .. .	2	10	Wellingborough .. .. .	4
1	Edmonton .. .. .	3	—	West Ham .. .. .	212
—	Ely .. .. .	1	7	Westhampnett .. .. .	4
—	Epsom .. .. .	11	1	Willesden .. .. .	56
—	Epping .. .. .	2	—	Wilton .. .. .	6
2	Eton .. .. .	5	—	Windsor .. .. .	5
—	Foleshill .. .. .	1	—	Worcester .. .. .	34
3	Farnham .. .. .	13	1	Workop .. .. .	8
				Woodbridge .. .. .	1
			129		
Card. ford. 240	Carried forward	9,591	Total 322	Total .. .. .	10,602



TABLE III.—BOYS SHIPPED IN MERCANTILE MARINE.

Year.	Number shipped.	Year.	Number shipped.	Year.	Number shipped.	Year.	Number shipped.
1876 .. ..	53	Br. ford. ..	927	Br. ford. ..	1,894	Br. 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	1910 .. ..	165
1884 .. ..	106	1893 .. ..	90	1902 .. ..	112		
1885 .. ..	91	1894 .. ..	87	1903 .. ..	93		
Card. ford.	927	Card. ford. ..	1,894	Card. ford. ..	2,954	TOTAL ..	3,796

TABLE V.—BOYS DISCHARGED TO ARMY FROM 1876 TO 1910.

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 .. ..	40	Wiltshire Regiment .. ..	6
Derbyshire Regiment .. ..	21	Royal Scots (Lothian Regiment) .. ..	26	Worcester Regiment .. ..	18
Devonshire Regiment .. ..	2	Scots Fusiliers .. ..	14	York and Lancaster Regt. .. ..	23
Dorsetshire Regiment .. ..	10	Scottish Rifles .. ..	4	Yorkshire Light Infantry .. ..	42
Dublin Fusiliers .. ..	32	Seaforth Highlanders .. ..	2	Yorkshire Regiment .. ..	10
Duke of Cornwall's Light Infantry .. ..	38	Shropshire Light Infantry .. ..	33	East Yorkshire Regiment .. ..	23
Essex Regiment .. ..	6	Somerset Light Infantry .. ..	1	Army Hospital Corps .. ..	1
Gloucestershire Regiment .. ..	13	Staffordshire (North) Regiment .. ..	29	Army Medical Corps .. ..	11
Highland Light Infantry .. ..	5	Staffordshire (South) Regiment .. ..	28	East Surrey Regiment .. ..	14
Gordon Highlanders .. ..	9	Suffolk Regiment .. ..	7	Bedford Regiment .. ..	7
Innskilling Fusiliers .. ..	23	Surrey Regiment .. ..	30	18th Hussars .. ..	2
Irish Fusiliers .. ..	15	Sussex Regiment .. ..	18	"The Queen's" Regiment .. ..	2
Irish Rifles .. ..	10	South Wales Borderers .. ..	46	West Yorkshire Regiment .. ..	8
East Kent Regiment .. ..	5	Royal Warwick Regiment .. ..	15	Cameronian Regiment .. ..	4
Kent Regiment .. ..	8	Welsh Fusiliers .. ..	36	Dragoon Guards .. ..	19
King's Own Scottish Borderers .. ..	27	Welsh Regiment .. ..	1		
King's Royal Rifles .. ..	53	West Riding Regiment .. ..	12		
Lancashire Fusiliers .. ..	1	East Lancashire Regiment .. ..	8		
13th Hussars .. ..	1	Loyal North Lancashire Regt. .. ..	17		
9th Hussars .. ..	9	South Lancashire Regiment .. ..			
20th Hussars .. ..				Total ..	1243

N.B.—Tables IV. and VI. to XIV. (Prize Lists) will be found in the separately printed copies of this report



## ANNUAL REPORT OF THE AMBULANCE COMMITTEE FOR 1910.

**Motor traction.** The substitution of motor for horse traction at the Eastern Ambulance Station had not, owing to unforeseen difficulties, been quite completed at the end of the year.

Authority was given by the Board on the 3 December, 1910, to equip the South-Eastern Ambulance Station with motor vehicles, and tenders for the supply of the number required will be invited early in the present year. This will be the third station at which motors will have superseded horsed vehicles.

The experiment of keeping a motor omnibus and driver at Queen Mary's Hospital at Carshalton for the conveyance of the staff to and from the local railway stations having proved advantageous, the arrangement will be continued.

**Ambulance service for London.** Up to the close of the year no step towards the provision of an ambulance service for cases of accident and sudden illness occurring in the streets appears to have been taken by the London County Council. As mentioned in our report for 1909, Parliament ignored the recommendation of the Home Office Departmental Committee that the Asylums Board should be entrusted with this work, and passed a Bill, introduced by a private member, placing the duty upon the London County Council, notwithstanding that the Council had already expressed its acquiescence in the above-mentioned recommendation of the Departmental Committee.

Very useful work is being carried out by the Board's ambulances in the conveyance of considerable numbers of cases of non-infectious diseases, including some accident cases, as well as mental cases to and from the asylums of the London County Council. The Board have also at the request of the Council undertaken to convey cases of ophthalmia neonatorum to ophthalmic hospitals free of charge.

The Board has further added to the area of its operations by undertaking the conveyance of cases of small-pox which may arise in certain districts of Greater London.

**Removals to the Managers' hospitals.** On reference to Appendix I. A. (p. 160) it will be seen that the total number of fever patients removed to the Managers' hospitals during the year was 15,229 (22,601), and of small-pox patients 9 (28).

**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," 479 (451) persons suffering from dangerous infectious disorders were during the year conveyed to places other than the Managers' hospitals. Of these 136 (91) were stated to have measles, 35 (50) scarlet fever, 53 (37) enteric fever, 14 (14) diphtheria, 204 (216) erysipelas, 11 (13) puerperal fever, 21 (27) chickenpox, 3 (1) spinal meningitis, 1 (1) whooping cough, and 1 (0) continued fever.

*Non-infectious cases.*—1,913 (1,794) 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 26 (16) were accident cases.



The total sum received by the Managers during 1910 for this work was £977 11s. 6d. (£832 14s. 6d.) of which £16 17s. 6d. (£14 15s. 0d.) was in respect of the service of nurses, and £866 14s. 6d. (£707 7s. 0d.) or an average of 9s. 1d. (7s. 10½d.) 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, 645 (585) imbeciles, 665 (587) children suffering from ophthalmia, 33 (56) children with ringworm, and 240 (87) defective children were conveyed during the year, making, with 4,298 (2,808) patients conveyed to and from the Children's Hospitals at Carshalton and Hither Green,† the medical and surgical cases before mentioned, and 39 (35) staff cases, a total of 7,833 (5,952) non-infectious cases.

**Total removals.** The aggregate removals during the year, including the transferring of patients from one institution to another, numbered 37,240‡ (47,613) and the mileage run by the vehicles was 283,074 (366,829).

**Nurses' journeys.** The journeys made by nurses numbered 16,274 (23,966), and the sum credited to the hospitals for their services amounted to £2,034 5s. 0d. (£2,995 15s. 0d.).

**Conveyance of stores.** Considerable quantities of goods and stores (including 235,000 bundles of wood) have been conveyed to the various institutions.

**Work of ambulance stations.** Tables A and B (see pp. 160 to 162) 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 .. .. .	9,398 (8,983)	4,703 (5,062)	65,942 (60,708)
North-Western .. .. .	2,648 (3,745)	2,655 (3,743)	22,637 (36,961)
Western .. .. .	12,237 (8,343)	5,784 (5,633)	88,690 (69,503)
Mead .. .. .	— (12,617)	104 (1,334)	1,673 (48,772)
South-Western (closed 29 Jan., 1910) .. .. .	190 (3,340)	217 (3,547)	2,161 (37,076)
South-Eastern .. .. .	9,521 (4,985)	5,916 (5,661)	66,638 (63,390)
Brook .. .. .	3,246 (5,600)	3,100 (4,893)	35,333 (50,419)
Totals .. .. .	37,240 (47,613)	22,479 (29,873)	283,074 (366,829)

The Mead Station, which, as a removal station, was closed in July, 1909, continues to be used as the central motor workshop, and the journeys recorded above were those made by an old motor ambulance which is now kept for service purposes only.

The decrease in the work of the service, owing to the lessened prevalence of scarlet fever and diphtheria, enabled us to close the South-Western Ambulance Station on the 29 January, 1910.

Italic figures in brackets are the corresponding figures for 1909.

† Park Hospital, Hither Green, opened for sick children on 14 November, 1910.

‡ In addition the motor omnibus stationed at the Children's Infirmary at Carshalton conveyed 9,919 staff to or from the local railway stations and ran 9,101 miles.



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 ..	Nov. 15	69 (74)	Nov. 19	383 (322)	2,016 (1,407)
North-Western	April 25	24 (22)	April 30	74 (91)	723 (1,012)
Western ..	Oct. 11	81 (36)	Oct. 15	312 (168)	2,376 (1,728)
South-Western (closed 29 Jan., 1910) ..	Jan. 22	15 (22)	Jan. 15	62 (93)	646 (1,013)
South-Eastern	Dec. 31	61 (31)	Nov. 12	204 (187)	1,760 (1,509)
Brook ..	Oct. 17	20 (47)	Oct. 22	77 (193)	1,068 (1,554)

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 (20)	11.2 (10.3)	28.6 (25.5)	14.0 (12.0)
North-Western .. ..	— (12)	8.1 (9.7)	21.0 (21.0)	8.5 (9.9)
Western .. ..	— (15)	10.7 (10.2)	42.2 (45.0)	15.5 (12.6)
South-Western (closed 29 Jan., 1910) .. ..	— (—)	9.0 (10.2)	— (31.7)	9.9 (10.4)
South-Eastern .. ..	12.3 (14)	8.3 (9.4)	35.5 (36.0)	9.8 (8.6)
Brook .. ..	— (—)	8.4 (8.6)	38.2 (36.0)	11.4 (10.3)

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

**Equipment.** In the course of the year the steam omnibus which was purchased from the London Road Car Company in 1905, and 27 horse-drawn ambulances and omnibuses which were no longer required owing to the introduction of motor vehicles were sold.

The new vehicles brought into use during the year were one motor omnibus and five ambulances. The Board's fleet of motor vehicles consisted, at the end of the year, of 11 omnibuses and 14 ambulances, and one vehicle which is unsuitable for the conveyance of acute cases.

**Expenditure.** By the closing of the South-Western Station, and the reduction of staff and horses consequent on the extended use of motor vehicles, we were able to effect considerable economies; and the total ordinary expenditure on the service was lower by £5,739 than in the preceding year. We have to go back to the year 1904 for a lower number of removals than in the past year. In the former year they totalled 31,798 and the total ordinary expenditure



**ANNUAL REPORT,**

was £22,798. Last year they totalled 37,240 and the total ordinary expenditure was £21,322, or £1,476 less than in the earlier year, notwithstanding that the number of patients removed was 5,442 greater.

**Training in motor driving.** The training of coachmen to act as motor drivers has continued throughout the year at the Western Station, the total number trained being 19.

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) W. H. HENDERSON,  
*Chairman*



ANNUAL REPORT OF THE GENERAL PURPOSES COMMITTEE  
FOR 1910.

**Unimprovable imbeciles.** In our last annual report we called attention to the decision of the Managers to use the Gore Farm Lower Hospital buildings for the accommodation of unimprovable imbeciles, subject to the sanction of the Local Government Board, who were awaiting further information from the Managers on the subject. On the 23rd April last we submitted to the Managers an exhaustive report in which the reasons which led the Managers to reject our former proposal that the Orchard Hospital buildings should be used for this purpose and to substitute the Gore Farm Hospital buildings were clearly set forth. A new phase of the question had, however, in the meantime arisen, the Managers having in March last instructed the Asylums Committee to report whether the necessary relief could be obtained by utilising spare accommodation at other asylums instead of opening a fresh institution. Reference to that portion of this report which deals with The Board's Accommodation generally will show that the question of making suitable provision for these unimprovable cases had not been settled at the end of the year.

**The Board's accommodation.** In May last the Managers received from the Local Government Board an important memorandum on the subject of the then existing vacant accommodation in the institutions under the Managers' control. This memorandum, after congratulating the Managers upon the reduction of their outstanding liabilities by nearly three-quarters of a million of pounds during the past four years, and upon the decrease during the same period in the cost per head both in common charges and in the maintenance of patients, embodied a comprehensive survey of the Managers' work as a whole; reviewed the provision made for each branch of such work; and suggested the desirability of the Managers utilising a portion at least of the vacant accommodation at their disposal by "extending the classes of sick for which they provide," and by receiving into their institutions certain additional cases for which public provision, where it existed at all, had hitherto only been made in the Metropolis to a very limited extent by the Guardians of the Poor.

The Local Government Board's memorandum having been referred to us for report, we appointed a special sub-committee to advise us thereon; and in July last they presented to us an interim report in which they discussed under the following headings the various important issues raised, viz. :—

- (a) The existing accommodation at the Managers' disposal, and the use to which the margin of unoccupied beds which frequently exists in the fever and smallpox hospitals could be beneficially put;
- (b) The reserve for smallpox;
- (c) The seasonal rise and fall of fever, and, in connection therewith, the proposed use of Joyce Green Hospital (previously allocated to smallpox) for fever cases;
- (d) The suggested treatment of additional diseases such as measles and whooping cough, puerperal fever, and tuberculosis in the Managers' institutions;
- (e) The extension of the Managers' accommodation for sick and convalescent children by allocating thereto one of the Board's fever hospitals;
- (f) The requirements for unimprovable imbeciles with a view to relieving the pressure from this class of patients upon the accommodation at Darent.



Although the sub-committee's report was admittedly only of a preliminary character, the various points raised in the memorandum were critically and comprehensively discussed; and the conclusions at which they arrived, and which subsequently received the Managers' concurrence, were to the effect:—

- (i.) That the Long Reach Hospital and shore buildings adjacent thereto should in future be the only accommodation to be reserved permanently for smallpox;
- (ii.) That at all times when not required for smallpox the Joyce Green Hospital should be regarded as part of the Board's fever accommodation;
- (iii.) That arrangements should be made for the reception tentatively of measles and other approved diseases into the Managers' fever hospitals, provided the Local Government Board could empower them to admit selected cases from the poorer classes for which no accommodation was then available;
- (iv.) That the Managers would be prepared to make arrangements for the reception of certified cases of puerperal fever into their hospitals;
- (v.) That, subject to the sanction of the Local Government Board, and until further orders, the Park Hospital should be allocated to the accommodation of sick and debilitated children under the Board's order of the 11th September, 1908; and
- (vi.) That the Local Government Board should be urged to sanction an application previously made to them by the Managers for the transfer of 200 unimprovable imbecile children from Darenth to the Leavesden and Caterham Asylums.

The views of the Local Government Board upon these recommendations were communicated to the Managers in a letter addressed to them by that Board on the 29th July last. In this letter the Board—after expressing their satisfaction at the manner in which their suggestions had been received by the Managers—stated that they would offer no objection to the Managers' proposals with regard to the permanent reservation of Long Reach Hospital and the shore buildings adjacent thereto as the only accommodation for smallpox patients, nor to the proposal that the Joyce Green Hospital should be regarded as part of the Managers' fever hospital accommodation at all times when not required for smallpox. With regard to the Managers' willingness to admit measles, puerperal fever, and other approved diseases into their fever hospitals, subject to the necessary authorisation, the Local Government Board stated that these matters would receive consideration; whilst with regard to the Park Hospital, they sanctioned the proposal to assign this hospital temporarily for the accommodation of sick and debilitated children coming within the scope of their order of the 11th September, 1908, and it was accordingly opened for this purpose under the control of the Children's Committee on the 14th November last. As to the Managers' proposal to transfer 200 unimprovable imbecile children from Darenth to the adult asylums of Leavesden and Caterham, the Local Government Board expressed the opinion that there were "obvious and weighty objections to the placing of children . . . with adult patients who are also imbeciles, and that merely as a matter of classification the proposal involves the reversal of a policy which has been pursued for a long number of years." The Board therefore requested that the matter might receive further consideration, and that the Managers would at the same time fully consider "the broader aspects of the question of provision for Metropolitan imbeciles, and especially the requirements of the London County Council."

Towards the close of 1910 a further letter was received from the Local Government Board in which they adverted to the proposal of the Managers in regard to the accommodation at the various institutions under their control, and to their willingness to arrange for the reception tentatively of measles and certain other diseases into their fever hospitals, and after pointing out "that the legal



question of the admission of classes other than those chargeable to the poor rate is not free from difficulty," promised to issue an order with a view to the removal of any administrative difficulties which might arise in connection with the matter. Although the order promised had not been received at the close of the year under review the Hospitals Committee have (in anticipation of its early issue) already taken steps for the admission of poor law children suffering from measles and whooping cough into certain of the hospitals, and 82 cases of the former and 44 of the latter disease were under treatment on 31st December.

**Stewards' service.** Reference was made in the last annual report to the importance of the decisions arrived at by the Managers in the early part of 1909 with a view to the improvement of the personnel of the stewards' department service by the centralisation in the General Purposes Committee of 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. During the past twelve months two stewards, whose services have been allocated to the Smallpox Hospitals and the Gore Farm Hospital respectively have been elected, and other appointments have been made which we trust will tend towards the improvement of the service.

**Other matters.** During the year under review other matters which occupied our attention were (i.) the methods of purchasing live stock for the Board's asylums, upon which we considered no action advisable at the time; (ii.) the appointment of an expert to visit and advise on the administration of the laundries at the Board's institutions upon lines indicated to him by us; (iii.) a proposal, which we considered should not be acted upon, that the Managers should be empowered to receive paying patients into their asylums and hospitals; (iv.) the extension of leave to gate porters at the Board's fever hospitals; and (v.) the carrying out of certain requirements of H.M. inspectors as to the guarding of machinery and alterations in electric fittings in the laundries and workshops at the Board's institutions.

(Signed) T. CORNELL,  
*Chairman.*



## ANNUAL REPORT OF THE FINANCE COMMITTEE FOR 1910

**General.** 1. In submitting a *précis* of the more important matters which have engaged the Committee's attention during 1910, we have again to remark that no sanction has been received from the Local Government Board to the experimental introduction of the revised and consolidated order, the draft of which was submitted to them in 1907.

**Loans.** 2. The loans have been further reduced during the year by  
(i.) General. £187,941, the amount of the instalments repaid, and by £7,213, the amount of the loans taken over by the London County Council in connection with the remand homes transferred to them as from 31 March, 1910. For the fourth consecutive year we are able to record that it has not been found necessary to raise any money on loan, and during these four years the total amount outstanding has been reduced by no less than £770,508 to £2,645,490, at which it now stands. Under existing arrangements all loans will be entirely discharged by March, 1922.

(ii.) Estimates. Although we are unable to foresee that any loans will be required in the near future, we have fixed at a reasonable sum the estimated loan requirements for the purposes of the London County Council Money Bill, 1911, to meet any capital outlay which the Managers may be called upon to incur during the period ending Michaelmas, 1912.

**Rate estimates.** 3. The decreased estimated expenditure, coupled with the more favourable position of the balances owing principally to the substantial falling off in the number of infectious admissions, enabled us to recommend reductions in the amount of the contributions in each of the half-years, to the extent of £117,710 in the year, being nearly 12 per cent. less than the amount raised in the previous year.

**Insurance.** 4. The question of discontinuing to insure against loss from  
(i.) Fire. fire has, from time to time, been before the Managers, and from 24 June, 1902, to 7 March, 1903, the bulk of the properties were uninsured. From that period onwards the question was kept under review, and our views were set out in a report, which, being of permanent interest, is reproduced in full in the appendix.

From the experience gained the Managers determined as from 25 March, 1910, to revert to the policy of non-insurance, except in special cases involving more than ordinary risks, which have therefore been insured at a total amount of £400,000, on favourable terms.

The attention of the several committees concerned has been drawn to the desirability for closer control as to the erection of buildings of a temporary or special nature (particularly in regard to the site selected) and a register of all such buildings is being kept. We have decided to charge the premiums payable and costs of reinstatement where the loss is not covered by insurance, to the general expenses of the Managers.



(ii.) Workmen's Compensation Acts. The Managers have not insured their liabilities under these Acts, and since the passing of the 1906 Act we have given continuous consideration to the matter and have dealt with the claims which have arisen thereunder in all cases not covered by standing regulations of the Managers as to sick pay and other allowance.

During the year one claim in respect of which half pay had been paid for 2½ years has been settled by a lump sum payment of £300 and costs; whilst there is one decision of the County Court awarding half pay which has been in operation for more than twelve months. In a claim arising during the year, half pay was granted but was stopped towards the end of the year, and the claimant is bringing the matter before the County Court. Several other claims which have been carried to the Court have been successfully resisted.

Under the Employers' Liability Act, 1880, an action for damages was brought by a laundrymaid, and, having regard to the facts, the case was settled out of Court before incurring the expense of preparing for trial, for the sum of £100 and taxed costs.

Up to the present the policy pursued has been financially advantageous, but until a longer experience is available we consider it desirable to continue to keep the subject under close review.

(iii.) Fidelity, etc. Last year we reported at length the more complete arrangements made to secure the Managers against loss of cash from whatever cause. During the year an assistant steward, in the steward's absence on annual leave, absconded with £104 9s. 2d. of the Manager's cash in his possession, and the amount was subsequently refunded by the insurance company.

(iv.) Third-party Risks. The insurance of third party and other risks in connection with the ambulance service, in excess of £5 for any one accident with a limit of £1,000 for any one accident, but without any limit to the number of accidents in the year, has been continued for a third year.

**Assessments.** 5. The only additional assessments during the year are additional (i.) Additional. land leased at Bridge Industrial Home, £8 10s. rateable value, and allotments at the Grove Hospital, £3 rateable value (the rates on which are payable by the tenants), both assessed as "agricultural land."

(ii.) Alterations. During the year the quinquennial valuation of the metropolis has taken place, but the only assessments increased are those relating to the Eastern Hospital and the Head Office.

In the case of the Eastern Hospital, the rateable value was increased by the Overseers by £167, and subsequently by the Assessment Committee on the re-deposit of the list by £273; thus increasing the rateable value by £440 to £4,046.

The Head Office assessment has been increased by £473 to £3,548 rateable value. In this connection the City Corporation, acting as Overseers, have inserted in the rateable value column of the valuation list the rateable value of that portion of the office which is exempt from certain rates, and the City Corporation subsequently acting as the Assessment Committee on appeal declined to alter the list by omitting the rateable value and reinstating the word "exempt" in the list.

Other neighbouring ratepayers are similarly situated, and at a conference of the parties interested, an executive committee was formed (including the Managers' Solicitors) to take all necessary steps in the common interest, all parties consenting, to share the proportionate cost of any test case which it might later be found necessary to raise.



(iii.) Temporary reductions. By arrangement with the Dartford Union Assessment Committee, the rateable value of the Long Reach Hospital, while furnished but unoccupied by patients, has been fixed at the reduced sum of £500, which will be increased to the standing assessment of £1,330 upon the admission of patients.

The reduced assessment of West Wharf and Mead Station has again been continued, and gives relief to the extent of £385 in rates for the year.

**Consolidated salaries and wages scale.** 6. Important proposals to amend the scale have been submitted to us during the year by several standing committees, and after conference with the representatives of the committees, the proposals, with modifications where found necessary, have been submitted to the Managers and adopted.

Quarterly lists of minor proposals submitted by the standing committees and approved by us, have been reported to the Managers, and as the procedure has proved convenient and expeditious, the temporary authority to sanction minor variations vested in us until Michaelmas, 1910, has been continued permanently.

**Money in lieu of rations.** 7. On several occasions applications have been made by officers that they should be paid an equivalent money allowance for rations during their absence on leave. The whole question has again been reviewed during the year and the petitioners informed that apart from the question whether the Managers have any power to grant the concession (which the decisions of the Local Government Board appear to preclude), we were unable to advise the departure from the existing arrangements under which the terms of remuneration had always been determined on the distinct understanding that no such payment would be made, and that any other view would necessitate the entire re-adjustment of the terms of appointment approved so recently as May, 1909.

**Superannuation.** 8. Under the provisions of the Superannuation Acts, 17 officers (i.) Statistics. have been granted superannuation allowances during the year ended Michaelmas, 1910, amounting to £873 per annum, whilst eight persons in receipt of pensions amounting to £278 per annum have died during the year. The number of pensioners is 229, and the amount of the pensions £11,278 per annum; but from this amount contributions from other authorities, referred to in the next paragraph but one, when settled on appeal, will be deducted: whilst there is in addition, one pensioner of an asylum visiting committee towards whose pension the Managers have agreed to contribute £16 Os. 7d. per annum.

(ii.) Asylums This Act came into operation in April, 1910, and out of the Officers' Super-annuation Act, 1,333 officers affected, 512 contracted out of the provisions of the Act. Not a few questions have had to be considered by us as to the working, and (a) the valuation of the emoluments as settled for the purposes of the Poor Law Officers' Superannuation Act has been adopted for the purposes of this Act, (b) a form of declaration to be used by pensioners has been prepared and submitted to the Local Government Board for approval, as required by Section 8, whilst (c) it has been decided, in order to comply with Section 3, that a report as to the continuing incapacity of any pensioner should be furnished annually.



Under Section 12, the Managers are entitled, in certain circumstances, to contributions from other authorities, the amount to be calculated according to the service and pay of officers, and failing agreement to be settled by the Local Government Board on appeal lodged by the Managers and by the Secretary of State on appeal lodged by any Visiting Committee, under Sections 15 and 17. We have been unable, in one case, to agree as to the method of computation, and in others we have failed to agree as to the value of the emoluments enjoyed by officers, which differ at every place at which the officers concerned have had service. Appeals have therefore been lodged with the Local Government Board accordingly, in order that authoritative decisions may be obtained. Under the same Section (No. 12) the Managers may be required to contribute to the pensions awarded to officers by Visiting Committees, where such officers had previous service (exceeding two years) with the Managers. In each case the claim made upon the Managers has been agreed.

Arising out of this Act we have, at the request of the Commissioners of Inland Revenue, authorised the giving of an undertaking that in the event of any contributions being hereafter repaid under Section 10 of the Act to any officer receiving a cash salary exceeding £150 per annum, income tax at the lowest rate in force at the date of repayment will be deducted therefrom and paid over to the Inland Revenue. Such undertaking has been given by many other authorities and is so given in the interests of the officers themselves, who, otherwise, would not be permitted to deduct the contributions made under the Act from their salaries, before assessment for income tax.

(iii.) Addition of Three recommendations for the addition of years to the actual Years. periods of service of officers have been remitted to and considered by us during the year. In each case we concurred in the recommendation and the same was approved by the Managers and the Local Government Board.

(iv.) Gratuities Two recommendations for gratuities, amounting together to in respect of loss £125, have been submitted to us and approved by the Managers of office. and the Local Government Board.

(v.) Return of As in past years, we have considered many applications received Contributions. from members of the staff on leaving the service, for the return of their contributions.

**Miscellaneous.** 9. Twelve estimates of cost of works, totalling £42,781, have

(i.) Estimates of been remitted to and dealt with by us during the year. cost of works.

(ii.) Stocktaking. The experience of the checking of the stocks by the Accountant now extends over two years, at a cost for 1910 of £126 as compared with £120 for 1909, and £230 for 1908 under the previous system.

(iii.) Legacies. A small sum of £38 13s. 6d. has been paid over to the Managers as one of the residuary legatees on the winding-up of the Dryden Estate. The amount has been invested in Consols, in which the balance of the original legacy is invested.

(ii.) Travelling The reports of this officer after his visits of inspection and test Clerk. examination without notice, and generally, have been periodically submitted to us, and action taken where necessary.

**Abstract of accounts and financial tables.** 10. Statements of the year's income and expenditure, balance sheet, and detailed financial and statistical tables, are appended hereto.

(Signed) JACKSON HUNT,  
Chairman.



## APPENDIX I.—FIRE INSURANCE.

Report of the Finance Committee, with recommendations submitted to and adopted by the Managers at their Meeting on 29 January, 1910.

14 December, 1909.

*Fire insurance.*—(i.) On several occasions the question of discontinuing to insure against loss from fire has been under the consideration of the Managers, and as long ago as 1888, when the amount insured was about £1,000,000, the idea was to cease to insure and instead thereof to create a reserve fund. Twelve years later additional properties had increased the amount to about £2,500,000, and the "risks," as they are technically called, were so much improved and so much more widely distributed that we came to the conclusion that if the Managers ceased to insure except in a few special cases, formed no reserve fund (which the Managers have no power to do), and paid fire losses out of current income as and when they occurred, they might expect to save a substantial sum annually.

(ii.) In 1902 the Board adopted the recommendations, but within a year rescinded their resolutions, although nothing had occurred to raise any doubt as to the wisdom of the previous decision. Thus the bulk of the properties were uninsured from 24 June, 1902, to 10 March, 1903.

(iii.) Since then we have kept the matter under continuous review, and we think that if any justification of the anticipations which the Committee put before the Managers be needed, it is to be found in the fact that no less than £14,750 has been paid in net premiums in the six subsequent years to Lady-day, 1909, and only £205 has been received in payment of claims; whilst the current year shows net premiums £2,550, and claims to date £10 only.

(iv.) Indeed, during the past twenty years since the question was first mooted . . . the total premiums paid amount to £37,092 against claims of £9,341; that in only three years has the amount of the claims exceeded the total premiums for those years; and that only three claims of any magnitude have been made.

(v.) Of these three fires, one was in the temporary wood-built laundry at the South-Eastern Hospital, which has, of course, been replaced by a brick building; the second was in the old barns at Marsh Street Farm which occurred soon after the Managers bought the property, and destroyed both buildings and contents (these farm buildings constituted a risk of an altogether exceptional character, such as, we believe, the Managers do not now possess anywhere); and the third was on the hospital ships, which have since been sold.

(vi.) If, therefore, we exclude these somewhat exceptional fires, the Managers' losses during the last 20 years have been exceedingly trivial compared with the amount paid by way of premiums to the insurance companies.

(vii.) The risks ordinarily undertaken by insurance companies comprise business and manufacturing premises, dwelling houses and, in fact, all kinds of hazardous risks; yet it may be noted from published statistics for all insurance companies that 40 per cent. of the net premiums received (*i.e.*, after deducting agency commission) represents management expenses and profit, or something other than actual insurance. This 40 per cent. at least ought to be saved by the Managers if they abstain from insuring; but in point of fact, as demonstrated by the figures in the appendix, the saving which would have been effected by non-insurance for the past 20 years is no less than 75 per cent. of the net premiums paid.

(viii.) This clearly indicates that the Managers' property is much less hazardous than the average risks undertaken by fire companies, and we would remind the Managers:—

(a) that the large majority of the buildings are of solid brick construction, in many cases with fireproof floors, and with very little or no decorative work of an inflammable nature about them;

(b) that the daily life inside the buildings is of an exceptionally regular and routine character—a fact which itself minimises the chances of the occurrence of fire—and in most cases officers are continually on duty day and night;

(c) that the institutions generally are well supplied with hydrants and fire-extinguishing appliances, and in most instances the staff is specially organised and trained for the prompt use of these appliances in case of an outbreak, whilst in many instances the institutions are in telephonic communication with the nearest fire station;

(d) that, with a few exceptions, such as the Head Office, the buildings are entirely isolated from all external risk—*i.e.*, from all risk of catching fire from fire at adjoining premises—a most important consideration from an insurance point of view.



(ix.) Since the last report, submitted in 1901, was written, every year has seen an improvement in the character of the risks: some temporary buildings have been replaced by permanent structures—other temporary structures, where dangerous by reason of their proximity to adjacent buildings, have been pulled down—and again, others have been rendered less liable to fire by extensive substitution of fire-resisting materials—whilst large sums have been spent in improving the water supplies for fire extinguishing purposes. The total insurable value has, on a low valuation, also increased to £3,573,000. There may, as in 1902, be some special properties which it may be found desirable to continue to insure, but these we prefer to reserve for detailed consideration later on. Thus as regards the ordinary risks, from whatever point the question is viewed, the reasons for non-insurance apply with much greater force to-day, and appear irresistible.

(x.) This report would hardly be complete if we omitted to remind the Managers that in 1888 the Local Government Board counselled against non-insurance on the ground of the then small number of institutions and insufficiency of distribution of risk. Again, in 1901, although these reasons could no longer be urged, the Board, in stating that their approval to discontinue insuring was not necessary, expressed the opinion that such a change of practice would be inexpedient and that the Managers as trustees of public property "should not neglect the usual and proper precaution of insuring."

(xi.) We submit, with all due deference to the Local Government Board's views, that it is just because the Managers do recognise their responsibilities as trustees that they feel that, having regard to the magnitude and high character of the business and to the low claim experience as shown by the amounts recovered, they would not be justified in continuing the existing arrangements under which year after year large sums are paid away out of all proportion to the risks involved.

We unanimously recommended—

(A) That the Managers abstain as from the 25 March, 1910, from insuring their several properties against loss from fire, with the exception of such special properties as they are required by any covenant or agreement with any other persons to insure, and of such other properties as they may from time to time, on the recommendation of the Finance Committee, determine to insure.

(B) That notice be given to the several officers and servants, that the Managers do not insure, but that in the event of fire they will be prepared to consider the claim of any officer or servant of the Board for any loss he or she may have suffered, except for any article of exceptional value, a claim for which they will in no case make good.

(C) That a copy of paragraph (1) of the Finance Committee's report of 14 December, 1909, to the Managers, be forwarded to the Local Government Board for their information.

Statement of net premiums paid and amounts received in payment of claims for the 20 years from 1890 to 1910.

Year ended.	Net premiums paid.	Amount received in payment of claims.	Remarks.
Midsummer	£	£	
1891	700	523	—
1892	756	122	—
1893	1,063	3,180	S.E.H. temporary laundry £3,177.
1894	945	476	F.H. temporary building £470.
1895	3,042	1,734	N.W.H. laundry £499, and Marsh Street Farm, £1,230.
1896		102	—
1897	1,573	12	—
1898	1,869	6	—
1899	2,127	55	—
1900	2,121	25	—
1901	2,203	14	—
1902	2,331	2,862	Hospital ships £2,584.
1903 ( $\frac{3}{4}$ year)	1,062	15	Certain special properties only insured.
Lady-day			
1904	2,430	42	—
1905	2,410	56	—
1906	2,391	7	—
1907	2,477	43	—
1908	2,518	39	—
1909	2,524	18	—
1910	2,550	10	Claims to December, 1909.
Totals	£37,092	£9,341	



The following table shows the results of the operations of the company for the year ending 31st December 1954. The figures are in thousands of pounds sterling.

Revenue from sales of goods and services was £1,200,000, an increase of 10% on the previous year. This was due to a combination of factors, including an increase in the volume of sales and a rise in the average price per unit. The cost of goods sold was £750,000, an increase of 8% on the previous year. This was due to an increase in the volume of sales and a rise in the cost of materials. The gross profit was £450,000, an increase of 12% on the previous year. This was due to an increase in the volume of sales and a rise in the average price per unit.

The operating expenses were £300,000, an increase of 5% on the previous year. This was due to an increase in the volume of sales and a rise in the cost of materials. The operating profit was £150,000, an increase of 15% on the previous year. This was due to an increase in the volume of sales and a rise in the average price per unit.

The net profit was £100,000, an increase of 20% on the previous year. This was due to an increase in the volume of sales and a rise in the average price per unit.

Particulars	1954	1953
Revenue from sales of goods and services	1,200,000	1,090,000
Cost of goods sold	750,000	690,000
Gross profit	450,000	400,000
Operating expenses	300,000	285,000
Operating profit	150,000	115,000
Net profit	100,000	80,000



## APPENDIX II.—FINANCIAL STATISTICS OF THE DISTRICT.

**NOTE.—Unless otherwise stated the following statistics relate to the financial year ended Michaelmas, 1910.**

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 1910, was **4,872,702**.

The **rateable value** of the District was **£44,792,184** on the **6 April, 1910**, being an increase of **£209,383 (0.47 per cent.)** during the year.

The produce of **one penny in the £** on the rateable value of the District at Michaelmas, 1910, represents **£186,593**.

The **precepts levied** by the Managers on the constituent parishes and unions of the District for the year work out at **5.6d. in the £**, and the **average** for the past five years was **5.8d. in the £**.

The **total expenditure** for the year has been **£999,771** (no Loan Expenditure), and the **average** for the past five years **£1,102,566** (Loan **£32,575**, and General **£1,069,991**).

The **expenditure** on general account for the year was **£999,771** as against the year's income of **£1,068,174**.

The **rateable value** of the property occupied by the Board is **£158,439**, and the amount of the **rates paid** last year was **£53,560**, of which **£27,867** was paid to Metropolitan authorities, and **£25,693** to Provincial authorities.

The **borrowing powers** are limited to  $\frac{1}{8}$ th of the rateable value of the District.

No **sanctions to borrow** were applied for in the year, and there are no sanctions to borrow now unexercised.

No amount was borrowed during the year. The total **amount borrowed** to Michaelmas, 1910, was **£5,606,799**. The **amount repaid** in the year was **£187,941**; and an amount of **£7,213** liability in respect of the Remand Homes was taken over by the London County Council, making the total amount of **loans discharged £2,961,308**.

The **amount of loans outstanding** at Michaelmas, 1910, was **£2,645,491**, and works out at **£5.91** for every **£100** of **rateable value**, and is **£0.54** per head of the population of the District as estimated by the Registrar-General at the middle of 1910.

The **rates of interest** on loans are **£2 15s. 0d. per cent.** and **£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, 1910, was **3½ per cent.**

The **number of institutions** belonging to the Managers is **45**.

The **number of persons** maintained by the Managers, on the last day of the year ended Michaelmas, 1910, was—

Permanent staff (excluding Head Office Central Stores, Laboratories, and Stables)	4,759
Inmates .. .. .	12,594
<b>Total .. .. .</b>	<b>17,353</b>

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

1906 .. .. .	12,627
1907 .. .. .	13,127
1908 .. .. .	13,612
1909 .. .. .	13,687
1910 .. .. .	12,792

The **number of persons** in receipt of **superannuation allowances** at the end of the year was **229**, and the **superannuation payments**, excluding compensation, amounted to **£10,958** 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 **£6,226** after allowing for contributions refunded.



Dr.	EXPENDITURE.		£	£
Year 1908-1909.				
£	<b>To Direct Charges:—</b>			
133,951	Maintenance of inmates (including provisions, necessaries, clothing, and funerals) .. .. .		118,897	
1,182	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) .. .. .		1,372	
<b>135,133</b>				<b>120,269</b>
221,135	<b>Common Charges:—</b>			
88,456	Maintenance of officers and servants—	£		
1,988	Salaries and wages .. .. .	210,349		
8,808	Provisions .. .. .	79,247		
	Necessaries .. .. .	1,822		
	Uniforms and sundries .. .. .	7,856		
<b>320,387</b>				
	<b>Buildings and establishment—</b>			
	Works—			
24,214	Wages £12,011 ; Contracts and materials, £11,739 .. .. .	23,750		
	Gardening—			
4,689	Wages, £4,385 ; Plants, seeds, &c., £388 .. .. .	4,773		
	Furniture	£		
13,108	Furniture and other articles .. .. .	13,135		
9,946	Bedding and linen .. .. .	10,214		
1,875	Earthenware .. .. .	1,823		
1,412	Hardware .. .. .	1,623		
<b>26,341</b>				
	Heating, lighting, and cleansing—			
14,043	Wages of engineering staff .. .. .	14,521		
65,330	Coal and coke .. .. .	58,851		
35,012	Gas, electric light, water and other supplies .. .. .	30,604		
<b>114,385</b>				
<b>169,629</b>				159,294
58,321	Rates, rent, taxes, and insurance † .. .. .		56,261	
10,043	Medicines & medical & surgical appliances .. .. .		8,874	
	Miscellaneous expenses—			
7,597	Stationery, postage and office expenses .. .. .	6,733		
	Other charges—travelling, horse hire, Managers' and sundry expenses (including running expenses of ambulance vehicles) .. .. .	10,175		
10,667				
<b>18,264</b>				
	Sundry general expenses—			
181,696	Repayment of loans .. .. .	187,941		
98,257	Interest on loans .. .. .	92,544		
14,031	Law expenses, pensions, notification fees, &c. .. .. .	13,940		
<b>293,984</b>				
<b>870,628</b>				294,425
6,448	<b>Deduct—</b>			
	Balances on Industrial, &c., Accounts .. .. .	4,216		
4,164	Services of Nurses engaged in Ambulance Work and Hire of Ambulances .. .. .	3,137		
<b>10,612</b>				
<b>860,016</b>				7,353
65,243	<b>Expenditure of a special character—</b>			
17,386	Buildings—contract and non-contract .. .. .	43,844		
	Furniture, &c. .. .. .	7,975		
<b>82,629</b>				
<b>942,645</b>				827,683
<b>1,077,778</b>	<b>Net Total Expenditure</b> (for details see pp. 82-89) .. .. .			<b>879,502</b>
55,109	<b>Balance</b> carried down, being income in excess of expenditure for year .. .. .			<b>999,771</b>
<b>£1,132,887</b>				<b>68,403</b>
				<b>£1,068,174</b>
	To Balance on current account on 1 October, 1910, carried to balance sheet (p. 90) .. .. .			£184,007
				<b>£184,007</b>

† Includes insurance of special properties against loss from fire, &amp;c.



**Expenditure Account.**  
1909, to 1 October, 1910.

<b>INCOME.</b>		Year 1908-1909.
<b>By Contributions</b> from Parishes and Unions in the District :—	£      £	£
In respect of Direct Charges .. .. .	129,400	133,000
„      Common Charges (on rateable value)—	904,805	967,201
	<b>1,034,205</b>	<b>1,100,201</b>
<b>Amounts paid</b> by extra Metropolitan Authorities		
For maintenance of patients in hospitals and schools	9,869	13,131
„      boys on Exmouth .. .. .	5,290	4,252
	<b>15,159</b>	<b>17,383</b>
<b>Interest</b> on balances in hands of bankers, &c. .. .. .	4,857	2,355
<b>Sundry receipts</b> :—		
Rents of buildings and land .. .. .	5,383	2,775
Sale of ambulance vehicles and sundry receipts .. .. .	1,034	411
Value of furniture and other stocks brought into account during year .. .. .	1,310	3,453
Superannuation contributions .. .. .	6,226	6,309
	<b>13,953</b>	<b>12,948</b>
<b>Total Income</b> .. .. .	<b>1,068,174</b>	<b>1,132,887</b>

HEADS OF EXPENDITURE.					
1908—1909.			1909—1910		
Amount.	Rate in the £.		Amount.	Rate in the £.	
£	d.		£	d.	
198,555	1-07	Imbeciles .. .. .	194,373	1-04	
378,077	2-04	Infectious sick—	312,497	1-68	
20,340	0-11	Fever .. .. .	17,023	0-09	
		Smallpox .. .. .			
29,989	0-16	Ambulance service—	26,698	0-14	
6,392	0-03	Land .. .. .	6,088	0-03	
18,086	0-10	River (including wharves) .. .. .	19,318	0-10	
99,795	0-54	Boys on training ship .. .. .	99,472	0-53	
		Children of various classes .. .. .			
326,644	1-76	General expenses (including repayment of and interest on loans, printing, &c., and Head Office salaries and expenses) .. .. .	324,302	1-74	
<b>£1,077,778</b>	<b>5-81</b>		<b>£999,771</b>	<b>5-35</b>	

(For details see pp. 82-89.)

	<b>£1,068,174</b>	<b>£1,132,887</b>
By Balance brought down, being income in excess of expenditure for year .. .. .	£68,403	
„ Balance on current account on 2 October, 1909, brought forward .. .. .	115,604	
		<b>£184,007</b>



## ANNUAL REPORT,

## APPENDIX IV.—Details of Revenue Expenditure for the Year

(Figures for the year 1908—1909 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.	Garden- ing.	Furni- ture.		
										Wages, Contracts and Materials.	Wages, Plants, Seeds, &c.	Furni- ture and other Articles.	Bed- ding and Linen.	Earthenware.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
<b>HOSPITALS :</b>			£	£	£	£	£	£	£	£	£	£	£	
Eastern .. .	136	153	1,345	..	1,345	6,774	2,799	54	255	520	151	655	245	
	255	196	2,489	..	2,489	8,190	3,633	75	379	807	158	501	408	10
North-Eastern	302	270	3,683	3	3,686	10,514	5,219	120	336	916	394	886	668	13
	430	303	5,130	..	5,130	11,448	5,728	109	461	894	386	635	719	14
North-Western	255	201	2,502	..	2,502	8,588	3,818	98	438	924	155	384	461	
	317	222	3,062	..	3,062	9,173	4,314	101	456	892	150	363	388	
Western ..	256	217	3,168	..	3,168	8,840	4,305	114	361	968	241	477	471	
	368	257	3,949	..	3,949	9,822	5,388	111	424	1,133	255	610	591	
South-Western	234	182	2,919	..	2,919	7,211	3,497	91	339	1,069	153	346	354	10
	248	194	3,018	1	3,019	7,507	3,431	90	318	888	162	599	338	9
Fountain ..	8	18	109	..	109	1,256	402	4	35	438	81	61	56	
	91	83	1,168	..	1,168	3,790	1,713	56	195	434	134	232	262	
Grove .. .	221	217	2,390	..	2,390	8,254	4,102	119	362	1,031	212	543	363	11
	303	255	3,680	..	3,680	9,065	4,857	126	465	794	233	551	334	12
South-Eastern	250	220	2,537	..	2,537	8,713	4,684	104	333	699	160	403	379	8
	292	241	2,701	..	2,701	9,292	4,949	111	352	929	180	451	399	9
Park .. .	144	153	1,778	..	1,778	6,711	3,089	86	278	1,135	230	394	427	5
	344	240	4,074	1	4,075	9,437	4,905	114	387	1,531	231	625	211	10
Brook .. .	264	215	3,141	..	3,141	8,667	4,187	97	405	1,008	285	591	448	7
	393	249	4,610	..	4,610	10,135	5,387	116	438	884	298	615	611	8
Northern ..	359	205	4,216	4	4,220	8,143	3,959	54	310	846	271	366	331	6
	463	230	6,049	9	6,058	8,603	4,441	65	404	993	282	379	450	7
Gore Farm ..	355	201	3,772	1	3,773	7,822	3,662	88	422	1,019	263	599	377	5
	596	243	6,500	4	6,504	8,856	4,276	97	301	787	233	615	411	7
Smallpox ..	2	61	32	..	32	3,304	1,429	43	226	797	222	277	66	2
	..	61	9	..	9	3,185	1,560	46	201	954	205	299	50	1
Carried forward	2,786	2,313	31,592	8	31,600	94,797	45,152	1,072	4,100	11,370	2,818	5,982	4,646	91
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	1,14

The Bacteriological Laboratories and Stables and Central Stores working expenditure (see Appendix XIV.) is charged to the several institutions.

\* † Includes fire insurance of special properties only in 1910.



**FINANCE COMMITTEE, 1910.**

**From 3 October, 1909, to 1 October, 1910.**

(under the figures for the year 1909—1910.)

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

DISTRICT.	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.		
5)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
57	3,133	1,447	492	136	34	..	16,829	448	16,381	5,855	..	5,855	22,236	23,581
64	3,907	1,519	738	199	29	..	20,710	627	20,083	4,427	..	4,427	24,510	26,999
76	5,033	3,687	1,466	202	52	..	29,699	..	29,699	3,301	..	3,301	33,000	36,686
76	6,232	4,085	1,330	240	36	..	32,523	3	32,520	9,655	16	9,671	42,191	47,321
48	4,024	1,926	436	184	48	..	21,613	287	21,326	1,941	..	1,941	23,267	25,769
27	4,588	1,960	630	202	31	..	23,358	419	22,939	1,086	..	1,086	24,025	27,087
57	4,408	2,529	976	203	34	..	24,042	467	23,575	656	..	656	24,231	27,399
51	5,594	2,595	1,053	262	30	..	27,993	633	27,360	864	..	864	28,224	32,173
16	5,019	1,744	704	155	32	..	20,862	97	20,765	2,943	..	2,943	23,708	26,627
12	5,461	1,800	834	167	29	..	21,764	412	21,352	3,399	..	3,399	24,751	27,770
7	1,093	1,206	8	5	6	..	4,665	..	4,665	19	..	19	4,684	4,793
14	3,127	1,218	71	60	18	..	11,395	..	11,395	942	..	942	12,337	13,505
18	5,811	2,945	345	164	42	..	24,443	(add 7	24,450	2,474	..	2,474	26,924	29,314
16	6,512	2,933	752	226	43	..	27,073	28	27,045	1,332	5	1,337	28,382	32,062
13	4,752	2,305	681	179	31	..	23,564	519	23,045	752	..	752	23,797	26,334
10	5,647	2,373	601	210	33	..	25,683	629	25,054	3,089	50	3,139	28,193	30,894
1	4,916	3,185	144	113	79	..	20,861	..	20,861	1,557	..	1,557	22,418	24,196
0	6,169	3,261	410	217	69	..	27,735	30	27,705	3,251	..	3,251	30,956	35,031
5	6,024	3,771	732	184	71	..	26,585	366	26,219	551	..	551	26,770	29,911
5	7,017	3,961	1,020	246	76	..	30,941	593	30,348	2,628	25	2,653	33,001	37,611
3	4,590	2,635	158	208	128	..	22,093	1	22,092	1,037	..	1,037	23,129	27,349
3	5,218	2,928	220	260	153	..	24,529	30	24,499	2,041	..	2,041	26,540	32,598
1	5,246	2,161	261	236	605	..	22,848	14	22,834	3,931	..	3,931	26,765	30,538
3	5,725	2,617	389	335	405	..	25,174	26	25,148	3,374	..	3,374	28,522	35,026
1	3,714	4,329	12	47	460	..	14,951	212	14,739	2,252	..	2,252	16,991	17,023
0	4,094	4,931	7	47	404	..	16,032	389	15,643	3,719	869	4,588	20,231	20,240
56	57,763	33,870	6,415	2,016	1,622	..	273,055	2,404	270,651	27,269	..	27,269	297,920	329,520
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

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



**ANNUAL REPORT,**  
APPENDIX IV.—**Details of Revenue Expenditure for the Year**  
(Figures for the year 1908—1909 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.		Bed- ding and Linen.
												(12)	(13)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)		
<b>Brought forward ..</b>	<b>2,786</b>	<b>2,313</b>	<b>£ 31,592</b>	<b>£ 8</b>	<b>£ 31,600</b>	<b>£ 94,797</b>	<b>£ 45,152</b>	<b>£ 1,072</b>	<b>£ 4,100</b>	<b>£ 11,370</b>	<b>£ 2,818</b>	<b>£ 5,982</b>	<b>£ 4,646</b>	
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	
<b>AMBULANCE SERVICE :—</b>														
Eastern Station ..	28	..	..	..	..	1,954	516	..	128	101	..	31	11	
..	29	..	..	..	..	2,138	553	..	112	135	..	170	10	
North Western Station ..	19	..	..	..	..	1,206	357	..	66	63	..	28	11	
..	23	..	..	..	..	1,542	435	..	67	103	..	144	8	
Western Station ..	30	..	..	..	..	2,119	603	..	126	64	..	130	17	
..	27	..	..	..	..	2,033	528	..	78	111	..	54	18	
South Western Station....	18	..	..	..	..	508	165	..	22	36	..	18	16	
..	19	..	..	..	..	1,309	411	..	97	106	..	116	9	
South Eastern Station..	28	..	..	..	..	1,980	594	..	77	87	..	26	21	
..	26	..	..	..	..	1,850	560	..	75	69	..	95	6	
Brook Station ..	22	..	..	..	..	1,594	436	..	65	78	..	20	12	
..	25	..	..	..	..	1,840	519	..	92	128	..	147	13	
Mead Station ..	..	..	..	..	..	138	13	..	4	102	..	63	1	
..	30	..	..	..	..	1,524	565	..	213	72	..	96	5	
River Service ..	16	..	..	..	..	2,509	404	52	57	180	1	63	81	
..	16	..	..	..	..	2,558	458	51	87	172	1	86	14	
<b>Totals ..</b>	<b>161</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>12,008</b>	<b>3,088</b>	<b>52</b>	<b>545</b>	<b>711</b>	<b>1</b>	<b>379</b>	<b>170</b>	
Totals ..	195	..	..	..	..	14,794	4,029	51	821	896	1	908	83	
<b>ASYLUMS :—</b>														
Leavesden ..	1,944	127	17,111	33	17,144	14,283	4,942	50	551	1,735	218	957	1,111	
..	2,075	136	18,639	46	18,685	13,776	5,066	51	545	1,726	209	821	1,256	
Caterham ..	1,957	220	17,357	20	17,377	12,963	4,383	62	643	2,185	236	1,062	852	
..	1,947	213	18,511	17	18,528	12,251	4,163	51	481	2,002	226	958	926	
Darenth ..	1,928	262	16,372	16	16,388	13,540	4,970	51	467	2,021	262	793	1,391	
..	1,912	263	16,606	54	16,660	13,830	5,136	66	506	2,311	238	954	1,102	
Tooting Bec ..	1,029	269	8,306	132	8,438	11,743	4,532	54	477	996	350	474	387	
..	977	260	8,192	116	8,308	11,534	5,019	65	531	883	418	423	336	
<b>Totals ..</b>	<b>6,858</b>	<b>878</b>	<b>59,146</b>	<b>201</b>	<b>59,347</b>	<b>52,529</b>	<b>18,827</b>	<b>217</b>	<b>2,138</b>	<b>6,937</b>	<b>1,066</b>	<b>3,286</b>	<b>3,741</b>	
Totals ..	6,911	872	61,948	233	62,181	51,391	19,384	233	2,063	6,922	1,091	3,156	3,620	
<b>Carried forward</b>	<b>9,644</b>	<b>3,352</b>	<b>90,738</b>	<b>209</b>	<b>90,947</b>	<b>159,334</b>	<b>67,067</b>	<b>1,341</b>	<b>6,783</b>	<b>19,018</b>	<b>3,885</b>	<b>9,647</b>	<b>8,557</b>	
Carried forward	11,011	3,841	108,387	248	108,635	174,688	77,995	1,501	7,665	19,738	3,999	10,539	8,875	

The Bacteriological Laboratories and Stables, and Central Stores working expenditure (see Appendix XIV.) is charged to the same account.  
† Includes fire insurance of special properties only in 1910.



**FINANCE COMMITTEE, 1910.**

from 3 October, 1909, to 1 October, 1910 (continued).

Under the figures for the year 1909—1910.)

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

No.	Description	HEATING, LIGHTING, AND CLEANSING (including Wages).	RATES, 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.		
(5)	(6)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
		£	£	£	£	£	£	£	£	£	£	£	£	£	£
16		57,763	33,870	6,415	2,016	1,622	..	273,055	2,404	270,651	27,269	..	27,269	297,920	329,520
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
5		289	222	..	19	955	..	4,232	101	4,131	195	452	647	4,778	4,778
4		306	247	..	19	858	..	4,554	76	4,478	..	..	..	4,478	4,478
2		285	199	..	22	433	..	2,674	178	2,496	..	..	..	2,496	2,496
4		279	206	..	16	498	..	3,305	151	3,154	..	..	..	3,154	3,154
4		313	300	..	23	783	..	4,485	370	4,115	86	3,481	3,567	7,682	7,682
2		320	327	..	22	751	..	4,246	202	4,044	..	661	661	4,705	4,705
2		129	196	..	8	163	..	1,264	51	1,213	22	..	22	1,235	1,235
4		278	207	..	19	482	..	3,041	159	2,882	155	..	155	3,037	3,037
6		336	253	..	28	1,041	..	4,453	226	4,227	272	510	782	5,009	5,009
3		377	268	..	22	816	..	4,145	109	4,036	..	..	..	4,036	4,036
3		242	267	..	15	759	..	3,493	20	3,473	..	..	..	3,473	3,473
2		293	285	..	19	736	..	4,077	26	4,051	..	..	..	4,051	4,051
1		82	224	..	9	1,030	..	1,667	..	1,667	288	70	358	2,025	2,025
5		493	268	..	23	1,216	..	4,486	70	4,416	501	1,611	2,112	6,528	6,528
2		841	1,063	3	18	15	..	5,295	..	5,295	793	..	793	6,088	6,088
3		945	1,104	3	13	25	..	5,526	..	5,526	866	..	866	6,392	6,392
25		2,517	2,724	3	142	5,179	..	27,563	946	26,617	1,656	4,513	6,169	32,786	32,786
27		3,291	2,912	3	153	5,382	..	33,380	793	32,587	1,522	2,272	3,794	36,381	36,381
85		7,114	1,688	363	247	439	..	34,034	520	33,514	3,223	..	3,223	36,737	53,881
62		7,081	1,801	390	259	422	..	33,726	1,121	32,605	1,428	535	1,963	34,568	53,253
36		6,196	1,978	258	239	215	..	31,629	48	31,581	1,791	459	2,250	33,831	51,208
44		6,516	1,990	245	258	210	..	30,652	518	30,134	2,225	489	2,714	32,848	51,376
36		7,549	2,880	174	281	349	..	34,965	3,207	31,758	1,881	..	1,881	33,639	50,027
33		7,662	3,256	127	290	363	..	36,068	4,037	32,031	6,256	68	6,324	38,355	55,015
31		6,248	3,687	277	216	56	..	29,689	39	29,650	236	933	1,169	30,819	39,257
41		6,215	3,676	239	209	85	..	29,779	29	29,750	853	..	853	30,603	38,911
38		27,107	10,233	1,072	983	1,059	..	130,317	3,814	126,503	7,131	1,392	8,523	135,026	194,373
30		27,474	10,723	1,001	1,016	1,080	..	130,225	5,705	124,520	10,762	1,092	11,854	136,374	198,555
29		87,387	46,827	7,490	3,141	7,860	..	430,935	7,164	423,771	36,056	5,905	41,961	465,732	556,679
13		100,056	49,816	9,059	3,840	7,818	..	478,515	10,317	468,198	52,091	4,329	56,420	524,618	633,253

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

\* Includes running expenses of ambulance vehicles.



## APPENDIX IV.—Details of Revenue Expenditure for the Year

(Figures for the year 1908—1909 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, Contracts and Materials.	Garden-Ing. Wages, Plants, Seeds, &c.	Furni- ture and Bed- ding and Linen.	
												(12)	(13)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
Brought forward ..	9,644	3,352	90,738	209	90,947	159,334	67,067	1,341	6,783	19,018	3,885	9,647	8,557
Brought forward	11,011	3,841	108,387	248	108,635	174,688	77,995	1,501	7,665	19,738	3,999	10,539	8,875
<b>CHILDREN'S HOMES AND SCHOOLS:—</b>													
High Wood ..	311	74	2,682	50	2,732	3,513	1,272	35	97	238	132	262	81
	285	75	2,629	35	2,664	3,413	1,368	37	99	251	191	227	65
White Oak ..	339	72	2,862	58	2,920	3,695	1,298	26	99	379	145	396	181
	287	71	2,596	55	2,651	3,414	1,335	25	82	416	139	243	155
The Downs ..	318	80	2,566	35	2,601	4,112	1,455	42	69	534	63	330	250
	353	81	3,010	30	3,040	3,914	1,702	48	91	461	84	267	274
Queen Mary's Hospital ..	814	275	6,933	16	6,949	8,972	4,830	91	242	1,240	455	1,021	658
	502	211	4,227	14	4,241	4,695	2,338	55	320	1,003	184	478	..
S. Anne's ..	131	24	1,093	84	1,177	1,175	478	11	25	348	13	51	60
	129	24	1,147	95	1,242	1,178	520	18	27	257	13	76	79
East Cliff ..	124	31	1,100	105	1,205	1,135	685	23	17	218	..	102	52
	121	31	1,102	95	1,197	1,095	711	25	25	224	2	145	63
Millfield ..	118	24	1,251	64	1,315	1,031	471	12	24	222	55	117	19
	113	23	1,202	67	1,269	1,005	436	19	29	100	49	71	31
Bridge ..	167	15	1,813	9	1,822	898	284	4	24	294	11	137	78
	138	13	1,752	6	1,758	827	342	4	28	479	14	160	40
Lloyd Street ..	23	4	219	..	219	173	82	8	4	32	2	21	12
	22	4	223	3	226	177	79	9	..	23	1	22	8
Elm Grove ..	13	3	86	..	86	120	60	11	..	13	1	3	2
	12	3	94	..	94	117	56	10	..	12	..	7	5
Earlsfield Road	9	2	112	..	112	82	42	7	1	7	..	6	3
	9	2	102	..	102	80	38	8	1	3	..	9	1
Surrey House..	18	3	179	..	179	112	61	12	..	13	..	12	5
	17	3	161	..	161	116	57	11	2	14	..	6	3
Pentonville Rd.	27	8	51	3	54	75	38	5	..	9	1	1	4
	32	8	244	14	258	285	127	12	22	19	1	11	4
Harrow Road	11	4	23	1	24	46	20	3	2	33	1	3	..
	12	4	113	3	116	203	77	10	11	30	1	8	3
Camberwell Green ..	31	6	40	8	48	80	37	3	9	14	..	4	..
	28	6	185	16	201	305	140	11	11	20	1	17	15
<b>Totals ..</b>	<b>2,454</b>	<b>625</b>	<b>21,010</b>	<b>433</b>	<b>21,443</b>	<b>25,219</b>	<b>11,113</b>	<b>293</b>	<b>613</b>	<b>3,594</b>	<b>879</b>	<b>2,466</b>	<b>1,405</b>
Totals ..	2,060	559	18,787	433	19,220	20,824	9,326	302	748	3,312	680	1,747	746
Carried forward	12,098	3,977	111,748	642	112,390	184,553	78,180	1,634	7,396	22,612	4,764	12,113	9,962
Carried forward	13,071	4,400	127,174	681	127,855	195,512	87,321	1,803	8,413	23,050	4,679	12,286	9,621

The Bacteriological Laboratories and Stables and Central Stores working expenditure (see Appendix XIV) is charged to the service.

† Includes fire insurance of special properties only in 1910.



**FINANCE COMMITTEE, 1910.**

from 3 October, 1909, to 1 October, 1910 (continued).  
under the figures for the year 1909—1910.)

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

MENT.	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.
	ature.	Heating, Lighting and Cleansing (including Wages).	RATES, RENT, TAXES, AND INSURANCE. †	MEDICINES AND SURGICAL APPLIANCES.	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)	
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
129	87,387	46,827	7,490	3,141	7,860	..	430,935	7,164	423,771	36,056	5,905	41,961	465,732	556,679	
213	100,056	49,816	9,059	3,840	7,818	..	478,515	10,317	468,198	52,091	4,329	56,420	524,618	633,253	
11	1,859	992	148	74	170	..	8,908	36	8,872	123	..	123	8,995	11,727	
12	1,807	968	114	77	170	..	8,828	22	8,806	374	..	374	9,180	11,844	
28	1,874	1,494	202	90	112	..	10,065	26	10,039	948	..	948	10,987	13,907	
16	1,838	1,701	139	74	118	..	9,731	35	9,696	..	..	..	9,696	12,347	
16	1,369	1,000	141	67	82	..	9,559	(add) 46	9,605	202	..	202	9,807	12,408	
10	1,476	1,157	152	63	79	..	9,802	(add) 19	9,821	552	130	682	10,503	13,543	
245	6,637	2,480	632	227	382	..	28,307	(add) 104	28,411	1,466	2,070	3,536	31,947	38,896	
4	4,131	1,212	356	322	317	..	15,419	..	15,419	6,677	12,927	19,604	35,023	39,264	
8	397	206	43	45	91	..	2,960	5	2,955	..	..	..	2,955	4,132	
8	434	199	59	60	92	..	3,034	37	2,997	..	..	..	2,997	4,239	
14	505	198	83	39	104	..	3,187	2	3,185	2,427	..	2,427	5,612	6,817	
35	492	211	80	34	94	..	3,246	4	3,242	108	..	108	3,350	4,547	
7	478	81	17	41	124	..	2,712	15	2,697	380	..	380	3,077	4,392	
4	483	85	12	47	138	..	2,522	6	2,516	1,071	..	1,071	3,587	4,856	
20	661	130	11	28	163	..	2,747	255	2,492	100	..	100	2,592	4,414	
15	628	126	13	33	153	..	2,868	210	2,658	..	..	..	2,658	4,416	
2	102	76	5	6	21	..	548	..	548	40	..	40	588	807	
2	104	78	5	9	22	..	541	..	541	72	..	72	613	839	
1	34	31	41	2	8	..	327	..	327	27	..	27	354	440	
1	37	33	2	2	5	..	287	..	287	..	..	..	287	381	
1	33	12	1	6	7	..	210	..	210	..	..	..	210	322	
..	32	13	..	2	5	..	192	..	192	..	..	..	192	294	
1	53	20	4	5	9	..	308	..	308	..	..	..	308	487	
3	42	21	3	3	7	..	288	..	288	..	..	..	288	449	
1	40	75	1	1	2	..	253	..	253	..	..	..	253	307	
2	126	288	1	17	14	..	930	..	930	54	..	54	984	1,242	
..	20	16	..	2	2	..	148	..	148	..	..	..	148	172	
..	57	66	..	4	6	..	476	..	476	29	..	29	505	621	
1	28	16	1	1	2	..	196	..	196	..	..	..	196	244	
1	103	69	..	12	6	..	712	..	712	..	..	..	712	913	
56	14,090	6,827	1,330	634	1,279	..	70,435	189	70,246	5,713	2,070	7,783	78,029	99,472	
13	11,790	6,227	936	759	1,226	..	58,876	295	58,581	8,937	13,057	21,994	80,575	99,795	
95	101,477	53,654	8,820	3,775	9,139	..	501,370	7,353	494,017	41,769	7,975	49,744	543,761	656,151	
16	111,846	56,043	9,995	4,599	9,044	..	537,391	10,612	526,779	61,028	17,386	78,414	605,193	733,048	

establishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads. Includes running expenses of ambulance vehicles.



**ANNUAL REPORT,**  
**APPENDIX IV.—Details of Revenue Expenditure for the Year**  
 (Figures for the year 1908—1909 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 ESTABLISH-			
						Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works, Contracts and Materials.	Garden- ing.	Furni-	
	Wages, Plants, Seeds, &c.	Furni- ture and other articles.	Bedding, and Linen.										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
Brot. forward	12,098	3,977	£ 111,748	£ 642	£ 112,390	£ 184,553	£ 78,180	£ 1,634	£ 7,396	£ 22,612	£ 4,764	£ 12,113	£ 9,962
Brot. forward	13,071	4,400	127,174	681	127,855	195,512	87,321	1,803	8,413	23,050	4,679	12,286	9,621
TRAIN'G SHIP EXMOUTH	694	43	7,149	730	7,879	3,974	1,067	188	323	1,001	6	699	248
	616	41	6,777	501	7,278	3,707	1,135	185	227	958	9	614	324
CENTRAL STORES †	..	..	..	..	..	..	..	..	..	..	..	..	..
LABORATORIES †	..	..	..	..	..	..	..	..	..	..	..	..	..
GENERAL EXPENSES													
Office of Board	..	..	..	..	..	21,822	..	..	137	137	3	323	4
	..	..	..	..	..	21,581	..	..	168	206	1	194	1
Samples and Analysing	..	..	..	..	..	..	..	..	..	..	..	..	..
Telephones	..	..	..	..	..	..	..	..	..	..	..	..	..
Fire Insurance (Special)	..	..	..	..	..	..	..	..	..	..	..	..	..
Franco-Brit'h Exhibition	..	..	..	..	..	..	..	..	..	..	..	..	..
Belmont	..	..	..	..	..	..	..	..	..	..	..	..	..
Loans— Instalments	..	..	..	..	..	..	..	..	..	..	..	..	..
Interest	..	..	..	..	..	..	..	..	..	..	..	..	..
Legal Expenses	..	..	..	..	..	..	..	..	..	..	..	..	..
Superannuation Allowances and Compensation	..	..	..	..	..	..	..	..	..	..	..	..	..
Repayment of Notification Fees	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	..	21,822	..	..	137	137	3	323	4
Totals	..	..	..	..	..	21,916	..	..	168	206	1	208	1
Grand Totals for Year 1909-1910	12,792	4,020	118,897	1,372	120,269	210,349	79,247	1,822	7,856	23,750	4,773	13,135	10,214
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	13,108	9,946

† The Bacteriological Laboratories and Stables, and Central Stores working expenditure (see Appendix XIV.) is charged to the service.  
 † Includes fire insurance of special properties only in 1910.



**FINANCE COMMITTEE, 1910.**

from 3 October, 1909, to 1 October, 1910 (continued.)  
under the figures for the year 1909—1910.)

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

No.	EXPENDITURE.						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.
	Heating, Lighting and Cleansing (including Wages).	RATES, RENT, TAXES, AND INSURANCE.	MEDICINES AND SURGICAL APPLIANCES.	MISCELLANEOUS.							Buildings.	Furniture, &c.	Total.		
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
485	101,477	53,654	8,820	3,775	9,139	..	501,370	7,353	494,017	41,769	7,975	49,744	543,761	656,151	
326	111,846	56,043	9,995	4,599	9,044	..	537,391	10,612	526,779	61,028	17,386	78,414	605,193	733,048	
131	1,870	612	54	154	362	..	10,706	..	10,706	733	..	733	11,439	19,318	
82	1,916	640	48	155	337	..	10,359	..	10,359	449	..	449	10,808	18,086	
..	..	..	..	..	..	..	..	..	..	166	..	166	166	166	
..	..	..	..	..	..	..	..	..	..	1,646	..	1,646	1,646	1,646	
..	..	..	..	..	..	..	..	..	..	584	..	584	584	584	
..	..	..	..	..	..	..	..	..	..	1,473	..	1,473	1,473	1,473	
7	629	517	..	2,804	399	..	26,782	..	26,782	181	..	181	26,963	26,963	
4	623	518	..	2,843	400	..	26,539	..	26,539	314	..	314	26,853	26,853	
..	..	..	..	..	275	..	275	..	275	..	..	..	275	275	
..	..	..	..	..	881	..	881	..	881	..	..	..	881	881	
..	..	1,209	..	..	..	..	1,209	..	1,209	..	..	..	1,209	1,209	
..	..	1,120	..	..	..	..	1,120	..	1,120	..	..	..	1,120	1,120	
..	..	269	..	..	..	..	269	..	269	..	..	..	269	269	
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
..	..	..	..	..	..	8	8	..	8	..	..	..	8	8	
..	..	..	..	..	..	..	..	..	..	411	..	411	411	411	
..	..	..	..	..	5	..	354	..	354	333	..	333	687	687	
..	..	..	..	..	..	187,941	187,941	..	187,941	..	..	..	187,941	187,941	
..	..	..	..	..	..	181,696	181,696	..	181,696	..	..	..	181,696	181,696	
..	..	..	..	..	..	92,544	92,544	..	92,544	..	..	..	92,544	92,544	
..	..	..	..	..	..	98,257	98,257	..	98,257	..	..	..	98,257	98,257	
..	..	..	..	..	..	205	205	..	205	..	..	..	205	205	
..	..	..	..	..	..	176	176	..	176	..	..	..	176	176	
..	..	..	..	..	..	11,312	11,312	..	11,312	..	..	..	11,312	11,312	
..	..	..	..	..	..	10,306	10,306	..	10,306	..	..	..	10,306	10,306	
..	..	..	..	..	..	2,423	2,423	..	2,423	..	..	..	2,423	2,423	
..	..	..	..	..	..	3,541	3,541	..	3,541	..	..	..	3,541	3,541	
7	629	1,995	..	2,804	674	294,425	322,960	..	322,960	592	..	592	323,552	323,552	
4	623	1,638	..	2,843	1,286	293,984	322,878	..	322,878	647	..	647	323,525	323,525	
623	103,976	56,261	8,874	6,733	10,175	294,425	835,036	7,353	827,683	43,844	7,975	51,819	879,502	999,771	
412	114,385	58,321	10,043	7,597	10,667	293,984	870,628	10,612	860,016	65,243	17,386	82,629	942,645	1,077,778	

Establishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads.  
\* Includes running expenses of ambulance vehicles.



**LIABILITIES.  
LOAN ACCOUNT.**

	Loans.	£	£	£
Loans outstanding Michaelmas, 1909 .. .. .			2,840,645	
Less Instalments of loans repaid during year ..	£186,973			
Extraordinary repayment of principal during the year.. .. .	968			
		187,941		
Liability in respect of the Remand Homes taken over by the London County Council .. .. .		7,213		
			195,154	
Loans outstanding Michaelmas, 1910 .. .. .				2,645,491
London County Council .. .. .		£2,507,264		
Public Works Loan Commissioners .. .. .		138,227		
		£2,645,491		
(See statement, p. 101).				
	<b>Balance.</b>			
Instalments repaid .. .. .			2,961,308	
Expenditure paid out of current account, and sundry receipts .. .. .			*273,069	
				3,234,377
<b>Total on Loan Account .. .. .</b>				<b>£5,879,868</b>

**GENERAL ACCOUNT.**

	Suspense Adjustment Account.	£	£
Donations unexpended at Michaelmas, 1910 .. .. .		5	
Amounts due from Extra Metropolitan Authorities for maintenance and treatment of inmates, to be credited to Parishes and Unions when received .. .. .		6,131	
			6,136
	<b>Sundry Creditors.</b>		
Tradesmen's accounts and other amounts owing .. .. .			73,571
	<b>Legacies.</b>		
Captain Brown's legacy to the Training Ship (£119), less legal expenses .. .. .		£115	
William Thomas Ferguson's legacy to the Homerton Smallpox Hospital (£100), and accumulated income .. .. .	£168		
Add interest unapplied .. .. .	2		
		170	
George Dryden's legacy to the Stockwell Smallpox Hospital (£100), less books purchased for Hospital Ships .. .. .	£75		
Balance of residue received in year .. .. .	39		
		114	
George Cook's legacy to Darenth Asylum (£100), less legal expenses .. .. .	£73		
Add interest unapplied .. .. .	1		
		74	
Mrs. M. E. Bates' legacy to the Eastern Hospital (£100), less books purchased .. .. .	£94		
Add interest unapplied .. .. .	2		
		96	
			569
	<b>Students' Fees for Clinical Instruction.</b>		
	Total at Michaelmas. 1909.	Year to Michaelmas. 1910.	Total at Michaelmas. 1910.
Amounts received from students .. .. .	£19,944	£723	£20,667
Less amounts paid to medical superintendents for clinical instruction .. .. .	12,181	455	12,636
	£7,763	268	£8,031
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
			531
	<b>Balance on Current Account.</b>		
Net balance in favour of Parishes and Unions in the District .. .. .			184,007
<b>Total on General Account .. .. .</b>			<b>264,814</b>
<b>Grand Total .. .. .</b>			<b>£6,144,682</b>

\* In addition to these figures, large amounts of expenditure of a capital nature



at 1 October, 1910.

**PROPERTY ASSETS AND CAPITAL OUTLAY.****LOAN ACCOUNT.****Capital Outlay.**

Land, buildings, fittings, and furniture (original cost)	..	..	..	..	£
(For details, see statement p. 92).					*5,879,868

**Total on Loan Account** .. .. . £5,879,868

**GENERAL ACCOUNT.****Stock.**

Goods at central stores and at the various institutions, including unused					£
railway tickets and postage stamps	..	..	..	..	88,956

**Sundry Debtors.**

Extra-Metropolitan Authorities and other sundry debtors	..	..	..	..	6,299
---	----	----	----	----	-------

**Legacies (Investment Accounts).**

Brown's legacy—£104 14s., 3½ per cent stock, London County Council (Metropolitan Board of Works) (at cost)	..	..	..	..	£
Ferguson's legacy—£173 17s. 2d., consols (at cost)	..	..	..	..	115
Dryden's legacy—£75 18s. 4d., consols (at cost)	..	..	..	..	168
Cook's legacy—£75 18s. 4d., consols (at cost)	..	..	..	..	75
Bates' legacy—£100, 3 per cent. stock, London County Council (at cost)	..	..	..	..	73
					94
					<u>525</u>

**Cash.**

London County and Westminster Banking Company, Limited—		£	£	
Balance in their hands	..	..	..	171,243
Less unrepresented cheques	..	..	..	6,072
				<u>165,171</u>
Cheques drawn in advance for payments for ensuing year	..	..	..	2,441
				<u>167,612</u>
Accounting officers—balances in their hands	..	..	..	1,422
				<u>169,034</u>

**Total on General Account** .. .. . 264,814

**Grand Total** .. .. . £6,144,682

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 VI.—Details of Expenditure in respect of Capital Outlay.

INSTITUTION.	Expenditure at 2 October, 1909		Expenditure in year to 1 October, 1910.		Total Expenditure at 1 October, 1910.		
	Land.	Buildings, &c.	Land.	Buildings, &c.	Land.	Buildings, &c.	TOTAL.
<b>Asylums—</b>	£	£	£	£	£	£	£
Leavesden .. .. .	20,126	210,420	..	..	20,126	210,420	230,546
Caterham .. .. .	14,965	216,789	..	..	14,965	216,789	231,754
Darenth .. .. .	16,148	341,648	..	328	16,148	341,976	358,124
Tooting Bec .. .. .	27,682	303,159	..	..	27,682	303,159	330,841
Belmont .. .. .	..	129,623	411	..	411	129,623	130,034
Clapton .. .. .	..	2,551	..	..	..	2,551	2,551
<b>Totals for Asylums</b> .. .. .	<b>78,921</b>	<b>1,204,190</b>	<b>411</b>	<b>328</b>	<b>79,332</b>	<b>1,204,518</b>	<b>1,283,850</b>
<b>Hospitals—</b>							
Eastern .. .. .	29,826	94,595	..	3,932	29,826	98,527	128,353
North Eastern .. .. .	25,673	163,188	..	..	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	428,803
Grove .. .. .	..	273,195	..	..	..	273,195	..
South Eastern .. .. .	12,318	258,913	..	..	12,318	258,913	271,231
Park .. .. .	22,759	255,793	..	..	22,759	255,793	278,552
Brook .. .. .	16,610	305,228	..	..	16,610	305,228	321,838
Northern .. .. .	13,747	184,143	..	..	13,747	184,143	197,890
Gore Farm (Upper) .. .. .	19,699	183,395	..	..	19,699	183,395	384,070
Do. (Lower) .. .. .	..	180,976	..	..	..	180,976	..
Smallpox—Hospital Ships .. .. .	..	47,538	..	..	..	47,538	..
Do. Long Reach .. .. .	33,979	66,373	..	..	33,979	66,373	263,432
Do. Orchard .. .. .	..	115,542	..	..	..	115,542	..
Do. Joyce Green .. .. .	27,732	366,298	..	353	27,732	366,651	394,383
<b>Totals for Hospitals</b> .. .. .	<b>289,833</b>	<b>3,132,175</b>	<b>..</b>	<b>4,285</b>	<b>289,833</b>	<b>3,136,460</b>	<b>3,426,293</b>
<b>Bacteriological Laboratories and Stables</b> .. .. .	<b>..</b>	<b>11,769</b>	<b>..</b>	<b>279</b>	<b>..</b>	<b>12,048</b>	<b>12,048</b>
<b>Land Ambulance Stations—</b>							
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
<b>Totals for Land Ambulance Service</b> .. .. .	<b>7,272</b>	<b>90,793</b>	<b>..</b>	<b>..</b>	<b>7,272</b>	<b>90,793</b>	<b>98,066</b>
<b>River Ambulance Service—</b>							
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
<b>Totals for River Ambulance Service</b> .. .. .	<b>22,329</b>	<b>91,745</b>	<b>..</b>	<b>..</b>	<b>22,329</b>	<b>91,745</b>	<b>114,077</b>
<b>Training Ship Exmouth</b> .. .. .	<b>..</b>	<b>100,890</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>100,890</b>	<b>100,890</b>
<b>Children's Homes and Schools—</b>							
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
Queen Mary's Hospital .. .. .	15,853	263,412	..	2,202	15,853	265,614	281,466
St. Anne's .. .. .	..	16,037	..	..	..	16,037	16,037
East Cliff .. .. .	..	17,419	2,356	..	2,356	17,419	19,775
Millfield .. .. .	850	26,675	..	..	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
<b>Totals for Children's Homes and Schools</b> .. .. .	<b>24,303</b>	<b>683,229</b>	<b>2,356</b>	<b>2,202</b>	<b>26,659</b>	<b>685,431</b>	<b>712,090</b>
<b>Central Stores</b> .. .. .	<b>4,250</b>	<b>17,033</b>	<b>..</b>	<b>166</b>	<b>4,250</b>	<b>17,199</b>	<b>21,449</b>
<b>Office of the Board</b> .. .. .	<b>53,700</b>	<b>57,409</b>	<b>..</b>	<b>..</b>	<b>53,700</b>	<b>57,409</b>	<b>111,109</b>
<b>GRAND TOTALS</b> .. .. .	<b>£ 480,608</b>	<b>5,389,233</b>	<b>2,767</b>	<b>7,260</b>	<b>483,375</b>	<b>5,396,493</b>	<b>5,879,863</b>

NOTE I.—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."

NOTE II.—Large amounts additional to those tabulated have been defrayed out of current funds.



APPENDIX VII.—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 1910.

Year ended Michaelmas.	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 Exmouth	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	..	..	..	28,660
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	31,681	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	294,669	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	51,294	..	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	206	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	..	181,745	3,025,044	181,745	..	3.34	3,160	..	..	..	..	..	..	3,160
1909	..	*184,399	2,840,645	184,399	..	3.34	..	..	..	..	..	..	..	..
1910	..	*195,154	2,645,491	195,154	..	3.34	..	..	..	..	..	..	..	..
Totals	5,606,799	†2,964,968	2,645,491	..	..	..	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, in 1909 £2,703, in 1910 £968 and £7,213 liability in respect of Remand Homes taken over by the London County Council.

† Includes £3,660 repaid to the Public Works Loans Board during the years 1869-70, and subsequently raised again on loan from the Metropolitan Board of Works.



APPENDIX VIII.—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 AND SPECIAL EXPENDITURE.		
	INSTITUTIONS.					GENERAL EXPENSES.					Total.	Maintenance of Extra Metropolitan Patients.	Interest on Balances.	Superannuation Contributions.	Sundry other Receipts.	Total.	Amount Col. 11 less col. 16.	Rate in the £.
	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)	(18)	
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	d.	
1867	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
1868	132	13	..	..	..	2,394	..	..	..	2,539	..	..	..	..	..	2,539	.03	
1869	638	835	..	..	..	1,949	22	..	..	3,444	..	..	..	..	..	3,444	.05	
1870	1,226	5,473	..	..	..	1,915	61	..	..	8,675	..	..	..	..	..	8,675	.12	
1871	59,204	48,905	..	..	..	2,946	135	..	..	111,190	..	..	..	..	..	111,190	1.34	
1872	74,890	39,826	..	..	..	3,089	1,227	..	..	119,032	..	..	1,905	1,905	117,127	1.42		
1873	86,462	20,862	..	..	..	3,032	1,022	..	..	111,378	..	1,190	..	1,190	110,188	1.33		
1874	91,722	21,680	..	..	..	2,866	450	..	..	116,718	..	..	1,789	1,789	114,929	1.35		
1875	99,294	28,203	..	..	..	3,743	317	..	..	131,557	..	1,000	..	1,673	2,673	128,884	1.49	
1876	108,165	26,972	..	3,573	..	3,653	290	..	..	142,653	..	1,000	..	1,775	2,775	139,878	1.46	
1877	106,775	83,703	..	12,388	..	4,543	380	..	..	207,789	..	..	2,000	2,000	205,789	2.11		
1878	107,328	74,565	..	20,115	..	4,742	1,954	..	..	208,704	..	1,000	..	2,852	3,852	204,852	2.10	
1879	107,564	57,449	..	19,616	..	5,107	5,128	..	..	194,864	..	1,500	..	3,819	5,319	189,545	1.91	
1880	114,153	59,041	..	19,767	..	4,766	2,026	..	..	199,753	..	1,500	..	3,817	5,317	194,436	1.91	
§1881	150,222	159,322	..	21,059	..	5,485	1,660	..	..	337,768	..	1,000	..	3,553	4,553	333,215	3.20	
§1882	160,693	149,266	7,916	23,368	..	6,101	5,799	..	..	353,143	..	..	6,662	6,662	346,481	3.04		
§1883	161,651	132,138	10,579	22,142	..	6,691	3,334	..	..	336,535	..	..	4,253	4,253	332,282	2.87		
§1884	154,032	259,367	41,098	23,547	..	7,758	18,352	..	..	504,154	..	..	3,967	3,967	500,187	4.24		
§1885	160,235	215,789	33,032	21,699	..	9,695	9,121	..	..	449,571	..	..	3,947	3,947	445,624	3.71		
1886	124,032	67,432	15,856	18,431	..	9,737	4,050	..	..	239,538	..	..	4,528	4,528	235,010	1.92		
1887	125,119	65,184	10,985	18,642	..	11,546	1,749	..	..	233,225	..	2,094	..	10,880	12,974	220,251	1.74	
1888	123,081	139,869	12,417	17,350	..	11,174	350	..	..	304,241	..	650	..	650	303,591	2.38		
1889	130,218	89,809	16,300	19,390	..	9,295	991	185	..	266,188	..	2,086	..	3,943	6,029	260,159	2.02	
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	2.17	
1891	137,782	135,446	11,080	19,100	..	11,161	1,944	790	3,421	320,724	..	890	..	109	999	319,725	2.44	
1892	144,386	210,890	16,059	19,732	..	12,617	1,399	937	3,300	409,320	..	341	..	40	381	408,939	2.99	
1893	145,302	285,653	25,361	20,296	..	15,784	1,864	1,012	5,278	500,340	228	..	..	41	269	500,071	3.59	
1894	140,866	270,586	27,430	21,414	..	17,699	2,598	1,122	8,189	489,904	142	..	..	202	344	489,560	3.49	
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	3.17	
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	3.24	
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	3.37	
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	3.54	
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	3.70	
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	3.71	
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	3.80	
1902	164,749	455,300	49,114	18,627	17,260	25,240	2,058	4,355	7,016	743,728	16,903	993	..	..	17,896	725,832	4.30	
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	3.90	
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	3.50	
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	623,539	3.60	
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	3.60	
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	3.70	
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	3.80	
1909	186,701	357,545	32,587	17,637	77,801	26,539	2,539	10,306	3,541	715,196	17,383	2,355	6,309	6,639	32,686	682,510	3.60	
1910	185,850	302,251	26,617	18,585	91,689	26,782	1,958	11,312	2,423	667,467	15,159	4,857	6,226	7,727	33,989	633,498	3.40	

\* 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 patients.

† The rate in the £ is calculated on the basis of the rateable values in force at Michaelmas each year.

NOTES.—The salaries and wages for the years 1904-10 include the contributions of the Staff under the Superannuation The Bacteriological Laboratories and Stables and Central Stores working expenditure (see p. 103) is charged In considering this table regard should be had to the great increase in the Board's work in



Receipts, Net Expenditure, Loan Charges, Special Expenditure and Year from 1868 to 1910.

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 Ex-month	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	0.06	8,384	.11	..	..	..	..	..	..	..	8,384	.11	1869
17,917	9,000	26,917	0.36	35,592	.48	..	..	..	..	..	..	..	35,592	.48	1870
13,837	..	13,837	0.17	125,027	1.51	..	..	..	..	..	..	..	125,027	1.51	1871
24,402	17,198	41,600	0.50	158,727	1.92	..	..	..	..	..	..	..	158,727	1.92	1872
20,292	9,270	29,562	0.36	139,750	1.69	..	..	..	..	..	..	..	139,750	1.69	1873
20,342	9,425	29,767	0.35	144,696	1.70	..	..	..	..	..	..	..	144,696	1.70	1874
20,540	9,996	30,536	0.35	159,420	1.84	..	..	..	..	..	..	..	159,420	1.84	1875
15,908	..	15,908	0.16	155,786	1.62	..	..	..	..	..	..	..	155,786	1.62	1876
30,498	24,841	55,339	0.57	261,128	2.68	..	..	..	..	..	..	..	261,128	2.68	1877
27,340	15,156	42,496	0.44	247,348	2.54	..	..	..	..	..	..	..	247,348	2.54	1878
29,230	18,319	47,549	0.48	237,094	2.39	..	..	..	..	..	..	..	237,094	2.39	1879
30,091	18,494	48,585	0.48	243,021	2.39	..	..	..	..	..	..	..	243,021	2.39	1880
31,862	20,146	52,008	0.50	385,223	3.70	..	..	..	..	..	..	..	385,223	3.70	1881
24,226	1,426	25,652	0.23	372,133	3.27	..	..	..	..	..	..	..	372,133	3.27	1882
39,518	47,910	87,428	0.75	419,710	3.62	..	..	..	..	..	..	..	419,710	3.62	1883
32,983	27,685	60,668	0.52	560,855	4.76	..	..	..	..	..	..	..	560,855	4.76	1884
36,193	29,636	65,829	0.55	511,453	4.26	..	..	..	..	..	..	..	511,453	4.26	1885
38,539	38,434	76,973	0.63	311,983	2.55	..	..	..	..	..	..	..	311,983	2.55	1886
40,952	41,251	82,203	0.65	302,454	2.39	..	..	..	..	..	..	..	302,454	2.39	1887
39,939	40,024	79,963	0.63	383,554	3.01	..	..	..	..	..	..	..	383,554	3.01	1888
40,164	42,085	82,249	0.64	342,408	2.66	..	..	..	..	..	..	..	342,408	2.66	1889
39,051	43,220	82,271	0.63	366,946	2.80	..	..	..	..	..	..	..	366,946	2.80	1890
37,596	43,007	80,603	0.62	400,328	3.06	..	..	..	..	..	..	..	400,328	3.06	1891
36,395	43,262	79,657	0.58	488,596	3.57	..	..	..	..	..	..	..	488,596	3.57	1892
37,156	45,643	82,799	0.59	582,870	4.18	..	..	..	..	..	..	..	582,870	4.18	1893
39,747	45,564	85,311	0.60	574,871	4.09	..	..	..	..	..	..	..	574,871	4.09	1894
46,312	55,077	101,389	0.71	550,428	3.88	..	..	..	..	..	..	..	550,428	3.88	1895
56,422	84,051	140,473	0.95	621,958	4.19	..	..	..	..	..	..	..	621,958	4.19	1896
53,367	94,436	157,803	1.05	661,764	4.42	..	..	..	..	..	..	..	661,764	4.42	1897
59,692	108,668	178,360	1.18	715,047	4.72	..	..	..	..	..	..	..	715,047	4.72	1898
71,955	117,158	189,113	1.24	761,373	4.97	..	..	..	..	..	..	..	761,373	4.97	1899
73,274	123,872	197,146	1.27	775,100	4.98	17,754	22,794	2,146	251	1,954	2,000	46,899	821,999	5.28	1900
76,863	102,945	179,808	1.09	812,570	4.92	12,989	22,302	1,094	886	4,429	..	41,700	854,270	5.17	1901
92,521	110,322	202,843	1.22	928,675	5.57	12,093	34,291	11,304	245	7,947	669	66,549	995,224	5.97	1902
11,047	166,353	277,400	1.64	936,310	5.54	9,073	133,983	17,320	273	11,257	770	172,676	1,108,986	6.57	1903
15,215	183,618	298,833	1.75	901,721	5.28	20,476	47,505	2,107	253	3,827	2,012	76,180	977,901	5.72	1904
16,640	196,474	313,114	1.81	936,653	5.41	16,685	48,006	2,662	470	5,729	1,899	75,451	1,012,104	5.84	1905
14,910	206,544	321,454	1.78	974,361	5.39	8,463	39,782	2,951	394	6,222	534	58,346	1,032,707	5.71	1906
11,772	209,209	320,981	1.77	997,028	5.48	14,242	42,005	5,854	103	7,234	758	70,196	1,067,224	5.88	1907
13,480	181,745	285,225	1.55	997,575	5.42	25,491	43,241	4,391	62	2,067	15,469	90,721	1,088,296	5.93	1908
18,257	181,696	279,953	1.51	962,463	5.19	11,854	40,772	3,794	449	21,994	3,766	82,029	1,045,092	5.63	1909
22,544	187,941	280,485	1.50	913,983	4.90	8,523	27,269	6,169	733	7,783	1,342	51,819	965,802	5.17	1910

the amount, except in a few cases, was small, and is included under ordinary expenditure.

impossible to divide the Darenth Asylum expenditure on imbeciles from the Darenth Camps expenditure on smallpox

Acts, but such contributions are excluded for the years 1897-1903.

to the several Institutions to which the goods are supplied, and therefore forms part of the above expenditure under the recent years. [appropriate head.



## APPENDIX IX.—Statement of the Total Days' Maintenance and the Daily Michaelmas,

INSTITUTIONS.	TOTAL NUMBER OF DAYS'						
	1910	1909	1908	1907	1906	1905	1904
<b>Asylums (Imbecile)—</b>							
Leavesden .. .. .	707,539	755,134	679,132	669,737	646,906	646,154	634,122
Caterham .. .. .	712,325	708,860	681,473	696,203	685,937	702,171	705,311
Darenth .. .. .	701,935	696,125	698,594	715,324	702,606	685,036	706,077
Tooting Bec .. .. .	374,499	355,611	302,634	288,407	280,323	270,502	268,109
Rochester House .. .. .	..	..	..	..	..	28,385	49,300
Belmont .. .. .	..	..	90,757	110,348	90,472	18,172	..
Gore Farm .. .. .	..	..	..	..	..	62,162	6,444
<b>Totals and Averages ..</b>	<b>2,496,298</b>	<b>2,515,730</b>	<b>2,452,590</b>	<b>2,480,019</b>	<b>2,406,244</b>	<b>2,412,582</b>	<b>2,369,344</b>
<b>Hospitals (Fever)—</b>							
Eastern .. .. .	49,508	92,820	98,789	114,746	105,372	101,384	95,550
North-Eastern .. .. .	109,832	156,511	191,142	165,474	159,981	159,141	122,411
North-Western .. .. .	92,854	115,520	127,006	130,735	118,188	104,442	95,550
Western .. .. .	93,042	133,790	146,864	135,162	120,600	102,730	90,450
South-Western .. .. .	85,073	90,162	87,164	87,368	99,588	100,838	77,900
Fountain .. .. .	3,087	33,312	70,121	22,207	66,927	72,770	..
Grove .. .. .	80,576	110,387	112,256	133,004	116,970	114,861	78,800
South-Eastern .. .. .	91,085	106,126	114,619	130,164	20,790	..	23,400
Park .. .. .	52,399	125,343	151,720	142,044	104,168	126,542	107,000
Brook .. .. .	96,208	142,895	146,419	147,350	142,669	141,254	130,900
Northern .. .. .	130,719	168,379	208,850	211,627	190,804	189,837	144,900
Gore Farm .. .. .	129,130	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)	..	..	..	..	..	..	..
<b>Totals and Averages ..</b>	<b>1,013,513</b>	<b>1,492,274</b>	<b>1,768,099</b>	<b>1,674,405</b>	<b>1,472,733</b>	<b>1,236,147</b>	<b>967,000</b>
<b>Hospitals (Smallpox)—</b>							
Hospital Ships, Long Reach, and Joyce Green .. .. .	574	140	54	73	949	3,172	19,500
Gore Farm .. .. .	..	..	..	..	..	..	..
<b>Totals and Averages ..</b>	<b>574</b>	<b>140</b>	<b>54</b>	<b>73</b>	<b>949</b>	<b>3,172</b>	<b>19,500</b>
<b>Homes and Schools (Children)—</b>							
High Wood .. .. .	113,148	103,891	98,023	96,814	91,975	86,061	5,000
White Oak .. .. .	123,485	104,641	96,657	101,349	88,058	95,755	119,800
The Downs .. .. .	115,550	128,513	126,093	130,216	142,625	145,132	146,900
* Queen Mary's Hospital .. ..	296,347	124,134	..	..	..	..	..
S. Anne's .. .. .	47,664	46,808	46,442	28,721	43,807	45,362	40,400
East Cliff .. .. .	45,227	43,984	42,688	44,344	41,632	45,293	35,800
Millfield .. .. .	42,913	40,944	39,901	36,130	26,942	22,940	6,500
Bridge .. .. .	60,937	50,285	40,013	25,451	23,298	56,248	55,700
Lloyd Street .. .. .	8,287	8,004	8,208	8,856	9,114	8,179	8,500
Elm Grove .. .. .	4,701	4,206	4,584	4,703	4,588	4,531	4,200
Kingswood Road .. .. .	..	..	1,622	6,856	7,385	7,198	7,200
Earlsfield Road .. .. .	3,424	3,248	2,986	2,735	3,306	3,150	2,700
Surrey House .. .. .	6,552	6,346	5,719	5,307	5,408	5,347	4,000
Pentonville Road .. .. .	2,397	11,706	9,678	8,490	9,421	8,726	8,900
Harrow Road .. .. .	† 967	4,460	3,805	3,867	3,443	3,272	3,300
Camberwell Green .. .. .	† 2,774	10,029	8,785	6,500	7,440	6,628	7,200
<b>Total and Averages ..</b>	<b>874,373</b>	<b>691,199</b>	<b>535,204</b>	<b>510,339</b>	<b>508,442</b>	<b>543,822</b>	<b>456,900</b>
<b>Training Ship (Boys) .. .. .</b>	<b>252,581</b>	<b>224,052</b>	<b>198,693</b>	<b>205,250</b>	<b>207,894</b>	<b>199,225</b>	<b>193,500</b>
<b>GRAND TOTALS .. .. .</b>	<b>4,637,339</b>	<b>4,923,395</b>	<b>4,954,640</b>	<b>4,870,086</b>	<b>4,596,262</b>	<b>4,394,948</b>	<b>4,006,500</b>

\* NOTE. The average number of inmates (1909) for Queen Mary's Hospital has

† Homes transferred to the London County Council as from the 1st January, 1910



Average Number of Inmates for each of the TEN years ended 1910.

MAINTENANCE.			AVERAGE NUMBER OF INMATES.									
1903	1902	1901	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901
638,834	643,351	663,296	1,944	2,075	1,866	1,805	1,777	1,775	1,742	1,755	1,767	1,788
701,556	702,795	717,710	1,957	1,947	1,872	1,877	1,884	1,929	1,938	1,927	1,931	1,934
709,214	722,343	735,952	1,928	1,912	1,919	1,928	1,930	1,882	1,940	1,948	1,984	1,983
148,430	..	..	1,029	977	832	777	770	743	736	408	..	..
52,249	42,517	1,890	..	..	..	..	..	78	135	144	117	..
..	..	..	..	..	249	298	249	50	..	..	..	..
..	..	..	..	..	..	..	..	171	18	..	..	..
<b>2,250,283</b>	<b>2,111,006</b>	<b>2,118,848</b>	<b>6,858</b>	<b>6,911</b>	<b>6,738</b>	<b>6,685</b>	<b>6,610</b>	<b>6,628</b>	<b>6,509</b>	<b>6,182</b>	<b>5,799</b>	<b>5,705</b>
74,871	86,945	102,288	136	255	271	309	289	278	262	206	239	275
116,304	174,980	129,354	302	430	525	446	440	437	336	319	481	348
110,989	161,448	140,344	255	317	349	352	325	287	262	305	444	377
118,367	134,471	133,119	256	368	404	364	331	282	248	325	369	359
97,145	108,938	98,360	234	248	240	235	274	277	214	267	299	265
69,538	137,766	109,889	8	91	193	60	184	200	..	191	378	296
107,990	90,423	91,884	221	303	308	359	321	316	217	297	248	247
79,370	97,419	102,986	250	292	315	351	57	..	65	218	268	278
105,192	148,198	134,825	144	344	417	383	286	348	294	289	407	362
134,523	162,472	144,094	264	393	402	397	392	388	360	369	446	388
129,243	176,724	179,645	359	463	574	571	524	522	398	355	486	483
..	298	95,913	355	596	785	686	623	61	..	..	1	261
..	..	..	..	..	75	..	..	..	..	..	..	..
1,308	3,933	7,973	..	..	..	..	..	..	..	4	11	22
<b>1,144,840</b>	<b>1,484,015</b>	<b>1,470,674</b>	<b>2,784</b>	<b>4,100</b>	<b>4,858</b>	<b>4,513</b>	<b>4,046</b>	<b>3,396</b>	<b>2,656</b>	<b>3,145</b>	<b>4,077</b>	<b>3,961</b>
12,461	95,643	6,263	2	..	..	..	3	9	53	34	263	17
..	202,001	..	..	..	..	..	..	..	..	..	555	..
<b>12,461</b>	<b>297,644</b>	<b>6,263</b>	<b>2</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>3</b>	<b>9</b>	<b>53</b>	<b>34</b>	<b>818</b>	<b>17</b>
..	..	..	311	285	269	261	253	236	14	..	..	..
57,786	..	..	339	287	265	273	242	263	329	159	..	..
78,293	..	..	318	353	346	351	392	399	404	215	..	..
..	..	..	814	*502	..	..	..	..	..	..	..	..
41,513	42,222	44,078	131	129	128	77	120	125	111	114	116	119
32,875	29,468	15,468	124	121	117	120	114	124	99	90	81	41
..	..	..	118	113	110	97	74	63	18	..	..	..
57,085	55,481	27,912	167	138	110	69	64	155	153	157	152	129
8,052	8,839	6,496	23	22	23	24	25	22	23	22	24	18
4,628	4,576	3,152	13	12	13	13	13	12	12	13	13	12
6,667	7,245	4,796	..	..	4	18	20	20	20	18	20	19
336	..	..	9	9	8	7	9	9	8	1	..	..
..	..	..	18	17	16	14	15	15	11	..	..	..
9,304	5,594	..	27	32	27	23	26	24	24	26	15	..
4,190	2,740	..	† 11	12	10	11	9	9	9	11	8	..
7,141	5,394	..	31	28	24	18	21	18	20	20	15	..
<b>307,870</b>	<b>161,559</b>	<b>101,902</b>	<b>2,454</b>	<b>2,060</b>	<b>1,470</b>	<b>1,376</b>	<b>1,397</b>	<b>1,494</b>	<b>1,255</b>	<b>846</b>	<b>444</b>	<b>338</b>
<b>197,012</b>	<b>207,837</b>	<b>213,159</b>	<b>694</b>	<b>616</b>	<b>546</b>	<b>553</b>	<b>571</b>	<b>547</b>	<b>531</b>	<b>542</b>	<b>571</b>	<b>574</b>
<b>3,912,466</b>	<b>4,262,061</b>	<b>3,910,846</b>	<b>12,792</b>	<b>13,687</b>	<b>13,612</b>	<b>13,127</b>	<b>12,627</b>	<b>12,074</b>	<b>11,004</b>	<b>10,749</b>	<b>11,709</b>	<b>10,595</b>

been calculated for the period from 29th January, 1909, only.



APPENDIX X.—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																		
	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1910	1909	1908	1907	1906														
	* s.	* d.	* s.	d.	s.	d.	s.	d.	s.	d.	* s.	* d.	* s.	d.	s.	d.													
<b>Asylums</b>																													
(Imbecile)—																													
Leavesden ..	3	4-6	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	6	7-6	6	0-6	6	6-0	6	6-2	6
Caterham ..	3	4-9	3	7-9	3	9-4	3	7-0	3	8-5	3	9-1	3	10-5	4	0-7	4	0-6	3	10-5	6	2-5	5	11-4	6	1-0	5	11-0	5
Darenth ..	3	3-2	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	6	4-0	6	5-4	6	5-4	6	9-5	7
Tooting Bec ..	3	1-2	3	2-7	3	9-1	3	6-3	3	5-8	3	7-3	3	11-1	..	..	..	..	..	11	1-0	11	8-5	12	10-5	13	5-5	13	
Rochester H.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Belmont ..	..	..	3	8-2	3	7-1	4	11-8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	5-5	13	
Gore Farm ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>Total</b>																													
<b>Average Cost</b>	<b>3</b>	<b>3-8</b>	<b>3</b>	<b>5-4</b>	<b>3</b>	<b>7-8</b>	<b>3</b>	<b>3-4</b>	<b>3</b>	<b>5-5</b>	<b>3</b>	<b>6-4</b>	<b>3</b>	<b>10-1</b>	<b>3</b>	<b>11-7</b>	<b>4</b>	<b>1-2</b>	<b>4</b>	<b>1-9</b>	<b>7</b>	<b>1-1</b>	<b>6</b>	<b>11-4</b>	<b>7</b>	<b>2-1</b>	<b>7</b>	<b>5-5</b>	<b>7</b>
<b>Hospitals</b>																													
(Fever)—																													
Eastern ..	3	9-6	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	46	3-9	30	3-5	27	5-2	24	2-1	26
North-Eastern	4	8-3	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	37	10-3	29	1-0	24	2-1	25	1-9	24
North-Western	3	9-3	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	32	1-8	27	9-6	26	1-8	25	2-3	26
Western ..	4	9-2	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	35	5-4	28	7-4	25	10-1	27	6-1	30
South-Western	4	9-6	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	34	2-1	33	1-9	34	5-5	33	11-2	29
Fountain ..	4	11-3	4	10-9	4	8-3	4	4-8	4	4-0	5	0-7	..	..	5	2-0	5	3-8	..	..	..	..	..	..	33	11-5	..	..	36
Grove ..	4	1-8	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	42	5-8	34	3-6	35	9-9	30	6-4	33
South-Eastern	3	10-8	3	6-8	3	10-1	4	0-3	..	..	..	..	..	5	5-6	5	9-3	5	4-2	35	5-0	33	0-5	33	11-4	29	2-7	..	
Park ..	4	9-0	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	..	..	30	11-3	27	0-7	27	10-7	33
Brook ..	4	6-9	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	38	1-8	29	8-8	29	7-6	29	9-1	30
Northern ..	4	6-2	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	23	7-9	20	4-5	17	3-1	16	7-9	18
Gore Farm ..	4	1-1	4	2-3	4	6-7	4	2-8	4	0-8	..	..	..	..	..	..	..	6	10-7	24	9-0	16	2-7	15	3-1	14	4-3	14	
Joyce Green ..	..	..	8	3-1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
London Gen. Hospitals (enteric cases) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	8-0	5	6-6	5	10-4	..	..	..	..	..	..	..	..	..	..
<b>Total</b>																													
<b>Average Cost</b>	<b>4</b>	<b>4-0</b>	<b>4</b>	<b>4-3</b>	<b>4</b>	<b>5-3</b>	<b>4</b>	<b>3-8</b>	<b>4</b>	<b>1-7</b>	<b>4</b>	<b>5-6</b>	<b>4</b>	<b>11-5</b>	<b>5</b>	<b>5-7</b>	<b>5</b>	<b>6-9</b>	<b>5</b>	<b>6-4</b>	<b>33</b>	<b>8-0</b>	<b>27</b>	<b>8-6</b>	<b>25</b>	<b>3-7</b>	<b>24</b>	<b>4-7</b>	<b>25</b>
<b>Hospitals</b>																													
(Smallpox)—																													
Hos. Ships, Long Reach, Joyce Green, Gore Farm ..	7	9-6	9	0-0	..	..	7	9-8	9	3-8	10	1-3	7	11-7	11	7-6	9	2-7	..	..	..	..	..	..	..	..	..	..	..
<b>Total</b>																													
<b>Average Cost</b>	<b>7</b>	<b>9-6</b>	<b>9</b>	<b>0-0</b>	..	..	<b>7</b>	<b>9-8</b>	<b>9</b>	<b>3-8</b>	<b>10</b>	<b>1-3</b>	<b>7</b>	<b>11-7</b>	<b>11</b>	<b>8-4</b>	<b>9</b>	<b>2-7</b>	..	..	..	..	..	..	..	..	..	..	..
<b>Homes, &amp;c.</b>																													
(Children)—																													
High Wood ..	3	3-8	3	6-5	3	10-3	3	11-3	3	10-7	4	3-0	..	..	..	..	..	..	..	10	11-7	11	10-4	12	9-9	12	5-1	12	
White Oak ..	3	2-9	3	5-7	3	9-5	3	6-4	3	10-7	3	7-7	3	8-0	..	..	..	..	..	11	4-6	12	11-6	13	11-7	12	10-6	14	
The Downs ..	3	1-3	3	3-3	3	5-6	3	2-4	3	4-6	3	5-5	3	11-4	..	..	..	..	..	11	7-6	10	8-4	10	1-3	10	2-7	9	
Queen Mary's Hospital	3	3-3	4	2-3	†	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	5-1	14	2-2	†	..	..	..	..	
S. Anne's ..	3	2-5	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	8	7-6	8	11-1	8	7-4	..	9	
East Cliff ..	3	4-8	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	9	9-6	10	3-1	9	6-5	9	4-2	9
Millfield ..	4	1-0	4	1-4	4	7-3	5	10-2	5	11-4	6	4-6	..	..	..	..	..	..	..	8	9-6	8	7-2	9	3-4	10	11-1	12	
Bridge ..	4	2-0	4	10-5	5	0-8	3	10-1	..	2	11-5	3	2-0	3	2-3	3	7-8	5	7-2	5	8-4	7	4-5	7	11-9	6	11-7	..	..
Lloyd Street ..	3	8-4	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	8	7-6	8	9-8	8	9-2	8	3-8	8
Elm Grove ..	2	6-7	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	8-9	9	6-7	8	8-3	8	6-2	8
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	
Earlsfield Road	4	7-0	4	4-8	4	3-2	3	11-3	4	4-3	4	6-9	6	5-1	..	..	..	..	..	8	7-0	8	3-2	9	0-0	10	3-4	8	
Surrey House	3	9-9	3	6-6	4	5-5	3	10-8	5	7-4	6	7-2	..	..	..	..	..	..	..	6	7-0	6	4-3	8	4-1	8	6-9	8	
Pen'ville Rd.	2	11-7	2	11-0	2	11-8	3	2-8	3	2-0	3	3-9	4	7-6	4	0-2	..	..	..	11	8-2	8	8-8	10	4-6	10	9-4	10	
Harrow Rd.	3	3-9	3	6-6	3	1-9	3	7-9	3	7-4	3	8-2	4	5-0	4	1-7	..	..	..	20	1-5	13	11-2	16	9-0	15	2-0	17	
Camb'well G.	2	0-2	2	7-0	3	0-1	2	11-7	2	6-2	2	9-4	4	1-3	3	10-3	..	..	..	9	10-7	9	11-3	10	7-6	12	9-5	11	
<b>Total</b>																													
<b>Average Cost</b>	<b>3</b>	<b>4-4</b>	<b>3</b>	<b>8-3</b>	<b>3</b>	<b>9-8</b>	<b>3</b>	<b>8-6</b>	<b>3</b>	<b>9-0</b>	<b>3</b>	<b>9-3</b>	<b>3</b>	<b>9-9</b>	<b>3</b>	<b>9-5</b>	<b>4</b>	<b>2-0</b>	<b>4</b>	<b>6-5</b>	<b>11</b>	<b>2-7</b>	<b>11</b>	<b>1-8</b>	<b>10</b>	<b>11-0</b>	<b>11</b>	<b>0-1</b>	<b>11</b>
<b>Training Ship</b>																													
(Boys)—	3	11-6	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	10-9	6	5-2	7	3-6	7	5-6	6

\* NOTE.—The Industrial, Farm, &c., balances are adjusted wholly on other Charges in 1909 and 1908, thus modifying the † The Children's Infirmary figures Michaelmas 1909, are for half-year only, and are included in the average total figures.



(excluding Rent or Loan Charges, Special Expenditure and Head  
TEN years ended Michaelmas, 1910.

COST PER INMATE.

CHARGES.					TOTAL.									
1905	1904	1903	1902	1901	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901
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.
6 2-8	6 0-3	6 1-6	6 5-3	6 0-9	10 0-2	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
5 7-3	5 6-6	5 5-6	5 5-5	5 5-5	9 7-4	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
7 5-1	8 0-0	8 1-8	8 3-1	8 3-2	9 7-2	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
14 1-4	13 3-8	..	..	..	14 2-2	14 11-2	16 7-6	16 11-8	17 2-6	17 8-7	17 2-9	..	..	..
..	7 9-4	8 3-0	9 7-8	..	..	..	..	..	..	..	11 1-2	11 7-8	13 10-6	..
..	..	..	..	..	..	..	..	15 0-6	18 1-2	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>7 3-9</b>	<b>7 4-1</b>	<b>6 7-7</b>	<b>6 9-6</b>	<b>6 7-6</b>	<b>10 4-9</b>	<b>10 4-8</b>	<b>10 9-9</b>	<b>10 8-9</b>	<b>11 2-0</b>	<b>10 10-3</b>	<b>11 2-2</b>	<b>10 7-4</b>	<b>10 10-8</b>	<b>10 9-5</b>
29 2-3	30 7-0	38 6-8	34 6-4	30 9-3	50 1-5	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
24 5-8	29 5-5	33 0-7	22 5-0	22 5-7	42 6-6	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
30 1-4	30 4-6	28 6-8	21 6-2	24 8-0	35 11-1	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
34 3-5	38 1-5	31 3-3	28 0-9	29 2-3	40 2-6	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
29 4-0	38 0-6	32 6-2	29 9-5	33 2-0	38 11-7	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
31 11-0	..	..	20 4-2	26 1-7	..	..	38 7-8	..	40 4-5	36 11-7	..	..	25 6-2	31 5-5
33 9-2	44 6-8	37 3-7	46 4-2	45 0-2	46 7-6	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
..	..	39 8-6	33 3-9	33 5-1	39 3-8	36 7-3	37 9-5	33 3-0	..	..	..	45 2-2	39 1-2	38 9-3
8 7-0	34 2-2	35 4-6	26 9-4	28 7-1	..	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
1 3-2	33 11-5	35 11-7	31 1-8	35 8-8	42 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
8 4-8	21 8-6	27 3-9	20 2-0	20 1-9	28 2-1	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
..	..	..	..	32 1-6	28 10-1	20 5-0	19 9-8	18 7-1	18 7-9	..	..	..	..	39 0-3
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	17 1-5	29 9-5	23 9-7	..	..	..	..	..	..	..	22 9-5	35 4-1	29 8-1
<b>8 2-2</b>	<b>33 0-5</b>	<b>33 6-4</b>	<b>27 2-5</b>	<b>29 2-9</b>	<b>38 0-0</b>	<b>32 0-9</b>	<b>29 9-0</b>	<b>28 8-5</b>	<b>30 0-7</b>	<b>32 7-8</b>	<b>38 0-0</b>	<b>39 0-1</b>	<b>32 9-4</b>	<b>34 9-3</b>
..	..	..	55 0-0	..	..	..	..	..	..	..	..	..	66 7-6	..
..	..	..	26 0-0	..	..	..	..	..	..	..	..	..	37 8-9	..
..	..	..	<b>36 0-0</b>	..	..	..	..	..	..	..	..	..	<b>47 8-4</b>	..
33 2-1	..	..	..	..	14 3-5	15 4-9	16 8-2	16 4-4	16 10-6	17 5-1	..	..	..	..
33 6-0	11 5-4	..	..	..	14 7-5	16 5-3	17 9-2	16 5-0	17 10-7	17 1-7	15 1-4	..	..	..
30 1-3	9 7-5	..	..	..	14 8-9	13 11-7	13 6-9	13 5-1	13 1-9	12 6-8	13 6-9	..	..	..
..	..	..	..	..	16 8-4	18 4-5	† ..	..	..	..	..	..	..	..
30 5-2	10 2-7	6 7-2	10 0-5	9 4-3	11 10-1	12 4-2	12 0-7	..	12 4-5	13 1-6	14 3-0	10 5-6	14 1-3	13 2-5
33 5-2	9 6-4	9 10-5	10 4-9	14 0-3	13 2-4	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
33 8-0	..	..	..	..	12 10-6	12 8-6	13 10-7	16 9-3	18 9-5	20 0-6	..	..	..	..
33 11-5	9 3-9	8 11-9	9 1-4	12 8-1	9 10-4	12 3-0	13 0-7	10 9-8	..	11 11-0	12 5-9	12 2-2	12 9-2	18 3-3
30 10-1	9 10-4	10 7-3	9 11-0	10 9-0	12 4-0	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
30 9-5	9 8-0	9 4-5	9 11-3	12 11-6	12 3-6	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
37 11-0	8 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
33 11-8	10 7-1	..	..	..	13 2-0	12 8-0	13 3-2	14 2-7	12 6-4	13 6-7	17 0-2	..	..	..
37 8-7	..	..	..	..	10 4-9	9 10-9	12 9-6	12 5-7	14 1-9	14 3-9	..	..	..	..
33 6-0	11 6-0	11 5-2	..	..	14 7-9	11 7-8	13 4-4	14 0-2	13 11-6	14 9-9	16 1-6	15 5-4	..	..
33 3-2	17 4-3	15 1-2	..	..	23 5-4	17 5-8	19 10-9	18 9-9	21 5-1	21 11-4	21 9-3	19 2-9	..	..
33 0-9	11 1-9	12 2-6	..	..	11 10-9	12 6-3	13 7-7	15 9-2	13 9-7	15 10-3	15 3-2	16 0-9	..	..
<b>9 9-6</b>	<b>10 2-9</b>	<b>9 0-9</b>	<b>9 8-0</b>	<b>11 2-6</b>	<b>14 7-1</b>	<b>14 10-1</b>	<b>14 8-8</b>	<b>14 8-7</b>	<b>14 11-8</b>	<b>14 6-9</b>	<b>14 0-8</b>	<b>12 10-4</b>	<b>13 10-0</b>	<b>15 9-1</b>
<b>7 3-8</b>	<b>7 0-4</b>	<b>7 2-7</b>	<b>6 9-6</b>	<b>7 1-5</b>	<b>9 10-5</b>	<b>10 8-0</b>	<b>12 0-7</b>	<b>12 1-0</b>	<b>11 3-3</b>	<b>11 11-9</b>	<b>12 2-4</b>	<b>12 6-7</b>	<b>11 11-0</b>	<b>12 11-0</b>

Comparison with former years, more particularly the Maintenance Charges at Darenth Asylum and Bridge Industrial Home.

† Homes transferred to the London County Council on 1st January, 1910.



APPENDIX XI.—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 1910.

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 value 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
44	1910	44,782,371	265,111	186,593	4-87	0-70	5-57	904,805	129,400	1,034,205	1910	44

\* 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., about March and July respectively of each year.



FINANCE COMMITTEE, 1910.

101

APPENDIX XII.—Summary of sanctions to Borrow, amount Borrowed and amount Outstanding 1 October, 1910.

INSTITUTION.	Amount Sanctioned.	Amount Borrowed.	Balance of Principal Outstanding 1 October, 1910.		
	£	£	£	s.	d.
<b>Asylums—</b>					
Leavesden .. .. .	223,916	223,916	81,631	10	4
Caterham .. .. .	227,254	227,254	77,211	13	8
Darenth .. .. .	334,058	334,058	79,993	5	3
Tooting Bec .. .. .	324,813	324,813	215,912	16	3
Clapton .. .. .	2,500	2,500	—	—	—
Belmont .. .. .	127,955	127,955	85,882	13	2
<b>TOTALS FOR ASYLUMS .. .. .</b>	<b>1,240,496</b>	<b>1,240,496</b>	<b>540,631</b>	<b>18</b>	<b>8</b>
<b>Hospitals—</b>					
Eastern .. .. .	122,897	122,897	45,621	19	10
North-Eastern .. .. .	175,147	175,147	99,854	5	8
North-Western .. .. .	168,761	168,761	68,233	19	2
Western .. .. .	225,150	225,150	90,369	13	8
South-Western .. .. .	163,439	163,439	57,717	10	4
Fountain .. .. .	155,103	155,103	10,153	3	3
Grove .. .. .	271,106	271,106	136,049	3	9
South-Eastern .. .. .	262,506	262,506	142,399	4	0
Park .. .. .	273,947	273,947	133,345	19	6
Brook .. .. .	317,551	317,551	154,442	17	9
Northern .. .. .	194,428	194,428	56,973	19	11
Gore Farm (Upper) .. .. .	180,488	180,488	55,618	8	1
Do. (Lower) .. .. .	135,000	135,000	46,154	12	5
Smallpox—Hospital Ships .. .. .	74,285	74,285	3,926	3	8
Do. Long Reach (Temporary) .. .. .	67,988	67,988	31,328	12	1
Do. Orchard .. .. .	123,000	123,000	52,516	7	1
Do. Joyce Green .. .. .	370,869	370,869	249,506	19	6
<b>TOTALS FOR HOSPITALS .. .. .</b>	<b>3,281,665</b>	<b>3,281,665</b>	<b>1,434,212</b>	<b>19</b>	<b>7</b>
<b>Bacteriological Laboratories and Stables .. .. .</b>	<b>5,280</b>	<b>5,280</b>	<b>4,283</b>	<b>5</b>	<b>8</b>
<b>Land Ambulance Stations—</b>					
Eastern .. .. .	2,645	2,645	1,430	9	4
North-Western .. .. .	20,254	20,254	10,953	14	7
Western .. .. .	3,800	3,800	811	4	8
South-Western .. .. .	15,976	15,976	9,288	12	5
South-Eastern .. .. .	1,625	1,625	1,102	16	5
Brook .. .. .	16,408	16,408	8,406	9	0
Mead .. .. .	28,500	28,500	12,168	8	7
Tooting Bec .. .. .	1,567	1,567	1,204	5	10
<b>TOTALS FOR LAND AMBULANCE SERVICE .. .. .</b>	<b>90,775</b>	<b>90,775</b>	<b>45,366</b>	<b>0</b>	<b>10</b>
<b>River Ambulance Service—</b>					
South Wharf .. .. .	43,154	43,154	19,408	1	3
North Wharf .. .. .	9,555	9,555	2,980	1	3
West Wharf .. .. .	14,207	14,207	4,683	13	10
Steamers .. .. .	35,837	35,837	4,444	15	9
<b>TOTALS FOR RIVER AMBULANCE SERVICE .. .. .</b>	<b>102,753</b>	<b>102,753</b>	<b>31,516</b>	<b>12</b>	<b>1</b>
<b>Training Ship Exmouth .. .. .</b>	<b>98,376</b>	<b>98,376</b>	<b>54,706</b>	<b>5</b>	<b>1</b>
<b>Children's Homes and Schools—</b>					
High Wood .. .. .	106,477	106,477	72,590	4	8
White Oak .. .. .	132,244	132,244	87,804	7	5
The Downs .. .. .	99,800	99,800	67,835	15	2
Queen Mary's Hospital .. .. .	245,195	245,195	184,608	15	2
S. Anne's .. .. .	16,000	16,000	8,197	13	6
East Cliff .. .. .	17,320	17,320	11,123	4	6
Millfield .. .. .	27,042	27,042	18,304	11	0
Bridge .. .. .	11,000	11,000	6,763	1	8
Lloyd Street .. .. .	650	650	216	10	6
Elm Grove .. .. .	1,000	1,000	—	—	—
Kingwood Road .. .. .	1,480	1,480	493	1	1
Earlsfield Road .. .. .	690	690	512	7	1
Surrey House .. .. .	1,050	1,050	747	3	8
Pentonville Road .. .. .	3,534	3,534	—	—	—
Harrow Road .. .. .	3,715	3,715	—	—	—
Camberwell Green .. .. .	5,196	5,196	—	—	—
<b>TOTALS FOR CHILDREN'S HOMES AND SCHOOLS .. .. .</b>	<b>672,393</b>	<b>672,393</b>	<b>459,196</b>	<b>15</b>	<b>5</b>
<b>Office of the Board .. .. .</b>	<b>110,811</b>	<b>110,811</b>	<b>72,310</b>	<b>12</b>	<b>6</b>
<b>Central Stores (Land and houses at Peckham) .. .. .</b>	<b>4,250</b>	<b>4,250</b>	<b>3,265</b>	<b>19</b>	<b>3</b>
<b>GRAND TOTALS .. .. .</b>	<b>£ 5,606,799</b>	<b>5,606,799</b>	<b>2,645,490</b>	<b>9</b>	<b>1</b>

See next page for notes.



APPENDIX XII.—*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 5 October, 1907, are set out in full detail in Appendix XI. of the Annual Report of the Finance Committee for 1907 (pages 116-124). 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 28 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. On the transfer of the Remand Homes to the London County Council as at March, 1910, the annual total of principal and interest repayable was reduced to £264,775.

(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 14 May, 1907, and 2 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 XIII.—**Interest on Loans.**

**The average rate of interest** per cent. per annum payable on the principal of loans outstanding 1 October, 1910, amounting to £2,645,491, is **£3½**. The following table shows particulars of the amount borrowed, the amount discharged, and the amount outstanding, at the various rates now payable.

	Amount	Amount	Amount	Rate per cent.
	Borrowed.	Discharged.	Outstanding.	per annum of interest.
	£	£	£	£ s. d.
Public Works	263,363	125,136	138,227	2 15 0
Loans	4,480	4,480	—	3 0 0
	5,050	5,050	—	3 5 0
London County Council Loans	5,333,906	2,826,642	2,507,264	3 7 1
<b>TOTALS</b>	<b>£5,606,799</b>	<b>£2,961,308</b>	<b>£2,645,491</b>	<b>£3 6 8</b>

(Average rate on outstanding loans.)



**FINANCE COMMITTEE, 1910.**

103

**APPENDIX XIV.—Statement showing the Accounts of the Bacteriological Laboratories and Central Stores for the years ended Michaelmas, 1910 and 1909.**

Dr.		<b>Bacteriological Laboratories.</b>				Cr.	
(New premises at Belmont occupied 6 February, 1909.)							
1909.						1909.	
Laboratories.	Stables.	Laboratories.	Stables.			Laboratories.	Stables.
£	£	£	£	£	£	£	£
1,048	—	To salaries of adviser, bacteriologist and assistant	1,143	—	By amount charged to institutions at end of each half-year for bacteriological examination of diphtheria, etc., cases and samples of water	2,573	2,214
554	430	„ wages .. .. .	620	442	„ amount charged to institutions at end of each half-year for antitoxin supplied .. .. .	1,569	2,805
58	222	„ horses and other animals, including veterinary surgeon's fees and charges (less sale of horses) .. .. .	93	141	„ antitoxin supplied to London General Hospitals .. .. .	4,142	5,019
43	350	„ fodder, litter, etc., for live stock .. .. .	41	425	„ superannuation contributions .. .. .	18	17
61	31	„ sundry expenses .. .. .	63	37	„ sale of empties and manure .. .. .	13	4
887	12	„ chemicals, apparatus, etc.	406	15			
393	152	„ rents .. .. .	153	130			
39	39	„ rates and insurance † .. .. .	38	32			
340	205	„ repairs to buildings and furniture .. .. .	63	111			
28	5	„ books, stationery and postage .. .. .	38	—			
63	78	„ gas, electricity and water .. .. .	55	98			
38	2	„ travelling expenses and carriage .. .. .	28	1			
3,552	1,526		£2,741	1,432			
	3,552			2,741			
	£5,078			£4,173		£4,173	£5,078

Dr.		<b>Central Stores.</b>				Cr.	
1909.							
£	£	£	£	£	£	£	£
17,755	—	To value of stock in hand, Michaelmas, 1909 (at current contract prices) ..	16,654	—	By balance from last year .. .. .	1,607	2,170
17,285	—	„ cost of goods purchased during the year .. .. .	54,396	—	„ amount charged to institutions for goods supplied during the year (at current prices) .. .. .	42,784	47,823
1,607	—	„ balance carried to next year's account	681	—	„ sale of crates .. .. .	9	—
					„ value of stock in hand Michaelmas, 1910 (at current prices) .. .. .	27,331	16,654
36,647			£71,731			£71,731	£66,647
263	—	To salary of clerk in charge .. .. .	277	—	By expenses charged to institutions in proportion to the value of the goods supplied during the year	3,777	3,918
1,365	—	„ wages of staff (including proportion for head office book-keeping staff)	1,486	—	„ superannuation contributions .. .. .	—	26
13	—	„ uniforms for staff .. .. .	5	—			
374	—	„ carriage of goods to institutions .. .. .	371	—			
374	—	„ repairs to property, furniture, etc. .. .. .	298	—			
217	—	„ heating, lighting and cleansing .. .. .	128	—			
829	—	„ rents of premises .. .. .	807	—			
333	—	„ rates and insurance † .. .. .	280	—			
172	—	„ printing, stationery, postage, etc. .. .. .	121	—			
4	—	„ travelling expenses of Managers and staff .. .. .	4	—			
3,944			£3,777			£3,777	£3,944

The above expenditure is charged to and forms part of the expenditure of the several establishments to which the goods are supplied.

† Includes fire insurance premiums for 1909 only.



## ANNUAL REPORT OF THE WORKS COMMITTEE FOR 1910.

**Engineer-in-chief's Department.** Of the works which were entrusted to the supervision of the Engineer-in-chief during 1910, by far the most important were those now in course of execution at Queen Mary's Hospital.

**(i.) Works at Carshalton.** For these works, which comprise (i.) the centralisation of the heating and hot water services and the extension of the gas supply (ii.) the erection of an economiser house and the formation of a pump and heater room and (iii.) repairs and alterations to the roads, tenders amounting in total value to £20,125 were accepted by the Managers during the month of July last, and the various contracts were well in hand at the end of the year.

In October last plans prepared by the Engineer-in-chief for the erection at Queen Mary's Hospital of a recreation hall and schoolrooms at a total estimated cost of £10,080 were also approved by the Managers, and are now awaiting the sanction of the Local Government Board.

**(ii.) Other works carried out during 1910.** Other works to the approximate value of £46,109, of which £21,409 represents the value of engineering works and repairs, and £24,700 the value of building works and repairs, were also carried out during the year under the supervision of the Engineer-in-chief. Of the engineering works £15,000 represents roughly the value of the works carried out by the staffs at the various institutions, £4,087 the value of those works executed by contract, and £2,322 of those carried out by temporary labour; whilst of the building works and repairs works to the value of £21,639 were carried out by contract, and works to the value of £3,061 by direct labour.

**(iii.) Annual cleaning and painting works and repairs.** The following statement shows the estimated value and actual cost on completion of the cleaning and painting works and repairs carried out at the Board's hospitals during the year under review :—

Institution.		Estimate.	Cost.
		£	£
Eastern Hospital	...	1,425	1,185
North-Eastern Hospital	...	1,740	1,503
North-Western	...	1,350	1,217
Western	...	192	138
South-Western	...	1,985	1,705
Grove	...	2,050	1,823
South-Eastern	...	200	154
Park	...	1,725	1,412
Brook	...	410	326
Northern	...	430	293
Gore Farm	...	2,174	2,231
Smallpox Hospitals	...	1,000	908
		<u>£14,681</u>	<u>£12,895</u>



All the above works were carried out by contract, as were also works of a similar character at the Darenth Asylum at a cost of £476 (estimate £670), and at the children's institutions and at the North and South Wharves at a total cost of £2,145 (estimate £2,478). At the Leavesden, Caterham, and Tooting Bec Asylums annual cleaning and painting works estimated to cost £1,348 were carried out by direct labour at a total cost of £1,356.

(iv.) **Metallic filament lamps.** We reported to the Board in May last that the cost of the installation of low voltage metallic filament lamps in place of carbon filament lamps, as authorised by the Managers in July, 1909, had been £1,880 5s. 0d., as against an estimated cost of £1,921, the change over from carbon to metallic filament lamps having been satisfactorily effected at the North-Western, South-Eastern, South-Western and Western Hospitals, at the Western and Mead Ambulance Stations, at Queen Mary's Hospital, The Downs School, and the Central Stores. Later in the year the Managers installed low voltage metallic filament lamps at Tooting Bec Asylum at a total cost of £417. We hope to be in a position at no distant date to report as to the actual financial and other advantages which have resulted from these changes.

(v.) **Requirements of Factory Acts.** The guarding of machinery in laundries and workshops to meet the requirements of the Factory Acts has cost approximately £600 during the past year; whilst some machines still remain to be guarded.

(vi.) **Head Office staff.** There is no change to record in the numerical strength of the Engineer-in-chief's staff, which remains the same as at the end of 1909.

### IMBECILE ASYLUMS.

**Leavesden Asylum.** The most important work carried out at this asylum during 1910 was the renewal of practically the whole of the ward ceilings, the cost of which was estimated by the Engineer-in-chief—an estimate which was subsequently confirmed by independent outside opinion—at £2,900.

Warning of the defective nature of these ceilings had previously been given from time to time by portions of the ceilings in various parts of the asylum (which was opened for the reception of patients forty years ago) having collapsed, and on examination it was found that the defects, which became more and more serious as time went on, were due to the condition of the plastering, which was very friable, and contained a considerable proportion of comparatively large pebbles, the presence of which had tended to destroy the cohesion of the plaster. It was also found that the laths were an unusual distance apart, were very springy, and were only single laths in substance. It was accordingly decided to re-instate these ceilings by replacing them and the sloping soffits with fibrous plaster slabs, and good progress had been made with their reinstatement by temporary labour under the supervision of the Engineer-in-chief at the end of the year, when the works were rapidly approaching completion.

**Caterham Asylum.** Beyond the provision of additional sanitary accommodation and other works in block F, plans of which, at an estimated cost of £270, were approved by the Managers in October last, no structural works were carried out at this asylum during 1910.



**Darenth Asylum.** In February last revised plans, prepared by Mr. T. W. Aldwinckle, (i.) Additional Workrooms. were approved by the Managers for the provision of additional workroom accommodation for patients in the industrial colony at this asylum, upon a scheme previously indicated by the Asylums Committee, and having subsequently received the sanction of the

Local Government Board a tender for the execution of the necessary works at the sum of £5,198 was accepted by the Managers in the following July. The slow progress of the works has, however, caused the Committee considerable anxiety.

(ii.) Rain-water Drains. In April last the Managers authorised the relaying where found necessary of the rain-water drains at the training school of this asylum on lines suggested by the Engineer-in-chief, on whose advice the works were carried out by temporary labour under the supervision of the craftsman, at a total cost of £804 10s. 11d.

**Tooting-Bec Asylum.** The extension of the steam supply to and the improvement of the heating system at the receiving home at a total cost of £112; the installation of low voltage metallic filament lamps, to which reference was previously made, and the execution of certain tar-paving works and repairs at a cost of £248 10s., are the only works of any importance which were carried out at this asylum during the year under review.

#### INFECTIOUS HOSPITALS AND RIVER AMBULANCE SERVICE.

**Eastern Hospital.** In July last Messrs. F. and G. Foster completed their contract (i.) Isolation accommodation. for the provision of isolation rooms in Temperance ward at this hospital at a total cost of £1,944 4s. 1d., the contract amount being £1,941.

(ii.) Discharge block, etc. In the following September the Managers accepted the tender of Mr. L. Kazak for the erection of a discharge block, with staff quarters, at the sum of £2,912, and the works were well in hand at the close of the year.

**North Eastern Hospital.** At the commencement of the year we were enabled to report the satisfactory completion by Messrs. W. J. Fryer & Co. of their contract for the installation of electric light at this hospital at a total cost of £5,036 15s. 8d., or £58 4s. 4d. less than the contract sum of £5,095. This latter sum, however, included an allowance of £65 for certain works in the discharge block and new disinfecter house, which it had not been possible to carry out owing to the buildings not then being in a sufficiently advanced state.

**Orchard Hospital equipment.** Acting under the authority accorded us in July, 1909, upon the recommendation of the Hospitals Committee, specifications have been held in readiness for (a) the replacement of the kitchen fittings and disinfecting machinery at an estimated cost of £2,450; (b) the restoration of the laundry machinery and fittings at an estimated cost of £3,350; and (c) the provision of internal telephones, weighbridge, etc., at an estimated cost of £345, so that these works might be put in hand as soon as the necessity arose.

We instructed the Engineer-in-chief to report whether the installation of the machinery and fittings could be brought up to date in less time and at less cost than was originally proposed, and as the result of our consideration of an exhaustive report on the subject by Mr. Hatch, instructions were given, with



the concurrence of the Hospitals Committee in August last, for the immediate installation of certain portions of the plant by direct labour at an estimated cost of £440

**Minor works.** The acceptance of tenders for (i.) repairs to roads at the Joyce Green Hospital (£299 19s. 9d.); (ii.) removing and refixing corrugated iron roofs and other works at the Orchard Hospital (£666 10s. 0d.); (iii.) repairs to roads and paths at the Grove Hospital (£225); (iv.) alterations to discharge block at the North-Eastern Hospital (£110); (v.) repairs to roads at the Western Hospital (£168); (vi.) repair of roads (£334 13s. 0d.) and structural alterations in the steward's office (£229 10s.) at the Northern Hospital; and (vii.) provision of additional staff bathing and changing accommodation at South Wharf (£362) are some of the minor works which were carried out at the infectious hospitals of the Board under our supervision during 1910.

#### INSTITUTIONS FOR CHILDREN.

**Sundry works.** Beyond the works at Queen Mary's Hospital, Carshalton, referred to in the earlier portion of this report, few works of importance have been carried out under our supervision during 1910 at the institutions for children: the erection of a steam boiler and shed at the Bridge Industrial Home at a cost of £171; the provision of a new disinfecter and the execution of certain repairs to the shore buildings in connection with the T. S. Exmouth at a cost respectively of £261 10s. 0d. and £190 being the only matters of importance with which we were concerned during the year under review.

#### APPENDICES.

We submit the usual appendices in which the various contracts and works carried out under our supervision during 1910 are fully set forth.

(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 1910.

Institution.	Nature of Works.	Cost.		
		£	s.	d.
Leavesden Asylum ..	c Repairs to steam boiler at gas works ..	43	0	0
	c New beef tea pan .. .. .	28	0	0
	c Repairs to machines in laundry ..	16	0	0
	c Guards to laundry and workshop machinery .. .. .	82	0	0
Caterham Asylum ..	D Heating and hot water supplies for Infirmary conversions .. ..	470	0	0
	c New crankshaft and bearings for deep well pump .. .. .	22	0	0
	c Guards to laundry machinery .. ..	15	0	0
Darenth Asylum .. ..	D Improvements in gas lighting .. ..	268	0	0
	c Repairs to telephone cable .. ..	26	0	0
	c New gas engines for workshops.. ..	105	0	0
	c Guards to laundry machinery .. ..	15	0	0
Tooting Bee Asylum ..	c Change over to low voltage metallic filament lamps .. .. .	417	0	0
	c Repairs to telephone and fire alarm systems .. .. .	39	0	0
	c Guards to laundry and workshop machinery .. .. .	97	0	0
	c Repairs and alterations to kitchen plant	37	0	0
	c Alterations to steam main in boiler house	32	0	0
	D Heating of children's receiving home ..	120	0	0
	D Revising hot water supply to domestic blocks .. .. .	19	0	0
Eastern Hospital .. ..	c Repairs to telephone system .. ..	30	0	0
	c New hot water supply boilers in S. George and S. Agnes wards .. .. .	39	0	0
	D Guards to laundry machinery .. ..	16	0	0
North Eastern Hospital ..	c Electric lighting in discharge block ..	52	0	0
	c Electric lighting to new disinfecter house	11	0	0
	c Extension to internal telephone system	29	0	0
	c Lampholders to ward brackets.. ..	14	0	0
	c New surgeons' hand lamps .. ..	13	0	0
	c Alterations to cold water service to staff blocks .. .. .	36	0	0
	c Repairs to boiler valves .. .. .	16	0	0
c Guards to laundry machinery .. ..	62	0	0	
North Western Hospital ..	c Repairs to telephone system .. ..	15	0	0
	c Installing hydro extractor in laundry and forming foundation .. .. .	106	0	0
	D New boiler in block no. 1 .. .. .	69	0	0
	D Repairs to hot water boilers .. ..	62	0	0
	c Hot water storage tank for laundry ..	47	0	0
	c Guards to laundry and workshop machinery .. .. .	35	0	0
Western Hospital .. ..	c Repairs to disinfecter .. .. .	34	0	0
	D New heater in engine room .. ..	76	0	0
	c Guards to laundry machinery .. ..	27	0	0



Institution.	Nature of Works.	Cost.
		£ s. d.
South Western Hospital ..	c Adjustments to switchboard, etc. .. c Revising heating apparatus of H block c Ventilating fan in patients' laundry.. c Installing body linen ironer in staff laundry .. .. . c Guards to laundry machinery and engine room .. .. .	24 0 0 95 0 0 24 0 0 23 0 0 48 0 0
Grove Hospital .. ..	D Retubing heaters .. .. . D Repairs to telephone and fire alarm system .. .. . c Repairs to boiler settings.. .. . c Guards to laundry and workshop machinery .. .. .	167 0 0 10 0 0 251 0 0 73 0 0
Fountain Hospital ..	c Guards to laundry machinery and new platform round engine .. ..	54 0 0
South Eastern Hospital ..	c Repairs to boiler settings .. .. . c New motor and wiring in workshop .. c Extensions of internal telephone system and supply of 2 gas sterilizers .. c Alterations to gas ovens in kitchen .. c Repairs to pumps .. .. . c Guards to laundry machinery .. .. . c Additional radiators in discharge block D New workshop tools .. .. .	14 0 0 50 0 0 18 0 0 18 0 0 10 0 0 30 0 0 53 0 0 156 0 0
Park Hospital .. ..	c Overhauling water softening plant and machinery generally .. .. .	120 0 0
Brook Hospital .. ..	c Repairs to conductor and cap of chimney shaft .. .. . c New washing machine in staff laundry c Guards to laundry machinery and new table for collar ironer.. .. .	15 0 0 98 0 0 50 0 0
Northern Hospital ..	c 3 new potato steamers in kitchen .. c New washing machine in staff laundry.. D Altering drying closet fan .. ..	88 0 0 72 0 0 19 0 0
Gore Farm Hospital ..	c Repairs to telephone poles .. .. . c Repairs to cooking pans.. .. . D New hot water boilers .. .. .	125 0 0 14 0 0 116 0 0
Queen Mary's Hospital ..	c Repairs to electric vehicle .. .. . c New tyres to electric vehicle .. .. . D Alterations to road electric lighting, new battery and extension and repair of clock system .. .. . c Rectifying faults on telephone installation c Localizing and repairing faults on telephone cable .. .. . c Repairs to lighting installation in hospital (east) block .. .. . c New foul washing machine in laundry.. D Forming foundation for ditto .. .. . c Guards to laundry machinery .. .. .	10 0 0 46 0 0 22 0 0 12 0 0 10 0 0 28 0 0 95 0 0 23 0 0 31 0 0
Joyce Green Hospital ..	c Extending telephone system .. .. . c New heating tank, etc., for tram heaters c Additional fittings to no. 1 ambulance tram car .. .. .	18 0 0 30 0 0 59 0 0



Institution.	Nature of Works.	Cost.
		£ s. d.
Orchard Hospital .. ..	D Reinstatement of engineering plant in laundry and kitchen .. ..	440 0 0
Eastern Ambulance Station	D Rearrangement of battery charging apparatus .. ..	15 0 0
South Eastern Ambulance Station	c Alterations to electric lighting in yard	10 0 0
	c Repairs to drying stove in laundry ..	10 0 0
	c Alterations to electric lighting in bus shed and installation of mercury arc rectifier .. ..	33 0 0
South Wharf .. ..	c Revising heating and hot water supply services to changing and bathing block .. ..	51 0 0
T.S. Exmouth .. ..	c Feed water tanks .. ..	38 0 0
	c New machinery in workshop .. ..	21 0 0
	c Repairs to settings, etc., of shore boilers	62 0 0
	c New telephone cable between ship and shore .. ..	20 0 0
	c Repairing coppers and alterations to condenser services .. ..	20 0 0
High Wood School ..	c Boiler cleaning .. ..	10 0 0
	c Guards to laundry machinery .. ..	11 0 0
White Oak School ..	c Boiler cleaning .. ..	10 0 0
	D Hot water boilers in staff cottage blocks	43 0 0
	D Repairs to heating boiler .. ..	18 0 0
	c Guards to laundry machinery and new geyser .. ..	13 0 0
The Downs School ..	c Boiler cleaning .. ..	10 0 0
	c Low voltage lamps, etc. .. ..	191 0 0
	D Heating apparatus in blocks 1 and 2 ..	118 0 0
	c Guards to laundry machinery and new forge for workshops .. ..	10 0 0
S. Anne's Home .. ..	c Coppers in laundry .. ..	14 0 0
	c Repairs to pipes, spray valves, etc. ..	10 0 0
East Cliff House .. ..	c Repairs to gas boiler, laundry copper and kitchen boilers, etc. .. ..	21 0 0
Millfield .. ..	D Steam boiler, etc., in laundry and cleaning septic tank .. ..	61 0 0
	c Extending telephone system .. ..	10 0 0
Bridge Home .. ..	c New steam boiler .. ..	172 0 0
	D Copper in kitchen .. ..	30 0 0
Central Stores .. ..	c Fixing racks and shelves .. ..	32 0 0
	c Lift repairs and lighting alterations and extension to telephone system ..	22 0 0
Head Office .. ..	c Repairs to lift .. ..	15 0 0
	c Installation of radiator in telephone room and repairs to lighting .. ..	10 0 0
	c Repairs to pipes, boilers, etc. .. ..	10 0 0
	Total .. ..	£6,409 0 0



## APPENDIX II.

Statement of BUILDING and SIMILAR WORKS carried out by contract (c) and by direct labour (D) under the Engineer-in-chief during 1910.

Institution.	Nature of Works.	Cost.		
		£	s.	d.
Leavesden Asylum ..	D Cleaning and painting .. .. .	736	0	0
	D Scullery and w.c. accommodation, ward 13 .. .. .	169	0	0
	D W.C. accommodation, ward 15 .. .. .	101	0	0
	D W.C. accommodation for airing courts 1 and 2 .. .. .	48	0	0
Caterham Asylum ..	D Cleaning and painting .. .. .	496	0	0
	D Infirmary conversions .. .. .	412	0	0
Darenth Asylum ..	c Cleaning and painting .. .. .	476	0	0
	D Relaying defective r.w. drains .. .. .	807	0	0
Tooting Bec Asylum ..	c Tar paving repairs .. .. .	246	0	0
	D Cleaning and painting .. .. .	116	0	0
Eastern Hospital ..	c Tar paving to Fortitude airing court .. .. .	95	0	0
	c Cleaning and painting .. .. .	1,185	0	0
	c Glazed roof to steward's house .. .. .	11	0	0
North Eastern Hospital ..	c Road repairs .. .. .	266	0	0
	c Disinfector house .. .. .	288	0	0
	c Cleaning and painting .. .. .	1,503	0	0
	c Alterations to discharge block .. .. .	117	0	0
North Western Hospital ..	c Cleaning and painting .. .. .	1,217	0	0
	c Gutter repairs .. .. .	10	0	0
Western Hospital ..	c Cleaning and painting .. .. .	138	0	0
	c Verandah to waiting room .. .. .	26	0	0
	c Road repairs .. .. .	168	0	0
South Western Hospital ..	c Cleaning and painting .. .. .	1,705	0	0
Grove Hospital ..	c Road repairs .. .. .	228	0	0
	c Cleaning and painting .. .. .	1,823	0	0
Fountain Hospital ..	c Painting, etc., ward no. 9 .. .. .	12	0	0
South Eastern Hospital ..	c Filling in steeping tanks .. .. .	12	0	0
	c Forming bathroom for stokers .. .. .	47	0	0
	c Cleaning and painting .. .. .	154	0	0
Park Hospital ..	c Cleaning and painting .. .. .	1,412	0	0
	c Rebuilding chimney stack .. .. .	40	0	0
Brook Hospital ..	c Painting, medical superintendent's house .. .. .	88	0	0
	c Cleaning and painting .. .. .	326	0	0
	c Wire guards to windows .. .. .	30	0	0
	c Road to "M" coal store .. .. .	77	0	0
	c Coal store to medical superintendent's house .. .. .	11	0	0
Northern Hospital ..	c Skittle alley and shelter .. .. .	115	0	0
	c Additional lavatory accommodation .. .. .	216	0	0
	c Repairs to pavilion no. 14 .. .. .	20	0	0



Institution.	Nature of Works.	Cost.
Northern Hospital— <i>con.</i> ...		£ s. d.
	c Repairing fractures to wall .. ..	10 0 0
	c Repairs to smoke flues .. ..	73 0 0
	c Road repairs and tar paving work ..	337 0 0
	c Cleaning and painting .. ..	293 0 0
Gore Farm Hospital ..	c Wire panels to windows .. ..	24 0 0
	c Repairs to roads .. ..	595 0 0
	c Cleaning and painting .. ..	2,231 0 0
Smallpox Hospitals ..	c Cleaning and painting .. ..	908 0 0
Joyce Green Hospital ..	c Repairs to external roads .. ..	295 0 0
	D Repairs to rain water reservoir .. ..	11 0 0
Long Reach Hospital ..	c Repairs and preservation work .. ..	146 0 0
Orchard Hospital ..	c Repairs to roofs .. ..	670 0 0
High Wood School ..	c Cleaning and painting .. ..	111 0 0
White Oak School ..	c Additional w.c. accommodation ..	62 0 0
	c Cleaning and painting .. ..	1,142 0 0
The Downs School ..	c Cleaning and painting and repairs to flag staff .. ..	43 0 0
Queen Mary's Hospital	c Painting verandah roofs .. ..	68 0 0
	c Waiting room for visitors .. ..	72 0 0
	c Cleaning and painting .. ..	170 0 0
	D Repairs to ceilings .. ..	176 0 0
East Cliff House ..	c Repairs to ceiling and new slop sink ..	13 0 0
	c Buttresses to boundary wall .. ..	13 0 0
	c Alterations to gas pendants and fixing snow guards .. ..	15 0 0
	c Erection of boundary wall .. ..	40 0 0
Millfield ..	c Tar paving .. ..	49 0 0
	c Handyman's shop .. ..	37 0 0
	c Cleaning and painting .. ..	277 0 0
Lloyd House ..	c Cleaning and painting and sundry repairs	51 0 0
Elm Grove ..	c Cleaning and painting .. ..	23 0 0
Surrey House ..	c Cleaning and painting .. ..	42 0 0
T. S. Exmouth ..	c Tiling and painting and tar paving ..	34 0 0
	c Tiling galley floors .. ..	68 0 0
	c Repairs and painting to shore buildings	190 0 0
South Wharf ..	c Bathing accommodation and change rooms .. ..	447 0 0
	c Cleaning and painting .. ..	159 0 0
North Wharf ..	c Cleaning and painting .. ..	127 0 0
Eastern Ambulance Station	c Repairs to laundry floor .. ..	29 0 0
	c Forming motor pit .. ..	15 0 0
	c Alterations to coach houses .. ..	186 0 0
Western Ambulance Station	c Alterations to harness room, etc. ..	15 0 0



WORKS COMMITTEE, 1910.

113

Institution.	Nature of Works.	Cost.
		£ s. d.
Mead Ambulance Station	c Repairs to fence .. .. .	24 0 0
	c Enclosing end and side of petrol tank shelter .. .. .	19 0 0
South Eastern Ambulance Station .. .. .	c Alterations to coach houses .. .. .	94 0 0
	c Constructing motor pit .. .. .	16 0 0
	c New water tank and repairs to drains .. .. .	27 0 0
	c Repairs to shutters .. .. .	10 0 0
	c Alterations to coachsmith's shop .. .. .	19 0 0
Brook Ambulance Station	c Drainage work and repairs to stoves .. .. .	32 0 0
Belmont Laboratories .. .. .	c Roughing floors .. .. .	15 0 0
	c Repairs to fencing .. .. .	11 0 0
	c Slings for horses .. .. .	23 0 0
	c Painting work .. .. .	32 0 0
Head Office .. .. .	c Alterations to office keeper's lavatory waste .. .. .	12 0 0
	c Cleaning and painting .. .. .	74 0 0
	c Additional lavatory accommodation .. .. .	58 0 0
	c New fittings, room 70 .. .. .	20 0 0
	Total .. .. .	£24,700 0 0



## APPENDIX III.

Contracts entered into by the Managers during the year 1910 for works to be carried out under the supervision of the Works Committee.

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.
				£ s. d.
Bridge Home .. ..	New steam boiler and shed .. ..	Engineer-in-chief .. ..	General Iron Foundry Co., Ltd. .. ..	159 0 0
Brook Hospital .. ..	Cleaning, painting and repairs .. ..	Do. .. ..	J. S. Fenn .. ..	329 0 0
	Provision of new fanlight openers .. ..	Do. .. ..	Lockerbie & Wilkinson (B'ham), Ltd. .. ..	144 7 6
Queen Mary's Hospital .. ..	Cleaning and painting .. ..	Do. .. ..	J. Gower & Son .. ..	175 0 0
	Central heating and hot water supply plant and extension of gas service .. ..	Do. .. ..	Z. D. Berry & Sons .. ..	12,200 0 0
	Economiser house and pump and heater rooms .. ..	Do. .. ..	E. Wall .. ..	3,800 0 0
	Road work .. ..	Do. .. ..	Grounds & Newton .. ..	4,125 0 0
Darent Asylum .. ..	Cleaning, painting and repairs .. ..	Do. .. ..	H. E. Milton .. ..	465 0 0
	Additional workrooms .. ..	T. W. Aldwinckle .. ..	F. & G. Foster .. ..	5,198 0 0
East Cliff House .. ..	Demolition of Chateau Belle Vue .. ..	Engineer-in-chief .. ..	J. J. Baptiste, junr. .. ..	151 10 0
Eastern Hospital .. ..	Cleaning, painting and repairs .. ..	Do. .. ..	J. Oram & Son .. ..	(payment by contractor). 1,191 16 9
	Tar-paving .. ..	Do. .. ..	Grounds & Newton .. ..	89 17 0
	Erection of discharge block .. ..	Do. .. ..	L. Kazak .. ..	2,912 0 0
Gore Farm Hospital .. ..	Cleaning, painting and repairs .. ..	Do. .. ..	L. Kazak .. ..	2,114 0 0
	Road work .. ..	Do. .. ..	W. Griffiths & Co. .. ..	580 0 0
Grove Hospital .. ..	Cleaning, painting and repairs .. ..	Do. .. ..	L. Kazak .. ..	1,824 0 0
	Repairs to roads and paths .. ..	Do. .. ..	E. Wall .. ..	225 0 0
High Wood School .. ..	Cleaning and painting .. ..	Do. .. ..	F. W. Jarvis .. ..	112 0 0



WORKS COMMITTEE, 1910.

Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.
Joyce Green Hospital	Road repairs	Engineer-in-chief	Road Maintenance & Stone Supply Co.	£ s. d. 299 19 9
Leavesden Asylum	Ceiling slabs	Do.	J. A. King & Co.	8½d. a yard super.
Long Reach Hospital	Keene's cement for ceilings	Do.	Eastwood & Co., Ltd.	40s. a ton.
Milfield	Repairs and preservation work	Do.	L. Kazak	147 0 0
North-Eastern Hospital	Cleaning and painting	Do.	J. Linfield & Sons, Ltd.	269 0 0
North-Western Hospital	Alterations to discharge block	Do.	J. Oram & Son	110 0 0
Northern Hospital	Cleaning, painting and repairs	Do.	M. McCarthy	1,549 0 0
Orchard Hospital	Cleaning, painting and repairs	Do.	L. Kazak	1,218 0 0
Park Hospital	Cleaning, painting and repairs	Do.	B. E. Nightingale	290 0 0
Smallpox Hospitals	Road repairs and tar-paving	Do.	E. Greenfield	334 13 0
South-Eastern Hospital	Roof repairs	Do.	Wood Bros.	666 10 0
South-Western Hospital	Cleaning, painting and repairs	Do.	Vigor & Co.	1,387 0 0
South Wharf	Cleaning, painting and repairs	Do.	S. T. Wright	907 10 0
Tooting Bec Asylum	Cleaning, painting and repairs	Do.	B. E. Nightingale	153 0 0
	Cleaning, painting and repairs	Do.	E. Wall	1,704 10 0
	Cleaning, painting and repairs	Do.	E. Dyke	112 0 0
	Bathing and changing accommodation and cleaning and painting.	Do.	Wood Bros.	437 0 0
	Installation of low voltage metallic filament lamps	Do.	W. J. Fryer & Co.	schedule rates
	Tar-paving	Do.	W. Shepherd & Sons	248 10 0



Institution.	Nature of Works.	Professional Advisers.	Contractors.	Amount of Contract.
Training Ship Exmouth ..	Provision of disinfectant .. .. Repairing and painting causeway buildings .. ..	Engineer-in-chief .. Do. ..	Manlove, Alliot & Co., Ltd. .. B. E. Nightingale .. ..	£ s. d. 191 10 0 190 0 0
Western Hospital .. ..	Cleaning, painting and repairs .. .. Road repairs .. ..	Do. .. Do. ..	S. Squire .. .. H. Boyer .. ..	137 0 0 168 0 0
White Oak School .. ..	Cleaning and painting .. ..	Do. ..	L. Kazak .. ..	1,126 10 0



ANNUAL REPORT OF THE CONTRACT COMMITTEE FOR 1910.

We submit our annual report for the year 1910.

- (1) **Number and approximate value of contracts.** The number of contracts of major importance entered into by the Board during the year was 590, representing approximately an aggregate value of £275,860. The following table classifies the contracts in question :—

	Number of Contracts.	Approximate Total Value.
Provisions .. .. .	210	£ 143,282
Necessaries ( <i>i.e.</i> , soap, soda, oilman's goods, paints, and the like) .. .. .	151	29,702
Stores Goods ( <i>i.e.</i> , linen and woollen goods, drapery, clothing, hardware, brushware, boots and shoes, and the like) .. .. .	168	34,560
Coal and Coke (including delivery) .. .. .	61	68,316
	590	£275,860

In addition to those contracts 57 others of minor importance were entered into. No reliable estimate of the values of these minor contracts can be given.

- (2) **Long Reach Hospital—equipment and Park Hospital—re-equipment.** During the year we arranged for the supply of the necessary furniture and other articles required for the equipment of Long Reach Hospital for smallpox purposes; also for the furniture, etc., required to re-equip the Park Hospital, now used as a non-infectious hospital for children instead of a fever hospital.

- (3) **Procedure in opening tenders.** In March, 1910, we reported to the Board that the observance of the Local Government Board's Order requiring tenders for supplies to be opened at meetings of the Committee caused considerable inconvenience and delay in dealing therewith, and we submitted a scheme of procedure whereby this inconvenience and delay could be avoided, and providing for ample security against irregularities. The Managers approved of the scheme in question and forwarded it to the Local Government Board with a request that the Order above-mentioned should be rescinded or modified with a view to allowing the scheme being put into operation.



In response to that application the Local Government Board in August, 1910, issued an Order authorising, for one year, the opening of tenders for supplies other than at a committee meeting, and in general accordance with the scheme prepared by us. So far the working of the new scheme has been successful, and has avoided the necessity of holding special meetings to open tenders. We trust that the Local Government Board will in due course modify their Order with the view of making the scheme a permanent regulation.

(4) **Tests of North country steam coals.** In the course of the year the Engineer-in-Chief carried out a series of practical tests of various descriptions of North country steam coals. The results of these tests proved that while the best quality North country coal gave, as compared with Midland coal, the highest evaporative result, the increased price reduced any advantage gained in efficiency; further, that the best Midland coal gave a more economical result financially than the best North country coal. We therefore propose to continue to arrange for the supply of Midland steam coals.

(5) **Analysis of supplies.** During the year 929 samples of various supplies were analysed and of those samples 175 were found unsatisfactory, representing a percentage of 18·8—a decrease of 2·7 from the previous year's percentage of 21·5. Of 24 samples of drugs and medical preparations analysed all gave satisfactory results. As regards analyses of milk, since the Gerber milk testing apparatus was provided at each institution it has been the practice to test all deliveries of milk with that apparatus before their acceptance. In cases where that test shewed milk to be below the acceptable standard a sample was sent to the Board's Analyst for confirmatory analysis. During the year 114 samples were sent for analysis, and of those samples 61 gave unsatisfactory results. The number of samples of provisions, excluding milk, analysed was 396, and of those samples 66 proved to be unsatisfactory. Of necessaries 395 samples were analysed, and 48 proved unsatisfactory.

(Signed)

B. PORTMAN,

*Chairman.*



ANNUAL REPORT OF THE STATISTICAL COMMITTEE FOR 1910.

We submit our report for the year 1910 upon the statistics concerning :—

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

I.—INFECTIOUS DISEASES.

**Notification Statistics.** (1.) During the year there were notified in the Metropolis 21,710 (29,620)\* cases of infectious disease. Of these 17,428 (25,135) were legally admissible to the Managers' hospitals. The remainder—mainly cases of erysipelas, but including also 292 (287) cases of puerperal fever—were not admissible. Out of the admissible cases 14,800 (21,738)† or 84·9 (86·5) per cent. were 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 steadily increased (with the exception of a decrease in the year 1893, see p. 122, and slight decreases in the years 1895 and 1906) from 33·6 to 86·8 per cent. in 1908. In 1909 there was a slight decrease and last year the percentage fell to 84·9, a decrease of 1·9 per cent. as compared with 1908. The figures are as follow :—

1890	..	..	..	33·6 per cent.	1901	..	..	..	74·7 per cent.
1891	..	..	..	36·7	1902	..	..	..	77·2
1892	..	..	..	43·2	1903	..	..	..	78·9
1893	..	..	..	36·9	1904	..	..	..	80·0
1894	..	..	..	52·2	1905	..	..	..	84·6
1895	..	..	..	50·3	1906	..	..	..	84·0
1896	..	..	..	52·4	1907	..	..	..	85·7
1897	..	..	..	58·5	1908	..	..	..	86·8
1898	..	..	..	65·5	1909	..	..	..	86·5
1899	..	..	..	68·1	1910	..	..	..	84·9
1900	..	..	..	70·6					

\* Italic figures in brackets throughout are the corresponding figures for 1909.

† Excluding Tottenham and other extra-metropolitan cases.



Table A, p. 121, 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 1910. The notification rates per 1,000 persons living were 5.0 and 5.3 in Lewisham and Woolwich respectively, as compared with an average rate for London of 3.6.

Facing this page 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 1910:—

TABLE A1.—*Number of cases of admissible diseases notified.*

	YEARS.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.	Relapsing fever. †	Continued fever. †	Cerebro-spinal meningitis.	TOTALS
Totals for	1890-9	212,399	105,065	33,013	178	5,971	68	1,302	—	357,996
Yearly average	1890-9	21,240	10,506	3,301	18	597	7	130	—	35,800
	1900	13,800	11,776	4,291	7	87	—	73	—	30,023
	1901	18,381	11,968	3,194	20	1,700	—	48	—	35,331
	1902	18,252	10,538	3,407	4	7,796	2	47	—	40,044
	1903	12,531	7,582	2,339	22	416	—	40	—	22,928
	1904	13,439	7,073	1,896	3	489	1	29	—	22,928
	1905	19,461	6,358	1,552	9	74	1	14	—	27,464
	1906	20,329	8,045	1,600	7	31	2	9	—	30,022
	1907	25,925	8,771	1,394	5	8	—	36	132	36,271
	1908	22,071	8,002	1,357	4	4	—	13	85	31,532
	1909	17,254	6,679	1,043	7	21	3	17	111	25,132
Totals for	1900-9	181,443	86,792	22,073	88	10,626	9	326	328	301,686
Yearly average	1900-9	18,144	8,679	2,207	9	1,063	1	33	33	30,187
	1910	10,509	‡5,494	1,284	3	7	1	15	115	17,418

It is seen from the above figures that there was a very considerable drop in the numbers of cases notified during 1910 of scarlet fever and diphtheria, which were respectively 7,635 and 3,185 below the averages of the preceding ten years. Enteric fever also, although higher than in 1909, was 923 below the average.

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. 122, is of interest:—

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

‡ Including 104 cases of membranous croup.



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 1910 (uncorrected for mistakes in diagnosis).

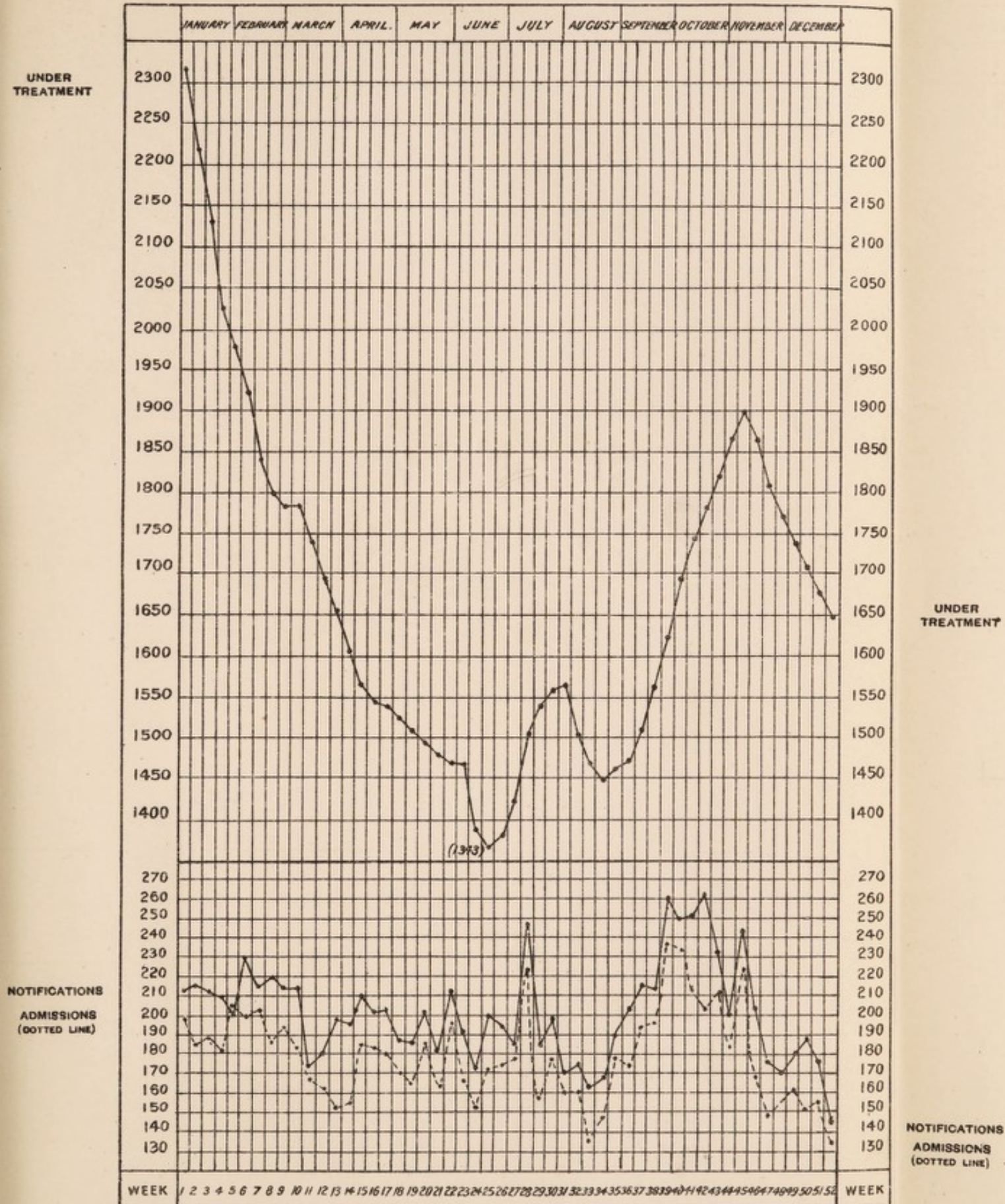


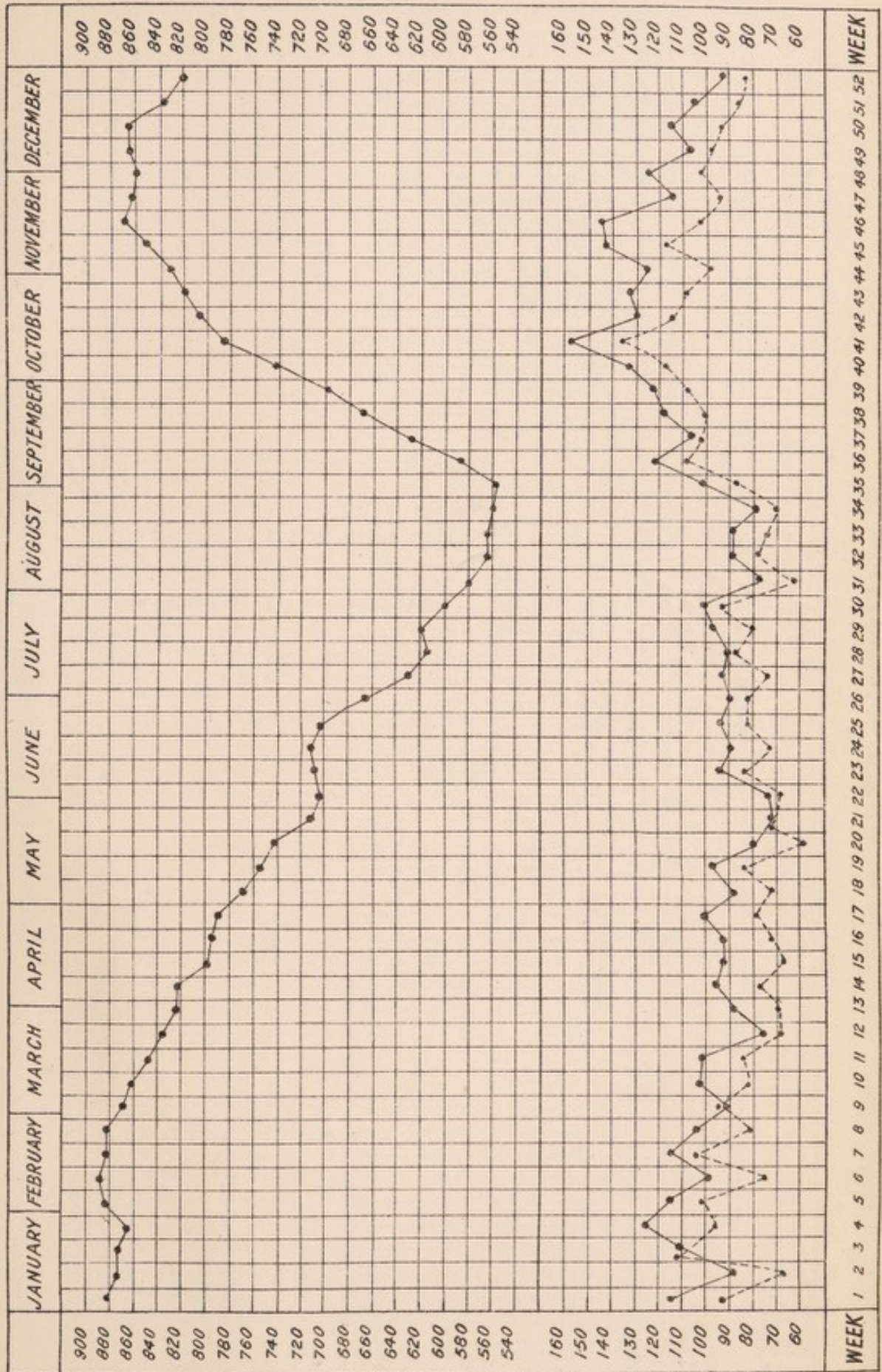


CHART showing the total number of SCARLET FEVER cases reported in the United States and the number of cases reported in each State, Territory, and Possession, for the year 1914.

State, Territory, or Possession	Number of Cases
Alabama	1
Alaska	0
Arizona	0
Arkansas	0
California	0
Colorado	0
Connecticut	0
Delaware	0
District of Columbia	0
Florida	0
Georgia	0
Idaho	0
Illinois	0
Indiana	0
Iowa	0
Kansas	0
Kentucky	0
Louisiana	0
Maine	0
Maryland	0
Massachusetts	0
Michigan	0
Minnesota	0
Mississippi	0
Missouri	0
Montana	0
Nebraska	0
Nevada	0
New Hampshire	0
New Jersey	0
New Mexico	0
New York	0
North Carolina	0
North Dakota	0
Ohio	0
Oklahoma	0
Oregon	0
Pennsylvania	0
Rhode Island	0
South Carolina	0
South Dakota	0
Tennessee	0
Texas	0
Utah	0
Vermont	0
Virginia	0
Washington	0
West Virginia	0
Wisconsin	0
Wyoming	0
Total	1



CHAKI showing the mean number of DIFHERIA patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1910 (uncorrected for mistakes in diagnosis).



UNDER TREATMENT

NOTIFICATIONS

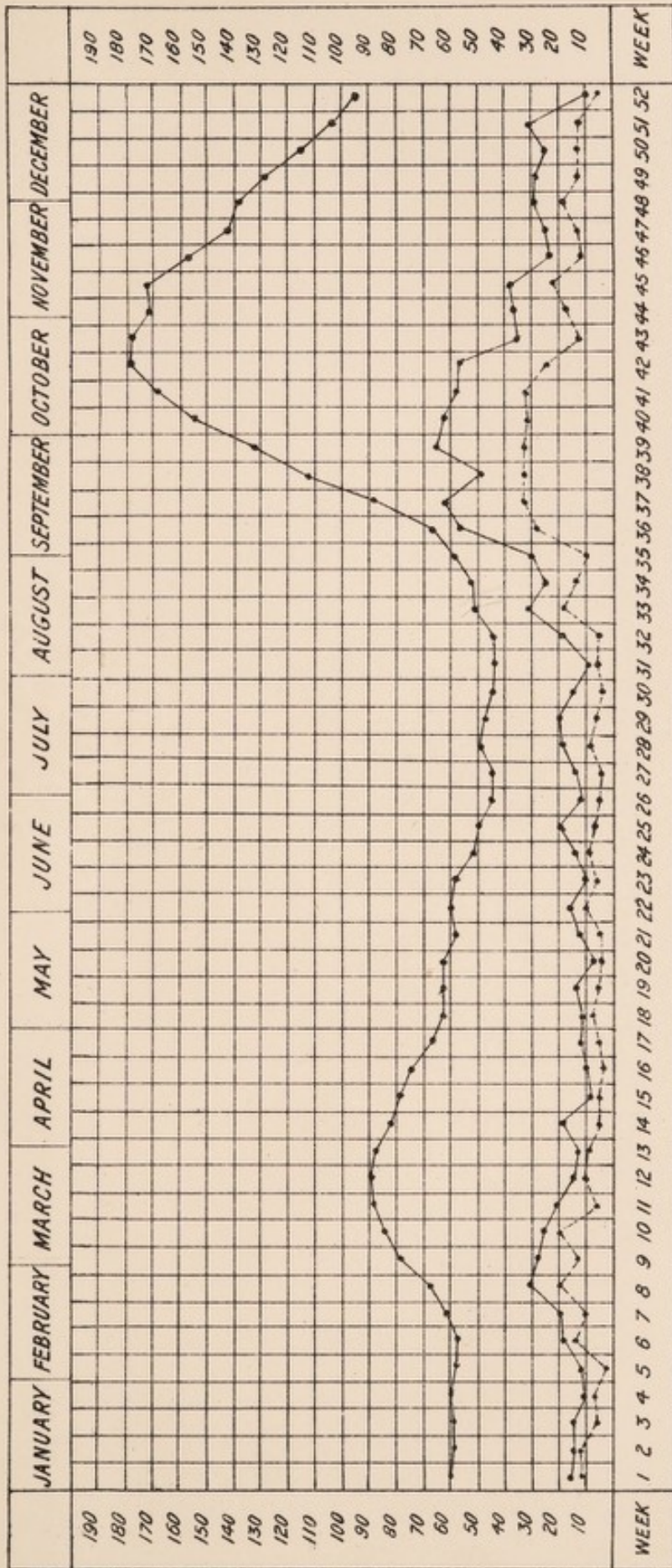
ADMISSIONS  
DOTTED LINE







*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 1910 (uncorrected for mistakes in diagnosis).*



UNDER TREATMENT

NOTIFICATIONS ADMISSIIONS (DOTTED LINE)

UNDER TREATMENT

NOTIFICATIONS ADMISSIIONS (DOTTED LINE)











TABLE A2.—Percentage of admissions to notifications of each admissible disease during the years 1890 to 1910.

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
1910	88.9	84.8	51.7	100.0	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. 176.

From 1890 to 1908 the proportion of scarlet fever admissions to notifications rose from 42.8 to 90.9, since which year there has been a slight fall to 88.91; similarly, diphtheria, which rose from 17.9 in 1890 to 85.7 in 1909, last year dropped to 84.8. 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 1896 to 1910.

AGE AND SEX DISTRIBUTION. Table A3 exhibits the age and sex of cases notified as scarlet fever, diphtheria, and enteric fever respectively during the year. Scarlet fever and diphtheria are most prevalent amongst children; over two-thirds of the cases of each disease being under ten years of age.



# 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.*

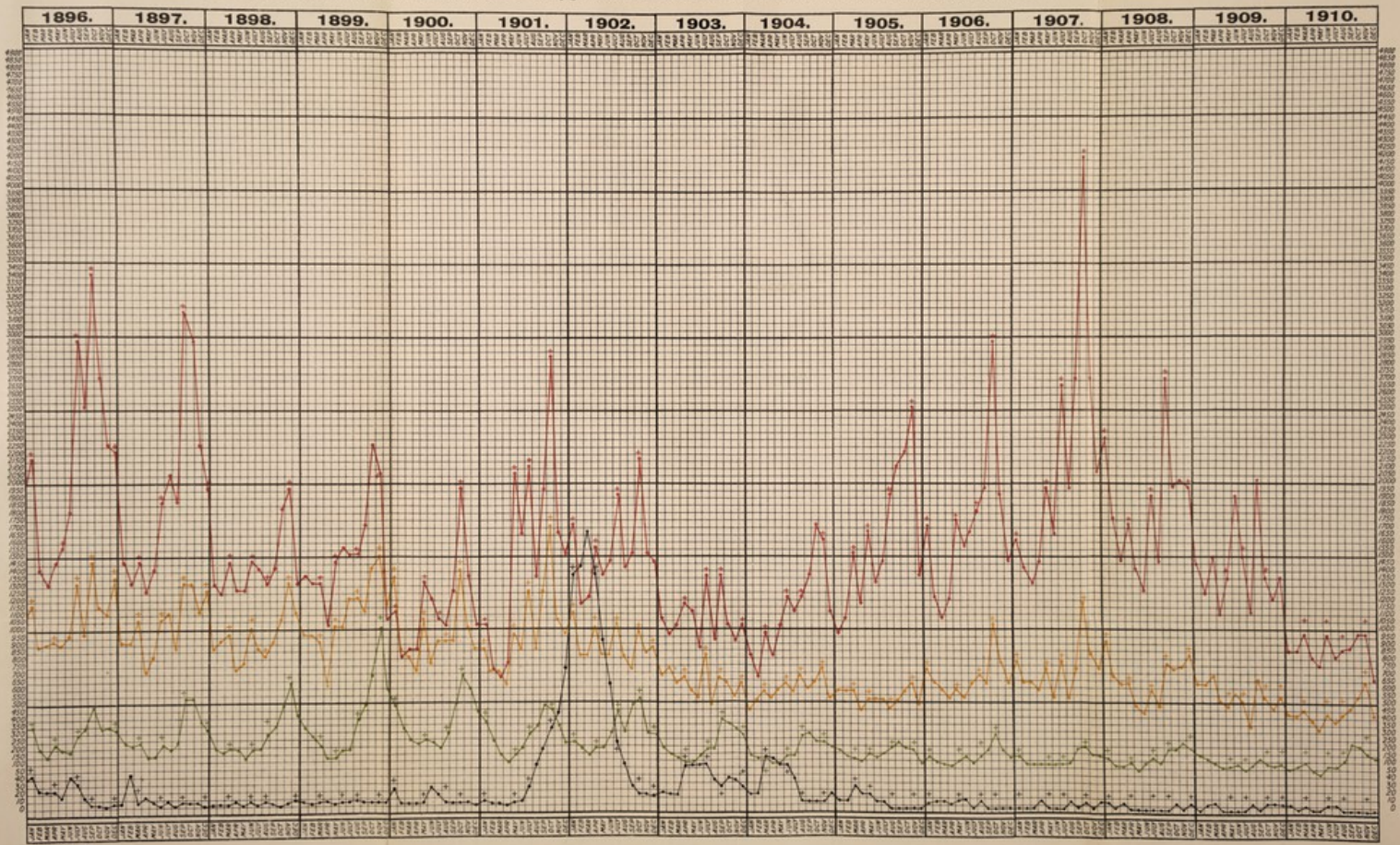








TABLE A3.—Ages of cases notified—1910.

AGES.	SCARLET FEVER.			DIPHThERIA.			ENTERIC FEVER.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1 ..	59	52	111	79	49	128	1	..	1
1 to 2 ..	187	183	370	216	175	391	5	1	6
2 .. 3 ..	397	295	692	248	204	452	7	6	13
3 .. 4 ..	510	457	967	303	301	604	9	7	16
4 .. 5 ..	523	566	1,089	317	300	617	14	12	26
Total under 5	1,676	1,553	3,229	1,163	1,029	2,192	36	26	62
5 to 10 ..	2,087	2,419	4,506	834	989	1,823	77	75	152
10 .. 15 ..	689	843	1,532	267	369	636	101	72	173
15 .. 20 ..	227	235	462	96	130	226	89	82	171
20 .. 25 ..	134	176	310	68	112	180	92	88	180
25 .. 30 ..	82	141	223	48	84	132	76	76	152
30 .. 35 ..	50	82	132	19	56	75	67	67	134
35 .. 40 ..	22	38	60	26	35	61	44	43	87
40 .. 45 ..	9	17	26	9	20	29	32	32	64
45 .. 50 ..	6	6	12	5	13	18	24	20	44
50 .. 55 ..	4	1	5	4	4	8	19	11	30
55 .. 60 ..	1	1	2	5	1	6	12	6	18
Upwards ..	3	7	10	2	2	4	10	7	17
Totals ..	4,990	5,519	10,509	2,546	2,844	5,390	679	605	1,284

**Ambulance work.** 2. The statistical tables concerning the work of the ambulance service will be found on pp. 160-163.

**Land service.** During the year 15,238 (22,629)\* fever, diphtheria, smallpox and other infectious patients were conveyed to the various hospitals of the Managers; 6,282 (8,596) patients were transferred to the convalescent and other hospitals; and 6,249 (8,139) recovered patients were brought back to London, that number including 32 (50) taken from the convalescent hospitals direct to their homes, and 6,217 (8,089) to the ambulance stations. Of the latter 74 (208) were subsequently conveyed home in consequence of their friends not attending to take charge of them. 863 (1,495) recovered patients were taken home from the acute hospitals. Further, 478 (451) persons were removed to other places than the Managers' hospitals; and 1 (1) 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 .. .. .	645	(585)
Ringworm .. .. .	33	(56)
Ophthalmia .. .. .	665	(587)
Defective and other children .. .. .	240	(87)
To and from the Children's Hospitals .. .. .	4,298	(2,808)
Other cases (private removals) .. .. .	1,914	(1,794)
Staff .. .. .	39	(35)
Total .. .. .	7,834	(5,952)

**Total removals.** Altogether 37,240 (47,613)\* removals were effected by the land ambulance service during 1910, and the various vehicles made 22,479 (29,873) journeys, and ran 283,074 (366,829) miles.

\* Italic figures in brackets throughout are the corresponding figures for 1909.



**River service.** The steamboats of the river ambulance service conveyed 457 (873) passengers to and from Long Reach; of that number only 7 (15) were patients taken to the smallpox hospital; 11 (10) recovered patients brought back to London, and 439 (848) were visitors, staff, workmen, etc.

Fires were alight on the steamboats a total of 10,299 (12,080) hours; steam was raised on 444 (486) days; the vessels were under steam 6,177 (7,475½) hours, under way 392½ (466½) hours; they steamed 3,987 (4,703) miles, and consumed 114½ (154½) tons of coal.

**Hospital accommodation.** 3. FEVERS, DIPHTHERIA, MEASLES AND WHOOPING COUGH.—The normal accommodation at the fever hospitals is as under:—

HOSPITAL.	No. of beds.
Eastern Hospital .. .. .	368
North-Eastern Hospital (including temporary buildings)	623
North-Western Hospital (including some temporary buildings) .. .. .	474
Western Hospital .. .. .	452
South-Western Hospital .. .. .	339
Fountain Hospital .. .. .	405
Grove Hospital .. .. .	518
South-Eastern Hospital .. .. .	498
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
	6,515

From this total should be deducted 100 beds to the use of which the Urban District of Tottenham is entitled.

The Park Hospital was closed as a fever hospital on the 1st September, and opened as a hospital for children on the 14th November, 1910; as a consequence the number of beds for fever patients is now reduced by 548, as compared with the number given in the report for 1909.

SMALLPOX.—For this disease the Managers possess the following accommodation:—

Joyce Green Hospital .. .. .	940 beds
Long Reach Hospital .. .. .	300 „
Orchard Hospital .. .. .	800 „
Total .. .. .	2,040 „

**Hospital statistics.** 4. FEVER.—The annual reports of the medical superintendents of the fever hospitals will be found on pp. 164-174.

On the last day of 1909 there were 3,306 (4,924) patients in the fever hospitals.

In the first half of the year the number under treatment steadily fell to 2,076; a slight rise occurred in July to 2,232, followed by a fall, when the minimum for the year, 2039, was reached on the 26th August (5th June, 1909, 3,126); then the usual autumnal increase commenced, the maximum for the year, 2,946, being attained on the 8th November (19th October, 1909, 3,920), and subsequently the number declined until the end of the year, when, on the 31st December, 2,615 (3,306) patients remained under treatment.

\* Italic figures and dates in brackets throughout are the corresponding figures and dates for 1909.



Distribution of patients amongst the several fever hospitals on 26th August, 1910:—

*Minimum number under treatment.*

HOSPITAL.	BEDS OCCUPIED.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other diseases.	TOTAL.
Eastern .. ..	57	30	..	21	..	108
North-Eastern.. ..	155	86	..	..	..	241
North-Western .. ..	142	65	1	6	..	214
Western .. ..	103	74	..	12	..	189
South-Western .. ..	137	55	..	..	..	192
Grove and Fountain .. ..	101	46	..	..	..	147
South-Eastern .. ..	121	73	..	15	..	209
Park .. ..	18	..	..	..	..	18
Brook .. ..	130	72	..	1	..	203
Northern .. ..	258	27	..	..	..	285
Gore Farm .. ..	215	18	..	..	..	233
TOTALS .. ..	1,437	546	1	55	..	2,039

Distribution of patients amongst the several hospitals on 8th November, 1910:—

*Maximum number under treatment.*

HOSPITAL.	BEDS OCCUPIED.					
	Scarlet.	Diphtheria.	Typhus.	Enteric.	Other diseases.	TOTAL.
Eastern .. ..	81	51	..	53	..	185
North-Eastern.. ..	183	131	..	28	..	342
North-Western .. ..	161	91	..	22	* 1	275
Western .. ..	175	102	..	21	..	298
South-Western .. ..	153	103	..	16	1	273
Grove and Fountain .. ..	173	102	..	..	..	275
South-Eastern .. ..	157	93	..	39	..	289
Park .. ..	..	..	..	..	..	..
Brook .. ..	171	79	..	..	1	251
Northern .. ..	329	59	..	..	..	388
Gore Farm .. ..	341	29	..	..	..	370
TOTALS .. ..	1,924	840	..	179	3	2,946

\* Cerebro-spinal meningitis.



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 1910.

Metropolitan boroughs and populations estimated to the middle of 1910.	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 .. 153,004	Paddington .. —	261	232	120	104	40	15	421	351	83·4
Kensington .. 184,635	Kensington .. —	263	241	155	122	40	19	458	382	83·4
Hammersmith .. 127,413	Hammersmith .. —	341	298	165	147	33	17	539	462	85·5
Fulham .. 181,282	Fulham .. —	354	313	257	227	20	12	631	552	87·3
Chelsea .. 75,457	Chelsea .. —	120	112	83	70	16	8	219	190	86·7
City of Westminster .. 167,233	Strand .. 14,788	248	235	149	133	48	16	445	384	86·4
	Westminster .. 29,477									
	St. George's W. 122,968									
St. Marylebone .. 125,195	St. Marylebone .. —	208	181	127	104	22	7	357	292	81·8
Hampstead .. 95,729	Hampstead .. —	144	100	51	40	20	7	215	147	68·4
St. Pancras .. 237,792	St. Pancras .. —	681	657	263	240	63	17	1,007	914	90·7
Islington .. 353,356	Islington .. —	731	655	473	399	90	44	1,294	1,098	84·5
Stoke Newington 54,838	Hackney .. 294,817	488	410	243	182	74	46	805	638	78·9
Hackney .. 239,979										
Holborn .. 53,142	Holborn .. 119,787	233	221	195	146	55	27	483	394	81·5
Finsbury .. 94,578	Bloomsbury .. 27,933									
City of London .. 17,132	City of London .. —	21	30	20	36	4	2	45	68	151·1
Shoreditch .. 114,387	Shoreditch .. —	213	203	131	110	48	28	392	341	87·0
Bethnal Green .. 131,579	Bethnal Green .. —	236	213	182	152	109	61	527	426	80·6
Stepney .. 314,379	Stepney .. 59,242	554	536	404	384	118	44	1,076	964	89·6
	St. George's E. 52,650									
	Whitechapel .. 83,438									
	Mile End O.T. .. 119,049									
Poplar .. 172,432	Poplar .. —	470	418	175	132	62	28	707	578	81·7
Southwark .. 211,832	Southwark .. —	419	418	284	245	54	28	757	691	91·3
Bermondsey .. 127,238	Bermondsey .. —	364	334	210	177	38	16	612	527	86·3
Lambeth .. 327,074	Lambeth .. —	908	858	327	267	78	35	1,313	1,160	88·4
Battersea .. 188,222	Wandsworth .. 494,060	1,169	1,039	513	434	101	72	1,783	1,545	86·7
Wandsworth .. 305,838										
Camberwell .. 286,058	Camberwell .. —	511	432	272	217	78	47	861	696	80·8
Deptford .. 119,642	Greenwich .. 204,587	1,571	1,349	694	576	85	54	2,350	1,979	84·2
Greenwich .. 112,935	Lewisham .. 173,619									
Lewisham .. 164,899	Woolwich .. 154,692									
Woolwich .. 135,422	Port Sanitary Authority .. ..	1	5	1	—	3	—	5	5	100·0
4,872,702	Totals .. ..	10,509	9,490	5,494	4,644	1,299	650	17,302	14,784	85·4

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 86·4.

\* Populations are the same as in the boroughs unless otherwise stated.



Tables I. to X. and the accompanying chart summarise the several fever hospital tables given on pp. 176-187.

TABLE I.—Admissions, discharges, and deaths at fever hospitals during 1910.

DISEASES.	Re- maining on Dec. 31st, 1909.	Admitted.	Total under treatment during 1910.	Dis- charged.	Died.	Mortality per cent.	Re- maining on Dec. 31st, 1910.
Scarlet .. ..	*2,491	8,782	11,273	9,523	213	2·30	1,537
Diphtheria .. ..	*635	3,634	4,269	3,264	281	7·83	724
Diphtheria (bacterio- logical) .. ..	*11	222	233	219	2	·90	12
Enteric .. ..	45	509	554	390	77	15·78	87
Measles .. ..	6	297	303	146	38	15·80	119
Whooping-cough .. ..	2	64	66	24	1	2·25	41
Typhus .. ..	..	3	3	3	..	..	..
Cerebro-spinal fever .. ..	..	4	4	2	2	50·00	..
Totals .. ..	3,190	13,515	16,705	13,571	614	4·43	2,520
Other diseases .. ..	*116	1,723	1,839	1,657	87	5·02	95
Grand totals .. ..	3,306	15,238	18,544	15,228	701	..	2,615

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, owing to subsequent correction of errors of diagnosis.

In pursuance of an order issued by the Local Government Board, the Managers, in the latter part of December, commenced to admit poor children suffering from measles and whooping cough, and 361 cases of these diseases were received.

The total number of patients treated during the year was 9,026 less than in the preceding year, and 6,087 less than the average of the preceding ten years.

The death rates during the past year were, as compared with the average rates for the preceding ten years, lower as regards scarlet fever by 71, and diphtheria by 2·36; enteric fever was 1·22 higher.

Of cases treated, the percentages transferred to the convalescent hospitals from the acute hospitals were as under:—

	Scarlet.		Diphtheria.	
Eastern Hospital .. ..	72·75	†(73·57)	38·71	†(40·04)
North-Eastern Hospital .. ..	42·71	(53·48)	5·16	(2·54)
North-Western .. ..	48·94	(59·16)	11·45	(2·61)
Western .. ..	60·82	(44·17)	42·05	(5·64)
South-Western .. ..	52·87	(52·87)	4·46	(3·05)
Grove .. ..	60·91	(61·01)	9·53	(4·97)
South-Eastern .. ..	51·25	(48·08)	10·70	(0·86)
Park .. ..	54·48	(70·72)	18·49	(38·57)
Brook .. ..	43·37	(46·63)	13·47	(13·51)
<b>Totals .. ..</b>	<b>48·89</b>	<b>(53·11)</b>	<b>16·17</b>	<b>(12·18)</b>

† Italic figures in brackets are the corresponding figures for 1909.



TABLE II.—*Monthly admissions and deaths at fever hospitals during 1910.*

MONTH.	ADMISSIONS.									DEATHS.									MORTALITY PER CENT.												
	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Measles.	Whooping cough.	Typhus.	Cerebro spinal fever.	Other diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Measles.	Whooping cough.	Typhus.	Cerebro spinal fever.	Other diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Measles.	Whooping cough.	Typhus.	Cerebro spinal fever.	Other diseases.	Total.	
Jan.	801	340	19	31	9	2	..	..	141	1,343	20	35	..	2	1	..	..	..	13	71	2·04	10·00	..	7·02	14·28	..	..	..	..	9·25	4·
Feb.	718	292	11	39	7	1	..	1	155	1,224	26	30	..	5	1	..	..	..	3	64	3·09	10·22	..	16·13	..	..	..	..	..	12·02	4·
March	760	284	11	42	8	3	..	..	117	1,225	26	20	..	4	2	..	..	..	12	64	3·19	6·78	..	10·81	19·05	..	..	..	..	8·89	4·
April	700	246	10	18	16	4	..	..	140	1,134	17	11	..	4	1	..	..	..	..	33	2·21	3·87	..	1·40	..	33·33	..	..	..	..	2·
May	695	223	19	10	18	2	..	..	170	1,137	22	17	..	1	5	..	..	..	11	56	3·03	6·69	..	5·55	30·30	..	..	..	..	6·77	4·
June	690	249	12	22	24	..	2	1	154	1,154	12	11	1	2	3	..	..	..	9	38	1·59	4·54	7·14	8·69	15·38	..	..	..	..	5·44	3·
July	758	286	23	17	19	..	..	..	131	1,234	18	18	..	4	2	..	..	1	5	48	2·52	6·69	..	23·53	9·76	..	..	100·0	..	3·73	4·
Aug.	665	258	13	37	13	3	1	..	92	1,082	14	22	..	6	4	..	..	..	2	48	2·01	8·27	..	19·05	20·51	..	..	..	..	1·89	4·
Sept.	807	347	31	108	5	1	..	1	152	1,452	16	21	..	11	1	..	..	..	9	58	2·15	7·35	..	15·83	18·18	..	..	..	..	7·09	4·
Oct.	930	412	28	92	14	5	..	1	163	1,645	18	24	1	22	3	..	..	..	4	72	2·23	6·67	3·57	28·76	26·09	..	..	..	..	2·52	4·
Nov.	678	352	33	60	46	2	..	..	157	1,328	17	32	..	11	8	..	..	1	9	78	2·28	9·78	..	15·17	24·61	..	..	100·0	..	5·84	5·
Dec.	580	345	12	33	118	41	..	..	151	1,280	7	40	..	5	9	..	..	..	10	71	1·05	11·05	..	9·09	11·46	..	..	..	..	5·90	5·
Totals	8,782	3,634	222	509	297	64	3	4	1,723	15,238	213	281	2	77	38	1	..	2	87	701	2·30	7·83	·90	15·78	15·80	2·25	..	50·00	5·02	..	..

† Calculated according to the Registrar-General's formula. See footnote to Table I., p. 127.

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

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1896.

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

The maximum death-rate in 1910 was for scarlet fever in March (*April*), for diphtheria in December (*March*), and for enteric fever in October (*February*). The minimum rate was for scarlet fever in December (*September*), for diphtheria in April (*October*), and for enteric fever in April (*December*).

Months in italics in brackets are the corresponding months for 1909.



# METROPOLITAN ASYLUMS BOARD.

FEVER CHART—MONTHLY ADMISSIONS—Scarlet fever, Red line—, Enteric fever, Green line—, Typhus fever, Black line—, Diphtheria, Yellow line—

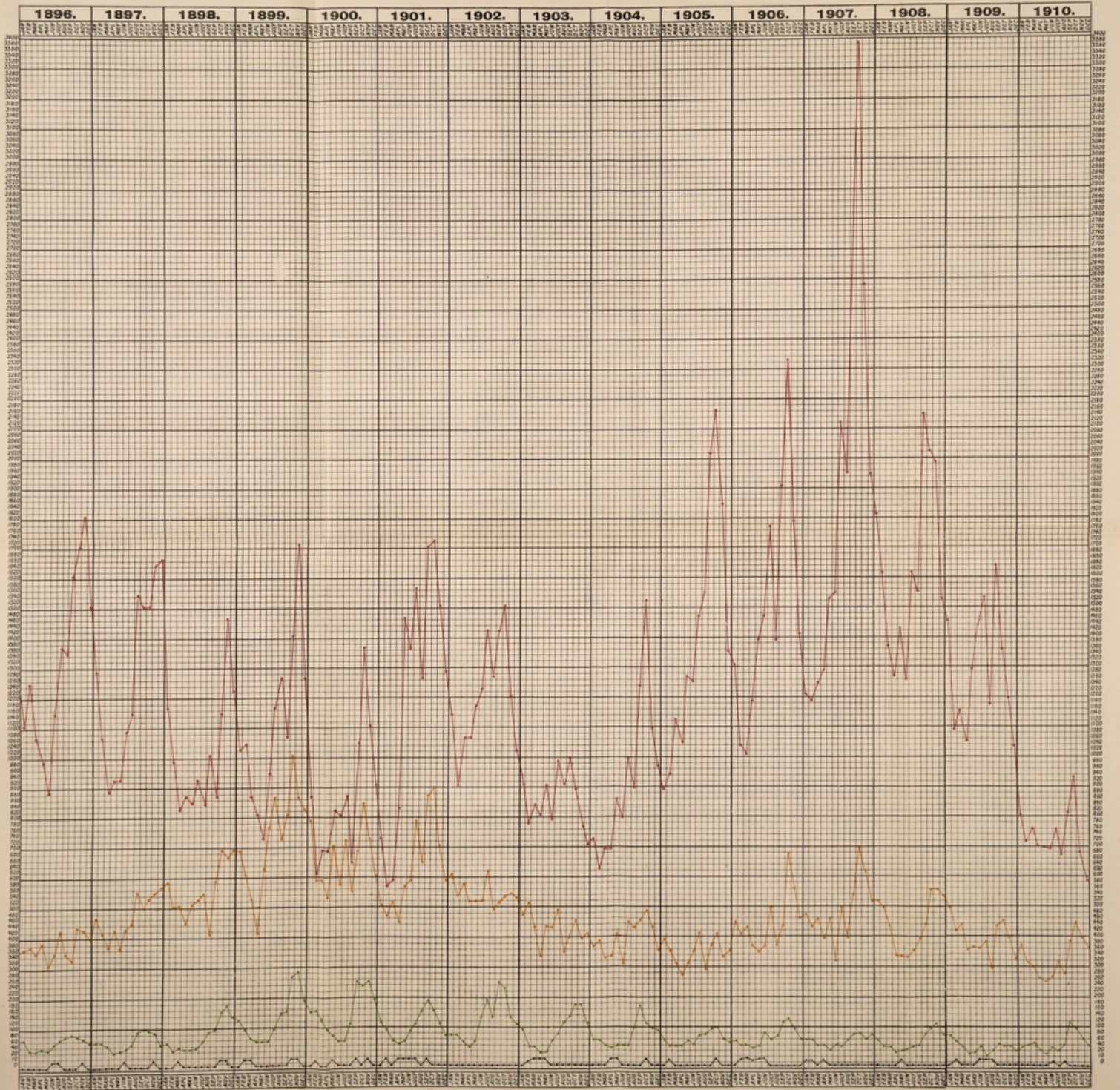




TABLE OF CONTENTS

CHAPTER I	1
CHAPTER II	15
CHAPTER III	30
CHAPTER IV	45
CHAPTER V	60
CHAPTER VI	75
CHAPTER VII	90
CHAPTER VIII	105
CHAPTER IX	120
CHAPTER X	135
CHAPTER XI	150
CHAPTER XII	165
CHAPTER XIII	180
CHAPTER XIV	195
CHAPTER XV	210
CHAPTER XVI	225
CHAPTER XVII	240
CHAPTER XVIII	255
CHAPTER XIX	270
CHAPTER XX	285
CHAPTER XXI	300
CHAPTER XXII	315
CHAPTER XXIII	330
CHAPTER XXIV	345
CHAPTER XXV	360
CHAPTER XXVI	375
CHAPTER XXVII	390
CHAPTER XXVIII	405
CHAPTER XXIX	420
CHAPTER XXX	435
CHAPTER XXXI	450
CHAPTER XXXII	465
CHAPTER XXXIII	480
CHAPTER XXXIV	495
CHAPTER XXXV	510
CHAPTER XXXVI	525
CHAPTER XXXVII	540
CHAPTER XXXVIII	555
CHAPTER XXXIX	570
CHAPTER XL	585
CHAPTER XLI	600
CHAPTER XLII	615
CHAPTER XLIII	630
CHAPTER XLIV	645
CHAPTER XLV	660
CHAPTER XLVI	675
CHAPTER XLVII	690
CHAPTER XLVIII	705
CHAPTER XLIX	720
CHAPTER L	735



TABLE III.—GEOGRAPHICAL DISTRIBUTION.—*Summary of admissions and deaths of patients during 1910.*

PARISHES AND UNIONS.	ADMISSIONS.									DEATHS.												
	Scarlet.	Diphtheria.	Diphtheria bacteriolog.	Enteric.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Other diseases.	Total admissions.	Scarlet.	Diphtheria.	Diphtheria bacteriolog.	Enteric.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Other diseases.	Total deaths.		
Bensington .. ..	229	98	5	14	13	..	..	..	33	392	1	14	..	2	..	..	..	..	..	3	20	
Bammersmith .. ..	297	127	5	15	20	1	..	..	13	478	8	12	..	2	5	..	..	..	..	1	28	
Bulham .. ..	296	197	5	5	16	..	..	..	37	556	7	10	..	1	2	..	..	..	..	2	22	
Buddington .. ..	210	81	2	10	1	..	..	..	48	352	7	5	..	..	..	..	..	..	..	2	14	
Belsea .. ..	97	59	6	8	5	1	..	..	14	190	..	4	..	2	1	..	..	..	..	2	9	
St. George's, W. ..	182	87	4	14	..	..	..	..	24	311	4	4	..	1	1	..	..	..	..	1	11	
B Westminster .. ..	28	15	1	2	..	..	..	..	4	50	..	..	..	..	..	..	..	..	..	..	..	
St. Marylebone .. ..	158	75	3	5	3	..	..	2	45	291	6	4	..	..	..	..	..	..	..	3	13	
St. Pancras .. ..	593	148	14	11	14	14	..	..	132	926	16	10	..	4	..	..	..	..	..	7	37	
Bampstead .. ..	92	33	2	2	3	..	..	..	15	147	2	4	..	2	..	..	..	..	..	2	10	
Blington .. ..	555	306	27	25	42	1	1	..	162	1,119	8	25	1	2	4	1	..	..	..	4	45	
Blackney .. ..	377	120	17	30	15	1	..	..	96	656	8	8	..	8	..	..	..	..	..	9	33	
Bloomsbury .. ..	19	5	1	3	1	..	..	..	7	36	..	..	..	..	..	..	..	..	..	..	..	
B Grand .. ..	12	10	1	..	..	..	..	..	2	25	..	..	..	..	..	..	..	..	..	..	..	
Bolborn .. ..	143	81	18	17	14	3	..	..	81	357	4	9	..	5	1	..	..	..	..	4	23	
B London, City of ..	27	24	7	1	7	..	..	..	8	74	..	..	..	1	1	..	..	..	..	..	2	
B Borenditch .. ..	171	68	14	22	15	..	..	..	50	340	2	5	1	4	1	..	..	..	..	2	15	
B Bethnal Green ..	192	89	7	56	6	6	..	..	73	429	9	13	..	13	1	..	..	..	..	4	40	
B Whitechapel .. ..	130	62	3	7	3	..	..	..	30	235	2	3	..	1	..	..	..	..	..	..	6	
St. George-in-the-East	71	56	5	2	2	..	..	..	31	167	3	1	..	..	..	..	..	..	..	1	5	
B Stepney .. ..	94	90	8	6	1	..	..	..	22	221	2	3	..	2	..	..	..	..	..	1	8	
B Mile End Old Town..	188	68	7	17	6	..	..	1	54	341	5	3	..	2	..	..	..	..	1	3	14	
B Poplar .. ..	391	109	1	23	..	1	1	..	53	579	11	9	..	5	..	..	..	..	..	4	29	
B Southwark .. ..	382	218	5	16	18	1	..	..	48	688	12	21	..	2	4	..	..	..	..	4	43	
B Bermondsey .. ..	282	147	8	14	17	6	..	..	63	537	12	12	..	1	..	..	..	..	..	1	26	
B Lambeth .. ..	796	205	7	33	20	3	1	..	103	1,168	21	21	..	5	4	..	..	..	..	4	55	
B Wandsworth .. ..	942	340	19	56	26	19	..	..	173	1,575	20	23	..	7	3	..	..	..	..	8	61	
B Lambethwell .. ..	394	165	3	36	10	7	..	..	86	701	10	15	..	5	1	..	..	..	..	5	36	
B Greenwich .. ..	329	224	8	24	10	..	..	..	61	656	7	13	..	2	1	..	..	..	..	4	27	
B Woolwich .. ..	458	127	2	5	3	..	..	..	32	627	11	6	..	1	..	..	..	..	..	1	19	
B Lewisham .. ..	455	151	4	12	3	..	..	1	72	698	11	17	..	..	..	..	..	..	..	1	4	33
B Port of London ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
B Tottenham .. ..	188	49	3	18	3	..	..	..	51	312	4	7	..	5	..	..	..	..	..	1	17	
B Beyond Met. Area ..	4	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	
<b>TOTALS .. ..</b>	<b>8,782</b>	<b>3,634</b>	<b>222</b>	<b>509</b>	<b>297</b>	<b>64</b>	<b>3</b>	<b>4</b>	<b>1,723</b>	<b>15,238</b>	<b>213</b>	<b>281</b>	<b>2</b>	<b>77</b>	<b>38</b>	<b>1</b>	<b>..</b>	<b>2</b>	<b>87</b>	<b>701</b>		



The number of cases of scarlet fever was 6,573, of diphtheria 1,794, and of enteric fever 356 below the average admissions during the preceding ten years.

SCARLET FEVER.—TABLE IV.—*Admissions, deaths and mortality per cent. of scarlet fever patients during 1910, 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 .. ..	37	4	10·8	24	6	2·5	61	10	16·4
1 to 2 .. ..	159	14	8·8	147	7	4·8	306	21	7·0
2 .. 3 .. ..	325	21	6·5	275	20	7·3	600	41	6·8
3 .. 4 .. ..	465	19	4·1	405	12	3·0	870	31	3·6
4 .. 5 .. ..	458	16	3·5	500	13	2·6	958	29	3·0
Totals under 5 years ..	1444	74	5·1	1351	58	4·3	2795	132	4·7
5 to 10 .. ..	1757	27	1·5	2018	30	1·5	3775	57	1·5
10 .. 15 .. ..	578	7	1·2	724	7	1·0	1302	14	1·1
15 .. 20 .. ..	185	2	1·1	192	1	·5	377	3	·8
20 .. 25 .. ..	94	2	2·1	114	1	·8	208	3	1·4
25 .. 30 .. ..	63	..	..	102	1	1·0	165	1	·6
30 .. 35 .. ..	38	..	..	54	1	1·8	92	1	1·1
35 .. 40 .. ..	16	..	..	24	1	4·2	40	1	2·5
40 .. 45 .. ..	7	..	..	7	..	..	14	..	..
45 .. 50 .. ..	6	..	..	3	..	..	9	..	..
50 .. 55 .. ..	2	1	50·0	..	..	..	2	1	50·0
55 .. 60 .. ..	1	..	..	1	..	..	2	..	..
And upwards ..	..	..	..	1	..	..	1	..	..
Grand totals ..	4191	113	2·7	4591	100	2·2	8782	213	2·4

The total admissions of scarlet fever cases in 1910 were 8,782 (15,384)\*; the females were 400 (592) in excess of the male admissions. The total mortality, calculated on the admissions, was 2·4 (2·4) per cent., and was lower by 0·6 than the average for the preceding ten years.

On p. 197 will be found a table showing the age and sex distribution of the admissions and deaths during the ten years, 1900—1909, from which it will be seen that the death rate is higher among males than among females, in every age-group. In both sexes the disease is especially fatal to children under two years of age.



DIPHtheria.—TABLE V.—Admissions, deaths, and mortality per cent. of diphtheria patients (excluding bacteriological cases) during 1910, 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 ..	33	4	12.1	24	4	16.7	57	8	14.0
1 to 2 ..	149	23	15.4	121	28	23.1	270	51	18.9
2 „ 3 ..	158	19	12.0	183	17	9.3	341	36	10.5
3 „ 4 ..	206	23	11.2	222	16	7.2	428	39	9.1
4 „ 5 ..	233	22	9.4	245	21	8.6	478	43	9.0
Total under 5 years } ..	779	91	11.7	795	86	10.8	1,574	177	11.2
5 to 10 ..	593	40	6.7	743	46	6.2	1,336	86	6.4
10 „ 15 ..	178	7	4.0	238	8	3.36	416	15	3.6
15 „ 20 ..	55	..	..	62	1	1.6	117	1	.8
20 „ 25 ..	29	..	..	46	1	2.2	75	1	1.3
25 „ 30 ..	19	..	..	29	..	..	48	..	..
30 „ 35 ..	14	..	..	22	1	4.5	36	1	2.8
35 „ 40 ..	6	..	..	8	..	..	14	..	..
40 „ 45 ..	3	..	..	7	..	..	10	..	..
45 „ 50 ..	2	..	..	3	..	..	5	..	..
50 „ 55 ..	1	..	..	..	..	..	1	..	..
55 „ 60 ..	1	..	..	..	..	..	1	..	..
And upwards	1	..	..	..	..	..	1	..	..
Grand totals ..	1,681	138	8.2	1,953	143	7.3	3,634	281	7.7

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, as last year, such cases have been shown 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, for last year was the lowest on record, viz., 7.7, as compared with a rate of 30 per cent. before the introduction of antitoxin, and it was 2.6 below the average rate for the preceding ten years as shown in the table on page 197. Like scarlet fever, diphtheria is more fatal to males than females, but unlike the former disease, the diphtheria mortality rate continues at a high percentage amongst children of a much older age. Among children under five years of age, it is as high as 15.5 per cent. as compared with a scarlet fever rate of 6.7; and in the next quinquennium—5 to 10 years—it is 8.2 compared with 1.9 per cent. for scarlet fever.



ENTERIC FEVER.—TABLE VI.—Admissions, deaths, and mortality per cent. of enteric fever patients during 1910, 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 ...	17	...	...	12	1	8·3	37	1	2·7
5 to 10 ...	30	1	3·3	32	2	6·2	62	3	4·8
10 „ 15 ...	44	3	7·0	36	3	8·3	80	6	7·5
15 „ 20 ...	32	2	6·2	31	2	6·4	63	4	6·3
20 „ 25 ...	25	3	12·0	40	7	17·5	65	10	15·4
25 „ 30 ...	33	6	18·2	29	7	24·1	62	13	20·1
30 „ 35 ...	25	7	28·0	36	6	16·7	61	13	21·3
35 „ 40 ...	13	5	38·5	20	5	25·0	33	10	30·3
40 „ 45 ...	11	4	36·4	12	4	33·3	23	8	34·8
45 „ 50 ...	9	3	33·3	12	3	25·0	21	6	28·6
50 „ 55 ...	3	...	...	...	...	...	3	...	...
55 „ 60 ...	...	...	...	3	1	33·3	3	1	33·3
And upwards...	1	...	...	3	2	6·7	4	2	50·0
Totals ...	243	34	14·0	266	43	16·2	509	77	15·1

There were 178 more cases of enteric fever admitted than during 1909.

The total death-rate, calculated on the admissions, was 15·1 (*13·6*) per cent., and it was 0·3 higher than the average rate for the preceding ten years.

MEASLES.—TABLE VII.—297 patients were admitted during the year. For details refer to Table VII., p. 184.

WHOOPIING COUGH.—TABLE VIII.—64 cases were admitted during the year; 1 died. For details refer to Table VIII., p. 185.

TYPHUS FEVER.—TABLE IX.—Only 3 (*4*)\* cases of typhus fever were admitted during the year. For details refer to Table IV., p. 186.

CEREBRO-SPINAL MENINGITIS.—TABLE X.—4 (*2*) cases only were admitted; 2 died (*2*). For details refer to Table X., p. 187.

MISCELLANEOUS DISEASES. The table of cases of miscellaneous diseases admitted will be found in the Medical Supplement, p. 243. Further reference to it is made on p. 138, "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 Board's town hospitals and with cases which 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 XII B.

\* Italic figures in brackets throughout are the corresponding figures for 1909.



SCARLET  
FEVER  
PATIENTS.

TABLE XI.—Length of residence of scarlet fever patients who completed their recovery or died at the Board's town hospitals during the year 1910.

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 .. ..	130 (278)	6,279 (15,559)	48·3 (56·0)	114 (250)	6,027 (15,116)	52·9 (60·5)
North-Eastern ..	732 (926)	44,860 (62,451)	61·3 (67·4)	708 (873)	44,381 (61,412)	62·7 (70·3)
North-Western ..	512 (638)	35,461 (41,479)	69·3 (65·0)	485 (604)	34,935 (41,070)	72·0 (68·0)
Western .. ..	379 (875)	22,640 (50,561)	59·7 (57·8)	361 (832)	22,377 (49,775)	62·0 (59·8)
South-Western ..	396 (434)	27,461 (28,682)	69·3 (66·1)	374 (400)	27,115 (28,152)	72·5 (70·1)
Grove & Fountain	428 (704)	25,990 (43,058)	60·7 (61·2)	407 (674)	25,656 (42,459)	63·0 (63·0)
South-Eastern ..	648 (750)	30,600 (40,673)	47·2 (54·2)	605 (695)	29,907 (39,885)	49·4 (57·4)
Park .. ..	198 (440)	13,830 (27,291)	69·8 (62·0)	191 (400)	13,739 (26,514)	71·9 (66·3)
Brook .. ..	589 (1,057)	36,460 (66,492)	61·9 (62·9)	564 (1,010)	35,889 (65,699)	63·6 (65·0)
Totals .. ..	4,012 (6,102)	243,581 (376,246)	60·7 (61·7)	3,809 (5,738)	240,026 (370,082)	63·0 (64·5)

TABLE XI A.—Length of residence of scarlet fever patients who completed their recovery or died at the Board's convalescent hospitals during the year 1910.

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	2,547 (4,732)	97,413 (152,730)	106,593 (146,991)	204,006 (299,721)	38·2 (32·3)	41·8 (31·0)	80·0 (63·3)	2,543 (4,730)	96,981 (152,631)	106,164 (146,963)	203,145 (299,594)	38·1 (32·3)	41·8 (31·0)	79·9 (63·3)
Gore Farm	3,177 (5,692)	109,339 (180,270)	105,535 (175,939)	214,874 (356,209)	34·4 (31·7)	33·2 (30·9)	67·6 (62·6)	3,171 (5,687)	109,126 (180,127)	105,103 (175,803)	214,229 (355,930)	34·4 (31·7)	33·1 (30·9)	67·5 (62·6)
Totals	5,724 (10,424)	206,752 (333,000)	212,128 (322,930)	418,880 (655,930)	36·1 (31·9)	37·1 (31·0)	73·2 (62·9)	5,714 (10,417)	206,107 (332,758)	211,267 (322,766)	417,374 (655,524)	36·1 (31·9)	37·0 (31·0)	73·1 (62·9)

The average duration of residence of scarlet fever cases was at the town hospitals 60·7 (61·7)\* days, including deaths, and 63·0 (64·5) days if the fatal cases be excluded, or 0·2 below the average for the preceding ten years. At the convalescent hospitals the average duration was 73·2 (62·9) and 73·1 (62·9) days respectively (including residence in the town hospitals), or 7·4 days above the average for the preceding ten years. The total residence of cases who completed their recovery at the convalescent hospitals was last year 10·1 (1·6) days longer than that of cases at the town hospitals.

The period of detention at the Northern Hospital was 16·6 days longer than in the preceding year, and 20·9 days longer than in 1905, and 14 days longer than the average for the preceding ten years.

\* Italic figures in brackets throughout are the corresponding figures for 1909.



DIPHTHERIA  
PATIENTS.TABLE XIII.A.—*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 1910.*

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 .. ..	130 (247)	6,978 (12,744)	53·7 (51·6)	110 (205)	6,684 (11,959)	60·8 (58·3)
North-Eastern ..	473 (390)	25,818 (29,561)	54·6 (75·8)	425 (362)	25,439 (29,253)	59·9 (80·8)
North-Western ..	277 (383)	15,802 (21,285)	57·0 (55·6)	252 (347)	15,444 (20,991)	61·3 (60·5)
Western .. ..	277 (669)	12,216 (33,920)	44·1 (50·7)	233 (570)	11,874 (32,819)	51·0 (57·6)
South-Western ..	397 (493)	23,237 (27,920)	58·5 (56·6)	359 (439)	22,695 (27,351)	63·2 (62·3)
Grove & Fountain	333 (538)	19,879 (27,463)	59·7 (51·0)	306 (491)	19,547 (27,101)	63·9 (55·2)
South-Eastern ..	491 (508)	22,497 (24,749)	45·8 (48·7)	444 (471)	21,885 (24,421)	49·3 (51·8)
Park .. ..	94 (367)	5,253 (17,268)	55·9 (47·1)	86 (321)	5,107 (16,671)	59·4 (51·9)
Brook .. ..	385 (452)	20,195 (23,173)	52·4 (51·3)	361 (412)	19,889 (23,001)	55·1 (55·8)
Totals .. ..	2,857 (4,047)	151,875 (218,083)	53·2 (53·9)	2,576 (3,618)	148,564 (213,567)	57·7 (59·0)

TABLE XIII.B.—*Length of residence of diphtheria patients who completed their recovery or died at the Board's convalescent hospitals during the year 1910.*

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.. †	468 (255)	21,254 (11,581)	15,546 (6,142)	36,800 (17,723)	45·4 (45·4)	33·2 (24·1)	78·6 (69·5)	468 (255)	21,254 (11,581)	15,546 (6,142)	36,800 (17,723)	45·4 (45·4)	33·2 (24·1)	78·6 (69·5)
Gore Farm ‡	237 (462)	11,117 (19,439)	6,700 (17,174)	17,817 (36,613)	46·9 (42·1)	28·3 (37·1)	75·2 (79·2)	237 (459)	11,117 (19,275)	6,700 (17,076)	17,817 (36,351)	46·9 (42·0)	28·3 (37·2)	75·2 (79·2)
Totals ..	705 (717)	32,391 (31,020)	22,246 (23,316)	54,617 (54,336)	45·9 (43·3)	31·6 (32·5)	77·5 (75·8)	705 (714)	32,371 (30,856)	22,246 (23,218)	54,617 (54,074)	45·9 (43·2)	31·6 (32·5)	77·5 (75·8)

\* Italic figures in brackets throughout are the corresponding figures for 1909.

† Includes 14 diphtheria bacteriological cases.

‡ Includes 3 diphtheria bacteriological cases.



BACTERIOLOGICAL TABLE XIIC.—Length of residence of bacteriological diphtheria patients who completed their recovery or died at the Board's town hospitals during the year 1910.

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 .. ..	25 (10)	1,091 (571)	43·6 (57·1)	25 (8)	1,091 (526)	43·6 (65·7)
North-Eastern ..	64 (18)	2,130 (866)	33·3 (48·1)	62 (18)	1,997 (866)	32·2 (48·1)
North-Western ..	24 (18)	588 (407)	24·5 (22·6)	24 (18)	588 (407)	24·5 (22·6)
Western .. ..	24 (55)	704 (2,196)	29·3 (39·9)	24 (55)	704 (2,196)	29·3 (39·9)
South-Western ..	8 (3)	328 (81)	41·0 (27·0)	8 (3)	328 (81)	41·0 (27·0)
Grove & Fountain	25 (34)	690 (751)	27·6 (22·1)	25 (34)	690 (751)	27·6 (22·1)
South-Eastern ..	19 (32)	458 (738)	24·1 (23·1)	19 (31)	458 (701)	24·1 (22·6)
Park .. ..	3 (5)	57 (107)	19·0 (21·4)	3 (5)	57 (107)	19·0 (21·4)
Brook .. ..	12 (18)	334 (398)	27·8 (22·1)	12 (18)	334 (398)	27·8 (22·1)
Totals .. ..	204 (193)	6,380 (6,115)	31·3 (31·7)	202 (190)	6,247 (6,033)	30·9 (31·8)

The average length of residence of diphtheria patients at the town hospitals was 53·2 (53·9)\* days, including deaths, and 57·7 (59·0) days if the fatal cases be excluded, or 1·9 days longer than the average for the preceding ten years. At the convalescent hospitals the average residence of recovered cases (including residence in the town hospitals) was 77·5 (75·7) days or 19·8 (16·7) days longer than in the town hospitals, and 5·5 days longer than the average for the preceding ten years.

The period of detention at the Northern Hospital was 9·1 days longer than in the preceding year, and was 16·3 days longer than in 1905, whereas at the Gore Farm Hospital it was 4·0 days shorter than last year.

The average length of residence of the recovered bacteriological cases was 30·9 (31·8) days, and varied from 19·0 (21·4) days at the Park Hospital, to 43·6 (65·7) days at the Eastern Hospital.

\* Italic figures in brackets throughout are the corresponding figures for 1909.



ENTERIC  
FEVER  
PATIENTS.

TABLE XIII.—*Length of residence of enteric fever patients who completed their recovery or died at the Board's town hospitals during the year 1910.*

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 .. ..	109 (66)	6,037 (4,164)	55.4 (63.1)	84 (61)	5,594 (4,111)	66.6 (67.4)
North-Eastern ..	56 (69)	2,851 (4,883)	50.9 (70.8)	43 (65)	2,686 (4,863)	62.5 (74.8)
North-Western ..	33 (19)	1,916 (1,243)	58.1 (65.4)	32 (19)	1,910 (1,243)	59.7 (65.4)
Western .. ..	93 (76)	5,274 (3,865)	56.7 (50.9)	81 (64)	5,101 (3,770)	63.0 (58.9)
South-Western ..	45 (58)	2,745 (4,002)	61.0 (69.0)	35 (53)	2,641 (3,918)	75.5 (73.9)
Grove & Fountain	2	127	63.5	2	127	63.5
South-Eastern ..	103 (79)	4,345 (4,477)	42.2 (56.7)	88 (72)	4,157 (4,366)	47.2 (60.6)
Brook .. ..	26 (60)	1,766 (3,378)	67.9 (56.3)	25 (48)	1,747 (3,216)	69.9 (67.0)
Totals .. ..	467 (427)	25,061 (26,012)	53.7 (60.9)	390 (382)	23,963 (25,487)	61.4 (66.7)

The average residence of enteric fever patients was 53.7 (60.9) days, including deaths, and 61.4 (66.7) days, if the fatal cases be excluded, and 1.1 days longer than the average for the preceding ten years. The shortest residence of recovered cases was 47.2 days at the South-Eastern Hospital (*Western Hospital 58.9*), or 14.2 (7.8) days below the average, and the longest 75.5 days at the South-Western Hospital (*North-Eastern Hospital, 74.8*), or 14.1 (8.1) days above the average.

MEASLES.

TABLE XIV.—*Length of residence of patients suffering from measles who completed their recovery or died at the Board's town hospitals during the year 1910.*

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 .. ..	16	507	31.7	12	482	40.16
North-Eastern ..	46	1,369	29.8	41	1,276	31.1
North-Western ..	17	376	22.1	11	297	27.0
Western .. ..	24	529	22.0	16	452	28.2
South-Western ..	31	946	30.5	21	872	41.5
Grove & Fountain	10	222	22.2	9	216	24.0
South-Eastern ..	30	671	22.4	26	648	24.9
Park .. ..	2	104	52.0	2	104	52.0
Brook .. ..	8	310	38.7	8	310	38.7
Totals .. ..	184	5,034	27.4	146	4,657	31.9



WHOOPING  
COUGH  
PATIENTS.

TABLE XV.—*Length of residence of whooping cough patients who completed their recovery or died at the Board's town hospitals during the year 1910.*

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 .. ..	4	137	34.2	4	137	34.2
North-Eastern ..	7	260	37.1	6	246	41.0
North-Western ..	4	121	30.2	4	121	30.2
Grove & Fountain	7	243	34.7	7	243	34.7
South-Eastern ..	3	48	16.0	3	48	16.0
Totals .. ..	25	809	32.4	24	795	33.1

TYPHUS  
FEVER  
PATIENTS.

TABLE XVI.—*Length of residence of typhus fever patients who completed their recovery or died at the Board's town hospitals during the year 1910.*

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	53	53.0	1	53	53.0
South-Western ..	1	60	60.0	1	60	60.0
	(2)	(75)	(37.5)	(2)	(75)	(37.5)
South-Eastern ..	..	..	..	..	..	..
	(2)	(70)	(35.0)	(2)	(70)	(35.0)
Brook .. ..	1	48	48.0	1	48	48.0
	..	..	..	..	..	..
Totals .. ..	3	161	53.7	3	161	53.7
	(4)	(145)	(36.2)	(4)	(145)	(36.2)

CEREBRO-  
SPINAL  
MENINGITIS  
PATIENTS.

TABLE XVII.—*Length of residence of cerebro-spinal fever patients who completed their recovery or died at the Board's town hospitals during the year 1910.*

HOSPITAL.	Total number of cases (including deaths).	Number of days' residence.	Average residence (days.)	Recovered cases only.	Number of days' residence.	Average residence (days).
Eastern .. ..	1	16	16.0	..	..	..
North-Western ..	2	129	64.5	2	129	64.5
	(1)	(107)	(107.0)	(1)	(107)	(107.0)
Western .. ..	..	..	..	..	..	..
	(1)	(3)	(3.0)	..	..	..
Brook .. ..	1	26	26.0	..	..	..
South-Eastern ..	..	..	..	..	..	..
	(1)	(133)	(133.0)	(1)	(133)	(133.0)
Totals .. ..	4	171	42.7	2	129	64.5
	(3)	(243)	(81.0)	(2)	(240)	(120.0)

\* Italic figures in brackets throughout are the corresponding figures for 1909.



MISCELLANEOUS DISEASES.

TABLE XVIII.—Length of residence of patients suffering from miscellaneous diseases who completed their recovery or died at the Board's town hospitals during the year 1910.

HOSPITAL.	Total number of cases (including deaths).	Number of days' residence.	Average residence (days).	Recovered cases only.	Number of days' residence.	Average (days) residence.
Eastern .. ..	226 (341)	5,691 (8,763)	25·2 (25·7)	212 (305)	5,449 (8,340)	25·7 (27·3)
North-Eastern ..	368 (263)	9,431 (9,229)	25·6 (35·1)	355 (236)	9,291 (8,865)	26·2 (37·6)
North-Western ..	248 (275)	5,836 (6,668)	23·5 (24·2)	235 (252)	5,786 (6,449)	24·6 (25·6)
Western .. ..	135 (284)	2,954 (6,074)	21·9 (21·4)	124 (259)	2,763 (5,787)	22·3 (22·3)
South-Western ..	125 (170)	3,570 (4,472)	28·6 (26·3)	116 (152)	3,487 (4,339)	30·1 (38·5)
Grove & Fountain	194 (242)	4,378 (5,889)	22·6 (24·3)	188 (235)	4,343 (5,832)	23·1 (24·8)
South-Eastern ..	254 (304)	4,335 (4,591)	17·1 (15·1)	241 (279)	4,132 (4,369)	17·1 (15·7)
Park .. ..	64 (297)	2,145 (8,385)	33·5 (28·2)	63 (290)	2,142 (8,319)	34·0 (28·7)
Brook .. ..	127 (168)	3,315 (3,689)	26·1 (22·0)	120 (154)	3,286 (3,571)	27·4 (23·2)
Totals .. ..	1,741 (2,344)	41,655 (57,760)	23·9 (24·6)	1,654 (2,162)	40,679 (55,871)	24·6 (25·8)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 23·9 (24·6) days, including deaths, and 24·6 (25·8) days if the fatal cases be excluded. The shortest residence of recovered cases was at the South Eastern Hospital 17·1 (*South Eastern Hospital, 15·7*) days, or 7·5 (10·0) days below the average, and the longest at the Park Hospital, 34·0 (*North Eastern Hospital, 37·6*) days, or 9·4 days above the average.

SMALLPOX PATIENTS. Of smallpox patients, 9 were treated during the year; all were discharged recovered. Average residence 35·8 days.

The following are the particulars as to the districts from which the patients came and their condition as to vaccination:—

	Vaccination cicatrices.		Total cases.
	Present.	Absent.	
Islington .. ..	3	1	4
Strand .. ..	—	1	1
Shoreditch .. ..	2	—	2
Mile End .. ..	1	—	1
Poplar .. ..	1	—	1

CASES OF MISTAKEN DIAGNOSIS. *Fever.*—In the course of the year 1910 no fewer than 1,723 (2,322) patients, or a percentage on the total admissions of 11·3 (10·3) were, after admission at the fever hospitals, found not to be suffering from the diseases mentioned in the medical certificates upon which they were removed to the hospital (Table XIV., Medical Supplement, pp. 243-4). The largest number of cases admitted to any one hospital, was at the Eastern Hospital (*Eastern Hospital*), where the proportion was 222 (328) out of 1,246

\* Italic figures in brackets throughout are the corresponding figures for 1909.



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.

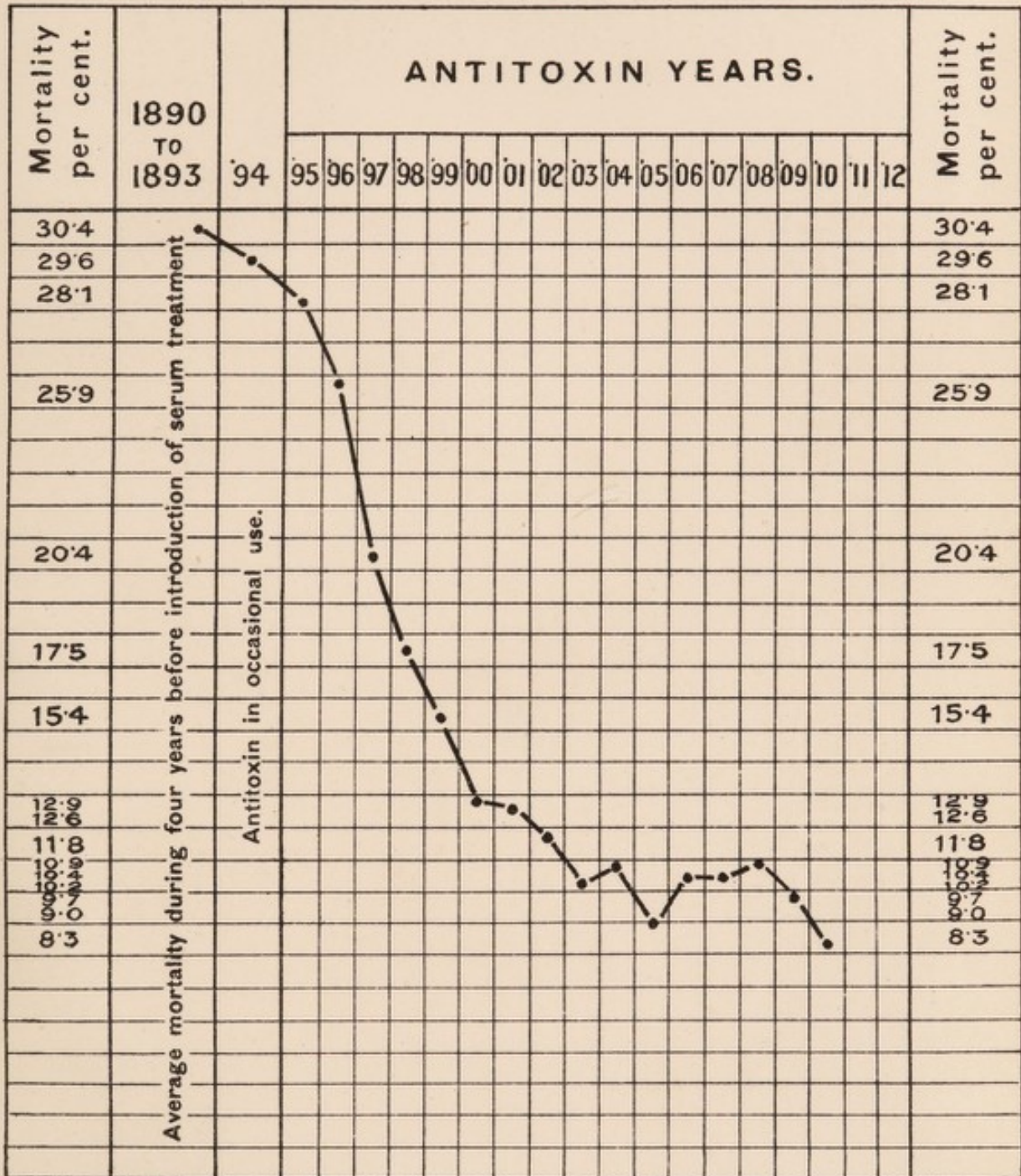
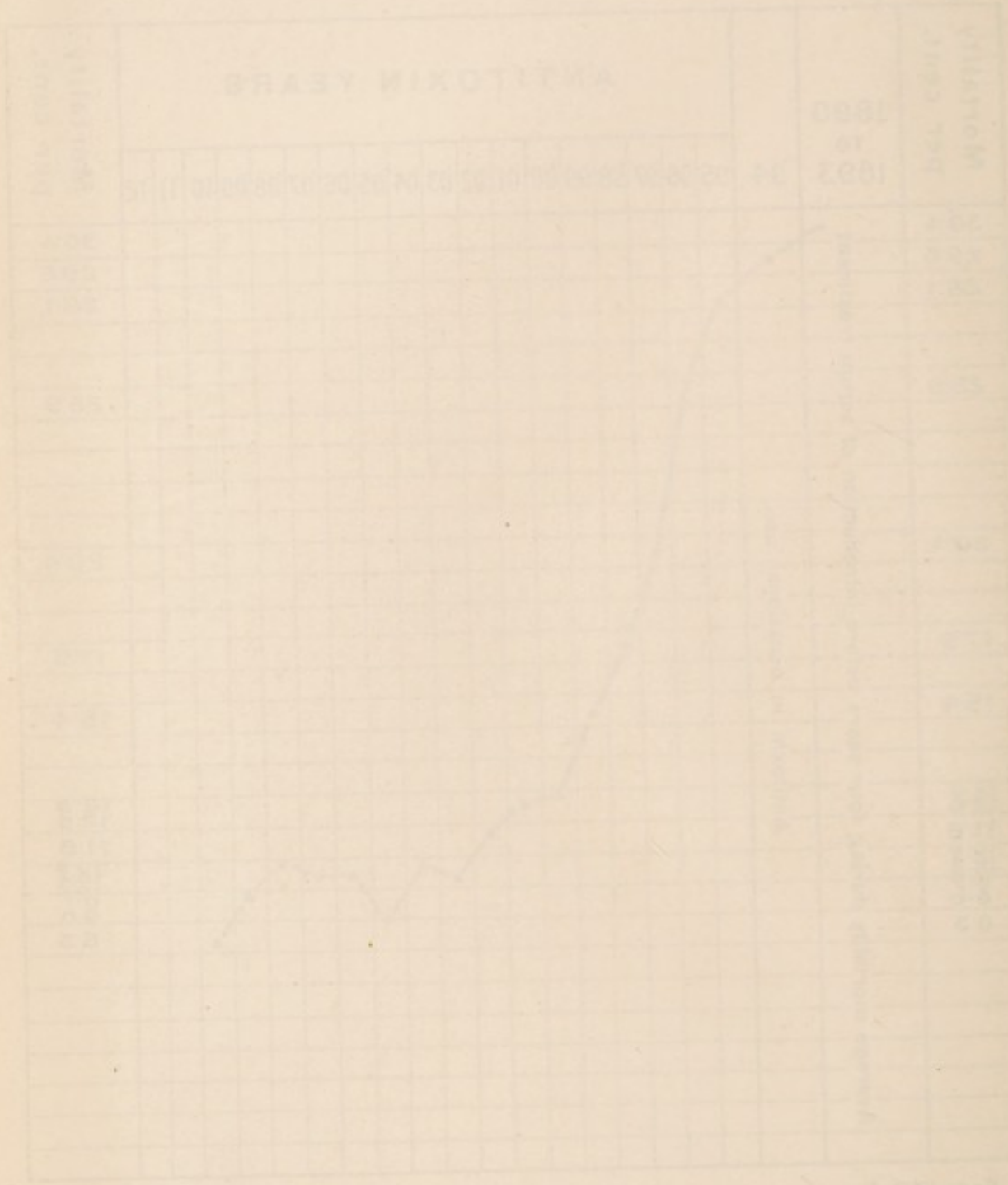




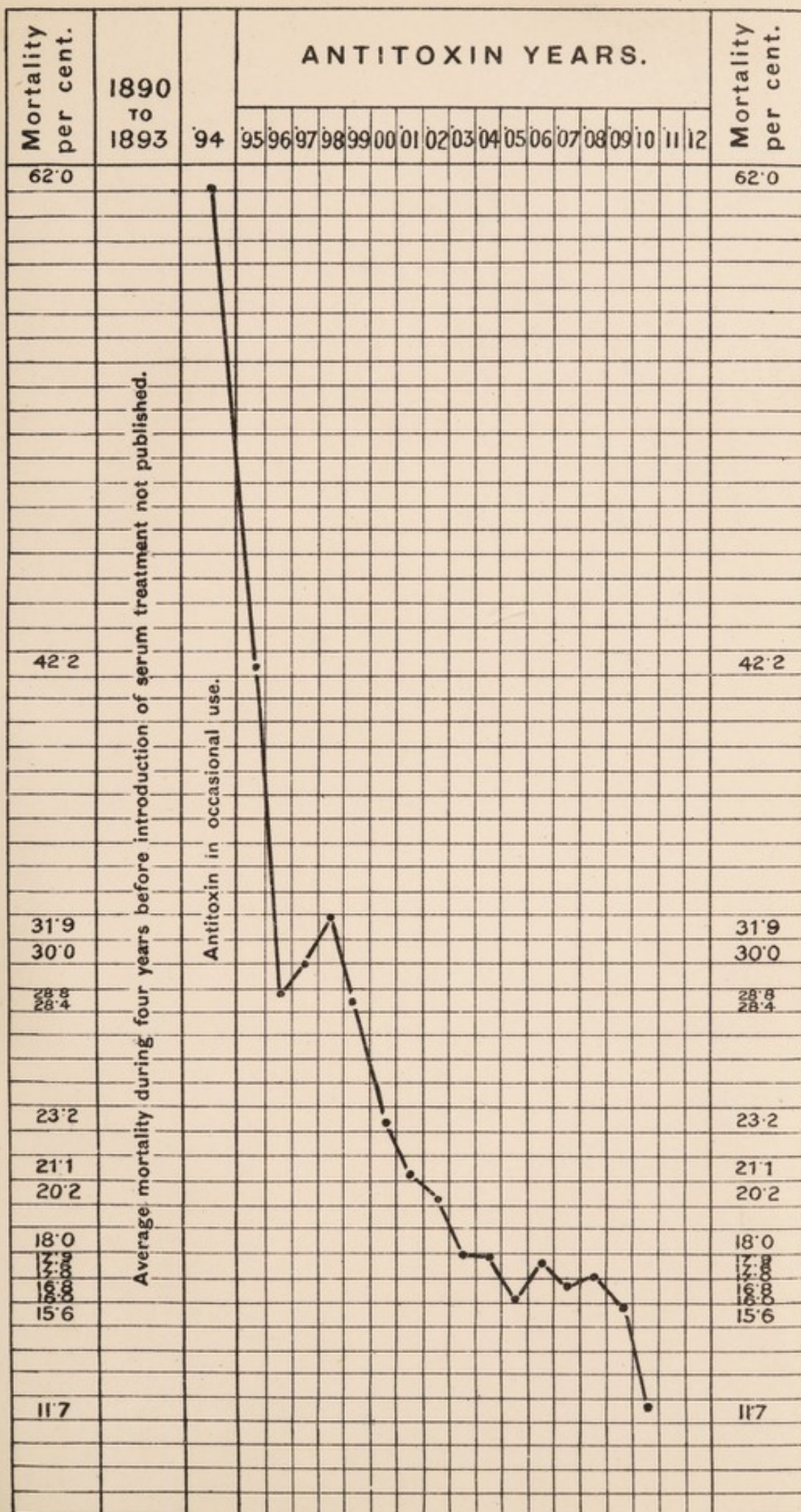
CHART showing the number of cases of diphtheria reported in the United States and the number of deaths from diphtheria in the United States from 1890 to 1903.

A--48 Cases of diphtheria



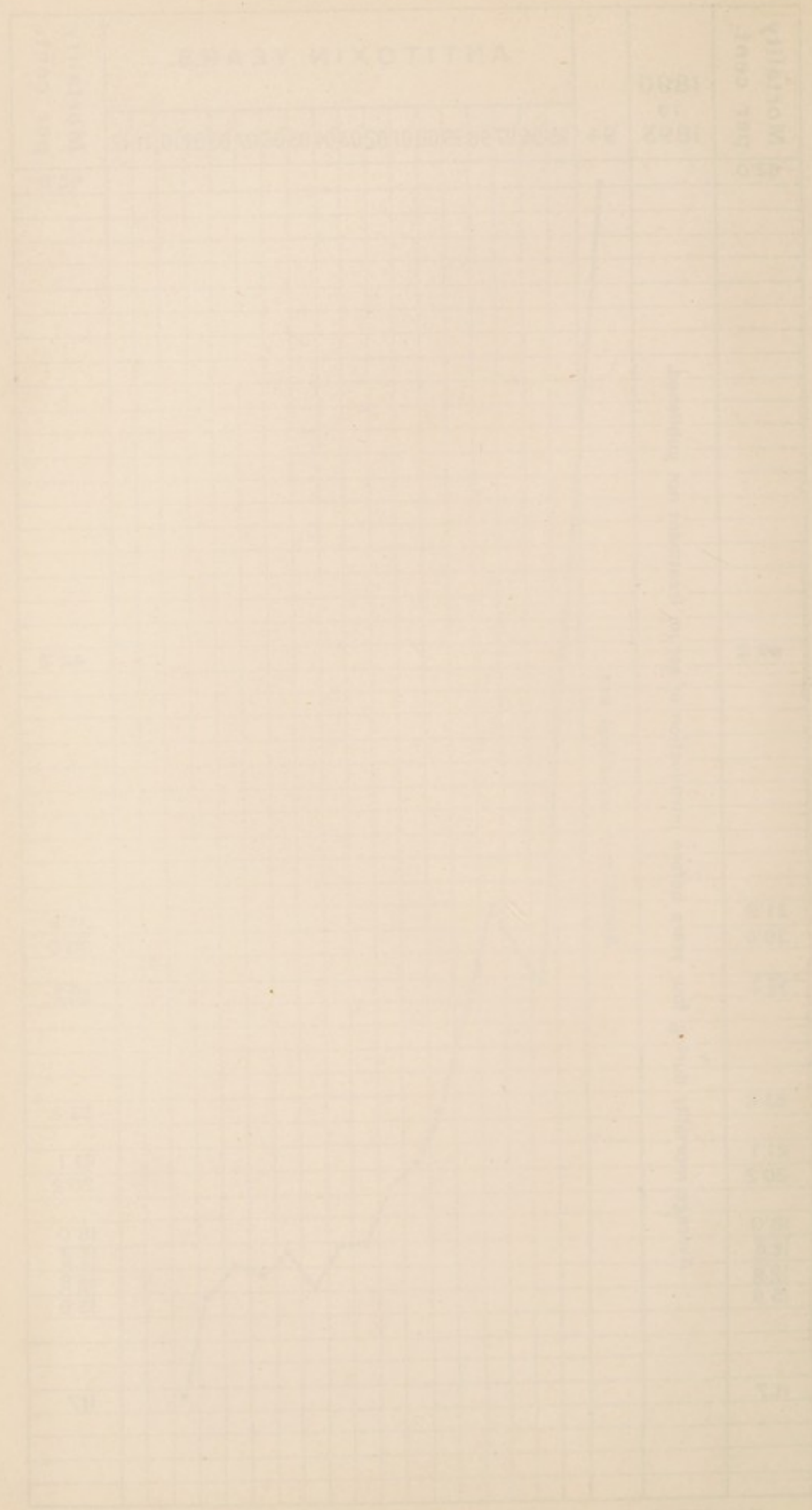


B.—Laryngeal cases.





ANTITOXIN YEARS



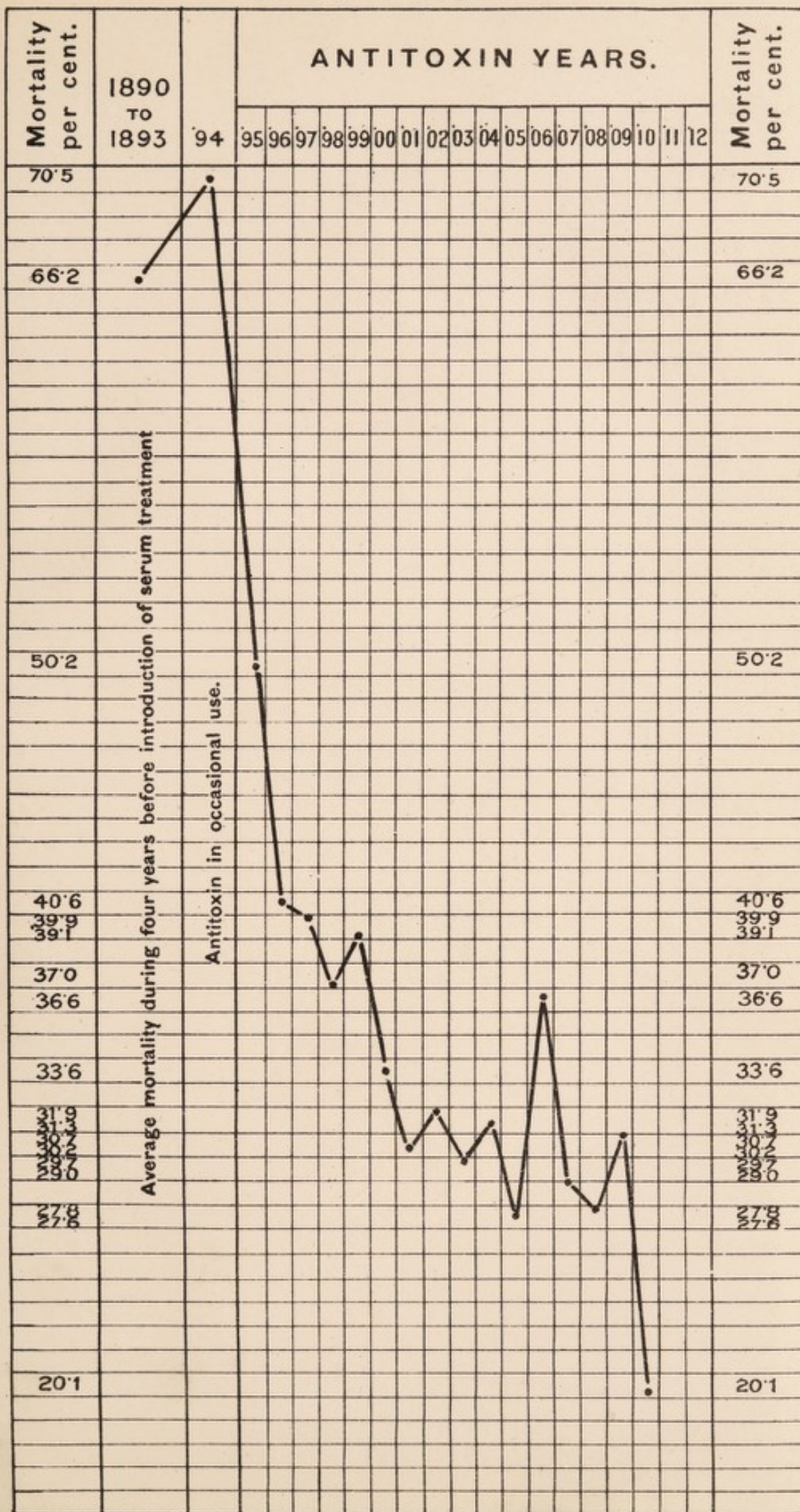
1900  
1901  
1902

ANTITOXIN YEARS

ANTITOXIN YEARS



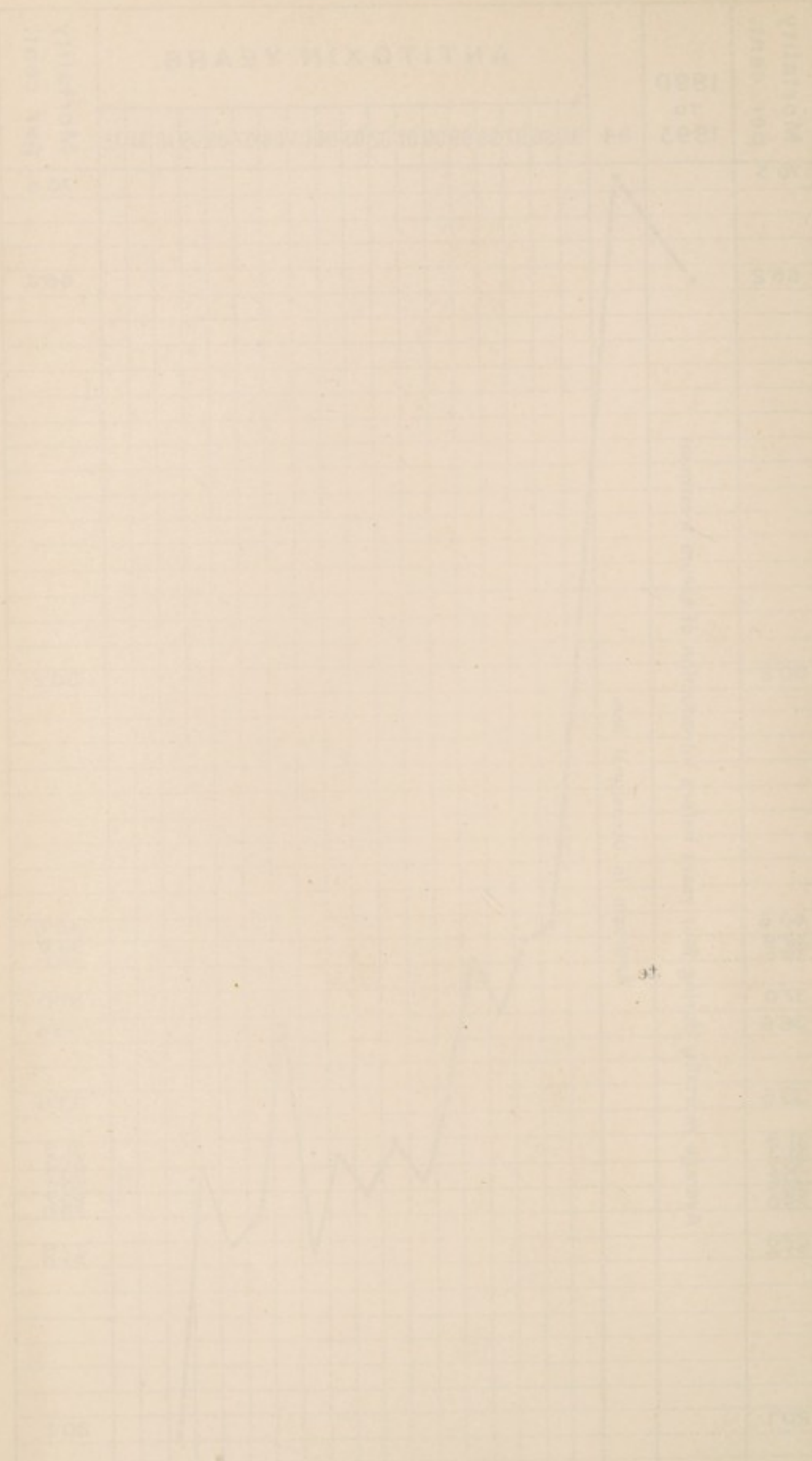
C.—Tracheotomy cases.





ANTITOXIN YEARS

1890  
to  
1891





(2,059) admissions, or 17·8 (15·9) per cent. of the total. The percentage on the total scarlet fever cases was 9·5 (6·8), diphtheria cases 14·1 (16·8), and enteric fever cases 24·8 (37·9).

Amongst the 918 (1,132)\* cases wrongly certified as scarlet fever there were 224 (53) of German measles, 131 (214) of tonsillitis, 226 (278) of erythema, 115 (248) had no obvious disease or were not diagnosed. Amongst the 599 (930) cases wrongly certified as diphtheria were 0 (82) of measles, 401 (621) of tonsillitis, 11 (27) had no obvious disease or were not diagnosed. Amongst the 168 (202) cases wrongly certified as enteric fever were 13 (20) of influenza, 12 (11) of general tuberculosis, 21 (34) of pneumonia, 5 (7) had no obvious disease or were not diagnosed.

On reference to Table XVIII., p. 138, it will be noted that these cases were detained in hospital on an average for 23·9 (24·6) days.

*Smallpox.*—In the case of smallpox, the original medical certificate is revised by a medical officer of the Board at the London wharves: 10 persons were certified as suffering from smallpox and removed to the wharves. The diagnosis was confirmed in 5 cases. The Annual Report of the Medical Superintendent of the Smallpox Hospitals will be found on p. 199.

**Statistics since establishment of the Managers' hospitals.** (5) FEVER.—The return on p. 140 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, measles and whooping cough.

The mortality rate amongst scarlet fever patients was the same as the preceding year, viz., 2·3.

The diphtheria rate was 7·8 (9·4), and both rates are the lowest recorded in the Managers' hospitals.

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 1895-1910 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 1910 will be found on pp. 224-6.

\* Italic figures in brackets throughout are the corresponding figures for 1909.



TABLE XIX.—Admissions, deaths, and mortality at the FEVER HOSPITALS.

YEAR.	ADMISSIONS.										DEATHS.										Mortality per cent. of patients treated in Managers' hospitals.					Annual mortality per 1,000 of estimated population. (Registrar-General).						
	Scarlet.	Diphtheria.	Diphtheria (bacteriological).	Typhus.	Enteric.	Measles.	Whooping cough.	Other diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria (bacteriological).	Typhus.	Enteric.	Measles.	Whooping cough.	Other diseases.	Total.	Scarlet.	Diphtheria.	Typhus.	Enteric.	Measles.	Whooping cough.	Relapsing fever 6-8.	Scarlet.	Diphtheria.	Typhus.	Enteric.	Measles.	Whooping cough.	
1870 to 1874	1,004	..	..	1,071	1,095	..	..	973	*4,361	106	..	..	227	176	..	..	212	†735	10-5	..	21-2	16-1	..	..	0-73	0-09	0-10	0-26	..	..	..	
1875 to 1879	4,480	..	..	590	1,828	..	1,178	8,076	606	606	..	138	390	..	..	237	1,371	13-5	..	23-4	21-3	..	..	..	0-67	0-13	0-03	0-24	..	..	..	
1880	1,949	..	..	28	248	..	239	2,464	242	242	..	6	43	..	..	37	328	12-3	..	20-7	15-6	..	..	..	0-82	0-14	0-02	0-19	..	..	..	
1881	1,477	..	..	210	415	..	211	2,322	168	168	..	34	86	..	..	46	334	11-1	..	16-9	21-5	..	..	..	0-55	0-17	0-02	0-25	..	..	..	
1882	1,850	..	..	148	515	..	354	2,867	189	189	..	27	104	..	..	60	380	10-4	..	16-9	20-7	..	..	..	0-52	0-22	0-01	0-25	..	..	..	
1883	1,920	..	..	45	486	..	269	2,720	234	234	..	11	74	..	..	66	385	12-4	..	20-1	15-6	..	..	..	0-51	0-24	0-01	0-25	..	..	..	
1884	1,845	..	..	29	493	..	180	2,547	234	234	..	5	98	..	..	65	392	12-3	..	20-0	18-8	..	..	..	0-36	0-24	0-01	0-23	..	..	..	
1885	1,353	..	..	53	220	..	229	1,856	180	180	..	7	36	..	..	46	219	9-5	..	12-2	15-8	..	..	..	0-18	0-23	0-01	0-15	..	..	..	
1886	1,780	..	..	10	333	..	74	2,197	151	151	..	4	47	..	..	22	224	9-0	..	42-1	14-8	..	..	..	0-17	0-21	0-00	0-15	..	..	..	
1887	5,900	..	..	35	441	..	161	6,537	489	489	..	4	61	..	..	59	613	9-5	..	11-6	14-6	..	..	..	0-36	0-33	0-00	0-15	..	..	..	
1888	4,403	99	..	1	450	..	194	5,152	501	501	46	..	72	..	..	60	679	9-9	59-3	..	14-6	..	..	..	0-30	0-32	0-00	0-17	..	..	..	
1889	4,518	722	..	23	290	..	219	5,772	366	276	276	6	41	..	..	48	736	8-9	40-7	31-6	15-1	..	..	..	0-19	0-39	0-00	0-13	..	..	..	
1890	6,537	942	..	16	498	..	341	8,334	510	316	316	..	93	..	..	81	1,005	7-9	33-5	25-7	19-7	..	..	..	0-21	0-33	0-00	0-15	..	..	..	
1891	5,262	1,312	..	18	755	..	462	7,809	357	397	397	1	106	..	..	102	963	6-7	30-6	5-9	14-5	..	..	..	0-14	0-34	0-00	0-13	..	..	..	
1892	13,093	2,009	..	19	430	..	725	16,276	839	583	583	2	65	..	..	140	1,629	7-3	29-3	9-8	13-2	..	..	..	0-27	0-46	0-00	0-10	..	..	..	
1893	14,548	2,848	..	2	544	..	732	18,674	901	865	865	1	110	..	..	105	1,982	6-1	39-4	50-0	20-5	..	..	..	0-37	0-76	0-00	0-16	..	..	..	
1894	11,598	3,666	..	6	534	..	863	16,667	717	1,035	1,035	1	96	..	..	150	1,999	5-9	20-3	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	820	..	119	..	..	142	1,672	5-4	22-8	22-2	18-2	..	..	..	0-19	0-54	0-00	0-14	..	..	..	
1896	15,982	4,508	..	9	600	..	1,174	22,273	665	948	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	987	..	124	..	..	140	1,870	4-1	17-7	18-6	..	..	..	..	0-18	0-51	0-00	0-13	..	..	..	
1898	12,125	6,566	..	9	869	..	1,488	21,057	514	991	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	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	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	25,068	542	849	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	739	..	218	..	..	178	1,647	3-4	11-0	15-5	..	..	..	..	0-12	0-25	0-00	0-13	..	..	..	
1903	10,345	5,072	..	19	967	..	1,913	18,316	333	504	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	469	..	115	..	..	183	1,131	3-4	10-0	..	14-6	..	..	..	0-08	0-16	0-00	0-06	..	..	..	
1905	16,958	4,148	..	5	586	..	2,157	23,854	536	347	347	..	82	..	..	147	1,112	3-3	8-3	13-1	..	..	..	..	0-12	0-12	0-00	0-05	..	..	..	
1906	17,933	5,218	..	4	698	..	2,151	26,004	521	445	445	..	108	..	..	163	1,237	2-9	8-8	16-0	..	..	..	..	0-11	0-15	0-00	0-06	..	..	..	
1907	22,764	5,744	..	3	541	..	3,117	32,169	622	544	544	..	72	..	..	167	1,405	2-8	9-6	..	13-1	..	..	..	0-14	0-17	0-00	0-04	..	..	..	
1908	19,629	6,230	..	2	509	..	2,597	27,967	520	507	507	..	80	..	..	148	1,255	2-6	9-7	..	16-3	..	..	..	0-11	0-15	0-00	0-05	..	..	..	
1909	15,384	4,393	210	4	331	..	2,324	22,646	371	432	432	3	45	..	..	184	1,035	2-3	9-4	..	11-9	..	..	..	0-08	0-13	0-00	0-03	..	..	..	
1910	8,782	3,634	222	3	509	297	64	1,727	15,238	213	281	2	77	38	1	89	701	2-3	7-8	..	15-8	2-25	..	..	0-04	0-09	0-00	0-04	0-41	0-28	..	
Totals	313,638	100,797	432	2,407	23,072	297	64	38,500	479,435	14,330	14,550	5	491	3,752	38	1,398	37,194	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

NOTE.—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 1891. 4. The mortality rates of patients in the Managers' hospitals are calculated according to the Registrar-General's formula, *L* × 100, by half the sum of the admissions, discharges, and deaths for the year. \* Includes 218 cases of relapsing fever in 1870. † Includes 14 deaths from relapsing fever in 1870.



TABLE XX.—Summary of number of cases of laryngeal and non-laryngeal post-scarlatinal diphtheria at the Board's hospitals during the years 1896-1910.

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
1910	9	..	..	..	..	156	1	1	..	..	165	1	1	..	..

\* Includes 1 death from heart failure due to diphtheria, but the condition was complicated by whooping cough.



(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 XXI.—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.		
1st Dec., 1870, to 3rd Feb., 1871	582	..	582	97	..	97	20·8	..
1871-2 (4th Feb., 1871, to 31st Jan., 1872)	13,139	6	13,145	2,460	..	2,460	18·9	2·42
1872-3 (year ended 31st Jan., 1873)	2,359	3	2,362	467	1	468	17·8	0·54
1873-4 (year ended 31st Jan., 1874)	174	17	191	35	..	35		0·03
1874 (11 months ended 31st Dec.)	112	8	120	10	..	10	17·0	0·02
1875 .. .. .	89	22	111	22	..	22		0·01
1876 .. .. .	2,134	16	2,150	372	1	373	21·6	0·21
1877 .. .. .	6,516	104	6,620	1,214	4	1,218	17·9	0·71
1878 .. .. .	4,558	96	4,654	824	9	833	18·0	0·39
1879 .. .. .	1,628	60	1,688	273	5	278	15·7	0·12
1880 .. .. .	1,982	50	2,032	286	2	288	15·9	0·12
1881 .. .. .	8,551	120	8,671	1,417	14	1,431	16·6	0·62
1882 .. .. .	1,799	55	1,854	260	3	263	13·0	0·11
1883 .. .. .	598	28	626	93	..	93	16·1	0·03
1884 .. .. .	6,363	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		0·01
1887 .. .. .	56	3	59	3	..	3		0·00
1888 .. .. .	62	5	67	8	..	8	14·3	0·00
1889 .. .. .	5	..	5	..	..	..		..
1890 .. .. .	22	5	27	3	..	3		0·00
1891 .. .. .	63	1	64	8	..	8		0·00
1892 .. .. .	325	23	348	35	..	35	11·3	0·01
1893 .. .. .	2,376	*118	2,494	180	2	182	7·6	0·05
1894 .. .. .	1,117	*120	1,237	102	7	109	8·9	0·02
1895 .. .. .	941	*81	1,022	64	1	65	6·4	0·01
1896 .. .. .	190	*41	231	9	1	10		
1897 .. .. .	70	*26	96	13	1	14		
1898 .. .. .	5	*9	14	..	..	..	7·3	0·00
1899 .. .. .	18	*18	36	3	..	3		
1900 .. .. .	66	*19	85	3	..	3		
1901 .. .. .	1,743	*107	1,850	257	3	260	18·5	0·05
1902 .. .. .	7,916	*608	8,524	1,337	5	1,342	16·6	0·28
1903 .. .. .	355	*80	435	12	1	13		
1904 .. .. .	449	*64	513	27	..	27		
1905 .. .. .	53	*34	87	8	1	9		
1906 .. .. .	27	*6	33	..	..	..	5·4	..
1907 .. .. .	2	*13	15	..	1	1		
1908 .. .. .	1	*3	4	..	..	..		
1909 .. .. .	15	*13	28	2	..	2		
1910 .. .. .	5	*5	10	..	..	..		
Totals .. .. .	72,711	2,422	75,133	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	3,882,956	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	0	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	0.4
1910	4,872,702	—	—	0.0



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 25 years only once has the disease become seriously prevalent.

**Staff illness.** On p. 144A 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 3,806 (4,397)\* persons employed at the fever hospitals during the course of the year, 54 (94) or 1·4 (2·1) per cent. fell ill with fever or diphtheria, and 2 (1) died; while 870 (1,171) or 22·9 (26·6) per cent. suffered from other forms of illness, and 0 (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 .. .. .	980	1,184	2,164
Caterham .. .. .	972	1,137	2,109
Darenth .. .. .	1,030	964	1,994
Totals .. .. .	3,496	3,885	7,381

**Annual report.**

The annual reports of the medical superintendents of the asylums will be found on pp. 200-214.

\* Italic figures in brackets throughout are the corresponding figures for 1909.







ANNUAL REPORT - 1911

REPORT OF THE BOARD OF DIRECTORS

NAME	RESIDENCE	OFFICE	BUSINESS
J. H. ...	...	...	...
...	...	...	...
...	...	...	...
...	...	...	...
...	...	...	...
...	...	...	...
...	...	...	...
...	...	...	...



TABLE A.—Table showing the number of male and female imbeciles admitted, transferred, discharged and died at the Board's several asylums during the year 1910, 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, 1910.			Admitted.						Died.		Discharged.			Transferred to other asylums of the Board.		No. remaining at asylum on 31st December, 1910.								
	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.	M.	F.													M.	F.	M.	F.	Total.	
Kensington	87	71	158	(1) 15	(1) 11	(2) 26	12	6	18	7	1	8	2	5	7	1	1	2	12	6	18	97	81	178	
Hammersmith	46	52	98	(1) 6	4	(1) 10	3	5	8	4	4	8	4	4	8	1	(2) 1	1	3	5	5	8	48	49	97
Fulham	60	42	102	(1) 8	(1) 4	(1) 12	5	(1) 2	7	4	(2) 4	4	1	1	2	(1) 1	(1) 1	2	3	3	4	7	64	43	107
Paddington	60	51	111	(1) 9	7	(2) 16	3	4	7	1	2	3	1	1	2	(1) 1	(1) 1	2	3	3	4	7	69	56	125
Chelsea	36	66	102	(1) 3	(1) 3	(1) 6	(1) 3	4	7	6	(1) 6	4	6	4	10	2	2	4	3	3	4	7	36	62	98
St. George's, W.	91	87	178	11	6	17	2	2	4	17	(1) 1	8	8	1	17	(1) 1	(1) 1	2	1	2	2	3	33	31	64
Westminster	37	32	69	..	2	2	1	2	3	5	..	4	1	1	5	..	..	2	2	2	6	8	86	89	175
St. Marylebone	90	85	175	4	8	12	2	6	8	11	3	11	3	8	11	1	1	1	2	2	2	8	86	89	175
St. Pancras	296	380	676	(1) 36	32	(1) 68	27	(1) 28	(1) 55	62	(2) 6	62	40	22	62	(2) 6	(2) 15	27	27	27	28	55	302	364	666
Hampstead	28	32	60	4	6	10	2	3	5	7	..	2	2	4	..	..	2	2	2	3	5	5	27	34	61
Islington	119	139	258	(1) 43	(1) 34	(2) 77	(1) 26	30	(1) 56	25	(1) 4	25	8	17	43	(2) 1	(4) 5	26	26	26	30	56	142	162	304
Hackney	140	163	303	29	29	58	9	20	29	43	(1) 3	43	18	25	43	(1) 3	(2) 6	29	29	29	20	29	140	169	309
Bloomsbury	42	37	79	7	10	17	3	2	5	10	..	4	4	6	10	(2) 2	(2) 1	3	3	2	2	5	4	41	84
Strand	30	31	61	6	(1) 4	(1) 10	2	2	4	3	(1) 2	4	3	4	7	(1) 2	(1) 1	2	2	2	2	4	29	33	62
Holborn	145	163	308	12	(2) 9	(2) 21	(1) 9	(1) 6	(2) 15	10	(2) 5	10	10	5	15	(2) 1	(2) 3	9	9	5	6	15	151	165	316
London, City of	96	72	168	16	2	(1) 8	5	5	10	3	(2) 2	3	3	5	5	(2) 2	(2) 1	5	5	7	10	96	71	167	
Shoreditch	125	108	233	13	(1) 6	(1) 19	15	7	22	12	4	16	4	12	16	..	..	15	15	7	7	22	126	110	236
Bethnal Green	92	95	187	11	(1) 6	(1) 17	8	7	15	9	8	17	8	9	17	..	..	8	8	7	15	93	95	188	
Whitechapel	143	112	255	16	6	22	16	12	28	18	(1) 6	26	8	18	26	(1) 6	(2) 1	16	16	12	12	28	134	107	241
St. George's, E.	56	62	118	9	1	10	14	4	18	5	2	7	5	2	7	..	..	14	14	4	4	18	57	61	118
Stepney	49	54	103	9	4	13	8	3	11	2	2	5	3	5	7	..	..	8	8	3	3	11	54	55	109
Mile End	94	78	172	12	16	28	11	9	20	13	8	21	8	13	21	2	2	11	11	9	9	20	91	86	177
Poplar	141	179	320	(1) 33	28	(1) 61	24	11	35	16	14	30	14	16	30	(1) 8	(1) 8	24	24	11	11	35	153	190	343
Southwark	198	187	385	(1) 26	(2) 34	(1) 60	7	15	22	21	19	40	19	21	40	(1) 3	(1) 3	24	24	7	15	22	203	202	405
Bermondsey	150	155	305	22	(1) 18	(1) 40	13	7	20	9	16	25	9	16	25	(2) 2	(2) 3	13	13	7	7	20	158	155	313
Lambeth	240	279	519	(1) 49	(2) 41	(1) 90	21	11	32	30	28	58	28	30	58	(1) 7	(3) 6	30	30	11	11	32	252	286	538
Wandsworth	196	200	396	30	50	80	24	18	42	22	20	42	20	22	42	(1) 1	(1) 4	24	24	18	18	42	202	221	423
Camberwell	203	254	457	(1) 25	(1) 28	(1) 53	(1) 19	10	(1) 29	23	14	37	14	23	37	(1) 5	(1) 5	19	19	10	10	29	202	263	465
Greenwich	134	122	256	(1) 8	(1) 7	(1) 15	7	4	11	8	4	12	4	8	12	..	..	7	7	4	4	11	134	124	258
Woolwich	65	72	137	9	14	23	5	5	10	3	5	8	5	3	8	..	..	5	5	5	5	10	71	77	148
Lewisham	47	48	95	(1) 7	5	(1) 12	6	4	10	3	11	11	3	8	11	(1) 1	(1) 1	6	6	4	4	10	46	47	93
Totals	3,336	3,508	6,844	(15) 478	(20) 435	(35) 913	(4) 312	(3) 259	(7) 571	320	274	594	320	274	594	(15) 64	(22) 57	(22) 64	312	259	571	3,430	3,612	7,042	

NOTE.—The small figures in brackets represent alterations in chargeability after admission.



**Asylum statistics.** The annual statistical tables for each asylum are printed on pp. 216-223, 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 1910.

	M.	F.	Total.	M.	F.	Total.
In the asylums, January 1st, 1910 ..				3,336	3,508	6,844
Total cases admitted during the year :						
Direct cases .. .. .	358	345	703			
Indirect „ .. .. .	120	90	210			
				478	435	913
Total cases under treatment during the year .. .. .				3,814	3,943	7,757
Discharged or transferred* during the year as—						
Not insane .. .. .	1	2	3			
Recovered .. .. .	9	6	15			
Relieved .. .. .	2	2	4			
Not improved .. .. .	52	47	99			
Died .. .. .	320	274	594			
Total cases discharged, transferred and died during the year				384	331	715
Remaining in the asylums, December 31st, 1910 .. .. .				3,430	3,612	7,042
Average number resident during the year .. .. .				3,328	3,515	6,843

\* Exclusive of transfers between the Board's own asylums.

The admissions were 129 more than in 1909. The total discharges were 51 and the deaths 114 less than in the previous year. Of the admissions 208 were over 70 years of age.











TABLE B1.—Analysis of the admissions during the year 1910.

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 .. .. .	159	122	281	189	211	400	6	6	12	3	4	7	*357	*343	*700
Indirect .. .. .	38	24	62	72	60	132	9	4	13	1	2	3	120	90	210
Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total admissions ..	197	146	343	261	271	532	15	10	25	4	6	10	477	433	910

\* 1 male and 2 females 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 1910, 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.			Unkown whether first attack or not.			Total.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Less than two weeks .. .. .	..	..	..	..	..	..	..	..	..	..	..	..
2 weeks and less than 1 month .. .. .	..	..	..	..	..	..	..	..	..	..	..	..
1 month .. .. . 3 months	6	4	10	1	4	5	..	..	..	7	8	15
3 months .. .. . 6 ..	21	7	28	2	1	3	..	..	..	23	8	31
6 .. .. . 9 ..	28	16	44	..	1	1	..	..	..	28	17	45
9 .. .. . 12 ..	14	5	19	..	..	..	..	..	..	14	5	19
12 .. .. . 18 ..	33	26	59	..	..	..	..	..	..	33	26	59
18 .. .. . 2 years	10	3	13	..	..	..	..	..	..	10	3	13
2 years .. .. . 3 ..	20	15	35	1	..	1	..	..	..	21	15	36
3 .. .. . 5 ..	12	12	24	..	..	..	..	..	..	12	12	24
5 .. .. . 10 ..	8	9	17	1	..	1	..	..	..	9	9	18
10 .. .. . 15 ..	4	4	8	..	..	..	..	..	..	4	4	8
25 .. .. . 30 ..	1	..	1	..	..	..	..	..	..	1	..	1
30 .. .. . 35 ..	1	..	1	..	..	..	..	..	..	1	..	1
40 .. .. . 45 ..	1	1	2	..	..	..	..	..	..	1	1	2
Duration unknown .. .. .	30	109	139	1	..	1	3	4	7	34	113	147
Congenital cases .. .. .	..	..	..	..	..	..	..	..	..	159	122	281
Totals .. .. .	189	211	400	6	6	12	3	4	7	357	343	700

\* 1 male and 2 females admitted "not insane" not included in this total.



TABLE I

Year	...	...	...	...
1900	...	...	...	...
1901	...	...	...	...
1902	...	...	...	...
1903	...	...	...	...
1904	...	...	...	...
1905	...	...	...	...
1906	...	...	...	...
1907	...	...	...	...
1908	...	...	...	...
1909	...	...	...	...
1910	...	...	...	...

...

TABLE II

Year	...	...	...	...
1900	...	...	...	...
1901	...	...	...	...
1902	...	...	...	...
1903	...	...	...	...
1904	...	...	...	...
1905	...	...	...	...
1906	...	...	...	...
1907	...	...	...	...
1908	...	...	...	...
1909	...	...	...	...
1910	...	...	...	...

...







Table 1. - Summary of the data for the first 100 observations.

Year	Q1	Q2	Q3	Q4	Mean	Std. Dev.
1950	1.2	1.5	1.8	2.1	1.65	0.4
1951	1.3	1.6	1.9	2.2	1.75	0.45
1952	1.4	1.7	2.0	2.3	1.85	0.5
1953	1.5	1.8	2.1	2.4	1.95	0.55
1954	1.6	1.9	2.2	2.5	2.05	0.6
1955	1.7	2.0	2.3	2.6	2.15	0.65
1956	1.8	2.1	2.4	2.7	2.25	0.7
1957	1.9	2.2	2.5	2.8	2.35	0.75
1958	2.0	2.3	2.6	2.9	2.45	0.8
1959	2.1	2.4	2.7	3.0	2.55	0.85

Table 2. - Summary of the data for the last 100 observations.

Year	Q1	Q2	Q3	Q4	Mean	Std. Dev.
1960	2.2	2.5	2.8	3.1	2.65	0.9
1961	2.3	2.6	2.9	3.2	2.75	0.95
1962	2.4	2.7	3.0	3.3	2.85	1.0
1963	2.5	2.8	3.1	3.4	2.95	1.05
1964	2.6	2.9	3.2	3.5	3.05	1.1
1965	2.7	3.0	3.3	3.6	3.15	1.15
1966	2.8	3.1	3.4	3.7	3.25	1.2
1967	2.9	3.2	3.5	3.8	3.35	1.25
1968	3.0	3.3	3.6	3.9	3.45	1.3
1969	3.1	3.4	3.7	4.0	3.55	1.35



TABLE B5.—Showing the form of mental disorder on admission in the admissions during the year 1910.

SUMMARY.

Forms of mental disorder.		DIRECT ADMISSIONS.			INDIRECT ADMISSIONS.			TOTALS.		
		M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed.	(1). Intellectual { With epilepsy	36	15	51	11	5	16	47	20	67
	{ Without epilepsy	123	107	230	27	19	46	150	126	276
	(2). Moral	...	...	...	...	...	...	...	...	...
Insanity occurring later in life.	(1). Insanity with epilepsy	4	6	10	8	5	13	12	11	23
	(2). General paralysis of insane	16	3	19	...	...	...	16	3	19
	(3). Insanity with grosser brain lesions	20	6	26	1	...	1	21	6	27
	(4). Acute delirium	...	...	...	...	...	...	...	...	...
	(5). Confusional insanity	1	...	1	2	...	2	3	...	3
	(6). Stupor	...	...	...	1	...	1	1	...	1
	(7). Primary dementia	7	20	27	4	1	5	11	21	32
	(8). Mania { (a). Recent	1	...	1	4	1	5	5	1	6
	{ (b). Chronic	2	1	3	4	5	9	6	6	12
	{ (c). Recurrent	...	...	...	...	...	...	...	...	...
	(9). Melancholia { (a). Recent	...	...	...	...	1	1	...	1	1
	{ (b). Chronic	4	2	6	2	1	3	6	3	9
	{ (c). Recurrent	...	...	...	...	...	...	...	...	...
	(10). Alternating insanity	...	...	...	1	...	1	1	...	1
(11). Delusional insanity { (a). Systematised	2	...	2	3	1	4	5	1	6	
{ (b). Non-Systematised	4	...	4	3	...	3	7	...	7	
(12). Volitional insanity { (a). Impulse	...	...	...	...	...	...	...	...	...	
{ (b). Obsession	...	...	...	...	...	...	...	...	...	
{ (c). Doubt	...	...	...	...	...	...	...	...	...	
(13). Moral insanity	...	...	...	...	...	...	...	...	...	
(14). Dementia { Senile	121	182	303	9	...	9	130	182	312	
{ Secondary	16	1	17	40	51	91	56	52	108	
Total		357	343	700	120	90	210	477	433	910

\* 1 male and 2 females certified "not insane," and discharged as such, not included in this total.















ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE B7.—*ETIOLOGICAL.*—Showing the etiological factors and associated conditions assigned in the direct admissions during the year 1910, 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 RECOVERIES.		
	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.	INCIDENCE.
<b>A. HEREDITY (including consanguinity, nephras, mices and offspring).</b>	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.
1. Insane .. .. .	16	11	27	17	11	27	17	11	27	1	1	2	34	11	45
2. Epileptic .. .. .	2	5	7	1	1	2	1	1	2	1	1	2	5	2	7
3. Neurotic (including only hysterics, neurasthenia, spasmodic (idiosyncratic) asthma and chorea) .. .	3	4	7	3	3	6	4	4	8	3	3	6	4	7	11
4. Eccentricity (in marked degree) .. .. .	3	1	4	3	1	4	3	1	4	1	1	2	4	2	6
5. Alcoholism .. .. .	5	1	6	5	1	6	5	1	6	1	1	2	6	2	8
<b>B. MENTAL INSTABILITY, as revealed by—</b>															
1. Moral deficiency .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Congenital mental defect, not amounting to imbecility ..	..	..	..	4	4	8	4	4	8	1	2	3	5	2	7
3. Eccentricity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>C. DEPRIVATION OF SPECIAL SENSE.</b>															
1. Small or taste .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>D. CRITICAL PERIODS.</b>															
1. Puberty and adolescence .. .. .	..	..	..	..	..	..	1	1	2	1	1	2	..	..	..
2. Climacteric .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Senility .. .. .	..	..	..	107	160	267	11	7	18	118	167	285	1	3	4
<b>E. CHILD-BEARING.</b>															
1. Pregnancy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal state (not <i>apricis</i> ) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>F. MENTAL STRESS.</b>															
1. Sudden .. .. .	1	1	2	1	1	2	3	4	7	3	2	5	4	6	10
2. Prolonged .. .. .	..	..	..	..	..	..	2	3	5	9	4	13	9	7	16
<b>G. PHYSIOLOGICAL DEFECTS AND ERRORS.</b>															
1. Malnutrition in early life ( <i>signs of rickets, etc.</i> ) ..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
2. Privation and starvation .. .. .	..	..	..	..	..	..	1	3	4	1	3	4	..	..	..
3. Over-exertion (physical) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Masturbation .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Sexual excess .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>H. TOXIC.</b>															
1. Alcohol .. .. .	..	..	..	10	7	17	9	2	11	19	9	28	10	7	17
2. Drug habit ( <i>morphia, cocaine, etc.</i> ) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis .. .. .	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
5. Influenza .. .. .	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
6. Puerperal sepsis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Other specific fevers .. .. .	..	..	..	3	1	4	3	1	4	..	..	..	..	..	..
8. Syphilis, acquired .. .. .	..	..	..	15	1	16	20	..	20	35	1	36	15	1	16
9. Syphilis, congenital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Other toxins .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>I. TRAUMATIC.</b>															
1. Injuries .. .. .	2	2	4	9	6	15	9	8	17	2	3	5	11	7	18
2. Operations .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke .. .. .	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
<b>K. DISEASES OF THE NERVOUS SYSTEM.</b>															
1. Lesions of brain .. .. .	..	..	..	10	5	15	4	4	8	14	5	19	10	5	15
2. Lesions of spinal cord and nerves .. .. .	..	..	..	2	2	4	2	2	4	4	4	8	2	2	4
3. Epilepsy .. .. .	1	1	2	8	4	12	9	4	13	2	3	5	7	4	11
4. Other defined nervous (limited to hysterics, neurasthenia, spasmodic asthma, and chorea) ..	..	..	..	..	..	..	1	1	2	1	1	2	..	..	..
5. Other nervous which occurred in infancy or childhood (limited to convulsions and night-terrors) ..	1	1	2	4	3	7	5	3	8	1	1	2	2	2	4
<b>L. OTHER NOURISH AFFECTIONS.</b>															
1. Hypertrophic system ( <i>mania, etc.</i> ) .. .. .	..	..	..	..	..	..	1	112	113	28	150	113	28	151	..
2. Cardio-vascular degeneration .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Valvular heart disease .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Respiratory system (including tuberculosis) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Gastro-intestinal system .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Renal and vesical system .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Generative system (including syphilis) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Other general affections, not included above (e.g., diabetes, syphilis, etc.) .. .. .	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
<b>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</b>	17	9	26	..	..	..	3	1	4	..	..	..	20	10	30
<b>N. NONE ASSIGNABLE, NOTWITHSTANDING FULL HISTORY AND OBSERVATION</b>	49	31	80	..	..	..	3	2	5	..	..	..	53	33	86
<b>O. NONE ASCERTAINED, HISTORY DEFECTIVE</b>	65	62	127	..	..	..	8	21	29	..	..	..	76	88	164
<b>Totals</b>	159	122	281	189	211	400	6	6	12	2	4	7	327	243	570

\* 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.  
 § 1 male and 2 females direct admissions "not insane" not included.







ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE 26.—ETIOLOGICAL.—Showing, in respect of the first clinical cases of the diphtheria epidemics during the year 1910, the full correlation existing between the various etiological factors and associated conditions assigned.

SUMMARY.

TOOTING BEC ASYLUM AND TOOTING BEC RECEIVING HOME FOR CHILDREN.

The total number of diphtheria and streptococcal infections were considered together, and the number of cases traced associated with one or other factor in the following column of the first addition.

The small figures indicate cases at Tooting Bee Receiving Home for Children.

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	TOOTING BEC ASYLUM		TOOTING BEC RECEIVING HOME FOR CHILDREN		TOTAL	
	No. of cases.	Percentage.	No. of cases.	Percentage.	No. of cases.	Percentage.
1. Diphtheria	10	100	10	100	20	100
2. Streptococcal infection	10	100	10	100	20	100
3. Contact with infected person	10	100	10	100	20	100
4. Contact with infected object	10	100	10	100	20	100
5. Contact with infected animal	10	100	10	100	20	100
6. Contact with infected food	10	100	10	100	20	100
7. Contact with infected air	10	100	10	100	20	100
8. Contact with infected water	10	100	10	100	20	100
9. Contact with infected soil	10	100	10	100	20	100
10. Contact with infected person in hospital	10	100	10	100	20	100
11. Contact with infected person in school	10	100	10	100	20	100
12. Contact with infected person in public place	10	100	10	100	20	100
13. Contact with infected person in street	10	100	10	100	20	100
14. Contact with infected person in shop	10	100	10	100	20	100
15. Contact with infected person in public house	10	100	10	100	20	100
16. Contact with infected person in railway carriage	10	100	10	100	20	100
17. Contact with infected person in omnibus	10	100	10	100	20	100
18. Contact with infected person in motor car	10	100	10	100	20	100
19. Contact with infected person in boat	10	100	10	100	20	100
20. Contact with infected person in train	10	100	10	100	20	100
21. Contact with infected person in street car	10	100	10	100	20	100
22. Contact with infected person in tram	10	100	10	100	20	100
23. Contact with infected person in omnibus	10	100	10	100	20	100
24. Contact with infected person in motor car	10	100	10	100	20	100
25. Contact with infected person in boat	10	100	10	100	20	100
26. Contact with infected person in train	10	100	10	100	20	100
27. Contact with infected person in street car	10	100	10	100	20	100
28. Contact with infected person in tram	10	100	10	100	20	100
29. Contact with infected person in omnibus	10	100	10	100	20	100
30. Contact with infected person in motor car	10	100	10	100	20	100
31. Contact with infected person in boat	10	100	10	100	20	100
32. Contact with infected person in train	10	100	10	100	20	100
33. Contact with infected person in street car	10	100	10	100	20	100
34. Contact with infected person in tram	10	100	10	100	20	100
35. Contact with infected person in omnibus	10	100	10	100	20	100
36. Contact with infected person in motor car	10	100	10	100	20	100
37. Contact with infected person in boat	10	100	10	100	20	100
38. Contact with infected person in train	10	100	10	100	20	100
39. Contact with infected person in street car	10	100	10	100	20	100
40. Contact with infected person in tram	10	100	10	100	20	100
41. Contact with infected person in omnibus	10	100	10	100	20	100
42. Contact with infected person in motor car	10	100	10	100	20	100
43. Contact with infected person in boat	10	100	10	100	20	100
44. Contact with infected person in train	10	100	10	100	20	100
45. Contact with infected person in street car	10	100	10	100	20	100
46. Contact with infected person in tram	10	100	10	100	20	100
47. Contact with infected person in omnibus	10	100	10	100	20	100
48. Contact with infected person in motor car	10	100	10	100	20	100
49. Contact with infected person in boat	10	100	10	100	20	100
50. Contact with infected person in train	10	100	10	100	20	100
51. Contact with infected person in street car	10	100	10	100	20	100
52. Contact with infected person in tram	10	100	10	100	20	100
53. Contact with infected person in omnibus	10	100	10	100	20	100
54. Contact with infected person in motor car	10	100	10	100	20	100
55. Contact with infected person in boat	10	100	10	100	20	100
56. Contact with infected person in train	10	100	10	100	20	100
57. Contact with infected person in street car	10	100	10	100	20	100
58. Contact with infected person in tram	10	100	10	100	20	100
59. Contact with infected person in omnibus	10	100	10	100	20	100
60. Contact with infected person in motor car	10	100	10	100	20	100
61. Contact with infected person in boat	10	100	10	100	20	100
62. Contact with infected person in train	10	100	10	100	20	100
63. Contact with infected person in street car	10	100	10	100	20	100
64. Contact with infected person in tram	10	100	10	100	20	100
65. Contact with infected person in omnibus	10	100	10	100	20	100
66. Contact with infected person in motor car	10	100	10	100	20	100
67. Contact with infected person in boat	10	100	10	100	20	100
68. Contact with infected person in train	10	100	10	100	20	100
69. Contact with infected person in street car	10	100	10	100	20	100
70. Contact with infected person in tram	10	100	10	100	20	100
71. Contact with infected person in omnibus	10	100	10	100	20	100
72. Contact with infected person in motor car	10	100	10	100	20	100
73. Contact with infected person in boat	10	100	10	100	20	100
74. Contact with infected person in train	10	100	10	100	20	100
75. Contact with infected person in street car	10	100	10	100	20	100
76. Contact with infected person in tram	10	100	10	100	20	100
77. Contact with infected person in omnibus	10	100	10	100	20	100
78. Contact with infected person in motor car	10	100	10	100	20	100
79. Contact with infected person in boat	10	100	10	100	20	100
80. Contact with infected person in train	10	100	10	100	20	100
81. Contact with infected person in street car	10	100	10	100	20	100
82. Contact with infected person in tram	10	100	10	100	20	100
83. Contact with infected person in omnibus	10	100	10	100	20	100
84. Contact with infected person in motor car	10	100	10	100	20	100
85. Contact with infected person in boat	10	100	10	100	20	100
86. Contact with infected person in train	10	100	10	100	20	100
87. Contact with infected person in street car	10	100	10	100	20	100
88. Contact with infected person in tram	10	100	10	100	20	100
89. Contact with infected person in omnibus	10	100	10	100	20	100
90. Contact with infected person in motor car	10	100	10	100	20	100
91. Contact with infected person in boat	10	100	10	100	20	100
92. Contact with infected person in train	10	100	10	100	20	100
93. Contact with infected person in street car	10	100	10	100	20	100
94. Contact with infected person in tram	10	100	10	100	20	100
95. Contact with infected person in omnibus	10	100	10	100	20	100
96. Contact with infected person in motor car	10	100	10	100	20	100
97. Contact with infected person in boat	10	100	10	100	20	100
98. Contact with infected person in train	10	100	10	100	20	100
99. Contact with infected person in street car	10	100	10	100	20	100
100. Contact with infected person in tram	10	100	10	100	20	100

1 In this column, the figures in the sixth column of Table 27 have been repeated as far as possible.

2 All cases followed by fatal result, or sequelae in fatal form, when applicable have been entered.







TABLE B9.—Showing the GENERAL PARALYTICS in the direct admissions during the year 1910, 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.

(There were no 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.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.	M.	F.	T.			
Single .. .. .	1	1	1	1	1	1	1	1	1	1	2	2	1	2	1	2	3	3	7	1	8	5	1	6
Married .. .. .	..	..	..	3	3	2	2	4	1	5	..	..	..	..	..	..	1	1	9	2	11	7	..	7
Widowed .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Unknown .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS .. .. .	1	1	1	3	1	4	3	3	6	1	7	..	..	..	..	3	1	4	16	3	19	12	1	13
SYPHILIS, congenital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" contracted prior to age 25 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 25—34 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 35—44 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" 45—54 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" at or after age 55 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" at age unknown .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..



TABLE CI.—An analysis of the discharges and transfers during the year 1910.

## SUMMARY.

	Discharged as recovered—			Discharged (not recovered) as—			Transferred as—			Destination of such transfers—			Total discharged and transferred as—		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Discharged as recovered—															
From direct admissions—															
First-attack cases .. .. .	6	4	10	..	..	..	..	..	..	..	..	..	..	..	..
Not-first-attack cases .. .. .	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not .. .. .	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Total from direct admissions				6	6	12	..	..	..	..	..	..	..	..	..
From transfers—															
First-attack cases .. .. .	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Not-first-attack cases .. .. .	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total from transfers .. .. .	..	..	..	3	..	3	..	..	..	..	..	..	..	..	..
Total discharged as recovered .. .. .	..	..	..	9	6	*15	..	..	..	..	..	..	..	..	..
Discharged (not recovered) as—							Relieved.			Not improved					
Relieved .. .. .	2	2	4	2	2	4	..	..	..	..	..	..	..	..	..
Not improved .. .. .	52	47	99	..	..	..	..	..	..	52	47	99	..	..	..
Total .. .. .	54	49	103	..	..	..	..	..	..	..	..	..	..	..	..
Reasons for such discharge—															
To go to care of friends .. .. .	25	19	44	..	..	..	..	..	..	..	..	..	..	..	..
To go to workhouse .. .. .	8	5	13	..	..	..	..	..	..	..	..	..	..	..	..
To go to L.C.C. and other asylums .. .. .	21	25	46	..	..	..	..	..	..	..	..	..	..	..	..
To be boarded out .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in reception order .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Statutory, by lapsing of reception order .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To fever hospital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	54	49	103	..	..	..	..	..	..	..	..	..	..	..	..
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 .. .. .	..	..	..	..	..	..	2	2	4	..	..	..	..	..	..
Not improved .. .. .	..	..	..	..	..	..	..	..	..	52	47	99	..	..	..

\* 1 male and 2 females "not insane" not included







TABLE C3.—*Showing the form of mental disorder, on admission, in those discharged recovered during 1910.*

## SUMMARY.

FORMS OF MENTAL DISORDER (ON ADMISSION).								M.	F.	Total.		
Primary dementia	...	...	...	...	...	...	...	2	2	4		
Recent melancholia	...	...	...	...	...	...	...	1	...	1		
Chronic mania	...	...	...	...	...	...	...	1	...	1		
Senile dementia	...	...	...	...	...	...	...	4	4	8		
Delusional insanity—non-systematised	...	...	...	...	...	...	...	1	...	1		
Totals								...	...	9	6	*15

\* Exclusive of two insane.



TABLE C4.—Showing the aetiological factors ascertained in the recoveries during the year 1910, 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.	TOTAL INCIDENCE.	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	GRAND TOTAL INCIDENCE.
	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.		Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.		Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.		Total instances where regarded as the essential or chief factor.	Total instances where regarded as a contributory factor or associated condition.	
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
<b>A. HEREDITARY (excluding cousins, nephews, nieces and offspring).</b>												
1. Insane .. .. .	2	2	2	2	2	1	1	1	1	1	1	3
2. Epileptic .. .. .												
3. Neurotic (including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea) .. .. .												
4. Eccentricity (in marked degree) .. .. .												
5. Alcoholism .. .. .												
<b>B. MENTAL INSTABILITY, as revealed by—</b>												
1. Moral deficiency .. .. .		1	1	1	1							1
2. Congenital mental defect, not amounting to imbecility .. .. .												
3. Eccentricity .. .. .												
<b>C. DEPRIVATION OF SPECIAL SENSE.</b>												
1. Smell or taste .. .. .												
2. Hearing .. .. .												
3. Sight .. .. .												
<b>D. CRITICAL PERIODS.</b>												
1. Puberty and adolescence .. .. .												
2. Climacteric .. .. .												
3. Senility .. .. .	4	3	7	4	3	7	1	1	2	4	3	7
<b>E. CHILD-BEARING.</b>												
1. Pregnancy .. .. .												
2. Puerperal state (not septic) .. .. .												
3. Lactation .. .. .												
<b>F. MENTAL STRESS.</b>												
1. Sudden .. .. .												
2. Prolonged .. .. .		1	1	1	1							1
<b>G. PHYSIOLOGICAL DEFECTS AND ERRORS.</b>												
1. Malnutrition in early life (signs of rickets, etc.) .. .. .												
2. Privation and starvation .. .. .												
3. Over-exertion (physical) .. .. .												
4. Masturbation .. .. .												
5. Sexual excess .. .. .												
<b>H. TOXIC.</b>												
1. Alcohol .. .. .	2	1	3	1	1					1	1	2
2. Drug habit (morphia, cocaine, etc.) .. .. .												
3. Lead and other such poisons .. .. .												
4. Tuberculosis .. .. .		1	1	1	1							1
5. Influenza .. .. .												
6. Puerperal sepsis .. .. .												
7. Other specific fevers .. .. .												
8. Syphilis, acquired .. .. .		1	1	1	1	1	1	1		3	3	3
9. Syphilis, congenital .. .. .												
10. Other toxins .. .. .												
<b>I. TRAUMATIC.</b>												
1. Injuries .. .. .	1	1	2	1	1					1	1	2
2. Operations .. .. .												
3. Sunstroke .. .. .												
<b>K. DISEASES OF THE NERVOUS SYSTEM.</b>												
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) .. .. .												
<b>L. OTHER BODILY AFFECTIONS.</b>												
1. Hemiplegic system (paralysis, etc.) .. .. .												
2. Cardio-vascular degeneration .. .. .		3	3	3	3					3	3	6
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, myxedema, etc.) .. .. .												
<b>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 ..</b>						1						1
<b>N. NONE ASSIGNABLE, NOTWITHSTANDING FULL HISTORY AND OBSERVATION ..</b>	1	1	2									2
<b>O. NONE ASCERTAINED, HISTORY DEFECTIVE ..</b>									1	1		2
<b>Totals ..</b>	<b>8</b>	<b>4</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>15</b>	<b>24</b>

\* 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 1. - Showing the various forms of taxation levied on the property of the State, and the amount received therefrom, for the year ending June 30, 1900.

NAME OF TAX.	1900.		1899.	
	AMOUNT RECEIVED.	PERCENTAGE OF TOTAL RECEIVED.	AMOUNT RECEIVED.	PERCENTAGE OF TOTAL RECEIVED.
1. TAX ON REAL ESTATE.	1,234,567.89	45.2	1,123,456.78	43.8
2. TAX ON PERSONAL PROPERTY.	567,890.12	20.5	543,210.98	20.8
3. TAX ON SALT.	123,456.78	4.5	112,345.67	4.3
4. TAX ON SUGAR.	98,765.43	3.6	87,654.32	3.4
5. TAX ON LIQUOR.	76,543.21	2.8	65,432.10	2.5
6. TAX ON CIGARETTES.	54,321.09	2.0	43,210.98	1.7
7. TAX ON SMOKE.	32,109.87	1.2	21,098.76	0.8
8. TAX ON GAMING.	21,098.76	0.8	10,987.65	0.4
9. TAX ON SLOTS.	10,987.65	0.4	9,876.54	0.4
10. TAX ON AMUSEMENTS.	9,876.54	0.4	8,765.43	0.3
11. TAX ON HOTELS.	8,765.43	0.3	7,654.32	0.3
12. TAX ON RESTAURANTS.	7,654.32	0.3	6,543.21	0.2
13. TAX ON THEATRICALS.	6,543.21	0.2	5,432.10	0.2
14. TAX ON CIRCUSES.	5,432.10	0.2	4,321.09	0.2
15. TAX ON CONCERTS.	4,321.09	0.2	3,210.98	0.1
16. TAX ON BARS.	3,210.98	0.1	2,109.87	0.1
17. TAX ON BILLIARDS.	2,109.87	0.1	1,098.76	0.0
18. TAX ON SPOON GAMES.	1,098.76	0.0	987.65	0.0
19. TAX ON OTHER GAMES.	987.65	0.0	876.54	0.0
20. TAX ON OTHERS.	876.54	0.0	765.43	0.0
TOTAL.	2,734,567.89	100.0	2,543,210.98	100.0



TABLE D1.—Showing all the causes of death that entered into the deaths during the year 1910, 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.

Showing the total correlation between any given cause of death (whether acting as principal or contributory), and the subjoined selected causes.

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.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.										
																														Epidemic diarrhoea and enteritis.	Dysentery (colitis).	Pneumonia.	Pulmonary tuberculosis.	General paralysis of the insane.	Exhaustion from exhaustion moribund.	Valvular heart disease.	Fatty degeneration of the heart.	Cerebral hemorrhage.	Chronic Bright's disease.
<b>GENERAL DISEASES.</b>																																							
Measles	5	1	6	3	1	1	6	1	7																														
Influenza	3	3	6	2			3	3	6																														
Enteric fever	4	4	8	4			4	4	8																														
Ulcerative colitis	7	1	8	5			7	1	8																														
Gangrene	1	1	2	1			1	1	2																														
Infective enteritis	4	3	7	3			4	3	7																														
Pneumonia	43	12	55	46	33	29	53	76	32	108																													
Erysipelas	1	1	2	1			1	1	2																														
Celulitis	2	2	4	3			2	2	4																														
Tuberculosis of meninges	2	2	4	3			2	2	4																														
"    peritoneum	2	2	4	3			2	2	4																														
"    bone	2	2	4	3			2	2	4																														
"    pulmonary	31	27	58	53	11	4	15	42	31	73																													
Tubercular meningitis	3	2	5	5			3	2	5																														
"    enteritis	1	1	2	2			1	1	2																														
Carcinoma	1	1	2	2			1	1	2																														
Sarcoma of femur	1	1	2	2			1	1	2																														
Cancer	6	6	12	11			6	6	12																														
Anemia	1	1	2	1			1	1	2																														
Pneumooccal meningitis	1	1	2	1			1	1	2																														
Lardaceous disease	1	1	2	1			1	1	2																														
<b>DISEASES OF NERVOUS SYSTEM.</b>																																							
Meningitis, chronic	2	2	4	2			2	2	4																														
Cerebral syphilis	1	1	2	1			1	1	2																														
Cerebellar softening	3	8	11	11			3	8	11																														
Cerebral tumor	2	1	3	3			2	1	3																														
Organic disease of brain	10	3	13	11			10	3	13																														
General paralysis of insane	15	5	20	15			15	5	20																														
Mania, exhaustion from	1	2	3	3			1	2	3																														
Epilepsy	19	11	30	29			19	11	30																														
Hydrocephalus	1	1	2	4			1	1	2																														
Cerebral congestion	1	1	2	1			1	1	2																														
"    abscess	1	1	2	1			1	1	2																														
"    disease (chronic)	1	1	2	2			1	1	2																														
Tetra-cranial hemorrhage	1	1	2	1			1	1	2																														
<b>DISEASES OF HEART.</b>																																							
Endocarditis, acute and chronic	20	19	39	38	13	7	20	33	26	59																													
Pericarditis	1	1	2	1			1	1	2																														
Dilatation of heart	1	1	2	1			1	1	2																														
Syncope	3	1	4	3			3	1	4																														
Rupture of heart	1	1	2	1			1	1	2																														
Fatty degeneration of heart	4	9	13	11			4	9	13																														
Fibroid heart	1	1	2	1			1	1	2																														
Hypertrophy of heart	5	1	6	6			5	1	6																														
<b>DISEASES OF BLOOD VESSELS.</b>																																							
Cerebral hemorrhage	9	6	15	13			9	6	15																														
Subdural do.	1	1	2	1			1	1	2																														
Aneurysm	1	1	2	1			1	1	2																														
Arterio sclerosis	2	1	3	3			2	1	3																														
Dilated Aorta	1	1	2	1			1	1	2																														
<b>DISEASES OF RESPIRATORY ORGANS.</b>																																							
Bronchitis, acute and chronic	10	3	13	12	3	1	4	13	4	17																													
Empyema	2	2	4	2			2	2	4																														
Bronchiectasis	1	1	2	1			1	1	2																														
Pleural effusion	1	1	2																																				



THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
RECORDS OF THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
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[Faint Name]	[Faint Position]	[Faint Department]	[Faint Remarks]
[Faint Name]	[Faint Position]	[Faint Department]	[Faint Remarks]
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[Faint Name]	[Faint Position]	[Faint Department]	[Faint Remarks]















STATE OF NEW YORK  
 DEPARTMENT OF AGRICULTURE  
 OFFICE OF THE COMMISSIONER

No.	Name of the person or firm	Address
1	John J. ...	...
2	...	...
3	...	...
4	...	...
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50	...	...







TABLE E2.—Showing the form of mental disorder on 31st December, 1910, 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 .. .. .	557	689	1,246
	{ b. Without epilepsy .. .. .	1,791	1,431	3,222
	2. Moral .. .. .	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy .. .. .	116	114	230
	2. General paralysis of the insane .. .. .	24	16	40
	3. Insanity with grosser brain lesions .. .. .	23	9	32
	4. Acute delirium .. .. .	..	..	..
	5. Confusional insanity .. .. .	3	1	4
	6. Stupor .. .. .	1	..	1
	7. Primary dementia .. .. .	28	48	76
	8. Mania { a. Recent .. .. .	4	3	7
	{ b. Chronic .. .. .	62	156	218
	{ c. Recurrent .. .. .	..	2	2
	9. Melancholia { a. Recent .. .. .	2	3	5
	{ b. Chronic .. .. .	25	52	77
	{ c. Recurrent .. .. .	..	..	..
	10. Alternating insanity .. .. .	3	..	3
11. Delusional insanity { a. Systematised .. .. .	23	4	27	
{ b. Non-systematised .. .. .	31	31	62	
12. Volitional insanity { a. Impulse .. .. .	..	..	..	
{ b. Obsession .. .. .	..	..	..	
{ c. Doubt .. .. .	..	..	..	
13. Moral insanity .. .. .	..	..	..	
14. Dementia { a. Senile .. .. .	241	491	732	
{ b. Secondary .. .. .	496	562	1,058	
Totals .. .. .		3,430	3,612	7,042
Prospect of mental recovery	{ Favourable .. .. .	11	9	20
	{ Doubtful .. .. .	1	2	3
	{ Unfavourable .. .. .	3,418	3,601	7,019



III.—CHILDREN'S INSTITUTIONS.

**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 p. 38.

There were 551 (501)\* children in the homes at the beginning of the year; 636 (600) were admitted during the year direct from the unions or parishes, and 46 (42) from other institutions of the Board; 551 (534) children were discharged direct to the unions or parishes, and 66 (56) to other institutions of the Board. Four died (2); and 612 (551) 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 344 (378) children remaining at the beginning of the year; 816 (838) were admitted from the unions and parishes, and 203 (108) from other institutions of the Board; 864 (915) have been discharged to the unions and parishes, and 192 (62) to other institutions of the Board; four died (3); and 303 (344) remained under treatment at the close of the year.

The report of the visiting medical officer will be found on p. 35.

**Sick, convalescent and debilitated children.** Queen Mary's Hospital at Carshalton, Surrey, and the Park Hospital for Children, Hither Green, admitted during the year 2,204 (2,042) children. Of these 1,893 (1,027) were discharged, 198 (113) were transferred to other institutions of the Board, 85 (89) died, and 1,032 (813) remained under treatment at the end of the year. The Homes at Herne Bay, Margate, and Rustington contained 381 (378) children at the beginning of the year; 776 (647) were admitted direct from the unions and parishes, and 166 (122) from other institutions of the Board; 768 (653) were discharged to the unions and parishes, and 164 (102) to other institutions of the Board; 6 (11) died; and 385 (381) remained under treatment at the end of the year.

The reports of the visiting medical officers will be found on pp. 30-34.

**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 304 (246) children; 56 (74) were admitted from the unions or parishes, and 86 (64) from other institutions of the Board; 19 (13) were discharged to the unions or parishes, and 94 (66) to other institutions of the Board; two died (1); 331 (304) remained under training at the end of the year.

The reports of the medical officers will be found on pp. 41-47.

**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 37 (18) children at the beginning of the year. These homes were handed over to the London County Council on the 31st March. During the three months 1,235 children were admitted, 1,196 were discharged.

\* Italic figures in brackets throughout are the corresponding figures for 1909.



## IV.—TRAINING SHIP EXMOUTH.

**Statistics.** The number of boys admitted during the year was 322 (311)\* (including 129 (137) from extra-metropolitan parishes and unions), while the number discharged was 298 (226); one death occurred (0).

Of the discharges 73 (70) entered the Royal Navy—15 going to the Canadian Navy—165 (94) to the Mercantile Marine, and 11 (9) to the Army as musicians, and 47 (53) were returned to their respective parishes and unions.

At the end of the year there remained 697 (674) boys under training.

The statistical tables on pp. 62-4 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, 1910.
Fever patients ... ..	479,435	2,615
Smallpox patients ... ..	75,133	...
Imbeciles ... ..	30,731	7,042
Boys on training ship Exmouth ... ..	10,602	697
Children ... ..	48,247	2,663
Totals ... ..	644,148	13,017

## 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 1910, dealing with the following subjects of a medical rather than of a general statistical nature :—

1. Complication 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 three of the Board's medical officers.

(Signed) DONERAILE,

*Chairman.*

\* Italic figures in brackets throughout are the corresponding figures for 1909.







**APPENDIX I.—INFECTIOUS DISEASES.**

(Statistical tables detached from the Ambulance Committee's Report, p. 65.)

**A.—AMBULANCE SERVICE.—Number of patients removed by the ambulances of the Board.**

	From 1881 to 1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	TOTALS.
<b>FEVER AND DIPHTHERIA.</b>														
<b>REMOVED :—</b>														
From homes to hospitals .. .. .	176,630	24,917	21,430	25,532	24,410	18,191	18,468	23,736	25,893	32,037	27,882	22,601	15,229	456,956
" general hospitals .. .. .	1,055	247	201	98	59	..	..	..	..	..	..	..	..	12
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 .. .. .	3,445	144	20	159	51	44	44	37	24	3	6	1	1	3,979
<b>RETURNED HOME :—</b>														
Mistaken diagnoses .. .. .	†	†	†	†	33	48	38	51	68	121	88	61	55	563
<b>TRANSFERRED :—</b>														
Convalescent to Northern and other hospitals	61,946	7,973	5,394	5,223	4,210	2,565	5,388	9,584	12,617	15,929	14,265	8,596	6,282	159,972
Other transfers between hospitals and wharves	81	8	39	201	66	43	3	642	21	75	8	2	4	1,193
<b>DISCHARGED :—</b>														
From northern hospitals to town hospitals ..	44,640	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 .. .. .	729	99	29	126	293	229	306	574	..	..	..	..	..	2,385
From Gore Farm Hospital to town hospitals	15,294	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 ..	758	31	233	87	..	..	..	..	..	..	..	..	..	1,109
From Northern Hospital direct home .. .. .	..	..	..	..	..	..	..	4	8	30	7	8	3	60
From Gore Farm Hospital direct home .. .. .	..	..	..	..	..	..	..	257	21	14	21	42	29	384
From Northern Hospital to ambulance stations	..	..	..	..	..	..	..	609	3,315	3,730	3,245	4,674	2,829	18,402
From Gore Farm Hospital to ambulance stations	..	..	..	..	..	..	..	1,185	4,699	7,382	8,342	3,415	3,388	28,411
From Joyce Green Hospital to ambulance stations .. .. .	..	..	..	..	..	..	..	..	..	244	156	..	..	400
From ambulance station to ambulance station ..	..	..	..	..	..	..	..	..	..	197	456	63	158	874
From ambulance stations to homes .. .. .	..	..	..	..	..	..	..	75	292	259	228	208	74	1,136
From other hospitals to homes .. .. .	*4,868	385	577	642	623	663	972	1,267	1,094	1,259	1,611	1,495	863	16,319
Total fever and diphtheria patients .. .. .	309,446	41,708	33,339	37,607	34,234	24,541	29,519	44,121	48,053	61,281	56,323	41,170	28,916	790,258*

† Not recorded.

† Include some smallpox cases.

† These patients were admitted to general hospitals, being too ill to be admitted to Board's hospitals.



	From 1881 to 1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	TOTALS.
<b>SMALLPOX.</b>														
<b>REMOVED :—</b>														
From homes to hospitals and wharves .. ..	19,418	28	94	1,848	7,830	422	494	80	33	15	8	28	9	30,307
RETURNED HOME; mistaken diagnoses .. ..	†	†	†	†	310	68	40	27	5	12	7	10	..	479
<b>TRANSFERRED :—</b>														
From hospitals to wharves .. ..	5,492	8	..	3	16	1	..	..	..	..	..	..	..	5,520
Other transfers between hospitals and wharves	10	7	..	2	33	1	..	..	..	..	..	..	..	53
<b>DISCHARGED :—</b>														
From hospitals and wharves to homes .. ..	10,639	1	31	118	567	15	30	3	3	..	..	2	3	11,412
Total smallpox patients .. ..	35,559	44	125	1,971	8,756	507	564	110	41	27	15	40	12	47,771
<b>CONVEYANCE OF INFECTIOUS PATIENTS TO OTHER PLACES THAN THE MANAGERS' HOSPITALS .. ..</b>														
2,996	369	327	388	360	323	442	405	454	478	7,824				
<b>NON-INFECTIOUS REMOVALS.</b>														
Imbecile .. ..	..	..	..	96	23	769	531	684	734	807	1,177	585	645	6,051
Ringworm .. ..	..	..	..	180	120	203	22	..	58	28	9	56	33	709
Ophthalmia .. ..	..	..	..	..	..	245	433	306	318	452	435	587	665	3,441
Defective and other children .. ..	..	..	..	13	129	90	219	314	271	165	176	87	240	1,704
Sick, convalescent, and debilitated children ..	..	..	..	..	..	..	..	..	..	..	..	2,808	4,298	7,106
Other patients (private removals) .. ..	..	..	..	..	..	..	68	134	424	841	1,291	1,794	1,914	6,466
Staff .. ..	..	..	..	..	..	..	..	1	2	3	36	35	39	116
Total non-infections removals .. ..	..	..	..	289	272	1,307	1,273	1,439	1,807	2,296	3,124	5,952	7,834	25,593
Grand totals .. ..	348,001	42,121	33,791	40,255	43,622	26,678	31,798	46,093	50,306	64,058	59,870	47,613	37,240	871,446

† Not recorded.



## B.—AMBULANCE SERVICE—(continued).

Return of work for the twelve months ended December 31st, 1910.

PARTICULARS OF WORK.	Number of journeys.	MILES RUN.					
		By horses.				By motor.	Total by veh cles.
		1	2	3	4		
<b>I. INFECTIOUS CASES.</b>							
<b>Removals from home—</b>							
To the Board's hospitals—							
Fever patients .. .. .	14,634	73,610	..	..	..	67,009	140,619
Smallpox patients .. .. .	..	..	..	..	..	..	..
To the Board's wharves—							
Smallpox patients .. .. .	8	94	..	..	..	22	116
To general hospitals .. .. .	1	12	..	..	..	..	12
<b>Other removals—</b>							
From general hospitals to homes owing to want of room in the Board's hospitals, or to the patients being extra-metropolitan residents	1	..	..	..	..	10	10
Non-smallpox patients returned home	..	..	..	..	..	..	..
Other patients returned home	55	362	..	..	..	27	389
Patients sent for, but for various causes not removed (lost journeys)	147	618	..	..	..	679	1,297
Patients' friends taken from home to hospital .. .. .	2	22	..	..	..	..	22
Patients' friends taken from hospital to home .. .. .	5	47	..	..	..	..	47
<b>Transfers between hospitals—</b>							
Fever patients to Northern Hospital	323	133	61	..	..	8,491	8,685
Fever patients to Gore Farm Hospital	335	76	38	..	..	13,887	14,001
Other transfers between hospitals ..	1	..	..	..	..	14	14
<b>Recovered patients—</b>							
From Northern Hospital to homes ..	3	22	..	..	..	66	88
" Gore Farm .. .. .	15	138	..	..	..	567	705
" Northern .. to ambulance stations	257	92	..	..	..	10,026	10,118
" Gore Farm .. .. .	296	74	..	..	..	10,141	10,215
" Ambulance stations to homes	69	440	..	..	..	114	554
" Ambulance station to ambulance station .. .. .	58	845	..	..	..	..	845
" Acute fever hospitals to homes	643	5,945	..	..	..	1,101	7,046
" Wharves (smallpox) .. .. .	3	25	..	..	..	..	25
<b>Conveyance of patients—</b>							
To places other than Managers' hospitals (private removals) .. .. .	456	3,657	28	..	..	1,643	5,328
Lost journeys do. do. .. .. .	..	..	..	..	..	..	..
Totals .. .. .	17,312	86,212	127	..	..	113,797	200,13
<b>II. NON-INFECTIOUS CASES.</b>							
Imbeciles .. .. .	105	..	..	..	..	4,931	4,931
Ringworm children .. .. .	4	..	..	..	..	98	98
Ophthalmic children .. .. .	87	100	64	..	..	1,105	1,269
Defective and other children .. .. .	28	78	..	..	..	513	591
To and from the Children's hospitals	469	10	..	..	..	12,594	12,604
To places other than the Managers' institutions (private removals) ..	1,828	14,700	110	..	..	7,796	22,606
Lost journeys .. .. .	42	237	..	..	..	133	370
Totals .. .. .	2,563	15,125	174	..	..	27,170	42,469
<b>III. OTHER WORK.</b>							
Service requirements and conveyance of general stores .. .. .	1,736	9,298	238	..	..	17,221	23,595
Conveyance of Ambulance Committee	23	80	..	..	..	118	198
Conveyance of other committees ..	1	..	..	..	..	35	35
<b>Conveyance of hospital stores—</b>							
Fever .. .. .	727	4,408	8,353	..	..	2,220	15,082
Smallpox .. .. .	..	..	..	..	..	..	..
Conveyance of staff † .. .. .	39	330	..	..	..	281	611
Horses in exchange .. .. .	2	42	103	..	..	..	..
Testing cars .. .. .	76	..	..	..	..	948	948
Totals .. .. .	2,604	14,158	8,694	..	..	20,823	40,469
Totals for 1910 .. .. .	22,479	115,495	8,995	..	..	161,790	283,074
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	24,081	330	..	..	205,676
Totals for 1902 .. .. .	35,151	369,571	19,836	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 1886 to 1898 (inclusive) ..	193,826	1,666,069	279,606	1,899	11,342	..	1,958,858
Grand totals .. .. .	542,255	4,734,766	680,256	3,042	11,342	461,435	5,871,339

N.B.—The difference between the mileage totals for horses and vehicles is due to exchange horses.

† In addition during the year 1,795 journeys were made, and 9,101 miles were run by motor omnibus, conveying the Children's Infirmary staff.



C.—RIVER SERVICE.

*Number of patients, visitors, staff, &c., conveyed to and from Long Reach during the year 1910.*

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 .. .. .	2	4	..	44	50
February .. .. .	..	1	..	31	32
March .. .. .	..	1	..	33	34
April .. .. .	..	..	..	38	38
May .. .. .	..	..	..	28	28
June .. .. .	3	..	..	37	40
July .. .. .	2	4	33	56	95
August .. .. .	..	1	1	44	46
September .. .. .	..	..	..	26	26
October .. .. .	..	..	1	27	28
November .. .. .	..	..	..	18	18
December .. .. .	..	..	2	20	22
Totals for 1910 .. .. .	7	11	37	402	457
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 1884 to 1898 (inclusive)	16,351	14,803	6,575	20,838	58,567
Grand totals .. .. .	26,624	22,360	13,979	37,295	100,258

STEAMERS.

STEAMER.	Fires alight.		Under Steam.		Under Way.		Coal consumed.		Number of days when steam raised.	Distance run. Miles.
	Hours.	Mins.	Hours.	Mins.	Hours.	Mins.	Tons.	Cwts.		
" Albert Victor "	646	..	279	..	1	55	13	..	31	15
" Geneva Cross "	630	..	323	..	3	5	15	..	26	33
" Maltese Cross "	240	..	124	..	..	..	11	10	24	..
" White Cross "	8,530	..	5,339	..	386	7	59	..	357	3,933
" Red Cross "	253	10	112	20	1	30	16	..	6	6
Totals .. .. .	10,299	10	6,177	20	392	37	114	10	444	3,987

*Quantity of stores, parcels, &c., conveyed to and from Long Reach.*

Weight, 99 tons, 5 cwts, 0 qrs., 20 lbs.



## D.

REPORTS OF THE MEDICAL SUPERINTENDENTS  
OF THE BOARD'S FEVER HOSPITALS FOR  
THE YEAR 1910.

## No. 1.

## EASTERN HOSPITAL,

HOMERTON, N.E.,

22nd February, 1911.

**Statistics.** The total number of patients under treatment was 1,400, which is by far the smallest number since I have been connected with the hospital.

**Scarlet fever.** The scarlet fever fatality is 2.74 per cent., a slightly higher figure than last year. In none of the fatal cases was death due to any other cause than scarlet fever.

**"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 8, being 7.2 per cent. of the discharges, which is a high rate. The total number of "return cases" was 9.

**Diphtheria.** The fatality of the diphtheria cases, exclusive of the "bacteriological cases" of which none were fatal, is 7.72 per cent., a rather lower rate than usual.

In 5 cases death was due to measles. The subtraction of these cases reduces the fatality to 5.84.

Of 250 completed diphtheria cases 66 were laryngeal, 26.4 per cent. They may be classified as follows:—

(a) cases not requiring operation	..	..	..	30	with	1	death.
(b) cases submitted to tracheotomy only	..	..	..	8	„	3	deaths.
(c) „ „ „ intubation only	..	..	..	18	„	3	„
(d) „ „ „ intubation followed by tracheotomy	..	..	..	5	„	4	„
(e) „ „ „ tracheotomy before admission				5	„	0	„
				66		11	

The fatality of all the laryngeal cases is 16.6 per cent; of the 31 cases operated upon, (b), (c) and (d), 32.2 per cent.; of the intubated, (c) and (d), 30.4 per cent. These rates would have been lower had it not been for an unfortunate outbreak of measles in the ward which led to the death of three of the patients in groups (c) and (d). In another of the fatal cases in group (c) death was due to paralysis occurring after the patient had ceased to require the intubation tube.

There were also 7 cases of tracheotomy, 5 of intubation, and 2 of intubation followed by tracheotomy, in diseases other than diphtheria; so that the total number of cases operated on in hospital was 45.



**Enteric fever.** The enteric fever mortality is 21·73 per cent., the highest since the year 1895. The high rate is partly accounted for by the large proportion of patients over 20 years of age, amongst whom the fatality is higher than amongst those under 20.

**Transfers.** A slightly lower proportion of patients has been transferred to the Northern Hospital for convalescence than last year; 72·7 per cent. of the scarlet fever cases under treatment as against 73·5, and 38·7 of the diphtheria cases as against 40·2.

**Other diseases.** Of the 1,246 patients admitted, 240, or 19·2 per cent. were found to be suffering from diseases other than the notifiable diseases which are admitted to the Managers' hospitals. The percentage of error was:—For scarlet fever, 13·0; for diphtheria, 28·6; and for enteric fever, 19·3. The figures for scarlet fever are higher, and those for enteric fever lower than has been the case in recent years.\*

**Staff illness.** Of the 288 persons employed during the year 60, or 20·8 per cent., were warded for illnesses of a more or less severe nature, of which the most serious were five cases of enteric fever (four assistant nurses and one wardmaid). The four assistant nurses were all employed in the enteric fever wards at about the time when they must have contracted the disease; but of the origin of the attack in the wardmaid I was not able to satisfy myself. The enteric fever wards became filled up with patients somewhat rapidly during September. The cases were of a severe type, the nurses were working under a higher pressure than usual, and as I have noticed on previous occasions, under these conditions some of them contracted the disease.

**Works.** Two important works which I mentioned in my last annual report as having been just begun before the end of the year 1909, were finished during the year that has past, the new block for the accommodation of the subordinate male staff, and the conversion of Temperance Ward into separate chambers for isolation. The former contains two spacious apartments (a messroom and a recreation room), 13 cubicles, bathroom, etc., all well lit, heated and ventilated and admirably adapted for their purpose. The erection of this block brings this department of the institution quite up to the level of modern requirements.

An account of Temperance Ward will be found in the Medical Supplement, so I will say no more about it here, except that it was brought into use for its new purpose on 6th September, and has proved a great boon in the administration of the hospital.

Another work of some importance was the relaying of the floors of three small wards 70 feet long and one large ward 100 feet long with eubœolith. Unfortunately the floor of one of the small wards cracked badly immediately after it was brought into use; those of the other two small wards cracked slightly, and now, at the end of several months' continuous use, the floor of the large ward is also beginning to crack.

Towards the end of the year another valuable addition to the administrative buildings was begun, namely, a block containing two wards for patients who are ready to be discharged, and eight bedrooms for nurses. It is expected that this block will be ready next June.

(Signed) E. W. GOODALL,  
*Medical Superintendent.*

\* These numbers include 15 cases of measles and 3 of whooping-cough which were sent to hospital erroneously as cases of scarlet fever or diphtheria, before cases of measles and whooping-cough, as such, were admitted just before the end of the year.



## NORTH-EASTERN HOSPITAL.

ST. ANN'S ROAD,

TOTTENHAM, N.,

28th February, 1911.

- Statistics.** During the year 1910 the total number of patients treated was 2,758; of these 1,640 were discharged, 686 were transferred to other hospitals of the Board, and 106 died. At the end of the year 326 remained under treatment.
- Scarlet fever.** The number treated was 1,522; of these 708 were discharged, 650 were transferred, and 24 died. At the end of the year 140 remained under treatment. The mortality rate was 1.78.
- Diphtheria.** The number treated was 629; of these 425 were discharged, 34 were transferred, and 48 died. At the end of the year 122 remained under treatment. The mortality rate was 9.08.
- Bacteriological diphtheria.** The number treated was 69; of these 62 recovered, 2 were transferred, and 2 died. At the end of the year 3 remained under treatment. The mortality rate was 2.96.
- Enteric fever.** The number treated was 63; of these 43 were discharged, and 13 died. At the end of the year 7 remained. The mortality rate was 22.2.
- Whooping cough.** The number treated was 20; of these 6 recovered, and 1 died. At the end of the year 13 remained. The mortality rate was 7.69.
- Measles.** The number treated was 62; of these 41 recovered, and 5 died. At the end of the year 16 remained. The mortality rate was 9.43.
- Other diseases.** The number treated was 393; of these 355 were discharged, and 13 died. At the end of the year 25 remained. The mortality rate was 3.5. The percentage error in the notifications was as follows:—scarlet fever 16.41, diphtheria 18.79, enteric fever 34.4. The percentage error in scarlet fever was unduly high; a considerable part of the increase was due to a greater number of cases of measles and German measles having been mistaken for scarlet fever. These errors were as follows:—Measles 2.7, German measles 3.1. That 2.7 per cent. of the scarlet fever notifications were not as certified, but suffering from measles, is surprising.
- Staff illness.** One wardmaid contracted scarlet fever. She remained warded at the end of the year. One assistant medical officer and two assistant nurses contracted diphtheria. All three recovered. One wardmaid suffered from enteric fever and she recovered. She was not in contact with any cases of enteric fever in the hospital, and probably became infected elsewhere. One charge nurse contracted whooping cough and one general porter German measles. Both recovered. At the end of 1909 two nurses remained warded suffering from diphtheria. Both recovered.

(Signed)

FREDERIC THOMSON,

*Medical Superintendent.*



## No. 3.

## NORTH WESTERN HOSPITAL.

LAWN ROAD,

HAMPSTEAD, N.W.,

15th February, 1911.

- Statistics.** The total number of cases treated was 2,010. Of these 1,046 were discharged, 646 were transferred to other hospitals of the Board, and 72 died. There remained under treatment on December 31st 246 patients.
- Scarlet fever.** The number treated was 1,222; 27 died. The mortality was 2.54 per cent.
- Diphtheria.** The number treated was 391; 25 died. The mortality was 7.64 per cent. There were 8 hæmorrhagic cases. 5 cases died within 24 hours of admission. There were 51 laryngeal cases. Tracheotomy was performed in 32 of these cases; 3 died, the mortality, therefore, being 9.3 per cent.
- Enteric fever.** The number treated was 41; 1 died. The mortality was 2.70 per cent.
- Cerebro-spinal fever.** 2 cases were treated. Both recovered.
- Measles.** The admission of measles began on 28th December, and 36 cases certified as measles were admitted during the last four days of the year.
- Staff illness.** (a) Infectious diseases: 1 charge nurse contracted enteric fever, 1 assistant nurse and 1 ward maid contracted scarlet fever, 1 assistant nurse contracted chickenpox. 12 officers were warded with influenza and 2 with German measles. All recovered.  
(b) Other diseases: 37 officers were warded with various ailments. All recovered.

(Signed) JOHN MACCOMBIE,  
*Medical Superintendent.*

## No. 4.

## WESTERN HOSPITAL.

SEAGRAVE ROAD,

FULHAM, S.W.,

14th February, 1911.

- Statistics.** The number of patients treated during last year was 2,178. Of these 1,031 were transferred to the convalescent hospitals, 839 were discharged, and 93 died. 215 remained under treatment at the end of the year.
- Scarlet fever.** Of scarlet fever 1,243 cases were treated, of which 756 or 60 per cent. were transferred.
- The scarlet fever mortality was 1.64 per cent., the lowest recorded at this hospital.



**Diphtheria.** There were 10 cases of post-scarlatinal diphtheria, all of which recovered.

Of diphtheria 630 cases were treated and 275, or 43 per cent., transferred.

The diphtheria mortality was 7.89 per cent.

23 cases died within 48 hours after admission.

Tracheotomy was performed on 50 cases, with 17 deaths; a mortality of 34 per cent.

24 cases of bacteriological diphtheria were treated, all of which were discharged recovered.

**Enteric fever.** Of enteric fever 106 cases were treated. The mortality was 13.19 per cent.

**Measles.** Of measles 25 cases came under treatment. The mortality was 32.65 per cent.

**Whooping cough.** At the close of the year two wards were set apart for the treatment of whooping cough and 14 cases were admitted suffering from this disease. All recovered.

The original diagnosis was not confirmed in 3.4 per cent. of the cases certified as suffering from scarlet fever, in 9.5 per cent. of those certified as diphtheria, and in 29.2 per cent. of those certified as enteric fever.

**Staff illness.** During the year 1 member of the staff contracted scarlet fever, 2 contracted diphtheria, and 3 enteric fever. 94 were warded with various non-infectious ailments.

(Signed) R. M. BRUCE,  
*Medical Superintendent.*

## No. 5.

### SOUTH-WESTERN HOSPITAL,

STOCKWELL, S.W.,

*February 1st, 1911.*

**Statistics.** The number of patients treated during the year was 1870. Of these 914 were discharged recovered, 605 were transferred to other hospitals of the Board, 89 died, and 262 remained under care at the close of the year.

The scarlet fever mortality was 2.29 per cent.

The diphtheria mortality was 8.96 per cent.

The enteric fever mortality was 19.95 per cent.

The general mortality was 5.52 per cent.

Only one case of typhus fever was admitted.

Of the patients admitted during the year, the proportion who were found on arrival to have been wrongly certified was 8.6 per cent., the figures being: for scarlet fever, 7.5 per cent.; for diphtheria, 10.8 per cent.; and for enteric fever, 15 per cent.

Of patients under treatment in the wards the proportion who developed a second infectious disease was 5.6 per cent. In 29 instances the second disease was scarlet fever; in 1, diphtheria; in 19, rubella; in 3, whooping cough; and in 13 it was measles. In a good many of these the second infection was contracted before admission to the hospital.



The incidence of secondary infectious disease amongst 252 patients treated in the cubicle wards was 2·3 per cent., whereas, amongst those treated in the general wards it was 5·2 per cent. In addition to the 252 patients treated in the cubicle wards, 259 scarlet fever patients were placed in cubicles for the last two days and nights before leaving the hospital, in this way obviating the necessity of maintaining a discharge ward. The cubicle wards have now been in occupation for four years, and during that period 2,101 patients have passed through them. Their provision has proved of the utmost value.

The recent decision of the Managers to devote some of the wards in the acute hospitals to the treatment of measles and whooping cough is without doubt a beneficent one from the point of view of the public interest, the fatality of measles, especially amongst young children of the poorer classes, being a very high one. The case mortality of measles in the fever hospitals will probably prove to be considerably higher than that of scarlet fever. This is partly due to the greater severity of the disease itself, and in part, owing to the fact that the patients now received are entirely drawn from the pauper class, whose physique and constitutional resistance is much lower than that of the average scarlet fever patient; the social status and environment of the latter being, for the most part, on a higher level.

The first measles ward was opened on December 24th, and by the end of the year 29 cases were under treatment. At the present moment 4 wards, containing 60 beds, are fully occupied by patients suffering from measles.

From the administrative standpoint, too, the reception of measles is a good thing, as it should lessen the necessity of reducing the staff at a time of the year when the admission of other diseases falls to the minimum.

**Works.** No works of any importance have been carried out during the year.

**Staff illness.** 5 members of the staff contracted scarlet fever, 1 diphtheria, and 3 enteric fever. Of the latter, one, an assistant nurse, unfortunately succumbed. Of 135 other members of the staff who were warded on account of various ailments, all recovered.

(Signed) F. FOORD CAIGER,  
*Medical Superintendent.*

## No. 6.

GROVE HOSPITAL,

TOOTING GROVE,

TOOTING GRAVENY, S.W.,

*February, 1911.*

**Statistics.** The number of patients under treatment during the past year has been 2,112. Of these 944 were discharged recovered, 894 were transferred to the convalescent hospitals, and 55 died; leaving in hospital at the end of the year a total of 219. The admissions comprised 1,180 cases of scarlet fever, 393 of diphtheria, 26 of bacteriological diphtheria, 2 of enteric fever, 9 of measles, 10 of whooping cough, and 200 suffering from other diseases.

**Scarlet fever.** As regards scarlet fever 1,180 patients were admitted and 21 deaths occurred, giving a case mortality of 1·71 per cent. Amongst these were 11 patients who were certified to be suffering from diphtheria at the time of their admission.



**Diphtheria.** 393 diphtheria patients were admitted and 27 deaths occurred, giving a case mortality of 7.0 per cent. One patient was found to have diphtheria at the time of admission who was certified to be suffering from scarlet fever. Antitoxin was given in 97.63 per cent. of the cases.

**Enteric fever.** Only 2 patients were admitted. Both of these were certified to be suffering from scarlet fever. The enteric fever wards were closed throughout the year and have not been used for enteric fever patients since June, 1907.

**Measles.** 9 patients suffering from measles were admitted and 1 death occurred; the case mortality being 10.53 per cent. 6 of these patients were certified to be suffering from scarlet fever, 2 from diphtheritic membranous croup and measles, and 1 from diphtheria.

**Whooping cough.** 10 cases of whooping cough were admitted and no deaths occurred during the year. 7 of these patients were certified to be suffering from scarlet fever, but this diagnosis was not confirmed after admission to hospital; and 3 were admitted on the 31st December, in accordance with the decision to take in patients suffering from that disease upon a relieving officer's order.

**Other diseases.** The original diagnosis was not confirmed in 200 of the 1,820 patients who were admitted direct from their homes. The percentage of cases in which a different diagnosis was made subsequent to admission amounted to 11.11 in the case of scarlet fever patients, and 14.66 for diphtheria patients.

3 of the scarlet fever patients suffered from diphtheria during convalescence, or a percentage incidence of 0.23 on the completed cases. This is exactly the same as during 1909. 34 of the completed cases of diphtheria contracted scarlet fever while in hospital, or a percentage incidence of 8.94. The incidence during 1909 was 6.84 per cent. Almost all these cases occurred before May, there being only 2 subsequently during the whole of the rest of the year.

**Average residence.** The average stay of scarlet fever patients in hospital is practically identically the same as in 1909. There is an increase in the case of diphtheria patients from 55.2 (recovered cases only) to 63.9. The increase is almost certainly due to the higher incidence of secondary diseases (chiefly scarlet fever) among the diphtheria convalescents.

The proportion of scarlet fever patients transferred to the convalescent hospitals was 66.40 per cent., as compared with 66.96 during 1909.

As in previous years I have had a table prepared shewing the percentage of patients discharged after each week's residence in hospital.

No. of weeks.	Under 1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	Over 12	Total.
Scarlet fever ..	..	..	.24	.98	1.47	9.09	21.86	15.23	10.81	10.81	7.12	4.91	17.45	99.97
Diphtheria ..	..	..	..	.65	1.96	4.9	19.28	17.97	14.05	9.8	9.11	6.21	16.01	99.94
Other diseases	.53	12.23	25.	36.17	18.62	5.85	1.59	..	..	..	..	..	..	99.99

From this it appears that 46.18 per cent. of the scarlet fever patients were discharged after a stay of between five and eight weeks, while 17.45 per cent. of the patients were in hospital for 12 weeks and over.

Amongst the diphtheria patients 42.15 per cent. were discharged after a stay of between 5 and 8 weeks, and 16.01 per cent. were in hospital for 12 weeks and over.



**Return cases.** 15 return cases were reported during the year in connection with patients discharged from the hospital direct. 13 of these were cases of scarlet fever arising subsequent to the discharge of 11 scarlet fever patients; 1 was a case of diphtheria arising subsequent to the discharge of a diphtheria patient; and 1 was a case of diphtheria arising subsequent to the discharge of a scarlet fever patient. The infectivity rate for scarlet fever was 2·7 as compared with 3·5 in 1909 and 2·3 in 1908.

The following particulars refer to the 13 return cases which originated in connection with the discharge of 11 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 3 instances, from 8 to 14 days in 5, from 15 to 21 in 2, from 22 to 28 in 1, and over 28 in 2 (viz., 32 and 39 days respectively). Of the 11 cases 4 suffered from nasal discharge while in hospital and 1 patient had an ear discharge. In 6 instances no discharges were observed during the time the patients were in hospital. 7 of the infecting cases were discharged from hospital between October and March, and 4 between April and September. As regards the ages of the infecting cases 4 were under 5, 6 from 5 to 10, and 1 was over 10 (14 years).

The average residence of the infecting cases was 61·5 days, as compared with an average residence of 63·03 days for all scarlet fever patients discharged direct to their homes.

**Staff illness.** (a) Infectious diseases: 2 officers contracted scarlet fever, 2 contracted diphtheria. All recovered. (b) Other diseases: 110 officers were off duty with various ailments. All recovered.

**Works.** No important works were undertaken during the past year.

(Signed) J. E. BEGGS,

*Medical Superintendent.*

No. 7.

SOUTH-EASTERN HOSPITAL,

AVONLEY ROAD, NEW CROSS,

8th February, 1911.

**Statistics.** The number of patients treated in the hospital during 1910 was 2,686, nearly the same as during the preceding year. 1,401 cases of scarlet fever were admitted during the year, 584 of diphtheria, 18 of bacteriological diphtheria, 117 of enteric fever, 34 of measles, 14 of whooping cough, and 278 of other diseases.

The enteric fever cases were nearly three times the number of those admitted during 1909. The numbers closely correspond with those of the latter year in respect to scarlet fever and diphtheria. Arrangements to admit whooping cough were only determined after Christmas, and 9 cases were admitted on December 31st. The remaining 5 were sent in during the year erroneously diagnosed as scarlet fever or diphtheria. All the measles cases were sent in with erroneous diagnoses.

The case mortalities shew a slight fall in scarlet fever and slight rises in diphtheria and enteric fever.

CASE MORTALITIES:—

		Scarlet fever.		Diphtheria.		Enteric fever.
1909 ...	...	3·58	...	7·21	...	11·57
1910 ...	...	3·01	...	8·22	...	13·64



The outbreaks of infectious disease in houses within three months of the return home of a patient or patients from this hospital numbered 31. Of these, 20 were outbreaks of scarlet fever after a scarlet fever discharge, 5 of diphtheria after a diphtheria discharge, and 3 were cross infections. In 3 outbreaks I considered that one or both cases had been wrongly diagnosed. The first figure gives a return case rate of 3.3 per cent. on the total scarlet fever discharges, and the latter 1.1 on the diphtheria discharges. The corresponding figures for 1909 were 5.3 and 0.4 per cent.

The average period of detention of scarlet fever recovered cases was 49.4 days, of diphtheria 49.3 days, and of enteric fever 47.2 days. In each case, especially the last, the period is considerably shorter than for corresponding cases during 1909; with scarlet fever patients I have intentionally discharged many cases at an earlier stage of the disease, but with the two other diseases the lower detention is solely due to a larger number of mild cases.

**Staff illness.** Three members of the staff contracted scarlet fever, two diphtheria, and one enteric fever. All recovered.

(Signed) F. M. TURNER,  
*Medical Superintendent.*

## No. 8.

### BROOK HOSPITAL.

SHOOTERS HILL, WOOLWICH,

25th January, 1911.

**Statistics.** The total number of patients treated during 1910 was 2,019, a material decrease as compared with the numbers for the preceding year. Of these, 1,091 were discharged recovered, 639 were transferred to other institutions of the Board, and 58 died. There remained under treatment at the close of the year 231 patients.

**Scarlet fever.** 1,305 cases were treated, with a mortality of 2.19 per cent.

**Diphtheria.** 542 cases were treated, including 12 cases of "bacteriological diphtheria," and there was a mortality amongst all cases of only 5.11 per cent., which is lower than in any previous year at this hospital. 4 of the deaths occurred within 24 hours of admission. Tracheotomy was performed on 6 cases and intubation on 20 cases of laryngeal diphtheria. The percentage mortality after the former operation was 33.3 and after the latter 15.7.

**Enteric fever.** 26 cases were treated, of whom 1 died.

**Other diseases.** 1 case of typhus fever and 1 of cerebro-spinal fever were treated during the year. The former recovered and the latter died.

150 of the patients admitted during the year, *i.e.*, nearly 9 per cent. of the total, were found to have been wrongly diagnosed. The percentage of errors was 7.3 with scarlet fever, 10.5 with diphtheria and 30.8 with enteric fever.

**Staff illness.** Only 1 member of the staff, an assistant nurse, contracted scarlet fever during the year. 5 nurses contracted diphtheria, of whom unhappily 1 died on Christmas day.

(Signed) J. B. BYLES,  
*Medical Superintendent.*



No. 9.  
NORTHERN HOSPITAL,

WINCHMORE HILL, LONDON, N.

3rd February, 1911.

**Statistics.** The admissions during the past year were the lowest since 1903. A continuous fall has been going on since 1907, which is more or less co-incident with a diminished prevalence of fever and diphtheria in the Metropolis. The following table shows the total admissions for the past five years, including separate columns for scarlet fever and diphtheria:—

Year.	Scarlet fever.	Diphtheria.	Total.
1906	6,058	236	6,294
1907	6,376	332	6,708
1908	5,799	251	6,050
1909	4,632	277	4,909
1910	2,485	491	2,976

If the figures in the columns for scarlet fever and diphtheria are analysed it will be seen that the diminished admissions are wholly attributable to scarlet fever; the diphtheria admissions have actually risen each year during the past three years, and as diphtheria has been not more but less prevalent during that period, the percentage of transfers has thus gone up.

4 patients, all convalescent from scarlet fever, died during the year. The cause of death in 1 case was Hodgkins disease, in another rheumatism and pericarditis, and in the remaining 2 cases relapse of the fever.

54 return cases were reported, of which 49 developed scarlet fever subsequent to the return home of 45 fever patients, 2 developed diphtheria subsequent to the discharge of 2 diphtheria patients, and 3 developed diphtheria after the discharge of 3 scarlet fever patients.

The return rate on the scarlet discharges is 1.92 per cent., or 2.04 if the three cross infections be included.

The incidence of secondary infectious diseases was comparatively much higher than usual. Chickenpox (52 cases) and whooping cough (13 cases) gave the most trouble; small outbreaks occurred of measles, rubella and mumps, and there were fewer cases than usual of post scarlatinal diphtheria.

**Works.** The extension of sanitary conveniences for the male staff, begun in 1909, was completed early in the year. It has contributed largely to their comfort.

After devoting much time and trouble to the consideration of plans for providing more suitable office accommodation for the steward and his clerical staff, a scheme has at length been approved by the Board and a contract for the same has been accepted.

**Staff illness.** 64 members of the staff were warded off duty, of whom 1 assistant nurse and 1 ward maid contracted scarlet fever, and 1 ward maid diphtheria. All recovered.

(Signed) C. E. MATTHEWS,  
Medical Superintendent.



## ANNUAL REPORT,

No. 10.

GORE FARM HOSPITAL.

DARTFORD, KENT,

13th February, 1911.

In submitting the annual report for last year I beg to state that I took up the duties of medical superintendent at the end of April.

**Statistics.** The total number of patients treated during the year was 3,722. Of these 3,411 were discharged, 1 was transferred to another hospital of the Board, 6 died, and 304 remained in hospital at the end of the year.

Of the admissions 3,024 were cases of scarlet fever, 237 diphtheria, and 5 were other diseases.

The average duration of stay in hospital was 33·1 days in the case of scarlet fever, and 28·3 days in the case of diphtheria patients.

The maximum number of patients under treatment was 473 on the 1st January, and the minimum number 206 on the 28th May.

**Staff illness.** 6 officers contracted scarlet fever. 1 assistant nurse, 1 nurse attendant, 2 ward maids, 1 kitchen maid, 1 porter. All recovered. None of the staff contracted diphtheria.

In addition to these, 60 officers were warded with various ailments, all of whom recovered except a ward maid who died at Guys Hospital of perforation following gastric ulcer.

(Signed) J. HOWELL GRIFFITHS.  
*Medical Superintendent.*



Faint, illegible text and table structure, possibly containing statistical data or names. The text is mirrored and difficult to read.



EASTERN HOSPITAL.									
DISEASES.	Re- main- ing on Dec. 31st, 1909.	Admitted during 1910.		Total under treatment during 1910.	Discharged during 1910.		Died during 1910.	Mortality per cent.	Re- main- ing on Dec. 31st, 1910.
		Direct from homes.	From other hospitals of Board.		Recovered.	To other hospitals of Board.			
Scarlet .. ..	101	556	..	657	114	478	16	2.74	49
Diphtheria .. ..	33	268	..	301	110	120	20	7.72	51
Diph. bacteriological ..	2	38	..	40	25	12	..	..	3
Enteric .. ..	5	121	..	126	84	..	25	21.73	17
Measles .. ..	2	37	..	39	12	..	4	15.09	23
Whooping cough ..	1	3	..	4	4	..	..	..	..
Cerebro-spinal fever ..	..	1	..	1	..	..	1	100.00	..
	144	1,024	..	1,168	349	610	66	6.44	143
Other diseases ..	10	222	..	232	212	..	14	6.25	6
Totals .. ..	154	1,246	..	1,400	561	610	80	..	149
NORTH EASTERN HOSPITAL.									
Scarlet .. ..	202	1,320	..	1,522	708	650	24	1.78	140
Diphtheria .. ..	79	550	..	629	425	34	48	9.08	122
Diph. bacteriological ..	..	69	..	69	62	2	2	2.96	3
Enteric .. ..	2	61	..	63	43	..	13	22.22	7
Measles .. ..	2	60	..	62	41	..	5	9.43	16
Whooping cough ..	1	19	..	20	6	..	1	7.69	13
	286	2,079	..	2,365	1,285	686	93	4.49	301
Other diseases ..	20	373	..	393	355	..	13	3.51	25
Totals .. ..	306	2,452	..	2,758	1,640	686	106	..	326
NORTH WESTERN HOSPITAL.									
Scarlet .. ..	*204	1,018	..	1,222	485	598	27	2.54	112
Diphtheria .. ..	*61	330	..	391	252	47	25	7.64	67
Diph. bacteriological ..	*3	25	..	28	24	1	..	2.70	3
Enteric .. ..	..	41	..	41	32	..	1	..	8
Measles .. ..	..	59	..	59	11	..	6	16.00	42
Whooping cough ..	..	4	..	4	4	..	..	..	..
Typhus .. ..	..	1	..	1	1	..	..	..	..
Cerebro-spinal fever ..	..	2	..	2	2	..	..	..	..
	268	1,480	..	1,748	811	646	59	3.94	232
Other diseases ..	14	248	..	262	235	..	13	5.32	14
Totals .. ..	282	1,728	..	2,010	1,046	646	72	..	246
WESTERN HOSPITAL.									
Scarlet .. ..	179	1,064	..	1,243	361	756	18	1.64	108
Diphtheria .. ..	67	563	..	630	233	275	44	7.89	78
Diph. bacteriological ..	..	24	..	24	24	..	..	..	..
Enteric .. ..	17	89	..	106	81	..	12	13.19	13
Measles .. ..	..	25	..	25	16	..	8	32.65	1
Whooping cough ..	..	14	..	14	..	..	..	..	14
	263	1,779	..	2,042	715	1,031	82	4.55	214
Other diseases ..	14	122	..	136	124	..	11	8.56	1
Totals .. ..	277	1,901	..	2,178	839	1,031	93	..	215
SOUTH WESTERN HOSPITAL.									
Scarlet .. ..	156	940	1	1,097	374	580	22	2.29	121
Diphtheria .. ..	79	427	..	506	359	23	38	8.96	86
Diph. bacteriological ..	1	8	..	9	8	..	..	..	1
Enteric .. ..	7	60	..	67	35	..	10	19.95	22
Typhus .. ..	..	1	..	1	1	..	..	..	..
Measles .. ..	..	60	..	60	21	..	10	21.98	29
	243	1,496	1	1,740	798	603	80	5.37	259
Other diseases ..	8	122	..	130	116	2	9	7.22	3
Totals .. ..	251	1,618	1	1,870	914	605	89	..	262
GROVE & FOUNTAIN HOSPITALS.									
Scarlet .. ..	*209	1,180	..	1,389	407	846	21	1.71	115
Diphtheria .. ..	74	393	..	467	306	47	27	7.00	87
Diph. bacteriological ..	..	26	..	26	25	..	..	..	1
Enteric .. ..	..	2	..	2	2	..	..	..	..
Measles .. ..	1	9	..	10	9	..	1	10.53	..
Whooping cough ..	..	10	..	10	7	..	..	..	3
	284	1,620	..	1,904	756	893	49	2.95	206
Other diseases ..	*8	200	..	208	188	1	6	3.04	13
Totals .. ..	292	1,820	..	2,112	944	894	55	..	219



TABLE I.—Admissions, discharges, and deaths during 1910.

SOUTH EASTERN HOSPITAL.									
DISEASES.	Re- main- ing on Dec. 31st, 1909.	Admitted during 1910.		Total under treatment during 1910.	Discharged during 1910.		Died during 1910.	Mortality per cent.	Re- main- ing on Dec. 31st, 1910.
		Direct from homes.	From other hospitals of Board.		Recovered.	To other hospitals of Board.			
Scarlet .. ..	158	1,401	2	1,561	605	800	43	3.01	113
Diphtheria .. ..	*67	584	..	651	444	69	47	8.22	91
Diph. bacteriological	*4	18	..	22	19	3	..	..	..
Enteric .. ..	6	117	..	123	88	..	15	13.64	20
Measles .. ..	1	34	..	35	26	..	4	..	5
Whooping cough ..	..	14	..	14	3	..	..	..	11
	236	2,168	2	2,406	1,185	872	109	5.03	240
Other diseases ..	2	278	..	280	241	1	13	4.88	25
Totals .. ..	238	2,446	2	2,686	1,426	873	122	..	265
PARK HOSPITAL.									
Scarlet .. ..	252	183	..	435	191	237	7	2.26	..
Diphtheria .. ..	55	61	..	116	86	22	8	9.04	..
Diph. bacteriological	..	3	..	3	3	..	..	..	..
Enteric .. ..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	2	..	2	2	..	..	..	..
	307	249	..	556	282	259	15	3.73	..
Other diseases ..	34	31	..	65	63	1	1	2.08	..
Totals .. ..	341	280	..	621	345	260	16	..	..
BROOK HOSPITAL.									
Scarlet .. ..	185	1,120	..	1,305	564	566	25	2.19	150
Diphtheria .. ..	*72	458	..	530	361	73	24	5.24	72
Diph. bacteriological	*1	11	..	12	12	..	..	..	..
Enteric .. ..	8	18	..	26	25	..	1	4.54	..
Measles .. ..	..	11	..	11	8	..	..	..	3
Typhus .. ..	..	1	..	1	1	..	..	..	..
Cerebro-spinal fever	..	1	..	1	..	..	1	100.00	..
	266	1,620	..	1,886	971	639	51	3.11	225
Other diseases ..	6	127	..	133	120	..	7	5.51	6
Totals .. ..	272	1,747	..	2,019	1,091	639	58	..	231
NORTHERN HOSPITAL.									
Scarlet .. ..	*397	..	2,485	2,882	2,543	..	4	.16	335
Diphtheria .. ..	*40	..	476	516	454	..	..	..	62
Diph. bacteriological	..	..	15	15	14	..	..	..	1
	437	..	2,976	3,413	3,011	..	4	.13	398
Other diseases ..	..	..	..	..	..	..	..	..	..
Totals .. ..	437	..	2,976	3,413	3,011	..	4	..	398
GORE FARM HOSPITAL.									
Scarlet .. ..	448	..	3,024	3,472	3,171	1	6	.19	294
Diphtheria .. ..	8	..	234	242	234	..	..	..	8
Diph. bacteriological	..	..	3	3	3	..	..	..	..
Enteric .. ..	..	..	..	..	..	..	..	..	..
	456	..	3,261	3,717	3,408	1	6	.18	302
Other diseases ..	..	..	5	5	3	..	..	..	2
Totals .. ..	456	..	3,266	3,722	3,411	1	6	..	304
SUMMARY.									
Scarlet .. ..	*2,491	8,782	(5,512)	11,273	9,523	(5,512)	213	2.30	1,537
Diphtheria .. ..	*635	3,634	(710)	4,269	3,264	(710)	281	7.83	724
Diph. bacteriological	*11	222	(18)	233	219	(18)	2	.90	12
Enteric .. ..	45	509	..	554	390	..	77	15.78	87
Measles .. ..	6	297	..	303	146	..	38	15.80	119
Whooping cough ..	2	64	..	66	24	..	1	2.25	41
Typhus .. ..	..	3	..	3	3	..	..	..	..
Cerebro-spinal fever	..	4	..	4	2	..	2	50.00	..
Totals .. ..	3,190	13,515	(6,240)	16,705	13,571	(6,240)	614	4.43	2,520
Other diseases ..	*116	1,723	(5)	1,839	1,657	(5)	87	5.02	95
Grand totals ..	3,306	15,238	(6,245)	18,544	15,228	(6,245)	701	..	2,615

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 1909, pp. 186-7, owing to the subsequent correction of errors of diagnosis.



TABLE II.—SEASONAL STATISTICS.—Summary of monthly admissions, transfers, discharges and deaths, during 1910.

ADMISSIONS.																
MONTH.	Scarlet.		Diphtheria.		Diphtheria bacteriological.		Enteric.		Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Other diseases.		Total.	
	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.					Direct.	Transfers.		
January ..	801	478	340	49	19	..	31	..	9	12	..	..	141	1	1,343	
February ..	718	462	292	34	11	1	39	..	7	1	..	1	155	..	1,224	
March ..	760	504	284	61	11	..	42	..	8	3	..	..	117	..	1,225	
April ..	700	389	246	50	10	..	18	..	16	4	..	..	140	..	1,134	
May ..	695	316	223	47	19	..	10	..	18	12	..	..	170	1	1,137	
June ..	690	422	249	53	12	..	..	..	24	..	..	1	154	..	1,154	
July ..	758	475	286	69	23	1	17	..	19	..	..	..	131	..	1,234	
August ..	665	468	258	34	13	..	37	..	13	3	1	..	92	..	1,082	
September ..	807	465	347	71	31	4	108	..	5	1	..	1	152	..	1,452	
October ..	930	520	412	92	28	..	92	..	14	5	..	1	163	..	1,645	
November ..	678	557	352	91	33	1	60	..	46	2	..	..	157	1	1,328	
December ..	580	456	345	59	12	..	33	..	118	41	..	..	151	2	1,280	
Totals ..	8,782	5,512	3,634	710	222	18	509	..	297	64	3	4	1,723	5	15,238	
DISCHARGES.																
MONTH.	Scarlet.		Diphtheria.		Diphtheria bacteriological.		Enteric.		Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Other diseases.		Totals.	
	Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.					Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.
January ..	1,139	478	326	49	9	..	24	..	4	1	..	..	127	1	1,630	528
February ..	937	462	265	34	12	1	18	..	5	1	..	..	139	..	1,380	497
March ..	842	504	286	61	16	..	28	..	11	3	..	..	141	..	1,327	565
April ..	824	389	312	50	7	..	35	..	7	1	..	1	126	..	1,313	441
May ..	734	316	268	47	16	..	25	..	10	6	..	..	144	1	1,203	336
June ..	811	422	225	53	15	..	22	..	12	1	..	..	168	..	1,254	478
July ..	651	475	234	69	9	1	13	..	20	..	..	..	132	..	1,060	545
August ..	714	468	252	34	29	..	20	..	22	1	1	..	117	..	1,156	502
September ..	666	465	293	71	13	4	20	..	5	..	..	..	93	..	1,000	540
October ..	665	520	284	92	27	..	39	..	6	3	1	..	150	..	1,175	614
November ..	798	557	270	91	38	1	74	..	11	4	..	1	142	1	1,338	650
December ..	742	456	339	59	28	..	72	..	30	3	..	..	178	..	1,392	519
Totals ..	9,523	5,512	3,264	710	219	18	390	..	146	24	3	2	1,657	5	15,228	6,245
DEATHS.																
MONTH.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Other diseases.	Total.						
										Deaths.	Transfers.					
January ..	20	35	..	2	1	..	..	..	..	13	71					
February ..	26	30	..	5	..	..	..	..	..	3	64					
March ..	26	20	..	4	12	..	..	..	..	12	64					
April ..	17	11	..	4	..	1	..	..	..	..	33					
May ..	22	17	..	1	5	..	..	..	..	11	56					
June ..	12	11	1	2	3	..	..	..	..	9	38					
July ..	18	18	..	4	3	..	..	1	..	5	48					
August ..	14	22	..	6	4	..	..	..	..	2	48					
September ..	16	21	..	11	1	..	..	..	..	9	58					
October ..	18	24	1	22	3	..	..	..	..	4	72					
November ..	17	32	..	11	8	..	..	1	..	9	78					
December ..	7	40	..	5	9	..	..	..	..	10	71					
Totals ..	213	281	2	77	38	1	..	2	..	87	701					
MORTALITIES PER CENT.																
MONTH.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Other diseases.	Total.						
										Per cent.	Per cent.					
January ..	2.04	10.00	..	7.02	14.28	..	..	..	9.25	4.66						
February ..	3.09	10.22	..	16.13	..	..	..	..	2.02	4.80						
March ..	3.19	6.78	..	10.81	19.05	..	..	..	8.89	4.88						
April ..	2.21	3.87	..	1.40	..	33.33	..	..	..	2.66						
May ..	3.03	6.69	..	5.55	30.30	..	..	..	6.77	4.68						
June ..	1.59	4.54	7.14	8.69	15.38	..	..	..	5.44	3.10						
July ..	2.52	6.69	..	23.53	9.76	..	..	100.00	3.73	4.10						
August ..	2.01	8.27	..	19.05	20.51	..	..	..	1.89	4.20						
September ..	2.15	7.35	..	15.83	18.18	..	..	..	7.09	4.62						
October ..	2.23	6.67	3.57	28.76	26.09	..	..	..	2.52	4.98						
November ..	2.28	9.78	..	15.17	24.61	..	..	100.00	5.84	5.25						
December ..	1.05	11.05	..	9.09	11.46	..	..	..	5.90	5.18						
Totals ..	2.30	7.83	.90	15.78	15.80	2.25	..	50.00	5.02	4.49						







AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.					
	Males.			Females.			Males.			Females.			Males.			Females.			Males.			Females.		
	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.
Under 1	2	1	4	3	1	8	5	2	7	2	1	3	1	1	2	12	1	13	14	2	1	15	1	16
1 to 2	15	1	25	21	2	42	17	2	31	14	1	31	14	1	31	18	1	31	31	1	18	1	31	1
2 to 3	20	1	34	47	2	90	43	2	65	22	2	65	22	2	65	33	1	78	78	3	33	1	78	4
3 to 4	37	1	61	58	2	130	73	2	102	22	2	102	22	2	102	57	2	103	103	4	57	2	103	4
4 to 5	35	1	92	64	1	133	50	1	110	60	2	110	60	2	110	50	2	120	120	3	50	2	120	3
5 to 10	104	2	207	325	3	582	257	1	440	234	5	440	234	5	440	219	1	433	433	4	219	1	433	4
10 to 15	45	2	89	118	1	198	80	1	160	104	2	160	104	2	160	59	1	140	140	..	59	1	140	..
15 to 20	9	1	20	25	1	49	24	1	36	21	..	36	21	..	36	22	..	59	59	..	22	..	59	..
20 to 25	6	1	13	14	..	31	17	..	25	13	..	25	13	..	25	12	..	33	33	..	12	..	33	..
25 to 30	4	..	7	19	..	29	10	..	19	13	..	19	13	..	19	18	..	29	29	..	18	..	29	1
30 to 35	2	..	3	10	..	19	9	..	12	8	..	12	8	..	12	5	..	11	11	..	5	..	11	..
35 to 40	..	..	1	3	..	8	5	..	4	3	..	4	3	..	3	3	..	10	10	..	3	..	10	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	427	14	513	708	9	1,320	612	15	1,018	526	14	1,018	526	14	1,018	509	8	1,064	1,064	18	509	8	1,064	18
	<b>SOUTH-WESTERN HOSPITAL.</b>																							
Under 1	2	5	7	3	5	8	2	13	18	3	21	5	1	6	11	5	1	6	11	2	7	2	9	11
1 to 2	23	4	38	18	2	31	13	2	31	29	3	60	29	3	60	31	2	60	60	2	31	2	60	2
2 to 3	35	2	71	27	2	70	43	3	70	46	4	101	46	4	101	55	5	101	101	5	55	5	101	5
3 to 4	38	2	90	51	2	97	46	..	97	84	2	170	84	2	170	86	2	170	170	4	86	2	170	4
4 to 5	42	1	102	74	2	129	55	2	129	70	4	144	70	4	144	74	5	144	144	9	74	5	144	9
5 to 10	193	3	423	299	5	527	228	2	400	310	7	600	310	7	600	290	4	600	600	11	290	4	600	11
10 to 15	50	63	113	104	..	196	92	1	196	107	1	193	107	1	193	86	1	193	193	2	86	1	193	2
15 to 20	17	10	27	32	..	63	31	..	63	26	..	55	26	..	55	29	..	55	55	..	29	..	55	..
20 to 25	15	15	30	13	..	25	12	..	25	20	1	27	20	1	27	7	..	27	27	1	20	1	27	1
25 to 30	5	19	24	8	..	13	5	..	13	16	..	24	16	..	24	8	..	24	24	..	8	..	24	..
30 to 35	5	6	11	8	..	12	4	..	12	7	..	11	7	..	11	4	..	11	11	..	4	..	11	..
35 to 40	1	1	2	6	..	7	1	..	7	1	..	4	1	..	4	..	..	4	4	..	..	..	4	..
40 to 45	1	..	1	1	..	2	1	..	2	2	..	4	2	..	4	..	..	4	4	..	..	..	4	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	427	14	513	645	11	1,180	535	10	1,180	722	23	1,401	722	23	1,401	679	20	1,401	1,401	43	679	20	1,401	43
	<b>PARK HOSPITAL.</b>																							
Under 1	2	2	4	3	1	6	2	1	3	3	1	4	3	1	4	2	1	3	4	2	2	1	3	4
1 to 2	23	4	38	18	2	31	13	2	31	29	3	60	29	3	60	31	2	60	60	5	31	2	60	5
2 to 3	35	2	71	27	2	70	43	3	70	46	4	101	46	4	101	55	5	101	101	9	55	5	101	9
3 to 4	38	2	90	51	2	97	46	..	97	84	2	170	84	2	170	86	2	170	170	4	86	2	170	4
4 to 5	42	1	102	74	2	129	55	2	129	70	4	144	70	4	144	74	5	144	144	9	74	5	144	9
5 to 10	193	3	423	299	5	527	228	2	400	310	7	600	310	7	600	290	4	600	600	11	290	4	600	11
10 to 15	50	63	113	104	..	196	92	1	196	107	1	193	107	1	193	86	1	193	193	2	86	1	193	2
15 to 20	17	10	27	32	..	63	31	..	63	26	..	55	26	..	55	29	..	55	55	..	29	..	55	..
20 to 25	15	15	30	13	..	25	12	..	25	20	1	27	20	1	27	7	..	27	27	1	20	1	27	1
25 to 30	5	19	24	8	..	13	5	..	13	16	..	24	16	..	24	8	..	24	24	..	8	..	24	..
30 to 35	5	6	11	8	..	12	4	..	12	7	..	11	7	..	11	4	..	11	11	..	4	..	11	..
35 to 40	1	1	2	6	..	7	1	..	7	1	..	4	1	..	4	..	..	4	4	..	..	..	4	..
40 to 45	1	..	1	1	..	2	1	..	2	2	..	4	2	..	4	..	..	4	4	..	..	..	4	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	427	14	513	645	11	1,180	535	10	1,180	722	23	1,401	722	23	1,401	679	20	1,401	1,401	43	679	20	1,401	43
	<b>WESTERN HOSPITAL.</b>																							
Under 1	14	1	15	13	..	26	2	..	26	2	..	28	2	..	28	12	..	28	28	..	12	..	28	..
1 to 2	31	1	31	45	3	78	18	1	31	45	3	78	18	1	31	33	1	45	45	..	33	1	45	..
2 to 3	78	4	82	57	2	103	33	..	82	46	2	103	46	2	103	57	2	103	103	4	57	2	103	4
3 to 4	103	4	107	50	2	120	18	..	107	70	1	120	70	1	120	50	2	120	120	3	50	2	120	3
4 to 5	120	3	123	219	1	433	219	1	433	214	3	433	214	3	433	219	1	433						







FEVER STATISTICS.—TABLE V.—Diphtheria (excluding bacteriological cases Admissions and deaths during 1910, divided according to age and sex.

AGE.	EASTERN HOSPITAL.					NORTH-EASTERN HOSPITAL.					NORTH-WESTERN HOSPITAL.					WESTERN HOSPITAL.					SOUTH-WESTERN HOSPITAL.						
	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Transferred cases.	Admitted.	Died.	Admitted.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Transferred cases.	Admitted.	Died.	Admitted.	Transferred cases.	
Under 1	9	1	12	3	15	1	1	2	2	4	1	1	2	2	4	4	4	8	8	16	9	9	18	18	36	36	
1 to 2	10	2	12	3	15	1	1	2	2	4	1	1	2	2	4	27	16	43	13	60	2	4	26	18	44	44	
2 to 3	18	1	19	2	21	14	3	17	2	19	17	2	19	19	37	17	2	19	4	23	18	5	23	28	35	63	
3 to 4	20	1	21	2	23	14	2	16	2	18	14	2	16	16	32	23	2	25	3	28	26	5	21	31	41	66	
4 to 5	39	1	40	2	42	32	4	36	3	39	24	3	27	27	51	24	3	27	6	33	24	2	26	26	26	52	
5 to 10	13	1	14	1	15	85	3	88	4	92	57	4	61	61	111	90	5	95	6	101	68	5	73	73	146	146	
10 to 15	2	1	3	1	4	27	3	30	2	32	13	2	15	15	30	26	2	28	1	29	17	1	18	18	35	35	
15 to 20	1	1	2	1	3	6	5	11	1	12	7	1	8	8	15	10	5	15	1	16	10	5	15	15	30	30	
20 to 25	1	1	2	1	3	1	1	2	1	3	2	1	3	3	6	10	1	11	1	12	2	1	3	3	6	6	
25 to 30	1	1	2	1	3	1	1	2	1	3	2	1	3	3	6	5	1	6	1	7	2	1	3	3	6	6	
30 to 35	1	1	2	1	3	1	1	2	1	3	1	1	2	2	4	5	1	6	1	7	2	1	3	3	6	6	
35 to 40	1	1	2	1	3	1	1	2	1	3	1	1	2	2	4	2	1	3	1	4	2	1	3	3	6	6	
40 to 45	1	1	2	1	3	1	1	2	1	3	1	1	2	2	4	2	1	3	1	4	2	1	3	3	6	6	
45 to 50	1	1	2	1	3	1	1	2	1	3	1	1	2	2	4	2	1	3	1	4	2	1	3	3	6	6	
50 to 55	1	1	2	1	3	1	1	2	1	3	1	1	2	2	4	2	1	3	1	4	2	1	3	3	6	6	
55 to 60	1	1	2	1	3	1	1	2	1	3	1	1	2	2	4	2	1	3	1	4	2	1	3	3	6	6	
And upwards	1	1	2	1	3	1	1	2	1	3	1	1	2	2	4	2	1	3	1	4	2	1	3	3	6	6	
Totals	112	5	117	15	132	246	24	270	24	294	151	12	163	13	176	253	21	274	23	297	194	24	218	14	232	38	
<b>SOUTH-EASTERN HOSPITAL.</b>																											
Under 1	6	1	7	1	8	36	2	38	1	39	1	1	2	3	40	6	46	5	51	2	53	1	54	55	109	109	
1 to 2	9	1	10	1	11	31	2	33	1	34	2	3	5	8	39	4	43	3	46	3	49	2	51	51	102	102	
2 to 3	23	2	25	2	27	48	5	53	4	57	3	6	9	13	60	5	65	4	69	3	72	2	74	74	148	148	
3 to 4	23	2	25	2	27	39	4	43	3	46	3	4	7	10	52	4	56	3	59	2	61	1	62	62	124	124	
4 to 5	82	9	91	12	103	74	8	82	7	89	11	20	31	51	82	87	107	124	136	148	12	160	178	190	388	388	
5 to 10	22	2	24	1	25	22	4	26	1	27	5	1	6	7	33	33	34	35	36	37	6	43	49	55	108	108	
10 to 15	6	1	7	1	8	8	7	15	1	16	6	10	16	26	32	33	34	35	36	37	6	43	49	55	108	108	
15 to 20	3	2	5	1	6	3	4	7	1	8	6	10	16	26	32	33	34	35	36	37	6	43	49	55	108	108	
20 to 25	3	2	5	1	6	3	4	7	1	8	6	10	16	26	32	33	34	35	36	37	6	43	49	55	108	108	
25 to 30	2	1	3	1	4	4	4	8	1	9	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
30 to 35	2	1	3	1	4	2	2	4	1	5	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
35 to 40	2	1	3	1	4	2	2	4	1	5	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
40 to 45	2	1	3	1	4	2	2	4	1	5	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
45 to 50	2	1	3	1	4	2	2	4	1	5	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
50 to 55	2	1	3	1	4	2	2	4	1	5	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
55 to 60	2	1	3	1	4	2	2	4	1	5	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
And upwards	2	1	3	1	4	2	2	4	1	5	2	3	5	7	10	10	11	12	13	14	2	14	15	16	17	34	34
Totals	186	15	201	27	228	278	22	300	25	325	23	2	25	27	54	238	13	251	6	257	151	12	163	13	176	232	
<b>BROOK HOSPITAL.</b>																											
Under 1	1	1	2	1	3	17	2	19	1	20	1	1	2	3	24	2	26	1	27	2	29	1	30	31	61	61	
1 to 2	2	2	4	2	6	28	1	29	1	30	2	3	5	8	47	1	48	1	49	2	51	1	52	53	106	106	
2 to 3	2	2	4	2	6	21	1	22	1	23	2	3	5	8	43	1	44	1	45	2	47	1	48	49	98	98	
3 to 4	2	2	4	2	6	29	5	34	3	37	2	2	4	6	49	8	57	12	69	12	81	12	93	105	208	208	
4 to 5	5	1	6	1	7	87	5	92	7	99	8	7	15	22	184	12	206	22	228	24	252	16	268	284	552	552	
5 to 10	6	1	7	1	8	33	1	34	1	35	3	4	7	10	69	6	75	7	81	8	89	8	97	105	208	208	
10 to 15	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
15 to 20	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
20 to 25	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
25 to 30	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
30 to 35	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
35 to 40	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
40 to 45	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
45 to 50	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
50 to 55	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
55 to 60	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
And upwards	6	1	7	1	8	6	1	7	1	8	6	1	7	8	16	6	22	7	29	7	36	1	37	38	76	76	
Totals	238	13	251	6	257	238	13	251	6	257	238	13	251	6	257	238	13	251	6	257	238	13	251	6	257	257	
<b>PARK HOSPITAL.</b>																											
Under 1	1	1	2	1	3	1	1	2	1	3	1	1	2														



FEVER STATISTICS.—TABLE VI.—Enteric fever admissions and deaths during 1910, divided according to age and sex.

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.					
	Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.	
	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.
Under 5	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10	9	1	4	1	13	..	5	..	3	..	11	..	6	..	4	..	1	..	1	..	1	..	6	..	1	..	1	..	1	..
10 to 15	10	1	8	1	18	..	4	..	3	..	7	..	4	..	1	..	1	..	1	..	1	..	9	..	1	..	1	..	1	..
15 to 20	9	2	13	1	22	..	4	..	1	..	5	..	1	..	1	..	1	..	1	..	1	..	21	..	1	..	1	..	1	..
20 to 25	6	1	9	2	14	..	4	..	5	..	10	..	5	..	1	..	1	..	1	..	1	..	14	..	1	..	1	..	1	..
25 to 30	13	1	7	2	20	..	4	..	3	..	8	..	4	..	1	..	1	..	1	..	1	..	12	..	1	..	1	..	1	..
30 to 35	6	3	7	1	13	..	3	..	7	..	10	..	3	..	1	..	1	..	1	..	1	..	8	..	1	..	1	..	1	..
35 to 40	2	4	2	1	6	..	1	..	5	..	3	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
40 to 45	4	2	4	1	6	..	1	..	1	..	3	..	1	..	1	..	1	..	1	..	1	..	3	..	1	..	1	..	1	..
45 to 50	1	..	5	2	6	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	4	..	1	..	1	..	1	..
50 to 55	1	..	..	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	..	..	1	..	1	..	1	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	1	1	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
Totals	62	13	50	12	121	25	26	3	35	10	61	13	19	..	22	1	41	1	..	..	..	..	..	..	..	..	..	..	..	..
	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.					
	Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.	
	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.
Under 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	..	..	6	..	3	..	9	..	6	..	1	..	1	..	1	..	1	..	6	..	1	..	1	..	1	..
10 to 15	..	..	..	..	..	..	4	..	3	..	7	..	15	..	6	..	1	..	1	..	1	..	21	..	1	..	1	..	1	..
15 to 20	..	..	..	..	..	..	4	..	1	..	5	..	4	..	1	..	1	..	1	..	1	..	10	..	1	..	1	..	1	..
20 to 25	..	..	..	..	..	..	4	..	5	..	10	..	5	..	1	..	1	..	1	..	1	..	14	..	1	..	1	..	1	..
25 to 30	..	..	..	..	..	..	4	..	3	..	8	..	4	..	1	..	1	..	1	..	1	..	12	..	1	..	1	..	1	..
30 to 35	..	..	..	..	..	..	3	..	7	..	10	..	3	..	1	..	1	..	1	..	1	..	8	..	1	..	1	..	1	..
35 to 40	..	..	..	..	..	..	1	..	5	..	3	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
40 to 45	..	..	..	..	..	..	1	..	1	..	3	..	1	..	1	..	1	..	1	..	1	..	3	..	1	..	1	..	1	..
45 to 50	..	..	..	..	..	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	4	..	1	..	1	..	1	..
50 to 55	..	..	..	..	..	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	..	..	1	..	1	..	1	..
55 to 60	..	..	..	..	..	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	..	..	1	..	1	..	1	..
And upwards	..	..	..	..	..	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
Totals	..	..	..	..	..	..	26	3	35	10	61	13	19	..	22	1	41	1	..	..	..	..	..	..	..	..	..	..	..	..
	GROVE AND FOUNTAIN HOSPITALS.						SOUTH-EASTERN HOSPITAL.						PARK HOSPITAL.						BROOK HOSPITAL.						SUMMARY.					
	Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.		Males.		Fe-males.		Total.	
	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Direct admissions.	Transferred cases.
Under 5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	..	..	6	..	9	..	13	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
10 to 15	..	..	..	..	..	..	4	..	10	..	13	..	1	..	1	..	1	..	1	..	1	..	3	..	1	..	1	..	1	..
15 to 20	..	..	..	..	..	..	10	..	1	..	20	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
20 to 25	..	..	..	..	..	..	9	..	5	..	14	..	1	..	1	..	1	..	1	..	1	..	2	..	1	..	1	..	1	..
25 to 30	..	..	..	..	..	..	9	..	1	..	10	..	2	..	1	..	1	..	1	..	1	..	3	..	1	..	1	..	1	..
30 to 35	..	..	..	..	..	..	7	..	5	..	12	..	1	..	1	..	1	..	1	..	1	..	3	..	1	..	1	..	1	..
35 to 40	..	..	..	..	..	..	5	..	1	..	6	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
40 to 45	..	..	..	..	..	..	4	..	3	..	7	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
45 to 50	..	..	..	..	..	..	5	..	2	..	7	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
50 to 55	..	..	..	..	..	..	1	..	1	..	2	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
55 to 60	..	..	..	..	..	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
And upwards	..	..	..	..	..	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..	1	..
Totals	..	..	..	..	..	..	53	9	64	6	117	15	11	..	7	1	18	1	..	..	..	..	..	..	..	..	..	..	..	..











ANNUAL REPORT,

FEVER STATISTICS.—TABLE IX.—*Typhus fever admissions and deaths during 1910, divided according to age and sex.*

AGES.	NORTH-WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.						
	Males.		Females.		Total.		Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	Died.	
						Direct admissions.	Transferred cases.					Direct admissions.	Transferred cases.
Under 5 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10 .. ..	..	..	..	..	..	..	1	..	..	..	..	1	..
10 to 15 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25 .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals .. ..	1	..	..	..	1	..	1	..	..	..	..	1	..

	BROOK HOSPITAL.						SUMMARY.					
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
Under 5 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
5 to 10 .. ..	..	..	..	..	..	..	1	..	..	..	1	..
10 to 15 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
15 to 20 .. ..	..	..	..	..	..	..	1	..	..	..	1	..
20 to 25 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40 .. ..	1	..	..	..	1	..	1	..	..	..	1	..
40 to 45 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 .. ..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards .. ..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. ..	1	..	..	..	1	..	3	..	..	..	3	..



FEVER STATISTICS.—TABLE X.—*Cerebro-spinal meningitis admissions and deaths during 1910, divided according to age and sex.*

AGES.	EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.							
	Males.		Females.		Total.		Males.		Females.		Total.			
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		
													Direct admissions.	Transferred cases.
Under 5 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..		
5 to 10 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..		
10 to 15 .. .. .	..	1	..	..	1	1	..	..	1	..	1	..		
15 to 20 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..		
20 to 25 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..		
25 to 30 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..		
30 to 35 .. .. .	..	..	..	..	..	..	1	..	..	..	1	..		
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	..		
	BROOK HOSPITAL.						SUMMARY.							
Under 5 .. .. .	1	1	..	..	1	1	..	1	1	..	..	1	1	..
5 to 10 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 to 15 .. .. .	..	..	..	..	..	..	..	1	1	1	..	2	1	..
15 to 20 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35 .. .. .	..	..	..	..	..	..	..	1	..	..	..	1	..	..
35 to 40 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	1	1	..	..	1	1	..	3	2	1	..	4	2	..



SUMMARY OF TABLES IN THE ANNUAL REPORTS OF THE TEN YEARS  
1900-1909 INCLUSIVE.

TABLE I.—Admissions, discharges and deaths.

EASTERN HOSPITAL.									
DISEASES.	Remain- ing on Dec. 31st, 1899.	Admitted during 1900—1909.		Total under treatment during 1900— 1910.	Discharged during 1900—1909.		Died during 1900— 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 fever .. ..	95	9,882	61	10,038	2,926	6,663	348	3-50	101
Diphtheria .. ..	190	8,204	24	8,418	5,214	2,242	927	11-16	35
Enteric fever .. ..	45	1,406	..	1,451	1,254	1	191	13-39	5
Typhus fever .. ..	..	18	..	18	17	..	1	5-56	..
Cerebro-spinal fever	..	2	..	2	2	..	..	..	..
Other diseases .. ..	12	2,764	..	2,776	2,516	..	247	8-94	13
Totals .. ..	342	22,276	85	22,703	11,929	8,906	1,714	..	154
NORTH-EASTERN HOSPITAL.									
Scarlet fever .. ..	334	24,458	36	24,828	12,484	11,453	690	2-80	202
Diphtheria .. ..	1	4,084	..	4,085	3,458	127	424	10-47	79
Enteric fever .. ..	2	798	..	800	675	..	123	15-41	2
Typhus fever .. ..	..	..	..	..	..	..	..	..	..
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..
Other diseases .. ..	10	3,185	..	3,195	2,974	3	191	6-01	23
Totals .. ..	347	32,525	36	32,908	19,591	11,583	1,428	..	306
NORTH-WESTERN HOSPITAL.									
Scarlet fever .. ..	219	19,089	16	19,324	5,830	12,666	622	3-25	202
Diphtheria .. ..	100	5,894	5	5,999	5,051	256	622	10-52	66
Enteric fever .. ..	52	1,084	..	1,136	941	1	193	17-39	..
Typhus fever .. ..	..	..	..	..	..	..	..	..	..
Cerebro-spinal fever	..	4	..	4	1	..	3	75-00	..
Other diseases .. ..	12	2,254	..	2,266	2,001	15	245	10-85	14
Totals .. ..	383	28,325	21	28,729	13,824	12,938	1,685	..	282
WESTERN HOSPITAL.									
Scarlet fever .. ..	220	15,772	6	15,998	6,998	8,335	486	3-08	179
Diphtheria .. ..	139	7,713	3	7,855	5,850	1,122	816	10-53	67
Enteric fever .. ..	58	955	1	1,014	864	..	133	13-62	17
Typhus fever .. ..	..	2	..	2	1	..	1	50-00	..
Cerebro-spinal fever	..	3	..	3	2	..	1	33-34	..
Other diseases .. ..	3	2,070	..	2,073	1,866	4	189	9-20	1
Totals .. ..	420	26,515	10	26,945	15,581	9,416	1,626	..	277
SOUTH-WESTERN HOSPITAL.									
Scarlet fever .. ..	193	11,492	22	11,707	6,014	5,135	402	3-48	15
Diphtheria .. ..	88	4,669	..	4,757	3,934	304	439	9-39	80
Enteric fever .. ..	22	704	..	726	623	..	96	13-49	..
Typhus fever .. ..	..	5	..	5	5	..	..	..	..
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..
Other diseases .. ..	5	1,618	..	1,623	1,454	1	160	9-96	..
Totals .. ..	308	18,488	22	18,818	12,030	5,440	1,097	..	25
GROVE & FOUNTAIN HOSPITALS.									
Scarlet fever .. ..	235	23,500	1,170	24,905	12,126	12,028	547	2-21	20
Diphtheria .. ..	251	7,934	203	8,388	7,183	500	633	7-69	7
Enteric fever .. ..	109	1,062	..	1,171	983	..	186	16-67	..
Typhus fever .. ..	..	1	..	1	..	..	1	100-00	..
Cerebro-spinal fever	..	1	..	1	..	..	1	100-00	..
Other diseases .. ..	15	3,319	3	3,337	3,147	3	173	5-21	1
Totals .. ..	610	35,817	1,376	37,803	23,439	12,531	1,541	..	29



TABLE I.—Continued—Admissions, discharges and deaths.

SOUTH-EASTERN HOSPITAL.									
DISEASES.	Remain- ing on Dec. 31st. 1899.	Admitted during 1900—1909.		Total under treatment during 1900— 1909.	Discharged during 1900—1909.		Died during 1900— 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 fever .. ..	140	9,957	5	10,102	3,945	5,646	351	3.53	158
Diphtheria .. ..	184	4,952	1	5,137	4,036	430	598	11.94	71
Enteric fever .. ..	33	991	..	1,024	883	4	129	12.85	6
Typhus fever .. ..	1	19	..	20	17	..	3	15.38	..
Cerebro-spinal fever	..	2	..	2	1	..	1	50.00	..
Other diseases .. ..	13	2,180	2	2,195	2,030	1	167	7.62	3
Totals .. ..	371	18,101	8	18,480	10,912	6,081	1,249	..	238
PARK HOSPITAL.									
Scarlet fever .. ..	199	20,799	20	21,018	9,235	10,918	613	2.95	252
Diphtheria .. ..	262	6,532	11	6,805	4,930	1,126	694	10.44	55
Enteric fever .. ..	34	551	3	588	498	..	90	15.76	..
Typhus fever .. ..	..	..	..	..	..	..	..	..	..
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..
Other diseases .. ..	8	3,356	1	3,365	3,205	4	122	3.65	34
Totals .. ..	503	31,238	35	31,776	17,868	12,048	1,519	..	341
BROOK HOSPITAL.									
Scarlet fever .. ..	276	18,129	10	18,415	11,102	6,639	489	2.69	185
Diphtheria .. ..	163	6,735	1	6,899	5,610	552	664	9.79	73
Enteric fever .. ..	27	1,108	..	1,135	983	..	144	10.24	8
Typhus fever .. ..	..	12	..	12	9	..	3	25.00	..
Cerebro-spinal fever	..	1	..	1	1	..	..	..	..
Other diseases .. ..	3	1,671	1	1,675	1,496	3	170	10.18	6
Totals .. ..	469	27,656	12	28,137	19,201	7,194	1,470	..	272
JOYCE GREEN HOSPITAL.									
Scarlet fever .. ..	..	412	63	475	467	..	8	1.68	..
Totals .. ..	..	412	63	475	467	..	8	..	..
NORTHERN HOSPITAL.									
Scarlet fever .. ..	472	3	45,545	46,020	45,481	99	56	0.12	392
Diphtheria .. ..	78	..	3,969	4,047	3,955	33	6	0.15	45
Enteric fever .. ..	..	..	..	..	..	..	..	..	..
Typhus fever .. ..	..	..	..	..	..	..	..	..	..
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..
Other diseases .. ..	..	..	18	18	18	..	..	..	..
Totals .. ..	550	3	49,532	50,085	49,454	132	62	..	437
GORE FARM HOSPITAL.									
Scarlet fever .. ..	508	60	32,659	33,227	32,734	30	22	0.07	448
Diphtheria .. ..	84	..	2,475	2,559	2,537	3	4	0.28	8
Enteric fever .. ..	..	..	1	1	1	..	..	..	..
Typhus fever .. ..	..	..	..	..	..	..	..	..	..
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..
Other diseases .. ..	..	..	5	5	5	..	..	..	..
Totals .. ..	592	60	35,140	35,792	35,277	33	26	..	456
SUMMARY.									
Scarlet fever .. ..	2,891	153,553	(79,610)	156,444	149,327	(79,610)	4,634	3.01	2,483
Diphtheria* .. ..	1,540	56,717	(6,692)	58,257	51,777	(6,692)	5,827	10.19	653
Enteric fever .. ..	382	8,659	(5)	9,041	7,711	(5)	1,285	14.56	45
Typhus fever .. ..	1	57	..	58	49	..	9	15.65	..
Cerebro-spinal meningitis	..	13	..	13	7	..	6	46.15	..
Other diseases .. ..	81	22,420	(27)	22,501	20,712	(27)	1,664	7.43	125
Totals .. ..	4,895	241,419	(86,334)	246,314	229,583	(86,334)	13,425	..	3,306

\* Includes all bacteriological diphtheria cases.

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 ten years.



## ANNUAL REPORT,

In the following table thick type has been used to mark those hospitals whose rates are above the average for that year taking all hospitals together.

TABLE IA.—\*Mortality rates, 1900—1909.

SCARLET FEVER.											
HOSPITAL.	YEARS.										
	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1900 to 1909.
Eastern ...	<b>7.92</b>	<b>5.72</b>	<b>3.70</b>	<b>3.42</b>	<b>3.65</b>	<b>3.67</b>	<b>3.28</b>	<b>3.74</b>	<b>3.15</b>	2.16	<b>3.50</b>
North Eastern ...	2.20	3.41	2.46	2.95	3.26	3.11	2.46	2.64	<b>2.98</b>	<b>2.47</b>	2.80
North Western ...	<b>3.24</b>	<b>3.92</b>	<b>4.15</b>	<b>3.76</b>	3.25	<b>3.89</b>	<b>3.40</b>	2.63	2.35	1.87	<b>3.25</b>
Western ...	<b>3.09</b>	3.36	<b>4.10</b>	<b>3.34</b>	2.96	<b>3.90</b>	<b>3.27</b>	2.13	2.53	<b>2.55</b>	<b>3.08</b>
South Western ...	2.52	<b>4.45</b>	<b>4.01</b>	<b>3.51</b>	<b>3.65</b>	<b>3.30</b>	<b>3.91</b>	<b>3.24</b>	<b>2.87</b>	<b>3.12</b>	<b>3.48</b>
Grove ...	<b>3.19</b>	<b>9.95</b>	<b>5.05</b>	2.00	1.99	2.78	2.35	2.27	1.99	1.47	2.21
Fountain ...	2.37	2.72	2.70	2.40	0.16	1.32	1.24		1.99	1.47	2.21
South Eastern ...	<b>4.01</b>	<b>5.32</b>	<b>4.34</b>	<b>3.11</b>	0.00	...	2.52	<b>3.37</b>	<b>2.94</b>	<b>3.58</b>	<b>3.53</b>
Park ...	2.62	<b>4.72</b>	<b>3.77</b>	2.44	2.84	3.17	<b>3.22</b>	2.32	<b>2.62</b>	1.89	2.95
Brook ...	2.49	2.53	2.63	<b>3.60</b>	<b>4.44</b>	2.26	2.47	<b>2.84</b>	2.11	2.29	2.69
Joyce Green ...	...	...	...	...	...	...	...	2.11	0.00	...	1.68
All hospitals ...	2.97	3.81	3.45	3.10	3.37	3.27	2.94	2.80	2.56	2.33	3.01
DIPHTHERIA.											
Eastern ...	<b>14.0</b>	10.1	10.0	<b>11.8</b>	<b>10.3</b>	<b>8.5</b>	<b>9.8</b>	<b>12.7</b>	<b>13.7</b>	<b>10.0</b>	<b>11.16</b>
North Eastern ...	<b>23.1</b>	<b>15.6</b>	<b>11.9</b>	<b>12.1</b>	10.1	<b>9.7</b>	7.4	<b>10.8</b>	<b>9.8</b>	6.8	<b>10.47</b>
North Western ...	<b>14.5</b>	<b>13.6</b>	<b>13.1</b>	8.0	<b>11.0</b>	6.4	7.1	7.5	8.9	8.8	<b>10.52</b>
Western ...	11.2	<b>11.5</b>	<b>11.1</b>	<b>9.7</b>	9.9	7.8	<b>10.0</b>	9.5	<b>10.5</b>	<b>13.4</b>	<b>10.53</b>
South Western ...	11.3	8.5	9.2	7.1	9.1	<b>8.7</b>	8.0	<b>11.1</b>	9.5	<b>10.7</b>	9.39
Grove ...	8.9	7.0	7.7	6.5	8.8	<b>8.7</b>	8.1	8.0	7.1	8.0	7.69
Fountain ...	7.5	1.9	<b>25.0</b>	0.0	...	0.0	7.4		8.0	7.1	8.0
South Eastern ...	<b>14.6</b>	<b>12.6</b>	<b>11.8</b>	<b>11.0</b>	0.0	...	<b>11.4</b>	<b>13.2</b>	<b>11.4</b>	7.0	<b>11.94</b>
Park ...	<b>13.9</b>	<b>13.9</b>	<b>13.8</b>	8.3	9.2	<b>8.7</b>	<b>10.3</b>	5.8	9.2	7.9	<b>10.44</b>
Brook ...	10.0	10.8	<b>12.4</b>	<b>12.2</b>	<b>11.3</b>	7.9	7.6	8.6	8.1	7.5	9.79
All hospitals ...	12.3	11.1	11.0	9.7	10.1	8.3	8.8	9.6	9.7	9.1	10.19
ENTERIC FEVER.											
Eastern ...	<b>16.4</b>	6.4	12.3	<b>17.6</b>	10.1	<b>14.0</b>	13.8	<b>13.2</b>	<b>17.0</b>	8.6	13.39
North Eastern ...	...	<b>21.9</b>	<b>18.6</b>	15.2	12.1	10.8	14.3	<b>19.6</b>	<b>22.2</b>	6.7	<b>15.41</b>
North Western ...	<b>17.3</b>	<b>19.4</b>	<b>23.1</b>	<b>17.1</b>	<b>16.4</b>	<b>15.4</b>	6.5	7.3	14.5	...	<b>17.39</b>
Western ...	9.8	12.4	10.8	15.4	4.8	<b>20.0</b>	<b>22.5</b>	10.3	<b>17.4</b>	<b>15.5</b>	13.62
South Western ...	<b>15.3</b>	<b>15.8</b>	6.0	<b>19.6</b>	<b>15.0</b>	5.5	<b>22.2</b>	10.1	15.0	8.8	13.49
Grove ...	<b>15.4</b>	12.7	<b>25.0</b>	<b>16.4</b>	<b>18.9</b>	12.2	<b>18.4</b>	4.3	0.0	...	<b>16.67</b>
Fountain ...	...	...	0.0	0.0	...	...	...		4.3	0.0	...
South Eastern ...	10.8	13.3	10.9	14.9	0.0	...	<b>16.5</b>	<b>18.1</b>	15.5	11.6	12.85
Park ...	<b>15.5</b>	<b>15.1</b>	<b>18.5</b>	3.2	<b>22.6</b>	<b>16.7</b>	13.3	<b>15.4</b>	...	...	<b>15.76</b>
Brook ...	8.3	<b>15.2</b>	10.4	11.2	<b>16.8</b>	12.9	13.5	<b>14.2</b>	9.9	<b>22.0</b>	10.24
All hospitals ...	14.1	14.2	15.5	15.4	14.6	13.1	16.0	13.1	16.3	11.9	14.56

\* Calculated according to the Registrar General's formula.



STATISTICAL COMMITTEE, 1910.

In the two next tables thick type denotes that the figure is above the corresponding average deduced from the ten years.

TABLE II.—SEASONAL STATISTICS.  
A—Monthly admissions to all hospitals, 1900—1909.

SCARLET FEVER.													
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
1900	782	602	681	687	829	816	866	644	1,057	1,367	1,105	907	10,343
1901	726	566	599	737	<b>1,457</b>	<b>1,368</b>	<b>1,561</b>	<b>1,278</b>	<b>1,711</b>	1,726	<b>1,516</b>	<b>1,294</b>	14,539
1902	<b>1,146</b>	911	<b>1,066</b>	<b>1,077</b>	1,174	<b>*1,224</b>	<b>1,440</b>	<b>*1,278</b>	1,432	1,519	1,211	1,028	14,506
1903	920	782	852	802	914	785	999	915	1,004	894	766	712	10,345
1904	736	621	686	691	866	796	1,003	899	1,242	1,527	1,102	986	11,155
1905	884	<b>958</b>	<b>1,133</b>	<b>1,048</b>	<b>1,265</b>	<b>1,252</b>	<b>1,474</b>	<b>1,550</b>	<b>2,021</b>	<b>2,164</b>	<b>1,849</b>	<b>1,360</b>	<b>18,958</b>
1906	<b>1,298</b>	<b>1,044</b>	<b>1,006</b>	<b>1,175</b>	<b>1,386</b>	<b>1,464</b>	<b>1,743</b>	<b>1,392</b>	<b>1,902</b>	<b>2,335</b>	<b>1,784</b>	<b>1,404</b>	<b>17,933</b>
1907	<b>1,218</b>	<b>1,182</b>	<b>1,245</b>	<b>1,299</b>	<b>1,530</b>	<b>1,559</b>	<b>2,129</b>	<b>1,956</b>	<b>2,731</b>	<b>3,380</b>	<b>2,584</b>	<b>1,951</b>	<b>22,764</b>
1908	<b>1,815</b>	<b>1,618</b>	<b>1,376</b>	<b>1,272</b>	<b>1,422</b>	<b>1,266</b>	<b>1,617</b>	<b>1,559</b>	<b>2,151</b>	<b>2,022</b>	<b>1,983</b>	<b>1,528</b>	<b>19,629</b>
1909	<b>1,451</b>	<b>1,081</b>	<b>1,153</b>	<b>1,043</b>	<b>1,287</b>	<b>1,442</b>	<b>1,522</b>	1,175	1,637	1,357	1,199	1,037	<b>15,384</b>
Totals	10,976	9,365	9,797	9,831	12,130	11,972	14,354	12,646	16,888	18,291	15,099	12,207	153,556
DIPHTHERIA.													
1900	785	591	593	530	701	563	717	541	677	652	721	609	7,873
1901	502	467	520	445	568	593	794	650	874	903	714	592	7,622
1902	<b>618</b>	<b>533</b>	<b>581</b>	<b>517</b>	519	518	<b>628</b>	<b>494</b>	<b>514</b>	538	<b>542</b>	<b>518</b>	<b>6,520</b>
1903	468	<b>513</b>	437	328	434	<b>420</b>	494	334	406	446	390	402	5,072
1904	356	384	324	329	401	306	440	<b>420</b>	454	481	435	357	4,687
1905	399	358	316	265	310	354	408	285	375	402	330	346	4,148
1906	436	402	420	354	339	346	486	347	432	<b>655</b>	<b>549</b>	452	5,218
1907	465	428	<b>454</b>	<b>398</b>	<b>445</b>	311	490	399	<b>540</b>	<b>690</b>	<b>607</b>	<b>517</b>	<b>5,744</b>
1908	<b>518</b>	<b>467</b>	424	336	326	328	345	385	436	555	<b>554</b>	<b>536</b>	5,230
1909	475	387	415	340	345	321	350	276	401	414	360	309	†4,393
Totals	5,022	4,550	4,484	3,842	4,388	4,060	5,152	4,131	5,109	5,936	5,202	4,631	56,507
ENTERIC FEVER.													
1900	147	<b>148</b>	<b>118</b>	<b>81</b>	<b>76</b>	<b>59</b>	<b>59</b>	<b>117</b>	<b>252</b>	<b>236</b>	<b>245</b>	<b>190</b>	<b>1,728</b>
1901	<b>111</b>	<b>81</b>	<b>50</b>	<b>34</b>	<b>42</b>	<b>59</b>	<b>102</b>	<b>149</b>	<b>181</b>	<b>146</b>	<b>109</b>	<b>65</b>	<b>1,129</b>
1902	67	<b>67</b>	<b>45</b>	<b>35</b>	<b>53</b>	<b>129</b>	<b>196</b>	<b>123</b>	<b>248</b>	<b>226</b>	<b>135</b>	<b>96</b>	<b>1,420</b>
1903	<b>81</b>	33	28	10	13	45	<b>71</b>	<b>108</b>	132	<b>171</b>	<b>163</b>	<b>112</b>	<b>967</b>
1904	48	41	29	25	28	34	33	<b>89</b>	<b>162</b>	99	84	<b>78</b>	750
1905	49	28	25	25	<b>39</b>	29	56	74	81	95	48	37	586
1906	49	32	33	21	26	<b>69</b>	40	57	105	123	87	56	698
1907	52	49	35	<b>34</b>	20	33	23	41	66	70	57	61	541
1908	40	24	22	10	16	19	22	35	68	90	101	62	509
1909	61	45	29	12	16	28	8	17	39	30	29	17	331
Totals	705	548	414	287	329	504	610	810	1,334	1,286	1,058	774	8,659
TYPHUS FEVER.													
1900	..	<b>1</b>	..	..	<b>1</b>	..	..	..	<b>1</b>	..	<b>1</b>	..	4
1901	<b>8</b>	..	<b>1</b>	..	<b>1</b>	..	<b>1</b>	..	<b>1</b>	..	..	..	13
1902	..	..	..	..	..	..	..	..	..	..	..	..	..
1903	<b>1</b>	<b>3</b>	<b>5</b>	<b>10</b>	..	..	..	..	..	..	..	..	<b>19</b>
1904	..	..	<b>1</b>	..	..	..	..	..	..	<b>1</b>	..	..	3
1905	<b>1</b>	<b>3</b>	..	..	..	..	..	..	..	<b>1</b>	..	..	5
1906	<b>1</b>	..	<b>2</b>	..	..	..	<b>1</b>	..	..	..	..	..	4
1907	<b>1</b>	<b>1</b>	..	<b>1</b>	..	..	..	..	..	..	..	..	3
1908	..	..	..	..	<b>2</b>	..	..	..	..	..	..	..	2
1909	..	<b>1</b>	..	..	..	<b>1</b>	<b>1</b>	<b>1</b>	..	..	..	..	4
Totals	12	9	9	13	4	3	1	2	2	1	1	..	57
CEREBRO-SPINAL MENINGITIS.													
1900 to 1906	..	..	..	..	..	..	..	..	..	..	..	..	..
1907	..	..	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	..	<b>1</b>	..	<b>1</b>	..	..	8
1908	<b>1</b>	<b>1</b>	..	..	..	..	..	..	<b>1</b>	..	..	..	3
1909	..	..	..	<b>1</b>	..	..	..	..	..	<b>1</b>	..	..	2
Totals	1	1	1	4	1	1	..	1	1	2	..	..	13
OTHER DISEASES													
1900	116	111	147	127	178	160	163	119	132	153	166	145	1,706
1901	107	127	132	<b>203</b>	<b>237</b>	<b>270</b>	<b>204</b>	<b>215</b>	<b>225</b>	<b>257</b>	<b>219</b>	<b>169</b>	<b>2,365</b>
1902	156	139	171	154	<b>*191</b>	<b>202</b>	146	<b>209</b>	159	207	<b>199</b>	<b>176</b>	2,109
1903	154	151	<b>234</b>	<b>199</b>	<b>*187</b>	134	164	135	156	164	126	110	1,914
1904	133	116	131	145	<b>206</b>	188	<b>192</b>	<b>183</b>	175	204	180	140	1,993
1905	<b>180</b>	128	190	<b>193</b>	191	183	154	129	<b>210</b>	215	<b>226</b>	158	2,157
1906	149	137	145	144	174	179	177	171	<b>202</b>	<b>266</b>	<b>228</b>	<b>179</b>	2,151
1907	<b>197</b>	<b>202</b>	<b>294</b>	<b>265</b>	<b>223</b>	<b>263</b>	<b>294</b>	<b>257</b>	<b>265</b>	<b>311</b>	<b>299</b>	<b>239</b>	<b>3,109</b>
1908	<b>213</b>	<b>241</b>	<b>265</b>	<b>218</b>	<b>239</b>	189	171	<b>178</b>	<b>252</b>	<b>253</b>	<b>201</b>	<b>174</b>	<b>2,594</b>
1909	<b>196</b>	<b>178</b>	<b>236</b>	<b>222</b>	207	<b>218</b>	<b>204</b>	<b>181</b>	189	179	148	164	<b>2,322</b>
Totals	1,600	1,530	1,945	1,870	<b>*2,033</b>	1,986	1,869	1,777	1,965	2,209	1,982	1,654	22,420

\* Includes admissions from Smallpox Hospitals.

† Excluding 210 bact. diph. cases.



## ANNUAL REPORT,

TABLE II.—Continued—SEASONAL STATISTICS.

B—Monthly deaths in all hospitals, 1900—1909.

SCARLET FEVER.													
	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
1900	24	25	19	28	18	36	23	17	21	35	31	36	313
1901	33	20	30	31	57	59	65	57	49	52	35	54	542
1902	59	43	41	39	41	48	35	55	39	39	31	42	512
1903	36	31	28	21	34	21	32	34	18	31	26	21	333
1904	43	25	20	33	23	22	26	27	30	35	41	39	364
1905	40	41	50	47	32	36	32	42	38	52	55	71	536
1906	50	38	44	45	49	44	41	34	33	51	47	45	521
1907	37	24	35	43	49	45	61	51	57	91	55	74	622
1908	65	50	53	46	41	39	31	42	29	38	44	42	520
1909	37	31	33	40	31	32	26	27	23	29	36	26	371
Totals	424	328	353	373	375	382	372	386	337	453	401	450	4,634
DIPHTHERIA.													
1900	136	109	99	47	77	80	60	58	78	97	72	75	988
1901	67	53	53	43	51	55	88	77	83	107	92	80	849
1902	78	78	64	57	61	42	61	50	48	66	61	73	739
1903	53	53	60	41	33	34	36	31	30	47	38	48	504
1904	41	42	43	38	32	21	34	27	49	44	46	52	469
1905	35	36	27	33	17	25	20	27	26	30	32	39	347
1906	36	39	42	35	30	17	29	27	40	46	43	61	445
1907	59	47	45	34	36	31	33	39	49	55	62	54	544
1908	81	42	55	40	24	21	29	31	29	33	66	56	507
1909	54	48	52	34	42	28	29	26	36	26	36	24	435
Totals	640	547	540	402	403	354	419	393	468	551	548	562	5,827
ENTERIC FEVER.													
1900	24	28	19	17	6	9	7	10	24	34	36	31	245
1901	23	16	11	7	5	2	11	27	26	22	14	11	175
1902	10	14	11	4	4	14	23	25	33	32	27	16	218
1903	12	12	3	2	1	5	10	7	17	28	29	19	145
1904	9	9	2	5	3	4	6	9	21	20	13	14	115
1905	9	7	3	4	3	2	5	9	16	9	12	3	82
1906	6	3	9	2	4	6	7	10	16	20	11	14	108
1907	14	4	4	8	4	2	3	6	8	8	3	8	72
1908	2	4	4	4	5	..	2	2	16	10	22	9	80
1909	9	10	4	3	3	2	1	3	3	3	3	1	45
Totals	118	107	70	56	38	46	80	108	180	186	170	126	1,285
TYPHUS FEVER.													
1900	..	..	..	..	..	..	..	..	..	..	1	..	1
1901	1	1	..	..	1	..	..	1	..	..	..	..	4
1902	..	..	..	..	..	..	..	..	..	..	..	..	..
1903	..	..	2	2	..	..	..	..	..	..	..	..	4
1904	..	..	..	..	..	..	..	..	..	..	..	..	..
to 1909	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	1	1	2	2	1	..	..	1	..	..	1	..	9
CEREBRO-SPINAL MENINGITIS.													
1900	..	..	..	..	..	..	..	..	..	..	..	..	..
to 1906	..	..	..	..	..	..	..	..	..	..	..	..	..
1907	..	..	1	2	..	..	..	..	..	..	..	..	3
1908	1	..	..	..	..	..	..	..	..	..	..	..	1
1909	1	..	..	..	..	..	..	..	..	1	..	..	2
Totals	2	..	1	2	..	..	..	..	..	1	..	..	6
OTHER DISEASES.													
1900	16	9	16	10	17	18	14	11	14	12	17	13	167
1901	10	11	13	16	24	16	12	17	12	12	10	14	167
1902	14	20	25	22	13	11	11	12	4	12	16	18	178
1903	17	13	15	21	15	21	9	6	13	10	8	18	166
1904	17	14	13	13	27	10	16	12	12	10	24	15	183
1905	13	9	13	19	10	13	7	6	10	14	16	17	147
1906	11	10	14	11	14	11	15	14	8	13	21	21	163
1907	18	11	15	26	12	11	12	11	12	9	9	18	164
1908	12	13	16	17	9	11	8	11	11	17	8	14	147
1909	11	14	24	23	22	14	13	13	12	11	16	9	182
Totals	139	124	164	178	163	136	117	113	108	120	145	157	1,664



In the following table thick type denotes that the figure is above  $\frac{1}{2}$ th of the annual figure as regards admissions or deaths, or above the annual figure as regards mortality rates.

TABLE II.—Summary of monthly \*admissions and deaths, 1900—1909.

MONTH.	ADMISSIONS.						DEATHS.						MORTALITY PER CENT.							
	Scarlet fever.	Diphtheria.†	Enteric fever.	Typhus.	Cerebro-spinal meningitis.	Other diseases.	Total.	Scarlet fever.	Diphtheria.†	Enteric fever.	Typhus.	Cerebro-spinal meningitis.	Other diseases.	Total.	Scarlet fever.	Diphtheria.†	Enteric fever.	Typhus.	Cerebro-spinal meningitis.	Other diseases.
Jan.	10,976	<b>5,032</b>	705	<b>12</b>	1	1,600	18,326	<b>424</b>	<b>640</b>	<b>118</b>	<b>1</b>	<b>2</b>	<b>139</b>	<b>1,324</b>	<b>3·86</b>	<b>12·12</b>	<b>16·74</b>	8·33	<b>100·00</b>	<b>8·69</b>
Feb.	9,365	4,575	548	<b>9</b>	1	1,530	16,028	328	<b>547</b>	107	<b>1</b>	..	124	1,107	<b>3·50</b>	<b>11·95</b>	<b>19·53</b>	11·11	..	<b>8·11</b>
March	9,795	4,500	414	<b>9</b>	1	<b>1,945</b>	16,666	353	<b>540</b>	70	<b>2</b>	<b>1</b>	<b>164</b>	<b>1,130</b>	<b>3·60</b>	<b>12·00</b>	<b>16·91</b>	<b>22·22</b>	<b>100·00</b>	<b>8·43</b>
April	9,831	3,851	287	<b>13</b>	<b>4</b>	<b>1,870</b>	15,856	373	402	56	<b>2</b>	<b>2</b>	<b>178</b>	1,013	<b>3·79</b>	<b>10·44</b>	<b>19·51</b>	15·38	<b>50·00</b>	<b>9·52</b>
May	12,130	4,401	329	4	1	<b>2,033</b>	18,898	375	403	38	<b>1</b>	..	<b>163</b>	980	<b>3·10</b>	9·16	11·55	<b>25·00</b>	..	<b>8·02</b>
June	11,972	4,088	504	3	1	<b>1,986</b>	18,564	382	354	46	..	..	136	918	<b>3·19</b>	8·66	9·13	..	..	6·85
July	<b>14,354</b>	<b>5,174</b>	610	1	..	<b>1,869</b>	<b>22,008</b>	372	419	80	..	..	117	988	2·59	8·10	13·11	..	..	6·26
Aug.	12,646	4,139	<b>810</b>	2	1	1,777	19,375	386	393	<b>108</b>	<b>1</b>	..	113	1,001	<b>3·05</b>	9·49	13·33	<b>50·00</b>	..	6·36
Sept.	<b>16,888</b>	<b>5,130</b>	<b>1,334</b>	2	1	<b>1,965</b>	<b>25,320</b>	337	468	<b>180</b>	..	..	108	1,093	2·00	9·12	13·49	..	..	5·49
Oct.	<b>18,291</b>	<b>5,963</b>	<b>1,286</b>	1	<b>2</b>	<b>2,209</b>	<b>27,752</b>	<b>453</b>	<b>551</b>	<b>186</b>	..	<b>1</b>	120	<b>1,311</b>	2·47	9·24	14·46	..	<b>50·00</b>	5·43
Nov.	<b>15,099</b>	<b>5,223</b>	<b>1,008</b>	1	..	<b>1,982</b>	<b>23,363</b>	<b>401</b>	<b>548</b>	<b>170</b>	<b>1</b>	..	<b>145</b>	<b>1,265</b>	2·66	<b>10·50</b>	<b>16·07</b>	<b>100·00</b>	..	7·31
Dec.	12,207	4,641	<b>774</b>	..	..	1,654	19,276	<b>450</b>	<b>562</b>	<b>126</b>	..	..	<b>157</b>	<b>1,295</b>	<b>3·69</b>	<b>12·11</b>	<b>16·28</b>	..	..	<b>9·49</b>
Totals	153,556	56,717	8,659	57	13	22,420	241,422	4,634	5,827	1,285	9	6	1,664	13,425	3·02	10·27	14·84	15·79	46·15	7·42

† Includes all diph. bact. cases.

\* Includes admissions from the Smallpox Hospitals of the Board.

‡ Includes 3 cases transferred from Smallpox Hospitals; not included in Table I.



In the next three tables thick type denotes that the figure is above the corresponding average deduced from the ten years.

TABLE III.—GEOGRAPHICAL DISTRIBUTION OF CASES.

*Admissions to all hospitals, 1900—1909.*

SCARLET FEVER.											
PARISH OR UNION.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	Total. 1900— 1909.
<b>WEST :—</b>											
Kensington ...	267	<b>370</b>	285	273	195	296	<b>403</b>	<b>475</b>	<b>373</b>	<b>370</b>	3,307
Hammersmith ...	233	252	281	248	233	301	<b>343</b>	<b>495</b>	<b>325</b>	<b>303</b>	3,014
Fulham ...	469	<b>505</b>	451	340	254	<b>754</b>	<b>632</b>	<b>570</b>	<b>514</b>	461	4,950
Paddington ...	228	390	276	355	296	217	<b>656</b>	<b>482</b>	<b>603</b>	<b>546</b>	4,049
Chelsea ...	<b>193</b>	152	167	180	77	<b>207</b>	<b>237</b>	<b>184</b>	148	<b>265</b>	1,810
St. George's W. ...	234	224	235	142	161	198	<b>374</b>	<b>269</b>	<b>441</b>	<b>394</b>	2,672
Westminster ...	96	<b>100</b>	<b>120</b>	<b>139</b>	74	<b>105</b>	79	65	88	94	960
	<b>1,720</b>	<b>1,993</b>	<b>1,815</b>	<b>1,677</b>	<b>1,290</b>	<b>2,078</b>	<b>2,724</b>	<b>2,540</b>	<b>2,492</b>	<b>2,433</b>	<b>20,762</b>
<b>NORTH :—</b>											
St. Marylebone ...	295	307	<b>345</b>	<b>360</b>	249	243	<b>359</b>	<b>361</b>	<b>368</b>	<b>400</b>	3,287
St. Pancras ...	520	<b>839</b>	<b>1,039</b>	563	743	<b>888</b>	726	746	<b>839</b>	724	7,627
Hampstead ...	113	130	144	100	111	123	<b>332</b>	<b>245</b>	<b>200</b>	<b>200</b>	1,698
Islington ...	728	927	<b>1,054</b>	705	934	<b>993</b>	<b>1,129</b>	<b>984</b>	<b>1,212</b>	<b>1,099</b>	9,765
Hackney ...	507	721	690	538	773	<b>1,004</b>	<b>935</b>	<b>1,683</b>	<b>1,206</b>	688	8,745
	<b>2,163</b>	<b>2,924</b>	<b>3,272</b>	<b>2,266</b>	<b>2,810</b>	<b>3,251</b>	<b>3,481</b>	<b>4,019</b>	<b>3,825</b>	<b>3,111</b>	<b>31,122</b>
<b>CENTRAL :—</b>											
Bloomsbury ...	<b>77</b>	<b>110</b>	<b>68</b>	39	28	<b>58</b>	54	41	<b>65</b>	26	566
Strand ...	<b>36</b>	<b>53</b>	<b>33</b>	24	19	<b>33</b>	<b>41</b>	<b>35</b>	<b>36</b>	21	331
Holborn ...	302	<b>579</b>	<b>491</b>	359	398	<b>531</b>	<b>449</b>	<b>569</b>	<b>509</b>	294	4,481
City of London ...	56	<b>81</b>	<b>51</b>	<b>70</b>	39	<b>66</b>	<b>105</b>	<b>81</b>	45	41	635
	<b>471</b>	<b>823</b>	<b>643</b>	<b>492</b>	<b>484</b>	<b>688</b>	<b>649</b>	<b>726</b>	<b>655</b>	<b>382</b>	<b>6,013</b>
<b>EAST :—</b>											
Shoreditch ...	252	<b>466</b>	219	199	309	<b>774</b>	<b>561</b>	<b>771</b>	<b>544</b>	294	4,389
Bethnal Green ...	216	<b>636</b>	399	303	531	<b>715</b>	592	<b>1,191</b>	<b>935</b>	537	6,055
Whitechapel ...	327	272	244	244	307	<b>512</b>	315	<b>770</b>	<b>492</b>	207	3,690
St. George's E. ...	109	129	91	121	173	163	133	<b>605</b>	<b>414</b>	124	2,062
Stepney ...	137	204	200	145	197	<b>375</b>	219	<b>376</b>	<b>348</b>	200	2,401
Mile End Old Town	194	253	265	221	333	<b>576</b>	393	<b>1,078</b>	<b>788</b>	349	4,450
Poplar ...	296	408	450	329	407	<b>824</b>	449	<b>1,065</b>	<b>1,075</b>	<b>649</b>	5,952
	<b>1,531</b>	<b>2,368</b>	<b>1,868</b>	<b>1,562</b>	<b>2,257</b>	<b>3,939</b>	<b>2,662</b>	<b>5,856</b>	<b>4,596</b>	<b>2,360</b>	<b>28,999</b>
<b>SOUTH :—</b>											
Southwark ...	626	<b>1,196</b>	<b>973</b>	441	355	702	<b>1,378</b>	<b>1,147</b>	<b>735</b>	560	8,113
Bermondsey ...	320	<b>775</b>	402	347	410	<b>687</b>	<b>908</b>	<b>925</b>	539	384	5,697
Lambeth ...	581	798	<b>1,091</b>	543	542	840	<b>1,134</b>	<b>1,279</b>	<b>1,287</b>	<b>1,026</b>	9,121
Wandsworth ...	855	962	<b>1,534</b>	1,031	893	<b>1,932</b>	<b>1,798</b>	<b>1,945</b>	<b>2,105</b>	<b>1,486</b>	14,541
Camberwell ...	528	<b>1,050</b>	<b>1,043</b>	498	690	<b>996</b>	<b>928</b>	<b>1,247</b>	869	866	8,715
Greenwich ...	482	661	<b>792</b>	570	475	682	<b>998</b>	<b>1,088</b>	<b>882</b>	517	7,147
Woolwich ...	466	305	263	335	436	420	426	<b>859</b>	<b>521</b>	<b>984</b>	5,015
Lewisham ...	345	332	<b>504</b>	338	266	448	<b>484</b>	<b>515</b>	<b>522</b>	<b>805</b>	4,559
	<b>4,203</b>	<b>6,079</b>	<b>6,602</b>	<b>4,103</b>	<b>4,067</b>	<b>6,707</b>	<b>8,054</b>	<b>9,005</b>	<b>7,460</b>	<b>6,628</b>	<b>62,908</b>
Port of London ...	2	1	...	...	...	1	...	...	...	...	4
Tottenham ...	245	349	297	245	245	294	362	<b>575</b>	<b>586</b>	<b>463</b>	3,661
Beyond Met. Area	8	2	6	...	2	...	1	<b>43</b>	<b>15</b>	7	84
Totals ...	10,343	14,539	14,503	10,345	11,155	<b>16,958</b>	<b>17,933</b>	<b>22,764</b>	<b>19,629</b>	<b>15,384</b>	153,553



TABLE IIIA.—GEOGRAPHICAL DISTRIBUTION OF CASES.

*Admissions to all hospitals, 1900—1909.*

<b>DIPHTHERIA.</b>											
PARISH OR UNION.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	Total. 1900— 1909.
<b>WEST :—</b>											
Kensington ...	240	169	115	127	141	77	118	171	156	111	1,425
Hammersmith ...	172	149	107	111	157	195	209	121	132	113	1,466
Fulham ...	490	477	309	224	216	210	282	468	307	206	3,189
Paddington ...	104	239	121	95	88	72	112	103	98	102	1,134
Chelsea ...	114	49	89	74	42	29	122	108	102	72	801
St. George's W. ...	108	82	84	91	51	50	95	85	95	152	893
Westminster ...	41	47	58	48	37	14	22	15	12	23	317
	1,269	1,212	883	770	732	647	960	1,071	902	840	9,286
<b>NORTH :—</b>											
St. Marylebone ...	146	161	125	155	87	92	91	77	63	59	1,056
St. Pancras ...	418	625	544	361	251	203	177	232	165	186	3,162
Hampstead ...	92	82	48	50	28	37	55	70	34	16	512
Islington ...	386	563	543	255	149	209	244	312	314	271	3,246
Hackney ...	466	686	469	360	392	251	248	406	256	149	3,683
	1,508	2,117	1,729	1,181	907	792	815	1,097	832	718	11,696
<b>CENTRAL :—</b>											
Bloomsbury ...	24	31	25	11	11	4	6	16	13	9	150
Strand ...	20	9	10	13	8	5	8	13	21	9	116
Holborn ...	148	283	198	99	109	93	144	118	114	125	1,431
City of London ...	43	39	55	18	25	12	13	18	22	23	268
	235	362	288	141	153	114	171	165	170	179	1,978
<b>EAST :—</b>											
Shoreditch ...	261	204	126	99	79	75	63	121	114	102	1,244
Bethnal Green ...	213	220	166	120	247	171	141	157	138	98	1,671
Whitechapel ...	171	142	145	134	183	141	89	166	132	111	1,414
St. George's E. ...	61	71	80	40	91	70	53	41	46	47	600
Stepney ...	121	150	115	76	103	53	125	94	78	81	996
Mile End Old Town	156	118	120	117	201	138	112	149	153	126	1,390
Poplar ...	354	390	259	300	454	346	155	219	201	124	2,802
	1,337	1,295	1,011	886	1,358	994	738	947	862	720	10,148
<b>SOUTH :—</b>											
Southwark ...	589	352	372	218	172	203	290	288	210	210	2,904
Bermondsey ...	342	203	162	117	126	114	208	201	168	118	1,759
Lambeth ...	541	332	277	180	212	268	278	201	243	282	2,814
Wandsworth ...	481	483	653	547	387	338	592	648	548	427	5,104
Camberwell ...	544	472	382	197	129	136	221	288	251	226	2,846
Greenwich ...	291	358	243	454	202	173	440	376	326	225	3,088
Woolwich ...	344	167	172	131	132	210	234	188	278	221	2,077
Lewisham ...	319	178	243	191	77	98	197	208	345	292	2,148
	3,451	2,545	2,504	2,035	1,437	1,540	2,460	2,398	2,369	2,064	22,803
Port of London ...	1	...	...	...	...	...	...	...	...	...	1
Tottenham ...	71	90	101	59	100	61	74	63	89	75	783
Beyond Met. Area	1	1	4	...	...	...	...	3	6	2	17
Totals ...	7,873	7,622	6,520	5,072	4,687	4,148	5,218	5,744	5,230	4,393	*56,507

\* Excluding 210 bact. diph. cases.



TABLE IIIb.—GEOGRAPHICAL DISTRIBUTION OF CASES.

*Admissions to all hospitals, 1900—1909.*

ENTERIC FEVER.											
PARISH OR UNION.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	Totals. 1900— 1909.
<b>WEST :—</b>											
Kensington ...	55	49	32	16	17	24	20	16	14	17	260
Hammersmith ...	45	28	18	24	9	8	14	14	14	4	178
Fulham ...	42	47	30	36	9	13	19	26	12	15	249
Paddington ...	23	26	33	21	15	18	12	15	8	6	177
Chelsea ...	40	12	14	5	4	11	6	11	6	5	114
St. George's W. ...	21	10	17	17	10	3	6	6	1	4	95
Westminster ...	8	11	4	2	4	6	...	2	1	2	40
	234	183	148	121	68	83	77	90	56	53	1,113
<b>NORTH :—</b>											
St. Marylebone ...	21	26	40	19	18	13	15	2	5	2	161
St. Pancras ...	130	57	69	24	68	18	37	15	17	3	438
Hampstead ...	18	10	18	7	8	7	7	2	4	2	83
Islington ...	87	80	103	56	63	39	72	40	40	24	604
Hackney ...	88	65	76	152	86	76	49	55	40	29	716
	344	238	306	258	243	153	180	114	106	60	2,002
<b>CENTRAL :—</b>											
Bloomsbury ...	7	3	6	17	4	4	...	...	3	1	45
Strand ...	3	...	14	2	...	...	1	1	1	...	22
Holborn ...	52	40	49	32	29	19	21	13	18	7	280
City of London ...	6	7	5	10	...	1	3	...	...	2	34
	68	50	74	61	33	24	25	14	22	10	381
<b>EAST :—</b>											
Shoreditch ...	36	36	65	42	14	11	16	15	45	13	293
Bethnal Green ...	46	34	55	21	16	25	18	19	33	10	277
Whitechapel ...	27	14	18	19	9	9	12	13	5	7	133
St. George's E. ...	20	21	20	10	9	11	8	1	3	3	106
Stepney ...	37	29	42	18	26	7	13	7	11	3	193
Mile End Old Town ...	34	30	40	15	28	29	8	16	14	7	221
Poplar ...	107	74	90	37	41	26	39	36	24	20	404
	307	238	330	162	143	118	114	107	135	63	1,717
<b>SOUTH :—</b>											
Southwark ...	170	48	88	52	40	27	46	25	23	14	533
Bermondsey ...	98	72	73	44	30	16	17	22	25	12	409
Lambeth ...	107	46	91	53	34	31	46	16	27	10	461
Wandsworth ...	153	70	103	98	60	55	62	50	48	54	753
Camberwell ...	70	53	54	27	23	22	18	41	8	15	331
Greenwich ...	72	37	52	26	36	27	41	25	28	20	364
Woolwich ...	60	42	43	21	16	...	30	10	6	8	236
Lewisham ...	23	28	17	19	10	10	10	6	9	5	137
	753	396	521	340	249	188	270	195	174	138	3,224
Port of London ...	...	...	...	...	...	...	...	...	...	...	...
Tottenham ...	22	24	41	25	14	20	32	20	12	7	217
Beyond Met. Area ...	...	...	...	...	...	...	...	1	4	...	5
Totals ...	1,728	1,129	1,420	967	750	586	698	541	509	331	8,659



SUMMARIES OF TABLES IV., V., VI., VII. AND VIII.—Admissions and deaths, divided according to age and sex, 1900-9.

(i.) MALES.															
Age.	Scarlet.			*Diphtheria.			Enteric.			Typhus.			Cerebro-spinal meningitis.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
0-1 .. ..	752	118	15.7	597	186	31.1	..	..	..	..	..	..	..	..	..
1-2 .. ..	2,962	339	11.4	1,982	427	21.5	..	..	..	..	..	..	..	..	..
2-3 .. ..	5,499	454	8.2	2,779	442	15.9	..	..	..	..	..	..	..	..	..
3-4 .. ..	7,217	424	5.9	3,414	463	13.6	..	..	..	..	..	..	..	..	..
4-5 .. ..	8,236	308	3.7	3,529	387	11.0	..	..	..	..	..	..	..	..	..
Total under 5 years	24,666	1,643	6.7	12,301	1,905	15.5	199	12	6.0	2	..	..	2	2	100.0
5-10 .. ..	29,409	548	1.9	9,038	751	8.2	563	36	6.4	6	..	..	1	..	..
10-15 .. ..	11,702	101	.9	2,762	90	3.2	852	50	5.9	3	..	..	1	1	100.0
15-20 .. ..	4,045	57	1.4	1,017	22	2.2	791	121	15.3	8	2	25.0	1	..	..
20-25 .. ..	2,013	37	1.8	536	9	1.7	747	146	19.5	4	..	..	..	..	..
25-30 .. ..	993	16	1.6	311	4	1.3	584	140	24.0	3	..	..	2	2	100.0
30-35 .. ..	498	10	2.0	202	6	3.0	416	105	25.2	1	..	..	..	..	..
35-40 .. ..	241	11	4.6	116	6	5.2	286	80	28.0	1	1	100.0	..	..	..
40-45 .. ..	87	4	4.6	47	..	..	176	48	27.3	4	..	..	..	..	..
45-50 .. ..	47	1	2.1	35	2	5.7	81	23	28.4	1	..	..	..	..	..
50-55 .. ..	19	2	10.5	12	..	..	41	10	24.4	2	..	..	..	..	..
55-60 .. ..	3	..	..	9	..	..	13	6	46.1	..	..	..	..	..	..
60 and upwards	4	..	..	6	1	..	7	2	28.6	..	..	..	..	..	..
Grand totals ..	73,727	2,430	3.2	26,392	2,796	10.6	4,756	779	16.4	35	3	8.6	7	5	71.4

(ii.) FEMALES.															
Age.	Scarlet.			*Diphtheria.			Enteric.			Typhus.			Cerebro-spinal meningitis.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
0-1 .. ..	674	92	13.6	425	162	38.1	..	..	..	..	..	..	..	..	..
1-2 .. ..	2,740	294	10.7	1,685	406	24.1	..	..	..	..	..	..	..	..	..
2-3 .. ..	5,208	406	7.8	2,707	460	17.0	..	..	..	..	..	..	..	..	..
3-4 .. ..	7,142	371	5.2	3,456	460	13.3	..	..	..	..	..	..	..	..	..
4-5 .. ..	8,546	272	3.2	3,692	423	11.4	..	..	..	..	..	..	..	..	..
Total under 5 years	24,310	1,435	5.9	11,965	1,911	16.0	170	13	7.6	1	..	..	4	1	25.0
5-10 .. ..	33,192	547	1.6	11,346	946	8.3	525	29	5.5	4	..	..	1	..	..
10-15 .. ..	13,124	114	.9	3,328	115	3.4	685	49	7.1	2	1	50.0	1	..	..
15-20 .. ..	3,992	30	.7	1,203	19	1.5	604	68	11.2	4	..	..	..	..	..
20-25 .. ..	2,473	40	1.6	833	6	.7	559	71	12.7	1	..	..	..	..	..
25-30 .. ..	1,434	22	1.5	613	8	1.3	518	91	17.6	2	1	50.0	..	..	..
30-35 .. ..	726	9	1.2	391	2	.5	306	62	20.3	1	..	..	..	..	..
35-40 .. ..	331	5	1.5	211	7	3.3	239	54	22.6	3	1	33.3	..	..	..
40-45 .. ..	140	2	1.4	117	2	1.7	125	32	25.6	2	2	100.0	..	..	..
45-50 .. ..	55	..	..	55	2	3.6	98	19	19.4	..	..	..	..	..	..
50-55 .. ..	29	..	..	31	3	9.7	42	11	26.2	2	1	50.0	..	..	..
55-60 .. ..	7	..	..	12	4	3.3	21	4	19.0	..	..	..	..	..	..
60 and upwards	13	..	..	10	3	30.0	11	3	27.3	..	..	..	..	..	..
Grand totals ..	79,826	2,204	2.8	30,115	3,028	10.5	3,903	506	12.9	22	6	27.3	6	1	16.7

(iii.) BOTH SEXES.															
Age.	Scarlet.			*Diphtheria.			Enteric.			Typhus.			Cerebro-spinal meningitis.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
0-1 .. ..	1,426	210	14.7	1,022	348	34.0	..	..	..	..	..	..	..	..	..
1-2 .. ..	5,702	633	11.1	3,667	833	22.7	..	..	..	..	..	..	..	..	..
2-3 .. ..	10,707	860	8.0	5,486	902	16.4	..	..	..	..	..	..	..	..	..
3-4 .. ..	14,359	795	5.5	6,870	923	13.4	..	..	..	..	..	..	..	..	..
4-5 .. ..	16,782	580	3.4	7,221	810	11.2	..	..	..	..	..	..	..	..	..
Total under 5 years	48,976	3,078	6.3	24,266	3,816	15.7	369	25	6.8	3	..	..	6	3	50.0
5-10 .. ..	62,601	1,095	1.7	20,384	1,697	8.3	1,088	65	6.0	10	..	..	2	..	..
10-15 .. ..	24,826	215	.9	6,090	205	3.4	1,537	99	6.4	5	1	20.0	2	1	50.0
15-20 .. ..	8,037	87	1.1	2,220	41	1.8	1,395	189	1.3	12	2	16.7	1	..	..
20-25 .. ..	4,486	77	1.7	1,369	15	.9	1,306	217	16.6	5	..	..	..	..	..
25-30 .. ..	2,427	38	1.6	924	12	1.3	1,102	231	21.0	5	1	20.0	2	2	100.0
30-35 .. ..	1,224	19	1.5	593	8	1.3	722	167	23.1	2	..	..	..	..	..
35-40 .. ..	572	16	2.8	327	13	4.0	525	134	25.5	4	2	50.0	..	..	..
40-45 .. ..	227	6	2.6	164	2	1.2	301	80	26.6	6	2	33.3	..	..	..
45-50 .. ..	102	1	1.0	90	4	4.4	179	42	23.5	1	..	..	..	..	..
50-55 .. ..	48	2	4.2	43	3	7.0	83	21	25.3	4	1	25.0	..	..	..
55-60 .. ..	10	..	..	21	4	19.0	34	10	29.4	..	..	..	..	..	..
60 and upwards	17	..	..	16	4	25.0	18	5	27.8	..	..	..	..	..	..
Grand totals ..	153,553	4,634	3.0	56,507	5,824	10.3	8,659	1,285	14.8	57	9	15.8	13	6	46.1

\* Does not include the 210 bact. diph. cases in 1909.



TABLE IX.—Summary of length of residence tables, 1900—1909.

SCARLET FEVER PATIENTS.							
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 ... ..	3,275	167,108	51·0	2,927	161,786	55·3	
North-Eastern ... ..	13,174	823,204	62·4	12,484	812,523	65·1	
North-Western ... ..	6,452	391,558	60·7	5,830	380,992	65·3	
Western ... ..	7,484	460,823	61·6	6,998	452,610	64·7	
South-Western ... ..	6,416	429,204	66·9	6,014	422,075	70·2	
Fountain and Grove ... ..	11,624	685,292	59·0	11,082	675,826	70·0	
South-Eastern ... ..	4,296	253,859	59·1	3,945	248,328	62·9	
Park ... ..	9,848	534,758	54·3	9,235	525,152	56·9	
Brook ... ..	11,591	730,474	63·0	11,102	723,480	65·2	
Joyce Green ... ..	475	28,067	59·1	467	27,872	59·7	
Totals for Acute Hospitals only ...	74,635	4,504,347	60·3	70,084	4,430,644	63·2	
Northern ... ..	45,541	3,001,327	65·9	45,485	2,997,351	65·9	
Gore Farm ... ..	32,756	2,138,246	65·3	32,734	2,136,621	65·3	
Fountain ... ..	1,036	75,715	73·1	1,031	75,409	73·1	
Totals for Convalescent Hospitals only ...	79,333	5,215,288	65·7	79,250	5,209,381	65·7	
Grand totals ...	153,968	9,719,635	63·7	149,334	9,640,025	64·6	
DIPHTHERIA PATIENTS.							
Eastern ... ..	6,142	335,651	54·6	5,215	324,853	62·3	
North-Eastern ... ..	3,882	208,494	53·7	3,458	204,678	59·2	
North-Western ... ..	5,673	276,595	48·7	5,051	269,249	53·3	
Western ... ..	6,666	308,040	46·2	5,850	296,047	50·6	
South-Western ... ..	4,373	221,833	50·7	3,934	217,773	55·3	
Fountain and Grove ... ..	7,815	405,230	51·8	7,182	399,210	55·6	
South-Eastern ... ..	4,634	250,707	54·1	4,036	244,174	60·5	
Park ... ..	5,624	252,690	44·9	4,930	244,518	49·6	
Brook ... ..	6,274	331,058	52·8	5,610	324,468	57·8	
Totals for Acute Hospitals ...	51,083	2,590,298	50·7	45,266	2,524,970	55·8	
Northern ... ..	3,968	283,226	71·4	3,963	282,832	71·4	
Gore Farm ... ..	2,541	185,619	73·0	2,537	185,279	73·0	
Fountain ... ..	1	117	...	1	117	...	
Totals for Convalescent Hospitals ...	6,510	468,962	72·0	6,501	468,228	72·0	
Grand totals ...	57,593	3,059,260	53·1	51,767	2,993,198	57·8	
ENTERIC FEVER PATIENTS.							
Eastern ... ..	1,446	81,581	56·4	1,256	78,379	62·4	
North-Eastern ... ..	798	41,599	52·1	675	40,133	59·4	
North-Western ... ..	1,134	53,172	47·8	941	50,496	53·7	
Western ... ..	997	56,086	56·2	864	53,966	62·4	
South-Western ... ..	719	41,196	57·3	623	40,088	64·3	
Fountain and Grove ... ..	1,167	62,209	53·3	981	59,783	60·9	
South-Eastern ... ..	1,012	52,348	51·7	883	50,535	57·2	
Park ... ..	588	59,904	50·8	498	28,795	57·9	
Brook ... ..	1,127	62,166	55·2	983	60,366	61·4	
Totals ... ..	8,988	480,261	53·4	7,704	462,541	60·0	



REPORT OF THE MEDICAL SUPERINTENDENT OF  
THE SMALLPOX HOSPITALS FOR THE YEAR 1910.

## No. 11.

JOYCE GREEN HOSPITAL.

DARTFORD,

KENT.

7th March, 1911.

**Statistics.** There were four patients under treatment on December 31st, 1909. All of these recovered. Seven patients were admitted to this hospital during 1910, all of whom recovered. In addition three patients were admitted to South Wharf but were returned home. Of the total of ten patients admitted to the institutions, one was suffering from dermatitis, three from varicella, and 1, a woman, was admitted with her child and was not suffering from any disease.

(Signed) T. F. RICKETTS,  
*Medical Superintendent.*



## APPENDIX II.—IMBECILITY.

### A.

#### REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE IMBECILE ASYLUMS FOR THE YEAR 1910.

##### No. 1.

##### TOOTING BEC ASYLUM.

**Statistics.** The following is a brief summary of the statistics for the year 1910 :—

	Males.	Females.	Total.
Remaining on the 1st January, 1910 ..	430	522	952
Admitted during the year .. .. .	277	273	550
Discharged to other asylums of the Board	107	92	199
Discharged to asylums not under the Board	14	9	23
Discharged not insane .. .. .	1	1	2
Discharged recovered .. .. .	6	6	12
Discharged not improved .. .. .	4	10	14
Died .. .. .	141	108	249

**Admissions.** In the admissions for 1910, the large majority of cases are those of senile decay, and there is no improvement in the type of patient sent to this asylum.

**Deaths.** During the year the deaths have numbered 249. The percentage of those resident on the male side is 30·9, and on the female side 19·7. Post-mortem examinations have been made in 222 instances. The average age of those dying on the male side is 67, and on the female side 75.

Out of the total number of deaths 94 patients have been resident less than twelve months—61 males and 33 females.

Amongst the main causes of death may be enumerated the following :—

Pneumonia .. .. .	27
Cancer .. .. .	4
Phthisis .. .. .	5
General paralysis .. .. .	10
Chronic heart disease .. .. .	16
Senile decay .. .. .	142

Of the 4 male patients who died from phthisis, 2 of them were admitted from Belmont asylum. Our comparative freedom from this disease still continues a remarkable feature amongst the causes of death.

**Inquests.** Three inquests were held during the year, and all three verdicts were in accordance with the medical evidence.

**Restraint and seclusion.** No restraint or seclusion has been employed during the year.



**Visit of Commissioners in Lunacy.** One of the Commissioners in Lunacy visited the asylum on the 1st February, and his report will be found on reference to the index.

I am pleased to be able to report that the general conduct of the staff during the year has been excellent.

**Statistics.** RECEIVING HOME FOR CHILDREN.

	Males.	Females.	Total.
Remaining on 1st January, 1910	20	16	36
Admitted during the year .. .. .	119	80	199
Discharged not insane .. .. .	—	1	1
Discharged not improved .. .. .	3	2	5
Transferred .. .. .	106	75	181
Died .. .. .	6	2	8

**Medical statistics.** I again submit the tables drawn up by the Medico-Psychological Association, which should prove very interesting and of great value.

(Signed) E. H. BERESFORD,  
*Medical Superintendent.*

No. 2.

LEAVESDEN ASYLUM.

**Statistics.**

	M.	F.	T.
On January 1st, 1910, the Asylum contained ..	887	1114	2001
Admitted during the year .. .. .	116	64	180
Died during the year .. .. .	60	60	120
Discharged during the year .. .. .	41	50	91
Remaining in the Asylum on Dec. 31st, 1910 ..	902	1068	1970
Vacancies in the Asylum on Dec. 31st, 1910 ..	78	116	194

**Admissions.** All the admissions were transfers either from sister Metropolitan Asylums (52 m., 34 f.) or from London County Asylums (64 m., 30 f.). It may be noted that the senile cases only numbered 11, the majority being chronic lunatics and youthful imbeciles. Most of the cases, however, could only be described as infirm and very few were capable of doing work of any kind. If this infirm class only is to be admitted the conversion of No. 15 block into three infirmary wards, together with an increase of staff, becomes absolutely necessary.

**Discharges.** The discharges numbered 91. Of these 5 were discharged to the Guardians, 73 were transferred to sister Metropolitan Asylums, and 13 were sent to the London City and County Asylums as dangerous to themselves or others.

**Deaths.** The deaths numbered 120-60 of either sex. The percentage of deaths on the average number resident in 1910 was as follows:—

Males.	Females.	Total.
7.2	5.9	6.3



## ANNUAL REPORT,

There were 117 post-mortem examinations—59 males and 58 females—this representing 97·5 per cent. of the deaths.

The following table gives particulars as to the tubercular death rate during the last 13 years :—

Year.	Average number of patients resident.	Deaths from all causes.	Percentage of Post-mortems.	Tubercular Deaths.	Tubercular Per- centages 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
1910	1911	120	97·5	31	1·62

Among the other chief causes of death were senile decay (37), pneumonia (10), cancer (9), valvular disease of heart (8), status epilepticus (8), and general paralysis of the insane (7).

**Accidents and inquests.** There were 6 non-fatal accidents during the year, involving fractures of bone besides one resulting in an inquest. Full reports were laid before the Sub-Committee respecting each of these cases and there is nothing worthy of special report here.

**Improvements and additions.** The Upholsterer's shop was converted into an infirmary of 18 beds to receive the worst male cases of tuberculosis, but at present no shelter against rain or sun, such as a verandah, has been provided for bedridden and other patients who need continuous open-air treatment. Additional W.C. accommodation for block 15 and an additional annex in connection with ward 13, consisting of W.C. accommodation, a scullery, a dirty linen closet and a store-room, has been provided. The ceilings throughout the Asylum having been condemned, the work of taking them down and replacing them started in May and at the end of the year was nearing completion. In consequence of this work the whole routine of the Asylum was interfered with and considerable unavoidable discomfort was experienced by everybody in the Asylum. Thirty male and forty female patients were sent away to sister Asylums in order to let in the workmen, and no admissions took place between March 14th and October 24th.

**General remarks.** A Commissioner in Lunacy visited on January 20th, and a Local Government Inspector on December 18th. There have been 45 cases of diarrhœa during the year among the patients and staff, of which 21 appeared to be a very mild form of dysentery ending fatally in only one case. At the end of the year the Institution was free of diarrhœa. There was a fatal case of enteric fever in a female patient in June, and in November 3 non-fatal male cases occurred. A female patient and a nurse had erysipelas respectively in January and October, both recovering. During the first 6 and last 2 months of the year 16 sporadic cases of influenza occurred among the staff but none among the patients. On December 31st, 1910, there were 128 cases under segregation and treatment for ophthalmia of various kinds. On the female side the trachomas (35) have been separated from the other ophthalmia cases (42),



but on the male side the two classes of cases (14 and 37 respectively) are still treated in the same ward. It is to be hoped that in 1911 the Committee will make arrangements to separate these groups, which ought not to be housed in one ward. Dr. Macnab, the ophthalmic surgeon, whose advice and help has been most valuable, has visited six times, has performed necessary operations and has directed the treatment. There has been no necessity during 1910 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.

The numerical changes and results for the last twelve months are given in the subjoined table.

	Males.	Females.	Total.
In the asylum 1st January, 1910	884	1,042	1,926
Admitted during the year	142	160	302
Total number under treatment	1,026	1,202	2,228
Discharged during year	8	7	15
Died during the year	76	78	154
Remaining in asylum 31st Dec., 1910	942	1,117	2,059
Average daily number resident	882	1,071	1,953
Highest number on any one day	964	1,126	2,090
Lowest number on any one day	861	1,012	1,873

**Admissions.** There have been 302 patients admitted during the last year, 76 being indirect admissions from London County asylums, and 226 transfers between asylums of the Board. The vast majority were either too feeble or otherwise utterly incapable of being industriously employed, and a very large proportion, owing to their being crippled, faulty in habits, or requiring to be hand fed, necessitated their being placed under special care and supervision.

**Discharges.** The discharges and transfers, numbering 15, consisted of 3 male patients discharged as recovered, and 1 male and 2 females as relieved to care of friends, and 1 male patient transferred to Tooting Bec, while the remaining 8, having displayed evidence of being dangerous to themselves or others and consequently being unfit for detention here, were recertified and transferred to one of the County asylums. While unfit through mental enfeeblement to be discharged, unless their friends would be responsible for their safe care and maintenance, I frequently meet with patients who might leave the asylum as relieved if they could be retained in the Work-house infirmary, or be received, for instance, in a home for aged people.

**Deaths.** The total number of deaths during the year was 154 (76 male and 78 female), the percentage on the average number resident being 7.9. Among the certified causes, in which 87 per cent. were verified by post-mortem examination, were, 30 due to some form of heart disease, 32 to pulmonary consumption (15 males and 17 females)—this is exactly double the highest record for any of the preceding 10 years—and it is noteworthy that of these, 11 male and 4 female patients had been resident in the asylum for less than two years. Colitis was the cause of death in 1 female and 6 male patients, and at the end of the year one woman died from exhaustion following enteric fever. There were also no less than 18 cases of senile decay returned, 5 women being over 80, and one over 90 years of age.



**Casualties.** Two male and 8 female patients met with accidents involving fractures of bones; with the exception of C.B., a woman aged 78, who died about 7 weeks after fracturing her left thigh bone, and on whom the Coroner decided to hold an inquest, when a verdict of "Accidental death, no blame attached to the asylum officials" was returned, all did well.

**Restraint and seclusion.** It has not been necessary to resort to mechanical restraint, and only 2 female patients have been secluded during the past twelve months for the brief period of half an hour in each instance.

**General.** The health of the community generally has not been as satisfactory as in previous years. In February there was a considerable amount of sickness both among staff and patients due to influenza, and throughout the year there has been a marked increase in the number of patients suffering from diarrhoea in many cases dysenteric in character. This complaint was formerly rare here, and in my opinion is probably in a great measure due to the large number of patients of faulty habits admitted during the last few years. Towards the end of December 2 female patients in the same ward were the subject of enteric fever, from which one died; both had been in the asylum for several years, and although every endeavour was made to ascertain the cause, the source of the contagion could not be discovered.

The work in connection with the conversion of one female and two male blocks into infirmary wards being completed about the middle of the year, arrangements were made for the patients to be transferred. With a view to better classification, all the juvenile degenerates were located in one block on each side, a male and female ward with extra floor and cubic space was utilised for tubercular patients, and by placing many of those of destructive, spiteful and faulty habits under better supervision on a floor on each side, marked improvement has been effected.

All patients capable of being usefully employed have been utilised, but I regret to have to repeat that the number is annually decreasing, and it is rare now to find any among those admitted fit to render assistance either in the wards or domestic departments.

The amusements provided have been of the usual varied character, the weekly dances, parties in wards, smoking concerts for the male patients during the winter, and picnics, cricket matches, and the annual fête during the summer being specially appreciated.

**Inspection.** The usual visits of inspection were made by Mr. Trevor Turton, Assistant Local Government Board Inspector, on June 15th, and by the Commissioners in Lunacy on the 15th December.

**Staff.** The changes especially among the junior members have been more numerous, many after joining becoming dissatisfied, in my opinion due to the service being now less attractive than in the neighbouring asylums. I am pleased to be able to report that, with two or three exceptions, the conduct of the attendants and servants has been very satisfactory.

Head attendants Mr. D. Culmer and Miss S. Coe, after respectively 33 and 34 years zealous, loyal and painstaking service, resigned their appointments, as also did charge attendant Henry Lewis and deputy charge attendant Thomas Young; each was awarded a pension under the Asylums Officers' Superannuation Act. Mr. Edwin Steventon, who had been upholsterer since the opening of the asylum, having attained the age of 65, retired after 40 years of satisfactory and faithful service.



**Training.** My acknowledgment is due to my medical colleagues for their services generally, as also for the time devoted by them to the systematic instruction of the staff. During the last twelve months of those examined, 4 male and 13 female attendants obtained the certificate in First Aid, 3 male and 8 females the certificate for home nursing—granted by the St. John Ambulance Association—while 3 nurses being successful were granted the certificate for proficiency in mental nursing by the Medico-Psychological Association.

(Signed) P. E. CAMPBELL, M.B.,  
*Medical Superintendent.*

No. 4.

DARENTH ASYLUM.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT  
FOR THE YEAR 1910.

**Statistics.**

	Males.	Females.	Total.
On January 1st, 1910, the asylum contained ... ..	1115	814	1929
Admitted during the year ... ..	136	117	253
Total number under treatment during the year ...	1251	931	2182
Discharged during the year ... ..	86	63	149
Died during the year ... ..	37	26	63
Remaining in the asylum on December 31st, 1910 ...	1128	842	1970

**Admissions.** 136 males and 97 females were received from Tooting Bec Asylum, and 20 female adult patients were transferred from the London County Council Asylums. These 20 adult females were of the imbecile class, and were taken in order to help the L.C.C. over a difficulty, as they were much pressed for room. It was anticipated that in a short time it would be necessary to transfer these women to other asylums of the Board, as they were non-workers, but up to the present more than half of them are making some progress in needlework, and I am hopeful that a fair number of them will eventually become useful workers.

**Discharges.** Of the 149 patients discharged, 30 were handed over to their friends, by order of the Guardians, making a total of 115 so discharged during the past five years. Two patients were certified as dangerous to themselves or others, and were transferred to Bexley Asylum, and the remaining 117 were passed on as unimprovable to the other Board's Asylums.

**Deaths.** One inquest was held, and the following verdict was returned :—  
“Death due to Asphyxia, due to surreptitiously swallowing a piece of fat, which stuck in his throat by misadventure, suddenly.” Post-mortem.  
The total number of deaths was 63, which is, I believe, the lowest number ever recorded in one year.



**General health.** In March we had a small epidemic of enteric fever, when 10 patients and 2 nurses contracted the disease, with the result that 2 patients died. I am glad to say that both the nurses made a good recovery. This epidemic was confined to one ward in the schools. During the latter part of February and March an epidemic of measles ran through several wards in the schools and industrial colony, necessitating the closing of the schoolrooms, and the isolation of a large number of the male industrial workers.

**Farm.** The following table shows the favourable balances on the farm account since 1904 :—

	£	s.	d.
1904 (the year before the present Farm Bailiff joined)...	441	16	6
1905 ... ..	625	3	2
1906 ... ..	976	10	9
1907 ... ..	1,503	5	10
1908 ... ..	1,560	18	5
1909 ... ..	1,554	9	6
1910 ... ..	1,273	11	0

**Industrial colony.** At the present time there are actually employed in the various workshops and needlerooms, without counting those working in the laundries, kitchens, wards, farm, or as general labourers, 363 female and 340 male patients, and it may fairly be said that they have all learnt their various trades since their admission to Darenth. Besides those at work in the shops, 172 females and 233 males are employed in doing the various works which are excluded above, while the very small remnant of 5 females and 4 males are at present unemployed.

During the year considerable additions have been made to the accommodation of the male workshops. The former smith's shop which had been used by the paid staff, has been turned into a shop for printing and bookbinding, and room has been found elsewhere for a smithy. The equipment for the printers has not yet been delivered, but a gas engine has already been provided, and before long should be able to start work. A large room formerly used as an engineer's store has also been converted into an industrial workshop. By making these alterations two of the industrial shops were left vacant, and they have been utilised as an additional carpenter's shop, and for the use of the industrial workers for painting and varnishing furniture, etc. On the female side no alterations have as yet been completed, but plans have been passed for new workrooms, and the building is fairly well advanced. These new rooms are being built in the factory style, and consist of three blocks with a covered way connecting them, and provision has been made for the erection of one more block when necessary. The three blocks are divided into six rooms, each room having one or more stores attached to it, and they give accommodation for 480 female workers. It is proposed that four of the rooms shall be utilized for needlework, and the other two for brush-making and mattress-making. All the internal fittings, such as racks and shelving for store rooms, and tables for the patients to work on, are being made in the industrial colony.

**Drilling.** The patients of both sexes continue to be drilled daily in the large recreation hall by the male and female staff. Unfortunately this year we have not had the assistance of a trained Swedish teacher from Madame Osterberg's college, but she has been good enough to say that she will again try and help us next year.

In all some 106 female, and 120 male patients regularly attended the drill.



Below each industry is separately dealt with, and a comparative table showing the work done in 1909 and 1910, and the number of patients working at each trade is set out on p. —

#### WORKROOMS FOR FEMALES.

*Needleroom.*—Continued progress has been made in the needlework, and now, besides making new articles for other institutions and doing our own repairs, a commencement has been made in making all the clothing required for Darenth. This work was started early in November, and has already resulted in two paid sempstresses being replaced by one industrial attendant, and when the new workrooms are in use it is intended to close the school needleroom altogether, which will mean a further reduction of the staff of at least three more paid sempstresses. There are now in daily use by the patients 52 treadle sewing machines, as compared with 6 in use in 1908, and it will soon be necessary to obtain more for the patients who are being taught how to use them. 287 patients are at the present time employed, and are looked after by one head sempstress and seven industrial attendants, and 32 patients are being taught needlework in a room by themselves. During the year 37,576 new articles were finished, over 76,000 articles repaired, and 1,744 pairs of socks were refooted. Two additional stocking machines have been obtained.

*Brush shop.*—In November last the female industrial attendant in charge of this shop resigned to be married, and so one of the staff of nurses was picked out and taught the trade here in order to take her place. The patients continue to do excellent work in this shop, and are always exceedingly happy and contented.

*Mattress shop.*—The female industrial attendant, who learnt this trade at Darenth, has under her 13 patients, the best two or three of whom are capable of making a mattress throughout themselves. A large number of mattresses and pillows have been made and despatched to the other institutions of the Board.

#### WORKSHOPS FOR MALES.

*Tailor.*—A considerable amount of work is now done in this shop which was previously undertaken by the Upholsterers, consisting of such articles as bed-tickings, canvas chair and bed-sackings, and canvas bags. A great deal of the above is string sewn work, which is a comparatively new departure, and seems likely to develop into a big industry, so much so that in future it may be necessary to provide a separate shop in which it can be done. The patients continue to do good work in the tailoring department. 585 articles were made in the shop apart from the clothing.

*Upholsterer.*—In this shop there are now employed 34 patients as against 29 in the preceding year, and they have been continuously employed working hard to execute the large number of orders for mattresses, bolsters and pillows, for other institutions, besides doing a considerable amount of furniture upholstery.

*Shoemaker.*—This shop is proceeding as usual, while the patients on new work are increasing in number, and are making neater and better finished boots.

*Basket-making.*—The patients continue to take great interest in this work and their only fault is that they are inclined to rush through the work at the expense of good finish, in order that they may complete the various orders given them, in as quick a time as possible. This is an industry which is very suitable for a large number of our patients, but at the present time there is not sufficient room in the shop for an increase in the number to be made.

Besides a large number of baskets, 93 chairs and 8 fire-screens were made during the year.



*Mat-making.*—All sizes and shapes of coir mats are successfully made by the patients, though great difficulty is experienced when orders are received for mats only  $1\frac{1}{8}$  inch in thickness, as it is almost impossible for anyone to cut by hand a mat as thin as this. Owing to the sizes of the mats ordered being so variable it is dangerous to make largely for stock. Sixty feet super of hand-made coir mat is a good week's work for the patients. Nets, coal-sacks, coloured mops, and potato sacks are also manufactured by the same patients.

*Carpenter.*—The work turned out by some of the boys is first class, and the six best should in time make very fair tradesmen, while a number of others are improving slowly but surely. During the year fittings for the Central Stores at Peckham were made here, sent to the Stores, and fixed in position. To do this last work, the industrial attendant and one of the patients went to London, the patient being of the utmost use, and saving the employment of another paid hand. The addition of the other carpenter's shop mentioned above, is of the utmost value.

*Bookbinding.*—The bookbinders are getting on well in their new quarters, which are lighter and in many ways better fitted than the old, and where a new standing press has been provided. Several new departures have been made, including cases of various kinds, guard-books, and letter press books, which have all been bound to samples received from the Chief Office. Five of the patients can now use the guillotine by themselves, and they adjust and use the machine in quite a businesslike way. Unfortunately during the year we lost our best patient, but there are now two others who can take his place. 884 official books and 4,737 manuscript books were bound during the year.

*Brush-making.*—The work turned out during the past year has undoubtedly improved in quality, and the great difficulty we have always had in obtaining the right quality of pitch for the pan work has, I hope, been overcome. A new departure is being attempted in teaching the patients to make distemper, wash-down, grass and dusting brushes. Fifty patients are now employed at this trade.

*Painter.*—The patients continue to work well under their industrial attendant, and are continuously employed in painting and distempering work which in former years would have necessitated the engagement of temporary paid labour. They are at present engaged in cleaning and painting the whole of the inside of the workshops.

*Wood-chopping.*—During the summer months a large stock of wood bundles was prepared, so that there has been no delay in executing any orders from the various institutions, and during the early part of the winter a quantity of rough wood, oak, elm, etc., was cut into logs and issued to the wards.

*Road-making.*—A very large amount of work has been done by this gang of patients, which has resulted in great saving on various works, the following being the most important:—

- (1) Excavating gravel, carting hard core, and assisting generally in the making of a new road, the labour being valued at £40.
- (2) Pulling down thatched shelter and excavating and clearing the site for the new workrooms for females. The amount of money provided for this work was £140.
- (3) Work in connection with the relaying of rain water drains at the schools, the value of which the Engineer-in-chief estimated at £30.

Besides the above this gang has been continually employed all the year round on other works.



Owing to the epidemic of measles mentioned above, a large number of the industrial workers were isolated for a considerable time, and so the number of hours worked during the year is in many cases less than that of previous years.

Profit and loss account for the year ended Michaelmas, 1910:—

<i>Dr.</i>	NEEDLEROOM ACCOUNT.			<i>Cr.</i>
	£	s.	d.	
Value of stock brought forward	1,738	19	9	Value of repairs and goods disposed of .. .. .
„ „ new stock .. .. .	2,270	8	3	3,013
Wages and rations .. .. .	144	9	4	Value of stock in hand .. .. .
Balance	202	5	0	1,342
	<u>£4,356</u>	<u>2</u>	<u>4</u>	<u>£4,356</u>
222,813 hours of patients' labour not charged.				

<i>Dr.</i>	TAILOR'S ACCOUNT.			<i>Cr.</i>
	£	s.	d.	
Value of stock brought forward	110	13	3	Value of repairs and goods disposed of .. .. .
„ „ new stock .. .. .	393	9	4	847
Wages and rations .. .. .	83	19	4	Value of stock in hand .. .. .
Balance	458	1	9	198
	<u>£1,046</u>	<u>3</u>	<u>8</u>	<u>£1,046</u>
63,741 hours of patients' labour not charged.				
				NOTE.—
				The repairs are valued as follows:
				Jackets 9d. each. .. .. .
				Vests 4d. „ .. .. .
				Trousers 8d. „ .. .. .
				Capes 3d. „ .. .. .
				Overcoats 9d. „ .. .. .
				Combinations 1s. „ .. .. .
				The new articles as per contract.

<i>Dr.</i>	SHOEMAKER'S ACCOUNT.			<i>Cr.</i>
	£	s.	d.	
Value of stock brought forward	95	8	2	Value of repairs and goods disposed of .. .. .
„ „ new stock .. .. .	378	14	10	881
Wages and rations .. .. .	132	3	6	Value of stock in hand .. .. .
Balance	304	16	4	30
	<u>£911</u>	<u>2</u>	<u>10</u>	<u>£911</u>
75,353 hours of patients' labour not charged.				
				NOTE.—
				Repairs:—White Oak, 1s. 3d.
				Darenth, 1s. 9d.
				New work as per schedule.

<i>Dr.</i>	UPHOLSTERER'S ACCOUNT.			<i>Cr.</i>
	£	s.	d.	
Value of stock brought forward	93	2	5	Value of repairs and goods disposed of .. .. .
„ „ new stock .. .. .	1,261	15	3	1,370
Wages and rations .. .. .	161	7	7	Value of stock in hand .. .. .
Balance	506	1	7	652
	<u>£2,022</u>	<u>6</u>	<u>10</u>	<u>£2,022</u>
47,976½ hours of patients' labour not charged.				



## ANNUAL REPORT,

<i>Dr.</i>		BRUSH ACCOUNT.		<i>Cr.</i>			
	£	s.	d.		£	s.	d.
Value of stock brought forward	763	5	4	Value of goods disposed of, etc.	970	5	11
„ „ new stock .. ..	947	15	10	„ „ stock in hand ..	897	17	1
Wages and rations .. ..	88	2	2				
Balance	68	19	8				
	<u>£1,868 3 0</u>				<u>£1,868 3 0</u>		
76,080½ hours of patients' labour not charged.				NOTE.—All goods are charged at contract prices.			

<i>Dr.</i>		BASKET ACCOUNT.		<i>Cr.</i>			
	£	s.	d.		£	s.	d.
Value of stock brought forward	201	17	8	Value of repairs and goods disposed of .. ..	300	6	8
„ „ new stock .. ..	150	0	10	Value of stock in hand ..	219	6	11
Wages and rations .. ..	44	9	11				
Balance	123	5	2				
	<u>£519 13 7</u>				<u>£519 13 7</u>		
38,564½ hours of patients' labour not charged.				NOTE.—All goods are charged at contract prices. Chairs re-caned at 1s. 3d. per seat.			

<i>Dr.</i>		WOODCHOPPING ACCOUNT.		<i>Cr.</i>			
	£	s.	d.		£	s.	d.
Value of stock brought forward	458	15	6	Value of goods disposed of ..	480	5	4
„ „ new stock .. ..	414	15	1	„ „ stock in hand ..	556	13	9
Wages and rations .. ..	45	11	4				
Balance	117	17	2				
	<u>£1,036 19 1</u>				<u>£1,036 19 1</u>		
62,264 hours of patients' labour not charged.				NOTE.—Goods charged at 3s. per 100 bundles.			

<i>Dr.</i>		MAT AND RUG ACCOUNT.		<i>Cr.</i>			
	£	s.	d.		£	s.	d.
Value of stock brought forward	149	3	6	Value of repairs and goods disposed of .. ..	215	13	1
„ „ new stock .. ..	146	3	9	Value of stock in hand ..	166	9	11
Wages and rations .. ..	40	10	6				
Balance	46	5	3				
	<u>£382 3 0</u>				<u>£382 3 0</u>		
51,790½ hours of patients' labour not charged.				NOTE.—Mats have been charged at contract prices. Rugs have been sold at 3s. to 4s.			

<i>Dr.</i>		TINSMITH'S ACCOUNT.		<i>Cr.</i>			
	£	s.	d.		£	s.	d.
Value of stock brought forward	64	19	3	Value of repairs and goods disposed of .. ..	80	5	1
„ „ new stock .. ..	64	12	3	Value of stock in hand ..	68	5	1
Wages and rations .. ..	26	7	7	Balance against	7	8	11
	<u>£155 19 1</u>				<u>£155 19 1</u>		
19,581 hours of patients' labour not charged.				NOTE.—The price for repairs is based on the tinsmiths' time, and new work on schedule prices.			



Dr.		PAINTER'S ACCOUNT.		Cr.			
	£	s.	d.		£	s.	d.
Value of stock brought forward	2	12	6	Value of work done .. ..	126	15	2
„ „ new stock .. ..	24	2	2	„ „ stock in hand .. ..	31	6	5
Wages and rations .. ..	46	13	10				
Balance	84	13	1				
	<hr/>				<hr/>		
	£158	1	7		£158	1	7
14,871 hours of patients' labour not charged.							

Dr.		CARPENTER'S ACCOUNT.		Cr.			
	£	s.	d.		£	s.	d.
Value of stock brought forward	189	12	8	Value of work done and goods disposed of .. ..	394	11	6
„ „ new stock .. ..	397	3	9	Value of stock in hand .. ..	285	9	8
Wages and rations .. ..	90	13	1				
Balance	2	11	8				
	<hr/>				<hr/>		
	£680	1	2		£680	1	2
37,614 hours of patients' labour not charged.							

Dr.		BOOKBINDER'S ACCOUNT.		Cr.			
	£	s.	d.		£	s.	d.
Value of stock brought forward	153	9	4	Value of goods disposed of .. ..	277	8	5
„ „ new stock .. ..	188	10	5	„ „ stock in hand .. ..	158	16	3
Wages and rations .. ..	44	3	0				
Balance	50	1	11				
	<hr/>				<hr/>		
	£436	4	8		£436	4	8
23,929½ 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 steadily maintains its characteristics of the past few years. Interest is manifested in the services held in the chapel by the colonists. The children's services are exceptionally bright. In this respect there has been marked improvement in the last year, which has been encouraging.

The lantern services held in the large hall, were appreciated. In this direction there will be room for fresh departures in the future, in providing services which appeal to those who do not at present feel drawn to those held in the chapel. Services of a similar type on the lines of lantern services will probably meet this need.

The Sunday school has maintained its usefulness. The smaller children enjoy coming, and are gradually prepared for the services of the chapel. In this preparatory work he has been greatly helped through the co-operation of the staff of the school.

In games and amusements the gramophone has provided much enjoyment to both colonists and children. It has proved to be of the highest value in providing hours of happy recreation for them, and also for the staff.



*Head Mistress's Report.**Statistics for Training School.*

	Males.	Females.	Total.
Number on school register on January 1st, 1910....	215	126	341
Number in shops on January 1st, 1910 ... ..	72	30	102
Admitted during the year ... ..	64	44	108
Taken off register ... ..	61	45	106
Number on school register on December 31st, 1910	212	125	337
Number in shops on December 31st, 1910 ... ..	78	30	108
Highest number attending school daily ... ..	220	125	345
Highest number attending shops daily ... ..	77	30	107

In the junior shops the children are still progressing with their work, and the number of patients has been increased. Thirty boys in the tailor's shop have done exceedingly good work. Since this shop was opened, not quite two years ago, the patients employed have been taught tailoring from the beginning, and have made 16 new suits of clothing. Four boys work buttonholes, 12 are making suits, and 14 are learning to sew. Thirty girls are taught needlework in the girls' shop, and many do new work.

The produce of the children's gardens and the receipts for the same have been more than doubled during the last year.

The following table shows the number and value of articles made and sold during the year 1910:—

No.	Industry.	No. of Articles.	£	s.	d.
1	Basketwork ... ..	211	5	11	5
2	Flowerwork ... ..	1,111	6	19	2
3	Ornamental paper work ... ..	86	1	7	0
4	Macrame work ... ..	137	7	10	8
5	Rug work ... ..	1	1	15	0
6	Teneriffe and drawn thread work ... ..	38	2	1	9
7	Stuffed calico animals ... ..	124	3	19	11
8	Fancy needlework ... ..	2	0	1	0
9	Crochet work ... ..	47	1	5	6
10	Knitting ... ..	16	1	8	3
11	Hand-loom weaving... ..	2	0	1	6
12	Japanese curtains ... ..	6	0	8	6
13	Fret and woodwork ... ..	15	0	7	5
14	Cross-stitch ... ..	16	0	6	3
15	Garden produce ... ..	898	2	7	0
Totals ... ..		2,710	£35	10	4

## Work for Institution not sold.

1	Plain needlework, schools 492, shops 189	681
2	Tailoring ... ..	16
3	Ironing ... ..	1,882
4	Cane-seating ... ..	5
Total ... ..		2,584

(Signed) M. HARGREAVES,  
Head Mistress and Matron.







Comparative table showing the work done in 1909 and 1910

MALE PATIENTS.						
INDUSTRY.	Number of patients employed.		Number of articles made.		Number of articles repaired.	
	1909.	1910.	1909.	1910.	1909.	1910.
Tailor .. .. .	46	44	2,982	2,362	16,356	15,631
Upholsterer .. .	29	34	3,609	2,255	3,908	368
Shoemaker .. .	46	51	507	312	91,307 lbs.	89,488 lbs.
Basketmaker ..	21	22	861	818	Hair carded.	Hair carded.
Chair caning .. .	4	4	285	135	8,686½	9,670
Matmaker .. .	30	27	Chairs 54 Cane lounges 3 Fendoffs 10 Mats 439 Nets 70 Kneelers 100 Coal sacks 424 Mops 190 Potato sacks —	Chairs 93 Firescreen 8 Fendoffs 13 Mats 309 Nets 63 Kneelers 183 Coal sacks 511 Mops 302 Potato sacks 126	55 219	153 295 Chairs 119
Rugmaking .. .	4	4	47	48	..	..
Wood chopping ..	35	34	261,553	410,206	..	..
Tinsmith .. .	12	14	2,516	2,014	147	158
Carpenter .. .	24	27	Coal labels 615 1,621	Coal labels 362 1,166	180	91
Bookbinder .. .	15	16	Paper bags 292,800 Boxes 4,856 Official books 744 M.S. books, etc. 5,033 Fancy articles 100 30,573	Paper bags 146,517 Boxes 400 Official books 884 M.S. books, etc., 4,737 Fancy articles 217 27,347	..	..
Brushmaker .. .	51	50	..	..	..	..
Painter .. .	15	13	..	..	..	..
Farm & garden, carts	61	60	..	..	..	..
Roadmakers .. .	9	8	..	..	..	..
Bricklayer .. .	1	1	..	..	..	..
Engineer .. .	2	2	..	..	..	..
Stores .. .	5	5	..	..	..	..
Kitchen .. .	8	8	..	..	..	..
Handyman .. .	3	3	..	..	..	..
Ward work .. .	98	96	..	..	..	..
Domestic offices ..	8	8	..	..	..	..
Odd jobs .. .	34	42	..	..	..	..
FEMALE PATIENTS.						
Mattressmaking ..	11	13	See above	See above	See above	See above
Rugmakers .. .	6	6	See above	See above	See above	See above
Bookbinders .. .	6	..	See above	See above	See above	See above
Brushmakers .. .	25	25	See above	See above	See above	See above
Needleroom, making ..	..	141	62,685	37,576	..	..
.. repairing ..	299	146	..	..	..	77,744
Laundry .. .	64	65	..	..	..	..
Kitchen .. .	8	8	..	..	..	..
Ward workers, etc. ..	97	86	..	..	..	..















Date		Description		Amount	
1890	Jan 1	Balance		100.00	
	Feb 1	Received		50.00	
	Mar 1	Received		75.00	
	Apr 1	Received		100.00	
	May 1	Received		125.00	
	Jun 1	Received		150.00	
	Jul 1	Received		175.00	
	Aug 1	Received		200.00	
	Sep 1	Received		225.00	
	Oct 1	Received		250.00	
	Nov 1	Received		275.00	
	Dec 1	Received		300.00	
	Total			2000.00	



TABLE B1.—Analysis of the admissions during the year 1910.

NAME OF ASYLUM.	CLASSES OF ADMISSIONS.	CONGENITAL.			ACQUIRED.									TOTAL.		
		First attack.		T.	Not first attack.			Unknown whether first attack or not.			TOTAL.					
		M.	F.		M.	F.	T.	M.	F.	T.	M.	F.	T.			
TOOTING BEG.	Direct ..	44	46	90	185	208	393	6	6	12	3	4	7	*238	†264	502
	Indirect { Transfers ..	7	6	13	22	1	23	2	...	2	7	1	8	38	8	46
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	51	52	103	207	209	416	8	6	14	10	5	15	276	272	548
TOOTING BEG RECEIVING HOME FOR CHILDREN.	Direct ..	115	76	191	4	3	7	..	..	..	..	..	..	119	†79	198
	Indirect { Transfers ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	115	76	191	4	3	7	..	..	..	..	..	..	119	79	198
LEAVESDEN.	Direct ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers ..	64	11	75	51	50	101	1	3	4	..	..	..	116	64	180
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	64	11	75	51	50	101	1	3	4	..	..	..	116	64	180
CATERHAM.	Direct ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers ..	80	82	162	54	70	124	8	4	12	..	4	4	142	160	302
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	80	82	162	54	70	124	8	4	12	..	4	4	142	160	302
DARENTH.	Direct ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect { Transfers ..	134	113	247	..	4	6	..	..	..	..	..	..	136	117	253
	Indirect { Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions ..	134	113	247	2	4	6	..	..	..	..	..	..	136	117	253

\* Exclusive of 1 not insane.

† Exclusive of 1 not insane.

‡ Exclusive of 1 not insane.

For Summary of Table see p. 147.



TABLE B2.—Showing the duration of the present attack of mental disorder admission in the admissions during the year 1910, and stating (in the 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.
Less than 2 weeks .. .. .	..	..	..	..	..	..	..	..	..	..	..
2 weeks and less than 1 month .. .. .	..	..	..	..	..	..	..	..	..	..	..
1 month .. 3 months	6	4	10	1	4	5	..	..	..	7	8
3 months .. 6 ..	21	7	28	2	1	3	..	..	..	23	8
6 .. 9 ..	28	16	44	..	1	1	..	..	..	28	17
9 .. 12 ..	14	5	19	..	..	..	..	..	..	14	5
12 .. 18 ..	33	26	59	..	..	..	..	..	..	33	26
18 .. 2 years	10	3	13	..	..	..	..	..	..	10	3
2 years .. 3 ..	17	14	31	1	..	1	..	..	..	18	14
3 .. 5 ..	12	12	24	..	..	..	..	..	..	12	12
5 .. 10 ..	7	8	15	1	..	1	..	..	..	8	8
10 .. 15 ..	4	3	7	..	..	..	..	..	..	4	3
25 .. 30 ..	1	..	1	..	..	..	..	..	..	1	..
30 .. 35 ..	1	..	1	..	..	..	..	..	..	1	..
40 .. 45 ..	1	1	2	..	..	..	..	..	..	1	1
Duration unknown .. .. .	30	109	139	1	..	1	3	4	7	34	113
Congenital cases .. .. .	..	..	..	..	..	..	..	..	..	44	46
Totals .. .. .	185	208	393	6	6	12	3	4	7	*238	†264

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	1	4	..	..	..	..	..	..	3	1
3 .. 5 ..	..	..	..	..	..	..	..	..	..	..	..
5 .. 10 ..	1	1	2	..	..	..	..	..	..	1	1
10 .. 15 ..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown .. .. .	..	1	1	..	..	..	..	..	..	..	1
Congenital cases .. .. .	..	..	..	..	..	..	..	..	..	115	76
Totals .. .. .	4	3	7	..	..	..	..	..	..	119	‡79

\* 1 male not insane not included.

† 1 female not insane not included.

‡ 1 female not insane not included.

FOR SUMMARY OF TABLE B2 SEE P. 147.







DATE	TIME	LOCATION	ACTIVITY
1942	10:00	Dormitory	DORMITORY
1942	11:00	Dormitory	DORMITORY
1942	12:00	Dormitory	DORMITORY
1942	13:00	Dormitory	DORMITORY
1942	14:00	Dormitory	DORMITORY
1942	15:00	Dormitory	DORMITORY
1942	16:00	Dormitory	DORMITORY
1942	17:00	Dormitory	DORMITORY
1942	18:00	Dormitory	DORMITORY
1942	19:00	Dormitory	DORMITORY
1942	20:00	Dormitory	DORMITORY



TABLE B5.—Showing the form of mental disorder on admission in the direct admissions and transfers during the year 1910.

Forms of mental disorder.	TOOTING BEC ASYLUM.									TOOTING BEC RECEIVING HOME FOR CHILDREN.									LEAVESDEN ASYLUM.									GATERHAM ASYLUM.									DARENTH ASYLUM.											
	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.												
1. Intellectual	a. With epilepsy			6	4	10	5	1	6	11	5	16	30	11	41	..	..	..	30	11	41	..	..	..	10	3	22	19	3	22	..	..	..	29	29	58	29	29	58	..	..	..	38	24	62	38	24	62
	b. Without epilepsy			38	42	80	2	5	7	40	47	87	85	65	150	..	..	..	85	65	150	..	..	..	45	9	54	45	9	54	..	..	..	51	53	104	51	53	104	..	..	..	96	89	185	96	89	185
2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			
Insanity occurring later in life.	1. Insanity with epilepsy			2	4	6	1	..	1	3	4	7	2	2	4	..	..	..	2	2	4	..	..	..	2	..	2	2	..	2	..	..	..	6	11	17	6	11	17	..	..	..	..	..	..			
	2. General paralysis of the insane			16	3	19	..	..	..	16	3	19	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	2	..	2	..	..	..	3	1	4	3	1	4	..	..	..	..	..	..			
	3. Insanity with grosser brain lesions			18	5	23	..	..	..	18	5	23	2	1	3	..	..	..	2	1	3	..	..	..	3	2	5	3	2	5	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..			
	4. Acute delirium			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..						
	5. Confusional insanity			1	..	1	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	1	..	1	1	..	1	..	..	..						
	6. Stupor			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..									
	7. Primary dementia			7	20	27	..	..	..	7	20	27	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..									
	8. Mania			a. Recent			1	..	1	4	1	5	5	1	6	..	..	..	..	..	..	..	..	..	1	3	4	1	3	4	..	..	..	..	..	..	..	..	..									
	8. Mania			b. Chronic			2	1	3	2	..	2	4	1	5	..	..	..	..	..	..	..	..	..	2	..	2	2	..	2	..	..	..	4	8	12	4	8	12	..	..	..						
	8. Mania			c. Recurrent			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..												
	9. Melancholia			a. Recent			..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	1	2	3	..	..	..	..	..	..												
	9. Melancholia			b. Chronic			4	2	6	..	..	..	4	2	6	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2	..	..	..	3	3	6	3	3	6									
	9. Melancholia			c. Recurrent			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..												
	10. Alternating insanity			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..												
11. Delusional insanity			a. Systematised			2	..	2	1	..	1	3	..	3	..	..	..	..	..	..	..	..	..	3	1	4	3	1	4	..	..	..	..	..	..													
11. Delusional insanity			b. Non-systematised			4	..	4	2	..	2	6	..	6	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	6	..	6	6	..	6										
12. Volitional insanity			a. Impulse			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..													
12. Volitional insanity			b. Obsession			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..													
12. Volitional insanity			c. Doubt			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..													
13. Moral insanity			..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..													
14. Dementia			a. Senile			121	182	303	12	..	12	133	182	315	..	..	..	..	..	..	..	..	..	1	10	11	1	10	11	..	..	..	10	5	15	10	5	15										
14. Dementia			b. Secondary			16	1	17	8	..	8	24	1	25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	46	66	20	46	66										
Totals			228	264	502	38	8	46	276	272	548	119	79	198	..	..	..	119	79	198	..	..	..	116	64	180	116	64	180	..	..	..	142	160	302	142	160	302	136	117	253	136	117	253				
			239	265	504	..	..	..	277	273	550	119	80	199	..	..	..	119	80	199	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..										

\* Not insane.

FOR SUMMARY OF TABLE SEE P. 149.



TABLE B4		SUMMARY	
Year	Value	Year	Value
1950	100	1955	110
1951	105	1956	115
1952	110	1957	120
1953	115	1958	125
1954	120	1959	130
1960	125	1960	135
1961	130	1961	140
1962	135	1962	145
1963	140	1963	150
1964	145	1964	155
1965	150	1965	160
1966	155	1966	165
1967	160	1967	170
1968	165	1968	175
1969	170	1969	180
1970	175	1970	185
1971	180	1971	190
1972	185	1972	195
1973	190	1973	200
1974	195	1974	205
1975	200	1975	210
1976	205	1976	215
1977	210	1977	220
1978	215	1978	225
1979	220	1979	230
1980	225	1980	235
1981	230	1981	240
1982	235	1982	245
1983	240	1983	250
1984	245	1984	255
1985	250	1985	260
1986	255	1986	265
1987	260	1987	270
1988	265	1988	275
1989	270	1989	280
1990	275	1990	285
1991	280	1991	290
1992	285	1992	295
1993	290	1993	300
1994	295	1994	305
1995	300	1995	310
1996	305	1996	315
1997	310	1997	320
1998	315	1998	325
1999	320	1999	330
2000	325	2000	335
2001	330	2001	340
2002	335	2002	345
2003	340	2003	350
2004	345	2004	355
2005	350	2005	360
2006	355	2006	365
2007	360	2007	370
2008	365	2008	375
2009	370	2009	380
2010	375	2010	385
2011	380	2011	390
2012	385	2012	395
2013	390	2013	400
2014	395	2014	405
2015	400	2015	410
2016	405	2016	415
2017	410	2017	420
2018	415	2018	425
2019	420	2019	430
2020	425	2020	435



For Table B6.—See Summary, p. 150A. ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE B7.—ETIOLOGICAL.—Showing the aetiological factors and associated conditions assigned in the direct admissions during the year 1910, distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.

TOOTING BEC ASYLUM.

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.			FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.			TOTAL DIRECT ADMISSIONS.			GRAND TOTAL INCIDENCE.
	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	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 instances where regarded as a contributory factor or associated condition.	
<b>A. HEREDITY (excluding cousins, nephews, nieces and offspring).</b>	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.	
1. Insane .. .. .	8	8	16	16	16	32	16	16	32	1	1	2	25	8	33	
2. Epileptic .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	2	2	4	
3. Neurotic (including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
4. Eccentricity (in marked degree) .. .. .	2	1	3	1	1	2	1	1	2	1	1	2	3	1	4	
5. Alcoholism .. .. .	2	1	3	1	1	2	1	1	2	1	1	2	2	2	4	
<b>B. MENTAL INSTABILITY, as revealed by—</b>																
1. Moral deficiency .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
2. Congenital mental defect, not amounting to imbecility	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Eccentricity .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>C. DEPRIVATION OF SPECIAL SENSE.</b>																
1. Smell or taste .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
2. Hearing .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Sight .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>D. CRITICAL PERIODS.</b>																
1. Puberty and adolescence .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
2. Climacteric .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Senility .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>E. CHILD-BEARING.</b>																
1. Pregnancy .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
2. Puerperal state (not septic) .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Lactation .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>F. MENTAL STRESS.</b>																
1. Sudden .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
2. Prolonged .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>G. PHYSIOLOGICAL DEFECTS AND ERRORS.</b>																
1. Malnutrition in early life (signs of rickets, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
2. Privation and starvation .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Over-exertion (Physical) .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
4. Masturbation .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
5. Sexual excess .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>H. TOXIC.</b>																
1. Alcohol .. .. .	10	7	17	9	2	11	19	9	28	1	1	2	10	7	17	
2. Drug Habit (morphine, cocaine, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Lead and other such poisons .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
4. Tuberculosis .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
5. Influenza .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
6. Puerperal sepsis .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
7. Other specific fevers .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
8. Syphilis, acquired .. .. .	15	1	16	20	1	21	35	1	36	2	2	4	15	1	16	
9. Syphilis, congenital .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
10. Other toxins .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>I. TRAUMATIC.</b>																
1. Injuries .. .. .	2	2	4	1	1	2	2	2	4	1	1	2	2	2	4	
2. Operations .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Sunstroke .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>K. DISEASES OF THE NERVOUS SYSTEM.</b>																
1. Lesions of brain .. .. .	8	4	12	4	4	8	12	4	16	1	1	2	8	4	12	
2. Lesions of spinal cord and nerves	2	2	4	2	2	4	2	2	4	1	1	2	2	2	4	
3. Epilepsy .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
4. Other defined neuroses (divided to hysteria, neurasthenia, spasmodic asthma, and chorea)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
5. Other neuroses which occurred in infancy or childhood (divided to convulsions and night-terrors)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>L. OTHER BODILY AFFECTIONS.</b>																
1. Hemipoletic system (anæmia, etc.) .. .. .	1	1	2	112	38	150	113	38	151	1	1	2	1	1	2	
2. Cardio-vascular degeneration .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
3. Valvular heart disease .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
4. Respiratory system (excluding tuberculosis)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
5. Gastro-intestinal system .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
6. Renal and vesical system .. .. .	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
7. Generative system (excluding syphilis)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
8. Other general affections, not included above (e.g., diabetes, myxædema, etc.)	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	
<b>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</b>	1	1	2	3	1	4	3	1	4	1	1	2	4	2	6	
<b>N. NONE ASSIGNABLE, notwithstanding full history and observation</b>	25	10	35	3	2	5	1	1	2	1	1	2	29	12	41	
<b>O. NONE ASCERTAINED, history defective</b>	7	23	30	8	21	29	2	1	3	1	4	5	18	49	67	
<b>Totals</b>	<b>44</b>	<b>46</b>	<b>90</b>	<b>185</b>	<b>208</b>	<b>393</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>238</b>	<b>264</b>	<b>502</b>	

\* 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.  
 § " Not insane " not included. ¶ Not including 1 male and 1 female "not insane."

For Summary of Table B 7 see p. 150B.



TABLE 11 - PHYSIOLOGICAL DATA OF THE SUBJECTS

Subject	Age	Sex	Height (cm)	Weight (kg)	Heart Rate (beats/min)		Blood Pressure (mm Hg)		Respiration (liters/min)		Oxygen Consumption (liters/min)	
					Rest	Exercise	Rest	Exercise	Rest	Exercise	Rest	Exercise
1	25	M	175	70	150	120/80	140/90	15	35	1.5	3.5	
2	28	F	160	55	140	110/70	130/80	12	25	1.2	2.5	
3	30	M	180	80	160	130/90	150/100	18	40	1.8	4.0	
4	32	F	165	60	150	120/80	140/90	14	30	1.4	3.0	
5	35	M	170	75	170	140/100	160/110	20	45	2.0	4.5	
6	38	F	155	50	130	110/70	130/80	10	20	1.0	2.0	
7	40	M	185	90	180	150/110	170/120	25	55	2.5	5.5	
8	42	F	160	55	140	120/80	140/90	12	25	1.2	2.5	
9	45	M	175	80	160	130/90	150/100	18	40	1.8	4.0	
10	48	F	150	45	120	110/70	130/80	8	15	0.8	1.5	
11	50	M	180	85	170	140/100	160/110	22	50	2.2	5.0	
12	52	F	155	50	130	110/70	130/80	10	20	1.0	2.0	
13	55	M	170	75	160	130/90	150/100	18	40	1.8	4.0	
14	58	F	150	45	120	110/70	130/80	8	15	0.8	1.5	
15	60	M	180	85	170	140/100	160/110	22	50	2.2	5.0	







Table with multiple columns and rows, containing faint text and a grid structure. The text is illegible due to fading and low resolution.



For Table B8 see p. 150C.  
 " " B9 see p. 151.

ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE C1.—An analysis of the discharges and transfers during the year 1910.

	TOOTING BEG ASYLUM.			TOOTING BEG 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.
<b>DISCHARGED AS RECOVERED.</b>															
From direct admissions.	6	4	10												
First attack cases .. .. .	1	1													
Not first attack cases .. .	1	1													
Cases unknown whether first attack or not .. .	1	1													
Total from direct admissions .. .	6	4	10												
From transfers.															
First attack cases .. .											2	2			
Not first attack cases .. .											1	1			
Cases unknown whether first attack or not .. .															
Total from transfers .. .											3	3			
Total discharged as recovered .. .	6	4	10								3	3			
<b>DISCHARGED (NOT RECOVERED) AS—</b>															
RELIEVED .. .	18	19	37												
NOT IMPROVED .. .	18	19	37	3	2	5	1	1	1	1	1	1	2	3	20
Total .. .	18	19	37	3	2	5	9	9	18	4	7	11	3	5	20
<b>REASONS FOR SUCH DISCHARGES.</b>															
To go to care of friends .. .	2	7	9	2	2	4				1	1				20
" workhouse .. .	2	3	5	1	1	2	5	5		2	2				2
" L.C.C. or other asylum .. .	14	9	23				4	9	13	3	5	8			2
To be boarded out .. .															
Statutory, by irregularity in reception order .. .															
by lapsing of reception order .. .															
To fever hospital .. .															
Total .. .	18	19	37	3	2	5	9	9	18	4	7	11	3	5	20
<b>TRANSFERRED AS—</b>															
RELIEVED .. .															
NOT IMPROVED .. .	107	92	199	106	75	181	106	75	181	32	41	73	1	1	66
Total .. .	107	92	199	106	75	181	106	75	181	32	41	73	1	1	66
<b>DESTINATION OF SUCH TRANSFERS.</b>															
To other asylums of the Board .. .	107	92	199	106	75	181				1	1				66
To "single care" .. .															
Other destination .. .															
Total .. .	107	92	199	106	75	181				1	1				66
<b>TOTAL DISCHARGED AND TRANSFERRED AS—</b>															
RELIEVED .. .										1	1		1	2	3
NOT IMPROVED .. .				125	111	236	109	77	186	40	50	90	4	5	9

\* 1 male and 1 female "not insane" not included. † 1 female "not insane" not included.  
 FOR SUMMARY OF TABLE SEE P. 152.



FOR TAINE 2000 1000  
BY 2000 1000

DATE	DESCRIPTION



TABLE C2.—Showing the total cases discharged recovered during the year 1910 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 & over.		Age 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.	Tl.			
	AGE ON RECOVERY																																			
Age at commencement of recent attack of mental disorder.																																				
Total length of this attack of mental disorder.																																				
TOOTING BEC ASYLUM.																																				
Less than 1 month ..																																				
1 month and less than 3 months																																				
3 months																																				
6 "																																				
9 "																																				
12 "																																				
18 "																																				
2 years																																				
3 "																																				
5 "																																				
Duration unknown ..																																				
Totals																																				
CATERHAM ASYLUM.																																				
AGE ON RECOVERY																																				
Total length of this attack of mental disorder.																																				
Less than 1 month ..																																				
1 month and less than 3 months																																				
3 months																																				
6 "																																				
9 "																																				
12 "																																				
18 "																																				
2 years																																				
3 "																																				
5 "																																				
Duration unknown ..																																				
Totals																																				

\* 1 male and 1 female "not insane" not included.  
 FOR SUMMARY OF TABLE C2, SEE P. 153.



TABLE C3.—*Showing the form of mental disorder, on admission, in those discharged recovered during the year 1910.*

Forms of mental disorder (on admission).	M.	F.	TL
<b>TOOTING BEC ASYLUM.</b>			
Primary dementia .. .. .	1	2	3
Recent melancholia .. .. .	1	..	1
Senile dementia .. .. .	4	4	8
	†6	†6	†12
<b>CATERHAM ASYLUM.</b>			
Primary dementia .. .. .	1	..	1
Chronic mania .. .. .	1	..	1
Delusional insanity (non-systematised) .. .. .	1	..	1
	3	..	3

† One male and one female "not insane" not included.

For Summary of Table C3 see p. 154.

For Table C4 see p. 154A.



























ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE D1 (continued).—Showing all the causes of death that entered into the deaths during the year 1910, 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.											
									Pneumonia.		Valvular heart disease.		Hydrocephalus.		Meningitis.		Bronchitis.		Measles.	
	M.	F.	T.		M.	F.	T.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<b>DARENTH ASYLUM.</b>																				
<b>GENERAL DISEASES.</b>																				
Pneumonia .. .. .	5	2	7	4	6	3	9	11	5	16	..	..	..	..	..	..	..	..	..	
Phthisis .. .. .	4	3	7	5	..	..	..	4	3	7	..	..	..	..	..	..	..	..	1	
General tuberculosis .. .. .	2	1	3	3	..	..	..	2	1	3	..	..	..	..	..	..	..	..	..	
Broncho-pneumonia .. .. .	1	1	2	1	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	
Influenza .. .. .	..	3	3	2	..	..	..	..	3	3	..	..	..	..	..	..	..	..	1	
Tubercular peritonitis .. .. .	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
Measles .. .. .	5	1	6	3	1	..	1	6	1	7	5	1	..	..	..	..	..	..	..	
Tubercular Meningitis .. .. .	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
Carcinoma of Pylorus .. .. .	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	
Enteric Fever .. .. .	..	2	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	
<b>DISEASES OF NERVOUS SYSTEM.</b>																				
Meningitis .. .. .	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	
Organic disease of brain .. .. .	5	1	6	4	..	..	..	5	1	6	..	..	..	..	..	..	..	..	..	
Exhaustion from epilepsy .. .. .	4	4	8	7	..	..	..	4	4	8	..	..	..	..	..	..	..	..	..	
Hydrocephalus .. .. .	..	1	1	1	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..	
Cerebral tumour .. .. .	1	1	2	2	..	..	..	1	1	2	..	..	..	1	1	..	..	..	..	
Cerebral softening .. .. .	..	1	1	1	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	
General paralysis of insane .. .. .	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
<b>DISEASES OF THE HEART</b>																				
Valvular disease of heart .. .. .	3	2	5	5	1	1	2	4	3	7	1	..	..	..	..	..	..	..	..	
Pericarditis .. .. .	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	
<b>DISEASE OF RESPIRATORY ORGANS.</b>																				
Bronchitis .. .. .	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	
<b>DISEASES OF DIGESTIVE SYSTEM.</b>																				
Colitis .. .. .	1	..	1	1	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	
Intussusception .. .. .	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
<b>DISEASE OF BLOOD VESSELS.</b>																				
Cerebral-hæmorrhage .. .. .	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	
<b>ACCIDENT OR VIOLENCE.</b>																				
Asphyxia .. .. .	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
<b>CONDITIONS NOT SPECIFIED.</b>																				
Abscess .. .. .	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
Total .. .. .	37	26	63	49	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	

\* The figures in this column should correspond with those in the column indicated by an asterisk in table D2.

For Summary of Table see p. 154B.







ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE D2.—Showing the principal cause of death in each death during the year 1910, together with the ages at death in quinquennial periods.

TOOTING BEC 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.	Tl.								
	M. F.	M. F.	M. F.	M. F.	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.								
<b>GENERAL DISEASES.</b>																									
Pneumonia .. .. .	..	..	..	..	1	..	..	..	1	4	1	..	5	2	11	1	24	3	27						
Phthisis .. .. .	..	..	..	2	..	..	..	..	..	..	..	..	1	1	1	..	4	1	5						
Gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	2						
Cancer .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	4	..	4						
Tubercular peritonitis .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	2	2						
<b>DISEASES OF NERVOUS SYSTEM.</b>																									
General paralysis of insane .. .. .	..	..	1	2	..	1	2	1	1	2	..	..	..	..	..	..	9	1	10						
Chronic meningitis .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1						
Chronic brain disease .. .. .	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	1	2	3						
Cerebral tumour .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1						
Cerebral syphilis .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1						
Cerebral softening .. .. .	..	..	..	..	..	..	..	..	1	1	..	..	1	1	1	2	2	5	7						
<b>DISEASES OF HEART.</b>																									
Chronic heart disease .. .. .	..	..	..	..	..	..	..	..	..	..	2	2	3	4	5	9	7	16							
Syncope .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	2							
Endocarditis .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1						
Rupture of heart .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1						
<b>DISEASES OF BLOOD VESSELS.</b>																									
Cerebral hemorrhage .. .. .	..	..	..	..	..	..	..	..	..	..	1	1	..	1	2	1	3	3	6						
Subdural .. .. .	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	1	1	2						
Aneurism .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1						
<b>DISEASES OF RESPIRATORY ORGANS.</b>																									
Bronchitis .. .. .	..	..	..	..	..	..	..	..	..	1	..	1	1	3	..	1	5	2	7						
<b>DISEASES OF DIGESTIVE SYSTEM.</b>																									
Cirrhosis of liver .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1						
Pancreatitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1						
Appendicular abscess .. .. .	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	1						
<b>DISEASES OF URINARY SYSTEM.</b>																									
Bright's disease .. .. .	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	1	1	2						
Cystitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	2	..	2						
<b>SKIN DISEASES.</b>																									
Lupus .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1						
<b>CONDITIONS NOT SPECIFIED.</b>																									
Senile decay .. .. .	..	..	..	..	..	..	..	..	..	..	..	3	3	15	5	48	68	66	76	142					
Totals .. .. .	..	..	2	4	1	2	2	3	1	1	4	2	7	1	4	2	13	9	25	12	74	80	141	108	249

TOOTING BEC RECEIVING HOME FOR CHILDREN.																			
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.	Tl.		
<b>GENERAL DISEASES.</b>																			
Broncho pneumonia .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Pneumonia .. .. .	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
<b>DISEASES OF NERVOUS SYSTEM.</b>																			
Chronic brain disease .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Congenital brain disease .. .. .	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
General paralysis of insane .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
<b>CONDITIONS NOT DEFINED.</b>																			
Marasmus .. .. .	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3
Totals .. .. .	6	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	6	2	8

\* The figures in this column should correspond with those in the column indicated by an asterisk in Table D1.















ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE D2 (continued).—Showing the principal cause of death in each death during the year 1910, together with the ages at death in quinquennial periods.

CATERHAM 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.	Tl.												
	M. F.	M. F.	M. F.	M. F.	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.												
<b>GENERAL DISEASES.</b>																													
Pneumonia, lobar ..			1				1	1	2	1		3		1	8	2	10												
Tuberculosis, pulmonary ..		1	1	3	2	3	3	1	2	1		2		1	6	14	20												
"    general ..									1						1	1	2												
Infective, enteritis ..			1												4	3	7												
Ulcerative colitis ..				1					1						6	1	7												
Cellulitis ..							2	2							1	1	2												
Broncho-pneumonia ..															1	1	2												
Enteric fever ..									1						1	1	2												
Anæmia ..								1							1	1	2												
Sarcoma of femur ..									1						1	1	2												
Tuberculosis of Meninges ..			1			1	1						1	1	2	3	4												
"    peritoneum ..			1												1	1	2												
Tuberculous enteritis ..			1			1									1	1	2												
Tuberculosis of bone ..				1						1					1	1	2												
Carcinoma, colon ..							1			1					1	1	2												
"    bladder ..												1			1	1	2												
"    nose ..														1	1	1	2												
"    uterus ..														1	1	1	2												
<b>DISEASES OF NERVOUS SYSTEM.</b>																													
General paralysis of insane ..					1										1	1	2												
Meningitis, cerebral ..						1									1	1	2												
Hydrocephalus, congenital ..						1									1	1	2												
Organic disease of brain ..														1	1	1	2												
Epilepsy ..			4	1	2	1		1						1	1	9	5	14											
Cerebral softening ..												2		1	1	3	4												
<b>DISEASES OF THE HEART.</b>																													
Valvular disease of heart ..			1		1					1	1		1	3	1	1	4	7	11										
Fatty degeneration of heart ..								1		1			1	1	2	1	5	3	9	12									
Dilatation of heart ..													1		1	1	2	1	4										
Syncope ..												1			1	1	2	1	4										
<b>DISEASES OF BLOOD VESSELS.</b>																													
Cerebral hemorrhage ..								1	1				3		5	1	6	7	13										
Aneurysm ..														1	1	1	2	1	4										
Arterio-sclerosis ..												1			1	1	2	1	4										
<b>DISEASES OF RESPIRATORY ORGANS.</b>																													
Empyema ..									2						2	1	3	2	5										
Bronchitis ..													1		1	1	2	1	4										
Bronchiectasis ..									1						1	1	2	1	4										
Fibroid disease of lung ..											1				1	1	2	1	4										
Pneumococcosis ..														1	1	1	2	1	4										
<b>DISEASES OF DIGESTIVE SYSTEM.</b>																													
Intestinal obstruction ..									1	1					2	1	3	2	5										
Gastric ulcer ..			1			1				2					1	3	4	1	5										
Cirrhosis of liver ..						1								2	2	2	4	1	5										
Enteritis ..						1									1	1	2	1	4										
<b>DISEASES OF URINARY SYSTEM.</b>																													
Fibroid of uterus ..				1						1					2	4	3	6	9										
Chronic Bright's disease ..																													
<b>CONDITIONS NOT SPECIFIED.</b>																													
Senile decay ..														1	8	9	9	9	18										
Totals ..		1	11	1	6	5	2	3	5	3	6	10	1	4	5	10	8	4	4	4	9	5	8	4	11	24	76	78	154

For Summary of Table see p. 154C.



ANNUAL REPORT STATISTICS

Table 1. Summary of the statistics of the...

CONTENTS

1. Introduction	1
2. Methodology	5
3. Results	10
4. Discussion	15
5. Conclusion	20

Year	Category 1	Category 2	Category 3	Category 4
1990	100	200	300	400
1991	110	210	310	410
1992	120	220	320	420
1993	130	230	330	430
1994	140	240	340	440
1995	150	250	350	450
1996	160	260	360	460
1997	170	270	370	470
1998	180	280	380	480
1999	190	290	390	490
2000	200	300	400	500

For details of the statistics...















THE JOURNAL OF THE

TABLE I—Showing the total number of the several species of animals

Species	Number
1. <i>Canis lupus</i>	1
2. <i>Canis familiaris</i>	1
3. <i>Canis latrans</i>	1
4. <i>Canis aureus</i>	1
5. <i>Canis moschatus</i>	1
6. <i>Canis aureus</i>	1
7. <i>Canis aureus</i>	1
8. <i>Canis aureus</i>	1
9. <i>Canis aureus</i>	1
10. <i>Canis aureus</i>	1
11. <i>Canis aureus</i>	1
12. <i>Canis aureus</i>	1
13. <i>Canis aureus</i>	1
14. <i>Canis aureus</i>	1
15. <i>Canis aureus</i>	1
16. <i>Canis aureus</i>	1
17. <i>Canis aureus</i>	1
18. <i>Canis aureus</i>	1
19. <i>Canis aureus</i>	1
20. <i>Canis aureus</i>	1

Species	Number
21. <i>Canis aureus</i>	1
22. <i>Canis aureus</i>	1
23. <i>Canis aureus</i>	1
24. <i>Canis aureus</i>	1
25. <i>Canis aureus</i>	1
26. <i>Canis aureus</i>	1
27. <i>Canis aureus</i>	1
28. <i>Canis aureus</i>	1
29. <i>Canis aureus</i>	1
30. <i>Canis aureus</i>	1

Species	Number
31. <i>Canis aureus</i>	1
32. <i>Canis aureus</i>	1
33. <i>Canis aureus</i>	1
34. <i>Canis aureus</i>	1
35. <i>Canis aureus</i>	1



ANNUAL REPORT, STATISTICAL COMMITTEE, 1910.

TABLE D3 (cont.).—Showing the total duration of the present attack of mental disorder in the deaths during the year 1910, arranged according to the form of mental disorder on admission.

Form of mental disorder (on admission).		CATERHAM ASYLUM.																				Totals.		
		Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Un-known.					
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.				
Congenital or early in life.	1. Intellectual	a. With epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	16	33	
	2. Moral	b. Without epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	23	41	
	Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	4	6
		2. General paralysis of the insane	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		3. Insanity with grosser brain lesions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		7. Primary dementia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		8. Mania	a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			b. Chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		9. Melancholia	a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			b. Chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10. Alternating insanity		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
11. Delusional insanity	a. Systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
	b. Non-systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
12. Volitional insanity	a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
	b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
	c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
14. Dementia	a. Senile	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
	b. Secondary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Totals		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	

Form of mental disorder (on admission).		DARENTH ASYLUM.																				Totals.	
		Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Un-known.				
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.			
Congenital or early in life.	1. Intellectual	a. With epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	8	26
	2. Moral	b. Without epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	19	17	36
Insanity occurring later in life.	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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania	a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		b. Chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia	a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		b. Chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Delusional insanity	a. Systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	b. Non-systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
12. Volitional insanity	a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
14. Dementia	a. Senile	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
	b. Secondary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Totals		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	5

FOR SUMMARY OF TABLE SEE PAGE 154D.



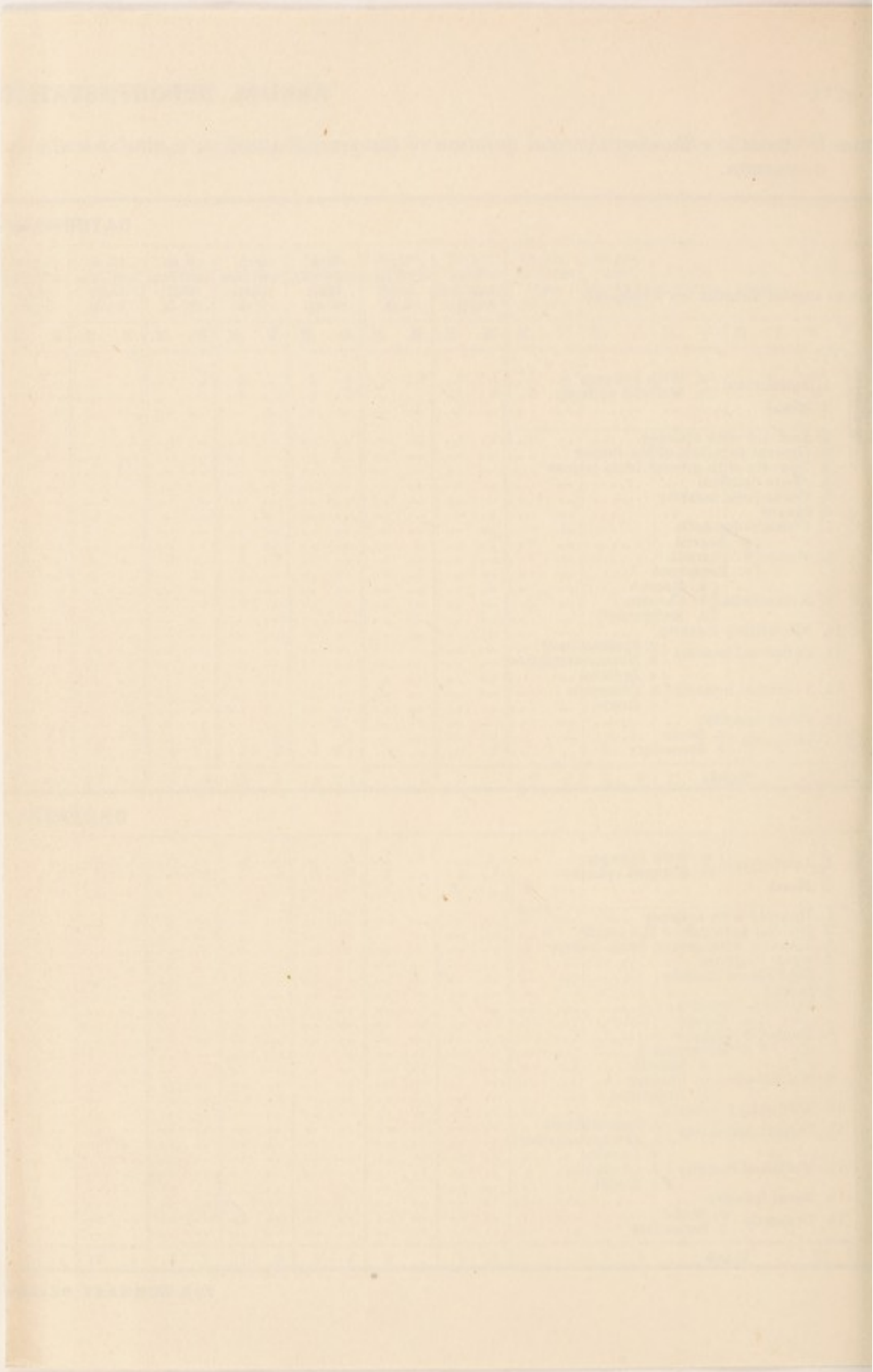












TABLE E2.—Showing the form of mental disorder on 31st December, 1910, of those on the registers at that date.

Forms of mental disorder on 31st December.	Tooting Bec Asylum.			Tooting Bec Receiving Home for Children.			Leavesden Asylum.			Gaterham Asylum.			Darenth Asylum.		
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
1. Intellectual { a. With epilepsy b. Without epilepsy	14	7	21	5	1	6	130	191	321	169	201	370	239	289	528
2. Moral .. .. .	44	38	82	18	15	33	391	375	766	456	454	910	882	549	1431
1. Insanity with epilepsy	18	8	26	1	..	1	59	51	110	38	55	93	..	..	..
2. General paralysis of the insane	11	5	16	..	..	..	11	10	21	2	1	3	..	..	..
3. Insanity with grosser brain lesions	16	4	20	..	..	..	6	5	11	1	..	1	..	..	..
4. Acute delirium .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Confusional insanity .. .. .	1	..	1	..	..	..	1	1	2	1	..	1	..	..	..
6. Stupor .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Primary dementia .. .. .	14	37	51	..	..	..	..	2	2	14	9	23	..	..	..
(a. Recent .. .. .	3	..	3	..	..	..	1	3	4	..	..	..	..	..	..
b. Chronic .. .. .	10	19	29	..	..	..	3	36	39	44	101	145	5	..	5
(c. Recurrent .. .. .	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..
9. Melancholia { a. Recent .. .. .	..	1	1	..	..	..	2	2	4	..	..	..	..	..	..
b. Chronic .. .. .	13	16	29	..	..	..	2	3	5	10	33	43	..	..	..
(c. Recurrent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Alternating insanity .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Delusional insanity { a. Systematised .. .. .	10	..	10	..	..	..	13	4	17	..	..	..	..	..	..
b. Non-systematised .. .. .	11	19	30	..	..	..	11	7	18	9	5	14	..	..	..
(a. Impulse .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Obsession .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
(c. Doubt .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Moral insanity .. .. .	216	390	606	..	..	..	9	61	70	16	40	56	..	..	..
14. Dementia { a. Senile .. .. .	53	23	76	..	..	..	261	317	578	180	218	398	2	4	6
b. Secondary .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals .. .. .	434	569	1003	24	16	40	902	1068	1970	942	1117	2059	1128	842	1970
Prospect of mental recovery { Favourable .. .. .	1	1	2	10	8	18	..	..	..	..	..	..	..	..	..
Doubtful .. .. .	1	1	2	..	1	1	..	..	..	..	..	..	..	..	..
Unfavourable .. .. .	432	567	999	14	7	21	902	1068	1970	942	1117	2059	1128	842	1970

For Summary of Table E2, see p. 156.



## APPENDIX III.

**REPORT ON THE LABORATORY WORK AND PREPARATION OF DIPHTHERIA ANTITOXIN CARRIED OUT UNDER THE METROPOLITAN ASYLUMS BOARD DURING THE YEAR 1910.**

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 TO THE BOARD.

During the past year the work of the laboratories and stables has altered somewhat in character, for as certain kinds of work have grown, others have diminished in amount or have gradually become less important.

**Diphtheria antitoxin.** The preparation of diphtheria antitoxin, however, has been carried out on lines similar to those of preceding years. The amount of antitoxin supplied, during 1910, to the various institutions under the Board, included 16,602 doses, each of 4,000 antitoxin units, and 1,380,000 units of antitoxin, containing no antiseptic, for intravenous injection, or in all 67,788,000 units. During the year 4,502 cases were treated in the Board's hospitals, for diphtheria, including 233 cases in which diphtheria bacilli were found to be present, although they manifested no clinical evidence of the disease. It may be calculated that on an average 14,835 units were used for each patient. The corresponding figures for the year 1909 were 81,424,000 units supplied for a total of 5,610 patients treated, or 14,751 units per patient.

In addition to the supply to the Board's institutions, two hospitals not under the Board, viz., the Middlesex Hospital and the Hospital for Sick Children, Great Ormond Street, were, as in previous years, provided with diphtheria antitoxin, the total amount taken by these hospitals during 1910 being 700,000 units as compared with 556,000 units in 1909.

The antitoxin remaining in cold storage at the end of 1910 was sufficient to supply the probable requirements of the institutions under the Board for about two years and a half.

**Other supplies.** There were also sent out to these institutions outfits necessary for diagnostic work and a large quantity of different culture media. A summary of these supplies will be found in the tabular statement appended to this report.



## DIAGNOSTIC WORK.

**Diphtheria examinations.** During the past year 551 specimens, mainly "swabs" taken from the throat, nose, or ear of patients in the hospitals under the Board, have been examined for the presence of virulent diphtheria bacilli. These specimens were derived from 251 patients in whom the diagnosis was doubtful, or who were awaiting their discharge from hospital. There were examined in the laboratories, therefore, specimens from 5.5 per cent. of all the diphtheria patients treated in the Board's hospitals, the remainder, probably, being cases in which the diagnosis was simple and straightforward. In 1909 the corresponding figures were 683 specimens from 359 patients, or 6.4 per cent. of the total cases treated.

**Widal's reaction.** During 1910 663 samples of blood taken from typhoid patients have been tested for the determination of the agglutinative reaction of the serum from this blood upon the typhoid bacillus, with the object of corroborating the diagnosis of enteric fever (Widal's reaction). These specimens were derived from 451 patients, or 81.4 per cent. of the total cases treated during the year. Seven samples of blood have also been examined for their agglutinative reaction upon other bacteria allied to the typhoid bacilli—the members of the paratyphoid group.

**Typhoid examinations.** The examination for the presence of typhoid bacilli, of enteric fever patients awaiting discharge from the hospitals of the Board was continued during the year; 1,205 fæces and 1,205 urines derived from 428 patients, were examined, or 77.2 per cent. of patients treated during that period (554). There have also been examined 21 fæces and 18 urines from 5 patients, forwarded by other institutions under the Board.

**Special examinations.** 15 samples of cerebro-spinal fluid from suspected cases of cerebro-spinal meningitis, and 12 specimens from cases suspected to be suffering from tuberculosis, have been submitted for examination during the year. In addition 19 samples of material have been received at the laboratory, and there treated with the object of separating, and, if possible, identifying, the organisms present in these samples. In 12 of these cases standardised vaccines, designed for use in the treatment of the cases from which the material submitted for examination was obtained, were prepared from the bacteria isolated.

**Various examinations.** The water supplies of certain of the Board's institutions have been kept under careful observation during the past year, 44 samples of the potable water taken from five of the institutions having been brought under examination. Six samples of milk have been examined for the purpose of determining whether they had been efficiently Pasteurised or not, and, incidentally with the object of demonstrating the presence or absence of tubercle bacilli.

**Special features.** The continued and welcome decline in the number of cases of diphtheria admitted to the Board's hospitals has, of course, been followed by a further fall in the number of doses of antitoxin required for their treatment, a fall that certainly may be looked upon as some justification of the action of the Board in maintaining facilities for the bacteriological diagnosis of disease and the antitoxin treatment of diphtheria. Of course this fall in the number of cases of diphtheria to be treated, along with the facilities afforded by cold storage for the preservation of the excess of antitoxin which must necessarily be produced, has led to a gradual accumulation of antitoxin, with the result that it is unnecessary for the present, to place more horses under treatment.



This, of course, has allowed of some cutting down of stable staff. As anticipated, however, the diminution in the work arising out of this branch of diagnostic and therapeutic medicine has been more than compensated for by the increase in the number of special examinations which during the year amounted to 3,244 against 2,486 in 1909—an increase of one-fourth (658). This increase is due, in part but not entirely, to the large number of fæces and urines examined for typhoid bacilli, of which examinations the numbers, in future years, will be considerably reduced. On the other hand, there promises to be a steady increase in the number of Widal reactions, special examinations, and specially-prepared vaccines, which, day by day, play a greater part in the diagnosis and treatment of infective disease. The determination of opsonic indices exhibits no tendency to increase, and the number of ordinary morbid anatomical and post mortem specimens submitted for examination remains at a minimum.

**Staff.** Dr. Prausnitz's return to Germany has naturally involved a great loss to the Board, but his work on typhoid fever, along with other important bacteriological work; has been taken up and continued with energy and success by Dr. McLachlan. The importance of this work cannot at present be estimated.

**Buildings, etc.** The buildings and plant generally have been well maintained and kept in good repair, and the machinery generally is in good working order. We take this opportunity of thanking not only the members of the staff—laboratories and stables—for the valuable assistance they have rendered in carrying on the work of the department efficiently and smoothly, but also the members of the hospital staffs for their willing and effective co-operation in this same work.

(Signed) G. SIMS WOODHEAD.

(Signed) G. E. CARTWRIGHT WOOD.







ANNUAL REPORT, 1910.

Name of Institution	Number of Pupils	Number of Teachers	Value of Property	Value of Equipment	Value of Library	Value of Other Assets	Total Value
The University of the State of New York	10,000	1,000	1,000,000	500,000	200,000	100,000	1,800,000
The State Normal School at Albany	1,000	100	100,000	50,000	20,000	10,000	180,000
The State Normal School at Cortland	800	80	80,000	40,000	15,000	5,000	140,000
The State Normal School at Oswego	600	60	60,000	30,000	10,000	5,000	105,000

Report of the State Board of Education for the year ending June 30, 1910.



ANNUAL REPORT

CONTENTS

**MEDICAL SUPPLEMENT**

FOR THE

**YEAR 1910.**

EDITED BY

E. W. GOODALL, M.D.,

AND

F. M. TURNER, M.D.



## CONTENTS.

	PAGE
1. Preface ... ..	230
2. Complications amongst infectious diseases. TABLES I.—IV. ... ..	233
3. Post-scarlatinal diphtheria. TABLES V. and VI. ... ..	236
4. Antitoxin treatment of diphtheria. TABLES VII.—IX. ... ..	237
5. Tracheotomy and intubation statistics. TABLES X.—XII. ... ..	240
6. Laparotomy statistics. TABLE XIII. ... ..	241
7. Miscellaneous diseases admitted. TABLES XIV. and XV. ... ..	243
8. Summary of tables published in the annual reports, medical supplement, for the years 1900 to 1909. ... ..	246
9. An account of the isolation chambers recently provided at the Eastern Hospital. By E. W. Goodall, M.D. (Medical Superintendent of the Hospital) ... ..	257
10. Two cases of laparotomy in enteric fever. By E. W. Goodall, M.D. (Medical Superintendent of the Eastern Hospital) ... ..	264
11. The blood pressure in diphtheria. By J. D. Rolleston, M.D. (Assistant Medical Officer, Grove Hospital) ... ..	267
12. Report on the Board's vacant accommodation. By H. E. Cuff, M.D. (Medical Officer for General Purposes) ... ..	279



1.—PREFACE.

The tables in this supplement with the exception of the last two, tables XIV. and XV., have been 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 1910.

The form of tables VII. and VIII. has been slightly altered. It will be noticed that the mortality is much lower among cases not treated with antitoxin than among those treated, and this phenomenon, which has shewn year after year in previous annual reports, has given rise to some comment on the part of certain of our readers, seeing that all the Board's superintendents are convinced of the value of antitoxin treatment. The fact is that the column "cases not so treated" includes three classes of cases which have very different mortalities. First, the great bulk are cases which are judged to be too mild to require treatment. In this class naturally the deaths are few, and except for accident would be none at all. Second, cases which are so severe on admission as to require immediate tracheotomy, antitoxin being postponed until the operation is completed. Cases of this severity not uncommonly die under the operation and hence antitoxin is not given. The mortality of this group is therefore 100 per cent. Other cases of this group die during removal to hospital, or before the doctor sees the case. A third group of very few cases consists of those admitted late on in the disease. Antitoxin is found to lose its effect if given after the fifth day or about. Hence cases admitted with paralysis, or at some hospitals any case admitted after the sixth or tenth day would not be injected.

Ten of the 11 fatal cases shewn in table VII. belonged to group II.

This year we have received statistics from four hospitals shewing the relative frequency of the three groups.

CASES NOT TREATED WITH ANTITOXIN.								
Hospital.	Too mild for treatment.		Too severe.		Received too late in the disease.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
North Eastern ..	9	..	1	1	..	..	10	1
South Western ..	25	..	..	..	1	1	26	1
South Eastern ..	19	..	2	2	4	..	25	2
Brook ..	56	..	..	..	2	..	58	..
Total ..	109	..	3	3	7	1	119	4

Case mortality of first group	..	..	..	0 per cent.
„ „ „ second group	..	..	..	100 „ „
„ „ „ third „	..	..	..	14.3 „ „
„ „ „ all three groups	..	..	..	3.4 „ „

In addition to the usual tables this supplement contains a summary of most of the supplement tables for the past ten years, to correspond with the similar summary included in the main report.



**2. COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1910.**

TABLE I.—*Showing incidence of complications amongst cases of scarlet fever completed during 1910.*

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove & Fountain.	South-Eastern.	Park.	Brook.	Northern.	Gore Farm.	Total.	Ratio per cent.
Total cases . . . . .	608	1,382	1,110	1,135	976	1,274	1,448	435	1,155	(2,547)	(3,178)	9,523	..
Relapse of disease . . . . .	1	25	27	20	18	35	20	2	14	56	43	261	2.74
Rheumatism . . . . .	6	47	53	43	59	57	39	10	25	9	21	369	3.87
Chorea . . . . .	..	..	..	1	..	..	..	1	..	1	1	4	0.04
Pyæmia . . . . .	..	1	..	..	..	..	3	1	3	..	..	8	0.08
Meningitis . . . . .	..	..	1	..	..	..	..	..	3	..	..	4	0.04
Otitis . . . . .	42	132	139	152	113	100	172	62	130	68	94	1,204	12.64
Mastoid abscess <sup>1</sup> . . . . .	4	10	7	10	8	3	9	4	7	2	6	70	0.73
Endocarditis . . . . .	3	5	14	18	..	7	12	3	13	1	12	88	0.92
Pericarditis . . . . .	1	2	3	1	1	1	1	..	1	..	1	12	0.13
Laryngitis . . . . .	4	..	..	..	1	3	..	..	1	..	..	9	0.09
Bronchitis . . . . .	5	4	7	8	5	8	4	..	8	3	18	70	0.73
Broncho-pneumonia . . . . .	..	4	2	7	4	3	11	3	10	2	4	50	0.52
Pneumonia . . . . .	..	2	3	4	3	1	1	3	3	1	19	40	0.42
Pleurisy . . . . .	1	..	1	..	1	1	2	2	2	1	1	12	0.13
Empyema . . . . .	1	1	2	2	1	..	3	..	1	..	..	11	0.11
Stomatitis, ulcerative . . . . .	6	12	..	7	3	10	2	..	14	11	3	68	0.71
Tonsillitis during convalescence . . . . .	8	9	27	28	16	12	25	1	11	9	42	188	1.97
Jaundice . . . . .	3	2	9	1	6	3	8	1	2	..	4	39	0.41
Nephritis . . . . .	34	63	64	31	38	48	91	27	49	14	31	490	5.14
Albuminuria <sup>2</sup> . . . . .	13	128	31	134	24	103	134	14	110	87	35	813	8.53
Cervical cellulitis . . . . .	3	4	2	2	1	2	6	..	2	..	1	23	0.24
Adenitis, suppurative, occurring in the acute stage . . . . .	13	12	17	30	..	7	4	..	5	..	..	88	0.92
Adenitis of convalescence, simple . . . . .	29	86	60	66	90	91	95	33	63	18	44	675	7.08
Adenitis of convalescence, suppurative . . . . .	3	13	10	14	20	9	20	7	20	12	10	135	1.41
Abscesses — excluding mastoid and cervical abscesses . . . . .	16	12	5	15	18	6	25	..	19	3	20	139	1.46
Diphtheria . . . . .	2	7	7	10	1	3	22	1	21	19	72	165	1.73
Chickenpox . . . . .	18	5	35	2	24	12	5	6	3	47	29	186	1.95
Measles . . . . .	12	7	6	..	2	..	2	10	1	2	..	42	0.44
Rubella . . . . .	1	8	13	..	15	9	8	6	4	5	47	116	1.22
Whooping cough . . . . .	..	4	4	2	2	6	2	5	2	12	34	73	0.77
Mumps . . . . .	2	..	..	2	..	6	..	4	1	3	7	25	0.26
Erysipelas . . . . .	1	2	2	..	..	..	..	..	..	..	2	7	0.07
Enteric fever . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..

1 Includes all abscesses in and around the mastoid process.

2 Includes all cases in which albumen was detected, even if found only on one occasion, and in which there were no other signs of nephritis.

3 Not tabulated.



TABLE II.—Showing incidence of complications amongst cases of diphtheria completed during 1910.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Park.	Brook.	Northern.	Gore Farm	Total.	Ratio Per cent.
Total cases .. .. .	250	507	324	552	420	380	560	116	458	(468)	..	3,567	..
Relapse of disease .. .. .	2	5	2	7	3	4	1	..	5	4	..	33	0.92
Paralysis .. .. .	25	84	47	63	88	62	47	13	47	4	..	480	13.43
Otitis .. .. .	9	30	9	19	26	10	30	9	19	1	..	162	4.52
Mastoid abscess .. .. .	..	..	..	1	..	..	..	..	..	..	..	6	0.17
Pneumonia .. .. .	4	1	2	4	3	1	6	..	3	..	..	24	0.67
Broncho-pneumonia .. .. .	..	13	3	5	6	1	4	3	5	..	..	40	1.12
Adenitis-suppurative, occurring in the acute stage .. .. .	..	3	..	1	..	1	2	..	2	..	..	9	0.25
Adenitis of convalescence—simple .. .. .	17	15	1	11	19	37	9	5	10	..	..	124	3.46
Adenitis of convalescence—suppurative .. .. .	2	2	1	4	1	..	7	4	4	..	..	23	0.64
Nephritis .. .. .	..	2	1	2	6	2	7	5	2	..	..	27	0.75
Albuminaria <sup>1</sup> .. .. .	58	98	75	109	47	184	180	5	166	4	..	926	..
Scarlet fever .. .. .	5	16	5	5	29	34	12	18	8	3	..	135	3.78
Chickenpox .. .. .	3	..	..	4	2	3	5	..	5	5	..	27	0.75
Measles .. .. .	3	1	..	8	11	..	6	1	..	4	..	34	0.95
Whooping cough .. .. .	..	..	2	5	1	3	2	..	1	1	..	15	0.42
Rubella .. .. .	..	..	..	..	4	..	..	1	..	..	..	5	0.14
Erysipelas .. .. .	..	..	..	..	..	2	1	..	..	..	..	3	0.08
<i>Complications referable to antitoxin amongst cases of diphtheria treated with it.</i>													
Total cases .. .. .	218	497	290	471	394	371	518	87	400	..	..	3,246	..
Rash .. .. .	59	201	86	119	71	211	137	16	96	..	..	996	30.68
Joint pains .. .. .	7	17	5	26	24	31	15	2	21	..	..	148	4.56
Abscess .. .. .	..	5	2	..	1	5	4	..	3	..	..	20	0.61

<sup>1</sup> Includes all cases in which albumen was detected even if found on only one occasion, and in which there were no other signs of nephritis.

Not tabulated.

TABLE III.—Showing incidence of complications amongst cases of enteric fever completed during 1910.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Park.	Brook.	Total.	Ratio per cent.
Total cases .. .. .	109	56	33	93	45	..	103	..	26	465	..
Relapse of disease .. .. .	6	6	1	9	4	..	8	..	3	37	8.0
Hæmorrhage .. .. .	6	3	2	2	12	..	9	..	4	50	10.7
Perforation .. .. .	8	12	..	1	12	..	6	..	..	19	4.1
Peritonitis (non-perforative) .. .. .	1	..	..	..	..	..	..	..	..	1	0.2
Pneumonia .. .. .	4	1	..	3	12	..	1	..	..	11	2.5
Broncho-pneumonia .. .. .	..	2	..	1	1	..	..	..	2	6	1.3
Pleurisy .. .. .	1	1	..	..	12	..	..	..	..	4	0.9
Nephritis .. .. .	..	3	1	..	..	..	1	..	1	6	1.3
Parotitis .. .. .	..	..	..	4	..	..	3	..	..	7	1.5
Periostitis .. .. .	1	..	..	..	..	..	..	..	..	1	0.2
Phlebitis .. .. .	2	3	12	1	12	..	..	..	1	13	2.8
Dementia .. .. .	..	..	..	..	..	..	1	..	..	1	0.2
Peripheral neuritis .. .. .	..	..	..	..	..	..	..	..	1	1	0.2
Otitis media .. .. .	3	12	1	1	3	..	7	..	1	18	3.9
Abscesses .. .. .	2	..	..	12	..	..	..	..	..	4	0.9
Boils .. .. .	1	..	..	1	..	..	4	..	..	6	1.3
Varicella .. .. .	..	..	..	..	..	..	1	..	..	1	0.2



TABLE IV.—Showing number of cases in which two or more separate infectious diseases were co-existent at the time of admission during 1910.

DISEASES.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western	Grove.	South-Eastern.	Park.	Brook.	TOTAL.
Scarlet fever and chickenpox ..	10	7	2	6	10	7	14	1	8	65
Scarlet fever and diphtheria ..	2	14	2	3	5	4	15	..	5	50
Scarlet fever and enteric fever ..	..	..	..	..	..	..	1	..	..	1
Scarlet fever and erysipelas ..	..	..	..	..	..	..	1	..	..	1
Scarlet fever and measles ..	4	4	1	4	1	..	6	..	..	20
Scarlet fever and mumps ..	2	..	..	..	..	..	1	..	1	4
Scarlet fever and rubella ..	..	2	..	..	..	1	1	..	5	9
Scarlet fever and whooping cough ..	4	29	5	2	6	7	16	1	16	86
Scarlet fever, chickenpox and whooping cough ..	..	4	..	..	..	..	2	..	..	6
Scarlet fever, diphtheria & chickenpox ..	..	..	..	..	..	1	..	..	..	1
Scarlet fever, diphtheria & whooping cough ..	..	..	..	..	..	1	..	..	..	1
Scarlet fever, rubella and whooping cough ..	..	1	..	..	..	..	..	..	..	1
Diphtheria and chickenpox ..	1	1	1	3	3	1	2	..	3	15
Diphtheria and enteric fever ..	..	1	..	..	..	..	..	..	..	1
Diphtheria and erysipelas ..	..	..	..	..	..	1	..	..	..	1
Diphtheria and measles ..	10	8	2	9	11	3	10	1	6	60
Diphtheria and mumps ..	..	..	..	..	..	2	1	..	1	4
Diphtheria and rubella ..	..	..	..	..	2	..	2	..	..	4
Diphtheria and whooping cough ..	4	10	3	5	3	2	5	1	8	41
Diphtheria, measles and whooping cough ..	..	1	..	..	..	..	..	..	1	2
Chickenpox and whooping cough ..	..	..	..	..	..	1	..	..	..	1
Measles and whooping cough ..	..	9	..	..	..	..	..	..	..	9
Measles, rubella and whooping cough ..	..	1	..	..	..	..	..	..	..	1
Rubella and whooping cough ..	..	1	..	..	..	..	..	..	..	1
Total .. ..	37	93	16	32	41	31	77	4	54	385

## 3. POST-SCARLATINAL DIPHThERIA, 1910.

TABLE V.—Sex distribution and mortality.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Grove.		South-Eastern.		Park.		Brook.		Northern.		Gore Farm.		Total.		Mortality per cent.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Non-laryngeal cases	1	..	2	..	4	..	7	..	..	..	..	..	10	..	..	..	6	..	4	..	34	..	68	..	..
	1	..	5	..	1	..	3	..	1	..	2	..	12	1	1	..	15	..	12	..	35	..	88	1	..
	2	..	7	..	5	..	10	..	1	..	2	..	22	1	1	..	21	..	16	..	69	..	156	1	0-64
Laryngeal cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	3	..	..
	..	..	..	..	2	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	2	..	6	..	..
	..	..	..	..	2	..	..	..	..	..	1	..	..	..	..	..	..	..	3	..	3	..	9	..	0-0
All Cases	1	..	2	..	4	..	7	..	..	..	..	..	10	..	..	..	6	..	6	..	35	..	71	..	..
	1	..	5	..	3	..	3	..	1	..	3	..	12	1	1	..	15	..	13	..	37	..	94	1	..
	2	..	7	..	7	..	10	..	1	..	3	..	22	1	1	..	21	..	19	..	72	..	165	1	0-61

TABLE VI.—Antitoxin treatment.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Grove.		South-Eastern.		Park.		Brook.		Northern.		Gore Farm.		Total.		Mortality per cent.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
Cases treated with antitoxin	2	..	7	..	5	..	10	..	1	..	3	..	3	1	1	..	20	..	17	..	65	..	134	1	..
Cases not so treated	0	..	..	..	2	..	..	..	..	..	..	..	19	..	..	..	1	..	2	..	7	..	31	..	..
Total	2	..	7	..	7	..	10	..	1	..	3	..	22	1	1	..	21	..	19	..	72	..	165	1	0-61



**4. SUMMARY OF THE ANTITOXIN TREATMENT OF DIPHTHERIA, 1910.**

TABLE VII. *All forms of diphtheria except bacteriological diphtheria.*

Hospital.	Cases treated with antitoxin.		Cases not so treated.		Total.		
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Mortality per cent.
Eastern .. .. .	218	19	32	1	250	20	8.0
North-Eastern.. .. .	497	47	10	1	507	48	9.5
North-Western .. .. .	290	25	34	..	324	25	7.7
Western .. .. .	471	40	81	4	552	44	8.0
South-Western .. .. .	394	37	26	1	420	38	9.1
Grove .. .. .	371	26	9	1	380	27	7.1
South-Eastern .. .. .	535	45	25	2	560	47	8.4
Park ... .. .	87	7	29	1	116	8	6.9
Brook .. .. .	400	24	58	..	458	24	5.2
<b>Total.. .. .</b>	<b>3263</b>	<b>270</b>	<b>304</b>	<b>11</b>	<b>3567</b>	<b>281</b>	<b>7.9</b>

TABLE VIII. *Laryngeal cases.*

Hospital.	Cases treated with antitoxin.		Cases not so treated.		Total.		
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Mortality per cent.
Eastern .. .. .	65	10	1	1	66	11	16.7
North-Eastern.. .. .	72	10	1	1	73	11	15.1
North-Western .. .. .	51	4	..	..	51	4	7.8
Western .. .. .	104	21	4	4	108	25	23.1
South-Western .. .. .	64	4	..	..	64	4	6.2
Grove .. .. .	49	3	1	1	50	4	8.0
South-Eastern .. .. .	167	18	4	2	171	20	11.7
Park .. .. .	15	1	..	..	15	1	6.6
Brook .. .. .	70	6	..	..	70	6	8.6
<b>Total.. .. .</b>	<b>657</b>	<b>77</b>	<b>11</b>	<b>9</b>	<b>668</b>	<b>86</b>	<b>12.9</b>

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 .. ..	7	18	5	30	2	3	4	9	1	..	..	1	1	..	..	1	8	18	5	31	3	3	4	10	32.2
North-Eastern ..	39	..	..	39	6	..	..	6	1	..	..	1	1	..	..	1	40	..	..	40	7	..	..	7	17.5
North-Western ..	32	..	..	32	3	..	..	3	..	..	..	..	..	..	..	..	32	..	..	32	3	..	3	9.3	
Western .. ..	50	..	..	50	17	..	..	17	4	..	..	4	4	..	..	4	54	..	..	54	21	..	21	38.9	
South-Western ..	35	..	..	35	2	..	..	2	..	..	..	..	..	..	..	..	35	..	..	35	2	..	2	5.7	
Grove .. ..	21	..	..	21	3	..	..	3	1	..	..	1	1	..	..	1	22	..	..	22	4	..	4	18.2	
South-Eastern ..	33	..	1	34	7	..	1	8	1	..	..	1	1	..	..	1	34	..	1	35	8	..	9	25.6	
Park .. ..	..	7	4	11	..	..	..	..	..	..	..	..	..	..	..	..	..	7	4	11	..	..	..	..	0.0
Brook .. ..	6	20	1	27	2	3	..	5	..	..	..	..	..	..	..	..	6	20	1	27	2	3	5	18.5	
Total .. ..	223	45	11	279	42	6	5	53	8	..	..	8	8	..	..	8	231	45	11	287	50	6	5	61	21.2

The following cases were operated upon before admission to Hospital:—

	0 deaths.	South-Eastern Brook ..	15 cases	2 deaths.
Eastern .. ..	5 cases	..	..	..
North-Eastern ..	2 "	..	..	..
North-Western ..	2 "	..	..	..
Western .. ..	12 "	..	..	..
South-Western ..	2 "	..	..	..
<b>Total</b> .. ..	<b>20</b>	<b>43</b>	<b>15</b>	<b>2</b>



TABLE XII.—Number of cases and deaths of patients 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 .. ..	..	..	..	..	..	..
1 to 2 .. ..	3	2	..	..	..	..
2 .. 3 .. ..	2	1	..	..	..	..
3 .. 4 .. ..	3	..	..	..	..	..
4 .. 5 .. ..	1	..	..	..	..	..
5 .. 6 .. ..	1	1	..	..	..	..
6 .. 7 .. ..	1	1	..	..	..	..
7 .. 8 .. ..	..	..	..	..	..	..
8 .. 9 .. ..	..	..	..	..	..	..
9 .. 10 .. ..	..	..	..	..	..	..
Over 10 .. ..	..	..	..	..	..	..
Total .. ..	11	5	45.4	..	..	..

## 5. TRACHEOTOMY AND INTUBATION STATISTICS, 1910.

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 ..	8	1	12.5	..	..	..	1	1	..
1 to 2 ..	51	22	43.2	..	..	..	8	6	..
2 „ 3 ..	44	7	15.9	..	..	..	4	2	..
3 „ 4 ..	44	6	13.6	..	..	..	4	1	..
4 „ 5 ..	40	9	22.5	..	..	..	2	..	..
5 „ 6 ..	27	2	7.4	..	..	..	2	2	..
6 „ 7 ..	12	2	16.7	..	..	..	..	..	..
7 „ 8 ..	1	1	100.0	..	..	..	1	1	..
8 „ 9 ..	..	..	..	..	..	..	..	..	..
9 „ 10 ..	2	..	0.0	..	..	..	..	..	..
Over 10 ..	2	..	0.0	..	..	..	..	..	..
Total ..	231	50	21.6	..	..	..	22	13	59.0

TABLE XI.—Number of cases and deaths at different ages of intubation performed for, primary diphtheria, and 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 ..	..	..	..	3	1	..
1 to 2 ..	4	..	0.0	1	..	..
2 „ 3 ..	11	1	9.1	..	..	..
3 „ 4 ..	11	..	0.0	..	..	..
4 „ 5 ..	9	1	11.1	1	..	..
5 „ 6 ..	7	3	42.9	..	..	..
6 „ 7 ..	3	1	33.3	1	..	..
7 „ 8 ..	..	..	..	..	..	..
8 „ 9 ..	..	..	..	..	..	..
9 „ 10 ..	..	..	..	..	..	..
Over 10 ..	..	..	..	..	..	..
Total ..	45	6	13.3	6	1	16.7



6. LAPAROTOMIES FOR PERFORATION IN ENTERIC FEVER PERFORMED DURING 1910.

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 ..	F.	15	15th day ..	1 1/2 hours ..	Small perforation of ileum about 6 inches above caecum; acute general peritonitis with a good deal of fluid and lymph.	Invagination of ulcer with Lembert's sutures, swabbing out of peritoneum; no flushing; no drainage. Median incision.	Death, 3 days after operation.	Very severe case of enteric fever; temperature over 105° F. just before operation. Streptococci and B. coli isolated from peritoneal exudate at time of operation.
	M.	31	13th day of a relapse, 69th from beginning of primary attack.	5 hours ..	Early acute peritonitis; coils of intestine much injected; a few flakes of lymph. No perforation found.	Peritoneum swabbed; no flushing or drainage. Median incision.	Death 34 days later.	Extra-peritoneal perforation of descending colon, with gangrene of adjacent structure. (See report of case, p. 000.)
	M.	12	7th day ..	8 hours ..	Acute general peritonitis, with much fluid and lymph. Small perforation in lower part of ileum.	Invagination of ulcer with Lembert's sutures; swabbing of peritoneum. Wicks drains to pelvis and right lumbar pouch; continuous injection of saline solution per rectum. Three days later another drain put in from left iliac region to pelvis. Right iliac incision.	Death 22 days after operation.	A faecal fistula formed. At the autopsy 4 different collections of pus were found in the peritoneal and pelvic cavities. Pure culture of B. coli isolated from peritoneal exudate at time of operation.
	M.	37	14th day ..	2 hours ..	No perforation found; but two ulcers in lower foot of ileum which seemed on the verge of perforation, were seen. A good deal of fluid in abdomen, lymph on the two ulcers, and injected intestines.	The two ulcers mentioned were invaginated. Peritoneum swabbed out, no flushing; wick drain to pelvis. Right iliac incision.	Death 5 days after operation.	Cause of death, acute pneumonia. Less peritonitis than at operation, in fact only along track of drain. Staphylococcus aureus and B. coli isolated from peritoneal exudation.

## 6. LAPAROTOMIES FOR PERFORATION IN ENTERIC FEVER PERFORMED DURING 1910.

TABLE XIII—continued.

Hospital at which operation was performed.	Sex.	Age.	Period of illness.	Length of time between perforation and operation.	Condition of abdomen.	Nature of operation.	Result.	Remarks.
Eastern ..	F.	25	16th day	.. 2 hours ..	Perforation in caecum; acute peritonitis, fluid and lymph, especially in right iliac region.	Ulcer invaginated; drain in pelvis and right iliac fossa; no flushing. Right iliac incision.	Death 3 days after operation.	Pneumonia found at autopsy. Peritonitis about the same as at operation.
North-Eastern ..	F.	24	35 days ..	.. Indefinite, may have been 15 hours.	Intestines slightly injected, very little lymph and serous fluid. No faeces. Small pin-hole perforation about 8 inches from the caecum.	Incision in the middle line. Ulcer sewn up with continuous suture and turned in by a row of Lembert's sutures. Two adjacent ulcers about to perforate were also invaginated by Lembert's sutures.	Died 36 hours after operation.	Patient very ill at time of operation. Patient had a relapse at the end of 3 weeks. Took anaesthetic (chloroform) well.
South-Eastern ..	M.	27	23rd day	.. 5 hours ..	Some lymph and fluid.	One perforation closed by Lembert's sutures. No drainage.	Death in 48 hours.	
	M.	25	23rd day	.. 12 hours ..	Much fluid and lymph. Two large perforations found just at ileo-caecal junction. A third yellow spot close by.	As the affected region could not be drawn forward it was sutured to the wound by four silk gut sutures. Drainage by Keith's tube.	Death in 12 hours.	P.M. A large ulcer about 2 inches across, just above valve, reaching down to muscle, except where the slough extended right through. Other ulcers on the point of perforating.

TABLE XIII A.  
LAPAROTOMY FOR SUPPOSED PERFORATION.

Eastern ..	F.	17	21st day	.. 7 hours ..	Normal ..	Laparotomy by right iliac incision; exploration of abdominal cavity.	Recovery ..	See report of case p. 266.
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7. DETAILS OF MISCELLANEOUS DISEASES ADMITTED DURING 1910; ALSO OF DEATHS DURING 1910.

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 whooping cough.	Uncertified.	Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified cerebro-spinal fever.	Certified typhus.	Total.
<i>Infective diseases—</i>														
Chickenpox .. .. .	24	3	..	..	..	..	..	27	..	..	..	..	..	..
Vaccinia .. .. .	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Endocarditis, infective .. .. .	1	..	8	..	..	..	..	9	..	..	7	..	..	7
Enteritis, infective .. .. .	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Erysipelas .. .. .	1	..	2	1	..	..	..	4	..	..	1	..	..	1
German measles .. .. .	224	..	..	..	..	..	..	224	..	..	..	..	..	..
Influenza .. .. .	5	2	13	1	..	..	..	21	..	..	..	..	..	..
Malta fever .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Mumps .. .. .	2	1	..	..	..	..	..	3	..	..	..	..	..	..
Pneumonia .. .. .	21	9	21	1	..	..	..	52	..	3	4	..	..	7
Pyæmia .. .. .	..	1	2	..	..	..	..	3	..	..	2	..	..	2
Pyrexia of unknown origin .. .. .	3	2	5	..	..	..	..	10	..	..	..	..	..	..
Rheumatism .. .. .	5	1	1	..	..	..	..	7	..	..	..	..	..	..
Septicæmia .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Syphilis .. .. .	1	6	1	..	..	..	..	10	..	..	2	..	..	2
Tuberculosis, general .. .. .	1	1	12	..	..	..	..	14	1	1	12	..	..	14
Tubercular meningitis .. .. .	1	..	8	1	..	..	..	10	1	..	8	1	..	10
"  peritonitis .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
"  phthisis .. .. .	..	..	2	..	..	..	..	2	..	..	1	..	..	1
"  enteritis .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Tuberculosis of mesenteric glands	1	..	1	..	..	..	..	2	1	..	1	..	..	2
<i>Other general diseases—</i>														
Alcoholism .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Diabetes .. .. .	..	..	1	..	..	..	..	1	..	..	1	..	..	1
Ringworm .. .. .	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Scabies .. .. .	3	..	..	..	..	..	..	3	..	..	..	..	..	..
Ptomaine poisoning .. .. .	2	..	1	..	..	..	..	3	..	..	..	..	..	..
<i>Diseases of nervous system and organs of sense—</i>														
Meningitis .. .. .	1	..	1	..	..	..	..	2	1	..	1	..	..	2
Cerebral abscess .. .. .	..	..	1	..	..	..	..	1	..	..	1	..	..	1
"  hæmorrhage .. .. .	..	..	1	..	..	..	..	1	..	..	1	..	..	1
Hydrocephalus .. .. .	..	..	..	1	..	..	..	1	..	..	1	..	..	1
Delirium .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Conjunctivitis .. .. .	2	1	..	..	..	..	..	3	..	..	..	..	..	..
Corneal ulcer .. .. .	1	..	..	..	..	..	..	1	..	..	..	..	..	..
"  ophthalmia .. .. .	..	1	..	..	..	..	..	1	..	..	..	..	..	..
Otitis media .. .. .	5	..	1	..	..	..	..	6	..	..	..	..	..	..
Mastoid abscess .. .. .	2	..	..	..	..	..	..	2	..	..	..	..	..	..
Rhinitis .. .. .	2	5	..	..	..	..	..	7	..	..	..	..	..	..
<i>Diseases of the circulatory system—</i>														
Pericarditis .. .. .	1	..	1	..	..	..	..	2	..	..	..	..	..	..
Endocarditis, simple .. .. .	1	..	1	..	1	..	..	3	..	..	1	..	1	2
Morbus cordis .. .. .	..	..	3	..	..	..	..	3	..	..	2	..	..	2
Valvular disease .. .. .	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Aneurism of abdominal aorta .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Pylephlebitis .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
<i>Diseases of the respiratory system—</i>														
Laryngitis .. .. .	1	44	..	..	..	..	..	45	..	1	..	..	..	1
Laryngismus stridulus .. .. .	..	1	..	..	..	..	..	1	..	..	..	..	..	..
Bronchitis .. .. .	12	8	6	..	..	..	..	26	1	2	..	..	..	3
Congestion of lungs .. .. .	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Broncho pneumonia .. .. .	16	11	5	..	..	..	..	32	5	6	2	..	..	13
Pleurisy .. .. .	3	1	4	..	..	..	..	8	..	1	1	..	..	2
Pneumothorax .. .. .	..	..	1	..	..	..	..	1	..	..	1	..	..	1
Empyema .. .. .	..	1	1	..	..	..	..	2	..	..	1	..	..	1
<i>Diseases of the digestive system—</i>														
Stomatitis .. .. .	3	9	..	..	..	..	..	12	..	..	..	..	..	..
Dentition .. .. .	1	1	1	..	..	..	..	3	..	..	..	..	..	..
Pyorrhœa alveolaris .. .. .	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Vincent's Angina .. .. .	1	42	..	..	..	..	..	43	..	1	..	..	..	1
Ulceration of tongue .. .. .	..	4	..	..	..	..	..	4	..	1	..	..	..	1
Carried forward .. .. .	352	155	114	7	1	..	..	629	10	16	48	4	1	79



Details of miscellaneous diseases admitted during 1910; also of deaths during 1910  
(continued).

Disease diagnosed in hospital.	Cases admitted.							Deaths.						
	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified cerebro-spinal fever.	Certified typhus fever.	Certified whooping cough.	Uncertified.	Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified cerebro-spinal fever.	Certified typhus.	Total.
Brought forward .. ..	352	155	114	7	1	..	..	629	10	16	48	4	1	79
<i>Diseases of the digestive system—cond.</i>														
Ranula .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Glossitis .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Ulcer of palate .. ..	..	2	..	..	..	..	..	2	..	..	..	..	..	..
Tonsillitis and allied conditions .. ..	131	401	1	..	..	..	3	536	..	1	..	..	..	1
Pharyngitis .. ..	22	15	..	..	..	..	..	37	..	..	..	..	..	..
Post pharyngeal abscess .. ..	1	4	..	..	..	..	..	5	1	..	..	..	..	1
Foreign body in œsophagus .. ..	..	1	..	..	..	..	..	1	..	..	..	..	..	..
Gastritis .. ..	..	..	9	..	..	..	..	9	..	..	..	..	..	..
Indigestion .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Enteritis .. ..	..	..	7	..	..	..	..	7	..	..	..	..	..	..
Ulcerative colitis .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Appendicitis .. ..	2	..	10	..	..	..	..	12	..	1	..	..	..	1
Intestinal obstruction .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Diarrhoea .. ..	2	..	1	..	..	..	..	3	..	..	..	..	..	..
Constipation .. ..	..	..	2	..	..	..	..	2	..	..	..	..	..	..
Cancer of pancreas .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Catarrhal jaundice .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Cirrhosis .. ..	..	..	1	..	..	..	..	1	..	1	..	..	..	1
Peritonitis .. ..	..	..	3	..	..	..	..	3	..	..	..	..	..	..
<i>Diseases of the lymphatic system—</i>														
Adenitis, simple or suppurative .. ..	4	3	..	..	..	..	..	7	..	..	..	..	..	..
Adeno-cellulitis of neck .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Suppurating thyroid gland .. ..	..	1	..	..	..	..	..	1	..	1	..	..	..	1
<i>Diseases of the urinary system—</i>														
Nephritis, acute .. ..	8	..	1	..	..	..	..	9	..	..	..	..	..	..
.. .. chronic .. ..	2	..	..	..	..	..	..	2	..	..	..	..	..	..
Albuminuria .. ..	..	1	..	..	..	..	..	1	..	..	..	..	..	..
Perinephric abscess .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Hæmaturia .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Cystitis .. ..	1	..	2	..	..	..	..	3	..	..	1	..	..	1
<i>Diseases of the organs of generation—</i>														
Puerperal sapremia .. ..	1	1	1	..	..	..	..	3	..	..	..	..	..	..
Pelvic peritonitis .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Vaginitis .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Ovarian cyst .. ..	..	..	2	..	..	..	..	2	..	..	..	..	..	..
Carcinoma of uterus .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
<i>Diseases of the skin—</i>														
Erythema .. ..	226	1	1	..	1	..	..	229	..	..	..	..	..	..
Enema rash .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Drug .. ..	2	..	..	..	..	..	..	2	..	..	..	..	..	..
Fish .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Urticaria .. ..	6	..	..	..	..	..	..	6	..	..	..	..	..	..
Eczema .. ..	4	2	..	..	..	..	..	6	..	..	..	..	..	..
Impetigo .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Boils .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Dermatitis exfoliativa .. ..	13	..	..	..	..	..	..	13	..	..	..	..	..	..
Ichthyosis .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Xerodermia .. ..	5	..	..	..	..	..	..	5	..	..	..	..	..	..
Scalds .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Seborrhœa .. ..	5	..	..	..	..	..	..	5	..	..	..	..	..	..
Sudamina .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
<i>Miscellaneous—</i>														
Lumbago .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
Malnutrition .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Various abscesses .. ..	..	1	1	..	..	..	..	2	..	..	..	..	..	..
Ulcer of leg .. ..	..	..	1	..	..	..	..	1	..	..	..	..	..	..
No obvious disease .. ..	115	11	5	..	..	5	1	137	..	..	..	..	..	..
Admitted with baby .. ..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
Admitted with mother .. ..	..	..	..	..	..	..	19	19	..	..	..	..	..	..
Admitted with brother .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Total .. ..	918	599	168	7	2	5	24	1723	11	19	52	4	1	87



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.		GROVE AND FOUNTAIN HOSPITAL.		SOUTH-EASTERN 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 ..	77	..	209	3	122	2	37	3	70	1	130	1	172	..	23	..	78	1	918	11
Diphtheria ..	111	3	128	1	92	5	54	3	39	..	68	3	63	2	8	1	36	1	599	19
Enteric fever ..	29	10	32	9	29	6	26	4	11	8	..	..	34	10	..	..	7	5	168	52
Cerebro-spinal meningitis ..	1	..	..	..	..	..	2	1	..	..	2	2	2	1	..	..	..	..	7	4
Typhus ..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1
Whooping cough	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	5	..
Uncertified ..	2	..	4	..	5	..	3	..	2	..	..	..	2	..	..	..	6	..	24	..
Total ..	222	14	373	13	248	13	122	11	122	9	200	6	278	13	31	1	127	7	1,723	87

8.—SUMMARY OF TABLES PUBLISHED IN THE ANNUAL  
REPORTS, MEDICAL SUPPLEMENT, FOR THE YEARS  
1900 TO 1909.

All the regular tables except tables XIV. and XV. have been summarised or the ten years, or for so long as published. The lists of complications have been revised during this period, but the majority remain unaltered. A few however, as will be seen in tables IA., IIA. and IIIA., have not been compiled through the whole period.

For the complications tables the incidence rates are given for each year in tables IA., IIA. and IIIA., and for each hospital in tables IB., IIB. and IIIB. Black type has been used to draw attention to those figures which are over the mean value, for the whole period and for all hospitals. The convalescent hospitals have not been included in the latter, as most of the complications come on before the patient is transferred. In one or two instances however, *e.g.*, relapse, otitis and diphtheria in table I. the incidence rate is nearly as high, in one case higher, at the convalescent hospitals.

It is difficult to know how far such incidence rates can be relied on when used for comparison. In table IA. a few of the variations are so slight, as to be well within the range of chance variations. The regular occurrence of meningitis, for instance, throughout the whole ten years is a very striking phenomenon. In most other instances the variation is beyond the range of chance. With otitis the range is from 15.68 in 1903 to 11.4 in 1907. Nearly every complication rate was above the average in 1903, a minimum year for scarlet fever, and several shewed a maximum incidence then. Conversely 1907 was a maximum year coupled with low complication rates in most instances.

For certain complications such as rheumatism and albuminuria the majority of cases are very mild, hence the personal factor in observation makes a great difference in the recorded rates. But the variation in these complications is paralleled by that of cervical cellulitis, and suppurative adenitis, where it is impossible for the personal factor to have much influence.



2a. COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES—SUMMARIES OF TABLES FOR TEN YEARS 1900-1909.

TABLE I.—Scarlet fever. Years 1900-1909.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	Northern.	Gore Farm.	Joyce Green.	Fountain.	Total.	Incidence per cent.
Total completed cases ..	9,934	24,627	19,112	15,806	11,540	7,918	15,733	9,941	20,766	18,230	(45,636)	(32,786)	(475)	(1019)	153,607	..
Relapse ..	80	270	151	183	140	81	224	64	54	225	473	378	11	20	2,354	1.53
Rheumatism ..	161	994	402	431	811	462	622	291	466	557	132	150	20	10	5,509	3.58
Pyæmia ..	10	33	3	18	13	1	11	18	34	21	..	..	..	1	163	.11
Meningitis ..	8	4	15	13	14	4	4	11	5	7	3	..	..	..	104	.07
Otitis ..	1,148	2,804	2,200	2,376	1,797	819	1,809	1,212	2,050	1,935	1,354	958	47	40	20,349	13.16
Mastoid abscess ..	53	131	65	106	94	42	132	43	132	91	50	25	1	..	920	.60
Endocarditis ..	27	125	23	117	49	43	112	45	156	217	34	74	6	10	1,038	.67
Percarditis ..	2	23	6	19	14	14	11	6	19	21	11	7	1	..	154	.10
Laryngitis ..	24	18	14	11	16	5	36	14	27	26	20	9	..	..	222	.14
Bronchitis ..	66	199	54	105	154	53	79	51	112	113	66	83	15	2	1,152	.75
Broncho-pneumonia ..	31	126	77	142	93	56	71	77	154	83	33	29	2	1	975	.63
Pneumonia ..	37	91	49	50	33	18	42	27	58	66	27	22	2	..	522	.34
Pleurisy ..	10	20	15	18	18	12	19	17	27	26	8	10	..	..	200	.13
Empyema ..	9	25	5	17	9	8	8	8	14	10	2	2	..	..	125	.08
Ulcerative stomatitis ..	71	263	51	165	180	52	98	58	57	132	332	113	..	..	1,573	1.02
Secondary tonsillitis ..	94	462	96	155	326	129	168	114	191	155	279	562	12	35	2,778	1.80
Nephritis ..	494	1,181	682	499	491	384	671	546	1,022	724	308	172	28	17	7,209	4.68
Albuminuria ..	754	2,048	901	1,730	706	1,015	2,027	1,023	2,093	1,452	985	538	74	17	15,363	9.97
Cervical cellulitis ..	45	39	32	32	29	34	23	34	23	52	..	3	..	..	330	.21
Simple adenitis ..	464	1,116	919	568	1,150	715	1,084	612	1,171	1,066	454	382	60	..	9,761	6.35
Suppurative adenitis ..	220	477	245	259	209	142	203	177	258	288	137	65	7	..	2,688	1.75
Abscesses (excluding mastoid and cervical abscesses) ..	146	89	66	104	199	48	84	111	178	198	21	106	1	..	1,351	.88
Diphtheria ..	100	191	104	142	116	165	75	90	225	214	1,102	463	1	1	2,904	1.95
Chickenpox ..	136	255	307	254	287	149	106	121	299	84	667	133	16	7	2,821	1.83
Measles ..	137	230	179	162	134	102	143	107	195	130	129	22	6	1	1,676	1.09
Rubella ..	47	162	77	76	58	45	44	50	134	30	478	104	..	4	1,309	.85
Whooping cough ..	25	75	109	109	50	53	41	31	48	45	246	114	..	..	946	.61
Mumps ..	3	13	20	4	6	6	6	3	1	12	68	52	..	..	194	.12
Enteric fever ..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	8	.00
Erysipelas ..	6	23	5	5	19	12	4	7	11	13	1	3	1	..	110	.07



TABLE IA.—Yearly incidence rate of complications amongst cases of scarlet fever.

COMPLICATIONS.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1900-1909.
Relapse .. .. .	1.20	1.12	1.18	2.01	1.66	1.94	1.68	1.47	1.28	1.98	1.53
Rheumatism .. .. .	3.51	3.67	4.15	4.56	3.44	3.46	2.87	3.16	3.67	3.88	3.58
Chorea .. .. .	..	..	..	.02	.10	.09	.06	.05	.07	.08	..
Pyæmia .. .. .	.13	.07	.09	.15	.17	.12	.10	.09	.08	.09	.11
Meningitis .. .. .	.07	.07	.06	.06	.06	.07	.07	.07	.07	.06	.07
Otitis .. .. .	11.65	14.18	14.16	15.68	13.38	13.98	13.21	11.4	12.45	12.70	13.25
Mastoid abscess .. .. .	.52	.55	.69	.80	.59	.66	.68	.47	.48	.65	.60
Ophthalmia .. .. .	.53	.90	.83	..	..	..	..	..	..	..	..
Corneal ulcer .. .. .	.07	.07	.09	..	..	..	..	..	..	..	..
Endocarditis .. .. .	.47	.84	.76	.72	.56	.61	.58	.58	.82	.73	.67
Pericarditis .. .. .	.14	.12	.14	.13	.11	.06	.06	.08	.12	.07	.10
Laryngitis .. .. .	.10	.14	.18	.24	.16	.18	.15	.13	.09	.13	.14
Bronchitis .. .. .	1.03	.95	.93	1.30	.61	.51	.66	.50	.88	.47	.75
Broncho pneumonia .. .. .	.67	.84	.75	.80	.56	.53	.57	.65	.53	.52	.63
Pneumonia .. .. .	.34	.37	.34	.40	.42	.49	.27	.22	.35	.26	.34
Pleurisy .. .. .	.19	.12	.12	.13	.15	.09	.11	.14	.15	.11	.13
Empyema .. .. .	.10	.07	.08	.10	.04	.07	.03	.05	.08	.10	.08
Ulcerative stomatitis .. .. .	1.11	.71	.89	1.24	1.88	1.26	1.26	.72	.68	.96	1.02
Secondary tonsillitis .. .. .	2.95	1.78	1.98	2.64	1.93	1.43	1.55	1.38	1.77	1.65	1.80
Jaundice .. .. .	..	..	..	.22	.19	.23	.30	.23	.25	.31	..
Nephritis .. .. .	3.14	4.12	5.36	5.37	4.08	3.25	4.72	4.32	6.37	5.61	4.68
Albuminuria .. .. .	6.94	7.22	10.69	13.08	11.26	9.23	10.07	10.4	11.18	9.32	9.97
Cervical cellulitis .. .. .	.20	.23	.18	.36	.19	.26	.19	.22	.10	.25	.21
Simple adenitis .. .. .	3.63	5.51	5.93	6.54	6.08	6.33	5.81	6.87	7.50	7.68	6.35
Suppurative adenitis .. .. .	1.34	1.95	1.65	2.14	1.71	1.59	1.77	1.45	1.82	2.09	1.75
Abscesses—excluding mastoid and cervical abscesses .. .. .	.86	1.08	1.06	1.07	.95	1.01	.72	.72	.65	1.07	.88
Diphtheria .. .. .	3.81	2.78	2.84	2.32	1.92	1.32	1.05	1.12	1.87	1.85	1.95
Chickenpox .. .. .	2.12	1.70	2.05	2.36	1.94	1.96	2.31	1.54	1.47	1.32	1.83
Measles .. .. .	.96	1.11	1.75	1.26	1.24	.70	1.17	.73	.92	1.30	1.09
Rubella .. .. .	1.42	.85	.63	1.02	.97	.99	.81	1.46	.35	.16	.85
Whooping cough .. .. .	.72	.46	.89	.74	.29	.54	.56	.83	.54	.62	.61
Mumps .. .. .	.16	.03	..	.04	.19	.06	.31	.15	.08	.18	.12
Enteric fever .. .. .	..	..	.01	..	..	..	..	.01	.01	.01	.00
Erysipelas .. .. .	.07	.06	.14	.10	.07	.07	.07	.04	.04	.07	.07

TABLE IB.—Incidence rate per cent. of scarlet fever complications at each acute hospital.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	All hospitals.
Relapse .. .. .	.81	1.10	.79	1.16	1.21	1.02	1.42	.64	.26	1.23	*1.53
Rheumatism .. .. .	1.62	4.03	2.10	2.72	7.02	5.83	3.95	2.92	2.25	3.05	3.58
Pyæmia .. .. .	.10	.13	.02	.11	.11	.01	.07	.18	.16	.11	.11
Meningitis .. .. .	.08	.04	.08	.08	.12	.04	.08	.11	.02	.04	.07
Otitis .. .. .	11.56	11.38	11.50	15.03	15.57	10.35	10.23	12.19	9.87	10.61	13.16
Mastoid abscess .. .. .	.53	.53	.34	.67	.81	.53	.55	.43	.64	.50	.60
Endocarditis .. .. .	.27	.51	.12	.74	.42	.54	.71	.45	.75	1.19	.67
Pericarditis .. .. .	.02	.09	.03	.12	.12	.18	.07	.06	.09	.11	.10
Laryngitis .. .. .	.24	.07	.07	.07	.14	.06	.25	.14	.13	.14	.14
Bronchitis .. .. .	.66	.81	.28	.66	1.33	.67	.50	.51	.54	.62	.75
Broncho-pneumonia .. .. .	.31	.51	.40	.90	.80	.71	.45	.77	.74	.45	.63
Pneumonia .. .. .	.37	.37	.26	.32	.29	.23	.27	.27	.29	.36	.34
Pleurisy .. .. .	.10	.08	.08	.11	.16	.15	.12	.17	.13	.14	.13
Empyema .. .. .	.09	.09	.03	.11	.08	.10	.05	.16	.07	.05	.08
Ulcerative stomatitis .. .. .	.71	1.07	.27	1.04	1.56	.66	.62	.58	.28	.72	1.02
Secondary tonsillitis .. .. .	.94	1.87	.50	.98	2.82	1.63	1.07	1.15	.92	.85	1.80
Nephritis .. .. .	4.98	4.80	3.57	3.16	4.25	4.85	4.26	5.49	4.94	3.97	4.68
Albuminuria .. .. .	7.59	8.33	4.72	10.91	6.11	12.82	12.88	10.29	10.08	7.99	9.97
Cervical cellulitis .. .. .	.45	.16	.17	.20	.25	..	..	.34	.11	.28	.21
Simple adonitis .. .. .	4.67	4.52	4.81	3.59	9.96	..	..	6.16	5.65	5.84	6.35
Suppurative adenitis .. .. .	2.21	1.93	1.28	1.64	1.81	..	..	1.78	1.24	1.58	1.75
Abscesses (excluding mastoid and cervical abscesses) .. .. .	1.47	.36	.35	.66	1.72	.60	.53	1.12	.86	1.08	.88
Diphtheria .. .. .	1.01	.78	.54	.90	1.00	2.08	.48	.90	1.08	1.17	*1.95
Chickenpox .. .. .	1.37	1.03	1.61	1.61	2.49	1.88	.67	1.22	1.44	.46	1.83
Measles .. .. .	1.38	.93	.94	1.03	1.16	1.29	.91	1.08	.94	.71	1.09
Rubella .. .. .	.47	.66	.40	.48	.50	.57	.28	.50	.65	.16	.85
Whooping cough .. .. .	.25	.30	.57	.69	.43	.67	.26	.31	.24	.25	.61
Mumps .. .. .	.03	.05	.10	.03	.05	.07	.04	.03	.00	.06	.12
Eenteric fever .. .. .	.01	.00	.01	..	..	..	..	..	..	.01	.00
Erysipelas .. .. .	.06	.09	.03	.03	.16	.15	.03	.07	.05	.07	.07

\* See note on page 1.



TABLE II.—*Diphtheria. Years 1900-1909.*

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	Northern.	Gore Farm.	Total.	Incidence per cent.
Total No. of completed cases .. ..	8,361	3,991	5,911	7,742	4,674	846	7,434	5,031	6,747	6,808	(3,748)	(2,546)	57,545	
Relapse .. ..	126	38	30	80	105	20	91	75	43	102	13	35	758	1.32
Paralysis .. ..	1,212	820	740	1,294	439	204	1,324	1,041	831	1,320	58	29	9,312	16.18
Otitis .. ..	755	170	303	417	319	47	239	301	330	326	40	24	3,271	5.69
Mastoid abscess .. ..	6	3	4	5	7	..	4	6	5	7	1	1	49	.08
Pneumonia .. ..	64	19	19	35	21	..	21	30	23	19	..	..	251	.49
Broncho-pneumonia .. ..	108	44	34	99	72	9	70	76	108	57	1	4	682	1.18
Nephritis .. ..	29	27	54	30	46	7	25	42	34	27	6	2	329	.57
Albuminuria .. ..	3,565	1,385	1,059	2,060	719	409	2,549	1,183	1,447	2,456	17	24	16,873	29.30
Scarlet fever .. ..	372	153	203	289	283	44	285	358	372	245	124	76	2,804	4.86
Chickenpox .. ..	69	30	28	44	60	9	55	33	30	27	30	5	470	.82
Measles .. ..	105	20	64	49	59	3	39	60	50	24	3	8	484	.84
Whooping cough .. ..	33	10	37	37	29	3	20	21	18	16	2	15	241	.42
Rubella .. ..	15	1	5	8	8	1	5	12	23	2	1	1	82	.14
Mumps .. ..	6	..	8	..	1	..	..	1	..	..	..	4	20	.03
Enteric fever .. ..	..	..	..	..	..	..	1	..	..	..	..	..	1	.00
Erysipelas .. ..	..	..	..	1	2	..	..	..	1	1	..	..	5	.01
<i>Serum complications.</i>														
Total No. treated .. ..	8,153	3,536	4,590	7,215	3,955	755	6,794	4,474	5,410	5,634	(1)	..	50,516	..
Rash .. ..	2,937	1,086	876	2,742	1,704	363	4,006	1,301	1,243	2,672	1	4	18,935	37.49
Joint pains .. ..	255	146	120	306	292	54	536	91	136	385	..	..	2,321	4.60
Abscess .. ..	39	14	33	35	32	6	59	44	13	29	..	..	304	.60

TABLE IIA.—*Yearly incidence rate per cent. of complications amongst cases of diphtheria.*

COMPLICATIONS.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1900-1909.
Relapse .. ..	2.00	2.11	1.38	1.16	1.05	1.34	1.03	1.18	0.91	0.49	1.32
Paralysis .. ..	18.50	15.00	17.07	20.95	20.81	18.48	13.51	14.4	14.97	13.94	16.18
Otitis .. ..	7.42	5.87	6.06	4.91	4.97	6.18	5.06	5.12	4.01	5.40	5.69
Mastoid abscess .. ..	..	..	..	0.18	0.10	0.14	0.10	0.18	0.07	0.19	..
Pneumonia .. ..	0.34	0.34	0.46	0.31	0.47	0.59	0.36	0.68	0.48	0.54	.44
Broncho-pneumonia .. ..	1.17	0.95	0.94	1.29	1.12	1.23	1.40	1.37	1.34	1.15	1.19
Simple adenitis .. ..	..	..	..	2.68	2.28	2.95	2.19	2.20	3.48	2.55	..
Suppurative adenitis .. ..	..	..	..	0.91	0.88	0.85	0.69	0.95	0.94	1.17	..
Nephritis .. ..	0.70	0.51	0.49	0.52	0.47	0.68	0.69	0.53	0.55	0.81	.57
Albuminuria .. ..	31.70	29.00	32.98	34.63	31.98	32.51	27.97	20.33	24.66	25.34	29.30
Scarlet fever .. ..	4.71	3.94	5.33	4.44	4.44	5.11	5.02	5.15	4.78	6.75	4.86
Chickenpox .. ..	0.93	1.01	1.04	0.90	0.92	0.44	0.81	0.83	0.46	0.94	.82
Measles .. ..	0.76	0.79	0.78	0.69	0.94	0.71	1.01	1.05	0.53	1.45	.84
Whooping cough .. ..	0.27	0.45	1.04	0.45	0.12	0.35	0.32	0.40	0.34	0.24	.42
Rubella .. ..	0.16	0.16	0.10	0.07	0.08	0.21	0.12	0.44	0.04	..	.14
Mumps .. ..	..	..	..	0.05	..	0.02	0.24	0.04	0.04	..	.03
Antitoxin rash .. ..	42.60	43.6	47.46	44.80	43.19	32.86	30.66	25.0	30.35	30.34	37.49
.. joint pains .. ..	5.26	4.7	4.77	5.56	5.15	5.14	4.92	3.09	3.80	3.64	4.60
.. abscess .. ..	1.15	0.7	0.10	0.56	0.58	0.24	0.36	0.49	0.55	0.57	.60



TABLE II.B.—Incidence rate per cent. of diphtheria complications at each acute hospital.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	All hospitals.
Relapse .. .. .	1.51	.95	.51	1.03	2.25	2.36	1.22	1.49	.64	1.50	1.31
Paralysis .. .. .	14.50	20.55	12.52	16.73	9.39	24.10	17.81	20.70	12.32	19.39	16.10
Otitis .. .. .	9.03	4.25	5.12	5.40	6.83	5.55	3.22	5.97	4.89	4.80	5.67
Pneumonia .. .. .	.76	.48	.32	.45	.45	..	.28	.60	.34	.28	.43
Broncho-pneumonia .. .. .	1.29	1.10	.57	1.28	1.54	1.06	.94	1.51	1.60	.84	1.18
Nephritis .. .. .	.35	.68	.91	.39	.98	.82	.34	.83	.50	.40	.57
Albuminuria .. .. .	42.64	34.72	17.93	26.60	15.40	48.35	34.29	23.52	21.47	36.07	29.18
Scarlet fever .. .. .	4.45	3.84	3.44	3.74	6.06	5.20	3.84	7.11	5.52	3.50	4.85
Chickenpox .. .. .	.82	.75	.47	.57	1.28	1.06	.44	1.09	.44	.40	.81
Measles .. .. .	1.25	.50	1.08	.63	1.26	.36	.52	1.19	.74	.35	.83
Whooping cough .. .. .	.39	.25	.63	.48	.62	.36	.27	.42	.27	.23	.42
Rubella .. .. .	.18	.02	.08	.10	.17	.12	.07	.24	.34	.03	.14
Mumps .. .. .	.07	..	.15	..	.04	..	..	.02	..	..	.03
Antitoxin rash .. .. .	36.01	30.70	19.09	38.00	43.01	48.03	58.97	29.08	22.98	47.42	37.49
"  pains .. .. .	3.12	4.12	2.62	4.25	7.38	7.15	7.90	2.03	2.52	6.84	4.60
"  abscess .. .. .	.48	.40	.72	.48	.81	.79	.87	.98	.24	.51	.60

TABLE III.—Enteric fever. Years 1900-1909.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	Total.	Incidence per cent.
Total cases .. .. .	1,446	798	1,135	997	719	4	1,165	1,016	588	1,127	8,997	..
Relapse .. .. .	172	74	57	90	103	1	173	102	71	95	938	10.42
Hæmorrhage .. .. .	108	96	68	105	102	..	103	83	40	117	822	9.13
Perforation .. .. .	77	34	30	18	24	..	34	35	25	30	307	3.41
Peritonitis (non-perforative) .. .. .	15	3	15	12	2	..	2	3	1	4	57	.64
Pneumonia .. .. .	35	7	35	29	26	..	21	22	11	41	227	2.52
Broncho-pneumonia .. .. .	8	2	25	21	6	..	10	11	7	9	99	1.11
Pleurisy .. .. .	19	4	3	15	15	..	18	10	5	10	99	1.11
Parotitis .. .. .	10	1	5	7	3	..	8	12	7	5	58	.65
Periostitis .. .. .	23	4	5	10	18	..	20	9	11	16	116	1.29
Phlebitis .. .. .	33	25	5	26	30	..	21	24	12	35	211	2.34
Dementia .. .. .	4	4	12	..	9	..	9	9	10	8	65	.73
Abscesses .. .. .	61	11	15	17	25	..	71	26	17	42	285	3.17
Scarlet fever .. .. .	1	2	1	1	1	1	..	5	..	4	16	.18
Diphtheria .. .. .	5	2	..	3	..	..	1	1	..	2	14	.16

TABLE IIIA.—Yearly incidence rate per cent. of complications amongst cases of enteric fever.

COMPLICATIONS.	1900.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1900-1909.
Relapse .. .. .	10.76	9.09	8.87	12.43	12.40	10.59	8.60	9.57	10.76	11.0	10.42
Hæmorrhage .. .. .	6.57	7.86	8.51	11.23	11.20	10.28	12.14	9.95	10.55	9.8	9.13
Perforation .. .. .	2.63	2.77	3.86	5.01	3.13	3.47	4.15	3.29	3.17	2.8	3.41
Peritonitis (non-perforative) .. .. .	0.80	0.90	0.26	0.65	0.48	0.90	0.31	0.54	0.42	0.9	.64
Pneumonia .. .. .	2.69	2.47	2.79	2.18	2.77	1.51	3.38	2.71	1.90	2.1	2.52
Broncho pneumonia .. .. .	1.26	0.97	1.14	0.87	0.84	1.05	0.92	2.34	0.63	0.5	1.11
Pleurisy .. .. .	1.03	1.12	0.64	1.74	0.72	1.36	1.69	1.26	0.84	0.9	1.11
Nephritis .. .. .	..	..	..	0.76	0.72	0.75	1.54	0.72	1.27	1.9	..
Cystitis .. .. .	..	..	..	..	..	..	..	1.08	0.00	1.2	..
Bacillaria .. .. .	..	..	..	..	..	..	..	1.44	..	1.6	..
Parotitis .. .. .	0.45	0.90	0.71	0.76	0.48	0.60	0.61	..	1.05	0.7	.65
Periostitis .. .. .	1.43	1.20	1.00	1.09	0.96	2.26	1.23	0.90	1.90	1.4	1.29
Phlebitis .. .. .	1.37	2.02	2.36	1.74	3.85	2.42	2.92	2.16	2.74	4.0	2.34
Dementia .. .. .	1.08	0.67	0.71	0.10	0.84	0.15	0.77	1.08	0.63	0.2	.73
Peripheral neuritis .. .. .	..	..	..	..	..	..	..	0.36	0.63	0.7	..
Otitis media .. .. .	..	..	..	2.39	3.85	3.93	4.30	3.07	2.74	6.6	..
Abscesses .. .. .	3.88	5.16	4.22	2.34	1.92	3.17	2.00	1.08	1.90	2.8	3.17
Boils .. .. .	..	..	..	3.37	3.13	2.72	1.08	1.26	2.11	2.3	..
Scarlet fever .. .. .	0.00	0.22	0.22	..	0.38	0.15	0.15	0.54	0.42	..	.18
Diphtheria .. .. .	0.23	..	0.22	..	..	0.15	0.46	0.36	..	0.2	.16



TABLE IIIB.—Incidence rate per cent. of enteric fever complications at each acute hospital.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	All hospitals.
Relapse .. .. .	10.9	9.3	5.0	9.0	14.3	25.0	14.6	10.0	12.1	8.4	10.42
Hæmorrhage .. .. .	7.5	12.0	6.0	10.5	14.2	..	6.8	6.2	6.6	10.3	9.13
Perforation .. .. .	5.3	4.3	2.6	1.8	3.3	..	2.9	3.4	4.3	2.6	3.41
Peritonitis (non-perforative) .. .. .	1.0	.4	1.3	1.2	.3	..	.2	.3	.2	.4	.64
Pneumonia .. .. .	2.4	.9	3.1	2.9	3.6	..	1.8	2.2	1.9	3.6	2.52
Broncho-pneumonia .. .. .	.6	.3	2.2	2.1	.8	..	.9	1.1	1.2	.8	1.11
Pleurisy .. .. .	1.3	.5	.3	1.5	2.1	..	1.5	1.1	.9	.9	1.11
Parotitis .. .. .	.7	.1	.4	.7	.4	..	.7	1.2	1.2	.4	.65
Periostitis .. .. .	1.6	.5	.4	1.0	2.5	..	1.7	.9	1.9	1.4	1.27
Phlebitis .. .. .	2.5	3.1	1.4	2.6	4.2	..	1.8	2.4	2.0	3.1	2.34
Dementia .. .. .	.3	.5	1.1	..	1.3	..	.8	.9	1.7	.7	.73
Abscesses .. .. .	4.2	1.4	1.3	1.7	3.5	..	6.1	2.6	2.9	3.7	3.17
Scarlet fever .. .. .	.1	.3	.1	.1	.1	25.0	..	.5	..	.4	.18
Diphtheria .. .. .	.3	.3	..	.3	..	..	.1	.1	..	.2	.16

TABLE IV.—Showing number of cases in which two or more separate infectious diseases were co-existent at the time of admission. Years 1900–1909.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Fountain.	Grove.	South-Eastern.	Park.	Brook.	Total.
Scarlet fever and diphtheria .. .. .	186	106	60	143	182	44	37	148	73	157	1,136
.. chickenpox .. .. .	70	122	43	74	50	36	121	108	112	149	885
.. whooping cough .. .. .	63	195	62	68	54	58	75	77	105	151	908
.. measles .. .. .	37	67	9	57	32	9	31	35	52	59	388
.. rubella .. .. .	6	8	3	5	5	4	11	5	10	15	72
.. enteric fever .. .. .	7	4	2	1	1	..	1	2	3	2	23
.. mumps .. .. .	..	2	..	1	..	3	4	2	..	1	13
Scarlet fever, chickenpox and whooping cough .. .. .	1	3	..	1	..	..	..	..	..	..	5
.. diphtheria, measles .. .. .	..	1	..	..	..	..	..	..	..	..	1
Diphtheria and measles .. .. .	100	30	25	61	28	1	51	82	55	63	496
.. chickenpox .. .. .	30	17	5	24	13	4	24	31	26	43	217
.. whooping cough .. .. .	65	41	26	44	32	6	50	40	23	49	376
.. cerebro-spinal meningitis .. .. .	..	..	..	..	..	..	1	..	..	..	1
.. rubella .. .. .	6	1	..	2	2	..	4	2	4	3	24
.. syphilis .. .. .	..	..	..	..	1	..	..	..	..	..	1
.. erysipelas .. .. .	..	..	..	..	3	..	..	..	1	..	4
.. measles, whooping cough .. .. .	1	..	..	..	..	..	3	..	..	1	5
.. measles, enteric fever .. .. .	..	1	..	..	..	..	..	..	..	..	1
Enteric fever and measles .. .. .	..	..	..	1	1	..	..	..	..	..	2
Measles and whooping cough .. .. .	..	..	..	..	1	..	1	..	..	..	2



3. POST-SCARLATINAL DIPHThERIA, 1900-1909.

TABLE V.—Sex distribution and mortality.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Grove & Fountain.		South-Eastern.		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	31	2	83	1	45	2	51	..	47	1	121	1	39	1	97	8	106	1	370	3	207	1	1	..	1,198	21	1-75
	48	1	85	1	50	7	69	1	50	1	102	6	44	1	88	6	110	..	615	6	242	1	..	1,503	31	2-06	
	79	3	168	2	95	9	120	1	97	2	223	7	83	2	185	14	216	1	955	9	449	2	1	..	2,701	52	1-92
Laryngeal cases	12	3	11	3	8	2	8	2	12	3	8	..	3	..	23	5	8	2	60	..	0	..	..	..	162	20	12-3
	9	2	9	1	9	3	6	1	7	1	11	3	3	1	16	2	4	..	57	3	10	..	..	141	17	12-0	
	21	5	20	4	17	5	14	3	19	4	19	3	6	1	39	7	12	2	117	3	19	..	..	303	37	12-2	
All cases	43	5	94	4	53	4	59	2	59	4	129	1	42	1	120	13	114	3	430	3	216	1	1	..	1,360	41	3-01
	57	3	94	2	59	10	75	2	57	2	113	9	47	2	104	8	114	..	672	9	252	1	..	1,644	48	2-92	
	100	8	188	6	112	14	134	4	116	6	242	10	89	3	224	21	228	3	1,102	12	468	2	1	..	3,004	89	2-96

TABLE VI.—Antitoxin treatment.

	Eastern.		North-Eastern.		North-Western.		Western.		South-Western.		Grove & Fountain.		South-Eastern.		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 ..	81	6	137	6	96	13	125	4	86	6	158	8	62	3	141	15	167	3	1,058	12	414	2	1	..	2,526	78	3-08
Cases not so treated ..	19	2	51	..	16	1	9	..	30	..	84	2	27	..	83	6	61	..	44	..	54	..	..	..	478	11	2-30
Total ..	100	8	188	6	112	14	134	4	116	6	242	10	89	3	224	21	228	3	1,102	12	468	2	1	..	3,004	89	2-96



**4. SUMMARY OF THE ANTITOXIN TREATMENT OF  
DIPHTHERIA, 1900-1909.**

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 ... ..	8,153	911	11.2	208	14	8.7	8,361	925	10.9
North-Eastern ...	3,527	411	11.6	430	10	2.3	3,937	421	10.7
North-Western ...	4,590	575	12.5	1,293	47	3.6	5,883	622	10.5
Western ... ..	7,262	797	11.0	421	19	4.5	7,683	816	10.6
South-Western ...	3,956	428	10.8	694	11	1.6	4,650	439	9.4
Grove & Fountain	7,550	621	8.2	558	12	21.5	8,108	633	7.8
South-Eastern ...	4,471	572	12.8	560	25	4.5	5,031	597	11.8
Park ... ..	5,410	675	12.4	1,346	21	15.6	6,756	696	10.3
Brook ... ..	5,486	617	11.2	1,321	47	3.6	6,807	664	9.7
Northern ... ..	—	2	—	—	—	—	2	—	—
<b>Total ... ..</b>	<b>50,405</b>	<b>5,609</b>	<b>11.1</b>	<b>6,831</b>	<b>206</b>	<b>3.02</b>	<b>57,236</b>	<b>5,815</b>	<b>10.1</b>

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 ... ..	1,266	245	19.3	8	5	62.5	1,274	250	19.6
North-Eastern ...	550	83	15.1	2	1	50.0	552	84	15.2
North-Western ...	628	101	16.1	25	10	40.0	653	111	17.0
Western ... ..	1,122	250	22.3	21	21	100.0	1,143	271	23.7
South-Western ...	677	126	18.6	5	4	80.0	682	130	19.1
Grove & Fountain	808	128	15.8	9	8	88.8	817	136	16.7
South-Eastern ...	940	170	18.1	30	9	30.0	970	179	18.5
Park ... ..	680	131	19.3	14	3	21.4	694	134	19.3
Brook ... ..	774	123	15.9	15	13	86.6	789	136	16.6
Northern ... ..	—	1	—	—	—	—	—	—	—
<b>Total ... ..</b>	<b>7,445</b>	<b>1,358</b>	<b>18.3</b>	<b>129</b>	<b>74</b>	<b>57.2</b>	<b>7,574</b>	<b>1,432</b>	<b>18.9</b>

## ANNUAL REPORT,

TABLE IX.—*Tracheotomy 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 ... ..	388	165	42.5	5	4	80.0	393	169	43.0
North-Eastern ...	248	57	22.9	—	—	—	248	57	22.9
North-Western ...	316	76	24.0	8	3	37.5	324	7	24.4
Western ... ..	499	173	34.7	15	15	100.0	514	228	44.5
South-Western ...	318	100	31.2	1	1	100.0	319	101	31.6
Grove & Fountain	396	98	24.7	6	6	100.0	402	104	25.8
South-Eastern ...	385	117	30.3	11	11	100.0	396	128	32.1
Park ... ..	168	77	45.8	3	2	66.7	171	79	46.2
Brook ... ..	410	102	24.9	10	9	90.0	420	111	26.4
Northern... ..	—	—	—	—	—	—	—	—	—
Total ... ..	3,128	965	30.8	59	51	86.5	3,187	1,016	31.9

## 5. TRACHEOTOMY AND INTUBATION STATISTICS, 1901-1909.

The three following tables were commenced in the year 1901.

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 ... ..	129	89	69.0	1	1	100.0	12	8	66.6
1 to 2 ... ..	489	207	42.4	9	4	44.4	56	43	76.7
2 „ 3 ... ..	535	162	30.3	16	8	50.0	48	36	75.0
3 „ 4 ... ..	476	121	25.4	16	8	50.0	46	37	80.4
4 „ 5 ... ..	403	93	23.0	9	2	22.2	22	20	91.0
5 „ 6 ... ..	255	40	15.6	4	2	50.0	13	10	77.0
6 „ 7 ... ..	144	33	22.9	—	—	—	11	4	36.4
7 „ 8 ... ..	41	7	17.1	—	—	—	1	—	0.0
8 „ 9 ... ..	20	5	25.0	—	—	—	1	1	100.0
9 „ 10 ... ..	15	2	13.3	—	—	—	1	—	0.0
Over 10 ... ..	25	11	44.0	2	1	50.0	9	5	55.5
Total ... ..	2,532	770	30.4	57	26	45.6	220	164	74.5



TABLE XI.—Number of cases and deaths at different ages of all cases of intubation performed for primary diphtheria, and 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 ... ..	19	12	63·2	3	1	33·0
1 to 2 ... ..	103	43	41·7	25	7	28·0
2 „ 3 ... ..	113	28	24·7	7	2	28·6
3 „ 4 ... ..	138	26	18·8	12	3	25·0
4 „ 5 ... ..	121	17	14·0	7	2	28·6
5 „ 6 ... ..	58	6	10·3	6	1	16·7
6 „ 7 ... ..	32	6	18·7	1	—	0·0
7 „ 8 ... ..	13	3	23·0	—	—	—
8 „ 9 ... ..	3	—	0·0	—	—	—
9 „ 10 ... ..	4	2	50·0	—	—	—
Over 10 ... ..	2	2	100·0	1	—	0·0
Total ... ..	606	145	23·9	62	16	25·8

TABLE XII.—Number of cases and deaths of patients on whom both operations were performed.

AGES.	PRIMARY DIPHTHERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1 ... ..	10	6	60·0	—	—	—
1 to 2 ... ..	52	32	61·6	2	1	—
2 „ 3 ... ..	42	18	42·8	4	1	—
3 „ 4 ... ..	42	13	31·0	1	—	—
4 „ 5 ... ..	24	5	20·8	1	—	—
5 „ 6 ... ..	13	5	38·3	—	—	—
6 „ 7 ... ..	6	3	50·0	—	—	—
7 „ 8 ... ..	4	1	25·0	—	—	—
8 „ 9 ... ..	1	—	0·0	—	—	—
9 „ 10 ... ..	2	2	100·0	—	—	—
Over 10 ... ..	1	1	100·0	—	—	—
Total ... ..	197	86	43·6	8	2	25·0

TABLE XIII.—Operations for perforation in enteric fever.

Year.	Completed cases.	Deaths.	Perforations.	Operations.		
				Recoveries.	Deaths.	Total.
1901	1,333	175	37	..	10	10
1902	1,396	218	54	2	20	22
1903	917	145	46	1	18	19
1904	827	115	26	1	9	10
1905	661	82	23	2	10	12
1906	650	108	27	1	10	11
1907	554	72	21	..	6	6
1908	474	80	15	..	11	11
1909	427	45	12	1	5	6
Total	7,239	1,040	261	8	99	107

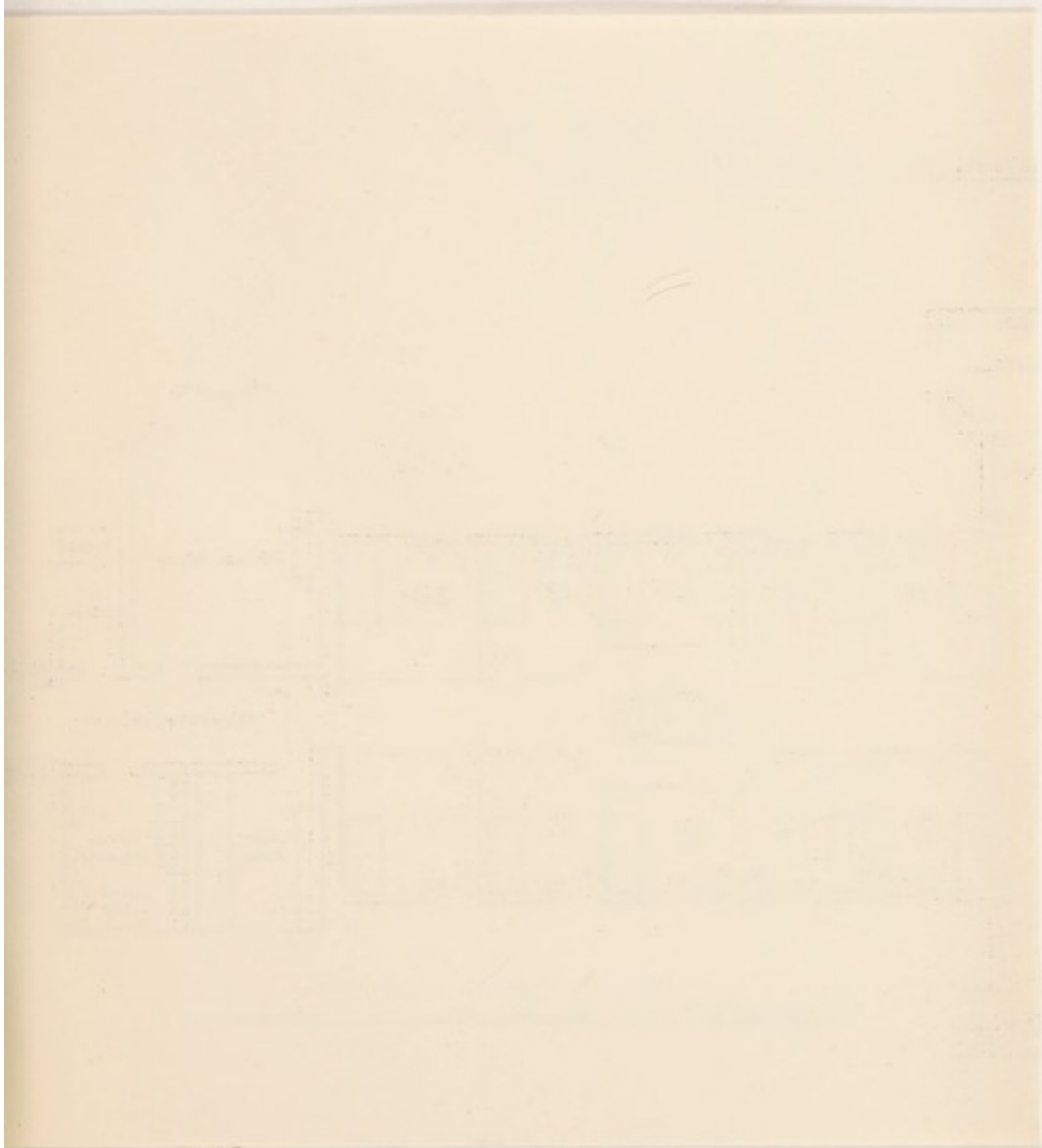
Mortality rate of enteric fever, summary of nine years ... 14.4 per cent.

Incidence rate of perforation ... .. 3.61 „

Ratio of operations to cases of perforation ... .. 41.0 „

Recovery rate after operation ... .. 7.5 „

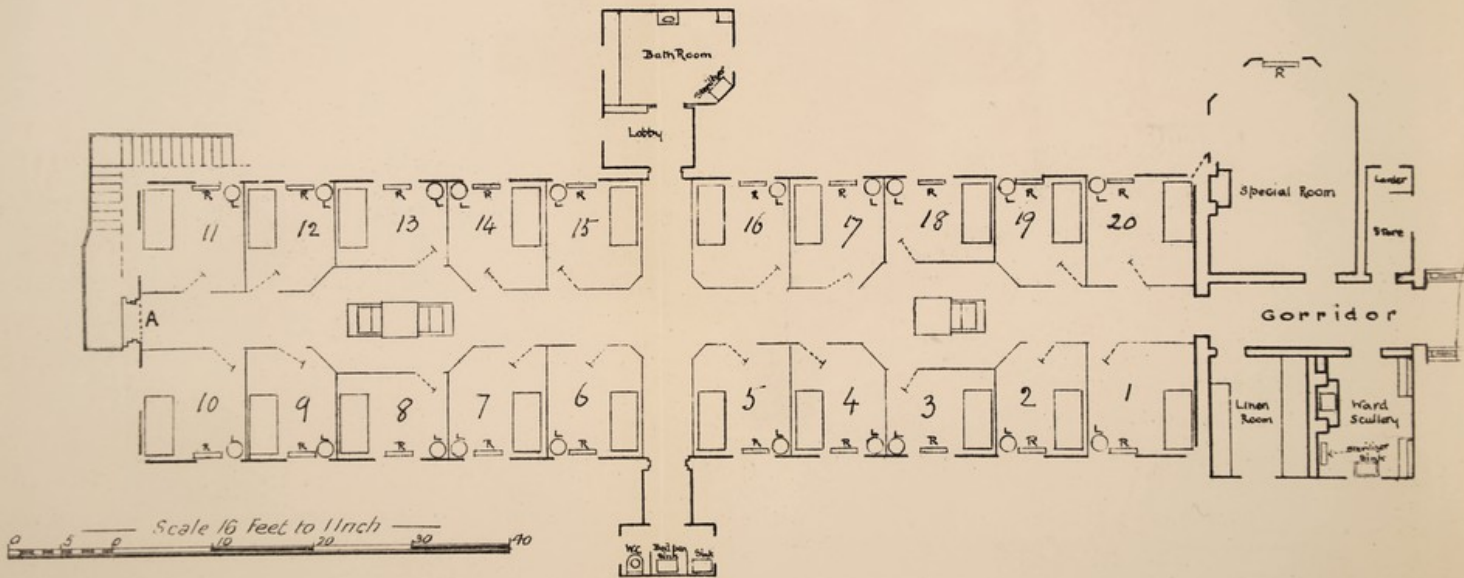




M.A.B.

Eastern Hospital Homerton

Isolation Accommodation in Temperance Ward





## 9.—AN ACCOUNT OF THE ISOLATION CHAMBERS RECENTLY PROVIDED AT THE EASTERN HOSPITAL.

By E. W. Goodall, M.D., Medical Superintendent of the Hospital.

In consequence of the insufficiency of single isolation rooms at the Eastern Hospital and the want of ground on which another adequate isolation block could be erected, it was determined to construct in one of the large wards a number of separate rooms or chambers. Temperance ward was selected for the purpose, because it was the only upper ward with windows enough to provide one window to each chamber without waste of space.

Temperance ward is 106 feet long, by 28 wide and 14 high. Before conversion into separate chambers it was ventilated very freely:—(i.) by cross ventilation through the windows, of which there were ten on each side, five feet apart except in the centre of the ward, where there was a door to the bathroom on one side and to the sanitary annex on the other. Above each window was a large ventilating hopper, which could be closed or opened at will. There were two similar windows and ventilators at the end of the ward furthest from the door, so that there were 22 windows altogether. (ii.) by a number of openings in the walls near the ceiling. Formerly these had Sheringham valves in them, which could be opened and shut at pleasure; but some time ago the valves became worn and liable to fall out on being moved, so that they were taken out, with the result that the openings always remained open. (iii.) by a few large inlets in the walls near the floor; these inlets were provided with a sort of door, which could be opened or shut as required.\* (iv.) by two somewhat narrow outlets in the form of vertical shafts in the middle longitudinal line of the ceiling. (v.) by four open fire-places, placed two together, one each side of a very substantial brick chimney stack. Each stack is situated in the centre of each half of the ward, and contains the flues from the fireplaces in the ward below, as well as those from the fire-places in Temperance ward itself.

There were also at one time two outlets in each side wall, leading into flues which ran up in the wall and opened outside above the level of the gutters of the roof. A gas-jet was always burning in each opening in order to create an upward draught; and a sort of lantern of glass and iron projected from the opening into the ward. But many years ago the use of these lanterns and jets was discontinued, and as they got out of repair, they were removed, and the openings blocked up.

The heating of the ward was obtained solely from the four fireplaces just mentioned.

The floor was of deal boards laid transversely. Having been in use for nearly forty years the boards were showing signs of wear. Mr. Aldwinckle, the architect, informs me that the floor is very substantial and well constructed.

The ceiling is an ordinary lath and plaster one.

Temperance is the upper of two wards forming a block. It was chosen in preference to the lower ward, because it was recognised that in any scheme that was adopted artificial ventilation would have to be employed, and that it would be easier and cheaper to instal this system of ventilation in the upper than in the lower ward. The two outlets in the middle line of the ceiling could also be used for ventilation of the central corridor running between the chambers. The

\* These inlets and the openings for the Sheringham valves were bricked up on the reconstruction of the ward.



ventilation of this corridor is a most important consideration ; for if it should be defective, there would be risk of infected air (or more strictly of infected dust in the air) being carried from one chamber to another through the corridor. There are no such ventilators in the ceiling of the ward below.

Further the upper ward obtains more light and air than the lower ward.

There were four doors in the ward, one at each end, and one in the middle of each side. The latter have already been mentioned ; of the former one opens on to the landing at the head of the staircase which comes up from the main corridor ; the other, which was towards one side of the other end of the ward, gave access to an iron staircase for use, more especially, in case of fire. This door has been moved to A.

Temperance ward was constructed to contain twenty beds. When it was decided to convert it into a ward of separate chambers it was suggested in the first instance that some of the beds, two or four, should be sacrificed in order to allow of space for ventilation of the central corridor from the sides, and for tables and similar furniture that might be required for the use of the staff working in the ward. On the other hand, it was urged that the loss of even a couple of beds was serious considering the needs of the hospital for accommodation of this class, and that the experience of the Pasteur Hospital at Paris had proved that cross ventilation of the central corridor was not a *sine qua non*. It was decided not to sacrifice any beds.\*

From the very beginning of the proceedings which led to the alteration of the ward it was pointed out that each bed would have to be contained in a chamber which was completely cut off from the rest. Cubicles, such as had been constructed at the South-Western Hospital, would not suffice, because such diseases as chickenpox, measles and very severe scarlet fever could not be treated with safety in cubicles, which are separated from one another not completely but by partitions 7 feet high. If Temperance ward was to be utilised for isolation purposes, it must be so adapted as to allow of patients suffering from any disease or combination of diseases to be treated with safety, the one to the other, so that chambers completely separated from one another were essential. The adoption of this principle at once necessitated the installation of an artificial system of ventilation and the provision of additional apparatus for heating ; for the two central pairs of fireplaces would not be adequate to heat the chambers. Lastly, in order that every person in attendance upon the patients should be able to wash his or her hands before leaving the chamber, it was decided to place in each chamber the apparatus for that purpose.

The work of adaptation was entrusted to Mr. T. W. Aldwinckle, F.R.I.B.A., who designed the cubicles at the South-Western Hospital. The following is a brief account of the ward as it has been altered :—

On each side of a central corridor is a row of ten chambers, interrupted in the middle by a short passage leading to the bathroom on the one side and the sanitary annex on the other. These two passages, especially the one to the annex, provide a certain amount of ventilation to the corridor. The chambers vary in size and shape, as will be seen from the plan here given. This variation was necessitated by the presence of the two large central chimney shafts to which allusion has already been made. The four smallest chambers (3, 8, 13, 18 in the plan) have an area of  $96\frac{1}{2}$  square feet. The largest chambers (1, 10,

\* It may be pointed out here that the central corridor is 106 feet long, and is, therefore, evidently longer than those in the wards of the Paris hospital. If, however, experience should show that cross ventilation of the corridor should be necessary, it will be easy to provide it by removing the glass above the height of seven feet from the corridor side of the small chambers numbered 3, 8, 13, 18 in the plan, keeping the windows or ventilators open, and using the chambers for patients who are either not infectious at all or but feebly so.



11 and 20) have an area of 119 square feet. The mean floor space of all the chambers is 106 square feet. The floor space of each of those in the Pasteur Hospital is 99. The height of all the chambers is 14 feet, and each possesses a window; chambers 10 and 11 possess two windows.

The frames of the partitions between the chambers are made of steel; they stand on deal fillets which are screwed to the floor and are joined to the ceiling with similar fillets. The lower panels, which are about 2 ft. 9 in. in height, are filled with asbestos boards; all the panels above these are glazed with 32 oz. sheet glass. The asbestos and the glass are fixed to the steel frames with steel pins and red putty. The door frames are of mahogany, but the doors are deal; the upper panels of the doors are glazed.\*

The arrangements for heating and ventilating the chambers are as follows:— Beneath each window (in rooms 10 and 11 beneath the windows in the side wall only) is a fresh air inlet, 2 ft. 6 in. by 1 ft. 3 in. The internal opening of the inlet is provided with a "hit and miss" grating, which, by a rack and pinion movement, can be adjusted in any position between complete closure and opening. When the wind blows directly on to the inlet, the grating is closed according to the strength of the wind. Close against and in front of the inlet is a hot-water radiator (R), provided with baffle-plates on the side away from the grating, so that the air that enters from the inlet, passes between the columns of the radiator, where it becomes warmed, and then impinging upon the baffle-plates is directed upwards into the chamber. The radiator is swung on a hinge on one side, so that it can be moved away from the inlet for the purpose of cleaning.

The outlet (an aperture with a grating 16 in. by 16 in.) for each chamber is in the ceiling, about 3 feet from the inner partition, except in chambers 3, 8, 13 and 18, where it is closer. A more satisfactory movement of the air in the chambers would have been caused had the outlet been made close to the inner partition in each chamber, but this could not be done without sacrificing the chambers just mentioned. Each outlet opens into a galvanised rectangular steel duct, which runs the whole length of the ward in the ceiling above the chambers. This duct varies in width from 16 in. by 10 in. to 16 in. by 18 in., increasing in area as it receives more exhaust air. It passes over the ceiling just inside the position of the inner partitions of the two smallest chambers; and as it is a perfectly straight duct it passes some distance (3 feet) inside the position of the inner partitions of the other chambers.

The two longitudinal ducts, one over each row of chambers, are joined by a transverse one in the middle of the ward, between the bathroom and the sanitary annex. Over this annex has been erected a turret which contains a centrifugal exhaust fan driven by an electric motor and running at 580 revolutions per minute. It was originally intended to place the turret containing the fan on the roof in the middle of the ward, over the centre of the transverse duct, but it was thought that the noise and vibration of the fan would have been disturbing to the patients. In its position over the sanitary annex the fan causes a hum which is by no means unpleasant, and can be heard only in the chambers immediately adjoining the transverse duct. The transverse duct turns upwards in the turret and contains the fan. The fan draws the air from the ducts and discharges it into the atmosphere surrounding the turret. When the windows of the chambers are closed, therefore, as they always will be in cold weather, the air is extracted by the fan from the ducts and chambers, and air enters by the inlets to replace that extracted through the outlets. Mr. Aldwinckle informs me that the air in each chamber is renewed at least four times in the hour. About 7,500 cubic feet per hour enters through the inlet beneath the window; while

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\* It would be better if the doors also were made of mahogany or some hard wood, so as not to shrink.



a certain additional amount, about 2,500 cubic feet, enters by "unauthorised" inlets (chinks round door, window sashes, and cover of ventilator above window). In the summer the upper sashes of the windows will be opened wide, and air will enter chiefly through the windows. But it will still be desirable to keep the fan running in summer in order to ensure a movement of the air in the chambers, and in order to prevent aerial communication between the chambers through the open doors of the rooms. As the fan causes the air to flow with greater velocity in the ducts the nearer it (the air) is to the fan, and therefore as the air would be extracted more quickly from the nearer chambers than those furthest away, from which indeed the extraction might be but feebly performed, each outlet is provided with a regulating valve, which opens into the duct, and can be adjusted to regulate the flow of air through it. Mr. Aldwinckle adjusted these doors or valves by measuring the current of air with an anemometer.

For the purpose of cleaning the extraction ducts there are five access doors, one at each end of the two longitudinal ducts, and one near the fan.

The question of the ventilation of the central corridor gave some anxiety. When the door of any chamber is open, an inlet for air is created; therefore it is essential that the air in the corridor should be fresh and uncontaminated. To supply this air a motor-driven fan has been placed over the door at A,\* and this fan drives air into the corridor from outside. In warm weather the fan is stopped, and the door kept open. The door at the other end of the corridor has been removed, so as to allow of free ventilation at that end.

The air in the corridor escapes by the two ventilators in the ceiling which were there before the ward was altered. Three of the fireplaces have been kept, and they act as extractors. The fourth fireplace was removed to make room for a table.

Each chamber is provided with a basin (L) to which warm water is delivered through a rose-spray. The water is turned on by pressing a pedal. It flows from a tank in which hot and cold water are mixed by a mechanical arrangement to the required degree of heat. There is a separate tank for each row of chambers. The same boiler supplies the hot water for these mixing tanks and for the sanitary annex, bathroom and kitchen. Another boiler supplies the hot water for the radiators.

The floors of the chambers and the corridor are of "Durato," a patent composition of some kind of cement and asbestos, coloured red, and laid down upon the old wooden floor.

There are two sterilizers, one in the bathroom and the other in the kitchen. In them are sterilised all eating and drinking utensils, surgical instruments, etc. The bed-pans and urine bottles are thoroughly washed in hot water and izal in the sanitary annex.

After a patient has left and before a new patient is put in a chamber, the wall and partition are sponged with izal solution by a nurse or wardmaid up to the height of 7 feet. Above that height the sponging is done by a porter. Particular attention is paid to places in which dust can collect. The radiator is included in this washing, as is the grating of the outlet. I find that dust is very prone to collect upon this grating, from which it may fall into the chambers. It is removed with a wet cloth. The floor is also washed.

Immediately on entering a chamber to attend to a patient the nurse puts on an overall which hangs on a hook inside close to the door. When she has finished, she removes the overall, hangs it up, washes her hands at the basin and then leaves the chamber. The medical officer follows the same procedure;

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\* This door communicates with an iron staircase leading down to the airing-court.



as also does the wardmaid, though the latter washing her hands only when she touches the patient or his bedclothes, which is very seldom. The overall used by her is kept rolled up and placed near the door, out of sight from the corridor.

From this account it will be seen that in having a central corridor with chambers on each side, the ward follows the design of the wards in the well-known Pasteur Hospital in Paris. In the latter, however, there are only six chambers on each side of the corridor, and there are alternate glass and opaque partitions. In the Pasteur Hospital there is a door in each chamber opening to the outside, as well as a door to the central corridor. There is a balcony to the upper floor. So that, if considered necessary, the corridor door can be locked and access to the chamber obtained only through the outer door.

For nursing the patients when the ward is full one sister, one staff-nurse and two probationers are required during the day, and one staff-nurse and one probationer for night. Two wardmaids are necessary. For special cases, such as intubation and certain tracheotomy cases, extra nurses are required. The ward, when fully occupied or nearly so, must never be left without its full complement of nurses except during the nurses' meal-times.

The ward was opened for the reception of patients on September 6th, 1910. Since then up to the date of writing this report (March 25th), 142 patients have passed through the ward. Of these 110 suffered from an infectious or contagious disease, while 32 did not. In many of the cases there was a combination of infectious diseases. The following table gives the details of the cases:—

TABLE I.

<i>Diseases or combination of diseases.</i>	<i>Number of cases.</i>
Scarlet fever ... ..	16
„ „ and diphtheria ... ..	2
„ „ „ measles ... ..	5
„ „ „ chickenpox ... ..	9
„ „ „ rubella... ..	2
„ „ „ whooping cough ... ..	1
„ „ „ diphtheria and measles ... ..	1
„ „ „ chickenpox and scabies ... ..	1
Diphtheria ... ..	5
„ and measles ... ..	5
„ „ chickenpox ... ..	3
„ „ rubella ... ..	1
„ „ whooping cough ... ..	2
„ „ mumps ... ..	2
„ „ measles and chickenpox ... ..	1
„ „ measles and rubella ... ..	1
Measles ... ..	25
„ and chickenpox ... ..	2
„ „ rubella... ..	1
Chickenpox ... ..	3
Rubella ... ..	13
Mumps ... ..	1
Erysipelas ... ..	1
Influenza ... ..	1
Enteric fever ... ..	1
Lobar pneumonia ... ..	4
Scabies ... ..	1
Diseases not infectious ... ..	32

The stay of the patients in the hospital varied from one to 88 days. Six of the cases were fatal, two of measles combined with diphtheria, after one and two days' stay respectively, and four of measles, after a stay of three, five, eight and ten days.

The ages of the patients were as follows :—

TABLE II.

Under 1	...	...	...	...	...	3	}	86
1	...	...	...	...	...	16		
2	...	...	...	...	...	26		
3	...	...	...	...	...	18		
4	...	...	...	...	...	23		
5	...	...	...	...	...	...	41	
10	...	...	...	...	...	...	4	
15	...	...	...	...	...	...	2	
20	...	...	...	...	...	...	5	
25	...	...	...	...	...	...	3	
30	...	...	...	...	...	...	1	
								142

When a patient is the subject of more than one infectious disease at the same time, he is capable of infecting susceptible persons with each of the diseases from which he is suffering. In considering the conditions under which Temperance ward has been used, we must pay attention to the number of cases of each disease, as well as, if not rather than to the number of individual patients. From the details given in Table I. the following Table (III.) can be constructed :—

TABLE III.

Nature of disease.	Number of cases.	Shortest stay in days.	Longest stay in days.	Average length of stay in ward.
Scarlet fever	37	1	88	27·3 days.
Diphtheria	23	1	81	24·7 „
Measles	41	1	81	18·4 „
Chickenpox	19	6	42	27·6 „
Rubella	18	6	29	13·2 „
Whooping cough	3	25	55	39·6 „
Mumps	3	13	19	16·3 „
Erysipelas	1	—	—	15·0 „
Enteric fever	1	—	—	2·0 „
Influenza	1	—	—	14·0 „
Lobar pneumonia	4	20	26	24·0 „
Scabies	2	24	39	31·5 „
	153			
Non-infectious diseases	32	1	33	16·8 „
	185			



During the six months the ward has been in use there has been no selection of the cases admitted, except in that for some reason or other it was necessary to isolate each case. And the patients have been placed in the chambers just as the latter happened to be empty. It will thus be seen that there has been a fairly severe test of the efficiency of the arrangements, when the ages of the patients and the nature of the diseases are borne in mind. A considerable number of the patients have been kept in the chambers for periods sufficiently long to have exposed them to the chances of infection had these been offered. Of course to get at the actual facts of exposure it would be necessary to know of every patient from what infectious diseases he had previously suffered, and what were the infectious diseases that were being treated in the ward while he was staying in it. So far as could be the former of these facts was ascertained; the latter can be obtained from a detailed examination of the records made in a special book which is kept in the ward. But such a detailed statement would necessarily be somewhat lengthy, and hardly worth the trouble involved in preparing it. It will perhaps be sufficient to state that in 12 of the 32 non-infectious cases the patient had not previously suffered from any infectious disease; and in 10 of them from only one; while of the 71 patients who were the subject of a single infectious disease, 28 had not previously suffered from an infectious disease. None of these 50 patients contracted any disease during his stay in the ward.

One other patient did, however, contract chickenpox. He was a boy, aged 2 years, who was admitted to chamber No. 13 on October 3rd, suffering from diphtheria and measles. On November 20th he developed chicken-pox. Now taking the incubation period of this disease as varying from 14 to 21 days, it is clear that the boy must have been infected on some day during the period October 30th to November 6th. The patients from whom he may have caught the disease were eight in number. They were admitted to the wards on the following dates:—October 21st (10),\* October 21st (7), October 24th (9), Nov. 4th (11), November 4th (18), November 5th (4), November 5th (1), and November 6th (17). These patients were all in the acute stage of the disease at the time they were admitted. On November 5th there was another patient admitted to the ward besides the two chickenpox cases, and on that day a patient was discharged. Further, on that day the charge nurse had her monthly day's holiday and one of the assistant nurses was off duty after 2-30 p.m. Consequently after 2-30 p.m. there were only two nurses in the ward. There were 19 patients in the ward in the afternoon, 3 of them being new patients. There was also a patient to be discharged from one of the chambers, so that the work to be done was rather above the average amount for the day. The medical officer in charge (myself) also made rather a longer round than usual, over an hour, which took up the time and attention of the assistant nurse who had been left in charge of the ward. Although I am quite sure that the two nurses on duty during that afternoon did their very best to perform their duties conscientiously, yet there can be no doubt that they were set an unusual amount of work to do, and it is not difficult to understand that quite inadvertently some small but necessary detail may have been omitted or wrongly carried out. I was engaged at that time in finding out what number of staff was really necessary for the ward; and the occurrence of the case of chickenpox under the circumstances stated has convinced me that the ward must never be left without its full complement for any length of time. There can be no doubt that it is a very irksome duty faithfully and minutely to carry out the procedure which has been enjoined in order to prevent the conveyance of infection from one chamber to another.

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\* The numbers in brackets refer to the chambers in which the patients were placed.



**10.—TWO CASES OF LAPAROTOMY IN ENTERIC FEVER.**

By E. W. Goodall, M.D., Medical Superintendent of the Eastern Hospital.

**(i.) A Case of Enteric Fever, in which there was extra-peritoneal Perforation of the descending Colon.**

Albert H., aged 31, the manager of a public-house, was admitted to the Eastern Hospital on April 22nd, 1910, suffering from an attack of enteric fever. He had been ill for between three and four weeks before admission. The attack was prolonged, though not unduly severe, and the temperature settled to normal on May 22nd. On June 2nd the temperature began to rise again, and continued to do so, till on the evening of June 9th it was 102° F. On June 4th and 5th Dr. Van Buren, the medical officer in charge, noticed distinct resistance on palpation of the muscles on the right side of the abdomen. The same condition was observed on June 6th, when the abdomen was also a little full. On the 8th the abdomen was a little more distended. On June 11th the condition of the abdomen was noted to be satisfactory. No fresh symptom occurred till June 14th. The patient had been and was constipated, and had been having simple enemas every two or three days. One such was administered at 9-15 a.m. on June 14th; the patient complained that he could not pass the stool, so an ounce of olive oil was injected into the rectum, and a brown, formed motion was passed at once. At 10 a.m. the patient complained of pain and soreness in the abdomen, and said that he felt "bad and weak." At 11-30 a.m. he complained of more pain. Dr. Van Buren was sent for; he examined the patient and made the following note: "When I was sent for he had passed a motion in bed, abundant, brown and pasty; also some flatus. When seen by me he appeared somewhat collapsed and paler in colour than usual; pulse 104, very fair. Abdomen somewhat full; pain located in the neighbourhood of the umbilicus, where also patient is somewhat tender to palpation. There is no tenderness in the right iliac fossa, but a little in the left. The abdominal walls are not markedly rigid; the right rectus and right oblique are more resistant than the left (as on June 5th). Liver dullness present. T. 101°-6 F." Dr. Van Buren requested me to see the patient at once, which I did. I confirmed his observations, but noted also that there were two distinct rose spots on the abdomen. Very soon after this the patient passed another stool into the bed and some more flatus. At 12-30 p.m. the pulse was 120 and much smaller. Between 12-30 and 12-45 p.m. I examined the patient again and came to the conclusion that perforation had taken place for the following reasons, which I wrote down at the time: "(i.) the pain came on suddenly; (ii.) there was distinct tenderness all over the lower part of the abdomen on pressure, though I could not make out that it was more on one side than the other. Dr. Whitaker (who examined the patient at the same time) thought it was more on the right; (iii.) there was distinct rigidity of the lower half of each rectus; (iv.) the abdomen was distended; (v.) the pulse was very frequent and small, in fact even feeble; (vi.) the patient's facial aspect was that of one who was suffering from such a grave condition as peritonitis, slightly drawn and ashen." The abdominal and epigastric reflexes were all present; no intestinal movements could be made out.

It was decided to perform laparotomy. At 2-15 p.m. the patient was put under ether by the open method by Dr. Van Buren. I opened the abdomen by a median incision below the umbilicus. Several coils of gut presented themselves which were much injected. In places very small shreds of lymph could be seen. There was, in fact, very early acute peritonitis. The coils of intestine were all fairly well distended, except those of the jejunum. I found the end of the ileum, and though I traced up the small intestine for several inches, I could find no perforation. Most of the gut, in fact, seemed normal. The coils I saw at first were, so far as I could make out, some distance from the ileo-cæcal valve. The cæcum, ascending colon and sigmoid flexure seemed healthy, except that the first 4 or 5 inches of the colon presented a curious appearance as of air beneath the peritoneal surface, on the side opposite to its mesentery. I saw part of the transverse colon and that was normal, as was the omentum. There was no pus or lymph in any other part of the abdominal cavity, nor was there any gas or fluid. I could not find the appendix. No bile was to be seen. The cause of the early peritonitis was not ascertained. The little lymph seen was wiped away. The abdominal walls were sutured with cat-gut, all the layers together. The operation lasted about an hour, as the exploration took some time; but the patient bore it very well. The patient was treated with rectal saline injections and morphia hypodermically. Next day he vomited a little; the bowels acted and flatus was passed. The temperature rose to 102°-2 F. after the operation, but gradually sank to normal by the morning of the 16th. After that it rose again and remained more or less raised till the termination of the case. During the few days following the operation flatus was frequently passed per anum, and the bowels were occasionally moved; but the patient was better than just before the attack of pain which led to the laparotomy. On the 20th and 21st there were frequent loose stools; and the abdomen became slightly distended. At 8 p.m. on the 20th the patient complained of a good deal of abdominal pain. There had been some pain during the day, but it was worse in the evening. The



pulse since the operation had been more frequent than before, 112 usually as against 86. After the 20th the bowels were moved three or four times in the twenty-four hours, loose. The pain was more or less constantly present, but was only slight, except occasionally. However, after a day or two it passed off, and the patient seemed to be doing well. The stitches were removed on June 24th and the wound had healed well, except for superficial abscesses round the lower stitches. On June 27th the patient complained of pain over the abdomen and passed a good deal of flatus with small offensive stools. I examined him and made the following note: "Wound looks healthy; stitch abscesses healing; abdomen rather full, but not tense, in the lower half, more especially in the left iliac region; no abnormal dullness. Patient says the abdomen is tender on pressure in the left iliac region. Rigidity is very doubtful. In the left flank there is subcutaneous emphysema; this commences just below the level of the umbilicus and increases in area upwards to the chest wall; it is most extensive on the chest wall. It is not near the wound at all; not painful; it does not go further backwards than the mid-axillary line. Tongue very dry." This emphysema continued to be about the same for a few days; then it began to disappear, and on July 6th only a trace of it could be detected. On June 29th a small blood-clot was passed with a stool. On the 30th distinct firmness was noticed in the left iliac region, as if the intestine there was full, but on July 1st this firmness had disappeared; the abdomen was full and resonant all over. About this time the temperature was usually normal in the morning and 100° F. to 101° F. in the evening; pulse 100 to 112; and respiration 24 to 28. Small frequent stools were passed in the bed. An enema occasionally produced a larger motion. On July 5th the stools were observed to be very offensive and scanty and pasty. On July 6th I made the following note: "There is hardly a trace of emphysema now. There is a distinct swelling about the middle of the left Poupart's ligament, two or three inches across, oval; skin red in the centre, painful. The swelling was noticed by me yesterday, but the skin over it was not red, nor was the swelling so large. A distinct oval opening with a well-marked edge can be felt on Poupart's ligament. The swelling is resonant." I thought pus was present behind the swelling. On July 8th I noticed peristaltic action of the intestine to the left of the umbilicus, and distended coils.

I was taken ill at this time and was obliged to go off duty, and I did not see the patient alive again. On July 9th Dr. Whitaker made an incision into the swelling; gas and thin, foul, purulent material escaped. "On introducing the finger a mass appeared at the lower end of the incision; it seemed like a suppurating mass of omentum (but? a mass of lymph). No bowel appeared, and no bowel could be felt; in fact I could not identify any viscus. There seemed, however, to be a couple of coils of intestine adherent to the anterior abdominal wall. On further exploration there seemed to be a large abscess cavity extending up beneath the ribs and inwards almost to middle line, shut off and surrounded by a fairly firm wall." A counter incision was made in the loin and a large quantity of brown liquid material with abundant masses of lymph flowed out. The odour was described as being that produced by the bacillus coli. Large drainage tubes were introduced and dressings applied. On July 10th much faecal material escaped through both incisions. The patient gradually sank and died on July 18th. On the 17th a blood-stained discharge from the wound in the groin was noticed, and the next morning on dressing the wounds clots escaped from that in the loin.

A full autopsy was not permitted, and we were enabled to examine only the region of the wounds and the abdominal cavity as seen through them.

It was found that the two incisions opened into one large abscess cavity. This cavity extended upwards as high as the spleen; anteriorly it was bounded by the descending colon and the splenic flexure and the peritoneum covering them, posteriorly by the muscles of the back. Below the cavity passed over the brim of the pelvis behind the rectum to the end of the sacrum. In the pouch thus formed was about an ounce of pus. The psoas and iliacus muscles were exposed in the floor of the abscess cavity and their fibres were discoloured and almost sloughing. The left iliac arteries and veins and the ureter appeared intact.

The abscess cavity was full of slough and faecal material; the slough appeared to consist of muscle and aponeurotic tissue. The general peritoneal cavity was completely shut off from the abscess cavity. On clearing away the contents of the cavity an opening, half-inch in diameter, was found in the outer and posterior aspect of the descending colon. On opening the gut no other ulcer was found. No other portions of the interior of the intestines could be examined.

*Remarks.*—This was the most interesting, because the most difficult, of the cases of perforation in which it has fallen to my lot to operate. I diagnosed a perforation, but I failed to find it, even though it had occurred. It is easy to understand why I failed to find it. Perforation of the bowel had taken place in a very unusual site and outside the peritoneum. I found slight peritonitis, which I believed to be sufficient to account for the symptoms. The patient did as well as could have been expected for a few days. The first sign that his condition was more serious than was apparent was the emphysema observed on June 27th. It was clear from this that air had escaped from the gut somewhere; but I did not feel justified in submitting the patient to a further exploratory



operation. There was no evidence of the exact spot from which the air had escaped. It would have been necessary to have explored the extra-peritoneal aspect of the sigmoid flexure and descending colon, a very formidable undertaking. Some days later signs of suppuration became manifest; but surgical interference failed to save the patient, who died apparently from septic absorption.

I think the sequence of events must have been as follows:—The patient was suffering from a relapse of enteric fever with ulceration of the large intestine (descending colon). On June 14th an ulcer in the descending colon perforated; but inasmuch as the perforation was extra-peritoneal, the symptoms were not so distinctive as they often are when the perforation affects the lower part of the ileum and the peritoneum is involved. I cannot directly connect the peritonitis found at the operation with the perforation of the colon. Most likely there were deep ulcerations of the gut elsewhere, with extension of inflammation through the wall; a condition which is not uncommon in enteric fever. After the operation on June 14th there was a period during which, though the patient seemed to be doing well, sloughing of the tissues outside the affected gut was taking place, the result of bacterial action. Then emphysema was noticed (June 27th); but it was never cleared up whether the air or gas had come straight from the perforated bowel or was the result of chemical changes produced in the tissues by bacteria. A cavity was slowly formed, containing slough, pus and gas or air; but it was not till July 6th that there was any visible signs of the formation of this abscess.

The appearance of the cæcum at the operation was unusual in my experience. It looked just as if there were bubbles of air beneath the peritoneum. I could not detect the emphysematous sensation with my fingers, but I was wearing india-rubber gloves. Is it possible for air to make its way along the large intestine between the peritoneal and muscular coats, from a deep ulcer which had not, however, completely perforated the bowel?

Lastly, it is worth noting that no harm was done to the patient by the exploratory laparotomy.

(ii.) A Case of Enteric Fever, in which Laparotomy was performed for suspected Perforation, but nothing abnormal was found.

Ellen W., aged 17 years, was admitted to the Eastern Hospital on September 24th, 1910, suffering from enteric fever. She had been ill about 9 days. She had a well-marked, but not severe, attack; during the few days following her admission the temperature rose on three occasions to about 104° F. But she was beginning to convalesce, and for six successive mornings the temperature had been normal, though it had risen again at night to 101° F. or 102° F., when on the afternoon of October 6th, at 3-50 p.m. she had a rigor and complained of pain in the abdomen. At 2-30 p.m. a soap and water, with turpentine, enema had been given, which acted well immediately. Twice previously a similar enema had been administered, on September 25th and October 2nd, without giving rise to any pain. At 4-30 p.m. the patient complained of pain in the right iliac region, and there was some slight tenderness on deep pressure. The abdomen moved well in respiration; liver dullness normal. Temperature 102° F.; pulse 120. The patient had vomited once. At 6 p.m. the symptoms were much the same; but there was certainly less movement of the lower abdomen in respiration. I saw the patient at 7-15 p.m. There was no pain, except when pressure was made just below the umbilicus, and no rigidity. The pain was not severe, and the patient did not wince. The left epigastric reflex was present, but not the right, nor either of the abdominal. The lower part of the abdomen did not move so well as the upper.

At 8-45 p.m. the pain on pressure was distinctly more easily elicited; pulse 120. There had been no further shivering.

I determined to open the abdomen, because the evidence strongly pointed to the occurrence of perforation, followed by a stage of remission of the symptoms. There had been sudden abdominal pain, with a rigor; this pain had passed off, but there was distinct pain on pressure just below the umbilicus. The temperature had risen to 103°-4 F. at 6 p.m., and the pulse and respiration rate had also risen.

At 10-30 p.m. the patient was put under chloroform, and laparotomy performed by Dr. J. H. Whitaker, the senior assistant medical officer. This incision was made in the left iliac region; but though the abdominal cavity and its contents were as thoroughly examined as they could be from that incision nothing abnormal was detected. The peritoneum was sewn up separately, and then the rest of the abdominal wall in one layer. The patient vomited once after the operation; but, with the exception of stitch abscesses, she made an uninterrupted recovery; her temperature never rose above the normal once after the operation. She left the hospital well on December 15th.

*Remarks.*—This case also illustrates the difficulty in diagnosing perforation of an abdominal viscus in enteric fever. The sudden pain and rigor were extremely suspicious symptoms. It is true that this pain passed off fairly quickly; but pain on pressure was still present four hours later, and the temperature and pulse rate had risen after the first symptoms had occurred. I was not surprised to find no perforation, but I was much



surprised not to find peritonitis. This is the first case in which I have failed to find anything to account for the pain in a case in which I had diagnosed perforation. I had before then met with two or three cases in which no perforation was found by laparotomy; but in them peritonitis was present. In a case in which there is a strong suspicion of perforation I hesitate to put off operating too long; I know only too well that the initial symptoms may almost entirely disappear, and no fresh symptom occur till extensive peritonitis has set in, and the patient's chances of recovery greatly diminished. But this and other cases shew that little, if any, harm is done by an exploration of the abdomen under strict aseptic precautions, in a case of enteric fever.

## 11.—THE BLOOD-PRESSURE IN DIPHTHERIA.

By J. D. Rolleston, M.D., Assistant Medical Officer, Grove Hospital.

*Historical note.*—Friedemann (1893) working with von Basch's sphygmomanometer, examined 63 children suffering from diphtheria in Heubner's clinique at Leipzig. He found that small oscillations occurred in all cases, but that there were no grounds for anxiety, as long as there were within 5–10 mm. Hg.. Provided that the blood-pressure did not sink below 90 mm. in big children, and below 75 mm. in small ones, the prognosis was not unfavourable. Cases showing a reading of 65 or 60 mm. were almost invariably fatal. Friedemann was of opinion that the diagnosis of cardiac involvement and the establishment of convalescence could be made much earlier by the sphygmomanometer than by ordinary clinical methods.

Biernacki (1899) investigated 26 cases, 6 of which were fatal, with the pocket form of Hill and Barnard's instrument, and found that in fatal cases the incidence and intensity of toxic symptoms bore a definite relation to the fall of blood-pressure.

Durand-Viel (1903) used Potain's instrument on 55 diphtheria patients, whose ages ranged from 3½ to 14 years, and found that a fall of pressure took place in every form of diphtheria, mild or severe. The fall was relatively more marked in older children and in severe forms of the disease.

Denis (1903), from observations on 400 children in Marfan's diphtheria wards, arrived at similar conclusions.

Taddei (1904) used Riva-Rocci's original instrument on 164 children, including 14 laryngeal cases before and after intubation. He found that the hypotensive action of diphtheria toxin was not always present in every form of the disease. In mild cases the blood-pressure was almost normal, in moderate cases the depression was slight, and of brief duration, while in toxic forms the hypotension was very marked, though it might be preceded by a slight rise during the febrile stage. The arterial tension bore an inverse relation to abuminuria; the more persistent and massive the albuminuria, the longer and more marked the hypotension. In laryngeal cases the pressure rose until intubation, was at its maximum during the operation, and then gradually fell.

Weigert (1907) examined 46 cases with Gärtner's tonometer. In the mild and uncomplicated cases the pressure on the whole was not affected; in some there was a slight rise during the febrile period. Similar results were obtained in cases with more or less severe myocarditis, in which on the average the pressure did not sink lower than in the mild cases. In 4 fatal cases very low readings were registered (50 mm. in a child aged 11 years, 45 mm. in one aged 9 years, and 40 mm. in one aged 2 years.) Although the patients who recovered did not have such a low blood-pressure as the fatal cases, Weigert did not think that much prognostic value should be attached to sphygmomanometry in diphtheria.

Brückner (1909) examined about 200 cases of diphtheria in the Dresden Children's Hospital with Gärtner's tonometer. At the beginning of the disease he found either a rise with subsequent fall or a sub-normal reading from the first. Subsequently the blood-pressure behaved in various ways. Horizontal readings were found in uncomplicated cases, and in those with slight cardiac disturbance. In fatal cases the blood-pressure showed a steadily downward course. Like Weigert Brückner concluded that the estimation of the blood-pressure in diphtheria is of less value than examination of the heart, liver and urine, and attention to the patient's colour and general condition.

The present paper is based on observations made on 179 cases of diphtheria admitted to the Grove Hospital in the course of the last 18 months (July, 1909 to December, 1910). The blood-pressure in each case was taken with C. J. Martin's modification of Riva-Rocci's sphygmomanometer. The systolic pressure, as measured by disappearance of the radial pulse, was alone taken into consideration.



As far as possible the measurements were taken at the same time each day between 10-30 a.m. and noon, *i.e.*, from 1½ to 5 hours after food; in many cases an evening record between 6-30 p.m. and 7 p.m. was also made. The blood-pressure was taken daily in each case until the patient was allowed to sit up, *i.e.*, for a period ranging from 3 weeks in the mild cases to 6 or 8 weeks in the severe. Comparative observations were subsequently made on the different readings in the recumbent and erect positions. The total period of observation in each case ranged from 4 to 14 weeks.

*Age and sex.*—Table I. shows that all the patients, except 15 who were above the age of 15 years, were children. 90 were males, 89 were females. There was no appreciable difference in the blood-pressure of any two individuals of different sexes, but of the same age and suffering from attacks of diphtheria of equal severity.

TABLE I.

Years.						Males.	Females.
0-1	..	..	..	..	..	1	0
1-2	..	..	..	..	..	2	3
2-3	..	..	..	..	..	9	4
3-4	..	..	..	..	..	8	3
4-5	..	..	..	..	..	9	14
5-6	..	..	..	..	..	17	21
6-7	..	..	..	..	..	5	9
7-8	..	..	..	..	..	9	12
8-9	..	..	..	..	..	3	4
9-10	..	..	..	..	..	6	4
10-11	..	..	..	..	..	5	0
11-12	..	..	..	..	..	2	3
12-13	..	..	..	..	..	3	2
13-14	..	..	..	..	..	2	0
14-15	..	..	..	..	..	3	1
15-16	..	..	..	..	..	6	9
						90	89

*Normal blood-pressure.*—As the blood-pressure of the patients prior to their attack of diphtheria was not known, it is necessary to compare the readings taken with those made by other observers on normal children.

Table II. shows the figures obtained by Seiler from observations on normal children with Riva-Rocci's instrument.

TABLE II.

Years.						Maximum pressure. mm. Hg.
2-3	..	..	..	..	..	75-80
4-5	..	..	..	..	..	79-90
6-7	..	..	..	..	..	85-95
8-9	..	..	..	..	..	90-95
10-11	..	..	..	..	..	93-96
12-13	..	..	..	..	..	94-106
14-15	..	..	..	..	..	93-104
15-16	..	..	..	..	..	103-120

The figures of Cook and Briggs obtained with their own modification of Riva-Rocci's instrument are somewhat higher. According to them the blood-pressure of children up to 2 years was from 75-90 mm., for children after 2 years 90-110 mm., and for young adults 130 mm. In women the blood-pressure was 10-15 mm. lower than in men.



*Blood-pressure in diphtheria.*—Of the 179 cases 63, or 35·1 per cent., according to Cook and Briggs' estimate, and 45 cases, or 25·1 per cent., as judged by Seiler's standard, showed for varying periods a pressure inferior to the normal. Owing to the well-known depressive effects of diphtheria toxines, these figures may appear surprisingly low, but are to be explained by the inclusion of a large number of mild cases, in whom the blood-pressure was not lowered in the course of their illness. As will be shown below, the varying degrees of depression bore a direct relation to the severity of the attack, being pronounced and persistent in the severe, and slight and transitory in the mild cases.

Of those whose blood-pressure was not lowered 36 cases, or 20·1 per cent., according to Seiler's standard showed a reading which always exceeded the normal. Judged, however, by the more liberal estimate of Cook and Briggs the pressure of these cases did not persistently rise above the normal limits.

*Classification of cases.*—The cases have been ranged according to the severity of the faucial attack in the following 4 classes :—

TABLE III.

Class I.	..	Very severe	..	22 cases.
.. II.	..	Severe	..	59 "
.. III.	..	Moderate	..	41 "
.. IV.	..	Mild	..	57 "

*Affection of blood-pressure in each class.*—Class I.—The hypotensive effect of diphtheria was naturally most marked in this class. 18 cases, or 81·1 per cent. according to Cook and Briggs' standard, and 17, or 77·2 per cent. according to Seiler's, showed readings from 5 to 45 mm. below the normal. The fall in pressure occurred rapidly and steeply, and was considerable from day to day, *e.g.*, from 110 mm. on the second day to 68 mm. on the third, or there might be a difference of over 10 mm. between the morning and evening readings, or lastly, and this was of still graver prognosis, a marked difference between the readings at the two wrists.

The following readings may be regarded as typical of early fatal cases in this class :—

TABLE IV.

Age.	Day of disease on admission.	Blood-pressure on admission.	Subsequent records.
5 years	4th	110	106, 102, 94, 86 morn., 70 morn., 40, 68. 70 even., 50 even. Death on 11th day.
6 "	10th	100	100, 90, 80, 70 R. wrist, 70 R. wrist 60 L. wrist, 50 L. wrist Death on 17th day.
7 "	5th	110	110, 110, 100, 90, 90, 86, 80, 70, 90, 66 Death on 15th day.

In cases which recovered the pressure after the initial fall tended to remain stationary apart from slight oscillations, probably of psychical origin, before returning to the normal level. As will be seen below, a subsequent fall preceding or accompanying the late paralysis, which was naturally most frequent in this class, was very exceptional.

None of the cases in this class showed readings above the normal, except during the first few days of the disease. In every case the pressure was lower than on admission by the time the throat was clean or before death, in 2 by 10 mm., in 2 by more than 10 but less than 20 mm., in 2 by 20 mm., and in 8 by 30 to 60 mm. The difference between the highest and lowest records in any one case was considerable, *e.g.*, in 1, 30 mm.; in 7, 40 to 50 mm.; in 1, 60 mm.; and in 1, 70 mm.



Class II.—The fall in pressure, though less marked than in Class I., was still considerable, 25 cases or 42·3 per cent., according to Cook and Briggs' standard, and 16 cases or 27·1 per cent., according to Seiler's, showed readings varying from 3 to 24 mm. below normal during a period of from 1 to 41 days' duration. The lesser degree of hypotension than in Class I. is shown by the following figures:—In 16 the pressure on the day on which the throat was clean was the same as on admission, in 14 it was 10 mm. or less than on admission, and in 12 the fall exceeded 10 mm., by amounts varying from 14 to 30 mm. The greatest difference between the highest and lowest readings was 40 mm., which was found in 4 cases.

The course of the blood-pressure in the acute stage is illustrated in the following table:—

TABLE V.

Age.	Day of disease on admission.	Blood-pressure on admission.	Subsequent readings in acute stage.
5 years	6th	130	120, 120, 106.
5 "	7th	100	90, 90, 84, 80.
8 "	8th	110	100, 100, 100, 90.
9 "	8th	100	90, 80, 70. Death on 10th day.
15 "	4th	122	116, 120, 110, 116, 110, 104.

Class III.—The fall in pressure was still less marked than in Class II. 11 cases or 26·8 per cent., according to Cook and Briggs' standard, and 6 cases or 14·6 per cent. according to Seiler's, showed a subnormal reading of from 1 to 14 mm. for a period varying from 2 to 37 days.

The greatest difference between the highest and lowest readings was 38 mm., which was registered in 1 case. In only 4 faucial cases was there a difference of more than 20 mm. between the two extremes. Among the purely faucial cases the pressure on the day on which the throat was clean was the same as on admission in 8, in 2 it was higher, and in 19 it was lower by from 10 to 20 mm.

TABLE VI.—Shows typical readings in the acute stage.

Age.	Day of disease on admission.	Blood-pressure on admission.	Subsequent readings in acute stage.
4 years	4th	110	102, 100, 92.
6 "	3rd	110	112, 104, 102, 100.
7 "	2nd	120	110, 124, 120, 110.

Class IV.—The blood-pressure was least affected in this class; in only 2 cases or 5·2 per cent., according to Seiler's standard, and 8 cases or 15·7 per cent., according to Cook and Briggs, was a subnormal reading registered. According to Seiler's standard the fall never exceeded 5 mm., nor lasted more than 2 days, according to Cook and Briggs' standard the fall did not exceed 10 mm., and was present from 3 days to a month. In 17 cases or 29·8 per cent., according to Seiler's scale, the pressure was always above normal; while according to Cook and Briggs, though occasionally, it was never persistently so.

In 16 of the purely faucial cases the pressure on the day on which the throat was clean was the same as or less than 10 mm. than on admission, and in 5 there was a rise of 10 mm. or less. In only 5 did the difference between the highest and lowest reading in any case reach 30 mm.; in 19 it ranged from 20 to 30 mm., and in 9 from 10 to 20 mm.



TABLE VII.—Shows typical readings in the acute stage.

Age.	Day of disease on admission.	Blood-pressure on admission.	Subsequent readings in acute stage.
2 years	6th	96	96, 100, 102.
5 "	2nd	100	102, 100, 90, 110.
6 "	3rd	100	100, 100, 100, 100.
7 "	2nd	104	110, 110, 110, 110.
8 "	2nd	108	110, 110, 106, 106.

*Date of highest and lowest blood-pressure.*—The following tables show the date at which the maximum and minimum blood-pressures in each class were registered. In the overwhelming majority the highest reading was obtained in the first week, and the lowest in the second week.

TABLE VIII.—Showing the number of cases in each week in which highest readings were recorded.

	1st week.	2nd week.	3rd week.	4th week.	5th week.	6th week.	7th week.	8th week.
Class I.	17	—	2	2	1	—	—	—
„ II.	40	—	6	—	—	8	4	1
„ III.	31	4	0	1	1	4	—	—
„ IV.	42	7	1	3	2	2	—	—
	130	11	9	6	4	14	4	1

TABLE IX.—Showing the number of cases in each week in which lowest readings were recorded.

	1st week.	2nd week.	3rd week.	4th week.	5th week.	6th week.	9th week.	10th week.
Class I.	4	14	3	1	—	—	—	—
„ II.	7	29	13	3	3	2	1	1
„ III.	7	21	5	8	—	—	—	—
„ IV.	15	33	7	2	—	—	—	—
	33	97	28	14	3	2	1	1

In 97 of the 130 cases admitted in the first week of disease and in 10 of the 15 cases admitted in the second week, the highest reading was the first taken. The occurrence of the comparatively high pressures in the first week is to be attributed partly to the febrile disturbance of the acute stage before the diphtheria toxins had had time to produce their characteristic effect, and partly to the psychical action caused by the application of an unfamiliar instrument, the latter fact accounting for the highest reading being usually obtained on the first measurement. The preponderance of the lowest readings in the second week accords with the clinical fact that this is the time of predilection for the so-called "cardiac paralysis" which should more accurately be called vaso-motor paralysis, the heart failure being secondary to the vaso-motor affection. All forms of this palsy may exist, and in accordance with the rule in diphtheritic paralysis, only a small minority prove fatal. Apart from one case of diaphragmatic paralysis, all the deaths in the present series were due to this cause, 15 occurring in Class I., and 2 in Class II., constituting a mortality of 9.4 per cent. As regards the highest pressures recorded it may be noted that in two neurotic



sisters, aged 9 and 7 years respectively, the readings ranged between 130 and 148 mm. Hg. for a month. Another neurotic child, a boy aged 10 years, had a pressure of from 126 to 144 mm. from the 22nd to the 49th day of disease.

The lowest reading in a case which recovered was 60 mm., which was registered on one occasion in a girl aged 3 years. In only 10 other cases which recovered did the pressure fall below 80 mm. in patients above the age of 2 years. 2 of these belonged to Class I., 5 to Class II., and 3 to Class IV.

The date at which the pressure in 40 cases returned to the normal, according to Cook and Briggs' standard, after the initial fall is shown in Table X., from which it is seen that in the great majority the normal tension was regained by the end of the 7th week.

TABLE X.

	2nd week.	3rd week.	4th week.	5th week.	6th week.	7th week.	8th week.	9th week.	11th week.
	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.
Class I.	—	2	1	—	—	—	—	—	1
„ II.	2	2	1	4	4	2	—	2	—
„ III.	2	2	1	1	1	4	2	—	—
„ IV.	2	1	1	1	—	1	—	—	—
	6	7	4	6	5	7	2	2	1

*Relation of blood-pressure to pulse-rate.*—The blood-pressure being much more stable than the pulse rate it is not surprising that there should be no exact relation between them. As a general rule, however, the highest pulse rate, like the highest blood-pressure, occurred during the first week of disease, and the lowest pulse rates were found in the second week, when the blood-pressure was usually lowest. The following tables show the exact figures.

TABLE XI.—Showing weeks of highest pulse rate.

	1st week.	2nd week.	3rd week.	4th week.	5th week.	6th week.	7th week.
	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.
Class I.	17	3	1	1	—	—	—
„ II.	41	9	2	1	2	3	1
„ III.	32	6	1	2	—	—	—
„ IV.	51	3	1	—	1	—	1
	141	21	5	4	3	3	2

TABLE XII.—Showing week of lowest pulse rate.

	1st week.	2nd week.	3rd week.	4th week.	5th week.	6th week.
	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.
Class I.	7	10	3	1	1	—
„ II.	3	38	8	7	2	1
„ III.	4	22	11	3	1	—
„ IV.	7	38	10	1	1	—
	21	108	32	12	5	1



*Comparative readings in the recumbent and erect positions.*—Table XIII. shows the readings in the recumbent and erect positions in 103 patients, in whom these comparative observations were made.

TABLE XIII.

	Cases examined.	Both readings same.	Recumbent higher than erect.	Erect higher than recumbent.
Class I. ..	4	2	1	1
„ II. ..	39	18	12	9
„ III. ..	29	14	5	10
„ IV. ..	31	14	14	3
	103	48	32	23

It is noteworthy that whereas in normal persons the pressure in the erect position is 5 to 10 mm. higher than in the recumbent (Janeway, Cook and Briggs) in a large percentage of the present series the two readings were either the same, or the reading in the recumbent was higher than in the erect position by from 2 to 20 mm.

Thus, out of 103 in whom the comparison was made, in 48 the two readings were the same, in 32 the readings when recumbent were higher than when erect, and in only 23 was the normal relation found.

This paradoxical result was by no means confined to the severe cases, and was even more frequent in the mild, but this may have been due to the fact that members of Classes I. and II. were kept in bed for a much longer time than those of Classes III. and IV., who were usually allowed to get up in the course of the third or beginning of the fourth week. The prolonged rest in bed which was enforced in the severe cases, probably enabled their cardio-vascular system in some cases to make a more complete recovery from the infection than had been realised in the milder cases. As a rule, however, the normal condition was finally re-established before discharge from hospital, though a period might intervene in which the highest reading might be found sometimes in the one and sometimes in the other position.

This reversal of the ordinary relations between the erect and recumbent readings is liable to occur in convalescence from any acute disease. It is interesting to note as illustrating a similar cardio-vascular instability in convalescence from scarlet fever that among 80 patients under my care, the paradoxical reading was found in 34 cases or 42.5 per cent. In 18 of these the readings were the same in both positions, and in 16 the recumbent exceeded the vertical records by 4 to 20 mm.

Similar observations were made by Oddo and Achard, who denominated the fall of blood-pressure following slight exertion in convalescence “the hypotension of effort.” Those observers found that this phenomenon is accompanied by other signs of cardio-vascular depression, such as weakness of the first sound, tachycardia, arrhythmia, hypostatic vaso-dilatation of the lower limbs in the erect position, and dermatographia. The practical significance of these observations is to indicate that resumption of muscular work should be gradual in patients presenting the phenomenon of effort hypotension, and should be accompanied, if necessary, by the administration of cardiac and vascular tonics.

*Blood-pressure in laryngeal cases.*—42 cases or 23.4 per cent. showed various degrees of laryngeal involvement. In 13 *severe* cases tracheotomy was performed; in 11 *moderate* cases the symptoms, though fairly well marked, did not require surgical interference; in 18 *mild* cases the laryngeal symptoms consisted merely of a croupy cough and husky voice, these representing the first degree of croup of earlier writers.



*Severe cases.*—The effect of laryngeal obstruction on the blood-pressure was most marked in this class. Increase in dyspnoea was followed by a rise of pressure, and the relief of the obstruction on opening the trachea was immediately followed by a considerable fall.

The disproportionately high pressure in relation to the age and the rapid fall on relief of obstruction are illustrated in the following table:—

TABLE XIV.

Case	Age.	Blood-pressure immediately before tracheotomy.	Blood-pressure immediately after tracheotomy.
1	2 years	120 mm.	82 mm.
2	2 "	110 "	80 "
3	3 "	110 "	80 "
4	3 "	134 "	94 "
5	4 "	130 "	102 "
6	4 "	140 "	120 "
7	5 "	120 "	108 "
8	5 "	120 "	90 "
9	5 "	140 "	100 "
10	5 "	140 "	120 "

*Moderate laryngeal cases.*—The rise of blood-pressure in this class was less than in the severe, but the disproportion between the ages and the tension, especially when judged by Seiler's standard, was still obvious, as is shown by the following figures:—

TABLE XV.

Age.	Blood-pressure on admission.	Subsequent readings.
11 months	118	80.
2 years	110	100, 90.
3 "	120	100, 94, 80.
4 "	130	124, 110, 104, 100.
5 "	124	114, 108, 104, 100.
5 "	120	140, 120, 110, 100.

*Mild laryngeal cases.*—The blood-pressure in this class during the acute stage was not any higher than in the purely faucial cases, in fact, it may be said to have been dominated by the character of the concomitant faucial attack.

TABLE XVI.

Age.	Blood-pressure on admission.	Subsequent readings.
2 years	100	90.
4 "	96	96, 86.
5 "	110	90.
5 "	112	110, 106.
5 "	100	90, 110, 100.

*Relation of blood-pressure to serum phenomena.*—In the great majority of early serum rashes, erythematous or urticarial, no change occurred in the pressure, while in a large percentage of late eruptions, which are usually associated with febrile disturbance and often with pains in the joints, muscles and fasciæ, the pressure was raised. Thus of 77 cases at the time of the early eruption 62 patients or 80.5 per cent. showed no change in the pressure, in 9 it was raised, and in 6 it was lowered. On the other hand, out of 50 with late rashes, in 20 cases or 40 per cent. the pressure was raised, in 28 or 56 per cent. there was no change, and in only 2 cases or 4 per cent. it was lowered.



The rarity of any rise in pressure at the time of the early rash is in keeping with the fact that during the second week of disease in which most of these rashes occur, the pressure is usually at its lowest. In the third week, in the course of which the late serum phenomena occur, the pressure as a rule is no longer falling, while on the other hand the fever and joint pains tend to raise it.

*Blood-pressure in relation to albuminuria.*—As arterial hypotension and albuminuria are both phenomena of diphtheritic intoxication, any change in the blood-pressure co-existent with the occurrence of albuminuria was almost invariably in a downward direction. Thus among 51 cases in whom albuminuria was not present on admission, its onset was accompanied by a fall in the pressure in 26, and in 25 there was no change; in another 8 cases increase of pre-existent albuminuria was accompanied by a fall in the pressure. The solitary exception to the rule occurred in a girl aged 6 years, in whom severe faucial diphtheria was complicated on the 29th day by uræmic convulsions, one of the rarest events in diphtheria. On the two following days the blood-pressure, which up till then had not been examined, stood at the disproportionately high figure of 120 mm., falling on the 32nd day to 80 mm. Death took place on the 33rd day.

Albuminuria in diphtheria thus offers a striking contrast to scarlatinal albuminuria, during which it is usual for the blood-pressure to be raised. Thus in 11 such cases I found a rise in all but two.

*Relation of blood-pressure to diphtheritic paralysis.*—The question as to whether the pressure is affected by the occurrence of diphtheritic paralysis is best answered by discussing separately the early and late palsies in this connection.

The early palsies are those which occur within the first 14 days, and include only the so-called "cardiac paralysis" and the precocious form of palatal paralysis. The late palsies are those which occur at any time after the end of the second week, and include ocular, pharyngeal and diaphragmatic palsies, as well as the ordinary form of palatal paralysis. The extent to which the blood-pressure is affected on development of these palsies is shown in Table XVII., from which it is seen that any change in the blood-pressure at the time of early paralysis was invariably in a downward direction, while during late paralysis a fall in the pressure was most exceptional.

TABLE XVII.

	Rise of blood-pressure. Cases.		Fall. Cases.		No change. Cases.
Early palsies	0	..	17	..	6 (Palatal palsy only)
Late palsies	18	..	2	..	31

There is nothing surprising in the fact that ocular and palatal palsies were not attended with any fall of pressure, but it is remarkable that pharyngeal paralysis, which necessitated exclusive rectal feeding from 10 to 18 days, was only in two cases attended with a fall of pressure, in one of which it did not exceed 10 mm. In some cases, indeed, the pressure at this period was raised for several days, thus suggesting an irritative condition of the vaso-motor centre in the medulla, in which the other nerves had undergone a varying degree of paralysis. Kolossova's statement that a fall of pressure preceded the occurrence of palatal and ciliary paralysis has not, to my knowledge, been confirmed by any subsequent observer. Allusion should here be made again to the work of Taddei, who drew special attention to the value of sphygmomanometry in the diagnosis of cardiac lesions in diphtheria. He found that when the blood-pressure was low there was an anatomical lesion of the myocardium, and held that in cases where the pressure was normal the cardiac disturbance might be ascribed to



lesions of the cardiac nerve supply. It is principally in the acute stage of the disease that myocardial lesions, of which gallop rhythm is the most characteristic sign, are most likely to occur. It is at this period that the pressure tends to be low, whereas at a later stage during generalised paralysis all the signs of cardiac involvement except gallop rhythm may exist with a normal pressure. Taddei's observations, which are confirmed by my own, help to explain the better outlook of late diphtheritic paralysis, even when generalised, as compared with that occurring within the first 14 days, when the vaso-motor centre primarily, and secondarily the myocardium are affected. The behaviour of the blood-pressure in early paralysis has already been illustrated in Tables IV. and V. The following short histories show the course of the pressure in late paralysis:—

*Case 1.*—Boy, aged 5 years, severe faucial diphtheria. Blood-pressure from 2nd to 9th day 90 mm., from 10th to 46th day 80mm. Onset of pharyngeal palsy on 43rd day, necessitating rectal feeding till 60th day. Blood-pressure during this period as follows:—

Day of disease	43rd	44th	45th	46th	47th	48th	49th	50th
Blood-pressure...	80	80 morn. 80 even.	90	90	100	100	100 M. 100 E.	100

Day of disease	51st	52nd	53rd	54th	55th	56th	57th	58th	59th	60th
Blood-pressure	100	100 M. 100 E.	100	100 M. 90 E.	90	90	90	90	90	90

subsequent readings until discharge on 98th day, 90 mm.

*Case 2.*—Girl, aged 4½ years, very severe faucial and nasal diphtheria. Blood-pressure from 5th to 19th day 80 mm., occasionally sinking to 70 mm., from 20th to 41st day 90. Onset of pharyngeal palsy on 38th day, necessitating rectal feeding till 54th day. Blood-pressure during this period:—

Day of disease.	38th-41st	42nd	43rd-44th	45th	46th-51st	53rd-54th
Blood-pressure	90	100	90	80 M. 90 E.	90	80

subsequent readings ranged between 90 and 80 mm.

*Case 3.*—Girl, aged 5 years, severe faucial and mild laryngeal diphtheria. Blood-pressure on admission on 7th day 100 mm., from 8th to 13th day 90, from 14th to 24th 80 mm., from 25th to 40th 90mm. Pharyngeal palsy on 41st, necessitating rectal feeding till 50th day. The blood-pressure during this period was invariably 90 mm., on two occasions the measurements were taken morning and evening. From the 51st day till her discharge on the 79th the pressure remained the same, except on two occasions, when it fell to 80 and rose to 100 mm.

*Case 4.*—Girl, aged 2½ years, very severe faucial diphtheria. Blood-pressure on admission on 5th day 90 mm., from 7th to 9th day 80 mm., 10th to 11th 70 mm., 12th to 16th 70-60 mm., palatal palsy on 12th day, 17th day 50 mm., 18th to 24th 70 mm., 25th to 41st 80 mm. Onset of pharyngeal palsy on 36th day, necessitating rectal feeding until death from diaphragmatic paralysis on 48th day. Blood-pressure during this period from 36th to 41st day 80 mm., from 43th to 47th day 70 mm.

*Case 5.*—Boy, aged 7 years, very severe faucial diphtheria. Pharyngeal palsy on 38th day, necessitating rectal feeding till 49th. Blood-pressure for 10 days prior to pharyngeal palsy 110 mm. Blood-pressure during the 12 days' rectal feeding as follows:—

Day of disease.	39th-40th	41st	42nd	43rd	44th	45th-46th	47th	48th	49th
Blood-pressure	110	100	110	106	98	96	100	94	90

subsequently the pressure rose on the 57th day to 100 mm., at which it remained until his discharge on the 87th day.

*Prognostic value of sphygmomanometry in diphtheria.*—Has the estimation of the blood-pressure in diphtheria any value as a guide to prognosis? Does it afford any information which is not given by the ordinary methods of examination as to the progress of the case? These questions can best be answered by consideration of the blood-pressure in the fatal cases. Although in the majority of these the pressure took a steady downward course, in some cases it might at first keep fairly steady, and then fall suddenly, remaining comparatively high



until the day before death, or it might sometimes show a delusive rise after an initial fall, so that from a consideration of the blood-pressure alone it would be impossible to predict a fatal issue.

In none of these cases, however, did death take place unexpectedly, the characteristic features of malignant diphtheria having indicated the probability of a fatal termination before the blood-pressure had shown evidence of depression.

One may therefore conclude that the estimation of the blood-pressure, though of much theoretical interest and of some value in conjunction with other prognostic signs, is by no means indispensable in forming the prognosis of a case of diphtheria.

*Adrenalin therapy in diphtheria.*—The internal administration of adrenalin in severe diphtheria advocated by me in 1904, and in subsequent communications in 1908 and 1909 has since been adopted with favourable results by other observers. The doctrine of suprarenal insufficiency first introduced by Émile Sergent in 1902 has within the last two years been brought forward again by French clinicians, notably Netter, Hutinel, Moizard and Comby, to account for symptoms which had hitherto been attributed to cardiac failure, bulbar inhibition, or neuritis of the vagus. Netter's pupils, Baudoin and Gautier, have recently recorded in their inaugural theses cases of severe diphtheria, in which the blood-pressure was raised by internal administration of adrenalin.

In the present series 21 members of Class I. and 13 of Class II. were treated with adrenalin in 10 minim doses of the 1 in 1,000 solution every two or four hours according to the severity of the attack. The relatively high pressure shown during the early days of the disease may, in part at least, have been due to the employment of this drug. It is a remarkable fact, however, as Martin and Darré have pointed out, that the ingestion of adrenalin in malignant diphtheria may cause the disappearance of prostration and asthenia without raising the arterial tension.

#### SUMMARY.

1. In a series of 179 cases of diphtheria the blood-pressure was found to be subnormal in 63 patients or 35.1 per cent., the extent and duration of the depression having, as a rule, a direct relation to the severity of the faucial attack.

2. In the great majority the highest readings were found in the first and the lowest in the second week of disease. The normal tension was usually re-established by the seventh week.

3. In a large proportion of convalescent cases either the readings in the recumbent and erect positions were the same, or the recumbent was higher than the vertical record until convalescence was firmly established.

4. In laryngeal cases disproportionately high readings were obtained especially when the dyspnoea was sufficiently severe to require operation. Relief of the obstruction by tracheotomy was followed by an immediate and steep fall of blood-pressure (20 to 40 mm.).

5. The blood pressure showed little tendency to be affected by the early serum phenomena, but during the late febrile syndrome it was raised in 40 per cent.

6. Albuminuria was accompanied either by a fall or by no change in the blood-pressure, except in a case of uræmia, in which there was hypertension.

7. In early paralysis the blood-pressure tended to fall. In late paralysis, even when extensive, it was usually not affected.

8. Sphygmomanometry in diphtheria, as in other acute diseases, though of considerable theoretical interest, has little practical significance.

9. Adrenalin therapy in diphtheria may favourably influence the other symptoms of suprarenal insufficiency without affecting the blood-pressure.



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**12.—ON THE UTILISATION OF SPARE ACCOMMODATION IN THE FEVER HOSPITALS FOR THE TREATMENT OF MEASLES, WHOOPING COUGH, AND PUERPERAL FEVER.**

(Memorandum addressed to the General Purposes Sub-Committee *re* the Board's Accommodation on 5th July, 1910, by Dr. H. E. Cuff, the Medical Officer for General Purposes.)

**Vacant accommodation.** 1. In his memorandum on accommodation Sir Arthur Downes shows that there is a large number of unused beds at the fever hospitals during certain months of every year. Large as it is, this number might be increased :—

- (a) by sending more scarlet fever patients to the convalescent hospitals ;
- (b) by shortening the length of stay in hospital.

(a) It cannot be doubted that a larger number of scarlet fever patients might be transferred to the country hospitals than is sent there at present. This view is supported by the following facts :—

(i.) During each of the last three years the highest proportion of scarlet fever transfers has been sent by the Park and the Eastern hospitals. Speaking generally, what is possible at one or two hospitals is possible at all.

(ii.) The percentage of scarlet fever patients which is transferred is always larger during the second six months of the year, when a considerable rise in the number of admissions may be expected, than it is from January to June. This difference is not to be explained by the more seasonable character of the weather which usually prevails during the second half of the year, since it is always present. In a year such as 1907, when the autumn rise in fever was well marked, 77·4 per cent. of the recovered scarlet fever patients were discharged from the convalescent hospitals during the second half of the year, against 62·9 per cent. for the first half of the year. In a year with a comparatively small number of autumn admissions the difference is naturally less, since there are fewer patients coming in to fill the empty beds. The corresponding figures for 1909 are 66·4 per cent. for July to December and 61 per cent. for January to June.

Diphtheria stands on a somewhat different footing to scarlet fever. This disease needs more careful watching in young subjects during the convalescent stage, for which reason some of the medical superintendents prefer to keep these cases at the acute hospitals until they are ready for discharge.

(b) During the last three years the average length of stay of scarlet fever patients in the Board's hospitals has been nine weeks. I have made enquiries on this point of some of the larger fever hospitals in England and Scotland, and have been furnished with the following figures :—

Leeds City Hospital	...	...	...	63 days
Liverpool City Hospital	...	...	...	7-8 weeks
Belvedere Hospital, Glasgow	...	...	...	55·3 days*
Ruchill Hospital, Glasgow	...	...	...	54·4 "
Edinburgh City Hospital	...	...	...	48·6 "
Monsell Fever Hospital	...	...	...	56 "

\* The figures for this hospital refer to all cases. Had recovered cases only been taken, the average length of residence would have been longer.



At some of the smaller hospitals the period of detention for scarlet fever is very much less. At Huddersfield it has been reduced to 29 days with a coincident fall in the "return" case rate, while at Southampton during the last six years it has averaged only 30 days, and the "return" case rate only 1.9 per cent. which is much lower than the same rate for the Managers' hospitals. These figures certainly suggest the possibility of shortening the average length of stay of these cases in the hospitals of the Metropolitan Asylums Board.

As regards diphtheria, some medical superintendents discharge their patients as soon as they are physically fit to leave the hospital, while others detain them until a bacteriological examination shows that they no longer harbour the germ of the disease. With this vital difference in practice, one would expect to find a difference in the length of detention for patients. At the North-Eastern Hospital, where the bacteriological test is rigidly enforced, the average stay in hospital for diphtheria patients during the last three years has been 70.5 days, at the South-Eastern, where such an examination is not considered necessary; it was 56.8 days.

**Concentration of patients.**

2. During the months when scarlet fever, diphtheria and enteric are least prevalent, patients are liable to become scattered over a larger number of wards than is really required for their accommodation. By concentrating these patients in fewer wards, a larger number of the unused beds would become available for the reception of other diseases. In the case of enteric fever especially there is a great waste of accommodation. During a considerable part of the year so few cases of this disease are received that they could all be treated in two or three hospitals.

**All diseases in the same hospital.**

3. Sir Arthur Downes in his memorandum urges the Managers to consider the claims of measles and whooping cough. The experience of Edinburgh, Glasgow and Liverpool, where permanent accommodation is provided for selected cases of these two diseases, and for puerperal fever, proves that measles and whooping cough can safely be treated in the same hospital with other infectious fevers. The danger to diphtheria patients is at least as great from scarlet fever now as it would be from measles or whooping cough. Such at any rate is the experience of those fever hospitals in the provinces, and in Scotland, which admit all these diseases.

Dr. Ker, of the City Hospital, Edinburgh, where over 1,000 cases of measles were treated last year, writes: "Measles is never carried by the staff." Dr. Rundle, of the City Hospital, Liverpool, says: "We have had under treatment here probably a thousand cases of measles, and I have never known the disease to be carried to other wards. I am convinced that measles is almost entirely a personal infection, and that the third factor does not exist." With whooping cough there is no risk at all, while puerperal fever can be treated in the same ward with enteric fever, as is done at the Edinburgh City Hospital.

**Reasons for isolating measles and whooping cough.**

4. Granted that there is accommodation to spare in the Asylums Board's hospitals when it is most needed for measles and whooping cough and granted that these diseases could be introduced into these hospitals without risk of cross-infection, would the cost of treating one or both of them be a justifiable expenditure of the public money?

The primary object of isolating such diseases as scarlet fever and diphtheria is to limit the spread of infection and to diminish their prevalence. Measles and whooping cough are so highly infectious in their early stages, before a diagnosis, as a rule, is made, that isolation is much less likely to affect their prevalence than it is in the case of the notifiable diseases. For this reason very



few authorities make any provision for their treatment. This, it seems to me, is looking at the question from too narrow a point of view. That isolation will have but little influence on the prevalence of measles and whooping cough seems certain, but is the possibility of saving life and of promoting a complete instead of a partial restoration to health not to be taken into consideration? Personally, I hold that measles and whooping cough have strong claims to hospital treatment. Their mortality is high, and their *sequelæ* more serious in their after effects on the future efficiency of the individual than those which are associated with scarlet fever.

It is impossible not to believe that the removal to hospital of selected cases of measles and whooping cough must result in the saving of life. Dr. Ker, of the City Hospital, Edinburgh, says that the isolation of measles in hospital "can be more than justified as a means of saving the lives of the poor. I am confident that large numbers of the children who pass through the wards of the Edinburgh City Hospital and recover would certainly have died had they been left at home."

**Influence of overcrowding on mortality of these diseases.** In this connection I should like to call the Sub-Committee's attention to an important paper by Dr. Wilson on the prevalence and mortality of measles in Aberdeen during the 20 years that compulsory notification of this disease was in force. In that paper it is shown that the death rate among children who lived in one-roomed houses was seven to eight times greater than it was among those who lived in houses containing four or five rooms. Similar figures for whooping cough in a paper by Dr. Laing show, though in a less marked degree, the effect of poverty and overcrowding upon the death rate of this disease. Can it be doubted that a child suffering from either measles or whooping cough would, apart from the nursing and treatment, have a better chance of recovery in a warm and well-ventilated hospital ward than it would if it remained in a single-roomed tenement? It is true that the mortality of measles is greater among hospital-treated patients than it is in private practice, the reason being that the hospital patients are selected for treatment on account of the poverty of their surroundings, and must therefore include a number of weakly, ill-nourished babies, while, when measles is notifiable, German measles is not infrequently mistaken for it, and as this latter complaint never proves fatal, its inclusion naturally lowers the general measles mortality.

**The need for skilled nursing and treatment.** Both measles and whooping cough are associated with complications and *sequelæ* which, if left uncured, may shorten life, or seriously impair the future usefulness of the individual. More people attribute their deafness to measles than to scarlet fever, and there is no doubt that a considerable proportion of deaf mutes owe their disability to the former disease. Defective vision and even blindness, usually one-sided, may be left after measles. These serious affections of sight and hearing are especially likely to occur in badly nourished children living in unhealthy surroundings. It is these cases, therefore, that require proper medical treatment and nursing, in order that they may make a complete and not a partial recovery. The same class of patient is liable to be left with certain forms of lung trouble after both measles and whooping cough, which, if not immediately fatal, are only too likely to be the starting-point of disease in later years.

The foregoing considerations would appear to establish a case for the hospital treatment of selected cases of measles and whooping cough; not because they are infectious diseases, but because children suffering from them stand in urgent need of good air, good food and good nursing; consequently, they would be admitted for curative rather than for preventive reasons.



**The opinions of certain Medical Officers of Health.** 5. In accordance with the desire of the Sub-Committee, I addressed a circular letter on the subject of this memorandum to the medical officers of health of the 21 largest towns in England and Scotland. Of the replies which I received in time for incorporation in my report, 13 were in favour of utilising spare accommodation for the reception of measles and whooping cough, while 5 were adverse to this course. Only one of the 5, Dr. Tattersall, of Salford, had seen the isolation of measles practised for a time and then abandoned on account of its spreading to wards occupied by other disease. Two objected to the hospital treatment of measles and whooping cough as having no preventive effect; one said it would be impracticable to admit all cases in an epidemic; and one gave no reason for his opinion.

**Puerperal fever.** 6. As regards puerperal fever, all the medical officers of health approved of its reception into an isolation hospital, and this practice is carried out in some towns where similar provision is not made for the treatment of measles and whooping cough. The removal to hospital of genuine cases of puerperal sepsis would not only be advantageous to the patients themselves, but would also have a preventive action by removing a focus of infection.

**Should certain hospitals be reserved for measles, etc.?** 7. Presuming that the Managers decided to use their spare accommodation for one or more of these non-notifiable diseases, would it be better to reserve certain hospitals entirely for such cases, or to take them into each of the acute hospitals as wards became empty? I think the balance of advantage lies with the latter plan, as in this way a larger number of beds would more quickly be brought into use, removals would take less time, and with each hospital receiving its share, there would be a gradual contraction of the whole of the fever accommodation with a consequent expansion of that which could be utilised for other diseases. On the other hand, by concentrating the new diseases in a limited number of hospitals, and it would be hardly safe to allocate more than two for this purpose, all the available spare accommodation might not be used in a season when the fever admissions were comparatively few.

**The selection of cases for treatment.** 8. If the Managers agreed to accept measles and whooping cough or both for treatment, and were given authority to remove patients direct from their homes, it would be necessary to make a selection of suitable cases, since it is obvious that the Board could not provide accommodation for all. This selection might be made, as it is in Edinburgh and Glasgow, by the medical officers of health, with the assistance of the district medical officers.

The cases of puerperal fever are comparatively few in number and would only occupy a small proportion of the beds that are now vacant.

THE END.



## INDEX.

	PAGE		PAGE
<b>Accommodation for patients—</b>		<b>Bowes, Dr.—Report</b> .. .. .	33
Each institution .. .. .	xxvii	<b>Boys of "Exmouth"—See</b> Training Ship.	
Sir Arthur Downes' memo. .. .. .	xi, 69	<b>Bridge Industrial Home—</b>	
Dr. Cuff's report .. .. .	279	Accommodation .. .. .	xxvii, 25
See also Institutions.		Education Inspector's visit .. .. .	25
<b>Acreege of Managers' property</b> .. .. .	xxvii	Mental Specialist's report .. .. .	45
<b>Admissions—See</b> the several diseases.		Statistics .. .. .	45, 49
<b>Ambulance Stations—</b>		<b>Brigantine—See</b> Training Ship.	
Accidents, absence of .. .. .	68	<b>Brook Hospital—</b>	
Ambulance service for London—Home		Medical Superintendent's report .. .. .	172
Office Departmental Committee .. .. .	65	<b>Bruce, Dr.—Report</b> .. .. .	167
Committee's report .. .. .	65	<b>Byles, Dr.—Report</b> .. .. .	172
Expenditure reduced .. .. .	67	<b>Caiger, Dr.—Report</b> .. .. .	168
Introductory remarks .. .. .	xix	<b>Campbell, Dr.—Report</b> .. .. .	203
Motor traction .. .. .	xx, 65	<b>Caterham Asylum—</b>	
Non-infectious removals .. .. .	65, 66	Accommodation .. .. .	xxvii
Nurses' journeys .. .. .	66	Commissioners in Lunacy, report of .. .. .	12
Removals—total .. .. .	65, 123	Medical Superintendent's report .. .. .	203
Smallpox removals—area increased .. .. .	65	Works carried out .. .. .	105
Statistics .. .. .	xix, 66, 67, 160-3	<b>Central Stores—</b>	
Stores conveyed .. .. .	66	Expenditure .. .. .	103
Training of motor drivers .. .. .	68	<b>Cerebro-Spinal Meningitis—</b>	
Vehicles bought and sold .. .. .	67	Admissions and deaths, age and sex,	
<b>Analysis of supplies—See</b> Contract Committee.		each hospital .. .. .	187
<b>Anthrax—See</b> Notifications.		Length of stay in hospital .. .. .	137
<b>Antitoxin—</b>		See also Fever, diphtheria, and other	
Provision by Councils .. .. .	xvi, 3	diseases.	
Summary of treatment .. .. .	139, 236-7-8-9, 253-4-5-6	<b>Charts—</b>	
Supplies—Statistics .. .. .	227	Weekly notifications, admissions, and	
See also Diphtheria.		number under treatment in 1910 of—	
<b>Assessments—See</b> Finance.		Scarlet fever .. .. .	} facing 120
<b>Asylums—</b>		Diphtheria .. .. .	
Accommodation .. .. .	xxvii, 7, 144	Enteric fever .. .. .	
Bread-making, not allowed by patients .. .. .	10	Monthly notifications each year	
Chairman and Vice-Chairman of		since 1896 .. .. .	facing 122
Committee .. .. .	7	Monthly admissions each year	
Committee's report .. .. .	7	since 1896 .. .. .	facing 128
Inspections .. .. .	11	Diphtheria mortality, 3 charts .. .. .	facing 139
Introductory remarks .. .. .	xvi	<b>Children's Infirmary (Queen Mary's Hospital for</b>	
Live stock, purchase of .. .. .	71	<b>Children)—</b>	
Meetings held .. .. .	7	Accommodation for patients .. .. .	xxvii, 21
Officers—changes .. .. .	7	Admissions, etc., compared .. .. .	157
Ophthalmic surgeon appointed .. .. .	xvii, 10	Children's Committee's report .. .. .	16
Statistics .. .. .	216-223	Equipment .. .. .	xviii
Tuberculin test of cows discontinued .. .. .	11	Medical Superintendent's report .. .. .	30
Visits of Commissioners in Lunacy .. .. .	11, 12	Motor 'bus for staff .. .. .	65
Visitation by Committee .. .. .	11	Statistics .. .. .	30-49
Works and repairs .. .. .	11	Title of hospital .. .. .	xii, 33
See also Imbeciles.		Works and repairs .. .. .	21-23
<b>Asylums Officers' Superannuation Act—</b>		<b>Children's Receiving Home—See</b> Tooting	
See Finance (Superannuation).		Bee Asylum.	
<b>Bacteriological work—</b>		<b>Children's Institutions—</b>	
Adviser's and Bacteriologist's report .. .. .	224	Accommodation—total .. .. .	xxvii, 16
Statistics .. .. .	227	Accommodation for sick and debilitated .. .. .	xii, 18
<b>Balance Sheet—See</b> Finance.		Admissions, etc.—total .. .. .	xviii, 17
<b>Beds—See</b> Accommodation.		Chairman and Vice-Chairman of Com-	
<b>Beggs, Dr.—Report</b> .. .. .	169	mittee .. .. .	17
<b>Beresford, Dr.—Report</b> .. .. .	200	Classes of children dealt with .. .. .	16
<b>Board—</b>		Committee's report .. .. .	16
Duties and constitution .. .. .	vii, xxii	Committee changes .. .. .	17
Extent of district .. .. .	79	Education Inspector's reports .. .. .	18
Managers, list of .. .. .	xxiv	Expenditure—total .. .. .	17, 50
Changes during year .. .. .	xxi, xxii	Introductory remarks .. .. .	xvii



	PAGE		PAGE
<b>Children's Institutions</b> ( <i>continued</i> )—		<b>Eastern Ambulance Station—</b>	
List of .. .. .	26	Motor traction introduced .. ..	65
Meetings held .. .. .	17	<b>East Cliff House—</b>	
Organisation of work .. .. .	16	Medical officer's report .. .. .	34
Poor Law children, proportion dealt with .. .. .	17	Purchase of adjoining property .. ..	22
Staff—total .. .. .	16	<b>Elkins, Dr.—Report</b> .. .. .	201
Statistics .. .. .	48-9-50	<b>Electric Lamps.—See Works Committee.</b>	
Works carried out .. .. .	107	<b>Elm Grove—</b>	
See also Poor Law Commission's report.		Medical officer's report .. .. .	42
<b>Coal Tests—See Contract Committee.</b>		<b>Engineer-in-Chief—See Works Committee.</b>	
<b>Collins, Mr. E. Treacher—Report</b> .. ..	38	<b>Enteric Fever—</b>	
<b>Colmore, Commander R. B.—Report</b> .. ..	57	Admissions and deaths according to age and sex 132, 183, 197	
<b>Commissioners in Lunacy—See Asylums.</b>		" " " " each hospital 183, 176, 188	
<b>Complications in infectious diseases—</b>		Admissions, under treatment, and notifications each week (Chart) .. ..	120
See Fever, diphtheria, and other diseases.		Complications .. .. .	234, 250-1
<b>Continued Fever—</b>		Laparotomies for perforation 241-2, 256, 264	
See Fever, diphtheria, and other diseases.		Length of stay in hospital .. .. .	136, 198
<b>Contract Committee—</b>		See also Fever, diphtheria, and other diseases; and Notifications.	
Analysis of supplies .. .. .	118	<b>Erysipelas—See Notifications.</b>	
Coal tests .. .. .	118	<b>" Exmouth "—See Training Ship.</b>	
Contracts—number and value .. .. .	xx, 117	<b>Expenditure—See Finance.</b>	
Introductory remarks .. .. .	xx	<b>Factory and Workshops Acts</b> .. .. .	105
Report of .. .. .	117	<b>Feeble-minded—</b>	
Tenders—procedure in opening .. .. .	117	See Imbeciles and Defective Children's Homes.	
<b>Group—See Fever, diphtheria and other diseases.</b>		<b>Fever, Diphtheria, and other diseases—</b>	
<b>Cuff, Dr. H. E.—Utilization of spare accommodation in fever hospitals</b> .. ..	279	Admissions, total, compared .. .. .	4
<b>Darenth Asylum—</b>		" " " " monthly, since 1896 (Chart) .. ..	128
Accommodation .. .. .	xxvii	" " " " and deaths, monthly 128, 178, 191-2-3	
Statistics .. .. .	216-223	" " " " each disease since 1870 .. .. .	140-142
Commissioners in Lunacy, report of .. ..	14	" " " " by parish 129, 194-5-6	
Drains re-laid .. .. .	9	" " " " notifications, parish, borough, and population .. .. .	126
Industrial Colony—general reference .. ..	xvii	" " " " discharges and deaths, totals, 127, 188	
Medical Superintendent's report .. .. .	205	" " " " each disease .. .. .	xv
Work by patients .. .. .	214	" " " " each hospital .. .. .	176
Works carried out .. .. .	9, 106	" " " " 1900-1909, 188-9-190-8	
Workrooms erected .. .. .	9	Complications and co-existent diseases 233, 234, 235, 247-8-9, 250-1	
<b>Defective Children's Homes—</b>		Minimum and maximum under treatment, each hospital .. .. .	125
Admissions, etc. .. .. .	157	Mistaken diagnosis .. .. .	138, 243-4-5
List of .. .. .	25	Remaining under treatment—total .. ..	4, 127
Royal Commission's report .. .. .	28	Removals by Ambulance Stations .. ..	160-1-2
See also Institutions.		Transfers, percentage of .. .. .	127
<b>Diagnosis—See Fever, diphtheria, and other diseases.</b>		See also Notifications; and separate diseases.	
<b>Diphtheria—</b>		<b>Fidelity Insurance—See Finance—Insurance.</b>	
Admissions and deaths according to age and sex .. .. .	131-197	<b>Finance—</b>	
Do. each hospital .. .. .	182	Assessments .. .. .	73
Admissions, under treatment, and notifications, each week. (Chart) .. .. .	120	Bacteriological laboratories' account .. ..	103
Blood-pressure in .. .. .	267	Balance sheet .. .. .	90
Complications .. .. .	149, 150, 234	Contributions reduced .. .. .	72
Length of stay in hospital .. .. .	134	Central Stores' account .. .. .	103
Mortality, showing antitoxin years (Charts) .. .. .	139	Details of expenditure, capital outlay .. ..	92
Post-scarlatinal statistics .. .. .	141, 236, 252	" " " " revenue .. .. .	82-89
Tracheotomy and intubation .. .. .	238-9, 240, 253-4-5-6	Estimates of cost of works .. .. .	75
See also Antitoxin; Fever, diphtheria, and other diseases; and Notifications.		Finance Committee's report .. .. .	72
<b>Downs School—</b>		Financial statistics of district .. .. .	79
Admissions, etc.—total .. .. .	22, 157	Income and expenditure account .. .. .	80
Certificate of freedom from infectious disease dispensed with .. .. .	23	Insurance .. .. .	xiv, 72, 73, 76
Dermatologist's report .. .. .	35	Introductory remarks .. .. .	xiii
Period of detention .. .. .	23	Legacies .. .. .	75
Statistics .. .. .	36, 37, 49	Loans—General reference .. .. .	72, 79
<b>Earlsfield Road—</b>		" " " " and expenditure out of loans .. ..	93
Medical officer's report .. .. .	43	" " " " account since 1868 .. .. .	79
<b>Eastern Hospital—</b>		" " " " borrowing powers .. .. .	79, 102
Discharge accommodation .. .. .	5, 106	" " " " interest on .. .. .	79, 101
Isolation accommodation .. .. .	5, 106, 257	" " " " sanctions to borrow .. .. .	79, 101
Medical Superintendent's report .. .. .	164-257		
Staff accommodation .. .. .	5		



	PAGE
<b>Finance (continued)—</b>	
Money in lieu of rations .. .. .	74
Patients, total days' maintenance, ten years .. .. .	96
"    weekly cost, ten years .. .. .	98
Precepts .. .. .	79
Rateable value .. .. .	79, 100
Receipts and expenditure on current account, since 1867 .. .. .	94
Salaries and wages scale .. .. .	74
Stocktaking .. .. .	75
Superannuation .. .. . xiv, 10, 74, 79	79
Travelling Clerk's report .. .. .	75
See also Officers.	
<b>Fire Insurance—</b> See Finance.	
<b>Fountain Hospital—</b> See Grove and Fountain Hospitals.	
<b>Fox, Dr., Dermatologist—</b> Report .. .. .	35
<b>General Purposes Committee—</b>	
Report of .. .. .	69
<b>Glanders—</b> See Notifications.	
<b>Goodall, Dr.—</b>	
Report, annual .. .. .	164
An account of Isolation Chambers at Eastern Hospital .. .. .	257
Two cases of laparotomy in enteric fever .. .. .	264
<b>Gore Farm Hospital—</b>	
Medical Superintendent's report .. .. .	174
<b>Griffiths, Dr.—</b> Report .. .. .	174
<b>Grove and Fountain Hospitals—</b>	
Fountain used for isolation .. .. .	4
Medical Superintendent's report .. .. .	169
<b>Head Office—</b> See Office of the Board.	
<b>High Wood School—</b>	
Medical officer's report .. .. .	44
Statistics .. .. .	49
Visiting ophthalmic surgeon's report .. .. .	38
<b>Home Office Departmental Committee—</b> See Ambulance Stations.	
<b>Hospitals (Infectious Diseases)—</b>	
Accommodation changed .. .. . xii, xxvii, 4, 124	124
Chairman and Vice-Chairman of Committee .. .. .	1
Committee's report .. .. .	1
Gate porters' leave .. .. .	71
Introductory remarks .. .. .	xv
Meetings—Number held .. .. .	1
Nursing staff—Scheme changed .. .. .	xv, 2
Officers—Changes .. .. .	1, 3
Staff illness .. .. .	144
Statistics .. .. . 126-143, 176-198	198
Students and candidates for D.P.H. .. .. .	1
See also the several diseases.	
<b>Imbeciles—</b>	
Accommodation .. .. . xxvii, 144	144
Admissions, etc.—total .. .. . xvi, 7, 145	145
Admissions under 21 year notified to London County Council .. .. .	10
Dietary scales .. .. .	10
Unimprovables .. .. . 7, 69	69
See also Accommodation; Defective Children's Homes.	
<b>Statistical tables—Summaries:—</b>	
A. Admissions, transfers, discharges, and deaths, and number remaining at end of year, by parishes .. .. .	145
A1. Movement of Asylum population .. .. .	146
A2. Movement of Asylum population each year since 1900, also recovery and death rates .. .. .	146A
B1. Analysis of admissions .. .. .	147
B2. Duration of attack and whether first attack or not .. .. .	147
B3. Ages and civil state on admission .. .. .	148A

	PAGE
<b>Imbeciles (continued)—</b>	
<i>Statistical tables (continued)—</i>	
B4. Age at commencement of present attack; age on first attack; and number of previous attacks, recovered .. .. .	148A
B5. Form of mental disorder on admission .. .. .	149
B6. Occupations of admissions .. .. .	150A
B7. Aetiological factors and associated conditions in admissions .. .. .	150B
B8. Ditto in first attack cases .. .. .	150C
B9. General Paralytics, connection of, with Syphilis .. .. .	151
C1. Analysis of discharges and transfers .. .. .	152C
C2. Age on recovery, and commencement of attack, according to length of attack .. .. .	153
C3. Mental disorder on admission, in recovered cases .. .. .	154
C4. Aetiological factors and associated conditions in recovered cases .. .. .	154A
D1. Causes of death .. .. .	154B
D2. Cause of death, with ages .. .. .	154C
D3. Duration of attack according to form of disorder .. .. .	154D
E1. Ages of those on registers, Dec. 31st, 1910, according to duration of attack .. .. .	155
E2. Form of mental disorder of those on registers, Dec. 31st, 1910 .. .. .	156
See also similar tables for each Asylum 216-223	
<b>Income and Expenditure—</b> See Finance.	
<b>Infectious Diseases—</b>	
See the several diseases.	
<b>Institutions under Board's control—</b>	
Inmates—total .. .. .	158
List of .. .. .	xxvi
Number of .. .. .	79
<b>Isolation Chambers—</b>	
Eastern Hospital .. .. .	257
<b>Intubation—</b> See Diphtheria.	
<b>Joyce Green Hospital—</b>	
See Smallpox Hospitals.	
<b>Laboratories—</b> See Bacteriological Laboratories	
<b>Land Acreage—</b> See Acreage.	
<b>Laparotomy—</b> See Enteric fever	
<b>Last, Mr C. E.—</b> Report .. .. .	34
<b>Laundries—</b>	
Expert appointed .. .. .	xxi, 71
<b>Leavesden Asylum—</b>	
Accommodation for tubercular cases .. .. .	9
Ceilings repaired .. .. .	8
Commissioners in Lunacy, reports of .. .. .	12
Common store tried .. .. .	10
Medical Superintendent's report .. .. .	201
Ophthalmic cases .. .. .	10
Works carried out .. .. .	105
<b>Legacies—</b> See Finance.	
<b>Loans—</b> See Finance.	
<b>London Ambulance Service—</b> See Ambulance Committee.	
<b>London County Council—</b> See Remand Homes.	
<b>Long Reach Hospital—</b> See Smallpox Hospitals.	
<b>Lloyd House, and 12, Lloyd Street—</b>	
Medical officer's report .. .. .	41
<b>Lunacy Commissioners—</b> See Asylums.	
<b>MacCombie, Dr.—</b> Report .. .. .	167
<b>Machinery—</b> Guarding of .. .. .	71, 105
<b>Managers—</b> See Board.	
<b>Matthews, Dr.—</b> Report .. .. .	173



















