Annual report for the year 1912 : (15th year of issue) / Metropolitan Asylums Board.

Contributors

Metropolitan Asylums Board (London, England)
Woolley Walden, R.
Duncombe Mann, T.
Sprankling, J.
Lambert, Samuel.
MacLeod, S. J. Fraser.
Cooke, E. Marriott.
Hodgson, B. T.
Coupland, Sidney.
Shadwell, L. L.
Bond, C. Hubert.
Trevor, A. H.
Pugh, W. T. Gordon
Birdwood, R. A.
Rice, George.
Bowes, C. K.
Sutcliffe, W. Greenwood.
Last, Cecil E.
Critchley, H. G.
Collins, E. Treacher 1862-1932.
Drage, Geoffrey, 1860-1955.
Colmore, Reginald B.
Willingham Gell, H.
Henderson, W. H.
Cornell, T.
Hunt, Jackson.
Oldman, F. J.
Ecroyd, W. H.
Bousfield, Edward Collins, 1855-
Goodall, E. W.
Thomson, Frederic.
MacCombie, John.
Bruce, R. M.
Foord-Caiger, F.
Beggs, J. E.
Turner, F. M.
Byles, J. B.
Matthews, C. E.
Griffiths, Joseph Harry, 1889-
Ricketts, T. F.
Beresford, Edwyn H.
Elkins, Frank Ashby.
Campbell, P. E.
Rotherham, A.
Sherlock, E. B.
Sims Woodhead, G.
Cartwright Wood, G. E.
Rolleston, J. D. 1873-1946.
Steadman, F. St. J. 1880-

Caley, F. G.
Coward, Noel Anthony.
Anderson, A.

Publication/Creation

London : printed by Ben Johnson & Co., 1913.

Persistent URL

https://wellcomecollection.org/works/sxyjpm8p

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

wellcome collection

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1912.

PRICE 5/-

WELLCOME INSTITUTE LIBRARY
Coll. wellMOmec
Call No. Ann-Rep WX 28 BE5 M62 1912



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

https://archive.org/details/b30300381

METROPOLITAN ASYLUMS BOARD.

Statistical items extracted from the Annual Reports on the work of the Metropolitan Asylums Board for the year 1912.

1. **Area** of district served by the Board, 117 square miles
   Population estimated to middle of 1912, 4,519,754.

2. **Number of institutions.**

(i.) 13 Hospitals for infectious diseases.
(ii.) 4 Asylums for imbeciles.
(iii.) Land Ambulance Service: 7 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.) 5 Homes for defective children.
(x.) 2 Hospitals for sick and convalescent children.
(xi.) 24 Casual wards.
(xii.) Central Stores.
(xiii.) Bacteriological Establishment.
(xiv.) Office of Board.

—

TOTAL, 68

3. **Infectious diseases.**

	*Notifications.	†Admissions.	Death rates, 1912.
(i.) Scarlet fever	11,321	9,883	1·6
(ii.) Diphtheria	7,011	5,219	6·2
(iii.) Enteric fever	705	222	17·8
(iv.) Typhus fever	3	2	100·0
(v.) Cerebro-spinal fever ...	105	2	100·0
(vi.) Smallpox	6	5	20·0
(vii.) Measles	—	4,314	10·5
(viii.) Whooping cough ...	—	1,731	8·5

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

	1872-6	1877-81	1882-6	1887-91	1892-6	1897-1901	1902-6	1907-11	1912
(i.) Scarlet fever ...	12·4	12·6	10·7	8·3	5·5	3·5	3·1	2·5	1·6
(ii.) Diphtheria	—	—	—	33·6	25·5	13·7	9·3	8·8	6·2
(iii.) Enteric fever ...	18·6	20·0	17·5	15·3	17·5	15·6	14·6	14·6	17·8
(iv.) Typhus fever ...	21·2	21·1	18·9	17·2	15·3	15·3	14·0	—	100·0
(v.) Cerebro-spinal fever	—	—	—	—	—	—	—	45·5	100·0
(vi.) Measles	—	—	—	—	—	—	—	13·8[a]	10·5
(vii.) Whooping cough ...	—	—	—	—	—	—	—	11·6[a]	8·5

Rates in smallpox epidemics.

	1870-2	1876-8	1879-1883	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.
a Cases not admitted until end of year 1910.

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

At fever hospitals	Nil.
At smallpox hospitals	Nil.

4. **Ambulance work.**

LAND SERVICE.—Infectious patients removed from home to hospital, 23,197 ; other infectious removals, 22,327. Conveyance of non-infectious cases, 11,440 ; total removals, 56,964. Mileage run by vehicles, 419,207.

RIVER SERVICE.—Patients conveyed down the river to the Board's hospitals, 5 ; other passengers conveyed to and from the hospitals, including staff, contractors' workmen, and recovered patients, 296 ; total passengers, 301. Miles run by steamboats, 3,405.

5. **Asylums.**

Patients admitted, 855 ; discharged or transferred to other institutions not under the Board, 141 ; died, 713 ; remaining, 7,271.

6. **Children's Institutions.**

Children admitted, 6,372 ; discharged, 6,388 ; died, 253 ; remaining, 2,781.

7. **Casual Wards.**—†Admitted, 55,590 ; discharged, 55,732 ; remaining, 541.

8. **Training Ship Exmouth.**

Boys admitted, 394 ; discharges to royal navy 109 ; to mercantile marine, 179 ; to army, 10 ; other discharges, 51 ; died, 0 ; remaining, 702.

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

Permanent staff	5,680
Temporary staff	298
Inmates	*14,841
Total	20,819

10. **General Expenditure for the year ended Michaelmas,** *1912*—£1,066,264 (*£1,043,008*).

SUBDIVISION of general expenditure—Asylums, £212,779 (*£201,823*) ; hospitals, £313,184 (*£302,458*) ; ambulance services—land, £28,867 (*£24,636*) ; river £6,027 (*£6,274*) ; training ship, £24,747 (*£20,024*) ; children's homes and schools, £137,644 (*£153,046*) ; casual poor, £17,023 ; general expenses, £325,993 (*£325,574*).

11. **Loans.**—Total amount borrowed to Michaelmas, 1912, £5,640,299 (*£5,606,799*) ; total amount owing, £2,284,221 (*£2,451,364*).

12. Capital outlay for land, buildings, fittings, and furniture, £5,950,828 (*£5,904,136*).

13. Acreage of Board's property (exclusive of the casual wards), 1,450.

† The casual wards were transferred from the various Metropolitan Boards of Guardians to the Managers on the 1st April, 1912.

* Exclusive of inmates of casual wards.

Office of the Board, Embankment, E.C.
July, 1913.

METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1912.

(15th YEAR OF ISSUE.)

PRICE 5/-



PRINTERS—
BEN JOHNSON & CO., LTD., LONDON AND YORK.

1913.

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

Prefatory Note vii

General Review xi

APPENDIX I.—List of Members of the Board, showing committees on which each was serving at the close of the year xxiii

APPENDIX II.—List of institutions under the Board's control with particulars xxx

Report of the Hospitals Committee 1

Report of the Asylums Committee 5

APPENDIX I.—Reports of Commissioners in Lunacy on visits to asylums during the year 1912 13

Report of the Children's Committee 20

APPENDIX I.—Particulars of homes and schools... 29

APPENDIX II.—Institutions for sick, convalescent and debilitated children—Medical officers' reports 30

APPENDIX III.—Ringworm school—Dermatologist's report ... 40

APPENDIX IV.—Ophthalmia schools—Surgeon's report 43

APPENDIX V.—Return of cases admitted and discharged at homes and schools, according to parishes and unions 46

APPENDIX VI.—General statistical statement of children in institutions 47

APPENDIX VII.—Statement of numbers of staff and inmates and average cost of children 48

PAGE

Report of the Training Ship Exmouth Committee 49

APPENDIX I.—Report of the captain-superintendent 53

APPENDIX II.—Statistics relating to the boys 57

Report of the Casual Wards Committee 60

APPENDIX I.—The Metropolitan Casual Paupers Order, 1911 ... 83

APPENDIX II.—List of casual wards transferred to Metropolitan Asylums Board 85

APPENDIX III.—Summary of financial particulars relating to the transfer of the casual wards 86

APPENDIX IV.—A. Statement of admissions and discharges ... 88

B. Statement of inmates on Friday night of each week 89

APPENDIX V.—Statement of inmates detained 90

APPENDIX VI.—Statement of inmates charged at police courts ... 90

APPENDIX VII.—Statement of convictions of six habitual vagrants 91

APPENDIX VIII.—Statement of tickets issued and used in connection with Homeless Poor Scheme 95

APPENDIX IX.—Homeless poor—London County Council medical officer's report 97

APPENDIX X.—Chart showing rise and fall of casual pauperism in in London, 1910-12 99

Report of the Ambulance Committee 100

Report of the General Purposes Committee 103

Report of the Finance Committee 105

APPENDIX I.—National Insurance Act, 1911 (Part I.) 111

APPENDIX II.—Financial statistics of the District 113

APPENDIX III.—Income and expenditure account 114

APPENDIX IV.—Details of revenue expenditure 116

APPENDIX V.—Balance sheet 124

APPENDIX VI.—Details of expenditure in respect of capital outlay 126

PAGE

Report of the Finance Committee—

APPENDIX VII.—Statement showing loans raised, repaid, outstanding, 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 ... 127

APPENDIX VIII.—Statement showing the current account expenditure, receipts and net expenditure, loan charges, special expenditure and total net expenditure met out of rates, and rate in the £, each year from 1868 128

APPENDIX IX.—Statement of total days' maintenance and daily average number of inmates for each of ten years ended 30th September, 1912 130

APPENDIX X.—Average weekly cost of inmates for each of ten years ended 30th September, 1912 132

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 134

APPENDIX XII.—Summary of sanctions to borrow, amount borrowed, amount outstanding, at 30th September, 1912 ... 135

APPENDIX XIII.—Interest on loans 136

APPENDIX XIV.—Accounts of the bacteriological laboratories and central stores for years ended 30th September, 1912 and 1911 137

Report of the Works Committee 138

Report of the Contract Committee 141

Report of the Statistical Committee, with tables and charts ... 143

APPENDIX I.—Infectious diseases:—

(A), (B), & (C) Details of ambulance statistics 186

(D) Reports of the medical superintendents of the fever hospitals 190

(E) Details of fever statistics (10 tables), 1912 ... 202

(F) Report of the medical superintendent of the smallpox hospital 213

PAGE

APPENDIX II.—Imbecility :—

(A) Reports of the medical superintendents of the imbecile asylums 214

(B) Details of asylum statistics (15 tables) 232

APPENDIX III.—Report on laboratory work and preparation of diphtheria antitoxin 242

MEDICAL SUPPLEMENT :—

1. Preface 249

2. Complications and co-existent infectious diseases, 1912 (6 tables) 250

3. Tracheotomy and intubation statistics (3 tables), 1912 ... 254

4. Laparotomy statistics (1 table), 1912 256

5. Miscellaneous diseases admitted (2 tables) 257

6. Treatment of diphtheria bacillus carriers with bouillon cultures of staphylococcus pyogenes aureus 263

7. Treatment of dental disease in children 268

8. Pulmonary tuberculosis at Queen Mary's Hospital... ... 274

9. Notes on 64 cases of pulmonary tuberculosis in children treated with tuberculin 276

10. The influence of tuberculin treatment on early pulmonary tuberculosis 281

11. Vaccine theraphy on chronic otorrhœa 284

12. The results of treatment in pulmonary tuberculosis in childhood 286

Index to the whole volume 293

PREFATORY NOTE.

CONSTITUTION AND DUTIES OF THE METROPOLITAN ASYLUMS BOARD.

CONSTITUTION.

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. [30 & 31 Vic., c. 6.] 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.

DUTIES.

(*i.*) *Infectious Diseases.*

The first Order, already referred to, dated 15th May, 1867, constituted the Board

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

The Diseases Prevention (London) Act, 1883 [46 & 47 Vic., c. 35], 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 [52 & 53 Vic., c. 56], they were empowered to admit non-pauper cases of fever, diphtheria, and smallpox.

These provisions with regard to the removal and reception of fever, diphtheria and smallpox patients were subsequently incorporated in the Public Health (London) Act, 1891. [54 & 55 Vic., c. 76.]

By Order dated 18th February, 1911, the Local Government Board sanctioned the admission to any of the infectious hospitals of poor persons suffering from such infectious or contagious diseases other than those above mentioned as they might thereafter determine.

On the 22nd February, 1912, the Board sanctioned the admission of poor children suffering from measles or whooping cough received through the metropolitan poor law authorities, while by further Orders, dated the 30th May, 1911, and 9th August, 1912, issued pursuant to the provisions of the Public Health (London) Act, 1891, sec. 80, the Local Government Board sanctioned the admission, subject to certain restrictions, of non-pauper cases of measles and whooping cough respectively.

On the 2nd July, 1912, the Local Government Board (under their Order of 18th February, 1911,) authorised the Managers to receive into their infectious hospitals, poor persons suffering from puerperal fever through the Poor Law Authorities, and by Order, dated 20th August, 1912, prescribed that, subject to certain restrictions, non-pauper cases should also be admitted.

Provision is made at the infectious hospitals for the instruction of medical students and of candidates for the Diploma of Public Health; and also for research work into the causation of infectious disease.

The Board receive from the several medical officers of health notifications of infectious disease occurring in the metropolis and publish information relating thereto. [Infectious Disease (Notification) Act, 1889 (52 & 53 Vic., c. 72) and Public Health (London) Act, 1891 (54 & 55 Vic., c. 76, s. 55, s.s. (4).

(*ii.*) *Sanatoria under National Insurance Act*, 1911 (*Part I.*).

The Board in 1912 entered into an arrangement with the London County Council under which the Board provides the sanatorium accommodation for tuberculous patients in the County of London required by the Insurance Committee for the County. [1 & 2 Geo. V., c. 55.]

(*iii.*) *Ambulance Service.*

By the Poor Law Act, 1879 [42 & 43 Vic., c. 54, s. 16], superseded by sec. 79 of the Public Health (London) Act, 1891, the Board was empowered to provide an ambulance service for the removal of patients.

(*iv.*) *The Mentally Defective.*

The Local Government Board Order, dated 15th May, 1867, included the "insane" amongst the classes of poor for whose reception and relief the Board was constituted.

A further Order, dated 18th May, 1875, defined the persons to be admitted into the Board's imbecile asylums as

> such harmless persons of the chronic or imbecile class as could be lawfully detained in a workhouse; but dangerous or curable persons such as would under the statutes in that behalf require to be sent to a lunatic asylum shall not be admitted.

A Local Government Board Order, dated 2nd April, 1897, included feeble-minded children amongst the classes of poor persons to be received by the Board, and authority was subsequently given for the retention of these cases after 16 years of age. The provisions in this behalf are now incorporated in an Order dated 29th December, 1911, and called the Metropolitan Asylums (Mentally Defective Persons) Order, 1911, which defines the mentally defective persons to be received as

> persons not certified as lunatics, who, by reason of mental defect, are incapable of receiving proper benefit from ordinary instruction, or cannot be properly trained in association with other persons in ordinary schools or institutions, or are incapable of using ordinary means or precautions for protecting themselves from injury or improper usage or treatment, or are incapable of maintaining themselves by work; provided that any such poor person on admission into an asylum belonging to the Metropolitan Asylum Managers shall not exceed 21 years of age.

(*v.*) *Children.*

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. [32 & 33 Vic., c. 63, s. 11.]

By Orders of the Local Government Board, dated 2nd April, 1897, and 11th September, 1908, the Board was constituted as the central metropolitan authority for dealing with various classes of poor law children, the sick and convalescent, those suffering from ophthalmia and ringworm and the mentally defective (see above). Under the first of these Orders the Board also provided for juvenile offenders from 1902 to 1910, when this branch of work was transferred to the London County Council.

(*vi.*) *Casual Poor.*

On the 10th November, 1911, the Local Government Board issued the Metropolitan Casual Paupers Order, 1911, forming a district conterminous with the existing Metropolitan Asylum District for the relief of the casual poor of the metropolis. The Order also provided under Section 10 of the Pauper Inmates'

Discharge and Regulation Act, 1871 [34 & 35 Vic., c. 108], that the Managers of the Metropolitan Asylum District should be the Managers of the new district. Prior to the issue of this Order, every metropolitan board of guardians was required by the Metropolitan Houseless Poor Act, 1864 [27 & 28 Vic., c. 116], to provide casual wards for "destitute wayfarers and foundlings."

As contemplated in the Casual Ward Order the Local Government Board on the 28th March, 1912, issued the Metropolitan Casual Wards (Transfer) Order, 1912, transferring to the Managers on terms prescribed therein those of the Casual Wards provided under the Act quoted, which it was proposed to continue.

The effect of these two Orders was to centralise the control under the Board, from the 1st April, 1912, of twenty-four casual wards hitherto administered by the separate boards of guardians.

In connection with the casual wards the Board have undertaken the management of a scheme for dealing in co-operation with the police and voluntary agencies with the homeless poor at night on the Embankment and Central London area.

(vii.) Summary of Duties.

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

Infectious diseases—fourteen hospitals (one in temporary use as an asylum for imbeciles and part of another used as a sanatorium for tuberculous patients) for smallpox, scarlet fever, diphtheria, enteric (or typhoid) fever, typhus fever, measles, whooping cough and puerperal fever (with arrangements for dealing with plague and cholera); and bacteriological establishments ; also

sanatoria for tuberculous patients (National Insurance Act, 1911)—one institution and part of another (temporary).

Accommodation, 8,611 patients, 3,100 staff.

Mentally defective—four asylums for imbeciles, including infirmary for aged patients, and two industrial colonies for mental defectives.

Accommodation, 8,329 patients, 1,530 staff.

Children—two hospitals for sick children, three seaside sanatoria and homes, two ophthalmia schools, and one training ship with sea-going tender.

Accommodation, 4,157 inmates, 960 staff.

Casual poor—twenty-four casual wards for homeless poor ; and homeless poor night-office.

Accommodation, 1,648 inmates, 110 staff.

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

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

The principal branches of the Board's work are conducted and controlled by the four central committees, the Hospitals, Asylums, Children's and Casual Wards 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 ; the Law and Parliamentary Committee deal with parliamentary and legal business affecting the services administered by the Board or touching its interests ; and the Statistical Committee are responsible for the statistics and publications.

METROPOLITAN ASYLUMS BOARD.

REPORT OF THE BOARD FOR THE YEAR 1912.

GENERAL REVIEW.

June, 1913.

The Board's work.

1. During the year 1912 the work of the Metropolitan Asylums Board has attained special prominence, largely through the discussions in Parliament and elsewhere on the provision of sanatoria for the County of London under the National Insurance Act, 1911, the Mental Deficiency Bill, and the unification of the casual ward administration in London.

2. In the course of these discussions much misunderstanding has been displayed of the true character of the Board and of its position in relation to local government in London, and although a concise account is given in the prefatory note to this report of the origin of the Board and the growth of its work, it will remove some misconceptions, and assist in the consideration of the important subjects brought forward in subsequent paragraphs, if reference is now made to the real functions of the Board. How desirable it is that these should be clearly grasped is evident from a recent article in the press in which in one paragraph the President of the Local Government Board is reproved for transferring to a public health authority like the Metropolitan Asylums Board a branch of poor-law work in the care of the casual poor, while in the next paragraph he is reproached for being privy to an attempt to "pauperise" Insurance in London by placing sanatoria under the control of the Metropolitan Asylums Board—a poor law authority.

3. The truth is that while the Board was originally constituted as a poor law authority, it now has undertaken important duties which travel far beyond the confines of the

poor law. It is the infectious hospital authority for the metropolis, controlling 8,500 hospital beds, available for the whole community without distinction, and into these hospitals hundreds of thousands of patients, rich and poor, have been received, probably not more than four per cent. being actually "paupers." Thirty years ago Parliament removed any civil disabilities which had till then been attached to admission into the Board's hospitals, and, under the Public Health (London) Act, 1891, the Board—notwithstanding its constitution—is a recognised and important part of the public health machinery in the metropolis. Again in recent years the Board has greatly increased its general hospital and sanitorium work for children. Its two large general hospitals, with sea-side sanatoria, provide 2,000 beds, and a very large proportion of the occupants of these beds are tuberculous cases. These children are technically poor law children, but large numbers of them are removed direct from and return to their own homes and are doubtless the dependants of persons insured under the National Insurance Act.

4. There is no doubt that the Metropolitan Asylums Board and its institutions are not in any way associated in the mind of ordinary ratepayers with pauperism, and probably no one would be more surprised than those often quoted persons or their relatives, who have experienced the benefits of treatment in the Board's hospitals, to hear that they have been "tainted with pauperism." It may even be said that the same remarks apply to some extent to the Board's industrial colonies and imbecile asylums or mental hospitals in which nearly 8,000 feeble-minded and imbecile patients are cared for. For this group of institutions, though not for the hospitals, the machinery of the poor law is utilised as the way of admission, as it is equally utilised in the case of the lunatic asylums under the management of the County Council. The latter asylums are legally "pauper lunatic asylums," yet it is not suggested that persons who benefit under other branches of the work of a county council are tainted with pauperism. Yet the argument as to pauper taint has been advanced as a reason against the Metropolitan Asylums Board having any part or lot in the provision and management of sanatoria for patients under the Insurance Act, although tuberculosis is now generally regarded as a fever and a tuberculosis sanatorium is therefore a fever hospital.

5. The question as to whether the existing constitution of the Board is that best adapted to its many-sided functions

is open to discussion ; but the present or any similar method of constituting it secures one important end which it is worth while sacrificing some theories of representation to attain, and that is entire freedom from party or political bias in the management of its affairs. Nowhere is this more desirable than in the care for public health and the administration of relief, in which regions nothing but business capacity, public spirit and a single eye to the public welfare is requisite in the governing bodies. The difference, so far as responsibility to the ratepayers is concerned, between a central body appointed by elected local authorities from their own members, which in practice has secured this end, and the alternative sometimes suggested of a statutory committee—a semi-independent body—nominated by a county council from its own members, is, if anything, in favour of the former method, while that method, coupled with the control of a central government authority, has amply sufficed in the case of the Metropolitan Asylums Board to secure thoroughly effective financial control.

The provision of sanatoria.

6. In the last annual report it was indicated that the important question of what part the Board might be enabled to take in the provision of sanatorium benefit under the National Insurance Act would demand attention in 1912, and the considerations briefly advanced in the foregoing paragraphs have a material bearing on the course of events in this matter. "Sanatorium benefit" under the Act is specified in Section 8 (1) (*b*) as treatment in sanatoria or other institutions or otherwise when suffering from tuberculosis, or such other diseases as the Local Government Board, with the approval of the Treasury, may appoint. The administration of sanatorium benefit was by Section 16 (*i.*) of the Act entrusted to the County Insurance Committee, and this Committee was enabled to make arrangements to the satisfaction of the Insurance Commissioners with persons or local authorities (other than poor law authorities) having the management of sanatoria or other institutions approved by the Local Government Board with a view of providing treatment for insured persons. It subsequently appeared to be in contemplation that the dependants of insured persons, of whom many, as pointed out, have been for some time under the care of the Board, should also receive sanatorium treatment. The words "other than poor law authorities" were a late addition to the measure as originally drafted. There is no doubt they were designed to prevent direct connection between the administration of the poor law and of the Insurance Act, and there is equally no doubt that the special position in London of the Metropolitan Asylums Board, as in part a public health and

infectious hospital authority, was lost sight of. After the passing of the Act it quickly became apparent that if effect was to be given to the provisions for sanatorium benefit in London on a large scale in any reasonable time, it could only be by the utilisation of some existing machinery and accommodation, and especially through the instrumentality of the Asylums Board. The Board itself realised this very early, and in July, 1912, presented a report to the Local Government Board on the subject. They pointed out that in February of that year a Departmental Committee was appointed by the Treasury

> to report at an early date upon the considerations of general policy in respect of the problem of tuberculosis in the United Kingdom, in its preventive, curative and other aspects, which should guide the Government and local bodies in making or aiding provision for the treatment of tuberculosis in sanatoria or otherwise.

and that in April this Committee presented its report, from which it appeared that subject to the qualification that the figures must be taken to be extremely tentative and provisional, it would be advisable to provide in the immediate future one bed per 5,000 of the population, or on this basis some 900 to 1,000 beds for London. The Departmental Committee laid stress on the utilisation of existing accommodation as far as might be possible, and upon the need for securing that in the interests of both economy and efficiency unnecessary multiplication of offices and institutions and overlapping and conflicting of authorities should, as far as possible, be avoided. It is instructive to note that despite the proviso as to poor law authorities in the Act, and some months after it became law, the Committee specifically suggested that

> as regards London it seems desirable to the Committee that it should be considered whether some of the sanatoria or hospitals required should not be provided by the Metropolitan Asylums Board. . . . .

The Local Government Board on the 14th May addressed a circular letter to the local authorities, enclosing a copy of the report and stating that

> the Board agree generally with the findings of the Committee, and commend the report to the serious consideration of local authorities.

7. In its report to the Local Government Board of July, already referred to, the Asylums Board intimated its willingness to find the accommodation required, and in the same month a conference of the metropolitan borough councils was held at which it was agreed that the provision of sanatoria ought to be entrusted to the Board. In October, 1912, however, the Board were notified by the Local Government Board that the necessary legislation could not at that time be obtained and

that, while it was not then possible to adopt the suggestion of Mr. Lloyd George's Departmental Committee, which contemplated that the Board should provide some of the hospitals and sanatoria required, it was nevertheless hoped that by some friendly arrangement the community would have the benefit of the proved experience and organised administration of the Board. The arrangement here foreshadowed, which was subsequently adopted as a temporary measure, was that while the London Insurance Committee might not make arrangements with the Asylums Board for sanatoria, it might make arrangements with the County Council, who, in turn, might arrange with the Board, thus arriving at the same end by a much more circuitous route. Much as they disliked the procedure temporarily enforced upon them, the Board conceived their duty to be that of loyally assisting in carrying out the enactments of the legislature and they believe that their prompt and voluntary assistance will be a material factor in achieving success in London for the portion of the Act under discussion. The tripartite arrangement referred to was concluded in November, 1912, and the Board at once proceeded to prepare The Downs Sanatorium, Sutton, for occupation by tuberculous patients, and they anticipate early in 1913 making considerable progress with the sanatorium work. They believed it would be found that in actual working their conduct of the sanatoria would proceed smoothly and without raising any of the difficulties which in some directions had been anticipated.* In any circumstances it appears likely that this work must remain with the Board for some time, but they have acted in the bona fide belief that steps will, as soon as possible, be taken for the rectification of the position in which they have been placed.

8. When the question of the number of beds, whether sanatorium or hospital, which the Board could provide is considered, it must be borne in mind that its present position is

* Supplemental Note—Subsequent events fully justify this view. The Downs Sanatorium, Sutton, although previously in use for another purpose, was emptied and various building alterations completed, and was equipped, staffed and opened for patients on the 10th February, 1913. The building has accommodation for 350 patients in all. Subsequently a portion of the Northern Hospital, Winchmore Hill, was opened with accommodation for 200 patients in all. The filling up of places in new institutions had obviously to be done by degrees and is proceeding steadily. On the 8th June, 1913, there were 236 patients in The Downs Sanatorium and 144 patients in the Northern Hospital, the total being some two-thirds of the number of London insured persons receiving sanatorium treatment. In addition, 203 had been discharged and 19 had died, making a total of 602 patients at that date who had received treatment under the Board. The President of the Local Government Board referred to this work in the House of Commons in the following terms—

> Thanks to the public spirit of the Metropolitan Asylums Board, tuberculous insured patients in the London sanatoria have been provided with sanatorium treatment of which not a single complaint has been made and to which no criticism can be wisely or fairly directed.

necessarily different from that which it would occupy as a legal and permanent part of the machinery for providing sanatoria. In the latter event it would be possible to undertake some readjustment of existing accommodation of a character more extensive and lasting than is now possible when, at a few months' notice, any arrangements made may be upset or cancelled, and there is little doubt that it would be quite possible, given the necessary alterations in the conditions, for the Board to find in existing buildings, or by inexpensive additions, the full number of beds likely to be required in the near future under the Act. Moreover, it is unlikely that the portion which may be allotted to London of the capital sum provided under the Act for building would relieve the ratepayers of much of the cost if another authority were compelled to embark upon a scheme for building sanatoria on a large scale. However that may be, it cannot be doubted that the interests of the community would best be served by utilising the Board's proved hospital and sanatorium administrative machinery, now controlling some 10,000 beds. This could be adapted for all the new work at a cost altogether disproportionate to that of setting up new machinery, by saving a large part of the capital outlay which would be necessary to provide new sanatoria, and by taking advantage of the periodical rise and fall in the incidence of the diseases now treated in the Board's institutions to effect interchange of staff, re-arrangement of beds, and many other economies.

The mentally deficient.

9. The question of further legislation with regard to the mentally deficient has been prominently before the country since the issue of the Report of the Royal Commission on the care of the feeble-minded in 1908; and in the last session of Parliament the Home Secretary, on behalf of the Government, introduced the Mental Deficiency Bill, 1912, with the object of giving effect to some of the Commission's recommendations. Under the provisions of this Bill, the number of classes of mentally defective persons to be dealt with was considerably increased. One new central authority, or Board of Control, was to be formed under the Home Secretary, power being given for the amalgamation in this new body of the Masters in Lunacy, the Chancery Visitors and the Commissioners in Lunacy. The local authority for the purposes of the Bill was to be the county or town council acting through a statutory committee appointed for the purpose. The Bill provided, however, that nothing in it should affect the powers and duties of local authorities under the Lunacy Acts, or of poor law authorities with respect to any defectives dealt with under

the poor law, and to that extent failed to provide for any further co-ordination of the work in London. The Mental Deficiency Bill passed its second reading and was referred to a standing committee where prolonged discussions took place upon many of its provisions, especially those relating to the classes of persons to be dealt with and to the new Board of Control. Eventually it appeared that the state of Parliamentary business was such as to preclude all possibility of the Bill being passed through its various stages in the session of 1912, and to the great regret of all with knowledge of and interest in the care for the feeble-minded, it was withdrawn, but an undertaking was given on behalf of the Government that the measure would be re-introduced in the next session.

10. At present, as is well known, the London County Council have powers (*i.*) under the Lunacy Acts as local authority for London, and through their Asylums Committee, to provide and maintain the pauper lunatic asylums, and (*ii.*) under the Education Acts, as the local education authority, to provide schools for mentally defective children. The Metropolitan Asylums Board under statutory provisions provide asylums for the "insane" or "harmless persons of the chronic or imbecile class" and industrial colonies for feeble-minded persons not certifiable lunatics, and they were the first public authority to make provision for the care of the non-certifiable feeble-minded on a large scale at the public cost, and they now have accommodation for over 8,000 cases of all grades, the expenditure on which, derived from metropolitan rates, amounts to £200,000 per annum. At the Darenth Industrial Colony, Dartford, there are nearly 2,000 patients of the classes proposed to be dealt with under the new Bill, properly classified and working in trades and occupations of all kinds. The Board have expressed the view that in this, as in other matters, separate consideration should be given to the special conditions and circumstances of the metropolis, and that legislation which may be highly desirable for the country generally is not necessarily suitable for London, and they are of opinion that serious consideration should be given to a proposal to impose additional duties on one public body, now fully occupied with the municipal services of a great metropolis, when there already exists side by side with it another public authority carrying out, at the public expense, work precisely similar to the new duties proposed.

The casual poor. 11. Last year some reference was made to the important administrative reform brought about by the

President of the Local Government Board in the transfer to the Metropolitan Asylums Board of the Casual Wards of London, up till then under the control of the separate boards of guardians. This change was made by the Metropolitan Casual Paupers Order, 1911, issued in November of that year and completed by the Metropolitan Casual Wards (Transfer) Order, 1912, issued in March, which settled the terms of the actual transfer of 24 of the 28 existing casual wards to the Board. The Orders came into force on the 1st April, 1912, but in the previous November the Board had appointed a Special Committee which, under the Chairmanship of Dr. H. W. Gell, had been actively engaged in the negotiations relating to the transfer of the wards and in discussing and placing before the Board the policy under which the work was to be continued. This Special Committee was continued in office until May, 1912, when the Casual Wards Committee was appointed. In the comprehensive and interesting first annual report of the Casual Wards Committee, which will be found in this volume, the Committee have placed on the Board's records a historical summary of the efforts of the community to deal with the problem of vagrancy, a concise statement of the existing system, and of the Board's policy, a relation of its early experiences in the management of the wards, a discussion of the difficulties surrounding the questions of detention, tasks, and punishment of vagrancy offences, and a note of the working of a new scheme for providing for the homeless poor at night in the central London area.

12. In this work of dealing with the vagrant it is scarcely an exaggeration to say that there have been as many policies as there were boards of guardians, and the crying need, not only in London but throughout the country has been for uniformity of administration. This has now been brought about in London where the Metropolitan Asylums Board have from the outset taken up the position of carrying out in all wards the statutory regulations for the treatment of vagrants. The result was immediately apparent in the great and sustained decline in casual pauperism in London, amounting to some 50 per cent., the inmates of casual wards having fallen from 1,100 on the average to less than half that number. The Board have been enabled to reduce the number of wards needed from 28 to 17 and some of these are not required during the summer months. The Casual Wards Committee deal fully with the question of the decline and they make the important point that, so far as can be ascertained, there has been no increase in the number of inmates of casual wards in the areas

round London, that there has been a decrease in the number of inmates of common lodging houses and, as will be mentioned presently, in the number of homeless persons sleeping out, and they express the hope that some portion of those who have ceased to frequent the wards have been led to regain their status as ordinary citizens.

13. A new development of much interest and public usefulness is the scheme inaugurated by the Metropolitan Poor Law Inspectors' Advisory Committee on the Homeless Poor, presided over by Mr. J. S. Oxley, the Local Government Board Inspector for London, which the Board undertook last autumn to manage in co-operation with the police and with various philanthropic agencies for dealing with the homeless poor in the central London area. Through the co-operation of the Port of London Authority, an office was provided adjacent to the Embankment to which homeless persons come with tickets given them by the police on night duty. At the office they are seen by one of the Board's officers and receive an admission card for a home of one of the agencies co-operating, or for a casual ward, as the officer considers most suitable. The immediate effect of this organised co-operative plan for dealing with these homeless persons was seen in their almost entire removal from the Embankment and adjacent thoroughfares, where for some time past their numbers had constituted a public evil and a recruiting ground for vagrancy. In this connection a great tribute must be paid to the kindly efforts of the police and to the loyal co-operation and valuable assistance of each one of the voluntary bodies participating in the scheme. It is hoped in the near future to strengthen this co-operative work by utilising on an organised plan the help of the same agencies for assisting the reclaimable inmates of the casual wards.

Co-operation with voluntary effort.

14. This is perhaps an appropriate place for referring briefly to the possibilities, which have been somewhat neglected in the past, arising from the friendly co-operation of public authorities doing work which falls to be done at the public charge with the many charitable agencies and organisations covering part of the same ground. An important instance has been given in the last paragraph and another will, it is hoped, be afforded by a scheme now under consideration by the Children's Committee of the Board under which the work of after-care required for so many of the children discharged from the Board's Children's hospitals will be undertaken by some of these agencies on an ordered scheme.

Mentally deficient patients.

15. The numbers of patients in the imbecile asylums and industrial colonies for the year 1912 were as follows, viz. :—

Remaining on 1st Jan., 1912	7,634
Discharged during the year	204
Died „ „ „	714
Admitted „ „ „	993
Remaining on 31st December, 1912	7,709

It will be noticed that the number of patients admitted, which last year exceeded 1,000 for the first time since 1903, amounted in 1912 for both sections of the feeble-minded to 993. The average annual number of admissions during the last seven years has been 974. Of the patients admitted 276 were under 16 years of age, 13 of these being under 5 years of age. 238 of the admissions (or 34 per cent. of the adults) were over 70 years of age, 160 being between 70 and 80, 75 between 80 and 90, and 3 over 90.

16. The scheme for the control by one Committee—the Asylums Committee—of the whole of the mentally defective persons in the Board's care, and for the reservation of the institution at Darenth as an industrial colony for the best grade of improvable imbecile and for the feeble-minded, to which reference has been made in previous reports, was carried into effect during the year. The unimprovable imbeciles were transferred from Darenth to the Fountain Hospital, re-named the Fountain Temporary Asylum, but as the accommodation at Darenth would not suffice for all the male feeble-minded cases, the Board decided to continue to use for the present the Bridge Industrial Home for some of these cases.

17. The revised dietary scale for inmates in the care of the Asylums Committee continues to give great satisfaction and the Local Government Board have been asked to sanction its permanent adoption.

Children.

18. The numbers of the special classes of children received into the hospitals and schools under the Children's Committee underwent some reduction consequent upon the transfer of the feeble-minded from that Committee to the Asylums Committee.

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

	Remaining 1st January, 1912.	Admitted during 1912.	Discharged during 1912.	Died 1912.	Remaining 31st December, 1912.	Increase or decrease on previous year.
Sick & convalescent :						
Inland	1,611	4,228	4,047	247	1,545	—66
Seaside	383	659	662	5	375	— 8
Ringworm	178	822	824	1	175	— 3
Ophthalmia	680	649	643	...	686	+ 6
Total ...	2,852	6,358	6,176	253	2,781	—71

19. In December, 1912, the Board decided to transfer. The Downs School, Sutton, to the Hospitals Department for use as a sanatorium for patients under the National Insurance Act, and it became necessary to make arrangements for the accommodation elsewhere of the children then in that institution. Those in the portion of the school set aside for convalescent cases were distributed amongst other institutions, and a portion of the Park Hospital for Children was set aside for the accommodation and treatment of ringworm cases. As has been noted in previous reports, the success which has attended the X-ray treatment has greatly reduced the period of stay required in a special institution, and it is not anticipated that cases of this class will make a very large demand on the wards of the Park Hospital.

20. The progress of the work of Queen Mary's Hospital, and other matters of interest are dealt with in the report of the Children's Committee and in the reports of the medical officers which are appended to it.

Training ship, Exmouth.

21. During the year 394 boys were admitted to the training ship, an increase of no fewer than 112 on the previous year. 349 were discharged and 702 remained under training at the end of the year, an increase of 45 on the previous year's figures. Of the boys discharged, 109 entered the Royal Navy and 179 the Mercantile Marine. The increase in numbers may be received with satisfaction ; but, although the country unions continue to regard the Exmouth as a desirable training school for their most promising cases, there are few signs of the much desired increase in support of the ship by the metropolitan guardians.

22. The question of a new sea-going training ship, which has been much discussed in the last few years, was settled in March, 1912, when the Board entered into a contract with the Rennie Forrestt Shipbuilding Co., of Wivenhoe, Essex, for building an auxiliary screw schooner of 500 tons, accommodating some 70 boys, and it is hoped that the new ship, which should be of the greatest possible value in the training and development of the boys, will be ready early in 1913.

Infectious hospitals.

23. The following statistics relate to patients in the infectious hospitals during the year 1912, viz. :—

	Admissions.	Discharges.	Deaths.	Mortality per cent.
Scarlet fever	9,883 (+*1065*)	9,599 (—*1,326*)	154 (—*13*)	1·57
Diphtheria	4,844 (—*190*)	4,905 (+*744*)	331 (—*97*)	6·57
Diphtheria (Bacteriological) ..	375 (+*19*)	373 (+*43*)	4 (—*3*)	1·06
Enteric fever ..	222 (—*138*)	208 (—*133*)	42 (—*12*)	17·79
Puerperal fever ..	23 (+*23*)	7 (+*7*)	9 (+*9*)	46·15
Measles	4,314 (+*1,170*)	3,197 (+*474*)	414 (—*24*)	10·45
Whooping cough ..	1,731 (+*547*)	1,570 (+*723*)	146 (+*21*)	8·47
Typhus fever ..	2 (+*2*)	— —	2 (+*2*)	100·00
Cerebro-spinal fever ..	2 (—*3*)	— —	2 (same)	100·00
Poliomyelitis	6 (+*6*)	5 (+*5*)	1 (+*1*)	16·67
Other diseases ..	1,899 (—*338*)	1,734 (—*366*)	123 (same)	6·55
Total	23,301 (+*2,163*)	21,598 (+*2,823*)	1,228 (—*135*)	5·32
Smallpox	5 (—*65*)	4 (—*55*)	1 (—*10*)	25·00

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

24. It will be observed that the number of cases admitted shows an increase of 2,163 on the admissions for 1911, chiefly due to the increase in the admissions of scarlet fever and measles. Throughout the year the admissions of scarlet fever were much higher than in the previous year. The average annual number of admissions since 1891 has been approximately 22,000.

25. The lowest number of patients under treatment on any day was 3,067 on 13th April, and the highest 4,319 on 26th November and 10th December. The average of the corresponding figures for seventeen years past is 2,925 and 4,702 respectively.

26. The Local Government Board having authorised the reception of cases of puerperal fever into the Board's hospitals, arrangements were made for the treatment of such cases in enteric fever wards, but the number of cases under treatment on any one day during the year did not exceed 14.

27. The appointment of a Research Pathologist to undertake an enquiry into the causation, infectivity, prevention and treatment of zymotic diseases, was approved by the Board. It is hoped that this will eventually lead to a reduction in the incidence and mortality of the infectious diseases treated in the Board's hospitals.

Ambulance service.

28. The total number of cases removed by the Board's ambulances during 1912 was 59,964, compared with 49,183 in 1911 and 37,340 in 1910. Of this number 23,188 were cases removed to the infectious hospitals and 469 were infectious cases removed to other places. 2,106 non-infectious cases, medical, surgical and mental were conveyed by the Board's ambulances including 81 persons suffering from fractured limbs and other injuries.

29. During the year the change from horse to motor traction was completed throughout the ambulance service, the last horse being employed on the 14th September. This change has been carried out without any disturbance of the service.

30. It should be noted that London continues to be without a street ambulance service although it was established years ago to the satisfaction of the majority of the Home Office Committee on the subject that such a service could be quickly and economically brought into operation by the Board, and they are still able and willing to provide a sufficient accident ambulance service in a very short time.

Finance.

31. During the financial year ended at Michaelmas, 1912, the net expenditure of the Board met out of rates was £1,031,456, representing a rate of 5·54d. in the pound. The rate compares with an average of nearly 6d. for the previous 10 years. The average daily number of persons maintained in the Board's institutions during the year was 15,191.

The corresponding figures for the previous five years were :—

	Net Expenditure.		Average number of persons maintained.
	Amount. £	Rate. in the £ d.	
1907	1,067,224	5.88	13,127
1908	1,088,296	5.93	13,612
1909	1,045,092	5.63	13,687
1910	965,802	5.17	12,792
1911	997,546	5.37	13,401

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

	Total.	Increase or decrease on previous year.
	£	£
Hospitals and ambulance service ..	348,078	+ 14,710
Asylums	212,779	+ 10,956
Children	162,391	— 10,679
Casual wards	17,023	+ 17,023
Repayment of, and interest on, loans and general expenses	325,993	+ 419
Total	1,066,264	+ 32,429
Less receipts	34,808	— 1,481
Net total	£1,031,456	+ £35,910

32. The transfer of the casual wards placed on the Board the responsibility for the outstanding balances of the loans on certain of the properties conveyed to them. These balances amounted to £69,610 and referred to 22 separate loans repayable finally over varying periods up to 38 years. These outstanding balances were paid off and a consolidated loan raised repayable in 9 years' time, thus bringing the casual ward loans to the same basis as the Board's consolidated loan arranged in 1907-8, the whole of which, it will be recalled, will be extinguished in 9 years' time. Apart from the casual ward loans, no money was raised on loan for the sixth consecutive year. Since 1868 when the Board contracted their first loan, over £5,600,000 has been borrowed for various purposes. The outstanding indebtedness has been further reduced by £203,272 during the financial year and at Michaelmas 1912 stood at £2,284,221. The total reduction since 1906 has been £1,167,906. and in all £3,356,078 or 60 per cent. has been repaid. The outstanding debt is at the rate of 10s. 10d. per head of the population of London, compared with 13s. 11d. ten years ago, notwithstanding the large capital outlay on accommodation, which has increased from 17,000 to over 22,000 beds.

33. The average daily cost for maintenance of inmates in all the Board's institutions is 6d. per day compared with 9d. ten years ago. The total maintenance cost was £138,301 for 15,200 inmates compared with £162,758 for 11,709 inmates in 1902.

Contracts. 34. The Contract Committee in 1912 dealt with some 550 contracts representing an expenditure of about £310,000, of which provisions accounted for £166,000, and goods received at the Board's central stores £24,000. The

approximate value of the coal and coke contracts for the year amounted to £87,000. In addition upwards of 3,500 purchases of goods not obtainable under contract were made centrally through the Contract Department at an aggregate value exceeding £22,000.

Works.

35. Under the control of the Works Committee the department of the engineer-in-chief has carried out works amounting in value to about £70,000. Some £44,000 represents building works and the remainder engineering works. Contracts amounted to £52,000 and works carried out by direct labour to £2,000, the remainder of the total expenditure under the engineer-in-chief's department being the estimated cost of works carried out by the staff at the various institutions.

Staff.

36. The total numbers of officer and servants employed by the Board on the 31st December, 1912, was as follows :—

	Permanent.	Increase or decrease on previous year.	Temporary.	Increase or decrease on previous year.
Head office..	127	+ 10	10	+ 1
Asylums (including Bridge Industrial Home) ..	1,486	+137	44	— 12
Children's institutions .	1,024	— 26	43	— 31
Training ship Exmouth ..	51	— 1	6	— 1
Fever hospitals*	2,658	+148	164	+ 33
Smallpox hospitals (including river ambulance service)	106	— 8	21	+ 6
Land ambulance service ..	126	— 5	7	—
Casual wards	89	—	1	—
Central stores	13	+ 2	1	—
	5,680	+257	298	— 4

* Including bacteriological laboratories.

During the year 2,396 officers and servants were appointed on the permanent staff, and 2,050 left the service, shewing an increase of 346. The officers superannuated numbered 48.

37. The position under the National Insurance Act of the large institutional staff employed by the Board engaged the careful consideration of the Finance Committee and of the Board, and the steps taken in this matter are set forth in the report of the Finance Committee. It appeared that a large number of the officers and servants were in favour of the Board seeking exception from the health insurance provisions under

a certificate that the terms of their employment were such as to secure provision in respect of sickness or disablement on the whole not less favourable than the corresponding benefits under the Act, while those whose remuneration was already subject to deductions under the Superannuation Acts expressed the opinion that it would be a hardship to be called upon to pay further contributions under the Insurance Act. An Inter-departmental Committee upon the question of employment under the Crown as affected by the Act took the view, in which the Insurance Commissioners concurred, that the pension rights of established civil servants, considered in connection with the sick pay regulations, constituted provision on the whole not less favourable than the benefits conferred by the Act. Eventually a certificate of exception was granted in the case of employees subject to the Superannuation Acts, and the net result is that of the total number of persons employed by the Board some 350 are outside the scope of the Act by receiving a remuneration greater than the minimum of £160 per annum, and by not being employed in manual labour, about 3,400 fall within the certificates of exception, and the remainder, about 1,800, largely consisting of nurses who have contracted out of the Superannuation Acts, are now dealt with under the Insurance Act.

The unemployment insurance provisions of the Act apply to comparatively few of the Board's permanent employees, such as those engaged in building, construction of works, mechanical engineering or construction of vehicles, and these employees are now insured under the provisions in question.

Board of Management.

38. The Board sustained a very great loss by the death on the 5th August, 1912, of their oldest member, Sir Robert Mitton Hensley, J.P., at the advanced age of 72 years. Sir Robert Hensley had been a member since 1881 when he joined the Board as a representative of the Wandsworth Guardians, but since 1889 he had occupied a seat as a nominee of the Local Government Board. During Sir R. Hensley's long membership he had occupied almost every position of importance, and was Chairman of the Board from 1901 to 1904, a period marked by the smallpox epidemic of 1901-2, when 7,830 patients were treated in the Board's smallpox hospitals. At the close of the epidemic in December, 1902, the honour of knighthood was conferred upon him, the Prime Minister stating that it was

> in recognition of your arduous and devoted labours in connection with the Metropolitan Asylums Board.

The Board on receiving the news of Sir Robert Hensley's death recorded on their minutes

> their profound sorrow at the death of their friend and colleague Sir Robert M. Hensley, J.P., who for nearly 31 years was ungrudging in the devotion of his time and great ability to the Public Service, and who by his unfailing courtesy, kindly disposition and distinguished character endeared himself to all who were privileged to be associated with him.

39. The death has also to be recorded with regret of Mr. H. Luttman-Johnson, a representative of the S. George's Union, since June, 1905. The resignation was received of Mr. J. Gibbs, who had represented the guardians of S. George-in-the-East since 1910, and the retirement on account of ill-health was much regretted of Colonel J. Goldie, who had been a nominated member of the Board since 1903, and who had been assiduous in his attention to many branches of the Board's work.

Mr. G. S. Elliott, J.P., who had represented the Islington Guardians since 1883, resigned that representation and was nominated a member by the Local Government Board.

The City of London Guardians elected Mr. G. P. Wagstaff, B.A., in place of the late Mr. Arthur Monckton, the S. George-in-the-East Guardians the Rev. L. S. Wainright, M.A., in place of Mr. Gibbs, and the Local Government Board nominated Mr. N. W. Hubbard, J.P., in place of Sir Robert Hensley.

40. In May, 1912, Mr. Walter Dennis was re-elected Chairman and Prof. William R. Smith, J.P., D.L., M.D., was re-elected Vice-Chairman of the Board, both for a third term of twelve months.

41. 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) R. WOOLLEY WALDEN,
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, 1912.

MANAGERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS.

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1912).
Bermondsey ..	Ecroyd, W. H.	10, Burghill Road, Sydenham ..	Works, Contract.
Bethnal Green	Eickhoff, Walter	"Clovelly," Devonshire Road, Forest Hill, S.E.	Hospitals, Children's, Casual Wards.
Bloomsbury ..	Smith, Prof. William R., J.P., D.L., M.D. (*Vice-Chairman of the Board*)	74, Great Russell Street, Bloomsbury, W.C.	*Ex-Officio Member of all Committees.*
Camberwell ..	Brown, Richard	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.	18, Camomile St., E.C.	Hospitals, "Exmouth."
,, ..	Doughty, Rev. G. Bell ..	27, Westbourne Gardens	Hospitals, Children's, "Exmouth."
,, ..	Turner, Benjamin	218, Lordship Road, Stoke Newington	Hospitals.
,, ..	Wagstaff, G. P.	9, Bartlett's Buildings, E.C. ..	Works.
,, ..	Wilkinson, Cuthbert	2, Mitre Court, Fleet Street, E.C. ..	Statistical.
Fulham ..	Botterill, Charles	St. Botolph's, Fulham Palace Road, Fulham, S.W.	Finance, Hospitals, Asylums, Works, Statistical.
Greenwich ..	Oldman, F. J.	85, Arbuthnot Road, New Cross, S.E.	Asylums, Children's, Works.
Hackney ..	Bates, Thomas	67, Clifden Road, Lower Clapton, N.E.	Hospitals, Children's.
,, ..	Beurle, W. L.	Linden House, 331, Victoria Park Road, N.E.	Hospitals, Children's.
Hammersmith	Seager, Osmund	3, Girdler's Road, W. Kensington, W	Finance, Asylums, Children's, Ambulance, "Exmouth."
Hampstead ..	Sheffield, Col. Frank	"Palaspai," Daleham Gardens, Hampstead, 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, Children's.
Islington ..	Lambert, Samuel, J.P. ..	125, Barnsbury Road, N.	Hospitals, Asylums, "Exmouth."
,, ..	Walkley, Alfred .. .. (*One Vacancy*)	Tower House, 17, Cromartie Road, Hornsey Rise, N.	Asylums, 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, Casual Wards.
Lambeth ..	Clark, Arthur	Lynton, Crane's Park, Surbiton ..	Asylums, Children's, Works.
,, ..	Gough-Cook, William ..	26, Herne Hill, S.E.	Children's.
,, ..	Hawkey, J. F.	75, Arlingford Road, Tulse Hill, S.W	Hospitals, Asylums, 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," Casual Wards.
,, ..	Graham, Henry	182, Fernhead Road, W.	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.
,, ..	Smith, William	88, Cambridge Street, S.W. ..	Hospitals, Children's.
,, ..	Walden, R. W., J.P.	"Bella Vista," Upper Warlingham ..	Law and Parliamentary, Asylums, Children's, Statistical, Casual Wards.
St. George's-in-the-East	Wainwright, Rev. L. S. ..	St. Peter's Clergy House, London Docks, E.	Hospitals.
St. Marylebone	Browne, Elliott S., L.R.C.S.I., L.R.C.P.I.	5, Cavendish Mansions, Langham Street, W.	Hospitals, Children's, Contract.
,, ..	Dennis, Walter (*Chairman of the Board*)	Ifield House, Carshalton, Surrey ..	*Ex-Officio Member of all Committees.*
,, ..	White, Sir 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, Highgate, N.	Asylums, Children's.

LIST OF MEMBERS OF THE BOARD.

Union or Parish.	Name of Manager.	Address.	Committees (as at end of 1912).
Southwark ..	Cornell, Thomas (*Chairman, General Purposes Committee*)	"Ingleside," 32, Dornton Road, Balham, S.W.	Finance, Contract, "Exmouth," Casual Wards (*Ex-Officio Member, Hospitals, Asylums, Children's*).
,, ..	Devereux, J. O.	20, Nelson Square, Blackfriars Road, S.E.	Asylums, Children's, Contract.
Stepney ..	Higley, Rev. F. H.	636, Commercial Road East, E. ..	Asylums, Children's, "Exmouth."
Strand ..	Hillersdon, Rev. F. Harcourt	20, Taviton Street, Gordon Square, W.C.	Finance, Statistical, Casual Wards.
Wandsworth ..	Fowle, G. J.	67, Erpingham Road, Putney, S.W.	Hospitals, Asylums.
.. ..	Penfold, William F.	Burwood House, Upper Tooting, S.W.	Asylums, Children's.
.. ..	Sullivan, Alfred	"Sunnydene," St. Nicholas Road, Balham, S.W.	Asylums, Children's, Am'lance.
Westminster ..	Thomson, H. Lyon	34, St. James's Street, S.W.	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 1912).
Doneraile, The Viscount ..	91, Victoria Street, Westminster, S.W. ..	Ambulance, Statistical, Casual Wards.
Drage, Geoffrey	29, Cadogan Square, S.W.	"Exmouth."
Elliott, G. S.	14, Upper Street, Islington, N.	Children's.
Gell, H. W., M.B.	24, Palace Court, Bayswater, W. ..	Asylums, Ambulance, Casual Wards.
Helby, J. T.	"Glengarriff," Cobham, Surrey	Law and Parliamentary, Hospitals, Asylums, Ambulance, Contract, Works.
Henderson, Admiral W. H.	12, Vicarage Gardens, Kensington ..	Asylums, Ambulance, "Exmouth," Casual Wards.
Hubbard, N. W., J.P. ..	"Hawarden," 41, Chestnut Road, West Norwood, S.E.	Finance, Children's.
Hunt, Jackson, J.P.	23, Montagu Square, W.	Law and Parliamentary, Finance, Hospitals, Ambulance.
Inderwick, Miss E. F. ..	8, Warwick Square, S.W.	Hospitals, Statistical.
Meinertzhagen, E. L., J.P. ..	4, Cheyne Walk, Chelsea, S.W.	Law & Parliamentary, 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 Augustus C., J.P.	8, Primrose Mansions, Battersea Park, S.W.	Law and Parliamentary, Finance, Hospitals, Ambulance, Statistical, Works.
Simpson, E. Palgrave ..	5, Durham Villas, Phillimore Gardens, W.	Works, Children's, Casual Wards.
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.
Stanley, Hon. Maude A. ..	32, Smith Square, Westminster, S.W. ..	Children's, Casual Wards.

APPENDIX II.—*List of the various institutions*

No.	Name of institution.	Where situated.
	Fever Hospitals.	
1	Eastern Hospital	Homerton Grove, N.E.
2	North-Eastern Hospital	S. Ann's Road, South Tottenham, N.
3	North-Western ,,	Lawn Road, Hampstead, N.W.
4	Western ,,	Seagrave Road, Fulham, S.W.
5	South-Western ,,	Landor Road, Stockwell, S.W.
5	Grove ,,	Tooting Grove, Tooting Graveney, S.W.
7	South-Eastern ,,	Avonley Road, New Cross, S.E.
8	Brook ,,	Shooters Hill, Kent
9	Northern ,, (for Convalescing Patients.)	Winchmore Hill, N.
10	Southern Upper ,, (,,)	Dartford, Kent
	,, Lower ,, (,,)	
	Smallpox Hospitals.	
11	Long Reach Pier Buildings	Dartford, Kent
	Long Reach Hospital	,, ,,
12	Orchard Hospital	,, ,,
13	Joyce Green Hospital	,, ,,
	Imbecile Asylums.	
14	Tooting Bec Asylum and Children's Receiving Home	Tooting, S.W.
15	Leavesden Asylum	King's Langley, Herts.
16	Caterham ,,	Caterham, Surrey
17	Fountain (Temporary) Asylum	Tooting Graveney, S.W.
	Industrial Colonies.	
18	Darenth	Dartford, Kent
19	Bridge	Witham, Essex
20	**Training Ship "Exmouth"** †	Moored off Grays, Essex
	Infirmary	Grays, Essex
	Homes and Schools for Children.	
	Sick and Convalescent, Inland	
21	Queen Mary's Hospital for Children	Carshalton, Surrey
22	Park Hospital for Children	Hither Green, Lewisham, S.E.
	Sick and Convalescent, Seaside.	
23	S. Anne's Home	Herne Bay, Kent
24	East Cliff House	Margate, Kent
25	Millfield	Rustington, near Littlehampton
26	The Downs School (part of) *Ringworm School.* The Downs School (part of)	Sutton, Surrey
	Ophthalmia Schools.	
27	White Oak School	Swanley Junction, Kent
28	High Wood ,,	Brentwood, Essex
	*Homes for Defectives.**	
29	Lloyd House	11, Lloyd Street, Pentonville, W.C.
	12, Lloyd Street	Pentonville, W.C.
30	26, Elm Grove	Peckham, S.E.
31	81, Earlsfield Road	Wandsworth, S.W.
32	Surrey House, 66, S. Ann's Hill	,, ,,
	Casual Wards.	
33 to 56	24 Wards	Various parts of the Metropolis (*see p.* 60)
	Ambulance Stations.	
57	Eastern Ambulance Station	Brooksby's Walk, Homerton, N.E.
58	North-Western ,,	Lawn Road, Hampstead, N.W.
59	Western ,,	Seagrave Road, Fulham, S.W.
60	South-Western ,,	Landor Road, Stockwell, S.W.
61	South-Eastern ,,	New Cross Road, S.E.
62	Brook ,,	Shooters Hill, Kent
63	Tooting Bec ,,	Tooting, S.W.
64	Mead (Motor Workshop)	Carnwath Road, Fulham, S.W.
	Wharves, Piers, and Steamers.	
65	North Wharf	Managers' Street, Blackwall, E.
66	South ,,	Trinity Street, Rotherhithe, S.E.
67	West ,,	Carnwath Road, Fulham, S.W.
—	Five Ambulance Steamers	
	Contract Department.	
68	Central Stores	Soloman's Passage, Peckham Rye, S.E.
69	**Bacteriological Establishments**	Sutton, Surrey

* In July, 1912, the children in these Homes, with the exception of those who were sufficiently improved to be returned

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

under the Board's control.

No.	Date of opening.	Acreage.	Accommodation.	
1	February 1st, 1871	9 a.	375 beds.	
2	October 8th, 1892	33 a. 0 r. 6 p.	623 ,,	
3	January 25th, 1870	12 a. 0 r. 1 p.	474 ,,	
4	March 10th, 1877	13 a. 2 r. 35 p.	452 ,,	
5	January 31st, 1871	8 a. 1 r. 20 p.	339 ,,	
6	August 17th, 1899	22 a. 3 r. 3 p.	518 ,,	
7	March 17th, 1877 (*Reconstructed 1904-1906 and re-opened 2nd July, 1906*)	10 a. 2 r. 0 p.	498 ,,	
8	August 31st, 1896	29 a. 1 r. 2 p.	568 ,,	
9	September 25th, 1887	35 a. 2 r. 38 p.	738 ,,	
10	October, 1890	160 a. 0 r. 16 p.	921 ,,	
	Erected 1902		610 ,,	
			——	**6,116**
11	February 27th, 1902	24 a. 0 r. 37 p.	50 ,,	
			300 ,,	
12	Erected spring, 1902	63 a. 0 r. 18 p.	800 ,,	
13	December 28th, 1903	254 a. 1 r. 18 p.	940 ,,	
			——	**2,090**
14	January 19th, 1903	28 a. 3 r. 18 p. (including Bushey Down)	1,114 ,,	
15	October, 1870	143 a. 2 r.	2,164 ,,	
16	,, ,,	154 a. 1 r. 32 p.	2,109 ,,	
17	October, 1893 (*Used as fever hospital until 1911, then as defective home during part of 1912*)	10 a. (about)	624 ,,	
			1,668 ,,	**7,679**
18	November, 1878	164 a. 1 r. 0 p.	440 ,,	
19	February 12th, 1901 (*Used for ringworm cases until 1906, then as a home for defectives until 1911*)	7 a. 1 r. 0 p.	210 ,,	
			——	**650**
20	March, 1876		700 boys.	
	August, 1905	6 a. 2 r. 13 p.	34 beds.	
			——	**734**
21	January 29th, 1909	136 a. 0 r. 0 p.	850 ,,	
22	November 8th, 1897 (*Used as a fever hospital until 2nd Sept., 1910*)	19 a. 1 r. 6 p.	800 ,,	
23	December 26th, 1897	2 a. 3 r. 0 p.	134 ,,	
24	June 26th, 1898	3 a. 2 r. 20 p.	130 ,,	
25	April 6th, 1904	5 a. 2 r. 0 p.	120 ,,	
26	February 26th, 1903	19 a. 1 r. 24 p.	420 children.	
27	March 20th, 1903	49 a. 2 r. 10 p.	360 ,,	
28	July 26th, 1904	28 a.	360 ,,	
			——	**3 174**
29	January 16th, 1899		20 girls.	
	October 18th, 1901		8 ,,	
30	January 25th, 1901		15 boys.	
31	July 7th, 1903		10 girls.	
32	December 11th, 1903		20 boys.	
33 to 56	Transferred to Asylums Board 1st Apr., 1912		1,648 beds.	
57	June 20th, 1885	The areas of these sites are included in those of the adjoining hospitals (see above).		
58	September 1st, 1897			
59	July 9th, 1884			
60	May 2nd, 1898			
61	October 1st, 1883			
62	August 18th, 1896			
63	Erected 1903	Included in site of asylum		
64	April, 1902	On part of the West Wharf site		
65	Purchased November, 1883	— 2 r. 0 p.	9 beds.	
66	,, September, 1883	2 a. 1 r. 0 p.	24 ,,	
67	,, January, 1885	2 a. 2 r. 10 p.		
—	October, 1884, to March, 1902		About 170 beds.	
68	September, 1908			
69	May, 1907	2 a. 2 r. 0 p.		

to the Guardians, were transferred to Darenth Industrial Colony, and the homes were empty at the close of the year.

ANNUAL REPORT OF THE HOSPITALS COMMITTEE FOR 1912.

Chairman and Vice-chairman. 1. We elected the Rev. Canon Sprankling and Dr. Elliott Browne to be our Chairman and Vice-chairman respectively for a third year.

Meetings. 2. Nineteen meetings of the Committee were held during the year, while our sub-committees (central, institutional and special) met on 265 occasions.

Staff. 3. (*a*) *Principal officers.*—Resignations of appointments were received from (i.) the Rev. K. M. Ffinch, chaplain of the Southern and Smallpox Hospitals, (ii.) the Rev. A. A. Dauncey, chaplain of the Brook Hospital (on the ground of ill-health) and (iii.) the Rev. E. Cresswell Gee, acting chaplain of the South-Eastern Hospital.

The Rev. F. de P. Castells, curate of Christ Church, Bexley Heath, was appointed to succeed Mr. Ffinch, and to fill the vacancy at the South-Eastern Hospital, the Rev. A. C. Wolston was transferred from the Fountain Hospital, which had been temporarily allocated as an asylum for imbeciles.

(*b*) *Assistant medical officers.*—9 assistant medical officers resigned, and 17 were appointed. 29 medical officers were employed temporarily at various times.

(*c*) *Nursing staff.*—We drew up early in the year a complete schedule of rules for the examination of trained nurses and probationers, and approved forms of certificates to be granted upon the result of such examination. Two examinations have been held during the year, Dr. Cuff, the medical officer for general purposes, being selected in each case as the principal examiner. At the first examination, held in April, only 1 probationer passed. At the October examination 4 trained nurses and 7 probationers passed. Gold and silver medals were presented to the 2 most successful probationers. Arrangements were made as far as possible for the successful candidates to be received for the completion of their training into some of the large general hospitals.

At our suggestion, probationers have been exempted from the operation of the Managers' standing orders relative to testimonials, and we have approved of forms of certificates of service to be issued in their stead to probationers who complete their period of training but fail to pass the examination, and also to those who leave before its termination.

The result of the first year's working of the new nursing staff scheme demonstrated the necessity for taking immediate steps to avoid a shortage in the supply of nurses in the near future. Difficulty in obtaining an adequate supply of nurses was experienced at nearly every hospital. We decided to increase the authorised number of probationers, and our proposal that general-trained staff nurses should receive additional remuneration at the rate of £4 per annum above that assigned to fever-trained nurses, was approved by the Managers in April. Consideration of a petition subsequently received from a large number of fever-trained staff nurses to be placed on the same level as the general-trained staff nurses resulted in the maximum pay assigned to these nurses being increased by £2 per annum.

It is even yet too early to judge of the full effect of the new nursing scheme. A better class of nurse is being obtained, but considerable difficulty is still being experienced in obtaining a sufficient number of satisfactory candidates. There is every reason to believe that such difficulty is not confined to the Board's service, but is the experience of hospitals generally.

The question of providing a period of training in infectious diseases to selected probationers from the children's service was under consideration at the end of the year.

(*d*) *Research bacteriologist or pathologist.*—A proposal has been adopted to appoint a research bacteriologist or pathologist, whose function it will be to enquire into the causation, infectivity, prevention and treatment of zymotic diseases. It is hoped that both the incidence and the mortality of the diseases which the Managers treat may be reduced by this step. The assent of the Local Government Board to this proposal had not been received at the end of the year.

(*e*) *Staff regulations.*—The revision of the staff regulations referred to in our last report was still under consideration at the end of the year.

Patients.

4. (*a*) *Scarlet fever, diphtheria, enteric fever, measles, whooping cough and puerperal fever.*—The numbers of these patients under treatment at the beginning and the end of the year were as follow :—

	On 1 *Jan.*, 1912.	*On* 31 *Dec.*, 1912.
Scarlet fever	1,914	2,044
Diphtheria	1,201	807
Enteric fever	53	25
Measles	105	808
Whooping cough ...	234	249
Puerperal fever ...	—	7
Other diseases ...	105	147
	3,612	4,087

We stated in our last report that it had been found that during 1911 the period of least prevalence of measles and whooping cough had coincided with the period of greatest prevalence of fevers and diphtheria. This experience has not been repeated during the past year. The unusually heavy incidence of measles during March, April and May of 1911 was not repeated in 1912, but the admissions were heaviest in July, August, November and December, thus coinciding with the usual autumnal increase in the admissions of fevers. The experience in regard to whooping cough was somewhat similar, its period of greatest incidence being from April to June, and the number of admissions throughout the year was consistently higher than in the previous year. This was in part, but not wholly, attributable to the treatment of non-pauper cases of this disease, which first became admissible by an Order of the Local Government Board dated 9th August, 1912.

In July the Local Government Board authorised the Managers to receive into their hospitals poor persons suffering from puerperal fever. Arrangements were made, upon the advice of the medical officer for general purposes, for the treatment of these cases in such of the hospitals as might have vacant beds in the female enteric wards. By Order of the Local Government Board, dated 20 August, 1912, non-pauper cases of this disease became admissible. The number of cases under treatment on any one day in the year did not exceed 14.

(*b*) *Smallpox.*—Only 5 cases of smallpox came under treatment in 1912.

(*c*) *Regulations.*—The code of regulations relating to the removal, admission, transfer, discharge and visiting of patients was revised in May.

Coal strike. 5. The coal strike which took place early in the year, led to the adoption of precautionary methods, and resulted in the temporary suspension of admissions to the North-Western and South-Western Hospitals, and the closing for three months (5 March to 8 June) of the Northern Hospital, the patients being transferred or discharged in a short time.

Reception of smallpox cases from extra-metropolitan districts. 6. In October we reviewed the arrangements with various extra-metropolitan authorities for the reception of smallpox cases. In November, 1911, the majority of these authorities were informed that the assistance which they might expect from the Managers would have to be limited to the reception of an intermittent case or two. After the passing of the National Insurance Act, it became apparent that many of these authorities proposed to utilise temporarily for the reception of tuberculous patients such accommodation as they had hitherto reserved for possible cases of smallpox. Moreover, the decision of the Managers that Long Reach Hospital, with the adjacent pier buildings should be the only permanent reservation for smallpox, limited the accommodation immediately available. It therefore seemed probable that grave difficulties might arise in dealing with an epidemic of smallpox in the metropolis, should any large demand be made on the Board's accommodation on the strength of existing pledges. We therefore deemed it advisable that the majority of agreements of this nature should be terminated, and by direction of the Board four months' notice was given to the authorities concerned.

Long Reach Hospital—Reconstruction. 7. Further consideration of the question of the protection against fire of the buildings at Long Reach Hospital,to which reference was made in our last report, resulted in a proposal that the hospital should be gradually rebuilt in permanent materials. The Managers, however, decided that as a preliminary and experimental step, two wards only should be so rebuilt, and plans were in course of preparation at the end of the year.

Brook Hospital—electricity. 8. Early in the year it was demonstrated to us that considerable economy would result were the electricity for the Brook Hospital supplied from an outside source, instead of being generated at the institution, and we expressed the opinion that an agreement for 21 years should be entered into for its supply, terminable at the end of seven years, and subsequently with one year's notice, at the Manager's option. The question was before the Works Committee at the end of the year.

Balcony accommodation. 9. Arising out of a report of the medical superintendent of the Brook Hospital four of the ward pavilions at that hospital are being altered so as to provide balcony accommodation for open air treatment, thus affording patients the benefit of the curative effect of open air and sunshine while still confined to bed.

North-Western Hospital—isolation accommodation. 10. An amended proposal for the provision of additional isolation accommodation at the North-Western Hospital, to which reference was made in our report for 1911, was generally approved by the Local Government Board in November after the receipt of the report to which that Board had referred when commenting on the original proposal forwarded to them in June, 1911.

Receiving rooms for measles. 11. Plans for the provision of receiving rooms for measles at certain hospitals were under consideration at the end of the year.

Medical instruction.

12. (*a*) *Classes in fevers.*—209 students (of whom 12 were women) attended courses of instruction in fevers during the year, these figures being 30 and 4 respectively fewer than in 1911. The arrangements made in 1908 for holding morning classes have been continued.

(*b*) *Classes in hospital administration.—D.P.H.*—Classes in hospital administration for candidates for the Diploma in Public Health have been attended by 54 duly qualified medical practitioners (including 5 women) this number being a considerable advance upon the figures for the preceding year.

Sanatoria—accommodation for tuberculous patients under National Insurance Act, 1911.

13. The decisions reached by the Managers during the latter part of the year in regard to this matter are embodied in the annual report of the General Purposes Committee. It is therefore unnecessary for us to say more than that, the Managers having transferred from the Children's Committee to us the management and control of The Downs School, active steps were being taken at the end of December to prepare that institution for the reception of male adult tuberculous patients at the earliest possible date.

Other matters.

14. The following are the more important works not elsewhere alluded to, sanctioned by the Managers at our instance during the year, with the estimated cost in each case, viz. :—

(*a*) Northern Hospital—alterations to medical superintendent's house	£480
(*b*) North-Western Hospital—laundry alterations and additions	£1,225
(*c*) North-Western Hospital—provision of bed pan and scalding sinks	£475
(*d*) Western Hospital—laundry alterations and additions	£590
(*e*) Western Hospital—road repairs	£490
(*f*) Long Reach Hospital—provision of new disinfector and disinfector house	£535

Staff.

15. In conclusion we desire once more to express our appreciation of the high standard of efficiency maintained by the several medical superintendents and their respective staffs.

(Signed) J. SPRANKLING,

Chairman.

ANNUAL REPORT OF THE ASYLUMS COMMITTEE FOR 1912.

1. We submit to the Board our annual report for the year ended 31 December, 1912.

Meetings.

2. The number of meetings of the committee and sub-committees for the year was as follows :—

Asylums Committee	20
Sub-Committees at asylums ..	89
Other sub-committees	43
	152

Chairman and Vice-chairman.

3. We re-elected Mr. Samuel Lambert, J.P., to be our Chairman, and Dr. H. Willingham Gell to be our Vice-chairman.

Accommodation and inmates.

4. The following table shews the total normal accommodation at the end of the year and the number of inmates, viz. :—

Institution.	Accommodation.		Inmates.		Increase or decrease of inmates on previous year.	
	Males.	Females.	Males.	Females.	Males.	Females.
ASYLUMS—						
Leavesden	980	1,184	964	1,107	+5	—9
Caterham	972	1,137	946	1,091	—1	—13
Tooting Bec ..	514	600	497	585	+6	+1
Fountain	374	250	364	183	+364	+183
INDUSTRIAL COLONIES						
Darenth—						
(i.) Imbeciles ..	884	784	796	738	—375	—160
(ii.) Feeble-minded	220	220	167	157	+167	+157
Bridge—						
Feeble-minded ..	210	—	114	—	—95	—
TOTALS—						
Imbeciles	3,724	3,955	3,567	3,704	—1	+2
Feeble-minded ..	430	220	281	157	+72*	+157*

*At the end of 1911, 10 males and 145 females were inmates of the homes for defectives under the control of the Children's Committee, which, under the new scheme for the re-classification of mentally defectives, have since been closed and are therefore not included in this table. The net increase of feeble-minded persons in the Managers' care during 1912 was therefore 62 males and 12 females.

Other statistics. (i.) Imbeciles. 5. The applications for admission during the year numbered 995, compared with 1,121 during 1911. The admissions, discharges and deaths are shewn in the following table :—

Admitted.	Number.	Increase or decrease on previous year.
Adults over 70 years of age	238	—11
,, between 16 and 70 years	462	—127
Children between 5 and 16 years	143	—17
,, under 5 years	12	—28
Total	855	—183
Discharged	141	+14
Died	713	+30

(ii.) Feeble-minded. 6. The applications for admission during the year numbered 174, compared with 121 during 1911. The admissions, discharges and deaths during 1912 are shewn in the following table :—

Admitted.	Number.	Increase or decrease on previous year.
Adults between 16 and 21 years of age	17	+17
Children between 5 and 16 years	120	+37
,, under 5 years	1	+ 1
Total	138	+55
Discharged	63	+35
Died	1	— 1

Admissions. (i.) Imbeciles. 7. Under existing arrangements all imbecile cases presented for admission, except transfers from the County Asylums, are in the first instance received at Tooting Bec Asylum, and the following table shews the destination of the cases transferred thence to other asylums, viz. :—

From Tooting Bec Asylum to

	Children.	Adults.
Darenth	101	57
Leavesden	—	104
Caterham	—	92
Fountain	41	—

The following table shews the admissions to Darenth via Tooting Bec during the last eight years, viz. :—

Year.	Adults (all considered improvable).	Children under 16.	Condition of children 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
1911	60	172	64	108	37
1912	57	101	83	18	82
	485	1,355	532	823	39

The high percentage of children transferred to Darenth during 1912 who were considered improvable is due to the fact that after 12 February, the date on which the Fountain Temporary Asylum came into use for unimprovable imbeciles, only those considered improvable were sent to Darenth.

(ii.) Feeble-minded.

8. All feeble-minded persons for whose reception into one of the Board's industrial colonies application is made by the Guardians are examined, before admission, by the medical superintendent of Darenth Industrial Colony, who determines, in the case of the males, whether they are to be sent to the feeble-minded section at Darenth or to the Bridge Industrial Home. Transfers from Bridge Industrial Home to Darenth also take place from time to time on his advice.

Accommodation for feeble-minded.

9. We alluded last year to the scheme which was adopted by the Board in February, 1911, for the re-classification of mentally defectives by the removal of the whole of the unimprovable imbeciles from Darenth and the setting apart of that institution as an industrial colony for the highest class of improvable imbeciles and for feeble-minded. The unimprovable imbeciles were in due course transferred to the Fountain Hospital (re-named the Fountain Temporary Asylum), and the feeble-minded from that institution and the small London Homes to Darenth Industrial Colony. There remained to be dealt with over 200 feeble-minded boys at Bridge Industrial Home. Inasmuch as if all these were removed to Darenth the male side of the feeble-minded section there would at once be over-full, and there would be no margin for fresh cases, the Board, in May, decided that until further orders, Bridge Industrial Home should be continued as an institution for feeble-minded cases, and that its control and management should be vested in the Asylums Committee.

In view of the fact that the inmates of the Bridge Industrial Home were of the same class as those accommodated in the pavilions at Darenth and that the medical superintendent of Darenth was responsible for the mental side of the medical work of the home we decided that, in order to secure proper classification of the feeble-minded persons in the Board's care, concentrated as all of them now are at Darenth Industrial Colony and at Bridge Industrial Home, to

* These figures are based on information from Tooting Bec Asylum.

permit of a thorough co-ordination of this new branch of our work, and to ensure uniformity of administration, both institutions should be managed by one sub-committee.

As it appeared probable that the pavilions, in which the feeble-minded are accommodated at Darenth would soon prove inadequate for requirements, the Managers in July, on our recommendation, approved of a plan prepared by the Engineer-in-chief for the extension, at an estimated cost of £180, as an experiment, of the two dormitories of one of the pavilions, subject to the sanction of the Local Government Board which was subsequently given. The work, which, in order to test their abilities to carry out building works of this description, is being carried out by the inmates assisted where necessary by skilled labour, is proceeding satisfactorily and approaching completion.

Age of admission of feeble-minded.

10. In a footnote to our last report we intimated that the Local Government Board had issued an Order, dated 29 December, 1911, increasing the maximum age of admission of feeble-minded persons from 16 to 21 years. This Order [Metropolitan Asylums (Mentally Defective Persons) Order, 1911] directed that the poor persons for whose reception and relief the Metropolitan Asylum District should be deemed to be formed should include " persons not certified as lunatics, who, by reason of mental defect, are incapable of receiving proper benefit from ordinary schools or institutions, or are incapable of using ordinary means or precautions for protecting themselves from injury or improper usage or treatment, or are incapable of maintaining themselves by work.

" Provided that any such poor person on admission into an asylum belonging to the Metropolitan Asylum Managers shall not exceed 21 years of age."

Patients' dietary.

11. Last year we stated that, after a four months' trial, all the medical superintendents spoke with approval of the revised dietary scale for asylum patients which had been sanctioned by the Local Government Board for a tentative period of one year ending 30 June, 1912, and that its adoption appeared to have given satisfaction to the patients and promised to effect a saving.

As the result of a more prolonged trial, extending over 10 months, these opinions were confirmed, and at each institution the new scale proved to be more economical in its working than the old one. The experience gained during the trial shewed the desirability of making certain slight alterations in the scale and of laying down that the quantities prescribed in the formulæ should be regarded as fixed, and not maximum quantities capable of variation as was the case during the experimental period. The Managers on 29 June approved the revised scale, subject to these amendments and asked the Local Government Board to give their sanction to its permanent adoption which they did on 24 July.

Ophthalmia.

12. On 20 April Mr. Angus Macnab, M.B., F.R.C.S., was re-appointed for a further twelve months as consultant in connection with the treatment of ophthalmic cases in the Board's asylums.

Enteric fever.

13. The application of the Widal test to asylum patients of dirty habits, followed by further examinations where this test gave positive reactions, to which we alluded in our last report, is still in progress. Up to the end of 1912 ten " carriers " had been detected.

Male and female attendants.
Remuneration.

14. During the year we had before us the question of the remuneration of male and female attendants in the Board's asylums. The attendants themselves were anxious for a reconsideration of their position, and, speaking generally, either difficulty was being experienced in obtaining male and female attendants to fill vacancies, or, where this was not the case, the candidates who applied for the posts were, as a class, not up to the standard of former years. As the result of our consideration of the matter we submitted proposals for the increase of the salaries of all grades of male and female attendants (except industrial attendant) and for the title of female attendants to be altered from " attendant " to " nurse." These proposals were adopted by the Board on 27 July, the new scale of salaries becoming operative at once so far as new appointments and promotions were concerned, and on 1 October in the case of those existing officers whom we directed to be placed on the new scale.

Leavesden Asylum.
Iron bridges between blocks.

15. At the end of 1911 the proposal of the Managers to provide iron bridges between the patients' blocks at this asylum, which was referred to at length in our last report, was still under consideration by the Local Government Board. At the Board's request they were furnished with certain additional information and in April they intimated that, having regard to the increasing number of infirm cases at the asylum, they would raise no further objection to the provision of some additional means of escape in case of fire. They suggested, however, that tenders should be invited from selected engineering firms on a brief description of the requirements only, leaving the firms tendering a free hand as to detail, so that stock materials could be used, as they were advised that this course would prove more economical than inviting tenders upon a specification of an inelastic character.

Tenders were accordingly invited and at the end of December the Local Government Board sanctioned the acceptance of one by the Managers at the sum of £5,838.

Caterham Asylum.
Water supply.

16. In January, in view of the serious nature of a report by the Board's bacteriologist respecting the condition of the well water at this asylum, instructions were given for this water not to be used until further orders, and for the public supply to be substituted for it at once. Dr. Houston, Director of Water Examination, Metropolitan Water Board, kindly made independent chemical and bacteriological examinations of the well water, after which he offered to carry out experiments with a view to the sterilisation of the water by means of active chlorine.

In a letter (25 March) Dr. Houston reported that as the result of his treatment, the cost of which was only 8s. per week, the well water was absolutely safe for drinking purposes and domestic use, and that it was again being used for supply purposes. We asked Dr. Houston to accept our cordial thanks for so kindly placing at our disposal his knowledge, ability and experience.

Sewage disposal.

17. In our last report we stated that the Managers had requested the Caterham Urban District Council to carry out the work necessary for the reception, into the Council's system, of the asylum sewage, and that, in circumstances we referred to, the Managers had agreed, subject to the sanction of the Local Government Board, to make a contribution of £900 towards the cost of the work. The proposals which the Council formulated were not approved by the Local Government Board, who required a larger scheme, and at the end of the year the matter was still under consideration.

Conveyance of Managers and others to and from station.

18. The motor omnibus to convey Managers, staff and others between Leavesden Asylum and the railway station, to which we alluded in our last report, came into use in May, and at the end of the year the Managers approved of similar provision being made for Caterham Asylum. All three of the institutions under our control which are situated at a distance from a railway station, viz., Leavesden and Caterham Asylum and Darenth Industrial Colony, will thus be furnished with motor vehicles.

Tooting Bec Asylum.
Adjoining property—Bushey Down.

19. An opportunity having presented itself of acquiring the freehold property known as Bushey Down, adjoining this asylum, the Managers in July, on our recommendation, agreed to purchase it for £10,000, subject to the consent of the Local Government Board which was given. The property comprises an estate of about 6 acres 3 roods 18 perches, with a large house, stabling, outbuildings, etc. The buildings will be of little use and it was as a site only, for the extension of the adjoining asylum, that the property was acquired. In November the Board appointed Mr. T. W. Aldwinckle, architect, to report, after conference with the medical superintendent of Tooting Bec Asylum, as to the best way in which the site could be developed in connection with that asylum.

Fountain Temporary Asylum.
Visitors' room, recreation hall and isolation ward.

20. It was found necessary for provision to be made for (i.) a visitors' room and a recreation hall for patients and (ii.) an isolation ward, at this asylum, and the Managers, in June, approved a plan of certain alterations in one of the blocks so as to adapt one portion of it for one of the purposes referred to, and the remainder for the other. The proposal was approved by the Local Government Board and the work was in progress at the end of the year.

Asylum kitchens—mechanical appliances.

21. During the year certain electrically-driven mechanical appliances have been tried in the kitchen at Tooting Bec Asylum, comprising a combination meat chopper and coffee mill (which can also be used for several other purposes), a vegetable paring machine and a slicing machine. The result has been not only a great saving in labour but also in food, due to a reduction of waste, and schemes for the installation of similar appliances, to be driven by steam, at Leavesden and Caterham Asylums, will shortly be carried out. A new dough mixer has been provided at Darenth Industrial Colony and a two-deck steam-heated baker's oven at Caterham Asylum.

Darenth Industrial Colony.
Conversion of disused laundry.

22. In January the Board approved of certain re-arrangements in the laundry in the industrial colony section of this institution having for their object the rendering of it possible for the whole of the washing of the institution, when the unimprovable imbeciles had been removed to the Fountain Temporary Asylum, to be done in that laundry. The laundry in the training school section was therefore available for some other purpose, and in February the Board approved of its being utilised by the feeble-minded inmates, then about to be transferred to Darenth, the wash-house being converted into workshops and the ironing room into a combined drill hall and gymnasium, the small laundry attached to the wash-house to be continued in use as such, for training purposes.

Roofing in upper male workshops yard.

23. In our last report we mentioned that the Local Government Board had suggested an alternative to the Managers' scheme for the roofing in, at an estimated cost of £700, of this yard. The object of the proposal was to permit of patients working in the yard in mild weather—thus relieving the crowded condition of the workshops—and to afford protection to goods temporarily stored in the yard.

As the result of our consideration of this alternative, which was that a verandah should be placed round three sides of the yard, the Local Government Board were informed that its adoption would not allow of the yard being used for the purposes required to anything like the same extent as if it were roofed in. To meet the Local Government Board's criticism that the roofed yard would be very hot in summer it was suggested that the front or end of the proposed enclosure should be omitted, which would also lead to a reduction of the estimated cost from £700 to £595. The proposal, with the omission above referred to, was approved by the Local Government Board in February, and the work was in hand at the close of the year.

Damage by gale.

24. On 4 March during a violent gale considerable damage was done to certain of the roofs at this institution, in particular to one of the patients' blocks, on which a chimney stack fell. Fortunately, only one person, a male adult patient, sustained any injury, and he recovered. The cost of repairing the damage was £233.

Offices for steward and clerks.

25. The office accommodation provided for the steward and his clerks being inconvenient and ill-arranged, the Managers, in July, approved a plan prepared by the Engineer-in-chief for the provision, at an estimated cost of £175, of offices on the gallery of the main stores building. The plan subsequently received the sanction of the Local Government Board. The work will be carried out by the inmates assisted by temporary labour.

Water-softening plant.

26. In our last report we referred at length to a scheme which had been adopted by the Managers in October, 1911, subject to the sanction of the Local Government Board, for the extension of the water softening plant. The Local Government Board signified their assent to the scheme at the end of February, and the work was in progress at the end of the year.

Industrial work.

27. For particulars of the industrial work carried out by the inmates we would refer to the annual report of the medical superintendent, where full details will be found. It will suffice for us to observe that good progress continues to be made and that the value of the goods made and disposed of in 1912 was greater than in any former year.

Bridge Industrial Home.
Laundry.

28. In October the Managers approved of the carrying out of certain much needed alterations to the drying accommodation in the laundry at this institution at an estimated cost of £122.

Industrial work.

29. The mental specialist in his report gives particulars of the work done by the inmates in the various shops during the year, and it is noteworthy that, notwithstanding the removal to Darenth of the majority of the older inmates who had been taught occupations, the results have been very satisfactory. Fruit bottling has been added to the number of industries carried on.

Chaplains. 30. The chaplain of Leavesden Asylum (Rev. E. Athelstan Clark) resigned and left in January. Instead of following the previous practice of appointing a clergyman to devote the whole of his time to the work of the aslyum, it was thought much more desirable that the post should be held by one of the local beneficed clergy, as has been the custom in other branches of the Board's service, and the Rev. A. Lea-Wilson, M.A., Vicar of Leavesden, was appointed chaplain.

In June the Rev. W. B. Lindesay, M.A., LL.D. (T.C.D.), Vicar of Holy Trinity, Upper Tooting, was appointed acting chaplain of the Fountain Temporary Asylum.

Lunacy Commissioners' reports. 31. All the asylums and Darenth Industrial Colony were visited by Commissioners in Lunacy during the year. Copies of their reports, which were of the usual satisfactory nature, are appended.

Inspections of institutions. 32. We inspected Leavesden Asylum on 26 June. On 6 July Darenth Industrial Colony was inspected by the Board, 36 Managers being present, together with Sir Horace Monro, K.C.B. (Secretary of the Local Government Board), Sir James Davy, K.C.B., (Assistant Secretary), and Mr. J. S. Oxley (Local Government Board Inspector).

Conclusion. 33. We would conclude by placing on record our appreciation of the way in which the several medical superintendents and the staffs under them have carried out their duties.

(Signed) SAML. LAMBERT,

Chairman.

APPENDIX I.

REPORTS OF COMMISSIONERS IN LUNACY ON VISITS TO ASYLUMS DURING THE YEAR 1912.

A.—CATERHAM ASYLUM.

REPORT BY MR. S. J. FRASER MACLEOD.

27th February, 1912.

In the course of a visit to this asylum on the above date I saw all the patients and carefully inspected the building throughout. The former appeared to me to be in receipt of due care and attention, and the wards and dormitories, including the beds and bedding, were without exception in capital order. Some of the inmates not unnaturally asked me if it were not possible to grant them their discharge, others claimed it on the ground that they were of sound mind and well able to take care of themselves, but so far as I could judge without reason. Except as to this I had no complaint of any kind, though I endeavoured to make it plain to such as were capable of understanding that I was there to listen to them and so far as I consistently could to help them. There was no noise or disorder in any of the wards, and the separation from the others of the most destructive and faulty patients certainly seems to have worked well; they have become more amenable to control, and have not now the temptation nor the opportunity to annoy and distract the quiet and better behaved. Considering the class of patient that has to be dealt with and cared for in this institution, I consider great credit is due to the staff for the tidy and orderly appearance of those in their charge. I cannot but think, however, that it would help to lighten the duties of the attendants and nurses were more done to amuse and engross the attention of the patients by supplying the wards with large numbers of bound illustrated papers. Novels and general literature appeal to a small minority of the inmates in this asylum, but picture papers bound in some cheap strong material would, I feel sure, prove of the greatest use in the wards. The new scheme of dietary, though still only considered as on trial, has, I was informed, given satisfaction and proved economical.

The maintenance charge remains at 9s. 7½d.

To-day a good thick well-flavoured soup followed by rice pudding formed the dinner which I saw in the wards, and the patients were evidently well satisfied. It is contemplated to erect two bakers' double decker ovens where the kitchen pantry now stands, which will enable the puddings to be served with a more finished and cooked appearance than they had to-day, and generally prove useful in this department.

Much of the sanitary and general w.c. accommodation appears cramped and out of date, though I was glad to see that new and increased facilities in this matter have lately been supplied to Block F on the male side.

What I think presents itself more than anything else in this asylum as a subject for criticism is that, although Dr. Campbell has done all he can to so arrange the wards that the patients may have a space clear of and apart from the beds, where they can sit, the wards are for the most part lacking in day space and, especially on the male side, have an appearance of being overcrowded.

Since the last visit by a Commissioner, a new engine to drive the laundry machinery and a new duplex pump to lift the water from the reservoir to the tower have been fixed, and I am told that a much needed calender, 2 new washing machines and a unicourse ironer are shortly to be supplied in the laundry.

During the period under review there have been 138 admissions, 12 patients have been discharged or removed, one of them on recovery, and 99 have died. The causes of death have included 1 case of general paralysis, 8 of phthisis (or 8·08 per cent.), 12 from senile decay (or 12·1 per cent.), and 7 (or 7·07) from colitis. The only instances of zymotic disease have been 5 of typhoid fever during November, 1911, to February of this year, 1 of scarlet fever and 1 of erysipelas.

There have been no inquests.

Post mortem examinations were held in 71·7 per cent. of the total deaths.

There were at the time of my visit 94 patients confined to bed, many of them old and feeble cases, but none suffering from bedsores, which says much for the nursing where so large a number are helpless people of faulty habits.

There have been two serious but non-fatal casualties, one woman accidentally slipping in the ward and fracturing her right thigh and another, through accidentally falling off the step of the w.c. in the airing court, fracturing the surgical neck of the humerus.

There are now on the statutory books the names of 939 males and 1,080 females, a total of 2,019, all of whom were seen by me.

From the furnished returns there appear to be vacancies for 90 patients, but in view of the appearance presented in some of the wards this would seem to be a very liberal allowance.

There is no record of any mechanical restraint or seclusion.

The Church of England Sunday, morning and afternoon, services are attended by between 17 and 18 per cent. of the patients, and there are 178 of the Roman Catholic Faith for whom a service is held every Sunday and Mass celebrated once a month.

Those present at the weekly entertainments amounted to 21 per cent. 10 per cent. were taken out weekly for walks beyond the asylum estate, and 46 per cent. of those able to walk were confined to the wards and airing courts. The average percentage of those who were during the year engaged in some employment was 34 per cent.

The day staff was in the proportion of one attendant or nurse to every 12 patients, and as many as 52 per cent. of the former and 34 per cent. of the latter can show 5 years' service.

(Signed) S. J. FRASER MACLEOD,
Commissioner in Lunacy.

B.—TOOTING BEC ASYLUM.

REPORT BY DR. E. MARRIOTT COOKE AND MR. B. T. HODGSON.

31*st May*, 1912.

On the 29th instant we visited the Metropolitan District Asylum, Tooting Bec, and inspected all its wards, offices and premises.

The Asylum on the day of our visit contained 1,018 adults (454 males and 564 females) and 61 children (45 boys and 16 girls), and there were vacancies for 10 men, 12 women, and 13 children.

We saw all the inmates, conversed with a considerable number of them, and gave to all an opportunity of stating their grievances, but there was no one who spoke otherwise than favourably of the treatment. Many of the cases were very feeble or quite helpless aged people, and there were but few able to make themselves at all useful or even to attend to their own personal requirements. Nevertheless they presented a clean, well cared for appearance that was creditable to the staff, the only exception being in Male Block J, where, more particularly in Ward J 1, the brown boots worn by several of the patients were in a bad state of repair, and some of the clothing needed more attention. Of the total number, 587 (216 males and 371 females) were over 70 years of age.

122 patients were confined to bed, nearly all of them on account of extreme senile debility; they were very well attended to, and not one of them had a bedsore. One very aged woman was suffering from an intracapsular fracture of the thigh, occasioned by her falling, through missing the seat, when in the act of sitting down. This and 7 other fractures or ill defined injuries to bones, the result of similar seemingly trivial falls, or, as in one instance, of muscular action, comprise the casualties of a serious nature that have occurred since the visit of our colleague on 21st March, 1911.

During this period there have been the following changes among the patients:—

	Adults.		*Children.*	*Total.*
	Males.	*Females.*		
Admissions	358	415	230	1,003
Discharges and removals	154	208	219	581
Deaths	165	195	2	362

The 362 deaths were all the results of natural causes which, we are glad to find, were in 91 per cent. verified by post mortem examination. There were, however, 2 cases, each associated with fracture of thigh, in which it was thought possible death had been accelerated by the injury, and in both of these the Coroner held an inquest. Over 41 per cent. of the deaths were due to senile decay, and there were 17 deaths from general paralysis.

There has been no resort to mechanical restraint, but 6 patients have been secluded on 50 occasions and for a total of 198 hours.

Beyond a case of chicken pox and a few cases of ringworm, 3 of which are at present under treatment, there has been an absence of disease of an infectious or contagious character.

The asylum throughout was in excellent order. The wards were comfortable and well ventilated and the bedding was in good condition. The grounds, too, were well kept and bright with flowers.

We saw a good and sufficient dinner of meat pie served to many of the patients. The dietary has been further revised, pudding being now supplied in lieu of half of the former allowance of meat. We understand that this change is appreciated, and we certainly heard no word of complaint of the food. To facilitate the preparation of the meals certain electrically driven machines have been installed at the main kitchen which chop meat,

make mincemeat, peel potatoes, grind rice, peas and other things and do the work remarkably well. An excellent hand machine for slicing bread and meat has also been provided. We noticed that the calenders in the laundry were without automatic guards, but were informed that these are about to be supplied. We think that a card indicating the contents of the box should be affixed to the inside of the lid of every knife box.

We gave the alarm of fire in one of the female wards, and within 1¾ minutes the Fire Brigade had turned out and had water playing on the roof of the building; a very smart performance.

The maintenance charge per head per week is 13s. 10¼d.

The medical journals, case books and other registers continue to be properly entered up to date.

From the returns furnished to our office we observe that 18 per cent. of the patients attend one or other of the religious services, and that 22 per cent. are taken to the entertainments.

The day staff of attendants comprises 55 men and 64 women, equivalent to 1 attendant to every 9 patients, which, considering the helpless character of the patients, is certainly not stronger than is requisite. For night duty there are 15 male and 23 female attendants; their services must be fully in demand considering that, notwithstanding the attention which we presume is given to raising the patients, as many as 96, or 9 per cent. of them, on an average wetted their bedding each night last year.

The duration of service of the attendants is generally satisfactory.

(Signed) E. MARRIOTT COOKE,
B. T. HODGSON,
Commissioners in Lunacy.

C.—DARENTH INDUSTRIAL COLONY.

REPORT BY DR. S. COUPLAND AND MR. L. L. SHADWELL.

11*th November*, 1912.

We have to-day paid our customary visit of inspection to this asylum, and are enabled to report very favourably of the manner in which it is conducted and maintained and of the excellent provision it makes for the education and training of imbeciles, to whom are now added a number of mentally defectives who do not come under the purview of the Lunacy and Idiots Acts.

For since the visit paid by a member of our Board in March of last year a radical change has been effected in the character and aims of the institution, which has been practically transformed into an educational and industrial colony for the feeble-minded and the imbecile of higher grade. This conversion has been brought about by the removal to the Fountain Hospital at Tooting of all the unimprovable imbeciles and idiots, and the transference to Darenth of the feeble-minded children and adolescents for whose care and training the Asylums Board had become responsible and who had hitherto been received into scattered homes at Witham and elsewhere. They are now lodged in the pavilions vacated by the unimprovable imbeciles, and thus form a colony apart from the other inmates of the institution. To more completely effect their segregation it has been deemed necessary to partially enclose the pavilion site by palisading, which unfortunately lends an undesirable appearance of confinement to the area to which they are restricted. The female pavilions were vacated in March last and occupied in April, whilst the male wards were similarly appropriated on the 1st July. In connection with this change in the type of inmates it has been found possible to dispense with the laundry attached to the schools, and the dismantled building is in process of being adapted to serve as workshops, schoolrooms and drill hall for the feeble-minded class, the main laundry sufficing for the needs of the whole establishment, and giving employment to the girls of this class, the imbecile girls hitherto employed there being allotted other industrial work.

Of this work, as now carried on, we cannot speak too highly. We visited each of the numerous departments where the inmates were busily engaged and were struck by the evident zest and pleasure with which they were performing their respective tasks. In the new block of workrooms on the female side, opened in June, 1911, we saw to-day 348 girls employed under a staff of training instructors. There are in this building 6 departments, and the rooms are spacious, well-lighted, warmed and ventilated. The industries comprise needlework in all its branches, the making of mattresses, pillows, brushes, bags and envelopes and bookbinding. In the largest of the rooms, set apart for the making of wearing apparel, etc., for use in other institutions under the Board, there were 116 workers, all more or less highly trained and efficient, and it is perhaps worthy of mention that as many as 42 sewing machines were being utilised. In another room, devoted to the production of articles for the use of the Darenth Asylum, there were 45 girls engaged. On the male side of the building the workshops provide for 12 different occupations, the total

number of youths engaged to-day being 372, whilst employment on the farm and garden is found for others. The work carried on in the shops includes upholstery, printing, (recently added), bookbinding, envelope making, brush, basket and mat making, tailoring, boot making, carpentry, tinsmiths' and painters' work and work in a wood shed.

There are to-day in residence 932 boys and 884 girls, distributed as follows :—

	Boys.	*Girls.*
Main (" Industrial Colony ")	513 ..	502
Training schools	256 ..	215
Isolation wards	19 ..	25
Pavilions (" Feeble-minded Colony ")	144 ..	142

We saw them all, and were struck by their general neatness and personal tidiness, particularly of the girls and children. They were all obviously very contented and happy, and it was quite evident that they mostly regarded their several industries, in which many are remarkably proficient, in the light of recreation rather than as a task. The school training for the children is mostly on the kindergarten plan, supplemented in individual cases by ordinary educational methods, and physical drill is also carried on.

In the feeble-minded colony we saw 25 boys engaged in boot making and 13 in tailoring, whilst in the temporary schoolroom in pavilion 35 there were 50 boys and 33 girls under instruction. The number of feeble-minded girls employed in the laundry is 43, whilst in the workrooms established on the site of the disused schools' laundry 51 were occupied in needlework and three small looms were in operation.

We should mention that among the male feeble-minded inmates was a youth aged, according to his own account, 25, who, in a letter which he handed to us, and in conversation, complained of his detention, stating that he was not happy, and asking to be sent to Dr. Barnardo's Home or to his own parish, Wandsworth. We do not know by what authority he can be detained, uncertified, against his will.

The health of the community is good. Of the whole number in residence only 24 were confined to bed on account of sickness, mostly of a slight character. On the female side a large ward (No. 6) contained 6 girls suffering from phthisis, 2 being in bed. In the isolation wards (Nos. 25 and 26) there were 16 boys suffering from mumps, 1 of whom was in bed ; 9 girls the subjects of ophthalmia ; 4 cases (girls) of mild scarlet fever ; and 9 cases of ringworm (3 boys, 6 girls). In one room there were 6 girls in quarantine owing to the scarlet fever. It should also be mentioned that as a matter of precaution and to minimise the risk of further infection, the inmates of the two wards in which the scarlet fever and mumps arose are being temporarily kept in bed. The children did not seem to mind this confinement, but it would undoubtedly be very irksome for them to be so kept over the whole period of incubation, which, in the case of mumps, is very prolonged, and we hope it may be possible to institute effective quarantine, whilst relaxing this restriction.

There are 340 epileptics amongst the total number of inmates, or 18·7 per cent., the proportion being somewhat higher amongst the girls than the boys.

We found all the wards and dormitories maintained in good order, most of the day-rooms being brightly decorated, furnished with plants and, in some instances, especially ward 23, where the older of the boys in the schools are lodged, containing large cages of birds. There is also a fair supply of table games and other forms of recreation. The beds and bedding were clean and of good quality.

We saw a good dinner of roast mutton with two vegetables, followed by a jam pudding, served in the schools and obviously appreciated.

The changes since March, 1911, comprise the admission of 658 patients and the removal of 720 of whom 2 were discharged recovered. There have been 79 deaths, all due to natural causes except in the case of a male patient who died from the hæmorrhage due to ulceration of the gullet which had been set up by the impaction of a piece of brass he had inadvertently swallowed. An inquest was held, and a verdict of " death by misadventure " returned. In none of those who died was a bedsore present, and there was no such complication present in any of those in bed to-day, facts which testify to the careful nursing of the sick. The chief causes of death have been phthisis and epilepsy, which respectively accounted for 24 and 19 per cent. of the total deaths. Post mortem examinations were made in 55·7 per cent.

A single case of scarlet fever occurred in January last, the only other cases of this disease being the 4 convalescents who are at present in isolation. Five cases of erysipelas have occurred at various times and these, together with the outbreak of mumps at present prevailing, form the whole record of zymotic disease during the period under review.

As to casualties, one boy sustained a fracture of the thigh by the fall of a chimney stack through the ceiling of the ward in which he was, and 6 other patients suffered fractures from accidental falls.

From the return made to our office we find that at the close of 1911 the staff of day attendants and nurses, including instructors, amounted to the proportion of 1 to 12 patients. The record shows that 59 per cent. of the attendants and 19·5 per cent. of the nurses have been in the service of the institution over 5 years. An attendant has been dismissed for striking a patient, and one of each sex for misconduct not connected with the patients. Two attendants have been allowed to resign.

Considerable repairs and alterations have been made in the buildings during this period, the most noteworthy being the construction of a new fire station, the erection of a fence round the pavilion blocks and the conversion of the schools laundry into schools and workrooms for the feeble-minded, work being still in progress for the suitable heating of these rooms. Ward 29 is being enlarged so as to provide more sleeping accommodation, and the bricklaying for the building is being done by inmates.

We cannot conclude without expressing our pleasure and satisfaction with all we saw and learnt during our visit of inspection, and we desire to record our impression that the work of the institution is being carried out on well-planned lines and with much skill and thoughtfulness in organisation, and that the object in view, namely, the adequate training and occupation of the imbecile class, is being attained in a most satisfactory and gratifying manner.

We regret that Dr. Rotherham was away at the time of our visit, but in his absence we were accompanied by Dr. Spensley, who afforded us every information.

(Signed) SIDNEY COUPLAND,
L. L. SHADWELL,
Commissioners in Lunacy.

D.—FOUNTAIN TEMPORARY ASYLUM.

REPORT BY DR. SIDNEY COUPLAND AND MR. L. L. SHADWELL.

14*th November*, 1912.

We have to-day paid a visit to the Fountain Hospital, Tooting, which is at present being utilised by the Metropolitan Asylums Board for the reception of the unimprovable imbeciles, mostly children, who have been removed from the Board's Asylum at Darenth, replacing at this hospital some girls of the feeble-minded class (now transferred to Darenth), who were accommodated here in 1910–11. The present purpose to which the building is being put was sanctioned by the Local Government Board for a year, and it is intended to apply for an extension of the period of its temporary occupation for another term of one year.

The hospital was constructed in 1893 as an additional fever hospital adjoining the Grove Hospital, and was planned to accommodate 400 patients. Standing on 10 acres of ground, which is practically covered by the buildings, it consists of a series of pavilions connected by an open corridor and parallel to a central administrative block. There are 8 such pavilions on each side of the latter, whilst at either end of the main corridor is a block of similar buildings assigned for the accommodation of the attendants and nurses. The buildings, which are of the usual temporary character, the outer walls being of corrugated iron, are in a good state of preservation and have been rendered fireproof by the walls being filled in with cement. Electric lighting is installed throughout.

All the wards, 17 in number, are at present occupied, there being 560 patients in residence, of whom 184 are of the female sex. One ward one each side is allotted to adult imbeciles, of whom there are 38 males and 39 females. These patients have been sent from Darenth to act as workers in the wards, laundry and kitchen. All the rest are children, several of whom are under 5 years of age, classified in the different wards according to their ages. Thus in the 10 wards on the female side, in addition to the 145 girls patient, there are 146 boys of tender age who are more suitably cared for by nurses. This leaves 230 inmates, including the adolescents and adult workers in the male wards, which are 7 in number, 6 in the main block, and 1 containing 9 boys suffering from trachoma in a detached ward. The estimated total accommodation is for 624 patients.

A very large proportion of the children are advanced cases of idiocy and must require much constant personal attention. Their neat and cleanly appearance testified to the care with which they are tended. The proportion of nurses and attendants to the number of patients is 1 to 8 or 9 of the latter.

The wards are well kept and the bedding clean and satisfactory. An additional bath has been fitted in the bath-room of each ward.

The sanitary accommodation, which doubtless sufficed when the buildings were used for fever patients, cannot be considered adequate, at any rate in those wards which are occupied by the working patients. It consists of a small spur containing two w.c.'s, and a third w.c. is placed outside the ward, adjoining the entrance. Nor, in spite of the assurance that the structure has been rendered fireproof, do we think that the existence of only two exits, one at each end of the long ward, affords sufficient means for the esacpe of the inmates in the event of fire. The windows can be widely opened, and as the wards are mainly occupied by helpless children, it might be well if the stops which have been fitted into them were kept unlocked, as much valuable time might be lost in the attempt to unlock them in an emergency.

At the time of our visit there were 77 children in bed, including two or three cases of varicella, and but few cases of serious illness. As many as 239 of the inmates are the subjects of epilepsy—or more than one-half of those in residence.

We saw the dinner served in some of the wards. It consisted of soup followed by bread pudding, and the number of children who have to be fed by hand is very considerable.

Since the hospital was opened for the reception of these patients, there have been 16 deaths, of which number 6 were due to epilepsy. Post mortem examinations were made in 10 cases. During the months of September and October, 14 children suffered from varicella.

One of the boys sustained a fracture of the leg from a blow which another patient struck him with a bucket; and a girl broke her wrist in an accidental fall.

The absence of any separate dayroom accommodation is a drawback, and although much has been done to enable a building designed for quite a different purpose to be adapted for that to which it is now put, it cannot be considered as in all respects suitable for the latter object. The provision of a permanent institution for this, the most helpless class of which it has the care, will, it may be hoped, not be lost sight of by the Asylums Board.

The hospital is under the superintendence of Dr. Sherlock, whose careful administration has done much to render it adequate for the satisfactory care and treatment of these unimprovable imbeciles. He is assisted by Dr. Inglis, in the medical charge of the patients.

(Signed) SIDNEY COUPLAND,
L. L. SHADWELL,
Commissioners in Lunacy.

E.—LEAVESDEN ASYLUM.

REPORT BY DR. C. HUBERT BOND AND MR. A. H. TREVOR.

30 *November*, 1912.

As the result of our inspection, on 28 November, of this asylum, we are able to express our satisfaction with the condition in which we found both the institution and its inmates. The latter numbered 2,079, of whom 961 were males, and 1,118 were females. The cost of their maintenance is 10s. 0¾d. per head per week.

Since the asylum was visited by a member of our Board on the 16th of June last year, a considerable amount of external and internal painting and other renovations have been overtaken. Plate-warmers have been fixed in certain of the wards, and we understand that it is intended to make similar or corresponding provision throughout all the wards. A small fish fryer has been fixed in the kitchen; additional guarding has been fitted to some of the machinery in the laundry, and extensions of the hot water supply in block 3 and in the administrative department have been made. We were very glad to learn that the coupling-up of the outer ends of the various blocks by two-storey bridges, as recommended by our colleague, has been sanctioned by the Managers, and that the work is shortly to be put in hand. Dr. Elkins is fully alive to the value they are likely to prove, not only as regards convenience of access but also with respect to the nursing resources of the asylum.

Following the provision of these bridges, the point which in the course of our inspection, most impressed us as next needing attention is the condition of the paths in the several ward-gardens, to which our colleague also referred last year. In almost all the gardens they need repair, but in some their state is such that they can be only with danger used by the patients. We recognise that to drain and asphalte, or otherwise suitably treat them, probably implies the expenditure of a considerable sum of money. Having regard to the class of patients for which Leavesden Asylum is now used we, however, believe the matter to be urgent and have confidence that the Managers will not shrink from any necessary expenditure on a point which so importantly affects the daily life of the patients.

During the period under review, 284 patients (males 134, females 150) have been admitted; 70 (males 33, females 37) have been discharged or removed—none of them on recovery—and 186 (males 59, females 127), have died. There are now nominal vacancies for 19 male and 66 female patients, but 14 and 29 of these respectively are unavailable as they are in the ophthalmic wards.

We endeavoured to induce as many as possible of the patients to enter into conversation with us, but owing to the marked degree of mental enfeeblement prevailing among them, in only a comparatively small proportion were we successful. Those who did speak to us were, for the most part, obviously happy and contented with what is being done for their care; but among them we noticed several cases of the chronic delusional type who, while they had so far not done any act by which they might be termed dangerous, were obviously out of their element, to the detriment both of themselves and their fellow patients

As many as 21 per cent. of the patients suffer from epilepsy, and 1·3 per cent. from general paralysis ; with respect to the latter affection it is noteworthy that many of the cases are of the prolonged type, and that the females outnumber the males.

We were very well pleased with the clean and tidy appearance of the patients. The condition of the bedding was satisfactory, and the wards throughout were scrupulously clean and presented a reasonably bright as well as orderly appearance. No one of the 19 male and 74 female patients whom we saw in bed was the subject of a bedsore, nor was this complication present at death among any of the cases that have died. These several points and the many other evidences we observed of the high degree of care bestowed on the sick reflect much credit upon the staff, and more so when it is remembered that the type of patients sent to this asylum has been steadily deteriorating. That so satisfactory results have been obtained is probably largely explained by the pains taken in the systematic training of the nursing staff.

Much attention continues to be given to the careful classification of the patients. Thus, special wards are set apart for the segregation of tubercular, dysenteric and ophthalmic cases as well as for affections of the skin and of the ear, nose and throat. How wise these measures are may be gathered from, for instance, the fact that during the period under review 52 cases of trachoma and 75 cases of other forms of ophthalmia have been diagnosed.

The cause of death was verified by post mortem examination in the commendable proportion of rather more than 95 per cent. of those who died. In one case that of a man—death occurred 5 months after the fracture of a thigh bone accidentally sustained and, in the case of another male patient, it followed perforation of the gullet by a potato which he had swallowed nine days before his death. In these instances, and that of a female patient, in whose case death was sudden, the Coroner held inquests ; in each case the circumstances were fully reported to our Board at the time. Among the certified principal causes of death no less than 27 per cent. were ascribed to tuberculosis, 9 per cent. to lobar pneumonia—its incidence being rather more than twice as severe in the females as in the males—5·4 per cent. to status epilepticus ; while general paralysis accounted for 5 per cent. of the male and 6 per cent. of the female deaths.

More or less serious, but non-fatal, casualties have not been more numerous than might be expected among such physically frail patients. Their circumstances have, in every instance, been reported to our Board at the time, and do not require further mention here.

Some improvements have been effected in the dietary, particularly in the direction of a more extended rota and greater variety. We saw a nicely-served and evidently much appreciated dinner of meat and vegetable stew with suet dumplings.

About 30 per cent. of the male and 18 per cent. of the female patients are more or less engaged in useful occupation. In the laundry 34 females and 9 males are employed, while 63 males work on the farm and grounds. Bearing in mind the mental and bodily state of the patients the percentage of those attending divine services and weekly entertainments are as high as can be expected, and it is satisfactory to learn that no patients able to walk are confined to the enclosed gardens.

The numerical strength of the staff for day duty is in the proportion of 1 to 11 patients in respect both of attendants and nurses. All the patients are regarded as being under continuous supervision at night, for which purpose there are 20 attendants and 24 nurses. The duration of service of the male staff—to one of whom at his request we gave an interview—is excellent, there being only 3 per cent. with less than one year's service and the unusually high proportion of 86 per cent. who can show over five years' service. The corresponding percentages for the nurses are 25 and 26. Partly with a view to lessen the monotony of institution life, the experiment of permitting some of the female staff to live and board outside the asylum premises has, during the past three years been given a trial. Thus at present about 40 nurses and 12 laundrymaids live out ; in about 43 per cent. of these their place of residence is either their home or with other relatives. All those to whom this privilege is accorded have been in the service over twelve months.

A vacant house in the grounds has been utilised as a residence for the Senior Assistant Medical Officer, an arrangement with which we are in entire sympathy.

We examined the various medical records. They are in proper order, and indicate that much care is given to obtain accuracy in the statistics. The entries in the case-books reflect credit on the three medical colleagues assisting Dr. Elkins, whose restoration to health and full vigour, after a trying illness, we were heartily glad to observe.

(Signed) C. HUBERT BOND,
A. H. TREVOR,
Commissioners in Lunacy.

ANNUAL REPORT OF THE CHILDREN'S COMMITTEE FOR 1912.

I.—GENERAL.

The committee's work.

1. We submit to the Board our fifteenth annual report for the year 1912.

At the close of the year the special classes of children for which the Children's Committee is responsible were as follow :—*

(*a*) Sick, debilitated and convalescent children (including physically defectives) ;

(*b*) Children suffering from contagious disease of the skin or scalp ;

(*c*) Children suffering from ophthalmia or other contagious disease of the eye.

These children are provided for in two hospitals for sick children (in one of which a section is reserved for ringworm cases) three sanatoria or homes at the seaside, and two ophthalmia schools. The total accommodation of these institutions is approximately 2,754 and the staff ordinarily employed numbers 950. In this report, except for a few preliminary observations, each class of children is dealt with in a separate section.

Arrangement of work.

2. A visiting sub-committee is formed for each institution. An additional central sub-committee is constituted by the chairmen of the other sub-committees, for the review of all questions of finance, accommodation, nursing and medical staff, and of matters relating to more than one institution. Lastly, we receive reports on the work of all sub-committees. By an arrangement for adding one member to each sub-committee from a monthly rota, every member is afforded an opportunity of becoming acquainted with each branch of the work and with institutions of each class.

Chairman, vice-chairman and committee.

3. We re-elected Mr. R. Woolley Walden, J.P., to be our chairman, and Miss I. M. Baker, to be our vice-chairman.

We had to regret the loss by death of Mr. A. Monckton, a member of the committee and also chairman of the White Oak School sub-committee since January, 1909. Mr. T. Cornell became an *ex-officio* member in May, as chairman of the General Purposes Committee and his place as an elected member was taken by Mr. E. Garrity. Mr. N. W. Hubbard joined the committee in October.

Meetings.

4. We held 21 meetings during the year, and, in addition, our various sub-committees held 154 meetings, of which 43 were at the office of the Board and the remainder at the institutions.

Changes in work.

(i.) Institutions for mentally defectives.

5. During the year the scheme adopted by the Board in 1911 for the entrusting of the care of all grades of mentally defective cases to one committee was carried into effect, the control of the feeble-minded persons for whom the Board is authorised to make provision being transferred to the Asylums Committee.

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

The cases in the temporary colony at the Fountain Hospital were transferred to Darenth Industrial Colony, and the institution handed over for use as an asylum for unimprovable imbeciles in January. In May, the Bridge Industrial Home was taken over by the Asylums Committee, and in June the children in the London Defective Homes, with the exception of several cases which were returned to the care of the Guardians as being, in the opinion of the medical officer, sufficiently improved to return to ordinary life, were removed to Darenth.

At the close of the year the small homes in London were unoccupied and the question of their future use had not been decided.

The transfer of the care of the feeble-minded cases closes an interesting chapter in the committee's history, and we take the opportunity of recording our appreciation of the services of those of our members who have specially interested themselves in this work, and who have done so much to brighten the lives of the feeble-minded children while they were under the committee's care.

(ii.) The Downs School.

6. In December the Board decided, with the approval of the Local Government Board, to allocate The Downs School for use as a sanatorium in connection with the National Insurance Act, 1911, under the management of the Hospitals Committee, and it became necessary to find other accommodation for the ringworm and convalescent cases maintained there.

Arrangements were speedily made for the convalescent cases to be distributed between the other institutions for sick, debilitated and convalescent children, and for the ringworm children to be transferred to a section of the Park Hospital for Children.*

In connection with the consideration of the amount of accommodation required for the ringworm cases at the Park Hospital, the question arose as to the necessity of retaining the cases after the X-ray treatment had been applied and the diseased hairs had fallen from the scalp. Hitherto it had been the practice for the children to remain at The Downs School until the new hair had grown, but, apart from the question of appearance there was nothing to prevent their discharge to the Guardians as soon as they could be certified as free from infection, *i.e.*, as soon as the depilatory process has been completed, and on the advice of the dermatologist it has been arranged for this procedure to be followed in future.

This alteration in practice, and the cessation of admissions from extra-metropolitan unions, will probably result in the average stay of the cases being reduced to 28 days, and it is expected that not more than 100 beds will be required.

In view of the shortness of the stay of the cases under the new conditions, it is not proposed to make any arrangements for the education of the children.

Proportion of poor law children dealt with.

7. The numbers of metropolitan 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 committee at the same dates were as follow :—

	(*a*)	(*b*)
On 1st January, 1908 ...	20,474	1,370
1st January, 1909 ...	20,861	1,465
1st January, 1910 ...	21,321	2,354
1st January, 1911 ...	21,461	2,581
1st January, 1912 ...	21,154	3,132
1st January, 1913 ...	†	2,707

* These arrangements were completed, and the institution handed over to the Hospitals Committee on 18 January, 1913, four weeks after the date of the Board's resolution.

† The return for 1st January, 1913, had not been issued at the date of the publication of this report.

Numbers for 1912.

8. The following figures give the numbers of children dealt with during the year, viz. :—

Number of inmates 1st January, 1912	3,216
Admitted during the year	6,375
Discharged ,, ,, ...	6,557
Died ,, ,, ...	253
Remaining 31st December, 1912 ...	2,781

Expenditure.

9. The gross expenditure out of general account on the children's institutions amounted for the year to £137,644. Including the original cost of Queen Mary's Hospital and the Park Hospital the total amount borrowed on loan was £935,340, of which £498,927 was outstanding at Michaelmas last. Details of the cost per head will be found in Appendix VII.

Educational work.

10. 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 (14 February)—

The classes seen at the visit of inspection were being satisfactorily conducted, and the elder children were very fairly bright and responsive. The babies' class was not being held at the time nor was instruction in physical exercises being given by the drill instructor.

(ii.) White Oak School (15 March)—

The numbers of children entering and leaving the school during the year have been exceptionally large ; but in spite of this disadvantage the work maintains its usual high standard.

The course of physical training has been modified in accordance with the Board of Education's syllabus ; the exercises have been carefully studied and are very well carried out.

(iii.) S. Anne's Home (21 March)—

The schemes of work are carefully planned in view of the special circumstances of the school. The children are kindly and conscientiously taught ; their handwriting and drawing deserve special praise.

(iv.) East Cliff House (21 March)—

The children continue to be kindly managed and conscientiously taught.

(v.) High Wood School (25 and 26 March).

(vi.) Millfield (27 March)—

The instruction is generally satisfactory and the teachers do their best to interest the children.

Having regard to the strength of the staff the winter time-table [half-day school] is more satisfactory than the summer one ; in fact, it appears desirable that the former arrangement should be continued throughout the year.

Pending the erection of classrooms at Queen Mary's Hospital arrangements have been made for unoccupied wards to be used for the education of suitable children, and two schoolmistresses have been engaged.

A revised scale of salaries has been adopted for the teaching staff which will bring the Board's system thoroughly up-to-date and in line with that of modern education authorities, and will, it is hoped, lead to the securing and retaining of efficient and contented officers, and materially improve the standard at the several institutions.

Coal consumption.

11. In the early part of the year the coal miners' strike caused considerable anxiety at some of the institutions. Subsequent returns of the coal consumption revealed the fact that remarkable reductions had been effected during the time the strike lasted, and, at the suggestion of the Contract Committee, we called the attention of the institution sub-committees to the possibility of some of the economies practised being permanently adopted, perhaps in a modified form.

II.—SICK AND CONVALESCENT CHILDREN.

After care.

12. Our attention has been called to the desirability of establishing some system of after care for certain of the cases discharged from the children's hospitals.

Such for example may be cases of children taken out when their parents leave the workhouse of the union to which they are chargeable and the medical superintendents may thus be obliged to let children go who still need medical or nursing care to the extent that the child should be periodically brought to a doctor, or that the mother should be instructed or assisted by a skilled nurse in doing what may be necessary for health and recovery. Other cases are those of children wearing some surgical appliance, or suffering from chronic heart disease, and infants whose feeding needs supervision, and there is also the large class of children who return to their own homes on discharge, and who do not remain under the supervision of the Guardians' medical staff.

An arrangement with the Invalid Children's Aid Association is already in operation under which the cases of pulmonary tuberculosis admitted to Millfield, who return to their own homes on discharge, are afterwards visited and kept under observation by the association's representatives, and the association have kindly agreed to extend this arrangement to the other institutions for sick and debilitated children for an experimental period of one year in the first instance.

Children's hospitals—dietary scale.

13. A dietary scale has been drawn up for the children at the Park and Queen Mary's Hospitals, and has been approved by the Local Government Board.

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

Numbers.

14. The number of children under treatment on the 1st January was 839; and on the 31st December 797. The admissions for the year numbered 1,447, compared with 1,091 in 1911.

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

Additional buildings.
(a) Recreation hall and school rooms.

15. Revised plans of the recreation hall and schoolrooms which it has been decided to erect at the institution have been approved by the Managers, and have been forwarded to the Local Government Board. The estimated cost of the revised scheme is £7,045 representing a reduction on the previous plans of £2,785, which has been effected by a diminution in size and alterations in details agreed upon at a conference between representatives of the Managers and of the Local Government Board.*

(b) Isolation accommodation.

16. In view of circumstances which have arisen since the provision of additional isolation accommodation at the hospital was approved the Board decided, on our recommendation, not to proceed further in the matter for the present.

The institution was originally designed for the accommodation of convalescent fever patients, and after it had been handed over to the Children's Committee as a hospital for sick, convalescent and debilitated children, a report, dated 15 November, 1909, was submitted to the Board by the committee in which it was shown that the whole of the blocks designed for the accommodation

*On 11 January, 1913, the Local Government Board approved generally of these proposals, subject to the detailed estimate of cost, based on tenders provisionally accepted, being reasonable.

of patients could not be so used unless additional staff accommodation for nurses were provided, together with certain isolation wards. It was pointed out at the same time that the existing blocks could not be used for isolation purposes without wastage of accommodation, and that the majority of the patients who were then being admitted were infants and young children who were susceptible to infectious diseases.

The provision of additional isolation and staff accommodation was approved by the Board but the Local Government Board subsequently intimated that they considered it desirable that further consideration of the question of providing additional permanent staff accommodation should be deferred pending a discussion of the accommodation provided by the Board in their different institutions generally.

In a report on the subject of staff, dated 4 April, 1911, the Medical Superintendent stated that with the existing staff accommodation the largest number of patients which could be maintained in the hospital was 850. The erection of six verandahs in May, 1911, provided 180 additional beds for tubercular patients requiring open-air treatment, who were being admitted in large numbers owing probably to the increased attention given in the metropolis to the early diagnosis of phthisis. The transfer of suitable cases from the wards to the verandahs has added to the number of empty wards which cannot be filled with additional patients in consequence of the lack of accommodation in the hospital for the nurses necessary to look after them, and, notwithstanding the increase in the number of beds available, the average number of patients under treatment remains about 800 to 850. These empty wards, although very extravagant for the purpose, may as well be used for isolation cases, in lieu of building new wards, until such time as they can be restored to their proper and full use by the provision of more nursing staff accommodation.

There is also a further reason for postponing consideration of the erection of isolation wards. There are now about 450 cases of tuberculosis among the 800 patients in the hospital and tubercular patients are less liable to infection than infants and children suffering from other diseases, as they are older and make a prolonged stay in the institution. We understand that it has been stated that it is possible that the dependents of insured persons will receive treatment for tuberculosis under the National Insurance Act, and if this should come to pass the number of tubercular patients at the hospital would probably be considerably diminished, unless arrangements could be made for such cases to be treated at the hospital under the provisions of the Act. If the proportion of tubercular patients should be reduced, the beds would be filled by infants and other cases more susceptible to infectious disease, and a larger proportion of isolation beds would be required.

(c) Verandahs. 17. The verandahs for the open-air treatment of tuberculous cases which were added to six of the double cottage blocks in 1911 have been fully occupied with most beneficial results, and in April last, the Board decided to erect four more verandahs to meet the demands for additional accommodation of this nature. The proposed additions have been approved by the Local Government Board and the verandahs will be ready for occupation early in 1913.

Other works. 18. Our attention has been called to the necessity for effecting improvements in the stores block, which is not conveniently arranged, and also for augmenting the kitchen apparatus, and we have asked the Works Committee to furnish us with plans for dealing with these two matters.

Examination of probationers. 19. The first examination of probationers at the end of their training was held in April by Mr. W. G. Spencer, F.R.C.S., and Dr. D. W. Carmalt-Jones.

Thirteen entered for the examination, and ten passed, three failing in surgical nursing. The first three candidates, who obtained over 430 marks out of a possible 600, were bracketed as "worthy of commendation," and the remaining seven passed in the first division. One of the examiners stated that the candidates "have evidently been well taught."

A second examination was held in October. Ten candidates entered and all passed in the first division. One of the examiners again expressed the opinion that the candidates "have been carefully taught" and added that they showed "a good grasp of essentials."

Massage sister. 20. The engagement of a temporary massage sister having produced highly satisfactory results the post has been added to the permanent staff. The sister undertakes the treatment of cases of paralysis, deformities, wasting, etc., by massage, and of curvature of the spine by Swedish remedial exercises. She also instructs the nurses, and prepares them for the examination of the Incorporated Society of Trained Masseuses.

(*b*) PARK HOSPITAL FOR CHILDREN.

Numbers. 21. The number of children under treatment on the 1st January was 640 and on the 31st December 657. The admissions for the year reached the high total of 2,360, compared with 2,039 in 1911.

Detailed statistics, together with particulars of the medical work, will be found in the report of the medical superintendent, Appendix II. (*a*) (2).

Electric lighting. 22. A suggestion has been made by the engineer-in-chief that economies could be effected by obtaining the electricity supply for this hospital from outside sources instead of generating it in the institution, as at present, but a decision had not been arrived at by the end of the year.

Laundry. 23. A departure, of which the result will be awaited with interest, was made by the Board in May, when they decided to terminate the previous method of managing the laundry, and to have the work done for an experimental period of twelve months, on the lines generally obtaining in commercial undertakings.

(*c*) THE DOWNS SCHOOL (PART OF).

Convalescent cases. 24. The use of a section of this school for convalescent cases was continued during the year. On the 1st January there were 132 of these cases at the school, 421 were admitted during the year, and 91 remained on the 31st December.

The report of the visiting medical officer of The Downs School will be found in Appendix II. (*a*) (3).

The testimony to the healthy situation of this institution afforded by the condition of the majority of the children on discharge augurs well for its future as a sanatorium for tuberculous patients in connection with the National Insurance Act, to which we have referred above.

(*d*) SEASIDE INSTITUTIONS.

Medical reports. 25. The reports of the medical officers of S. Anne's Home, East Cliff House and Millfield will be found in Appendix II. (*b*).

Numbers. 26. The number of children admitted to these three institutions during the year amounted to 659, compared with 850 in 1911. The falling off is due partly to the mentally defective cases not being sent to S. Anne's Home and East Cliff House for their summer holidays since the closing of the London Defective Homes, and also to the fact that admissions to the two homes were temporarily suspended—to the former on account of the occurrence of a few cases of infectious disease and to the latter while painting and renovating works were being carried out.

S. Anne's Home. 27. The lease of the site of the two bathing huts on the foreshore was renewed for a further period of seven years in October.

Millfield. 28. In December the Board decided to purchase the Mill property adjoining this home with a view to protecting their land from encroachments by the sea. The price agreed upon was £300.

III.—RINGWORM.

The Downs School—admissions. 29. The numbers of ringworm children dealt with during the year at The Downs School were :—

Remaining on 1st January, 1912	178	(22)
Discharged during the year	824	(211)
Died ,, ,, ...	1	(—)
Admitted ,, ,, ...	822	(217)
Remaining on 31st December, 1912	175	(28)

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.	
*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)
1910	1,019 (125)	303	(44)
1911	705 (75)	178	(22)

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

Acting dermatologist's report. 30. The dermatologist was obliged to rest from work at the end of the year, owing to trouble with his eye-sight, and the report of the acting dermatologist, with detailed statistics, will be found in Appendix III.

---

* During the year 1905 ringworm children were also accommodated at Bridge School, Witham (160 beds). The numbers given are for both schools.

Period of detention. 31. 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 at The Downs School prior to 31st December last is shown in the following table :—

Period.	Number.
1 to 2 months	32
2 to 4 ,, ...	51
4 to 6 ,, ...	12
6 to 8 ,, ...	3
8 to 10 ,, ...	2
	100

Average 3 months.

X-ray work. 32. In the early part of the year Dr. H. G. Adamson intimated his inability to continue his work in the X-ray department, and the treatment has since been carried out by Dr. H. G. Critchley alone.

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, 1912	680	(32)
Discharged during the year	643	(17)
Died ,, ,, ...	—	(—)
Admitted ,, ,, ...	649	(12)
Remaining on 31st December, 1912	686	(27)

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.	
1909	642	(78)	551	(30)
1910	682	(34)	612	(33)
1911	620	(25)	680	(32)

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

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

1909	17·6 per cent.
1910	17·0 ,, ,,
1911	21·8 ,, ,,
1912	23·6 ,, ,,

Period of detention.

34. 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, 1912	9·62
Average stay of the 133 trachoma cases discharged during 1912, as follows:—	25·32

Period.	Number.
1 to 12 months	45
12 to 24 ,, ...	36
24 to 36 ,, ...	22
36 to 48 ,, ...	12
48 to 60 ,, ...	5
Over 60 ,, ...	13
	133

The average stay of the 110 trachoma cases discharged during 1911 was 27 months.

Pressure on accommodation.

35. During the year there has been considerable pressure on the accommodation for ophthalmia cases, and on more than one occasion there was great difficulty in dealing with all the applications for admission, notably in September and October, when there was an outbreak at the Park School of the West London School District and over 50 cases were received from that one institution alone.

In consequence of this pressure we do not, so far, see any prospect of reducing the present minimum age limit of three years.

Alteration in status of charge nurses.

36. In view of difficulties experienced in securing suitable officers to take charge of the cottage groups and of the responsible duties which these officers perform, we have taken steps to secure for them the status and pay of home sisters.

White Oak School.

37. We again record success in the gardening instruction given to the elder boys at this school, nine of them, who were presented at the junior examination of the Royal Horticultural Society all gaining certificates.

High Wood School.

38. In consequence of defects which have appeared in the fire alarm and internal telephone system at this school, it was found necessary to re-wire the installation. The cost amounted to £133 7s. 7d.

Medical report and statistics.

39. The report of the ophthalmic surgeon, with detailed statistics, will be found in Appendix IV.

V.—THE MENTALLY DEFECTIVE.

Numbers. 40. At the commencement of the year there were 364 mentally defective cases in the Committee's care. The arrangements made in connection with the transfer of this section of the work to the Asylums Committee are referred to in a previous paragraph.

---

41. We would close our 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 hospitals, homes and schools.

II. Sick, convalescent and debilitated children—reports of medical superintendents of Queen Mary's Hospital for Children and Park Hospital for Children, and of the medical officers of S. Anne's Home, East Cliff House, Millfield and The Downs School.

III. Ringworm school—acting dermatologist's report.

IV. Ophthalmia schools—ophthalmic surgeon's report.

V. Return of cases admitted from the several parishes and unions.

VI. General statistical statement.

VII. Financial statement.

APPENDIX I.

PARTICULARS OF HOSPITALS, HOMES AND SCHOOLS.

(See Appendix II, p. xxx.)

APPENDIX II.

INSTITUTIONS FOR SICK, CONVALESCENT, AND DEBILITATED CHILDREN.

(*a*) INLAND.

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

REPORT OF THE MEDICAL SUPERINTENDENT.

31 *March*, 1913.

Statistics. During the year 2,286 patients were treated in this institution. 1,447 were admitted; 1,220 were discharged; 178 were transferred to other institutions of the Board, and 91 died. There remained in hospital at the end of the year 797 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	5	7	8	18	13	11	20	42	62
Bethnal Green ...	12	15	—	30	16	9	27	55	82
Bloomsbury	—	—	—	—	—	—	—	—	—
Camberwell	—	1	5	23	2	9	6	34	40
Chelsea	—	1	6	9	1	1	7	11	18
Fulham	1	12	11	58	37	17	24	112	136
George's, S.	1	1	1	14	8	5	3	27	30
George, S.-in-the-East	11	7	9	15	14	5	27	34	61
Greenwich	—	—	8	20	11	15	8	46	54
Hackney	—	3	4	14	20	8	7	42	49
Hammersmith ...	1	11	3	7	7	11	15	25	40
Hampstead	2	1	2	5	5	2	5	12	17
Holborn	—	4	6	35	36	22	10	93	103
Islington	2	4	4	13	14	9	10	36	46
Kensington	—	2	1	11	18	5	3	34	37
Lambeth	11	4	8	30	27	17	23	74	97
Lewisham	—	1	—	2	—	2	1	4	5
London, City of ...	—	—	—	—	—	—	—	—	—
Marylebone, S. ...	3	11	4	13	8	6	18	27	45
Mile End	2	8	2	19	15	15	12	49	61
Paddington	3	—	2	13	2	6	5	21	26
Pancras, S.	10	11	8	21	8	7	29	36	65
Poplar...	7	8	4	12	9	9	19	30	49
Shoreditch	1	—	—	8	2	2	1	12	13
Southwark	10	14	6	34	10	11	30	55	85
Stepney	6	3	3	6	7	4	12	17	29
Strand	—	—	—	—	—	1	—	1	1
Wandsworth	6	12	13	34	33	45	31	112	143
Westminster	—	2	1	—	—	—	3	—	3
Whitechapel	4	2	4	13	8	6	10	27	37
Woolwich	—	—	1	—	—	2	1	2	3
Croydon	—	—	—	—	—	1	—	1	1
Derby	—	—	—	—	—	1	—	1	1
Farnham	—	—	—	—	—	1	—	1	1
Gravesend	—	—	—	—	—	2	—	2	2
Guildford	—	—	—	—	—	1	—	1	1
Nottingham	—	—	—	—	—	1	—	1	1
Uxbridge	—	—	—	—	—	1	—	1	1
Watford	—	—	—	—	—	1	—	1	1
Stafford	—	—	—	—	—	1	—	1	1
Total	98	145	124	477	331	272	367	1,080	1,447

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

TABLE II.

A.—Surgical.

Tubercular disease—		Digestive system—	
Spine	60	Cancrum oris	2
Sacro-iliac joint	1	Prolapsus ani	5
Hip	59	Appendicitis	7
Knee	14	Hernia, inguinal	5
Ankle	2	Anal abscess	3
Foot	3		
Elbow	2	Diseases of the eye—	
Finger	7	Blepharitis	5
Bone	2	Conjunctivitis	1
Skin (including lupus)	11	Corneal ulcer	3
Cervical glands	44	Corneal opacity	1
		Interstitial keratitis	2
Diseases of bone—		Lachrymal abscess	1
Necrosis (various)	5	Injury	1
Osteomyelitis	7		
Fractures	4	Diseases of the ear—	
Periostitis	2	Otorrhœa	79
		Mastoid disease	6
Diseases of joints—			
Synovitis	1	Diseases of the nose—	
		Ozoena	1
Deformities—			
Spinal curvature	21	General—	
Talipes	2	Varicocele	1
Hare-lip	1	Pyæmia	1
Genu-valgum	1	Concussion	2
Flat-foot	2	Scald	3
Cleft palate	3	Cellulitis	2
Spina bifida	1	Abscess	8
		Ulcer	2
Respiratory system—		Adenitis	11
Hypertrophy of tonsils	4	Bursitis	2
Adenoids	18		
Empyema	11	Total	442

B.—Medical.

Tubercular disease—		Urinary system—	
Pulmonary	261	Enuresis	3
Abdominal	22	Nephritis	8
Meningeal	3	Nervous system—	
Bronchial glands	4	Epilepsy	1
General	7	Mental deficiency	1
		Infantile paralysis	8
		Friedreich's ataxy	1
Diseases of metabolism—		Syringomyelia	1
Marasmus	79	Facial paralysis	2
Debility (after various diseases)	226	Spastic paralysis	1
Anæmia	41	Athetosis	1
		Chorea	33
		Carried forward	703

Brought forward ..	703
RESPIRATORY SYSTEM—	
Laryngitis	2
Bronchitis	77
Pleurisy	6
Asthma	2
Fibroid lung	2
Sarcoma of mediastinum ..	1
CIRCULATORY SYSTEM—	
Valvular disease	45
Congenital heart disease ..	3
DIGESTIVE SYSTEM—	
Stomatitis	3
Enteritis	26
Diarrhœa	9
Pyorrhœa alveolaris ..	2
DISEASES OF THE SKIN—	
Eczema	12
Impetigo	28
Seborrhœa of scalp ..	2
Psoriasis	4
Purpura	2
Scabies	2
Alopecia areata	1
Erythema nodosum	1
Pemphigus	2
Henoch's purpura	2
GENERAL—	
Congenital syphilis	9
Rickets	46
Rheumatism	12
Splenary cirrhosis	1
Total	1005

Operations. 206 operations under general anæsthetics were performed during the year. They included operations on tubercular joints, 35 (hip, 25 ; knee, 5 ; ankle, 1 ; tarsus, 1 ; wrist, 2 ; finger, 1) ; psoas abscess, 10 ; excision of tubercular glands, 18 ; appendicectomy, 4 ; radical cure of hernia, 8 ; mastoidectomy, 3 ; for talipes, 1 ; for empyema, 4 ; tenotomy, 12 ; osteotomy, 8 ; for varicocele, 1 ; for hare-lip, 1 ; for peritonitis, 1 ; for sub-dural abscess, 1 ; for lupus, 8 ; for tonsils and adenoids, 40. The remainder were operations for phimosis, abscesses, scraping sinuses, tracheotomy, skin grafting, and removing sequestra.

Complicating infectious diseases. 16 cases of scarlet fever and 10 of diphtheria occurred during the year.

Deaths. 91 deaths occurred, a mortality of 6·1 per cent. The causes of death were as follows :—Tuberculosis, 42 (general, 5 ; pulmonary, 16 ; meningeal, 6 ; spine, 8 ; hip, 5 ; kidney, 1 ; lupus, 1) ; marasmus, 28 ; enteritis, 4 ; peritonitis, 1 ; meningitis, 3 ; chronic heart disease, 3 ; congenital heart disease, 1 ; chronic bronchitis, 2 ; broncho-pneumonia, 1 ; chronic dilatation of colon, 1 ; mediastinal lymphosarcoma, 1 ; sarcoma of thigh, 1 ; pyaemia, 1 ; scleroderma, 1 ; hæmophilia, 1.

General. School teachers have been appointed, and junior and senior classes for each sex arranged for the mornings, each session lasting 1½ hours. Separate schoolrooms are used for phthisical and non-phthisical patients. In the afternoons the teachers instruct the children occupying the wards which are reserved for bed-ridden patients. In this way the majority of children capable of being taught receive some instruction.

In 1911, 6 of the 24 blocks were supplied with verandahs, fitted with wooden lath revolving shutters, and each capable of accommodating 37 beds. These verandahs have proved most satisfactory, and 4 more are now in course of construction.

(Signed) W. T. GORDON PUGH,

Medical Superintendent.

(2) *PARK HOSPITAL FOR CHILDREN, HITHER GREEN, S.E.*

REPORT OF THE MEDICAL SUPERINTENDENT.

7 *February*, 1913.

On the 31 December, 1911, there were 640 patients remaining in hospital; 2,360 were admitted during 1912, 441 were transferred to other hospitals of the Board, 1,747 were discharged, 155 died, leaving 657 in hospital at the end of the year.

The hospital death rate was 6·6 for every hundred patients treated.

Islington sent the most, 212; including 104 under 3 years.

The Strand and Woolwich each sent 1 patient.

Hammersmith sent 4 and Westminster only 5.

(Signed) R. A. BIRDWOOD,
Medical Superintendent.

APPENDICES.

TABLE I.

ADMISSIONS, PARISHES AND AGES.

Parish.	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 ..	22	16	4	14	10	6	42	30	72
Bethnal Green ..	29	36	17	43	42	15	82	100	182
Camberwell	6	25	20	49	31	11	51	91	142
Chelsea	—	5	2	3	3	1	7	7	14
Fulham	4	21	6	25	22	5	31	52	83
George's, S.	16	38	7	26	9	4	61	39	100
George, S.-in-the-E.	22	28	12	20	13	5	62	38	100
Greenwich	1	4	25	21	11	3	28	35	63
Hackney	1	1	2	13	13	12	4	38	42
Hammersmith ..	—	1	2	1	—	—	3	1	4
Hampstead	1	1	1	5	3	1	3	9	12
Holborn	1	16	10	31	15	4	27	50	77
Islington	30	49	25	60	35	13	104	108	212
Kensington	1	34	19	40	30	7	54	77	131
Lambeth	24	41	9	16	16	8	74	40	114
Lewisham	—	8	3	5	3	1	11	9	20
Marylebone, S. ..	42	44	24	35	13	3	110	51	161
Mile End	10	9	2	9	5	4	21	18	39
Paddington	33	31	16	25	16	4	80	45	125
Pancras, S.	16	28	13	22	10	3	57	35	92
Poplar	26	63	16	10	3	6	105	19	124
Shoreditch	5	6	1	1	6	2	12	9	21
Southwark	8	35	14	19	19	10	57	48	105
Stepney	24	25	14	21	6	2	63	29	92
Strand	—	—	—	—	—	1	—	1	1
Wandsworth ..	9	31	10	23	18	3	50	44	94
Westminster ..	—	4	—	—	1	—	4	1	5
Whitechapel ..	23	32	27	31	9	10	82	50	132
Woolwich	—	—	1	—	—	—	1	—	1
	354	632	302	568	362	144	1,286	1,074	2,360

TABLE II.

DEATHS.

Parish.	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 ..	7	3	—	1	—	—	10	1	11
Bethnal Green ..	6	2	1	1	1	—	9	2	11
Camberwell	1	1	—	—	1	—	2	1	3
Fulham	1	—	1	—	1	1	2	2	4
George's, S.	3	1	—	1	—	—	4	1	5
George, S.-in-the-E.	5	3	—	—	—	—	8	—	8
Hackney	—	—	1	—	1	—	1	1	2
Holborn	—	—	1	—	1	—	1	1	2
Islington	3	2	—	2	1	—	5	3	8
Kensington	—	1	—	1	3	—	1	4	5
Lambeth	7	4	1	1	—	—	12	1	13
Lewisham	—	1	—	—	—	—	1	—	1
Marylebone, S. ..	5	2	—	—	1	—	7	1	8
Mile End	1	2	—	—	—	—	3	—	3
Paddington	7	2	—	—	1	—	9	1	10
Pancras, S.	6	2	—	—	—	—	8	—	8
Poplar	12	3	1	—	—	—	16	—	16
Shoreditch	2	—	—	—	—	—	2	—	2
Southwark	1	1	—	—	1	1	2	2	4
Stepney	7	1	1	—	—	1	9	1	10
Wandsworth ..	1	2	1	—	1	—	10	1	11
Whitechapel ..	7	2	—	—	—	—	9	—	9
Woolwich	—	1	—	—	—	—	1	—	1
	82	36	8	7	13	3	132	23	155

TABLE III.

DISEASES ON ADMISSION TO THE HOSPITAL.

A.—MEDICAL.

Diseases of the respiratory system—	
Broncho-pneumonia	101
Lobar-pneumonia	13
Pneumonia	97
Laryngitis	6
Laryngismus	1
Bronchitis	196
Pleurisy	7
Tonsillitis	24
Rhinitis	4
Diseases of the cardio vascular system—	
Heart disease	98
Anæmia	132
Diseases of the digestive system—	
Stomatitis	19
Ulceration of tongue	1
Gastritis	3
Enteritis	92
Colitis	4
Ptomaine poisoning	1
Peritonitis	1
Tuberculous peritonitis	2
Jaundice	1
Diseases of the urino-genital system—	
Nephritis	16
Cystitis	2
Vulvitis	1
Enuresis	13
Diseases of the nervous system—	
Paralysis (various causes)	8
Meningitis	2
Neuritis	2
Hydrocephalus	4
Chorea	62
Spina bifida	1
Diseases of the skin—	
Boils	6
Dermatitis	2
Eczema	56
Herpes	1
Impetigo	78
Lupus	1
Scabies	8
Seborrhœa	5
Sloughing of skin	1
Psoriasis	7
Pemphigus	1
Convalescent from infectious diseases—	
Scarlet fever	9
Diphtheria	37
Measles	8
Whooping cough	70
Chicken-pox	19
Enteric fever	1
Mumps	2
Erysipelas	9
Ringworm	1
General diseases—	
Rheumatism	45
Marasmus	293
Rickets	82
Congenital syphilis	25
Debility	296
Total	1,977

B.—SURGICAL.

Diseases of bones and joints—	
Tuberculosis of knee	1
Spinal caries	2
Caries of tarsus	3
Osteomyelitis	5
Spinal curvature	3
Arthritis	1
Synovitis	1
Fractured femur	2
Fractured tibia	9
Respiratory system—	
Adenoids	10
Empyema	12
Digestive system—	
Hare lip	1
Pyorrhœa alveolaris	2
Appendicitis	9
Hernia	7
Prolapsus ani	17
Abdominal injury	1
Fistula in ano	2
Glandular system—	
Enlarged cervical glands	28
Adenitis	30
Hodgkins disease	1
Glands in groin	3
Diseases of the eyes—	
Conjunctivitis	10
Corneal ulcer	6
Blepharitis	4
Keratitis	1
Diseases of the ear—	
Otorrhœa	148
Mastoid disease	4
General diseases—	
Abscesses (various)	22
Burns	9
Cellulitis of leg	2
Concussion	3
Shock	1
Wounds (various)	16
Whitlow	1
Ulcer	2
Septic fingers and toes	4
Total	383

TABLE IV.

REPORT ON LABORATORY WORK.

Cultures of nasal discharge			358
Cultures of throat			135
Cultures of vaginal discharge			24
Blood counts	4		
Examination of cerebro-spinal fluid	8		
Examination of fæces	3		
Widal reaction	1		
	—		16
Sputa			18
Hairs for ringworm			62
Other bacteriological and microscopic examinations			135
Examination of urine			52
At Belmont Laboratory—			
Wassermann reaction			36
Widal reaction			2
Bacteriological			7
Total			845

TABLE V.

Surgical operations under a general anæsthetic	112

(3) *THE DOWNS SCHOOL, SUTTON.*

REPORT OF THE MEDICAL OFFICER.

15 *March*, 1913.

In dealing with the convalescent children under treatment at The Downs School from the 1 January, 1912, I think, as the school was closed on the 17 January, 1913, for that class of case and no child was admitted after the 13 December, 1912, it would be better to include the period up to the date of closure.

At the beginning of last year there were 132 names on the register, and 421 children were admitted during the year. Among these were 15 children from the Ringworm Blocks who had been cured but whose hair was of such slow growth that their detention for a lengthened period among the infected ones was likely to result in their being re-infected. Except in one case the result was most satisfactory.

Of those discharged 8 were sent to one of the hospitals on account of whooping cough, 3 on account of ophthalmia, and 14 developed measles due to contact before admission.

One boy died from acute inflammation of the middle ear extending to the brain. As a report had been made that he had fallen out of bed, while ill, and there was a slight contusion on his forehead, I deemed it advisable to lay the facts before the Coroner. The jury came to the conclusion that death was due to natural causes and that the fall did not accelerate it.

A number of the lupus cases sent for X-ray treatment did well, but the reaction in some was so great and the suppuration so profuse as to render it inadvisable for those so treated to be in the constant company of healthy children.

The medical superintendent of Queen Mary's Hospital operated, by arrangement, upon a number of children suffering from enlarged tonsils and adenoids with most gratifying results.

A considerable percentage of the convalescents suffered from some form or other of ear disease. Some of the milder cases were greatly benefited and in some cases cured, but the majority of them were not fitted for such an institution, with an attenuated staff, as they required too much skilled attention. The great majority of the purely convalescent children did remarkably well, and I cannot but express regret that it was found necessary to transfer them elsewhere.

In severing my connection with The Downs School I wish to express my sincere thanks for the great courtesy and kindness I have always received from the Managers and the staff, especially from those with whom I have come more in contact.

(Signed) GEO. RICE,
Visiting Medical Officer.

(*b*) SEASIDE.

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

REPORT OF THE MEDICAL OFFICER.

10 *April*, 1913.

I beg to submit the following report of the work done at S. Anne's Home during the year 1912 :—

Children remaining in the home on 31 December, 1911 ..	133
,, admitted during 1912	300
,, discharged during 1912	306
Deaths	1
Children remaining in the home on 31 December, 1912 ..	126

It will be noticed that the number of children admitted during the year was rather below the average ; this was due to the periodical suspension of admissions owing to the incidence of infectious disease.

We had 1 case of diphtheria and 1 case of scarlet fever and both children were transferred to the Brook Hospital ; and in addition to these we had several cases of chicken-pox and German measles.

Seven children were transferred to The Downs School suffering from ringworm. We have never before had so few cases of ringworm during the year, and I am sure this is due to the vigilance of the nursing staff, who immediately draw my attention to a suspicious looking head, and if it is ringworm it is promptly dealt with so as to avoid other children being infected.

We had only 1 death during the year. The child met with a slight accident and cut her forehead. The following evening she was taken acutely ill and died 36 hours afterwards. I made a *post-mortem* examination and found that death was due to extensive *ante-mortem* clotting of blood in the heart and was in no way due to the accident.

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

(2) *EAST CLIFF HOUSE, MARGATE.*

REPORT OF THE MEDICAL OFFICER.

10 *February*, 1913.

The number of children admitted during the year was 257, which, added to those in the home on 1 January, 1912, makes a total of 386. There is a considerable diminution in the number of cases treated partly accounted for by the time spent in cleaning and painting the new blocks, during which there were no admissions ; the fact that this year the defective children from Lloyd House were sent elsewhere explains a falling off in numbers to the extent of over 50.

The work carried out at the home has been of the same nature as in former years, chiefly the treatment of surgical tuberculous cases. The notification of such cases has brought out the fact that there are over 90 in the home at the present time.

There have been many operations, chiefly for the removal of glands and the treatment of tuberculous abscesses.

The laboratory of the Board at Belmont has been of very great use to us ; we have drawn freely on its resources for the supply of tuberculins, vaccines and serums, with results that are encouraging in a high degree.

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

(3) *MILLFIELD, RUSTINGTON.*

REPORT OF THE MEDICAL OFFICER.

January, 1913.

During the year 1912 there have been 102 admissions, 101 discharges and 1 death, leaving 120 cases under treatment. The child that died was very seriously affected with chronic nephritis. The discharges were as follows :— 15 to Queen Mary's Hospital, 3 to The Downs School, 6 at request of guardians, 2 for special treatment, 3 over age, and 72 satisfactory.

It would be of value if more details, both as to physical signs and previous history, were supplied with the children on admission ; in some cases these details are forthcoming, and it occurs to me that if this is possible in some cases it should be possible in all or nearly all. And again, it is well worth while considering the possibility of keeping cases under observation for some period after discharge. I am aware that this is done to some extent and that dociliarymi visits are paid by members of the Invalid Childrens' Aid Association, but the reports that reach me seem too deficient in technical knowledge to be of definite medical value. Undoubtedly the best system would be for the children, as far as possible, to come under the notice of the medical man who originally diagnosed the disease and recommended admission.

I had the honour of being invited, as an officer of the Board, to read a paper on " Pulmonary Tuberculosis in Children " at the Manchester Tuberculosis Conference held in June last. This invitation I accepted, and as the paper I read is a carefully considered and fairly exhaustive treatise showing the utility of a home such as Millfield, and as all the arguments and statistics are founded on the results gained there, I have ventured to bring it to the notice of the Managers by asking for its insertion in the Medical Supplement (p. 286).

A number of cases specially selected either on account of their severity or on account of their obstinacy are under tuberculin treatment.

With the exception of an outbreak of scabies the year has passed without noteworthy incident.

(Signed) C. E. LAST,
Medical Officer.

APPENDIX III.

RINGWORM SCHOOL.

THE DOWNS SCHOOL, SUTTON, SURREY.

REPORT BY THE ACTING DERMATOLOGIST.

March, 1913.

At 1 January, 1912, there were only 178 children remaining in the school as compared with 303 at the commencement of 1911, and during the year 849 were admitted, 851 were discharged and 1 died : of the 849 children who were admitted no less than 198 were undetermined as to the exact nature of their disease, but the majority were certainly not cases of ringworm.

633 children were treated entirely by X-rays, and so long as the microsporon type of ringworm prevails and preponderates this must be by far the most generally adopted method of treatment. The 633 children required 3035 area applications and only 44 children or 101 areas had to be re-exposed by reason of previous underdosage (the 101 re-exposures are included in the 3035).

I herewith submit a table shewing the parishes or unions to which the children were chargeable, distinguishing Metropolitan from Extra-Metropolitan Boards, also the sex of the children and the diagnosis of the condition, and another table of the age incidence, which shews a very marked attenuation of the frequency after the ninth year.

(Signed) H. G. CRITCHLEY, M.D.

TABLE I.

ADMISSIONS TO THE DOWNS SCHOOL DURING 1912.

Parish or Union.	Ringworm.		Undetermined.		Total.	
	M.	F.	M.	F.	M.	F.
(*a*) METROPOLITAN—						
Bermondsey	9	6	1	..	10	6
Bethnal Green	7	10	1	4	8	14
Camberwell	17	13	2	3	19	16
Chelsea	7	13	4	..	11	13
Fulham	8	4	1	..	9	4
George's, S.	1	1	..	2	1	3
George, S.-in-the-E.	4	13	..	2	4	15
Greenwich	2	6	..	..	2	6
Hackney	17	22	1	..	18	22
Hammersmith	5	3	1	..	6	3
Hampstead	5	3	1	1	6	4
Holborn	14	8	3	2	17	10
Islington	7	12	..	2	7	14
Kensington	16	14	2	4	18	18
Lambeth	22	16	3	2	25	18
Lewisham	20	16	3	..	23	16
London, City of	1	1	..	..	1	1
Marylebone, S.	9	2	1	2	10	4
Mile End	11	8	1	4	12	12
Paddington	7	7	1	3	8	10
Pancras, S.	4	7	1	..	5	7
Poplar	9	8	3	2	12	10
Shoreditch	11	12	2	1	13	13
Southwark	14	21	2	3	16	24
Stepney	6	1	2	2	8	3
Wandsworth	25	39	2	3	27	42
Whitechapel	3	2	2	1	5	3
Woolwich	2	3	..	..	2	3
	263	271	40	43	303	314
(*b*) EXTRA-METROPOLITAN—						
London County Council	6	5	2	..	8	5
Brentford	8	8	2	1	10	9
Depwade	4	5	1	..	5	5
Edmonton	11	13	1	1	12	14
Ipswich	3	2	49	52	52	54
Petersfield	1	..	..	..	1	..
Wallingford	4	1	..	..	4	1
Watford	2	1	..	1	2	2
West Ham	16	27	3	2	19	29
	55	62	58	57	113	119
Total—Extra-Metropolitan	117		115		232	
,, Metropolitan	534		83		617	
Grand Total	651		198		849	

TABLE II.

AGES OF CHILDREN ADMITTED WITH RINGWORM.

Age in years.	Ringworm.		Undetermined.		Total.	
	M.	F.	M.	F.	M.	F.
1	15	8	..	5	15	13
2	36	42	8	7	44	49
3	39	43	9	7	48	50
4	54	25	12	8	66	33
5	32	41	13	10	45	51
6	35	36	14	10	49	46
7	24	27	5	12	29	39
8	28	37	7	10	35	47
9	18	25	9	7	27	32
10	15	22	3	6	18	28
11	5	15	6	7	11	22
12	8	6	4	5	12	11
13	6	3	5	3	11	6
14	1	2	2	3	3	5
15	2	1	1	..	3	1
	318	333	98	100	416	433
	651		198		849	

APPENDIX IV.

OPHTHALMIA SCHOOLS.

REPORT OF THE VISITING OPHTHALMIC SURGEON.

January, 1913.

WHITE OAK SCHOOL, SWANLEY JUNCTION.

There were 342 children left in the school at the end of 1911.

During the year 1912, 400 have been admitted.

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

Trachoma..	82
Follicular conjunctivitis	46
Mucopurulent ophthalmia	30
Chronic conjunctivitis	189
Phlyctenular ophthalmia	22
Lachrymal obstruction	2
Marginal blepharitis	29

346 children have been discharged cured.

Trachoma..	68
Follicular conjunctivitis	40
Mucopurulent ophthalmia	30
Chronic conjunctivitis	160
Phlyctenular ophthalmia	18
Lachrymal obstruction	1
Marginal blepharitis	29

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

8 children were transferred to High Wood School suffering from ringworm.

1 child was transferred to Queen Mary's Hospital with acute mastoiditis.

1 child was transferred to Tooting Bec Asylum as an imbecile.

2 children were discharged uncured being over age.

1 child absconded.

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

HIGH-WOOD SCHOOL, BRENTFORD.

There were 338 children left in the school at the end of 1911.

During the year 1912, 249 children have been admitted.

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

Trachoma..	71
Follicular conjunctivitis	13
Mucopurulent conjunctivitis	40
Chronic conjunctivitis	113
Phlyctenular ophthalmia	2
Marginal blepharitis	9
Lachrymal obstruction	1

223 children have been discharged cured.

Trachoma..	65
Follicular conjunctivitis	12
Mucopurulent conjunctivitis	45
Chronic conjunctivitis	91
Phlyctenular ophthalmia	2
Marginal blepharitis	7
Lachrymal obstruction	1

27 children were removed by the Guardians before they were cured.

7 children were transferred to White Oak School.

1 child was transferred to Queen Mary's Hospital with meningitis, the result of middle ear disease.

329 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 Schooi.	High Wood School.
Bermondsey	13	6	—	1	13	7
Bethnal Green ..	13	9	9	8	22	17
Bloomsbury	1	1	—	—	1	1
Camberwell	18	8	1	—	19	8
Chelsea	1	1	—	—	1	1
Fulham	17	5	—	—	17	5
George's, S.	8	3	—	—	8	3
George S.-in-the-East	2	2	—	—	2	2
Greenwich	5	—	4	—	9	—
Hackney	—	3	—	—	—	3
Hammersmith ..	8	3	—	6	8	9
Holborn	3	3	4	2	7	5
Islington	7	1	1	2	8	3
Kensington	11	5	—	—	11	5
Lambeth	3	1	—	—	3	1
Lewisham	14	9	12	6	26	15
Marylebone S. ..	4	3	2	2	6	5
Mile End	1	1	—	—	1	1
Paddington	16	2	5	2	21	4
Pancras, S.	8	2	4	—	12	2
Poplar	21	8	5	15	26	23
Shoreditch	10	6	1	2	11	8
Southwark	47	29	5	2	52	31
Stepney	6	3	6	1	12	4
Strand	—	—	1	—	1	—
Wandsworth	73	60	17	21	90	81
Westminster	—	1	—	—	—	1
Whitechapel	2	2	—	1	2	3
Edmonton	1	1	—	—	1	1
West Ham	6	—	3	—	9	—
London County Council ..	1	—	—	—	1	—
Total	320	178	80	71	400	249

As in previous years it will be seen that there is a very striking difference in the number of cases which have been sent from different parishes.

Wandsworth has sent by far the largest number of both trachomatous and non-trachomatous cases, 175 in all. This is more than double the number of cases which have come from any other parish, and forms more than one-fourth of the total number of admissions for the year. This marked prevalence of ophthalmia in Wandsworth might well form the subject of further investigation.

Several times in the course of the past year there has been difficulty in supplying accommodation for all the children requiring admission. If by some more stringent precautions the number of cases coming from Wandsworth could be reduced all anxiety as regards overcrowding of the ophthalmia schools might be relieved.

The treatment of trachoma with carbon dioxide snow which was commenced last year, has given most satisfactory results and will probably tend to shorten the time such cases have to be retained in the schools.

Cases of marginal blepharitis are often difficult to cure completely ; in some fresh pustules continue to form about the roots of the eyelashes in spite of all local applications. During the past year the micro-organisms giving rise to the pustules have in a number of the cases been cultivated. From the cultivations vaccines have been prepared by the Board's bacteriologist at the Belmont Laboratories and administered to the patients. The results of this vaccine treatment have varied, some cases which had been a long time in the school recovered so satisfactorily that they have been discharged. Others have improved for a time and then relapsed, whilst some do not seem to have been benefited in any way by the treatment.

There have, fortunately, been very few cases of infectious disease in the schools during the year.

At White Oak School there was one case of chicken pox, and one child on admission was found to be suffering from whooping cough.

At High Wood School there were 5 cases of chickenpox during September and October, and 2 cases of whooping cough in May.

(Signed) E. TREACHER COLLINS.

APPENDIX V.

Statement of cases admitted and discharged at the homes and schools during 1912 arranged under the respective parishes and unions.

PARISH OR UNION.	Sick, convalescent and debilitated.				Ringworm.				Ophthalmia.				Defective.			
	Remaining on 31st Dec., 1911.	Admitted during 1912.	Discharged and died during 1912.	Remaining on 31st Dec., 1912.	Remaining on 31st Dec., 1911.	Admitted during 1912.	Discharged and died during 1912.	Remaining on 31st Dec., 1912.	Remaining on 31st Dec., 1911.	Admitted during 1912.	Discharged and died during 1912.	Remaining on 31st Dec., 1912.	Remaining on 31st Dec., 1911.	Admitted during 1912.	Discharged and died or transferred to care of Asylums Committee during 1912.	
Bermondsey	78	142	148	72	1	16	14	3	24	18	23	19	12	..	12	
Bethnal Green	127	285	321	91	3	22	21	4	27	42	38	31	19	1	18	
Bloomsbury	6	2	3	5	..	..	..	..	1	2	2	1	2	..	2	
Camberwell	80	260	266	74	17	38	54	1	25	27	32	20	10	..	10	
Chelsea	14	44	45	13	3	25	22	6	5	2	7	..	6	..	6	
Fulham	107	240	252	95	6	15	17	4	10	22	17	15	4	..	4	
George's, S.	60	144	140	64	3	4	5	2	6	11	11	6	11	..	11	
George, S., in-the-East	67	161	174	54	3	19	18	4	1	4	2	3	5	..	5	
Greenwich	60	143	147	56	4	8	8	4	16	9	10	15	23	..	23	
Hackney	101	108	143	66	11	40	37	14	9	3	5	7	14	..	14	
Hammersmith	37	62	72	27	2	12	14	..	8	17	10	15	2	..	2	
Hampstead	20	49	58	11	1	10	8	3	..	..	..	..	4	2	2	
Holborn	63	190	136	117	3	27	18	12	6	12	8	10	5	..	5	
Islington	126	321	318	129	15	22	36	1	16	11	14	13	30	..	30	
Kensington	68	211	179	100	12	36	42	6	18	15	15	18	8	2	6	
Lambeth	129	254	261	122	10	43	43	10	20	4	7	17	45	3	42	
Lewisham	27	26	34	19	4	39	35	8	9	41	18	32	1	..	1	
London, City of	..	..	..	..	..	2	1	1	3	..	1	2	..	..	..	
Marylebone, S.	78	231	237	72	3	14	14	3	20	10	11	19	28	1	27	
Mile End Old Town	44	104	98	50	3	25	25	3	7	4	4	7	17	..	17	
Paddington	65	201	183	83	5	18	20	3	10	25	20	15	13	..	13	
Pancras, S.	100	171	186	85	6	12	13	5	28	15	15	28	16	..	16	
Poplar	84	276	268	92	3	23	26	..	100	45	62	83	9	2	7	
Shoreditch	38	46	53	31	4	26	26	4	48	20	35	33	12	..	12	
Southwark	108	220	229	99	6	40	37	9	96	82	94	84	12	..	12	
Stepney	54	166	149	71	2	11	11	2	41	16	23	34	8	..	8	
Strand	4	5	6	3	..	..	..	..	2	1	1	2	4	..	4	
Wandsworth	138	281	282	137	22	68	57	33	79	171	128	122	17	1	16	
Westminster	3	7	10	..	..	..	..	..	1	1	2	..	3	..	3	
Whitechapel	58	186	191	53	2	8	8	2	7	5	5	7	5	..	5	
Woolwich	20	9	19	10	2	5	7	..	5	..	4	1	19	1	18	
Extra-Metropolitan	30	37	48	19	22	(b)230	(b)224	28	32	12	17	27	..	..	..	
Total	1994	4582	4656	1920	178	(a)858	(a 861	175	680	(a)647	(a)641	684	364	13	(c)351	

Transfers between the homes and schools (except between those of the same class) are included in this table. Transfers of chargeability are also included in the table. (a) Does not include 27 cases transferred for a few days from the Ophthalmia Schools to The Downs School for X-ray treatment. (b) Includes 105 cases from Ipswich. (c) 33 of the cases were discharged to the Guardians, the remainder being transferred to the care of the Asylums Committee

APPENDIX VI.

GENERAL STATEMENT OF CHILDREN IN INSTITUTIONS, 1912.

INSTITUTIONS.			NUMBER OF CHILDREN.																				
Description and name.	Accommodation.	Date of opening.	Remaining on 1st January, 1912.			Admitted.						Discharged.						Died during the year.			Remaining on 31st Dec., 1912.			Total number of children admitted from opening of institution to 31st December, 1912.		
						Direct from Unions or Parishes.			From other institutions of the Board.			Direct to Unions or Parishes.			To other institutions of the Board.											
			Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
I.—Sick, convalescent and debilitated.																										
Queen Mary's Hospital for Children, Carshalton	850	29 January, 1903	456	383	839	660	624	1,284	110	53	163	670	550	1,220	102	76	178	51	40	91	403	394	797	3,597	3,161	6,758
Park Hospital for Children, Hither Green	800	14 November, 1910	332	308	640	1,136	1,092	2,228	65	67	132	869	878	1,747	235	206	441	88	67	155	341	316	657	2,371	2,235	4,606
S. Anne's Home, Herne Bay ..	134	26 December, 1897	98	35	133	200	66	266	22	12	34	216	78	294	10	2	12	..	1	1	94	32	126	2,950	1,131	4,081
East Cliff House, Margate ..	130	26 June, 1898 .. (Additional buildings, 13 Sept., 1901)	43	87	130	69	151	220	13	24	37	67	162	229	14	12	26	..	3	3	44	85	129	1,270	2,582	3,852
Millfield, Rustington	120	6 April, 1904 ..	58	62	120	40	55	95	1	6	7	34	49	83	6	12	18	..	1	1	59	61	120	466	457	923
The Downs School, Sutton (part of)			76	56	132	77	60	137	173	111	284	227	161	388	54	19	73	1	..	1	44	47	91	374	289	663
II.—Ringworm.																										
The Downs School, Sutton (part of)	420	26 February, 1903	96	82	178	342	355	697	64	61	/125	368	331	699	63	62	/125	1	..	1	70	105	175	3,617	3,761	7,378
III.—Ophthalmia.																										
White Oak School, Swanley ..	360	20 March, 1903 ..	223	119	342	217	160	377	6	17	*b*23	215	152	367	10	8	*b*18	..	..	..	221	136	357	2,057	1,538	3,595
High Wood School, Brentwood ..	360	26 July, 1904 ..	169	169	338	119	113	232	6	11	*c*17	115	130	245	3	10	*c*13	..	..	..	176	153	329	977	1,060	2,037
IV.—Defective.																										
Lloyd House, Pentonville .. For girls only	20	16 Jan., 1899	..	25	25	..	2	2	..	..	..	..	7	7	..	20	20	..	..	..	..	..	..	..	148	148
Lloyd Street, No. 12, Pentonville For girls only.	8	18 Oct., 1901																								
Elm Grove, No. 26, Peckham .. For boys only.	15	25 January, 1901	15	..	15	4	..	4	..	..	..	5	..	5	14	..	14	..	..	..	..	..	..	95	..	95
Earlsfield Road, No. 81, Wandsworth. For girls only.	10	7 July, 1903 ..	..	10	10	..	1	1	..	..	..	..	6	6	..	5	5	..	..	..	..	..	..	..	50	50
Surrey House, S. Ann's Hill, Wandsworth. For boys only.	20	11 December, 1903	18	..	18	3	..	3	1	..	1	8	..	8	14	..	14	..	..	..	..	..	..	114	..	114
Fountain Hospital, Tooting, (Temporary). For females only.	..	21 Feb., 1911 ..	..	87	87	..	..	..	..	..	..	..	3	3	..	84	*d*84	..	..	..	..	..	..	..	105	105
Bridge Industrial Home, Witham. For males only.	210	6 June, 1906 ..	209	..	209	3	..	3	..	..	..	4	..	4	208	..	*e*208	..	..	..	..	..	..	257	..	257
		TOTALS ..	1,793	1,423	3,216	2,870	2,679	5,549	461	362	823	2,798	2,507	5,305	733	516	1,249	141	112	253	1,452	1,329	2,781	18,145	16,517	*a*34,662

a Deducting 3,985 children transferred between the institutions and other of the Board's institutions the total number of cases admitted is found to be 30,681.
Adding the following children not now included in this table, viz., 673 ringworm, Bridge School (now Bridge Industrial Home); 149 feeble-minded, homes and colonies; and 24,774 children, Remand Homes, the total number of cases admitted is found to be 56,277.
b Excluding 9 children transferred from White Oak School to The Downs School for a few days for x-ray treatment.
c Excluding 18 children transferred from High Wood School to The Downs School for a few days for x-ray treatment.
d Including 84 children transferred to care of Asylums Committee on 13 January, 1912.
e Including 207 children transferred to care of Asylums Committee on 18 May, 1912.
f Excluding 27 children transferred from White Oak and High Wood Schools to The Downs School for a few days for x-ray treatment.

APPENDIX VII.

Numbers relating to staff and inmates and average weekly cost of children for the year ended Michaelmas 1912.

(Figures for the year 1911 are inserted under the figures for the year 1912).

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	**827**	**97**	**362**	**3**	**7**	**17**	**1**
	737	74	350	3	4	18	3
II. Park Hospital for Children	**649**	**81**	**330**	**4**	**2**	**21**	**10**
	416	52	328	5	0	28	1
III. S. Anne's Home	**131**	**98**	**28**	**3**	**0**	**11**	**2**
	131	98	29	3	0	11	1
IV. East Cliff House	**119**	**91**	**39**	**3**	**7**	**13**	**10**
	124	95	39	3	4	13	2
V. Millfield	**120**	**100**	**34**	**4**	**0**	**12**	**2**
	119	99	35	4	3	13	0
RINGWORM SCHOOL—							
I. The Downs School §	**325**	**77**	**101**	**3**	**2**	**13**	**11**
	281	67	105	3	1	15	6
OPHTHALMIA SCHOOLS—							
I. White Oak School	**340**	**94**	**97**	**3**	**4**	**14**	**1**
	341	95	94	3	3	14	4
II. High Wood School	**339**	**94**	**98**	**3**	**5**	**13**	**7**
	324	90	103	3	4	14	2

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

§ Convalescent cases are included with ringworm children.

ANNUAL REPORT OF THE COMMITTEE OF MANAGEMENT OF THE TRAINING SHIP EXMOUTH FOR 1912.

1. We submit our thirty-seventh annual report for the year 1912.

The year's work.

2. The following statistics show the numbers dealt with during the past year, viz. :—

Boys on board 1st January, 1912	657
Discharged during the year	349
Admitted ,, ,, ...	394
Remaining on board 31st December, 1912	702

Of the boys discharged—

109 were entered into the navy.
179 ,, ,, ,, ,, mercantile marine.
10 ,, ,, ,, ,, army as musicians.
51 ,, discharged by order of the guardians to whom they were chargeable or for other reasons.

The number of discharges to the Royal Navy was the highest since 1902, while the number of boys sent to the Mercantile Marine constituted a record for any one year since the ship was established. Reference will be found in the captain-superintendent's report (Appendix I.) to many successes which have been achieved by lads who have left the ship.

The total number of admissions showed an increase of 112 on the previous year. We much regret to have again to call attention to the fact that the number of London boys on board is still much below what it should be if the opportunities which the training affords were properly appreciated.

Of the 394 admissions during the year, 227 were from London unions, and of these 95, or 42 per cent, were sent by 3 unions. We would again call attention both to the excellent prospects offered to boys trained on the ship and to the great importance of doing whatever is possible to ensure a good supply of recruits to the sea services of the nation.

The training.

3. The standard of training has been maintained during the year. Swedish physical training apparatus has been provided of the type used in the Royal Naval Schools. Arrangements have been made for a few boys to attend a course of instruction at the London Nautical School of Cookery with a view to being drafted to sea as cooks.

Annual inspection.

4. The annual inspection of the ship by the Board was held on the 22nd June, when the Right Hon. Sir George Houstoun Reid, G.C.M.G., High Commissioner for the Commonwealth of Australia, was the principal guest and distributed the prizes.

We have again to thank the donors of special prizes for competition among the boys.

Works and repairs.

5. During the summer vacation the pitch pine upper deck, which had shown signs of wear, was relaid in teak.

Committee. 6. No change occurred in the constitution of the committee at the annual re-election in May. We again elected Mr. Geoffrey Drage as our chairman, the Board having, at our request, suspended the operation of standing order No. 61 to allow us to do so. We also re-elected Mr. C. J. Benson as our vice-chairman.

We nominated the Rev. Geo. Bell Doughty as a delegate to the National Conference on Sea Training, which was held in October.

Sea-going tender. 7. In our last report we adverted to the steps which were being taken in connection with the Local Government Board's request that the Managers' proposal to accept a tender for building a new sea-going training ship at the sum of £17,964 should be re-considered with a view to reducing the cost of the scheme. After much consideration we submitted in February a proposal for building a new vessel of modified design. The scheme was approved by the Managers and by the Local Government Board, and a contract was entered into with the Rennie Forrestt Shipbuilding, Engineering & Dry Dock Co., Ltd., for constructing the vessel for the sum of £12,700. The new ship will accommodate about 70 boys, and will be inaugurated in May, 1913.

The old brigantine Steadfast, being unfit for further cruising, was sold for £200 to the Committee of the Kingston and District Sea-Training Brig, by whom she is being used as a small stationary training establishment.

Recreation. 8. During the summer holidays a camp was formed on shore for those boys who were unable to spend their leave with relatives or friends, and the Rev. F. S. Lawrence very kindly entertained a party of boys for a week at Moulsford. The usual sports were held on Whit Monday and August Bank Holiday, and the boys' athletic teams entered for various competitions organised by the Metropolitan District and Separate Schools Athletic Association.

Magazine. 9. A periodical magazine, to be issued three times a year, was started during the year and promises to be a success. It is edited by the deputy headmaster, and the balance of the cost of production, after the sale of copies, is defrayed by voluntary subscription.

Health. 10. The ship has been comparatively free from infectious cases during the year. One boy unfortunately met with an accident involving a fractured skull, but made a good recovery.

Inspecting Captain's report. 11. The ship was inspected on 19th June by Captain E. R. Pears, R.N., Inspecting Captain of Boys' Training Ships. Captain Pears wrote subsequently stating that he was much pleased with all he saw, and was thoroughly satisfied with the discipline and training of the boys, and the general appearance of the ship. The report which he forwarded to the Admiralty was of a highly satisfactory character.

School inspection. 12. The school was visited by H.M. Inspectors on 19th March, and the following is an extract from their report to the Board of Education :—

> With improved organisation and longer hours in school there are distinct signs of advance. The boys are generally alert and quick, and are becoming quite proficient in the elements of the ordinary school work.

Visit of members of National Conference on Sea-Training. 13. A party of members of the National Conference on Sea-Training paid a visit to the ship on 21st October.

Other visits. 14. The following records have been made by other visitors during the year :—

(i.) Wolstanton and Burslem Guardians (12th February) :

We have this day visited the boys chargeable to our Union, and can safely say we are highly delighted with everything seen, so courteously shown to us by the First Lieutenant. Everything seems to be in perfect order ; the administration and discipline of an admirable character, and the boys given every opportunity of success in life. We were pleased to observe the great importance attached to education ; and, further, that the relaxation in the way of physical drill and games is not overlooked. The boys seemed quite satisfied with their surroundings, were in good health, and have every opportunity of doing well.

(ii.) Camberwell Ratepayers' Association (30th March) :

We, the undersigned members of the Borough of Camberwell Ratepayers' Association, wish to place on record our great appreciation of all we have seen on board to-day. We feel satisfied that everything possible is being done for the boys, and the training they are receiving should make the foundation of a future for them all.

(iii.) Captain E. Simpson, U.S.N. (16th May) :

I have been very much impressed with the snap and swing displayed by the boys in their drills and exercises, and their brightness and alertness in classrooms, at routine work, and at play, all evidencing a happy and efficient ship, and I congratulate the captain and officers on the result of their work.

(iv.) Camberwell Guardians (7th June) :

We were present on the above date at the annual inspection of the boys maintained on the Training Ship Exmouth at Grays, and were greatly impressed with the splendid training given to them. We inspected the 74 Camberwell lads on the ship, all of whom are working industriously and doing well. It is a matter of regret that the advantages of a period of training on the Exmouth are not better appreciated.

(v.) Sculcoates Guardians (12th June) :

We have this day visited the Exmouth and have been greatly impressed with all we have seen and learned. We were delighted with the appearance of the boys.

(vi.) A Brighton Guardian (25th July) :

I have been delighted with all I have seen, particularly with the healthy and happy condition of the boys.

(vii.) A Lambeth Guardian (27th July) :

I have visited the ship this day and I was very pleased with the condition of the boys ; they seemed very happy and comfortable. I tasted the food, which was excellent.

(viii.) Richmond Guardians (11th September) :

Our visit to the T.S. Exmouth affords us great pleasure as the influence upon the boys is apparent and beneficial. Our 3 boys are good specimens of what this influence can do, and we leave with good reports and a satisfaction that such a training is possible for our lads of poor parents.

(ix.) Fulham Guardians (25th September) :

On September 25th we, the undersigned, visited the Exmouth, the M.A.B training ship. Under the guidance of the chief officer, the captain being otherwise engaged, we made a thorough inspection of the ship and obtained an insight into the life and work that goes on aboard. We gathered that the life is a hard one and thoroughly healthy, but at the same time it is not one that weakly or delicate boys could endure. Average healthy boys would certainly grow hardier and stronger by a stay on the Exmouth, and the instruction and training and strict discipline would be of the greatest benefit. On joining the ship the boy for the first two months, besides his elementary school work, has special training in rowing, Swedish drill, swimming and general ship training, such as the care of his clothes and bag and hammocks. After that until the age of 14 he spends his time in school. Then he joins special classes, learning signalling, compass reading and stearing by compass, rope knotting and splicing, musketry, etc. Then follows a period on the sailing tender, after that back to school, and at about 15½ he is drafted into the Navy or Mercantile Marine or Bands, or the berth he is most suited for. We were able to see all these special classes

being held at the time of our visit, and the instruction given certainly seemed to be most practical. There is also a band, brass and string. We heard the brass band play a march and it was very well performed. Some boys are chosen from amongst the signallers, who have superior education, and are instructed in sending and receiving wireless telegraphic messages. We witnessed the sending of such a message and the receiving of it by one of the boys. This was a genuine test, as we chose the message ourselves. Such boys we were assured have splendid opportunities, as they can obtain posts as wireless operators, for which there is a great demand ; or on account of their superior education can enter the Mercantile Marine with the view to becoming officers. With regard to the training of boys as wireless operators, we were assured that boys with superior education and who would be likely to profit by the instruction would be received on the ship, even though they did not come up to the physical standard generally required. Besides the educational work carried out, both general and special, we found that the boys do all the work necessary on the ship, such as painting, carpentry, sewing, cleaning, etc., and carry out all minor repairs. We saw some of the boys at work in the tailor's shop repairing garments, and some others engaged in scraping and painting the outside of the vessel. Others we saw at work in the kitchen, where dinner was being prepared for serving out to the boys. The dinner for this day was meat pie, pototoes cooked in their skins and bread. The food was excellent in quality and ample in quantity. The sanitary and bathing arrangements are excellent. Every boy is obliged to have a bath each morning, and steps from the bath into a room brilliantly lighted, where he is thoroughly examined by an officer, so that any rash or blemish on the skin is immediately detected and the boy taken to the doctor for a thorough examination. After the inspection by the officer, the boy calls his number, and in this way it is impossible for any boy to evade his morning bath. We saw the Fulham boys and spoke to each. All are very satisfactorily reported on by the officers, not one of them has been guilty of any serious offence. All expressed themselves as contented and happy. A detailed account of each boy is appended, but it may be said that the Fulham boys have done well, and some hold important positions on the ship, and should acquit themselves well in their future careers. We may conclude by saying that we were most favourably impressed with the life and work on the ship and the cleanliness, discipline, health of the boys, and the thoroughly practical, and in some instances, highly technical training, and we consider the Guardians will do well by the boys in placing as many as possible on board the Exmouth.

(x.) A West Ham Guardian (29th October) :

As a Guardian of the West Ham Union, I visited the Exmouth on the above date and am delighted with all I have seen and heard.

Cost per head. 14. Full details as to the average weekly cost during the past ten years under various headings are given in the Board's annual report, and, therefore, are not reproduced here, but we may mention that the cost per boy per week for maintenance and clothing for the year ended Michaelmas, 1912, was 4s. 2d., and the cost including all charges except loan charges, special expenditure and head office expenses, was 10s. 6d.

(Signed) GEOFFREY DRAGE,
Chairman.

APPENDIX I.

ANNUAL REPORT OF THE CAPTAIN-SUPERINTENDENT FOR 1912.

To the Committee of the Training Ship Exmouth.

GENTLEMEN,

I beg to submit my report for 1912.

Table I. shows the admissions and discharges during 1912, as well as in previous years.

Table II. shows the number of boys admitted from each of the metropolitan parishes and unions and total number of boys admitted from country unions in 1912, and also during the time the ship has been established.

During the past year 278 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.

Seamanship. The progress made in this instruction has been excellent. Boat sailing and pulling have been carried out regularly, weather permitting.

The special signal classes under Mr. Webb, the chief signalling instructor, have enabled a number of boys to enter as Marconi assistants. The members of these classes are given an entire knowledge of international signalling, including post office telegraphy.

The riggers' class, composed of boys who have passed out of all instructions, has been engaged in making new paunch mats, re-fitting boats' falls, rattling 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 :—

NEW—

204 hammocks.
175 kit bags.
68 bed ticks.
9 mess table covers.
Baize cover for organ.
Canvas cover for main deck grating.

REPAIRS—

Re-made 211 mattresses.
General repairs to hammocks, oilskins, leggings, and pilot jackets.

No fewer than 185 boys have passed out of helm, lead and compass instruction.

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.

Navigation instruction. The theoretical work in the syllabus of the 2nd year class has now been completed, and a rapid revision is taking place preparatory to the boys' first cruise in the Exmouth II.

E. West (Greenwich), G. Rendell (Camberwell), B. Richardson (Newhaven), H. Wheeler (Hammersmith), and C. Pampling (Islington) will remain on the new tender qualifying in navigation for their second mate's examination.

R. Clive (Croydon) will take up duties as wireless operator.

Of the 9 boys who have left the navigation class for the Royal Navy, all have succeeded in passing the advanced test and obtaining a first class rating.

Five others who are now at sea working hard for their "ticket" in the Merchant Service continue to correspond regularly with Mr. Tunstall, the deputy head schoolmaster.

A new 1st year class is making good progress.

Ambulance. Selected boys have been instructed by the medical officer (Dr. Partridge) in first aid to injured persons. The examiner appointed by the St. John Ambulance Association was Dr. Hirsch; 42 boys passed the examination and were awarded the certificate.

School. H.M. Inspectors Messrs. Butler, Webb, and Cleary visited the ship on March 19th.

Band. During the past year the band has been maintained in a high state of efficiency. The examination by Lieut. Franklin, Musical Director of the R.N. School of Music, was carried out in April. His report is as follows:—

"I beg to report for your information that the result of the examination of the bands was quite satisfactory.

"The first class band was not up to the standard of last year, which, of course, could hardly be expected after the practical depletion of the first and second class bands during the past year (40 entered the R.N. School of Music alone). The material is there, and I feel quite certain from what I saw that the efficiency of former years will be reached in a very short time, with the advantage to the boys in that they will have the same musical ability at 14 which was previously attained at 15½ years, and, in consequence the boys' future is better assured and their chances of rating and promotion accelerated.

"All the young boys show an amount of keenness which is most gratifying to an examiner, and I found it very difficult to arrive at a decision in placing them for prizes, hence the division which appears in most of the awards. The paper work was very good.

"I was very pleased to see that my suggestion regarding the employment of a bugle instructor was approved—it was badly needed. I am not sure if it is part of my duty to report on him, but though a good instructor, he appeared to me to want that decisive and alert manner with the boys which is so apparent in the whole routine of the ship, and stands out so well when the boys join the school here. The buglers were quite good."

Swimming. Very good progress has been made in this instruction, no fewer than 354 boys having been taught to swim.

Tailoring. A large amount of work has been done in the tailor's shop during the past year. Some thousands of articles have been made or repaired. Boys are taught to sew and repair their own clothing, and some boys are taught the sewing machine and also the machine for mending socks and jerseys.

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:—

"During the year 1912 there have been 588 medical cases and 535 of a surgical character admitted to the infirmary of the training ship Exmouth.

"The year has been comparatively free from infectious cases.

"One case of appendicitis occurred and was successfully operated upon at Queen Mary's Hospital, Carshalton.

"One boy sustained a fractured skull but made a good recovery.

"Two ambulance classes were held, 42 boys obtaining the St. John Ambulance Association junior certificate. There is evidence of more marked intelligence in the boys attending these classes."

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

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

Inspections.	Stoppings.	Extractions.		Scalings.
		Permanent.	Temporary.	
2,168	338	116	218	58

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

" The Sunday services have been extremely bright, the boys' attention has left nothing to be desired, and the music has been rendered with much feeling. Great interest and care have been taken in the practices of the organist, bandmaster, band and choir. I have once more to thank the officers for the great help and whole-hearted support they have so readily given me in the conduct of these services. The Chairman of the Committee has come down on more than one Sunday and has been loud in his praise for all he has seen and heard. Parties of lads have made their Communion in the parish church on Sundays at 8 a.m., and their behaviour at these celebrations has been exemplary.

" Special celebrations have been held for the ship's company at the great festivals, and these have been marked by great reverence and devotion.

" The week-day classes in religious knowledge have been most encouraging, the boys' conduct has been excellent, and their questions and answers very intelligent. Every new boy has been seen by me upon joining the vessel and counsel and advice given him. Every boy about to leave us has been interviewed and warned of the dangers and temptations that beset young life.

" I have been the recipient of many letters from old boys and many a visit has been paid me by them.

" The infirmary has been constantly visited and the patients ministered to individually.

" The annual confirmation as held by the Bishop of Colchester, who expressed his great pleasure with the lads' knowledge of the Bible and Prayer Book.

" The classes have been visited from time to time and the work examined by me."

General remarks. The conduct of the boys has been very good. During the long winter evenings the officers have given some excellent entertainments, which have been much enjoyed by everyone.

The boys, too, gave an excellent concert, organised by Mr. Read, one of the schoolmasters ; the songs were excellent and well rendered. I cannot speak too highly of the operetta entitled " Princess Ju Ju," given by the boys under the tuition of Mr. Bolt, the choirmaster, who was most ably assisted by Mr. Hollamby, headmaster, and by Mr. Tunstall, deputy headmaster. The acting was perfect, the costumes in excellent taste, and the music and singing reflected the greatest credit on all concerned.

The boxing competitions have become most popular, and the boys are very keen to learn " the noble art of self defence."

The annual confirmation was held on May 30th on board the ship by the Lord Bishop of Colchester, who expressed himself much pleased with the attention and reverent behaviour shewn by the boys. The boys have been carefully prepared by the chaplain, assisted by the head schoolmaster.

The output to the mercantile marine is the highest on record and the boys have kept their billets well, thanks to the admirable tact shewn by Capt. Mathias, the Board's shipping officer at Liverpool. This officer has established a record shipment at that port. The Boys' Home, established at Liverpool by the Rev. R. Snowdon Smith, has been most successful, and is much patronised by Exmouth boys.

The success of three boys who have passed for mate in the mercantile marine and are now serving at sea in that capacity shows the capabilities of Poor Law children. Their names are :—William Newman (Camberwell), Alfred H. Woodnutt (Kingston-on-Thames), and William Ford (Southwark).

With regard to the Royal Navy, Alfred Board (Bethnal Green) passed into the "advanced class" with 100 per cent. of the marks in the educational test, and I understand this has seldom been achieved before.

The following is a list of other successes achieved in the Royal Navy :—

Name.	Parish or Union.	Success gained.
Atkins, R. ..	Hendon ..	Silver watch for seamanship and prize for school work.
Reed, H. ..	Islington ..	Became P.O. boy.
Bull, W. ..	Lewisham ..	Made P.O. boy and won silver watch for gunnery.
Fenton, J.	Sculcoates ..	Prize for piping, kit and school work.
Burroughs, E. ..	Woolwich ..	Prize for piping.
Carter, W. G. ..	Bromley ..	Prize for piping.
Tooke, R. ..	Norwich ..	Medal for boxing.
Mansfield, W. ..	Lambeth ..	1st prize for piping.
Rawlin, G. ..	Gravesend ..	Made P.O. boy and won 1st prize for bags and kit.
Cronin, W. ..	Camberwell ..	Prize for piping.
Collins, B. ..	Watford ..	Badge boy.
Murphy, J. ..	Greenwich ..	99% of full marks seamanship test on entering advanced class, H.M.S. Impregnable.
Riddles, H. ..	Greenwich ..	1st prize for best instructor boy and 2nd prize for seamanship.
Clarke, A. E. ..	Lambeth ..	Boxing championship, and chief prizes in sports. Instructor boy.
Ryan, W. ..	S. George-in-the-East	Prize for boxing. Instructor boy.

The two last named boys have been awarded the Royal Humane Society's silver medal and certificate for life-saving.

The new auxiliary tender which is now being built will not only develop the boys, but will perfect them in those two most important branches of a seaman's duties, namely the helm and lead.

The small number of boys from some metropolitan unions is very marked. The question of manning the Royal Navy and mercantile marine is a serious one, and surely it is the duty of each of these unions to contribute their quota to the services on which the existence of the Empire depends. From conversation with boys from these unions I gather that no attempt has been made to explain the conditions of sea-service to them. If this is done I feel sure there will be no lack of volunteers for the Exmouth.

The school classes under the deputy head schoolmaster continue to make excellent progress, and the sound training of the boys who have passed through the navigation class, which is under his special care, is being recognised in both the Royal Navy and the mercantile marine.

With such a large annual output and with the competition becoming keener each succeeding year, the only way the Exmouth can hope to secure the best billets with boys of small stature is by superior training. Thanks, however, to Lieut. Coplestone and the excellent staff of officers, who never spare themselves, we have, during the past year, defied all competition, and, I feel sure, will continue to do so in the future.

It only remains for me, gentlemen, to thank you greatly for your kindness to me during the 10 years of my command.

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

APPENDIX II.

TABLE I.—BOYS ADMITTED AND DISCHARGED—1876 TO 1912.

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	1911	1912	T'LS.
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	282	394	11,278
Discharged to Royalty	1	6	1	8	72	85	155	141	95	128	114	95	87	104	108	89	83	102	133	163	137	129	123	149	115	151	116	42	103	96	58	88	86	70	*73	105	109	3,520
Discharged to Mercantile Marine ..	53	19	126	115	105	107	109	96	106	91	107	93	141	171	134	75	69	90	87	96	109	112	112	135	145	146	112	93	105	123	115	144	96	94	165	147	179	4,122
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	4	10	1,340
Discharged to situations ..	1	..	2	..	3	..	..	..	2	..	..	..	..	..	..	1	..	..	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	64	51	1,529
Died	..	..	2	1	..	4	1	..	2	2	5	1	2	1	1	..	1	3	2	1	3	2	1	1	1	2	2	1	2	..	1	..	1	..	1	2	..	49
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	322	349	10,576

* Includes 15 to Canadian Navy.

Total number of boys discharged (including deaths)	10,576
Remaining under training 31st December, 1912	702
Total	11,278

TABLE II.

Number of boys admitted from each of the Metropolitan Unions and total number of boys admitted from Country Unions during 1912 and during the whole time the ship has been established.

Year ending Dec. 31st, 1912.	PARISH OR UNION.	From March 31st, 1876, to Dec. 31st, 1912.
	Number of boys in Ship when taken over by Managers ..	12
	Metropolitan Unions.	
—	Bermondsey	316
22	Bethnal Green	330
—	Bloomsbury	43
24	Camberwell	667
3	Chelsea	173
4	Fulham	341
7	George's, S.	317
1	George, S., in-the-East	134
1	Greenwich	489
4	Hackney	364
3	Hammersmith	40
1	Hampstead	37
1	Holborn	314
49	Islington	395
7	Kensington	236
2	Lambeth	516
14	Lewisham	759
—	London, City of	135
5	Marylebone, S.	554
9	Mile End	267
7	Paddington	183
13	Pancras, S.	523
6	Poplar	475
1	Shoreditch	163
15	Southwark	562
1	Stepney	127
—	Strand	45
16	Wandsworth	401
—	Westminster	71
2	Whitechapel	189
9	Woolwich	447
227		9,625
167	*From Country Unions.*	1,653
394	TOTALS	11,278

Table III.—Boys discharged to Army from 1876 to 1912.

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-		Liverpool Regiment	3
5th Lancers	2	landers	21	Manchester Regiment	86
11th Hussars	1	Oxfordshire Light Infantry	13	Middlesex Regiment	14
Berkshire Regiment	31	Northumberland Fusiliers	8	Munster Fusiliers	2
Border Regiment	18	Rifle Brigade	20	Cameron Highlanders	6
Cheshire Regiment	18	Royal Fusiliers	21	Northampton Regiment	17
Connaught Rangers	56	Royal Highlanders	3	Wiltshire Regiment	6
Derbyshire Regiment	21	Royal Marine Light Infantry	1	Worcester Regiment	18
Devonshire Regiment	2	Royal Scots (Lothian Regiment)	43	York and Lancaster Regt.	23
Dorsetshire Regiment	10	Scots Fusiliers	26	Yorkshire Light Infantry	42
Dublin Fusiliers	40	Scottish Rifles	14	Yorkshire Regiment	10
Duke of Cornwall's Light Infantry	7	Seaforth Highlanders	4	East Yorkshire Regiment	23
Essex Regiment	39	Shropshire Light Infantry	2	Army Hospital Corps	1
Gloucestershire Regiment	6	Somerset Light Infantry	33	Army Medical Corps	11
Highland Light Infantry	13	Staffordshire (North) Regiment	1	East Surrey Regiment	14
Gordon Highlanders	5	Staffordshire (South) Regiment	29	Bedford Regiment	7
Inniskilling Fusiliers	9	Suffolk Regiment	28	18th Hussars	2
Irish Fusiliers	23	Surrey Regiment	7	"The Queen's" Regiment	2
Irish Rifles	15	Sussex Regiment	30	West Yorkshire Regiment	8
East Kent Regiment	10	South Wales Borderers	18	Cameronian Regiment	4
Kent Regiment	5	Royal Warwick Regiment	46	Dragoon Guards	19
King's Own Scottish Borderers	9	Welsh Fusiliers	15		
King's Royal Rifles	27	Welsh Regiment	36	Total	1257
Lancashire Fusiliers	53	West Riding Regiment	1		
13th Hussars	1	East Lancashire Regiment	12		
9th Hussars	1	Loyal North Lancashire Regt.	8		
20th Hussars	9	South Lancashire Regiment	17		

FIRST ANNUAL REPORT OF THE CASUAL WARDS COMMITTEE FOR 1912.

I.—HISTORICAL PREFACE.

The casual pauper.

1. In submitting to the Board our first annual report, which embraces the period between the constitution by the Board in November, 1911, of the Special Committee to consider and report as to the steps necessary to give effect to the Metropolitan Casual Paupers Order, 1911, and the end of the year 1912, we think it desirable for the information of the Board, and for the purpose of its records, to give some brief account of the past efforts of the community to deal with the evil of vagrancy and especially of the history of this question so far as the Metropolis is concerned. For while the vagrant known to the poor law is termed a "casual pauper," which is defined in law as "any destitute wayfarer or wanderer applying for or receiving relief" in the casual wards, yet it has been the common experience, and one which our short acquaintance with the management of casual wards fully bears out, that the problem of the casual wards is inseparably bound up with the problem of vagrancy as a whole, and that the genuine wayfarer is found in very small numbers amongst the occupants of these wards.

Early statutes.

2. The early statutes of labourers, enacted in the times when serfdom was breaking down, show the attempts to deal with vagrants more as runaway slaves breaking the laws which fixed their wages and place of residence where they must work, but it was not long before they came to be looked upon as probable criminals. The modern history of the subject begins with an Act of 1495 under which local authorities were bidden to search for all "vagaboundes idell and suspecte persones lyvying suspeciously" to put them in the stocks for 3 days, giving them bread and water only, and then to turn them out of the town or township. An offender failing to depart was to be put in the stocks for another 6 days. From time to time during the next 300 years enactments are found on the statute book intended to combat vagrancy by sternly punitive measures, and necessitated, according to the preambles of some of these statutes, by "the increase of vagrancy and the consequent increase of crime and disorder" (1530) or by previous legislation not having had "that successe which hath byn wisshed" (1547). The Act last quoted provided the punishments of branding and slavery for those who would not work nor "offer themselves to labour with anny that will take them according to their facultie," but it has been pointed out that the punishments assigned to vagrants by such statutes would not be regarded as unduly severe in an age when larcenies to an amount exceeding one shilling were punished by death, and that these penal provisions against vagrants were enacted contemporaneously with the establishment of poor relief for the aged and infirm, and with repeated attempts to build up a system for the correction and reformation of the vagrant. An Act of 1597 required the justices to build and equip houses of correction to be used, in

addition to the county gaols, for vagrants, while transportation was devised as a means of ridding the country of sturdy beggars and idle and disorderly persons.

18th century. 3. New definitions of persons to be treated as vagrants are found early in the 18th century when the offence aimed at was no longer merely the vagrant mode of life but the fact that the vagrant became chargeable to the poor rate and especially chargeable to a parish in which he had no settlement.

Modern legislation. 4. By the 19th century the vagrancy law had become extraordinarily complicated, and in 1822 it was stated in the House of Commons, on the introduction of a new bill repealing all previous legislation and substituting one comprehensive act, that, during the preceding 300 years, 49 Acts of Parliament had been passed, of which 27 were then still in operation. The consolidated Act in question lasted for one year, and was then replaced by the Vagrancy Act, 1824. This Act, which remains in force, is entitled "an Act for the punishment of idle and disorderly persons and rogues and vagabonds," and, under it, persons committing vagrancy offences are liable to punishments under various divisions, which will be referred to later. It was almost entirely a measure of repression, and it is stated that the number of vagrants committed to prison rose from 7,092 in 1825 to 15,624 in 1832. The period since 1824 is notable for the steady recognition of the principles first formally stated by the Poor Law Commission of 1834, viz., that the growing burden of vagrancy would only tend to diminish if the relief given to vagrants was such as only the really necessitous would accept, that this could not be effected unless the system were general, and that no enactments to be executed by parochial officers would in all parishes be rigidly adhered to unless under the influence of strict superintendence and control. The Poor Law Act of 1834, which established the Central Board—the Poor Law Commissioners (now the Local Government Board)—made no special reference to vagrants, and contemplated as the primary duty of the guardians the provision of relief for destitute persons resident within their district.

Separate wards for vagrants. 5. The necessity for dealing with vagrants from other districts soon established itself, and the Poor Law Commissioners issued circulars calling attention to the duties of guardians in relieving the casually destitute and suggesting the adoption of arrangements for securing the performance of a task of work. In 1842 boards of guardians generally were enabled to prescribe a task of work for persons relieved in the workhouse "in return for food and lodging afforded," but they were not to detain any person against his will for the performance of the task for more than 4 hours after breakfast on the morning after admission. In the same year the Poor Law Commissioners issued a general order requiring that vagrants should be kept in a separate ward of the workhouse and dieted and made to work under regulations approved by the Commissioners. When the Poor Law Board succeeded the Commissioners in 1848 they received reports from their Inspectors as to the evils resulting from the lack of uniformity and the great laxity in the treatment of vagrants, and a minute signed by the first president of the new Board was sent to boards of guardians calling attention to the necessity of repressing the growing evil of vagrancy and the importance of exercising greater vigilance and discrimination in the administration of relief of vagrants. In 1871, the Pauper Inmates Discharge and Regulation Act was passed, dealing with the whole question of the discharge of paupers from workhouses, including the detention and dietary of casual paupers, while in 1882 the latter provisions were amended by the Casual Poor Act of that year. This Act was followed by a new General Order of the Local Government Board, dated 18th December 1882, prescribing regulations for the administration of casual wards.

Departmental Committee, 1904. Proposed police control.

6. The latest enquiry into the subject of vagrancy was held in 1904 by a Departmental Committee appointed by the President of the Local Government Board, on which served representatives of that Board, of the Home Office and the Prisons Commission. The able and exhaustive report of this Committee, to which we are indebted for the brief historical summary which we have given, and for much information which we quote as to the condition of affairs in London prior to 1912, forms a most valuable contribution to the study of this difficult problem. The Committee strongly emphasised the need for central control and uniform administration and proposed that the casual wards throughout the country should be placed under the police authorities. This suggestion appears to have been first put forward in 1848 and was revived in 1871, on the introduction of the Pauper Inmates Discharge and Regulation Act, when it was decided against on the grounds that it might take the police from their other duties and involve considerable expense in the building of a separate set of wards in connection with police stations.

Police as assistant relieving officers.

7. It might be added that by an arrangement between the Poor Law Board and the Commissioner of Police made in 1863 the police were charged with the duty of acting as assistant relieving officers for vagrants in London, but the practice came to an end in 1872 by mutual consent, the police having made continual complaints of the duties imposed upon them, and of the filth and vermin brought into the stations by applicants for relief.

Other recommendations of committee.

8. The Departmental Committee made many other important recommendations with regard to diet, detention, offences, assistance to work-seekers, labour colonies and so on, but no opportunity has offered itself for legislation on the lines of the report, and the first great change since its issue is the administrative one in London made by the present President of the Local Government Board in 1911, which is dealt with in detail in Section III. of this report, and we venture to offer an opinion, based on the experience we have already gained, that probably a wise discretion has been exercised in attempting to deal with this question in the first instance by a full and uniform use of the powers and arrangements which already exist before seeking recourse to new and untried measures.

II.—THE EXISTING SYSTEM.

The statutory regulations.

9. The previous paragraphs have indicated the provisions legislative and administrative upon which the existing system is based The regulations for the management of the casual wards are contained in the Local Government Board's General Order of 1882, issued pursuant to the provisions of the Pauper Inmates Discharge and Regulation Act, 1871 (34 and 35 Vict., c. 108), and the Casual Poor Act, 1882 (45 and 46 Vict., c. 36). This General Order was subsequently amended as to diet by General Orders dated 3rd November, 1887, and 4th May, 1897, and as to discharge by a General Order dated 11th June, 1892.

Admission.

10. It is prescribed that a casual pauper shall not be admitted into any casual ward except upon an order signed by a relieving officer or assistant relieving officer, provided that the superintendent shall admit (i.) any casual pauper without an order where the case appears to be one of sudden or urgent necessity, and (ii.) any person brought to the casual ward by a constable under section 4 of the Metropolitan Houseless Poor Act, 1865 (28 and 29 Vict., c. 34), if there be room. Where a person is refused admission, a record of the name of the person and of the circumstances under which he was refused has to be kept. In practice it appears that the majority of the inmates are admitted without admission orders.

Hours of opening. 11. The Metropolitan Houseless Poor Act, 1865, provides that the London casual wards are to be open for the admission of destitute persons between 6 p.m. and 8 a.m. from October to March inclusive, and between 8 p.m. and 8 a.m. from April to September inclusive. Subject to this provision, the regulations of the Local Government Board fix the hours at which casual wards shall be opened for the admission of persons with orders at not earlier than 4 p.m. from October to March inclusive, and 6 p.m. from April to September inclusive.

Search and bath. 12. The regulations require that each inmate shall be searched immediately upon admission, and then that he shall be cleansed in a bath with water of suitable temperature, unless this is likely to be injurious, and that his clothing shall be taken from him, dried or disinfected when requisite, and returned in the morning, such night garments as may be deemed necessary being provided.

Detention. 13. The regulations provide that an inmate shall not be allowed to discharge himself at an earlier period than that at which he is entitled to discharge himself under the Casual Poor Act, 1882, viz., at 9 a.m. on the morning of the second day following his admission, nor before he has performed the work prescribed for him. Where the inmate has been admitted on more than one occasion during one month into any casual ward in London, he shall not be allowed to discharge himself before 9 a.m. on the fourth day after admission. Sunday is not to be reckoned in computing the number of days detention. It is however, provided (i.) that the Guardians may give directions to the superintendents of the casual wards with respect to the discharge of inmates before the expiration of the respective periods specified; (ii.) that, if in the opinion of the superintendent any special circumstances shall require that an inmate shall be discharged before the expiration of these periods, he may discharge such inmate and shall report the facts to the Guardians; (iii.) that an inmate who has been detained for more than one night and who represents to the superintendent that he is desirous of seeking work shall, if he has to the best of his ability performed the prescribed task of work, be allowed to discharge himself at 5-30 a.m. between Lady Day and Michaelmas, and at 6-30 a.m. between Michaelmas and Lady Day, instead of at 9 a.m. on the day of discharge, and that such a request shall not be refused except on the ground that the inmate has not performed his task to the best of his ability, any such refusal being duly reported to the Guardians.*

Tasks. 14. The following are the prescribed tasks, viz.:—

MALES.

	Stone breaking or	Oakum picking or	Digging, pumping, wood cutting, corn grinding.
Detained one night	2 cwt., or such quantity from 1½ to 4 cwt. and broken to such size as the Guardians may prescribe having regard to the nature of the stone	1 lb. unbeaten 2 lbs beaten	3 hours' work.
Detained more than one night—for each entire day	7 cwt., or 5 to 13 cwt. as above	4 lbs. unbeaten 8 lbs. beaten	9 hours' work.

* The Committee have decided that inmates admitted on Wednesday and detained for four nights and inmates admitted on Friday and not liable to be detained for four nights are to be discharged on Monday morning unless they desire to be discharged on Sunday.

FEMALES.

	Oakum picking.	Washing, scrubbing, cleaning.
Detained one night	½ lb. unbeaten 1 lb. beaten	3 hours' work.
Detained more than one night—for each entire day	2 lbs. unbeaten 4 lbs. beaten	9 hours' work as above (or needlework).

The regulations provide (i.) that every inmate shall perform one of the prescribed tasks unless suffering from any temporary or permanent disablement of body, or unless it is unsuited to his age, strength or capacity; and (ii.) that the tasks may be varied from time to time by a resolution of the Guardians approved by the Local Government Board.

Alternative tasks.

15. Under the last-mentioned proviso the Local Government Board have sanctioned in certain cases alternative tasks as follow, viz. :—

MALES.

Detained one night ...	Stone pounding ½ cwt. Scrubbing and cleaning—3 hours' work.
Detained more than one night—for each entire day	Stone pounding 1½ cwt. Scrubbing and cleaning—9 hours' work. Corn grinding—10 pecks.

Diet.

16. The following is the diet prescribed in the General Orders of the Local Government Board relating to casual wards, viz. :—

Detained for one night only—

Supper and breakfast for persons over 7 years of age—6 ozs. of bread with 1 pint hot gruel containing not less than 2 ozs. oatmeal or of hot broth.

Detained for more than one night—

Supper and breakfast—as above.

Dinner—Males over 15—8 ozs. bread and 1½ ozs. cheese or 6 ozs. bread and 1 pint of soup.

Females over 15 and children from 7 to 15—6 ozs. bread and 1½ ozs. cheese or 5 ozs. bread and 1 pint of soup.

Children under 7 years of age for each period of 8 hours or part of 8 hours—

(i.)	Under 7 months ...	½ pint milk and ½ oz. sugar.
(ii.)	7 months to 2 years ...	½ pint milk, ½ oz. sugar, 2 ozs. bread.
(iii.)	2 to 7 years ...	½ pint milk, 4 ozs. bread and ½ oz. cheese.

Provided that (*a*) the allowance may, at the discretion of the female superintendent, be given to the suckling mother of a child instead of to the child; (*b*) the female superintendent shall cause the food to be prepared in such manner and to be given in such a way as shall be suitable to each child, and shall take care that the milk or bread and milk is served warm; (*c*) unsweetened condensed milk suitably diluted may be substituted for fresh milk in the proportion of 4 ozs. of condensed milk for ½ pint of fresh milk.

III.—LONDON CASUAL WARDS.

Previous centralisation proposals.

17. In 1845 the Poor Law Commissioners prepared a scheme, which was revived in 1857 by their successors the Poor Law Board, for the establishment of district asylums in London, in which vagrants were to be treated in a uniform manner, but on neither occasion was the scheme carried into effect. The Board urged that such a scheme would ensure one uniform system of labour, discipline and treatment in return for relief, would establish a system of supervision which would afford some ready method of detecting all second applicants, and would apportion the cost more equally amongst the parishes and unions of the metropolis. Although the scheme was not proceeded with, the select Committee on Poor Relief, 1864, recommended that the relief of vagrancy in London should be a common charge on the whole metropolis, and this led to the passing of the Houseless Poor Acts of 1864 and 1865, still partly in force. Under the Act of 1864 every metropolitan board of guardians was required to provide casual wards to the satisfaction of the central authority, and in 1867 the expenses were made a charge on the metropolitan common poor fund. 28 of the 31 metropolitan boards of guardians provided casual wards under the provisions of this statute, with an approximate total accommodation on 31st March, 1912, as follows :—

Men	1,256 beds.
Women	452 ,,
Double beds for mothers and children	117 ,,
Total ...	1,825

Lack of uniformity.

18. The Departmental Committee of 1904 reported that the London casual pauper involved a heavy charge. They called attention to the excessive cost of some casual ward buildings, and added that during the year 1903 the daily cost per inmate averaged 1s. 8½d. per head and that in one ward it reached 4s. 9d. With regard to detention and tasks they found there was no uniformity whatever. The Inspector for the metropolis in his evidence said

> Some guardians do not detain, some give one task, some another, and some practically none at all.

The Superintendent Visiting Officer said

> There are twenty-eight casual wards and there are twenty-eight authorities for working them. Each board of guardians has a different opinion upon some point or another.

The consequence was that the London vagrant flocked to certain wards where detention and work were not enforced or where only a light task was given. In 1904, of the 21,367 refusals to admit on account of want of room at the various casual wards in London, two-thirds occurred in five wards. At some wards where the regulations were enforced there had been no refusals from want of accommodation for the previous seven years.

IV.—TRANSFER TO THE METROPOLITAN ASYLUMS BOARD.

Metropolitan Casual Paupers' Order, 1911.

19. Such considerations, no doubt, led the President of the Local Government Board in 1911 to consider the existing arrangements for the reception and relief of casual paupers in the metropolis, and to issue the Metropolitan Casual Paupers' Order dated the 10th November, 1911, which in effect centralised the control and management of the London casual wards under the Metropolitan Asylums Board. This Order will be found reprinted in Appendix I. to this report. In their letter dated the

13th November, 1911, forwarding this Order, the Local Government Board, after stating the effect which the Order would have, added :—

> The position and condition of a few of the existing casual wards may be such that it would be difficult to bring them into the arrangement, but in almost all the cases it will no doubt be possible to arrive at some voluntary working arrangements between the Managers and the Guardians concerned. It is most unadvisable that destitute persons should sleep out in the open, or should wander about in the night, and it is one of the duties of the police to direct such persons to vagrant wards or shelters where they can find lodging. When this Order is in force the Board feel confident that the Managers will be able to make more adequate arrangements than have hitherto been practicable to inform the police of the wards in which there is vacant accommodation, and thus to ensure destitute wanderers or wayfarers the provision of the food and shelter of which they may be in need.
>
> It is hoped that experience may make it possible to obtain some classification of casual paupers so as to differentiate the occasional from the habitual vagrant and the irreclaimable from his fellows, and with the co-operation of charitable societies and individual effort to assist such as can be assisted and to reclaim some to a better way of life.

The Local Government Board indicated that a further order would be issued embracing the terms agreed upon for the transfer of the casual wards from the boards of guardians to the Metropolitan Asylums Board.

Special Committee appointed.

20. The Board appointed a Special Committee (consisting of their Chairman, Mr Walter Dennis, Vice-Chairman, Professor Wm. R. Smith, J.P., D.L., M.D., Dr. H. W. Gell, Messrs. Eickhoff, Helby, Jackson Hunt and Walden, and Miss M. J. Wilde) to consider and report on the steps necessary to give effect to the Order and to make such recommendations thereon as they might think fit. This Committee appointed Dr. Gell as their Chairman and at once proceeded to visit the twenty-eight existing casual wards (a list of which will be found in Appendix II.) and to consider the question of the suitability of these wards for transfer, and the terms on which the transfer should be effected. They obtained through the ready assistance of the boards of guardians concerned, full and detailed information with regard to these casual wards arranged in schedules relating to (i.) site and buildings, (ii.) staff, (iii.) administration and (iv.) finance.

Their report on transfer.

21. The Special Committee submitted to the Board on the 10th February, 1912, a full report dealing with this branch of the subject. In it they pointed out that the draft Metropolitan Casual Wards (Transfer) Order provided for the scheduling of the transferred casual wards in two parts, the first part of the schedule to contain those transferred on conditions and regulations specified in the schedule, and the second those used by the Board under agreements entered into between them and the Guardians. The Draft Order also authorised the Board and the Guardians with the consent of the Local Government Board to enter into agreements for the use by the Board as casual wards of any premises belonging to the Guardians not being at present casual wards. A further article empowered the Local Government Board to prescribe the conditions of transfer where the Board and Guardians failed to arrive at an agreement, but in their covering letter (22nd December, 1911) the Local Government Board expressed the hope that it might be found possible for agreements to be made in all cases where they were necessary, and that this article would not be required. The Special Committee reported that while it was probable that the unification of this work might lead to some reduction in the total accommodation required in London, yet, it was, in their belief, the view of the Local Government Board, and one in which they concurred, that no radical change in the way of closing many existing wards should be made until the Board had had some experience of the working of the new arrangements.

They therefore approached the question from the point of view of arranging a transfer wherever it was reasonably possible for the Board to adminster the casual ward. They considered each case on its merits, and they put their proposals before the Boards of Guardians concerned; in many instances they discussed the questions arising with the Guardians on the site, and, wherever possible, carried the matter to the point of agreement subject to confirmation by the Board.

Existing casual wards.

22. The casual wards were found to be divisible into the following groups, viz. :—

(*a*) Those separate and self-contained on sites detached from the workhouses or infirmaries of the Guardians :—

Bethnal Green	St. George-in-the-East
Bloomsbury	*St. Pancras
*Chelsea	Stepney
*Hackney	Southwark
Holborn	Whitechapel
Poplar	

* Part of the site used for other purposes

(*b*) Those erected on part of the site of the workhouse or other premises of the Guardians, but which were easily separable :—

Bermondsey	Paddington
Camberwell	S. Marylebone
Fulham	Shoredit h
Greenwich	Wandsworth
Kensington	Woolwich
Lambeth	

(*c*) Those entirely inside workhouse or infirmary premises :—

City of London	Mile End
Hampstead	Strand
Lewisham	S. George, Hanover Square

The Special Committee proposed that the casual wards in group (*a*) above, which were detached and self-contained should be conveyed to the Board, thereby vesting the legal estate in them, and that these should be included in Part I. of the Schedule of the Transfer Order; that the casual wards in group (*b*) and any in group (*c*) which might be transferred should be taken by agreement and included in Part II. of the Schedule.

Financial adjustments.

23. With regard to the financial adjustments, the view of the Local Government Board was expressed in the letter which they addressed to boards of guardians on the 11th November, 1911, to the effect that

> Where a casual ward has been provided at the cost of the Metropolitan Common Poor Fund, no payment of this kind (rent or other compensation) will be needed unless there is a loan outstanding, in which case the Managers might defray the annual charges in respect of the loan. Where the wards have been provided at the cost of the union or parish, the guardians and the Managers should arrange if possible, what the amount of annual compensation would be.

This principle was acted on in putting forward the proposals for transfer, except that in cases where the property was eventually conveyed to the Board, it was suggested that they should take over the outstanding balances of loans, if (as was assumed would be the case) the mortgagees would consent to the transfer.

24. The principle being conceded that the Board should defray the annual loan charges which the guardians were entitled to recover from the common poor fund, the terms of agreement in most cases presented

no difficulties as the net poor law expenditure of the metropolis would be unaffected by these payments being made through the Board. In all cases the cost of the buildings had been charged to the common poor fund. In several instances in groups (*b*) and (*c*) par. 22, the cost of the sites which formed part of the workhouse and infirmary sites had not been so charged, and in these it was agreed to pay a ground rent based on the approximate value of the site when first assigned for casual ward purposes. In all cases in which it was proposed to take the properties on agreements, the nominal rent of 1s. per annum was agreed where there were no outstanding balances of loans or where the balance had been paid off except where it was necessary to pay a full ground rent. Furniture had been charged in almost all cases; where it had not it was decided to pay a sum mutually agreeable. Adjustments were necessary between the guardians and the common poor fund where, as at Fulham, S. Pancras and Paddington it was decided that a part of the casual ward site or property charged to the common poor fund should be retained by the guardians for their own purposes.

Wards not transferred.

25. Four casual wards were not included in the transfer arrangements, viz., those of Hampstead, S. George's, Hanover Square, Mile End and the City of London. These wards were situated entirely within the confines of the workhouses or infirmaries of the guardians, without separate entrances or separate services, and with no means of effecting any separation. The difficulties in the way of the administration of these casual wards by the Board were such as to render their transfer unadvisable, and it was agreed that they should be retained by the guardians for other purposes. In other cases presenting special difficulties owing chiefly to the position of the casual ward in relation to other properties of the guardians, temporary agreements were entered into for the use of the wards by the Board in order that experience might be gained as to the extent of accommodation required under the new system, and as to the possibility of dispensing with the use of the buildings in question as casual wards. The Metropolitan Casual Wards (Transfer) Order was issued by the Local Government Board on the 28th March, 1912. In Appendix III. will be found a list of the 24 casual wards transferred with a brief summary of the financial terms of transfer.

Special Committee's second report.

26. A further comprehensive report was submitted to the Board by the Special Committee on the 9th March, 1912, dealing with the administration of the casual wards under the new system, which we refer to in the next section, and also with various outstanding points in connection with the transfer with the staff and with some other points of detail.

Staff.

27. Under Article IV. (2a) of the Metropolitan Casual Paupers' Order, officers and servants solely employed in connection with the relief of the casual poor became officers and servants of the Board on the transfer, and whole-time officers were transferred under the Order on the 1st April. In addition it was necessary to provide a staff for the Strand casual ward, hitherto worked by officers from the adjacent receiving workhouse, and to provide a few whole-time officers at other wards to replace assistance up to that time rendered from the adjoining workhouse of the guardians. The total number of whole-time officers to be employed in the 24 casual wards was computed at the time of transfer to be 104 classified as follow :—

Superintendents, male	24	joint appointments except in one case.
,, female ...	24	
Assistants variously named, male	35	
,, ,, ,, female	21	
	104	

Medical attendance. 28. With regard to medical attendance an arrangement was in some cases made whereby this is rendered by a medical officer of the guardians, the Board paying an apportioned part of his salary. In other cases an outside medical practitioner was appointed.

Final arrangements. 29. The Board proceeded with the erection of dividing fences or walls where these were necessary to separate the casual wards from adjacent institutions, and with the connection of the wards with the telephone exchange system where this had not already been done. The Special Committee was authorised to act as a Committee of Management from the 1st April, 1912, until the annual constitution of the committees of the Board in May, 1912, when the Casual Wards Committee was first appointed, consisting of the members named in paragraph 20 (except Messrs. Helby and Jackson Hunt), with the addition of Messrs. Cole and Cornell, Lord Donoraile, Admiral Henderson, the Rev. F. H. Hillersdon, Mr. Simpson, and the Hon. Maude Stanley. Dr. Gell was elected the first Chairman of the new Committee. These arrangements being completed, the 24 wards passed into the Board's control from midnight of the 31st March, 1912.

V.—THE BOARD'S POLICY AND EXPERIENCE.

Uniformity of administration. 30. From the outset we have taken the view, and consistently acted upon it, that the Board's duty was to provide for the uniform administration of the casual wards, so far as the conditions will allow, in strict accordance with the statutory regulations, contained either in Acts of Parliament or in administrative Orders issued by the central government department under the authority of these Acts.

The first resolution adopted by the Board with regard to the administration of the wards was

> That the regulations prescribed in the General Order of the Local Government Board dated 18th December, 1882, as subsequently amended with regard to the admission and discharge of casual paupers, be strictly carried out.

Only two or three minor points were, under these regulations, left to the Board's discretion to settle, including the hour of opening the casual wards (par. 11), which was fixed by the Board at 6 p.m., and in this connection it should be mentioned that the majority of the casual wards are provided with covered porches or shelters for persons waiting for admission. In the case of stonebreaking, it devolved upon the Board to fix the maximum quantities (par. 14), and these were fixed at 3 cwt. for inmates detained one night and 10 cwt. for each day of detention for inmates detained for more than one night. The casual wards continue to be staffed on much the same principles as heretofore. The posts of male and female superintendent at each ward constitute a joint appointment held by a married couple, while male and female day and night attendants are appointed in accordance with the size of the ward and the number of men and women admitted.

Great decrease in casual pauperism. 31. Past experience has shown that on most occasions when an Act has been passed or an Order issued by the Central Authority dealing with the treatment of vagrants, the number of vagrants has fallen to rise again gradually until the next Act or Order. It was only therefore in accordance with this experience that the number of inmates of metropolitan casual wards began steadily to decline from the date of the transfer of the wards to the Board on the 1st April, 1912. The decline is shown in detail in the statistical tables given in Appendix IV. and in the

chart, Appendix X., but it is of sufficient importance and extent to justify the repetition of some weekly figures in this place, viz. :—

	Number of inmates remaining in London casual wards on the last Friday in				
	Jan.	Mar.	June.	Sept.	Dec.
1909	1,143	1,150	1,172	1,202	754
1910	1,138	1,038	993	1,112	1,082
1911	1,151	1,114	924	1,068	975
1912	1,022	951	475*	629*	461*

Closing of casual wards.

32. The first result of this diminution in numbers was that with the approach of the summer holiday season, 1912, instead of engaging temporary staff to replace the permanent officers during their absence on leave, it was found possible to close some of the wards in July, August and September. Ten wards were closed from dates beginning on 11th July, and of these ten wards it has been unnecessary since to re-open six at all, viz. :—Kensington, Whitechapel, Southwark, Shoreditch, Stepney and Greenwich. In addition, the S. George-in-the-East Casual Ward has never been opened under the Board's control, as at the time of transfer the Guardians had just completed certain works in a manner which the District Surveyor declined to approve of, and the Board have not so far thought it necessary to incur the expenditure required to amend these works according to the District Surveyor's requirements.

Decreased accommodation available.

33. Thus of the 28 casual wards available on the 31st March, 1912, only 17 have been required since the summer of that year, and the comparative accommodation available is shown in the following table :—

	28 wards. 31 Mar., 1912.	17 wards. 31 Dec., 1912.
Men	1,256	826
Women	452	270
Double beds	117	76
Total	1,825	1,172

The requirement that each board of guardians in the metropolis should provide its own casual ward obviously precluded any general arrangement of wards in the most convenient situations throughout London, but in selecting the wards to be closed we have taken into consideration, as far as possible, the proximity of the wards to one another, and the distance to the nearest ward remaining open.

We have also instituted a system of transfer tickets, so that in the event of a vagrant or wayfarer applying for admission to a ward which is full, the superintendent ascertains by telephone the nearest ward with vacancies, and gives the applicant a ticket of admission for it

* After the transfer.

Causes of decrease.

34. The question is frequently asked as to the causes to which this very marked decline in casual pauperism in London is attributable, and we have no hesitation in expressing our view that the unification of the casual ward administration in the metropolis, the proper use of the powers conferred by the Orders, the treatment of London as a homogeneous whole, and the careful enforcement of the powers of detention in the case of applicants who resort to the wards more than once a month, have contributed in no small degree to the reduction, and have justified the anticipations that were entertained, and verified the forecasts of all those qualified to judge (many of which are quoted in this report) who have studied the problem. Doubtless the comparatively fine weather and the absence of a severe winter, together with improved trade conditions, have alike played their part in assisting the reduction. At the same time it must be remembered that the several years preceding 1912, for which figures are given in par. 31, have not been without their fine summers—notably that of 1911—and their moderate winters, and their periods of improved trade, but there has never before been in London a reduction of casual pauperism in any degree comparable with that effected since the 1st April, 1912. It might be thought that the reduction in the number of inmates in London Casual Wards would be accompanied by an increase in the numbers using the casual wards in the districts adjacent to the metropolitan area, but we are informed that a comparison of the numbers of vagrants in casual wards in the 12 unions adjoining London shows that the figures since the 1st April last have been about identical with the figures for the corresponding period of the previous year until towards the end of the year when they fell below them.

There is no doubt that not a few have been in the habit of using the casual wards not out of necessity, but as a sort of free hotel. The superintendent visiting officer of the London wards, in his evidence before the Departmental Committee, quoted the case of one vagrant—a man who carried boards—as saying that he could not get a lodging elsewhere as good as in the casual wards—

> I have got a nice hot supper, a nice hot bath, a nice clean bunk to sleep in and a clean shirt to put on . . .

There is no doubt that this man did not resort to the casual wards of necessity, and with many others, could afford to pay for a night's lodging. Many casuals apparently have money left at what they call "leaving places" in case of an emergency. Such persons have no doubt been discouraged from using the wards under the new conditions, and not least by the decision of the Board not to admit applicants found in possession of the price of a night's lodging. With them have gone others who would rather get work on their own account than endure the constant detention, with work, which frequent applications at the casual wards now entail. Not only, as we have already pointed out, has there been no increase in numbers in casual wards round the London area, but the figures given in a subsequent paragraph of the census of homeless persons in London show that there has been no increase but rather a decrease in the numbers in common lodging houses, and we may therefore hope that some proportion of those who have disappeared from the casual wards have been given sufficient stimulus by the altered conditions to find work for themselves and to regain their status as normal citizens.

Classes of inmates.

35. This brings us naturally to the question of the types who still use the casual wards, and we cannot do better than classify them under the four groups given nine years ago by the Departmental Committee. First there is the bona fide working man in search of work, and we have no reason to doubt the estimates which placed the proportion of this class at under 3 per cent. of the whole. Secondly come those who undertake casual labour for a short time, but will not or cannot undertake continued

work. This type soon degenerates into the habitual vagrant unless deterred, as we hope under present conditions he is being, from the continual frequenting of casual wards.*

The third class is the " work-shy " or habitual vagrant who professes to look for work but has no desire to find it. Amongst this number are many who although strong and able-bodied deliberately embark upon a career of idleness and of alternation between casual ward and prison at such an early age as 20 years. They are often qualified and able to work and have been assisted over and over again until they are given up as hopeless and their papers marked " prefers to walk the streets." Further reference is made to this class of habitual vagrants in the section discussing the question of punishments, where it is pointed out that neither casual ward nor prison exercises the slightest punitive or deterrent effect. It is certain that the community need have no compunction about applying to this class so called severe measures of compulsory detention and work for indefinite periods, and the complaint may well be remembered that for vagrants

> who will not have households of their own, who have but one object in all their wicked and perverse lives—to exist without work at the expense of their industrious neighbours—we are taxed to provide board and lodging.

Lastly, there is the class of old and infirm persons who are unemployable, who cling to the little liberty left to them by going from casual ward to casual ward in preference to entering the workhouse infirmaries. Between the 1st May and the 31st December, 1912, 33 men over 50, including 12 over 60, were admitted from 40 to 54 times each in the casual wards, and 9 women aged from 50 to 70 years were admitted over 40 times each.

Reduction in cost.

36. The reduction in numbers and the closing of wards has inevitably involved reduction in expenditure, though this aspect cannot fully be dealt with until a financial year has been completed. We have found it very difficult to ascertain with any degree of exactitude the cost of the casual wards prior to the transfer owing to the complication of the accounts with those of the guardians' other institutions. Many services—both as regards personnel and material—were supplied in part or wholly from the adjacent workhouse or infirmary, and no separate charge made against the casual wards or claimed from the metropolitan common poor fund. Without allowing for this it appears that a reduction in cost of some £2,000 per annum has so far been effected on the maintenance of inmates and upkeep of buildings, besides other items in respect of unoccupied wards.

Registration of vagrants.

37. We refer under the heading of detention to the institution of the new central register. For some time prior to the transfer of the casual wards, the Local Government Board had been assisted in their consideration of the question of the homeless poor by an advisory committee formed by that Board's Metropolitan Poor Law Inspectors, Sir Arthur Downes and Mr. J. S. Oxley, presided over by Mr. Oxley, and consisting of representatives of government departments, the police and the various voluntary agencies dealing with the subject. A register of destitute persons had been

* Though it does not strictly come within the period comprised in this report mention may be made of the inauguration of more definite and organised collaboration with philanthropic agencies, started at Easter, 1913, which is specially directed to the relief of the first of these classes so as to prevent as far as possible their becoming inmates of casual wards at all, and of such members of the second class, male and female, as appear helpable and reclaimable. Reference is made to this work in the Supplemental Note (p. 82), and we hope to give a more ample account of it in our next annual report.

started under Mr. Oxley's direction, this register including not only the frequenters of casual wards, but also habitual beggars and vagrants, of whom particulars were supplied by the agencies to which such persons were well known. We readily acceded to the suggestion that this register should be transferred to the Board and be kept by them in conjunction with their register of casual paupers, and we hope that in time it will prove useful for reference purposes to those agencies receiving applications for assistance.

VI.—DETENTION AND TASKS.

Special need for uniformity.

38. We devote a separate section to the questions of detention and tasks, which have afforded especial opportunities in the past for much diversity of practice. So long ago as 1896 the Local Government Board addressed a circular letter to the Boards of Guardians pointing out that the prescribed regulations had been in many instances entirely disregarded or only partially complied with, that the intention with which they were framed was frustrated when inmates were discharged on the first morning after admission without an adequate task of work being required from them ; and that whilst all due consideration should be given to those who were bona fide in search of work, the arrangements should not be such as to encourage the habitual vagrant to frequent the casual wards. The Board stated that where there had been agreement over a given area that the regulations should be stringently enforced, a large reduction in the number of vagrants in that district had ensued, and they urged that with this view the powers already vested in the Guardians should be duly exercised. In their letter dated 13th November, 1911, forwarding the new Order, the Local Government Board said

> uniformity of adminstration is of the first importance more especially as regards the treatment of the habitual vagrant.

Detention.

39. The whole of the metropolis has since 1882, under section 4 of the Casual Poor Act of that year, been regarded as one union for the purpose of the detention of casuals, so that anyone resorting more than once in a month to any casual ward within the metropolis was liable to be detained for 4 nights. Since 1891 a small staff of visiting officers, appointed by the Local Government Board, have regularly inspected the wards and identified the vagrants liable to this detention. This means of identification, though all that was possible under the old conditions, was necessarily a haphazard method of carrying out the provisions of the Casual Poor Act, and depends for its success on the memories for faces of the visiting officers.

New central register.

40. One of the first steps taken after the transfer was the institution of a central register of all admissions to the casual wards. Every morning the head office receives from each casual ward particulars stating the name, age, place of birth and occupation of each new admission. After comparison with the register a list is telephoned to each superintendent of those whom he has to detain (vide par. 13). The institution of this register has proved so effective a means of identifying applicants that it has been unnecessary to retain the staff of visiting officers for this purpose. The number of detentions for four nights during the period from 1st April to 31st December, 1912, amounted to 21,538, of which details are given in Appendix V., compared with 16,976 identifications in 1911, and an average of 20,000 per year during the previous 5 years. Considering the readiness of the average inmate to give false particulars it is surprising how seldom they manage to conceal their identity and a few prosecutions for the offence of giving a false name appear to have had considerable effect.

Tasks.

41. It is recognised that the question of tasks presents difficulties. The Departmental Committee pointed out that the evidence submitted to them showed that the efforts made to ensure that the task was fair to the vagrant and sufficiently hard to be a deterrent had not been successful; that a task of stone-breaking or oakum picking, which would be impossible for the beginner, is mere child's play to a vagrant who has served a long apprenticeship, and that the quality of the stones varied. They further noted that the object of the task was not only to deter the vagrant, but to obtain some return from him for the cost of his food and lodging and, in some cases at any rate, the work done is unremunerative. Against this must be placed the great difficulties in the way of finding suitable tasks for persons, often without any training, who are detained for the short periods prescribed by law. It has been pointed out that there would be a saving of time and trouble in the management of the wards if a task could be dispensed with, but experience has proved conclusively that work acts as a deterrent and that without it the wards would be nothing but free hotels, provided for the encouragement of an increasing army of loafers at the expense of the ratepayers. The Prison Commissioners are credited with putting prisoners to much more remunerative work than stone-breaking and oakum picking, but then so too do the Board with the feeble-minded in their industrial colonies. The determining factor is clearly length of stay or previous training, and it is understood that in prison no substitute for oakum picking has been devised for the untrained with very short sentences. The subject is one which will have our close attention, and meantime we hope to place the work of oakum picking, stone-pounding and stone-breaking on as businesslike and remunerative a basis as possible. We have also re-opened the corn-grinding section of the S. Pancras casual ward, which has been closed for some time past, and have arranged for the products of this work to be utilised in the Board's asylums. In the allotment of tasks a certain discretion is in the hands of the superintendents, and arrangements have been made, as recommended by the Departmental Committee, for the opinion of a medical practitioner to be obtained in any case of doubt as to the fitness of a man to perform his task. In case of severe illness the inmates are sent to the infirmary of the guardians. In four of the transferred casual wards there were no facilities for stone-breaking or stone-pounding. One of these, Whitechapel, was soon closed, and two others are in the central London area and their accommodation is used partly for elderly vagrants and partly in connection with the homeless poor scheme dealt with in a later section.

All the wards except two (one of which is Whitechapel) are built on the cellular system and from our short experience we are convinced that this system is a great advantage in casual ward administration, as tending to prevent contamination of the younger men through association with habitual vagrants and to ensure privacy to genuine wayfarers.

VII.—PUNISHMENT OF OFFENDERS.

Vagrancy offences.

42. As already indicated (par. 4) persons committing vagrancy offences are liable under the Vagrancy Act, 1824, as subsequently amended, to punishment either as

(i.) idle and disorderly persons;

(ii.) rogues and vagabonds;

(iii.) incorrigible rogues.

As affecting inmates of casual wards the offences and their punishments may be briefly summarised as follows:—

IDLE AND DISORDERLY PERSONS who may on conviction be sentenced to not more than one month's imprisonment with hard labour, include any inmate who

(i.) absconds or escapes from or leaves any casual ward before he is entitled to discharge himself ;

(ii.) refuses to be removed to any workhouse or asylum under the provisions of the Act ;

(iii.) absconds or escapes from or leaves any workhouse or asylum during the period of his detention therein ;

(iv.) refuses or neglects, whilst an inmate of any casual ward, workhouse or asylum, to do the work or observe the regulations prescribed ;

(v.) wilfully gives a false name or makes a false statement for the purpose of obtaining relief ;

ROGUES AND VAGABONDS who may on conviction be sentenced to not more than 3 months' hard labour, include any inmate who

(i.) commits any of the offences before mentioned after having been previously convicted as an idle and disorderly person ;

(ii.) wilfully destroys or injures his own clothes or damages any of the property of the guardians.

INCORRIGIBLE ROGUES include any of the foregoing offenders on their third conviction and they are liable at quarter sessions to imprisonment for 12 months with hard labour.

Casual wards v. prisons.

43. It is frequently remarked that many vagrants appear to prefer prison to a casual ward. As the inference sometimes drawn is unfavourable to casual ward management, it is worth noticing that the undoubted liking which exists among habitual vagrants for a change from the casual ward to prison and back again in preference to a series of unbroken visits to casual wards is no new thing, but has been remarked on for many years past. In 1848 when there was no discipline and very little work in casual wards, a general Inspector of the Poor Law Board reported that vagrants assigned as a reason for refusing to work that they wished to lay up for a fortnight in gaol.

Another Inspector said—

> The most frequent act which incurs the interference of the police with tramps is window breaking, for which numbers are committed from almost every union workhouse, and the opinion among officers who are connected with them is almost unanimous that the object of this offence is to obtain a short imprisonment. Tearing clothes is another act for which they are frequently punished and for which they have an additional motive to get a better suit of clothes.

Another witness reported that

> the professional tramp is the most hopeless class of prisoner met with. He looks upon prison as a house of rest and refreshment and uses it freely for such purposes, deliberately committing offences in order that he may be sent there.

The subject was considered in much detail by the Departmental Committee. They came to the conclusion that this, at first sight, strange choice by the vagrant was no reflection on the casual ward system, but that it was strong evidence that imprisonment under present conditions was an inadequate mode of dealing with persons committing vagrancy offences. Especially was this so with regard to short sentences of imprisonment, but they were further convinced that

> even with longer sentences prison treatment was in most cases wholly unsuitable for persons of this class.

Cases have been brought to our notice of men who deliberately alternate between casual ward and prison, taking care to qualify for a sentence of at least three months, which secures for them, on good behaviour in prison, a gratuity of 10/– on discharge. Having spent their money on a short-lived holiday, they revert to the casual wards and repeat the cycle of conviction, prison, gratuity and debauch.

Prosecution statistics.

44. In Appendix VI we give a statement of the inmates charged at metropolitan police courts between the 1st April and 31st December, 1912. The figures may be summarised here as follow :—

Refusing to work	424
Neglecting to work	119
Absconding	27
Destroying clothes	40
Wilful damage	22
Other offences	65
	697

Of these 661 were convicted and 36 discharged.

The comparative figures for the previous 6 years are given in the following table, viz. :—

Year.	Convicted.	Discharged.	Total.
1906	892	35	927
1907	674	15	689
1908	725	28	753
1909	571	19	590
1910	552	19	571
1911	354	24	378

Disparity in sentences.

45. There is a remarkable and, as we think, regrettable disparity in the sentences given, and it is still true, as stated to the Departmental Committee, that

> a man tears up his clothes and he goes before a certain magistrate and gets three days perhaps ; at the most seven. He will go before another magistrate and he is bound to get a month ; if it is his second time he will get three months

In this connection we give in Appendix VII. six instances which have come to our notice, as examples of many others, which are conclusive as to the little value to be attached to the present system of dealing with the habitual vagrant. These instances may be summarised as follows :—

Initials.	Age stated on first conviction.	Date of first conviction.	Total number of convictions.	Details of Offences.										Details of sentences.
				Refusing or neglecting work.	Wilful damage.	Destroying clothes.	Absconding.	Refractory conduct.	Making false statement.	Refusing work and wilful damage.	Refusing work and absconding.	Refusing work and making false statement.	Assault.	
G.S.	49	11 Nov., 1899	46	40	2	1	...	1	1	1	...	...	...	Up to Jan., 1902, sentences varied from 5 days to 3 months. Since then, among other sentences, there have been 4 of 12 months. 1 of 9 ,,
W.P.	36	5 May, 1898 ...	44	42	...	...	1	1	...	...	...	...	...	Up to Oct., 1901, sentences varied from 7 days to 3 months. Since then, among other sentences, there have been 8 of 12 months. 1 of 6 ,,
H.A.	20	4 Nov., 1890 ...	34	25	5	...	1	...	...	2	1	...	...	Up to Oct., 1903, sentences varied from 7 days to 2 months. Since then, among other sentences, there have been 7 of 12 months.
C.E.C.	25	19 April, 1895	32	31	...	...	...	...	...	...	...	...	1	Up to May, 1897, sentences varied from 10 days to 3 months. Since then, among other sentences, there have been 6 of 12 months. 1 of 8 ,, 2 of 6 ,,
J.D.	36	31 Dec., 1901	19	16	...	2	...	...	...	...	...	1	...	Up to June, 1903, sentences varied from 7 days to 2 months. Since then, among other sentences, there have been 2 of 12 months. 1 of 10 ,, 2 of 6 ,, 1 of 4 ,,
J.G.	35	6 Nov., 1909 ...	11	11	...	...	...	...	...	...	...	...	...	Up to June, 1910, sentences varied from 14 days to 3 months. Since then there have been 2 of 12 months. 1 of 7 ,, 1 of 6 ,,

Labour colonies.

46. The remedy proposed by the Departmental Committee was the establishment of compulsory labour colonies, and this proposal has been and is being supported by the guardians of the poor and others dealing with vagrancy in increasing numbers. There is no doubt that some system of indeterminate compulsory detention in a labour colony is practically the only measure left to be tried in this country, but experience abroad where labour colonies are in being on a large scale tends to prove that they have very little reformatory effect and that, as a general rule, the same individual returns again and again. The best known and largest of these colonies is that at Merxplas in Belgium. The weight of expert opinion is that such colonies are only a means of keeping out of sight and out of mischief the tramps and beggars from the street, and of compelling them to do some work.

Their best effect is perhaps as a deterrent on the rising generation and they are of value in this way as is every measure which tends to discourage a young man from drifting into the vagrant life.

VIII.—HOMELESS POOR AT NIGHT.

Scheme for dealing with central area.

47. Reference has been made in a previous paragraph (37) to the work of the Metropolitan Poor Law Inspectors' Advisory Committee on the homeless poor which was joined after the transfer of the casual wards by the Chairman of the Board and by our Chairman. This committee took into consideration the question of dealing with the homeless poor at night, beginning with a selected area in the metropolis, and particularly with the Embankment where the loitering and sleeping-out of large numbers of persons at night had been for some time a notorious evil. The committee directed their endeavours towards a scheme of co-operation between various authorities and charitable agencies which would secure that every such person would have the offer of lodging and food for the night. The committee, through their chairman, Mr. Oxley, approached us with a view to the Board undertaking the administration of the scheme.

Details of scheme.

48. It was proposed in the first instance that this experimental scheme should be applied only in that area of the metropolis which is assigned to Division A of the Metropolitan Police, together with such part of the area assigned to Division E as lies south of Oxford Street, that is, the district between the Thames and Oxford Street, and between Vauxhall Bridge Road and the city boundary (the Temple).* The Commissioner of Police offered to arrange that police constables on duty between 10 p.m. and 2 a.m. should carry tickets to be handed to persons who they found were without shelter. The tickets were small and quite simple in form, containing directions to apply at the night office, the number of the constable and the date, and they could not be used for begging purposes. No voluntary agency or casual ward could undertake to receive an unlimited number of cases, and it was therefore impossible to arrange that the recipient of the ticket should proceed direct to any one shelter or ward and be assured of admission there. To meet this difficulty it was decided to open a small office at night at a convenient place within the selected area, to place an officer in attendance at this Office for a fixed time each night, and to connect the office with the general telephone system. To this office persons who had received tickets from the police would proceed, and the officer in charge who would know what accommodation was at his disposal would interview each recipient separately and would decide which

* Since extended to an area which may be described as that part of London between the river and a line drawn from Blackfriars Bridge through King's Cross, Baker Street and Hyde Park Corner to Vauxhall Bridge.

institution would be most suitable for his case, and would give him an order of admission accordingly. This order would be available for a period sufficiently long to enable the holder easily to reach his destination within the time specified. The applicant would then proceed to the agency indicated, and would be sure of admission. In the event, however, of the officer forming the opinion that the applicant was not suitable for admission to any of the co-operating voluntary institutions, he would give him an order for casual ward, having ascertained by telephone that there was room for him. Thus the police would know that every one to whom they gave a ticket for the night office would be assured of food and shelter and they would be enabled to deal more stringently with those who did not avail themselves of the opportunity offered.

Advantages of scheme.

49. There could be little doubt that such a scheme would result in greatly strengthening the hands of the police in dealing with the offence of sleeping out. Hitherto, the police have hesitated to proceed against those sleeping out in view of the absence in many cases of suitable accommodation for such persons. Further, if it should be deemed necessary at some future date to press for more stringent legislation with the object of suppressing the evil of sleeping out, the case could be presented with greater force than at present, for it could be shown that adequate provision had been made to secure shelter for homeless persons, and it could be urged that to complete the remedy for the evil the legislature must give the police such power as would enable them to deal effectively with those who neglect to make use of the available shelter.

The scheme carried out.

50. The Board agreed on our recommendation to undertake the management of this scheme and steps were taken to give effect to it. Some little difficulty was experienced in securing a suitable central office, but this was overcome through the ready assistance of the Port of London Authority, who kindly placed at the Board's disposal the disused Waterloo steamboat pier near Waterloo Bridge. A suitable office was equipped and waiting accommodation provided on the pier. The officer we selected to take charge of the office was a casual ward superintendent of sound judgment and much experience of the vagrant class, which enabled him to recognise many of the applicants. The scheme was brought into operation on the night of the 30th October. Its working is of sufficient general interest to justify us in giving in Appendix VIII. detailed statistics of the numbers dealt with to the end of the year. The applicants on the first night or two considerably exceeded expectations, but many were no doubt drawn to the pier by the prospect of something new and by the desire to see what was to be given away. The numbers fell steadily after the first two nights, and subsequently some prosecutions were undertaken by the police when, as was anticipated, the production of evidence that the offender was offered bed and board was a material factor in securing conviction. It is too soon to judge with certainty of the success of the scheme, but appearances all point to its answering the hopes which had been formed of it, and to the fact that the replacement of the indiscriminate charity to which the vagrant regiment on the Embankment had become accustomed, and which had led to the recruiting of its numbers, by an organised scheme in which all interested parties cordially and loyally co-operated, will put an end to a growing evil in the heart of London. A large measure of the work which has devolved upon voluntary agencies has been carried out by the Salvation Army and the Church Army, while the Morning Post Embankment Home and the Willow Street Mission have also accepted suitable cases. Many other bodies have expressed their willingness to co-operate and have given the Advisory Committee the benefit of their presence and advice, but in most cases their homes and shelters have been too far from the scene of operations to render them available for the purposes of the scheme.

Extent of problem.

51. The extent of the problem to be dealt with may best be indicated by giving the figures of the census which has been taken annually in February for some years past under the supervision of the Medical Officer of the London County Council, and though just outside the period covered by this report we include the figures for the census of 1913.

Number of persons found homeless at night.

Date.	Men.	Women.	Young persons.	Total.
29th January, 1904	1,563	184	50	1,797
17th February, 1905	1,869	312	—	2,181
8th February, 1907	1,998	402	4	2,404
15th January, 1909	566 / †1,629	170	23	2,388
18th February, 1910	732 / †1,778	220	17	2,747
17th February, 1911	768 / †694	256 / †65	2	1,785
9th February, 1912	758 / †220	213 / —	12	1,203
14th February, 1913	370 / †152	121 / †6	—	649

NOTE.—When two sets of figures are shewn in brackets for any one year, the uppermost set denotes the number of persons presumably homeless actually found in the streets. The figures marked with a dagger relate to persons who were accommodated for a few hours in a shelter but were not provided with beds.

The great reduction of persons in the street as shewn by the last census provides independent testimony to the success of the scheme. In Appendix IX. we reprint from the County Council census some further statistical tables of interest bearing on this question.

IX.—CONCLUSION.

The progress made.

52. Much we think has been achieved during the first nine months after the transfer of the casual wards to a central authority, and much remains to be done. In the former category we may fairly place the reduction in casual pauperism in London by nearly 50 per cent. without so far as can be ascertained adding to the burden of the community in any other direction. The reduction in numbers has been accompanied by a substantial reduction in the cost. The institution of central registration, the organised efforts for discrimination and the co-operation with voluntary agencies, and the carrying out of the homeless poor night scheme are all considerable steps in advance which have only been rendered possible by the unification of the administration of the casual wards. We hope with time to be able to extend and advance these plans to a degree that has not been possible in the time so far at our disposal, and we trust that the results of our experience will be of use when the time comes for further legislation on vagrancy, and that meantime it will be utilised in other parts of the country for such reforms as may be possible without legislation.

53. We desire to express our indebtedness in many directions for much help and advice. In the first place it is to the action of the President of the Local Government Board (the Rt. Hon. John Burns, M.P.) that the whole reform owes its inception, and his presence at meetings of the Advisory Committee and

his constant interest in the work have been most welcome and encouraging. Mr. J. S. Oxley, Local Government Board Inspector, and Chairman of that Committee, very kindly attended our meetings, and his advice freely placed at our disposal on many important details connected with the transfer of the wards and the inauguration of the new work, as well as later on with the development of the homeless poor scheme, has been of the greatest assistance. The Clerk to the Board (Mr. T. Duncombe Mann) devoted much personal attention to this work, and in dealing with the many legal and technical details connected with the transfer of the wards and in the initiation of the new régime his ability and experience proved of the greatest value.

We have already acknowledged the help we have obtained from the valuable report of the Departmental Committee of 1904, from which we have freely quoted, and we wish again to acknowledge the cordial support at all times forthcoming from the voluntary agencies co-operating with us.

We cannot close this report without placing on record our high appreciation of the services of our Chairman, Dr. H. Willingham Gell, who has throughout ungrudgingly devoted his time and attention to the principles and details of this work, and whose labours have so materially contributed to the celerity and smoothness which characterised the transfer of the casual wards to the Board, and to the large measure of success which we venture to think has attended this important new branch of the Board's work.

Appendices.

54. The following appendices are submitted with this report, viz. :—

I. Metropolitan Casual Paupers' Order, 1911.

II. List of Casual Wards.

III. Summary of Financial Particulars relating to the transfer.

IV. Statistics of admissions and discharges and of inmates remaining on Friday nights.

V. Statement of inmates detained until the fourth morning after admission.

VI. Statement of inmates charged at the metropolitan police courts.

VII. Particulars of convictions of six habitual vagrants.

VIII. Return of persons dealt with under the scheme for providing for the homeless poor at night.

IX. Statistics extracted from the report by the medical officer of the London County Council on the census of homeless poor in London.

X. Chart showing the rise and fall of casual pauperism in the metropolis during the last three years.

(Signed) H. WILLINGHAM GELL,
Chairman.

SUPPLEMENTAL NOTE.

The period covered by this report ended on the 31st December, 1912. In the time which has elapsed between that date and the publication of the report, June, 1913, the effect, as noted in it, of the unification of the casual ward management and the operation of the scheme for dealing with the homeless poor at night has been maintained.

The decline in casual pauperism in London has remained constant through the winter and spring as the following figures show, viz. :—

	Number of inmates of casual wards on the last Friday in				
	Jan.	Feb.	March.	April.	May.
1911	1,151	1,181	1,114	1,092	916
1912	1,022	1,049	951	736	742
1913	617	527	602	454	334

The homeless poor scheme has continued to work satisfactorily. The following is a summary of the statistics of cases dealt with from January to May, 1913, inclusive :—

	Men.	Women.	Children.	Totals.
No. of applicants	5,840	129	6	5,975
,, referred to charitable agencies ...	2,832	70	1	2,903
,, referred to casual wards	3,008	59	5	3,072
,, admitted to charitable agencies ...	2,722	53	1	2,776
,, admitted to casual wards	1,811	25	5	1,841

As we hoped in 1912 would be the case, the various philanthropic agencies co-operating with the Board and the police in the homeless poor scheme have been brought more definitely and systematically into touch with the casual wards. In March a circular letter was sent to the superintendents explaining the arrangements that the several agencies had agreed to make to receive deserving cases from the casual wards, and impressing on them the necessity of seeing that all helpable cases should receive assistance and the desirability of doing all that is possible to prevent young persons of either sex drifting into the vagrant life.

Much good work has already been done in this direction, and expressions of gratitude have been received from persons who have been tided over their difficulties and enabled to make a fresh start. We shall hope in our next annual report to give fuller details of this work.

APPENDIX I.

THE METROPOLITAN CASUAL PAUPERS ORDER, 1911.

10 *November*, 1911.

To the Board of Management of the Metropolitan Asylum District :—

To the Guardians of the Poor of the several Poor Law Unions comprised in the said district :—

And to all others whom it may concern.

Whereas by Section 5 of the Metropolitan Poor Act, 1867, Asylums to be supported and managed according to the provisions of that Act may be provided for the reception and relief of the sick, insane, or infirm, or other class or classes of the poor chargeable in Unions and Parishes in the Metropolis ;

And whereas in pursuance of Section 6 of that Act the Poor Law Board by their Order dated the 15th day of May, 1867, directed that the Unions and Parishes mentioned in that Order should be combined into a district, to be termed the Metropolitan Asylum District (hereinafter referred to as " the Asylum District ") for the reception and relief of the several classes of poor persons mentioned in the Order, chargeable to some Union or Parish within the Asylum District, and that a Board of Management (hereinafter referred to as " the Managers ") should be constituted for the Asylum District ;

And whereas Section 10 of the Pauper Inmates Discharge and Regulation Act, 1871, provides that where any district thereafter formed by the Local Government Board for the relief of the casual poor or any other class or classes under Section 6 of the Metropolitan Poor Act, 1867, is conterminous with any district previously formed under the same section for the relief of some other class or classes, the Board may by Order direct that the managers of any such last-mentioned district shall be the managers also of all or any of the districts conterminous with it which may be subsequently formed, and the expenses of providing any asylum for the reception and relief of the casual poor under Section 5 of the Metropolitan Poor Act, 1867, and the maintenance of such poor therein, shall be repayable in like manner as expenses for the provision of wards for the same class of poor under Section 69 of the said Act ;

And whereas it is expedient to form for the relief of the casual poor a district which shall be conterminous with the Asylum District ;

And whereas various buildings have been set apart and provided with the approval of Us, the Local Government Board, or Our predecessors, as casual wards for the purposes of the Metropolitan Houseless Poor Acts, 1864 and 1865, and the said buildings are in use as Workhouses of the several Poor Law Unions in the Metropolis ;

And whereas it is expedient that further provision should be made in the matter as hereinafter set forth :

Now therefore, We, the Local Government Board, in pursuance of the powers given to Us by the Metropolitan Poor Act, 1867, the Pauper Inmates Discharge and Regulation Act, 1871, and of every other power enabling Us in that behalf, hereby Order and Direct as follows :—

ARTICLE I.—This Order shall come into operation from and after the Thirty-first day of March, One thousand nine hundred and twelve.

ARTICLE II.—In this Order—

The expression " casual pauper " means any destitute wayfarer or wanderer applying for or receiving relief ;

The expression " casual ward " means any ward or wards, building, or premises set apart or provided for the reception, relief or employment of casual paupers by the Board of Guardians of any Poor Law Union situate within the Metropolis ;

The Interpretation Act, 1889, applies as it applies to an Act of Parliament.

ARTICLE III.—A district conterminous with the Asylum District shall be formed under Section 6 of the Metropolitan Poor Act, 1867, for the relief of the casual poor (hereinafter referred to as "the District"), and the Managers of the Asylum District shall be the Managers of the District.

ARTICLE IV.—(1) Subject to such conditions and regulations as We may hereafter by Order prescribe, the casual wards to be specified in the Schedule to such Order, together with all separate entrances thereto, and the yards and outbuildings usually occupied or used in connection therewith, respectively, shall, with such alterations and additions as We may from time to time declare to be necessary, be used for the asylum or asylums for the casual poor and shall be for the common use of the District.

(2) Subject to any special terms or conditions which may be agreed upon with Our consent :—

(*a*) All the officers and servants of the Guardians of any such Poor Law Union as aforesaid who at the date when this Order comes into operation are solely employed in connection with the relief of the casual poor in such Poor Law Union shall become the officers and servants of the Managers, but shall hold their offices by the same tenure as at that date, and shall receive not less salary than they were at that date receiving.

(*b*) The Managers may arrange with the Board of Guardians of any such Poor Law Union as aforesaid for the joint employment by the Managers and the Board of Guardians of any of their respective officers and servants. Pending the completion of any such arrangement, the officers and servants who do not become officers and servants of the Managers by virtue of this Order shall be deemed to remain in the employment in which they are engaged immediately prior to the date when this Order comes into operation.

ARTICLE V.—Subject to the provisions of any statute, order, or regulation which has been or may hereafter be passed or made, Our Order dated the Eighteenth day of December, One thousand eight hundred and eighty-two, prescribing Regulations with respect to casual paupers shall apply and have effect in the District as if in that Order references were made to the asylums instead of to casual wards, and as if the Managers and the appropriate officers of the Managers were referred to instead of the Guardians and the Master and Matron of the Workhouse respectively.

ARTICLE VI.—Every casual pauper who may become an inmate of an asylum shall be deemed to have been sent to the asylum from the Parish in which his application for relief was made, or, if no application for relief was made by him, from the Parish from which he was in fact removed into the asylum.

ARTICLE VII.—In the event of any difference arising between the Managers and the Guardians of any Poor Law Union in reference to any matter provided for in this Order the difference shall be settled as We may determine.

ARTICLE VIII.—This Order may be cited as the Metropolitan Casual Paupers Order, 1911.

APPENDIX II.

LIST OF CASUAL WARDS TRANSFERRED TO THE METROPOLITAN ASYLUMS BOARD ON 1st APRIL, 1912.

Casual ward.	Address.	Accommodation.			Superintendent.
		Men.	Women	Double beds.	
E. & N.E. District—					
Shoreditch ..	Reeves Place, Hoxton Street, N.	30	9	4	..
Bethnal Green ..	Hollybush Gardens, Bethnal Green Road, N.E.	13	6	2	G. STUBBINGTON
Hackney	Gainsborough Road, Hackney Wick, N.E.	62	32	6	M. WILLCOCK (Acting)
Stepney	Eastfield Street, Limehouse, E.	34	12	4	B. COSH
Poplar	St. Leonard Street, Bromley, E.	48	8	3	A. C. MANSELL
St. George-in-the-East	Raymond Street, Wapping, E.	84	13	4	M. WILLCOCK
Whitechapel ..	Fulborne Street, Whitechapel, E.	55	30	—	R. ALLINGHAM
Central District—					
Strand	Sheffield Street, Clare Market, W.C.	94	29	7	G. PARKER
Holborn	Little Gray's Inn Lane, Gray's Inn Road, E.C.	48	24	4	S. D. HOOPER
Bloomsbury ..	Macklin Street, Drury Lane, W.C.	52	18	5	J. R. TUMMAN
W. & S.W. District—					
Chelsea	Milman's Street, Chelsea, S.W.	48	12	6	P. J. RICE
Fulham	Margravine Road, S.W.	42	21	4	J. B. REID
Kensington ..	Mary Place, Notting Hill W.	40	14	6	..
Wandsworth ..	Swaffield Road, Garratt Lane, Wandsworth, S.W.	42	13	—	T. A. COLLEN
N.W. District—					
St. Pancras ..	Holmes Road, Kentish Town, N.W.	48	12	6	J. MURTHWAITE
St. Marylebone ..	29, Marylebone Road, N.W.	65	26	3	E. CARTER
Paddington ..	Woodfield Road, Harrow Road, W.	50	11	4	C. ROACH
S.E. District—					
Lambeth	Wincott Street, Kennington Road, S.E.	40	32	6	E. BONE
Southwark ..	Gt. Guildford Street, S.E.	54	26	5	A. MACKELLAR
Bermondsey ..	Lower Road, S.E. ..	40	8	4	H. SEATON
Camberwell ..	Albert Road, Peckham, S.E.	39	15	8	W. H. BOYLAND
Greenwich ..	Woolwich Road, S.E. ..	36	10	6	..
Lewisham ..	High Street, Lewisham, S.E.	30	16	8	R. BOWLER
Woolwich ..	Hull Place, High Street, Plumstead, S.E.	42	5	5	J. BOWE
	Totals ..	1,136	402	110	

N.B.—The following casual wards, which had accommodation for 177 inmates, were not transferred to the Board, viz. :—Mile End, City of London, St. George, Hanover Square, and Hampstead.

APPENDIX III.

SUMMARY OF FINANCIAL PARTICULARS RELATING TO THE TRANSFER OF THE CASUAL WARDS TO THE BOARD.

GROUP A.—Separate properties conveyed to the Board and included in Part I. of the Schedule of the Metropolitan Casual Wards (Transfer) Order 1912.

Casual Ward.	Outstanding balances of loans on 31st March, 1912, taken over by the Board.	Cash payments (if any).
	£ s. d.	£ s. d.
Bethnal Green	6,030 7 4	..
Bloomsbury	Nil.	..
Chelsea	6,469 12 10	243 2 7(*a*)
Hackney	26,290 4 8	2,384 8 8(*b*)
Poplar	6,378 16 8	20 0 0(*c*)
St. Pancras	9,242 15 0	..
Stepney	7,213 1 10	..
Southwark	7,853 18 4	..
Whitechapel	Nil.	..
Total	69,478 16 8	

(*a*) In respect of instalments of capital of loan of £1,220 repaid by Guardians and not charged to common poor fund.

(*b*) In respect of amount of loans repaid by Guardians and other expenditure out of Union funds, less amount to be credited to common poor fund by Guardians.

(*c*) For shed.

GROUP B.—Casual Wards taken over by the Board under agreement and included in Part II. of the Schedule of the Metropolitan Casual Wards (Transfer) Order, 1912, the Board to repay Guardians' Annual Charges in respect of outstanding balances of loans so long as they occupy the Wards.

Casual ward.	Outstanding balances, 31st March, 1912.	Annual ground rents (other than nominal ones).	Other payments.
	£ s. d.	£	
(*a*) Holborn ..	9,555 13 4	350	
(*e*) Bermondsey ..	Nil.	5	..
(*e*) Camberwell ..	Nil.	25	£84 per annum for disinfection, steam and hot water and £25 for sheds.
Fulham ..	523 18 0	..	..
Greenwich ..	Nil.	..	..
Kensington ..	Nil.	12	£2 per annum for use of weighbridge.
(*f*) Lambeth ...	Nil.	36	...
(*e*) Lewisham ...	531 0 0	...	...
Paddington ...	7,100 0 0	...	...
(*e*) (*b*) St. Marylebone	...	...	...
(*e*) Shoreditch ...	652 10 0	...	...
(*e*) Strand	4,233 9 4	...	For steam and hot water (*c*)
Wandsworth ...	1,479 10 11	30	...
Woolwich ...	543 7 9	15	£75 for furniture.
Total (*d*) ...	24,619 9 4	...	...

(*a*) This is a separate property, although it appears in this group.
(*b*) Annual charge for loan and interest, £70 18s. 10d. for next 36 years.
(*c*) One half cost of coal, coke and wood, consumed in steam boilers.
(*d*) Excluding St. Marylebone.
(*e*) Agreement for 12 months and thereafter subject to 6 months' notice.
(*f*) Agreement for 12 months and thereafter subject to 12 months' notice.

GROUP C.—St. George-in-the-East Casual Ward in respect of which the Board pay the Guardians the Annual Charges of oustanding balances of loans (£10,180) so long as they occupy the premises.

Total outstanding balances of loans—

Group A	£69,478	16s. 8d.
,, B	£24,619	9s. 4d.‡
,, C	£10,180	0s. 0d.
	£104,278	6s. 0d.‡

‡ Excluding St. Marylebone.

Annual Rents due to Board—

Chelsea Guardians, for bakehouse adjoining Casual Ward let to the Guardians £50

St. George, Hanover Square, Guardians for strip of land adjoining Chelsea Casual Ward let to them £5

APPENDIX IV.

A.—STATEMENT OF ADMISSIONS AND DISCHARGES FROM 1 APRIL, 1912, TO 31 DECEMBER, 1912.

CASUAL WARD.	Remaining 1 April, 1912.				Admissions.				Discharges.				Remaining 31 Dec., 1912.			
	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.
Shoreditch	7	1	..	8	394	75	1	470	401	76	1	478	..	..	..	..
Bethnal Green	5	..	..	5	468	224	17	709	471	221	17	709	2	3	..	5
Hackney	35	9	..	44	2,957	1,121	16	4,094	2,971	1,122	16	4,109	21	8	..	29
Stepney	8	..	..	8	262	59	4	325	270	59	4	333	..	..	..	..
Poplar	48	2	..	50	1,953	353	4	2,310	1,986	354	4	2,344	15	1	..	16
St. George-in-the-East	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whitechapel	41	..	..	41	1,606	202	1	1,809	1,647	202	1	1,850	..	..	..	..
Strand	39	13	..	52	7,024	1,311	36	8,371	6,986	1,312	36	8,334	77	12	..	89
Holborn	47	8	..	55	2,659	988	8	3,655	2,672	989	8	3,669	34	7	..	41
Bloomsbury	30	1	..	31	3,404	166	8	3,578	3,390	166	8	3,564	44	1	..	45
Chelsea	9	1	..	10	1,183	170	18	1,371	1,180	169	18	1,367	12	2	..	14
Fulham	20	..	..	20	1,358	304	11	1,673	1,358	302	11	1,671	20	2	..	22
Kensington	40	4	..	44	724	116	2	842	764	120	2	886	..	..	..	..
Wandsworth	15	2	..	17	1,488	169	15	1,672	1,486	167	15	1,668	17	4	..	21
St. Pancras	20	1	..	21	1,897	85	10	1,992	1,896	86	10	1,992	21	..	..	21
St. Marylebone	65	13	..	78	3,746	531	13	4,290	3,776	538	13	4,327	35	6	..	41
Paddington	50	6	..	56	2,976	529	24	3,529	2,990	528	24	3,542	36	7	..	43
Lambeth	15	4	..	19	2,540	755	5	3,300	2,529	755	5	3,289	26	4	..	30
Southwark	15	..	..	15	500	44	1	545	515	44	1	560	..	..	..	..
Bermondsey	26	..	..	26	1,637	27	2	1,666	1,635	27	2	1,664	28	..	..	28
Camberwell	20	3	..	23	2,514	490	6	3,010	2,498	492	6	2,996	36	1	..	37
Greenwich	15	..	..	15	567	20	3	590	582	20	3	605	..	..	..	..
Lewisham	17	6	..	23	2,138	399	27	2,564	2,126	401	27	2,554	29	4	..	33
Woolwich	20	2	..	22	2,926	274	25	3,225	2,925	271	25	3,221	21	5	..	26
Totals	607	76	..	683	46,921	8,412	257	55,590	47,054	8,421	257	55,732	474	67	..	541

APPENDIX IV.

B.—STATEMENT OF INMATES ON FRIDAY NIGHT IN EACH WEEK FROM 1 APRIL, 1912, TO 31 DECEMBER, 1912.

Week.	Men.	Women.	Children.	Totals.	Week.	Men.	Women.	Children.	Totals.
April—					September—				
1st week ..	655	79	—	734	1st week ..	411	81	—	492
2nd ,, ..	761	102	1	864	2nd ,, ..	396	72	—	468
3rd ,, ..	679	86	—	765	3rd ,, ..	441	75	1	517
4th ,, ..	629	107	—	736	4th ,, ..	524	102	3	629
May—					October—				
1st week ..	614	101	3	718	1st week ..	513	117	5	635
2nd ,, ..	553	96	7	656	2nd ,, ..	491	94	2	587
3rd ,, ..	570	108	1	679	3rd ,, ..	473	97	4	574
4th ,, ..	575	98	1	674	4th ,, ..	475	79	1	555
5th ,, ..	621	117	4	742					
					November—				
June—					1st week ..	549	108	—	657
1st week ..	488	105	—	593	2nd ,, ..	483	90	4	577
2nd ,, ..	452	99	4	555	3rd ,, ..	514	87	—	601
3rd ,, ..	341	82	1	424	4th ,, ..	528	89	1	618
4th ,, ..	391	83	1	475	5th ,, ..	503	86	1	590
July—					December—				
1st week ..	379	78	2	459	1st week ..	487	76	2	565
2nd ,, ..	325	69	1	395	2nd ,, ..	505	83	—	588
3rd ,, ..	481	85	1	567	3rd ,, ..	432	62	1	495
4th ,, ..	416	86	3	505	4th ,, ..	416	45	—	461
August—					Average number				
1st week ..	417	84	—	501	on Friday night	502	89	2	593
2nd ,, ..	589	105	11	705					
3rd ,, ..	541	92	3	636					
4th ,, ..	525	103	4	632					
5th ,, ..	444	80	4	528					

APPENDIX V.

STATEMENT OF INMATES DETAINED UNTIL THE FOURTH MORNING AFTER ADMISSION, FROM 1 APRIL, 1912, TO 31 DECEMBER, 1912.

[See footnote.]

Casual Ward.	Men.	Women.	Children.	Totals.	Casual Ward.	Men.	Women.	Children.	Totals.
Shoreditch ..	98	16	—	114	Kensington ..	322	35	—	357
Bethnal Green	84	107	4	195	Wandsworth ..	399	70	—	469
Hackney ..	1,255	521	3	1,779	St. Pancras ..	611	27	2	640
Stepney ..	45	23	1	69	St. Marylebone	1,825	315	1	2,141
Poplar ..	661	198	—	859	Paddington ..	1,449	207	—	1,656
St. George's ..	—	—	—	—	Lambeth ..	872	369	1	1,242
Whitechapel ..	367	73	—	440	Southwark ..	117	11	—	128
Strand	2,907	738	16	3,661	Bermondsey ..	994	17	—	1,011
Holborn ..	885	421	1	1,307	Camberwell ..	1,287	296	—	1,583
Bloomsbury ..	1,007	54	2	1,063	Greenwich ..	131	2	—	133
Chelsea	453	74	2	529	Lewisham ..	1,003	159	2	1,164
Fulham ..	318	120	1	439	Woolwich ..	505	53	1	559
					Totals ..	17,595	3,906	37	21,538
					Total number of admissions ..	46,921	8,412	257	55,590

NOTE.—By Section 4 of the Casual Poor Act, 1882, it is provided that where a casual pauper has been admitted on more than one occasion during one month into any casual ward in the Metropolis he shall not be entitled to discharge himself before the morning of the fourth day after admission, Sunday not being included in the computation.

APPENDIX VI.

STATEMENT OF INMATES CHARGED AT THE METROPOLITAN POLICE COURTS FROM 1 APRIL, 1912, TO 31 DECEMBER, 1912.

Casual Ward.	Nature of Offence.						Convicted.	Discharged.
	Refusing to work.	Neglecting to work.	Absconding	Destroying clothes.	Wilful damage.	Other offences.		
Shoreditch	9	4	3	—	—	1	15	2
Bethnal Green	29	2	—	—	1	—	30	2
Hackney	8	4	1	1	1	9	20	4
Stepney	3	—	—	1	—	—	3	1
Poplar	62	6	—	3	—	2	70	3
St. George-in-the-East ..	—	—	—	—	—	—	—	—
Whitechapel	1	—	1	—	1	2	5	—
Strand	1	—	—	—	—	1	1	1
Holborn	3	—	—	1	—	—	3	1
Bloomsbury	17	4	12	5	1	12	47	4
Chelsea	36	10	—	3	2	11	61	1
Fulham	13	—	1	2	1	2	18	1
Kensington	—	—	—	—	—	—	—	—
Wandsworth	7	—	—	—	—	—	7	—
St. Pancras	28	—	—	—	1	4	33	—
St. Marylebone	6	—	1	6	—	—	12	1
Paddington	48	13	5	2	3	7	77	1
Lambeth	78	51	2	9	6	3	146	3
Southwark	16	1	1	1	1	—	18	2
Bermondsey	16	—	—	2	1	1	20	—
Camberwell	7	—	—	1	—	2	10	—
Greenwich	7	3	—	1	1	2	11	3
Lewisham	13	6	—	2	2	—	22	1
Woolwich	16	15	—	—	—	6	32	5
Totals ..	424	119	27	40	22	65	661	36

APPENDIX VII.

PARTICULARS OF CONVICTIONS OF SIX HABITUAL VAGRANTS FOR OFFENCES IN METROPOLITAN CASUAL WARDS.

G.S., age 49 (in 1899).

Casual ward.	Offence.	Date of Conviction.	Sentence.
Bermondsey ...	Refusing work	11 Nov., 1899	14 days H.L.
Lambeth ...	,, ,, ...	19 Dec., 1899	5 ,, ,,
Paddington ...	,, ,, ...	3 Jan., 1900	14 ,, ,,
Strand	Neglecting ,, ...	22 Jan., ,,	7 ,, ,,
S. Pancras ...	Refusing ,, ...	4 Apr., ,,	7 ,, ,,
Poplar	,, ,, ...	9 May, ,,	14 ,, ,,
Fulham ...	,, ,, ...	15 June, ,,	1 month ,,
S. Pancras ...	Refractory conduct ...	20 Sept., ,,	14 days ,,
Wandsworth ...	Refusing work	18 Oct., ,,	5 ,, ,,
Paddington ...	Neglecting ,, ...	8 Nov., ,,	21 ,, ,,
Shoreditch ...	Refusing work and wilful damage	22 Jan., 1901	3 months ,,
Southwark ...	Refusing work	2 May, ,,	3 ,, ,,
Wandsworth ...	Wilful damage	20 Jan., 1902	14 days ,,
Chelsea ...	Refusing work	23 Apl., ,,	12 months ,,
S. George, E. ...	Neglecting ,, ...	12 June, 1903	1 month ,,
S. Pancras ...	Refusing ,, ...	4 Aug., ,,	1 ,, ,,
S. George, E. ...	,, ,, ...	2 Jan., 1904	3 months ,,
Southwark ...	,, ,, ...	11 June, ,,	1 month ,,
Stepney ...	,, ,, ...	22 July, ,,	10 days ,,
Fulham ...	,, ,, ...	7 Sept., ,,	14 ,, ,,
Lewisham ...	,, ,, ...	15 Oct., ,,	1 month ,,
Hampstead ...	,, ,, ...	9 Dec., ,,	14 days ,,
Paddington ...	,, ,, ...	7 Feb., 1905	12 months ,,
Camberwell ...	,, ,, ...	25 Jan., 1906	1 month ,,
Kensington ...	,, ,, ...	6 Sept., ,,	1 ,, ,,
Camberwell ...	,, ,, ...	2 Nov., ,,	1 ,, ,,
Fulham ...	Destroying clothes ...	6 Dec., ,,	1 ,, ,,
S. George, E. ...	Refusing work	8 Jan., 1907	1 ,, ,,
Wandsworth ...	,, ,, ...	1 Mar., ,,	7 days ,,
Fulham ...	,, ,, ...	12 Apl., ,,	14 ,, ,,
S. George, E. ...	,, ,, ...	22 Aug., ,,	3 months ,,
Fulham ...	,, ,, ...	26 Nov., ,,	1 month ,,
Lambeth ...	Neglecting ,, ...	31 Dec., ,,	1 ,, ,,
Woolwich ...	Refusing ,, ...	6 Feb., 1908	1 ,, ,,
Southwark ...	,, ,, ...	12 Mar., ,,	1 ,, ,,
Fulham ...	,, ,, ...	16 June, ,,	3 months ,,
Hampstead ...	False statement ...	23 Sept., ,,	3 ,, ,,
Camberwell ...	Refusing work ...	13 Jan., 1909	12 ,, ,,
S. George, E. ...	,, ,, ...	24 May, 1910	12 ,, ,,
Lambeth ...	,, ,, ...	14 Sept., ,,	7 days ,,
Greenwich ...	,, ,, ...	17 May, 1912	Bound over.
Lewisham ...	,, ,, ...	20 May, ,,	7 days ,,
Wandsworth ...	,, ,, ...	29 May, ,,	14 ,, ,,
Shoreditch ...	,, ,, ...	23 July, ,,	9 months ,,
Woolwich ...	,, ,, ...	26 Mar., 1913	7 days ,,
Paddington ...	Wilful damage	6 Apl., ,,	6 weeks ,,

W.P., age 36 (*in* 1898).

Casual ward.	Offence.	Date of Conviction.	Sentence.
Stepney ...	Neglecting work ...	5 May, 1898	7 days H.L.
Lewisham ...	Refusing ,, ...	21 July ,,	21 ,, ,,
Chelsea ...	,, ,, ...	23 Sept. ,,	21 ,, ,,
Southwark ...	Absconding	17 Oct. ,,	14 ,, ,,
Lewisham ...	Refusing work ...	1 Dec. ,,	1 month ,,
Paddington ...	,, ,, ...	20 Jan., 1899	1 ,, ,,
Bermondsey ...	Neglecting ,, ...	4 Mar. ,,	14 days ,,
Camberwell ...	Refusing ,, ...	23 ,, ,,	7 ,, ,,
City	,, ,, ...	20 Apl. ,,	14 ,, ,,
S. Pancras ...	Refractory conduct ...	17 May ,,	10 ,, ,,
Paddington ...	Refusing work ...	15 July ,,	1 month ,,
Lewisham ...	,, ,, ...	23 Sept. ,,	21 days ,,
Lambeth ...	,, ,, ...	23 Nov. ,,	7 ,, ,,
Lewisham ...	,, ,, ...	2 Jan., 1900	14 ,, ,,
Stepney ...	Neglecting work ...	27 ,, ,,	21 ,, ,,
Kensington ...	Refusing work ...	10 Aug. ,,	21 ,, ,,
S. George, E. ...	,, ,, ...	28 Sept. ,,	14 ,, ,,
City	,, ,, ...	5 Nov. ,,	21 ,, ,,
Woolwich ...	,, ,, ...	30 Jan., 1901	14 ,, ,,
S. Pancras ...	,, ,, ...	26 Feb. ,,	1 month ,,
S. George, E. ...	,, ,, ...	19 Apl. ,,	3 months ,,
S. Pancras ...	,, ,, ...	26 Oct. ,,	3 ,, ,,
S. George, E. ...	,, ,, ...	18 Feb., 1902	6 ,, ,,
Woolwich ...	,, ,, ...	13 Sept. ,,	14 days ,,
S. Pancras ...	,, ,, ...	1 Nov. ,,	1 month ,,
Kensington ...	,, ,, ...	6 Dec. ,,	21 days ,,
S. Pancras ...	,, ,, ...	17 Feb., 1903	12 months ,,
Bermondsey ...	Neglecting ,, ...	14 Jan., 1904	14 days ,,
Kensington ...	Refusing ,, ...	13 Feb. ,,	1 month ,,
Lambeth ...	,, ,, ...	29 Mar. ,,	5 days ,,
Bermondsey ...	Neglecting ,, ...	18 May ,,	12 months ,,
Fulham ...	Refusing ,, ...	4 Aug., 1905	14 days ,,
Chelsea ...	,, ,, ...	25 ,, ,,	1 month ,,
Kensington ...	,, ,, ...	28 Sept. ,,	1 ,, ,,
S. George, E. ...	,, ,, ...	5 Dec. ,,	12 months ,,
Paddington ...	,, ,, ...	6 ,, 1906	12 ,, ,,
Chelsea ...	,, ,, ...	25 Oct., 1907	3 ,, ,,
Kensington ...	,, ,, ...	29 Jan., 1908	1 month ,,
Bermondsey ...	,, ,, ...	18 Mar. ,,	12 months ,,
S. George, E. ...	,, ,, ...	29 Jan., 1909	3 ,, ,,
Fulham ...	,, ,, ...	8 May ,,	1 month ,,
Lambeth ...	,, ,, ...	26 June ,,	12 months ,,
Chelsea ...	,, ,, ...	26 July, 1910	12 ,, ,,
Lambeth ...	,, ,, ...	11 Dec, 1912	12 ,, ,,

H.A., age 20 (in 1890).

Casual ward.	Offence.	Date of Conviction.	Sentence.
Lambeth ...	Refusing work ...	4 Nov., 1890	7 days H.L.
,, ...	,, ,, ...	13 Dec., ,,	10 ,, ,,
Shoreditch ...	,, ,, ...	3 Jan., 1891	14 ,, ,,
Lambeth ...	,, ,, ...	11 June, ,,	14 ,, ,,
,, ...	,, ,, ...	22 Jan., 1892	21 ,, ,,
,, ...	,, ,, ...	12 Mar., ,,	14 ,, ,,
Wandsworth ...	Wilful damage ...	26 Mar., ,,	1 month ,,
Lambeth ...	,, ,, ...	2 May, ,,	2 months ,,
,, ...	Refusing work ...	12 Sept., ,,	21 days ,,
Wandsworth ...	,, ,, ...	3 Nov., ,,	14 ,, ,,
Lambeth ...	,, ,, ...	21 ,, ,,	1 month ,,
Greenwich ...	,, ,, ...	30 Dec., 1893	Discharged
Chelsea ...	Neglecting work ...	30 Aug., 1894	10 days ,,
,, ...	,, ,, ...	17 Sept., ,,	14 ,, ,,
,, ...	Wilful damage ...	4 Oct., ,,	2 months ,,
,, ...	Absconding ...	11 Dec., ,,	21 days ,,
,, ...	Wilful damage ...	1 Jan., 1895	2 months ,,
,, ...	Refusing work and absconding	3 Mar., ,,	1 month ,,
,, ...	Refusing work ...	10 May, 1898	14 days ,,
,, ...	,, ,, ...	23 June, ,,	1 month ,,
Wandsworth ...	Neglecting work ...	29 Dec., 1899	7 days ,,
Chelsea ...	Refusing ,, ...	5 Apl., 1900	21 ,, ,,
Lambeth ...	Neglecting ,, ...	5 Sept., ,,	1 month ,,
Chelsea ...	Refusing ,, ...	26 Oct., 1903	2 months ,,
Lambeth ...	Neglecting ,, ...	17 Feb., 1904	12 ,, ,,
Chelsea ...	Refusing work and wilful damage	7 ,, 1905	12 ,, ,,
Lambeth ...	Refusing work ...	10 Jan., 1906	12 ,, ,,
Wandsworth ...	Wilful damage ...	24 Dec., ,,	10 days ,,
Lambeth ...	Refusing work ...	13 Mar., 1907	12 months ,,
Chelsea ...	,, ,, ...	16 June, 1908	12 ,, ,,
Greenwich ...	,, ,, ...	7 July, 1909	7 days ,,
Wandsworth ...	,, ,, ...	17 June, 1911	7 ,, ,,
Chelsea ...	,, ,, and damage	23 Jan., 1912	12 months ,,
Lambeth ...	,, ,, ...	3 Dec., ,,	12 ,, ,,

J.G., age 35 (in 1909).

Casual ward.	Offence.	Date of Conviction.	Sentence.
Lambeth ...	Refusing work	6 Nov., 1909	14 days H.L.
,, ...	,, ,, ...	6 Dec. ,,	21 ,, ,,
,, ...	,, ,, ...	4 Apl. 1910	14 ,, ,,
Chelsea ...	,, ,, ...	18 ,, ,,	21 ,, ,,
Lambeth ...	,, ,, ...	21 May ,,	21 ,, ,,
Chelsea ...	,, ,, ...	11 June ,,	3 months ,,
,, ...	,, ,, ...	22 Nov. ,,	6 ,, ,,
,, ...	,, ,, ...	23 May, 1911	7 ,, ,,
Lambeth ...	,, ,, ...	21 Nov. ,,	1 month ,,
Chelsea ...	,, ,, ...	9 Jan., 1912	12 months ,,
Bermondsey ...	,, ,, ...	19 Dec. ,,	12 ,, ,,

C.E.C., age 25 (*in* 1895).

Casual ward.	Offence.	Date of Conviction	Sentence.
Wandsworth ...	Refusing work	19 Apl., 1895	1 month H.L.
Lambeth ...	Neglecting ,, ...	7 Nov., ,,	21 days ,,
Chelsea ...	Refusing ,, ...	29 Jan., 1896	1 month ,,
Lambeth ...	,, ,, ...	5 Mar., ,,	1 ,, ,,
Wandsworth ...	,, ,, ...	9 Apl., ,,	21 days ,,
Lambeth ...	Neglecting ,, ...	4 June, ,,	1 month ,,
,, ...	,, ,, ...	23 July, ,,	21 days ,,
,, ...	,, ,, ...	20 Aug., ,,	10 ,, ,,
,, ...	,, ,, ...	17 Sept., ,,	14 ,, ,,
,, ...	,, ,, ...	17 Oct., ,,	6 weeks ,,
,, ...	,, ,, ...	4 Jan., 1897	21 days ,,
,, ...	,, ,, ...	8 Feb., ,,	21 ,, ,,
,, ...	,, ,, ...	8 Mar., ,,	10 ,, ,,
,, ...	,, ,, ...	15 May, ,,	3 months ,,
,, ...	Refusing ,, ...	11 Sept., ,,	6 ,, ,,
,, ...	Neglecting ,, ...	9 May, 1900	8 ,, ,,
,, ...	,, ,, ...	12 Apl., 1901	21 days ,,
,, ...	,, ,, ...	22 May, ,,	12 months ,,
,, ...	Refusing ,, ...	23 May, 1902	10 ,, ,,
,, ...	Neglecting ,, ...	15 Apl., 1903	7 days ,,
,, ...	,, ,, ...	25 May, ,,	10 ,, ,,
,, ...	,, ,, ...	6 Aug., ,,	6 months ,,
,, ...	,, ,, ...	19 Sept., 1904	21 days ,,
,, ...	,, ,, ...	14 Sept., 1905	1 month ,,
,, ...	,, ,, ...	9 Dec., ,,	1 month ,,
,, ...	,, ,, ...	6 Feb., 1906	12 months ,,
Chelsea ...	Assault	13 Feb., 1907	12 ,, ,,
Lambeth ...	Neglecting work ...	19 Feb., 1908	12 ,, ,,
,, ...	Refusing ,, ...	13 Jan., 1909	12 ,, ,,
,, ...	Neglecting ,, ...	15 Jan., 1910	21 days ,,
,, ...	,, ,, ...	3 Mar., ,,	12 months ,,
,, ...	,, ,, ...	11 Mar., 1913	21 days ,,
,, ...	,, ,, ...		

J.D., age 36 (*in* 1901).

Casual ward.	Offence.	Date of Conviction.	Sentence.
S. George, E. ...	Destroying clothes ...	31 Dec., 1901	21 days H.L.
Woolwich ...	Refusing work ...	18 Feb., 1902	14 ,, ,,
Wandsworth ...	,, ,, ...	10 Mar., ,,	7 ,, ,,
Shoreditch ...	Destroying clothes ...	22 ,, ,,	7 ,, ,,
Chelsea ...	Refusing work and false statement ...	7 Apl., ,,	2 months ,,
Lambeth ...	Refusing work ...	1 Sept., ,,	21 days ,,
,, ...	,, ,, ...	16 Jan., 1903	10 ,, ,,
S. George, E. ...	,, ,, ...	31 ,, ,,	21 ,, ,,
Lambeth ...	,, ,, ...	24 Feb., ,,	14 ,, ,,
,, ...	,, ,, ...	15 June, ,,	6 weeks ,,
,, ...	Neglecting work ...	19 Aug., ,,	4 months ,,
,, ...	Refusing ,, ...	18 May, 1904	6 ,, ,,
,, ...	,, ,, ...	14 Dec., ,,	10 ,, ,,
Woolwich ...	Neglecting ,, ...	11 ,, 1905	21 days ,,
Lambeth ...	Refusing ,, ...	14 Feb., 1906	12 months ,,
,, ...	,, ,, ...	13 Nov., 1907	12 ,, ,,
,, ...	,, ,, ...	9 June, 1910	6 ,, ,,
Paddington ...	,, ,, ...	10 Jan., 1911	1 month ,,
,, ...	,, ,, ...	5 Nov., 1912	1 ,, ,,

APPENDIX VIII.

STATEMENT OF TICKETS ISSUED AND USED IN CONNECTION WITH HOMELESS POOR SCHEME.

Date.	Tickets issued by police.	Tickets presented at Waterloo Pier.		Tickets for charitable agencies.				Tickets for casual wards.				Total tickets not used.
				Men.		Women.		Men.		Women.		
1912.		Men.	Women.	Used.	Not used.	Used.	Not used.	Used	Not used.	Used.	Not used.	
Oct. 30	275	207	24	162	37	10	14	0	8	0	0	103
,, 31	323	233	19	87	8	4	5	67	71	7	3	158
Nov. 1	179	149	13	32	4	2	0	50	56	4	7	84
,, 2	136	118	7	33	1	0	0	36	48	4	3	63
,, 3	135	121	3	47	1	0	0	28	45	1	2	59
,, 4	195	172	4	63	1	0	1	39	69	0	3	93
,, 5	179	151	8	34	2	1	0	54	61	4	3	86
,, 6	144	132	0	29	0	0	0	52	51	0	0	63
,, 7	157	121	5	25	3	1	0	35	58	2	2	94
,, 8	104	78	2	17	5	0	0	23	33	0	2	64
,, 9	86	67	4	14	1	0	0	26	26	2	2	44
,, 10	93	90	5	18	0	0	2	40	32	3	0	32
,, 11	103	93	2	23	1	2	0	34	35	0	0	44
,, 12	103	91	1	26	1	0	0	34	30	1	0	42
,, 13	92	73	3	16	1	0	1	32	24	2	0	42
,, 14	100	84	6	21	1	1	3	29	33	0	2	49
,, 15	80	70	1	13	2	1	0	30	25	0	0	36
,, 16	54	48	2	10	0	1	0	21	17	0	1	22
,, 17	88	78	3	12	1	0	0	27	38	1	2	48
,, 18	142	106	6	8	0	0	0	50	48	1	5	83
,, 19	98	85	1	12	0	0	0	39	34	0	1	47
,, 20	68	61	2	15	0	0	1	23	23	0	1	30
,, 21	76	62	2	7	1	0	0	24	30	0	2	45
,, 22	79	62	3	11	1	0	0	24	26	0	3	44
,, 23	66	59	1	11	1	0	0	21	26	0	1	34
,, 24	62	55	0	11	1	0	0	16	27	0	0	35
,, 25	70	61	2	12	0	0	0	30	19	2	0	26
,, 26	62	52	4	6	1	2	0	24	21	0	2	30
,, 27	55	45	1	3	1	0	0	29	12	1	0	22
,, 28	57	48	4	6	1	2	0	20	21	2	0	27
,, 29	54	46	1	5	0	0	0	20	21	1	0	28
,, 30	49	36	0	2	0	0	0	18	16	0	0	29
Total	3,564	2,954	139	791	77	27	27	995	1,084	38	47	1,706

STATEMENT OF TICKETS ISSUED AND USED IN CONNECTION WITH HOMELESS POOR SCHEME—continued.

Date. 1912.	Tickets issued by police.	Tickets presented at Waterloo Pier.		Tickets for charitable agencies.				Tickets for casual wards.				Total tickets not used.
				Men.		Women.		Men.		Women.		
		Men.	Women.	Used.	Not used.	Used.	Not used.	Used.	Not used.	Used.	Not used.	
Dec. 1	110	83	1	12	2	0	0	39	30	0	1	59
,, 2	75	68	1	6	2	1	0	36	24	0	0	32
,, 3	50	49	0	4	0	0	0	27	18	0	0	19
,, 4	75	67	3	5	0	0	0	35	27	0	3	35
,, 5	58	48	0	4	0	0	0	21	23	0	0	33
,, 6	50	39	0	10	0	0	0	12	17	0	0	28
,, 7	54	40	0	6	0	0	0	27	7	0	0	21
,, 8	70	63	2	6	1	1	0	29	27	0	1	34
,, 9	60	51	3	12	2	0	0	19	18	0	3	29
,, 10	60	54	0	4	1	0	0	28	21	0	0	28
,, 11	51	45	1	4	1	0	0	31	9	1	0	15
,, 12	51	37	2	5	0	0	0	18	14	1	1	27
,, 13	33	30	1	9	1	0	1	14	6	0	0	10
,, 14	37	33	0	8	0	0	0	16	9	0	0	13
,, 15	65	59	0	17	1	0	0	19	22	0	0	29
,, 16	37	35	0	12	1	0	0	15	7	0	0	10
,, 17	76	69	1	28	0	0	0	22	19	0	1	26
,, 18	38	35	3	9	1	1	0	18	7	1	1	9
,, 19	34	33	0	14	0	0	0	8	11	0	0	12
,, 20	29	21	3	12	0	1	0	7	2	1	1	8
,, 21	29	25	2	7	0	1	0	12	6	0	1	9
,, 22	53	46	0	16	1	0	0	14	15	0	0	23
,, 23	28	24	1	10	0	0	0	6	8	1	0	11
,, 24	32	28	1	5	0	0	0	11	12	0	1	16
,, 25	16	13	1	3	0	0	0	8	2	0	1	5
,, 26	40	39	0	6	0	0	0	21	12	0	0	13
,, 27	46	41	1	9	0	0	0	22	10	1	0	14
,, 28	58	55	2	14	0	0	1	26	15	1	0	17
,, 29	82	74	2	18	1	0	1	29	26	1	0	33
,, 30	59	55	0	16	2	0	0	24	13	0	0	19
,, 31	44	37	1	11	1	0	0	14	11	0	1	19
Total	1,600	1,396	32	302	18	5	3	628	448	8	16	656

Summary of cases dealt with from 30 *October*, 1912, *to* 31 *December*, 1912.

	Men.	Women.	Totals.
Number of applicants	4,343	171	4,514
,, referred to charitable agencies	1,188	62	1,250
,, ,, casual wards	3,155	109	3,264
,, admitted to charitable agencies	1,093	32	1,125
,, ,, casual wards	1,623	46	1,669

APPENDIX IX.

HOMELESS POOR.

Further statistics taken from the Report of the Medical Officer of the London County Council on the result of a census of homeless persons taken on the night of 14th February, 1913.

Licensed Common Lodging Houses.

Date.	Authorised accommodation.				Number of persons occupying beds.			
	Men.	Women.	Couples.	Total.	Men.	Women.	Couples.	Total.
29th Jan., 1904	25,718	2,281	447	28,893	21,058	1,517	390 87 Children	23,442
17th Feb., 1905	25,671	2,450	422	28,965	21,055	1,578	357 34 Children	23,381
8th Feb., 1907	25,599	2,436	245	28,525	20,438	1,598	207	22,450
15th Jan., 1909	25,976	2,365	245	28,831	20,059	1,483	161	21,864
18th Feb., 1910	25,902	2,344	245	28,736	19,346	1,456	177	21,156
17th Feb., 1911	25,376	2,376	245	28,242	19,470	1,356	189	21,204
9th Feb., 1912	25,352	2,455	245	28,297	19,710	1,373	196 24 Children	21,499
14th Feb., 1913	24,900	2,229	218	27,565	18,876	1,273	174 29 Children	20,526

Casual Wards.

Date.	Accommodation. Beds.				How used. Persons.			
	Men.	Women.	Women and children.	Total.	Men.	Women.	Children.	Total.
29th Jan., 1904	1,243	410	114	1,767	1,034	175	9	1,218
17th Feb., 1905	1,263	420	120	1,803	926	210	3	1,139
8th Feb., 1907	—	—	—	1,882	—	—	—	1,137
15th Jan., 1909	1,241	444	122	1,807	1,001	184	3	1,188
18th Feb., 1910	1,219	454	119	1,792	928	173	6	1,107
17th Feb., 1911	1,220	452	123	1,795	962	129	—	1,091
9th Feb., 1912	1,233	456	125	1,814	900	132	1	1,033
14th Feb., 1913	796	288	81	1,165	493	52	1	546

Common lodging house and casual ward accommodation, the extent of its use, and the number of homeless persons in each year.

Date.	Accommodation. (Beds).			Persons.			
	C.L.H.	Cas. wards.	Total.	C.L.H. (Inmates.)	Cas. wards. (Inmates.)	Homeless.	Total.
29th Jan., 1904	28,893	1,767	30,660	23,442	1,218	1,797	26,457
17th Feb., 1905	28,965	1,803	30,768	23,381	1,139	2,181	26,701
8th Feb., 1907	28,525	1,882	30,407	22,450	1,137	2,404	25,991
15th Jan., 1909	28,831	1,807	30,638	21,864	1,188	2,388	25,440
18th Feb., 1910	28,736	1,792	30,528	21,156	1,107	2,747	25,010
17th Feb., 1911	28,242	1,795	30,037	21,204	1,091	1,785	24,080
9th Feb., 1912	28,297	1,814	30,111	21,499	1,033	1,203	23,735
14th Feb., 1913	27,565	1,165	28,730	20,526	546	649	21,721

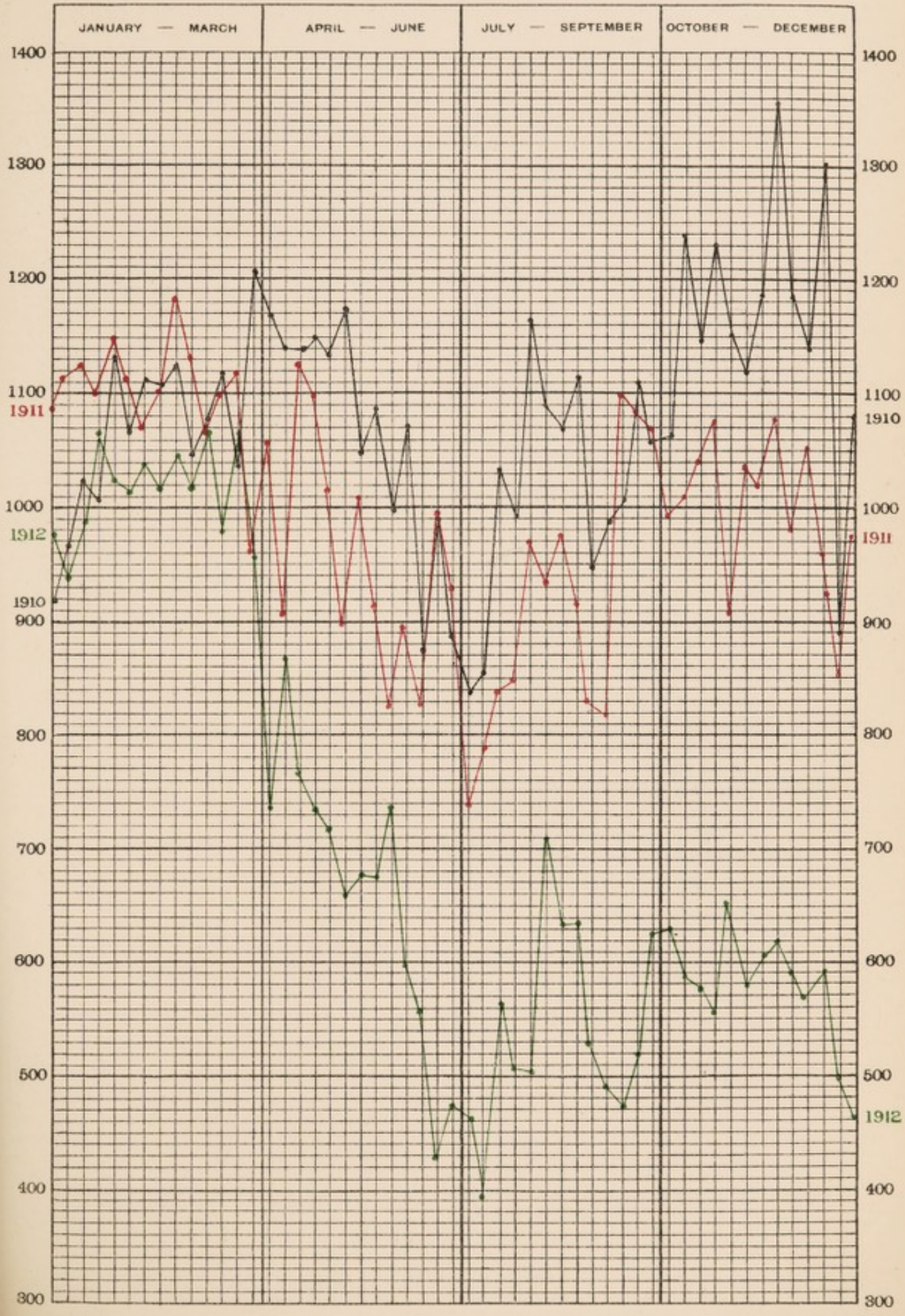
Number of homeless persons found in the streets and on staircases distributed according to sanitary areas.

Sanitary area.	Men.	Women.	Young persons.
Battersea	—	5	—
Bermondsey	9	—	—
Bethnal Green...	4	—	—
Chelsea	4	3	—
City of London	31*	—	—
Finsbury	11	2	—
Fulham	—	2	—
Hammersmith	—	9	—
Holborn	3	1	—
Islington	38	30	—
Lambeth	29	3	—
Paddington	2	—	—
Poplar	3	1	—
St. Pancras	8	1	—
Shoreditch	22	4	—
Southwark	41	23	—
Stepney...	121	33	—
Wandsworth	1	—	—
Westminster	43*	4	—
Totals	370	121	—

* On the 9th February, 1912, the figures for the Cities of London and Westminster respectively were 140 men, 8 women; and 187 men, 57 women. These are the areas most affected by the new scheme for dealing with the homeless poor referred to in the Report.

APPENDIX. X.

CHART *showing the number of inmates in Metropolitan Casual Wards on Friday night in each week during the years 1910, 1911 and 1912.*



ANNUAL REPORT OF THE AMBULANCE COMMITTEE FOR 1912.

Motor traction. The year 1912 will be notable in the history of the ambulance service as the year during which the substitution of motor for horse traction throughout the service was completed. The 14th September was the last date on which horses were employed. The change has been gradually made, as we were anxious to avoid any interference with the work of the service; and, moreover, desired to sell our stock of horse-drawn vehicles to the best advantage.

As the change proceeded we had to face the difficulty of obtaining competent motor drivers, who could also be relied upon to undertake the careful removal of patients to and from the ambulances by stretcher, carrying-chair, or in arms. We, therefore, considered it expedient to cause such of our older coachmen as exhibited aptitude for motor work to go through a course of training in motor driving at the Western Station. All these men were well acquainted with the districts in which they would have to drive and were already trained in the handling of patients. They were subsequently tested by our Engineer-in-Charge and, with few exceptions, gave satisfactory proof of capacity as motor drivers. We thus avoided the unpleasant duty of dismissing old servants of the Board.

At an early stage we were impressed with the importance of ascertaining that all our drivers had perfect eyesight, and we made it a rule that their eyes should be tested by a medical officer of the Board before appointment and subsequently at intervals of a few years. At a recent re-examination it was found that in the case of two men defects of vision had developed in consequence of which we were unable to retain their services, and they were discharged with pensions.

Formerly a coachsmith and a coachsmith's mate were employed at each ambulance station, and these men were capable of carrying out all repairs to the horse-drawn vehicles, including painting, lining, varnishing and cushion making. But with the introduction of motor vehicles their usefulness became less as they were not capable of undertaking the "running repairs" of these. We, therefore, decided to replace these men at the stations by driver-mechanics who would effect all running repairs, and to concentrate at the Mead Station all body work and to transfer to that station three of the most experienced coachsmiths. By so doing we were able to dispense with the services of two coachsmiths and five coachsmith's mates.

Removals to the Managers' hospitals. On reference to Appendix I. A. (p. 186) it will be seen that the total number of patients removed to the Managers' fever hospitals during the year was 23,188 (*21,099*), and to the smallpox hospitals 9 (*81*).

Removals to places other than the Managers' hospitals. *Infectious cases.*—Under the powers conferred by section 79, clause 3, of the "Public Health (London) Act, 1891," 469 (*686*) persons suffering from dangerous infectious disorders were conveyed to places other than the Managers' hospitals.

Non-Infectious cases.—2,104 (*2,279*) 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 81 suffered from fractured limbs and other injuries.

To the foregoing non-infectious cases should be added 1,287 (*585*) imbeciles, 697 (*593*) children suffering from ophthalmia, 332 (*1*) children with ringworm, and 118 (*472*) defective children conveyed during the year, to and from the Board's Asylums and Homes for Children, or to or from railway stations en route for same, making, with 6,739 (*5,066*) patients conveyed to and from the Children's Hospitals at Carshalton and Hither Green, and 106 (*46*) staff cases, a total of 11,440 (*9,042*) non-infectious cases.

The total sum received by the Managers for "private removals" (*i.e.*, cases conveyed to places other than the Board's institutions) was £1,226 14s. 6d. (*£1,148 10s. 9d.*) of which £21 5s. 0d. (*£24 7s. 6d.*) was in respect of the service of nurses, and £1,111 11s. 3d. (*983 2s. 0d.*) or an average of 11s. 3d. (*10s. 7d.*) a journey, 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.

Total removals. The aggregate removals during the year, including the transferring of patients from one institution to another, numbered 56,964 (*49,183*) and the mileage run by the vehicles was 419,207 (*355,945*).

Nurses' journeys. The journeys made by nurses numbered 24,258 (*22,373*) and the sum credited to the hospitals for their services amounted to £2,430.

Conveyance of stores. Considerable quantities of goods and stores (including 237,700 (*224,300*) bundles of wood) have been conveyed to the various institutions.

Work of ambulance stations. Tables A and B (see pp. 186 to 188) 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	15,348 (*13,698*)	7,163 (*7,075*)	100,595 (*90,250*)
North Western	4,443 (*3,885*)	4,265 (*3,625*)	62,404 (*29,296*)
Western	16,669 (*13,951*)	7,513 (*7,035*)	123,088 (*105,586*)
South Eastern	15,155 (*12,783*)	7,080 (*6,950*)	97,244 (*85,419*)
Brook	5,349 (*4,866*)	4,267 (*3,745*)	53,741 (*44,187*)
Mead	— —	102 (*76*)	1,935 (*1,207*)
Totals	56,964 (*49,183*)	30,390 (*28,506*)	419,207 (*355,945*)

The Mead Station continued 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 South-Western Ambulance Station remained closed throughout the year.

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 ..	16 Oct.	92 (*77*)	19 Oct.	432 (*378*)	3,041 (*2,470*)
North Western	29 July	24 (*21*)	8 June	105 (*129*)	1,101 (*844*)
Western ..	22 Feb.	72 (*69*)	24 Feb.	370 (*303*)	3,048 (*2,739*)
South Eastern	19 Nov.	92 (*72*)	23 Nov.	436 (*346*)	2,357 (*2,148*)
Brook ..	8 July	33 (*34*)	14 Dec.	190 (*144*)	1,569 (*1,367*)

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

STATION.	Removals from homes to Board's hospitals.		Tranfers.	Average of all journeys.
	Miles.		Miles.	Miles.
	Smallpox.	Fever.		
Eastern	— (*13·4*)	10·8 (*10·4*)	36·4 (*26·1*)	14·0 (*12·7*)
North Western	23·5 (—)	9·7 (*7·6*)	21·6 (—)	10·0 (*8·0*)
Western	— (—)	11·1 (*10·6*)	44·9 (*40·1*)	16·4 (*15·0*)
South Eastern	12·8 (*12·4*)	9·6 (*9·1*)	39·4 (*35·8*)	13·7 (*12·3*)
Brook	— (*15·0*)	10·5 (*9·3*)	34·0 (*36·4*)	12·6 (*11·8*)

Equipment. In the course of the year 34 horse-drawn vehicles, which were no longer required, were sold ; and 3 motor omnibuses and 11 motor ambulances were purchased.

The Board's fleet of motor vehicles consisted at the end of the year of 14 omnibuses, 35 ambulances, 1 stores van and an old ambulance which is used for any odd purpose. Three of the omnibuses are permanently allocated to the Queen Mary's Hospital, Darenth Industrial Colony and Leavesden Asylum respectively.

All our vehicles are petrol-driven. We would have preferred electric propulsion for ambulance work, but were advised that, apart from the much higher initial cost, the limited mileage which could be run without re-charging and the comparatively low speed of electric vehicles, for the present renders them unsuitable for the Board's work.

Accidents. As may well be supposed the year has not passed without accident of some kind. Damage has been caused and suffered by the Board's vehicles ; but our record of absence of any accident whatever involving injury to any passenger under our care remains unbroken.

(Signed) W. H. HENDERSON,

Chairman.

REPORT OF THE GENERAL PURPOSES COMMITTEE FOR 1912.

The Board's accommodation.

(a) Feeble-minded cases and unimprovable imbeciles.

In February, 1911, the Managers approved of a scheme for the re-classification of the mentally defective cases in their care by the removal of the whole of the unimprovable imbeciles from Darenth and the allocation of that institution, under the name of Darenth Industrial Colony, for the accommodation only of the highest class of improvable imbeciles and of the feeble-minded. The carrying out of this scheme was, however, delayed for some time pending the sanction of the Local Government Board to the various proposals which it involved, and it was not until the beginning of 1912 that the Fountain Hospital became available for temporary use as an asylum for the unimprovable imbeciles removed from Darenth. Following on this step, the feeble-minded inmates of the small London homes were transferred to Darenth Industrial Colony during June last, it having previously been decided to retain at the Bridge Industrial Home the patients accommodated there ; to place that home under the control of the Asylums Committee, and thus to give effect to the decision of the Board that in future the Asylums Committee shall have control of all classes of mentally defective patients.

(b) Sick, debilitated and convalescent children.

Towards the close of the year the Managers, upon our recommendation, decided to engage an architect for the purpose of reporting, after consultation with the proper medical authority, as to the accommodation which could most advantageously be provided on the site purchased by them in January, 1910, at the rear of East Cliff House. It was understood that, in view of the many and great advantages which it is anticipated will accrue from the disposal of the old portions of East Cliff House and the concentration of the institution on one large and compact site, the accommodation thus to be provided should not necessarily be limited to replacing the accommodation at present afforded by the old buildings.

National Insurance Act and Sanatoria.

In reporting to the Managers on 13 July last as to whether, in view of the provisions of the National Insurance Act, 1911, with reference to sanatoria for the treatment of tuberculous patients, and of the terms of the report of the Departmental Committee on Tuberculosis, the Board would be in a position to undertake the provision of the necessary sanatorium accommodation for tuberculous patients in the County of London, we arrived at the conclusion that such provision could be made by the Managers in their existing institutions without incurring any large expenditure, and we expressed the opinion—which the Managers endorsed—that as the Managers were already charged with the provision and administration of the infectious diseases hospitals of the county, they should also be entrusted with the cognate work of administering sanatoria for tuberculosis. A communication embodying these conclusions was subsequently addressed to the Local Government Board, who were informed that the Managers were prepared to provide sanatorium accommodation for the County of London under the National Insurance Act of 1911, subject (i) to this provision being on a scale estimated in the report of the Departmental Committee on Tuberculosis ; (ii) to the necessary extension being made, should this scale prove to be under estimated, for the erection of inexpensive buildings on existing sites ; and (iii) to arrangements being made with the proper authorities with regard to the funds available towards the maintenance of patients or the provision of new buildings. The London County Council were at the same time informed of the decision of the Managers.

The decision thus arrived at was supplemented by the adoption at the following meeting of the Board of a resolution by the terms of which the President of the Local Government Board was requested " to take steps to initiate such legislation as may be necessary to remove any obstacles which may exist to the Managers providing the sanatorium accommodation required for the County of London for the purposes of " the Act. The Chairman and Vice-Chairman of the Board were subsequently deputed to confer with representatives of the Council and of the Insurance Committee on a suggestion of the Local Government Board that the Council should arrange with the Managers for the reception and treatment under the Act of persons suffering from tuberculosis. Eventually it was decided to allocate temporarily the Downs School for this purpose, upon the understanding that, whilst the Managers should engage the staff and assume the general management of the institution, the Council should have complete control as regards selection and admission of patients and the length of their stay in the institution, and that the medical officers of the Council, of the Insurance Commissioners, and of the Insurance Committee should have the right to visit and inspect the institution and patients at any time. It was also agreed that financial control should be exercised by the London County Council in so far as the Council would reimburse the Board the entire cost, preferably by payment of a definite charge per head of the patients actually maintained, with a periodical adjustment according to the ascertained actual cost, or on a scale of charges according to the numbers maintained.

Laundry administration. In May last we submitted to the Board an exhaustive report in which the experimental management of one of the Board's laundries (that of the Park Hospital being selected for the purpose) on strictly business methods for twelve months was advocated, and full details of the proposed scheme of working, together with the difficulties to be overcome and the advantages to be anticipated, were discussed and summarised. The conclusions arrived at in this report, and adopted by the Managers, involved (i) the transfer as far as possible to other institutions of such of the then existing staff of the Park Hospital laundry as, in the opinion of the Laundry Expert and the Laundry Superintendent, were not suitable for employment under the new conditions, and of such of the remainder of the staff as did not wish to serve under such conditions ; (ii) the appointment of a competent laundry superintendent (female) at a salary of £120 per annum ; and (iii) the engagement of a new and non-resident staff of laundrymaids on strictly business lines. The financial and other results of the working of this scheme, which did not come into force until October, will be awaited with considerable interest.

Other matters. During the year under review other matters which engaged our attention were (i) the granting of facilities for the adequate training of those members of the Board's staff who belong to Class B. of the Royal Fleet Reserve ; (ii.) a slight increase in the numerical strength of the clerical staff at the Head Office owing to the additional work imposed upon the Board by the transfer to the Managers of the Metropolitan casual wards ; (iii.) the whole question of annual leave to be granted to warehousemen and porters ; (iv.) the relations of the Engineer-in-chief with institution engineers ; (v.) the qualifications which should be required of persons appointed as cooks and assistant cooks at the larger institutions under the Managers' control, and of the steps which should be taken to ensure a supply of suitable candidates, and (vi.) a petition (which we still had under consideration at the end of the year) from the employees in the Board's Imbecile Asylums with reference to their wages and other emoluments, hours of duty, annual leave, and conditions of service generally.

(Signed) T. CORNELL,

Chairman.

ANNUAL REPORT OF THE FINANCE COMMITTEE FOR 1912.

General. 1. The coming into operation of the National Insurance Act, 1911, and of the Local Government Board's Orders transferring the management of the casual wards to the Managers, are the chief measures which have called for special consideration in their financial bearings during 1912, and, with other more routine matters arising in the year, are now submitted as the Committee's annual report.

National Insurance Act, 1911. 2. This Act has substantially modified the relative positions of the Managers and their staff, and the steps which the Managers, as employers, should be advised to take under each part of the Act have demanded close attention during the year.

Part I.—National Health Insurance. The majority of the employees are directly affected by this part of the Act as employed persons, and three courses were open to the Managers: (1) to apply to the National Health Insurance Commissioners for exception under a certificate that the terms of employment of some or all of the staff were such as to secure provision in respect of sickness or disablement on the whole not less favourable than the corresponding benefits under the Act; (2) to proceed under section 47 of the Act, whereby in consideration of the employer undertaking to give full pay in sickness for six weeks in any one year, reduced contributions would be payable by the employer and employee; or (3) to proceed to work this part of the Act in its entirety as ordinary employers.

A general résumé of the position was placed before the staff, and from the replies received it was clear that a large number were in favour of the Managers seeking exception, generally on the ground (to quote the words of a petition on the subject received from the attendants of one of the asylums) that

> the staff are satisfied with the conditions existing at present in time of sickness, and would not desire to see them altered;

whilst those who were already subject to deductions under the Superannuation Acts expressed the opinion that it would be a hardship to be called on to pay contributions in addition under the Insurance Act, and, indeed, petitions to this effect were received from about 750 of the domestic female staff at hospitals.

Although no indication of the Commissioners' views as to the general conditions under which a certificate of exception might be granted could be ascertained, some assistance was derived from the report of an Inter-departmental Committee upon the question of employment under the Crown as affected by the Act.

This Committee took the view, in which the Commissioners concurred, that the pension rights of established civil servants, considered in conjunction with the sick pay regulations (somewhat augmented in the case of the female staff) constituted provision *on the whole* not less favourable than the corresponding benefits conferred by the Act; notwithstanding that whereas "disablement pay" might be claimed under the Insurance Act when the employed contributor had been two years in insurance, and had paid at least 104 weekly contributions, civil servants must have completed 10 years' service before being in a position to obtain a pension.

The position of the Managers' employees who were subject to the provisions either of the Poor Law Officers' Superannuation Act, 1896, or of the Asylums Officers' Superannuation Act, 1909, except in a very few cases appeared to be somewhat similar to that of established officers in the service of

the Crown. Bearing in mind the amount of the contributions payable under the Act, and having regard to the representations of the staff and the terms of service, including the terms hitherto voluntarily accorded during sickness, it was decided to apply for certificates of exception for such employees on terms to be guaranteed, and the certificates were accordingly issued on the terms set out in the schedule appended hereto.

With regard to the remainder of the staff, who, in availing themselves of their right to contract out, had, by their own act, placed themselves outside the Superannuation Acts affecting them, we were advised that it was extremely doubtful whether the Managers could, by any scheme, lawfully guarantee benefits which would have been acceptable to the Commissioners, whilst section 47 did not appear at the moment to provide an advantageous alternative, as the machinery for working the Act would be operative in its entirety.

The position summarised is therefore that, of the Managers' permanent employees, who number about 5,600 (a fluctuating figure which has at times been considerably higher) some 350 are outside the scope of the Act by reason of receiving a remuneration exceeding in value £160 per annum and not being employed in manual labour; about 3,450 fall within the terms of the certificates of exception, and the contributions which the Managers would have been called on to pay in respect thereof would have amounted to £2,200 per annum. The remainder, about 1,800 (consisting for the most part of nurses who, as a rule, "contract out" of the Superannuation Act) are now insured under the Act, and in respect of these employees the contributions payable by the Managers amount to about £1,200 a year.

This body of insured staff are entitled in due course to the benefits prescribed under the Act; and if the voluntary practice as to sick pay hitherto adopted by the Managers had been continued to them in full, they would, in many cases, have received from public funds more remuneration in sickness than in health. This was obviously not proper or desirable, and it was accordingly decided that in future such sick pay might be allowed to these employees as, in addition to the amount of sickness benefit receivable under the Act, would not exceed in total value the allowance which would have been made by the Managers in accordance with the practice hitherto in force.

Part II.—Unemployment Insurance.

This part of the Act at present applies to comparatively few of the Managers' permanent servants, such as those engaged in building, construction of works, mechanical engineering or construction of vehicles. So far as these permanent and established employees were concerned an application to the Board of Trade for exemption in accordance with one of the provisions of the Act was unsuccessful, as it appeared that the Managers would be required to guarantee that no such workman should be dismissed except for misconduct, incompetence, etc., and such an undertaking it was impracticable for the Managers to give. Accordingly their permanent employees are insured under this part of the Act and contributions are being paid by the Managers, some part of which, however, is repayable in certain circumstances.

Having regard to the contributions which the Insurance Act now imposes, and to the liabilities under the Workmen's Compensation Acts, it is very questionable whether the advantages to be gained by direct employment of labour for building and engineering works are, except in very rare instances, commensurate with the extra risks and liabilities now involved.

Generally.

In successfully bringing the Act into operation as regards the Managers' service, a large amount of extra work has been imposed upon the staff concerned, and extra expenditure incurred, whilst permanent additional expenditure is called for yearly in the working.

Several points, such as the steps to be taken as regards the medical benefit of resident insured staff, to whom the Managers have hitherto voluntarily allowed medical attendance, etc.: the question of a more stringent medical examination of candidates for permanent appointments, with a view to the Managers being more closely safeguarded as regards the physical fitness of officers on appointment: the proper recording of all cases of illness: and regulations as to the submission of medical certificates in the case of illness of non-resident officers, will be dealt with early in the new year.

Casual wards. 3. The administration of the casual wards having been transferred to the Managers as from 1 April, 1912, a simple form of accounts has been prescribed for the use of the accounting officers, and the standing arrangements for guaranteeing such officers, encashing of cheques for wages and disbursements, security of cash in transit, and other administrative accounting details, have been extended accordingly to cover this new branch of work. The steps taken for transfer from the Guardians concerned of the liability for repayment of outstanding loans incurred for casual ward purposes, with other special arrangements necessitated, are detailed below, and have called for much additional work from the staff.

Loans.
(i.) Casual wards. 4. Certain of the casual wards have been conveyed to the Managers on the basis of the Managers taking over the loans outstanding on 1 April, 1912, amounting to £69,910, which sum, except as to £690, represented the balances of loans advanced by the London County Council to the respective Boards of Guardians.

These loans were repayable as to part by equal yearly or half-yearly instalments of principal, with interest periodically on the reducing balances, and as to the remainder by equal half-yearly instalments of principal and interest combined, the total being made up of some 22 separate advances, repayable finally in from 6 to 38 years at rates of interest varying from $2\frac{7}{8}$ per cent. to $3\frac{3}{4}$ per cent., the payments of principal and/or interest falling due on 28 dates in the year.

By arrangement with the Council, and with the Local Government Board's sanction, the loans to the Guardians were repaid, and a consolidated loan for £67,000 advanced by the Council, repayable in $9\frac{1}{2}$ years by equal half-yearly amounts combining principal, and interest at the average rate of the existing casual wards loans in question. This arrangement places the casual wards loan on the same basis as to repayment as the general consolidated loan arranged with the Council in 1907/8. The balances of the loans due on 1 April, together with the sum of £690 borrowed otherwise than from the London County Council, have been paid off and not re-borrowed.

With regard to the loans outstanding in respect of the casual wards other than those conveyed to the Managers, which on 1 April last amounted to £26,395, it has been arranged that the amounts of principal and interest paid by the Guardians shall be reimbursed to them periodically by way of rent. In some cases no loans remained outstanding, and in others, where the loan charges had been met out of union funds, agreed rents are being paid to the Guardians.

(ii.) Other loans. The amount of other loans repaid in the year is £200,643, and apart from the casual wards loan above referred to, it has not been found necessary to raise any loan moneys for the sixth consecutive year.

(iii.) General. The total of all loans outstanding at 30 September, 1912, is therefore £2,284,221 (excluding one moiety of the casual wards loan which was not advanced until December, 1912), and under existing arrangements the amount will be entirely discharged by March, 1922.

(iv.) Estimates. For the purpose of the London County Council Money Bill, 1912, the sum of £100,000 was inserted to meet any capital outlay that the Managers might be called upon to incur during the period ending September, 1913. It was, however, found necessary to enlarge the sum, owing to the amount borrowed for casual ward purposes, by the sum of £50,000. The sum of £100,000 has again been estimated for the purposes of the 1913 Money Bill to cover the eighteen months ending September, 1914.

Rate estimates. 5. For some time past, by utilisation of the balances, it has been possible to recommend a lower rate of contribution than the estimated expenditure; but these balances having been substantially reduced, whilst the cost of coal, provisions, etc., and the number of inmates maintained have increased, the rate for each of the half-years ending September, 1912, and March, 1913, has been increased by ¼d. in the £. Of this sum, however, nearly ⅛d. for each half-year is included to cover the estimated expenditure of the casual wards, and inasmuch as the certified expenditure for these wards has, in the past, been met through the Guardians out of the Common Poor Fund, it is, from a Metropolitan point of view, not additional expenditure.

Banking arrangements. Urgency fund. 6. Under the Order issued by the Local Government Board during the year an urgency fund has been established, and a separate banking account opened, from which payments of an urgent nature, which do not permit of the delay occasioned by the observance of the usual routine, may be made. In accordance with the regulations approved by the Managers, payments may be made out of such fund pursuant to a resolution of the Finance Committee, or on the authority of the Chairman or Vice-Chairman of the Managers, and the Chairman or Vice-Chairman of the Finance Committee, or any two of them; all payments made being reported to the Managers by the Finance Committee. In practice the establishment of this fund has been found to be very convenient, and has also secured substantial discounts, where offered, in respect of cash payments.

Insurance. (i.) General. 7. The date of closing of the financial half-year having been extended from Lady Day to 31 March, the policies of insurance, guarantees, etc., which fell due for renewal at Lady Day in each year, have been similarly extended—in some cases without payment of any proportionate premium for the extra period covered.

(ii.) Fire. Following the practice of the Managers, and in the absence of any indication of special risks, the several casual wards have not been insured against risk of loss from fire.

(iii.) Third party risks. This insurance has been continued for a fourth year, and covers the Managers in respect of third party and other risks in connection with the ambulance service in excess of £5 for any one accident, but without limit to the number of accidents in the year.

(iv.) Fidelity and cash in transit. Arising on the report of the District Auditor the amount of the guarantee fixed in respect of the joint offices of Treasurer and Accountant has been reviewed; and, after considering the arrangements obtaining with other authorities, and the systems in operation, there appeared to be no reason for advising any increase in the amount fixed in 1906.

Following the precedent set in 1910, the cost of guarantees of the Head Office staff will, in future, be payable by the Managers.

During the year a small sum was stolen from the office of one of the accounting officers, and the amount has been refunded by the guaranteeing association.

(v.) Workmen's Compensation Act. Several minor claims have been received during the year, apart from those covered by the standing regulations of the Managers as to sick pay and allowances, and the same have been dealt with according to the facts.

During the year an employee who had sustained an accident in the course of his duties was retired on a superannuation allowance. This being less than the maximum compensation allowed by the Workmen's Compensation Act the allowance was supplemented by the difference, but the solicitors acting on behalf of the employee claimed that the maximum amount of compensation should be paid in addition to the amount of the pension. They have, however, since decided not to take the matter any further.

Assessments. (i.) Additions. 8. The assessments of the Casual Wards where separate from the properties of the Guardians on the 1 April last total £7,615 rateable value, and the assessments of other wards since divided amount to £347, or £7,962 together. There are still five other cases in which the assessments are not yet divided.

(ii.) Alterations. The assessment of the Bridge Industrial Home was increased from £284 10s. to £286 rateable value, part of which, however, was assessed as agricultural land, with the result that there is a slight reduction in the rates payable. The assessment of the gas works, etc., at Leavesden Asylum having been increased from £80 to £133 rateable value, objection was lodged on the ground that the works were disused, and on the hearing the assessment was reduced to £24 rateable value in respect of the premises occupied. The mortuary cottage assessment was increased from £4 10s. to £6 rateable value.

(iii.) Temporary reductions. By arrangement with the local Assessment Committee the rateable value of the Kensington Casual Ward, which has been closed down, has been reduced while the premises are unoccupied from £138 to £42 rateable value, which will result in a reduction in rates payable of £33 per annum. The reduced assessment of the South Western Ambulance Station and of West Wharf and Mead Station have again been continued, and give relief in payment of rates to the extent of £539 in the year. There is also relief in respect of the water rates payable on the reduced values.

Salaries and wages. 9. Important proposals modifying the scale in respect of staff nurses at the hospitals, nurses and attendants at the asylums, the teaching staff at the children's institutions, and other classes of officers, have been approved after conference with the representatives of the committees concerned, and submitted to the Managers. In addition the minor proposals approved have also been reported periodically. The effect of these and other alterations since 1909, when the new scale was adopted, have resulted in increases of pay being granted to over 2,500 officers, or about 40 per cent. of the staff, whilst at the close of the year other proposals are under consideration.

Superannuation. (i.) Statistics. 10. Under the provisions of the Superannuation Acts, 45 officers have been granted superannuation allowances during the year ended 30 September, 1912, amounting to £1,929 per annum; 13 persons in receipt of pensions amounting to £868 per annum have died during the year, leaving the number of pensioners at 269, and the amount of pensions at £13,074 per annum. Contributions from other authorities under the Asylums Officers' Superannuation Act, 1909, amount to £34 per annum, whilst there are 4 pensioners of Asylum Visiting Committees towards whose pension the Managers have agreed to contribute £26 per annum in respect of previous service under the Managers. The net total amount of pensions therefore payable amounts to £13,066 per annum in respect of 273 persons.

(ii.) Addition of years. Two recommendations for addition of years to the actual period of service of officers have been submitted during the year, but the circumstances did not appear to be such as to justify the endorsing of the recommendations.

(iii.) Return of contributions. Applications from members of the staff for the return of contributions on leaving the service have been received and dealt with in accordance with the Act.

(iv.) Asylums Officers' Superannuation Act, 1909. Officers granted superannuation allowances under this Act on the ground of incapacity for performance of duty are liable, in certain circumstances, on the incapacity ceasing, to serve again, and the Managers are required to satisfy themselves yearly or otherwise that the incapacity continues. Arrangements have accordingly been made for a report to be submitted annually by the Medical Officer for General Purposes.

Miscellaneous.

(i.) Application of proceeds of sales of property. 11. With the sanction of the Local Government Board the sum of £200, the proceeds of the sale of the brigantine Steadfast, is being applied towards defraying the cost of the new sea-going tender; and the sum of £131 10s., proceeds of the demolition of houses, 155 and 157, Peckham Rye, is being carried to the Common Fund of the District, as the Central Stores buildings were paid for out of current funds.

(ii.) Petrol duty. By the Finance (1909-10) Act, 1910, a rebate is allowed in certain circumstances off the petrol duty, but it has been held that the Managers are not entitled to any relief thereunder. As Local Authorities using spirit for motor fire engines and for motor cars in fire brigade service are, by the Finance Act, 1911, wholly exempted from this duty, representations have been made with a view to such exemption being extended to the spirit purchased for motor ambulances, and it is understood that an amendment of the law in this connection will be proposed accordingly when opportunity offers.

(iii.) Solicitor to the Board. The question of the appointment of a solicitor to the Board at a salary or otherwise has been again considered, but the small average amount of the fees paid during the past ten years, coupled with the fluctuating character of the Board's legal business, did not warrant any alteration of the existing arrangements which have worked satisfactorily for many years.

(iv.) Estimates of costs of works. Four estimates of costs of works, totalling £7,947, have been dealt with during the year.

(v.) Stocktaking. The stocks of goods in store at the several institutions have been verified by the Accountant for the fourth year in accordance with the system reported to the Managers, at a saving of over £100 a year, as compared with the previous system. The casual wards stocks at the commencement and end of the half-year ended 30 September, 1912, have also been verified similarly.

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

Extract of accounts and financial tables. 12. Statements of the year's income and expenditure, balance sheets and detailed financial and statistical tables are appended hereto.

(Signed) JACKSON HUNT,
Chairman.

APPENDIX I.—NATIONAL INSURANCE ACT, 1911 (PART I.).

PROVISION *re* EXCEPTED EMPLOYEES, REPRINTED FROM THE CERTIFICATES ISSUED BY THE COMMISSIONERS.

1. Provision in case of sickness.

Male adults in receipt of		Males—Youths in receipt of not less than 10/- per week including emoluments.	Females in receipt of not less than £50 per annum including emoluments.
Not less than £70 per annum including emoluments.	Not less than 20/- per week including emoluments.		
Full pay and emoluments for one month, and thereafter subject to one month's notice, not less than 10/- per week thereafter, until expiration of six months.	Full pay for one week, 10/- per week thereafter for 25 weeks.	Full pay for one week, 10/- per week for 25 weeks.	Full pay and emoluments for 26 weeks.

2. Provision in case of disablement.

(a) DURING FIRST TEN YEARS OF SERVICE—As provided by Section 8 of the Poor Law Officers' Superannuation Act, 1896, or by Section 10 of the Asylums Officers' Superannuation Act, 1909.

(b) AFTER TEN YEARS OF SERVICE—Pension as provided by the same Acts.

3. Provision for persons leaving employment.

Return of contributions as provided by Sections 7 and 8 of the Poor Law Officers' Superannuation Act, 1896, or by Section 10 of the Asylums Officers' Superannuation Act, 1909.

NOTE.—The Managers have, by resolution dated 15 June, 1912, also undertaken :—

"That their previous practice in regard to payments during sickness shall be continued to excepted employees."

APPENDIX II.—SUMMARY OF THE MAIN FINANCIAL STATISTICS OF THE DISTRICT.

NOTE.—Unless otherwise stated the following statistics relate to the financial year ended 30 September, 1912.

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 1912, was **4,518,191.**

The **rateable value** of the District was **£44,706,369** on the **6 April, 1911,** being an increase of **£123,979** (**0·27 per cent.**) during the year.

The produce of **one penny in the £** on the rateable value of the District at 30 September, 1912, represents **£186,193.**

The **precepts levied** by the Managers on the constituent parishes and unions of the District for the year work out at **5·4d. in the £,** and the **average** for the past five years was **5·6d. in the £.**

The **total expenditure** for the year was **£1,098,043** (Loan **£31,779,** and General **£1,066,264**), and the **average** for the past five years **£1,066,265** (Loan **£6,988,** and General **£1,059,277**).

The **expenditure** on general account for the year was **£1,066,264** as against the year's income of **£1,043,000**

The **rateable value** of the property occupied by the Board is **£163,338,** and the amount of the **rates paid** last year was **£56,722,** of which **£29,956** was paid to Metropolitan authorities, and **£26,766** to Provincial authorities.

The **borrowing powers** are limited to **one-fifth of the rateable value** of the District.

A **sanction to borrow £69,220** was received in the year for Casual Ward purposes.

The amount borrowed during the year was **£33,500,** making the total **amount borrowed** to 30 September, 1912, **£5,640,299.** The **amount repaid** in the year was **£200,643;** making the total amount of **loans discharged £3,456,078.**

The **amount of loans outstanding** at 30 September, 1912, was **£2,284,221,** and works out at **£5·11** for every **£100** of **rateable value,** and is **£0·50** per head of the population of the District as estimated by the Registrar-General at the middle of 1912.

The **rates of interest** on loans are **£2 15s. 0d. per cent., £3 7s. 1d. per cent.** and **£3 9s. 7d. per cent.** (the two latter rates being the equated rates payable on the London County Council Loans), and the average rate of interest at 30 September, 1912, was **3¼ per cent.**

The **number of institutions** under the control of the Managers is **69.**

The **number of persons** maintained by the Managers, on the last day of the year ended 30 September, 1912, was—

Permanent staff (excluding Head Office, Central Stores, Laboratories, and Stables)	5,577
Inmates	15,455
Total	21,032

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

1908	13,612
1909	13,687
1910	12,792
1911	13,401
1912	15,191

The **number of persons** in receipt of **superannuation allowances** at the end of the year was **273,** and the superannuation **payments,** excluding compensation, amounted to **£12,434** for the year.

The **percentage deductions** from the pay of the staff under the Poor Law and Asylum Officers' Superannuation Acts, during the year amounted to **£7,338,** after allowing for contributions refunded.

APPENDIX III.—Income and

Dr. *For Year, from 1 October,*

Year 1910-1911.	EXPENDITURE.	£	£
£	**To Direct Charges:—**		
124,510	**Maintenance** of inmates (including provisions, necessaries, clothing, and funerals)	136,777	
1,318	**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)	1,524	
125,828			**138,301**
	Common Charges:—		
	Maintenance of officers and servants—	£	
217,149	Salaries and wages	224,280	
81,243	Provisions (including allowances for rations) ..	84,914	
1,957	Necessaries	2,110	
7,027	Uniforms and sundries	6,193	
307,376		317,497	
	Buildings and establishment—		
	Works—		
23,380	Wages £12,287 ; Contracts and materials, £12,093	24,380	
	Gardening—		
4,679	Wages, £4,258 ; Plants, seeds, &c., £481	4,739	
	Furniture—	£	
12,621	Furniture and other articles ..	15,099	
9,717	Bedding and linen	11,420	
2,047	Earthenware	2,250	
1,469	Hardware	1,510	
25,854		30,279	
	Heating, lighting, and cleansing—		
14,708	Wages of engineering staff ..	15,075	
61,478	Coal and coke	59,451	
31,295	Gas, electric light, water and other supplies	33,207	
107,481		107,733	
161,394		167,131	
56,199	**Rates, rent, taxes, and insurance**	60,612	
8,818	**Medicines & medical & surgical appliances** ..	9,318	
	Miscellaneous expenses—		
7,039	Printing, stationery, postage and office expenses	7,994	
10,694	Other charges—running expenses of ambulance vehicles and travelling, Managers' sundry expenses (including Managers' contributions under The National Insurance Act, 1911, £332)	11,012	
17,733		19,006	
	Sundry general expenses—		
194,127	Repayment of loans	203,272	
86,120	Interest on loans	80,837	
15,878	Law expenses, pensions, notification fees, &c.	15,453	
296,125		299,562	
847,645		873,126	
	Deduct—		
4,370	Balances on industrial, &c., accounts ..	6,279	
3,833	Services of Nurses engaged in ambulance work and fees for hire of ambulances ..	3,716	
8,203		9,995	
839,442		863,131	
	Expenditure of a special character—		
51,574	Buildings—contract and non-contract ..	54,379	
16,991	Furniture, &c.	10,453	
68,565		64,832	
908,007			**927,963**
1,033,835	**Net Total Expenditure** (for details see pp. 116 to 123)		**1,066,264**
..	**Balance** carried down, being income in excess of expenditure for year		..
£1,033,835			**£1,066,264**

To **Balance** brought down, being expenditure in excess of income for year	£23,264
,, **Balance** on current account on 30 September, 1912, carried to balance sheet (p. 124) ..	123,767
	£147,031

Expenditure Account.

1911, to 30 September, 1912.

Cr.

INCOME.	£	£	*Year 1910-1911.* £
By Contributions from Parishes and Unions in the District :—			
In respect of Direct Charges	126,250		*121,000*
,, Common Charges (on rateable value)—	881,942		*839,570*
		1,008,192	**960,570**
Amounts paid by extra Metropolitan Authorities			
For maintenance of patients in hospitals and schools	9,169		*7,380*
,, boys on Exmouth	6,807		*6,238*
		15,976	**13,618**
Interest on balances in hands of bankers, &c.		**4,200**	**5,324**
Sundry receipts :—			
Rents of buildings and land (net)	4,795		*6,378*
Sale of ambulance vehicles and sundry receipts	716		*1,398*
Value of furniture and other stocks brought into account during year	1,783		*2,594*
Superannuation contributions	7,338		*6,977*
		14,632	**17,347**
Total Income		**1,043,000**	**996,859**
Balance carried down, being expenditure in excess of income for year		**23,264**	**36,976**

HEADS OF EXPENDITURE.

1910—1911.			1911—1912	
Amount.	Rate in the £.		Amount.	Rate in the £.
£	d.		£	d.
201,823	1·09	Imbeciles and feeble-minded ..	**212,779**	**1·14**
		Infectious sick—		
277,790	1·50	Fever	**295,466**	**1·59**
24,668	0·13	Smallpox	**17,718**	**0·10**
		Ambulance service—		
24,636	0·13	Land	**28,867**	**0·16**
6,274	0·03	River (including wharves) ..	**6,027**	**0·03**
20,024	0·11	Boys on training ship	**24,747**	**0·13**
153,046	0·83	Children of various classes ..	**137,644**	**0·74**
..	..	Casual poor	**17,023**	**0·09**
325,574	1·75	General expenses (including repayment of and interest on loans, printing, &c., and Head Office salaries and expenses)	**325,993**	**1·75**
£1,033,835	**5·57**		**£1,066,264**	**5·73**

(For details see pp. 116-123.)

The expenditure at the Bridge Industrial Home and Fountain (Temporary) Asylum is included under Imbeciles, &c., during 1911–1912 and under Children in 1910–1911.

	£1,066,264	**£1,033,835**
By **Balance** on current account on 1 October, 1911, brought forward		147,031
		£147,031

ANNUAL REPORT, 1912,

APPENDIX IV.—Details of Revenue Expenditure for the Year

(Figures for the year 1910—1911 are inserted

INSTITUTIONS	Daily Average Number.		Direct Charges.			Common Charges assessable on the Rateable Values of the								
						Maintenance of Officers and Servants.				Buildings and Establish-				
	Patients	Boarded Staff.	Maintenance of Inmates.	Other Direct Charges.	Total Direct Charges.	Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.	Gardening.	Furni-		
										Wages, Contracts and Materials.	Wages, Plants, Seeds, &c.	Furniture and other Articles.	Bedding and Linen.	Earthenware.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
HOSPITALS :-			£	£	£	£	£	£	£	£	£	£	£	£
Eastern	**249**	**193**	**2,409**	...	**2,409**	**8,056**	**3,546**	**79**	**228**	**670**	**155**	**660**	**366**	**112**
	221	191	2,150	...	2,150	8,012	3,443	65	287	626	158	505	382	105
North-Eastern	**472**	**306**	**5,410**	**1**	**5,411**	**11,536**	**5,465**	**130**	**384**	**886**	**404**	**630**	**650**	**136**
	377	279	4,169	...	4,169	10,987	5,147	122	325	819	392	601	671	132
North-Western	**330**	**220**	**3,329**	...	**3,329**	**8,869**	**3,826**	**89**	**299**	**691**	**161**	**472**	**583**	**92**
	275	207	2,892	...	2,892	8,621	3,732	100	405	956	155	508	514	97
Western ..	**340**	**230**	**3,741**	...	**3,741**	**8,863**	**4,523**	**114**	**290**	**1,023**	**250**	**606**	**432**	**76**
	272	220	2,952	...	2,952	8,859	4,272	116	367	805	237	504	413	76
South-Western	**233**	**176**	**2,864**	...	**2,864**	**7,109**	**3,504**	**88**	**253**	**994**	**165**	**487**	**404**	**103**
	241	179	2,776	1	2,777	7,405	3,546	94	229	985	156	369	283	91
Fountain ..	...	...	...	...	...	**10**	**6**	...	...	**251**	**12**	**3**	...	...
	3	13	41	...	41	647	133	1	5	228	58	13	15	1
Grove	**329**	**246**	**3,645**	...	**3,645**	**9,498**	**4,582**	**130**	**260**	**736**	**226**	**546**	**307**	**122**
	274	237	2,911	...	2,911	9,059	4,370	129	309	946	211	455	392	129
South-Eastern	**372**	**270**	**3,950**	...	**3,950**	**9,780**	**5,096**	**107**	**312**	**775**	**150**	**570**	**576**	**139**
	287	229	2,830	...	2,830	9,071	4,427	101	328	990	139	383	359	114
Brook	**348**	**233**	**3,737**	...	**3,737**	**9,238**	**4,296**	**107**	**236**	**964**	**289**	**627**	**506**	**98**
	283	224	2,992	...	2,992	9,253	4,185	96	368	1,005	304	594	540	97
Northern ..	**299**	**151**	**3,419**	**4**	**3,423**	**6,464**	**3,189**	**61**	**175**	**725**	**282**	**359**	**276**	**56**
	348	196	3,852	13	3,865	7,929	3,941	67	315	785	277	399	253	58
Southern ..	**489**	**240**	**5,197**	**2**	**5,199**	**8,790**	**4,479**	**64**	**293**	**848**	**268**	**579**	**655**	**80**
	278	184	3,058	2	3,060	7,128	3,307	62	176	831	274	570	244	44
Smallpox ..	...	**59**	**5**	...	**5**	**3,597**	**1,502**	**43**	**52**	**811**	**185**	**336**	**129**	**25**
	6	76	170	2	172	3,800	1,826	61	133	944	208	461	81	44
Carried forward	**3,461**	**2,324**	**37,706**	**7**	**37,713**	**91,810**	**44,014**	**1,012**	**2,782**	**9,374**	**2,547**	**5,875**	**4,884**	**1,039**
Carried forward	2,865	2,235	30,793	18	30,811	90,771	42,329	1,014	3,247	9,920	2,569	5,362	4,147	988

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

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

MENT.				MISCELLANEOUS.						EXPENDITURE OF A SPECIAL CHARACTER.				
ture. Hardware.	Heating, Lighting and Cleansing (including Wages).	RATES, RENT, TAXES, AND INSURANCE.	MEDICINES AND SURGICAL APPLIANCES.	Printing, Stationery, Postage and Office Expenses.	Travelling and Sundry Expenses.	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.**	Buildings.	Furniture, &c.	**Total.**	**Total Common Charges.** Columns 24 and 27.	**TOTAL EXPENDITURE FOR YEAR.** Columns 5 and 28.
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£		£	£	£	£	£	£	£	£
69	**3,526**	**1,571**	**410**	**189**	**45**	...	**19,682**	**566**	**19,116**	**2,911**	**141**	**3,052**	**22,168**	**24,577**
69	3,486	1,533	644	184	44	...	19,543	684	18,859	3,523	...	3,523	22,382	24,532
67	**4,755**	**3,657**	**1,281**	**244**	**79**	...	**30,304**	**49**	**30,255**	**1,350**	...	**1,350**	**31,605**	**37,016**
52	5,159	3,656	1,251	228	83	...	29,625	...	29,625	953	...	953	30,578	34,747
94	**4,145**	**1,991**	**922**	**251**	**44**	...	**22,529**	**354**	**22,175**	**1,026**	...	**1,026**	**23,201**	**26,530**
70	4,157	1,969	691	227	28	...	22,230	308	21,922	1,093	...	1,093	23,015	25,907
77	**4,482**	**2,586**	**583**	**283**	**54**	...	**24,242**	**537**	**23,705**	**4,803**	...	**4,803**	**28,508**	**32,249**
50	4,430	2,643	641	223	28	...	23,664	581	23,083	985	...	985	24,068	27,020
46	**5,173**	**1,802**	**347**	**178**	**42**	...	**20,695**	**16**	**20,679**	**2,756**	...	**2,756**	**23,435**	**26,299**
32	5,111	1,802	482	161	26	...	20,772	2	20,770	1,003	...	1,003	21,773	24,550
...	**18**	**227**	...	...	...	...	**527**	...	**527**	...	...	...	**527**	**527**
1	475	958	1	2	2	...	2,540	...	2,540	18	...	18	2,558	2,599
31	**5,994**	**2,945**	**452**	**226**	**70**	...	**26,125**	**18**	**26,107**	**970**	...	**970**	**27,077**	**30,722**
32	6,204	2,912	463	216	48	...	25,875	2	25,873	395	...	395	26,268	29,179
47	**5,155**	**2,380**	**451**	**245**	**69**	...	**25,852**	**557**	**25,295**	**811**	...	**811**	**26,106**	**30,056**
52	4,982	2,430	589	219	35	...	24,219	614	23,605	512	...	512	24,117	26,947
73	**5,889**	**3,770**	**557**	**240**	**66**	...	**26,956**	**363**	**26,593**	**1,082**	...	**1,082**	**27,675**	**31,412**
43	6,095	3,770	621	225	69	...	27,265	352	26,913	1,686	...	1,686	28,599	31,591
48	**3,846**	**2,817**	**134**	**212**	**209**	...	**18,853**	**33**	**18,820**	**2,381**	...	**2,381**	**21,201**	**24,624**
31	4,500	2,392	148	227	152	...	21,474	(Add) 3	21,477	979	...	979	22,456	26,321
36	**5,068**	**2,279**	**262**	**303**	**513**	...	**24,517**	**8**	**24,509**	**1,746**	...	**1,746**	**26,255**	**31,454**
15	4,591	1,959	161	195	425	...	19,982	35	19,947	1,390	...	1,390	21,337	24,397
10	**3,437**	**4,560**	**10**	**44**	**409**	...	**15,150**	**874**	**14,276**	**3,437**	...	**3,437**	**17,713**	**17,718**
96	4,233	4,613	91	74	494	...	17,159	83	17,076	1,837	5,583	7,420	24,496	24,668
598	**51,488**	**30,585**	**5,409**	**2,415**	**1,600**	...	**255,432**	**3,375**	**252,057**	**23,273**	**141**	**23,414**	**275,471**	**313,184**
543	53,423	30,637	5,783	2,181	1,434	...	254,348	2,658	251,690	14,374	5,583	19,957	271,647	302,458

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

ANNUAL REPORT, 1912,

APPENDIX IV.—Details of Revenue Expenditure for the Year

(Figures for the year 1910—1911 are inserted

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the								
						MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISH-				
	PATIENTS.	BOARDED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total Direct Charges.	Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.	Gardening.	Furni-		
										Wages, Contracts and Materials.	Wages, Plants, Seeds &c.	Furniture, and other articles.	Bedding and Linen.	Earthenware
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Brought forward ..	**3,461**	**2,324**	**£ 37,706**	**£ 7**	**£ 37,713**	**£ 91,810**	**£ 44,014**	**£ 1,012**	**£ 2,782**	**£ 9,374**	**£ 2,547**	**£ 5,875**	**£ 4,884**	**£ 1,03**
Brought forw'd	2,865	2,235	30,793	18	30,811	90,771	42,329	1,014	3,247	9,920	2,569	5,362	4,147	98
AMBULANCE SERVICE :—														
Eastern Station	...	**26**	...	...	...	**1,957**	**460**	...	**92**	**55**	...	**40**	**11**	
	...	28	...	...	...	2,152	481	...	112	81	...	61	18	
North Western Station ..	...	**17**	...	...	...	**1,147**	**347**	...	**51**	**83**	...	**65**	**13**	
	...	17	...	...	...	1,134	339	...	47	73	...	36	8	
Western Station	...	**27**	...	...	...	**1,981**	**589**	...	**96**	**59**	...	**79**	**14**	
	...	28	...	...	...	2,085	577	...	59	50	...	42	21	
South Western Station....	...	...	...	...	...	**139**	**43**	...	**2**	**61**	...	...	...	...
	...	...	...	...	...	141	45	...	...	19	...	...	...	...
South Eastern Station....	...	**26**	...	...	...	**1,983**	**512**	...	**110**	**63**	...	**55**	**7**	
	...	27	...	...	...	2,065	536	...	89	42	...	47	23	
Brook Station	...	**21**	...	...	...	**1,492**	**419**	...	**68**	**73**	...	**55**	**23**	
	...	22	...	...	...	1,522	428	...	41	54	...	34	12	
Mead Station	...	...	...	...	...	**103**	...	...	**1**	**36**	...	**76**	...	...
	...	...	...	...	...	135	...	...	3	19	...	24	...	...
Tooting Bec ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	...	...	...	...	...	...	...	...	...	...	...	...	...	...
River Service	...	**16**	...	...	...	**2,388**	**439**	**47**	**20**	**330**	...	**120**	**39**	
	...	16	...	...	...	2,455	423	55	70	190	2	66	31	
Totals ..	...	**133**	...	...	...	**11,190**	**2,809**	**47**	**440**	**760**	...	**490**	**107**	**2**
Totals ..	...	138	...	...	...	11,689	2,829	55	421	528	2	310	113	2
ASYLUMS, &c.:														
Leavesden ..	**2,070**	**136**	**17,489**	**72**	**17,561**	**14,730**	**5,307**	**63**	**440**	**2,602**	**198**	**1,058**	**1,061**	**18**
	2,009	134	17,835	68	17,903	14,666	5,145	60	507	1,882	206	976	1,323	18
Caterham ..	**2,033**	**229**	**16,578**	**31**	**16,609**	**13,605**	**5,009**	**68**	**458**	**2,208**	**186**	**934**	**917**	**8**
	2,041	226	17,265	26	17,291	13,764	4,801	61	605	2,080	173	917	702	9
Tooting Bec ..	**1,072**	**266**	**8,139**	**110**	**8,249**	**11,366**	**4,515**	**116**	**318**	**1,114**	**281**	**453**	**512**	**11**
	1,050	267	8,206	150	8,356	11,769	4,572	84	396	1,296	311	455	401	12
Fountain	**312**	**76**	**2,659**	**28**	**2,687**	**3,337**	**1,411**	**21**	**102**	**504**	**54**	**343**	**386**	**4**
(Temporary)	53	13	503	...	503	483	140	8	18	74	...	42	1	
Darenth Ind.	**1,900**	**240**	**16,577**	**54**	**16,631**	**12,930**	**4,035**	**97**	**312**	**2,026**	**253**	**1,329**	**1,452**	**17**
Colony	1,980	258	17,080	9	17,089	13,683	4,887	75	444	2,319	272	939	1,478	18
Bridge Ind.	**185**	**15**	**1,808**	**11**	**1,819**	**1,105**	**273**	**5**	**4**	**159**	**10**	**85**	**37**	
Home	191	16	1,923	8	1,931	1,115	290	6	23	225	9	152	128	1
Totals ..	**7,572**	**962**	**63,250**	**306**	**63,556**	**57,073**	**20,550**	**370**	**1,634**	**8,613**	**982**	**4,202**	**4,365**	**60**
Totals ..	7,324	914	62,812	261	63,073	55,480	19,835	294	1,993	7,876	971	3,481	4,033	6
Carried forward	**11,033**	**3,419**	**100,956**	**313**	**101,269**	**160,073**	**67,373**	**1,429**	**4,856**	**18,747**	**3,529**	**10,567**	**9,356**	**1,60**
Carried forward	10,189	3,287	93,605	279	93,884	157,940	64,993	1,363	5,661	18,324	3,542	9,153	8,293	1,6

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

The Bridge Industrial Home and Fountain Hospital (Feeble-minded Colony) expenditure which was shown under Children's

from 1 October, 1911, to 30 September, 1912 *(continued)*.
under the figures for the year 1911—1912.)

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

MENT.				MISCELLANEOUS.						EXPENDITURE OF A SPECIAL CHARACTER.				
ture. Hardware.	Heating, Lighting, and Cleansing (including Wages).	RATES, RENT, TAXES, AND INSURANCE.	MEDICINES AND SURGICAL APPLIANCES.	Printing, Stationery, Postage and Office Expenses.	Travelling and Sundry Expenses. *	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.**	Buildings.	Furniture, &c.	**Total.**	**Total Common Charges.** Columns 24 and 27.	**TOTAL EXPENDITURE FOR YEAR.** Columns 5 and 28.
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
598	**51,488**	**30,585**	**5,409**	**2,415**	**1,600**	...	**255,432**	**3,375**	**252,057**	**23,273**	**141**	**23,414**	**275,471**	**313,184**
543	53,423	30,637	5,783	2,181	1,434	...	254,348	2,658	251,690	14,374	5,583	19,957	271,647	302,458
2	**285**	**207**	...	**26**	**1,080**	...	**4,217**	**171**	**4,046**	**151**	**655**	**806**	**4,852**	**4,852**
6	313	229	...	28	1,258	...	4,741	160	4,581	24	3,144	3,168	7,749	7,749
3	**294**	**203**	...	**27**	**456**	...	**2,692**	**262**	**2,430**	**184**	**1,067**	**1,251**	**3,681**	**3,681**
1	286	202	...	18	432	...	2,578	255	2,323	...	3	3	2,326	2,326
2	**315**	**294**	...	**28**	**1,202**	...	**4,661**	**484**	**4,177**	**32**	**512**	**544**	**4,721**	**4,721**
2	305	297	...	22	1,129	...	4,592	567	4,025	...	53	53	4,078	4,078
...	**35**	**49**	...	...	**2**	...	**331**	...	**331**	**97**	...	**97**	**428**	**428**
...	47	77	...	...	...	...	329	...	329	...	...	...	329	329
4	**290**	**259**	...	**31**	**1,064**	...	**4,381**	**397**	**3,984**	**170**	**4,403**	**4,573**	**8,557**	**8,557**
3	308	266	...	33	1,134	...	4,550	283	4,267	57	457	514	4,781	4,781
4	**234**	**260**	...	**21**	**525**	...	**3,177**	**68**	**3,109**	**107**	**1,399**	**1,506**	**4,615**	**4,615**
3	238	261	...	20	656	...	3,272	31	3,241	...	573	573	3,814	3,814
...	**113**	**232**	...	**14**	**1,396**	...	**1,971**	...	**1,971**	**19**	**23**	**42**	**2,013**	**2,013**
...	90	235	...	8	1,011	...	1,525	...	1,525	19	4	23	1,548	1,548
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	11	...	11	11	11
1	**880**	**1,055**	**1**	**18**	**14**	...	**5,359**	...	**5,359**	**668**	...	**668**	**6,027**	**6,027**
4	963	1,086	2	19	18	...	5,392	...	5,392	882	...	882	6,274	6,274
16	**2,446**	**2,559**	**1**	**165**	**5,739**	...	**26,789**	**1,382**	**25,407**	**1,428**	**8,059**	**9,487**	**34,894**	**34,894**
19	2,550	2,653	2	148	5,638	...	26,979	1,296	25,683	993	4,234	5,227	30,910	30,910
161	**6,944**	**1,517**	**409**	**271**	**397**	...	**35,338**	**434**	**34,904**	**566**	...	**566**	**35,470**	**53,031**
186	7,259	1,688	510	258	416	...	35,267	535	34,732	1,961	...	1,961	36,693	54,596
178	**6,810**	**2,052**	**351**	**250**	**248**	...	**33,362**	**740**	**32,622**	**1,600**	...	**1,600**	**34,222**	**50,831**
223	6,483	2,001	394	242	211	...	32,754	(add.) 43	32,797	1,630	84	1,714	34,511	51,802
30	**5,622**	**3,688**	**294**	**235**	**83**	...	**28,746**	**54**	**28,692**	**1,430**	**106**	**1,536**	**30,228**	**38,477**
60	6,046	3,645	171	209	70	...	29,613	44	29,569	1,105	...	1,105	30,674	39,030
20	**2,315**	**979**	**85**	**166**	**58**	...	**9,823**	**20**	**9,803**	**648**	**1,103**	**1,751**	**11,554**	**14,241**
4	721	235	10	15	17	...	1,772	...	1,772	138	...	138	1,910	2,413
103	**7,566**	**3,032**	**246**	**304**	**426**	...	**34,282**	**3,231**	**31,051**	**3,633**	**554**	**4,187**	**35,238**	**51,869**
85	7,884	2,615	183	262	372	...	35,681	3,354	32,327	6,445	534	6,979	39,306	56,395
12	**688**	**136**	**10**	**42**	**128**	...	**2,703**	**393**	**2,310**	**201**	...	**201**	**2,511**	**4,330**
29	667	162	13	28	122	...	2,982	176	2,806	126	...	126	2,932	4,863
504	**29,945**	**11,404**	**1,395**	**1,268**	**1,340**	...	**144,254**	**4,872**	**139,382**	**8,078**	**1,763**	**9,841**	**149,223**	**212,779**
587	29,060	10,346	1,281	1,014	1,208	...	138,069	4,066	134,003	11,405	618	12,023	146,026	209,099
1,118	**83,879**	**44,548**	**6,805**	**3,848**	**8,679**	...	**426,475**	**9,629**	**416,846**	**32,779**	**9,963**	**42,742**	**459,588**	**560,857**
1,149	85,033	43,636	7,066	3,343	8,280	...	419,396	8,020	411,376	26,772	10,435	37,207	448,583	542,467

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.

Homes, &c., for 1911, is now included in the totals under Asylums, &c., for comparative purposes.

APPENDIX IV.—Details of Revenue Expenditure for the Year

(Figures for the year 1910—1911 are inserted

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the								
						MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISH-				
										Works.	Gardening.	Furni-		
	PATIENTS.	BOARDED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total Direct Charges.	Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Wages, Contracts and Materials.	Wages, Plants, Seeds, &c.	Furniture and other articles.	Bedding and Linen.	Earthenware.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
			£	£	£	£	£	£	£	£	£	£	£	£
Brought forward ..	**11,033**	**3,419**	**100,956**	**313**	**101,269**	**160,073**	**67,373**	**1,429**	**4,856**	**18,747**	**3,529**	**10,567**	**9,356**	**1,668**
Brought forw'd	10,189	3,287	93,605	279	93,884	157,940	64,993	1,363	5,661	18,324	3,542	9,153	8,293	1,620
CHILDREN'S HOSPITALS, HOMES AND SCHOOLS :—														
Queen Mary's Hospital ..	**827**	**296**	**7,842**	**13**	**7,855**	**9,363**	**5,037**	**92**	**333**	**1,013**	**489**	**944**	**429**	**186**
	737	281	6,466	12	6,478	9,246	5,275	108	267	893	475	769	394	131
Park Hospital for Children..	**649**	**289**	**7,101**	**...**	**7,101**	**9,817**	**5,392**	**191**	**155**	**1,432**	**234**	**1,136**	**640**	**212**
	416	222	5,440	2	5,442	7,782	4,102	107	403	1,310	220	749	222	116
S. Anne's ..	**131**	**24**	**1,024**	**87**	**1,111**	**1,151**	**425**	**14**	**18**	**253**	**23**	**73**	**44**	**21**
	131	24	1,034	77	1,111	1,172	427	13	21	225	16	71	34	11
East Cliff ..	**119**	**33**	**1,132**	**97**	**1,229**	**1,148**	**683**	**17**	**28**	**187**	**3**	**167**	**43**	**12**
	124	32	1,078	114	1,192	1,182	663	17	23	232	1	87	26	15
Millfield ..	**120**	**24**	**1,247**	**56**	**1,303**	**1,028**	**439**	**12**	**17**	**147**	**59**	**93**	**37**	**12**
	119	24	1,316	68	1,384	1,094	460	11	28	171	59	87	40	11
The Downs ..	**325**	**79**	**2,719**	**33**	**2,752**	**3,779**	**1,438**	**48**	**71**	**447**	**120**	**265**	**196**	**31**
	281	75	2,282	28	2,310	3,781	1,429	42	49	421	90	257	138	26
White Oak ..	**340**	**72**	**2,939**	**60**	**2,999**	**3,674**	**1,296**	**30**	**80**	**355**	**145**	**242**	**202**	**45**
	341	73	2,895	44	2,939	3,731	1,315	29	90	366	143	289	212	46
High Wood ..	**339**	**76**	**3,031**	**63**	**3,094**	**3,635**	**1,329**	**39**	**69**	**288**	**133**	**210**	**150**	**31**
	324	74	2,876	52	2,928	3,542	1,355	35	56	218	129	242	143	38
Lloyd Street ..	**20**	**4**	**206**	**...**	**206**	**140**	**66**	**9**	**...**	**23**	**...**	**12**	**10**	**1**
	25	4	262	...	262	177	69	9	3	27	1	16	19	1
Elm Grove ..	**10**	**3**	**81**	**...**	**81**	**107**	**45**	**6**	**...**	**4**	**...**	**4**	**25**	**...**
	13	3	101	...	101	124	52	11	1	30	...	3	3	...
Earlsfield Road	**7**	**2**	**73**	**...**	**73**	**76**	**37**	**3**	**1**	**4**	**...**	**3**	**...**	**...**
	9	2	86	...	86	87	37	9	2	11	...	9	3	...
Surrey House..	**14**	**3**	**135**	**...**	**135**	**93**	**48**	**6**	**3**	**5**	**...**	**5**	**1**	**1**
	18	3	160	...	160	117	55	12	4	18	...	11	8	2
Totals ..	**2,901**	**905**	**27,530**	**409**	**27,939**	**34,011**	**16,235**	**467**	**775**	**4,158**	**1,206**	**3,154**	**1,777**	**552**
Totals ..	2,538	817	23,996	397	24,393	32,035	15,239	403	947	3,922	1,134	2,590	1,242	397
Carried forward	**13,934**	**4,324**	**128,486**	**722**	**129,208**	**194,084**	**83,608**	**1,896**	**5,631**	**22,905**	**4,735**	**13,721**	**11 133**	**2,220**
Carried forward	12,727	4,104	117,601	676	118,277	189,975	80,232	1,766	6,608	22,246	4,676	11,743	9,535	2,017

The Bacteriological Laboratories and Stables, and Central Stores working expenditure (see Appendix XIV.) is charged to the severa
The Bridge Industrial Home and Fountain Hospital (Feeble-minded Colony) expenditure for the year 1911 i

From 1 October, 1911, to 30 September, 1912 (*continued*).
(Under the figures for the year 1911—1912.)

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

ENT. re.	Heating, Lighting and Cleansing (including Wages).	Rates, Rent, Taxes, and Insurance.	Medicines and Surgical Appliances.	Miscellaneous. Printing, Stationery, Postage and Office Expenses.	Miscellaneous. Travelling and Sundry Expenses. *	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. Buildings.	Furniture, &c.	Total.	Total Common Charges. Columns 24 and 27.	TOTAL EXPENDITURE FOR YEAR. Columns 5 and 28.
rd- re.														
5)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	27)	(28)	(29)
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
18	83,879	44,548	6,805	3,848	8,679	...	426,475	9,629	416,846	32,779	9,963	42,742	459,588	560,857
49	85,033	43,636	7,066	3,343	8,280	...	419,396	8,020	411,376	26,772	10,435	37,207	448,583	542,467
31	7,012	2,684	989	289	390	...	29,331	138	29,193	5,780	138	5,918	35,111	42,966
59	7,090	2,620	697	236	409	...	28,669	149	28,520	19,195	806	20,001	48,521	54,999
15	6,444	3,152	745	250	177	...	30,092	70	30,022	3,141	352	3,493	33,515	40,616
72	5,939	3,186	353	244	145	...	24,950	...	24,950	1,506	5,750	7,256	32,206	37,648
7	415	203	41	56	91	...	2,835	16	2,819	242	...	242	3,061	4,172
7	391	207	43	41	84	...	2,763	(add) 5	2,768	...	...	...	2,768	3,879
15	476	204	109	35	76	...	3,203	2	3,201	334	...	334	3,535	4,764
7	497	206	78	40	106	...	3,180	...	3,180	50	...	50	3,230	4,422
8	456	93	20	43	113	...	2,577	6	2,571	292	...	292	2,863	4,166
6	493	92	16	42	105	...	2,715	8	2,707	285	...	285	2,992	4,376
13	1,345	1,103	122	81	74	...	9,133	(add) 2	9,135	1,765	...	1,765	10,900	13,652
11	1,394	1,088	118	71	103	...	9,018	3	9,015	125	...	125	9,140	11,450
34	1,722	1,420	217	78	114	...	9,654	64	9,590	352	...	352	9,942	12,941
29	1,846	1,319	207	75	116	...	9,813	21	9,792	2,020	...	2,020	11,812	14,751
9	1,728	959	174	84	134	...	8,982	(add) 28	9,010	558	...	558	9,568	12,662
27	1,815	1,015	167	88	162	...	9,032	7	9,025	246	...	246	9,271	12,199
1	95	128	6	5	17	...	513	...	513	15	...	15	528	734
2	108	75	7	12	20	...	546	...	546	...	...	...	546	808
	28	32	2	2	5	...	260	...	260	...	...	...	260	341
1	35	31	3	3	7	...	304	...	304	...	...	...	304	405
	32	12	1	4	3	...	176	...	176	...	...	...	176	249
1	35	12	2	4	7	...	219	...	219	...	...	...	219	305
	53	20	2	3	6	...	246	...	246	...	...	...	246	381
1	60	20	3	3	8	...	322	...	322	46	...	46	368	528
3	19,806	10,010	2,428	930	1,200	...	97,002	266	96,736	12,479	490	12,969	109,705	137,644
3	19,703	9,871	1,694	859	1,272	...	91,531	183	91,348	23,473	6,556	30,029	121,377	145,770
1	103,685	54,558	9,233	4,778	9,879	...	523,477	9,895	513,582	45,258	10,453	55,711	569,293	698,501
2	104,736	53,507	8,760	4,202	9,552	...	510,927	8,203	502,724	50,245	16,991	67,236	569,960	688,237

lishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads.
n under Asylums, &c., for comparative purposes. * Includes running expenses of ambulance vehicles.

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

(Figures for the year 1910—1911 are inserted

INSTITUTIONS.	Daily Average Number.		DIRECT CHARGES.			COMMON CHARGES assessable on the Rateable Values of the								
						Maintenance of Officers and Servants.				Buildings and Establish-				
	Patients.	Boarded Staff.	Maintenance of Inmates.	Other Direct Charges.	Total Direct Charges.	Salaries and Wages.	Provisions.	Necessaries.	Uniforms and Sundries.	Works.	Gardening.	Furni-		
										Wages, Contracts and Materials.	Wages, Plants, Seeds, &c.	Furniture and other articles.	Bedding and Linen.	Earthenware
	(1)	(2)	(3)	(4	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(1
			£	£	£	£	£	£	£	£	£	£	£	£
Brot. forward	**13,934**	**4,324**	**128,486**	**722**	**129,208**	**194,084**	**83,608**	**1,896**	**5,631**	**22,905**	**4,735**	**13,721**	**11,133**	**2,**
Brot. forward	12,727	4,104	117,601	676	118,277	189,975	80,232	1,766	6,608	22,246	4,676	11,743	9,535	2,(
TRAIN'G SHIP	**672**	**39**	**7,344**	**802**	**8,146**	**4,616**	**1,033**	**179**	**336**	**830**	**2**	**628**	**219**	
EXMOUTH ..	674	41	6,909	642	7,551	4,662	1,011	191	300	929	2	710	165	
Casual Wards	**585**	...	**947**	...	**947**	**3,328**	**273**	**35**	**104**	**232**	...	**292**	**58**	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
GENERAL EXPENSES														
Office of Board	...	...	...	...	...	**22,252**	...	...	**122**	**413**	**2**	**394**	**10**	
	...	...	...	...	...	22,512	...	...	119	205	1	134	17	
Samples and Analysing	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	—	...	...	...	...	...	
Litters—	...	...	...	...	...	...	...	...	...	...	...	**64**	...	
Depreciation	...	...	...	...	...	...	...	...	...	...	...	34	...	
Telephones ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Insurance, Fire	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Dresden Exhibition	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Loans—														
Instalments	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Interest ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Legal Expenses	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Superannuation Allowances and Compensation and Gratuities	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Repayment of Notification Fees ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
	...	...	...	...	...	...	...	...	...	...	...	...	...	
Totals ..	...	...	...	...	...	**22,252**	...	...	**122**	**413**	**2**	**458**	**10**	
Totals ..	...	...	...	...	...	22,512	...	...	119	205	1	168	17	
Grand Totals for Year 1911-1912	**15,191**	**4,363**	**136,777**	**1,524**	**138,301**	**224,280**	**84,914**	**2,110**	**6,193**	**24,380**	**4,739**	**15,099**	**11,420**	**2,**
Grand Totals for Year 1910—1911	13,401	4,145	124,510	1,318	125,828	217,149	81,243	1,957	7,027	23,380	4,679	12,621	9,717	2,

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

* Includes running expenses of ambulance vehicles.

from 1 October, 1911, to 30 September, 1912 (*continued.*)
under the figures for the year 1911—1912.)

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

MENT				MISCELLANEOUS.						EXPENDITURE OF A SPECIAL CHARACTER.				
ture. Hardware.	Heating, Lighting and Cleansing (including Wages).	Rates, Rent, Taxes, and Insurance.	Medicines and Surgical Appliances.	Printing, Stationery, Postage and Office Expenses.	Travelling and Sundry Expenses. *	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.**	Buildings.	Furniture, &c.	**Total.**	**Total Common Charges.** Columns 24 and 27.	**TOTAL EXPENDITURE FOR YEAR.** Columns 5 and 28.
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
,411	103,685	54,558	9,233	4,778	9,879	...	523,477	9,895	513,582	45,258	10,453	55,711	569,293	698,501
,372	104,736	53,507	8,760	4,202	9,552	...	510,927	8,203	502,724	50,245	16,991	67,236	569,960	688,237
86	2,059	615	63	180	374	...	11,244	18	11,226	5,375	...	5,375	16,601	24,747
94	2,091	610	58	146	369	...	11,365	...	11,365	1,108	...	1,108	12,473	20,024
10	1,312	3,012	22	91	48	3,881	12,704	82	12,622	3,454	...	3,454	16,076	17,023
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	677	765	...	2,945	359	...	27,942	...	27,942	292	...	292	28,234	28,234
3	654	555	...	2,691	340	...	27,234	...	27,234	221	...	221	27,455	27,455
...	...	...	...	...	352	...	352	...	352	...	...	...	352	352
...	...	...	...	...	393	...	393	...	393	...	...	...	393	393
...	...	...	...	...	...	...	64	...	64	...	...	...	64	64
...	...	...	...	...	...	...	34	...	34	...	...	...	34	34
...	...	1,375	...	...	...	...	1,375	...	1,375	...	...	...	1,375	1,375
...	...	1,208	...	...	...	...	1,208	...	1,208	...	...	...	1,208	1,208
...	...	287	...	...	...	...	287	...	287	...	...	...	287	287
...	...	319	...	...	...	...	319	...	319	...	...	...	319	319
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	40	...	40	...	40	...	...	...	40	40
...	...	...	...	...	...	200,643	200,643	...	200,643	...	...	...	200,643	200,643
...	...	...	...	...	...	194,127	194,127	...	194,127	...	...	...	194,127	194,127
...	...	...	...	...	...	79,585	79,585	...	79,585	...	...	...	79,585	79,585
...	...	...	...	...	...	86,120	86,120	...	86,120	...	...	...	86,120	86,120
...	...	...	...	...	...	59	59	...	59	...	...	...	59	59
...	...	...	...	...	...	300	300	...	300	...	...	...	300	300
...	...	...	...	...	...	12,524	12,524	...	12,524	...	...	...	12,524	12,524
...	...	...	...	...	...	12,515	12,515	...	12,515	...	...	...	12,515	12,515
...	...	...	...	...	...	2,870	2,870	...	2,870	...	...	...	2,870	2,870
...	...	...	...	...	...	3,063	3,063	...	3,063	...	...	...	3,063	3,063
3	677	2,427	...	2,945	711	295,681	325,701	...	325,701	292	...	292	325,993	325,993
3	654	2,082	...	2,691	773	296,125	325,353	...	325,353	221	...	221	325,574	325,574
,510	107,733	60,612	9,318	7,994	11,012†	299,562	873,126	9,995	863,131	54,379	10,453	64,832	927,963	1,066,264
,469	107,481	56,199	8,818	7,039	10,694	296,125	847,645	8,203	839,442	51,574	16,991	68,565	908,007	1,033,835

stablishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads.
† Includes £332 Manager's contributions under National Insurance Act, 1911.

LIABILITIES.

LOAN ACCOUNT.

Loans.

	£	£	£
Loans outstanding 30 September, 1911	2,451,364		
Loan received during the year	33,500	2,484,864	
Less Instalments of loans repaid during year		200,643	
Loans outstanding 30 September, 1912			2,284,221
London County Council	£2,170,900		
Public Works Loan Commissioners	113,321		
	£2,284,221		

(See statement, p. 127).

Balance.

Instalments repaid		3,356,078	
Expenditure paid out of current account, and sundry receipts		*312,250	
			3,668,328
Total on Loan Account			**£5,952,549**

GENERAL ACCOUNT.

Suspense Adjustment Account.

	£	£
Donations to certain institutions unexpended at 30 September, 1912	3	
Amounts due from Extra Metropolitan Authorities for maintenance and treatment of inmates, to be credited to Parishes and Unions when received	7,243	
Proceeds of sale of brigantine "Steadfast" awaiting application	200	
		7,446

Sundry Creditors.

Tradesmen's accounts and other amounts owing		82,891

Legacies.

		£	
Captain Brown's legacy to the Training Ship (£119), less legal expenses	£115		
Add interest unapplied	4		
	—	119	
William Thomas Farguson's legacy to the Homerton Smallpox Hospital (£100), and accumulated income	£168		
Add interest unapplied	3		
	—	171	
George Dryden's legacy to the Stockwell Smallpox Hospital less books purchased for Hospital Ships	£114		
Add interest unapplied	1		
	—	115	
George Cook's legacy to Darenth Asylum (£100), less legal expenses	£73		
Add interest unapplied	2		
	—	75	
Mrs. M. E. Bates' legacy to the Eastern Hospital (£100), less books purchased	£94		
Add interest unapplied	2		
	—	96	
			576

Students' Fees for Clinical Instruction.

	Total at 30 Sept., 1911.	In Year to 30 Sept., 1912.	Total at 30 Sept., 1912.		
Amounts received from students	£21,603	£871	£22,474		
Less amounts paid to medical superintendents for clinical instruction	13,150	694	13,844		
	£8,453	177	£8,630		
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		
			—	1,130	

Balance on Current Account.

Net balance in favour of Parishes and Unions in the District	123,767	
Total on General Account		**215.810**
Grand Total		**£6,168,359**

* In addition to these figures, large amounts of expenditure of a capital nature

PROPERTY ASSETS AND CAPITAL OUTLAY.

LOAN ACCOUNT.

Capital Outlay.

	£
Land, buildings, fittings, and furniture (original cost) (For details, see statement p. 126).	*5,950,828

Cash.

London County and Westminster Banking Company, Limited—balance in their hands	1,721
Total on Loan Account	**£5,952,549**

GENERAL ACCOUNT.

Stock.

	£
Goods at central stores and at the various institutions, including unused railway tickets and postage stamps	97,462

Sundry Debtors.

Extra-Metropolitan Authorities and other sundry debtors	7,994

Legacies (Investment Accounts).

	£	
Brown's legacy—£104 14s., 3½ per cent stock, London County Council (Metropolitan Board of Works) (at cost)	115	
Farguson's legacy—£173 17s. 2d., consols (at cost)	168	
Dryden's legacy—£124 3s. 0d., consols (at cost)	114	
Cook's legacy—£75 18s. 4d., consols (at cost)	73	
Bates' legacy—£100, 3 per cent. stock, London County Council (at cost)	94	
		564

Cash.

	£	£	
London County and Westminster Banking Company, Limited—			
Balances in their hands	132,832		
Less unpresented cheques	63,231		
	69,601		
Cheques drawn in advance for payments for ensuing year	37,916		
		107,517	
Accounting officers—balances in their hands		2,273	
			109,790
Total on General Account			**215,810**
Grand Total			**£6,168,359**

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 1 October, 1911		Expenditure in year to 30 Septr., 1912.		Total Expenditure at 30 September, 1912.		
	Land.	Buildings, &c.	Land.	Buildings, &c.	Land.	Buildings, &c.	TOTAL.
	£	£	£	£	£	£	£
Asylums, &c.—							
Leavesden	16,506	214,040	..	..	16,506	214,040	230,546
Caterham	14,965	216,789	..	..	14,965	216,789	231,754
Tooting Bec	27,682	303,159	..	..	27,682	303,159	330,841
Fountain	3,936	143,232	..	..	3,936	143,232	147,168
Darenth Industrial Colony	16,148	347,743	..	1,010	16,148	348,753	364,901
Bridge Industrial Home	..	11,059	..	..	..	11,059	11,059
Belmont	411	129,623	..	..	411	129,623	130,034
Clapton	..	2,551	..	..	..	2,551	2,551
Totals for Asylums, &c.	**79,648**	**1,368,196**	..	**1,010**	**79,648**	**1,369,206**	**1,448,854**
Hospitals—							
Eastern	29,826	101,541	..	3	29,826	101,544	131,370
North Eastern	25,673	163,188	..	..	25,673	163,188	188,861
North Western	28,845	142,619	..	163	28,845	142,782	171,627
Western	29,488	199,911	..	709	29,488	200,620	230,108
South Western	16,781	151,236	..	..	16,781	151,236	168,017
Grove	8,440	273,195	..	..	8,440	273,195	281,635
South Eastern	12,318	258,913	..	..	12,318	258,913	271,231
Brook	16,610	305,228	..	6	16,610	305,234	321,844
Northern	13,747	184,143	..	..	13,747	184,143	197,890
Southern (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	..	1,643	33,979	68,016	265,075
Do. Orchard		115,542	..	..		115,542	
Do. Joyce Green	27,732	362,726	..	..	27,732	362,726	390,458
Totals for Hospitals	**263,138**	**2,736,524**	..	**2,524**	**263,138**	**2,739,048**	**3,002,186**
Bacteriological Laboratories and Stables	..	**12,048**	..	..	..	**12,048**	**12,048**
Land Ambulance Stations—							
Eastern	..	2,675	..	..	..	2,675	2,675
North Western	5,100	15,442	..	..	5,100	15,442	20,542
Western	..	4,111	..	..	..	4,111	4,111
South Western	2,172	13,976	..	..	2,172	13,976	16,148
South Eastern	..	1,625	..	..	..	1,625	1,625
Brook	..	16,448	..	..	..	16,448	16,448
Mead	..	34,949	..	..	..	34,949	34,949
Tooting Bec	..	1,567	..	..	..	1,567	1,567
Totals for Land Ambulance Service	**7,272**	**90,793**	..	..	**7,272**	**90,793**	**98,065**
River Ambulance Service—							
South Wharf	13,119	34,447	..	..	13,119	34,447	47,566
North Wharf	3,558	7,404	..	..	3,558	7,404	10,962
West Wharf	5,652	8,906	..	..	5,652	8,906	14,558
Steamers	..	40,988	..	..	..	40,988	40,988
Totals for River Ambulance Service	**22,329**	**91,745**	..	..	**22,329**	**91,745**	**114,074**
Training Ship Exmouth	..	**100,890**	..	**2,969**	..	**103,859**	**103,859**
Children's Hospitals, Homes & Schools—							
Queen Mary's Hospital	15,853	285,026	..	4,203	15,853	289,229	305,082
Park	22,759	255,793	..	..	22,759	255,793	278,552
St. Anne's	..	16,037	..	..	..	16,037	16,037
East Cliff	2,356	17,419	..	..	2,356	17,419	19,775
Millfield	850	26,675	..	..	850	26,675	27,525
The Downs	..	99,922	..	..	..	99,922	99,922
White Oak	5,300	127,204	..	..	5,300	127,204	132,504
High Wood	2,300	104,186	..	..	2,300	104,186	106,486
Lloyd House	..	650	..	..	..	650	650
Elm Grove	..	1,000	..	..	..	1,000	1,000
Kingwood Road	..	1,480	..	..	..	1,480	1,480
Earlsfield Road	..	690	..	..	..	690	690
Surrey House	..	1,050	..	..	..	1,050	1,050
Pentonville Road	..	3,534	..	..	..	3,534	3,534
Harrow Road	..	3,715	..	..	..	3,715	3,715
Camberwell Green	..	5,196	..	..	..	5,196	5,196
Totals for Children's Hospitals, Homes and Schools	**49,418**	**949,577**	..	**4,203**	**49,418**	**953,780**	**1,003,198**
Central Stores	**4,250**	**17,199**	..	..	**4,250**	**17,199**	**21,449**
Casual Wards	..	..	..	**35,986**	..	**35,986**	**35,986**
Office of the Board	**53,700**	**57,409**	..	..	**53,700**	**57,409**	**111,109**
GRAND TOTALS £	**479,755**	**5,424,381**	..	**46,692**	**479,755**	**5,471,073**	**5,950,828**

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 1912.

No. of Year.	Year ended 30 September.	LOANS. Raised.	Repaid.	Outstanding at end of each year.	Increase each year. Decreases marked—	Average Rate per cent. of Interest on Loans. Raised.	Outstanding at end of each year.	EXPENDITURE OUT OF LOANS ACCOUNT. Asylums, &c.	Hospitals.	Ambulance Service.	Training Ship Exmouth	Children's Homes and Schools.	(a) Central Stores land (b) Casual Wards.	Office of the Board.	Total
		£	£	£	£	£	£	£	£	£	£	£	£	£	£
1	1868	42,100	..	42,100	42,100	3.87	..	16,345	16,254	..	..	..	..	..	32,599
2	1869	127,106	2,438	166,768	124,668	3.87	..	81,139	32,016	..	..	..	..	..	113,155
3	1870	290,794	9,000	448,562	281,794	3.87	..	143,959	88,827	..	..	..	..	..	232,786
4	1871	40,000	..	492,333	43,771	3.93	..	48,594	77,786	..	..	..	..	..	126,380
5	**1872**	**29,473**	**17,198**	**504,608**	**12,275**	**3.87**	..	**9,673**	**8,674**	..	..	..	..	..	**18,347**
6	1873	23,797	9,270	519,136	14,528	3.87	..	17,504	11,087	..	..	..	..	..	28,591
7	1874	7,800	9,425	517,510	— 1,626	3.87	..	3,678	1,331	..	..	..	..	..	5,009
8	1875	38,930	9,996	546,333	28,823	3.92	..	21,247	845	..	..	..	..	..	22,092
9	1876	50,000	..	596,333	50,000	3.75	..	20,608	5,488	..	2,570	..	..	..	28,666
0	**1877**	**100,000**	**24,841**	**671,492**	**75,159**	**3.75**	..	**15,333**	**89,558**	..	**19,765**	..	..	..	**124,656**
1	1878	46,375	15,156	702,910	31,418	3.75	..	61,133	7,418	..	36	..	..	..	68,587
2	1879	100,000	18,319	784,591	31,681	3.75	..	57,533	5,200	..	..	..	..	..	62,733
3	1880	42,650	18,494	808,748	24,157	4.17	..	59,404	5,467	..	..	..	..	..	64,871
4	1881	28,950	20,146	817,551	8,803	4.14	..	30,615	1,264	..	..	..	..	..	31,879
5	**1882**	**25,300**	**1,426**	**841,425**	**23,874**	**3.50**	..	**6,552**	**11,000**	..	..	..	..	..	**17,552**
6	1883	12,030	47,910	805,545	— 35,880	3.50	..	16,638	23,226	4,379	..	..	..	..	44,243
7	1884	105,350	27,685	883,210	77,665	3.50	..	5,834	90,516	29,793	613	..	..	..	126,756
8	1885	179,541	29,636	1,033,114	149,904	3.50	..	11,722	80,870	11,037	1,178	..	..	..	104,807
9	1886	102,809	38,434	1,097,490	64,376	3.50	..	21,656	53,834	9,571	2,877	..	..	..	87,938
0	**1887**	**10,973**	**41,251**	**1,067,212**	**— 30,278**	**3.50**	..	**33,269**	**4,603**	**232**	**35**	..	..	..	**38,139**
1	1888	52,939	40,024	1,080,127	12,915	3.50	..	18,167	9,634	75	19	..	..	..	27,895
2	1889	12,892	42,085	1,050,935	— 29,192	3.50	..	1,920	45,341	..	..	..	..	..	47,261
3	1890	10,400	43,220	1,018,115	— 32,820	3.50	..	1,299	12,841	..	..	..	..	..	14,140
4	1891	5,050	43,007	980,157	— 37,958	3.50	..	1,057	197	..	..	..	..	..	1,254
5	**1892**	**16,644**	**43,262**	**953,539**	**— 26,618**	**3.50**	..	**6,237**	**36,098**	**2,382**	..	..	..	..	**44,717**
5	1893	95,295	45,643	1,003,191	49,652	3.50	..	346	54,222	1,439	..	..	..	..	56,007
7	1894	175,366	45,564	1,132,993	129,802	3 43	..	27,339	161,415	10,417	..	..	..	..	199,171
8	1895	485,928	55,077	1,563,844	430,851	3.00	..	8,364	374,124	12,550	..	..	..	..	395,038
9	1896	262,198	84,051	1,741,992	178,148	2.77	..	2,143	294,669	29,214	..	..	..	..	326,026
0	**1897**	**392,096**	**94,436**	**2,039,651**	**297,659**	**2.75**	..	**11,610**	**399,252**	**19,139**	**2,770**	..	..	..	**432,771**
1	1898	283,036	108,668	2,214,019	174,368	2.78	..	9,287	178,282	6,915	..	31,650	..	56,675	282,809
2	1899	164,881	117,158	2,261,742	47,723	2.75	..	485	120,490	854	..	4,980	..	30,861	157,670
3	1900	183,012	123,872	2,320,882	59,140	3.07	3.17	35,513	88,325	..	..	3,790	..	14,633	142,261
4	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
5	**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**
6	1903	519,124	166,353	3,503,193	352,771	3.37	3.25	151,645	85,346	500	..	94,652	(a) 4,250	607	337,000
7	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
8	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
9	1906	64,320	206,544	3,415,998	— 142,224	3.75	3.33	10,348	99,294	..	1,303	1,360	..	..	112,305
0	**1907**	..	**209,209**	**3,206,789**	**— 209,209**	..	**3.31**	**22,999**	**15,880**	..	**8,533**	..	..	..	**47,412**
1	1908	..	181,745	3,025,044	— 181,745	..	3.34	3,160	..	..	..	..	..	..	3,160
2	1909	..	*184,399	2,840,645	— 184,399	..	3.34	..	..	..	..	..	..	..	..
3	1910	..	*195,154	2,645,491	— 195,154	..	3.34	..	..	..	..	..	..	..	..
4	1911	..	194,127	2,451,364	— 194,127	..	3.32	..	..	..	..	..	(b)	..	..
5	**1912**	**33,500**	**††200,643**	**2,284,221**	**— 167,143**	**3.5**	**3.32**	..	..	..	..	..	**31,779**	..	**31,779**
Totals		**5,640,299**	**†3,359,738**	**2,284,221**	..	..	..	**1,244,127**	**3,533,686**	**191,961**	**98,376**	**427,498**	**36,029**	**110,809**	**†5,642,486**

* Includes extraordinary repayments of principal—in 1904 £1,263, in 1905 £250, in 1909 £2,703, in 1910 £968 and £7,213 r liability in respect of Remand Homes taken over by the London County Council. †† Excludes £2,629 repaid to Guardians respect of Casual Ward loans prior to taking over loans. † Includes £3,660 repaid to the Public Works Loans Board uring the years 1869-70, and subsequently raised again on loan from the Metropolitan Board of Works.

NOTE.—The expenditure out of loans is allocated to the several services at the time the loan is raised. In a few cases the stitutions are being used for purposes other than that contemplated at the time of erection, but no adjustment is made in e above figures.

APPENDIX VIII.—**Statement showing the Current Account Expenditure Total Net Expenditure met out of Rates, and Rate in the £—each**

Year ended 30 September	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 £
	Asylums, &c.	Hospitals.	Ambulance Service.	Training Ship Exmouth.	Children's Hospitals, Homes and Schools.	Casual Wards.	Office of Board, Law Charges, General Expenses, &c.	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)
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
1867	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1868	132	13	..	..	..	..	2,394	..	..	2,539	..	..	..	..	..	2,539	.
1869	638	835	..	..	..	..	1,971	..	..	3,444	..	..	..	..	..	3,444	.
1870	1,226	5,473	..	..	..	..	1,976	..	..	8,675	..	..	..	..	..	8,675	.
1871	59,204	48,905	..	..	..	..	3,081	..	..	111,190	..	..	..	..	..	111,190	1.
1872	74,890	39,826	..	..	..	..	4,316	..	..	119,032	..	..	..	1,905	1,905	117,127	1.
1873	86,462	20,862	..	..	..	..	4,054	..	..	111,378	..	1,190	..	..	1,190	110,188	1.
1874	91,722	21,680	..	..	..	..	3,316	..	..	116,718	..	..	..	1,789	1,789	114,929	1.
1875	99,294	28,203	..	..	..	..	4,060	..	..	131,557	..	1,000	..	1,673	2,673	128,884	1.
1876	108,165	26,972	..	3,573	..	..	3,943	..	..	142,653	..	1,000	..	1,775	2,775	139,878	1.
1877	106,775	83,703	..	12,388	..	..	4,923	..	..	207,789	..	..	..	2,000	2,000	205,789	2.
1878	107,328	74,565	..	20,115	..	.	6,696	..	..	208,704	..	1,000	..	2,852	3,852	204,852	2.
1879	107,564	57,449	..	19,616	..	..	10,235	..	..	194,864	..	1,500	..	3,819	5,319	189,545	1.
1880	114,153	59,041	..	19,767	..	..	6,792	..	..	199,753	..	1,500	..	3,817	5,317	194,436	1.
§1881	150,222	159,322	..	21,059	..	..	7,145	..	..	337,768	..	1,000	..	3,553	4,553	333,215	3.
§1882	160,693	149,266	7,916	23,368	..	..	11,900	..	..	353,143	..	..	..	6,662	6,662	346,481	3.
§1883	161,651	132,138	10,579	22,142	..	..	10,025	..	..	336,535	..	..	..	4,253	4,253	332,282	2.
§1884	154,032	259,367	41,098	23,547	..	..	26,110	..	..	504,154	..	..	..	3,967	3,967	500,187	4.
§1885	160,235	215,789	33,032	21,699	..	..	18,816	..	..	449,571	..	..	..	3,947	3,947	445,624	3.
1886	124,032	67,432	15,856	18,431	..	..	13,787	..	..	239,538	..	..	..	4,528	4,528	235,010	1.
1887	125,119	65,184	10,985	18,642	..	..	13,295	..	..	233,225	..	2,094	..	10,880	12,974	220,251	1.
1888	123,081	139,869	12,417	17,350	..	..	11,524	..	..	304,241	..	650	..	..	650	303,591	2.
1889	130,218	89,809	16,300	19,390	..	..	10,286	185	..	266,188	..	2,086	..	3,943	6,029	260,159	2.
1890	129,724	112,437	12,368	18,823	..	..	11,855	423	1,852	287,482	26	1,778	..	1,003	2,807	284,675	2.
1891	137,782	135,446	11,080	19,100	..	..	13,105	790	3,421	320,724	..	890	..	109	999	319,725	2.
1892	144,386	210,890	16,059	19,732	..	..	14,016	937	3,300	409,320	..	341	..	40	381	408,939	2.
1893	145,302	285,653	25,361	20,296	..	..	17,648	1,012	5,278	500,340	228	..	..	41	269	500,071	3.
1894	140,866	270,586	27,430	21,414	..	..	20,297	1,122	8,189	489,904	142	..	..	202	344	489,560	3.
1895	148,439	233,926	26,746	22,029	..	..	16,624	1,335	3,487	452,586	2,376	..	..	1,171	3,547	449,039	3.
1896	139,455	271,093	28,246	18,616	..	..	20,366	1,460	5,413	484,649	3,164	..	..	..	3,164	481,485	3.
1897	133,924	294,664	30,406	18,176	..	..	23,144	1,640	5,636	507,590	2,875	754	..	..	3,629	503,961	3.
1898	140,135	319,069	30,739	18,857	4,530	..	20,057	2,034	5,347	540,768	2,627	1,454	..	..	4,081	536,687	3.
1899	151,994	340,016	28,754	23,177	6,920	..	20,075	2,448	4,287	577,671	3,084	1,906	..	421	5,411	572,260	3.
1900	147,455	353,868	29,095	19,198	6,599	..	24,604	2,790	4,812	588,421	7,019	3,448	..	..	10,467	577,954	3.
1901	164,323	377,723	31,240	20,772	12,430	..	32,629	3,201	3,781	646,099	9,737	3,600	..	..	13,337	632,762	3.
1902	164,749	455,300	49,114	18,627	17,260	..	27,307	4,355	7,016	743,728	16,903	993	..	..	17,896	725,832	4.
1903	184,811	358,570	38,095	18,230	33,996	..	27,957	4,924	6,471	673,054	8,425	1,743	..	3,976	14,144	658,910	3.
1904	190,748	296,946	33,946	17,458	50,048	..	28,593	5,466	3,980	627,185	8,434	4,943	4,530	6,390	24,297	602,888	3.
1905	192,690	310,183	30,843	17,776	57,336	..	28,777	6,896	3,631	648,132	10,880	3,754	4,858	5,101	24,593	623,539	3.
1906	192,141	338,338	31,952	17,371	55,577	..	29,016	7,303	3,802	675,500	6,567	4,776	6,477	4,773	22,593	652,907	3.
1907	190,467	368,312	33,693	18,290	54,597	..	29,334	8,147	4,354	707,194	15,498	6,559	6,669	2,421	31,147	676,047	3.
1908	194,255	396,368	35,564	17,745	57,161	..	28,402	9,140	4,155	742,790	16,519	3,548	6,156	4,217	30,440	712,350	3.
1909	186,701	357,545	32,587	17,637	77,801	..	29,078	10,306	3,541	715,196	17,383	2,355	6,309	6,639	32,686	682,510	3.
1910	185,850	302,251	26,617	18,585	91,689	..	28,740	11,312	2,423	667,467	15,159	4,857	6,226	7,727	33,969	633,498	3.
1911	190,064	282,501	25,683	18,916	122,753	..	29,528	12,515	3,063	685,023	13,618	5,324	6,977	10,370	36,289	648,734	3.
1912	202,938	289,770	25,407	19,372	124,675	9,688	30,079	12,524	2,870	717,323	15,976	4,200	7,338	7,294	34,808	682,515	3.

* Special expenditure includes expenditure on works of a permanent character. Prior to year ended September, 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 30 September each year.

NOTES.—The salaries and wages for the years 1904-12 include the contributions of the Staff under the Superannuation The Bacteriological Laboratories and Stables and Central Stores working expenditure (see p. 137) is charged

In considering this table regard should be had to the great increase in the Board's work in

Receipts and Net Expenditure, Loan Charges, Special Expenditure and year from 1868 to 1912.

LOAN CHARGES				TOTAL NET EXPENDITURE. EXCLUDING SPECIAL.		* SPECIAL EXPENDITURE.							TOTAL NET EXPENDITURE MET OUT OF RATES.		Year ended 30 September
Interest.	Repayment.	Total.	† Rate in the £.	Amount. Columns 17 and 22	† Rate in the £.	Asylums, &c.	Hospitals.	Ambulance Service.	Training Ship Exmouth	Children's Hospitals, Homes and Schools.	Office of the Board, Central Stores, Casual Wards, &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
63,367	94,436	157,803	1.05	661,764	4.42	..	..	..	..	..	..	..	661,764	4.42	1897
69,692	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
111,047	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
115,215	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
116,640	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
114,910	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
111,772	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
103,480	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
98,257	181,696	279,953	1.51	962,463	5.19	11,854	40,772	3,794	449	21,994	3,766	82,629	1,045,092	5.63	1909
92,544	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
86,120	194,127	280,247	1.51	928,981	5.00	11,759	19,957	5,227	1,108	30,293	221	68,565	997,546	5.37	1911
80,837	203,272	284,109	1.53	966,624	5.19	9,841	23,414	9,487	5,375	12,969	3,746	64,832	1,031,456	5.54	1912

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 supplies are forwarded, 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 30 September,**

INSTITUTIONS.	TOTAL NUMBER OF DAYS'						
	1912	1911	1910	1909	1908	1907	1906
Asylums, etc. (Imbecile and feeble-minded)—							
Leavesden	757,484	731,153	707,539	755,134	679,132	669,737	646,906
Caterham	744,080	742,960	712,325	708,860	681,473	696,203	685,937
Tooting Bec	392,370	382,266	374,499	355,611	302,634	288,407	280,323
Fountain (temporary)	114,229	..	..	..	..	..	..
Darenth Industrial Colony	695,440	720,755	701,935	696,125	698,594	715,324	702,606
Bridge Industrial Home	67,898	..	..	..	..	..	..
Rochester House	..	..	..	..	..	..	..
Belmont	..	..	..	..	90,757	110,348	90,472
Gore Farm	..	..	..	..	..	..	..
Totals and Averages	**2,771,501**	**2,577,134**	**2,496,298**	**2,515,730**	**2,452,590**	**2,480,019**	**2,406,244**
Hospitals (Fever, etc.)—							
Eastern	90,965	80,571	49,508	92,820	98,789	114,746	105,372
North-Eastern	172,596	137,194	109,832	156,511	191,142	165,474	159,981
North-Western	120,950	99,941	92,854	115,520	127,006	130,735	118,188
Western	124,305	99,145	93,042	133,790	146,864	135,162	120,600
South-Western	85,261	87,638	85,073	90,162	87,164	87,368	99,588
Fountain	..	1,092	3,087	33,312	70,121	22,207	66,927
Grove	120,508	99,719	80,576	110,387	112,256	133,004	116,970
South-Eastern	136,112	104,579	91,085	106,126	114,619	130,164	20,790
Park	..	..	52,399	125,343	151,720	142,044	104,168
Brook	127,392	103,066	96,208	142,895	146,419	147,350	142,669
Northern	109,352	126,480	130,719	168,379	208,850	211,627	190,804
Southern	179,119	101,241	129,130	217,029	285,809	254,524	226,676
Joyce Green	..	..	..	..	27,340	..	..
London General Hospitals	..	(M.A.B. enteric cases)		..	..	..	..
Totals and Averages	**1,266,560**	**1,040,666**	**1,013,513**	**1,492,274**	**1,768,099**	**1,674,405**	**1,472,733**
Hospitals (Smallpox)—							
Hospital Ships, Long Reach, and Joyce Green	104	2,281	574	140	54	73	949
Gore Farm	..	..	..	..	..	..	..
Totals and Averages	**104**	**2,281**	**574**	**140**	**54**	**73**	**949**
Hospitals, Homes and Schools (Children)—							
*Queen Mary's Hospital	302,612	268,317	296,347	124,134	..	..	..
Park Hospital	237,479	151,304	..	..	..	..	..
S. Anne's	47,884	47,691	47,664	46,808	46,442	28,721	43,807
East Cliff	43,687	45,170	45,227	43,984	42,688	44,344	41,632
Millfield	43,806	43,369	42,913	40,944	39,901	36,130	26,942
The Downs	119,005	102,262	115,550	128,513	126,093	130,216	142,625
White Oak	124,339	124,040	123,485	104,641	96,657	101,349	88,058
High Wood	123,971	117,767	113,148	103,891	98,023	96,814	91,975
Bridge	..	69,642	60,937	50,285	40,013	25,451	23,298
Lloyd Street	7,217	9,237	8,287	8,004	8,208	8,856	9,114
Elm Grove	3,894	4,827	4,701	4,206	4,584	4,703	4,588
Kingwood Road	..	..	..	..	1,622	6,856	7,385
Earlsfield Road	2,763	3,160	3,424	3,248	2,986	2,735	3,306
Surrey House	5,216	6,579	6,552	6,346	5,719	5,307	5,408
Fountain Hospital (Feeble minded Colony)	..	19,443	..	..	..	..	..
Pentonville Road	..	† ..	2,397	11,706	9,678	8,490	9,421
Harrow Road	..	† ..	967	4,460	3,805	3,867	3,443
Camberwell Green	..	† ..	2,774	10,029	8,785	6,500	7,440
Total and Averages	**1,061,873**	**1,012,808**	**874,373**	**691,199**	**535,204**	**510,339**	**508,442**
Training Ship (Boys)	**246,112**	**245,219**	**252,581**	**224,052**	**198,693**	**205,250**	**207,894**
Casual Ward Inmates	**107,022**	..	..	..	..	..	..
GRAND TOTALS	**5,453,172**	**4,878,108**	**4,637,339**	**4,923,395**	**4,954,640**	**4,870,086**	**4,596,262**

* NOTE. The average number of inmates (1909) for Queen Mary's Hospital has

† Homes transferred to the London County Council as from the 1 January, 1910.

†† The average number of Casual Poor has been calculated for the half-year from

Average Number of Inmates for each of the TEN years ended 1912.

MAINTENANCE.			AVERAGE NUMBER OF INMATES.									
1905	1904	1903	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903
646,154	634,123	638,834	2,070	2,009	1,944	2,075	1,866	1,805	1,777	1,775	1,742	1,755
702,171	705,311	701,556	2,033	2,041	1,957	1,947	1,872	1,877	1,884	1,929	1,938	1,927
270,502	268,100	148,430	1,072	1,050	1,029	977	832	777	770	743	736	408
..	..	..	312	..	..	..	..	..	..	..	..	..
685,036	706,071	709,214	1,900	1,980	1,928	1,912	1,919	1,928	1,930	1,882	1,940	1,948
..	..	..	185	..	..	..	..	..	..	..	..	..
28,385	49,302	52,249	..	..	..	..	..	..	..	78	135	144
18,172	..	..	..	..	..	..	249	298	249	50	..	..
62,162	6,440	..	..	..	..	..	..	..	..	171	18	..
2,412,582	**2,369,347**	**2,250,283**	**7,572**	**7,080**	**6,858**	**6,911**	**6,738**	**6,685**	**6,610**	**6,628**	**6,509**	**6,182**
101,384	95,551	74,871	249	221	136	255	271	309	289	278	262	206
159,141	122,413	116,304	472	377	302	430	525	446	440	437	336	319
104,442	95,533	110,989	330	275	255	317	349	352	325	287	262	305
102,730	90,430	118,367	340	272	256	368	404	364	331	282	248	325
100,838	77,911	97,145	233	241	234	248	240	235	274	277	214	267
72,770	..	69,538	..	3	8	91	193	60	184	200	..	191
114,861	78,816	107,990	329	274	221	303	308	359	321	316	217	297
..	23,490	79,370	372	287	250	292	315	351	57	..	65	218
126,542	107,099	105,192	..	..	144	344	417	383	286	348	294	289
141,254	130,918	134,523	348	283	264	393	402	397	392	388	360	369
189,837	144,900	129,243	299	348	359	463	574	571	524	522	398	355
22,348	..	..	489	278	355	596	785	686	623	61	..	..
..	..	..	..	..	..	..	75	..	..	..	..	..
..	..	1,308	..	..	..	..	..	..	..	..	..	4
1,236,147	**967,061**	**1,144,840**	**3,461**	**2,859**	**2,784**	**4,100**	**4,858**	**4,513**	**4,046**	**3,396**	**2,656**	**3,145**
3,172	19,551	12,461	..	6	2	..	..	..	3	9	53	34
..	..	..	..	..	..	..	..	..	..	..	..	..
3,172	**19,551**	**12,461**	..	**6**	**2**	..	..	..	**3**	**9**	**53**	**34**
..	..	..	827	737	814	*502	..	..	..	..	..	..
..	..	..	649	416	..	..	..	..	..	..	..	..
45,362	40,429	41,513	131	131	131	129	128	77	120	125	111	114
45,293	35,867	32,875	119	124	124	121	117	120	114	124	99	90
22,940	6,518	..	120	119	118	113	110	97	74	63	18	..
145,132	146,968	78,293	325	281	318	353	346	351	392	399	404	215
95,755	119,834	57,786	340	341	339	287	265	273	242	263	329	159
86,061	5,073	..	339	324	311	285	269	261	253	236	14	..
56,248	55,764	57,085	..	191	167	138	110	69	64	155	153	157
8,179	8,556	8,052	20	25	23	22	23	24	25	22	23	22
4,531	4,256	4,628	10	13	13	12	13	13	13	12	12	13
7,198	7,297	6,667	..	..	..	..	4	18	20	20	20	18
3,150	2,789	336	7	9	9	9	8	7	9	9	8	1
5,347	4,020	..	14	18	18	17	16	14	15	15	11	..
..	..	..	..	53	..	..	..	..	..	..	..	..
8,726	8,914	9,304	..	†	27	32	27	23	26	24	24	26
3,272	3,355	4,190	..	†	11	12	10	11	9	9	9	11
6,628	7,263	7,141	..	†	31	28	24	18	21	18	20	20
543,822	**456,903**	**307,870**	**2,901**	**2,782**	**2,454**	**2,060**	**1,470**	**1,376**	**1,397**	**1,494**	**1,255**	**846**
199,225	**193,350**	**197,012**	**672**	**674**	**694**	**616**	**546**	**553**	**571**	**547**	**531**	**542**
..	..	..	††585	..	..	..	..	..	..	..	..	..
4,394,948	**4,006,212**	**3,912,466**	**15,191**	**13,401**	**12,792**	**13,687**	**13,612**	**13,127**	**12,627**	**12,074**	**11,004**	**10,749**

been calculated for the period from 29 January, 1909, only.

1 April, 1912, and on the basis of three meals per inmate per day.

APPENDIX X.—**Statement of the average Weekly Cost of Inmates Office and Central Expenses) for each of the**

INSTITUTIONS	WEEKLY AVERAGE. MAINTENANCE (including provisions, necessaries, clothing, and funerals).										OTHER				
	1912 *	1911 *	1910 *	1909 *	1908 *	1907	1906	1905	1904	1903	1912 *	1911 *	1910 *	1909 *	1908 *
Asylums, etc. (Imbecile, etc.)	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.
Leavesden ..	3 2·8	3 5·0	3 4·6	3 5·4	3 8·6	3 3·6	3 6·6	3 8·3	3 9·7	3 11·9	6 5·4	6 7·8	6 7·6	6 0·6	6 6·6
Caterham ..	3 1·4	3 3·0	3 4·9	3 7·9	3 9·4	3 7·0	3 8·5	3 9·1	3 10·5	4 0·7	6 1·7	6 2·2	6 2·5	5 11·4	6 1·6
Tooting Bec ..	2 10·8	3 0·1	3 1·2	3 2·7	3 9·1	3 6·3	3 5·8	3 7·3	3 11·1	..	10 2·9	10 9·9	11 1·0	11 8·5	12 10·5
Fo'tain (temp.)	3 3·1	..	..	..	..	..	..	..	..	..	12 0·2	..	..	..	..
Darenth I. C..	3 4·0	3 3·8	3 3·2	3 4·0	3 4·7	2 10·0	2 11·2	3 1·7	3 10·3	3 11·1	6 3·0	6 3·4	6 4·0	6 5·4	6 5·4
Bridge I. Home	3 8·7	..	..	..	..	..	..	..	..	..	4 8·3	..	..	..	..
Rochester H.	..	..	..	..	..	..	..	..	3 3·8	3 4·8	..	..	..	..	..
Belmont ..	..	..	..	..	3 8·2	3 7·1	4 11·8	..	..	..	..	..	..	..	..
Gore Farm ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Av'geCost	**3 2·3**	**3 3·3**	**3 3·8**	**3 5·4**	**3 7·8**	**3 3·4**	**3 5·5**	**3 6·4**	**3 10·1**	**3 11·7**	**7 0·5**	**7 0·4**	**7 1·1**	**6 11·4**	**7 2·1**
Hospitals (Fever, etc.)—															
Eastern	3 8·5	3 8·8	3 9·6	3 9·0	3 10·3	3 10·3	3 10·4	3 11·3	4 1·0	4 5·2	29 5·0	32 9·2	46 3·9	30 3·5	27 5·2
North-Eastern	4 4·6	4 3·0	4 8·3	4 7·1	4 3·7	4 3·0	3 8·7	3 10·2	4 2·5	4 9·2	24 6·5	30 2·8	37 10·3	29 1·0	24 2·1
North-Western	3 10·2	4 0·6	3 9·3	3 8·5	3 9·6	3 10·7	3 6·2	4 3·4	4 10·4	5 3·0	25 8·0	30 8·5	32 1·8	27 9·6	26 1·8
Western ..	4 2·6	4 2·0	4 9·2	4 1·6	4 2·0	3 11·6	4 2·0	4 8·9	5 2·8	5 2·9	26 8·2	32 6·9	35 5·4	28 7·4	25 10·1
South-Western	4 8·4	4 5·2	4 9·6	4 8·2	4 6·1	4 3·7	3 11·1	4 3·1	5 1·3	5 5·3	33 11·5	33 2·2	34 2·1	33 1·9	34 5·5
Fountain ..	..	5 3·1	4 11·3	4 10·9	4 8·3	4 4·8	4 4·0	5 0·7	..	..	..	..	..	..	33 11·8
Grove	4 2·8	4 1·0	4 1·8	4 8·0	4 4·4	4 0·8	4 4·6	4 6·6	5 2·5	6 0·2	30 4·0	36 3·9	42 5·8	34 3·6	35 9·9
South-Eastern	4 0·7	3 9·4	3 10·8	3 6·8	3 10·1	4 0·3	..	..	..	5 5·6	26 0·2	31 7·2	35 5·0	33 0·5	33 11·4
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	..	..	..	30 11·3	27 0·7
Brook	4 1·3	4 0·8	4 6·9	4 6·2	4 5·7	4 5·8	4 1·7	4 4·5	4 9·0	5 8·2	29 2·7	36 6·7	38 1·8	29 8·8	29 7·6
Northern ..	4 4·5	4 3·1	4 6·2	5 0·3	5 0·1	5 3·4	4 8·8	4 10·3	5 3·1	5 10·1	24 1·1	23 9·3	23 7·9	20 4·5	17 3·1
Southern ..	4 0·7	4 2·7	4 1·1	4 2·3	4 6·7	4 2·8	4 0·8	..	..	..	19 1·9	27 7·0	24 9·0	16 2·7	15 3·1
Joyce Green ..	..	..	..	..	8 3·1	..	..	..	..	..	..	..	..	..	..
London Gen. Hospitals	..	(M.A.B. enteric cases)				..	..	..	..	5 8·0	..	..	..	..	..
Total Av'geCost	**4 2·0**	**4 1·4**	**4 4·0**	**4 4·3**	**4 5·3**	**4 3·8**	**4 1·7**	**4 5·6**	**4 11·5**	**5 5·7**	**26 2·7**	**31 3·0**	**33 8·0**	**27 8·6**	**25 3·7**
Hospitals (Smallpox)—															
Hos. Ships, Long Reach, Joyce Green	6 8·8	10 5·2	7 9·6	9 0·0	..	..	7 9·8	9 3·8	10 1·3	7 11·7	..	..	..	..	..
Gore Farm ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Av'geCost	**6 8·8**	**10 5·2**	**7 9·6**	**9 0·0**	..	..	**7 9·8**	**9 3·8**	**10 1·3**	**7 11·7**	..	..	..	..	..
Homes, etc. (Children)—															
QueenMary'sH.	3 7·5	3 4·5	3 3·3	4 2·3	† ..	..	..	..	..	..	13 6·1	14 10·5	13 5·1	14 2·2	† ..
Park Hospital	4 2·2	5 0·4	..	..	..	..	..	..	..	..	17 8·4	23 1·0	..	..	..
S. Anne's ..	2 11·9	3 0·4	3 2·5	3 5·1	3 5·3	3 5·1	3 2·3	3 8·4	4 0·3	3 10·4	8 2·4	8 1·0	8 7·6	8 11·1	8 7·4
East Cliff ..	3 7·5	3 4·1	3 4·8	3 6·1	3 7·0	3 3·5	3 4·6	3 6·2	3 8·0	3 11·8	10 2·3	9 9·5	9 9·6	10 3·1	9 6·5
Millfield	3 11·8	4 3·0	4 1·0	4 1·4	4 7·3	5 10·2	5 11·4	6 4·6	..	..	8 2·6	8 8·8	8 9·6	8 7·2	9 3·4
The Downs .	3 2·4	3 1·5	3 1·3	3 3·3	3 5·6	3 2·4	3 4·6	3 5·5	3 11·4	..	10 8·9	12 4·1	11 7·6	10 8·4	10 1·3
White Oak ..	3 3·7	3 3·2	3 2·9	3 5·7	3 9·5	3 6·4	3 10·7	3 7·7	3 8·0	..	10 9·6	11 0·6	11 4·6	12 11·6	13 11·7
High Wood ..	3 5·1	3 5·0	3 3·8	3 6·5	3 10·3	3 11·3	3 10·7	4 3·0	..	..	10 2·1	10 8·7	10 11·7	11 10·4	12 9·9
Brid ge	..	3 10·4	4 2·0	4 10·5	5 0·8	3 10·1	..	2 11·5	3 2·0	3 2·3	..	5 6·8	5 8·4	7 4·5	7 11·9
Lloyd Street ..	3 11·9	3 11·6	3 8·4	3 10·8	4 4·8	4 7·9	4 3·8	4 7·0	5 0·5	4 8·9	8 2·5	7 8·6	8 7·6	8 9·8	8 9·2
Elm Grove ..	2 10·9	2 11·1	2 6·7	3 1·5	3 2·2	3 1·1	3 5·7	3 5·9	3 10·2	3 9·0	9 4·2	8 9·8	9 8·9	9 6·7	8 8·3
Kingwood Rd.	..	..	..	..	3 8·5	4 2·5	4 3·4	4 7·1	4 8·6	5 8·3	..	..	..	..	..
Earlsfield Road	3 8·4	3 9·7	4 7·6	4 4·8	4 3·2	3 11·3	4 4·3	4 6·9	6 5·1	..	8 11·0	9 8·4	8 7·0	8 3·2	9 0·0
Surrey House	3 7·5	3 4·8	3 9·9	3 6·6	4 5·5	3 10·8	5 7·4	6 7·2	..	..	6 7·2	6 10·2	6 7·0	6 4·3	8 4·1
Fountain H.	..	3 7·5	..	..	..	..	..	..	..	..	..	12 9·1	..	..	..
‡‡ 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
‡‡ 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
‡‡ 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
Total Av'geCost	**3 7·6**	**3 7·8**	**3 4·4**	**3 8·3**	**3 9·8**	**3 8·6**	**3 9·0**	**3 9·3**	**3 9·9**	**3 9·5**	**12 8·8**	**13 2·9**	**11 2·7**	**11 1·8**	**10 11·0**
Training Ship (Boys)—	**4 2·1**	**3 11·3**	**3 11·6**	**4 2·8**	**4 9·1**	**4 7·4**	**4 3·9**	**4 8·1**	**5 2·0**	**5 4·0**	**6 4·3**	**6 5·6**	**5 10·9**	**6 5·2**	**7 3·6**

* NOTE.—The Industrial, Farm, &c., balances are adjusted wholly on other Charges in 1908—1912, thus modifying the
† The Queen Mary's Hospital figures—30 September, 1909, are for half-year only, and are included in the average total figures

FINANCE COMMITTEE.

(excluding Rent or Loan Charges, Special Expenditure and Head

TEN years ended 30 September, 1912.

COST PER INMATE.

Charges.					Total.									
1907	1906	1905	1904	1903	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903
s. d.	s. d	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
6 6·2	6 7·4	6 2·8	6 0·3	6 1·6	9 8·2	10 0·8	10 0·2	9 6·0	10 2·6	9 9·8	10 2·0	9 11·1	9 10·0	10 1·5
5 11·0	5 10·2	5 7·3	5 6·6	5 5·6	9 3·1	9 5·2	9 7·4	9 7·3	9 10·4	9 6·0	9 6·7	9 4·4	9 5·1	9 6·2
3 5·5	13 8·8	14 1·4	13 3·8	..	13 1·7	13 10·0	14 2·2	14 11·2	16 7·6	16 11·8	17 2·6	17 8·7	17 2·9	..
..	..	..	..	..	15 3·3	..	..	..	..	..	..	..	..	..
6 9·5	7 4·9	7 5·1	8 0·0	8 1·8	9 7·0	9 7·2	9 7·2	9 9·4	9 10·1	9 7·5	10 4·1	10 6·8	11 10·3	12 0·9
..	..	..	..	..	8 5·0	..	..	..	..	..	..	..	..	..
..	..	..	7 9·4	8 3·0	..	..	..	..	..	..	..	..	11 1·2	11 7·8
1 5·5	13 1·4	..	..	..	..	..	..	..	..	15 0·6	18 1·2	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7 5·5	**7 8·5**	**7 3·9**	**7 4·1**	**6 7·7**	**10 2·8**	**10 3·7**	**10 4·9**	**10 4·8**	**10 9·9**	**10 8·9**	**11 2·0**	**10 10·3**	**11 2·2**	**10 7·4**
4 2·1	26 11·0	29 2·3	30 7·0	38 6·8	33 1·5	36 6·0	50 1·5	34 0·5	31 3·5	28 0·4	30 9·4	33 1·6	34 8·0	43 0·0
5 1·9	24 5·7	24 5·8	29 5·5	33 0·7	28 11·1	34 5·8	42 6·6	33 8·1	28 5·8	29 4·9	28 2·4	28 4·0	33 8·0	37 9·9
5 2·3	26 10·8	30 1·4	30 4·6	28 6·8	29 6·2	34 9·1	35 11·1	31 6·1	29 11·4	29 1·0	30 5·0	34 4·8	35 3·0	33 9·8
7 6·1	30 4·8	34 3·5	38 1·5	31 3·3	30 10·8	36 8·9	40 2·6	32 9·0	30 0·1	31 5·7	34 6·8	39 0·4	43 4·3	36 6·2
3 11·2	29 9·4	29 4·0	38 0·6	32 6·2	38 7·9	37 7·4	38 11·7	37 10·1	38 11·6	38 2·9	33 8·5	33 7·1	43 1·9	37 11·5
..	36 0·5	31 11·0	..	..	..	..	..	..	38 7·8	..	40 4·5	36 11·7	..	..
0 6·4	33 8·1	33 9·2	44 6·8	37 3·7	34 6·8	40 4·9	46 7·6	38 11·6	40 2·3	34 7·2	38 0·7	38 3·8	49 9·3	43 3·9
9 2·7	..	..	..	39 8·6	30 0·9	35 4·6	39 3·8	36 7·3	37 9·5	33 3·0	..	..	..	45 2·2
7 10·7	33 11·4	28 7·0	34 2·2	35 4·6	..	..	..	35 5·9	31 5·7	32 4·4	38 7·1	33 5·0	40 2·2	41 8·2
9 9·1	30 5·1	31 3·2	33 11·5	35 11·7	33 4·0	40 7·5	42 8·7	34 3·0	34 1·3	34 2·9	34 6·8	35 7·7	38 8·5	41 7·9
6 7·9	18 5·8	18 4·8	21 8·6	27 3·9	28 5·6	28 0·4	28 2·1	25 4·8	22 3·2	21 11·3	23 2·6	23 3·1	26 11·7	33 2·0
4 4·3	14 7·1	..	..	..	23 2·6	31 9·7	28 10·1	20 5·0	19 9·8	18 7·1	18 7·9	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	17 1·5	..	..	..	..	..	..	..	..	..	22 9·5
4 4·7	**25 11·0**	**28 2·2**	**33 0·5**	**33 6·4**	**30 4·7**	**35 4·4**	**38 0·0**	**32 0·9**	**29 9·0**	**28 8·5**	**30 0·7**	**32 7·8**	**38 0·0**	**39 0·1**
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	..	..	..	..	17 1·6	18 3·0	16 8·4	18 4·5	† ..	..	..	..	..	..
..	..	..	..	..	21 10·6	28 1·4	..	..	..	..	..	..	..	..
..	9 2·2	9 5·2	10 2·7	6 7·2	11 2·3	11 1·4	11 10·1	12 4·2	12 0·7	..	12 4·5	13 1·6	14 3·0	10 5·6
9 4·2	9 2·7	8 5·2	9 6·4	9 10·5	13 9·8	13 1·6	13 2·4	13 9·2	13 1·5	12 7·7	12 7·3	11 11·4	13 2·4	13 10·3
0 11·1	12 10·1	13 8·0	..	..	12 2·4	12 11·8	12 10·6	12 8·6	13 10·7	16 9·3	18 9·5	20 0·6	..	..
0 2·7	9 9·3	9 1·3	9 7·5	..	13 11·3	15 5·6	14 8·9	13 11·7	13 6·9	13 5·1	13 1·9	12 6·8	13 6·9	..
2 10·6	14 0·0	13 6·0	11 5·4	..	14 1·3	14 3·8	14 7·5	16 5·3	17 9·2	16 5·0	17 10·7	17 1·7	15 1·4	..
2 5·1	12 11·9	13 2·1	..	..	13 7·2	14 1·7	14 3·5	15 4·9	16 8·2	16 4·4	16 10·6	17 5·1	..	..
6 11·7	..	8 11·5	9 3·9	8 11·9	..	9 5·2	9 10·4	12 3·0	13 0·7	10 9·8	..	11 11·0	12 5·9	12 2·2
8 3·8	8 11·1	9 10·1	9 10·4	10 7·3	12 2·4	11 8·2	12 4·0	12 8·6	13 2·0	12 11·7	13 2·9	14 5·1	14 10·9	15 4·2
8 6·2	8 10·6	9 9·5	9 8·0	9 4·5	12 3·1	11* 8·9	12 3·6	12 8·2	11 10·5	11 7·3	12 4·3	13 3·4	13 6·2	13 1·5
8 1·5	7 5·9	7 11·0	8 3·5	8 10·1	..	..	..	..	..	12 4·0	11 9·3	12 6·1	13 0·1	14 6·4
10 3·4	8 2·1	8 11·8	10 7·1	..	12 7·4	13 6·1	13 2·0	12 8·0	13 3·2	14 2·7	12 6·4	13 6·7	17 0·2	..
8 6·9	8 6·5	7 8·7	..	..	10 2·7	10 3·0	10 4·9	9 10·9	12 9·6	12 5·7	14 1·9	14 3·9	..	..
..	..	..	..	..	..	16 4·6	..	..	..	..	..	..	..	..
10 9·4	10 9·6	11 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
15 2·0	17 9·7	18 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
12 9·5	11 3·5	13 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
11 0·1	**11 2·8**	**10 9·6**	**10 2·9**	**9 0·9**	**16 4·4**	**16 10·7**	**14 7·1**	**14 10·1**	**14 8·8**	**14 8·7**	**14 11·8**	**14 6·9**	**14 0·8**	**12 10·4**
7 5·6	**6 11·4**	**7 3·8**	**7 0·4**	**7 2·7**	**10 6·4**	**10 4·9**	**9 10·5**	**10 8·0**	**12 0·7**	**12 1·0**	**11 3·3**	**11 11·9**	**12 2·4**	**12 6·7**

omparison with former years, more particularly the Maintenance Charges at Darenth Industrial Colony and Bridge Industrial Home.

‡ Homes transferred to the London County Council as from 1 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 1912.**

No. of Year.	Year ended 30 September.	Rateable Value of the Asylum District at 30 September of each year		Produce of 1d. rate in the £ on the rateable value at 30 Sept. of each year.	Precepts.						Year ended 30 September.	No. of Year.
					Amount in the £ worked out as a Metropolitan Rate. *			Amount Raised.				
		Amount.	Annual Increase.		Common Charges.	Direct Charges	Total.	Common Charges.	Direct Charges.	Total.		
		£	£	£	d.	d.	d.	£	£	£		
1	1867	16,024,891	..	66,770	..	..	..	..	..	..	1867	1
2	1868	16,852,680	827,789	70,219	0·12	..	0·12	8,346	..	8,346	1868	2
3	1869	17,564,237	711,557	73,184	0·12	..	0·12	8,777	..	8,777	1869	3
4	1870	17,802,258	238,021	74,176	0·50	..	0·50	40,317	636	40,953	1870	4
5	**1871**	**19,812,058**	**2,009,800**	**82,550**	**0·75**	**0·35**	**1·10**	**99,199**	**31,400**	**130,599**	**1871**	**5**
6	1872	19,812,058	..	82,550	0·75	1·30	2·05	61,912	111,290	173,202	1872	6
7	1873	19,812,058	..	82,550	1·00	0·50	1·50	83,768	42,590	126,358	1873	7
8	1874	20,391,125	579,067	84,963	1·00	0·70	1·70	84,964	60,820	145,784	1874	8
9	1875	20,713,749	322,624	86,307	1·00	0·70	1·70	86,356	61,040	147,396	1875	9
10	**1876**	**23,035,324**	**2,321,575**	**95,980**	**1·50**	**0·55**	**2·05**	**138,209**	**51,980**	**190,189**	**1876**	**10**
11	1877	23,367,824	332,500	97,365	1·50	0·80	2·30	145,380	79,180	224,560	1877	11
12	1878	23,367,824	..	97,365	1·75	0·85	2·60	170,390	81,970	252,360	1878	12
13	1879	23,848,222	480,398	99,367	1·75	0·88	2·63	173,893	88,080	261,973	1879	13
14	1880	24,388,802	540,580	101,620	1·75	0·66	2·41	177,835	67,500	245,335	1880	14
15	**1881**	**25,012,087**	**623,285**	**104,217**	**1·75**	**0·77**	**2·52**	**182,380**	**81,400**	**263,780**	**1881**	**15**
16	1882	27,313,146	2,301,059	113,804	3·00	1·10	4·10	341,414	124,700	466,114	1882	16
17	1883	27,771,967	458,821	115,716	2·75	1·20	3·95	318,678	118,500	437,178	1883	17
18	1884	28,284,594	512,627	117,852	2·75	1·10	3·85	324,301	130,000	454,301	1884	18
19	1885	28,819,345	534,751	120,080	3·75	1·33	5·08	450,302	157,700	608,002	1885	19
20	**1886**	**29,289,747**	**470,402**	**122,040**	**3·00**	**0·50**	**3·50**	**366,122**	**61,600**	**427,722**	**1886**	**20**
21	1887	30,305,986	1,016,239	126,274	1·25	0·57	1·82	158,026	72,720	230,746	1887	21
22	1888	30,618,304	312,318	127,576	2·25	0·83	3·08	287,142	104,520	391,662	1888	22
23	1889	30,898,854	280,550	128,745	2·00	0·60	2·60	257,496	77,500	334,996	1889	23
24	1890	31,362,718	463,864	130,677	2·12	0·60	2·72	277,045	74,000	351,045	1890	24
25	**1891**	**31,362,718**	..	**130,677**	**2·12**	**0·71**	**2·83**	**277,699**	**99,600**	**377,299**	**1891**	**25**
26	1892	32,863,615	1,500,897	136,931	2·25	0·66	2·91	308,073	98,150	406,223	1892	26
27	1893	33,405,572	541,957	139,190	3·62	0·86	4·48	396,134	122,400	518,534	1893	27
28	1894	33,680,160	274,588	140,334	4·00	0·86	4·86	559,077	129,850	688,927	1894	28
29	1895	33,994,317	314,157	141,642	3·00	0·86	3·86	421,065	122,630	543,695	1895	29
30	**1896**	**35,608,442**	**1,614,125**	**148,368**	**3·25**	**0·83**	**4·08**	**460,340**	**114,800**	**575,140**	**1896**	**30**
31	1897	35,886,590	278,148	149,527	3·75	0·83	4·58	556,303	131,000	687,303	1897	31
32	1898	36,361,174	474,584	151,505	4·25	0·80	5·05	635,394	125,350	760,744	1898	32
33	1899	36,795,824	434,650	153,316	4·25	0·80	5·05	643,826	120,000	763,826	1899	33
34	1900	37,333,656	537,832	155,556	4·50	0·83	5·33	689,922	129,000	818,922	1900	34
35	**1901**	**39,678,072**	**2,344,416**	**165,325**	**4·62**	**0·83**	**5·45**	**719,466**	**133,000**	**852,466**	**1901**	**35**
36	1902	40,005,723	327,651	166,690	5·25	1·00	6·25	868,052	170,300	1,038,352	1902	36
37	1903	40,528,588	522,865	168,869	5·75	1·00	6·75	959,135	156,800	1,115,935	1903	37
38	1904	40,998,185	469,597	170,875	5·12	0·77	5·89	865,385	131,400	996,785	1904	38
39	1905	41,566,771	568,586	173,195	4·75	0·74	5·49	811,407	126,900	938,307	1905	39
40	**1906**	**43,376,568**	**1,809,797**	**180,736**	**5·39**	**0·74**	**6·13**	**934,221**	**127,700**	**1,061,921**	**1906**	**40**
41	1907	43,775,074	398,506	182,396	4·75	0·71	5·46	858,534	128,500	987,034	1907	41
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
45	**1911**	**44,565,025**	**†217,346**	**185,687**	**4·50**	**0·65**	**5·15**	**839,570**	**121,000**	**960,570**	**1911**	**45**
46	1912	44,686,412	121,387	186,193	4·75	0·68	5·43	881,942	126,250	1,008,192	1912	46

* 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 are approved and adopted, viz., about March and July respectively of each year.

† Decrease in 1911.

In considering this table regard should be had to the great increase in the Board's work in recent years.

APPENDIX XII.—Summary of sanctions to Borrow, amount Borrowed and amount Outstanding 30 September, 1912.

INSTITUTION.	Amount Sanctioned.	Amount Borrowed.	Balance of Principal Outstanding 30 September, 1912.
	£	£	£ s. d.
Asylums, etc.—			
Leavesden	223,916	223,916	69,589 9 9
Caterham	227,254	227,254	65,821 13 1
Tooting Bec	324,813	324,813	184,062 0 10
Fountain	155,103	155,103	8,655 7 11
Darenth Industrial Colony	334,058	334,058	68,192 18 2
Bridge Industrial Home	11,000	11,000	5,765 8 3
Clapton	2,500	2,500	—
Belmont	127,955	127,955	73,213 10 4
TOTALS FOR ASYLUMS, ETC.	**1,406,599**	**1,406,599**	**475,300 8 4**
Hospitals—			
Eastern	122,897	122,897	37,529 14 3
North-Eastern	175,147	175,147	85,884 18 2
North-Western	168,761	168,761	58,168 5 8
Western	225,150	225,150	77,038 12 8
South-Western	163,439	163,439	48,005 9 6
Grove	271,106	271,106	115,979 13 0
South-Eastern	262,506	262,506	119,827 16 5
Brook	317,551	317,551	132,343 7 6
Northern	194,428	194,428	48,569 7 6
Southern (Upper)	180,488	180,488	47,413 15 2
Do. (Lower)	135,000	135,000	39,346 0 9
Smallpox—Hospital Ships	74,285	74,285	3,346 19 9
Do. Long Reach (Temporary)	67,988	67,988	26,707 2 3
Do. Orchard	123,000	123,000	44,769 6 2
Do. Joyce Green	370,869	370,869	211,307 0 2
TOTALS FOR HOSPITALS	**2,852,615**	**2,852,615**	**1,096,237 8 11**
Bacteriological Laboratories and Stables	**5,280**	**5,280**	**3,651 8 6**
Land Ambulance Stations—			
Eastern	2,645	2,645	1,219 8 11
North-Western	20,254	20,254	9,337 17 5
Western	3,800	3,800	691 11 4
South-Western	15,976	15,976	7,918 7 11
South-Eastern	1,625	1,625	940 2 9
Brook	16,408	16,408	7,166 7 1
Mead	28,500	28,500	10,373 7 8
Tooting Bec	1,567	1,567	1,026 12 8
TOTALS FOR LAND AMBULANCE SERVICE	**90,775**	**90,775**	**38,673 15 9**
River Ambulance Service—			
South Wharf	43,154	43,154	16,545 0 11
North Wharf	9,555	9,555	2,540 9 1
West Wharf	14,207	14,207	3,992 15 4
Steamers	35,837	35,837	3,789 2 1
TOTALS FOR RIVER AMBULANCE SERVICE	**102,753**	**102,753**	**26,867 7 5**
Training Ship Exmouth	**98,376**	**98,376**	**46,636 3 1**
Children's Hospitals, Homes and Schools—			
Queen Mary's Hospital	245,195	245,195	156,935 13 3
Park Hospital for Children	273,947	273,947	113,675 3 11
S. Anne's	16,000	16,000	6,988 7 8
East Cliff	17,320	17,320	9,482 7 3
Millfield	27,042	27,042	15,604 6 4
The Downs	99,800	99,800	57,828 16 11
White Oak	132,244	132,244	74,851 15 0
High Wood	106,477	106,477	61,881 19 0
Lloyd Street	650	650	184 11 9
Elm Grove	1,000	1,000	—
Kingwood Road	1,480	1,480	420 6 4
Earlsfield Road	690	690	436 15 6
Surrey House	1,050	1,050	636 19 2
Pentonville Road	3,534	3,534	—
Harrow Road	3,715	3,715	—
Camberwell Green	5,196	5,196	—
TOTALS FOR CHILDREN'S HOSPITALS, HOMES, ETC.	**935,340**	**935,340**	**498,927 2 1**
Central Stores (Land and houses at Peckham)	**4,250**	**4,250**	**2,784 3 5**
Casual Wards	**69,220**	**33,500**	**33,500 0 0**
Office of the Board	**110,811**	**110,811**	**61,643 11 7**
GRAND TOTALS £	**5,676,019**	**5,640,299**	**2,284,221 9 1**

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). Sanctions to borrow were received from the Local Government Board for (1) £13,025 during the year ended 30 September, 1908 for erection of boiler house, coal stores, and workshops at the North-Eastern Hospital, repayable within a period not exceeding fifteen years and (2) £69,200 during the year ended 30 September, 1912 for the purpose of repaying the outstanding loans in connection with certain of the casual wards transferred to the Managers in pursuance of the Metropolitan Casual Wards (Transfer) Order, 1912, repayable within a period not exceeding ten 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.

APPENDIX XIII.—**Interest on Loans.**

The average rate of interest per cent. per annum payable on the principal of loans outstanding 30 September, 1912, amounting to £2,284,221, **is £3 1/3**
The following table shows particulars of the amount borrowed, the amount discharged, and the amount outstanding, at the various rates now payable.

	Amount Borrowed. £	Amount Repaid. £	Amount Outstanding. £		Rate per cent. per annum of interest. £ s. d.
Public Works Loans	263,363	250,042	113,321		2 15 0
	4,480	4,480	—		3 0 0
	5,050	5,050	—		3 5 0
London County Council Loans	5,333,906	3,196,506	2,137,400		3 7 1
	33,500	...	33,500		3 9 7
Totals	**£5,640,299**	**£3,456,078**	**£2,284,221**	Average rate on outstanding loans.	**£3 6 8** (approx.)

APPENDIX XIV.—Statement showing the Accounts of the Bacteriological Laboratories and Central Stores for the years ended 30 September, 1912 and 1911.

Dr. Bacteriological Laboratories. Cr.

1911. Laboratories. £	1911. Stables. £		Laboratories. £	Stables. £
1,013	—	To salaries of adviser, bacteriologist and assistant	1,029	—
705	351	,, wages	686	306
52	55	,, horses and other animals, including veterinary surgeon's fees and charges (*less* sale of horses)	72	46
65	222	,, fodder, litter, etc., for live stock	66	202
60	24	,, sundry expenses ..	61	21
303	7	,, chemicals, apparatus, etc.	327	2
153	130	,, rents (book charge) ..	154	130
41	35	,, rates	42	35
30	50	,, repairs to buildings and furniture	162	13
25	1	,, books, stationery and postage	33	—
123	17	,, gas, electricity and water	122	16
32	—	,, travelling expenses and carriage	19	—
£2,602	892		£2,773	771
	2,602			2,773
	£3,494			£3,544

	£	£	1911. £
By amount charged to institutions at end of each half-year for bacteriological examination of diphtheria, etc., cases and samples of water	1,730		913
,, amount charged to institutions at end of each half-year for antitoxin supplied	1,777		2,540
		3,507	3,453
,, antitoxin supplied to London General Hospitals		27	23
,, sale of empties and manure		10	18
		£3,544	£3,494

NOTE.—The method of charge to institutions was varied during 1911.

Dr. Central Stores. Cr.

1911. £		£
27,331	To value of stock in hand, September, 1911 (at current prices)	35,982
55,316	,, cost of goods purchased during the year	44,246
2,153	,, balance carried to next year's account	2,615
£84,800		£82,843
297	To salary of clerk in charge	300
1,571	,, wages of staff (including proportion for head office book-keeping staff)	1,534
4	,, uniforms for staff	—
416	,, carriage of goods to institutions (including book charge for cartage by Managers' vehicles)	365
217	,, repairs to property, furniture, etc. ..	188
140	,, heating, lighting and cleansing ..	147
808	,, rents of premises(book charge) ..	806
294	,, rates	298
79	,, printing, stationery, postage, etc. ..	82
4	,, travelling expenses of managers and staff	2
£3,830		£3,772

	£	1911. £
By balance from last year	2,153	681
,, amount charged to institutions for goods supplied during the year (at current prices)	47,007	48,027
,, sale of obsolete goods by auction (net)	—	110
,, value of stock in hand 30 Sept., 1912 (at current prices) ..	33,683	35,982
	£82,843	£84,800
By expenses charged to institutions in proportion to the value of the goods supplied during the year	3,772	3,830
	£3,372	£3,830

The above expenditure is charged to and forms part of the expenditure of the several establishments to which the goods are supplied, see Appendix IV., p. 116.

ANNUAL REPORT OF THE WORKS COMMITTEE FOR 1912.

Engineer-in-chief's Department. During the past year works to the approximate value of £71,753, of which the sum of £27,988 represents engineering works, and the sum of £43,765 building works and repairs, were carried out under the supervision of the Engineer-in-chief.

(i.) Works carried out during 1912. Of the engineering works and repairs, the sum of £18,000 represents the value of the works carried out by the staffs of the various institutions, £8,981 works executed by contract, and £1,007 works carried out by temporary labour.

Of the building works and repairs, including annual cleaning and painting, works to the value of £42,895 were carried out by contract, and to the value of £870 by direct labour.

(ii.)Requirements of Factory Acts. The approximate cost of guarding machinery in the Board's laundries and workshops during 1912 to meet the requirements of these Acts was £1,077, as against £378 during 1911, and £600 in 1910.

iii.) Metallic filament lamps. The economies resulting from the introduction of metallic filament lamps to which reference was made in our last annual report still continue.

(iv.) Relations between Engineer-in-chief and resident engineers. In order that the Engineer-in-chief might be brought into closer and more immediate touch with the resident engineers at the institutions under the Board's control, the Managers in July last adopted a resolution under which he is empowered "to receive direct from the resident engineers of the Board's institutions any report relative to the engineering plant or the working of the same which they may deem it advisable to submit to him, or for which he may ask, a copy of any such report being at the same time furnished to the medical superintendent of the institution."

(v.) Lightning conductors. In May last we submitted to the Board a report from the Engineer-in-chief upon the whole question of the protection of the Managers' institutions against lightning and of the adequacy and efficiency of the lightning conductors thereat. In this report Mr. Hatch strongly recommended that the present system of testing and examining periodically the lightning conductors throughout the Board's institutions once every five years should be continued, and that his recommendations as to the fuller protection of the more important buildings should receive serious attention from time to time. These recommendations we endorsed.

(vi.) Belmont workhouse. (a) Alterations and additions. The works in connection with the provision of additional sanitary and other accommodation and the extension of the laundry at this workhouse, to which reference was made in our last annual report, were completed during 1912 at a cost of £2,186 11s. 8d.

(b) Water softening plant. In November last permission was given to the Fulham Board of Guardians to instal, at an estimated cost of £295, plant for the purpose of softening the water supplied to the boilers and for use in the laundry. A similar installation was suggested at the Grove Hospital, but, on the advice of the Engineer-in-chief, we decided to postpone action until the result of the installation of the plant at the Belmont Workhouse had been ascertained.

(vii.) Abandoned schemes. The Engineer-in-chief reports that several schemes upon which considerable time had to be expended by his staff were prepared in accordance with instructions received from the central committees, but were eventually abandoned either wholly or in part, the principal of these being :—

(*a*) Alternative schemes for the reconstruction of the laundry at the Brook Hospital—approximate cost £1,000 ;

(*b*) Alternative schemes for alterations to the laundry at the North-Western Hospital—approximate cost £1,225 ;

(*c*) Alternative schemes for a new disinfector house at Long Reach Hospital—approximate cost £400 ; and

(*d*) Proposed new isolation blocks at Queen Mary's Hospital—approximate cost £10,300.

(viii.) Other matters. The investigation of suggestions made by the laundry expert, and the preparation of schemes and estimates for giving effect thereto, and the economising of fuels at the various institutions of the Board have also, during the past year, taken up a considerable amount of Mr. Hatch's time and attention. In connection with the latter question, arrangements have recently been made at the North-Eastern Hospital for superheating the steam with a view to its ultimate adoption, if successful, at other institutions of the Board.

IMBECILE ASYLUMS.

Leavesden Asylum.
Bridges between blocks. Towards the close of the year the tender of Messrs. H. Young & Co., Ltd., for the erection, at the sum of £5,838, of bridges for fire-escape and other purposes between the patients' blocks at the above asylum was accepted.

Darenth Industrial Colony.
Extension of water softening plant. In July last the Managers accepted the tender of Messrs. J. Garrett & Son, for the provision of ferro-concrete tanks and water softening plant at this colony at the sum of £2,270, the object of these works being to enable the Southern Hospital, which draws its water from the well at the industrial colony, to receive a sufficiently copious supply of softened water for all its requirements.

Other Works. Other works which engaged our attention at the asylums during the year were the replacement of certain machinery in the laundry (£930), and the installation of steam ovens (£222), and mechanical appliances in the kitchen (£220) at the Caterham Asylum, and the provision of additional accommodation for steward's staff and the rebuilding of chimney stacks at the Darenth Industrial Colony.

INFECTIOUS HOSPITALS AND RIVER AMBULANCE SERVICE.

Smallpox Hospitals.
Sundry Works. Tenders for the execution, at the sum of £2,161, of adaption, fire-resisting, and other works at the pier buildings ; and for alterations to heating services, at the sum of £540 10s. 0d., at the Long Reach Hospital were accepted during the year ; whilst an expenditure of £960 on the repair of the roads at Joyce Green Hospital was sanctioned. Plans for certain alterations and extensions of the laundries at the Joyce Green and Long Reach Hospitals, at a total estimated cost of £1,620, were also sanctioned by the Managers in July last, and subsequently by the Local Government Board, subject to the adoption of certain minor variations which were under consideration at the end of the year.

Minor Works. Of minor works which engaged out attention at the Board's infectious hospitals during the year, we may instance (*a*) the repair of the water softening plant (£625 1s. 8d.) and of the settings of three steam boilers (£373 3s. 9d.) at the Brook Hospital; and (*b*) the construction of verandahs and alterations to fire-escape staircases at the same hospital (£796). Tenders were also accepted for road and paving repairs at the North-Western Hospital (£789 5s. 6d.), and for similar works at the Grove (£500), and Western Hospitals (£398).

INSTITUTIONS FOR CHILDREN.

Queen Mary's Hospital. Additional accommodation. In our last annual report the Managers were reminded that the plans originally prepared by the Engineer-in-chief and approved by the Board in October, 1910, for the erection at this hospital of a recreation hall and school-rooms, together with the plans subsequently adopted by the Managers for the provision of additional isolation accommodation, formed the subject of a conference with the Local Government Board during the early part of 1911, when they invited the Managers to re-consider the whole of the plans with a view to effecting a reduction in the estimated expenditure of £24,322. The Engineer-in-chief has since been instructed to formulate a revised scheme (in conjunction with the medical superintendent of the hospital) and plans for giving effect to this revised scheme, and estimated to cost £17,840, were forwarded by us to the Children's Committee towards the close of the year. The considerable difference between the estimated costs of the later and earlier schemes was mainly due to the curtailment of the capacity of the recreation hall, and the reduction both of the amount of accommodation to be provided for isolation cases and of the cubic space to be assigned to each patient. The Managers eventually decided, for reasons which were fully set forth in the report submitted by the Children's Committee to the Board on 14 December, 1912, not to proceed at present with the provision of any of the proposed additional isolation accommodation.

Sundry works. Few schemes of importance were carried out during 1912 at the other institutions under the control of the Children's Committee, the only works which call for notice being the acceptance of tenders for the installation of heating apparatus in six blocks (£905), and for road and paving repairs (£540) at The Downs School. It was found necessary during the year to undertake the construction of certain permanent sea defence work opposite the Board's property at Millfield, for which a tender, at the sum of £374, was accepted in September last.

TRAINING SHIP EXMOUTH.

Relaying of upper deck. In April last the Managers accepted the tender (£2,400) of Messrs. J. M. Jackson & Sons, for relaying with teak the upper deck of the Exmouth, and the works in connection therewith were completed at a total cost of £2,425.

(Signed) F. J. OLDMAN,

Chairman.

ANNUAL REPORT OF THE CONTRACT COMMITTEE FOR 1912.

We submit our annual report for the year 1912.

(1) **Number and approximate value of contracts and of central purchases of non-contract goods.** The following is a classification of the principal contracts for supplies entered into by the Board during the year :—

	Number of Contracts.	Approximate Total Value.
		£
Provisions	176	166,700
Necessaries (*i.e.*, soap, soda, oilman's goods, paints, and the like)	79	22,800
Stores goods (*i.e.*, linen and woollen goods, drapery, clothing, hardware, brushware, boots and shoes, and the like)	93	24,300
Coal and coke (including delivery)	57	87,300
Printing, stationery, etc.	18	1,800
	423	£302,900

In addition, 129 minor contracts were made for miscellaneous supplies of which no reliable estimate of value can be given ; and upwards of 3,500 purchases of goods required at various institutions and not obtainable under contract were made centrally through the Contract Department. The individual value of these purchases was of course relatively small but their aggregate value exceeded £22,000.

(2) **Analysis of supplies.** The following table shows the number of samples and classes of supplies analysed during the year and the results of analysis :—

Description.	Satisfactory.	Unsatisfactory.	Total.
Milk	37	36	73
Provisions	413	65	478
Necessaries	415	40	455
Drugs	43	—	43
Totals	908	141	1,049

Unsatisfactory samples represent 13·4 per cent. of the total number analysed—a decrease of 1·9 from the previous year's percentage of 15·3. The comparatively few milk analyses is due to the fact that, as all deliveries of milk at the Board's institutions are tested with the Gerber apparatus before acceptance, samples are sent for professional analysis only in special circumstances.

(3) Central Stores—Requisitions fulfilled, and conveyance of goods by Board's vehicles.

The number of institution requisitions fulfilled during the year from the Central Stores was 5,065, varying from small parcels which could be most economically sent by parcel post or carrier, to bulk supplies of several tons weight. In the latter case the Board's vehicles, under the control of the Ambulance Committee, were used whenever available (viz. on 166 occasions) for the conveyance of the goods, with satisfactory results as regards convenience, saving of labour in packing, promptitude and economy. We desire to record our appreciation of the Ambulance Committee's arrangements in that connection, and our opinion that the further development of the transport branch of their work would be of advantage to the Board.

(Signed) W. H. ECROYD,

Chairman.

9*th April*, 1913.

ANNUAL REPORT OF THE STATISTICAL COMMITTEE FOR THE YEAR 1912.

We submit our report for the year 1912 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 25,237 (*31,203*)* cases of infectious disease. Of these 19,765 (*19,155*) were legally admissible to the Managers' hospitals. The remainder included 4,100 cases of erysipelas and 701 cases of ophthalmia neonatorum. Out of the admissible cases 16,757 (*16,158*)† or 84·8 (*84·3*) per cent. were admitted.

From 1890, the first complete year in which compulsory notification was in force, to 1908, the proportion of admissions to the total number of legally admissible cases steadily increased (with the exception of a decrease in the year 1893, and slight decreases in the years 1895 and 1906) from 33·6 to 86·8 per cent. During the past three years the percentage has been slightly lower. The figures for the 23 years are as follow :—

1890	33·6 per cent.		1902	77·2 per cent.			
1891	36·7	„	1903	78·9	„		
1892	43·2	„	1904	80·0	„		
1893	36·9	„	1905	84·6	„		
1894	52·2	„	1906	84·0	„		
1895	50·3	„	1907	85·7	„		
1896	52·4	„	1908	86·8	„		
1897	58·5	„	1909	86·5	„		
1898	65·5	„	1910	84·9	„		
1899	68·1	„	1911	84·3	„		
1900	70·6	„	1912	84·8	„		
1901	74·7	„					

* Italic figures in brackets throughout are the corresponding figures for 1911.
† Excluding Tottenham and other extra-metropolitan cases.

Table A, p. 145, 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 1912. The highest notification rates per 1,000 persons living were in Greenwich 7·4 (*6·6*), in Woolwich 7·6 (*6·4*), and in Lewisham 5·8 (*4·5*), as compared with an average rate for London of 4·4 (*4·2*).

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 to the Board's hospitals, and (*c*) the mean number of patients under treatment. We also include a chart showing the mean weekly number remaining under treatment of measles and whooping-cough cases; these diseases are not notifiable.

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 1912:—

TABLE A1.—*Number of cases of admissible diseases* notified.*

	Years.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.	Relapsing fever.†	Continued fever.†	Cerebro-spinal meningitis	Polio-myelitis.	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
Totals for	1900–9	181,443	86,792	22,073	88	10,626	9	326	328	—	301,685
Yearly average	1900–9	18,144	8,679	2,207	9	1,063	1	33	33	—	30,168
	1910	10,509	5,494	1,284	3	7	1	15	115	—	17,428
	1911	10,483	7,385	1,022	1	72	—	23	101	68	19,155
	1912	11,321	‡7,106	705	3	6	—	7	105	132	19,385

There was a slight rise in the number of cases of scarlet fever notified during 1912 as compared with 1911, but as compared with the average for the previous ten years, there were 5,704 fewer cases. There were 279 fewer cases of diphtheria notified than in 1911, and the total for the year was 487 below the average for the ten years. Enteric fever cases also were fewer by 317 than in the previous year and were 984 less than the average for the previous ten years.

The chart facing this page traces the course of scarlet fever, diphtheria, enteric fever, and smallpox, month by month during each year from 1898 to 1912.

AGE AND SEX DISTRIBUTION. Table A2 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.

* Exclusive of whooping cough, which was notifiable in the Borough of Greenwich only, and of puerperal fever, the admission of cases of which disease was not authorised until the issue of the Local Government Board's Order of 2 July, 1912.

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

‡ Including 95 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 1912 (uncorrected for mistakes in diagnosis).*

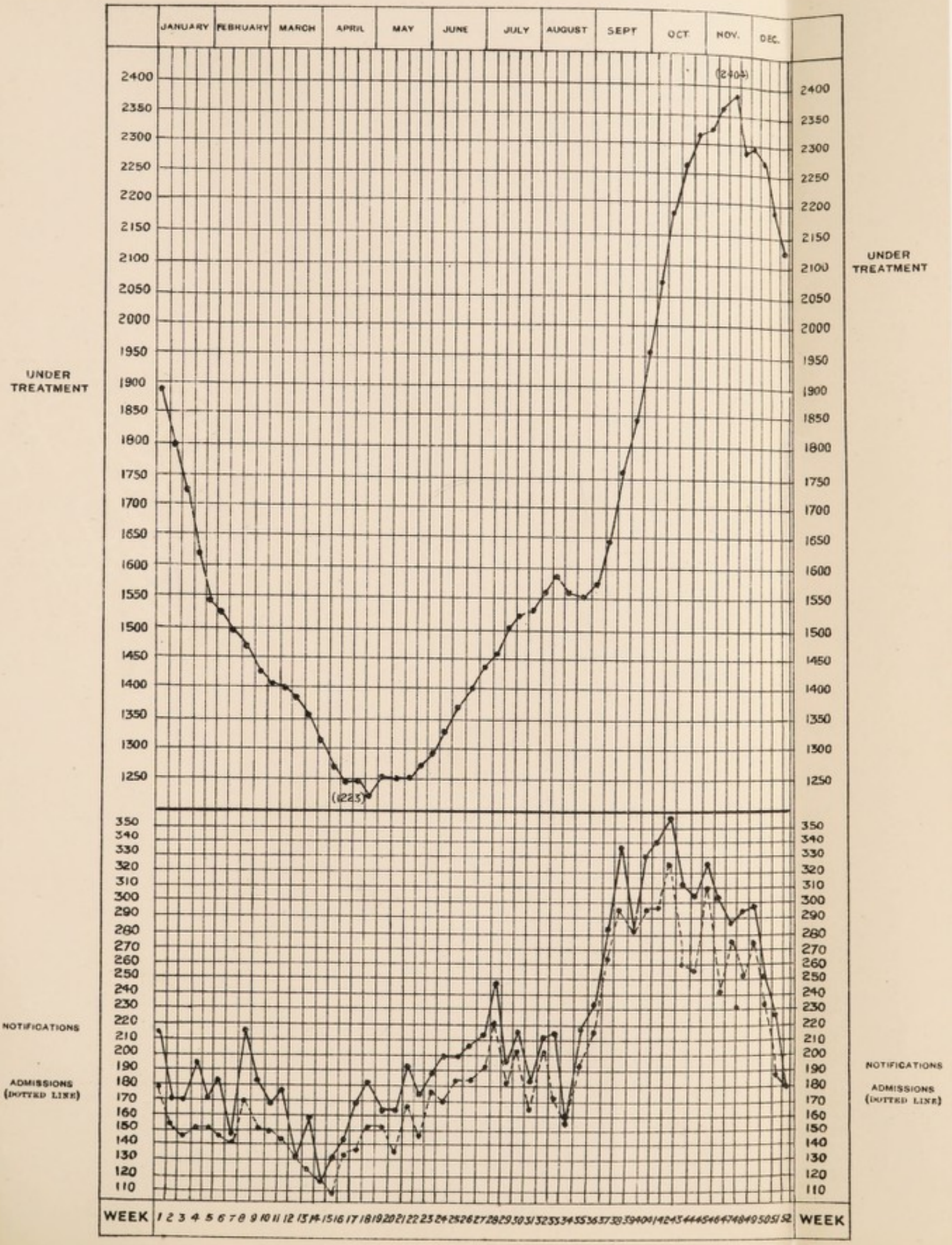
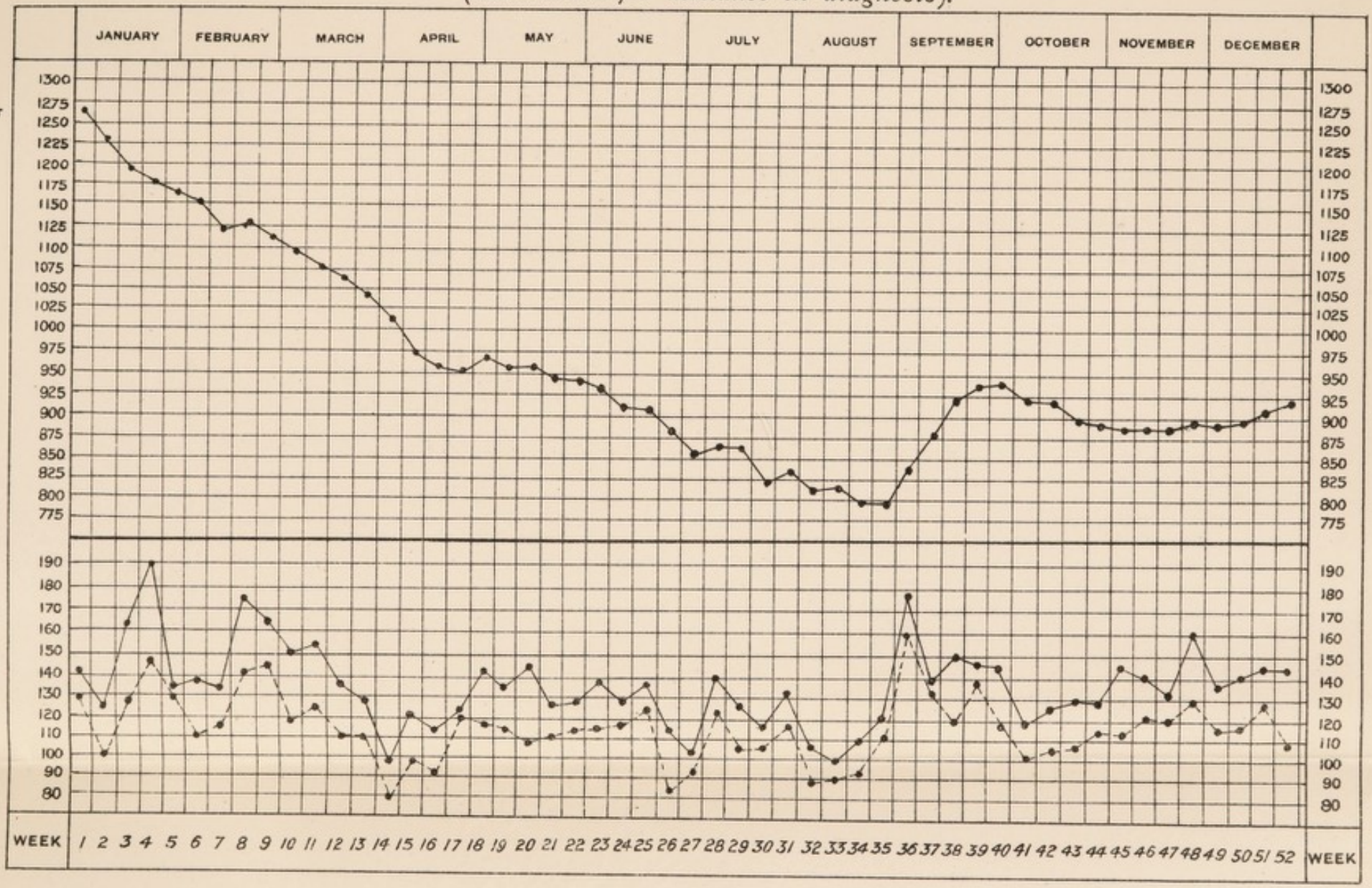
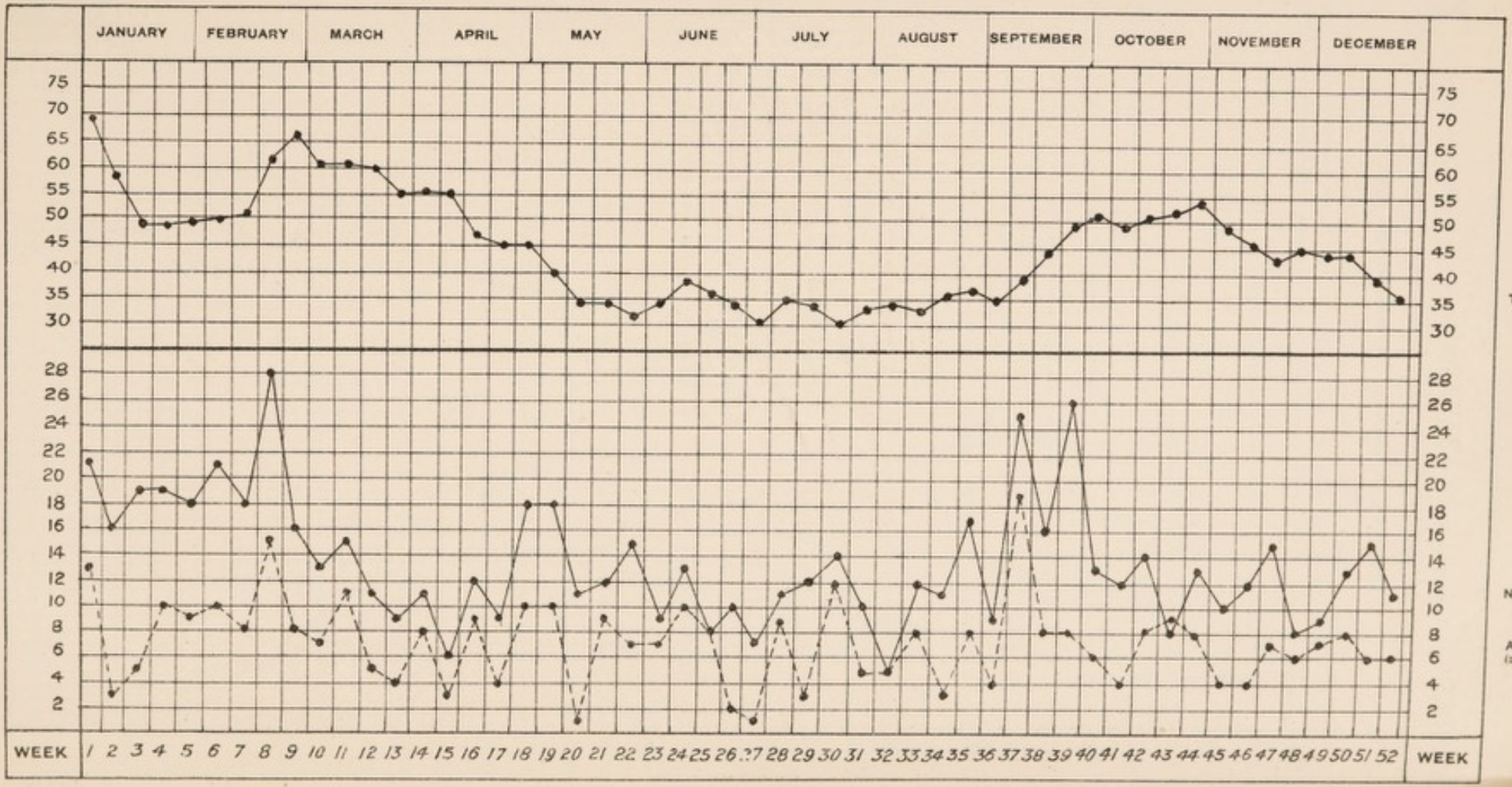


CHART shewing the mean number of DIPHTHERIA patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1912 (uncorrected for mistakes in diagnosis).



Face page 144-2.

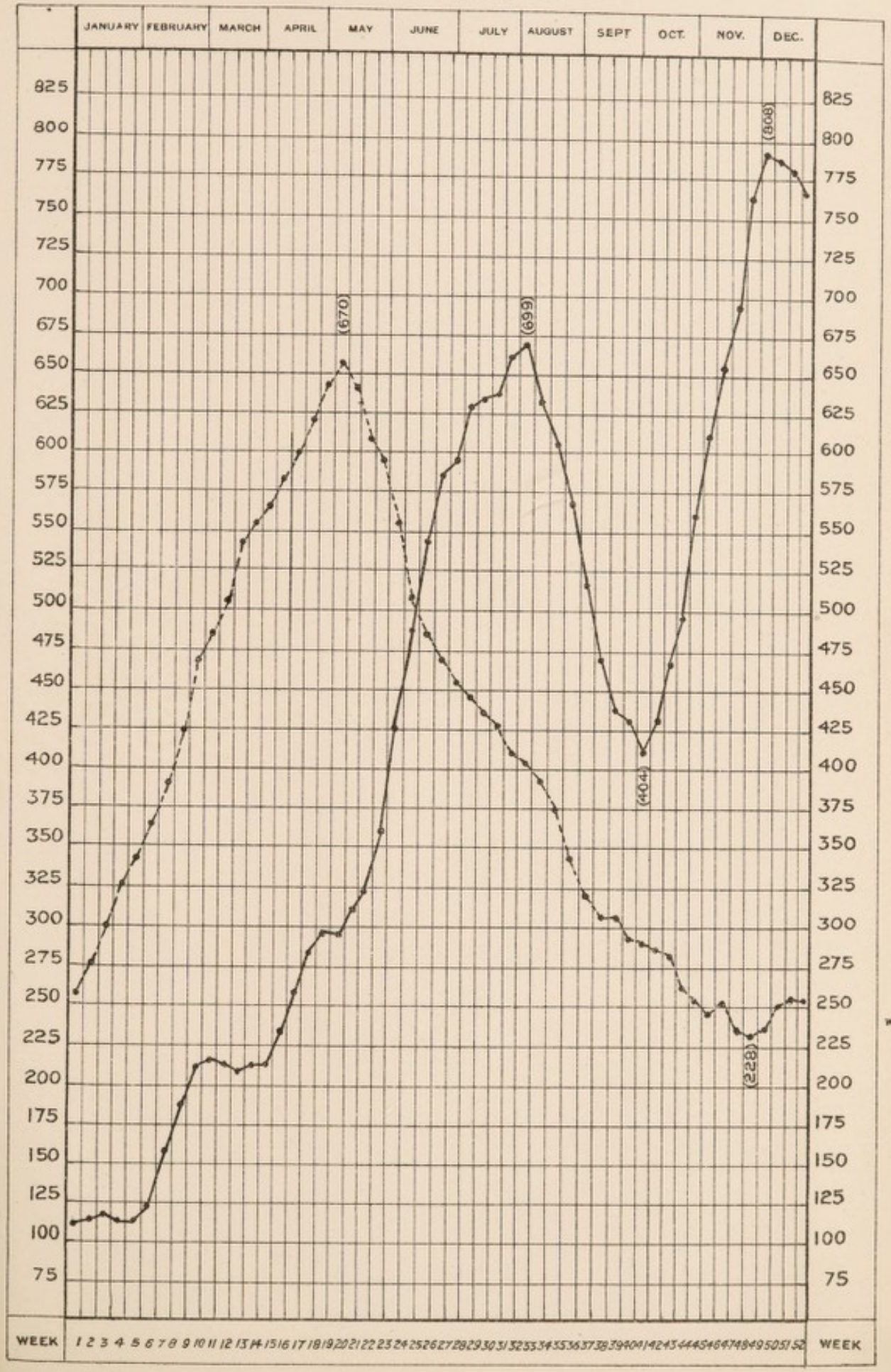
CHART shewing the mean number of ENTERIC FEVER patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1912 (uncorrected for mistakes in diagnosis).



Face page 144-3.

STATISTICAL COMMITTEE.

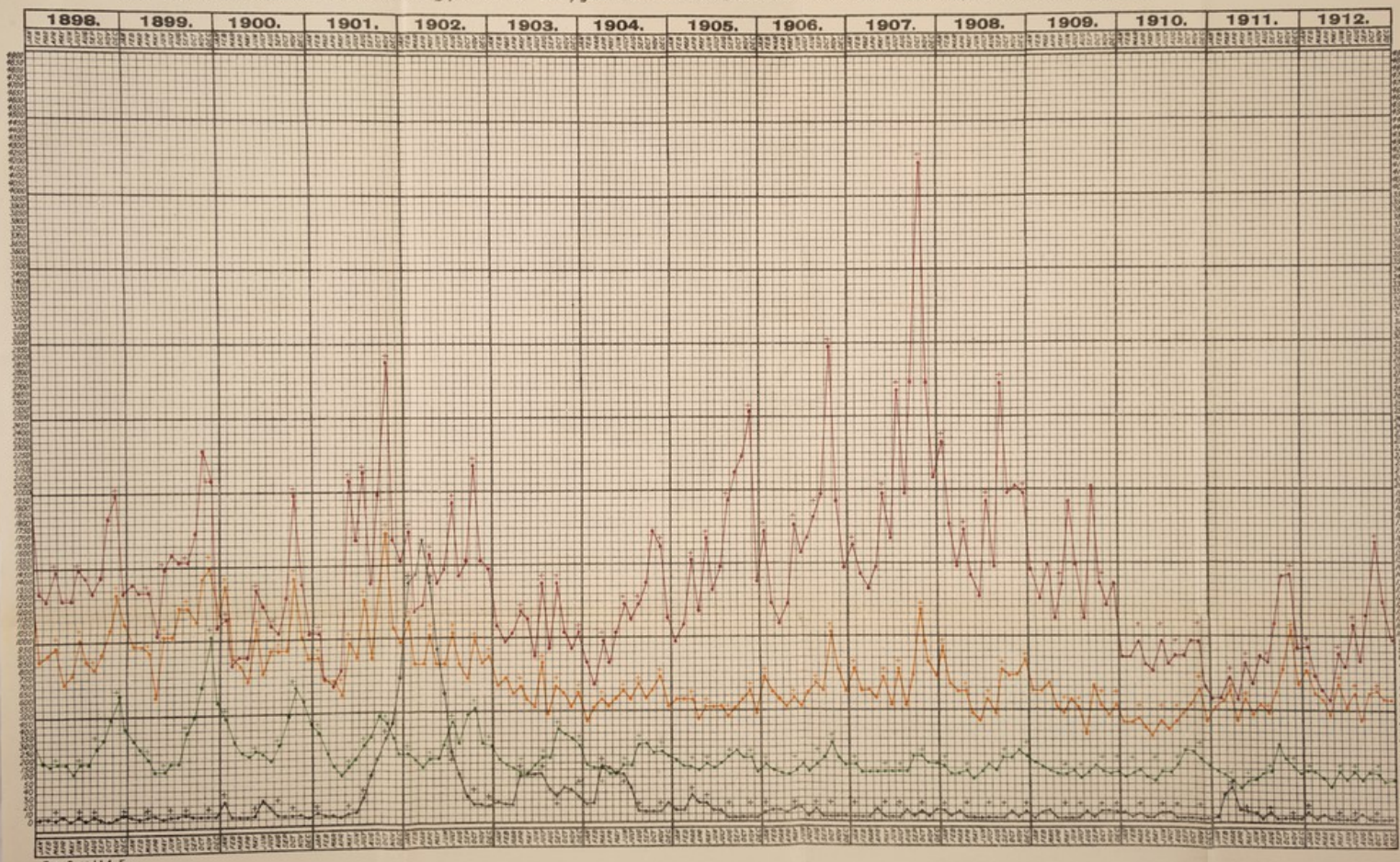
CHART *showing the mean number of* **MEASLES** *(black line) and* **WHOOPING COUGH** *(dotted line) patients remaining under treatment during each week of 1912 (uncorrected for mistakes in diagnosis).*



Face page 144-4.

METROPOLITAN ASYLUMS BOARD.

NOTIFICATION CHART–Monthly notifications, Scarlet fever, Red line, Enteric fever, Green line, Diphtheria, Yellow line, Smallpox, Black line
N.B. The crosses indicate months including five weeks. The figures on which the Chart is based were not corrected for mistakes in diagnosis.



Face Page 144-5.

Boroughs in which the cases were resident.	Population, estimated to the middle of 1912.	Estimated density of population per acre.	NOTIFIABLE DISEASES WHICH ARE ADMISSIBLE TO THE MANAGERS' HOSPITALS.																			NOTIFIABLE DISEASES NOT ADMISSIBLE TO THE MANAGERS' HOSPITALS.						GRAND TOTAL OF NOTIFICATIONS.
			NOTIFICATIONS.												DEATHS.												
			Smallpox.	Scarlet fever.	Diphtheria.	Membranous croup.	Enteric or typhoid fever.	Typhus fever.	Relapsing fever.	Puerperal fever.	Continued fever.	Cerebro-spinal meningitis.	Poliomyelitis.	TOTAL NOTIFICATIONS.	Annual rate per 1,000 persons living.	Smallpox.	Scarlet fever.	Diphtheria (including membranous croup).	Enteric or typhoid fever.	TOTAL DEATHS.	Annual rate per 1,000 persons living.	Cholera.	Erysipelas.	Glanders.	Anthrax.	Hydrophobia.	Ophthalmia neonatorum.	TOTAL.	
WEST :—																												
Paddington	142,362	105	..	269	249	5	15	..	..	11	..	7	6	562	4·0	..	3	6	1	10	0·07	..	117	..	..	..	31	148	710
Kensington	171,746	75	..	304	177	3	15	..	..	8	..	1	1	510	3·0	..	5	6	4	15	0·09	..	116	..	..	..	22	138	648
Hammersmith ..	122,750	54	..	333	173	3	11	..	..	7	..	2	2	531	4·3	..	4	13	4	21	0·17	..	102	..	..	..	17	119	650
Fulham	155,402	91	..	485	233	..	26	..	..	30	..	2	5	781	5·0	..	6	15	8	29	0·19	..	115	..	1	..	13	129	910
Chelsea	65,397	99	..	126	89	..	10	..	..	7	..	..	1	233	3·6	..	2	5	1	8	0·12	..	30	..	..	..	3	33	266
Westminster	157,248	63	..	238	160	..	17	..	..	19	..	3	6	443	2·8	..	4	11	4	19	0·12	..	92	..	..	..	13	105	548
NORTH :—																												
St. Marylebone ..	116,155	79	..	259	147	2	11	..	..	5	..	1	3	428	3·7	..	11	8	5	24	0·21	..	89	..	..	..	19	108	536
Hampstead	85,966	38	..	107	158	3	10	..	..	3	..	1	2	284	3·3	..	1	17	1	19	0·22	..	44	..	..	..	5	49	333
St. Pancras	216,145	80	1	597	550	..	29	..	..	20	..	3	3	1,203	5·6	..	5	25	3	33	0·15	..	189	..	..	..	18	207	1,410
Islington	326,398	106	..	811	513	4	49	..	..	16	..	13	11	1,417	4·4	..	9	39	8	56	0·17	..	186	..	..	..	32	218	1,635
Stoke Newington ..	50,581	59	..	90	55	..	3	..	..	3	..	1	5	157	3·1	..	..	..	..	..	..	..	33	..	..	..	1	34	191
Hackney	222,986	68	..	515	243	9	27	..	..	27	..	7	8	836	3·8	..	8	12	3	23	0·10	..	210	..	..	..	22	232	1,068
CENTRAL :—																												
Holborn	48,026	119	..	114	89	..	12	..	..	..	..	1	..	216	4·5	..	..	7	1	8	0·17	..	47	..	..	..	5	52	268
Finsbury	86,130	147	..	159	143	2	8	1	..	12	..	1	3	329	3·8	..	5	13	1	19	0·22	..	144	..	..	..	7	151	480
City of London ..	18,695	28	..	33	17	..	2	..	..	..	..	1	1	54	2·9	..	..	1	..	1	0·05	..	14	..	..	..	..	14	68
EAST :—																												
Shoreditch	110,430	168	..	153	137	2	14	1	..	8	..	5	..	320	2·9	..	5	19	4	28	0·25	..	148	..	..	..	20	168	488
Bethnal Green ..	127,985	169	..	283	211	9	30	..	..	16	..	6	7	562	4·4	..	2	12	3	17	0·13	..	192	..	..	..	28	220	782
Stepney	277,315	157	..	929	357	6	56	..	..	31	1	11	12	1,403	5·1	..	13	26	9	48	0·17	..	342	..	..	..	48	390	1,793
Poplar	161,597	69	1	314	249	4	36	..	..	20	..	6	5	635	3·9	..	3	17	7	27	0·17	..	198	..	..	..	35	233	868
SOUTH :—																												
Southwark	190,017	168	..	500	279	4	39	..	..	18	..	8	6	854	4·5	..	6	27	4	37	0·20	..	265	..	..	..	74	339	1,193
Bermondsey ..	125,260	84	..	418	214	4	37	1	..	19	..	4	7	704	5·6	..	8	16	5	29	0·23	..	166	..	..	..	44	210	914
Lambeth	297,550	73	..	596	332	4	61	..	..	24	..	7	9	1,033	3·5	..	9	29	13	51	0·17	..	223	..	..	..	78	301	1,334
Battersea	167,589	78	..	462	226	6	21	..	..	7	..	2	2	726	4·3	..	6	15	2	23	0·14	..	133	..	..	..	28	161	887
Wandsworth	321,881	35	..	819	425	5	70	..	..	29	2	3	5	1,358	4·2	..	11	19	8	38	0·12	..	207	..	..	..	35	242	1,600
Camberwell	261,591	58	..	634	311	7	29	..	..	17	1	5	11	1,015	3·9	..	8	21	6	35	0·13	..	216	..	..	..	30	246	1,261
Deptford	109,377	70	..	404	161	8	9	..	..	8	1	4	4	599	5·5	..	6	11	2	19	0·17	..	191	..	..	..	27	218	817
Greenwich	95,994	25	..	439	252	4	11	..	..	5	..	..	2	713	7·4	..	9	15	2	26	0·27	..	98	..	..	..	21	119	832
Lewisham	165,249	24	..	457	435	1	26	..	..	7	..	1	2	929	5·8	..	6	27	6	39	0·24	..	103	..	..	..	5	108	1,037
Woolwich	121,932	15	3	472	424	..	20	..	..	3	..	..	3	925	7·6	1	4	20	2	27	0.22	..	90	..	..	..	20	110	1,035
Port of London ..	..	..	1	1	2	..	1	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Totals	4,519,754	60	6	11,321	7,011	95	705	3	..	380	7	105	132	19,765	4·4	1	159	452	117	729	0·16	..	4,100	..	1	..	701	4,802	24,567
Percentage of notified cases admitted to the Managers' hospitals (uncorrected for mistakes in diagnosis)			83·4	90·6	86·7		52·9	66·7	..	6·1	..	1·9	4·7			100·0	96·8	74·1	35·9			Percentage of deaths in the Managers' hospitals.							

NOTE.—Whooping cough was a notifiable disease in Greenwich from the 22nd week. 507 cases were notified to the end of the year.
Zymotic enteritis " " " " " 23rd week to the 40th week during which time 163 cases were notified.

TABLE A2.—*Ages of cases notified*—1912.

AGES.	SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1 ..	64	56	120	104	74	178	1	..	1
1 to 2 ..	197	187	384	230	175	405	2	1	3
2 ,, 3 ..	359	373	732	278	266	544	3	1	4
3 ,, 4 ..	483	484	967	344	297	641	7	3	10
4 ,, 5 ..	584	594	1,178	365	369	734	5	5	10
Total under 5	1,687	1,694	3,381	1,321	1,181	2,502	18	10	28
5 to 10 ..	2,208	2,580	4,788	1,222	1,424	2,646	40	42	82
10 ,, 15 ..	824	1,030	1,854	419	488	907	44	43	87
15 ,, 20 ..	291	276	567	137	163	300	58	31	89
20 ,, 25 ..	120	182	302	68	163	231	41	47	88
25 ,, 30 ..	79	126	205	49	108	157	41	46	87
30 ,, 35 ..	48	88	136	31	85	116	41	25	66
35 ,, 40 ..	16	28	44	21	43	64	30	35	65
40 ,, 45 ..	7	15	22	16	21	37	23	16	39
45 ,, 50 ..	4	7	11	6	9	15	18	17	35
50 ,, 55 ..	2	6	8	3	10	13	4	11	15
55 ,, 60 ..	1	2	3	5	8	13	5	6	11
Upwards ..	..	..	..	2	7	9	8	5	13
Unrecorded ..	..	..	..	..	1	1	..	..	..
Totals ..	5,287	6,034	11,321	3,300	3,711	7,011	371	334	705

Ambulance work. 2. The statistical tables concerning the work of the ambulance service will be found on pp. 186-189.

Land service. Infectious removals. During the year 23,197 (*21,180*)* infectious patients were conveyed to the various hospitals of the Managers; 10,159 (*8,123*) patients were transferred to the convalescent and other hospitals; and 9,635 (*7,724*) recovered patients were brought back to London, that number including 30 (*17*) taken from the convalescent hospitals direct to their homes, and 9,605 (*7,707*) to the ambulance stations. Of the latter 197 (*164*) were subsequently conveyed home in consequence of their friends not attending to take charge of them. 1,513 (*2,047*) recovered patients were taken home from the acute hospitals. Further, 469 (*686*) persons were removed to other places than the Managers' hospitals.

Non-infectious removals. The non-infectious removals during the year were as follow:–

Imbecile cases	1,287	(*585*)
Ringworm	332	(*1*)
Ophthalmia	697	(*593*)
Defective and other children	118	(*472*)
To and from the Children's Hospitals ..	6,739	(*5,066*)
Other cases (private removals)	2,104	(*2,279*)
Casuals	55	—
From General Hospitals to homes ..	2	—
Staff	106	(*46*)
Total	11,440	(*9,042*)

Total removals. Altogether 56,964 (*49,183**) removals were effected by the land ambulance service during 1912, and the various vehicles made 30,390 (*28,506*) journeys, and ran 419,207 (*355,945*) miles.

* Italic figures in brackets throughout are the corresponding figures for 1911.

River service. The steamboats of the river ambulance service conveyed 300 (*497*)* passengers to and from Long Reach ; of that number only 5 (*61*) were patients taken to the smallpox hospital ; 4 (*50*) recovered patients brought back to London, and 292 (*386*) were visitors, staff, workmen, etc.

Fires were alight on the steamboats a total of 10,216 (*11,916*) hours ; steam was raised on 399 (*499*) days ; the vessels were under steam 5,974½ (*7,341*) hours, under way 346 (*427*) hours ; they steamed 3,405 (*4,673*) miles and consumed 122½ (*160*) 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	375
North-Eastern Hospital (including temporary buildings)	623
North-Western Hospital (including some temporary buildings)	474
Western Hospital	452
South-Western Hospital	339
Fountain Hospital (in use as a temporary imbecile asylum)	405
Grove Hospital	518
South-Eastern Hospital	498
Brook Hospital	568
Northern Hospital (including temporary buildings) ..	738
Southern Upper Hospital	921
,, Lower ,, (as adjunct to Upper Hospital if and when required)	610
	6,521

To this accommodation should be added Joyce Green Hospital (see below) which the Managers have decided shall be regarded as part of the fever hospital accommodation, when it is not required for smallpox.

From the total fever accommodation should be deducted 100 beds to the use of which the Urban District of Tottenham is entitled.

SMALLPOX.—For this disease the Managers possess the following accommodation :—

Long Reach Pier Buildings	50	beds
Long Reach Hospital	300	,,
Joyce Green Hospital (but see above) ..	940	,,
Orchard Hospital	800	,,
Total	2,090	,,

Hospital statistics. 4. FEVER.—The annual reports of the medical superintendents of the fever hospitals will be found on pp. 190-200.

On the last day of 1911 there were 3,612 (*2,615*) patients in the fever hospitals.

The total number under treatment fell to the minimum for the year, 3,067 (*2,495*) on the 13th April ; and rose to the maximum 4,319 on the 26th November (*14th November, 1911, 3,890*). Subsequently the number declined until the end of the year, when, on the 31st December, 4,087 (3,612) patients remained under treatment.

* Italic figures and dates in brackets throughout are the corresponding figures and dates for 1911.

The following Table A3 shews the minimum and maximum numbers of patients under treatment during 1912 of scarlet fever, diphtheria, enteric, measles and whooping cough, together with the corresponding numbers for the previous year :—

Disease.	Minimum.	Maximum.
Scarlet fever ..	1,223–4th May (*975*–15th April*)	2,404–19th Nov. (*2,264–14th Nov.*)
Diphtheria	784–30th Aug. (*694–2nd Sept.*)	1,286–2nd Jan. (*1,324–5th Dec.*)
Enteric fever ..	28–23rd July (*16–April*)	71–2nd Jan (*183–19th Oct.*)
Measles	106–4th Jan. (*66–30th Nov.*)	808–11th Dec. (*883–4th April*)
Whooping cough ..	228–1st Dec. (*46–1st Jan.*)	670–7th May (*338–9th May*)

*Italic figures in brackets are the corresponding figures for 1911.

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* 1912.

Metropolitan boroughs and populations estimated to the middle of 1912.		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	142,362	Paddington		269	235	254	229	15	4	538	468	87·0
Kensington	171,746	Kensington		304	292	180	139	17	6	501	437	87·2
Hammersmith	122,750	Hammersmith		333	255	176	162	11	3	520	420	80·8
Fulham	155,402	Fulham		485	439	233	214	26	12	744	665	89·4
Chelsea	65,397	Chelsea		126	118	89	86	10	5	225	209	92·9
City of Westminster	157,248	Strand	16,221	238	225	160	140	17	5	415	370	89·2
		Westminster	24,434									
		St. George's W.	116,593									
St. Marylebone	116,155	St. Marylebone		259	225	149	156	11	5	419	386	92·1
Hampstead	85,966	Hampstead		107	74	161	128	10	3	278	205	73·7
St. Pancras	216,145	St. Pancras		597	568	550	473	29	20	1,176	1,061	90·2
Islington	326,398	Islington		811	720	517	434	49	29	1,377	1,183	85·9
Stoke Newington	50,581											
Hackney	222,986	Hackney	273,567	605	504	307	243	30	23	942	770	81·7
Holborn	48,026	Holborn	109,909	273	294	234	199	20	9	527	502	95·3
Finsbury	86,130	Bloomsbury	24,247									
City of London	18,695	City of London		33	29	17	35	2	—	52	64	†123·1
Shoreditch	110,430	Shoreditch		153	137	139	113	14	9	306	259	84·6
Bethnal Green	127,985	Bethnal Green		283	278	220	227	30	13	533	518	97·2
Stepney	277,315	Stepney	53,122	929	894	363	336	57	22	1,349	1,252	92·8
		St.George-in-the-E.	46,830									
		Whitechapel	66,280									
		Mile End O.T.	111,083									
Poplar	161,597	Poplar		314	284	253	198	36	21	603	503	83·4
Southwark	190,017	Southwark		500	490	283	247	39	24	822	761	92·6
Bermondsey	125,260	Bermondsey		418	441	218	190	37	20	673	651	96·7
Lambeth	297,550	Lambeth		596	560	336	274	61	30	993	864	87·0
Battersea	167,589											
Wandsworth	321,881	Wandsworth	489,470	1,281	1,139	662	521	93	64	2,036	1,724	84·7
Camberwell	261,591	Camberwell		634	530	318	240	30	11	982	781	79·5
Deptford	109,377											
Greenwich	95,994	Greenwich	185,765	1,772	1,525	1,285	1,099	67	39	3,124	2,663	85·2
Lewisham	165,249	Lewisham	179,523									
Woolwich	121,932	Woolwich	127,264									
		Port Sanitary Authority		1	—	2	—	1	—	4	—	—
	4,519,754	Totals		11,321	10,256	7,106	6,083	712	377	19,139	16,716	87·3

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 districts in which the patients reside, 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 65·4.

* Populations are the same as in the boroughs unless otherwise stated.

Tables I. to IX. and the accompanying chart summarise the several fever hospital tables given on pp. 200-212.

TABLE I.—*Admissions, discharges, and deaths at fever hospitals during* 1912.

DISEASES.	Remaining on Dec. 31st, 1911.	Admitted.	Total under treatment during 1912.	Discharged.	Died.	Mortality per cent.	Remaining on Dec. 31st, 1912.
Scarlet	*1,914	9,883	11,797	9,599	154	1·57	2,044
Diphtheria	1,171	4,844	6,105	4,905	331	6·57	779
Diphtheria (bacteriological)	30	375	405	373	4	1·06	28
Enteric	53	222	275	208	42	17·79	25
Puerperal	..	23	23	7	9	46·15	7
Measles	*105	4,314	4,419	3,197	414	10·45	808
Whooping-cough	234	1,731	1,965	1,570	146	8·47	249
Typhus	..	2	2	..	2	100·00	..
Cerebro-spinal fever	..	2	2	..	2	100·00	..
Poliomyelitis	..	6	6	5	1	16·67	..
Totals	*3,507	21,402	24,909	19,864	1,105	5·22	3,940
Other diseases	*105	1,899	2,004	1,734	123	6·55	147
Grand totals	3,612	23,301	26,913	21,598	1,228	..	4,087

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.

The total number of patients treated during the year was 3,160 more than in the preceding year, and 163 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 1·26, and diphtheria by 2·15, and enteric fever was higher by 2·98.

Of cases treated, the percentages transferred to the convalescent hospitals from the acute hospitals were as under :—

	Scarlet.		Diphtheria.	
Eastern Hospital	59·6	†(*54·2*)	24·9	†(*44·3*)
North-Eastern Hospital	42·8	(*46·6*)	11·6	(*14·9*)
North-Western ,,	68·7	(*64·1*)	49·5	(*37·4*)
Western ,,	65·4	(*57·4*)	47·5	(*39·4*)
South-Western ,,	52·5	(*56·2*)	7·7	(*3·0*)
Grove ,,	61·0	(*60·7*)	21·2	(*20·2*)
South-Eastern ,,	50·2	(*48·7*)	11·6	(*11·7*)
Brook ,,	62·0	(*66·5*)	36·9	(*39·2*)
Totals	55·7	(*53·4*)	30·0	(*26·1*)

† Italic figures in brackets are the corresponding figures for 1911.

TABLE II.—*Monthly admissions and deaths at fever hospitals during* 1912.

MONTH.	ADMISSIONS.												DEATHS.												MORTALITY PER CENT.†											
	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro spinal fever.	Poliomyelitis.	Other diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro spinal fever.	Poliomyelitis.	Other diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro spinal fever.	Poliomyelitis.	Other diseases.	Total.
Jan.	689	492	41	24	..	190	178	..	..	..	127	1,641	6	41	..	4	..	10	8	..	..	..	13	82	0·68	7·54	..	12·90	..	11·90	6·27	..	..	..	9·25	6·48
Feb.	624	448	30	34	..	191	216	..	..	..	182	1,725	6	24	..	5	..	5	13	..	..	..	12	65	0·87	4·88	..	18·18	..	3·44	8·93	..	..	..	7·87	5·35
Mar.	577	418	41	19	..	158	221	..	1	..	143	1,578	10	32	1	3	..	23	13	..	1	..	10	93	1·65	7·14	2·33	13·64	..	14·74	7·22	..	..	..	5·97	7·27
April	515	356	25	9	..	233	217	..	..	1	127	1,483	12	17	1	2	..	24	20	..	..	1	12	89	2·11	4·46	3·70	11·43	..	12·63	11·43	..	..	..	9·60	8·43
May	667	370	42	17	1	315	198	1	..	..	176	1,788	13	30	1	3	1	23	25	..	..	..	11	107	1·97	7·46	2·70	14·63	6·67	8·32	11·19	..	..	..	6·65	8·21
June	735	351	29	16	..	512	129	..	1	1	149	1,922	13	23	..	3	..	44	13	1	..	..	8	105	2·00	5·94	..	22·22	..	11·14	6·50	..	..	..	5·48	7·68
July	830	397	21	16	..	532	122	..	..	..	147	2,065	17	29	1	5	..	37	9	..	1	..	8	107	2·20	7·19	4·08	27·03	..	7·47	6·04	..	..	..	5·33	7·09
Aug.	801	361	23	14	5	332	92	..	..	2	123	1,753	14	24	..	3	..	52	9	..	..	..	11	113	1·75	6·47	..	25·00	..	12·95	7·35	..	..	..	8·80	8·28
Sept.	1,140	464	41	28	1	247	94	..	..	..	162	2,177	13	33	..	3	..	24	9	..	..	..	8	90	1·38	7·92	..	13·95	..	7·63	7·76	..	..	..	5·28	5·84
Oct.	1,306	377	22	19	1	493	86	1	..	2	175	2,482	18	28	..	4	2	48	8	1	..	..	10	119	1·63	7·26	..	23·53	133·33	11·71	7·51	..	..	..	5·60	6·24
Nov.	1,104	407	25	10	7	653	79	..	..	..	192	2,477	20	23	..	1	2	51	10	..	..	..	14	121	1·75	5·56	..	6·06	44·44	9·24	10·70	..	..	..	7·71	6·45
Dec.	895	403	35	16	8	558	99	..	..	..	196	2,210	12	27	..	6	4	73	9	..	..	..	6	137	1·20	6·83	..	32·43	53·33	13·46	10·65	..	..	..	3·08	8·36
Totals	9,883	4,844	375	222	23	4,314	1,731	2	2	6	1,899	23,301	154	331	4	42	9	414	146	2	2	1	123	1,228	1·57	6·57	1·06	17·80	46·15	10·45	8·47	*	*	*	6·55	7·09

Calculated according to the Registrar-General's formula. See footnote to Table I., p. 150.

Cases being so few in number the percentages are not given.

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

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1898, and of measles and whooping cough during 1910-12.

During the forty-one 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, ten 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-three times in October, six times in November, and twice in December. The enteric fever admissions fell to the minimum for the year five times in March, fifteen 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 February, once in May, eight times in September, eighteen 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, nine times in April, three times in May, once in June, three times in August, and once in September; while the maximum admissions took place once in January, four times in July, once in August, three times in September, nine times in October, three times in November, and three times in December.

The admission to the Managers' hospitals of measles and whooping cough cases was not legally sanctioned until February, 1911, but during the previous year a number of such cases were actually received.

The minimum admissions of measles cases have been once in January and once in November, and the maximum once in March and once in November.

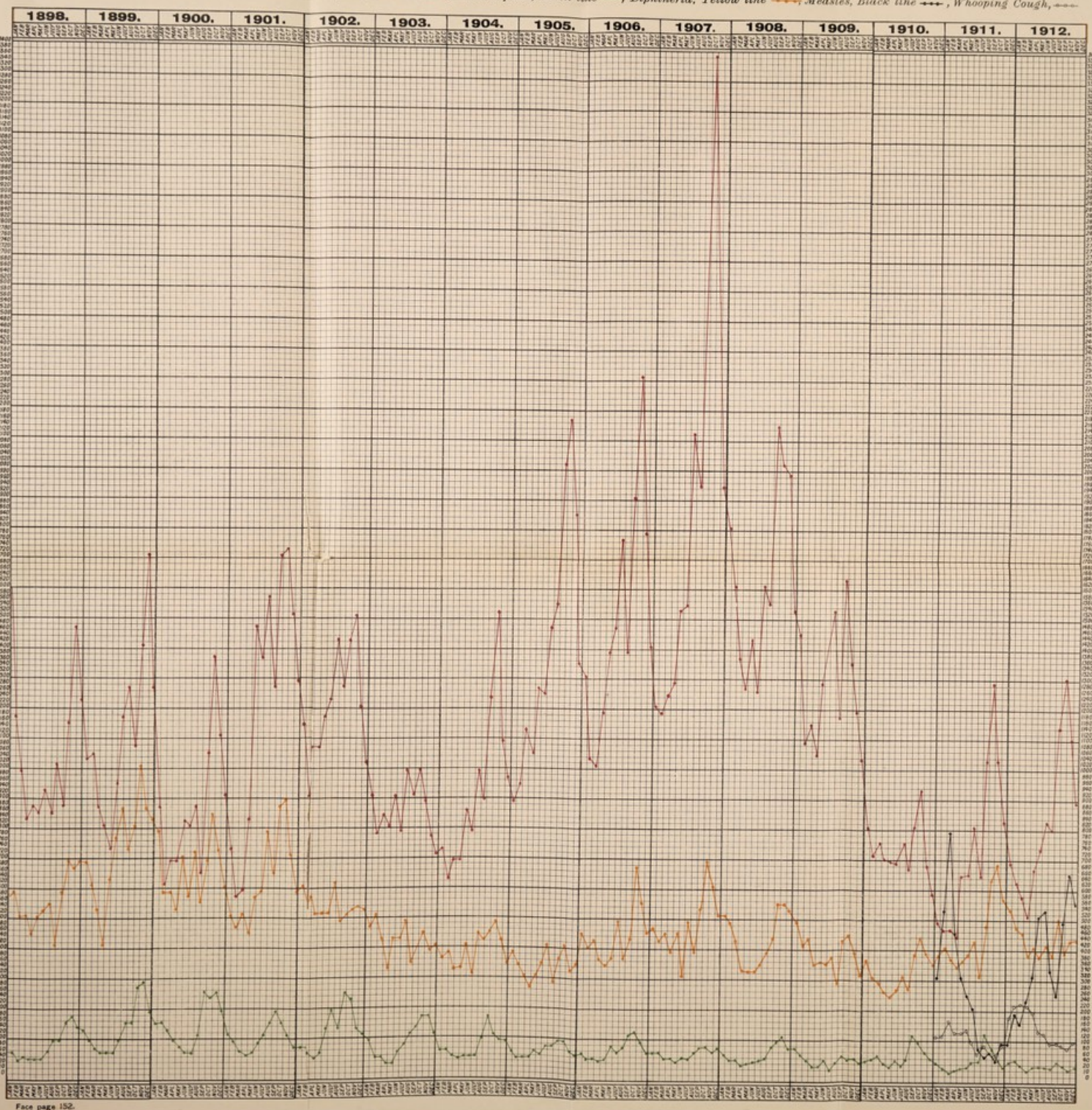
The minimum admissions of whooping cough cases occurred twice in November and the maximum twice in March.

The maximum death-rate in 1912 was for scarlet fever in July (*July*), for diphtheria in September (*April*), for enteric in December (*October*), for measles in March (*January*), and for whooping cough in April (*April*). The minimum rate was for scarlet fever in January (*October*), for diphtheria in April (*May*), for enteric fever in November (*February*), for measles in February (*September*), and or whooping cough in July (*October*).

Months in italics in brackets are the corresponding months for 1911.

METROPOLITAN ASYLUMS BOARD.

FEVER CHART—MONTHLY ADMISSIONS—Scarlet fever, Red line, Enteric fever, Green line, Diphtheria, Yellow line, Measles, Black line, Whooping Cough,



Face page 152.

PARISHES AND UNIONS.	Scarlet.	Diphtheria.	Diphtheria bacteriolog.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Polio-myelitis.	Other diseases.	Total admissions.	Scarlet.	Diphtheria.	Diphtheria bacteriolog.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Polio-myelitis.	Other diseases.	Total deaths.
Kensington	284	124	1	2	..	118	39	..	..	..	40	608	5	3	..	..	..	9	4	..	..	..	3	24
Hammersmith	248	117	2	2	..	79	17	..	..	..	33	498	3	14	..	1	..	2	2	..	..	..	4	26
Fulham	438	168	4	6	1	118	64	..	..	..	48	847	7	11	..	2	1	11	3	..	..	..	1	36
Paddington	237	184	20	4	..	92	33	..	..	1	40	611	5	3	..	..	..	2	6	..	..	..	5	21
Chelsea	116	65	11	3	..	69	29	..	..	..	19	312	2	4	..	..	..	4	..	..	..	..	..	10
St. George's, W.	143	64	..	1	..	92	46	..	..	..	21	367	2	4	..	..	..	13	3	..	..	..	1	23
Westminster	48	30	1	..	..	2	4	..	..	..	8	93	..	4	..	..	..	1	..	..	..	..	1	6
St. Marylebone	216	110	23	4	..	177	81	..	..	..	50	661	9	8	..	1	..	15	6	..	..	..	6	45
St. Pancras	519	354	53	7	..	292	98	..	..	..	146	1,469	5	18	..	2	..	29	14	..	..	..	9	77
Hampstead	64	106	8	..	..	54	12	..	..	..	27	271	..	13	..	..	..	2	..	..	..	..	..	15
Islington	651	322	31	15	1	438	184	..	1	3	163	1,809	8	30	..	4	..	46	14	..	1	..	9	112
Hackney	468	165	23	10	4	113	61	..	..	..	111	955	8	10	..	1	2	2	6	..	..	..	6	35
Bloomsbury	36	20	7	1	..	2	..	..	..	..	10	76	..	1	..	1	..	..	..	..	..	..	1	3
Strand	25	7	1	..	..	4	2	..	..	..	10	49	..	..	..	..	..	..	..	..	..	..	1	1
Holborn	230	107	23	..	..	323	62	1	..	..	71	817	6	9	..	..	..	49	7	1	..	..	5	77
London, City of	29	16	6	..	..	28	..	..	..	..	9	88	..	2	..	..	..	3	..	..	..	..	1	6
Shoreditch	118	69	12	7	..	203	53	..	..	..	59	521	4	7	..	1	..	26	9	..	..	..	4	51
Bethnal Green	249	140	33	6	1	186	56	..	..	..	90	761	2	9	2	1	1	21	6	..	..	..	8	50
Whitechapel	169	63	5	1	..	73	11	..	..	..	66	388	4	1	..	..	..	10	..	..	..	..	3	18
St. George's E.	102	28	3	2	1	105	44	..	..	..	21	306	2	1	..	1	..	9	4	..	..	..	1	18
Stepney	179	59	5	1	..	134	47	..	..	..	32	457	3	7	..	..	..	18	5	..	..	..	5	38
Mile End O.T.	367	77	1	6	1	86	26	..	..	..	53	617	4	6	..	1	1	6	1	..	..	..	4	23
Poplar	259	154	9	13	1	193	85	..	..	..	74	788	2	2	..	6	1	16	5	..	..	..	7	39
Southwark	462	206	7	18	1	229	98	..	..	..	73	1,094	4	19	2	1	..	21	4	..	..	..	6	57
Bermondsey	413	155	7	13	..	175	63	1	..	..	73	900	7	13	..	1	..	12	7	1	..	..	1	42
Lambeth	510	225	7	22	3	287	89	..	..	..	109	1,252	11	24	..	7	..	40	11	..	..	..	7	100
Wandsworth	1,067	408	36	41	6	287	192	..	..	1	169	2,207	16	27	..	5	2	17	16	..	..	1	11	95
Camberwell	508	210	4	6	..	211	79	..	..	1	57	1,076	7	11	..	..	..	23	6	..	..	..	3	50
Greenwich	622	312	9	7	..	44	78	..	..	..	66	1,138	12	20	..	1	..	3	2	..	..	..	4	42
Woolwich	459	308	8	7	1	49	4	..	1	..	61	898	8	18	..	..	..	3	..	..	1	..	1	31
Lewisham	395	360	4	14	1	41	61	..	..	..	36	912	6	22	..	4	1	1	4	..	..	..	2	40
Port of London	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tottenham	251	111	11	3	1	7	6	..	..	..	52	442	2	10	..	1	..	..	1	..	..	..	3	17
Beyond Metropolitan Area ..	1	..	..	..	..	3	7	..	..	..	2	13	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..	9,883	4,846	375	222	23	4,314	1,731	2	2	6	1,899	23,301	154	331	4	42	9	414	146	2	2	1	123	1,228

The number of cases of scarlet fever was 4.745 below, of diphtheria 252 above, and of enteric fever 445 below the average admissions during the preceding ten years.

SCARLET FEVER.—TABLE IV.—*Admissions, deaths and mortality per cent. of scarlet fever patients during* 1912, *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	39	2	5·1	76	6	7·9
1 to 2	165	9	5·5	184	10	5·4	349	19	5·4
2 ,, 3	331	12	3·6	335	20	6·0	666	32	4·8
3 ,, 4	474	8	1·7	453	8	1·8	927	16	1·7
4 ,, 5	527	10	1·9	539	8	1·5	1,066	18	1·7
Totals under 5 years	1,534	43	2·8	1,550	48	3·1	3,084	91	3·0
5 to 10 ..	1,956	23	1·2	2,265	25	1·1	4,221	48	1·1
10 ,, 15 ..	722	2	0·3	881	3	0·3	1,603	5	0·3
15 ,, 20 ..	236	5	2·1	219	1	0·5	455	6	1·3
20 ,, 25 ..	96	1	1·0	118	..	..	214	1	0·5
25 ,, 30 ..	51	..	..	95	2	2·1	146	2	1·4
30 ,, 35 ..	39	..	..	64	..	..	103	..	..
35 ,, 40 ..	13	..	..	22	1	4·5	35	1	2·9
40 ,, 45 ..	3	..	..	11	..	..	14	..	..
45 ,, 50 ..	2	..	..	2	..	..	4	..	..
50 ,, 55 ..	1	..	..	..	..	..	1	..	..
55 ,, 60 ..	1	..	..	2	..	..	3	..	..
And upwards ..	..	..	..	..	..	..	..	..	..
Grand totals ..	4,654	74	1·6	5,229	80	1·5	9,883	154	1·6

The total admissions of scarlet fever cases in 1912 were 9,883 (*8,818*)*; the females were 575 (*632*) in excess of the male admissions. The total mortality, calculated on the admissions, was 1·6 (*1·9*) per cent., and was lower by 1·2 than the average for the preceding ten years.

* Italic figures in brackets throughout are the corresponding figures for 1911.

DIPHTHERIA.—TABLE V.—*Admissions, deaths, and mortality per cent. of diphtheria patients (excluding bacteriological cases) during* 1912, *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 ..	38	11	28·9	19	12	63·2	57	23	40·4
1 to 2 ..	174	28	16·1	139	17	12·2	313	45	14·4
2 ,, 3 ..	201	21	10·4	204	22	10·8	405	43	10·6
3 ,, 4 ..	265	24	9·1	255	17	6·7	520	41	7·9
4 ,, 5 ..	281	20	7·1	306	28	9·1	587	48	8·2
Total under 5 years	959	104	10·8	923	96	10·4	1,882	200	10·6
5 to 10 ..	895	48	5·4	1,076	55	5·1	1,971	103	5·2
10 ,, 15 ..	271	9	3·3	316	15	4·7	587	24	4·1
15 ,, 20 ..	78	1	1·3	79	..	..	157	1	0·6
20 ,, 25 ..	37	..	..	59	..	..	96	..	..
25 ,, 30 ..	17	..	..	41	1	2·4	58	1	1·7
30 ,, 35 ..	12	1	8·3	38	..	..	50	1	2·0
35 ,, 40 ..	6	..	..	16	1	6·3	22	1	4·5
40 ,, 45 ..	6	..	..	8	..	..	14	..	..
45 ,, 50 ..	..	..	..	3	..	..	3	..	..
50 ,, 55 ..	..	..	..	3	..	..	3	..	..
55 ,, 60 ..	1	..	..	..	..	..	1	..	..
And upwards	..	..	..	..	..	..	..	..	..
Grand totals ..	2,282	163	7·1	2,562	168	6·6	4,844	331	6·8

It has been suggested that the decline in the mortality rate which followed the introduction of the antitoxin-serum treatment of diphtheria, might largely be accounted for by the inclusion of numbers of cases which were certified after the bacteriological test only. Therefore, such cases have been shown separately in Table I. It is very satisfactory to find that, notwithstanding the exclusion of the bacteriological cases from the above Table V., the death rate, calculated on the admissions, for last year was 6·8, the lowest on record, 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. Diphtheria is usually more fatal to males than females, but last year 12 out of 19 females under one year of age died, a percentage of 63·2, whereas out of 38 males of the same age 11 died, a percentage of 28·9. The total percentage of mortality was 7·1 males and 6·8 females.

ENTERIC FEVER.—TABLE VI.—*Admissions, deaths, and mortality per cent. of enteric fever patients during* 1912, *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 ...	8	1	12·5	4	1	25·0	12	2	16·7
5 to 10 ...	13	..	..	15	1	6·7	28	1	3·6
10 „ 15 ...	19	1	5·3	18	3	16·7	37	4	10·8
15 „ 20 ...	20	5	25·0	8	1	12·5	28	6	21·4
20 „ 25 ...	17	4	23·5	12	..	..	29	4	13·8
25 „ 30 ...	15	4	26·7	16	4	25·0	31	8	25·8
30 „ 35 ...	7	1	14·3	9	..	..	16	1	6·3
35 „ 40 ...	8	1	12·5	12	5	41·7	20	6	30·0
40 „ 45 ...	3	1	33·3	4	3	75·0	7	4	57·1
45 „ 50 ...	4	2	50·0	3	..	..	7	2	28·6
50 „ 55 ...	..	..	..	5	3	60·0	5	3	60·0
55 „ 60 ...	..	..	..	2	1	50·0	2	1	50·0
And upwards...	..	..	..	..	..	..	..	..	..
Totals ...	114	20	17·5	108	22	20·4	222	42	18·9

There were 138 fewer cases of enteric fever admitted than during 1911.

The total death-rate, calculated on the admissions, was 18·9 (*15·0*)* per cent., which was 4·1 higher than the average rate for the preceding ten years.

MEASLES.—TABLE VII.—*Admissions, deaths, and mortality per cent. of measles patients during* 1912, *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 ..	228	50	21·9	176	32	18·2	404	82	20·3
1 to 2 ..	510	101	19·8	532	95	17·9	1,042	196	18·8
2 „ 3 ..	419	34	8·1	360	28	7·8	779	62	8·0
3 „ 4 ..	359	19	5·3	338	24	7·1	697	43	6·2
4 „ 5 ..	299	14	4·7	267	8	3·0	566	22	3·9
Total under 5 years	1,815	218	12·0	1,673	187	11·1	3,488	405	11·6
5 to 10 ..	369	6	1·6	345	2	0·6	714	8	1·1
10 „ 15 ..	36	1	2·8	31	..	..	67	1	1·5
15 „ 20 ..	2	..	..	14	..	..	16	..	..
20 „ 25 ..	4	..	..	8	..	..	12	..	..
25 „ 30 ..	1	..	..	7	..	..	8	..	..
30 „ 35 ..	..	..	..	2	..	..	2	..	..
35 „ 40 ..	..	..	..	5	..	..	5	..	..
40 „ 45 ..	..	..	..	1	..	..	1	..	..
45 „ 50 ..	..	..	..	1	..	..	1	..	..
And upwards	..	..	..	.	..	..	..	..	..
Grand totals ..	2,227	225	10·1	2,087	189	9·1	4,314	414	9·6

The dangerous nature of measles when occurring amongst young children is well known; but it should be borne in mind that the high mortality rates amongst patients treated in the Manager's hospitals are the result of the special class of cases admitted. At present admission is confined to children of the poorest class recommended by poor law officers and medical officers of health. The mortality rate on 4,314 cases was 9·6 as compared with 13·9 on 3,144 cases the previous year. As was the case last year the mortality rate was higher in males than females.

* Italic figures in brackets throughout are the corresponding figures for 1911.

WHOOPING COUGH.—TABLE VIII.—*Admissions, deaths, and mortality per cent. of whooping cough patients during 1912, 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 ..	111	19	17·1	101	21	20·8	212	40	18·9
1 to 2 ..	197	24	12·2	230	34	14·8	427	58	13·6
2 „ 3 ..	160	12	7·5	184	16	8·7	344	28	8·1
3 „ 4 ..	128	7	5·5	142	8	5·6	270	15	5·6
4 „ 5 ..	87	1	1·1	123	1	0·8	210	2	1·0
Total under 5 years	683	63	9·2	780	80	10·3	1,463	143	9·8
5 to 10 ..	121	2	1·7	132	1	0·8	253	3	1·2
10 „ 15 ..	11	..	..	3	..	..	14	..	..
15 „ 20 ..	..	..	..	..	..	..	..	..	..
20 „ 25 ..	..	..	..	..	..	..	..	..	..
40 „ 45 ..	..	..	..	1	..	..	1	..	..
And upwards	..	..	..	..	..	..	..	..	..
Grand totals	815	65	8·0	916	81	8·8	1,731	146	8·4

The mortality rate was 8·4 as compared with 12·2 the previous year.

Only cases of whooping cough occurring amongst poor children are at present admissible to the Managers' hospitals, and this fact probably accounts for the high mortality rates.

CEREBRO-SPINAL MENINGITIS.—TABLE IX.—2 (*5*)* cases only were admitted : 2 died (*2*). For details refer to Table IX., p. 212.

POLIO-MYELITIS.—TABLE X.—6 cases were admitted ; 1 died. For details refer to Table X., p. 212.

MISCELLANEOUS DISEASES. The table of cases of miscellaneous diseases admitted will be found in the Medical Supplement, p. 257. Further reference to it is made on p. 165, " 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, diphtheria, measles and whooping cough, there are two tables for each disease, dealing respectively 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 which recovered or died at the town hospitals ; the few such cases as were transferred to convalencent hospitals are included in Table XIIB.

* Italic figures in brackets throughout are the corresponding figures for 1911.

SCARLET FEVER PATIENTS.

TABLE X.—*Length of residence of scarlet fever patients who completed their recovery or died at the Board's town hospitals during the year* 1912.

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	283	12,398	43·8	271	12,146	44·8
	(*248*)	(*10,410*)	(*42·0*)	(*230*)	(*10,395*)	(*45·2*)
North-Eastern ..	708	45,399	64·1	687	45,082	65·6
	(*564*)	(*32,741*)	(*58·0*)	(*531*)	(*32,225*)	(*60·7*)
North-Western ..	291	17,352	59·6	273	17,099	62·6
	(*269*)	(*15,698*)	(*58·3*)	(*241*)	(*15,191*)	(*63·0*)
Western	354	19,729	55·7	335	19,480	58·1
	(*344*)	(*18,892*)	(*54·9*)	(*327*)	(*18,584*)	(*56·8*)
South-Western ..	334	20,063	60·1	318	19,689	61·9
	(*263*)	(*16,424*)	(*62·4*)	(*254*)	(*16,227*)	(*63·9*)
Grove	413	24,357	59·0	397	24,188	60·9
	(*369*)	(*23,226*)	(*62·9*)	(*352*)	(*22,943*)	(*65·2*)
South-Eastern ..	558	27,785	49·7	538	27,531	51·2
	(*558*)	(*25,879*)	(*46·4*)	(*536*)	(*25,564*)	(*47·7*)
Brook	416	26,122	62·8	393	25,827	65·7
	(*294*)	(*18,285*)	(*62·2*)	(*275*)	(*17,941*)	(*65·2*
Totals ..	3,357	193,205	57·6	3,212	191,042	59·5
	(*2,909*)	(*161,555*)	(*55·5*)	(*2,746*)	(*159,100*)	(*57·9*)

TABLE Xa.—*Length of residence of scarlet fever patients who completed their recovery or died at the Board's convalescent hospitals during the year* 1912.

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	2,568	84,751	72,058	156,809	33·0	28·1	61·1	2,567	84,722	72,037	156,759	33·0	28·1	61·1
	(*2,536*)	(*84,043*)	(*85,283*)	(*169,326*)	(*33·1*)	(*33·6*)	(*66·7*)	(*2,534*)	(*83,962*)	(*85,185*)	(*169,147*)	(*33·1*)	(*33·6*)	(*66·7*
Southern ..	3,828	125,805	117,123	242,928	32·9	30·6	63·5	3,820	125,524	116,905	242,429	32·9	30·6	63·5
	(*2,995*)	(*92,033*)	(*90,404*)	(*182,347*)	(*30·7*)	(*30·2*)	(*60·9*)	(*2,993*)	(*91,977*)	(*90,289*)	(*182,266*)	(*30·7*)	(*30·2*)	(*60·9*
Totals	6,396	210,556	189,181	399,737	32·9	29·6	62·5	6,387	210,246	188,942	399,188	32·9	29·6	62·5
	(*5,531*)	(*176,076*)	(*175,687*)	(*351,763*)	(*31·8*)	(*31·8*)	(*63·6*)	(*5,527*)	(*175,939*)	(*175,474*)	(*351,413*)	(*31·8*)	(*31·7*)	(*63·5*

The average duration of residence of scarlet fever cases was at the town hospitals 57·6 (*55·5*)* days, including deaths, and 59·5 (*57·9*) days if the fatal cases be excluded, or 2·1 below the average for the preceding ten years. At the convalescent hospitals the average duration was 62·5 (*63·6*) and 62·5 (*63·5*) days respectively (including residence in the town hospitals), or 2·3 days below the average for the preceding ten years. The total residence of cases which completed their recovery at the convalescent hospitals was 3·0 (*5·6*) days longer than that of cases at the town hospitals.

The period of detention at the Northern Hospital was 5·6 days shorter than in the preceding year, and 4·3 days less than the average for the preceding ten years.

* Italic figures in brackets throughout are the corresponding figures for 1911.

DIPHTHERIA PATIENTS.

TABLE XI.—*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* 1912.

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	283	13,368	47·2	254	13,079	51·5
	*(181)	(7,932)	(43·8)	(147)	(7,618)	(51·8)
North-Eastern ..	506	39,925	78·9	469	39,269	83·7
	(531)	(32,632)	(61·5)	(463)	(31,832)	(68·8)
North-Western ..	303	15,093	49·8	253	14,730	58·2
	(283)	(13,810)	(48·8)	(227)	(12,363)	(59·1)
Western	365	15,508	42·5	323	15,139	46·9
	(339)	(15,065)	(44·4)	(269)	(14,381)	(53·5)
South-Western ..	365	18,796	51·5	326	18,322	56·2
	(474)	(26,302)	(55·5)	(430)	(25,880)	(60·2)
Grove	407	21,482	52·8	376	20,767	55·2
	(382)	(20,384)	(53·4)	(342)	(19,970)	(58·4)
South-Eastern ..	670	35,000	52·2	625	34,261	54·8
	(585)	(27,139)	(46·4)	(534)	(26,714)	(50·0)
Brook	510	30,567	59·9	453	30,048	66·3
	(393)	(21,417)	(54·5)	(328)	(20,889)	(63·7)
Totals ..	3,409	189,739	55·7	3,079	185,615	60·3
	(3,168)	(164,681)	(52·0)	(2,740)	(160,647)	(58·6)

TABLE XIA.—*Length of residence of diphtheria patients who completed their recovery or died at the Board's convalescent hospitals during the year* 1912.

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.. †	739	34,403	17,028	51,431	46·6	23·0	69·6	739	34,403	17,028	51,431	46·6	23·0	69·6
	(918)	(43,784)	(26,060)	(69,844)	(47·7)	(28·4)	(76·1)	(918)	(43,784)	(26,060)	(69,844)	(47·7)	(28·4)	(76·1)
Southern.. ‡	1,124	51,552	32,625	84,177	45·9	29·0	74·9	1,123	51,494	32,582	84,076	45·8	29·0	74·8
	(542)	(24,262)	(13,333)	(37,595)	(44·8)	(24·6)	(69·4)	(542)	(24,262)	(13,333)	(37,595)	(44·8)	(24·6)	(69·4)
Totals ..	1,863	85,955	49,653	135,608	46·1	26·7	72·8	1,862	85,897	49,610	135,507	46·1	26·7	72·8
	(1,460)	(68,046)	(39,393)	(107,439)	(46·6)	(27·0)	(73·6)	(1,460)	(68,046)	(39,393)	(107,439)	(46·6)	(27·0)	(73·6)

* Italic figures in brackets throughout are the corresponding figures for 1911.

† Includes 21 bacteriological diphtheria cases.

‡ Includes 15 bacteriological diphtheria cases.

BACTERIOLOGICAL DIPHTHERIA PATIENTS.

TABLE XIB.—*Length of residence of bacteriological diphtheria patients who completed their recovery or died at the Board's town hospitals during the year* 1912.

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	55	2,620	47·6	53	2,523	47·6
	(*36*)	(*1,482*)	(*41·2*)	(*31*)	(*1,374*)	(*44·3*)
North-Eastern ..	70	2,315	33·1	70	2,315	33·1
	(*64*)	(*1,554*)	(*24·3*)	(*64*)	(*1,554*)	(*24·3*)
North-Western ..	90	2,360	26·2	90	2,360	26·2
	(*99*)	(*2,408*)	(*24·3*)	(*99*)	(*2,408*)	(*24·3*)
Western	34	490	14·4	34	490	14·4
	(*3*)	(*29*)	(*9·7*)	(*3*)	(*29*)	(*9·7*)
South-Western ..	4	89	22·2	3	83	27·7
	(*6*)	(*214*)	(*35·7*)	(*6*)	(*214*)	(*35·7*)
Grove	54	1,320	24·4	54	1,320	24·4
	(*52*)	(*1,493*)	(*28·7*)	(*52*)	(*1,493*)	(*28·7*)
South-Eastern ..	16	470	29·4	15	461	30·7
	(*27*)	(*719*)	(*26·6*)	(*25*)	(*715*)	(*28·6*)
Brook	18	425	23·6	18	425	23·6
	(*11*)	(*266*)	(*24·2*)	(*11*)	(*266*)	(*24·2*)
Totals ..	341	10,089	29·6	337	9,977	29·6
	(*298*)	(*8,165*)	(*27·4*)	(*291*)	(*8,053*)	(*27·7*)

The average length of residence of diphtheria patients at the town hospitals was 55·7 (*52·0*)* days, including deaths, and 60·3 (*58·6*) days if the fatal cases be excluded, or 4·9 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 72·8 (*73·6*) days or 12·5 (*15·0*) days longer than in the town hospitals, and 1·4 days longer than the average for the preceding ten years.

The period of detention at the Northern Hospital was 6·5 days shorter and at the Southern Hospital 5·4 days longer than the preceding year.

The average length of residence of the recovered bacteriological cases was 29·6 (*27·7*) days, and varied from 14·4 days at the Western Hospital (*9·7*-W.H.) to 47·6 days at the Eastern Hospital (*44·3*-E.H.).

* Italic figures in brackets throughout are the corresponding figures for 1911.

ENTERIC FEVER PATIENTS.

TABLE XII.—*Length of residence of enteric fever patients who completed their recovery or died at the Board's town hospitals during the year* 1912.

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	920	57·5	13	884	68·0
	(*91*)	(*5,409*)	(*59·4*)	(*82*)	(*5,271*)	(*64·3*)
North-Eastern ..	28	1,789	63·9	25	1,753	70·0
	(*25*)	(*1,082*)	(*43·3*)	(*19*)	(*1,017*)	(*53·5*)
North-Western ..	30	1,910	63·7	22	1,784	81·1
	(*74*)	(*4,201*)	(*56·8*)	(*65*)	(*4,074*)	(*62·7*)
Western	38	2,136	56·2	34	2,124	62·5
	(*59*)	(*3,167*)	(*53·7*)	(*44*)	(*3,030*)	(*68·9*)
South-Western ..	64	3,324	51·9	52	3,207	61·7
	(*61*)	(*3,356*)	(*55·0*)	(*54*)	(*3,297*)	(*61·1*)
South-Eastern ..	74	3,809	51·5	62	3,699	59·7
	(*85*)	(*4,479*)	(*52·7*)	(*77*)	(*4,366*)	(*56·7*)
Totals ..	250	13,888	55·6	208	13,451	64·7
	(*395*)	(*21,694*)	(*54·9*)	(*341*)	(*21,055*)	(*61·7*)

The average residence of enteric fever patients was 55·6 (*54·9*)* days, including deaths, and 64·7 (*61·7*) days, if the fatal cases be excluded, and 4·7 days longer than the average for the preceding ten years. The shortest residence of recovered cases was 59·7 days at the South-Eastern Hospital (*North-Eastern Hospital 53·5*), or 5·0 (*8·2*) days below the average, and the longest 81·1 days at the North-Western Hospital (*Western Hospital 68·9*), or 16·4 (*7·2*) days above the average.

PUERPERAL FEVER.

TABLE XIII.—*Length of residence of patients suffering from puerperal fever who completed their recovery or died at the Board's town hospitals during the year* 1912.

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	7	7·0	..	..	..
North-Eastern ..	3	56	18·7	1	48	48·0
Western	1	12	12·0	..	..	..
South-Western ..	8	100	12·5	6	96	16·0
South-Eastern ..	3	10	3·3	..	..	..
Totals ..	16	185	11·6	7	144	20·6

* Italic figures in brackets throughout are the corresponding figures for 1911.

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 1912.*

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	449	14,166	31·5	370	13,197	35·7
	(*552*)	(*17,716*)	(*32·1*)	(*403*)	(*15,933*)	(*39·5*)
North-Eastern ..	306	9,748	31·9	264	9 276	35·1
	(*172*)	(*7,054*)	(*41·0*)	(*152*)	(*6,778*)	(*44·6*)
North-Western ..	336	11,917	35·5	278	11,309	40·7
	(*482*)	(*18,104*)	(*37·6*)	(*415*)	(*17,339*)	(*41·7*)
Western	436	13,921	31·9	370	13,085	35·4
	(*282*)	(*8,372*)	(*29·7*)	(*242*)	(*7,824*)	(*32·3*)
South-Western ..	335	12,838	38·3	283	12,257	43·3
	(*435*)	(*16,757*)	(*38·5*)	(*385*)	(*16,073*)	(*41·7*)
Grove	177	5,576	31·5	147	5,244	35·7
	(*67*)	(*3,391*)	(*50·6*)	(*56*)	(*3,189*)	(*56·9*)
South-Eastern ..	589	19,748	33·5	523	18,778	35·9
	(*303*)	(*10,452*)	(*34·5*)	(*257*)	(*9,771*)	(*38·0*)
Brook	182	7,335	40·3	162	7,085	43·7
	(*386*)	(*15,888*)	(*41·2*)	(*333*)	(*15,077*)	(*45·3*)
Totals ..	2,810	95,249	33·9	2,397	90,231	37·6
	(*2,679*)	(*97,734*)	(*36·5*)	(*2,243*)	(*91,984*)	(*41·0*)

TABLE XIVA.—*Length of residence of patients suffering from measles who completed their recovery or died at the Board's convalescent hospitals during the year 1912.*

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..	486	12,144	11,045	23,189	25·0	22·7	47·7	485	12,127	11,021	23,148	25·0	22·7	47·7
	(*418*)	(*13,801*)	(*10,079*)	(*23,880*)	(*33·0*)	(*24·1*)	(*57·1*)	(*416*)	(*13,744*)	(*10,047*)	(*23,791*)	(*33·0*)	(*24·1*)	(*57·1*)
Southern..	315	9,794	9,521	19,315	31·1	30·2	61·3	315	9,794	9,521	19,315	31·1	30·2	61·3
	(*64*)	(*2,562*)	(*2,201*)	(*4,763*)	(*40·0*)	(*34·4*)	(*74·4*)	(*64*)	(*2,562*)	(*2,201*)	(*4,763*)	(*40·0*)	(*34·4*)	(*74·4*)
Totals ..	801	21,938	20,566	42,504	27·4	25·7	53·1	800	21,921	20,542	42,463	27·4	25·7	53·1
	(*482*)	(*16,363*)	(*12,280*)	(*28,643*)	(*33·9*)	(*25·5*)	(*59·4*)	(*480*)	(*16,306*)	(*12,248*)	(*28,554*)	(*33·9*)	(*25·5*)	(*59·4*)

The average length of residence of measles cases in the town hospitals was 33·9 (*36·5*)* days, including deaths, and 37·6 (*41·0*) days if the fatal cases be excluded. At the convalescent hospitals the average residence of recovered cases was 53·1 (*59·4*) days, or 15·5 days longer than in the town hospitals.

The periods of detention of recovered cases varied from 35·1 days at the North-Eastern Hospital (*32·2-Western Hospital*) to 43·7 days at the Brook Hospital and 61·3 at the Southern Hospital (*56·9-Grove Hospital—74·4-Southern Hospital*).

* Italic figures in brackets throughout are the corresponding figures for 1911.

WHOOPING COUGH.

TABLE XV.—*Length of residence of patients suffering from whooping cough who completed their recovery or died at the Board's town hospitals during the year* 1912.

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	117	6,443	55·1	96	6,001	62·5
	(1)	(60)	(60·0)	(1)	(60)	(60·0)
North-Eastern ..	275	33,782	122·8	241	31,828	132·1
	(228)	(17,291)	(75·8)	(173)	(15,911)	(92·0)
North-Western ..	57	3,949	69·3	45	3,680	81·8
	(1)	(18)	(18·0)	(1)	(18)	(18·0)
Western	136	9,026	66·4	121	8,771	72·5
	(129)	(6,904)	(53·5)	(106)	(6,436)	(60·7)
South-Western ..	41	2,597	63·3	37	2,570	69·5
	(2)	(44)	(22·0)	(2)	(44)	(22·0)
Grove	240	17,677	73·7	213	16,935	79·5
	(184)	(15,352)	(83·4)	(147)	(14,024)	(95·4)
South-Eastern ..	156	9,404	60·3	132	8,994	68·1
	(151)	(7,840)	(51·9)	(125)	(7,101)	(56·8)
Brook	88	6,854	77·9	81	6,719	83·0
	(3)	(71)	(23·7)	(1)	(37)	(37·0)
Totals ..	1,110	89,732	80·8	966	85,498	88·4
	(699)	(47,580)	(68·1)	(556)	(43,631)	(78·5)

TABLE XVA.—*Length of residence of patients suffering from whooping cough who completed their recovery or died at the Board's convalescent hospitals during the year* 1912.

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..	74	4,135	2,997	7,132	55·9	40·5	96·4	74	4,135	2,997	7,132	55·9	40·5	96·4
	(287)	(13,316)	(10,424)	(23,740)	(46·4)	(36·3)	(82·7)	(286)	(13,273)	(10,410)	(23,683)	(46·4)	(36·4)	(82·8)
Southern..	532	23,679	24,838	48,517	44·5	46·7	91·2	530	23,561	24,754	48,315	44·5	46·7	91·2
	(5)	(520)	(121)	(641)	(104·0)	(24·4)	(128·4)	(5)	(520)	(121)	(641)	(104·0)	(24·4)	(128·4)
Totals ..	606	27,814	27,835	55,649	45·9	45·9	91·8	604	27,696	27,751	55,447	45·9	45·9	91·8
	(292)	(13,836)	(10,545)	(24,381)	(47·4)	(36·1)	(83·5)	(291)	(13,793)	(10,531)	(24,324)	(47·4)	(36·2)	(83·6)

The average length of residence of whooping cough cases in the town hospitals was 80·8 (*68·1*)* days, including deaths, and 88·4 (*78·5*) days if the fatal cases be excluded. At the convalescent hospitals the average residence of recovered cases was 91·8 (*83·6*) days.

The periods of detention of recovered cases varied from 62·5 days at the Eastern Hospital (*South-Eastern Hospital, 95·4*) to 132·1 days at the North-Eastern Hospital and 96·4 days at the Northern Hospital (*Grove Hospital, 95·4; Northern Hospital, 82·8*).

* Italic figures in brackets throughout are the corresponding figures for 1911.

CEREBRO-SPINAL MENINGITIS PATIENTS.

TABLE XV.—*Length of residence of cerebro-spinal fever patients who completed their recovery or died at the Board's town hospitals during the year* 1912.

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	..	..	..
	(*1*)	(*48*)	(*48·0*)	(*1*)	(*48*)	(*48·0*)
Brook	1	2	2·0	..	..	..
	(*1*)	(*118*)	(*118·0*)	(*1*)	(*118*)	(*118·0*)
Totals ..	2	18	9·0	..	..	..

MISCELLANEOUS DISEASES.

TABLE XVI.—*Length of residence of patients suffering from miscellaneous diseases† who completed their recovery or died at the Board's town hospitals during the year* 1912.

HOSPITAL.	Total number of cases (including deaths).	Number of days' residence.	Average residence (days).	Recovered cases only.	Number of days' residence.	Average residence (days).
Eastern	341	8,474	24·9	318	8,250	25·9
	(*418*)	(*9,652*)	(*23·1*)	(*385*)	(*9,298*)	(*24·1*)
North-Eastern ..	272	8,166	30·0	253	7,998	31·6
	(*357*)	(*8,381*)	(*23·5*)	(*343*)	(*8,241*)	(*24·0*)
North-Western ..	288	6,971	24·2	273	6,792	24·9
	(*326*)	(*7,600*)	(*23·3*)	(*305*)	(*7,436*)	(*24·4*)
Western	205	4,200	20·5	183	3,883	21·2
	(*221*)	(*4,284*)	(*19·4*)	(*200*)	(*4,198*)	(*21·0*)
South-Western ..	157	3,995	25·4	140	3,828	27·3
	(*181*)	(*5,159*)	(*28·5*)	(*168*)	(*5,068*)	(*30·1*)
Grove	198	5,128	25·9	194	5,096	26·3
	(*218*)	(*5,348*)	(*24·5*)	(*212*)	(*5,324*)	(*25·1*)
South-Eastern ..	253	4,468	17·7	234	4,380	18·7
	(*295*)	(*4,846*)	(*16·4*)	(*283*)	(*4,760*)	(*16·8*)
Brook	140	3,811	27·2	135	3,717	27·5
	(*193*)	(*3,780*)	(*19·6*)	(*190*)	(*3,757*)	(*19·8*)
Totals ..	1,854	45,303	24·4	1,730	43,944	25·4
	(*2,209*)	(*49,050*)	(*22·2*)	(*2,086*)	(*48,082*)	(*23·0*)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 24·4 (*22·2*)* days, including deaths, and 25·4 (*23·0*) days if the fatal cases be excluded. The shortest residence of recovered cases was at the South-Eastern Hospital 18·7 (*South-Eastern Hospital, 16·8*) days, or 6·7 (*6·2*) days below the average, and the longest at the North-Eastern Hospital, 31·6 (*South-Western Hospital, 20·1*) days, or 6·2 days above the average.

* Italic figures in brackets throughout are the corresponding figures for 1911.

† Includes 6 cases of acute poliomyelitis, viz.:—3 at Eastern Hospital, 1 at North-Western Hospital, 1 at Western Hospital, and 1 at South-Eastern Hospital.

SMALLPOX PATIENTS. Of smallpox patients, 5 were treated during the year; 4 were discharged recovered and 1 died. Average residence 21·00 days including deaths and 26·00 if the fatal case be excluded.

The smallpox cases were admitted 2 in January from Woolwich Union (1 died), 1 in February from same union, 1 from Poplar Union in March and 1 from Willesden (Extra-Metropolitan) in August.

The following table gives particulars as to the vaccination of these patients :—

	Admissions.	Deaths.	Mortality. per cent.
A. Vaccinated Class :—			
A 1. Half and upwards of half square inch total area of cicatrices ..	3	..	..
A 2. One-third, but less than half ditto	1	..	..
A 3. Less than one-third ditto ..	..	..	..
A 4. Area not recorded	1	1	100·00
Totals of Vaccinated class ..	5	1	20·00
B. Doubtful class	..	..	..
C. Unvaccinated class	..	..	..
Totals ..	5	1	20·00

None of the above cases was re-vaccinated.

The report of the Medical Superintendent of the Smallpox Hospital will be found on page 213.

CASES OF MISTAKEN DIAGNOSIS. *Fever.*–In the course of the year 1912 no fewer than 1,899 (*2,237*)* patients, or a percentage on the total admissions of 8·1 (*10·6*) were, after admission at the fever hospitals, found not to be suffering from the diseases mentioned in the medical certificates upon which they were removed to hospital (Table XI., Medical Supplement, pp. 257-262). The largest number of cases admitted to any one hospital, was at the Eastern Hospital (*Eastern Hospital*), where the proportion was 344 (*433*) out of 2,583 (*2,446*) admissions, or 13·3 (*17·7*) per cent. of the total. The percentage on the total scarlet fever cases was 6·4 (*8·7*), diphtheria cases 12·9 (*12·7*), and enteric fever cases 40·8 (*34·2*).

Amongst the 672 (*843*) cases wrongly certified as scarlet fever there were 34 (*182*) of German measles, 143 (*140*) of tonsillitis, 169 (*201*) of erythema, 104 (*137*) had no obvious disease or were not diagnosed. Amongst the 775 (*783*) cases wrongly certified as diphtheria were 464 (*485*) of tonsillitis, 28 (*24*) had no obvious disease or were not diagnosed. Amongst the 153 (*187*) cases wrongly certified as enteric fever were 11 (*15*) of influenza, 15 (*10*) of tuberculosis, 28 (*39*) of pneumonia, 12 (*10*) had no obvious disease or were not diagnosed.

On reference to Table XVI., p. 164, it will be noted that these cases were detained in hospital on an average 24·4 (*22·2*) days.

Smallpox.—In the case of smallpox, the original medical certificates are 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, showing a percentage of mistakes in diagnosis of 50·0.

* Italic figures in brackets throughout are the corresponding figures for 1911.

Statistics since establishment of the Managers' hospitals.

(5) FEVER.—The return on p. 167 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.

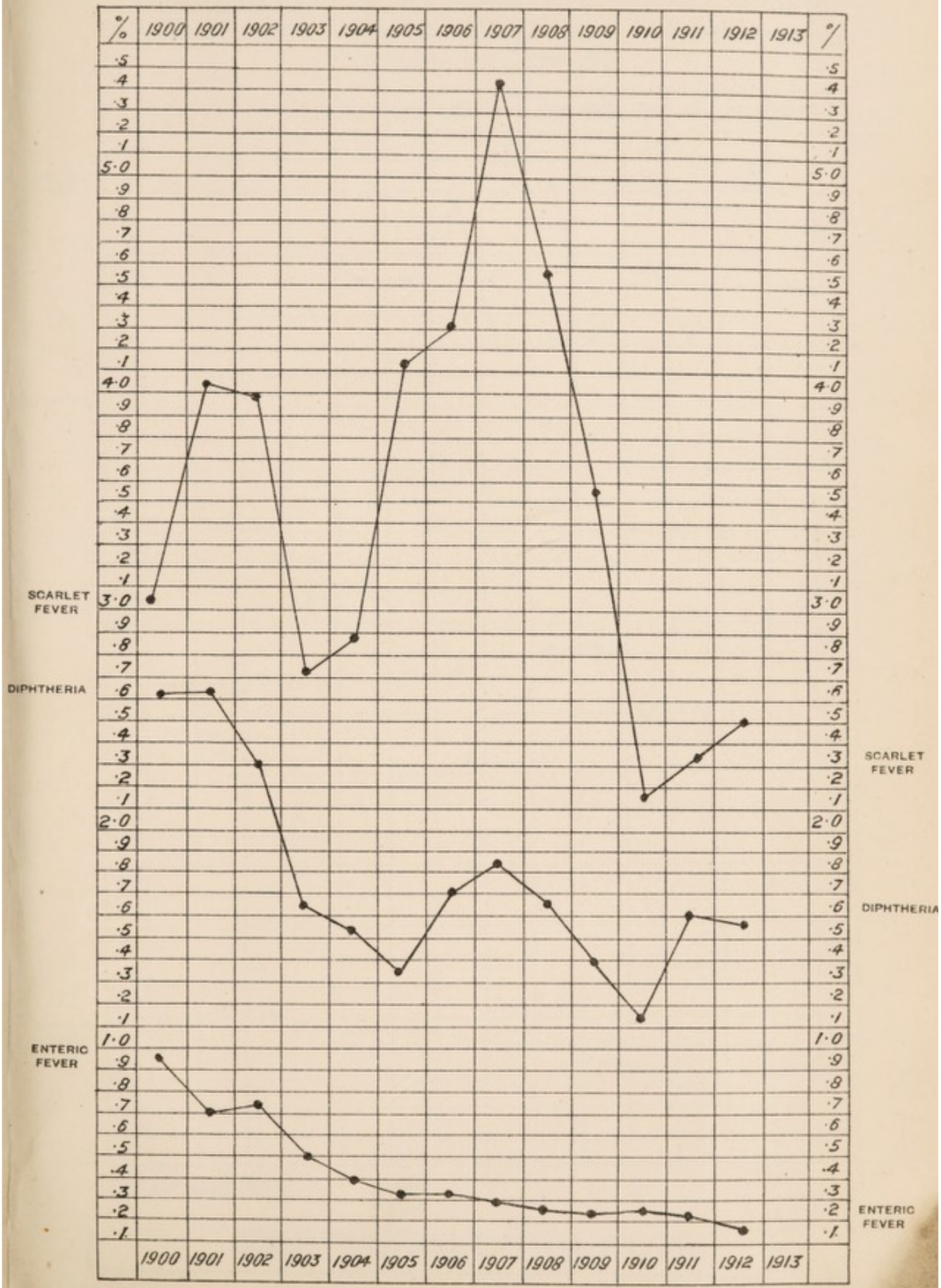
The incidence of scarlet fever, diphtheria and enteric fever on the population of the metropolis during the past 13 years is further illustrated by the accompanying chart A and the case mortality by chart B.

The lowest incidence rates for scarlet fever were 2·16 in 1910, for diphtheria 1·13 in 1910, and for enteric fever 0·16 in 1912, and the highest were 5·4 in 1907, 2·63 in 1901, and 0·95 in 1900 respectively, while the lowest case mortality for scarlet fever was 1·3 in 1912, for diphtheria 4·7 in 1912, and for enteric fever 13·9 in 1907, and the highest 3·1 in 1902, 13·1 in 1900, and 16·7 in 1900 respectively.

Antitoxin.

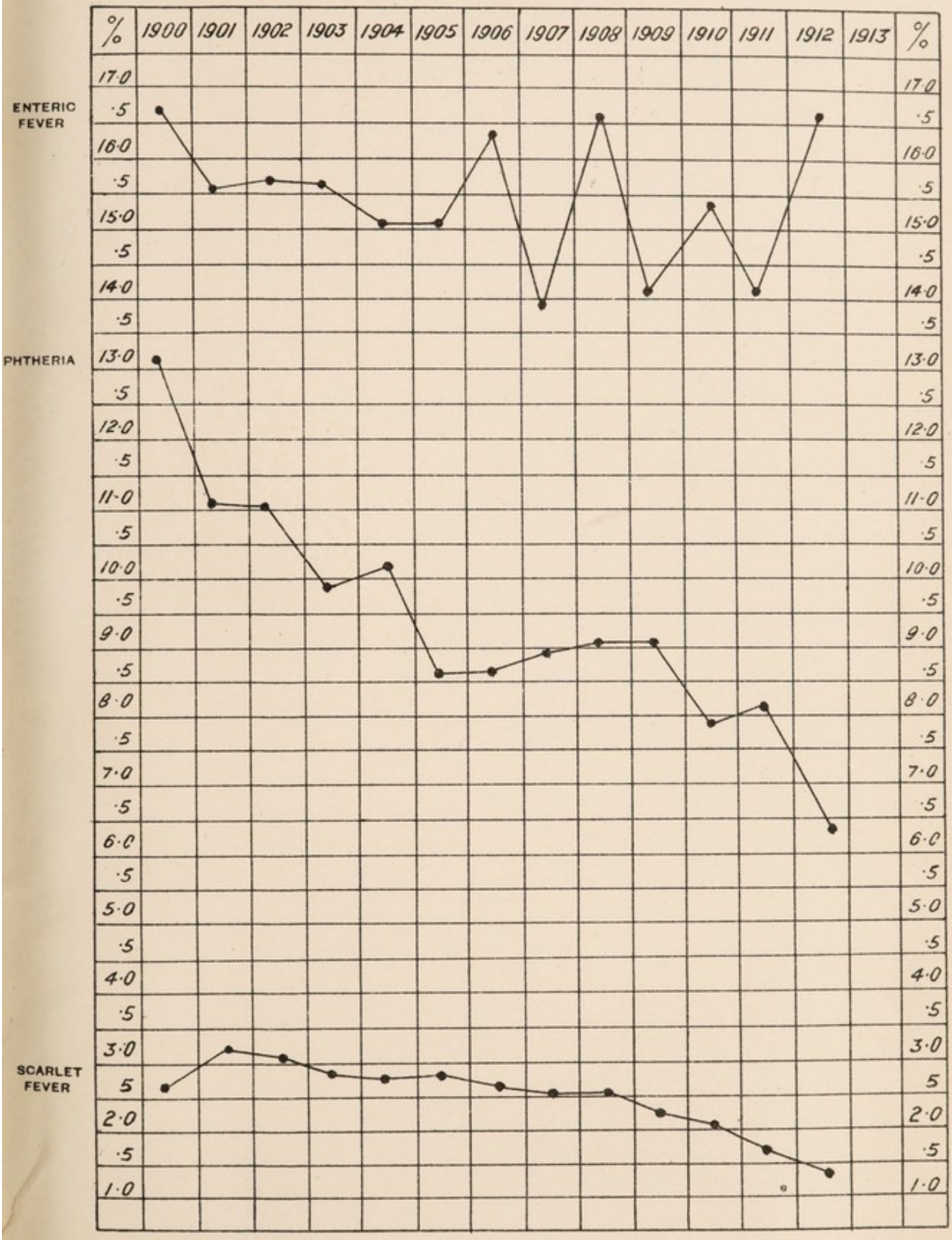
A report by Professor G. Sims Woodhead and Dr. G. E. Cartwright Wood on the laboratory work and preparation of diphtheria antitoxin carried out at the bacteriological establishments of the Board during 1912 will be found on pp. 242-245.

CHART-A, *showing the incidence of SCARLET FEVER, DIPHTHERIA, and ENTERIC FEVER per 1,000 of the population of the Metropolis, during each of the twelve years 1900–1912.*



Face page 166-1.

CHART-B, *showing the case mortality from* SCARLET FEVER, DIPHTHERIA, *and* ENTERIC FEVER, *in the Metropolis, during each of the twelve years 1900–1912.*



Face page 166-2.

... 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 bacterio-logical.	Typhus.	Enteric.	Measles.	Whooping cough.	Other diseases.	Total.	Scarlet.	Diphtheria.	Diphtheria bacterio-logical.	Typhus.	Enteric.	Measles.	Whooping cough.	Other diseases.	Total.	Scarlet.	Diphtheria.	Typhus.	Enteric.	Measles.	Whooping cough.	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	..	..	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	..	..	6	43	..	..	37	328	12·3	..	20·7	15·6	..	..	0·82	0·14	0·02	0·19	..	..
1881 ..	1,477	..	..	219	415	..	..	211	2,322	168	..	..	34	86	..	..	46	334	11·1	..	16·9	21·5	..	..	0·55	0·17	0·02	0·25	..	..
1882 ..	1,850	..	..	148	515	..	..	354	2,867	189	..	..	27	104	..	..	60	380	10·4	..	16·9	20·7	..	..	0·52	0·22	0·01	0·25	..	..
1883 ..	1,920	..	..	45	486	..	..	269	2,720	234	..	..	11	74	..	..	66	385	12·4	..	21·1	15·6	..	..	0·51	0·24	0·01	0·25	..	..
1884 ..	1,845	..	..	29	493	..	..	180	2,547	234	..	..	5	98	..	..	55	392	12·3	..	20·0	18·8	..	..	0·36	0·24	0·01	0·23	..	..
1885 ..	1,353	..	..	53	220	..	..	229	1,855	130	..	..	7	36	..	..	46	219	9·5	..	12·2	15·8	..	..	0·18	0·23	0·01	0·15	..	..
1886 ..	1,780	..	..	10	333	..	..	74	2,197	151	..	..	4	47	..	..	22	224	9·0	..	42·1	14·8	..	..	0·17	0·21	0·00	0·15	..	..
1887 ..	5,900	..	..	35	441	..	..	161	6,537	489	..	..	4	61	..	..	59	613	9·5	..	11·6	14·6	..	..	0·36	0·23	0·00	0·15	..	..
1888 ..	4,408	99	..	1	450	..	..	194	5,152	501	46	..	..	72	..	..	60	679	9·9	59·3	..	14·6	..	..	0·30	0·32	..	0·17	..	..
1889 ..	4,518	722	..	23	290	..	..	219	5,772	366	275	..	6	41	..	..	48	736	8·9	40·7	31·6	15·1	..	..	0·19	0·39	0·00	0·13	..	..
1890 ..	6,537	942	..	16	498	..	..	341	8,334	510	316	..	5	93	..	..	81	1,005	7·9	33·5	25·7	19·7	..	..	0·21	0·33	0·00	0·15	..	..
1891 ..	5,262	1,312	..	18	755	..	..	462	7,809	357	397	..	1	106	..	..	102	963	6·7	30·6	5·9	14·5	..	..	0·14	0·34	0·00	0·13	..	..
1892 ..	13,093	2,009	..	19	430	..	..	725	16,276	839	583	..	2	65	..	..	140	1,629	7·3	29·3	9·8	13·2	..	..	0·27	0·46	0·00	0·10	..	..
1893 ..	14,548	2,848	..	2	544	..	..	732	18,674	901	865	..	1	110	..	..	105	1,982	6·1	30·4	50·0	20·5	..	..	0·37	0·76	0·00	0·16	..	..
1894 ..	11,598	3,666	..	6	534	..	..	863	16,667	717	1,035	..	1	96	..	..	150	1,999	5·9	29·3	16·7	18·1	..	..	0·22	0·62	0·00	0·15	..	..
1895 ..	11,271	3,635	..	3	661	..	..	1,277	16,847	591	820	..	..	119	..	..	142	1,672	5·4	22·8	..	18·2	..	..	0·19	0·54	..	0·14	..	..
1896 ..	15,982	4,508	..	9	600	..	..	1,174	22,273	666	948	..	2	96	..	..	109	1,821	4·3	21·2	25·0	15·8	..	..	0·21	0·60	0·00	0·13	..	..
1897 ..	15,113	5,673	..	2	664	..	..	1,417	22,869	619	987	..	..	124	..	..	140	1,870	4·1	17·7	..	18·6	..	..	0·18	0·51	..	0·13	..	..
1898 ..	12,125	6,566	..	9	869	..	..	1,488	21,057	514	991	..	1	143	..	..	147	1,796	4·1	15·4	11·1	17·7	..	..	0·13	0·39	0·00	0·13	..	..
1899 ..	13,290	8,676	..	11	1,535	..	..	1,582	25,094	353	1,182	..	..	240	..	..	160	1,935	2·6	13·9	..	16·5	..	..	0·09	0·43	..	0·18	..	..
1900 ..	10,343	7,873	..	4	1,728	..	..	1,706	21,654	313	988	..	1	245	..	..	167	1,714	3·0	12·3	22·2	14·1	..	..	0·08	0·35	0·00	0·17	..	..
1901 ..	14,539	7,622	..	13	1,129	..	..	2,365	25,668	542	849	..	4	175	..	..	167	1,737	3·8	11·1	30·8	14·2	..	..	0·13	0·30	0·00	0·12	..	..
1902 ..	14,503	6,520	..	..	1,420	..	..	2,108	24,551	512	739	..	..	218	..	..	178	1,647	3·4	11·0	..	15·5	..	..	0·12	0·25	..	0·13	..	..
1903 ..	10,345	5,072	..	19	967	..	..	1,913	18,316	333	504	..	4	145	..	..	166	1,152	3·1	9·7	21·0	15·4	..	..	0·08	0·16	0·00	0·08	..	..
1904 ..	11,155	4,687	..	3	750	..	..	1,993	18,588	364	469	..	..	115	..	..	183	1,131	3·4	10·0	..	14·6	..	..	0·08	0·16	..	0·06	..	..
1905 ..	16,958	4,148	..	5	586	..	..	2,157	23,854	536	347	..	..	82	..	..	147	1,112	3·3	8·3	..	13·1	..	..	0·12	0·12	..	0·05	..	..
1906 ..	17,933	5,218	..	4	698	..	..	2,151	26,004	521	445	..	..	108	..	..	163	1,237	2·9	8·8	..	16·0	..	..	0·11	0·15	..	0·06	..	..
1907 ..	22,764	5.744	..	3	541	..	..	3,117	32,169	622	544	..	..	72	..	..	167	1,405	2·8	9·6	..	13·1	..	..	0·14	0·17	..	0·04	..	..
1908 ..	19,629	5.230	..	2	509	..	..	2,597	27,967	520	507	..	..	80	..	..	184	1,255	2·6	9·7	..	16·3	..	..	0·11	0·15	..	0·05	..	..
1909 ..	15,384	4,393	210	4	331	..	..	2,324	22,646	371	432	3	..	45	..	..	184	1,035	2·3	9·4	..	11·9	..	..	0·08	0·13	..	0·03	..	..
1910 ..	8,782	3,634	222	3	509	297	64	1,727	15,238	213	281	..	..	77	38	1	89	701	2·3	7·8	..	15·8	15·8	2·2	0·04	0·09	..	0·04	0·41	0·28
1911 ..	8,818	5,034	356	..	360	3,144	1,184	2,242	21,138	167	428	3	..	54	438	144	125	1,363	1·9	8·4	..	14·3	13·9	13·2	0·04	0·14	..	0·03	0·57	0·23
1912 ..	9,883	4,844	375	2	222	4,314	1,731	1,930	23,301	154	331	4	2	42	414	146	135	1,228	1·6	6·2	100·0	17·8	10·4	8·5	0·04	0·10	0·00	0·03	0·40	0·22
Totals ..	332,339	110,675	1,163	2,409	23,654	7,755	2,979	42,672	523,864	14,651	15,309	16	493	3,878	890	291	4,243	39,785	..	..	..	..	..	..	..	..	..	..	..	..

Relapsing fever 6·3

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 been admitted into the Managers' hospitals since 23rd October, 1888. The use of antitoxin serum in the treatment of diphtheria began in 1894. 4. The mortality rates of patients in the Managers' hospitals are calculated according to the Registrar-General's formula, i.e., by dividing the deaths multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.

* Includes 218 cases of relapsing fever in 1870 † Includes 14 deaths from relapsing fever in 1870.

SMALLPOX.

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

TABLE XIX.—*Admissions, deaths, and mortality per cent. of smallpox patients since 1st December, 1870, together with the annual mortality per 1,000 persons living of the population of the Metropolis from smallpox. (Extracted from the Registrar-General's annual summaries.)*

YEAR.	ADMISSIONS.			DEATHS.			Mortality per cent. of patients treated in Managers' hospitals.	Total annual mortality per 1,000 of estimated population.
	Smallpox.	Other diseases.	Total.	Smallpox.	Other diseases.	Total.	Smallpox.	Smallpox.
1st Dec., 1870, to 3rd Feb., 1871	582	..	582	97	..	97	20·8	..
1871-2 (4th Feb., 1871, to 31st Jan., 1872) ..	13,139	6	13,145	2,460	..	2,460	18·9	2·42
1872-3 (year ended 31st Jan., 1873)	2,359	3	2,362	467	1	468	17·8	0·54
1873-4 (year ended 31st Jan., 1874)	174	17	191	35	..	35		0·03
1874 (11 months ended 31st Dec.)	112	8	120	10	..	10	17·0	0·02
						22		0·01
1875	89	22	111	22	..	373	21·6	0·21
1876	2,134	16	2,150	372	1	1,218	17·9	0·71
1877	6,516	104	6,620	1,214	4	833	18·0	0·39
1878	4,558	96	4,654	824	9	278	15·7	0·12
1879	1,628	60	1,688	273	5	288	15·9	0·12
1880	1,982	50	2,032	286	2	1,431	16·6	0·62
1881	8,551	120	8,671	1,417	14	263	13·0	0·11
1882	1,799	55	1,854	260	3	93	16·1	0·03
1883	598	28	626	93	..	943	16·0	0·31
1884	6,363	204	6,567	940	3	1,055	15·8	0·36
1885	6,146	198	6,344	1,052	3	24		0·01
1886	99	33	132	22	2	3		0·00
1887	56	3	59	3	..	8		0·00
1888	62	5	67	8	..	..	14·3	..
1889	5	..	5	..	..	3		0·00
1890	22	5	27	3	..	8		0·00
1891	63	1	64	8	..	35	11·3	0·01
1892	325	23	348	35	..	182	7·6	0·05
1893	2,376	*118	2,494	180	2	109	8·9	0·02
1894	1,117	*120	1,237	102	7	65	6·4	0·01
1895	941	*81	1,022	64	1	10		
1896	190	*41	231	9	1	14		
1897	70	*26	96	13	1	..	7·3	0·00
1898	5	*9	14	..	..	3		
1899	18	*18	36	3	..	3		
1900	66	*19	85	3	..	260	18·5	0·05
1901	1,743	*107	1,850	257	3	1,342	16·6	0·28
1902	7,916	*608	8,524	1,337	5	13		
1903	355	*80	435	12	1	27		
1904	449	*64	513	27	..	9		
1905	53	*34	87	8	1	..	5·4	..
1906	27	*6	33	..	..	1		
1907	2	*13	15	..	1	..		
1908	1	*3	4	..	..	2		
1909	15	*13	28	2	..	..	..	..
1910	5	*5	10	..	..	11	15·7	0·00
1911	70	*21	91	11	..	1	25·0	..
1912	5	*5	10	1	..			
Totals	72,786	2,448	75,234	11,930	70	12,000	..	..

* Most of these patients were detained for observation at South Wharf.

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

YEARS.	Estimated population in the middle of each year.	DEATHS FROM SMALLPOX.		
		Annual total.	Annual rate per million of population.	Rate per million on averages of five years.
1838	1,766,169	3,817	2,161	—
1839	1,802,751	634	352	—
1840	1,840,091	1,235	671	—
1841	1,878,205	1,053	561	—
1842	1,917,108	360	188	771
1843	1,954,041	438	225	396
1844	2,033,816	1,804	890	508
1845	2,073,298	909	440	463
1846	2,113,535	257	122	373
1847	2,202,673	955	427	420
1848	2,244,837	1,620	724	520
1849	2,287,302	521	229	390
1850	2,330,054	499	215	345
1851	2,373,081	1,062	448	407
1852	2,416,367	1,159	478	417
1853	2,459,899	211	86	291
1854	2,503,662	694	277	300
1855	2,547,639	1,039	408	339
1856	2,591,815	531	204	290
1857	2,636,174	156	59	207
1858	2,680,700	242	90	205
1859	2,725,374	1,158	425	237
1860	2,770,181	898	323	223
1861	2,815,101	217	77	196
1862	2,860,117	366	128	208
1863	2,905,210	1,996	687	329
1864	2,950,361	547	185	281
1865	2,995,551	640	214	259
1866	3,040,761	1,391	457	335
1867	3,085,971	1,345	436	395
1868	3,131,160	597	190	297
1869	3,176,308	275	87	275
1870	3,221,394	973	302	293
1871	3,267,251	7,912	2,422	699
1872	3,319,736	1,786	537	716
1873	3,373,065	113	34	676
1874	3,427,250	57	17	653
1875	3,482,306	46	13	588
1876	3,538,246	736	207	160
1877	3,595,085	2,551	710	201
1878	3,652,837	1,417	388	272
1879	3,711,517	450	121	289
1880	3,771,139	471	125	308
1881	3,824,980	2,367	619	391
1882	3,862,956	430	111	273
1883	3,901,309	136	35	202
1884	3,940,042	1,236	313	240
1885	3,979,160	1,317	332	282
1886	4,018,666	20	5	159
1887	4,058,565	9	2	137
1888	4,098,860	9	2	131
1889	4,139,555	1	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
1911	4,521,301	9	2	0·4
1912	4,519,754	1	0	0·5

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 27 years only once has the disease become seriously prevalent.

Staff Illness. On p. 170A is a summary of the returns submitted by the medical superintendents of the several hospitals, showing the total numbers of members of the staff who were warded on account of illness.

There were 4,462 (*4,164*)* persons employed at the fever hospitals during the course of the year, 114 (*129*) or 2·6 (*3·1*) per cent. fell ill with fever or diphtheria, and 0 (*0*) died; while 1,263 (*1,263*) or 28·3 (*30·3*) per cent. suffered from other forms of illness, and 2 (*5*) died.

II.—ASYLUM STATISTICS.

Asylum accommodation. (1.) The following table gives particulars of the accommodation for 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
Fountain Temporary Asylum	374	250	624
Darenth Industrial Colonies:—			
(i) Imbecile	884	784	1,668
(ii) Feeble-minded	220	220	440
Bridge—Feeble-minded	210	—	210
Totals	4,154	4,175	8,329

Annual Report. The annual reports of the medical superintendents of the asylums will be found on pp. 214-230.

* Italic figures in brackets throughout are the corresponding figures for 1911.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE XX.—*Staff illness in infectious hospitals during the year* 1912.

DISEASE.	OFFICERS.	Number of cases remaining in hospital at beginning of year.	Fresh cases occurring during the year. (Deaths during the year given in brackets.) Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Joyce Green Hospital and River Ambulance Service.	Totals.	Number of cases remaining in hospital at end of year. Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Joyce Green Hospital and River Ambulance Service.	Totals.	Number of days warded in 1912. Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Joyce Green Hospital and River Ambulance Service.	Totals.
Scarlet fever	Assistant medical officer	..	..	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	35	23	..	..	46	..	..	..	104
	Nursing staff	..	(a) 14	5	6	..	12	9	2	4	11	16	12	5	..	52	1	1	..	..	..	1	..	..	3	1	..	7	183	..	326	170	425	140	227	487	419	130	277	..	2,784
	Domestic „	..	1	15	..	..	12	..	..	..	..	1	2	1	..	15	1	..	..	..	..	..	..	..	1	..	..	2	46	..	..	99	74	..	..	..	38	279	25	..	561
	Laundry „	..	..	..	..	..	1	..	..	..	..	1	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	52	..	..	..	..	..	..	50	..	102
	Clerks	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	45	..	..	..	..	..	..	..	..	..	45
	Motor drivers	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	29	..	..	..	..	..	..	..	..	..	..	..	29
	Porters	..	..	1	..	..	..	..	1	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	29	..	..	..	..	54	..	..	42	..	..	125
Diphtheria	Assistant medical officer	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	36	..	..	..	..	..	..	..	..	36
	Dispenser	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	29	..	..	..	..	..	29
	Nursing staff	..	(b) 3	2	3	..	6	1	2	1	..	1	..	..	..	16	1	..	..	1	1	..	..	..	..	..	..	3	113	..	241	..	164	46	100	29	126	..	30	..	849
	Domestic „	..	4	..	1	..	1	1	1	2	1	..	1	..	..	8	..	..	..	..	..	..	2	..	1	..	..	3	..	..	48	..	24	28	107	86	10	..	24	..	327
	Laundry „	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	27	..	..	..	59	..	..	..	86
Enteric fever	Nursing „	..	3	..	1	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	102	152	..	..	..	..	..	..	..	..	254
	Porters	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	114	..	..	..	..	..	..	..	..	114
	Attendant (Caterham Asy.)	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	37	..	..	..	..	37
	Totals (infectious cases)	..	26	11	12	6	21	5	8	16	12	13	9	..	114	3	1	..	1	2	1	2	1	4	1	..	16	100	798	535	801	237	488	668	698	451	406	..	5,482
Other diseases	Medical superintendent	..	1	..	1	..	..	..	1	1	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	15	34	..	..	..	223	277
	Assistant medical officer	..	1	3	..	1	2	..	1	..	..	1	1	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	55	..	29	24	15	4	..	..	17	16	..	165
	Dispenser	..	..	..	..	..	..	2	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	3
	Matrons	..	..	..	..	..	..	..	..	..	1	1	..	..	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	7	4	..	11
	Assistant matrons	..	..	..	1	..	..	..	..	1	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	..	..	..	..	..	..	..	..	..	11
	Housekeepers	..	1	..	..	1	..	..	1	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24	..	31	3	18	..	..	..	..	76
	Nursing staff	..	18	74	74	41	84	57	61	61	72	46	75	1	624	3	2	2	..	2	4	6	..	1	..	..	22	811	1,223	599	1,086	658	858	773	740	434	1,152	3	8,339
	Domestic „	..	16	44	40	33	45	26	45	28	47	46	57	8	436	1	2	1	..	2	..	1	2	1	..	1	13	565	562	348	547	321	480	322	447	413	706	159	4,870
	Laundry „	..	2	12	4	5	9	7	7	8	7	3	4	3	69	1	..	..	..	..	..	..	1	2	1	..	5	109	31	133	72	56	91	59	46	16	27	37	686
	Sempstresses	..	1	1	..	1	1	5	..	1	..	..	1	1	11	..	..	..	..	1	..	..	..	..	..	..	1	14	..	14	17	84	..	..	4	..	..	6	6	142
	Assistant steward	..	..	..	..	..	1	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	1	..	..	..	..	..	..	14
	Clerks	..	..	..	..	..	..	..	12	..	..	..	..	..	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	..	..	..	..	..	14
	Gate porters	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	4
	Store porters	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	4
	Messengers	..	..	..	..	..	..	..	..	..	..	..	..	(†)1	(†)1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	66	66
	Messmen (Amb.)	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	28	..	..	28
	Porters	..	13	12	3	4	7	17	(†)8	4	1	2	11	1	(†)60	..	..	..	..	1	..	..	..	..	..	..	1	7	52	53	81	146	76	22	12	23	74	1	547
	Laundrymen	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	45	..	..	..	..	..	45
	Engineering staff	..	2	..	..	..	1	6	3	..	..	..	1	3	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	41	78	102	..	..	..	175	25	423
	Artizan staff	..	..	..	..	..	..	1	2	1	1	..	2	..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	36	72	4	12	..	6	..	130
	Horsekeepers	..	..	..	..	..	..	..	..	..	..	..	..	*1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	18
	Gardeners	..	..	..	..	..	..	1	2	..	..	1	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	60	8	..	..	20	..	..	88
	Carters	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	5
	Labourers	..	..	..	..	..	..	..	..	..	..	4	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	54	..	54
	Coachman (Amb.)	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	6
	Motor drivers	..	..	4	..	..	..	..	..	2	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	56	..	..	..	..	..	12	..	..	..	..	68
	Grand totals	..	76	151	135	92	171	140	142 (5)	124	122	113	168	19 (3)	1,377 (†)	8	5	4	4	6	7	8	4	7	3	1	57	2,017	2,684	1735	2,685	1,735	2,256	1,916	1,983	1,381	2,637	538	21,567

		Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Joyce Green Hospital and River Ambulance Service.	Totals.
Number employed	Males	77	69	78	85	58	104	88	96	88	65	87	895
	Females	319	457	313	427	238	333	395	356	436	220	73	3,567
	Totals	396	526	391	512	296	437	483	452	524	285	160	4,462
Number engaged during the year	Males	37	15	32	39	15	49	43	40	38	51	28	387
	Females	145	166	103	222	74	97	145	144	235	195	33	1,559
	Totals	182	181	135	261	89	146	188	184	273	246	61	1,946
Number that left during the year	Males	35	16	32	38	12	49	40	39	38	46	29	374
	Females	109	157	109	188	69	96	135	120	222	171	37	1,404
	Totals	144	173	132	226	81	145	175	159	260	217	66	1,778

(a) Includes 1 staff from Park Hospital. (b) Includes 1 staff from Park Hospital. * Warded at S.E.H. † One warded at S.E.H. (4 days). ‡ Includes 3 staff from Park Hospital warded 154 days. ‖ Includes 1 staff from Park Hospital warded 21 days.

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* 1912, *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, 1912.			Admitted.						Died.			Discharged.			Transferred to other asylums of the Board.			No. remaining at asylum on 31st December, 1912.		
				Direct and indirect.			From other asylums of the Board.														
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Kensington	106	87	193	(1) 4	(1) 6	10	26	6	32	7	11	18	1	3	4	26	6	32	103	80	183
Hammersmith	54	52	106	(1) 2	5	7	9	9	18	4	7	11	..	..	..	9	9	18	53	50	103
Fulham	63	46	109	4	4	8	12	6	18	6	2	8	1	(2) ..	1	12	6	18	60	46	106
Paddington	72	61	133	6	4	10	17	13	30	5	2	7	2	2	4	17	13	30	71	61	132
Chelsea	39	62	101	4	3	7	7	9	16	3	8	11	..	1	1	7	9	16	40	56	96
St. George's, W. ..	90	87	177	12	6	18	17	8	25	9	6	15	(3)	1	1	17	8	25	90	86	176
Westminster	32	30	62	4	..	4	1	2	3	3	2	5	..	..	..	1	2	3	33	28	61
St. Marylebone ..	97	89	186	3	(1) 1	4	10	4	14	1	6	7	3	..	3	10	4	14	96	85	181
St. Pancras	300	395	695	(1) 54	(2) 50	104	50	53	103	33	50	83	(3) 7	(1) 7	14	50	53	103	312	389	701
Hampstead	27	36	63	(1) 6	4	10	10	6	16	2	6	8	(1) 3	1	4	10	6	16	28	33	61
Islington	158	176	334	(1) 28	(1) 29	57	38	25	63	16	18	34	(1) 6	(3) 6	12	38	25	63	164	179	343
Hackney	149	169	318	20	31	51	32	19	51	11	17	28	(1) 3	(1) 2	5	32	19	51	154	180	334
Bloomsbury	40	47	87	(1) 6	3	9	3	4	7	7	5	12	1	1	2	3	4	7	39	44	83
Strand	24	34	58	1	2	3	2	4	6	3	2	5	..	..	..	2	4	6	22	34	56
Holborn	151	156	307	(1) 14	(2) 16	30	13	12	25	13	13	26	3	(2) 2	5	13	12	25	150	157	307
London, City of ..	101	70	171	13	7	20	9	..	9	6	8	14	3	..	3	9	..	9	105	69	174
Shoreditch	124	98	222	4	(2) 12	16	23	13	36	5	9	14	1	3	4	23	13	36	122	100	222
Bethnal Green ..	104	98	202	5	(2) 6	11	17	20	37	7	11	18	4	1	5	17	20	37	98	94	192
Whitechapel	140	110	250	15	12	27	23	15	38	17	10	27	4	(2) 4	8	23	15	38	134	106	240
St. George's, E. ..	63	63	126	(1) 5	7	12	16	7	23	1	2	3	(1) 4	(1) 2	6	16	7	23	63	65	128
Stepney	64	57	121	12	(1) 19	31	7	9	16	10	6	16	(1) 1	2	3	7	9	16	65	69	134
Mile End	97	99	196	(1) 8	(1) 25	33	17	10	27	10	17	27	1	7	8	17	10	27	94	101	195
Poplar	169	201	370	27	33	60	21	24	45	31	22	53	5	5	10	21	24	45	160	207	367
Southwark	212	188	400	(1) 29	(3) 4	33	44	20	64	26	16	42	3	(1) 2	5	44	20	64	213	176	389
Bermondsey	160	149	309	12	(1) 25	37	26	19	45	18	23	41	2	2	4	26	19	45	152	150	302
Lambeth	250	301	551	(3) 52	(2) 59	111	49	21	70	38	48	86	(1) 6	(2) 6	12	49	21	70	260	306	566
Wandsworth	212	226	438	15	(1) 22	37	48	32	80	17	19	36	(1) 3	(1) 3	6	48	32	80	206	226	432
Camberwell	209	269	478	(1) 25	31	56	46	28	74	12	20	32	(1) 2	(3) 2	4	46	28	74	220	273	493
Greenwich	133	125	258	3	(2) 6	9	19	16	35	8	4	12	1	3	4	19	16	35	127	126	253
Woolwich	77	73	150	5	10	15	18	6	24	4	4	8	1	1	2	18	6	24	77	78	155
Lewisham	51	48	99	8	7	15	13	10	23	2	4	6	1	(1) ..	1	13	10	23	56	50	106
Totals	3,568	3,702	7,270	406	449	855	643	430	1,073	335	378	713	72	69	141	643	430	1,073	3,567	3,704	7,271

NOTE.—The small figures in brackets represent alterations in chargeability after admission.

Statistical tables (Asylum). The annual statistical tables for each asylum are printed on pp. 232-241, 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 asylum population 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* 1912.

	M.	F.	Total.	M.	F.	Total.
In the asylums, January 1st, 1912 ..				3,568	3,702	7,270
Total cases admitted during the year:						
Direct cases	363	399	762			
Indirect ,, ...	43	50	93			
				406	449	855
Total cases under treatment during the year				3,974	4,151	8,125
Discharged or transferred* during the year as—						
Not insane	..	..	..			
Recovered	6	5	11			
Relieved	11	15	26			
Not improved	55	49	104			
Died	335	378	713			
Total cases discharged, transferred and died during the year				407	447	854
Remaining in the asylums, December 31st, 1912				3,567	3,704	7,271
Average number resident during the year				3,568	3,701	7,269

* Exclusive of transfers between the Board's own asylums.

The "direct" admissions were 24 and the "indirect" 159 less than in 1911; also the total discharges exceeded those of that year by 14 and the deaths by 30.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE A2.—GENERAL TABLE, *showing the movement of the* ASYLUM POPULATION *during each year since the year* 1903, *together with the* RECOVERY AND DEATH RATES.

SUMMARY.

YEAR.	ADMISSIONS.									Total number under treatment.			DISCHARGED OR TRANSFERRED.									DIED.			Remaining on registers December 31st in each year.			Average daily number on registers.			Percentage of total recoveries on the total number of admissions.			Percentage of total recoveries on the direct admissions.			Percentage of recoveries yielded by direct admissions on direct admissions.			Percentage of deaths on average numbers resident.		
	Direct.			Indirect.*			Total.						Recovered.§			Relieved.			Not improved.																								
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
From 1870 to Dec. 31, 1902	..	..	..	..	..	..	12,119	11,556	23,675	..	..	..	631	431	1,062	837	591	1,428	887	779	1,666	6,906	6,774	13,680	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1903	569	616	1185	19	21	40	588	637	1,225	3,445	3,618	7,063	8	7	15	13	15	28	22	22	44	233	223	456	3,170	3,351	6,521	3,097	3,271	6,368	1·36	1·10	1·22	1·41	1·14	1·27	Particulars not ascertainable for these years.			7·52	6·82	7·16
1904	322	341	663	73	34	107	395	375	770	3,565	3,726	7,291	9	10	19	14	9	23	16	36	52	272	283	555	3,254	3,388	6,642	3,312	3,385	6,697	2·28	2·67	2·47	2·28	2·67	2·47				8·21	8·36	8·29
1905	299	290	589	52	45	97	351	335	686	3,605	3,723	7,328	8	15	23	23	19	42	38	48	86	306	281	587	3,230	3,360	6,590	3,245	3,370	6,615	2·28	4·47	3·35	2·28	4·48	3·33				9·43	8·34	8·87
1906	391	392	783	35	56	91	426	448	874	3,656	3,808	7,464	11	6	17	21	6	27	41	32	73	334	335	669	3,249	3,429	6,678	3,236	3,396	6,632	2·12	1·34	1·72	2·81	1·53	2·17				10·32	9·86	10·09
1907	377	380	757	38	37	75	415	417	832	3,664	3,846	7,510	16	7	23	5	5	10	57	45	102	306	356	662	3,280	3,433	6,713	3,273	3,431	6,704	3·13	1·20	2·16	4·24	1·84	3·03				9·35	10·38	9·88
1908	407	396	803	68	101	169	475	497	972	3,755	3,930	7,685	3	4	7	3	2	5	44	44	88	331	314	645	3,374	3,566	6,940	3,385	3,494	6,879	0·23	0·46	0·33	0·73	1·00	0·87				9·24	11·01	10·62
1909	370	369	739	33	12	45	403	381	784	3,777	3,947	7,724	12	8	20	9	2	11	77	64	141	343	365	708	3,336	3,508	6,844	3,370	3,537	6,907	1·84	2·10	2·04	2·43	1·90	2·17				9·78	9·00	9·39
1910	358	345	703	120	90	210	478	435	913	3,814	3,943	7,757	10	8	18	2	2	4	52	47	99	320	274	594	3,430	3,612	7,042	3,328	3,515	6,843	2·09	1·84	1·97	2·79	2·32	2·56				10·18	10·32	10·25
1911	357	429	786	170	82	252	527	511	1,038	3,957	4,123	8,080	8	..	8	4	6	10	56	53	109	321	362	683	3,568	3,702	7,270	3,474	3,674	7,148	1·52	..	0·76	2·24	..	1·02	1·12	..	1·12	9·24	9·85	9·55
1912	**363**	**399**	**762**	**43**	**50**	**93**	**406**	**449**	**855**	**3,974**	**4,151**	**8,125**	**6**	**5**	**11**	**11**	**15**	**25**	**55**	**49**	**104**	**335**	**378**	**713**	**3,567**	**3,704**	**7,271**	**3,568**	**3,701**	**7,269**	**1·48**	**1·11**	**1·29**	**1·65**	**1·25**	**1·44**	**0·55**	**1·25**	**0·92**	**9·39**	**10·21**	**9·81**
Totals since opening of asylums ..	..	..	..	..	..	..	16,582	16,041	32,624	..	..	..	722	501	1,223	942	672	1,614	1,345	1,219	2,564	10,007	9,945	19,952	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

* Includes admissions from Asylums not under the Board.

‖ Includes transfers to Asylums not under the Board.

§ Includes "not insane" cases.

The number under treatment during the year, 8,125, was 712 in excess of the average for the previous ten years. The total discharges numbered 141 and were 24 above the average for the past ten years. Practically all of the patients in the Board's Asylums are either congenital idiots or persons suffering from senile decay. Hence the very small percentage of "recoveries," namely 1·29, which is 0·54 lower than the past ten years average. For similar reasons the death rate is always high. In the past year it was 9·81 on the daily average number resident, as compared with an average of 8·82 for the past ten years. The number remaining under treatment, 7,271 is 1 more than at the end of the previous year. During the past decade the average annual increase has been 149.

TABLE B1.—*Analysis of the admissions during the year* 1912.

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	141	143	284	206	233	439	4	7	11	12	16	28	363	399	762
Indirect	5	9	14	31	29	60	6	8	14	1	4	5	43	50	93
Statutory re-admissions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total admissions ..	146	152	298	237	262	499	10	15	25	13	20	33	406	449	855

Of the 855 total admissions 298 were congenital cases. Of the remaining cases 499 were admitted when suffering from the first attack, in 25 cases it was not the first attack, and in 33 cases it was unknown whether the attack was the first or not.

TABLE B2.—*Showing the duration of the present attack of mental disorder on admission in the admissions during the year* 1912, *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	3	6	9	1	..	1	1	..	1	5	6	11
2 weeks and less than 1 month	11	4	15	..	1	1	..	..	..	11	5	16
1 month ,, ,, ,, 3 months	83	63	146	2	2	4	4	4	8	89	69	158
3 months ,, ,, ,, 6 ,,	43	42	85	..	1	1	1	..	1	44	43	87
6 ,, ,, ,, ,, 9 ,,	15	31	46	..	..	..	..	..	..	15	31	46
9 ,, ,, ,, ,, 12 ,,	1	8	9	..	..	..	..	..	..	1	8	9
12 ,, ,, ,, ,, 18 ,,	12	15	27	..	..	..	..	..	..	12	15	27
18 ,, ,, ,, ,, 2 years	1	3	4	..	..	..	..	..	..	1	3	4
2 years ,, ,, ,, 3 ,,	7	12	19	..	1	1	..	..	..	7	13	20
3 ,, ,, ,, ,, 5 ,,	..	9	9	..	..	..	..	..	..	..	9	9
5 ,, ,, ,, ,, 10 ,,	4	6	10	..	..	..	..	..	..	4	6	10
10 ,, ,, ,, ,, 15 ,,	..	3	3	..	..	..	..	..	..	..	3	3
15 ,, ,, ,, ,, 20 ,,	1	1	2	..	..	..	..	..	..	1	1	2
20 ,, ,, ,, ,, 25 ,,	1	..	1	..	..	..	..	..	..	1	..	1
40 ,, ,, ,, ,, 45 ,,	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown	24	30	54	1	2	3	6	12	18	31	44	75
Congenital cases	..	..	..	..	..	..	..	..	..	141	143	284
Totals	206	233	439	4	7	11	12	16	28	363	399	762

Of the direct cases admitted at the first attack, the duration of the mental disorders from which they suffered previous to admission was unknown in 54 cases, in 27 it was known to be between 12 and 18 months, in 19 between 2 and 3 years, in 9 between 3 and 5 years, in 10 cases between 5 and 10 years and in 6 cases between 10 and 25 years.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE B3.—*Showing the ages and civil states on admission, in the* admissions, direct and indirect *grouped together, and in the congenital cases of the admissions during the year* 1912.

SUMMARY.

CLASSES OF ADMISSION.		AGES ON ADMISSION.																																		TOTAL.			CIVIL STATE.											
		Average ages.			Less than 10			10—14			15—19			20—24			25—29			30—34			35—39			40—44			45—49			50—54			55—59			60—64			65—69			70—74			75—79			80—89			90 and over.						Single.			Married.			Widowed			Unknown		
		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.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Total admissions—direct and indirect grouped		46	50	48	46	43	89	27	30	57	39	27	66	18	33	51	14	11	25	18	12	30	7	10	17	7	13	20	10	6	16	23	16	39	27	16	43	3	35	38	40	78	41	55	96	28	43	72	27	49	76	..	3	3	406	449	855	223	225	448	86	70	156	91	151	242	6	3	9
Congenital cases.	a. Direct ..	15	17	16	46	43	89	25	30	55	36	23	59	12	22	34	11	6	17	6	7	13	2	3	5	..	3	3	1	4	5	1	2	3	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	141	143	284	140	141	281	..	2	2	..	..	..	1	..	1
	b. Direct and indirect	16	18	17	46	43	89	25	30	55	36	24	60	14	24	38	12	8	20	6	10	16	3	4	7	..	3	3	2	4	6	1	2	3	1	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	146	152	298	145	150	295	..	2	2	..	..	..	1	..	1

The average age of the total number of patients admitted was 48 (males 46, females 50) years, 89 were less than 10 years old and 247 (males 97, females 150) were over 70 years old, 3 being over 90. Of the 298 congenital cases 89 (males 46, females 43) were under ten years of age; and 2 were married.

TABLE B4.—*Showing in the direct admissions during the year* 1912, *excluding the congenital cases and the cases "unknown whether first attack or not"*—(a) *The age at commencement of the present attack of mental disorder in both the first-attack and not-first-attack cases, respectively arranged according to their civil state*; (b) *The age on first-attack in the not-first-attack cases*; *and* (c) *A statement of the numbers of previous attacks in the not-first-attacks, known to have been treated to recovery in an institution or elsewhere.*

SUMMARY.

TOOTING BEC ASYLUM AND TOOTING BEC RECEIVING HOME FOR CHILDREN.

| | CIVIL STATE. | AGES IN QUINQUENNIAL PERIODS. | | | | | | | | | | | | | | | | | | |

TABLE B5.—*Showing the form of mental disorder on admission in the admissions during the year* 1912.

SUMMARY.

	Forms of mental disorder.	Direct admissions.			Indirect admissions.			Totals.		
		M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Congenital or infantile mental deficiency (filicy or imbecility) occurring as early in life as it can be observed.	(1). Intellectual — With epilepsy	23	25	48	5	5	10	28	30	58
	(1). Intellectual — Without epilepsy	118	118	236	...	4	4	118	122	240
	(2). Moral	...	...	...	...	...	...	...	...	...
Insanity occurring later in life.	(1). Insanity with epilepsy	11	9	20	3	1	4	14	10	24
	(2). General paralysis of insane	7	4	11	...	...	...	7	4	11
	(3). Insanity with grosser brain lesions	4	8	12	...	2	2	4	10	14
	(4). Acute delirium	...	...	...	...	...	...	...	...	...
	(5). Confusional insanity	...	...	...	...	...	...	...	...	...
	(6). Stupor	...	...	...	...	...	...	...	...	...
	(7). Primary dementia	5	11	16	1	...	1	6	11	17
	(8). Mania — (*a*). Recent	...	...	...	...	...	...	...	...	...
	(8). Mania — (*b*). Chronic	...	4	4	2	1	3	2	5	7
	(8). Mania — (*c*). Recurrent	...	...	...	...	...	...	...	...	...
	(9). Melancholia — (*a*). Recent	2	1	3	1	...	1	3	1	4
	(9). Melancholia — (*b*). Chronic	1	11	12	1	2	3	2	13	15
	(9). Melancholia — (*c*). Recurrent	...	...	...	...	...	...	...	...	...
	(10). Alternating insanity	...	...	...	...	...	...	...	...	...
	(11). Delusional insanity — (*a*). Systematised	4	3	7	1	1	2	5	4	9
	(11). Delusional insanity — (*b*). Non-Systematised	1	4	5	6	3	9	7	7	14
	(12). Volitional insanity — (*a*). Impulse	...	...	...	...	...	...	...	...	...
	(12). Volitional insanity — (*b*). Obsession	...	...	...	...	...	...	...	...	...
	(12). Volitional insanity — (*c*). Doubt	...	...	...	...	...	...	...	...	...
	(13). Moral insanity	1	...	1	...	...	...	1	...	1
	(14). Dementia — Senile	148	180	328	7	7	14	155	187	342
	(14). Dementia — Secondary	38	21	59	16	24	40	54	45	99
	Total	363	399	762	43	50	93	406	449	855

Of the 298 Congenital cases, the mental deficiency of 58 cases was complicated with epilepsy. Of the 557 cases in which insanity occurred later in life 441 or 79·2 per cent. suffered from senile dementia.

TABLE B6.—*Showing the occupations of the direct admissions, excluding the congenital cases, during the year* 1912, *distinguishing between first-attack cases, not-first-attack cases, and cases unknown-whether-first-attack-or-not; and, in respect of the first-attack cases, arranged according to the age at commencement of the mental disorder.*

SUMMARY.

Symbol. Group.	Sub-group.	Sub-division.	Occupation.	First attack cases. Age at commencement of the mental disorder. Under 10.	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 and upwards.	Not known.	Total. M	F	T	Not-first-attack cases. M	F	T	Unknown-whether-first-attack-or-not. M	F	T	Total direct admissions, excluding congenital cases. M	F	T
			TOOTING BEC ASYLUM.																						
L	b	4	Balancemaker											1	1		1							1	1
N	a	7	Basketmaker								1				1		1							1	1
K	e	5	Blacksmith								1	1	1	1	4		4							4	4
K	h	5	Boatbuilder									1			1		1							1	1
R	b	3	Bookbinder										1			1	1								
R	b	3	Bookcutter															1		1				1	1
T	a	15	Bootmaker								1	1	1		4	1	5							4	5
N	b	4	Boxmaker					1							1		1							1	1
M	a	4	Bricklayer									2	1		3		3							3	3
Q	e	1	Brushmaker										1		1		1							1	1
M	a	1	Builder									1	1		2		2							2	2
N	a	1	Cabinetmaker										1		1		1				1		1	2	2
F	b	2	Cab attendant								1	3			4		4							4	4
M	b	2	Canal labourer							1					1		1							1	1
K	b	1	Canmaker											1	1		1							1	1
E	a	2	Canvasser									1			1		1								
D	e	3	Caretaker										1		1		1								
F	b	3	Carman									2			3		3							3	3
M	a	3	Carpenter							1			1		2		2							2	2
N	b	4	Casemaker									1			1		1							1	1
D	c	5	Charwoman					1	1	2	3	6	3	1	17		17				5		5	22	22
P	c	4	Chemist								1				1		1							1	1
X	b	5	Chimneysweep							1					1		1							1	1
E	b	1	Clerk				1						1		2		2				2		2	4	4
D	b	1	Coachman								1		1		2		2							2	2
X	b	2	Combmaker										1	1	2		2							2	2
C	h	1	Conjuror							1					1		1							1	1
D	a	2	Cook								1	1		1	3		3								
N	b	5	Cooper								1				1		1							1	1
E	a	4	Dental traveller								1				1		1							1	1
F	d	1	Dock labourer							1	4	1	1	1	8		8							8	8
D	a	2	Domestic servant			1		1		4		5		3	16		16				1		1	17	17
T	a	9	Dressmaker									1			4		4							4	4
L	b	3	Electric modelmaker								1				1		1								
K	c	11	Engineer									1			1		1				1		1	1	1
X	d	2	Engine driver										1		1		1							1	1
R	a	4	Envelopemaker										1		1		1		1	1				2	2
S	e	8	Factory hand					1							1		1				1		1	2	2
R	a	5	Fancy boxmaker							1		1			2		2							1	1
Q	c	2	Featherdresser								1				1		1								
X	d	2	Fireman											1	1		1							1	1
G	a	9	Flowerseller									1			1		1							1	1
W	a	1	Gas stoker										1		1		1							1	1
D	b	2	Gardener									1			1		1				1		1	1	1
X	e	1	General dealer									1			1		1							1	1
V	a	16	Grocer									1			1		1							1	1
T	a	6	Hatter									1			1		1							1	1
X	e	3	Hawker						1		1	6	4	3	8	5	13							8	8
K	g	17	Helmetmaker								1				1		1							1	1
K	g	6	Ironworker									1			1		1							1	1
L	a	1	Jeweller								1				1		1				1		1	1	1
X	d	1	Labourer				2	2	1	1	9	8	6	6	35		35							36	36
D	e	6	Laundress								1	2	1	1		5	5								5
C	b	2	Law clerk							1	1				4		4							4	4
Q	a	3	Leathercutter								1	1			3		3							3	3
V	a	17	Market porter							1	1				1		1							1	1
M	a	6	Mason																1	1					
Y	a	4	Medium								1				1		1							1	1
C	g	1	Music engraver																1	1					
T	a	11	Needlewoman								3	3	1		7		7		1	1				8	8
R	b	5	Newsvendor								1				1		1							1	1
M	a	12	Painter					1	1	2	4	2			10		10				1		1	11	11
D	e	4	Pastrycook									1			1		1								
Y	a	2	Pensioner							1					1		1							1	1
M	a	9	Plasterer								1				1		1							1	1
M	a	13	Plumber									1			1		1							1	1
N	a	2	Polisher									1			1		1							1	1
V	d	5	Potman							1					1		1							1	1
R	b	1	Printer								1				1		1							1	1
V	d	3	Publican									1			1		1							1	1
F	a	7	Railway labourer						1						1		1							1	1
A	b	2	Rate collector								1				1		1							1	1
F	b	7	Roadsweeper							1					1		1							1	1
E	a	3	Salesman									1			1		1							1	1
M	a	2	Scaffolder									1			1		1							1	1
C	d	1	Schoolmaster										1		1		1							1	1
E	e	1	Seaman										2	1	3		3							3	3
K	h	3	Shipwright									1			1		1							1	1
T	a	1	Shoeblack									1			1		1							1	1
S	g	1	Shopgirl					1							1		1							1	1
F	b	1	Stableman								1	3			4		4							4	4
F	d	2	Stevedore										1		1		1				1		1	2	2
V	a	13	Sugar boiler								1				1		1							1	1
C	e	6	Surgical plastermaker							1	2	4	1	1	4	5	9				1		1	4	6	10
T	a	7	Tailor						1		1	1			3		3							3	3
E	a	4	Traveller									1			1		1							1	1
D	a	1	Waiter					1							1		1		1	1				2	2
F	e	3	Watchman					1					1		2		2							2	2
F	e	1	Warehouseman									1			1		1		1	1				2	2
F	e	2	Waterman									1			1		1				1		1	2	2
N	b	7	Woodchopper																						
T	a	21	Umbrellamaker									1			1		1							1	1
N	a	5	Undertaker																						
Y	a	4	No occupation		5	2	1	2	5	14	22	42	81	14	29	159	188	1	3	4	2	9	11	32	171	203
			Totals		5	3	4	13	14	36	76	121	120	43	204	231	435	4	7	11	12	16	28	220	254	474
			TOOTING BEC RECEIVING HOME FOR CHILDREN.																						
Y	a	4	No Occupation	3	1										2	2	4							2	2	4
			Totals	3	1										2	2	4							2	2	4

Out of 220 male direct admissions 36 are described as labourers (35 being first-attacks), and 32 as of no occupation (29 first-attacks). Of 254 females 22 were charwomen, 5 laundry workers (all first-attacks), 8 needlewomen (7 first-attacks), 17 servants (16 first-attacks), and 171 of no occupation (159 first-attacks).

TABLE B7.—ÆTIOLOGICAL.—*Showing the ætiological factors and associated conditions assigned in the direct admissions during the year 1912, distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.*

SUMMARY.

ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.						FIRST-ATTACK CASES.						NOT-FIRST-ATTACK CASES.						CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.						TOTAL DIRECT ADMISSIONS.					
	PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.			PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.			PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.			PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.		
	TOTAL PRINCIPAL. Total instances where regarded as the essential or chief factor.			TOTAL CONTRIBUTORY. Total instances where regarded as a contributory factor or associated condition.			GRAND TOTAL INCIDENCE.																							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
A. HEREDITY (*excluding cousins, nephews, nieces and offspring*).																																						
1. Insane	9	15	24	..	..	..	9	15	24	4	13	17	1	1	2	5	14	19	..	..	..	..	..	..	..	..	..	..	..	..	13	28	41	1	1	2	14	29	43
2. Epileptic	..	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	2	2
3. Neurotic (*including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Eccentricity (*in marked degree*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Alcoholism	..	1	1	..	1	1	..	2	2	..	3	3	..	1	1	..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	..	2	2	..	6	6
B. MENTAL INSTABILITY, as revealed by—																																						
1. Moral deficiency	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
2. Congenital mental defect, not amounting to imbecility	1	1	2	..	..	..	1	1	2	..	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	..	..	..	1	3	4
3. Eccentricity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.																																						
1. Smell or taste	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
D. CRITICAL PERIODS.																																						
1. Puberty and adolescence	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2
2. Climacteric	..	..	..	..	..	..	..	..	..	..	4	4	..	1	1	..	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	..	1	1	..	5	5
3. Senility	..	..	..	..	..	..	..	..	..	113	167	280	2	7	9	115	174	289	..	3	3	..	..	..	..	3	3	6	11	17	..	..	..	6	11	17	119	181	300	2	7	9	121	188	309
E. CHILD-BEARING.																																						
1. Pregnancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal state (not *septic*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.																																						
1. Sudden	..	1	1	..	2	2	..	3	3	2	..	2	5	2	7	7	2	9	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	5	4	9	7	5	12
2. Prolonged	..	1	1	..	..	..	..	1	1	1	2	3	5	6	11	6	8	14	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	5	6	11	6	9	15
G. PHYSIOLOGICAL DEFECTS AND ERRORS.																																						
1. Malnutrition in early life (*signs of rickets, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Privation and starvation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Over-exertion (*physical*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Masturbation	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
5. Sexual excess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
H. TOXIC.																																						
1. Alcohol	..	..	..	..	..	..	..	..	..	9	1	10	6	6	12	15	7	22	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	10	1	11	6	6	12	16	7	23
2. Drug habit (*morphia, cocaine, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Puerperal sepsis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Other specific fevers	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
†8. Syphilis, acquired	1	..	1	..	..	..	1	..	1	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	2	..	2
†9. Syphilis, congenital	..	1	1	..	1	1	..	2	2	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	1	1	..	3	3
10. Other toxins	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
I. TRAUMATIC.																																						
1. Injuries	1	1	2	4	2	6	5	3	8	5	1	6	1	2	3	6	3	9	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	7	2	9	5	4	9	12	6	18
2. Operations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.																																						
1. Lesions of brain	..	1	1	..	..	..	..	1	1	8	6	14	1	3	4	9	9	18	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	8	8	16	1	3	4	9	11	20
2. Lesions of spinal cord and nerves	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	..	1	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Epilepsy	3	5	8	6	6	12	9	11	20	3	6	9	3	..	3	6	6	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	13	19	10	6	16	16	19	35
4. Other defined neuroses (*limited to hysteria neurasthenia, spasmodic asthma, and chorea*)	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
5. Other neuroses which occurred in infancy or childhood (*limited to convulsions and night-terrors*)	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
L. OTHER BODILY AFFECTIONS.																																						
1. Hæmopoietic system (*anæmia, etc.*)	..	..	..	..	..	..	..	..	..	..	2	2	13	117	130	13	119	132	..	..	..	..	2	2	..	2	2	..	2	2	..	..	..	..	2	2	13	121	134	13	123	136
2. Cardio-vascular degeneration	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1
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, myxœdema, etc.*)	..	3	3	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..	..	3	3
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	10	5	15	..	..	..	..	..	..	9	1	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.9	6	25	..	..	..	..	..	..
N. NONE ASSIGNABLE, notwithstanding full history and observation	44	27	71	..	..	..	..	..	..	13	2	15	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	59	30	89	..	..	..	..	..	..
O. NONE ASCERTAINED, history defective	63*	79	142*	..	..	..	..	..	..	35	22	57	..	..	..	..	..	..	3	1	4	..	..	..	..	..	..	3	4	7	..	..	..	..	..	..	104*	106	110*	..	..	..	..	..	..
Totals	133*	143	276*	Total congenital cases.			206	233	439	Total first-attack cases.			4	7	11	Total not-first-attack cases.			12	16	28	Total cases unknown-whether-first-attack-or-not.			355*	399	754*	Total direct admissions.												

* 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.
Small figure denotes 8 direct admissions to Darenth Asylum.

Amongst the ætiological factors and associated conditions assigned in the congenital cases directly admitted, insanity of near relatives is recorded as a principal factor in 24 instances and alcoholism in 1. In 71 cases no principal or contributory factor or associated condition could be assigned notwithstanding that the full histories of the patients had been obtained and they had been under observation. In 150 cases no causes could be assigned owing to the histories of the patients being defective. Amongst the non-congenital cases senility was assigned as a principal factor in 300 cases and contributory in 9; mental stress as principal in 5 and contributory in 18; alcoholism as principal in 11 and contributory in 12; syphilis as contributory in 1; traumatic injuries as principal in 7 and contributory in 3; diseases of the nervous system were principal factors in 26 cases and contributory in 9; and cardio-vascular degeneration was a contributory cause in 134 cases.

TABLE 86.—ÆTIOLOGICAL.—*Showing, in respect of the first-attack cases of the direct admissions during the year 1912, the full correlation existing between the various ætiological factors and associated conditions assigned.*

SUMMARY.

TOOTING BEC ASYLUM AND TOOTING BEC RECEIVING HOME FOR CHILDREN. (The small figures indicate cases at Tooting Bec Receiving Home for children.)

| ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS. | Total direct admissions to the Asylum during the year, cases of the direct admissions. | The total number of instances any two given factors were associated together, and the number of factors found associated with any given factor, in the first-attack cases of the direct admissions: | | |

TABLE B9.—*Showing the* GENERAL PARALYTICS *in the* **direct admissions** *during the year* 1912, *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.

CIVIL STATE.	AGE AT COMMENCEMENT OF THE ATTACK OF GENERAL PARALYSIS.																								TOTALS.			With positive evidence of syphilis.		
	Under 15.			15—19.			20—24.			25—34.			35—44.			45—54.			55—64.			65 and upwards.			Unknown.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	2	2	4	..	1	1
Married	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	2	..	2	4	1	5	..	..	..
Widowed	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS	..	..	..	..	1	1	..	1	1	..	..	..	1	1	2	3	1	4	..	..	..	..	..	..	3	..	3	7	4	11	..	1	1
SYPHILIS, congenital	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, contracted prior to age 25	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
,, ,, 25—34	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, 35—44	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, 45—54	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, at or after age 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, at age unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE C1.—*An analysis of the discharges and transfers during the year* 1912.

SUMMARY.

	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Discharged as recovered—									
From direct and indirect admissions—									
First-attack cases	3	3	6	..	..	..	..	..	..
Not-first-attack cases	..	..	..	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not	..	2	2	..	..	..	..	..	..
Total from direct admissions				3	5	8	..	..	..
From transfers—									
First-attack cases	3	..	3	..	..	..	..	..	..
Not-first-attack cases	..	..	..	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not	..	..	..	..	..	..	..	..	..
Total from transfers	..	..	..	3	..	3	..	..	..
Total discharged as recovered	..	..	..	6	5	11	..	..	..
Discharged (not recovered) as—				Relieved.			Not improved		
Relieved	11	15	26	11	15	26	..	..	..
Not improved	55	49	104	..	..	..	55	49	104
Total	66	64	130						
Reasons for such discharge—									
To go to care of friends	16	18	34	..	..	..	..	..	..
To go to workhouse	15	14	29	..	..	..	..	..	..
To go to L.C.C. and other asylums	34	29	63	..	..	..	..	..	..
To be boarded out	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in reception order	..	..	..	..	..	..	..	..	..
Statutory, by lapsing of reception order	..	..	..	..	..	..	..	..	..
To fever hospital	1	3	4	..	..	..	..	..	..
Total	66	64	130						
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				11	15	26	..	..	..
Not improved				..	..	..	55	49	104

11 patients were discharged as recovered, 130 as relieved or not improved. Of the latter number 34 went to the care of friends, 29 to workhouses and 63 to L.C.C. or other asylums not under the Managers' control, the patients having become dangerous to themselves or others.

TABLE C2.—*Showing in the total cases discharged recovered during the year* 1912 *the ages in quinquennial periods*—(a) *On recovery, and* (b) *at the commencement of the recent attack of mental disorder, arranged according to the total length of such attack.*

SUMMARY.

AGE PERIODS	Less than 10.		10–14.		15–19.		20–24.		25–29.		30–34.		35–39.		40–44.		45–49.		50–54.		55–59.		60–64.		65–69.		70–74.		75–79.		80–84.		85–89.		Age unknown		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
AGE ON RECOVERY ..	..	..	..	..	1	..	1	3	..	..	..	..	..	..	1	1	..	..	..	..	2	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	6	5	11
Total length of this attack of mental disorder.	**AGE AT COMMENCEMENT OF RECENT ATTACK OF MENTAL DISORDER.**																																					
Less than 1 month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1 month and less than 3 months..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
3 months ,, 6 ,, ..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	1	3
6 ,, ,, 9 ,, ..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
9 ,, ,, 12 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 ,, ,, 18 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 ,, ,, 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years ,, 3 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
3 ,, ,, 5 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	1	3
5 ,, ,, 10 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Totals	..	..	..	..	1	..	1	3	..	..	..	..	..	..	1	1	1	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	6	5	11

TABLE C3.—*Showing the form of mental disorder, on admission, in those discharged recovered during* 1912.

SUMMARY.

FORMS OF MENTAL DISORDER (ON ADMISSION).	M.	F.	Total
Primary dementia	...	2	2
Secondary dementia	1	1	2
Senile dementia	1	1	2
Chronic melancholia	3	...	3
Insanity with grosser brain lesions	...	1	1
Mania, chronic	1	...	1
Totals	6	5	11

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE C4.—*Showing the ætiological factors ascertained in the recoveries during the year 1912, distinguishing between cases—first-attack, not-first-attack, and unknown-whether-first-attack-or-not.*

SUMMARY.

TOOTING BEC ASYLUM, CATERHAM ASYLUM AND DARENTH ASYLUM.

(Figures in small type refer to Caterham Asylum).
(Figures in brackets refer to Darenth Asylum).

ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.			TOTAL DIRECT RECOVERIES.		
	PRINCIPAL. Instances where regarded as the essential or chief factor. *	CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †	TOTAL INCIDENCE.	PRINCIPAL. Instances where regarded as the essential or chief factor. *	CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †	TOTAL INCIDENCE.	PRINCIPAL. Instances where regarded as the essential or chief factor. *	CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †	TOTAL INCIDENCE.	TOTAL PRINCIPAL. Total instances where regarded as the essential or chief factor.	TOTAL CONTRIBUTORY. Total instances where regarded as a contributory factor or associated condition.	GRAND TOTAL INCIDENCE.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
A. HEREDITY (*excluding cousins, nephews, nieces and offspring*).												
1. Insane	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. .. ..	.. 1 1
2. Epileptic	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Neurotic (*including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Eccentricity (*in marked degree*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Alcoholism	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
B. MENTAL INSTABILITY, as revealed by—												
1. Moral deficiency	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Congenital mental defect, not amounting to imbecility	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Eccentricity	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
C. DEPRIVATION OF SPECIAL SENSE.												
1. Smell or taste	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Hearing	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Sight	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
D. CRITICAL PERIODS.												
1. Puberty and adolescence	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Climacteric	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Senility	.. 1 1	1 .. 1	1 1 1‡	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. 1 1	1 .. 1	1 1 1‡
E. CHILD-BEARING.												
1. Pregnancy	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Puerperal state (*not septic*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Lactation	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
F. MENTAL STRESS.												
1. Sudden	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Prolonged	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
G. PHYSIOLOGICAL DEFECTS AND ERRORS.												
1. Malnutrition in early life (*signs of rickets, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Privation and starvation	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Over-exertion (*physical*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Masturbation	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Sexual excess	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
H. TOXIC.												
1. Alcohol	2 .. 2	.. .. ..	2 .. 2	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	2 .. 2	.. .. ..	2 .. 2
2. Drug habit (*morphia, cocaine, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Lead and other such poisons	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Tuberculosis	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Influenza	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
6. Puerperal sepsis	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
7. Other specific fevers	.. .. ..	1 .. 1	1 .. 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	1 .. 1	1 .. 1
8. Syphilis, acquired	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
9. Syphilis, congenital	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
10. Other toxins	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
I. TRAUMATIC.												
1. Injuries	1 .. 1	.. .. ..	1 .. 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	1 .. 1	.. .. ..	1 .. 1
2. Operations	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Sunstroke	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
K. DISEASES OF THE NERVOUS SYSTEM.												
1. Lesions of brain	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Lesions of spinal cord and nerves	.. . ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Epilepsy	.. . ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Other defined neuroses (*limited to hysteria, neurasthenia, spasmodic asthma, and chorea*)	.. . ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Other neuroses which occurred in infancy or childhood (*limited to convulsions and night-terrors*)	.. .. ..	.. . ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
L. OTHER BODILY AFFECTIONS.												
1. Hæmopoietic system (*anæmia, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Cardio-vascular degeneration	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Valvular heart disease	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Respiratory system (*excluding tuberculosis*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Gastro-intestinal system	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
6. Renal and vesical system	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
7. Generative system (*excluding syphilis*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
8. Other general affections, not included above (*e.g., diabetes, myxœdema, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
M. CASES IN WHICH NO PRINCIPAL FACTOR COULD WITH CERTAINTY BE ASSIGNED, but in which one or more factors were ascertained, and were returned as contributory	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
N. NONE ASSIGNABLE, notwithstanding full history and observation	1¹ .. 1¹	.. .. ..	1 .. 1¹	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. .. ..	.. .. ..	1¹ 1 2¹	.. .. ..	1¹ 1 2¹
O. NONE ASCERTAINED, history defective	(1) 1 2	.. .. ..	(1) 1 2	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. .. ..	.. .. ..	(1) 2 3	.. .. ..	(1) 2 3
Totals	6 3 9	Total first-attack cases.		.. 2 2	Total not-first-attack cases.		.. .. ..	Tl. cases unknown-whether-first-attack-or-not.		6 5 11	Total direct recoveries.	

* One entry, and one only, has been made in these columns for each case recorded in them; thus the totals of these columns will equal the number of cases belonging to that particular class.
† As several factors will have sometimes been entered in these columns in respect of one case, and, on the other hand, there may have been none to enter, no attempt should be made to totalise these columns.
‡ All cases believed to have suffered, at any time in their lives, from syphilis have been entered.

TABLE D1.—*Showing all the causes of death that entered into the deaths during the year* 1912, *arranged as* PRINCIPAL, CONTRIBUTORY, *and the totals of these; also the number of times each case (whether principal or contributory) was associated with certain selected causes; and the number of occasions each principal cause of death was verified by post-mortem examination.*

SUMMARY.

| Causes of Death. | Instances when returned as PRINCIPAL. | | | No. verified 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. | | |

TABLE D2.—*Showing the principal cause of death in each death during the year* 1912, *together with the ages at death in quinquennial periods.*

SUMMARY.

PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.																															
	Less than 10.		10—14.		15—19.		20—24.		25—29.		30—34.		35—39.		40—44.		45—49.		50—54.		55—59.		60—64.		65—69.		70 & over		Total.*					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.	
GENERAL DISEASES.																																
Cancer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	2	2	2	2	1	2	..	1	3	8	9	16	25	
Tuberculosis general	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	2	4	
,, pulmonary	2	..	1	1	3	3	7	7	5	5	4	2	3	..	2	..	3	1	3	3	1	2	1	..	1	..	1	2	37	26	63	
,, peritonitis	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	2	
,, enteritis	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	
,, meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Pneumonia	..	3	1	..	1	..	2	2	..	1	2	..	1	..	4	2	..	..	1	4	5	3	5	1	4	3	3	8	29	27	56	
Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	
Septicæmia	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
,, suppurating (Charcot's disease of the knee)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	
Pyæmia	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Dysentery	..	..	..	..	2	..	..	..	..	..	1	1	1	..	..	..	..	..	1	..	..	1	1	1	1	..	..	1	7	4	11	
Enteric fever	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	
Diabetes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1	1	2	
Carbuncle	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	
Empyema of antrum	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	2	2	
Ulceration of gullet and hæmorrhage	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Chronic otitis media	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Sub-mammary abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	
Marasmus	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	
Senile decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	3	5	5	19	15	85	166	112	189	301	
DISEASES OF NERVOUS SYSTEM.																																
Organic brain disease	..	1	1	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	5	
General paralysis of insane	..	..	..	1	2	..	1	1	..	1	..	..	3	1	2	3	4	3	6	1	4	1	2	..	..	1	..	..	24	13	37	
Epilepsy	2	1	6	..	6	3	..	..	3	2	2	..	1	1	..	1	1	..	..	..	..	2	1	1	1	..	1	1	24	12	36	
Cerebral thrombosis	..	..	..	..	..	..	..	1	..	..	..	..	.	..	..	..	..	1	..	1	..	1	..	..	1	..	..	1	1	5	6	
,, hæmorrhage	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	..	1	..	..	..	..	3	1	2	1	2	3	1	8	9	17	
,, tumour	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1	
Hydrocephalus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Meningitis (non-tuberculous)	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Porencephaly	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Melancholia, exhaustion from	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	
Pachymeningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	
DISEASES OF HEART.																																
Chronic heart disease	..	..	..	..	..	1	1	1	..	..	1	1	1	1	1	1	..	1	5	..	6	4	4	6	2	3	3	13	24	32	56	
Pericarditis	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	2	3	
Rupture of heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	
Aortic aneurysm	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	
DISEASES OF BLOOD VESSELS.																																
Arterio sclerosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	
Atheroma of coronary arteries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
DISEASES OF RESPIRATORY ORGANS.																																
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	1	1	1	2	3	5	
Gangrene of lung	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Pleurisy	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	3	
DISEASES OF DIGESTIVE SYSTEM.																																
Volvulus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	2	
Enteritis	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	2	2	..	..	..	..	1	..	..	..	..	4	4	8	
Intestinal obstruction	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1	2	
Intussusception	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Duodenal ulcer	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	
Pancreatitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Fistula in ano	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1	
Paralytic distension of colon	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2	..	2	
Ulceration of œsophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	
Ischio rectal abscess	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Ulcerative stomatitis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Strangulated hernia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	
DISEASES OF URINARY SYSTEM.																																
Cystitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	3	..	3	
Nephritis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	3	1	2	1	1	..	4	3	14	5	19	
Cirrhosis of liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	
DISEASES OF LYMPHATIC AND DUCTLESS GLANDS																																
Status Lymphaticus	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Bronchocele	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1	
Cretinism	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
DISEASES OF GENERATIVE SYSTEM.																																
Uterine fibroid	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
ACCIDENTS OR VIOLENCE.																																
Impaction of potato in gullet (inquest)	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
Ulceration and perforation of rectum caused by swallowed rubbish (no inquest)	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	
Totals	6	8	10	4	19	9	16	12	11	13	11	6	16	4	14	10	11	11	23	14	29	25	26	20	35	31	108	211	335	378	713	

Of the total 713 deaths, 14 were of patients under 10 years of age, and 431 were over 60 years, including 319 over 70 years.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE D3.—*Showing the total duration of the present attack of mental disorder in the deaths during the year* 1912, *arranged according to the form of mental disorder on admission.*

SUMMARY.

Form of mental disorder (on admission).		Total duration of present attack of mental disorder.																																			
		Less than 1 month.		1 m. and less than 3 m.		3 m. and less than 6 m.		6 m.—9 m.		9 m.—12 m.		12 m.—2 years.		2—3 years.		3—5 years		5—10 years.		10—15 years.		15—20 years.		20—25 years.		25—30 years.		30—35 years.		35—40 years.		40—50 years.		50 years and over.		Unknown.		Totals.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Congenital or infantile mental deficiency (idiocy or imbecility) occurring as such in lifetime.	1. Intellectual { with epilepsy	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	3	2	10	1	10	6	7	4	3	4	4	..	4	2	4	4	7	7	..	..	53	31	84
	1. Intellectual { without epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	4	4	3	3	6	3	7	7	1	7	4	4	7	1	9	5	14	14	..	..	56	49	105
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	7	4	1	1	1	..	2	1	..	..	..	..	..	..	1	2	..	..	1	5	14	14	28
	2. General paralysis of insane	..	..	1	..	..	..	1	..	2	1	3	1	5	2	3	3	1	..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	18	8	26
	3. Insanity with grosser brain lesions ..	..	..	..	..	..	1	..	..	..	1	1	..	1	..	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	3	8
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	5	6
	8. Mania { a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	1	1	1	2	..	..	..	..	..	..	..	3	6	8	14
	8. Mania { b. Chronic	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	2	1	..	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania { c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
	9. Melancholia { a. Recent	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	11	14
	9. Melancholia { b. Chronic	..	..	..	1	..	2	..	..	..	1	2	1	..	..	..	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
	9. Melancholia { c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
	11. Delusional insanity { a. Systematised ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity { b. Non-systematised	..	..	..	..	..	..	..	..	2	1	..	..	..	..	1	..	1	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	6	4	10
	12. Volitional insanity { a. Impulse ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity { b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity { c. Doubt ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	2
	13. Moral insanity	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	2
	14. Dementia { a. Senile	1	1	8	10	10	11	10	10	6	29	16	26	21	35	19	35	11	20	6	3	..	1	..	3	..	1	1	..	..	..	..	1	..	..	5	12	114	198	312
	14. Dementia { b. Secondary	..	..	5	..	1	..	..	..	3	..	4	3	2	2	3	3	11	8	3	3	3	5	8	1	2	4	2	5	2	3	2	..	..	1	5	4	56	42	98
	Totals	1	1	14	11	11	15	12	10	13	35	30	33	31	40	30	43	41	45	24	12	22	16	25	20	7	18	12	9	13	6	16	13	21	22	12	29	335	378	713

TABLE E1.—*Showing the ages (in quinquennial periods) of those on the registers on the 31st December, 1912, arranged according to the total duration of present attack of mental disorder.*

SUMMARY.

Total duration of present attack of mental disorder.	Ages on 31st December, 1912, of those on registers at that date.																																	
	Less than 10.		10—14.		15—19.		20—24.		25—29.		30—34.		35—39.		40—44.		45—49.		50—54.		55—59.		60—64.		65—69.		70—74.		75—79.		80 and over.		Unknown		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
Congenital	221	147	271	219	391	249	322	280	280	217	209	205	230	200	147	195	125	161	91	117	61	87	51	51	16	24	11	31	6	7	2	9	..	..	2,434*	2,199*	4,633*
Less than 3 months	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	3	..	3	..	6	1	2	..	4	1	..	..	..	..	18	3	21
3 months and less than 6 months	..	..	..	..	..	..	1	..	..	1	2	..	1	..	..	..	2	..	1	2	4	1	5	7	2	8	..	9	5	13	2	6	..	..	25	47	72
6 ,, ,, 12 ,,	..	..	..	..	..	..	1	..	1	..	3	1	1	..	2	3	1	3	6	..	4	4	7	8	5	8	10	14	7	11	8	11	..	..	56	63	119
12 ,, ,, 18 ,,	..	..	..	..	2	..	2	..	1	..	2	..	3	..	..	1	1	3	2	..	8	5	10	4	15	11	11	17	5	12	2	13	..	..	64	66	130
18 ,, ,, 2 years	..	..	..	..	2	..	1	2	1	..	1	1	1	1	1	2	1	2	6	3	2	2	3	6	1	4	3	6	4	4	..	5	..	..	27	38	65
2 years ,, 3 ,,	..	..	..	..	1	..	4	2	2	1	2	1	2	..	1	3	..	3	3	8	12	7	8	9	8	6	5	11	5	14	6	12	..	..	59	77	136
3 ,, ,, 5 ,,	..	..	..	..	..	..	6	1	8	2	1	..	9	3	2	2	3	4	9	9	4	3	13	7	14	13	12	12	6	14	5	17	..	..	92	87	179
5 ,, ,, 10 ,,	..	..	1	..	1	1	..	1	22	3	19	6	11	11	9	9	9	16	8	8	18	16	16	23	23	26	34	29	16	23	12	40	..	..	199	212	411
10 ,, ,, 20 ,,	..	..	..	..	..	1	2	..	2	4	16	9	24	22	33	14	25	25	13	22	22	33	24	22	14	31	16	18	7	9	6	10	..	..	204	220	424
20 ,, ,, 30 ,,	..	..	..	..	..	..	..	..	..	1	4	2	6	2	12	14	23	28	27	29	14	27	18	27	14	23	4	10	3	4	8	5	..	..	133	172	305
30 ,, ,, 40 ,,	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	4	1	12	12	14	22	10	36	8	16	6	25	3	9	3	..	..	..	63	121	184
40 ,, ,, 50 ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..	3	4	6	2	8	15	3	7	4	4	3	7	..	..	30	39	69
50 ,, and over	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	1	1	..	2	..	..	3	4	7
Duration unknown	..	..	..	1	..	1	1	1	..	2	2	1	5	4	8	15	10	21	16	18	18	28	26	28	29	57	23	54	11	52	7	71	4	2	160	356	516
Totals	221	147	272	210	397	252	340	287	317	231	261	226	295	243	217	258	204	268	196	228	187	239	200	230	165	243	140	244	87	178	64	208	4	2	3,567	3,704	7,271

* The figures here should correspond with the total of (a) and (b), congenital cases, in table E2.

Of 7,271 patients remaining in the asylums at the end of the year 1,499 were under 20 years of age (368 being under 10) while 1,759 were over 60 (including 272 over 80).

TABLE E2.—*Showing the form of mental disorder on 31st December, 1912, of those on the registers at that date.*

SUMMARY.

Forms of mental disorder on 31st December.		M.	F.	T.
Congenital or infantile mental deficiency (idiocy or imbecility) occurring as early in life as it can be observed.	1. Intellectual { *a.* With epilepsy	544	674	1,218
	1. Intellectual { *b.* Without epilepsy	1,890	1,524	3,414
	2. Moral	..	1	1
Insanity occurring later in life.	1. Insanity with epilepsy	97	97	194
	2. General paralysis of the insane	17	14	31
	3. Insanity with grosser brain lesions	18	12	30
	4. Acute delirium	..	9	9
	5. Confusional insanity	2	1	3
	6. Stupor	2	28	30
	7. Primary dementia	35	16	51
	8. Mania { *a.* Recent	3	18	21
	8. Mania { *b.* Chronic	56	125	181
	8. Mania { *c.* Recurrent	..	..	..
	9. Melancholia { *a.* Recent	1	4	5
	9. Melancholia { *b.* Chronic	24	45	69
	9. Melancholia { *c.* Recurrent	..	..	..
	10. Alternating insanity	2	..	2
	11. Delusional insanity { *a.* Systematised	26	10	36
	11. Delusional insanity { *b.* Non-systematised	38	30	68
	12. Volitional insanity { *a.* Impulse	..	..	..
	12. Volitional insanity { *b.* Obession	..	..	..
	12. Volitional insanity { *c.* Doubt	..	..	..
	13. Moral insanity	1	..	1
	14. Dementia { *a.* Senile	311	524	835
	14. Dementia { *b.* Secondary	500	572	1,072
Totals		3,567	3,704	7,271
Prospect of mental recovery	Favourable	..	3	3
	Doubtful	..	6	6
	Unfavourable	3,567	3,695	7,262

The last table shows the form of mental disorder in those patients in the asylums at the end of the year. 4,633 were congenital and 835 senile cases.

III.—CHILDREN'S INSTITUTIONS.

Statement shewing the numbers of sick and debilitated children, children suffering from ringworm and ophthalmia, and defective children in the Board's institutions :—

Description of Institution.	Remaining at beginning of year.	Admitted.		Discharged.		Died during the year.	Remaining on 31 Dec., 1912.
		Direct.	From other institutions of the Board.	Direct.	To other institutions of the Board.		
I. Sick & debilitated children.							
(*a*) *Inland*—							
Queen Mary's Hospital Carshalton, Surrey	1,479	3,512	295	2,967	619	246	1,454
Park Hospital, Hither Green	†(*1,032*)	(*2,925*)	(*205*)	(*1,936*)	(*555*)	(*192*)	(*1,479*)
(*b*) *Seaside*—							
St. Anne's Home, Herne Bay	383	581	78	606	56	5	375
East Cliff House, Margate	(*385*)	(*767*)	(*325*)	(*811*)	(*138*)	(*13*)	(*515*)
Millfield, Rustington							
The Downs School, Sutton (part of)	132	137	284	388	73	1	91
II. Ringworm.							
The Downs School, Sutton (part of)	178	697	125	699	125	1	175
	(*303*)	(*575*)	(*130*)	(*694*)	(*135*)	(*1*)	(*178*)
III. Ophthalmia.							
White Oak Schools, Swanley	680	609	40	612	31	...	686
Highwood School, Brentwood	(*612*)	(*571*)	(*49*)	(*493*)	(*57*)	(*2*)	(*680*)
IV. Defective	*364*	13	1	4	‡208	...	...
	(*331*)	(*83*)	(*163*)	(*28*)	(*183*)	(*2*)	(*364*)

	Remaining at beginning of the year.	Admitted.	Discharged.	Died.	Remaining on 31 Dec., 1912.
Training Ship "Exmouth"	657	394	349	...	702
	(*697*)	(*282*)	(*320*)	(*2*)	(*657*)

Of the boys discharged from the "Exmouth" 109 (*105*) entered the Royal Navy, 179 (*147*) the Mercantile Marine, and 10 (*4*) the Army as musicians, and 51 (*64*) were returned to their respective parishes and unions.

IV.—CASUAL WARDS.

(The casual wards were transferred to the Board as from 1 April, 1912.)

Statement of admissions and discharges from 1 *April*, 1912, *to* 31 *December*, 1912.

Remaining 1 April, 1912.				Admissions.				Discharges.				Remaining 31 Dec., 1912.			
Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.
607	76	..	683	46,921	8,412	257	55,590	47,054	8,421	257	55,732	474	67	..	541

† Italic figures in brackets are the corresponding figures for 1911.
‡ Transferred to care of the Asylums Committee.

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, 1912.
Fever patients	523,864	4,087
Smallpox patients	75,234	—
Imbeciles	32,624	7,271
Boys on training ship Exmouth	11,278	702
Children	56,277	2,781
Totals	699,277	14,841

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 1912, dealing with the following subjects of a medical rather than of a general statistical nature :—

1. Complication and co-existent infectious diseases.
2. Tracheotomy and intubation statistics.
3. Laparotomy statistics.
4. Miscellaneous diseases.

There are also included papers by seven of the Board's medical officers.

(Signed) E. C. BOUSFIELD,

Chairman.

APPENDIX I.—INFECTIOUS DISEASES.

(Statistical tables detached from the Ambulance Committee's Report, p. 100.)

A.—AMBULANCE SERVICE.—*Number of patients removed by the ambulances of the Board.*

FEVER, DIPHTHERIA, &c.	From 1881 to 1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	Totals.
REMOVED :—														
From homes to hospitals	222,977	25,532	24,410	18,191	18,468	23,736	25,893	32,037	27,882	22,601	15,229	21,099	23,188	501,243
,, ,, general hospitals	..	..	..	..	..	‡1	‡1	‡1	‡7	‡1	‡1	‡1	..	13
Enteric fever from homes to general hospitals	1,503	98	59	..	..	..	..	..	..	..	..	..	..	1,660
From general hospitals to homes, owing to want of room in the Managers' hospitals, or to the patients being extra-Metropolitan residents	3,609	159	51	44	44	37	24	3	6	1	1	..	..	3,979
RETURNED HOME :—														
Mistaken diagnoses	†	†	33	48	38	51	68	121	88	61	55	67	5	635
TRANSFERRED :—														
Convalescent to Northern and Southern hospitals	75,313	5,223	4,210	2,565	5,388	9,584	12,617	15,929	14,265	8,596	6,282	8,069	10,073	178,114
Other transfers between hospitals and wharves	128	201	66	43	3	642	21	75	8	2	4	54	86	1,333
DISCHARGED :—														
From Northern Hospital to town hospitals	51,851	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	857	126	293	229	306	574	..	..	..	..	..	..	..	2,385
From Southern Hospital to town hospitals	21,403	1,239	..	..	..	..	..	..	..	..	..	..	..	22,642
From Southern Hospital and conveyed from the South-Eastern, the South-Western, and the Brook Hospitals to other hospitals	1,022	87	..	..	..	..	..	..	..	..	..	..	..	1,109
From Northern Hospital direct home	..	..	..	..	..	4	8	30	7	8	3	4	3	67
From Southern Hospital direct home	..	..	..	..	..	257	21	14	21	42	29	13	27	424
From Northern Hospital to ambulance stations	..	..	..	..	..	609	3,315	3,730	3,245	4,674	2,829	4,093	3,822	26,317
From Southern Hospital to ambulance stations	..	..	..	..	..	1,185	4,699	7,382	8,342	3,415	3,388	3,614	5,783	37,808
From Joyce Green Hospital to ambulance stations	..	..	..	..	..	..	..	244	156	..	..	..	..	400
From ambulance stations to ambulance stations	..	..	..	..	..	..	..	197	456	63	158	119	348	1,341
From ambulance stations to homes	..	..	..	..	..	75	292	259	228	208	74	164	197	1,497
From other hospitals to homes	*5,830	642	623	663	972	1,267	1,094	1,259	1,611	1,495	863	2,047	1,513	19,879
Total fever and diphtheria patients	384,493	37,607	34,234	24,541	29,519	44,121	48,053	61,281	56,323	41,170	28,916	39,344	45,045	874,647*

* Some smallpox cases included.

† Not recorded.

‡ [illegible] general hospitals being too ill to be admitted to Board's hospitals.

SMALLPOX.	From 1881 to 1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	Totals.
Removed :— From homes to hospitals and wharves	19,540	1,848	7,830	422	494	80	33	15	8	28	9	81	9	30,397
Returned home; mistaken diagnoses	†	†	310	68	40	27	5	12	7	10	..	7	1	487
Transferred :— Between hospitals and wharves	5,517	5	49	2	..	..	..	..	..	..	..	..	..	5,573
Discharged :— From hospitals and wharves to homes	10,671	118	567	15	30	3	3	..	..	2	3	23	..	11,435
Total smallpox patients	35,728	1,971	8,756	507	564	110	41	27	15	40	12	111	10	47,892
Infectious patients to places other than the Managers' institutions (private removals) ..	3,692	388	360	323	442	423	405	454	408	451	478	686	469	8,979
NON-INFECTIOUS.														
Imbecile	..	96	23	769	531	684	734	807	1,177	585	645	585	1,287	7,923
Ringworm	..	180	120	203	22	..	58	28	9	56	33	1	332	1,042
Ophthalmia	..	..	..	245	433	306	318	452	435	587	665	593	697	4,731
Defective and other children	..	13	129	90	219	314	271	165	176	87	240	472	118	2,294
Sick, convalescent, and debilitated children ..	..	..	..	..	..	..	..	..	..	2,808	4,298	5,066	6,739	18,911
Patients to places other than the Managers' institutions (private removals)	..	..	..	..	68	134	424	841	1,291	1,794	1,914	2,279	2,106	10,851
Casuals	..	..	..	..	..	..	..	..	..	..	..	..	55	55
Staff	..	..	..	..	..	1	2	3	36	35	39	46	106	268
Total non-infectious removals ..	..	289	272	1,307	1,273	1,439	1,807	2,296	3,124	5,952	7,834	9,042	11,440	46,075
Grand totals	423,913	40,255	43,622	26,678	31,798	46,093	50,306	64,058	59,870	47,613	37,240	49,183	56,964	977,593

† Not recorded.

B.—AMBULANCE SERVICE—(*continued*).

Return of work for the twelve months ended December 31st, 1912.

PARTICULARS OF WORK.	Number of journeys.	MILES RUN. By horses. 1	2	3	4	By motor.	Total by vehicles.
I INFECTIOUS CASES.							
Removals from home—							
To the Board's hospitals—							
Fever patients	21,645	9,774	..	..	..	216,067½	225,841½
Smallpox patients	..	..	..	..	..	..	..
To the Board's wharves—							
Smallpox patients	10	..	..	..	..	147	147
To general hospitals	2	..	..	..	..	28½	28½
Other removals—							
From general hospitals to homes owing to want of room in the Board's hospitals, or to the patients being extra-metropolitan residents	2	..	..	..	..	24	24
Non-smallpox patients returned home	1	..	..	..	..	13	13
Other patients returned home	5	..	..	..	..	29	29
Patients sent for, but for various causes not removed (lost journeys)	181	65	..	..	..	1,557½	1,622½
Patients' friends taken from home to hospital	10	34	..	..	..	125	159
Patients' friends taken from hospital to home	8	38	..	..	..	52	90
Transfers between hospitals—							
Fever patients to Northern Hospital	427	..	..	..	..	13,205½	13,205½
Fever patients to Southern Hospital	642	..	..	..	..	27,682½	27,682½
Other transfers between hospitals	18	14	..	..	..	296½	310½
Recovered patients—							
From Northern Hospital to homes	7	..	..	..	..	125½	125½
,, Southern ,, ,,	10	..	..	..	..	438	438
,, Northern ,, to ambulance stations	322	..	..	..	..	11,995½	11,995½
,, Southern ,, ,,	469	..	..	..	..	23,560½	23,560½
,, Ambulance stations to homes	163	255	..	..	..	1,282½	1,537½
,, Ambulance stations to ambulance stations	142	31	..	..	..	2,483½	2,514½
,, Acute fever hospitals to homes	1,057	2,977	..	..	..	11,167½	14,144½
,, Wharves (smallpox)	..	..	..	..	..	..	..
Conveyance of patients—							
To places other than Managers' institutions (private removals)	449	264	..	..	..	5,709½	5,973½
Lost journeys do. do.	5	..	..	..	..	45	45
Totals	25,575	13,452	..	..	..	316,034½	329,486½
II. NON-INFECTIOUS CASES.							
Imbeciles	155	..	..	..	..	8,019½	8,019½
Ringworm children	25	..	..	..	..	966½	966½
Ophthalmic children	90	..	..	..	..	1,462½	1,462½
Defective and other children	15	..	..	..	..	437	437
Sick, convalescent and debilitated children	710	..	..	..	..	20,929½	20,929½
To places other than the Managers' institutions (private removals)	1,967	1,442	..	..	..	26,390	27,832
Lost journeys do. do.	18	6	..	..	..	143	149
Casuals	44	..	..	..	..	579½	579½
Staff	11	36	..	..	..	121	157
Totals	3,035	1,484	..	..	..	59,049	60,533
III. OTHER WORK.							
Service requirements and conveyance of general stores	1,606	3,268	1,082	..	..	22,753	27,103
Conveyance of Ambulance Committee	30	64	..	..	..	212	276
Conveyance of other committees	81	142	..	..	..	319	461
Conveyance of staff†	49	45	..	..	..	1,029½	1,074½
Horses in exchange	14	227	46	..	..	..	273
Totals	1,780	3,746	1,128	..	..	24,313½	29,187½
Totals for 1912	**30,390**	**18,682**	**1,128**	..	..	**399,397**	**419,207**
Totals for 1911	28,506	94,841	5,482	..	..	257,505	355,945
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	24,081½	330	..	..	205,676½
Totals for 1902	35,151	369,571½	19,836½	38	..	..	388,996
Totals for 1901	30,587	290,758	26,580	48	..	..	317,278
Totals for 1886 to 1900 (inclusive)	246,818	2,091,729	346,685	2,443	11,342	..	2,452,073
Grand totals	601,151	4,848,289½	686,866	3,042	11,342	1,118,337	6,646,491

N.B.—The difference between the mileage totals for horses and vehicles is due to exchange horses.

† During the year 2,554 journeys were made, and 16,116 miles were run by motor omnibuses, conveying staff of the Queen Mary's Hospital, Darenth and Leavesden Asylums.

C.—RIVER SERVICE.

Number of patients, visitors, staff, &c., conveyed to and from Long Reach during the year 1912.

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	..	..	24	26
February	1	2	..	25	28
March	..	..	..	29	29
April	1	1	..	22	24
May	..	..	..	31	31
June	..	..	..	24	24
July	..	..	1	18	19
August	1	..	..	20	21
September	..	1	..	28	29
October	..	..	..	17	17
November	..	..	3	23	26
December	..	..	1	26	27
Totals for 1912	5	4	5	287	301
Totals for 1911	61	50	21	365	497
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 1884 to 1900 (inclusive)	16,426	14,878	6,634	23,732	61,670
Grand totals	26,690	22,414	14,005	37,947	101,056

STEAMERS.

Steamer.	Fires alight.		Under Steam.		Under Way.		Coal consumed.		Number of days when steam raised.	Distance run.
	Hours.	Mins.	Hours.	Mins.	Hours.	Mins.	Tons.	Cwts.		Miles.
"Albert Victor"	625	..	301	30	3	38	16	10	25	36
"Geneva Cross"	216	..	53	..	..	..	16	10	5	..
"Maltese Cross"	915	..	318	..	14	43	17	10	28	100
"White Cross"	8,373	..	5,260	..	327	36	58	10	340	3,269
"Red Cross"	87	..	42	..	..	..	13	10	1	..
Totals	10,216	..	5,974	30	345	57	122	10	399	3,405

Quantity of stores, parcels, &c., conveyed to and from Long Reach.

Weight, 82 tons, 1 cwt, 2 qr., 4 lbs.

D.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE BOARD'S FEVER HOSPITALS FOR THE YEAR 1912.

No. 1.

EASTERN HOSPITAL,

Statistics. The total number of patients under treatment was 2,809; 213 more than last year.

Scarlet fever. The scarlet fever fatality was 1·36 per cent., the lowest ever recorded in the annals of the hospital. The lowest previously was 2·16 in 1909. In 5 of the cases death was due to some other cause than scarlet fever, namely, acute tuberculosis, 2; tuberculous disease of the intestines, 1; bronchiectasis, 1; and measles, 1. If allowance is made for these cases the fatality becomes 0·79 per cent., which is an extraordinarily low figure.

"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 2·9 per cent. of the discharges. The total number of "return cases" was 11.

Diphtheria. The fatality of the diphtheria cases, exclusive of bacteriological cases, was 7·46 per cent. This is also the lowest rate ever recorded at this hospital. In 4 cases death was due to causes unconnected with diphtheria, as follows:—scarlet fever, 1; measles, 1; acute tuberculosis, 1; and pneumothorax, 1. The deduction of these cases would make the fatality 6·47 per cent.

Bacteriological Diphtheria. The causes of death in the 2 fatal cases of bacteriological diphtheria were empyema and tuberculous meningitis respectively.

Measles. The fatality of the measles cases was 12·45 per cent., a considerably lower figure than that of last year (20·47). In 3 cases death was due to whooping-cough, tuberculosis, and scalds received before admission to hospital.

Whooping-cough. 200 cases of this disease were under treatment, and the fatality was 10·85 per cent. In 2 cases death was due to tuberculosis, and in 1 to measles.

Cerebro-spinal fever. The only case returned as cerebro-spinal fever was one of that variety of the disease which is known as the posterior basic meningitis of infants.

Staff illness. I am sorry to have to report that there has been much sickness amongst the staff. 11 members were attacked with either scarlet fever or diphtheria. 1 staff nurse suffered from a very severe attack of the latter disease, and was still warded at the close of the year. No fewer than 140 members of the staff suffered from non-infectious illnesses.

Works. A considerable portion of the road within the hospital grounds was relaid with tar-macadam. The floors of 2 of the large wards were relaid with "durato"; the material, which is a mixture of a special cement and asbestos, is laid down upon the old wooden floors. The floors of 2 small wards were treated in a similar fashion in 1911, and the results, both as regards wear and appearance, are excellent.

(Signed) E. W. GOODALL,
Medical Superintendent.

No. 2.

NORTH-EASTERN HOSPITAL.

Statistics. During the year 1912 the total number of patients treated was 3,568; of these 2,010 were discharged, 894 were transferred to other hospitals of the Board and 158 died. At the end of the year 506 remained under treatment.

Scarlet fever. The number treated was 1,640; of these 687 were discharged, 702 were transferred and 21 died. At the end of the year 230 remained under treatment. The mortality rate was 1·49 per cent.

Diphtheria. The number treated was 679; of these 469 were discharged, 88 were transferred and 37 died. At the end of the year 85 remained under treatment. The mortality rate was 6·56 per cent.

Bacteriological diphtheria. The number treated was 78; of these 70 were discharged. At the end of the year 8 remained under treatment. There was no death.

Enteric fever. The number treated was 28; of these 25 were discharged and 3 died. The mortality rate was 12·77 per cent.

Puerperal fever. The number treated was 5; of these 1 was discharged and 2 died. At the end of the year 2 remained under treatment. The mortality rate was 50·0 per cent.

Measles. The number treated was 432; of these 264 were discharged, 31 were transferred and 42 died. At the end of the year 95 remained under treatment. The mortality rate was 10·95 per cent.

Whooping cough. The number treated was 411; of these 241 were discharged, 73 were transferred and 34 died. At the end of the year 63 remained under treatment. The mortality rate was 10·39 per cent.

Return cases. The number of instances in which discharged scarlet fever cases were supposed to give rise to return cases was 21, giving an infectivity rate on the discharges of 3·05 per cent.

The interval which elapsed between the discharge of the alleged infecting cases and the occurrence of the return cases, was, in the 1st week, 4 cases; 2nd week, 4; 3rd week, 4; 4th week, 5; 5th week, 2; 7th week, 1; and the 10th week, 1.

The age incidence of the infecting cases was as follows:—From 2 to 3 years, 3 cases; 3 to 4 years, 1; 4 to 5 years, 3; 5 to 6 years, 5; 6 to 7 years, 2; 7 to 8 years, 2; 8 to 9 years, 1; 9 to 10 years, 3; 11 to 12 years, 1; and 17 to 18, 1.

Included in the above are two sisters discharged to the same address, on the same day, who gave rise to a return case.

There was no instance in which a discharged diphtheria patient gave rise to a return case.

Other diseases. The number treated was 295; of these 253 were discharged and 19 died. At the end of the year 23 remained under treatment. The mortality rate was 6·96 per cent. The percentage error in the notifications was as follows:—scarlet fever 8·11, diphtheria 14·28, enteric fever 56·81, measles 2·28, whooping cough 2·65.

Staff illness. 2 staff nurses, 2 probationers, 2 second assistant nurses, and 1 male clerk contracted scarlet fever. Of these 1 second assistant nurse remained warded at the end of the year, the rest recovered.

1 probationer, 2 second assistant nurses and 1 wardmaid contracted diphtheria. All recovered. At the end of the year 1911 1 assistant medical officer, 2 probationers and 1 wardmaid remained warded. All recovered.

1 second assistant nurse contracted enteric fever and she recovered. At the end of 1911 1 staff nurse remained warded and she also recovered.

(Signed) FREDERIC THOMSON,
Medical Superintendent.

No. 3.

NORTH WESTERN HOSPITAL.

Statistics. The total number of cases treated was 3,296. Of these 1,234 were discharged, 1,551 were transferred to other hospitals of the Board, 162 died. There remained under treatment on December 31, 349 patients.

Scarlet fever. The number treated was 1,256; 18 died. The mortality was 1·63 per cent.

Diphtheria. The number treated was 836; 50 died. The mortality was 6·75 per cent. There were 14 hæmorrhagic cases, 8 cases died within 24 hours of admission. Tracheotomy was performed in 29 cases, 4 of whom died. The mortality was 13·7 per cent. There were treated 111 cases of bacteriological diphtheria; none died. The following table shows the number of cases, deaths and mortality per cent. of the cases of diphtheria treated with antitoxin according to day of disease on which the patients were admitted.

Day of Disease.	1st.	2nd.	3rd.	4th.	5th and after.	Total.
Cases	29	147	141	110	162	588
Deaths	0	4	13	16	14	47
Mortality per cent. ...	0	2·7	9·2	14·5	8·6	7·9

Enteric fever. The number treated was 37; 8 died. The mortality was 26·67 per cent.

Measles. The number treated was 654; 58 died. The mortality was 9·99 per cent.

Whooping cough. The number treated was 90; 12 died. The mortality was 14·97 per cent.

Typhus fever. 1 case was admitted and proved fatal.

Staff illness. (*a*) Infectious diseases: 2 probationers, 2 wardmaids contracted scarlet fever; 1 staff nurse, 1 general porter contracted enteric fever; 1 second assistant nurse, 2 probationers contracted German measles; 10 officers contracted influenza. All recovered.

(*b*) Other diseases: 71 officers were warded with various ailments, 33 being cases of tonsillitis. All recovered.

(Signed) JOHN MacCOMBIE.
Medical Superintendent.

No. 4.

WESTERN HOSPITAL.

Statistics. During the year 1912 there were 3,772 patients under treatment, or 946 more than in the preceding year. Of these, 1,821 were transferred to the convalescent hospitals, 1,400 were discharged and 169 died. There remained in hospital at the end of the year 382.

Scarlet fever. Of scarlet fever, 1,494 cases were treated, 977 or 65 per cent. were transferred, 335 were discharged and 19 died. The mortality was 1·40 per cent.

Diphtheria. Of diphtheria, 819 cases were treated, 405 or 49 per cent. were transferred, 323 were discharged and 42 died. The mortality was 5·75 per cent.

The scarlet fever and diphtheria mortalities are the lowest recorded at this hospital.

Tracheotomy was performed on 55 patients of whom 12 died; a mortality of 21·8 per cent.

Of bacteriological diphtheria 34 cases were treated. All were discharged recovered.

Return cases. During the year 10 return cases were reported as having occurred in connection with patients discharged direct from this hospital. Of these 7 were cases of scarlet fever and 3 of diphtheria.

The infectivity rate was in respect of scarlet fever 2·8 and of diphtheria 0·92 per cent.

Of the infecting scarlet fever cases, 6 were under 5 years of age and 1 was 10 years; of the diphtheria cases 1 was under 5 and 2 were between 5 and 10 years.

The interval which elapsed between the discharge of the infecting scarlet fever cases and the occurrence of the return case was in 2 instances less than a week, and in 5 instances from 8 to 14 days. In the diphtheria cases the interval was in 1 case less than a week, and in 2 cases 8 and 14 days respectively.

Enteric fever. Of enteric fever, 38 cases were treated, 34 were discharged and 4 died. The mortality was 12·12 per cent.

Measles. Of measles, 853 cases were treated, 370 were discharged, 295 or 34 per cent. were transferred and 66 died. The mortality was 8·33 per cent.

Whooping cough. Of whooping cough, 308 cases were treated, 144 or 46 per cent. were transferred, 121 were discharged and 15 died. The mortality was 5·42 per cent.

Puerperal fever. One patient was admitted suffering from puerperal fever, who died.

Other diseases. Of other diseases, 224 cases were treated. The percentage of cases found not to be suffering from the disease certified was, in respect of scarlet fever, 2·7; of diphtheria, 12·4; of measles, 2·3; of whooping cough, 8·1; of enteric fever, 42·8.

Staff illness. During the year 13 members of the staff contracted scarlet fever, 8 diphtheria and 1 measles, while 149 were warded with non-infectious ailments. All recovered.

(Signed) R. M. BRUCE,

Medical Superintendent.

No. 5.

SOUTH-WESTERN HOSPITAL,

Statistics. The number of patients treated during the past year was 2,255, including 247 who were under treatment on 1 January. Of these 1,165 were discharged recovered, 663 were transferred, 144 died, and 283 remained in hospital on 31 December.

The scarlet fever mortality was 1·83 per cent.

The diphtheria mortality was 9·45 per cent.

The enteric fever mortality was 18·60 per cent.

The measles mortality was 12·95 per cent.

The whooping cough mortality was 6·67 per cent.

The puerperal fever mortality was 22·22 per cent.

One case of typhus fever was received and proved fatal.

Of the patients received during the year the proportion who were found on admission to have been wrongly certified was 7·4 per cent., the figures being—for scarlet fever 6·4 per cent.; for diphtheria 14·1 per cent.; for enteric fever 33·8 per cent.; for whooping cough 9·6 per cent.; and for measles 7 per cent. One case was admitted certified as cerebro-spinal fever, and one as infective polio-myelitis; the diagnosis in both instances proved to be erroneous.

Of patients under treatment in the wards the proportion who developed a second infectious disease was 4·8 per cent. In many of these cases the inter current disease had been contracted before admission. In 34 instances the second disease was scarlet fever; in 18, diphtheria; in 10, measles; in 23, chickenpox; and in 10, whooping cough.

In September cases of puerperal fever were for the first time received into hospital. The mortality of this very serious disease, as is always the case, was high, viz., 25 per cent. The want of a suitable operating room for dealing with this class of case, as also for those occasional cases of enteric fever which call for surgical interference, is very inconvenient.

Return cases. The number of return cases of which information has come to hand, was 6 of scarlet fever and 1 of diphtheria, representing an infectivity rate on the discharges of 2·8 and 0·39 per cent. respectively.

The ages of the infecting scarlet fever cases were, 2, 3, 3, 4, 4 and 17, and the number of days elapsing between the return home of the infecting case and the day on which the return case was taken ill was, 3, 6, 14, 1, 9 and 35 days respectively.

The age of the diphtheria return case was 7 years, and the interval before the child was taken ill was 7 days.

Works. The only works of any importance carried out during the year have been the reflooring with oak of the 4 wards and day room of Block A. With the exception of the two small wards utilised for sick staff, the old deal flooring in the wards throughout the hospital has now been replaced with hard wood, either teak or oak, which is a great improvement.

Staff illness. The amount of illness among the staff has been much the same as usual, though fewer suffered from diseases of an infectious character.

Three members of the staff contracted scarlet fever, viz., 1 assistant medical officer, 1 staff nurse, and 1 assistant nurse, and 2 of the nurses caught diphtheria.

135 members of the staff were warded for varying periods for other forms of illness.

(Signed) F. FOORD CAIGER,
Medical Superintendent.

No. 6.

GROVE HOSPITAL,

Statistics. The number of patients under treatment during the past year has been 3,196. Of these 1,381 were discharged, 1,310 were transferred to the convalescent hospitals, and 108 died; leaving in hospital at the end of the year a total of 397. The direct admissions comprised 1,350 cases of scarlet fever, 509 of diphtheria, 53 of bacteriological diphtheria, 334 of measles, 342 of whooping cough, and 204 suffering from other diseases.

Scarlet fever. As regards scarlet fever, 1,350 cases were admitted and 16 deaths occurred, giving a case mortality of 1·18 per cent. Amongst these were 6 patients who were certified to be suffering from diphtheria, and 1 patient certified measles at the time of admission. The proportion of scarlet fever patients transferred to the convalescent hospitals was 61·0 per cent. as compared with 60·7 per cent. in 1911.

Diphtheria. 509 diphtheria patients were admitted and 31 deaths occurred, giving a case mortality of 5·86 per cent. Two patients were found to have diphtheria at the time of admission who were certified to be suffering from scarlet fever. Antitoxin was given in 96·5 per cent. of the cases.

Measles. 339 measles patients were admitted (including 4 convalescent patients from the South Eastern Hospital), and 30 deaths occurred, giving a case mortality of 9·69 per cent. Amongst these were 10 patients certified to be suffering from scarlet fever, 4 who were certified to be suffering from diphtheria, 2 certified as membranous croup, and 1 certified whooping cough. The case mortality is much lower than in the preceding year, when it amounted to 13·33 per cent. Nearly half the patients admitted were under 3 years, and 4/5ths of the deaths occurred under that age.

Whooping cough. 368 patients suffering from whooping cough were admitted (including 26 patients transferred from the South Eastern Hospital), and 27 deaths occurred, giving a case mortality of 7·41 per cent. Amongst these is included 1 patient certified as diphtheria. The whooping cough mortality is about half what it was in the preceding year. A much smaller number of marasmic infants were admitted.

Other diseases. Among the 2,792 cases admitted were 204 patients who were diagnosed to be suffering from diseases other than those for which accommodation has been provided. The percentage of cases in which a different diagnosis was made subsequent to admission amounted to 7·7 in the case of scarlet fever patients, 15·1 for diphtheria patients, 2·5 for measles patients and 3·0 for whooping cough patients. Five of the scarlet fever patients suffered from diphtheria during convalescence, or a percentage incidence of 0·36 on the completed cases. The corresponding incidence in 1911 was 0·4. 15 of the completed cases of diphtheria contracted scarlet fever while in hospital, or a percentage incidence of 2·73. This is approximately the same as in the previous year, when it amounted to 2·5 per cent.

Return cases. 17 return cases were reported during the year in connection with patients discharged from the hospital direct. 15 of these were cases of scarlet fever arising subsequent to the discharge of 10 scarlet fever patients, and 2 were cases of diphtheria arising subsequent to the discharge of 2 diphtheria patients. The infectivity rate for scarlet fever was 2·5 as compared with 4·2 in 1911 and 2·7 in 1910.

The following particulars refer to the 15 return cases which originated in connection with the discharge of 10 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 6 instances, from 8 to 14 days in 2, from 15 to 21 in 1, from 22 to 28 in 0, and over 28 in 6 (viz., 30, 36, 42, 42, 43 and 54 days). Of the 10 cases 7 suffered from nasal discharge while in hospital, and 1 from a vaginal discharge. In 2 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 3 between April and September. As regards the ages of the infecting cases, 5 were under 5, and 5 from 5 to 10.

The average residence of the infecting cases was 59 days as compared with an average residence of 60·9 days for all scarlet fever patients discharged direct to their homes.

Staff illness. (*a*) Infectious diseases : 5 officers contracted scarlet fever, 3 contracted diphtheria. All recovered.

(*b*) Other diseases : 134 officers were off duty with various ailments. The stores porter died during the year from chronic nephritis.

Works. No important works were undertaken.

(Signed) J. E. BEGGS,

Medical Superintendent.

No. 7.

SOUTH-EASTERN HOSPITAL,

Statistics. During the year 1912 there were 3,866 cases under treatment, 585 more than in the preceding year, and 93 more than in 1907, which was our busiest year since the re-opening of the hospital in 1906.

The mortality rates for scarlet fever and diphtheria were both lower than in 1911, and both were the lowest on record here. The rate for enteric fever was high, those for measles and whooping cough were each lower than for the previous year, but were much greater than the mortality rate from scarlet fever.

MORTALITY RATES.

	1912.	1911.	1910.	1900–1909.
Scarlet fever	1·47	1·77	3·01	3·53
Diphtheria	6·10	7·04	8·22	11·94
Enteric fever	16·78	9·82	13·64	12·85
Measles	9·19	12·64	12·5	...
Whooping cough	8·00	11·45	...	...

Of the total deaths 66 were from measles, 45 from diphtheria, 24 from whooping cough, 20 from scarlet fever, 12 from enteric fever, and 3 from puerperal fever.

The proportion of cases transferred to the total completed cases including deaths was for scarlet fever 58 per cent., diphtheria 13, measles 15, and whooping cough 48.

The average number of days stay in hospital for each disease is given below.

	Recoveries. 1912.	Recoveries. 1911.	Deaths. 1912.	Deaths. 1911.
Scarlet fever	51·2	47·7	12·7	5·5
Diphtheria	54·8	50·0	16·4	8·3
Enteric fever	59·7	56·7	9·2	14·1
Measles	35·9	38·0	14·7	14·8
Whooping cough	68·1	56·8	17·1	28·4

In each disease except measles there has been an increase in the average stay, in whooping cough this amounted to 12 days. A large part of this has been due to secondary infections either present on admission or caught here. 25 cases were admitted with measles and whooping cough combined. On the other hand a large number of scarlet fever and measles cases subsequently contracted nasal diphtheria.

A large number of patients were received from the Park Hospital, Shirley Schools and other institutions. The former included a large number of undersized and weakly children who both added to the death rate and to the period of detention in hospital.

Return cases. There were outbreaks in homes to which patients had recently been discharged in 32 instances. In two of these I believe the second case had not the disease which was certified, in 24 a scarlet fever discharge was followed by one or more scarlet fever cases, and in 5 a diphtheria discharge by a diphtheria return case. In the remaining instance a measles child went home and 3 cases of scarlet fever were admitted from the same house. I believe this was coincidence.

The return case rate for scarlet fever was 4·5 and for diphtheria 0·8 per cent. The former is larger than the corresponding figure for 1911 (2·8 per cent.)

It will be noted that no return cases are known with measles in spite of the much shorter detention in this disease. The infection of measles does not persist for any long period in the individual attacked, as does the infection of scarlet fever, diphtheria and enteric fever.

Staff illness. 11 members of the staff contracted scarlet fever and 4 diphtheria. All recovered. I was myself off duty for two months and a half owing to an attack of blood poisoning contracted from a case of puerperal fever. During my illness, which occurred in the busiest season, the hospital was in charge of Dr. Cameron.

The engineer, whose accident was mentioned in my last annual report, has unfortunately become a permanent invalid and received a pension.

(Signed) F. M. TURNER,

Medical Superintendent.

No. 8.

BROOK HOSPITAL.

Statistics. 3,369 patients were treated in this hospital during 1912—391 more than during the preceding year. There was marked increase in the admissions of each class of disease except measles, of which disease 152 fewer patients were admitted than in 1911.

Of the total number of patients under treatment 1,242 were discharged recovered, 1,556 were transferred to the convalescent hospitals of the Board and 113 died. At the end of the year 458 patients remained under treatment.

Scarlet fever. 1,703 cases were treated. The mortality amongst these patients was, fortunately, again very low, 1·54 per cent.

Diphtheria. 1,044 cases were treated, with the low mortality of 6·37 per cent. Amongst the 57 patients who died were 19 cases of hæmorrhagic diphtheria, and 9 cases died within 24 hours of admission to the hospital.

38 cases were operated upon for laryngeal diphtheria, amongst whom intubation was performed in 23 cases, with a mortality of 8·69 per cent., and tracheotomy in 11 cases, with a mortality of 45·45 per cent. In 4 cases tracheotomy was resorted to after unsuccessful intubation and of these 2 died.

Enteric fever. 1 case only was treated during 1912, and this remained in the hospital at the end of the year.

Measles. 260 cases were treated, amongst whom the mortality was 8·55 per cent. This death rate, though distinctly lower than in 1911, is still high as compared with that of other infectious diseases.

Whooping cough. 190 cases were treated with a mortality of 3·94 per cent.

Other diseases. 1 case of cerebro-spinal fever was admitted and died within 48 hours.

In the case of 136 patients admitted, the diagnosis of disease as certified was not afterwards confirmed. This represents about 4·5 per cent. of the total admissions, a smaller proportion than in 1911, and only about half the percentage error of diagnosis in 1910.

Return cases. There were 40 return cases reported during the year 1912. Of these 24 were scarlet fever, 2 diphtheria and 2 other diseases alleged to have followed the discharge of scarlet fever cases ; 3 diphtheria, 4 scarlet fever and 1 other disease alleged to have followed the discharge of diphtheria cases ; and 2 scarlet fever and 2 other diseases alleged to have followed the discharge of cases of other diseases.

The 28 scarlet fever cases followed the discharge cases at the following intervals :—

Up to 7 days in 11 cases, 8 to 14 days in 5, 15 to 21 days in 7, 22 to 29 days in 4, and 40 days in 1 ; and in the 8 diphtheria cases up to 7 days in 4 cases, 8 to 14 days in 2, 35 days in 1 and 79 days in 1.

The ages of the infecting cases were as under :—

Scarlet fever, under 1 year, 1 case ; age 1 year, 1 ; 3 years, 3 ; 5 years, 5 ; 6 years, 2 ; 7 years, 1 ; 8 years, 2 ; 11 years, 4 ; 18 years, 1 ; and 30 years, 1.

Diphtheria, under 1 year, 1 case ; aged 6 years, 4 ; 8 years, 1 ; and 11 years, 2.

Other diseases, aged 2 years, 1 case ; 7 years, 1 ; 14 years, 1 ; and 35 years, 1.

The infectivity rate for scarlet fever was 2·37, diphtheria ·58 and other diseases 1·48 per cent.

Staff illness. 118 sick members of the staff were warded during the year, and of these 11 had contracted infectious diseases in the hospital. There were 5 cases of scarlet fever, 5 cases of diphtheria and 1 case of measles. All recovered.

(Signed) J. B. BYLES,
Medical Superintendent.

No. 9.

NORTHERN HOSPITAL,

Statistics. The number of patients treated was 4,625 as compared with 4,624 in the preceding year. 3,866 patients were discharged recovered, 265 were transferred to other hospitals under the Board and 2 died.

The admissions comprised 2,809 cases of scarlet fever, 696 of diphtheria, 542 of measles and 97 of whooping cough. The average length of stay in hospital was 28·1 days for cases of scarlet fever, 23 days for diphtheria, 22·7 days for measles, and 40·5 days for whooping cough.

58 cases of scarlet fever were reported as arising in houses within three months of the return home of 55 discharged patients, which gives an infecting rate of 2·12 per cent.

Return cases. 55 return cases of scarlet fever were reported during the year, viz., 13 in the 1st week, 23 in the 2nd, 12 in the 3rd, 5 in the 4th, 1 in the 6th, and 1 in the 7th week.

The rate calculated on the discharges was 2·2 per cent.

4 cases only of diphtheria were reported, viz., 1 in the 1st, 2 in the 2nd, and 1 in the 4th week after discharge. The rate was ·49 per cent.

Temporary closing of hospital. In consequence of the national coal strike, admission of patients was stopped on 6 March, on which date 354 patients were under treatment. Arrangements were made for transferring to other hospitals of the Board all those patients who were not fit to be discharged. 263 patients were thus transferred and 91 were discharged. With regard to the staff, with the exception of a small nucleus retained at this hospital and some who preferred to leave, all were distributed amongst the various institutions of the Board.

The hospital was closed from 11 March to 8 June on which date patients were again admitted.

Staff illness. One assistant nurse, 1 wardmaid and 1 porter contracted scarlet fever; 46 other members of the staff were warded with various ailments, and I regret to say 1 sister died suddenly from an attack of cerebral hæmorrhage.

Works. The only works of importance executed during the year have been

(1) the underpinning of portions of pavilions 9 and 14;
(2) the extension of the west wing of the medical superintendent's house, the walls of which had undergone settlement and serious fracture.

(Signed) C. E. MATTHEWS,

Medical Superintendent.

No. 10.

SOUTHERN HOSPITAL.

Statistics. The number of patients treated during the year was 6,269. Of these 5,796 were discharged, 4 were transferred to other hospitals of the Board, 11 died, and 458 remained in hospital at the end of the year.

Of the admissions 3,760 were cases of scarlet fever, 1,105 diphtheria, 402 measles, 573 whooping cough, 15 bacteriological diphtheria, and 7 of other diseases.

The average duration of stay in hospital of patients admitted direct from the acute hospitals was 30·6 days in the case of scarlet fever, 29·0 for diphtheria, 30·2 for measles, and 46·7 for whooping cough.

The maximum number of patients under treatment was 700 on the 29 May, and the minimum number 265 on the 19 February.

In March last it was decided to close the Northern Hospital and all the patients fit to undertake the journey to the number of 248, were transferred here between the 6th and 10th of that month.

Return cases. There were 114 return cases reported during the year. Of these 104 were scarlet fever cases, arising subsequent to the discharge of 87 scarlet fever patients, 8 were diphtheria cases, after the discharge of 7 diphtheria patients, and the other 2 were cases of diphtheria following the discharge of 2 scarlet fever patients.

Of the 104 scarlet fever cases, the interval which elapsed between the discharge of the supposed infecting case and the occurrence of the return case was, up to 7 days, in 39 cases, 8 to 14 days in 23, 15 to 21 days in 21, 22 to 28 days in 7, and over 28 days in 14. Of the 87 supposed infecting cases, 35 had nasal discharge at some time while in hospital, 3 had nasal and ear discharge, and 4 had ear discharge only. Only 2 of these cases had any nasal discharge when they left the hospital, in all the others the discharge had ceased.

With regard to the ages of the infecting cases, 16 were under 5, 51 from 5 to 10, 16 from 10 to 15, and 4 were over 15 years.

The average time in hospital of the infecting cases was 65·05 days, as compared with 62·74 days, for all scarlet fever patients discharged.

The percentage incidence of alleged infecting cases of scarlet fever was 2·7.

Of the 8 diphtheria return cases, the interval between the discharge of the supposed infecting case and the occurrence of the return case was, up to 7 days in 3 instances, 8 to 14 days in 3, and 22 to 28 in 2.

The interval in the 2 cross infection cases was 20 and 42 days.

Works. A much needed improvement was carried out during the year in the fitting up of incandescent gas burners throughout the hospital. As the result of this the hospital is very much better illuminated and there is a saving in the quantity of gas consumed.

Staff illness. 7 officers contracted scarlet fever, 2 diphtheria, and 1 German measles. 158 staff were off duty for various non-infectious ailments. All recovered.

(Signed) J. HOWELL GRIFFITHS,

Medical Superintendent.

E.—FEVER STATISTICS—

EASTERN HOSPITAL.

DISEASES.	Remaining on Dec. 31st, 1911.	Admitted during 1912. Direct from homes.	Admitted during 1912. From other hospitals of Board.	Total under treatment during 1912.	Discharged during 1912. Recovered.	Discharged during 1912. To other hospitals of Board.	Died during 1912.	Mortality per cent.	Remaining on Dec. 31st, 1912.
Scarlet	96	892	..	988	271	589	12	1·36	116
Diphtheria	81	376	..	457	254	118	29	7·46	56
Diph. bacteriological	12	69	..	81	53	16	2	2·86	10
Enteric	6	10	..	16	13	..	3	23·07	..
Puerperal	..	2	..	2	..	..	1	66·66	1
Measles	7	688	1	696	370	131	79	12·45	116
Whooping cough	2	198	..	200	96	72	21	10·85	11
Cerebro-spinal fever	..	1	..	1	..	..	1	100·00	..
Poliomyelitis	..	3	..	3	3	..	..	..	..
	204	2,239	1	2,444	1,060	926	148	6·76	310
Other diseases	21	344	..	365	315	..	23	6·74	27
Totals	225	2,583	1	2,809	1,375	926	171	..	337

NORTH EASTERN HOSPITAL.

Scarlet	241	1,392	7	1,640	687	702	21	1·49	230
Diphtheria	145	531	3	679	469	88	37	6·56	85
Diph. bacteriological	3	75	..	78	70	..	..	..	8
Enteric	9	19	..	28	25	..	3	12·77	..
Puerperal	..	5	..	5	1	..	2	50·00	2
Measles	2	427	3	432	264	31	42	10·95	95
Whooping cough	105	293	13	411	241	73	34	10·39	63
	505	2,742	26	3,273	1,757	894	139	5·01	483
Other diseases	21	274	..	295	253	..	19	6·96	23
Totals	526	3,016	26	3,568	2,010	894	158	..	506

NORTH WESTERN HOSPITAL.

Scarlet	177	1,079	..	1,256	273	863	18	1·60	102
Diphtheria	109	727	..	836	253	452	50	6·75	81
Diph. bacteriological	8	103	..	111	90	17	..	..	4
Enteric	7	30	..	37	22	..	8	26·67	7
Measles	32	622	..	654	278	203	58	9·99	115
Whooping cough	..	90	..	90	45	14	12	14·97	19
Typhus	..	1	..	1	..	..	1	100·00	..
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	1	..	1	1	..	..	..	..
	333	2,653	..	2,986	962	1,549	147	5·54	328
Other diseases	6	304	..	310	272	2	15	5·06	21
Totals	339	2,957	..	3,296	1,234	1,551	162	..	349

WESTERN HOSPITAL.

Scarlet	120	1,374	..	1,494	335	977	19	1·40	163
Diphtheria	128	690	1	819	323	405	42	5·75	49
Diph. bacteriological	3	31	..	34	34	..	..	..	..
Enteric	10	28	..	38	34	..	4	12·12	..
Puerperal	..	1	..	1	..	..	1	100·00	..
Measles	1	852	..	853	370	295	66	8·33	122
Whooping cough	35	272	1	308	121	144	15	5·42	28
Cerebro-spinal fever	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	1	..	1	..	..	1	100.00	..
	297	3,249	2	3,548	1,217	1,821	148	4·60	362
Other diseases	15	209	..	224	183	..	21	10·14	20
Totals	312	3,458	2	3,772	1,400	1,821	169	..	382

SOUTH WESTERN HOSPITAL.

Scarlet	133	885	..	1,018	318	534	16	1·83	150
Diphtheria	70	422	..	492	326	38	39	9·45	89
Diph. bacteriological	..	4	..	4	3	..	1	25·00	..
Enteric	7	65	..	72	52	..	12	18·60	8
Puerperal	..	10	..	10	6	..	2	22·22	2
Typhus	..	1	..	1	..	..	1	100·00	..
Measles	29	400	..	429	283	68	52	12·95	26
Whooping cough	4	58	..	62	37	21	4	6·67	..
	243	1,845	..	2,088	1,025	661	127	6·94	275
Other diseases	4	163	..	167	140	2	17	10·56	8
Totals	247	2,008	..	2,255	1,165	663	144	..	283

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 1911, p. 173, owing to the subsequent correction of errors of diagnosis.

TABLE I.—*Admissions, discharges, and deaths during* 1912.

DISEASES.	Remaining on Dec. 31st, 1911.	Admitted during 1912. Direct from homes.	Admitted during 1912. From other hospitals of Board.	Total under treatment during 1912.	Discharged during 1912. Recovered.	Discharged during 1912. To other hospitals of Board.	Died during 1912.	Mortality per cent.	Remaining on Dec. 31st, 1912.
GROVE HOSPITAL.									
Scarlet	*195	1,350	..	1,545	397	942	16	1·18	190
Diphtheria	*105	509	..	614	376	142	31	5·86	65
Diph. bacteriological	2	53	..	55	54	..	..	..	1
Measles	1	334	4	339	147	104	30	9·69	58
Whooping cough	56	342	26	424	213	121	27	7·41	63
	*359	2,588	30	2,977	1,187	1,309	104	3·99	377
Other diseases	*15	204	..	219	194	1	4	1·98	20
Totals	374	2,792	30	3,196	1,381	1,310	108	..	397
SOUTH EASTERN HOSPITAL.									
Scarlet	148	1,391	..	1,539	538	773	20	1·47	208
Diphtheria	*164	702	1	867	625	102	45	6·10	95
Diph. bacteriological	..	21	..	21	15	1	1	5·26	4
Enteric	14	69	..	83	62	..	12	16·78	9
Puerperal	..	5	..	5	..	..	3	75·00	2
Measles	*32	732	12	776	523	103	66	9·19	84
Whooping cough	..	293	7	300	132	142	24	8·00	2
Poliomyelitis	..	1	..	1	1	..	..	..	..
	358	3,214	20	3,592	1,896	1,121	171	6·48	404
Other diseases	12	262	..	274	233	1	19	7·39	21
Totals	370	3,476	20	3,866	2,129	1,122	190	..	425
BROOK HOSPITAL.									
Scarlet	183	1,520	..	1,703	393	1,056	23	1·54	231
Diphtheria	156	887	1	1,044	453	391	57	6·37	143
Diph. bacteriological	2	19	..	21	18	2	..	..	1
Enteric	..	1	..	1	..	..	..	..	1
Measles	1	259	..	260	162	27	20	8·55	51
Whooping cough	1	185	4	190	81	78	7	3·94	24
Cerebro-spinal fever	..	1	..	1	..	..	1	100·00	..
	343	2,872	5	3,220	1,107	1,554	108	3·83	451
Other diseases	10	139	..	149	135	2	5	3·56	7
Totals	353	3,011	5	3,369	1,242	1,556	113	..	458
NORTHERN HOSPITAL (Convalescent.)									
Scarlet	297	..	2,809	3,106	2,567	140	1	0·04	398
Diphtheria	131	..	696	827	718	69	..	..	40
Diph. bacteriological	..	..	21	21	21	..	..	..	..
Measles	..	..	542	542	485	2	1	0·19	54
Whooping cough	31	..	97	128	74	54	..	..	..
	459	..	4,165	4,624	3,865	265	2	0·05	492
Other diseases	..	..	1	1	1	..	..	..	..
Totals	459	..	4,166	4,625	3,866	265	2	..	492
SOUTHERN HOSPITAL (Convalescent.)									
Scarlet	324	..	3,760	4,084	3,820	..	8	0·21	256
Diphtheria	82	..	1,105	1,187	1,108	2	1	0·09	76
Diph. bacteriological	..	..	15	15	15	..	..	..	..
Measles	..	..	402	402	315	..	..	..	87
Whooping cough	..	..	573	573	530	2	2	0·36	39
	406	..	5,855	6,261	5,788	4	11	0·19	458
Other diseases	1	..	7	8	8	..	..	..	..
Totals	407	..	5,862	6,269	5,796	4	11	..	458
SUMMARY.									
Scarlet	*1,914	9,883	(*6,576*)	11,797	9,599	(*6,576*)	154	1·57	2,044
Diphtheria	1,171	4,844	(*1,807*)	6,015	4,905	(*1,807*)	331	6·57	779
Diph. bacteriological	30	375	(*36*)	405	373	(*36*)	4	1·06	28
Enteric	53	222	..	275	208	..	42	17·79	25
Puerperal	..	23	..	23	7	..	9	46·15	7
Measles	*105	4,314	(*964*)	4,419	3,197	(*964*)	414	10·45	808
Whooping cough	234	1,731	(*721*)	1,965	1,570	(*721*)	146	8·47	249
Typhus	..	2	..	2	..	..	2	100·00	..
Cerebro-spinal fever	..	2	..	2	..	..	2	100·00	..
Poliomyelitis	..	6	..	6	5	..	1	16·67	..
Totals	*3,507	21,402	(*10,104*)	24,909	19,864	(*10,104*)	1,105	5·22	3,940
Other diseases	*105	1,899	(*8*)	2,004	1,734	(*8*)	123	6·55	147
Grand totals	3,612	23,301	(*10,112*)	26,913	21,598	(*10,112*)	1,228	..	4,087

TABLE II.—SEASONAL STATISTICS.—*Summary of monthly admissions, transfers, discharges and deaths, during* 1912.

ADMISSIONS.

MONTH.	Scarlet.		Diphtheria.		Diphtheria bacteriological.		Enteric.		Puerperal.	Measles.		Whooping cough.		Typhus.	Cerebro-spinal fever.	Poliomyelitis.	Other diseases.		Totals.	
	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.		Direct.	Transfers.	Direct.	Transfers.				Direct.	Transfers.	Direct.	Transfers.
January ..	689	*529*	492	*242*	41	*5*	24	..	..	90	*3*	178	*28*	..	..	..	127	*1*	1,641	*808*
February ..	624	*379*	448	*161*	30	*4*	34	..	..	191	*1*	216	*92*	..	..	..	182	*1*	1,725	*638*
March ..	577	*509*	418	*193*	41	*9*	19	..	..	158	*31*	221	*145*	..	1	..	143	..	1,578	*887*
April	515	*513*	356	*86*	25	*1*	9	..	..	233	*30*	217	*107*	..	..	1	127	2	1,483	*539*
May	667	*384*	370	*138*	42	*6*	17	..	1	315	*73*	198	*109*	1	..	..	176	2	1,787	*712*
June	735	*396*	351	*111*	29	..	16	..	..	512	*129*	129	*71*	..	1	1	149	*1*	1,923	*708*
July	830	*540*	397	*123*	21	*5*	16	..	..	532	*151*	122	*27*	..	..	..	147	.	2,065	*846*
August ..	801	*590*	361	*116*	23	*3*	14	..	5	332	*116*	92	*59*	..	..	2	123	*1*	1,753	*865*
September ..	1,140	*601*	464	*160*	41	..	28	..	1	247	*36*	94	*17*	..	..	..	162	..	2,177	*814*
October ..	1,306	*944*	377	*154*	22	..	19	..	1	493	*88*	86	*27*	1	..	2	175	..	2,482	*1,213*
November ..	1,104	*782*	407	*167*	25	*2*	10	..	7	653	*176*	79	*25*	..	..	..	192	..	2,477	*1,152*
December ..	895	*609*	403	*156*	35	*1*	16	..	8	558	*130*	99	*34*	..	..	..	196	..	2,210	*936*
Totals ..	9,883	*6,576*	4,844	*1,807*	375	*36*	222	..	23	4,314	*964*	1,731	*721*	2	2	6	1,899	8	23,301	*10,112*

DISCHARGES.

MONTH.	Scarlet.		Diphtheria.		Diphtheria bacteriological.		Enteric.		Puerperal.	Measles.		Whooping cough.		Typhus.	Cerebro-spinal fever.	Poliomyelitis.	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.				Recovered.	To other hospitals of the Board.	Recovered.	Transfers.
January ..	1,073	*529*	555	*242*	29	*5*	34	..	..	68	*3*	69	*28*	..	..	..	141	*1*	1,969	*808*
February ..	757	*379*	511	*161*	34	*4*	16	..	..	95	*1*	62	*92*	..	..	..	111	*1*	1,586	*638*
March ..	624	*509*	446	*193*	44	*9*	22	..	..	131	*31*	126	*145*	..	..	..	182	..	1,575	*887*
April	610	*313*	389	*86*	28	*1*	24	..	..	123	*30*	113	*107*	..	..	..	111	2	1,398	*539*
May	638	*384*	404	*138*	31	*6*	21	..	1	215	*73*	224	*109*	..	..	..	144	2	1,678	*712*
June	552	*396*	401	*111*	36	..	8	..	..	234	*129*	258	*71*	..	..	..	135	*1*	1,624	*708*
July	699	*540*	381	*123*	27	*5*	16	..	..	421	*151*	167	*27*	..	..	1	145	..	1,857	*846*
August ..	783	*590*	357	*116*	25	*3*	7	..	..	419	*116*	144	*39*	..	..	1	116	*1*	1,852	*865*
September ..	728	*601*	336	*160*	28	..	12	..	3	358	*36*	129	*17*	..	..	..	133	..	1,727	*814*
October ..	888	*944*	366	*154*	34	..	11	..	..	279	*88*	119	*27*	..	..	..	172	..	1,869	*1,213*
November ..	1,156	*782*	398	*167*	28	*2*	22	..	..	400	*176*	98	*25*	..	..	3	157	..	2,262	*1,152*
December ..	1,091	*609*	361	*156*	29	*1*	15	..	3	454	*130*	61	*34*	..	..	..	187	..	2,201	*936*
Totals ..	9,599	*6,576*	4,905	*1,807*	373	*36*	208	..	7	3,197	*964*	1570	*721*	..	..	5	1,734	8	21,598	*10,11*

DEATHS.

	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Poliomyelitis.	Other diseases.	Total.
January ..	6	41	..	4	..	10	8	..	..	..	13	82
February ..	6	24	..	5	..	5	13	..	..	..	12	65
March ..	10	32	1	3	..	23	13	..	1	..	10	93
April	12	17	1	2	..	24	20	..	..	1	12	89
May	13	30	1	3	1	23	25	..	..	..	11	107
June	13	23	..	3	..	44	13	1	..	..	8	105
July	17	29	1	5	..	37	9	..	1	..	8	107
August ..	14	24	..	3	..	52	9	..	..	..	11	113
September ..	13	33	..	3	..	24	9	..	..	..	8	90
October ..	18	28	..	4	2	48	8	1	..	..	10	119
November ..	20	23	..	1	2	51	10	..	..	..	14	121
December ..	12	27	..	6	4	73	9	..	..	..	6	137
Totals ..	154	331	4	42	9	414	146	2	2	1	123	1,228

MORTALITIES PER CENT.*

	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Poliomyelitis.	Other diseases.	Total.
January ..	0·68	7·54	..	12·90	..	11·90	6·27	..	..	..	9·25	4·4
February ..	0·87	4·88	..	18·18	..	3·44	8·03	..	..	..	7·87	3·85
March ..	1·65	7·14	2·33	13·64	..	14·74	7·22	..	..	..	5·97	5·73
April	2·11	4·46	3·70	11·43	..	12·63	11·43	..	..	..	9·60	6·06
May	1·97	7·46	2·70	14·63	6·67	8·32	11·19	..	..	..	6·65	6·06
June	2·00	5·94	..	22·22	..	11·14	6·50	..	..	..	5·48	5·73
July	2·20	7·19	4·08	27·03	..	7·47	6·04	..	..	..	5·33	5·3
August ..	1·75	6·47	..	25·00	..	12·95	7·35	..	..	..	8·80	6·10
September ..	1·38	7·92	..	13·95	..	7·63	7·76	..	..	..	5·28	4·5
October ..	1·63	7·26	..	23·53	133·33	11·71	7·51	..	..	..	5·60	5·3
November ..	1·75	5·56	..	6·06	44·44	9·24	10·70	..	..	..	7·71	5·06
December ..	1·20	6·83	..	32·43	53·33	13·46	10·65	..	..	..	3·08	6·02
Totals ..	1·57	6·57	1·06	17·80	46·15	10·45	8·47	†	†	†	6·55	5·32

* See footnote in Table I. †Cases being so few in number the percentages are not given.

For Table III. see p. 153.

FEVER STATISTICS.—TABLE IV.—*Scarlet fever admissions*

AGES.	EASTERN HOSPITAL.							NORTH-EASTERN HOSPITAL.							NORTH-WESTERN HOSPITAL.							WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	2	..	5	..	7	..	..	6	1	9	..	15	1	..	6	1	6	..	12	1	..	4	..	6	..	10	..	..
1 to 2 ..	30	1	28	1	58	2	..	39	2	39	3	78	5	..	10	1	14	1	24	2	..	13	1	23	1	36	2	..
2 to 3 ..	47	1	45	1	92	2	..	56	2	50	3	106	5	..	35	2	30	2	65	4	..	47	1	42	1	89	2	..
3 to 4 ..	67	..	70	..	137	..	..	68	1	65	..	133	1	..	47	1	51	1	98	2	..	55	2	60	..	115	2	..
4 to 5 ..	41	1	57	1	98	2	..	85	1	95	2	180	3	..	72	1	55	1	127	2	..	63	1	80	2	143	3	..
5 to 10 ..	151	3	186	3	337	6	..	261	3	270	1	531	4	..	221	3	260	3	481	6	..	255	2	317	6	572	8	..
10 to 15 ..	50	..	61	..	111	..	..	106	1	116	..	222	1	..	61	..	101	..	162	..	..	85	..	133	..	218	..	..
15 to 20 ..	19	..	7	..	26	..	..	28	1	34	..	62	1	..	26	..	25	..	51	..	..	37	..	42	..	79	..	..
20 to 25 ..	8	..	4	..	12	..	..	15	..	17	..	32	..	..	11	..	10	..	21	..	..	18	..	29	..	47	..	..
25 to 30 ..	4	..	5	..	9	..	..	3	..	14	..	17	..	..	7	..	12	..	19	..	..	11	..	17	2	28	2	..
30 to 35 ..	1	..	2	..	3	..	..	3	..	7	..	10	..	..	5	..	6	..	11	..	..	7	..	17	..	24	..	..
35 to 40 ..	1	..	1	..	2	..	..	1	..	4	..	5	..	..	1	..	4	1	5	1	..	1	..	5	..	6	..	..
40 to 45 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3	..	..	1	..	3	..	4	..	..
45 to 50 ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals..	421	6	471	6	892	12	..	672	12	720	9	1,392	21	..	503	9	576	9	1,079	18	..	598	7	776	12	1,374	19	..

AGES.	SOUTH-WESTERN HOSPITAL.							GROVE HOSPITAL.							SOUTH-EASTERN HOSPITAL.							BROOK HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	4	..	2	..	6	..	..	2	..	2	..	4	..	..	7	2	5	1	12	3	..	6	..	4	1	10	1	..
1 to 2 ..	14	1	13	1	27	2	..	20	1	21	..	41	1	..	24	..	27	3	51	3	..	15	2	19	..	34	2	..
2 to 3 ..	31	4	28	1	59	5	..	37	..	29	3	66	3	..	45	..	52	3	97	3	..	33	2	59	5	92	7	..
3 to 4 ..	42	3	24	1	66	4	..	63	..	45	..	108	..	..	76	..	79	4	155	4	..	56	1	59	2	115	3	..
4 to 5 ..	40	..	41	..	81	..	..	68	3	63	..	131	3	..	80	..	79	..	159	..	..	78	1	69	1	147	2	..
5 to 10 ..	190	2	186	1	376	3	..	290	5	348	3	638	8	..	262	..	343	3	605	3	..	326	3	355	2	681	5	..
10 to 15 ..	84	..	84	..	168	..	..	110	1	112	..	222	1	..	82	..	133	1	215	1	..	144	..	141	2	285	2	..
15 to 20 ..	22	1	19	1	41	2	..	43	..	33	..	76	..	..	22	3	28	..	50	3	..	39	..	31	..	70	..	..
20 to 25 ..	12	..	13	..	25	..	..	10	..	14	..	24	..	..	8	..	9	..	17	..	..	14	1	22	..	36	1	..
25 to 30 ..	4	..	13	..	17	..	..	7	..	14	..	21	..	..	4	..	6	..	10	..	..	11	..	14	..	25	..	..
30 to 35 ..	5	..	7	..	12	..	..	6	..	9	..	15	..	..	3	..	7	..	10	..	..	9	..	9	..	18	..	..
35 to 40 ..	2	..	1	..	3	..	..	2	..	1	..	3	..	..	2	..	4	..	6	..	..	3	..	2	..	5	..	..
40 to 45 ..	..	..	2	..	2	..	..	..	..	1	..	1	..	..	..	..	2	..	2	..	..	1	..	1	..	2	..	..
45 to 50 ..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals..	450	11	435	5	885	16	..	658	10	692	6	1,350	16	..	617	5	774	15	1,391	20	..	735	10	785	13	1,520	23	..

and deaths during 1912, divided according to age and sex.

AGES.	NORTHERN HOSPITAL.								SOUTHERN HOSPITAL.								SUMMARY.							
	Males.		Females.		Total.				Males.		Females.		Total.				Males.		Females.		Total.			
	Admitted.	Died.	Admitted.	Died.	Admitted.	Direct admissions.	Died.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Direct admissions.	Died.	Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Direct admissions.	Died.	Transferred cases.
Under 1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	37	4	39	2	76	6	..	..
1 to 2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	165	9	184	10	349	19	..	..
2 to 3	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	331	12	335	20	666	31	..	1
3 to 4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	474	8	453	8	927	16	..	..
4 to 5	..	1	..	..	..	..	..	1	..	1	..	1	..	..	..	2	527	10	539	8	1,066	15	..	3
5 to 10	..	..	..	..	..	..	..	..	..	2	..	3	..	..	..	5	1,956	23	2,265	25	4,221	43	..	5
10 to 15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	722	2	881	3	1,603	5	..	..
15 to 20	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	236	5	219	1	455	6	..	..
20 to 25	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	96	1	118	..	214	1	..	..
25 to 30	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	51	..	95	2	146	2	..	..
30 to 35	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	39	..	64	..	103	..	..	..
35 to 40	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	..	22	1	35	1	..	..
40 to 45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	11	..	14	..	..	..
45 to 50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	4	..	..	..
50 to 55	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..
55 to 60	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	3	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	..	1	..	..	..	..	..	1	..	3	..	5	..	..	..	8	4,654	74	5,229	80	9,883	145	..	9

FEVER STATISTICS.—TABLE V.—*Diphtheria (excluding bacteriological cases). Admissions and deaths during 1912, divided according to age and sex.*

AGES.	EASTERN HOSPITAL.							NORTH-EASTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	3	1	..	..	3	1	..	4	1	4	2	8	3	..
1 to 2 ..	31	8	26	1	57	9	..	32	4	17	1	49	5	..
2 to 3 ..	25	3	34	2	59	5	..	32	3	27	6	59	9	..
3 to 4 ..	24	2	36	1	60	3	..	36	3	25	1	61	4	..
4 to 5 ..	19	1	27	..	46	1	..	30	1	41	4	71	5	..
5 to 10 ..	51	5	62	4	113	9	..	93	4	111	3	204	7	..
10 to 15 ..	8	..	13	1	21	1	..	32	..	15	2	47	2	..
15 to 20 ..	3	..	3	..	6	..	..	4	..	5	..	9	..	..
20 to 25 ..	3	..	1	..	4	..	..	6	..	5	..	11	..	..
25 to 30 ..	2	..	2	..	4	..	..	1	..	4	1	5	1	..
30 to 35 ..	..	..	1	..	1	..	..	..	..	5	..	5	..	..
35 to 40 ..	..	..	..	..	..	..	..	..	..	2	1	2	1	..
40 to 45 ..	1	..	1	..	2	..	..	..	..	..	..	..	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	170	20	206	9	376	29	..	270	16	261	21	531	37	..

AGES.	NORTH-WESTERN HOSPITAL.							WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	6	..	2	2	8	2	..	4	1	2	3	6	4	..
1 to 2 ..	25	1	13	3	38	4	..	11	3	15	1	26	4	..
2 to 3 ..	28	2	18	2	46	4	..	23	3	28	9	51	12	..
3 to 4 ..	46	2	44	1	90	3	..	46	2	28	1	74	3	..
4 to 5 ..	51	4	42	9	93	13	..	45	1	50	5	95	6	..
5 to 10 ..	134	11	175	9	309	20	..	111	5	146	4	257	9	..
10 to 15 ..	43	2	42	2	85	4	..	30	1	55	2	85	3	..
15 to 20 ..	8	..	13	..	21	..	..	18	..	21	..	39	..	..
20 to 25 ..	5	..	10	..	15	..	..	6	..	16	..	22	..	..
25 to 30 ..	..	..	10	..	10	..	..	3	..	11	..	14	..	..
30 to 35 ..	1	..	4	..	5	..	..	7	1	4	..	11	1	..
35 to 40 ..	1	..	6	..	7	..	..	1	..	1	..	2	..	..
40 to 45 ..	..	..	..	..	..	..	..	1	..	3	..	4	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	2	..	2	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
55 to 60 ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..
And upwards ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	348	22	379	28	727	50	..	307	17	383	25	690	42	..

AGES.	SOUTH-WESTERN HOSPITAL.						
	Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	6	3	..	..	6	3	..
1 to 2 ..	14	1	16	4	30	5	..
2 to 3 ..	19	5	13	1	32	6	..
3 to 4 ..	20	2	27	4	47	6	..
4 to 5 ..	24	2	31	1	55	3	..
5 to 10 ..	64	6	105	8	169	14	..
10 to 15 ..	23	1	28	..	51	1	..
15 to 20 ..	7	1	6	..	13	1	..
20 to 25 ..	5	..	5	..	10	..	..
25 to 30 ..	..	..	5	..	5	..	..
30 to 35 ..	..	..	3	..	3	..	..
35 to 40 ..	..	..	1	..	1	..	..
40 to 45 ..	..	..	..	..	..	..	..
45 to 50 ..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..
And upwards ..	..	..	..	..	..	..	..
Totals ..	182	21	240	18	422	39	..

AGES.	GROVE HOSPITAL.							SOUTH-EASTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	2	1	5	2	7	3	..	10	3	3	2	13	5	..
1 to 2 ..	6	2	8	2	14	4	..	31	5	30	4	61	9	..
2 to 3 ..	16	..	18	..	34	..	..	37	3	34	1	71	4	..
3 to 4 ..	25	5	28	1	53	6	..	32	4	31	2	63	6	..
4 to 5 ..	23	1	30	2	53	3	..	47	6	36	4	83	10	..
5 to 10 ..	112	3	134	8	246	11	..	135	2	133	7	268	9	..
10 to 15 ..	23	3	37	1	60	4	..	40	1	46	1	86	2	..
15 to 20 ..	13	..	7	..	20	..	..	6	..	14	..	20	..	..
20 to 25 ..	2	..	3	..	5	..	..	2	..	9	..	11	..	..
25 to 30 ..	1	..	2	..	3	..	..	5	..	3	..	8	..	..
30 to 35 ..	4	..	6	..	10	..	..	..	..	8	..	8	..	..
35 to 40 ..	1	..	..	..	1	..	..	3	..	2	..	5	..	..
40 to 45 ..	..	..	..	..	..	..	..	1	..	4	..	5	..	..
45 to 50 ..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	2	..	2	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	228	15	281	16	509	31	..	349	24	353	21	702	45	..

AGES.	BROOK HOSPITAL							SOUTHERN HOSPITAL						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	3	1	3	1	6	2	..	..	..	..	..	..	..	..
1 to 2 ..	24	4	14	1	38	5	..	..	..	..	..	..	..	..
2 to 3 ..	21	2	32	1	53	3	..	..	..	..	..	..	..	..
3 to 4 ..	36	4	36	6	72	10	..	..	..	..	..	..	..	..
4 to 5 ..	42	3	49	3	91	6	..	..	1	..	..	..	..	1
5 to 10 ..	195	12	210	12	405	24	..	..	..	..	..	..	..	..
10 to 15 ..	72	1	80	6	152	7	..	..	..	..	..	..	..	..
15 to 20 ..	19	..	10	..	29	..	..	..	..	..	..	..	..	..
20 to 25 ..	8	..	10	..	18	..	..	..	..	..	..	..	..	..
25 to 30 ..	5	..	4	..	9	..	..	..	..	..	..	..	..	..
30 to 35 ..	..	..	7	..	7	..	..	..	..	..	..	..	..	..
35 to 40 ..	..	..	4	..	4	..	..	..	..	..	..	..	..	..
40 to 45 ..	3	..	..	..	3	..	..	..	..	..	..	..	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	428	27	459	30	887	57	..	..	1	..	..	..	..	1

AGES.	SUMMARY.						
	Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	38	11	19	12	57	23	..
1 to 2 ..	174	28	139	17	313	45	..
2 to 3 ..	201	21	204	22	405	43	..
3 to 4 ..	265	24	255	17	520	41	..
4 to 5 ..	281	20	306	28	587	47	1
5 to 10 ..	895	48	1,076	55	1,971	103	..
10 to 15 ..	271	9	316	15	587	24	..
15 to 20 ..	78	1	79	..	157	1	..
20 to 25 ..	37	..	59	..	96	..	..
25 to 30 ..	17	..	41	1	58	1	..
30 to 35 ..	12	1	38	..	50	1	..
35 to 40 ..	6	..	16	1	22	1	..
40 to 45 ..	6	..	8	..	14	..	..
45 to 50 ..	..	..	3	..	3	..	..
50 to 55 ..	..	..	3	..	3	..	..
55 to 60 ..	1	..	..	..	1	..	..
And upwards ..	..	..	..	..	..	..	..
Totals ..	2282	163	2,562	168	4,844	330	1

FEVER STATISTICS.—TABLE VI.—*Enteric fever admissions and deaths during 1912, divided according to age and sex.*

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.					
	Males.		Females.		Total.		Males.		Females.		Total.		Males.		Females.		Total.		Males.		Females.		Total.		Males.		Females.		Total.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.
Under 5	1				1														2				2		3		1		4	
5 to 10																			5		2		7		12		5		17	
10 to 15			1		1				1		1								6		1		7		11	1	8		19	1
15 to 20	1	1			1	1			1		1		3	1	1		4	1	6		1		7		4		6		10	
20 to 25			1		1				2		2		1		3		4		4		2		6		5		6		11	
25 to 30									2		2		1		2		3		3		1		4		4		4		8	
30 to 35													1		2		3		3		1		4		6		2		8	
35 to 40													1		1		2		1		1		2		4		1		5	
40 to 45	1				1														1		1		2		1		4		5	
45 to 50																									1		1		1	
50 to 55																														
55 to 60																														
And upwards																														
Totals	3	1	2		5	1	1		9		10		10	1	13		23	1	30		8		38		65	1	37		102	1

AGES.	BROOK HOSPITAL.						SOUTH-EASTERN HOSPITAL.						SUMMARY.					
	Males.		Females.		Total.		Males.		Females.		Total.		Males.		Females.		Total.	
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.
		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.		Direct admissions. Trans-ferred cases.
Under 5							1				1		8		4	1	12	1
5 to 10							5		1		6		13		15	1	28	1
10 to 15							8	1	2		10	1	9	1	18		27	1
15 to 20			1		1		6	2	10		16	2	14	1	14		28	1
20 to 25							8	2	3		11	2	12	1	17		29	1
25 to 30							5	1	5	1	10	2	12	1	19		31	1
30 to 35							2		1		3		7	1	9		16	1
35 to 40							3	1	1		4	1	8	1	12	1	20	2
40 to 45							1	1			1	1	3	1	4		7	1
45 to 50							1	1			1	1	3	1	4		7	1
50 to 55													4	1	1		5	1
55 to 60													2		1		3	
And upwards																		
Totals			1		1		38	5	31	1	69	12	114	20	108	22	222	42

FEVER STATISTICS.—TABLE VII.

Measles admissions and deaths during 1912, divided according to age and sex.

AGES.	EASTERN HOSPITAL.							NORTH-EASTERN HOSPITAL.							NORTH-WESTERN HOSPITAL.							WESTERN HOSPITAL.							SOUTH-WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	15	2	14	2	29	4	..	26	10	19	4	45	14	..	40	4	25	3	65	7	..	49	12	30	7	79	19	..	25	6	23	8	48	14	..
1 to 2 ..	132	27	118	26	250	53	..	49	9	69	11	118	20	..	68	17	74	11	142	28	..	92	11	86	13	178	24	..	49	12	42	10	91	22	..
2 to 3 ..	82	4	66	5	148	9	..	43	3	37	2	80	5	..	61	8	55	6	116	14	..	71	1	51	5	122	6	..	37	6	35	3	72	9	..
3 to 4 ..	64	2	49	7	113	9	..	34	1	32	1	66	2	..	50	4	52	3	102	7	..	71	4	54	4	125	8	..	27	3	32	1	59	4	..
4 to 5 ..	39	2	45	1	84	3	..	32	..	22	1	54	1	..	33	2	30	..	63	2	..	60	3	57	3	117	6	..	25	2	24	..	49	2	..
5 to 10 ..	37	1	24	..	61	1	..	29	..	28	..	57	..	..	57	..	56	..	113	..	..	96	2	84	..	180	2	..	40	1	29	..	69	1	..
10 to 15 ..	2	..	..	..	2	..	..	..	..	2	..	2	..	..	8	..	7	..	15	..	..	18	1	18	..	36	1	..	1	..	2	..	3	..	..
15 to 20 ..	..	..	1	..	1	..	..	..	..	2	..	2	..	..	..	..	2	..	2	..	..	..	..	6	..	6	..	..	..	..	1	..	1	..	..
20 to 25 ..	..	..	..	..	..	..	..	1	..	1	..	2	..	..	1	..	1	..	2	..	..	..	..	2	..	2	..	..	2	..	2	..	4	2	..
25 to 30 ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	2	..	2	..	..	..	..	2	..	2	..	..	..	..	2	..	2	..	..
30 to 35 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
35 to 40 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	..	..	..	..	1	..	1	..	..
40 to 45 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	371	38	317	41	688	79	..	215	23	212	19	427	42	..	318	35	304	23	622	58	..	457	34	395	32	852	66	..	206	30	194	22	400	52	..

AGES.	GROVE HOSPITAL.							SOUTH-EASTERN HOSPITAL.							BROOK HOSPITAL.							NORTHERN HOSPITAL.							SUMMARY.						
Under 1 ..	19	1	23	3	42	4	..	39	11	30	5	69	16	..	15	4	12	..	27	4	..	..	..	..	..	..	..	..	228	50	176	32	404	82	..
1 to 2 ..	27	6	36	5	63	11	..	68	13	79	15	147	28	..	25	6	28	4	53	10	..	..	..	..	..	..	..	..	510	101	532	95	1,042	196	..
2 to 3 ..	29	5	30	4	59	9	..	76	5	61	3	137	8	..	20	2	25	..	45	2	..	..	..	..	..	..	..	..	419	34	360	28	779	62	..
3 to 4 ..	25	..	29	2	54	2	..	65	5	62	4	127	9	..	23	..	28	2	51	2	..	..	..	..	..	..	..	..	359	19	338	24	697	43	..
4 to 5 ..	28	2	27	..	55	2	..	60	3	51	1	111	4	..	22	..	11	1	33	1	..	..	..	..	1	..	..	1	299	14	267	8	566	21	1
5 to 10 ..	29	1	29	1	58	2	..	60	1	70	..	130	1	..	21	..	25	1	46	1	..	..	..	..	..	..	..	..	369	6	345	2	714	8	..
10 to 15 ..	..	..	..	..	..	..	..	5	..	1	..	6	..	..	2	..	1	..	3	..	..	..	..	..	..	..	..	..	36	1	31	..	67	1	..
15 to 20 ..	..	..	..	..	..	..	..	2	..	2	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	14	..	16	..	..
20 to 25 ..	..	..	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	8	..	12	..	..
25 to 30 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	7	..	8	..	..
30 to 35 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..
35 to 40 ..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	5	..	..
40 to 45 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
45 to 50 ..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	157	15	177	15	334	30	..	375	38	357	28	732	66	..	128	12	131	8	259	20	..	..	..	..	1	..	..	1	2,227	225	2,087	189	4,314	413	1

FEVER STATISTICS.—TABLE VIII.—*Whooping cough admissions and deaths during 1912, divided according to age and sex.*

AGES.	EASTERN HOSPITAL.							NORTH-EASTERN HOSPITAL.							NORTH-WESTERN HOSPITAL.							WESTERN HOSPITAL.							SOUTH-WESTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	5	2	11	3	16	5	..	29	8	23	3	52	11	..	9	1	5	3	14	4	..	16	2	12	2	28	4	..	2	..	6	1	8	1	..
1 to 2 ..	28	5	35	6	63	11	..	39	4	40	7	79	11	..	8	2	21	4	29	6	..	20	3	27	4	47	7	..	10	..	8	1	18	1	..
2 to 3 ..	20	..	26	2	46	2	..	28	1	27	3	55	4	..	9	..	8	2	17	2	..	22	1	32	..	54	1	..	10	2	6	..	16	2	..
3 to 4 ..	13	..	15	1	28	1	..	19	3	24	4	43	7	..	3	..	6	..	9	..	..	2	1	29	1	51	2	..	1	..	3	..	4	..	..
4 to 5 ..	11	..	14	1	25	1	..	10	..	23	..	33	..	..	4	..	5	..	9	..	..	21	1	14	..	35	1	..	2	..	4	..	6	..	..
5 to 10 .	8	1	12	..	20	1	..	18	1	12	..	30	1	..	4	..	6	..	10	..	..	25	..	30	..	55	..	..	2	..	2	..	4	..	..
10 to 15 ..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1	..	..	..	1	..	..	1	..	1	..	2	..	..	1	..	1	..	2	..	..
15 to 20 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	85	8	113	13	198	21	..	144	17	149	17	293	34	..	38	3	52	9	90	12	..	127	8	145	7	272	15	..	28	2	30	2	58	4	..

AGES.	GROVE HOSPITAL.							SOUTH-EASTERN HOSPITAL.							BROOK HOSPITAL.							SOUTHERN HOSPITAL.							SUMMARY.						
	Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died. Direct admissions.	Died. Transferred cases.
Under 1 ..	21	4	20	3	41	7	..	16	2	14	3	30	5	..	13	..	10	3	23	3	..	..	..	..	..	..	..	..	111	19	101	21	212	40	..
1 to 2 ..	35	3	40	6	75	9	..	36	7	34	4	70	11	..	21	..	25	2	46	2	..	..	..	..	..	..	..	..	197	24	230	34	427	58	..
2 to 3 ..	33	5	30	6	63	11	..	24	2	42	2	66	4	..	14	..	13	1	27	1	..	..	1	..	..	..	..	1	160	12	184	16	344	27	1
3 to 4 ..	28	..	30	..	58	..	..	24	2	22	1	46	3	..	18	1	13	..	31	1	..	..	..	..	1	..	..	1	128	7	142	8	270	14	1
4 to 5 ..	19	..	28	..	47	..	..	12	..	21	..	33	..	..	8	..	14	..	22	..	..	..	..	..	..	..	..	..	87	1	123	1	210	2	..
5 to 10 ..	29	..	27	..	56	..	..	18	..	24	1	42	1	..	17	..	19	..	36	..	..	..	..	..	..	..	..	..	121	2	132	1	253	3	..
10 to 15 ..	2	..	..	..	2	..	..	5	..	1	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	..	3	..	14	..	..
15 to 20 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20 to 25 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25 to 30 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30 to 35 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35 to 40 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
40 to 45 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
45 to 50 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
50 to 55 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
55 to 60 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	167	12	175	15	342	27	..	135	13	158	11	293	24	..	91	1	94	6	185	7	..	..	1	..	1	..	..	2	815	65	916	81	1,731	144	2

FEVER STATISTICS.—TABLE IX.—*Cerebro-spinal meningitis admissions and deaths during* 1912, *divided according to age and sex.*

AGES.	EASTERN HOSPITAL.							BROOK HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	Admitted.	Died.	
						Direct admissions.	Transferred cases.						Direct admissions.	Transferred cases.
Under 5	..	..	1	1	1	1	..	..	..	..	..	..	..	..
5 to 10	..	..	..	..	..	..	..	1	1	..	..	1	1	..
Totals	..	..	1	1	1	1	..	1	1	..	..	1	1	..

TABLE X.—*Poliomyelitis admissions and deaths during* 1912, *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.						Direct admissions.	Transferred cases.
Under 5	..	..	2	..	1	..	3	..	..	..	..	..	..	..	..	..
10 to 15	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
Totals	..	..	2	..	1	..	3	..	..	..	..	1	..	1	..	..
	WESTERN HOSPITAL.							SOUTH-EASTERN HOSPITAL.						
Under 5	..	..	1	1	..	..	1	1	..	..	..	1	..	1	..	..
Totals	..	..	1	1	..	..	1	1	..	..	..	1	..	1	..	..
	SUMMARY.													
Under 5	..	..	3	1	2	..	5	1	..					
10 to 15	..	..	..	..	1	..	1	..	..					
Totals	..	..	3	1	3	..	6	1	..					

F.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE SMALLPOX HOSPITALS FOR THE YEAR 1912.

No. 11.

JOYCE GREEN HOSPITAL.

DARTFORD,
KENT,
18 *February*, 1913.

Statistics. Five patients with smallpox were admitted during the year 1912, and of these 1 died.

Non-smallpox cases. In addition there were received at South Wharf 5 patients certified for smallpox, but suffering in each instance from another disease. The disease in 1 case was syphilis and in the remainder varicella.

(Signed) T. F. RICKETTS,
Medical Superintendent.

APPENDIX II.—IMBECILITY.

A.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF THE IMBECILE ASYLUMS FOR THE YEAR 1912.

No. 1.

TOOTING BEC ASYLUM.

Statistics. The following is a brief summary of the statistics for the year 1912:—

	Males.	Females.	Total.
Remaining on the 1st January	445	568	1,013
Admitted during the year	298	335	633
Discharged to other asylums of the Board	112	141	253
Discharged to other asylums not under the Board	6	8	14
Discharged recovered	2	5	7
Discharged relieved	4	2	6
Discharged not improved	12	12	24
Died	157	177	334

Admissions. In the admissions for the year, the large majority of cases are those of senile decay, and there is still no improvement in the type of patient sent to this asylum.

Deaths. During the year the deaths have numbered 334. The percentage of those resident on the male side is 34·5, and on the female side 31·4. Post-mortem examinations have been made in 299 cases. The average age of those dying on the male side is 69, and on the female side 76.

Out of the total number of deaths, 142 patients have been resident less than twelve months—82 males and 60 females.

Amongst the main causes may be enumerated the following:—

Pneumonia	14
Cancer	3
Phthisis	3
General paralysis	19
Chronic heart disease	7
Senile decay	260

Our comparative freedom from phthisis is a remarkable feature amongst the causes of death.

Inquests. There were no inquests held during the year.

Restraint. No restraint has been employed during the year.

Seclusion. During the year 3 females have been secluded on 26 occasions for a total of 85½ hours.

RECEIVING HOME FOR CHILDREN.

Statistics.

	Males.	Females.	Total
Remaining on the 1st January ..	46	16	62
Admitted during the year ..	77	78	155
Disharged relieved	1	1	2
Discharged not improved ..	5	5	10
Transferred	74	68	142
Died	2	1	3

(Signed) E. H. BERESFORD,
Medical Superintendent.

No. 2.

LEAVESDEN ASYLUM.

I beg to submit to you the Annual Report for the year ended 31 Dec., 1912.

Statistics.

	M.	*F.*	*T.*
On January 1st, 1912, the Asylum contained ...	959	1116	2075
Admitted during the year	77	103	180
Died during the year	43	86	129
Discharged during the year	29	26	55
Remaining in the Asylum on December 31st, 1912	964	1107	2071
Vacancies in the Asylum on December 31st, 1912	16	77	93

Admissions. All the admissions were transfers from sister Metropolitan Asylums or from London County Council Asylums. Again it is necessary to point out the increasing accumulation of helpless patients. 16 able-bodied male working patients were admitted from Darenth Asylum, of whom 13 were at work at the end of the year, but, unfortunately, the admission of these few working patients has done next to nothing in meeting the difficulties produced by the accumulation of the helpless. Moreover, the association of well-behaved working patients with others of degraded habits has a most deteriorating effect upon the former, who also lack the stimulus of such an environment as Darenth Asylum. Circumstances seem strongly to point to the necessity of an early realisation that Leavesden Asylum has become an infirmary, and needs staffing on that basis. Another difficulty which has become more emphasised this year has to do with certain incurable lunatics, most of them delusional cases. These patients, generally, will do no work, are difficult to control, try the nurses' patience to the utmost, are irritated by the degraded patients among whom they live, and are often uncomfortable and unhappy in consequence, being, apart from their mental twists, frequently intelligent and of good habits. Clearly they ought not to be associated with such patients as there are at Leavesden. Many of these patients are so annoyed by fellow patients that they become rough towards them, and there has been no hesitation in returning those who became rough to the County Asylums, from which most of them have come.

Discharges. The discharges numbered 55. Of these, 19 were discharged to the Guardians, 10 were transferred to sister Metropolitan Asylums, and 26 were sent to London County Council Asylums as dangerous to themselves or others.

Deaths. The deaths numbered 129; 43 males and 86 females. There were 123 post-mortem examinations, this representing 95·3 per cent. of the deaths. Among the chief causes of death were tuberculosis (41, or a tubercular percentage death rate on the average number of patients resident of 1·98), senile decay (41), pneumonia (23), carcinoma (12), general paralysis of the insane (10), epilepsy (7), and valvular disease of the heart (7).

Accidents and inquests. There were 9 non-fatal accidents and 3 inquests. Full reports were laid before the Sub-Committee respecting each of these cases, and there is nothing worthy of comment here except to note that one of the inquests was upon the body of a patient who died on the last day of 1911.

General remarks. One patient had chicken-pox, and one nurse enteric fever. At the end of the year there were retained in the Isolation Hospital 1 female and 3 male typhoid "carriers." There have been 39 cases of diarrhœa among the patients and staff, of which 13 appeared to be mild cases of dysentery. In only 1 male general paralytic was dysentery a contributory cause of death. 73 members of the staff, on sick leave, were certified as suffering from influenza, but the patients were unaffected. On December 31st, 1912, there were 134 cases under segregation and treatment for ophthalmia of various kinds. On the female side the trachomas (38) are separated from the other ophthalmia cases (49). On the male side the trachomas (14) are housed away from the other cases (33) in the administrative portion of the Isolation Hospital, but this arrangement is only make-shift. Dr. Macnab's services as ophthalmic surgeon are of great use and much appreciated. 22 female and 1 male patient had erysipelas during the year, but in only 2 cases was it a cause of death, and most of the cases were very mild. There has been no necessity, during 1912, 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.

I have the honour to submit my annual report for the year ending December 31st, 1912, together with the usual statistical tables.

The changes in the asylum population are shown in the following summary :—

				M.	*F.*	*T.*
On the register 1st January, 1912 ...				947	1,104	2,051
Admissions—						
Indirect	13	16	29			
Transfers	105	68	173			
				118	84	202
Total under treatment				1,065	1,188	2,253
	M.	*F.*	*T.*			
Discharged or transferred	15	10	25			
Died ...	104	87	191			
				119	97	216
On the register Dec. 31st, 1912 ...				946	1,091	2,037

Admissions. While some of the patients transferred from the Darenth Industrial Colony were capable of being usefully employed, the majority of those admitted, either owing to age or infirmity, have been generally unsatisfactory, 44 exceeding 60 years, 13 women being between 70 and 80, and 6 more than 80 years of age.

Discharges. 25 patients (15 male and 10 female) were discharged during the year. Of these 3 male left the asylum as recovered, and 10 men and 2 women, having become dangerous to themselves or others, were re-certified and removed to County Asylums. In the case of an alien patient, the subject of congenital imbecility, the father, contrary to advice, on signing the usual undertaking, was permitted to take him home ; within a very short time, as he could not be managed, he had to be re-certified and was re-admitted.

Deaths. The deaths during the year numbered 191 (104 males and 87 females), the percentage calculated on the average number resident being 9·4. With regard to the causes of death, which were certified by post mortem examination in 131 instances, there is nothing calling for special comment.

Casualties. While, owing to the class of patients under treatment, minor injuries such as bruises are unavoidable, it is satisfactory to be able to report that during the year there were only 2 accidents involving fracture of bones, and both did well.

Restraint and seclusion. It has not been necessary to resort to either restraint or seclusion in the treatment of the patients during the past year.

Administrative history. The general health both of the staff and patients has on the whole been good.

Zymotic affections. There have been 3 cases of erysipelas. One male patient, the subject of scarlatina, was removed for treatment to the isolation hospital, and 6 patients (4 male and 2 female) and 1 male attendant were notified as suffering from enteric fever. In the case of the latter, most of which occurred at irregular intervals and were mild in character, clinical diagnosis was confirmed by means of bacteriological tests.

As the cause or method of transfer of infection could not be traced, and the presence of "carriers" is now generally recognised as an important factor, Widal examinations have been systematically made of a large number of patients, those of faulty habits being specially selected. The detection of such individuals is extremely difficult, and at present I would not be able to select with certainty any patients who could be described as "carriers." With no definite symptoms they may be a source of danger for periods varying from a few weeks to several years. Thorough isolation in an institution such as this is however, in my opinion practically impossible. In any case, in which the history or habits give rise to suspicion, special precautions are taken, such patients having their meals at separate tables, and not being permitted to distribute or handle the food of others.

Owing to an unsatisfactory report on the well water, instructions were received early in January to stop pumping, and for a supply to be obtained from the East Surrey Water Company. On the advice of Dr. A. C. Houston, Director of Water Examination for the Metropolitan Water Board, arrangements were made for the sterilisation of the water by means of "Chloros." On hearing from him on March 19th that "the sterilisation experiments had been absolutely successful" and that the water could "be used with perfect safety for drinking purposes," the outside supply was discontinued, and we have since been drawing from the well.

Farm. Owing to the exceptionally dry spring the prospect of a good return on the crops was hardly to be expected. The corn and roots did well and were gathered in good condition, but the crop of potatoes which was heavy would have been much more profitable had it not been for the unsatisfactory weather causing disease. The average yield of milk per cow has been considerably higher than in previous years, and but for the increased cost in feeding the profit on the cattle account would have been much better. In comparing the returns for the past four years, the last twelve months show, I think, a marked improvement, and in view of the energy and attention to work displayed by the present farm bailiff, I trust the results in the near future will be much more satisfactory.

The following structural alterations and additions might be mentioned :— In the general kitchen a two-decker steam-heated oven has been installed. It has proved most useful in connection with the revised dietary for patients. In the laundry several defective machines have been replaced, and the addition of a large "Unicourse" ironer has enabled articles, such as sheets, to be delivered in a much better condition. Mechanical appliances driven by steam power will shortly be provided for the general kitchen, and at the nurses' home alterations are under consideration with a view to enlarging the kitchen and affording much needed store room accommodation, and also providing a better supply of hot water.

(Signed) P. E. CAMPBELL,

Medical Superintendent.

No. 4.

DARENTH INDUSTRIAL COLONY.

Statistics. Imbecile Patients.

	Males.	Females.	Total.
On 1st January, 1912, the colony contained	1171	898	2069
Admitted during the year	90	76	166
Total number under treatment during the year ...	1261	974	2235
Discharged during the year	447	216	663
Died during the year	18	20	38
Remaining in the colony on 31st December, 1912 ...	796	738	1534

Admissions. Of the admissions, all were transferred from Tooting Bec Asylum with the exception of 8 males from Bridge Industrial Home.

Discharges. Two males and 7 females were discharged to their friends, 2 males and 1 female to the workhouse (1 male being discharged as recovered), 1 male and 6 females were sent to acute asylums, 28 males were transferred to Leavesden Asylum, 49 males and 17 females to Caterham Asylum, and 365 males and 185 females to the Fountain Temporary Asylum.

Deaths. During the year there were 38 deaths which is the lowest number ever recorded.

One inquest was held, viz., on Ernest Thomas Armstrong, who died on the 9th March, when the jury returned the following verdict :—" Ulceration of gullet and hæmorrhage, due to swallowing a piece of brass—by misadventure."

General health. The general health of the patients was good, except that in January and October there were five cases of Scarlet Fever (1 male and 4 females), and from June until December several patients were in isolation suffering from mumps.

Statistics. Feeble-minded Patients.

	Males.	Females.	Total.
Admitted during the year	170	159	329
Total number under treatment during the year ..	170	159	329
Discharged during the year	3	1	4
Died during the year	—	1	1
Remaining in the colony on 31st December, 1912 ..	167	157	324

Admissions. 90 females were received from the Fountain Temporary Asylum 98 males from Bridge Industrial Home, and 72 males and 69 females from the Small Homes and direct from the Guardians.

Discharges. 1 male was discharged to the care of his friends, 1 male and 1 female to the workhouse, and 1 male was sent to a position obtained for him by the Guardians.

Deaths. Only 1 death occurred, that of a girl, who died at the Dartford Cottage Hospital, after an operation for Appendicitis.

General health. The general health of the patients has been good.

Farm. On the year's working there was a favourable balance of £1,101 5s. 11d.

General remarks. The year 1912 will always be remembered for three things. Firstly because the Managers' scheme of 1904, which provided that all unimprovable patients should be removed from Darenth, was at last completed; secondly because the feeble-minded from the other Metropolitan Asylums Board's institutions were transferred to Darenth; and thirdly because the name of the institution was altered from Darenth Asylum to Darenth Industrial Colony.

Though the feeble-minded are now housed in the same institution as certified imbeciles, this does not by any means mean that these two classes have any contact at all with one another, or that they are allowed to mix in any way. The feeble-minded live in the part of the institution known as the pavilions, and a high iron fence has been put up round their homes so as to eliminate any chance of their accidentally mixing with the certified imbeciles. They attend services on Sunday and week-days by themselves, separate entertainments and playing fields are provided, and, when on country and shopping walks, they are again kept quite apart from the rest of the population. They work in workshops specially set apart for them, and there is a school department for the younger children some way from, and quite apart from the old school buildings.

From the above it is seen that the transfer of the feeble-minded to Darenth does not assist in any way in bringing about a better classification amongst those who, under the Metropolitan Asylums Board, are segregated from the outside world as being people, who, through some mental deficiency, great or small, are judged to be incapable of fending for themselves amongst normal beings. The somewhat curious result of this is, that, at the present time, at Darenth, there are certain male and female inmates who have been sent in certified as imbeciles, and who are therefore housed and classified with the other certified inmates, whose mental capabilities are far greater than those of some of the boys and girls who have been received as feeble-minded. This is a question upon which a good deal might be written, but one feels that on the whole a great advance has been made in the methods of dealing with the mentally deficient and it is hoped that this advance will continue in future years, and under new legislation.

In the workshops and needlerooms progress continues to be made, and below will be found tables showing the value of the goods made and disposed of in each of the last six years, the various occupations with the number of workers, and the profit and loss account for each shop :—

Value of goods made and disposed of, 6 years ending 1912 :—

		£	s.	d.
1907	..	4,138	4	7
1908	..	8,353	5	10
1909	..	11,032	2	6
1910	..	8,957	17	8
1911	..	11,887	1	8
1912	..	12,366	19	6

Industrial Colony.

The following shows how the patients are employed :—

Industry.	*Imbeciles.*		*Feeble-minded.*	
	Male.	*Female.*	*Male.*	*Female.*
Ward work	40	91	10	14
Kitchens	8	10	—	—
Tailors	43	—	20	—
Shoemakers	59	—	27	—
Upholsterers	39	—	—	—
Basketmaking	24	—	—	—
Mat and rug making	34	—	—	—
Brushmaking	53	39	—	—
Woodchopping	34	—	—	—
Painters	17	—	2	—
Carpenters	28	—	—	—
Tinsmiths	12	—	—	—
Bookbinders	32	—	—	—
Printers	21	—	—	—
Stokers	2	—	—	—
Stores	5	—	—	—
Farm and garden	—	—	36	—
Carts	20	—	—	—
Odd jobs	23	—	—	—
Bricklayers	—	—	8	—
Road makers	12	—	—	—
Handymen, etc.	10	—	—	—
Needlework	—	292	—	40
Laundry	—	—	—	43
Mattress makers	—	20	—	—
Bag and envelope makers	—	22	—	—
Learners at needlework	—	11	—	—
Knitting and fancy work	—	—	—	17
	516	485	103	114

Profit and loss account for year ended Michaelmas, 1912:—

Dr. NEEDLEROOM ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	2,735	1	11	Value of repairs and goods disposed of	5,180	7	5
,, ,, new stock	4,432	14	2	Value of stock in hand ..	2,710	5	6
Wages and rations	562	4	5				
Balance	160	12	5				
	£7,890	12	11		£7,890	12	11

Patient labour not charged.

Dr. TAILOR'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forword	126	14	1	Value of repairs and goods disposed of	760	11	5
,, ,, new stock	260	19	4	Value of stock in hand ..	171	0	2
Wages and rations	96	6	1				
Balance	447	12	1				
	£931	11	7		£931	11	7

Patient labour not charged.

Dr. SHOEMAKER'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	89	0	7	Value of repairs and goods disposed of	940	15	4
,, ,, new stock	506	19	8	Value of stock in hand ..	82	4	0
Wages and rations	175	17	9				
Balance	251	1	4				
	£1,022	19	4		£1,022	19	4

Patient labour not charged.

Dr. UPHOLSTERER'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	468	10	9	Value of repairs and goods disposed of	1,814	2	9
,, ,, new stock	1,319	13	3	Value of stock in hand ..	697	8	7
Wages and rations	319	2	0				
Balance	404	5	4				
	£2,511	11	4		£2,511	11	4

Patient labour not charged.

Dr. BRUSH ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	1,065	14	11	Value of repairs and goods disposed of	1,376	3	10
,, ,, new stock	1,320	1	3	Value of stock in hand ..	1,461	16	11
Wages and rations	100	11	5				
Balance	351	13	2				
	£2,838	0	9		£2,838	0	9

Patient labour not charged.

Dr. BASKET ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	220	3	8	Value of repairs and goods disposed of	281	1	5
,, ,, new stock	110	15	0	Value of stock in hand ..	144	11	4
Wages and rations	47	13	10				
Balance	47	0	3				
	£425	12	9		£425	12	9

Patient labour not charged.

Dr. WOODCHOPPING ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	277	16	4	Value of goods disposed of ..	470	6	8
,, ,, new stock	401	16	1	,, ,, stock in hand ..	346	1	5
Wages and rations	56	3	6				
Balance	80	12	2				
	£816	8	1		£816	8	1

Patient labour not charged.

Dr. MAT ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	196	19	4	Value of repairs and goods disposed of	216	2	2
,, ,, new stock	91	11	6	Value of stock in hand ..	216	5	2
Wages and rations	47	19	11				
Balance	95	16	7				
	£432	7	4		£432	7	4

Patient labour not charged.

Dr. TINSMITH'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	116	2	7	Value of repairs and goods disposed of	90	12	8
,, ,, new stock	67	2	4	Value of stock in hand ..	142	14	10
Wages and rations	32	14	6				
Balance	17	8	1				
	£233	7	6		£233	7	6

Patient labour not charged.

Dr. PAINTER'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	35	4	10	Value of work done	226	4	0
,, ,, new stock	48	10	4	,, ,, stock in hand ..	39	5	8
Wages and rations	47	1	7				
Balance	134	12	11				
	£265	9	8		£265	9	8

Patient labour not charged.

Dr. CARPENTER'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	341	12	6	Value of repairs and goods			
,, ,, new stock	221	12	5	disposed of	359	2	7
Wages and rations	71	9	11	Value of stock in hand ..	348	3	5
Balance	72	11	2				
	£707	6	0		£707	6	0

Patient labour not charged.

Dr. BOOKBINDER'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	186	12	6	Value of goods disposed of ..	436	10	5
,, ,, new stock	336	19	1	,, ,, stock in hand ..	205	1	9
Wages and rations	77	13	11				
Balance	40	6	8				
	£641	12	2		£641	12	2

Patient labour not charged.

Dr. PRINTER'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	23	12	3	Value of goods disposed of ...	214	18	10
Value of new stock	119	14	4	,, ,, stock in hand ...	55	8	6
Wages and rations	45	2	11				
Balance	81	17	10				
	£270	7	4		£270	7	4

Patient labour not charged.

These totals do not include the rent or maintenance of the shops. A correct proportion of the craftsmaster's salary is included.

Owing to the stock being taken about a fortnight before the end of the half year in 1911, the value of the stock brought forward slightly differs from the figures in my last annual report.

Statistics of Training School.

Imbecile Patients.

	Males.	Females.	Total.
Number on school register on 1st January, 1912 ...	209	114	323
Number in shops on 1st January, 1912	90	30	120
Admitted during the year	44	35	79
Taken off register	77	16	93
Number on school register on 31st December, 1912	176	133	309
Number in shops on 31st December, 1912 ...	90	30	120
Highest number attending school daily	197	123	320
Highest number attending shops daily	88	29	117

Feeble-minded Patients.

	Males.	Females.	Total.
Admitted during the year	64	45	109
Taken off register	—	2	2
Number on register on 31st December, 1912 ...	64	43	107
Highest number attending school daily	59	43	102

Training School.—The following table shows the number and value of articles made and sold during the year 1912 :—

No.	Industry.	No. of Articles.	£	s.	d.
1	Basket work	182	5	19	2
2	Macrame work	97	7	11	5
3	Paper flower work	1,811	12	2	10
4	Ornamental paper work	12	0	2	2
5	Crochet work...	35	1	0	0
6	Knitting	23	1	7	6
7	Hand-loom weaving...	14	0	12	9
8	Cross stitch	18	0	16	9
9	Fancy needlework	20	0	19	5
10	Calico toys	103	3	13	4
11	Teneriffe lace and drawn thread	47	3	0	0
12	Rug work	1	0	6	6
13	Wood work	5	0	5	8
14	Gardening	227	0	13	7
15	Doll dressing...	29	1	2	10
16	Cane chair seating	11	0	11	0
	Totals	2,635	£40	4	11

Work done for the Institution.

	No. of articles.
Needlework (schoolroom)	570
,, (junior shops)	330
Tailoring ,, ...	34
Ironing ,, ...	44
Total	978

Chaplain's report.—The Chaplain reports as follows :—My work has been more interesting during the past year than in any previous one, and promises to be more so in the future. The Bible Classes held for the adults have been appreciated by the men and women who were able to read. From these classes were chosen those who desired to be confirmed. For these, special classes were held during the winter months. The services for adults still keep improving, and the singing and responding of the congregation become better year by year. The service books, printed at Darenth, and approved by the Bishop of Rochester, have largely helped to promote this advance.

The children's services continue to maintain their bright character and are remarkable for their hearty singing and responding. For the kind co-operation of the teachers of the school in helping to maintain the efficiency of the singing of the children in their services I desire to express my thanks.

The Sunday school is carried on by some of the trainers of the school who have performed this work very satisfactorily. Lantern services and entertainments were given at Christmas time and were appreciated by the children. The gramaphone has proved a great help in amusing the children, especially in wet and stormy weather when they were unable to go out.

For the feeble-minded, separate services have been held on Sunday and once also during the week, and classes preparatory for confirmation have been held for all those who desired to attend. Practices of the musical part of the services have also been taken after the week-day services, and a monthly celebration of the Holy Communion and also on Festal Days has been regularly carried out.

The work amongst these inmates promises to be very interesting, and as the younger ones grow up it will entail development.

Cricket and football matches have been arranged with outside teams for the adults and for the feeble-minded. Many Saturday afternoons have been thus pleasantly spent.

Alterations and improvements.—The following additions, alterations and repairs have been completed during the year :—

Repairs to chimney stacks and roofs.
Annual painting and cleaning work.
Re-laying soil drain at training school.
Fixing fence round pavilions.
Converting laundry at training school into shops for feeble-minded.
Repairs to boundary fence.
Building additional sleeping accommodation to ward 29.
Building new bathroom to engineer's house.

(Signed) A. ROTHERHAM,
Medical Superintendent.

BRIDGE INDUSTRIAL HOME, WITHAM.

ANNUAL REPORT OF THE MENTAL SPECIALIST FOR THE YEAR 1912.

Statistics.

January, 1913.

Inmates on the 1st January, 1912	209
Admitted during the year	16
Discharged to the Guardians	6
Transferred to Darenth	104
Transferred to Queen Mary's Hospital	1
Remaining in home on 31st December, 1912	114

General. On July 1st, 85 patients were transferred to Darenth Industrial Colony. Amongst those removed were practically all the older boys, and only a few of these were left who were of very great assistance in the work of the Home, and without whom it would have been necessary to engage extra paid staff.

The band, which was composed entirely of older boys, was removed *en bloc*, and with them went the band and drill instructor. The head shoemaker was also transferred about the same time.

This transfer naturally very much upset the work in the shops ; the drilling was at a standstill, and it became necessary to start all over again with the musical teaching.

Notwithstanding these drawbacks, it is astonishing what progress has been made with the remaining inmates during the last half of the year. A new band and drill instructor has been engaged, and under him the boys do gymnastics and drilling extremely well, and in fact at an exhibition of the drill, one member of the committee expressed his opinion that they compared very favourably with boys from a normal school. Progress is also being made with the band. All the inmates of the Home are now housed in the main building, and the old building and infirmary are not at present in use as dormitories. In case of sickness, the boys are put to bed in a special dormitory in the main building, and it has been found no longer necessary to employ a qualified nurse. The general health of the population has been good, and there has been no death.

On November 5th, a shed adjoining the farm building was burnt down, the cost of the damage being covered by insurance. No cause for the fire has been discovered.

A large new water tank weighing some tons, has been erected by the institution staff with the help of patient labour. A new fowl run has been made, and part of the wood chopping shed has been converted into a potato store.

Employments. The following list shows how the inmates are employed :—

Shoe shop	19
Tailor's shop	18
Cord shop	21
Garden	29
Laundry	7
Housework	8
Sewing room	5
Cook	4
Mechanic	3
Total	114

Besides being taught the above, 77 boys attend school.

Work in all the shops has continued and it is surprising to note as shewn in the accounts below, that in the shoemaker's shop from which 30 of the best patients have been removed, work was done to the value of £577 6s. 10d., as compared with the work of the value of £553 17s. 7d. completed in the previous year.

A new industry suggested by the Chairman of the Bridge Sub-Committee, viz., fruit bottling, was attempted and the following fruits and vegetables were bottled and were either transferred to other institutions or consumed at home :— pears, plums, greengages, damsons, blackberries, peas and beans ; in nearly all cases had these fruits not been bottled, they would have been wasted.

The result of this experiment has been distinctly good and the fruit both in appearance and taste compares favourably with that obtained from the large London stores, while the price is insignificant in comparison. No complaints of the fruit fermenting, etc., have been received. The bottling so far has been carried out by the matron, but I see no reason why during 1913 the industry should not be largely increased and the work be done wholly by inmate labour. The cost of the necessary plant is not great.

Below will be found tables showing the accounts of the various shops :—

Dr. SHOEMAKER'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	84	1	8	Value of goods and repairs disposed of	577	6	10
,, ,, new stock	398	17	0	Stock in hand	42	13	7
Wages	25	2	8				
Balance	111	19	1				
	£620	0	5		£620	0	5

Patient labour not charged.

Dr. FARM AND GARDEN ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	51	1	11	Produce sold	304	3	8
,, ,, new stock	127	11	4	Stock in hand	86	14	0
Wages	31	12	0				
Balance	180	12	5				
	£390	17	8		£390	17	8

Patient labour not charged.

Dr. TAILOR'S ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	96	14	2	Value of repairs and stock disposed of	355	0	0
,, ,, new stock	256	4	9	Stock in hand	73	10	1
Wages	24	17	7				
Balance	50	13	7				
	£428	10	1		£428	10	1

Patient labour not charged.

Dr. CORD ACCOUNT. *Cr.*

	£	s.	d.		£	s.	d.
Value of stock brought forward	35	1	0	Value of cord transferred ...	89	5	4
,, ,, new stock	59	19	5	Stock in hand	39	9	0
Wages	8	13	4				
Balance	25	0	7				
	£128	14	4		£128	14	4

Patient labour not charged.

Games. Cricket and football matches have been played against outside teams. The results of the matches were as follow :—

	Played.	Won.	Lost.	Drawn.
Cricket	7	6	1	0
Football ..	8	3	3	2

(Signed) A. ROTHERHAM.

No. 5.

FOUNTAIN TEMPORARY ASYLUM.

I beg to submit to you the Annual Report for the year ended 31st December, 1912.

On January 1st, 1912, there were in residence at the asylum, which was at that time managed by the Children's Committee, 87 feeble-minded girls. Three of these were discharged prior to January 14th, when the asylum passed under the control of the Asylums Committee. 10 additional patients of this class were added before the transfer of the girls to Darenth was completed. This transfer, which affected 90 girls, took place between April 22nd and April 29th, the remaining 4 girls having in the meantime been discharged to situation or to the care of friends. The notes which follow refer only to the imbecile patients for whom the asylum is now reserved.

Statistics. A summary of the chief points elaborated in the tables is given below.

	M.	*F.*	*Total.*
In the Asylum on Jan. 1st, 1912	0	0	0
Admitted during year	389	203	592
Total under treatment	389	203	592
Discharged	14	13	27
Died	11	7	18
Remaining on Dec. 31st, 1912	364	183	547

Admissions. These, with the exception of one case from Leavesden, were transfers from Darenth and Tooting Bec, 550 from the former, and 41 from the latter asylum. All were of the unimprovable class, and all except 6 suffered from congenital defect. The average age of the males was 14 years and of the females 15 years. The reception of these patients began on February 12th.

Discharges. One patient was removed to Long Grove Asylum and one to the Grove Hospital; 11 were transferred to each of the Board's Asylums at Leavesden and Caterham; and 3 were discharged as unimproved, either directly or through the agency of the Guardians, to the care of their friends.

Deaths. These call for no special comment. In all cases permission to make a post-mortem examination was asked, but in 3 cases among the males and 4 among the females leave was refused. No inquest was held during the year.

General health of the patients. 7 cases of pulmonary tuberculosis, 1 of scarlet fever, and 2 of erysipelas were notified. There were 14 cases of chickenpox, all slight, and 1 case of colitis which occurred in a bed-ridden patient and probably accelerated his death. 2 patients met with accidents resulting in fracture of bones.

Mechanical restraint and seclusion. It was not found necessary to employ either of these measures.

Visit of Commissioners. On November 14th Dr. Sidney Coupland and Mr. L. L. Shadwell, Commissioners in Lunacy, inspected the Asylum.

(Signed) E. B. SHERLOCK,

Acting Medical Superintendent.

B.

TABLE A1.—*General table, showing the movement of the asylum population during the year* 1912.

	TOOTING BEC. ASYLUM.						TOOTING BEC. RECEIVING HOME FOR CHILDREN.						LEAVESDEN ASYLUM.					
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	T.	Tl.	M.	F.	Tl.
On the asylums' registers, Jan. 1st, 1912 ..	445	568	1013	..	..	..	46	16	62	..	..	..	959	1116	2075	..	..	..
Total cases admitted during the year	298	335	633	..	..	..	77	78	155	..	..	..	77	103	180	..	..	..
Total cases under treatment during the year	..	..	..	743	903	1646	..	..	..	123	94	217	..	..	..	1036	1219	2255
Cases discharged as transferred during the year as:																		
Not insane ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Recovered ..	2	5	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relieved	4	2	6	..	..	..	1	1	2	..	..	..	5	9	14	..	..	..
Not improved ..	124	153	277	..	..	..	79	73	152	..	..	..	24	17	41	..	..	..
Died during the year ..	157	177	334	..	..	..	2	1	3	..	..	..	43	86	129	..	..	..
Total cases discharged, transferred, and died during the year ..	..	..	..	287	337	624	..	..	..	82	75	157	..	..	..	72	112	184
On the asylums' registers, Dec. 31st, 1912 ..	..	..	..	456	566	1022	..	..	..	41	19	60	..	..	..	964	1107	2071
Average daily number on the Registers during the year	..	..	..	455	563	1018	..	..	..	42	14	56	..	..	..	961	1107	2068
Certified persons (*i.e.* separate persons in contradistinction to "cases" which may include the same individual more than once):																		
Under care during year	743	903	1646	..	..	..	123	94	217	..	..	..	1036	1219	2255	..	..	..
Admitted	298	335	633	..	..	..	77	78	155	..	..	..	77	103	180	..	..	..
Recovered	2	5	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

	CATERHAM ASYLUM.						DARENTH ASYLUM.						FOUNTAIN (Temporary) ASYLUM.					
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
On the asylums' registers, Jan. 1st, 1912 ..	947	1104	2051	..	..	..	1171	898	2069	..	..	..	..	..	..	..	..	..
Total cases admitted during the year	118	84	202	..	..	..	90	76	166	..	..	..	389	203	592	..	..	..
Total cases under treatment during the year	..	..	..	1065	1188	2253	..	..	..	1261	974	2235	..	..	..	389	203	592
Cases discharged as transferred during the year as:																		
Not insane ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Recovered ..	3	..	3	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Relieved	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not improved ..	11	7	18	..	..	..	446	216	662	..	..	..	14	13	27	..	..	..
Died during the year ..	104	87	191	..	..	..	18	20	38	..	..	..	11	7	18	..	..	..
Total cases discharged, transferred, and died during the year ..	..	..	..	119	97	216	..	..	..	465	236	701	..	..	..	25	20	45
On the asylums' registers, Dec. 31st, 1912 ..	..	..	..	946	1091	2037	..	..	..	796	738	1534	..	..	..	364	183	547
Average daily number on the Registers during the year	..	..	..	943	1089	2032	..	..	..	900	791	1691	..	..	..	267	137	404
Certified persons (*i.e.* separate persons in contradistinction to "cases" which may include the same individual more than once):																		
Under care during year	1065	1188	2253	..	..	..	1261	974	2235	..	..	..	..	..	..	..	..	..
Admitted	118	84	202	..	..	..	..	..	..	..	..	..	389	203	592	..	..	..
Recovered	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

FOR SUMMARY OF TABLE SEE P. 172.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE A2.—GENERAL TABLE, *showing the movement of the* ASYLUM POPULATION *during each year since the year* 1903, *together with the* RECOVERY AND DEATH RATES.

YEAR.	ADMISSIONS. Direct. M.	F.	Tl.	Indirect. M.	F.	Tl.	Total. M.	F.	Tl.	Total number under treatment. M.	F.	Tl.	DISCHARGED OR TRANSFERRED. Recovered.† M.	F.	Tl.	Relieved M.	F.	Tl.	Not improved. M.	F.	Tl.	DIED. M.	F.	Tl.	Remaining on registers December 31st in each year. M.	F.	Tl.	Average daily number on registers. M.	F.	Tl.	Percentage of total recoveries on the total number of admissions. M.	F.	Tl.	Percentage of total recoveries on the direct admissions. M.	F.	Tl.	Percentage of recoveries yielded by direct admissions on direct admissions. M.	F.	Tl.	Percentage of deaths on average numbers resident M.	F	Tl.
TOOTING BEC ASYLUM.																																											
1903	419	509	928	80	100	180	499	609	1,108	499	609	1,108	2	2	4	..	..	..	106	144	250	68	52	120	323	411	734	263	353	616	0·40	0·39	0·36	·40	·30	·46	·40	·39	·40	23·85	14·73	19·48
1904	280	300	580	..	2	2	280	302	582	603	713	1,316	6	6	12	..	..	..	211	209	420	79	91	170	307	407	714	321	409	730	2·14	1·99	2·06	2·10	2·00	2·07	2·10	2·00	2·07	24·61	22·25	23·29
1905	208	223	431	65	64	129	273	287	560	580	694	1,274	1	3	4	2	5	7	165	169	334	97	103	200	315	414	729	316	414	730	0·37	1·04	0·71	·30	1·10	·70	·30	1·10	·70	32·15	30·20	31·00
1906	301	324	625	..	1	1	301	325	626	616	739	1,355	6	6	12	2	1	3	226	136	362	100	135	235	282	461	743	311	447	758	1·67	1·84	1·76	1·90	1·80	1·90	1·90	1·80	1·90	30·60	31·20	33·99
1907	248	303	551	32	42	74	280	345	625	567	806	1,373	12	6	18	1	1	2	151	187	338	111	147	258	287	465	752	288	471	759	3·57	1·16	2·24	4·80	1·90	3·20	4·80	1·90	3·20	37·00	26·61	31·23
1908	258	292	550	179	8	187	437	300	737	724	765	1,489	2	4	6	1	..	1	104	168	272	138	124	262	479	462	948	373	466	839	0·23	1·30	0·68	0·23	1·37	1·11	·80	1·14	1·09	33·70	27·56	30·51
1909	238	291	529	10	12	22	248	303	551	727	772	1,499	7	7	14	1	..	1	134	106	240	155	137	292	430	522	952	460	497	957	2·43	2·31	2·36	2·53	2·41	2·46	2·53	2·06	2·27	30·92	19·74	24·82
1910	239	265	504	38	8	46	277	273	550	707	795	1,502	7	7	14	..	..	..	125	111	236	141	108	249	414	569	1,003	456	547	1,003	2·16	2·20	2·18	2·51	2·26	2·38	2·51	2·26	2·38	34·72	26·81	30·23
1911	248	338	586	29	10	39	277	348	625	711	917	1,628	4	..	4	..	..	..	112	197	309	150	152	302	445	568	1,013	432	567	999	1·44	..	0·64	1·61	..	0·68	1·61	..	0·68	34·52	31·44	32·91
1912	**278**	**321**	**599**	**29**	**14**	**34**	**298**	**335**	**633**	**743**	**903**	**1,646**	**2**	**5**	**7**	**4**	**2**	**6**	**124**	**153**	**277**	**157**	**177**	**334**	**459**	**566**	**1,022**	**455**	**566**	**1,022**	**0·67**	**1·49**	**1·11**	**0·71**	**1·56**	**1·17**	**0·71**	**1·56**	**1·17**	**34·51**	**31·44**	**32·91**
TOOTING BEC receiving home for children.																																										
1904	15	20	35	..	..	..	15	20	35	15	20	35	..	..	..	..	..	..	8	6	14	..	..	..	7	14	21	7	12	19	..	..	..	..	1·48	·63	..	..	..	..	1·48	·63	18·18	9·09	13·64
1905	91	67	158	..	..	..	91	67	158	99	73	172	..	1	1	..	1	1	79	64	143	2	1	3	17	14	31	11	11	22	..	1·48	·63	..	1·48	·63	1·11	..	·63	18·18	10·00	14·28
1906	90	68	158	..	..	..	90	68	158	107	82	189	2	..	2	..	..	..	92	76	168	2	1	3	11	5	16	11	10	21	1·11	..	·63	1·11	..	·63	1·11	..	·63	8·33	12·50	10·00
1907	129	77	206	..	..	..	129	77	206	140	82	222	..	..	..	..	..	..	120	67	187	1	1	2	19	14	33	12	8	20	..	..	..	..	..	..	..	..	..	5·56	7·14	6·25
1908	144	104	248	2	..	2	146	104	250	165	118	283	..	..	..	..	..	..	142	99	241	1	1	2	22	18	40	18	14	32	..	..	..	..	..	..	..	..	..	17·65	28·57	22·58
1909	132	78	210	..	..	..	132	78	210	154	96	250	2	1	3	..	..	..	129	75	204	3	4	7	20	16	36	17	14	31	..	..	..	..	..	..	..	..	..	27·27	11·76	20·50
1910	119	80	199	..	..	..	119	80	199	139	96	235	..	1	1	..	..	..	103	77	180	6	2	8	24	16	40	22	17	39	..	..	..	..	..	..	..	..	..	2·78	6·66	3·92
1911	108	91	199	..	1	1	109	91	200	133	107	240	..	..	..	..	..	..	86	90	176	1	1	2	46	16	62	36	15	51	..	..	..	..	..	..	..	..	..	..	..	..
1912	**77**	**78**	**155**	..	..	..	**77**	**78**	**155**	**123**	**94**	**217**	..	..	..	**1**	**1**	**2**	**79**	**73**	**152**	**2**	**1**	**3**	**41**	**19**	**60**	**42**	**14**	**56**	..	..	..	..	..	..	..	..	..	**4·76**	**7·14**	**5·65**
LEAVESDEN ASYLUM.																																										
1903	14	3	17	54	72	126	68	75	143	880	1,030	1,910	1	2	3	6	4	10	6	7	13	64	67	131	803	950	1,753	805	947	1,752	1·5	2·7	2·1	7·1	66·6	17·6	..	..	..	7·9	7·1	7·5
1904	..	..	..	101	104	205	101	104	205	904	1,054	1,958	1	4	5	4	2	6	5	15	20	82	76	158	812	957	1,769	806	945	1,751	1·0	3·8	2·4	..	..	..	..	..	..	10·2	8·0	9·0
1905	..	..	..	94	118	212	94	118	212	906	1,075	1,981	3	10	13	8	12	20	21	25	46	65	61	126	809	967	1,776	812	964	1,776	3·2	8·5	6·1	..	..	..	..	..	..	8·0	6·3	7·1
1906	..	..	..	98	87	185	98	87	185	907	1,054	1,961	..	..	..	10	3	13	14	12	26	65	62	127	818	977	1,795	819	963	1,782	..	..	..	..	..	..	..	..	..	7·9	6·4	7·1
1907	..	..	..	91	191	282	91	191	282	999	1,168	2,077	..	..	..	4	3	7	16	46	62	58	93	151	831	1,026	1,857	819	998	1,817	..	..	..	..	..	..	..	..	..	7·9	9·3	8·3
1908	..	..	..	218	255	473	218	255	473	1,049	1,281	2,330	..	..	..	..	..	..	*35	11	*66	65	91	156	929	1,179	2,108	864	1,056	1,920	..	..	..	..	..	..	..	..	..	7·5	8·6	8·1
1909	..	..	..	75	80	155	75	80	155	1,004	1,239	2,243	..	..	..	1	..	1	26	25	51	90	120	210	887	1,114	2,001	919	1,150	2,069	..	..	..	..	..	..	..	..	..	9·8	10·4	10·1
1910	..	..	..	116	64	180	116	64	180	1,003	1,178	2,181	..	..	..	1	..	1	40	50	90	60	60	120	902	1,068	1,970	849	1,062	1,911	..	..	..	..	..	..	..	..	..	7·2	5·9	6·3
1911	..	..	..	121	167	288	121	167	288	1,023	1,235	2,258	..	..	..	2	3	5	13	21	34	49	95	144	959	1,116	2,075	929	1,131	2,060	..	..	..	..	..	..	..	..	..	5·3	8·4	7·0
1912	..	..	..	**77**	**103**	**180**	**77**	**103**	**180**	**1,036**	**1,219**	**2,255**	..	..	..	**5**	**9**	**14**	**24**	**17**	**41**	**43**	**86**	**129**	**964**	**1,107**	**2,071**	**961**	**1,107**	**2,068**	..	..	..	..	..	..	..	..	..	**4·5**	**7·8**	**6·2**
CATERHAM ASYLUM.																																										
1903	..	..	..	126	98	224	126	98	224	1,008	1,145	2,153	..	2	2	1	4	5	56	13	69	64	62	126	887	1,064	1,951	888	1,038	1,926	..	2·0	0·9	..	..	..	..	..	..	7·2	6·0	6·5
1904	..	..	..	53	64	117	53	64	117	940	1,128	2,068	1	..	1	1	2	3	5	3	8	52	83	135	881	1,040	1,921	882	1,049	1,931	1·9	..	0·9	..	..	..	..	..	..	5·9	7·9	7·0
1905	..	..	..	62	94	156	62	94	156	943	1,134	2,077	4	..	4	5	8	1	9	15	3	18	66	84	150	850	1,045	1,895	875	1,049	1,924	6·5	1·0	3·2	..	..	..	..	..	..	7·5	8·0	7·8
1906	..	..	..	82	89	171	82	89	171	932	1,134	2,066	2	..	2	5	1	6	8	3	11	72	94	166	845	1,036	1,881	840	1,037	1,877	2·4	..	1·2	..	..	..	..	..	..	8·6	9·1	8·8
1907	..	..	..	37	102	139	37	102	139	882	1,138	2,020	2	1	3	..	1	1	6	23	29	65	77	142	809	1,036	1,845	837	1,042	1,879	5·4	1·0	2·1	..	..	..	..	..	..	7·7	7·4	7·6
1908	..	..	..	200	93	293	200	93	293	1,009	1,129	2,138	1	..	1	..	2	2	39	6	45	69	74	143	900	1,047	1,947	854	1,038	1,892	·5	..	·3	..	..	..	..	..	..	8·1	7·1	7·6
1909	..	..	..	58	67	125	58	67	125	958	1,114	2,070	3	..	3	2	..	2	6	7	13	63	65	128	884	1,042	1,926	896	1,053	1,949	5·2	..	2·4	..	..	..	..	..	..	7·0	6·2	6·6
1910	..	..	..	142	160	302	142	160	302	1,026	1,202	2,228	3	..	3	1	2	3	4	5	9	76	78	154	942	1,117	2,059	882	1,071	1,953	2·1	..	1·0	..	..	..	..	..	..	8·6	7·3	7·9
1911	..	..	..	17	83	100	117	83	200	1,059	1,299	2,358	3	..	3	3	3	6	11	1	12	96	90	186	947	1,104	2,051	905	1,106	2,036	2·6	..	1·5	..	..	..	..	..	..	10·3	8·1	9·1
1912	**118**	**84**	**202**	**118**	**84**	**202**	**1,095**	**1,188**	**2,253**	**3**	..	**3**	**1**	**3**	**4**	**11**	**7**	**18**	**104**	**87**	**191**	**945**	**1,091**	**2,037**	**945**	**1,089**	**2,032**	**2·5**	..	**1·5**	..	..	..	..	..	..	..	..	..	**11·0**	**7·9**	**9·4**
DARENTH ASYLUM.																																										
1903	136	104	240	40	27	67	176	131	307	1,246	1,050	2,296	5	1	6	3	5	8	132	130	262	37	41	78	1,069	873	1,942	1,057	880	1,937	2·8	0·8	2·0	3·7	1·0	2·5	..	..	..	3·50	4·66	4·03
1904	97	55	152	75	42	117	172	97	269	1,241	970	2,211	1	..	1	8	5	13	220	55	275	57	30	87	955	880	1,835	1,053	912	1,945	0·6	..	0·4	1·0	..	0·6	..	..	..	5·52	3·29	4·47
1905	..	..	..	194	172	366	194	172	366	1,149	1,052	2,201	..	..	..	5	..	5	101	101	202	52	31	83	991	920	1,911	993	911	1,904	..	..	..	..	..	..	..	..	..	5·24	3·12	4·36
1906	..	..	..	200	94	294	200	94	294	1,191	1,014	2,205	..	1	1	4	1	5	167	20	187	28	43	71	991	950	1,941	993	939	1,932	0·5	..	0·3	..	..	..	..	..	..	2·82	4·58	7·67
1907	..	..	..	153	77	230	153	77	230	1,144	1,027	2,171	2	..	2	..	..	..	87	97	184	33	38	71	1,022	892	1,914	1,009	912	1,921	1·3	..	0·9	..	..	..	..	..	..	3·27	4·16	3·69
1908	..	5	5	188	119	307	193	119	312	1,215	1,011	2,226	..	..	..	12	..	12	135	134	269	34	24	58	1,044	853	1,897	1,013	920	1,933	..	..	..	..	..	..	..	..	..	3·36	2·61	3·00
1909	..	..	..	174	106	280	174	106	280	1,218	959	2,177	..	..	..	5	2	7	66	104	170	32	39	71	1,115	814	1,929	1,078	823	1,901	..	..	..	..	..	..	..	..	..	2·97	4·74	3·75
1910	..	..	..	136	117	253	136	117	253	1,251	931	2,182	..	..	..	..	..	..	86	63	149	37	26	63	1,128	842	1,970	1,119	818	1,937	..	..	..	..	..	..	..	..	..	3·3	3·17	3·25
1911	1	..	1	110	124	234	111	124	235	1,239	966	2,205	1	..	1	..	..	..	42	44	86	25	24	49	1,171	828	2,069	1,147	855	2,002	0·9	..	0·4	..	..	..	..	..	..	2·18	2·8	2·44
1912	**8**	..	**8**	**32**	**76**	**158**	**90**	**76**	**166**	**1,261**	**974**	**2,235**	**1**	..	**1**	..	..	..	**446**	**216**	**662**	**15**	**20**	**38**	**795**	**738**	**1,534**	**909**	**791**	**1,691**	**1·1**	..	**0·6**	..	..	..	..	..	..	**2·0**	**2·65**	**2·24**
FOUNTAIN (Temporary ASYLUM.																																										
1912	..	..	..	**389**	**203**	**592**	**389**	**203**	**592**	**339**	**203**	**592**	..	..	..	..	..	..	**13**	**14**	**27**	**11**	**7**	**18**	**364**	**183**	**547**	**267**	**137**	**404**	..	..	..	..	..	..	..	..	..	**4·12**	**5·25**	**4·45**
BELMONT ASYLUM. (CLOSED SEPT. 29TH, 1908.)																																										
1903	251	..	251	251	..	251	251	..	251	..	..	..	..	..	..	..	..	..	3	..	3	248	..	248	214	..	1214	..	..	..	..	..	..	..	..	..	..	..	..	1·4	..	1·4
1905 (part of)	183	..	183	183	..	183	431	..	431	..	..	..	..	..	..	62	..	62	67	..	67	302	..	302	262	..	262	..	..	..	..	..	..	..	..	..	..	..	..	25·6	..	25·6
1906	90	..	90	90	..	90	392	..	392	..	..	..	..	..	..	42	..	42	38	..	38	312	..	312	308	..	308	..	..	..	..	..	..	..	..	..	..	..	..	12·3	..	12·3
1907	31	..	31	31	..	31	343	..	343	..	..	..	..	..	..	319	..	319	24	..	24	..	..	..	263	..	1263	..	..	..	..	..	..	..	..	..	..	..	..	9·1	..	9·1
1908 (part of)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ROCHESTER HOUSE ASYLUM.																																										
1903	24	15	39	24	15	39	118	75	193	..	..	..	3	2	5	27	19	46	..	1	1	88	53	141	84	53	137	..	..	..	..	..	..	..	..	..	..	..	..	..	1·88	·73
1903	32	..	32	35	..	35	123	53	176	..	..	..	1	..	1	39	1	40	..	1	1	83	51	134	83	40	123	..	..	..	..	..	..	..	..	..	..	..	..	..	2·5	0·82
1904	..	3	3	..	..	..	83	51	134	..	..	..	..	..	..	83	50	133	..	1	1	..	..	..	56	43	199	..	..	..	..	..	..	..	..	..	..	..	..	..	2·22	1·01
1905	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GORE FARM (Temporary) ASYLUM.																																										
1904	211	51	262	211	51	262	211	51	262	..	..	..	..	..	..	..	10	10	2	2	4	209	39	248	180	19	199	..	..	..	..	..	..	..	..	..	..	..	..	1·1	10·5	2·0
1905	20	..	20	20	..	20	229	39	268	..	..	..	..	..	..	208	39	247	21	..	21	..	..	..	209	39	248	..	..	..	..	..	..	..	..	..	..	..	..	..	10·01	..	9·95

‡ Average daily number for periods in 1905 and 1908 that the asylum was opened. ‡ Includes "not insane" cases. * Includes 1 escape. † Includes 2 escapes.

FOR SUMMARY OF TABLE SEE P. 172A.

TABLE B1.—*Analysis of the admissions during the year* 1912.

Name of asylum.	Classes of admissions.	Congenital.			Acquired. First attack.			Acquired. Not first attack.			Acquired. Unknown whether first attack or not.			Total.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
TOOTING BEC.	Direct	58	67	125	204	231	435	4	7	11	12	16	28	278	321	599
	Indirect: Transfers	..	1	1	18	10	28	1	3	4	1	..	1	20	14	34
	Indirect: Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	58	68	126	222	241	463	5	10	15	13	16	29	298	335	633
TOOTING BEC RECEIVING HOME FOR CHILDREN.	Direct	75	76	151	2	2	4	..	..	..	..	..	..	77	78	155
	Indirect: Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect: Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	75	76	151	2	2	4	..	..	..	..	..	..	77	78	155
LEAVESDEN.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect: Transfers	38	27	65	33	68	101	6	4	10	..	3	3	77	102	179
	Indirect: Statutory re-admissions	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1
	Total admissions	38	27	65	33	69	102	6	4	10	..	3	3	77	103	180
CATERHAM	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect: Transfers	74	44	118	38	35	73	3	2	5	3	3	6	118	84	202
	Indirect: Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	74	44	118	38	35	73	3	2	5	3	3	6	118	84	202
DARENTH	Direct	8	..	8	..	..	..	..	..	..	..	..	..	8	..	8
	Indirect: Transfers	80	75	155	2	1	3	..	..	..	..	..	..	82	76	158
	Indirect: Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	88	75	163	2	1	3	..	..	..	..	..	..	90	76	166
FOUNTAIN (Temporary)	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect: Transfers	388	198	586	1	3	4	..	..	..	..	2	2	389	203	592
	Indirect: Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	388	198	586	1	3	4	..	..	..	..	2	2	389	203	592

For Summary of Table see p. 173.

TABLE B2.—*Showing the duration of the present attack of mental disorder on admission in the admissions during the year* 1912, *and stating (in those not congenital) whether first attack or not.*

TOOTING BEC ASYLUM.

Duration of mental disorder prior to admission.	Direct admissions.											
	First attack.			Not first attack.			Unknown whether first attack or not.			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Less than 2 weeks	3	6	9	1	..	1	1	..	1	5	6	11
2 weeks and less than 1 month	11	4	15	..	1	1	..	..	..	11	5	16
1 month ,, 3 months	83	63	146	2	2	4	4	4	8	89	69	158
3 months ,, 6 ,,	43	42	85	..	1	1	1	..	1	44	43	87
6 ,, ,, 9 ,,	15	31	46	..	..	..	..	..	..	15	31	46
9 ,, ,, 12 ,,	1	8	9	..	..	..	..	..	..	1	8	9
12 ,, ,, 18 ,,	12	15	27	..	..	..	..	..	..	12	15	27
18 ,, ,, 2 years	1	3	4	..	..	..	..	..	..	1	3	4
2 years ,, 3 ,,	7	11	18	..	1	1	..	..	..	7	12	19
3 ,, ,, 5 ,,	..	9	9	..	..	..	..	..	..	..	9	9
5 ,, ,, 10 ,,	2	5	7	..	..	..	..	..	..	2	5	7
10 ,, ,, 15 ,,	..	3	3	..	..	..	..	..	..	..	3	3
15 ,, ,, 20 ,,	1	1	2	..	..	..	..	..	..	1	1	2
20 ,, ,, 25 ,,	1	..	1	..	..	..	..	..	..	1	..	1
Duration unknown	24	30	54	1	2	3	6	12	18	31	44	75
Congenital cases	..	..	..	..	..	..	..	..	..	58	67	125
Totals	204	231	435	4	7	11	12	16	28	278	321	599

TOOTING BEC RECEIVING HOME FOR CHILDREN AND DARENTH ASYLUM.

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 ,,	..	1	1	..	..	..	..	..	..	..	1	1
3 ,, ,, 5 ,,	..	..	..	..	..	..	..	..	..	..	..	..
5 ,, ,, 10 ,,	2	1	3	..	..	..	..	..	..	2	1	3
10 ,, ,, 15 ,,	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown	..	..	..	..	..	..	..	..	..	..	..	..
Congenital cases	..	..	..	..	..	..	..	..	..	*8 75	 76	*8 151
Totals	2	2	4	..	..	..	..	..	..	85	78	163

* Indicates 8 cases admitted at Darenth Asylum from Bridge Industrial Home.

FOR SUMMARY OF TABLE B2 SEE P. 173.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE B3.—*Showing the ages and civil state on admission, in the admissions, direct and transfers grouped together, and in the congenital cases of the direct admissions during the year* 1912.

| NAME OF ASYLUM. | CLASSES OF ADMISSIONS. | AGES ON ADMISSION. | | |

For Table B4 see Summary p. 174A.

TABLE B5. - *Showing the form of mental disorder on admission in the direct admissions and transfers during the year 1912.*

Forms of mental disorder.		TOOTING BEC ASYLUM.									TOOTING BEC RECEIVING HOME FOR CHILDREN.								
		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.
Congenital or developmental defect (idiocy or imbecility existing as early as can be traced in life)	1. Intellectual — a. With epilepsy	10	7	17	..	..	..	10	7	17	12	18	30	..	..	..	12	18	30
	1. Intellectual — b. Without epilepsy	48	60	108	..	..	..	48	60	108	63	58	121	..	..	..	63	58	121
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	9	7	16	..	..	..	9	7	16	2	2	4	..	..	..	2	2	4
	2. General paralysis of the insane	7	4	11	..	..	..	7	4	11	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions	4	8	12	1	..	1	5	8	13	..	..	..	..	..	..	..	..	..
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	5	11	16	..	..	..	5	11	16	..	..	..	..	..	..	..	..	..
	8. Mania — a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania — b. Chronic	..	4	4	2	2	4	2	6	8	..	..	..	..	..	..	..	..	..
	8. Mania — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — a. Recent	2	1	3	1	..	1	3	1	4	..	..	..	..	..	..	..	..	..
	9. Melancholia — b. Chronic	1	11	12	1	2	3	2	13	15	..	..	..	..	..	..	..	..	..
	9. Melancholia — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — a. Systematised	4	3	7	..	2	2	4	5	9	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — b. Non-systematised	1	4	5	6	1	7	7	5	12	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
	14. Dementia — a. Senile	146	180	326	6	5	11	154	185	339	..	..	..	..	..	..	..	..	..
	14. Dementia — b. Secondary	38	21	59	3	2	5	41	23	64	..	..	..	..	..	..	..	..	..
Totals		276	321	596	20	14	34	238	335	631	77	78	155				77	78	155

Forms of mental disorder.		LEAVESDEN ASYLUM.									CATERHAM ASYLUM.								
		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.
Congenital or developmental defect (idiocy or imbecility existing as early as can be traced in life)	1. Intellectual — a. With epilepsy	..	..	..	14	5	19	14	5	19	..	..	..	24	10	34	24	10	34
	1. Intellectual — b. Without epilepsy	..	..	..	24	22	46	24	22	46	..	..	..	50	34	84	50	34	84
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	5	5	..	5	5	..	..	..	8	1	9	8	1	9
	2. General paralysis of the insane	..	..	..	5	1	6	5	1	6	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions	..	..	..	..	3	3	..	3	3	..	..	..	..	2	2	..	2	2
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	..	..	..	..	1	1	..	1	1	..	..	..	2	3	5	2	3	5
	8. Mania — a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania — b. Chronic	..	..	..	1	..	1	1	..	1	..	..	..	1	..	1	1	..	1
	8. Mania — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — a. Recent	..	..	..	1	4	5	1	4	5	..	..	..	..	..	..	..	..	..
	9. Melancholia — b. Chronic	..	..	..	..	1	1	..	1	1	..	..	..	3	2	5	3	2	5
	9. Melancholia — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — a. Systematised	..	..	..	5	..	5	5	..	5	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — b. Non-systematised	..	..	..	2	..	2	2	..	2	..	..	..	2	3	5	2	3	5
	12. Volitional insanity — a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	14. Dementia — a. Senile	..	..	..	7	25	32	7	25	32	..	..	..	9	23	32	9	23	32
	14. Dementia — b. Secondary	..	..	..	17	36	53	17	36	53	..	..	..	19	6	25	19	6	25
Totals					77	193	180	77	193	180				118	84	202	118	84	202

Forms of mental disorder.		DARENTH ASYLUM.									FOUNTAIN ASYLUM.								
		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.
Congenital or developmental defect (idiocy or imbecility existing as early as can be traced in life)	1. Intellectual — a. With epilepsy	1	..	1	11	19	30	12	19	31	..	..	..	166	65	231	166	65	231
	1. Intellectual — b. Without epilepsy	7	..	7	69	55	124	76	55	131	..	..	..	222	133	355	222	133	355
	2. Moral	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2
	2. General paralysis of the insane	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	2	2
	3. Insanity with grosser brain lesions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania — a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania — b. Chronic	..	..	..	..	1	1	..	1	1	..	..	..	..	1	1	..	1	1
	8. Mania — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — b. Chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
	9. Melancholia — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — a. Systematised	..	..	..	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — b. Non-systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
	14. Dementia — a. Senile	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	14. Dementia — b. Secondary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals		8	..	8	82	76	158	90	76	166				389	203	592	389	203	592

FOR SUMMARY OF TABLE SEE P. 175.

TABLE B7.—ÆTIOLOGICAL.—*Showing the ætiological factors and associated conditions assigned in the direct admissions during the year 1912, distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.*

TOOTING BEC ASYLUM.

ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.						FIRST-ATTACK CASES.						NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.			TOTAL DIRECT ADMISSIONS.					
	PRINCIPAL.			CONTRIBUTORY.			PRINCIPAL.			CONTRIBUTORY.			PRINCIPAL.	CONTRIBUTORY.		PRINCIPAL.	CONTRIBUTORY.		TOTAL PRINCIPAL.			TOTAL CONTRIBUTORY.			GRAND TOTAL INCIDENCE.		
	Instances where regarded as the essential or chief factor. *			Instances where regarded as a contributory factor or associated condition. †			Instances where regarded as the essential or chief factor. *			Instances where regarded as a contributory factor or associated condition. †			Instances where regarded as the essential or chief factor. *	Instances where regarded as a contributory factor or associated condition. †		Instances where regarded as the essential or chief factor. *	Instances where regarded as a contributory factor or associated condition. †		Total instances where regarded as the essential or chief factor.			Total instances where regarded as a contributory factor or associated condition.					
	TOTAL INCIDENCE.																							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
A. HEREDITY (*excluding cousins, nephews, nieces and offspring*).																								
1. Insane	4	10	14	..	..	..	4	10	14	4	13	17	1	1	2	5	14	19	..	..	..	..	..	..	8	23	31	1	1	2	9	24	33
2. Epileptic	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
3. Neurotic (*including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Eccentricity (*in marked degree*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Alcoholism	..	1	1	..	1	1	..	2	2	..	3	3	..	1	1	..	4	4	..	..	..	..	..	..	..	4	4	..	2	2	..	6	6
B. MENTAL INSTABILITY, as revealed by—																								
1. Moral deficiency	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
2. Congenital mental defect, not amounting to imbecility	1	1	2	..	..	..	..	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	1	3	4	..	..	..	1	3	4
3. Eccentricity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.																								
1. Smell or taste	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
D. CRITICAL PERIODS.																								
1. Puberty and adolescence	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2
2. Climacteric	..	..	..	..	..	..	..	4	4	..	1	1	..	5	5	..	..	..	..	..	..	..	..	..	..	4	4	..	1	1	..	5	5
3. Senility	..	..	..	..	..	..	113	167	280	2	7	9	115	174	289	..	3	3	..	..	..	..	3	3	6	11	17	..	..	..	6	11	17
E. CHILD-BEARING.																								
1. Pregnancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal state (*not septic*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.																								
1. Sudden	..	1	1	..	..	..	..	1	1	1	..	1	5	1	6	6	1	7	..	..	..	..	..	..	1	1	2	5	1	6	6	2	8
2. Prolonged	..	..	..	..	..	..	..	..	..	1	2	3	5	6	11	6	8	14	..	..	..	..	..	..	1	2	3	5	6	11	6	8	14
G. PHYSIOLOGICAL DEFECTS AND ERRORS.																								
1. Malnutrition in early life (*signs of rickets, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Privation and starvation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Over-exertion (*Physical*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Masturbation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Sexual excess	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
H. TOXIC.																								
1. Alcohol	..	..	..	..	..	..	9	1	10	6	6	12	15	7	22	..	..	..	1	..	1	..	..	..	1	..	1	10	1	11	6	6	12	16	7	23
2. Drug Habit (*morphia, cocaine, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Puerperal sepsis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Other specific fevers	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
†8. Syphilis, acquired	..	..	..	..	1	1	..	1	1	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	1	1	..	2	2
†9. Syphilis, congenital	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
10. Other toxins	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.																								
1. Injuries	..	..	..	..	3	3	..	3	3	5	1	6	1	2	3	6	3	9	..	..	..	..	..	..	1	..	1	6	1	7	4	2	6	10	3	13
2. Operations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.																								
1. Lesions of brain	..	1	1	..	..	..	..	1	1	8	6	14	1	2	3	9	8	17	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
2. Lesions of spinal cord and nerves	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Epilepsy	2	2	4	2	2	4	4	4	8	3	5	8	1	..	1	4	5	9	..	2	2	1	..	1	1	2	3	..	..	..	5	9	14	4	2	6	9	11	20
4. Other defined neuroses (*limited to hysteria, neurasthenia, spasmodic asthma, and chorea*)	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
5. Other neuroses which occurred in infancy or childhood (*limited to convulsions and night-terrors*)	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
L. OTHER BODILY AFFECTIONS.																								
1. Hæmopoietic system (*anæmia, etc.*)	..	..	..	..	..	..	..	2	2	13	117	130	13	119	132	..	..	..	..	2	2	..	2	2	..	2	2	..	2	2	13	121	134	13	123	136
2. Cardio-vascular degeneration	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Valvular heart disease	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1
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, myxœdema, etc.*)	..	3	3	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..	..	3	3
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	5	2	7	..	..	..	..	..	..	8	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	2	15	..	..	..	..	..	..
N. NONE ASSIGNABLE, notwithstanding full history and observation	27	17	44	..	..	..	..	..	..	13	2	15	..	..	..	..	..	..	1	..	1	..	..	..	1	1	2	..	..	..	42	20	62	..	..	..	..	..	..
O. NONE ASCERTAINED, history defective	18	28	46	..	..	..	..	..	..	35	22	57	..	..	..	..	..	..	3	1	4	..	..	..	3	4	7	..	..	..	59	55	114	..	..	..	..	..	..
Totals	58	67	125	Total congenital cases.			204	231	435	Total first-attack cases.			4	7	11	Total not-first-attack cases.			12	16	28	Tl. cases unknown-whether-first-attack-or-not.			278	321	599	Total direct admissions.								

* 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.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE B7.—*Continued*—ÆTIOLOGICAL.—*Showing the ætiological factors and associated conditions assigned in the direct admissions during the year 1912, distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.*

TOOTING BEC RECEIVING HOME FOR CHILDREN AND DARENTH ASYLUM. (The small figures represent 8 admissions to Darenth Asylum.)

ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.			FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.			TOTAL DIRECT ADMISSIONS.		
	PRINCIPAL. Instances where regarded as the essential or chief factor. *	CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †	TOTAL INCIDENCE.	PRINCIPAL. Instances where regarded as the essential or chief factor. *	CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †	TOTAL INCIDENCE.	PRINCIPAL. Instances where regarded as the essential or chief factor. *	CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †	TOTAL INCIDENCE.	PRINCIPAL. Instances where regarded as the essential or chief factor. *	CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †	TOTAL INCIDENCE.	TOTAL PRINCIPAL. Total instances where regarded as the essential or chief factor.	TOTAL CONTRIBUTORY. Total instances where regarded as a contributory factor or associated condition.	GRAND TOTAL INCIDENCE.
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.
A. HEREDITY (*excluding cousins, nephews, nieces and offspring*).															
1. Insane	5 5 10	.. .. ..	5 5 10	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	5 5 10	.. .. ..	5 5 10
2. Epileptic	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. .. ..	.. 1 1
3. Neurotic (*including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Eccentricity (*in marked degree*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Alcoholism	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
B. MENTAL INSTABILITY, as revealed by—															
1. Moral deficiency	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Congenital mental defect, not amounting to imbecility	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Eccentricity	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
C. DEPRIVATION OF SPECIAL SENSE.															
1. Smell or taste	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Hearing	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Sight	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
D. CRITICAL PERIODS.															
1. Puberty and adolescence	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Climacteric	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Senility	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
E. CHILD-BEARING.															
1. Pregnancy	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Puerperal state (*not septic*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Lactation	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
F. MENTAL STRESS.															
1. Sudden	.. .. ..	.. 2 2	.. 2 2	1	.. 1 1	1 1 2	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	1 .. 1	.. 3 3	1 3 4
2. Prolonged	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. .. ..	.. 1 1
G. PHYSIOLOGICAL DEFECTS AND ERRORS.															
1. Malnutrition in early life (*signs of rickets, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Privation and starvation	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Over-exertion (*physical*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Masturbation	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Sexual excess	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
H. TOXIC.															
1. Alcohol	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Drug habit (*morphia, cocaine, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Lead and other such poisons	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Tuberculosis	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Influenza	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	1 .. 1	1 .. 1
6. Puerperal sepsis	.. .. ..	.. .. ..	.. .. ..	1 .. 1	1 .. 1	1 1 2	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	1 .. 1	.. .. ..	1 .. 1
7. Other specific fevers	1 .. 1	.. .. ..	.. .. ..	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. .. ..	.. 1 1
8. Syphilis, acquired	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. 1 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
9. Syphilis, congenital	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
10. Other toxins	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
I. TRAUMATIC.															
1. Injuries	1 1 2	1 2 3	2 3 5	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	1 1 2	1 2 3	2 3 5
2. Operations	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Sunstroke	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
K. DISEASES OF THE NERVOUS SYSTEM.															
1. Lesions of brain	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. 1 1	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. 1 1
2. Lesions of spinal cord and nerves	.. .. ..	.. .. ..	.. .. ..	.. 1 1	.. 2 2	2 1 3	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	1 4 5	6 4 10	7 8 15
3. Epilepsy	1 3 4	4 4 8	5 7 12	.. 1 1	.. 2 2	2 1 3	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Other defined neuroses (*limited to hysteria, neurasthenia, spasmodic asthma, and chorea*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Other neuroses which occurred in infancy or childhood (*limited to convulsions and night-terrors*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
L. OTHER BODILY AFFECTIONS.															
1. Hæmopoietic system (*Anæmia, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
2. Cardio-vascular degeneration	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
3. Valvular heart disease	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
4. Respiratory system (*excluding tuberculosis*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
5. Gastro-intestinal system	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
6. Renal and vesical system	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
7. Generative system (*excluding syphilis*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
8. Other general affections, not included above (*e.g., diabetes, myxœdema, etc.*)	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..
M. CASES IN WHICH NO PRINCIPAL FACTOR COULD WITH CERTAINTY BE ASSIGNED, but in which one or more factors were ascertained, and were returned as contributory	5 3 8	.. .. ..	.. .. ..	1 1 2	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	6 4 10	.. .. ..	.. .. ..
N. NONE ASSIGNABLE, notwithstanding full history and observation	17 10 27	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	17 10 27	.. .. ..	.. .. ..
O. NONE ASCERTAINED, history defective	45* 51 96*	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	45* 51 96*	.. .. ..	.. .. ..
Totals	75* 76 151*	Total congenital cases.		2 2 4	Total first-attack cases.		.. .. ..	Total not-first-attack cases.		.. .. ..	Tl. cases unknown-whether-first-attack-or-not.		77* 78 155*	Total direct admissions.	

* One entry, and one only, has been made in these columns for each case recorded in them; thus the total of these columns will equal the number of cases belonging to that particular class.
† As several factors will have sometimes been entered in these columns in respect of one case, and, on the other hand, there may have been none to enter, no attempt should be made to totalise these columns.
‡ All cases believed to have suffered, at any time in their lives, from syphilis have been entered.

For Summary of Table see p. 176B.

TABLE 83.—*Showing the ages and civil state on admission, in the admissions, direct and transfers grouped together, and in the congenital cases of the direct admissions during the year 1912.*

NAME OF ASYLUM.	CLASSES OF ADMISSIONS.	AGES ON ADMISSION.																																									TOTAL.			CIVIL STATE.									
		Average ages			Less than 10 years of age.			10—14.			15—19.			20—24.			25—29.			30—34.			35—39.			40—44.			45—49.			50—54.			55—59.			60—64.			65—69.			70—74.			75—79.			80—89.			90 and over.						Single.			Married.			Widowed.			Unknown.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
TOOTING BEC.	TOTAL ADMISSIONS—DIRECT AND TRANSFERS GROUPED	56	60	58	..	..	..	..	..	..	27	21	48	16	30	46	12	7	19	16	9	25	5	6	11	5	10	15	9	13	22	21	15	36	26	15	41	30	29	59	37	35	72	38	54	92	39	41	79	26	49	75	..	3	3	296	335	631	124	125	249	82	58	140	88	150	238	6	2	8
	CONGENITAL CASES. A. DIRECT	24	26	25	..	..	..	..	..	..	24	20	44	12	22	34	11	6	17	6	7	13	2	1	3	..	3	3	1	4	5	1	2	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	58	67	125	57	65	122	..	2	2	..	..	..	1	..	1
	CONGENITAL CASES. B. DIRECT AND TRANSFERS	24	27	25	..	..	..	..	..	..	24	20	44	12	22	34	11	6	17	6	7	13	2	1	3	..	3	3	1	4	5	1	2	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	58	68	126	57	66	123	..	2	2	..	..	..	1	..	1
TOOTING BEC RECEIVING HOME FOR CHILDREN.	TOTAL ADMISSIONS—DIRECT AND TRANSFERS GROUPED	8	9	9	40	41	89	24	30	54	7	5	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	77	78	155	77	78	155	..	..	..	..	..	..	..	..	..
	CONGENITAL CASES. A. DIRECT	8	9	9	40	41	89	22	30	52	7	3	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	75	76	151	75	76	151	..	..	..	..	..	..	..	..	..
	CONGENITAL CASES. B. DIRECT AND TRANSFERS	8	9	9	40	41	89	22	30	52	7	3	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	75	76	151	75	76	151	..	..	..	..	..	..	..	..	..
LEAVESDEN.	TOTAL ADMISSIONS—DIRECT AND TRANSFERS GROUPED	42	50	46	..	..	..	..	..	..	13	3	16	7	5	12	6	10	16	5	9	14	10	6	16	6	8	14	6	7	13	4	11	15	4	7	11	5	9	14	2	10	12	4	7	11	2	3	5	3	3	6	..	..	..	77	105	182	55	57	112	10	23	33	12	22	34	..	1	1
	CONGENITAL CASES. A. DIRECT	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	CONGENITAL CASES. B. DIRECT AND TRANSFERS	28	31	30	..	..	..	..	..	..	13	3	16	6	2	8	5	6	11	1	7	8	6	5	11	1	1	2	3	2	5	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	28	27	55	28	27	55	..	..	..	..	..	..	..	..	..
CATERHAM.	TOTAL ADMISSIONS—DIRECT AND TRANSFERS GROUPED	39	50	45	..	..	..	..	..	..	17	3	20	11	10	21	10	8	18	8	4	12	8	6	14	4	10	14	8	8	16	11	5	16	7	4	11	7	3	10	3	8	11	3	7	10	1	6	7	..	6	6	..	..	..	118	84	202	90	50	140	16	12	28	11	20	31	1	2	3
	CONGENITAL CASES. A. DIRECT	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	CONGENITAL CASES. B. DIRECT AND TRANSFERS	29	33	32	..	..	..	..	..	..	17	2	19	11	9	20	10	8	18	6	4	10	7	7	14	4	6	10	5	4	9	2	5	7	..	..	..	..	..	..	2	2	4	..	..	..	..	..	..	..	..	..	..	74	44	118	73	43	116	1	..	1	..	..	..	1	1	2
DARENTH.	TOTAL ADMISSIONS—DIRECT AND TRANSFERS GROUPED	13	13	13	32	30	62	14	17	31	20	16	43	7	11	18	1	1	2	1	1	2	1	..	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	90	76	166	90	73	163	..	1	1	..	..	..	..	..	..
	CONGENITAL CASES. A. DIRECT	16	..	16	..	..	..	6	..	6	2	3	5	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	6	..	..	..	..	..	..	..	..	..	..	..	..
	CONGENITAL CASES. B. DIRECT AND TRANSFERS	13	13	13	32	30	62	14	17	31	18	13	31	6	10	16	1	1	2	1	1	2	1	..	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	90	74	164	90	73	163	..	1	1	..	..	..	..	..	..
FOUNTAIN (Temporary).	TOTAL ADMISSIONS—DIRECT AND TRANSFERS GROUPED	14	15	15	140	79	219	106	66	172	82	6	88	5	6	12	14	8	22	14	8	22	18	6	24	9	6	15	5	1	6	..	4	4	..	1	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	398	203	601	377	192	569	..	..	..	..	..	..	12	11	23
	CONGENITAL CASES. A. DIRECT	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	CONGENITAL CASES. B. DIRECT AND TRANSFERS	14	15	15	140	79	219	106	67	173	82	6	88	5	6	12	14	8	22	14	7	21	18	6	24	9	6	15	5	1	6	..	4	4	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	398	198	596	376	186	562	..	..	..	..	..	..	12	10	22

FOR SUMMARY OF TABLE SEE P. 174A.

For Table B4 see Summary p. 174A.

TABLE B5. - *Showing the form of mental disorder on admission in the direct admissions and transfers during the year 1912.*

Insanity occurring later in life.	Forms of mental disorder.	TOOTING BEC ASYLUM.									TOOTING BEC RECEIVING HOME FOR CHILDREN.								
		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.
Congenital or developmental defect or primary defect of mental development may or may not be present.	1. Intellectual — a. With epilepsy	10	7	17	..	..	..	10	7	17	12	18	30	..	..	..	12	18	30
	1. Intellectual — b. Without epilepsy	48	60	108	..	..	..	48	60	108	63	58	121	..	..	..	63	58	121
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	9	7	16	..	..	..	9	7	16	2	2	4	..	..	..	2	2	4
	2. General paralysis of the insane	7	4	11	..	..	..	7	4	11	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions	4	8	12	1	..	1	5	8	13	..	..	..	..	..	..	..	..	..
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	5	11	16	..	..	..	5	11	16	..	..	..	..	..	..	..	..	..
	8. Mania — a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania — b. Chronic	..	4	4	2	2	4	2	6	8	..	..	..	..	..	..	..	..	..
	8. Mania — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — a. Recent	2	1	3	1	..	1	3	1	4	..	..	..	..	..	..	..	..	..
	9. Melancholia — b. Chronic	1	11	12	1	2	3	2	13	15	..	..	..	..	..	..	..	..	..
	9. Melancholia — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — a. Systematised	4	3	7	..	2	2	4	5	9	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — b. Non-systematised	1	4	5	6	1	7	7	5	12	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
	14. Dementia — a. Senile	148	180	328	6	5	11	154	185	339	..	..	..	..	..	..	..	..	..
	14. Dementia — b. Secondary	38	23	61	3	2	5	41	25	66	..	..	..	..	..	..	..	..	..
	Totals	278	321	599	20	14	34	298	335	633	77	76	153				77	78	155

Insanity occurring later in life.	Forms of mental disorder.	LEAVESDEN ASYLUM.									CATERHAM ASYLUM.								
		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.
Congenital or developmental defect or primary defect of mental development may or may not be present.	1. Intellectual — a. With epilepsy	..	..	..	14	5	19	14	5	19	..	..	..	24	10	34	24	10	34
	1. Intellectual — b. Without epilepsy	..	..	..	24	22	46	24	22	46	..	..	..	50	34	84	50	34	84
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	5	5	..	5	5	..	..	..	8	1	9	8	1	9
	2. General paralysis of the insane	..	..	..	5	1	6	5	1	6	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions	..	..	..	..	3	3	..	3	3	..	..	..	..	2	2	..	2	2
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	..	..	..	..	..	..	..	..	..	..	..	..	2	3	5	2	3	5
	8. Mania — a. Recent	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
	8. Mania — b. Chronic	..	..	..	1	..	1	1	..	1	..	..	..	1	..	1	1	..	1
	8. Mania — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — a. Recent	..	..	..	1	4	5	1	4	5	..	..	..	..	..	..	..	..	..
	9. Melancholia — b. Chronic	..	..	..	..	1	1	..	1	1	..	..	..	3	2	5	3	2	5
	9. Melancholia — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — a. Systematised	..	..	..	5	..	5	5	..	5	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — b. Non-systematised	..	..	..	3	..	3	3	..	3	..	..	..	2	3	5	2	3	5
	12. Volitional insanity — a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	14. Dementia — a. Senile	..	..	..	7	25	32	7	25	32	..	..	..	9	23	32	9	23	32
	14. Dementia — b. Secondary	..	..	..	17	36	53	17	36	53	..	..	..	19	6	25	19	6	25
	Totals				77	103	180	77	103	180				118	84	202	118	84	202

Insanity occurring later in life.	Forms of mental disorder.	DARENTH ASYLUM.									FOUNTAIN ASYLUM.								
		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.
Congenital or developmental defect or primary defect of mental development may or may not be present.	1. Intellectual — a. With epilepsy	1	..	1	11	19	30	12	19	31	..	..	..	166	65	231	166	65	231
	1. Intellectual — b. Without epilepsy	7	..	7	69	55	124	76	55	131	..	..	..	222	133	355	222	133	355
	2. Moral	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	1	2
	2. General paralysis of the insane	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	2	2
	3. Insanity with grosser brain lesions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania — a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania — b. Chronic	..	..	..	..	1	1	..	1	1	..	..	..	..	1	1	..	1	1
	8. Mania — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia — b. Chronic	..	..	..	..	1	1	..	1	1	..	..	..	..	1	1	..	1	1
	9. Melancholia — c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — a. Systematised	..	..	..	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..
	11. Delusional insanity — b. Non-systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity — c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	14. Dementia — a. Senile	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
	14. Dementia — b. Secondary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Totals	8	..	8	82	76	158	90	76	166				389	203	592	389	203	592

FOR SUMMARY OF TABLE SEE P. 175.

For Table B6.—See Summary, p. 176A. **ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.**

TABLE B7.—ÆTIOLOGICAL.—*Showing the ætiological factors and associated conditions assigned in the direct admissions during the year 1912, distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.*

TOOTING BEC ASYLUM.

ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.						FIRST-ATTACK CASES.						NOT-FIRST-ATTACK CASES.						CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.						TOTAL DIRECT ADMISSIONS.					
	PRINCIPAL.			CONTRIBUTORY.			PRINCIPAL.			CONTRIBUTORY.			PRINCIPAL.			CONTRIBUTORY.			PRINCIPAL.			CONTRIBUTORY.			TOTAL PRINCIPAL.			TOTAL CONTRIBUTORY.			
	Instances where regarded as the essential or chief factor. *			Instances where regarded as a contributory factor or associated condition. †			Instances where regarded as the essential or chief factor. *			Instances where regarded as a contributory factor or associated condition. †			Instances where regarded as the essential or chief factor. *			Instances where regarded as a contributory factor or associated condition. †			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.			GRAND TOTAL INCIDENCE.
	TOTAL INCIDENCE.			TOTAL INCIDENCE.			TOTAL INCIDENCE.			TOTAL INCIDENCE.			TOTAL INCIDENCE.			TOTAL INCIDENCE.			TOTAL INCIDENCE			TOTAL INCIDENCE									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
A. HEREDITY (*excluding cousins, nephews, nieces and offspring*).																														
1. Insane	4	10	14	..	..	..	4	10	14	4	13	17	1	1	2	5	14	19	..	..	..	..	..	..	..	..	..	..	..	..	8	23	31	1	1	2	9	24	33
2. Epileptic	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
3. Neurotic (*including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Eccentricity (*in marked degree*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	..	2	2	..	6	6
5. Alcoholism	..	1	1	..	1	1	..	3	3	..	1	1	..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B. MENTAL INSTABILITY, as revealed by—																														
1. Moral deficiency	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
2. Congenital mental defect, not amounting to imbecility	1	1	2	..	..	..	..	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	3	4	..	..	..	1	3	4
3. Eccentricity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.																														
1. Smell or taste	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
3. Sight	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	.	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
D. CRITICAL PERIODS.																														
1. Puberty and adolescence	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	2	..	2
2. Climacteric	..	..	..	..	..	..	..	4	4	..	1	1	..	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	..	1	1	..	5	5
3. Senility	..	..	..	..	..	..	113	167	280	2	7	9	115	174	289	..	3	3	..	..	..	..	3	3	6	11	17	..	..	..	6	11	17	119	181	300	2	7	9	121	188	309
E. CHILD-BEARING.																														
1. Pregnancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal state (*not septic*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.																														
1. Sudden	..	1	1	..	..	..	..	1	1	1	..	1	5	1	6	6	1	7	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	5	1	6	6	2	8
2. Prolonged	..	..	..	..	..	..	..	..	..	1	2	3	5	6	11	6	8	14	..	..	..	..	..	..	..	..	..	..	..	..	1	2	3	5	6	11	6	8	14
G. PHYSIOLOGICAL DEFECTS AND ERRORS.																														
1. Malnutrition in early life (*signs of rickets, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Privation and starvation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Over-exertion (*Physical*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Masturbation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
5. Sexual excess	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
H. TOXIC.																														
1. Alcohol	..	..	..	..	..	..	9	1	10	6	6	12	15	7	22	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	10	1	11	6	6	12	16	7	23
2. Drug Habit (*morphia, cocaine, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Puerperal sepsis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
7. Other specific fevers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
‡8. Syphilis, acquired	..	..	..	..	1	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	2	2
‡9. Syphilis, congenital	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
10. Other toxins	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.																														
1. Injuries	..	..	..	..	3	3	..	3	3	5	1	6	1	2	3	6	3	9	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	6	1	7	4	2	6	10	3	13
2. Operations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.																														
1. Lesions of brain	..	1	1	..	..	..	..	1	1	8	6	14	1	2	3	9	8	17	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	8	8	16	1	2	3	9	10	19
2. Lesions of spinal cord and nerves	..	..	..	..	..	..	..	..	..	3	5	8	1	..	1	4	5	9	..	2	2	1	..	1	1	2	3	..	..	..	..	..	..	5	9	14	4	2	6	9	11	20
3. Epilepsy	2	2	4	2	2	4	4	4	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Other defined neuroses (*limited to hysteria, neurasthenia, spasmodic asthma, and chorea*)	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
5. Other neuroses which occurred in infancy or childhood (*limited to convulsions and night-terrors*)	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
L. OTHER BODILY AFFECTIONS.																														
1. Hæmopoietic system (*anæmia, etc.*)	..	..	..	..	..	..	..	2	2	13	117	130	13	119	132	..	..	..	..	2	2	..	2	2	..	2	2	..	2	2	..	2	2	13	121	134	13	123	136
2. Cardio-vascular degeneration	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Valvular heart disease	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1
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, myxœdema, etc.*)	..	3	3	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..	..	3	3
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	5	2	7	..	..	..	..	..	..	8	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	2	15	..	..	..	..	..	..
N. NONE ASSIGNABLE, notwithstanding full history and observation	27	17	44	..	..	..	..	..	..	13	2	15	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	42	20	62	..	..	..	..	..	..
O. NONE ASCERTAINED, history defective	18	28	46	..	..	..	..	..	..	35	22	57	..	..	..	..	..	..	3	1	4	..	..	..	..	..	..	..	..	..	3	4	7	..	..	..	..	..	..	59	55	114	..	..	..	..	..	..
Totals	58	67	125	Total congenital cases.			204	231	435	Total first-attack cases.			4	7	11	Total not-first-attack cases.			12	16	28	Tl. cases unknown-whether-first-attack-or-not.			278	321	599	Total direct admissions.											

* 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.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE B7.—*Continued*—ÆTIOLOGICAL.—*Showing the ætiological factors and associated conditions assigned in the direct admissions during the year* 1912, *distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.*

TOOTING BEC RECEIVING HOME FOR CHILDREN AND DARENTH ASYLUM. (The small figures represent 8 admissions to Darenth Asylum.)

ÆTIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.									FIRST-ATTACK CASES.									NOT-FIRST-ATTACK CASES.									CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.									TOTAL DIRECT ADMISSIONS.								
	PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.			PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.			PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.			PRINCIPAL. Instances where regarded as the essential or chief factor. *			CONTRIBUTORY. Instances where regarded as a contributory factor or associated condition. †			TOTAL INCIDENCE.			TOTAL PRINCIPAL. Total instances where regarded as the essential or chief factor.			TOTAL CONTRIBUTORY. Total instances where regarded as a contributory factor or associated condition.			GRAND TOTAL INCIDENCE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
A. HEREDITY (*excluding cousins, nephews, nieces and offspring*).																																										
1. Insane	5	5	10	..	..	..	5	5	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	5	10	..	..	..	5	5	10
2. Epileptic	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
3. Neurotic (*including only hysteria, neurasthenia, spasmodic (idiopathic) asthma and chorea*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Eccentricity (*in marked degree*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Alcoholism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
B. MENTAL INSTABILITY, as revealed by—																																										
1. Moral deficiency	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Congenital mental defect, not amounting to imbecility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Eccentricity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.																																										
1. Smell or taste	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
D. CRITICAL PERIODS.																																										
1. Puberty and adolescence	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Climacteric	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Senility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E. CHILD-BEARING.																																										
1. Pregnancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal state (*not septic*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.																																										
1. Sudden	..	..	..	..	2	2	..	2	2	1	..	..	..	1	1	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	3	3	1	3	4
2. Prolonged	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
G. PHYSIOLOGICAL DEFECTS AND ERRORS.																																										
1. Malnutrition in early life (*signs of rickets, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Privation and starvation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Over-exertion (*physical*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Masturbation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Sexual excess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
H. TOXIC.																																										
1. Alcohol	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Drug habit (*morphia, cocaine, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1
6. Puerperal sepsis	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1
7. Other specific fevers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
‡8. Syphilis, acquired	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
‡9. Syphilis, congenital	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1
10. Other toxins	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.																																										
1. Injuries	1	1	2	1	2	3	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	2	3	2	3	5
2. Operations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.																																										
1. Lesions of brain	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1
2. Lesions of spinal cord and nerves	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Epilepsy	1	3	4	4	4	8	5	7	12	..	1	1	2	..	2	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	5	6	4	10	7	8	15
4. Other defined neuroses (*limited to hysteria, neurasthenia, spasmodic asthma, and chorea*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Other neuroses which occurred in infancy or childhood (*limited to convulsions and night-terrors*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
L. OTHER BODILY AFFECTIONS.																																										
1. Hæmopoietic system (*Anæmia, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Cardio-vascular degeneration	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Valvular heart disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Respiratory system (*excluding tuberculosis*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Gastro-intestinal system	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Renal and vesical system	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Generative system (*excluding syphilis*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Other general affections, not included above (*e.g., diabetes, myxœdema, etc.*)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
M. CASES IN WHICH NO PRINCIPAL FACTOR COULD WITH CERTAINTY BE ASSIGNED, but in which one or more factors were ascertained, and were returned as contributory	5	3	8	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	4	10	..	..	..	..	..	..
N. NONE ASSIGNABLE, notwithstanding full history and observation	17	10	27	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	10	27	..	..	..	..	..	..
O. NONE ASCERTAINED, history defective	45*	51	96*	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	45*	51	96*	..	..	..	..	..	..
Totals	75*	76	151*	Total congenital cases.			2	2	4	Total first-attack cases.			..	..	..	Total not-first-attack cases.			..	..	..	Tl. cases unknown-whether-first-attack-or-not.			77*	78	155*	Total direct admissions.																

* One entry, and one only, has been made in these columns for each case recorded in them; thus the total of these columns will equal the number of cases belonging to that particular class.
† As several factors will have sometimes been entered in these columns in respect of one case, and, on the other hand, there may have been none to enter, no attempt should be made to totalise these columns.
‡ All cases believed to have suffered, at any time in their lives, from syphilis have been entered.

For Summary of Table see p. 176B.

For Table B8 see p. 176C.
,, ,, B9 see p. 177.

TABLE C1.—*An analysis of the discharges and transfers during the year 1912.*

	TOOTING BEC ASYLUM.						TOOTING BEC RECEIVING HOME FOR CHILDREN						LEAVESDEN ASYLUM.						CATERHAM ASYLUM						DARENTH ASYLUM.						FOUNTAIN (Temporary) ASYLUM.					
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
DISCHARGED AS RECOVERED.																																				
From direct and indirect admissions.																																				
First attack cases	2	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not first attack cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total from direct and indirect admissions	..	..	..	2	5	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
From transfers.																																				
First attack cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..
Not first attack cases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total from transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Total discharged as recovered	..	..	..	2	5	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	3	..	..	..	1	..	1	..	..	..	..	..	..	..
				RELIEVED.					RELIEVED.			NOT IMPROVED.				RELIEVED.			NOT IMPROVED.				RELIEVED.			NOT IMPROVED.				RELIEVED.			NOT IMPROVED.		
DISCHARGED (NOT RECOVERED) AS—																																				
RELIEVED	4	2	6	4	2	6	1	1	2	1	1	2	5	9	14	5	9	14	1	3	4	1	3	4	..	..	..	..	..	..	..	..	..	4	1	5
NOT IMPROVED	12	12	24	..	..	..	5	5	10	..	..	5	19	12	31	..	..	..	11	5	16	..	..	11	4	14	18	..	..	4	14	18	4	1	5	..	..
Total	16	14	30	..	..	..	6	6	12	..	..	..	24	21	45	..	..	..	12	8	20	..	..	..	4	14	18	..	..	..	..	..	..	4	1	5	..	..
REASONS FOR SUCH DISCHARGES.																																				
To go to care of friends	4	5	9	..	..	..	6	2	8	..	..	..	3	2	5	..	..	..	1	2	3	..	..	..	..	..	..	2	7	9	..	..	..	..	..	..	..
,, workhouse	6	1	7	..	..	..	..	1	1	..	..	..	5	9	14	..	..	..	1	1	2	..	..	..	..	..	..	1	1	2	..	..	..	1	..	1	..	..
,, L.C.C. or other asylum	6	8	14	..	..	..	..	..	..	..	..	..	16	10	26	..	..	..	10	5	15	..	..	..	..	..	..	1	6	7	..	..	..	..	..	..	..	..
To be boarded out	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in reception order	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..
,, by lapsing of reception order	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To fever hospital	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	1	5	..	..
Total	16	14	30	..	..	..	6	6	12	..	..	..	24	21	45	..	..	..	12	8	20	..	..	..	4	14	18	..	..	..	..	..	..	4	1	5	..	..
TRANSFERRED AS—																																				
RELIEVED	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NOT IMPROVED	112	141	253	..	..	112	141	253	74	68	142	..	..	..	74	68	142	5	5	10	..	..	..	5	5	10	..	2	2	..	..	2	2	442	202	644	..	..
Total	112	141	253	..	..	..	..	..	..	74	68	142	..	..	..	..	..	..	5	5	10	..	..	..	..	..	..	..	2	2	..	..	..	442	202	644	..	..
DESTINATION OF SUCH TRANSFERS.																																				
To other asylums of the Board	112	141	253	..	..	..	74	68	142	..	..	..	5	5	10	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	442	202	644	..	..
To "single care"	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other destination	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	112	141	253	..	..	..	74	68	142	..	..	..	5	5	10	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	442	202	644	..	..
TOTAL DISCHARGED AND TRANSFERRED AS—																																				
RELIEVED	..	..	..	4	2	6	..	..	..	1	1	2	..	..	..	5	9	14	..	..	..	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NOT IMPROVED	..	..	..	..	..	124	153	277	..	..	..	79	73	152	..	..	..	24	17	41	..	..	..	11	7	18	..	..	..	..	..	446	216	662	..	..	14	13	27

FOR SUMMARY OF TABLE SEE P. 178.

TABLE C2.—*Showing the total cases discharged recovered during the year* 1912 *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 unknown.		Total.		
TOOTING BEC ASYLUM.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.
AGE ON RECOVERY	..	..	..	..	1	..	1	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	5	7
Total length of this attack of mental disorder.	Age at commencement of recent attack of mental disorder.																															
Less than 1 month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
1 month and less than 3 months ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
3 months ,, 6 ,, ..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
6 ,, ,, 9 ,, ..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9 ,, ,, 12 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 ,, ,, 18 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 ,, ,, 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 years ,, 3 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1
3 ,, ,, 5 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Duration unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	5	7
Totals ..	..	..	..	..	1	..	1	3	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..			
CATERHAM ASYLUM.																																
AGE ON RECOVERY	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	..	..	..	..	3	..	3
Total length of this attack of mental disorder.																																
Less than 1 month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1 month and less than 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	1
3 months ,, 6 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 ,, ,, 9 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9 ,, ,, 12 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 ,, ,, 18 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 ,, ,, 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1
2 years ,, 3 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 ,, ,, 5 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
5 ,, ,, 10 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1	..	..	1	..	..	..	3	..	3
DARENTH ASYLUM.																																
AGE ON RECOVERY	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Total length of this attack of mental disorder.																																
Less than 1 month	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1 month and less than 3 months ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 months ,, 6 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6 ,, ,, 9 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9 ,, ,, 12 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 ,, ,, 18 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18 ,, ,, 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
2 years ,, 3 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 ,, ,, 5 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5 ,, ,, 10 ,, ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Totals ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..			

FOR SUMMARY OF TABLE C2, SEE P. 179

TABLE C3.—*Showing the form of mental disorder, on admission, in those discharged recovered during the year* 1912.

Forms of mental disorder (on admission).	M.	F.	Tl.
TOOTING BEC ASYLUM.			
Primary dementia	..	2	2
Secondary dementia	..	1	1
Senile dementia	..	1	1
Chronic melancholia	2	..	2
Insanity with grosser brain lesions	..	1	1
Totals ..	2	5	7
CATERHAM ASYLUM.			
Secondary dementia	1	..	1
Senile dementia	1	..	1
Chronic melancholia	1	..	1
Totals ..	3	..	3
DARENTH ASYLUM.			
Chronic mania	1	..	1
Totals ..	1	..	1

For Summary of Table C3 see p. 180.

For Table C4 see p. 180A.

TABLE D1.— *Showing all the causes of death that entered into the deaths during the year* 1912, *arranged as* PRINCIPAL, CONTRIBUTORY, *and the totals of these; also the number of times each cause (whether principal or contributory) was associated with certain selected causes; and the number of occasions each principal cause of death was verified by post-mortem examination.*

Causes of death.	Instances when returned as PRINCIPAL.			No. 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.		Pulmonary tuberculosis.		Valvular heart disease.		Cerebral hæmorrhage.		Chronic Bright's disease.		Kidney disease.		General paralysis of the insane.		Fattydegeneration of the heart.		Senile decay.			
	M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
TOOTING BEC ASYLUM.																														
GENERAL DISEASES.																														
Cancer	..	3	3	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	1	..	..	..	..	..	..	..
Tuberculosis, general	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, peritonitis	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	10	4	14	13	10	3	13	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	..	3	8	3	..	..
Gangrene	1	..	1	1	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..
Diabetes	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	.	..	..
Peritonitis	1	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..
Phthisis	1	2	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	.	..	..
DISEASES OF NERVOUS SYSTEM.																														
Chronic brain diseases	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of insane	14	5	19	16	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..
Cerebral hæmorrhage	3	2	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	.	.
Pontine hæmorrhage	1	1	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Sub-dural hæmorrhage	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	.	..	..
Cerebral tumour	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	.	.
DISEASES OF HEART.																														
Chronic heart disease	4	3	7	6	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Pericarditis	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..
Syncope	..	..	..	..	1	4	5	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	4	..	..
Cardiac syncope	1	1	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	8	..	..
,, failure	1	..	1	1	4	8	12	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..
Mitral disease	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
DISEASES OF BLOOD VESSELS.																														
Arterio sclerosis	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	.	..	..
Atheroma of the arteries	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	.	.
DISEASES OF DIGESTIVE ORGANS.																														
Volvulus	2	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	.	..	..
Intestinal obstruction	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Acute Pancreatitis	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	.	..	..
DISEASES OF URINARY SYSTEM.																														
Cystitis	3	..	3	3	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	.
Nephritis	..	..	..	..	2	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..
Cirrhosis of liver	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
DISEASES OF GENERATIVE SYSTEM.																														
Enlarged prostate	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	.	.	.	.
CONDITIONS NOT SPECIFIED.																														
Senile decay	109	151	260	232	1	2	3	..	..	..	8	3	..	..	1	1	..	..	..	1	2	1	..	..	1	11	..	.	.	.
Abscess	..	..	..	..	2	..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	1	..	..	..
Strangulated hernia	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	.	.	..	..
Perforation of intestine	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..
Sub mammary abscess	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	157	177	334	299																										
TOOTING BEC RECEIVING HOME FOR CHILDREN.																														
GENERAL DISEASES.																														
Tuberculosis, general	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Inanition	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF THE NERVOUS SYSTEM.																														
Chronic brain disease	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of insane	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	1	3	3																										

* The figures in this column should correspond with those in the column indicated by an asterisk in table D2.

For Summary of Table D1 see page 180B.

TABLE D1 (*continued*).—*Showing all the causes of death that entered into the deaths during the year* 1912, *arranged as* PRINCIPAL, CONTRIBUTORY, *and the totals of these; also the number of times each cause (whether principal or contributory) was associated with certain selected causes; and the number of occasions each principal cause of death was verified by post-mortem examination.*

Causes of death.	* Instances when returned as PRINCIPAL.			No. 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.																							
											Epidemic diarrhœa and infective enteritis.		Dysentery (*colitis*).		Pneumonia.		Pulmonary tuberculosis.		General paralysis of the insane.		Valvular heart disease.		Fatty degeneration of the heart.		Cerebral hæmorrhage.		Chronic Bright's disease.		Tubercular other than pulmonary.		Senile decay.					
	M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
LEAVESDEN ASYLUM.																																			
GENERAL DISEASES.																																			
Cancer	5	6	11	11	..	1	1	5	7	12	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	..	..	..	..
Tuberculosis pulmonary	16	11	27	25	1	6	7	17	17	34	..	..	..	..	..	..	16	12	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..
,, peritonitis	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Lobar pneumonia	3	12	15	14	2	4	6	5	16	21	..	..	..	..	3	12	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	8	..	..	..	..
Broncho ,,	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hypostatic ,,	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicæmia	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, suppurating (Charcot's disease of knee)	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	2	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF NERVOUS SYSTEM.																																			
General paralysis of insane	3	7	10	8	..	..	..	3	7	10	..	..	1	..	1	2	..	2	3	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Status epilepticus	3	4	7	7	..	..	..	3	4	7	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Cerebral softening	..	3	3	3	1	1	2	1	4	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
,, hæmorrhage	..	4	4	3	..	..	..	..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..
,, embolism	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
Meningeal hæmorrhage	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hydrocephalus	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Porencephaly	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF HEART.																																			
Valvular disease of heart	2	5	7	7	..	..	..	2	5	7	..	..	..	..	..	..	..	..	..	..	2	5	..	..	..	..	..	..	..	..	..	2	..	..	..	..
Rupture of heart	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Fatty degeneration of heart	..	3	3	3	..	1	1	..	4	4	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Aortic aneurysm	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Œdema of lung	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY ORGANS.																																			
Bronchitis	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gangrene of lung	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pleurisy	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..
Pneumo-thorac	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pleural effusions	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM.																																			
Paralytic distension of colon	2	..	2	2	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tubercular ulcers intestine	..	2	2	2	1	3	4	1	5	6	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..
DISEASES OF BLOOD VESSELS.																																			
Atheroma of coronary arteries	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF URINARY SYSTEM.																																			
Acute nephritis	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic ,,	2	..	2	2	1	2	3	3	2	5	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	..	..	..	..
Pyelo ,,	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Uræmia	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF LYMPHATIC AND DUCTLESS GLANDS.																																			
Status lymphaticus	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cretinism	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ACCIDENTS OR VIOLENCE.																																			
Impaction of potato in gullet (inquest)	1	..	1	1	..	..	..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fracture of left humerus (inquest)	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulceration and perforation of rectum caused by swallowed rubbish (no inquest)	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
CONDITIONS NOT SPECIFIED.																																			
Senile decay	2	15	17	17	3	21	24	5	36	41	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2	25	..	..	..	..
Totals	43	86	129	123																															

* The figures in this column should correspond with those in the column indicated by an asterisk in table D2

For Summary of Table D1 see page 180B.

TABLE D1 (*continued*).—*Showing all the causes of death that entered into the deaths during the year* 1912, *arranged as* PRINCIPAL, CONTRIBUTORY, *and the totals of these; also the number of times each cause (whether principal or contributory) was associated with certain selected causes; and the number of occasions each principal cause of death was verified by post-mortem examination.*

Causes of death.	Instances when returned as PRINCIPAL.			No. 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.																			
											Epidemic diarrhœa and infective enteritis.		Dysentery (colitis).		Pneumonia.		Pulmonary tuberculosis.		General paralysis of the insane.		Exhaustion from mania or melancholia.		Valvular heart disease.		Fatty degeneration of the heart.		Cerebral hæmorrhage.		Chronic Bright's disease.		Epilepsy.		Cardiac dilatation.		Dropsy.		Senile decay	
	M.	F.	T.		M.	F.	T.	M.	F.	T.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
CATERHAM ASYLUM.																																				
GENERAL DISEASES.																																				
Carcinoma of stomach	3	..	3	3	..	..	..	3	..	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, gall bladder	1	1	2	1	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, liver	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, pancreas	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, ,, breast	..	3	3	2	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, pulmonary	15	6	21	13	..	1	1	15	7	22	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
,, enteritis	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, meningitis	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lobar pneumonia	13	5	18	14	3	..	3	16	5	21	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..
Broncho ,,	2	1	3	3	..	1	1	2	2	4	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Infective enteritis	3	..	3	3	..	..	..	3	..	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulcerative colitis	3	4	7	6	..	..	..	3	4	7	..	..	..	..	..	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	2	..	2	1	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	..	..	..	..	1	..	1	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lardaceous disease	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pyæmia	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Carbuncle	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pelvic cellulitis	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Empyema of antrum	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Osteo arthritis	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF NERVOUS SYSTEM.																																				
Epilepsy	9	5	14	9	1	1	2	10	6	16	..	..	..	..	..	..	1	..	..	..	..	..	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Softening of brain	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral hæmorrhage	4	1	5	4	..	1	1	4	2	6	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, thrombosis	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis (non tuberculous)	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pachymeningitis	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Atrophy of brain	..	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of insane	5	..	5	4	..	..	..	5	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Exhaustion of melancholia	..	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF HEART.																																				
Hypertrophy of heart	1	3	4	4	6	1	7	7	4	11	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..	..
Valvular disease of heart	10	4	14	12	12	5	17	22	9	31	1	..	1	..	1	..	..	1	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..
Dilatation of heart	..	..	..	..	8	1	9	8	1	9	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Degeneration of heart	3	10	13	10	3	5	8	6	15	21	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Pericarditis	..	1	1	1	3	..	3	3	1	4	..	..	..	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Endocarditis	..	..	..	..	1	..	1	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY ORGANS.																																				
Acute bronchitis	1	2	3	3	..	..	..	1	2	3	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic	1	1	2	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchiectasis	..	..	..	..	1	..	1	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Empysæma	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Pleurisy	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary œdema	1	..	1	1	7	8	15	8	8	16	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	5	..	..	1	..	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM.																																				
Simple enteritis	4	4	8	4	1	..	1	5	4	9	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Intestinal obstuction	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Intussusception	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Duodenal ulcer	2	..	2	1	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pancreatitis	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fistula in ano	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ischo-rectal abscess	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulcerative stomatitis	1	..	1	1	..	..	..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis	..	1	1	..	2	1	3	2	2	4	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulceration of œsophagus	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF URINARY SYSTEM.																																				
Chronic Bright's disease	9	4	13	11	2	1	3	11	5	16	..	..	..	..	1	..	..	..	..	..	..	..	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..
Uræmia	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
DISEASES OF LYMPHATIC AND DUCTLESS GLANDS.																																				
Bronchocele	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF GENERATIVE SYSTEM.																																				
Uterine fabroid	..	1	1	1	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
CONDITIONS NOT SPECIFIED.																																				
Senile decay	1	22	23	5	1	4	5	2	26	28	..	..	..	..	..	1	1	..	..	..	..	..	1	..	..	5	..	..	..	..	..	..	..	..	..	..	..
Totals	104	87	191	131																																

* The figures in this column should correspond with those in the column indicated by an asterisk in table D2.

For Summary of Table D 1 see page 180B.

TABLE D1 (*continued*).—*Showing all the causes of death that entered into the deaths during the year* 1912, *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.																	
											Valvular heart disease.		Influenza.		Heart failure.		Ascites.		Abscess of brain.									
	M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.								
DARENTH ASYLUM.																												
GENERAL DISEASES.																												
Pneumonia	1	4	5	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..								
Phthisis	4	6	10	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Chronic otitis media	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1								
Ulceration of gullet and hæmorrhage	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Carcinoma of pancreas	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
DISEASES OF NERVOUS SYSTEM.																												
Organic disease of brain	1	1	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..								
General paralysis of insane	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Epilepsy, exhaustion of	6	3	9	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
DISEASES OF HEART.																												
Fatty degeneration of heart	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..								
Valvular heart disease	..	2	2	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..								
DISEASE OF RESPIRATORY ORGANS.																												
Pleurisy	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
DISEASES OF URINARY SYSTEM.																												
Acute nephritis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Chronic nephritis	1	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..								
CONDITIONS NOT SPECIFIED.																												
Marasmus	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Senile decay	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
Totals	18	20	38	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								

* The figures in this column should correspond with those in the column indicated by an asterisk in table D2.

For Summary of Table D1 see page 180B.

TABLE D1 (*continued*).—*Showing all the causes of death that entered into the deaths during the year* 1912, *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.																	
											General tuberculosis.		Epilepsy.		Pericarditis.		Dysentery (*colitis*).											
	M.	F.	T.		M.	F.	T.	M.	F.	T.																		
FOUNTAIN ASYLUM.																												
GENERAL DISEASES.																												
Tuberculosis general ..	1	1	2	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
,, pulmonary ..	1	1	2	1	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colitis	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scurvy	..	..	..	..	..	1	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM.																												
General paralysis of insane ..	..	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic cerebral disease ..	..	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	6	..	6	5	1	..	1	7	..	7	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF THE HEART.																												
Pericarditis	1	1	2	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASE OF RESPIRATORY ORGAN																												
Empyema	..	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pleurisy	..	..	..	..	1	1	2	1	1	2	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Broncho pneumonia ..	..	1	1	1	1	..	1	1	1	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS	11	7	18	11																								

* The figures in this coloumn should correspond with those in the column indicated by an asterisk in table D 2.

For Summary of Table D 1 see page 180B.

TABLE D2.—*Showing the principal cause of death in each death during the year* 1912, *together with the ages at death in quinquennial periods.*

TOOTING BEC ASYLUM.

PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.																											
	Less than 10.		10—14		15—19		20—24		25—29		30—34		35—39		40—44		45—49		50—54		55—59		60—64		65—69		70 and over.		Totals.*		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl
GENERAL DISEASES.																													
Cancer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	2	0	3	3
Tuberculosis, general	..	..	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	.	..	.	..	1	1
,, peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	.	1	..	1	1
Pneumonia	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	2	1	3	..	3	1	2	..	10	4	14
Gangrene	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	.	.	.	.	1	..	1
Diabetes	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	.	..	1	..	1	..	1
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	..	..	1	..	.	.	1	.	1
Phthisis	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	2	3
DISEASES OF NERVOUS SYSTEM.																													
Chronic brain disease	..	..	..	..	..	..	..	..	1	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	.	..	.	1	.	1
General paralysis of insane	..	..	..	..	..	..	1	..	..	..	..	..	1	..	2	1	3	3	4	..	1	..	2	.	..	1	..	.	14	5	19
Cerebral hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	1	1	..	..	..	.	3	2	5
Pontine ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2
Cerebral tumour	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	.	1	.	1
DISEASES OF HEART.																													
Chronic heart disease	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	.	1	..	..	1	1	1	1	1	4	3	7
Cardiac syncope	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	.	..	..	.	..	1	1	1	2
,, failure	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	1	..	..	.	..	.	1	.	1
Mitral disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	..	.	1	..	1
DISEASES OF BLOOD VESSELS.																													
Arterio sclerosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	.	1	..	1
DISEASES OF DIGESTIVE ORGANS.																													
Volvulus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	.	2	.	2
Intestinal obstruction	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.	1	1
DISEASES OF URINARY SYSTEM.																													
Cystitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	.	..	..	3	..	3
Cirrhosis of liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
CONDITIONS NOT SPECIFIED.																													
Senile decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	3	4	4	19	13	83	131	109	151	260
Strangulated hernia	..	..	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	.	.	.	1	.	1
Sub-mammary abscess	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	.	1	1
Total	..	..	..	..	..	..	1	1	2	1	..	..	2	..	2	2	4	4	7	1	10	5	12	6	27	19	90	138	157	177	334

TOOTING BEC RECEIVING HOME FOR CHILDREN.

GENERAL DISEASES.																													
Tuberculosis, general	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
DISEASES OF NERVOUS SYSTEM.																													
Chronic brain disease	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
General paralysis of insane	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Total	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3

* The figures in this column should correspond with those in the column indicated by an asterisk in table D1.

FOR SUMMARY OF TABLE D2 SEE P. 180C.

TABLE D2 (*continued*).—*Showing the principal cause of death in each death during the year* 1912, *together with the ages at death in quinquennial periods.*

LEAVESDEN ASYLUM.

PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.																													
	Less than 10.		10—14		15—19		20—24		25—29		30—34		35—39		40—44		45—49		50—54		55—59		60—64		65—69		70 and over.		Totals.*		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.
GENERAL DISEASES.																														
Cancer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1	1	1	..	..	..	..	2	4	5	6	11
Tuberculosis pulmonary	..	..	..	..	1	..	1	3	4	2	2	2	..	..	1	..	2	1	2	1	1	1	..	..	1	..	1	1	16	11	27
,, peritonitis	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Lobar pneumonia	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1	..	..	..	..	1	1	..	..	..	2	..	8	3	12	15
Septicæmia	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
,, suppurating (Charcot's disease of knee	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	2	2
DISEASES OF NERVOUS SYSTEM.																														
General paralysis of insane	..	..	..	..	..	..	..	1	..	1	..	..	1	1	..	2	1	..	1	1	..	1	..	..	..	..	..	..	3	7	10
Status epilepticus	..	..	..	..	1	3	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	3	4	7
Cerebral softening	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	3	3
,, hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	2	..	..	..	4	4
,, embolism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	1
Meningeal hæmorrhage	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Hydrocephalus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1
DISEASES OF HEART.																														
Valvular disease of heart	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	.	2	2	5	7
Rupture of heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Fatty degeneration of heart	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	3	3
Aortic aneurysm	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
DISEASES OF RESPIRATORY ORGANS.																														
Gangrene of lung	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	1	..	1	1
DISEASES OF DIGESTIVE SYSTEM.																														
Paralytic distention of colon	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	2	..	2
Tubercular ulcers intestine	..	..	..	..	..	..	..	..	..	1	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	2
DISEASES OF BLOOD VESSELS.																														
Atheroma of coronary arteries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1
DISEASES OF URINARY SYSTEM.																														
Acute nephritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	.	.	1	..	1
Chronic ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	2	..	2
Pyelo ,,	..	..	..	..	..	..	..	..	.	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
DISEASES OF LYMPHATIC AND DUCTLESS GLANDS.																														
Status lymphaticus	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	1	..	1
Cretinism	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
ACCIDENTS OR VIOLENCE.																														
Impaction of potato in gullet (inquest)	..	..	..	..	..	..	..	..	1	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Ulceration and perforation of rectum caused by swallowed rubbish (no inquest)	..	..	..	..	..	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	1
CONDITIONS NOT SPECIFIED.																														
Senile decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	13	2	15	17
Totals	..	..	..	..	2	4	4	5	6	6	3	4	2	3	2	4	5	4	7	5	3	8	1	2	2	7	6	34	43	86	129

For Summary of Table see p. 180C.

TABLE D2 (*continued*).—*Showing the principal cause of death in each death during the year* 1912, *together with the ages at death in quinquennial periods.*

CATERHAM ASYLUM.

PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.																													
	Less than 10.		10—14		15—19		20—24		25—29		30—34		35—39		40—44		45—49		50—54		55—59		60—64		65—69		70 and over.		Totals.*		
	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.
GENERAL DISEASES.																														
Carcinoma of stomach	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	3	..	3
,, gall bladder	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1	1	2
,, liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
,, pancreas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	..	..	..	..	3	3
,, breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	1	15	6	21
Tuberculosis, pulmonary	..	..	..	..	2	..	5	1	..	2	2	..	2	..	1	..	1	..	1	1	..	1	1	..	..	..	..	..	..	1	1
,, meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	13	5	18
Lobar pneumonia	..	..	..	..	1	..	1	..	..	1	1	..	..	..	4	..	..	..	1	3	2	..	1	1	..	..	..	..	2	1	3
Broncho ,,	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	3	..	3
Infective enteritis	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	1	..	..	1	1	1	1	..	..	1	3	4	7
Ulcerative colitis	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2
Enteric fever	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Pyaemia	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1
Carbuncle	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Empyema of antrum	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
DISEASES OF NERVOUS SYSTEM.																														
Epilepsy	..	..	..	..	2	..	..	..	2	1	2	..	1	..	..	..	..	..	..	..	..	2	1	1	..	..	1	1	9	5	14
Softening of brain	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1
Cerebral hæmorrhage	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	1	1	..	1	..	4	1	5
,, thrombosis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1
Pachymeningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Atrophy of brain	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..	..	..	..	..	..	..	5	..	5
General paralysis of insane	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1
Exhaustion of melancholia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF HEART.																														
Hypertrophy of heart	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	4	..	1	..	..	..	.	1	..	2	1	3	4
Valvular disease of heart	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	1	1	1	..	1	..	10	4	14
Degeneration of heart	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	3	..	..	1	5	3	10	13
Pericarditis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1
DISEASES OF RESPIRATORY ORGANS.																														
Acute bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	1	2	3
Chronic ,,	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	1	2
Pulmonary œdema	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1
DISEASES OF DIGESTIVE SYSTEM.																														
Simple enteritis	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2	2	..	..	.	..	1	..	..	4	4	8
Intestinal obstruction	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1
Intussusception	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Duodinal ulcer	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2
Pancreatitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Fistula in ano	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1
Ischio rectal abscess	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Ulcerative stomatitis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Ulceration of œsophagus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF URINARY SYSTEM.																														
Chronic Bright's disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	1	2	1	1	..	3	2	9	4	13
DISEASES OF LYMPHATIC AND DUCTLESS GLANDS.																														
Bronchocele	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1
DISEASES OF GENERATIVE SYSTEM.																														
Uterine fibroid	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1
CONDITIONS NOT SPECIFIED.																														
Senile decay	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	21	1	22	23
Totals	..	..	..	1	8	..	9	2	3	4	8	2	10	1	10	2	1	3	9	7	15	12	13	12	7	4	11	37	104	87	191

For Summary of Table see p. 180C.

TABLE D2 (*continued*).—*Showing the principal cause of death in each death during the year* 1912, *together with the ages at death in quinquennial periods.*

DARENTH ASYLUM.

PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.																													
	Less than 10.		10—14		15—19		20—24		25—29		30—34		35—39		40—44		45—49		50—54		55—59		60—64		65—69		70 and over.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.
GENERAL DISEASES.																														
Pneumonia	..	2	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	4	5
Phthisis	2	..	..	..	..	3	1	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	6	10
Chronic otitis media	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Ulceration of gullet and hæmorrhage..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Carcinoma of pancreas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1
DISEASES OF NERVOUS SYSTEM.																														
Organic disease of brain	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
General paralysis of insane ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Epilepsy, exhaustion from.. ..	1	1	1	..	3	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	6	3	9
DISEASES OF HEART.																														
Fatty degeneration of heart ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Valvular heart disease	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	2
DISEASES OF RESPIRATORY ORGANS.																														
Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
DISEASES OF URINARY SYSTEM.																														
Acute nephritis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1
Chronic ,, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
CONDITIONS NOT SPECIFIED.																														
Marasmus	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Senile decay..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	3	3	3	..	6	5	2	4	..	2	..	..	2	..	..	2	1	..	..	1	1	..	..	..	..	1	..	2	18	20	38

For Summary of Table see page 180C.

TABLE D2.—*Showing the principal cause of death in each death during the year* 1912, *together with the ages at death in quinquennial periods.*

PRINCIPAL CAUSES OF DEATH.	FOUNTAIN ASYLUM.																							
	AGES AT DEATH IN QUINQUENNIAL PERIODS.																							
	Less than 10.		10—14		15—19		20—24		25—29		30—34		35—39		40—44		45—49		50—54		55—59		60—64		65—69		70 and over.		Totals.*		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
GENERAL DISEASES.																															
Tuberculosis general	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
" pulmonary	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
Colitis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
DISEASES OF NERVOUS SYSTEM.																															
General paralysis of insane	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Chronic cerebral disease	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Epilepsy	1	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Meningitis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	..	6
																											1	..	1
DISEASES OF HEART.																															
Pericarditis	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
DISEASES OF RESPIRATORY ORGANS.																															
Empyema	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Bronco pneumonia	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Totals	2	4	7	3	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	7	18

FOR SUMMARY OF TABLE, SEE PAGE 180C.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE D3.—*Showing the total duration of the present attack of mental disorder in the deaths during the year* 1912, *arranged according to the form of mental disorder on admission.*

TOOTING BEC ASYLUM.

Form of mental disorder (on admission).	Less than one month.		1 m. and less than 3 m.		3 m. and less than 6 m.		6 m. and less than 9 m.		9 m. and less than 12 m.		12 m. and less than 2 yrs.		2 yrs. and less than 3 yrs.		3 yrs. and less than 5 yrs.		5 yrs. and less than 10 yrs.		10 yrs. and less than 15 yrs.		15 yrs. and less than 20 yrs.		20 yrs. and less than 25 yrs.		25 yrs. and less than 30 yrs.		30 yrs. and less than 35 yrs.		35 yrs. and less than 40 yrs.		40 yrs. and less than 50 yrs.		50 yrs. and over.		Unknown.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.
Congenital or infantile mental defect or insanity, developing as early in life as it can be observed. — 1. Intellectual {a. With epilepsy}	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	4
{b. Without epilepsy}	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	3	4
2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Insanity occurring later in life. — 1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	1	..	..	2	1	..	..	..	..	..	..	..	..	..	..	2	4	6
2. General paralysis of the insane	..	..	1	..	..	..	1	..	1	1	3	1	5	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	2	14
3. Insanity with grosser brain lesions	..	..	..	..	..	1	..	..	..	..	1	..	1	..	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	2	7
4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Primary dementia	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	4	4
8. Mania {a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4
{b. Chronic	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	1	3
{c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1
9. Melancholia {a. Recent	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	6	7
{b. Chronic	..	..	..	1	..	2	..	..	..	..	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
{c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Delusional insanity {a. Systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
{b. Non-systematised	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4
12. Volitional insanity {a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
{b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
{c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2
13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	104	147	251
14. Dementia {a. Senile	1	1	8	10	10	11	10	10	6	29	14	19	21	30	18	26	10	10	6	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	21	2	23
{b. Secondary	..	..	5	..	..	..	..	..	2	..	1	..	1	..	1	..	4	1	..	1	1	..	3	..	1	..	1	..	..	..	1	2	..	..	..	..	..	..
Totals	1	1	14	11	10	15	12	10	11	32	23	23	28	30	23	26	16	18	9	4	1	1	5	3	2	1	1	..	..	..	1	2	..	..	..	..	157	177	334

TOOTING BEC RECEIVING HOME FOR CHILDREN.

Form of mental disorder (on admission).	Less than one month.		1 m. and less than 3 m.		3 m. and less than 6 m.		6 m. and less than 9 m.		9 m. and less than 12 m.		12 m. and less than 2 yrs.		2 yrs. and less than 3 yrs.		3 yrs. and less than 5 yrs.		5 yrs. and less than 10 yrs.		10 yrs. and less than 15 yrs.		15 yrs. and less than 20 yrs.		20 yrs. and less than 25 yrs.		25 yrs. and less than 30 yrs.		30 yrs. and less than 35 yrs.		35 yrs. and less than 40 yrs.		40 yrs. and less than 50 yrs.		50 yrs. and over.		Unknown.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.
Congenital or infantile mental defect or insanity, developing as early in life as it can be observed. — 1. Intellectual {a. With epilepsy}	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
{b. Without epilepsy}	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Insanity occurring later in life. — 1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
2. General paralysis of the insane	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
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	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	

LEAVESDEN ASYLUM.

Form of mental disorder (on admission).	Less than one month.		1 m. and less than 3 m.		3 m. and less than 6 m.		6 m. and less than 9 m.		9 m. and less than 12 m.		12 m. and less than 2 yrs.		2 yrs. and less than 3 yrs.		3 yrs. and less than 5 yrs.		5 yrs. and less than 10 yrs.		10 yrs. and less than 15 yrs.		15 yrs. and less than 20 yrs.		20 yrs. and less than 25 yrs.		25 yrs. and less than 30 yrs.		30 yrs. and less than 35 yrs.		35 yrs. and less than 40 yrs.		40 yrs. and less than 50 yrs.		50 yrs. and over.		Unknown.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Tl.
Congenital or infantile mental defect or insanity, developing as early in life as it can be observed. — 1. Intellectual {a. With epilepsy}	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	4	2	1	1	..	..	..	2	1	1	1	3	..	..	8	13	21
{b. Without epilepsy}	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	2	..	4	1	2	1	1	2	1	3	4	..	..	10	14	24
2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Insanity occurring later in life. — 1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	..	..	..	..	..	..	..	1	..	..	1	2	..	..	..	..	4	4	8
2. General paralysis of the insane	..	..	..	..	..	..	..	..	1	..	..	..	..	2	1	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	6	8
3. Insanity with grosser brain lesions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
7. Primary dementia	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
8. Mania {a. Recent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
{b. Chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
{c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
9. Melancholia {a. Recent	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	
{b. Chronic	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
{c. Recurrent	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
10. Alternating insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
11. Delusional insanity {a. Systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2	..	2	
{b. Non-systematised	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
12. Volitional insanity {a. Impulse	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
{b. Obsession	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
{c. Doubt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	2	..	3	..	5	..	8	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	20	
14. Dementia {a. Senile	..	..	..	..	..	..	..	..	1	..	1	3	..	2	2	2	4	5	..	1	1	2	3	..	1	4	1	4	..	3	..	..	..	1	14	27	41
{b. Secondary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Totals	..	..	..	..	..	..	..	..	2	..	2	5	1	7	3	10	9	15	1	2	3	6	8	8	2	9	3	6	1	6	4	4	4	8	..	..	43	86	129

FOR SUMMARY OF TABLE SEE PAGE 180D.

ANNUAL REPORT, 1912, STATISTICAL COMMITTEE.

TABLE D3 (*cont.*).—*Showing the total duration of the present attack of mental disorder in the deaths during the year* 1912, *arranged according to the form of mental disorder on admission.*

CATERHAM ASYLUM.

Form of mental disorder (on admission).	Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Unknown.	Totals.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 1. Intellectual {a. With epilepsy											5 2	3 4	2 1	4 3	4 4	3 7	5 11		26 32 11 43 37
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 1. Intellectual {b. Without epilepsy										1	2	4	1	3	4	7	11		32 11 43
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 2. Moral																		1 5	8 6 14
Insanity occurring later in life. — 1. Insanity with epilepsy						1		1	4 1	1	1								2 1 1
Insanity occurring later in life. — 2. General paralysis of the insane					1														
Insanity occurring later in life. — 3. Insanity with grosser brain lesions																			
Insanity occurring later in life. — 4. Acute delirium																			
Insanity occurring later in life. — 5. Confusional insanity																			1 1
Insanity occurring later in life. — 6. Stupor								1											
Insanity occurring later in life. — 7. Primary dementia																		3	4 6 10
Insanity occurring later in life. — 8. Mania {a. Recent							1		2 1			1		2					
Insanity occurring later in life. — 8. Mania {b. Chronic																		3	4 4
Insanity occurring later in life. — 8. Mania {c. Recurrent																			
Insanity occurring later in life. — 9. Melancholia {a. Recent					1														
Insanity occurring later in life. — 9. Melancholia {b. Chronic																			
Insanity occurring later in life. — 9. Melancholia {c. Recurrent																			
Insanity occurring later in life. — 10. Alternating insanity																		2	1 3 4
Insanity occurring later in life. — 11. Delusional insanity {a. Systematised								1											
Insanity occurring later in life. — 11. Delusional insanity {b. Non-systematised					1														
Insanity occurring later in life. — 12. Volitional insanity {a. Impulse																			
Insanity occurring later in life. — 12. Volitional insanity {b. Obsession																			
Insanity occurring later in life. — 12. Volitional insanity {c. Doubt																		5 12	10 31 41
Insanity occurring later in life. — 13. Moral insanity						2 5	2	1 4	1 2 2	3 1	1 1	1 3	2 1	1	1	2	1	5 4	21 13 34
Insanity occurring later in life. — 14. Dementia {a. Senile			1			2	1	1	3										
Insanity occurring later in life. — 14. Dementia {b. Secondary																			
Totals			1			3	5 5	2 2	3 6	10 6	4 3	10 4	10 5	3 6	8 3	10	11 5	16 10	11 29 104 87 191

DARENTH ASYLUM.

Form of mental disorder (on admission).	Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Unknown.	Totals.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 1. Intellectual {a. With epilepsy							1		1 1 2 1	3	3 2	2 3	2			1	1		8 5 13 8 15 23
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 1. Intellectual {b. Without epilepsy													4	2		1	4		
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 2. Moral																			
Insanity occurring later in life. — 1. Insanity with epilepsy											1							1	1
Insanity occurring later in life. — 2. General paralysis of the insane																			
Insanity occurring later in life. — 3. Insanity with grosser brain lesions																			
Insanity occurring later in life. — 4. Acute delirium																			
Insanity occurring later in life. — 5. Confusional insanity																		1	1 1
Insanity occurring later in life. — 6. Stupor																			
Insanity occurring later in life. — 7. Primary dementia																			
Insanity occurring later in life. — 8. Mania {a. Recent																			
Insanity occurring later in life. — 8. Mania {b. Chronic																			
Insanity occurring later in life. — 8. Mania {c. Recurrent																			
Insanity occurring later in life. — 9. Melancholia {a. Recent																			
Insanity occurring later in life. — 9. Melancholia {b. Chronic																			
Insanity occurring later in life. — 9. Melancholia {c. Recurrent																			
Insanity occurring later in life. — 10. Alternating insanity																			
Insanity occurring later in life. — 11. Delusional insanity {a. Systematised																			
Insanity occurring later in life. — 11. Delusional insanity {b. Non-systematised																			
Insanity occurring later in life. — 12. Volitional insanity {a. Impulse																			
Insanity occurring later in life. — 12. Volitional insanity {b. Obsession																			
Insanity occurring later in life. — 12. Volitional insanity {c. Doubt																			
Insanity occurring later in life. — 13. Moral insanity																			
Insanity occurring later in life. — 14. Dementia {a. Senile																			
Insanity occurring later in life. — 14. Dementia {b. Secondary								1	3 2	3	6 5	2 4		2		2	1	1	18 20 38
Totals								1											

FOUNTAIN TEMPORARY ASYLUM.

Form of mental disorder (on admission).	Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 50 yrs.	50 yrs. and over.	Unknown.	Totals.
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 1. Intellectual {a. With epilepsy							1 1	1	5 1 2 2	1									7 1 8 4 6 10
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 1. Intellectual {b. Without epilepsy								3		1									
Congenital or infantile mental deficiency (idiocy or imbecility): recognised only as such in life as it can be observed. — 2. Moral																			
Insanity occurring later in life. — 1. Insanity with epilepsy																			
Insanity occurring later in life. — 2. General paralysis of the insane																			
Insanity occurring later in life. — 3. Insanity with grosser brain lesions																			
Insanity occurring later in life. — 4. Acute delirium																			
Insanity occurring later in life. — 5. Confusional insanity																			
Insanity occurring later in life. — 6. Stupor																			
Insanity occurring later in life. — 7. Primary dementia																			
Insanity occurring later in life. — 8. Mania {a. Recent																			
Insanity occurring later in life. — 8. Mania {b. Chronic																			
Insanity occurring later in life. — 8. Mania {c. Recurrent																			
Insanity occurring later in life. — 9. Melancholia {a. Recent																			
Insanity occurring later in life. — 9. Melancholia {b. Chronic																			
Insanity occurring later in life. — 9. Melancholia {c. Recurrent																			
Insanity occurring later in life. — 10. Alternating insanity																			
Insanity occurring later in life. — 11. Delusional insanity {a. Systematised																			
Insanity occurring later in life. — 11. Delusional insanity {b. Non-systematised																			
Insanity occurring later in life. — 12. Volitional insanity {a. Impulse																			
Insanity occurring later in life. — 12. Volitional insanity {b. Obsession																			
Insanity occurring later in life. — 12. Volitional insanity {c. Doubt																			
Insanity occurring later in life. — 13. Moral insanity																			
Insanity occurring later in life. — 14. Dementia {a. Senile																			
Insanity occurring later in life. — 14. Dementia {b. Secondary								1 1	1 3	7 3	2								11 7 18
Totals																			

FOR SUMMARY OF TABLE SEE PAGE 180D.

TABLE E1.—*Showing the ages (in quinquennial periods) of those on the registers on the 31st December, 1912, arranged according to the total duration of present attack of mental disorder.*

TOOTING BEC ASYLUM.

| Total duration of present attack of mental disorder. | Ages on 31st December, 1912, of those on Registers on that date. | | |

TABLE E2.—*Showing the form of mental disorder on 31st December, 1912, of those on the registers at that date.*

Forms of mental disorder on 31st December.		Tooting Bec Asylum.			Tooting Bec Receiving Home for Children.			Leavesden Asylum.			Caterham Asylum.			Darenth Asylum.			Fountain Asylum.		
		M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.
Congenital or infantile mental defiency (idiocy or imbecility) occurring as early in life as it can be observed.	1. Intellectual (*a.* With epilepsy)	10	8	18	4	2	6	138	177	315	175	174	349	69	250	319	148	63	211
	1. Intellectual (*b.* Without epilepsy)	44	40	84	37	17	54	409	386	795	465	483	948	720	481	1201	215	117	332
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	9	..	9	..	..	..	54	53	107	33	44	77	..	..	..	1	..	1
	2. General paralysis of the insane	4	3	7	..	..	..	12	9	21	1	1	2	..	..	..	..	1	1
	3. Insanity with grosser brain lesions	12	1	13	..	..	..	5	10	15	1	1	2	..	..	..	..	..	..
	4. Acute delirium	..	9	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	1	..	1	1	1	2	..	..	..	..	..	..
	6. Stupor	..	28	28	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..
	7. Primary dementia	12	..	12	..	..	..	1	..	1	22	15	37	..	1	1	..	..	..
	8. Mania (*a.* Recent)	2	15	17	..	..	..	1	3	4	..	..	..	..	..	..	..	..	..
	8. Mania (*b.* Chronic)	8	2	10	..	..	..	4	33	37	40	89	129	4	..	4	..	1	1
	8. Mania (*c.* Recurrent)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia (*a.* Recent)	..	..	..	..	..	..	1	4	5	..	..	..	..	..	..	..	..	..
	9. Melancholia (*b.* Chronic)	7	15	22	..	..	..	2	3	5	15	27	42	..	..	..	..	..	..
	9. Melancholia (*c.* Recurrent)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..
	11. Delusional insanity (*a.* Systematised)	7	5	12	..	..	..	17	4	21	..	..	..	2	1	3	..	..	..
	11. Delusional insanity (*b.* Non-systematised)	14	15	29	..	..	..	13	7	20	11	8	19	..	..	..	..	..	..
	12. Volitional insanity (*a.* Impulse)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity (*b.* Obsession)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity (*c.* Doubt)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	14. Dementia (*a.* Senile)	273	404	677	..	..	..	18	63	81	20	57	77	..	..	..	..	..	..
	14. Dementia (*b.* Secondary)	53	21	74	..	..	..	285	355	640	161	191	352	1	4	5	..	1	1
Totals		456	566	1022	41	19	60	964	1107	2071	946	1091	2037	796	738	1534	364	183	547
Prospect of mental recovery	Favourable	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Doubtful	..	6	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Unfavourable	456	557	1013	41	19	60	964	1107	2071	946	1091	2037	796	738	1534	364	183	547

For Summary of Table E2, see p. 182.

APPENDIX III.

REPORT UPON THE LABORATORY WORK AND PREPARATION OF DIPHTHERIA ANTITOXIN CARRIED OUT UNDER THE METROPOLITAN ASYLUMS BOARD DURING THE YEAR 1912.

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.

BELMONT LABORATORIES,
Sutton,
Surrey,
15 *May*, 1913.

Diphtheria antitoxin.

The preparation of diphtheria antitoxin has been carried out much on the lines of previous years. The amount supplied during 1912, to the various institutions of the Board, included 23,984 doses, each of 4,000 units, in addition to 880,000 units, containing no antiseptic, for intravenous injections, or, in all, 96,816,000 units.

During the year 6,510 cases, including 405 in which diphtheria bacilli were found to be present although they manifested no clinical evidence of the disease, were treated for diphtheria in the Board's hospitals. It is calculated that, on an average, 14,871 units were used for each patient. The corresponding figures for 1911 were 106,172,000 units for a total of 6,127 patients treated, or 17,328 units per patient.

In addition 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 former years, provided with diphtheria antitoxin, the total amount supplied during 1912 being 1,000,000 units, as compared with a similar quantity during 1911.

Other supplies. There were also sent to the Board's institutions outfits necessary for diagnostic work and a large quantity of various 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 957 specimens, mainly swabs taken from the throat, nose, or ear of patients in the hospitals of the Board, have been examined for the presence of virulent diphtheria bacilli. These specimens were derived from 477 patients in whom the diagnosis was doubtful, or who were awaiting their discharge from the hospital. It is seen that specimens from 7·2 per cent. of all the diphtheria patients treated in the Board's hospitals were examined in the laboratories, the remainder probably being cases in which the diagnosis was simple and straightforward. In 1911 the corresponding figures were 616 specimens from 311 patients, or 5·07 per cent. of the total cases treated.

781 swabs from the nose and throat of 351 cases of measles treated in the North Eastern Hospital were examined for the presence of virulent diphtheria bacilli.

Agglutinative reactions. During 1912, 441 samples of blood taken from typhoid patients in the Board's fever hospitals have been examined for the determination of the agglutinative reaction upon the typhoid bacilli of the serum from these samples, with the object of corroborating or correcting the diagnosis of enteric fever (Widal's reaction). These specimens were derived from 375 patients. 1,859 samples of blood sent from the Board's asylums were tested in a similar manner, the samples being obtained from 1,859 inmates, many of whom were of faulty habits. 10 samples of blood have also been examined for their agglutinative reaction upon organisms allied to typhoid bacilli, viz. : the members of the paratyphoid group.

Typhoid examinations. The examination of the excreta of inmates of the Board's asylums for the presence of typhoid bacilli was continued during the year, 386 fæces and 392 urines derived from 74 cases being examined, 7 fæces and 8 urines from cases in other institutions of the Board were also examined.

Special examinations. 12 samples of cerebro-spinal fluid from suspected cases of cerebro-spinal meningitis and 21 specimens from cases suspected to be suffering from tuberculosis have been submitted for examination during the year. 9 other samples were received at the laboratories, and there examined with the object of separating and, if possible, identifying the organisms present. In 282 cases standardised vaccines designed for use in the treatment of these cases were prepared from the bacteria isolated from the material submitted for examination, and, in 27 cases, vaccines prepared from organisms, cultures of which were maintained at the laboratories, were supplied.

2 specimens have been examined for ringworm, and 58 specimens have been examined for the Wassermann reaction.

21 specimens have been received at the laboratories for the preparation of microscopic sections for histological examination.

1 sample of cheese and 3 samples of milk were examined at the laboratories during the year.

The water supplies of certain of the Board's institutions have been kept under observation during the past year, 37 samples of potable water taken from five of the institutions having been brought under examination.

The sterilizing plant at Leavesden Asylum has been tested during the year.

The following table shews the number of examinations carried out for the Board's asylums, infectious hospitals, and children's institutions, during the year :—

Institutions	Diphtheria.	Typhoid.		Widals.	Other examinations.	Totals.
		Faeces.	Urine.			
Asylums	2	386	392	1,859	12	2,651
Infectious hospitals	1,726	3	4	438	128	2,299
Children's institutions ..	8	4	4	3	345	364
Totals	1,736	393	400	2,300	485	5,314

(Signed) G. SIMS WOODHEAD,

(Signed) G. E. CARTWRIGHT WOOD.

Return of work done and antitoxin supplied during the year ended 31 December, 1912.

Institutions.	Antitoxin supplied.				Media, etc., supplied.								Tuberculins.			Bacteriological work.															Other examination		
	No. of doses each of 4,000 units.	Without antiseptic for intravenous injections.	Total No. of antitoxin units supplied during 1912.	Total No. of antitoxin units supplied during 1911.	Serum tubes.	Swabs.	Beef broth tubes.	Agar agar.	Veal broth tubes.	Gelatine.	Special media.		T.R.	B.E.	T.	Diphtheria.	Typhoid. Fæces.	Typhoid. Urine.	Agglutinations. Widal.	Agglutinations. Para-typhoid.	Isolation, etc., of cultures.	Vaccines. Special.	Vaccines. Stock.	Cerebro-spinal meningitis.	Tubercle.	Urine.	Cheese.	Milk	Water.	Sterilising plant.	Wassermann reaction.	Histology.	Ringworms.
Leavesden Asylum	..	..	..	..	..	..	..	12	..	..	..		..	..	..	2	193	192	332	..	..	..	..	..	1	..	..	..	..	1	..	..	..
Caterham ,,	..	..	..	..	..	..	..	..	..	..	..		..	..	..	..	105	109	441	..	..	..	..	..	..	..	..	..	4	..	..	..	..
Darenth I. Colony	..	..	..	..	..	..	..	..	..	..	..		..	..	..	..	14	24	345	..	..	..	..	..	12	..	..	..	12	..	..	1	..
Tooting Bec As'm.	..	..	..	..	..	..	..	..	..	..	..		..	..	..	..	52	50	490	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Fountain ,,	..	..	..	..	..	..	..	..	..	..	..		..	..	..	..	22	17	251	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eastern Hospital	1,650	..	6,600,000	7,040,000	900	850	80	24	..	..	..		..	..	..	..	..	..	3	2	2	20	11	..	..	..	..	..	..	..	1	2	..
North-Eastern ,,	4,017	880,000	16,948,000	23,900,000	10,000	1,250	..	12	12	12	..		..	..	..	999	3	4	81	..	1	38	2	2	2	2	..	..	..	..	3	..	2
North-Western,,	4,050	..	16,200,000	15,300,000	2,850	3,400	..	..	..	..	..		..	..	..	616	..	..	80	..	1	..	..	2	..	..	..	..	..	..	..	2	..
Western ,,	3,200	..	12,800,000	12,300,000	5,650	5,650	12	6	..	..	..		..	..	..	32	..	..	39	3	..	1	..	2	..	..	..	..	..	..	..	..	..
South-Western,,	1,825	..	7,300,000	7,900,000	1,450	1,400	..	24	6	6	..		..	..	..	1	..	..	111	3	1	..	..	2	..	..	..	..	..	..	..	..	..
Grove ,,	1,700	..	6,800,000	8,500,000	3,150	350	34	10	..	10	..		..	..	..	18	..	..	..	..	..	2	9	..	..	..	..	..	..	..	4	..	..
South-Eastern ,,	2,525	..	10,100,000	10,600,000	2,100	2,050	..	..	..	..	..		..	..	..	36	..	..	124	1	..	2	..	1	..	..	..	..	..	..	1	2	..
Brook ,,	4,225	..	16,900,000	1,600,000	4,450	4,550	..	6	..	..	..		..	..	..	9	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..
Northern ,,	300	..	1,200,000	1,400,000	2,650	2,550	..	..	..	..	..		..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Southern ,,	375	..	1,500,000	24,000	8,200	8,150	..	..	..	..	..		..	..	..	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Queen Mary's ,,	17	..	68,000	192,000	286	400	..	12	..	..	..		64	8	18	..	..	..	..	..	1	150	3	3	9	1	..	3	..	..	5	14	..
Park ,,	50	..	200,000	16,900,000	850	50	60	108	..	48	4		..	..	..	5	..	..	3	1	..	4	2	..	1	..	..	..	5	..	43	..	..
St. Anne's Home	..	..	..	..	..	12	..	..	..	..	..		..	..	..	..	..	..	..	..	2	3	..	..	1	..	..	..	..	..	..	..	..
East Cliff House	50	..	200,000	100,000	..	50	..	..	..	..	..		32	..	..	1	..	..	..	..	..	4	..	..	2	..	..	..	6	..	..	..	..
Millfield	..	..	..	..	..	..	..	..	..	..	..		38	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	20	..	..	..	..
White Oak School	..	..	..	100,000	..	..	..	72	..	..	..		..	..	..	1	..	..	..	..	..	27	..	..	..	..	..	..	..	..	..	..	..
High Wood School	..	..	..	..	6	..	..	48	..	..	..		..	..	..	..	..	..	..	..	..	31	..	..	2	..	..	..	..	..	..	..	..
T.S. Exmouth ..	..	..	..	16,000	..	..	..	..	..	..	..		..	..	..	..	4	4	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Totals M. A. B. Institutions	23,984	880,000	96,816,000	106,172,000	42,542	30,712	186	334	18	76	4		134	8	18	1,736	393	400	2,300	10	9	282	27	12	21	1	1	3	37	1	58	21	2
General hospitals																																	
Gt. Ormond St. ..	175	..	700,000	900,000																													
Middlesex Hospital	75	..	300,000	100,000																													
Totals (general hospitals) ..	250	..	1,000,000	1,000,000																													
Grand totals ..	24,234	880,000	97,816,000	107,172,000																													

MEDICAL SUPPLEMENT

FOR THE

YEAR 1912.

EDITED BY

E. W. GOODALL, M.D.,

AND

F. M. TURNER, M.D.

CONTENTS.

		PAGE
1.	Preface	249
2.	Complications and co-existent infectious diseases. Tables I.—VI.	250
3.	Tracheotomy and intubation statistics. Tables VII.—IX.	254
4.	Laparotomy statistics. Table X.	256
5.	Miscellaneous diseases admitted. Tables XI. and XII.	257
6.	The Treatment of Diphtheria Bacillus Carriers with bouillon cultures of staphylococcus pyogenes aureus. By J. D. Rolleston, M.D. (Assistant Medical Officer, Grove Hospital)	263
7.	The Treatment of Dental Disease in Children. By F. St. J. Steadman, D.P.H., M.R.C.S., L.R.C.P., L.D.S. (Dental Surgeon to Queen Mary's Hospital)	268
8.	Pulmonary Tuberculosis at Queen Mary's Hospital. By W. T. Gordon Pugh, M.B., B.S. (Lond.) (Medical Superintendent)	264
9.	Notes on 64 cases of Pulmonary Tuberculosis in Children treated with Tuberculin. By F. C. Caley, M.A., M.B., D.P.H. (Late Senior Assistant Medical Officer, Queen Mary's Hospital for Children) ..	276
10.	The Influence of Tuberculin Treatment on early Pulmonary Tuberculosis. By Noel Anthony Coward, M.B., Ch.B. (Edin.) (Assistant Medical Officer, Queen Mary's Hospital for Children) ..	281
11.	Vaccine Therapy in Chronic Otorrhœa. By A. Anderson, M.B., Ch.B. (Glas.) (Assistant Medical Officer, Queen Mary's Hospital for Children)	284
12.	The results of Treatment in Pulmonary Tuberculosis in Childhood. By C. E. Last, M.R.C.S., L.R.C.P., Lond. (Visiting Medical Officer, Millfield Home for Pulmonary Tuberculosis) ..	286

1.—PREFACE.

The tables in this supplement with the exception of the last two, tables XI. and XII., 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 1912.

Half-a-dozen tables, that have been published annually for many years, have been omitted ; namely, those relating to post-scarlatinal diphtheria and to the antitoxin treatment of diphtheria. Post-scarlatinal diphtheria is not now the formidable disease it once was in the Managers' hospitals, from the point of view either of frequency or of severity ; and the antitoxin treatment of diphtheria has been for some years past so well-established that further accumulation of details concerning it is unnecessary.

The fact that emerges most strikingly from the tables of the complication of the various diseases is the low incidence-rates, which are seen in all the diseases except enteric fever. Nearly all the important complications of scarlet fever, diphtheria, measles and whooping-cough are less frequent than they were during the year 1911 ; and in the case of scarlet fever and diphtheria less frequent than during the ten years 1900 to 1909. The only exceptions are abscesses and enteritis in the case of measles, and otitis and stomatitis in the case of whooping-cough. All these complications show a rather higher incidence-rate than they did in 1911. These low complication-rates may be taken as evidence of a diminished virulence, which is also manifest in the decreased case-mortalities of the four diseases in question. The case mortalities of scarlet fever and diphtheria include the extraordinarily low figure of 1·57 and 6·57 per cent. respectively. The means for the ten years 1900 to 1909 were 3·01 and 10·19 per cent. The case-mortality of scarlet fever in the Managers' hospitals has been falling steadily since 1904.

On the other hand the incidence of two of the important complications of enteric fever, namely, relapse and hæmorrhage, is higher than it was last year ; though that of relapse is lower than the mean for the years already mentioned (1900-1909). The incidence of the most serious complication of this disease, perforation, is low, being about half the mean incidence for the years 1900 to 1909. The case-mortality of enteric fever is unusually high, 17·8 per cent., a rate which is not only higher than that of last year but also than that of the mean rate for the ten years 1900 to 1909 (14·5). It should, however, be pointed out that the number of completed cases during 1912, 250, were very small so that little importance is to be attached to last year's rates.

The measles and whooping-cough tables bear out what was stated last year, that broncho-pneumonia is the most frequent complication of these diseases, and that the next most frequent, especially in the case of measles, is otitis.

2. COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1912.

TABLE I.—*Showing incidence of complications amongst cases of scarlet fever completed during* 1912.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove	South-Eastern.	Brook.	Northern.	Southern.	Total.	Ratio per cent.
Total cases	872	1,410	1,154	1,331	868	1,355	1,331	1,472	(2,708)	(3,828)	9,793	..
Relapse of disease	11	22	25	6	7	32	22	24	61	91	301	3·07
Rheumatism	6	25	32	..	51	40	21	16	15	22	228	2.33
Chorea	..	..	..	..	3	..	..	..	..	..	3	·03
Pyæmia	..	..	1	..	..	2	..	..	..	..	3	·03
Meningitis	..	..	..	..	..	1	..	..	..	..	1	·01
Otitis	47	88	103	98	76	101	92	121	57	121	904	9.22
Mastoid abscess[1]	..	3	5	4	1	7	3	8	3	2	36	·37
Endocarditis	3	1	1	4	3	4	4	2	2	7	31	·32
Pericarditis	..	..	..	..	..	..	..	..	1	2	3	·03
Laryngitis	3	..	..	..	..	2	..	4	..	1	10	·10
Bronchitis	1	13	7	..	3	..	..	2	3	2	31	·32
Broncho-pneumonia	2	5	3	..	3	2	1	9	1	7	33	·33
Pleurisy	1	1	..	1	..	1	1	..	..	1	6	·06
Empyema	..	1	..	1	1	1	..	..	..	2	6	·06
Stomatitis, ulcerative	5	2	6	..	3	2	3	5	7	4	37	·38
Tonsillitis during convalescence	6	3	23	12	15	17	8	10	17	6	117	1·19
Jaundice	4	4	6	2	1	6	1	7	2	4	37	·38
Nephritis	29	36	33	25	24	28	29	27	19	21	271	2·77
Albuminuria[2]	30	87	47	51	21	140	45	126	70	57	674	6·88
Cervical cellulitis	3	..	4	3	..	2	5	..	..	..	17	·17
Adenitis, suppurative, occurring in the acute stage	..	2	1	9	5	7	..	2	..	..	26	·26
Adenitis of convalescence, simple	42	75	55	30	60	34	15	49	27	32	419	4·28
Adenitis of convalescence, suppurative	10	16	12	5	8	7	2	4	5	10	79	.81
Abscesses — excluding mastoid and cervical abscesses	10	13	7	6	7	6	3	8	2	7	69	·70
Specific infectious diseases[3]—												
Diphtheria	3	4	23	8	6	5	17	8	22	35	131	1·33
Chickenpox	6	24	28	3	10	24	20	23	36	23	197	2.01
Measles	1	7	7	10	9	1	12	35	..	16	98	1·00
Rubella	..	..	..	..	..	..	..	..	..	1	1	·01
Whooping cough	..	11	5	5	3	7	8	5	..	17	61	·62
Mumps	..	..	3	5	1	..	..	..	2	2	13	·13
Erysipelas	.	1	..	..	2	1	1	1	..	1	7	·07
Enteric fever	..	..	..	..	..	..	..	..	..	..	..	..
Lobar pneumonia	3	4	..	3	1	1	2	..	..	7	21	·21
Tuberculosis	1	..	..	..	..	..	..	..	..	..	1	·01

1. Includes all suppuration 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. Contracted presumably after admission to hospital.

TABLE II.—*Showing incidence of complications amongst cases of diphtheria completed during* 1912.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Total.	Ratio Per cent.
Total cases	401	594	755	770	403	549	772	901	(787)	(1111)	5,145	..
Relapse of disease	3	4	2	4	1	7	5	5	4	3	38	·74
Paralysis	31	82	92	51	38	60	25	91	7	6	483	9·38
Otitis	21	29	10	36	23	14	37	30	7	31	238	4·62
Mastoid abscess[1]	..	..	1	..	..	..	1	1	..	2	5	·10
Broncho-pneumonia	6	5	1	7	2	4	7	12	..	3	47	·91
Adenitis–suppurative, occurring in the acute stage	4	1	1	6	3	3	2	..	..	..	20	·39
Adenitis of convalescence—simple	..	20	4	7	13	12	1	28	5	13	103	2·00
Adenitis of convalescence—suppurative	..	5	8	4	..	..	1	1	..	3	22	·43
Nephritis	2	3	4	1	4	1	1	2	..	1	19	·37
Albuminuria[2]	141	154	128	92	32	239	91	357	7	16	1,257	24·40
Jaundice	..	3	..	..	..	..	..	..	..	..	3	·06
Tonsillitis	..	8	..	..	..	..	1	..	..	..	9	·17
Specific infectious diseases[3]—												
Scarlet fever	5	16	9	22	14	15	24	29	6	44	184	3·57
Chickenpox	..	3	4	5	9	4	2	7	7	13	54	1·05
Measles	4	2	2	1	1	1	25	8	..	..	44	·85
Whooping cough	1	11	2	7	2	..	17	2	1	6	49	·95
Rubella	..	..	8	1	..	..	..	..	..	..	9	·17
Lobar pneumonia	1	2	..	4	1	1	5	1	..	2	17	·33
Mumps	..	..	..	2	..	..	1	2	1	1	7	·14
Tuberculosis	2	..	..	..	..	..	..	..	..	..	2	·04
Complications referable to antitoxin amongst cases of diphtheria treated with it.												
Total cases	390	581	588	648	380	530	673	798	..	..	4,588	..
Rash	116	218	229	230	120	225	61	186	..	..	1,385	30·19
Joint pains	14	30	35	10	18	37	5	33	..	..	182	3·96
Abscess	1	3	23	3	..	4	1	..	..	..	35	·76

1. See note 1, Table I. 2. See note 2, Table I. 3. See note 3, Table I.

TABLE III.—*Showing incidence of complications amongst cases of enteric fever completed during* 1912.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Total.	Ratio per cent.
Total cases	16	28	30	38	64	..	74	..	250	..
Relapse of disease	1	7	1	2	5	..	4	..	20	8·0
Hæmorrhage	2	3	8	1	6	..	3	..	23	9·1
Perforation	..	..	1	1	1	..	1	..	4	1·6
Peritonitis (non-perforative)	1	..	1	..	..	..	..	..	2	·8
Broncho-pneumonia	1	..	..	..	..	..	1	..	2	·8
Pleurisy	..	..	..	..	1	..	..	..	1	·4
Nephritis	..	..	..	..	2	..	..	..	2	·8
Parotitis	..	1	..	..	1	..	1	..	3	1·2
Periostitis	1	..	..	..	..	..	..	..	1	·4
Phlebitis	..	..	1	1	2	..	..	..	4	1·6
Dementia	..	2	..	..	..	..	1	..	3	1·2
Peripheral neuritis	..	..	1	..	..	..	..	..	1	·4
Otitis media	..	..	3	..	3	..	1	..	7	2·8
Abscesses	..	..	..	..	1	..	..	..	1	·4
Boils	..	..	..	..	1	..	..	..	1	·4
Specific infectious diseases[1]—										
Scarlet fever	4	..	..	..	..	..	..	..	4	1·6
Lobar pneumonia	1	..	1	..	..	..	1	..	3	1·2

1. See note 3, Table I.

TABLE IV.—*Incidence of complications amongst cases of measles completed during* 1912.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Weetern.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Total.	Ratio per cent.
Total cases	580	337	539	731	403	281	692	209	(488)	(315)	3,772	..
Relapse of disease	..	..	2	..	1	..	..	..	..	..	3	·08
Pyæmia	..	..	..	..	..	..	1	..	..	..	1	·03
Meningitis	1	..	..	1	2	..	..	..	..	..	4	·11
Otitis	54	25	40	107	65	18	61	22	19	6	417	11·05
Vesicular and bullous eruptions ..	14	..	..	7	2	..	..	1	..	..	24	·63
Laryngitis	19	3	6	21	2	10	2	12	..	..	75	1·99
Broncho-pneumonia	88	88	62	109	48	40	57	37	4	4	537	14·25
Pleurisy	2	..	..	12	..	..	3	1	..	..	18	·48
Empyema	2	1	1	..	..	..	..	..	..	..	4	·11
Stomatitis	13	3	6	16	7	8	3	2	4	2	64	1·69
Cancrum oris	2	..	..	2	..	..	..	..	..	..	4	·11
Albuminuria[1]	6	8	11	30	1	8	21	9	3	4	101	2·68
Adenitis (cervical)	5	10	8	12	6	..	2	1	5	2	51	1·35
,, (suppurative)	1	..	3	5	3	..	1	2	1	..	16	·42
Abscesses (other kinds)	35	8	4	15	5	4	3	3	..	1	78	2·07
Conjunctivitis	21	8	16	41	9	4	7	3	5	4	118	3·13
Keratitis	..	..	..	2	1	3	..	2	..	..	8	·21
Enteritis	3	1	20	60	..	..	1	13	..	..	98	2·59
Specific infectious diseases[2]—												
Scarlet fever	3	3	1	13	20	..	21	1	..	7	69	1·83
Diphtheria	2	2	3	17	12	2	19	1	3	6	67	1·77
Chickenpox	1	5	9	13	4	1	2	5	4	4	48	1·27
Rubella	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough	12	3	9	24	5	3	17	2	5	11	91	2·41
Mumps	..	..	..	2	..	..	..	..	..	3	5	·13
Erysipelas	1	..	..	2	..	..	..	..	..	..	3	·08
Enteric fever	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary tuberculosis	..	..	..	..	..	..	1	..	..	..	1	·03
Tuberculosis	..	1	1	14	..	..	5	..	..	..	21	·56
Lobar pneumonia	1	10	..	1	..	1	3	..	..	..	16	·42
Acute poliomyelitis	1	..	..	..	..	..	..	..	..	..	1	·03

1. See note 2, Table I. 2. See note 3, Table I.

TABLE V.—*Incidence of complications amongst cases of whooping cough completed during* 1912.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Total.	Ratio per cent.
Total cases	189	348	71	280	62	361	298	166	(128)	(534)	1,775	..
Otitis	2	36	3	20	1	10	11	16	5	10	114	6·42
Meningitis	..	..	2	1	..	..	..	1	..	..	4	·22
Convulsions	5	8	3	8	..	8	4	1	..	..	37	2·08
Broncho-pneumonia	21	47	6	32	4	32	21	15	..	7	185	10·43
Laryngitis	1	..	..	..	..	1	1	3	..	1	7	·39
Pleurisy	3	..	..	2	..	1	..	1	..	..	7	·39
Empyema	..	1	..	..	..	..	..	..	..	..	1	·06
Bronchiectasis	..	..	..	1	..	..	..	..	..	..	1	·06
Atelectasis	..	..	..	..	..	..	..	..	..	..	..	..
Stomatitis	11	4	2	10	..	3	2	1	4	8	45	2·54
Albuminuria[1]	2	9	5	8	..	3	9	..	..	7	43	2·42
Specific infectious diseases[2]—												
Scarlet fever	..	12	..	4	..	5	3	1	7	16	48	2·70
Diphtheria	..	4	..	1	..	..	4	1	..	1	11	9·62
Chickenpox	3	12	6	8	..	7	7	1	11	28	83	4·67
Measles	9	9	8	11	..	10	7	..	..	9	63	3·55
Rubella	..	..	..	..	..	..	..	..	..	..	..	..
Mumps	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	1	..	..	..	..	..	1	1	·06
Enteric fever	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis	3	6	..	3	..	..	1	..	..	..	13	·73
Lobar pneumonia	..	7	..	3	..	..	2	..	..	1	13	·73
Acute poliomyelitis	1	..	..	..	..	..	..	..	..	..	1	·06

1. See note 2, Table I. 2. See note 3, Table I.

TABLE VI.—*Showing number of cases in which two or more separate infectious diseases were co-existent at the time of admission during* 1912.

DISEASES.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western	Grove.	South-Eastern.	Brook.	TOTAL.
Scarlet fever and diphtheria	3	8	2	8	3	3	6	9	42
Scarlet fever and chickenpox	19	12	9	14	7	11	10	12	94
Scarlet fever and whooping cough	11	16	1	6	..	7	8	10	59
Scarlet fever and measles	2	2	1	6	2	3	4	10	30
Scarlet fever and rubella	..	..	..	..	..	..	1	..	1
Scarlet fever and enteric fever	..	..	..	..	..	..	..	..	..
Scarlet fever and erysipelas	..	..	..	1	..	..	..	1	2
Scarlet fever and tuberculosis	2	..	..	..	..	..	..	1	3
Scarlet fever and lobar pneumonia	..	..	..	..	..	..	..	1	1
Scarlet fever, diphtheria and mumps	..	..	..	..	..	..	1	..	1
Scarlet fever, chickenpox and whooping cough	..	..	..	..	..	..	1	..	1
Diphtheria and measles	7	6	2	4	3	6	13	8	49
Diphtheria and chickenpox	1	4	2	4	..	3	4	5	23
Diphtheria and whooping cough	12	17	6	4	4	9	8	8	68
Diphtheria and paratyphoid fever	..	..	..	..	..	..	..	1	1
Diphtheria and mumps	1	..	..	1	..	1	..	1	4
Diphtheria and rubella	..	..	..	1	..	..	..	1	2
Diphtheria and syphilis	1	..	..	..	..	..	..	..	1
Diphtheria and tuberculosis	5	..	..	..	..	..	1	..	6
Diphtheria, chickenpox and whooping cough	1	..	..	..	..	..	..	..	1
Enteric fever and lobar pneumonia	1	..	..	..	..	..	..	..	1
Measles and mumps	..	..	..	..	1	1	..	1	3
Measles and whooping cough	32	29	9	20	5	15	29	8	147
Measles and chickenpox	8	3	3	9	1	2	7	2	35
Measles and tuberculosis	3	..	..	..	..	..	..	2	5
Measles and acute poliomyelitis	3	..	..	..	..	..	..	..	3
Measles and congenital syphilis	..	..	..	..	..	1	..	..	1
Measles and lobar pneumonia	..	..	..	..	..	..	1	..	1
Measles, whooping cough and diphtheria	..	..	..	..	..	..	1	..	1
Measles, whooping cough and chickenpox	..	..	..	..	..	..	1	..	1
Measles, whooping cough and erysipelas	..	..	..	..	..	..	..	1	1
Whooping cough and chickenpox	4	6	1	4	1	3	6	1	26
Whooping cough and tuberculosis	1	..	..	..	..	..	..	..	1
Total	117	103	36	82	27	65	102	83	615

5. TRACHEOTOMY AND INTUBATION STATISTICS, 1912.

TABLE VII.—*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	5	62·5	..	..	..	..	..	..
1 to 2 ..	50	15	30·0	..	..	..	2	2	..
2 „ 3 ..	44	10	22·72	2	2	..	3	2	66·6
3 „ 4 ..	45	7	15·55	3	1	33·3	3	2	66·6
4 „ 5 ..	37	5	13·51	1	..	0·0	5	2	40·0
5 „ 6 ..	20	3	15·0	1	1	..	1	1	..
6 „ 7 ..	16	4	25·0	..	..	..	1	1	..
7 „ 8 ..	6	1	16·66	..	..	..	1	1	..
8 „ 9 ..	1	..	0·0	..	..	..	..	..	..
9 „ 10 ..	2	1	50·0	..	..	..	..	..	..
Over 10 ..	5	2	40·0	..	..	..	..	..	..
Total ..	234	53	22·64	7	4	57·14	16	11	68·75

TABLE VIII.—*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 previously tracheotomised.*

AGES.	PRIMARY DIPHTHERIA			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	1	..	..	..	..	..
1 to 2	3	1	33·3	1	..	..
2 „ 3	10	..	..	3	..	..
3 „ 4	9	2	22·2	5	1	20·0
4 „ 5	6	..	..	1	..	..
5 „ 6	11	..	..	..	..	..
6 „ 7	1	..	..	..	..	..
7 „ 8	2	..	..	..	..	..
8 „ 9	2	..	..	..	..	..
9 „ 10	..	..	..	..	..	..
Over 10	..	..	..	..	..	..
Total	45	3	6·6	10	1	10·0

TABLE IX.—*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	6	4	66·6	2	2	..
2 „ 3	9	5	55·5	2	..	..
3 „ 4	2	..	..	..	..	..
4 „ 5	5	1	20·0	..	..	..
5 „ 6	2	..	..	..	..	..
6 „ 7	2	..	..	..	..	..
7 „ 8	1	1	..	..	..	..
8 „ 9	..	..	..	..	..	..
9 „ 10	..	..	..	..	..	..
Over 10	..	..	..	..	..	..
Total	27	11	40·74	4	2	50·0

6.—LAPAROTOMY IN ENTERIC FEVER PERFORMED DURING 1912.

TABLE X.

Hospital at which operation was performed.	Sex.	Age.	Period of illness.	Length of time between perforation and operation.	Condition of abdomen.	Nature of operation.	Result.	Remarks.
Eastern	M.	23	35th day ..	Two hours after pain was complained of	Recent acute peritonitis; no perforation to be found	Right iliac incision. Peritoneal cavity swabbed out and closed—no drainage	Death, two days after operation	Many ulcers, but no perforation found, post-mortem

There were no cases of laparotomy at any other hospital.

7.—DETAILS OF MISCELLANEOUS DISEASES ADMITTED DURING 1912; ALSO OF DEATHS DURING 1912.

TABLE XI.—*Summary for all Fever Hospitals.*

Number of disease according to the Royal College of Physicians' nomenclature of diseases.	Disease diagnosed in hospital.	Cases admitted.														Deaths.									
		Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Certified puerperal fever.	Certified plague.	Certified smallpox.	Uncertified.			Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Uncertified.		Total.
	Infective diseases—																								
6	Chickenpox	25	3	..	1	4	..	..	..	..	3	..	..	..	36	..	..	..	..	..	..	..	..	..	..
8	Vaccinia	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
11	Dysentery	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	1
12	Endocarditis, infective	3	1	6	..	..	..	..	..	..	..	..	..	..	10	2	1	6	..	..	..	..	..	..	9
14	Enteritis, infective	..	1	7	3	..	1	..	..	..	..	..	..	..	12	..	1	..	2	..	..	..	..	..	3
15	Erysipelas	1	2	1	1	..	..	..	..	..	..	..	..	..	5	1	..	..	..	..	..	..	..	..	1
18	Rubella	34	1	..	26	..	..	..	..	..	..	1	..	..	62	..	..	..	1	..	..	..	..	..	1
21	Influenza	3	1	11	..	..	..	..	..	..	..	..	..	..	15	..	..	..	..	..	..	..	..	..	..
28	Mumps	4	1	..	1	1	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	..	..	..	..
32	Pneumonia	14	15	28	3	4	..	..	..	..	..	..	..	..	64	..	4	6	3	2	..	..	..	..	15
33	Pyæmia	4	..	..	1	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..
34	*Pyrexia of uncertain origin	16	2	5	3	1	..	..	..	..	..	..	..	..	27	..	..	..	..	..	..	..	..	..	..
37	Rheumatism	4	..	..	1	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..
42	Syphilis	1	12	1	1	..	..	..	..	..	..	..	..	..	15	..	1	..	..	..	..	..	..	..	1
44	Tuberculosis, general	1	3	6	..	1	1	..	..	..	..	..	..	..	12	1	2	3	..	1	1	..	..	..	8
,,	,, miliary	1	..	2	..	..	..	..	..	..	..	..	..	..	3	1	..	2	..	..	..	..	..	..	3
,,	Tuberculous meningitis	..	2	5	..	..	4	..	..	..	..	..	..	..	11	..	3	5	..	..	4	..	..	..	12
,,	,, peritonitis	..	3	2	..	..	..	..	..	..	..	..	..	..	6	..	2	2	..	1	..	..	..	..	3
,,	,, adenitis	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
,,	,, pleurisy	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1
,,	,, broncho-pneumonia	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Intoxications—																								
50	Alcoholism	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Other general diseases—																								
61	Anæmia	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
64	Chlorosis	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	2	1	..	..	..	..	..	..	3
70	Acute lymphatic leuchæmia	..	2	1	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..
75	Purpura	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Carried forward	117	50	77	42	12	6	..	..	..	3	1	..	..	308	5	17	24	6	4	5	..	..	..	61

Details of miscellaneous diseases admitted during 1912 ; *also of deaths during* 1912 (*continued*).

TABLE XI.—*Summary for all Fever Hospitals* (*continued*).

Number of disease according to the Royal College of Physicians' nomenclature of diseases.	Disease diagnosed in hospital.	Cases admitted.															Deaths.									
		Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Certified puerperal fever.	Certified plague.	Certified smallpox.	Uncertified.				Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Uncertified.		Total.
	Brought forward ..	117	50	77	42	12	6	..	..	..	3	1	..	..	..	308	5	17	24	6	4	5	..	..	..	61
	Certain morbid conditions incident to various parts—																									
80	Cancer of stomach	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	1
,,	Cancer of larynx	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1
82	Scabies	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
,,	Tinea tonsurans	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Diseases of the nervous system—																									
96	Acute ascending paralysis ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	1
97	Meningitis	..	..	1	..	1	3	..	..	..	..	..	..	..	..	5	..	..	1	..	1	2	..	..	..	4
109	Apoplexy	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
123	Convulsions, infantile	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
127	Vertigo	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
137	Delirium	..	.	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Diseases of the eye—																									
166	Conjunctivitis	1	1	1	2	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..
	Diseases of the ear—																									
265	Otitis media, etc.	3	2	..	1	3	..	..	..	..	..	..	..	..	..	9	..	1	..	..	..	..	..	..	..	1
	Diseases of the nose—																									
277	Rhinitis	4	12	..	2	..	..	..	..	..	..	..	..	..	..	18	..	..	..	..	..	..	..	..	..	..
285	Adenoid vegetations	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
	Carried forward ..	127	68	83	48	16	9	1	..	..	3	1	..	..	..	356	5	19	26	6	5	7	1	..	..	69

Details of miscellaneous diseases admitted during 1912 ; *also of deaths during* 1912 (*continued*).

TABLE XI.—*Summary for all Fever Hospitals* (*continued*).

Number of disease according to the Royal College of Physicians' nomenclature of diseases.	Disease diagnosed in hospital.	Cases admitted.														Deaths.									
		Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Certified puerperal fever.	Certified plague.	Certified smallpox.	Uncertified.			Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Uncertified.		Total.
	Brought forward ..	127	68	83	48	16	9	1	..	..	3	1	..	..	..	356	5	19	26	6	5	7	1	..	..	69
	Diseases of the circulatory system—																								
286	Morbus cordis	..	1	4	..	1	..	..	..	..	..	..	..	..	..	6	..	..	..	..	1	..	..	..	..	1
293	Pericarditis, purulent	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1
	Diseases of the respiratory system—																								
330	Laryngitis	..	96	..	2	4	..	..	..	..	..	..	..	..	..	102	..	4	..	..	..	..	..	..	..	4
404	Bronchitis	12	12	3	10	36	..	..	..	..	..	..	..	..	..	73	2	1	..	..	4	..	..	..	..	5
413	Broncho-pneumonia	7	14	2	6	11	..	..	..	..	..	..	..	..	..	40	2	8	..	1	6	..	..	..	..	18
419	Phthisis	3	..	3	1	1	..	..	..	..	..	..	..	..	..	8	..	..	..	..	1	..	..	..	..	2
425	Pleurisy	2	..	4	..	..	..	..	..	..	..	..	..	..	..	6	..	..	1	..	..	..	..	..	..	1
426	Empyema	1	1	1	..	..	..	..	..	..	..	..	..	..	..	3	..	1	..	..	..	..	..	..	..	1
428	Pleural effusion	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Diseases of the digestive system—																								
436	Stomatitis	13	8	..	5	..	..	..	..	..	..	..	..	..	..	26	..	1	..	..	..	..	..	..	..	1
440	Dentition	4	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..
446	Caries of teeth	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
450	Abscess, alveolar	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
473	Catarrhal inflammation of fauces	27	15	..	1	10	..	..	..	..	..	..	..	..	..	53	..	..	..	..	..	..	..	..	..	..
474	†Ulceration of fauces	..	43	..	1	..	..	..	..	..	..	..	..	..	..	44	..	1	..	..	..	..	..	..	..	1
475	Tonsillitis	143	464	..	1	..	..	..	..	..	..	..	..	..	..	608	1	3	..	..	..	..	..	..	..	4
484	Post-pharyngeal abscess	..	9	..	..	..	..	..	..	..	..	..	..	..	..	9	..	..	..	..	..	..	..	..	..	..
489	Gastritis	4	2	9	..	..	..	..	..	..	..	..	..	..	..	15	..	..	..	..	..	..	..	..	..	..
490	Gastric ulcer	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
499	Dyspepsia	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
515	Appendicitis	1	..	2	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..	..	..	..	..	1
,,	Colitis, ulcerative	..	..	3	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1	..	..	..	..	..	..	1
528	Hernia, intra-abdominal ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1
536	Intestinal obstruction	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	1
	Carried forward ..	348	735	116	76	79	9	1	..	..	3	1	..	..	..	1,368	9	39	29	10	17	7	1	..	..	112

Details of miscellaneous diseases admitted during 1912 ; *also of deaths during* 1912 (*continued*).

TABLE XI.—*Summary for all Fever Hospitals* (*continued*).

Number of disease according to the Royal College of Physicians' nomenclature of diseases.	Disease diagnosed in hospital.	Cases admitted.														Deaths.									
		Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Certified puerperal fever.	Certified plague.	Certified smallpox.	Uncertified.			Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Uncertified.		Total.
	Brought forward ..	348	735	116	76	79	9	1	..	..	3	1	..	..	..	1,368	9	39	29	10	17	7	1	..	..	112
	Diseases of the digestive system—continued—																								
540	Diarrhœa	..	1	7	..	..	..	..	..	..	..	..	..	..	..	8	..	1	..	..	..	..	..	..	..	1
541	Constipation	..	..	5	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..
568	Cirrhosis, hepatic	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	1
575	Jaundice	..	..	3	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..
	Diseases of the lymphatic system—																								
605	Adenitis, cervical	2	1	..	..	1	..	..	..	..	..	1	..	..	..	5	..	..	..	..	..	..	..	..	..	..
606	„ inguinal	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Diseases of the urinary system—																								
651	Nephritis	5	2	2	..	..	..	..	..	..	..	..	..	..	..	9	..	1	2	..	..	..	..	..	..	3
654	Perinephric abscess	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
659	Hydronephrosis	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1
697	Albuminuria	1	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
	Diseases of the generative system—																								
728	Phimosis, operation for	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
772	Salpingitis	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
783	Parametritis	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
785	Endometritis	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
798	Vaginitis	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Affections connected with pregnancy—																								
834	Abortion	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Diseases of the organs of locomotion—																								
903	Arthritis, rheumatic	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
943	Bursitis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Carried forward ..	357	742	139	76	81	9	1	1	1	3	2	..	..	..	1,412	9	42	32	10	17	7	1	..	..	118

Details of miscellaneous diseases admitted during 1912; *also of deaths during* 1912 (*continued*).

TABLE XI.—*Summary for all Fever Hospitals* (*continued*).

Number of disease according to the Royal College of Physicians' nomenclature of diseases.	Disease diagnosed in hospital.	Cases admitted.														Deaths.									
		Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Certified puerperal fever.	Certified plague.	Certified smallpox.	Uncertified.			Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified acute poliomyelitis.	Uncertified.		Total.
	Brought forward ..	357	742	139	76	81	9	1	1	1	3	12	..	..	1,412	9	42	32	10	17	7	1	..	..	118
	Diseases of the connective tissue—																								
952	Cellulitis of leg	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Diseases of the skin—																								
959	Erythema (various forms) ..	169	2	1	30	..	..	..	..	..	..	..	..	..	202	..	..	..	..	..	..	..	..	..	..
960	Urticaria	12	1	..	4	..	..	..	..	..	..	1	..	..	18	..	..	..	..	..	..	..	..	..	..
962	Eczema	11	1	..	2	..	..	..	..	..	..	..	..	..	14	..	..	..	..	..	..	..	..	..	..
963	Impetigo	5	..	..	1	..	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..
970	Herpes	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
971	Herpes, zoster	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
978	Ichthyosis	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
988	Xerodermia pigmentosa ..	3	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..
1008	Sudamina	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
1024	Whitlow	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Injuries—																								
1025	Burns and scalds	3	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	1
1089	Wound of scalp	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
1139	Foreign body in larynx	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	1
1145	Fracture of rib	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	Miscellaneous—																								
—	Marasmus	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
—	No obvious disease	104	28	12	19	20	1	..	1	..	..	..	..	..	185	1	..	..	..	..	..	..	..	..	1
—	Pregnancy	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
—	Mothers admitted with infants ..	..	..	..	..	..	..	..	..	..	..	9	..	..	9	..	..	..	..	..	..	..	..	..	..
—	Infants admitted with mothers ..	..	..	..	..	..	..	..	..	..	..	33	..	..	33	..	..	..	..	..	..	..	‡2	..	2
—	Born in hospital	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
	Totals ..	672	775	153	135	101	10	1	2	1	3	46	..	..	1,899	11	43	32	10	17	7	1	2	..	123

NOTE.—* Including one paratyphoid fever. † Including 43 cases of Vincent's angina. ‡ Injuries received at birth (one case).
§ The cause of death was general tuberculosis.

TABLE XII. *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 HOSPITAL.		SOUTH-EASTERN 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.
Scarlet fever ..	96	4	123	3	100	..	38	2	65	1	102	..	98	1	50	..	672	11
Diphtheria ..	158	9	101	6	141	9	107	8	56	4	74	2	60	2	78	3	775	43
Enteric fever ..	10	2	25	6	27	1	22	2	23	10	..	..	46	11	..	..	153	32
Measles	54	3	10	1	26	..	12	3	3	..	10	..	17	2	3	1	135	10
Whooping cough	16	3	8	2	6	2	21	5	6	1	13	2	27	1	4	1	101	17
Cerebro-spinal fever	2	2	..	..	3	3	1	1	1	..	1	..	1	1	1	..	10	7
Acute anterior poliomyelitis	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1	1
Puerperal fever	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..
Plague	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Smallpox ..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	3	..
Uncertified ..	5	..	7	1	1	..	8	..	8	..	4	..	10	1	3	..	46	2
Total ..	344	23	274	19	304	15	209	21	163	17	204	4	262	19	139	5	1,899	123

6.—THE TREATMENT OF DIPHTHERIA BACILLUS CARRIERS WITH BOUILLON CULTURES OF STAPHYLOCOCCUS PYOGENES AUREUS.

By J. D. Rolleston, M.D., Assistant Medical Officer, Grove Hospital.

Historical note.—This method was first introduced in 1909 by Schiötz, of Copenhagen, who had observed that patients with staphylococcus sore throats admitted in error to diphtheria wards did not contract diphtheria and that intercurrent attacks of staphylococcus sore throat expelled pre-existent Klebs-Loeffler bacilli in diphtheria convalescents. He accordingly inoculated 6 diphtheria bacillus carriers with a staphylococcus culture isolated from the throat of a patient in a surgical ward, who was healthy except for the condition requiring operation. Three of the patients were adults, and 3 children between 11 and 13 years of age. In each case the cultures rapidly became negative.

H. Page, of Manilla, was the first to adopt Schiötz's method. After ineffectual use of ordinary throat sprays and repeated injections of antitoxin he found that two-hourly spraying of the throat with bouillon cultures of staphylococcus pyogenes aureus rendered the throat free of bacilli in a few days. In a subsequent paper he relates how he used the treatment on his own son in convalescence from severe diphtheria. Release from quarantine was delayed owing to timidity in using the spray, the cultures not being negative until 7 days after treatment had been begun.

Catlin, Day and Scott, of Rockford, Illinois, next reported 8 cases of diphtheria carriers, in whom they used this treatment after the ordinary methods of throat antisepsis had failed. A twenty-four hours' old broth culture was sprayed into the nose and throat three times daily, and all other treatment was stopped. The bacilli disappeared in from 48 to 72 hours.

Two cases were treated by Leary, of Melbourne. In the first the spray was used on two occasions, with an interval of two to three days. Several swabs taken 60 hours after this were negative, and further cultures taken from the posterior part of the throat five days after spraying showed only one bacillus. The second case showed negative cultures in 48 hours and again four days later.

Lydia De Witt, of St. Louis, carried out experiments to determine whether an antagonism existed between staphylococcus aureus and diphtheria bacilli. Test tube experiments showed that the organisms grew well together, and that a killed staphylococcus culture formed a good medium for the growth of diphtheria bacilli. Experiments on rabbits and guinea pigs showed that though Klebs-Loeffler bacilli frequently disappeared more quickly in animals treated with staphylococcus cultures than in those untreated, this result was not constant. In two diphtheria patients whom De Witt treated with staphylococcus cultures the bacilli re-appeared after two negative findings had been obtained. She suggested that the apparently favourable action of staphylococcus aureus is due not to an incompatibility between the two organisms, but to a re-inforcement of the normal throat flora.

In a case in which diphtheria bacilli had persisted three and a half weeks from the onset of the disease R. G. Wiener, of New York, used a throat spray three times a day, starting on December 11th, 1911. On the 12th the culture was positive, and a spray with twice as heavy a culture was used. On the 13th the culture, though still positive, contained fewer organisms. A heavy culture was used every three hours this day. On the 14th staphylococci only were found in the culture. On the 18th, four days after the last spray, the culture was still negative.

Lieutenent G. B. Lake, of the United States Army Corps, treated 13 convalescent cases in an outbreak of diphtheria at Fort Sam Houston, Texas. The throats were swabbed once a day with the cultures which were varied a good deal for purposes of experiment. Bouillon cultures from six hours to five days old, young broth cultures re-inforced with two or three loopfuls of agar cultures, and suspensions in broth of agar cultures were all tried. The best results were obtained with bouillon cultures 48 to 72 hours old grown at incubation temperature.

In 17 cases treated by W. F. Lorenz and M. P. Ravenel, of Madison, Wisconsin, a nasal and throat spray was used consisting of a fresh suspension of staphylococcus pyogenes aureus in normal saline solution and a broth culture 12 hours old. Three were carriers pure and simple, six had had clinical symptoms, and eight had treatment early in the disease. The method was most successful in the carrier cases, and less so in the others.

A. J. Bell, physician to the Cincinnati Hospital, obtained a negative culture in two persistent carriers after 48 and 60 hours' treatment respectively. He recommends that a fresh staphylococcus culture should be prepared daily. The first application should be made by the physician and the remainder of the culture should be used by the patient himself every two hours during the day.

This survey of the literature shows that comparatively few cases have been treated by this new method, the total number hitherto recorded amounting to barely over 50. With the exception of Leary's Melbourne cases the observations have been confined to the United States, and so far no cases have been published in this country or on the Continent. Up till now no complications have been noted except by Lorenz and Ravenel who mention coryza, very mild laryngitis and nasal furuncles occurring among their cases.

The simplicity, efficacy, and apparent harmlessness of the method induced me to make use of it in 8 cases whose histories are given below. 3 were adults and 5 children. 7 had had a mild and 1 a severe attack of diphtheria. In 6 the fauces and in 2 the nose alone had been involved. All had reached an advanced stage of convalescence. In every case but one the virulence of the organisms was tested at the Central Laboratory of the Board. The histories show that the results were successful in all the faucial cases and unsuccessful in the 2 nasal cases.

Method.—A pure culture of staphylococcus pyogenes aureus having been obtained from the Central Laboratory a broth tube was inoculated with two or three loopfuls of the culture and incubated for 18 to 24 hours. The palate and fauces and in nasal cases the nostrils as well were sprayed three or four times a day. The spraying was followed by applying swabs dipped in the culture to the tonsils and surrounding parts.

A culture was taken before each application, and the treatment was continued until a negative culture was obtained. A few days after cessation of treatment another culture was taken. If this proved positive, the spraying was resumed, otherwise the patient was discharged if the following culture was also negative.

In every case but one a mild form of sore throat was produced within 2 to 3 days of starting the treatment—an occurrence not reported in any of the cases hitherto published—and was accompanied by more or less constitutional disturbance. A striking feature was the considerable degree of malaise quite out of proportion to the temperature which as a rule was but slightly raised. The symptoms, however, both general and local were of short duration and were not followed by otitis or any other complication. The fatal issue of case 8 cannot fairly be attributed to the treatment.

As the process entails some degree of discomfort it is well not to employ it until other methods have been tried, and it is for this reason that I did not make use of it in a larger number of cases, but confined it to the treatment of chronic carriers in all of whom the bacilli had existed for more than 6 weeks. The earliest date on which the spray was used was the 46th day and the latest the 70th.

In any case it is advisable not to employ the method except at a late stage of convalescence for the following reasons. First, in the early stage before the mucous membrane has completely regenerated there is a danger of infection of the deeper tissues by the pyogenic organisms. So far no serious complications have resulted in man, but De Witt's experiments in rabbits and guinea-pigs show that the clinical symptoms of diphtheria are often more severe under staphylococcus treatment than otherwise. Secondly, the excess of mucus and detritus present in the throat during the acute stage prevents free access of the staphylococci to the parts and affords a temporary shelter to the diphtheria bacilli. Thirdly, in hospitals where patients owing to the possibility of complications especially subsequent paralysis, are detained from 4 to 6 weeks, there is no need to use the method at an early stage when the chance of the bacilli being present is much greater than late in convalescence.

In this connection De Witt's investigations as to the persistence of Klebs-Loeffler bacilli in the throat of diphtheria patients are of interest. In 175 cases examined their duration was less than 30 days in 63 per cent., between 15 and 35 days in 87 per cent., under 15 days in only 12 per cent., and over 40 days in 12 per cent.

In view of the futility of most other methods in ridding the throat of diphtheria bacilli the application of staphylococcus cultures is worthy of trial. It is superior to the endotoxin treatment recently advocated by Hewlett and Nankivell (Lancet, 1911, ii., p. 143), in that the culture is easily prepared and that no injections are required. Patients who wish to escape from irksome detention in hospital or quarantine at home should have the method explained to them and the possible discomfort they may experience. It will probably be found that they will readily submit to any treatment which is likely to obtain their freedom.

Case 1.—Woman, aged 25. Admitted September 24th, 1911, with mild faucial diphtheria. 8,000 units of antitoxin given. Throat clean on September 28th.

November 6th (46th day).—Throat culture positive. Fauces normal.
November 13th.—Virulent diphtheria bacilli in throat culture.
November 14th to 16th.—Formamint lozenges 4 times daily.
November 16th.—Culture still positive.
November 17th (57th day).—Staphylococcus broth cultures, about 18 hours old, sprayed on fauces at 11-0 a.m., 2-0 p.m., 5-0 p.m. and 7-45 p.m.
November 18th.—Staphylococcus spray used thrice.
November 19th.—Severe headache and malaise. Temperature normal. Speck on left tonsil. No diphtheria bacilli. A few rods without polar staining, but chiefly staphylococci.
November 21st.—Sore throat. Specks on tonsils. Temperature 99·4.
November 22nd.—Temperature normal. Culture negative.
November 23rd.—Throat slightly injected. Culture negative.
November 24th.—Throat normal.
November 25th.—Culture negative. Discharged.

The temperature was only raised on one day, and was not above 99·4°

Case 2.—Girl, aged 6 years. Admitted November 3rd, 1911, with mild faucia diphtheria. 4,000 units given. Throat clean on November 4th.

December 14th (46th day).—Culture positive. Tonsils large, fauces pale.
December 18th (50th day).—Virulent diphtheria bacilli in throat culture.
December 21st and 22nd (53rd and 54th days).—Throat sprayed and swabbed with staphylococcus cultures morning and evening.
December 23rd.—Fewer bacilli in culture.
December 24th.—Bacilli still numerous. Treatment continued.
December 26th.—Culture negative.
December 27th.—A few groups of diphtheria bacilli in culture.
December 28th and 29th.—Treatment continued thrice daily.
December 30th and January 2nd.—Almost pure culture of diphtheria bacilli in throat.
January 4th and 5th.—Throat sprayed and swabbed four times daily.
January 5th and 7th.—Culture positive.
January 7th.—Slight faucial injection.
January 8th, 11th and 12th.—Cultures negative.
January 15th.—Discharged.

The persistence of diphtheria bacilli in this case was probably due to several factors, viz., enlargement of the tonsils, infrequent and inadequate use of the spray and absence of any marked local re-action. There was no constitutional disturbance or rise of temperature in this case.

Case 3.—Boy, aged 6 years. Admitted November 9th, 1911, with mild faucial diphtheria. 4,000 units given. Throat clean November 10th.

December 19th (47th day).—Culture positive. Fauces normal.
December 21st (49th day) and December 22nd.—Throat swabbed morning and evening with staphylococcus broth cultures.
December 23rd.—Sore throat since last night. Fauces injected. Specks on right tonsil. Temperature 98°. Only a few diphtheria bacilli in culture.
December 24th.—Throat clean.
December 24th, 25th, 26th.—Cultures negative.
December 28th.—Discharged.

The temperature was not raised, and no estimation of the virulence of the bacilli was made in this case.

Case 4.—Man, aged 26. Admitted December 28th, 1911, with severe faucial diphtheria. 12,000 units of antitoxin given. Throat clean January 1st 1912.

February 19th (58th day).—Throat culture contains virulent diphtheria bacilli. Fauces normal.

February 25th, 26th, 28th and March 1st.—Throat sprayed and swabbed with staphylococcus broth culture.

February 27th.—Complains of sore throat. Fauces slightly injected, clean. Temperature 98·6°.

February 28th.—Throat no longer sore. Still some faucial injection. Temperature subnormal. Only a few diphtheria bacilli, mostly staphylococci in culture.

February 29th.—Fauces injected. Specks on tonsils. Temperature subnormal. Culture still positive.

March 1st.—Culture positive. Temperature 99·4°.

March 2nd.—More deposit on tonsils. Pains all over. Temperature subnormal to-day and subsequently. Culture negative. Throat syringed four-hourly with potassium chlorate and lavender lotion.

March 4th.—Throat clean.

March 4th, 5th and 7th.—Cultures negative.

March 11th.—Discharged.

The temperature was only raised from 4-0 p.m. on March 1st to 4-0 a.m. on March 2nd, the highest record being 99·4°.

Case 5.—Woman, aged 53. Admitted April 22nd, 1912, with mild faucial diphtheria. 8,000 units of antitoxin. Throat clean on April 24th.

May 21st (31st day).—Culture positive. Fauces normal.

May 28th (38th day).—Virulent diphtheria bacilli in throat culture.

June 5th (46th day) to June 9th (50th day).—Throat sprayed and swabbed with staphylococcus broth culture.

June 8th.—Slight faucial injection.

June 10th.—Headache, malaise, specks on tonsils. Morning temperature 98·4, evening temperature 100·2°. No diphtheria bacilli, but only staphylococci in cultures.

June 11th.—A few diphtheria bacilli, but chiefly staphylococci in cultures. Temperature 98—99·2°.

June 12th.—Throat injected, but clean. No diphtheria bacilli, but only staphylococci in cultures. Temperature 98°—98·4°.

June 13th.—Headache and nausea. Tonsils swollen. Temperature 98—101°.

June 15th.—Throat normal. Feels well. Temperature normal.

June 17th and 18th.—Cultures negative.

June 20th.—Discharged.

The febrile period lasted from June 10th to June 14th, but the temperature never rose above 101° F.

Case 6.—Girl, aged 6 years. Admitted September 12th, 1912, with mild faucial diphtheria. 8,000 units of antitoxin given. Throat clear on September 13th.

October 29th (51st day).—Cultures positive. Throat normal.

October 31st.—Culture positive. Staphylococcus spray and swab applied to throat thrice daily.

November 1st.—Treatment continued.

November 2nd.—A few specks on tonsils. Fewer diphtheria bacilli in culture. Temperature subnormal.

November 3rd.—Sore throat, nausea, malaise, specks on tonsils. Morning temperature 101·4, evening temperature 100·0°. Culture negative.

November 4th.—Specks on tonsils. Nasal discharge. Morning temperature 99·2, evening temperature 101°.

November 5th.—Throat clean. Nasal discharge almost ceased. Nasal culture negative. Morning temperature 98°, evening temperature 99·8°.

November 6th.—No nasal discharge. Temperature subnormal this day and subsequently

November 8th, 14th and 15th.—Cultures negative.

November 18th.—Discharged.

The temperature was raised for three days, the highest record being 101·4°. No estimation of the virulence of the bacilli was made in this case.

Case 7.—Boy, aged 7 years. Admitted October 17th, 1911, with mild nasal diphtheria. 4,000 units of antitoxin given,

November 20th (50th day).—Throat culture negative, nasal culture positive, no nasal discharge.

November 27th (57th day).—Throat culture negative, virulent diphtheria in nasal culture, no nasal discharge.

November 29th and 30th (59th and 60th days).—Anterior nares sprayed and swabbed twice daily with broth cultures.

December 1st.—Headache and vomiting. Specks on tonsils. Glands at angles enlarged. Some nasal discharge. Still some diphtheria bacilli in nose, but mainly staphylococci. Throat culture negative. Temperature 101—103·4°.
December 2nd.—Specks on tonsils, Temperature 97·4—100°.
December 3rd.—Still deposit on tonsils. Throat syringed four-hourly with solution of potassium chlorate and lavender.
December 4th.—Throat nearly clean.
December 5th.—Throat clean. Temperature 97·6—100°.
December 7th and 8th.—Pure culture of staphylococci in nose. Temperature 97·4—100°.
December 14th.—Nasal culture positive.
December 16th.—A few diphtheria bacilli in culture, but mainly staphylococci.
December 18th.—Virulent diphtheria bacilli in nasal culture.
December 29th.—Nose culture negative.
December 30th.—A few bacilli in culture.
January 1st and 2nd.—Cultures negative.
January 4th.—Discharged.

The febrile period lasted from November 30th to December 8th, the highest temperature was 103·4°.

Case 8.—Girl, aged 3 months. Admitted August 19th, 1912, with nasal diphtheria and congenital syphilis. 4,000 units given.
October 1st (44th day).—Nasal culture positive.
October 31st (74th day).—Virulent diphtheria bacilli in nasal culture. Nostrils sprayed twice daily with staphylococcus culture.
November 1st.—Nasal discharge increased. Fauces clean. Morning temperature 101°, evening temperature 104°. Spraying omitted.
November 2nd.—Still much nasal discharge. Fauces clear. Temperature 100—102°. Culture positive, but much fewer bacilli present.
November 5th—9th.—Temperature normal.
November 8th.—Nasal discharge still profuse. More diphtheria bacilli in culture.
November 9th.—4,000 units of antitoxin given.
November 10th.—Erythema and œdema of skin of abdomen at injection site. Temperature 102—99°.
November 17th.—Broncho-pneumonia.
November 19th.—Death.

Although the application of the spray was followed by a febrile re-action lasting for 4 days, the temperature became normal, and subsequently remained so until after the re-injection. The terminal broncho-pneumonia, to which the child was pre-disposed by its chronic rhinitis, developed nearly three weeks after the use of the spray, which cannot therefore be regarded as responsible for the fatal issue. It is more reasonable to incriminate the combination of congenital syphilis, diphtheria and anaphylaxis.

SUMMARY.

8 chronic diphtheria bacillus carriers were treated by spraying and swabbing the throat or nose with a bouillon culture of staphylococcus pyogenes aureus. In 6 faucial cases the findings became negative within 2 to 7 days after starting the treatment. In the 2 nasal cases the treatment was ineffective. In almost every case a mild form of sore throat was produced, but no complication ensued.

REFERENCES.

1. Bell, A. J., Lancet Clinic, 1912, cviii., p. 234.
2. Catlin, S. R., Scott, L. O., and Day, D. W., Jour. Am. Med. Assoc., 1911, lvii., p. 1452.
3. De Witt, Lydia M., Jour. Inf. Dis., 1912, x., p. 24.
4. Lake, G. B., Med. Record, 1912, lxxxi., p. 1128.
5. Leary, G., Austral. Med. Jour., 1911, i., p. 233.
6. Lorenz, W. F., and Ravenel, M. P., Jour. Am. Med. Assoc., 1912, lix., p. 690.
7. Page, H., Arch. Int. Med., 1911, vii., p. 16, and New York Med. Jour., 1911, xciv., p. 1282.
8. Schiötz, A., Abstr. in Jour. Am. Med. Assoc., 1910, lv., p. 422.
9. Wiener, R. G., Med. Record, 1912, lxxxi., p. 593.

7.—THE TREATMENT OF DENTAL DISEASE IN CHILDREN

BEING THE

REPORT ON THE DENTAL WORK DONE AT QUEEN MARY'S HOSPITAL FOR CHILDREN.

By F. St. J. Steadman, D.P.H., M.R.C.S., L.R.C.P., L.D.S.,
Dental Surgeon to the Hospital.

Since my appointment in July, 1911, thirty-nine visits have been made to the hospital at intervals of a fortnight. Up to February the 13th, 1913, 2,002 children have been examined and the necessary dental work done. These children have made 2,524 attendances (a visit to the bedside is here reckoned as an attendance).

The total work done is as follows :—

Stoppings (that is fillings and superficial caries treated with silver nitrate)	203
Scalings and other minor operations	95
Regulation dentures inserted	2
Permanent teeth extracted	688
Temporary teeth extracted	1,884

The average amount of time spent at each visit is about 3½ hours, and the average amount of work done during this time is as follows :—

Number of children seen	64
,, stoppings	5
,, scalings, etc.	2
,, permanent teeth extracted	17
,, temporary teeth extracted	48

The reason that such a large amount of work can be done in the time is that the department is well organised so that no time is wasted.

The sister in charge of the dental department keeps a book in which she enters the names of all the new patients who enter the hospital and the wards in which they are placed. On the day before my visit she requests the sisters in charge of these wards to send those patients who are well enough to the dental department on the following morning. She ticks off the name of each child sent down as soon as it has been seen. If the child has to make another attendance she notes this in her book and again notifies the sister of the ward as before. Meanwhile I enter in the dental register the work done and the condition of the mouth. When all the children sent down have been seen a visit is made to the wards to examine the children who were unable to attend.

Besides the sisters four nurses are placed at the disposal of the dental department. Two of these work in the surgery and the other two outside. One of the two surgery nurses washes and sterilises the instruments immediately after use, then places them in a basin of cold water and keeps it at hand ready for me to pick out the instruments required.

The other surgery nurse sees that I have clean water to wash my hands after each patient, hands me any filling material required, removes the patient from the chair as soon as the necessary work has been done and hands it over to the outside nurses. One of the outside nurses looks after the children who are waiting their turn. She sees that each child has its own case sheet and brings a child in as soon as she sees the surgery nurse take the previous one out.

This change is made so rapidly that a fresh patient is waiting for me before I have had time to enter in the register the work just done. The remaining nurse attends to the children who have been treated.

When all the children sent down have been attended to, two nurses accompany the sister and myself to the wards, carrying the basin covered by a towel with the sterilised instruments and the dental register, etc. The remaining two nurses stay behind to clear up the surgery.

When most of the patients sent down to the surgery have been seen a telephone message is sent to each ward it is intended to visit, warning the sister in charge, requesting her to have the patients to be seen ready, and with their case sheets hanging out over the foot of their beds so that on entering the ward a glance shows where these cases are and the case sheets are ready to hand if required for reference.

With regard to the actual work done, it will be seen that the extractions very greatly outnumber the fillings. This is partly owing to the fact that a certain number of the children were too ill to attend the surgery and had to be visited in their beds where it was impossible properly to carry out conservative work, especially as most of these were cases of spinal disease and were unable to sit up. Further, many cases were too ill to stand a prolonged operation. But by far the chief cause of this disproportion of extraction to fillings is the system of treatment adopted. I propose to describe briefly this system which my experience has shown is the one giving by far the best results not only from a dental point of view but, what is of infinitely greater importance, from the point of view of the child's general health.

All teeth, whether permanent or temporary, only slightly affected by decay are either filled or the carious spot is rubbed over two or three times with silver nitrate which arrests the disease and renders the tooth healthy; the only exception to this rule is when the tooth is a temporary one which is within a short time of being shed, when it is extracted.

All teeth in which the decay is advanced sufficiently to infect the "nerve" or pulp are extracted and their antagonists also. This condemns at once the vast majority of decayed temporary teeth because the "nerve" or pulps of these teeth are relatively much larger than in permanent teeth, so that a comparatively small carious cavity is sufficient in them to infect the pulp. Why should a tooth with an infected pulp be removed? The reason is that an infected pulp is a source of great danger to the individual. It is quite impossible properly to kill and extract it and afterwards fill the root canal as is done in permanent teeth, because it is impossible to be sure whether the apex of the tooth is complete or not. It may either not yet be formed or having been formed it may be undergoing absorption to make way for its permanent successor. This being the case, the pulp has to be sterilised as far as possible and the filling inserted over it. This proceeding is exceedingly dangerous. In the vast majority of cases so treated the pulp eventually suppurates and dies under the filling, because it is utterly impossible to sterilise it and so render it healthy. The infection now readily spreads through the widely open apex of the root to the nearest lymphatic glands. In the lower jaw the submaxillary glands are the ones involved. These infected glands are very dangerous. It is possible that the germs of tubercle not infrequently gain entrance into the body in this way. It is certainly a fact that glands infected from septic teeth do not always clear up and return to their normal state after the offending tooth has been shed or has been extracted. It is also a fact that these glands sometimes become very much smaller after the tooth has been lost but never *quite* disappear and break out again many years later; frequently when the child reaches the age of puberty they are found to be definitely tuberculous. In such cases it seems reasonable to suppose

that the germs of tubercle first gained entrance through the septic tooth and remained dormant for a time, only to break out again years after when, for some cause or another, the child's powers of resistance are temporarily lowered.

In children who have had large cavities in temporary teeth filled, it is quite common to find the lymphatic glands about the jaws enlarged and tender.

Occasionally these infected glands break down and the infection is carried to other parts of the body giving rise to tubercular lesions in the bones, and it is possible that tubercular meningitis may be set up. Even if this extremely serious, or I should say disastrous, result does not often take place, infected glands in the neck, whether tubercular or not, with all the attendant ill effects on the health of the child is far too great a price to pay for the retention for a few years longer of a tooth! Enough has been said on this point to show that the dental surgeon who saves teeth with infected pulps, which he cannot make healthy, is undertaking a very grave responsibility indeed.

Apart, however, from the infection of the lymphatic glands, septic teeth have a most profound adverse influence upon the general health of the child. Every time a child with septic teeth eats it wipes out the septic matter in these teeth and conveys it to its stomach with the food. The result is that it frequently suffers from gastro-intestinal infection, and, consequently, the child does not develop properly either mentally or physically, as we shall see later on when considering the question of mastication.

But it may be asked, granted that all teeth which cannot be made perfectly healthy should be removed, why is it necessary to remove their antagonists which may be quite healthy and sound?

In answering this question let us take for example a typical case, only too frequently seen, where a child has the four lower temporary molars unsaveable and the four upper molars sound and healthy. If these four septic lower teeth are extracted we leave the four upper teeth useless, that is to say functionless. For these teeth have three main functions to perform, (i.) the mastication of food, (ii.) to assist speech, and (iii.) for beauty. It is clear that these four upper teeth cannot possibly take part in the mastication of food because their antagonists have been lost. The child having learnt to speak can, as experience shows, continue to do so quite well even if all its teeth are extracted. The question of beauty is unimportant, indeed hardly arises, because these teeth will be replaced by their permanent successors in due course. Experience proves that teeth which are functionless quickly come to grief because they are no longer mechanically cleansed during the process of mastication of the harder foodstuffs. The result of this is that not only do they quickly become decayed but the gum around them becomes inflamed and unhealthy. Consequently the health of the child, which has improved owing to the extraction of the septic lower teeth, very soon begins to suffer again.

An experiment carried out by Mr. J. F. Colyer may make this point clear. A young child who had one lower molar tooth missing but all the rest of the teeth present and healthy was given a meal of soft food (bread and butter), and was then given an apple. The eating of the apple mechanically cleansed away all the soft food which remained clinging round the teeth after the meal of bread and butter *except round the tooth which was opposite the place where the tooth was missing.* Round this tooth was a thin film of soft carbohydrate food and when this was scraped off a little ring of inflamed gum was seen all round the tooth.

Now this experiment clearly demonstrates that the proper treatment was to remove this functionless tooth, because it is an established fact that this film of soft carbohydrate food, if left upon it, becomes acid and starts the process of decay, and moreover this small area of inflammation of the gum may spread

round the whole mouth, because the gum at this point is tender so that the child avoids biting on that part of the mouth; consequently several normal functional teeth may be rendered useless and become septic also.

These easily demonstrable facts clearly show that a functional mouth, *i.e.*, one in which every tooth present is antagonised by another, is a self-cleansing mouth; and that a mouth in which there are functionless teeth there will be areas in which food will stagnate and will decompose causing caries of the teeth and inflammation of the gum, further that this inflammation being tender will prevent mastication and so render the whole mouth functionless. From this it follows that, not only should septic teeth, which cannot be made healthy, be removed, but their antagonists too. The maxim just laid down may in certain cases, happily not common, lead one on to perform a drastic operation, nor do I hesitate to perform such an operation, the logical outcome of my reasoning, where I consider it necessary. I am quite convinced that on several occasions this operation may definitely be said to have saved the life of the child. In other cases an unhealthy weakly child has been made healthy. This is of enormous importance to the health of the nation. I am of opinion, based upon careful observation, that a child who is allowed to grow up suffering for years—those important years during which most rapid growth is taking place—from a septic condition of the teeth never afterwards makes up the ground it has lost. It grows up into an unhealthy man or woman who later on marries and has children who will in their turn suffer because they have been born of an unhealthy stock. The latest views on heredity, it is true, shows that acquired characters are not inherited, but some experiments recently done in America warrant the conclusion, I think, that certain systemic poisons such, for example, as alcohol, and the constant swallowing of septic matter from the teeth can adversely affect the germ plasm and consequently the next generation.

There is a certain bugbear raised by some dental surgeons against this line of treatment which must now be considered. They say (i.) that the extensive extraction of teeth in a young child prevents the proper growth of the jawbones and (ii.) it later on causes overcrowding and irregularities of the teeth.

Let us consider these statements. If the extraction of teeth adversely influenced the growth of the jaws, it is clear that if several teeth are removed on one side and not on the other the jaws on the side from which these teeth have been extracted will shew a deficient growth, whereas the side where the teeth have not been removed would grow normally giving the whole face a lopsided appearance. But experience shows that nothing of the kind happens; on the contrary the jaws still reach their normal development on both sides in spite of the loss of teeth on one side.

Or again if we extract teeth from the upper jaw and not in the lower, the upper jaw will not grow properly but the lower will, so that we shall have brought about that ugly condition known as "inferior protrusion" in which the lower teeth overlap the upper ones, giving a ferocious appearance to the face. Nothing of the kind happens; on the contrary the upper teeth will still overlap the lowers, as they normally should, showing that the growth of the upper jaw has not in any way been affected by the extractions of the teeth.

We see then that the first statement does not bear thoughtful examination.

With regard to the second, it will depend largely upon the age of the child at the time of the operation. If the first permanent molars have fully erupted and are therefore properly antagonising each other, the cusps of the one fit into the cusps of the other and prevent any marked forward movement taking place, and, as we have already seen, the jaws grow normally, so that there will be the normal sufficient space left for the eruption of the teeth which are to succeed those lost. The result will be therefore that the teeth are not overcrowded and no irregularity in their arrangement will occur.

If, however, the teeth are extracted in a very young child before the first permanent molars have become locked they will undoubtedly come too far forward and encroach upon the space which should be occupied by the premolars and overcrowding and irregularity will occur. This, however, can easily be remedied by the extraction of four permanent premolars, one at each corner of the mouth, as soon as they begin to erupt. The final result of a case so treated is that all the teeth are in proper occlusion. There will be no space, but the child will be four teeth short. The real effect from the dental point of view is absolutely nil. The child will never feel the want of the missing teeth, but on the other hand it will have become strong, healthy and full grown instead of weakly and delicate. Surely such a result is cheap indeed at the price !

There is, however, another bugbear which has to be met, raised this time, I regret to say, by some medical practitioners of to-day. What about mastication ? they cry. Surely, if you extract so many teeth the child will suffer because it is unable to masticate its food.

Let us reflect for a moment what the process of mastication means and what is its purpose. Mastication is the first stage of the breaking up and preparation of the food for its assimilation. The food as it is taken in at the mouth cannot be assimilated by the body. Unless it undergoes certain changes it will pass right through the body without nourishing it and the individual will die of starvation. The factors which bring about these changes in the food are very numerous, and mastication is one of the earliest it comes across and as I think we shall presently see one of the least important in these days of modern civilisation in which we eat soft and well-cooked food capable of easy assimilation. The point which we have to consider is, can we do away, in the young child, with this process of mastication and rely upon the remaining factors which bring about these necessary changes in the food for its proper assimilation.

In order to answer this question we have simply to ascertain whether the food the child is taking is nourishing it or not. If it is the child will have a healthy appearance. It will have rosy cheeks and bright eyes. It will be intelligent and it will be well grown physically, that is to say, it will be of the normal body weight for its age and size.

If the food is not nourishing it the child will be pale or pasty faced and will be mentally and physically ill-developed. It will be underweight. In other words it will have a half-starved appearance. Now Mr. J. F. Colyer has taken a number of children who have this half-starved appearance, children who were obviously under the normal weight for their size and age, and has weighed them before and after the removal on the lines laid down above, of a large number of septic teeth, and has found that they not only rapidly *regain their normal weight*, but much more even than this they rapidly lose their unhealthy appearance and become rosy cheeked ; and, moreover, a child backward at school will often quickly reach its normal standard.

As dental surgeon to this hospital and to the Belgrave Hospital for Children I have, myself, weighed a large number of these children before and after treatment and have been able amply to confirm Mr. Colyer's results. Only last week a father of one of my young patients at the Belgrave Hospital for Children took the trouble to find out where I lived to visit me for the special purpose of thanking me for my treatment of his son, aged 9. Some fourteen months before I had removed twelve teeth. The father told me that up to that time he had always been delicate and ailing, he had had many restless nights from toothache and had constantly needed medical care. He was small, underweight, pale faced and very backward at school. He had " suffered terribly." A few days after the operation he began to change rapidly. He has now rosy cheeks, looks well, has regained his normal weight, has not once been ill and has made rapid strides at school. It seemed, as his father said, as though a millstone had been removed

from about his neck. Septic teeth do form a millstone in very truth, a millstone which checks the normal development of the child both mentally and physically, and undermines the physique of the future man or woman.

Supposing thirty children, otherwise healthy, are arranged in a group. Ten of these children have all their teeth present, and these teeth, together with their mouths, are perfectly healthy. Ten more have had most, if not all their teeth removed but their mouths are otherwise healthy, and the remaining ten have septic teeth and dirty inflamed mouths. It is perfectly easy for the trained eye to pick out these last ten children from their miserable unhealthy appearance without any examination of their mouths. But with regard to the remaining twenty it is quite impossible to pick out from them those children who have had the large number of extractions. To all appearance as far as the eye can tell they are as healthy as the remainder. Moreover, if they are now weighed it will still be impossible to pick them out.

But there is another aspect to this question of mastication which must not be forgotten. No child with septic tender teeth in its mouth will masticate properly, because the process is painful. Therefore, the function of mastication has already been destroyed before extraction of the teeth.

In the face of these facts it is of no use saying that mastication is *essential* to the well being of the child, that the food cannot be properly assimilated without it. For the test is the child's mental and physical growth and it stands this test.

It is, *of course*, preferable to have the mouth healthy and with the normal number of *clean and healthy teeth. This condition can be attained by regular dental supervision so that caries can be treated early. The importance of treating caries early before infection of the pulp can hardly be exaggerated.* It has been shown conclusively that it is *infinitely* better that the child should have no teeth at all rather than septic unhealthy ones.

The sooner this old bugbear dies the better it will be for the health of the children, and from this it follows as the night the day, the better it will be for the health of the nation.

8.—PULMONARY TUBERCULOSIS AT QUEEN MARY'S HOSPITAL.

By W. T. Gordon Pugh, M.D., B.S., Lond.,
Medical Superintendent.

1. *Statistics.*—During the four years that have elapsed since Queen Mary's Hospital was opened, 637 children certified to be suffering from pulmonary tuberculosis have been admitted. They have been in all stages of the disease; some have been very advanced cases at the time of admission, others have been transferred from the Managers' Sanatorium at Rustington as not improving, in many the disease has been early or has made only moderate inroads, and in some the signs have been indefinite. Except in ten cases, which were discharged either at the age limit or by the request of the parents, the length of stay has been governed entirely by the patient's condition and has usually been a prolonged one. Up to the present 359 patients have been discharged after showing no evidence of active disease for several months, 50 have died, while 218 remain under treatment.

2. *Accommodation.*—Six of the cottage blocks are now reserved for these cases. On the boys' side of the hospital, in addition to wards for patients who are bedridden or who get up for part of the day only, two blocks are kept for those able to be up the whole day, namely, a dormitory block of 90 beds, and a separate day block with playroom, workroom, reading room and messroom. The girls have two blocks, one for the more advanced cases, and one for those in the earlier stages. Another block is occupied by patients in whom the signs are indefinite. The wards have spacious verandahs, which accommodate in all about 120 beds. The verandahs are furnished with wooden lath revolving shutters for use in rough weather or when privacy is required, and these have proved very satisfactory. Patients who are up all day receive instruction for an hour-and-a-half each morning in schoolrooms reserved for their use.

3. *Cost.*—The cost per head per day of patients in the female phthisical block, containing 64 patients, was worked out for the Christmas quarter of 1911, the proportion of general expenses and of staff not specially allocated to the block being carefully calculated. The cost worked out at 2s. 1½d. per day, or just under fifteen shillings a week. Thus:—

1.	Maintenance of patients.	
	Provisions and stimulants	6·75d.
	Necessaries	·19d.
	Clothing	·71d.
	Funerals	·07d.
2.	Maintenance of officers and servants, including salaries, provisions, etc.	7·14d.
3.	Buildings and establishment, including works, gardening, replacement of furniture, heating, lighting and cleansing	8·46d.
4.	Rates and insurance	1·20d.
5.	Drugs, medical appliances, etc...	·48d.
6.	Miscellaneous	·49d.

4. *Treatment.*—In addition to the general treatment of symptoms and complications specified in one of the papers to follow, the usual sanitorium routine of graduated rest and exercise is adopted. The patients are divided into six grades. In the first absolute rest is enforced. In the second the patient remains in bed but is allowed to sit up and wash and feed himself. In the third he is up for two hours. In the fourth he is up for the afternoon and walks for half-an-hour. In the fifth he is up the whole day, walks for half-an-hour, and gradually takes on an increasing amount of exercise or work; in the

maximum of this class the boys carry boxes of soil for an hour-and-a-half, and the girls have half-an-hour's Swedish drill. In the final grade the boys dig, hoe or cut grass for an hour-and-a-half, while the girls increase their Swedish drill to one hour and include jumping among their exercises. Much useful work has thus been done by the boys in path-making and digging the borders in the extensive grounds of the hospital.

Tuberculin treatment is also being tried; in one girls' block TR chiefly has been used, in the other girls' block BE, while in the boys' wards old tuberculin is being employed. Papers by two of the assistant medical officers on the influence of tuberculin on the course of pulmonary tuberculosis are appended.

5. *The recording of tuberculin dosage.*—Tuberculin, in its several forms, is somewhat extensively used at Queen Mary's Hospital in the treatment, not only of phthisis, but of tubercular sinuses, lupus and otorrhœa, and in recording the doses administered it has been found convenient to adopt the simple method described below.

The tuberculin employed has been that supplied by Meister Lucius and Bruning, the official German manufacturers, and the dilutions from the original solutions have been made by the Board's bacteriologist, Dr. Cartwright Wood, at the Belmont Laboratory. Seven solutions are used; dilution A contains in 1 c.c. ·0001 c.c. of the original solution (TR, BE, T, etc.); B is 5 times as strong as A; C 4 times as strong as B; D 5 times as strong as C; E 5 times as strong as D; F 4 times as strong as E, while G (the original tuberculin) is 5 times as strong as F. This variation of the multiplier was suggested by Dr. Caley to simplify the figures in recording doses of the stronger dilutions.

In order that the use of fractions and decimals may be avoided, one-tenth of 1 cc of dilution A, that is, $\frac{1}{100,000}$ c.c. of the original tuberculin, has been called in our records *one unit*; it is usually the initial dose given. As the tuberculins have not all the same potency, the unit is, of course, a unit of quantity, not of potency.

The dilutions mentioned afford a ready means of graduating the doses of tuberculin administered, as shown in the following table:—

c.c. of dilution.	Dilution A. 1 c.c. contains ·0001 c.c. of tuberculin.		Dilution B. = A × 5		Dilution C. = B × 4		Dilution D. = C × 5		Dilution E. = D × 5		Dilution F. = E × 4		Solution G. (Original tuberculin) = F × 5	
	c.c. of tuber-culin.	Units	c.c. of tuber-culin.	Units	c.c. of tuber-culin.	Units	c.c. of tuber-culin.	Units	c.c. of tuber-culin.	Units	c.c. of tubercl'in	Units	c.c. of tubercl'in	Units
·1	·00001	1	·00005	5	·0002	20	·001	100	·005	500	02	2,000	·1	10,000
·15	·000015	1½	·000075	7½	·0003	30	·0015	150	·0075	750	·03	3,000	·15	15,000
·2	·00002	2	·0001	10	·0004	40	·002	200	·01	1,000	·04	4,000	·2	20,000
·25	·000025	2½	·000125	12½	·0005	50	·0025	250	·0125	1,250	·05	5,000	·25	25,000
·3	·00003	3	·00015	15	·0006	60	·003	300	·015	1,500	·06	6,000	·3	30,000
·4	·00004	4	·0002	20	·0008	80	·004	400	·02	2,000	·08	8,000	·4	40,000
·5	·00005	5	·00025	25	·001	100	·005	500	·025	2,500	·1	10,000	·5	50,000
·6	·00006	6	—	—	·0012	120	·006	600	—	—	·12	12,000	·6	60,000
·8	—	—	—	—	—	—	—	—	—	—	—	—	·8	80,000
1·0	—	—	—	—	—	—	—	—	—	—	—	—	1·0	100,000

9.—NOTES ON 64 CASES OF PULMONARY TUBERCULOSIS IN CHILDREN, TREATED WITH TUBERCULIN.

By F. G. Caley, M.A., M.B., D.P.H.,

Late Senior Assistant Medical Officer, Queen Mary's Hospital for Children; Tuberculosis Officer for the Metropolitan Borough of Wandsworth.

At Queen Mary's Hospital several blocks are reserved for the treatment of pulmonary tuberculosis in children by the usual sanatorium methods, open air, graduated exercises and rest, etc. During 8 months up to March, 1913, I had charge of one of these blocks and used tuberculin in addition to sanatorium treatment; the block is the one in which the more serious cases of phthisis are treated, and has accommodation for 70 girls.

1. Preparations of tuberculin used.—All the cases were started with TR, and many had a complete course of this. Some were changed from TR to BE, and some from TR to T (human old tuberculin). TR and BE appeared to be interchangeable, and of almost the same strength. The dose had to be reduced, however, in changing to T from either TR or BE, a reduction to $\frac{1}{50}$ or $\frac{1}{30}$ of the previous dose being generally necessary. Most of the work was done with TR.

2. The dosage.—The initial dose varied from 5 units of TR for the slighter cases to 1 unit for the advanced cases. Each subsequent dose was generally larger than the previous one, the rate of increase varying. As a rule I found a 50 per cent. increase on the previous dose was too large.

The injections were given twice a week for the smaller doses, and generally less frequently for the larger ones. In the cases first treated I gave the large doses twice a week and found that loss of weight resulted. In the later cases I increased the interval between the injections as the size of the latter increased. Thus, up to 100 units, injections were made twice a week; from 100 to 1,000 units, every 5 days; from 1,000 to 10,000 units, once a week; over 10,000 units, every 10 or 14 days. It was impossible to keep to these intervals rigidly, as it was necessary to allow for reactions.

The number of doses varied. The majority of the cases received about 30 injections. The total number of injections given was nearly 1,700.

3. Reactions.—Although it was the aim throughout not to excite general and focal reactions, they sometimes appeared unexpectedly, and it was difficult to avoid them altogether.

A *focal reaction* showed itself in some cases as an attack of pleurisy, in several others by diffuse rales all over the chest, and in two cases by hæmoptysis. A focal reaction was always accompanied by a general one.

In many instances the *local reaction* served as a guide to the size of the next injection, a marked local reaction indicating that a more gradual increase of the dose was advisable for the next injection. This means of estimating the increase in dosage, however, did not prove reliable in all cases.

General reactions varied in intensity very much. The large majority only lasted twelve hours, but two or three lasted a week or more. It proved advisable to give a week's rest after the temperature became normal from a general reaction, and to repeat the same dose or give a smaller one after the interval.

It was found that in some cases, when a certain point had been reached, the repetition of the same dose a week or more after a reaction produced another reaction, and that this happened again when the dose was again repeated. I took this to be the *maximum dose* for that particular case. This maximum varied considerably, each child appearing to have a different one. Five of the children received a final dose of 100,000 units without any ill effect. This was the largest dose given in this series of cases.

4. Importance of watching the weight.—Children, when in health or improving after illness, steadily increase in weight, and a weight stationary for some weeks is abnormal. This had to be borne in mind when dealing with these children. A loss of weight of course showed still greater abnormality than a stationary weight.

Some of the cases treated were losing weight when the tuberculin treatment commenced. In others the weight had been stationary for months. In most of both classes the weight increased under the influence of tuberculin, showing that a failure to gain weight was not a contra-indication to commencing tuberculin treatment.

The weight proved an important indicator *during* the course of the tuberculin treatment. If a patient lost weight or gained less rapidly for two or three consecutive weeks while having tuberculin, it was a sure indication for discontinuing the injections. When this was done it was nearly always found that the weight quickly assumed its previous rate of increase.

Many cases gained weight more rapidly when the injections were stopped. This, I believe, showed either (1) that the higher doses had been given too frequently, or (2) that the maximum dose for that particular child had been passed.

5. The cases.—The age of the patients at the time they were under tuberculin treatment is given in the following table :—

Years	5	6	7	8	9	10	11	12	13	14	15	16	17	Total.
No.	0	1	0	4	9	9	4	4	10	5	10	6	2	64

The diagnosis of pulmonary tuberculosis was made on the following grounds :—

1. The whole 64 showed some, or all, of the *symptoms* of pulmonary tuberculosis, *e.g.*, frequent rises of temperature, cough, expectoration, the presence of tubercle bacilli in the sputum (21 cases), and wasting.

2. 62 had definite *signs* in the lungs, in many of them very marked signs. In 2 the signs were never definite. The physical signs were confirmed by one or more of my colleagues at the hospital.

3. 62 gave a positive Von Pirquet reaction. The two which gave a negative reaction had very definite signs in the lungs.

6. Classification of results.—Omitting one patient in whom the course of tuberculin treatment was not yet completed at the time I left the hospital, the cases may be divided into—(A) those who had a more or less full course of tuberculin (up to 45 injections, the majority about 30), 56 cases, and (B) those who had a few doses only, the treatment being abandoned for various reasons, 7 cases.

Group A.—In the accompanying table the 56 cases of this group are classified in the manner described below.

When I had been carrying out the tuberculin treatment for some time, I found that while certain cases were doing very well, others were making no progress or showed a tendency to get worse. Many of the cases had already been in the hospital over a year, some three years, and it was thus possible to compare their condition when tuberculin was started with their condition many months previous to this. On investigating carefully their previous records, it was possible to divide the patients roughly into classes according to the rate of gain or loss in weight up to the time of commencing tuberculin treatment. Adopting this classification, I found that all the children in one class were affected by tuberculin in much the same way. When they were classified in some other way, *e.g.*, by physical signs or symptoms, or age, this similarity of action was not observed.

The group (A) may thus be divided into classes, as follows :—

Class I.—Patients who had been losing weight for a more or less prolonged period up to the commencement of tuberculin treatment : 4 cases.

Effect of tuberculin.—The loss of weight was converted into a gain in 2 of the 4 cases, in a third the weight remained stationary during the treatment. One of these 4 cases had lost weight continuously for 2 years. On tuberculin she gained weight—$4\frac{1}{4}$ lbs. in 5 months, the temperature showed a decided improvement, and the expectoration diminished.

Class II.—Patients who for many months had either gained weight much more slowly than normal, or in whom the weight had remained stationary : 32 cases.

In 12 of these the weight had been stationary for an average of 8 months.

(*a*) those with definite signs of "early" phthisis, none of consolidation or cavitation ; also the 2 with indefinite signs mentioned above : 18 cases.

(*b*) those with marked signs of consolidation or cavitation or both : 14 cases.

Effect of tuberculin.—In both (*a*) and (*b*) the weight showed a marked improvement. In both the temperature showed improvement, more marked in (*a*) than (*b*). In (*a*) the physical signs were decidedly improved, disappearing altogether in 8 of the cases. In (*b*) there was no effect on the physical signs.

Class III.—Patients who had shown a previous gain in weight at a more rapid rate than those in Class II. : 10 cases.

For the 10 cases the rate had been 1 lb. per month, the number of months varying, the average being 6½ months.

Effect of tuberculin was less in every direction than in II. (*a*) and (*b*). This was perhaps to be expected since these cases were already doing better as showed by the greater increase in weight.

Class IV.—Patients who had gained very rapidly in weight as soon as admitted to the hospital : 10 cases.

Most of them had been in hospital for few months only (average 3½ months) before treatment commenced. One child had gained eight pounds in one month, another six pounds in one month, another five pounds in one month, and a fourth fourteen pounds in three months.

Effect of tuberculin.—In 7 of the 10 the weight was retarded, 3 showing an actual loss. Some of these children had gained weight so rapidly after admission that the rate could not possibly be maintained for long ; one cannot therefore be sure whether the subsequent slowing of the rate was natural or due to tuberculin.

It would appear probable, however, that in this class of cases, in which considerable and rapid improvement occurs as soon as the patient is placed under sanatorium treatment, tuberculin is not indicated. In a later stage it may be of use, but my experience in this series of cases leads me to think that there is no advantage in giving it to a patient who is doing well without it.

Group B.—The 7 cases comprised in this group were all in an advanced stage of disease before the tuberculin treatment was commenced.

No. of case.	No. of injections.	Reason for stopping tuberculin.	Remarks.
42	7	Parents required early discharge	No change.
60	5	Very advanced case ..	No change.
64	5	Slight hæmoptysis	No change.
46	1	Prolonged general reaction ..	Lost weight.
62	3	Prolonged attack of pleurisy	Lost weight.
63	7	Prolonged general reaction	Signs more marked.
59	3	Prolonged general and focal reaction	Died.

In conclusion.—As will be seen from the following table, the administration of tuberculin by graduated doses to 63 children has been associated with—as regards *weight*, improvement in 34 cases, no change in 18 cases, and with slowing or loss in 11 cases; as regards *temperature*, improvement in 30, no change in 31, and exacerbation in 2; as regards *physical signs*, improvement in 13, no change in 48, and increase in 2.

Summary of results of tuberculin treatment in the above cases.

		Group A.						Group B.	Grand Total.
		Class I.	Class II.		Class III.	Class IV.	Total.		
			a	b					
Total cases		4	18	14	10	10	56	7	63
Weight ..	improved ..	3	17	12	2	..	34	..	34
	unchanged ..	1	1	1	8	3	14	4	18
	gain slower	..	..	..	..	4	4	..	4
	loss	..	..	1	..	3	4	3	7
Temperature	became normal	..	6	4	3	3	16	..	16
	became less irregular ..	1	7	3	1	2	14	..	14
	unchanged ..	2	5	7	6	5	25	6	31
	became more irregular ..	1	..	..	..	..	1	1	2
Physical signs	cleared up before tuberculin given	..	3	..	1	..	4	..	4
	cleared up with tuberculin	..	8	..	..	3	11	..	11
	improved ..	..	2	..	..	..	2	..	2
	unchanged ..	4	5	14	9	7	39	5	44
	more marked	..	..	..	..	..	..	2	2
Expectoration	present when tuberculin started ..	4	2	13	5	5	29	7	36
	improved during cours ..	1	1	5	2	1	10	..	10

10.—THE INFLUENCE OF TUBERCULIN TREATMENT ON EARLY PULMONARY TUBERCULOSIS.

By Noel Anthony Coward, M.B., Ch.B. (Edin.),

Assistant Medical Officer, Queen Mary's Hospital for Children.

The wards E 5 and E 6 are occupied by girls suffering from pulmonary tuberculosis, the disease being, except in 9 cases, in an early stage. Out of a total of 53 patients, 33 have been, or are being, treated with tuberculin injections, in addition to the ordinary sanatorium treatment by open air, graduated exercises, etc. The tuberculins used have been TR and BE, mainly the latter. The usual routine of dealing with reactions—by omitting a dose, or decreasing it, or extending the interval between doses—has been observed, and their occurrence has been reduced to a minimum. In considering the effect of tuberculin on these cases, one must recollect that it has been used in conjunction with other measures. For instance, carious teeth have been extracted, and the mouth made aseptic, enlarged tonsils and adenoids in several cases have been removed, cough and expectoration have been treated and cured by cod liver oil and creosote internally and with creosote inhalations, the anæmia so frequently found has been improved with iron and arsenic, the chest expansion increased by special breathing exercises, constipation, diarrhœa, or unhealthy stools corrected, the temperature regulated by complete rest in bed and by graduated exercise, and the general health brought up to the highest standard possible by excellence of general hygiene, good nourishing food, and by Swedish drill and exercises.

The cases treated with tuberculin may be divided into two groups.

Group I. consists of 25 patients who have completed a six months' course of injections; the injections numbered from 22 to 36, the average being 29.

Group II. is composed of 8 patients, whose course is incomplete and who are still receiving injections. They have received from 7 to 18 injections.

The age of the patients is represented in the following table:—

Age ..	3	4	5	6	7	8	9	10	11	12	13	14	Total.
Number	1	1	5	4	3	4	3	4	1	5	5	2	38

Both groups will be considered with regard to their progress in respect of (1) physical signs, (2) temperature and (3) weight, before and after tuberculin treatment.

As regards cough and expectoration, though the majority of cases were admitted with both these symptoms, there are only two cases in the wards who now cough and expectorate. It would hardly be just, however, in view of the other measures taken, to attribute the absence of these symptoms to tuberculin.

GROUP I. (1) *Physical signs.*—On admission 1 had advanced phthisis, 5 showed marked signs of tuberculosis, 5 definite signs, 5 crepitations only, while in 9 the signs were indefinite ; 25 cases in all.

Case.	Physical signs.	Progress before tuberculin.	Progress after tuberculin.
No. 2	Advanced ..	Slight improvement ..	Improvement maintained
No. 7	Well marked..	No great improvement	Improved
No. 10	,, ..	Greatly improved ..	Improvement maintained
No. 20	,, ..	Slight improvement ..	Improved greatly
No. 25	,, ..	Slight improvement ..	Slight improvement
No. 29	,, ..	Improved	Improved further
No. 1	Definite ..	Signs cleared up ..	Maintained
No. 12	,, ..	Very much improved ..	Signs cleared up
No. 31	,, ..	Very much improved ..	Signs cleared up
No. 32	,, ..	Very much improved ..	Signs cleared up
No. 38	,, ..	Much improved ..	Signs cleared up
No. 11	Crepitations ..	Cleared up	Definite signs at Rt. apex developed
..	,, (4 cases)	Cleared up	No recurrence
..	Indefinite (9 cases)	Continued indefinite ..	No physical signs have developed

Those classed as indefinite were almost without doubt cases of early tuberculosis, although no physical signs could be found. The history of cough and wasting, the poor expansion of chest, the anæmia, and especially the long continued and irregular pyrexia, pointed to early pulmonary mischief or disease of the bronchial glands. Case 11 is the only one in which signs have developed after the administration of tuberculin.

(2) *Temperature.*—In the 7 cases in which pyrexia was absent before tuberculin was given, no change was produced by its administration. In the 18 cases in which there had been irregular pyrexia, this continued unchanged in 2, and was lowered in 16 cases (slightly only in 2).

In the case with signs of advanced phthisis (No. 2) the temperature had been swinging to 102° or 103° nightly ; after the injections of tuberculin it became normal and remained so for some weeks ; lately there has been an occasional rise to 99·4°, but not higher.

(3) *Weight.*—None of the cases lost absolutely either before or after tuberculin treatment was commenced, although in many the rate of increase had been very slow. Five cases had shown slow increase before tuberculin was given ;

in these no change in the rate of increase followed the injections. Six cases had shown gradual increase; in these the rate improved. In 9 cases the increase had been steady; in these a slowing of this increase resulted. In 4 cases the gain in weight prior to the injections had been great; in these the administration of tuberculin was associated with a marked slowing of the increase; (for example, case No. 14 had gained 10 lb. 5 oz. in 6 months before BE was started, and in the 6 months since only 2 lb. 11 oz.). In one case (No. 12) tuberculin was given almost immediately after admission; there was a gain of 6 lbs. in 5 months.

Group II. (1) *Physical signs.*—On admission 2 had advanced phthisis, 1 showed well marked signs, 2 crepitations only, and in 3 the signs were indefinite; total, 8 cases.

Case.	Physical signs.	Progress before tuberculin.	Progress during tuberculin administration.
No. 22	Advanced ..	No great improvement	No change
No. 26	,, ..	Improved	Improvement continued
No. 18	Well marked	No change	No change
No. 3	Crepitations ..	Cleared up	No recurrence
No. 50	,, ..	,, ...	No recurrence
..	Indefinite (3 cases)	No change	No change

(2) *Temperature.*—In 1 case in which there was no pyrexia before the tuberculin treatment was begun, and in 2 cases where there had been an occasional rise to 99° no change has followed. In 5 cases where the temperature had been irregular the pyrexia is lower.

(3) *Weight.*—In all 8 cases there had been previously a steady increase; this increase has been maintained in 4, improved in 1, and slowed in 3.

In conclusion.—Tuberculin given in graduated doses to these cases has reduced the *temperature*, if not always to normal, at any rate to a considerably lower level.

The increase in *weight* has not been altogether satisfactory, being slowed in more instances than it has been quickened. In those cases in which the signs have been well marked and definite, the results as regards weight have been better than in the slighter cases.

The *physical signs* in the slighter cases have cleared up. Tuberculin in some has apparently hastened this event; in others the rate of progress has been maintained and no more. On the physical signs in the more advanced cases, tuberculin has seemed to have some good effect in decreasing the coarser moist sounds.

11.—VACCINE THERAPY IN CHRONIC OTORRHŒA.

By A. Anderson, M.B., Ch.B. (Glas.),

Assistant Medical Officer, Queen Mary's Hospital.

Autogenous vaccines were given to 37 cases, in which the ear discharge had apparently proved intractable to local treatment. All the children were between 2 and 8 years old, and their general health was satisfactory.

Previous illnesses.—There was a history of measles in all the cases treated. Five had had scarlet fever, 20 chicken-pox, and 19 whooping cough. In 28 Von Pirquet's reaction proved positive with both human and bovine tuberculin. The dates of the commencement of the otorrhœa could not be ascertained, but all were very chronic cases.

Local condition.—The cases may be divided according to the condition of the ear into two groups. In group (A) (20 cases) the membrane of at least one side was completely destroyed, and the inner wall of the middle ear exposed. In group B (17 cases) part of the membrane still remained, the lesion varying from a pin-hole perforation to almost complete destruction of the drum. The amount and nature of the discharge in many instances made it difficult to keep the external meatus in a healthy state.

Micro-organisms.—No attempt was made to isolate all the various bacteria in the discharge. Bacilli of a diphtheroid nature were frequently found; in 5 of the more offensive cases the bacillus pyocyaneus was detected on different occasions.

Preparation of vaccines.—The vaccines were prepared by the Managers' bacteriologist at the Belmont Laboratory. The ears were not douched for three days before the swabs from which they were prepared were taken. Each injection contained a known number of bacteria and was made up to a volume of 1 c.c.; the dose was repeated at intervals of four days. After six injections a new vaccine was prepared from fresh swabs, and made up to the same volume but with practically double the number of bacteria. This was also injected on six occasions at the same intervals, and then the process repeated and the dose again increased. During the time vaccines were being prepared, about a fortnight, only local treatment was given.

After each injection the patients were kept in bed for 24 hours for observation, and 4-hourly records of their temperature taken. Leucocyte counts were not made systematically.

Dosage.—The number of bacteria in the initial dose was as follows:—

In	3 cases	..	35×10^6 bacteria.
,,	9 ,,	..	10^8 ,,
,,	17 ,,	..	2×10^8 ,,
,,	4 ,,	..	10^{10} ,,
,,	4 ,,	..	2×10^{10} ,,

The number of organisms in the final dose and the result of the treatment are shown below :—

Cases.	Final dose.	No change.	Discharge ceased.
3	2×10^8	3	0
6	4×10^9	1	5
1	10^{10}	0	1
9	4×10^{10}	1	8
12	8×10^{10}	9	3
6	16×10^{10}	5	1

Reactions to treatment. *General.*—In no case was there a rise of temperature which could not be accounted for by some other condition. There were never any symptoms of malaise.

Local.—The amount and nature of the discharge did not vary when vaccine was given, and otoscopic examinations made at least weekly failed to show any change in the granulating surfaces.

Results. *In Group A.—Recoveries*—6 cases ; duration of treatment, 8, 12, 9, 9, 12 and 3 months (average 9 months).

Unchanged—14 cases ; duration of treatment, 8, 6, 6, 4, 4, 4, 4, 7, 12, 12, 12, 12, 12, and 8 months (average 8 months).

In Group B.—Recoveries—12 cases ; duration of treatment, 6, 5, 3, 9, 2, 7, 5, 5, 3, 9, 4, and 2 months (average 4 months).

Unchanged—5 cases ; duration of treatment, 6, 6, 2, 2, and 12 months (average 5 months).

Conclusions.—The proportion of successful results and the time taken show practically no improvement on the average of the other cases of chronic otorrhœa in this hospital which have not been under vaccine therapy. Moreover, in all probability the toilette of the vaccine cases was more thorough, so that a statement that the cessation of the discharge was hastened by the vaccine would probably not stand much criticism.

The above results correspond with those of other workers on the same subject. The difficulty of determining the predominant organism in cases of otorrhœa may account for the failure of vaccine treatment as compared with its success in other diseases in which such an organism can be isolated.

12.—THE RESULTS OF TREATMENT IN PULMONARY TUBERCULOSIS IN CHILDHOOD.

By C. E. LAST, M.R.C.S., L.R.C.P.Lond.,
Visiting Medical Officer, Millfield Home for Pulmonary Tuberculosis.

A paper read at the Manchester Tuberculosis Conference, June, 1912.

I have the honour to represent the Metropolitan Asylums Board, who have a Home for Pulmonary Tuberculosis with 120 beds, called Millfield, on the south coast, near Littlehampton.

During the eight years that I have been the visiting medical officer—in fact since the Home was opened—I have had nearly 800 cases under constant observation.

Children between the age of three and sixteen are admitted; they are drawn mainly from the London Metropolitan area; they are all under the jurisdiction of the various Boards of Guardians, and they are all sent down as suffering from pulmonary tuberculosis in the earlier stage.

I may mention incidentally that many of the cases that arrive are severe, showing evidence of the formation of cavities in their lungs and other gross lesions.

I have been asked to deal, however, with the question of prognosis and results, especially as affecting the earlier cases.

My first remarks will be an apparent digression from this main subject, but the continued observation of nearly 800 cases has left a very great impression on my mind, and if I put before you certain arguments, stripped of their technical detail, they will serve as an introduction to what I shall say later.

Years ago, when I was a student, I was taught that pulmonary tuberculosis did not exist in children except as an acute, rapidly fatal disorder. To-day I find that during the last eight years I have been studying and daily observing almost every conceivable shape and form of disease I was taught did not exist.

I do not know whether we have yet got beyond the stage when the existence of pulmonary tuberculosis as a chronic condition in children in its grosser forms is largely denied, but there will be a sufficient number of references in this paper to indirectly establish this fact. Personally I have seen a large number of cavity cases, and have watched them from week to week. I have watched cavities for three and four years, and I have seen children with gross disease and weighing four stone on admission, say at the age of ten, who would four years later have the severity of their disease materially lessened, and who would weigh eight stone. If this is not chronic I do not know what is, and if cavity cases are not either originally or subsequently tuberculous, we have a new disease to which no one has as yet had the temerity to give a name.

I say it is impossible for these cavity and other gross cases of pulmonary tuberculosis to exist as a chronic disease, accompanied by an appearance of health and good physique, unless you admit an exceedingly insidious onset. If you admit this then you must admit that many apparently trivial but persistent

irregularities in breathing, chiefly as heard through the stethoscope, have their special import, and if you find a child showing persistent physical signs of this kind then it is time to take action.

Again, if you will not admit this so-called incipient class as being of tuberculous origin, we must come to some very remarkable conclusions.

Our percentages become so altered that I find cavitation occurs about once in every four cases, or between 20 and 25 per cent.

Now the formation of a cavity in the lung involving an actual destruction of tissue is an exceedingly severe condition, but this and other gross lesions I find frequently to be accompanied by a resistance which obviously could not have existed before or the gross condition would not have materialised. In other words, a resistance is maintained and sometimes created just at a time when we should expect an added enfeebled vitality. These are the conclusions we must come to if we do not take into consideration the so-called incipient stage, and we are left with a disease so definite and yet so remarkable as to baffle accurate description. I could support these conclusions with numerous illustrations and much technical detail; but just one more line of thought leading in the same direction, but which I will illustrate.

Take two cases which come under notice on admission, similar in many ways and with some similar apparently trivial deficiency in the breath-sounds. You cannot diagnose these cases at a sitting; you can only suspect; you cannot diagnose them in a week, but see these cases a few weeks later, and you may find in the one that the breath-sounds have returned to the normal while the other shows physical signs which are unmistakable.

Follow this case further, perhaps for a longer period, and you may follow it to the post-mortem room.

But what do these cases and all that I have said teach us? They teach us that certain apparently trivial physical signs, in which outward appearances are misleading, indicate a condition of affairs indistinguishable from that condition of affairs which I have seen time and time again develop, not necessarily fatally or hopelessly, but develop in no unmistakable way.

The man who says this or that is a case of pulmonary tuberculosis may be wrong, but if he is right he is generally in time, whereas the man who says it is not may be missing golden opportunities, and the time required to effect a perhaps not so lasting benefit may be extended from one year to six. It has been said that a case that is not diagnosed until physical signs are beyond dispute is a case bungled, and I agree, but if I am still told I must wait—wait, mind you, for the appearance of the tubercle bacillus in the sputum of a child, who may not cough or expectorate until it is beyond redemption—I think I shall have to give up diagnosis as a lost art and take to growing turnips, where the processes of nature are more visible to the naked eye.

These early cases are the cases to tackle; these are the cases that repay us, and these are the cases that if neglected go to swell the number of our consumptive cases to-day.

I know and I admit that you will cure a certain number of cases that do not exist, but I say this, that if you take and treat one hundred children, of whom as many as seventy are, so to speak, frauds, and cure the lot, you will, on the whole, save money and get better results than if you let them all go, but start to cure the other thirty when there is no doubt about it. It is a question of arithmetic. Would you rather keep one hundred children for periods varying from nine to eighteen months, or would you rather keep thirty children for perions varying from three to six years?

In dealing with this subject I find in my annual report for the year 1910 I used the following words :—

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.

Prophylaxis, meaning of course prevention, is the real crux of the matter. That is the end for which this Association is working, and some system of prophylaxis must be adopted as a National policy if we are to save the nation from this scourge.

I do not think I have digressed very much, as I hope I am beginning to show that children are not quite the unsuitable soil for treatment they were once supposed to be.

In dealing more especially with prognosis and results, it will be convenient to roughly classify the cases I have had, and shortly to discuss each class seriatim. I have divided them as follows :—

(1) Cavity cases, 13 per cent.

(2) Hæmorrhage cases, 3 per cent.

(3) Marked cases, 42 per cent.

(4) Mild cases, 42 per cent.

(5) Exceedingly doubtful cases.

The percentages I give you do not include these exceedingly doubtful cases, as I will discuss them very briefly apart, but they include altogether about 600 cases.

Cavity cases.—These are among the most severe forms of pulmonary tuberculosis, and the percentage, 13, is high. I am very particular about my diagnosis of cavity cases. There are double the number of cavity cases between the ages of ten and fifteen than from three to ten, but I have seen two well-marked chronic cavities in children of three, and several in children of five, six, and seven.

These cases, unless manifestly hopeless from the time of admission, generally hold their own for short or long periods, and some will show evidence of contraction and repair.

These cases may be very chronic, with little or no cough, perhaps no sputum, no rise of temperature, and general good condition. It all depends on how long the cavities have existed while the children lived in their vitiated surroundings before coming to us.

I have told you that I have watched cavities for three and four years, but I have very seldom seen a cavity develop, although I have a number of cases in which I feel sure that cavities would have developed if they had remained in London.

Speaking generally the prognosis is exceedingly bad, and the mortality I should put at 80 per cent. at least, although it may be many years before they die.

The fact that repair can take place is to my mind a matter of much importance on account of the lessons to be learned. The fact that the ultimate result is frequently bad, even in cases that promise well, in no way retracts from the value of the lessons.

Hæmorrhage cases.—This is not so common: I find about 3 per cent. Hæmorrhage may be very smart, and I saw two children of ten die from hæmorrhage. When it does occur it seldom recurs.

Cavity and hæmorrhage are by no means necessarily associated, and perhaps in these particulars the hæmorrhage of children is inclined to differ from the hæmorrhage of adults.

The average age of these cases was twelve, with not a single case under ten. Hæmorrhage necessarily involving a breach of surface is a serious condition, but the prognosis is not really bad.

I consider the lungs of children capable of healing after hæmorrhage; but I should keep cases of this kind under treatment for a not less period than three years.

Marked cases (42 per cent.).—These all show definite physical signs which persist from week to week. These physical signs are mainly of the kind technically called râles or crepitations, which are described as being coarse, hard, bubbling, crepitant, or fine, according to their character, the main feature about them being that they are persistent. Some of these cases are distinctly severe, and only just stop short of cavitation; others are not so severe, but the condition is undoubted.

These children live and enjoy life, and have an outward appearance of health. The prognosis is from fair to good. The time required for treatment varies from one to four years; but their future depends on their after-life, mode of living, and general environment. I do not specially refer to their ages as I did in the cavity and hæmorrhage cases; they are of all ages.

Mild cases (42 per cent.).—Here in some minds the doubtful element begins. Personally, as the result of continued observation, I am of opinion that they are of a tuberculous nature, and I am also of opinion that they can be detected.

Some of them may have reacted to tuberculin tests, but I cannot definitely prove the diagnosis.

It is a kind of idea that gradually becomes instilled into you whether you will or whether you won't. I used to be very sceptical about these cases once; but you must now take my opinion for what it is worth.

They all show some trivial abnormality of the breath-sounds of a moderately persistent character.

With the exception of the very few cases I have followed to a fatal or hopeless stage they all get well; but I usually keep them a year or eighteen months.

Some critics will say, "of course they get well as they never had the disease"; but I cannot get away from the fact that I notice an abnormal condition, and the reasons given by certain critics of the causes of these abnormal conditions do not satisfy me.

I have already argued these mild cases before you very briefly in three different ways.

I took the very severe cases and argued backwards; I took the mild cases and argued their development, and by cutting the mild cases out of our calculations I argued a deduction that was certainly improbable.

I say finally on this point it is easier to believe in these mild or incipient cases; it is easier to believe in their detectability and subsequent cure than it is to disbelieve.

We now come to the class of case which I call the exceedingly doubtful. I have not included them in my percentages, as to do so would lead to erroneous conclusions, but they form between 20 and 25 per cent. of my total admissions. When I suggested 70 per cent., referring to them as frauds, and discussed arithmetic, it is obvious that I was over-estimating their numbers. Substitute these new approximate values and you will see there is considerable truth in what I then said.

Many of these cases are children under the age of five. Personally I am not impressed by amount of pulmonary tuberculosis at this age, although I know I have seen a few well-marked cases and cases of cavity, but I am inclined to think that when tubercle attacks children under this age it is more likely to attack the meninges of the brain or the bones and joints, or to show itself in the acute miliary form rather than in the chronic pulmonary.

Some of these children may even have reacted to tuberculin tests, but this is not my subject.

Some have had heart disease and others something else. Some have not selected their parents with care and others again only show signs of mal-nutrition.

These latter may be potential cases; certainly their general resistance is much impaired; but I think we increase their powers of resistance, and mal-nutrition is not a common failing with children who leave us.

I do not keep them long, but in addition to the fact that we help to build up their constitution we teach them the value of fresh air and plenty of it, and if the correspondence that passes between the nurses and ex-patients is any indication there is more in this than appears at first sight.

I wish more definitely to point out to you, however, that the presence of a certain number of these cases in a children's home for pulmonary tuberculosis is inevitable.

Speaking generally, all the children increase in weight and do well, and active physical signs disappear after periods varying from six months to three years.

Some time ago the figures of some 500 cases, spread over a considerable time, gave me an average gain in weight of one pound per week per child.

I always endeavour to keep the children for at least three months after all active signs have disappeared, and I should keep them longer rather than discharge them before an oncoming winter.

The cases that are the least satisfactory are those of a severe nature that are admitted after the age of fourteen. These may be considerably benefited, but they are discharged "over age" when they reach sixteen years. The letting loose on the public of these half-treated cases who are virtually young men and women is certainly a result I must allude to.

The rising generation are the fathers and mothers of the future generation, and, while not believing in the theory of direct heredity, I cannot help thinking it is unfortunate that many of these cases are, so to speak, just helped over the stile that separates childhood from maturity, in which latter state, being thrown on their own resources, they may only exist for short periods, but they may live long enough to leave the nation tainted legacies of doubtful value.

The system that permits this is not a fault in its inception, it is at fault because of its limitations.

I have used the word "cure," but it is a word which is hardly accurate. You cannot cure consumption. You cannot cure a cut finger, but you can heal it and the scar will remain, the size of the scar depending on the severity of the injury and the time it took to heal. The simile, although not strictly accurate, is somewhat apt.

Arrest seems to me to be the most suitable word, and to say that permanent arrest is within the region of extreme probability is to put it mildly.

I should like here to quote extracts from the report of the late Sir William Broadbent, who visited Millfield seven years ago. He used the following words :

A difficulty, however, presents itself to my mind. Consumption pursuing an ordinary course is, according to my experience, comparatively rare in childhood.

He also says :

In presenting my conclusions as to the suitability and value of the Millfield Home in the treatment of children suffering from pulmonary tuberculosis, I am influenced more by the results of the experience already obtained than by theoretical considerations.

And again he goes on :

As I have already said, the consideration which has had the greatest weight with me is the condition of the children presented for examination. In several of these I found evidence of extensive disease of the lungs, while in appearance, muscular development and capacity for exercise they were practically in good health. I cannot, of course, say from my own knowledge that the disease was tuberculous, but the physical signs were such as were consistent with arrested tuberculous disease.

The Millfield Home, which has accommodation for 120 beds—and the beds are always full—is situated in its own grounds, which run down to the sea-shore about a mile from Littlehampton in Sussex. The children nearly all bathe freely in the summer. We get our winds and we get our storms now and then, but a rapidly moving atmosphere coming off the sea and being free from dust does not appear to have any harmful effect.

But we get, in addition, a considerable amount of sunshine, and the general progress that is usually in evidence among all classes of cases seems to be more marked after spells of sunny weather.

We have large dormitories with crossed ventilation and a limited amount of balcony accommodation, the children here sleeping practically out of doors.

They take regular exercise, attend school, and some are given light work in the garden or elsewhere.

The school-room is a large room almost completely open to the air on one side.

Years ago, before the experience Millfield has given me, I do not think I should have selected the neighbourhood of Littlehampton as a suitable place for pulmonary tuberculosis, but I should not hesitate now.

I believe that children with pulmonary tuberculosis, if placed in suitable surroundings, have great recuperative possibilities, perhaps greater than adults.

I believe that scar-tissue is rapidly and early thrown out, this being, of course, the natural process of repair.

I am led to these conclusions to a large extent by the fact that the children's physique and general appearance of health after a short stay in our home is out of all proportion to the grossness of their lesions, and also, because in the few post-mortems I have done the amount of scar-tissue has been one of the predominant features. I think this view is further borne out by the number of old tuberculous scars that are found post-mortem in people who have died from other causes.

I say this throwing out of scar-tissue is the reason of the chronicity of cavities, and I say this is the reason why hæmorrhages are infrequent.

This points to one thing, and to one thing only, and that is, that children's lungs have a natural tendency to recover, and I think I am justified in repeating the statement that children with pulmonary tuberculosis if placed in suitable surroundings have great recuperative possibilities.

In fighting the battle against consumption, if you want to strike at the root of the matter and not be content only to lop the branches you must deal with the children.

It is becoming a matter of national moment and legislation is in the air, but the legislation that is being wafted upon us, although excellent and necessary, would be more valuable if it were an extension of a system which had originated with the children.

At the present time, as far as I am aware, the children are only catered for by charitable institutions, perhaps a few public institutions, and certainly by the Metropolitan Asylums Board, but unfortunately in this direction, under the Poor Law, guardian control ceases at the age of sixteen.

Something must be done with the children if we are to have a semblance of real success, and there are many ways in which this could be done.

As compared with the treatment of adults, the treatment of children opens up a field which is probably vaster, which as an investment is more profitable and individually cheaper, and for the benefit of the human race in general, and the British nation in particular, is of paramount importance.

INDEX.

PAGE

Accommodation—
Each institution xxxi
See also Institutions.

Acreage of Managers' property xxxi

Admissions—See the several diseases.

Ambulance Stations—
Accidents, absence of 102
Ambulance service for London ... xxiii
Body—work concentrated at Mead station 100
Heaviest day's and week's work, each station 102
Journeys, classified, and mileage ... 188
Journeys and mileage—summary since 1886 188
Journeys—average length, each Station 102
Journeys by nurses 101
Motor traction completely substituted for horse ... ... xxiii, 100
Motor drivers—trained 100
" " —eyesight 100
Removals—receipts for private cases ... 101
Removals—total ... ... xxiii, 146
Regulation for removal of patients revised 2
Removals, journeys, and mileage, each station 101
" classified, since 1881 ... 186
Staff changes 100
Statistics... 100–1
Stores and goods conveyed 101, 142
Vehicles owned, sold, and purchased ... 102

Analysis of supplies—See Contract Committee.

Anderson, Dr. A.—
Vaccine therapy in chronic otorrhœa 284

Antitoxin—
Preparation and supplies 242
See also Diphtheria 245

Assessments—See Finance.

Asylums—
Accommodation 5
Chairman and Vice-Chairman of Committee 5
Chaplains—changes 12
Laundry machinery replacements ... 139
Meetings—number held 5
Mechanical appliances for kitchens ... 10
Motor omnibuses provided 10
Ophthalmic surgeon appointed ... 8
Remuneration of attendants 9
Staff petition *re* wages, leave, hours, etc. 104
Steam ovens installed 139
See also Imbeciles; Mentally Defectives, etc.

Asylums Officers' Superannuation Act, 1909.
See Officers and Staff.

Bacteriological Diphtheria—See Diphtheria.

Bacteriological laboratories—
Adviser's and Bacteriologist's report... 242
Examination of specimens 243
Statistics of work done 245

Balance Sheet—See Finance.

Beds—See Accommodation.

Beggs, Dr.—See Grove Hospital, Medical Superintendent.

Belmont Laboratories—See Bactoriological laboratories.

Belmont Workhouse—
Alterations and additions 138
Water softening plant 138

PAGE

Beresford, Dr.—See Tooting Bec Asylum, Medical Superintendent.

Birdwood, Dr.—See Park Hospital for Children, Medical Superintendent.

Board—
Chairman and Vice-Chairman ... xxvii
Constitution and duties ... ... vii, xi
Extent of district 113
Functions xi
Hensley, Sir R. M., J.P.—death ... xxvi
Managers, list of xxvii
" changes xxvi

Bowes, Dr.—See S. Anne's Home, Medical Officer.

Boys of "Exmouth"—See Training Ship.

Bridge Industrial Home—
Continued use for feeble-minded ... 7
Fruit—bottling attempted 228
Industries, and number employed ... 228
Laundry alterations 11
Mental Specialist's report 227
Shop accounts 228

Brigantine—See Training Ship.

Brook Hospital—
Balcony accommodation 3
Boiler settings repaired 140
Electricity supply 3
Fire—escape staircases... 140
Medical Superintendent's report ... 198
Verandahs 140
Water softening plant repaired ... 140

Bruce, Dr.—See Western Hospital, Medical Superintendent.

Bushey Down—See Tooting Bec Asylum.

Byles, Dr.—See Brook Hospital, Medical Superintendent.

Caiger, Dr.—See South Western Hospital, Medical Superintendent.

Caley, Dr. F. G.—
Notes on 64 cases of pulmonary tuberculosis in children, treated with tuberculin 276

Campbell, Dr.—See Caterham Asylum, Medical Superintendent.

Casual Wards—
Accommodation 70, 85
Admissions, discharges, and remaining, each ward 88
Admissions, discharges, and remaining —totals 183
Applicants dealt with—summary ... 96
Co-operation with voluntary effort ... xix
Conditions of admission 62
Closing of wards 70
Classes of inmates 71
Decrease of pauperism ... 69, 71, 82
Detention 63, 73
Diet 64
Expenditure 72, 107
Historical note 60, 64
Hours of opening 63
Homeless poor at night 78
Location of wards; and superintendents 85
Medical attendance 69
Registration of vagrants 72
Punishment 74
Prosecutions 76
Staff 68
Statistics 82, 97
Statutory regulations 62
Tasks 63, 73
Transfer to care of Board ... ... xvii, 64
" " " " —result ... xvii
Unification of administration considered ... ... xi, 69

PAGE

Caterham Asylum—
Farm results 218
Kitchen appliances installed 139
Medical Superintendent's report ... 217
Sewage disposal 9
Water supply 9, 218
Widal test for enteric fever 218

Cerebro-Spinal Meningitis—
Admissions and deaths—totals ... 157
Admissions and deaths, age and sex, each hospital 212
Length of stay in each hospital ... 164
See also Fever, diphtheria, and other diseases.

Children's Receiving Home—See Tooting Bec Asylum.

Children's Institutions—
Accommodation 20, 47
Admissions since opening institution... 47
Admissions, discharges, deaths, and remaining—totals, each class ... xxi
Admissions, discharges, deaths, and remaining—grand totals 22
Admissions, discharges, deaths, and remaining—each institution ... 47, 183
Chairman and Vice-Chairman of Committee 20
Coal consumption economies 22
Classes of children provided for ... 20
Committee changes 20
Description and name of institution ... 47
Date of opening... 47
Education Inspectors' reports... ... 22
Gross expenditure 22
Inmates—cost 48
,, —average daily number ... 48
,, —percentage of number to accommodation 48
London small homes closed 21, 110
Meetings held 20
Poor Law children, proportion dealt with since 1908 21
Salaries of teaching staff revised ... 22
Sick and convalescent cases, after care 23
Staff—total 20, 48
Sub-Committee's work 20

Coal and Coke Contracts—See Contract Committee.

Collins, Mr. E. Treacher—See Ophthalmia Schools, Visiting Surgeon.

Colmore, Commander R. B.—See Training Ship, Captain-Superintendent.

Complications in infectious diseases—See Fever, diphtheria and other diseases, and separate diseases.

Continued Fever—See Fever, diphtheria, and other diseases.

Contract Committee—
Analysis of supplies—number and class 141
Coal and coke contracts—value ... xxv
Contracts—number and value xxiv, 141
Requisitions fulfilled 142

Coward, Dr. N. A.—
The influence of tuberculin treatment on early pulmonary tuberculosis ... 281

Croup—See Fever, diphtheria and other diseases.

Darenth Industrial Colony—
Damage by gale 11
Goods made and disposed of 220, 225
Industries, and number employed ... 221
Inspected by Board, etc. 12
Laundry converted 10
Medical Superintendent's report ... 219
Office accommodation re-arranged ... 11
Pavilion extended 8
Roofing—in workshops yard 11
Staff 139
Shop accounts 222
Training school 225
Use under Mental Deficiency Bill ... xvii
Water-softening plant 11, 139
Works carried out 226

Dental Disease in Children (Mr. F. St. J. Steadman) 268

PAGE

Diagnosis—See Fever, diphtheria, and other diseases.

Diphtheria—
Admissions and deaths, age and sex ... 155
,, ,, each hospital 208
Admissions, under treatment, and notifications. (Chart) 144
Complications 251
Diphtheria bacillus carriers, treatment of (Dr. J. D. Rolleston) 263
Length of stay in each hospital ...159, 160
Tracheotomy and intubation 254-5
See also Antitoxin; Fever, diphtheria, and other diseases; and Notifications.

District—See Board.

Downs Sanatorium—
Preparation ... ... xv, 4, 25

Downs School—
Convalescents, admissions and remaining—totals 25
Discharge of children 21
Heating apparatus installed 140
Period of detention 21, 27
Road and paving repairs 140
Ringworm admissions—age 42
Ringworm admissions, discharges, deaths and remaining 26, 41
Ringworm—admissions and remaining since 1905 26
Statistics... ... ... 38, 40
Transfer of children ... ... xxi, 21
Transfer to Hospitals Committee ... xxi
X-ray treatment ... xxi, 21, 27, 38, 40

Eastern Hospital—
Medical Superintendent's report ... 190

East Cliff House—
Accommodation on new site 103
Statistics 39

Elkins, Dr.—See Leavesden Asylum, Medical Superintendent.

Electric Lamps.—See Works Committee.

Engineer-in-Chief—See Works Committee.

Enteric Fever—
Admissions and deaths, age and sex ... 156
,, ,, ,, each hospital 209
Admissions, under treatment, and notifications. (Chart) 144
Complications 251
Laparotomies for perforation 256
Length of stay in each hospital ... 161
See also Fever, diphtheria, and other diseases; and Notifications.

Erysipelas—See Notifications.

" Exmouth "—See Training Ship.

Expenditure—See Finance.

Feeble-minded—
Admissions—total applications ... 6
,, discharges and deaths—totals 6
Age of admission 8
Care of entrusted to Asylums Committee 20
Selection of cases 7
See Imbeciles and Mentally Defectives.

Fever, Diphtheria, and other diseases—
Admissions, each disease, monthly, since 1898 (chart) ... 152
,, months of maximum and minimum since first hospital opened ... 152
,, and deaths, each disease, monthly ... 151
,, ,, ,, and mortality per 1,000 each disease since 1879 ... 167
,, ,, ,, each disease, by parish... 153
,, ,, notifications, each disease, borough and population 149
,, discharges and deaths, totals, each disease xxii, 150
,, ,, ,, each disease, each hospital 202, 203

PAGE

Fever, Diphtheria, and other diseases—*con.*—
Admissions, transfers, discharges and deaths, each disease, monthly 204
,, —average per annum since 1891 xxii
,, suspended 3
,, miscellaneous diseases ... 257
Complications and co-existent diseases 253
Death rate 150, 152
Incidence on population. (Charts) ... 166
Incidence as affecting admission of measles and whooping cough ... 2
Incidence, highest and lowest, each disease... 166
Length of stay in each hospital, miscellaneous diseases 164
Mistaken diagnosis 165, 257
Removals—See Ambulance Stations.
" Return cases " 190, 191, 193, 194, 195, 197, 198, 199, 200
,, ,, maximum and minimum xxii, 147, 148
Transfers, percentage of, scarlet fever and diphtheria, each hospital ... 150
Under treatment—totals, each disease 2
See also Notifications; and separate diseases.

Fidelity Insurance—See Finance—Insurance.

Finance—
Assessments 109
Casual wards 107
Estimates of cost of works 110
General review xxiii
Insurance 108
Loans 107, 113–136
National Insurance Act, 1911—operation 105
Petrol duty 110
Precepts 113
Rateable value 113
Rate estimates 108
Stocktaking 110
Superannuation 109, 113
Urgency fund established 108
See also Officers; etc.

Fire Insurance—See Finance—Insurance.

Fountain Temporary Asylum—
Accommodation xxxi
Acting Medical Superintendent's report 230
Visitors' room, recreation hall and isolation ward provided 10

Glanders—See Notifications.

Goodall, Dr.—See Eastern Hospital, Medical Superintendent.

Griffiths, Dr.—See Southern Hospital, Medical Superintendent.

Grove Hospital—
Medical Superintendent's report ... 195
Road and paving repairs 140

Head Office—See Office of the Board.

Hensley, Sir R. M., J.P.—See Board.

High Wood School—
Fire alarm and telephone re-wired ... 28
Statistics 43

Hospitals (Infectious Diseases)—
Accommodation 147
Admissions suspended 3
Chairman and Vice-Chairman of Committee 1
Medical officers—changes 1
Meetings—number held 1
Nursing staff—scheme changed ... 1
Nursing staff—examinations and testimonials 1
Principal officers—changes 1

PAGE

Hospitals (Infectious Diseases)—(*continued*)—
Research pathologist appointed ... xxiii, 2
Staff illness 170
Staff regulations—consolidation proposed 2
Students and candidates for D.P.H. ... 3
Works of importance 4
See also Fever, diphtheria and other diseases; officers, etc.

Imbeciles—
Admissions—total applications ... 6
Admissions, discharges and deaths—totals 6
Admissions transferred from Tooting Bec 6
Admissions to Darenth, via Tooting Bec, since 1905 7
Dietary scale revised ... ... xx, 8
Widal test for enteric fever 8
See also Accommodation; Feeble-minded; Mentally Defectives; Asylums, etc.

Statistical tables—
Summaries:—
A. Admissions, transfers, discharges, and deaths, and number remaining, by parishes 171
*A*1. Movement of Asylums' population, 1912 172
*A*2. Movement of Asylums' population each year since 1903, also recovery and death rates 172a
*B*1. Analysis of admissions 173
*B*2. Duration of attack and whether first attack or not 173
*B*3. Ages and civil state on admission, direct and indirect 174a
*B*4. Age at commencement of present attack; age on first attack; and number of previous attacks; recovered cases—direct admissions ... 174a
*B*5. Form of mental disorder on admission 175
*B*6. Occupations of direct admissions... 176a
*B*7. Ætiological factors and associated conditions in direct admissions ... 176b
*B*8. Ditto in first attack cases ... 176c
*B*9. General Paralytics and connection with Syphillis... 177
*C*1. Analysis of discharges and transfers 178
*C*2. Discharged recovered—age on recovery, and commencement of attack, according to length of attack 179
*C*3. Discharged recovered—Mental disorder on admission, in recovered cases 180
*C*4. Ætiological factors and associated conditions in recovered cases ... 180a
*D*1. All causes of death 180b
*D*2. Principal cause of death, with ages 180c
*D*3. Deaths—duration of attack according to form of mental disorder... 180d
*E*1. Ages of those on registers, Dec. 31st, 1912, according to duration of attack 181
*E*2. Form of mental disorder of those on registers, Dec. 31st, 1912 ... 182
See also similar tables for each Asylum 232, 241

Infectious Diseases—
See Fever, diphtheria and other diseases; and several diseases.

Inmates—See Institutions.

Institutions under Board's control—
Inmates—cost of maintenance daily xxiv
,, total, each class, admissions since 1870 and number remaining 184
Inmates—total and average daily number 113
List of, with date of opening, acreage and accommodation xxx
Number of 113

Intubation—See Diphtheria.

Joyce Green Hospital—
See Smallpox Hospitals.

PAGE

Laboratories—See Bacteriological Laboratories

Land Acreage—See Acreage.

Laparotomy—See Enteric fever.

Last, Mr. C. E.—See Millfield, Medical Officer.
" " " " Results of treatment in pulmonary tuberculosis in childhood 286

Laundries—
Experiment at Park Hospital ... 25

Leavesden Asylum—
Inspection 12, 104
Iron bridges between blocks 9, 139
Medical Superintendent's report ... 215
Sterilizing plant tested 244

Loans—See Finance.

London Ambulance Service—See Ambulance Stations.

Long Reach Hospital—See Smallpox Hospitals.

MacCombie, Dr.—See North-Western Hospital, Medical Superintendent.

Machinery Guards—See Works Committee.

Managers—See Board.

Matthews, Dr.—See Northern Hospital, Medical Superintendent.

Measles—
Admissions and deaths, age and sex ... 156
" " " each hospital 210
Complications 252
Length of stay in each hospital ... 162
Separate receiving rooms 3
Under treatment, weekly (Chart) ... 144
See also Fever, diphtheria and other diseases; and Notifications.

Medical Instruction—
See Hospitals—students.

Medical Superintendents' Reports—See several institutions.

Membranous Croup—See Fever, diphtheria, and other diseases; and Notifications.

Meningitis, Cerebro-Spinal—See Cerebro-spinal meningitis.

Mental Deficiency Bill—
Consideration ... ... xi, xvi

Mentally Defectives—
Accommodation, each sex 170
Admissions, discharges, deaths, and remaining—totals xx
Control by one Committee ... ... xx, 20
Legislation xvi
Re-classification 7, 103
Under treatment—totals, each institution 5
" care of Children's Committee—total 29

Millfield—
Property adjoining purchased ... 26
Statistics 40
Sea defences 140

Mortality—See the several diseases.

Motor Traction—See Ambulance Stations.

National Insurance Act, 1911—See Officers and Staff; Sanatoria; Finance.

PAGE

Non-Infectious Removals—See Ambulance Stations Removals.

North-Eastern Hospital—
Medical Superintendent's report ... 191
Superheated steam 139

Northern Hospital—
Medical Superintendent's report ... 199
Temporary closing of hospital ... 199

North-Western Hospital—
Medical Superintendent's report ... 192
Provision of isolation chambers ... 3
Road and paving repairs 140

Notifications of Infectious Diseases—
Age and sex each disease 146
Notifications and deaths, admissible and non-admissible, each disease ... 145
Notifications each admissible disease, each year since 1890 144
Notifications each year since 1898, monthly, each disease (chart) ... 144
Percentage of total admissions to legally admissible, each year since 1890, total cases and each disease ... 143
See also Fever, diphtheria, and other diseases.

Nursing Staff—See Hospitals.

Office of the Board—
Increase of staff 104

Officers and Staff—
Asylums Officers' Superannuation Act, 1909—examination after superannuation 110
Cooks and assistants—qualifications 104
Engineers—Relations with Engineer-in-Chief 104, 138
Leave for Royal Fleet Reserve members 104
" of warehousemen and porters 104
National Insurance Act, 1911 xxv, 111
Salaries and wages scale—alterations 109
Solicitor to the Board—appointment considered 110
Totals each department of Board's work xxv
See also Institutions; Finance.

Ophthalmia Schools—
Accommodation ... ... xxx, 28
Admissions, discharges, deaths and remaining—totals 27
" and remaining since 1909 ... 27
Age limit 28
Charge nurses' status 28
Period of detention 28
Trachoma cases—percentage 27, 28

Orchard Hospital—See Smallpox Hospitals.

Otorrhœa, chronic—Vaccine therapy in ... 284

Park Hospital for Children—
Accommodation 21
Admissions and under treatment—totals 25
Death rate 33
Diseases admitted 35, 36
Electric lighting 26
Laboratory work 37
Laundry—experimental management 25
Ringworm cases treated ... xxi, 21
Statistics 33, 34

Patients—Regulations for removal, admission, etc., revised 2
See Ambulance Stations; Removals; Fever, diphtheria and other diseases; Imbeciles; Institutions—Inmates; Mentally Defectives, etc.

Polio-Myelitis—
Admissions and deaths—totals ... 157
" " age and sex, each hospital ... 212

PAGE

Population of the District 113
See also Fever, diphtheria, and other diseases.

Precepts—See Finance.

Puerperal Fever—
Length of stay, each hospital ... 161
Reception of cases authorised xxii, 2
Under treatment—maximum ... xxii

Pugh, Dr. W. T. G.—See Queen Mary's Hospital for Children, Medical Superintendent.

Pugh, Dr. W. T. G.—Pulmonary Tuberculosis at Queen Mary's hospital ... 274

Queen Mary's Hospital for Children—
Accommodation 23, 140
Additional buildings 23, 140
Admissions and under treatment—totals 23
Deaths 32
Diseases admitted and occurring ... 31, 32
Examination of probationers ... 25
Education 22
Kitchen alterations 24
Massage sister appointed 25
Operations performed 22
Statistics... 30
Stores Block improvements 24
Verandahs 24, 32

Rateable Value—See Finance.

Relapsing Fever—See Fever, diphtheria and other diseases; and Notifications.

Removals—See Ambulance Stations.

"Return Cases,"—See Fever, Diphtheria and other Diseases.

Rice, Dr.—See Downs School, Medical Officer.

Ricketts, Dr.—See Smallpox Hospital, Medical Superintendent.

Ringworm—
See Downs School and Park Hospital.

River Ambulance Service—
Passengers conveyed, monthly and since 1884 189
Passengers conveyed—totals 147
Steamboat statistics 147, 189

Rolleston, Dr. J. D.—The treatment of diphtheria bacillus carriers with bouillon cultures of staphylococcus pyogenes aureus 263

Rotherham, Dr.—See Darenth Industrial Colony, Medical Superintendent; and Bridge Industrial Home, Mental Specialist.

S. Anne's Home—
Lease of bathing huts site renewed ... 26
Statistics 39

Sanatoria for Tuberculosis—
Provision under National Insurance Act, 1911 ... ... xi, xiii, 103

Scarlet Fever—
Admissions and deaths, age and sex ... 154
" " " " each hospital 206,207
" under treatment and notifications, each week. (chart) ... 144
Complications 250
Length of stay in each hospital ... 158
See also Fever, diphtheria, and other diseases; and Notifications.

Schools and Homes—See Children's Institutions.

Seaside Institutions—
Admissions—Totals 26

Sick and Convalescent Children—
After care 23, 40
Dietary scale 23

PAGE

Smallpox—
Admissions, discharges, deaths, totals 165
" month and district ... 165
Admissions, total 2
Admissions, deaths, and mortality per 1,000 since 1870 168
Average residence 165
Admissions and deaths, vaccination class 165
Deaths since 1838, population and rate per million 169
Extra-Metropolitan cases—agreements terminated 3
Mistaken diagnosis 165
See also Notifications.

Smallpox Hospitals—
Joyce Green Hospital—repair of roads 139
Long Reach—to be re-built 3
" " alterations to heating appliances 139
Works at pier buildings 139
Laundries extensions 139

South-Eastern Hospital—
Medical Superintendent's report ... 196

Southern Hospital—
Medical Superintendent's report ... 200

South-Western Hospital—
Medical Superintendent's report ... 194

South Wharf—
See River Ambulance Service.

Staff—See Officers.

Staff Illness—See Hospitals (Infectious Diseases).

Steamers—See River Ambulance Service.

Steadman, Mr. F. St. J.—Dental disease in children 268

Stocktaking—See Finance.

Superannuation—See Finance.

Supplies—See Contract Committee.

Sutcliffe, Mr. W. G.—See East Cliff House, Medical officer.

Third Party Risks—See Finance—Insurance.

Thomson, Dr.—See North Eastern Hospital, Medical Superintendent.

Tooting Bec Asylum—
Bushey Down acquired 10
Medical Superintendent's report ... 214

Tracheotomy—See Diphtheria.

Training Ship—
Admiralty Inspector's report 50
Admissions, each union 58
" discharges and remaining—totals ... ... xxi, 183
" since 1876 57
Annual inspection and prize distribution 49
Band examination 54
Brigantine sold 50, 110
Chairman and Vice-Chairman of Committee 50
Chaplain's report 55
Cost per head, boys 52
Dearth of boys 49
Discharges compared 49, 55, 56
Discharges to Army since 1876 ... 59
Education Inspector's report 50
Health 50, 54
Holiday camp 50
Magazine published 50
Marconi assistants 53
Relaying upper deck 140
Sea-going tender xxii
Statistics... 49
Successes gained 56
Training 49
Visits of National Conference on Sea-Training and others 50, 51
Work and repairs 49

PAGE

Tuberculosis—
Pulmonary tuberculosis at Queen Mary's Hospital 274
,, ,, 64 cases of, in children ... 276
,, ,, influence of tuberculin treatment in early... 281
,, ,, results of treatment in childhood 286
Sanatoria provision ... ... xi, xiii, 103

Turner, Dr. F. M.—See South-Eastern Hospital, Medical Superintendent.

Typhoid Fever—See Enteric Fever.

Typhus Fever—
See Fever, diphtheria, and other diseases; and Notifications.

Vaccine therapy in chronic otorrhœa ... 284

Western Hospital—
Medical Superintendent's report ... 193
Road and paving repairs 140

West Wharf—See River Ambulance Service.

Wharves—See River Ambulance Service.

PAGE

White Oak School—
Statistics 43
Training in gardening 28

Whooping Cough—
Admissions and deaths—age and sex 157
,, ,, ,, ,, each hospital 211
Complications 252
Length of stay in each hospital ... 163
Under treatment, weekly (chart) ... 144
See also Fever, diphtheria and other diseases.

Wood, Dr. G. E. Cartwright—See Bacteriological Laboratories—Adviser and Bacteriologist.

Woodhead, Dr. G. Sims—See Bacteriological Laboratories—Adviser and Bacteriologist.

Works Committee—
Abandoned schemes 139
Electric lamps changed 138
Engineer-in-chief—relations with institution engineers 104, 138
Lightning conductors 138
Machinery guards 138
Value of total works ... ... xxv, 138

X-ray Treatment—See Downs School.