

Annual report for the year 1913 : (16th year of issue) / Metropolitan Asylums Board.

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Metropolitan Asylums Board



ANNUAL REPORT

FOR THE YEAR

1913

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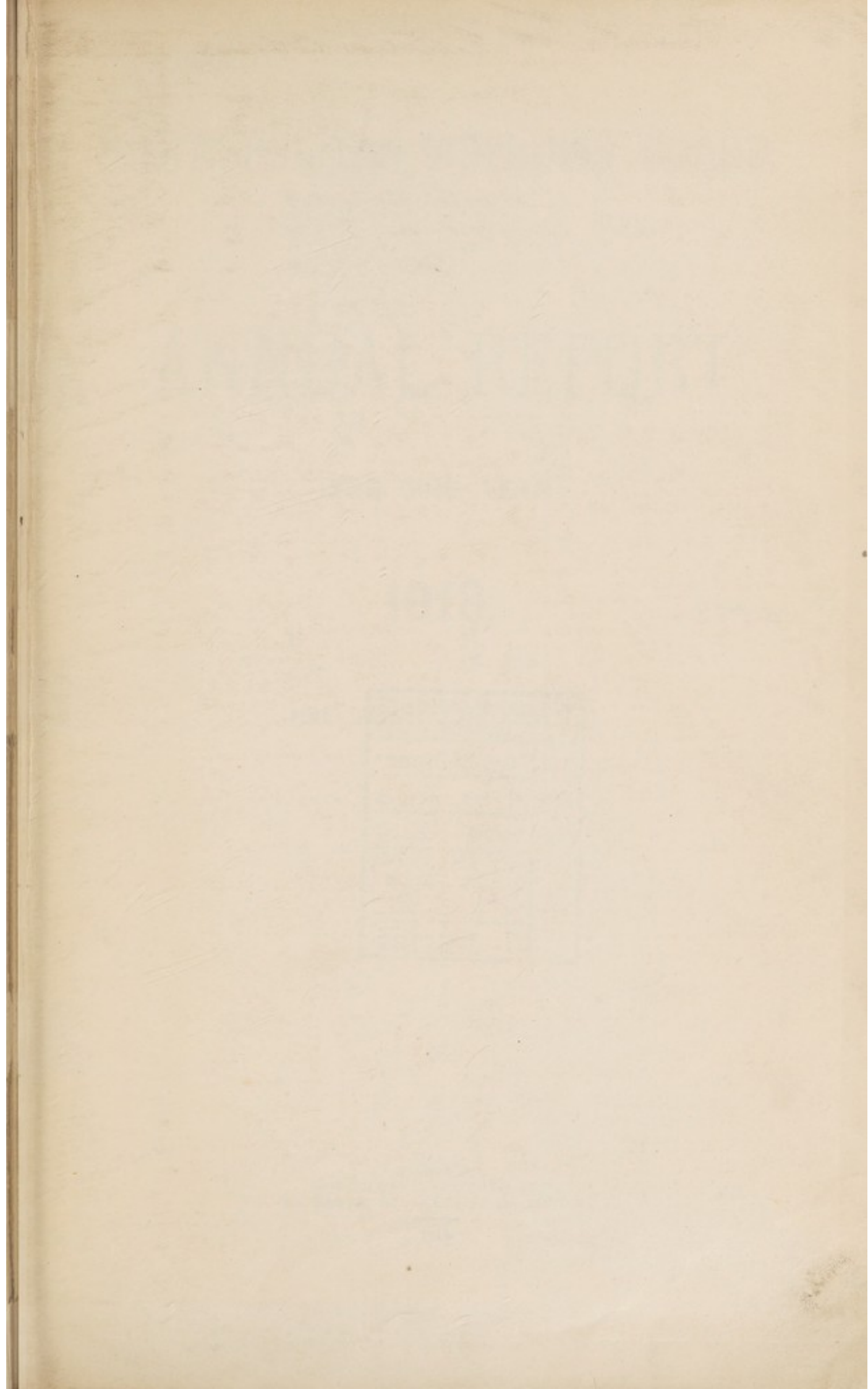
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METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1913.

(16th YEAR OF ISSUE.)

PRICE 5/-

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

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

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

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

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

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

The annual reports of the Captain-Superintendent and Committee of the training ship Exmouth may be obtained in a separate form from 1877; the reports of the Children's Committee from 1898; the reports of the Ambulance Committee from 1884 to 1897; and the reports of the Finance Committee from 1900 to 1907.

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CONSTITUTION AND DUTIES OF THE METROPOLITAN ASYLUMS BOARD.

CONSTITUTION.

The Metropolitan Asylums Board was established by an Order of the Poor Law Board, dated 15 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 15 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 was 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 18 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 22 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 30 May, 1911, and 9 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 2 July, 1912, the Local Government Board (under their Order of 18 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 20 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 receives from the several medical officers of health notifications of infectious disease occurring in the metropolis, and publishes 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 for tuberculous patients.*

The Board has entered into arrangements under which it provides accommodation for tuberculous patients in the county of London as required by the Insurance Committee for the county [National Insurance Acts, 1911 to 1913, 1 & 2 Geo. 5, c. 55, and 3 & 4 Geo. 5, c. 37]; and the question of providing accommodation for the dependents of insured persons and for non-insured persons is under consideration.

(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 15 May, 1867, included the "insane" amongst the classes of poor for whose reception and relief the Board was constituted.

A further Order, dated 18 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 retained in a workhouse; but no dangerous or curable persons such as would under the statutes in that behalf require to be sent to a lunatic asylum shall be admitted.

A Local Government Board Order, dated 2 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 29 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 2 April, 1897, and 11 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 10 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. 103], 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 Paupers Order, the Local Government Board on 28 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 1 April, 1912, of most of the casual wards administered prior to that date by the separate boards of guardians.

In connection with the casual wards the Board has undertaken the management of a scheme for dealing, in co-operation with the police and voluntary agencies, with the homeless poor at night.

(vii.) *Summary of duties.*

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

Infectious diseases—thirteen hospitals 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.

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

Accommodation, 8,565 patients, 3,500 staff.

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

Accommodation, 8,477 patients, 1,630 staff.

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

Accommodation, 3,404 inmates, 1,000 staff.

Casual poor—twenty-one (9 closed) casual wards for homeless poor; homeless poor night office.

Accommodation, 1,536 inmates, 80 staff.

Ambulance service—seven ambulance stations, three riverside wharves, with motor ambulances and 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.

The first part of the book is devoted to a general survey of the subject. It is divided into three sections: the first deals with the history of the subject, the second with its present state, and the third with its future prospects.

The second part of the book is devoted to a detailed examination of the subject. It is divided into two sections: the first deals with the theory of the subject, and the second with its practical application.

The third part of the book is devoted to a critical examination of the subject. It is divided into two sections: the first deals with the strengths and weaknesses of the subject, and the second with its social and economic implications.

The fourth part of the book is devoted to a comparative examination of the subject. It is divided into two sections: the first deals with the subject in its own right, and the second with its relation to other subjects.

The fifth part of the book is devoted to a summary of the subject. It is divided into two sections: the first deals with the main points of the subject, and the second with its conclusions.

The sixth part of the book is devoted to a bibliography of the subject. It is divided into two sections: the first deals with the works of the subject, and the second with the works of other subjects.

The seventh part of the book is devoted to an index of the subject. It is divided into two sections: the first deals with the subject, and the second with other subjects.

The eighth part of the book is devoted to a list of references. It is divided into two sections: the first deals with the subject, and the second with other subjects.

The ninth part of the book is devoted to a list of appendices. It is divided into two sections: the first deals with the subject, and the second with other subjects.

The tenth part of the book is devoted to a list of footnotes. It is divided into two sections: the first deals with the subject, and the second with other subjects.

The eleventh part of the book is devoted to a list of tables. It is divided into two sections: the first deals with the subject, and the second with other subjects.

The twelfth part of the book is devoted to a list of figures. It is divided into two sections: the first deals with the subject, and the second with other subjects.

The thirteenth part of the book is devoted to a list of illustrations. It is divided into two sections: the first deals with the subject, and the second with other subjects.

The fourteenth part of the book is devoted to a list of references. It is divided into two sections: the first deals with the subject, and the second with other subjects.

METROPOLITAN ASYLUMS BOARD.

REPORT OF THE BOARD FOR THE YEAR 1913.

GENERAL REVIEW.

July, 1914.

The Board's work.

1. The year 1913 has been one of interest in the carrying on and development of the work of the Metropolitan Asylums Board. The important questions referred to in the last annual report have received further consideration, and if no finality had been reached at the close of the year with regard to the exact part to be filled by the Board in relation to some of these matters, yet considerable developments had taken place towards that end. A study of the prefatory note, in which the manifold duties of the Board are set out in detail, will reveal the fact that these are very inadequately indicated by the Board's present name, and that the institutions for the care of the mentally deficient, to which in the past the word Asylum has been considered appropriate, form only one part of the work, for which, if one comprehensive name be sought, that of Public Assistance, advocated by the Royal Commission on the Poor Laws, is probably the most satisfactory.

Tuberculosis. 2. First place should be given to the subject of the provision of sanatoria both for insured and non-insured persons. Attention was directed last year to the difficulties which had arisen in London consequent upon the late inclusion in the National Insurance Act, 1911, of the words "other than poor law authorities" in the section under which arrangements could be made with authorities having the management of sanatoria or other institutions approved by the Local Government Board with a view of providing treatment for insured persons, and the fact 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 has unfortunately been responsible for delay in providing suitable sanatoria.

3. As a temporary measure a tripartite arrangement was made in November, 1912, between the Board, the London County Council and the London Insurance Committee, as the result of which the Board were enabled to provide beds for insured persons suffering from tuberculosis. Upon the conclusion of this arrangement the institution now known as The Downs

Sanatorium, Sutton, with accommodation for 350 patients, was emptied, various necessary alterations were completed and the sanatorium equipped, staffed, and opened for patients on the 10 February, 1913. Subsequently a portion of the Northern Hospital, Winchmore Hill, was opened with accommodation for 200 patients in all. The Board took these temporary measures solely with a view to assisting loyally in carrying out the enactments of the legislature, and they believed the voluntary assistance which they rendered the moment they were enabled to do so was a material factor in preventing the breakdown of the sanatorium provision so far as London was concerned. This was recognised by the President of the Local Government Board, who, in referring to this work in the House of Commons, said :

Thanks to the public spirit of the Metropolitan Asylums Board, tuberculous insured patients in the London sanatoria have been provided with sanatoria treatment . . . to which no criticism can be wisely or fairly directed.

Up to the end of 1913 the tuberculous patients received into these institutions numbered 1,922.

4. The Board did not, however, cease to press upon the Government the necessity for some legislation to be undertaken to at least regularise the position. In this matter they were supported by the County Council, who in January, 1913, authorised their Parliamentary Committee to take the necessary steps to secure such additional powers as were needful for the purpose of enabling residential institutions for the treatment of tuberculous persons in London to be provided by the Board, thereby placing the Board in a position to form an active unit in any scheme for the treatment of tuberculosis in London. Ultimately an amendment was introduced by the Government into the National Insurance Act, 1913, providing that—

Notwithstanding anything in any Act, it shall be lawful for the Managers of the Metropolitan Asylums District, with the sanction of the Local Government Board, to enter into agreements with any county council or county borough council, or, with the consent of the county council, with any authority in a county, for the reception of insured persons and their dependants suffering from tuberculosis or any such other disease as the Local Government Board, with the approval of the Treasury, may appoint under section 8 of the principal Act, into hospitals or sanatoria provided by the Managers, and for this purpose the Managers shall not be deemed to be a poor law authority. Any such agreements may provide that the cost of the treatment of the patients so received, or some part thereof, shall be borne otherwise than as provided by section 80 of the Public Health (London) Act, 1891.

5. The previous paragraphs have referred to the treatment of persons suffering from tuberculosis who are either insured persons or dependants of insured persons. It was at an early date represented that it would be a great advantage in the interests of the community

as a whole if schemes could be undertaken which would cover not only insured persons and their dependants, but also those who fall within neither category. No schemes for dealing with a widespread infectious disease, such as tuberculosis, could hope to be eventually successful if their operation were limited, artificially and arbitrarily, to certain sections of the community. Accordingly, the Government, when approached by the County Councils Association in July, 1912, agreed to bear half the cost of the treatment of non-insured persons as well as a similar proportion of the cost of the treatment of dependants of insured persons for which they were already liable under the Insurance Act, and any comprehensive scheme for residential institutional treatment of tuberculosis in the county must therefore provide for all these different classes.

The Public Health (London) Act, 1891, provides, section 80 (1), that the Metropolitan Asylums Board may admit any person who is not a pauper and is reasonably believed to be suffering from fever subject to such regulations and restrictions as the Local Government Board prescribe. The Government secured in 1913 the passage of the Public Health (Prevention and Treatment of Disease) Act, 1913, which provides, section 3, that

It shall be lawful for the council of any county or for any sanitary authority to make any such arrangements as may be sanctioned by the Local Government Board for the treatment of tuberculosis. . . .

The Local Government Board have expressed the view that, under these two enactments, the necessary arrangements can be made for the Board to provide for uninsured tuberculous patients.

6. In accordance with the views expressed by the Local Government Board, the County Council have for some time past been engaged upon the consideration of a comprehensive scheme for London. They have accepted the view that it will be in the interests of economy and efficiency to avail themselves of the active co-operation of the Metropolitan Asylums Board in the provision of sanatoria and hospital accommodation, and, as already mentioned, they took active steps towards securing in the Insurance Act, 1913, legislative powers for the Board to deal with insured persons and their dependants. With regard to uninsured persons, the Council on the 4 November decided that

any comprehensive scheme for dealing with the treatment of tuberculosis in London shall provide that the Council shall make arrangements with the Metropolitan Asylums Board, with hospitals and with sanatoria, for the provision of the residential accommodation required for London uninsured patients suffering from tuberculosis. . . .

7. With regard to the financial arrangements, these may be briefly summarised as follows. A Government grant will be available towards the cost of the provision of sanatoria, and the

Local Government Board, who will be responsible for the distribution of the grant, have announced that three-fifths of the cost, up to £90 per bed, will be defrayed from this grant. The cost of treating insured persons will be met out of funds provided by the Insurance Committee. The cost of treating dependants of insured persons, when undertaken by the Insurance Committee, so far as it is in excess of any surplus available from the Insurance Act funds, will be met as to one-half by the Treasury when the remainder is paid out of the county rates, and the cost in respect of uninsured persons will be met in equal parts from the same two sources. The question of the manner in which that part of the cost which in any case has to fall upon the rates in London should be raised does not appear to be very material, and it would probably simplify the procedure if the Board accepted the responsibility and raised the amount in the same manner as the cost of the rest of their work is raised.

8. At the end of the year the Board were awaiting the decision of the County Council as to the agreements proposed to be made under the National Insurance Act, 1913, and with regard to uninsured persons. The insured persons continued to be received in the accommodation temporarily provided by the Board and in some private sanatoria where the Insurance Committee were able to engage beds, and it was clear that the provision of modern open-air sanatoria accommodation should be proceeded with as soon as possible. The Board felt that the fact that they had done quickly everything within their power, and were compelled to wait upon other authorities before making any further advance, might easily be lost sight of, and that criticism as to the adequacy of such arrangements as had been possible would be directed at them.*

9. In addition to the sanatoria for early cases the question of the treatment of chronic and advanced cases must receive attention. At present there are some 2,300 cases of this character in poor law infirmaries, 86 per cent. of which are uninsured persons.

*Since the end of the year the following steps have been taken. The London County Council, in the exercise of their powers under sec. 39 of the National Insurance Act, 1913, have consented to the Metropolitan Asylums Board and the London Insurance Committee entering into an agreement as from and including the 1 April, 1914, when the existing temporary arrangements expired, for the treatment in hospitals and sanatoria provided by the Board of insured persons suffering from tuberculosis. The terms of the agreement have been discussed, and the Board have decided to proceed with the erection of two sanatoria for men and one for women. Two sites have been selected and an architect appointed. The arrangements for the treatment of uninsured persons are still being discussed with the London County Council.

St. George's Home, Milman's Street, S.W., has been opened for advanced cases of tuberculosis in women.

Even if it were desirable to collect these cases together in specially reserved buildings, it is questionable whether the building of new hospitals for the accommodation of this large number of persons already housed in public hospital buildings near their friends could be justified.

Mental deficiency.

10. Reference was made last year to the prospect of further legislation dealing with the mentally defective, and the Government, in accordance with their promise in the session of 1912, when the Mental Deficiency Bill was withdrawn owing to the state of parliamentary business, re-introduced this measure in the session of 1913. The Bill was passed, and 1 April, 1914, was fixed as the date for its coming into operation.

11. The persons deemed to be defective within the meaning of the Act are idiots, imbeciles, feeble-minded persons, and moral imbeciles, but these classes are only provided for in certain special circumstances. Those over the age of 16 can only be provided for compulsorily if, in addition to being defectives, they are neglected, abandoned or cruelly treated, or are found guilty of a criminal offence, or have become amenable to the law, or who are in receipt of poor relief at the time of giving birth to an illegitimate child or when pregnant of such child. Defectives under 16 years of age can only be provided for if they are ascertained to be incapable of receiving benefit or further benefit in special schools or classes, or if, on or before attaining the age of 16, they would, in the opinion of the local education authority, benefit by being sent to an institution or being placed under guardianship.

12. The Act provides for a new central authority, the Board of Control, into which the former Commissioners in Lunacy have been absorbed, and for a local authority, the county or borough council. It is the duty of the local authority, *inter alia*,

(i.) to ascertain what persons within their area are defectives subject to be dealt with under the Act otherwise than at the instance of their parents or guardians ;

(ii.) to provide suitable supervision for them, or, if such supervision affords insufficient protection, to take steps for them to be sent to institutions or placed under guardianship ;

(iii.) to provide suitable and sufficient accommodation for them when sent to institutions and for their maintenance ;

(iv.) to make provision for the guardianship of suitable cases.

It is provided that nothing in the Act shall affect the powers and duties of poor law authorities under the Acts relating to the relief of the poor nor the powers and duties of local authorities under the Lunacy Acts, 1890 to 1911, with regard to any defec-

lives who may respectively be dealt with under those Acts, except to such extent as may be prescribed by regulations made by the Secretary of State with the concurrence, in the case of those dealt with under the poor law, of the Local Government Board, and, in the case of those dealt with under the Lunacy Acts, of the Lord Chancellor. Any buildings provided by a board of guardians may be approved for the reception of defectives under the Act, on the application of the local authority to the Board of Control, and in London the institutions of the Metropolitan Asylums Board may be used for the reception and care of the classes of defectives which will be dealt with under the Act.

13. Meantime the Board early in the year considered the question of their asylum accommodation in connection with the proposed extension of Tooting Bec Asylum on the adjoining site known as Bushey Down, purchased in 1912. The accommodation for mentally defectives under the Board falls into two distinct divisions, and vacancies in one division are not available for the relief of pressure in the other division. The divisions are, using the nomenclature hitherto in force, which is well understood—

(a) improvable imbeciles and feeble-minded, *i.e.*, cases certified under the Lunacy Acts but capable of improvement and training in useful occupations, and the non-certifiable feeble-minded ;

(b) unimprovable imbeciles, *viz.*, cases certified under the Lunacy Acts which are incapable of improvement and require housing and care.

Sec. (b) again is divisible into adults and children, who are kept in separate institutions. It is important that this classification should be clearly borne in mind, as a considerable increase in the accommodation for one division does not reduce the necessity for considering from time to time the accommodation available in the other.

14. Tooting Bec Asylum is utilised for unimprovable adult imbeciles. The accommodation for this class under the Board is provided at Leavesden, Caterham, and Tooting Bec, in all 5,418 beds, 1,114 of these being at the existing Tooting Bec Asylum. During the last two years the pressure on this accommodation has been considerable and increasing, and, despite the adoption of some temporary expedients, the admission of cases was delayed. There was no outlet for the unimprovable children as they became adults, and, consequently, no room for this class in the only institution set apart for them. The existing accommodation was utilised to the fullest extent, and the annual rate of increase in the unimprovable imbecile class coming under the Board's care, computed at 42 adults and 14 children, was itself found to be in-

creasing. Eventually, after full consideration of the statistics and of expert advice as to the utilisation of the site at Tooting Bec, the Board approved a scheme for the extension of the asylum from 1,114 beds to 2,220 in all, but decided to carry out in the first instance that part of the extension scheme which would increase the beds to 1,727.*

15. The unimprovable imbecile children have temporarily been accommodated in the Fountain Hospital, as owing to the fall in the number of cases of infectious disease under treatment this hospital was for the time being vacant, but at the end of the year the increase in infectious cases was very marked, and it became apparent that the Fountain Hospital would be required again for the infectious service, and that it would be necessary to find some other accommodation for the imbecile children.† The question of the period for which the accommodation available will suffice for the other section of mentally defectives, especially in view of the possible reception of cases under the Mental Deficiency Act, is another problem for the early future.

The casual poor.

16. In the annual report of the Casual Wards Committee will be found many points of public interest in continuation of their very full first annual report published last year. The continued decrease in the number of inmates of the metropolitan casual wards from an average of about 1,000 before the transfer of the wards to the Board to some 230 at the end of the year cannot fail to be a matter of satisfaction, not merely, or even chiefly, because this has enabled the Board to close a number of the wards and so to reduce the cost to the metropolis, but because the central administration of these wards has enabled effect to be given to a properly considered scheme of co-operation with the various voluntary philanthropic agencies working in the metropolis under which a helping hand is held out to the helpable cases. Numbers of applicants at the casual wards are assisted without having to enter the wards at all, and many are enabled to return to the normal life of self-supporting citizens. During 1913 no fewer than 570 persons (including 28 women and 10 children), applicants for admission to these wards, who in the past would have been admitted, were passed on to the co-operating

* In March, 1914, the Board decided that, owing to the time which must elapse before the partial extension scheme could be carried out, they would then be approaching the time when the whole extension would be required, and that it would be more economical to carry out the whole at one time.

† In April, 1914, the Board decided to acquire the Edmonton Workhouse of the City of Westminster Guardians and utilise it for the cases now housed at the Fountain. This will, however, make no material increase in the total accommodation available, as the Edmonton institution will hold few more than the Fountain, which latter hospital will be utilised again in the infectious service.

agencies, while 274 cases (including 31 women and 6 children) were received for a night, generally in order that they might be thoroughly cleansed, and then sent on to the voluntary agencies without making the regulation stay in the wards. By the same co-operation the scheme for dealing with the homeless poor in central London, and particularly on the Embankment and in adjacent thoroughfares, has proved very successful, and the character of these thoroughfares late at night, so far as the evil of sleeping out is concerned, has been entirely changed. There has been no increase in the number of inmates of casual wards in areas adjacent to London, and, while allowance must be made for improved trade conditions in recent years, there can be no doubt that many cases have been helped to rehabilitate themselves.

17. It cannot be too strongly pointed out that the policy of the Board has been one of careful discrimination and of doing everything that can be done to help the helpable and deserving. When this has been done there remain in casual wards some elderly persons who would be much better in permanent care, but there is also a residuum of able-bodied and physically fit young persons who deliberately refuse help and have determined to make themselves a burden on the community. If there is truth in the contention that the strict carrying out of the casual ward regulations in the matter of diet, work, and detention as applied to these persons is severe treatment, then it is certain that the majority of the community will agree that deterrent treatment in such cases is as justifiable as in the case of the drunkard, or the petty thief and other minor criminals. Those who wish to study this subject in more detail may be referred to the report of the Casual Wards Committee in this volume and to their first report issued last year.

Staff.

18. Early in the year, in response to a petition from their employees, the Board, through a special sub-committee, enquired fully into the pay and conditions of service of their asylum employees. In the matter of pay the enquiry included the consideration of the increased cost of living, the general upward trend in rates of pay throughout the country, and the rates of pay of other public authorities. The result of their consideration of the whole subject was that the Board increased the rates of pay of all grades of subordinate staff in the asylums service where those rates had not been revised in recent years, and that the increases were applied equitably on similar principles to the rest of the institution staff in their service. Special long service pay was introduced for asylum attendants, and payment in lieu of the emolument of board to employees on annual leave was also approved. The hours of duty of asylum

attendants were also revised, and reduced to those recommended by a Select Committee of the House of Commons on which all political parties were represented. The net cost to the Board of these changes, including increased rates of pay, extra staff consequent upon reduction of hours, payment for board on annual leave, and increased living-out allowances amounted in all to £20,000 per annum. The enquiry did not include the hospital nursing staff of the Board, and the serious diminution in the number of applicants for this work will necessitate similar measures being taken with regard to this branch of the staff at an early date, while the salaries of other grades, including the superior officers, where these have not been revised in recent years or, where revised, are still not sufficient to attract officers, and the hours of duty of the grades of staff not hitherto considered, will all require attention. Two points of importance have to be borne in mind. First in regard to the general body of their staff of over 6,000 officers, the Board desire to maintain the amicable relations and to receive the satisfactory service which have characterised the past, and to this end they are prepared to deal equitably and in accordance with accepted modern principles with rates of pay and conditions of service and to meet all reasonable requirements. Then with regard to certain special branches of their service in which there is a dearth of candidates who must be secured for the carrying out of the work, the Board are compelled to improve the conditions even to a degree they may consider inflated.

19. It was reported last year that a large number of the officers and servants of the Board 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, and that a certificate of exception was granted in the case of employees subject to the Superannuation Acts, some 3,400 in number. Of the remainder, 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, and about 1,800, mostly women who contracted out of the Superannuation Acts, are dealt with under the Insurance Act. With regard to the medical benefit for those insured members of the staff, an arrangement has been made in most cases under which this will be supplied by the Board through their own medical staff.

20. In the last annual report it was mentioned that the Unemployment Insurance provisions of the Act applied to comparatively few of the Board's permanent employees, such as those engaged in building works, mechanical engineering, or construction

of vehicles, and that these were insured under the provision in question. An intimation has since been received from the Board of Trade that a certificate of exception would be granted in the case of certain classes of workmen subject to the Superannuation Acts.

**The Board's
expenditure.**

21. For some time past the Board's rate has been maintained at a low figure. There had been a noteworthy diminution in the cases of infectious fevers treated in the last few years, and much accommodation remained for a time unoccupied. No loans had been raised for some years with the single exception of the casual wards. It must be recognised that this position has undergone a distinct and a permanent change. Apart from the very marked increase in the number of scarlet fever cases at the end of the year, an increase which indicates that heavy demands will be made on the hospitals during the year 1914 and that additional hospitals will be required, the Board have fallen in with the desire that any vacant accommodation in the hospitals should be utilised when it exists, and the arrangements for the reception of cases of measles and whooping cough (not to mention puerperal fever) are such that there are no longer periods when a large majority of unoccupied beds could be found in the hospitals, with a consequential reduction in the Board's expenditure. In the hospitals service the reconstruction of the temporary North-Eastern Fever Hospital must be undertaken, and various works at some of the older hospitals carried out.

22. There are steady and increasing demands upon the accommodation for the mentally deficient which have to be met. These have already involved the doubling of Tooting Bec Asylum, the provision of an institution to replace the Fountain Hospital in the asylums service, and the possibility of yet another institution for this class with large capital expenditure and annual maintenance cost.

23. In the children's service the reconstruction and extension of East Cliff House, Margate, has been necessitated, and probably an extension of Queen Mary's Hospital to meet the requirements of accommodation for tuberculous children and also to enable the Park Hospital to revert to the infectious hospitals service when necessary. The cost of administration of the casual wards has been added to the Board's expenditure. Lastly, there is the provision of sanatoria under the Insurance Acts, and for non-insured persons, and although the largest part of the cost of this work will be met either by Government grants or by Insurance Act funds, some portion will fall upon the rates.

24. All this work calls for the provision of accommodation and of machinery, central and local, for its due performance. No part of this is provided without the most anxious consideration by the Board of the needs of London, but these needs being granted, the cost must be met. It is at this point that the Board may properly dwell again with satisfaction upon the large permanent reduction which has in recent years been effected in the cost of their work by improved methods of organisation and supply and by other means, which have greatly diminished the cost per patient maintained, and especially upon the fact that under their scheme for the consolidation of their loans the amount paid in interest will be £300,000 less than it otherwise would have been, and in eight years the whole of their existing loans and loan charges will be paid off, thereby affording much relief to the rates.

Mentally deficient patients.

25. The numbers of patients in the imbecile asylums and industrial colonies for the year 1913 were as follows, viz. :—

Remaining on 1 January, 1913	.. ..	7,709
Discharged during the year	.. ..	202
Died	.. ..	741
Admitted	.. ..	1,078
Remaining on 31 December, 1913	.. ..	7,844

The number of patients admitted, which exceeded 1,000 in 1911 for the first time since 1903 fell to 993 in 1912 and rose to 1,078 in 1913. The average annual number of admissions during the last seven years has been 991. Of the patients admitted 281 were under 16 years of age, 36 of these being under 5 years of age. 264 of the admissions (or 33 per cent. of the adults) were over 70 years of age, 192 being between 70 and 80, 71 between 80 and 90, and 1 over 90.

Children.

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

	Remaining 1 January, 1913.	Admitted during 1913.	Discharged during 1913.	Died 1913.	Remaining 31 December, 1913.	Increase or decrease on previous year.
Sick & convalescent :						
Inland	1,545	3,424	3,403	246	1,320	—225
Seaside	375	831	824	12	370	— 5
Ringworm	175	754	803	...	126	— 49
Ophthalmia	686	459	544	2	599	— 87
Total	2,781	5,468	5,574	260	2,415	—366

27. During the year efforts have been made by the Children's Committee to secure a better use of the accommodation in the

Infectious hospitals.

33. During the year 33,994 cases of infectious disease were notified in the metropolis, compared with 25,237 in 1912. Of these 26,560 were legally admissible into the Board's hospitals, the remainder including 4,144 cases of erysipelas and 640 cases of ophthalmia neonatorum. Of the admissible cases 22,824, or 85·3 per cent., were admitted. In 1890, the first complete year in which compulsory notification was in force, the proportion of admissions was 33·6 per cent. The following statistics relate to patients in the infectious hospitals during the year 1913, viz. :—

	Admissions.	Discharges.	Deaths.	Mortality per cent.
Scarlet fever ...	15,010 (+5,127)	12,999 (+3,400)	176 (+22)	1·25
Diphtheria ...	5,076 (+232)	4,547 (—358)	330 (—1)	6·63
Diphtheria (Bacteriological)	399 (+24)	402 (+29)	2 (—2)	0·50
Enteric fever... ..	238 (+16)	181 (—27)	37 (—5)	16·23
Puerperal fever ...	58 (+35)	42 (+35)	19 (+10)	31·93
Measles	3,400 (—914)	3,736 (+539)	428 (+14)	11·32
Whooping cough ...	1,044 (—687)	961 (—609)	137 (—9)	12·79
Typhus fever	4 (+2)	4 (+4)	.. (—2)	—
Cerebro-spinal fever	5 (+3)	2 (+2)	3 (+1)	60·00
Poliomyelitis... ..	11 (+5)	8 (+3)	.. (—1)	—
Other diseases ...	2,501 (+602)	2,385 (+651)	111 (—12)	—
Total	27,746 (+4,445)	25,267 (+3,669)	1,243 (+15)	4·44
Smallpox	1 (—4)	1 (—3)	.. (—1)	..

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

34. The number of cases admitted shows an increase of 4,445 on the admissions for 1912, and of 6,608 on those for 1911. The increase last year was due to the great addition to the scarlet fever admissions, these numbering over 5,000 more than in 1912. Scarlet fever was more prevalent during 1913 than in any year since 1908, and the prevalence of diphtheria was also greater than in the previous four years. Both diseases are most prevalent among children; over two-thirds of the cases of each being under ten years of age. The attack was, fortunately, for the most part of an extremely mild character and the mortality rate unusually low. Only one case of smallpox came under treatment during the year.

35. The lowest number of patients under treatment on any day was 3,019 on 14 June, and the highest 5,559 on 7 December. The average of the corresponding figures for 18 years past is 2,930 and 4,950. The numbers of measles and whooping cough patients under treatment were particularly low during the time of greatest pressure on the scarlet fever accommodation.

36. The appointment of a research pathologist to enquire into the causation, infectivity, prevention, and treatment of zymotic diseases was made during the year.

Tuberculosis. 37. At the end of the year 1913 the accommodation provided by the Board for tuberculous patients under the National Insurance Acts was occupied as follows, viz. :—

	Sanatorium beds.				Hospital beds.				Total.
	London Insurance Committee's cases.		Middlesex County Council cases.		London Insurance Committee's cases.		Middlesex County Council cases.		
	M.	F.	M.	F.	M.	F.	M.	F.	
The Downs Sanatorium ...	212	—	—	—	44	—	—	—	256
The Northern Hospital (part of)	—	144	—	—	2	18	17	10	191
Totals ...	212	144	—	—	46	18	17	10	447

Ambulance service. 38. The total number of cases removed by the Board's ambulances during 1913 was 70,266, compared with 56,964 in 1912, 49,183 in 1911 and 37,240 in 1910. Of this number, 27,617 were cases removed to the Board's infectious hospitals, and 494 were infectious cases removed to other places; 1,135 tuberculous patients were removed to the Board's sanatoria, 3,661 non-infectious cases, medical, surgical and mental, were conveyed by the Board's ambulances. The remaining non-infectious removals included mentally defective cases and children of various classes. The land ambulance vehicles made over 35,000 journeys and travelled nearly half a million miles. The river ambulance service conveyed 3,217 passengers.

39. At the request of the London County Council, the Board elaborated a complete scheme for the provision of an accident ambulance service for the whole of London, but owing to difficulties raised as to the representation of the Council in the administration of the scheme, the cost of which must by statute be defrayed out of county rates, the scheme was not proceeded with.

Finance. 40. During the financial year ended at Michaelmas, 1913, the net expenditure of the Board met out of rates was £1,083,636, representing a rate of 5·79d. 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 15,187, excluding patients maintained in The Downs Sanatorium.

The corresponding figures for the previous five years were:—

		Net expenditure.		Average number
		Amount.	Rate in	of persons
		£	in the £.	maintained.
			d.	
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
1912	... ..	1,031,456	5'54	15,191

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

		Total.	Increase or decrease
		£	on previous year.
			£
Hospitals and ambulance service	... ..	371,114	+ 23,337
Asylums	... ..	242,701	+ 30,573
Children and Exmouth	... ..	156,675	— 5,716
Casual wards	... ..	29,708	+ 12,685
Repayment of, and interest on, loans and general expenses	... ..	329,457	+ 3,464
Total	... ..	1,129,655	+ 64,343
Less receipts	... ..	46,019	+ 12,163
Net total	... ..	£1,083,636	+ £52,180

These figures do not include The Downs Sanatorium.

41. No money was raised on loan in 1913, and apart from the loan of £67,000 raised in 1912 to pay off the balances of existing loans on casual wards transferred to the Board in that year, no fresh loans have been raised for some years. Since 1868, when the Board contracted their first loan, over £5,600,000 has been borrowed for various purposes. The outstanding indebtedness has been reduced by £179,938 during the financial year, and at Michaelmas, 1913, stood at £2,104,283. The total net reduction since 1906 has been £1,311,715, and in all £62·91 per cent. has been repaid. The outstanding debt is at the rate of 9s. 4d. per head of the population of London, compared with 15s. 5d. ten years ago, notwithstanding the large capital outlay in accommodation, which has increased from 19,617 to 22,247 beds. The average daily cost of maintenance of inmates in all the Board's institutions is 6d. per day, compared with 8d. ten years ago. The total maintenance cost was £141,856 for 15,187 inmates, compared with £131,024 for 10,749 inmates in 1903.

Contracts. 42. The Contract Committee in 1913 dealt with some 550 contracts representing an expenditure of about £360,000, of which provisions accounted for £175,000 and goods received at the Board's central stores £45,000. The approximate value of the coal and coke contracts for the year amounted to £76,000, a reduction of £18,000 on the previous year's expenditure under this heading. Nearly 4,000 purchases of goods not obtainable under contract were made centrally through the contract department at an aggregate value exceeding £25,000.

Works. 43. The department of the Engineer-in-Chief has carried out works amounting in value to about £74,000. Some £45,000 represents the value of building works and the remainder that of engineering works. Contracts amounted to £53,000, and works carried out by direct labour to £2,600, 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. 44. The total number of officers and servants employed by the Board on the 31 December, 1913, was as follows :—

	Permanent.	Increase or decrease on previous year.	Temporary.	Increase or decrease on previous year.
Head office	135	+ 8	4	— 7
Asylums (including Bridge Industrial Home) ...	1,566	+ 80	34	— 10
Children's institutions ...	1,045	+ 21	35	— 8
Training ship Exmouth ...	75	+ 24	2	— 4
Infectious hospitals* (including river ambulance service)	3,157	+ 393	303	+ 118
Land ambulance service ...	138	12	8	+ 1
Casual wards... ..	77	— 12	1	..
Central stores	13	..	0	— 1
	6,206	+ 526	387	+ 89

* Including bacteriological laboratories and the Downs Sanatorium.

During the year 2,784 officers and servants were appointed on the permanent staff, and 2,258 left the service, showing an increase of 526. The officers superannuated numbered 39.

Board of Management. 45. The triennial election and nomination to the Board took place in May, 1913, and many changes took place in the personnel of the Board. The most noteworthy was the retirement of Mr. J. T. Helby, who had served as a

nominated member for 15 years, and who, after holding the chairs of the Finance, Works, and Hospital Committees, was elected chairman of the Board from 1907 to 1910. On his retirement, the Board recorded on their minutes their appreciation of his services.

Amongst the members retiring were Mr. Anthony Boden, who had represented the St. Pancras Guardians for 27 years, and Mr. S. J. Cole, who had represented the Paddington Guardians for 13 years.

46. Mr. Walter Dennis, J.P., completed three years' occupancy of the chair of the Board in May, 1913, and the Board recorded their thanks for his distinguished services in that capacity, and their sense of the manner in which he had devoted himself to the numerous phases of their work both in principle and in detail.

Professor William R. Smith, J.P., D.L., M.D., also received the thanks of the Board for his services as vice-chairman during the same three years.

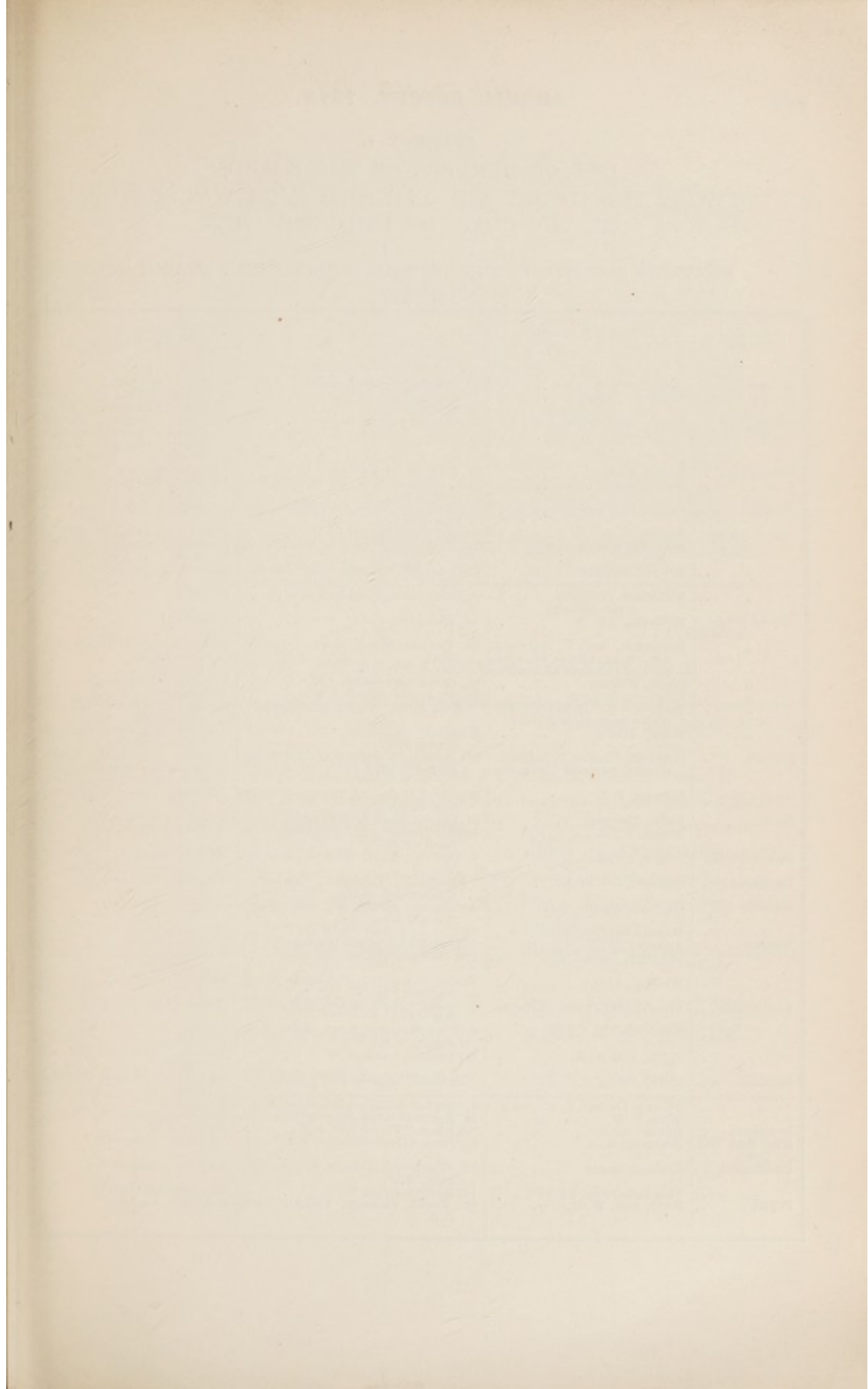
47. The new Board elected as their chairman Mr. Robert Woolley Walden, J.P., chairman of the City of Westminster Board of Guardians and a past mayor of the City of Westminster, and as their vice-chairman the Very Rev. Canon Sprankling.

48. 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 locality, 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 1913.MANAGERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF
GUARDIANS.

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1913).
Bermondsey ..	Ecroyd, W. H., J.P.	10, Burghill Road, Sydenham, S.E.	Contracts, Works.
Bethnal Green	Eickhoff, Walter	"Clovelly," Devonshire Road, Forest Hill, S.E.	Hospitals, Children's, Casual Wards, Contract.
Bloomsbury ..	Smith, Prof. William R., J.P., D.L., M.D.	37, Russell Square, W.C.	Finance, Hospitals, Casual Wards, "Exmouth," Statistical, Law and Parliamentary.
Camberwell ..	Brown, Richard	32, East Dulwich Road, S.E. ..	Asylums, Children's, Contract.
" ..	Sayer, Samuel	302, Southampton Street, Camberwell, S.E.	Asylums, Children's.
Chelsea ..	Crosse, T. Warren	10, Crosswell Gardens, South Kensington, S.W.	Ambulance, "Exmouth."
City of London	Benson, C. J.	18, Camomile Street, E.C.	Hospitals, "Exmouth."
" ..	Doughty, Rev. Geo. Bell ..	27, Westbourne Gardens, W. ..	Hospitals, Children's, "Exmouth."
" ..	Turner, Benjamin	218, Lordship Road, Stoke Newington, N.	Hospitals, "Exmouth."
" ..	Wilkinson, Cuthbert	2, Mitre Court, Fleet Street, E.C. ..	Hospitals.
" ..	(One vacancy)		
City of Westminster	Heilbuth, Geo. H.	15, Walbrook, E.C.	Hospitals.
" ..	Hillersdon, Rev. F. Harcourt, J.P., M.A. (Vice-Chairman, General Purposes Committee)	20, Taviton Street, Gordon Square, W.C.	Finance, Casual Wards, Statistical.
" ..	Smith, William	88, Cambridge Street, S.W.	Hospitals, Children's.
" ..	Thomson, H. Lyon	34, St. James' Street, S.W.	Ambulance.
" ..	Walden, R. Woolley, J.P. (Chairman of the Board)	"Bella Vista," Upper Warrington..	Ex-Officio Member of all Committees.
" ..	Winch, Henry	Members' Mansions, 36, Victoria Street, S.W.	Finance, Hospitals, Law and Parliamentary.
Fulham ..	Botterill, Charles (Chairman, General Purposes Committee)	St. Botolph's, Fulham Palace Road, Fulham, S.W.	Finance, Statistical, Works (Ex-Officio Member, Hospitals, Asylums, Children's).
Greenwich ..	Oldman, F. J.	Troutbeck House, 39, Troutbeck 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, West Kensington, W.	Finance, Asylums, Children's, Ambulance, "Exmouth."
Hampstead ..	Sheffield, Col. Frank	"Palaspai," Daleham Gardens, Hampstead, N.W.	Hospitals, Asylums.
Holborn ..	Garrity, Edward, M.J.I. ..	Accrington House, 37, Hall Street, Goswell Road, E.C.	Hospitals, Asylums.
" ..	Mount-Somerby, Herbert S. ..	32, Great Ormond Street, W.C.	Hospitals, Works.
Islington ..	Andrews, W. H.	103, St. Paul's Road, Canonbury, N.	Asylums, Works.
" ..	Lambert, Samuel, J.P.	125, Barnsbury Road, N.	Hospitals, Asylums, Contract, "Exmouth."
" ..	Walkley, Alfred	Tower House, 17, Cromartie Road, Hornsey Rise, N.	Asylums, Children's, Contract, Works.
Kensington ..	Fleming, Sir Francis, K.C.M.G.	9, Sydney Place, South Kensington, S.W.	Children's, Casual Wards.
" ..	Webb, Col. R. F., J.P., D.L. ..	6, West Cromwell Road, South Kensington, S.W.	Finance, Statistical, Works.
" ..	Wilde, Miss M. J.	84, Lexham Gardens, W.	Asylums, Children's, Casual Wards.
Lambeth ..	Clark, Arthur	"Lynton," Crane's Park, Surbiton..	Asylums, Children's, Contract, Works.
" ..	Thimm, Captain F. K., R.N.R.	3, Court Road, West Norwood, S.E.	Hospitals.
" ..	West, F. H.	24, Haycroft Road, Brixton Hill, S.W.	Hospitals, Children's, Works.
Lewisham ..	Baxter, H. A.	"Kildare," Forest Hill, S.E. ..	Hospitals, Works.
Mile End Old Town	Boustred, G. R.	83, Clark Street, Stepney, E. ..	Asylums, "Exmouth."
Paddington ..	Graham, Henry	29, Winchester Avenue, Brondesbury Park, N.W.	Asylums, Children's.
" ..	Vaughan-Owen, David	16, Harrow Road, W.	Hospitals, Children's.
Poplar ..	Hunt, Rev. W. H.	St. Mark's Vicarage, Victoria Park, N.E.	Hospitals, Asylums.

ELECTED MANAGERS (continued).

UNION OR PARISH.	NAME OF MANAGER.	ADDRESS.	COMMITTEES (AS AT END OF 1913).
St. George's-in-the-East	Reldy, Mrs. F.	314, Commercial Road, E.	Hospitals, Asylums.
St. Marylebone	Browne, Elliott S., L.R.C.S.I., L.R.C.P.I.	146, Gt. Portland Street, W.	Hospitals, Children's.
"	Dennis, Walter, J.P.	Ifield House, Carshalton, Surrey	Finance, Hospitals, Children's, Contract.
"	White, Sir Edward, J.P.	20, Upper Berkeley Street, W.	Contract.
St. Pancras	Daunton, G. S.	1, Gullford Street, W.C.	Asylums, 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	Tyrrie, George	Hastings Villa, Richmond Road, Dalston, N.E.	Asylums, Children's.
Southwark	Cornell, Thomas	"Ingleside," 32, Dornton Road, Balham, S.W.	Finance, Asylums, Children's, Casual Wards, "Exmouth."
"	Devereux, J. O.	20, Nelson Square, Blackfriars Road, S.E.	Asylums, Children's, Contract.
Stepney	Higley, Rev. F. H.	636, Commercial Road East, E.	Asylums, Children's, "Exmouth."
Wandsworth	Fowle, G. J.	67, Erpingham Road, Putney, S.W.	Hospitals, Asylums.
"	Penfold, W. F.	Burwood House, Upper Tooting, S.W.	Asylums, Children's, Am'lance.
"	Sullivan, Alfred	"Sunnydene," 3, St. Nicholas Road, Balham, S.W.	Asylums, Children's, Am'lance.
Whitechapel	Bailey, William	"Harefield," Romford, Essex	Hospitals, Children's.
Woolwich	Graham, 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 1913).
Baker, Miss I. M.	37, Brooke Street, Holborn, E.C.	Hospitals, Children's.
Bousfield, E. C., M.R.C.S., D.P.H.	6, De Crespigny Park, Denmark Hill, S.E.	Hospitals, Statistical, Works.
Donerail, The Viscount	91, Victoria Street, Westminster, S.W.	Casual Wards, Ambulance, Statistical.
Drage, Geoffrey	29, Cadogan Square, S.W.	"Exmouth."
Gell, H. W., M.B.	28, Colehill Gardens, Fulham, S.W.	Asylums, Casual Wards, Ambulance.
Elliott, G. S., J.P.	14, Upper Street, Islington, N.	Children's.
Henderson, Admiral W. H.	3, Onslow Houses, S.W.	Asylums, Casual Wards, Ambulance, "Exmouth."
Hubbard, N. W., J.P.	"Hawarden," 41, Chestnut Road, West Norwood, S.E.	Finance, Children's, Statistical.
Hunt, Jackson, J.P.	23, Montagu Square, W.	Finance, Hospitals, Ambulance, Law and Parliamentary.
Inderwick, Miss E. F.	8, Warwick Square, S.W.	Hospitals, Statistical.
McDougall, Sir John	Clifton House, Greenwich Park, S.E.	Asylums, Children's.
Meinertzhagen, E. L., J.P.	4, Cheyne Walk, Chelsea, S.W.	Hospitals, Statistical, Law & Parliamentary
Nepean, Capt. St. Vincent, M.V.O., R.N.	11, Kensington Crescent, W.	Asylums, Children's, Ambulance.
Portman, Berkeley	38, Hurlingham Court, S.W.	Finance, Ambulance.
Ritchie, Gerald	55, Oakley Street, Chelsea, S.W.	Hospitals, Children's, Casual Wards.
Seovell, Sir Augustus C., J.P.	8, Primrose Mansions, Battersea Park, S.W.	Finance, Hospitals, Ambulance, Statistical, Works, Law and Parliamentary.
Sprankling, The Very Rev. Canon (Vice-Chairman of the Board)	St. George's Cathedral House, Southwark, S.E.	<i>Ex-Officio Member of all Committees.</i>
Stanley, Hon. Maude A.	32, Smith Square, Westminster, S.W.	Children's, Casual Wards.

No.	Name of institution.	Where situated.
Infectious hospitals.		
1	Eastern Hospital .. .. .Fever	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.
6	Grove	Tooting Grove, Tooting Graveney, S.W.
7	South-Eastern	Avonley Road, New Cross, S.E.
8	Brook	Shooters Hill, Woolwich, S.E.
9	Northern (part of)	Winchmore Hill, N.
10	{ Southern Upper	Dartford, Kent
	{ .. Lower	
11	Joyce Green .. Fever and smallpox	.. .. .
12	{ Long Reach Pier Buildings .. Smallpox	.. .. .
	{ Long Reach Hospital	
13	{ Orchard Hospital .. Fever and smallpox	
Sanatoria.		
14	{ Northern Hospital (part of)	Winchmore Hill, N.
	{ The Downs Sanatorium	
Imbecile asylums.		
15	Tooting Bec Asylum and Children's Re-) ceiving Home	Tooting, S.W.
16	Leavesden Asylum	King's Langley, Herts
17	Caterham	Caterham, Surrey
18	Fountain (temporary) Asylum	Tooting Graveney, S.W.
Industrial colonies.		
19	{ Darenth—(i.) Imbeciles	Dartford, Kent
	{ .. (ii.) Feeble-minded	
20	Bridge—Feeble-minded	Witham, Essex
Training ship Exmouth †		
21	{ Infirmery	Moored off Grays, Essex
	{ Exmouth II.	Grays, Essex
		.. .. and cruising
Homes and schools for children.		
<i>Sick and convalescent, inland.</i>		
22	Queen Mary's Hospital for children	Carshalton, Surrey
23	Park Hospital for children	Hither Green, Lewisham, S.E.
<i>Sick and convalescent, seaside.</i>		
24	S. Anne's Home	Herne Bay, Kent
25	East Cliff House	Margate, Kent
26	Millfield	Rustington, near Littlehampton
<i>Ringworm school.</i>		
	The Park Hospital (part of)	Hither Green, Lewisham, S.E.
<i>Ophthalmia schools.</i>		
27	White Oak School	Swanley Junction, Kent
28	High Wood	Brentwood, Essex
Casual wards.		
29 to 50	22 wards	Various parts of the metropolis (see p. 68)
Ambulance stations.		
51	Eastern Ambulance Station	Brooksby's Walk, Homerton, N.E.
52	North-Western	Lawn Road, Hampstead, N.W.
53	Western	Seagrave Road, Fulham, S.W.
54	South-Western	Landor Road, Stockwell, S.W.
55	South-Eastern	New Cross Road, S.E.
56	Brook	Shooters Hill, Kent
57	Mead .. (motor workshop)	Carnwath Road, Fulham, S.W.
Wharves, piers, and steamers.		
58	North Wharf	Managers' Street, Blackwall, E.
59	South	Trinity Street, Rotherhithe, S.E.
60	West	Carnwath Road, Fulham, S.W.
—	Five ambulance steamers .. .. .	.. .. .
Contract department.		
61	Central stores	Soloman's Passage, Peckham Rye, S.E.
62	Bacteriological establishments	Sutton, Surrey

† The present training ship Exmouth was built for the Board in 1905.

No.	Date of opening.	Acreage.	Accommodation.		
			Total number of beds.	No. of beds in special wards (isolation, separation discharge, &c.)	No. of beds in ordinary wards.
1	1 February, 1871	9 a.	375	67	308
2	8 October, 1892	33 a. 0 r. 6 p.	623	149	474
3	25 January, 1870	12 a. 1 r. 19 p.	464	100	364
4	10 March, 1877	13 a. 2 r. 35 p.	456	54	402
5	31 January, 1871	8 a. 1 r. 20 p.	347	77	270
6	17 August, 1899	22 a. 3 r. 3 p.	537	121	416
7	17 March, 1877 <small>(Reconstructed 1904-1906 and re-opened 2 July, 1906)</small>	10 a. 2 r. 0 p.	496	72	424
8	31 August, 1896	29 a. 1 r. 2 p.	580	104	476
9	25 September, 1887	35 a. 2 r. 38 p.	475	85	390
10	October, 1890	160 a. 0 r. 16 p.	922	166	756
	Erected 1902		610	42	568
11	28 December, 1903	254 a. 1 r. 18 p.	940	184	756
			6,825	1,221	5,604
12	27 February, 1902	24 a. 0 r. 37 p.	50 beds.		
13	Erected spring, 1902	63 a. 0 r. 18 p.	300	"	
			800	"	
			—	1,150	
14	(see above)	(see above)	230	"	
	26 February, 1903	19 a. 1 r. 24 p.	360	"	
			—	590	
15	19 January, 1903	28 a. 3 r. 18 p. <small>(including Bushey Down)</small>	*1,114	"	
16	October, 1870	143 a. 2 r.	2,195	"	
17	" "	154 a. 1 r. 32 p.	2,109	"	
18	" 1893 <small>(Used as a fever hospital until 1911, then as defective home during part of 1912)</small>	10 a. (about)	666	"	
19	November, 1878	164 a. 1 r. 0 p.	1,668	"	
			—	7,752	
20	12 February, 1901 <small>(Used for ringworm cases until 1906, then as a home for defectives until 1911)</small>	7 a. 1 r. 0 p.	480	"	
			210	"	
			—	690	
21	March, 1876 .. .. .	.. .. .	700 boys.		
	August, 1905	6 a. 2 r. 13 p.	34 beds.		
	July, 1913 .. .. .	.. .. .	80 boys.		
			—	814	
22	29 January, 1909	136 a. 0 r. 0 p.	850	"	
23	8 November, 1897 <small>(Used as a fever hospital until 2 Sept., 1910)</small>	19 a. 1 r. 6 p.	600	"	
24	26 December, 1897	2 a. 3 r. 0 p.	134	"	
25	26 June, 1898	3 a. 2 r. 20 p.	130	"	
26	6 April, 1904	5 a. 2 r. 0 p.	120	"	
—	14 January, 1913	(see above)	150 children.		
27	20 March, 1903	49 a. 2 r. 10 p.	360	"	
28	26 July, 1904	28 a.	360	"	
			—	2,704	
29 to 50	Transferred to the Asylums Board, 1 April, 1912.		1,536 beds.		
51	20 June, 1885	The areas of these sites are included in those of the adjoining hospitals (see above).	..	..	..
52	1 September, 1897 .. .. .		..	..	..
53	9 July, 1884 .. .. .		..	..	..
54	2 May, 1898 .. .. .		..	..	..
55	1 October, 1883 .. .. .		..	..	..
56	18 August, 1896 .. .. .		..	..	..
58	April, 1902	On part of the West Wharf site .. .. .	..	..	..
59	Purchased January, 1884	— 2 r. 0 p.	9 beds.		
60	" December, 1883	2 a. 1 r. 0 p.	24 "		
61	" February, 1885	2 a. 2 r. 10 p. .. .. .	.. .. .	
—	May, 1884, to March, 1902 .. .. .	.. .. .	178 beds.		
62	September, 1908 .. .. .	.. .. .	..	..	..
63	May, 1907	2 a. 2 r. 0 p. .. .. .	..	..	..

* Temporarily increased to 1,149.

No.	Date	Description	Amount
1	1880	Jan 1	100.00
2	1880	Feb 1	200.00
3	1880	Mar 1	300.00
4	1880	Apr 1	400.00
5	1880	May 1	500.00
6	1880	Jun 1	600.00
7	1880	Jul 1	700.00
8	1880	Aug 1	800.00
9	1880	Sep 1	900.00
10	1880	Oct 1	1000.00
11	1880	Nov 1	1100.00
12	1880	Dec 1	1200.00
13	1881	Jan 1	1300.00
14	1881	Feb 1	1400.00
15	1881	Mar 1	1500.00
16	1881	Apr 1	1600.00
17	1881	May 1	1700.00
18	1881	Jun 1	1800.00
19	1881	Jul 1	1900.00
20	1881	Aug 1	2000.00
21	1881	Sep 1	2100.00
22	1881	Oct 1	2200.00
23	1881	Nov 1	2300.00
24	1881	Dec 1	2400.00
25	1882	Jan 1	2500.00
26	1882	Feb 1	2600.00
27	1882	Mar 1	2700.00
28	1882	Apr 1	2800.00
29	1882	May 1	2900.00
30	1882	Jun 1	3000.00
31	1882	Jul 1	3100.00
32	1882	Aug 1	3200.00
33	1882	Sep 1	3300.00
34	1882	Oct 1	3400.00
35	1882	Nov 1	3500.00
36	1882	Dec 1	3600.00
37	1883	Jan 1	3700.00
38	1883	Feb 1	3800.00
39	1883	Mar 1	3900.00
40	1883	Apr 1	4000.00
41	1883	May 1	4100.00
42	1883	Jun 1	4200.00
43	1883	Jul 1	4300.00
44	1883	Aug 1	4400.00
45	1883	Sep 1	4500.00
46	1883	Oct 1	4600.00
47	1883	Nov 1	4700.00
48	1883	Dec 1	4800.00
49	1884	Jan 1	4900.00
50	1884	Feb 1	5000.00
51	1884	Mar 1	5100.00
52	1884	Apr 1	5200.00
53	1884	May 1	5300.00
54	1884	Jun 1	5400.00
55	1884	Jul 1	5500.00
56	1884	Aug 1	5600.00
57	1884	Sep 1	5700.00
58	1884	Oct 1	5800.00
59	1884	Nov 1	5900.00
60	1884	Dec 1	6000.00
61	1885	Jan 1	6100.00
62	1885	Feb 1	6200.00
63	1885	Mar 1	6300.00
64	1885	Apr 1	6400.00
65	1885	May 1	6500.00
66	1885	Jun 1	6600.00
67	1885	Jul 1	6700.00
68	1885	Aug 1	6800.00
69	1885	Sep 1	6900.00
70	1885	Oct 1	7000.00
71	1885	Nov 1	7100.00
72	1885	Dec 1	7200.00
73	1886	Jan 1	7300.00
74	1886	Feb 1	7400.00
75	1886	Mar 1	7500.00
76	1886	Apr 1	7600.00
77	1886	May 1	7700.00
78	1886	Jun 1	7800.00
79	1886	Jul 1	7900.00
80	1886	Aug 1	8000.00
81	1886	Sep 1	8100.00
82	1886	Oct 1	8200.00
83	1886	Nov 1	8300.00
84	1886	Dec 1	8400.00
85	1887	Jan 1	8500.00
86	1887	Feb 1	8600.00
87	1887	Mar 1	8700.00
88	1887	Apr 1	8800.00
89	1887	May 1	8900.00
90	1887	Jun 1	9000.00
91	1887	Jul 1	9100.00
92	1887	Aug 1	9200.00
93	1887	Sep 1	9300.00
94	1887	Oct 1	9400.00
95	1887	Nov 1	9500.00
96	1887	Dec 1	9600.00
97	1888	Jan 1	9700.00
98	1888	Feb 1	9800.00
99	1888	Mar 1	9900.00
100	1888	Apr 1	10000.00

ANNUAL REPORT OF THE HOSPITALS COMMITTEE FOR 1913.

Chairman and vice-chairman. 1. We elected Dr. Elliott Browne, our vice-chairman, to be our chairman in succession to the Very Rev. Canon Sprankling, and Mr. Samuel Lambert, J.P., to be our vice-chairman in succession to Dr. Elliott Browne.

Meetings. 2. We met on 20 occasions during the year, and our sub-committees (central, institutional, and special) met on 266 occasions.

Staff. 3. (a) *Principal officers.*—Vacancies in the ranks of the principal officers were occasioned during the year by the death of the Rev. J. H. Anderson, chaplain of the Grove Hospital, and by the following resignations:—Miss C. E. L. Burton, matron of the South-Western Hospital; Mrs. F. E. M. Day, matron of the Eastern Hospital; Miss E. D. Hancock, matron of the Downs Sanatorium; the Rev. J. Farrington Downes, chaplain of the Western Hospital; and the Rev. A. J. King, chaplain of the Northern Hospital.

To fill the vacancies thus caused, Miss E. M. Bradley, matron of the Salford Union Infirmary, was appointed as matron of the Eastern Hospital, and Miss S. A. Villiers, matron of the Park Hospital for Children, was re-transferred to the hospitals service and allocated to the South-Western Hospital. The Rev. G. D. Castleden, vicar of S. Andrew's, Fulham, and the Rev. E. N. Coulthard, vicar of S. Paul's, Winchmore Hill, were appointed to the chaplaincies of the Western and the Northern Hospitals respectively. The duties of chaplain at the Grove Hospital were at the end of the year being temporarily performed by the Rev. A. C. Wolston, chaplain of the South-Eastern Hospital. The Rev. J. Robinson, vicar of S. Mary, Summerstown, was recommended by us for the permanent appointment.

Pending a definite decision as to the future use of the Downs Sanatorium, arrangements were made for Miss J. H. Balsillie, second assistant matron of Queen Mary's Hospital, temporarily to perform the duties of matron of the sanatorium. Dr. A. F. Cameron, senior assistant medical officer of the South-Eastern Hospital, has acted as medical superintendent of the sanatorium since its use as a children's institution, and the Rev. A. E. Tonkin, curate-in-charge of Belmont parish, as chaplain.

Dr. J. Edward Squire was, on the recommendation of the President of the Royal College of Physicians, appointed as visiting specialist in connection with the tuberculous patients at both the Downs Sanatorium and the Northern Hospital.

The Rev. G. R. Sampey, vicar of Christ Church, Shooters Hill, was appointed to the chaplaincy of the Brook Hospital, which appointment was vacant at the end of 1912.

The scale salary assigned to the office of matron in the infectious hospitals service was revised.

(b) *Research pathologist.*—The assent of the Local Government Board to the appointment of a research pathologist was received early in the year, and in May Dr. William Mair, of Manchester University, was appointed to the office for one year in the first instance.

Laboratory accommodation for the research pathologist has been hired from the Lister Institute of Preventive Medicine.

(c) *Assistant medical officers.*—The year was marked by the death from scarlet fever of two assistant medical officers performing temporary duty, viz, Drs. Brehaut and Sawyer.

11 assistant medical officers resigned, and 20 were appointed. 32 were employed temporarily at various times.

(d) *Nursing staff.*—The entries for the examinations for trained nurses and probationers were much greater than in the previous year. At the two examinations held in 1912 four trained nurses and eight probationers were successful, while in 1913 seven trained nurses and sixty-six probationers passed the test. The gold medal awarded to the probationer obtaining the highest marks at each examination was won by probationers from the North-Eastern and Brook Hospitals respectively. At the October examination assistant nurses (Cl. II.) were for the first time admitted, and two passed. Such nurses had previously been allowed to attend the lectures to probationers, but not to enter for the examinations. The nursing staff scheme of 1910 originally proposed that assistant nurses (Cl. II.) should be a class of temporary nurses who should supplement the probationers and be employed only at busy times and for comparatively short periods. Since the admission of measles and whooping cough, however, it has so far been found that the number of patients under treatment remains constantly at a fairly high level. This fact, and the dearth of suitable candidates for nursing appointments, resulted in the assistant nurses (Cl. II.) remaining in the service for periods considerably longer than were originally anticipated, and such nurses are now allowed, under certain conditions, to enter for the probationers' examination, on passing which they become eligible for promotion. In addition, it was decided that assistant nurses (Cl. II.) who obtain the certificate of the Fever Nurses' Association should be eligible for promotion.

This brings us to the general question of the constant difficulty we have experienced in maintaining the necessary strength of the nursing staff. The year has been one of unusual pressure on the accommodation, and the difficulty has therefore been accentuated, causing us considerable anxiety. Large numbers of nurses have been drawn from nurses' institutes. Special rates of salary were offered for holiday duty for a minimum period of three months, and early in the year the partial suspension of admissions of cases of measles and of whooping cough was seriously contemplated. Towards the close of the year the principal medical officer was asked to report at an early date on the existing terms and conditions of employment of nursing staff at the infectious hospitals, including hours of duty, amount of leave, etc., embodying any views he might have as to variations necessary to render the service more attractive.

As we reported last year, however, we do not believe that the experience of the Board in regard to nursing staff difficulties is by any means unique.

Revised regulations for the nursing staff were approved during the year.

(e) *Probationers from children's hospitals.*—The proposal (under consideration at the end of last year) to give selected probationers from the children's hospitals a period of fever training has resulted in a scheme for giving twelve probationers from the Park Hospital six months' fever experience for an experimental period of one year in the first instance.

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 January, 1913.	On 31 December, 1913.
Scarlet fever ..	2,044	3,880
Diphtheria ..	807	1,002
Enteric ..	25	45
Measles ..	808	45
Whooping cough ..	249	195
Puerperal fever ..	7	4
Poliomyelitis ..	—	3
Other diseases ..	147	149
	4,087	5,323

The year has been noteworthy for the heavy increase in the admissions of scarlet fever, though the attack was for the most part of an extremely mild nature and the mortality rate unusually low. In October it became necessary to open Joyce Green Hospital for fever patients, and both convalescent and semi-acute cases were received there. The maximum number of cases under treatment at one time was higher than in any year since 1907, and this pressure, coinciding with the difficulty of obtaining an adequate nursing staff, gave cause for much anxiety. Fortunately the numbers of measles and whooping cough patients under treatment during the time of greatest pressure on the scarlet fever accommodation were particularly low.

(b) *Smallpox*.—One case of smallpox came under treatment during the year.

(c) *Tuberculous patients*.—We reported last year that the Downs Sanatorium was being prepared for the reception of male tuberculous patients from the Insurance Committee for the County of London, under agreement with the London County Council. The first admissions took place on 10 February. Subsequently some 200 beds at the Northern Hospital were set aside for female tuberculous patients and for male cases of a more advanced type than those then admitted to the Downs Sanatorium. The first admissions to the Northern Hospital took place on 3 March.

In July arrangements were made with the Middlesex County Council whereby for about one year (*i.e.*, until 30 September, 1914) some 30 beds at the Northern Hospital were set aside for that body for the reception of hospital (advanced and educational) cases of tuberculosis, both male and female. The first admissions under this arrangement took place on 15 August.

At the end of the year 447 patients remained under treatment, namely, 256 at the Downs Sanatorium, and at the Northern Hospital 191, of whom 164 were London patients and 27 Middlesex patients.

As the result of representations made by the London Insurance Committee arrangements were in the autumn made for some male hospital cases to be received at the Downs Sanatorium, thus allowing of the provision at the Northern Hospital of more beds for female sanatorium patients.

North-Western and Grove Hospitals. 5. The plans for the provision of additional isolation accommodation at the North-Western Hospital have been approved by the Local Government Board. These are, with the exception of a few improvements, identical with those of the scheme carried out when Temperance ward at the Eastern Hospital was converted into isolation chambers. The total estimated cost of the work is £2,266.

Two of the isolation blocks at the Grove Hospital have, at small cost, been adapted for the treatment of doubtful cases of scarlet fever.

Receiving rooms for measles. 6. Plans for providing receiving rooms for measles at the North-Eastern, Western, Grove, and Brook Hospitals were approved during the year.

Prevention of deafness. 7. Representations were made by the Society of Medical Officers of Health that, with a view to the prevention of deafness following infectious disease, the Board should consider the question of appointing a number of otologists on their medical staff. We gave consideration to the question, but did not feel justified in recommending the Board to take any action in the matter.

Medical instruction. 8. (a) *Classes in fevers.*—The courses of instruction were attended during the year by 286 students, of whom 21 were women. The number in 1912 was 209, of whom 12 were women. The morning classes at certain hospitals were continued.

(b) *Classes in hospital administration—D.P.H.*—72 duly qualified medical practitioners (including 2 women) have attended the classes in hospital administration for candidates for the Diploma in Public Health. The number for the previous year was 54 (including 5 women).

Clockwinding. 9. Arising out of complaints from the Eastern Hospital as to the inefficiency of the present system of clockwinding, whereby a porter does the work for a small additional remuneration, the question of the desirability of maintaining the system received consideration. As a result, it has been decided to instal at the Eastern Hospital a system of centrally controlled clocks, and the question of extending the system to other hospitals will be further considered after a year's experience of the installation at that hospital.

Legacies. 10. Legacies to the total value of £7,000 were left to the North-Eastern, Northern, and Southern Hospitals under the will of Mrs. E. R. Johnson, and to the value of £200 to the Grove Hospital under the will of Mrs. A. Charlton.

The question of how these legacies should be dealt with was under consideration by the Finance Committee at the end of the year.

Long Reach Hospital. Re-construction. 11. We reported last year that it had been decided to rebuild in permanent materials, as a preliminary and experimental step, two wards of Long Reach Hospital. Plans therefor were approved by the Managers on 1 November and by the Local Government Board on 4 December. During the past year the enlargement and re-construction of the Long Reach laundry at a total estimated cost of £4,700 was agreed to.

North-Western Hospital. Purchase of adjoining property. 12. Negotiations were in progress at the end of the year with a view to the purchase of a small property adjoining the North-Western Hospital.

Smallpox. Extra-metropolitan districts. 13. As the result of strong representations made by the Bexley Urban District Council, we advised the withdrawal of the notice (which was sent in November, 1912), terminating the Managers' agreement to receive cases of smallpox from the Bexley district. The withdrawal was made conditional upon the Council's taking steps to make their own provision for dealing with cases of smallpox occurring in their district.

Works. 14. The following is a list of additional principal works which have been sanctioned at our instance during the year:—

(1) Eastern Hospital—Durato flooring.. .. .	£900
(2) Eastern Hospital—Plastering of walls of main corridors, etc.	£1,125
(3) North-Eastern Hospital—Installation of steam super-heaters	£389

HOSPITALS COMMITTEE.

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(4) Western Hospital—Internal telephones .. .	£285
(5) Western Hospital—Flooring work	£590
(6) South-Western Hospital—Laundry machinery ..	£345
(7) South-Eastern Hospital—Nurses' sitting-room accommodation	£590
(8) Brook Hospital—Alterations to laundry	£680

Staff. 15. We again place on record our appreciation of the continued efficiency of the medical and general staffs in the infectious hospitals service.

(Signed) ELLIOTT BROWNE,
Chairman.

ANNUAL REPORT OF THE ASYLUMS COMMITTEE FOR 1913.

1. We submit to the Board our annual report for the year ended 31 December, 1913.

Meetings.

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

Asylums Committee	...	...	19
Sub-committees at institutions	...	...	86
Other sub-committees	..	...	39
Total			144

Chairman and vice-chairman.

3. In May, Mr. Samuel Lambert, J.P., completed his third year as our chairman. We recorded our appreciation of the valuable services he had rendered while occupying that position and elected Mr. Thomas Cornell to be our chairman in his stead.

We elected Mr. W. J. Wetenhall, J.P., to be our vice-chairman in place of Dr. H. Willingham Gell, who had completed a term of three years in that capacity.

Accommodation and inmates.

4. The following table shows 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 ..	1,007	1,188	992	1,109	+28	+2
Caterham ..	972	1,137	919	1,079	—27	—12
Tooting Bec ..	531*	618*	486	560	—11	—25
Fountain	363	303	340	235	—24	+52
INDUSTRIAL COLONIES						
Darenth—						
(i.) Imbeciles ..	884	784	851	727	+55	—11
(ii.) Feeble-minded	240	240	229	199	+62	+42
Bridge—						
Feeble-minded ..	210	...	118	...	+4	...
TOTALS—						
Imbeciles ..	4,207	4,270	3,935	3,909	+87	+48
Feeble-minded ..	3,757	4,030	3,588	3,710	+21	+6
	450	240	347	199	+66	+42

* Includes 35 temporary beds (17 males, 18 females).

Other statistics. 5. The applications during the year numbered 1,172, compared with 995 during 1912. The admissions, discharges, and deaths during 1913 are shown in the following table:—

Admitted.	Number.	Increase or decrease on previous year.
Adults over 70 years of age	264	+26
„ between 16 and 70 years	462	...
Children between 5 and 16 years	182	+39
„ under 5 years	35	+23
Total	943	+88
Discharged	177	+36
Died	739	+26

(ii.) Feeble-minded. 6. The applications for admission during the year numbered 158, compared with 174 during 1912. The admissions, discharges, and deaths during 1913 are shown in the following table:—

Admitted.	Number.	Increase or decrease on previous year.
Adults between 16 and 21 years of age	35	+18
Children between 5 and 16 years	99	-21
„ under 5 years	1	...
Total	135	- 3
Discharged	25	-38
Died	2	+ 1

Admissions. 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 shows the destination of the cases transferred thence to other asylums, viz. :—

From Tooting Bec Asylum to

	Children.	Adults.
Darenth	95	65
Leavesden	—	130
Caterham	—	65
Fountain	96	—

The following table shows the admissions to Darenth *via* Tooting Bec during the last nine years, viz. :—

Year.	Adults (all considered improvable).	Children under 16.	Condition of children at time of transfer.*	
			Improvable.	Unimprovable.
1905	46	139	70	69
1906	69	164	82	82
1907	44	174	49	125
1908	70	234	72	162
1909	85	192	49	143
1910	54	179	63	116
1911	60	172	64	108
1912	57	101	83	18
1913	65	95	95	—
	550	1,450	627	823

* These figures are based on information from Tooting Bee Asylum. Since 12 February, 1912, only children considered improvable have been 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, as to their suitability for 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 imbeciles. Leavesden Asylum. 9. In January the Managers approved of proposals whereby, at an expenditure of less than £135, the number of beds for patients at Leavesden Asylum was increased by 27 for males and 3 for females. These additions to the accommodation were subsequently sanctioned by the Local Government Board. One further bed was added to the accommodation for females in

November.

Fountain Temporary Asylum. Approval was given in March to the adaptation of a block, formerly occupied by porters at this institution, into a ward for 20 males; and in November to a block on the female side, which was used for storage purposes, being converted into two small wards, respectively accommodating 10 and 12 patients requiring permanent isolation.

The Local Government Board duly sanctioned the resultant increase in the normal accommodation of the institution, which is now 666 beds.

Accommodation for feeble-minded. Darenth Industrial Colony. 10. In our last report we stated that the extension, at an estimated cost of £180, of the two dormitories of one of the pavilions at Darenth Industrial Colony—the part of the institution reserved for feeble-minded cases—was approaching completion, and that the work was being carried out, as an experiment, by the inmates, assisted, where necessary, by skilled labour. The experiment proved entirely successful, and the total cost of the work was £178 7s. 8d., or less than £9 per bed. The Managers, in April, with the subsequent assent of the Local Government Board, approved of a second pavilion being dealt with in the same way, at an estimated cost of £200, the increase being due to variations in levels and to difficulties in dealing with foundations and drains.

In view of the fact that the accommodation for feeble-minded at Darenth was being rapidly encroached upon, the Local Government Board towards the end of the year assented to the remaining 8 pavilions being similarly extended. When the work is completed the total accommodation at Darenth for feeble-minded will be 640 beds.

Central Association for the Care of the Mentally Defective. 11. In response to an invitation to the Board to nominate two representatives to serve on the council of this association, which has replaced the National Association for the Feeble-minded, the Chairman of the Board (Mr. R. Woolley Walden, J.P.) and our Chairman (Mr. T. Cornell) were appointed.

Mental Deficiency Act, 1913. 12. This Act, which received the Royal Assent on 15 August, comes into operation on 1 April, 1914. The local authority for the purposes of the Act is the county council.

After laying down the general powers and duties of local authorities, the Act provides that nothing therein shall affect the powers and duties of poor law authorities under the Acts relating to the relief of the poor with respect to any defectives who may be dealt with under those Acts; nor the right of poor law authorities to receive the same grant for a defective who has been, or may be, sent to an institution, that they would have received if the Idiots Act, 1886 (which is repealed), had not been repealed; and that local authorities under the Act shall not have any duties with respect to defectives who, for the time being, are being provided for by poor law authorities, except to such extent as may be prescribed by regulations made by the Secretary of State with the concurrence of the Local Government Board.

A further proviso is to the effect that nothing in the Act shall affect the powers and duties of local authorities under the Lunacy Acts, 1890 to 1911, with respect to any defectives who may be dealt with under those Acts, and that the local authorities under the Act shall not have any duties or powers with respect to defectives who for the time being are, or who might be, provided for by such authorities as aforesaid, except to such extent as may be prescribed by regulations made by the Secretary of State with the concurrence of the Lord Chancellor.

We would also call attention to sec. 37 (i.) of the Act, which is as follows:—

“On the application of the local authority for any area comprising the whole or any part of a poor law union, the Board [of Control] may, subject to the consent of the Local Government Board, if satisfied of the special fitness for the detention, care, and training of defectives of any buildings or other premises provided by the board of guardians of that union, either alone or in conjunction with any other board of guardians, approve the premises for the reception of defectives, and thereupon this Act shall apply as if the premises so approved were a certified institution and the guardians were the managers thereof, and, so long as any such premises continue to be so approved, it shall be lawful for the board of guardians in their capacity of managers, subject to the approval of the Local Government Board, to enter into agreements with any local authority as to the reception and maintenance therein of defectives ordered to be sent thereto under this Act, and to receive such defectives accordingly.”

In conjunction with this section must be read the definition that the expression “board of guardians of a poor law union” shall include the Metropolitan Asylums Board.

Ophthalmia. 13. In April the appointment of Mr. Angus Macnab, M.B., F.R.C.S., as consultant in connection with the treatment of ophthalmic cases in the Board's asylums was extended for a further year, and

in view of the good results that had followed certain operations he had performed and of the desire for an extended use of his services, the maximum number of his visits during the year, in respect of all the asylums, was increased from 12 to 20.

Enteric fever "carriers." 14. The application of the Widal test to asylum patients of dirty habits, followed by further examinations where this test gave positive reactions, is still in progress. Up to the end of 1913, 2,846 cases had been examined and 10 carriers detected.

Principal officers. 15. Dr. A. Rotherham, medical superintendent of Darenth Industrial Colony, resigned and left the service on 30 November, on his appointment as a member of the Board of Control under the Mental Deficiency Act, 1913. We placed on record our great appreciation of the valuable services he had rendered in the treatment of the mentally deficient in the Board's care, and particularly in the complete re-organisation of the institution at Darenth as an industrial colony for improvable imbeciles and feeble-minded.

In December the Board transferred Dr. E. B. Sherlock, acting medical superintendent of the Fountain Temporary Asylum, to be medical superintendent of Darenth Industrial Colony, and promoted Dr. J. L. Gordon, senior assistant medical officer at Caterham Asylum, to fill the position at the Fountain Temporary Asylum vacated by Dr. Sherlock.

Assistant medical officers' salaries. 16. For some time past difficulty has been experienced in obtaining assistant medical officers. This has not been confined to the Board, but is general throughout the country, and is due, in part, to fewer entries at the medical schools, and, to a greater extent, to recent legislation, which has opened out a wider field of employment to medical men. In view of the general increase which had taken place in the remuneration offered to assistant medical officers in asylums throughout London and the country, we recommended that the salary of each grade of assistant medical officer should be raised, with the result that in November the Managers adopted a revised scale. It is too early yet to judge whether this scale will produce the desired effect.

Subordinate Staff. Pay and conditions of service. 17. As the result of their consideration of reports which they received from the General Purposes and Finance Committees on the subject of a petition from the subordinate officers and servants in the asylums service with reference to their pay and conditions of service, the Board, in April, adopted certain proposals of a far-reaching character, some of which were also made applicable to other branches of the Board's service.

These proposals, in so far as they affected the asylums service, provided for—

(a) a revision of the salaries and wages scale, under which the great majority of the employees received an increase ;

(b) the granting to attendants and nurses of a special increase of pay on the completion of five and again on the completion of ten years' continuous service ;

(c) a revised scale of valuation of emoluments ;

(d) payment in lieu of board to resident officers when absent from the institution on annual leave ;

(e) the limitation of the hours of duty of attendants and nurses to those recommended by the Select Committee of the House of Commons in 1911, viz., 70 per week on day duty and 60 per week on night duty, calculated over a period of two weeks ;

(f) an increase of annual leave to certain grades of attendants and nurses and the granting of a proportion of annual leave to employees with less than 12 months' service;

(g) laundrymaids being given the option of living out and receiving the monetary allowance in lieu of emoluments;

(h) the retention of old uniforms by employees.

These ameliorations in the pay and conditions of service appear to have given satisfaction to the staff generally. The total net increased cost to the Board of the changes, so far as the asylums service is concerned, is estimated at from £8,500 to £9,000 per annum.

Leavesden Asylum. Bakehouse machinery. 18. In March the Managers approved of the replacement of the antiquated dough-mixing apparatus at this asylum by an up-to-date machine similar to the one which, in our last report, we stated had been provided at Darenth Industrial Colony, and in April they decided to provide a two-deck steam-heated oven similar to that installed last year at Caterham Asylum.

Caterham Asylum. Kitchen at nurses' home. 19. For some time past the kitchen at the nurses' home at this asylum has been too small for requirements, and in April the Board approved of a plan, prepared by the asylum foreman of works, for its enlargement, at an estimated cost of £250, which included £70 for a new hot-water installation.

The Local Government Board suggested an alternative plan, but, after considering further representations, they approved of the original proposal. The work, which is not yet completed, is being carried out by temporary labour.

Sewage disposal. 20. We stated in our last report that the scheme of the Caterham Urban District Council for the extension of their sewage system so as to provide for the reception of the asylum sewage was still under consideration. In the early part of this year the council's proposals received the sanction of the Local Government Board, who also authorised the Managers to make a contribution of £900 towards the cost of the work in circumstances we have already reported. The works were in progress at the close of the year.

Cemetery. 21. The necessity having arisen for the extension of the burial ground at this asylum, the Managers, in July, approved of steps being taken with a view to the appropriation and consecration of an addition thereto. Progress in the matter has, however, been delayed by the refusal of the owner of some neighbouring cottages to give his consent which, under the Burial Acts, was necessary before the scheme could be adopted. The submission of an alternative proposal, which can be carried out without any such consent, is now under consideration.

Tooting Bec Asylum. Linoleum dadoes. 22. Some years ago linoleum dadoes were provided to the walls in the receiving home for children at this asylum, to prevent the walls being chipped and flaked by the patients. The result has been so satisfactory that, in May, the Managers approved, on our recommendation, of the fixing of similar dadoes in the day-rooms of the wards throughout the institution. The total cost of the work was £185, an outlay which it is anticipated will be justified by the saving on the renovation and re-painting of the lower portion of the walls, which, in the past, have had to be carried out frequently.

Extension of asylum. 23. In our last report we referred to the purchase of the Bushey Down estate adjoining this asylum, and stated that Mr. T. W. Aldwinckle, architect, had been appointed to report, after conference with the medical superintendent, as to the best way in

which the site could be developed in connection with the asylum. In February a scheme for the enlargement of the asylum was submitted by the General Purposes Committee to the Managers, who generally approved it, and decided that, subject to the sanction of the Local Government Board, which was afterwards received, the whole of the administrative extensions necessary for the complete scheme of extension (excluding a proposed new home for nurses) and the erection of two pavilions for male patients and two pavilions for female patients should be proceeded with.

The accommodation of the existing asylum is 1,114 beds. When the portion of the scheme, which is to be immediately proceeded with, has been carried out, this accommodation will be increased to 1,727 beds, and ultimately, on the completion of the whole scheme, to 2,220 beds. The plans of the main buildings received the Local Government Board's sanction in August, but plans in connection with certain further works, not included in the architect's original scheme above referred to, viz., the extension of the boiler house and steam coal store, and the provision of additional storage accommodation for house coal, house refuse and food refuse, have since been under consideration, and it is hoped that it will not be long before tenders are invited for the execution of the whole of the work.

House for medical superintendent. 24. The scheme for the enlargement of the asylum included the provision of accommodation for two additional medical officers by the extension of the administrative block. An alternative proposal was submitted to us whereby the assistant medical officers would be accommodated in the medical superintendent's present quarters, which form part of the administrative block, thus obviating the necessity of extending this block, and enabling the medical superintendent to be provided with a separate residence, as in the case of most of the large asylums in the country. We came to the conclusion that it would be wise to adopt the alternative, which we submitted to the Managers, by whom it was agreed to in June. The proposal duly received the general approval of the Local Government Board, who have also signified their assent to the plan of the house prepared by the architect. The erection of the house will form part of the contract for the extension of the asylum.

Bushey Down house. 25. The ground and first floors of the house on the Bushey Down estate, which is ultimately to be pulled down, were, with the sanction of the Local Government Board, used for some months during the year, after certain works had been carried out thereto, for the accommodation of 33 male adult patients. Its use for this purpose was discontinued owing to defects having been discovered in the drains, which we were not prepared to recommend should be remedied in view of the considerable expenditure which would be entailed and of the temporary nature of the accommodation.

Darenth Industrial Colony. Water-softening plant. 26. The extension of the water-softening plant mentioned in our last report was completed, and the plant put into operation in September.

Workshops for male imbeciles. 27. For some considerable time the workshops for male imbeciles has not been large enough for the number of inmates employed, with the result that overcrowding takes place, and there is no room to give the necessary individual attention to beginners. A plan for the extension of these shops, at an estimated cost of £1,800, was accordingly submitted to and approved by the Managers in June, and duly sanctioned by the Local Government Board. The work had not been put in hand at the end of the year.

- Workshops for feeble-minded. 28. In our last report we stated that the disused laundry at the training school had been converted into workshops for the feeble-minded inmates. It was found necessary to provide additional sanitary accommodation at these shops, and the Managers, in September, approved a scheme which afterwards received the sanction of the Local Government Board. The estimated cost of the work, which is being carried out by the staff and patients, is £100. The shops have also been heated at a total cost of £103.
- Exhibitions of work. 29. Some exhibits of the work done at Darenth were sent to exhibitions held at the Guildhall on 23 October, and at Bromley on 7 November, both under the auspices of the former National Association for the Feeble-minded.
- Industrial work. 30. In the annual report of the medical superintendent full details will be found of the industrial work carried out by the inmates during the year. We would call special attention to the value of the goods made and disposed of, which was considerably in excess of that of any previous year.
- Rite of Confirmation. 31. In February the Lord Bishop of Rochester administered the rite of Confirmation in the chapel of the colony to 75 of the inmates, who had undergone a long and careful preparation by the chaplain. We believe this service was unique in the history of the institution.
- Visit of Medico-Psychological Association. 32. Between 60 and 70 members of this association paid a visit to Darenth Industrial Colony in February. After inspecting the colony they expressed their high commendation of the work which is being carried on there.
- Chimney stacks. 33. In our last report we alluded to the damage caused by the collapse of one of the chimney stacks at this institution during a violent gale. At our request the whole of the chimney stacks throughout the institution were carefully examined by the Engineer-in-Chief, and extensive repairs to them were found necessary, the estimated cost of which amounted to £975. The work, which is being carried out in conjunction with the annual cleaning and painting works and repairs, is now in progress.
- Bridge Industrial Home.** Industrial work. 34. For details of the industrial work done by the inmates during the year we would refer to the report of the mental specialist, from which it will be seen that excellent progress continues to be made.
- Band. 35. Among the feeble-minded inmates transferred to Darenth last year were the members of the band. Steps were at once taken to form another band from among the boys at the home, and the effort has been attended with great success.
- Visiting Commissioners' reports.** 36. All the asylums and Darenth Industrial Colony were visited by the Commissioners during the year; copies of their reports, which, as usual, were of a satisfactory nature, are appended.
- Inspections of institutions.** 37. We inspected Tooting Bec Asylum on 30 June. On 15 July the Board inspected Darenth Industrial Colony; 34 Managers were present, together with Sir Arthur Downes, M.D., chief medical inspector Local Government Board, and Mr. J. S. Oxley, Local Government Board inspector.
- Conclusion.** 38. We desire, once again, to record our appreciation of the way in which the several medical superintendents, the other principal officers, and the staffs generally have performed their duties.

(Signed) T. CORNELL,
Chairman.

APPENDIX I.

REPORTS OF COMMISSIONERS IN LUNACY ON VISITS TO ASYLUMS DURING THE YEAR 1913.

A.—TOOTING BEC ASYLUM.

REPORT BY MR. F. NEEDHAM.

24 January, 1913.

On 24 January, 1913, I paid the annual visit of inspection to the Metropolitan District Asylum at Tooting Bec, seeing all parts of the building and all the patients in residence.

These last were 1,071 in number, of whom 489 were males and 582 females, many of them being children. Since the previous visit by Commissioners, in May, 1912, 412 patients had been admitted, 305 discharged, of whom 5 had recovered, and 213 [211] had died. The vacancies remaining were for 25 males and 18 females only.

Of those under care about 8 per cent. were epileptics and a very large proportion aged and infirm persons in whose treatment careful nursing was the first requisite. Confined to bed were 146, or 13·7 per cent. of the whole, and it was a creditable fact that only two had bedsores, one of which was present on the patient's admission. One woman was in bed with a fractured femur, the result of an accidental fall.

Endeavour is made as far as possible to keep the children separate from the adults, and in a detached building I saw 19 boys and 15 girls so segregated under suitable conditions.

The dress and personal neatness of the patients generally left little to be desired, but I thought that the clothing of some of the men was much worn and in need of renewal.

The patients themselves were very quiet and free from excitement. They seemed happy and contented, and I had no complaints of anything but detention, and those were very few indeed. Many spoke gratefully of their comforts and of the kindness of those in charge of them.

I saw a good dinner neatly served to them. It consisted of soup and bread followed by currant pudding, and evidently gave satisfaction.

The maintenance charge is 13s. 0½d. a week.

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

Weekly baths are given, always in the presence either of the head attendants or of specially appointed bath attendants.

All the 211 deaths were the result of natural causes, 4 per cent. being due to general paralysis, only 1 per cent. to phthisis, and the very large proportion of 80 per cent. to senile decay.

In 90 per cent. of all the deaths the causes were ascertained or verified by post-mortem examination, and in 6 per cent. bedsores were present.

There has been no inquest.

The only cases of zymotic disease since the last visit have been 3 of scarlet fever.

Severe accidents involving fractures of bones have occurred to 6 patients, and in each case a fall was the cause of the accident.

There is an adequate staff of attendants and nurses who appeared to be of a respectable class. Six were discharged for disciplinary offences not affecting the patients.

The asylum throughout continues to be maintained in excellent order. All the rooms were very clean, bright and comfortable, well supplied with books and other objects of interest, and warm and at the same time well ventilated. The beds and bedding were very clean and well cared for.

The airing courts are kept in trim order.

The committee have recently acquired Bushey Down House and 6½ acres of land adjoining that already owned by the asylum, and they propose to build on it accommodation for 1,000 additional patients. With these new buildings it is hoped to associate verandahs for open-air treatment, which is now so usually and beneficially provided.

Dr. Beresford continues to administer this asylum with energy and ability. He is assisted by three medical colleagues, by whom the medical records are carefully kept.

(Signed) F. NEEDHAM,
Commissioner in Lunacy.

B.—LEAVESDEN ASYLUM.

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

27 February, 1913.

On the 22nd instant we made a complete inspection of the wards and administrative departments of the Metropolitan Asylums Board's asylum at Leavesden.

The wards were all in good order, comfortable and well warmed by open fires. Although the habits of very many of the patients are faulty, the air everywhere was fresh and sweet,

showing that due care is paid to ventilation and general cleanliness. The beds and bedding were good and well kept. We observed with satisfaction that preparation was in progress for the erection of the bridges which are to couple up the blocks and which will facilitate supervision, afford ready means of egress in the event of an outbreak of fire, and provide other advantages.

In one of the female wards we gave an alarm of fire. The brigade turned out promptly, and in less than three minutes they had water playing upon the building.

At previous visits the paths in the airing courts have been found in a loose and rough state. On this occasion, owing to the long continuance of wet weather, these defects were less noticeable, but we fear that after another spell of dry weather the surfaces again will become trying and dangerous for the patients to walk upon and very destructive to the boots, and we would repeat the recommendation that the paths should be properly made up and treated with tar.

Since the visit of members of our Board about three months ago, 30 patients have been admitted, 13 discharged, and 40 have died.

These changes left on the books the names of 2,056 patients, of whom 968 were of the male and 1,088 of the female sex. We saw them all and were fully satisfied with their condition. A very large proportion were almost mindless, and many were physically helpless or crippled, but they all presented a clean and neat appearance that was creditable to the staff. The 39 males and 74 females that were in bed were well attended to, and all who were able to reply to our inquiries appeared happy and contented with their treatment, though, as was natural, we had a few appeals for discharge. There was no one, however, fit to be at large. The conduct of the patients was orderly.

No inquest has been held, and the deaths, except in one instance where the patient died from ulceration and perforation of the rectum, caused by swallowing rubbish, were due to ordinary causes, which, we notice with approval, were in every case verified by post-mortem examination. Two deaths resulted from dysentery, of which there have been seven cases, all on the female side. Four patients have suffered from erysipelas, the last one attacked being now convalescent. A number of others have suffered from trachoma and other forms of ophthalmia, and these, in addition to the attention they have received from the asylum medical staff, have had the special advice of an ophthalmic surgeon.

The casualties of at all a serious character have been five fractures. They have all been fully reported to our Board, and in four instances were due either to a fall in a fit or to accidental falls. In the fifth instance, concerning which there has been some correspondence with our Board, and where fracture of the clavicle was complicated with dislocation of the shoulder, an allegation of rough treatment on the part of a night attendant was preferred by another patient. The matter has formed the subject of a careful enquiry by the sub-committee of the asylum, who arrived at the conclusion that there was not sufficient evidence to prove that the attendant did treat the patient roughly. After discussing the case with Dr. Elkins we felt we could not carry the matter further.

We saw a substantial and well-cooked dinner, consisting of soup and currant pudding, served to many of the patients.

There are reputed vacancies for 108 patients (12 males and 96 females), but 33 of these are not generally available, as they are in the eye wards.

The maintenance charge per head per week is 10s. 0½d.

The returns made to our Board for the year 1912 of the number of patients who are usefully employed, of those who attend Divine service, and of those who are usually present at the associated entertainments are quite as good as could be expected having regard to their mental condition.

422 of the patients, or 20·4 per cent., are epileptics; 21, or 1 per cent., are general paralytics, and 89, or 4 per cent., on an average, it is impossible to prevent nightly wetting their bedding notwithstanding the careful attention of the night staff, which numbers 19 attendants and 23 nurses. The day staff comprises 87 attendants and 98 nurses, which is equivalent to one attendant or nurse to every 11 patients. The record of service of the attendants and nurses is good, that of the men especially so, 74 per cent. of the former and 26 per cent. of the latter or 48 per cent. of the total number, having at least 5 years to their credit.

(Signed) E. MARRIOTT COOKE,
L. L. SHADWELL,

Commissioners in Lunacy.

C.—DARENTH INDUSTRIAL COLONY.

REPORT BY DR. C. HUBERT BOND AND MR. S. J. FRASER MACLEOD.

18 July, 1913.

We have to-day made a careful inspection of the Metropolitan District Asylum at Darenth, otherwise known as the Industrial Colony for Imbeciles, and which indeed well deserves being described as a veritable hive of industry; for on all sides activity prevailed with respect both to the education and industrial training of new cases and to the extension of the modes of occupation of the older patients, and it was obvious to us that the institution continues to be developed on judicious lines.

Since the visit by members of our Board in November of last year, 147 boys and 73 girls have been admitted to the Colony, 42 boys and 58 girls have been discharged or removed, and 4 boys and 13 girls have died. As the result of these changes there are now on the statutory books the names of 1,919 patients, of whom 1,033 were boys and 886 girls. All were in residence and seen by us. From none did we receive anything in the nature of a complaint; on the contrary, not only were they nicely and suitably dressed, but their general appearance, the remarks we received from many and the manifest interest they were taking in their lessons and work, all betokened contentment with their lot and with what is being done for them.

Of the total number of patients (of whom about 19 per cent. are epileptic) 829 boys and 707 girls are at present detained under the provisions of the Lunacy and Idiots Acts, while 204 boys and 179 girls are classified as "feeble-minded." Notwithstanding the fact that in many cases the intellectual difference between the two classes is slight, they are kept rigidly apart both as respects their living accommodation and the shops and other places in which they are employed. Much importance, of course, attaches to the question of classification and the principles on which it should proceed. We had the advantage of hearing Dr. Rotherham's views upon the matter, and in them we fully concur.

The occupations provided for the patients are commendably numerous, and among those not usually prosecuted in asylums may be mentioned the making of mats, brushes, baskets, paper and cardboard boxes and furniture, book-binding, printing, bricklaying and weaving. The output is large, far exceeding the needs of the Colony, and the balance is sold to other institutions under the management of the Metropolitan Asylums Board. The extent to which these operations are carried on may be gauged by the statement that, during the year 1912, the value of goods made and disposed of exceeded £12,300, and, after deducting the wages and board of instructors (£1,184) and central stores charges (£495), there remained a balance of £2,185 in favour of the Colony. The maintenance charge per head per week is 9s. 7½d. We may here mention that the tailor's and shoemaker's shops presented a rather crowded appearance, and we were pleased to learn that there is some prospect of their being enlarged.

We were also glad to notice that the dietary appears to be on a liberal scale, a point to which we attach much importance in all institutions, but which is especially necessary in a community whose members are comparatively youthful. At present 27 per cent. of the certified and 49 per cent. of the feeble-minded cases are under 16 years of age. In the course of our visit we saw a nicely served dinner in progress, consisting of boiled fish, potatoes and bread, followed by a suet pudding; many of the boys and girls were partaking of it in the open air under verandahs.

The 4 male and 13 female deaths were all from natural causes, verified by post-mortem examination in 41 per cent. of these cases. In nearly as many as 30 per cent. phthisis was the cause of death. In this connection, bearing in mind the proneness of many of those suffering from congenital mental defect to become infected by tuberculosis, and with a view to the early detection of this disease together with the segregation of those so affected, we would suggest that all the inmates of the Colony be weighed not less frequently than once a quarter, and that the attention of the medical officers be called to any marked losses in weight; it would also, we think, facilitate the open-air treatment of tubercular cases if it could sometime be found possible to set apart a ground-floor ward for their use.

The general health, however, of the patients seems at present very good. Apart from a few cases of scarlatina, which have chiefly occurred in the present and last month, and some of whom were convalescing in the isolation hospital, there were only 8 patients in bed. There have been only three casualties of any seriousness; they comprise an injury to the leg, the result of a bite from a boar, a finger crushed while working the sole-cutting press, and a fracture of the jaw caused by a blow from another patient.

The day rooms, dormitories, and bedding were all in good order and scrupulously clean. Many of the day rooms had a particularly bright and attractive appearance, and, speaking generally, were sufficiently supplied with objects of interest; we thought, however, that the larger rooms required a fuller supply of books and illustrated periodicals than we saw available.

Several important alterations and improvements have been effected during the eight months under review. A shelter on the boys' cricket ground has been converted into a workroom for looms, on which we saw towelling of good quality being woven by hand. A yard adjoining the male workshops has been roofed in. Three large settling tanks have been built for water-softening purposes. Two dormitories of the pavilions have been extended in size; two others are now in course of similar extension, and it is worthy of note that the work is being done by patients' labour. A large hall in connection with the workshops used by the feeble-minded has been equipped as a gymnasium, enabling all the younger patients to have the advantage of regular drill, an admirable display of which was given us. We also had an opportunity of hearing a good military band which has been formed from among the boys. The weekly entertainments are attended by the very satisfactory proportion of 53 per cent. of the patients, but only 24 per cent. attend Divine Service on Sunday.

According to the returns annually furnished to us, the staff, including industrial attendants, number for day duty 1 to every 13 patients of each sex; for night duty the proportions are 1 to 61 boys and 1 to 46 girls. The length of their service is satisfactory. It was pleasant to observe the genuine interest and zeal shown by the various members of the staff, both in the

education and occupation of their afflicted charges. We have no doubt but that the first-rate quality of the work accomplished by the older boys and girls (which we witnessed in the exhibition displayed in the hall for inspection day) is a healthy stimulus to those who have to encounter the difficulties of initial training.

As medical colleagues, Dr. Rotherham has the assistance of Dr. Spensley and two other assistant medical officers; the latter two gentlemen are temporarily holding these posts. The difficulty in finding candidates to fill these positions more permanently is one that is being widely experienced. We venture to suggest that the problem is not to be solved merely by increments to the salaries of the junior medical officers, but that the time has come, as regards asylums generally, when a more assured status should be accorded to the senior assistant medical officer.

From the above report it will be seen that our visit has left a very favourable impression on us, and in concluding we should like to congratulate the Asylums Committee of the Metropolitan Asylums Board upon their enlightened policy in the mode of utilising this institution, and upon the success with which, in the hands of Dr. Rotherham and the staff generally, their efforts are being attended.

(Signed) C. HUBERT BOND,
S. J. FRASER MACLEOD,
Commissioners in Lunacy.

D.—CATERHAM ASYLUM.

REPORT BY DR. S. COUPLAND AND MR. B. T. HODGSON.

6 November, 1913.

As the result of our inspection of this institution we are enabled to report that it continues to be maintained in excellent order. Nearly all the wards are on the infirmary plan, furnishing both day and night accommodation; so that their number and capacity permit of a complete system of classification of the patients, according to their mental and physical condition, with much consequent advantage in their management and treatment. Owing to a sudden fall in the thermometer the temperature of those wards we first visited was exceptionally low, but apart from this we have no comment to make on the accommodation, which is in most respects adequate. We noted that there is good provision of pianos on the female side, and of bagatelle boards on the male, and were glad to learn that steps are being taken to supply a quantity of bound illustrated periodicals for the use of the patients, most of whom are unoccupied. We think attention should be called to the necessity for improving and modernising the sanitary blocks, and would particularly instance that which adjoins the recreation hall, which is used as a day room for male patients, as being in urgent need of such reconstruction, besides being ill-ventilated.

We saw all the patients in residence and received no complaints as to their treatment, whilst the general neatness of their attire showed that they are carefully tended. We were particularly struck by the cheerful contentment of the children in Ward C 3 on the female side and with the heartiness with which they sang some lively ditties under the direction of one of the older girls, who is evidently of much assistance to the general discipline and conduct by her bright example and motherly ways. On the male side we received more than one complaint from inmates that they were never visited by the guardians of the parishes to which they belong, and on enquiry we learnt that such visits are but rarely paid. We regret this, as we feel sure that if it were the practice it would go far to reconcile the patients to their detention in the asylum.

We noticed that none of the detention documents produced to us included a certificate (Form 11) signed by the medical officer of the institution, a certificate which, according to the opinion of the law officers of the Crown given on 27 February, 1905, must be obtained before any detention against the will of the patient can take place.

The airing courts are well kept, many of them being supplied with an abundance of flowering plants, and provided with large and commodious shelters. For those patients whose infirmity does not permit of their being conveyed to the grounds, the bridges between the blocks are available in fine weather.

The dietary is adequate, and at our visit we saw a good dinner of beef and potatoes served in the wards, and for those unable to partake of this there was either minced meat, fish or custard pudding.

Amongst recent improvements and additions to the equipment of the asylum may be mentioned the provision of two calenders and two washing machines in the laundry; a new oven and other appliances in the kitchen, whilst the kitchen in the nurses' home is being extended and new hot-water apparatus provided.

Since the visit paid by our colleague in February, 1912, there have been admitted 332 patients; 46 have been discharged or removed, 4 of whom had recovered, and 290 have died. All but one of the deaths were from natural causes, the exception being the case of an aged female who died as the result of a fracture of the thigh sustained in a fall when attempting to rise from her chair. An inquest was held and a verdict of "accidental death" returned. These changes leave on the books the names of 931 males and 1,084 females, all of whom are in residence and were

seen by us. According to the estimated total accommodation there are vacancies at present for 41 males and 53 females.

There has been no employment of mechanical restraint or seclusion during the period under review.

The causes of death—verified in 47·2 per cent. of the total by post-mortem examination—have included general paralysis, 2·4 per cent.; phthisis, 12·4 per cent.; senile decay, 9 per cent., and cancer, 4·1 per cent. There have been 24 deaths (12 of each sex) from colitis and enteritis, and 2 (both males) from enteric fever out of a total of 3 attacks. A male attendant also suffered from this disease in May last. Other zymotic affections have been 3 cases of erysipelas amongst the patients, whilst 5 members of the female staff have been attacked by scarlet fever and one by diphtheria.

The number of cases in which bed sores existed at death amounted to 5·2 per cent. of all who died, and at the time of our visit, of the 74 patients confined to bed, none was the subject of this lesion.

Three male and 6 female patients have sustained fractures of bones, unattended by fatal consequences. In every instance the injury was due to accident, one by being struck by a cricket ball (fracture of rib), another apparently in the act of turning over in bed (fracture of humerus), and the remainder from falls.

From the annual return made to our office we find that at the close of last year 23·6 per cent. of the patients were epileptic—a slightly higher proportion occurring at the time of our visit, the rate amongst males (28 per cent.) being higher than that on the female side (23 per cent.).

The Church of England Sunday services are attended by between 17 and 19 per cent. of the patients, whilst 176 patients are of the Roman Catholic faith, for whom a service is held every Sunday and Mass celebrated monthly. The proportion of patients attending the weekly entertainments is 22 per cent., 11 per cent. usually walk out weekly beyond the asylum estate, and 46 per cent. who are able to walk are generally confined to the wards and airing courts. About 35 per cent. on an average are employed in some capacity throughout the year.

The staff is of adequate strength, there being one attendant or nurse to every 12 patients, and the record of service is unusually good. Thus, whereas of the male attendants 19 per cent. show under one year's service, there are 53 per cent. who have been in the service over 5 years, the proportions of nurses having such terms of service being 30 per cent. and 22 per cent. respectively.

In this connection we are glad to record that the asylum authorities have this year initiated a scheme whereby the hours of duty have been reduced to 70 per week for the day, and 60 per week for the night staff, taken over a fortnight. To enable this to be done the staff has been increased by 1 charge and 9 ordinary male attendants, and 1 charge and 11 ordinary nurses. There has also been an increase in the minimum wage of the nurses, viz., £22 instead of £19, with the addition of a bonus of £2 per annum, if recommended by the medical superintendent, at the completion of 5 years' service and of a further £2 at the completion of 10 years.

In the unavoidable absence of Dr. Campbell, we were accompanied at our visit by Dr. Leslie Gordon, who gave us every assistance and information. We understand that a proposal to establish a clinical and pathological laboratory is now under consideration, and we trust that such an addition to the medical resources of the institution will be made. It is needless to emphasise the importance of such work in the interests of the community, and of the wide field for investigation which is afforded by an asylum of this extent and character.

(Signed) SIDNEY COUPLAND,
B. T. HODGSON,

Commissioners in Lunacy.

E.—FOUNTAIN TEMPORARY ASYLUM.

REPORT BY DR. C. HUBERT BOND AND MR. S. J. FRASER MACLEOD.

3 December, 1913.

On 3 December, 1913, we visited and made a complete inspection of the Fountain Hospital, Tooting, of which the Metropolitan Asylums Board continue to make use for the housing of unimprovable imbeciles.

Since the institution was last visited by our colleagues in November, 1912, 133 cases (50 males and 83 females) have been admitted, 96 (80 males and 16 females) have been discharged or removed, and 35 (17 males and 18 females) have died. As a result of these changes, there now remain on the books of the hospital the names of 562 cases (329 males and 233 females), leaving vacant accommodation to the extent of 5 beds on the male and 99 beds on the female side. The estimated total accommodation has been increased by 42 beds, by the adaptation of quarters not now required for staff purposes, and is now for 666 patients.

With the exception of about 40 adults of each sex, who assist in the domestic work of the establishment, all the patients are children. They are classified in 19 pavilions, most of which contain between 30 and 40 beds. All the pavilions were scrupulously clean and in very good order; we desire, however, to endorse our colleagues' comments upon the inadequacy of their

sanitary accommodation. On both sides the adults are housed separately from the children, and on the female side one pavilion is set apart entirely for boys, while another is reserved for children of either sex under 5 years of age. As a result of this arrangement, about 50 boys are nursed by female staff—a system which commends itself to us, and which, indeed, might we think be extended with advantage if it could be found administratively feasible.

All the patients were in residence and were seen by us. We can express our entire satisfaction with the condition in which we found them, and their bedding left nothing to be desired. Only a small proportion of them were capable of entering into conversation; from none of them did we receive any complaint; on the contrary, they appeared happy and contented, and, so far as they were able, the more intelligent expressed themselves as pleased with what is being done for them. We thought, however, that a more liberal supply of toys and objects of interest should be provided in most of the pavilions: a notable exception was No. 10 ward. We would also suggest that the provision of more gramophones, which can now be purchased so cheaply, would tend to materially brighten the children's lives. 11 per cent. (39 males and 24 females) of the patients were in bed; about one-third of these were undergoing treatment for various skin affections, a similar proportion for other physical conditions, and about a quarter owing to frequency of epileptic fits, while a few others were being treated in bed for either tuberculosis, trachoma, or transient mental excitement.

The deaths were all from natural causes, which were in 68 per cent. of the cases verified by post-mortem examination. Tuberculosis, in one form or another, was the cause in the high proportion of 25 per cent. of the deaths, while 23 per cent. were accounted for by pneumonia and bronchitis, and 20 per cent. by organic brain disease.

With respect to infective diseases, besides the incidence of tuberculosis already mentioned, there have been 44 cases of chickenpox, 2 of scarlet fever, 36 of German measles, and 19 of dysentery; with the exception of 2 all the instances of the last-mentioned affections were males. One patient sustained a fractured arm (the only serious casualty), the result of being pulled out of bed by a fellow patient.

Divine Service, attended by 26 per cent. of the patients, is held weekly in one of the wards, alternately on the male and female sides.

The staff is of necessity numerically strong, there being 1 to 7.6 patients for day duty, and 1 to 28.8 for night duty. We take this opportunity of paying a tribute to the manifest interest they appeared to take in their work, which is the more to be commended when one bears in mind the trying and constant nature of the duties they have to perform.

We examined the various medical records and found them in good order and carefully kept.

Until the arrival of Dr. Sherlock, who had for the moment been called away, we were accompanied by Dr. Park Inglis, who rendered us all possible assistance. We have since learnt that Dr. Sherlock has been appointed to fill the post of medical superintendent of Darent Industrial Colony, and we take this opportunity of congratulating him upon this recognition of the valuable work he has done in the elucidation and study of mental deficiency.

(Signed) C. HUBERT BOND,
S. J. FRASER MACLEOD,

Commissioners in Lunacy.

ANNUAL REPORT OF THE CHILDREN'S COMMITTEE
FOR 1913.

1.—GENERAL.

The committee's work.

1. We submit to the Board our sixteenth annual report for the year 1913 on the care and treatment of the special classes of poor law children for which the Board are responsible,* viz. :—

- (a) Sick, debilitated, and convalescent children (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 2,704, 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 institution sub-committees, with the addition of one or two other members, for the review of all questions of finance, accommodation, nursing and medical staff, and of matters relating to more than one institution. At each meeting 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. In May last Mr. R. Woolley Walden, J.P., completed a term of three years as our chairman, at the expiry of which he was elected to be chairman of the Board, and we placed on record our sense of the valuable service which he had rendered while chairman of the committee and of the part which he had taken in forwarding our work. In his place we elected as chairman the Rev. Geo. Bell Doughty, who had been a member of the committee since May, 1908, and chairman of The Downs School sub-committee from June, 1910, to January, 1913. At the same time we elected Mr. J. O. Devereux as vice-chairman in place of Miss I. M. Baker.

The triennial election of the Board brought several changes in the constitution of the committee. Miss I. M. Baker, our late vice-chairman, was not at first a member of the new Board when the committees were constituted and started their year's work, but subsequently rejoined the Board and the committee; Messrs. Bevan, Gough-Cook, Hinton, and Simpson retired from the Board, and Mr. Crosse and Mr. Garrity retired from the committee. In their places Sir John McDougall, Mr. Sayer (who was a member of the committee from 1904 to 1910), and Messrs. Tyrie, Vaughan-Owen, and West were appointed.

* Local Government Board orders, dated 2 April, 1897, and 11 September, 1908,

Meetings. 4. We held 18 meetings during the year, and, in addition, our various sub-committees held 143 meetings, of which 32 were at the office of the Board and the remainder at the institutions.

Changes in work. 5. Early in the year The Downs School was transferred to the control of the Hospitals Committee for use as a sanatorium in connection with the National Insurance Act. The convalescent cases were distributed among other institutions for sick and convalescent children, and the ringworm cases were transferred to a section of the Park Hospital for children which has been set aside for the latter branch of our work.

Numbers for 1913. 6. The following figures give the numbers of children dealt with during the year, viz. :—

Number of inmates 1 January, 1913	...	...	2,781
Admitted during the year	...	...	5,468
Discharged	...	...	5,574
Died	...	...	260
Remaining 31 December, 1913...	...	...	2,415

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 1 January, 1909	...	20,861	1,465
1 January, 1910	...	21,321	2,354
1 January, 1911	...	21,461	2,581
1 January, 1912	...	21,154	3,132
1 January, 1913	...	20,977	2,707
1 January, 1914	...	*	2,415

Expenditure. 8. The gross expenditure out of general account on the children's institutions amounted for the year to £124,492. Including the original cost of Queen Mary's Hospital and the Park Hospital, the total amount borrowed on loan was £835,540, of which £400,978 was outstanding at Michaelmas last. Details of the cost per head will be found in Appendix VII.

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

(i.) S. Anne's Home (10 March)—

Though there have been changes in the assistant staff, the work proceeds satisfactorily under the head teacher's kind and skilful management. The older children attain creditable proficiency considering their physical infirmities and their short stay in the school.

(ii.) East Cliff House (13 March)—

The staff has been strengthened since the last report by the appointment of a trained certificated teacher. This should prove a great advantage to the children, as well as giving much-needed help to the head mistress.

The children seem to enjoy their lessons. Their attainments vary, inevitably, very widely, ranging from the very lowest to quite a high standard in the principal subjects taught in public elementary schools.

(iii.) Millfield (28 April)—

The school is divided into four classes; and two classes (A and B) meet in the mornings and two (C and D) in the afternoons. This arrangement is working well.

The children are now under good control, and the teachers are evidently doing their best to interest and instruct them.

* The return for 1 January, 1914, had not been issued at the date of the publication of this report.

(iv.) White Oak School (5 March)—

The work again gives evidence of skilful control and valuable training; the children take great interest in their lessons, and there is a pleasant atmosphere of brightness and industry in the school.

(v.) High Wood School (13 March)—

Fairly sound work is being done throughout the school. The difficulty of organisation, due to the continual drafting in of new children, might be lessened by the formation of a preparatory class for these new admissions, who could, when fit, be assigned to the classes most suited to their age and attainments. Physical exercises, dancing, and games are done with vigour and smartness. . . .

Manual occupations have been taken up with good results. This work should in future years be made progressive from class to class: useful instruction in first aid and ambulance work is also being given to the older boys. . . . The suggestions made last year with regard to needlework teaching have been carefully carried out, and the work has considerably improved.

II.—SICK AND CONVALESCENT CHILDREN.

After care. 10. At the beginning of July the arrangement with the Invalid Children's Aid Association for the after care of children discharged from the institutions for sick and convalescent cases, to which we referred briefly in our last report, was put into force for an experimental period of twelve months. Under this arrangement the discharge of all children (not permanently chargeable to a board of guardians) who would be benefited by further medical or nursing care, to the extent that they should periodically be brought to a doctor or that the mothers should be instructed or assisted by a skilled nurse in doing what may be necessary for health and recovery, is notified to the association.

The association arrange for the cases to be followed up and dealt with in a suitable manner, and have undertaken to furnish a report on the working of the scheme at the end of the trial period, which will be awaited with much interest.

We have arranged for the various boards of guardians to which the children are chargeable to be notified simultaneously of the cases reported to the association, and, in addition, to be furnished with similar information regarding children who are likely to be admitted to another poor law institution on discharge from our care.

Children's hospitals. 11. Early in the year it was brought to our notice that the condition of a number of the children admitted to the children's hospitals, particularly to the Park Hospital, was not such as to necessitate the attention of trained nurses or to provide adequate material for the medical and surgical education of probationers.

To receive the overflow of convalescent cases from the London infirmaries is hardly the proper function of such expensive and well-equipped institutions as Queen Mary's and the Park Hospitals, and we therefore requested the Principal Medical Officer (Dr. Cuff) to visit a few of the infirmaries, and to report to us, after interviewing the medical superintendents, whether, in his opinion, it was feasible to take any steps which would result in a more suitable type of case being received.

As the result of a report which Dr. Cuff submitted to us, we took the following steps in the matter:—

(i.) A circular letter was sent to the guardians calling attention to the arrangements which the Board had made for the continuous open-air treatment of patients, and suggesting that better use should be made of the two hospitals by sending to them a larger number of cases suitable for treatment therein.

(ii.) The guardians were informed that preference in admission would be given to the undermentioned cases, and that they would be removed within a

day or two of their notification by letter or telephone without waiting for the allotment of admission orders as at present, viz. :—

- (a) Non-pulmonary tuberculosis in its various forms.
- (b) Lateral curvature and other deformities, including patients requiring Swedish exercises.
- (c) Paralysis.
- (d) Diseases of bones and joints not due to tubercle.
- (e) Those requiring any operation—it being pointed out that operations considered necessary for one of the classes above mentioned ought to be performed by the Board's surgeons, since they would be responsible for the after treatment. Patients urgently requiring operation to be removed from their own homes at once by the Board, as in the case of a notifiable infectious disease.

(iii.) The guardians were also informed that vacancies for other patients would be distributed without regard to the special cases that might have been transferred.

(iv.) In consequence of difficulties which had been experienced in connection with the three weeks' certificate of freedom from exposure to infection, this requirement was dispensed with, only those patients being temporarily excluded who were known to have been exposed to infectious or contagious disease.

The benefit which suitable cases are likely to derive by treatment in the institutions to which this section of our report refers is strikingly testified to in a recent annual report of an infirmary medical superintendent. Speaking of some of the classes to which we have referred he writes: "For these, admirable and ample accommodation is provided by the Metropolitan Asylums Board at their seaside homes and at Queen Mary's Hospital. The benefit derived by the children from these institutions is incalculable. Some of the cures effected I can only describe as wonderful. A recent writer in the *Lancet* deplored the bad results obtained by the hospital treatment of tubercular children in London. He was apparently ignorant of the splendid provision which is now made for such cases."

- (b) Cooking arrangements. 12. With a view to improving the cooking arrangements, certificated lady cooks have been engaged, as an experiment, at each of the children's hospitals.
- (c) Probationers. 13. We have reduced the minimum age for probationers at Queen Mary's Hospital from 19 to 18 years of age, on the understanding that probationers who enter at the minimum age will work on the girls' side of the hospital during their first year. We have also asked the Hospitals Committee to arrange, if practicable, for the probationers now engaged at the Park Hospital to be given a six months' course of training in the acute fever hospitals in order to amplify their experience.
- (d) Consulting physician for skin diseases. 14. In July, Dr. J. Galloway, physician to Charing Cross Hospital, was appointed as consulting physician for skin diseases to the children's hospitals of the Board. His work is more fully referred to in the next section of this report, relating to children suffering from ringworm of the scalp.

(a) QUEEN MARY'S HOSPITAL FOR CHILDREN.

Numbers. 15. The number of children under treatment on 1 January was 797, and on 31 December 802. The admissions for the year numbered 1,336, compared with 1,447 in 1912.

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

Works. 16. A tender for the erection of the new recreation hall and schoolrooms was accepted by the Board in October, and the buildings were in the course of construction at the close of the year.

In June the Board approved of the carrying out of improvements in the stores block and stores yard at the hospital at an estimated cost of £560.

The laying out of grounds sanctioned by the Board in November, 1912, was completed during the year at a cost of £510. A new motor generator was sanctioned at an estimated cost of £120, and labour-saving machinery was installed in the kitchen at a cost of about £55. The latter effected economies which practically paid for the machines in the first 7½ months of working.

Visits and inspections. 17. The hospital was inspected by several distinguished visitors during the year, including the President of the Local Government Board, and a visit was paid by members of the International Congress of Medicine, which was held in London during August. On 22 July an inspection of the hospital was held by the Board, and was attended by a large number of members, who were much interested in the developments which have taken place since the institution was placed under our control.

Examination of probationers. 18. Examinations of probationers at the end of their training were held in April and October by Mr. W. G. Spencer, F.R.C.S., and Dr. D. W. Carmalt-Jones.

13 entered for the April examination, 5 passed in the first division, 5 in the second division, and 3 failed.

At the examination held in October 13 candidates entered. 12 passed in the first division and 1 failed. One of the examiners stated that "the papers generally showed that the probationers have been very well taught, and have devoted considerable trouble to preparing their subjects."

(b) PARK HOSPITAL FOR CHILDREN.

Numbers. 19. The number of sick and convalescent children under treatment on 1 January was 657 and on 31 December 518, the diminution being accounted for by the fact that 100 beds, subsequently increased to 150, were set aside for ringworm cases at the commencement of the year. The admissions for the year reached the total of 2,088, compared with 2,360 in 1912.

Detailed statistics, together with particulars of the medical work, will be found in the report of the medical superintendent, Appendix II. (a) (2). The report of the consulting physician for skin diseases will be found in Appendix II. (a) (3).

Electric lighting. 20. The proposal to obtain electric current for the hospital from outside sources instead of generating it in the hospital, to which we referred in our last report, was adopted by the Board during the year, but the alterations have not yet been put in hand.

Examination of probationers. 21. The first examination of probationers took place in October. There were 13 candidates, and all passed, 11 being placed in the first division. One of the examiners stated that the nurses "showed evidence of having been carefully taught."

Works. 22. The Board approved, on our recommendation, of repairs to the hospital roads being carried out at an estimated cost of £440.

Laundry. 23. In November the Board decided to continue, for a further period of 12 months, the experiment, sanctioned in 1912, of having the laundry at the hospital managed on the lines generally obtaining in commercial undertakings.

Matron. 24. The matron, Miss S. Villiers, having been re-transferred to the fever hospitals service, the vacancy was filled by the appointment of Miss J. Ainslie, matron of the Children's Hospital, Sunderland.

Education. 25. The education of those patients who are able to receive instruction has been continued during the year, and the teachers speak in most encouraging terms of the eagerness of the children to learn.

(c) THE DOWNS SCHOOL (PART OF).

Convalescent cases. 26. This institution was handed over to the Hospitals Committee on 18 January, for use as a sanatorium in connection with the National Insurance Act. Of 91 convalescent cases which were in the school at the commencement of the year, 24 were discharged as cured and the remainder were transferred to other institutions of the Board.

(d) SEASIDE INSTITUTIONS.

Medical reports. 27. The reports of the medical officers of S. Anne's Home, East Cliff House, and Millfield will be found in Appendix II. (b).

Numbers. 28. The number of children admitted to these three institutions during the year amounted to 831, compared with 659 in 1912.

East Cliff House. Re-arrangement and extension. 29. It is expected that a scheme will be ready for submission to the Board early in the new year dealing with the question of the re-arrangement of East Cliff House consequent on the purchase of an additional site for the purpose at the rear of the existing premises, and with the further question of the extent of the accommodation requiring to be provided in the reconstruction of the premises.

Drawbacks of old buildings. 30. We pointed out to the Board when advising the purchase that the less modern portion of the institution had the disadvantages of old converted buildings, and contained a semi-basement—the children's dining-room and schoolroom both being below the ground level—and that it was not suitable for the class of cases treated there. The difficulties were emphasised of adequately supervising the two divided parts of the institution, and of conveying children of the class in question up and down stairs, and along the subway, as well as of transporting supplies along the same inconvenient route. It was agreed that the old buildings should be disposed of, and, as there is a valuable frontage, it was anticipated that a good price would be secured, which would materially lessen the cost of reconstructing a modern and suitable institution within one compact boundary.

Modern treatment of surgical tuberculosis. 31. In preparing the reconstruction scheme due regard was paid to the question of the accommodation likely to be required in the future for the cases for which the institution is shown by experience and expert advice to be eminently suitable, viz., children suffering from surgical tuberculosis in its various forms. The leading experts on this disease in children urged most strongly in their reports to the Departmental Committee on Tuberculosis, which was constituted by the Treasury in 1912, that these cases should no longer be treated in town hospitals, but sent to institutions in the country or at the seaside. This represents, as the Board's Principal Medical Officer pointed out in a report on the subject which he submitted at our request, a very considerable change in medical opinion. It is not many years since tubercular disease of a gland or

joint was regarded as a purely local affection, the usual treatment being removal by operation. It is now looked upon as a general disease with local manifestations, which requires for its successful treatment the improvement of the patient's health by placing him where he will be constantly surrounded by an abundance of fresh air. The authorities quoted by Dr. Cuff were unanimous in concluding that climatic and conservative treatment is better than aggressive and operative measures, and for the former no better situation could be desired than that of East Cliff House, where, in the words of the medical officer (Mr. Sutcliffe), "the results are as favourable as can possibly be obtained."

The scheme
of re-
construction.

32. The scheme of reconstruction, which we have generally approved, was prepared by Mr. T. W. Aldwinckle, F.R.I.B.A., architect, who was engaged with the sanction of the Board, in conjunction with the Principal Medical Officer (Dr. Cuff), the medical superintendent of Queen Mary's Hospital (Dr. Pugh), and the medical officer of East Cliff House (Mr. Sutcliffe), and it shows a total accommodation for 270 patients, which is an increase of 140 over the present numbers. The former number of beds is the maximum which we are advised can be provided on the site consistently with the interests of the patients, and we have every reason to believe that full use will be made of all of them. Already the accommodation in the possession of the Board which is available and suitable for these cases is practically exhausted, while increased demands are being made for beds, even apart from the question of receiving non-insured cases of tuberculosis, including children, which the Board have been asked to take up.

Verandahs.

33. As might be anticipated from our previous remarks, open-air verandahs form a prominent part of the scheme; in fact, instead of the verandah being an adjunct of the ward, the ward will be only an adjunct of the verandah, and by far the larger number of cases will receive verandah treatment pure and simple. This factor has an important bearing on the design of the institution, and will considerably reduce the capital expenditure on the patients' buildings, verandahs being much cheaper to erect than closed-in wards.

We trust that our proposals will commend themselves to the Board, and that in our next report we shall be able to record substantial progress in the provision of this much-needed accommodation.

**Millfield—
purchase of
additional
property, and
sea defences.**

34. The purchase of the mill property adjoining the home, with a view to protecting the Board's land from encroachments by the sea, which was sanctioned by the Board in 1912, was completed during the year, after some negotiation, and sea defence works have since been put in hand at a cost of £640.

Apart from the question of protecting the Board's own sea frontage we have been caused much anxiety by the erosion of the road on the sea front between Littlehampton and the home. The matter has been under consideration by the East Preston Rural District Council, who wrote enquiring whether, and to what extent, the Board would be prepared to contribute towards the carrying out of defence works which they were advised as being essential. On our recommendation the Board replied that they held it to be the duty of the council to carry out, without delay, the work necessary to make good the ravages already caused by the sea, and to protect it from further damage, raising a loan for the purpose, if necessary, to which the Board, who were not inconsiderable ratepayers in the district, would be quite willing to pay their share by way of any increase involved in the rates, but that they would not be prepared to make any contribution beyond that which would fall to them as ratepayers.

A reply to this communication had not been received from the council up to the close of the year.

III.—RINGWORM.

Admissions. 35. The numbers of ringworm children dealt with during the year were:—

Remaining on 1 January, 1913	...	...	...	175	(28)
Discharged during the year	...	...	...	698	(10)
Died	"	"	...	—	(—)
Admitted	"	"	...	649	(36)
Remaining on 31 December, 1913	...	...	...	126	(2)

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.
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)
1912	822 (217)	...	...	...	175 (28)

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

Closing of The Downs School. 36. At the commencement of the year The Downs School was transferred to the control of the Hospitals Committee, as has already been stated, for use as a sanatorium in connection with the National Insurance Act, and the ringworm cases were transferred to a section of the Park Hospital, containing 100 beds, which were subsequently increased to 150.

Consulting physician for skin diseases. 37. The dermatologist, Dr. T. Colcott Fox, having been obliged to relinquish his appointment in consequence of failing eyesight, the Board took the opportunity, on our advice, of enlarging the sphere of work of his successor by arranging that he should not only oversee the ringworm treatment, but should also be available as a consultant for all cases of skin disease dealt with at the children's hospitals. The title of "consulting physician for skin diseases" was substituted for that of "dermatologist," and in July Dr. J. Galloway, of 54, Harley Street, consulting physician to Charing Cross Hospital, was appointed to the new post. His report and a report by Dr. Critchley, the assistant physician for skin diseases (for X-ray work), will be found in Appendix III.

Period of detention. 38. The average stay of the first 100 children admitted by the Board in 1901 was 19 months. The stay from the beginning of X-ray treatment of the last 100 cases so treated at the Park Hospital prior to 31 December last is shown in the following table:—

Period.	Number.
1 to 2 months	57
2 to 4 "	36
4 to 6 "	5
6 to 8 "	2
	100

Average 5½ days.

It will be seen from this return that the average stay of the cases from the date of the commencement of treatment has been reduced to under two months. This period would have been still further reduced but for the fact that the discharge of cured patients was considerably delayed in many instances by the occurrence of infectious disease in the wards in which the children were accommodated.

Residential treatment of ringworm. 39. At the request of the General Purposes Committee, in connection with the question of the Board's accommodation generally, we considered whether it was necessary to continue to provide for these children in residential institutions in view of the great reduction in the average stay of the cases which has been brought about by the introduction of X-ray treatment.

The alternative which presented itself was that the Board should arrange for the cases to be treated as out-patients at one or more convenient centres, but several objections to this course were at once apparent.

In the first place, the guardians would have to provide isolation accommodation for the children after they had undergone the treatment, in order to prevent the falling of the diseased hairs becoming an aggravated source of infection. Secondly, it was probable that the children would not receive such skilled attention at the guardians' institutions while the hair was falling as they would from the experienced nurses employed by the Board. Thirdly, the treatment must be carried out in natural light, which is limited and unreliable in winter, and it would sometimes happen that after a number of children had been presented by the guardians they would have to be sent away again without the X-rays having been applied.

In view of these objections we did not think it advisable at present to recommend the giving up of the institutional method of treatment.

IV.—OPHTHALMIA.

Numbers. 40. 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 1 January, 1913	686	(27)
Discharged during the year	544	(25)
Died " "	2	(—)
Admitted " "	459	(14)
Remaining on 31 December, 1913	599	(16)

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

	Admitted.	Remaining under treatment 31 December.
1910	682 (34)	612 (33)
1911	620 (25)	680 (32)
1912	649 (12)	686 (27)

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:—

1910	17.0 per cent.
1911	21.8 " "
1912	23.6 " "
1913	14.2 " "

Period of detention. 41. 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 31 December, 1913 11.67*
 Average stay of the 112 trachoma cases discharged during 1913, 27.80 as follows :—

Period.	Number.
1 to 12 months	26
12 to 24 „	37
24 to 36 „	16
36 to 48 „	13
48 to 60 „	4
Over 60 „	16
	112

The average stay of the 133 trachoma cases discharged during 1912 was 25.32 months.

Periodical inspection of children in poor law school. 42. Towards the close of the year the Board approved of an arrangement with the managers of the Central London School District under which one of the surgeons attached to the ophthalmia schools will visit the Hanwell schools periodically for an experimental period of six months for the purpose of undertaking the examination of the eyes of the children under the school managers' care. The Board also decided that they themselves would defray the expenses of the visits, which in the present instance will be less than the cost of maintaining one child in an ophthalmia school for one year. They did so on two grounds, viz., (i.) that the periodical visitation of poor law schools by ophthalmic surgeons would probably result in the earlier recognition and isolation of infective cases, with a consequent reduction in the number of children who might otherwise be attacked by the disease and have to be dealt with by the Board; and (ii.) that the visits would further result in the Board being relieved of the necessity of finding accommodation for certain cases of a mild nature, to which the consulting ophthalmic surgeon (Mr. E. Treacher Collins) has called attention on more than one occasion as being easily curable in a few days at their own institutions by means of suitable applications.

From both points of view the scheme is as much to the Board's interests as to those of the school managers and guardians, and it is to be hoped that it will be extended to other poor law institutions when the benefits which may be expected to accrue become apparent.

Admission of children under three years of age. 43. In view of a reduction which has taken place at the ophthalmia schools in the number of patients over three years of age, we have been able to put into force the arrangement already approved by the Board for admitting children below that age, so far as vacancies will permit, on the understanding that precedence will be given to patients of school age, for whom, of course, the

* The discharged cases included five with a stay of over five years each, of which one had been under treatment for ten years, and the average stay is therefore higher than usual.

institutions are primarily intended. In the first instance we have reduced the minimum to two years, and will later on consider the question of lowering the age still further, if practicable.

Telephones. 44. White Oak School has been linked up with the Post Office telephone system during the year, and the internal telephone and fire alarm system at High Wood School has been re-wired at a cost of £118.

**White Oak School—
instruction in
gardening.** 45. We again record satisfactory progress in the gardening instruction given to the boys at White Oak School, eight out of nine lads who were presented at the junior examination of the Royal Horticultural Society having succeeded in obtaining certificates.

**Medical report
and statistics.** 46. The report of the ophthalmic surgeon, with detailed statistics, will be found in Appendix IV.

47. We 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) GEO. BELL DOUGHTY,
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, the consulting physician for skin diseases, and of the medical officers of S. Anne's Home, East Cliff House, and Millfield.
- III. Ringworm children—reports of consulting physician for skin diseases and of assistant physician for skin diseases.
- 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. xxxii.

APPENDIX II.

INSTITUTIONS FOR SICK, CONVALESCENT, AND DEBILITATED CHILDREN.

(a) INLAND.

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

REPORT OF THE MEDICAL SUPERINTENDENT.

23 February, 1914.

Statistics. During the year 2,133 patients were treated in the institution. 1,336 were admitted, 1,055 were discharged, 192 were transferred to other institutions of the Board, and 84 died. There remained in hospital at the end of the year 802 patients.

Admissions. The following table indicates the age of the children and the parishes or unions 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	4	6	23	18	10	15	51	66
Bethnal Green... ..	2	6	1	20	22	15	9	56	66
Bloomsbury	—	—	—	1	1	—	—	2	2
Camberwell	—	1	4	24	21	13	5	58	63
Chelsea	—	5	1	5	1	—	6	6	12
Fulham... ..	3	3	9	24	30	19	15	73	88
George, S., in the-East	4	2	2	10	5	5	8	20	28
Greenwich	—	—	3	21	9	8	3	38	41
Hackney	4	7	6	28	9	17	17	54	71
Hammersmith	—	4	3	7	11	7	7	25	32
Hampstead	2	5	2	6	11	5	9	22	31
Holborn	—	1	3	34	33	14	4	81	85
Islington	1	1	7	22	19	8	9	49	58
Kensington	—	4	2	22	8	10	6	40	46
Lambeth	7	5	3	25	18	21	15	64	79
Lewisham	1	3	2	10	10	8	6	28	34
Marylebone, S.	3	2	2	19	8	5	7	32	39
Mile End	4	3	2	24	19	6	9	49	58
Paddington	1	1	1	9	9	4	3	22	25
Pancras, S.	8	9	11	24	13	2	28	39	67
Poplar	12	4	3	13	12	14	19	39	58
Shoreditch	—	1	—	3	3	3	1	9	10
Southwark	1	6	2	22	18	11	9	51	60
Stepney... ..	9	2	2	8	6	5	13	19	32
Wandsworth	2	8	5	32	20	19	15	71	86
Westminster, City of (a)	2	13	8	15	6	2	23	23	46
Whitechapel	4	12	5	5	4	3	21	12	33
Woolwich	—	—	1	—	4	2	1	6	7
Extra metropolitan ...	—	—	—	—	1	12	—	13	13
Total	75	112	96	456	349	248	283	1,053	1,336

(a) See note at foot of Appendix V.

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

TABLE II.
A.—SURGICAL.

TUBERCULAR DISEASE—	DEFORMITIES—		
Spine.. .. .	73	Spinal curvature	17
Hip	66	Talipes	6
Knee	22	Genu valgum	1
Ankle	2	Curved tibiæ	1
Foot	2	Bow legs	2
Elbow	4	Flat foot	1
Wrist	1	Congenital dislocation of hip	1
Finger	5	Torticollis	1
Bone	8	Spina bifida	1
Skin (including lupus)	4		
Glands	53	RESPIRATORY SYSTEM—	
DISEASES OF BONE—		Hypertrophy of tonsils ..	8
Necrosis	3	Adenoids	1
Osteomyelitis	5	Empyema	8
Fractures	2		
Periostitis	1	Carried forward	299

Brought forward	299		
DIGESTIVE SYSTEM—		DISEASES OF THE EAR—	
Cancerum oris	1	Otorrhœa	38
Prolapsus ani	4	Mastoid disease	4
Appendicitis	5		
Hernia, inguinal	8	DISEASES OF THE NOSE—	
Peritonitis	1	Ozoena	1
Post-pharyngeal abscess	1		
Fæcal fistula	2		
GENITO-URINARY SYSTEM—		GENERAL—	
Tubercular kidney	3	Concussion	1
Varicocele	5	Scald	1
Gonorrhœa	4	Abscess	8
Vaginitis	1	Ulcer	1
DISEASES OF THE EYE—		Bursitis	1
Blepharitis	1	Cellulitis	3
Conjunctivitis	1	Hammer toe	1
Corneal ulcer	7	Sarcoma of spine	1
Interstitial keratitis	1		
Injury	1	Total	406
Hypermetropia	1		

B.—MEDICAL.

TUBERCULAR DISEASE—		RESPIRATORY SYSTEM—	
Pulmonary	340	Laryngitis	2
Abdominal	19	Bronchitis	72
Meningeal	3	Pleurisy	9
Bronchial glands	3	Asthma	2
General	1	Fibroid lung	8
DISEASES OF METABOLISM—		CIRCULATORY SYSTEM—	
Marasmus	49	Valvular disease	15
Debility	170	Acute endocarditis	4
Anæmia	47	Pericarditis	2
URINARY SYSTEM—		Congenital heart disease	1
Enuresis	5	DIGESTIVE SYSTEM—	
Nephritis	7	Stomatitis	2
NERVOUS SYSTEM—		Enteritis	29
Epilepsy	3	Colitis	1
Mental deficiency	3	DISEASES OF THE SKIN—	
Chorea	19	Eczema	9
Hysteria	1	Impetigo	7
Tic	1	Seborrhœa of scalp	8
Hydrocephalus	1	Psoriasis	2
General paralysis	1	Dermatitis exfoliativa	1
Facial paralysis	1	Urticaria pigmentosa	1
Infantile paralysis	16	Scabies	2
Spastic paralysis	4	GENERAL—	
Cerebral diplegia	1	Congenital syphilis	4
Pseudo-hypertrophic		Rickets	39
paralysis	5	Rheumatism	6
Hemiplegia	2	Hæmophilia	1
		Leukæmia	1
		Total	930

Operations. In addition to the aspiration of tubercular abscesses in numerous cases, 159 operations under general anæsthetics were performed during the year. They included operations on tubercular joints, 23 (hip, 14; knee, 4; ankle, 3; elbow, 2); psoas abscess, 9; tubercular dactylitis, 2; lupus, 5; excision of tubercular glands, 25 (cervical, 20; axillary, 3; inguinal, 2); radical cure of inguinal hernia, 7; of ventral hernia, 1; of varicocele, 5; of hydrocele, 1; appendicectomy, 2; osteotomy, 5; tenotomy, 5; cystoscopy, 1; nephrectomy, 1; mastoidectomy, 4; for sequestra, 10; for bone abscess, 3; for sinuses, 15; for tonsils and adenoids, 23. The remaining operations were for empyema, circumcision, skin-grafting, hammer toe, prepatellar bursitis, contraction after burn, amputation of finger, and septic arthritis of knee.

Deaths. 84 deaths occurred, a mortality of 6·3 per cent. The causes of death were as follows:—Tuberculosis, 48 (pulmonary, 30; meningeal, 2; spinal, 10; spinal and meningeal, 1; of hip and meninges, 1; of cervical glands and meninges, 1; peritoneal, 3); marasmus, 11; enteritis, 8; ulcerative colitis, 1; broncho-pneumonia, 5; bronchitis, 1; bronchiectasis, 1; septic pneumonia, 1; acute endocarditis, 1; pericarditis, 1; chronic heart disease, 2; epilepsy, 1; hydrocephalus, 1; measles, 1; and laryngeal diphtheria, 1.

(Signed) W. T. GORDON PUGH,
Medical superintendent.

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

REPORT OF THE MEDICAL SUPERINTENDENT.

2 February, 1914.

On 31 December, 1912, 657 patients remained in hospital.
2,088 sick and convalescent patients and 737 certified to be suffering from ringworm were admitted.
197 „ „ „ „ 65 ringworm children were transferred to other institutions of the Board.
1,868 „ „ „ „ 546 ringworm children were discharged.

162 died—none of these were admitted for ringworm.

The death-rate amongst the other than ringworm patients was 7·5 in the hundred for the year.

On 31 December, 1913, 644 patients remained in hospital. Of these 126 were admitted for ringworm.

Early in the year 94 ringworm patients from The Downs School and some of the staff were transferred here. The X-ray apparatus was also installed.

Dr. James Galloway was appointed consulting physician for skin diseases in September.

Dr. D. C. Taylor was appointed senior assistant medical officer in August.

Miss Villiers was transferred to the fever service in July.

The Rev. J. A. Drummond was succeeded by the Rev. F. H. Rice, vicar of St. Swithun's, Hither Green, in the chaplaincy of the hospital.

The usual statistical tables and reports are submitted.

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

TABLE I.

ADMISSIONS, AGES, AND PARISHES (PARK HOSPITAL).

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 ...	6	20	6	20	11	7	32	38	70
Bethnal Green ...	6	39	19	29	21	5	64	55	119
Bloomsbury ...	—	—	1	3	1	—	1	4	5
Camberwell ...	—	12	14	39	22	13	26	74	100
Chelsea ...	1	6	5	4	—	1	12	5	17
Fulham ...	4	19	9	27	23	8	32	58	90
George, S., in-the-East	48	57	14	12	5	2	119	19	138
Greenwich ...	—	9	9	36	11	5	18	52	70
Hackney ...	1	11	8	8	21	10	20	39	59
Hammersmith ...	—	4	3	3	6	2	7	11	18
Hampstead ...	11	6	7	13	7	1	24	21	45
Holborn ...	1	2	6	12	20	5	9	37	46
Islington ...	4	24	25	34	17	12	53	63	116
Kensington ...	—	5	6	38	36	9	11	83	94
Lambeth ...	29	39	13	15	15	13	81	43	124
Lewisham ...	—	2	2	1	1	—	4	2	6
Marylebone, S. ...	30	39	11	9	7	—	80	16	96
Mile End ...	2	1	2	4	10	3	5	17	22
Paddington ...	36	31	10	19	22	1	77	42	119
Pancras, S. ...	23	39	28	22	5	1	90	28	118
Poplar... ...	34	58	20	9	2	5	112	16	128
Shoreditch ...	7	7	2	6	3	1	16	10	26
Southwark ...	2	20	3	16	20	16	25	52	77
Stepney ...	21	27	14	14	15	3	62	32	94
Wandsworth ...	—	28	16	34	20	16	44	70	114
Westminster, City of (a)	6	20	9	19	8	5	35	32	67
Whitechapel ...	7	35	18	31	12	3	60	46	106
Woolwich ...	—	—	—	1	2	—	—	3	3
Steyning ...	—	—	—	—	1	—	—	1	1
Total ...	279	560	280	478	344	147	1,119	969	2,088

(a) See note at foot of Appendix V.

TABLE II.
DEATHS (PARK HOSPITAL).

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	1	1	1	1	—	—	3	1	4
Bethnal Green	6	3	—	2	—	—	9	2	11
Camberwell	1	—	—	—	—	—	1	—	1
Chelsea	—	2	—	—	—	—	2	—	2
Fulham	—	2	1	—	—	—	3	—	3
George, S., in-the-East	11	7	1	—	1	—	19	1	20
Greenwich	—	—	1	2	—	—	1	2	3
Hammersmith	—	1	—	—	—	—	1	—	1
Hampstead	4	—	—	—	—	—	4	—	4
Holborn	—	1	—	1	—	—	1	1	2
Islington	2	3	—	1	—	—	5	1	6
Kensington	—	1	1	1	—	1	2	2	4
Lambeth	7	4	1	—	1	2	12	3	15
Marylebone, S.	6	3	—	—	—	1	9	1	10
Mile End	2	—	—	—	—	—	2	—	2
Paddington	8	2	—	—	1	—	10	1	11
Pancras, S.	5	5	3	—	—	—	13	—	13
Poplar... ..	12	2	2	—	—	—	16	—	16
Shoreditch	1	1	—	—	—	—	2	—	2
Southwark	1	2	1	—	—	1	4	1	5
Stepney	5	3	1	2	—	—	9	2	11
Wandsworth	—	3	1	—	—	1	4	1	5
Westminster, City of (a)	1	2	—	—	1	—	3	1	4
Whitechapel	2	3	—	—	2	—	5	2	7
Total	75	51	14	10	6	6	140	22	162

(a) See note at foot of Appendix V.

TABLE III.

DISEASES ON ADMISSION DURING THE YEAR 1913 (PARK HOSPITAL).

A.—MEDICAL.

DISEASES OF THE RESPIRATORY SYSTEM—

Broncho-pneumonia	81
Lobar	21
Pneumonia	59
Laryngitis	1
Laryngismus	1
Bronchitis	146
Pleurisy	9
Tonsillitis	9

DISEASES OF THE CIRCULATORY SYSTEM—

Heart disease	100
Anæmia	129
Chilblains	1

DISEASES OF THE DIGESTIVE SYSTEM—

Stomatitis	15
Enteritis	92
Peritonitis	4
Appendicitis	2
Jaundice	1
Colitis	2
Diarrhœa	20
Gastritis	12
Teething	1

GENITO-URINARY DISEASES—

Nephritis	9
Vulvitis	6
Incontinence of urine	3

DISEASES OF THE NERVOUS SYSTEM—		CONVALESCENT FROM INFECTIOUS DISEASES—	
Paralysis	9	Measles	28
Meningitis	9	Whooping cough	30
Neuritis	1	Enteric fever	2
Hydrocephalus	5	Chicken-pox	5
Chorea	71	Diphtheria	46
Spina bifida	1	Scarlet fever	10
		Mumps	5
DISEASES OF THE SKIN—		GENERAL DISEASES—	
Dermatitis	4	Rheumatism	45
Eczema	67	Marasmus	271
Herpes	2	Rickets	87
Impetigo	56	Debility	231
Lupus	10	Influenza	1
Scabies	3	Congenital syphilis	26
Seborrhœa	2		
Psoriasis	12		
Pemphigus	6		

B.--SURGICAL.

DISEASES OF BONES AND JOINTS—		GLANDULAR SYSTEM—	
Tuberculosis of knee	3	Enlarged cervical glands	45
„ foot	1	Tubercular glands	3
„ wrist	1		
„ hip	5	DISEASES OF THE EYE—	
Osteomyelitis	3	Conjunctivitis	2
Synovitis	1	Corneal ulcer	3
Kyphosis	1	Blepharitis	3
		Keratitis	3
FRACTURES—		DISEASES OF THE EAR—	
Fractured femur	7	Otitis media	136
„ tibia	2	Mastoid disease	3
„ arm	1		
„ leg	2	GENERAL DISEASES—	
		Abscesses (various)	27
		Burns	3
		Ulcers	2
		Cellulitis of face	2
		„ arm	1
		„ knee	2
		Scalds	3
DISEASES OF THE RESPIRATORY SYSTEM—		UNCLASSIFIED DISEASES—	
Adenoids	7	Crushed foot	1
Rhinorrhœa	2	Septic wounds	6
Empyema	3	Injury to hand	2
		Mental deficiency	2
		Cerebral tumour	1
		Club foot	1
DISEASES OF THE DIGESTIVE SYSTEM—			
Hare lip	2		
Hernia	2		
Prolapsus ani	11		
Cleft palate	4		

TABLE IV.

REPORT ON LABORATORY WORK (PARK HOSPITAL).

Cultures of nasal discharge	804
" throats	351
" ear discharge	12
Examinations of vaginal discharge	15
" pus	19
" sputa.. .. .	3
" fauces	6
" hairs (for ringworm)	213
Special examinations of urine.. .. .	62
Blood counts	9
Examinations of cerebro-spinal fluid	8
Widal reaction	1
Other bacteriological and microscopic examinations	56
	<hr/>
	1,559
AT BELMONT LABORATORY—	
Wassermann reaction	16
Bacteriological examinations	10
	<hr/>
	1,585

TABLE V.

OPERATIONS (PARK HOSPITAL).

Surgical operations under general anæsthetic	165
Dental	85

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

REPORT BY THE CONSULTING PHYSICIAN FOR SKIN DISEASES ON SKIN CASES
OTHER THAN RINGWORM.

(N.B.—Dr. Galloway took up duty on 22 September, 1913.)

4 March, 1914.

Number of patients under treatment on 1 October, 1913 ..	39
" " cases admitted from 1 October to 31 December ..	32
" " " discharged	24
" " " remaining in the hospital on	47

During three months—October, November, and December, 1913—71 cases of skin disease other than ringworm have been under treatment in the general skin wards of the hospital. Of these many have been permanently cured, and the majority greatly benefited.

One or two points appear to be of special interest respecting these patients. Comparatively few cases of the ordinary infective diseases of the skin have been admitted. These cases are often easily cured, and are properly treated by the medical officers of the schools and other institutions sending patients to the Park Hospital.

A considerable number of patients have been cases of eczema of varying degrees of severity. The treatment in such cases is difficult and may be prolonged. Many of these patients have done well in our wards.

Two cases of a very severe inflammation of the skin—exfoliative dermatitis—have been under treatment; both are doing well; one has shown a remarkable degree of recovery.

Opportunities have occurred of observing and studying unusual forms of skin disease in children of congenital origin. Some of these have given rise to serious illness, and it would have been quite impossible to treat them satisfactorily in other circumstances than in a hospital.

A considerable number of cases of children suffering from lupus have been under treatment. Early cases have benefited greatly. It would be well if these cases could be treated as soon as possible after recognition, so that the deformity produced by this disease may be avoided.

The treatment required by patients in the wards for diseases of the skin and in the wards devoted to cases of ringworm is often difficult, and requires assiduous care and attention. It has been carried out efficiently, and reflects much credit upon the members of the nursing staff engaged in these wards.

(Signed) JAMES GALLOWAY, M.D.

SCHEDULE OF CASES UNDER TREATMENT DURING THE THREE MONTHS
OCTOBER, NOVEMBER, AND DECEMBER, 1913.

Acute pyogenic infections of the skin:—

Pemphigoid streptococcal dermatitis.. .. .	10
Impetigo contagiosa	2
Impetiginous dermatitis	5
Folliculitis of the scalp (staphylococcal)	1
Furunculosis	1
Chronic general pyogenic dermatitis	2
	—
	21
Eczema (various types)	12
Seborrhœic dermatitis	3
Lichen planus	2
Psoriasis	4
Exfoliative dermatitis	2
Epidermolysis bullosa (of whom 1 also suffered from molluscum contagiosum)	3
Ichthyosis (Xerodermia)	5
Lupus (chronic tuberculosis of the skin)	8
Molluscum contagiosum (in 1 of the children suffering from epidermolysis bullosa)	
Alopecia areata	2
„ diffusa	1
„ following erysipelas of scalp	1
Atrophy of the skin and dermatitis due to X-rays	2
Parasitic affections—Scabies	5

(b) SEASIDE.

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

REPORT OF THE MEDICAL OFFICER.

20 February, 1914.

I beg to submit the following report of the work done at S. Anne's Home during the year 1913:—

Children remaining in the home on 31 December, 1912 ..	126
„ admitted during 1913	347
„ discharged during 1913	341
Deaths	4
Children remaining in the home on 31 December, 1913 ..	128

There have been 7 cases of scarlet fever during the year, all of which were transferred to the Brook Hospital. The first case occurred in March, the child being taken ill three days after admission from her own home. The other 6 cases (3 of which were members of the staff) occurred in May. At the end of August there was a slight outbreak of chicken-pox, 7 children being affected.

Of the 4 children who died, 2 died of heart disease, 1 of tubercular disease of the spine, and 1 of acute miliary tuberculosis.

7 cases of ringworm were transferred to the Park Hospital.

I have treated several cases of obstinate stomatitis with vaccines prepared at the Belmont Laboratory with marked success in each case.

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

(2) *EAST CLIFF HOUSE, MARGATE.*

REPORT OF THE MEDICAL OFFICER.

January, 1914.

The number of children admitted during the year was 325, which added to 129 remaining in the home on 1 January, 1913, gives a total of 454 for the year. This is about the normal number dealt with.

There have been a fair number of spinal and hip cases amongst the children treated, and there are over 100 cases of surgical tuberculosis in the home at the present time. Among the operations performed during the year have been 2 cases of subtrochanteric osteotomy for the correction of old-standing deformity; such cases recover very rapidly at East Cliff House, and we are quite ready to deal with them in larger numbers.

Over 1,500 injections of tuberculin have been given, the tuberculin being supplied ready diluted from the Board's laboratories at Sutton. Several of the cases treated have shown improvement, but the remedy is one that experience has shown to be very variable in its results, and much careful observation is yet required before it can be given as a matter of routine.

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

(3) *MILLFIELD, RUSTINGTON.*

REPORT OF THE MEDICAL OFFICER.

January, 1914.

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

During the year 1913 there were 159 admissions and 158 discharges and deaths, as shown in the following:—

Satisfactory	112
With ringworm of scalp to the Park Hospital	21
At request of guardians	5
To own union as being unsuitable	5
To Queen Mary's Hospital as being too advanced	10
Over age	4
Died	1
	158

Remaining in the home on 31 December, 1913, 121 cases.

The general work at the home during the year has been satisfactory, and there are no noteworthy remarks to make.

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

APPENDIX III.

RINGWORM CHILDREN.

PARK HOSPITAL FOR CHILDREN, HITHER GREEN, S.E.
(PART OF).

REPORT BY THE CONSULTING PHYSICIAN FOR SKIN DISEASES.

4 March, 1914.

The total number of cases admitted to the ringworm section of the Park Hospital during the year 1913, excluding 94 transferred to the hospital on the closing of The Downs School, was 643, of which 32 cases were found on examination not to suffer from ringworm, and were either discharged or treated for the various skin affections resembling ringworm on account of which they had been sent to the hospital.

The fact that 612 children were proved to be suffering from ringworm is sufficient proof that this disease is still widespread among the poor of London and in the institutions sending cases to the Park Hospital.

The disease is known to be contagious; its effects on the skin can be seen, and the fungus causing it can be easily identified in the great majority of cases. The damage sustained by the affected individuals is considerable, not only on account of the injury to the skin, but also on account of the loss of time and opportunity for education involved in the isolation, segregation, and treatment of these patients.

In view of these facts, the attention of those in charge of the children in institutions should be frequently drawn to the fact that close personal contact is usually necessary for the transmission of the disease, and that early recognition of an infected case is of the greatest advantage to the child, as the treatment may then be simple and require only a short time. It should be pointed out that if one case is found among a group of children, there is a considerable probability that others also are infected; a careful scrutiny should be carried out to make sure that no slight or early cases are overlooked. The fungus producing the disease may be conveyed not only by actual personal contact, but in the clothing, especially in caps and under-garments, and special care should be taken to prevent spread of the disease by such articles of clothing.

Treatment has been carried out among the children during the past year with a large measure of success. Delay in treatment occurs in all cases arriving at the hospital with dirty or sore heads. In the case of children admitted directly from their homes this cause of delay is difficult to avoid. It would be well if it were prevented in the case of children coming from schools, infirmaries, or other institutions.

It is desirable to discharge children from the ringworm department as soon as it is reasonably certain that the disease is cured and that the danger of contagion has gone, as there is appreciable risk in detaining children beyond this period in a ringworm ward on account of the possibility of re-infection. Delay in the discharge of patients cured of ringworm is sometimes unavoidable on account of outbreaks of infectious diseases in the hospital. During the period of quarantine necessary under these circumstances cases of re-infection have been observed in children previously cured of ringworm. Precautions should be taken to prevent patients who have been under treatment and cured of the disease returning to homes or to institutions which are still infected areas. Re-infection in such circumstances is a great misfortune to the child, and shows that sufficient care has not been exercised in eliminating the disease in the families or institutions from which the patient originally came.

(Signed) JAMES GALLOWAY, M.D.

REPORT BY THE ASSISTANT PHYSICIAN FOR SKIN DISEASES (FOR X-RAY WORK).

On 1 January, 1913, there were 175 cases of ringworm remaining in The Downs School, as compared with 178 and 303 at the corresponding date in 1912 and 1911, and during January 17 children were admitted. At the end of January the ringworm section was transferred to the Park Hospital, but, owing to the limited available accommodation therein, 87 children were somewhat hurriedly or prematurely discharged, but it has been satisfactory to note that none of these have been returned for re-admission; the remaining 105 children were transferred to the Park Hospital, 11 of them being temporarily placed in Queen Mary's Hospital, and a further 632 cases of ringworm were admitted during the year, thus making the total number of ringworm admissions 649, and leaving 824 children to be accounted for. Of these, 87 were discharged from The Downs School, as previously mentioned, 546 were discharged direct to the guardians, and 65 were transferred to other institutions of the Board, leaving 126 in the Park Hospital at 31 December.

By far the greater number of children were between the ages of 3 and 8 years, while only a dozen were 12 years of age; 32 children were found on admission to be not infected with ringworm.

The number of children treated entirely by X-rays was 631, as compared with 633 in the previous year, and included 16 children who were already in-patients in the general wards of the Park Hospital. Taking a date at random, and taking 100 consecutive cases, it is found that the number of days elapsing between the date of X-ray administration and the date of certificate of fitness for discharge is 30.2.

Many children were found on admission to have their heads so sore that X-ray treatment had to be delayed, and in the case of 12 children treatment had to be delayed for a long period, and a further dozen had scars and areas of permanent baldness due to various causes.

Annexed is a table showing the parishes or unions to which the children who were admitted to the Park Hospital were chargeable, and also the age incidence of the disease.

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

PARK HOSPITAL.

AGES OF ADMISSIONS TO RINGWORM SECTION FOR YEAR ENDING
31 DECEMBER, 1913.

Parish or union.	Under 3.	Over 3.	Total.
Bermondsey	5	22	27
Bethnal Green	2	15	17
Bloomsbury	—	6	6
Camberwell	3	32	35
Chelsea	3	7	10
Fulham	—	27	27
George, S., in-the-East	—	12	12
Greenwich	1	5	6
Hackney	1	10	11
Hammersmith	—	8	8
Hampstead... ..	—	12	12
Holborn	4	19	23
Islington	12	24	36
Kensington... ..	—	25	25
Lambeth	11	68	79
Lewisham	1	32	33
London, City of	4	2	6
Marylebone, S.	5	8	13
Mile End	3	3	6
Paddington	1	18	19
Pancras, S.	3	16	19
Poplar	3	9	12
Shoreditch	3	16	19
Southwark	6	32	38
Stepney	6	23	29
Wandsworth	12	51	63
Westminster, City of (a)... ..	2	17	19
Whitechapel	3	10	13
Woolwich	1	7	8
Extra metropolitan	3	9	12
Totals	98	545	643

(a) See note at foot of Appendix V.

APPENDIX IV.

OPHTHALMIA SCHOOLS.

REPORT OF THE VISITING OPHTHALMIC SURGEON.

January, 1914.

WHITE OAK SCHOOL, SWANLEY JUNCTION.

There were 357 children left in the school at the end of 1912.

During the year 1913, 257 children have been admitted.

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

Trachoma	17
Follicular conjunctivitis	35
Mucopurulent ophthalmia	21
Chronic conjunctivitis	130
Phlyctenular ophthalmia	16
Lacrymal obstruction	1
Marginal blepharitis	37

279 children have been discharged cured:—

Trachoma	39
Follicular conjunctivitis	33
Mucopurulent ophthalmia	21
Chronic conjunctivitis	145
Phlyctenular ophthalmia	17
Lacrymal obstruction	1
Marginal blepharitis	23

18 children were removed by order of the guardians before they were cured.

11 children suffering from trachoma were transferred to High Wood School, to make room for the admission of non-trachomatous cases.

1 child absconded.

1 child died of pneumonia.

303 children were left in the school at the end of 1913.

HIGH WOOD SCHOOL, BRENTWOOD.

There were 329 children left in the school at the end of 1912.

During the year 1913, 202 children have been admitted.

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

Trachoma	48
Follicular conjunctivitis	13
Mucopurulent ophthalmia	60
Chronic conjunctivitis	70
Phlyctenular ophthalmia	5
Marginal blepharitis	5
Lacrymal obstruction	1

208 children have been discharged cured:—

Trachoma	73
Follicular conjunctivitis	14
Mucopurulent ophthalmia	52
Chronic conjunctivitis	60
Phlyctenular ophthalmia	5
Marginal blepharitis	3
Lacrymal obstruction	1

26 children were removed by order of the guardians before they were cured.

1 child died of pulmonary tubercle.

296 children were left in the school at the end of 1913.

ANNUAL REPORT, 1913,

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

Parish or union.	Non-trachoma.		Trachoma.		Total.	
	White Oak School.	High Wood School.	White Oak School.	High Wood School.	White Oak School.	High Wood School.
Bermondsey	9	3	—	2	9	5
Bethnal Green	8	11	1	2	9	13
Bloomsbury	1	—	—	1	1	1
Camberwell	12	10	—	1	12	11
Fulham	13	6	—	—	13	6
Greenwich	3	2	—	1	3	3
Hackney	2	2	2	1	4	3
Hammersmith	7	3	1	5	8	8
Hampstead	—	—	—	1	—	1
Holborn	5	7	—	1	5	8
Islington	2	5	—	1	2	6
Kensington	4	2	—	2	4	4
Lambeth	12	7	2	1	14	8
Lewisham	1	3	—	—	1	3
London, City of	1	2	—	—	1	2
Marylebone, S.	2	—	1	1	3	1
Mile End	2	—	—	—	2	—
Paddington	3	1	—	—	3	1
Pancras, S.	2	1	—	6	2	7
Poplar	16	10	3	11	19	21
Shoreditch	12	8	1	—	13	8
Southwark	48	20	—	1	48	21
Stepney	3	4	1	1	4	5
Wandsworth	56	37	2	3	58	40
Westminster, City of (a)	6	2	—	—	6	2
Whitechapel	4	1	2	2	6	3
Woolwich	1	—	—	1	1	1
Richmond	(b) 1	—	—	—	1	—
Salford	(b) 1	—	—	—	1	—
West Ham	—	—	—	1	—	1
London County Council	3	7	1	2	4	9
Total	240	154	17	48	257	202

(a) See note at foot of Appendix V.

(b) Transferred from T.S. Exmouth.

The number of new cases admitted to the ophthalmia schools during the past year is fewer than any preceding year except 1905.

The following table shows the number of admissions for each year since the schools were first opened:—

1903 ..	625	1909 ..	642
1904 ..	541	1910 ..	682
1905 ..	429	1911 ..	620
1906 ..	454	1912 ..	649
1907 ..	502	1913 ..	459
1908 ..	489		

The number of new trachoma cases admitted is considerably reduced. The number of trachoma cases admitted each year since the opening of the schools is as follows :—

1903	..	292	1909	..	113
1904	..	200	1910	..	122
1905	..	141	1911	..	135
1906	..	115	1912	..	151
1907	..	82	1913	..	65
1908	..	94			

As last year, by far the largest number of cases have come from Wandsworth, 98 out of the total 459. Southwark, from which the next largest number have come, has sent 69.

The treatment of trachoma with carbon dioxide snow has been carried out in large numbers of cases, and is one of the greatest improvements which have been introduced of recent years for dealing with this disease.

There was 1 case of whooping cough at White Oak School in May and 1 of chicken-pox in July.

At High Wood School there have been 6 cases of chicken-pox and 3 cases of mumps.

(Signed) E. TREACHER COLLINS.

APPENDIX V.

Statement of cases admitted and discharged at the hospitals, homes, and schools during 1913, arranged under the respective parishes and unions.

PARISH OR UNION.	Sick, convalescent, and debilitated.					Ringworm.					Ophthalmia.					
	Remaining on 1 Jan., 1913.	Admitted during 1913.	Discharged and died during 1913.	Remaining on 31 Dec., 1913.	Remaining on 1 Jan., 1913.	Admitted during 1913.	Discharged and died during 1913.	Remaining on 31 Dec., 1913.	Remaining on 1 Jan., 1913.	Admitted during 1913.	Discharged during 1913, and died during 1913.	Remaining on 31 Dec., 1913.	Remaining on 1 Jan., 1913.	Admitted during 1913.	Discharged during 1913.	Remaining on 31 Dec., 1913.
Bermondsey ...	72	133	147	58	3	28	28	3	19	14	14	3	19	14	19	19
Bethnal Green ...	91	205	219	77	4	16	20	...	31	22	21	...	31	22	21	32
Bloomsbury ...	5	8	10	3	...	6	1	5	1	2	1	...	1	2	1	2
Camberwell ...	74	243	229	88	1	37	27	11	20	23	23	...	20	23	20	20
Chelsea ...	13	35	38	10	6	11	17	...	...	...	...	...	...	...	...	...
Fulham ...	95	187	217	65	4	27	29	2	15	19	23	...	15	19	23	11
George, S., in-the-East ...	54	168	184	38	4	14	14	4	3	...	1	...	3	...	1	2
Greenwich ...	56	108	119	45	4	7	10	1	15	5	6	...	15	5	6	14
Hackney ...	66	140	144	62	4	11	23	2	7	7	7	...	7	7	6	8
Hammersmith ...	27	76	58	45	...	8	7	1	15	16	14	...	15	16	14	17
Hampstead ...	11	86	85	12	3	15	14	4	...	2	...	...	...	2	...	2
Holborn ...	117	131	169	79	12	21	31	2	10	13	7	...	10	13	7	16
Islington ...	129	217	244	102	1	40	34	7	13	8	7	...	13	8	7	13
Kensington ...	100	192	212	80	6	25	27	4	18	8	11	...	18	8	11	15
Lambeth ...	122	283	281	124	10	77	78	9	17	22	17	...	17	22	17	22
Lewisham ...	19	46	39	26	8	39	42	5	32	4	13	...	32	4	13	23
London, City of ...	...	1	1	...	1	6	6	1	2	3	2	...	2	3	2	3
Marylebone, S. ...	72	146	177	41	3	13	11	5	19	3	14	...	19	3	14	8
Mile End Old Town ...	50	80	84	46	3	8	8	...	7	3	2	...	7	3	2	8
Paddington ...	83	170	175	78	3	19	20	2	15	4	10	...	15	4	10	9
Paneras, S. ...	85	198	199	84	5	20	17	8	28	5	16	...	28	5	16	17
Poplar ...	92	298	288	102	...	13	9	4	83	39	55	...	83	39	55	67
Shoreditch ...	31	45	49	27	4	20	23	1	33	21	28	...	33	21	28	26
Southwark ...	99	169	167	85	9	39	42	6	84	71	81	...	84	71	81	74
Stepney ...	71	162	167	66	2	37	25	14	34	9	21	...	34	9	21	22
Wandsworth ...	137	237	251	123	33	71	89	15	122	98	110	...	122	98	110	110
Westminster, City of (a) ...	67	122	136	53	2	15	13	4	8	9	8	...	8	9	8	9
Whitechapel ...	53	159	160	52	2	14	14	2	7	9	5	...	7	9	5	11
Woolwich ...	10	17	13	14	...	8	6	2	1	3	1	...	1	3	1	3
Extra metropolitan ...	19	25	39	5	28	12	38	2	27	14	25	...	27	14	25	16
Total ...	1,920	4,087	4,317	1,690	175	674	723	126	686	456	543	...	686	456	543	599

Transfers between the children's hospitals, 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) The City of Westminster union was formed on 31 March, 1913, and embraces the former S. George's, Strand and Westminster unions. All children dealt with prior to 31 March, 1913, and chargeable to these three unions are included in the totals given for the City of Westminster union.

APPENDIX VI.
GENERAL STATEMENT OF CHILDREN IN INSTITUTIONS, 1913.

INSTITUTIONS.		NUMBER OF CHILDREN.																									
Description and name.	Accommodation.	Date of opening.	Remaining on 1 January, 1913.			Admitted						Discharged			Died during the year.		Remaining on 31 December, 1913.		Total number of children admitted from opening of institution to 31 December, 1913.								
			Boys.	Girls.	Total.	direct from unions or parishes.	from other institutions of the Board.	direct to unions or parishes.	to other institutions of the Board.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.						
<i>I.—Sick, convalescent, and d-ilitated.</i>																											
Queen Mary's Hospital for children, Carshalton ..	850	29 January, 1909..	403	394	797	648	587	1,235	61	40	101	525	530	1,055	124	68	192	44	40	84	419	383	802	4,306	3,788	8,094	
Park Hospital for children, Hither Green. (See below) ..	600	14 November, 1910 ..	341	316	657	1,092	924	1,926	67	95	162	920	948	1,868	106	91	197	101	61	162	283	235	518	3,440	3,254	6,694	
S. Anne's Home, Herne Bay ..	134	26 December, 1897 ..	94	32	126	194	80	274	68	5	73	247	71	318	12	11	23	2	4	6	95	33	128	3,212	1,216	4,428	
East Cliff House, Margate ..	130	26 June, 1898 ..	44	85	129	71	202	273	32	20	52	86	211	297	7	29	36	3	4	7	36	85	121	1,373	2,304	4,177	
Millfield, Rastington ..	120	13 Sept., 1901 ..	59	61	120	76	73	149	5	5	10	59	73	132	14	11	25	..	1	1	2	67	54	121	547	535	1,082
The Downs School, Sutton (part of) ..	420	6 April, 1904 ..	44	47	91	24	..	24	20	47	67	374	289	663
<i>II.—Ringworm, Sutton, (part of)</i>	420	26 February, 1903 ..	70	105	175	8	9	17	31	53	84	47	61	108	3,625	3,770	7,395
The Downs School, Sutton, (part of)	150	(See above)	..	..	..	249	245	494	123	120	243	290	256	546	38	27	65	..	..	..	44	82	126	372	365	737
<i>III.—Ophthalmia.</i>																											
White Oak School, Swanley ..	360	20 March, 1903 ..	221	136	357	135	111	246	6	5	11	154	135	289	16	5	21	1	..	1	191	112	303	2,198	1,654	3,852	
High Wood School, Brentwood ..	360	26 July, 1904 ..	176	153	329	105	85	190	11	1	12	137	90	227	5	2	7	1	..	1	149	147	296	1,093	1,146	2,239	
TOTALS ..			1,452	1,329	2,781	2,488	2,316	4,804	373	291	664	2,473	2,367	4,840	404	330	734	152	108	260	1,284	1,131	2,415	29,540	18,821	48,361	

a Deducting 4,649 children transferred between the institutions of the Board, the total number of cases admitted is found to be 34,712. Adding the following children not now included in this table, viz., 673 ringworm, Bridge School (now Bridge Industrial Home); 918 feeble-minded, homes and colonies; and 24,774 children, Remand Homes, the total number of cases admitted is found to be 61,077.

b Including 46 children removed to Park Hospital (sick and convalescent section), and 11 to S. Anne's Home on the transfer of The Downs School to the Hospitals Committee for sanatorium purposes.

c Including 94 children removed from The Downs School to the Park Hospital (ringworm section) on the transfer of the former institution to the Hospitals Committee for sanatorium purposes, and 11 ringworm children transferred from The Downs School to Queen Mary's Hospital and thence subsequently to the Park Hospital (ringworm section).

APPENDIX VII.

Numbers relating to staff and inmates and average weekly cost of children for the year ended Michaelmas, 1913.

Figures for the year 1912 are inserted under the figures for the year 1913.

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.
INSTITUTIONS FOR SICK, CONVALESCENT, AND DEBILITATED CHILDREN AND CHILDREN SUFFERING FROM RINGWORM:							
I. Queen Mary's Hospital for children	793 827	93 97	353 362	3 3	8 7	18 17	5 1
II. Park Hospital for children § ..	591 649	74 81	336 330	3 4	11 2	24 21	1 10
III. S. Anne's Home	130 131	97 98	29 28	3 3	0 0	11 11	4 2
IV. East Cliff House	127 119	97 91	39 39	3 3	2 7	13 13	2 10
V. Millfield	120 120	100 100	34 34	4 4	0 0	12 12	6 2
OPHTHALMIA SCHOOLS—							
I. White Oak School	348 340	97 94	96 97	3 3	5 4	14 14	9 1
II. High Wood School	323 339	90 94	99 98	3 3	5 5	13 13	11 7

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

§ Including ringworm cases.

ANNUAL REPORT OF THE COMMITTEE OF MANAGEMENT OF THE TRAINING SHIP EXMOUTH FOR THE YEAR 1913.

1. We submit our thirty-eighth annual report for the year 1913.

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

Remaining on board 1 January, 1913	702
Discharged during the year	370
Admitted	368
Remaining on board 31 December, 1913	700

Of the boys discharged—

- 98 were entered into the navy.
- 171 " " " " mercantile marine.
- 7 " " " " army as musicians.
- 94 " discharged by order of the guardians to whom they were chargeable or for other reasons.

The training. 3. The standard of training has been maintained during the year and up-to-date improvements introduced where necessary. The question of physical exercises has received special attention with a view to bringing this branch into line with the latest methods approved by the Board of Education, and additions have been made to the gymnastic apparatus on board. Visits have also been paid by the ship's officers to Government and other training establishments with useful results.

Annual Inspection. 4. The annual inspection of the ship, which was made the occasion of the formal inauguration of the new sea-going tender, was held on 10 July, when the Board had the honour of the presence of H.S.H. Prince Louis of Battenberg, First Sea Lord of the Admiralty, accompanied by Princess Louise of Battenberg, who distributed the prizes to the boys. The President of the Local Government Board, the Rt. Hon. John Burns, M.P., was also present. The day will be memorable in the annals of the Exmouth for the reception of the following gracious message to the Board from H.M. the King :—

The King is interested to hear of the launching of a sea-going tender for the training ship Exmouth, and I am commanded to assure the members of the Metropolitan Asylums Board of His Majesty's appreciation of the invaluable service which is being rendered to the nation by those who devote themselves to the training of boys for the Navy and Mercantile Marine. His Majesty is always glad to give support and encouragement to any enterprise that has for its object the improvement of the supply and quality of British seamen, and trusts that the efforts of your Board may continue to be successful.

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

Committee. 5. At the annual re-election of the committee in May the places of Mr. S. J. Cole and Mr. W. B. Moore, who had ceased to be members of the Board, were taken by Mr. T. Warren Crosse and Mr. Benjamin Turner, and Prof. W. R. Smith joined the committee as an elected member.

We again elected Mr. Geoffrey Drage as our chairman and Mr. C. J. Benson as our vice-chairman. The retirement of Col. Goldie from the Board deprived us of the services of a valued and esteemed colleague who had been a member of the committee since May, 1904.

Works and repairs. 6. During the summer holidays the orlop deck was repaired and re-caulked at a cost of £173. Towards the close of the year the Board approved, on our recommendation, of the installation of electric lighting at the infirmary in lieu of gas, at a cost of about £100.

Admiralty inspections. 7. The ship was inspected on 4 June by Commodore E. R. Pears, R.N., inspecting commodore of boys' training ships, and the report which he subsequently made to the Admiralty commented on the work of the ship in terms of the highest praise.

Vice-Admiral Sir John Jellicoe, Second Sea Lord of the Admiralty, inspected the ship on 24 June.

School and band inspections. 8. The inspection of the school took place on 11 April and 26 June. The following extract from the inspector's report was forwarded by the Board of Education :—

In all respects the training and schooling of the boys is being steadily strengthened and the general progress is very satisfactory.

The band inspection was held by Lieut. A. Franklin, musical director of the Royal Naval School of Music, on 25 and 26 April, and the result was reported to be "most satisfactory."

Health. 9. There was a considerable number of cases of scarlet fever among the boys during the latter part of the year, and in spite of all precautions some time elapsed before the infection was stamped out. Fortunately the cases were of a very mild type.

Visits to the ship. 10. On 3 July a visit was paid to the ship, at the invitation of the Managers, by nearly two hundred members of metropolitan boards of guardians. A party of members of the National Conference on Sea Training paid a visit on 21 October.

The following records were made by other visitors during the year :—

(i.) Haslingden guardians (10 February) :—

Representatives of the guardians of Haslingden union visited the Exmouth to-day and were very pleased with all they saw.

(ii.) Richmond guardians (9 July) :

Very much interested and pleased with all we saw.

(iii.) Croydon guardians (27 August) :

We were highly pleased at all we saw. The drill was carried out exceedingly well. All the boys seemed to be happy and in good health.

(iv.) Fulham guardians (18 September) :

We have this day visited the ship and interviewed 13 boys chargeable to the Fulham board of guardians, who all appeared to be healthy, bright, and cheerful. We are well pleased with all we saw on the ship.

(v.) Rt. Hon. W. Hayes Fisher (5 December, 1913) :

Everywhere there was evidence of the order and cleanliness and respectful behaviour which comes from the cheerful obedience to the discipline of instructors whose heart is in their daily task. The various exercises and drills were accomplished under bad weather conditions with scarcely a blemish. There was a swing and a dash and a go about it all which made it exhilarating to both performers and spectators. Some of the exercises seemed rather severe in their tests of timing, balance and endurance, but the boys finished up fresh

and showed no sign of over-strain. . . . I had some opportunity of seeing the books used by the teachers and the examination papers, and from my experience of polytechnics and secondary schools I should say that your teaching is sound, scientific and practical, and that the tests are equal to, if not in advance of, the highest standards in London's best secondary schools. The boys looked healthy and happy, and the whole internal atmosphere on a dark and stormy day was bright and hopeful of good things to come.

Officers. 11. In the revised salaries and wages scale adopted by the Board in April provision was made for the awarding of increased remuneration to the majority of the subordinate officers on the ship, and later in the year the Board adopted proposals which we submitted to them for improving the positions of the captain-superintendent (Capt. R. B. Colmore) and the chief officer (Lt. F. L. Coplestone).

Exmouth II. 12. The year under review was notable by reason of the fulfilment of the scheme for the establishment of a sea-going training ship, to which so much time and thought had been devoted. The vessel was launched at Wivenhoe on 11 March by Mrs. Drage, wife of our chairman, under the name of the Exmouth II. Much work still remained to be done to her, and it was not until 1 August that she sailed on her first cruise under the command of Capt. E. H. Edwards, R.N. (retired), who had been selected for the post from a large number of candidates.

A cordial reception was extended to the vessel at the various ports of call, and the Board were specially indebted to Col. Concanon and Mr. Bruce Ismay and to the officials of the White Star Line for the great kindness shown to the ship's company at Liverpool. Mention must also be made of the good services of Mr. Oswald Sanderson at Hull.

It is early yet to speak of results, but there can be no two opinions as to the value of the practical rounding off of the training on the parent ship which the sea-going vessel now enables the Board to give to the lads entrusted to their care.

Successes during the year. 13. Reference will be found in the captain-superintendent's report to many successes achieved during the year. For the second year in succession an Exmouth lad obtained 100 per cent. of marks in the educational test for the advanced class of the Royal Navy, while two other lads obtained 99 per cent. and 98 per cent. respectively. One lad qualified as a 1st class wireless telegraphy operator within 18 months of leaving the ship, while three others were rated as ordinary seamen by the Admiralty before attaining the age of 18 years. The captain-superintendent's report also contains a long list of prizes won by old Exmouth boys on H.M.S. Impregnable and at Shotley Barracks.

Cost per head. 14. Full details as to the average weekly cost during the past 10 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, 1913, was 4s. 1½d., and that the cost, including all charges except loan charges, special expenditure and head office expenses, was 11s. 2¾d.

Lack of support by London boards of guardians. 15. It is with much regret that we are obliged to close our report with a reference to the lack of support which the ship has received from London boards of guardians, and to the fact that nearly half the entries during the year had to be drawn from country boards, who continue to evince a desire to enter into agreements for the training on the Exmouth of boys chargeable to them, and never fail to take advantage of their agreements in sending their best boys to the ship. Since 1892 boys have been received from many country unions with the assent of the Local Government Board.

The Exmouth has great claims on those responsible for the maintenance and care of the "children of the state." These claims rest not only on the fact that the training on the Exmouth makes the boys sent to it self-reliant, self-supporting and independent, and qualifies them, in a manner against which no criticisms as to efficiency or economy can with any fairness be directed, for occupations which compare favourably with any open to them in life ashore, but also on the broader ground that in sending every year a supply of well-trained boys to the Royal Navy and to the Mercantile Marine the ship performs a service to the state which is deserving of the heartiest sympathy and support.

(Signed) GEOFFREY DRAGE,
Chairman.

APPENDIX I.

ANNUAL REPORT OF THE CAPTAIN-SUPERINTENDENT FOR 1913.

To the Committee of the Training Ship Exmouth.

GENTLEMEN,

I beg to submit my report for 1913.

Table I. shows the admissions and discharges during 1913, 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 1913, and also during the time the ship has been established.

During the past year 425 boys were assisted to get another ship for the second time. These include boys who have 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. Very satisfactory progress has been made in this instruction. Boat sailing and pulling have been carried out regularly, weather permitting.

The fitting up of a Marconi room on board the Exmouth for the boys to practise "buzzer" reading and post office telegraphy will enable them after further instruction in the tender to obtain excellent billets in the mercantile marine and rise rapidly in the wireless telegraphy service.

The riggers' class, composed of boys who have passed out of all instructions, has been engaged in making new paunch mats, re-fitting rigging, fitting new boats' falls, stage ropes, etc., cleaning and painting ship's side, making jib net for tender, a collision mat, laying new trot for boats' moorings and weighing old trot. The boats' crews have in bad weather fitted mooring buoys.

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

NEW—

- 171 hammocks.
- 244 kit bags.
- 55 bed ticks.
- 54 pillows.
- 3 hatch cloths.
- Awning for Exmouth II.

REPAIRS—

- Re-made 203 mattresses.
- General repairs to hammocks, oilskins, leggings, pilot jackets, and waistbelts.

No fewer than 239 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 senior navigation class is now disbanded. Of its 24 original members, 12 entered the Royal Navy as advanced class boys and later obtained 1st class ratings; 7 entered the mercantile marine (Cunard or White Star lines) and are still pushing forward with their studies; 1 became a wireless operator; while the remaining 4 are now doing their time at sea as apprentices on board Exmouth II.

The junior class is making steady progress and will be ready for a first instalment of sea-work by March, 1914.

Ambulance. Selected boys have been instructed by the medical officer (Dr. Partridge) in first aid to the injured. The examiner appointed by the St. John Ambulance Association was Dr. Hirsch; 39 boys passed the examination and were awarded the certificate.

School. H.M. Inspectors, Messrs. Butler and Cleary, visited the ship on 11 April and 26 June.

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. He reports as follows with regard to the result of the examination:—

“In accordance with instructions, I examined the bands and buglers of the T.S. Exmouth on the 25th and 26th ultimo, and I beg to report that the result was most satisfactory.

“The playing of the bands on the march was particularly good, the marches being well played and the *tempo* excellent.

“I introduced a new idea in testing the first-class band, by sending the bandmaster, six days before the examination, two selections, which were not known to him or the band. I purposely chose a standard higher than that they had been accustomed to in order to put them on their mettle. I did not expect them to do more than half the pieces—they, however, played them all, and the performance was very creditable indeed.

“The string band, as I expected, was not so good, owing no doubt to the large number of boys who have joined the R.N. School of Music since my last examination. However, I am sure that with the great keenness of Mr. Daines and the boys the band will soon recover.

“In the elements of music (paper work), 112 boys were examined, and the result was very good, 70 boys obtaining 75 per cent. marks—boy Alexander Moore obtaining the maximum. I enclose his paper.” [Not reproduced in this report.]

(Signed) A. FRANKLIN.

Swimming. Very good progress has been made in this instruction, no fewer than 295 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:—

“The number of admissions to the infirmary during the year 1913 reached a total of 1,527. Of these, 847 were medical cases and 680 surgical.

“The large increase of admissions during the year was to a great extent due to the necessity of isolating boys who had been in contact with the 33 cases of scarlet fever that occurred in the latter half of the year.

“In addition to scarlet fever cases there has been one case each of diphtheria and of measles.

“Twenty-seven boys with serious conditions were transferred to Queen Mary's Hospital, Carshalton, and other hospitals under the Metropolitan Asylums Board.

“General anaesthetics were given in 12 cases requiring operation.

“Fifteen officers were off duty during the year for short periods with minor ailments.”

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

Inspections.	Stoppings.	Extractions.		Scalings.
		Permanent.	Temporary.	
2,038	399	143	364	39 ”

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

“ The Sunday morning services have been conducted punctually and regularly and have been marked by great brightness and reverence, while the attention of the lads has left nothing to be desired. The Chairman of the Committee has been present on more than one occasion and has expressed in eulogistic terms his delight with the conduct and arrangements of the service.

“ Special courses of addresses have been given in Lent and Advent. A party of lads has been present at the 8 o'clock celebration on Sundays (weather permitting) and a preparation class has been held each week.

“ The confirmation classes have been held regularly and great interest has been shown in them by the candidates. The Bishop of Barking again this year expressed himself very pleased with the attention paid by the boys during the confirmation service.

“ Every new boy and every boy about to leave the vessel has been seen and warned of the dangers that have to be faced and overcome in the battle of life, and I have received not a few letters from lads after they have left us, thanking me for the counsel given.

“ The class rooms have been visited from time to time and the lads examined with satisfactory results, while due time and attention has been paid to the patients in the infirmary.”

General remarks. The conduct of the boys has been very good. Some excellent concerts given by both officers and boys, and the magic-lantern slides shown by the head schoolmaster, Mr. Hollamby, have been enjoyed by everyone. The annual operetta given by the boys this year was “ Christopher Columbus,” under the tuition of Mr. Bolt, the choirmaster, most ably assisted by Mr. Hollamby and Mr. Tunstall, deputy headmaster. The acting for boys could not be surpassed; the costumes were in excellent taste, the singing very good, and the music reflected the highest credit on Mr. Daines, the bandmaster. The “ make-up ” artist, Mr. Hoyland, assistant schoolmaster, performed his work admirably.

The annual confirmation was held on 28 May by the Bishop of Barking, who expressed himself much pleased with the behaviour of the boys.

Captain Mathias has again made an excellent shipping record at Liverpool, and thanks to this officer and the Rev. Snowdon Smith the boys are keeping their billets well.

The success of William Chester, of Nottingham, who took his first class Marconi operator's certificate after leaving the Exmouth only 18 months, is another striking proof of the capabilities of poor law children.

It is also worthy of note that very few old boys fail to get their rating of “ able seaman ” within 3 years of leaving the Exmouth, and their pay is then £5 per month and all their rations found.

With regard to the Royal Navy, I have again to report for the second year in succession that an Exmouth boy has obtained 100 per cent. of the marks in the educational test for the advanced class of the Royal Navy. This year this success was achieved by A. Breward, of Leicester, whilst another boy, Alfred Faulkner, of Farnham, obtained 99 per cent., and A. Atkins, of Hendon, 98 per cent. in the same examination. Again at the examination held by Lieut. Franklin, musical director of the R.N. School of Music, A. Moore of S. George-in-the-East, obtained full marks. No fewer than 43 per cent. of the entries for the Navy got into the advanced class.

The following prizes were obtained by old Exmouth boys on board H.M.S. Impregnable at Devonport and at Shotley Barracks :—

Name.	Parish or union.	Success gained.
Anderson, F. F.	Ipswich	1st prize in rating examination.
Vincent, T.	Hammersmith	Prize for the best kit.
Beward, A.	Leicester	Prizes for schoolwork and piping.
Ginn, A.	Southwark	1st prize for gymnastics.
Brown, A.	Henley	1st prize for kit.
Harvey, F.	Wandsworth	Prize for swimming.
Burroughs, E.	Woolwich	Prizes for essay writing.
Hewitt, E.	West Ham	Two medals for boxing.
Fenton, J.	Sculcoates	Prize for seamanship.
Carter, W. G.	Bromley	Prize for seamanship.
Frost, H. R.	Willesden	Prize for piping.
Comer, W.	Bolton	Prize for scripture.
Collins, H.	Watford	Prize for kit.
Rawlin, G.	Gravesend	Prize for seamanship, general knowledge.
Faulkner, A.	Farnham	Prize in rating examination.

There are also three old boys, W. Bull (Lewisham), J. H. Marriott (Woolwich) and P. F. Knapman (West Ham) who were specially selected under a new Admiralty order for rating to O.S. before attaining the age of 18 years.

The telegram from His Most Gracious Majesty at the annual inspection and distribution of prizes and inauguration of the sea-going tender Exmouth II. by Admiral H.S.H. Prince Louis of Battenberg, G.C.B., G.C.V.O., K.C.M.G., First Sea Lord of the Admiralty, was a notable event in the annals of the Exmouth. The speeches of His Serene Highness and of Mr. Burns, President of the Local Government Board, were most encouraging to both officers and boys.

The Exmouth II. commenced cruising in August and encountered very severe weather both in the Channel and the Irish Sea. On her return the improvement in the boys was very marked, and I feel sure under the tuition of Captain Edwards and his staff that the results will more than fulfil my most sanguine expectations.

It is with much regret I have again to call attention to the lack of support from some metropolitan unions. In fact, from 8 metropolitan unions we have only 7 boys now on board, and 6 unions did not send any at all. That there would be lack of volunteers if only the conditions of sea-service were explained to the lads is incredible, and it is to be hoped that the guardians of these unions and schools will give this matter their close attention. The pay and prospects for good lads who adopt the sea as a profession are superior to a good many trades, and employment is continuous. I have been unable to meet demands owing to the want of suitable boys.

The special instruction by the deputy head schoolmaster, Mr. Tunstall, in navigation, and also that imparted to the boys in the Navy advanced class by Mr. Read, is deserving of the highest praise.

The progress in school, too, has been most gratifying. The officers who have charge of the technical instruction also must not be forgotten, for it is due to them that the boys' advancement, especially in the mercantile marine, is so rapid.

The special training given to boys in the engine-room under Mr. Weaver, the engineer, and then in the tender, is another excellent opening for lads, as it will enable those who have a turn for mechanical training to gain rapid advancement in the Navy, and also the mercantile marine.

I would point out that there is no branch of the sea-service for which training is not given on board the Exmouth, and surely there must be a large number of boys in the schools of the metropolis (which have so few boys on board the Exmouth) both anxious and willing to go to sea.

No fewer than 44 boys were drafted from the band during the year, and yet there is no perceptible change in our string and reed bands. This reflects the greatest credit on our bandmaster, Mr. Daines, and his assistant.

At the Metropolitan Poor Law Schools Swimming Competition at Westminster Baths the Exmouth did remarkably well, obtaining five prizes. At the sports at Stamford Bridge three 1st prizes—100 yards, 440 yards and 400 yards relay—two 2nd prizes and one 3rd prize were obtained. Three boys were selected from the cricket team to play in the final match at the "Oval" ground at Surrey and were in the winning team. Each of these boys received a bronze medal. The football team was much handicapped owing to the large number of boys being placed out. Four matches were won and five lost, 22 goals being scored both for and against the Exmouth.

Lieut. Coplestone, the chief officer, with Mr. Cotterell, the chief seaman instructor, and our excellent staff of officers have worked extremely hard and most satisfactorily, and it is due to the whole of the staff pulling together that such good results have been obtained.

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

(Signed) REGINALD B. COLMORE,

*Captain R.N. (retired) and
Captain-Superintendent.*

APPENDIX II.

TABLE I.—BOYS ADMITTED AND DISCHARGED—1876 TO 1913.

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	1913	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	207	311	322	282	394	368	11,646
Discharged to Royal Navy	1	6	1	8	72	85	155	141	95	128	114	95	87	104	108	89	83	102	133	163	137	129	123	149	115	151	116	42	103	96	58	88	86	70	*73	105	109	98	3,618
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	117	179	171	4,293
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	7	1,347
Discharged to situations	1	..	2	..	3	..	..	..	2	..	..	..	..	..	..	1	..	..	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	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	94	1,623
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	..	2	..	..	..	49
Total discharges and deaths	85	59	187	185	258	266	338	344	318	308	330	269	298	376	327	225	270	257	303	338	350	300	307	373	393	387	381	234	258	256	282	285	243	226	299	322	349	370	10,946

Total number of boys discharged (including deaths)
Remaining under training 31 December, 1913

.. .. 10,946
.. .. 700
Total 11,646

* Includes 15 to Canadian Navy.

TABLE II.

Number of boys admitted from each of the metropolitan parishes and unions and total number of boys admitted from country unions during 1913 and during the whole time the ship has been established.

Year ending 31 Dec., 1913.	PARISH OR UNION.	From 31 March, 1876, to 31 Dec., 1913.
	Number of boys in ship when taken over by Managers	12
	<i>Metropolitan parishes and unions—</i>	
2	Bermondsey	318
11	Bethnal Green	341
—	Bloomsbury	43
35	Camberwell	702
—	Chelsea	173
8	Fulham	349
1	George, S., in-the-East	135
4	Greenwich	493
16	Hackney	380
—	Hammersmith	40
1	Hampstead	38
1	Holborn	315
27	Islington	422
4	Kensington	240
6	Lambeth	522
8	Lewisham	767
1	London, City of	136
4	Marylebone, S.	558
3	Mile End	270
3	Paddington	186
3	Pancras, S.	526
4	Poplar	479
—	Shoreditch	163
8	Southwark	570
2	Stepney	129
15	Wandsworth	416
—	Westminster, City of (a)	433
7	Whitechapel	196
17	Woolwich	464
191		9,816
177	<i>From country unions</i>	1,830
368		11,646

(a) The City of Westminster union was formed on 31 March, 1913, and embraces the former S. George's, Strand and Westminster unions. Boys admitted prior to 31 March, 1913, and chargeable to these three unions are included in the total given for the City of Westminster union.

TABLE III.—BOYS DISCHARGED TO ARMY FROM 1876 TO 1913.

Regiment.	No.	Regiment.	No.	Regiment.	No.
Royal Horse Artillery	1	21st Hussars	2	Lancashire Regiment	9
Royal Artillery	6	Grenadier Guards	8	Leicester Regiment	9
Royal Engineers	2	Coldstream Guards	4	Leinster Regiment	4
3rd Hussars	1	Scots Guards	1	Lincolnshire Regiment	4
4th Hussars	1	Argyle and Sutherland High- landers	21	Liverpool Regiment	3
5th Lancers	2	Oxfordshire Light Infantry	13	Manchester Regiment	86
11th Hussars	1	Northumberland Fusiliers	8	Middlesex Regiment	14
Berkshire Regiment	31	Rifle Brigade	20	Munster Fusiliers	2
Border Regiment	18	Royal Fusiliers	21	Cameron Highlanders	6
Cheshire Regiment	20	Royal Highlanders	3	Northampton Regiment	17
Connaught Rangers	58	Royal Marine Light Infantry	1	Wiltshire Regiment	6
Derbyshire Regiment	21	Royal Scots (Lothian Regiment)	43	Worcester Regiment	18
Devonshire Regiment	2	Scots Fusiliers	26	York and Lancaster Regt.	23
Dorsetshire Regiment	10	Scottish Rifles	14	Yorkshire Light Infantry	42
Dublin Fusiliers	41	Seaforth Highlanders	4	Yorkshire Regiment	10
Duke of Cornwall's Light Infantry	7	Shropshire Light Infantry	2	East Yorkshire Regiment	23
Essex Regiment	40	Somerset Light Infantry	33	Army Hospital Corps	1
Gloucestershire Regiment	6	Staffordshire (North) Regiment	1	Army Medical Corps	11
Highland Light Infantry	13	Staffordshire (South) Regiment	29	East Surrey Regiment	14
Gordon Highlanders	5	Suffolk Regiment	28	Bedford Regiment	7
Inniskilling Fusiliers	9	Surrey Regiment	7	18th Hussars	2
Irish Fusiliers	23	Sussex Regiment	30	"The Queen's" Regiment	2
Irish Rifles	15	South Wales Borderers	18	West Yorkshire Regiment	8
East Kent Regiment	10	Royal Warwick Regiment	46	Cameronian Regiment	4
Kent Regiment	5	Welsh Fusiliers	15	Dragoon Guards	19
King's Own Scottish Borderers	9	Welsh Regiment	36		
King's Royal Rifles	27	West Riding Regiment	1		
Lancashire Fusiliers	53	East Lancashire Regiment	12		
13th Hussars	1	Loyal North Lancashire Regt.	8		
9th Hussars	1	South Lancashire Regiment	17		
20th Hussars	9				
				Total	1264

TABLE IV.—SPECIAL PRIZE LIST, 1913.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Remarks.	Destination.
10881	251	(<i>Best all round boy in gymnastics.</i>) W. S. Parrish..	S. Paneras ..	Challenge cup and money prize.	Mrs. Noel Kershaw..	A fine gymnast, in ship's theatrical party; now in Cunard line.	Mercantile marine.
10452	231	(<i>Best boy qualified to render "first aid."</i>) A. Fickling ..	Camberwell ..	Challenge cup ..	Mrs. Herbert Lewis..	Now signal boy in s.s. Esmeralda of the Pacific Steam Navigation Co.	" "
10370	235	(<i>For the most useful boy.</i>) T. Vincent ..	Hammersmith ..	Silver watch ..	The Managers ..	Advanced navy class, plenty of initiative, can maintain discipline, good boxer and boat sailor, ship's football team; now in Royal navy.	Royal navy.
10278	523	(<i>For the cleanest mess.</i>) Won by mess 21 F. Frost ..	..	Money ..	Mr. C. J. Benson ..		
9907	226	(<i>For the most popular boy.</i>) S. Cooney ..	Willesden ..	Silver watch ..	Capt. Brown's legacy fund..	A lad of excellent character, deservedly popular, compass instructor boy, advanced class, good signaller and boat sailor.	Still on board.
10909	54	(<i>For the best kit.</i>) F. Eldridge ..	Lewisham ..	" ..	Adml. W. H. Henderson ..	Clean and smart, intelligent, good oar and boat sailor; now in advanced class Royal navy.	Royal navy.
10166	670	(<i>For the best bugler and domestic.</i>) E. West ..	Islington ..	" ..	The Managers ..	Intelligent, well mannered, fine bugler, excellent waiter.	Mercantile marine.
10148	612	(<i>For the best boy in navigation.</i>) T. Gibbard ..	Greenwich ..	" ..	" ..	A very good scholar, signaller, and photographer, resourceful lad.	Apprentice, Exmouth II.
11064	362	(<i>For the best call boy.</i>) A. Breward ..	Southwark ..	Silver call and chain.	Captain-superintendent	Advanced navy class, ship's swimming team, theatrical party, in charge of cleanest mess.	Mercantile marine.
10332	344	(<i>For the best boy in school.</i>) H. Cook ..	Leicester ..	Silver watch ..	Mr. O. Seager ..	A fine scholar, in advanced class, gunner, and a good oar.	Royal navy (100 per cent. of marks).
10447	503	(<i>For the best boy in valting and sailing.</i>) A. Schofield ..	Strood ..	" ..	Mrs. Geoffrey Drage ..	An excellent valet and domestic, clean, ready-witted, and reliable.	Mercantile marine.
10129	138	(<i>For the best stoker-mechanic boy.</i>) H. Rule ..	Medway ..	" ..	Mr. Geoffrey Drage..	The ship's heavy-weight boxing champion, hardworking and reliable.	Still on board.
9980	621	(<i>For the best violin players.</i>) A. Cannon ..	Newmarket ..	Violin ..	Captain-superintendent	Chief band sergeant, solo violinist, good oar, intelligent and trustworthy.	R.N. school of music.
			Camberwell ..	" ..	" ..	An excellent musician, clean, and a good scholar.	" "

TABLE IV.—SPECIAL PRIZE LIST, 1913—continued.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Remarks.	Destination.
10615	429	(For special good G. Gill ..)	Colchester ..	Silver watch ..	Mr. Deputy Turner, C.C. ..	Advanced navy class, quick, hard-working and very thorough.	Still on board.
10811	55	J. Whitehead ..	Hartley Wintney ..	Silver medal ..	The Managers ..	Captain of division, ship's football team ..	Mercantile marine.
10839	56	J. A. Hicks ..	Poplar ..	" ..	" ..	Trustworthy chief petty officer, navigator, well mannered, won open 100 yards at Metropolitan Poor Law Schools sports meeting at Stamford Bridge.	Still on board.
10681	121	W. Burgess ..	Hendon ..	" ..	" ..	Captain of division, gunner, good oar ..	" ..
10311	124	H. Wheeler ..	Hammersmith ..	" ..	" ..	Reliable chief petty officer, navigator, good signaller, good oar.	Mercantile marine.
10519	254	A. Holcombe ..	Croydon ..	" ..	" ..	Captain of division, clean and willing, excellent signaller.	" ..
10697	280	E. Dennis ..	Fulham ..	" ..	" ..	Chief choir boy, prominent in ship's theatrical party, clever boxer.	Still on board.
11068	324	F. Blunt ..	Leicester ..	" ..	" ..	Chief petty officer, advanced navy class, gunner, qualified in "first aid."	" ..
10771	372	H. Hale ..	Whitechapel ..	" ..	" ..	Smart, reliable, and well mannered, post boy, won kit prize.	Mercantile marine.
10532	339	R. Nicholson ..	Hammersmith ..	" ..	" ..	Clean, active, captain of division, good scholar.	" ..
10482	560	D. Burchett ..	Bethnal Green ..	" ..	" ..	Intelligent chief petty officer, ship's football team, excellent musician, good boxer.	R.N. school of music.
11004	579	A. Price ..	Paddington ..	" ..	" ..	Hard-working captain of division, gunner ..	Still on board.
10292	635	J. Hines ..	Southwark ..	" ..	" ..	Chief petty officer, gunner, advanced navy class, qualified in "first aid."	" ..
10852	629	F. Harris ..	Leicester ..	" ..	" ..	Trustworthy chief petty officer, good boat sailor, won kit prize.	Royal navy.
10272	691	C. Harbert ..	Croydon ..	" ..	" ..	Smart captain of division, ship's cricket team, navigation class.	Mercantile marine.
10599	598	J. Rose ..	Watford ..	" ..	" ..	Intelligent, chief petty officer, advanced navy class, signaller, good boat sailor.	Still on board.
10589	275	G. R. Falnt ..	West Ham ..	" ..	" ..	Chief drafting boy, resourceful and willing, advanced navigation class.	Mercantile marine.
10063	708	L. J. Holland ..	Wandsworth ..	" ..	" ..	Chief messenger, ship's cricket and football teams, smart and trustworthy.	" ..
10264	617	H. Hawkins ..	Richmond ..	" ..	" ..	Hard-working, trustworthy, intelligent ..	Still on board.
10326	589	A. Cross ..	Kettering ..	" ..	" ..	Capable chief quartermaster, gunner, advanced navy class	" ..

TABLE V.—SCHOOL PRIZE LIST.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Destination.
NAVIGATION CLASS.					
10166	670	E. West	Greenwich	s. d. 5 0	Exmouth II., apprentice.
10528	266	G. Rendell	Camberwell	4 0	"
10311	124	H. Wheeler	Hammersmith	3 0	Mercantile marine. "
10015	35	R. Clive	Croydon	1 0	Exmouth II., apprentice.
10366	485	B. Richardson	Newhaven	1 0	"
10393	472	C. Sampling	Islington	1 0	Mercantile marine. "
ROYAL NAVY—ADVANCED CLASS.					
10952	555	E. Walker	Kingston-upon-Hull	4 0	Royal navy.
10682	488	A. Atkins	Hendon	3 0	"
10347	42	G. Pirouet	Poplar	3 0	"
11064	362	A. Breward	Leicester	2 0	"
10904	505	E. Ford	Woolwich	2 0	Still on board.
10852	629	F. Harris	Leicester	2 0	Royal navy.
10527	720	W. Baker	Buckingham	2 0	"
ROYAL NAVY—PETTY OFFICER CLASS.					
11004	579	A. Price	Paddington	4 0	Still on board.
11135	551	G. Roberts	Worcester	3 0	Royal navy.
10723	386	G. Rawlings	Henley	2 0	"
10490	52	W. Dabbs	Watford	1 0	Still on board.
STANDARD VII.					
10278	523	F. Frost	Willesden	5 0	"
10690	404	R. Nicholson	Hammersmith	4 0	"
11038	219	A. Dove	Camberwell	3 0	"
10931	229	L. Stokes	West Ham	2 0	"
10995	216	J. Cockhead	Swindon	1 0	"
10479	3	A. Thomson	Camberwell	1 0	"
STANDARD VI.					
10909	54	F. Eldridge	Islington	5 0	Mercantile marine.
10845	148	H. Kelton	Mill End	4 0	Still on board.
10976	28	T. Crick	Fulham	3 0	"
10866	654	D. Hobnes	Southwark	2 0	"
10758	129	E. Hickford	Romford	1 0	"
11034	762	C. Revell	Southwark	1 0	"
STANDARD V.					
10963	221	V. Borrett	Hartismere	5 0	"
11051	632	L. Walker	Paddington	5 0	"
11102	476	W. Hancock	Eastbourne	4 0	"
10677	371	V. Coombes	"	3 0	"
10868	679	F. Allen	Southwark	2 0	"
10851	585	A. Bowdery	Croydon	1 0	"
STANDARD IV.					
10984	750	J. Toms	Chelsea	5 0	"
11076	380	E. Hutton	Henley	4 0	"
11087	6	W. Hollamby	Islington	3 0	"
11055	767	A. Cronin	"	2 0	"
10928	2	W. Martin	Belper	1 0	"
10936	352	T. Cushion	Islington	1 0	"
STANDARD IIIA.					
11055	768	W. Newell	Kensington	4 0	"
10647	142	F. Elveney	Mill End	3 0	"
10739	478	W. Todd	Willesden	2 0	"
11110	112	W. Howell	Islington	1 0	"
10625	332	B. Payne	Bedford	1 0	"
STANDARD IIIB.					
11001	87	J. Smith	Leicester	4 0	Mercantile marine.
10671	556	C. Cox	Bromley	3 0	Still on board.
10850	582	A. Bowdery	Croydon	2 0	"
10496	445	R. Sandringham	Hampstead	1 0	"

TABLE VI.—PASSED OUT BOYS' PRIZE LIST.
REVISION CLASSES.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Destination.	
				s. d.		
		STANDARD VII.				
10862	680	J. Allen	Bethnal Green	4 0	Still on board.	
10771	372	H. Hall	Mile End	3 0	Mercantile marine.	
10599	598	J. Rose	Watford	2 0	Still on board.	
10632	444	H. Backhouse	Kingston-upon-Hull	2 0	Royal navy.	
10761	312	W. Bryan	Lewisham	1 0	Still on board.	
10386	672	R. James	Camberwell	1 0	R.N. school of music.	
		STANDARD VI.				
10700	601	J. Roff	Maidstone	4 0	Mercantile marine.	
10777	24	F. Mouncey	Lambeth	3 0	Still on board.	
10675	412	M. Beeney	Eastbourne	2 0	"	
11103	268	F. Geer	Lewisham	2 0	"	
10661	244	G. Taylor	S. Pancras	1 0	"	
10276	616	J. Neal	City of Westminster	1 0	Mercantile marine.	
		STANDARD V.				
10557	318	T. Siggs	Eastbourne	4 0	"	
10320	462	F. Rawlings	Gravesend	3 0	Still on board.	
10419	608	A. Phillips	Bethnal Green	2 0	"	
10395	39	A. Wells	Amersham	2 0	"	
10236	181	R. Bull	Lewisham	1 0	Mercantile marine.	
9979	602	H. Martin	Camberwell	1 0	Army.	
		STANDARD IV.				
10966	308	W. West	Sculcoates	4 0	R.N. school of music.	
10518	649	F. Syers	Croydon	3 0	Mercantile marine.	
10780	628	W. Wilson	Wandsworth	2 0	Still on board.	
10776	102	C. Williamson	West Ham	2 0	"	
10820	426	F. Davenport	Stockport	1 0	Mercantile marine.	
10561	359	J. Green	Kensington	1 0	"	
		STANDARD IIIa.				
10332	344	H. Cook	Strood	3 0	"	
10583	719	R. Fuller	S. Faith's	2 0	"	
10860	342	J. Spencer	Bethnal Green	2 0	"	
10354	80	J. Abbott	Lewisham	1 0	"	
		STANDARD IIIb.				
10353	669	T. Prior	City of Westminster	3 0	Still on board.	
10341	718	A. Manwaring	Lambeth	2 0	Mercantile marine	
10821	214	C. Dodds	Bethnal Green	2 0	"	
10511	299	F. Norton	Chelsea	1 0	"	

TABLE VII.—BAND PRIZE LIST.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Destination.
1ST CLASS BAND. <i>For best progress in playing and reading at sight—</i>					
10129	138	H. Rule	Newmarket	s. d. 10 0	R.N. school of music.
10773	549	H. Lisher	Steyning	5 0	" "
10482	560	D. Burchett	Bethnal Green	2 0	" "
1ST CLASS BAND. <i>For the best soloists—</i>					
9980	621	A. Cannon	Camberwell	10 0	R.N. school of music.
10477	414	W. Congram	Croydon	5 0	" "
10822	277	C. Martin	Bethnal Green	2 0	Still on board. "
1ST CLASS BAND. <i>For the most advanced in general knowledge (paper work)—</i>					
10687	250	A. Moore	S. George's-in-the-East	10 0	R.N. school of music.
10472	36	J. Thomson	Bethnal Green	5 0	" "
10653	480	R. Barnfather	Fulham	2 0	" "
2ND CLASS BAND. <i>For the best general progress—</i>					
10680	161	J. Smith	Hendon	5 0	Still on board.
10703	155	W. Foster	Romford	3 6	" "
10480	441	S. Imber	Camberwell	2 0	" "
10515	723	E. Evans	Croydon	1 6	R.N. school of music.
3RD CLASS BAND. <i>For the best general progress—</i>					
11099	777	C. Hastings	Norwich	5 0	Still on board.
10478	1	E. Haines	Croydon	3 6	" "
11054	86	W. Plaister	Kensington	2 0	" "
10976	28	T. Crick	Fulham	1 6	" "
BUCLE BAND. <i>For the most efficient—</i>					
10654	600	J. Hickey	Nottingham	5 0	Mercantile marine.
10861	662	J. Walsh	Bethnal Green	3 0	Still on board.
10909	54	F. Eldridge	Islington	2 0	Mercantile marine.
9711	201	A. Stride	Camberwell	1 6	" "
BEST KEPT INSTRUMENTS—					
10129	138	H. Rule	Newmarket	6 0	R.N. school of music.
9980	621	A. Cannon	Camberwell	3 0	" "
10395	39	F. Wells	Hammersmith	2 0	Still on board. "
10419	608	A. Phillips	Bethnal Green	1 6	" "

TABLE VIII.—SWIMMING PRIZE LIST.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Remarks.	Destination.
11134	424	B. Phillips ..	Shoreditch ..	Silver watch	Mr.S.Lambert, J.P.	A very fine swimmer, trained as bugler and domestic.	Mercantile marine.
10678	548	G. Smith ..	Bethnal Green	Silver medal	The Managers	A good photographer and gymnast.	Still on board.
10347	42	G. Pirouet ..	Poplar ..	s. d. 12 0	"	" ..	Royal navy.
10148	612	T. Gibbard	Southwark ..	10 0	"	" ..	Mercantile marine.
11029	618	A. Bray ..	" ..	8 0	"	" ..	"
10990	453	F. Radford	Wandsworth	7 0	"	" ..	"
10892	185	E. Berry ..	S. Pancras ..	2 0	"	" ..	Still on board.

TABLE IX.—GUN DRILL PRIZE.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Remarks.	Destination.
10682	488	A. Atkins ..	Hendon ..	Silver watch	Mr. Geoffrey Drage.	Steady gunner's mate, smart and attentive to his work, advanced navy class.	Royal navy.

TABLE X.—RIFLE SHOOTING PRIZE LIST.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Remarks.	Destination.
10588	263	T. Bunker ..	West Ham ..	s. d. 5 0	The Managers	.. ..	Still on board.
10488	147	C. Haley ..	Bethnal Green	2 6	"	.. ..	Mercantile marine.

TABLE XI.—GYMNASTICS PRIZE LIST.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Destination.
10182	599	J. Taylor ..	Haslingden ..	Silver watch	The Managers	Army.
10370	235	T. Vincent ..	Hammersmith	s. d. 15 0	Captain Brown's legacy fund	Royal navy.
10750	264	A. Essex ..	Camberwell ..	10 0	" " " "	Still on board.
10181	529	T. Mullaney	Haslingden ..	7 6	" " " "	"
10628	116	W. Parrott	Southwark ..	5 0	" " " "	"
10511	299	T. Norton ..	Chelsea ..	2 6	" " " "	Mercantile marine

TABLE XII.—AMBULANCE PRIZE LIST.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Destination.
10272	691	C. Harbert ..	Croydon ..	s. d. 2 0	The Managers	Mercantile Marine
9816	53	J. Prentice ..	Hackney ..	2 0	" " " "	"
10479	3	A. Thomson	Camberwell ..	2 0	" " " "	Still on board
10839	56	J. Hicks ..	Poplar ..	2 0	" " " "	"
10637	100	A. Mariton ..	" ..	2 0	" " " "	"
10370	235	T. Vincent ..	Hammersmith	2 0	" " " "	Mercantile marine
10588	263	T. Bunker ..	West Ham ..	2 0	" " " "	Still on board.
10589	275	G. Faint ..	" ..	2 0	" " " "	Mercantile marine
10452	231	A. Fickling	Camberwell ..	2 0	" " " "	"
10433	307	F. Curtis ..	" ..	2 0	" " " "	Royal navy.
10761	312	W. Bryan ..	Lewisham ..	2 0	" " " "	Still on board.
10552	305	C. Perryman	Islington ..	2 0	" " " "	Mercantile marine
10690	404	R. Nicholson	Hammersmith	2 0	" " " "	Still on board.
10278	523	F. Frost ..	Willesden ..	2 0	" " " "	"
10716	525	J. L. Lewis	Newport(Mon.)	2 0	" " " "	"
10386	672	R. James ..	Camberwell ..	2 0	" " " "	R.N. school of music.
10169	640	A. Knight ..	Wandsworth	2 0	" " " "	Mercantile marine
10862	680	J. Allen ..	Bethnal Green	2 0	" " " "	Still on board.
10292	635	J. Hines ..	Southwark ..	2 0	" " " "	"
10527	720	W. Baker ..	Buckingham ..	2 0	" " " "	"

TABLE XIII.—SIGNAL PRIZE LIST.

No. on ship's books.	No. on watch bill.	Name.	Parish or union.	Prize.	Given by	Remarks.	Destination.
10015	35	R. Clive ..	Croydon ..	Silver watch	The Managers	Skilful sig- naller and wireless telegraphist, advanced navigation class, promi- nent in ship's theatrical party.	Apprentice, Exmouth II.
10452	231	A. Fickling	Camberwell	Silver medal	"	Now at sea. Took chal- lenge cup for the best boy qualified in "first aid."	Mercantile marine.
10528	266	G. Rendell ..	"	s. d. 6 0	"	.. ..	Apprentice, Exmouth II.
10839	56	J. Hicks ..	Poplar ..	5 0	"	.. ..	Still on board.
10553	207	J. Ellis ..	" ..	3 0	"	.. ..	Mercantile marine.

ANNUAL REPORT OF THE CASUAL WARDS COMMITTEE
FOR THE YEAR 1913.**The year's
work.**

1. We submitted to the Board last year, at the conclusion of our first nine months' experience in the administration of the metropolitan casual wards, a report containing a review of the history of the vagrant or casual pauper and of the measures taken from early times to deal with him, a statement of the system we found to be in existence, an account of the transfer of the casual wards from the several boards of guardians to the Metropolitan Asylums Board, and of the Board's policy and its results so far as they had been ascertained.

2. These features, which find a proper place in the first of a series of reports dealing with a new branch of the Board's work, do not call for repetition, and we accordingly confine ourselves in this, our second report, to a brief summary of the year's work and a few observations upon it.

3. Our work has continued under the guidance of Dr. H. Willingham Gell, whom we re-elected as our chairman. Mr. W. Eickhoff was elected vice-chairman in place of Mr. Palgrave Simpson, who with another member, Mr. S. J. Cole, did not retain their seats on the Board. Sir Francis Fleming and Mr. Gerald Ritchie joined the committee in their places.

**Number of
wards open.**

4. Of the 28 casual wards in existence prior to the transfer to the Board on 1 April, 1912, 24 only came under the Board's control, the remaining 4 being retained by the guardians for other purposes. The end of the year found only 17 of the wards open. One had not been opened since the transfer, the remaining 6 were closed during the summer months, and the reduction in the number of inmates, which was referred to at length in our last report, rendered it unnecessary to re-open any of them. So far from there being any occasion to increase the available accommodation during 1913, the number of wards open was further reduced during the summer to 13, and eventually in November to 12, which remained the number in use at the close of the year.

The following table shows the wards transferred on 1 April, 1912, and the action taken with regard to them since, viz. :—

Casual ward.	Accommodation.			Action taken.
	Men.	Women.	Double beds.	
Shoreditch	30	9	4	Closed July, 1912. [Returned to Guardians Feb., 1914.]
Bethnal Green	13	6	2	Closed June, 1913.
Hackney	62	32	6	Still open.
Stepney	34	12	4	Closed July, 1912.
Poplar	48	8	3	Still open.
St. George-in-the-East	84	13	4	Not opened by Board. [To be returned to Guardians.]
Whitechapel	55	30	...	Closed July, 1912. [To be sold.]
Strand	94	29	7	Still open.
Holborn	48	24	4	" "
Bloomsbury	52	18	5	Closed November, 1913.
Chelsea	48	12	6	Still open.
Fulham	42	21	4	Closed August, 1913.
Kensington	40	14	6	" July, 1912. Let to borough council November, 1913.
Wandsworth	42	13	...	Still open.
St. Pancras	48	12	6	" "
St. Marylebone	65	26	3	Closed August, 1913.
Paddington	50	11	4	Still open.
Lambeth	40	32	6	" " Used for men only from November, 1913.
Southwark	54	26	5	Closed July, 1912.
Bermondsey	40	8	4	" " 1913. Returned to guardians October, 1913.
Camberwell	39	15	8	Still open.
Greenwich	36	10	6	Closed August, 1912.
Lewisham	30	16	8	Still open.
Woolwich	42	5	5	" "

5. The normal accommodation available at the time of the transfer, as may be gathered from the foregoing table, was—

Men	1,136
Women	402
Double beds	110
Total	1,648

At the end of 1912 it had been reduced to—

Men	826
Women	270
Double beds	76
Total	1,172

The further closing of wards in 1913 diminished the normal accommodation in use to—

Men	627
Women	177
Double beds	57
Total	861

Number of inmates. 6. The great decline in the number of inmates, so notable a feature of 1912, continued to exhibit itself in 1913, and is clearly shown in the following table, which gives comparative statistics for these two years and also for 1910 and 1911, viz. :—

	Number of inmates remaining in London casual wards on the last Friday in				
	Jan.	Mar.	June.	Sept.	Dec.
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
1913	617	602	293	294	228

Continued decrease. 7. We discussed at some length last year the causes to which, in our judgment, this decrease should be attributed, and we have seen no reason, with added experience, to modify the views we then expressed. Comparatively fine weather and a mild winter, coupled with improved trade conditions, were enjoyed in 1913 as in 1912, and we are very willing to give due weight to these factors. But the decrease in the number of inmates of casual wards in these two years is quite without precedent in metropolitan history, whatever the weather and the condition of trade, and we are confirmed in our belief that it is due in great measure to the unification of the casual wards administration in the metropolis, and to the proper use and careful enforcement of the powers conferred by the statutory orders.

General administration. 8. The regulations for the administration 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 3 November, 1887, and 4 May, 1897, and as to discharge by a General Order dated 11 June, 1892.

9. The Board take the view that it is their duty to carry out these regulations, which it should be noted have in no way been changed since the centralisation of the casual wards administration, but have been applied uniformly throughout the wards. It is of course an easy thing to embark upon destructive criticism, especially in a matter so surrounded with difficulty as history has proved the treatment of the casual pauper to be. It is by no means so easy a task, and one generally left unattempted by critics, to propound constructive measures of utility which would replace the arrangements they so readily condemn, and would avoid the pitfalls, some of which we briefly indicate, awaiting the footsteps of the unwary reformer.

Accommodation, tasks, and diet. 10. The particular points generally singled out for criticism are the accommodation provided, the tasks enforced, and the diet allowed. Where the accommodation has been provided in a number of separate buildings, each erected under a different authority, it naturally differs very much in character. The Board have not

had any opportunity of providing a casual ward of their own, and meantime they have made the best use of what they found in existence, and, in closing wards, have, as far as possible, closed the most unsuitable.

11. It has always proved a matter of the greatest difficulty to provide suitable tasks for persons without previous training and detained only for very short periods, and no satisfactory variants for the tasks of oakum picking and stone breaking, to which, in some wards, we have added stone pounding, have yet been found. In prisons, where considerable numbers are dealt with in large institutions and often for comparatively long periods, many tasks of a useful character are enforced, but even there oakum picking remains for the untrained with short sentences. As to stone breaking, we are still in the era when many honest men earn their livelihood at this work by the roadside, and we demur to the view that stone breaking is an entirely improper task on which to put the able-bodied, physically fit, unskilled labourer. The extraordinary facility and celerity with which the whole task is carried out by many casual ward inmates is sufficient evidence that no impossibility is asked. A medical examination is made whenever there is any question of the fitness of an inmate for work, and of no one is more demanded than that a real willingness to work should be displayed. It may be remembered, also, that there is always a certain amount of daily cleaning, &c., to be done, which afford lighter tasks for the feeble and more unfit.

12. With regard to the diet, the great difficulty in the way of making any improvement is the actual experience which has been gained of the drift to the casual wards, the moment any such improvement is even talked of, of a horde of loafers who would regularly use these places as free hotels at the cost of the ratepayers.

13. The question of the comparison between prison life and casual ward treatment was fully dealt with in our last report. It is sufficient to repeat that evidence and experience show that there are a number of men quite willing to alternate between casual wards and prisons. For part of their time they prefer the comparative freedom which they retain when wandering in and out of casual wards, and accept with it the temporary detention for two or four nights, the restricted diet, and the work which they must attempt. At other times they will prefer a complete sacrifice of personal liberty for a longer period, and will accept as some compensation for their longer detention such advantages in the way of extended diet as the prison regulations permit.

14. The Departmental Committee on Vagrancy came to the conclusion that this choice when exercised was no reflection on the casual ward. For such persons, and there are many among the residuum now using the wards, neither prison nor casual ward affords appropriate treatment. For them the only measure remaining to be tried is a system of indeterminate compulsory detention in a labour colony.

15. It is sometimes believed that the habitual loafer and work-shirker is the product of the prevailing system and is hardened by the treatment he receives. This is not the place to discuss theories of heredity or eugenics, or how far such a one may be the victim of pre-natal circumstances. Certain it is that the expression "born tired" indicates a real verity, and that there are numbers of persons, young and physically fit, who will deliberately refuse all helping hands and whose "dossiers" must be marked "will not work, prefer to loaf," and who are determined to sponge on the community. Further, human nature being much the same as in the days of free distribution of corn in Imperial Rome, the numbers of these persons rise with startling rapidity

with any improvement of the conditions under which shelter and maintenance can be obtained at the public expense. The community undertakes to restrain and deter the drunkard, the petty thief, and the minor criminal, whose offence is much less vital than that of the man who deliberately determines to make himself a public burden for the rest of his life, and restrictive and deterrent measures against all such have surely ample justification.

Prosecution statistics. 16. In Appendix V. we give a statement of the inmates charged at metropolitan police courts during 1913. The figures may be summarised here as follow :—

Refusing to work	534
Neglecting to work	188
Absconding	45
Destroying clothes	33
Wilful damage	28
Other offences	51
	879

Of these 844 were convicted and 35 discharged.

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

Year.	Convicted.	Discharged.	Total.
1910	552	19	571
1911	354	24	378
1912 (Apr. to Dec.)	661	36	697

Arrangements with voluntary agencies. 17. Under the present régime there is very little possibility of the genuine wayfarer becoming an inmate of the casual wards, and no effort is spared by us to prevent this happening.

The scheme mentioned last year under which arrangements were made with various philanthropic agencies to receive deserving cases from the casual wards has been extended so that such cases are, as far as possible, intercepted at the door of the casual wards and remitted direct to one of the co-operating agencies.

18. In March a circular letter was sent to the superintendents explaining fully the arrangements that the several agencies had agreed to make to receive applicants at casual wards, who appeared to be suitable cases for assistance, and impressing on them the necessity of seeing that all helpable cases should be referred to one of the agencies, and in particular the desirability of doing everything possible to prevent young persons of either sex drifting into the vagrant life.

19. During the year 844 persons (769 men, 59 women, and 16 children) were dealt with in this manner, of whom 570 (532 men, 28 women, and 10 children) were sent to the several agencies without being admitted to a casual

ward. In the remaining 274 cases (237 men, 31 women, and 6 children) it was necessary for various reasons to receive the applicants into the casual wards for the night, but as soon as practicable on the following day, arrangements were made for their admission to a voluntary institution.

20. A large portion of the work which has fallen on the philanthropic agencies in this connection has been carried out by the Salvation Army and the Church Army, while the Willow Street Mission, the "Morning Post" Embankment Home, Dr. Barnardo's Homes, the Homes for Working Boys in London, and the House of Shelter have also rendered valuable assistance. Most of the women and girls have been dealt with by the missionaries of the Woman's Mission to Women, who have been most indefatigable and zealous in their reformatory efforts. The excellent work which has been performed by all these bodies is well shown by the following examples :—

A carman, aged 55, and his wife, a charwoman, aged 36. Fairly regular inmates of casual wards. Both quiet and well behaved, and good workers. Man was in the army (for some time in India, where he contracted ague) and now undergoes annual training with the militia. Early in March the Church Army were approached and agreed to do what they could for them both. They took a lodging for them, and gave the man work, three days a week, at one of their relief centres. The man was seen recently by one of the superintendents and expressed gratitude for what had been done for them and said they were getting on very well.

A lad, aged 17½. After admission to a casual ward, was sent to one of the Homes under the control of the Homes for Working Boys in London. The boy's home was at Aldershot, and becoming despondent at not finding work, he had tramped to London. Enquiries were made, and it was discovered that he lost his employment through opening a letter and appropriating a postal order for 4s. He was kept at the home and after many attempts the authorities succeeded in placing him in work.

A decorative artist, aged 47. Applied for admission to one of the casual wards and was sent to the Salvation Army with a note. A few days afterwards a letter in the following terms was received from him :—

I am enclosing P.O. for 1s., with grateful thanks for the kindness shown to me when I was unfortunate enough to apply for admittance to the above ward and to recoup the expense I may have incurred by my meal at the Salvation Home in Green Street, Bethnal Green. I am happy to say that I met with a friend the same night and started work the next day. Thanking you again for the kindness and sympathy shown me.

An Irish girl, aged 18, stranded in London. Was admitted to a casual ward, and a missionary from the Woman's Mission to Women was asked to visit her. She was placed in a refuge while arrangements were being made to return her to her mother in Ireland.

A cook, aged 34. Applied for admission to a casual ward with two children (boys aged 5 and 13). She was referred to Dr. Barnardo's Home, where they received shelter while arrangements were being made to admit the elder boy to a home.

A labourer, aged 29. Admitted to one of the casual wards and on the following morning sent by the superintendent to the Church Army.

A few days afterwards the superintendent received a note in the following terms :—

Just a line to let you know I went to the address you sent me and they sent me to the above address [Church Army Home, 50, Princess Square, S.E.] and the other young man to Uxbridge. I thank you very much for your kindness in considering that I should be better off here than in the casual ward. Thanking you again, I remain, —

Many other examples could be given, but the instances mentioned show the success attained by the steps taken to enable suitable cases to make a fresh start.

Homeless poor at night. 21. The scheme which was inaugurated at the end of October, 1912, at the request of the Metropolitan Poor Law Inspectors' Advisory Committee on the homeless poor, for providing for homeless persons found on the Embankment and in Central London at night, has continued to work satisfactorily during the past year. Under the scheme, which was applied in the first instance in the A division and part of the E division of the metropolitan police district, *i.e.*, the area between the Thames and Oxford Street and between Vauxhall Bridge Road and the City boundary (the Temple), arrangements were made for those who were not habitual vagrants to be dealt with, where possible, by the several co-operating voluntary agencies in order that the opportunity of making a fresh start in life might be afforded them.

22. A central office was opened on Waterloo Pier and connected with the general telephone system so that the officer in charge can always ascertain what accommodation is available. The police officers on duty in the area dealt with between 10 p.m. and 2 a.m. are provided with tickets, which they distribute to homeless persons directing them to apply at this office. Here each applicant is interviewed separately by the officer in charge, who gives an order of admission to one of the charitable institutions, or to a casual ward, as he considers most suitable. Thus every applicant is assured of food and shelter, and all cases deemed to be helpable are passed to the most suitable charitable agencies.

23. Since 1 February the co-operation of the City police has been obtained, and the area in which tickets are distributed extended so as to include the whole of the Embankment, Blackfriars Bridge, and the district north as far as Holborn. At the end of February the Metropolitan Police districts C and D were included in the area dealt with, and the scheme therefore is now in operation from the Thames to the Marylebone Road. The Albert Embankment has also been included in the area. In November, at the request of the Advisory Committee, it was decided, as an experiment, to keep the office open until 3 a.m. instead of closing it at 2 a.m.

24. The table in Appendix VI. shows the number of tickets distributed by the police, the number given by the officer in charge of the night office for admission into the institutions of the charitable agencies and for the casual wards, and the use made of these tickets. From the table it will be seen that rather more than half the applicants at the night office are sent to the charitable agencies, and nearly all go where they are sent. Of the cases adjudged to be suitable for casual wards, including known habitués of these wards or those which have been tried elsewhere without any success, some three-fifths arrive at the wards and the remainder do not use their tickets.

Under this scheme the evil of "sleeping out" in the area covered by it is efficiently dealt with. The person who is willing to take advantage of the opportunity offered is, in the same way as suitable cases applying direct

to the casual wards, brought immediately into touch with remedial agencies, and it has been made a matter of difficulty for anyone in this area to drift into the vagrant life without at any rate an effort at reform being made. The following examples, taken from the published report of the Advisory Committee to the President of the Local Government Board, will suffice to show the nature of the work that is being done under the scheme :—

A young man came from the provinces hoping to improve his position. After two months' work he lost his job by his own fault. Casual work at the docks failed, and gradually sinking lower he drifted on to the streets. Here he was directed by a police constable to apply at the night office, and was sent to one of the Church Army homes. In the home he worked well, and was finally sent back to the service of his employer in the provinces.

A soldier on furlough while awaiting his discharge got drunk in London on his way from Aldershot to the provinces and was robbed of his money and railway warrant. Thus stranded he eventually betook himself to the Embankment, whence he was passed to the Salvation Army. His story was proved to be accurate, and he was given money and forwarded to his destination.

A civil servant became ill and in consequence of a medical report was given a gratuity and left the service. He lost in business all he had derived from the gratuity, and eventually found himself in the streets. He was sent through the night office to the "Morning Post" Embankment Home, who obtained for him a good situation at a well-known caterer's.

A man formerly employed as a chauffeur tramped to London with the object of enlisting in the army. As he had no reference with him he was unable to do so. He found himself stranded on the streets when he was sent by the police to the night office. There he was forwarded to the Willow Street Mission, who were able to set him on his feet again.

These are instances of people who have been tided over difficulty before they had become accustomed to a vagrant life. It is with such cases the present scheme is especially able to deal, and it is hoped that the early discovery of such may limit, if not prevent, accession to the permanent homeless class.

We wish again to express our acknowledgment of the most cordial support at all times forthcoming from all the voluntary agencies co-operating in this work, which has so materially contributed to the excellent results achieved. The arrangements have worked smoothly and efficiently, and most valuable work for the benefit of the homeless and destitute poor has been done both by individual and collective effort on the part of these philanthropic bodies and their officers and agents.

25. Below are set forth the results of the census of homeless persons during the past five years, taken under the supervision of the medical officer of the London County Council, from which it will be seen that the number of persons found in the streets has been very largely reduced since the scheme was started in October, 1912.

*Census of homeless persons taken by the London County Council for
the past five years.*

Date on which census was taken.	In "sit-ups."	In free lodging houses, licensed or unlicensed.	In the streets.	In casual wards.	Total.
18 Feb., 1910 ..	1,778	2,790	969	1,107	6,644
17 ,, 1911 ..	759	2,540	1,026	1,091	5,416
9 ,, 1912 ..	220	2,374	983	1,033	4,610
14 ,, 1913 ..	158	2,045	491	546	3,240
13 ,, 1914 ..	106	2,006	434	335	2,881
*24 Oct., 1913 ..	17	1,529	677	399	2,622

* This result is set out separately because it is obviously impossible to compare fairly figures obtained in October with those of February. In October certain shelters are not open.

In Appendix VII. we reprint from the County Council census some further statistical tables of interest bearing on this question.

Appendices. 26. The following appendices are submitted with this report, viz. :—

- I. List of casual wards.
- II. Regulations for management of casual wards.
- III. Statements of admissions and discharges and of inmates remaining on Friday nights.
- IV. Statement of inmates detained until the fourth morning after admission.
- V. Statement of inmates charged at the metropolitan police courts.
- VI. Statement of cases dealt with in connection with homeless poor scheme.
- VII. Statistics extracted from the report of the medical officer of the London County Council on the census of homeless poor in London.
- VIII. Chart showing the rise and fall of casual pauperism in the metropolis during the last four years.

(Signed) H. WILLINGHAM GELL,

Chairman.

APPENDIX I.

LIST OF CASUAL WARDS.

Casual Ward.	Address.	Accommodation.			Superintendent.
		Men.	Women	Double beds.	
<i>E. & N.E. District—</i>					
(a) Shoreditch ..	Reeves Place, Hoxton Street, N.	30	9	4	..
(a) 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).
(a) Stepney	Eastfield Street, Limehouse, E.	31	12	4	B. COSH.
Poplar	St. Leonard Street, Bromley, E.	48	8	3	A. C. MANSELL.
(a) St. George-in-the-East	Raymond Street, Wapping, E.	84	13	4	M. WILLCOCK.
(a) Whitechapel ..	Fulborne Street, Whitechapel, E.	55	30	—	R. ALLINGHAM.
<i>Central District—</i>					
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.
(a) Bloomsbury ..	Macklin Street, Drury Lane, W.C.	52	18	5	..
<i>W. & S.W. District—</i>					
Chelsea	Milman's Street, Chelsea, S.W.	48	12	6	P. J. RICE.
(a) Fulham	Margravine Road, S.W. ..	42	21	4	J. B. REID.
Wandsworth ..	Swaffield Road, Garratt Lane, Wandsworth, S.W.	42	13	—	T. A. COLLEN.
<i>N.W. District—</i>					
St. Pancras ..	Holmes Road, Kentish Town, N.W.	48	12	6	J. MURTHWAITE.
(a) St. Marylebone ..	29, Marylebone Road, N.W.	65	26	3	E. CARTER.
Paddington ..	Woodfield Road, Harrow Road, W.	50	11	4	C. ROACH.
<i>S.E. District—</i>					
(b) Lambeth	Wincott Street, Kennington Road, S.E.	40	32	6	E. BONE.
(a) Southwark ..	Gt. Guildford Street, S.E. ..	54	26	5	A. MACKELLAR.
Camberwell ..	Albert Road, Peckham, S.E.	39	15	8	W. H. BOYLAND.
(a) 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 ..	1,056	380	100	

(a) Closed.

(b) Whole accommodation used for men.

APPENDIX II.

REGULATIONS FOR MANAGEMENT OF CASUAL WARDS.

The statutory regulations. 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 3 November, 1887, and 4 May, 1897, and as to discharge by a General Order dated 11 June, 1892.

Admission. 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. 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. Each inmate shall be searched immediately upon admission, and shall be cleansed in a bath with water of suitable temperature, unless this is likely to be injurious, and 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. 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. (i.) 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.) 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.) 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 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. 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 re- gard 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.

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 needle- work).	

(i.) 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; (ii.) the tasks may be varied from time to time by a resolution of the Guardians approved by the Local Government Board.

Alternative tasks. 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.

* 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.

Diet. 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 $1\frac{1}{2}$ ozs. cheese or 6 ozs. bread and 1 pint of soup.

Females over 15 and children from 7 to 15—6 ozs. bread and $1\frac{1}{2}$ 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 .. $\frac{1}{2}$ pint milk and $\frac{1}{2}$ oz. sugar.
- (ii.) 7 months to 2 years .. $\frac{1}{2}$ pint milk, $\frac{1}{2}$ oz. sugar, 2 ozs. bread.
- (iii.) 2 to 7 years $\frac{1}{2}$ pint milk, 4 ozs. bread, and $\frac{1}{2}$ 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 $\frac{1}{2}$ pint of fresh milk.

CASUAL WARDS COMMITTEE.

APPENDIX III.
A.—STATEMENT OF ADMISSIONS AND DISCHARGES DURING 1913.

CASUAL WARD.	Remaining 1 Jan., 1913.				Admissions.				Discharges.				Remaining 31 Dec., 1913.			
	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.
Shoreditch	2	3	..	5	229	92	9	330	231	95	..	335	..	..	..	..
Bethnal Green	21	8	..	29	1,521	451	13	1,985	1,530	458	13	2,001	12	1	..	13
Hackney	..	..	..	..	1,728	312	1	2,041	1,727	306	..	2,034	16	7	..	23
Stepney	15	1	..	16	..	..	..	..	..	..	..	..	..	..	..	..
Poplar	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. George-in-the-East	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whitechapel	77	12	..	89	6,279	1,257	54	7,590	6,285	1,252	54	7,591	71	17	..	88
Strand	34	7	..	41	2,213	647	10	2,870	2,216	650	10	2,876	31	4	..	35
Holborn	44	1	..	45	5,702	..	..	5,702	5,746	1	..	5,747	..	..	..	..
Bloomsbury	12	2	..	14	1,430	247	5	1,682	1,422	245	5	1,672	20	4	..	24
Chelsea	20	2	..	22	1,108	176	4	1,288	1,128	178	4	1,310	..	..	..	..
Fulham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Kensington	17	4	..	21	1,630	144	19	1,793	1,635	147	19	1,801	12	1	..	13
Wandsworth	21	..	..	21	2,325	123	12	2,460	2,319	121	12	2,452	27	2	..	29
St. Pancras	35	6	..	41	2,813	432	10	3,255	2,848	438	10	3,296	..	..	..	..
St. Marylebone	36	7	..	43	2,896	533	19	3,448	2,904	535	18	3,457	28	5	1	34
Paddington	26	4	..	30	2,934	299	6	3,239	2,914	303	6	3,223	46	..	..	46
Lambeth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Southwark	28	..	..	28	1,154	22	..	1,176	1,182	22	..	1,204	..	..	..	..
Bermondsey	36	1	..	37	2,111	370	4	2,485	2,122	364	4	2,490	25	7	..	32
Camberwell	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Greenwich	29	4	..	33	2,380	375	21	2,776	2,383	376	21	2,780	26	3	..	29
Lewisham	21	5	..	26	2,281	248	21	2,550	2,288	251	21	2,560	14	2	..	16
Woolwich	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	474	67	..	541	40,734	5,728	208	46,670	40,880	5,742	207	46,829	328	53	1	382
Totals for 1912 (April to December)	607	76	..	683	46,921	8,412	257	55,590	47,054	8,431	257	55,732	474	67	..	541

NOTE.—These figures do not represent the actual number of persons dealt with during the year, for a considerable number repeat their visits to the wards many times in the course of the year.

APPENDIX III.

B.—STATEMENT OF INMATES ON FRIDAY NIGHT IN EACH WEEK DURING 1913.

WEEK.	Men.	Women.	Children.	Totals.	WEEK.	Men.	Women.	Children.	Totals.
January—					July—				
1st week ..	462	62	—	524	1st week ..	207	32	—	239 (459)
2nd „ ..	494	79	1	574	2nd „ ..	251	37	3	291 (395)
3rd „ ..	495	68	1	564	3rd „ ..	269	44	—	313 (567)
4th „ ..	539	63	—	602	4th „ ..	238	4	—	278 (505)
5th „ ..	549	68	—	617	August—				
February—					1st week ..	269	38	—	307 (501)
1st week ..	500	60	1	561	2nd „ ..	317	40	1	358 (705)
2nd „ ..	493	52	1	546	3rd „ ..	306	44	—	350 (636)
3rd „ ..	491	55	5	554	4th „ ..	303	41	2	346 (632)
4th „ ..	456	71	—	527	5th „ ..	275	41	9	325 (528)
March—					September—				
1st week ..	386	57	3	446	1st week ..	249	44	—	293 (492)
2nd „ ..	435	55	—	493	2nd „ ..	204	36	1	241 (468)
3rd „ ..	535	56	3	594	3rd „ ..	236	41	—	277 (517)
4th „ ..	537	62	3	602	4th „ ..	254	39	1	294 (629)
April—					October—				
1st week ..	434	51	—	485 (734)	1st week ..	283	52	4	339 (635)
2nd „ ..	432	62	3	497 (864)	2nd „ ..	330	50	1	381 (587)
3rd „ ..	425	57	—	482 (765)	3rd „ ..	301	52	—	353 (574)
4th „ ..	393	55	1	454 (736)	4th „ ..	352	46	1	399 (555)
May—					5th „ ..	297	37	—	334 (657)
1st week ..	373	65	2	440 (718)	November—				
2nd „ ..	412	51	—	463 (656)	1st week ..	272	37	—	309 (577)
3rd „ ..	425	73	—	498 (679)	2nd „ ..	335	38	—	373 (601)
4th „ ..	317	60	—	377 (674)	3rd „ ..	367	45	1	413 (618)
5th „ ..	291	43	—	334 (742)	4th „ ..	290	35	1	326 (590)
June—					December—				
1st week ..	331	59	1	391 (593)	1st week ..	316	43	—	359 (565)
2nd „ ..	316	48	4	368 (555)	2nd „ ..	272	29	—	301 (588)
3rd „ ..	236	45	5	286 (424)	3rd „ ..	282	33	1	316 (495)
4th „ ..	253	39	1	293 (475)	4th „ ..	204	23	1	228 (461)
					Average number on Friday night ..	352	49	1	402 (593)

NOTE.—The italicised figures in brackets are the totals for the corresponding weeks in 1912.

APPENDIX IV.

STATEMENT OF INMATES DETAINED UNTIL THE FOURTH MORNING AFTER ADMISSION DURING 1913.

Casual ward.	Men.	Women.	Children.	Totals.	Casual ward.	Men.	Women.	Children.	Totals.
Shoreditch ..	—	—	—	—	Lambeth ..	1,285	126	—	1,411
Bethnal Green ..	55	42	—	97	Southwark ..	—	—	—	—
Hackney ..	738	244	2	984	Bermondsey ..	848	14	—	862
Stepney ..	—	—	—	—	Camberwell ..	1,309	264	—	1,573
Poplar ..	782	198	—	980	Greenwich ..	—	—	—	—
St. George-in-the-East ..	—	—	—	—	Lewisham ..	1,336	165	—	1,501
Whitechapel ..	—	—	—	—	Woolwich ..	475	61	—	536
Strand ..	3,396	672	5	4,073	Totals ..	19,665	2,992	9	22,666
Holborn ..	1,331	331	—	1,662	Total No. admitted	40,734	5,728	208	46,670
Bloomsbury ..	1,853	—	—	1,853	No. detained from				
Chelsea ..	733	154	—	887	April to Dec., 1912	17,595	3,906	37	21,538
Fulham ..	313	70	—	383	No. admitted from				
Kensington ..	—	—	—	—	April to Dec., 1912	46,921	8,412	257	55,590
Wandsworth ..	589	61	—	650					
St. Pancras ..	989	39	—	1,028					
St. Marylebone ..	1,891	284	1	2,176					
Paddington ..	1,742	267	1	2,010					

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 V.

STATEMENT OF INMATES CHARGED AT THE METROPOLITAN POLICE COURTS DURING 1913.

CASUAL WARD.	NATURE OF OFFENCE.						CONVICTED.	DISCHARGED.
	Refusing to work.	Neglecting to work.	Absconding	Destroying clothes.	Willful damage.	Other offences.		
Shoreditch ..	—	—	—	—	—	—	—	—
Bethnal Green ..	9	2	—	—	—	—	11	—
Hackney ..	16	17	2	3	1	—	37	2
Stepney ..	—	—	—	—	—	—	—	—
Poplar ..	63	1	1	2	2	7	75	1
St. George-in-the-East ..	—	—	—	—	—	—	—	—
Whitechapel ..	—	—	—	—	—	—	—	—
Strand ..	—	—	—	—	2	—	2	—
Holborn ..	7	2	—	—	3	2	14	—
Bloomsbury ..	64	8	24	2	1	16	105	10
Chelsea ..	28	16	—	3	2	5	54	—
Fulham ..	9	—	—	1	1	—	10	1
Kensington ..	—	—	—	—	—	—	—	—
Wandsworth ..	5	3	1	—	1	2	11	1
St. Pancras ..	24	1	6	5	5	—	40	1
St. Marylebone ..	—	—	—	2	1	1	4	—
Paddington ..	49	12	5	7	1	10	83	1
Lambeth ..	162	77	4	6	5	4	253	5
Southwark ..	—	—	—	—	—	—	—	—
Bermondsey ..	6	—	—	—	1	—	7	—
Camberwell ..	37	2	1	1	1	2	42	2
Greenwich ..	—	—	—	—	—	—	—	—
Lewisham ..	23	9	—	1	—	—	28	5
Woolwich ..	32	38	1	—	1	2	68	6
Totals ..	534	188	45	33	28	51	844	35
Totals for 1912 (April to December) ..	424	119	27	40	22	65	661	36

APPENDIX VI.

STATEMENT OF CASES DEALT WITH IN CONNECTION WITH HOMELESS POOR SCHEME DURING 1913.

	Men.	Women.	Children.	Totals.
Number of tickets issued by the police	—	—	—	15,613
„ of applicants at Night Office	13,916	341	11	14,268
„ referred to charitable agencies	7,470	183	3	7,656
„ „ casual wards	6,446	158	8	6,612
„ admitted to charitable agencies	7,162	138	3	7,303
„ „ casual wards	3,686	69	8	3,763

APPENDIX VII.

HOMELESS POOR.

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 13 February, 1914.

Licensed common lodging houses.

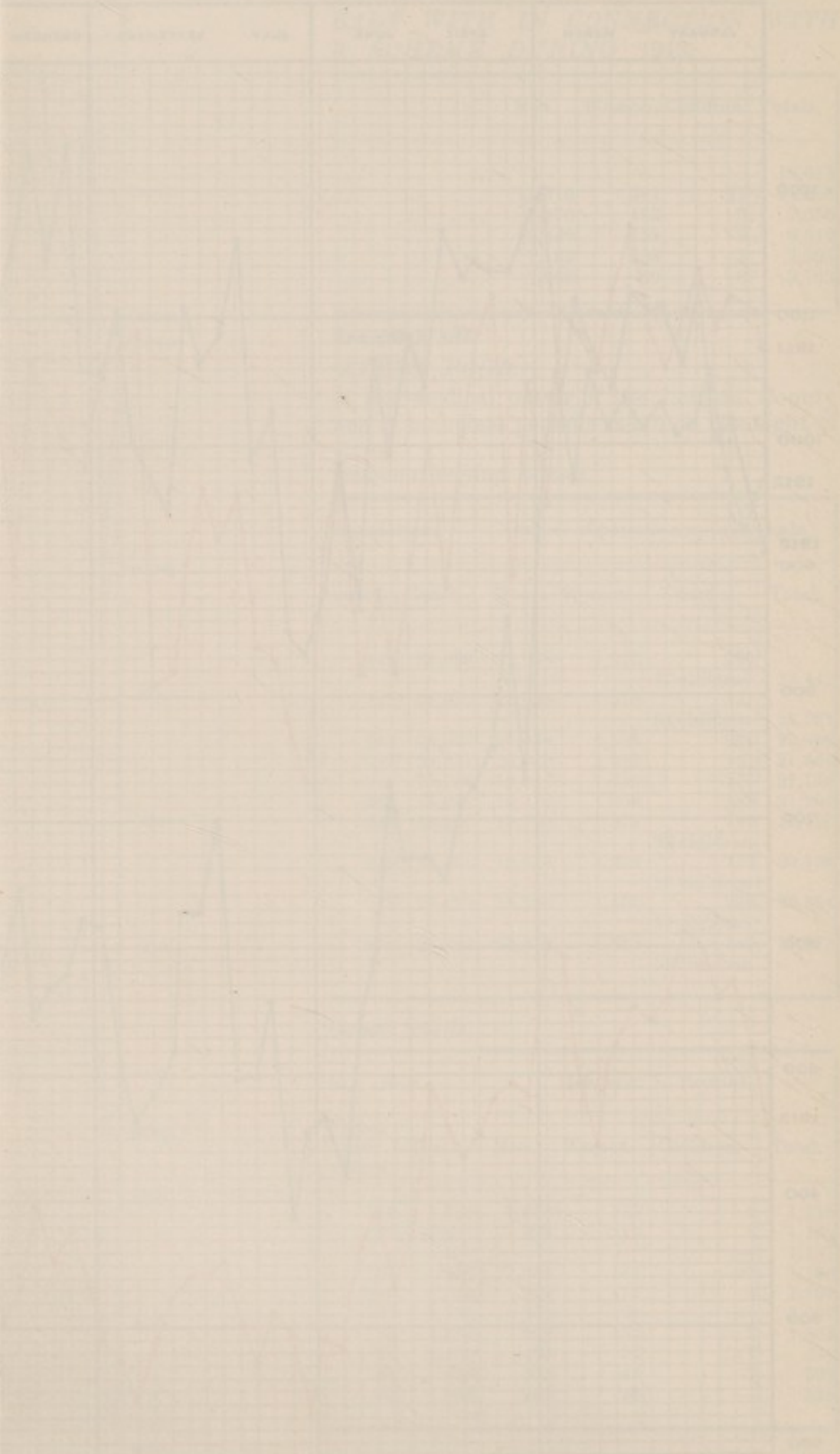
Date.	Authorised accommodation.				Number of persons occupying beds.			
	Men.	Women.	Couples.	Total.	Men.	Women.	Couples.	Total.
29 January, 1904	25,718	2,281	447	28,893	21,058	1,517	390	
17 February, 1905	25,671	2,450	422	28,965	21,055	1,578	87 children	23,442
8 February, 1907	25,599	2,436½	245	28,525	20,438	1,598	357	23,381
15 January, 1909	25,976	2,365	245	28,831	20,059	1,483	207	22,450
18 February, 1910	25,902	2,344	245	28,736	19,346	1,456	161	21,864
17 February, 1911	25,376	2,376	245	28,242	19,470	1,356	177	21,156
9 February, 1912	25,352	2,455	245	28,297	19,710	1,373	189	21,204
14 February, 1913	24,900	2,229	218	27,565	18,876	1,273	196	21,499
24 October, 1913	24,338	2,296	218	26,970	18,936	1,483	24 children	20,526
13 February, 1914	24,170	2,326	218	26,932	18,385	1,380	29 children	20,854
							17 children	20,173
							30 children	

Casual wards.

Date.	Accommodation. Beds.				How used. Persons.			
	Men.	Women.	Women and children.	Total.	Men.	Women.	Children.	Total.
29 January, 1904	1,243	410	114	1,767	1,034	175	9	1,218
17 February, 1905	1,263	420	120	1,803	926	210	3	1,139
8 February, 1907	—	—	—	1,882	—	—	—	1,137
15 January, 1909	1,241	444	122	1,807	1,001	184	3	1,188
18 February, 1910	1,219	454	119	1,792	928	173	6	1,107
17 February, 1911	1,220	452	123	1,795	962	129	—	1,091
9 February, 1912	1,233	456	125	1,814	900	132	1	1,033
14 February, 1913	796	288	81	1,165	493	52	1	546
24 October, 1913	643	227	68	938	352	46	1	399
13 February, 1914	591	209	63	863	295	40	—	335

APPENDIX VIII

CHART showing the monthly variation of the monthly mean temperature in the month of the year 1911, 1912, 1913, and 1914.



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.
29 Jan., 1904 ...	28,893	1,767	30,660	23,442	1,218	1,797	26,457
17 Feb., 1905 ...	28,965	1,803	30,768	23,381	1,139	2,181	26,701
8 Feb., 1907 ...	28,525	1,882	30,407	22,450	1,137	2,404	25,991
15 Jan., 1909 ...	28,831	1,807	30,638	21,864	1,188	2,388	25,440
18 Feb., 1910 ...	28,736	1,792	30,528	21,156	1,107	2,747	25,010
17 Feb., 1911 ...	28,242	1,795	30,037	21,204	1,091	1,785	24,080
9 Feb., 1912 ...	28,297	1,814	30,111	21,499	1,033	1,203	23,735
14 Feb., 1913 ...	27,565	1,165	28,730	20,526	546	649	21,721
24 Oct., 1913 ...	27,070	938	28,008	20,854	399	694	21,947
13 Feb., 1914 ...	26,932	863	27,795	20,173	335	540	21,048

Number of homeless persons found in the streets and on staircases, distributed according to sanitary areas.

Sanitary area.	In the streets.				On staircases and arches.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Bermondsey ...	8	1	—	—	3	—	—	—	11	1	—	—
Finsbury ...	6	3	—	—	—	—	—	—	6	3	—	—
Hammersmith ...	1	—	—	—	—	—	—	—	1	—	—	—
Holborn ...	11	3	1	—	—	—	—	—	11	3	1	—
Islington ...	50	25	1	1	6	—	—	—	56	25	1	1
Kensington ...	2	1	—	—	—	1	—	—	2	2	—	—
Lambeth ...	26	—	—	—	—	—	—	—	26	—	—	—
Paddington ...	3	—	—	—	—	—	—	—	3	—	—	—
Poplar ...	7	1	—	—	—	—	—	—	7	1	—	—
St. Marylebone ...	10	1	—	—	—	—	—	—	10	1	—	—
St. Pancras ...	9	7	—	—	2	—	—	—	11	7	—	—
Shoreditch ...	14	2	—	—	—	—	—	—	14	2	—	—
Southwark ...	13	1	—	—	3	1	—	—	16	2	—	—
Stepney ...	40	5	2	—	3	2	—	—	43	7	2	—
Spitalfields ...	14	5	—	—	4	32	—	—	18	37	—	—
Westminster ...	41	20	—	—	—	—	—	—	41	20	—	—
City ...	41	1	—	—	—	—	—	—	41	1	—	—
Total ...	296	76	4	1	21	36	—	—	317	112	4	1

Total, 434 persons.

ANNUAL REPORT OF THE AMBULANCE COMMITTEE FOR 1913.

Removals. Tables A and B (see pp. 173 to 176) give details of the work performed by the ambulance stations during the year, and they may conveniently be summarised under the following headings:—

(a) PATIENTS CONVEYED TO AND FROM THE BOARD'S OWN INSTITUTIONS—

(1.) *Fever hospitals.*

To the hospitals for acute cases there were removed from their homes 27,608 (23,188) patients, a number greater than in any year since 1908, when 27,882 were so removed.

From the acute hospitals in London to the convalescent hospitals 12,546 (10,073) patients were transferred.

Of discharged recovered patients 11,233 (9,635) were brought from the convalescent hospitals to London, and 1,380 who came up to North Wharf by boat from Joyce Green Hospital were conveyed thence to the several ambulance stations to be handed over to their friends.

Altogether the removals (admissions, transfers, re-transfers, and discharges) in connection with the fever hospitals totalled 56,731 (45,045), and were higher than in any year since 1907.

(ii.) *Smallpox hospitals.*

Only 14 (10) removals took place in connection with these hospitals.

(iii.) *Imbecile asylums and institutions for children.*

To and from these institutions the numbers conveyed totalled 8,040 (9,173).

(iv.) *Sanatoria for consumptive cases.*

The removal of persons under the National Insurance Act to and from the Northern Hospital and The Downs Sanatorium (including a few cases to and from other institutions not under the Board) numbered 1,135.

(b) PATIENTS CONVEYED TO PLACES OTHER THAN THE BOARD'S INSTITUTIONS.—

(i.) *Infectious patients* (private removals).

These removals numbered 494 (469).

(ii.) *Non-infectious patients* (private removals).

3,661 (2,106) non-infectious cases were conveyed in the Board's ambulances.

(c) TOTAL REMOVALS.

The total number of removals effected during the year (including 89 cases from the casual wards and a few staff cases) was 70,266 (56,964), and was the highest on record.

(d) CONVEYANCE OF GOODS.

In the conveyance of goods between the central stores, Darent Industrial Colony, and the various institutions of the Board, 1,522 (1,606) journeys were made, and the stores vans ran a total of 28,361 (27,103) miles.

(e) TOTAL JOURNEYS AND MILEAGE.

Altogether the Board's vehicles (including those stationed at institutions outside London) made 41,419 (32,944) journeys and ran 513,179 (435,323) miles.

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

STATION.	Number of removals.	Number of journeys.	Miles run by vehicles.
Eastern	20,106 (15,348)	8,407 (7,163)	117,833 (100,595)
North-Western	5,288 (4,443)	4,782 (4,265)	49,430 (42,604)
Western	22,020 (16,669)	9,145 (7,513)	139,500 (123,088)
South-Eastern	16,128 (15,155)	8,661 (7,080)	111,441 (97,244)
Brook	6,724 (5,349)	4,725 (4,267)	60,004 (53,741)
Mead	— —	163 (102)	3,031 (1,935)
Totals	70,266 (56,964)	35,883 (30,390)	481,239 (419,207)

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	20 Oct.	108 (92)	8 Nov.	690 (432)	3,705 (3,041)
North-Western... ..	13 Oct.	33 (24)	29 Nov.	173 (105)	1,840 (1,101)
Western... ..	7 Nov.	120 (72)	15 Nov.	570 (370)	3,933 (3,048)
South-Eastern	16 Jan.	118 (92)	20 Dec.	586 (436)	2,983 (2,357)
Brook	18 Nov.	43 (33)	22 Nov.	210 (190)	1,897 (1,569)

On analysing the heaviest day's work of each station it is found that of the total of 422 removals, 154 were acute cases conveyed direct from their homes to the Board's hospitals. The vehicles made 188 journeys and ran 2,946 miles.

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

STATION.	Removals from homes to Board's hospitals.		Transfers.	Average of all journeys.
	Miles.		Miles.	Miles.
	Smallpox.	Fever.		
Eastern	16.0 (—)	10.6 (10.8)	30.7 (36.4)	14.0 (14.0)
North-Western	— (23.5)	9.2 (9.7)	27.6 (21.6)	10.3 (10.0)
Western	— (—)	10.4 (11.1)	44.5 (44.9)	15.3 (16.4)
South-Eastern	13.7 (12.8)	9.1 (9.6)	30.7 (39.4)	12.9 (13.7)
Brook	— (—)	10.3 (10.5)	32.2 (34.0)	12.7 (12.6)

Nurses' journeys. The journeys made by nurses numbered 29,217 (24,258), and the sum credited to the hospitals for their services amounted to £2,930 17s. 6d. (£2,430).

Use of wharves. The increased prevalence of scarlet fever and diphtheria necessitated the provision of further hospital accommodation, and Joyce Green Hospital, near Long Reach, was re-opened on 13 October, 1913. The patients admitted to it were scarlet fever, diphtheria, and whooping cough convalescents. They were conveyed in omnibuses from the town to North Wharf, Blackwall, and thence by ambulance steamboat to Long Reach. But, the pressure on the town hospitals continuing, in order to make room for fresh cases, a number of semi-acute patients were sent to Joyce Green Hospital. These patients, being recumbent, were conveyed in ambulances to the wharves, the West Wharf at Fulham being used as well as the North Wharf.

Travelling by water being less fatiguing than by road, the ambulance steamboats were utilised for bringing most of the recovered patients from Joyce Green Hospital back to London, and a large number of recovered patients from the Southern Hospital were taken over to Long Reach pier and sent back by the same boats. On arrival at the North Wharf the patients were taken by omnibus to the various ambulance stations at which their friends had been asked to meet them.

Works. In connection with the conversion of part of the Mead station as a motor works, coach-building and painting shops have been constructed in the coachhouses, a second motor pit has been made, and the cementing of the floor of the shed has been completed. A sawing machine, acetylene welding plant, electric drills and wet tool grinder have also been installed.

At the Western and Brook stations alterations were carried out for the better accommodation of motor vehicles; and at these and the other stations such painting, cleaning, and repairing works as were necessary have been effected.

Equipment. We sold during the year 14 horse-drawn ambulances for £217, an omnibus, a van, and a cart for £26, and one of the earlier types of motor omnibus which had become unsuitable for the conveyance of patients for £125.

The new motor vehicles purchased during the year included six ambulances, four omnibuses, and a stores van.

At the end of the year the Board's fleet of motor vehicles consisted of 41 ambulances, 19 omnibuses, 2 stores vans, and an old ambulance which has long ceased to be used as such and will shortly be disposed of. Five of the omnibuses are permanently allocated to Queen Mary's Hospital, Darenth Industrial Colony, Leavesden Asylum, Caterham Asylum, and the Southern Hospital.

In view of the increased work in connection with the conveyance of consumptive patients for the London and the Middlesex County Insurance Committees, and the increasing calls upon the Board's ambulances for non-infectious private removals, coupled with the fact that several of the older ambulances are approaching the condition when it will be undesirable to use them for the transport of sick persons, we have been authorised by the Board to obtain thirteen more ambulances and two omnibuses.

We are by no means satisfied with the type of car which the Board have hitherto been able to obtain in response to public advertisement for tenders. We are therefore taking steps to secure several improvements in the new ones.

Staff. The staff regulations have been revised and brought up to date. One of the difficulties of administering an ambulance service for cases of infectious disease—and which, indeed, is experienced equally in connection with the infectious hospital service—is occasioned by the uncertain and irregular nature of the work. At one season of the year the number of cases to be dealt with each day is treble or even quadruple that of other parts of the year. A staff of skilled motor drivers who are also capable of the careful handling of patients cannot be reduced or increased at very short notice. Hence it is necessary to maintain throughout the year such a number as is equal to coping with the average work of the busiest periods. Should infectious disease become unusually prevalent, the demands on the staff may become somewhat excessive. The driving staff is a resident staff, leave of absence being granted at stated periods. While in the station the men are considered to be always on duty though not necessarily at work. During the autumn months of the past year the daily number of removals to the Board's hospitals was so great that the work could not be completed until late at night, and consequently the hours of work of many men were unusually prolonged. We therefore, at the close of the year, were considering certain proposals for compensating the staff for this extra labour, as also suggestions for increasing the amount of leave and improving the conditions of service in other respects.

Accidents. We have again the satisfaction of stating that the ambulance service record of the entire absence of any accident whatever involving injury to any passenger under our care remains unbroken.

(Signed) B. PORTMAN,
Chairman.

REPORT OF THE GENERAL PURPOSES COMMITTEE FOR 1913.

The Board's accommodation. The difficulties experienced by the Board in meeting promptly the applications from the various metropolitan boards of guardians for the admission of unimprovable imbeciles, coupled with the fact that there is no outlet for the unimprovable children at the Fountain Temporary Asylum as they become adults, compelled the Managers during the early part of the year under review to determine how and in what way these difficulties should be overcome. The acquisition by the Board of the Bushey Down estate, which is 7 acres in extent and adjoins the Tooting Bec Asylum, afforded the Managers an opportunity for the extension of the asylum which, by practically duplicating in course of time the available accommodation thereat, will it is hoped not only enable them to meet the pressure above referred to, but also to keep pace with the annual rate of increase of the unimprovable imbecile class coming under the Board's care. A scheme was accordingly formulated which had for its object an increase of the existing accommodation at Tooting Bec by 613 beds in the first instance, and eventually by 1,106 beds, thus raising the accommodation to be provided in the asylum under what is known as the immediate scheme from 1,114 to 1,727, and subsequently to 2,200 beds. By the adoption (in March last) of this immediate scheme, which provided for the extension of the greater part of the administrative, and that portion of the patients' accommodation which it was estimated would be required to meet the needs of the near future, it was hoped that some of the accommodation would be available by the end of the year. For various reasons, however, it was not found practicable to place before the Board a tender for the first part of the scheme, and the Managers will shortly be asked to consider whether in all the circumstances it would not be wiser to carry out under one contract the complete scheme for the extension of the asylum.

(a) Extension of Tooting Bec Asylum.

(b) Sick, debilitated, and convalescent children. The question of reconstructing and enlarging the Board's seaside home for sick, debilitated, and convalescent children at Margate engaged our attention towards the close of the year, and we hope shortly to be in a position to submit to the Managers a detailed scheme for the extension and concentration of the institution on one large and compact site.

Tuberculosis. By temporarily allocating certain pavilions at the Northern Hospital for the reception and treatment of 100 ordinary sanatorium cases (women) and 100 hospital observation and educational cases (of both sexes), the Managers in the early part of the year were enabled substantially to increase the accommodation at their disposal for tuberculous cases, of whom 447 were under treatment on 31 December, viz., 256 at the Downs Sanatorium and 191 at the Northern Hospital.

Towards the end of the year the Board by resolution expressed their readiness to enter into agreements with the London County Council and the London Insurance Committee, pursuant to Sec. 39 of the National Insurance Act, 1913, and Sec. 3 of the Public Health (Prevention and Treatment of Disease) Act, 1913, for the provision and maintenance by the Managers of residential and institutional accommodation for tuberculosis in the County of London for insured persons and their dependants, and for uninsured persons.

At the same meeting (13 December) they approved of the principle of the accommodation thus required "being found in existing institutions where possible, suitably augmented where necessary, and in particular by one or two new sanatoria specially designed for pulmonary cases of tuberculosis in adults in the early stages."

Leprosy. Representations having been made to the Board by the Greenwich Borough Council that the Managers should provide hospital accommodation for the treatment of cases of leprosy, the Managers in February last decided, after duly considering a report on the subject from their Medical Officer for General Purposes, that such provision was not necessary either in the interests of public health or in the interests of the lepers themselves.

Cooks and assistant cooks. With the object of effecting definite improvement in the cooking and at the same time introducing substantial economies into the kitchens of the institutions under the Board's control, the Managers in January last, upon our recommendation, decided upon the experimental appointment of certificated lady cooks as cook superintendents and cook probationers at one or more of the hospitals to be selected by the Hospitals and Children's Committees, it being understood that a report embodying the experience thus gained should be submitted to the Board as soon after Lady Day, 1914, as is practicable.

Principal Medical Officer. As the position occupied by Dr. Cuff as principal medical adviser to the Board appeared to us to be inadequately recognised by the title of Medical Officer for General Purposes, we came to the conclusion that it would be in the Board's interests to attach to the post a designation which would strengthen his position and give greater weight and significance to his reports, many of which are issued to other public bodies. On our recommendation, therefore, the Managers in October last decided to alter his title to that of Principal Medical Officer.

Head Office clerical staff. During the year sanction was given by the Managers to the promotion of Mr. G. A. Powell, one of the principal clerks, to the post of assistant clerk, and of Mr. F. A. Kelly, one of the first class clerks, to the post of senior clerk. They also sanctioned the creation of an upper grade of third class clerks, and certain additions to the numerical strength of both the second and third class clerks.

Standing orders. In June last the Managers approved of certain alterations and additions to the standing orders of the Board which experience had shown to be necessary, most of the changes agreed to being either consequential on resolutions passed by the Board since the previous standing orders were adopted, or required to adjust such orders to the Board's existing practice.

Asylum officers' service. In April last we submitted to the Board, as the result of our consideration of a petition from the subordinate officers and servants in the asylums service, an exhaustive report in which we pointed out that it was not desirable or possible to confine to this section of the Board's work any alterations in pay or conditions of service which the Managers might make in response to the prayer of such petition. The proposals—which had been formulated by a sub-committee specially appointed to consider the whole question, and which dealt not only with rates of pay, long-service pay, hours of duty, annual leave, and other cognate questions, but also with questions such as payments to officers in lieu of emoluments whilst on annual leave, retention of old uniforms, and sundry other matters,—were duly affirmed by us, and the Board, partly upon our recommendation, and partly upon that of the Finance Committee, subsequently endorsed practically

the whole of such proposals. In submitting to the Board these proposals (which affected a large number of officers and servants, and involved an increased expenditure estimated at about £20,000 per annum) we pointed out that in our judgment they were fair and reasonable as between employer and employed; that they would, moreover, meet all legitimate requests from the great body of employees under the Board, and would assure to the Board that continued loyal and efficient service on the part of these employees which is so important a factor in maintaining the Board in the position which, by the verdict of two Royal Commissions, they have been held to occupy by pursuing a "very clear and enlightened policy," and as "discharging efficiently, as a central body for London, the work entrusted to them."

Fair wages in building contracts. In April last the Managers decided so to amplify the clause relating to rates of wages and hours of labour in their building and engineering contracts as to bring it as far as possible into line with the clauses adopted by the London County Council. The Managers at the same time decided to define the London district as being that included within a circle having a radius of 12 miles from Charing Cross (this being the London district as recognised by associations of employers and trade unions), and not as a district having the greater radius of 20 miles from Charing Cross, as defined in the contracts of the London County Council. This decision has had the effect of bringing within the London district the whole of the institutions now under the control of the Board with the exception of the seaside homes, Bridge Industrial Home, High Wood and White Oak Schools, the asylums at Leavesden and Caterham, Darenth Industrial Colony, the Southern and Smallpox Hospitals, and the Training Ship Exmouth.

Other matters. Other matters which engaged our attention during the past twelve months were (a) the extension of the appointment of a laundry expert and the continuation for a further period of twelve months of the experiment of managing the Park Hospital laundry on commercial methods; (b) the promotion of a more accurate knowledge of the diagnosis of smallpox; (c) sundry variations in the regulations governing the allowances set forth in the recently revised uniforms scale for officers, and (d) the advisability of establishing a central store for supplying the various institutions of the Board with meat and other selected perishable provisions.

C. BOTTERILL,
Chairman.

ANNUAL REPORT OF THE FINANCE COMMITTEE FOR 1913.

General. 1. The general revision of the salaries and wages of employees, including the regulations governing the working of the scale; the revision of the valuation of emoluments enjoyed in kind by employees; and further questions arising under the National Insurance Acts, have claimed special attention during the year, and we now submit as the committee's annual report a summary of the action taken in the above and other more routine matters arising in the year.

Salaries and wages. 2. At the close of last year references were under consideration in connection with the pay of employees, more particularly of those receiving remuneration less than £100 per annum.

During the early part of the year other references were submitted to us, affecting the pay of practically the whole of the subordinate staff in the asylums service, and embracing a scheme of long service pay to attendants and nurses. These proposals were of such a far-reaching character that they necessitated the review of the pay of the whole of the subordinate staff, and as a result a revised scale was drawn up giving effect to the proposals and applying the principles to the staff generally, and this scale was subsequently approved by the Managers.

Two principles embodied in the revised scale were that no adult male should be employed at a rate of pay less than 24s. per week, and that certain classes of artisans specified in the scale should be employed at trade union rates.

In addition to the variations in the pay, the regulations governing the scale were amended to authorise, as part of the terms of appointment, payment in lieu of board during duly authorised annual leave to all subordinate officers entitled to board or partial board, and this principle was also extended to all other boarded officers. The regulations were also altered to provide that the values of emoluments for superannuation purposes as amended should be adopted as the allowances to be granted in lieu of the emoluments when the employee is called on to live outside—thus simplifying the procedure by adopting one value for both purposes.

The total increased cost to the Board of the changes effected in the scale and regulations, which practically amount to an entire revision and bringing up to date of the pay of the whole of the subordinate staff, is nearly £20,000 per annum.

In addition, a scale of salaries and wages for the sea-going tender Exmouth II. and the Mead ambulance station has been approved; and the salaries of the assistant medical officers in the asylums service have been increased. Other individual, and minor, alterations and additions have been made to the scale during the year.

Superannuation. 3. To give effect to the representations made on behalf of the staff when the revision of the salaries and wages scale was under consideration, a revised valuation of emoluments was prepared and adopted by the Managers, under which the staff contributions will be reduced by some £1,150 per annum. Against this there will, however, be a set-off in the reduced pensions ultimately payable.

The difficulties experienced in the valuing of houses and cottages on the estates, when occupied as an emolument, have been met by deleting the fixed

sectional values (which were inelastic in application and had no regard to the accommodation or situation of the properties) and directing that the value of each house and cottage shall be separately fixed at a reasonable sum.

(ii.) Superannuation Act, 1864. In continuance of the precedents set in previous years 4 officers were, with the sanction of the Local Government Board, awarded pensions under the Poor Law Officers' Superannuation Act, 1864. Following the principle laid down, the allowances were less than those granted to employees similarly situated who did not contract out of the 1896 Act, and who are called on to pay contributions on the annual value of their appointments.

(iii.) Addition of years. Recommendations for addition of years to the actual period of service of 2 officers, submitted during the year, have been approved by the Managers and the Local Government Board.

(iv.) Gratuities. Owing to the closing of The Downs School the services of certain officers were dispensed with, and 2 of such officers, together with another officer whose services were continued at The Downs Sanatorium for a short period, were, with the sanction of the Local Government Board, awarded gratuities in respect of loss of office amounting to £116. Similarly, owing to the closing down of certain casual wards, 6 officers were awarded gratuities to the total amount of £341.

(v.) Return of contributions. Applications from members of the staff for the return of contributions on leaving the service have been dealt with in accordance with the Act.

(vi.) Case of subsequent appointment. Under section 6 of the Poor Law Officers' Superannuation Act, 1896, it is provided that the superannuation allowance shall cease (either wholly or partly, according to the pay received) in the case of any pensioner during employment under another authority to whom the Act applies; and the allowance to a pensioner during the year has been adjusted accordingly. A form of declaration has also been prescribed in this connection.

(vii.) Statistics. Under the provision of the Superannuation Acts, 45 officers have been granted superannuation allowances during the year ended 30 September, 1913, amounting to £1,942 per annum. Fifteen persons in receipt of pensions amounting to £1,277 per annum have died during the year, leaving the number of pensioners at 299, and the amount of pensions at £13,739 per annum. Under the Asylums Officers' Superannuation Act, 1909, contributions from other authorities amount to £54 per annum, whilst there are 6 pensioners of asylum visiting committees towards whose pensions the Managers have agreed to contribute £58 per annum in respect of previous service under the Managers. The net total amount of pensions therefore payable amounts to £13,743 per annum in respect of 305 persons.

National Insurance Acts, 1911-13.

(i.) Part I.—
National Health Insurance.

4. At the close of last year several matters were necessarily left over for further consideration, including important questions as to the steps to be taken in regard to the medical benefit of the resident insured staff.

Medical benefit (which includes medical attendance and treatment, and provision of drugs and appliances) came into operation on 15 January, 1913, and as from that date the majority of insured members of the Board's staff (numbering about 1,800—nearly all females) were entitled to this benefit. It was, at the outset, clear that it would not be practicable to allow the resident insured staff at the Board's institutions to

enjoy medical benefit on the same lines as if they were in ordinary employment, or were non-resident, inasmuch as many of the Board's institutions are reserved for the reception and treatment of patients suffering from infectious diseases, apart from serious considerations of administration and discipline, and questions of medical responsibility involved.

To avoid these difficulties it was, at first, proposed that all the Board's staff should be allowed to contract out of the medical benefit clauses, and to take the benefit direct from the Board, the Managers receiving the remuneration available for these services under the Act. It was, however, subsequently found that this method was open to several objections, the gravest being that every employed contributor allowed to make his own arrangements is bound to make them for the whole insurance year, with the result that if an employee so contracting out were to leave the Board's service during the year, he would be without any satisfactory means of arranging medical attendance during the unexpired portion.

It was finally agreed, after negotiations with the several insurance committees concerned, lasting many months, that the most effective arrangement would be for the Board's Principal Medical Officer to enter into a formal agreement with each of the county insurance committees concerned, to go on the local panel for the institutions of the Board (except, at present, Millfield) in such counties. Under this arrangement his services are available only for the resident insured staff at the particular institutions, it being understood that such treatment is given by deputy through the local medical officers.

The result of this arrangement is that, whereas in the past medical attendance and treatment have been granted to employees voluntarily, and the practice has been emphatically stated to be a concession and nothing more, in future the resident insured employees will be entitled, while remaining in the institution, to medical attendance and treatment, drugs and appliances, as laid down in the Act. As a matter of fact, however, the Board have in the past granted very much more than is provided by the Act, *e.g.*, nursing, special diet, and, in fact, practically anything that may be considered necessary to, or likely to facilitate, the recovery of the patient; and these additional benefits will continue to be granted as a concession.

(ii.) Part II.— Unemployment insurance. In view of the requirements of the Board of Trade with regard to the power to dismiss workmen before they would grant a certificate of exemption under this part of the Act, it was considered impracticable for the Managers to give the necessary undertakings. Consequently the Board's permanent employees have been insured during the year. At the same time difficulties have been experienced in applying the provisions of the Act to the Managers' service, one of the chief being that of ascertaining whether any particular workman should or should not be insured for unemployment in respect of any particular week. An alternative proposition, to insure continuously all the permanent workmen irrespective of the work upon which they were employed, was under consideration, when a further communication was received from the Board of Trade stating that they had modified their view as to the position of permanent employees in such a service as that of the Managers, and asking whether the Managers still desired to proceed with their application for exemption. To this letter an affirmative reply was sent, and orders of exemption dating back to July, 1912, were received at the close of the year. In forwarding the orders, the Board of Trade indicated that they would be prepared to refund all contributions paid in respect of employees now exempted, and steps are being taken accordingly. Henceforward the only persons in the Board's service to be insured for unemployment will be permanent employees who have contracted out of the Superannuation Acts, and temporary employees engaged from time to time upon works in connection with the building or other insured trades.

(iii.) General. Several further questions are still under consideration. Our anticipation that a large amount of extra work would be imposed upon the staff concerned, and that permanent additional expenditure would be called for yearly in the working, has been fully confirmed by the experience of the current year.

Expenditure on works and repairs. 5. The expenditure on works and repairs averages some £66,000 per annum, and the system under which such works are initiated, carried out and controlled has been reviewed at some length, with a view of ensuring that all practicable safeguards against unnecessary expenditure are operative, and that the works are carried out with economy and efficiency.

The works may be subdivided into those of cleansing and disinfection; painting (including cleaning and repairs incidental to such painting); repairs and renewals (minor and major works); and alterations and additions.

In regard to works of cleansing and disinfection, and minor repairs and renewals, the procedure appeared to be satisfactory.

In regard to painting, including cleaning, &c. incidental to such painting, which is recurrent and primarily essential to the maintenance and upkeep of the fabric, the procedure was found to be complicated, and did not, in fact, secure that works were carried out only when necessary. The procedure was accordingly altered to provide that the schedules should be prepared by the institution officers in accordance with rules framed by the Works Committee laying down in a general manner the periods at the expiration of which works of this character should be ordinarily carried out, except in special circumstances to be considered by the Works Committee; to place on the Engineer-in-Chief at an early stage definite duties of inspection and report, bearing in mind the necessity of such work on the grounds of cleanliness and the maintenance and preservation of the fabric as distinct from merely decorative grounds; and to add to the duties of the Works Committee the duty of finally settling the proposals after consideration of the views of the committees concerned.

Similarly, in regard to works of larger repairs, which it was provided should, whenever practicable, be undertaken at the same time as the annual painting work, but the estimate and cost should be kept distinct therefrom, so that the Board's specific sanction to the work could be obtained, and, in the accounts, the cost could be clearly shown apart from other works.

Finally, in regard to alterations and additions, the procedure was found to be generally satisfactory, but the essential question here is not one of desirability, however great this may be, but of necessity, and the view was affirmed that such works should never be undertaken without the most careful consideration and a full review of the Board's requirements, developments and policy as a whole. The necessity for the work should be clearly demonstrated in the original report recommending the proposal, and no question of method of construction or other details should be permitted to obscure the question of indispensability. Further, fittings and arrangements that have answered well for years should not (unless proved to be uneconomical or otherwise undesirable) be replaced by later inventions merely because they are not of the latest pattern.

Printing, stationery, and advertisements. 6. In past years reference has been made to the very great economies resulting from closer control by centralising the arrangements for the printing and stationery supplies, which reduction in expenditure has again been maintained during the past year.

The question of the expenditure on advertisements has also been considered during the year. Prior to 1894 each committee controlled the form and issue of advertisements relating to the institution under its management, with the result that it often happened that two or more advertisements, each complete in itself, appeared almost side by side inviting applications for the same class of officer or servant. Moreover, while one committee was discharging a certain class of officer or servant, another was sometimes advertising for the same class, and such advertisements differed greatly in length and form.

In order to avoid overlapping and duplication it was then (1894) arranged that all advertisements should pass through the hands of one clerk. The system adopted was to place all advertisements through a contractor. Attention was also given to the selection of suitable papers, and as a result of enquiry, observation and actual experience, certain papers are generally used for certain classes of staff. The immediate result was a great diminution in the number of advertisements. Thus, in 1890-1, when the number of institutions was only 16, and the total admissions to hospital only 8,689, the number of advertisements was 1,350, while in 1911-2, when the number of institutions had risen to 40, and the total admissions to hospital to nearly 17,000, the number of advertisements was only 1,171. As a consequence the advertisement bill is now about half its former amount, and the results fully justify the methods adopted.

Attempts have been made to obtain staff through the labour exchanges, but the results have not, so far, been very satisfactory, chiefly because the staff, particularly of the domestic class, do not appear to offer themselves freely to the exchanges, as the demand generally is at least up to the supply; while in the artisan class, which itself makes free use of the exchanges, it is found that a wider choice can at present be obtained through advertisements for these appointments, for which vacancies occur comparatively less frequently than for other classes of staff.

Assessments. 7. At the close of last year 5 of the casual ward assessments (i.) Additions. had not been divided from the main assessments of the other property of the guardians adjoining. During the year 3 have been so divided at a total rateable value of £514. In one of the properties it was sought to more than treble the original assessment, but on representations being made to the assessment committee the existing assessment was reinstated and equitably divided between the guardians and the Managers.

(ii.) Alterations. The rateable value of Bushey Down (Tooting) has been reduced on the occupation of the house from £334 to £250, whilst the Kensington casual ward having been let and the Bermondsey casual ward retransferred to the guardians, the assessments, totalling £142 rateable value, no longer concern the Managers.

(iii.) Temporary reductions. The reduced assessment of the South Western ambulance station and West Wharf and Mead station have again been continued, and give relief in payment of rates to the extent of £550 in the year; in addition to which there is relief in respect of the water rates payable on the reduced values.

Since the transfer of the casual wards on 1 April, 1912, several wards have been closed down, and by arrangement with the local assessment committees, the rateable values have been temporarily reduced while the premises are so unoccupied or the furniture and other property has been removed. Similarly, in the case of the small homes the furniture and property has been transferred for use to other institutions. In the result there has been substantial relief in payment of rates, including water rate, to the extent of £950 in the year, which, with the amount mentioned above for the South Western and Mead stations, makes a total relief for the year of over £1,500.

Loans. 8. The second moiety of the casual ward consolidated loan—£33,500—was taken up after the end of the financial year, 30 September, 1912. Apart from this loan no moneys have been borrowed for the past seven years.

The amount of the loans repaid in the year is £213,438, leaving a total of all loans outstanding at 30 September, 1913, of £2,104,283 (casual ward £60,940, and other loans £2,043,343), which under existing arrangements will be entirely discharged by March, 1922.

Sanction to borrow cancelled. 9. At the Managers' request the balance—£2,220—of the sanction of £69,220 in respect of the transfer of certain casual ward loans to the Managers, has been cancelled, and there are now no unexercised sanctions to borrow.

Banking arrangements. 10. During the first complete year's working of the separate banking account established for payment of moneys more promptly than the usual procedure permits, 1,247 cheques have been drawn on the fund, and an amount of £236 has been secured as discount. The fund has proved very convenient, and has justified the anticipations formed when the scheme was under consideration.

Insurance. 11. In connection with the non-insurance of the casual wards, (i.) Fire. the agreements with certain boards of guardians for the use of the wards belonging to them have been endorsed with a clause under which the Managers undertake to reinstate the premises in case of damage or destruction by fire.

In connection with the extension of Tooting Bec asylum, arrangements have been made for the insurance against loss by fire of the new buildings during erection, and also of such of the old buildings as are handed over to the contractors for alteration from time to time.

(ii.) Marine. The sea-going tender Exmouth II. having been handed over by the builders has been insured against all marine risks in the sum of £15,500, and the causeway at Grays has also been specifically insured in the sum of £500.

(iii.) General. All the other insurances (third party, ambulance service, at an increased premium, fidelity, cash in transit and boiler) have been continued during the year. Workmen's compensation and fire risks (other than special risks insured) have continued to be carried by the Managers.

Miscellaneous. 12. Legacies to the amount of £7,000 and £200 respectively (i.) Legacies. have been received by the Board during the year, and a scheme for application of the income arising from the investment of the principal moneys is under consideration.

(ii.) Estimates of cost of works. Four estimates of cost of works, amounting to £9,756, have been dealt with during the year, apart from the estimated cost—about £100,000—of the immediate extension of Tooting Bec Asylum.

(iii.) Stocktaking. The stocks of goods in store at the several institutions have been verified by the accountant for the fifth year in accordance with the system reported to the Managers.

(iv.) 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.

Abstract of accounts and financial tables. 13. Statements of the year's income and expenditure, balance sheet and detailed financial and statistical tables are appended hereto.

(Signed) JACKSON HUNT,
Vice-Chairman.

APPENDIX I.—SUMMARY OF THE MAIN FINANCIAL STATISTICS
OF THE DISTRICT.

NOTE.—Unless otherwise stated the following statistics relate to the financial year ended 30 September, 1913.

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 1913, was 4,518,191.

The rateable value of the district was £44,935,237 on the 6 April, 1913, being an increase of £228,868 (0·51 per cent.) during the year then ending.

The produce of one penny in the £ on the rateable value of the district at 30 September, 1913, represents £187,197.

The precepts levied by the Managers on the constituent parishes and unions of the district for the year work out at 5·8d. in the £, and the average for the past five years was 5·6d. in the £.

The total expenditure for the year was £1,180,021 (Loan £35,221, and General £1,144,800), and the average for the past five years £1,077,699 (Loan £13,400, and General £1,064,299).

The expenditure on general account for the year was £1,144,800, as against the year's income of £1,146,823.

The rateable value of the property occupied by the Board is £163,960, and the amount of the rates paid last year was £58,872, of which £31,329 was paid to metropolitan authorities, and £27,543 to provincial authorities.

The borrowing powers are limited to one-fifth of the rateable value of the district.

No sanctions to borrow were received during the year, and there are no sanctions to borrow now unexercised.

The amount borrowed during the year was £33,500, making the total amount borrowed to 30 September, 1913, £5,673,799. The amount repaid in the year was £213,438, making the total amount of loans discharged £3,569,516.

The amount of loans outstanding at 30 September, 1913, was £2,104,283, and works out at £4·68 for every £100 of rateable value, and is £0·46 per head of the population of the district as estimated by the Registrar-General at the middle of 1913.

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, 1913, was 3½ per cent.

The number of institutions under the control of the Managers is 62.

The number of persons maintained by the Managers, on the last day of the year ended 30 September, 1913, was—

Permanent staff (excluding head office, central stores, laboratories, and stables)	5,867
Inmates	15,671
Total	21,538

The average daily number of inmates maintained was in—

1909	13,687
1910	12,792
1911	13,401
1912	15,191
1913	15,406

The number of persons in receipt of superannuation allowances at the end of the year was 299, and the superannuation payments, excluding compensation, amounted to £13,862 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 £7,628, after allowing for contributions refunded.

Dr.

Year 1911-1912.	EXPENDITURE.		£	£
	To direct charges:—			
£	Maintenance of inmates (including provisions, necessaries, clothing, and funerals)		142,872	
136,777	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)		1,751	
1,524				
138,301				144,623
	Common charges:—			
	Maintenance of officers and servants—	£		
230,491	Salaries and wages (including allowances) ...	249,374		
77,879	Provisions	80,453		
2,075	Necessaries	1,982		
6,153	Uniforms and sundries	7,559		
316,598			339,368	
	Buildings and establishment—			
	WORKS—			
24,327	Wages, £12,827; Contracts and materials, £12,160	24,987		
	GARDENING—			
4,739	Wages, £1,608; Plants, seeds, &c., £728 ...	5,336		
	FURNITURE—	£		
15,099	Furniture and other articles ...	17,794		
11,420	Bedding and linen	14,078		
2,250	Earthenware	2,477		
1,510	Hardware	1,794		
30,279			36,143	
	HEATING, LIGHTING, AND CLEANSING—			
15,075	Wages of engineering staff ...	15,367		
59,451	Coal and coke	72,515		
33,207	Gas, electric light, water and other supplies	34,284		
107,733			122,166	
167,078				188,632
60,612	Rates, rent, taxes and insurance			67,018
9,318	Medicines and medical and surgical appliances			10,142
	Miscellaneous expenses—			
7,994	Printing, stationery, postage and office expenses	8,500		
	Other charges—running expenses of ambulance vehicles and travelling, Managers' and sundry expenses (including Managers' contributions under the National Insurance Act, 1911, £1 423) ...	13,781		
11,012				22,281
19,006				
	Sundry general expenses—			
203,272	Repayment of loans	213,529		
80,857	Interest on loans	75,051		
15,453	Law expenses, pensions, notification fees, &c. ...	17,955		
299,562			306,535	
872,174				933,976
	Deduct—			
6,279	Balances on industrial, &c., accounts	6,428		
3,716	Services of nurses engaged in ambulance work and fees for hire of ambulances ...	4,741		
9,995				11,169
862,179				922,807
	Expenditure of a special character—			
54,379	Buildings—contract and non-contract	69,310		
10,453	Furniture, &c.	8,060		
64,832				77,370
927,011				1,000,177
1,065,312	Net total expenditure (for details see pp. 102 to 109)			1,144,800
	Balance carried down, being income in excess of expenditure for year			2,023
£1,065,312				£1,146,823

To **Balance** on current account on 30 September, 1913, carried to balance sheet (p. 110) ... £125,790

£125,790

Expenditure Account.

30 September, 1913.

Cr.

INCOME.		Year 1911-1912.
		£
By contributions from parishes and unions in the district :—	£	£
In respect of Direct charges	131,200	126,250
„ Common charges (on rateable value)—	954,459	881,942
	1,085,659	1,008,192
Amounts from extra metropolitan and other authorities—		
For maintenance of patients in hospitals and schools ...	10,840	9,169
„ boys on Exmouth	7,906	6,807
„ patients in sanatoria	21,029	—
	39,775	15,976
Interest on balances in hands of bankers, &c.	5,542	4,200
Sundry receipts :—		
Rents of buildings and land (net)	6,355	3,843
Sale of ambulance vehicles and sundry receipts	664	716
Value of furniture and other stocks brought into account during year	1,200	1,783
Superannuation contributions	7,628	7,338
	15,847	13,680
Total income	1,146,823	1,042,048
Balance carried down, being expenditure in excess of income for year	—	23,264

HEADS OF EXPENDITURE.

1911—1912.			1912—1913.	
Amount.	Rate in the £		Amount.	Rate in the £
£	d.		£	d.
212,128	1·14	Imbeciles and feeble-minded ...	242,701	1·30
		Infectious sick—		
295,450	1·58	Fever	317,505	1·70
17,596	0·10	Smallpox	20,930	0·11
		Ambulance service—		
26,867	0·15	Land	27,277	0·14
5,864	0·03	River (including wharves) ...	5,402	0·03
24,747	0·13	Boys on training ship	32,183	0·17
137,644	0·74	Children of various classes ...	124,492	0·66
17,025	0·10	Casual poor	29,768	0·16
		General expenses (including repayment of and interest on loans, printing, &c., and head office salaries and expenses)	329,457	1·76
525,995	1·75	The Downs Sanatorium	15,145	0·08
£1,065,312	5·72	(For details see pp. 102-109.)	£1,144,800	6·11
		Less—		
33,856	0·18	Income other than from rates ...	61,164	0·32
£1,031,456	5·54	Net Expenditure	£1,083,636	5·79

£1,146,823	£1,065,312
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By Balance brought down, being income in excess of expenditure for year	£2,023
„ Balance on current account on 1 October, 1912, brought forward	123,767

£125,790

ANNUAL REPORT, 1913,

APPENDIX III.—Details of revenue expenditure

(Figures for the year 1911—1912 are inserted)

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the rateable values of the								
	PATIENTS	BOARD-ED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total direct charges.	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISH-				
						Salaries and wages.	Provisions.	Necessaries.	Uniforms and sundries.	Works.	Garden- ing.	Furni-		
												Wages, contracts and materials.	Wages, plants, seeds, &c.	Furni- ture and other articles.	Bed- ding and linen.	Earth enware
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
HOSPITALS:—			£	£	£	£	£	£	£	£	£	£	£	£
Eastern ..	276	214	2,681	..	2,681	8,759	3,775	86	358	537	161	591	360	11
	249	193	2,409	..	2,409	8,091	3,511	79	228	670	155	660	366	11
North-Eastern	472	316	5,512	3	5,515	12,167	5,562	116	381	781	420	794	775	14
	472	306	5,410	1	5,411	11,691	5,310	130	384	886	404	630	650	13
North-Western	338	228	3,321	..	3,321	9,448	3,922	86	345	796	157	485	832	8
	330	220	3,329	..	3,329	8,991	3,704	89	299	691	161	472	583	9
Western ..	366	253	4,082	..	4,082	9,804	4,547	113	382	954	251	563	668	9
	340	230	3,741	..	3,741	8,985	4,401	114	290	1,023	250	606	432	7
South-Western	263	188	3,391	..	3,391	7,690	3,913	102	321	1,092	164	651	490	12
	233	176	2,864	..	2,864	7,215	3,398	88	253	994	165	487	404	10
Fountain ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	..	..	..	..	..	16	..	..	..	251	12	3	..	..
Grove ..	339	257	3,594	..	3,594	9,949	4,686	122	341	967	244	625	605	13
	329	246	3,645	..	3,645	9,602	4,478	130	260	736	226	546	307	12
South-Eastern	396	263	4,178	1	4,179	10,311	5,211	99	367	694	152	589	670	13
	372	270	3,950	..	3,950	9,859	5,017	107	312	775	150	570	576	13
Brook ..	398	248	4,059	..	4,059	9,959	4,224	113	364	920	277	657	669	12
	348	233	3,737	..	3,737	9,433	4,101	107	236	964	289	627	506	9
Northern ..	479	224	5,958	16	5,974	8,897	4,269	82	337	719	285	543	292	8
	299	151	3,419	4	3,423	6,608	3,045	61	175	725	282	359	276	5
Southern ..	473	231	5,055	4	5,059	8,838	3,962	63	269	878	260	645	452	8
	489	240	5,197	2	5,199	8,870	4,383	64	293	848	268	579	655	8
Smallpox ..	..	62	2	..	2	3,480	1,280	49	101	1,154	167	438	142	..
	..	59	5	..	5	3,642	1,348	43	52	798	185	336	129	..
Carried forward	3,800	2,484	41,833	24	41,857	99,302	45,351	1,031	3,566	9,492	2,538	6,581	5,955	1,13
Carried forward	3,461	2,324	37,706	7	37,713	93,003	42,696	1,012	2,782	9,361	2,547	5,875	4,884	1,03

The bacteriological laboratories and stables and central stores working expenditure (see Appendix XIII.) is charged to the severa

FINANCE COMMITTEE.

for the year ended 30 September, 1913.

(under the figures for the year 1912—1913.)

several parishes and unions in the district, irrespective of the number of inmates chargeable to them.

MENT.		RATES, RENT, TAXES AND INSURANCE.	MEDICINES AND SURGICAL APPLIANCES.	MISCELLANEOUS.		GENERAL EXPENSES.	Total. Columns 6 to 21.	Add or deduct balances on farm, industrial, &c. accounts. (Deduct unless otherwise stated.)	Total common charges excluding special expenditure.	EXPENDITURE OF A SPECIAL CHARACTER.			Total common charges. Columns 24 and 27.	TOTAL EXPENDITURE FOR YEAR. Columns 5 and 28.	
ture.	Heating, lighting and cleansing (including wages).			Print- ing, stationery, postage and office ex- penses.	Travel- ing and sundry ex- penses.					Build- ings.	Furni- ture, &c.	Total.			
Hard- ware.	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
72	4,073	1,605	482	212	102	..	21,288	655	20,633	1,420	..	1,420	22,053	24,734	
69	3,526	1,571	410	189	45	..	19,682	566	19,116	2,911	141	3,052	22,168	24,577	
101	5,481	3,597	1,624	261	171	..	32,376	17	32,359	1,050	95	1,145	33,504	39,019	
67	4,755	3,657	1,281	244	79	..	30,304	49	30,255	1,350	..	1,350	31,605	37,016	
62	4,918	1,991	885	265	109	..	24,381	356	24,025	1,896	..	1,896	25,921	29,242	
94	4,145	1,991	922	251	44	..	22,529	354	22,175	1,026	..	1,026	23,201	26,530	
71	5,398	2,615	618	341	124	..	26,544	668	25,876	1,524	..	1,524	27,400	31,482	
77	4,482	2,586	583	283	54	..	24,242	537	23,705	4,803	..	4,803	28,508	32,249	
75	5,710	1,802	443	205	97	..	22,880	9	22,871	1,400	..	1,400	24,271	27,662	
46	5,173	1,802	347	178	42	..	20,695	16	20,679	2,756	..	2,756	23,435	26,299	
..	
..	18	227	..	..	..	..	527	..	527	..	..	..	527	527
47	6,573	2,879	508	269	124	..	28,072	2	28,070	1,713	..	1,713	29,783	33,377	
31	5,994	2,945	452	226	70	..	26,125	18	26,107	970	..	970	27,077	30,722	
55	5,633	2,405	531	248	149	..	27,253	641	26,612	795	..	795	27,407	31,586	
47	5,155	2,380	451	245	69	..	25,852	557	25,295	811	..	811	26,106	30,056	
79	6,771	4,022	692	266	132	..	29,266	417	28,849	2,290	135	2,425	31,274	35,333	
73	5,889	3,770	557	240	66	..	26,956	363	26,593	1,082	..	1,082	27,675	31,412	
61	5,348	2,727	291	304	270	..	24,509	30	24,479	1,496	981	2,477	26,956	32,930	
48	3,846	2,817	134	212	209	..	18,853	33	18,820	2,381	..	2,381	21,201	24,624	
37	5,131	2,380	248	297	586	..	24,132	21	24,111	2,970	..	2,970	27,081	32,140	
36	5,068	2,279	262	303	513	..	24,501	8	24,493	1,746	..	1,746	26,239	31,438	
11	3,604	4,823	13	74	390	..	15,735	679	15,056	5,367	505	5,872	20,928	20,930	
10	3,437	4,560	10	44	409	..	15,028	874	14,154	3,437	..	3,437	17,591	17,596	
671	58,640	30,846	6,335	2,742	2,254	..	276,436	3,495	272,941	21,921	1,716	23,637	296,578	338,435	
598	51,488	30,585	5,409	2,415	1,600	..	255,294	3,375	251,919	23,273	141	23,414	275,333	313,046	

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

(Figures for the year 1911—1912 are inserted)

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the rateable values of the								
	PATIENTS	BOARD-ED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total direct charges.	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISH-				
						Salaries and wages.	Provisions.	Necessaries.	Uniforms and sundries.	Works.	Garden- ing.	Furni-		
												Wages, contracts and materials.	Wages, plants, seeds, &c.	Furni- ture and other articles.	Bed- ding and linen.	Earth- enware.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
Brought forward ..	3,800	2,484	41,833	24	41,857	99,302	45,351	1,031	3,566	9,492	2,538	6,581	5,955	1,132
Brought forward	3,461	2,324	37,706	7	37,713	93,003	42,696	1,012	2,782	9,361	2,547	5,875	4,884	1,039
AMBULANCE SERVICE:—														
Eastern Station ..		25	..	..	..	1,971	448	..	113	23	..	37	14	2
..		26	..	..	..	1,957	460	..	92	55	..	40	11	2
North West- } ..	16	..	..	..	..	1,122	363	..	56	10	..	40	8	2
ern Station } ..	17	..	..	..	..	1,147	347	..	51	83	..	65	13	3
Western Station ..	25	..	..	..	..	2,049	566	..	110	14	..	63	18	3
..	27	..	..	..	..	1,981	589	..	96	59	..	79	14	2
South West- } ..	..	..	..	..	..	185	..	..	2	21	..	..	..	..
ern Station } ..	..	..	..	..	..	182	..	..	2	61	..	..	..	..
South East- } ..	27	..	..	..	..	2,115	509	..	93	40	..	62	10	3
ern Station } ..	26	..	..	..	..	1,983	512	..	110	63	..	55	7	3
Brook Station ..	19	..	..	..	..	1,481	394	..	68	7	..	37	11	2
..	21	..	..	..	..	1,492	419	..	68	73	..	55	23	3
Mead Station ..	..	..	..	..	..	78	..	..	..	104	..	212	..	..
..	..	..	..	..	..	103	..	..	1	36	..	76	..	..
Tooting Bec } ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Station } ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
River Service ..	15	..	..	..	..	2,307	356	48	39	335	2	49	13	5
..	16	..	..	..	..	2,311	353	47	20	330	..	120	39	5
Totals ..	127	..	..	..	..	11,308	2,636	48	481	554	2	500	74	17
Totals ..	133	..	..	..	..	11,156	2,680	47	440	760	..	490	107	20
ASYLUMS, &c.:														
Leavesden ..	2,048	136	18,274	105	18,379	18,938	2,310	64	619	2,837	237	1,112	1,665	180
..	2,070	136	17,489	72	17,561	17,375	2,216	63	440	2,562	198	1,058	1,061	180
Caterham ..	2,022	230	17,130	40	17,170	15,639	4,152	69	492	2,135	272	934	1,370	100
..	2,033	229	16,578	31	16,609	14,599	3,986	68	458	2,208	186	934	917	88
Tooting Bec ..	1,076	269	8,394	109	8,503	12,369	4,307	112	414	623	284	583	926	122
..	1,072	266	8,139	110	8,249	11,576	4,305	116	318	1,114	281	453	512	119
Fountain } ..	573	123	4,334	14	4,348	6,467	2,346	32	199	487	71	455	409	91
(Temporary) } ..	312	76	2,659	28	2,687	3,476	1,272	21	102	504	54	343	386	45
Darenth In. Col. ..	1,877	232	16,111	15	16,126	13,127	3,385	101	315	1,749	290	1,372	1,135	185
..	1,900	240	16,577	54	16,631	13,211	3,618	97	312	2,026	253	1,329	1,452	175
Bridge Ind. } ..	115	15	1,060	1	1,061	1,026	235	3	18	152	5	158	7	1
Home } ..	185	15	1,808	11	1,819	1,120	258	5	4	159	10	85	37	1
Totals ..	7,711	1,005	65,303	284	65,587	67,566	16,735	381	2,057	7,983	1,159	4,614	5,512	68
Totals ..	7,572	962	63,250	306	63,556	61,357	15,655	370	1,634	8,573	982	4,202	4,365	60
Carried forward	11,511	3,616	107,136	308	107,444	178,176	64,722	1,460	6,104	18,029	3,699	11,695	11,541	1,83
Carried forward	11,033	3,419	100,956	313	101,269	165,516	61,031	1,429	4,856	18,694	3,529	10,567	9,356	1,66

The bacteriological laboratories and stables, and central stores working expenditure (see Appendix XIII.) is charged to the several

the year ended September, 1913 (continued).

under the figures for the year 1912-13.)

several parishes and unions in the district, irrespective of the number of inmates chargeable to them.

MENT.	Mis-CELLANEOUS.						GENERAL EXPENSES.	Total. Columns 6 to 21.	Add or deduct balances on farm, industrial, &c. accounts. (Deduct unless otherwise stated.)	Total common charges excluding special expenditure.	EXPENDITURE OF A SPECIAL CHARACTER.			Total common charges. Columns 24 and 27.	TOTAL EXPENDITURE FOR YEAR Columns 5 and 28.
	Hardware.	Heating, lighting and cleansing (including wages).	RATES, RENT, TAXES AND INSURANCE.	MEDICINES AND SURGICAL APPLICATIONS.	Printing, stationery, postage and office expenses.	Traveling and sundry expenses.*					Buildings.	Furniture, &c.	Total.		
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	
671	58,640	30,846	6,335	2,742	2,254	..	276,436	3,495	272,941	21,921	1,716	23,637	296,578	338,435	
598	51,488	30,585	5,409	2,415	1,600	..	255,294	3,375	251,919	23,273	141	23,414	275,333	313,046	
2	298	235	..	27	1,090	..	4,260	305	3,955	5	6	11	3,966	3,966	
2	285	207	..	26	1,080	..	4,217	171	4,046	151	655	806	4,852	4,852	
2	301	201	..	24	451	..	2,580	389	2,191	..	1,374	1,374	3,565	3,565	
3	294	203	..	27	456	..	2,692	262	2,430	184	1,067	1,251	3,681	3,681	
2	337	310	..	29	1,467	..	4,968	664	4,304	162	502	664	4,968	4,968	
2	315	294	..	28	1,202	..	4,661	484	4,177	32	512	544	4,721	4,721	
..	32	49	..	..	2	..	291	18	273	..	..	..	273	273
..	35	49	..	..	2	..	331	..	331	97	..	97	428	428
3	309	274	..	34	1,413	..	4,865	554	4,311	12	1,264	1,276	5,587	5,587	
4	290	259	..	31	1,064	..	4,381	397	3,984	170	4,403	4,573	8,557	8,557	
2	226	284	..	24	653	..	3,189	148	3,041	441	187	628	3,669	3,669	
4	234	260	..	21	525	..	3,177	68	3,109	107	1,399	1,506	4,615	4,615	
..	158	233	..	14	2,039	..	2,838	..	2,838	152	2,259	2,411	5,249	5,249	
..	113	232	..	14	1,396	..	1,971	..	1,971	19	23	42	2,013	2,013	
..	
..	
2	871	1,058	1	15	18	..	5,119	6	5,113	289	..	289	5,402	5,402	
1	880	1,055	1	18	14	..	5,196	..	5,196	668	..	668	5,864	5,864	
13	2,532	2,644	1	167	7,133	..	28,110	2,084	26,026	1,061	5,592	6,653	32,679	32,679	
16	2,446	2,559	1	165	5,739	..	26,626	1,382	25,244	1,428	8,059	9,487	34,731	34,731	
207	7,975	1,660	294	260	426	..	38,784	876	37,908	5,100	201	5,301	43,209	61,588	
161	6,944	1,517	409	271	397	..	34,852	434	34,418	566	..	566	34,984	52,545	
113	7,020	2,104	413	257	264	..	35,334	523	34,811	1,071	..	1,071	35,882	53,052	
178	6,810	2,052	351	250	248	..	33,333	740	32,593	1,600	..	1,600	34,193	50,802	
48	6,231	3,644	249	221	123	..	30,257	153	30,104	12,088	38	12,126	42,230	50,733	
30	5,622	3,688	294	235	83	..	28,746	54	28,692	1,430	106	1,536	30,228	38,477	
35	3,750	1,180	159	117	55	..	15,853	18	15,835	702	35	737	16,572	20,920	
20	2,315	979	85	166	58	..	9,823	20	9,803	648	1,103	1,751	11,554	14,241	
113	7,909	3,166	211	323	460	..	33,841	2,795	31,046	5,704	359	6,063	37,109	53,235	
103	7,566	3,032	246	304	426	..	34,146	3,231	30,915	3,633	554	4,187	35,102	51,733	
13	534	159	4	28	86	..	2,441	476	1,965	147	..	147	2,112	3,173	
12	688	136	10	42	128	..	2,703	393	2,310	201	..	201	2,511	4,330	
534	33,419	11,913	1,330	1,206	1,414	..	156,510	4,841	151,669	24,812	633	25,445	177,114	242,701	
504	29,945	11,404	1,395	1,268	1,340	..	143,603	4,872	138,731	8,078	1,763	9,841	148,572	212,128	
1,218	94,591	45,403	7,666	4,115	10,801	..	461,056	10,420	450,636	47,794	7,941	55,735	506,371	613,815	
1,118	83,879	44,548	6,805	3,848	8,679	..	425,523	9,629	415,894	32,779	9,963	42,742	458,636	559,905	

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

* Include running expenses of ambulance vehicles.

APPENDIX III.—Details of revenue expenditure for

(Figures for the year 1911—1912 are inserted)

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the rateable values of the								
	PATIENTS	BOARD-ED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total direct charges.	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISH-				
						Salaries and wages.	Provisions.	Necessaries.	Uniforms and sundries.	Works.	Garden- ing.	Furni-		
										Wages, contracts and materials.	Wages, plants, seeds, &c.	Furni- ture and other articles.	Bed- ding and linen.	Earth enwar
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
		£	£	£	£	£	£	£	£	£	£	£	£	£
Brought forward	11,511	3,616	107,136	308	107,444	178,176	64,722	1,460	6,104	18,029	3,699	11,695	11,541	1,83
Brought forward	11,033	3,419	100,956	313	101,269	165,516	61,031	1,429	4,856	18,694	3,529	10,567	9,356	1,66
CHILDREN'S HOSPITALS, HOMES AND SCHOOLS:—														
Queen Mary's	793	283	7,619	12	7,631	9,971	4,562	94	249	1,383	812	1,066	853	186
	827	296	7,842	13	7,855	9,476	4,924	92	333	1,013	489	944	429	186
Park	591	262	6,022	..	6,022	10,943	4,674	181	249	1,344	236	975	333	184
	649	289	7,101	..	7,101	10,000	5,209	191	155	1,432	234	1,136	640	212
S. Anne's ..	130	23	1,029	67	1,096	1,153	391	13	15	360	4	80	63	13
	131	24	1,024	87	1,111	1,151	425	14	18	253	23	73	44	21
East Cliff ..	127	33	1,070	100	1,170	1,201	635	18	36	163	17	179	61	11
	119	33	1,132	97	1,229	1,148	683	17	28	187	3	167	43	12
Millfield ..	120	23	1,232	76	1,308	1,035	432	11	18	169	61	86	40	10
	120	24	1,247	56	1,303	1,028	439	12	17	147	59	93	37	12
The Downs ..	99	79	825	18	843	1,315	465	14	22	117	48	66	68	13
	325	79	2,719	33	2,752	3,779	1,438	48	71	447	120	265	196	31
White Oak ..	348	76	3,089	40	3,129	3,932	1,314	27	102	393	194	350	115	49
	340	72	2,939	60	2,999	3,693	1,277	30	80	355	145	242	202	45
High Wood ..	323	77	2,847	42	2,889	3,817	1,269	36	78	228	145	231	106	32
	339	76	3,031	63	3,094	3,635	1,329	39	69	288	133	210	150	31
Lloyd Street	..	..	..	..	..	70	..	..	..	1	..	..	..	..
	20	4	206	..	206	147	59	9	..	23	..	12	10	1
Elm Grove ..	..	..	..	..	..	26	..	..	..	..	..	..	..	..
	10	3	81	..	81	109	43	6	..	4	..	4	25	..
Earlsfield Road	..	..	..	..	..	29	..	..	..	1	..	..	..	..
	7	2	73	..	73	81	32	3	1	4	..	3	..	..
Surrey House	..	..	..	..	..	42	..	..	..	..	..	..	..	..
	14	3	135	..	135	99	42	6	3	5	..	5	1	1
Totals ..	2,531	856	23,733	355	24,088	33,534	13,742	394	770	4,159	1,517	3,033	1,642	498
Totals	2,901	905	27,530	409	27,939	34,346	15,900	467	775	4,158	1,206	3,154	1,777	552
Carried forward	14,042	4,472	130,869	663	131,532	211,710	78,464	1,854	6,874	22,188	5,216	14,728	13,183	2,334
Carried forward	13,934	4,324	128,486	722	129,208	199,862	76,931	1,896	5,631	22,852	4,735	13,721	11,133	2,220

The bacteriological laboratories and stables and central stores working expenditure (see Appendix XIII.) is charged to the several

the year ended 30 September, 1913 (continued).

under the figures for the year 1912-13.)

several parishes and unions in the district, irrespective of the number of inmates chargeable to them.

MENT.		RATES, RENT, TAXES AND INSUR- ANCE.	MEDI- CINES AND SURGI- CAL APPLI- ANCES.	Mis- CELLANEOUS.		GENERAL EXPENSES.	Total. Columns 6 to 21.	Add or deduct balances on farm, indus- trial, &c. accounts. (Deduct unless otherwise stated.)	Total common charges excluding special expendi- ture.	EXPENDITURE OF A SPECIAL CHARACTER.			Total common charges. Columns 24 and 27.	TOTAL EXPENDI- TURE FOR YEAR. Columns 5 and 28.
ture.	Hardware.			Heating, lighting and cleansing (including wages).	Print- ing, station- ery, postage and office ex- penses.					Travel- ing and sundry ex- penses. *	Build- ings.	Furni- ture, &c.			Total.
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)
£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
1,218	94,591	45,403	7,666	4,115	10,801	..	461,056	10,420	450,636	47,794	7,941	55,735	506,371	613,815
1,118	83,879	44,548	6,805	3,848	8,679	..	425,523	9,629	415,894	32,779	9,963	42,742	458,636	559,905
123	7,360	2,745	879	281	462	..	31,026	185	30,841	3,530	119	3,649	34,490	42,121
81	7,012	2,684	989	289	390	..	29,331	138	29,193	5,780	138	5,918	35,111	42,966
59	7,584	3,150	765	269	266	..	31,215	125	31,090	1,074	..	1,074	32,164	38,186
115	6,444	3,152	745	250	177	..	30,092	70	30,022	3,141	352	3,493	33,515	40,616
7	380	201	33	58	88	..	2,858	26	2,832	..	..	..	2,832	3,928
7	415	203	41	56	91	..	2,835	16	2,819	242	..	242	3,061	4,172
15	504	213	136	45	81	..	3,315	1	3,314	..	..	..	3,314	4,484
15	476	204	109	35	76	..	3,203	2	3,201	334	..	334	3,535	4,764
9	477	128	23	49	144	..	2,692	12	2,680	827	..	827	3,507	4,815
8	456	93	20	43	113	..	2,577	6	2,571	292	..	292	2,863	4,166
2	543	371	7	26	36	..	3,113	(add) 1	3,114	622	..	622	3,736	4,579
13	1,345	1,103	122	81	74	..	9,133	(add) 2	9,135	1,765	..	1,765	10,900	13,652
39	1,884	1,529	167	92	128	..	10,315	35	10,280	612	..	612	10,892	14,021
34	1,722	1,420	217	78	114	..	9,654	64	9,590	352	..	352	9,942	12,941
16	1,619	926	176	79	146	..	8,904	(add) 1	8,905	204	..	204	9,109	11,998
19	1,728	959	174	84	134	..	8,982	(add) 28	9,010	558	..	558	9,568	12,662
..	25	122	..	..	3	..	221	..	221	..	..	..	221	221
1	95	128	6	5	17	..	513	..	513	15	..	15	528	734
..	5	7	..	..	..	..	38	..	38	..	..	..	38	38
..	28	32	2	2	5	..	260	..	260	..	..	..	260	341
..	7	3	..	..	1	..	41	..	41	..	..	..	41	41
..	32	12	1	4	3	..	176	..	176	..	..	..	176	249
..	10	10	..	..	1	..	63	3	60	..	..	..	60	60
..	53	20	2	3	6	..	246	..	246	..	..	..	246	381
270	20,398	9,405	2,186	899	1,354	..	93,801	385	93,416	6,869	119	6,988	100,404	124,492
293	19,806	10,010	2,428	930	1,200	..	97,002	266	96,736	12,479	490	12,969	109,705	137,644
1,488	114,989	54,808	9,852	5,014	12,155	..	554,857	10,805	544,052	54,663	8,060	62,723	606,775	738,307
1,411	103,685	54,558	9,233	4,778	9,879	..	522,525	9,895	512,630	45,258	10,453	55,711	568,341	697,549

establishments to which the goods are supplied, and therefore forms part of the above expenditure under the respective heads.
*Includes running expenses of ambulance vehicles.

ANNUAL REPORT, 1913,

APPENDIX III.—Details of Revenue Expenditure for

(Figures for the year 1911—1912 are inserted)

INSTITUTIONS.	DAILY AVERAGE NUMBER.		DIRECT CHARGES.			COMMON CHARGES assessable on the rateable values of the								
	PATIENTS	BOARD-ED STAFF.	MAINTENANCE OF INMATES.	OTHER DIRECT CHARGES.	Total direct charges.	MAINTENANCE OF OFFICERS AND SERVANTS.				BUILDINGS AND ESTABLISH-				
						Salaries and wages.	Pro-visions.	Neces-saries.	Uni-forms and sun-dries.	Works.	Garden-ing.	Furni-		
												Wages, contracts and materials	Wages, plants, seeds, &c.	Furni-ture and other articles	Bed-ding and line.	Earth enwar
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
Brought forward ..	14,042	4,472	130,869	663	131,532	211,710	78,464	1,854	6,874	22,188	5,216	14,728	13,183	2,330
Brought forward	13,934	4,324	128,486	722	129,208	199,862	76,931	1,896	5,631	22,852	4,735	13,721	11,133	2,220
TRAINING SHIP EXMOUTH ..	714	39	7,677	1,088	8,765	5,096	1,025	100	355	1,091	15	947	371	27
CASUAL WARDS	431	..	1,559	..	1,559	6,523	..	..	40	637	..	313	134	14
The Downs Sanatorium	219	74	2,767	..	2,767	3,362	964	28	117	879	103	1,491	370	100
GENERAL EXPENSES	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Office of Board	..	..	..	..	..	22,641	..	..	173	192	2	250	20	5
Pathological laboratories	..	..	..	..	..	22,252	..	..	122	413	2	394	10	..
Samples and analysing	..	..	..	..	..	42	..	..	..	..	..	1	..	..
Litters—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Depreciation	..	..	..	..	..	..	..	..	..	..	..	64	..	..
Telephones	..	..	..	..	..	..	..	..	..	..	..	64	..	..
Insurance, Fire	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Loans—	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Instalments	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Interest	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Legal expenses	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Superannuation allowances and compensation and gratuities	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Repayment of notification fees ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..	..	..	..	..	..	22,683	..	..	173	192	2	315	20	2
Totals ..	..	..	..	..	..	22,252	..	..	122	413	2	458	10	..
Grand totals for year 1912--1913	15,406	4,585	142,872	1,751	144,623	249,374	80,453	1,982	7,559	24,987	5,336	17,794	14,078	2,477
Grand totals for year 1911--1912	15,191	4,363	136,777	1,524	138,301	230,491	77,879	2,075	6,153	24,327	4,739	15,099	11,420	2,250

The bacteriological laboratories and stables and central stores working expenditure (see Appendix XIII.) is charged to the several

* Includes running expenses of ambulance vehicles

at 30 September, 1913.

PROPERTY ASSETS AND CAPITAL OUTLAY.

LOAN ACCOUNT.

Capital Outlay.

Land, buildings, fittings, and furniture (original cost)	£
(For details, see statement p. 112.)	* 6,019,232

Total on Loan Account .. £6,019,232

GENERAL ACCOUNT.

Stock.

Goods at central stores and at the various institutions, including unused railway tickets and postage stamps	£
	105,951

Sundry Debtors.

Other authorities and sundry debtors	21,902
--	--------

Legacies (Investment Accounts).

Brown's legacy—£104 14s., 3½ per cent. stock, London County Council (Metropolitan Board of Works) (at cost)	£	
	115	
Ferguson's legacy—£173 17s. 2d., consols (at cost)	168	
Dryden's legacy—£124 3s., 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	116,002		
Less unrepresented cheques	20,288		
	95,714		
Cheques drawn in advance for payments for ensuing year	2,753		
	—	98,467	
Accounting officers—balances in their hands		2,844	101,311

Total on General Account 229,728

Grand Total £6,248,960

exceeding £500,000 have from time to time been defrayed out of the current rates.

MORRIS HEYES, A.C.A.,
Treasurer and Accountant to the Board.

APPENDIX V.—Details of expenditure in respect of capital outlay.

INSTITUTION.	Expenditure at 1 October, 1912.		Expenditure in year to 30 Sept., 1913.		Total expenditure at 30 September, 1913.		
	Land.	Buildings, etc.	Land.	Buildings, etc.	Land.	Buildings, etc.	TOTAL.
Asylums, &c.	£	£	£	£	£	£	£
Leavesden	16,506	214,040	..	4,159	16,506	218,199	234,705
Caterham	14,965	216,789	..	..	14,965	216,789	231,754
Tooting Bec	27,682	303,159	10,000	965	37,682	304,124	341,806
Fountain	3,936	143,232	..	..	3,936	143,232	147,168
Darenth Industrial Colony	16,148	348,753	..	2,843	16,148	351,596	367,744
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, etc. ..	79,648	1,369,206	10,000	7,937	89,648	1,377,173	1,466,821
Hospitals—							
Eastern	29,826	101,544	..	..	29,826	101,544	131,370
North-Eastern	25,673	163,188	..	..	25,673	163,188	188,861
North-Western	28,845	142,782	..	141	28,845	142,923	171,768
Western	29,488	200,620	..	..	29,488	200,620	230,108
South-Western	16,781	151,236	..	387	16,781	151,623	168,404
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	305,234	..	849	16,610	306,083	322,693
Northern	13,747	184,143	..	..	13,747	184,143	197,890
The Downs .. .. .	..	99,922	..	1,767	..	101,689	101,689
Southern (upper) .. .. .	..	183,395	..	..	..	183,395	..
Do. (lower)	19,699	180,976	..	..	19,699	180,976	384,070
Smallpox—Hospital ships .. .. .	..	47,538	..	..	..	47,538	..
Do. Long Reach	33,979	68,016	..	823	33,979	68,839	265,898
Do. Orchard .. .. .	..	115,542	..	..	..	115,542	..
Do. Joyce Green	27,732	362,726	..	..	27,732	362,726	390,458
Totals for hospitals ..	263,138	2,838,970	..	3,967	263,138	2,842,937	3,105,075
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 and tender ..	..	103,859	..	9,806	..	113,665	113,665
Children's hospitals, homes & schools							
Queen Mary's	15,853	289,229	..	1,019	15,853	290,248	306,101
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	300	..	1,150	26,675	27,825
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	853,858	300	1,019	49,718	854,877	904,595
Central stores	4,250	17,199	..	..	4,250	17,199	21,449
Casual wards .. .. .	..	35,786	..	35,545	..	71,331	71,331
Office of the Board	53,700	57,409	..	..	53,700	57,409	111,109
GRAND TOTALS	£ 479,755	5,470,873	10,300	58,304	490,055	5,529,177	6,019,232

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, etc."

NOTE II.—Large amounts additional to those tabulated have been defrayed out of current funds.

FINANCE COMMITTEE.

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APPENDIX VI.—Statement showing the loans raised, repaid, outstanding, increase or decrease, and the average rate per cent. of interest on loans raised and loans outstanding, together with the expenditure out of loans account—each year from 1868 to 1913.

No. of Year.	Year ended 30 September,	LOANS.				Average rate per cent. of interest on loans.		EXPENDITURE OUT OF LOANS ACCOUNT.								
		Raised.	Repaid.	Out-standing at end of each year.	Increase each year. Decreases marked—	Raised.	Out-standing at end of each year.	Asylums, &c.	Hospitals.	Ambu-lance service.	Train-ing ship Ex-mouth.	Child-ren 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	..	20,008	5,488	..	2,570	..	..	..	..	28,666
10	1877	100,000	24,841	671,492	75,159	3.75	..	15,333	89,558	..	19,765	..	..	..	..	124,656
11	1878	46,575	15,156	702,910	31,418	3.75	..	61,133	7,418	..	36	..	..	..	..	68,587
12	1879	100,000	18,319	784,591	31,681	3.75	..	57,533	5,200	..	..	..	..	..	..	62,733
13	1880	42,650	18,494	808,748	24,157	4.17	..	59,404	5,467	..	..	..	..	..	..	64,871
14	1881	28,950	..	817,551	8,803	4.14	..	30,615	1,264	..	..	..	..	..	..	31,879
15	1882	25,300	1,426	841,425	23,874	3.50	..	6,552	11,000	..	..	..	..	..	..	17,552
16	1883	12,030	47,910	805,545	35,880	3.50	..	16,638	23,226	4,379	..	..	..	..	..	44,243
17	1884	105,350	27,685	883,210	77,665	3.50	..	5,834	90,516	29,793	613	..	..	..	..	126,756
18	1885	179,541	29,636	1,033,114	149,904	3.50	..	11,722	80,870	11,037	1,178	..	..	..	..	104,807
19	1886	102,809	38,434	1,067,490	64,376	3.50	..	21,656	53,834	9,571	2,877	..	..	..	..	87,938
20	1887	10,973	41,251	1,067,212	30,278	3.50	..	33,269	4,603	232	35	..	..	..	..	38,139
21	1888	52,939	40,024	1,080,127	12,915	3.50	..	18,167	9,634	75	19	..	..	..	..	27,895
22	1889	12,892	42,085	1,050,935	29,192	3.50	..	1,920	45,341	..	..	..	..	..	..	47,261
23	1890	10,400	43,220	1,018,115	32,820	3.50	..	1,299	12,841	..	..	..	..	..	..	14,140
24	1891	5,050	43,007	980,157	37,958	3.50	..	1,057	197	..	..	..	..	..	..	1,254
25	1892	16,644	43,262	953,539	26,618	3.50	..	6,237	36,098	2,382	..	..	..	..	..	44,717
26	1893	95,295	45,643	1,008,191	49,652	3.50	..	346	54,222	1,439	..	..	..	..	..	56,007
27	1894	175,366	45,564	1,132,993	129,802	3.43	..	27,339	161,415	10,417	..	..	..	..	..	199,171
28	1895	485,928	55,077	1,563,844	430,851	3.00	..	8,364	374,124	12,550	..	..	..	..	..	396,038
29	1896	262,198	84,951	1,741,992	178,148	2.77	..	2,143	294,669	29,214	..	..	..	..	..	326,026
30	1897	392,096	94,436	2,039,651	297,659	2.75	..	11,610	399,252	19,139	2,770	..	..	..	..	432,771
31	1898	283,036	108,668	2,214,019	174,368	2.78	..	9,287	178,282	6,915	..	31,650	..	56,675	..	282,809
32	1899	164,881	117,158	2,261,742	47,723	2.75	..	485	120,490	854	..	4,980	..	30,861	..	157,670
33	1900	183,012	123,872	2,320,882	59,140	3.07	3.17	35,513	88,325	..	..	3,790	..	14,633	..	142,261
34	1901	294,756	162,945	2,512,993	191,811	3.50	3.20	88,495	132,465	545	515	40,901	..	3,934	..	266,855
35	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
36	1903	519,124	166,353	3,508,193	352,771	3.37	3.25	151,645	85,346	500	..	94,652 (a)	4,250	607	..	337,000
37	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
38	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
39	1906	64,320	206,544	3,415,998	142,224	3.75	3.33	10,348	99,294	..	1,303	1,360	..	..	..	112,305
40	1907	..	209,209	3,206,789	209,209	..	3.31	22,999	15,880	..	8,533	..	..	..	..	47,412
41	1908	..	181,745	3,025,044	181,745	..	3.34	3,160	..	..	..	..	..	..	..	3,160
42	1909	..	*184,399	2,840,645	184,399	..	3.34	..	..	..	..	..	..	..	..	..
43	1910	..	*195,154	2,645,491	195,154	..	3.34	..	..	..	..	..	..	..	..	..
44	1911	..	194,127	2,451,364	194,127	..	3.33	..	..	..	..	..	..	..	..	..
45	1912	33,500	††200,643	2,284,221	167,143	3.5	3.33	..	..	..	..	..	..	31,779 (b)	..	31,779
46	1913	33,500	††213,438	2,104,283	179,938	3.5	3.33	..	..	..	..	..	..	35,221 (b)	..	35,221
Totals		5,673,799	†3,569,516	2,104,283	..	..	..	1,244,127	3,533,686	191,961	98,376	427,498	71,250	110,809	†5,677,707	

* Includes extraordinary repayments of principal; in 1904 £1,263, in 1905 £250, in 1909 £2,703, in 1910 £968 and £7,213 for liability in respect of remand homes taken over by the London County Council.

†† Excludes £2,629 in 1912 and £91 in 1913 repaid to guardians in respect of casual ward loans prior to taking over loans.

† Includes £3,660 repaid to the Public Works Loans Board during the years 1869-70, and subsequently raised again on loan from the Metropolitan Board of Works.

NOTE.—The expenditure out of loans is allocated to the several services at the time the loan is raised. In a few cases the institutions are being used for purposes other than that contemplated at the time of erection, but no adjustment is made in the above figures.

APPENDIX VII.—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 the £.
	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.	(11)								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	d.	
1867	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1868	132	13	..	..	..	..	2,304	..	..	2,539	..	..	..	..	..	2,539	.03
1869	638	835	..	..	..	..	1,971	..	..	3,444	..	..	..	..	..	3,444	.05
1870	1,226	5,473	..	..	..	..	1,976	..	..	8,675	..	..	..	..	..	8,675	.12
1871	59,204	48,905	..	..	..	..	3,081	..	..	111,190	..	..	..	..	..	111,190	1.34
1872	74,890	39,826	..	..	..	..	4,316	..	..	119,032	..	..	..	1,905	1,905	117,127	1.42
1873	86,462	20,862	..	..	..	..	4,054	..	..	111,378	..	1,190	..	..	1,190	110,188	1.33
1874	91,722	21,680	..	..	..	..	3,316	..	..	116,718	..	..	..	1,789	1,789	114,929	1.35
1875	99,294	28,203	..	..	..	..	4,060	..	..	131,557	..	1,000	..	1,673	2,673	128,884	1.49
1876	108,165	26,972	..	3,573	..	..	3,943	..	..	142,653	..	1,000	..	1,775	2,775	139,878	1.46
1877	106,775	83,703	..	12,388	..	..	4,923	..	..	207,789	..	..	..	2,000	2,000	205,789	2.11
1878	107,328	74,565	..	20,115	..	..	6,696	..	..	208,704	..	1,000	..	2,852	3,852	204,852	2.10
1879	107,564	57,449	..	19,616	..	..	10,235	..	..	194,864	..	1,500	..	3,819	5,319	189,545	1.91
1880	114,153	59,041	..	19,767	..	..	6,792	..	..	199,753	..	1,500	..	3,819	5,319	194,436	1.91
1881	150,222	159,322	..	21,079	..	..	7,145	..	..	337,768	..	1,000	..	3,553	4,553	333,215	3.20
1882	160,693	149,266	7,916	23,368	..	..	11,900	..	..	353,143	..	..	..	6,662	6,662	346,481	3.04
1883	161,651	132,138	10,579	22,142	..	..	0,025	..	..	336,535	..	..	..	4,253	4,253	332,282	2.87
1884	154,032	259,367	41,098	23,547	..	..	26,110	..	..	504,154	..	..	..	3,967	3,967	500,187	4.24
1885	160,235	215,789	33,032	21,699	..	..	18,816	..	..	449,571	..	..	..	3,947	3,947	445,624	3.71
1886	124,032	67,432	15,856	18,431	..	..	13,787	..	..	239,538	..	..	..	4,528	4,528	235,010	1.92
1887	125,119	65,184	10,985	18,642	..	..	13,295	..	..	233,225	..	2,094	..	10,880	12,974	220,251	1.74
1888	123,081	139,869	12,417	17,350	..	..	11,524	..	..	304,241	..	650	..	..	650	303,591	2.38
1889	130,218	89,809	16,300	19,390	..	..	10,286	185	..	266,188	..	2,086	..	3,943	6,029	260,159	2.02
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	2.17
1891	137,782	135,446	11,080	19,100	..	..	13,105	790	3,421	320,724	..	890	..	109	999	319,725	2.44
1892	144,386	210,890	16,050	19,732	..	..	14,016	937	3,300	409,320	..	341	..	40	381	408,939	2.99
1893	145,302	285,633	25,361	20,296	..	..	17,438	1,012	5,278	500,340	228	..	..	41	269	500,071	3.59
1894	140,866	270,586	27,430	21,414	..	..	20,297	1,122	8,189	499,904	142	..	..	202	344	499,560	3.49
1895	148,439	233,926	26,746	22,029	..	..	16,024	1,335	3,487	452,586	2,376	..	..	1,171	3,547	449,039	3.17
1896	139,455	271,093	28,246	18,616	..	..	20,366	1,460	5,413	484,649	3,164	..	..	..	3,164	481,485	3.24
1897	133,924	294,664	30,406	18,176	..	..	23,144	1,640	5,636	507,590	2,875	754	..	..	3,629	503,961	3.37
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	3.54
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	3.73	
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	3.71
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	3.83
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	4.35
1903	184,811	358,570	38,065	18,230	33,996	..	27,957	4,624	6,471	673,054	8,425	1,743	..	3,976	14,144	658,910	3.90	
1904	190,748	296,946	33,946	17,458	50,048	..	28,593	5,466	3,980	627,185	8,434	4,943	4,530	6,390	24,297	602,888	3.53	
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	3.60	
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	3.61	
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	3.71	
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	3.87	
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	3.68	
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	3.40	
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	3.49	
1912	202,287	289,632	25,244	19,372	124,075	9,688	30,079	12,524	2,870	716,371	15,976	4,200	7,338	6,342	33,856	682,515	3.66	
1913	217,256	327,408	26,026	22,010	117,504	20,281	31,077	14,197	3,091	778,850	39,775	5,542	7,628	8,219	61,164	717,686	3.83	

* 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 1904-13 include the contribution of the staff under the Superannuation The bacteriological laboratories and stables and central stores working expenditure (see p. 122) is charged

[In considering this table regard should be had to the great increase in the Board's

receipts and net expenditure, loan charges, special expenditure and year from 1868 to 1913.

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	40,924	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	55,977	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
69,092	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	609	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	1,168,986	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	39,732	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	8,623	27,269	6,169	733	7,783	1,342	51,819	965,802	5.17	..	1910
86,129	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
75,051	213,529	288,580	1.54	1,006,266	5.37	25,445	26,172	6,653	10,173	6,988	1,939	77,370	1,083,636	5.79	..	1913

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 [appropriate head.

work in recent years.

APPENDIX VIII.—Statement of the total days' maintenance and the daily
30 September,

INSTITUTIONS.	TOTAL NUMBER OF DAYS'						
	1913	1912	1911	1910	1909	1908	1907
Asylums, etc. (imbecile and feeble-minded)—							
Leavesden	747,475	757,484	731,153	707,539	755,134	679,132	669,73
Caterham	738,003	744,080	742,960	712,325	708,860	681,473	696,20
Tooting Bec	392,592	392,370	382,266	374,499	355,611	302,634	288,40
Fountain (temporary) ..	209,278	114,229	...	...	...	...	...
Darenth (Industrial Colony)	685,037	695,440	720,755	701,935	696,125	698,594	715,30
Bridge (Industrial Home) ...	42,210	67,898	...	...	...	...	...
Rochester House ... ..	...	...	...	...	...	...	...
Belmont ... ..	...	...	...	...	...	90,757	110,30
Gore Farm ... ..	...	...	...	...	...	...	...
Totals and averages ...	2,814,595	2,771,501	2,577,134	2,496,298	2,515,730	2,452,590	2,480,00
Hospitals (fever, etc.)—							
Eastern	100,861	90,965	80,571	49,508	92,820	98,789	114,70
North-Eastern	172,375	172,596	137,194	109,832	156,511	191,142	165,40
North-Western	123,520	120,950	99,941	92,854	115,520	127,006	130,70
Western	133,679	124,305	99,145	93,042	133,790	146,864	135,10
South-Western	95,985	85,261	87,638	85,073	90,162	87,164	87,30
Fountain ... ..	...	...	1,092	3,087	33,312	70,121	22,20
Grove	123,579	120,508	99,719	80,576	110,387	112,256	133,00
South-Eastern	144,555	136,112	104,579	91,085	106,126	114,619	130,10
Park ... ..	...	...	...	52,399	125,343	151,720	142,00
Brook	145,283	127,392	103,066	96,208	142,895	146,419	147,30
Northern	143,710	109,352	126,480	130,719	168,379	208,850	211,60
Southern	172,557	179,119	161,241	129,130	217,029	285,809	254,50
Joyce Green ... ..	...	...	...	...	...	27,340	...
Northern (Sanatorium) ...	30,879	...	...	...	...	...	...
The Downs (do.)	51,129	...	...	...	...	...	...
Totals and averages ...	1,438,112	1,266,560	1,040,666	1,013,513	1,492,274	1,768,099	1,674,40
Hospitals (smallpox)—							
Hospital Ships, Long Reach, and Joyce Green	31	104	2,281	574	140	54	...
Totals and averages ...	31	104	2,281	574	140	54	...
Hospitals, homes and schools (children)—							
*Queen Mary's	289,553	302,612	268,317	296,347	124,134	...	...
Park	215,496	237,479	151,304	...	...	...	...
S. Anne's	47,449	47,884	47,691	47,664	46,808	46,442	28,70
East Cliff	46,435	43,687	45,170	45,227	43,984	42,688	44,30
Millfield	43,754	43,806	43,369	42,913	40,944	39,901	36,10
The Downs	35,989	119,005	102,262	115,550	128,513	126,093	130,20
White Oak	126,957	124,339	124,040	123,485	104,641	96,657	101,30
High Wood	117,957	123,971	117,767	113,148	103,891	98,023	96,80
Bridge ... ..	...	...	69,642	60,937	50,285	40,013	25,40
Lloyd Street ... ..	...	7,217	9,237	8,287	8,004	8,208	8,80
Elm Grove ... ..	...	3,894	4,827	4,701	4,206	4,584	4,70
Kingwood Road ... ..	...	...	...	...	...	1,622	6,80
Earlsfield Road ... ..	...	2,763	3,160	3,424	3,248	2,986	2,70
Surrey House ... ..	...	5,216	6,579	6,552	6,346	5,719	5,30
Fountain Hospital (Feeble-minded Colony) ... ..	...	...	19,443	...	...	...	...
Pentonville Road ... ..	...	...	...	2,397	11,706	9,678	8,40
Harrow Road ... ..	...	...	...	967	4,460	3,805	3,80
Camberwell Green ... ..	...	...	...	2,774	10,029	8,785	6,50
Total and averages ...	923,590	1,061,873	1,012,808	874,373	691,199	535,204	510,30
Training Ship Exmouth (boys) ...	260,649	246,112	245,219	252,581	224,052	198,693	205,20
Casual ward inmates	157,431	107,022	...	...	...	...	...
GRAND TOTALS	5,594,408	5,453,172	4,878,108	4,637,339	4,923,395	4,954,640	4,870,00

* NOTE. The average number of inmates (1909) for Queen Mary's Hospital has

† Homes transferred to the London County Council as from 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 1913.

MAINTENANCE.			AVERAGE NUMBER OF INMATES.									
1906	1905	1904	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
646,906	646,154	634,123	2,048	2,070	2,009	1,944	2,075	1,866	1,805	1,777	1,775	1,742
685,937	702,171	705,311	2,022	2,033	2,041	1,957	1,947	1,872	1,877	1,884	1,929	1,938
280,323	270,502	268,100	1,076	1,072	1,050	1,029	977	832	777	770	743	736
...	...	...	573	312	...	...	...	...	...	...	...	...
702,606	685,036	706,071	1,877	1,900	1,980	1,928	1,912	1,919	1,928	1,930	1,882	1,940
...	...	...	115	185	...	...	...	...	...	...	...	...
...	28,385	49,302	...	...	...	...	...	...	...	...	78	135
90,472	18,172	...	...	...	...	...	...	249	298	249	50	...
...	62,162	6,440	...	...	...	...	...	...	...	...	171	18
2,406,244	2,412,582	2,369,347	7,711	7,572	7,080	6,858	6,911	6,738	6,635	6,610	6,628	6,509
105,372	101,384	95,551	276	249	221	136	255	271	309	289	278	262
159,981	159,141	122,413	472	472	377	302	430	525	446	440	437	336
118,188	104,442	95,533	338	330	275	255	317	349	352	325	287	262
120,600	102,730	90,430	366	340	272	256	368	404	364	331	282	248
99,588	100,838	77,911	263	233	241	234	248	240	235	274	277	214
66,927	72,770	...	...	...	3	8	91	193	60	184	200	...
116,970	114,861	78,816	339	329	274	221	303	308	359	321	316	217
20,790	...	23,490	396	372	287	250	292	315	351	57	...	65
104,168	126,542	107,099	...	...	...	144	344	417	383	286	348	294
142,669	141,254	130,918	398	348	283	264	393	402	397	392	388	360
190,804	189,837	144,900	394	299	348	359	463	574	571	524	522	398
226,676	22,348	...	473	489	278	355	596	785	686	623	61	...
...	...	...	...	...	...	...	...	75	...	...	...	...
...	...	...	85	...	...	...	...	...	...	...	...	...
...	...	...	219	...	...	...	...	...	...	...	...	...
1,472,733	1,236,147	967,061	4,019	3,461	2,859	2,784	4,100	4,858	4,513	4,046	3,396	2,656
949	3,172	19,551	...	...	6	2	...	...	...	3	9	53
949	3,172	19,551	...	...	6	2	...	...	...	3	9	53
...	...	...	793	827	737	814	*502	...	...	...	...	...
...	...	...	591	649	416	...	...	...	...	...	...	...
43,807	45,362	40,429	130	131	131	131	129	128	77	120	125	111
41,632	45,293	35,867	127	119	124	124	121	117	120	114	124	99
26,942	22,940	6,518	120	120	119	118	113	110	97	74	63	18
142,625	145,132	146,968	99	325	281	318	353	346	351	392	399	404
88,058	95,755	119,834	348	340	341	339	287	265	273	242	263	329
91,975	86,061	5,073	323	339	324	311	285	269	261	253	236	14
23,298	56,248	55,764	...	...	191	167	138	110	69	64	155	153
9,114	8,179	8,556	...	20	25	23	22	23	24	25	22	23
4,588	4,531	4,256	...	10	13	13	12	13	13	13	12	12
7,385	7,198	7,297	...	...	...	...	...	4	18	20	20	20
3,306	3,150	2,789	...	7	9	9	9	8	7	9	9	8
5,408	5,347	4,020	...	14	18	18	17	16	14	15	15	11
...	...	...	...	...	53	...	...	...	...	...	...	...
9,421	8,726	8,914	...	...	...	27	32	27	23	26	24	24
3,443	3,272	3,355	...	...	+	11	12	10	11	9	9	9
7,440	6,628	7,263	...	...	...	31	28	24	18	21	18	20
508,442	543,822	456,903	2,531	2,901	2,782	2,454	2,060	1,470	1,376	1,397	1,494	1,255
207,894	199,225	193,350	714	672	674	694	616	546	553	571	547	531
...	...	...	431	585	...	...	...	...	...	...	...	...
4,596,262	4,394,948	4,006,212	15,406	15,191	13,401	12,792	13,687	13,612	13,127	12,627	12,074	11,004

been calculated for the period from 29 January, 1909, only.

1 April, 1912, and on the basis of three meals per inmate per day.

ANNUAL REPORT, 1913,

APPENDIX IX.—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										
	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1913	1912	1911	1910	1909						
	*	*	*	*	*	*	*	*	*	*	*	*	*	*							
Asylums, etc. (imbecile, etc.)	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.						
Leavesden ...	3	5.13	2.83	5.03	4.63	5.43	8.63	3.63	6.63	8.33	9.7	7	1.2	6	5.4	6	7.8	6	7.6	6	0
Caterham ...	3	3.03	1.43	3.03	4.93	7.93	9.43	7.03	8.53	9.13	10.5	6	7.2	6	1.7	6	2.2	6	2.5	5	11
Tooting Bec ...	2	11.92	10.83	0.13	1.23	2.73	9.13	6.33	5.83	7.33	11.1	10	8.8	10	2.9	10	9.9	11	1.0	11	8
Fountain (temp.)	2	10.83	3.1	...	...	...	...	...	...	...	...	10	7.1	12	0.2	...	...	...	...	...	...
Darenth L.C. ...	3	3.53	4.03	3.83	3.23	4.03	4.72	10.02	11.23	1.73	10.3	6	4.1	6	3.0	6	3.4	6	4.0	6	5
Bridge I. Hon ...	3	6.23	8.7	...	...	...	...	...	...	...	...	6	4.8	4	8.3	...	...	...	...	...	...
Rochester H. ...	...	...	...	...	...	...	...	...	...	...	3	3.8	...	...	...	...	...	...	...	...	...
Belmont ...	...	...	...	...	...	3	8.23	7.14	11.8	...	...	...	...	...	...	...	...	...	...	...	...
Total av'ge cost	3	3.03	2.33	3.3	33.83	5.43	7.83	3.43	5.53	6.43	10.1	7	6.5	7	0.5	7	0.4	7	1.1	6	11
Hospitals (fever, etc.)																					
Eastern ...	3	8.63	8.53	8.83	9.63	9.03	10.33	10.33	10.43	11.34	1.0	28	7.7	29	5.0	32	9.2	46	3.9	30	3
North-Eastern	4	5.74	4.64	3.04	8.34	7.14	3.74	3.03	8.73	10.24	2.5	26	3.4	24	6.5	30	2.8	37	10.3	29	1
North-Western	3	9.13	10.24	0.63	9.33	8.53	9.63	10.73	6.24	3.44	10.4	27	2.8	25	8.0	30	8.5	32	1.8	27	9
Western ...	4	3.34	2.64	2.04	9.24	1.64	2.03	11.64	2.04	8.95	2.8	27	1.0	26	8.2	32	6.9	35	5.4	28	7
South-Western	4	11.34	8.44	5.24	9.64	8.24	6.14	3.73	11.14	3.15	1.3	33	4.3	33	11.5	33	2.2	34	2.1	33	1
Fountain ...	...	...	5	3.14	11.34	10.94	8.34	4.84	4.05	0.7	...	...	...	...	...	...	...	...	...	...	...
Grove ...	4	0.84	2.84	1.04	1.84	8.04	4.44	0.84	4.64	6.65	2.5	31	9.6	30	4.0	36	3.9	42	5.8	34	3
South-Eastern	4	0.54	0.73	9.43	10.83	6.83	10.14	0.3	...	...	...	25	9.3	26	0.2	31	7.2	35	5.0	33	0
Park ...	...	...	...	4	9.04	6.64	5.04	5.74	7.74	10.06	0.0	...	...	...	...	...	...	...	...	30	11
Brook ...	3	10.94	1.34	0.84	6.94	6.24	5.74	5.84	1.74	4.54	9.0	27	9.6	29	2.7	36	6.7	38	1.8	29	8
Northern ...	4	9.34	4.54	3.14	6.25	0.35	0.15	3.44	8.84	10.35	3.1	19	7.6	24	1.1	23	9.3	23	7.9	20	4
Southern ...	4	1.24	0.74	2.74	1.14	2.34	6.74	2.84	0.8	...	...	19	6.7	19	1.9	27	7.0	24	9.0	16	2
Joyce Green ...	...	...	...	...	...	8	3.1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total av'ge cost	4	0.94	2.04	1.44	4.04	4.34	5.34	3.84	1.74	5.64	11.5	25	1.2	26	2.7	31	3.0	33	8.0	27	8
Hospitals (smallpox)																					
Joyce Green ...	9	0.46	8.8	10	5.27	9.69	0.0	...	...	7	9.89	3.8	10	1.3	...	...	...	...	...	...	...
Total av'ge cost	9	0.46	8.8	10	5.27	9.69	0.0	...	...	7	9.89	3.8	10	1.3	...	...	...	...	...	...	...
Sanatorium— The Downs ...	7	6.9	...	...	...	...	...	...	...	...	...	26	11.4	...	...	...	...	...	...	...	...
Homes, etc. (children)																					
Queen Mary's	3	8.23	7.53	4.53	3.34	2.3†	...	...	...	...	...	14	10.9	13	6.1	14	10.5	13	5.1	14	2
Park ...	3	10.94	2.25	0.4	...	...	...	...	...	...	...	20	2.4	17	8.4	23	1.0	...	...	...	...
S. Anne's ...	3	0.42	11.93	0.43	2.53	5.13	5.33	5.13	2.33	8.44	0.3	8	3.7	8	2.4	8	1.0	8	7.6	8	11
East Cliff ...	3	2.73	7.53	4.13	4.83	6.13	7.03	3.53	4.63	6.23	8.0	9	11.2	10	2.3	9	9.5	9	9.6	10	3
Millfield ...	3	11.33	11.84	3.04	1.04	1.44	7.35	10.25	11.46	4.6	...	8	6.9	8	2.6	8	8.8	8	9.6	8	7
The Downs ...	3	2.53	2.43	1.53	1.33	3.33	5.63	2.43	4.63	5.53	11.4	12	1.4	10	8.9	12	4.1	11	7.6	10	8
White Oak ...	3	4.93	3.73	3.23	2.93	5.73	9.53	6.43	10.73	7.73	8.0	11	4.0	10	9.6	11	0.6	11	4.6	12	11
High Wood ...	3	4.53	5.13	5.03	3.83	6.53	10.33	11.33	10.74	3.0	...	10	6.8	10	2.1	10	8.7	10	11.7	11	10
Bridge ...	...	...	3	10.44	2.04	10.55	0.83	10.1	...	2	11.53	2.0	...	...	5	6.8	5	8.4	7	4	...
Lloyd Street ...	...	3	11.93	11.63	8.43	10.84	4.84	7.94	3.84	7.05	0.5	...	8	2.5	7	8.6	8	7.6	8	9	...
Elm Grove ...	...	2	10.92	11.12	6.73	1.53	2.23	1.13	5.73	5.93	10.2	...	9	4.2	8	9.8	9	8.9	9	6	...
Kingwood Rd. ...	...	...	...	...	...	3	8.54	2.54	3.44	7.14	8.6	...	...	...	...	...	...	...	...	...	...
Earlsfield Road ...	...	3	8.43	9.74	7.04	4.84	3.23	11.34	4.34	6.96	5.1	...	8	11.0	9	8.4	8	7.0	8	3	...
Surrey House ...	...	3	7.53	4.83	9.93	6.64	5.53	10.85	7.46	7.2	...	...	6	7.2	6	10.2	6	7.0	6	4	...
Fountain H. ...	...	...	3	7.5	...	...	...	...	...	...	...	...	...	...	12	9.1	...	...	...	...	...
{ Pen'ville Rd ...	...	...	...	2	11.72	11.02	11.83	2.83	2.03	3.94	7.6	...	...	...	...	11	8.2	8	8	...	...
{ Harrow Rd. ...	...	...	...	3	3.93	6.63	1.93	7.93	7.43	8.24	5.0	...	...	...	...	20	1.5	13	11	...	...
{ C'mb'w'll G ...	...	...	...	2	0.22	7.03	0.12	11.72	6.22	9.44	1.3	...	...	...	...	9	10.7	9	11	...	...
Total av'ge cost	3	7.23	7.63	7.83	4.43	8.33	9.83	8.63	9.03	9.33	9.9	14	1.7	12	8.8	13	2.9	11	2.7	11	1
Training Ship Exmouth (boys)	4	1.54	2.13	11.33	11.64	2.84	9.14	7.44	3.94	8.15	2.0	7	1.1	6	4.3	6	5.6	5	10.9	6	5

* NOTE.—The industrial, farm, etc., balances are adjusted wholly on other charges in 1908—1913, 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, 1913.**

COST PER INMATE.

CHARGES.					TOTAL.									
1908	1907	1906	1905	1904	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904
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 6.0	6 6.2	6 7.4	6 2.8	6 0.3	10 6.3	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
6 1.0	5 11.0	5 10.2	5 7.3	5 6.6	9 10.2	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
12 10.5	13 5.5	13 8.8	14 1.4	13 3.8	13 8.7	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
...	...	...	...	...	13 5.9	15 3.3	...	...	...	...	...	...	...	...
6 5.4	6 9.5	7 4.9	7 5.1	8 0.0	9 7.6	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
...	...	...	...	...	9 11.0	8 5.0	...	...	...	...	...	...	...	...
...	...	...	...	7 9.4	...	...	...	...	...	...	...	...	...	11 1.2
...	11 5.5	13 1.4	...	...	...	...	...	...	...	...	15 0.6	18 1.2	...	...
7 2.1	7 5.5	7 8.5	7 3.9	7 4.1	10 9.5	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
27 5.2	24 2.1	26 11.0	29 2.3	30 7.0	32 4.3	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
24 2.1	25 1.9	24 5.7	24 5.8	29 5.5	30 9.1	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
26 1.8	25 2.3	26 10.8	30 1.4	30 4.6	30 11.9	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
25 10.1	27 6.1	30 4.8	34 3.5	38 1.5	31 4.3	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
34 5.5	33 11.2	29 9.4	29 4.0	38 0.6	38 3.6	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 1.6
33 11.5	...	36 0.5	31 11.0	...	...	...	...	...	...	38 7.8	...	40 4.5	36 11.7	...
35 9.9	30 6.4	33 8.1	33 9.2	44 6.8	35 10.4	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 9.8
33 11.4	29 2.7	...	...	...	29 9.8	30 0.9	35 4.6	39 3.8	36 7.3	37 9.5	33 3.0	...	...	...
27 0.7	27 10.7	33 11.4	28 7.0	34 2.2	...	...	...	...	35 5.9	31 5.7	32 4.4	38 7.1	33 5.0	40 2.2
29 7.6	29 9.1	30 5.1	31 3.2	33 11.5	31 8.5	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 8.4
17 3.1	16 7.9	18 5.8	18 4.8	21 8.6	24 4.9	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 11.5
15 3.1	14 4.3	14 7.1	...	...	23 7.9	23 2.6	31 9.7	28 10.1	20 5.0	19 9.8	18 7.1	18 7.9	...	...
...
25 3.7	24 4.7	25 11.0	28 2.2	33 0.5	29 2.1	30 4.7	35 4.4	38 0.0	32 0.9	29 9.0	28 8.5	30 0.7	32 7.8	33 0.4
...
...
...	...	...	...	...	34 6.3	...	...	...	...	...	...	...	...	...
...	...	...	...	...	18 7.1	17 1.6	18 3.0	16 8.4	18 4.5	...	...	...	...	...
...	...	...	...	...	24 1.3	21 10.6	28 1.4	...	...	...	...	...	...	...
8 7.4	...	9 2.2	9 5.2	10 2.7	11 4.1	11 2.3	11 1.4	11 10.1	12 4.2	12 0.7	...	12 4.5	13 1.6	14 3.4
9 6.5	9 4.2	9 2.7	8 5.2	9 6.4	13 1.9	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 2.9
9 3.4	10 11.1	12 10.1	13 8.0	...	12 6.2	12 2.4	12 11.8	12 10.6	12 8.6	13 10.7	16 9.3	18 9.5	20 0.6	...
10 1.3	10 2.7	9 9.3	9 1.3	9 7.5	15 3.9	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 6.4
13 11.7	12 10.6	14 0.0	13 6.0	11 5.4	14 8.9	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
12 9.9	12 5.1	12 11.9	13 2.1	...	13 11.3	13 7.2	14 1.7	14 3.5	15 4.9	16 8.2	16 4.4	16 10.6	17 5.1	...
7 11.9	6 11.7	...	8 11.5	9 3.9	...	...	9 5.2	9 10.4	12 3.0	13 0.7	10 9.8	...	11 11.0	12 5.4
8 9.2	8 3.8	8 11.1	9 10.1	9 10.4	...	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 10.4
8 8.3	8 6.2	8 10.6	9 9.5	9 8.0	...	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 6.3
...	8 1.5	7 5.9	7 11.0	8 3.5	...	...	...	...	...	...	12 4.0	11 9.3	12 6.1	13 0.4
9 0.0	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 0.4
8 4.1	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 4.6	10 9.4	10 9.6	11 6.0	11 6.0	...	...	...	14 7.9	11 7.8	13 4.4	14 0.2	13 11.6	14 9.9	16 1.4
16 9.0	15 2.0	17 9.7	18 3.2	17 4.3	...	...	...	23 5.4	17 5.8	19 10.9	18 9.9	21 5.1	21 11.4	21 9.3
10 7.6	12 9.5	11 3.5	13 0.9	11 1.9	...	...	...	11 10.9	12 6.3	13 7.7	15 9.2	13 9.7	15 10.3	15 3.3
10 11.0	11 0.1	11 2.8	10 9.6	10 2.9	17 8.9	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 0.4
7 3.6	7 5.6	11.4	7 3.8	7 0.4	11 2.6	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

comparison 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 X.—Statement showing the rateable value of the District, produce of 1d. rate in the £, rates in the £, and amounts of precepts—each year from 1867 to 1913.

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.	Annual increase.		Amount in the £ worked out as a metropolitan rate.*			Amount raised.				
					Common charges.	Direct charges.	Total.	Common charges.	Direct charges.	Total.		
£	£	£	d.	d.	d.	£	£	£				
1	1867	16,024,891	...	66,770	...	...	...	...	...	...	1867	1
2	1868	16,852,680	827,789	70,219	0·12	...	0·12	8,346	...	8,346	1868	2
3	1869	17,564,237	711,557	73,184	0·12	...	0·12	8,777	...	8,777	1869	3
4	1870	17,802,258	238,021	74,176	0·50	...	0·50	40,317	636	40,953	1870	4
5	1871	19,812,058	2,009,800	82,550	0·75	0·35	1·10	99,199	31,400	130,599	1871	5
6	1872	19,812,058	...	82,550	0·75	1·30	2·05	61,912	111,290	173,202	1872	6
7	1873	19,812,058	...	82,550	1·00	0·50	1·50	83,768	42,590	126,358	1873	7
8	1874	20,391,125	579,067	84,963	1·00	0·70	1·70	84,964	60,820	145,784	1874	8
9	1875	20,713,749	322,624	86,307	1·00	0·70	1·70	86,356	61,040	147,396	1875	9
10	1876	23,035,324	2,321,575	95,980	1·50	0·55	2·05	138,209	51,980	190,189	1876	10
11	1877	23,367,824	332,500	97,365	1·50	0·80	2·30	145,380	79,180	224,560	1877	11
12	1878	23,367,824	...	97,365	1·75	0·85	2·60	170,390	81,970	252,360	1878	12
13	1879	23,848,222	480,398	99,367	1·75	0·88	2·63	173,893	88,080	261,973	1879	13
14	1880	24,388,802	540,580	101,620	1·75	0·66	2·41	177,835	67,500	245,335	1880	14
15	1881	25,012,087	623,285	104,217	1·75	0·77	2·52	182,380	81,400	263,780	1881	15
16	1882	27,313,146	2,301,059	113,804	3·00	1·10	4·10	341,414	124,700	466,114	1882	16
17	1883	27,771,967	458,821	115,716	2·75	1·20	3·95	318,678	118,500	437,178	1883	17
18	1884	28,284,594	512,627	117,852	2·75	1·10	3·85	324,301	130,000	454,301	1884	18
19	1885	28,819,345	534,751	120,080	3·75	1·33	5·08	450,302	157,700	608,002	1885	19
20	1886	29,289,747	470,402	122,040	3·00	0·50	3·50	366,122	61,600	427,722	1886	20
21	1887	30,305,986	1,016,239	126,274	1·25	0·57	1·82	158,026	72,720	230,746	1887	21
22	1888	30,618,304	312,318	127,576	2·25	0·88	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
47	1913	44,927,385	240,973	187,197	5·12	0·70	5·82	954,459	131,200	1,085,659	1913	47

*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.

NOTE.—In considering this table regard should be had to the great increase in the Board's work in recent years.

APPENDIX XI.—Summary of sanctions to borrow, amount borrowed and amount outstanding 30 September, 1913.

INSTITUTION.	Amount sanctioned.	Amount borrowed.	Balance of principal outstanding 30 September, 1913.	
	£	£	£	s. d.
Asylums, &c.—				
Leavesden	223,916	223,916	63,260	0 1
Caterham	227,254	227,254	59,834	17 5
Tooting Bec	324,813	324,813	167,320	15 2
Fountain	155,103	155,103	7,868	2 11
Darenth Industrial Colony	334,058	334,058	61,990	9 0
Bridge Industrial Home	11,000	11,000	5,241	0 4
Clapton	2,500	2,500	—	—
Belmont	127,955	127,955	66,554	8 3
TOTALS FOR ASYLUMS, ETC.	1,406,599	1,406,599	432,069	13 2
Hospitals—				
Eastern	122,897	122,897	34,116	4 2
North-Eastern	175,147	175,147	78,747	16 3
North-Western	168,761	168,761	52,877	11 11
Western	225,150	225,150	70,031	12
South-Western	163,439	163,439	43,639	3 4
Grove	271,106	271,106	105,430	15 8
South-Eastern	262,506	262,506	108,536	15 7
Brook	317,551	317,551	117,338	12 10
Northern	194,428	194,428	44,151	15 5
The Downs	99,800	99,800	52,569	0 8
Southern (Upper)	180,488	180,488	43,101	5 4
Do. (Lower)	135,000	135,000	35,767	6 9
Smallpox—Hospital ships	74,285	74,285	3,042	10 7
Do. Long Reach (temporary)	67,988	67,988	24,277	19 9
Do. Orchard	123,000	123,000	40,697	6 8
Do. Joyce Green	370,869	370,869	192,087	13 3
TOTALS FOR HOSPITALS	2,952,415	2,952,415	1,046,433	10 5
Bacteriological laboratories and stables	5,280	5,280	3,319	6 2
Land ambulance stations—				
Eastern	2,645	2,645	1,108	10 6
North-Western	20,254	20,254	8,488	10 11
Western	3,800	3,800	628	13 4
South-Western	15,976	15,976	7,198	3 8
South-Eastern	1,625	1,625	854	12 4
Brook	16,408	16,408	6,514	10 11
Mead	28,500	28,500	9,429	17 9
Tooting Bec	1,567	1,567	933	5 1
TOTALS FOR LAND AMBULANCE SERVICE	90,775	90,775	35,156	4 6
River ambulance service—				
South Wharf	43,154	43,154	15,040	3 11
North Wharf	9,555	9,555	2,309	7 10
West Wharf	14,207	14,207	3,629	12 0
Steamers	35,837	35,837	3,444	9 5
TOTALS FOR RIVER AMBULANCE SERVICE	102,753	102,753	24,423	13 2
Training Ship Exmouth	98,376	98,376	42,394	7 8
Children's hospitals, homes and schools—				
Queen Mary's	245,195	245,195	142,661	13 1
Park	273,947	273,947	103,335	18 3
S. Anne's	16,000	16,000	6,352	15 2
East Cliff	17,320	17,320	8,619	17 11
Millfield	27,042	27,042	14,185	0 8
White Oak	132,244	132,244	68,043	12 10
High Wood	106,477	106,477	56,253	10 0
Lloyd Street	650	650	167	16 1
Elm Grove	1,006	1,006	—	—
Kingwood Road	1,480	1,480	382	9
Earlsfield Road	690	690	397	1 4
Surrey House	1,050	1,050	579	0 6
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.	835,540	835,540	400,978	7 7
Central Stores (land and houses at Peckham)	4,250	4,250	2,530	18 9
Casual wards	67,000	67,000	60,939	19 2
Office of the Board	110,811	110,811	56,036	16 3
GRAND TOTALS	£ 5,673,799	5,673,799	2,104,282	16 10

See p. 123 for notes.

APPENDIX XIII.—Statement showing the accounts of the Bacteriological Laboratories and Central Stores for the years ended 30 September, 1913 and 1912.

Dr.		Bacteriological Laboratories.				Cr.	
1912.						1912.	
Laboratories.	Stables.	Laboratories.	Stables				
£	£	£	£	£	£	£	£
1,029	—	1,056	—	By amount charged to institutions—			
				for bacteriological examinations	1,867		1,730
686	306	741	318	for antitoxin supplied	2,043		1,777
						3,910	3,507
				antitoxin supplied to London		17	27
				General Hospitals			
72	46	86	93	sale of empties and manure		6	10
66	202	97	216				
61	21	61	27				
527	2	386	6				
154	150	154	130				
42	55	43	36				
162	18	249	34				
55	—	36	—				
122	16	123	—				
19	—	25	—				
£2,773	771	£3,057	876				
	2,773		3,057				
	£3,544		£3,933			£3,933	£3,544

Dr.		Central Stores.		Cr.	
1912.				1912.	
		£		£	£
35,982	To value of stock in hand, September, 1912 (at current prices)	33,683		2,615	2,153
44,246	cost of goods purchased during the year	58,436		54,584	47,007
2,615	balance carried to next year's account	2,543		37,763	55,685
£82,843		£94,662		£94,662	£82,843
300	To salary of clerk in charge	300			
1,584	wages of staff (including proportion for head office book-keeping staff)	1,658		3,916	3,772
	uniforms for staff	1			
365	carriage of goods to institutions (including book charge for cartage by managers' vehicles)	444			
185	repairs to property, furniture, etc.	126			
117	heating, lighting and cleansing	185			
806	rents of premises (book charge)	806			
298	rates	291			
82	printing, stationery, postage, etc.	101			
2	travelling expenses of managers and staff	4			
£3,772		£3,916		£3,916	£3,772

The above expenditure is charged to and forms part of the expenditure of the several establishments to which the goods are supplied, see Appendix III., p. 108.

APPENDIX XI.—*continued.*

(Note I.) Particulars of the dates of the several sanctions in force, the respective purposes, amounts and periods sanctioned; the amounts borrowed, year of borrowing and the rates per cent. of interest payable; together with the balances of principal outstanding as on 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, 2 November, 1909, and 21 February, 1913, 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 XII.—**Interest on Loans.**

The average rate of interest per cent. per annum payable on the principal of loans outstanding 30 September, 1913, amounting to £2,104,283, is **£3 $\frac{1}{3}$** . 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	263,363	163,014	100,349	2 15 0
loans	4,480	4,480	—	3 0 0
	5,050	5,050	—	3 5 0
London County	5,333,906	3,390,912	1,942,994	3 7 1
Council loans	67,000	6,060	60,940	3 9 7
TOTALS	£5,673,799	£3,569,516	£2,104,283	£3 6 8 (approx.)

ANNUAL REPORT OF THE WORKS COMMITTEE FOR 1913.

Cleaning and painting works and repairs. As the result of the Managers' consideration of an exhaustive and comprehensive report by the Finance Committee on the system by which the expenditure of the Board on (a) cleaning and painting and repairs, (b) alterations, and (c) additions were initiated, carried out, and controlled, the Managers in April last decided that the procedure in future should be as follows :—

- (i.) That works of cleansing and disinfection and minor repairs should be undertaken as a rule by the institution staff, assisted by temporary labour as may be necessary, except where such work is required to be done in conjunction with painting or other larger works ;
- (ii.) That proposals for works of painting, &c., and larger repairs required to be done for the preservation of the fabric should as a rule be prepared by the institution officers in accordance with rules to be laid down by the Works Committee, and on schedules prescribed by that Committee ; that such schedules should then be forwarded to the Engineer-in-Chief, and submitted by him to the Works Committee with any suggested amendments, estimates of cost, and proposals as to method and execution, and after being settled by the Works Committee should be submitted by them to the committee concerned for their observations, and that the proposals after being finally settled by the Works Committee should be submitted by them to the Managers when the Board's sanction is necessary ;
- (iii.) That in all proposals for alterations and additions the committee concerned shall directly affirm the necessity for the work.

The general effect of the Board's decisions will be that the initiation of works required, instead of resting as hitherto with the institution sub-committee, will in future rest with the medical superintendent or other chief officer of the institution, whose recommendations will be subject to review by the Engineer-in-Chief before they are submitted to the institution sub-committee and eventually to the Works Committee for final settlement.

Brook and Park Hospitals. On 26 July last the Board decided to abandon the generation of electricity at the Brook and Park Hospitals and to enter into an agreement for its supply with the South Metropolitan Electric Light & Power Co., Ltd. In our report to the Board hereon we pointed out that in the opinion of the Engineer-in-Chief the adoption of this course would be attended with considerable economies, estimated at £300 per annum for the Park Hospital and £500 per annum for the Brook Hospital, and that the economical results of a similar change at Tooting Bec Asylum had more than justified the Board's action. The immediate cost to the Board involved in connection with this change over was estimated at approximately £550 for the Park Hospital and £700 for the Brook Hospital, from which must be deducted the amount realised by the sale of old engines, dynamos, &c.

Engineer-in-Chief's Department.

(i.) Works carried out during 1913.

Works to the approximate value of £74,000, of which £29,200 represents the value of engineering works, and £44,800 building works and repairs, were carried out under the supervision of the Engineer-in-Chief during 1913. Of the engineering works and repairs, some £18,000 represents the value of the works carried out by the staffs of the various institutions, £10,850 works executed by contract, and £400 works carried out by temporary labour. Of the building works and repairs, works of the value of £42,600 (including annual cleaning and painting works) have been carried out by contract, and works to the value of £2,200 by direct labour.

It is interesting to note that whilst the total estimated cost of the cleaning and painting works carried out at eleven infectious hospitals during 1913 was £9,648, the actual cost of these works was £9,726, or only £78 more than the Engineer-in-Chief's combined estimates.

(ii.) Requirements of Factory Acts.

The approximate cost of guarding machinery in the Board's laundries and workshops during 1913 to meet the requirements of these Acts was £250, against £1,077 in 1912, and £378 during 1911.

(iii.) Consumption of fuel.

Economy of fuel has again taken up a considerable amount of attention by the Engineer-in-Chief and his staff during the past twelve months. In this connection we would remind the Board that the principle of super-heating steam is now on trial at the North-Eastern Hospital, and although sufficient time has not yet elapsed to enable the Engineer-in-Chief to report upon the economies effected, he assures us that a great improvement has already been experienced in the laundry and in the heating of the various wards.

(iv.) Head office staff.

The adoption by the Board of a new standing order which prohibits the employment of a temporary officer or servant for more than six months in any one year rendered it necessary in July last for us to take into consideration the position of the temporary draughtsmen then engaged in the Engineer-in-Chief's department, and as there appeared to be no likelihood of any appreciable diminution in the quantity of work in this department, it was decided to make permanent the appointments of five of the temporary draughtsmen and thus obviate the necessity of applying periodically to the Managers for the reappointment of these officers.

IMBECILE ASYLUMS.**Tooting Bec Asylum.**

(i.) Extensions.

On 8 March last the Managers approved generally of a scheme for the enlargement of this asylum, and decided, subject to the sanction of the Local Government Board, to proceed with the whole of the administrative extensions necessary for the complete scheme (excluding the new home for nurses) and the erection of two pavilions for male patients and two pavilions for female patients; and the Works Committee were instructed to deal with the matter in conjunction with the Asylums Committee. Pursuant to the Board's decision, we submitted to the Managers in the following July detailed drawings of the proposed works, the cost of which was estimated by the architect approximately at £86,500, as against his original estimate of £88,000, which provided for the rebuilding of the mortuary and certain accommodation for assistant medical officers, neither of which works was included in the plans which were submitted. Towards the close of the year the Board, on our recommendation, approved of sundry additional works which the Asylums Committee had represented to us as necessary to complete that portion of the scheme which is known as the immediate

scheme, and which comprised storage for house coal and house and food refuse, additional water storage, formation of new subway and ring mains, together with additional boiler power and alterations and extensions to the existing engineering plant, the total cost of these works being estimated at £14,354, making the total cost of the works proposed to be proceeded with £100,854.

(ii.) Medical superintendent's house. The erection of a new house for the medical superintendent at an estimated cost of £2,360 received the approval of the Managers at the end of the year.

Other works. Other works which engaged our attention at the asylums during the year were the reconstruction of a number of defective chimney stacks and the renewal of gas retorts at the Darenth Industrial Colony, and the installation of sundry kitchen appliances at the Leavesden Asylum and Fountain Temporary Asylum; whilst in October last we were able to report the completion of the contract for the construction of ferro-concrete tanks for water-softening purposes at Darenth Industrial Colony at a total cost of £2,236.

INFECTIOUS HOSPITALS AND RIVER AMBULANCE SERVICE.

Long Reach Hospital. On 23 March, 1912, the Managers decided to reconstruct in permanent material two of the temporary wards at this hospital.

(i.) Reconstruction. Owing, however, to unforeseen circumstances, it was not found practicable to proceed with the scheme until towards the end of 1913, when plans for the reconstruction of the two wards

at a total estimated cost of £3,165 were approved by the Managers, and have since received the sanction of the Local Government Board. It was at first proposed to reconstruct these two wards by means of labour from Darenth Industrial Colony, but after prolonged consideration both by the Hospitals Committee and by the Asylums Committee of the advisability or otherwise of utilising labour from Darenth or direct labour for these works, it was ultimately decided that they should be carried out by contract.

(ii.) Pier buildings. In February last we reported that sundry alterations to the pier buildings adjoining this hospital had been completed at a total cost of £2,230.

Sundry works. The completion of certain repairs to the water-softening plant at a cost of £625 1s. 8d., and the approval of a scheme for alterations and additions to the laundry at the Brook Hospital at an estimated cost of £680; the acceptance of tenders for alterations to the laundry buildings and machinery (£1,051), and the construction of isolation chambers (£2,200) at the North-Western Hospital; alterations to the laundry buildings and machinery (£1,734), and granite sett paving works (£830) at Joyce Green Hospital; the installation of electric light in the laundry block and in block 12 at the Grove Hospital (£316); the erection of coal stores (£368) and the provision of new ironing machines (£262 10s.) at the South-Western Hospital, may be instanced as a few of the many works which claimed our attention at the Board's hospitals during the year.

Of works completed at the hospitals during the year, the contract for the erection of verandahs to ward blocks at the Brook Hospital at a cost of £830 should be noted.

Downs Sanatorium. In April last we reported the completion, at a total cost of £1,560 17s. 3d., of the various alterations and sanitary works which have been found necessary to render this institution available for the reception and treatment of tuberculous cases.

INSTITUTIONS FOR CHILDREN.

**Queen Mary's
Hospital.**

Sundry works.

During the early part of the year we reported the completion at this hospital, at a total cost of £12,213, of the installation of central heating and hot-water supply plant, and the extension of gas services, for which a tender was accepted by the Managers in July, 1910; whilst towards the end of the year the Managers accepted a tender, at the sum of £4,985, for the erection of much-needed class rooms and a recreation hall.

Minor works.

Of minor works carried out at the institutions for children during the year, we would instance the acceptance of a tender for strengthening the sea defences at Millfield (£640 2s. 6d.), and for repairing the roads (£533) at the Park Hospital.

(Signed) F. J. OLDMAN,
Chairman.

ANNUAL REPORT OF THE CONTRACT COMMITTEE FOR THE
YEAR 1913.

We submit our annual report for the year 1913.

- (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	163	175,900
Necessaries (<i>i.e.</i> , soap, soda, oilman's goods, paints, and the like)	52	22,200
Stores goods (<i>i.e.</i> , cotton, linen and woollen goods, clothing, hardware, brushware, boots and shoes, crockery, etc.) ..	157	44,600
Coal and coke (including delivery)	50	76,000
Printing, stationery, etc.	15	6,500
Furniture and miscellaneous	7	1,200
	444	£326,400

In addition, 110 minor contracts were made for miscellaneous supplies of which no reliable estimate of value can be given; and upwards of 3,900 purchases of goods required at various institutions and not obtainable under contract were made centrally through the contract department. The aggregate value of these purchases exceeded £25,000. The gross total value of all the supplies arranged for centrally during the year under formal contracts and otherwise was about £360,000.

- (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	7	—	7
Provisions	349	30	379
Necessaries	313	23	336
Drugs	30	1	31
TOTALS	699	54	753

Unsatisfactory samples represent 7·1 per cent. of the total number analysed—a decrease of 6·3 from the previous year's percentage of 13·4. 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) **Prices of certain staple articles of consumption in 1913 as compared with 1912.** The following comparison of prices current in 1913 of certain staple articles of consumption, compared with the prevailing prices for the preceding year, may prove of interest :—

ARTICLE AND UNIT		YEAR 1913, CHANGE AS COMPARED WITH 1912;	
<i>Provisions :—</i>			
Meat—			
Mutton, legs.	Stone of 14 lbs.	..	+5d.
Beef, sirloins.	Stone of 14 lbs.	.. }	+1d.
Beef, topsides.	Stone of 14 lbs.	.. }	
Bread	cwt.	.. .. .	+2d.
Milk	gallon	.. .. .	+$\frac{1}{4}$ d.
Potatoes	ton	.. .. .	—45/-
Butter	cwt.	.. .. .	—8/-
Margarine	cwt.	.. .. .	—2/6
Bacon	cwt.	.. .. .	+6/6
Fish—			
Cod	lb.	.. .. .	+$\frac{1}{4}$ d.
Plaice	lb.	.. .. .	+$\frac{1}{2}$ d.
Tea	lb.	.. .. .	+1d.
Coffee	lb.	.. .. .	—$\frac{1}{2}$ d.
<i>Necessaries :—</i>			
Soap	cwt.	.. .. .	—11d.
Soda	ton	.. .. .	0
<i>Fuel :—</i>			
Coal	ton	.. .. .	+1/-
Coke	ton	.. .. .	—1/-

(4) **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 5,434, an increase of 369 on the number for the preceding year. The Board's vehicles, under the control of the Ambulance Committee, were used whenever available (viz., on 324 occasions) for the conveyance of the goods, with satisfactory results as regards convenience, saving of labour in packing, promptitude, and economy. We again record our appreciation of the Ambulance Committee's arrangements in that connection.

(5) **Stationery. Purchase in bulk and stocking at central stores.** The practice of purchasing various descriptions of stationery in bulk and stocking them at the central stores for issue as required has been continued and extended with satisfactory results. During the year 1913 stationery to the total value of £1,506 (as against £1,027 in 1912) was dealt with in that way. The number of separate items of stationery regularly stocked is now about 700. The system facilitates the checking of the quality and quantity of supplies and enables institution requisitions to be fulfilled without delay. It also secures a saving of about 20 per cent. in the cost of the goods.

(Signed) W. H. ECROYD,
Chairman.

ANNUAL REPORT OF THE STATISTICAL COMMITTEE
FOR THE YEAR 1913.

We submit our report for the year 1913 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 33,994 (*25,237*)* cases of infectious disease. Of these 26,560 (*19,765*) were legally admissible to the Managers' hospitals. The remainder included 4,144 cases of erysipelas and 640 cases of ophthalmia neonatorum. Out of the admissible cases 22,824 (*16,757*)† or 85·3 (*84·8*) per cent. were admitted. In 1890, the first complete year in which compulsory notification was in force, the proportion of admissions was 33·6 per cent.

Table A, p. 131, 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 1913. The highest notification rates per 1,000 persons living were in Woolwich 8·7 (*7·6*), in Bermondsey 8·2 (*5·6*), and in Deptford 8·1 (*5·5*), as compared with an average rate for London of 5·9 (*4·4*).

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.

* *Italic figures in brackets throughout are the corresponding figures for 1912.*

† Excluding Tottenham and other extra-metropolitan cases.

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 1913 (uncorrected for mistakes in diagnosis).

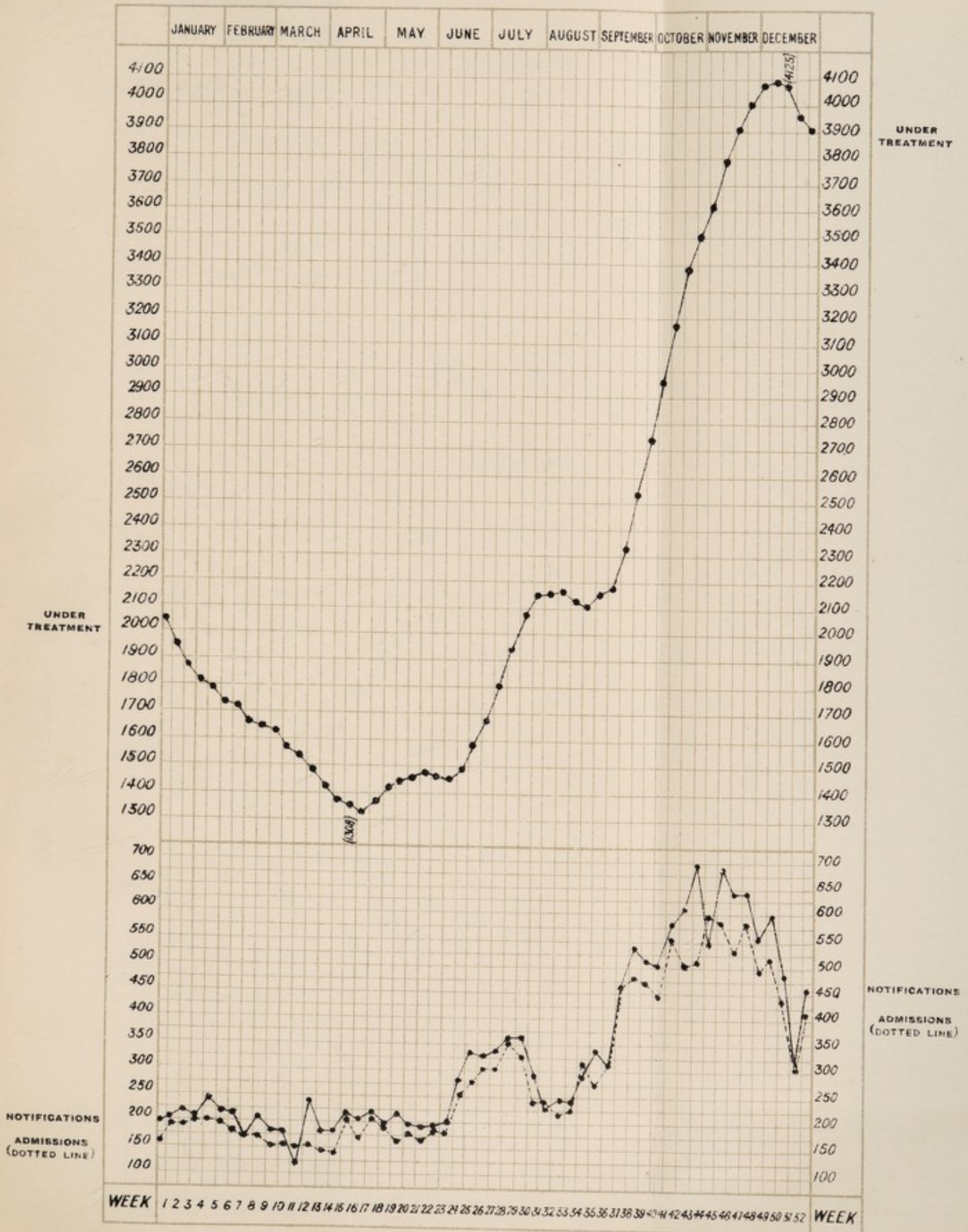


CHART showing the trend of the number of SCARLET FEVER cases in the United States during the year 1912

The following table shows the number of cases reported during the year 1912, and the trend of the disease during the year.

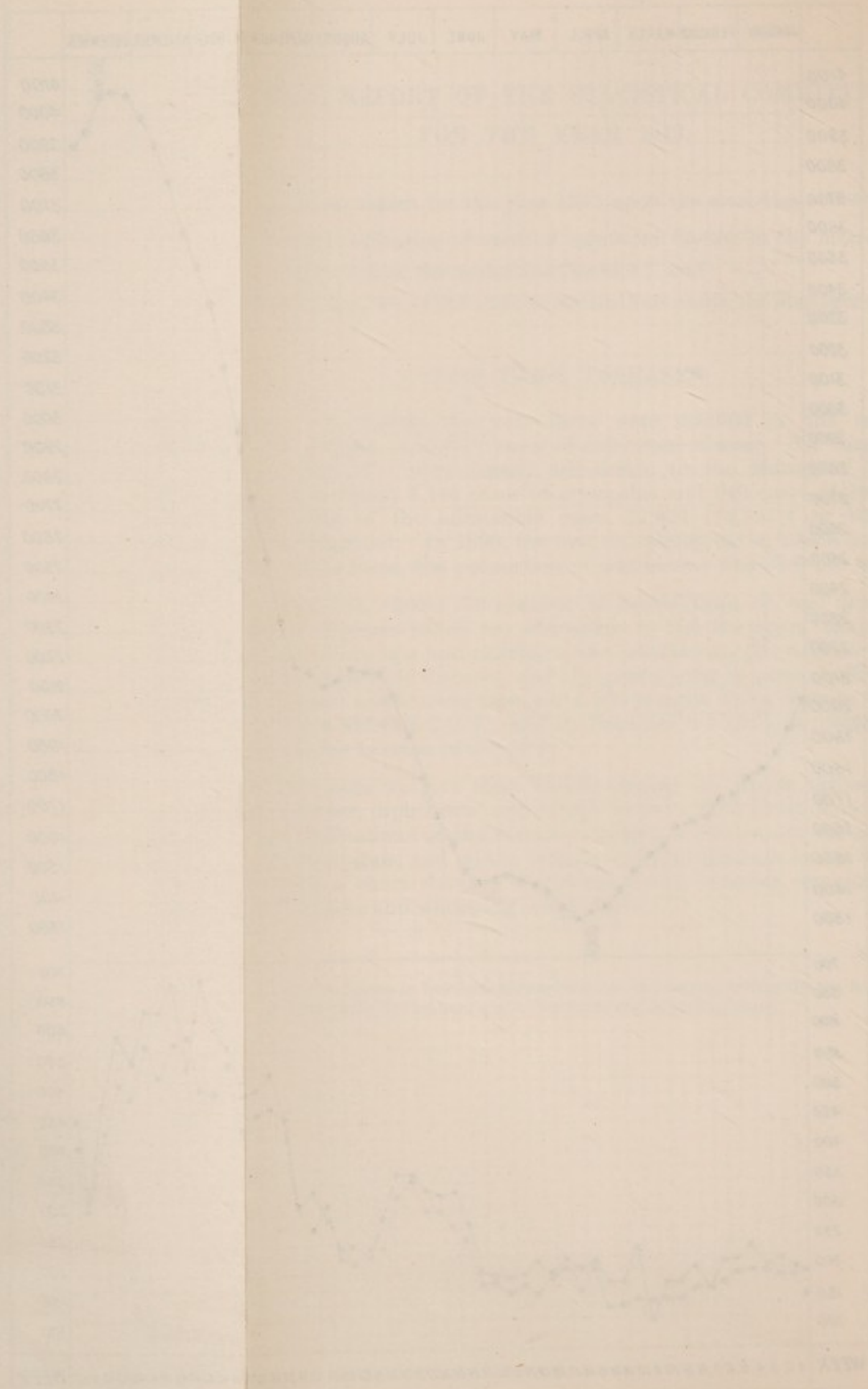


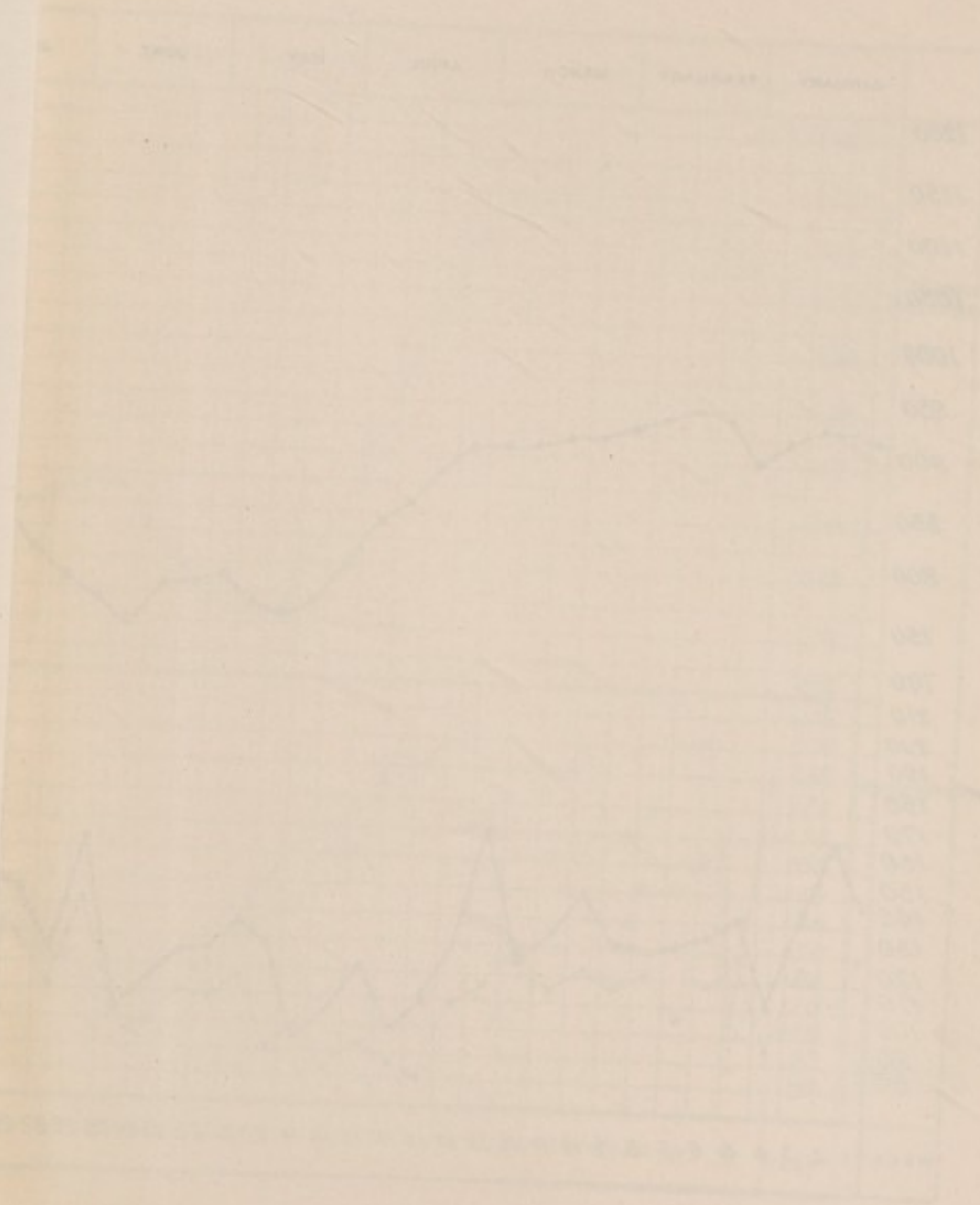
CHART showing the mean number of DIPHTHERIA patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1913 (uncorrected for mistakes in diagnosis).



CHART showing the mean number of SCARLET FEVER cases reported daily and the number of cases notified, and the number (unaccounted for) notified.

1200
1100
1000
900
800
700
600
500
400
300
200
100
0

CHART showing the mean number of DIPHTHERIA cases reported daily and the number of cases notified, and the number (unaccounted for) notified.



1200
1100
1000
900
800
700
600
500
400
300
200
100
0

CHART showing the mean number of ENTERIC FEVER patients remaining under treatment each week, also the number of cases notified, and the number admitted into Hospital during each week of 1913 (uncorrected for mistakes in diagnosis).

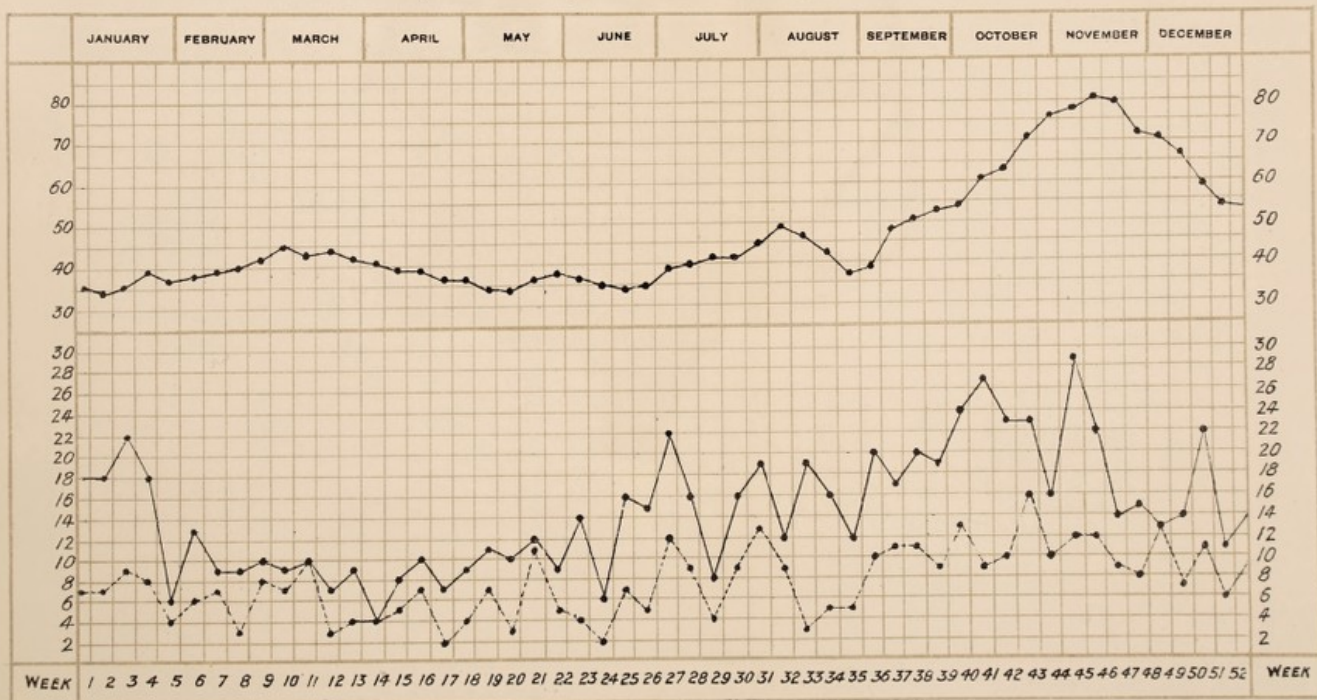


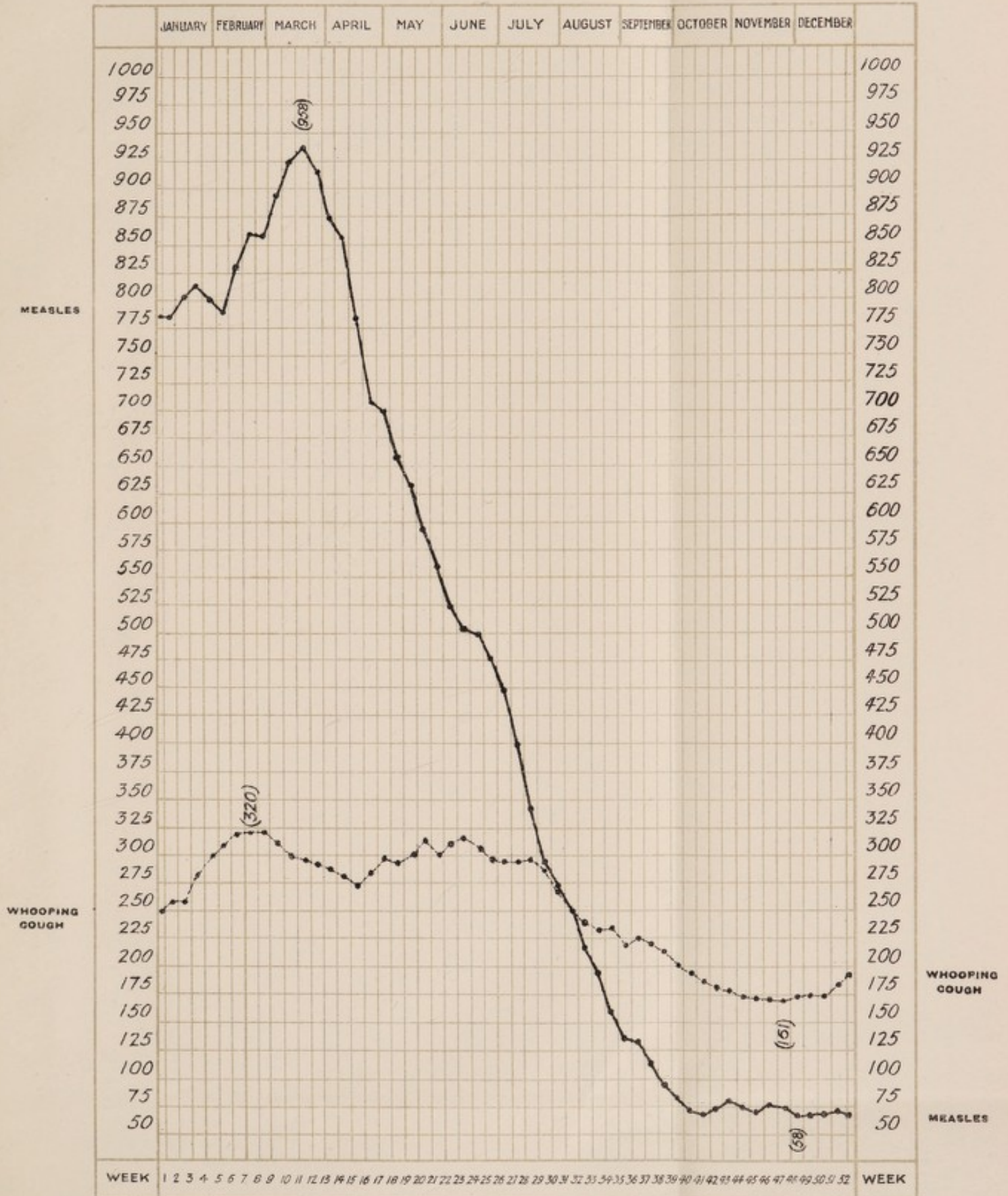
CHART showing the mean number of ENTERIC BACTERIA

found during each week of the year 1911, and the number of cases of enteric fever during the same period.

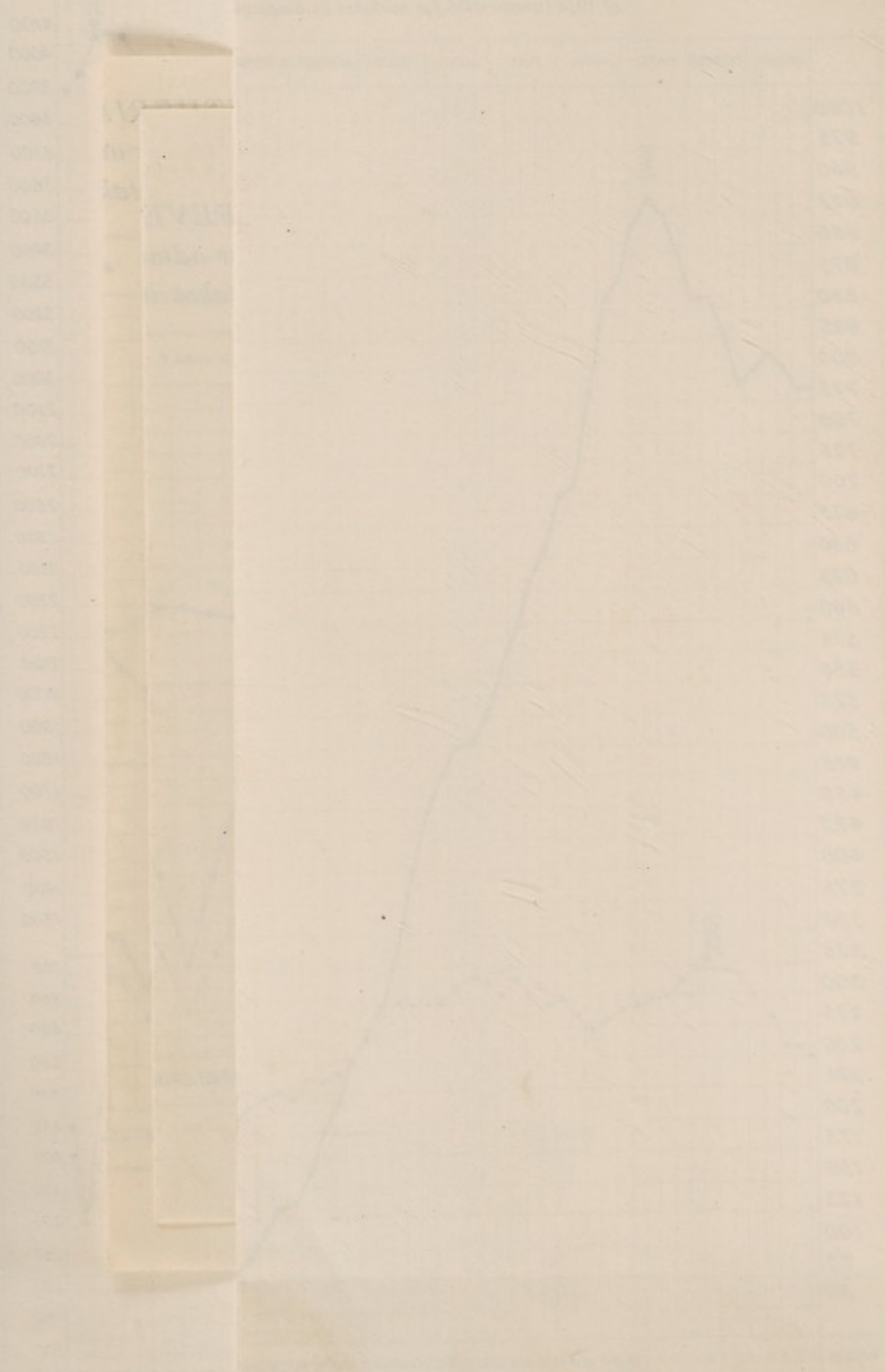
Week	Mean number of enteric bacteria	Number of cases of enteric fever
1	100	0
2	150	0
3	200	0
4	250	0
5	300	0
6	350	0
7	400	0
8	450	0
9	500	0
10	550	0
11	600	0
12	650	0
13	700	0
14	750	0
15	800	0
16	850	0
17	900	0
18	950	0
19	1000	0
20	1050	0
21	1100	0
22	1150	0
23	1200	0
24	1250	0
25	1300	0
26	1350	0
27	1400	0
28	1450	0
29	1500	0
30	1550	0
31	1600	0
32	1650	0
33	1700	0
34	1750	0
35	1800	0
36	1850	0
37	1900	0
38	1950	0
39	2000	0
40	2050	0
41	2100	0
42	2150	0
43	2200	0
44	2250	0
45	2300	0
46	2350	0
47	2400	0
48	2450	0
49	2500	0
50	2550	0
51	2600	0
52	2650	0
53	2700	0
54	2750	0
55	2800	0
56	2850	0
57	2900	0
58	2950	0
59	3000	0
60	3050	0
61	3100	0
62	3150	0
63	3200	0
64	3250	0
65	3300	0
66	3350	0
67	3400	0
68	3450	0
69	3500	0
70	3550	0
71	3600	0
72	3650	0
73	3700	0
74	3750	0
75	3800	0
76	3850	0
77	3900	0
78	3950	0
79	4000	0
80	4050	0
81	4100	0
82	4150	0
83	4200	0
84	4250	0
85	4300	0
86	4350	0
87	4400	0
88	4450	0
89	4500	0
90	4550	0
91	4600	0
92	4650	0
93	4700	0
94	4750	0
95	4800	0
96	4850	0
97	4900	0
98	4950	0
99	5000	0
100	5050	0
101	5100	0
102	5150	0
103	5200	0
104	5250	0
105	5300	0
106	5350	0
107	5400	0
108	5450	0
109	5500	0
110	5550	0
111	5600	0
112	5650	0
113	5700	0
114	5750	0
115	5800	0
116	5850	0
117	5900	0
118	5950	0
119	6000	0
120	6050	0
121	6100	0
122	6150	0
123	6200	0
124	6250	0
125	6300	0
126	6350	0
127	6400	0
128	6450	0
129	6500	0
130	6550	0
131	6600	0
132	6650	0
133	6700	0
134	6750	0
135	6800	0
136	6850	0
137	6900	0
138	6950	0
139	7000	0
140	7050	0
141	7100	0
142	7150	0
143	7200	0
144	7250	0
145	7300	0
146	7350	0
147	7400	0
148	7450	0
149	7500	0
150	7550	0
151	7600	0
152	7650	0
153	7700	0
154	7750	0
155	7800	0
156	7850	0
157	7900	0
158	7950	0
159	8000	0
160	8050	0
161	8100	0
162	8150	0
163	8200	0
164	8250	0
165	8300	0
166	8350	0
167	8400	0
168	8450	0
169	8500	0
170	8550	0
171	8600	0
172	8650	0
173	8700	0
174	8750	0
175	8800	0
176	8850	0
177	8900	0
178	8950	0
179	9000	0
180	9050	0
181	9100	0
182	9150	0
183	9200	0
184	9250	0
185	9300	0
186	9350	0
187	9400	0
188	9450	0
189	9500	0
190	9550	0
191	9600	0
192	9650	0
193	9700	0
194	9750	0
195	9800	0
196	9850	0
197	9900	0
198	9950	0
199	10000	0
200	10050	0
201	10100	0
202	10150	0
203	10200	0
204	10250	0
205	10300	0
206	10350	0
207	10400	0
208	10450	0
209	10500	0
210	10550	0
211	10600	0
212	10650	0
213	10700	0
214	10750	0
215	10800	0
216	10850	0
217	10900	0
218	10950	0
219	11000	0
220	11050	0
221	11100	0
222	11150	0
223	11200	0
224	11250	0
225	11300	0
226	11350	0
227	11400	0
228	11450	0
229	11500	0
230	11550	0
231	11600	0
232	11650	0
233	11700	0
234	11750	0
235	11800	0
236	11850	0
237	11900	0
238	11950	0
239	12000	0
240	12050	0
241	12100	0
242	12150	0
243	12200	0
244	12250	0
245	12300	0
246	12350	0
247	12400	0
248	12450	0
249	12500	0
250	12550	0
251	12600	0
252	12650	0
253	12700	0
254	12750	0
255	12800	0
256	12850	0
257	12900	0
258	12950	0
259	13000	0
260	13050	0
261	13100	0
262	13150	0
263	13200	0
264	13250	0
265	13300	0
266	13350	0
267	13400	0
268	13450	0
269	13500	0
270	13550	0
271	13600	0
272	13650	0
273	13700	0
274	13750	0
275	13800	0
276	13850	0
277	13900	0
278	13950	0
279	14000	0
280	14050	0
281	14100	0
282	14150	0
283	14200	0
284	14250	0
285	14300	0
286	14350	0
287	14400	0
288	14450	0
289	14500	0
290	14550	0
291	14600	0
292	14650	0
293	14700	0
294	14750	0
295	14800	0
296	14850	0
297	14900	0
298	14950	0
299	15000	0
300	15050	0
301	15100	0
302	15150	0
303	15200	0
304	15250	0
305	15300	0
306	15350	0
307	15400	0
308	15450	0
309	15500	0
310	15550	0
311	15600	0
312	15650	0
313	15700	0
314	15750	0
315	15800	0
316	15850	0
317	15900	0
318	15950	0
319	16000	0
320	16050	0
321	16100	0
322	16150	0
323	16200	0
324	16250	0
325	16300	0
326	16350	0
327	16400	0
328	16450	0
329	16500	0
330	16550	0
331	16600	0
332	16650	0
333	16700	0
334	16750	0
335	16800	0
336	16850	0
337	16900	0
338	16950	0
339	17000	0
340	17050	0
341	17100	0
342	17150	0
343	17200	0
344	17250	0
345	17300	0
346	17350	0
347	17400	0
348	17450	0
349	17500	0
350	17550	0
351	17600	0
352	17650	0
353	17700	0
354	17750	0
355	17800	0
356	17850	0
357	17900	0
358	17950	0
359	18000	0
360	18050	0
361	18100	0
362	18150	0
363	18200	0
364	18250	0
365	18300	0
366	18350	0
367	18400	0
368	18450	0
369	18500	0
370	18550	0
371	18600	0
372	18650	0
373	18700	0
374	18750	0
375	18800	0
376	18850	0
377	18900	0
378	18950	0
379	19000	0
380	19050	0
381	19100	0
382	19150	0
383	19200	0
384	19250	0
385	19300	0
386	19350	0
387	19400	0
388	19450	0
389	19500	0
390	19550	0
391	19600	0
392	19650	0
393	19700	0
394	19750	0
395	19800	0
396	19850	0
397	19900	0
398	19950	0
399	20000	0
400	20050	0
401	20100	0
402	20150	0
403	20200	0
404	20250	0
405	20300	0
406	20350	0
407	20400	0
408	20450	0
409	20500	0
410	20550	0
411	20600	0
412	20650	0
413	20700	0
414	20750	0
415	20800	0
416	20850	0
417	20900	0
418	20950	0
419	21000	0
420	21050	0
421	21100	0
422	21150	0
423	21200	0
424	21250	0
425	21300	0
426	21350	0
427	21400	0
428	21450	0
429	21500	0
430	21550	0
431		

STATISTICAL COMMITTEE.

CHART showing the mean number of **MEASLES** (black line) and **WHOOPIING COUGH** (dotted line) patients remaining under treatment during each week of 1913 (uncorrected for mistakes in diagnosis).



STATISTICAL BUREAU
CHART
COUNT



The following table, A 1, shows the number of cases of infectious disease admissible to the Managers' hospitals which were notified during the years 1890 to 1913 :—

TABLE A 1.—Number of cases of admissible diseases * notified.

	YEARS.	Scarlet.	Diphtheria.	Enteric.	Typhus.	Smallpox.	Relapsing fever. †	Puerperal 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	..	..	35,799
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	..	30,169
	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	..	380	7	105	132	19,765
	1913	17,544	‡7,650	757	4	4	1	349	14	92	145	26,560

* Exclusive of whooping cough, which was notifiable in the boroughs of Lambeth and Greenwich.

† Although relapsing and continued fevers are admissible to the Managers' hospitals, few cases so certified are sent in.

‡ Including 103 cases of membranous croup.

Scarlet fever was more prevalent during 1913 than in any year since 1908, 6,223 more cases were notified than in 1912, and 1,212 more than the average for the previous ten years. The prevalence of diphtheria was also greater than during the four preceding years, 544 more cases being notified than in 1912, and the total number of cases for the year being 401 above the average for the preceding ten years. Enteric fever cases were higher by 52 than in 1912, but were 662 below 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 1899 to 1913.

Age and sex distribution. Table A 2 exhibits the age and sex of cases notified as scarlet fever, diphtheria, and enteric fever respectively during the year. Scarlet fever and diphtheria are most prevalent amongst children; over two-thirds of the cases of each disease being under ten years of age.

METROPOLITAN ASYLUMS BOARD.

NOTIFICATION CHART—Monthly notifications, Scarlet fever, Red line —••• Enteric fever, Green line —••• Diphtheria, Yellow line —••• Smallpox, Black line —•••
 N.B. The crosses indicate months including five weeks. The figures on which the Chart is based were not corrected for mistakes in diagnosis.

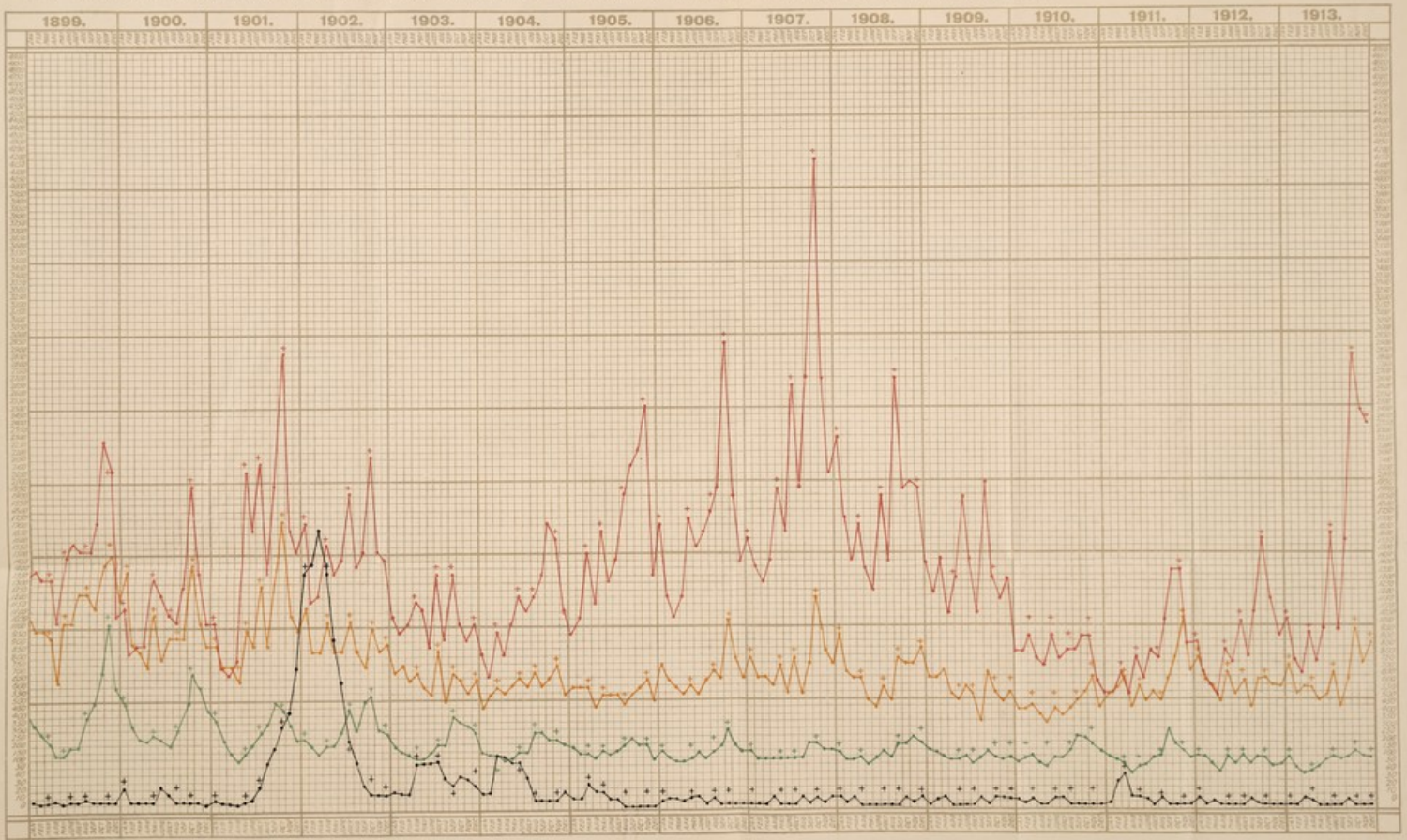


TABLE A 2.—Ages of cases notified, 1913.

AGES.	SCARLET FEVER.			DIPHThERIA.			ENTERIC FEVER.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1	73	77	150	106	98	204	1	2	3
1 to 2	268	233	501	186	184	370	..	1	1
2 „ 3	444	460	904	288	249	537	4	2	6
3 „ 4	635	654	1,289	339	357	696	2	6	8
4 „ 5	746	788	1,534	383	344	727	4	9	13
Total under 5 ..	2,166	2,212	4,378	1,302	1,232	2,534	11	20	31
5 to 10	3,470	4,176	7,646	1,247	1,545	2,792	58	32	90
10 „ 15	1,418	1,951	3,369	431	585	1,016	50	46	96
15 „ 20	455	516	971	167	258	425	59	40	99
20 „ 25	189	300	489	83	191	274	47	51	98
25 „ 30	108	215	323	58	146	204	42	46	88
30 „ 35	72	111	183	36	77	113	28	37	65
35 „ 40	39	43	82	24	49	73	32	29	61
40 „ 45	24	25	49	12	34	46	20	32	52
45 „ 50	8	17	25	14	11	25	14	16	30
50 „ 55 .. ..	..	12	12	8	9	17	14	6	20
55 „ 60	2	7	9	6	8	14	7	7	14
Upwards	1	6	7	4	10	14	8	5	13
Unrecorded .. ..	..	1	1	..	..	..	..	..	..
Totals	7,952	9,592	17,544	3,392	4,155	7,547	390	367	757

Ambulance work.

Land service.
Infectious removals.

2. The statistical tables concerning the work of the ambulance service will be found on pp. 173-175. They are dealt with under the main heading of infectious diseases because although the conveyance of non-infectious cases is yearly increasing, the number of infectious cases still provides by far the greater proportion of the work of the ambulance service.

During the year 27,617 (23,197)* infectious patients were conveyed to the various hospitals of the Managers; 13,947 (10,159) patients were transferred to the convalescent and other hospitals; and 11,369 (9,635) recovered patients were brought back to London, that number including 20 (30) taken from the convalescent hospitals direct to their homes, and 11,349 (9,605) to the ambulance stations. Of the latter 57 (197) were subsequently conveyed home in consequence of their friends not attending to take charge of them. 1,380 recovered patients were conveyed from wharves to ambulance stations and 1,207 (1,513) were taken home from the acute hospitals. Further, 494 (469) persons were removed to other places than the Managers' hospitals and 1,135 consumptive patients to the Managers' sanatoria.

Non-infectious removals.

The non-infectious removals during the year were as follows :—

Imbecile cases	692	(1,287)
Ringworm	108	(332)
Ophthalmia	458	(697)
Defective and other children	102	(118)
To and from the children's hospitals	6,680	(6,739)
Other cases (private removals)	3,661	(2,104)
Casuals	89	(55)
Staff	102	(106)
Total	11,892	(11,438)

* Italic figures in brackets throughout are the corresponding figures for 1912.

Total removals. Altogether 70,266 (56,964)* removals were effected by the land ambulance service during 1913, and the various vehicles made 35,883 (30,390) journeys, and ran 481,239 (419,207) miles.

River service. The steamboats of the river ambulance service conveyed 3,217 (301) passengers to and from Long Reach; of that number only 1 (5) was taken to the smallpox hospital, 1,381 (4) recovered patients brought back to London, and 468 (292) were visitors, staff, workmen, &c.

Fires were alight on the steamboats a total of 12,006½ (10,216) hours; steam was raised on 473 (399) days; the vessels were under steam 7,453 (5,974½) hours, under way 542 (346) hours; they steamed 5,265 (3,405) miles and consumed 194½ (122½) tons of coal.

Hospital accommodation. 3. INFECTIOUS DISEASES, OTHER THAN SMALLPOX.—The normal accommodation at the fever hospitals is as under:—

Hospital.	Total number of beds.	No. of beds in special wards (isolation, separation, discharge, etc.).	No. of beds in ordinary wards.
Eastern	375	67	308
North-Eastern	623	149	474
North-Western	464	100	364
Western	456	54	402
South-Western	347	77	270
Fountain	At present temporarily occupied by imbeciles.		
Grove	537	121	416
South-Eastern	496	72	424
Brook	580	104	476
Northern	(†) 475	85	390
Southern (Upper Hospital) ...	922	166	756
Joyce Green... ..	940	184	756
	6,215	1,179	5,036
Southern (Lower Hospital) as adjunct to Upper Hospital if and when required	610	42	568

(†) 230 beds, at present in use for tuberculous cases, not included.

From the total should be deducted 100 beds to the use of which the Urban District of Tottenham is entitled.

SMALLPOX.—For this disease the Managers possess the following accommodation:—

Long Reach Pier Buildings	50 beds.
Long Reach Hospital	300 ..
Orchard Hospital	800 ..
Total	1,150 ..

The increased prevalence of scarlet fever and diphtheria during the past year has brought into prominence the question of the adequacy of the existing accommodation for acute cases in the Board's London hospitals. Several hospitals originally intended for fever purposes have been diverted to meet the demands for accommodation for sick children and for imbecile patients, and the number of beds available for scarlet fever and diphtheria have been

* Italic figures in brackets throughout are the corresponding figures for 1912.

further reduced by the decision to admit cases of measles, whooping cough, puerperal fever, and poliomyelitis. As a consequence, on several occasions during the autumn there was no room for patients for whose admission applications were received, and this happened notwithstanding the rapid transfer of convalescing cases to the country hospitals; indeed, a number of patients not out of bed were transferred in recumbent position by ambulance steamboat to Joyce Green Hospital in order to make room for fresh cases. There were indications at the close of the year that the pressure on the accommodation for both scarlet fever and diphtheria would probably be greater in the coming year. The Hospitals Committee are fully alive to the position and no doubt will take such steps as are necessary to secure the return of the Fountain Hospital (now used as a temporary imbecile asylum) and possibly of the Park Hospital (now used for sick children) to their original functions of hospitals for acute infectious cases. With both these hospitals in use the accommodation for acute cases in London would be raised from 3,878 to 4,831, and adding the beds at the convalescent and Joyce Green Hospitals (2,947), the total number would be 7,778. If necessary, the Orchard Hospital could be utilised, thus increasing the accommodation by some 800 beds to 8,578, which, after deducting about 1,500 beds in special wards, would give a total in ordinary wards of 7,078, or 622 beds less than the number estimated by the Clerk to the Board in October, 1901, as the number of beds which should be provided for scarlet fever and diphtheria only.

Hospital statistics. 4. FEVER.—The annual reports of the medical superintendents of the fever hospitals will be found on pp. 177-196.

On the last day of 1912 there were 4,087 (3,612)* patients in the fever hospitals.

The total number under treatment fell to the minimum for the year, 3,019 (3,067) on 14 June; and rose to the maximum 5,559 on 7 December (26 November, 1912, 4,319). On 31 December, 5,323 (4,087) patients remained under treatment.

The following table, A 3, shows the minimum and maximum numbers of scarlet fever, diphtheria, enteric, measles, and whooping cough patients under treatment during 1913, together with the corresponding numbers for the previous year:—

Disease.	Minimum.	Maximum.
Scarlet fever ..	1,308—19 April (1,223—4 May)	4,125—15 Dec. (3,404—19 Nov.)
Diphtheria ..	729—20 June (784—30 Aug.)	1,175—18 Nov. (1,286—2 Jan.)
Enteric fever ..	33 { 4, 9 Jan. 4, 18 May 14, 15, 16 June	84—13 Nov. (71—2 Jan.)
Measles ..	58—4 Dec. (106—4 Jan.)	958—19 Mar. (808—11 Dec.)
Whooping cough ..	161—26 Nov. (228—1 Dec.)	320—15-16 Feb. (670—7 May)

* Italic figures and dates in brackets throughout are the corresponding figures and dates for 1912.

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, are shown in the following table. 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 A 4.—*Notifications and admissions during 1913.*

Metropolitan boroughs and populations estimated to the middle of 1913.	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 .. 142,210	Paddington ..	487	459	304	277	25	8	816	744	91·2
Kensington .. 171,284	Kensington ..	558	481	145	129	28	10	731	620	84·8
Hammersmith .. 123,745	Hammersmith ..	537	454	138	119	13	6	688	579	84·2
Fulham .. 157,117	Fulham ..	767	708	270	234	34	12	1,071	954	89·1
Chelsea .. 64,598	Chelsea ..	206	196	61	50	7	3	274	249	90·9
City of Westminster .. 154,810	City of Westminster ..	370	316	192	177	29	8	600	501	83·5
St. Marylebone .. 114,532	St. Marylebone ..	417	392	130	122	19	6	566	520	91·9
Hampstead .. 86,346	Hampstead ..	208	144	128	98	15	3	351	245	69·8
St. Pancras .. 214,330	St. Pancras ..	565	526	438	374	42	29	1,045	929	88·9
Islington .. 325,585	Islington ..	1,315	1,139	551	470	50	27	1,916	1,636	85·4
Stoke Newington .. 50,518	Hackney .. 273,871	930	786	415	346	49	29	1,394	1,161	83·3
Hackney .. 223,353										
Holborn .. 46,949	Holborn .. 108,061	404	390	166	146	22	13	592	549	92·7
Finsbury .. 84,679	Bloomsbury .. 23,567									
City of London .. 17,916	City of London ..	47	62	30	35	6	1	83	98	118·1
Shoreditch .. 109,654	Shoreditch ..	354	310	185	150	16	7	555	467	84·1
Bethnal Green .. 127,824	Bethnal Green ..	411	388	223	213	25	11	657	612	93·1
Stepney .. 275,300	Stepney .. 52,666	820	799	471	407	69	28	1,360	1,234	90·7
	St. George-in-the-E. 46,619									
	Whitechapel .. 65,098									
	Mile End O.T. .. 110,917									
Poplar .. 160,913	Poplar ..	755	686	345	272	40	15	1,140	973	85·4
Southwark .. 188,487	Southwark ..	880	842	327	290	41	21	1,248	1,153	92·4
Bermondsey .. 124,739	Bermondsey ..	731	695	243	205	28	20	1,002	920	91·8
Lambeth .. 297,139	Lambeth ..	1,397	1,200	408	338	41	23	1,846	1,561	84·6
Battersea .. 157,464	Wandsworth .. 497,859	1,949	1,665	734	607	75	50	2,758	2,322	84·1
Wandsworth .. 330,395										
Camberwell .. 261,805	Camberwell ..	1,155	1,014	403	286	24	15	1,582	1,315	83·1
Deptford .. 109,280	Greenwich .. 185,833	2,270	1,936	1,343	1,146	73	53	3,686	3,135	85·1
Greenwich .. 96,015										
Lewisham .. 168,822										
Woolwich .. 122,382	Woolwich .. 126,903									
	Port Sanitary Authority	2	—	—	—	2	—	4	—	—
4,518,191	Totals	17,544	15,581	7,650	6,491	771	398	25,965	22,477	86·6

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 67·5.

* Populations are the same as in the boroughs unless otherwise stated.

Tables I. to XI. and the accompanying chart summarise the several fever hospital tables given on pp. 198-208.

TABLE I.—Admissions, discharges, and deaths at fever hospitals during 1913.

DISEASES.	Re- maining on 31 Dec., 1912.	Admitted.	Total under treatment during 1913.	Dis- charged.	Died.	Mortality per cent.	Re- maining on 31 Dec., 1913.
Scarlet.. ..	*2,045	15,010	17,055	12,999	176	1·25	3,880
Diphtheria	779	5,076	5,855	4,547	330	6·63	978
Diphtheria (bacterio- logical)	*29	399	428	402	2	0·50	24
Enteric	25	238	263	181	37	16·23	45
Puerperal	7	58	65	42	19	31·93	4
Measles	*809	3,400	4,209	3,736	428	11·32	45
Whooping cough ..	249	1,044	1,293	961	137	12·79	195
Typhus .. ..	..	4	4	4	..	..	..
Cerebro-spinal fever ..	..	5	5	2	3	60·00	..
Poliomyelitis .. ..	..	11	11	8	..	..	3
Totals	*3,943	25,245	29,188	22,882	1,132	4·60	5,174
Other diseases	*144	2,501	2,645	2,385	111	4·44	149
Grand totals	4,087	27,746	31,833	25,267	1,243	..	5,323

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 4,920 more than in the preceding year, and 4,979 more than the average of the preceding ten years.

The death rates during the past year were, as compared with the average for the preceding ten years, lower as regards scarlet fever by 1·43, and diphtheria by 2·58. Enteric fever was higher by 1·45. Puerperal fever, of which disease 65 (23) † cases were treated, shows a death rate of 31·93, as compared with 46·15 in the preceding year. Owing to the fact that "nearly all the cases were in a hopeless condition when admitted" at the Eastern Hospital, the rate there was 69·57 per cent.

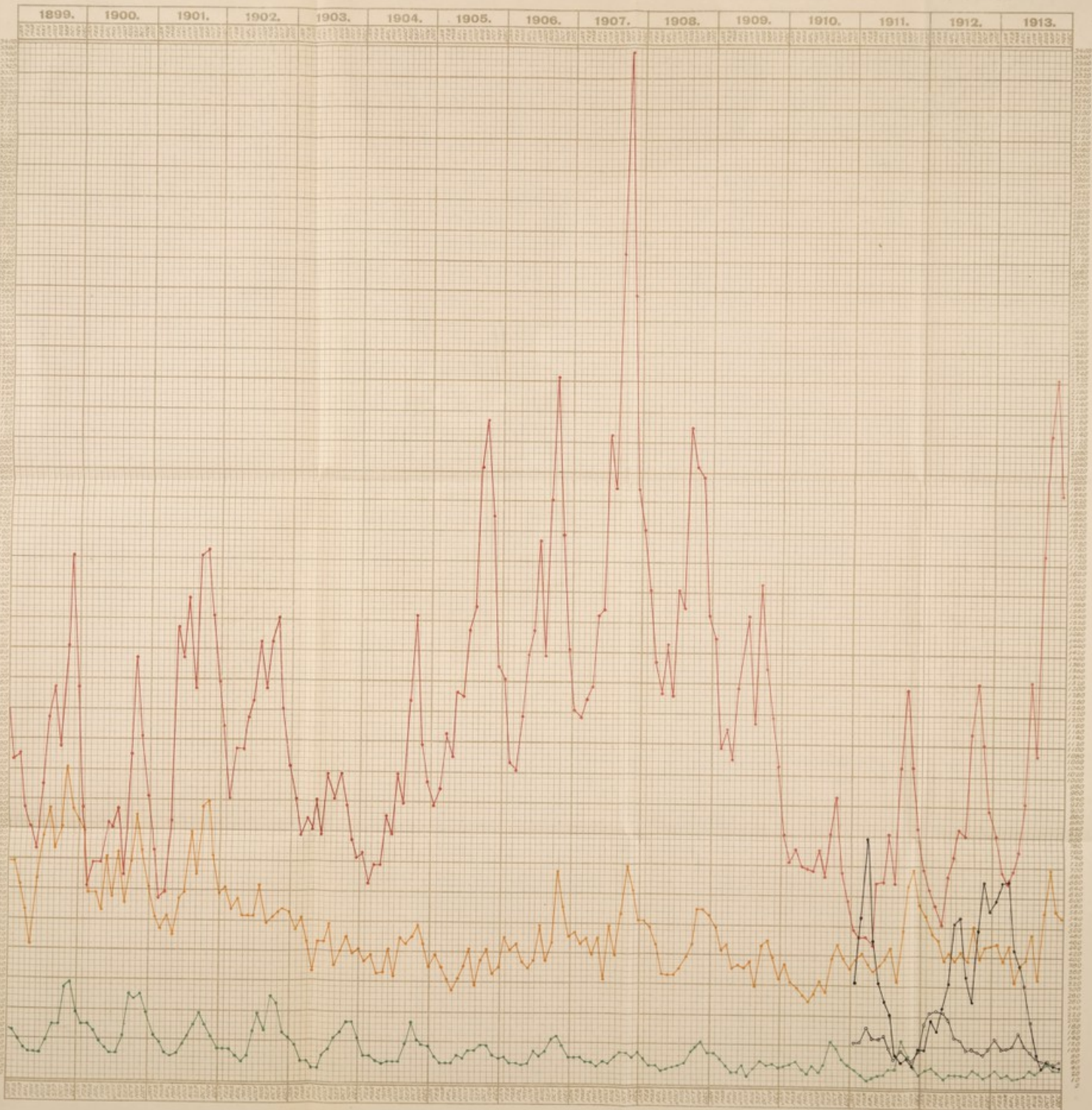
Of cases treated, the percentages transferred to the convalescent hospitals from the acute hospitals were as under :—

	Scarlet.	Diphtheria.
Eastern Hospital	59·3 (59·6)	1·9 (21·9)
North-Eastern Hospital	52·7 (42·8)	7·1 (11·6)
North-Western	74·0 (68·7)	56·3 (49·5)
Western	70·4 (65·4)	39·3 (47·5)
South-Western	68·6 (52·5)	19·2 (7·7)
Grove	66·2 (61·0)	27·2 (21·2)
South-Eastern	65·6 (50·2)	14·7 (11·6)
Brook	70·2 (62·0)	39·1 (36·9)
Totals	63·8 (55·7)	27·0 (30·0)

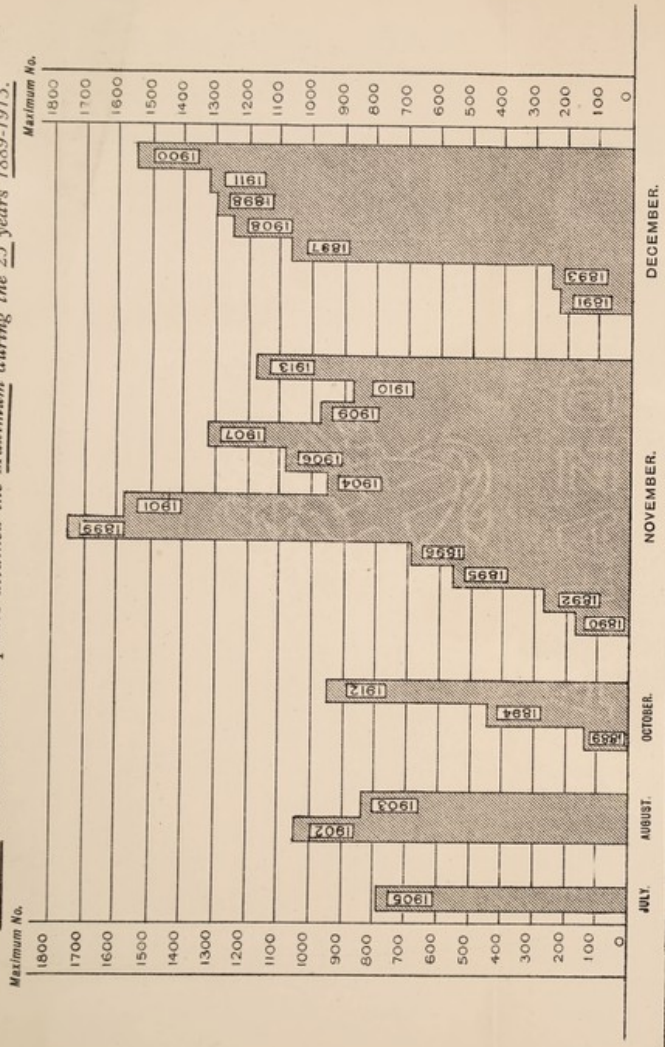
† Italic figures in brackets are the corresponding figures for 1912.

METROPOLITAN ASYLUMS BOARD.

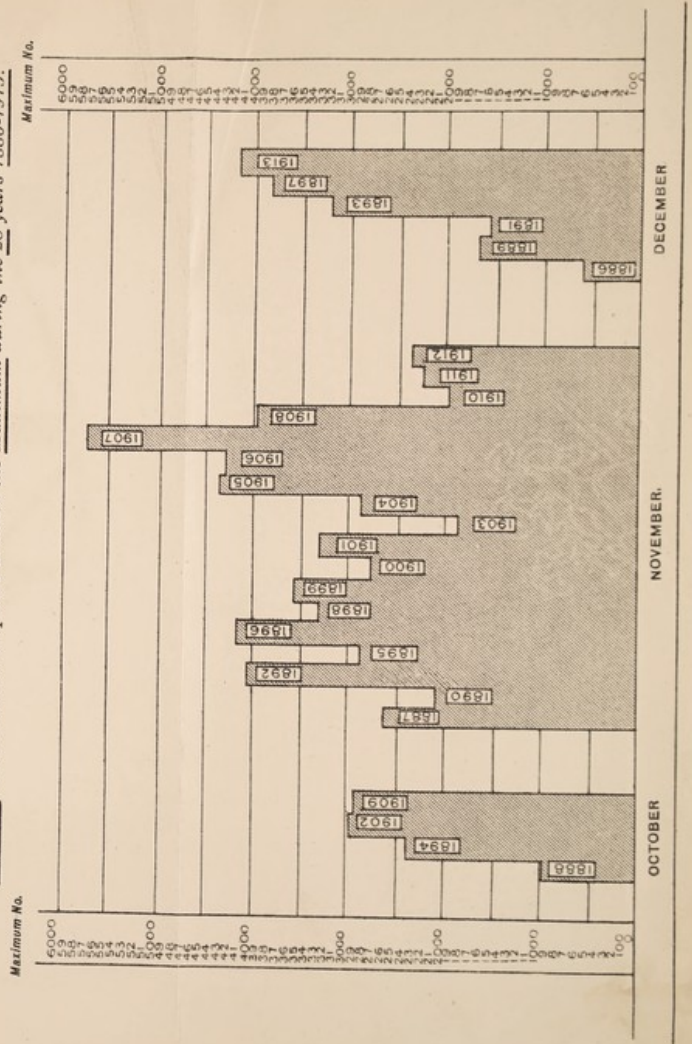
CHART—MONTHLY ADMISSIONS—Scarlet fever, Red line—♦♦♦♦ Enteric fever, Green line—◆◆◆◆ Diphtheria, Yellow line—▲▲▲▲ Measles, Black line—◆◆◆◆, Whooping Cough, ○-○-○-



DIPHTHERIA.—Diagram showing the Months in which the number of patients under treatment in the Board's hospitals attained the Maximum during the 25 years 1889-1913.



SCARLET FEVER.—Diagram showing the Months in which the number of patients under treatment in the Board's hospitals attained the Maximum during the 28 years 1886-1913.



Month	January	February	March	April	May	June	July	August	September	October	November	December
1890	100	100	100	100	100	100	100	100	100	100	100	100
1891	100	100	100	100	100	100	100	100	100	100	100	100
1892	100	100	100	100	100	100	100	100	100	100	100	100
1893	100	100	100	100	100	100	100	100	100	100	100	100
1894	100	100	100	100	100	100	100	100	100	100	100	100
1895	100	100	100	100	100	100	100	100	100	100	100	100
1896	100	100	100	100	100	100	100	100	100	100	100	100
1897	100	100	100	100	100	100	100	100	100	100	100	100
1898	100	100	100	100	100	100	100	100	100	100	100	100
1899	100	100	100	100	100	100	100	100	100	100	100	100
1900	100	100	100	100	100	100	100	100	100	100	100	100

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 FOR THE YEAR 1900

The total monthly admissions were lowest in April (*April*)* and highest in November (*October*).

The accompanying chart shows the monthly admissions of each kind of fever from and including the year 1899, and of measles and whooping cough during 1910-13.

During the forty-two 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, six 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, seven times in November, and twice in December. The enteric fever admissions fell to the minimum for the year five times in March, sixteen 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, nineteen 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, ten 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, ten times in October, three times in November, and three times in December.

The accompanying diagrams show the months in the year when the maximum number of patients under treatment is usually attained. The scarlet fever diagram covers a period of 28 years, and that of diphtheria 25 years.

As regards scarlet fever, the diagram strikingly illustrates the extreme variations in the numbers of patients for whom accommodation must be provided. The low figure (590) in December, 1886, was followed in November, 1887, by a number over four times as high. In November, 1903, the number was under 2,000; in the same month of the two succeeding years it rose to 2,811 and 4,315, was slightly lower the next year, but went with a rush in the following year (1907) up to 5,712.

The movements of diphtheria have not been so extreme, but as its seasonal rise synchronises closely with that of scarlet fever, any unusual prevalence of the disease adds materially to the Managers' difficulties in providing hospital accommodation.

Measles cases were first admitted in the latter part of 1910. The minimum admissions have been once in January, once in September, and once in November; and the maximum twice in March and once in November.

Whooping cough cases also were first admitted in the latter part of 1910. The minimum admissions occurred twice in November and once in October; and the maximum twice in March and once in May.

The maximum death rate in 1913 was for scarlet fever in February (*July*), for diphtheria in June (*September*), for enteric in February (*December*), for measles in April (*March*), and for whooping cough in February (*April*). The minimum rate was for scarlet fever in November (*January*), for diphtheria in July (*April*), for enteric fever in March (*November*), for measles in October (*February*), and for whooping cough in December (*July*).

* Months in italics in brackets are the corresponding months for 1912.

TABLE III.—GEOGRAPHICAL DISTRIBUTION.—Summary of admissions and deaths during 1913.

PARISHES AND UNIONS.	ADMISSIONS.										DEATHS.													
	Scarlet.	Diphtheria.	Diphtheria bacteriolog.	Enteric.	Poerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Polio-myelitis.	Other diseases.	Total admissions.	Scarlet.	Diphtheria.	Diphtheria bacteriol. g.	Enteric.	Poerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Polio-myelitis.	Other diseases.	Total deaths.
Kensington ..	459	97	5	7	..	235	68	..	..	..	59	930	3	7	..	..	..	34	7	..	..	..	..	57
Hammersmith ..	422	76	..	5	..	105	39	..	..	..	60	707	7	11	..	..	..	11	10	..	..	..	..	43
Fulham ..	668	178	..	5	3	107	15	..	..	..	94	1,080	3	13	..	..	..	8	2	..	..	..	..	30
Paddington ..	441	198	30	3	1	114	43	..	1	..	77	908	6	10	..	..	..	12	9	..	..	..	..	45
Chelsea ..	195	38	6	3	2	39	6	..	..	..	9	298	3	1	..	..	..	3	..	..	..	..	..	8
Westminster ..	306	126	3	6	1	97	20	..	..	..	66	625	5	8	2	..	..	13	4	..	..	..	..	33
St. Marylebone ..	378	98	9	4	1	82	22	..	..	..	50	644	9	4	1	..	..	16	4	..	1	..	..	35
St. Pancras ..	476	277	31	16	3	102	65	..	1	..	132	1,103	7	11	..	..	..	9	8	..	..	..	..	47
Hampstead ..	137	72	14	2	..	28	9	..	..	..	21	283	2	3	..	..	..	6	1	..	..	..	..	13
Islington ..	1,041	374	29	19	9	390	65	..	3	..	218	2,148	14	27	..	..	..	46	8	..	..	..	..	107
Hackney ..	735	234	19	10	8	201	41	1	1	..	187	1,438	10	12	..	..	..	25	9	..	..	..	..	65
Bloomsbury ..	46	19	..	..	..	3	1	..	..	..	6	75	..	2	..	..	..	..	..	..	..	..	..	3
Holborn ..	301	82	15	6	..	72	85	..	..	..	84	645	5	6	..	..	..	13	18	..	..	..	..	48
London, City of ..	53	22	2	1	..	4	2	..	..	..	15	99	1	1	..	..	..	..	..	..	..	..	..	3
Shoreditch ..	282	94	14	3	..	59	19	..	1	..	87	559	3	8	..	..	..	12	6	..	..	..	..	31
Bethnal Green ..	336	123	18	10	..	133	43	..	..	..	127	790	1	5	1	..	..	19	7	..	..	..	..	39
Whitechapel ..	164	66	8	3	1	45	17	..	..	..	58	362	1	5	..	..	..	3	1	..	..	..	..	13
St. George's East ..	77	46	5	3	..	31	16	..	..	..	11	189	..	2	..	..	..	5	..	..	..	..	..	7
Stepney ..	149	75	7	8	..	67	16	..	..	..	28	350	3	3	..	..	..	8	3	..	..	..	..	21
Mile End Old Town ..	342	97	5	9	..	52	6	2	..	..	92	606	5	1	..	..	..	2	..	..	..	..	..	12
Poplar ..	658	218	18	7	5	61	25	..	..	..	72	1,064	12	20	..	..	..	8	2	..	..	..	..	22
Southwark ..	784	240	6	14	4	206	48	..	..	..	119	1,421	13	12	..	..	..	25	2	..	..	..	..	49
Bermondsey ..	647	175	13	2	1	156	50	1	..	..	67	1,112	4	7	1	..	..	18	7	..	..	..	..	42
Lambeth ..	1,114	262	11	14	2	232	84	..	..	..	181	1,900	14	25	..	..	..	31	9	..	..	..	..	92
Wandsworth ..	1,574	448	51	34	11	375	67	..	3	..	230	2,794	17	29	..	..	..	65	1	..	..	..	..	136
Camberwell ..	965	231	13	2	3	145	53	..	..	..	105	1,518	12	15	..	..	..	12	5	..	..	..	..	55
Greenwich ..	772	341	6	6	1	147	57	..	..	..	75	1,405	3	18	..	..	..	17	6	..	..	..	..	46
Woolwich ..	529	323	22	5	2	24	3	..	..	..	66	974	9	17	..	..	..	1	1	..	..	..	..	31
Lewisham ..	587	316	11	23	..	76	56	..	..	..	42	1,111	3	27	..	..	..	4	7	..	..	..	..	47
Port of London ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tottenham ..	360	128	18	8	..	10	3	..	..	..	..	584	..	20	..	..	..	..	..	..	..	..	..	..
Beyond metropolitan area ..	12	2	..	..	..	2	..	..	..	..	7	23	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..	15,010	5,076	399	238	58	3,400	1,044	4	5	11	2,501	27,746	176	330	2	37	19,428	137	..	..	3	..	111	1,243

The number of cases of scarlet fever was 844 above, of diphtheria 560 above, and of enteric fever 310 below the average admissions during the preceding ten years.

SCARLET FEVER.—TABLE IV.—Admissions, deaths and mortality per cent. of scarlet fever patients during 1913, 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 ..	48	6	12.5	46	2	4.3	94	8	8.5
1 to 2 ..	230	22	9.6	203	11	5.4	433	33	7.6
2 „ 3 ..	418	16	3.8	445	14	3.1	863	30	3.5
3 „ 4 ..	592	15	2.5	591	16	2.7	1,183	31	2.6
4 „ 5 ..	625	8	1.3	750	10	1.3	1,375	18	1.3
Totals under 5 years)	1,913	67	3.5	2,035	53	2.6	3,948	120	3.0
5 to 10 ..	2,926	25	0.9	3,611	19	0.5	6,537	44	0.7
10 „ 15 ..	1,214	1	0.1	1,667	4	0.2	2,881	5	0.2
15 „ 20 ..	357	1	0.3	415	1	0.2	772	2	0.3
20 „ 25 ..	155	..	..	217	..	..	372	..	..
25 „ 30 ..	89	3	3.4	171	..	..	260	3	1.2
30 „ 35 ..	50	1	2.0	77	1	1.3	127	2	1.6
35 „ 40 ..	26	..	..	29	..	..	55	..	..
40 „ 45 ..	17	..	..	17	..	..	34	..	..
45 „ 50 ..	6	..	..	10	..	..	16	..	..
50 „ 55 ..	2	..	..	4	..	..	6	..	..
55 „ 60 ..	..	..	..	1	..	..	1	..	..
And upwards	..	..	..	1	..	..	1	..	..
Grand totals..	6,755	98	1.5	8,255	78	0.9	15,010	176	1.2

The total admissions of scarlet fever cases in 1913 were 15,010 (9,883)* ; the females were 1,500 (575) in excess of the male admissions. The total mortality, calculated on the admissions, was 1.2 (1.6) per cent., and was lower by 1.5 than the average for the preceding ten years.

* Italic figures in brackets throughout are the corresponding figures for 1912.

DIPHTHERIA.—TABLE V.—Admissions, deaths, and mortality per cent. of diphtheria patients (excluding bacteriological cases) during 1913, 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 ..	54	8	14·8	55	15	27·3	109	23	21·1
1 to 2 ..	152	20	13·2	130	27	20·8	282	47	16·7
2 „ 3 ..	217	25	11·5	218	12	5·5	435	37	8·5
3 „ 4 ..	282	25	8·9	278	24	8·6	560	49	8·8
4 „ 5 ..	305	25	8·2	307	22	7·2	612	47	7·7
Total under 5 years)	1,010	103	10·2	988	100	10·1	1,998	203	10·2
5 to 10 ..	861	48	5·6	1,101	62	5·6	1,962	110	5·6
10 „ 15 ..	248	4	1·6	352	8	2·3	600	12	2·0
15 „ 20 ..	79	1	1·3	120	2	1·7	199	3	1·5
20 „ 25 ..	36	..	..	87	..	..	123	..	..
25 „ 30 ..	20	..	..	56	..	..	76	..	..
30 „ 35 ..	14	..	..	27	..	..	41	..	..
35 „ 40 ..	11	..	..	24	..	..	35	..	..
40 „ 45 ..	8	..	..	12	..	..	20	..	..
45 „ 50 ..	4	..	..	3	..	..	7	..	..
50 „ 55 ..	4	..	..	4	..	..	8	..	..
55 „ 60 ..	3	..	..	2	..	..	5	..	..
And upwards	1	1	100·0	1	1	100·0	2	2	100·0
Grand totals..	2,299	157	6·8	2,777	173	6·2	5,076	330	6·5

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 6·5, the lowest on record, as compared with a rate of 30 per cent. before the introduction of antitoxin, and it was 2·4 below the average rate for the preceding ten years. Diphtheria is usually more fatal to males than females, but last year 15 out of 55 females under one year of age died, a percentage of 27·3, whereas out of 54 males of the same age 8 died, a percentage of 14·8. The total percentage mortality at all ages was 6·8 males and 6·2 females.

ENTERIC FEVER.—TABLE VI.—Admissions, deaths, and mortality per cent. of enteric fever patients during 1913, 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 ..	4	..	..	1	1	100.0	5	1	20.0
5 to 10 ..	21	2	10.0	13	..	..	34	2	5.9
10 „ 15 ..	18	..	..	10	1	10.0	28	1	3.6
15 „ 20 ..	19	1	5.3	11	1	9.1	30	2	6.7
20 „ 25 ..	23	7	30.4	14	1	7.1	37	8	21.6
25 „ 30 ..	12	1	8.3	18	2	11.1	30	3	10.0
30 „ 35 ..	7	..	..	12	3	25.0	19	3	15.8
35 „ 40 ..	11	6	54.5	4	2	50.0	15	8	53.3
40 „ 45 ..	7	1	14.3	11	3	27.3	18	4	22.2
45 „ 50 ..	3	..	..	5	..	..	8	..	..
50 „ 55 ..	6	3	50.0	3	..	..	9	3	33.3
55 „ 60 ..	1	..	..	2	1	50.0	3	1	33.3
And upwards	2	1	50.0	..	..	..	2	1	50.0
Totals ..	134	22	16.4	104	15	14.4	238	37	15.5

There were 16 more cases of enteric fever admitted than during 1912.

The total death rate, calculated on the admissions, was 15.5 (18.9)* per cent., which was 0.5 higher than the average rate for the preceding ten years.

MEASLES.—TABLE VII.—Admissions, deaths, and mortality per cent. of measles patients during 1913, 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 ..	172	44	25.6	192	42	21.9	364	86	23.6
1 to 2 ..	425	96	22.6	389	89	22.9	814	185	22.7
2 „ 3 ..	341	51	15.0	295	36	12.2	636	87	13.7
3 „ 4 ..	280	18	6.4	287	16	5.6	567	34	6.0
4 „ 5 ..	183	3	1.6	180	6	3.3	363	9	2.5
Total under } 5 years	1,401	212	15.1	1,343	189	14.1	2,744	401	14.6
5 to 10 ..	254	13	5.1	300	12	4.0	554	25	4.5
10 „ 15 ..	11	..	..	20	1	5.0	31	1	3.2
15 „ 20 ..	6	..	..	22	..	..	28	..	..
20 „ 25 ..	8	..	..	21	..	..	29	..	..
25 „ 30 ..	2	..	..	7	1	14.3	9	1	11.1
30 „ 35 ..	..	..	..	3	..	..	3	..	..
35 „ 40 ..	..	..	..	..	..	..	..	..	..
40 „ 45 ..	1	..	..	..	..	..	1	..	..
45 „ 50 ..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	1	..	..	1	..	..
Grand totals..	1,683	225	13.4	1,717	203	11.8	3,400	428	12.6

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 Managers' hospitals are the result of the special class of cases admitted. Admission is still limited to children of the poorest class and to urgent and necessitous cases recommended by the medical officers of health. The mortality rate on 3,400 cases was 12.6, as compared with 9.6 on 4,314 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 1912.

WHOOPIING COUGH.—TABLE VIII.—Admissions, deaths, and mortality per cent. of whooping cough patients during 1913, 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 ..	75	16	21·3	85	24	28·2	160	40	25·0
1 to 2 ..	123	26	21·1	146	33	22·6	269	59	21·9
2 „ 3 ..	87	12	13·8	110	7	6·4	197	19	9·6
3 „ 4 ..	73	1	1·4	98	7	7·1	171	8	4·7
4 „ 5 ..	55	3	5·5	59	3	5·1	114	6	5·3
Total under 5 years)	413	58	14·0	498	74	14·9	911	132	14·5
5 to 10 ..	62	4	6·5	69	1	14·5	131	5	3·8
10 „ 15 ..	..	..	..	1	..	..	1	..	..
15 „ 20 ..	..	..	..	..	..	..	..	..	..
20 „ 25 ..	1	..	..	..	..	..	1	..	..
40 „ 45 ..	..	..	..	..	..	..	..	..	..
And upwards	..	..	..	..	..	..	..	..	..
Grand totals..	476	62	13·0	568	75	13·2	1,044	137	13·1

The mortality rate was 13·1, as compared with 8·4 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.

TYPHUS FEVER.—TABLE IX.—4 (2)* cases only were admitted; none died (2). For details see Table IX., p. 207.

CEREBRO-SPINAL MENINGITIS.—TABLE X.—5 (2) cases only were admitted 3 died (2). For details refer to Table X., p. 207.

POLIOMYELITIS.—TABLE XI.—11 (6) cases were admitted, and there were no deaths (1). For details refer to Table XI., p. 208.

MISCELLANEOUS DISEASES. The table of cases of miscellaneous diseases admitted will be found in the Medical Supplement, p. 252. Further reference to it is made on p. 153, "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 convalescent hospitals are included in Table XIIIb.

* Italic figures in brackets throughout are the corresponding figures for 1912.

SCARLET
FEVER
PATIENTS.

TABLE XII.—Length of residence of scarlet fever patients who completed their recovery or died at the Board's town hospitals during the year 1913.

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	422 *(283)	18,538 (12,398)	43·9 (43·8)	410 (271)	18,383 (12,146)	44·8 (44·8)
North-Eastern	722 (708)	46,946 (45,399)	65·0 (64·1)	701 (687)	46,599 (45,082)	66·5 (65·6)
North-Western	231 (291)	11,620 (17,352)	50·3 (59·6)	211 (273)	11,322 (17,059)	53·7 (62·6)
Western	436 (354)	22,035 (19,729)	50·5 (55·7)	404 (335)	21,546 (19,480)	53·3 (58·1)
South-Western	309 (334)	19,458 (20,063)	63·0 (60·1)	294 (318)	18,909 (19,689)	64·3 (61·9)
Grove	445 (413)	25,978 (24,357)	58·4 (59·0)	426 (397)	25,754 (24,188)	60·5 (60·9)
South-Eastern	524 (558)	28,329 (27,785)	54·1 (49·7)	500 (538)	27,948 (27,531)	55·9 (51·2)
Brook	423 (416)	25,609 (26,122)	60·5 (62·8)	398 (393)	25,913 (25,827)	63·3 (65·7)
Totals	3,512 (3,357)	198,513 (193,205)	56·5 (57·6)	3,344 (3,212)	196,374 (191,042)	58·7 (59·5)

TABLE XIII.—Length of residence of scarlet fever patients who completed their recovery or died at the Board's convalescent hospitals during the year 1913.

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 ..	3,406 (2,568)	109,887 (84,751)	101,595 (72,058)	211,482 (156,809)	32·3 (33·0)	29·8 (28·1)	62·1 (61·1)	3,403 (2,567)	109,794 (84,722)	101,531 (72,037)	211,325 (156,759)	32·3 (33·0)	29·8 (28·1)	62·1 (61·1)
Southern ..	5,432 (3,828)	160,532 (125,895)	132,028 (117,123)	292,560 (242,928)	29·6 (32·9)	24·3 (30·6)	53·9 (63·5)	5,428 (3,820)	160,439 (125,524)	131,916 (116,905)	292,355 (242,429)	29·6 (32·9)	24·3 (30·6)	53·9 (63·5)
Joyce Green	825 ..	19,162 ..	21,323 ..	40,485 ..	23·2 ..	25·8 ..	49·0 ..	824 ..	19,141 ..	21,295 ..	40,436 ..	23·2 ..	25·8 ..	49·0 ..
Totals ..	9,663 (6,396)	289,581 (210,556)	254,946 (189,181)	544,527 (399,737)	30·0 (32·9)	26·4 (29·6)	56·4 (62·5)	9,655 (6,387)	289,374 (210,246)	254,742 (188,942)	544,116 (399,188)	30·0 (32·9)	26·4 (29·6)	56·4 (62·5)

The average duration of residence of scarlet fever cases was at the town hospitals 56·5 (57·6) days, including deaths, and 58·7 (59·5) days if the fatal cases be excluded, or 2·8 below the average for the preceding ten years. At the convalescent hospitals the average duration was 56·4 (62·5) and 56·4 (62·5) days respectively (including residence in the town hospitals), or 8·1 days below the average for the preceding ten years. The total residence of cases who completed their recovery at the convalescent hospitals was 2·3 days shorter (3 days longer) than that of cases at the town hospitals.

* Italic figures in brackets throughout are the corresponding figures for 1912.

DIPHTHERIA
PATIENTS.

TABLE XIII.—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 1913.

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	390 *(283)	19,558 (13,368)	50·2 (47·2)	357 (254)	19,233 (13,079)	53·9 (51·5)
North-Eastern	382 (506)	28,162 (39,925)	73·7 (78·9)	342 (469)	27,903 (39,269)	81·6 (83·7)
North-Western	252 (303)	11,366 (15,093)	45·1 (49·8)	211 (253)	11,003 (14,730)	52·1 (58·2)
Western	327 (365)	11,846 (15,508)	36·2 (42·5)	280 (323)	11,597 (15,139)	41·4 (46·9)
South-Western	366 (365)	19,977 (18,796)	54·6 (51·5)	333 (326)	19,493 (18,322)	58·5 (56·2)
Grove	308 (407)	15,690 (21,482)	50·9 (52·8)	277 (376)	15,336 (20,767)	55·4 (55·2)
South-Eastern	618 (670)	27,718 (35,000)	44·9 (52·2)	572 (625)	27,332 (34,261)	47·8 (54·8)
Brook	500 (510)	29,911 (30,576)	59·8 (59·9)	441 (453)	29,261 (30,048)	66·4 (66·3)
Totals	3,143 (3,409)	164,228 (189,739)	52·3 (55·7)	2,813 (3,079)	161,158 (185,615)	57·3 (60·3)

TABLE XIII A.—Length of residence of diphtheria patients who completed their recovery or died at the Board's convalescent hospitals during the year 1913.

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 ..	† 523 (739)	19,636 (34,403)	13,383 (17,028)	33,019 (51,431)	37·5 (46·6)	25·6 (23·0)	63·1 (69·6)	523 (739)	19,636 (34,403)	13,383 (17,028)	33,019 (51,431)	37·5 (46·6)	25·6 (23·0)	63·1 (69·6)
Southern ..	† 1,230 (1,124)	48,219 (51,552)	28,867 (32,625)	77,086 (84,177)	39·2 (45·9)	23·5 (29·0)	62·7 (74·9)	1,230 (1,123)	48,219 (51,494)	28,867 (32,582)	77,086 (84,076)	39·2 (45·8)	23·5 (29·0)	62·7 (74·8)
Totals ..	1,753 (1,863)	67,855 (85,955)	42,250 (49,653)	110,105 (135,608)	38·7 (46·1)	24·1 (26·7)	62·8 (72·8)	1,753 (1,862)	67,855 (85,897)	42,250 (49,610)	110,105 (135,507)	38·7 (46·1)	24·1 (26·7)	62·8 (72·8)

* Italic figures in brackets throughout are the corresponding figures for 1912.

† Includes 11 bacteriological diphtheria cases.

‡ Includes 8 bacteriological diphtheria cases.

BACTERIOLOGICAL TABLE XIII B.—Length of residence of bacteriological diphtheria patients who completed their recovery or died at the Board's town hospitals during the year 1913.

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	57 <i>(55)</i>	2,071 <i>(2,620)</i>	36.3 <i>(47.6)</i>	56 <i>(53)</i>	2,070 <i>(2,523)</i>	37.0 <i>(47.6)</i>
North-Eastern ..	55 <i>(70)</i>	1,605 <i>(2,315)</i>	29.2 <i>(33.1)</i>	55 <i>(70)</i>	1,605 <i>(2,315)</i>	29.2 <i>(33.1)</i>
North-Western ..	88 <i>(90)</i>	1,845 <i>(2,360)</i>	21.0 <i>(26.2)</i>	88 <i>(90)</i>	1,845 <i>(2,360)</i>	21.0 <i>(26.2)</i>
Western	45 <i>(34)</i>	676 <i>(490)</i>	15.0 <i>(14.4)</i>	45 <i>(34)</i>	676 <i>(490)</i>	15.0 <i>(14.4)</i>
South-Western ..	10 <i>(4)</i>	375 <i>(89)</i>	37.5 <i>(22.2)</i>	10 <i>(3)</i>	375 <i>(83)</i>	37.5 <i>(27.7)</i>
Grove	54 <i>(54)</i>	1,418 <i>(1,320)</i>	26.3 <i>(24.4)</i>	54 <i>(54)</i>	1,418 <i>(1,320)</i>	26.3 <i>(24.4)</i>
South-Eastern ..	39 <i>(16)</i>	808 <i>(470)</i>	20.7 <i>(29.4)</i>	39 <i>(15)</i>	808 <i>(461)</i>	20.7 <i>(30.7)</i>
Brook	37 <i>(18)</i>	803 <i>(425)</i>	21.7 <i>(23.6)</i>	36 <i>(18)</i>	779 <i>(425)</i>	21.6 <i>(23.6)</i>
Totals	385 <i>(341)</i>	9,601 <i>(10,089)</i>	24.9 <i>(29.6)</i>	383 <i>(337)</i>	9,576 <i>(9,977)</i>	25.0 <i>(29.6)</i>

The average length of residence of diphtheria patients at the town hospitals was 52.3 (55.7) days, including deaths, and 57.3 (60.3) days if the fatal cases be excluded, or 1.6 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 62.8 (72.8) days, or 5.5 (12.5) days longer than in the town hospitals, and 8.5 days shorter than the average for the preceding ten years.

The period of detention at the Northern Hospital was 6.7 days, at the Southern Hospital 12.0 days, shorter than the preceding year.

The average length of residence of the recovered bacteriological cases was 24.9 (29.6) days, and varied from 15.0 days at the Western Hospital (14.4—W.H.) to 37.5 days at the South-Western Hospital (47.6—E.H.).

* Italic figures in brackets throughout are the corresponding figures for 1912.

ENTERIC
FEVER
PATIENTS.

TABLE XIV.—Length of residence of enteric fever patients who completed their recovery or died at the Board's town hospitals during the year 1913.

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	42 *(16)	1,975 (920)	47.0 (57.5)	33 (13)	1,837 (884)	55.7 (68.0)
North-Eastern .. ..	.. (28)	.. (1,789)	.. (63.9)	.. (25)	.. (1,753)	.. (70.0)
North-Western	57 (30)	3,196 (1,910)	56.1 (63.7)	50 (22)	3,033 (1,784)	60.7 (81.1)
Western	2 (38)	186 (2,136)	93.0 (56.2)	2 (34)	186 (2,124)	93.0 (62.5)
South-Western	61 (64)	2,789 (3,324)	45.6 (51.9)	46 (52)	2,638 (3,207)	57.4 (61.7)
Grove	8	326	40.8	7	323	46.1
South-Eastern	43 (74)	2,371 (3,809)	55.1 (51.5)	38 (62)	2,312 (3,699)	60.8 (59.7)
Brook	4	332	83.0	4	332	83.0

Totals	217 (250)	11,175 (13,888)	51.5 (55.6)	180 (20.8)	10,661 (13,451)	59.2 (64.7)

The average residence of enteric fever patients was 51.5 (55.6) days including deaths, and 59.2 (64.7) days if the fatal cases be excluded, and 1.6 days shorter than the average for the preceding ten years.

PUERPERAL
FEVER.

TABLE XV.—Length of residence of patients suffering from puerperal fever who completed their recovery or died at the Board's town hospitals during the year 1913.

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	12 (1)	247 (7)	20.6 (7.0)	4	110	27.5
North-Eastern	3 (3)	198 (56)	66.0 (18.7)	2 (1)	164 (48)	82.0 (48.0)
North-Western	13	380	29.2	11	375	34.1
Western	1 (1)	68 (12)	68.0 (12.0)	1	68	68.0
South-Western	17 (8)	625 (100)	36.8 (12.5)	13 (6)	610 (96)	46.9 (16.0)
Grove	3	109	36.3	3	109	36.3
South-Eastern	12 (3)	373 (10)	31.1 (3.3)	8	341	42.6

Totals	61 (16)	2,000 (185)	32.8 (11.6)	42 (7)	1,777 (144)	42.3 (20.6)

* Italic figures in brackets throughout are the corresponding figures for 1912.

MEASLES.

TABLE XVI.—Length of residence of patients suffering from measles who completed their recovery or died at the Board's town hospitals during the year 1913.

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	452 *(449)	16,861 (14,166)	37·3 (31·5)	388 (370)	15,770 (13,197)	40·6 (35·7)
North-Eastern	414 (306)	20,183 (9,748)	48·8 (31·9)	371 (264)	19,148 (9,276)	51·6 (35·1)
North-Western	379 (336)	17,136 (11,917)	45·2 (35·5)	321 (278)	16,028 (11,309)	49·9 (40·7)
Western	515 (436)	18,664 (13,921)	36·2 (31·9)	415 (370)	17,131 (13,085)	41·3 (35·4)
South-Western	250 (335)	8,015 (12,838)	32·1 (38·3)	222 (283)	7,675 (12,257)	34·6 (43·3)
Grove	208 (177)	8,206 (5,576)	39·5 (31·5)	168 (147)	7,231 (5,244)	43·0 (35·7)
South-Eastern	613 (589)	21,462 (19,748)	35·0 (33·5)	546 (523)	20,398 (18,778)	37·4 (35·9)
Brook	270 (182)	11,035 (7,335)	40·9 (40·3)	245 (162)	10,706 (7,085)	43·7 (43·7)
Totals	3,101 (2,810)	121,562 (95,249)	39·2 (33·9)	2,676 (2,397)	114,087 (90,231)	42·6 (37·6)

TABLE XVII.—Length of residence of patients suffering from measles who completed their recovery or died at the Board's convalescent hospitals during the year 1913.

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 ..	607 (486)	17,022 (12,144)	15,119 (11,045)	32,141 (23,189)	28·0 (25·0)	24·9 (22·7)	52·9 (47·7)	607 (485)	17,022 (12,127)	15,119 (11,021)	32,141 (23,148)	28·0 (25·0)	24·9 (22·7)	52·9 (47·7)
Southern ..	456 (315)	12,547 (9,794)	10,180 (9,521)	31,727 (19,315)	27·5 (31·1)	42·1 (30·2)	69·6 (61·3)	453 (315)	12,499 (9,794)	18,929 (9,521)	31,428 (19,315)	27·6 (31·1)	41·8 (30·2)	69·4 (61·3)
Totals ..	1,063 (801)	29,569 (21,938)	34,299 (20,566)	63,868 (42,504)	27·8 (27·4)	32·3 (25·7)	60·1 (53·1)	1,060 (800)	29,521 (21,921)	34,048 (20,542)	63,569 (42,463)	27·9 (27·4)	32·1 (25·7)	60·0 (53·1)

The average length of residence of measles cases in the town hospitals was 39·2 (33·9) days, including deaths, and 42·6 (37·6) days if the fatal cases be excluded. At the convalescent hospitals the average residence of recovered cases was 60·1 (53·1) days, or 17·4 days longer than in the town hospitals.

The periods of detention of recovered cases varied from 34·6 days at the South-Western Hospital (35·1, North-Eastern Hospital) to 51·6 days at the North-Eastern Hospital and 69·4 at the Southern Hospital (43·7, Brook Hospital—61·3, Southern Hospital).

* Italic figures in brackets throughout are the corresponding figures for 1912.

WHOOPIING
COUGH.

TABLE XVII.—Length of residence of patients suffering from whooping cough who completed their recovery or died at the Board's town hospitals during the year 1913.

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	22 * (117)	966 (6,443)	43·9 (55·1)	18 (96)	874 (6,001)	48·6 (62·5)
North-Eastern	217 (275)	25,054 (33,782)	110·8 (122·8)	183 (241)	23,024 (31,828)	125·8 (132·1)
North-Western	115 (57)	8,841 (3,949)	76·9 (69·3)	80 (45)	7,524 (3,680)	94·1 (81·8)
Western	91 (136)	6,080 (9,026)	66·8 (66·4)	81 (121)	5,796 (8,771)	71·6 (72·5)
South-Western	9 (41)	545 (2,597)	60·6 (63·3)	9 (37)	545 (2,570)	60·6 (69·5)
Grove	175 (240)	13,941 (17,677)	79·7 (73·7)	157 (213)	13,461 (16,935)	85·7 (79·5)
South-Eastern	145 (156)	7,879 (9,404)	54·3 (60·3)	115 (132)	7,133 (8,994)	62·0 (68·1)
Brook	72 (88)	6,603 (6,854)	91·7 (77·9)	68 (81)	6,594 (6,719)	97·0 (83·0)
Totals	846 (1,110)	69,909 (89,732)	82·6 (80·8)	711 (966)	64,951 (85,498)	91·4 (88·4)

TABLE XVIII.—Length of residence of patients suffering from whooping cough who completed their recovery or died at the Board's convalescent hospitals during the year 1913.

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 ..	6 (74)	475 (4,135)	170 (2,997)	645 (7,132)	79·2 (55·9)	28·3 (40·5)	107·5 (96·4)	6 (74)	475 (4,135)	170 (2,997)	645 (7,132)	79·2 (55·9)	28·3 (40·5)	107·5 (96·4)
Southern ..	246 (532)	12,354 (23,679)	10,731 (24,838)	23,085 (48,517)	50·2 (44·5)	43·6 (46·7)	93·8 (91·2)	244 (530)	12,309 (23,561)	10,646 (24,754)	22,955 (48,315)	50·4 (44·5)	43·6 (46·7)	94·0 (91·2)
Totals ..	252 (606)	12,829 (27,814)	10,901 (27,835)	23,730 (55,649)	50·9 (45·9)	43·3 (45·9)	94·2 (91·8)	250 (604)	12,784 (27,696)	10,816 (27,751)	23,600 (55,447)	51·1 (45·9)	43·3 (45·9)	94·4 (91·8)

The average length of residence of whooping cough cases in the town hospitals was 82·6 (80·8) days, including deaths, and 91·4 (88·4) days if the fatal cases be excluded. At the convalescent hospitals the average residence of recovered cases was 94·4 (91·8) days.

The periods of detention of recovered cases varied from 48·6 days at the Eastern Hospital (*Eastern Hospital, 62·5*) to 125·8 days at the North-Eastern Hospital.

* Italic figures in brackets throughout are the corresponding figures for 1912.

CEREBRO-
SPINAL
MENINGITIS
PATIENTS.

TABLE XVIII.—*Length of residence of cerebro-spinal fever patients who completed their recovery or died at the Board's town hospitals during the year 1913.*

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 * (1)	40 (16)	40·0 (16·0)	1	40	40·1
North-Western	1	1	1·0	..	..	..
Western	2	49	24·5	1	31	31·0
South-Eastern	1	2	2·0	..	..	..
Brook .. ..	..	..	..	..	..	..
	(1)	(2)	(2·0)	..	..	..
Totals	5 (2)	92 (18)	18·4 (9·0)	2	71	35·5

POLIO-
MYELITIS.

TABLE XIX.—*Length of residence of patients suffering from poliomyelitis who completed their recovery or died at the Board's town hospitals during the year 1913.*

HOSPITAL.	Total number of cases (including deaths).	Number of days' residence.	Average residence (days).	Recovered cases only.	Number of days' residence.	Average residence (days).
Eastern	2 (3)	68 (53)	34·0 (17·6)	2 (3)	68 (53)	34·0 (17·6)
North-Eastern	3	111	37·0	3	111	37·0
North-Western	1 (1)	91 (71)	91·0 (71·0)	1 (1)	91 (71)	91·0 (71·0)
Western .. ..	..	..	..	..	..	..
Grove	2 (1)	68 (15)	34·0 (15·0)	2	68	34·0
South-Eastern .. ..	..	..	..	..	..	..
	(1)	(93)	(93·0)	(1)	(93)	(93·0)
Totals	8 (6)	338 (232)	42·2 (38·7)	8 (5)	338 (217)	42·2 (43·4)

* Italic figures in brackets throughout are the corresponding figures for 1912.

MISCELLANEOUS
DISEASES.

TABLE XX.—Length of residence of patients suffering from miscellaneous diseases who completed their recovery or died at the Board's town hospitals during the year 1913.

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	483 *(341)	12,306 (8,474)	25·5 (24·9)	470 (318)	12,074 (8,250)	25·7 (25·9)
North-Eastern ..	367 (272)	10,090 (8,166)	27·5 (30·0)	357 (253)	9,969 (7,998)	27·9 (31·6)
North-Western ..	386 (288)	9,203 (6,971)	23·8 (24·2)	363 (273)	9,027 (6,792)	24·9 (24·9)
Western	299 (205)	6,453 (4,200)	21·6 (20·5)	286 (183)	6,239 (3,883)	21·8 (21·2)
South-Western ..	260 (157)	6,893 (3,995)	26·5 (25·4)	243 (140)	6,756 (3,828)	27·8 (27·3)
Grove	264 (198)	6,801 (5,128)	25·8 (25·9)	250 (194)	6,556 (5,096)	26·2 (26·3)
South-Eastern ..	298 (253)	6,423 (4,468)	21·6 (17·7)	281 (234)	6,231 (4,380)	22·2 (18·7)
Brook	130 (140)	2,981 (3,811)	22·9 (27·2)	126 (135)	2,962 (3,717)	23·5 (27·5)
Totals	2,487 (1,854)	61,150 (45,303)	24·6 (24·4)	2,376 (1,730)	59,814 (43,944)	25·2 (25·4)

Of the cases of miscellaneous diseases (cases of mistaken diagnosis) treated, the average residence of each patient was 24·6 (24·4) days, including deaths, and 25·2 (25·4) days if the fatal cases be excluded.* The shortest residence of recovered cases was at the Western Hospital, 21·8 (*South-Eastern Hospital*, 18·7) days, or 3·4 (6·7) days below the average, and the longest at the North-Eastern Hospital, 27·9 (*North-Eastern Hospital*, 31·6) days, or 2·7 days above the average.

* Italic figures in brackets throughout are the corresponding figures for 1912.

STATISTICAL COMMITTEE, 1913.

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 fourteen years 1900-1913.

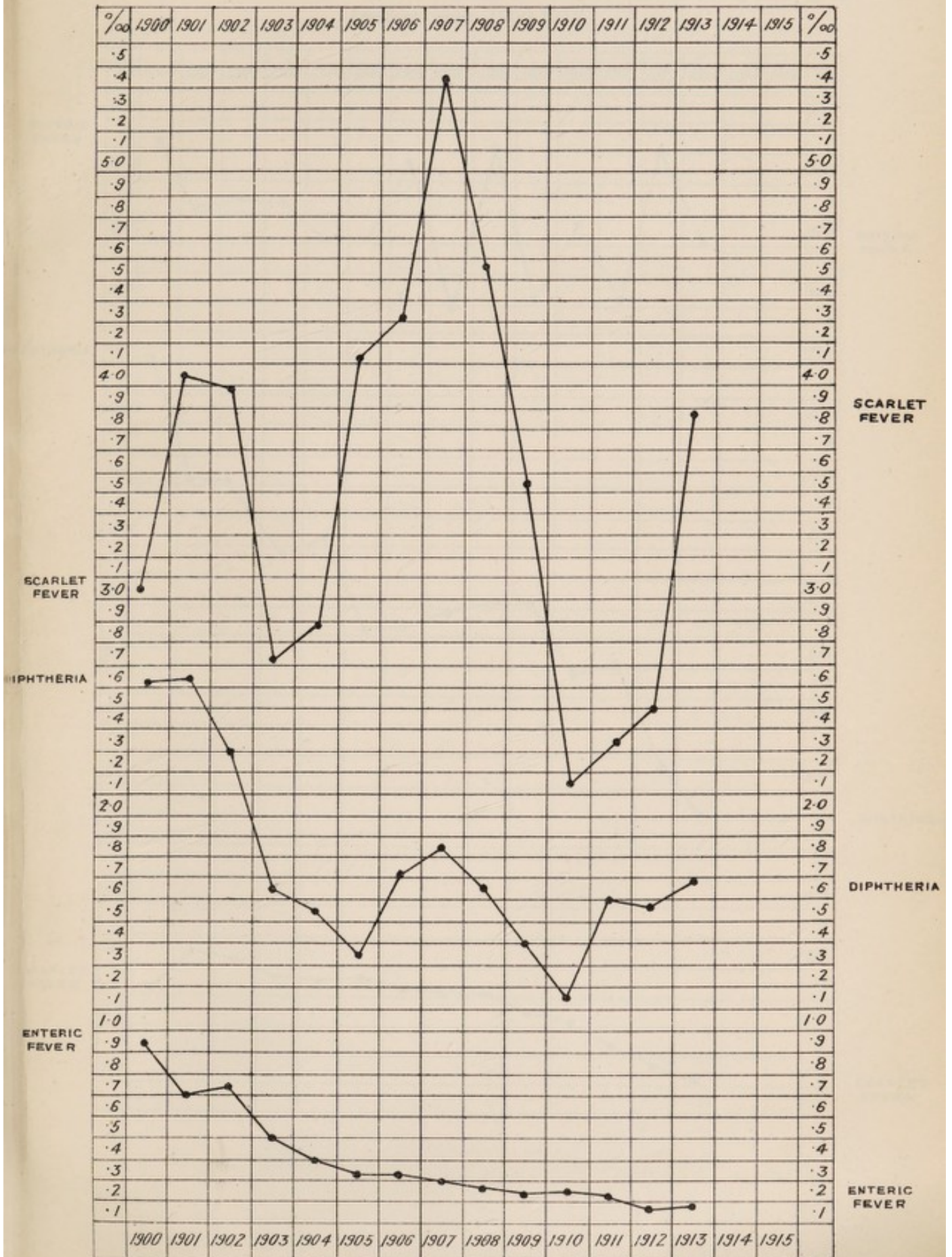
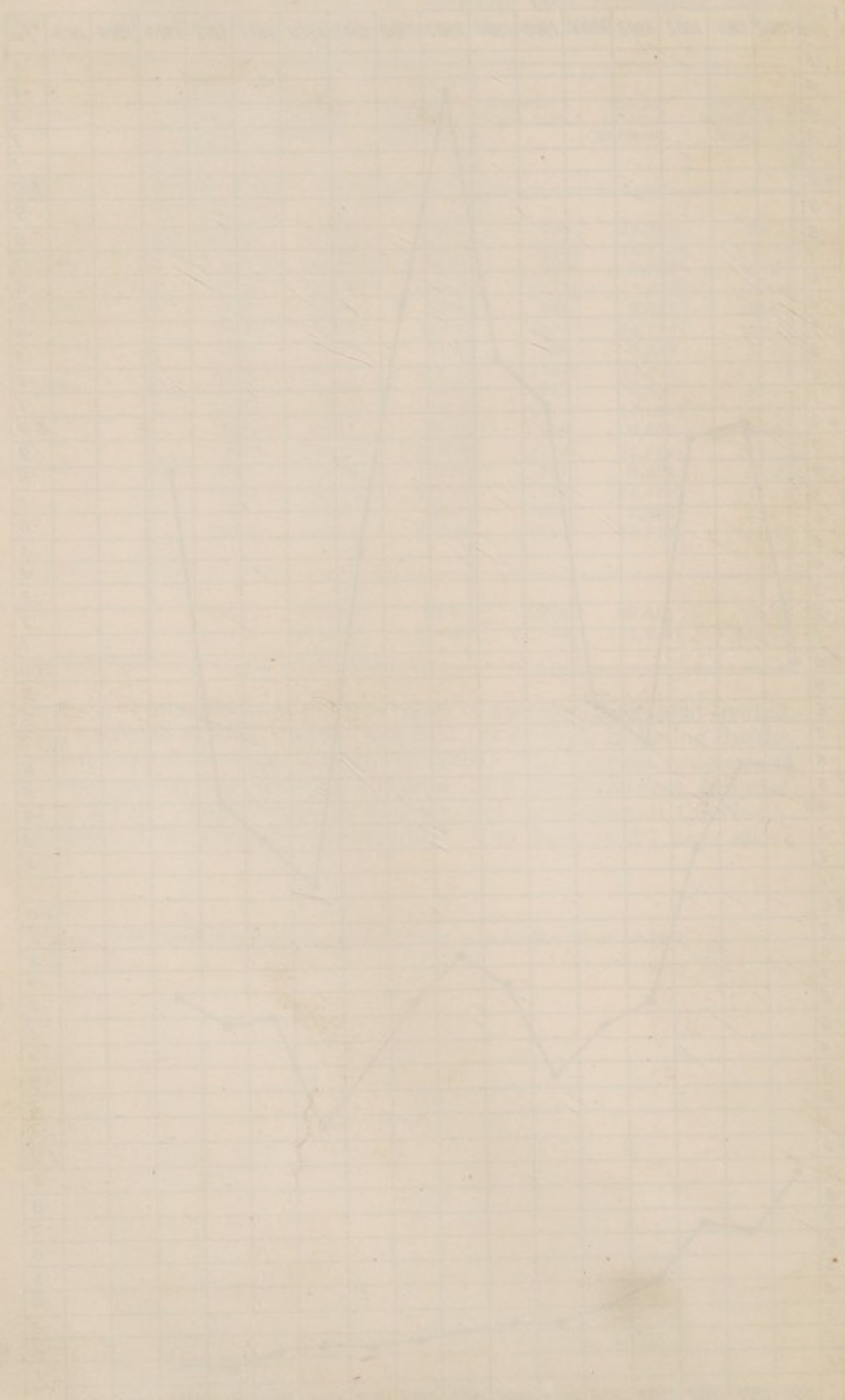
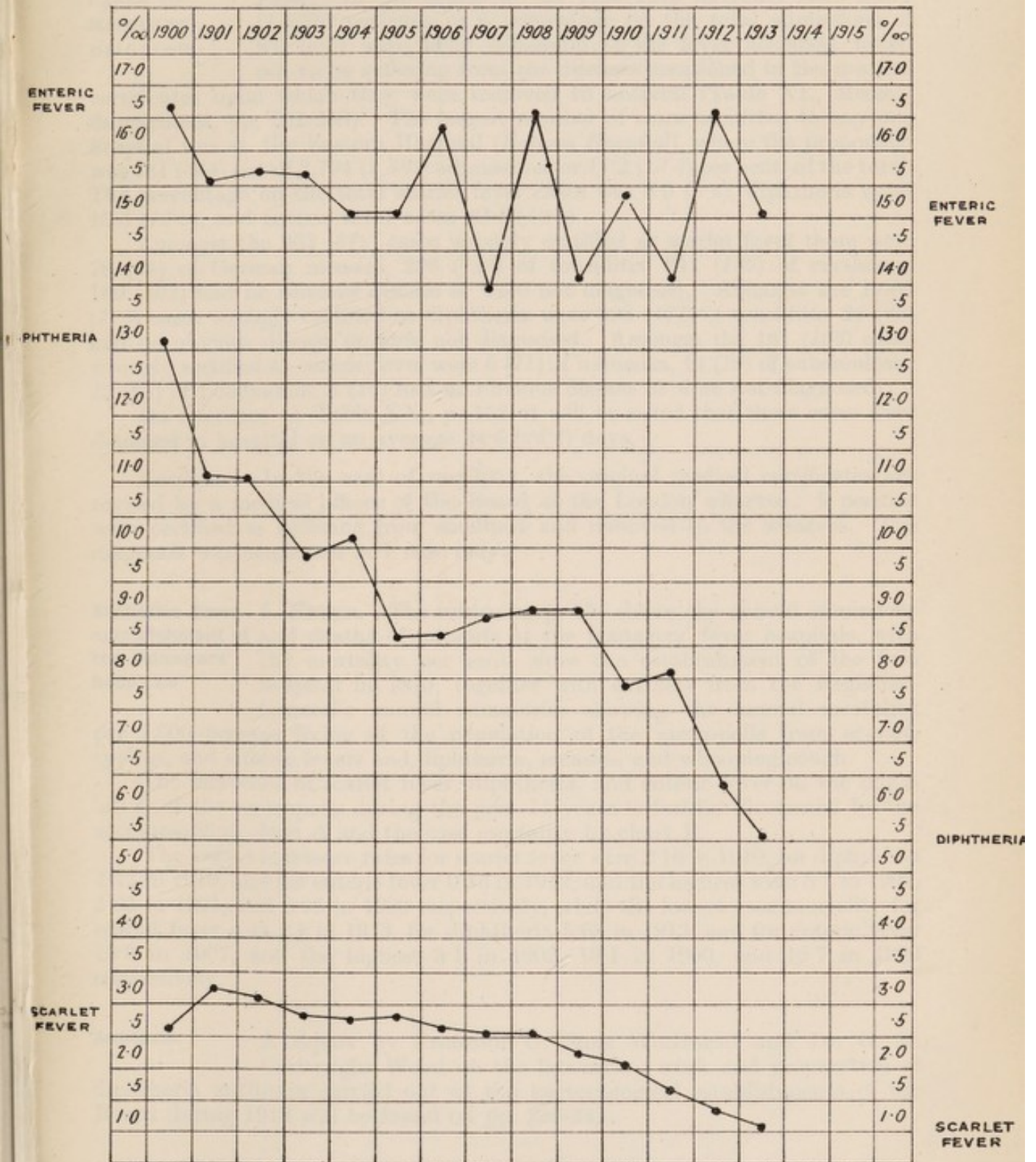


CHART A. Amount of Money & Securities Held by Individuals in the United States in 1917 and 1918



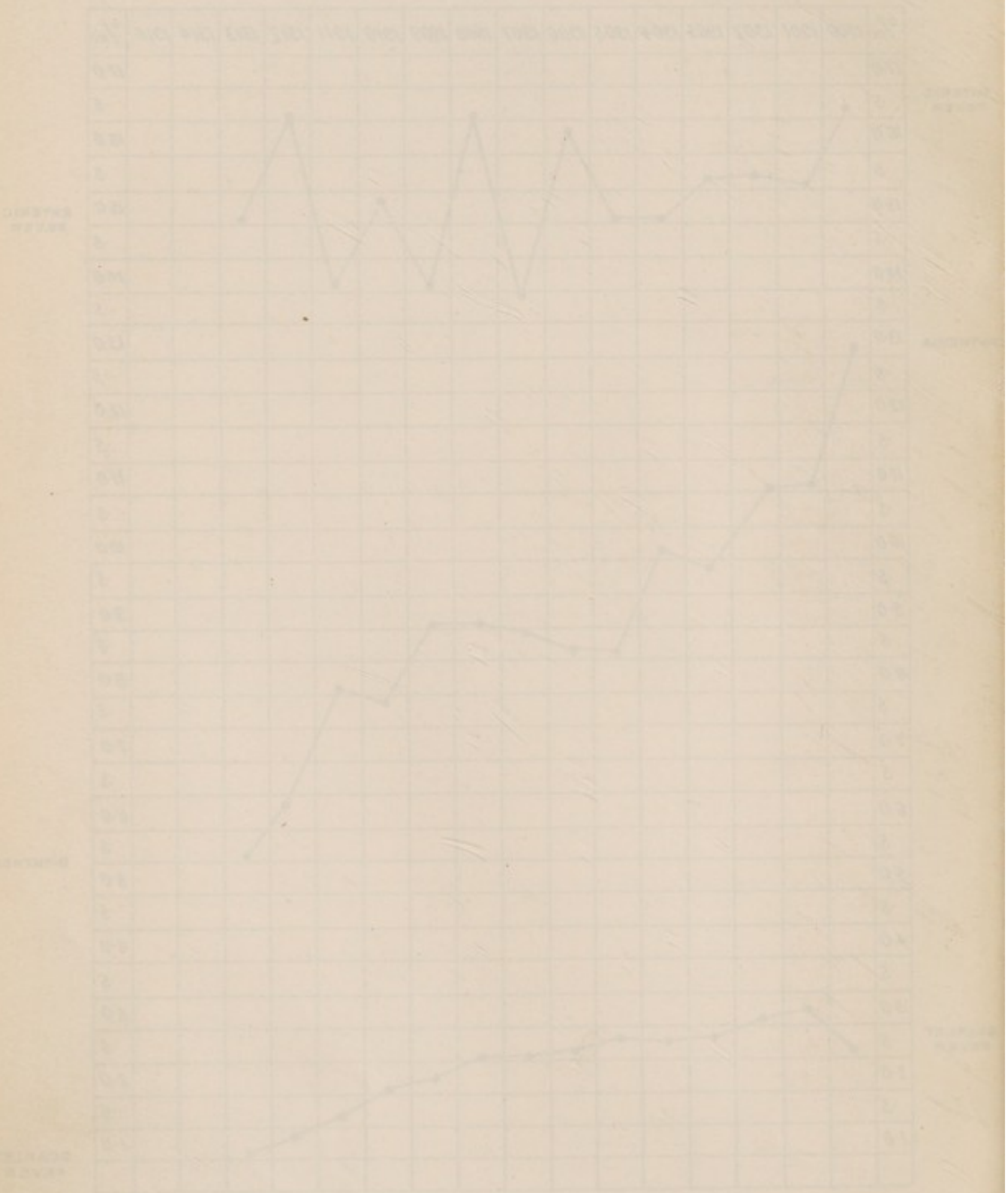
STATISTICAL COMMITTEE, 1913.

CHART-B, showing the case mortality from SCARLET FEVER, DIPHTHERIA, and ENTERIC FEVER, in the Metropolis, during each of the fourteen years 1900-1913.



STATISTICAL COMMITTEE, 1918.

CHART B. Showing the correlation between the cases of DIPHTHERIA and ENTERIC FEVER in the Municipal Hospital, during the year 1918. (Boston, Mass.)



SMALLPOX PATIENT. One female smallpox patient, aged 34, was admitted in May from Poplar union, unvaccinated, and was discharged recovered.

CASES OF MISTAKEN DIAGNOSIS. *Fever.*—In the course of the year 1913 no fewer than 2,501 (1,899)* patients, or a percentage on the total admissions of 9·0 (8·1), 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. 252-258). The largest number of cases admitted to any one hospital was at the Eastern Hospital (*Eastern Hospital*), where the proportion was 481 (344) out of 2,794 (2,585) admissions, or 17·2 (13·3) per cent. of the total. The percentage on the total scarlet fever cases was 6·0 (6·4), diphtheria cases 15·6 (12·9), and enteric fever cases 40·4 (47·8).

Amongst the 963 (672) cases wrongly certified as scarlet fever there were 78 (34) of German measles, 226 (143) of tonsillitis, 241 (169) of erythema, 160 (101) had no obvious disease or were not diagnosed. Amongst the 1,009 (775) cases wrongly certified as diphtheria were 699 (464) of tonsillitis, 25 (28) had no obvious disease or were not diagnosed. Amongst the 161 (153) cases wrongly certified as enteric fever were 6 (11) of influenza, 14 (15) of tuberculosis, 22 (28) of pneumonia, 5 (12) had no obvious disease or were not diagnosed.

On reference to Table XX., p. 152, it will be noted that these cases were detained in hospital on an average 24·6 (24·4) days.

Smallpox.—In the case of smallpox, the original medical certificates are revised by a medical officer of the Board at the London wharves: 9 persons were certified as suffering from smallpox and removed to the wharves. The diagnosis was confirmed in 1 case only.

Statistics since establishment of the Managers' hospitals. 5. **FEVER.**—The return on p. 154 shows the annual admissions and deaths of patients at the Managers' fever hospitals, with the mortality per cent. since the establishment of the first hospital in 1870, together with extracts from the Registrar-General's annual summaries showing the annual mortality per 1,000 persons living of the population of the metropolis from scarlet, typhus, and enteric fevers and diphtheria, measles, and whooping cough.

The incidence of scarlet fever, diphtheria, and enteric fever on the population of the metropolis during the past 14 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 1·1 in 1913, for diphtheria 5·63 in 1913, 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 1913 will be found on pp. 238-241.

* Italic figures in brackets throughout are the corresponding figures for 1912.

TABLE XXI.—Admissions, deaths, and mortality at the FEVER HOSPITALS.

YEAR.	ADMISSIONS.										DEATHS.										Mortality per cent. of patients treated in Managers' hospitals.					Annual mortality per 1,000 of estimated population. (Registrar-General).						
	Scarlet	Diphtheria	Diphtheria bac-terio-logical	Typhus	Enteric	Measles	Whooping cough.	Other diseases.	Total	Scarlet	Diphtheria	Diphtheria bac-terio-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	..	..	* 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	..	..	5,000	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	..	..	219	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	11.1	..	..	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	..	..	99	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	0.13	..	..
1888	4,408	..	..	1	450	..	194	5,152	501	..	..	6	72	..	..	..	60	679	9.9	..	..	59.3	14.6	..	0.30	0.32	..	0.17	..	..
1889	4,518	..	..	23	290	..	219	5,772	366	..	..	6	41	..	..	..	48	736	8.9	..	..	31.6	15.1	..	0.19	0.39	0.00	0.13	..	..
1890	6,537	..	..	16	498	..	341	8,334	510	..	..	5	93	..	..	..	81	1,005	7.9	..	..	25.7	19.7	..	0.21	0.33	0.00	0.15	..	..
1891	5,262	..	..	18	755	..	462	7,809	357	..	..	1	106	..	..	..	102	963	6.7	..	..	30.6	14.5	..	0.14	0.34	0.00	0.13	..	..
1892	13,093	..	..	19	430	..	725	16,276	839	..	..	2	65	..	..	..	140	1,623	7.3	..	..	29.3	13.2	..	0.27	0.46	0.00	0.10	..	..
1893	14,548	..	..	2	544	..	732	18,674	901	..	..	1	110	..	..	..	105	1,982	6.1	..	..	30.4	50.0	..	0.37	0.76	0.00	0.16	..	..
1894	11,598	..	..	6	534	..	863	16,667	717	..	..	1	96	..	..	..	150	1,999	5.9	..	..	20.3	16.7	..	0.22	0.62	0.00	0.15	..	..
1895	11,271	..	..	3	661	..	1,277	16,847	591	..	..	2	119	..	..	..	142	1,672	5.4	..	..	22.8	18.2	..	0.19	0.54	..	0.14	..	..
1896	15,982	..	..	9	600	..	1,174	22,273	666	..	..	2	96	..	..	..	109	1,821	4.3	..	..	25.0	15.8	..	0.21	0.60	0.00	0.13	..	..
1897	15,113	..	..	2	664	..	1,417	22,869	619	..	..	1	124	..	..	..	140	1,870	4.1	..	..	17.7	18.6	..	0.18	0.51	..	0.13	..	..
1898	12,125	..	..	9	869	..	1,488	21,037	514	..	..	1	143	..	..	..	147	1,996	4.1	..	..	15.4	11.1	..	0.13	0.39	0.00	0.13	..	..
1899	13,290	..	..	11	1,535	..	1,582	25,094	353	..	..	1	240	..	..	..	160	1,935	2.6	..	..	13.9	16.5	..	0.09	0.43	..	0.18	..	..
1900	10,343	..	..	4	1,728	..	1,796	21,654	313	..	..	1	245	..	..	..	167	1,714	3.0	..	..	12.3	22.2	..	0.08	0.35	0.00	0.17	..	..
1901	14,539	..	..	13	1,129	..	2,365	25,668	542	..	..	4	175	..	..	..	167	1,737	3.8	..	..	11.1	30.8	..	0.13	0.30	0.00	0.13	..	..
1902	14,503	..	..	1	1,420	..	2,108	24,551	512	..	..	4	218	..	..	..	178	1,647	3.4	..	..	11.0	15.5	..	0.12	0.25	..	0.13	..	..
1903	10,345	..	..	19	967	..	1,913	18,316	333	..	..	4	145	..	..	..	166	1,152	3.1	..	..	9.7	21.0	..	0.08	0.16	0.00	0.08	..	..
1904	11,155	..	..	3	750	..	1,993	18,588	364	..	..	1	115	..	..	..	183	1,131	3.4	..	..	10.0	14.6	..	0.08	0.16	..	0.06	..	..
1905	16,958	..	..	5	686	..	2,157	23,854	536	..	..	1	82	..	..	..	147	1,112	3.3	..	..	8.3	13.1	..	0.12	0.12	..	0.05	..	..
1906	17,933	..	..	4	698	..	2,151	26,004	521	..	..	1	108	..	..	..	163	1,237	2.9	..	..	8.8	16.0	..	0.11	0.15	..	0.06	..	..
1907	22,764	..	..	3	541	..	3,117	32,160	622	..	..	1	72	..	..	..	167	1,405	2.8	..	..	9.6	13.1	..	0.14	0.17	..	0.04	..	..
1908	19,629	..	..	2	509	..	2,597	27,967	520	..	..	1	80	..	..	..	148	1,255	2.6	..	..	9.7	16.3	..	0.11	0.15	..	0.05	..	..
1909	15,384	..	..	210	4	331	2,324	22,646	371	..	..	3	45	..	..	..	184	1,085	2.3	..	..	9.4	11.9	..	0.08	0.13	..	0.03	..	..
1910	8,782	..	..	3	500	..	2,324	15,238	213	..	..	2	77	..	..	..	89	701	2.3	..	..	7.8	15.8	..	0.04	0.09	..	0.03	0.41	0.28
1911	8,818	..	..	360	3,144	..	2,242	21,138	167	..	..	2	54	..	..	..	125	1,363	1.9	..	..	8.4	14.3	..	0.04	0.14	..	0.03	0.57	0.23
1912	9,883	..	..	222	4,314	..	1,930	23,301	154	..	..	4	42	..	..	..	135	1,228	1.6	..	..	10.0	17.8	..	0.04	0.10	..	0.03	0.40	0.22
1913	15,010	..	..	238	3,400	..	2,575	27,746	176	..	..	2	37	..	..	..	133	1,243	1.2	..	..	6.2	16.2	..	0.04	0.09	..	0.02	0.34	0.17
Totals	347,349	115,751	1,562	2,413	23,892	11,155	4,023	45,247	551,610	14,827	15,639	18	493	3,915	1,318	428	4,376	41,028

NOTE.—From 1 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 23 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 :—

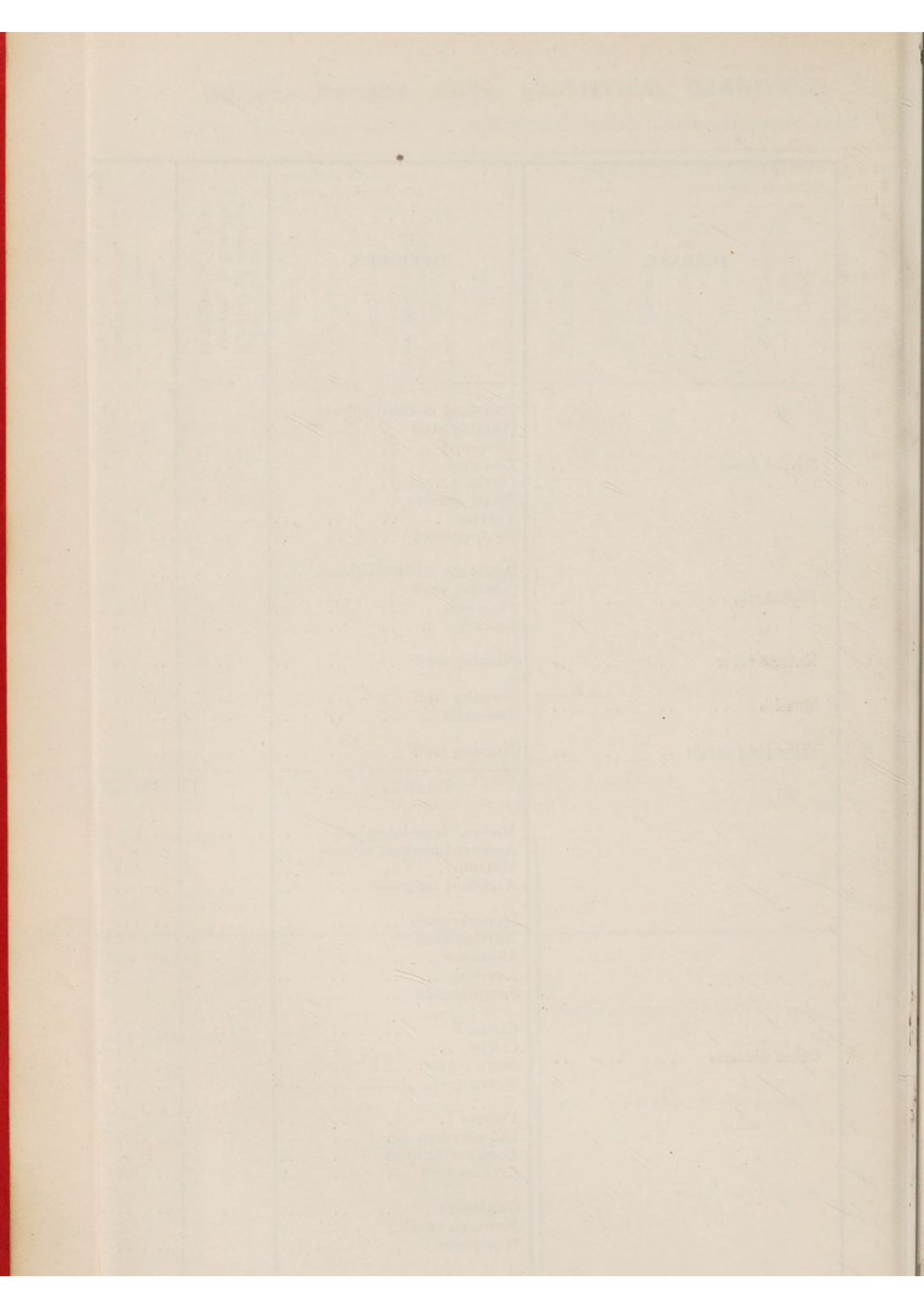
TABLE XXII.—Admissions, deaths, and mortality per cent. of smallpox patients since 1 December, 1870, together with the annual mortality per 1,000 persons living of the population of the metropolis from smallpox. (Extracted from the Registrar-General's annual summaries.)

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.
1 Dec., 1870, to 3 Feb., 1871	582	..	582	97	..	97	20·8	..
1871-2 (4 Feb., 1871, to 31 January, 1872)	13,139	6	13,145	2,460	..	2,460	18·9	2·42
1872-3 (year ended 31 Jan., 1873)	2,359	3	2,362	467	1	468	17·8	0·54
1873-4 (year ended 31 Jan., 1874)	174	17	191	35	..	35	17·0	0·03
1874 (11 months ended 31 Dec.)	112	8	120	10	..	10		0·02
1875	89	22	111	22	..	22	14·3	0·01
1876	2,134	16	2,150	372	1	373		21·6	0·21
1877	6,516	104	6,620	1,214	4	1,218	17·9	0·71
1878	4,558	96	4,654	824	9	833	18·0	0·39
1879	1,628	60	1,688	273	5	278	15·7	0·12
1880	1,982	50	2,032	286	2	288	15·9	0·12
1881	8,551	120	8,671	1,417	14	1,431	16·6	0·62
1882	1,799	55	1,854	260	3	263	13·0	0·11
1883	598	28	626	93	..	93	16·1	0·03
1884	6,363	204	6,567	940	3	943	16·0	0·31
1885	6,146	198	6,344	1,052	3	1,055	15·8	0·36
1886	99	33	132	22	2	24	7·3	0·01
1887	56	3	59	3	..	3		0·00
1888	62	5	67	8	..	8	0·00	
1889	5	..	5	..	..	..	..
1890	22	5	27	3	..	3	..	
1891	63	1	64	8	..	8	..	
1892	325	23	348	35	..	35	11·3	0·01
1893	2,376	*118	2,494	180	2	182	7·6	0·05
1894	1,117	*120	1,237	102	7	109	8·9	0·02
1895	941	*81	1,022	64	1	65	6·4	0·01
1896	190	*41	231	9	1	10	7·3	..
1897	70	*26	96	13	1	14		..
1898	5	*9	14	..	..	..	0·00	
1899	18	*18	36	3	..	3	..	
1900	66	*19	85	3	..	3	..	
1901	1,743	*107	1,850	257	3	260	18·5	0·05
1902	7,916	*608	8,524	1,337	5	1,342	16·6	0·28
1903	355	*80	435	12	1	13	..	
1904	449	*64	513	27	..	27	..	
1905	53	*34	87	8	1	9	..	
1906	27	*6	33	..	..	..	5·4	
1907	2	*13	15	..	1	1	..	
1908	1	*3	4	..	..	..	..
1909	15	*13	28	2	..	2	..	
1910	5	*5	10	..	..	..	..
1911	70	*21	91	11	..	11	15·7	0·00
1912	5	*5	10	1	..	1	25·0	..
1913	1	*8	9	..	..	..	..	..
Totals	72,787	2,456	75,243	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	4,921,301	9	2	0.4
1912	4,919,754	1	0	0.5
1913	4,918,191	—	—	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 28 years only once has the disease become seriously prevalent.

Tuberculosis. In accordance with agreements made with the London County Council, the London Insurance Committee and the Middlesex County Council, the Managers have undertaken the treatment in certain of their institutions of insured persons suffering from consumption. The Downs School at Sutton (formerly occupied by sick children and children suffering from ring-worm) has been converted into a sanatorium, and part of the Northern Hospital has also been adapted for the same purpose.

The following table gives particulars as to the number of cases treated:—

	Admissions.			Discharges.			Deaths.			Remaining 31 Dec., 1913.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
The Downs Sanatoria (opened 10 Feb., 1913)	1,213	...	†1,213	907	...	907	50	...	50	256	...	256
Northern Hospital (part of) (opened 3 Mar., 1913)	192	517	709	142	325	467	31	20	51	19	172	191
Totals ...	1,405	517	†1,922	1,049	325	1,374	81	20	101	275	172	447

† Includes 33 patients discharged from the Northern Hospital.

Adopting our usual method of calculating mortalities, it will be seen that the death rate on all cases was 6·00 per cent. The reports of the respective medical superintendents appear on pp. 186 and 193, and in the Medical Supplement, pp. 264-278, are special reports.

In these reports will be found particulars as to the length of residence of the patients discharged and their condition at time of discharge.

Staff illness. On p. 156A 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 4,718 (*4,462*)* persons employed at the fever hospitals during the course of the year, 179 (*114*) or 3·8 (*2·6*) per cent. fell ill with infectious diseases, and we regret to record 3 (*0*) died (2 temporary medical officers and 1 ward maid); while 1,515 (*1,263*) or 32·1 (*28·3*) per cent. suffered from other forms of illness, and 5 (*2*) died.

The higher percentage of attacks from infectious diseases was no doubt due to the employment of a large number of "unseasoned" staff at the opening of additional hospital accommodation.

* Italic figures in brackets throughout are the corresponding figures for 1912.

II.—ASYLUM STATISTICS.

**Asylum
accommo-
dation.**

(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	1,007	1,188	2,195
Caterham „	972	1,137	2,109
Fountain Temporary Asylum	363	303	666
Darenth Industrial Colonies :—			
(i.) Imbecile	884	784	1,668
(ii.) Feeble-minded	240	240	480
Bridge—Feeble-minded	210	—	210
Totals	4,190	4,252	8,442

**Annual
report.**

The annual reports of the medical superintendents of the asylums will be found on pp. 213-226.

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 1913, 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 1 January, 1913.			Admitted.						Died.			Discharged.			Transferred to other asylums of the Board.			No. remaining at asylum on 31 December, 1913.			
	M.	F.	Total.	Direct and indirect.			From other asylums of the Board.			M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
				M.	F.	Total.	M.	F.	Total.													
Kensington	103	80	183	10	(1) 25	35	11	6	17	6	17	18	4	1	5	11	6	17	103	93	196	
Hammersmith	53	50	103	4	2	6	5	3	8	3	8	9	1	1	2	5	3	8	50	48	98	
Fulham	60	46	106	15	9	24	14	9	23	3	6	6	1	2	3	14	9	23	71	50	121	
Paddington	71	61	132	9	(1) 7	16	8	3	11	3	3	4	1	(1)	2	3	8	3	11	78	63	141
Chelsea	40	56	96	5	(1)	6	2	3	5	3	5	7	(1)	2	2	12	5	3	39	39	78	
Westminster, City of	145	148	293	16	16	32	13	9	22	17	14	31	(1)	(1)	2	13	9	22	140	148	288	
St. Marylebone	95	85	181	(1)	15	15	3	8	11	3	14	17	(1)	2	3	8	11	23	92	85	177	
St. Pancras	312	389	701	58	52	110	27	35	62	39	58	97	(1)	(1)	2	27	35	62	319	365	684	
Hampstead	28	33	61	(1)	8	15	3	2	5	6	3	9	(1)	1	1	1	2	5	29	37	66	
Islington	164	179	343	(1)	32	52	24	26	50	12	27	39	2	6	8	24	26	50	171	178	349	
Hackney	154	180	334	28	(1) 30	58	8	15	23	21	23	44	7	3	10	8	15	23	154	185	339	
Bloomsbury	39	44	83	(1)	4	10	3	2	5	5	3	8	1	1	2	3	3	6	41	44	85	
Holborn	150	157	307	(1)	10	19	15	10	25	9	11	20	(1)	1	2	15	10	25	148	155	303	
London, City of	105	69	174	7	11	18	1	5	6	7	6	13	4	3	7	1	3	4	102	74	176	
Shoreditch	122	100	222	3	9	12	8	9	17	6	16	22	3	3	6	8	9	17	116	90	206	
Rothal Green	98	94	192	2	8	10	6	5	11	3	9	14	4	3	7	6	5	11	122	96	218	
Whitechapel	134	106	240	(1)	6	23	15	8	23	19	14	33	(2) 10	3	13	15	8	23	122	96	218	
St. George's, E.	63	65	128	(1)	6	12	8	9	17	4	3	7	(1)	1	2	8	9	17	65	70	135	
Stepney	65	69	134	15	12	27	12	10	22	8	11	19	(1)	1	2	17	12	29	70	67	137	
Mile End	94	101	195	19	13	32	17	12	29	10	13	23	(1)	6	8	17	12	29	100	95	195	
Poplar	160	207	367	36	41	77	16	14	30	24	24	48	(1)	(1)	2	16	14	30	166	214	380	
Southwark	213	176	389	(1)	30	51	16	14	30	32	19	51	(1)	5	10	16	14	30	210	178	388	
Bermondsey	152	150	302	(1)	23	44	14	9	23	13	16	29	(1)	3	4	14	9	23	162	152	314	
Lambeth	260	306	566	41	61	102	22	30	52	28	40	68	(1)	8	13	22	30	52	259	321	580	
Wandsworth	206	226	432	(1)	29	47	18	18	36	16	22	38	7	4	11	18	18	36	203	226	429	
Camberwell	220	273	493	(1)	19	37	15	12	27	19	26	45	(1)	4	12	15	12	27	217	260	477	
Greenwich	127	126	253	(1)	5	17	7	9	11	7	3	10	(1)	2	3	12	9	11	126	134	260	
Woolwich	77	78	155	11	10	21	12	9	21	1	4	5	(1)	1	2	6	5	11	84	83	167	
Lewisham	56	50	106	(1)	4	15	14	2	16	3	2	5	(1)	3	4	14	2	16	61	52	113	
Totals	3,567	3,704	7,271	449	494	943	322	306	628	336	403	739	92	85	177	322	306	628	3,588	3,710	7,298	

NOTE.—The small figures in brackets represent alterations in chargeability after admission. * Includes one escape.

Statistical tables (asylum). The annual statistical tables for each asylum are printed on pp. 228-237, 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 A 1—Showing the movement of the asylums population (exclusive of the feeble-minded patients in Table A 3, p. 161) during the year 1913.

	M.	F.	Total.	M.	F.	Total.
In the asylums 1 January, 1913				3,567	3,704	7,271
Total cases admitted during the year—						
Direct cases	422	391	813			
Indirect cases	27	103	130			
				449	494	943
Total cases under treatment during the year ...				4,016	4,198	8,214
Discharged or transferred* during the year as—						
Not insane	—	1	1			
Recovered	8	3	11			
Relieved	13	8	21			
Not improved	171	73	244			
Died	336	403	739			
Total cases discharged, transferred, and died during the year				428	488	916
Remaining in the asylums 31 December, 1913				3,588	3,710	7,298
Average number resident during the year				3,593	3,669	7,262

* Exclusive of transfers between the Board's own asylums.

† Includes one escape.

The "direct" admissions were 51 and the "indirect" 37 more than in 1912; also the total discharges exceeded those of that year by 36 and the deaths by 26.

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Feeble-minded patients. TABLE A 3.—*Showing the total admissions, deaths, and discharges of feeble-minded patients during the year 1913.*

						M.	F.	T.
Remaining 31 December, 1912						281	157	438
Admitted						79	56	135
Total cases under treatment during the year ...						360	213	573
Discharged						M. 12	F. 13	T. 25
Died... ..						M. 1	F. 1	T. 2
						13	14	27
Remaining 31 December, 1913						347	199	546

The above table is compiled from the particulars given in the reports of the medical officer of the Darenth Industrial Colony and Bridge Industrial Home, Witham.

The admissions were received from the several boards of guardians, with the exception of 2 patients, who were transferred from the imbecile section of Darenth Colony.

Of the discharges, 4 cases were sent to the care of friends, 2 went to the workhouse, and 15 were transferred to the imbecile section of the colony.

These patients are not brought into contact in any way with the certified imbeciles. Much interesting information as to their education, employment, and recreations will be found on pp. 218-225.

TABLE B 1.—*Analysis of the admissions during the year 1913.*

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	195	121	316	212	257	469	3	5	8	12	8	20	422	391	813
Indirect	2	22	24	17	69	86	7	9	16	1	3	4	27	103	130
Statutory re-admissions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total admissions	197	143	340	229	326	555	10	14	24	15	11	24	449	494	943

Of the 943 total admissions 340 were congenital cases. Of the remaining cases 555 were admitted when suffering from the first attack, in 24 cases it was not the first attack, and in 24 cases it was unknown whether the attack was the first or not.

TABLE B 2.—Showing the duration of the present attack of mental disorder on admission in the admissions during the year 1913, and stating (in those not congenital) whether first attack or not.

SUMMARY.

Duration of mental disorder prior to admission.	DIRECT ADMISSIONS.									Total.		
	First attack.			Not first attack.			Unknown whether first attack or not.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Less than two weeks	24	6	30	..	..	..	1	..	1	25	6	31
2 weeks and less than 1 month	45	10	55	1	..	1	..	..	..	46	10	56
1 month " 3 months	62	64	126	..	1	1	..	..	..	62	65	127
3 months " 6 "	25	43	68	..	..	..	..	..	..	25	43	68
6 " " 9 "	13	27	40	..	..	..	..	..	..	13	27	40
9 " " 12 "	3	4	7	..	1	1	..	..	..	3	5	8
12 " " 18 "	11	21	32	..	..	..	..	..	..	11	21	32
18 " " 2 years	1	4	5	..	..	..	..	..	..	1	4	5
2 years " 3 "	3	14	17	..	..	..	..	..	..	3	14	17
3 " " 5 "	2	19	21	..	..	..	..	..	..	2	19	21
5 " " 10 "	2	12	14	..	..	..	..	..	..	2	12	14
10 " " 15 "	1	3	4	..	..	..	..	..	..	1	3	4
15 " " 20 "	..	1	1	..	..	..	..	..	..	..	1	1
20 " " 25 "	..	1	1	..	..	..	..	..	..	..	1	1
25 " " 30 "	..	1	1	..	..	..	..	..	..	..	1	1
Duration unknown	20	27	47	2	3	5	11	8	19	33	38	71
Congenital cases .. ..	..	..	..	..	..	..	..	..	..	195	121	316
Totals	212	257	469	3	5	8	12	8	20	422	391	813

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 47 cases, in 32 it was known to be between 12 and 18 months, in 17 between 2 and 3 years, in 21 between 3 and 5 years, in 14 between 5 and 10 years, and in 7 between 10 and 30 years.

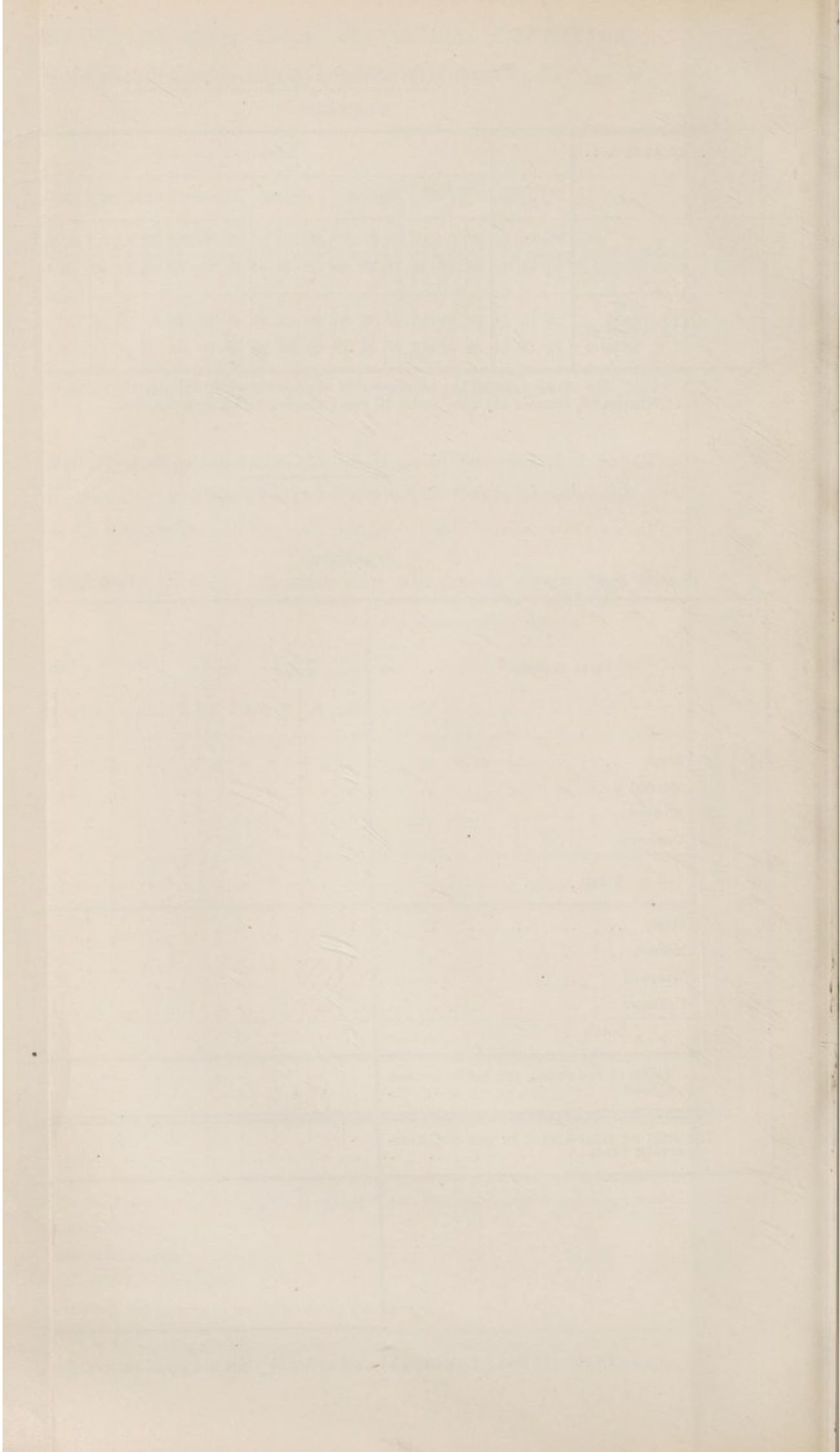


TABLE B 5. — Showing the form of mental disorder on admission in the admissions during the year 1913.

SUMMARY.

Forms of mental disorder.		DIRECT ADMISSIONS.			INDIRECT ADMISSIONS.			TOTALS.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed.	(1). Intellectual { With epilepsy ..	22	15	37	1	11	12	23	26	49
	{ Without epilepsy ..	174	106	280	1	11	12	175	117	292
	(2). Moral .. .. .	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	(1). Insanity with epilepsy	8	11	19	2	6	8	10	17	27
	(2). General paralysis of insane ..	4	3	7	..	..	..	4	3	7
	(3). Insanity with grosser brain lesions	3	6	9	..	2	2	3	8	11
	(4). Acute delirium .. .. .	..	..	..	..	..	..	..	..	..
	(5). Confusional insanity .. .. .	..	..	..	..	..	..	..	..	..
	(6). Stupor .. .. .	..	..	..	..	..	..	..	..	..
	(7). Primary dementia	15	12	27	..	..	..	15	12	27
	(8). Mania { (a) Recent .. .. .	..	..	..	2	4	6	2	4	6
	{ (b) Chronic	6	..	6	..	1	1	6	1	7
	{ (c) Recurrent .. .. .	..	..	..	..	..	..	..	..	..
	(9). Melancholia { (a) Recent .. .. .	..	..	..	..	..	..	..	..	..
	{ (b) Chronic	1	11	12	2	..	2	3	11	14
	{ (c) Recurrent .. .. .	..	..	..	..	..	..	..	..	..
	(10). Alternating insanity .. .. .	..	..	..	..	..	..	..	..	..
(11). Delusional { (a) Systematised .. .. .	..	..	..	..	5	5	..	5	5	
insanity { (b) Non-Systematised .. .. .	..	7	7	1	2	3	1	9	10	
(12). Volitional { (a) Impulse.. .. .	..	..	..	..	..	..	..	..	..
insanity { (b) Obsession .. .. .	..	..	..	..	..	..	..	..	..
{ (c) Doubt .. .. .	..	..	..	..	..	..	..	..	..
(13). Moral insanity .. .. .	..	..	..	..	..	..	..	..	..
(14). Dementia { Senile	150	189	339	4	13	17	154	202	356	
{ Secondary	39	31	70	14	48	62	53	79	132	
Total ..	422	391	813	27	103	130	449	494	943	

Of the 341 congenital cases, the mental deficiency of 49 cases was complicated with epilepsy. Of the 602 cases in which insanity occurred later in life 488, or 51.7 per cent., suffered from senile dementia.

ANNUAL REPORT, 1913, STATISTICAL COMMITTEE.

TABLE B7.—ETIOLOGICAL.—Showing the etiological factors and associated conditions assigned in the direct admissions during the year 1913, distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.

SUMMARY.

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.			FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-whether-FIRST-ATTACK-OR-NOT.			TOTAL DIRECT ADMISSIONS.		
	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	GRAND TOTAL.
	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Total instances where regarded as the essential or chief factor.	Total instances where regarded as a contributory factor or associated condition.	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 consanguinity, nephews, nieces and offspring).															
1. Insane	25	25	50	..	..	..	..	..	..	..	..	..	..	..	..
2. Epileptic .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Neurotic (including only hysteria, neurasthenia, spasmodic (idiopathic) asthma, and chorea) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Eccentricity (in marked degree) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Alcoholism .....	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1
B. MENTAL INSTABILITY, as revealed by—															
1. Moral deficiency .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Congenital mental defect, not amounting to imbecility .....	..	..	..	..	..	..	1	1	..	..	..	..	..	..	1
3. Eccentricity .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
C. DEPRIVATION OF SPECIAL SENSE.															
1. Smell or taste .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
D. CRITICAL PERIODS.															
1. Puberty and adolescence .....	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
2. Climacteric .....	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
3. Senility .....	..	..	..	..	..	..	99	138	237	3	3	99	141	240	1
E. CHILD-BEARING.															
1. Pregnancy .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal state (not septic) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.															
1. Sudden .....	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..
2. Prolonged .....	..	1	1	..	..	..	1	3	4	..	..	..	..	..	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 .....	..	..	..	..	..	..	3	7	10	..	..	..	..	..	3
2. Drug habit (morphia, cocaine, etc.) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Puerperal sepsis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Other specific fevers .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Syphilis, acquired .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Syphilis, congenital .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Other toxins .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.															
1. Injuries	6	2	8	..	..	..	..	..	..	..	..	..	..	..	7
2. Operations .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sunstroke .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
K. DISEASES OF THE NERVOUS SYSTEM.															
1. Lesions of brain .....	..	..	..	..	..	..	2	2	4	..	..	..	..	..	2
2. Lesions of spinal cord and nerves .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Epilepsy	13	8	21	..	..	..	5	9	14	..	..	..	..	..	18
4. Other defined neuroses (limited to hysteria, neurasthenia, spasmodic asthma, and chorea) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Other neuroses which occurred in infancy or childhood (limited to convulsions and night-terrors) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
L. OTHER BODILY AFFECTIONS.															
1. Hemopoietic system (anemia, etc.) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Cardio-vascular degeneration .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Valvular heart disease .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Respiratory system (excluding tuberculosis) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Gastro-intestinal system .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Renal and vesical system .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Genurative system (excluding syphilis) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Other general affections, not included above (e.g., diabetes, myxedema, 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	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
N. NONE ASSIGNABLE, notwithstanding full history and observation	60	62	121	..	..	..	64	65	127	..	..	..	..	..	..
O. NONE ASCERTAINED, history defective	76	13	89	..	..	..	32	29	52	1	..	1	2	1	3
Totals	190	111	301	212	257	469	3	5	8	12	8	20	417	381	798

* 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 15 direct admissions to Darenth Asylum.

Amongst the etiological factors and associated conditions assigned in the congenital cases directly admitted, insanity of near relatives is recorded as a principal factor in 50 instances. In 131 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 104 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 242 cases and contributory in 4; mental stress as principal in 6 and contributory in 4; alcoholism as principal in 10 and contributory in 5; syphilis as principal in 2; traumatic injuries as principal in 2; diseases of the nervous system were principal factors in 18 cases; and cardio-vascular degeneration was a contributory cause in 78 cases.



TABLE D S.—ETIOLOGICAL.—Showing, in respect of the first-attack cases of the direct admissions during the year 1913, the full correlation existing between the various etiological factors and associated conditions assigned.

YOUTING BOY ASYLUM AND YOUTING BOY RECEIVING HOME FOR CHILDREN. (The small figures indicate cases at Youting Boy Receiving Home for children.)

SUMMARY.

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS	Total number of persons who were admitted to the Youting Boy Asylum and Youting Boy Receiving Home for children during the year 1913		Total number of persons who were discharged from the Youting Boy Asylum and Youting Boy Receiving Home for children during the year 1913		Total number of persons who were still in the Youting Boy Asylum and Youting Boy Receiving Home for children at the end of the year 1913																																																		
	Youting Boy Asylum	Youting Boy Receiving Home for children	Youting Boy Asylum	Youting Boy Receiving Home for children	Youting Boy Asylum	Youting Boy Receiving Home for children																																																	
A. Etiological factors:	<table border="1"> <tr><td>1. Mental defect (including imbecility, idiocy, and epilepsy)</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2. Epilepsy</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>3. Alcoholism</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>4. Delirium</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>5. Manic-depressive insanity</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>6. Other mental diseases</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>7. Total</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </table>						1. Mental defect (including imbecility, idiocy, and epilepsy)	1	1	1	1	1	1	2. Epilepsy	1	1	1	1	1	1	3. Alcoholism	1	1	1	1	1	1	4. Delirium	1	1	1	1	1	1	5. Manic-depressive insanity	1	1	1	1	1	1	6. Other mental diseases	1	1	1	1	1	1	7. Total	6	6	6	6	6	6
1. Mental defect (including imbecility, idiocy, and epilepsy)	1	1	1	1	1	1																																																	
2. Epilepsy	1	1	1	1	1	1																																																	
3. Alcoholism	1	1	1	1	1	1																																																	
4. Delirium	1	1	1	1	1	1																																																	
5. Manic-depressive insanity	1	1	1	1	1	1																																																	
6. Other mental diseases	1	1	1	1	1	1																																																	
7. Total	6	6	6	6	6	6																																																	
B. Associated conditions:	<table border="1"> <tr><td>1. Age</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2. Sex</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>3. Race</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>4. Education</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>5. Occupation</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>6. Social position</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>7. Total</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </table>						1. Age	1	1	1	1	1	1	2. Sex	1	1	1	1	1	1	3. Race	1	1	1	1	1	1	4. Education	1	1	1	1	1	1	5. Occupation	1	1	1	1	1	1	6. Social position	1	1	1	1	1	1	7. Total	6	6	6	6	6	6
1. Age	1	1	1	1	1	1																																																	
2. Sex	1	1	1	1	1	1																																																	
3. Race	1	1	1	1	1	1																																																	
4. Education	1	1	1	1	1	1																																																	
5. Occupation	1	1	1	1	1	1																																																	
6. Social position	1	1	1	1	1	1																																																	
7. Total	6	6	6	6	6	6																																																	
C. Etiological factors and associated conditions:	<table border="1"> <tr><td>1. Mental defect (including imbecility, idiocy, and epilepsy)</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2. Epilepsy</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>3. Alcoholism</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>4. Delirium</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>5. Manic-depressive insanity</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>6. Other mental diseases</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>7. Total</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </table>						1. Mental defect (including imbecility, idiocy, and epilepsy)	1	1	1	1	1	1	2. Epilepsy	1	1	1	1	1	1	3. Alcoholism	1	1	1	1	1	1	4. Delirium	1	1	1	1	1	1	5. Manic-depressive insanity	1	1	1	1	1	1	6. Other mental diseases	1	1	1	1	1	1	7. Total	6	6	6	6	6	6
1. Mental defect (including imbecility, idiocy, and epilepsy)	1	1	1	1	1	1																																																	
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6. Other mental diseases	1	1	1	1	1	1																																																	
7. Total	6	6	6	6	6	6																																																	

1. In the column headed "Total number of persons who were admitted to the Youting Boy Asylum and Youting Boy Receiving Home for children during the year 1913" the small figures indicate cases at Youting Boy Receiving Home for children.

2. All cases referred to here, unless, at any time in this table, they are otherwise stated.

TABLE C 1.—An analysis of the discharges and transfers during the year 1913.

SUMMARY.

Discharged as recovered—	M.	F.	T.	M.	F.	T.	M.	F.	T.
	From direct and indirect admissions—								
First-attack cases	3	2	5	..	..	..	..	..	..
Not-first-attack cases	1	..	1	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not	..	..	..	..	..	..	..	..	..
Total from direct admissions .. .. .	..	..	..	4	2	6	..	..	..
From transfers—									
First-attack cases	3	1	4	..	..	..	..	..	..
Not-first-attack cases .. .. .	..	..	..	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not	1	..	1	..	..	..	..	..	..
Total from transfers .. .. .	..	..	..	4	1	5	..	..	..
Total discharged as recovered .. .. .	..	..	..	8	3	11	..	..	..
Discharged (not recovered) as—				Relieved			Not improved		
Relieved	13	8	21	13	8	21	..	..	..
Not improved	70	73	143	..	..	..	70	73	143
Total	83	81	164						
Reasons for such discharge—									
To go to care of friends	23	20	43	..	..	..	..	..	..
To go to workhouse	18	12	30	..	..	..	..	..	..
To go to L.C.C. and other asylums	40	48	88	..	..	..	..	..	..
To be boarded out .. .. .	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in reception order	..	..	..	..	..	..	..	..	..
Statutory, by lapsing of reception order .. .. .	..	..	..	..	..	..	..	..	..
To fever hospital .. .. .	..	1	1	..	..	..	..	..	..
To feeble-minded section of Darenth Industrial Colony	2	..	2	..	..	..	..	..	..
Total	83	81	164						
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 .. .. .	..	..	..	13	8	21	..	..	..
Not improved .. .. .	..	..	..	..	..	..	70	73	143

11 patients were discharged as recovered, 164 as relieved or not improved. Of the latter number 43 went to the care of friends, 30 to workhouses, and 88 to L.C.C. or other asylums not under the Managers' control, the patients having become dangerous to themselves or others.

TABLE C 2.—Showing in the total cases discharged recovered during the year 1913 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.	M. F.	M. F.	T.		
AGE ON RECOVERY	1	..	..	2	..	1	1	..	2	2	2	..	..	..	..	..	..	8	3	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	
3 months "	1	..	..	..	..	..	..	..	..	..	1	1
6 "
9 "
12 "	1	..	..	..	..	..	..	..	..	..	..	1	1
18 "	1	..	..	..	..	..	..	..	..	..	1	2
2 years "
3 "	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2
5 "	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
10 "
15 "	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
20 "	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Duration unknown
Totals	1	..	..	..	..	2	..	1	1	..	2	2	2	..	..	..	..	..	..	..	8	3	11

TABLE C 3.—*Showing the form of mental disorder, on admission, in those discharged recovered during 1913.*

SUMMARY.

FORMS OF MENTAL DISORDER (ON ADMISSION).										M.	F.	T.
Primary dementia..	..	..	..	..	..	..	..	..	..	1	1	
Secondary dementia	..	..	..	..	..	..	..	..	..	1	1	2
Senile dementia ..	..	..	..	..	..	..	..	..	..	3	1	4
Chronic melancholia	..	..	..	..	..	..	..	..	..	2	..	2
Delusional insanity, non-systematised	1	..	1
Congenital minus epilepsy	1	..	1
Totals										8	3	11

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TABLE C4.—Showing the aetiological factors ascertained in the recoveries during the year 1913, distinguishing between cases—first-attack, not-first-attack, and unknown-whether-first-attack-or-not.

SUMMARY.

TOOTING BEG ASYLUM, CATERHAM ASYLUM AND DARENTH ASYLUM.

(Figures in small type refer to Caterham Asylum).
(Figures in brackets refer to Darenth Asylum).

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.			TOTAL DIRECT RECOVERIES.			
	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	PRINCIPAL.	CONTRIBUTORY.	TOTAL INCIDENCE.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	GRAND TOTAL INCIDENCE.	
	Instances where regarded as the essential or chief factor.*	Instances where regarded as a contributory factor or associated condition. †		Instances where regarded as the essential or chief factor.*	Instances where regarded as a contributory factor or associated condition. †		Instances where regarded as the essential or chief factor.*	Instances where regarded as a contributory factor or associated condition. †		Total instances where regarded as the essential or chief factor.	Total instances where regarded as a contributory factor or associated condition.		
	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	M. F. T.	
A. HEREDITY (including cousins, nephews, nieces and offspring).													
1. Insane	1 .. 1	.. ..	1 .. 1	.. ..	.. ..	.. ..	.. ..	.. ..	1 .. 1	.. ..	1 .. 1	1 .. 1
2. Epileptic .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3. Neurotic (including only hysteria, neurasthenia, spasmodic (dyspeptic) 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 .....	.. ..	1 .. 1	1 .. 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 .. 1	1 .. 1
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 2	.. ..	1 1 2	1 1 1	.. ..	1 1 1	.. ..	.. ..	.. ..	.. ..	2 1 3	2 1 3
E. CHILD-BEARING.													
1. Pregnancy .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2. Puerperal state (not septic) .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3. Lactation .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
F. MENTAL STRESS.													
1. Sudden .....	.. 1 1	.. ..	1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1	1 1
2. Prolonged .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
G. PHYSIOLOGICAL DEFECTS AND ERRORS.													
1. Malnutrition in early life (signs of rickets, etc.)	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2. Privation and starvation .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3. Over-exertion (physical) .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
4. Masturbation .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5. Sexual excess .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
H. TOXIC.													
1. Alcohol .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2. Drug habit (morphia, cocaine, etc.) .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3. Lead and other such poisons .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
4. Tuberculosis .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5. Influenza .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
6. Puerperal sepsis .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
7. Other specific fevers .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
8. Syphilis, acquired .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
9. Syphilis, congenital .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
10. Other toxins .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
I. TRAUMATIC.													
1. Injuries .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2. Operations .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3. Sunstroke .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
K. DISEASES OF THE NERVOUS SYSTEM.													
1. Lesions of brain .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2. Lesions of spinal cord and nerves .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
3. Epilepsy .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
4. Other defined neuroses (limited to hysteria, neurasthenia, spasmodic asthma, and chorea)	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
5. Other neuroses which occurred in infancy or childhood (limited to convulsions and night-terrors) .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
L. OTHER BODILY AFFECTIONS.													
1. Hemopoietic system (anæmia, etc.) .....	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..
2. Cardio-vascular degeneration .....	.. ..	1 .. 1	1 .. 1	.. ..	.. ..	1 .. 1	.. ..	.. ..	.. ..	.. ..	2 .. 2	2 .. 2
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	1 1 1	.. ..	1 1 1	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	1 1 1	1 1 1
O. NONE ASCERTAINED, history defective	(1) .. (1)	.. ..	(1) .. (1)	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	.. ..	(1) .. (1)	(1) .. (1)
Totals	6 3 9		Total first-attack cases.	1 .. 1		Total not-first-attack cases.	1 .. 1		1 .. 1		11 cases unknown-whether-first-attack-or-not.	8 3 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 1. - Summary of the results of the study of the effect of the concentration of the solution on the rate of the reaction.

Concentration of the solution	Rate of the reaction	Time taken for the reaction to complete	Other observations
0.1 M	0.05	100	Reaction is slow
0.2 M	0.10	50	Reaction is faster
0.3 M	0.15	33	Reaction is even faster
0.4 M	0.20	25	Reaction is very fast
0.5 M	0.25	20	Reaction is the fastest

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Table 11.3 - Summary of the results of the analysis of variance for the different treatments.

Treatment	Mean	Standard Error	Significance
Control	1.2	0.1	ns
T1	1.5	0.1	**
T2	1.8	0.1	**
T3	2.1	0.1	**
T4	2.4	0.1	**
T5	2.7	0.1	**
T6	3.0	0.1	**
T7	3.3	0.1	**
T8	3.6	0.1	**
T9	3.9	0.1	**
T10	4.2	0.1	**
T11	4.5	0.1	**
T12	4.8	0.1	**
T13	5.1	0.1	**
T14	5.4	0.1	**
T15	5.7	0.1	**
T16	6.0	0.1	**
T17	6.3	0.1	**
T18	6.6	0.1	**
T19	6.9	0.1	**
T20	7.2	0.1	**
T21	7.5	0.1	**
T22	7.8	0.1	**
T23	8.1	0.1	**
T24	8.4	0.1	**
T25	8.7	0.1	**
T26	9.0	0.1	**
T27	9.3	0.1	**
T28	9.6	0.1	**
T29	9.9	0.1	**
T30	10.2	0.1	**
T31	10.5	0.1	**
T32	10.8	0.1	**
T33	11.1	0.1	**
T34	11.4	0.1	**
T35	11.7	0.1	**
T36	12.0	0.1	**
T37	12.3	0.1	**
T38	12.6	0.1	**
T39	12.9	0.1	**
T40	13.2	0.1	**
T41	13.5	0.1	**
T42	13.8	0.1	**
T43	14.1	0.1	**
T44	14.4	0.1	**
T45	14.7	0.1	**
T46	15.0	0.1	**
T47	15.3	0.1	**
T48	15.6	0.1	**
T49	15.9	0.1	**
T50	16.2	0.1	**
T51	16.5	0.1	**
T52	16.8	0.1	**
T53	17.1	0.1	**
T54	17.4	0.1	**
T55	17.7	0.1	**
T56	18.0	0.1	**
T57	18.3	0.1	**
T58	18.6	0.1	**
T59	18.9	0.1	**
T60	19.2	0.1	**
T61	19.5	0.1	**
T62	19.8	0.1	**
T63	20.1	0.1	**
T64	20.4	0.1	**
T65	20.7	0.1	**
T66	21.0	0.1	**
T67	21.3	0.1	**
T68	21.6	0.1	**
T69	21.9	0.1	**
T70	22.2	0.1	**
T71	22.5	0.1	**
T72	22.8	0.1	**
T73	23.1	0.1	**
T74	23.4	0.1	**
T75	23.7	0.1	**
T76	24.0	0.1	**
T77	24.3	0.1	**
T78	24.6	0.1	**
T79	24.9	0.1	**
T80	25.2	0.1	**
T81	25.5	0.1	**
T82	25.8	0.1	**
T83	26.1	0.1	**
T84	26.4	0.1	**
T85	26.7	0.1	**
T86	27.0	0.1	**
T87	27.3	0.1	**
T88	27.6	0.1	**
T89	27.9	0.1	**
T90	28.2	0.1	**
T91	28.5	0.1	**
T92	28.8	0.1	**
T93	29.1	0.1	**
T94	29.4	0.1	**
T95	29.7	0.1	**
T96	30.0	0.1	**
T97	30.3	0.1	**
T98	30.6	0.1	**
T99	30.9	0.1	**
T100	31.2	0.1	**

E 1.—Showing the ages (in quinquennial periods) of those on the registers on 31 December, 1913, arranged according to the total duration of present attack of mental disorder.

SUMMARY.

Total duration of present attack of mental disorder.	Ages on 31 December, 1913, of those on registers at that date.																			Totals.																		
	Less than 10.		10-14.		15-19.		20-24.		25-29.		30-34.		35-39.		40-44.		45-49.		50-54.		55-59.		60-64.		65-69.		70-74.		75-79.		80 and over.		Un-known.					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Congenital	197	141	319	210	392	248	328	290	262	218	231	221	235	192	157	183	129	151	93	117	60	74	47	70	18	47	12	31	5	11	1	5	..	..	2,486	2,209	4,695
Less than 3 months	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	..	3	3	5	4	2	5	3	2	..	..	18	15	33	
3 months and less than 6 months	1	2	..	..	..	1	2	..	1	1	2	..	..	2	2	4	2	1	3	3	6	4	2	5	3	2	4	6	..	..	27	30	57	
6 "	3	..	3	..	..	..	1	..	..	..	1	6	2	..	4	3	5	..	6	3	10	6	11	12	5	7	5	8	..	..	56	45	101	
12 "	2	1	..	..	..	..	..	1	2	..	2	..	2	2	6	6	6	3	7	7	10	11	19	2	22	9	19	..	..	56	90	146		
18 "	1	..	..	..	3	..	..	..	2	3	3	1	4	..	5	4	12	7	8	10	7	11	7	14	..	..	59	62	121			
2 years	2	..	3	1	1	1	1	..	1	..	3	5	2	4	10	3	8	8	11	6	7	21	6	15	1	18	..	..	56	82	138	
3 "	..	1	..	..	..	..	3	3	6	..	..	1	7	5	3	4	3	3	8	10	7	6	11	7	17	9	10	18	7	9	5	21	..	..	87	97	184
5 "	1	5	1	16	3	21	9	12	7	10	7	7	19	10	12	20	19	18	22	11	19	14	23	12	19	9	31	..	..	166	192	358	
10 "	1	1	3	3	19	6	25	22	33	20	13	18	16	28	13	31	31	25	17	16	15	22	6	12	8	18	..	..	200	223	423	
20 "	1	1	1	1	2	2	5	1	12	13	26	28	24	24	16	30	15	27	9	25	9	13	2	4	6	4	..	..	128	172	300	
30 "	1	1	8	9	14	22	15	31	7	17	9	27	3	10	4	2	..	..	62	119	181	
40 "	1	..	2	1	1	..	1	..	7	2	13	12	1	11	2	7	2	7	..	..	30	40	70	
50 "
Duration unknown	2	3	..	2	5	2	5	3	5	16	8	18	13	19	23	35	23	30	24	51	22	45	11	46	8	59	4	2	153	331	484	
Totals	197	142	320	211	398	253	347	298	291	228	284	243	294	232	229	252	199	249	192	236	183	228	205	242	163	235	135	262	74	182	73	215	4	2	3,688	3,710	7,398	

Of 7,298 patients remaining in the asylums at the end of the year 1,521 were under 20 years of age (339 being under 10), while 1,786 were over 60 (including 288 over 80).

TABLE E 2.—Showing the form of mental disorder on 31 December, 1913, of those on the registers at that date.

SUMMARY.

Forms of mental disorder on 31 December.							M.	F.	T.	
Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed.	1. Intellectual	{	a. With epilepsy	..	..	..	637	598	1,235
			b. Without epilepsy	..	..	..	1,848	1,610	3,458
	2. Moral	..	..	..	..	..	1	1	2
Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	..	88	104	192
	2. General paralysis of the insane	..	..	..	..	..	12	7	19
	3. Insanity with grosser brain lesions	..	..	..	..	..	22	18	40
	4. Acute delirium	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	2	1	3
	6. Stupor	..	..	..	..	..	2	1	3
	7. Primary dementia	..	..	..	..	..	44	41	85
		{	a. Recent	1	2	3
	8. Mania	{	b. Chronic	58	120	178
		{	c. Recurrent	3	3
		{	a. Recent	2	8	10
	9. Melancholia	{	b. Chronic	26	48	74
		{	c. Recurrent
	10. Alternating insanity
	{	a. Systematised	..	..	..	..	26	9	35
11. Delusional insanity	{	b. Non-systematised	..	..	..	..	30	32	62
	{	a. Impulse	..	..	..	..	..	..	..
12. Volitional insanity	{	b. Obsession	..	..	..	..	..	..	..
	{	c. Doubt	..	..	..	..	..	..	..
13. Moral insanity	..	..	..	..	..	..	..	..	..
	{	a. Senile	..	..	..	..	289	498	787
14. Dementia	{	b. Secondary	..	..	..	..	500	609	1,109
Totals							3,588	3,710	7,298	
Prospect of mental recovery	{	Favourable	..	..	..	..	2	1	3
	{	Doubtful	..	..	..	..	..	..	..
	{	Unfavourable	..	..	..	..	3,586	3,709	7,295

The above table shows the form of mental disorder in those patients in the asylums at the end of the year. 4,695 were congenital and 787 senile cases.

III.—CHILDREN'S INSTITUTIONS.

In the following table are summarised particulars as to the numbers of sick and debilitated children and children suffering from ringworm and ophthalmia treated in the several children's institutions during 1913:—

Institution.	Remaining at beginning of year.	Admission.		Discharges.		Deaths.	Remaining 31 Dec., 1913.
		Direct.	From other institutions of the Board.	Direct.	To other institutions of the Board.		
I. SICK AND DEBILITATED CHILDREN.							
<i>(a) Inland—</i>							
Queen Mary's Hospital, Carshalton, Surrey	797 <i>*(839)</i>	1,235 <i>(1,284)</i>	101 <i>(163)</i>	1,055 <i>(1,220)</i>	192 <i>(178)</i>	84 <i>(91)</i>	802 <i>(797)</i>
Park Hospital, Hither Green (see below)	657 <i>(640)</i>	1,926 <i>(2,228)</i>	162 <i>(132)</i>	1,868 <i>(1,747)</i>	197 <i>(441)</i>	162 <i>(155)</i>	518 <i>(657)</i>
Total	1,454 <i>(1,479)</i>	3,161 <i>(3,512)</i>	263 <i>(295)</i>	2,923 <i>(2,967)</i>	389 <i>(619)</i>	246 <i>(246)</i>	1,320 <i>(1,454)</i>
<i>(b) Seaside—</i>							
St. Anne's Home, Herne Bay	126 <i>(133)</i>	274 <i>(266)</i>	73 <i>(34)</i>	318 <i>(294)</i>	23 <i>(12)</i>	4 <i>(1)</i>	128 <i>(126)</i>
East Cliff House, Margate	129 <i>(130)</i>	273 <i>(220)</i>	52 <i>(37)</i>	297 <i>(229)</i>	29 <i>(26)</i>	7 <i>(3)</i>	121 <i>(129)</i>
Millfield, Rushington ...	120 <i>(120)</i>	149 <i>(95)</i>	10 <i>(7)</i>	132 <i>(83)</i>	25 <i>(18)</i>	1 <i>(1)</i>	121 <i>(120)</i>
Total	375 <i>(383)</i>	696 <i>(581)</i>	135 <i>(78)</i>	747 <i>(606)</i>	77 <i>(56)</i>	12 <i>(5)</i>	370 <i>(375)</i>
The Downs School, Sutton (part of)	91 <i>(132)</i>	..	..	24 <i>(388)</i>	67 <i>(73)</i>	..	..
II. RINGWORM.							
The Downs School, Sutton (part of)	175 <i>(178)</i>	17 <i>(697)</i>	..	84 <i>(699)</i>	108 <i>(125)</i>	..	..
Park Hospital, Hither Green (part of)	..	494	243	546	65	..	126
Total	175 <i>(178)</i>	511 <i>(697)</i>	243 <i>(125)</i>	630 <i>(699)</i>	173 <i>(125)</i>	..	126 <i>(175)</i>
III. OPHTHALMIA.							
White Oak Schools, Swanley	357 <i>(342)</i>	246 <i>(377)</i>	11 <i>(23)</i>	289 <i>(367)</i>	21 <i>(18)</i>	1	303 <i>(357)</i>
Highwood School, Brentwood	329 <i>(338)</i>	190 <i>(232)</i>	12 <i>(17)</i>	227 <i>(245)</i>	7 <i>(13)</i>	1	296 <i>(329)</i>
Total	686 <i>(680)</i>	436 <i>(609)</i>	23 <i>(40)</i>	516 <i>(612)</i>	28 <i>(31)</i>	2	599 <i>(686)</i>
Grand total	2,781 <i>(2,852)</i>	4,804 <i>(5,536)</i>	664 <i>(822)</i>	4,840 <i>(5,272)</i>	734 <i>(904)</i>	260 <i>(253)</i>	2,415 <i>(2,781)</i>

Of the total of 6,175 sick and debilitated children under treatment during the year 258 died, a mortality rate of 4.2 per cent.

	Remaining at beginning of the year.	Admissions.	Discharges.	Deaths.	Remaining 31 Dec., 1913.
Training ship Exmouth ...	702 <i>(657)</i>	368 <i>(394)</i>	370 <i>(349)</i>	—	700 <i>(702)</i>

Of the boys discharged from the Exmouth 98 (109) entered the Royal Navy, 171 (179) the Mercantile Marine, and 7 (10) the Army as musicians, and 94 (51) were returned to their respective parishes and unions.

* Italic figures in brackets are the corresponding figures for 1912.

TABLE IV.—CASUAL WARDS.

Statement of admissions and discharges for 1913.

Remaining at the beginning of the year.				Admissions.				Discharges.				Remaining 31 Dec., 1913.			
Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.
474	67	—	541	40,734	5,728	208	46,670	40,880	5,742	207	46,829	328	53	1	382

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 31 Dec., 1913.
Fever patients	551,610	5,323
Smallpox patients	75,243	—
Sanatorium patients	1,922	447
Imbeciles... ..	33,567	7,298
Feeble-minded patients	1,177	546
Boys on training ship Exmouth... ..	11,646	700
Children... ..	60,159	2,415
Casual wards	—	382
Totals	735,324	17,111

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. F. M. Turner and Dr. J. E. Beggs), 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 1913, 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 six of the Board's medical officers.

(Signed) EDWD. C. BOUSFIELD,

Chairman.

APPENDIX I.—INFECTIOUS DISEASES.

(Statistical tables detached from the Ambulance Committee's Report, p. 86.)

A.—AMBULANCE SERVICE.—*Number of patients and other persons removed by the ambulances of the Board.*

	From 1881 to 1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	Totals
REMOVED :—												
From homes to hospitals	291,110	18,468	23,736	25,893	32,037	27,882	22,601	15,229	21,099	23,188	27,608	528,851
" general hospitals	...	...	+1	+1	+1	+7	...	...	41	...	1	14
Enteric fever from homes to general hospitals	1,660	...	...	...	...	...	...	...	...	...	...	1,660
From general hospitals to homes, owing to want of room in the Managers' hospitals, or to the patients being extra-metropolitan residents...	3,863	44	37	24	3	6	1	1	...	...	142	4,121
RETURNED HOME :—												
Mistaken diagnoses	481	38	51	68	121	88	61	55	67	5	28	663
TRANSFERRED :—												
Convalescent to Northern, Southern, and Joyce Green Hospitals	87,311	5,388	9,584	12,617	15,929	14,265	8,596	6,282	8,069	10,073	12,546	190,660
Other transfers between hospitals and wharves	438	3	642	21	75	8	2	4	54	86	1,401	2,734
DISCHARGED :—												
From Northern Hospital to town hospitals	63,398	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	1,505	306	574	...	...	...	...	...	...	...	...	2,385
From Southern Hospital to town hospitals	22,642	...	...	...	...	...	...	...	...	...	...	22,642
From Southern Hospital and conveyed from the South-Eastern, the South-Western, and the Brook Hospitals to other hospitals	1,109	...	...	...	...	...	...	...	...	...	...	1,109
From Northern Hospital direct home	...	...	4	8	30	7	8	3	4	3	4	71
From Southern Hospital direct home	...	...	257	21	14	21	42	29	13	27	16	440
From Northern Hospital to ambulance stations	...	...	609	3,315	3,730	3,245	4,674	2,829	4,093	3,822	4,517	30,834
From Southern Hospital to ambulance stations	...	...	1,185	4,699	7,382	8,342	3,415	3,388	3,614	5,783	6,696	44,504
From Joyce Green Hospital to ambulance stations	...	...	...	...	244	156	...	...	...	...	136	536
From ambulance stations to ambulance stations	...	...	...	...	197	456	63	158	119	348	240	1,581
From ambulance stations to homes	...	...	75	292	259	228	208	74	164	197	57	1,554
From other hospitals to homes or general hospitals	*7,758	972	1,267	1,094	1,259	1,611	1,495	863	2,047	1,513	1,207	21,086
From wharves direct home	...	...	...	...	...	...	...	...	...	...	1	1
From wharves to ambulance stations	...	...	...	...	...	...	...	...	...	...	1,380	1,380
From other hospitals to ambulance stations	...	...	...	...	...	...	...	...	...	...	1	1
From Southern Hospital to Long Reach	...	...	...	...	...	...	...	...	...	...	750	750
Total fever and diphtheria patients	480,875	29,519	44,121	48,053	61,281	56,323	41,170	28,916	39,344	45,045	56,731	*931,378

‡ These patients were admitted to general hospitals, being too ill to be admitted to Board's hospitals.

† Not recorded before 1902.

* Some smallpox cases included.

	From 1881 to 1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	Totals.
SMALLPOX.												
REMOVED:—												
From homes to hospitals and wharves	29,640	494	80	33	15	8	28	9	81	9	9	30,406
RETURNED HOME; mistaken diagnoses	†378	40	27	5	12	7	10	...	7	1	3	490
TRANSFERRED:—												
Between hospitals and wharves	5,573	...	...	...	...	...	...	...	...	...	...	5,573
DISCHARGED:—												
From hospitals and wharves to homes	11,371	30	3	3	...	...	2	3	23	...	2	11,437
Total smallpox patients	46,962	564	110	41	27	15	40	12	111	10	14	47,906
INFECTIOUS PATIENTS to places other than the Managers' institutions (private removals)	4,763	442	423	405	454	408	451	478	686	469	494	9,473
NATIONAL INSURANCE (Consumptives)												
...	...	...	...	...	...	...	...	...	...	...	1,135	1,135
NON-INFECTIOUS.												
Inbecile	888	531	684	734	807	1,177	585	645	585	1,287	692	8,615
Ringworm	503	22	...	58	28	9	56	33	1	332	108	1,150
Ophthalmia	245	433	306	318	452	435	587	665	593	697	458	5,189
Defective and other children	232	219	314	271	165	176	87	240	472	118	102	2,396
Sick, convalescent, and debilitated children ... ..	...	...	...	...	...	...	2,808	4,298	5,066	6,739	6,680	25,591
Patients to places other than the Managers' institutions (private removals) ... ..	...	68	134	424	841	1,291	1,794	1,914	2,279	2,106	3,661	14,512
Casuals ... ..	...	...	...	...	...	...	...	...	...	55	89	144
Staff and other persons ... ..	...	...	1	2	3	36	35	39	46	106	102	370
Total non-infectious removals	1,868	1,273	1,439	1,807	2,296	3,124	5,952	7,834	9,042	11,440	11,892	57,967
Grand totals	534,468	31,798	46,093	50,306	64,058	59,870	47,613	37,240	49,183	56,964	70,266	1,047,859

† Not recorded from 1881 to 1902.

B.—AMBULANCE SERVICE (continued).

Return of work for the twelve months ended 31 December, 1913.

PARTICULARS OF WORK.	Number of journeys.	MILES RUN		
		By horses.	By motor.	By vehicles.
I.—INFECTIOUS CASES.				
Removals from home—				
To the Board's hospitals—				
Fever patients	25,968	..	258,806½	258,806½
Smallpox patients .. .. .	..	..	..	..
To the Board's wharves—				
Smallpox patients	9	..	125½	125½
To general hospitals	1	..	9	9
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	138	..	1,309½	1,309½
Non-smallpox patients returned home	5	..	50½	50½
Other patients returned home	24	..	182	182
Patients sent for, but for various causes not removed (lost journeys)	326	..	2,673½	2,673½
Patients' friends taken from home to hospital	4	..	32	32
Patients' friends taken from hospital to home	12	..	151	151
Transfers between hospitals—				
Fever patients to Northern Hospital	496	..	15,447½	15,447½
Fever patients to Southern Hospital	758	..	32,726½	32,726½
Fever patients to Joyce Green Hospital	21	..	647	647
Other transfers between hospitals	17	..	407	407
Board's hospitals to and from wharves	257	..	4,583½	4,583½
Recovered patients—				
From Northern Hospital to homes	3	..	209	209
Southern	10	..	348½	348½
Northern .. to ambulance stations	363	..	13,327½	13,327½
Southern	481	..	23,715½	23,715½
Joyce Green	15	..	728½	728½
Ambulance stations to homes	50	..	406½	406½
Ambulance stations to ambulance stations	170	..	2,679½	2,679½
Acute fever hospitals to homes	811	..	9,888½	9,888½
Wharves to homes	1	..	26	26
Wharves to ambulance stations	121	..	2,302	2,302
Acute fever hospitals to ambulance stations	1	..	10	10
Southern Hospital to Long Reach	41	..	473½	473½
Conveyance of patients—				
To places other than Managers' institutions (private removals)	475	..	7,162	7,162
National Insurance (consumptives)	185	..	6,621	6,621
Lost journeys	1	..	5	5
Totals	30,764	..	385,053	385,053
II. NON-INFECTIOUS CASES.				
Imbeciles	106	..	5,371½	5,371½
Ringworm children	16	..	432	432
Ophthalmic children	79	..	1,056	1,056
Defective and other children	21	..	911½	911½
Sick, convalescent, and debilitated children	672	..	19,529½	19,529½
To places other than the Managers' institutions (private removals)	2,435	..	36,960½	36,960½
Lost journeys .. do. .. do. ..	40	..	407½	407½
Casuals	82	..	893	893
Staff	15	..	308	308
Totals	3,466	..	65,870½	65,870½
III. OTHER WORK.				
Service requirements and conveyance of general stores	1,522	..	28,361½	28,361½
Conveyance of Ambulance Committee	9	..	116	116
Conveyance of other committees	49	..	230	230
Conveyance of staff†	73	..	1,607½	1,607½
Totals	1,653	..	30,315½	30,315½
Totals for 1913	35,883	..	481,239	481,239
Totals for 1912	30,390	20,938	399,397	419,207
Totals for 1911	28,506	105,805	257,505	355,945
Totals for 1910	22,479	133,485	161,790	283,074
Totals for 1909	29,873	272,012	107,164	366,829
Totals for 1908	34,260	348,590	89,154	421,594
Totals for 1907	38,548	443,863	71,786	462,756
Totals for 1906	32,614	454,719	23,527	388,265
Totals for 1905	28,926	394,149	6,050	334,446
Totals for 1904	22,625	280,786	1,964	250,352
Totals for 1886 to 1903 (inclusive)	332,930	3,822,168½	..	3,364,023½
Grand totals	637,034	6,276,515½	1,599,576	7,127,730½

† During the year 5,536 journeys were made and 31,940 miles were run by motor omnibuses, conveying staff of the Queen Mary's and Southern Hospitals, Leavesden, Caterham, and Darenth Asylums.

C.—RIVER SERVICE.

Number of patients, visitors, staff, etc., conveyed to and from Long Reach during the year 1913.

MONTH.	Patients conveyed to Long Reach.	Recovered cases conveyed from Long Reach.	Visitors conveyed to and from Long Reach (including Managers).	Staff, etc., conveyed to and from Long Reach.	Totals.
January .. .. .	..	..	..	13	13
February .. .. .	..	..	..	25	25
March .. .. .	..	..	..	26	26
April .. .. .	..	..	2	35	37
May	1	1	1	45	48
June .. .. .	..	..	5	36	41
July .. .. .	..	..	..	32	32
August .. .. .	..	..	11	41	52
September .. .. .	..	..	..	36	36
October	175	..	..	47	222
November	677	175	..	65	917
December	515	1,205	..	48	1,768
Totals for 1913	1,368	1,381	19	449	3,217
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	28,058	23,795	14,024	38,396	104,273

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.		
"Albert Victor" ..	2,347	..	1,092	..	27	37	47	10	71	227
"Geneva Cross" ..	86	..	22	..	..	..	..	..	5	..
"Maltese Cross" ..	1,746	..	1,115	..	138	5	62	10	73	1,273
"White Cross" ..	7,781	30	5,205	..	376	..	76	10	320	3,765
"Red Cross" ..	46	..	19	..	..	..	8	..	4	..
Totals	12,006	30	7,453	..	541	42	194	10	473	5,265

Quantity of stores, parcels, etc., conveyed to and from Long Reach

Weight, 127 tons, 7 cwt., 0 qr., 4 lbs.

D.

REPORTS OF THE MEDICAL SUPERINTENDENTS
OF THE BOARD'S FEVER HOSPITALS FOR
THE YEAR 1913.

No. 1.

EASTERN HOSPITAL.

Statistics. The total number of patients under treatment during the year 1913 was 3,135, the largest number since the year 1897.

Scarlet fever. The number of cases of scarlet fever under treatment was 1,431. There were 12 deaths. The fatality was 0·93 per cent. This rate, the lowest recorded for the hospital, is extraordinarily low, and bears testimony to the mildness of the disease at the present time. In 2 of the cases death was due to some other cause than scarlet fever, namely, previously acquired meningitis and measles. If allowance is made for these cases the fatality becomes 0·77 per cent.

"Return cases" of scarlet fever. The number of instances in which a case of scarlet fever apparently gave rise to fresh cases after its discharge was 11, being 2·6 of the discharges. The total number of "return cases" was 12.

Diphtheria. The fatality of the diphtheria cases, exclusive of bacteriological cases, was 8·16 per cent. In 5 cases death was due to causes unconnected with diphtheria, as follows:—scarlet fever, 3; measles, 1; and chronic nephritis, 1. The deduction of these cases makes the fatality 6·96 per cent.

Bacteriological diphtheria. The cause of death in the only fatal case of bacteriological diphtheria was previously existing tuberculous peritonitis.

Enteric fever. The fatality of the enteric fever cases was 19·35 per cent. This is a rate which is above the average. There were, however, only 51 cases under treatment. The type of disease was severe. There was not a single case of perforation, a complication which is usually responsible for one-third of the fatal cases.

Puerperal fever. Only 12 cases of this disease were under treatment, but 8 of them were fatal. The fatality rate, 69·57 per cent., is very high. Nearly all the cases were in a hopeless condition when admitted to the hospital. In 1 case death was due to previously existing phthisis.

Measles. The fatality of the measles cases was 12·57 per cent., almost the same as last year. In 1 case death was due to diphtheria, and in 2 to tuberculous disease.

Whooping cough. The fatality of the whooping cough cases was 22·86 per cent.; but the number of cases under treatment, 24, was very small.

Other diseases. Of the 481 cases recorded as "other diseases" 17 were uncertified. If allowance is made for these the percentage of error in diagnosis is 16·7, which is a high rate.

Staff illness. 160 members of the staff were off duty on account of illness. Of these 10 contracted scarlet fever and 2 diphtheria, and all of them recovered.

* * * * *

(Signed) E. W. GOODALL,
Medical superintendent.

No. 2.

NORTH-EASTERN HOSPITAL.

Statistics. During the year 1913 the total number of patients treated was 4,023 ; of these 2,014 were discharged, 1,268 were transferred to other hospitals of the Board and 149 died. At the end of the year 592 remained under treatment.

Scarlet fever. The number treated was 2,279 ; of these 701 were discharged, 1,201 were transferred and 21 died. At the end of the year 356 remained under treatment. The mortality rate was 1·06 per cent.

Diphtheria. The number treated was 535 ; of these 342 were discharged, 42 were transferred and 40 died. At the end of the year 111 remained under treatment. The mortality rate was 9·15 per cent.

Bacteriological diphtheria. The number treated was 59 ; of these 55 were discharged and 4 remained under treatment at the end of the year.

Enteric fever. The number treated was 1, and the case remained under treatment at the end of the year.

Whooping cough. The number treated was 328 ; of these 183 were discharged, 22 were transferred and 34 died. At the end of the year 89 remained under treatment. The mortality rate was 13·49 per cent.

Measles. The number treated was 418 ; of these 371 were discharged, 3 were transferred and 43 died. At the end of the year 1 remained under treatment. The mortality rate was 11·62 per cent.

Polio-myelitis. The number treated was 5 ; of these 3 were discharged and 2 remained under treatment at the end of the year.

Puerperal fever. The number treated was 3 ; of these 2 were discharged and 1 died. The mortality rate was 50·0 per cent.

Other diseases. The number treated was 395 ; of these 357 were discharged and 10 died. At the end of the year 28 remained under treatment. The mortality rate was 2·71 per cent. The percentage error in the notifications was as follows :—scarlet fever, 9·97 ; diphtheria, 18·66 ; whooping cough, 2·21 ; measles, 5·0 ; cerebro-spinal fever, 100·0 ; polio-myelitis and puerperal fever, nil.

Staff illness. 1 locum tenens assistant medical officer, 3 staff nurses, 3 probationers, 3 second assistant nurses and 1 laundrymaid contracted scarlet fever. I regret to say the assistant medical officer died.

1 probationer and 1 laundrymaid remained warded at the end of the year. The rest recovered. 1 second assistant nurse remained warded at the end of 1912. She recovered.

2 staff nurses, 1 probationer, 3 second assistant nurses, 1 wardmaid and 1 kitchenmaid contracted diphtheria. 1 staff nurse remained warded at the end of the year. The rest recovered.

(Signed) **FREDERIC THOMSON,**
Medical superintendent.

No. 3.

NORTH-WESTERN HOSPITAL.

I beg to present my annual report for the year 1913. The total number of cases treated was 3,996. Of these, 3,621 were admitted direct from their homes, 30 were transfers from other hospitals of the Board, 1,366 were discharged recovered, 2,089 were transferred to other hospitals of the Board, 187 died. There remained under treatment on 31 December 384 patients.

Scarlet fever. The number treated was 1,698; 20 died. The mortality was 1.29 per cent.

Diphtheria. The number treated was 939; 41 died. The mortality was 4.87 per cent. There were 6 hæmorrhagic cases; 7 cases died within 24 hours of admission. Tracheotomy was performed in 43 cases, 6 of whom died. The mortality was therefore 13.95 per cent. The following table shows the number of cases, deaths, 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.. ..	37	141	149	108	170	605
Deaths ..	0	5	12	11	13	41
Mortality per cent. ..	0	3.5	8.05	10.2	7.6	6.8

Enteric fever. The number treated was 66; 7 died. The mortality was 12.07 per cent.

Puerperal fever. The number treated was 15; 2 died. The mortality was 14.29 per cent.

Measles. The number treated was 615; 58 died. The mortality was 10.41 per cent.

Whooping cough. The number treated was 157; 35 died. The mortality was 25.45 per cent.

One case of cerebro-spinal meningitis and one of anterior polio-myelitis were admitted; the former died, the latter recovered.

Staff illness. (a) *Infectious diseases.* (i.) *Scarlet fever.* Dr. Sawyer, a temporary assistant medical officer, developed, a few weeks after entering on his duties, a severe attack of scarlet fever, of which he died, and a very promising career was thereby cut short.

2 staff nurses, 2 assistant nurses, 1 probationer, and 2 wardmaids contracted scarlet fever. 1 wardmaid died.

(ii.) *Diphtheria.* 2 assistant medical officers, 1 assistant nurse, and 2 wardmaids developed diphtheria. All recovered.

(iii.) *Enteric fever.* 1 sister contracted enteric fever. She recovered.

(b) *Other diseases.* 90 officers were warded with various ailments, 34 being cases of tonsillitis. A laundrymaid died of influenza and pneumonia; the others recovered.

(Signed) J. MACCOMBIE,
Medical superintendent.

No. 4.

WESTERN HOSPITAL.

Statistics. During the year 1913 there were 4,700 patients under treatment, 928 more than in the preceding year. Of these, 2,534 were transferred to other hospitals of the Board, 1,515 were discharged and 203 died. There remained in hospital at the end of the year 448.

Scarlet fever. Of scarlet fever, 2,554 cases were treated. Of these, 1,796 or 70 per cent. were transferred, 404 were discharged and 32 died. The mortality was 1.38 per cent., the lowest recorded at this hospital.

Diphtheria. Of diphtheria, 736 cases were treated. Of these 306 or 41 per cent. were transferred, 280 were discharged and 47 died. The mortality was 7.12 per cent.

Tracheotomy was performed on 53 patients, of whom 21 died, a mortality of 39.62 per cent.

Bacteriological diphtheria. Of bacteriological diphtheria, 53 cases were treated and 45 were discharged. None died.

Return cases. During the year 14 return cases were reported as having occurred after the discharge of patients direct from the hospital. Of these 12 were cases of scarlet fever and 2 of diphtheria. The infectivity rate on the discharges was, for scarlet fever, 2.9 per cent., and for diphtheria, .70 per cent. Of the infecting scarlet fever cases, 6 were under 5 years of age, 3 were between 5 and 10 years, 1 was 12 years, 1 17 years, and 1 29 years.

The interval that elapsed between the discharge of the infecting case and the occurrence of the return case was in 4 instances less than 1 week, in 5 instances from 7 to 14 days, and in the remaining 3 instances 21, 22, and 29 days. The 2 diphtheria cases occurred 5 and 7 days after the discharge of a patient aged 10 years.

Enteric fever. Of enteric fever, 2 cases were treated. Both recovered.

Measles. Of measles, 892 cases were treated, 375 or 42 per cent. were transferred, 415 were discharged and 100 died. The mortality was 12.05 per cent.

Whooping cough. Of whooping cough, 138 cases were treated, 47 or 34 per cent. were transferred, 81 were discharged and 10 died. The mortality was 8.06 per cent.

Puerperal fever. One patient was admitted suffering from puerperal fever, who recovered.

Other diseases. Of other diseases, 322 cases were treated. The percentage of cases not found to be suffering from the disease certified was, in respect of scarlet fever, 2.3; of diphtheria, 24.5; of measles, 1.5; of whooping cough, 5.4.

Staff illness. During the year 15 members of the staff contracted scarlet fever, 4 diphtheria, and 5 measles, while 176 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 2,764, including 283 who remained in hospital on 31 December, 1912. Of these 1,170 were discharged recovered, 1,192 were transferred, 112 died and 290 remained under treatment at the close of the year.

The scarlet fever mortality was 1·1 per cent.

The diphtheria " " 7·04 "

The enteric fever " " 24·59 "

The measles " " 9·93 "

The puerperal fever " " 24·24 "

Of cases completed during the year the proportion of patients who were found on admission to have been wrongly certified was 10·7 per cent., the figures being—for scarlet fever, 8·7 per cent. ; for diphtheria, 12·9 per cent. ; for enteric fever, 40·1 per cent. ; for measles, 6·1 per cent. ; and for whooping cough, 18·1 per cent.

Of patients treated in the hospital the proportion who developed a second infectious disease was 3·4 per cent. Many of these contracted the infection before admission. In 27 cases the second disease was diphtheria ; in 22, chicken pox ; in 14, scarlet fever ; in 11, measles ; in 5, rubella ; in 3, pneumonia ; in 1, whooping cough ; and in 1, mumps.

Return cases. The number of return cases of scarlet fever, as to which information was forthcoming, was 9. These followed the return home of 8 different patients, which represents an infectivity rate of 2·7 per cent. on the scarlet fever discharges. The ages of the infecting cases were, 4, 4, 1, 9, 2, 3, 3, and 6 years respectively, and the interval elapsing between the discharge of the infecting case and the occurrence of the return case was less than 1 week in one instance, between 1 and 2 weeks in five, and between 2 and 3 weeks in two. No return case of diphtheria was reported.

Staff illness. 5 members of the staff contracted an infectious disease during the year. Excepting an assistant medical officer, they were all probationers, and the complaint in each case was scarlet fever. All recovered.

148 members of the staff were off duty for various periods on account of some non-infectious malady.

(Signed) F. FOORD CAIGER,
Medical superintendent.

No. 6.

GROVE HOSPITAL.

Statistics. The number of patients under treatment during the past year has been 3,632. Of these 1,344 were discharged, 1,741 were transferred to the convalescent hospitals and 123 died; leaving in hospital at the end of the year a total of 424. The direct admissions comprised 1,860 cases of scarlet fever, 532 of diphtheria, 56 of bacteriological diphtheria, 14 of enteric fever, 4 of puerperal fever, 252 of measles, 240 of whooping cough, 3 of polio-myelitis and 265 suffering from other diseases.

Scarlet fever. As regards scarlet fever, 1,861 cases were admitted (including 1 transferred from the Western Hospital), and 19 deaths occurred, giving a case mortality of 1.04 per cent. Amongst these were 7 patients who were certified to be suffering from diphtheria, and 3 patients certified measles at the time of admission. The proportion of scarlet fever patients transferred to the convalescent hospitals was 66.2 per cent., as compared with 61.0 per cent. in 1912.

Diphtheria. 532 diphtheria patients were admitted, and 31 deaths occurred, giving a case mortality of 6.09 per cent. 2 patients were found to have diphtheria at the time of admission who were certified to be suffering from scarlet fever. Antitoxin was given in 97.73 per cent. of the cases. 27.2 per cent. of the diphtheria patients were transferred to the convalescent hospitals.

Measles. 252 measles patients were admitted, and 40 deaths occurred, giving a case mortality of 14.23 per cent. Amongst these were 8 patients certified to be suffering from scarlet fever, 4 who were certified to be suffering from diphtheria, and 2 certified whooping cough. The case mortality is higher than in the preceding year, when it amounted to 9.69 per cent. No measles patients were admitted after August and none remained under treatment at the end of the year.

Whooping cough. 248 patients suffering from whooping cough were admitted (including 8 patients transferred from the Brook Hospital), and 18 deaths occurred, giving a case mortality of 6.86 per cent. Amongst these is included 1 patient certified as diphtheria and 1 as scarlet fever.

Other diseases. Among the 3,226 cases admitted were 265 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 6.2 in the case of scarlet fever patients, 25.6 for diphtheria patients, 33.3 for enteric fever patients, 6.0 for measles patients, and 4.3 for whooping cough patients. 5 of the scarlet fever patients suffered from diphtheria during convalescence, or a percentage incidence of 0.24 on the completed cases. The corresponding incidence in 1912 was 0.36. 13 of the completed cases of diphtheria contracted scarlet fever while in hospital, or a percentage incidence of 2.17. In the previous year it amounted to 2.73.

Average residence. I have again had a table prepared showing the percentage of scarlet fever, diphtheria, measles, and whooping cough patients discharged after each week's residence in hospital. From this it appears that 53.93 per cent. of the scarlet fever patients were

discharged after a stay of between five and eight weeks ; for diphtheria patients after a corresponding stay the percentage is 62·57. In the case of measles patients 57·38 per cent. were discharged after a stay of between two and five weeks. The whooping cough patients show a much longer stay than any of the other patients, and 40·12 per cent. remained in hospital for a period exceeding twelve weeks.

TABLE SHOWING PERCENTAGE OF PATIENTS DISCHARGED AFTER EACH WEEK'S RESIDENCE IN HOSPITAL.

Number of weeks.	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 6	6 to 7	7 to 8	8 to 9	9 to 10	10 to 11	11 to 12	Over 12	Total
Scarlet fever ..	—	—	·23	1·18	1·65	16·27	26·65	10·61	12·26	7·07	5·42	5·66	12·96	99·96
Diphtheria ..	—	—	—	1·43	4·31	14·02	33·09	15·46	11·15	3·95	5·03	3·59	7·91	99·94
Whooping cough	—	—	—	1·27	4·45	4·45	10·82	6·36	8·91	8·28	7·00	8·28	40·12	99·94
Measles ..	—	1·18	19·52	23·66	14·20	10·65	4·73	4·14	3·55	4·14	2·95	1·18	10·05	99·95

Return cases. 21 return cases were reported during the year in connection with patients discharged from the hospital direct. 16 of these were cases of scarlet fever arising subsequent to the discharge of 13 scarlet fever patients, and 5 were cases of diphtheria arising subsequent to the discharge of 4 diphtheria patients. The infectivity rate for scarlet fever was 3·0, as compared with 2·3 in 1912 and 4·2 in 1911.

The following particulars refer to the 16 return cases which originated in connection with the discharge of 13 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 5 instances, from 8 to 14 days in 7, from 15 to 21 in 4. Of the 13 cases 6 suffered from nasal discharge while in hospital and 2 from an ear discharge. In 5 instances no discharges were observed during the time the patients were in hospital. 8 of the infecting cases were discharged from hospital between October and March, and 5 between April and September. As regards the ages of the infecting cases, 8 were under 5, and 5 from 5 to 10.

The average residence of the infecting cases was 62·23 days, as compared with an average residence of 60·45 days for all scarlet fever patients discharged direct to their homes.

Staff illness. (a) Infectious diseases: 7 officers contracted scarlet fever, 9 contracted diphtheria. All recovered.

(b) Other diseases: 197 officers were off duty with various ailments. I regret to have to record the death of the chaplain, Rev. J. H. Anderson, which occurred in the autumn. Mr. Anderson was appointed as chaplain soon after the opening of the hospital.

* * * * *

(Signed) J. E. BEGGS,
Medical superintendent.

No. 7.

SOUTH-EASTERN HOSPITAL.

Patients. During the year there were 4,498 cases under treatment, 632 more than in the preceding year, which was the busiest year previously recorded. The increase is chiefly due to scarlet fever. Although the wards were busy almost the whole of the year round, the actual number of admissions could not have been reached were it not for a new system, first tried last autumn, of transferring to Joyce Green Hospital by boat many acute cases, about 350 in all, in addition to the transfer of convalescents which always takes place.

The following table shows the mortality rates for the five chief diseases, viz. :—

	MORTALITY RATES.				
	1913.	1912.	1911.	1910.	1900-1909.
Scarlet fever	1.14	1.47	1.77	3.01	3.53
Diphtheria	6.13	6.10	7.04	8.22	11.94
Enteric fever.. ..	11.11	16.78	9.82	13.64	12.85
Measles	11.19	9.19	12.64	12.5	..
Whooping cough ..	13.86	8.00	11.45	..	..

The mortality from measles and whooping cough continues very high, although, I think, marasmic infants were not so commonly admitted as during the first two years that we took these diseases.

Of the total deaths, 67 occurred from measles, 46 from diphtheria, 30 from whooping cough, and 24 from scarlet fever.

The proportion of cases transferred to the total completed cases was for scarlet fever 74 per cent., diphtheria 17 per cent., measles 2 per cent., and whooping cough 30 per cent.

The average stay in hospital for each principal disease of those cases discharged recovered is shown in the next table :—

	AVERAGE STAY IN DAYS.		
	1913.	1912.	1911.
Scarlet fever	55.9	51.2	47.7
Diphtheria	47.8	54.8	50.0
Enteric fever.. ..	60.8	59.7	56.7
Measles	37.4	35.9	38.0
Whooping cough ..	62.0	68.1	56.8

The period is less in diphtheria and whooping cough than during 1912, and greater in the other diseases.

Return cases. The outbreaks of infectious disease notified as occurring within three months after discharge of a patient from this hospital numbered 31. Of these outbreaks scarlet fever arose 16 times after discharge of a scarlet fever case, and 3 times after a discharge of a diphtheria case. Diphtheria arose 7 times after discharge of a diphtheria case, and enteric fever twice after return of an enteric fever case. One outbreak of scarlet fever arose after a measles discharge, and in two outbreaks the original case was, in my opinion, not suffering from any infectious disease. The return case rate for scarlet fever discharges was 3.2 per cent., and for diphtheria discharges 1.2 per cent.

Staff illness. 13 members of the Board's staff contracted scarlet fever, 10 diphtheria, 3 enteric fever, and 2 measles. All recovered. The above, however, include 2 who were not members of this hospital, 1 was an ambulance driver who developed scarlet fever, and the other an attendant at Caterham Asylum who was brought here with enteric fever.

* * * * *

(Signed) F. M. TURNER,
Medical superintendent.

No. 8.

BROOK HOSPITAL.

Statistics. The number of patients during 1913 was 4,205, the highest number in the history of the hospital. The demand was exceptional, both for the accommodation of scarlet fever and diphtheria. 836 more cases of scarlet fever were treated than in 1912, and only during the epidemic of 1907-1908 were the numbers higher in the case of this disease, but whereas at that time diphtheria was not unusually prevalent, not for fifteen years have a greater number of diphtheria patients been treated in this hospital.

Of the total number of patients, 1,318 were discharged recovered, 2,289 were transferred to the convalescent hospitals of the Board and 118 died.

At the end of the year 480 patients remained under treatment.

Scarlet fever. 2,533 cases were treated. The disease was generally of a comparatively mild type and the mortality was only 1.11 per cent.

Diphtheria. 1,065 cases were treated, with the low mortality of 6.37 per cent., and there were in addition 43 cases of bacteriological diphtheria.

40 cases of diphtheria were operated upon for laryngeal obstruction. There were 17 cases of tracheotomy, with a mortality of 35.2 per cent., and 23 cases of intubation, followed in 7 instances by tracheotomy, and of these 1 died.

Enteric fever. 5 cases were treated, and all recovered.

Measles. 332 cases were treated, with a mortality of 8.2 per cent.

Whooping cough. 87 cases were treated, with a mortality of 5.3 per cent.

Other diseases. In 133 cases the diagnosis of disease as certified on admission was not afterwards confirmed. This represents about 3.5 per cent. of the total admissions, a smaller proportion than in 1912.

Staff illness. 160 members of the staff were warded during the year, and of these 19 contracted infectious disease in the hospital. There were 10 cases of scarlet fever and 9 cases of diphtheria. There were no deaths.

Works. An important addition to certain of the wards was completed in the spring of 1913. Covered verandahs on which patients can be treated under open-air conditions were provided for 8 of the 24 large wards.

Already these verandahs have proved exceedingly valuable for the treatment of certain classes of fever patients. The patients enjoy the open-air life and derive undoubted benefit therefrom.

(Signed) J. B. BYLES,
Medical superintendent.

NORTHERN HOSPITAL.

Fever. The number of patients treated was 4,945, as compared with 4,625 in the previous year. 4,545 were discharged recovered and 3 died. The admissions comprised 3,354 cases of scarlet fever, 523 cases of diphtheria, 564 cases of measles, 6 of whooping cough, and 6 of other diseases.

The average length of stay of patients in this hospital was 29 days for scarlet fever, 25 days for diphtheria, and 27 days for measles.

74 cases were reported as contracting scarlet fever within three months of the return home of a discharged patient. The return rate on 3,413 discharged cases is consequently 2.16 per cent.

Staff illness. 4 assistant nurses, 1 kitchenmaid, and 1 wardmaid contracted scarlet fever. 1 laundryman contracted diphtheria, and 107 members of the staff were warded for various minor complaints.

Nursing staff. Resignations during the year included 5 sisters, 9 first assistant and 45 second assistant nurses. The only cause I can assign for this unprecedented number of resignations amongst the junior staff is an invincible repugnance to nurse tuberculosis. It is a disease upon which public attention has been concentrated in an unusual degree, and has raised apprehensions in the minds of nurses which I believe to be largely groundless.

These fears extended even to the fever staff, several of whom resigned in consequence. This cause operates still in the case of new members of the nursing staff, many of whom stipulate on joining that they shall not be called upon to nurse tuberculous patients.

* * * * *

Considerable difficulty has been experienced in engaging female staff, both nursing and domestic. As regards the nursing staff, our great trouble has been to obtain an adequate supply of first and second assistant nurses. The former is a specialised product and can only be got after two years' training and the passing of an examination, either in the Board's or in some other duly qualified fever hospital.

Tuberculosis. On 22 February the Board resolved to allocate temporarily certain of the fever pavilions, providing about 200 beds, for the reception and treatment of tuberculous patients, chargeable to the London County Council under the National Insurance Act.

Of the 200 beds, 100 were set apart for sanatorium cases and 100 for hospital and observation cases. Some alterations and additions were made subsequently, viz. :—(1) 50 hospital male beds were substituted for the like number of female sanatorium beds. (2) 30 additional fever beds were allocated for male hospital cases chargeable to the Middlesex County Council. The present allocation of beds is as follows :—

Female sanatorium beds	..	..	..	..	155
„ hospital	„	„	„	„	50
Male	„	„	„	„	25
					—
Total	..	..	..	..	230
					—

The decision to treat curable and incurable cases in the same hospital was an unfortunate necessity: there can be no doubt as to the prejudicial effect of the association of the advanced with the earlier and more promising cases, and as to the reasonable ground of complaint made by the relatives of hospital patients owing to the distance of this institution from London.

Sanatorium and hospital patients have been treated entirely in separate pavilions and come very little in contact with one another, even in the grounds.

When requisitioned for tuberculosis, the pavilions were mostly full of fever patients; they had to be emptied as soon as possible and then disinfected. The adaptation and equipment of the wards offered no great difficulty; they have proved, in fact, very suitable for the treatment of tuberculosis; they are not so suitable as one could wish to work and administer, and the want of a lift from the ground floor, where the kitchen is, to the upper floor, where the patients are when confined to bed, has been severely felt. Again, in pavilion No. 7, which consists of two blocks each containing 50 beds, the kitchen common to both, which had answered well enough for fever patients (mostly young children), was found totally inadequate for the same number of tuberculous patients, who are all adults and whose varied and more liberal dietary entails far more work. In consequence, one-half of this large pavilion could not be opened until a separate kitchen had been built and equipped for its use.

With reference to the general administration of the hospital, a great strain has undoubtedly been thrown upon every department. Additional accommodation of a temporary character has been provided for nursing staff, the plant in the laundry and central kitchen has been supplemented, but much remains to be done before the hospital is properly equipped for its triple function of convalescing fever hospital, sanatorium, and home for the dying.

The accommodation most urgently needed is:—

1. Additional open-air verandahs.
2. Lift in hospital and sanatorium wards.
3. Additional permanent accommodation for nursing staff.
4. Additional accommodation for assistant medical officers.
5. Enlargement of the central kitchen.
6. Replacement of obsolete plant in the patients' laundry with modern machines.
7. Chapel for the use of tuberculous patients.

As regards treatment, the objects kept in view have been:—

1. Preventive, in the sense of educating the patients to understand and adopt such measures and rules of life as are calculated both to maintain their own health and to lessen the risk of infecting others.

2. Therapeutic, with the object of increasing the patients' powers of resistance to the disease by (a) the supply of nourishing food and abundance of fresh air; (b) a system of graduated rest and work suited to the capacity of each patient.

For example, after a period of rest in bed each patient undergoes a preliminary period of walking exercise which varies in time and extent, the remainder of the day being spent in resting. Walking exercise is gradually increased to one and a half hours daily, when, if the indications are satisfactory, each patient is given some work to do. There are three grades of labour of increasing severity, and the progressive performance of them forms a most important part of the patients' treatment. The third stage involves a working day of six hours, including exercise, and every patient who is able is kept at this stage for one month before leaving the hospital.

(c) The administration of tuberculin and other remedies.

The time and labour sheets are shown as appendices to this report.

Statistics. The figures relating to the admissions, discharges, transfers, and deaths during the year are set out in Table I.

Sanatorium cases. The patients admitted for this treatment were not as a rule early cases: the disease was more or less advanced, involving two or more lobes of the lung, long standing in many cases, which had become quiescent and then broken down again.

397 of these patients, all females, were admitted for sanatorium treatment; of these 253 stayed until they were recommended for discharge, and 144 remained at the end of the year.

The results of treatment are shown in Tables II., III., IV., and V., the patients being divided into decennial age periods up to 45, after which they are grouped together.

The terms "apparent arrest" and "quiescent," used in the first and second columns, are distinguished as follows:—The former implies the total absence of (1) tubercle bacilli in the sputum, (2) adventitious sounds in the lungs for a period of one month prior to discharge; while the latter implies the absence of all active signs in the lungs, but not necessarily the absence of tubercle bacilli in the sputum. Many in the quiescent group were on full work before they left the hospital.

There are three recognised methods for estimating the value of sanatorium treatment, viz. :—

- (i.) Working capacity of the patients.
- (ii.) Duration of life.
- (iii.) Presence of tubercle bacilli in the sputum.

The first method only is presented in the tables. The totals in the bottom row of Tables IV. and V. show that out of 253 female patients of all ages discharged from the sanatorium,

172 or 68	per cent.	were capable of full work.
50 or 21	" "	" light "
27 or 10	" "	" no "

These results seem to compare favourably with those both in English and foreign sanatoria, but unfortunately no two sanatoria adopt precisely similar methods in drawing up their statistics, so that comparisons are not very reliable.

Table V. illustrates another very interesting point in the natural history of this disease, viz., the age influence of the patient. Generally speaking, the prospect of restoration to full working capacity progressively declines as age increases.

Hospital cases. 312 patients were admitted for hospital treatment, of whom 192 were males and 120 females. Of these 51 died, including 2 non-tubercular cases, 33 were transferred to The Downs Sanatorium, 181 were discharged, and 47 patients remained at the end of the year.

The results are shown in Tables VI. and VII. As one would expect, they are not nearly so good as the sanatorium results, no single case of apparent arrest was noted, and the death rate works out at 16·8 per cent.

* * * * *

An instructive article on the treatment of tuberculosis is contributed to the "Medical Supplement" by Dr. Coghlan, whose long experience of this disease has been most helpful.

Dr. Fowler contributes an article on the use of tuberculin, a sound, useful contribution to a form of treatment which is the subject of much controversy.

* * * * *

(Signed) C. E. MATTHEWS,
Medical superintendent.

HOURS OF MEALS—

Breakfast	8 to 8.30 a.m.
Dinner	12 to 12.45 p.m.
Tea	4 to 4.30 p.m.
Supper	7 p.m.

RULES OF PATIENTS RELATING TO REST, EXERCISE AND WORK—

CARD A—

6.30 a.m.	Rise.
7 to 8 a.m.	Make beds and lay tables.
8 to 9 a.m.	Breakfast and rest.
9 to 10.30 a.m.	Work.
10.30 to 11 a.m.	Exercise.
11 to 11.30 a.m.	Rest.
11.30 to 12	Drill.
12 to 2 p.m.	Dinner and rest.
2 to 3.30 p.m.	Work and exercise or drill.
3.30 to 4 p.m.	Rest.
4 to 5 p.m.	Tea and rest.
5 to 5.30 p.m.	Exercise.
5.30 to 6 p.m.	Rest and temperatures.
6 to 7 p.m.	Half-hour work and half-hour recreation.
7 to 8 p.m.	Supper and recreation.
8 p.m.	Bed.

CARD B—

Stage I. Airing Court	10 to 12 Rest.
" II. " "	10 to 12. Exercise 10.30 to 11.
" III. " "	10 to 12 and 1.15 to 4 p.m.
" IV. " "	Exercise 10.30 to 11 a.m. and 2.30 to 3 p.m.
	8.30 a.m. to 12 and 1.15 to 4 p.m.
	Exercise 9.30 to 10 a.m., 10.30 to 11 a.m.
	and 2.30 to 3 p.m.

RULES.

1. At all times other than the specified hours of exercise, patients must rest absolutely in chairs provided for the purposes.
2. Talking is not allowed during the rest after meals.
3. Patients must expectorate only into the utensils provided for the purpose. Disregard of this rule will render the patient liable to dismissal.
4. The exact hours of rest, exercise, and work must be observed at all times.

FEMALE WORKERS.—CARD A.

GRADE 1—

- Cleaning brasses.
- Folding up quilts and rugs.
- Washing locker tops.
- Dusting wards and corridors.
- Cleaning out lockers.

GRADE 2—

- Washing tiles.
- Sweeping wards and corridors.
- Cleaning windows.
- Washing cutlery and crockery.
- Preparing tables for meals.
- Polishing furniture.
- Washing dusters and brooms.

GRADE 3—

- Making beds.
- Scrubbing floors.
- Scrubbing out cupboards.
- Cleaning ventilators.
- Blackleading stoves.
- Turning out pantries.
- Gardening.
- Poultry feeding.
- Swedish drill.

ANNUAL REPORT, 1913,

PHTHISIS REPORT FOR YEAR ENDING 31 DECEMBER, 1913.

TABLE I.—*Tuberculosis cases (as notified on admission).*

LONDON COUNTY COUNCIL.				MIDDLESEX COUNTY COUNCIL.		Total.
	Male hospital.	Female sanatorium.	Female hospital.	Male hospital.	Female hospital.	
Admitted ..	149	397	103	43	17	709
Discharged ..	88	253	67	21	5	434
Transferred ..	33	—	—	—	—	33
Died	26	—	18	5	2	51

Sanatorium cases.

TABLE II.—*Condition on discharge.*

Age.	Apparent arrest.	Quiescent.	Greatly improved.	Improved.	Stationary.	Worse.	Total.
15-25 ..	62	30	32	16	1	0	141
25-35 ..	22	19	19	13	4	0	77
35-45 ..	4	6	4	6	1	1	22
Over 45	0	1	7	3	2	0	13
Totals ..	88	56	62	38	8	1	253

TABLE III.—*Condition on discharge (percentages).*

Age.	Apparent arrest.	Quiescent.	Greatly improved.	Improved.	Stationary.	Worse.	Total.
15-25 ..	44	21	23	11	1	0	100
25-35 ..	28	25	25	17	5	0	100
35-45 ..	18	27	18	27	5	5	100
Over 45	0	8	54	23	15	0	100

TABLE IV.—*Working capacity.*

Age.	Full work.	Light work.	No work.	Totals.
15-25	111	17	13	141
25-35	47	23	7	77
35-45	11	6	5	22
Over 45	3	8	2	13
Totals	172	54	27	253

TABLE V.—*Working capacity (percentages).*

Age.	Full work.	Light work.	No work.	Totals.
15-25	79	12	9	100
25-35	61	30	9	100
35-45	50	27	23	100
Over 45	23	62	15	100
All ages	68	21	11	100

Hospital cases.

TABLE VI.—*Condition on discharge.*

Age.	Apparent arrest.	Quiescent.	Greatly improved.	Improved.	Stationary.	Worse.	Totals.
15-25 ..	0	17	7	15	18	6	63
25-35 ..	0	5	3	22	10	6	46
35-45 ..	0	0	10	18	7	3	38
Over 45	0	3	5	18	7	1	34
Totals ..	0	25	25	73	42	16	181

TABLE VII.—*Condition on discharge (percentages).*

Age.	Apparent arrest.	Quiescent.	Greatly improved.	Improved.	Stationary.	Worse.	Totals.
15-25 ..	0	27	11	24	29	9	100
25-35 ..	0	11	6	48	22	13	100
35-45 ..	0	0	26	47	19	8	100
Over 45	0	9	15	53	20	3	100
All ages	0	14	14	40	23	9	100

No. 10.

SOUTHERN HOSPITAL.

Statistics. The number of patients treated during the year was 8,278. Of these 7,359 were discharged, 27 were transferred to other hospitals of the Board, 9 died and 883 remained in hospital at the end of the year.

Of the admissions 5,934 were cases of scarlet fever, 1,262 diphtheria, 372 measles, 237 whooping cough, 8 bacteriological diphtheria, 1 enteric fever, and 5 of other diseases.

The average stay in hospital of patients admitted from the acute hospitals was 24.3 days in the case of scarlet fever, 23.5 for diphtheria, 41.8 for measles, and 43.6 for whooping cough.

The maximum number of patients under treatment was 891 on 20 December, and the minimum number 336 on 8 February.

Owing to the increase of the number of scarlet fever patients it was necessary on 15 December to open some of the wards in the northern section of the lower hospital, and these remained open at the end of the year.

Return cases. There were 190 return cases reported during the year. Of these 179 were scarlet fever cases arising subsequent to the discharge of 165 scarlet fever patients, 5 were diphtheria cases after the discharge of 5 diphtheria patients, 4 were cases of diphtheria following the discharge of 4 scarlet fever patients, and 2 were cases of scarlet fever following the discharge of 2 diphtheria patients.

Of the 179 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 59 cases, 8 to 14 days in 77 cases, 15 to 21 days in 22, 22 to 28 days in 9, and over 28 days in 12. Of the 165 supposed infecting cases, 47 had nasal discharge at some time while in hospital, 7 had nasal and ear discharge, and 6 had ear discharge only. Only 3 had nasal discharge and 1 had ear discharge when they left the hospital, in all the other patients the discharge had ceased.

With regard to the ages of the infecting cases, 28 were under 5, 105 from 5 to 10, 28 from 10 to 15, and 4 were over 15.

The average length of stay in hospital of the infecting cases was 54.4 days, as compared with 53.8 days, for all scarlet fever patients discharged.

The percentage incidence of alleged infecting cases of scarlet fever was 3.03.

Of the 5 diphtheria return cases, the interval between the discharge of the supposed infecting cases and the occurrence of the return case was up to 7 days in 2 instances, 8 to 14 days in 1, and 15 to 21 days in 2.

The interval in the 6 cross infecting cases were up to 7 days in 2, 8 to 14 days in 2, 15 to 21 days in 1, 22 to 28 days in 1.

Staff illness. 22 officers contracted scarlet fever and 2 diphtheria. 176 staff were off duty for various non-infectious ailments. All recovered.

(Signed) J. HOWELL GRIFFITHS,
Medical superintendent.

THE DOWNS SANATORIUM.

Statistics. From the 10 February, when the institution began to receive patients, to the end of the year, 1,213 patients were admitted, 907 were discharged, and 50 died. 256 patients remained under treatment on 31 December, 1913.

Of the admissions, 1,180 were admitted direct and 33 were transferred from the Northern Hospital.

Of the discharges and deaths, the diagnosis was confirmed in 888 cases, not confirmed in 55 and not ascertained in 14.

The death rate, calculated according to the formula in use, was 4.73 per cent. of the tuberculous cases. There were 2 deaths amongst the patients in whom the diagnosis was not confirmed.

Statistical tables have been constructed. The basis of these tables is a classification of cases first suggested by Sir R. W. Philip,* for which it is claimed that it "gives approximately just expression to both the local and systemic disturbance."

Administrative difficulties. The year has been one of initiation and organisation. The more important difficulties foreseen in connection with the conversion of an old institution to a purpose so different from the one for which it was intended remain unsolved at the end of the year. In general, the conditions which have governed the working of the institution have not tended to efficiency in treatment or in administration. In particular, the results of congregating patients at all ages from 16 to 60 years and in all stages of the disease in one institution of relatively small area have clearly shown the necessity of adopting a system which will permit of classification of the patients by the use of two or more grouped institutions. For administrative efficiency classification of the patients is essential, and the designation given to any institution of the group is immaterial. Classification for the purpose of institutional treatment of tuberculosis may be based on age or on extent and severity of disease. For administrative efficiency age grouping is essential, and variation in the extent and severity of the disease within the age groups is relatively unimportant.

Staff. Illness amongst the staff has been small in amount. There were no serious cases.

Papers by members of the medical staff, descriptive of sections of the work done in the institution, appear in the Medical Supplement.

(Signed) A. F. CAMERON,
Acting medical superintendent.

* "I prefer a classification which gives approximately just expression to both the local and the systemic disturbance. Adopting the symbol L for the local or lung lesion, and admitting three stages, as in the classification just referred to (Turban), we may speak of L1, L2, L3. To express systemic involvement, I use the symbol S. By the simple device of combining variously capital and small letters, the diagnosis can be expressed with reasonable accuracy."—*Sir Robert Philip in the address on medicine at the annual meeting of the British Medical Association Belfast, 1909.*

TUBERCULOSIS STATISTICS.—The Downs Sanatorium.

TABLE I.—Admissions (classified), discharges, and deaths during 1913.

	L ₁ s	L ₁ S	L ₁ S L ₁ S	L ₂	L ₂ s	L ₂ S	L ₂ S L ₂ S	L ₃	L ₃ s	L ₃ S	L ₃ s L ₃ S	L ₃ S L ₃ S	Diagnosis not confirmed.	Diagnosis not ascertained.	Admissions.	Discharges.	Deaths.	Remaining 31 Dec., 1913.	
ADMISSIONS.	11	147	53	3	4	370	154	13	3	254	103	24	55	19	1,213	907	50	256	
<i>Age groups.</i>																			
From 16 to 20 years	1	34	11	..	..	36	22	1	..	16	14	3	3	2	143	103	5	35
" 20 " 25 "	2	36	12	..	..	54	31	6	..	15	14	3	3	3	179	118	8	53
" 25 " 30 "	5	38	5	1	1	76	31	2	..	36	21	6	8	3	233	170	7	56	
" 30 " 35 "	1	20	5	..	..	66	25	2	..	36	14	2	9	6	187	142	7	38
" 35 " 40 "	1	9	10	2	2	54	14	..	..	48	13	4	13	3	173	144	6	23
" 40 " 45 "	1	6	5	..	..	47	18	1	1	43	13	3	8	2	148	115	11	22
" 45 " 50 "	..	2	4	..	..	25	9	..	1	27	3	3	6	..	80	60	3	17
" Over 50 "	..	2	1	..	..	12	4	1	1	33	11	..	5	..	70	55	3	12
Totals	11	147	53	3	4	370	154	13	3	254	103	24	55	19	1,213	907	50	256	

TABLE II.—Discharges (classified as to condition), 1913.

Much improved	..	..	..	..	..	78	13	1	..	18	2	..	..	..	..	174	..	..	..
Improved	4	47	18	..	1	157	56	3	2	89	21	..	..	..	..	398	..	..	..
In statu quo	5	25	11	2	2	69	42	1	..	54	17	1	..	..	..	229	..	..	..
Worse	..	..	..	..	..	1	13	2	..	3	17	3	..	..	..	39	..	..	..
Diagnosis not confirmed	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	53	..	..	..
Diagnosis not ascertained	..	..	..	..	..	..	..	..	..	..	..	..	..	14	..	14	..	..	..
Total discharges	9	120	43	2	3	305	124	7	2	164	57	4	53	14	..	907	..	..	..

TABLE III.—Deaths, 1913.

Deaths	..	..	..	..	..	..	3	4	1	3	19	18	2	..	..	..	..	50	..
Remaining 31 Dec., 1913	2	27	10	1	1	65	27	2	..	87	27	2	..	5	..	..	..	..	256

TABLE V.—Duration of stay in sanatorium, 1913.

	L ₁	L ₁ s	L ₁ S	L ₁ S	L ₁ S	L ₂	L ₂ s	L ₂ S	L ₂ S	L ₃	L ₃ s	L ₃ S	L ₃ S	L ₃ S	Diagnosis not confirmed	Diagnosis not ascertained	Discharges and deaths
Tubercle bacilli found	3	74	29	...	...	3	247	112	11	2	154	76	21	...	...	732
" not found	4	44	13	...	...	...	53	10	...	1	9	...	...	...	55	191
Not examined	2	2	1	...	...	...	5	5	...	...	4	...	...	...	...	34
Totals	9	120	43	2	2	3	305	127	11	3	167	76	22	55	14	957	

TABLE V.—Duration of stay in sanatorium, 1913.

	Under 1 week	1 to 2 weeks	2 "	3 "	4 "	1 to 2 months	2 "	3 "	4 "	5 "	6 "	7 "	8 "	Totals	Discharges	Deaths
Under 1 week	3	1	...	3	1	...	...	...	6	4	...	...	...	9	35	3
1 to 2 weeks	1	5	...	7	1	...	...	...	10	5	...	...	...	1	35	4
2 "	1	7	...	2	...	...	...	...	7	3	...	...	...	1	25	2
3 "	...	2	...	...	...	...	...	...	10	4	...	...	...	...	35	3
4 "	...	33	...	7	...	...	...	...	33	1	...	...	...	...	(1) 6	...
1 to 2 months	2	23	...	18	...	...	...	...	41	1	...	...	...	...	23	17
2 "	1	37	...	9	...	...	...	...	25	1	...	...	...	...	(1) 10	15
3 "	1	37	...	4	...	...	...	...	29	1	...	...	...	...	5	4
4 "	...	7	...	...	...	...	...	...	18	14	...	...	...	...	8	1
5 "	...	3	...	...	...	...	...	...	7	5	...	...	...	...	1	...
6 "	...	2	...	...	...	...	...	...	1	2	...	...	...	...	...	...
7 "	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1
8 "	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	9	120	43	2	2	3	305	127	11	3	167	76	22	55	14	907

TABLE VI.—Reasons for discharge, 1913.

	Fit for work	Fit for light work	Further treatment	Against advice	Misconduct	Contagious disease	Diagnosis not confirmed	Totals	Discharges	Deaths
Fit for work	6	79	28	...	...	...	...	9	405	...
Fit for light work	...	6	1	...	...	...	...	...	67	...
Further treatment	...	11	6	1	...	...	...	...	296	...
Against advice	2	13	5	1	...	...	...	10	110	...
Misconduct	1	8	2	...	...	...	...	3	55	...
Contagious disease	...	3	1	...	...	...	...	3	14	...
Diagnosis not confirmed	...	...	...	...	...	...	...	50	50	...
Totals	9	120	43	2	2	3	305	124	907	50

The figures in brackets refer to deaths.

TABLE VII.—*Number of patients with complications, 1913.*

Tuberculous adenitis	6
„ laryngitis	38
„ enteritis	6
„ testicle	5
„ meningitis	3
„ arthritis	3
Fistula in ano	13
Rheumatism	15
Otitis media	3
Pyorrhœa alveolaris	6
Acute dyspepsia	14
Morbus cordis	10
Phlebitis	3
Nephritis	5
Asthma	3
Diabetes	2
Neuritis	1
Plumbism... ..	1
Epilepsy	2
Melancholia	1
Contagious disease	14
Total	154

TABLE VIII.—*Number of patients whose diagnosis was corrected after admission, 1913.*

Tuberculous knee-joint... ..	1
Pleurisy	1
Bronchitis	11
Bronchitis and emphysema	11
Gangrene of lung	(1)
Fibrosis of lung	1
Mediastinal growth	(1)
Morbus cordis	3
Rheumatism	3
Acute dyspepsia	1
Sy _i hilis	1
No obvious disease	20
Disease not ascertained before discharge, possibly tuberculosis	14
Total	69

The figures in brackets refer to deaths.

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EASTERN HOSPITAL.									
DISEASES.	Re- main- ing on 31 Dec., 1912.	Admitted during 1913.		Total under treatment during 1913.	Discharged during 1913.		Died during 1913.	Mortality per cent.	Re- main- ing on 31 Dec., 1913.
		Direct from homes.	From other hospitals of Board.		Recovered.	To other hospitals of Board.			
Scarlet	116	1,313	2	1,431	410	848	12	0.93	161
Diphtheria	56	413	..	469	357	6	33	8.16	73
Diph. bacteriological	10	58	..	68	56	4	1	1.68	7
Enteric .. ..	..	51	..	51	33	..	9	19.35	9
Puerperal	1	11	..	12	4	..	8	69.57	..
Measles	116	451	1	568	388	114	64	12.57	2
Whooping cough ..	11	12	1	24	18	..	4	22.86	2
Typhus .. ..	..	1	..	1	1	..	..	..	..
Cerebro-spinal fever	..	1	..	1	1	..	..	..	..
Poliomyelitis ..	..	2	..	2	2	..	..	..	..
	310	2,313	4	2,627	1,270	972	131	5.59	254
Other diseases ..	27	481	..	508	470	..	13	2.70	25
Totals	337	2,794	4	3,135	1,740	972	144	..	279
NORTH-EASTERN HOSPITAL.									
Scarlet	230	2,049	..	2,279	701	1,201	21	1.06	356
Diphtheria	85	450	..	535	342	42	40	9.15	111
Diph. bacteriological	8	51	..	59	55	..	..	..	4
Enteric .. ..	..	1	..	1	..	..	..	..	1
Puerperal	2	1	..	3	2	..	1	50.00	..
Measles	95	323	..	418	371	3	43	11.62	1
Whooping cough ..	63	265	..	328	183	22	34	13.49	89
Poliomyelitis ..	..	5	..	5	3	..	..	..	2
	483	3,145	..	3,628	1,657	1,268	139	4.48	564
Other diseases ..	23	372	..	395	357	..	10	2.71	28
Totals	506	3,517	..	4,023	2,014	1,268	149	..	592
NORTH-WESTERN HOSPITAL.									
Scarlet	*103	1,588	7	1,698	211	1,251	20	1.30	216
Diphtheria	81	855	3	939	211	575	41	4.87	112
Diph. bacteriological	4	92	..	96	88	6	..	..	2
Enteric	7	59	..	66	50	..	7	12.07	9
Puerperal .. ..	..	15	..	15	11	..	2	14.29	11
Measles	115	484	16	615	321	235	58	10.41	1
Whooping cough ..	19	138	..	157	80	22	35	25.45	20
Cerebro-spinal fever	..	1	..	1	..	..	1	100.00	..
Poliomyelitis ..	..	1	..	1	1	..	..	..	..
	*329	3,233	26	3,588	973	2,089	164	5.06	362
Other diseases ..	*20	388	..	408	363	..	23	5.94	22
Totals	349	3,621	26	3,996	1,336	2,089	187	..	384
WESTERN HOSPITAL.									
Scarlet	163	2,389	2	2,554	404	1,796	32	1.38	322
Diphtheria	49	687	..	736	280	306	47	7.12	103
Diph. bacteriological	..	53	..	53	45	4	..	..	4
Enteric .. ..	..	2	..	2	2	..	..	..	..
Puerperal .. ..	..	1	..	1	1	..	..	..	..
Measles	122	767	3	892	415	375	100	12.05	2
Whooping cough ..	28	104	6	138	81	47	10	8.06	..
Cerebro-spinal fever	..	2	..	2	1	..	1	50.00	..
	362	4,005	11	4,378	1,229	2,528	190	4.77	431
Other diseases ..	20	302	..	322	286	6	13	4.28	17
Totals	382	4,307	11	4,700	1,515	2,534	203	..	448
SOUTH-WESTERN HOSPITAL.									
Scarlet	150	1,368	1	1,519	294	1,042	15	1.10	168
Diphtheria	89	466	..	555	333	106	33	7.04	83
Diph. bacteriological	..	13	..	13	10	3	..	..	..
Enteric	8	61	..	69	46	..	15	24.59	8
Puerperal	2	16	..	18	13	..	4	24.24	1
Measles	26	275	1	302	222	38	28	9.93	14
Whooping cough ..	..	9	..	9	9	..	..	..	..
	275	2,208	2	2,485	927	1,189	95	4.30	274
Other diseases ..	8	271	..	279	243	3	17	6.37	16
Totals	283	2,479	2	2,764	1,170	1,192	112	..	290
GROVE HOSPITAL.									
Scarlet	*191	1,860	1	2,052	426	1,357	19	1.04	250
Diphtheria	65	532	..	597	277	178	31	6.09	111
Diph. bacteriological	1	56	..	57	54	..	..	..	3
Enteric .. ..	..	14	..	14	7	..	1	9.09	6
Puerperal .. ..	..	4	..	4	3	..	..	..	1
Measles	58	252	..	310	168	102	40	14.23	..
Whooping cough ..	63	240	8	311	157	102	18	6.86	34
Poliomyelitis ..	..	3	..	3	2	..	..	..	1
	*378	2,961	9	3,348	1,094	1,739	109	3.69	406
Other diseases ..	*19	265	..	284	250	2	14	5.27	18
Totals	897	3,226	9	3,632	1,344	1,741	123	..	424

TABLE I.—Admissions, discharges, and deaths during 1913.

SOUTH-EASTERN HOSPITAL.									
DISEASES.	Re- main- ing on 31 Dec., 1912.	Admitted during 1913.		Total under treatment during 1913.	Discharged during 1913.		Died during 1913.	Mortality per cent.	Re- main- ing on 31 Dec., 1913.
		Direct from homes.	From other hospitals of Board.		Recovered.	To other hospitals of Board.			
Scarlet	*207	2,139	3	2,349	500	1,540	24	1'14	285
Diphtheria	95	751	1	847	572	130	46	6'13	99
Diph. bacteriological	*5	34	..	39	39	..	..	..	..
Enteric	9	46	..	55	38	1	5	11'11	11
Puerperal	2	10	..	12	8	..	4	36'36	..
Measles	*85	567	2	654	546	16	67	11'19	25
Whooping cough ..	2	212	14	228	115	62	30	13'86	21
Typhus .. ..	..	3	..	3	3	..	..	..	..
Cerebro-spinal fever	..	1	..	1	..	..	1	100'00	..
Other diseases ..	*405	3,763	20	4,188	1,821	1,749	177	6'01	441
Totals	*20	289	1	310	281	..	17	5'78	12
Totals	425	4,052	21	4,498	2,102	1,749	194	..	458
BROOK HOSPITAL.									
Scarlet	231	2,302	..	2,533	398	1,778	25	1'11	332
Diphtheria	143	922	..	1,065	441	481	59	6'37	134
Diph. bacteriological	1	42	..	43	36	2	1	2'47	4
Enteric	1	4	..	5	4	..	..	..	1
Measles	51	281	..	332	245	62	25	8'16	..
Whooping cough ..	24	63	..	87	68	15	4	5'33	..
Other diseases ..	451	3,614	..	4,065	1,192	2,288	114	3'16	471
Totals	7	133	..	140	126	1	4	3'03	9
Totals	458	3,747	..	4,205	1,318	2,289	118	..	480
NORTHERN HOSPITAL (Convalescent).									
Scarlet	398	2	3,352	3,752	3,403	10	3	0'09	336
Diphtheria	40	..	512	552	512	2	..	..	38
Diph. bacteriological	..	..	11	11	11	..	..	..	..
Measles	54	..	564	618	607	11	..	..	..
Whooping cough ..	..	..	6	6	6	..	..	..	..
Other diseases ..	492	2	4,445	4,939	4,539	23	3	0'07	374
Totals .. ..	..	..	6	6	6	..	..	..	..
Totals	492	2	4,451	4,945	4,545	23	3	..	374
SOUTHERN HOSPITAL (Convalescent).									
Scarlet	256	..	5,934	6,190	5,428	20	4	0'07	738
Diphtheria	76	..	1,262	1,338	1,222	2	..	..	114
Diph. bacteriological	..	..	8	8	8	..	..	..	..
Enteric .. ..	..	..	1	1	1	..	..	..	..
Measles	87	..	372	459	453	3	3	0'72	..
Whooping cough ..	39	1	237	277	244	2	2	0'82	29
Other diseases ..	458	1	7,814	8,273	7,356	27	9	0'12	881
Totals .. ..	..	..	5	5	3	..	..	..	2
Totals	458	1	7,819	8,278	7,359	27	9	..	883
JOYCE GREEN HOSPITAL (Convalescent).									
Scarlet .. ..	..	..	1,582	1,582	824	41	1	0'08	716
Other diseases ..	..	..	1,582	1,582	824	41	1	0'08	716
Totals .. ..	..	..	1,582	1,582	824	41	1	..	716
SUMMARY.									
Scarlet	*2,045	15,010	(10,881)	17,055	12,999	(10,881)	176	1'25	3,880
Diphtheria	779	5,076	(1,778)	5,855	4,547	(1,778)	330	6'63	978
Diph. bacteriological	*29	399	(19)	428	402	(19)	2	0'50	24
Enteric	25	238	(1)	263	181	(1)	37	16'23	45
Puerperal	7	58	..	65	42	..	19	31'93	4
Measles	*809	3,400	(959)	4,209	3,736	(959)	428	11'32	45
Whooping cough ..	249	1,044	(272)	1,293	961	(272)	137	12'79	195
Typhus .. ..	..	4	..	4	4	..	..	..	..
Cerebro-spinal fever	..	5	..	5	2	..	3	60'00	..
Poliomyelitis ..	..	11	..	11	8	..	..	..	3
Totals	*3,943	25,245	(13,913)	29,188	22,882	(13,913)	1,132	4'60	5,174
Other diseases ..	*144	2,501	(12)	2,645	2,385	(12)	111	4'44	149
Grand totals ..	4,087	27,746	(13,925)	31,833	25,267	(13,925)	1,243	..	5,323

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 1912, pp. 202-203, owing to the subsequent correction of errors of diagnosis.

TABLE II—SEASONAL STATISTICS.—Summary of monthly

ADMISSIONS.																									
MONTH.	Scarlet.		Diphtheria.		Diphtheria bacteriological.		Enteric.		Puerperal.		Measles.		Whooping cough.		Typhus.		Cerebro-spinal fever.		Poliomylitis.		Other diseases.		Totals.		
	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.	Direct.	Transfers.
January	811	592	431	119	13	5	22	..	2	..	589	170	125	16	..	..	..	..	..	..	169	..	2,162	902
February	683	453	353	106	31	1	10	..	2	..	648	192	96	1	..	..	..	..	..	..	183	..	2,006	755
March	643	454	408	125	33	3	14	..	6	..	654	153	98	26	..	..	..	..	..	..	191	..	2,049	801
April	692	432	302	145	13	..	8	..	4	..	423	149	100	38	..	..	..	..	..	..	184	..	1,726	766
May	755	565	346	136	22	..	10	..	4	..	366	102	146	32	..	..	..	..	..	..	175	..	1,829	833
June	917	539	357	129	33	..	12	..	7	..	301	70	101	32	..	..	..	..	..	..	207	..	1,938	772
July	1,318	802	435	155	43	3	26	..	7	..	184	55	81	20	..	..	..	..	..	..	229	..	2,324	1,037
August	1,076	784	294	117	26	2	16	..	2	..	73	20	61	30	..	..	..	..	..	..	207	..	1,756	953
September	1,735	1,028	508	96	38	1	30	1	2	..	33	7	56	27	..	..	..	..	..	..	227	..	2,632	1,162
October	2,131	1,498	643	247	53	1	41	..	9	..	51	1	53	19	..	..	..	..	..	..	244	..	3,227	1,766
November	2,312	1,990	508	225	51	3	24	..	8	..	40	..	61	1	..	..	..	..	..	..	255	..	3,262	2,219
December	1,937	1,747	491	178	43	..	25	..	5	..	38	..	66	30	..	..	..	..	..	..	230	..	2,835	1,957
Totals	15,010	10,884	5,076	1,778	399	19	238	1	58	1	3,400	959	1,044	272	4	4	5	11	2,501	12	2,501	12	27,746	13,925	

DISCHARGES.																									
MONTH.	Scarlet.		Diphtheria.		Diphtheria bacteriological.		Enteric.		Puerperal.		Measles.		Whooping cough.		Typhus.		Cerebro-spinal fever.		Poliomylitis.		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.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.	Recovered.	To other hospitals of the Board.
January	1,129	592	414	119	26	5	13	..	3	..	521	170	72	16	..	..	..	..	..	..	147	..	2,325	902
February	761	453	330	106	20	1	9	..	3	..	508	192	54	1	..	..	..	..	..	..	186	..	1,871	755
March	820	454	410	125	31	3	14	..	2	..	536	193	112	26	..	..	..	..	..	..	157	..	2,082	801
April	767	432	322	145	29	..	7	..	3	..	531	149	78	38	..	..	..	..	..	..	193	..	1,930	766
May	671	565	345	136	14	..	13	..	3	..	504	102	114	32	..	..	..	..	..	..	177	..	1,842	835
June	714	539	322	129	20	2	10	..	6	..	350	70	102	32	..	..	..	..	..	..	181	..	1,708	772
July	836	802	338	155	40	3	11	..	7	..	344	55	100	20	..	..	..	..	..	..	211	..	1,889	1,037
August	1,008	784	363	117	42	2	18	..	3	..	198	20	96	30	..	..	..	..	..	..	205	..	1,934	953
September	1,170	1,028	337	96	29	1	13	1	3	..	96	7	67	27	..	..	..	..	..	..	195	..	1,912	1,162
October	1,335	1,498	390	247	49	1	15	..	1	..	56	1	69	19	..	..	..	..	..	..	241	..	2,158	1,766
November	1,755	1,990	477	225	46	3	28	..	4	..	47	..	60	1	..	..	..	..	..	..	250	..	2,668	2,219
December	2,033	1,747	499	178	56	..	30	..	4	..	45	..	37	30	..	..	..	..	..	..	242	..	2,948	1,957
Totals	12,999	10,884	4,547	1,778	402	19	181	1	42	1	3,736	959	961	272	4	4	2	8	2,385	12	2,385	12	25,207	13,925	

admissions, transfers, discharges, and deaths during 1913.

DEATHS.												
MONTH.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Polio-myelitis.	Other diseases.	Totals.
January	..	27	..	4	1	58	11	..	..	..	10	133
February	..	28	..	4	..	66	18	..	..	..	9	142
March	..	33	..	1	2	88	15	..	1	..	14	167
April	..	26	1	1	1	83	16	..	..	..	6	148
May	..	25	..	2	1	54	24	..	1	..	9	127
June	..	29	1	..	2	26	12	..	1	..	7	89
July	..	20	..	4	1	25	13	..	..	..	5	80
August	..	18	..	5	..	10	7	..	..	..	8	67
September	..	22	..	2	3	7	6	..	..	..	13	64
October	..	35	..	5	..	3	6	..	..	..	6	66
November	..	32	..	4	7	5	5	..	..	..	8	73
December	..	35	..	5	1	3	4	..	..	..	16	87
Totals	176	330	2	37	19	428	137	..	3	..	111	1,243

MORTALITIES PER CENT.*												
MONTH.	Scarlet.	Diphtheria.	Diphtheria bacteriological.	Enteric.	Puerperal.	Measles.	Whooping cough.	Typhus.	Cerebro-spinal fever.	Polio-myelitis.	Other diseases.	Total.
January	2.24	6.19	..	20.51	33.33	9.93	10.58	..	..	..	6.13	5.78
February	2.33	7.88	..	34.78	..	10.80	21.43	..	..	..	4.76	7.07
March	1.76	7.76	..	6.90	40.00	13.77	13.33	..	66.66	..	7.73	7.77
April	1.90	8.00	4.65	12.50	25.00	16.00	16.49	..	..	..	3.13	7.78
May	1.53	6.98	..	16.00	25.00	11.69	16.90	..	66.66	..	4.99	6.69
June	1.34	8.19	3.70	..	26.67	7.68	11.16	..	100.00	..	3.54	4.77
July	1.11	5.04	..	19.51	13.33	9.04	13.40	..	..	..	2.25	3.73
August	1.81	5.33	..	25.64	..	7.12	8.54	..	..	..	3.81	3.57
September	0.75	5.07	..	8.89	75.00	10.29	9.30	..	..	..	5.98	2.78
October	0.63	6.55	..	16.39	..	5.45	9.38	..	..	..	2.44	2.42
November	0.59	6.29	..	14.29	73.68	10.87	7.94	..	..	..	3.12	2.43
December	1.15	6.83	..	16.67	23.00	6.98	7.48	..	..	..	6.56	2.96
Totals	1.25	6.63	0.50	16.23	31.93	11.32	12.79	..	60.00	..	4.44	4.58

* See footnote in Table I.

For Table III., see p. 140.

FEVER STATISTICS.—TABLE IV.—Scarlet fever admissions and deaths during 1913, divided according to age and sex.

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						NORTH-WESTERN HOSPITAL.						WESTERN HOSPITAL.						SOUTH-WESTERN HOSPITAL.																		
	Males.			Fe-males.			Males.			Fe-males.			Males.			Fe-males.			Males.			Fe-males.			Males.			Fe-males.															
	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.	Admitted.	Died.	Total.																
Under 1	1	1	2	5	14	15	10	2	5	15	8	1	11	1	8	3	3	6	3	3	6	3	3	6	3	3	6																
1 to 2	37	30	67	39	64	103	21	1	22	42	6	6	30	3	42	15	1	16	15	1	16	1	1	2	15	1	16																
2 to 3	55	56	111	80	146	257	38	1	39	84	5	3	56	3	84	37	2	39	37	2	39	1	1	2	37	2	39																
3 to 4	68	78	146	93	200	349	51	3	54	112	5	5	73	3	112	39	1	40	39	1	40	1	1	2	39	1	40																
4 to 5	72	79	151	124	228	352	51	5	56	108	8	7	106	3	113	39	1	40	39	1	40	1	1	2	39	1	40																
5 to 10	246	255	501	450	851	1301	309	3	312	621	4	4	820	3	823	152	3	155	152	3	155	1	1	2	152	3	155																
10 to 15	79	110	189	201	375	574	147	18	165	334	13	13	301	1	302	30	1	31	30	1	31	1	1	2	30	1	31																
15 to 20	24	28	52	47	100	147	38	1	39	78	5	5	94	1	95	17	1	18	17	1	18	1	1	2	17	1	18																
20 to 25	11	13	24	23	38	61	21	1	22	52	2	2	49	1	50	10	1	11	10	1	11	1	1	2	10	1	11																
25 to 30	7	13	20	20	28	48	9	1	10	19	1	1	37	1	38	8	1	9	8	1	9	1	1	2	8	1	9																
30 to 35	2	4	6	5	10	15	6	1	7	13	4	4	15	1	16	3	1	4	3	1	4	1	1	2	3	1	4																
35 to 40	1	3	4	3	6	9	5	1	6	11	4	4	8	1	9	2	1	3	2	1	3	1	1	2	2	1	3																
40 to 45	1	1	2	1	2	3	2	1	3	5	7	7	7	3	10	1	1	2	1	1	2	1	1	2	1	1	2																
45 to 50	1	1	2	1	2	3	1	1	2	3	3	3	3	6	6	1	1	2	1	1	2	1	1	2	1	1	2																
50 to 55	1	1	2	1	2	3	1	1	2	3	3	3	3	6	6	1	1	2	1	1	2	1	1	2	1	1	2																
55 to 60	1	1	2	1	2	3	1	1	2	3	3	3	3	6	6	1	1	2	1	1	2	1	1	2	1	1	2																
And upwards	1	1	2	1	2	3	1	1	2	3	3	3	3	6	6	1	1	2	1	1	2	1	1	2	1	1	2																
Totals	604	7709	51313	952	121097	92049	708	9	880	11588	20	979	20	1410	12	2389	32	640	8	728	7	1368	15	8	230	22	252																
DEATHS AT THE CONVALESCENT HOSPITALS.																																											
														Northern.				Southern.				Joyce Green.				Total.																	
														Males.		Fe-males.		Males.		Fe-males.		Males.		Fe-males.		Males.		Fe-males.		Males.		Fe-males.		Males.		Fe-males.							
														48		6		46		2		230		22		203		11		433		33		8		8							
														3		418		15		445		14		863		27		55		1183		30		1		1		1					
														1		592		15		591		16		1375		17		1		1375		17		1		1		1					
														1		625		8		750		10		1375		17		1		1375		17		1		1		1					
														3		2926		25		3611		19		6537		41		5		32926		25		19		6537		41		5			
														1214		11067		4		2881		5		3571		1		415		1		155		217		372		3		3			
														155		217		372		3		3		89		3		171		290		3		3		3		3		3			
														50		1		77		1		127		2		55		34		17		17		17		17		17		17			
														6		10		16		4		6		2		1		1		6		10		16		4		6		2			
														2		4		6		1		1		1		1		1		2		4		6		1		1		1			
														1		1		2		1		1		1		1		1		1		1		1		1		1		1			
														867		55		98		8255		78		15010		168		8		867		55		98		8255		78		15010		168	

NOTE.—There were two direct admissions at the Northern Hospital, females, ages 5 to 10 and 15 to 20, and these are included in the summary.

FEVER STATISTICS—TABLE V.—*Diphtheria* (excluding bacteriological cases).
Admissions and deaths during 1913, divided according to age or sex.

AGES.	EASTERN HOSPITAL.					NORTH-EASTERN HOSPITAL.					NORTH-WESTERN HOSPITAL.					WESTERN HOSPITAL.					SOUTH-WESTERN HOSPITAL.							
	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.	Males.		Fe-males.		Total.			
	Admitted.	Died.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Died.	Admitted.	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		
Under 1 ..	1	4	1	122	1	16	7	2	9	13	1	18	4	31	15	7	14	6	21	9	5	1	4	0	1	1		
1 to 2 ..	25	3	29	37	8	3	11	4	31	13	4	17	10	40	4	14	18	2	32	4	12	2	22	5	27	5		
2 to 3 ..	19	2	21	52	3	4	7	7	4	25	3	28	4	70	7	32	24	2	56	2	22	4	18	2	40	6		
3 to 4 ..	26	4	30	50	3	5	8	5	95	49	46	95	7	100	9	51	49	100	9	30	3	30	5	55	5	5		
4 to 5 ..	28	3	31	73	5	3	8	2	81	44	37	81	3	100	7	38	41	79	7	34	3	30	3	64	6	6		
5 to 10 ..	53	3	56	147	19	14	33	7	335	144	131	335	14	399	7	99	7	243	13	89	3	97	4	186	7	7		
10 to 15 ..	13	11	24	39	1	8	9	1	118	32	31	63	1	27	2	27	2	48	1	16	1	32	1	48	1	1	1	
15 to 20 ..	2	0	2	14	1	0	1	1	51	20	3	23	1	8	0	8	17	25	3	1	0	7	1	12	1	1	1	
20 to 25 ..	1	0	1	13	0	5	5	8	26	3	23	26	2	2	0	2	23	17	25	0	4	0	7	11	11	11	11	
25 to 30 ..	1	0	1	2	0	1	1	2	7	6	7	13	0	6	0	6	9	9	15	0	1	0	8	0	8	0	8	0
30 to 35 ..	0	0	0	5	0	1	1	2	7	4	3	7	0	1	0	1	6	2	8	0	0	0	2	0	2	0	2	0
35 to 40 ..	0	0	0	4	0	2	2	4	4	1	3	4	0	1	0	1	1	3	3	0	0	0	2	0	2	0	2	0
40 to 45 ..	0	0	0	4	0	1	1	2	4	1	3	4	0	1	0	1	1	5	6	0	1	0	1	0	1	0	1	0
45 to 50 ..	0	0	0	2	0	1	1	2	1	0	2	1	0	1	0	1	1	1	1	0	1	0	1	0	1	0	1	0
50 to 55 ..	0	0	0	1	0	0	0	1	1	0	1	1	0	1	0	1	1	1	1	0	1	0	1	0	1	0	1	0
55 to 60 ..	0	0	0	0	0	0	0	0	3	0	3	0	0	1	0	1	1	1	1	0	1	0	1	0	1	0	1	0
And upwards ..	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1	1	1	1	0	1	0	1	0	1	0	1	0
Totals ..	169	16	185	413	33	219	20	231	20	355	16	500	25	855	41	289	28	398	19	687	47	219	16	247	17	466	33	
	GROVE HOSPITAL.					SOUTH-EASTERN HOSPITAL.					BROOK HOSPITAL.					SUMMARY.												
Under 1 ..	4	1	5	6	1	6	14	12	20	14	1	26	1	26	1	14	12	26	1	14	12	26	1	26	1	14	12	26
1 to 2 ..	15	3	18	23	4	15	4	19	47	5	23	4	36	7	23	3	26	4	29	7	23	3	26	4	29	7	23	
2 to 3 ..	15	1	16	26	1	16	1	17	80	8	37	2	57	7	37	5	40	3	43	6	37	5	40	3	43	6	37	
3 to 4 ..	21	4	25	46	7	37	3	40	75	5	40	3	80	6	40	3	40	3	43	6	37	5	40	3	43	6	37	
4 to 5 ..	39	2	41	74	5	42	2	44	73	7	44	3	76	7	44	3	47	4	51	7	44	3	47	4	51	7	44	
5 to 10 ..	114	4	118	254	12	122	4	126	290	14	81	12	381	26	122	12	134	14	148	26	122	12	134	14	148	26	122	
10 to 15 ..	30	1	31	56	1	35	60	95	73	5	72	5	145	5	72	5	77	5	82	5	72	5	77	5	82	5	72	
15 to 20 ..	11	7	18	18	1	19	24	43	19	19	6	25	19	44	6	20	13	33	19	44	6	20	13	33	19	44		
20 to 25 ..	3	3	6	7	1	8	8	16	12	4	4	8	12	20	4	8	12	20	4	8	12	20	4	8	12	20		
25 to 30 ..	1	0	1	3	0	3	5	8	8	3	3	5	8	8	3	5	8	8	8	3	3	5	8	8	8	3	3	
30 to 35 ..	1	0	1	4	0	4	5	9	7	3	3	5	7	10	3	3	5	7	10	3	3	5	7	10	3	3		
35 to 40 ..	1	0	1	8	0	8	2	10	8	3	3	4	6	11	3	3	4	6	11	3	3	4	6	11	3	3		
40 to 45 ..	1	0	1	21	0	22	1	23	1	1	1	2	3	4	1	1	2	3	4	1	1	2	3	4	1	1		
45 to 50 ..	1	0	1	1	0	1	1	2	1	1	1	2	3	4	1	1	2	3	4	1	1	2	3	4	1	1		
50 to 55 ..	1	0	1	1	0	1	1	2	1	1	1	2	3	4	1	1	2	3	4	1	1	2	3	4	1	1		
55 to 60 ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
And upwards ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Totals ..	257	16	273	532	31	340	19	411	27	751	46	451	26	471	33	922	59	2999	157	2777	173	5076	330	2999	157	2777	173	

FEVER STATISTICS.—TABLE IX.—*Typhus fever admissions and deaths during 1913, divided according to sex and age.*

AGES.	EASTERN HOSPITAL.							SOUTH-EASTERN HOSPITAL.						
	Males.		Females.		Total.			Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	Died.		
						Direct admissions.	Transferred cases.					Direct admissions.	Transferred cases.	
5 to 10	1	..	1	..	..
15 „ 20	1	..	1	..	..
20 „ 25	1	..	1	..	..
25 „ 30	1	..	1	..	..	..	..	..	..	..	..
Totals	1	..	1	..	..	..	..	3	..	3	..	..

TABLE X.—*Cerebro-spinal meningitis admissions and deaths during 1913, 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.	Died.			
						Direct admissions.	Transferred cases.					Direct admissions.	Transferred cases.		
5 to 10	1	1	1	1	..	
20 „ 25	1	1	
Totals	1	1	..	1	1	1	1	..	
	WESTERN HOSPITAL.							SOUTH-EASTERN HOSPITAL.							
	Males.		Females.		Total.			Males.		Females.		Total.			
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	Died.			
						Direct admissions.	Transferred cases.					Direct admissions.	Transferred cases.		
1 to 2	1	..	..	1	..	..	..	..	..	..	..
15 „ 20	1	1	1	1	..	
25 „ 30	1	1	1	1	
Totals	1	1	1	2	1	..	1	1	1	1	..

TABLE XI.—*Poliomyelitis admissions and deaths during 1913, divided according to age and sex.*

AGES.	EASTERN HOSPITAL.						NORTH-EASTERN HOSPITAL.						
	Males.		Females.		Total.		Males.		Females.		Total.		
	Admitted.	Died.	Admitted.	Died.	Admitted.	Died.		Admitted.	Died.	Admitted.	Died.	Died.	
						Direct admissions.	Transferred cases.					Direct admissions.	Transferred cases.
Under 1	1	..	..	..	1	..	..
1 to 2	1	..	1	..	..
2 „ 3	1	..	1	..	..
3 „ 4	1	..	1	..	..	1	..	1	..	..
4 „ 5	1	..	1	..	..	..	..	..	..	..
5 „ 10	1	..	1	..	..
Totals	2	..	2	..	1	..	4	..	5	..	..
	NORTH-WESTERN HOSPITAL.						GROVE HOSPITAL.						
4 to 5	1	..	1	..	..
5 „ 10	1	..	..	..	1	..	..
10 „ 15	1	..	1	..	..	..	1	..	1	..	..
Totals	1	..	1	..	1	..	2	..	3	..	..

F.

REPORT OF THE MEDICAL SUPERINTENDENT OF
THE SMALLPOX HOSPITALS FOR THE YEAR 1913.

No. 11.

JOYCE GREEN HOSPITAL.

Scarlet fever. During the year 1913, 1,582 patients with scarlet fever were transferred here from other hospitals. One died, 41 were transferred to other hospitals, 824 were discharged, and 716 remained under treatment at the end of the year.

Smallpox. Only one patient with smallpox was admitted to the hospital. The patient was a woman living in a riverside district, and very likely owed her infection to the Port, though the infecting case was never discovered. In addition, 8 patients certified for smallpox were received at South Wharf, but were found not to be so suffering. One, suffering from diphtheria, was transferred to the South-Eastern Hospital. The others were affected with the following disorders: chickenpox 4, measles 1, erythema 1, rheumatism 1.

Except for a short but alarming outbreak in 1911, we have had no smallpox to speak of for quite a number of years. Records of one case in a year, or thereabouts, have become a standing feature these latter days. Are they going to last? Are there to be no more epidemics? People often answer yes, and talk of improvements in sanitation. Yet there is little material difference in the sanitation of the metropolis now and fifteen years ago; and the fact remains that sanitation, in the ordinary sense, has nothing at all to do with the spread of smallpox. The only insanitary conditions which affect that are overcrowding and bad ventilation.

Those are nearer the mark who point to the superior efficacy of the methods of dealing with small outbreaks and sporadic cases. The health authorities are more on the alert, and are more relentless in the pursuit of contacts and suspects. There is that difference, no doubt, and the difference must affect the results. Yet there is no doubt also that that is not all the story—for London, at all events. I notice a great difference between the last decade and the preceding. In the nineties, certainly, outbreaks of smallpox were more frequent, and sometimes attained considerable proportions. What seems to have escaped attention, however, is that sporadic cases were very much more frequent also. In those days smallpox was constantly being introduced into London, generally through the Port. To my mind the remarkable difference between those days and these is not that smallpox gets stamped out so very much more quickly, when introduced and recognised, but rather that it so seldom gets introduced at all. Smallpox comes to the Port, I believe, very much as of yore, but it less often gets through.

Twenty years ago I used to write in these reports and bewail the general lack of skill in telling smallpox. I believe there has been a general improvement to which our present immunity is partly due. But that immunity, I think, is due still more to the lucky circumstance that for several years London has been served by two municipal officers, trained in the Board's service, who possess a skill in diagnosis almost unique. One serves the County, the other the Port, and together they form a barrier, all but impregnable, against which smallpox now beats in vain.

It will get through some day, and the Board cannot afford to be unprepared; but, under present circumstances, to maintain these huge establishments solely for smallpox seems to be an indefensible extravagance. Accordingly, the Board is now putting into practice a policy advised by Sir Arthur Downes, of the Local Government Board. About 340 beds on the river bank are being reserved for smallpox only. That establishment consists of a smaller nucleus, the Pier Buildings, and a larger extension, the whole forming the Long Reach Hospital. In case smallpox assumed such proportions that the 340 beds of the Long Reach Hospital threatened to be inadequate, the Joyce Green Hospital, containing about 900 beds, would be diverted from whatever use it had been put to and used as supplementary accommodation for smallpox.

This plan, while making ample provision for smallpox, sets free, at all ordinary times, the Joyce Green Hospital for other purposes. The Board has, in fact, resolved to add that hospital to the list of ordinary accommodation for fever, and last autumn it was so brought into use. The great advantage of fever as the alternative to smallpox is that smallpox is most apt to be prevalent when fever is not most prevalent, that is to say, at a time of the year when the closing of Joyce Green for fever would occasion least dislocation to the Board's service.

**Use of Joyce
Green Hospital
for fever.**

It was in October when, the Board's liabilities having overtaken its immediate resources, the hospital, which had been empty of patients for a considerable time, was opened for fever in something of a hurry. I suppose I have had more experience in opening hospitals in a hurry than any man in the kingdom. The practice has its drawbacks, though monotony is not one of them. At all events, I thought I knew the best and the worst of it. I was mistaken. A change had occurred. It is never easy, under such conditions, to obtain and organise a staff fast enough to keep pace with the requirements. That is one of the allurements of the pursuit. Now, for the first time, I found that a staff—a female staff—was not, in fact, scarce to get, but was not to be got. There was a shortage alike of nurses and domestics. As I write, after the place has been open for close on six months and with not two-thirds of the beds occupied, the nursing staff has to be supplemented by a little army of institution nurses, hired at great expense, and the domestic staff, until recently, by a number of charwomen. What would have been the position this winter with a smallpox epidemic? In 1902, after the smallpox epidemic had been running for six months, the Board had to provide for about 1,500 cases, or about 1,000 more than I have got here now. It is to be remembered that this scarcity of women available for hospital work is not a transient feature or peculiar to London. It results from natural causes. More attractive terms may effect some improvement, but there will be no getting back. It would seem that the day of the emergency hospital is done.

Looked at from that point of view, the plan of using Joyce Green for fever possesses unforeseen advantages. To keep the hospital shut would mean that some day, when smallpox is really upon us, we should be landed in a morass. Keep it open and we shall always have a staff available for smallpox purposes.

The idea of smallpox would become familiar to the fever staff owing to the reception of occasional cases of smallpox at Long Reach, so that probably there would be little difficulty in the transition.

* * * * *

It is certain that a good deal of the danger which arises under epidemic conditions comes from the hastily organised, untrained, and more or less unreliable staff which has to be got together for the emergency. The value of a large, ready-made staff previously on the spot can hardly be over-estimated.

To keep Joyce Green closed in the future would be bad policy, but I can conceive of a worse, namely, to open and close it to meet the shifting requirements of fever.

I do not suppose Sir Arthur Downes contemplated such an interpretation of his proposal, though I must say that, until recently, I should not myself have seen any fatal objection to it. I have seen reason to change my opinion and I think I ought to say that, as it seems to me, it is no longer open to the Board to adopt such a course if due regard is to be had to the safety of the public. Joyce Green, I fear, must either be kept open or kept closed.

* * * * *

The only way in which fever patients acutely ill can be received is, like smallpox patients, by way of the river ambulance service. There is no medical reason why they should not be. The hospital was used in that way for fever in 1907, the patients being admitted at North Wharf. Last year many fever patients, acutely ill, were transferred from the South-Eastern, and some from the Eastern Hospital. Smallpox patients, in point of fact, bear fatigue worse than any other class of patients received into the Board's hospitals.

* * * * *

Land ambulances, motor ambulances especially, are objectionable necessities—desperate expedient to be avoided when anything else offers. It was to do away with some of the evil of them that the Royal Commission of 1882 recommended transport by water.* It is remarkable, therefore, to hear expressed, as I have sometimes done of late, the view that the objection to sending any but convalescent patients to Joyce Green Hospital lies, not in the road, but in the river. It is a matter there can be no debate about. It is open to observation that patients arrive at the wharf fatigued by the land journey and arrive at Long Reach refreshed by the river. A similar comparison may be made, I believe, with the convalescent patients sent by road to the Southern Hospital. The only other objection that I have heard urged against the river route is that the patients may suffer from exposure and thereby become more liable to such complications as albuminuria and nephritis. They are not exposed. Besides, the statement can be tested by statistical evidence and there is no foundation for it.

If the Joyce Green Hospital lay on the river bank, all that would need to be considered in estimating the fatigues of the journey from the patient's home would be the distance to the wharf of embarkation. But Joyce Green is nearly a mile from the river and there is another journey to be made this end. Happily the tramway connecting the pier at Long Reach with the Joyce Green Hospital and the ambulance tramcars, which were specially designed for this purpose, provide a means of conveyance almost as smooth and easy as the river itself.

* "You could go a considerable distance by water, and, as I have stated, to jar the patients over the roads in an ambulance, even for a moderate distance, is very dangerous. . . . To move patients in an ambulance over a road is one thing; to move them over a smooth surface like water is another thing."—Sir WILLIAM JENNER.

As long as we keep road ambulances off our lines of communications there will be very little disadvantage attaching to the inland position of the hospital.

The only real objection which exists at present to receiving patients acutely ill is that the facilities at North Wharf are imperfect. Besides, South Wharf, now the smallpox wharf, is the administrative centre of the river service, and there is a great objection to the administration of a fever branch from a smallpox centre. All difficulties will be removed when the position is reversed, which may be done as soon as certain alterations are made at North Wharf to adapt it for smallpox purposes.

(Signed)

T. F. RICKETTS,

Medical superintendent.

APPENDIX II.—IMBECILITY.

A.

REPORTS OF THE MEDICAL SUPERINTENDENTS OF
THE IMBECILE ASYLUMS FOR THE YEAR 1913.

No. 1.

TOOTING BEC ASYLUM.

Statistics. The following is a brief summary of the statistics for the year 1913 :—

	<i>M.</i>	<i>F.</i>	<i>T.</i>
Remaining 1 January, 1913	456	566	1,022
Admitted during the year	267	329	596
Discharged to other asylums of the Board..	84	176	260
Discharged to other asylums not under the Board	8	15	23
Discharged not insane	—	1	1
Discharged recovered	4	2	6
Discharged relieved	2	—	2
Discharged not improved	8	12	20
Died	173	145	318

Admissions. There continues to be no improvement in the type of patient sent to this asylum, as the majority of the admissions for the year are those of senile decay.

Deaths. During the year the deaths have numbered 318. The percentage of those resident on the male side is 38·3, and on the female side 25·7. Post-mortem examinations have been made in 267 cases. The average age of those dying on the male side is 70, and on the female side 70.

Out of the total number of deaths, 133 have been resident less than one year—79 males and 54 females.

Amongst the main causes of death may be enumerated the following :—

Pneumonia	37
Cancer	4
Phthisis	10
General paralysis	2
Chronic heart disease	28
Senile decay	193

Restraint. No restraint has been employed during the year.

Seclusion. During the year 3 females have been secluded on 4 occasions, for a total period of 24 hours 5 minutes.

Visit of Commissioners in Lunacy. The Commissioners in Lunacy visited the asylum on 24 January, and their report will be found on reference to the index.

I am pleased to be able to report that the general conduct of the staff has been excellent.

Medical statistics. I have again the pleasure of submitting the tables drawn up by the Medico-Psychological Association.

TOOTING BEC RECEIVING HOME.

Statistics.

	<i>M.</i>	<i>F.</i>	<i>T.</i>
Remaining 1 January, 1913	41	19	60
Admitted during the year	151	67	218
Discharged not improved	16	4	20
Discharged to other asylums of the Board..	126	65	191
Died	8	1	9

(Signed) E. H. BERESFORD,
Medical superintendent.

No. 2.

LEAVESDEN ASYLUM.

I beg to submit the annual report for the year 1913.

Statistics.

	<i>M.</i>	<i>F.</i>	<i>T.</i>
On January 1st, 1913, the asylum contained ...	964	1,107	2,071
Admitted during the year	107	179	286
Died during the year	54	143	197
Discharged during the year	25	34	59
Remaining on December 31st, 1913	992	1,109	2,101
Vacancies on December 31st, 1913	15	78	93

Admissions. Nearly all the patients admitted were helpless, and the institution yearly becomes more of an infirmary.

Discharges. Of these, 9 were discharged to the guardians, 6 were transferred to sister metropolitan asylums, and 44 were sent to London City and County Council asylums as dangerous to themselves or others.

Deaths. There were 158 *post-mortem* examinations, this representing 80.2 per cent. of the deaths. Since 1901 this percentage has never hitherto been below 90. Among the chief causes of death were pneumonia (65), senile decay (62), tuberculosis (59, or a tubercular percentage death-rate on the average number of patients resident of 2.9), valvular disease of heart (12), dysentery (10), chronic nephritis (9), and carcinoma (7).

Accidents and inquests. There were 14 non-fatal accidents and 2 inquests. Full reports were laid before the sub-committee respecting each of these cases, and there is nothing worthy of comment here.

General remarks.

Excluding relapses, there have been 55 cases of diarrhoea among the patients and staff, of which 24 were cases of dysentery. In 6 cases dysentery was the principal, and in 4 cases the contributory cause of death. Eighty-five members of the staff, on sick leave, were certified as suffering from influenza, but the patients were unaffected. One female patient had enteric fever. Two male and 3 female patients had erysipelas in a mild form during the year, but in no case was it a cause of death. On 31 December, 1913, there were 148 cases under segregation and treatment for ophthalmia of various kinds. On the female side the trachomas (33) are separated from the other ophthalmia cases (49). On the male side the trachomas (17) are housed away from the other cases (49) in the isolation hospital, but this arrangement is only make-shift. Mr. Macnab's services, as ophthalmic surgeon, are of great use and much appreciated. There has been no necessity during 1913 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 of submitting my annual report for the year ending 31 December, 1913, together with the statistical tables.

The changes which occurred among the patients were as follows:—

		<i>M.</i>	<i>F.</i>	<i>T.</i>
On the register 1 January, 1913	..	946	1,091	2,037
Admitted during the year	..	73	77	150
		<hr/>	<hr/>	<hr/>
Total under treatment	..	1,019	1,168	2,187
		<hr/>	<hr/>	<hr/>
		<i>M.</i>	<i>F.</i>	<i>T.</i>
Discharged	..	19	7	26
Escaped	..	1	—	1
Died	..	80	82	162
				<hr/>
		100	89	189
		<hr/>	<hr/>	<hr/>
On the register 31 December, 1913	..	919	1,079	1,998
		<hr/>	<hr/>	<hr/>
Average daily number resident	..	932	1,082	2,014
		<hr/>	<hr/>	<hr/>

Admissions. The mental and bodily condition of those patients received during the past as in previous years was generally unsatisfactory, and the consequent accumulation of so many aged feeble people and quite helpless unimprovable congenital cases adds greatly to the difficulties of administration, as very few are now admitted able even in a minor degree to render any assistance. The duties of the attendants and nurses are becoming most arduous and uninteresting, and I feel sure that the general upkeep of the wards will eventually suffer.

Discharges. The discharges numbered 26 (19 male and 7 female) patients. Of these 14 were re-certified as suicidal or dangerous and were sent to London county asylums, 6 were discharged, 4 as improved to the care of friends, and 2 females to other asylums under the Board. A male

patient, the subject of delusional insanity, admitted from a London county asylum, escaped in May last. I was informed that at the end of the statutory period he entered the workhouse and was sent back to Claybury Asylum.

Deaths. The deaths, which numbered 162 (80 male and 82 female), were the result of causes common among the insane and general population. In 23 patients, pulmonary tuberculosis was the cause of death; in 31, cardiac disease, in most cases due to senile degeneration; and it is satisfactory to be able to record that in only 3 instances (2 male and 1 female) was the death attributed to ulcerative colitis.

Casualties and inquest. There were 8 accidents involving fractures of bones. All did well with the exception of R. H., a feeble old woman, who died within a month, and upon whose body the coroner for the district held an inquest.

Restraint and seclusion. During the past year it has not been necessary to resort to either mechanical restraint or seclusion in the treatment of the patients.

Administrative history. The general health, both of staff and patients, has not been so satisfactory as in previous years. A male attendant early in the year was the subject of enteric fever, and six nurses had to be removed to fever hospitals under the Board, having contracted scarlatina. The origin and cause of these cases were most carefully investigated at the time, but as there was no apparent connection, all the nurses being engaged in different wards, it was impossible to arrive at any definite conclusion. I regret to have to report the prolonged illness of the matron, who after much suffering underwent a serious operation in October last; although she has experienced great relief, progress is slow, and she is still absent. I have also with regret to record the death of a male attendant from pulmonary tuberculosis after being incapacitated for some months.

The sanitary condition of the asylum is generally in a satisfactory state. In this connection I am pleased to report that in November last, after analysis of the water from the deep well, Dr. Houston informed me that "whereas the untreated sample contained typical *B. coli* in 100 c.c., none of the seven treated samples contained any *B. coli* of any kind in 100 c.c. of water—a most satisfactory result." The treatment had been carried out in accordance with his instructions.

The wards on each side allotted for the segregation and treatment of patients suffering from tuberculosis, diarrhoea, and ophthalmia continue to be used with distinct advantage, and the services of Mr. Angus Macnab have been both beneficial and greatly appreciated by those patients he has treated.

The farm. The returns for the year show a general improvement, but would have been better had it not been for light crops and shortage of grass due to the dry spring. The cost for the cows was very materially increased in consequence, as it was necessary to resort to artificial feeding. The land has been thoroughly and carefully cultivated and should be in a much better condition than formerly.

Works. The following additions, alterations, or improvements have been completed or are in progress:—

Mechanical appliances driven by steam have been installed in the general kitchen.

The kitchen at the nurses' home has been enlarged, a new larder built, and an entirely new hot-water apparatus provided.

The providing of a suitable room and apparatus, to afford facilities for pathological research, is receiving consideration. If approved, it would encourage investigation, and tend to make the work of the assistant medical officers much more interesting.

To improve the ventilation, three sash windows are to be fixed on each side of the wards occupied by female patients suffering from tuberculosis and diarrhoea, and arrangements are being made so that six windows on each floor of male F block may be opened in a similar manner.

The staff. The conduct of the staff has generally been most satisfactory. With the reduction of hours to 70 per week for day and 60 per week for night, taken over a fortnight, an increase was absolutely necessary, and authority was given in June for the engagement of 10 additional male attendants and 12 nurses.

* * * * *

(Signed) P. E. CAMPBELL, M.B.,
Medical superintendent.

No. 4.

DARENTH INDUSTRIAL COLONY.

During the year 1913 the most noteworthy event in the history of the Darenth Industrial Colony and the Bridge Home was the severance by Dr. Rotherham, on his appointment as a Commissioner of the Board of Control, of his connection with the two institutions. The Managers have placed on record their appreciation of the services rendered by Dr. Rotherham in the development of the industrial training of mentally defective persons.

As it was not until 18 December, 1913, that I began duty as medical superintendent I am not in a position to deal very fully with the working of the colony or the home. I submit, therefore, the customary statistical information without special comment.

IMBECILE PATIENTS.

Statistics.	Males.	Females.	Total.
On 1 January, 1913, the colony contained ..	796	738	1,534
Admitted during the year	112	63	175
Total number under treatment during the year ..	908	801	1,709
Discharged and transferred during the year ..	52	59	111
Died during the year	5	15	20
Remaining in the colony on 31 December, 1913	851	727	1,578

Admissions. Of the admissions, all were transferred from Tooting Bee Asylum, with the exception of 5 males and 10 females from the feeble-minded section of this colony.

Discharges. Three males and 7 females were discharged to their friends (1 male being discharged as recovered), 2 males and 1 female to the workhouse, 2 males and 2 females were sent to acute asylums, 2 males were transferred to the feeble-minded section of this colony, 22 males to Leavesden Asylum, 21 males to Caterham Asylum, and 49 females to the Fountain Temporary Asylum.

Deaths. During the year there were 20 deaths, which is the lowest number ever recorded.

General health. The general health of the patients was good except that during the months of June, July, and August there were 6 male cases of scarlet fever, and in October 1 female patient was isolated, suffering from diphtheria.

FEEBLE-MINDED PATIENTS.

Statistics.	Males.	Females.	Total.
On 1 January, 1913, the colony contained ..	167	157	324
Admitted during the year	71	56	127
Total number under treatment during the year ..	238	213	451
Discharged during the year	8	13	21
Died during the year	1	1	2
Remaining in the colony on 31 December, 1913 ..	229	199	428

Admissions. Of the admissions, all were received direct from the guardians, with the exception of 1 male from Bridge Industrial Home and 2 males from the imbecile section of this colony.

Discharges. Two males and 2 females were discharged to their friends, 1 male and 1 female to the workhouse, and 5 males and 10 females were transferred to the imbecile section of this colony.

Deaths. During the year there were 2 deaths (1 male and 1 female).

General health. The general health of the patients was good, except that from April to October several female patients were in isolation suffering from scarlet fever.

Industrial colony. The following shows how the patients are employed :—

Industry.	Imbeciles.		Feeble-minded.	
	Male.	Female.	Male.	Female.
Ward work	45	101	19	14
Kitchens	7	9	—	—
Printers	20	—	—	—
Tailors	50	—	19	—
Shoemakers	63	—	28	—
Upholsterers	35	—	—	—
Basketmakers	21	—	—	—
Mat and rug makers	33	—	—	—
Brushmakers	51	39	—	—
Woodchoppers	37	—	—	—
Painters	15	—	1	—
Carpenters	25	—	—	—
Tinsmiths	7	—	—	—
Bookbinders	31	21	—	—
Stokers.. .. .	2	—	—	—
Handymen, etc.	10	—	1	—
Stores	5	—	—	—
Farm and garden	—	—	45	—
Carts	18	—	—	—
Odd jobs	27	—	—	—
Bricklayers	2	—	8	—
Road makers	8	—	—	—
Mattress makers	—	31	—	—
Needlework	—	311	—	54
Knitting and fancy work	—	—	—	24
Laundry	—	—	—	48
Total	512	512	121	140

Profit and loss account for year ended Michaelmas, 1913.

<i>Dr.</i>			NEEDLEROOM ACCOUNT.			<i>Cr.</i>		
	£	s. d.		£	s. d.		£	s. d.
Value of stock brought forward	2,710	5 6		Value of goods disposed of and repairs	5,693	8 6		
„ „ new stock	4,621	7 2		Value of stock in hand	2,431	3 2		
Wages, rations and C.S. expenses	595	13 2						
Balance	197	5 10						
	<u>£8,124 11 8</u>				<u>£8,124 11 8</u>			

<i>Dr.</i>			SHOEMAKER'S ACCOUNT.			<i>Cr.</i>		
	£	s. d.		£	s. d.		£	s. d.
Value of stock brought forward	82	4 0		Value of repairs and goods disposed of	1,441	13 0		
„ „ new stock	1,232	11 1		Value of stock in hand	224	15 9		
Wages, rations and C.S. expenses	285	16 9						
Balance	65	16 11						
	<u>£1,666 8 9</u>				<u>£1,666 8 9</u>			

<i>Dr.</i>			TAILOR'S ACCOUNT.			<i>Cr.</i>		
	£	s. d.		£	s. d.		£	s. d.
Value of stock brought forward	171	0 2		Value of repairs and goods disposed of	1,147	1 0		
„ „ new stock	739	3 1		Value of stock in hand	281	14 6		
Wages, rations and C.S. expenses	173	4 10						
Balance	345	7 5						
	<u>£1,428 15 6</u>				<u>£1,428 15 6</u>			

<i>Dr.</i>			UPHOLSTERER'S ACCOUNT.			<i>Cr.</i>		
	£	s. d.		£	s. d.		£	s. d.
Value of stock brought forward	697	8 7		Value of repairs and goods disposed of	1,880	19 9		
„ „ new stock	900	17 0		Value of stock in hand	492	7 8		
Wages, rations and C.S. expenses	213	15 11						
Balance	561	5 11						
	<u>£2,373 7 5</u>				<u>£2,373 7 5</u>			

<i>Dr.</i>			BRUSH ACCOUNT.			<i>Cr.</i>		
	£	s. d.		£	s. d.		£	s. d.
Value of stock brought forward	1,461	16 11		Value of repairs and goods disposed of	1,428	1 8		
„ „ new stock	777	14 0		Value of stock in hand	1,257	7 7		
Wages, rations and C.S. expenses	127	4 3						
Balance	318	14 1						
	<u>£2,685 9 3</u>				<u>£2,685 9 3</u>			

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<i>Dr.</i>	BASKET ACCOUNT.			<i>Cr.</i>			
	£	s.	d.				
Value of stock brought forward	144	11	4	Value of repairs and goods disposed of	286	6	6
„ „ new stock	173	5	5	Value of stock in hand	218	5	0
Rations and wages	67	3	7				
Balance	119	11	2				
	<u>£504 11 6</u>				<u>£504 11 6</u>		

<i>Dr.</i>	WOODCHOPPING ACCOUNT.			<i>Cr.</i>			
	£	s.	d.				
Value of stock brought forward	346	1	5	Value of goods disposed of	528	11	7
„ „ new stock	258	13	0	„ „ stock in hand	160	10	8
Rations and wages	64	7	3				
Balance	20	0	7				
	<u>£689 2 3</u>				<u>£689 2 3</u>		

<i>Dr.</i>	MAT AND RUG ACCOUNT.			<i>Cr.</i>			
	£	s.	d.				
Value of stock brought forward	216	5	2	Value of repairs and goods disposed of	255	10	0
„ „ new stock	191	5	10	Value of stock in hand	244	7	1
Wages, rations and C.S. expenses	60	0	2				
Balance	32	5	11				
	<u>£499 17 1</u>				<u>£499 17 1</u>		

<i>Dr.</i>	TINSMITH'S ACCOUNT.			<i>Cr.</i>			
	£	s.	d.				
Value of stock brought forward	142	14	10	Value of repairs and goods disposed of	174	10	1
„ „ new stock	133	6	3	Value of stock in hand	166	17	0
Wages, rations and C.S. expenses	45	6	9				
Balance	19	19	3				
	<u>£341 7 1</u>				<u>£341 7 1</u>		

<i>Dr.</i>	PAINTER'S ACCOUNT.			<i>Cr.</i>			
	£	s.	d.				
Value of stock brought forward	39	5	8	Value of work done	293	9	3
„ „ new stock	69	8	8	„ „ stock in hand	58	4	9
Wages and rations	72	19	1				
Balance	170	0	7				
	<u>£351 14 0</u>				<u>£351 14 0</u>		

Dr.		CARPENTER'S ACCOUNT.		Cr.	
	£ s. d.		£ s. d.		
Value of stock brought forward	348 3 5	Value of repairs and goods dis-			
„ „ new stock	174 10 1	posed of	366 0 2		
Wages and rations	95 12 11	Value of stock in hand	329 2 4		
Balance	76 16 1				
	<u>£695 2 6</u>		<u>£695 2 6</u>		

Dr.		BOOKBINDER'S ACCOUNT.		Cr.	
	£ s. d.		£ s. d.		
Value of stock brought forward	205 1 9	Value of goods disposed of ..	488 2 8		
„ „ new stock	330 19 2	„ „ stock in hand	230 8 5		
Rations, wages and C.S. expenses	94 6 7				
Balance	88 3 7				
	<u>£718 11 1</u>		<u>£718 11 1</u>		

Dr.		PRINTER'S ACCOUNT.		Cr.	
	£ s. d.		£ s. d.		
Value of stock brought forward	55 8 6	Value of goods disposed of ..	267 6 3		
„ „ new stock	170 11 0	„ „ stock in hand	84 11 4		
Rations, wages and C.S. expenses	62 15 11				
Balance	63 2 2				
	<u>£351 17 7</u>		<u>£351 17 7</u>		

These totals do not include the rent or maintenance of the shops. A correct proportion of the craftsman's salary is included. Patient labour is not charged.

Statistics of training school.

Imbecile patients.

	Males.	Females.	Total.
Number on school register on 1 January, 1913 ..	176	133	309
Number in shops on 1 January, 1913	90	30	120
Admitted during the year	64	41	105
Removed from register	16	35	51
Number on school register on 31 December, 1913	214	139	353
Number in shops on 31 December, 1913	100	30	130
Highest number attending school daily	209	135	344
Highest number attending shops daily	97	30	127

Feeble-minded patients.

	Males.	Females.	Total.
Number on school register on 1 January, 1913 ..	64	43	107
Admitted during the year	50	17	67
Removed from register	10	2	12
Number on school register on 31 December, 1913 ..	104	58	162
Highest number attending school daily	93	56	149

Training school.—The following table shows the number and value of articles made and sold during the year 1913:—

No.	Industry	No. of articles.	Value.		
			£	s.	d.
1	Basket work	125	4	5	1
2	Macramé work	155	12	1	8
3	Paper flower work	2,636	16	18	3
4	Ornamental paper work	25	1	3	0
5	Crochet work	138	14	6	8
6	Knitting	24	2	1	5
7	Cross stitch	11	0	7	11
8	Fancy needlework	38	2	3	4
9	Calico toys	292	6	17	11
10	Teneriffe lace and drawn thread	50	3	10	1
11	Rug work	1	0	15	0
12	Cane chair seating	34	1	14	0
13	Raffia work	13	0	9	3
14	Doll dressing	46	3	4	6
15	Apache bead work	60	1	13	1
		3,648	£71	11	2

Work done for the institution.

	No. of articles.
Needlework	1,331
Tailoring	36
Total	1,367

Farm.—On the year's working there was a favourable balance of £521 7s. 10d.

Value of goods made and disposed of, 7 years ending 1913:—

	£	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
1913 ..	14,251	0	5

In 1913, after deducting wages and emoluments of instructors and central stores charges, there was a favourable balance of £2,078.

Inspections.—During the year the colony was inspected by the following:—

8 January ..	Inspection by the Walsall and West Bromwich Unions Joint Committee.
15 July ..	Annual inspection by the Managers.
18 July ..	Inspection by the Commissioners in Lunacy.
23 July ..	Inspection by the Bradford Guardians.
5 September ..	Inspection by the Wilts Joint Poor Law Committee.
11 September ..	Inspection by the Fulham Guardians.
24 October ..	Inspection by the Staffs: Joint Poor Law Committee

Alterations and improvements :—

- Steward's offices moved to their new position in asylum stores.
- Shelter on boys' cricket ground opened as a workroom for looms, etc.
- Large hall in feeble-minded workshops has been equipped as a gymnasium.
- Extension of pavilion dormitories.
- Three settling tanks have been built for water softening, of a capacity of 110,000 gallons each.
- Yard of male workshops has been roofed in.
- The carpenter's shop has been extended.
- Two new mat-making looms have been obtained.
- Erection of wire fence round farm land in front of adult asylum.
- Re-laying and repairs to rainwater drains.
- Converting yard at schools into garden.
- Re-making and tarring roads.

Chaplain's report.—The chaplain reports as follows :—The results of my work during 1913 have been more encouraging than those of any former period during the 21 years I have been at this institution. There is greater intelligence and interest shown by the "colonists" in everything that appertains to my work than formerly was manifest. The feeble-minded children afford more opportunities for the development of the chaplain's work than the older type of patients.

The Bishop of Rochester visited the institution and held a confirmation service in the chapel on 25 February. Seventy-five candidates were presented and confirmed. This service was unique in the history of the institution, and marks a turning point in the chaplain's work.

Three regular services are held on Sundays for the adults, children and feeble-minded respectively. At each service the chapel is filled to the full extent of the seating accommodation. With the extension of the pavilions the chapel will soon become inadequate for the number of the feeble-minded "colonists." The need for providing increased accommodation is foreseen.

Regular monthly celebrations of the holy communion are held, both for the adults and feeble-minded respectively. The service for the latter is choral. Simplified settings of the music are used by the congregation. The congregational singing is a feature of all the services and is rapidly improving. The simplified form of service sanctioned by the Bishop of Rochester has been of great assistance to the congregation.

The Sunday school for children is carried on by members of the school staff, and is used as a means of preparation for the chapel services. I desire to express my thanks to the head mistress of the school and her assistants for their co-operation with me in my work.

Lantern services were held at Christmas time and Lent. The band of the feeble-minded boys played the music for their service, and has also assisted in the chapel services occasionally.

The choir and organist have given valuable aid in promoting the efficiency of the services. I should be glad if the desirability of the recognition of this assistance might be considered in some form as is done in other places. Music has been proved to be a great help in relieving the dulness which the monotony of the routine of an institution tends to promote.

Regular cricket and football matches for boys with outside teams have been held throughout the year, while the gramophone for the smaller children has helped to brighten the winter evenings in the homes. The visiting of the different workshops and homes is systematically carried out. Such work fosters confidence between the chaplain and his people, and helps towards mutual knowledge of each other.

(Signed) E. B. SHERLOCK,
Medical superintendent.

No. 5.

BRIDGE INDUSTRIAL HOME, WITHAM.

ANNUAL REPORT OF THE MENTAL SPECIALIST FOR THE YEAR 1913.

Statistics.

Inmates on 1 January, 1913	..	..	..	..	114
Admitted during the year	..	..	..	..	8
Discharged to the guardians	..	..	..	..	2
Transferred	..	..	..	..	2
Remaining in home on 31 December, 1913	..	..	..	..	118

General.

The following alterations and improvements have been completed during the year :—

- (1) A new drying chamber (fitted with 13 draw-out horses) has been erected in the laundry.
- (2) A new block of store buildings has been built to replace shed burnt down in garden.
- (3) The manure pit has been surrounded by a fence consisting of oak posts and corrugated iron, and two new manure tanks have been supplied.
- (4) The road leading to the new field has been re-fenced with barbed wire.
- (5) The whole of the buildings were painted (externally), and extensive repairs were done to damaged brickwork.

In these works, with the exception of (5), the help of the boys was utilised. There has been no death. The general health of the boys has been good.

Under the direction of the new band and drill instructor excellent progress is being made in the training of the band organised to replace the one transferred to Darenth.

Employments.

The following list shows how the inmates are employed :—

Shoe shop	..	..	..	..	21
Tailor's shop	..	..	..	..	18
Cord shop	..	..	..	..	19
Garden	..	..	..	..	28
Laundry	..	..	..	..	8
Housework	..	..	..	..	12
Sewing room	..	..	..	..	5
Cook	..	..	..	..	4
Mechanic	..	..	..	..	3
					—
					118
					—

Seventy-nine boys, besides learning a trade, receive scholastic instruction.

The shoe shop again shows a considerable increase, work being done to the value of £625 13s. 8d., as against £577 6s. 10d. in the previous year.

The fruit-bottling industry has proved a success.

Profit and loss account for year ended Michaelmas, 1913.

Dr.		SHOEMAKER'S ACCOUNT.		Cr.	
		£	s. d.		£ s. d.
Value of stock brought forward ..		42	13 7	Value of repairs and goods dis-	
" " new stock		301	12 7	posed of	625 13 8
Wages		21	10 5	Value of materials transferred	0 15 2
Balance		280	1 1	" " stock in hand	19 8 10
		£645	17 8		£645 17 8
Patient labour not charged.					

Dr.		FARM AND GARDEN ACCOUNT.		Cr.	
		£	s. d.		£ s. d.
Value of stock brought forward ..		86	14 0	Produce sold	314 14 7
" " new stock		196	12 0	Value of stock in hand	148 1 8
Wages		39	18 5		
Balance		139	11 10		
		£462	16 3		£462 16 3
Patient labour not charged.					

Dr.		TAILOR'S ACCOUNT.		Cr.	
		£	s. d.		£ s. d.
Value of stock brought forward ..		73	10 1	Value of repairs and goods dis-	
" " new stock		224	19 3	posed of	299 0 1
Wages		29	2 6	Value of goods transferred	3 10 2
Balance		38	19 0	" " stock in hand	64 0 7
		£366	10 10		£366 10 10
Patient labour not charged.					

Dr.		FRUIT-BOTTLING ACCOUNT.		Cr.	
		£	s. d.		£ s. d.
Value of stock brought forward ..		5	18 3	Value of fruit and bottles dis-	
" " new stock		25	0 6	posed of	53 14 8
" " bottles		32	7 9	Value of fruit in stock	26 7 2
Balance		30	18 0	" bottles in stock	13 19 8
				From G.E.R. for breakages	0 3 0
		£94	4 6		£94 4 6
Patient labour not charged.					

Dr.		CORD-MAKING ACCOUNT.		Cr.	
		£	s. d.		£ s. d.
Value of stock brought forward ..		39	9 0	Value of cord transferred	45 3 5
" " new stock		27	4 11	" " stock in hand	43 15 0
Wages		8	2 0		
Balance		14	2 6		
		£88	18 5		£88 18 5
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.	Drawn.	Lost.
Cricket ..	12	6	1	5
Football ..	10	6	1	3

(Signed) E. B. SHERLOCK,
Mental specialist.

No. 6.

FOUNTAIN TEMPORARY ASYLUM.

I beg to submit the annual report for the year ending 31 December, 1913.

Statistics. A brief summary of the statistics for the year is as follows:—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
In the asylum on 1 January, 1913	364	183	547
Admitted during the year	61	85	146
Total under treatment	425	268	693
Transferred to other asylums of the Board	67	10	77
Discharged	2	6	8
Died	16	17	33
Remaining on 31 December, 1913	340	235	575

Admissions. Sixty male and 36 female patients were admitted from Tooting Bec Asylum, 49 female patients from Darenth Industrial Colony, and 1 male patient re-admitted from the Grove Hospital after recovery from scarlet fever. All the patients were of the unimprovable class, and, with exception of 1 female, all suffered from congenital defect.

Discharges. Three patients were discharged to the care of friends, 2 to the workhouse, and 3 to asylums other than those under the board, viz., Claybury, Horton, and Surrey County (Netherne).

Deaths. Thirty-three deaths from various causes occurred during the year. Post-mortem examinations were made in 69.6 per cent. of these cases. The comparatively small percentage is due to the number of instances in which friends refused permission, an occurrence more likely to happen with children than with senile patients.

Health. The general health of the patients has been on the whole satisfactory, with the exception of the following zymotic diseases which have occurred throughout the year:—Erysipelas (1), chicken pox (44), German measles (36), colitis (18).

One member of the staff (a housemaid) developed scarlet fever, but as the symptoms showed themselves within 48 hours of her arrival here, she most probably acquired the infection elsewhere.

Accidents. Two non-fatal accidents, viz., 1 fracture of arm-bone and 1 fracture of collar-bone, occurred during the year.

Inquests. No inquest has been held.

Mechanical restraint and seclusion. Neither of these measures has been adopted.

Visit of Commissioners, Board of Control. On 3 December, Dr. C. Hubert Bond and Mr. S. J. Fraser Macleod inspected the asylum.

(Signed) J. LESLIE GORDON,

Acting medical superintendent.

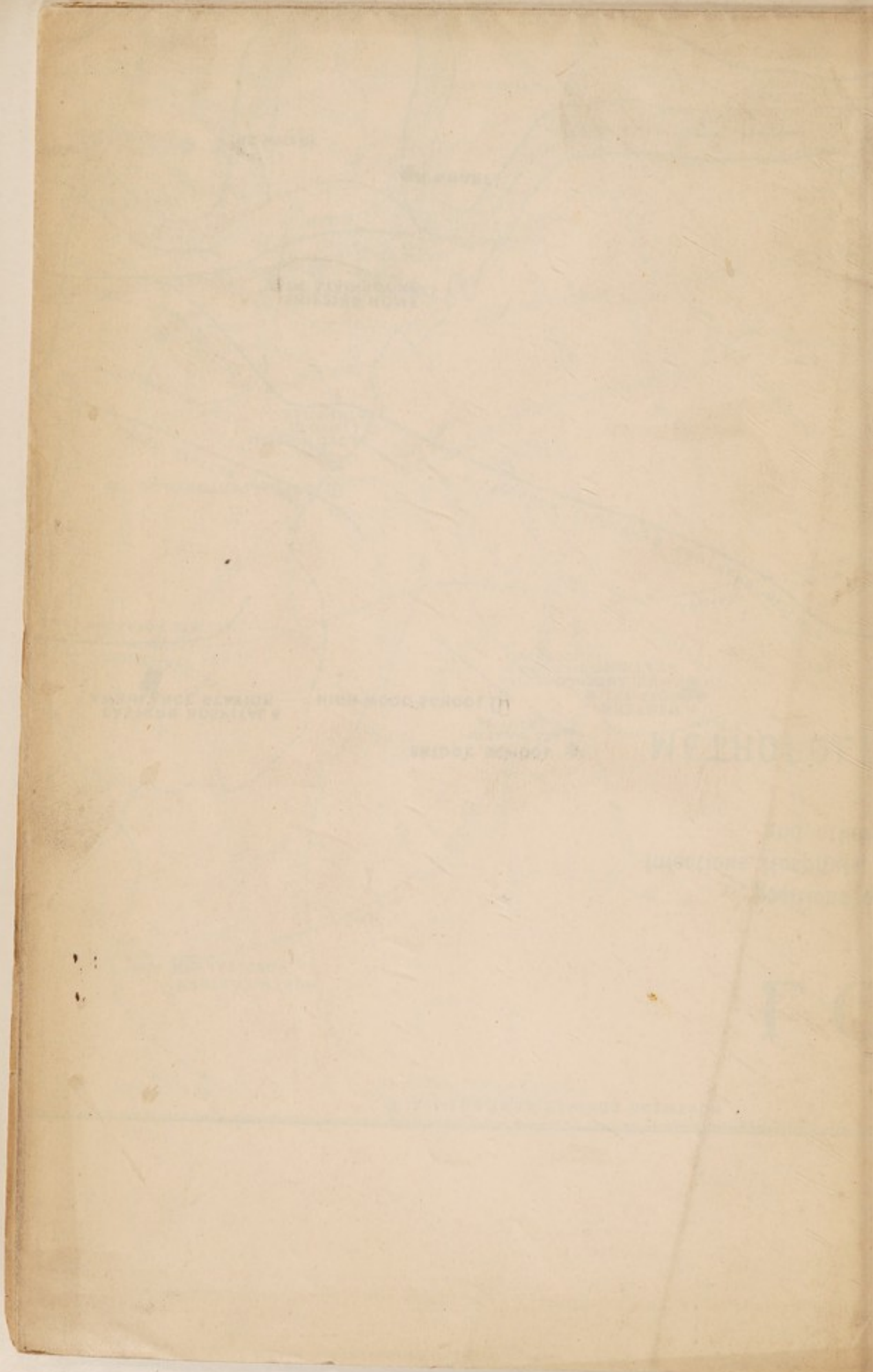


TABLE B 1.—Analysis of the admissions during the year 1913.

NAME OF ASYLUM.	CLASSES OF ADMISSIONS.	CONGENITAL.						ACQUIRED.						TOTAL.	
		First attack.		Not first attack.		Unknown whether first attack or not.		First attack.		Not first attack.		Unknown whether first attack or not.		M.	T.
		M.	T.	M.	T.	M.	T.	M.	F.	M.	F.	M.	T.	M.	F.
TOOTING BEC.	Direct	40	48	211	253	464	3	5	8	12	8	20	266	314	580
	Indirect	..	1	1	12	13	..	..	..	..	2	2	1	15	16
	Total admissions	40	49	212	265	477	3	5	8	12	10	22	267	329	596
TOOTING BEC RECEIVING HOME FOR CHILDREN.	Direct	150	63	213	1	4	5	..	..	..	..	..	151	67	218
	Indirect	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	150	63	213	1	4	5	..	..	..	..	..	151	67	218
LEAVESDEN.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	77	40	117	26	123	149	4	16	20	..	..	107	179	286
	Total admissions	77	40	117	26	123	149	4	16	20	..	..	107	179	286
CATERHAM.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	41	19	60	25	52	77	5	4	9	2	4	73	77	150
	Total admissions	41	19	60	25	52	77	5	4	9	2	4	73	77	150
DARENTH.	Direct	5	10	15	..	..	..	..	..	..	..	..	5	10	15
	Indirect	103	53	156	4	..	4	..	..	..	..	..	107	53	160
	Total admissions	108	63	171	4	..	4	..	..	..	..	..	112	63	175
FOUNTAIN (temporary).	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	61	85	146	..	..	..	..	..	..	..	..	61	85	146
	Total admissions	61	85	146	..	..	..	..	..	..	..	..	61	85	146

For summary of Table see p. 161.

ANNUAL REPORT, 1913.

TABLE B 2.—Showing the duration of the present attack of mental disorder on admission in the admissions during the year 1913, and stating (in those not congenital) whether first attack or not.

TOOTING BEC ASYLUM.												
Duration of mental disorder prior to admission.	DIRECT ADMISSIONS.									Total.		
	First attack.			Not first attack.			Unknown whether first attack or not.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Less than 2 weeks.. .. .	24	6	30	..	..	..	1	..	1	25	6	31
2 weeks and less than 1 month ..	45	10	55	1	..	1	..	..	..	46	10	56
1 month " 3 months ..	61	63	124	..	1	1	..	..	..	61	64	125
3 months " 6 " ..	25	43	68	..	..	..	..	..	..	25	43	68
6 " " 9 " ..	13	26	39	..	..	..	..	..	..	13	26	39
9 " " 12 " ..	3	4	7	..	1	1	..	..	..	3	5	8
12 " " 18 " ..	11	21	32	..	..	..	..	..	..	11	21	32
18 " " 2 years ..	1	4	5	..	..	..	..	..	..	1	4	5
2 years " 3 " ..	3	12	15	..	..	..	..	..	..	3	12	15
3 " " 5 " ..	2	19	21	..	..	..	..	..	..	2	19	21
5 " " 10 " ..	2	12	14	..	..	..	..	..	..	2	12	14
10 " " 15 " ..	1	3	4	..	..	..	..	..	..	1	3	4
15 " " 20 " ..	..	1	1	..	..	..	..	..	..	..	1	1
20 " " 25 " ..	..	1	1	..	..	..	..	..	..	..	1	1
25 " " 30 " ..	..	1	1	..	..	..	..	..	..	..	1	1
Duration unknown	20	27	47	2	3	5	11	8	19	33	38	71
Congenital cases .. .. .	..	..	..	..	..	..	..	..	..	40	48	88
Totals	211	253	464	3	5	8	12	8	20	266	314	580
TOOTING BEC RECEIVING HOME FOR CHILDREN AND DARENTH ASYLUM.												
Less than 2 weeks.. .. .	..	..	..	..	..	..	..	..	..	..	..	..
2 weeks and less than 1 month ..	..	..	..	..	..	..	..	..	..	..	..	..
1 month " 3 months ..	1	1	2	..	..	..	..	..	..	1	1	2
3 months " 6 " ..	..	..	..	..	..	..	..	..	..	..	..	..
6 " " 9 " ..	..	1	1	..	..	..	..	..	..	..	1	1
9 " " 12 " ..	..	..	..	..	..	..	..	..	..	..	..	..
12 " " 18 " ..	..	..	..	..	..	..	..	..	..	..	..	..
18 " " 2 years ..	..	..	..	..	..	..	..	..	..	..	..	..
2 years " 3 " ..	..	2	2	..	..	..	..	..	..	..	2	2
3 " " 5 " ..	..	..	..	..	..	..	..	..	..	..	..	..
5 " " 10 " ..	..	..	..	..	..	..	..	..	..	..	..	..
10 " " 15 " ..	..	..	..	..	..	..	..	..	..	..	..	..
Duration unknown .. .. .	..	..	..	..	..	..	..	..	..	..	..	..
Congenital cases .. .. .	..	..	..	..	..	..	..	..	..	*5	*10	*15
Totals	1	4	5	..	..	..	..	..	..	156	77	233

* Indicates cases admitted at Darenth Asylum from Feeble-minded Section of Darenth Industrial Colony.

For summary of Table B 2 see p. 162.

No.	Description	Amount
1	To Balance	100.00
2	By Cash	50.00
3	By Cash	50.00
4	By Cash	50.00
5	By Cash	50.00
6	By Cash	50.00
7	By Cash	50.00
8	By Cash	50.00
9	By Cash	50.00
10	By Cash	50.00
11	By Cash	50.00
12	By Cash	50.00
13	By Cash	50.00
14	By Cash	50.00
15	By Cash	50.00
16	By Cash	50.00
17	By Cash	50.00
18	By Cash	50.00
19	By Cash	50.00
20	By Cash	50.00
21	By Cash	50.00
22	By Cash	50.00
23	By Cash	50.00
24	By Cash	50.00
25	By Cash	50.00
26	By Cash	50.00

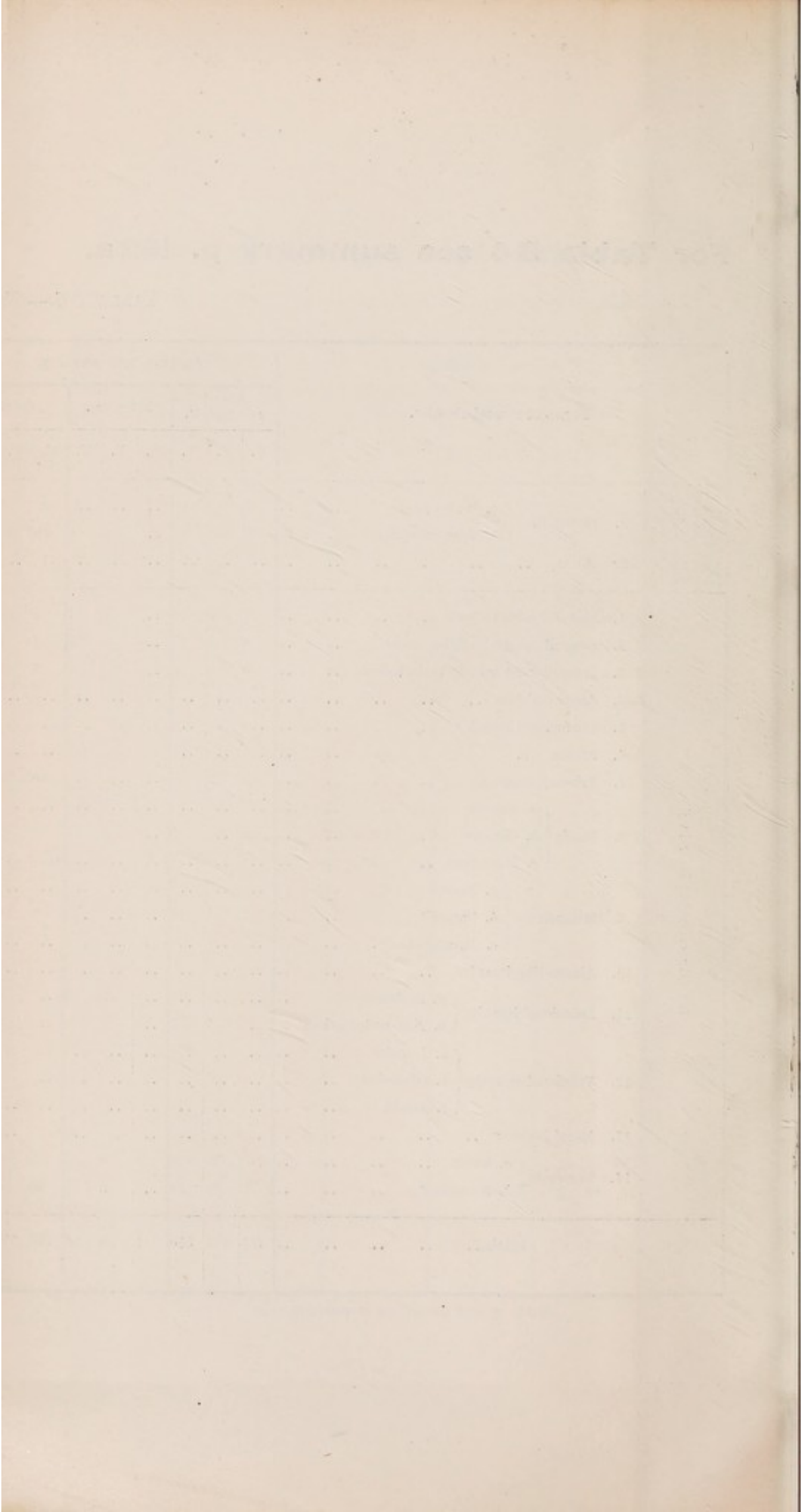


TABLE B 7.—ETIOLOGICAL.—Showing the etiological factors and associated conditions assigned in the direct admissions during the year 1913, distinguishing between cases—congenital, first-attack, not-first-attack, and unknown-whether-first-attack-or-not.

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.			FIRST-ATTACK CASES.			NOT-FIRST-ATTACK CASES.			CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.			TOTAL DIRECT ADMISSIONS.		
	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	PRINCIPAL.	CONTRIBUTORY.	TOTAL.	TOTAL PRINCIPAL.	TOTAL CONTRIBUTORY.	GRAND TOTAL.
	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Instances where regarded as the essential or chief factor.	Instances where regarded as a contributory factor or associated condition.	INCIDENCE.	Total instances where regarded as the essential or chief factor.	Total instances where regarded as a contributory factor or associated condition.	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	14	17	31	..	..	..	..	..	..	..	..	..	..	..	..
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 SPIRITUAL SENSE.															
1. Smell or taste .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Hearing .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Sight .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
D. CRITICAL PERIODS.															
1. Puberty and adolescence .....	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
2. Climacteric .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Senility .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E. CHILD-BEARING.															
1. Pregnancy .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Puerperal state (not septic) .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lactation .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
F. MENTAL STRESS.															
1. Sudden .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Prolonged .....	..	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 (morphine, cocaine, etc.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Lead and other such poisons .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Tuberculosis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Influenza .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Puerperal sepsis .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Other specific fevers .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Syphilis, acquired .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Syphilis, congenital .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Other toxins .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
I. TRAUMATIC.															
1. Injuries	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	2	6	8	..	..	..	..	..	..	..	..	..	..	..	..
4. Other defined neuroses (limited to hysteria, neurasthenia, spasmodic asthma, and chorea)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Other neuroses which occurred in infancy or childhood (limited to convulsions and night-terrors)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
L. OTHER BODILY AFFECTIONS.															
1. Hemopoietic system (anemia, 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, myxedema, 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	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
N. NONE ASSIGNABLE, notwithstanding full history and observation	9	18	27	63	62	125	2	2	4	7	4	11	81	86	167
O. NONE ASCERTAINED, history defective	13	6	19	32	20	52	1	..	1	2	1	3	48	27	75
Totals	40	48	88	211	253	464	3	5	8	12	8	20	266	314	580

* 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, 1913, STATISTICAL COMMITTEE.

TABLE B 7.—Continued—ETIOLOGICAL.—Showing the etiological factors and associated conditions assigned in the direct admissions during the year 1913, 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 15 admissions to Darenth Asylum.)

ETIOLOGICAL FACTORS AND ASSOCIATED CONDITIONS.	CONGENITAL CASES.						FIRST-ATTACK CASES.						NOT-FIRST-ATTACK CASES.						CASES UNKNOWN-WHETHER-FIRST-ATTACK-OR-NOT.						TOTAL DIRECT ADMISSIONS.								
	PRINCIPAL.		CONTRIBUTORY.		TOTAL.		PRINCIPAL.		CONTRIBUTORY.		TOTAL.		PRINCIPAL.		CONTRIBUTORY.		TOTAL.		PRINCIPAL.		CONTRIBUTORY.		TOTAL.		TOTAL PRINCIPAL.		TOTAL CONTRIBUTORY.		GRAND TOTAL.				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
A. HEREDITARY (including consanguinity, nephesis, nixes and offspring).	11	8	19																						11	8	19				11	8	19
1. Idiocy	11	8	19																						11	8	19				11	8	19
2. Epileptic																																	
3. Neurotic (including only hysterical, 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. Small 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. Prolonged																																	
G. PHYSIOLOGICAL DEFECTS AND ERRORS.																																	
1. Malnutrition in early life (signs of rickets, etc.)																																	
2. Privation and starvation																																	
3. Over-exertion (physical)																																	
4. Masturbation																																	
5. Sexual excess																																	
H. TOXIC.																																	
1. Alcohol																																	
2. Drug habit (morphine, cocaine, etc.)																																	
3. Lead and other such poisons																																	
4. Tuberculosis																																	
5. Influenza																																	
6. Puerperal sepsis																																	
7. Other specific fevers																																	
8. Syphilis, acquired																																	
9. Syphilis, congenital																																	
10. Other toxins																																	
I. TRAUMATIC.																																	
1. Injuries	5	2	7				1	1														5	3	8				5	3	8			
2. Operations																																	
3. Sunstroke																																	
K. DISEASES OF THE NERVOUS SYSTEM.																																	
1. Lesions of brain																																	
2. Lesions of spinal cord and nerves																																	
3. Epilepsy	11	2	13				2	2														11	4	15				11	4	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. Hemiplegic system (anemia, 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, myxedema, 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	60	44	104				1	1	2													61	45	106				61	45	106			
O. NONE ASCERTAINED, HISTORY DEFECTIVE	3	10	13																			3	10	13				3	10	13			
Totals	150	63	213	Total congenital cases.			1	4	5	Total first-attack cases.			Total not-first-attack cases.			Total cases unknown-whether-first-attack-or-not.			151	67	218	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.

For summary of Table see p. 164 b.

For Table B 8 see p. 164 c.

ANNUAL REPORT, 1913, STATISTICAL COMMITTEE.

.. .. B 9 see p. 165.

TABLE C 1.—An analysis of the discharges and transfers during the year 1913.

	TOOTING BEG ASYLUM.			TOOTING BEG RECEIVING HOME FOR CHILDREN.			LEAVESDEN ASYLUM.			CATERHAM ASYLUM.			DAREMTH ASYLUM.			FOUNTAIN (temporary) ASYLUM.		
	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	3	2	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not first attack cases	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total from direct and indirect admissions	4	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From transfers.																		
First attack cases .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not first attack cases .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total from transfers .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total discharged as recovered	4	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISCHARGED (NOT RECOVERED) AS—																		
RELIEVED	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NOT IMPROVED	16	27	43	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	18	27	45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
REASONS FOR SUCH DISCHARGES.																		
To go to care of friends	7	6	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
workhouse	3	6	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
L.I.C. or other asylum	8	15	23	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To be boarded out .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in reception order .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
lapse of reception order .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To fever hospital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Seaside-mind section of Darenth Industrial Colony .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	18	27	45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TRANSFERRED AS—																		
RELIEVED .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NOT IMPROVED	84	176	260	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	84	176	260	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DESTINATION OF SUCH TRANSFERS.																		
To other asylums of the Board	84	176	260	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To "single care" .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other destination .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	84	176	260	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL DISCHARGED AND TRANSFERRED AS—																		
RELIEVED	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NOT IMPROVED	100	203	303	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	102	203	305	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

For summary of Table see p. 166.

120

1881

1881

Date	Description	Amount
Jan 1	Balance	100.00
Jan 5
Jan 10
Jan 15
Jan 20
Jan 25
Jan 30
Feb 1
Feb 5
Feb 10
Feb 15
Feb 20
Feb 25
Feb 30
Mar 1
Mar 5
Mar 10
Mar 15
Mar 20
Mar 25
Mar 30
Apr 1
Apr 5
Apr 10
Apr 15
Apr 20
Apr 25
Apr 30
May 1
May 5
May 10
May 15
May 20
May 25
May 30
Jun 1
Jun 5
Jun 10
Jun 15
Jun 20
Jun 25
Jun 30
Jul 1
Jul 5
Jul 10
Jul 15
Jul 20
Jul 25
Jul 30
Aug 1
Aug 5
Aug 10
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Aug 20
Aug 25
Aug 30
Sep 1
Sep 5
Sep 10
Sep 15
Sep 20
Sep 25
Sep 30
Oct 1
Oct 5
Oct 10
Oct 15
Oct 20
Oct 25
Oct 30
Nov 1
Nov 5
Nov 10
Nov 15
Nov 20
Nov 25
Nov 30
Dec 1
Dec 5
Dec 10
Dec 15
Dec 20
Dec 25
Dec 30
Total		

ANNUAL REPORT, 1913, STATISTICAL COMMITTEE.

TABLE C 2.—Showing the total cases discharged recovered during the year 1913, the ages in quinquennial periods—(a) On recovery, and (b) at the commencement of the recent attack of mental disorder, arranged according to the total length of such attack.

AGE PERIODS TOOTING BEE ASYLUM.	Less than 10.	10—14.	15—19.	20—24.	25—29.	30—34.	35—39.	40—44.	45—49.	50—54.	55—59.	60—64.	65—69.	70 & over.	Age un-known.	Total.			
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	Tl.		
AGE ON RECOVERY											2	2	2			4	2	6	
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 ..																			
3 months ..													1					1	
6 " " 6 " "																			
9 " " 9 " "																			
12 " " 12 " "																			
18 " " 18 " "																			
2 years " " 2 years																			
3 " " 3 " "																			
5 " " 5 " "																			
Duration unknown ..																			
Totals ..											2	2	2			4	2	6	
CATERHAM ASYLUM.																			
AGE ON RECOVERY							2		1	1							3	1	4
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 ..																			
3 months ..																			
6 " " 6 " "																			
9 " " 9 " "																			
12 " " 12 " "																			
18 " " 18 " "																			
2 years " " 2 years																			
3 " " 3 " "							2											1	
5 " " 5 " "																		2	
10 " " 10 " "																		1	
15 " " 15 " "																		1	
Duration unknown ..																			
Totals ..							2		1	1							3	1	4
DARENTH ASYLUM.																			
AGE ON RECOVERY				1														1	1
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 ..																			
3 months ..																			
6 " " 6 " "																			
9 " " 9 " "																			
12 " " 12 " "																			
18 " " 18 " "																			
2 years " " 2 years																			
3 " " 3 " "																			
5 " " 5 " "																			
15 " " 15 " "																		1	
20 " " 20 " "																		1	
Duration unknown ..																			
Totals ..	1																	1	1

For summary of Table C 2, see p. 167.

TABLE C 3.—*Showing the form of mental disorder, on admission, in those discharged recovered during the year 1913.*

Forms of mental disorder (on admission).	M.	F.	T.
TOOTING BEC ASYLUM.			
Secondary dementia	1	1	2
Senile dementia	3	1	4
Totals ..	4	2	6
CATERHAM ASYLUM.			
Primary dementia .. .. .	..	1	1
Chronic melancholia	2	..	2
Delusional insanity, non-systematised	1	..	1
Totals ..	3	1	4
DARENTH ASYLUM.			
Congenital minus epilepsy	1	..	1
Totals ..	1	..	1

For summary of Table C 3 see p. 168.

FOR TABLE C 4 SEE P. 168 a.

NAME	RANK

THE TABLES ON THIS PAGE
GIVE THE NAMES OF THE
OFFICERS OF THE REGIMENT
FOR THE YEAR 1913.

ANNUAL REPORT, 1913, STATISTICAL COMMITTEE.

TABLE D 1.—Showing all the causes of death that entered into the deaths during the year 1913, 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 as P.M.	Instances returned as CONTRIBUTORY.		Total incidence.	Showing the total correlation between any given cause of death (whether acting as principal or contributory) and the subsequent selected causes.										
	M. F. T.	M. F. T.		M. F. T.	M. F. T.		Pneumonia.	Pulmonary tuberculosis.	Valvular heart disease.	Cerebral hemorrhage.	Chronic Bright's disease.	Kidney disease.	General paralysis of the insane.	Fatty degeneration of the heart.	Senile decay.	Chronic heart disease.	
GENERAL DISEASES—																	
Influenza	1	1	8			10											
Tuberculosis, pulmonary	6	4	10			10	1										
Cancer of the	1	1	1			1											
" pylorus	1	1	1			1											
" colon	1	1	1			1											
" rectum	1	1	1			1											
" mediastinal	1	1	1			1											
DISEASES OF NERVOUS SYSTEM—																	
Cerebral hemorrhage	1	1	1	1	1	2											
" compression	1	1	1	1	1	2											
General paralysis of insane	1	1	1	1	1	2											
" infirm disease	1	1	1	1	1	2											
Subdural hemorrhage	4	1	4			4											
General venous congestion				1	1	1											
DISEASES OF CIRCULATORY SYSTEM—																	
Coronary heart disease	12	16	28	1	1	29	1	1									
Valvular disease of heart	5	1	6	6	6	12											
Fatty degeneration of heart	1	1	1	1	1	2											
Cardiac failure	1	1	1	1	1	2											
Cerebral disease	1	1	1	1	1	2											
Heart failure	1	1	1	1	1	2											
" acute	1	1	1	1	1	2											
Fibroid degeneration of heart	1	1	1	1	1	2											
Cerebral thrombosis	1	1	1	1	1	2											
Arterio-sclerosis	1	1	1	1	1	2											
DISEASES OF RESPIRATORY SYSTEM—																	
Bronchitis	3	1	3	3	3	6											
Pneumonia	28	9	37	31	31	62											
" lobar	1	1	1	1	1	2											
" hypostatic pneumonia	3	3	6	3	3	6											
Broncho-pneumonia	4	3	7	6	6	12											
Pleurisy	1	1	1	1	1	2											
DISEASES OF DIGESTIVE SYSTEM—																	
Cirrhosis of liver	1	1	1	1	1	2											
DISEASES OF URINARY SYSTEM—																	
Nephritis	2	1	3	3	3	6											
Cirrhosis of kidneys	1	1	1	1	1	2											
" chronic	1	1	1	1	1	2											
Chronic Bright's disease	1	1	1	1	1	2											
OLD AGE—																	
Senile decay	93	100	193	163	163	326	3	3	6	96	103	199	3	2	5	1	1
Totals	173	145	318	267	267	540	1	1	2	1	1	2	1	1	2	1	1

TOOTING BEC RECEIVING HOME FOR CHILDREN.

GENERAL DISEASES—	4	4	3			4											
Tuberculosis, general																	
DISEASES OF NERVOUS SYSTEM—	4	4	3			4											
Chronic hydrocephalus																	
DISEASES OF RESPIRATORY SYSTEM—																	
Broncho-pneumonia	1	1	1			1											
Totals	8	1	9	6	6	19											

For summary of Table D 1 see p. 168 b.

TABLE D 1 (continued).—Showing all the causes of death that entered into the deaths during the year 1913, 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 diarrhoea and infective enteritis.	Dysentery (colitis).	Pneumonia.	Pulmonary tuberculosis.	General paralysis of the insane.	Valvular heart disease.	Fatty degeneration of the heart.	Cerebral haemorrhage.	Chronic Bright's disease.	Tuberculosis other than pulmonary.	Senile decay.		
	M.	F.		M.	F.													M.	F.
LEAVESDEN ASYLUM.																			
GENERAL DISEASES—																			
Dysentery	1	5	6	5	1	3	4	12	8	10	1	5	1	1	1	1	1		
Tuberculosis, pulmonary	22	25	47	42	1	4	5	23	29	52	1	1	1	1	1	1	1		
enteritis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
of brain	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
hip joint	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
glands of neck	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
kidney	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Extra-dural tubercular abscess	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Carcinoma	1	4	5	2	1	1	2	2	5	1	1	1	1	1	1	1	1		
Gangrene of right foot	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
DISEASES OF NERVOUS SYSTEM—																			
Meningitis (non-tubercular)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Cerebral abscess	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
haemorrhage	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
softening	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
General paralysis of insane	3	2	5	5	3	2	5	3	2	5	1	1	1	1	1	1	1		
Acute cerebral congestion	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Epilepsy	2	2	4	3	2	2	4	2	6	1	1	1	1	1	1	1	1		
Acute mastoiditis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Porencephaly	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
DISEASES OF CIRCULATORY SYSTEM—																			
Valvular disease of heart	3	5	8	5	4	4	3	9	12	1	1	1	1	1	1	1	1		
Fatty degeneration of heart	2	2	4	1	2	2	2	4	1	1	1	1	1	1	1	1	1		
Pericarditis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Oedema of lung	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Ulcerative endocarditis	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
DISEASES OF RESPIRATORY SYSTEM—																			
Lobar pneumonia	2	37	39	31	1	1	2	3	38	41	1	1	1	1	1	1	1		
Broncho-pneumonia	3	18	21	19	1	1	1	3	19	22	1	1	1	1	1	1	1		
Hypostatic pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Pleurisy	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Empyema	1	1	2	2	1	1	1	1	2	3	1	1	1	1	1	1	1		
Gangrene of lung	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
DISEASES OF DIGESTIVE SYSTEM—																			
Intussusception (inquest)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Rupture of duodenal ulcer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Perforation of gastric ulcer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Perforated appendix	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Strangulated hernia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Peritonitis	3	1	4	3	3	1	4	3	1	4	3	1	4	3	1	4	3		
DISEASES OF URINARY SYSTEM—																			
Chronic nephritis	1	5	6	6	1	2	3	2	7	9	1	1	1	1	1	1	1		
Acute	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Pyonephrosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Pyelitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Cystitis	2	2	1	1	2	2	1	2	2	2	2	2	2	2	2	2	2		
Fibroid tumour of uterus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
MALFORMATION—																			
Chronic congenital hydrocephalus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
OLD AGE—																			
Senile decay	4	20	24	15	7	31	38	11	51	62	1	1	1	1	1	1	1		
ACCIDENTS OR VIOLENCE—																			
Inflammation of gullet, stomach and bowels caused by irritant (inquest)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Totals	54	143	197	158															

For summary of Table D 1 see p. 168 b.

TABLE I

Summary of the results of the experiments conducted during the year 1914. The following table shows the results of the experiments conducted during the year 1914. The following table shows the results of the experiments conducted during the year 1914.

Experiment No.	Date	Time	Temperature	Pressure	Volume	Weight	Remarks
1	Jan 1	10:00	20°C	1.01	100	100	Initial conditions
2	Jan 5	11:00	22°C	1.02	105	105	First trial
3	Jan 10	12:00	24°C	1.03	110	110	Second trial
4	Jan 15	13:00	26°C	1.04	115	115	Third trial
5	Jan 20	14:00	28°C	1.05	120	120	Fourth trial
6	Jan 25	15:00	30°C	1.06	125	125	Fifth trial
7	Jan 30	16:00	32°C	1.07	130	130	Sixth trial
8	Feb 5	17:00	34°C	1.08	135	135	Seventh trial
9	Feb 10	18:00	36°C	1.09	140	140	Eighth trial
10	Feb 15	19:00	38°C	1.10	145	145	Ninth trial
11	Feb 20	20:00	40°C	1.11	150	150	Tenth trial
12	Feb 25	21:00	42°C	1.12	155	155	Eleventh trial
13	Feb 30	22:00	44°C	1.13	160	160	Twelfth trial
14	Mar 5	23:00	46°C	1.14	165	165	Thirteenth trial
15	Mar 10	24:00	48°C	1.15	170	170	Fourteenth trial
16	Mar 15	25:00	50°C	1.16	175	175	Fifteenth trial
17	Mar 20	26:00	52°C	1.17	180	180	Sixteenth trial
18	Mar 25	27:00	54°C	1.18	185	185	Seventeenth trial
19	Mar 30	28:00	56°C	1.19	190	190	Eighteenth trial
20	Apr 5	29:00	58°C	1.20	195	195	Nineteenth trial
21	Apr 10	30:00	60°C	1.21	200	200	Twentieth trial
22	Apr 15	31:00	62°C	1.22	205	205	Twenty-first trial
23	Apr 20	32:00	64°C	1.23	210	210	Twenty-second trial
24	Apr 25	33:00	66°C	1.24	215	215	Twenty-third trial
25	Apr 30	34:00	68°C	1.25	220	220	Twenty-fourth trial
26	May 5	35:00	70°C	1.26	225	225	Twenty-fifth trial
27	May 10	36:00	72°C	1.27	230	230	Twenty-sixth trial
28	May 15	37:00	74°C	1.28	235	235	Twenty-seventh trial
29	May 20	38:00	76°C	1.29	240	240	Twenty-eighth trial
30	May 25	39:00	78°C	1.30	245	245	Twenty-ninth trial
31	May 30	40:00	80°C	1.31	250	250	Thirtieth trial
32	Jun 5	41:00	82°C	1.32	255	255	Thirty-first trial
33	Jun 10	42:00	84°C	1.33	260	260	Thirty-second trial
34	Jun 15	43:00	86°C	1.34	265	265	Thirty-third trial
35	Jun 20	44:00	88°C	1.35	270	270	Thirty-fourth trial
36	Jun 25	45:00	90°C	1.36	275	275	Thirty-fifth trial
37	Jun 30	46:00	92°C	1.37	280	280	Thirty-sixth trial
38	Jul 5	47:00	94°C	1.38	285	285	Thirty-seventh trial
39	Jul 10	48:00	96°C	1.39	290	290	Thirty-eighth trial
40	Jul 15	49:00	98°C	1.40	295	295	Thirty-ninth trial
41	Jul 20	50:00	100°C	1.41	300	300	Fortieth trial
42	Jul 25	51:00	102°C	1.42	305	305	Forty-first trial
43	Jul 30	52:00	104°C	1.43	310	310	Forty-second trial
44	Aug 5	53:00	106°C	1.44	315	315	Forty-third trial
45	Aug 10	54:00	108°C	1.45	320	320	Forty-fourth trial
46	Aug 15	55:00	110°C	1.46	325	325	Forty-fifth trial
47	Aug 20	56:00	112°C	1.47	330	330	Forty-sixth trial
48	Aug 25	57:00	114°C	1.48	335	335	Forty-seventh trial
49	Aug 30	58:00	116°C	1.49	340	340	Forty-eighth trial
50	Sep 5	59:00	118°C	1.50	345	345	Forty-ninth trial
51	Sep 10	60:00	120°C	1.51	350	350	Fiftieth trial
52	Sep 15	61:00	122°C	1.52	355	355	Fifty-first trial
53	Sep 20	62:00	124°C	1.53	360	360	Fifty-second trial
54	Sep 25	63:00	126°C	1.54	365	365	Fifty-third trial
55	Sep 30	64:00	128°C	1.55	370	370	Fifty-fourth trial
56	Oct 5	65:00	130°C	1.56	375	375	Fifty-fifth trial
57	Oct 10	66:00	132°C	1.57	380	380	Fifty-sixth trial
58	Oct 15	67:00	134°C	1.58	385	385	Fifty-seventh trial
59	Oct 20	68:00	136°C	1.59	390	390	Fifty-eighth trial
60	Oct 25	69:00	138°C	1.60	395	395	Fifty-ninth trial
61	Oct 30	70:00	140°C	1.61	400	400	Sixtieth trial
62	Nov 5	71:00	142°C	1.62	405	405	Sixty-first trial
63	Nov 10	72:00	144°C	1.63	410	410	Sixty-second trial
64	Nov 15	73:00	146°C	1.64	415	415	Sixty-third trial
65	Nov 20	74:00	148°C	1.65	420	420	Sixty-fourth trial
66	Nov 25	75:00	150°C	1.66	425	425	Sixty-fifth trial
67	Nov 30	76:00	152°C	1.67	430	430	Sixty-sixth trial
68	Dec 5	77:00	154°C	1.68	435	435	Sixty-seventh trial
69	Dec 10	78:00	156°C	1.69	440	440	Sixty-eighth trial
70	Dec 15	79:00	158°C	1.70	445	445	Sixty-ninth trial
71	Dec 20	80:00	160°C	1.71	450	450	Seventieth trial
72	Dec 25	81:00	162°C	1.72	455	455	Seventy-first trial
73	Dec 30	82:00	164°C	1.73	460	460	Seventy-second trial
74	Jan 5	83:00	166°C	1.74	465	465	Seventy-third trial
75	Jan 10	84:00	168°C	1.75	470	470	Seventy-fourth trial
76	Jan 15	85:00	170°C	1.76	475	475	Seventy-fifth trial
77	Jan 20	86:00	172°C	1.77	480	480	Seventy-sixth trial
78	Jan 25	87:00	174°C	1.78	485	485	Seventy-seventh trial
79	Jan 30	88:00	176°C	1.79	490	490	Seventy-eighth trial
80	Feb 5	89:00	178°C	1.80	495	495	Seventy-ninth trial
81	Feb 10	90:00	180°C	1.81	500	500	Eightieth trial
82	Feb 15	91:00	182°C	1.82	505	505	Eighty-first trial
83	Feb 20	92:00	184°C	1.83	510	510	Eighty-second trial
84	Feb 25	93:00	186°C	1.84	515	515	Eighty-third trial
85	Feb 30	94:00	188°C	1.85	520	520	Eighty-fourth trial
86	Mar 5	95:00	190°C	1.86	525	525	Eighty-fifth trial
87	Mar 10	96:00	192°C	1.87	530	530	Eighty-sixth trial
88	Mar 15	97:00	194°C	1.88	535	535	Eighty-seventh trial
89	Mar 20	98:00	196°C	1.89	540	540	Eighty-eighth trial
90	Mar 25	99:00	198°C	1.90	545	545	Eighty-ninth trial
91	Mar 30	100:00	200°C	1.91	550	550	Ninety trial
92	Apr 5	101:00	202°C	1.92	555	555	Ninety-first trial
93	Apr 10	102:00	204°C	1.93	560	560	Ninety-second trial
94	Apr 15	103:00	206°C	1.94	565	565	Ninety-third trial
95	Apr 20	104:00	208°C	1.95	570	570	Ninety-fourth trial
96	Apr 25	105:00	210°C	1.96	575	575	Ninety-fifth trial
97	Apr 30	106:00	212°C	1.97	580	580	Ninety-sixth trial
98	May 5	107:00	214°C	1.98	585	585	Ninety-seventh trial
99	May 10	108:00	216°C	1.99	590	590	Ninety-eighth trial
100	May 15	109:00	218°C	2.00	595	595	Ninety-ninth trial
101	May 20	110:00	220°C	2.01	600	600	Hundredth trial

TABLE D 1 (continued).—Showing all the causes of death that entered into the deaths during the year 1913, 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.									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	Valvular heart disease.	Influenza.	Heart failure.	Ascites.	Senile decay.					
DARENTH ASYLUM.																						
GENERAL DISEASES—																						
Tuberculosis, pulmonary	1	6	7	3	..	..	..	..	..	..	..	..	1	6	7	..	..	..	..	..	..	..
" general	..	1	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
" meningitis	..	1	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM—																						
Exhaustion following epilepsy	2	1	3	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM—																						
Pneumonia	1	1	2	2	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..
Broncho-pneumonia	..	1	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
Pleurisy	..	1	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM—																						
Cirrhosis of liver	..	1	1	1	..	..	..	..	..	..	..	..	..	1	1	..	..	1	..	..	..	..
DISEASES OF URINARY SYSTEM—																						
Chronic nephritis	..	2	2	1	..	..	..	..	..	..	..	..	..	2	2	..	..	..	..	..	..	..
Acute	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..
Totals	5	15	20	11	..	..	..	..	..	..	..	..	1	6	7	..	..	..	..	..	..	..

For summary of Table D 1 see p. 168 b.

TABLE D 1 (continued).—Showing all the causes of death that entered into the deaths during the year 1913, 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.						
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	Pulmonary tuberculosis.	Splenic infarction.	Pulmonary oedema.	Empyema.	German measles.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	M.	F.	M.	F.	
FOUNTAIN ASYLUM.																			
GENERAL DISEASES—																			
Tuberculosis, general	2	1	3	2	1	3	..	..	..	1	3	4	..	..	..	..	..	..	..
" pulmonary	2	2	4	2	2	4	..	..	..	2	3	5	..	..	..	..	..	..	..
" peritonitis	1	1	2	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..	..
Colitis ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute rheumatism	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Varicella ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM—																			
Chronic cerebral disease	4	3	7	4	3	7	..	..	..	4	3	7	..	..	..	..	..	..	..
General paralysis of insane	1	1	2	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..	..
Epilepsy ..	1	2	3	1	2	3	..	..	..	1	2	3	..	..	..	..	..	..	..
Hydrocephalus	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis of brain	..	1	1	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..
DISEASES OF CIRCULATORY SYSTEM—																			
Chronic heart disease	..	1	1	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM—																			
Pneumonia ..	2	4	6	2	4	6	..	..	..	2	5	7	..	..	..	..	..	..	..
Broncho-pneumonia	1	2	3	1	2	3	..	..	..	1	2	3	..	..	..	..	..	..	..
Empyema ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF LYMPHATIC AND DUCTLESS GLANDS—																			
Splenic infarction	..	..	..	1	..	1	..	..	..	1	1	2	..	..	..	..	..	..	..
Totals ..	16	17	33	16	17	33	23	23	23	23	23	23	23	23	23	23	23	23	23

For summary of Table D 1 see p. 168 b.

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TABLE D 2.—Showing the principal cause of death in each death during the year 1913, together with the ages at death in quinquennial periods.

TOOTING BEG ASYLUM.																											
PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.															Totals											
	Less than 10	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70 and over													
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	T.										
GENERAL DISEASES—																											
Influenza																1	1	1									
Tuberculosis, pulmonary																	1	1									
Cancer of liver			1			1						2	1		1	2	6	4									
" pylorus															1	1	1										
" rectum															1	1	1										
" colon															1	1	1										
Mediastinal carcinoma															1	1	1										
DISEASES OF NERVOUS SYSTEM—																											
Cerebral hæmorrhage															1	1	1										
Subdural															2	2	4										
Chronic brain disease									1						1	1	3										
General paralysis of insane								1	1							1	1										
DISEASES OF CIRCULATORY SYSTEM—																											
Chronic heart disease										1		2	1	2	2	1	4	6									
Valvular disease of heart															1	1	12										
Fatty degeneration of heart															1	1	16										
Cardiac syncope															1	1	28										
Cerebral thrombosis															1	1	5										
Cerebral arterio-sclerosis															1	1	1										
Arterio-sclerosis															1	1	1										
Chronic mitral disease															1	1	2										
DISEASES OF RESPIRATORY SYSTEM—																											
Chronic bronchitis															1	1	1										
Pneumonia											1		1		1	3	3										
Broncho-pneumonia											1		1		2	2	9										
Hypostatic pneumonia											1		1		1	1	37										
Double pulmonary congestion															1	1	4										
Pleurisy															1	1	3										
DISEASES OF DIGESTIVE SYSTEM—																											
Cirrhosis of liver															1	1	1										
DISEASES OF URINARY SYSTEM—																											
Chronic nephritis															1	1	1										
" Bright's disease															1	1	3										
Cirrhosis of kidneys															1	1	1										
OLD AGE—																											
Senile decay											1		1	4	2	9	5	79									
Totals			1			1			2		3	1	1	1	4	2	9	6	23	8	20	13	100	114	173	148	318
TOOTING BEG RECEIVING HOME FOR CHILDREN.																											
GENERAL DISEASES—																											
Tuberculosis, general	3		1															4	4								
DISEASES OF NERVOUS SYSTEM—																											
Chronic hydrocephalus	2		1		1													4	4								
DISEASES OF RESPIRATORY SYSTEM—																											
Broncho-pneumonia		1																1	1								
Totals	5	1	2		1													8	1	9							

For summary of Table D 2 see p. 168 c.

ANNUAL REPORT, 1913, STATISTICAL COMMITTEE.

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TABLE D 2 (continued).—Showing the principal cause of death in each death during the year 1913, together with the ages at death in quinquennial periods.

LEAVESDEN ASYLUM.																		
PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.															Totals		
	Less than 10	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70 and over	M.	F.	T.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	T.	
GENERAL DISEASES—																		
Dysentery																		
Tuberculosis, pulmonary								1			2		2	1	5	6		
" of brain			1 2	4 5	2 2	2 2	1 2	2 1	5 2	2	1	1 2	1 1	3 3	22	25	47	
Tubercular abscess of hip							1									1	1	
Extra-dural tubercular abscess												1				1	1	
Carcinoma						1										1	1	
Gangrene of right foot									1		1 1	1		1	1	4	5	
DISEASES OF NERVOUS SYSTEM—																		
Cerebral abscess																		
" hemorrhage												1				1	1	
" softening											1		1			2	2	
" congestion									1							1	1	
General paralysis of insane												1					1	
Meningitis (non-tubercular)				1 2		1		1								3	2	
Status epilepticus			2		1	1							1			2	2	
Acute mastoiditis														1		1	1	
DISEASES OF CIRCULATORY SYSTEM—																		
Valvular disease of heart			1															
Fatty degeneration of heart			1					1		1 1		1	1 2			3	5	
Ulcerative endocarditis											1				1	2	4	
DISEASES OF RESPIRATORY SYSTEM—																		
Lobar pneumonia				1 2		1		1		1		4	5	4	1 16	2	37	
Broncho-pneumonia																3	18	
Hypostatic pneumonia			2			1		1		1 1		2	1	2		9	21	
Pleurisy								1								1	1	
Empyema				1												1	1	
Gangrene of lung								1								1	1	
DISEASES OF DIGESTIVE SYSTEM—																		
Perforation of gastric ulcer																		
Intussusception (inquest)														1		1	1	
Perforated appendix										1						1	1	
Rupture of duodenal ulcer																1	1	
Strangulated hernia								1								1	1	
DISEASES OF URINARY SYSTEM—																		
Chronic nephritis																		
Cystitis							1	2	1					2		1	5	
Pyonephrosis				1												1	2	
DISEASES OF GENERATIVE SYSTEM—																		
Fibroid tumour of uterus												1					1	
OLD AGE—																		
Senile decay													1	3	20	4	20	
ACCIDENTS OR VIOLENCE—																		
Inflammation of gullet, stomach, and bowels caused by irritant (inquest)					1											1	1	
Totals			7 3	7 11	3 6	3 3	1 6	7 5	7 6	3 6	3 11	1 17	3 17	9 52	54	143	197	

For summary of Table see p. 168 c.

ANNUAL REPORT, 1913, STATISTICAL COMMITTEE.

TABLE D 2 (continued).—Showing the principal cause of death in each death during the year 1913, 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.	M. F. T.
GENERAL DISEASES—															
Dysentery					1				1		1				2 1 3
Tuberculosis of peritoneum											1				1 1 1
" " meninges											1				1 1 1
" " lungs		1	1 2	3	2	2	1 1	1 1	2		1		1		13 9 22
Carcinoma of breast					1	1								1	2 1 1
" " stomach														1	1 1 1
" " colon											1				1 1 1
" " gall bladder									1						1 1 1
Gangrene of feet													1		1 1 1
Cellulitis of arm											1				1 1 1
Addison's disease										1					1 1 2
DISEASES OF NERVOUS SYSTEM—															
Cerebral hæmorrhage											1			2	2 1 4 5
Softening of brain														2	2 1 4 5
General paralysis of insane					1					1					2 1 3
Mania (exhaustion from)		1													1 1 1
Epilepsy				2				1	1 2	2 2					6 7 13
Hydrocephalus, congenital			1												1 1 1
DISEASES OF CIRCULATORY SYSTEM—															
Valvular disease of heart					1	1	1	1		1	1	1 2	1 1	2 1	10 6 16
Fatty degeneration of heart														2 1	2 1 3
Endocarditis			1		1						2		1	4	1 15 16
Pericarditis				1											1 1 2
Cerebral embolism															1 1 1
Arterio-sclerosis														1	1 1 1
DISEASES OF RESPIRATORY SYSTEM—															
Acute bronchitis								1							1 1 2
Chronic												1			1 1 2
Lobar pneumonia				1	4 1	1 1				1				1	3 3 3
Broncho-pneumonia					1 1				1		1	1 1		1	9 4 13
Fibroid disease of lung					1					1 1	1				2 2 4
DISEASES OF DIGESTIVE SYSTEM—															
Infective enteritis						1					1	1			3 3 3
Simple				1											1 2 3
Appendicitis			1						1						2 2 2
Chronic gastritis								1							1 1 1
Ulcerative stomatitis					1										1 1 1
Duodenal ulcer										1					1 1 1
Volvulus								1							1 1 1
Intestinal obstruction			1												1 1 1
Ischio-rectal abscess													1		2 2 2
Pancreatitis														1	1 1 1
DISEASES OF URINARY SYSTEM—															
Chronic Bright's disease										1	2 1	2 1	2	1 2	8 4 12
Acute nephritis				1											1 1 1
Chronic cystitis														1	1 1 1
DISEASES OF GENERATIVE SYSTEM—															
Ovarian cyst														1	1 1 1
DISEASES OF BONES—															
Osteomyelitis				1		1									2 2 2
OLD AGE—															
Senile decay													2 4		2 4 6
Totals		2	4 4	11 3	8 3	6	2 2	5 2	9 3	6 7	8 11	7 8	5 9	9 28	80 82 162

For summary of Table see p. 168c.

of the [illegible] of the [illegible]

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

TABLE D 2 (continued).—Showing the principal cause of death in each death during the year 1913, together with the ages at death in quinquennial periods.

PRINCIPAL CAUSES OF DEATH.	AGES AT DEATH IN QUINQUENNIAL PERIODS.																	Totals	
	Less than 10	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70 and over	Totals				
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F. T.			
GENERAL DISEASES—																			
Phthisis .. .. .	..	..	1	..	2	..	..	1	..	..	..	..	..	..	..	1	6
Tuberculosis, general ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
" meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
DISEASES OF NERVOUS SYSTEM—																			
Exhaustion following epilepsy ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1
DISEASES OF RESPIRATORY SYSTEM—																			
Broncho-pneumonia .. .. .	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Pneumonia .. .. .	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2
Pleurisy .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
DISEASES OF DIGESTIVE SYSTEM—																			
Cirrhosis of liver .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
DISEASES OF URINARY SYSTEM—																			
Chronic nephritis .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2
Acute .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Totals	2	1	1	2	1	4	2	3	2	2	2	1	1	1	1	5	15		
																	20		

For summary of Table see p. 168 c.

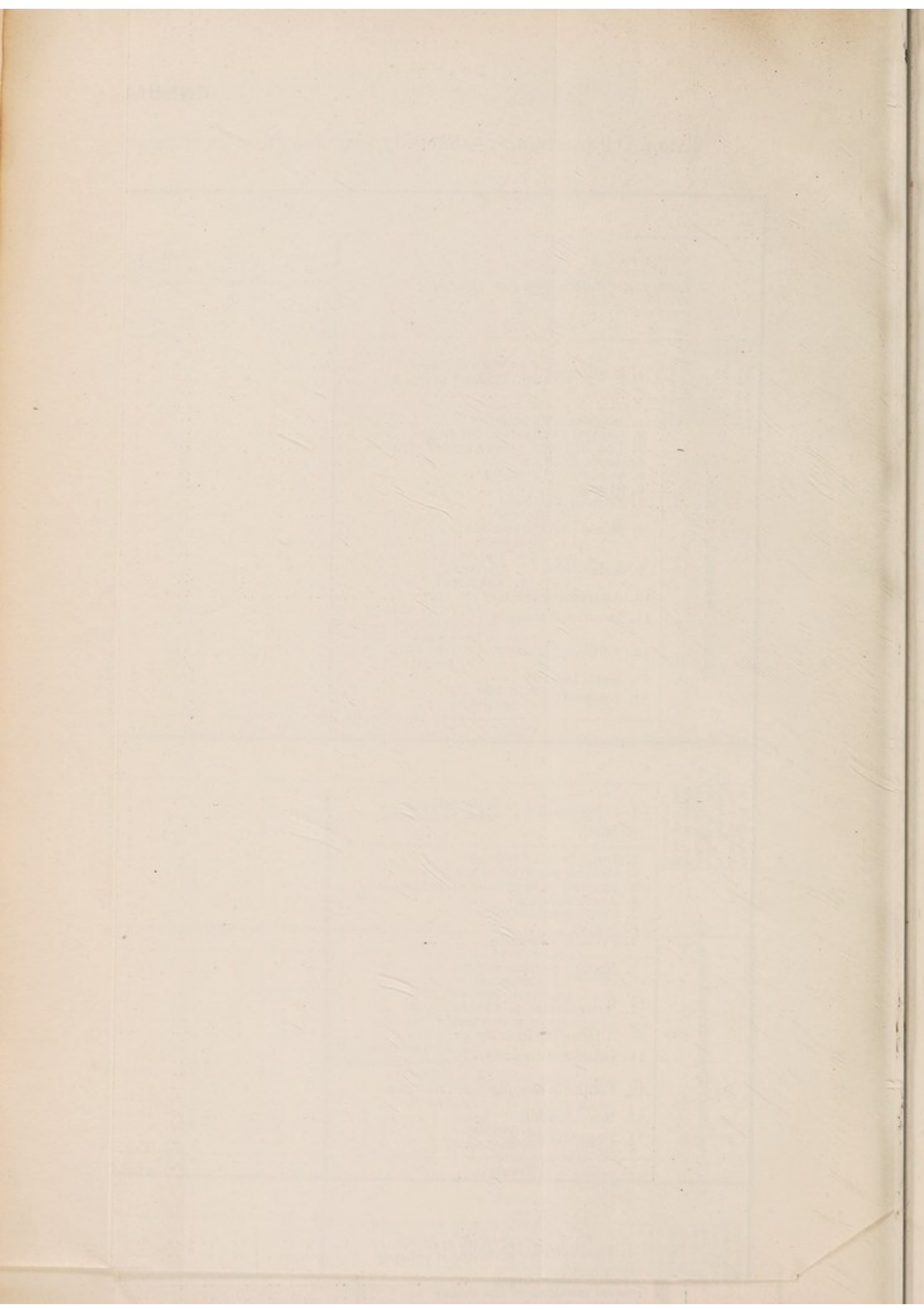
Table 1. Summary of the results of the survey.

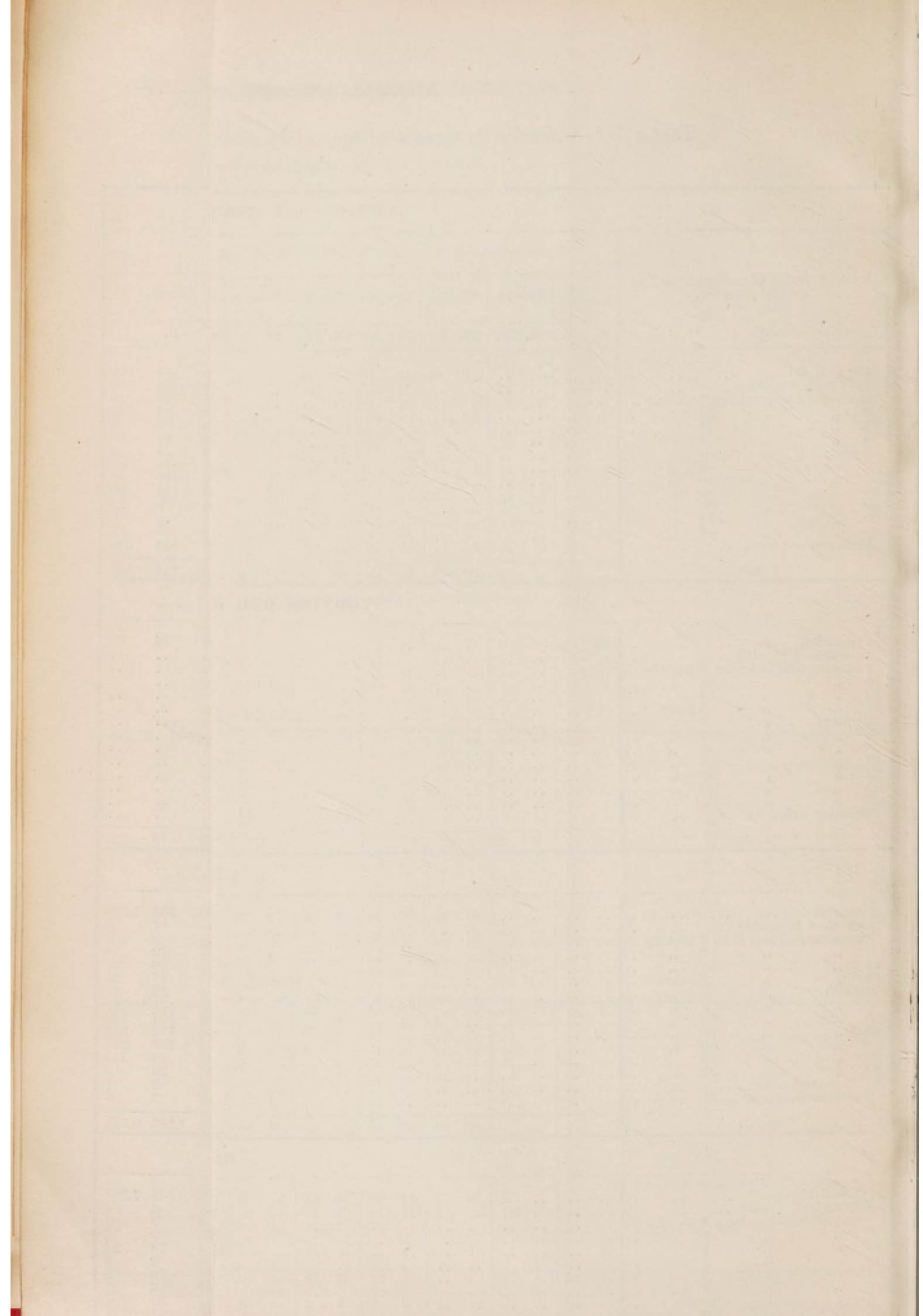
Year	Number of respondents	Percentage of respondents	Mean score	Standard deviation
1990	100	100%	4.5	1.2
1991	100	100%	4.6	1.3
1992	100	100%	4.7	1.4
1993	100	100%	4.8	1.5
1994	100	100%	4.9	1.6
1995	100	100%	5.0	1.7
1996	100	100%	5.1	1.8
1997	100	100%	5.2	1.9
1998	100	100%	5.3	2.0
1999	100	100%	5.4	2.1
2000	100	100%	5.5	2.2
2001	100	100%	5.6	2.3
2002	100	100%	5.7	2.4
2003	100	100%	5.8	2.5
2004	100	100%	5.9	2.6
2005	100	100%	6.0	2.7
2006	100	100%	6.1	2.8
2007	100	100%	6.2	2.9
2008	100	100%	6.3	3.0
2009	100	100%	6.4	3.1
2010	100	100%	6.5	3.2
2011	100	100%	6.6	3.3
2012	100	100%	6.7	3.4
2013	100	100%	6.8	3.5
2014	100	100%	6.9	3.6
2015	100	100%	7.0	3.7
2016	100	100%	7.1	3.8
2017	100	100%	7.2	3.9
2018	100	100%	7.3	4.0
2019	100	100%	7.4	4.1
2020	100	100%	7.5	4.2
2021	100	100%	7.6	4.3
2022	100	100%	7.7	4.4
2023	100	100%	7.8	4.5
2024	100	100%	7.9	4.6
2025	100	100%	8.0	4.7

TABLE D 3 (continued).—Showing the total duration of the present attack of mental disorder in the deaths during the year 1913, arranged according to the form of mental disorder on admission.

Form of mental disorder (on admission).		CATERHAM ASYLUM.																				Totals.	
		Less than one month.	1 m. and less than 3 m.	3 m. and less than 6 m.	6 m. and less than 9 m.	9 m. and less than 12 m.	12 m. and less than 2 yrs.	2 yrs. and less than 3 yrs.	3 yrs. and less than 5 yrs.	5 yrs. and less than 10 yrs.	10 yrs. and less than 15 yrs.	15 yrs. and less than 20 yrs.	20 yrs. and less than 25 yrs.	25 yrs. and less than 30 yrs.	30 yrs. and less than 35 yrs.	35 yrs. and less than 40 yrs.	40 yrs. and less than 45 yrs.	45 yrs. and over.	Un-known.	M.	F.	M.	F.
		M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.
Insanity occurring later in life.	1. Intellectual (a. With epilepsy b. Without epilepsy)
	2. Moral
	1. Insanity with epilepsy
	2. General paralysis of the insane
	3. Insanity with grosser brain lesions
	4. Acute delirium
	5. Confusional insanity
	6. Stupor
	7. Primary dementia (a. Recent b. Chronic c. Recurrent)
	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 c. Impulse)
	12. Volitional insanity (a. Impulse b. Obsession c. Doubt)
13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia (a. Senile b. Secondary)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DAREMTH ASYLUM.																							
Insanity occurring later in life.	1. Intellectual (a. With epilepsy b. Without epilepsy)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	2. General paralysis of the insane	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia (a. Recent b. Chronic c. Recurrent)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	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 c. Impulse)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity (a. Impulse b. Obsession c. Doubt)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia (a. Senile b. Secondary)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
FOUNTAIN TEMPORARY ASYLUM.																							
Insanity occurring later in life.	1. Intellectual (a. With epilepsy b. Without epilepsy)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	2. Moral	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	1. Insanity with epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	2. General paralysis of the insane	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	3. Insanity with grosser brain lesions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	4. Acute delirium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia (a. Recent b. Chronic c. Recurrent)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	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 c. Impulse)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity (a. Impulse b. Obsession c. Doubt)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Moral insanity	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Dementia (a. Senile b. Secondary)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

For summary of Table see p. 168 d.





APPENDIX III.

REPORT UPON THE LABORATORY WORK AND PREPARATION OF DIPHTHERIA ANTITOXIN CARRIED OUT UNDER THE METROPOLITAN ASYLUMS BOARD DURING THE YEAR 1913.

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.

Diphtheria antitoxin. The preparation of diphtheria antitoxin has been carried out much on the lines of former years. The amount supplied during 1913 to the various institutions of the Board included 26,880 doses, each of 4,000 units, or, in all, 107,520,000 units.

During the year 6,283 cases, including 428 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, 17,113 units were used for each patient. The corresponding figures for 1912 were 96,816,000 for a total of 6,510 patients treated, or 14,781 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 previous years, provided with diphtheria antitoxin, the total amount supplied during 1913 being 1,000,000 units, the same quantity as was supplied during 1912.

Other supplies. There were also supplied to the Board's institutions outfits necessary for diagnostic work and a large quantity of various culture media and tuberculin dilutions. A summary of these supplies will be found in the appended tabular statement.

DIAGNOSTIC WORK.

Diphtheria examinations. During the past year 739 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 359 patients in whom the

diagnosis was doubtful or who were awaiting their discharge from the hospital. Specimens from 5·7 per cent. of the diphtheria patients treated in the Board's hospitals were thus examined at the laboratories, the remainder probably being cases in which the diagnosis was simple and straightforward. In 1912 the corresponding figures were 957 specimens from 477 patients, or 7·2 per cent. of the total cases treated.

649 swabs from the nose and throat of 308 cases of measles treated in the North-Eastern Hospital were examined for the presence of virulent diphtheria bacilli, 15 examinations giving positive results.

Agglutinative reactions. During 1913, 336 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 263 patients. 708 samples of blood sent from the Board's asylums were tested in a similar manner, the samples being obtained from 701 inmates, many of whom were of faulty habits.

29 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 excreta of inmates of the Board's asylums for the presence of typhoid bacilli was continued during the year, 61 fæces and 61 urines from 17 cases being examined.

22 fæces and 20 urines from 8 cases in other institutions of the Board were also examined.

Tubercle examinations 3,070 samples of sputum were examined microscopically for the presence of tubercle bacilli. These samples were derived from patients in the Downs Sanatorium and Northern Hospital. In addition 24 specimens from cases suspected to be suffering from tuberculosis have been submitted for examination by various institutions under the Board.

Special examinations. 17 samples of cerebro-spinal fluid from cases suspected to be suffering from cerebro-spinal meningitis were submitted for examination during the year.

6 other samples were received at the laboratories and there examined with the object of separating and, if possible, identifying the organisms present. In 116 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 15 cases, vaccines prepared from organisms, cultures of which are maintained at the laboratory, were supplied.

5 samples of milk have been submitted for examination during the year. 1 specimen was examined for ringworm, and 23 specimens have been examined for the Wassermann reaction. 7 specimens were received at the laboratories for the preparation of microscopic sections for histological examination.

The water supplies of certain of the Board's institutions have been kept under observation during the past year, 24 samples of potable water taken from four institutions being brought under examination.

The sterilising plant at Leavesden Asylum has been tested during the year.

ANNUAL REPORT, 1913,

The following table shows the number of examinations carried out for the Board's asylums, infectious hospitals, children's institutions, and sanatoria during the year:—

Institutions.	Diphtheria.	Typhoid.		Widal reactions.	Sputa.	Other examinations.	Totals.
		Fæces.	Urines.				
Asylums .. .. .	..	61	61	708	..	4	834
Infectious hospitals ..	1,375	22	20	336	..	99	1,852
Children's institutions ..	11	..	..	..	..	159	170
Sanatoria	2	..	..	2	3,070	6	3,080
Totals	1,388	83	81	1,046	3,070	268	5,936

(Signed) G. SIMS WOODHEAD.

(Signed) G. E. CARTWRIGHT WOOD.

Results of bacteriological examinations, 1913.

(i.) DIPHTHERIA.	TOTALS.
Virulent diphtheria bacilli	80
Probably non-virulent diphtheria bacilli	63
Rods present resembling diphtheria bacilli which we were unable to separate in a pure culture	177
No rods resembling diphtheria bacilli present	419
Total	739

(ii.) WIDAL.	TOTALS.
Complete clumping in all dilutions ($\frac{1}{25}$: $\frac{1}{50}$: $\frac{1}{100}$)	27
Complete clumping in $\frac{1}{25}$ and $\frac{1}{50}$ dilutions, and incomplete clumping $\frac{1}{100}$	35
Complete clumping $\frac{1}{25}$ dilution only, and incomplete clumping $\frac{1}{50}$ and $\frac{1}{100}$ or $\frac{1}{25}$ only	42
Incomplete clumping $\frac{1}{25}$ and $\frac{1}{50}$ dilutions or $\frac{1}{25}$ dilution only	61
Negative in all dilutions	881
Total	1,046

(iii.) FÆCES AND URINE.			
	Positive.	Negative.	Totals.
Fæces	11	72	83
Urine	1	80	81

MEDICAL SUPPLEMENT

FOR THE

YEAR 1913.

EDITED BY

F. M. TURNER, M.D.,

AND

J. E. BEGGS, M.D.

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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 1913. The most noticeable feature is the continued reduction in the incidence of the more important complications among the scarlet fever and diphtheria patients.

Scarlet fever. The number of cases of septic scarlet fever has steadily declined of recent years, and accompanying this there has been a reduction in the case mortality and in the complications from which this class of patients is particularly apt to suffer. This can readily be seen if the percentages for the years 1909, 1911, and 1913 are contrasted:—

	1909.	1911.	1913.
Case mortality	2.33	1.94	1.25
Otitis	12.70	11.42	8.81
Adenitis (early suppurative)	0.83	0.69	0.17
" of convalescence (simple)	7.68	6.36	4.95
" " " (suppurative)	1.26	1.02	0.77
Broncho-pneumonia	0.52	0.45	0.31
Stomatitis (ulcerative)	0.96	0.73	0.51

Diphtheria. The case mortality among the diphtheria patients continues to fall, and this has been accompanied by a considerable reduction in the incidence of paralysis and otitis. The percentages for the years 1909, 1911, and 1913 are given below:—

	1909.	1911.	1913.
Case mortality	9.44	8.90	6.63
Paralysis	13.94	11.15	7.85
Otitis	5.40	5.38	4.10

Enteric fever. The number of patients admitted suffering from enteric fever continues to decline. The case mortality, however, shows no reduction. Of the more important complications the incidence of hæmorrhage is rather higher than in the preceding year, and is about the same as it was in 1905. Cases of relapse were decidedly less frequent, and no case of perforation was recorded during the year.

Measles and whooping cough. As regards both measles and whooping cough, the case mortality is higher, and the incidence of the more important complications greater, than in 1912. This can be seen from the two appended tables, where the figures for 1911, 1912, and 1913 are contrasted:—

	MEASLES.		
	1911.	1912.	1913.
Case mortality	13.89	10.45	11.32
Broncho-pneumonia	17.78	14.25	16.32
Otitis	14.10	11.05	15.99

	WHOOPIING COUGH.		
	1911.	1912.	1913.
Case mortality	13.24	8.47	12.79
Broncho-pneumonia	15.20	10.43	16.20
Otitis	4.90	6.42	8.85

(Signed) { F. M. TURNER,
 { J. E. BIGGS.

2. COMPLICATIONS AND CO-EXISTENT INFECTIOUS DISEASES, 1913.

TABLE I.—Showing incidence of complications amongst cases of scarlet fever completed during 1913.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Joyce Green.	Total.	Ratio per cent.
Total cases	1,270	1,923	1,482	2,232	1,351	1,802	2,064	2,201	(3,416)	(5,452)	(866)	14,325	..
Relapse of disease ..	2	10	7	19	14	20	19	22	66	78	4	261	1·82
Rheumatism	20	18	34	60	73	58	60	45	9	26	5	408	2·85
Chorea .. ..	..	..	..	3	2	..	1	2	2	3	1	14	0·10
Pyæmia .. ..	..	..	..	..	2	1	4	1	..	..	..	8	0·06
Meningitis .. ..	..	..	..	1	..	1	..	..	..	..	..	2	0·01
Otitis	68	71	115	146	97	159	139	177	143	81	12	1,208	8·43
Mastoid abscess ¹ ..	..	..	3	4	3	5	6	5	5	7	..	38	0·27
Endocarditis	2	3	..	15	1	9	10	7	4	27	1	79	0·55
Pericarditis	1	1	2	1	1	1	2	1	..	3	..	13	0·09
Laryngitis	1	..	..	..	..	..	..	2	4	9	..	16	0·11
Bronchitis	3	4	4	5	10	4	6	19	16	3	1	75	0·52
Broncho-pneumonia ..	2	5	7	4	4	2	6	6	4	3	..	43	0·30
Pleurisy	2	3	3	..	..	..	4	2	..	..	..	14	0·10
Empyema	3	4	..	3	..	1	3	..	1	..	..	15	0·10
Stomatitis, ulcerative ..	4	2	8	5	13	9	6	7	12	4	..	70	0·49
Tonsillitis during convalescence ..	9	7	19	10	37	11	36	19	16	86	7	257	1·79
Jaundice .. ..	..	..	3	1	..	2	4	3	..	6	..	19	0·13
Nephritis	26	31	32	32	37	33	46	41	18	16	1	313	2·18
Albuminuria ²	27	103	91	130	65	146	96	249	91	105	27	1,130	7·89
Cervical cellulitis	2	..	4	1	..	2	6	1	..	..	..	16	0·11
Adenitis, suppurative, occurring in the acute stage ..	4	5	2	3	..	5	2	2	..	..	..	23	0·16
Adenitis of convalescence, simple ..	53	58	44	80	142	45	78	89	36	48	6	679	4·74
Adenitis of convalescence, suppurative ..	5	12	9	9	7	8	13	15	11	15	1	105	0·73
Abscesses—excluding mastoid and cervical abscesses	21	6	2	13	16	..	19	13	1	10	3	104	0·73
<i>Specific infectious diseases³—</i>													
Diphtheria	7	4	13	32	26	5	21	15	47	24	1	195	1·36
Chickenpox	15	20	..	12	16	40	7	16	53	32	1	212	1·48
Measles	7	14	17	12	3	15	14	8	28	..	..	118	0·82
Rubella .. ..	..	..	1	4	3	..	3	..	..	3	..	14	0·10
Whooping cough .. ..	..	12	1	3	..	4	3	6	15	..	..	44	0·31
Mumps .. ..	..	10	3	..	..	3	..	4	8	14	..	42	0·29
Erysipelas .. ..	..	..	..	2	1	1	1	..	..	1	..	6	0·04
Enteric fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lobar pneumonia	2	2	..	3	1	4	3	..	2	2	..	19	0·13

1. Includes all abscesses in or around the mastoid process.

2. Includes all cases in which albumen was detected, even if only on one occasion, and in which there were no other signs of nephritis.

3. Specific infectious diseases co-existent on admission are returned on Table VI.

TABLE II.—Showing incidence of complications amongst cases of diphtheria completed during 1913.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Total.	Ratio per cent.
Total cases	396	424	827	633	472	486	748	931	(514)	(1,224)	4,917	..
Relapse of disease	3	3	2	1	1	2	2	5	2	6	27	0.55
Paralysis	33	33	44	59	35	51	56	61	4	11	387	7.85
Otitis	16	19	27	23	26	13	31	31	6	10	202	4.10
Mastoid abscess .. .. .	..	..	..	..	..	1	1	1	..	..	4	0.08
Broncho-pneumonia	5	4	3	5	3	4	8	6	..	2	40	0.81
Adenitis, ¹ suppurative, occurring in the acute stage .. .. .	..	..	1	3	..	..	1	5	..	..	10	0.20
Adenitis of convalescence, simple	1	12	3	6	21	11	10	22	4	4	94	1.91
Adenitis of convalescence, suppurative .. .. .	..	2	3	2	2	1	1	..	..	1	12	0.24
Nephritis	1	3	8	2	3	1	2	5	3	2	30	0.61
Albuminuria	140	102	71	65	46	246	120	325	10	20	1,145	23.28
<i>Specific infectious diseases²—</i>												
Scarlet fever	6	8	7	18	14	13	23	20	15	17	141	2.86
Chickenpox	2	1	..	2	4	..	1	2	..	..	12	0.24
Measles	10	..	..	..	9	2	9	6	..	..	36	0.73
Whooping cough	1	4	2	..	1	..	6	4	..	..	18	0.36
Rubella	1	..	..	..	..	..	..	..	..	..	1	0.02
Lobar pneumonia .. .. .	..	1	..	2	2	..	4	1	..	..	12	0.24
Mumps .. .. .	..	1	2	..	..	..	..	1	1	2	7	0.14
<i>Complications referable to antitoxin amongst cases of diphtheria treated with it.</i>												
Total cases	355	412	605	640	347	475	620	874	..	..	4,328	..
Rash	114	128	265	80	172	204	130	259	..	..	1,352	31.24
Joint pains	9	19	23	6	13	23	18	26	..	..	137	3.16
Abscess	2	1	5	10	..	7	5	1	..	..	31	0.72

1. Cases developing after the subsidence of the early throat symptoms only.
2. See note 3, Table I.

TABLE III.—Showing incidence of complications amongst cases of enteric fever completed during 1913.

COMPLICATIONS.	Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Total.	Ratio per cent.
Total cases	42	57	2	61	8	44	4	218	..
Relapse of disease	4	4	1	1	..	3	..	13	5.9
Hæmorrhage	4	6	..	8	2	3	..	23	10.5
Perforation .. .. .	..	..	..	..	..	..	..	..	..
Peritonitis (non-perforative) .. .. .	..	..	..	..	..	..	..	..	0.9
Broncho-pneumonia .. .. .	..	..	..	..	..	..	..	4	1.8
Pleurisy .. .. .	..	..	..	..	..	..	..	2	0.9
Nephritis .. .. .	..	..	..	..	..	1	..	1	0.5
Parotitis .. .. .	..	1	..	1	..	..	..	2	0.9
Periostitis .. .. .	..	1	..	..	..	1	..	3	1.4
Phlebitis .. .. .	..	5	..	1	..	..	..	6	2.7
Dementia .. .. .	..	..	..	2	..	..	..	2	0.9
Peripheral neuritis .. .. .	..	..	..	1	..	..	..	1	0.5
Otitis media .. .. .	..	3	1	2	..	..	1	9	4.1
Abscesses .. .. .	..	..	..	2	..	..	..	2	0.9
Boils .. .. .	..	..	..	..	..	..	..	2	0.9
<i>Specific infectious diseases¹—</i>									
Scarlet fever .. .. .	..	..	2	..	..	..	..	2	0.9
Diphtheria .. .. .	..	..	..	1	..	..	..	2	0.9
Lobar pneumonia	3	..	..	..	..	..	..	4	1.8

1. See note 3, Table I.

TABLE IV.—Showing incidence of complications amongst cases of measles completed during 1913.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Northern.	Southern.	Total.	Ratio per cent.
Total cases	566	417	613	890	288	310	629	332	(618)	(459)	4,046	..
Relapse of disease .. .. .	..	2	..	1	..	..	..	..	2	..	5	0.12
Pyæmia .. .. .	..	3	..	..	..	..	..	..	..	..	3	0.07
Meningitis .. .. .	..	..	1	1	..	..	..	..	..	..	2	0.05
Otitis	109	51	78	135	31	48	94	42	29	30	647	15.99
Vesicular and bullous eruptions	5	..	1	1	..	..	2	..	..	4	13	0.32
Laryngitis	15	19	3	10	2	8	9	6	..	3	75	1.85
Broncho-pneumonia	93	125	70	136	25	58	107	29	5	6	656	16.22
Pleurisy	3	1	1	3	..	..	2	..	..	1	11	0.27
Empyema	1	1	2	4	..	1	2	..	..	1	12	0.30
Stomatitis	44	13	6	16	5	8	5	6	3	8	114	2.82
Cancerum oris .. .. .	..	..	..	2	..	..	..	..	..	..	2	0.05
Albuminuria	7	9	5	20	4	5	31	7	11	5	98	2.42
Adenitis (cervical)	12	3	6	7	4	1	3	7	3	10	56	1.38
(suppurative)	2	8	5	2	..	..	7	..	..	..	24	0.59
Abscesses (other kinds)	24	10	6	8	3	6	13	4	..	5	79	1.95
Conjunctivitis	6	10	4	29	6	1	34	4	7	18	119	2.94
Keratitis .. .. .	..	..	2	..	1	1	1	1	..	1	7	0.17
Enteritis	3	39	5	23	..	8	48	7	..	1	134	3.31
<i>Specific infectious diseases</i> ¹ —												
Scarlet fever	10	8	4	5	1	12	6	2	6	26	80	1.98
Diphtheria	4	6	17	20	1	3	20	1	8	5	85	2.10
Chickenpox	1	2	4	3	2	1	..	..	5	6	24	0.59
Rubella	6	..	..	..	..	..	..	..	6	14	26	0.65
Whooping cough	1	13	20	14	1	7	10	..	14	3	83	2.07
Mumps	1	1	..	1	1	4	..	..	5	13	26	0.67
Erysipelas .. .. .	..	..	..	..	..	..	1	..	..	..	1	0.03
Enteric fever .. .. .	..	..	..	..	..	..	..	..	..	..	1	0.03
Tuberculosis .. .. .	..	1	..	4	..	1	2	..	..	..	8	0.20
Lobar pneumonia	2	2	1	10	..	2	5	..	..	3	25	0.62

1. See note 3, Table I.

TABLE V.—Showing incidence of complications amongst cases of whooping cough completed during 1913.

COMPLICATIONS.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook.	Southern.	Total.	Ratio per cent.
Total cases	22	239	137	138	9	277	207	87	(248)	1,116	..
Otitis	3	27	5	12	1	8	22	6	15	99	8.85
Meningitis .. .. .	..	..	..	1	..	..	..	..	..	1	0.09
Convulsions	1	9	7	2	..	8	5	..	..	32	2.96
Broncho-pneumonia	6	46	25	17	..	32	39	13	2	180	16.20
Laryngitis .. .. .	..	..	..	1	..	..	..	1	2	4	0.36
Pleurisy .. .. .	..	1	..	1	..	..	..	..	..	2	0.18
Empyema .. .. .	..	1	1	..	..	..	1	..	..	3	0.27
Bronchiectasis .. .. .	..	..	..	1	..	..	..	..	..	1	0.09
Atelectasis .. .. .	..	..	..	..	..	..	..	..	..	..	..
Stomatitis	1	3	1	5	..	5	..	2	1	18	1.64
Albuminuria .. .. .	..	3	..	1	..	..	5	..	1	10	0.91
<i>Specific infectious diseases</i> ¹ —											
Scarlet fever .. .. .	..	11	3	2	1	5	2	2	4	30	2.73
Diphtheria .. .. .	..	1	1	1	..	..	2	2	..	12	1.09
Chickenpox .. .. .	..	4	..	1	..	2	..	..	9	16	1.45
Measles .. .. .	..	12	25	19	..	9	7	..	..	72	6.54
Rubella .. .. .	..	..	..	..	..	..	..	..	1	1	0.09
Mumps .. .. .	..	9	1	..	..	1	1	..	1	13	1.20
Erysipelas .. .. .	..	..	..	..	..	..	..	..	..	..	..
Enteric fever .. .. .	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis .. .. .	..	1	..	2	..	1	3	..	1	8	0.73
Lobar pneumonia .. .. .	..	1	..	1	..	..	3	..	..	5	0.45

1. See note 3, Table I.

TABLE VI.—Showing number of cases in which two separate infectious diseases were co-existent at the time of admission during 1913.

DISEASES.	Eastern.	North-Eastern.	North-Western.	Western.	South-Western.	Grove.	South-Eastern.	Brook	Total.
Scarlet fever and diphtheria	3	7	5	7	2	1	3	12	37
Scarlet fever and chickenpox	8	7	5	5	3	12	5	12	57
Scarlet fever and whooping cough ..	11	12	1	2	4	4	2	12	48
Scarlet fever and measles	1	7	..	2	2	..	1	2	15
Scarlet fever and rubella .. ..	..	..	..	1	..	..	..	..	1
Scarlet fever and enteric fever .. ..	..	..	..	..	..	..	..	..	..
Scarlet fever and mumps .. ..	..	1	..	..	..	..	..	3	4
Scarlet fever and lobar pneumonia ..	..	..	..	..	..	1	..	2	3
Scarlet fever and erysipelas .. ..	..	..	..	..	..	..	..	1	1
Scarlet fever and tuberculosis .. ..	..	..	..	..	..	..	..	1	1
Scarlet fever, whooping cough, and chickenpox .. ..	..	..	..	..	..	..	1	..	1
Diphtheria and measles	6	4	2	..	5	4	1	6	28
Diphtheria and chickenpox	2	4	1	..	1	1	..	3	12
Diphtheria and whooping cough	3	9	3	3	..	..	1	9	28
Diphtheria and enteric fever .. ..	..	..	..	..	..	..	..	..	..
Diphtheria and rubella .. ..	..	..	..	..	..	..	..	1	1
Diphtheria and mumps	1	..	..	..	..	1	..	1	3
Diphtheria and lobar pneumonia .. ..	..	..	..	..	1	..	..	2	3
Diphtheria and tuberculosis	4	..	..	..	..	..	..	..	4
Measles and whooping cough	10	15	12	..	10	8	..	11	66
Measles and chickenpox	5	6	4	..	..	1	..	5	21
Measles and mumps	2	1	..	..	..	..	..	..	3
Measles and lobar pneumonia .. ..	..	..	..	..	1	..	..	2	3
Measles and syphilis .. ..	..	..	..	..	..	1	..	..	1
Measles and tuberculosis .. ..	..	..	..	..	..	..	..	1	1
Whooping cough and chickenpox .. ..	..	..	2	..	..	..	1	..	3
Whooping cough and rubella .. ..	..	..	..	..	..	..	..	2	2
Whooping cough and mumps	1	..	..	..	..	1	..	..	2
Whooping cough and tuberculosis .. ..	..	..	..	..	..	..	..	2	2
Whooping cough, measles, and chickenpox .. ..	..	..	..	..	..	1	..	..	1

3. TRACHEOTOMY AND INTUBATION STATISTICS, 1913.

TABLE VII.—Number of cases and deaths at different ages of all cases of tracheotomy performed for primary diphtheria, secondary diphtheria, also for other causes, exclusive, however, of those cases which were previously intubated. (Cases operated on before admission are not included in body of table, but a footnote is made giving the number of cases and deaths.)

AGES.	PRIMARY DIPHTHERIA.			SECONDARY DIPHTHERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	14	9	64.2	1	1	100.0	..	..	..
1 to 2	48	15	31.2	2	1	50.0	3	3	100.0
2 " 3	46	11	23.9	1	1	100.0	1	1	100.0
3 " 4	50	9	18.0	..	..	..	2	1	50.0
4 " 5	39	13	33.3	1	0	0.0	3	0	0.0
5 " 6	30	9	30.0	2	0	0.0	1	1	100.0
6 " 7	7	1	14.2	1	0	0.0	1	0	0.0
7 " 8	6	0	0.0	..	..	..	..	..	..
8 " 9	3	0	0.0	..	..	..	..	..	..
9 " 10 .. ..	..	..	..	..	..	..	..	..	..
Over 10	2	2	100.0	..	..	..	..	..	..
Total	245	69	28.1	8	3	37.5	11	6	54.5

Tracheotomy performed before admission—

Cases. Deaths.
34 .. 3

TABLE VIII.—Number of cases and deaths at different ages of all cases of intubation performed for primary diphtheria, also for other causes, exclusive, however, of those cases in which tracheotomy was subsequently performed.

AGES.	PRIMARY DIPHThERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	0	0	0·0	0	0	0·0
1 to 2	3	0	0·0	0	0	0·0
2 „ 3	9	0	0·0	2	0	0·0
3 „ 4	11	0	0·0	1	0	0·0
4 „ 5	4	1	25·0	3	0	0·0
5 „ 6	5	0	0·0	1	0	0·0
6 „ 7	5	0	0·0	..	..	..
7 „ 8	0	0	0·0	..	..	..
8 „ 9	0	0	0·0	..	..	..
9 „ 10	2	0	0·0	..	..	..
Over 10	0	0	0·0	..	..	..
Total	39	1	2·5	7	0	0·0

TABLE IX.—Number of cases and deaths of patients suffering from primary diphtheria on whom both intubation and tracheotomy were performed.

AGES.	CASES.	DEATHS.	MORTALITY-PER CENT.
Under 1	1	1	100·0
1 to 2	7	4	57·1
2 „ 3	4	3	75·0
3 „ 4	6	0	0·0
4 „ 5	5	2	40·0
5 „ 6	1	0	0·0
6 „ 7 .. .. .	..	..	..
7 „ 8 .. .. .	..	..	..
8 „ 9 .. .. .	..	..	..
9 „ 10 .. .. .	..	..	..
Over 10 .. .. .	..	..	..
Total	24	10	41·6

4.—LAPAROTOMY IN ENTERIC FEVER PERFORMED DURING 1913.

TABLE X.

Hospital at which operation was performed.	Sex.	Age.	Period of illness.	Length of time between occurrence of signs of perforation and operation.	Condition of abdomen.	Nature of operation.	Result.	Remarks.
Eastern	F.	18	15th day	Four hours	Normal; no perforation found.	Laparotomy; right iliac incision.	Death, three days after operation.	Neither perforation nor peritonitis found post-mortem.

There were no cases of laparotomy at any other hospital.

Details of miscellaneous diseases admitted during 1913; also of deaths during 1913 (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 typhus fever.	Certified smallpox.	Uncertified.	Total.	Certified scarlet fever.	Certified diphtheria.	Certified enteric fever.	Certified measles.	Certified whooping cough.	Certified cerebro-spinal fever.	Certified puerperal fever.	Uncertified.	Total.
	Brought forward	162	35	63	90	4	7	..	2	1	2	366	6	8	19	2	2	10	..	1	43	
	<i>Certain morbid conditions incident to various parts—</i>																					
80	Carcinoma .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
82	Scabies	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>Diseases of the nervous system—</i>																					
97	Meningitis	1	..	2	..	..	2	..	..	..	..	5	1	..	1	..	..	1	..	..	..	..
98	Cerebral hemorrhage .. .. .	..	..	..	..	..	1	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..
100	Abscess of brain .. .. .	..	1	1	..	..	1	..	..	..	..	3	..	..	1	..	..	1	..	..	..	..
123	Convulsions, infantile .. .. .	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
124	Epilepsy	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
125	Laryngismus stridulus .. .. .	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
145	Acute mania .. .. .	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	<i>Diseases of the eye—</i>																					
166	Conjunctivitis .. .. .	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
171	Keratitis .. .. .	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
230	Blepharitis .. .. .	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
	<i>Diseases of the ear—</i>																					
264	Wax in the ears	1	6	2	1	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
265	Otitis media	9	6	2	1	2	..	..	..	..	..	20	1	..	..	..	..	..	..	..	..	..
	<i>Diseases of the nose—</i>																					
277	Rhinitis	7	23	..	1	..	..	..	..	..	..	31	..	..	..	..	..	..	..	..	..	..
	Carried forward	185	69	71	92	6	11	..	2	1	2	430	9	9	23	2	7	..	..	1	53	

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 ..	156	2	227	6	123	..	57	1	130	..	114	2	119	5	37	1	963	17
Diphtheria ..	201	5	115	3	140	5	210	4	70	3	107	2	81	3	85	2	1,009	27
Enteric fever ..	36	4	..	..	38	11	3	3	41	12	7	3	33	3	3	1	161	37
Measles ..	60	..	17	..	51	1	12	4	19	..	12	..	27	4	5	..	203	9
Whooping cough ..	5	..	6	..	15	3	6	..	2	..	12	4	8	1	1	..	55	8
Cerebro-spinal fever ..	2	1	3	1	2	2	..	..	2	1	4	3	2	1	..	..	15	9
Acute anterior poliomyelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever ..	3	..	..	..	4	1	..	..	..	..	1	..	2	..	..	..	10	1
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox ..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	2	..
Typhus fever ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Uncertified ..	17	1	4	..	15	..	14	1	7	1	8	..	15	..	2	..	82	3
Total ..	481	13	372	10	388	23	302	13	271	17	265	14	289	17	133	4	2,501	111

6.—INTRAMUSCULAR INJECTIONS OF ANTITOXIN IN THE TREATMENT OF DIPHTHERIA.

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Historical note.—Intramuscular injections of drugs were first employed about forty years ago, when it was found that deep injections of mercurial salts into the gluteal region were less painful and less likely to give rise to abscesses than the subcutaneous method, which had recently been introduced by Scarenzio in the treatment of syphilis. Other drugs, such as digitalis, camphor, and quinine, were subsequently given intramuscularly for the same reasons. It was not, however, until intramuscular injections had been in use for nearly thirty years that Meltzer and Auer (¹⁰) of the Rockefeller Institute, New York, by experiments on rabbits and guinea pigs with curare, fluorescein, morphine, and adrenalin, showed that intramuscular injections were more rapidly absorbed than subcutaneous. Hitherto it had been supposed that absorption from muscles was slower than from subcutaneous tissue owing to the comparative scarcity of lymphatics in the muscles. Subsequently physiologists proved that absorption of fluid occurred primarily through the wall of the blood capillaries and only exceptionally through the lymphatics. Meltzer and Auer suggested that the more rapid absorption from muscles was due to the unit of space in muscles containing more blood and more blood-vessels, and being therefore able to take up more liquid injected into it in a unit of time.

Further experiments by the same writers (¹⁷) published six years later disproved the objection that the more rapid absorption was due to the needle having entered the lumen of a vein.

The credit for the first experimental work on the comparative absorption of diphtheria antitoxin by intravenous, intramuscular, and subcutaneous routes is to be given to Prof. Morgenroth, of Berlin (²⁰). In conjunction with R. Levy (²¹) he showed that absorption of a colloid solution such as diphtheria antitoxin was subject to the same conditions in the subcutaneous tissue and muscles as Meltzer and Auer had shown to apply to crystalloid solutions, viz., delayed absorption after subcutaneous injection and rapid absorption after intramuscular injection.

The highest antitoxin value in the blood was naturally found after intravenous injection, but even after eight hours this concentration was found to have diminished, whereas in intramuscular injection after eight hours the antitoxin value of the blood came very close to that after intravenous injection. In four to five hours the antitoxin content with intramuscular injection was five to twenty times, and in seven to eight hours from three to ten times that after subcutaneous injection.

Confirmatory experiments were performed by Levin (¹⁴), who found that absorption of diphtheria antitoxin in goats occurred much more quickly after intramuscular than after subcutaneous injection. This difference was particularly marked during the first few days, as the antitoxin concentration reached in the blood after ten hours was fourteen times greater after intramuscular than after subcutaneous injection.

Morgenroth's investigations induced clinicians to give intramuscular injections of antitoxin in the treatment of diphtheria, and his method was first used in E. Neisser's clinic at Stettin, as will be seen from Gabriel's paper published in 1909 (¹¹).

Since then intramuscular injections have largely superseded subcutaneous in German hospitals, as reference to the writings of Baginsky (¹), Bauer (³), Blühdorn (⁶), Eckert (⁸), Hoesch (¹²), and Schreiber (²⁵) will show. Ganghofner (¹²), of Prague, and Feer (⁹), of Zürich, have also recently adopted the method. So far, however, to judge from the literature*, the practice of intramuscular injections of diphtheria antitoxin has been confined to German-speaking countries. As regards the site of injection, Gabriel, Eckert, Berlin, and Hoesch use the gluteal region, while Baginsky, Feer, and Ganghofner, following the advice of Morgenroth and Levy, prefer the outer side of the thigh.

* We are indebted to Dr. Germain Blechmann for informing us that intramuscular injections of antitoxin are not employed in any of the children's hospitals in Paris. Dr. C. B. Ker, however, in a letter dated 13 February, 1914, informs us that he has been using the method exclusively at the City Hospital, Edinburgh, for the last six months, owing to the recommendation of the practice in the new edition of Baginsky's book (¹).

A recent visit by one of us (J. D. R.) to Prof. Schlossmann's clinic at Düsseldorf, where we were assured by Dr. Bauer of its harmlessness and simplicity, induced us to make trial of the method.

The present paper is based on our experience of the last six months, during which time, thanks to the collaboration of our colleagues, intramuscular have entirely supplanted subcutaneous injections at the Grove Hospital.

In all 363 injections have been given to 300 patients, whose ages ranged from two weeks to 34 years. After subtracting 100 cases, which consist of patients still under treatment and of those who after injection were found to have some other disease, 200 completed cases of diphtheria, to whom 249 injections were given, are left. Of these, 10 died—a mortality of 5 per cent., which is reduced to 4 per cent. after excluding 2 cases who died within twenty-four hours of admission.

Classification.—The cases have been classified according to the localisation of the membrane and the character of the attack as follows:—

TABLE I.

Classification of cases.

I. Faucial cases with or without nasal or laryngeal involvement—					
1. Severe	..	..	..	..	52 cases.
2. Moderate	..	..	..	..	37 "
3. Mild	..	..	..	..	85 "
II. Nasal cases only—					
Mild	..	..	..	..	13 cases.
III. Laryngeal cases only—					
1. Severe	..	..	..	..	8 cases.
2. Moderate	..	..	..	..	2 "
3. Mild	..	..	..	..	2 "
IV. Conjunctival only—					
Mild	..	..	..	..	1 case.

Dosage.—The severe faucial cases received from 16,000 to 20,000 units on admission, usually the same but sometimes a smaller dose being repeated if necessary on one or two of the following days. The moderate faucial cases received from 8,000 to 12,000 units on admission, the same dose being sometimes repeated on the following day. The mild faucial cases received from 4,000 to 8,000 units, and it was rarely found necessary to repeat the dose.

The cases of nasal, laryngeal, and conjunctival diphtheria who had no faucial involvement, and consequently little if any toxæmia, received from 4,000 to 12,000 units. Table II. shows the total amount of antitoxin given in each case:—

TABLE II.

Doses.	Cases.	Remarks.
4,000	33 .. ..	.. ..
8,000	71	1 death on 45th day from spasm of glottis.
12,000	44	2 deaths, 1 from toxæmia within 24 hours of admission, and 1 from toxæmia.
16,000	12 .. ..	.. ..
20,000	13	2 deaths.
24,000	8	1 death.
28,000	7 .. ..	.. ..
32,000	5	2 deaths, 1 of the 3 survivors had no rash.
36,000	2	Both recovered, 1 had no rash.
38,000	2	2 deaths.
40,000	2	Both recovered, 1 had palatal palsy only. No rash in either case.
44,000	1	Recovery, with palatal palsy only. No rash.
	<hr/> 200 <hr/>	

The average dose for each patient was 12,250 units—a dose slightly below the average used in the Board's hospitals, in which since 1908 the average dose for each patient has ranged from 14,571 to 17,328 units (²⁶).

Our dosage for intramuscular injection has indeed been decidedly smaller, especially in severe cases, than it had been for subcutaneous. In a paper published by one of us in the Board's Reports for 1908 (²²), it will be seen that out of 78 hæmorrhagic cases 40, of whom 7 recovered, received doses varying from 42,000 to 72,000 units, while out of 22 who received less than 33,000 units none recovered. With intramuscular as with subcutaneous injections the frequency of rashes and other severe phenomena, in spite of large doses, is less than usual, as is the rule in severe diphtheria.

The principal objection to large doses is their expense. Baginsky (²) calculates that an injection of 40,000 to 50,000 units costs from 50 to 80 marks. In the Board's hospitals, where the cost per 1,000 units is but sixpence halfpenny, the expense would be less than half that amount.

Although experimental evidence in favour of larger doses of antitoxin was brought forward by Dönitz (⁷) in 1899, and more recently by Fritz Meyer (¹⁸), most of the German authorities recommend relatively small doses.

Thus Baginsky (¹) gives 1,500 units in mild cases and only 3,000 to 4,000 in severe cases. The most that he has ever given has been 15,000 units. Similar doses are used by Bauer (³), Feer (⁹), Gabriel (¹¹), Ganghofner (¹²), Hoesch (¹³), and Schreiber (²⁵). Eckert (⁸), assistant to Heubner at the Charité in Berlin, alone has employed such enormous doses as 36,000, 42,000, 53,000, or 64,000 units.

Technique.—Without preliminary washing, the outer side of the thigh in its middle third is painted with a 2 per cent. solution of iodine, the needle is driven deep into the body of the vastus externus and the injection is given in the ordinary way. 20,000 units (= 50 c.c.) can be easily injected, even in small children, but we have never exceeded this dose at one time. Our youngest patient, aged two weeks, received 4,000 units for nasal diphtheria without any ill-effects.

It is not necessary to follow Morgenroth and Levy's (¹⁵) advice to aspirate before injecting in case a vein has been punctured. After injection the site of puncture is again painted with the iodine solution and a collodion scab is applied.

The choice of the thigh in place of the abdomen, the usual site for subcutaneous injections, facilitates examination of the liver, which, as one of us has previously shown (²³), should form part of the routine examination of every severe case of diphtheria, but is often rendered difficult by the excessive tenderness due to the injection. The thigh is to be preferred to the gluteal region, not only because there is less likelihood of injuring important vessels or nerves, but also because the thigh muscles are much more compact and exercise greater pressure on the injected fluid, rendering absorption more rapid.

Intramuscular injection of antitoxin is thus quite as simple as subcutaneous and infinitely less troublesome both to doctor and patient than the intravenous method, over which it offers this further advantage, that an antitoxin free from antiseptic is not required. A more important fact which has been ascertained by Morgenroth and Levy is that by the intramuscular method for the first few days after injection a fairly uniform and high concentration of antitoxin in the blood is effected, whereas after intravenous injection even at the end of twenty-four hours about two-thirds of the antitoxin has already disappeared from the blood.

Not only is the actual injection much less painful, but the subsequent pain, which often causes a sleepless night, and persists for two or three days after injection, is usually ill-marked and often entirely absent. On this point our observations have been confirmed by the unanimous testimony of nurses, both in the receiving room and in the wards. Fomentations, which used to be applied in a large number of cases injected, are now rarely required.

Rashes and other serum phenomena occur at about the same time and present the same features after intramuscular as after subcutaneous injection. When the injection has been made in the vastus externus, urticaria first appears on the thigh and subsequently either becomes general or remains localised. Several cases gave a history of a previous attack of diphtheria within recent years for which they had received a subcutaneous injection, and two had a relapse while under treatment in hospital, both attacks being treated by intramuscular injections. None showed any symptoms of anaphylaxis as the result of re-injection, an accelerated reaction being observed in some but not all the cases.

Table III. shows that the frequency of serum phenomena after intramuscular injection is about the same as that set forth in the Board's Annual Reports since 1905, when a marked drop in their incidence took place.

TABLE III.

Frequency of serum phenomena.

	Cases.	Percentage.
Urticaria	71	35.5
Circinate erythema	20	10.0
Pyrexia	22	11.0
Joint pains	12	6.0
Adenitis	3	1.5

Abscesses at the injection site, the frequency of which in the Grove Hospital cases during the last ten years has varied from 0.2 to 1.4 per cent., did not occur in any of the 300 cases injected.

As regards the rapidity with which membrane disappeared from the fauces or laryngeal symptoms subsided there was no appreciable difference between the subcutaneous and intramuscular methods, but it is noteworthy that several observers such as Berlin (⁴), Beyer (⁵), Fette (¹⁰), Mixsell (¹⁹), and Schreiber (²⁵) have said the same of intravenous as compared with subcutaneous injection. The incidence of albuminuria after intramuscular injection was also about the same as usual. Otitis occurred in 6 cases and broncho-pneumonia in 2. Of chief interest, however, was the incidence of paralysis. Of the 200 cases, 28, or 14 per cent., showed some paralysis, but only 2 of these were severe. 15 were examples of palatal palsy, usually shown by a nasal voice only, without regurgitation of fluids, 7 of ciliary palsy, 1 of squint only, 2 of palatal palsy and squint, 1 of palatal and ciliary palsy, 1 of cardiac palsy, which died, and 1 of palatal pharyngeal and diaphragmatic palsy, which recovered.

We are inclined to think that life might have been saved in the one case and paralysis have been rendered less severe in the other had larger doses of antitoxin been given during the acute stage. Though the total number of cases is too small to be absolutely conclusive, the comparatively low rate of paralysis, especially of a severe character, in the present series is worthy of note, and is in striking contrast to the higher incidence noted by one of us (²⁴) in a study of 2,300 cases treated by subcutaneous injection, of which 477, or 20.7 per cent., had some form of paralysis, with 181 severe and 85 fatal cases.

The mortality, especially considering the high percentages of severe cases, was remarkably low, but here again a larger number of cases is required before a definite conclusion can be drawn.

Of the 10 deaths, 8 took place before the throat became clean, 6 being due to toxæmia, 1 to broncho-pneumonia, and 1 to cardiac paralysis. The remaining 2 deaths occurred on the ninth and forty-fifth days respectively in tracheotomy cases, and were apparently due to spasm of the glottis.

On the whole our results appear to be sufficiently encouraging to justify the continuance of this method of antitoxin administration to the exclusion of any other, and it is with the hope that this method may receive more general recognition that this paper has been written.

SUMMARY.

Intramuscular injection, preferably in the vastus externus, deserves to supersede all other methods of administration of antitoxin in the treatment of diphtheria for the following reasons:—

1. It is quite as simple as the subcutaneous method, ensures much more rapid absorption, is less painful and less liable to give rise to abscesses at the injection site.

2. It is superior to the intravenous method not only in the greater simplicity of its technique, but also in the less rapid excretion of antitoxin after injection.

3. The more rapid absorption of antitoxin by the intramuscular route is shown not by the effect on the faucial or laryngeal process, but by the lesser incidence of paralysis, especially of a severe kind.

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7.—SOME OBSERVATIONS ON THE USE OF TUBERCULIN AT THE DOWNS SANATORIUM.

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During 1913 tuberculin was given to 107 completed cases. These cases were selected and the principles on which they were chosen for treatment were as follows :—

(1) No course of tuberculin injections was started until the patient had been in residence for at least one month.

(2) Those cases which seemed to be making very satisfactory progress under ordinary hygienic conditions were not, as a rule, given tuberculin.

(3) With very few exceptions, tuberculin was only administered in afebrile cases.

(4) The criterion in determining the suitability of any case was the relationship of the systemic infection to the local condition. If the systemic infection was equal to or more than the local condition in the lungs would lead one to expect, tuberculin was not given. In very few cases this rule was departed from; certain cases being given tuberculin because they showed very slow progress or had come to a standstill. It must be remembered that the above relationship refers to the condition of the patient at the commencement of his course.

(5) In every case the consent of the patient was obtained.

TABLE SHOWING TYPE OF CASE.

L ₁	L ₁ S	L ₁ S	L ₂ S	L ₂ S	L ₂ S	L ₂ S
1	41	7	42	9	6	1

Tuberculin used.—In 67 cases TR was used; in 29 BE; while IK was used in 11. In 3 of the cases TR was replaced by BE during the course.

Technique, etc.—In every case tuberculin was given subcutaneously. The usual interval between injections was from three to five days; but this was of course modified to suit individual cases. The initial dose was from .000005 to .00003 c.c., and the increase in dose varied from a quarter to a half of the previous dose. As a rule it was found that an increase of a half was too much. The production of general reactions was avoided as far as possible.

Disadvantages.—In actual practice certain disadvantages were found to be associated with the opportunities afforded for tuberculin treatment here.

(1) *The attitude of the patient.*

As a result of the National Insurance Act of 1911 large numbers of working men have been sent to sanatoriums. Many of these are deserving cases anxious to do the best they can for themselves and for their dependants. Many, on the other hand, have the idea that life in a sanatorium is synonymous with a holiday in the country. The hygienic conditions in a well-regulated sanatorium of themselves soon produce a feeling of well-being such as those patients have rarely felt before; it is difficult to make them believe that feeling well is not the same as being well. Consequently they fail to realise the value and importance of the opportunity they are offered. As is their attitude to general

sanatorium life, so is their attitude to tuberculin. Why should they have this course of injections, with its consequent troubles and worries, its disturbances for extra temperature taking, its possible feeling of discomfort, its possible increase of cough and expectoration, its possible sore arms, when they feel perfectly well? Over and over again, especially after the last Tuberculosis Conference in London, when a course of tuberculin has been suggested to a patient one has met with a refusal, the patient giving as his reason that he is getting on well enough without it.

On the other hand, patients in whom the drug is apparently contra-indicated sometimes ask for tuberculin.

(2) *Want of co-ordination between the various units in the London Tuberculosis scheme.*

There are at present many varieties of tuberculin in use, and there are many institutions in London where it is given, and the methods of its exhibition seem to vary widely. It is therefore in this sanatorium impossible to adopt any one method which will secure continuity of treatment to the patient after his discharge. Under present conditions if there is not a change in the form of tuberculin, or the method of its administration, there certainly will occur a hiatus in the course. There is at the present time no guarantee that the patient after his return home will have the chance of continuing his course of tuberculin begun in the sanatorium. That this is of importance will be seen from the following table:—

No. of injections.		No. of cases.
Under 6	.. ..	24
6 to 10	.. ..	34
11 to 15	.. ..	20
16 to 20	.. ..	21
Over 20	.. ..	8

The average number of injections given to each patient was 10.9.

In 15 of these cases the administration was stopped for medical reasons; in the remainder the course was interrupted by the discharge of the patient. At the present time the great majority of the patients are working men whose financial circumstances do not permit of a stay of over three months. If tuberculin is a therapeutic agent of value to the consumptive, its value must be enhanced if the administration is begun in the sanatorium and continued on the same lines at the dispensary, or *vice versa*. The experience in this sanatorium demonstrates that it is impossible under present conditions to make any deductions as to the therapeutic value of a treatment which can be no more than begun, and it clearly indicates the necessity for a co-operation between the sanatorium and the dispensary much closer than exists at the present time in London.

8.—A REVIEW OF THE TUBERCULOSIS WORK AT WINCHMORE HILL.

By E. F. COGHLAN, M.B., C.M. (Edin.), M.R.C.S. (Eng.), L.R.C.P. (Lond.),
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The work at Winchmore Hill has been interesting because of the great variety of cases admitted. As the institution was to be used for the treatment of both early and advanced cases, it was found advisable to accommodate the advanced cases in pavilions separate from the sanatorium. It was also arranged that each medical officer should have under his care both sanatorium and hospital patients. Thus a hospital patient on doing well enough to be transferred to the sanatorium would still be under the care of the same medical officer.

Another point of interest is the fact that both sexes have been treated in the same institution. Most of the male cases admitted are far advanced in the disease. The buildings and exercise ground allotted to these cases are at a considerable distance from those of the female patients.

SANATORIUM CASES.—With reference to sanatorium patients there are several points of interest :—

(a) The large number of these cases which have been discharged as fit for work (after being carefully tested) with the disease apparently arrested.

(b) The comparatively short stay in the institution made by these cases in achieving a satisfactory result. Six months is considered by many the minimum time in which arrest of the disease may be expected. At Winchmore Hill, however, we find that many cases have been apparently arrested after a stay of three to four months. This is an important point from the economic point of view.

(c) Moreover, we find that patients whose disease is not arrested during a stay of three or four months do not as a rule show any material improvement in the event of their treatment being prolonged for the extra two months. This statement is, however, not intended to imply that a considerable period of treatment in excess of the three or four months might not produce a favourable result.

WORK.—The chief advance in the treatment of tuberculosis of late years has been the discovery that work, so far from doing harm, is even beneficial to properly selected cases. At Winchmore Hill, whilst the patients are trained to work in the open air, and do digging, gardening, etc., under supervision, it has not been forgotten that most of them are females, and their living in future will depend on their capacity to do work indoors. It has therefore been arranged that the work shall include as much domestic duty as possible. The work is carried out under the best possible ventilation. The fact that they are able to work hard under proper hygienic conditions is pointed out to the patients individually in the hope that they will be persuaded to live on similar

lines on their return home. All the work is graduated and carried out under strict supervision. It is divided into three grades :—

- Grade I.*—Cleaning brasses.
 Folding up quilts.
 Washing locker tops.
 Dusting wards.
 Cleaning out lockers.
- Grade II.*—Washing tiles.
 Sweeping wards and corridors.
 Cleaning windows.
 Washing cutlery and crockery.
 Preparing tables for meals.
 Polishing furniture.
 Washing dusters and brooms.
- Grade III.*—Making beds.
 Scrubbing stairs.
 " cupboards.
 Cleaning out ventilators.
 Blackleading stoves.
 Turning out pantries.
 Gardening.
 Poultry feeding.
 Swedish drill.

EDUCATION.—The patients are informed as to various points of importance they will require to know by the time they return home :—

(a) *Fresh air.*—It is pointed out that fresh air is essential even to healthy people. That though their disease is arrested they are liable to re-infection. That plenty of fresh air is one of the best means of keeping up their resistance to re-infection.

(b) *Cold weather.*—Patients learn in a few weeks that many cases of tuberculosis do better in cold weather than in summer. This encourages them to follow up the treatment in winter without fear of catching colds, etc.

(c) *Food.*—Patients are advised as to what kinds of food, within their means, are most nourishing.

(d) *Exercise and rest.*—It is strongly recommended to all patients that they take a sufficiency of exercise daily.

(e) *Clothing.*—Advice is given as to the most suitable clothing for different seasons.

(f) *Bedroom.*—Patients are advised to always sleep with the bedroom windows wide open.

(g) *Sputum.*—Patients are advised as to the danger of the sputum and the best method of destroying it.

RECREATION.—It is important that adequate arrangements should be made for the amusement of the patients. The fact that this has been done at Winchmore Hill would seem to explain in a large measure the absence of serious discontent amongst the sanatorium cases. Patients who have a grievance do badly, whilst the cheerful ones show the most satisfactory results. Cards, music, and games are all allowed under supervision. On the other hand, it is not considered advisable to allow patients outside the grounds.

ABSENCE OF BREAKDOWNS IN HOT WEATHER.—Very hot weather is frequently attended by disappointing results in what looked like promising cases. At Winchmore Hill we were unusually fortunate in seeing very little

of the hæmoptysis, sweating, or collapse which occurs to them. This result may be attributed to:—

(a) The presence of a convenient plantation in which the patients were sheltered from the sun during the very hot weather.

(b) The programme of work and exercise was rearranged so that most was done in the cool hours of morning and evening.

TUBERCULIN.—Up to the present there has been no striking evidence either in favour of or against tuberculin.

PHYSIOLOGICAL DIETS.—Having regard to the willingness of some patients to submit to any discipline for the sake of cure, it might be possible in the future to test arrested cases by prescribing full work on a more limited diet than they at present receive. The object of such a test would be to train the patients to work on a diet approximating to what they can afford when at home.

HOSPITAL CASES.

The advanced cases have provided some very interesting work and results. They may for practical purposes be divided into several classes:—

(a) Advanced cases in young people without serious complications in other organs and without much fibroid change in the lungs. A number of these cases have done very well, and occasionally so well as to justify a trial on work in the sanatorium. As may be expected, a long time is required to obtain a good result.

It is interesting to observe that these patients are for the most part quite able to undergo open-air treatment in winter.

(b) In marked contrast to the above we recognise advanced cases in middle-aged or old persons. They are frequently the subjects of fibrosis of the lung or bronchitis, as well as tuberculosis. As one would expect, they do not like open-air wards in winter. Under suitable conditions, however, they show considerable improvement, and many such patients have left the institution capable of doing light work. It is of importance to note that such patients make the maximum improvement of which they are capable in a comparatively short time.

(c) Cases of bronchitis and emphysema with tuberculosis superadded. These cases are important because they become a danger to other people without knowing it. A man suffering from tuberculosis who becomes the subject of bronchitis knows he is a danger to the public and takes precautions, but a man with bronchitis to which tuberculosis is superadded, probably owing to the absence of the more typical symptoms of tuberculosis, does not know he is a source of danger, and so takes no precautions to protect his fellows. These patients improve very considerably when placed under suitable conditions, and do so in a comparatively short time. They require educating as to how to dispose of their sputum.

ADVANCED AND COMPLICATED CASES.—Such cases have been (so far as is possible) kept in the institution until they die. They are very dangerous to others. Their friends have neither the means nor the requisite knowledge to give them adequate attention at home.

ADVANCED CASES SLEEPING IN THE OPEN AIR.—A few of the advanced cases were allowed to sleep out of the wards in the open air. The results were no more favourable than we obtained with similar cases in the open-air wards. This method of treatment was very much liked by the patients. It might be a demonstration to patients and friends who visited them of the safety of such radical measures, and suggest to them the advisability of continuing open-air treatment on the patient's return home.

WORK.—The less active cases have been trained to do light work. We find that with advanced quiescent cases the working capacity varies directly with the age. We were successful in getting a fair amount of work out of some of the younger men, but very little from the older ones. It is advisable, however, even in the case of the older patients, to persevere with the lighter forms of work. It gives them some very necessary encouragement to find they are being graded higher, and prevents them from degenerating into chronic loafers.

ARTIFICIAL PNEUMOTHORAX IN ADVANCED CASES.—This old method of treatment, which has recently been revived with an improved technique, is on trial. The cases selected for treatment have been examples of acute caseating tuberculosis, in which the disease was practically confined to one lung. It is too early yet to make any definite statements as to results, but we have noticed that after several injections of nitrogen the severity of the constitutional symptoms has diminished.

ADVANCED LARYNGEAL TUBERCULOSIS.—The sufferings of patients with advanced tuberculosis are greatly aggravated should they become the victims of tuberculous laryngitis. Hitherto no satisfactory form of treatment has been devised. Recently a method of anæsthetising the superior laryngeal nerve has been practised. We have found this a reliable method of relieving the pain from which many of the cases suffer. The operation is simple, and gives relief within a few minutes. The freedom from pain lasts some days.

9.—TUBERCULIN AS A FACTOR IN SANATORIUM TREATMENT.

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The efficacy of therapeutic and medicinal measures, in any particular disease, can usually be judged by their number and by their variety.

Where they are numerous, it may be assumed fairly safely, that none have anything like a specific action, and a number of them are practically useless. In the treatment of tuberculosis, that part of the therapy which rests upon a hygienic and dietetic basis is now becoming more and more defined, and a fair degree of unanimity exists as to what is likely to give the most satisfactory results.

With regard to the drug treatment, however, the reverse is the case; and the bewildering array of medicinal preparations that have from time to time had a vogue, and perhaps a revival in later years, testifies to the fact that their action as curative agents is small or altogether absent.

Every newly introduced scheme has its following of enthusiasts; but there seems to be always with us a proportion who are led into a deplorable state of mental confusion by any line of treatment, which is for the moment popular or leads to popularity.

In such cases the tendency appears to be towards the mistaking of natural resistance and normal cellular vitality for an artificially induced resistance, or even a specific effect upon the cause. This result seems to be largely due to the disproportion in the attention given to therapeutics, and that given to the experimental study of natural methods of repair or the lessons to be learnt from autopsies. While this continues we shall always have a succession of remedies whose unworthiness of the burden of popularity thrust upon them is before long shown by their rapid descent into oblivion.

In the case of tuberculosis, drugs have been administered in every conceivable way, by mouth, by subcutaneous, intravenous, or intramuscular injections, by the skin, and by the respiratory tract.

A number of so-called specific antitubercular serums have been produced, and also numerous bactericidal agents used, with a view to attacking the cause *in situ*.

It is claimed by their respective advocates that each is of some definite benefit, or even has a specific action. Not only do these exploiters show a lack of due regard to the uninfluenced natural history of the disease, but often take no precautions to avoid the subconscious selection of cases, which leads to such erroneous conclusions and false hopes.

As far as purely symptomatic treatment is concerned, we certainly have some very valuable agents at our service; such adjuncts, however, should not be confounded with remedies that are claimed to have any specific action.

What has been said with regard to drugs applies conspicuously in the case of tuberculin, where we have several new factors, especially liable to obscure the issue and make it difficult to arrive at correct inferences.

Firstly, it is a two-edged sword, cutting both ways, and much evidence is now at hand of the disasters which may accrue from its misguided use.

Secondly, unlike most other potent drugs, there is no universal minimum lethal dose, even approximately; but each patient is a law unto himself, and an initial dose that one patient can stand with impunity may easily be fatal to another.

Thirdly, the potency of the various tuberculins varies considerably, not merely with the different kinds but different samples of the same variety.

So far this is an indeterminable factor. If the potency of the drug and the tolerance of the patient is so variable, what may be said of the administrator? Until fairly recently this was almost the least reliable unit in the equation, but latterly some fairly well-defined schemes of administration have been drawn up; these are helpful, especially in the initial stages of the course of treatment, as a means of finding the level of activity or quiescence that has been reached by the patient by natural processes. In spite of this, however, the personal factor must remain an important element in determining the success or failure of such treatment.

This point raises a question which has hitherto received but little attention, namely, the psychic effect of tuberculin treatment.

If a physician has enthusiasm for some particular line of therapy he may transmit this to the patient, who is ever ready to grasp at a new prospect of cure. While consumptives retain hope they are well known to do much better than those who, for some reason or other, become depressed. If they believe in tuberculin as a curative agent, how much of the ultimate result can we attribute to the stimulating influence of this new hope upon their vitality and recuperative powers?

I have recently made an attempt to estimate what is the value of the purely psychic factor in tuberculin treatment, by a method which will be described later. Before saying anything about the results obtained at this sanatorium I must emphasise the following points:—

(1) That the tuberculin was not given for the purpose of experiment or statistics.

(2) All the cases were definitely selected in accordance with some particular object which it seemed desirable to obtain.

(3) Reactions, except those slight and transient ones which are occasionally inevitable, were scrupulously avoided. They interfere with the patient's regulated exercises and work, but still more important is the fact that a certain number are liable to recover only partially from the effects of a reaction; and, while the symptoms improve, an insidious spread of the disease may be found to have occurred.

(4) Strict observance was made of certain contra-indications.

(5) Too much reliance must not be placed upon the statements of patients, who are necessarily untrained observers, highly susceptible to suggestion, and inclined to over-estimate the value of a line of treatment that seems to them to be complex or bizarre.

It is significant that those patients who appear to be most suitable for tuberculin are, in most cases, those who would be suitable for any other form of treatment, namely, that they naturally tend towards recovery under suitable hygienic and dietetic conditions.

The use of controls is a difficult matter, for not only is their selection likely to be influenced by a subconscious bias, but the candid comparison of the results in the two cases is not at all an easy matter. So many things have to be weighed up, one against the other. I think the fairest way of estimating the results is to compare the immediate and ultimate working capacities of the cases treated with those untreated. It should spread over a number of years and include a large number of cases.

Selection of cases.—I have selected the cases described here, and therefore for purposes of comparison with our untreated cases they are useless.

Patients were not treated if the extent of their disease was such that an inadvertent lighting up of activity, as a result of tuberculin, would result in their being overwhelmed by the products of the disease process.

In a few instances, patients with active but well-localised lesions were treated in the hopes of aiding the natural curative process of caseation, and excavation, with expulsion of the diseased tissue.

Such cases naturally require the most careful watching, and any spread of the disease into hitherto unaffected areas detected early and made an absolute veto on further injections.

The most suitable cases were those that have a fairly limited lesion, involving approximately not more than one-third of the total lung, and which is in a quiescent stage. In these cases one hopes to stimulate the blood-flow to the part, and aid healing and fibrosis of the damaged lung.

In the very early cases, however, it has been given with the idea of increasing the natural resistance and diminishing the risk of further spread.

There is, of course, no definite proof that this is, or even can be, accomplished by such means; but it may be tried, and if the results are watched over prolonged periods, and careful observations made, we may get some more positive evidence later.

Contra-indications.—Hæmoptysis, albuminuria, and advanced laryngeal conditions were regarded as contra-indications. In those cases already being treated by tuberculin a persistent loss of weight, or spread of the physical signs, was considered as an indication for discontinuing the injections.

Varieties.—The principal varieties used were Bacillary Emulsion and Perlsucht Tuberculin, both of which were found to be satisfactory. If possible, a course of the B.E. was given after the patient had become immunised to the soluble variety.

A trial has been made of Spengler's I.K. in a certain number of cases, and some have been given Beranek's proteose-free tuberculin where they showed an especial tendency to produce reactions with other varieties. Mixed tuberculin is also being used, but it is too early yet to say anything as to its effects.

Dilutions.—The simple and efficient method of diluting the tuberculin in successive series of tenths has been adopted, and from these stock strengths any required dose could be measured by means of a 1 c.cm. Record syringe, graduated in tenths.

Fresh sub-dilutions are made from the stock dilutions for each day's use. There have been no difficulties arising out of bacterial contamination, as careful precautions are taken, and 0.5 per cent. phenol is added to the diluent.

Injections.—These are made either under the skin of the forearm or between the shoulders at the back, after preliminary preparation of the skin. The latter situation is more trouble, but does not seem to produce such discomfort in the event of a reaction occurring.

Doses.—The initial dose for afebrile cases, if not much lung was involved, was $\frac{1}{100,000}$ c.cm., but if any doubt existed $\frac{1}{1,000,000}$ c.cm. was given to begin with. The injections were given twice a week, and the strength increased each time in the following proportion, unless some special reason deterred it:—1, 1.5, 2, 3, 5, 8, 10, and so on.

Reactions.—Whilst it has been the object in practically all cases to avoid reactions, they do occasionally occur in a mild form, and the following points have been noted:—

(1) That B.E. is prone to give local reactions much more than the soluble tuberculins. The latter tend to produce general symptoms rather than local.

(2) That in any case a local reaction is usually the precursor to a general or a focal reaction if the injections are continued.

A careful watch for local reactions gives the first indications showing that the limit of tolerance is being approached, and by modifying the interval and dose a general reaction may be avoided. I believe the best results are obtained by keeping a little way behind the point at which a general reaction may be produced.

(3) A febrile reaction in the case of I.K. is often delayed for about 36 to 48 hours.

(4) Some patients have symptoms, such as headache or weariness, long before any objective signs are present. One patient had diarrhoea for a day or so following her injection on each occasion, and in another case the local reactions were always so severe that the injections had to be discontinued, although there were no general or focal symptoms whatever.

Speaking generally, I regard focal reactions, that is where there is a definite increase in the number, extent, or liquidity of the râles, as being very undesirable. One cannot say in any given case whether the effect will be for ultimate good or bad; and an activity may be lighted up that will take months to subside, and leave behind a permanently increased extent of the disease. When reactions have occurred, I keep the patient in bed and no further injections are given for at least a week; then the next dose is reduced to one-quarter or one-third of that previously given.

Results.—These may be tabulated in the following way:—

Variety.	Total.	Afebrile.	Febrile.	Reactions.	Condition on discharge.				Work.		
					Arrest.	Improved, quiescent.	Unchanged.	Worse.	Full.	Light.	Nil.
B.E...	64	62	2	6	17	46	—	1	52	12	0
P.T.O.	30	29	1	7	3	22	1	4	18	10	2
I.K. . .	42	32	10	9	11	17	7	7	19	11	12
Total	136	123	13	22	31	85	8	12	89	33	14

It should be noted with regard to I.K. that it was used upon a greater number of febrile cases than the other tuberculins, because it is for these cases that Dr. Spengler maintains that his preparation is of especial value.

I found, however, that in no case had it any effect in lowering the temperature or improving the general condition; while even in the afebrile cases no improvement was found that could be identified with the effects of the injections.

The results of the 42 cases thus treated appear to me to show that it comes far short of the claims made for it by its originator.

On the whole, I have found B.E. the most satisfactory of all, as the figures given above appear to indicate.

An account of the alterations in physical signs, sputum, etc., in individual cases seems to be quite valueless in the absence of proper controls, and is therefore omitted. It may be noted, however, that a number of patients stated that since they had been having tuberculin they felt that they had more energy, and were brighter than before. Others said they felt no difference either way, and a few said they were worse. This brings us to the question of the psychic factor that has already been mentioned.

In order to test, if possible, the extent of this, a solution was made up containing 0.75 per cent. salt and 0.5 per cent. phenol only, and was, in fact, the diluent used for the ordinary tuberculin. This solution contained no tuberculin, but in order to make the illusion complete to the patient, it was called

Tuberculin OK, and even graduated doses were given on the same lines as those of real tuberculin.

Not only the patients, but the nursing staff also were kept in ignorance as to the real nature of the mixture, in order that no shade of scepticism might appear and thus mar the psychic value to the patients. Thus, from a large number of units in the scheme, one only was eliminated, viz., the actual tuberculin, and 8 patients were treated in this way. Four of these definitely said that they felt better and stronger, while having the injections; 2 said they felt no difference whatever, and 2 were uncertain. There were certainly no objective results to be observed in any of these.

Conclusions.—Up to the present time it must be admitted that, except in a few isolated cases, one can see but little real good accomplished; still, these few should encourage further perseverance, for it must be remembered that tuberculosis is a disease whose successful treatment depends on the combined action of several lines of attack. Of these, tuberculin used judiciously may be one, and therefore it deserves a place in our armamentarium.

It is, however, most important that the enthusiasm for such treatment should never be allowed to obscure other equally useful adjuncts. The morale of a sanatorium does more for the average patient than a whole course of tuberculin at a dispensary, and one hopes to see less in the future of the patient who, after having gone through such dispensary treatment, is drafted on to a sanatorium because he is *doing no good*. This is exactly the reverse of ideal methods. The sanatorium with its educative effects should come first, and the tuberculin dispensary, if necessary, later.

10.—THE USE OF PHYSICAL EXERCISES IN THE SANATORIUM TREATMENT OF PULMONARY TUBERCULOSIS.

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At The Downs Sanatorium the treatment of the younger patients is supplemented by a system of physical training adapted to their special needs. As a rule, the young consumptive workman has not merely the characteristic long and narrow chest, but shows a flabby musculature, a round-shouldered and slouching gait, and is not seldom a mouth breather. Earlier education in correct habits of carriage and respiration, development of his muscles, and increase in the vital capacity of his chest might have gone far to prevent the necessity of his admission at all; and if the arrest of his disease can be combined with the improvement of his defects of physique, the risk of his relapse may be lessened. A properly planned system of physical exercises, which involve only simple movements and require the use of no apparatus, will be found a great aid in attaining such results.

From the point of view of sanatorium administration the formation of classes for physical training has certain advantages. The total amount of work which has to be found—or made—for the graduated labour of the patients is diminished (a consideration of some import when the area is restricted and the number of inmates large). The actual work done in the outdoor tasks usually prescribed varies widely with the temperament of the individual; but a definite series of exercises involves an equally definite amount of exertion, and affords a ready and uniform test of the patient's condition. The increase in the amount of exertion required can be graduated with much greater accuracy than where ordinary garden work and the like are alone prescribed, and can be measured with exactness. Even in a class, allowance for the individual needs of its members can be readily made by varying the number of times each exercise is performed. Symmetrical development of the body is attained, as against the "one-sided" effects of most manual labour. Classes can be carried out indoors when outdoor work would be impracticable. And a large proportion of the younger patients are kept under close supervision during an important part of their treatment, and are accustomed to strict discipline. The treatment has proved popular with the patients, and serves to vary the monotony of sanatorium life.

The success of the training depends largely on the competence of the class teachers, for a faulty movement may do more harm than good. A large institution can select instructors with the requisite qualifications. At The Downs Sanatorium the classes are carried on by two of the ward orderlies, both of whom have been accustomed to the physical training of army recruits, and one of whom is a qualified army gymnastic instructor. In a large sanatorium, too, the classes may be made of such a size that the patient does not feel himself isolated or an object of remark.

All suitable cases under the age of twenty-five undergo the treatment. Suitable cases are those in whom the disease is becoming quiescent, and who have no very extensive pulmonary mischief. Recent pleurisy or hæmoptysis or any tendency to dyspnœa are regarded as contra-indications, as are heart affections, hernia, and comparable defects. The course of the temperature and pulse must be normal. The exercises are carried out under the supervision of one or other of the medical staff. Any permanent disturbances of temperature or pulse rate, or increase of cough, or signs of dyspnœa are noted; but in only a small proportion of cases has it proved inadvisable to continue the training systematically. The incidence of hæmoptysis has been no greater since the treatment was adopted, and in no case has hæmoptysis occurred during a lesson.

It is found most convenient to have three classes, which correspond roughly to Grades 3, 4, and 5—the stages to which patients attain after suitable walking exercise has been given, and in which light, medium, and heavy tasks are respectively prescribed. Ordinarily the class which a patient attends is determined by his grade, but in exceptional cases special arrangements are made. In the junior class the chief aim is to improve the carriage and the posture, and little attempt is made to attack the chest development directly. In the second class, where the quiescence of the disease is better established, respiratory movements and exercises with a direct effect upon the expansion of the chest are introduced. In the third a more or less complete course of physical training is given, and development of the chest and strengthening of the heart and lungs are especially aimed at. Movements involving much straining and violent exertion are throughout avoided.

As the grades of labour are revised weekly, the constitution of the classes also varies from week to week. The necessary increase in the effect of the exercises is secured by a progressive addition to their difficulty from day to day during the week, and by promoting a patient to a more advanced class as soon as his condition justifies. In the two junior classes, where the stay of the ordinary patient is usually comparatively short, little change is made in the lessons; in the senior class, exercises with similar effects are substituted at frequent weekly intervals, with the object of avoiding monotony and loss of interest.

The number of patients attending the classes averages about 60, of whom rather more than half belong to the senior class. The treatment is continued as long as the patient remains in the sanatorium. The time allotted to the junior class is 20 minutes, increasing to 30; to the second, 25 to 35, and to the senior, 40 to 50. After each class the patients are required to rest for at least half an hour; at other times they take part in the ordinary outdoor work.

The height and chest expansion are measured when a patient joins a class. The averages of all the measurements so far taken are:—Height, 5 ft. 5.53 in.; chest (expiration), 32.5 in.; expansion, 1.503 in. The ratio of height to chest measurement and the expansion are therefore much below healthy limits.

It was some considerable time after the institution opened before the tentative trials of the method produced a more or less definite course of exercises. Among the patients who underwent the treatment in its present form for at least a month the average gain in chest measurement was 1.36 in., and in chest expansion almost exactly 0.3 in. It is hoped to make use of a more detailed system of measurement in the future. Improvement in carriage and in general smartness of bearing has been very noticeable in the majority of cases.

In the attached tables a course which has been found of service is given. The exercises given are those with which the class commences at the beginning of each week; the starting position is given in brackets, otherwise the movement begins from "attention"; under the head of "progression," the movements which may be added are indicated. The diagrams given are copied from the Army Manual of Physical Training, in which many suitable exercises

with the necessary details may be found. Of other works consulted the Board of Education Syllabus of Physical Exercises has been found most useful.

JUNIOR CLASS.

EXERCISE.	PROGRESSION.	REMARKS.
1. Marching.. .. .	Increase of distance	A general exercise. Repeated at close of lesson. 100 paces per minute.
1A. Head bending back (hips firm).	.. .. .	A neck exercise. Improve the carriage.
1B. Heel raising (hips firm)	Add arm bending, etc. ..	A leg and, at first, a balance exercise. Improves the carriage and corrects flatfoot.
1C. Trunk turning (hips firm)	Add feet close, feet astride, neck rest.	Acts on lateral trunk muscles.
1D. Arm bending	Add arm stretching sideways or forwards.	.. .. .
1E. Leg raising backwards (hips firm).	Add arms bending, neck rest..	A balance exercise. Such should be frequently changed or modified.
1F. Trunk bending backwards and forwards (hips firm, feet astride).	Add arm bending, etc. ..	A dorsal and abdominal exercise.

INTERMEDIATE CLASS.

EXERCISE.	PROGRESSION.	REMARKS.
2. Marching	Increase of distance. Add marching heels raised.	The regulation quick march. 120 paces per minute.
2A. Breathing (hands on chest).	.. .. .	Most patients have to be taught how to expand the chest properly.
2B. Head bending back and head turning, or bending sideways (hips firm)	.. .. .	.. .. .
2C. Heel raising, with arms stretching back.	.. .. .	Straightens the back and expands the chest.
2D. Trunk bending sideways (feet astride, hips firm).	Add neck rest, arms stretch sideways.	A lateral exercise.
2E. Arm bending and stretching up.	Add foot placing sideways, or forwards.	.. .. .
2F. Knee raising and leg stretching forwards (hips firm).	Add arms bending, neck rest, etc.	A balance exercise.
2G. Trunk bending backwards and forwards (feet astride, hips firm).	Add arms bending, neck rest.	.. .. .
2H. Breathing, with arms raising upwards and forwards, sideways and downwards.	.. .. .	Promotes chest expansion. Inspiration accompanies the upward movement of the arms, expiration the downward.

SENIOR CLASS.

EXERCISE.	PROGRESSION.	REMARKS.
3. Marching, marching heels raised.	Increase of distance. Add marching knees raised.	.. .. ..
3A. Breathing exercise (neck rest).	Add arms stretching forwards and parting sideways.	.. .. ..
3B. Heel raising and knee bending (hips firm).	Add arm bending and stretching, neck rest.	A leg and balance exercise.
3C. Trunk bending sideways, feet astride, arms sideways stretching.	Add neck rest, left arm stretching upwards, right arm stretching downwards, arms stretching upwards.	.. .. ..
3D. Arms bending and stretching upwards, with foot placing.	.. .. ..	.. .. ..
3E. Arm swinging forwards and sideways.	Add foot placing outwards and forwards.	A shoulder-blade exercise.
3F. Leg raising sideways (hips firm).	Add arm stretching, neck rest	A balance exercise.
3G. Trunk bending backwards and forwards, feet astride, arms bending.	Add neck rest, arms stretching upwards.	.. .. ..
3H. Lunging backwards, toe support (hips firm).	.. .. ..	A dorsal and leg exercise. Improves the carriage.
3I. Breathing, with arms raising upwards and forwards, sideways and downwards.	.. .. ..	.. .. ..
3J. Arms flinging sideways (arms bending across)	.. .. ..	Increases the expansion and improves round shoulders. Is rather severe and to be used with caution.



1 A.
Head bending back.



1 B.
Heel raising.



1 C.
Trunk turning
(feet astride, neck rest).



1 D.
Arms bending.



1 E.
Leg raising backwards
(hips firm).



1 F.
Trunk bending back
(hips firm).



2 G.
Arms stretching
back.



2 E.
Arms stretching
up.



2 F.
Knee raising and leg
stretching forwards
(hips firm).



2 G.
Trunk bending
forwards
(hips firm).



3 A.
Neck rest.



3 B.
Heel raising and knee bending
with arms stretching.



3 C.
Trunk bending sideways
with arms stretching
(feet astride).



3 H.
Backward lunge, toe support
(hips firm).



3 J.
Arms bending across.



3 J.
Arms flinging sideways.

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3.

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3B.

3C.

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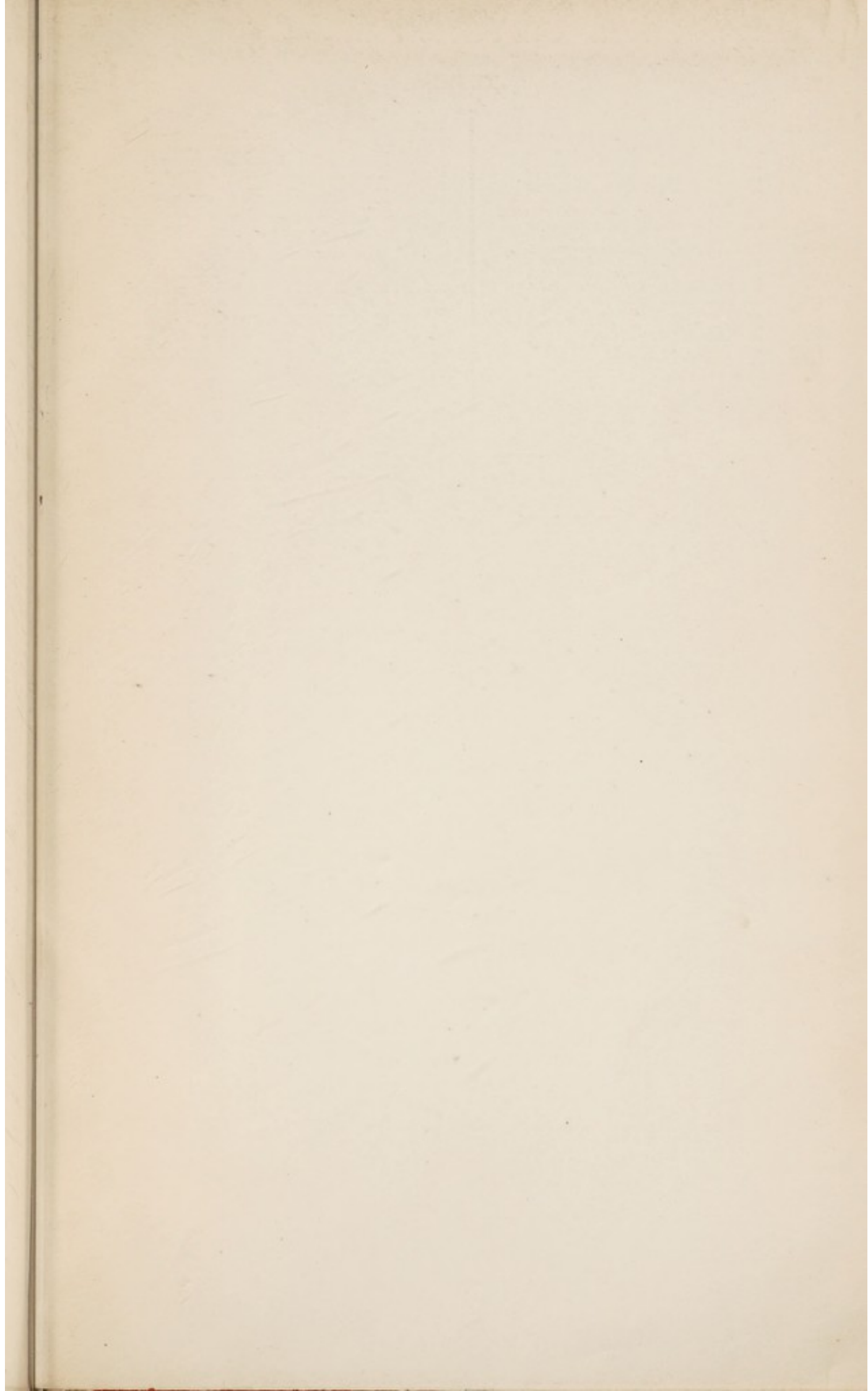
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METROPOLITAN ASYLUMS BOARD.

Statistical items extracted from the annual reports on the work of the Metropolitan Asylums Board for the year 1913.

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

Population estimated to middle of 1913, 4,518,191.

2. **Number of institutions.**

- (i.) 13 Hospitals for infectious diseases.
- (ii.) 2 Sanatoria for consumptives.
- (iii.) 4 Asylums for imbeciles.
- (iv.) 2 Industrial colonies for imbeciles and feeble-minded.
- (v.) A Training ship (with infirmary on shore).
- (vi.) 5 Hospitals for sick and convalescent children.
- (vii.) 2 Schools for children with ophthalmia.
- (viii.) 22 Casual wards.
- (ix.) Land ambulance service: 7 stations, with motor ambulances and other vehicles.
- (x.) River ambulance service: 3 wharves and 5 steamboats.
- (xi.) Central stores.
- (xii.) Bacteriological establishment.
- (xiii.) Office of Board.

3. **Infectious diseases.**

	* Notifications.	† Admissions.	Death rates, 1913.
(i.) Scarlet fever	17,544	15,010	1·3
(ii.) Diphtheria... ..	7,547	5,475	6·2
(iii.) Enteric fever	757	238	16·2
(iv.) Typhus fever	4	4	—
(v.) Cerebro-spinal fever	92	5	60·0
(vi.) Measles	—	3,400	11·3
(vii.) Whooping cough	—	1,044	12·8
(viii.) Smallpox	4	1	—
(ix.) Tuberculosis	—	1,889	6·0

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	1913
(i.) Scarlet fever ...	12·4	12·6	10·7	8·3	5·5	3·5	3·1	2·5	1·6	1·3
(ii.) Diphtheria ...	—	—	—	33·6	25·5	13·7	9·3	8·8	6·2	6·2
(iii.) Enteric fever...	18·6	20·0	17·5	15·3	17·5	15·6	14·6	14·6	17·8	16·2
(iv.) Typhus fever...	21·2	21·1	18·9	17·2	15·3	15·3	14·0	—	—	—
(v.) Cerebro-spinal fever ...	—	—	—	—	—	—	—	45·5	—	60·0
(vi.) Measles ...	—	—	—	—	—	—	—	13·8	10·5	11·3
(vii.) Whooping cough	—	—	—	—	—	—	—	11·6	8·5	12·8

Rates in small-pox 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.

