

**Annual report for the year 1921-22 : (24th year of issue) / Metropolitan Asylums Board.**

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# Metropolitan Asylums Board



## ANNUAL REPORT

FOR THE YEAR

**1921-22**

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METROPOLITAN ASYLUMS BOARD.

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# ANNUAL REPORT

FOR THE YEAR

**1921-22.**

(24th YEAR OF ISSUE.)

*(Adopted by the Board on 29 July, 1922.)*

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OFFICE OF THE BOARD,

VICTORIA EMBANKMENT, E.C.4.

HARRISON AND SONS, LTD.,  
PRINTERS IN ORDINARY TO HIS MAJESTY,  
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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. 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, was 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 to 1914; the reports of the Children's Committee from 1898 to 1914; the reports of the Ambulance Committee from 1884 to 1897; the reports of the Finance Committee from 1900 to 1907; and the reports of the Casual Wards Committee for 1912 and 1913.

On account of the War, the reports for 1915 to 1918 each consisted of a small volume sewn in paper covers, without charts—preceding volumes having consisted of about 260 pages, with charts and tables, bound in full cloth.

The review of the Board's work in the present issue covers the year ending 31 May, 1922. The statistical tables are for the year ending 31 December, 1921.

## METROPOLITAN ASYLUMS BOARD.

*Statistical items extracted from the annual report on the work of the Board  
for the year 1921.*

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

**Population** enumerated, 1921, 4,483,249.

2. **Number of institutions.**

- (i) 14 Hospitals for infectious diseases.
- (ii) 2 Institutions for venereal diseases.
- (iii) 7 Institutions for tuberculosis.
- (iv) 5 Mental hospitals.
- (v) 2 Training colonies for feeble-minded.
- (vi) 1 Colony for sane epileptics.
- (vii) A Training ship (with infirmary on shore) and sea-going tender.
- (viii) 5 Children's institutions.
- (ix) 16 Casual wards (8 closed).
- (x) Land ambulance service: 7 stations (including Mechanical Transport Department—Mead Works), with motor ambulances and other vehicles.
- (xi) River ambulance service: 3 wharves and 5 steamboats.
- (xii) Central stores.
- (xiii) Bacteriological laboratory and research establishment.

3. **Infectious diseases.**

	*Notifications.	†Admissions.	Death rates, 1921.
(i) Cerebro-spinal fever	103	13	76·92
(ii) Diphtheria and membranous croup	16,334	13,369	8·25
(iii) Enteric fever	330	111	18·18
(iv) Measles	—	393	8·44
(v) Scarlet fever	32,764	29,806	1·03
(vi) Smallpox	2	2	—
(vii) Tuberculosis	—	3,318	—
(viii) Whooping cough	—	156	5·16

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

	1872 to 1876	1877 to 1881	1882 to 1886	1887 to 1891	1892 to 1896	1897 to 1901	1902 to 1906	1907 to 1911	1912 to 1916	1917	1918	1919	1920	1921
(i) Cerebro-spinal fever	—	—	—	—	—	—	—	45·5	44·7	53·6	63·9	63·8	66·7	76·9
(ii) Diphtheria	—	—	—	33·6	25·5	13·7	9·3	8·8	7·1	6·7	7·7	8·7	8·6	8·3
(iii) Enteric fever	18·6	20·0	17·5	15·3	17·5	15·6	14·6	14·6	16·3	17·3	13·4	10·4	5·2	18·2
(iv) Measles	—	—	—	—	—	—	—	13·8	10·5	11·7	13·2	6·6	11·4	8·4
(v) Scarlet fever	12·4	12·6	10·7	8·3	5·5	3·5	3·1	2·5	1·6	1·9	1·8	1·5	1·1	1·0
(vi) Whooping cough	—	—	—	—	—	—	—	11·6	10·2	13·4	17·5	10·7	11·5	5·2

Rates in smallpox epidemics.

	1870-2	1876-8	1879-1883	1884-5	1893-4	1901-2
(vii) Smallpox	18·8	18·2	16·5	15·9	8·0	16·8

\* Metropolitan cases only.

† Including extra-metropolitan cases.

#### 4. Ambulance work.

LAND SERVICE.—Infectious patients removed from home to hospital, 48,565; other infectious removals, 51,135. Conveyance of other persons, 14,193; total removals, 113,893. Mileage run by vehicles, 1,068,023.

RIVER SERVICE.—Patients conveyed down the river to the Board's hospitals, 4,201; other passengers conveyed to and from the hospitals, including staff, contractors' workmen, and recovered patients, 4,419; total passengers, 8,620. Miles run by steamboats, 7,018.

#### 5. Mental Hospitals.

Patients admitted, 778; discharged or transferred to other institutions not under the Board, 180; died, 678; remaining, 5,459.

#### 6. Training Colonies for feeble-minded patients.

Admitted, 121; discharged, 62; died, 7; remaining, 819.

#### 7. Mental Deficiency Act, 1913.

Patients admitted, 382; discharged, 74; died, 77; remaining, 1,412.

#### 8. Institutions for sane epileptic patients.

Admitted, 367 (including 139 remaining in Hackney Branch Institution on 1st April, 1921); discharged, 107; died, 11; remaining, 523.

#### 9. Children's institutions.

Children admitted, 2,397; discharged, 2,169; died, 79; remaining, 1,507.

#### 10. Ophthalmia neonatorum.

Admitted, 334; discharged, 329; died, 15; remaining, 19.

#### 11. Training ship Exmouth.

Boys admitted, 294; discharged to royal navy, 67; to mercantile marine, 112; to army, 8; other discharges, 115; remaining, 611.

#### 12. Institutions for venereal diseases.

Admitted, 182 women; births, 51; discharged, 236; died, 4; remaining, 44.

#### 13. Institutions for tuberculosis.

Admitted, 3,318; discharged, 3,001; died, 483; remaining, 1,731.

#### 14. Casual wards.

Admitted, 33,364; discharged, 33,259; remaining, 297.

#### 15. Total number of patients and other dependants in the various institutions on the last day of the year ... .. 20,407

#### 16. Expenditure.—Year ended 31st March, 1922.

Total expenditure £3,199,504; Receipts (other than from rates) £636,799;  
Net expenditure £2,562,705.

Gross expenditure of principal departments:—

Infectious Hospitals	...	...	£1,323,526
Mental	..	...	680,576
Children's Institutions	...	...	229,112
Tuberculosis	..	...	214,634

#### 17. Loans.—Total amount borrowed to 31st March, 1921, £6,169,449; total amount owing, £742,925.

#### 18. Acreage of Board's property (exclusive of the casual wards and of the sites for new sanatoria), 2,295a. 1r. 2p.

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# ANNUAL REPORT, 1921-22.

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## PART I.

### THE CONSTITUTION, DUTIES, DETAILS OF WORK AND ORGANISATION OF THE BOARD.

#### CONSTITUTION.

1. The Metropolitan Asylums Board was established by an Order of the Poor Law Board dated 15th May, 1867, pursuant to the provisions of the Metropolitan Poor Act, 1867 [30 and 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 and infirm, or other class or classes of the poor, and to issue Orders controlling the action of the Board of any such district. The Metropolitan Asylum District embraces all the unions and parishes in London, and the Board deal with the provision and management of institutional accommodation for those classes which it has been considered by the Poor Law Board and their successors (the Local Government Board and the Ministry of Health) should be dealt with centrally for London as a whole.

2. The Board is composed of 73 members, 55 being elected by the metropolitan boards of guardians and 18 being nominated by the Ministry of Health. Appendix I., Part IV., p. 56, shows the parishes and unions in the district, their rateable value, population and representation on the Board.

#### DUTIES.

3. The duties of the Board include the provision and management of hospitals and other institutions for

- (a) Infectious diseases.
- (b) Tuberculosis.
- (c) Children suffering from specified contagious diseases and those requiring special treatment in general hospitals or convalescent homes.
- (d) Mental defectives and epileptics.
- (e) Boys for training for sea service.
- (f) Casual poor.

and they provide

- (g) Ambulance and transport services.

Appendix II., Part IV., p. 57, gives in detail a list of the Statutes and Orders with dates by which these duties were imposed on the Board.

## DETAILS OF WORK.

4. *Infectious Diseases*.—The infectious diseases for the treatment of which the Board may make provision include—

Scarlet fever, diphtheria, enteric fever, typhus fever, small-pox, measles, whooping cough, puerperal fever, cerebro-spinal meningitis, influenzal pneumonia, ophthalmia neonatorum, venereal disease, plague and cholera (when necessary), trench fever, malaria, dysentery.

The Board have provided 14 hospitals for infectious diseases, of which 8 are within the administrative county of London and 6 are outside the county. In addition to these hospitals the Board maintain one hospital for venereal disease and provide another by arrangement with the managing body, and maintain one hospital for ophthalmia neonatorum. The total normal accommodation of these hospitals is 8,800. It has proved capable of expansion in times of urgent need, and the highest number of patients under treatment at any one time was 9,599 on 8th November, 1921, viz. :—

Scarlet fever	...	6,277.
Diphtheria,	...	3,025.
Other diseases	...	297.

The two years ended 30th June, 1922, have proved to be the years in London in which the incidence of infectious disease was the greatest on record, and 88,487 patients were removed to hospital during that time.

5. The Board undertake also the provision of facilities for the instruction of medical students and of candidates for the diploma of public health, and for post-graduate courses.

6. Bacteriological laboratories have been provided where diphtheria antitoxin is manufactured and provision has been made for the conduct of research work into the causation of fevers.

7. The Board receive from the several Medical Officers of Health of the metropolitan boroughs notifications of cases of infectious disease occurring in London and publish information relating thereto.

8. The Board's hospitals have steadily gained in public estimation, and the percentage of patients admitted to these hospitals to the total number notified in London has increased from 33·6 in 1890 to 87·5. For scarlet fever only the percentage is now 94·58, and for diphtheria, 96·39.

Appendix III. A (Part IV., p. 60) gives a detailed list with particulars of the Board's hospitals.

9. *Tuberculosis*.—The Board provide institutions for adult cases suffering from tuberculosis. These institutions include two sanatoria for early cases of pulmonary tuberculosis, two hospitals for advanced cases, and one hospital for surgical tuberculosis. Four of these institutions are outside the county of London. For children suffering from tuberculosis three institutions have been provided—two at the seaside and one in the country. Additional accommodation for children is found in one of the general hospitals for children referred to in the next paragraph. Provision has been made in all for 900 adults and 800 children. Detailed particulars are given in Appendix III. B. (Part IV., p. 60).

10. *Children*.—For children of various classes requiring hospital or convalescent treatment other than those referred to in the previous paragraph the Board have provided five institutions, four of them outside the county—two hospitals, one seaside home, one institution for ophthalmia and one for skin diseases, with a total accommodation for 1,900 children. Details will be found in Appendix III. C (Part IV., p. 62).

11. *Mentally defective and epileptics*.—For the mentally defective the Board have provided five institutions with accommodation for 9,000 patients. Throughout these institutions the mentally defective patients are classified from the highest grade of improvable patient in a training colony to the senile demented and the lowest grade of imbecile child.

Provision is made for sane epileptics in one colony for males managed by the Board, and in one colony for females by arrangement with the managing authority. Details will be found in Appendix III. D (Part IV., p. 62).

12. *Training ship*.—The training ship *Exmouth* with the seagoing training ship *Exmouth II*. provides accommodation for 770 boys training for sea service. Since this work has been undertaken by the Board 4,378 boys have been sent into the Royal Navy and 5,282 boys to the Mercantile Marine. (Appendix III. E, Part IV., p. 62).

13. *Casual poor*.—The casual poor are provided for in 11 casual wards accommodating 752 persons. This work was transferred to the Board in 1912, with the result that the administration of the wards was reorganised, the number of casual wards in London reduced from 28 to 11 and the average number of persons using the wards reduced from 1,022 in January, 1912, to 284 in December, 1921. Details of the wards will be found in Appendix III. F, Part IV., p. 62. The Board undertake the management of a scheme for dealing, in co-operation with the police and voluntary agencies, with the homeless poor at night through a night office on the Embankment. In this way all helpable cases are relieved without their having recourse to casual wards at all, and much ameliorative work has been accomplished.

14. *Ambulance and transport services.*—The Board have provided one central motor depot, 6 ambulance stations in London with 140 motor ambulances, omnibuses and lorries, and 3 riverside wharves with 5 ambulance steamers. Appendix III. G (Part IV., p. 62.) At the height of the last epidemic from 4th September, 1921, until the end of that year, the mileage of the motor ambulances exceeded 386,000 without a single mishap to the patients.

#### ORGANISATION.

15. The Board have arranged for the administration of their work through the following system of committee and sub-committee management:—

#### *Main Functions.*

(i) General Purposes Committee (includes all the members of the Board)	All questions of policy and all questions affecting the Board's work as a whole.
Sub-Committees—	
Accommodation ... ..	General questions of accommodation and especially changes of use between different departments, and acquisition and disposal of properties.
Establishment ... ..	Central Office and clerical staff.
Institution Staff ... ..	All general questions relative to conditions of employment, hours and wages, uniforms, dietary, insurance, compensation, negotiations with trades unions, appeals.
Medical and Nursing ... ..	All professional questions relating to these services which affect all the Board's departments, and supervision of work of chief medical officers.
Laundry ... ..	Consideration of administration and technical practices in Board's laundries, expenditure on laundries, output, etc.
Legislation ... ..	Questions of legislation affecting the Board's work.
(ii) Finance Committee (12 members)	Regulation of Board's finances. Estimates of income and expenditure, loans and repayments, financial proposals of spending committees, supervision of administration of Superannuation Acts, fire insurances, banking, assessments, and work of accounting officers, etc.

		<i>Main Functions.</i>
(iii)	Works Committee (16 members)	Supervision of all matters relating to building works and control of professional and technical staff.
	One Sub-Committee ...	Detailed consideration of plans, specifications and estimates.
(iv)	Contract Committee (24 members)	Provision of all articles required at institutions with a few minor exceptions, control of description and quality of supplies, and employment of technical advisers; management of central stores for reception, warehousing, examination and distribution of goods.
(v)	Statistical Committee (9 members)	Collation and publication of statistical information, revision of methods of keeping records.
(vi)	Infectious Hospitals Committee (36 members)	Control of infectious hospitals and laboratories, arrangements for medical instruction, training of fever nurses, bacteriological and research work, accommodation and distribution of patients.
	Sub-Committees—	
	Two central ... ..	Consideration of arrangements affecting all hospitals. (i) Medical and nursing. (ii) General.
	Fourteen visiting ... ..	Control of hospitals.
(vii)	Tuberculosis Com- mittee (25 mem- bers)	Control of institutions for tuberculosis; arrangements for training nurses.
	Sub-Committees—	
	One central... ..	Consideration of questions affecting all institutions for tuberculosis.
	Seven visiting ... ..	Control of institutions.
(viii)	Children's Com- mittee (25 mem- bers)	Control of certain institutions for children, arrangements for training nurses, etc.
	Sub-Committees—	
	One central... ..	Detailed consideration of questions affecting all institutions.
	Five visiting ... ..	Control of institutions.



*Main Functions.*

(ix) Mental Hospitals Committee (30 members)	Control of mental hospitals, training colony, and epileptic colony.
Sub-Committees—	
One central     ...     ...	Detailed consideration of questions affecting all institutions.
Six visiting     ...     ...	Control of institutions.
(x) Training Ship Committee (12 members)	Management of training ships.
Two sub-committees     ...     ...	(i) Finance. (ii) After care.
(xi) Casual Wards Committee (12 members)	Management of casual wards, and of scheme for dealing with homeless poor.
(xii) Ambulance Committee (12 members)	Control of ambulance and transport service.

16. In the ordinary course the Board, and the committees and sub-committees, including the visiting sub-committees, meet once every four weeks. A second visit during the four weeks is paid to the institutions by two members of the sub-committee nominated for the purpose.

17. The Board retain the determination of questions of policy and principle, the sanctioning of all new schemes affecting accommodation, of working conditions, hours, salaries and wages, the actual appointment and promotion of the chief office staff, the chief institution officers, viz., medical superintendent, matron, steward, chaplain, and the consulting medical staff. They retain also the settlement of contracts for all works exceeding £100, and in general the approval of expenditure over £100 in one sum.

18. Subject to these general reservations, they delegate the control and management of the several groups of institutions to the central committees concerned, who appoint the visiting sub-committees. These central committees retain for themselves the consideration of all matters which must subsequently reach the full Board, and of all matters affecting more than one institution. They retain also the appointment of an intermedial grade of staff, *e.g.*, assistant medical officers and assistant matrons, and expenditure below the limit requiring the Board's approval and above that allowed to the visiting sub-committees.

19. To the visiting sub-committees are delegated the duties of visiting and inspecting the institutions, of seeing the patients and investigating any complaints they may make; of appointing, promoting and dismissing (subject to appeal) the whole of the subordinate staff; the initiation and preliminary consideration of schemes for the improvement of the institutions, for alterations and repairs, etc.; the examination and certification of the requisitions for all supplies; and purchase of certain miscellaneous

supplies, and the right to sanction expenditure up to £25 apart from the current contracts.

20. This method of organisation and work and delegation of responsible duties has been found by long experience to be thoroughly satisfactory and to retain the interest of members in the work allotted to them and to produce the best results.

#### STAFF.

21. The Board employ for the work outlined above a clerical and technical staff at the centre numbering 160. They have four chief medical officers for the four chief branches of their service, a consulting medical and surgical staff of the highest standing, and a resident medical staff at the hospitals and other institutions for the sick. Their total staff fluctuates from year to year according to the incidence of disease and the pressure on their accommodation. The total staff employed has reached 10,000.

#### FINANCE.

22. The Board's revenue is derived from the metropolitan rates, from Government grants in respect of certain classes of patients, from payments by other authorities for cases received by agreement with them, and from direct payments by or on behalf of patients.

23. The Board's precepts are issued on the several boards of guardians, who include the amounts in their own precepts on the Borough Councils by whom the rate is levied. The net cost of the Board's work is defrayed by the several unions and parishes in the metropolis, in proportion to their rateable values.

24. The total expenditure of the Board for the year ended 31st March, 1922, amounted to £3,199,504, and the receipts (other than from rates) £636,799, leaving a net expenditure of £2,562,705, which is equal to a rate of 12·65d. in the pound.

25. The gross expenditure in the principal departments within the same period was as follows:—

Infectious Hospitals	.. ..	£1,323,526
Mental Hospitals	.. ..	680,576
Children's Institutions	.. ..	229,112
Tuberculosis Institutions	.. ..	214,634

The cost of the Board's work is subject to fluctuations due to the varying incidence of disease and to the occurrence of epidemics, and to additions due to the imposition of additional duties from time to time.

26. The Board in 1907 consolidated their outstanding loans which then amounted to over £3,000,000 and arranged a scheme of repayment under which this indebtedness would be discharged by 1922. This plan has been carried out with the result that the Board are now in possession of the valuable properties detailed in Appendix III. (Part IV), and their only debt amounts to about £500,000, incurred since the war in connection with tuberculosis work and hospital extensions.

**PART II.**

## ANNUAL REVIEW FOR THE YEAR ENDING 31 MAY, 1922.

**GENERAL.***London Government.*

1. Since the publication of the last annual report a Royal Commission has been appointed "to inquire and report what, if any, alterations are needed in the local government of the administrative county of London and the surrounding districts, with a view to securing greater efficiency and economy in the administration of local government services and to reducing any inequalities which may exist in the distribution of local burdens as between different parts of the whole area."

2. It will be remembered that the Board considered one branch of this subject in 1920, consequent upon the adoption by the London County Council of a scheme relating to the administration of health services in London under which it was suggested that the Council should take over the Board's work. In their report on this subject the Board pointed out that since 1893 the Council had steadily pressed that one public service after another should be handed over to them in addition to their existing work, and urged that an authoritative enquiry should be undertaken by the Government into the question of London government as a comprehensive whole, including the proposed extension of boundaries, the constitution of a central council with local legislative powers, the relation between the legislative council and the administrative departments dealing with the main public services, and other cognate questions.

3. The Board believed that such an enquiry would make it quite clear that the London County Council is at present fully occupied and is not in a position to take over any new work. They hoped it might lead to the production of a comprehensive scheme making adequate provision for the different branches of central administrative work either by the setting up of a central poor law authority or a public health board or both. That they were justified in their belief is shown by the evidence already given before the Commission by the Council's chief witness.

4. The Board find the actual proposals of the Council very disappointing. They break no new ground, but, after admitting that the Council is now quite fully occupied, merely suggest the devolution of a certain part of their educational administration upon local authorities in order that they may take over vast additional duties and responsibilities. With the exception of three Urban District Councils outside London, the evidence so far submitted to the Commission by the authorities affected is adverse to the proposals. The subject is fully discussed in a report adopted

by the Board for submission to the Royal Commission, which is reprinted in Part III (pp. 39-55) of this volume. Briefly stated, the Board emphasise the views expressed in 1920 that whatever purpose might be served by changes in the machinery of local government, which is admittedly functioning well at present, economy would not be one of them, and that what local authorities most need at present is a period of rest from legislative activities and new remedies. They consider that in these times of financial difficulty it is not easy to find ground for substantial interference with an administrative body with a great tradition of public service behind it, a body which is stated by the County Council to be very efficient, and which is concentrating its energies upon the double object of continuing to serve the public with efficiency and of lightening the burden upon the ratepayers. Where these results are secured, the Board believe that the carrying out of new schemes and fresh developments may well be left until the community can afford changes which are not essential and may well be costly. So far as the Board's work is concerned, they reaffirm their view that the metropolitan borough councils and the London County Council, with all of which bodies they work in co-operation and harmony, should be afforded representation on the Board, and that any further institutional or cognate work which it may be decided to centralise should be entrusted to the Board.

#### INFECTIOUS DISEASES.

##### (a) *Fevers.*

5. For full statistical information with regard to the patients in the infectious hospitals, Tables I to XIII in the statistical appendix (Part VI) should be consulted. These Tables show the incidence of disease in the several months of the year and its geographical distribution.

6. Condensed statistics of the patients at the Board's infectious fever hospitals for the three years 1919, 1920 and 1921 are as follow :—

	1919.	1920.	1921.
Remaining on 1st January ... ..	2,299	4,789	7,465
Admitted during the year ... ..	21,962	35,916	47,859
Discharged during the year ... ..	18,448	31,895	45,232
Died ... ..	1,023	1,345	1,585
Remaining on 31st December ... ..	4,789	7,465	8,507
Lowest number under treatment at any time	2,364 (3rd Jan.)	3,512 (5th July)	5,423 (3rd Sept.)
Highest number under treatment at any time	4,981 (21st Dec.)	8,669 (23rd Nov.)	9,599 (8th Nov.)

7. The increasingly swift spread of disease during the seasonal rise in each of the cycle of epidemic years is well shown by this condensed statement. It will be seen that the progress towards the climax of 1921 is regular :—

—	Period between minimum and maximum of numbers under treatment.	Average daily increase.
1919	353 days	8
1920	144 „	36
1921	66 „	63

8. The autumn and winter of 1920-21 were notable for what had proved until that date the biggest epidemic the Board had had to deal with in their history, but the figures then recorded were much exceeded by those of 1921-22.

9. The decline in the number of patients from 23rd November, 1920, when the maximum number of patients under treatment on any one day had risen to 8,669, was very gradual, and it was not until 3rd September, 1921, that the lowest figure for the year—5,423—was reached. It will readily be understood that the large number of patients in hospital throughout the year threw a great strain on the staffs of the various hospitals—who had been working continuously at high pressure since the autumn of 1919—placed obstacles in the way of carrying out the annual cleaning and painting in those buildings occupied by patients, and caused great difficulty in arranging for the annual leave of the nursing and domestic staffs. Indeed, in some instances, it was not found practicable for all the leave due to be taken during the calendar year.

10. When it appeared likely, in the early part of the summer, that in order to cope with the seasonal rise in the autumn, the Board's accommodation for infectious disease would be taxed to its utmost capacity, steps were at once taken to make ready every available bed.

11. The Board, on 4th December, 1920, had approved, subject to the sanction of the Ministry of Health, of a scheme for merging into one infectious hospital the Eastern Hospital and the adjoining institution which had been purchased from the City of London Guardians, and, on 9th April, 1921, they had also approved, subject to the sanction of the Ministry, of the rearrangement of the engineering plant and of the execution of certain necessary roadmaking works. As sanction to these schemes had not been received by the beginning of June, it was decided not to attempt to carry them out, but to utilise the City of London institution, as it stood, for the reception of cases during the autumn. Including extra beds,

which were placed in the wards on the same scale as in the fever hospitals generally, the institution provided accommodation for some 260 cases. This accommodation was actually brought into use on 15th September, 1921, and proved a valuable addition to the Board's resources during the period of highest pressure.

12. As stated above, the number of patients in the Board's infectious hospitals during the year 1921 did not fall below 5,423 on 3rd September, a figure which exceeds the *maximum* number of cases under treatment on any one day in 19 of the last 25 years. From that date the number rose rapidly until 8th November, when the maximum (9,599) was reached. This exceeded last year's maximum of 8,669 (the highest up to that time) by 930 and the highest maximum of any previous epidemic (7,158 on 19th November, 1907) by 2,441.

13. The following table shows how these totals were made up:—

Disease.	Number under treatment.		
	8th Nov., 1921.	23rd Nov., 1920.	19th Nov., 1907.
Scarlet fever ... ..	6,277	5,664	5,712
Diphtheria ... ..	3,025	2,594	1,315
Enteric fever ... ..	23	15	130
Tuberculosis ... ..	196	334	—
Other diseases ... ..	78	62	1
Totals ... ..	9,599	8,669	7,158

14. The total number of cases admitted from 4th September, when the rise began, to the end of the year, when patients were still being admitted at the rate of 120 to 130 a day, as compared with the numbers admitted between the same dates in 1920 and 1907, was as follows:—

Disease.	Total number of cases admitted from 4th September to 31st December inclusive.		
	1921.	1920.	1907.
Scarlet fever ... ..	13,857	12,112	10,858
Diphtheria ... ..	6,701	5,584	2,976
Tuberculosis ... ..	157	366	—
Other diseases ... ..	313	224	330
Totals ... ..	21,028	18,286	14,164

15. During this period of 119 days the daily admissions of fever cases exceeded 150 on no fewer than 94 occasions. On 35 of these occasions they exceeded 200, the highest number on any one day being 271 on 4th October. The highest on any one day in previous years was 244 on 5th November, 1920.

16. From 4th September to 31st December, 1921, inclusive, the number of miles run by the Board's ambulance vehicles exceeded 386,000, without a single mishap to a patient.

17. It would not have been practicable to deal with the large number of cases involved without the invaluable assistance afforded by the river ambulance service, the use of which was not interrupted by the occurrence of a case of smallpox until 30th December. The numbers of patients conveyed by the steamers during the period 4th September to 29th December, inclusive, were as follow:—

Admissions ... ..	2,698
Transfers ... ..	83
Discharges ... ..	2,498
Total ... ..	5,279

18. Towards the end of October it was clear, in view of the unprecedented rate at which applications for admission were being received, that, when every bed at the Board's disposal was occupied, there would still be some cases outstanding. Accordingly, after conference with representatives of the Ministry of Health and of the metropolitan medical officers of health, arrangements were made for all applications for the admission of cases of scarlet fever to be made, in the first instance, to the medical officer of health, and for him to select the cases most urgently requiring admission and advise the Board thereon, preference in admitting cases to be given to the poorer and more crowded districts, especially to cases coming from homes where there was unemployment. These arrangements came into operation on 25th October and terminated on 10th December, when the necessity for their continuance ceased.

19. This group of epidemic years is noteworthy for the large proportion of diphtheria cases. The number of cases of that disease reached a maximum of 2,690 on 15th December, 1920. It then declined to 2,551 on 13th January, 1921, after which it rose again until 9th March, 1921, when it stood at 2,852. That figure was the highest ever reached, but it was surpassed during the seasonal rise of 1921-2, when the maximum number of cases under treatment was 3,237 on 4th January, 1922.

20. When it became necessary to select cases for admission, every effort was made to admit, without delay, every diphtheria case, on account of the more serious nature of that disease, with the result that a vacancy was allotted at once for every diphtheria

patient for whose admission application was made, and it was not necessary to postpone the removal of any case even from one evening to the following morning. That this was the right policy to pursue is clear when it is pointed out that the percentage of deaths to admissions during the last four months of 1921 in the case of patients received into the Board's infectious hospitals was for diphtheria 7·12 and for scarlet fever 1·04.

21. Although the several hospitals were in a better position this last autumn to meet heavy demands than they were twelve months ago, owing to the fact that they were practically fully staffed at the beginning of the rise, yet they were called upon to cope with a much larger number of patients, and it was only by the whole-hearted co-operation of the staffs of both the hospital and ambulance services that the epidemic was so successfully dealt with.

22. After reaching the highest point in November, 1921, the number of patients under treatment fell more rapidly than during 1920-21, the lowest number reached up to the date of the publication of this review being 4,715 on 1st July, 1922, when the figure began again to rise.

23. The problem of dealing with cases of cross-infections of high infectivity, of doubtful diagnosis, and of exposure to infection, is one of great difficulty and complexity. The Board's recent experience when scarlet fever, diphtheria and measles have all been prevalent simultaneously, has shown that in the acute hospitals about 25 per cent. of the total accommodation should be available for isolation purposes.

24. To meet this need the Board have taken special steps for the provision of additional isolation accommodation.

(b) *Smallpox.*

25.

Remaining under treatment 1st January, 1921.	Admissions.	Discharges.	Remaining under treatment 31st December, 1921.
1	2	2	1

26. Dr. A. F. Cameron, the medical superintendent of the Board's smallpox hospitals, reports:—

At the beginning of the year one patient was under treatment. This case was almost certainly connected with the series of cases which were occurring in Essex during the autumn and winter of 1920. He was discharged on 7th February and the hospital was closed until 26th April, when a patient was admitted from Holborn, who acquired her infection on board a transport from Bombay and developed the disease after her arrival in London. This patient



was discharged on 19th May, and the hospital was unoccupied until 30th December, when a patient was admitted from Wandsworth who acquired his infection in Russia. It is satisfactory to note, as an indication of the perfection reached by administrative action in the presence of smallpox in London, that no secondary cases in the metropolitan area followed any of the cases which occurred during the year. But it was also fortunate that all the cases were of a mild type and that no invasion took place from the provinces, where the disease was reported as prevalent during the summer and as becoming epidemic in the Midland districts during the autumn. During the year, 10 patients were examined who were found not to be suffering from smallpox.

(c) *Ophthalmia neonatorum.*

27. During the year the admissions to St. Margaret's Hospital for ophthalmia neonatorum numbered 121 mothers and 213 babies.

28. On the advice of the ophthalmic surgeon it was proposed to establish a small after-care clinic at the hospital, where babies could be seen at intervals for some weeks after discharge, but the scheme was abandoned for the time being at the request of the Ministry of Health in view of the need for further economies in public expenditure.

(d) *Otological work.*

29. A very important step was taken by the Board in 1920, when it was decided to appoint at two of the hospitals as an experiment an otologist to treat ear discharge and inflammation occurring in patients suffering from acute specific fevers and to report upon the question of the prevention of ear discharge and of chronic ear disease. As the result, the otologist appointed—Mr. T. B. Layton, D.S.O., M.S. (Lond.), F.R.C.S. (Eng.), Surgeon to the Throat and Ear Department of Guy's Hospital—has submitted a valuable report, which was considered in detail by the Board, and upon which they arrived at certain conclusions. This important report cannot be summarised usefully. It is accordingly printed in full in Part V of this volume, together with the decisions arrived at by the Board after their consideration of it.

(e) *Venereal diseases.*

30. The treatment of venereal disease at the Sheffield Street Hospital, which was fully dealt with in the last annual report, has been continued during the year.

136 cases were admitted to the hospital.

31. The future of this hospital has formed the subject of a conference with the Ministry of Health and the London County Council, and is still under consideration.

32. During the year 60 patients were treated at the Thavies Inn Infirmary.

(f) *Influenzal pneumonia.*

33. On 11th January, 1922, the Ministry of Health asked the Board to give immediate consideration to the desirability of returning

temporarily to the arrangements whereby only selected cases of scarlet fever were admitted to the Board's infectious hospitals, so as to allow of a certain number of beds being made available for the treatment of cases of influenzal pneumonia arising from the epidemic then prevalent.

34. The Board approved of one, and, in some cases, two wards being allocated for pneumonia at each of the nine town hospitals, thus making provision for about 150 cases, which was more than sufficient to deal with the cases for whose admission application was made. It was not necessary to resort to the selection of cases of scarlet fever.

(g) *Medical instruction.*

35. During the year, 487 students, of whom 165 were women, attended courses of instruction in fever. 81 students attended courses of instruction in hospital administration for the Diploma of Public Health.

(h) *Notification statistics.*

36. In the metropolitan area, 57,985 cases of infectious disease [exclusive of whooping cough, tuberculosis (pulmonary and non-pulmonary), and zymotic enteritis] were notified during the year 1921, or 13,997 more than in the previous year. Table I (Part VI) shows the number of cases of each disease notified, and the deaths from the principal diseases admissible to the Board's hospitals; also the rate of such notifications and deaths to the population.

(i) *Research and bacteriological work.*

37. The research work, conducted by the Board in the pathological laboratories, into the causation of scarlet fever, continues under the immediate care of Dr. W. Mair, Research Pathologist.

38. A report by the Bacteriologist (Dr. Cartwright Wood) will be found in Part V.

**TUBERCULOSIS.**

39. The number of tuberculous patients under treatment in the Board's institutions on 30th June, 1922, was as follows:—

Adults.		Children.		Total.
Males.	Females.	Males.	Females.	
484	272	586	564	1,906

For full medical and administrative statistics relative to patients suffering from tuberculosis, Tables XIV to XXIV (pp. 119-135) in the statistical appendix (Part VI) should be referred to.

40. The adaptation of the institution at Lowestoft, purchased by the Board in 1920, has been completed. The hospital has been named S. Luke's Hospital. It was opened on 9th April, 1922, and is now in occupation by patients suffering from surgical tuberculosis.

41. The King George V Sanatorium at Milford, near Godalming, newly erected on the most approved modern lines for the treatment of early cases of pulmonary tuberculosis in adults, was opened on 8th June. H.M. The King has been graciously pleased to command that the sanatorium shall be known as "The King George V Sanatorium." The buildings are quite complete for occupation by the full number of patients, but, with a view to providing open-air work for the patients under treatment, the laying-out of the grounds has only been proceeded with as far as the heavy levelling, the formation of necessary roads and main paths, and certain essential planting are concerned. The remainder of the laying-out of the shrubberies, gardens, lawns and walks in the grounds is to be done by the patients.

42. After a general review of the whole situation and negotiations with the London County Council, the Board decided to allocate The King George V Sanatorium for males suffering from pulmonary tuberculosis, and Pinewood for females similarly affected.

43. The Board's provision for cases of tuberculosis, therefore, stands at Midsummer, 1922, as follows :—

ADULTS.		M.	F.
<i>For pulmonary tuberculosis.</i>			
<i>Sanatorium cases—</i>			
King George V Sanatorium, Godalming, Surrey. For adult males	... ..	232	
Pinewood, Wokingham, Berks. For adult females	...		160
<i>Advanced cases—</i>			
Colindale Hospital, Hendon, N.W. For adult males	...	271	
S. George's Home, Chelsea, S.W. For adult females	...		50
<i>For surgical tuberculosis.</i>			
S. Luke's Hospital, Lowestoft. For adults of both sexes		95	69
		598	279
			877
CHILDREN (BOTH SEXES).			
Queen Mary's Hospital, Carshalton, Surrey	... ..		562
Princess Mary's Hospital, Margate, Kent	... ..		271
Millfield, Rustington, Sussex...	... ..		120
High Wood, Brentwood, Essex	... ..		308
			1,261

44. The Board have provided adequately for the recreation and occupation of tuberculous patients; the latter by means of facilities for gardening, fancy leather work, picture framing, light cabinet making, and fancy basket work for the men, and gardening, house decoration, and other domestic work for the women.

45. The regulations for the guidance of adult patients in the tuberculosis sanatoria and hospitals have been revised and consolidated.

#### CHILDREN.

46. Table XLVI, on page 168 of the statistical appendix (Part VI) summarises the admissions, discharges and deaths of patients at the institutions under the control of the Children's Committee during 1921, while Tables XLIV, XLV and XLVII (pp. 166-169) give medical and administrative details of the cases.

47. The Children's Home, Hanwell (formerly known as the Park School), which had been temporarily transferred to the Board for the period of the war, was handed back to the Managers of the West London School District during the year on completion of the schedule of dilapidations arising from the post-war military occupation of the premises.

48. The character of the buildings and surroundings of the Children's Infirmary, Cleveland Street, have long rendered it unsatisfactory, from the modern point of view, as a residential institution for children. The accommodation provided by the Infirmary is, moreover, inadequate for the number of cases which should be admitted. The transfer of the tuberculosis patients from the Downs Sanatorium, Sutton, to the Board's new sanatorium at Godalming, afforded an opportunity of meeting these objections without large expenditure on the building of a special institution, and of transferring all the children from Cleveland Street to an institution situated in healthy surroundings on the Surrey Downs, within reasonable distance of London, with ample grounds, full hospital equipment and greater accommodation. The Board accordingly decided in May, 1922, to effect the transfer of the children to the Downs Sanatorium (now called the Downs Hospital for Children).

49. Among the children admitted to the Board's institutions for the treatment of tubercular glands are many who have already been operated on, but in whom the disease has recurred. The liability to recurrence has long been recognised as a drawback to operative treatment, and investigations have been made at home and abroad into the use of radium as a substitute for operation. The reports of these investigations were sufficiently encouraging to lead the Board, at the close of 1920, to purchase an applicator containing 15 milligrams of radium bromide. This has been used at Queen Mary's Hospital for about 180 tubercular glands in 48 patients, and, especially in the less advanced cases, the results have generally been satisfactory, a gradual, and in many instances remarkable, diminution of the size of the diseased glands following.

50. Considerable public interest has recently been shown in the use of direct sunlight in the treatment of surgical tuberculosis and

other diseases of childhood. Its value in assisting the cure of these diseases had been appreciated by the Board from an early date, and special provision had been made at those of their institutions which dealt with these cases to allow of full advantage being taken of the curative properties of fresh air and sunlight.

51. At Queen Mary's Hospital, Carshalton, situated on the Surrey Downs in a park of 136 acres, there were added to the ward blocks in 1911 and 1912 ten extensive verandahs, in which over 300 children could lie, winter and summer, day and night, constantly in the open, almost completely free, as experience proved, from colds and from infectious disease. At this hospital, with accommodation for more than 800 sick London children, the courtyards, open only to the south, with the verandahs on the three remaining sides, are ideal for the carrying out of sunlight treatment, and orthopædic carriages and frames have been devised by the medical superintendent, so that even the patients accommodated indoors may reap to the full the benefits derived from light, air and sunshine.

52. Even those living under the best conditions, however, are improved by change of air and scene, and the Board, therefore, have arranged for patients from Queen Mary's Hospital to be sent, when the medical officers advise that course, to their seaside home, Millfield, near Littlehampton, an institution of about 120 beds, the lawns of which extend down to the beach. Suitable cases can indulge in bathing and all derive the benefits which result from a change to the seaside.

53. The very satisfactory results which were being obtained at Queen Mary's Hospital led the Board, when Princess Mary's Hospital at Margate was being reconstructed, to arrange that the majority of the beds there should be in the open air. Of a total accommodation of 271, 200 beds are placed in verandahs; in other words, the wards are annexes to the verandahs, not, as is usual, the verandahs annexes to the wards.

54. When called upon to provide accommodation for adults suffering from surgical tuberculosis, the Board decided to open a hospital at Lowestoft, and St. Luke's Hospital, with 164 beds, has been fully equipped for this purpose.

55. The treatment of tuberculosis of spine and joints is thus carried out in the Board's institutions in the fresh air of country or seaside, with free exposure to light and direct sunlight, the affected part being, of course, immobilised and, so far as is practicable, the rest of the body exercised. The results are pre-eminently satisfactory, and are especially striking when the treatment is undertaken early. Not all cases, however, come under such treatment early, and this opportunity may be taken of observing that it would be a great

advantage to those patients who suffer in particular from disease of spine and hip, and also to those who eventually become responsible for them, if they were admitted at once and directly into institutions specially equipped for dealing with these conditions.

#### TRAINING SHIP "EXMOUTH."

56. The number of boys admitted during the year was 294. Of the boys discharged, 67 entered the Royal Navy, 112 the Mercantile Marine, and 8 were drafted into the Army as musicians. Details will be found in Tables XLVIII and XLIX of the statistical appendix (pp. 170-171 in Part VI).

57. The number of boys sent to the ship and maintained there by extra-metropolitan Boards of Guardians was 377 on the 31st December, 1921, and the Board have consented to accept such boys on the ground that the training on the ship is valuable both to the individual and the nation, and they recognise that it is impracticable for most Boards of Guardians to provide for such training from their own resources. The Board feel strongly that the importance of this training should be more widely appreciated by metropolitan Boards of Guardians and that more frequent advantage should be taken of the fact that it is available.

58. An inspection of the ship was made by the Admiral of the Training Service, Rear-Admiral The Hon. Victor A. Stanley, C.B., M.V.O., who, in his report, expressed the view that the ship was "an ideal one for the training of boys for the sea."

59. The challenge cups and prizes were distributed at the annual inspection by Sir Thomas Royden, Bart., C.B., M.P., Vice-Chairman of the Cunard Steamship Company.

60. In view of the imperative demands for every possible public economy, the Board with great regret felt compelled during the year to lay up the sea-going tender to the training ship, notwithstanding the value of the training to be gained from its cruises in the Home Seas.

#### THE MENTALLY DEFICIENT.

61. For full statistical information with regard to the patients in the mental institutions, Tables XXV to XXXVIII (pp. 136-161) in the statistical appendix (Part VI) should be consulted.

62. Condensed statistics of the patients in the Board's mental institutions [including cases certified under the Lunacy Acts, 1890-91, the Mental Deficiency Act, 1913, uncertified feeble-minded cases

under the Metropolitan Asylums (Mentally Defective Persons) Order, 1911, and sane epileptics] for the year 1921 are as follows :—

Remaining on 1st January, 1921	...	...	...	7,761
Discharged during the year	...	...	...	423
Died ... ..	...	...	...	773
Admitted—				
Under 5 years of age	...	...	...	72
5-16 years of age	...	...	...	373
16-70        "	...	...	...	859
70-80       "	...	...	...	238
80-90       "	...	...	...	103
Over 90 years of age	...	...	...	3
Remaining on 31st December, 1921	...	...	...	8,213

63. The average annual number of admissions during the past ten years has been 1,252.

64. The Board continue to enter into agreements with provincial authorities for the reception of patients under the Mental Deficiency Act, 1913, and the number of such agreements is now 66. The number of patients remaining at the end of the year received under these agreements was 1,397. The patients received by agreement from the London County Council numbered 486 at the end of the year. Under these agreements the contracting authority pays the cost of the patients chargeable to them.

(a) *Accommodation.*

65. In February, 1922, the Board decided to close the Bridge Training Home at Witham, Essex, transferring the boys to the Darenth Training Colony, Dartford, Kent. To provide the necessary accommodation at the latter institution many patients of relatively low grade were removed from the Colony to Caterham, Leavesden and Tooting Bec Mental Hospitals.

66. The boys were transferred to Darenth Training Colony and the Bridge Training Home was closed in May, 1922.

67. It is anticipated that, in view of the greater facilities at Darenth for training and occupation of the boys and of the continuous expert medical and industrial supervision, the transfer will be of advantage to the patients and at the same time result in substantial saving by the closing of the smaller establishment.

68. In July, 1921, as the result of applications for increased admissions of sane epileptic children, the Board arranged for the necessary extension of the accommodation provided by them for such cases.

(b) *Industrial training.*

69. The year witnessed the complete reorganisation and a great extension of the industrial work carried out at Darenth Training Colony. This institution now has large numbers of patients steadily

employed under competent supervision in acquiring practical knowledge of and producing in great quantity and variety brooms, brushes, tinware and wirework, joinery and furniture, wood turnery, basketwork, upholstery, needlework (especially the very large supplies of plain sewn bedding and clothing required in such institutions as those of the Board), boot and shoe repairs, toys, string-bag making, printing and bookbinding, while the shops for firewood chopping and remaking and repairing of mattresses can turn out all the work required for the Board's establishments and institutions. These activities are in addition to those incidental to the running of the institution farm, the upkeep of buildings, roads and grounds, and so forth, which occupy many of the patients.

70. During the year ending 30th September, 1921, raw materials for the industries at Darenth Training Colony were supplied to the value of over £30,000.

*(c) Training of mental hospital nurses.*

71. In pursuance of the policy for the training of the nursing staff of the mental hospitals, approved by the Board in July, 1919, steps have been taken during the past year to enforce the requirements laid down. It was found that certain nurses were either not availing themselves of the facilities provided or were not sitting for the examination necessary to enable them to obtain certificates. The Board therefore gave instructions for the termination, subject to the exercise of discretion in special cases, of the appointments of the junior nurses (probationers, acting staff nurses, and charge nurses) who, having joined the service since 1st April, 1914, (a) may fail without adequate cause to attend the minimum number of lectures in each course required by the syllabus of the examination; or (b) having attended the necessary number of lectures, may allow two examinations to pass without sitting therefor; or (c) may fail thrice for the same examination—on the ground that such nurses are unlikely to become efficient mental hospital nurses. The application of these measures resulted in the dismissal of several nurses.

72. As to the position of nurses who joined the service prior to 1st April, 1914, there is still some uncertainty. It is possible that they may obtain registration under the Nurses' Registration Act, and the matter is at present under consideration.

*(d) Dental treatment.*

73. Following on the appointment by the Board of a second whole-time dental officer, an increase in and rearrangement of the dental work at the mental hospitals has been effected, in addition to the extension of the facilities for dental treatment at other institutions which the Board also provided for by this appointment.



## CASUAL POOR.

74. The demands for casual ward accommodation during recent years showed a marked diminution, which may be partly attributed to the change in methods of dealing with the casual poor since the metropolitan wards were all placed under central control and partly to the close co-operation with other official and voluntary agencies for the rehabilitation of this class of the community. The decrease in number of applicants was most pronounced during the war. Out of 28 casual wards (with accommodation for 1,824 persons), the control of which the Board took over in 1912, they retain for use at the date of writing this review 11 wards, with accommodation for 752.

75. The policy of leniency in enforcing tasks and the suspension by the Board of the unsatisfactory task of stonebreaking has been continued, and detention of an inmate is not insisted on if there is, in the opinion of the superintendent of the ward, reasonable ground to suppose that he has work to go to or is endeavouring to obtain work.

76. Since the termination of war there has been an increase in the number of applicants, and the severe industrial depression late in 1921 and early in 1922 is also forcing more to seek the shelter of the casual wards.

77. The decrease in the number of casual wards in the London area necessarily entails special provision for dealing with the congestion at any one point by reason of the considerably greater distances separating the wards available. Formerly it was sufficient, when a ward was full, to direct an applicant to proceed to another ward a comparatively short distance away. Under the present conditions, however, such transfers of applicants call for special arrangements, and the Board have therefore adopted a system whereby in suitable cases the conveyance of applicants is arranged by public vehicles or by one of the Board's vehicles, according to circumstances.

78. The number of casual poor received during the year was 33,364, the average daily number being 233. The following table gives the number of inmates of casual wards for several years past, viz. :—

	January.	March.	June.	September.	December.
1912	1,022	951	629	629	461
1913	617	602	294	294	228
1914	313	302	186	238	164
1915	172	160	101	115	118
1916	106	121	78	79	80
1917	94	107	66	74	88
1918	76	87	52	42	40
1919	65	61	41	76	74
1920	95	92	102	176	192
1921	206	201	173	307	284
1922	297	296	362	—	—

79. The work of the Board's Night Office on the Embankment in association with the Homeless Poor Committee set up by the Ministry of Health has continued during the year. The following table gives the numbers of cases dealt with since January, 1921 :—

	Monthly number.	Percentage given orders to casual wards.
1921—		
January ... ..	671	13
February ... ..	623	13
March ... ..	925	18
April ... ..	787	18
May ... ..	690	18
June ... ..	1,144	27
July ... ..	1,884	31
August ... ..	1,719	33
September ... ..	1,728	34
October ... ..	1,600	29
November... ..	932	24
December ... ..	923	25
1922—		
January ... ..	1,000	24
February ... ..	961	24
March ... ..	1,108	23
April ... ..	1,455	29
May ... ..	1,841	35

80. The old office having proved inadequate for the proper carrying on of the work, arrangements were made for a larger office, with a waiting-room, to be provided on an adjacent site on the Embankment, near Charing Cross (under Hungerford Bridge, Embankment, W.C.).

81. The new night office was opened in December last, and its superior arrangements for its work have been proved.

#### LAND AND RIVER AMBULANCE SERVICES.

82. These services, which carry out the bulk of the work of conveying patients to, between and from the various institutions of the Board, together with a great and increasing similar work for other public bodies and for private persons, dealt during the year with 122,513 removals.

83. The work for the past three years may be summarised as follows :—

	Total removals.	Land journeys.	Land and river mileage.
1919	60,682	39,622	644,076
1920	97,627	54,937	939,159
1921	122,513	66,595	1,075,041

84. In addition the Board's vehicles are made use of to a great extent for all descriptions of transport work necessary for the maintenance of their institutions, but the figures for the journeys and mileage on this work are not included above.

85. For details of the work Tables XLI, XLII and XLIII in the statistical appendix (pp. 163-164 in Part VI) should be consulted.

#### WORKS.

86. During the year the practice of carrying out cleaning and painting and maintenance works at the hospitals by direct labour has been continued where the work has been of an internal nature affecting the accommodation for patients.

87. In the main the attention of the Works Committee has been concentrated on the erection of the King George V Sanatorium, which was approaching completion at a more rapid rate at the end of the year under the more favourable conditions then prevailing in the building trade; the adaptation of St. Luke's Hospital, Lowestoft, for non-pulmonary cases of tuberculosis; and the scheme for the adaptation of the City of London Infirmary at Homerton as an extension of the Eastern Hospital, the last work having been postponed from the summer of 1921 in order that the accommodation might be used in the autumn of that year to cope with the increased number of infectious cases.

88. During the year a scheme for the linking up of the drainage of Darenth Training Colony and the Southern Hospital with the sewers of the local authority—which had been discussed and approved by the Board before the war—was put in hand with the approval of the Ministry of Health, at the request of the Dartford Rural District Council, in order to alleviate the distress due to unemployment in the neighbourhood.

89. The erection of 60 houses for staff at certain of the mental hospitals and at White Oak, which was mentioned in the last annual report, was completed by Midsummer, 1921. The settlement of the contractors' accounts under contracts entered into in 1914 for the erection of Princess Mary's Hospital and of the extension of Tooting Bec Mental Hospital engaged the attention of the Works Committee during the early part of the year, and the completion of a portion of the extension of Tooting Bec Mental Hospital under the supervision of the Engineer-in-Chief is proceeding.

90. During the year the total value of the works carried out under the supervision of the Engineer-in-Chief, apart from the value of the works carried out by the engineering and building staffs at institutions, was £246,527, comprising £188,513 for surveying and building works, which includes £108,146, the value of works carried

out by direct labour, and £58,014 for engineering works, which includes £18,054 for works carried out by direct labour.

91. The investigation of the cost of engineering services, which was referred to in the last annual report, has been continued, and has resulted in economies generally.

#### SUPPLIES.

92. The Contract Committee maintained the supplies for a daily population in the Board's institutions averaging nearly 30,000 during the year.

93. The Central Stores, which is established for the receipt, examination and distribution of textile, leather and certain other goods, hardware and crockery, again dealt with exceptionally large quantities, the total value of goods passing through being over £239,000 for the year. On the whole, conditions as regards supplies were easier than during recent years. Prices generally continued to fall, and it was less difficult to obtain satisfactory supplies.

94. The coal stoppage in the early part of the year, although it continued for upwards of thirteen weeks, caused no real difficulty to the Board and entailed no hardship on the sick persons in their care. At the end of the stoppage the Board were still in a position to carry on for some weeks longer without further supplies, if that had been necessary. This was due to the economies in fuel consumption effected by the Board and to the policy of keeping adequate stocks of fuel during abnormal and disturbed conditions. As the wholesale coal trade continued in an unsettled state throughout the year, the practice of purchasing from month to month from those collieries which previously supplied the Board under contract was continued, the making of contracts for any prolonged period being postponed.

95. Under authority from the Minister of Health, the Board undertook to provide supplies for the institutions of the Poplar Guardians as from 1st April, 1921, and the arrangement has continued since that date.

96. The quality of the goods supplied to the Board, as shown by systematic analysis and examination, was satisfactorily maintained. Of the goods which admit of analysis, 1,223 samples were tested, and of these only 41, or 3·35 per cent., gave unsatisfactory results.

#### FINANCE.

97. Appendix VII (a) in Part IV sets out under the customary headings the figures relating to the Board's expenditure for the year ended 31st March, 1921. The total expenditure for the year amounted to £3,207,561, and the receipts (other than from rates)

to £458,689, reducing the expenditure to £2,748,872 net, which is equal to a rate of 14·48*d.* in the pound. The gross expenditure in the principal departments within the same period was as follows :—

	£
Infectious Hospitals ... ..	1,331,974
Mental Hospitals ... ..	699,327
Tuberculous Institutions ... ..	239,005
Children's Institutions ... ..	223,864

98. The character of the Board's work is such that their current expenditure falls principally under three heads :—

- (i) Food, fuel, bedding and clothing, and other supplies.
- (ii) Salaries and wages.
- (iii) Upkeep of buildings and plant.

The known fluctuations in cost throughout the country under each of these headings is a measure of the rise or fall in the Board's expenditure.

#### DOMESTIC ECONOMY.

99. The following brief notes may present some points of interest to those intimately connected with the running of large institutions :—

(a) *Kitchens.*—Still further improvements in this important service were introduced or planned during the year, including extended use of bakers' ovens and kitchen machinery (such as meat slicers and cutters, pudding and pastry mixers, potato parers); use of dish-washing machines; provision of teak sinks with correctly made draining boards and racks, and fitting of swinging taps. Large economies are effected thereby, and the kitchen arrangements in the Board's larger institutions include every modern improvement.

(b) *Laundry work.*—With smaller institutions requiring a weekly wash of from 7,000 to 14,000 articles, and large institutions a weekly wash of from 30,000 to over 50,000 articles, the question of economy in laundry costs demands close attention. The Board have therefore decided to arrange, as an experiment, for the laundry work of a few of their non-infectious institutions to be carried out by commercial laundries specialising in modern methods.

(c) *Furniture.*—During the year the Board's special designs for institution furniture to withstand heavy wear were entirely revised to meet post-war changes and conditions.

(d) *Needle-rooms.*—The use of electrically-driven sewing machines in the Board's service is being extended. In view of their high speed and constant working it has been found practicable to manage with fewer sempstresses.

(e) *Time-keeping*.—The Board's latest institutions are equipped with synchronised electrical clocks, some of the dials (*e.g.*, in corridors) being illuminated.

(f) *Water-softening plant* on the latest principles is installed at each institution at which the water requires that treatment. New plants having recently been put at work at Leavesden Mental Hospital and Princess Mary's Hospital.

(g) *Automatic telephones*.—In their large River Hospitals for fevers and smallpox the Board have decided to instal an automatic telephone system serving 152 points.

#### STAFF.

##### (a) *His Majesty's Service.*

100. A memorial placed by the Board in the entrance hall of the Office of the Board, in memory of the members of their staff who fell in the war, was unveiled on 14th January, 1922, by the Very Rev. Canon Sprankling, Chairman of the Board, in the presence of a large company of members of the Board and staff. After the address by the Chairman, the memorial was dedicated by the Rev. Canon Curtis, a member of the Board. The memorial records the names of 132 men who gave their lives.

101. The memorial takes the form of a mural tablet. The panel, upon which are cut the dedicatory inscription and the names of the men who gave their lives, is enclosed in a projecting frame surmounted by a cornice supporting the Board's arms. The whole is carved in Nailsworth stone and decorated in gold and colour after Greek and mediæval precedents. A reproduction of the memorial in colour was sent by the Board to the relatives of each of the dead.

102. The Board have been on the King's National Roll from its inception, and in April, 1922, they had in their employ disabled ex-Service men to the extent of over 13 per cent. of their total male staff.

103. During the year the facilities by way of extra leave on full pay and other concessions granted to members of the staff in the Royal Territorial Army were extended to employees belonging to the Naval Volunteer Reserve and the Royal Air Force Territorial Reserve.

##### (b) *Staff remuneration.*

104. The cost-of-living index figure published by the Ministry of Labour, which was 128 at the end of the period covered by the last annual report, has been falling steadily since November, 1920, when it was 176 (*i.e.*, 176 per cent. above pre-war prices). In September it was 120; December, 99; and on 1st June, 1922, it

had dropped to 80. The reduction in pay in connection with this decline in the cost of living is automatic in the case of the large number of the Board's employees who are paid the Civil Service bonus, and the bonus to these officers was reduced on 1st September and again on 1st March. As from 1st September, 1921, in addition to the automatic reduction referred to above, the bonus paid to staff on basic salaries of over £500 was subjected to a further reduction ranging in accordance with the salary from 10 to 60 per cent. of the bonus due under the scheme on that date. The considerable change in the cost of living referred to made it necessary to review the cases of those branches of the staff paid a fixed, as opposed to a fluctuating, bonus, and in July, 1921, in the case of the mental hospitals staff, and again in April, 1922, in the case of other female domestic staff, the fixed bonus scales were converted, after negotiations with the employees' representatives concerned, into sliding scales revisable quarterly in accordance with the last published index figure. Thus a large proportion of the Board's staff are now paid additional remuneration on a sliding scale which is decreased or increased as the figure of the actual cost of living varies.

(c) *National insurance.*

105. The Unemployment Insurance Acts, 1920-22, provide for the compulsory insurance against unemployment of practically the whole of the Board's staff, subject to the qualification that those employed otherwise than in manual labour at a rate of remuneration of over £250 per annum and those employed in agriculture and domestic work (numbering over 3,000) are excluded. The number of employees insured is about 5,720. The cost of this insurance to the Board is approximately £10,600 per annum; the cost to the staff is about £9,400—a total sum of about £20,000. The Acts provide that a certificate of exception may be granted by the Minister of Labour in the case of those employees of public or local authorities where the Minister certifies that employees are only liable to dismissal for misconduct, neglect of or unfitness for duty, and it is unnecessary for them to be insured. In order to obtain exception in this way it would be necessary for the Board to pass a resolution that their employees should only be subject to dismissal for the reasons given. This the Board were unable to do when the National Insurance Act, 1911, came into operation, as the fluctuating nature of the demands upon the Board's accommodation involve considerable changes in the staff, and it is impracticable to give any such guarantee.

106. The Acts also provide for cases where public bodies will not commit themselves to this guarantee, and a certificate of exception may be granted for such employees as have completed three years'

pensionable service, whether such service has been continuous or not, or whether it has been under one or more public authorities. The number of staff who are at present insurable, who have had three years' previous service and who pay superannuation contributions, is about 1,100. The question as to the "exception" of the Board's staff from unemployment insurance was carefully considered during 1921. The proposals of various other authorities were ascertained and negotiations carried on with trades unions and others representing branches of the staff. The views expressed were very divergent in character.

107. With regard to the authorities, some decided to operate the Acts as they stand and not to apply for exception; some applied for exception for various groups only of officers and became involved in discussions of the conditions on which exception could be obtained. So far as the Board are concerned, the largest number of staff for which exception could possibly be obtained would be less than 20 per cent. of those insurable and about one-tenth of the total number of employees. The gross amount which might be saved by the Board in contributions would be about £2,000 per annum, but from this amount must be deducted the cost of paying for additional clerical assistance and other expenses involved in the necessary records, and difficulties and dissatisfaction would probably arise when reductions in staff became necessary.

108. With regard to the employees, the National Amalgamated Workers' Union wrote that a branch representing 1,000 of the Board's staff asked the Board not to take steps to obtain exception, as they desired to come under the Acts. The mental hospitals staff stated that if the Board would guarantee benefits equal to the Act they would prefer exception, but exception could not be obtained in this way. Where an absolute guarantee of constant employment could not be given to all, as in the case of the Board's service, and all officers would have to be insured for their three years, the reductions of staff could not always be confined to those with less than three years' service, and, if afterwards excepted, it might well happen that some members of the staff would leave at a time which would entail their losing the benefit of their first three years' compulsory contributions. Indeed, from the employees' point of view, the only reason for seeking exception would seem to be that the employee would avoid making his contributions under the Act, and this, it was considered, did not justify the Board asking for exception, especially as the conditions on which it would be granted presupposed that the excepted employee would on the whole be in as good a position as the insured employee.

109. The Certificate of Exception from the operation of the Health Insurance Acts issued to the Board is not quite analogous. It automatically excepts employees who pay contributions under the



Superannuation Acts and takes cognisance of the fact that the Board's sick pay regulations already ensured a substantial protection against the risks of illness, and insurance would have involved a double and unnecessary protection.

110. It was therefore concluded that, as the State had set up a scheme of insurance against employment, it would be a simple and straightforward course and one in the interests of the Board and its staff to take the Acts as they stood and not to seek special exception for any grades of staff who came under their provisions. This view was endorsed by the Board, and, consequently, those grades of staff to whom it is applicable remain under the State system of insurance.

(d) *Miscellaneous matters.*

111. The great majority of the accidents to staff reported during the year were of a very minor character, the most serious being the fall of a nurse from a pair of steps, the fall of a bricklayer from a broken ladder, and the slipping of an assistant nurse in a ward resulting in severe injuries to her back. In all cases appropriate action was taken by the Board by way of compensation or otherwise.

112. With regard to the obtaining of staff to meet requirements, the position was somewhat more satisfactory than during the years immediately following the war, but to cope with the very heavy autumnal rise in fever admissions, referred to elsewhere, it was again necessary to resort to nursing institutes and associations for the services of staff nurses, at one time over 200 having been obtained in this way.

113. Other events of the year were the fixing of conditions of service as to residence and limitation of age on appointment of assistant medical officers; the decision to continue the existing methods of dealing with any matter affecting the staff through the instrumentality of the Institution Staff Sub-Committee, who are continually engaged in correspondence, negotiations and interviews with trade unions and other employees' organisations, in preference to the setting up of any formal conciliation committee; the restriction of the employment of occasional female labour to single women, widows or married women whose husbands are unemployed; the laying down of certain principles regarding what the Board are prepared to expend on providing facilities for the recreation of employees; the appointment of a second whole-time dental officer; and the framing of rules regarding residence and boarding of staff. In September, as is usual, the total number of persons in the service began to rise, reaching its highest point (10,886) in November. In June, 1922, the number on the books was 10,363.

## THE BOARD.

114. The Very Rev. Canon Sprankling and Mr. Thomas Cornell were unanimously re-elected as Chairman and Vice-Chairman of the Board respectively in May, 1921. On the termination in May, 1922, of their third year of office the Board tendered to Canon Sprankling and Mr. Cornell their cordial thanks for the services rendered by them. In recognition of his work Canon Sprankling was entertained to dinner by the members of the Board on 8th May, 1922, when a distinguished company, including the Right Hon. Sir Alfred Mond, M.P., Minister of Health, the Chairman of the London County Council and the Chairman of the Metropolitan Water Board, and many others assembled in his honour.

115. The triennial election and nomination to the Board took place in May, 1922. A list of the members of the Board for 1921-22 is given in Appendix IVA (Part IV), and of the Board for 1922-23 in Appendix IVB.

116. The Board at their first meeting, on 20th May, elected Mr. Walter Eickhoff, J.P., to be their Chairman, and Mr. Francis Morris, J.P., to be their Vice-Chairman.

117. The Board heard with regret that their senior member, Sir Augustus C. Scovell, J.P., was unable to resume his membership. Sir Augustus Scovell joined the Board in July, 1882. During his forty years' membership he was in the forefront of every movement designed in the interests of the people of London which came within the scope of the Board's work, and, after filling many other positions, occupied the Chair of the Board from 1904 to 1907. In the latter year he received the honour of knighthood in recognition of his public services.

118. The Board also received with regret the resignation, after thirty-seven years' membership, of Miss I. M. Baker, a pioneer of women's work in local government, and they placed on record their appreciation of her services.

119. The Board heard with regret of the deaths of Colonel Frank Sheffield, a member for seventeen years and Chairman of the Mental Hospitals Committee; of Mr. R. Parker (1914-21); Mr. John Hobson (1919-21), and Mr. W. G. Bradley (1919-22).

120. The end of the period of office of the Board elected in 1919 witnessed the severance of their connection with the Board of 19 members, many of whom had held office for a long period. Notable among these were Mr. W. H. Ecroyd, J.P., who had represented Bermondsey for over 22 years, and had been Chairman of both the Works and Contract Committees; Mr. T. Warren Crosse, who had represented Chelsea for 15 years and had been Vice-Chairman of the Ambulance Committee; Mr. G. H. Heilbuth, a representative of the City of Westminster for 13 years; Mr. A. Walkley, J.P., who had represented Islington for 12 years and had

been Chairman of the Works Committee ; and Mrs. F. W. Reidy, the representative of St. George-in-the-East since 1913.

#### CHIEF OFFICERS.

121. The Board heard with regret of the death of Professor Sir German Sims Woodhead, K.B.E., their Bacteriological Adviser. Since 1904 Sir German Woodhead had been entrusted with the oversight of the Board's Bacteriological and Research Work and the measures to be taken to ensure the continuance of this oversight in the best form are now being discussed with the Medical Research Committee of the Privy Council.

122. The Board sustained a further loss during the year by the death in tragic circumstances of their Principal Medical Officer, Dr. Herbert Edmund Cuff, O.B.E., M.D., B.S., F.R.C.S. Dr. Cuff had been in the Board's service since 1893. He was drowned at Burnham Overy in August, 1921, in attempting to save the lives of his two young daughters, who were also drowned. The Board placed on record their appreciation of Dr. Cuff's services and their deep regret at the circumstances of his death.

123. In view of the many-sided character of the Board's medical work, the Board decided as an experiment to appoint as Chief Medical Officer in the four principal branches of their service a Medical Superintendent selected from each branch, who would be both highly qualified and in daily working contact with his own branch. Their choice fell upon the following:—Dr. F. Foord Caiger (Infectious Hospitals Service), Dr. W. T. Gordon Pugh (Children's Institutions and Surgical Tuberculosis), Dr. J. Watt (Medical Tuberculosis), and Dr. E. B. Sherlock (Mental Hospitals Service).

124. In May, 1922, the Board were informed that the Clerk to the Board, Sir Duncombe Mann, would attain the age of 65 years in October, and that he had expressed his desire to be relieved of further responsibility. The Board accordingly granted Sir Duncombe Mann leave of absence until the end of the year, and they placed on record their high appreciation of his services extending over 31 years. The Board appointed their Deputy Clerk, Mr. G. A. Powell, C.B.E., Barrister-at-Law, to be Clerk to the Board in succession to Sir Duncombe Mann, and they appointed Mr. Powell as Acting Clerk to the Board during the period of Sir Duncombe Mann's leave of absence.

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

(Signed) G. A. POWELL,  
*Acting Clerk to the Board.*

OFFICE OF THE BOARD,  
VICTORIA EMBANKMENT,  
LONDON, E.C.4.

*July, 1922.*

## PART III.

STATEMENT SUBMITTED BY THE METROPOLITAN  
ASYLUMS BOARD TO THE ROYAL COMMISSION ON LONDON  
GOVERNMENT.

## PRELIMINARY NOTE.

1. *Appointment and Terms of Reference.*—On the 24th October, 1921, a Royal Commission was appointed to enquire and report what, if any, alterations are needed in the local government of the administrative county of London and the surrounding districts, with a view to securing greater efficiency and economy in the administration of local government services and to reducing any inequalities which may exist in the distribution of local burdens as between different parts of the whole area.

The members of the Royal Commission are :—

The Rt. Hon. Viscount Ullswater, K.C.B., Chairman.  
 Sir R. Vassar-Smith, Bart.  
 Sir H. C. Monro, K.C.B.  
 Sir Albert Gray, K.C.B., K.C.  
 Mr. E. H. Hiley, C.B.E.  
 Mr. G. J. Talbot, K.C.  
 Mr. Neville Chamberlain, M.P.  
 Mr. Robert Donald, LL.D.  
 Mr. E. R. Turton, M.P.  
 Mr. Stephen Walsh, M.P.

2. *Request of London County Council.*—The London County Council decided in October, 1919, that in their opinion an enquiry should be instituted with the least possible delay by the Government with regard to the local government of Greater London in order to determine—

- (a) the particular services which should be brought under a single administration throughout Greater London ;
- (b) the area of Greater London which should be unified in respect of the administration of these services ;
- (c) the authority to which should be entrusted the administration of these services ; and
- (d) the relation of that authority to other authorities within the area.

3. *Action of the Board.*—This subject was considered by the Board in 1920 in consequence of the adoption on 19th December, 1919, by the London County Council of a scheme with regard to the Health Administration in London, which, *inter alia*, suggested the

taking over by the Council of the work of the Board. The General Purposes Committee reported to the Board on this scheme on 31st July, 1920. They then called attention to the fact that the Council made no complaint as to the manner in which the Board's work was performed but, on the contrary, spoke highly of it. The Committee expressed their regret that the Council had not thought fit to include the Board amongst the authorities they had consulted when preparing their scheme. They instanced the occasions since 1893 on which the Council had asked to have their functions increased, and to be given duties in regard to markets, water, hospitals, electricity, etc., and for their area to be enlarged, and pointed out that the Council had itself urged the unwisdom of dealing piecemeal with such problems. The report concluded with the following recommendations:—

That in the opinion of the Metropolitan Asylums Board—

- (i) An authoritative enquiry, as proposed by the London County Council, should be undertaken by the Government into the question of London government as a comprehensive whole, including the proposed extension of boundaries, the constitution of a central council with local legislative powers, the relations between the legislative council and the administrative departments dealing with the main public services, and other cognate questions.
- (ii) It is inadvisable to proceed to make further important changes in individual branches of the public services of London pending the result of such an enquiry and of the settlement of the questions raised thereat.
- (iii) Present needs, so far as the Metropolitan Asylums Board is concerned, would be met by the London County Council and each Borough Council being afforded representation on the Board, and by an alteration in its name.

These recommendations were adopted by the Board.

4. *Proceedings of the Royal Commission.*—The next stage was the appointment of the Royal Commission, which held its first meeting on 6th December last, and took evidence from the Solicitor to the Ministry of Health as to the powers and duties of the various public authorities in London. This was followed by the presentation of the case for the London County Council, after which an interval was allowed for the consideration of the Council's evidence by the authorities affected. Since March the Commission has been occupied in hearing the evidence of the County Councils and other authorities outside the present London area, and they now propose to take evidence from bodies operating within the present administrative county.

5. *The London County Council Proposals.*—The proposals now put forward by the London County Council may be briefly stated as follow :—

(a) *Area.*—That the area of the administrative county of London should be extended. The precise area is not indicated, but the Council say that it would be a great advantage if, in determining the new administrative area, regard were had to the existing limits of the water supply and police areas, and to the area of the London and Home Counties Electricity District provisionally settled by the Electricity Commissioners, so that, if possible, one simple greater London should be determined on for all local government purposes.

Particulars of some of the areas under discussion are :—

	<i>Area in sq. miles.</i>	<i>Population 1911.</i>	<i>Assessable value in million pounds.</i>
Present administrative county ... ..	116·9	4,521,685	45
Metropolitan police area ... ..	692·9	7,251,258	63
Metropolitan water area ... ..	558·9	—	—
Five Home Counties ... ..	4,758	9,201,484	72

(b) *Authorities.*—That there should be one central authority for this area with a membership not exceeding that of the London County Council (144) even if it is not a less numerous body ; that there should be a number of local authorities within the area similar to the metropolitan borough councils, but that the areas of those authorities (including those of the present borough councils) should be arranged to cover a larger unit of population than is generally the case at present. [In evidence an average population of half a million was mentioned which would give the present London about 9 Borough Councils instead of 28. Another unit mentioned has been a quarter of a million, which would give present London 18 Councils instead of 28.]

(c) *Duties.*—That the new central authority, in addition to the present duties of the London County Council, should take over the Metropolitan Water Board, the Metropolitan Asylums Board, and the duties of a central authority for poor law, for traffic, roads, housing, markets, and electricity ; that the local councils should have some independent powers as the borough councils have at present, and that they should have devolved upon them by the Council some of the detailed administrative duties which the Council at present carry out themselves.

## THE BOARD'S VIEWS.

6. The Board desire to submit to the Royal Commission the reasons which appear to weigh against the proposals submitted by the London County Council. A scheme by the County Council for taking over the work of the Metropolitan Asylums Board was considered by the Board on 31st July, 1920, when they advanced reasons against the proposal and urged that an authoritative enquiry should be undertaken by the Government into the question of London government as a comprehensive whole, including the proposed extension of boundaries, the constitution of a central council with local legislative powers, the relations between the legislative council and the administrative departments dealing with the main public services and other cognate questions. This statement of the Board's views follows the report adopted by the Board, already referred to, on 31st July, 1920, and is amplified as the result of their consideration of the further proposals since formulated by the Council and of the evidence submitted on behalf of the Council in support of their proposals.

7. The Board wish to repeat at the outset what was said in 1920, that they appreciate to the fullest possible extent the great services rendered by the Council to the metropolis, and that the comments which they offer on the proposals are dictated in no spirit of carping criticism and with no wish to maintain in their entirety, without alteration or improvement, the existing arrangements, so far as the Board are concerned; and they much appreciate the complimentary references to the Board and their staff mentioned later. Their comments are directed to the positive and practical purpose of submitting their views, based on their long administrative experience, to those responsible for considering and to those responsible for settling any changes in the government of London. They propose, as far as possible, to confine their observations to the field covered by the work of the Board, but it will be impossible to avoid some discussion of questions relating to the extended area, to the present extent of the work of the Council, and to the amount of devolution proposed, as these all have an important bearing on the proposal that the work of the Board should be taken over by the Council.

## THE MACLEAN COMMITTEE, 1918, AND THE POOR LAW COMMISSION, 1909.

8. In referring to the Board in their present scheme, the Council dismiss the subject with an intimation that they agree with the recommendations of the Maclean Report. This was the report of a Committee appointed by the Ministry of Reconstruction in 1917 and presided over by Sir Donald Maclean, to

consider and report upon the steps to be taken to secure the better co-ordination of public assistance in England and Wales and upon such other matters affecting the system of local government as may from time to time be referred to it.\*

\* Ministry of Reconstruction. Local Government Committee—Report on the transfer of functions of Poor Law Authorities in England and Wales. [Cd. 8917.]

The Maclean Committee put forth its report at a time when there appeared to be a prospect of a new era of prosperity following the war, and when it was believed that there would be ample means available for financing new developments in social work of every kind without imposing any undue strain upon the ratepayer or taxpayer. Many of the schemes approved in the period 1918-20 have since undergone severe handling. The Ministry of Reconstruction itself was short-lived; the plans for treating tuberculosis, the housing schemes, and the proposals adopted in the Education Act, 1918, have all been much curtailed. It would be in keeping with the decisions found necessary in other spheres if it were now decided that the time is not opportune for giving effect to the proposals of the Maclean report. The work of the Metropolitan Asylums Board is not for the most part public assistance in the strictly poor law sense, though the Board is legally and by its present constitution a poor law authority. Probably it figured in the Maclean report, in which it is dismissed in a line, for this reason. The Maclean Committee when suggesting that its work should be added to that of the County Council presumably did not have before them the present proposals for greatly enlarging the Council's area, almost doubling the population, and handing over several other important services. It may be noted that the only poor law administrator on the Committee (Sir James Curtis) expressly disclaimed all responsibility for its recommendations as to the transfer of functions, and Mr. H. G. Pritchard, of the Association of Municipal Corporations, doubted the necessity of transferring all existing institutions to the County Council.

9. The late Minister of Health (Dr. Addison) said with regard to the Maclean Committee's recommendations—

This distinguished Committee, like many others, formulated very general propositions, and when it came to solving the administrative difficulties which stood in the way of their application we did not find their report so clear and constructive as it was with regard to their general propositions. Of course, this was entirely excusable, because they were confronted with the biggest problem of local government that stands before this country . . . I confess that the administrative difficulties which have to be overcome and disentangled in this matter go far beyond the general recommendations made by the Committee . . . \*

10. During the intervening period, and especially in the strain of the last two years, a new light has been thrown on the work of the guardians of the poor. The present Minister of Health (Sir Alfred Mond), speaking in the House of Commons on 13th June last, said :—

I wish to say a word in praise, at any rate of appreciation, regarding the work done by the boards of guardians throughout the country in the

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\* Hansard, 5 May, 1920, cols. 2197/2198.



extremely difficult problem with which they have been called upon to deal in view of the prevalence of unemployment. Taking the position as it is throughout the country, I think it provides a remarkable testimony to their public spirit, their administrative capacity, and their general ability in handling the situation. Though it did seem at one time as though we were threatened with the downfall of the whole Poor Law system, I think we may now assume that time has passed . . . They [the Guardians] have done a great deal of valuable work, and I am acknowledging it. I wish on this occasion to express my recognition of it, which is shared by all those who, like myself, have had to live with this problem for a long time and have endeavoured to assist as far as we can in the solution of the problem. It has been extraordinarily difficult, especially in industrial districts, and we all recognise the very large amount of able and devoted work which has been done . . . Some criticism has been made of the Ministry for not interfering more in Poor Law administration up and down the country. After all, the system of the administration of relief is a matter for the local authorities concerned, and I am only called upon to intervene or to exercise any pressure when anything is done contrary to the settled principles of the Poor Law as generally understood and carried out in this country, or when people ask me to help to find further money and when, therefore, the credit of the Government becomes involved. I do not wish to go into the question of what are the principles of the Poor Law, although there seems to be a tendency towards controversy on that matter in certain quarters. They are, I think, on the whole thoroughly well understood and thoroughly well carried out . . . \*

11. The Maclean Committee took no evidence, and appear to have proceeded on the basis of the evidence submitted to the Poor Law Commission of 1909, but the report of this body, which also did not have before it the present proposals for enlarging the area and adding functions, contained some apt remarks on the subject of London. With regard to the scheme placed before them by the London County Council they say—

from an administrative point of view this scheme has little if any advantage over the system now in force.†

The Commission pointed out that—

the London County Council is already heavily worked and would, with difficulty, therefore, it is said, find the personnel for yet another committee whose work would be responsible and exacting. Again, the County Councillors are to a greater extent than in the country mainly elected on political grounds . . . These drawbacks must be admitted, even though the first of them may be minimised by providing that the new Committee shall consist to a great extent of persons who are not members of the Council.‡

The Commission recommended a statutory committee of the Council, with statutory duties, consisting of one-half of the members nominated by the Council either from their own number or from outside, one quarter from outside, and one quarter nominated by the Government.§

\* Hansard, 13th June, 1922, cols. 299-300.

† Report of the Royal Commission on the Poor Laws and Relief of Distress, 1909. [Cd. 4499.] Page 608, section 32.

‡ *Ibid.* Page 610, section 40. § *Ibid.* Page 610, section 42.

12. The Board are of opinion that the proposals both of the Poor Law Commission and of the Maclean Committee need reconsideration in the light of the altered conditions of the time, and especially of the new scheme now propounded by the County Council, and they think that in any case the future of the Board should not necessarily be dependent upon considerations affecting the destiny of the boards of guardians.

#### THE PROPOSED AREA.

13. With regard to the proposed new area, it is clear that what was aimed at by the Council, viz., one area for all purposes, including water, police and electricity, is impracticable. A much larger area than that to which the evidence taken refers (viz., the police area) has been approved for electricity, and water covers an area differing from that of the police. The evidence submitted to the Commission by the authorities outside London, including five County Councils, three County Boroughs, and a large number of Municipal Boroughs, Urban and Rural District Councils, is, except in the case of three Urban District Councils, adverse to the Council's proposals, though many of them think that some co-ordination for such purposes as housing and transport is called for. It is these two matters which are stated by the County Council to be the urgent problems. The case for extension of area does not rest on questions of public health. The Council's chief witness was asked—

Q. You dismiss public health in a few lines—is that all the evidence you are going to give us ?

A. Yes. I do not lay great stress upon the extension of that. [Evidence—Part I., p. 34, Q. 416.]

14. There is no reason to suppose that authorities outside London have not provided adequately for the infectious sick, mentally deficient, and other cases with which the Board deals, or that they do not manage efficiently their own institutions. In recent years the Board has made agreements with authorities in all parts of the country for the admission of cases into their institutions.

#### PROPOSED DUTIES OF CENTRAL AUTHORITY.

15. It is germane to the Board's evidence on the proposals to consider how far it is practicable for the London County Council to undertake further administrative work. It can be gathered from the Council's evidence that the capacity of their members is fully taxed, if not overtaxed, and to an even greater extent than when the Poor Law Commission referred to this point. Speaking of the present position, their representative said in evidence—

The work of the Council is so large in its scope that no one can, I think, have complete knowledge, or anything like complete knowledge, of the whole of it . . . [Part I., p. 23, Q. 195.]

Very few of the members of the Council have an intimate knowledge of the work as a whole . . . the most that as a rule a member can hope to do is to make himself master of one or two sections of the Council's work . . . my knowledge even of those sections with which I have been brought into contact is by no means complete. [*Ibid.*, Q. 196.]

I think the London County Council have got enough work. [p. 57, Q. 771.]

16. The County Council propose to meet this difficulty by devolving some part of their present work upon the subsidiary local authorities. Apart from certain details connected with the Building Acts, the proposed devolution of duties refers almost entirely to education. The administration of education was handed over to the Council in 1904, when the School Board for London was abolished. It is admitted that this is largely responsible for the congested state of the Council's business. Even if the education matters proposed to be devolved should prove to be important and substantial, and judging from the evidence this is very much in doubt, yet in any event a large proportion of responsible duties is to be retained. Questions of policy, principles of administration, salaries and recruiting of teaching staff, provision of training colleges and higher technical schools are to be retained. The control of finance would be retained, the plan being to allocate so much money to each local authority and allow them to spend more if they are willing to raise it as a local charge. It may be urged that the total amount of devolution would not in any way make room for the great new duties the Council proposes to take over and manage itself; that education is a service which should be entirely centralised, so as to avoid the cost of setting up an expensive education department under each new Borough Council, and so as to ensure a common standard of education, and to maintain a common service for the staff with equal opportunities of appointment and promotion throughout the area. The consideration of this subject is of importance to the Board in view of its bearing upon the practicability of the Council absorbing the work of other bodies. It may well be urged that to hand over to the London County Council the work of the Board would be to renew the difficulties admittedly caused by their undertaking the administration of education.

17. On the question of devolution, it should be pointed out that the Council seems "specially chary of delegation at present." [Part II., p. 109, Q. 1599.] In reply to a question as to the appearance on the agenda of the full Council of some very trivial matters, the witness replied "the Council is very jealous of losing any of its powers." [*Ibid.*, p. 108, Q. 1595.] The Council took advantage of the passing of the Mental Deficiency Act, 1913, to curtail substantially the powers of its own statutory asylums committee and bring it more completely under control even in matters of detail.

18. The Council make use of co-opted members on two important Committees. It is understood that the percentage of actual to possible attendances of the co-opted members on these Committees is very much larger than that of the elected members of the Council, as might be expected from the great volume of work which awaits the elected members on the Council proper and on Committees on which co-opted members find no place. A real disadvantage of the system of management by a committee with co-opted members is that the latter, while devoting a large amount of time to the detailed work of the Committee, have no voice or vote when the principal matters dealt with by the Committee come up for consideration on the parent body. This difficulty does not arise where a separate body is given the whole administrative responsibilities. Restricted service produces restricted interest in the work.

#### THE REASONS FOR THE ABSORPTION OF THE BOARD.

19. It will be remembered that the object of the present enquiry is to secure greater efficiency and economy and to reduce inequalities which may exist in the distribution of local burdens between different parts of the area. The Board propose to deal with these three points so far as they affect their work.

20. On the question of the efficiency of the Board the Council has made the following statements:—"This important authority has certainly performed its duties very efficiently." They refer to the Board's "highly competent staff."\* They say that if it should be decided to transfer to the Council the duties of the Metropolitan Asylums Board, "it would be an advantage that the members of that body should be available to assist the Council."†

It might reasonably be expected that the Council would have adduced to a Commission set up to discuss how greater efficiency and economy can be secured some clear evidence on these points in regard to the various services affected. Their representative was indeed asked:—

Q. When shall we get evidence in connection with improved efficiency or economy taking each service in turn?

A. I do not think you will get criticism from the London County Council on that point. [Part I., p. 30, Q. 334.]

Q. The County Council in putting forward their case indicated certain advantages to the general public by an alteration in the present practice. We are taking the enquiry service by service, and if the County Council are not prepared to give any definite evidence in regard to the advantages it is rather difficult for us.

A. I think with regard to that we should only say generally that there is an obvious advantage, other things being equal, in getting rid

\* L.C.C. Report on Health Administration in London, 19th December, 1919, pp. 7, 10.

† L.C.C. Publication 2024, p. 3.

of a different body, of a second authority and all that a second system of administration means. [*Ibid.*, Q. 335.]

Q. You cannot say anything more than that ?

A. No. [*Ibid.*, Q. 336.]

Q. Surely at some time or other you will go closer to your contention of inefficiency and ineconomy of the present practice in regard to each service ?

A. I do not allege that. [*Ibid.*, Q. 339.]

With regard to the Water Board, which is proposed to be absorbed by the central authority under the new scheme, the witness was asked :—

Q. Do you think you would get greater efficiency by the control of the water under the new scheme ?

A. No, I do not think I should say it would be more efficient. [*Ibid.*, Q. 330.]

With regard to the Metropolitan Asylums Board the Council's witness was still more definite. He said—"The Metropolitan Asylums Board has been very efficient." [*Ibid.*, Q. 318.]

21. No reference has been made to the Board's expenditure in the evidence, and no suggestion has been made that the Board's administration is not as economical as possible having regard to the circumstances of the times. As the Board's expenditure is equalised over London, no question arises under the heading of distribution of financial burdens.

22. The foregoing are the points specially mentioned in the terms of the Commissioners' reference, but the Board do not wish to dismiss the subject without looking for and discovering any other reasons which have been given for absorbing them. It was stated in evidence that there is an obvious advantage in getting rid of another authority. In the absence of any claim that greater efficiency or economy would be secured or that the public would be better served, the advantage is not obvious, and there only remains the point that a financial saving might be effected. It has not, however, been proved that in the case of the public service absorptions have led to decreased expenditure. The same number of officials is required to undertake a given amount of work. A substantial number of officers may be pensioned off, but they are replaced in point of number, though not under the same titles ; and the salaries of chief officials of the enlarged body are generally increased.

23. Elsewhere the Council have referred to the difficulty, "at any rate in *theory*," of relying on the goodwill of another authority for the provision of accommodation, some of which they use. Again they say "another *theoretical* inconvenience is involved in the rating question." The fact is that, whatever theoretical differences may

appear, there are no practical difficulties, and so far as the rate is concerned it does not require a transfer of duties to bring about a change in the matter of the authority through which the rate is raised. The Board consider that too much has been made of the difficulties caused by overlapping, too little of the impracticability of producing any scheme which would remove either all the difficulties or all the overlapping. A few instances will suffice. It is an advantage for the poor law infirmaries to be brought into closer association with the general hospitals, in order that each may supplement and profit by the facilities offered by the other. It is not, however, proposed that the Council should take over the responsibility for the management of the general hospitals. The Board's institutions as well as voluntary institutions are used by the Council for tuberculosis, but it is not proposed that the Council should take over the latter. The truth is that no scheme, however attractive on paper, can be perfect or can separate such a subject as health into a watertight compartment. Difficulties of overlapping where removable can be removed, and where inevitable can be rendered practically innocuous by that spirit of friendly co-operation between the various authorities concerned which the Council states it has found to exist in its relations with the Board.

#### THE SPECIAL CHARACTER OF THE BOARD'S WORK.

24. Considerable discussion has taken place as to the best method of management of the public utility services, such as water, drainage, trams, and the like. The services administered by the Board dealing with the care and treatment of the sick in hospitals stand on a very different footing. Purely official management would not be acceptable to the public, who look to the regular visiting of these institutions by their representatives as one of the chief safeguards for the well-being of the inmates. Generally it may be said that the body which controls public utility services is not so well qualified to manage institutions for the sick as a body selected *ad hoc*. There is no sort of similarity between the two kinds of work, and qualifications for one are not qualifications for the other. The experience of the Board goes to prove that it is by the personal interest of a sufficiently large body of representatives, giving a large proportion of their time to this special work, that the welfare of the patients and the efficient management to which testimony has been borne is secured. It is stated that members of the Council devote five days a week to its work. The administrative work entailed in the management of the Board's residential institutions and in the arrangements for its ambulance service, finance, works and supplies, dealing with a population of some 30,000 persons, occupies a Board of 73 members. The work of the Board is so extensive that any one of its members who wishes to do so can give his whole time to it, and many well-known men and women have done so.

25. It is proposed, in addition to transferring this work to the Council, to transfer also institutions under the guardians, including 29 hospitals and infirmaries, with about 17,000 patients and a proportionate staff, 39 homes and schools with an additional 12,000 inmates and a proportionate staff, and 32 workhouses with accommodation for 32,000 persons.\* If the area of the administrative county of London should be extended to include the whole of the Metropolitan Police District, there would be a considerable number of additional institutions.

#### THE METHOD OF ELECTION.

26. The fact that the Board is not directly elected has been adduced as a reason for a change. Without questioning the validity of the principle of direct election for Parliamentary and municipal bodies, it may well be urged that there are many specialised subjects which can best be left under the jurisdiction of indirectly elected bodies chosen for their fitness for the work and for the time they have to give to it rather than by direct election, conducted as it must be on a political basis. It has been pointed out that the Poor Law Commission recommended for poor law purposes a body nominated by the central council which might contain few or none of the Council's own members. The Council does not say that an indirectly elected body is not efficient. It was when pressed on this point that their representative spoke of the Board's efficiency. The method of election from local authorities to a central body secures the services of many devoted men and women who, while able and willing to secure election in their own wards, are not prepared to stand for election in a constituency like a Parliamentary division, whether for the reason that their experience is confined to a limited section of public work and they do not wish to be answerable for the whole municipal organisation, or that they are not prepared to stand the strain of a modern electioneering contest on a large scale, or even that they are not prepared to face themselves the large expenditure such a contest entails or to seek financial assistance from party organisations.

27. There can be no question that the responsibility of members selected by local authorities is real. They generally attend their local authorities regularly and give an account of the proceedings of the central body; the minutes of these proceedings are supplied to and read by members and officials of the local authorities; the members are accessible to their constituents, who can go to them or alternatively to the local body, with any subject they consider requires attention. This compares favourably with the personal

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\* These figures are approximate.

responsibility of a member elected in a larger constituency to an individual voter on any one of the enormous number of topics dealt with by a municipality.

28. With the multiplicity of subjects placed before the electors it is not easy to secure a clear decision even upon any single issue. In this connection it is not without interest to observe that there is evidence that during the last electoral campaign for the London County Council, the onus of the proposals for a greater London and for further centralisation was placed by the supporters of the party returned by a large majority upon their opponents. The electors were told that the Labour Party would abolish the Metropolitan Asylums Board and other authorities, would break up the Poor Law, etc., and would hand over the functions at present under the control of public representatives who have made themselves experts in their particular subjects, to the London County Council or to a magnified Council for Greater London, and they were invited to vote against the proposals and against the party making them.\*

29. The present method of election to the Board secures the elimination of party politics from its work, nor can it be understood why such considerations should enter into the constitution of a body whose work is the care of the sick or the relief of the poor. There have been in recent years members of all political parties on the Board, and it has been almost impossible to discover from their speeches or votes to what political party they are attached. It seems impossible, on the other hand, to devise a method of election in large constituencies without calling into play the political party organisations, the only machinery which exists for the purpose. The Council's representative said, in evidence—

There are always political factors which have to do with everything the London County Council does. [Part I., p. 29, Q. 317.]

Politics enter largely into the administration of the [London] County Council. [*Ibid.*, p. 31, Q. 351.]

30. It may be urged that the best interests of local government will be served by the utilisation of voluntary workers on it to the largest possible extent, and that it would be a retrograde measure to brush aside the large number that would be affected by the substantial enlargement of local areas and the abolition of central administrative bodies. Apart from the desirability of distributing the burden of administrative work, it is doubtful if any one man is really capable of taking an intelligent interest in the administrative details of all the services proposed to be concentrated under the suggested central authority, or if such an authority, however com-

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\* The Viscount Peel, ex-chairman, London County Council, 19 February, 1922, *The Times*, 16 February, 1922. *The Daily Telegraph*, 17 February, 1922.



petent and however much time its members may give, could really do justice to the entire central administrative work of London.

#### THE PROBLEM OF LONDON GOVERNMENT.

31. It is admitted that the government of London involves problems not to be met elsewhere. It has frequently been asked in evidence why, if a particular course is right for Glasgow or Birmingham, it is not right for London. The answer is to be found in the size of the problem. The populations\* are :—

London	...	...	...	...	4,483,249
Greater London	...	...	...	...	7,476,168
Birmingham...	...	...	...	...	919,438
Glasgow	...	...	...	...	1,034,069

It has been argued that the difficulty may be surmounted by the use of the dual system, a central council and local councils, but this system is already in existence. A further over-taxing of the system by adding much more work to the local councils and by enormously increasing the duties of the central authority does not appear to be a satisfactory way of dealing with the problem, and in no way breaks new ground. No town, such as Berlin or Paris or the larger American cities, even where a dual system is in force, attempts to concentrate all the central administrative work under one authority in the manner now proposed.

#### PROPOSALS FOR THE FUTURE.

32. It will be gathered that the Board are strongly in favour of the continuance of a central administrative authority on the lines of the Metropolitan Asylums Board, leaving in the hands of such an authority the work now entrusted to it. In view of the public health character of much of the Board's work they propose that the metropolitan borough councils and the London County Council should be given representation upon it.

33. In addition the Board think that the most practicable way of assisting the Council to divest themselves of some of their duties would be to transfer the mental hospitals now under their management to the care of the Board. The patients in these mental hospitals are mostly in the same legal position as those in the Board's; the Council's system of management of these institutions is similar to that of the Board, and the Board could well undertake the work.

34. The same remark applies to any other public institutions which it may be decided to centralise. It may be pointed out that when it came to a question of dealing with poor law infirmaries the Council found themselves in a difficulty. They proposed under the terms of the Maclean report to take over the infirmaries and other

\* 1921 Census figures.

institutions of the Guardians and to manage these institutions themselves. When the scheme for a greater London came up, it was seen by the Council that there would be a difficulty in taking over all the similar institutions in an enlarged area, and they modified the original scheme and reduced it to a proposal to acquire the ownership of the institutions and to direct their use, but to leave the management to the local authorities. This was done apparently on the ground that the institutions, unlike those for the infectious, sick, and mental deficient, were for local patients, a reason which, if valid, applies as much to present London as to Greater London. The reasons which can be adduced for the centralising of such institutions as infirmaries necessarily call for their entire management from the centre. The institutions would not necessarily be used entirely for local patients. They could be specialised, and by new classification better use could be made of the available accommodation, while some of it could possibly be rendered surplus. Uniformity of administration would be secured as also uniform conditions of labour for the staff.

35. If it is desired to proceed beyond this point, which represents the minimum of interference with the Board's work, the advisability of setting up a central poor law authority or a board of public health for London should be considered.

36. The proposals of the London County Council appear disappointing from many aspects which have been dealt with in this statement. In the Board's opinion the size of the present administrative county is such as to require in the ordering of its local government measures which are anomalous in that they differ from the general rule because the conditions of London are also anomalous. It is extremely difficult to visualise Greater London, whatever the area, as a "city." It would in reality be a province, and the Board are of opinion that the only way of governing such a province, if it ever came into being, would be by a legislative and deliberative body with central administrative bodies and local authorities. The number of intermediate bodies need not be nearly so numerous as has sometimes been indicated. The central administrative services may be classified under three or at most four heads: public utility services, education, health, and public assistance. If the principle of direct election is applied to the central council and to the local authorities, the intermediate administrative bodies might well be chosen on the lines advocated in this report. Such a plan would at any rate be clear and workable, and would bring new methods to the solution of a unique problem.

37. The necessity for considering the advantages of such a plan

has been realised in many quarters. First of all, Parliament itself adopted a resolution in 1919—

That, with a view to enabling the Imperial Government to devote more attention to the general interests of the United Kingdom . . . this House is of opinion that the time has come for the creation of subordinate legislatures within the United Kingdom.\*

This led to the conference on Devolution presided over by the Speaker in 1919-20.

With regard to London, the report of the committee appointed by the Ministry of Health as to unhealthy areas specifically referred to the setting up of a local legislative body for London and the Home Counties.†

38. The County Council themselves had this in mind at one time, since in their original reference to their committee on the question of London government they included the question of devolution of legislative powers. It is to be regretted that the committee made no recommendation on this question.

It may be that the consideration of such questions is not within the scope of the Commission's reference. If so, the Board think that they are of sufficient importance to justify further enquiry by an appropriate body. It has already been decided that the general question of areas for local government is to form the subject of another Royal Commission. There is need for further enquiry on the important question of the overlapping of the functions of local bodies in giving relief, and of the national body in giving unemployment benefit, before the poor law is dealt with. The Board agree with the Minister of Health (Sir Alfred Mond), who, in speaking recently, said that the machinery of local government was functioning well, and that these are not the times for wild and hazardous experiments.‡

39. The time consumed by further and fuller enquiries will not be lost, as it will give an opportunity for what the local authorities most need at present, viz., a period of rest from legislative activities and from new remedies. In these times of financial difficulty it is not easy to find ground for substantial interference with administrative bodies who are admittedly performing their own duties with efficiency and economy and who are concentrating their whole efforts to this end and to lightening the burdens upon the rate-payers.

Where these results are secured, the Board believe that the carrying out of new schemes and fresh developments may well be left until the community can afford changes which are not essential and are not unlikely to be costly.

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\* Hansard. 4th June, 1919, col. 1248.

† Ministry of Health, Interim Report of Departmental Committee on Unhealthy Areas, June, 1920, p. 4.

‡ Sir A. Mond, M.P., Minister of Health, 8th May, 1922.

## SUMMARY OF CONCLUSIONS:

40. The Board's conclusions may be briefly summarised as follows :—

- (i) That the interests of efficiency and economy will best be served by making the fewest possible changes in the machinery of local government for some time to come ;
- (ii) That it is undesirable to concentrate under one authority the whole of the central administrative work whether for the present County of London or for the proposed enlarged county ;
- (iii) That the scheme propounded by the London County Council whether regarded as a whole or so far as it proposes to give any additional administrative work to the Council depends upon—
  - (a) The devolution upon the local authorities of administrative duties in connection with education, the setting up of an education department under each local authority, and as a necessary consequence
  - (b) The reorganisation of the boundaries of the local authorities, both of the existing metropolitan borough councils and of the authorities in the area proposed to be added to London, and their substantial reduction in numbers.
- (iv) That the proposed devolution is undesirable in itself, and would be costly in working ; and even if carried out to the fullest possible extent would not make room for all the additional work which the Council propose to acquire.
- (v) That the area proposed for Greater London (taking, *e.g.*, the Metropolitan Police area—the smallest so far suggested) cannot be regarded as constituting a “ town ” for purposes of local government, but would be a province, and that an entirely new form of local government would have to be devised for it.
- (vi) That so far as the work of the Metropolitan Asylums Board is concerned the changes immediately desirable are—
  - (a) The representation upon it of the metropolitan borough councils and the London County Council ;
  - (b) The transfer to it of the mental hospitals now managed by the London County Council and of any other institutions which it may be decided to centralise.
- (vii) That if further changes are eventually decided upon the setting up of a central poor law authority or of a board of public health should be considered.

**PART IV.**  
**APPENDICES.**

APPENDIX I.

TABLE SHOWING THE PARISHES AND UNIONS COMPRISED IN THE METROPOLITAN ASYLUM DISTRICT, WITH RATEABLE VALUE, POPULATION AND REPRESENTATION ON THE BOARD.

Parishes and Unions in the Asylum District.	Rateable Values April, 1922.	Population 1921.	No. of Members on M.A.B.
West District—	£		
Kensington ... ..	2,550,540	175,686	3
Fulham ... ..	957,325	157,944	1
Hammersmith ... ..	928,869	130,287	1
Paddington ... ..	1,551,034	144,273	2
Chelsea ... ..	931,998	63,700	1
Westminster, City of ... ..	7,946,253	141,317	6
North District—			
St. Marylebone ... ..	2,429,375	104,222	3
St. Pancras ... ..	1,845,681	210,986	3
Hampstead ... ..	1,153,008	86,080	1
Islington ... ..	1,892,276	330,028	3
Hackney ... ..	1,619,890	274,326	2
Central District—			
Holborn ... ..	2,355,672	118,815	3
London, City of ... ..	6,227,124	13,706	5
East District—			
Shoreditch ... ..	865,058	104,308	1
Bethnal Green ... ..	579,236	117,238	1
Whitechapel ... ..	598,023	249,738	1
St. George-in-the-East ... ..	212,808		1
Limehouse ... ..	379,292		1
Mile End Old Town ... ..	465,322		1
Poplar Borough ... ..	952,020		1
South District—			
Southwark ... ..	1,250,963	184,388	2
Bermondsey ... ..	1,024,023	149,455	1
Lambeth ... ..	1,937,899	302,960	3
Wandsworth ... ..	3,308,643	496,349	3
Camberwell ... ..	1,391,311	267,235	2
Greenwich ... ..	1,269,170	527,590	1
Woolwich ... ..	962,395		1
Lewisham ... ..	1,285,465		1
Total ... ..	£48,870,673*	4,483,249	†55

\* The following are not included in above figures :—Lincoln's Inn, £35,087 ; Gray's Inn, £18,311 ; Inner Temple, £26,352 ; Middle Temple, £15,853.

† Eighteen additional members are nominated by the Ministry of Health.

## APPENDIX II.

*DETAILED STATEMENT OF THE DUTIES OF THE METROPOLITAN ASYLUMS BOARD GIVING THE STATUTES AND ORDERS BY WHICH THEY HAVE BEEN IMPOSED.*

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*(i.) Infectious diseases.*

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], 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], was 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, 1911, the Local Government 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 Board to receive into their infectious hospitals, through the poor law authorities, poor persons suffering from puerperal fever, and by Order dated 20 August, 1912, prescribed that, subject to certain restrictions, non-pauper cases should also be admitted.

The Board has made provision for the treatment of parturient women, and also women and girls suffering from venereal disease—and also maintains an institution for children suffering from ophthalmia neonatorum. (Local Government Board authorities dated 12 September, 1916, 13 October, 1919, and 29 September, 1917.)

Provision is made at the infectious hospitals for the instruction of medical students and of candidates for the diploma of public health. (Poor Law Act, 1889 [52 & 53 Vic. c. 56].) Provision is also made in separate establishments for bacteriological work, the manufacture of diphtheria anti-toxin, and 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, (4)).]

(ii.) *Tuberculous patients.*

The Board has entered into arrangements with the London County Council under which it provides residential treatment for tuberculous patients in the county of London [National Insurance Acts, 1911 to 1920, 1 & 2 Geo. 5. c. 55, and 3 & 4 Geo. 5. c. 37, and 7 & 8 Geo. 5. c. 62, and 10 & 11 Geo. 5. c. 10. Public Health (Prevention and Treatment of Diseases) Act, 1913, 3 & 4 Geo. 5. c. 23].

(iii.) *Sick children.*

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, viz., the sick and convalescent and those suffering from ophthalmia and ringworm.

(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 10 February, 1875, defined the persons to be admitted into the Board's mental hospitals 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.

By the Metropolitan Asylums (Epileptics) Order, dated 26 March, 1917, the Board were empowered by the Local Government Board to provide for the treatment of sane epileptic patients.

On 1 January, 1918, the Local Government Board consented, for a period of five years, to the reception into certain of the Board's mental hospitals and industrial colonies of cases certified under the Mental Deficiency Act, 1913.

(v.) *Boys for training.*

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.]

(vi.) *Casual poor.*

On 10 November, 1911, the Local Government Board issued the Metropolitan Casual Paupers Order, 1911, forming a district coterminous with the existing Metropolitan Asylum district for the relief of the casual poor of the metropolis. The Order also provided under section 10 of the Pauper Inmates Discharge and Regulation Act, 1871 [34 & 35 Vic., c. 108], that the Metropolitan Asylums Board should be the Board for 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 Board 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.) *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.

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No.	Name of institution.	Where situated.
1	Central stores .....	Soloman's Passage, Peckham Rye, S.E.15 .....
2	Bacteriological establishments .....	Sutton, Surrey .....
<b>A: Infectious hospitals.</b>		
3	Brook Hospital .....	Fever Shooters Hill, S.E.18 .....
4	(a) Eastern .....	" Homerton Grove, E.9 .....
5	Grove .....	" Tooting Grove, Tooting Graveney, S.W.17 .....
6	North-Eastern .....	" S. Ann's Road, South Tottenham, N.15 .....
7	North-Western .....	" Lawn Road, Hampstead, N.W.3 .....
8	Park .....	" Hither Green, Lewisham, S.E.13 .....
9	South-Eastern .....	" Avonley Road, New Cross, S.E.14 .....
10	South-Western .....	" Landor Road, Stockwell, S.W.9 .....
11	Western .....	" Seagrave Road, Fulham, S.W.6 .....
12	(b) Northern (part of) .....	(Convalescent patients) Winchmore Hill, N.21 .....
13	Southern Upper .....	" .....
14	(c) " Lower .....	" Dartford, Kent .....
14	Joyce Green .....	" Fever or smallpox .....
15	Long Reach Pier Buildings .....	" Smallpox .....
16	Long Reach Hospital .....	" .....
16	Orchard Hospital .....	" Fever or smallpox .....
17	S. Margaret's Hospital Ophthalmia neonatorum	Leighton Road, Kentish Town, N.W.5 .....
<b>Institution for venereal diseases.</b>		
18	Sheffield Street Hospital .....	Kingsway, W.C.2 .....
<b>B. Institutions for tuberculosis (d)</b>		
19	(e) The Downs Sanatorium .....	Sutton, Surrey .....
20	Pinewood .....	Wokingham, Berks .....
21	King George V Sanatorium .....	Near Godalming, Surrey .....
22	Colindale Hospital .....	Colindale Avenue, Hendon, N.W.9 .....
23	S. George's Home .....	Milman's Street, Chelsea, S.W.10 .....
24	Grove Park Institution....	Grove Park, Lee, S.E.12 .....
—	Northern Hospital (part of) .....	Winchmore Hill, N.21 .....
25	S. Luke's Hospital .....	Lowestoft, Suffolk .....
26	Princess Mary's Hospital for Children .....	Cliftonville, Margate, Kent .....
27	High Wood .....	Brentwood, Essex .....
28	Millfield .....	Rustington, Littlehampton, Sussex .....
29	Ellisfield Sanatorium (proposed) .....	Near Basingstoke, Hants .....
30	Copthorne Sanatorium ( Do. ) .....	" East Grinstead, Sussex .....

(a) The City of London Institution adjoining has been purchased by the Board as an extension of the hospital, and during the autumn epidemic was used before adaptation for the accommodation of about 260 patients.

(b) The number of beds given includes 50 beds for tuberculosis.

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	September, 1908	.....	.....	.....	.....			
2	May, 1907	2 a. 2 r. 0 p.	.....	.....	.....			
3	31 August, 1896	29 a. 1 r. 2 p.	580	104	476			
4	1 February, 1871	9 a. ....	375	67	308			
5	17 August, 1899	22 a. 3 r. 3 p.	537	121	416			
6	8 October, 1892	33 a. 0 r. 6 p.	623	149	474			
7	25 January, 1870	12 a. 1. r 19 p.	464	100	364			
8	8 November, 1897 <i>(Used for sick and convalescent children from Nov. 1910 to Oct. 1914)</i>	19 a. 1 r. 6 p.	548	132	416			
9	17 March, 1877 <i>(Reconstructed 1904-1906 and re-opened 2 July, 1906)</i>	10 a. 2 r. 0 p.	496	72	424			
10	31 January, 1871	8 a. 1 r. 20 p.	347	77	270			
11	10 March, 1877	13 a. 2 r. 35 p.	456	54	402			
12	25 September, 1887	35 a. 2 r. 38 p.	671	71	600			
13	October, 1890	} 160 a. 0 r. 16 p.	} 922	} 166	} 756			
13	Erected 1902					610	42	568
14	28 December, 1903					254 a. 1 r. 18 p.	940	184
			7,569	1,339	6,230			
15	27 February, 1902	24 a. 0 r. 37 p.	} 50 beds.	} 300 "	} 800 "			
16	Erected spring, 1902	63 a. 0 r. 18 p.						
						<b>1,150</b>		
17	September, 1918	1 a. (about)	60	"	<b>60</b>			
18	21 June, 1920	.....	52	"	<b>52</b>			
19	26 February, 1903 <i>(Used for ringworm cases until Jan. 1913, and re-opened in Feb. 1913)</i>	42 a. 3 r. 27 p.	292	"				
20	7 July, 1919	82 a. 0 r. 0 p.	160	"				
21	Opening in June, 1922	57 a. (about)	232	"				
22	1 January, 1920	27 a. 2 r. 0 p.	271	"				
23	14 May, 1914	.....	50	"				
24	Purchased in 1920—Opening indefinitely postponed	.....	313	"	Not yet available.			
—	(see above)	(see above)	50	"	(about)			
25	9 May, 1922	.....	164	"				
26	26 June, 1898 <i>(Reconstructed 1914-1919 and re-opened Oct. 1919)</i>	3 a. 2 r. 20 p.	271	"				
27	26 July, 1904 <i>(Used for ophthalmia until 1918, then for sane epileptics from Aug. 1918 until Nov. 1919)</i>	28 a.	308	"				
28	6 April, 1904	5 a. 2 r. 0 p.	120	"				
29	Site purchased July, 1914—scheme indefinitely postponed	185 a. (about)	—		<b>2,231</b>			
30	Ditto ditto	156½ a. (about)						

(c) Reverted to Board's purposes, after military occupation in September, 1920.

(d) In addition to the number of beds for tuberculosis cases shown under this heading, there are 30 at S. Anne's Home (No. 43) and about 560 at Queen Mary's Hospital (No. 41).

(e) Will cease to be used for tuberculosis after the opening of King George V Sanatorium.

No.	Name of institution.	Where situated.
<b>C. Children's institutions.</b>		
31	Queen Mary's Hospital for Children (sick and convalescent children)	Carshalton, Surrey
32	The Children's Infirmary (sick and convalescent children)	Cleveland Street, W.1
33	S. Anne's Home (seaside convalescent home)	Herne Bay, Kent
34	Goldie Leigh Homes (ringworm and skin diseases)	Abbey Wood, S.E.2
35	White Oak (ophthalmia—also convalescent children)	Swanley Junction, Kent
<b>D. Mental hospitals.</b>		
36	Tooting Bec Mental Hospital and Children's Receiving Home	Tooting, S.W.17
37	Leavesden Mental Hospital	King's Langley, Herts
38	Caterham	Caterham, Surrey
39	Fountain (temporary) Mental Hospital	Tooting Graveney, S.W.17
40	(f) Belmont Asylum	Sutton, Surrey
41	Edmonton	Silver Street, Edmonton, N.18
<b>Training colonies.</b>		
42	Darenth—(i.) Imbeciles (ii.) Feeble-minded	Dartford, Kent
43	Bridge—Feeble-minded	
<b>Colony for sane epileptics.</b>		
44	Edmonton Epileptic Colony (male adults and male children)	Silver Street, Edmonton, N.18
45	<b>E. Training ship Exmouth (g)</b> Infirmary Exmouth II., sea-going tender	Grays, Essex " " and cruising
<b>F. Casual wards.</b>		
46-61	16 wards	Various parts of the metropolis
62	Homeless Poor Night Office	Under Hungerford Bridge, Embankment, Charing Cross, W.C.
<b>G. Ambulance stations.</b>		
63	Brook Station	Shooters Hill, Woolwich, S.E.18
64	Eastern	Brooksby's Walk, Homerton, E.9
65	North-Western	Lawn Road, Hampstead, N.W.3
66	South-Eastern	New Cross Road, S.E.14
67	South-Western	Landor Road, Stockwell, S.W.9
68	Western	Seagrave Road, Fulham, S.W.6
69	Mechanical Transport Dept.—Mead Works	Carnwath Road, Fulham, S.W.6
<b>Wharves, piers, and steamers</b>		
70	North Wharf	Managers' Street, Blackwall, E.14
71	South	Trinity Street, Rotherhithe, S.E.16
72	West	Carnwath Road, Fulham, S.W.6
73	Five ambulance steamers	

(f) Let to Fulham Guardians.

(g) The present training ship "Exmouth" was built for the Board in 1905.

No.	Date of opening.	Acreage.	Accommodation.
31	29 January, 1909	136 a. 0 r. 0 p.	810 beds.
32	May, 1916	$\frac{1}{2}$ a. (about)	234 „
33	26 December, 1897	2 a. 3 r. 0 p.	150 „
34	1 November, 1914	32 a.	270 „
35	20 March, 1903	49 a. 2 r. 10 p.	360 „
			<b>1,824</b>
36	19 January, 1903	28 a. 3 r. 18 p. (Including Bushey Down)	1,114 beds.
37	October, 1870	223 a. 0 r. 4 p.	2,209 „
38	„ „	215 a. 3 r. 2 p.	2,109 „
39	„ 1893 (Used as a fever hospital until 1911, then as home for defectives during part of 1912, and since 1912, as an asylum for unimprovable imbeciles)	10 a. (about)	658 „
40	Purchased 1902	93 a.	.....
41	„ 1914	23 a.	Not ready.
42	November, 1878	164 a. 1 r. 0 p.	1,652 beds.
			<b>7,742</b>
43	12 February, 1901 (Used for ringworm cases until 1906, then as a home for defectives until 1911)	7 a. 1 r. 0 p.	646 beds. Closing in 1922.
44	Purchased 1914	10 a.	355 beds.
			<b>355</b>
45	March, 1876	.....	700 boys.
	August, 1905	6 a. 2 r. 13 p.	34 beds.
	July, 1913—Temporarily out of commission	.....	70 boys.
			<b>804</b>
46-61	Transferred to the Asylums Board, 1 April, 1912	.....	1,061 beds.
62	16 December, 1921 (The first night office was situated near Waterloo Pier and was opened on 30 October, 1912)	.....	.....
63	18 August, 1896	The areas of these sites are included in those of the adjoining hospitals (see above).  On part of the West Wharf site	.....
64	20 June, 1885		.....
65	1 September, 1897		.....
66	1 October, 1883		.....
67	2 May, 1898		.....
68	9 July, 1884		.....
69	April, 1902		.....
70	Purchased January, 1884	— 2 r. 0 p.	9 beds.
71	„ December, 1883	2 a. 1 r. 0 p.	24 „
72	„ February, 1885	2 a. 2 r. 10 p.	.....
73	May, 1884, to March, 1902	.....	178 beds.

The following classes of cases are treated for the Board as indicated:—

1. *Sane Epileptics (Female Adults)*. By the Hackney Guardians at their Branch Institution at Brentwood, Essex, where 300 women and 50 girls can be accommodated. This arrangement began on 1 April, 1921.

2. *Veneral disease*. By the City of London Guardians at Thavies Inn, High Holborn, where 20 (mothers with infants) patients can be accommodated. This arrangement began on 5 September, 1917.

*Summary.*

The following is a list of the several classes of persons for whom the Board is now required to provide accommodation, with the year in which the duty was first cast upon it.

*(a) The mentally afflicted and epileptics.*

- (1) 1867. Harmless poor law imbeciles (adults incapable of improvement).
- (2) 1867. " " (children incapable of improvement.)
- (3) 1867. " " (adults capable of improvement).
- (4) 1867. " " (children capable of improvement).
- (5) 1867. Suitable cases certified under the Lunacy Acts transferred from the London County Asylums.
- (6) 1897. Feeble-minded poor law children (uncertified).
- (7) 1916. Sane epileptics (poor law).
- (8) 1917. Cases certified under the Mental Deficiency Act, 1913.

*(b) The physically afflicted.**Infectious and contagious diseases.*

- |            |  |  |
|------------|--|--|
| (9) 1867.  | Cases of scarlet fever.                      | } Poor law cases only till 1883, when Parliament removed the civil disability. All cases are now receivable whatever their status. |
| (10) 1867. | " enteric fever.                             |  |
| (11) 1867. | " typhus fever.                              |  |
| (12) 1867. | " small-pox.                                 |  |
| (13) 1888. | " diphtheria.                                |  |
| (14) 1897. | Poor law children suffering from ophthalmia. |  |
| (15) 1897. | " " ringworm.                                |  |
| (16) {     | 1910. Cases of measles (poor law).           |  |
|            | 1911. " " (other than poor law).             |  |
| (17) {     | 1910. " whooping cough (poor law).           |  |
|            | 1912. " " (other than poor law).             |  |
| (18) 1912. | " puerperal fever (poor law and otherwise).  |  |
| (19) 1907. | " cerebro-spinal meningitis.                 |  |
| (20) 1917. | " ophthalmia neonatorum.                     |  |
| (21) 1883. | " cholera                                    | } (when necessary).  |
| (22) 1905. | " plague                                     |  |
| (23) }     | Trench fever.                                |  |
| (24) }     | 1919. { Malaria.                             |  |
| (25) }     | { Dysentery.                                 |  |

*(c) The physically afflicted.**Tuberculosis.*

- |            |   |
|------------|---|
| (26) {     | 1913. Cases received <i>via</i> the London County Council.      |
|            | 1913. Cases received <i>via</i> Extra-Metropolitan authorities. |
| (27) 1897. | Poor law children with tuberculous disease.                     |

*(d) The physically afflicted.**Other diseases.*

- (28) 1897 & 1908. Poor law children requiring seaside air or special treatment in a hospital or convalescent home.
- (29) 1916. Parturient women suffering from venereal disease.
- (30) 1919. Women and girls suffering from venereal disease.

*(e) Healthy classes.*

- (31) 1875. Poor law boys for training for the sea service (including many received from extra-metropolitan parishes and unions).
- (32) 1911. Casual poor.

## APPENDIX IV.A.

## List of Members of the Board for the year 1921-22.

## MEMBERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS.

UNION OR PARISH.	NAME.	ADDRESS.
Bermondsey ..	Ecroyd, W. H., J.P. .. ..	89, Mayow Road, Sydenham, S.E.26.
Bethnal Green ..	Eickhoff, Walter, J.P. .. ..	" Colvelly," 165, Devonshire Road, Forest Hill, S.E.23.
Camberwell ..	Edmonds, Henry .. ..	3, Lyndhurst Square, Peckham, S.E.15.
" ..	Sayer, Samuel .. ..	44, Bushey Hill Road, S.E.5.
Chelsea ..	Crosse, T. Warren .. ..	10, Cresswell Gardens, South Kensington, S.W.5.
City of London ..	Benson, C. J. .. ..	18, Camomile Street, E.C.3.
" ..	Doughty, Rev. Geo. Bell .. ..	20, Hereford Road, Wanstead, N.E.
" ..	Sladen, Rev. St. Barbe S., M.A. ..	8, Clydesdale Mansions, Notting Hill, W.11.
" ..	Spaul, H.B. .. ..	" Hollingbourne," 5, Halesworth Road, Lewisham, S.E.13.
City of Westminster ..	Heilbuth, Geo. H. .. ..	3, Down Street, Piccadilly, W.1.
" ..	Hillersdon, Rev. F. Harcourt, M.A., J.P. .. ..	73, Ridgmount Gardens, W.C.1.
" ..	Smith, William .. ..	88, Cambridge Street, S.W.1.
" ..	Thomson, Capt. H. Lyon, J.P. .. ..	34, St. James's Street, S.W.1.
" ..	Walden, Sir Robert, C.B.E., J.P. ..	" Bella Vista," Upper Warmingham, Surrey.
" ..	Walls, J. Palmer .. ..	359, Oxford Street, W.1.
Fulham ..	Botterill, Charles .. ..	" St. Botolph's," 532, Fulham Palace Road, Fulham, S.W.6.
Greenwich ..	Oldman, F. J. .. ..	Troutbeck House, 39, Troutbeck Road, New Cross, S.E.14.
Hackney ..	Fox, J. J. .. ..	15, Bergholt Crescent, Stamford Hill, N.16.
" ..	Larter, G. W. .. ..	" Inverugie," 54A, Cawley Road, South Hackney, E.9.
Hammersmith ..	Jones, J. G. .. ..	5, Elm Gardens, Brook Green, W.6.
Hampstead ..	Gard, W. G. Snowdon, M.B.E., J.P., LL.B. .. ..	10, Hampstead Hill Gardens, N.W.3.
Holborn ..	Garrity, Edward, J.P., F.J.I. .. ..	220, Goswell Road, E.C.1.
" ..	Mount Somerby, Herbert S. .. ..	32, Great Ormond Street, W.C.1.
" ..	Smith, Col. Sir William, J.P., D.L., M.D. .. ..	37, Russell Square, W.C.1.
Islington ..	Parker, W. B. .. ..	35, Fieldway Crescent, N.5.
" ..	Reed, Patrick .. ..	8, Tyndale Place, Upper Street, N.1.
" ..	Wakley, Alfred, J.P. .. ..	Tower House, 17, Cromartie Road, Hornsey Rise, N.10.
Kensington ..	Graham, W. E. .. ..	12, Ladbroke Gardens, W.10.
" ..	Rickards, A. G., K.C., J.P. .. ..	20, Southwell Gardens, S.W.7.
" ..	Wilde, Miss M. J. .. ..	84, Lexham Gardens, W.8.
Lambeth ..	Brittain, George, J.P. .. ..	360, Kennington Road, S.E.11.
" ..	Thimm, Commdr. F. K., R.N.R. .. ..	3, Court Road, West Norwood, S.E.27.
" ..	West, F. H. .. ..	24, Haycroft Road, Brixton Hill, S.W.2.
Lewisham ..	Bradley, W. G. .. ..	5, Trewsbury Road, Sydenham, S.E.26.
Mile End Old Town ..	Boustred, G. R. .. ..	83, Clark Street, Stepney, E.1.
Paddington ..	Blackwell, Mrs. E. M. .. ..	1, Garway Road, Westbourne Grove, W.2.
" ..	Dilke, Sir Fisher, Bart. .. ..	53, Sussex Gardens, Hyde Park, W.2.
Poplar ..	Sumner, C. E. .. ..	61, Knapp Road, Bow, E.3.
St. George-in-the-East ..	Reidy, Mrs. F. W. .. ..	314, Commercial Road, E.1.
St. Marylebone ..	Anglim, Jeremiah, J.P. .. ..	111, Lisson Grove, N.W.1.
" ..	Broadbent, Miss M. E. .. ..	6L, Bickenhall Mansions, Gloucester Place, W.1.
" ..	Morris, Francis, J.P. .. ..	14, St. John's Wood Park, N.W.8.
St. Pancras ..	Cosburn, Major G. F., J.P. .. ..	83, Judd Street, W.C.1.
" ..	Miles, A. R. .. ..	29, Gloucester Crescent, N.W.1.
" ..	Tapping, Dan .. ..	Dartmouth Villa, Pat-shull Road, N.W.5.
Shoreditch ..	Tucker, Thomas .. ..	20, Pleasant Place, N.1.
Southwark ..	Cornell, Thomas ( <i>Vice-Chairman of the Board</i> ) .. ..	12, Surbiton Road, Southend-on-Sea.
" ..	McCarthy, Phillip .. ..	52, Pullen's Buildings, Penton Place, S.E.17.
Limehouse ..	Attlee, Major C. R. .. ..	638, Commercial Road, E.14.
Wandsworth ..	Potts, Rev. E. Eccleston .. ..	47, Studley Road, Clapham, S.W.4.
" ..	Prichard, Rev. A. G. .. ..	12, Foxmore Street, Battersea, S.W.11.
" ..	Winfield, Albert .. ..	39, Morrison Street, Battersea, S.W.11.
Whitechapel ..	Murphy, Rev. P. J. .. ..	1, Hamilton Road, Sidcup, Kent.
Woolwich ..	Hutchinson, Rev. C. W. .. ..	Wharf House, Bell Watergate, Woolwich, S.E.18.

## MEMBERS NOMINATED BY THE MINISTER OF HEALTH.

NAME.	ADDRESS.
Baker, Miss I. M. .. ..	37, Brooke Street, Holborn, E.C.1.
Brinton, Miss M. D. .. ..	34, Bedford Gardens, Campden Hill, Kensington, W.8.
Chambers, Rear-Admiral B. M., C.B. ..	59, Cadogan Square, S.W.1.
Curtis, Rev. Canon Hubert, M.A. .. ..	The Vicarage, Malwood Road, Balham Hill, S.W.12.
Doneraile, The Viscount .. ..	91, Victoria Street, Westminster, S.W.1.
Drage, Geoffrey .. ..	29, Cadogan Square, S.W.1.
Elliott, Sir George, M.P. .. ..	14, Upper Street, Islington, N.1.
Hubbard, N. W., J.P. .. ..	" Hawarden," 41, Chestnut Road, West Norwood, S.E.27.
Meinertzhagen, E. L., J.P. .. ..	4, Cheyne Walk, Chelsea, S.W.3.
Murphy, Sir Shirley, K.B.E., F.R.C.S. ..	9, Bentinck Terrace, Regent's Park, N.W.8.
Paton, W. B. .. ..	10, Stanhope Gardens, Queen's Gate, S.W.7.
Power, Sir D'Arcy, K.B.E., F.R.C.S. ..	10A, Chandos Street, W.1.
Rendel, James Meadows .. ..	7, Courtfield Road, South Kensington, S.W.7.
Salmund, Mrs. E. M., O.B.E. .. ..	36, Brunswick Square, W.C.1.
Scovell, Sir Augustus, J.P. .. ..	8, Primrose Mansions, Battersea Park, S.W.11.
Shaw, Lauriston E., M.D., F.R.C.P. ..	The Bungalow, Oatlands Chase, Weybridge.
Sommerville, Rev. W. J. .. ..	Offord Vicarage, nr. Sevenoaks, Kent.
Sprankling, The Very Rev. Canon ( <i>Chairman of the Board</i> ) .. ..	St. Charles, Heath Road, Weybridge, Surrey.

## APPENDIX IVB.

*List of members of the Board for the year 1922-23.*

## MEMBERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS.

UNION OR PARISH.	NAME.	ADDRESS.
Bermondsey ..	Taylor, Thomas .. .. .	137, Weston Street, Bermondsey, S.E.1.
Bethnal Green ..	Eickhoff, Walter, J.P. ( <i>Chairman of the Board</i> ) .. .. .	"Clovelly," 165, Devonshire Road, Forest Hill, S.E.23.
Camberwell ..	Edmonds, H. F. A. .. .. .	3, Lyndhurst Square, Peckham, S.E.15.
" ..	Sayer, Samuel .. .. .	44, Bushey Hill Road, S.E.5.
Chelsea ..	Cator, C. G. L. .. .. .	The Croft, Hartley Wintney, Hants.
City of London ..	Benson, C. J. .. .. .	18, Camomile Street, E.C.3.
" ..	Doughty, Rev. Geo. Bell .. .. .	20, Hereford Road, Wanstead, E.11.
" ..	Sladen, Rev. St. Barbe S., M.A. .. .. .	8, Clydesdale Mansions, Notting Hill, W.11.
" ..	Spaul, H. B. .. .. .	"Hollingbourne," 5, Halesworth Road, Lewisham, S.E.13.
" ..	Thompson, G. H. .. .. .	17, Philpot Lane, E.C.3.
City of Westminster ..	Hillersdon, Rev. F. Harcourt, M.A., J.P. .. .. .	73, Ridgmount Gardens, W.C.1.
" ..	Smith, William .. .. .	88, Cambridge Street, S.W.1.
" ..	Thomson, Capt. H. Lyon, J.P. .. .. .	34, St. James's Street, S.W.1.
" ..	Walden, Sir Robert, C.B.E., J.P. .. .. .	"Bella Vista," Upper Warlingham, Surrey.
" ..	Wallis, J. Palmer .. .. .	359, Oxford Street, W.1.
" ..	Whitbread, Miss Ruth .. .. .	24, Eaton Place, S.W.1.
Fulham ..	Botterill, Charles .. .. .	"St. Botolph's," 532, Fulham Palace Road, Fulham, S.W.6.
Greenwich ..	Oldman, F. J. .. .. .	Troutbeck House, 39, Troutbeck Road, New Cross, S.E.14.
Hackney ..	Fox, J. J. .. .. .	15, Bergholt Crescent, Stamford Hill, N.16.
" ..	Larter, G. W. .. .. .	"Inverugie," 54A, Cawley Road, South Hackney, E.9.
Hammersmith ..	Jones, J. G. .. .. .	5, Elm Gardens, Brook Green, W.6.
Hampstead ..	Gard, W. G. Snowden, M.B.E., J.P., LL.B. .. .. .	10, Hampstead Hill Gardens, N.W.3.
Holborn ..	Garrity, Edward, J.P., F.J.I. .. .. .	220, Goswell Road, E.C.1.
" ..	Mount Somerby, Herbert S. .. .. .	32, Great Ormond Street, W.C.1.
" ..	Smith, Col. Sir William, D.L., J.P., M.D. .. .. .	37, Russell Square, W.C.1.
Islington ..	Cary, Samuel .. .. .	65, Hornsey Rise, N.19.
" ..	Griffiths, H. J. .. .. .	12, East Street, Caledonian Road, N.1.
" ..	Michael, Miss M. I. M. .. .. .	14, Compton Road, N.1.
Kensington ..	Cunningham, Miss H. M. M. .. .. .	15, Bramham Gardens, S.W.5.
" ..	Rickards, A. G., K.C., J.P. .. .. .	20, Southwell Gardens, S.W.7.
" ..	Wilde, Miss M. J. .. .. .	84, Lexham Gardens, W.8.
Lambeth ..	Brittain, George, J.P. .. .. .	366, Kennington Road, S.E.11.
" ..	Thimn, Commndr. F. K., R.N.R. .. .. .	3, Court Road, West Norwood, S.E.27.
" ..	West, F. H. .. .. .	24, Haycroft Road, Brixton Hill, S.W.2.
Lewisham ..	Beckett, Captain William .. .. .	193, Wellmeadow Road, Catford, S.E.6.
Limchouse ..	Higley, Rev. F. H. .. .. .	636, Commercial Road, E.14.
Mile End Old Town ..	Boustred, G. R. .. .. .	83, Clark Street, Stepney, E.1.
Paddington ..	Collins, D. G. .. .. .	60, Saltrum Crescent, Paddington, W.9.
" ..	Graham, Henry .. .. .	182, Fernhead Road, Paddington, W.9.
Poplar ..	Sumner, C. E. .. .. .	61, Knapp Road, Bow, E.3.
St. George-in-the-East ..	Wainright, Rev. L. S. .. .. .	65, Old Gravel Lane, E.1.
St. Marylebone ..	Anglim, Jeremiah, J.P. .. .. .	111, Lisson Grove, N.W.1.
" ..	Broadbent, Miss M. E. .. .. .	6L, Bickenhall Mansions, Gloucester Place, W.1.
" ..	Morris, Francis, J.P. ( <i>Vice-Chairman of the Board</i> ) .. .. .	14, St. John's Wood Park, N.W.8.
St. Pancras ..	Escott, Arthur .. .. .	83, Chalk Farm Road, N.W.1.
" ..	Miles, A. R. .. .. .	29, Gloucester Crescent, N.W.1.
" ..	Tapping, Dan .. .. .	Dartmouth Villa, 19, Patshull Road, N.W.5.
Shoreditch ..	Tucker, Thomas .. .. .	20, Pleasant Place, N.1.
Southwark ..	Cornell, Thomas .. .. .	12, Surbiton Road, Southchurch, Southend-on-Sea.
" ..	McCarthy, Philip .. .. .	52, Pullen's Buildings, Penton Place, S.E.17.
Wandsworth ..	Baker, Santley .. .. .	10, Foxmore Street, Battersea, S.W.11.
" ..	Fowle, G. J. .. .. .	67, Erpingham Road, Putney, S.W.15.
" ..	Williams Rev. Max, .. .. .	St. Barnabas Vicarage, Lavender Gardens, Battersea.
Whitechapel ..	Samuel, Miss Ida .. .. .	22, Upper Hamilton Terrace, N.W.8. [S.W.11.]
Woolwich ..	Lambeth, C. G. .. .. .	Camden Lodge, Brampton Road, Bexley Heath.

## MEMBERS NOMINATED BY THE MINISTER OF HEALTH.

NAME.	ADDRESS.
Brinton, Miss M. D. .. .. .	34, Bedford Gardens, Campden Hill, Kensington, W.8.
Bruce, Vice-Admiral Sir Henry, K.C.B., M.V.O. .. .. .	67, Elizabeth Street, Eaton Square, S.W.1.
Cosburn, Major G. F., J.P. .. .. .	83, Judd Street, W.C.1.
Curtis, Rev. Canon Hubert, M.A. .. .. .	The Vicarage, Malwood Road, Balham Hill, S.W.12.
Donerale, The Viscount .. .. .	91, Victoria Street, Westminster, S.W.1.
Drage, Geoffrey .. .. .	29, Cadogan Square, S.W.1.
Elliott, Sir George, M.P. .. .. .	14, Upper Street, Islington, N.1.
Hubbard, N. W., J.P. .. .. .	"Hawarden," 41, Chestnut Road, West Norwood, S.E.27.
Meinertzhagen, E. L., J.P. .. .. .	4, Cheyne Walk, Chelsea, S.W.3.
Murphy, Sir Shirley, K.B.E., F.R.C.S. .. .. .	9, Bentinck Terrace, Regent's Park, N.W.8.
Paton, W. B. .. .. .	10, Stanhope Gardens, Queen's Gate, S.W.7.
Power, Sir D'Arcy, K.B.E., F.R.C.S. .. .. .	10A, Chandos Street, Cavendish Square, W.1.
Rendel, James Meadows .. .. .	7, Courtfield Road, South Kensington, S.W.7.
Salmond, Mrs. E. M., O.B.E. .. .. .	36, Brunswick Square, W.C.1.
Shaw, Lauriston E., M.D., F.R.C.P. .. .. .	The Bungalow, Oatlands Chase, Weybridge.
Sommerville, Rev. W. J. .. .. .	Otford Vicarage, nr. Sevenoaks, Kent.
Sprankling, The Very Rev. Canon .. .. .	St. Charles, Heath Road, Weybridge, Surrey.

(One vacancy.)

## APPENDIX IVc.

## THE BOARD'S STAFF—PRINCIPAL OFFICERS.

<i>Acting Clerk to the Board (and Clerk designate)</i>	G. A. POWELL, C.B.E., Barrister-at-Law.
<i>Treasurer and Accountant</i>	... MORRIS HEYES, A.C.A.
<i>Engineer-in-Chief</i>	... ... T. COOPER, M.A., M.I.C.E., M.I.E.E., M.I.M.E.
<i>Controller of Supplies</i>	... ... G. J. COOKE.

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*Chief Medical Officers—*

Infectious Hospitals Service	F. FOORD CAIGER, M.D., B.S., D.P.H., F.R.C.P., Emeritus Physician of St. Thomas's Hospital.
Surgical, Tuberculosis and Children's Service	W. T. GORDON PUGH, M.D., B.S., M.R.C.S., L.R.C.P.
Medical Tuberculosis Service	J. WATT, M.A., M.D., Ch.B., D.P.H.
Mental Hospitals Service	... E. B. SHERLOCK, M.D., B.Sc., D.P.H., Barrister-at-Law.
<i>Research Pathologist</i>	... ... W. MAIR, M.A., B.Sc., M.D., Ch.B., D.P.H.
<i>Bacteriologist</i>	... ... G. E. CARTWRIGHT WOOD, M.D., C.M., B.Sc.

*Consulting Medical and Surgical Staff—*

JOHN ADAMS, F.R.C.S.; H. CHARLES CAMERON, M.D., F.R.C.P.; E. TREACHER COLLINS, F.R.C.S.; SIR JAMES GALLOWAY, K.B.E., C.B., M.D., F.R.C.P., F.R.C.S.; CHARLES HEATH, F.R.C.S.; T. B. LAYTON, D.S.O., M.S., F.R.C.S.; M. S. MAYOU, F.R.C.S.; L. J. PISANI, F.R.C.S.; W. G. SUTCLIFFE, O.B.E., F.R.C.S.; W. H. TRETOWAN, F.R.C.S.



APPENDIX V.  
*Numbers and classification of the staff at the end of the year 1921.*

Per. = Permanent. Tem. = Temporary.	Infectious hospitals, including laboratories.		Mental hospitals.		Sanatoria.		Children's institutions and Exmouth.		Ambulance, Casual wards, and Stores.		Head Office, &c.		Totals.	
	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.
<b>MALES.</b>														
Principal officers	40	29	20	1	12	2	12	18	15	2	99	34	100	3
Medical and dental staff	45	29	18	1	13	2	18	18	6	2	100	34	100	3
Male nurses, attendants, and instructors	25	25	576	1	17	1	51	1	30	3	669	3	669	12
Clerical staff	75	2	34	3	13	2	16	5	45	3	293	12	293	38
Engineering staff	190	30	82	3	32	3	37	2	187	5	386	5	386	30
Motor drivers	12	5	5	4	5	5	1	1	11	4	205	5	205	24
Porters	407	16	124	4	48	5	50	9	11	14	644	30	644	51
Garden and farm staff	37	9	47	1	11	5	5	9	101	10	109	24	109	197
Others	103	31	132	6	12	12	27	18	395	28	385	3	385	197
<b>TOTAL</b>	<b>934</b>	<b>117</b>	<b>1,038</b>	<b>16</b>	<b>158</b>	<b>15</b>	<b>217</b>	<b>18</b>	<b>395</b>	<b>28</b>	<b>2,881</b>	<b>3</b>	<b>2,881</b>	<b>197</b>
<b>FEMALES.</b>														
Principal officers	13	9	6	6	7	7	5	3	3	31	31	9	31	9
Medical staff	24	9	729	1	239	4	333	3	9	9	3,995	233	3,995	233
Nursing staff	2,685	225	40	1	20	20	32	1	2	2	93	1	93	11
Teaching staff	1	7	40	3	40	3	24	1	35	2	272	11	272	122
Kitchen staff	166	70	133	1	167	7	236	33	35	9	2,022	122	2,022	38
Domestic staff	1,442	29	32	7	18	1	28	1	1	1	210	7	210	38
Needleroom staff	131	6	86	1	34	1	45	1	8	31	466	7	466	7
Laundry staff	301	9	5	3	3	1	2	1	8	31	74	11	74	11
Clerical and telephone staff	25	9	5	9	3	17	40	40	55	2	7,194	9	7,194	432
<b>TOTAL</b>	<b>4,788</b>	<b>355</b>	<b>1,071</b>	<b>9</b>	<b>531</b>	<b>17</b>	<b>709</b>	<b>40</b>	<b>55</b>	<b>2</b>	<b>10,075</b>	<b>40</b>	<b>10,075</b>	<b>629</b>
<b>TOTAL MALE AND FEMALE</b>											<b>TOTAL</b>			<b>10,704</b>

## APPENDIX VI.

*Summary of the main financial statistics of the Metropolitan Asylum District.*

**NOTE.**—Unless otherwise stated the following statistics relate to the financial year ended 31 March, 1921.

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 regarded as extra parochial.

The population of the District, enumerated by the Registrar-General, 1921, was 4,476,586, excluding non-civilians.

The rateable value of the District was £45,546,751 on the 6 April, 1920, being an increase of £41,138 (0·09 per cent.) during the year then ending.

The produce of one penny in the £ on the rateable value of the District at 6 April, 1920, represents £189,778.

The precepts levied by the Managers on the constituent parishes and unions of the District for the year work out at 1s. 2½d. in the £.

The total expenditure for the year was £3,714,051 (Loan £506,490, and General £3,207,561).

The total receipts for the year were £3,285,191 (Loan £122,562, and General £3,162,629).

The rateable value of the property of the Board is £175,293, and the amount of the rates paid last year on the property occupied was £118,970, of which £63,805 was paid to metropolitan authorities, and £55,165 to provincial authorities.

The borrowing powers are limited to one-fifth of the rateable value of the District.

The sanctions to borrow received during the year amounted to £234,961 6s. 7d.

The amount borrowed during the year was £355,000. The total amount borrowed to 31 March, 1921, was £6,169,449. The amount repaid in the year was £291,665, making the total amount of loans discharged £5,426,524.

The amount of loans outstanding at 31 March, 1921, was £742,925, and works out at £1 12s. 7d. for every £100 of rateable value, and is 3s. 4d. per head of the population of the District as enumerated by the Registrar-General, 1921.

The number of institutions under the control of the Managers is 73 (Appendix III).

The average daily number of inmates maintained was, in—

1916	(Year to 30 September)	....	....	....	....	14,514
1917	(Six months to 31 March)	....	....	....	....	13,797
1918	(Year to 31 March)	....	....	....	....	13,201
1919	do.	....	....	....	....	12,217
1920	do.	....	....	....	....	13,557
1921	do.	....	....	....	....	16,856

The number of persons in receipt of superannuation allowances at the end of the year was 380, and the superannuation payments, including increase on pensions under the Pensions (Increase) Act, 1920, but excluding compensation, amounted to £24,521 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 £27,748, after allowing for contributions refunded.

Dr.	EXPENDITURE.		£	£
Year 1919-1920.	<b>To Maintenance, &amp;c., of inmates :—</b>			
£	Provisions, necessaries, clothing, and funerals ....		441,676	
317,970	Clothing for discharged inmates, expenses of boys going to sea and of children to and from homes, and certification, &c., of imbeciles....		5,259	
1,833				
<b>319,803</b>				<b>446,935</b>
	<b>Salaries, establishment, &amp;c., charges :—</b>			
	<b>Maintenance of officers and servants—</b>		£	
705,672	Salaries and wages (including allowances) ....	1,086,621		
7,504	Pay of employees with H.M. forces, less army pay and allowances	109		
153,573	Provisions	220,956		
3,402	Necessaries	5,090		
22,839	Uniforms and sundries	38,410		
<b>892,990</b>			<b>1,351,186</b>	
	<b>Buildings and establishment—</b>			
	WORKS—			
58,509	Wages, £47,246; Contracts and materials, £36,839	84,085		
	GARDENING—			
9,414	Wages, £15,164; Plants, seeds, &c., £581....	15,745		
	FURNITURE—		£	
27,545	Furniture and other articles	53,808		
23,352	Bedding and linen	41,138		
5,695	Earthenware	9,578		
3,394	Hardware	5,090		
			<b>109,614</b>	
	HEATING, LIGHTING, AND CLEANSING—			
53,831	Wages of engineering staff....	77,018		
121,939	Coal and coke	169,371		
55,397	Gas, electric light, water and other supplies	79,784		
			<b>326,173</b>	
<b>359,076</b>				<b>535,617</b>
<b>86,033</b>	<b>Rates, rent, taxes and insurance</b> ....			<b>132,325</b>
<b>28,451</b>	<b>Medicines and medical and surgical appliances</b> ....			<b>32,171</b>
	<b>Miscellaneous expenses—</b>			
12,672	Printing, stationery, postage and office expenses	21,056		
	Other charges—running expenses of ambulance vehicles and travelling, Members' and sundry expenses (including Board's contributions under the National Insurance Acts, £5,346)	64,643		
37,317				<b>85,699</b>
<b>49,989</b>				
	<b>Sundry general expenses—</b>			
261,344	Repayment of loans	309,206		
31,152	Interest on loans	43,149		
27,528	Pensions, notification fees, law expenses, &c.	37,037		
<b>320,024</b>				<b>389,392</b>
				<b>2,526,390</b>
	<b>Deduct—</b>			
15,594	Balances on industrial, &c., accounts	19,024		
11,587	Services of nurses engaged in ambulance work and fees for hire of ambulances	19,990		
27,181				<b>39,014</b>
<b>1,704,382</b>				<b>2,487,376</b>
	<b>Expenditure of a special character—</b>			
53,860	Buildings—contract and non-contract	194,060		
26,948	Furniture, &c.	79,190		
80,808				<b>273,250</b>
<b>1,785,190</b>				<b>2,760,626</b>
<b>2,104,993</b>	<b>Net total expenditure</b> ....			<b>3,207,561</b>
	<b>Balance</b> carried down, being excess of receipts over expenditure for year			<b>—</b>
<b>£2,104,993</b>				<b>£3,207,561</b>
	To <b>Balance</b> brought down, being expenditure in excess of receipts for year			44,932
	To <b>Balance</b> as on 31 March, 1921, carried to balance sheet			141,288
				<b>£186,220</b>

for year ended 31 March, 1921.

Cr.

RECEIPTS.		£	£	Year 1919-1920. £
<b>By Parishes and Unions</b> in the District—				
Contributions (on rateable value), net			2,703,940	1,753,672
<b>Parishes and unions</b> in the District—				
Amounts recovered in respect of maintenance of inmates in the Board's institutions		16,227		14,780
<b>Ministry of Health—</b>				
<b>Grant</b> , being half of net deficiency on maintenance and treatment of tuberculous patients—				
	£	£		
Balance of grant for 1918-1919				6,261
On account of grant for 1919-1920	20,000			16,000
On account of grant for 1920-1921	40,000			—
		60,000		
		60,000		22,261
<b>Extra metropolitan</b> and other authorities, &c., for maintenance of inmates—				
Mental and infectious hospitals, and schools	183,020			75,085
Sanatoria, &c.	105,785			58,180
Exmouth	32,835			16,540
		321,640		149,805
<b>Interest</b> on investments and balances in hands of bankers, &c.		11,013		10,328
<b>Sundry receipts</b> :—				
Rents of buildings and land (net)	5,484			4,191
Sale of old ambulance vehicles and sundry receipts	7,571			10,517
Value of furniture and other issued stocks transferred and brought into account during year	9,006			2,788
Superannuation contributions	27,748			18,310
		49,809		35,806
			458,689	232,980
<b>Total receipts</b>			<b>3,162,629</b>	<b>1,986,652</b>
<b>Balance</b> carried down, being expenditure in excess of receipts for year			44,932	118,341

HEADS OF EXPENDITURE.				
1919—1920.			1920—1921.	
Amount.	Rate in the £		Amount.	Rate in the £
£	d.		£	d.
519,928	2·74	Imbeciles and feeble-minded	699,327	3·69
712,941	3·76	Infectious sick—		
153,740	0·81	Fever, smallpox, &c.*	1,288,724	6·79
69,068	0·36	Tuberculosis* (other than Poor	251,380	1·32
12,392	0·06	Ambulance service— (Law cases)		
54,962	0·29	Land	131,246	0·69
187,185	0·99	River (including wharves)	20,538	0·11
22,821	0·12	Boys on training ship	65,692	0·35
		Children of various classes	254,739	1·34
		Casual poor	30,590	0·16
		General expenses (including repayment of and interest on loans, printing, &c., and head office salaries and expenses)	465,325	2·45
371,956	1·96			
£2,104,993	11·09		£3,207,561	16·90
		<i>Less</i> —		
232,980	1·23	Receipts other than contributions from parishes and unions	458,689	2·42
£1,872,013	9·86	Net expenditure	£2,748,872	14·48

\* Expenditure on maintenance in fever hospitals of discharged tuberculous soldiers and sailors is included under fever expenditure.

£3,207,561

£2,104,993

**By Balance** brought forward as on 1 April, 1920

186,220

£186,220

## APPENDIX VII. (b)—Balance sheet

## LIABILITIES.

## LOAN ACCOUNT.

		£	£
<b>Loans raised by the Board.</b>			
Amount outstanding 31 March, 1920	....	679,590	
Loans taken up during the year	....	355,000	
		<u>1,034,590</u>	
Less instalments of loans repaid during the year	....	291,665	
Amount outstanding 31 March, 1921	....		742,925
<b>Loans raised by Metropolitan Guardians</b> (the liability for repayment of, and interest on which has been taken over by the Board) in respect of—			
		£	
Hendon Infirmary (Colindale Hospital)	....	40,284	
Grove Park Workhouse	....	89,035	
		<u>129,319</u>	
Less instalments of loans repaid to 31 March, 1921	....	12,692	
Amount outstanding 31 March, 1921	....		116,627
<b>Receipts.</b>			
Ministry of Health—			
Housing grants....	....	5,482	
Capital grants for tuberculosis institutions	....	117,080	
Maintenance grants for tuberculosis institutions (capital expenditure)	....	10,400	
“ “ ophthalmia neonatorum institutions	....	13,776	
		<u>146,738</u>	
<b>Cash.</b>			
London County Westminster and Parr's Bank, Ltd. :—			
Balance in their favour	....		28,928
<b>Balance.</b>			
Instalments repaid :—			
On loans raised by the Board	....	5,426,524	
“ “ Guardians	....	12,692	
Expenditure paid out of current account and sundry receipts	....	*632,866	
		<u>6,072,082</u>	
<b>Total on Loan Account (carried forward)</b>	....		<u><u>£7,107,300</u></u>

\* In addition to these figures large amounts of expenditure of a capital nature

at 31 March, 1921.

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**PROPERTY ASSETS AND CAPITAL OUTLAY.**

**LOAN ACCOUNT.**

**Capital Outlay.**

Land, buildings and furniture (original cost) ....	£
	*7,107,300

**Total on Loan Account (carried forward) .....** £7,107,300

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exceeding £500,000 have from time to time been defrayed out of current rates.

## APPENDIX VII (b).—Balance Sheet

<b>LIABILITIES.</b>				£
<b>Total on Loan Account (brought forward)</b> ....				<b>7,107,300</b>
<b>GENERAL ACCOUNT.</b>				
<b>Legacies.</b>				£
Captain Brown's legacy to the Training Ship (£119), less legal expenses; with unapplied interest (£6) .....				121
William Thomas Ferguson's legacy to the Homerton Smallpox Hospital (£100), and accumulated income (£68); with unapplied interest (£16) .....				184
George Dryden's legacy to the Stockwell Smallpox Hospital, less books purchased for hospital ships .....				114
George Cook's legacy to Darenth Training Colony (£100), less legal expenses; with interest (£13) .....				86
Mrs. M. E. Bates' legacy to the Eastern Hospital (£100), less books purchased; with unapplied interest (£11) .....				105
Mrs. A. Charlton's legacy (£200) and accumulated income (£23); with unapplied interest (£19) .....				242
Mrs. E. R. Johnson's legacies (£7,000) and accumulated income (£1,013); with unapplied interest (£330) .....				8,343
				<u>9,195</u>
<b>Students' Fees for Clinical Instruction.</b>				
	Total at 31 Mar., 1920.	Year to 31 Mar., 1921.	Total at 31 Mar., 1921.	
Amounts received from students .....	£29,864	£1,512	£31,376	
Less amounts paid to medical superintendents for clinical instruction .....	18,700	729	19,429	
	<u>£11,164</u>	<u>783</u>	<u>11,947</u>	
Less—				
Amount transferred (i) <i>re</i> provision of buildings for instruction at Park Hospital, £1,750, and Grove Hospital, £750; (ii) Bacteriological Laboratories, £5,000, and (iii) expenses on reproduction of work, "The Diagnosis of Smallpox" £143 .....			7,643	4,304
			<u>7,643</u>	
<b>Suspense Adjustment Account.</b>				
Amounts due for Government Grants and for maintenance and treatment of inmates, &c., to be credited when received .....				198,952
<b>Sundry Creditors.</b>				
Tradesmen's accounts and other amounts owing .....				255,817
<b>Cash.</b>				
London County Westminster and Parr's Bank, Ltd :—				
Balance in their favour .....				102,125
Add unrepresented cheques .....				118,435
				<u>220,560</u>
Less—				
Cheques drawn in advance for payments for ensuing year .....		£27,269		
Accounting officers—balances in their hands .....		11,356		
		<u>38,625</u>		181,935
<b>Balance.</b>				
Net credit balance, as per receipts and expenditure account .....				141,288
				<u>£791,491</u>
<b>Total on General Account</b> .....				<b>£791,491</b>
<b>Grand Total</b> .....				<b>£7,898,791</b>

NOTE.—The Board's accounts are audited by the District Auditor appointed by the Ministry of Health.

at 31 March, 1921 (continued).

**PROPERTY ASSETS AND CAPITAL OUTLAY.**

<b>Total on Loan Account (brought forward)</b> .....	<u>£</u> <u>7,107,300</u>
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**GENERAL ACCOUNT.****Legacies (Investment Accounts), at cost.**

Brown's legacy—£104 14s. 3½ per cent. stock, London County Council (Metropolitan Board of Works) .....	£ 115
Ferguson's legacy—£173 17s. 2d., consols .....	168
Dryden's legacy—£124 3s., consols .....	114
Cook's legacy—£75 18s. 4d., consols .....	73
Bates' legacy—£100, 3 per cent. stock, London County Council .....	94
Charlton's legacy—	
£277 18s., 2½ per cent. stock, Corporation of London .....	£202
£21 15s. 7d., 5 per cent. war stock, 1929/47 .....	21
	—
	223
Johnson's legacy—	
£9,984 3s. 9d., 2½ per cent. stock, Corporation of London .....	£7,264
£787 15s. 7d., 5 per cent. war stock, 1929/47 .....	749
	—
	8,013
	—
	8,800

**Investments, at cost.**

£25,000 5 per cent. war stock, 1929/47 .....	£23,750
Less £19,673 subscribed for by staff .....	18,690
	—
	5,060
£150,000 5 per cent. national war bonds, repayable 1 April, 1923 .....	149,906
	—
	154,966

**Stock.**

Goods at central stores and at the various institutions, including unused railway tickets and postage stamps .....	350,338
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**Sundry Debtors.**

Other authorities, sundry debtors, &c. ....	277,387
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<b>Total on General Account</b> .....	<u>£791,491</u>
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<b>Grand Total</b> .....	<u>£7,898,791</u>
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(Signed) MORRIS HEYES, A.C.A.,  
Treasurer and Accountant to the Board.



## PART V.—MEDICAL REPORTS.

## A.

A REPORT ON THE OTOLOGICAL WORK DONE AT THE NORTH-EASTERN AND WESTERN FEVER HOSPITALS DURING THE YEAR, JULY, 1920, to JUNE, 1921.

BY

T. B. LAYTON, D.S.O., M.S.Lond., F.R.C.S.Eng.,  
Surgeon to the Throat and Ear Department of Guy's Hospital and of the L.C.C.  
School Clinic at St. George's Dispensary, Pocock Street, S.E.

## FOREWORD.

1. Under the date 7 July, 1920, I received from the Clerk to the Metropolitan Asylums Board notice of my appointment as Otologist at the North-Eastern and Western Fever Hospitals under the following terms :—

“ The duties are to visit each hospital at least twice a week, or more often  
“ if assistance is urgently required, and examine those patients whom the  
“ Medical Superintendent may put forward for the opinion of the Otologist,  
“ advise as to their necessary treatment and perform such operations as may  
“ be considered necessary. It is understood that the Otologist will not only  
“ see patients who are suffering from chronic ear discharge, but also examine  
“ and treat those in whom the middle ear is inflamed though not yet dis-  
“ charging.”

Notice of confirmation of this appointment by the Ministry of Health was received by me on 10 August, 1920, and of the extension of my appointment for a further period of six months on 18 June, 1921.

I was specifically asked by one of the members of the Committee of selection before whom I appeared whether I would consider the question of prevention of ‘running ears’ in the acute specific fevers in all its aspects. I have therefore conceived my duty in holding this appointment to be twofold: to treat, so far as I could, all cases of ear disease referred to me by the medical staff of these hospitals, and to make such investigations as were possible on the prevention of ear discharge, so that I might embody in my report certain suggestions as to how the problem of running ears resulting from the infective fevers may be approached in the Metropolitan Asylums Board Area. This report is accordingly divided into three parts—

I. INTRODUCTORY—being an account of the means of approaching the subject and of the ground covered.

II. CLINICAL—being an account of the symptoms of ear disease in scarlet fever so far as they have been observed, and suggestions for the treatment of the same.

III. ADVISORY—being suggestions put forward for organising a service to prevent the occurrence of chronic ear disease as a sequela of the infective fevers.

## PART I.—INTRODUCTORY.

2. The experience upon which this report is based is limited to scarlet fever. The diseases of which there have been any number in the two hospitals during the past year are diphtheria and scarlet fever. Ear disease is not so common in the former as it is in the latter, and therefore, after consultation with the Medical Superintendents, it was decided to limit such investigations as were made to the latter. A few cases of ear discharge or ear-ache have been seen in cases of

diphtheria at the request of the M.O.s in charge of the patients, but not enough on which to base any conclusions. It was hoped that as the year went by measles cases would be admitted to one or both of the hospitals, so that similar investigations could be made in this disease as were being made in scarlet fever. That this has not happened is much to be regretted. It is generally believed that measles rivals scarlet fever as a cause of chronic otitis media, and a comparison of the two diseases under similar conditions would have been most valuable.

3. A word of caution must be put forward against setting any great reliance upon deductions made from this year's work. The epidemic of the past year has afforded a large number of cases of scarlet fever, but they have not been of a very severe type, nor has it been possible for one who makes two visits a week to a hospital to see every case in which ear discharge has resulted. For these reasons I have refrained from drawing up any tables with percentages in them. Such can only be made from thousands of comparable cases, and no such numbers of comparable cases could be put forward to illustrate any otological point except the one which has already been worked out by various series, viz., the percentage of cases in which otorrhœa occurs in scarlet fever. To work out percentages on a small series does not lead to accuracy, the addition or omission of one or two doubtfully comparable cases may lead to a considerable variation in the percentage, and deductions may then be made to fit in with preconceived ideas one way or another, with the result that the truth is thereby put further off rather than approached. This report, then, is based upon the impressions that remain after a year of work.

In taking up a systematic survey of any new subject, some time must elapse before it is clear what points need investigation and what cases are comparable upon which to make such an investigation. It may be considered that this stage is passed, and that there are open lines along which further investigations may be made.

4. There are plenty of series of cases published which afford evidence of the number of cases that develop otorrhœa in an attack of scarlet fever, but few of the number which leave the fever hospitals with the middle ear inflammation in a chronic condition. There is a difference of opinion as to how many such cases occur.

Dr. Ker\* says that in few cases does otorrhœa persist so long as ten weeks. Dr. Goodall† says, "of 303 cases of scarlet fever which were discharged directly from the Eastern Hospital during the period 1 January, 1912, to the middle of February, 1913, in only one was otorrhœa still present." On the other hand, at the same meeting Mr. Arthur Cheate‡ said, "I can assure Dr. Goodall that hundreds leave the fever hospitals with chronic discharge from the ear or ears."

The question is one which needs investigation, and as such will be discussed later, for the present it will be well to remember that however many or few the cases be, we should try to make them fewer and to consider how we may accomplish this.

(NOTE.—On page 18 of Dr. A. G. Cameron's report on return cases, we learn that 361 cases were discharged with running ears in a twelvemonth, during which 15,501 patients were discharged from the infectious fever hospitals of the Board. Literally, this is consistent with Mr. Arthur Cheate's words, but when spread over the vast population of London, does not bear out his sweeping statement; it is, however, six times the number which Dr. Goodall observed. The question is considered below in para. 64.)

5. *First*: It is clear that the fewer the number of scarlet fever cases that occur the fewer will be cases of chronic otitis media resulting from it. It is not in my province as an otologist to help in this diminution other than by pointing out that steps taken to attain it form the truest kind of preventive otology.

\* "Infectious Diseases. A practical text-book," 1920, p. 152.

† XVII. Int. Congress of Medicine, 1913. Report of Sections XV. and XVI., Part I., p. 144.

‡ *Ibid.*, Part II, p. 732.

6. *Secondly*: We may take it as proved that otitis media occurs in an increasing percentage of cases the more septic the type of disease. This is my experience, and I believe that of other servants of the Board. Here again any steps which can be taken to limit the virulence of an epidemic and so to diminish the number of septic cases, or to improve the general condition of the patient when this condition arises, are of the utmost importance in the prevention of chronic otitis media. I wish specially to lay stress upon this point. Firmly as I agree with those who advocate that someone with training in otology should be attached to every fever hospital, I do not think that their combined efforts will do as much to diminish the amount of ear complications as has been obtained during the past 25 years by the better treatment of the disease and by the prevention of the disease. Such an admission is no argument in favour of refraining from making use of the otologist's skill; it is merely a warning against expecting that the whole aspect of ear disease will be changed immediately by the appointment of otologists to the fever hospitals. It is a moot point whether the difference in the virulence of scarlet fever of recent years is due to better treatment and prevention or whether it is merely a phase of a periodic wave. If it be the latter, time will show, and an opportunity should be given to the otologist to see whether he can devise some method to prevent an increase of ear disease *pari passu* with an increasing severity of scarlet fever. To succeed in this when the time comes he must have been given previous opportunity of studying the ear complications while the disease is yet mild.

7. *Thirdly*: We will assume that all inflammations of the middle ear travel to that region by the Eustachian tube from the naso-pharynx. Whether in any case the infection goes there by the blood-stream with a healthy intervening Eustachian tube I doubt, but if it ever occur it must be of extreme rarity. Hence anything that will diminish the inflammation in the naso-pharynx will diminish the likelihood of a case developing otitis media. I have not been able to think of any treatment directed to this part that has not already been used. Some epidemiologists syringe the throat during the disease, others believe that as good or even better results occur without such syringing. In acute disease of the throat other than infectious fevers, I am not an advocate of syringing the throat, and in a disease such as scarlet with irritable patients, I have not felt that any improvement in the ear condition is likely to result from the use of such a thing. I have therefore neither asked for syringing to be done nor asked medical officers to refrain from it in cases in which they have ordered it. I feel that for improvement in this stage we must wait for a serum analogous to the anti-diphtheritic toxin and more specific than is the present polyvalent anti-streptococcal serum.

8. *Fourthly*: We must realise that in every case of otitis media there is a catarrhal stage before suppuration sets in, before the drum-head ruptures, and before ear discharge occurs. It is clear that if the otologist is to do anything materially to diminish the number of cases which leave the hospital with discharging ears it is at this stage that he must get the cases. More especially is this so when we remember that in incision of the drum-head (paracentesis) there is an operative process simple of itself yet productive of extraordinary good results. Otologists, like members of other branches of the medical profession, have wide ranges of opinion, yet on this one point all are, I believe, agreed—that if in every case of acute inflammation of the middle ear incision of the drum-head were performed at the proper moment, there would be but few cases of chronic otorrhœa, and the numbers of cases needing operation for acute inflammation of the mastoid process would very materially be lessened. I therefore from the first tried to get the cases in the stage of inflammation of the middle ear before rupture of the drum-head had occurred, in order to find out whether there was any difference in the value of puncture of the drum-head in cases of inflamed ears with scarlet fever from its value in the similar lesion of ordinary practice. As a result of the year's experience, I can say most emphatically that there is no such difference. The great majority

of the cases in whom I have incised the drum-head have got well almost at once and completely. One or two cases have gone on and become chronic; in one case, to which I shall refer in detail later (para. 47), a mastoid operation had subsequently to be performed. I have purposely refrained from drawing up any statistics on this point. On the one hand, it is hard to say exactly which cases need paracentesis, and of the cases in which I have performed some would probably have got well without it and without rupture of the drum-head; on the other hand, it is impossible to put any series of cases in which the drum-head is allowed to burst in a class which would be strictly comparable with these. When more have been done in scarlet fever it may be possible to get statistics, but for the present it must be enough for me to state my firm conviction that a paracentesis of nearly every case in which any degree of inflammation of the ear occurs is the best way to limit the number of cases which leave the hospitals with running ears, and that the most important otological problem before the Board is so to develop the medical service as to aim at this ideal; that to every patient likely to develop an inflamed ear some one is called, before the discharge begins, who is capable of examining the drum-head, and, if necessary, of performing a paracentesis.

9. *Fifthly*: In a limited number of cases the disease goes on to involve the mastoid process with abscess formation in this and in the structures in relation to it. It is necessary to consider whether it is the best policy to perform an operation—and, if so, what operation—during the height of the disease, or whether it is better to defer this till a later stage after recovery from the infectious fever and intentionally to allow these cases to leave the hospital with running ears.

10. *Sixthly*: There is the problem of treating the ear that has begun to discharge in order that the patient may leave the hospital not merely with cessation of discharge but without any active disease in the middle ear.

11. With the last three of these problems I shall deal again in the second part of this report, but as it is on the fourth that I have spent most time and thought some more detailed account of this problem may be considered here. It is an easy thing to define an ideal, it is a difficult thing to attain to it. It is the practice of some otologists to speak as if it were only necessary to attach one of their colleagues to every fever hospital to abolish the complication of otitis media. This is far from the case; much careful work is necessary in order that we may learn exactly how most often to get the cases at the right time, and, however carefully we improve our organisation, there will still remain some cases in which the running of pus from the ear is the first suggestion that anything is wrong. It is cases such as these which has led some to advocate routine daily examination of every case.

Thus Mr. Sydney Scott\* (strongly supported by Dr. Dan McKenzie) said that "he advocated daily routine inspection of the tympanic membrane in fever patients, without awaiting more obvious symptoms indicative of operative treatment."

I have found that in doing routine examinations it takes about an hour to do thirty cases. This is very quick work and leaves no time for the removal of wax which some cases need, nor for the operation of paracentesis when it has to be done. Working at this rate for eight hours a day, it would take one man his whole time simply to do this routine examination in a hospital of 240 beds. But as there is a certain monotony in such routine work, it would be impossible for any one man to do it even for one day. It could only be carried out by every M.O. of the Board learning to examine the drum-head and looking at the ears of every one of his own cases daily. Excellent as this would be in theory, I do not think it practicable with the constantly changing personnel, with young M.O.s coming

\* XVII. International Congress of Medicine, 1913. Rep. of Sections XV. and XVI., Part II, p. 736.

for a few months while reading for the D.P.H. or putting in a few weeks as a locum tenens during a holiday or illness. It would mean an allotment of fewer beds to each M.O., and therefore an increase by one of the staff of each of the larger hospitals. If such an organisation were to eliminate from the community running ears consequent on infectious fevers, I should not hesitate to urge the increased expense; but so far from eliminating them I do not think it would have a result at all compatible with the work, the energy or the expense necessary to see it through. There would still be some cases that would slip through the sieve, very small children in whom an accurate examination is not possible, children who are so ill that the gain does not warrant the pulling about that is necessary to make the examination, children whose ears run before admission, cases with doubtful physical signs, and cases in which the signs are negligible one day and the ear is already discharging the next. When these are excluded, the number remaining that would be discovered in time to perform paracentesis would be considerable, but would not be comparable to the time and money expended in the work. I write this not as an ardent economist, but as the result of this year's experience. It is true that I have had no opportunity of daily routine examination; but I have spent some time in weekly routine examinations of certain wards, for the first six months at the Western and for part of the second six months at the North-Eastern Hospital. In these examinations I have seen all the new cases admitted during the previous week, and have seen again any cases that exhibit the slightest change in the drum-heads. This method has afforded me valuable evidence of the early signs to be seen in the drum-heads, but has been disappointing in the results of treatment. It has enabled me to catch a few bulged drum-heads at about the fourth day of disease; it has led me to re-examine a certain number of cases in which the drum-head was pink or exhibited dilated blood-vessels, and of these, one here and there have been found bulged at the next visit, a few have already burst by that time, but the great majority have resolved, and of these, at least one has suddenly developed a discharge a month later without any warning.

12. I have obtained much better results by asking M.O.s and sisters in charge of the wards to look out for certain signs\* suggesting ear disease and notifying me at my next round, especially when these signs occur shortly before my round. I have visited the hospitals at different times in order to determine the best time of day for catching such cases. Towards the end of last year I made it a habit to go to the North-Eastern Fever Hospital between 5 and 7 p.m., during the early part of this year I have been going to the Western Hospital between 8 p.m. and 10 p.m., I have also tried to pursue this method on certain of my morning rounds. As a result of this experience, I am of opinion that the time between 5 p.m. and 7 p.m. is the most favourable for getting the cases. It would seem that at the end of the day when the child is tired slight exacerbations are liable to occur which cause attention to be drawn to the ears, and this observation fits in with the fact that it is at the morning washing that the ears are so often found to be running; of these discharges some would be avoided if the drum-heads had been examined the evening before. It might be expected that the later time would be the better as allowing the greater crop of symptoms to materialise. In practice this is not the case. The children have fallen asleep, one hesitates to wake them; if suddenly awakened a fit of crying may result, which makes examination almost impossible; the nurse who has been in the ward all day has left, and the night nurse has not yet had time to note the idiosyncrasies of her charges, and at this late hour the otologist is tired and unable to afford the energy and the patience that the occasion demands. I have by these evening rounds caught more drum-heads than by similar searchings in morning rounds or by routine examinations. When it is remembered that such round has only occurred one day in seven I am inclined to believe that work along these lines affords the greatest chances of success.

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\* For a discussion of these signs see Part II., paras. 29-32.

13. But, supposing no child who had had running ears left the fever hospital with them still running, there is still a great problem—perhaps the greatest—to be considered. Everyone who has had much experience in a school clinic for the treatment of throat and ear disease must have felt his optimism rising steadily during the spring and summer while his cases of running ears get steadily better, as he fondly believes from the result of the treatment he has afforded them. Then, as the damp, raw days of November are followed by those of December, his optimism gives way to pessimism as his little friends return to him again with their ears running as before.

To what extent does this occur with the scarlet fever patients and with those who have suffered from other infectious disease? Does such a recurrence explain the discrepancy between the statistics quoted from Dr. Goodall and the statement made by Mr. Arthur Cheatele?\*

To the best of my knowledge, we are absolutely ignorant upon this point, and I hold that any complete study of ear disease in infectious fevers must include an observation of the same cases for the next year or so, and that any organisation set up will be wanting if this problem is not included in the survey.

## PART II.—CLINICAL.

14. CONTENTS : A. THE RASH, para. 15.  
 B. OTITIS MEDIA, paras. 16-37.
- Paras. 16-23. Objective symptoms or physical signs : these may be subdivided into those of three stages.
- Paras. 16-20. (i) Early signs before there is any bulging of the drum-head.  
 Paras. 21, 22. (ii) The forms which a bulged drum-head takes.  
 Para. 23. (iii) The condition after rupture of the drum-head.
- Paras. 24-26. The treatment of the early stages.  
 Paras. 27, 28. The operation of incision of the drum-head (paracentesis).  
 Paras. 29-32. The subjective symptoms.  
 Paras. 33-35. The treatment of the running ears.  
 Paras. 36, 37. The question of operations upon the tonsils and adenoids.
- C. MASTOIDITIS, paras. 38-51.
- Paras. 39-41. The physical signs.  
 Paras. 42-48. The question of intra-cranial complications.  
 Paras. 49, 50. Operative treatment—Wilde's incisions.  
 Para. 51. Operative treatment—Antrotomy.
- D. THE EFFECT UPON THE HEARING, paras. 52-55.

## II.—CLINICAL.

### A. *The Rash.*

15. When the ear is examined in a patient in whom a well-marked rash is fully "out," it is seen that the erythema extends down the whole of the external auditory meatus and involves even the drum-head itself. This is easy accurately to observe in an adult, less so in a child. Its importance lies in the necessity for distinguishing it from the early stages of an acute otitis media. This may be done so far as the meatus is concerned by noting that the whole area of the skin of this part is involved and the more vivid colouration is not limited to the upper and back portion of the deeper parts as it is in the early stages of an otitis media.

On the drum-head itself the rash is less seldom seen and is less definite, a translucent pinkness suffuses the membrane and the colour is less intense than that of the rash which accompanies it on the skin of the external auditory meatus.

\* *Vide* para. 4 above.

B. *Otitis media.*

16. The earliest sign of inflammation in the middle ear is a dilatation of the blood-vessels of the drum-head over the handle and short process of the malleus and of that part above this which is known as Shrapnel's membrane. This condition is not infrequently seen in the routine examination of the ears of patients in whom no suspicion of otitis media arises. But since we may postulate that there is such a suspicion in every case of scarlet fever, it is a physical sign that should not be neglected. It is more likely to indicate an inflammation when seen on one side than when seen on both; but this is no hard and fast rule. On the one hand, the conditions, other than an inflammation of the drum, whatever they may be which give rise to this dilatation, may be present on one side only; on the other hand, by our postulate we must admit the possibility of an early bilateral otitis media to be as great as that of a unilateral one.

The irritation of a plug of wax, or of the manipulations necessary to remove the same, would appear frequently to cause this sign without inflammation, and therefore when wax is present it is of less importance. It would seem, however, that the redness from external irritation is more intense and the separate blood-vessels less distinct than is the case with the feathery dilatation of minute vessels over this area when caused by the very earliest stage of middle-ear inflammation.

We may sum up this physical sign by saying that it is not a condition that needs any special treatment, but that when it has been observed the ears should again be examined to see whether it is progressive, and that even after it has subsided the slightest malaise or rise of temperature during the convalescence of the patient should indicate the necessity of again examining the ears.

17. More common and more definite than the last physical sign is a diffuse or local pinkness of the drum-head. This can be distinguished from the pinkness described as occurring as a part of the skin rash by its seldom being synchronous with the rash upon the rest of the body, but also by its rendering the drum-head less translucent, and by its being unaccompanied by any increased depth of colour of the skin of the external auditory meatus; or if it is so accompanied, by the colour on the drum-head being more intense than that on the skin of the meatus; or if it is not so intense, by the more vivid colouration of the meatus being limited to the postero-superior part of the deep meatus, as will shortly be described. This physical sign may extend over the whole drum-head or may be limited to the postero-superior quadrant. It very frequently passes off without treatment being directed to it, or it may go on to the further stages of an acute inflammation and end in rupture of the drum-head. It is probable that every acute inflammation of the middle ear passes through this stage. For these reasons simple local treatment should always be applied until the sign has passed away or until the further progress of the inflammation indicates an active interference.

18. In the opinion of the writer the changes seen in the postero-superior quadrant of the drum-head *and in the adjacent part of the external auditory meatus* are the most frequent, and the most definite of those seen in the early stages of acute otitis media in scarlet fever. It is sometimes hard even in a normal drum-head to be quite certain where the drum-head ends and the skin begins; it depends upon the slope of the drum-head and the configuration of the meatus. When inflammatory changes occur this distinction is frequently impossible, and for this reason the two areas may be considered together. Two stages may be recognised—that of mere redness, and that of slight swelling.

19. The redness, when limited to the drum-head, is the same physical sign as that described in paragraph 17, where the pinkness is not diffused over the membrane, but from here it spreads to the neighbouring part of the skin of the meatus; sometimes, however, this structure may be involved first.

It is reasonable to suppose that as this is a sign of inflammation within the tympanic cavity the drum-head will always be involved first. I do not think it

is so, but believe that redness of the postero-superior wall of the meatus may occur before any changes in the drum-head, and therefore consider that such a sign must be looked upon with suspicion as being possibly the start of an acute otitis media. I put this forward with reserve owing to the difficulty mentioned above of saying where drum-head ends and skin begins, and because redness of the meatus is a not uncommon sign from the presence of wax and the efforts made to remove it, or even from the stimulation of the patient's finger if he has felt any irritation. It is, however, a point well worth careful observation and further consideration.

20. It is not easy to say exactly when swelling begins. One looks at the deep parts of the outer ear through a funnel-shaped tube not always with binocular vision. The various surfaces of the structures in this part are inclined to the line of vision through various angles and in various planes, and a slight normal variation in one of these angles may appear to the eye like a variation in structure, especially when the surface is picked out by the brilliancy of the dilated blood-vessels. In certain cases, however, a fulness of the tissues in the top back area of the deepest part of the meatus and of the adjacent drum-head may be seen merging by infinitesimal stages into a definite swelling of the skin structures in this region. This not infrequently may be taken for the limited bulging of the drum-head, to be described in the next paragraph, and may indeed be associated with it.

21. The forms which the bulged drum-head takes.

These are two—local and general.

(i) *The local bulging* of the drum-head is by far the commoner. It occurs in the postero-superior quadrant behind the posterior fold, and therefore is not a bulge of Shrapnel's membrane. The swelling fades gradually away to the surrounding parts of the drum-head and on to the neighbouring skin, and no definite line divides this condition from the fulness of the drum-head described in the last paragraph. The one is probably a further stage of the other, dependent upon the stage at which the inflammation beneath has reached and the rapidity of its progress.

More rarely the bulging is not only local but localised, with a small portion of the drum-head in the posterior-superior quadrant markedly convex towards the exterior. I believe that in such a condition the disease is stayed and that it indicates a less virulent infection.

22. (ii) The diffuse bulging of the drum-head is, I believe, extremely rare. In it the whole drum-head from the anterior fold to the posterior is convex towards the external meatus, with the handle of the malleus holding down the centre of the membrane and with delicately curling dilated blood-vessels streaming across all its parts. I have only seen one such. On this I chanced almost by accident, meeting the night sister at 1 a.m. in an unusually late visit at which she told me of a child who had that night been complaining of ear-ache.\* It is possible that this condition is frequent in these drum-heads which rupture apparently without warning. Further and careful observation alone will show.

23. The condition after rupture of the drum-head.

The amount and the condition of the discharge varies greatly. Generally speaking, the more viscid it is the less there is in quantity. An extremely profuse discharge of a very watery character would appear to be more common in these otites of scarlet fever than in those of the common colds of practice.

When the meatus is mopped dry the perforation may be seen in any part of the drum-head, but is most usual in the lowest point of the posterior-superior quadrant, upon swelling of which emphasis has been laid above. In my experience the perforation has been small and frequently inadequate. The rapid destruction of the drum-head described in the books as occurring in scarlet fever I have not seen.

\* *Vide* below, para. 27.



24. The treatment of the early stages.

Where there is no physical sign beyond the dilatation of blood-vessels mentioned in para. 16 I do not think any treatment is necessary, the physical sign is of importance merely as an indication that the drum-head should be looked at again; but where the pinkness described in para. 17 is seen, and more especially where the more definite signs in the postero-superior quadrant of the drum-head and of the skin of the meatus described in paras. 18 to 20 are seen, treatment is indicated. The treatment that I have tried is the application of warmth and the use of leeches.

25. Heat is best applied to the ear by making the patient lie upon a hot-water bottle, but as any patient may roll off this in his sleep, and a child is specially likely to do so, and as the hot-water bottle cannot be applied to both ears, this method is not universally applicable and not suited to this class of case.

I would lay stress upon the importance of this heat being dry and would urge that hot fomentations be not used. These prevent absolutely any further accurate observation of the drum-head. The moisture causes the surface epithelium of the meatus to swell and to occlude the lumen; it is hard to remove this, and when done, that on the outer surface of the drum-head is similarly moistened, swollen and opaque, so that slight changes of colour and of swelling of the drum-head beneath cannot be seen through it. This epithelial *debris* is impossible to remove from the inflamed membrane beneath. Hence any further treatment is purely guesswork, and one is working entirely in the dark without any guidance as to whether the condition is progressing to one in which puncture is advised or whether it is quieting down.

Dry heat may be applied by means of a flannel cap\* with strings which tie under the chin, under this may be tucked warm wool or Thermogene wool, and this may be changed from time to time. In addition warm glycerine drops should be instilled into the ear. This has the added advantages of being hygroscopic and also antiseptic, and therefore is of use if paracentesis is necessary later.

26. The use of leeches was greatly advocated by surgeons before the days of antiseptics,† when they were afraid to do such an operation as paracentesis as often as we do now. It is on the experience of such as these that we may especially rely for treatment short of operation, and the use of leeches in otitis media is probably a form of treatment which is not now used often enough. I have not used them so extensively in the scarlet fever cases as in others, but being satisfied with them in the latter, purpose to use them in the future for the former class of case if I have the opportunity. I believe the kind of case in which they would specially be useful is those in whom the physical signs described in para. 20 with fulness of the tissues before actual bulging occurs, and where, as we shall learn in the next paragraph, some doubt may exist whether a puncture should be done.

27. Paracentesis or incision of the drum-head.

In my opinion it is upon the early and efficient performance of this operation in every case in which there is bulging of the drum-head that the success or failure of any organisation set up by the Board for the prevention of chronic otitis will depend.

In the vast majority of cases if this operation is performed at the right time the inflammation of the ear will clear up and chronic ear discharge will not ensue.

I have divided the physical signs of otitis media into the early signs before there is any bulging of the drum-head " and the forms which a bulged drum-head

\* I am indebted to Mr. Chas. Heath for an excellent pattern, *vide* his " Otitis Media," Fig. 18, p. 36.

† See especially the works of William Wilde.

takes," because I believe that paracentesis should be done in every case that has passed over into the second class. A comparison of para. 20 with 21 will show that the difference between the two is slight and that there is no distinct dividing line between a "swelling with fulness" and a "bulged drum-head where the prominence fades off into surrounding tissue." The important thing to remember is that it is better to do too many than too few cases, that it is in early cases that paracentesis has so great a value, and that if the case passes on to one of chronic discharge after incision it is probably not a criticism of the operation, but due to the fact that it was done late. No harm is done by early incision, considerable harm is daily done by want of incision. On at least four occasions I have mistaken some swelling of the meatal wall for a bulged drum-head and have punctured this and have found my knife strike bone. No harm has come of it; on the other hand, the cases have uniformly improved, so that I believe that even at this stage the incision is of value; but this observation needs repeating before one can lay it down with certainty.

After paracentesis blood alone usually flows, sometimes serum exudes, occasionally pus. When the last is seen the prognosis is not favourable and it is likely that chronic discharge for some time may result. That this will not necessarily follow is shown by the case mentioned in para. 22. In this case pus poured out the moment the incision was made. Much to my surprise the ear was well within the week and the hole in the drum-head completely healed.

28. There are certain administrative difficulties which must be faced in connection with the performance of this operation. They are connected with the time that it takes to obtain consent to an anæsthetic being given. This operation is perhaps the smallest in surgery, but it is also the most urgent. If the condition indicating paracentesis is recognised in a given number of cases one evening it is certain that in an appreciable percentage it will be too late if the operation is deferred until the morning. I have been in the habit of performing it without an anæsthetic. From the point of view of the patient there is nothing to complain of in this. The pain is so momentary that even the smallest child will allow examination of the ear again at the next visit, and I have had a little boy of six in whom the two ears have been done at successive visits and who raised no objection to the second. From the point of view of the surgeon it is not advisable; he only has one chance, and if he is unsuccessful there is no other. Under these circumstances the operation is likely to be a puncture rather than an incision. It is far more satisfactory deliberately to incise the drum-head under light ether anæsthesia. Because it should be done deliberately, I do not advise gas; this gives little or no more time than does no anæsthesia at all, and it has the disadvantage that the coincident cyanosis so changes the colour of the structures in the ear that the landmarks have to be picked out afresh and the condition recognised again; in the time that it takes to do this the anæsthesia is passing off. In a certain number of cases where there were early signs of inflammation on my first visit I have been able to get consent for an anæsthetic and to incise the drum-head at the next. It is probable that in the future this will more often be possible, but I think that in the majority of cases to incise without an anæsthetic is the only alternative to getting consent for an anæsthetic as a routine in all cases admitted to hospital. I do not think this last is necessary, and even if it were so for this purpose it seems to me so very inadvisable from other points of view that I should hesitate to advise it.

29. The subjective symptoms.

We have seen that daily routine examination of the ears of every case in a fever hospital is impracticable and unnecessary, we have seen that routine examination of every new case does not lead to one catching the inflamed drum-head in any appreciable number of cases; on the other hand, we are convinced that the only true solution to the otological problem is to puncture the drum-head

at the proper moment. How, then, are we to decide which are the ears at which we should look? What are the symptoms that are to lead one to an examination of the ears?

In my opinion there are two—pain, and a sudden rise of temperature after it has once become normal.

30. It is perfectly true that otitis media may occur in children suffering from scarlet fever without causing any pain and may go on to rupture of the drum-head without this symptom occurring; but it does not occur nearly so often as is generally supposed. This is shown by the increased number of cases reported from a ward in which there is a keen and intelligent sister as soon as she is asked to report it at once and starts to be on the lookout for it. From a ward in which a sister believes that most ear discharges start without the child having pain cases are not reported; from a ward in which the sister is interested in the problem and approaches it with an open mind a considerable number of cases are reported. The pain may be very slight. One of my most strikingly bulged drum-heads occurred in a child who complained of itching in the ear one afternoon. This symptom is most likely to come on towards the end of the day, that is why I think that between 5 and 7 p.m. is the best time to be on the lookout for the cases of otitis. It means, I believe, that the drum-head is about to burst, therefore it is transient, and to wait for next morning before examining the drum-head is frequently too late; by then it has already burst. Sometimes, on the other hand, it may last for days, as is instanced by the cases in which fomentations are applied.

It is in the cases of septic scarlet fever that discharge most often occurs without the child having complained of any pain. Either the mind of the patient is deadened to it by the illness or is occupied with other aches and pains more trying than that from the ear, or the reaction of the tissues to the invasion of the micro-organisms is below normal so that the swelling does not raise enough pressure to cause the pain. I admit that in these cases I have not yet found the guides which will lead me to discover which are those with the bulged drum-heads.

The infant again does not complain verbally, but he does so in other ways, and the skilled nurse soon picks out those infants in whom a bulged drum-head may be the cause of restlessness or of crying. One of my most successful cases occurred in a child aged one suffering from diphtheria who ceased crying at once after incision of each drum-head. It must be admitted, however, that a smaller number are likely to be found at the right stage in the first five years of life than in the next, but it is in the second five years of life that scarlet fever is most common. This especially is one of the points in which I had hoped to be able to make comparison of scarlet fever with measles.

31. It would appear that the greater number of cases of otitis occur after the primary temperature due to the scarlet fever has subsided. Here again it is true that in some cases otitis media occurs and goes on to rupture of the drum-head with discharge from the ears without further rise of temperature. This, however, I believe to be the exception. The rise of temperature is not necessarily great, but is sudden. The child who has had a normal or sub-normal temperature for days is found to have one from 99.6 or 100 up to 102 F. when it is taken in the evening. This is reported to the M.O. next morning; he then examines to see whether albuminuria or enlarged glands may be the cause of it, and, finding none such, considers the possibility of its being the ears. It may then be too late; the drum-head may have burst and the discharge be accumulating at the bottom of the meatus ready to flow over a few hours later. The reverse should be the routine. The ears should be examined the same evening; the possibility of their inflammation being the cause should be considered first not last, since it is the only condition that necessitates immediate interference. Even when some other apparent cause of the rise of temperature is present they should still be examined, as a double cause of the rise may be present.

32. The examination of the above cases will not make it possible for all cases of otitis to be examined before the drum-head bursts; there will remain some where the otitis develops in the first days of the disease and in whom no pain occurs. It may be well to examine the ears at this stage of children who have marked enlargement of the glands of the neck. I am not in a position yet to say whether otitis media occurs more often in cases with marked cervical enlargement. I am suspicious that it may do so. A proportion of such will occur in the cases of septic scarlet fever, and in these it must be left to the decision of the M.O. as to whether it is worth while disturbing the child to look at his ears on the off chance of finding a drum-head ripe for puncture, or whether it is better to leave a child so seriously ill without further disturbance. I must admit that I have been in the habit of practising the latter course, and that at present I have made no way in preventing the occurrence of otitis media in these severe cases. It would seem that the otologist is needed here rather than at the next stage, where the question of operation for the complications of mastoiditis is concerned.

33. The treatment of the running ears.

I have nothing new to say upon this subject. It cannot be too frequently repeated that from the otological point of view the case is seen too late when once the ears have begun to run. This is the aspect from which the whole staffs of the hospitals, medical and nursing, must be trained to view the problem of ear disease. I look to the day when a running ear shall be considered in the same light as a bed-sore, as rather a disgrace both to medical and nursing staff if it occur too frequently in any one ward or hospital. This is no dreamer's vision, but a practical ideal. All treatment applied to the external ear merely deals with the overflow and has little or no effect upon the disease itself; it is necessary to do this to keep parts clean, but it is the repair in the blood and tissues of the patient that gets the ear well, not the proceedings of the doctor and the nurse. It is like mopping up the floor when the closet pipe is blocked, rather than removing the threatened obstruction before the overflow has resulted.

34. Treatment must first aim at keeping the outer ear as dry of discharge as possible. When this first occurs, whether it should be syringed or not depends entirely upon the profuseness of the discharge. When very profuse this is the quickest way of getting rid of the pus. To get rid of small quantities of pus drops of peroxide of hydrogen may be used. In either of these procedures it must be remembered that it is purely a mechanical proceeding and that there is no virtue in the chemical nature of the liquids used. Mopping with dry cotton wool wound on the end of a small stick is the only way of getting the ear dry. This is much more efficiently done by the patient than by the most skilful nurse, and every intelligent child over the age of seven who is not seriously ill may be taught to do it.

35. When the outer ear has been emptied of pus the otologist may be able to see that the perforation is inefficient and that pus is becoming pent up beneath it. Such a hole should be enlarged. As this is not an urgent operation, and as it is necessary to do it carefully, an anæsthetic should be given. Other treatment is limited to the instillation of stimulating or drying drops where there is so large a hole in the drum-head that it is possible for these to enter the middle ear through it.

36. The question of operations upon tonsils and adenoids.

I have long held the view\* that the many and serious complications which are known to follow these operations are far more likely to result when the operation has been done shortly after some acute inflammation has occurred in the throat, than when a proper quiescent period is allowed to supervene before interference is considered. I have therefore not considered the question of doing such operations in the early stages of the disease because I believe it is against all the canons of good surgery.

\* See Medical Soc. Transactions, vol. xxxvii, p. 248.

37. For chronic running ears, however, we take away the tonsils with a view to removing a source of constant re-infection of the middle ear *via* the Eustachian tube, and the question as to whether this should be done before the children leave the hospital had to be considered. During the month of February I spent a week in Edinburgh studying the work being done in the Throat and Ear Clinics of that city. An otologist, Mr. W. T. Gardiner, has recently been appointed to the Edinburgh City Hospital, and I had the opportunity of a talk both with him and with Dr. C. B. Ker, the Medical Superintendent of that Hospital. I learnt that they had operated upon the tonsils and adenoids of cases of ear discharge arising in the course of scarlet fever, which had not cleared up after prolonged expectant treatment, and that their results were sufficiently encouraging for them to continue with their policy. There is, however, a difference between the conditions in Edinburgh and in London, in that the City Hospital there subserves the function of the convalescent hospitals in London as well as of such as those to which I have been attached. I have not, therefore, had under my care the cases at the stage in which these operations have been performed at Edinburgh. On my return, I discussed the subject with each of the Medical Superintendents, and after careful consideration decided not to start this form of treatment. The subject will need further consideration if and when an otologist is appointed to one of the convalescent hospitals of the Board.

#### C. Mastoiditis.

38. A small prolongation of the cavity of the middle ear known as the antrum extends backwards into that nipple-like mass of bone known as the mastoid process which can be felt behind the outer ear. An inflammation of the middle ear may then spread backwards into the antrum, and from lining of the cavity it may spread to the bone of the process. These form the two stages of mastoiditis. Now an acute inflammation of bone is a serious disease in any part of the body; in this part it is specially serious because the mass of bone is in relation, on the one hand, with the membrane covering the brain, and, on the other, with the large vein which leave the skull carrying the blood that has recently coursed through the brain. When the inflammation reaches either of these structures the patient's life is in danger.

39. The physical signs of mastoiditis in scarlet fever are the same as they are when this disease is not present, but they may be masked by it. Particularly is this the case with the temperature. On the one hand, a middle ear inflammation may occasionally pass on to a mastoiditis without any rise of temperature, just as it may in cases without scarlet fever; but, more often, the temperature resulting from the scarlet fever or from some complication coincident with the mastoiditis masks that due to the ear disease, so that this physical sign does not help so much as usual. So also with the look of the patient. If a child otherwise healthy but suffering from otitis media looks very ill, it is a strong suggestion that some inflammation of the bone has supervened; but when a child is desperately ill with a septic type of scarlet fever his appearance gives no indication as to how far the disease has extended in the region of the ear. I think that tenderness behind the ear is a less common symptom in this form of mastoiditis than is usual, but wish for further observations on this point.

40. There remains the sign of swelling behind the outer ear. This may be due to the flooding of the structures by fluid, known as œdema, or to an abscess with pus under the periosteum. The former is the more usual and I believe that it is commoner in this type of mastoiditis than it is in cases other than scarlet fever. The abscess is not constantly tucked into the fold between the outer ear and the skin of the head; it may be at some distance from this, and I am suspicious that it is so more often in the scarlet fever cases of mastoiditis than in others. The point is of some importance, as it indicates extensive disease of bone. It is such distant

abscesses that track down the neck and have to be distinguished from masses of enlarged glands.

41. The diagnosis of markedly enlarged glands from an abscess under the skin arising from the mastoid process is one of the most difficult as well as one of the most frequent decisions that I have been called upon to make. Enlarged glands may be surrounded by an œdematous area which overlaps the mastoid process, or the two lesions may be present at once, or the mastoid abscess may extend downwards in the tissues of the neck. I can lay down no rules to aid in the diagnosis. It is a question of the appearance afforded by each case separately in combination with the evidence gained by a consideration of all other points. I have not met a case of mastoiditis associated with a normal drum-head.\* I operated upon one such and found myself wrong and that the mass was glands only. I should hesitate to advise operation again in the presence of a normal drum-head and meatus. In many cases, however, this does not help, for the decision has to be made in cases recovering from a severe attack of scarlet fever in which otitis media has already occurred with the resulting ear discharge.

42. The intra-cranial complications of mastoiditis form the nightmare of every otologist. He dreads the onset of that inflammation of the inner membranes around the brain which he calls meningitis. The extension of the inflammation to the great vein of the head (lateral sinus) is only less dreaded by him, and the extension of the inflammation to the space between the bone and outer membrane of the brain forming an extra-dural abscess is feared as a sign that the disease is approaching these structures. It is this fear which leads him to advise early operation; it is this which makes him feel that it is better to err on the side of opening a few mastoid processes unnecessarily rather than leave one which has gone too far. His dilemma is well expressed by a modern American author†:—

“The aural surgeon is, therefore, frequently confronted with a grave responsibility. If he waits in all cases until symptoms are present rendering surgical intervention absolutely obligatory, he will frequently find, when these symptoms appear, that the question is shifted from the advisability of opening the mastoid to a far more serious one—*i.e.*, the possibility of saving the patient's life by any means at his command.”

43. Otologists seem generally to think that the middle-ear suppuration occurring in scarlet fever is more severe than that occurring in other diseases. Thus Politzer‡ writes:—

“We not infrequently find caries and necrosis of the temporal bone, with the exfoliation of smaller or larger portions of the same, erosion of the Fallopian tube with facial paralysis, or perforation of the bone into the labyrinth, and towards the cranial cavity with a fatal termination from sinus-phlebitis, meningitis and brain-abscess.”

And Kerrison§ says:—

“There can be no doubt that children suffering from suppurative middle-ear lesions complicating the acute infectious diseases more frequently develop intra-sinus infection than do children who have not been subjected to such severe systemic depletion.”

44. On the other hand, those who have had experience in infectious diseases are unanimous in their opinion that intra-cranial complications are not much to be feared in the otitis of scarlet fever. Thus Goodall|| says:—

\* A. M. Zamora, Guy's Hospital Reports, vol. lxxi, case 1.

† Kerrison, “Diseases of the Ear,” p. 191.

‡ “Diseases of the Ear,” 5th English Edition, p. 502. He is speaking of scarlatinal-diphtheritic suppuration, but it is clear from the context that he means that which is here referred to as the septic type of scarlet fever.

§ “Diseases of the Ear,” p. 344.

|| International Congress, *loc. supra cit.*, p. 138.

“ While a mastoid abscess, suppuration of the antrum or mastoid cells, and  
“ inflammation and necrosis of a portion of the mastoid process are not very  
“ uncommon within a few weeks of an attack of scarlet fever or measles, the  
“ more serious lesions (intra-cranial suppuration, sinus thrombosis and pyæmia)  
“ are rarely met with during this period, so that they are seldom seen in fever  
“ hospitals.”

All those working in fever hospitals to whom I have spoken in the last year say the same thing. To the best of my memory Dr. Ker's words when I asked him a question on this subject were, “ No ! we do not fear these things.”

45. When I started this appointment I was faced with two exactly contrary views upon this point, and it behoved me to go carefully and slowly in order to find out which was correct. So far as this year's work is concerned my experience is entirely on the side of the epidemiologists, and is contrary to the view indicated by the above quotations from works on Otology. The point is of the greatest importance, because upon it depends the whole aspect with which one must look upon the question as to whether one must operate at once or may wait another day or so to see how things go on. As a result of this year's work I have come to the conclusion that one may approach these cases in a totally different way from that in which one must approach the cases that come into the out-patient department of a hospital. In the latter class of case, one feels that once having diagnosed the presence of acute inflammation of the bone of the mastoid, one should not go to rest until that bone has been opened ; in the former class, one is quite safe in waiting for the condition of the patient to improve while expectant or minor operative treatment is employed.

46. There have been three cases in which intra-cranial complications have occurred in the two hospitals during the past year.

The first is that of a small girl in whom there was left ear discharge on admission to hospital, who had had this discharge for some time. She went through her attack of scarlet fever and was convalescing normally when she vomited on one or two occasions. The M.O. did not associate this with the ear discharge. One evening she told the nurse that she had a swelling behind the ear. There was a large extra-dural abscess at the operation, from which she made an uneventful recovery.

In another case, which was recently transferred to the Western Fever Hospital from one of the other fever hospitals of the Board, a mastoid operation had been performed at Golden Square Hospital during the incubation period of scarlet fever. When seen by me he had fully developed the physical signs of a temporal abscess in his brain. This was drained and a large quantity of pus evacuated, but after lingering for ten days the boy died.

In each of these cases the intra-cranial complication was secondary to disease which was present before the patient acquired scarlet fever. The latter may have had some result in the progress of the disease, but this cannot be attributed to the infectious disease.

47. The third is the case to which reference has been made in para. 8. A girl in the second quinquennial period of life complained of pain in the ear about one hour after I left the ward on a certain Tuesday. The temperature rose and the pain was intermittent until my next visit, when I incised her drum-head with immediate relief. The ear did not heal up, and she subsequently developed more pyrexia associated with enlarged glands on each side of the neck, which were opened by incisions. She then developed a swelling in front of the left ear and I was asked to see it. I thought it was more glandular suppuration. The M.O. incised this and told me at my next visit he did not think it could be explained by its being glands, as he had found it necessary to go through the temporal muscle to reach the abscess. We agreed to wait and see whether the opening of

the abscess would improve her condition. Subsequently an operation was performed. An extra-dural abscess was found in front of the ear deep to the muscles moving the jaw. The disease had apparently left the middle ear at the front end of its root. It was not easy to reach.

A week later it was clear that free drainage of the abscess had not been secured, and another operation was performed; subsequent to this she developed meningitis and died. This was the only case of intra-cranial disease due to scarlet fever that occurred during the year. In my opinion it was not the delay in operating that was the fault in this case, but the fact that the abscess being in an unusual and inaccessible place, an efficient operation was not performed. It is, indeed, possible that it was the operative interference that was the determining factor in setting up the meningitis.

48. How, then, are we to reconcile the statements of the otologists quoted in para. 43 with these things? I would suggest three possible ways:—

(i) That scarlet fever varies in its clinical forms from time to time, and that in some more severe type than we have seen in this country of recent years, severe complications of mastoiditis occur to an extent of which we have no knowledge. We must bear this possibility in mind in case the type of disease changes in this country.

(ii) That the otologist deals not with mastoiditis during the scarlet fever, but with cases of mastoiditis arising from a secondary infection from the first common cold caught by a child with an ear damaged by scarlet fever after he leaves the infectious hospital. We must bear this in mind in considering the question of allowing children to leave the hospital before the ear is quite healed.

(iii) That the otologist by his surgical interference stirs up the inflammation and breaks through the barrier of repair that nature has been forming around it.

49. Operative treatment.—Wilde's incision.

I was asked by the Chairman of the Committee, before whom I appeared, whether I ever made use of Wilde's incision, and I replied that in children under one I thought it a good operation and that it might be useful up to the age of two.

The fact that I was specifically asked the question has made me consider this procedure more carefully than otherwise I should have done. For the reasons given above there is not the fear that a smaller operation may endanger the patient's life by not staying the spread of disease towards the brain cavity; and so it is perfectly sound surgery to do the smaller operation first and the larger operation on the mastoid at a later stage, if necessary; and in this way a certain number of major operations are undoubtedly avoided. But there is a further advantage in this operation; it is done in a couple of seconds, without removing the patient from his bed and without an anæsthetic. Hence it is particularly useful in those severe cases in which you feel that every little disturbance of the patient may be an important factor in the chances of his recovery.

50. I can sum up my experience of this operation thus:—

(i) In a certain number of cases the ear and the mastoid become quite well, the incision behind the ear heals, and the drum-head heals without any remaining sign of inflammation.

(ii) In some cases a fall of temperature results and the incision behind the ear heals, but the drum-head does not heal and the otitis media continues. I think it important that a case such as this should be kept constantly under observation, and a mastoid operation performed if any further symptoms arise. With the knowledge that the bone of the mastoid has once been inflamed any further inflammation in it must be looked upon as a grave symptom.

(iii) In some cases the temperature will fall and the wound will partially heal, but will leave a track at one part unhealed. I think that these cases should not leave the hospital without an operation on the mastoid being performed.



(iv) In some cases the operation will not result in the temperature falling. If there is no other cause for a raised temperature the deduction should be made that the bone disease is extending, and after a period of not more than three or four days a mastoid operation should be done if the symptoms have not then subsided. If, however, the mastoiditis occur in a severe case of septic scarlet fever, a longer time may be allowed to elapse, during which the patient may very materially improve and be in a more fit state for operation.

#### 51. Operative treatment—Antrotomy.

The indications for performing an operation upon the mastoid have been discovered by inference in the last paragraph. The operation that I have always performed has been that of opening the antrum, assuring myself that there is free drainage between this and the middle ear, and then of removing all the bone which can be recognised by the naked eye as being inflamed and leaving the cavity as smooth as possible without overhanging spurs of bone.

I have not found it necessary either to perform the operation of antrostomy (or, as it is called, the conservative operation or modified radical operation), nor to perform the operation of antrectomy (or the radical mastoid operation).

### D. *The Effect upon the Hearing.*

52. Much is said about the amount of deafness that results from scarlet fever. The prevention of chronic ear disease will prevent some of this deafness. My time has been spent in trying to devise some plan whereby to prevent this chronic ear disease. Except in so far as this is concerned I have not directly tackled the question of deafness. The problem wants to be approached systematically and much preliminary work remains to be done before we can expect to know much about it or to get much improvement.

53. (i) The estimation of hearing in children is no easy matter, inattention or slight mental incapacity is often mistaken for deafness; inattention is rapidly grafted on to slight deafness and makes it worse, mental incapacity follows more slowly.

Where different observers are concerned, similar methods of examination should be used to diminish the personal factor and make the results comparable. Some standard method of testing should be made authoritative if comparable results are to be obtained.

(ii) The exclusion of the sound ear in testing unilateral deafness is a most difficult thing. It has not been sufficiently considered by otologists in the past. In children it is more difficult even than in adults. The good ear has often sharper hearing than it has in the adult, and the steps taken to exclude it have greater effects upon the mind of the child than on that of the adult. These points need consideration in any work on the subject.

(iii) The amount of deafness occurring during the acute disease is not the important point. Complete recovery will generally result from this. What we want to know is the amount of damage to the hearing when the ear has got quite well and before it has been reinfected by the organisms of ordinary life. This is the amount of damage that can be laid down to scarlet fever.

I do not think we have as yet sufficient evidence upon this point. It can only be obtained by following the cases through and examining them shortly after their recovery from the scarlet fever.

54. I am suspicious that the amount of deafness which will be ultimately proved to be due to the otitis media of scarlet fever is not so great as it is generally supposed to be. We must estimate this in proportion not to any theoretical physiological standard, but in proportion to the amount of hearing needed by the dweller under modern urban conditions. It is surprising how many war pensioners are seen who say they have never had anything wrong with one ear, and in this

ear evidence of an old suppuration is seen which must have dated from childhood and very possibly from one of the acute infectious diseases.

55. On the other hand, I think it possible that the damage done to hearing through suppurative otitis media may not be the only deafness which is attributable to scarlet fever. I think I have observed cases in which the early signs of middle-ear inflammation described in paras. 16-20 have been followed by resolution of the inflammation with retraction of the drum-head and the incipient signs of chronic catarrhal otitis media. I have not made enough observations to form an opinion on the point, but it is one which must be borne in mind and will need investigation. In my experience chronic catarrhal otitis media is the cause of far more cases of serious deafness than are destructive changes in the middle ear, and if my suspicions are correct then scarlet fever may be the cause of more deafness even than that which is now laid to its charge.

### PART III.—ADVISORY.

56. It can be deduced from what has been said in the last part to this report that there are four otological problems for the consideration of the Board.

(i) The recognition and treatment of the early cases of otitis media before perforation of the drum-head has occurred.

This is the most important of the four. The greater the efficiency with which it be dealt, the less will be the work connected with the other three.

(ii) The recognition and treatment of those cases in which osteitis of the mastoid bone and its complications occur.

(iii) The treatment of those cases in which discharge of the ear has occurred and the decision as to when the otitis media causing this has healed.

(iv) To follow through those cases in which otitis media and its complications have occurred into their school life with a view to preventing a recurrence of the trouble and to acquiring exact knowledge of how much permanent harm is caused by the otitis media.

57. The early cases.

It is clear that it is impossible efficiently to deal with these through otologists who pay visits once or twice a week. The drum-head can only be caught ripe for incision by looking upon it as an urgent condition and having some one constantly on duty capable of dealing with it in the same way as is already done with the conditions needing tracheotomy.

I do not suppose that any laryngologist would claim to be as expert at this last operation as are the senior servants of the Board at each of its hospitals.

There is no reason why the service of the Board should not be brought to as high a pitch of efficiency in the operation of paracentesis of the drum-head as it already has been in the operation of tracheotomy.

58. I would suggest that the aim of the Board should be to have two medical officers at each hospital capable of examining a drum-head and of performing the operation of incision of the drum-head.

These officers would have wards under their charge like any other medical officer, but they would be in the position of specialists to any cases in the hospital developing ear symptoms and would go *ipso facto* to any such case or could be called in by any of their colleagues in a doubtful case.

They would take their turns like the other M.Os. at being on duty for routine work, and during the afternoon or early evening they would also go round and see all those cases notified by the ward sisters as having had any ear-ache, as having a raised temperature after the preliminary pyrexia had subsided, or having any other symptom that might suggest ear disease.

They would then treat these cases so far as the ear condition was concerned, and when the patient was otherwise fit to be discharged would report to the Medical Superintendent whether the ear disease were recovered or not.

They would be responsible for supervising any clerical work connected with any following up of the patient that might be arranged between the Board and the L.C.C. or other public body.

They would be expected to take part in any organised investigations which might be arranged throughout the hospitals of the Board.

59. To encourage men to take up this work I should propose that they be granted specialist pay, which they would draw on such days as they performed otological duties, and I suggest 3s. per day as a reasonable sum for this purpose. This would give each man one guinea per week, and, allowing for holidays, would cost the Board approximately £100 per annum per hospital.

60. It is possible that the conjoint examining Board of the Royal Colleges in London will shortly institute an elementary diploma in Otology and Laryngology. This diploma would be a suitable evidence in selecting men to the service of the Board that they had sufficient knowledge of otology to do this work. In order further to encourage men in this branch it might well be worth the while of the Board to allow such post-graduate period of study as may be necessary to obtain this diploma to count towards the period necessary to get a pension.

#### 61. The mastoid cases.

These cases need a more experienced specialist than do the cases considered in the preceding paragraphs and than is envisaged by those who are asking for the elementary diploma from the Royal Colleges. Whether the specialist service indicated above would ever develop into one which could deal with these cases will be a matter for consideration when the time comes. For the present the cases can only be dealt with by a visiting otologist, and I advise that one be attached to all the hospitals which take acute cases.

62. His duties would be to make a weekly routine visit to the hospital and to see all such cases as may be put before him by the resident otological medical officers, and to perform any operations that he might think necessary. He would make such other visits for cases urgently arising to see which the resident otological medical officers might call upon him.

He would supervise the otological work of the resident otological medical officers, and would organise such investigation work as might be arranged throughout the hospitals of the Board.

63. The same otologist might be attached to two hospitals, but it would not be advisable for him to be attached to more. If he were, it might happen that so much acute work would arise that he would be unable to do it. The acute work depends not so much upon the number of cases as upon the seriousness of any one case. Thus in one week in March I paid nine visits to the North-Eastern Fever Hospital during the seven days. Taking the whole year together the acute work equalises itself out, but if one otologist were attached to more than two hospitals he might in one week get busy at two of them and be unable to do the work.

#### 64. The running ears.

It is to be hoped that the measures recommended above will result in these cases being materially diminished. But a complete staff of resident otological medical officers cannot be found in a year, and therefore for the present, at any rate, arrangements for them must be considered on the present scale.

It should be the aim of the Board that no cases leave its hospitals with active middle-ear disease. If my fears are true, that cases apparently cured recur at the first cold (*vide* para. 13), if there is anything in my suggestion that it is this fresh infection which affords the otologist his cases of severe mastoiditis (*vide* para. 48 (*ii*)), then this is a most desirable ideal. Now it must be noted that previous figures published by the Board (such as Dr. Cameron's report) do not deal with cases leaving the hospitals still suffering from otitis media, but with those cases in which this condition is so bad that enough pus is being formed to cause an obvious discharge from the outer ear. The number of cases still suffering from

active otitis media is certainly higher than this, possibly considerably so, and can only be checked by an otologist with the use of the otoscope. Here indeed may be the secret of the discrepancy between the figures of Dr. Goodall and the statement of Mr. Cheatele.

65. These cases could best be studied by collecting them in bulk at the convalescent fever hospitals and dealing with them there. I have already indicated (para. 37) one form of treatment which might be instituted at these convalescent hospitals. I do not believe that it is as important as the health-giving effects of a life fuller than can be got at an acute hospital or in the homes of the poorer classes, but which can be got at these hospitals in the country around London; but it should be given a trial. There are two ways in which it might be done:—

(i) All the cases might be congregated at one convalescent hospital and one or more whole-time young otologists attached to it as M.Os.; or (ii) They might be sent to the various hospitals and a visiting otologist attend each twice a week.

66. The further examination of the cases.

Even though these children leave the convalescent hospital without any active ear disease, the site must be considered as a damaged one, and as one in which fresh micro-organisms are most likely to find a foothold. Therefore when these patients are got well it is most important that they should be kept well. The L.C.C. has a complete system of school inspection, an efficient body of workers who follow up the cases from school inspection to school clinic, and a whole-time oto-laryngologist supervising these clinics.

I think it is most important that a liaison should be established between the Board and the Council in order to keep those children whose ears have been damaged under observation.

67. Notification would be sent to the L.C.C.—

(i) of the names of children discharged from the convalescent hospitals who had suffered from otitis media with discharge.

(ii) of the names of the children discharged from the acute or convalescent hospitals who had had otitis media needing paracentesis but not going on to discharge of the ears.

68. The L.C.C. would then arrange—

(i) that all cases who had had otitis media with discharge should be drafted to one of their school treatment clinics for weekly or fortnightly observation and treatment if necessary;

(ii) that all cases in whom paracentesis had been performed were medically inspected at the next visit of the inspector to the school.

69. The assistant organisers of the L.C.C. would notify the Board through the Central Office of the L.C.C. of any case in whom ear discharge began again or who developed mastoiditis.

In this way the Board would gradually acquire reliable knowledge of the amount of chronic ear discharge really attributable to scarlet fever.

70. By closer liaison between the Board and the Council (possibly directly between the otologists of each) a certain number of cases could be carefully tested for their hearing at the time they left the hospital, and again after a stated interval. In this way some exact knowledge of the amount of deafness arising from scarlet fever may be got.

#### CONCLUSION.

71. I wish to place on record the unfailing courtesy that I have received from all servants of the Board during the last year, and especially to thank Dr. F. H. THOMSON and Dr. R. M. BRUCE for their great kindness to me in every way.

T. B. LAYTON.

10, WELBECK STREET, W.1.

20 June, 1921.

THE BOARD'S ACTION ON MR. LAYTON'S REPORT AND THE REASONS  
ON WHICH IT WAS BASED.

Mr. Layton stated that it could be deduced from his report that there were four otological problems for the consideration of the Board, viz. :—

- (i) The recognition and treatment of the early cases of otitis media before perforation of the drum-head has occurred.
- (ii) The recognition and treatment of those cases in which osteitis of the mastoid bone and its complications occur.
- (iii) The treatment of those cases in which discharge of the ear has occurred and the decision as to when the otitis media causing this has healed.
- (iv) To follow through those cases in which otitis media and its complications have occurred into their school life with a view to preventing a recurrence of the trouble and to acquiring exact knowledge of how much permanent harm is caused by the otitis media.

(i) *The early cases.*—In Mr. Layton's opinion this is the most important of the four problems, and the greater the efficiency with which it is dealt with, the less will be the work connected with the other three. Mr. Layton stated that it was clearly impossible efficiently to deal with these cases through otologists who pay visits once or twice a week, inasmuch as the drum-head could only be caught ripe for incision by looking upon it as an urgent condition and having some one constantly on duty capable of dealing with it in the same way as was already done with the conditions needing tracheotomy in diphtheria, and expressed his opinion that there was no reason why the service of the Board should not be brought to as high a pitch of efficiency in the operation of paracentesis of the drum-head as it already had been in the operation of tracheotomy.

In Part II of his report Mr. Layton gave it as his opinion that if paracentesis of the drum-head was performed in early inflammation of the ear the condition of the ear would clear up in the vast majority of cases, and that a chronic discharge would not ensue. The two medical superintendents of the hospitals to which Mr. Layton was attached, whose observations on the report were obtained, stated that they were not in a position to express a definite opinion on this point, but that the results obtained by Mr. Layton had certainly been encouraging, and that, should his opinion prove to be correct, the matter was one of great importance to the public. Mr. Layton pointed out difficulties standing in the way of the perfect attainment of this operation, however, and the medical superintendents stated that they knew them to be real. These difficulties are :—

- (a) The early recognition of the condition.
- (b) The performance of paracentesis with the least possible delay.
- (c) The training of certain of the Board's officers to carry out (a) and (b).

Dealing first with (b), the performance of the operation with the least possible delay, the medical superintendents pointed out that Mr. Layton evidently did not consider it quite satisfactory to perform paracentesis without a general anæsthetic, for the reason that the operation was then more likely to be a puncture than an incision. Before giving a general anæsthetic, however, the consent of the parents was required, and delay, fatal to the success of the operation, might ensue.

In days gone by, when a general anæsthetic was given for the operation of tracheotomy, the consent of the parents was not waited for because the patient would, on many occasions, have died meanwhile—but no such unanswerable reason could be given in the case of paracentesis of the drum-head. The time taken in obtaining consent varies according to circumstances, but it might be several hours, and, in cases in which the ears were examined between 5 and 7 p.m., which Mr. Layton thought was the best time for this purpose, consent for a general anæsthetic

might not be obtained until the following morning. The matter was fully discussed with Mr. Layton, who advised that, in view of the urgent importance of avoiding delay, the operation should be done without a general anæsthetic where, for any reason, the consent of the parents to the administration of the anæsthetic could not be obtained in time.

With regard to (a) and (c), the early recognition of the condition and the training of certain of the Board's officers therein and also to perform the operation, Mr. Layton suggested that the aim of the Board should be to have two medical officers at each hospital capable of examining a drum-head and of performing the operation of incision of the drum-head.

These officers would have certain wards under their charge like any other medical officer, but they would be in the position of specialists to cases in any part of the hospital developing ear symptoms and would go *ipso facto* to any such case, or could be called in by any of their colleagues in a doubtful case. They would take their turns like the other medical officers at being on duty for routine work, and during the afternoon or early evening they would also go round and see all those cases notified by the ward sisters as having had any ear-ache, as having a raised temperature after the preliminary pyrexia had subsided—or having any other symptoms that might suggest ear disease. They would then treat these cases so far as the ear condition was concerned, and when the patient was otherwise fit to be discharged, would report to the medical superintendent whether the ear disease were recovered or not. They would be responsible for supervising the clerical work connected with any following up of the patient that might be arranged between the Board and the London County Council or other public body. They would be expected to take part in any organised investigations which might be arranged throughout the hospitals of the Board.

In making these recommendations Mr. Layton evidently referred to what might become the ultimate aim of the Board if the medical officers they might select were taught to perform with efficiency the work suggested.

Speaking generally, the medical superintendents agreed with the proposals made—but they thought that evidence should first be obtained by means of a limited experiment that the work involved could be successfully carried out on the lines indicated, in order that a general conclusion might be arrived at as to the desirability of such work being continued or extended. With that object in view they advised that Mr. Layton should be appointed to one hospital only—which they suggested should be the Western, as, on account of its readier access, he could keep in closer touch with it—and that two of the assistant medical officers at that hospital should be made efficient by him in examining the drum-head and performing the operation of paracentesis. They added that they considered it would be necessary to teach a third assistant medical officer, in order that there might be no foreseeable break through annual leave or absence from work for other reasons. Their reasons for considering it desirable to appoint Mr. Layton to one hospital only were that he would have more time in which to bring the medical staff to an efficient standard and that he would be able to exercise a closer supervision over their work.

The Board agreed that the medical superintendents' recommendations should be put into operation for an experimental period of one year.

During his previous appointment Mr. Layton was required to visit the North-Eastern and Western Hospitals at least twice a week each. Under the new arrangement he was required:—

- (a) To visit the Western Hospital at least three times a week or more often if his assistance is urgently required.
- (b) To examine those patients the medical superintendent puts forward for his opinion and advise as to their treatment.

- (c) To teach three of the assistant medical officers to carry out the examination of the drum-head and to perform the operation of paracentesis with efficiency, and himself to perform such of the operations as he may consider necessary.

The Board agreed with Mr. Layton and the two medical superintendents that if the Board of the Royal Colleges in London instituted, as it is understood they might possibly do, an elementary diploma in otology, every suitable medical officer in the infectious hospitals service should be encouraged to take it, and that, if necessary, leave should be granted for that purpose.

(ii) *The mastoid cases.*—Mr. Layton stated that certain of these cases need a specialist of considerable experience, and that it remained to be seen whether the specialist service indicated above would ever develop into one which could deal with them. For the present they could only be dealt with by a visiting otologist, and he advised that one should be attached to all acute hospitals and outlined what should be his duties. The Board, on the advice of their two medical superintendents, postponed consideration of this recommendation pending the result of the experiment at the Western Hospital. During the experimental period the case will be met to a certain extent by an arrangement entered into with Mr. Layton under which he can be called in, if necessary, by any of the medical superintendents.

(iii) *The running ears.*—The Board agreed with Mr. Layton and the two medical superintendents that it should be the aim of the Board that no case should be discharged with active middle ear disease. There is good reason to fear that cases apparently cured when they leave the hospital recur at the first cold. To deal with the problem adequately would involve the appointment of a number of otologists. The Board decided not to take any further steps in the matter at present beyond those already set forth.

(iv) *The further examination of the cases.*—Mr. Layton stated that even though these children leave hospital without any active ear disease, the site must be considered as a damaged one, and as one in which fresh micro-organisms were most likely to find a foothold, and that, therefore, when these patients were got well it was most important that they should be kept well. He pointed out that the London County Council have a complete system of school inspection, an efficient body of workers who follow up the cases from school inspection to school clinic, and a whole-time oto-laryngologist supervising these clinics. Mr. Layton thought, and the two medical superintendents entirely agreed with him, that it was most important that a liaison should be established between the Board and the Council in order to keep under observation those children whose ears have been damaged.

His suggestions were :—

- (a) That notification should be sent to the Council :—
- (i) Of the names of children discharged from the acute or convalescent hospitals who had suffered from otitis media with discharge ;
  - (ii) Of the names of the children discharged from the acute or convalescent hospitals who had had otitis media needing paracentesis but not going on to discharge of the ears.
- (b) That the Council should then arrange :—
- (i) That all cases who had had otitis media with discharge should be drafted to one of their school treatment clinics for weekly or fortnightly observation and treatment if necessary ;
  - (ii) That all cases in whom paracentesis had been performed should be medically inspected at the next visit of the inspector to the school ;
  - (iii) That the assistant organisers of the Council should notify the Board, through the Council's chief office, of any cases in whom ear discharge began again or who developed mastoiditis.

In this way the Board would gradually acquire reliable knowledge of the amount of chronic ear discharge really attributable to scarlet fever. Also a certain number of cases could be carefully tested for their hearing at the time they left the hospital, and again after a stated interval, and in this way some exact knowledge of the amount of deafness arising from scarlet fever might be obtained.

The Board considered these suggestions valuable, and took the necessary steps with a view to carrying them out by inviting the London County Council to co-operate with them, on the lines suggested, and the Council agreed to do so.



## B.

REPORT UPON THE LABORATORY WORK AND PREPARATION OF  
DIPHTHERIA ANTITOXIN CARRIED OUT UNDER THE METRO-  
POLITAN ASYLUMS BOARD DURING THE YEAR 1921.

BY

G. E. CARTWRIGHT WOOD, M.D., B.Sc., Bacteriologist to the Board.

## DIPHTHERIA ANTITOXIN.

As a result of the continued prevalence of diphtheria during the year under review, the antitoxin requirements of the Board's hospitals was again very high and much in excess of the previous year. To meet the abnormal conditions it was again necessary, towards the end of the year, to supplement the antitoxin produced at the Laboratories by purchasing from an external source 40 litres of antitoxin in bulk, representing 20,000,000 antitoxin units, at a cost of £1,003 15s.

The number of doses of antitoxin supplied to institutions of the Board during 1921 was 121,025, each containing 3,000 units, or a total of 363,075,000 units. The amount supplied during the previous year was 5,175 doses of 4,000 units and 74,142 doses of 3,000 units, or a total of 243,126,000 units.

The amount of antitoxin purchased for the Laboratories equals 5.5 per cent. of the total amount supplied to the institutions of the Board.

During the year 15,697 cases, including 997 in which diphtheria bacilli were found to be present, although they manifested no clinical evidence of the disease, were treated in the Board's hospitals. It is calculated that, on the average, 23,130 units were used for each patient. The corresponding figures for 1920 show an average of 19,788 units per patient.

## DIAGNOSTIC WORK.

During 1921, 189 specimens, mainly swabs from the throat, nose or ear of patients in the hospitals of the Board, have been examined for the presence of diphtheria bacilli. The specimens were derived from 126 patients in whom the diagnosis was doubtful or who were awaiting their discharge from hospital. Specimens from 0.8 per cent. of the diphtheria patients treated were thus examined at the Laboratories. In 1920, the corresponding figures were 106 specimens from 60 patients, or 0.4 per cent. of the total cases treated.

In addition, 35 specimens from 34 inmates of the mental hospitals, 456 specimens from 282 patients in the children's institutions and 3 specimens from 3 patients in the sanatoria have been examined in a similar manner.

One hundred and ninety four samples of blood taken from 159 typhoid patients in the Board's infectious hospitals have been examined for the determination of the agglutinative reaction upon typhoid bacilli of the serum from these samples with the object of corroborating or correcting the diagnosis of enteric fever (Widal's reaction). Five samples of blood from 2 patients in the children's institutions and 1 sample from a patient in the Downs Sanatorium were tested in a similar manner.

One hundred and seventy-five samples of blood from 140 patients have also been examined for their agglutinative reaction upon organisms allied to the typhoid bacilli, viz., the members of the paratyphoid group.

Of fæces, 3 samples, and of urine 2 samples from 3 patients in the infectious hospitals were examined for the presence of typhoid bacilli.

Of sputum 7,111 samples were examined microscopically for the presence of tubercle bacilli. These specimens were derived from patients in the Downs Sanatorium, Pinewood, Colindale Hospital, St. George's Home, Western Hospital, Northern Hospital, Queen Mary's Hospital, Millfield and High Wood. In addition 71 specimens from cases suspected to be suffering from tuberculosis have been examined for various institutions.

Of cerebro-spinal fluid from cases suspected to be suffering from cerebro-spinal meningitis, 37 samples were submitted for examination.

Other samples, 89 in number, were received at the Laboratories and there examined with the object of separating and, if possible, identifying the organisms present. In 28 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 37 cases vaccines, prepared from organisms of which cultures are maintained at the Laboratories, were supplied.

Specimens from 3 cases were examined for dysentery and from 8 cases for the gonococcus. Two samples of urine were submitted for examination.

Four specimens were examined for ringworm, 1 for intestinal parasites and 2 specimens were examined histologically.

The water supplies of certain of the Board's institutions have been kept under observation during the year, 17 samples of potable water taken from 3 institutions being brought under examination.

G. E. CARTWRIGHT WOOD,  
*Bacteriologist to the Board.*

## C.

## REPORT BY MR. L. J. PISANI, F.R.C.S., ON OPHTHALMIA IN THE BOARD'S MENTAL HOSPITALS.

I beg to submit my report for the past year.

The number of visits paid since last year to the Mental Hospitals has been as follows:—

Leavesden	...	...	...	...	...	...	...	12		
Fountain	...	...	...	...	...	...	...	4		
Darenth...	...	...	...	...	...	...	...	2		
Total								...	...	18 visits.

## LEAVESDEN.

The number of trachoma cases under treatment in February, as compared with the previous two years, is shown below:—

				1920.	1921.	1922.
Males	...	...	...	36	40	36
Females	...	...	...	37	36	41
Totals				73	76	77

The slight increase calls for no remarks, it has been due to transfers from other institutions. The cases are doing well, a good many of them being in a cicatricial condition.

In the ordinary ophthalmia ward the figures are as follows:—

				1920.	1921.	1922.
Males	...	...	...	41	43	47
Females	...	...	...	53	52	46
Totals				...	94	95
						93

The removal of cases with conjunctival discharges to a special ward, has now been followed at Leavesden for some years, and has effectively prevented the outbreak of infective eye diseases in any of the other wards.

## FOUNTAIN.

There are no cases of trachoma now at the Fountain, the eye cases under treatment in January are compared below, with the numbers at the corresponding period in the two previous years:—

				1920.	1921.	1922.
Trachoma	...	...	...	12	Nil.	Nil.
Ophthalmia	...	...	...	29	20	22
Totals				...	41	20
						22

A good many of the young children admitted into this institution have, on admission, been found to be suffering from conjunctivitis and blepharitis.

## DARENTH.

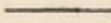
In addition to a few cases of minor ailments a good many cases have been refracted and glasses ordered. Difficult as these cases are to refract, many of them with high myopic errors, I have no doubt, that in a certain number who are fairly intelligent and are able to wear glasses, the improvement in vision is a contributory cause to an improvement in the mental condition. Appliances have been provided for carrying out these refractions during the year, but an adjustable trial frame, suitable for children, should be provided.\*

(Signed) L. J. PISANI,  
F.R.C.S.,  
Ophthalmic Surgeon.

15 March, 1922.

\* This has been done.

**PART VI.**



**STATISTICAL.**



TABLE II.—Ages and sex of scarlet fever, diphtheria and enteric fever cases notified, 1921.

AGES.	SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1 .....	166	143	309	201	152	353	....	....	....
1 to 2 .....	622	541	1,163	538	419	957	2	....	2
2 „ 3 .....	649	622	1,271	455	428	883	1	....	1
3 „ 4 .....	801	840	1,641	488	506	994	2	2	4
4 „ 5 .....	1,082	1,018	2,100	604	603	1,207	3	3	6
Total under 5....	3,320	3,164	6,484	2,286	2,108	4,394	8	5	13
5 to 10....	6,579	7,809	14,388	2,849	3,233	6,082	23	12	35
10 „ 15....	3,266	4,452	7,718	1,270	1,726	2,996	23	24	47
15 „ 20....	842	1,098	1,940	356	636	992	19	20	39
20 „ 25....	275	588	863	152	479	631	17	28	45
25 „ 30....	146	369	515	119	339	458	13	23	36
30 „ 35....	116	272	388	82	193	275	15	21	36
35 „ 40....	79	158	237	55	124	179	10	10	20
40 „ 45....	62	72	134	40	79	119	10	10	20
45 „ 50....	16	29	45	22	63	85	9	9	18
50 „ 55....	15	20	35	9	26	35	3	6	9
55 „ 60....	3	4	7	4	11	15	4	1	5
Upwards .....	6	4	10	4	16	20	5	2	7
Unrecorded .....	....	....	....	....	....	....	....	....	....
Totals .....	14,725	18,039	32,764	7,248	9,033	16,281	159	171	330

TABLE III.—Number of cases of principal admissible diseases notified, 1890-1921.

	YEARS.	Cerebro-spinal meningitis.	Continued fever.	Diphtheria.	Enteric.	Ophthalmia neonatorum.	Polio-myelitis.	Puerperal fever.	Scarlet.	Small-pox.	TOTALS.
Totals for .....	1890-9	....	1,302	105,065	33,013	....	....	....	212,399	5,971	357,750
Yearly average	1890-9	....	130	10,506	3,301	....	....	....	21,240	597	35,774
Totals for .....	1900-9	328	326	86,792	22,073	....	....	....	181,443	10,626	301,588
Yearly average	1900-9	33	33	8,679	2,207	....	....	....	18,144	1,063	30,159
Totals for .....	1910-9	2,452	131	*80,929	6,835	870	927	2,345	126,706	172	221,367
Yearly average	1910-9	245	13	*8,093	683	87	93	234	12,671	17	22,136
Totals for .....	1920	154	5	*13,797	394	1,186	42	451	22,719	22	38,770
Totals for .....	1921	103	2	*16,334	330	1,076	55	353	32,764	2	51,019

\* Including cases of membranous croup.

## ANNUAL REPORT, 1921.

TABLE IV.—Admissions, discharges, and deaths at fever hospitals during 1921.

BROOK HOSPITAL.									
DISEASES.	Re- main- ing on 31 Dec., 1920.	Adm'd during 1921.		Total under treatment during 1921.	Disch. during 1921.		Died during 1921.	Mort. per cent.	Re- main- ing on 31 Dec., 1921.
		Direct from homes.	From other Board hosps.		Re- cov'd.	To other Board hosps.			
Cerebro-spinal fever ..	..	2	..	2	1	..	1	50.00	..
Diphtheria ..	171	949	..	1,120	433	392	80	8.63	215
Diph. (bacteriological) ..	9	111	..	120	76	38	..	..	6
Enteric ..	..	5	..	5	2	..	3	60.00	..
Measles ..	1	20	..	21	14	..	2	11.11	5
Puerperal ..	..	10	..	10	8	..	..	..	2
Scarlet fever ..	*423	3,170	..	3,593	1,282	1,960	27	84	324
Whooping cough ..	2	37	..	39	31	3	..	..	5
Other diseases ..	606	4,304	..	4,910	1,847	2,393	113	2.61	557
Totals ..	*16 622	304 4,608	..	320 5,230	284 2,131	.. 2,393	11 124	3.67	23 582
EASTERN HOSPITAL.									
Diphtheria ..	*188	1,736	1	1,925	891	584	153	9.09	297
Diph. bacteriological ..	..	28	..	28	14	11	2	7.27	1
Enteric ..	1	23	..	24	18	..	6	25.53	..
Measles ..	..	21	..	21	13	..	2	11.11	6
Puerperal ..	..	11	..	11	9	..	2	18.18	..
Scarlet fever ..	*225	2,293	10	2,528	782	1,405	18	80	323
Whooping cough ..	..	2	..	2	2	..	..	..	..
Other diseases ..	414	4,114	11	4,539	1,729	2,000	183	4.55	627
Totals ..	*33 447	701 4,815	.. 11	734 5,273	678 2,407	.. 2,000	13 196	1.87	43 670
GROVE HOSPITAL.									
Cerebro-spinal fever ..	..	2	..	2	..	..	2	100.00	..
Diphtheria ..	247	1,330	..	1,577	747	470	92	6.97	268
Diph. (bacteriological) ..	10	108	..	118	48	52	2	1.90	16
Encephalitis lethargica ..	1	2	..	3	2	..	1	40.00	..
Enteric ..	..	5	..	5	3	..	..	..	2
Measles ..	..	61	..	61	43	2	3	5.50	13
Puerperal ..	..	1	..	1	..	..	1	100.00	..
Scarlet fever ..	383	3,284	..	3,667	1,094	2,226	40	1.20	307
Whooping Cough ..	..	39	..	39	25	..	4	11.76	10
Other diseases ..	641	4,832	..	5,473	1,962	2,750	145	2.99	616
Totals ..	37 678	424 5,256	..	461 5,934	415 2,377	.. 2,750	7 152	1.65	39 655
NORTH-EASTERN HOSPITAL.									
Cerebro-spinal fever ..	..	1	..	1	..	..	1	100.00	..
Diphtheria ..	323	1,458	..	1,781	843	399	145	10.19	394
Diph. (bacteriological) ..	5	158	..	163	127	16	..	..	20
Measles ..	..	11	..	11	9	..	1	9.52	1
Puerperal ..	1	2	..	3	1	..	2	80.00	..
Scarlet fever ..	320	3,300	..	3,629	944	2,336	31	.94	318
Whooping cough ..	1	6	..	7	6	..	1	15.38	..
Other diseases ..	659	4,936	..	5,595	1,930	2,751	181	3.69	733
Totals ..	*45 704	724 5,660	..	769 6,364	714 2,644	2 2,753	10 191	1.38	43 776
NORTH-WESTERN HOSPITAL.									
Cerebro-spinal fever ..	1	1	..	2	1	..	1	66.67	..
Diphtheria ..	184	1,332	4	1,520	809	369	136	10.26	206
Diph. (bacteriological) ..	15	233	..	248	226	3	7	2.98	12
Encephalitis lethargica ..	3	..	..	3	3	..	..	..	..
Enteric ..	2	26	..	28	24	..	3	11.32	1
Measles ..	5	99	..	104	84	..	8	8.38	12
Puerperal ..	..	9	..	9	9	..	..	..	..
Scarlet fever ..	188	1,932	16	2,136	724	1,204	26	1.33	182
Whooping cough ..	1	14	..	15	14	..	1	6.89	..
Other diseases ..	399	3,646	20	4,065	1,894	1,576	182	4.97	413
Totals ..	32 431	654 4,300	.. 20	686 4,751	624 2,518	1 1,577	13 195	2.01	48 461
PARK HOSPITAL.									
Diphtheria ..	207	1,412	..	1,619	922	329	113	8.14	255
Diph. (bacteriological) ..	..	18	..	18	13	5	..	..	..
Enteric ..	..	2	..	2	2	..	..	..	..
Measles ..	..	9	..	9	6	..	..	..	3
Scarlet fever ..	316	2,392	..	2,708	1,306	1,069	32	1.33	301
Whooping cough ..	..	6	3	9	4	..	..	..	5
Other diseases ..	523	3,839	3	4,365	2,253	1,403	145	3.79	564
Totals ..	16 539	140 3,979	.. 3	156 4,521	128 2,381	.. 1,403	13 158	9.25	15 579

\* See note in summary of this Table.

TABLE IV. (continued).—Admissions, discharges, and deaths at fever hospitals during 1921.

SOUTH-EASTERN HOSPITAL.									
DISEASES.	Re- main- ing on 31 Dec., 1920.	Adm'd during 1921.		Total under treatment during 1921.	Disch. during 1921.		Died during 1921.	Mort. per cent.	Re- main- ing on 31 Dec., 1921.
		Direct from homes.	From other Board hosps.		Re- cov'd.	To other Board hosps.			
Cerebro-spinal fever ..	..	2	..	2	..	..	1	66.66	1
Diphtheria ..	*218	1,497	1	1,716	1,079	217	125	8.56	295
Diph. (bacteriological) ..	*7	120	..	127	105	11	..	..	11
Enteric ..	..	6	..	6	6	..	..	..	..
Measles ..	1	25	..	26	19	..	2	8.70	5
Para typhoid ..	..	1	..	1	1	..	..	..	..
Puerperal ..	2	10	..	12	9	..	2	19.05	1
Scarlet fever ..	*274	2,740	2	3,016	886	1,890	38	1.37	202
Whooping cough ..	..	8	..	8	8	..	..	..	..
Other diseases ..	502	4,409	3	4,914	2,113	2,118	168	3.81	515
Totals ..	*14	403	2	419	378	..	14	3.51	27
Totals ..	516	4,812	5	5,333	2,491	2,118	182	..	542
SOUTH-WESTERN HOSPITAL.									
Cerebro-spinal fever ..	..	3	..	3	..	..	3	100.00	..
Diphtheria ..	149	784	..	933	691	14	74	9.47	154
Diph. (bacteriological) ..	3	13	..	16	16	..	..	..	..
Enteric ..	2	35	..	37	26	..	8	23.19	3
Measles ..	4	129	..	133	109	1	12	9.56	11
Puerperal ..	1	16	..	17	9	..	6	38.71	2
Scarlet fever ..	149	1,495	1	1,645	407	1,078	8	0.54	152
Whooping cough ..	2	10	..	12	8	..	..	..	4
Other diseases ..	310	2,485	1	2,796	1,266	1,093	111	4.48	326
Totals ..	17	†234	..	251	213	9	18	7.66	11
Totals ..	327	2,719	1	3,047	1,479	1,102	129	..	337
WESTERN HOSPITAL.									
Cerebro-spinal fever ..	..	2	..	2	1	..	1	50.00	..
Diphtheria ..	235	1,649	1	1,885	738	764	145	8.80	238
Diph. (bacteriological) ..	3	121	..	124	82	37	†1	..	4
Enteric ..	..	8	..	8	7	..	..	..	1
Measles ..	..	17	..	17	11	..	1	6.90	5
Poliomyelitis ..	..	1	..	1	1	..	..	..	..
Puerperal ..	4	9	..	13	7	..	5	47.62	1
Scarlet fever ..	130	3,201	18	3,349	659	2,436	27	.95	227
Whooping cough ..	17	34	..	51	48	..	2	4.76	1
Other diseases ..	389	5,042	19	5,450	1,554	3,237	182	3.63	477
Totals ..	20	275	..	295	267	..	10	3.62	18
Totals ..	409	5,317	19	5,745	1,821	3,237	192	..	495
JOYCE GREEN HOSPITAL.									
Diphtheria ..	*110	285	1,083	1,478	1,333	..	7	.52	138
Diph. (bacteriological) ..	..	27	70	97	97	..	..	..	..
Measles ..	..	1	..	1	..	..	..	..	1
Scarlet fever ..	*1,193	5,999	1,518	8,710	7,021	152	48	.65	1,489
Other diseases ..	1,303	6,312	2,671	10,286	8,451	152	55	.62	1,628
Totals ..	*15	81	3	99	98	..	1	1.09	..
Totals ..	1,318	6,393	2,674	10,385	8,549	152	56	..	1,628
NORTHERN HOSPITAL.									
Diphtheria ..	97	..	582	679	612	..	1	.17	66
Diph. (bacteriological) ..	..	..	13	13	13	..	..	..	..
Scarlet fever ..	219	..	3,291	3,510	3,124	4	4	.12	378
Other diseases ..	316	..	3,886	4,202	3,749	4	5	.13	444
Totals ..	..	..	1	1	1	..	..	..	..
Totals ..	316	..	3,887	4,203	3,750	4	5	..	444
SOUTHERN HOSPITAL.									
Diphtheria ..	139	..	1,868	2,007	1,800	2	..	..	205
Diph. (bacteriological) ..	8	..	90	98	85	..	..	..	13
Measles ..	..	..	3	3	3	..	..	..	..
Scarlet fever ..	1,010	..	10,933	11,943	10,789	29	5	.05	1,120
Other diseases ..	1,157	..	12,894	14,051	12,677	31	5	.04	1,338
Totals ..	1	..	6	7	7	..	..	..	..
Totals ..	1,158	..	12,900	14,058	12,684	31	5	..	1,338

\* See note in summary of this Table.

† Includes 2 children born in hospital.

‡ Death from pneumonia.



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TABLE IV. (continued).—Admissions, discharges, and deaths at fever hospitals during 1921.

SUMMARY.							
DISEASES.	Re- main- ing on 31 Dec., 1920.	Admitted during 1921.	Total under treatment during 1921.	Discharged during 1921.	Died during 1921.	Mort. per cent.	Re- main- ing on 31 Dec., 1921.
		Direct from homes.		Recovered.			
Cerebro-spinal fever .. ..	1	13	14	3	10	76.92	1
Diphtheria .. ..	*2,268	12,432	14,700	10,898	1,071	8.78	2,731
Diph. (bacteriological) .. ..	*60	937	997	902	12	1.30	83
Encephalitis lethargica .. ..	4	2	6	5	1	25.00	..
Enteric .. ..	5	111	116	89	20	18.18	7
Measles .. ..	11	393	404	311	31	8.44	62
Pollomyelitis .. ..	..	1	1	1	..	..	..
Puerperal .. ..	8	68	76	52	18	26.09	6
Scarlet fever .. ..	*4,839	29,806	34,645	29,018	304	1.03	5,323
Whooping cough .. ..	23	156	179	146	8	5.16	25
Totals .. ..	7,219	43,919	51,138	41,425	1,475	3.40	8,238
Other diseases .. ..	*246	3,940	4,186	3,807	110	2.80	269
Grand totals .. ..	7,465	47,859	55,324	45,232	1,585	..	8,507

NOTE.—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 Board's report for 1920, pp. 16-18, owing to the subsequent correction of errors of diagnosis.

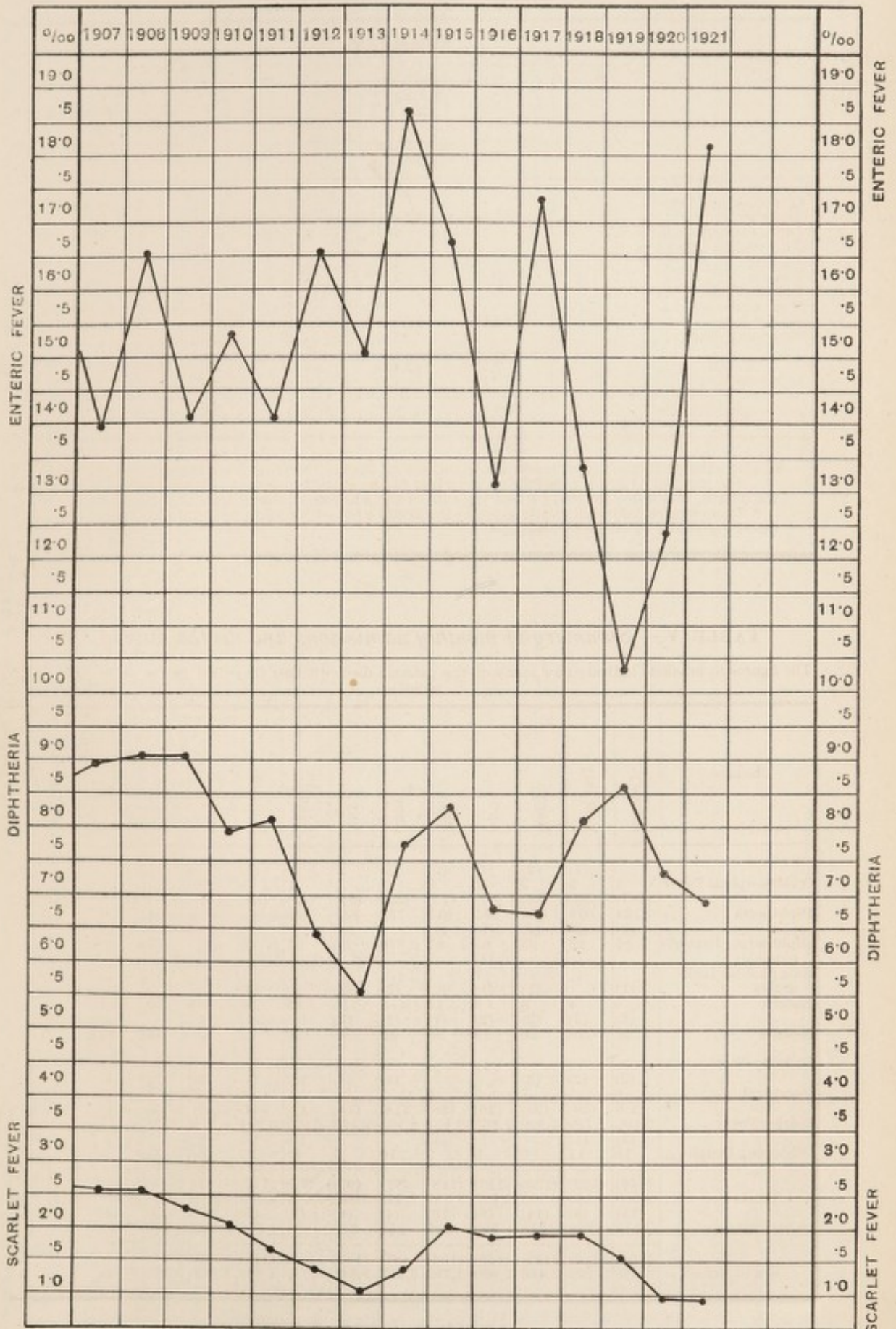
TABLE V.—Summary of monthly admissions and deaths during 1921.

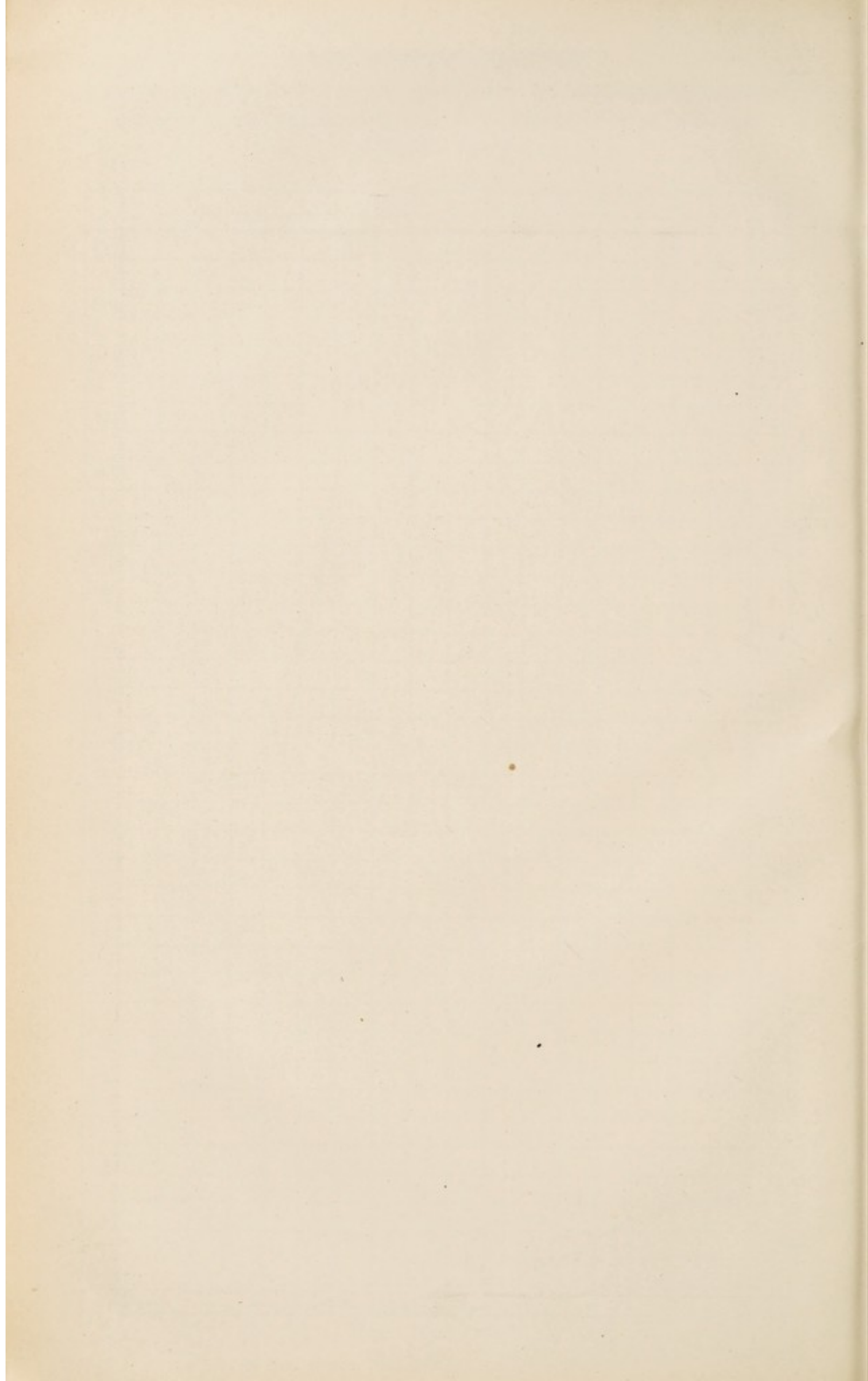
(The figures in brackets indicate how many of the patients died, whether they died in the same or in succeeding months.)

Diseases.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Number of Deaths in 1921 among patients admit- ted during 1920.	Totals.
Cerebro-spinal Fever	1	(1)	(2)	(1)	(2)	(1)	..	1	(1)	..	..	(1)	(1)	(10)
Diphtheria .. ..	(107)	(83)	(86)	(80)	(73)	(53)	(73)	(47)	(80)	(110)	(131)	(113)	(35)	(1,071)
Diphtheria (Bacteri- ological)	85	66	93	69	67	76	66	53	62	117	103	80	..	937
Encephalitis Leth- argica	..	..	..	1	..	..	..	..	1	..	..	..	..	2
Enteric .. ..	(1)	(1)	(1)	(1)	(2)	(2)	(2)	(2)	(4)	(1)	(2)	(2)	..	(20)
Measles .. ..	(2)	(3)	(2)	(2)	(1)	(2)	(1)	(4)	(1)	(4)	(7)	(2)	..	(31)
Pollomyelitis .. ..	10	18	26	19	28	40	55	39	22	40	44	52	..	392
Puerperal .. ..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
Scarlet Fever	(2)	(2)	(3)	..	..	(1)	(1)	(3)	(1)	(2)	(2)	(1)	..	(18)
Whooping Cough ..	8	5	7	3	4	7	5	7	4	8	4	6	..	68
Totals .. ..	2,102	1,799	1,999	1,665	2,151	2,102	2,336	1,923	3,344	4,218	3,356	2,811	(15)	(304)
Other Diseases	(2)	(1)	..	(1)	(1)	(1)	(3)	(3)	(1)	(1)	(1)	(1)	..	(8)
Grand Totals ..	15	11	6	5	5	10	3	41	33	10	12	5	..	156
Totals .. ..	(146)	(112)	(129)	(113)	(118)	(77)	(92)	(70)	(112)	(144)	(174)	(137)	(51)	(1,475)
Other Diseases	3,350	2,984	3,153	2,627	3,087	2,995	3,332	2,704	4,542	5,878	4,93	4,334	..	43,919
Grand Totals ..	(15)	(8)	(14)	(9)	(16)	(4)	(8)	(5)	(5)	(8)	(10)	(3)	(5)	(110)
Grand Totals ..	*313	248	313	293	305	258	313	335	357	486	400	*319	..	3,940
Grand Totals ..	(161)	(120)	(143)	(122)	(134)	(81)	(100)	(75)	(117)	(152)	(184)	(140)	(56)	(1,585)
Grand Totals ..	3,663	3,232	3,466	2,920	3,392	3,253	3,645	3,039	4,899	6,364	5,333	4,653	..	47,859

\* Includes 1 birth in S.W. Hospital.

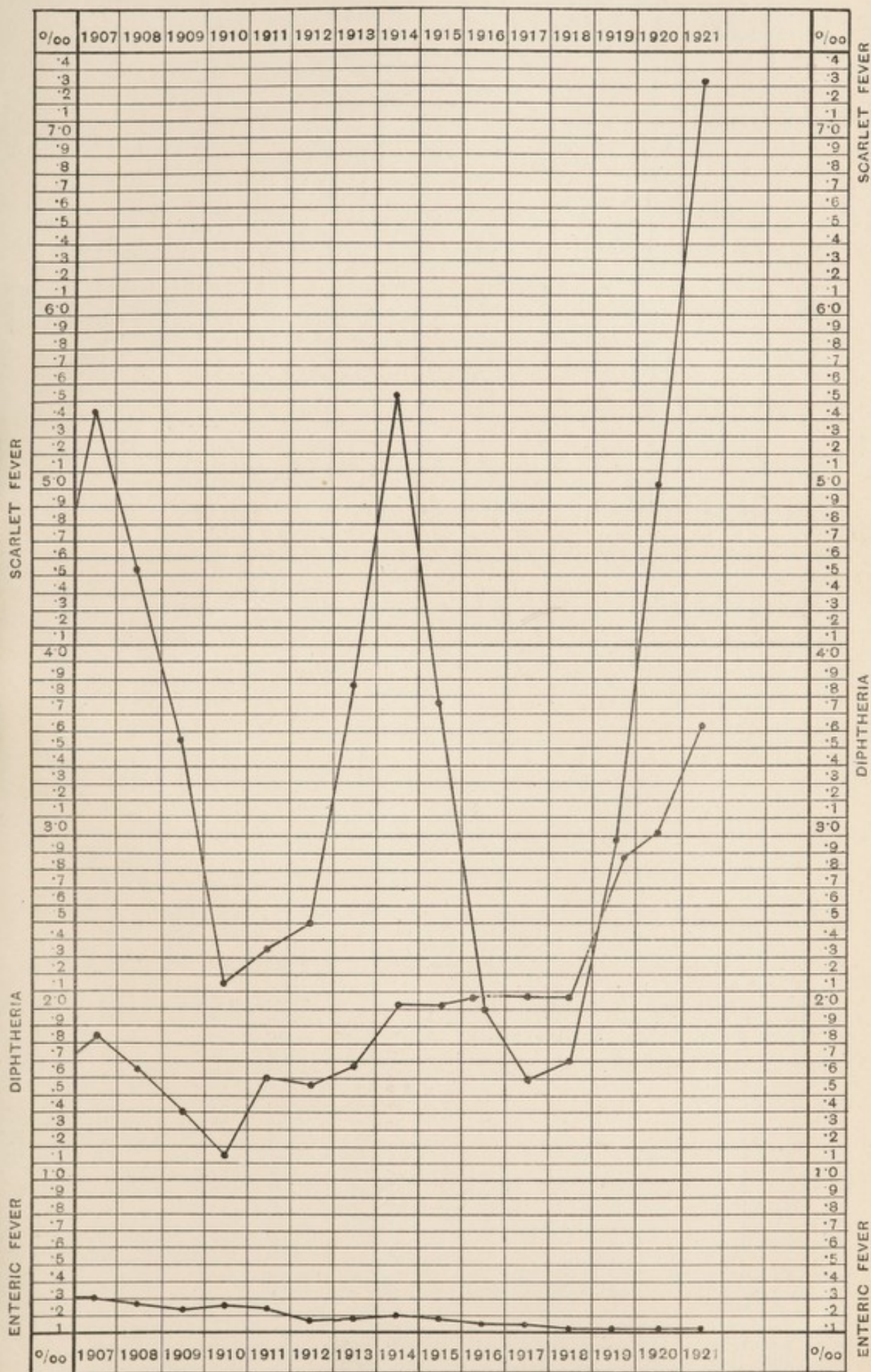
XIVa.—CHART showing the case mortality from SCARLET FEVER, DIPHTHERIA, and ENTERIC FEVER in the Metropolis during each of the fifteen years 1907-1921.





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*Vib. XIVb.*—**CHART** showing the incidence of *SCARLET FEVER*, *DIPHTHERIA*, and *ENTERIC FEVER* per 1,000 of the population of the Metropolis during each of the fifteen years 1907-1921.



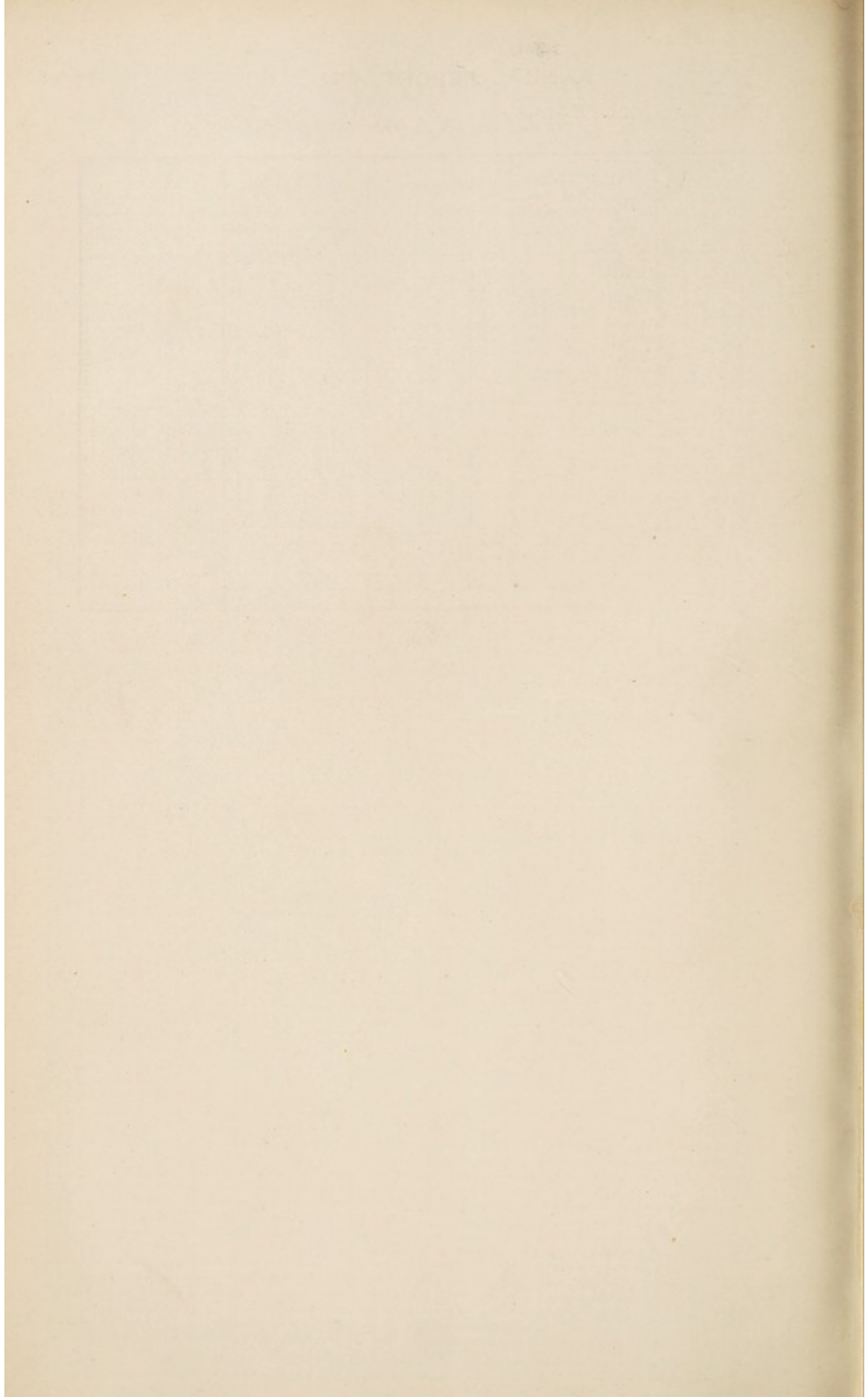


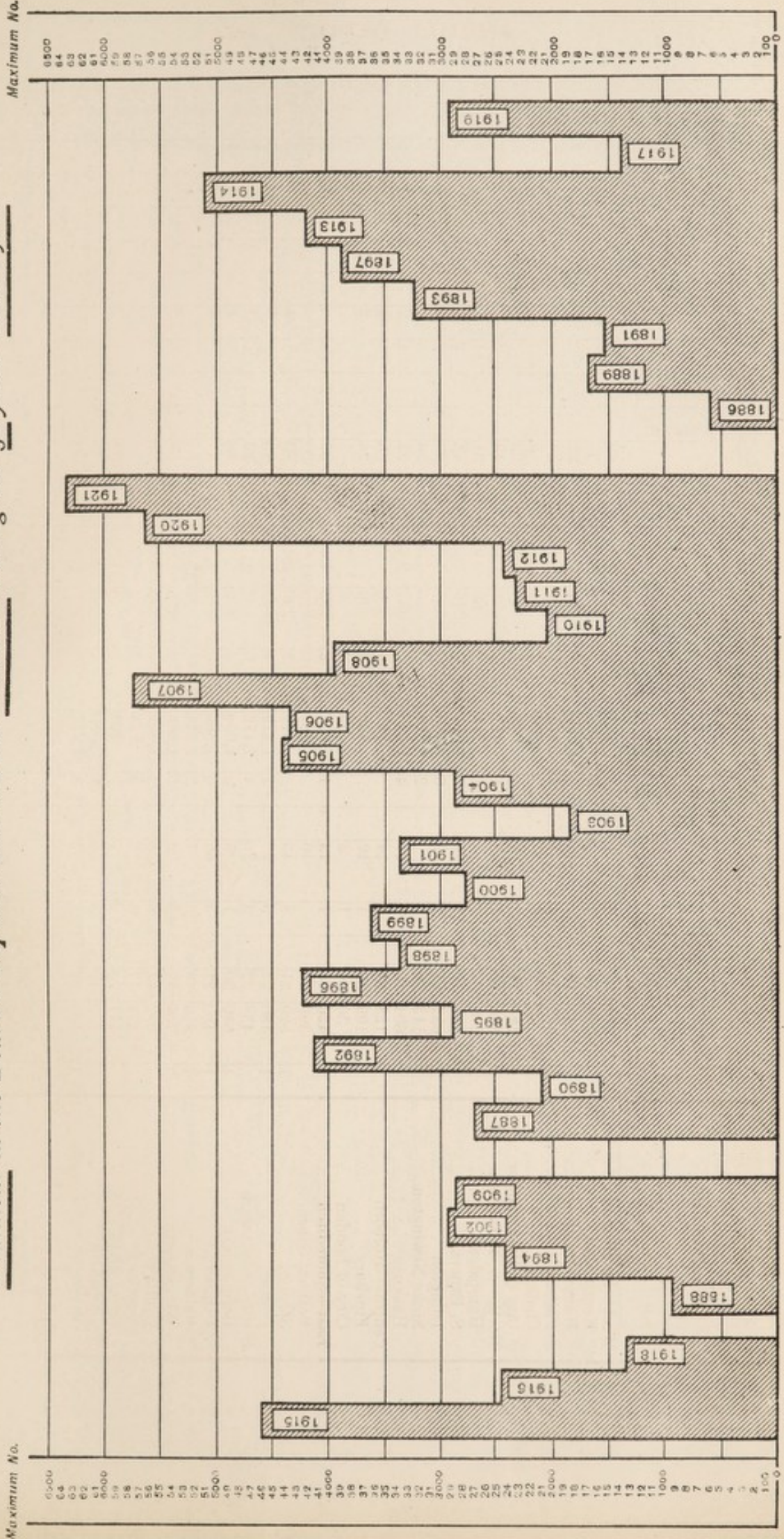
TABLE VII. *Ages and sex of patients admitted during 1921.*

AGES.	SCARLET FEVER.			DIPHThERIA.			DIPHThERIA (BACTERIOLOGICAL).			ENTERIC.		
	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals	M.	F.	Totals
Under 1 year ..	112	87	199	136	101	237	16	16	32	..	..	..
From 1 to 2 years ..	595	546	1,141	451	397	848	31	29	60	..	..	..
" 2 " 3 " ..	611	596	1,207	376	378	754	16	15	31	..	..	..
" 3 " 4 " ..	762	795	1,557	453	451	904	12	13	25	1	1	2
" 4 " 5 " ..	1,089	1,137	2,226	565	554	1,119	23	24	47	..	1	1
" 5 " 6 " ..	1,357	1,519	2,876	617	655	1,272	31	32	63	1	..	1
" 6 " 7 " ..	1,347	1,483	2,830	501	607	1,108	30	28	58	1	2	3
" 7 " 8 " ..	1,309	1,476	2,785	487	530	1,017	35	34	69	1	1	2
" 8 " 9 " ..	1,065	1,387	2,452	376	454	830	21	35	56	2	..	2
" 9 " 10 " ..	879	1,215	2,094	294	373	667	23	35	58	1	1	2
Total under 10 years	9,126	10,241	19,367	4,256	4,500	8,756	238	261	499	7	6	13
From 10 to 15 years	2,974	4,005	6,979	880	1,217	2,097	94	132	226	10	11	21
" 15 " 20 " ..	748	932	1,680	240	398	638	23	46	69	5	8	13
" 20 " 25 " ..	238	482	720	84	245	329	18	28	46	7	12	19
" 25 " 30 " ..	134	268	402	67	163	230	10	20	30	3	9	12
" 30 " 35 " ..	92	212	304	46	101	147	4	18	22	6	3	9
" 35 " 40 " ..	57	136	193	32	72	104	7	14	21	4	4	8
" 40 " 45 " ..	52	55	107	20	34	54	4	7	11	5	7	12
" 45 " 50 " ..	11	22	33	13	36	49	4	6	10	..	2	2
" 50 " 55 " ..	6	8	14	1	15	16	..	2	2	..	2	2
" 55 " 60 " ..	1	4	5	2	1	3	..	..	..	..	..	..
" 60 upwards ..	2	..	2	3	6	9	..	1	1	..	..	..
Totals .. ..	13,441	16,365	29,806	5,644	6,788	12,432	402	535	937	47	64	111

TABLE VIII.—Summary of admissions and deaths of fever patients during 1921 grouped in boroughs.

BOROUGH.	ADMISSIONS.											DEATHS.												
	Cerebro-spinal fever.	Diphtheria.	Diphtheria (bact.).	Etiopathic.	Enteric.	Measles.	Polio-myelitis.	Puerperal.	Scarlet fever.	Whooping cough.	Other diseases.	Total admissions.	Cerebro-spinal fever.	Diphtheria.	Diphtheria (bact.).	Etiopathic.	Enteric.	Measles.	Polio-myelitis.	Puerperal.	Scarlet fever.	Whooping cough.	Other diseases.	Total deaths.
West—Paddington	...	303	50	...	6	1	...	4	763	5	125	1,257	...	22	3	...	1	...	...	1	3	...	3	33
Kensington	...	289	18	...	3	3	...	3	761	3	101	1,181	...	23	1	...	...	...	...	2	9	...	2	37
Hammersmith	...	345	19	1	...	5	...	...	1,257	1	91	1,719	...	22	1	1	...	...	...	...	20	...	3	47
Fulham	...	446	35	...	1	8	...	4	873	1	94	1,464	...	37	...	...	...	...	2	14	...	3	57	
Chelsea	...	85	7	...	5	...	...	...	206	2	24	330	...	5	...	...	...	...	...	1	...	...	2	9
City of Westminster	...	187	14	...	2	5	...	...	663	4	50	923	...	22	...	...	...	...	...	6	...	...	2	31
North—S. Marylebone	...	145	21	...	2	3	...	1	417	1	71	661	...	18	1	...	...	...	...	5	...	...	2	26
Hampstead	...	275	27	...	4	6	...	1	281	2	56	652	...	31	1	1	...	...	...	4	...	...	2	41
S. Pancras	...	518	70	...	13	28	...	3	1,554	2	246	2,434	...	48	...	2	5	...	...	1	9	...	2	68
Islington	...	1,032	84	...	2	49	...	6	2,285	36	517	4,012	...	103	1	2	...	...	...	2	17	...	9	138
Stoke Newington	...	113	5	...	1	...	...	2	378	...	45	544	...	20	...	...	...	...	...	...	...	...	...	22
Hackney	...	604	45	...	3	17	...	4	1,630	2	261	2,566	...	47	...	1	2	...	...	1	15	...	6	72
Central—Holborn	...	128	41	...	1	14	...	...	237	6	56	483	...	5	...	...	...	...	...	...	6	...	3	15
Finsbury	...	199	30	...	1	12	...	...	539	1	100	882	...	24	...	...	...	...	...	...	5	...	...	31
City of London	...	30	4	...	1	3	...	...	89	...	6	133	...	2	...	...	...	...	...	...	7	...	...	2
East—Shoreditch	...	420	18	...	1	13	...	1	857	2	193	1,506	...	35	...	...	...	...	...	...	10	...	5	51
Bethnal Green	...	399	29	...	...	10	...	...	887	12	215	1,552	...	30	2	...	...	...	...	...	27	...	...	47
Stepney	...	829	21	...	8	45	...	...	1,917	2	286	3,109	...	80	...	1	4	...	...	...	15	...	...	116
Poplar	...	486	22	...	9	22	...	1	1,279	4	147	1,971	...	46	...	2	6	...	...	1	13	...	...	78
South—Southwark	...	438	22	...	2	26	...	4	1,172	6	101	1,771	...	29	...	...	...	...	...	...	17	...	...	49
Bermondsey	...	640	30	...	1	5	...	...	1,096	2	113	1,888	...	58	...	...	...	...	...	4	16	...	...	81
Lambeth	...	480	21	...	3	65	...	9	1,566	36	213	2,395	...	41	1	...	...	...	...	4	16	...	...	72
Battersea	...	616	45	...	5	4	...	3	1,311	...	121	2,106	...	55	...	...	...	...	...	1	5	...	...	65
Wandsworth	...	755	47	...	13	20	...	5	1,666	9	156	2,674	...	58	...	3	2	...	...	2	19	...	6	95
Camberwell	...	692	42	...	6	8	...	3	1,752	6	149	2,658	...	61	1	2	...	...	...	...	24	...	8	96
Deptford	...	273	17	...	8	5	...	3	824	2	56	1,188	...	14	...	2	...	...	...	...	10	...	1	27
Greenwich	...	417	75	...	2	7	...	2	764	3	69	1,339	...	28	...	...	...	...	...	...	8	...	4	40
Lewisham	...	429	17	...	3	5	...	1	980	1	60	1,496	...	24	...	2	...	...	...	...	4	...	4	34
Woolwich	...	439	22	...	5	2	...	8	1,211	3	115	1,806	...	36	...	1	...	...	...	1	8	...	2	48
Port of London	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tottenham U.D.C.	...	387	28	...	1	1	...	...	452	2	94	965	...	44	...	...	...	...	...	...	6	...	...	52
Beyond Metropolitan Area	...	23	8	...	1	1	...	...	118	...	7	158	...	3	...	...	...	...	...	...	1	...	...	5
London County Council	...	5	3	...	...	...	...	...	3	...	1	12	...	...	...	...	...	...	...	...	...	...	...	...
War Office	...	5	...	...	...	...	...	...	18	...	1	24	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	13	12,432	937	2,111	393	1	68	29,806	156	3,940	47,859	10	1,071	12	1	20	31	...	18,304	8,110	1,585	...	...	...

*IXa.*  
*XVIIa.*—SCARLET FEVER.—Diagram showing the Months in which the number of patients under  
treatment in the Board's hospitals attained the maximum during the 36 years 1886-1921.

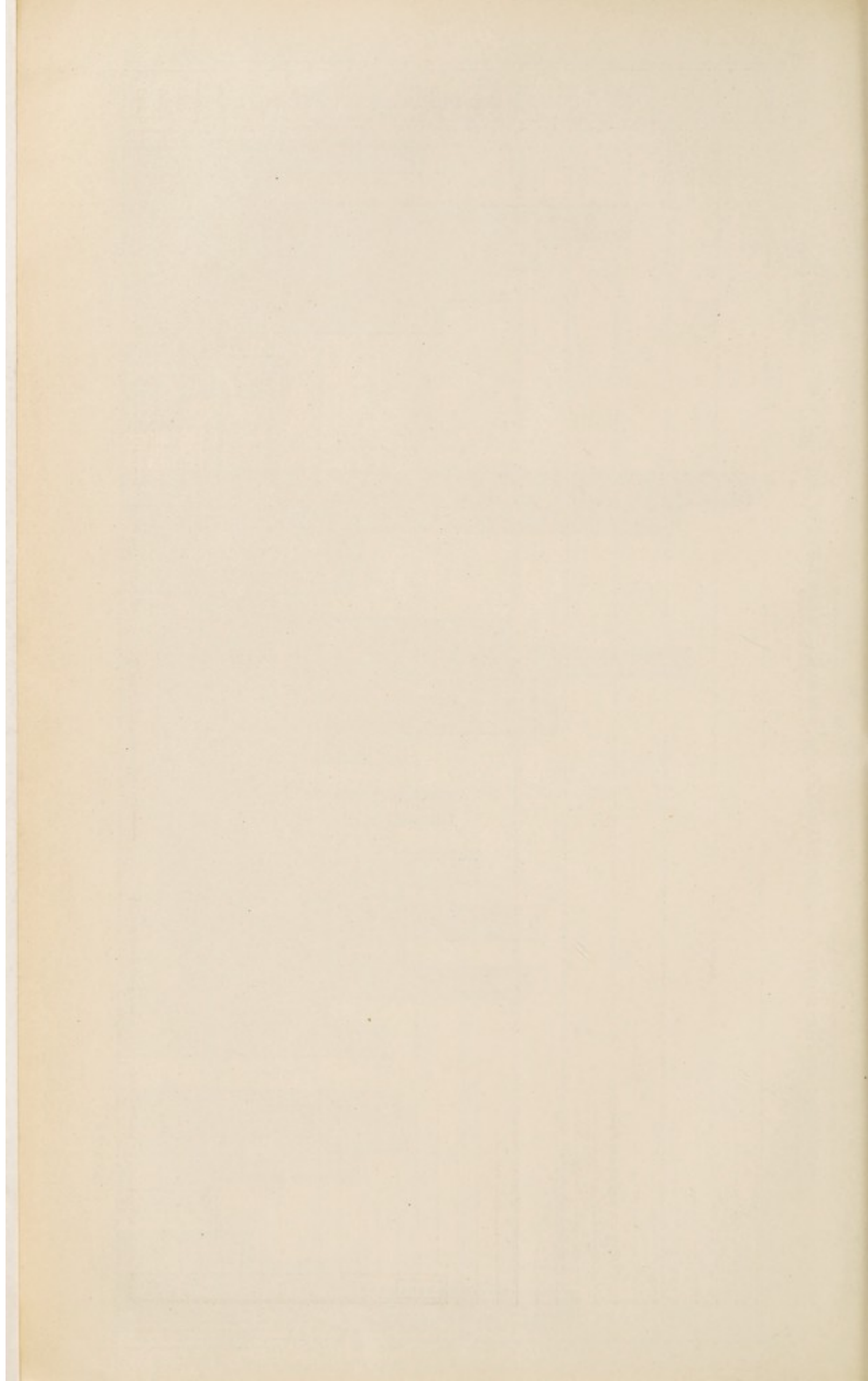


Maximum No. 64 63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0

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AMERICAN STATISTICAL ASSOCIATION, WASHINGTON, D.C., 1922





*IXb.*  
*XVIIb.*—DIPHTHERIA.—Diagram showing the Months in which the number of patients under  
treatment in the Board's hospitals attained the Maximum during the 33 years 1889-1921.

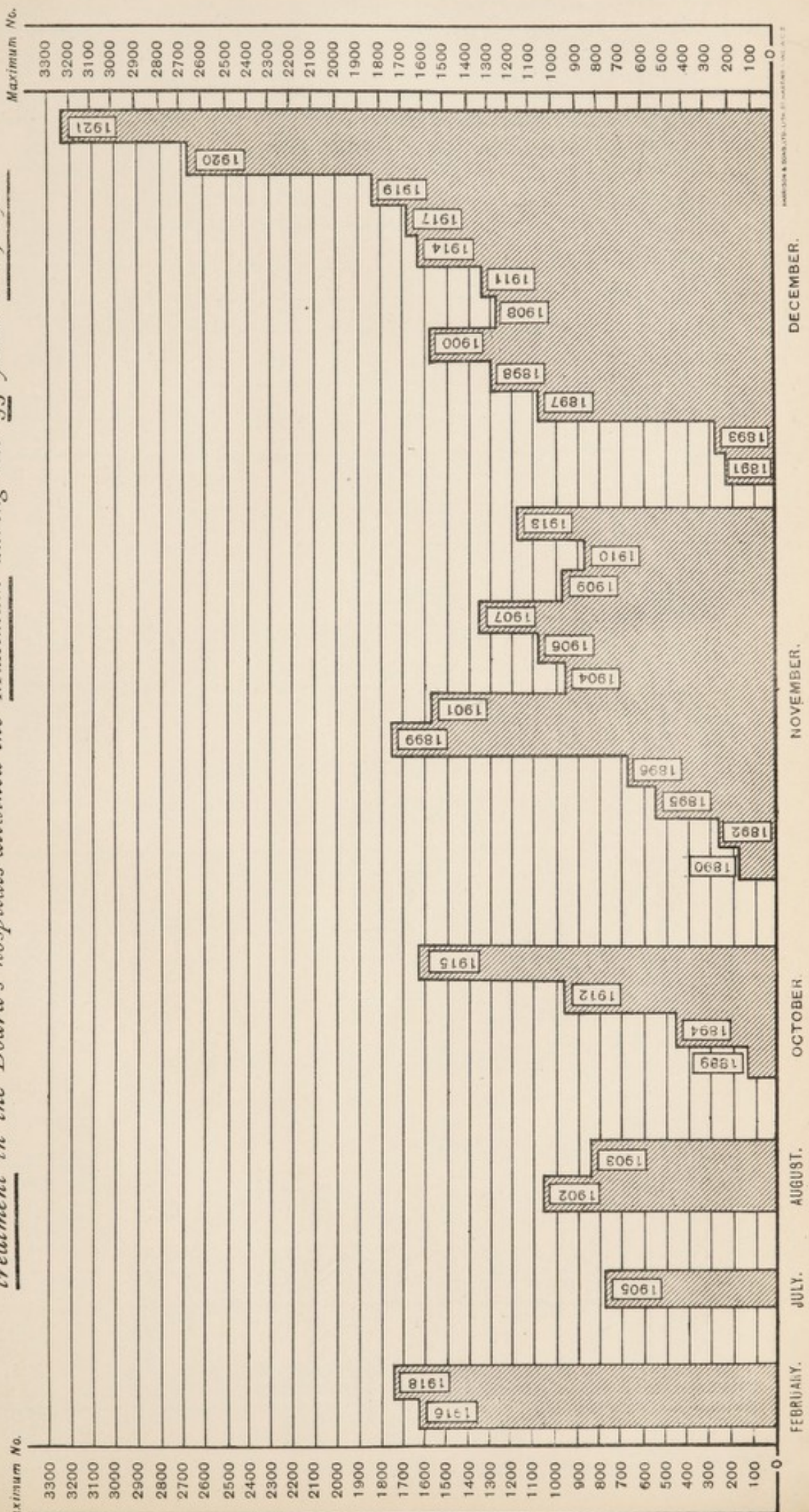


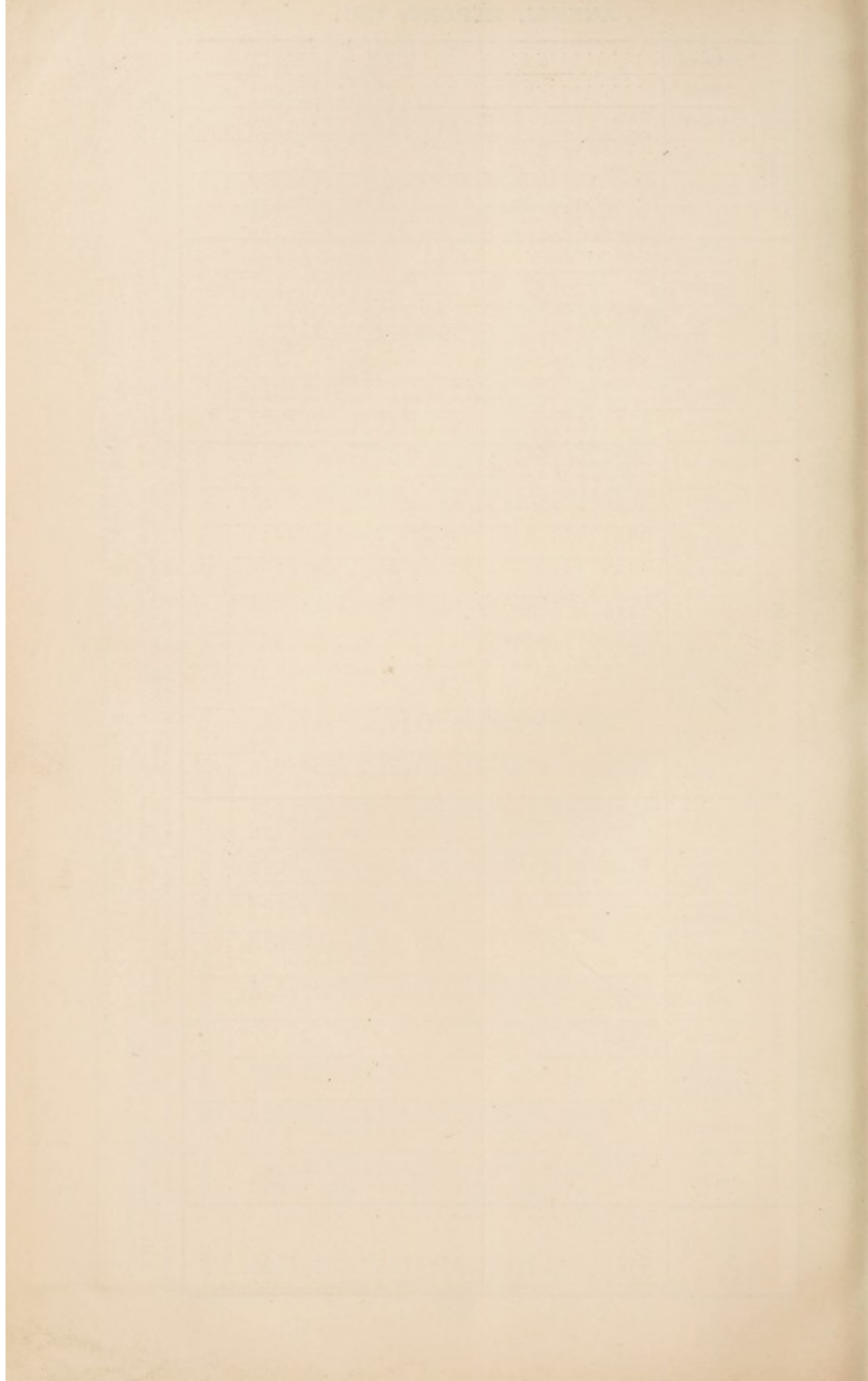


TABLE X.—Admissions, deaths, and mortality at the FEVER HOSPITALS.

YEAR.	ADMISSIONS.										DEATHS.										Mortality per cent. of patients treated in Managers' hospitals.					Annual mortality per 1,000 of estimated population. (Registrar-General).							
	Scarlet.	Diphtheria.	Diph. bacteriological and negative †	Typhus.	Enteric.	Measles.	Whooping cough.	Other diseases.	Total.	Scarlet.	Diphtheria.	Diph. bacteriological and negative †	Typhus.	Enteric.	Measles.	Whooping cough.	Other diseases.	Total.	Scarlet.	Diphtheria.	Typhus.	Enteric.	Measles.	Whooping cough.	Scarlet.	Diphtheria.	Typhus.	Enteric.	Measles.	Whooping cough.			
1870 to 1874	1,004	..	..	1,071	1,095	..	..	973	*4,361	106	..	..	227	176	..	..	212	735	10.5	..	..	..	..	..	0.73	0.09	0.10	0.26	..	..			
1875 to 1879	4,480	..	..	590	1,828	..	..	1,178	8,076	606	..	..	138	390	..	..	297	1,871	13.5	..	..	..	..	..	0.67	0.13	0.03	0.24	..	..			
1880 to 1884	9,041	..	..	469	2,157	..	..	1,253	12,926	1,067	..	..	83	405	..	..	264	1,813	11.7	..	..	..	..	..	0.55	0.20	0.01	0.23	..	..			
1885 to 1889	17,959	821	..	122	1,734	..	..	877	21,513	321	..	..	21	257	..	..	235	2,471	9.1	39.1	..	..	..	..	0.24	0.28	0.00	0.10	..	..			
1890 to 1894	51,038	10,777	..	61	2,761	..	..	3,123	67,790	3,324	..	..	10	470	..	..	578	7,578	6.5	29.8	..	..	..	..	0.24	0.50	0.00	0.14	..	..			
1895	11,271	3,635	..	3	661	..	..	1,277	16,847	591	..	..	10	119	..	..	142	1,672	4.3	22.8	..	..	..	..	0.19	0.54	..	0.14	..	..			
1896	15,982	4,508	..	9	600	..	..	1,174	22,273	666	..	..	16	96	..	..	109	1,821	4.3	21.2	..	..	..	..	0.21	0.60	0.00	0.13	..	..			
1897	15,113	5,673	..	2	664	..	..	1,417	22,869	619	..	..	1	124	..	..	140	1,870	4.1	17.7	..	..	..	..	0.18	0.51	..	0.13	..	..			
1898	12,125	6,566	..	9	869	..	..	1,488	21,057	514	..	..	1	143	..	..	147	1,790	4.1	15.4	..	..	..	..	0.13	0.39	0.00	0.13	..	..			
1899	13,290	8,676	..	11	1,535	..	..	1,582	25,094	353	..	..	..	240	..	..	160	1,935	2.6	13.9	..	..	..	..	0.09	0.43	..	0.18	..	..			
1900	10,343	7,873	..	4	1,728	..	..	1,706	21,654	313	..	..	1	245	..	..	167	1,714	3.0	12.3	..	..	..	..	0.08	0.35	0.00	0.17	..	..			
1901	14,339	7,622	..	13	1,129	..	..	2,365	25,668	542	..	..	4	175	..	..	167	1,737	3.8	11.1	..	..	..	..	0.13	0.30	0.00	0.12	..	..			
1902	14,503	6,320	..	19	1,420	..	..	2,108	24,551	512	..	..	4	218	..	..	178	1,647	3.4	11.0	..	..	..	..	0.12	0.25	..	0.13	..	..			
1903	10,345	5,072	..	3	967	..	..	1,913	18,316	335	..	..	4	145	..	..	166	1,152	3.1	9.7	..	..	..	..	0.08	0.16	0.00	0.08	..	..			
1904	11,155	4,987	..	3	750	..	..	1,993	18,588	364	..	..	..	115	..	..	183	1,131	3.4	10.0	..	..	..	..	0.08	0.16	..	0.05	..	..			
1905	16,958	4,148	..	5	586	..	..	2,157	23,854	536	..	..	..	82	..	..	147	1,112	3.3	8.3	..	..	..	..	0.12	0.12	..	0.06	..	..			
1906	17,933	5,218	..	4	698	..	..	2,151	26,004	521	..	..	..	108	..	..	163	1,237	2.9	8.8	..	..	..	..	0.11	0.15	..	0.05	..	..			
1907	22,764	5,744	..	3	541	..	..	3,117	32,166	622	..	..	..	72	..	..	167	1,406	2.8	9.6	..	..	..	..	0.14	0.17	..	0.04	..	..			
1908	19,629	5,230	..	2	509	..	..	2,597	27,967	520	..	..	..	80	..	..	148	1,255	2.6	9.7	..	..	..	..	0.11	0.15	..	0.03	..	..			
1909	15,384	4,393	..	4	331	..	..	2,324	22,646	371	..	..	..	45	..	..	184	1,035	2.3	9.4	..	..	..	..	0.08	0.13	..	0.05	..	..			
1910	8,752	3,634	..	3	509	..	..	1,727	15,238	213	..	..	..	77	..	..	89	701	2.3	7.8	..	..	..	..	0.15	0.8	2.2	0.04	0.09	..	..		
1911	8,818	5,034	..	3	360	..	..	2,242	21,138	167	..	..	..	54	..	..	125	1,363	1.9	8.4	..	..	..	..	0.14	0.9	13.2	0.04	0.14	..	..		
1912	9,883	4,844	..	2	222	..	..	3,314	1,731	1,930	..	..	4	42	..	..	144	1,228	1.6	6.2	..	..	..	..	0.10	0.4	8.5	0.04	0.10	..	..		
1913	15,010	5,076	..	4	238	..	..	2,575	27,746	176	..	..	..	37	..	..	137	1,243	1.2	6.2	..	..	..	..	0.16	0.11	12.8	0.04	0.09	..	..		
1914	22,006	6,591	..	3	316	..	..	3,598	33,533	304	..	..	..	54	..	..	70	1,211	1.4	7.0	..	..	..	..	0.17	1.1	9.3	0.8	0.07	0.16	..	..	
1915	15,197	6,776	..	3	269	..	..	2,260	114	2,855	..	..	4	46	..	..	132	1,360	2.0	8.4	..	..	..	..	0.07	0.7	11.0	0.07	0.16	..	..		
1916	7,646	7,201	..	1	202	..	..	1,171	734	3,043	..	..	..	27	..	..	97	1,158	1.8	6.8	..	..	..	..	0.13	1.1	8.9	0.9	0.03	0.14	..	..	
1917	5,294	6,791	..	1	172	..	..	2,951	391	4,042	..	..	..	30	..	..	178	1,197	1.9	6.7	..	..	..	..	0.13	1.1	7.1	13.4	0.02	0.14	..	..	
1918	6,078	6,634	..	1	130	..	..	2,577	17,433	111	..	..	..	18	..	..	206	1,136	1.8	7.7	..	..	..	..	0.13	1.4	13.2	17.5	0.03	0.16	..	..	
1919	11,010	7,184	..	..	136	..	..	2,178	21,962	152	..	..	..	14	..	..	152	1,023	1.5	9.3	..	..	..	..	0.10	4	6.7	10.7	0.03	0.18	..	..	
1920	20,821	10,636	..	..	109	..	..	2,678	35,916	214	..	..	..	6	..	..	12	149	1,345	1.1	8.6	..	..	..	..	5.2	11.4	11.5	0.05	0.22	..	..	
1921	29,806	12,432	..	..	111	..	..	4,024	47,859	304	..	..	..	20	..	..	139	1,585	1.0	8.8	..	..	..	..	..	18.2	8.4	5.2	0.06	0.25	..	..	
Totals	465,297	179,996	6,582	2,418	25,337	20,322	6,679	70,353	777,112	16,491	20,910	71	495	4,130	2,295	740	5,769	50,915	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

NOTE.—(1) 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 Board's 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 Board's 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.

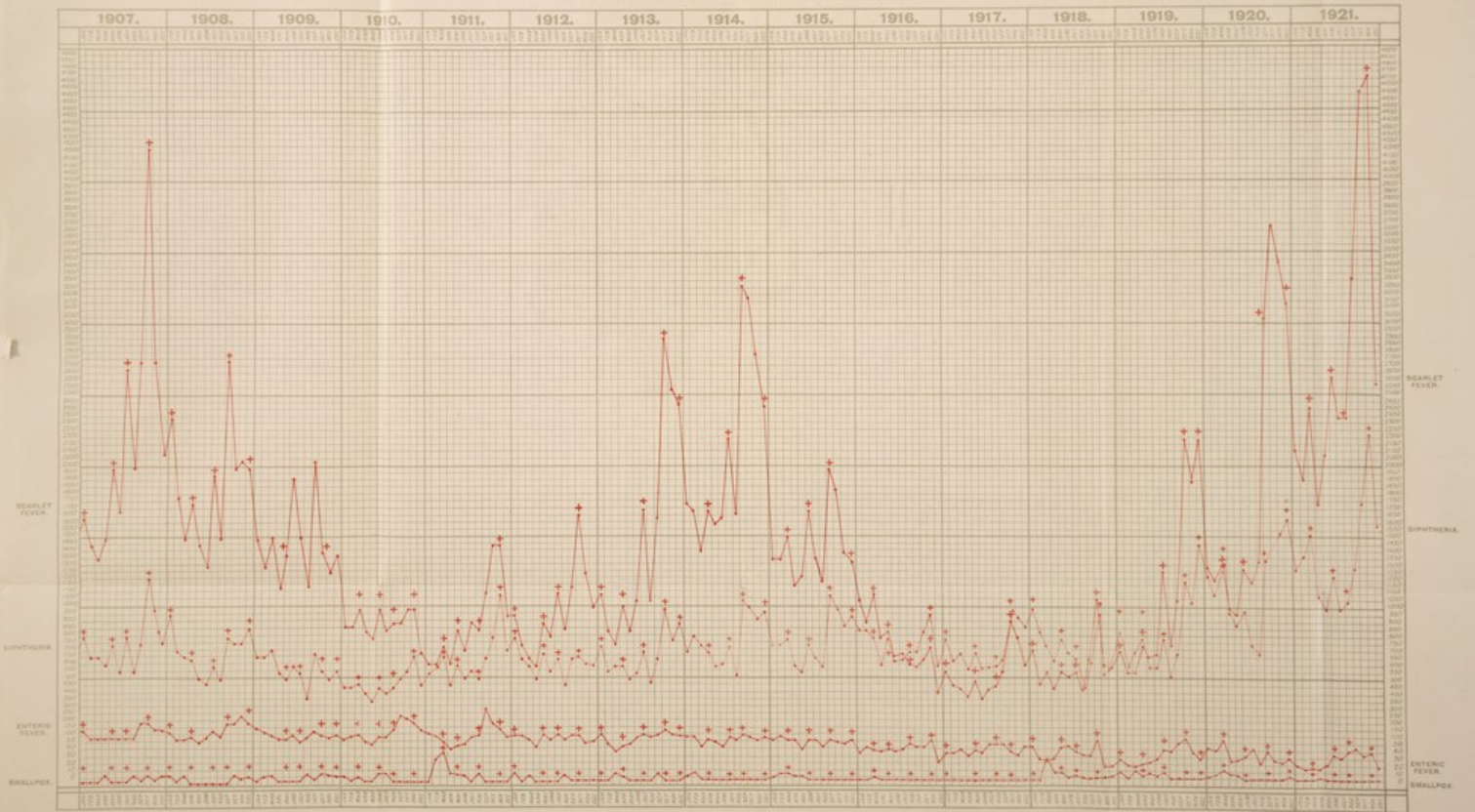
\* Includes 218 cases of relapsing fever in 1870. † Includes 14 deaths from relapsing fever in 1870. ‡ Negative cases are cases in which there was no evidence of diphtheria beyond that of the admission certificate.



### METROPOLITAN ASYLUMS BOARD.

NOTIFICATION CHART—Monthly notifications, Scarlet fever, Enteric fever, Diphtheria and Smallpox.

N.B.—The crosses indicate months including five weeks. The figures on which the Chart is based were not corrected for mistakes in diagnosis.



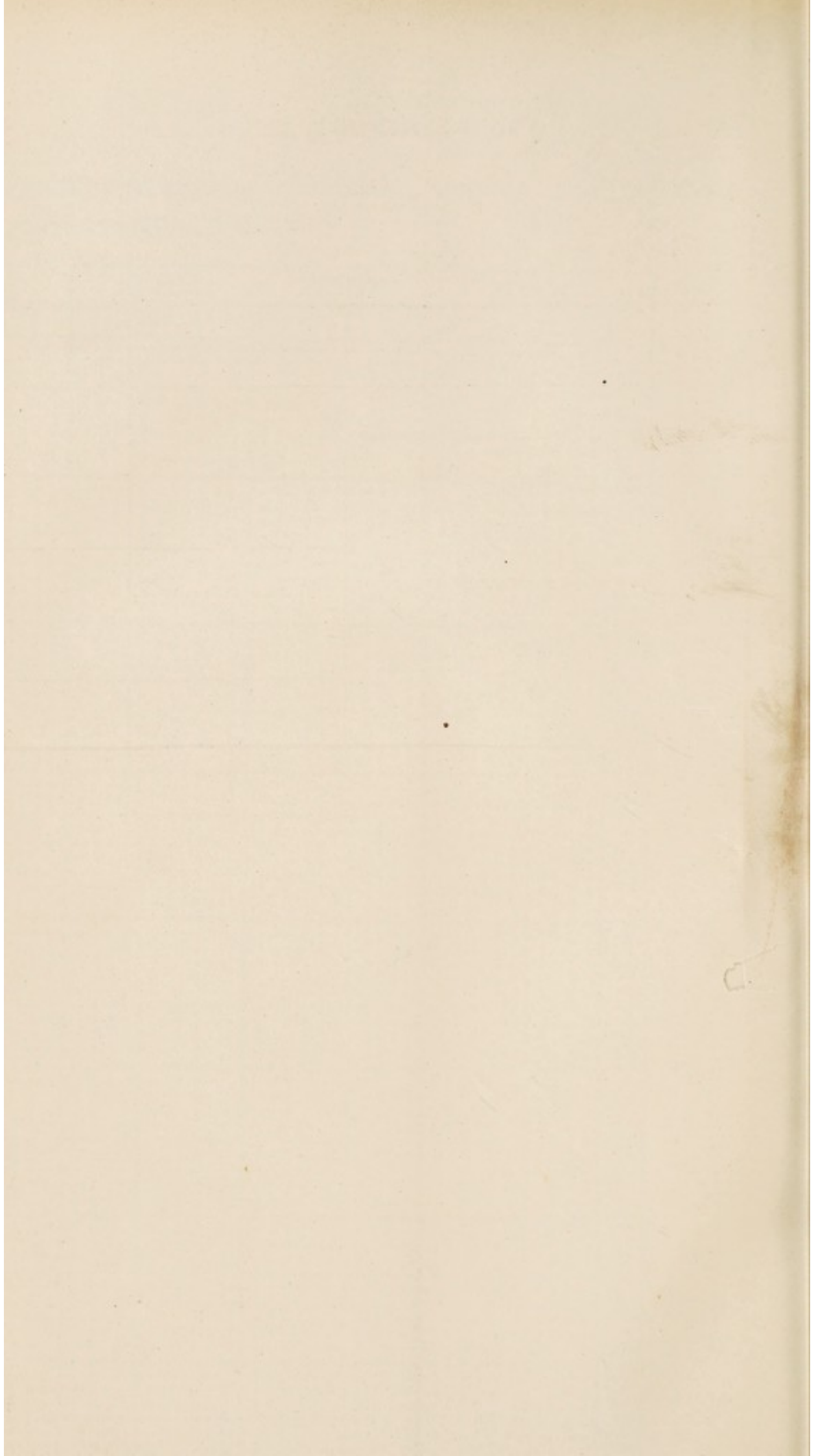


TABLE XII.

*Smallpox Statistics.—Condition as to vaccination of patients admitted suffering from smallpox during the year 1921.*

—	Admissions.	Deaths.	Mortality per cent.
A.—Vaccinated class—			
A 1. Half and upwards of half square inch total area of cicatrices ....	2	....	....
A 2. One-third, but less than half ditto ....	....	....	....
A 3. Less than one-third ditto ....	....	....	....
A 4. Area not recorded ....	....	....	....
Total of vaccinated class ....	2	....	....
B.—Doubtful class ....	....	....	....
C.—Unvaccinated class ....	....	....	....
Totals ...	2	....	....



TABLE XIII.—*Smallpox Statistics.—Admissions, deaths, and mortality per cent. of patients since 1 December, 1870, together with the annual mortality from smallpox per 1,000 persons living of the population of the metropolis. (Registrar-General's Returns.)*

YEAR.	ADMISSIONS.			DEATHS.			Mortality per cent. of patients treated in Board's 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	..	0.03
1874 (11 months ended 31 Dec.) ..	112	8	120	10	..	10	17.0	0.02
1875 ..	89	22	111	22	..	22	..	0.01
1876 ..	2,134	16	2,150	372	1	373	21.6	0.21
1877 ..	6,516	104	6,620	1,214	4	1,218	17.9	0.71
1878 ..	4,558	96	4,654	824	9	833	18.0	0.31
1879 ..	1,628	60	1,688	273	5	278	15.7	0.12
1880 ..	1,982	50	2,032	286	2	288	15.9	0.12
1881 ..	8,551	120	8,671	1,417	14	1,431	16.6	0.62
1882 ..	1,799	55	1,854	260	3	263	13.0	0.11
1883 ..	598	28	626	93	..	93	16.1	0.03
1884 ..	6,363	204	6,567	940	3	943	16.0	0.31
1885 ..	6,146	198	6,344	1,052	3	1,055	15.8	0.36
1886 ..	99	33	132	22	2	24	..	0.01
1887 ..	56	3	59	3	..	3	..	0.00
1888 ..	62	5	67	8	..	8	14.3	0.00
1889 ..	5	..	5	..	..	..	..	..
1890 ..	22	5	27	3	..	3	..	0.00
1891 ..	63	1	64	8	..	8	..	0.00
1892 ..	325	23	348	35	..	35	11.3	0.01
1893 ..	2,376	118	2,494	180	2	182	7.6	0.05
1894 ..	1,117	120	1,237	102	7	109	8.9	0.02
1895 ..	941	81	1,022	64	1	65	6.4	0.01
1896 ..	190	41	231	9	1	10	..	..
1897 ..	70	26	96	13	1	14	..	..
1898 ..	5	9	14	..	..	..	7.3	0.00
1899 ..	18	18	36	3	..	3	..	..
1900 ..	66	19	85	8	..	8	..	..
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	0.00
1913 ..	1	8	9	..	..	..	..	..
1914 ..	1	7	8	..	..	..	..	..
1915 ..	11	1	12	2	..	2	18.2	0.00
1916 ..	1	4	5	..	..	..	..	..
1917 ..	..	3	3	..	..	..	..	..
1918 ..	45	8	53	..	..	..	..	..
1919 ..	25	6	31	4	..	4	16.0	0.00
1920 ..	50	4	54	7	..	7	14.0	0.00
1921 ..	2	..	2	..	..	..	..	..
Totals ..	72,922	2,489	75,411	11,943	70	12,013	..	..

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TUBERCULOSIS STATISTICS (see also pp. 120-135.)

TABLE XIV.—Admissions (classified), discharges and deaths of tuberculous patients during 1921.

COLINDALE HOSPITAL.																	
ADMISSIONS.	*Stage (Turban-Gerhardt).			Totals.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total admissions.	Discharges.	Deaths.	Remaining 31 December, 1921.						
	I.	II.	III.														
<i>Age Groups.</i>																	
Under 16 years	....	....	....	....	....	....	....	1	1	....	....						
From 16 to 20 years	....	....	....	....	....	....	....	13	14	10	12						
" 20 " 25 "	....	....	....	....	1	....	....	103	49	36	28						
" 25 " 30 "	....	....	....	....	1	....	....	135	60	46	50						
" 30 " 35 "	....	....	....	....	2	....	....	90	47	30	34						
" 35 " 40 "	....	....	....	....	....	....	....	92	56	35	25						
" 40 " 45 "	....	....	....	....	....	....	....	100	54	34	38						
" 45 " 50 "	....	....	....	....	....	....	....	52	30	28	36						
Over 50 "	....	....	....	....	1	....	....	45	33	23	28						
Totals	....	....	....	....	5	....	....	631	344	242	251						
HIGH WOOD.																	
Under 16 years	163	....	122	285	68	....	72	425	410	3	284						
Totals	163	....	122	285	68	....	72	425	410	3	284						
MILLFIELD.																	
Under 16 years	26	10	7	43	71	....	....	114	64	....	91						
Totals	26	10	7	43	71	....	....	114	64	....	91						
NORTHERN HOSPITAL (PART OF).																	
<i>Age Groups.</i>																	
Under 16 years	25	27	39	91	3	....	4	98	772	74	74						
From 16 to 20 years	19	28	52	99	....	....	7	106				9					
" 20 " 25 "	23	41	54	118	....	....	....	118					10				
" 25 " 30 "	19	47	46	112	....	....	....	112						4			
" 30 " 35 "	15	29	37	81	....	....	2	83							3		
" 35 " 40 "	11	10	24	45	....	....	3	48								4	
" 40 " 45 "	9	9	23	41	....	....	....	41									1
" 45 " 50 "	6	4	16	26	....	....	1	27									
Over 50 "	1	3	10	14	....	....	....	14	....	....	....						
Totals	128	198	301	627	3	....	17	647	772	38	74						
PARK HOSPITAL.																	
<i>Age Groups.</i>																	
From 20 to 25 years	....	....	9	9	....	....	....	9	13	7	....						
" 25 " 30 "	....	....	4	4	....	....	1	5	9	3	....						
" 30 " 35 "	....	....	7	7	....	....	....	7	11	4	....						
" 35 " 40 "	....	....	6	6	....	....	....	6	7	3	....						
" 40 " 45 "	....	....	5	5	....	....	....	5	5	3	....						
" 45 " 50 "	....	....	1	1	....	....	....	1	2	2	....						
Over 50 "	....	....	4	4	....	....	....	4	5	....	....						
Totals	....	....	36	36	....	....	1	37	52	22	....						

\* The "Astor" classification in each case will be 1 higher.

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TABLE XIV (continued).—Admissions (classified), discharges and deaths of tuberculous patients during 1921.

PINWOOD.											
ADMISSIONS.	*Stage (Turban-Gerhardt).			Totals.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total admissions.	Discharges.	Deaths.	Remaining 31 December, 1921.
	I.	II.	III.								
<i>Age Groups.</i>											
From 16 to 20 years	18	8	1	27	2	....	....	29	40	....	....
" 20 " 25 "	25	14	1	40	4	....	....	44	63	....	....
" 25 " 30 "	40	9	....	49	1	....	....	50	62	....	....
" 30 " 35 "	24	7	....	31	1	....	....	32	39	....	....
" 35 " 40 "	22	5	....	27	1	....	....	28	34	....	....
" 40 " 45 "	16	5	....	21	3	....	....	24	28	....	....
" 45 " 50 "	9	2	1	12	....	....	....	12	16	....	....
" Over 50 "	7	3	....	10	....	....	....	10	10	....	....
Totals ....	161	53	3	217	12	....	....	229	292	....	....
PRINCESS MARY'S HOSPITAL.											
Under 16 years ....	....	....	....	....	21	....	197	218	152	19	268
Totals ....	....	....	....	....	21	....	197	218	152	19	268
QUEEN MARY'S HOSPITAL.											
Under 16 years ....	....	....	....	86	....	....	297	383	360	48	522
Totals ....	....	....	....	86	....	....	297	383	360	48	522
S. GEORGE'S HOME.											
<i>Age Groups.</i>											
Under 16 years	....	....	....	....	....	....	....	12	4	5	7
From 16 to 20 years	....	....	....	....	....	....	....	9	3	7	4
" 20 " 25 "	....	....	....	....	....	....	....	15	13	6	4
" 25 " 30 "	....	....	....	....	....	....	....	30	16	9	15
" 30 " 35 "	....	....	....	....	....	....	....	18	8	12	2
" 35 " 40 "	....	....	....	....	....	....	....	16	11	4	6
" 40 " 45 "	....	....	....	....	....	....	....	14	11	6	2
" 45 " 50 "	....	....	....	....	....	....	....	3	2	2	1
" Over 50 "	....	....	....	....	....	....	....	5	4	....	3
Totals ....	....	....	....	....	....	....	....	122	72	51	44
SOUTH EASTERN HOSPITAL.											
<i>Age Groups.</i>											
From 16 to 20 years	....	....	1	1	....	....	....	1	....	1	....
" 20 " 25 "	....	1	5	6	....	....	....	6	5	6	....
" 25 " 30 "	....	1	8	9	....	....	....	9	9	6	....
" 30 " 35 "	....	....	6	6	....	....	....	6	6	3	....
" 35 " 40 "	....	1	6	7	....	....	....	7	6	9	....
" 40 " 45 "	....	1	2	3	....	....	....	3	10	3	....
" 45 " 50 "	....	....	3	3	....	....	....	3	2	2	....
" Over 50 "	....	....	3	3	....	....	....	3	5	1	....
Totals ....	....	4	34	38	....	....	....	38	43	31	....

\* The "Astor" classification in each case will be 1 higher.

TABLE XIV (continued).—Admissions (classified), discharges and deaths of tuberculous patients during 1921.

THE DOWNS SANATORIUM.											
ADMISSIONS.	*Stage (Turban-Gerhardt).			Totals.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total admissions.	Discharges.	Deaths.	Remaining 31 December, 1921.
	I.	II.	III.								
<i>Age Groups.</i>											
Under 16 years	....	....	....	....	....	....	....	....	2	....	....
From 16 to 20 years	17	27	75	119	3	....	4	126	144	4	39
" 20 " 25 "	15	31	71	117	2	....	8	127	107	4	41
" 25 " 30 "	14	29	70	113	2	....	1	116	97	4	33
" 30 " 35 "	17	26	66	109	2	....	1	112	109	5	22
" 35 " 40 "	11	31	50	92	1	....	2	95	111	3	21
" 40 " 45 "	13	19	62	94	4	....	....	98	85	3	25
" 45 " 50 "	4	9	43	56	....	....	1	57	67	2	11
Over 50 "	7	4	25	36	3	....	....	39	51	3	5
Totals ....	98	176	462	736	17	....	17	770	773	28	197
WESTERN HOSPITAL.											
<i>Age Groups.</i>											
From 20 to 25 years	....	....	....	....	....	....	....	....	2	....	....
" 25 " 30 "	....	....	....	....	....	....	....	....	2	....	....
" 30 " 35 "	....	....	....	....	....	....	....	....	2	....	....
" 35 " 40 "	....	....	....	....	....	....	....	....	1	1	....
" 40 " 45 "	....	....	....	....	....	....	....	....	4	....	....
Totals ....	....	....	....	....	....	....	....	....	11	1	....

\* The "Astor" classification in each case will be 1 higher.

TABLE XV.—Discharges of tuberculous patients during 1921, classified as to condition.

COLINDALE HOSPITAL.									
	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total discharges.	
	I.	II.	III.						
Much improved	....	....	....	9	....	....	....	9	
Improved	....	....	....	168	....	....	....	168	
In statu quo	....	....	....	139	....	....	....	139	
Worse	....	....	....	28	....	....	....	28	
Total discharges	....	....	....	344	....	....	....	344	
HIGH WOOD.									
Much improved	95	1	55	151	42	....	30	223	
Improved	56	1	43	100	33	1	29	163	
In statu quo	4	....	7	11	2	....	2	15	
Worse	....	....	8	8	1	....	....	9	
Total discharges	155	2	113	270	78	1	61	410	
MILLFIELD.									
Much improved	4	3	1	8	22	....	....	30	
Improved	7	7	1	15	5	....	....	20	
In statu quo	....	1	5	6	2	....	....	8	
Worse	....	3	3	6	....	....	....	6	
Total discharges	11	14	10	35	29	....	....	64	
NORTHERN HOSPITAL (PART OF).									
Much improved	61	96	78	235	1	....	2	238	
Improved	75	115	191	381	2	....	9	392	
In statu quo	14	23	61	98	....	....	1	99	
Worse	....	6	37	43	....	....	....	43	
Total discharges	150	240	367	757	3	....	12	772	
PARK HOSPITAL.									
Much improved	....	....	....	....	....	....	....	....	
Improved	....	....	9	9	....	....	....	9	
In statu quo	....	....	15	15	....	....	1	16	
Worse	....	....	27	27	....	....	....	27	
Total discharges	....	....	51	51	....	....	1	52	
PINWOOD.									
Much improved	59	16	1	76	....	....	....	76	
Improved	111	41	4	156	8	....	....	164	
In statu quo	27	16	....	43	4	....	....	47	
Worse	1	1	3	5	....	....	....	5	
Total discharges	198	74	8	280	12	....	....	†292	

\* The "Astor" classification in each case will be 1 higher.

† Of the above total 17 patients remained under treatment less than 4 weeks.

TABLE XV (continued).—Discharges of tuberculous patients during 1921, classified as to condition.

PRINCESS MARY'S HOSPITAL.										
	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total discharges.		
	I.	II.	III.							
Much improved	....	....	....	....	19	....	81	100		
Improved	....	....	....	....	1	....	38	39		
In statu quo	....	....	....	....	1	....	8	9		
Worse	....	....	....	....	....	....	4	4		
Total discharges	....	....	....	....	21	....	131	152		
QUEEN MARY'S HOSPITAL.										
Much improved	....	....	....	....	28	....	36	64		
Improved	....	....	....	....	49	....	181	230		
In statu quo	....	....	....	....	9	....	50	59		
Worse	....	....	....	....	6	....	1	7		
Total discharges	....	....	....	....	92	....	268	360		
S. GEORGE'S HOME.										
Much improved	....	....	....	....	....	....	....	12		
Improved	....	....	....	....	....	....	....	18		
In statu quo	....	....	....	....	....	....	....	26		
Worse	....	....	....	....	....	....	....	16		
Total discharges	....	....	....	....	....	....	....	72		
SOUTH EASTERN HOSPITAL.										
Much improved	....	....	....	....	....	....	....	....		
Improved	....	....	2	1	3	....	....	3		
In statu quo	....	....	2	21	25	....	....	25		
Worse	....	....	2	12	14	....	....	1		
Total discharges	....	....	2	34	42	....	....	1		
THE DOWNS SANATORIUM.										
Much improved	....	....	39	42	69	150	4	4	158	
Improved	....	....	36	77	198	311	10	6	327	
In statu quo	....	....	20	30	193	243	6	2	251	
Worse	....	....	2	3	32	37	....	....	37	
Total discharges	....	....	97	152	492	741	20	12	773	

\* The "Astor" classification in each case will be 1 higher.

† Of the above total 4 patients remained under treatment less than 4 weeks.

§ " " 14 " " " " "

|| " " 68 " " " " "

TABLE XVI.—Deaths of tuberculous patients during 1921.

	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total deaths.
	I.	II.	III.					
Colindale Hospital	....	....	....	....	....	....	....	242
High Wood	....	....	2	2	....	....	1	3
Millfield	....	....	....	....	....	....	....	....
Northern Hospital (part of)	1	2	35	38	....	....	....	38
Park Hospital	....	....	22	22	....	....	....	22
Pinewood	....	....	....	....	....	....	....	....
Princess Mary's Hospital	....	....	1	1	....	....	18	19
Queen Mary's Hospital	....	....	....	22	....	....	26	48
S. George's Home	....	....	....	....	....	....	....	51
South Eastern Hospital	....	1	30	31	....	....	....	31
The Downs Sanatorium	....	1	26	27	1	....	....	28
Western Hospital	....	....	....	1	....	....	....	1

TABLE XVII.—Number of tuberculous patients remaining  
31st December, 1921.

								Total.
Colindale Hospital	....	....	....	....	....	....	....	251
High Wood	106	1	111	218	16	....	50	284
Millfield	....	....	....	....	....	....	....	91
Northern Hospital (part of)	14	23	25	62	....	....	12	74
Park Hospital	....	....	....	....	....	....	....	....
Pinewood	....	....	....	....	....	....	....	....
Princess Mary's Hospital	....	....	....	....	....	....	....	268
Queen Mary's Hospital	....	....	....	95	....	....	427	522
S. George's Home	....	....	....	....	....	....	....	44
South Eastern Hospital	....	....	....	....	....	....	....	....
The Downs Sanatorium	26	64	96	186	3	....	8	197
Western Hospital	....	....	....	....	....	....	....	....

\* The "Astor" classification in each case will be 1 higher.

TABLE XVIII.—Discharges and deaths of tuberculous patients during 1921, classified on examination of sputum.

COLINDALE HOSPITAL.									
	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total Discharges.	Total Deaths.
	I.	II.	III.						
Tubercle bacilli found ....	....	....	....	....	....	Not recorded	....	....	....
Tubercle bacilli not found	....	....	....	....	....	Not recorded	....	....	....
No expectoration ....	....	....	....	....	....	Not recorded	....	....	....
Not examined ....	....	....	....	....	....	Not recorded	....	....	....
TOTALS ....	....	....	....	....	....	....	....	344	242
HIGH WOOD.									
Tubercle bacilli found ....	1	....	18	19	....	....	....	19	2
Tubercle bacilli not found	25	....	26	51	5	....	2	58	....
No expectoration ....	129	2	69	200	73	1	59	333	1
Not examined ....	....	....	....	....	....	....	....	....	....
TOTALS ....	155	2	113	270	78	1	61	410	3
MILLFIELD.									
Tubercle bacilli found ....	....	3	4	7	....	....	....	7	....
Tubercle bacilli not found	....	1	....	1	....	....	....	1	....
No expectoration ....	11	10	4	25	29	....	....	54	....
Not examined ....	....	....	2	2	....	....	....	2	....
TOTALS ....	11	14	10	35	29	....	....	64	....
NORTHERN HOSPITAL (PART OF).									
Tubercle bacilli found ....	40	104	193	337	....	....	....	337	34
Tubercle bacilli not found	26	59	138	223	....	....	1	224	2
No expectoration ....	84	77	36	197	3	....	11	211	1
Not examined ....	....	....	....	....	....	....	....	....	1
TOTALS ....	150	240	367	757	3	....	12	772	38
PARK HOSPITAL.									
Tubercle bacilli found ....	....	....	65	65	....	....	....	43	22
Tubercle bacilli not found	....	....	2	2	....	....	1	3	....
No expectoration ....	....	....	....	....	....	....	....	....	....
Not examined ....	....	....	6	6	....	....	....	6	....
TOTALS ....	....	....	73	73	....	....	1	52	22
PINEWOOD.									
Tubercle bacilli found ....	85	47	7	139	....	....	....	139	....
Tubercle bacilli not found	106	27	1	134	12	....	....	146	....
No expectoration ....	7	....	....	7	....	....	....	7	....
Not examined ....	....	....	....	....	....	....	....	....	....
TOTALS ....	198	74	8	280	12	....	....	292	....

\* The "Astor" classification in each case will be 1 higher.



TABLE XVIII (continued).—Discharges and deaths of tuberculous patients during 1921, classified on examination of sputum.

PRINCESS MARY'S HOSPITAL.									
	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total discharges.	Total deaths.
	I.	II.	III.						
Tubercle bacilli found .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tubercle bacilli not found .....	.....	.....	1	1	.....	.....	.....	.....	1
No expectoration .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not examined .....	.....	.....	.....	.....	21	.....	131	152	18
Totals .....	.....	.....	1	1	21	.....	131	152	19
QUEEN MARY'S HOSPITAL.									
Tubercle bacilli found .....	.....	.....	.....	22	.....	.....	.....	22	16
Tubercle bacilli not found .....	.....	.....	.....	54	.....	.....	.....	54	6
No expectoration .....	.....	.....	.....	16	.....	.....	.....	16	.....
Not examined .....	.....	.....	.....	.....	.....	.....	.....	268	26
Totals .....	.....	.....	.....	92	.....	.....	.....	360	48
S. GEORGE'S HOME.									
Tubercle bacilli found .....	.....	.....	.....	.....	.....	.....	.....	24	30
Tubercle bacilli not found .....	.....	.....	.....	.....	.....	.....	.....	18	3
No expectoration .....	.....	.....	.....	.....	.....	.....	.....	5	.....
Not examined .....	.....	.....	.....	.....	.....	.....	.....	25	18
Totals .....	.....	.....	.....	.....	.....	.....	.....	72	51
SOUTH EASTERN HOSPITAL.									
Tubercle bacilli found .....	1	5	57	63	.....	.....	.....	33	30
Tubercle bacilli not found .....	1	2	3	6	.....	.....	1	7	.....
No expectoration .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Not examined .....	.....	.....	4	4	.....	.....	.....	3	1
Totals .....	2	7	64	73	.....	.....	1	43	31
THE DOWNS SANATORIUM.									
Tubercle bacilli found .....	33	82	411	526	.....	.....	.....	526	23
Tubercle bacilli not found .....	43	60	69	172	17	.....	6	195	2
No expectoration .....	20	6	3	29	3	.....	5	37	.....
Not examined .....	1	4	9	14	.....	.....	1	15	3
Totals .....	97	152	492	741	20	.....	12	773	28

\* The "Astor" classification in each case will be 1 higher.

TABLE XIX.—Reasons for discharge of tuberculous patients, 1921.

COLINDALE HOSPITAL.								
	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total discharges.
	I.	II.	III.					
Period of treatment expired	....	....	....	....	....	....	....	....
Against advice	....	....	....	325	....	....	....	325
Misconduct	....	....	....	5	....	....	....	5
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions...	....	....	....	14	....	....	....	14
Totals	....	....	....	344	....	....	....	344
HIGH WOOD.								
Period of treatment expired	127	2	75	204	68	1	38	311
Against advice	17	....	12	29	7	....	1	37
Misconduct	....	....	....	....	....	....	....	....
Contagious disease	5	....	9	14	2	....	10	26
Transferred to other institutions	6	....	17	23	1	....	12	36
Totals	155	2	113	270	78	1	61	410
MILLFIELD.								
Period of treatment expired	8	3	1	12	22	....	....	34
Against advice	1	1	....	2	3	....	....	5
Misconduct	....	....	....	....	....	....	....	....
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions...	2	10	9	21	4	....	....	25
Totals	11	14	10	35	29	....	....	64
NORTHERN HOSPITAL (PART OF).								
Period of treatment expired	127	215	329	671	2	....	10	683
Against advice	14	7	14	35	....	....	....	35
Misconduct	....	....	1	1	....	....	....	1
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions...	9	18	23	50	1	....	2	53
Totals	150	240	367	757	3	....	12	772
PARK HOSPITAL.								
Period of treatment expired	....	....	11	11	....	....	....	11
Against advice	....	....	26	26	....	....	....	26
Misconduct	....	....	1	1	....	....	....	1
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions...	....	....	14	14	....	....	....	14
Totals	....	....	52	52	....	....	....	52

\* The "Astor" classification in each case will be 1 higher.

TABLE XIX (continued).—Reasons for discharge of tuberculous patients, 1921.

PINWOOD.								
	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total discharges.
	I.	II.	III.					
Period of treatment expired	101	32	4	137	6	....	....	143
Against advice	50	22	2	74	....	....	....	74
Misconduct	14	4	....	18	2	....	....	20
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions	33	16	2	51	4	....	....	55
Totals	198	74	8	280	12	....	....	292
PRINCESS MARY'S HOSPITAL.								
Period of treatment expired	....	....	....	....	21	....	44	65
Against advice	....	....	....	....	....	....	7	7
Misconduct	....	....	....	....	....	....	2	2
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions	....	....	....	....	....	....	78	78
Totals	....	....	....	....	21	....	131	152
QUEEN MARY'S HOSPITAL.								
Period of treatment expired	....	....	....	75	....	....	255	330
Against advice	....	....	....	8	....	....	....	8
Misconduct	....	....	....	....	....	....	....	....
Contagious disease	....	....	....	1	....	....	13	14
Transferred to other institutions	....	....	....	8	....	....	....	8
Totals	....	....	....	92	....	....	268	360
S. GEORGE'S HOME.								
Period of treatment expired	....	....	....	....	....	....	....	....
Against advice	....	....	....	....	....	....	....	61
Misconduct	....	....	....	....	....	....	....	....
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions	....	....	....	....	....	....	....	11
Totals	....	....	....	....	....	....	....	72
SOUTH-EASTERN HOSPITAL.								
Period of treatment expired	....	....	....	....	....	....	....	....
Against advice	2	2	20	24	....	....	1	25
Misconduct	....	....	....	....	....	....	....	....
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions	....	4	14	18	....	....	....	18
Totals	2	6	34	42	....	....	1	43
THE DOWNS SANATORIUM.								
Period of treatment expired	65	94	342	501	18	....	7	526
Against advice	21	41	84	146	2	....	5	153
Misconduct	3	6	5	14	....	....	....	14
Contagious disease	....	....	....	....	....	....	....	....
Transferred to other institutions	8	11	61	80	....	....	....	80
Totals	97	152	492	741	20	....	12	773

\* The "Astor" classification in each case will be 1 higher.

TABLE XX.—Capacity for work of tuberculous patients on discharge, 1921.

COLINDALE HOSPITAL.										
	*Stage (Turban-Gerhardt).			Totals.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total discharges.		
	I.	II.	III.							
Fit for work	....	....	....	....	....	....	....	....	....	....
Fit for light work	....	....	....	7	....	....	....	....	....	7
Unfit for any work	....	....	....	337	....	....	....	....	....	337
Fit for school	....	....	....	....	....	....	....	....	....	....
Totals	....	....	....	344	....	....	....	....	....	344
HIGH WOOD.										
Fit for work	....	....	....	....	....	....	....	....	....	....
Fit for light work	....	10	....	7	17	1	....	1	....	19
Unfit for any work	....	1	....	10	11	1	....	3	....	15
Fit for school	....	131	1	64	196	65	1	32	....	294
Totals	....	142	1	81	224	67	1	36	....	328 †82
MILLFIELD.										
Fit for work	....	....	....	....	....	....	....	....	....	....
Fit for light work	....	....	....	....	....	....	....	....	....	....
Unfit for any work	....	....	2	5	7	2	....	....	....	9
Fit for school	....	11	12	5	28	27	....	....	....	55
Totals	....	11	14	10	35	29	....	....	....	64
NORTHERN HOSPITAL (PART OF).										
Fit for work	....	23	18	....	41	....	....	....	....	41
Fit for light work	....	56	89	95	240	2	....	7	....	249
Unfit for any work	....	46	92	240	378	....	....	2	....	380
Fit for school	....	25	41	32	98	1	....	3	....	102
Totals	....	150	240	367	757	3	....	12	....	772
PARK HOSPITAL										
Fit for work	....	....	....	....	....	....	....	....	....	....
Fit for light work	....	....	....	....	....	....	....	....	....	....
Unfit for any work	....	....	....	52	52	....	....	....	....	52
Fit for school	....	....	....	....	....	....	....	....	....	....
Total	....	....	....	52	52	....	....	....	....	52
PINEWOOD.										
Fit for work	....	67	10	....	77	7	....	....	....	84
Fit for light work	....	101	36	2	139	4	....	....	....	143
Unfit for any work	....	30	28	6	64	1	....	....	....	65
Fit for school	....	....	....	....	....	....	....	....	....	....
Totals	....	198	74	8	280	12	....	....	....	292

\* The "Astor" classification in each case will be 1 higher.

† Under school age.

TABLE XX (continued).—Capacity for work of tuberculous patients on discharge, 1921.

PRINCESS MARY'S HOSPITAL.										
	*Stage (Turban-Gerhardt).			Totals.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total discharges.		
	I.	II.	III.							
Fit for work	....	....	....	....	....	....	....	....	....	....
Fit for light work	....	....	....	....	....	....	....	....	....	....
Unfit for any work	....	....	....	....	....	....	77	77		
Fit for school	....	....	....	....	21	....	54	75		
Totals	....	....	....	....	21	....	131	152		
QUEEN MARY'S HOSPITAL.										
Fit for work	....	....	....	....	1	....	4	5		
Fit for light work	....	....	....	....	15	....	9	24		
Unfit for any work	....	....	....	....	15	....	22	37		
Fit for school	....	....	....	....	61	....	233	294		
Totals	....	....	....	....	92	....	268	360		
S. GEORGE'S HOME.										
Fit for work	....	....	....	....	....	....	....	....	....	1
Fit for light work	....	....	....	....	....	....	....	....	....	2
Unfit for any work	....	....	....	....	....	....	....	....	....	69
Fit for school	....	....	....	....	....	....	....	....	....	....
Totals	....	....	....	....	....	....	....	....	....	72
SOUTH-EASTERN HOSPITAL.										
Fit for work	....	....	....	....	....	....	....	....	....	....
Fit for light work	....	2	....	....	2	....	....	....	....	2
Unfit for any work	....	....	6	34	40	....	....	1	....	41
Fit for school	....	....	....	....	....	....	....	....	....	....
Totals	....	2	6	34	42	....	....	1	....	43
THE DOWNS SANATORIUM.										
Fit for work	....	47	57	66	170	10	....	5	....	185
Fit for light work	....	30	46	129	205	6	....	3	....	214
Unfit for any work	....	20	49	297	366	4	....	4	....	374
Fit for school	....	....	....	....	....	....	....	....	....	....
Totals	....	97	152	492	741	20	....	12	....	773

\* The "Astor" classification in each case will be 1 higher.



TABLE XXII.—Number of tuberculous patients with complications, 1921.

COLINDALE HOSPITAL.			
Tubercular.		Non-tubercular.	
Adenitis, cervical	3	Abscess of lung	3
Adenitis elsewhere	5	Aneurism of aorta	1
Ankle	1	Adherent pericardium	2
Appendicitis	4	Bronchiectasis	4
Cerebellar abscess	1	Carbuncles	3
Elbow	1	Chronic gonorrhœa	1
Empyema	6	Deafness	53
Enteritis	150	Epilepsy	2
Epididymitis	6	Herpes zoster	2
Hip	1	Hydrocele	1
I.R.A.	60	Inguinal hernia	15
Knee	2	Mitral stenosis	2
Laryngitis	286	Nephritis	4
Lupus	2	Papilloma of epiglottis	1
Meningitis	3	Sub-phrenic abscess	1
Peritonitis	10	Syphilis	5
Pleural effusion	3	Tabes	2
Pneumothorax	3	Urethral fistula	1
Pyonephrosis	4		
Spine	15		
Sternoclavicular joint	1		
Suprarenal	1		
Ulcer of tongue	2		
<b>Total</b>	<b>570</b>	<b>Total</b>	<b>103</b>

## HIGH WOOD.

Asthma	1	Purulent conjunctivitis	9
Bronchitis	6	Purpura	1
Bronchiectasis	1	Pyorrhœa (severe)	5
Chorea	1	Rectal prolapse	1
Diphtheria	16	Scabies	1
Eczema	1	Scarlet fever	8
Hæmoptysis	5	Tinea capitis	3
Herpes zoster	2	Tuberculosis of ankle	1
Infective parotitis	1	"    glands of neck	5
Lupus	1	"    hip	2
Mitral stenosis	2	"    kidney	1
Osteo-myelitis	1	"    larynx	1
Otorrhœa	10	"    peritoneum	6
Periostitis	1	"    shoulder	1
Pleurisy or pleural effusion	9	"    spine	2
Pneumonia	4	Whooping cough	4
<b>Total</b>	<b>113</b>		

## MILLFIELD.

Appendicitis	1	Pleural effusion	1
Asthma	1	Rheumatism	1
Peritoneal glands	1		
<b>Total</b>	<b>5</b>		

## NORTHERN HOSPITAL (PART OF).

Tuberculous in nature.		Non-tuberculous in nature.	
Adenitis	3	Asthma	2
Arthritis elbow	2	Cardiac	3
"    hip	4	Chorea	1
"    knee	1	Diabetes mellitus	1
Cornea	2	Epilepsy	3
Enteritis	8	Floating kidney	2
Laryngitis	24	Pregnancy	2
Pelvic	1	Psoriasis	2
Peritonitis	2	Rheumatism	1
Renal	1	Sciatica	1
Tibia	2		
<b>Total</b>	<b>50</b>	<b>Total</b>	<b>18</b>

TABLE XXII (continued).  
 Number of Tuberculous patients with complications, 1921.

## PARK HOSPITAL.

Asthma ....	1	Laryngitis ....	5
Bronchitis ....	1	Otitis ....	1
Hæmoptysis ....	14		
Total ....	22		

## PINEWOOD.

Boils ....	1	Facial paralysis ....	1
Bronchitis ....	5	Heart disease ....	1
Chronic Bright's disease ....	1	Rheumatism ....	1
Colitis ....	1	Psoriasis ....	1
Eczema ....	1	Rectal prolapse ....	1
Epilepsy ....	2	Urticaria ....	1
Total ....	17		

## SOUTH-EASTERN HOSPITAL.

Appendicitis ....	1	Hiccough ....	1
Diabetes ....	1	Hydrocele ....	1
Enteritis ....	4	Laryngitis ....	7
Femoral abscess ....	1	Submaxillary abscess ....	1
Fistula in ano ....	2	T.B. testis ....	1
Hæmoptysis ....	8	T.B. Peritonitis ....	2
Herpes zoster ....	1	Thrombosis femoral vein ....	1
Total ....	32		

## THE DOWNS SANATORIUM.

Tuberculous in nature.		Non-tuberculous in nature.	
Cervical adenitis ....	2	Appendicitis ....	1
Empyema ....	1	Bronchiectasis ....	1
Enteritis ....	5	Chronic bronchitis and emphysema....	29
Epididymitis ....	2	Chronic bronchitis and asthma ....	2
Hydropneumothorax ....	2	Chronic nephritis ....	1
Laryngitis ....	47	Cirrhosis of liver ....	1
Meningitis ....	3	Epilepsy ....	2
Peritonitis ....	3	Hernia ....	2
Pleural effusion ....	1	Hyperthyroidism ....	2
Pharyngitis ....	1	Interstitial keratitis ....	1
Pleurisy (acute) ....	4	Morbus cordis ....	3
Pneumothorax ....	3	Neurasthenia ....	5
Pyo-pneumothorax ....	2	Osteo-myelitis ....	1
Tuberculosis of hip joint ....	3	Otorrhœa ....	2
"    "    knee joint ....	2	Paralysis agitans ....	1
"    "    spine ....	2	Perineal abscess or fistula ....	5
"    "    mastoid ....	2	Scabies ....	1
"    "    kidney and bladder ....	2	Sciatica ....	1
"    "    skin ....	2	Syphilis ....	2
"    "    tongue ....	1	Tapeworm ....	1
"    "    shoulder joint ....	1		
"    "    rib ....	1		
"    "    sternum ....	1		
"    "    tibia ....	1		
Total ....	94	Total ....	64



TABLE XXIII.—*Number of tuberculous patients whose diagnosis was corrected after admission, 1921.***COLINDALE HOSPITAL.**

Bronchiectasis with abscess of lung....	1	Sub-phrenic abscess ....	1
Bronchitis and emphysema ....	3		
Total ....	5		

**HIGH WOOD.**

Anæmia....	1	Jaundice ....	1
Bronchiectasis ....	1	Pneumonia ....	1
Bronchitis ....	6	Rickets ....	2
Collapse of lung ....	1	Whooping cough ....	1
Total ....	14		

**NORTHERN HOSPITAL (PART OF).**

No obvious disease ....	3
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**PINEWOOD.**

Chronic Bright's disease ....	1
No obvious disease ....	11
Total ....	12

**PRINCESS MARY'S HOSPITAL.**

Diagnosis not confirmed ....	21
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**QUEEN MARY'S HOSPITAL.**

Phthisis corrected to debility ....	3
Psoas abscess corrected to inguinal adenitis ....	1
Spinal caries corrected to debility ....	1
Spinal caries corrected to torticollis ....	1
Tubercular arthritis corrected to traumatic arthritis ....	1
„ base corrected to bursitis ....	1
„ glands of neck corrected to congenital syphilitic adenitis ....	2
„ glands of neck corrected to lymphadenoma ....	1
„ hip corrected to debility ....	1
„ hip corrected to inguinal adenitis ....	1
Total ....	13

**THE DOWNS SANATORIUM.**

Bronchiectasis ....	1	Morbus cordis ....	.
Chronic bronchitis and emphysema....	6	No obvious disease ....	12
Lympho sarcoma ....	1		
Total ....	21		

TABLE XXIV.—Number of admissions, transfers, discharges and deaths at the Board's several institutions for tuberculous patients during 1921.

INSTITUTIONS.	Remaining 31 Dec., 1920.			Admissions.			Re-admissions (from Fever Hospitals, etc., after treatment).			Transfers from other institutions of the Board for Tuberculosis.			Died.			Discharged.			Transfers to other Institutions of the Board for Tuberculosis.			Other Transfers (to Fever Hospitals, etc., for treatment).			Remaining 31 Dec., 1921.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
	Colindale Hospital	206	..	206	585	..	585	..	..	..	46	..	46	242	..	242	341	..	341	3	..	3	15	..	15	251	..
High Wood	142	130	272	184	165	349	12	14	26	14	36	50	1	2	5	183	165	348	13	20	33	14	..	14	140	144	284
Millfield	..	22	22	41	60	101	..	9	13	4	4	13	..	..	..	22	20	42	7	15	22	..	..	40	51	91	
Northern Hospital (part of)	15	222	237	17	626	643	..	..	4	..	..	..	38	38	719	21	698	719	11	42	53	..	..	74	74	74	
North-Western Hospital	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Park Hospital	37	..	37	33	..	33	..	4	4	..	..	4	22	..	22	37	..	37	15	..	15	..	..	..	..	..	..
Pinewood	63	..	63	229	..	229	..	..	..	..	..	..	..	..	..	238	..	238	54	..	54	..	..	..	..	..	..
Princess Mary's Hospital	130	91	221	109	93	202	7	9	16	..	..	..	10	9	19	37	37	74	4	11	15	36	27	63	159	109	268
Queen Mary's Hospital	216	331	547	166	158	324	..	12	53	47	47	53	25	23	48	123	229	352	5	3	8	..	..	241	281	522	
S. George's Home	..	45	45	..	121	121	..	..	..	1	1	1	51	51	71	..	71	..	..	..	..	..	..	..	44	44	
South Eastern Hospital	36	..	36	18	..	18	..	20	20	1	1	20	31	..	31	27	..	27	..	..	..	..	..	..	..	..	..
The Downs Sanatorium	228	..	228	713	..	713	..	57	57	..	..	57	28	..	28	745	..	745	28	..	28	..	..	..	..	..	197
Western Hospital	12	..	12	..	..	..	..	..	..	..	..	..	1	..	1	7	..	7	..	..	..	..	..	..	..	..	..
Totals .. .. .	1,106	841	1,947	2,095	1,223	3,318	19	23	42	162	92	254	360	123	485	1,781	1,220	3,001	162	92	254	51	41	92	1,028	703	1,731

**MENTAL HOSPITAL STATISTICS** (see also pp. 137-140).

TABLE XXV.

*Number of admissions, transfers, discharges and deaths (exclusive of feeble-minded patients) at the Board's several mental hospitals during 1921, according to parishes and unions, also the numbers remaining under treatment at the end of the year.*

PARISHES & UNIONS.	No. remaining at mental hospitals on 1 January, 1921			Admitted.			Died.			Discharged.			Transferred to other mental hospitals of the Board.			No. remaining at mental hospitals on 31 December, 1921.								
	M.	F.	Total.	Direct and Indirect.			From other mental hospitals of the Board.			M.	F.	Total.	M.	F.	Total.	M.	F.	Total.						
				M.	F.	Total.	M.	F.	Total.										M.	F.	Total.			
Bermondsey	92	129	221	(1)	8	(1)	12	(2)	20	10	19	29	2	(2)	4	(2)	6	7	2	9	89	117	206	
Bethnal Green	73	99	172	21	21	42	6	15	5	8	13	13	9	3	1	(1)	14	9	6	15	86	111	197	
Camberwell	133	174	307	(1)	20	(1)	12	23	15	18	33	33	11	7	(1)	7	(1)	14	11	12	132	161	293	
Chelsea	29	39	68	2	2	4	9	4	3	5	8	8	2	2	2	2	2	4	2	2	4	28	34	62
Fulham	38	63	101	10	10	24	34	15	2	15	17	17	6	3	4	4	4	6	9	15	45	69	114	
Greenwich	87	108	195	13	10	23	17	9	7	13	22	22	13	10	5	7	7	13	10	23	89	107	196	
Hackney	94	157	251	(1)	20	16	(1)	36	18	28	46	46	3	7	5	8	8	8	4	12	94	140	234	
Hammersmith	36	59	95	10	10	20	10	10	7	13	20	20	3	3	(2)	1	(2)	3	8	9	18	37	61	98
Hampstead	23	38	61	1	1	2	3	3	1	12	13	13	4	1	2	2	2	3	1	2	3	26	35	61
Holborn	137	153	290	(1)	17	(1)	7	(2)	24	23	21	34	(1)	2	3	(1)	3	4	4	9	13	129	137	266
Islington	123	137	260	(4)	5	(2)	6	(1)	11	4	7	11	8	10	5	7	7	8	10	18	124	133	257	
Kensington	77	87	164	(1)	12	17	(1)	23	12	13	25	25	2	2	5	7	7	10	6	10	76	86	162	
Lambeth	240	302	542	55	(2)	55	(5)	110	11	37	63	100	(2)	17	12	(2)	29	10	26	36	239	285	524	
Lewisham	39	45	84	(1)	4	10	(1)	14	4	2	3	5	(1)	1	(2)	1	(2)	4	5	9	41	49	90	
Limehouse	33	37	70	..	..	..	..	..	2	3	7	10	1	..	..	..	..	1	2	3	3	30	33	63
London, City of	29	32	61	..	..	..	..	..	..	1	4	5	..	..	..	..	..	2	3	5	5	25	24	49
Mile End	64	82	146	17	17	34	8	25	5	5	9	14	(1)	3	(1)	3	3	3	5	8	12	24	36	60
Paddington	58	67	125	(1)	9	4	(1)	13	8	8	16	16	6	2	2	(1)	2	6	2	8	58	62	120	
Poplar	117	150	267	(1)	33	18	(1)	51	16	19	38	41	9	9	5	14	14	16	12	28	123	141	264	
S. George's East	40	41	81	2	2	4	2	4	2	2	4	4	..	..	..	..	..	7	7	14	40	41	81	
S. Marylebone	77	90	167	15	(1)	25	(1)	40	7	12	21	33	(1)	3	4	(1)	4	7	7	14	76	91	167	
S. Pancras	159	239	398	428	(1)	40	20	(1)	69	11	20	30	22	20	42	(2)	7	11	19	30	203	234	437	
Shoreditch	83	75	158	5	5	4	4	5	2	5	7	7	8	7	5	(1)	1	8	8	11	82	72	154	
Southwark	129	129	258	25	12	37	7	14	18	8	26	26	(1)	2	(1)	2	3	3	3	11	82	72	154	
Wandsworth	140	246	386	(1)	21	(1)	21	(2)	42	15	23	32	(1)	7	(2)	8	15	15	15	15	30	145	235	380
Westminster, City of	91	116	207	16	16	32	6	17	10	20	29	30	(1)	4	3	(1)	4	6	1	7	95	109	204	
Whitechapel	79	75	154	(1)	9	(1)	7	(2)	16	9	14	23	(1)	2	(1)	2	2	6	3	9	78	66	144	
Woolwich	51	72	123	..	..	..	..	..	8	13	17	17	4	4	8	8	8	7	6	14	51	75	126	
Board of Control	..	7	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Extra Metropolitan	36	50	86	1	(1)	2	(1)	3	2	2	3	5	..	..	..	..	..	..	..	..	..	35	49	84
<b>Totals</b>	2,437	3,102	5,539	(12)	402	(12)	376	(26)	778	270	408	678	(13)	86	(13)	94	(25)	180	205	203	408	2,483	2,976	5,459

NOTE.—The small figures in brackets represent alterations in chargeability after admission.



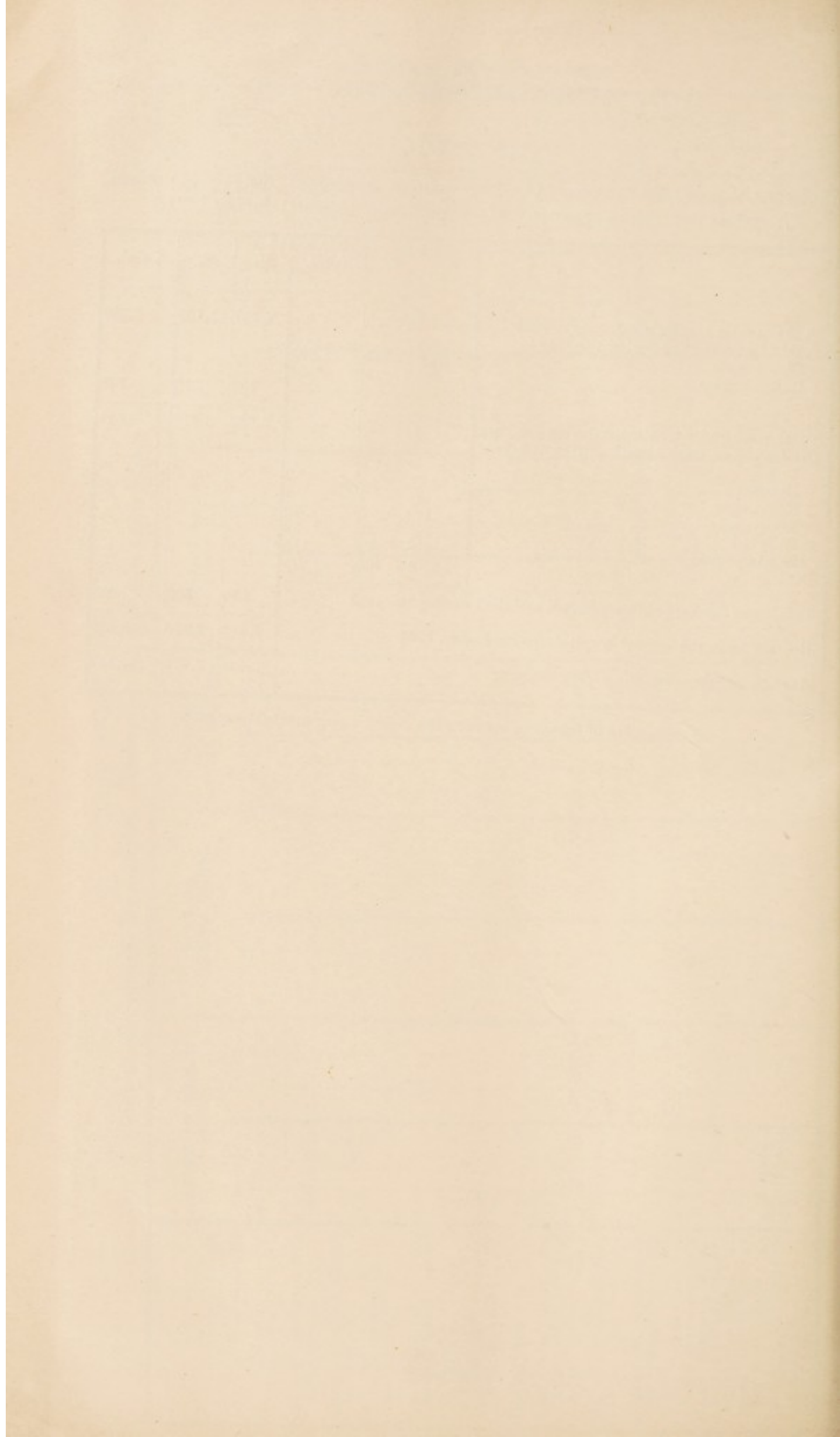


TABLE XXVIII.

Summary showing the movement [i.e., admissions, discharges, &c.] of the mental hospitals population (exclusive of feeble-minded patients) during 1921.

	M.	F.	Total.	M.	F.	Total.
In the mental hospitals 1 January, 1921	....	....	....	2,437	3,102	5,539
Total cases admitted during the year—						
Direct cases	318	375	693			
Indirect cases	84	1	85	402	376	778
Total cases under treatment during the year				2,839	3,478	6,317
Discharged or transferred* during the year						
as—						
Escaped	2	....	2			
Not insane	3	1	4			
Recovered	14	6	20			
Relieved	19	20	39			
Not improved	48	67	115			
Died	270	408	678			
Total cases discharged, transferred, and died during the year				356	502	858
Remaining in the mental hospitals 31 December, 1921				2,483	2,976	5,459
Average number resident during the year				2,431	3,026	5,457

\* Exclusive of transfers between the Board's own mental hospitals.



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TABLE XXIX.—Analysis of the admissions at the Mental Hospitals during the year 1921. (B 1.)

NAME OF MENTAL HOSPITAL.	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.
CATERHAM.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect {	77	35	112	3	26	29	1	5	6	1	7	8	82	73	155
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	77	35	112	3	26	29	1	5	6	1	7	8	82	73	155
DARENTH.	Direct	1	8	9	..	..	..	..	..	..	..	1	1	1	9	10
	Indirect {	26	12	38	..	..	..	..	..	..	1	..	1	27	12	39
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	27	20	47	..	..	..	..	..	..	1	1	2	28	21	49
FOUNTAIN (temporary).	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect {	37	30	67	4	6	10	..	..	..	..	2	2	41	38	79
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	37	30	67	4	6	10	..	..	..	2	2	41	38	79	
LEAVESDEN.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect {	52	45	97	69	31	100	12	..	12	6	2	8	139	78	217
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	52	45	97	69	31	100	12	..	12	6	2	8	139	78	217
TOOTING BEC.	Direct	15	17	32	*187	274	461	17	22	39	29	14	43	248	327	575
	Indirect {	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	15	17	32	187	277	464	17	22	39	29	14	43	248	330	578
TOOTING BEC RECEIVING HOME FOR CHILDREN.	Direct	†56	†23	79	12	13	25	..	1	1	1	2	3	69	39	108
	Indirect {	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	56	23	79	12	13	25	..	1	1	1	2	3	69	39	108

\* Includes 2 "not insane" cases.

† Includes 1 "not insane" case.

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	†72	†48	120	*199	287	486	17	23	40	30	17	47	318	375	693
Indirect	12	1	13	57	..	57	11	..	11	4	..	4	84	1	85
Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total admissions	84	49	133	256	287	543	28	23	51	34	17	51	402	376	778

\* Includes 2 "not insane" cases.

† Includes 1 "not insane" case.



TABLE I

Date	Temperature	Humidity	Wind	Remarks
1911	75	80	S.W.	Clear
1912	78	82	S.W.	Clear
1913	76	81	S.W.	Clear
1914	77	80	S.W.	Clear
1915	79	83	S.W.	Clear
1916	76	81	S.W.	Clear
1917	78	82	S.W.	Clear
1918	77	80	S.W.	Clear
1919	79	83	S.W.	Clear
1920	76	81	S.W.	Clear
1921	78	82	S.W.	Clear
1922	77	80	S.W.	Clear
1923	79	83	S.W.	Clear
1924	76	81	S.W.	Clear
1925	78	82	S.W.	Clear
1926	77	80	S.W.	Clear
1927	79	83	S.W.	Clear
1928	76	81	S.W.	Clear
1929	78	82	S.W.	Clear
1930	77	80	S.W.	Clear



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TABLE

Year	...	...	...	...	...
1901	...	...	...	...	...
1902	...	...	...	...	...
1903	...	...	...	...	...
1904	...	...	...	...	...
1905	...	...	...	...	...
1906	...	...	...	...	...
1907	...	...	...	...	...
1908	...	...	...	...	...
1909	...	...	...	...	...
1910	...	...	...	...	...
1911	...	...	...	...	...
1912	...	...	...	...	...
1913	...	...	...	...	...
1914	...	...	...	...	...
1915	...	...	...	...	...
1916	...	...	...	...	...
1917	...	...	...	...	...
1918	...	...	...	...	...
1919	...	...	...	...	...
1920	...	...	...	...	...
1921	...	...	...	...	...
1922	...	...	...	...	...
1923	...	...	...	...	...
1924	...	...	...	...	...
1925	...	...	...	...	...
1926	...	...	...	...	...
1927	...	...	...	...	...
1928	...	...	...	...	...
1929	...	...	...	...	...
1930	...	...	...	...	...

TABLE XXX (continued).—Showing the form of mental disorder on admission in the admissions during the year 1921. (B 5.)

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 .....	19	13	32	1	.....	1	20	13	33
	Without epilepsy .....	68	66	134	13	1	14	81	67	148
	(2) Moral .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Not insane .....	3	1	4	.....	.....	.....	3	1	4
Insanity occurring later in life.	(1) Insanity with epilepsy .....	5	.....	5	.....	.....	.....	5	.....	5
	(2) General paralysis of insane .....	8	1	9	.....	.....	.....	8	1	9
	(3) Insanity with grosser brain lesions .....	.....	4	4	1	.....	1	1	4	5
	(4) Acute delirium .....	.....	1	1	.....	.....	.....	.....	1	1
	(5) Confusional insanity .....	.....	2	2	.....	.....	.....	.....	2	2
	(6) Stupor .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	(7) Primary dementia .....	11	6	17	.....	.....	.....	11	6	17
	(8) Mania { (a) Recent .....	1	.....	1	.....	.....	.....	1	.....	1
	{ (b) Chronic .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	{ (c) Recurrent .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	(9) Melancholia { (a) Recent .....	.....	1	1	.....	.....	.....	.....	1	1
	{ (b) Chronic .....	10	11	21	.....	.....	.....	10	11	21
	{ (c) Recurrent .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	(10) Alternating insanity.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(11) Delusional insanity { (a) Systematised .....	3	23	26	.....	.....	.....	3	23	26	
{ (b) Non-Systematised .....	1	2	3	.....	.....	.....	1	2	3	
(12) Volitional insanity { (a) Impulse .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
{ (b) Obsession .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
{ (c) Doubt .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
(13) Moral insanity .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
(14) Dementia { Senile .....	187	242	429	11	.....	11	198	242	440	
{ Secondary .....	2	2	4	58	.....	58	60	2	62	
Total .....		318	375	693	84	1	85	402	376	778



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TABLE XXXII. Mental Hospitals.—An analysis of the discharges and transfers during the year 1921. (C 1.)

	CATERHAM MENTAL HOSPITAL.			DAREMTH TRAINING COLONY.			FOUNTAIN (Temporary) MENTAL HOSPITAL.			LEAVESDEN MENTAL HOSPITAL.			TOOTING BEC MENTAL HOSPITAL.			TOOTING BEC RECEIVING HOME FOR CHILDREN.		
	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	M. F. Tl.	
<b>DISCHARGED AS RECOVERED.</b>																		
From direct and indirect admissions.																		
First attack cases .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not first attack cases .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total from direct and indirect admissions .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
From transfers.																		
First attack cases .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Not first attack cases .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cases unknown whether first attack or not .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total from transfers .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total discharged as recovered .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>DISCHARGED (NOT RECOVERED) AS—</b>																		
RELIEVED .. .. .	2	2	..	..	11	16	27	11	16	27	..	..	..	..	..	..	..	..
NOT IMPROVED .. .. .	3	8	11	..	..	8	8	..	..	8	5	..	..	..	..	..	..	..
Total .. .. .	5	8	13	..	..	11	24	35	..	..	6	10	16	..	..	..	..	..
<b>REASONS FOR SUCH DISCHARGES.</b>																		
To go to care of friends .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
workhouse .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
L.C.C. or other mental hospitals .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To be banded out .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in reception order .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
— lapsing of reception order .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To fever hospital .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
M.D. section of Darenth Training Colony .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Escapes .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>TRANSFERRED AS—</b>																		
RELIEVED .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NOT IMPROVED .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>DESTINATION OF SUCH TRANSFERS.</b>																		
To other mental hospitals of the Board .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
To "single case" .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other destination .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>TOTAL DISCHARGED AND TRANSFERRED AS—</b>																		
RELIEVED .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NOT IMPROVED .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

† Includes 2 not insane.

\* Not insane.

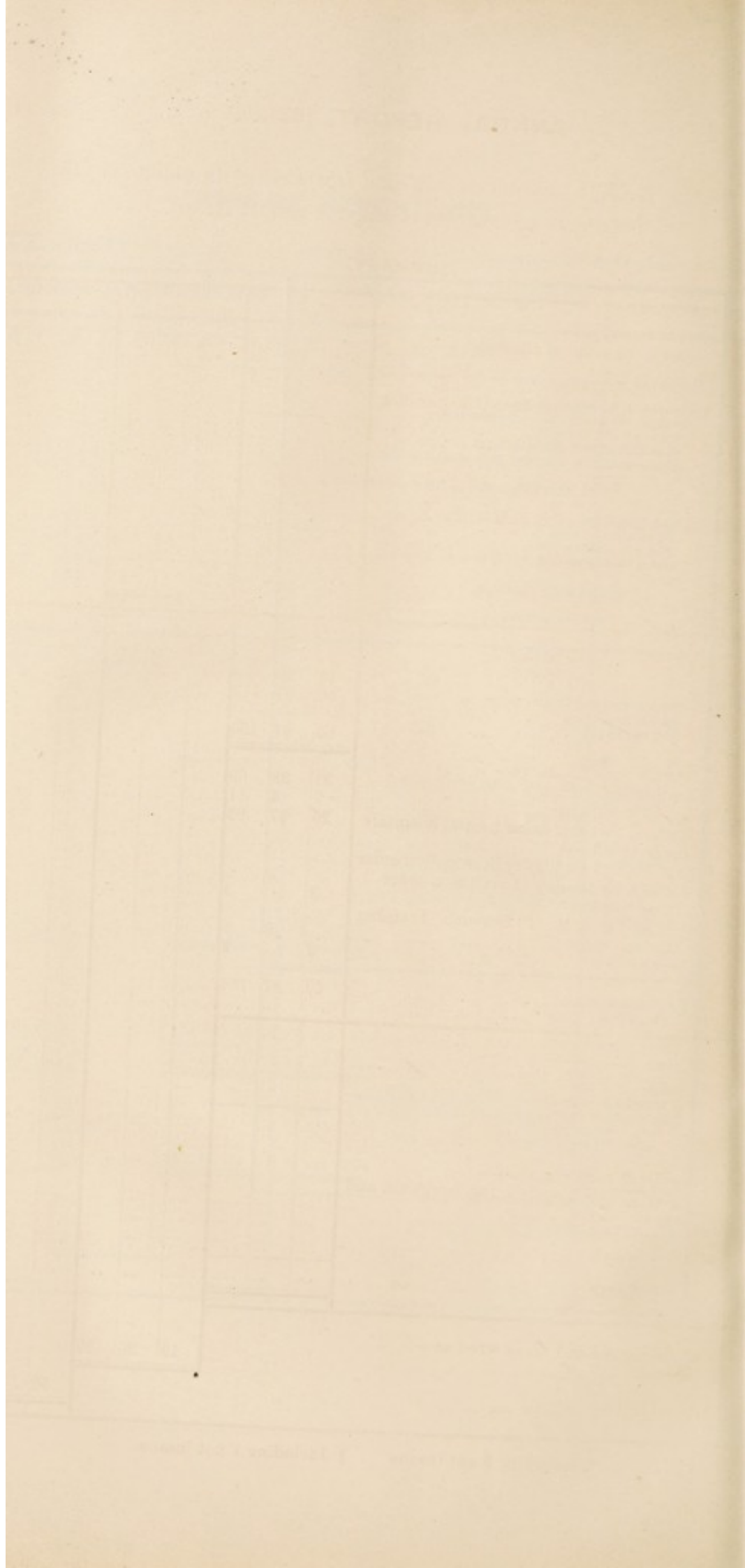


TABLE XXXII (continued).—Mental Hospitals.—An analysis of the discharges and transfers during the year 1921. (C 1.)

SUMMARY.

	M.	F.	T.	M.	F.	T.	M.	F.	T.
Discharged as recovered—									
From direct and indirect admissions—									
First-attack cases	17*	4†	21	....	....	....	....	....	....
Not-first-attack cases	....	2	2	....	....	....	....	....	....
Cases unknown-whether-first-attack-or-not	....	....	....	....	....	....	....	....	....
Total from direct admissions	....	....	....	17	6	23	....	....	....
From transfers—									
First-attack cases	....	1	1	....	....	....	....	....	....
Not-first-attack cases	....	....	....	....	....	....	....	....	....
Cases unknown-whether-first-attack-or-not	....	....	....	....	....	....	....	....	....
Total from transfers	....	....	....	....	1	1	....	....	....
Total discharged as recovered	....	....	....	17	7	24	....	....	....
Discharged (not recovered) as—							Relieved		Not improved
Relieved	19	20	39	19	20	39	....	....	....
Not improved	50	67	117	....	....	....	50	67	117
Total	69	87	156	....	....	....	....	....	....
Reasons for such discharge—									
To go to care of friends	31	38	69	....	....	....	....	....	....
To go to workhouse	7	4	11	....	....	....	....	....	....
To go to L.C.C. and other mental hospitals	26	37	63	....	....	....	....	....	....
To be boarded out	....	....	....	....	....	....	....	....	....
Statutory, by irregularity in reception order	....	....	....	....	....	....	....	....	....
Statutory, by lapsing of reception order	....	....	....	....	....	....	....	....	....
To fever hospital	3	....	3	....	....	....	....	....	....
To M.D. section of Darenth Training Colony	....	8	8	....	....	....	....	....	....
Escapes	2	....	2	....	....	....	....	....	....
Total	69	87	156	....	....	....	....	....	....
Transferred as—									
Relieved	....	....	....	....	....	....	....	....	....
Not improved	....	....	....	....	....	....	....	....	....
Total	....	....	....	....	....	....	....	....	....
Destination of such transfers—									
To other mental hospitals, reg. hospitals, and licensed houses	....	....	....	....	....	....	....	....	....
To "single care"	....	....	....	....	....	....	....	....	....
Other destination	....	....	....	....	....	....	....	....	....
Total	....	....	....	....	....	....	....	....	....
Total discharged and transferred as—									
Relieved	....	....	....	19	20	39	....	....	....
Not improved	....	....	....	....	....	....	50	67	117

\* Including 3 not insane      † Including 1 not insane.







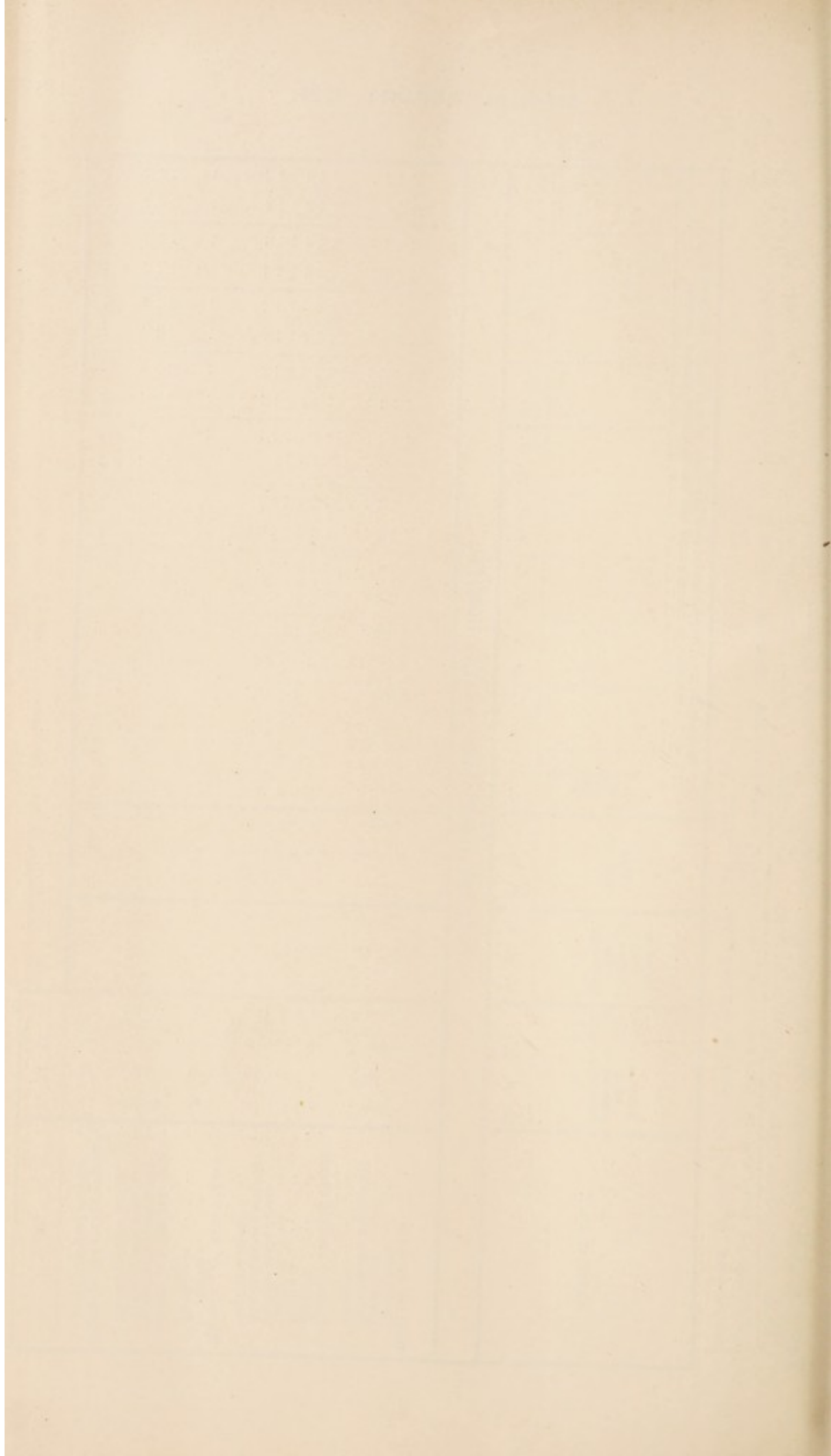
Name	Address
Mr. J. H. ...	...
Mrs. ...	...
...	...
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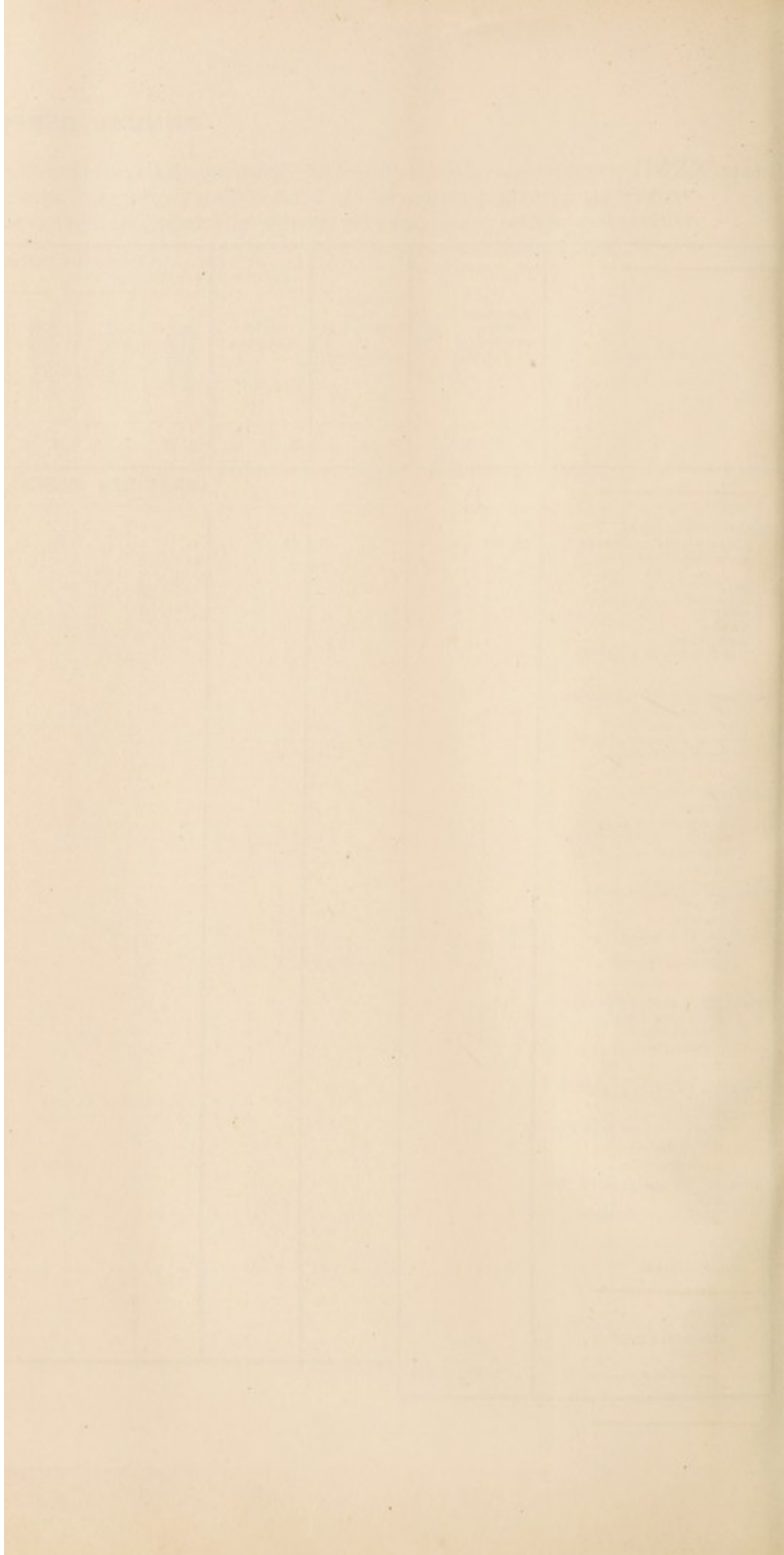
TABLE XXXIII (continued). *Mental Hospitals.—Showing all the causes of death that entered into the deaths during the year 1921, arranged as PRINCIPAL, CONTRIBUTORY, and the totals of these; also the number of times each cause (whether principal or contributory) was associated with certain selected causes; and the number of occasions each principal cause of death was verified by post-mortem examination. (D 1.)*

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.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
										Valvular heart disease.									
GENERAL DISEASES—																			
Scarlet fever ..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, pulmonary ..	1	2	3	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..
Anæmia ..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM—																			
Epilepsy ..	4	1	5	3	..	1	4	6	..	..	..	..	..	..	..	..	..	..	..
Chorea ..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Cretinism ..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Chronic brain disease ..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Diaphragmatic paralysis ..	..	..	2	1	1	1	1	4	1	1	..	..	..	..	..	..	..	..	..
Cardiac diseases ..	1	1	..	..	1	2	2	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM—																			
Pneumonia ..	2	3	5	3	..	..	2	3	5	..	..	..	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM—																			
Gastrointestinal obstruction ..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Pyloric obstruction ..	..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..
Gastro-enteritis tetany ..	..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..
DISEASES OF URINARY SYSTEM—																			
Post-scarlatinal nephritis ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..
Totals ..	11	11	22	10	..	..	11	11	22	10	..	..	..	..	..	..	..	..	..

FOUNTAIN (TEMPORARY) MENTAL HOSPITAL.



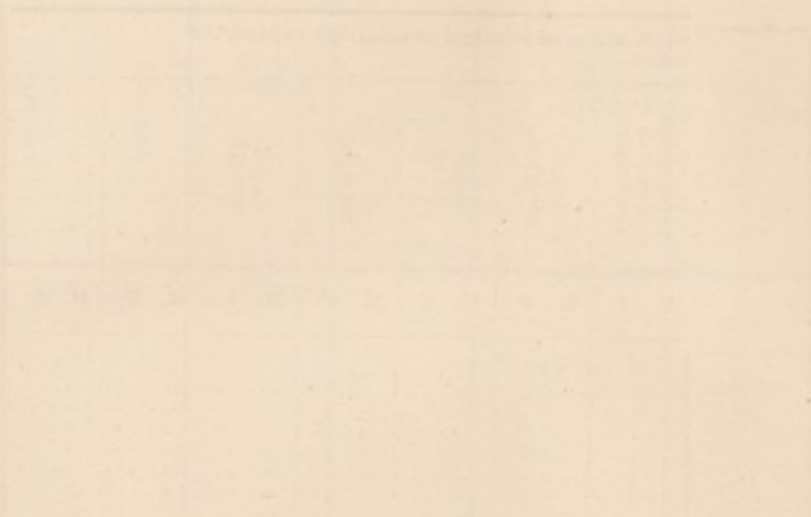








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TABLE XXXIII (continued). Mental Hospitals.—Showing all the causes of death that entered into the deaths during the year 1921, arranged as PRINCIPAL, CONTRIBUTORY, and the totals of these; also the number of times each cause (whether principal or contributory) was associated with certain selected causes; and the number of occasions each principal cause of death was verified by post-mortem examination. (D I.)

SUMMARY.

Table with columns for 'Cases of death', 'Instances when returned as PRINCIPAL', 'Instances when returned as CONTRIBUTORY', 'Total incidence.', and 17 specific medical conditions. Rows are categorized into GENERAL DISEASES, DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE, DISEASES OF CIRCULATORY SYSTEM, DISEASES OF RESPIRATORY SYSTEM, DISEASES OF DIGESTIVE SYSTEM, DISEASES OF URINARY SYSTEM, DISEASES OF GENERATIVE SYSTEM, CONDITIONS NOT SPECIFIED, and OLD AGE.

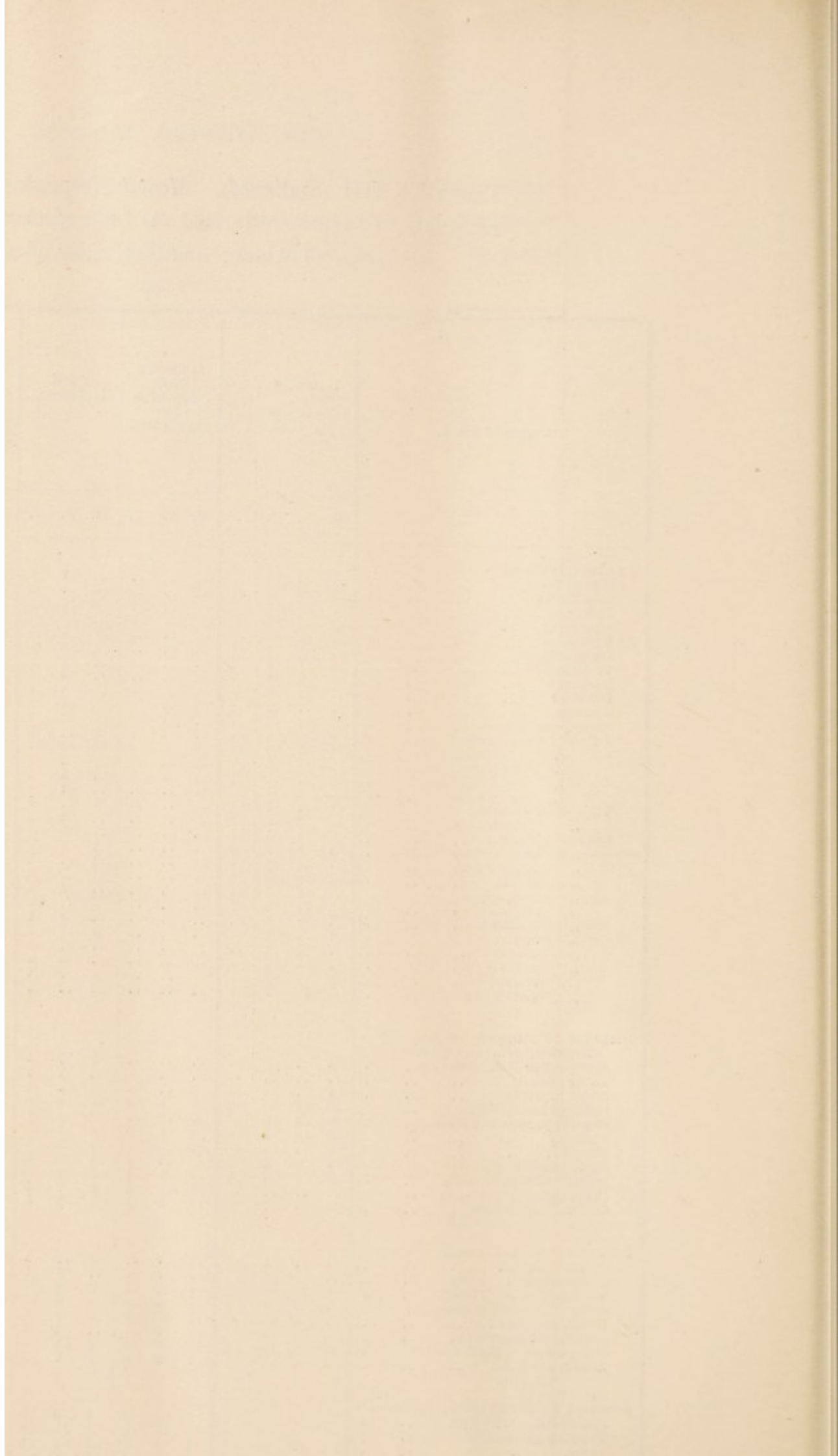


TABLE XXXIV—Mental Hospitals.—Showing the principal cause of death in each death during the year 1921, together with the ages at death in quinquennial periods. (D 2.)

CATERHAM MENTAL HOSPITAL.																	
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.	
<b>GENERAL DISEASES—</b>																	
Influenza .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Tuberculosis, pulmonary .. .. .	..	1 ..	2 ..	.. 4 ..	.. 1 ..	1 1 ..	1 ..	..	..	..	..	..	.. 1 ..	.. 5 ..	.. 6 ..	6	
"    general .. .. .	..	..	1 ..	.. 4 ..	.. 1 ..	1 1 ..	1 ..	..	..	..	..	..	.. 1 ..	.. 2 ..	5 9	14	
"    of joints .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	
"    of glands .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	
Carcinoma of larynx .. .. .	..	..	..	..	.. 1 ..	..	..	..	..	..	..	..	.. 1 ..	..	..	1 ..	
"    of vulva .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	
"    of breast .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	
"    of rectum .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	
Lobar pneumonia .. .. .	..	..	1 ..	1 ..	.. 1 ..	..	..	1 ..	1 ..	1 ..	..	..	.. 1 ..	..	1 3	5 8	
Osteo arthritis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	.. 1 ..	..	1 1	
<b>DISEASES OF NERVOUS SYSTEM—</b>																	
Cerebral haemorrhage .. .. .	..	..	..	..	..	1 ..	..	..	..	..	1 1 ..	1 ..	.. 2 ..	2 3	5 6	11	
Epilepsy .. .. .	..	..	..	..	..	..	2 ..	..	..	..	..	..	..	..	..	1 7	8
General paralysis of insane .. .. .	..	1 ..	.. 2 ..	.. 1 ..	..	.. 2 ..	..	..	1 ..	..	..	..	..	..	..	1 ..	1
<b>DISEASES OF CIRCULATORY SYSTEM—</b>																	
Heart, valvular disease of .. .. .	..	..	..	..	..	..	1 ..	..	1 ..	..	..	..	2 ..	..	.. 1 ..	3 2	5
"    , degeneration of .. .. .	..	..	..	..	..	..	..	..	..	1 ..	.. 1 ..	..	1 ..	..	..	2 1	3
<b>DISEASES OF RESPIRATORY SYSTEM—</b>																	
Bronchitis, acute .. .. .	..	..	..	..	..	..	..	..	..	..	..	1 ..	.. 1 ..	1 ..	..	1 2	3
"    chronic .. .. .	..	..	..	..	..	..	..	..	..	..	..	1 ..	..	..	2 1	3 4	
Broncho pneumonia .. .. .	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	1
Pulmonary oedema .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	1
Gangrene of lung .. .. .	..	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	1 ..	1
<b>DISEASES OF DIGESTIVE SYSTEM—</b>																	
Simple enteritis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	.. 1 ..	1
Catarrhal colitis .. .. .	..	..	..	..	..	..	..	..	1 ..	..	..	1 ..	..	..	..	1 2	2
Gastric ulcer .. .. .	..	..	..	..	..	..	..	1 ..	..	..	..	..	..	..	..	1 ..	1
<b>OLD AGE—</b>																	
Senile decay .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 10	1 10	11
"    gangrene .. .. .	..	..	..	..	..	..	..	..	..	..	1 ..	..	..	..	.. 1 ..	.. 2 ..	2
<b>TOTALS</b> .. .. .	..	3 ..	4 2	2 5	1 2	2 3	2 ..	2 ..	1 4	1 1	1 6	4 5	3 5	3 30	29 63	92	



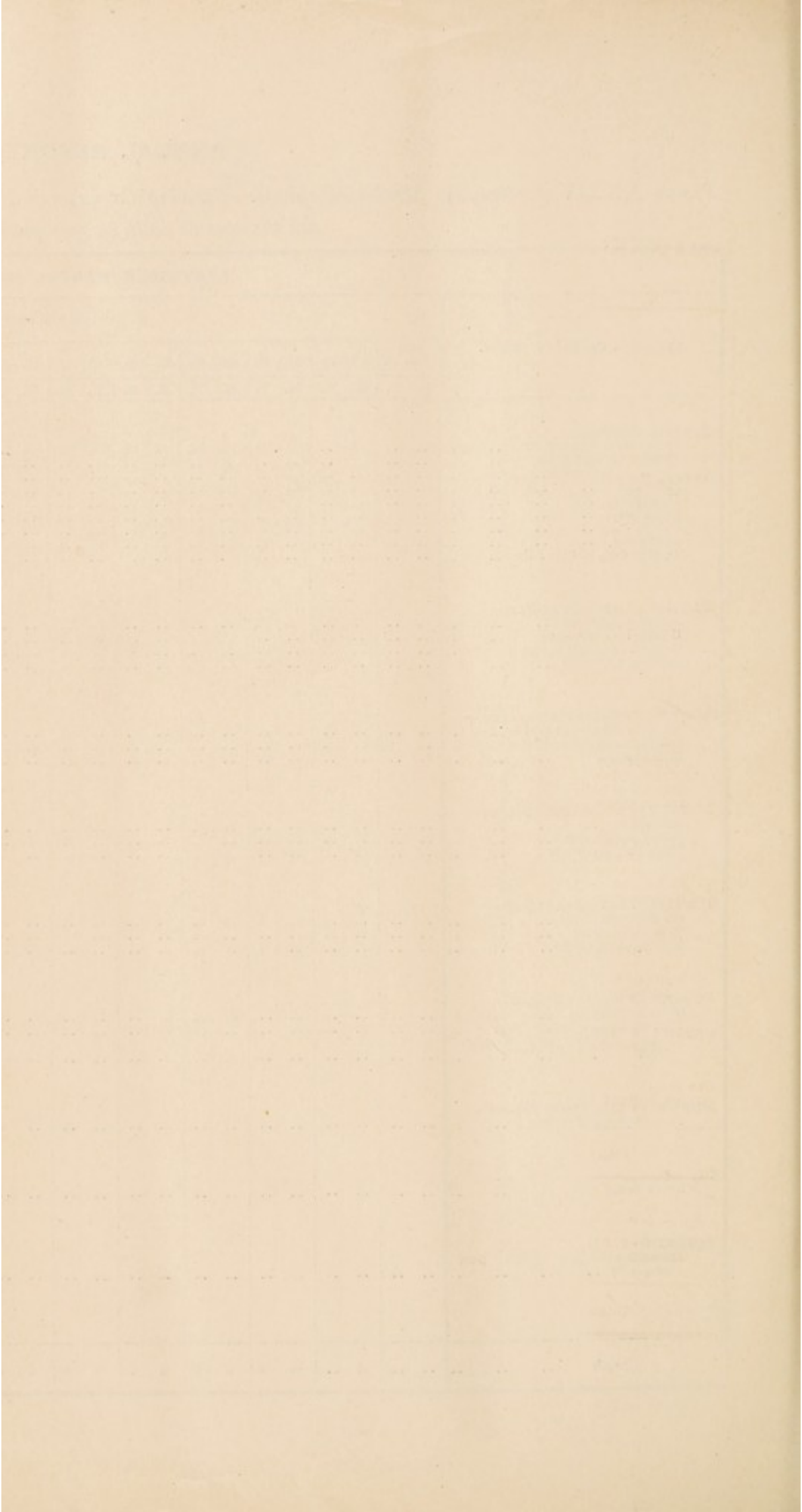




TABLE XXXIV (continued) *Mental Hospitals.—Showing the principal cause of death in each death during the year 1921, together with the ages at death in quinquennial periods. (D 2.)*

LEAVESDEN MENTAL HOSPITAL.																
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.
<b>GENERAL DISEASES—</b>																
Pulmonary tuberculosis .. .. .																
Tubercular peritonitis .. .. .		3 ..	6 4	5 3	3 2	6 2	4 ..	2 3	5 2	3 4	4 1	2 4	2 1	1 3	46	29 75
enteritis .. .. .									1 ..							1 1
Influenza .. .. .										1 ..						1 1
Dysentery .. .. .									1 ..							1 2 3
Gangrene .. .. .			1 ..										2 ..	7 ..		10 10
Cancer .. .. .								1 ..		1 ..			1 ..	1 ..		4 4
Erysipelas .. .. .									1 ..		1 ..	2 ..				2 2 4
Epithelioma of upper lip .. .. .														1 ..		1 1 1
<b>DISEASES OF NERVOUS SYSTEM—</b>																
Status epilepticus .. .. .		2 ..	2 2													5 4 9
Cerebral hemorrhage .. .. .									1 ..	1 ..		1 1				1 4 5
General paralysis of insane .. .. .					1 ..					1 ..						2 2
Cerebral softening .. .. .				1 ..												1 1
<b>DISEASES OF CIRCULATORY SYSTEM—</b>																
Valvular disease of heart .. .. .									1 ..	3 ..	3 ..	1 ..	2 3	1 3	3	14 17
Fatty degeneration of heart .. .. .												1 ..	1 ..			1 3 4
Endocarditis .. .. .												1 ..				1 1 1
<b>DISEASES OF RESPIRATORY SYSTEM—</b>																
Bronchitis .. .. .																1 1 1
Lobar pneumonia .. .. .							2 ..	2 ..	2 2		1 ..	1 ..	1 1	2 2	9	7 16
Broncho pneumonia .. .. .		1 ..								1 ..	2 ..	3 ..	1 ..	5 ..	1	12 13
<b>DISEASES OF DIGESTIVE SYSTEM—</b>																
General peritonitis .. .. .			1 ..	1 ..											1 ..	1 2 3
Cirrhosis of liver .. .. .						1 ..										1 1
Intestinal paralysis .. .. .			1 ..													1 1
<b>DISEASES OF URINARY SYSTEM—</b>																
Chronic nephritis .. .. .										1 ..		1 ..	1 ..		1 ..	2 2 4
Hydro-nephrosis .. .. .								1 ..								1 1
Urinary stricture and complications .. .. .											1 ..					1 .. 1
<b>DISEASES OF GENERATIVE SYSTEM—</b>																
Fibro-myoma of uterus .. .. .							1 ..									1 1
<b>OLD AGE—</b>																
Senile decay .. .. .											1 ..			3 18	3	19 22
<b>ACCIDENTS—</b>																
Fracture of left thigh bone (inquest) .. .. .															1 ..	1 1
Totals .. .. .		6 ..	8 9	6 4	3 3	6 3	6 1	3 8	7 9	4 12	6 9	9 12	6 10	8 46	78	126 204







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TABLE XXXIV (continued). Mental Hospitals.—Showing the principal cause of death in each death during the year 1921, together with the ages at death in quinquennial periods. (D 2.)

SUMMARY.

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.	
<b>GENERAL DISEASES—</b>																		
Scarlet fever .....	2	2															2	2
Diphtheria .....																	2	10
Influenza .....																	7	10
Dysentery .....				1													1	1
Erysipelas .....																	1	1
Osteo-arthritis .....																	1	1
Cretinism .....		1																1
Gangrene .....																	1	4
Diabetes .....									1								1	4
Tuberculosis, general .....						1											1	1
" pulmonary .....	1	1	4	2	4	5	7	3	4	7	3	6	2	3	4	4	1	2
" of joints .....																	6	3
" of glands .....																	3	3
Tubercular enteritis .....																	1	1
" peritonitis .....																	1	1
Cancer of bladder .....																	1	1
" liver .....																	1	1
" upper lip .....																	1	1
" breast .....																	1	1
" oesophagus .....																	2	3
" stomach .....																	1	1
" rectum .....																	2	2
" larynx .....																	1	1
" vulva .....						1											1	1
" pylorus .....																	1	1
" intestines .....																	2	2
" glands of neck .....																	1	1
<b>DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE—</b>																		
Encephalitis lethargica .....																	1	1
Acute myelitis .....																	1	1
Cerebral hæmorrhage .....																	1	1
General paralysis of insane .....																	1	1
Epilepsy .....	2	1	5	1	2	4		2									10	13
Cerebral tumour .....																	6	4
Organic disease of brain .....		1															1	10
Cerebral thrombosis .....						1											3	24
<b>DISEASES OF CIRCULATORY SYSTEM—</b>																		
Pericarditis .....		1															1	1
Endocarditis .....																	1	1
Valvular disease of heart .....																	6	17
Fatty degeneration of heart .....																	3	4
Rupture of heart .....																	2	7
Other forms of heart disease .....	1	1															8	7
Arterio sclerosis .....																	1	15
<b>DISEASES OF RESPIRATORY SYSTEM—</b>																		
Bronchitis .....																	3	6
Broncho pneumonia .....		1	3														5	16
Lobar pneumonia .....	2	2	1	1		2		1									20	36
Congestion of lungs .....																	1	3
Pulmonary œdema .....																	1	3
Gangrene of lung .....						1											1	1
<b>DISEASES OF DIGESTIVE SYSTEM—</b>																		
Oesophageal obstruction .....	1																1	1
Gastric ulcer .....																	1	1
Simple enteritis .....																	1	1
Catarrhal colitis .....																	1	3
Intestinal paralysis .....																	1	1
Cirrhosis of liver .....				1													1	1
Peritonitis .....																	1	3
Choking .....																	1	1
Perforation of pyloric ulcer and peritonitis .....																	1	1
<b>DISEASES OF URINARY SYSTEM—</b>																		
Bright's disease .....																	1	5
Nephritis .....																	1	1
Hydronephrosis .....																	1	1
Stricture with complications .....																	1	1
<b>DISEASES OF GENERATIVE SYSTEM—</b>																		
Fibro-myoma of uterus .....																	1	1
<b>CONDITIONS NOT SPECIFIED—</b>																		
Marasmus .....		2															2	2
<b>OLD AGE—</b>																		
Senile decay .....																	1	301
" gangrene .....																	1	2
<b>ACCIDENTS—</b>																		
Fracture of left thigh bone (inquest) .....																	1	1
Totals .....	9	12	13	5	14	12	10	4	8	9	6	11	2	6	9	11	14	9
																	13	19
																	21	22
																	23	30
																	117	246
																	270	408
																	678	678

THE TROOP

1911

No.	Name	Age	Address	Religion	Profession	Notes
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The following is a list of the names of the members of the Troop, as of the 1st day of January, 1911. The names are given in the order in which they were received into the Troop. The names of the members who have since died are given in italics. The names of the members who have since been transferred to other Troops are given in parentheses. The names of the members who have since been transferred to other Troops are given in parentheses.

TABLE XXXV.—Showing the form of mental disorder on 31 December, 1921, of those on the registers at that date at the Mental Hospitals. (E 2.)

Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed.	Forms of mental disorder on 31 Dec., 1920.						Caterham Mental Hospital.			Dareyth Training Colony.			Fountain Mental Hospital.			Leavesden Mental Hospital.			Tooting Bec Mental Hospital.			Tooting Bec Receiving Home for Children.			Total.					
	M.		F.		T.		M.		F.		T.		M.		F.		T.		M.		F.		T.		M.		F.		T.	
1. Intellectual { a. With epilepsy b. Without epilepsy	101	107	208	824	196	88	108	421	348	769	53	90	125	149	274	1	5	6	4	4	4	4	4	376	402	778	1,350	2,708		
2. Moral	5	28	33	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
3. Insanity with epilepsy	33	13	46	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
4. General paralysis of the insane	1	4	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
5. Insanity with grosser brain lesions	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
6. Acute delirium	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
7. Confusional insanity	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
8. Stupor	3	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
9. Primary dementia	33	13	46	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
10. Mania { a. Recent b. Chronic c. Recurrent	16	62	78	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
11. Melancholia { a. Recent b. Chronic c. Recurrent	12	37	49	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
12. Alternating insanity	1	8	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
13. Delusional insanity { a. Systematised b. Non-systematised	12	22	34	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
14. Volitional insanity { a. Impulse b. Obsession c. Doubt	10	47	57	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
15. Moral insanity	61	123	184	2	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2	4	6	2	4	
16. Dementia { a. Senile b. Secondary	659	873	1,532	531	441	972	135	197	332	764	906	1,670	382	554	936	12	5	17	2,483	2,976	5,459	1	1	1	1	1	1	1	1	
Totals	659	873	1,532	531	441	972	135	197	332	764	906	1,670	382	554	936	12	5	17	2,483	2,976	5,459	1	1	1	1	1	1	1	1	
Prospect of mental recovery { Favourable Doubtful Unfavourable	659	871	1,530	531	441	972	135	197	332	764	906	1,670	382	554	936	12	5	17	2,483	2,974	5,457	1	1	1	1	1	1	1	1	

TABLE XXXVI.—Showing the admissions, deaths and discharges of feeble-minded patients during the year 1921.

	DARENTH TRAINING COLONY.			BRIDGE TRAINING HOME.			EDMONTON EPILEPTIC COLONY.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Remaining 31 December, 1920 .....	258	335	593	151	...	151	23	...	23
Direct admissions .....	50	52	102	19	...	19	...	...	...
Transfers from other institutions of the Board for feeble-minded .....	...	...	...	2	...	2	...	...	...
Total cases under treatment during the year .....	...	...	...	...	...	...	...	...	...
Discharged .....	4	23	27	12	...	12	23	...	23
Transferred to other institutions of the Board for feeble-minded .....	2	...	2	...	...	...	...	...	...
Died .....	3	3	6	1	...	1	...	...	...
Total transferred, discharged, and died .....	...	...	...	...	...	...	...	...	...
Remaining 31 December, 1921 .....	299	361	660	159	...	159	...	...	23

SUMMARY.

	M.	F.	Total.	M.	F.	Total.
Remaining 31 December, 1920 .....	...	...	...	...	...	...
Direct admissions .....	69	52	121	432	335	767
Total cases under treatment during the year .....	...	...	...	69	52	121
Discharged .....	39	23	62	501	387	888
Died .....	4	3	7	...	...	...
Total discharged and died .....	...	...	...	43	26	69
Remaining 31 December, 1921 .....	...	...	...	458	361	819

TABLE XXXVII.

Showing the admissions, transfers, discharges, and deaths of patients admitted under the provisions of the Mental Deficiency Act, 1913, during 1921.

Mental Hospital.	Remain- ing 31 Dec., 1920.			Admitted.			Transfers from other mental hospitals.			Total cases under treatment during the year.			Dis- charged.			Trans- ferred to other mental hospitals.			Deaths			Remain- ing 31 Dec., 1921.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Caterham ..	170	99	269	70	35	105	47	16	63	287	150	437	12	6	18	10	1	11	9	5	14	256	138	394
Darenth T.C.	255	226	481	82	72	154	4	19	23	341	317	658	22	16	*38	52	25	77	3	4	7	264	272	536
Fountain ..	97	179	276	53	38	91	..	5	5	150	222	372	4	5	9	18	37	55	16	16	32	112	164	276
Leavesden ..	104	51	155	19	13	32	30	23	53	153	87	240	6	3	9	1	..	1	15	9	24	131	75	206
Totals	626	555	1181	224	158	382	81	63	144	..	..	..	44	30	74	81	63	144	43	34	77	763	649	1412

\* Includes 2 escaped cases, and 18 on leave.

TABLE XXXVII (continued).—Summary of admissions, discharges, and deaths of patients during the year 1921, admitted under the provisions of the Mental Deficiency Act, 1913.

	M.	F.	Total.	M.	F.	Total.
Remaining 31 December, 1920 .....	626	555	1,181			
Total cases admitted during the year .....	224	158	382			
Total cases under treatment during the year .....	.....	.....	.....	850	713	1,563
Discharged during the year .....	44	30	74			
Died .....	43	34	77			
Total cases discharged and died during the year .....	.....	.....	.....	87	64	151
Remaining 31 December, 1921 .....	.....	.....	.....	763	649	1,412



TABLE XXXVIII.—*Showing the admissions, deaths, and discharges of sane epileptic patients for the year 1921.*

	EDMONTON EPILEPTIC COLONY.			*HACKNEY BRANCH INSTITUTION, BRENTWOOD.			TOTALS.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
Remaining 31 December, 1920 .....	.....	.....	.....	254	20	274	.....	†.....	.....	.....	.....	.....	254	20	274
Direct admissions .....	†98	7	105	.....	.....	.....	.....	139	139	.....	.....	.....	.....	.....	.....
	.....	.....	.....	.....	.....	.....	.....	123	123	.....	.....	.....	.....	.....	.....
	.....	.....	.....	98	7	105	.....	.....	.....	.....	262	262	98	269	367
Total cases under treatment during the year .....	.....	.....	.....	352	27	379	.....	.....	.....	.....	262	262	352	289	641
Discharged .....	37	27	64	.....	.....	.....	.....	43	43	.....	.....	.....	.....	.....	.....
Died .....	10	.....	10	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Total discharged, died .....	.....	.....	.....	47	27	74	.....	.....	.....	.....	44	44	47	71	118
Remaining 31 December, 1921 .....	.....	.....	.....	305	.....	305	.....	.....	.....	.....	218	218	305	218	523

\* By agreement with the Hackney Board of Guardians, female sane epileptics from Metropolitan Parishes and Unions were admitted to Hackney Branch Institution from 1 April, 1921.

† Includes 23 feeble-minded patients, now classified as sane epileptics.

‡ Remaining in the institution on 1 April, 1921.

TABLE XXXIX.—VENEREAL DISEASES.

*Sheffield Street Hospital (opened 21 June, 1920), for women suffering from venereal diseases.*

*Table of admissions, discharges, deaths, and number born in the hospital during 1921.*

	Women.	Babies.
Remaining under treatment 31 December, 1920	35	2
Admissions	134	2
Born in hospital	—	11
Discharges	141	8
Deaths	—	3
Remaining under treatment 31 December, 1921	28	4

TABLE XXXIX (continued).—VENEREAL DISEASES.

*Thavies Inn institution for parturient women suffering from venereal diseases.*

*Table of admissions, discharges, deaths, and number born in the institution during 1921.*

	Women.	Babies.
Remaining under treatment 31 December, 1920	10	2
Admissions	48	—
Born in hospital	—	40
Discharges	50	37
Deaths	—	1
Remaining under treatment 31 December, 1921	8	4

TABLE XL.—OPHTHALMIA NEONATORUM.

*Showing the admissions, discharges, and deaths of patients during 1921.*

Hospital.	Remaining 31 Dec., 1920.			Admissions.			Discharges.			Deaths.			Remaining 31 Dec., 1921.		
	Women.	Babies.	Total.	Women.	Babies.	Total.	Women.	Babies.	Total.	Women.	Babies.	Total.	Women.	Babies.	Total.
St. Margaret's	11	18	29	121	213	334	125	204	329	..	15	15	7	12	19

TABLE XLI.—AMBULANCE SERVICES.

Return of work of the Land Ambulance Service during 1921.

PARTICULARS OF WORK.	Patients, &c., removed.	Journeys made.	Miles run.
<b>I.—INFECTIOUS CASES.</b>			
REMOVALS FROM HOME—			
To the Board's hospitals—			
Fever cases .. .. .	44,393	42,159	480,747
Smallpox cases .. .. .	..	..	..
Tuberculous cases .. .. .	503	375	10,227
Veneral cases .. .. .	47	36	441
To the Board's wharves—			
Fever cases .. .. .	3,617	3,435	52,147
Smallpox cases .. .. .	5	5	94
To general hospitals .. .. .	..	..	..
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 .. .. .			
Patients returned home, mistaken diagnosis—	448	420	3,184
Fever cases .. .. .	49	47	475
Smallpox cases .. .. .	1	1	7
Patients sent for but not removed (lost journeys)	..	589	4,404
Patients' friends brought from homes to hospitals	3	2	24
.. .. taken from hospitals home .. .. .	31	16	123
TRANSFERS BETWEEN HOSPITALS—			
Fever patients to—			
Northern .. .. .	3,999	480	12,110
Southern .. .. .	12,818	1,173	48,615
Joyce Green .. .. .	3,296	394	15,001
Transfers between other hospitals of the Board .. .. .	106	17	279
Other transfers between hospitals and wharves .. .. .	105	39	489
DISCHARGED PATIENTS—			
From hospitals to homes .. .. .			
To ambulance stations—	732	497	8,137
From Northern .. .. .	3,744	283	10,151
.. Southern .. .. .	12,807	760	34,776
.. Joyce Green .. .. .	4,840	318	12,370
From ambulance stations to ambulance stations .. .. .	818	255	3,825
.. .. homes .. .. .	9	8	86
.. wharves to ambulance stations .. .. .	3,597	297	5,114
.. .. homes .. .. .	1	1	13
PRIVATE CASES—			
To places other than the Board's institutions .. .. .	3,731	2,737	59,624
Lost journeys .. .. .	..	43	318
	99,700	54,387	762,781
<b>II.—NON-INFECTIOUS CASES.</b>			
BOARD'S CASES—			
Imbeciles .. .. .	725	113	5,250
Ringworm (children) .. .. .	730	127	1,973
Ophthalmia (children) .. .. .	38	23	576
Defective children .. .. .	1,095	158	7,340
Sick and debilitated children .. .. .	887	166	6,506
Casuals .. .. .	190	87	824
Staff and other persons .. .. .	115	105	2,207
Lost journeys .. .. .	..	134	1,193
Other cases .. .. .	31	4	205
PRIVATE CASES—			
To other than the Board's institutions .. .. .	9,879	7,976	91,557
	13,690	8,893	117,631
<b>III.—OTHER WORK.</b>			
CONVEYANCE OF COMMITTEES .. .. .	195	65	1,671
CONVEYANCE OF STAFF .. .. .	308	177	9,212
SERVICE REQUIREMENTS AND CONVEYANCE OF GENERAL STORES .. .. .	..	3,073	50,579
	503	3,315	61,462
Total for 1921 .. .. .	113,893	66,595	941,874
.. 1920 .. .. .	92,792	54,937	841,186
.. 1919 .. .. .	60,068	39,622	580,424
.. 1918 .. .. .	43,238	30,276	417,697
.. 1917 .. .. .	42,019	29,522	430,722
.. 1916 .. .. .	53,467	30,996	468,327
.. 1915 .. .. .	66,807	38,848	590,448
.. 1914 .. .. .	81,305	43,269	634,332
.. 1913 .. .. .	70,266	35,883	481,239
.. 1912 .. .. .	56,964	30,390	419,207
Totals for 1886 to 1911 .. .. .	882,514	570,761	6,227,284
	1,563,333	971,099	12,032,741

In addition to the above work 126,149 miles were run by motor vehicles attached to outlying institutions.

TABLE XLII.—RIVER SERVICE.

Number of patients, visitors, staff, etc., conveyed to and from Long Reach during the year 1921.

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	....	....	....	....	....
February	304	293	....	44	641
March	404	295	5	63	767
April	371	446	6	60	883
May	....	1	1	2	4
June	....	....	....	....	....
July	....	....	9	1	10
August	290	299	....	37	626
September	635	481	1	62	1,179
October	915	588	3	97	1,603
November	721	673	5	79	1,478
December	561	800	....	68	1,429
Totals for 1921	4,201	3,876	30	513	8,620
Totals for 1920	2,606	1,860	31	401	4,898
Totals for 1919	202	391	40	161	794
Totals for 1918	210	37	19	137	403
Totals for 1917	426	....	24	246	696
Totals for 1916	994	....	53	365	1,412
Totals for 1915	1,552	563	538	106	2,759
Totals for 1914	4,619	2,963	2,750	625	10,957
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 1884 to 1907 (inclusive)	26,601	22,338	13,910	35,265	98,114
Grand totals	42,868	33,485	17,509	40,950	134,812

TABLE XLIII.—Steamers.

STEAMER.	Fires alight.		Under steam.		Under way.		Coal consumed.		Number of days when steam raised.	Distance run. Miles.
	Hours.	Mins.	Hours.	Mins.	Hours.	Mins.	Tons.	Cwts.		
"Albert Victor"	127	....	104	....	16	....	15	10	4	150
"Geneva Cross"	48	....	36	....	5	17	20	4	4	66
"Maltese Cross"	4,398	....	2,797	....	442	12	165	8	155	4,527
"White Cross"	8,544	....	5,499	....	141	9	41	10	75	1,384
"Red Cross"	550	....	359	....	80	51	57	7	30	891
Totals	13,667	....	8,795	....	685	29	299	19	268	7,018

Quantity of stores, parcels, etc., conveyed to and from Long Reach.

Weight, 38 tons 9 cwt.

NOTE.—Sufficient head of steam is kept at all times in one steamer to enable the vessel to get under way at short notice (about half an hour) for removal of any case of smallpox.

TABLE XLIV.

SICK CHILDREN (See also pp. 166-169).

## THE CHILDREN'S INFIRMARY.

DISEASES FOR WHICH CHILDREN WERE ADMITTED TO THE CHILDREN'S INFIRMARY.

## A.—SURGICAL.

TUBERCULAR DISEASE—				RESPIRATORY SYSTEM—			
Fingers	....	....	2	Pleural effusion	....	....	1
				Empyema	....	....	2
				Enlarged tonsils	....	....	8
DEFORMITIES—				DIGESTIVE SYSTEM—			
Spina bifida	....	....	1	Pyorrhœa alveolaris	....	....	1
Talipes	....	....	1	Appendix sinus	....	....	2
DISEASES OF THE EAR—				Total			
Otitis media	....	....	195				213

## B.—MEDICAL.

DISEASES OF METABOLISM—				NERVOUS SYSTEM—			
Marasmus	....	....	14	Hysteria	....	....	2
Debility	....	....	11	Infantile paralysis	....	....	1
Anæmia	....	....	3	Chorea	....	....	42
RESPIRATORY SYSTEM—				Cerebellar disease	....	....	2
Asthma	....	....	1	Pseudo hypertrophic paralysis	....	....	1
Bronchitis	....	....	3	GENERAL—			
Pneumonia	....	....	1	Rickets	....	....	27
CIRCULATORY SYSTEM—				Rheumatism	....	....	9
Valvular disease	....	....	41	SKIN—			
Endocarditis	....	....	19	Seborrhœa	....	....	1
DIGESTIVE SYSTEM—				Total			
Enteritis	....	....	2				181
URINARY SYSTEM—							
Nephritis	....	....	1				

TABLE XLV.  
**QUEEN MARY'S HOSPITAL FOR CHILDREN, CARSHALTON.**  
 DISEASES AS STATED ON THE ADMISSION ORDERS.  
 A.—SURGICAL.

<b>TUBERCULAR DISEASE—</b>		<b>DEFORMITIES—continued.</b>	
Spine	67	Pes cavus	4
Pelvis	2	Flat foot	4
Hip	59	Mal-united fracture	1
Knee	22	Ununited	1
Ankle	7	After poliomyelitis	42
Tarsus	4	<b>DIGESTIVE SYSTEM—</b>	
Toe	1	Oesophageal stricture	1
Shoulder	2	Appendicitis	4
Elbow	6	Hernia, inguinal	3
Wrist	3	Prolapse of rectum	1
Metacarpus	5	<b>GENITO-URINARY SYSTEM—</b>	
Finger	3	Hydronephrosis	1
Bone	6	Ectopia vesicæ	1
Skin (including lupus)	11	Undescended testicle	1
Glands, cervical	57	Hydrocele	2
„ other	2	Varicocele	3
Testis	1	Vulvitis	1
<b>DISEASES OF BONE—</b>		<b>RESPIRATORY SYSTEM—</b>	
Necrosis	17	Adenoids	4
Periostitis	3	Laryngeal stenosis	2
Fractures	6	Empyema sinus	4
<b>DISEASES OF JOINTS—</b>		<b>DISEASES OF THE EYE—</b>	
Rheumatoid arthritis	1	Detached retina	1
Arthritis of hip, septic	1	<b>DISEASES OF THE EAR—</b>	
Arthritis of hip, traumatic	1	Otitis	2
Arthritis of tarsus, traumatic	1	<b>GENERAL—</b>	
Pseudo-coxalgia	1	Adenitis, syphilitic	2
Ankylosis of hip	7	„ septic	2
„ knee	4	„ chronic	2
„ elbow	1	Lymphadenoma	1
Congenital dislocation of hip	6	Ulcer, syphilitic	2
<b>DEFORMITIES—</b>		„ traumatic	1
Torticollis	1	Bursitis	2
Scoliosis	8	Pyæmia	1
Spina bifida	1	Achondroplasia	1
Coxa vara	5	Needle in foot	2
Genu valgum	17	For appliances	7
„ recurvatum	1	<b>Total</b>	
Curved tibia	10	464	
Exostosis	1		
Talipes equinovarus	7		

## B.—MEDICAL.

<b>TUBERCULAR DISEASE—</b>		<b>NERVOUS SYSTEM—continued.</b>	
Miliary	2	Post-diphtheritic paralysis	1
Lungs	84	Tuberculoma of cerebellum	1
Bronchial glands	3	Mental deficiency	3
Mesenteric	2	<b>RESPIRATORY SYSTEM—</b>	
Peritonitis	14	Bronchiectasis	3
Intestine	1	Bronchitis	15
Kidney	1	Pleurisy	3
„ and bladder	1	Asthma	6
<b>DISEASES OF METABOLISM—</b>		Fibrosis	3
Debility	34	<b>CIRCULATORY SYSTEM—</b>	
Anæmia	8	Chronic heart disease	12
Marasmus	3	Congenital heart disease	1
Rickets	13	<b>DIGESTIVE SYSTEM—</b>	
<b>URINARY SYSTEM—</b>		Chronic enteritis	1
Chronic nephritis	2	<b>SKIN—</b>	
<b>NERVOUS SYSTEM—</b>		Psoriasis	2
Chorea	9	<b>GENERAL—</b>	
Epilepsy	1	Rheumatism	2
Paraplegia	3	Leukæmia	1
Cerebral diplegia	7	<b>Total</b>	
Hemiplegia	2	246	
Muscular dystrophy	1		
Hydrocephalus	1		

TABLE XLV—*continued.*

## QUEEN MARY'S HOSPITAL FOR CHILDREN, CARSHALTON.

## SURGICAL OPERATIONS UNDER ANÆSTHETICS.

TUBERCULAR DISEASE—		DEFORMITIES— <i>continued.</i>	
Aspiration of abscess of spine	60	Osteotomy	16
"    "    hip	74	Osteoclasia	8
"    "    knee	1	Arthrodesis of foot	12
"    "    neck	13	"    shoulder	3
Excision of glands	2	Bone-grafting	5
Scraping	3	RESPIRATORY SYSTEM—	
"    ulcers and sinuses	50	Adenoids and enlarged tonsils	65
"    lupus	30	Pleural effusion	2
For caries of bone	1	DIGESTIVE SYSTEM—	
"    abscess (various)	20	Appendicitis...	3
DISEASES OF BONE—		Inguinal hernia	6
For Brodie's abscess	2	Rectal prolapse	1
"    acute osteomyelitis	2	"    polypus	1
"    sequestrum	46	GENITO-URINARY SYSTEM—	
"    fracture of femur	1	Hydrocele	2
DEFORMITIES—		Varicocele	4
For dislocation of hip, pathological	3	Undescended testicle	1
"    "    "    congenital	5	Circumcision	2
"    "    of radius, traumatic	1	DISEASES OF THE EAR—	
"    ankylosis of hip, manipulation	4	For jugular thrombosis	1
"    "    "    osteotomy	25	"    meatal furuncle	1
"    "    "    arthroplasty	5	Mastoidectomy	4
"    "    "    excision	2	GENERAL—	
"    "    knee, manipulation	2	For Erb's paralysis	1
"    "    "    resection	13	Stoeffel's operation	1
"    "    shoulder, arthroplasty	1	Neurolysis	1
"    "    "    elbow, arthroplasty	1	Nerve suture	1
"    "    flat feet	1	Arthrolysis	1
Astragalectomy	1	Excision of scar	3
For pes cavus	1	For myositis ossificans	1
"    talipes	11	"    loose body in knee	1
Tendon transplantation	14	Total	564
"    lengthening	7		
"    shortening	2		
Tenotomy	13		

## CAUSES OF DEATH.

TUBERCULOSIS—		TUBERCULOSIS— <i>continued.</i>	
Miliary	1	Ankle and meninges	1
Lungs	21	Elbow	1
"    knee and cervical glands	1	CIRCULATORY—	
Peritoneum	2	Pericarditis	1
Kidneys	1	RESPIRATORY—	
Spine	5	Gangrene of lung	1
"    and pleura	1	GENERAL—	
"    "    lung	2	Muscular dystrophy	1
"    "    bronchial glands	1	Oesophageal obstruction	1
"    "    meninges	4	Thrombosis of lateral sinus	1
"    "    hip	1	Lymphadenoma	1
"    "    knee, ankle and elbow	1	Tuberculoma of cerebellum	1
Hip	4	Total	56
"    and meninges	1		
Knee, shoulder and kidneys	1		

TABLE XLVI.

*Summary of admissions, discharges and deaths at the hospitals and homes for sick children during 1921.*

Institution.	Remaining beginning of year.	Admissions.			Discharges.			Deaths.	Remaining 31 December, 1921.
		Direct.	Re-admissions from fever hospitals, etc., after treatment.	From other institutions of the Board.	Direct.	To fever hospitals, etc., for treatment.	To other institutions of the Board.		
<b>I.—HOSPITALS FOR CHILDREN—</b>									
(i) Queen Mary's Hospital for Children, Carshalton, Surrey† ..	746	633	6	57	601	..	11	56	774
(ii) The Children's Infirmary, Cleveland Street, W. ..	165	373	..	21	305	..	62	17	175
Totals .. ..	911	1,006	6	78	906	..	73	73	949
<b>II.—SEASIDE AND CONVALESCENT HOME—</b>									
S. Anne's Home, Herne Bay .. ..	92	508	20	4	438	62	23	..	101
White Oak, Swanley (part) ..	32	244	6	47	211	17	26	2	73
Totals .. ..	124	752	26	51	649	79	49	2	174
<b>III.—CONTAGIOUS DISEASES OF THE SKIN OR SCALP—</b>									
Goldie Leigh Homes, Abbey Wood .. ..	194	425	56	38	415	74	41	4	179
<b>IV.—OPHTHALMIA—</b>									
White Oak, Swanley ..	200	214	..	3	199	6	7	..	205
Grand Totals .. ..	1,429	2,397	88	170	2,169	159	170	79	1,507

† Includes the tuberculous children in Table XXIV.



TABLE XLVII.—*Summary of direct admissions in 1921 of children to the several children's hospitals and homes under the Board's control, according to Poor Law areas.*

PARISHES AND UNIONS.	Hospitals for Children.		Seaside and Convalescent Home.	Home for contagious diseases of the scalp.	Ophthalmia and Convalescent.	Total.
	Queen Mary's Hospital, Carshalton.	The Children's Infirmary, Cleveland Street.	S. Anne's Home, Herne Bay.	Goldie Leigh Homes, Abbey Wood.	White Oak, Swanley.	
Bermondsey .....	25	15	35	5	15	95
Bethnal Green .....	11	10	6	20	8	55
Camberwell .....	29	5	52	20	36	142
Chelsea .....	2	.....	2	9	1	14
Fulham .....	19	13	17	15	18	82
Greenwich .....	23	10	19	18	18	88
Hackney .....	25	15	17	10	13	80
Hammersmith .....	17	16	13	6	6	58
Hampstead .....	1	.....	13	15	4	33
Holborn .....	33	11	33	17	32	126
Islington .....	41	12	13	13	14	93
Kensington .....	13	14	27	30	13	97
Lambeth .....	22	27	24	27	8	108
Lewisham .....	15	4	15	32	5	71
Limehouse .....	12	13	12	3	4	44
London, City of .....	1	.....	.....	1	1	3
Mile End .....	4	3	24	5	11	47
Paddington .....	18	12	15	11	14	70
Poplar .....	26	31	50	22	26	155
St. George-in-East .....	1	.....	3	2	2	8
St. Marylebone .....	19	3	10	17	6	55
St. Pancras .....	14	4	3	19	4	44
Shoreditch .....	27	11	4	30	16	88
Southwark .....	71	25	9	13	18	136
Wandsworth .....	28	15	15	25	6	89
Westminster, City of.....	11	10	21	3	14	59
Whitechapel .....	4	2	2	3	3	14
Woolwich .....	8	15	19	14	4	60
L.C.C. ....	99	70	31	1	63	264
Extra-Metropolitan .....	12	7	4	13	75	111
Non-Poor-Law .....	2	.....	.....	6	.....	8
Totals .....	633*	373	508	425	458	2,397

\* Includes the tuberculous children in Table XXIV.

TABLE XLVIII.  
Training Ship "Exmouth." Boys admitted, discharged, and died—1876 to 1921.

YEAR.	1876-1890 (15 yrs.)	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	Totals.
Admitted ..	4,427	223	322	299	307	278	347	325	323	341	423	413	329	223	294	277	279	242	297	311	322	282	394	368	250	429	345	383	450	305	216	294	14,318
Discharged to Royal Navy ..	1,200	89	83	102	133	163	137	129	123	149	115	151	116	42	103	96	58	88	86	70	*73	105	109	98	135	85	115	113	80	83	82	67	4,378
Discharged to mercantile marine ..	1,573	75	69	90	87	96	109	112	112	135	145	146	112	93	105	123	115	144	96	94	165	147	179	171	219	98	139	135	31	132	112	5,282	
Discharged to Army as musicians ..	541	42	66	28	26	37	49	28	32	58	93	56	101	51	17	12	39	13	17	9	11	4	10	7	16	14	13	14	10	4	12	8	1,438
Discharged to situations ..	8	1	..	..	1	..	1	..	..	1	..	1	..	..	1	..	..	..	..	2	..	..	..	..	1	8	6	9	6	..	..	46	
Discharged to Exmouth as Band apprentices ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	
Discharged to Exmouth as apprentices ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	..	..	..	9	4	1	23	
Discharged to union order of guardians or committee, transferred, etc. ..	594	18	51	34	54	41	51	29	39	29	39	31	50	47	30	25	69	40	43	53	47	64	51	94	57	100	160	111	150	91	81	113	2,486
Died ..	22	..	1	3	2	1	3	2	1	1	1	2	2	1	2	..	1	..	1	..	1	2	..	..	..	..	1	1	1	1	..	..	52
Total discharges and deaths ..	3,938	225	270	257	303	338	350	300	307	373	393	387	381	234	258	256	282	285	243	226	299	322	349	370	436	323	394	384	385	225	312	302	13,707

Total number of boys discharged (including deaths) 13,707  
 Remaining under training 31 December, 1921 .. 611

Total .. 14,318

\* Includes 15 to Canadian Navy.

TABLE XLIX.—TRAINING SHIP "EXMOUTH."

Number of boys admitted from each of the metropolitan parishes and unions and total number of boys admitted from country unions and other sources during 1921 and during the whole time the ship has been established.

Year ending 31 Dec., 1921.	PARISH OR UNION.	From 31 March, 1876, to 31 Dec., 1921.
	Number of boys in ship when taken over by Board ....	12
	<i>Metropolitan parishes and unions—</i>	
3	Bermondsey .....	321
7	Bethnal Green .....	406
26	Camberwell .....	865
....	Chelsea .....	181
5	Fulham .....	397
....	George, S., in-the-East .....	138
17	Greenwich .....	527
10	Hackney .....	410
2	Hammersmith .....	66
1	Hampstead .....	45
10	Holborn .....	399
3	Islington .....	478
4	Kensington .....	268
12	Lambeth .....	577
10	Lewisham .....	815
....	Limehouse .....	129
....	London, City of .....	139
4	Marylebone, S. ....	580
2	Mile End .....	276
5	Paddington .....	220
....	Pancras, S. ....	545
3	Poplar .....	501
....	Shoreditch .....	168
1	Southwark .....	590
5	Wandsworth .....	465
2	Westminster .....	468
3	Whitechapel .....	209
24	Woolwich .....	555
159	<i>London County Council</i> .....	10,750
....	<i>Non-Poor Law cases</i> .....	96
9	<i>Country unions</i> .....	128
126	<i>Country unions</i> .....	3,344
294	Bedford 2, Bolton 1, Bradford 4, Brentford 8, Bristol 1, Brighton 1, Bucklow 1, Burton-on-Trent 1, Cambridge 1, Canterbury 2, Cheltenham 3, Chesterton 1, Christchurch 4, Cosford 1, Coventry 3, Croydon 6, Dartford 2, Derby 2, Edmonton 1, Epping 1, Epsom 3, Erpingham 1, Farnham 3, Gravesend 1, Grimsby 2, Great Ouseburn 1, Great Yarmouth 1, Guildford 1, Hastings 2, Haslingden 1, Hendon 5, Hertford 1, Henley 1, Hitchin 4, Hunslet 1, Isle of Thanet 1, Isle of Wight 1, Kingston-on-Thames 2, Leeds 1, Maidenhead 1, Malling 1, Manchester 1, Mutford and Lothingland 1, North Leach 1, Nottingham 1, Ormskirk 1, Orsett 4, Peterborough 1, Poole 5, Rochford 2, Richmond 1, Romford 1, Rotherham 2, Salisbury 1, Sculcoates 3, Sheppey 1, Smallborough 1, Southampton 2, Stockport 2, Sunderland 2, Swindon and Highworth 1, Tamworth 2, Toxteth Park 1, Warrington 1, West Ham 3, Whitehaven 1, Willesden 3.	14,318

TABLE L.—CASUAL WARDS.  
Admissions and discharges during 1921 (casual poor).

CASUAL WARDS.	Remaining 1 Jan., 1921.				Admissions.				Discharges.				Remaining 31 Dec., 1921.			
	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.
*Bethnal Green	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Hackney	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Stepney	33	...	...	33	3,923	234	24	4,181	3,921	233	24	4,178	35	1	...	36
Poplar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Holborn	20	3	...	23	3,780	377	49	4,206	3,778	377	49	4,204	22	3	...	25
*Bloomsbury	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Chelsea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
*Fulham	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
†Wandsworth§	7	...	...	7	1,209	...	...	1,209	1,201	...	...	1,201	15	...	...	15
†St. Pancras	27	...	...	27	5,269	...	...	5,269	5,247	...	...	5,247	49	...	...	49
*St. Marylebone	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paddington	41	5	1	47	6,041	413	39	6,493	6,036	416	40	6,492	46	2	...	48
†Lambeth	31	...	...	31	7,816	...	...	7,816	7,789	...	...	7,789	58	...	...	58
†Southwark	...	...	...	...	656	...	...	656	629	...	...	629	27	...	...	27
*Greenwich	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Woolwich	23	1	...	24	3,369	151	14	3,534	3,354	151	14	3,519	38	1	...	39
Totals	182	9	1	192	32,063	1,175	126	33,364	31,955	1,177	127	33,259	290	7	...	297
Totals for 1920....	78	4	...	82	14,753	661	64	15,478	14,649	656	63	15,368	182	9	1	192

\* Ward closed. † Used for men only. ‡ Re-opened for men only, 26 October, 1921. § Closed from 1 June to 12 September, inclusive.

TABLE LI.—BACTERIOLOGICAL LABORATORIES. Return of work done and antitoxin supplied during 1921.

Table with 4 main sections: Antitoxin supplied, Media, etc., supplied, Tuberculin, and Bacteriological examinations. Sub-sections include: No. of bottles each containing 3,000 units, Total No. of antitoxin units supplied during 1921, Total No. of antitoxin units supplied during 1920, Serum tubes, Swabs, Various media tubes, P.T.O., Bovine, Tuberculin, Old (K.), Diphtheria, Faeces, Typhoid, Urine, Agglutinations, Paratyphoid, Cerebro spinal meningitis, Tubercle, Ordinary, Micro, Isolation, etc., of cultures, Special, Stock, Dysentery, Urine, Gonococcus, Water samples, Histological, Intestinal parasites, Ringworm, Other examinations.

TABLE LII.—Results of bacteriological examinations, 1921.

(i) DIPHTHERIA.	Totals.
Virulent diphtheria bacilli .....	60
Probable non-virulent diphtheria bacilli .....	35
Rods present resembling diphtheria bacilli unable to be separated in a pure culture .....	174
No rods resembling diphtheria bacilli present .....	414
Total .....	683

(ii) AGGLUTINATION.				
—	Widal	Paratyphoid "A"	Paratyphoid "B"	Totals.
Complete clumping in all dilutions ( $\frac{1}{20}$ ; $\frac{1}{50}$ ; $\frac{1}{100}$ ) .....	9	nil	nil	9
Complete clumping in $\frac{1}{30}$ and $\frac{1}{50}$ dilutions, and incomplete clumping in $\frac{1}{100}$ .....	11	nil	2	13
Complete clumping $\frac{1}{30}$ dilution only, and incomplete clumping in $\frac{1}{50}$ and $\frac{1}{100}$ or in $\frac{1}{30}$ only .....	22	1	6	29
Incomplete clumping $\frac{1}{30}$ and $\frac{1}{50}$ , or $\frac{1}{30}$ only .....	55	22	43	120
Negative in all dilutions .....	103	152	124	379
Totals .....	200	175	175	550

(iii) FÆCES AND URINE.			
—	Positive.	Negative.	Totals.
Fæces .....	nil	3	3
Urine .....	nil	2	2

TABLE LIII.—Summary of bacteriological examinations, 1921.

—	Diphtheria.	Typhoid.		Widal reaction.	Para-typhoid reaction "A" & "B."	Sputa.	Other examinations.	Totals.
		Fæces	Urine					
Mental hospitals .....	35	.....	.....	.....	.....	.....	20	55
Infectious hospitals .....	189	3	2	194	170	1,020	108	1,686
Children's institutions .....	456	.....	.....	5	4	538	132	1,135
Tuberculosis institutions .....	3	.....	.....	1	1	5,553	39	5,597
Totals .....	683	3	2	200	175	7,111	299	8,473

## MEDICAL SUPPLEMENT.

## TRACHEOTOMY AND INTUBATION STATISTICS, 1921.

TABLE LIV.—Number of cases and deaths at different ages of all cases of tracheotomy performed for primary diphtheria, secondary diphtheria, also for other causes, at all hospitals, exclusive, however, of those cases which were previously intubated. (Cases operated on before admission are not included in body of table, but a footnote is made giving the number of cases and deaths.) Compiled from cases completed during the year, that is, cases that have been discharged, or have died, or have been transferred from the acute to the convalescent infectious hospitals during the year 1921.

AGES.	PRIMARY DIPHTHERIA.			SECONDARY DIPHTHERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	24	16	66.67	.....	.....	.....	.....	.....	.....
1 to 2	65	37	56.92	1	1	100.00	4	.....	.....
2 " 3	41	17	41.46	1	1	100.00	.....	.....	.....
3 " 4	46	20	43.48	1	.....	.....	4	2	50.00
4 " 5	37	10	27.03	1	1	100.00	2	1	50.00
5 " 6	25	10	40.00	.....	.....	.....	.....	.....	.....
6 " 7	17	4	23.53	.....	.....	.....	.....	.....	.....
7 " 8	6	2	33.33	.....	.....	.....	.....	.....	.....
8 " 9	3	1	33.33	.....	.....	.....	1	1	100.00
9 " 10	2	.....	.....	.....	.....	.....	.....	.....	.....
Over 10	5	3	60.00	.....	.....	.....	1	1	100.00
Total	271	120	44.28	4	3	75.00	12	5	41.67

*Tracheotomy before admission—*

	Cases.	Deaths.	Mortality per cent.
Primary diphtheria	9	2	22.22
Other causes	1	—	—

TABLE LV.—Number of cases and deaths of patients suffering from primary and secondary diphtheria on whom intubation was performed.

AGES.	PRIMARY DIPHTHERIA.		SECONDARY DIPHTHERIA.	
	Cases.	Deaths.	Cases.	Deaths.
Under 1	.....	.....	.....	.....
1 to 2	.....	1	.....	.....
2 " 3	.....	2	1	.....
Over 3	.....	.....	.....	.....
Totals	3	2	1	.....

*Intubation followed by tracheotomy (not included in the above)—*

	Cases.	Deaths.
Age 6 to 7	1	1

TABLE LVI.—Summary of cases of mistaken diagnosis and miscellaneous diseases admitted during 1921; and deaths occurring during 1921.

Disease as certified on admission.	BROOK HOSPITAL.		EASTERN HOSPITAL.		GROVE HOSPITAL.		JOYCE GREEN HOSPITAL.		NORTH EASTERN HOSPITAL.		NORTH WESTERN HOSPITAL.		PARK HOSPITAL.		SOUTH EASTERN HOSPITAL.		SOUTH WESTERN HOSPITAL.		WESTERN HOSPITAL.		TOTAL.	
	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.
Cerebro-spinal fever	...	...	1	1	3	1	2	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	177	4	499	7	227	3	37	...	481	8	370	6	72	7	209	7	56	3	159	5	2,287	50
Dysentery	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...
Encephalitis lethargica	2	1	...	...	...	...	...	...	3	1	5	1	2	1	3	2	8	6	4	1	27	13
Enteric fever	5	1	27	4	5	1	...	...	...	...	16	2	3	4	4	2	17	2	5	2	82	14
Erysipelas	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	16	1	...	...	...	...	31	...	1	...	2	...	1	...	...	...	...	...
Mumps	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute anterior poliomyelitis	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal	1	...	1	...	1	...	...	...	...	...	3	1	...	...	1	...	5	1	3	...	15	2
Rubella	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever...	102	5	161	1	159	...	40	...	230	1	209	2	62	5	176	3	95	2	79	2	1,313	21
Whooping cough	2	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uncertified	13	...	1	...	8	...	...	...	...	...	...	...	...	...	...	...	16	...	...	...	...	...
Uncertified babies admitted with mother	...	...	11	...	...	...	2	...	10	...	14	1	...	...	7	...	...	...	...	...	...	...
Uncertified babies born in hospital	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	304	11	701	13	424	7	81	1	724	10	654	13	140	13	403	14	234	18	275	10	3,940	110

The majority of cases in this table were erroneously certified, that is to say, the diseases certified on admission were not confirmed in hospital.  
 This applies to scarlet fever, diphtheria, and all those diseases which are included in Table I, but a few cases of other diseases have also been included.



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