

Annual report for the year 1919-20 : (22nd year of issue) / Metropolitan Asylums Board.

Contributors

Metropolitan Asylums Board (London, England)
Sprankling, J.
Duncombe Mann, T.
Wilde, M. J.

Publication/Creation

London : printed by Henderson & Spalding, 1920.

Persistent URL

<https://wellcomecollection.org/works/zbam5rrj>

License and attribution

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



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

METROPOLITAN ASYLUMS BOARD.

ANNUAL REPORT

FOR THE YEAR

1919-20.

(22nd YEAR OF ISSUE.)

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

PRINTED BY
HENDERSON & SPALDING, LTD.,
SYLVAN GROVE, LONDON, S.E. 15.

1920.

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

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

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

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

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

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

The annual reports of the Captain-Superintendent and Committee of the training ship Exmouth may be obtained in a separate form from 1877 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 present issue for 1919-20 is enlarged, and contains an increased number of tables and six charts. The review of the Board's work in it covers the year 1919 and the year 1920 down to May, when the new Board came into office. The statistical tables are for the year ending 31 December, 1919. It is proposed in future to follow this practice and review the Board's work covering the Board's year of office from May to May, the statistics covering the year ending 31 December.

CONTENTS

PARA.	REVIEW FOR THE YEAR.	PAGE
1.	General	7
2.	War work, 1919	7
3-7.	Tuberculosis. (a) General	8
8 & 9.	" (b) Finance	10
10-16.	" (c) The Board's provision for tuberculosis	11
17.	" (d) Management of institutions	14
18-21.	Infectious hospitals. (a) Fevers	15
22 & 23.	" (b) Smallpox	19
24.	" (c) Ophthalmia neonatorum	20
25 & 26.	" (d) Venereal diseases	20
27.	" (e) Notification statistics	21
28.	" (f) Medical instruction	21
29.	" (g) Research and bacteriological work	21
30.	Mental hospitals. (a) Patients	21
31-37.	" (b) Accommodation	22
38.	" (c) Nursing staff	25
39 & 40.	Casual wards	25
41-43.	Children	28
44-47.	Training ship Exmouth	30
48.	Religious instruction	32
49.	Land and river ambulance services	32
50 & 51.	Works	32
52.	Supplies	33
53.	Staff. (a) Return from war service and employ- ment of disabled men	34
54.	" (b) Method of obtaining staff	34
55-64.	" (c) Wages and hours	35
65 & 66.	Finance	38
67-69.	The Board and its work	39

Appendices.

A.	The war work of the Board	42
B.	Report on administration of casual wards	57
C.	The Board's existing and prospective accommodation for tuberculosis	60
D.	Report by Dr. W. Mair, Research Pathologist, on the Diplococcal Theory of Scarlet Fever	61
E.	Report by Dr. G. Cartwright Wood, Bacteriologist	62
F.	Report by Mr. L. J. Pisani, F.R.C.S., on Ophthalmia in the Board's Mental Hospitals	63
G.	Report by Mr. E. Treacher Collins, F.R.C.S., the Board's Consulting Physician for Eye Diseases, on the Treatment of Ophthalmia in White Oak School	64
H.	Report by Sir James Galloway, K.B.E., C.B., M.D., F.R.C.P., F.R.C.S., the Board's Consulting Physician for Skin Diseases	65
I.	Report by Dr. H. G. Critchley, Assistant Physician for X-ray Work, on the Treatment of Ringworm	66

TABLES.

PAGE

I.	Prefatory note on the constitution and duties of the Board..	69
II.	List of the members of the Board	75
III.	List of the institutions of the Board	76
IV.	Numbers and classification of staff	80
V.	War refugees	80

FINANCIAL TABLES.

VI.	Financial statistics.. .. .	81
VII.	Income and expenditure account	82
VIII.	Balance sheet	84

STATISTICAL TABLES AND CHARTS.

Charts are indicated by *

Infectious disease:—

IX.	Notifications and deaths in London	86
X.	Age and sex of cases notified—scarlet fever, diphtheria, enteric fever	87
XI.	Number of cases of diseases admissible to the Board's hospitals notified during the years 1890-1919.. .. .	87
*XII.	Notification Chart of scarlet fever, diphtheria, enteric fever, and smallpox month by month during each year from 1905-1919	87
XIII.	Admissions, discharges, and deaths at fever hospitals	88
XIV.	Monthly admissions at fever hospitals	90
*XV.	Two Charts. (a) Case mortality for scarlet fever, &c., for 20 years	91
	(b) Incidence per 1,000 of the population for 20 years (same diseases)	91
XVI.	Admissions and deaths grouped in parishes and unions	91
*XVII.	Two Diagrams (a) Showing the months in which the number of patients under treatment in the Board's hospitals attained the maximum during the 34 years 1886-1919 (scarlet fever)	92
	(b) Ditto, for 31 years (diphtheria)	92
XVIII.	Admissions and deaths at fever hospitals and mortality on estimated population, 1870-1919	92
XIX.	Smallpox admissions—vaccination	93
XX.	Smallpox patients—admissions and deaths since 1870	94

Tuberculosis:

XXI.	Admissions, discharges, and deaths at sanatoria	95
XXII.	Discharges from sanatoria classified as to condition	96
XXIII.	Deaths and numbers remaining at sanatoria.. .. .	96
XXIV.	Discharges and deaths at sanatoria classified on examination of sputum	97
XXV.	Reasons for discharge from sanatoria	97
XXVI.	Capacity for work on discharge from sanatoria	98
XXVII.	Duration of stay in sanatoria	99
XXVIII.	Number of patients with complications	99
XXIX.	Number of patients whose diagnosis was corrected after admission	100
XXX.	Summary of admissions, discharges, and deaths, including tuberculous ex-service men, treated in Board's fever hospitals	101

STATISTICAL TABLES AND CHARTS—continued.

Mental deficiency, &c. :—

XXXI.	Admissions, discharges, and deaths—arranged in parishes and unions	102
XXXII.	Admissions, &c., since 1870	103
XXXIII.	General table showing the movement of population during the year at each mental hospital	104
XXXIV.	Summary showing movement of mental hospitals' population during the year	105
XXXV.	Analysis of admissions during year (B 1)	106, 107
XXXVI.	Form of mental disorder on admission (B 5)	106A, 107
XXXVII.	Showing the paralytics in the direct admissions—arranged according to age and civil state (B 9)	108
XXXVIII.	Analysis of the discharges and transfers during the year (C 1)	108A, 109
XXXIX.	Causes of deaths—principal and contributory—and number of occasions principal cause was verified by post-mortem examination (D 1)	110A-111
XL.	Principal cause of death, together with the age at death, in quinquennial periods (D 2)	112
XLI.	Form of mental disorder of those on register at end of year (E 2)	114
XLII.	Feeble-minded—admissions, discharges, and deaths	116
XLIII.	Mental defectives—admissions, discharges, and deaths	117
XLIV.	Sane epileptics—admissions, discharges, and deaths	118

Venereal disease :—

XLV.	Parturient women with venereal disease—admissions, discharges, and deaths	118
------	---	-----

Ophthalmia neonatorum :—

XLVI.	Admissions, discharges, and deaths	118
-------	--	-----

Ambulance services :—

XLVII. & XLVIII.	Work during year	119
------------------	--------------------------	-----

Sick children :—

XLIX.-LIII.	Queen Mary's Hospital—admissions, discharges, and deaths, &c.	121
LIV.	Children's Infirmary—diseases and admissions	126
LV.	Summary of admissions, discharges, and deaths	127

Boys on the training ship :—

LVI.	Admissions, discharges, and deaths since 1876	128
LVII.	Admissions grouped in parishes and unions	129

Casual poor :—

LVIII.	Admissions and discharges and numbers remaining	130
*LIX.	Chart showing the rise and fall of casual pauperism in the metropolis during the past 8 years	130


Bacteriological laboratories :—

LX.	Return of work done and antitoxin supplied	131
LXI.	Results of examinations	132
LXII.	Summary of examinations	132

Medical Supplement :—

LXIII.	Tracheotomy and intubation statistics	133
LXIV.	Laparotomy in enteric fever performed during 1919	134
LXV.	Summary of cases of mistaken diagnosis admitted during year and of deaths during 1919	135

Plan of the Smallpox Hospitals at end.



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

<https://archive.org/details/b30310040>

ANNUAL REPORT, 1919-20.

REVIEW FOR THE YEAR.

GENERAL.

1. For the reasons given in the Board's annual reports for the years from 1915 to 1918, including both economical considerations and the difficulty of accumulating the usual material with a reduced staff, those reports were greatly abbreviated by comparison with pre-war years. Last year, with the termination of hostilities, there was some increase in the number of statistical tables given in the report, and in the present volume it has been found possible to reintroduce additional statistical information with regard to the Board's work. During the war the development of new work, such as the provision for tuberculosis, and many important schemes for the extension of existing work, were of necessity suspended. This was reflected in the annual reports covering that period, which were consequently but brief records of the carrying on of the Board's routine work and of some phases of their special war activities. The conclusion of peace brought a great renewal of activity in various directions, of which it is proposed to give an account in the present review in a sufficiently complete way to enable those unfamiliar with the work to pick up the threads where they were dropped in 1914.

WAR WORK, 1919.

2. Appendix A. to this review (page 42) gives a succinct account of the services which the Board were able to render from 1914 to 1919 towards the prosecution of the war. So far as the year 1919 is concerned the War Refugees Camp, Earl's Court, was maintained until 7 July, when the camp, through which some 100,000 refugees of many nationalities had passed, was closed, and the buildings handed back to the owners. In the earlier months of the year the camp had been used as a centre for collecting, before despatch to their own country, refugees who had been provided for during the war throughout the country. The last refugees left in May, and the remainder of the time was occupied in dismantling temporary structures and collecting and dealing with the equipment.

The War Refugees Hospital in Sheffield Street was used

until June for accommodating sick and infirm refugees on their way home, and was then closed.

The Southern Hospital was taken back from the United States military authorities in March, the North-Eastern Hospital from the same authorities in April, the Brook Hospital from the War Office in November, and at the end of the year arrangements were in progress for the return of the Grove, the Lower Southern, and the Orchard Hospitals.

TUBERCULOSIS.

(a) General.

3. The important questions arising out of the provision to be made for tuberculosis in London, and the part to be played by the Board in this matter, occupied much attention in the years 1912 to 1914. The National Insurance Act, 1911, provided for "sanatorium benefit," viz., treatment in sanatoria or other hospitals, or other institutions or otherwise, of insured persons suffering from tuberculosis or such other diseases, as the Local Government Board,* with the sanction of the Treasury, might appoint. The administration of sanatorium benefit was entrusted to the County Insurance Committee, and this committee was enabled to make arrangements to the satisfaction of the Insurance Commissioners with persons or local authorities (other than poor law authorities) having the management of sanatoria, or other institutions approved by the Local Government Board with a view to providing treatment for insured persons. It subsequently appeared to be in contemplation that the dependents of insured persons should also receive sanatorium treatment. The words "other than poor law authorities" were a later addition to the Act of 1911, doubtless designed to prevent direct connection between the poor law and the Insurance Act, and there is no doubt that the special position in London of the Metropolitan Asylums Board as in large part a health and infectious hospital authority was lost sight of. A Departmental Committee of the Treasury sat in 1912 to consider the general policy in respect of the problem of tuberculosis which should guide the Government and local bodies in making or aiding provision for the treatment of tuberculosis in sanatoria or otherwise, and this Committee reported that as regarded London it should be considered whether the Metropolitan Asylums Board should not provide the institutions required, and the Local Government Board intimated that they agreed generally with the Committee's findings. Subsequently, the Local Government Board stated that legislation would be needed before the Board could be authorised to provide the institutions as suggested by the Treasury Committee, but that it was nevertheless hoped that

* The Local Government Board was merged into the Ministry of Health on 1 July, 1919. Both titles are used in this report according to the date of the matters dealt with.

by some friendly arrangement the community would have the benefit of the proved experience and administration of the Board. The arrangement here foreshadowed, which was subsequently adopted as a temporary measure, was that the London Insurance Committee should make their arrangements for the provision of beds with the London County Council, who in turn would arrange with the Board. This tripartite arrangement was concluded in November, 1912, and the Board at once proceeded to adapt the Downs Sanatorium, Sutton, and a portion of the Northern Hospital, Winchmore Hill, for the reception of patients. Later, the President of the Local Government Board, referring to this work in the House of Commons, said, "Thanks to the public spirit of the Metropolitan Asylums Board, tuberculous insured patients in the London sanatoria have been provided with sanatorium treatment, of which not a single complaint has been made and to which no criticism can be wisely or fairly directed." The Board pressed for legislation to regularise the position, and they were supported by the County Council, with the result that a clause in the National Insurance Act, 1913, authorised the Board by agreement with the County Council to make provision for tuberculosis, and provided that for this purpose the Board should not be deemed a poor law authority.

4. The foregoing paragraphs refer to the treatment of insured persons and their dependents, but it was early apparent that no scheme for dealing with tuberculosis could hope for success if its operation were limited arbitrarily to certain sections of the community, and the Government in 1912 agreed to bear half the cost of the treatment of non-insured persons as well as a similar proportion of the cost of the treatment of dependents of insured persons. The Public Health (London) Act, 1891, provides that the Metropolitan Asylums Board may admit any person who is not a pauper and is reasonably believed to be suffering from fever subject to such regulations and restrictions as the Local Government Board may prescribe. The Public Health (Prevention and Treatment of Disease) Act, 1913, provides that any county council or local authority may make such arrangements as may be sanctioned by the Local Government Board for the treatment of tuberculosis, and the Local Government Board expressed the view that under these two enactments the necessary arrangements could be made for the Board to provide for uninsured tuberculous persons.

5. The County Council had already accepted the view that it would be in the interests of economy and efficiency to avail themselves of the active co-operation of the Metropolitan Asylums

Board in the provision of sanatoria and hospital accommodation, and with regard to uninsured persons they decided in November, 1913, that any comprehensive scheme for dealing with the treatment of tuberculosis in London should provide that the Council should make arrangements with the Board for the provision required for uninsured persons suffering from tuberculosis.

6. In 1914 the Council in the exercise of their powers under the Insurance Act, 1913, consented to the Board entering into an agreement with the Insurance Committee for making the provision required for insured persons and their dependents. In the same year the Council prepared a comprehensive scheme for dealing with tuberculosis in the County of London, which was approved by the Local Government Board, under which it was arranged to take advantage for uninsured persons of the accommodation already provided by the Metropolitan Asylums Board and of such additional accommodation as the Board were prepared to provide. This was the position at the outbreak of war. During the war the Board arranged to receive tuberculous patients, including ex-service men, by agreements with county councils and Insurance Committees outside London.

7. The Council's comprehensive scheme provided that the Council would make arrangements, if desired by the Insurance Committee, for the provision of residential accommodation for insured persons, and during the year 1919 negotiations took place between the Council and the Insurance Committee with a view to the former body assuming responsibility for this provision, as well as the responsibilities which the Insurance Committee have undertaken by arrangement with the Ministry of Pensions for providing for ex-service men. The result of these negotiations, when completed, will be that the Council will have the responsibility of making the arrangements for the treatment of all persons suffering from tuberculosis in the County, insured or uninsured, adults and children, civilians and ex-service men, and will make this provision by arrangement with hospital and sanatorium authorities who have or who are willing to provide the institutions. The whole of the foregoing arrangements will be modified consequent upon the carrying into operation of the National Insurance Act, 1920. Under this Act, "sanatorium benefit" will cease to be included among the benefits conferred by Part I. of the Act of 1911. The date when this benefit will cease has been fixed under the provisions of the Act as 1 January, 1921.

(b) *Finance.*

8. With regard to the cost of the provision made by the Board, the Government originally promised to defray three-fifths

of the capital cost of sanatoria up to £90 per bed. This limit was increased in 1918 to £180 per bed, but with the great increase in cost of building which has followed the termination of the war even this amount is quite inadequate. Recent experience shows that three-fifths of the capital cost per bed for new hospitals and sanatoria is likely to exceed £500, and the Board have made representations to the Ministry of Health on this subject.

9. The cost of the maintenance of patients is defrayed from Insurance Committee funds so far as insured persons and their dependents are concerned, and by Government and Insurance funds so far as ex-service men are concerned. With regard to the maintenance of all other patients, the Government grant received amounts to half the net deficiency between the total cost of the carrying on of the institutions for tuberculosis and the amounts received from Insurance Committees and payments received from any other source towards the maintenance of patients. The balance is raised by the Board in the same way as the rest of their expenditure. The effect of the Act of 1920 quoted in the preceding paragraph on the responsibility of local authorities for providing treatment for tuberculous persons—a responsibility hitherto limited so far as financial obligations are concerned to uninsured civilians—will no doubt receive early attention.

(c) *The Board's Provision for Tuberculosis.*

10. The provision made by the Board at the outset by adapting the Downs Sanatorium and part of the Northern Hospital, Winchmore Hill, has been referred to. The St. George's Home, with 50 beds for advanced cases of tuberculosis in women, was opened in May, 1914. In the summer of 1914, after conferences with the London County Council and the London Insurance Committee, it was decided to erect three sanatoria. Three sites were purchased, one at Highdown, Godalming, for a sanatorium for 232 adult female cases, one at Copthorne, East Grinstead, for 168 adult males, and one at Ellisfield, near Basingstoke, for 175 adult males. Plans were prepared by Mr. Edwin T. Hall, F.R.I.B.A., an architect of great experience in this class of institution. Owing to the war the schemes were not proceeded with. As soon after the conclusion of hostilities as the necessary sanction could be obtained from the Local Government Board, the plans were again brought up and passed, and tenders for the erection of a sanatorium on the Ellisfield site were considered. The tenders were so high that it was thought desirable to obtain the views of the Ministry of Health. A conference subsequently took place between representatives of the Ministry and of the Board, with the result that it was agreed to proceed with the erection of one sanatorium for men on the site at

Copthorne, East Grinstead, with accommodation for 300 or more cases, instead of 168 as originally proposed for the institution on this site, and with the erection of the sanatorium for women at Highdown, and to abandon for the present the erection of a second sanatorium for men at Ellisfield. It is hoped that the increase in the size of the institution to be erected at Copthorne will result in a substantial reduction in the cost per bed.

11. Meantime, in June, 1919, the Board had purchased the Pinewood Sanatorium, Wokingham, a modern institution, standing in 82 acres, with accommodation for 80 men. The institution was acquired already equipped and staffed, and the admission of patients began without delay. When the question of erecting new sanatoria was discussed with the Ministry of Health, it was agreed that the accommodation at Pinewood should be extended to the maximum possible, having regard to the existing administrative and staff accommodation. At the end of the year a scheme was approved in connection with the provision of facilities for training tuberculous ex-service men, and it was arranged that 40 of the additional beds should be allocated for this purpose, workshop and other necessary accommodation being provided. This part of the extension scheme will be carried out by H.M. Office of Works, the whole cost being defrayed by the Treasury, subject (i.) to the accommodation being available for tuberculous ex-service men from any part of the country, and (ii.) to the Board having the right to acquire the ownership of the buildings and equipment at any time within five years on a payment equivalent to two-fifths of the then value of the property, except when that value exceeds £300 per place provided, in which case the payment would be the excess over £180 per place. At the same time the Office of Works were asked to carry out on behalf of the Board an extension of the ordinary accommodation by 40 beds, bringing the total accommodation of the sanatorium to 160 beds.

12. For-ex service men suffering from advanced pulmonary tuberculosis 150 beds have been set aside in four of the Board's infectious hospitals in London. The question of providing for hospital cases of tuberculosis has also received attention, with the result that in December, 1919, the Board acquired the Hendon Infirmary of the City of Westminster Guardians. This institution, which stands on a site of $27\frac{1}{2}$ acres, and accommodates 271 cases, was re-named the Colindale Hospital, and re-opened without delay for adult male tuberculous cases. A second hospital for the same class of case was obtained by purchase in February, 1920, from the Greenwich Guardians of their modern institution at Grove Park, which provides a further 300 beds. The site of the institution being only $9\frac{1}{2}$ acres, the adjoining Mottingham Hall estate, comprising 43 acres of land with a large residence, was acquired

at the same time. The Grove Park institution at the time of purchase was in military occupation, but as soon as arrangements can be made between the Ministry of Health and the War Office the buildings will be handed over and the work of renovation and adaptation put in hand.* The cost of these two institutions being relatively high as compared with the accommodation they offer for tuberculous cases, the question of meeting demands for additional accommodation by extending these two hospitals has been discussed with the Ministry of Health. It was thought desirable that adult tuberculous patients should in the first instance be admitted at one or two centres where they could be subjected to medical examination on uniform lines and to temporary retention for observation or educational purposes where necessary. The use for these purposes of the hospitals at Hendon and Grove Park would also lead to some extent to a movement of patients in and out, and would prevent the hospitals being regarded by the patients as institutions for the hopeless and dying, a result both lowering to the moral of the patients and increasing the administrative difficulties. The Ministry intimated that they would be prepared to sanction an extension of Colindale Hospital to between 400 and 500 beds, and the plans are now under consideration. A similar extension of the accommodation is contemplated at Grove Park.

13. In May, 1920, the London County Council urged upon the Board the necessity of providing suitable accommodation for adult cases of surgical tuberculosis, and the Board have acquired for this purpose an institution at Lowestoft, with accommodation for 150 cases or more.

14. The previous paragraphs refer to accommodation for adults. With regard to children, the Board have set aside the new Princess Mary's Hospital, built at Margate on the site of the old East Cliff House, utilising in the scheme the original buildings. This hospital was completed during the war, and accommodates 271 children suffering from surgical tuberculosis. A substantial number of beds at Queen Mary's Hospital, Carshalton, has also been devoted to children suffering from tuberculosis, mainly surgical in character. The Millfield Institution at Rustington, near Littlehampton, was designed for children suffering from pulmonary tuberculosis, and has been used since its erection in 1904 for this purpose. It accommodates 120 children. In June, 1919, the London County Council asked the Board to consider the question of providing further accommodation for children suffering from pulmonary tuberculosis, and it was agreed to devote to this purpose the institution at High Wood, Brentwood, originally built as a school for "ophthalmia" children, but no longer required for

* H.M. the King has consented to this hospital being known in future as "King George's Hospital."

that purpose owing to the diminution in the number of cases of ophthalmia to such an extent that they could all be dealt with at White Oak School, Swanley. The High Wood Institution, with 304 beds, was opened for tuberculosis in September, 1919.

15. The number of tuberculous patients under treatment in the Board's institutions on 31 March, 1920, was as follows :—

Name of Institution.	Adults.		Children.		Total.
	Males.	Females.	Males.	Females.	
The Downs Sanatorium	260	—	—	—	260
Pinewood	61	—	—	—	61
Colindale Hospital ..	151	—	—	—	151
St. George's Home ..	—	49	—	—	49
Queen Mary's Hospital	—	—	279	283	562
Princess Mary's ..	—	—	114	88	202
High Wood	—	—	83	99	182
Millfield	—	—	57	55	112
Northern Hospital (part of)	—	175	9	56	240
North-Western	37	—	—	—	37
Park	45	—	—	—	45
South-Eastern	39	—	—	—	39
Western	20	—	—	—	20
	613	224	542	581	1,960

16. Appendix C. (page 60) gives a summary of the Board's accommodation for tuberculosis. It is not possible to say at present how far the needs of London have been met, but it is hoped that this will be for the most part accomplished with the institutions now open, with those which have been acquired and are in course of adaptation, and those which it has been agreed to erect. As has already been indicated, the London County Council have framed the tuberculosis scheme for London, and their policy has been to avail themselves of all suitable accommodation in hospitals and sanatoria, and to look to the Board as the authority for the residential treatment for infectious disease in London for the balance of the accommodation required. Up to the present time the Board have done all that has been asked of them.

(d) *Management of Institutions for Tuberculosis.*

17. In March, 1915, the Board formed a Sanatorium Committee, under which it proposed to place any institutions which they might possess or acquire solely for tuberculous patients. With the reconstitution of committees in May, 1920, the Sanatorium Committee was enlarged, its name was changed to Tuberculosis Committee, and effect given to the decision above

mentioned by the transfer from the Children's Committee to the Tuberculosis Committee of the three institutions, Millfield, Princess Mary's Hospital and High Wood, hitherto controlled by the former committee but now devoted solely to tuberculosis. The Northern Hospital, primarily a convalescent fever hospital, remains under the management of the Infectious Hospitals Committee, and Queen Mary's Hospital for Children under that of the Children's Committee, the admission of tuberculous patients and matters appertaining to them coming, however, within the province of the Tuberculosis Committee.

INFECTIOUS HOSPITALS.

(a) *Fevers.*

18. The number of patients suffering from infectious diseases admitted during the year ended 31 December, 1919, was 21,962, and at the end of the year there remained 4,790 patients in the infectious hospitals. Details will be found in Table XIII. (page 88). Admissions were 4,529 more than in 1918, and the number remaining under treatment at the end of the year was 2,491 more than last year, *i.e.*, more than double the number. The lowest number under treatment at any time was 2,364 on 3 January, 1919, and the highest number 5,018 on 21 December. The number of diphtheria cases received was 7,184. The cases of measles treated during the year numbered 751. The incidence of disease in the several months of the year is shown in Table XIV. and its geographical distribution in Table XVI. The statistics show a very substantial increase in the number of cases of infectious fevers in London over the previous three years, and the question of the Board's action in dealing with the situation thus arising is discussed in the following paragraphs, numbered 19 to 21, extracted from a report submitted by the Hospitals Committee and adopted by the Board in January, 1920.

19. During the war the Board's accommodation for infectious patients was largely curtailed, no fewer than six of their largest hospitals, *viz.* :—

Brook Hospital	..	..	..	..	580 beds
Grove	..	..	..	..	537 "
North-Eastern Hospital	..	..	..	..	623 "
Orchard	..	..	..	..	800 "
Southern (Upper)	..	..	..	..	922 "
Southern (Lower)	..	..	..	..	610 "
Total					4,072 beds

having been handed over to the military authorities. Of these, the Southern (Upper) Hospital and the North-Eastern Hospital were returned to the Board in the early part of 1919, and the

Brook Hospital during the latter part of November; the three remaining hospitals are still in the hands of the military. As an instance of the valuable assistance the Board were able to render to the country by the use of these hospitals for military purposes, it may be added that, during the time the Brook Hospital was actually in occupation by soldier patients—a period of four years and two months—no fewer than 30,491 soldiers were admitted to that hospital. The Board were enabled to alienate the hospitals above referred to from fever purposes during the war without, fortunately, inflicting any hardship or inconvenience on the inhabitants of the metropolis, by reason of the fact that, during that period (with the exception of the autumn and winter of 1915-16) the incidence of infectious disease was, comparatively speaking, low. The continuance of these favourable conditions, however, was broken during last autumn, when a very considerable rise in the number of cases took place, as the following table* shows :—

Seasonal rise.	No. of cases admitted from 1 Aug. to 19 Jan. (inclusive).	Highest No. under treatment on any one day during same period and date.
1915-16	13,448	4,950 (26 Oct., 1915)
1916-17	8,664	2,981 (28 Nov., 1916)
1917-18	9,511	3,435 (4 Dec., 1917)
1918-19	7,713	2,743 (22 Oct., 1918)
1919-20	13,524	4,981 (21 Dec., 1919)

* Notes to table—

- (i.) The figures given include all patients from whatever disease suffering who occupied beds in the Board's fever hospitals.
- (ii.) In the autumn of 1915 the Board had not given up the Grove Hospital and had it fully staffed for fever purposes, while the only set-off against this in 1919 was that the Brook Hospital was made available for some fever cases at the beginning of December.

In addition to placing the hospitals mentioned above at the disposal of the military authorities, the Board were called upon to afford the Government valuable help in another direction, viz., by treating in four of their acute hospitals, which had remained open for infectious purposes, a large number of sailors and soldiers suffering from tuberculosis, 150 beds having been set apart for that purpose, thus reducing to that extent the beds available for fever cases.

20. Apart from the greatly diminished accommodation available for their own use owing to the alienation of hospitals during the war to meet urgent national needs, the Board were seriously handicapped in another respect in their efforts to meet

the demands of last autumn, viz., the acute difficulties they experienced in obtaining the necessary nursing and domestic staff. Every effort was made to procure the staff required, the steps taken being as follows:—

(a) The vacancies were extensively advertised.

(b) Use was made of the organisation of the Ministry of Labour, of the Nurses' Demobilisation and Resettlement Committee, of Labour Exchanges, of the British Red Cross Society, and of the V.A.D. Demobilisation Headquarters.

(c) Nurses specially engaged from private nursing institutions were employed at several of the hospitals at considerable expense.

(d) On the appearance, in the public press, of a statement, made in connection with the establishment of a Nurses' Union, that there were "thousands of nurses" looking for employment, a communication was sent to the organisation, bringing the Board's needs to their notice and setting forth the advantages which the Board's service offered, but no reply was forthcoming.

The staff difficulty was naturally enhanced by the decision of the Board on 26 July last to introduce the 48-hour week. Instructions were issued, however, that the reduction of working hours might be suspended for the time being, as a purely emergency measure, and overtime worked, where such a course would enable more beds to be rendered available for patients.

21. When the staff difficulty had been to a large extent, but not wholly, overcome there still remained the shortage of accommodation. It may be said—it has, indeed, been said—by those who are imperfectly acquainted with the working of the organisation for dealing with infectious disease, that apart from the hospitals lent to the military authorities, the number of beds in the remaining hospitals was sufficient for all the cases the Board were asked to admit. Judged from the merely numerical point of view the statement is probably true, but considered in the light of actual facts, it is, nevertheless, incorrect. In the first place it should be pointed out that over 1,300 of the beds at the Board's disposal are at the convalescent hospitals, and are only available for convalescent cases transferred from the acute hospitals, and there are not always a sufficient number of patients at the acute hospitals who have made such progress that they are in a fit stage to be sent to a convalescent hospital to complete their recovery and to keep the beds there fully occupied. Joyce Green Hospital, containing 940 beds, was designed for small-pox, and is, therefore, situated many miles from London. Used, as it is, in time of need for fever cases, it is by reason of its

situation only available for certain districts so far as acute cases are concerned, and provided those cases are not of too serious a character to be able to stand the journey. Secondly, it should be observed that, owing to the necessity of classifying the patients according to age, sex and disease, there is almost always some wastage of beds at all the hospitals. Thirdly, it should be noted that a number of the beds at each of the hospitals are provided for special purposes, *i.e.*, isolation, separation, discharge, &c., and cannot all be used at all times for ordinary cases. Lastly, it should be borne in mind that a patient admitted to a ward, certified to be suffering from scarlet fever or diphtheria, may, a few days after admission, be found to be suffering also from another infectious disease, which at the time of his admission was unrecognisable, as it was only in the incubation stage, and that the result of this is to place the ward in quarantine, and thus render it temporarily unavailable for further admissions. Consideration of the foregoing will make it clear that the number of beds that can actually be occupied at any given moment may be very much smaller than the nominal number of beds available. The Board's difficulties as regards the lack of accommodation are, we think, almost wholly attributable to the fact that they were last autumn without the help which the Brook and the Grove Hospitals—containing between them over 1,100 beds for acute cases—would have given them. The possession of these hospitals, which would, we think, have been easier to staff than some of the more outlying hospitals, would not only have added that number of beds to the Board's accommodation, but would have enabled a fuller and more advantageous use to be made of the beds at the Joyce Green and Southern Hospitals. It is true that the Board received an intimation on 18 November that the Brook Hospital might revert to fever purposes, but it was then too late for full advantage to be made of that hospital. It will be appreciated that, after $4\frac{1}{2}$ years' occupation as a war hospital, a certain amount of re-arrangement, cleaning, &c., was necessary before the hospital could be re-opened for an entirely different purpose. The necessary steps were immediately taken and the first fever cases were admitted in two weeks' time. As soon as it was realised that there would be difficulty in admitting to hospital all cases for which application was made, the medical officers of health were asked (in order to ensure that those cases which, by virtue of their condition, environment or special circumstances, most urgently needed hospital treatment, should receive priority) to select such cases and notify them to the Clerk of the Board. This system was found to work smoothly on the whole, and while, at times,

delay occurred, every endeavour was made to admit cases, especially urgent ones, with the utmost promptitude. In this connection appreciation should be recorded of the way in which the medical officers of health, most of whom are acquainted with the conditions which have hampered the Board's efforts, have co-operated in dealing with the situation. The Board think the facts adduced will be sufficient to dispel some illusions which have existed as to the utilisation of their accommodation during the last five years, and will make it clear that their inability to admit promptly every infectious case they have been requested to receive during the recent epidemic has been entirely due to circumstances over which they have had no control.

The Board propose to set up machinery to bring them into closer touch with the medical officers of health of the Metropolitan boroughs with a view to securing closer co-operation with them as to the measures necessary in times of difficulty, such as those discussed in this report.

(b) *Smallpox.*

22. 26 cases of smallpox were admitted during the year 1919. The medical superintendent of the smallpox hospitals, Dr. A. F. Cameron, reports as follows :—

During the year 26 cases of smallpox were admitted. Long Reach Hospital was occupied at the beginning of the year in dealing with the outbreak which began in Holborn in December, 1918. From this source 9 cases were admitted. The hospital was closed on 21 February, but was re-opened on 5 March for cases from St. Pancras and Islington, which seemed to be connected with the original outbreak in Holborn. From this extension 8 cases came. During March, 2 patients were admitted from West Ham. Both had extremely mild attacks and the source of infection was not ascertained. In the beginning of May, 3 patients were admitted who had acquired the infection in Spain, Portugal and Italy respectively, but no local extension of the disease occurred. In June an isolated case occurred in Lambeth and another in Stepney. In neither was the source of infection discovered. In the beginning of July more serious outbreaks of the disease occurred in Woolwich and in Bethnal Green, associated in each case with unrecognised fatal cases of toxic smallpox, but infection did not spread beyond the families originally involved and the next-door neighbours. The hospital was closed on 9 August, and remained closed to the end of the year. There were four deaths during the year. It is interesting to record that after an interval of several years, as far as my knowledge extends, the type of case usually associated with a rising infectivity of the disease again appeared in the outbreaks in Woolwich and Bethnal Green in July, and that a wider extension of the disease did not occur.

During the year 27 patients were examined who were found not to be suffering from smallpox. Of these, 9 were admitted at the receiving station and 18 were examined at their own home.

23. The following table, prepared by the medical superin-

tendent of the smallpox hospitals last year, is reprinted with the addition of the figures for 1919 :—

Year.	No. of cases.	Year.	No. of cases.	Year.	No. of cases.	Year.	No. of cases.
1884 ...	6,363	1893 ...	2,376	1902 ...	7,916	1911 ...	70
1885 ...	6,146	1894 ...	1,117	1903 ...	355	1912 ...	5
1886 ...	99	1895 ...	941	1904 ...	449	1913 ...	1
1887 ...	56	1896 ...	190	1905 ...	53	1914 ...	1
1888 ...	62	1897 ...	70	1906 ...	27	1915 ...	11
1889 ...	5	1898 ...	5	1907 ...	2	1916 ...	1
1890 ...	22	1899 ...	18	1908 ...	1	1917 ...	0
1891 ...	63	1900 ...	66	1909 ...	15	1918 ...	45
1892 ...	325	1901 ...	1,743	1910 ...	5	1919 ...	26

(c) *Ophthalmia Neonatorum.*

24. During the year the admissions to St. Margaret's Hospital, Kentish Town, for ophthalmia neonatorum numbered 136 mothers and 281 babies. Plans have been prepared in consultation with the Ministry of Health for improving the arrangements at this hospital, and the consulting medical staff has been strengthened.

The property at Norwood acquired for a similar hospital to serve the south of London has not yet been opened.

(d) *Venereal Diseases.*

25. The Local Government Board in 1916 asked the Board to make provision for the reception of women about to be confined suffering from venereal diseases. Arrangements were made by the Board with the City of London Guardians to receive these cases in their Thavies Inn Infirmary. The arrangements for admission and discharge are made by the Board, but the institution is administered by the Guardians, the Board paying an agreed sum to cover all charges. During the year 76 women were under treatment and 64 children were born. In August, 1918, approval was given to an out-patient clinic being established at Thavies Inn for the out-patient treatment of women after their discharge. After the first six months the medical head of the infirmary reported "the continuation of the treatment after leaving the centre is most important to complete the cure of both mothers and babies. It is found in most cases that the patients are anxious and willing to come."

26. In July, 1918, the Local Government Board urged the Board to consider the question of providing accommodation for the treatment of pregnant women and married women in London suffer-

ing from venereal diseases, and efforts were made to obtain suitable premises for this work. Eventually, in February, 1920, a property at Blackheath, standing in 17 acres of land, was purchased to meet the needs of this class of case, and the adaptation of this property for hospital purposes will be proceeded with as soon as possession is obtained. Meantime in November, 1919, the Ministry of Health informed the Board that they had been approached by the Home Office with a view to the immediate provision of accommodation for the reception and treatment of young girls and women suffering from venereal diseases who come into the hands of women police patrols, and who are willing to undergo treatment, and the Board agreed to set aside for this work the small hospital of 52 beds in Sheffield Street, W.C., which had been used during the war as an observation hospital and dispensary for war refugees.

(e) *Notification Statistics.*

27. In the metropolitan area 27,318 cases of infectious disease (exclusive of whooping cough and zymotic enteritis) were notified during the year 1919, or 1,960 more than in the previous year. Table ix. 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.

(f) *Medical Instruction.*

28. During the year 222 students attended courses of instruction in fevers, of whom 66 were women. 56 students attended courses of instruction in hospital administration for the Diploma of Public Health.

(g) *Research and Bacteriological Work.*

29. The research work conducted by the Board in the pathological laboratories was resumed on the return of Dr. W. Mair, the research pathologist, from military service. A report by Dr. Mair on his work will be found in Appendix D, p. 61.

A report by the bacteriologist (Dr. Cartwright Wood) will be found in Appendix E, p. 62.

MENTAL HOSPITALS.

(a) *Patients.*

30. The numbers of patients in the Board's mental institutions for the year 1919 were as follow, viz. :—

Remaining on 1 January, 1919	..	..	..	5,528
Discharged during the year	..	..	..	161
Died	..	..	..	841
Admitted	..	..	..	920
Remaining on 31 December, 1919	..	..	..	5,446

The average annual number of admissions during the past ten years has been 989. Of the patients admitted, 154 were

under 16 years of age, 53 of these being under 5 years of age. Of the 766 admissions over 16 years of age, 263 were between 70 and 80, 106 between 80 and 90, and 5 over 90. 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 authorities is now 33. Statistical information with regard to the patients in mental institutions will be found in Tables XXXI. to XLIV.

(b) *Accommodation.*

31. In April, 1919, the Board considered the question of rearranging the accommodation in their mental hospitals with a view to making a fuller use of the vacant accommodation then existing. At the end of March it was found that the vacancies were as follow :—

	M.	F.	Total.
Leavesden	522	261	783
Caterham	394	333	727
Tooting Bec (over 16)	119	81	200
„ (under 16)	13	15	28
Fountain (under 16)	28	44	72
Darenth (over 16) ..	116	73	189
„ (under 16) ..	—	—	—
Totals ..	1,192	807	1,999

Certain of these vacant beds were in wards set apart for special cases, *e.g.*, trachoma, other forms of ophthalmia, tuberculosis, &c., and were therefore only available for patients suffering from those diseases; but, leaving these out of consideration, there still remained a large amount of vacant accommodation for ordinary cases, more especially at Leavesden and Caterham. This was attributable not to any appreciable falling off in the number of poor law cases received in the usual way through the various metropolitan boards of guardians, but to the recent unusually high death rate—the result of war conditions and influenza—and to the fact that very little use has been made by local authorities of the large amount of accommodation at Leavesden and Caterham for unimprovable adults under the Mental Deficiency Act. The total number of defectives admitted to both these mental hospitals under the Act has only been 53, while 7 additional beds have been allotted but have not yet been filled. Experience has thus shown that there is likely to be very little demand on the part of local authorities for the admission of unimprovable adults. The defectives for whom accommodation is most urgently required are unimprovable children and trainable juveniles. For the former the only institution is the Fountain Temporary Mental Hospital, and the comparatively small size of this institution renders it impossible to allot very many beds for this class. The Board understood that local authorities throughout

the country were being stimulated to exercise their powers under the Act more fully than they had hitherto done, but that it was very improbable that they would be disposed, either alone or in combination with other authorities, to make their own provision for such deeply defective cases as are received at the Fountain Mental Hospital, the only institution of its kind in England and Wales.

32. The present-day demand for accommodation is first for juvenile trainable cases, hitherto admitted at Darenth, and, secondly, for juvenile unimprovable cases of the class received at the Fountain Mental Hospital, and the aim of the Mental Hospitals Committee has been to rearrange the accommodation at their disposal so as to give a margin for these classes without preserving vacancies for cases of a type which were not forthcoming in any numbers, such as the improvable adult. The present allocation of the accommodation is :—

(a) *Tooting Bec Mental Hospital* is reserved for Lunacy Acts cases only. This hospital is the receiving institution for all such cases, juvenile and adult. From it the cases are passed out to the other institutions for which they are considered suitable, except the aged infirm patients, who are retained at Tooting Bec.

(b) *The Fountain Temporary Mental Hospital* is an institution intended for the reception of cases described as unimprovable imbecile children. It receives such children from Tooting Bec and also by direct admission under the Mental Deficiency Act. It will, in future, be utilised for the reception of the younger boys (generally under 9 years of age) and girls up to the age of 16. Girls on passing the age of 16 are transferred to other institutions, and boys who are no longer suitable for female nursing to Caterham.

A certain amount of educational training is attempted at the Fountain, as it is the view of the responsible officers that almost all the children are improvable to some extent.

(c) *Darenth Training Colony* is allocated to the reception of trainable cases under the Lunacy Acts and the Mental Deficiency Act, and also of feeble-minded cases which are not certified.

As a consequence of this allocation all cases from Tooting Bec which are thought to be trainable are sent to Darenth, as are all cases under the Mental Deficiency Act which are stated on the form of application to be trainable. Many of these latter cases, however, turn out to be low-grade, and are ultimately drafted out of Darenth to other institutions. This should be easier in future under the policy of receiving low-grade trainable cases at Caterham Mental Hospital. The result should be to improve the standard of the cases at Darenth.

The feeble-minded cases (uncertified) are all examined by the medical superintendent before admission. Those boys who are found to be suitable are sent direct to the Bridge Training Home, which accommodates 210 such cases.

(d) *Caterham Mental Hospital* was allocated for the unimprovable class of adult imbeciles, but, as has already been indicated, this policy has been modified to the extent of providing for low-grade trainables, and one block on the male side (120 beds) has been allocated to the use of male children who formerly went to the Fountain.

(e) *Leavesden Mental Hospital*, like *Caterham*, was nominally allocated for the reception of unimprovable adult imbeciles, but has of late years become more and more an institution for the reception of chronic infirm cases. Wards have been set apart for such diseases as tuberculosis, ophthalmia, trachoma, dysentery and skin diseases.

33. After full consideration of various alternatives the Board agreed—

(i.) To recognise *Leavesden Mental Hospital* as an institution for cases of chronic sickness and infirmity, so that the special accommodation there could be used to the limit of necessity, and the need for specialising in the same way in other institutions reduced to a minimum. Ophthalmia cases are also treated at *Leavesden*, and it is proposed to transfer there all the eye cases from the other mental hospitals.

(ii.) To transfer older boys from the *Fountain* to *Caterham Mental Hospital*.

(iii.) To transfer the lowest grade of trainable cases from *Darenth* to *Caterham*, thus leaving as much room as possible at *Darenth* for the highest grade of trainable case, for which the accommodation is most valuable.

(iv.) To admit certified children up to 7 years of age at the *Fountain* even if stated to be trainable, subject to a periodical examination of such cases by the medical superintendent of *Darenth Training Colony* with the view to the transfer there of suitable cases.

(v.) To provide a ground floor ward at *Bridge Training Home* for epileptic cases.

34. The medical superintendent of *Darenth Training Colony* reports :—

As regards the inmates, the most noteworthy feature of the year has been the admission of a large number of cases under the *Mental Deficiency Act, 1913*. Most of these patients are of the class for which the Colony is designed, though many described as "trainable" are of too low a grade to become useful workers. Beyond a reference to the difficulties arising from the complicated procedure which the Act makes necessary for detention, such cases call for no comment.

The following figures give the school attendance at *Darenth*—

	CERTIFIED.	Girls.	Boys.	Totals.
Number on register, 1 January, 1919..	168	..	301	.. 469
Admitted during the year	35	..	89	.. 124
Removed during the year	53	..	108	.. 161
Number on register, 31 December, 1919	150	..	282	.. 432
	FEEBLE-MINDED.			
Number on register, 1 January, 1919..	103	..	108	.. 211
Admitted during the year	28	..	63	.. 91
Removed during the year	25	..	28	.. 53
Number on register, 31 December, 1919	106	..	143	.. 249

A cinematograph apparatus has been installed at *Darenth*, and has proved very beneficial in the instruction and entertainment of the patients.

35. Attention should be called to the excellent work which continues to be carried out at the *Edmonton Epileptic Colony*, where suitable employment is found for a large number of sane epileptic cases.

36. Appendix F, page 63, contains the report of the ophthalmic surgeon (Dr. L. J. Pisani) with regard to his work in the mental hospitals.

37. The question of mental hospital accommodation is still engaging attention, and the Board are proceeding with the completion of the extension scheme at Tooting Bec Mental Hospital, which was left through the war with the buildings partially erected. They have also in their possession the workhouse at Edmonton, which, but for the war, would have been adapted for mental hospital purposes, but the cost of this latter scheme would now be very heavy. It is desirable in the interests of the infectious hospitals service that the Fountain Hospital, which belongs to that service and was only temporarily diverted to the mental hospitals branch, should revert to its original use, and the manner in which this can best be brought about has an important bearing on the question of the best arrangement of the Board's mental hospital accommodation.

(c) *Nursing Staff.*

38. The Board decided to change the designation "asylum," hitherto used for the institutions for mental patients, to "mental hospitals." The former title had lost something of its original and proper meaning, and the change is in accordance with modern practice. It was thought it would be beneficial from the point of view of the status of the staff required especially for nursing purposes, and the "asylum attendant" became by the change a "mental hospital nurse." The Colony at Darenth and the Home at Witham became the Darenth Training Colony and Bridge Training Home, and the Asylums Committee itself became the Mental Hospitals Committee. In accordance with the recommendations of the Joint Conciliation Committee of mental hospital authorities and staff, referred to later in the section of this report dealing with the Board's staff, provision was made for the instruction of the nursing staff in the care and treatment of mental patients, with facilities for obtaining by examination recognised diplomas of efficiency in mental nursing. All officers appointed on the nursing staff are appointed as probationers, subject to confirmation after such a period of probation as may be necessary for training and after the nurse has obtained a recognised diploma of proficiency in mental nursing, and the scales of pay are arranged accordingly. The Board recognise the nursing certificate of the Medico-Psychological Association of Great Britain and Ireland as a diploma for this purpose.

CASUAL WARDS.

39. The number of casual poor received during the year was 5,935, the average daily numbers being 58. The Board in

November, 1919, received and approved a full report by the Casual Wards Committee with regard to the administration of the casual wards, and this is found in Appendix B, p. 57. The Committee emphasised the point that the whole spirit of the casual ward administration and the work for the homeless poor undertaken by the Board in 1912 had been to improve their condition, and in association with voluntary agencies to uplift and restore in every possible case those coming under their care. This policy has been successful in its results, as shown by the number of people who have been assisted by individual or collective effort to recover themselves whether from the casual ward or under the homeless poor schemes. Restrictive regulations have only been enforced in the last resort, and, so far as detention is concerned, in the interest of the person affected.

40. An important branch of the work of this department, that relating to the night office on the Embankment, came under review by the Board in March, 1920. The night office was opened in October, 1912, with a view to dealing with the crowds of persons who at that time frequented the Embankment, and who stated that they were unemployed and homeless. In the early days the number of applicants was very large. The guiding idea of the officer in charge of the office was that every case which appeared helpable should be given a chance of help through one of the voluntary agencies, but where the applicant was known to be a regular habitué of the Embankment, or where he failed to take advantage of the assistance of one of the charitable societies, he should be given an order for a casual ward. The proportion of applicants who are sent to casual wards gives a good idea of the class of cases which is being dealt with. The following figures show the average monthly number that have applied to the night office during every year since its opening and the proportion sent to casual wards. The numbers also indicate that the regular habitués and unhelpable cases are gradually disappearing :—

Year.	Average monthly number.	Percentage given orders for casual wards.
1913 and two months of 1912	1,307	53
1914	888	45
1915	139	39
1916	61	30
1917	33	24
1918	14	29
1919	58	10
1920, January	259	7
„ February	444	11
„ March	457	11
„ April	513	17
„ May	663	27

It will be seen that recently there has been a considerable increase in the number of applicants, and this increase is largely made up of discharged soldiers. For example, the 259 cases in January included 173 discharged or demobilised soldiers, and the 444 in February included 336. Some of these soldiers are persons well known as habitués in the early days of the night office, but in no case has their previous history been taken into account, and all have been given a chance through one of the charitable agencies, unless it was absolutely necessary, owing to the man's dirty and verminous condition, that he should be sent to a casual ward in order that he might avail himself of the better opportunities for cleansing and disinfection. In January it was not found necessary to send any ex-soldiers to casual wards, but in February 16 were sent, and of these one had previously been given tickets to voluntary agencies on six occasions, 10 on three, and 5 on two occasions. A careful study of the cases that are dealt with makes it possible to say that, with very few exceptions, the recent applicants are not of the habitual class which frequented the Embankment at the commencement of the scheme, but they very largely consist of ex-service men and others who have been or who are receiving the unemployment donation, and cannot obtain work, or have not sufficient energy to do something for themselves as long as they find that something is being done for them.

The whole of the cases are, as a rule, sent to a voluntary charitable agency, where they are given supper, a bed and breakfast. They can leave the first thing in the morning, or, if they desire to do so, can stay until the chief officer comes, when, if they desire it, he will do his best to find them work. A large number leave the first thing in the morning before the agency can deal with them. In some cases, if suitable, the applicant is taken into one of the homes, or even returned to his native place. It is satisfactory to note the very small proportion of men who come more than once to the night office, and that practically none shows a tendency to become an habitual loafer. The primary function of the night office is to direct those who for the first time are destitute and homeless to a place where their immediate wants are satisfied, but the function might with advantage be extended to include the direction of applicants to places where their less urgent but more important need—the need for employment—may be satisfied. This might be done by introducing machinery for finding out from each applicant what work he is capable of doing and for putting him into touch with those who require labour of that kind. The Board decided to ask the Ministry of Health to approach the Ministry of Labour with a view to securing their co-operation so that applicants might be brought into closer touch with the

employment exchanges and a scheme for providing useful employment formulated. At the suggestion of the Ministry of Labour it was arranged that the officer at the night office should give to applicants who satisfied him that they were in genuine need of employment a ticket to the exchange nearest the institution, or, if already registered, to the exchange in question. At the exchange suitable work would be offered if available, or, if not, the applicant would be interviewed by the local employment committee who have been requested by the Ministry to take special steps to deal with these cases.

CHILDREN.

41. The numbers of patients dealt with in institutions under the control of the Children's Committee during 1919 are given in the following table :—

	Remaining 1 Jan., 1919	Admitted 1919	Discharged 1919	Died	Remaining 31 Dec. 1919
Sick and convalescent	1,045	1,576	1,290	65	1,266
Ringworm	188	601	614	5	170
Ophthalmia	186	92	117	1	160

The work of the Children's Committee will undergo some diminution consequent upon the decision already referred to to transfer to the Tuberculosis Committee the management of institutions solely used for tuberculous children. They remain in control of one of the most important of the Board's institutions, Queen Mary's Hospital, where work of the most valuable kind continues to attract great attention in the medical world.

The Medical Superintendent of Queen Mary's Hospital, Dr. W. T. Gordon Pugh, reports as follows :—

In the use to which the Board put Queen Mary's Hospital they anticipated the demand now growing for the treatment of surgical diseases of children in the country within easy reach of the Metropolis. The limited accommodation available in London for children requiring orthopaedic treatment, especially for cases of tubercular disease of bones and joints, has led to a large and increasing proportion of its beds being utilised for this purpose. There is the great advantage that on the verandahs attached to its surgical wards over 230 patients can continuously remain in the open air. The benefit of country surroundings when tuberculosis and rickets are being dealt with is apparent; children steadily deteriorating under town conditions usually make rapid improvement when they breathe the invigorating air of the Surrey Downs. Far superior in tubercular disease of the spine, for example, than the premature ambulant treatment by jacket, so often perforce prescribed, is prolonged retention in the recumbent position in the country. The earlier the patient comes under such conditions the better, for the less will be the mortality, the more complete the prevention of deformity, and the larger the number

of cases a given number of beds will accommodate. A patient in whom such treatment has been delayed until sinus formation has occurred will occupy a bed, with a greatly diminished prospect of ultimate complete recovery, for a period several times as long as he would have done if there had been no delay. As, however, many cases do not come under treatment at an early stage, the correction of deformity forms an important part of the work of the hospital, and as a recent development it may be noted that operations for making new joints when the natural joints are destroyed are now being performed.

Queen Mary's Hospital possesses well-equipped workshops in which are made practically all the surgical appliances required, a system which has the advantage not only of economy, but also of correctness of fitting. To secure effective immobilisation of the spine and the hip in the recumbent position, frames and carriers have been designed which add to the comfort of the patient and materially lessen the labour of nursing. In the manufacture of jackets and splints to be worn after discharge, special attention has been given to the difficulties attaching to after-care—parts which are liable to get out of order have been as far as possible eliminated, and jackets and other casings are made in such a way that they can be adjusted as the patient grows.

A number of the orthopædic patients are cases of partial paralysis, and need not only correction of deformities, readjustment of the active muscles, and suitable appliances, but also the use of measures for developing whatever power still remains in the weakened limbs. The increased calls on massage, medical gymnastics, and electro-therapeutics have been met by an enlargement of this department and the appointment of a medical officer to supervise it.

Detailed medical and statistical information with regard to the work of this hospital will be found in Tables XLIX. to LIIL.

42. The Board's Principal Medical Officer reported as follows in April, 1919, with regard to the prevalence of ophthalmia in London :—

I have made further enquiries on the present prevalence of ophthalmia as desired. The Medical Officer of Health of the County tells me "that there has been a general decline in the number of such cases reported from the schools." He thinks that early diagnosis and treatment, as a result of medical inspection in the schools, has exerted a repressive influence on the spread of the disease, but he is of the opinion that the main factor concerned in the fewer admissions to the Board's ophthalmia schools is the great reduction in the need for poor law relief which has been coincident with the war.

Figures, kindly furnished by Dr. Manby, medical inspector of the Local Government Board, show that the number of children in poor law institutions is considerably below the pre-war figure, though at the present time it is rising.

On 1 Jan., 1915, there were 20,586 children in these institutions.

"	1917,	"	17,207	"	"	"
"	1918,	"	17,316	"	"	"
"	1919,	"	18,045	"	"	"

Mr. Tyrrell, assistant medical officer, informs me that only 11 cases were transferred to White Oak School in 1918 from the four poor law schools which he inspects. So far as his knowledge goes there is very little serious ophthalmia at the present time in poor law schools, though

there are a number of mild cases which in former years would probably have been transferred to the care of the Board. He goes on to say in his letter to me, "There is plenty of ophthalmia about, as I know from my experience of St. Mary's Hospital and two London dispensaries which I attend. In most cases the parents are quite willing to pay towards expenses. Being better off they do not come under the poor law now."

Mr. Pisani, one of the Board's ophthalmic surgeons, while believing the war to have been the principal cause of the fall in the number of ophthalmia admissions, is of opinion that we ought to expect a diminution of ophthalmia in view of the greater attention which is being given by the London County Council and other school authorities to the treatment of minor ailments of the eye.

There will always be cases of trachoma and other chronic inflammatory conditions of the eyelids for which an ophthalmia school is the most suitable institution, and such cases will no doubt be admitted in larger numbers when the stigma of the poor law is removed. Inspection by experts, while it will lead to the detection of mild cases that the average practitioner might overlook, will at the same time diminish the number transferred, since slight affections will be treated locally.

The facts and opinions that I have obtained suggest a possible increase in the number of admissions to White Oak School, but not a sufficiently large increase to call for the reopening of High Wood School.

43. A report by Mr. Treacher Collins, F.R.C.S., on the treatment of ophthalmia will be found in Appendix G, p. 64, one by Sir James Galloway on skin diseases in Appendix H, p. 65, and one by Dr. H. G. Critchley with regard to the X-ray treatment of ringworm in Appendix I, p. 66.

TRAINING SHIP "EXMOUTH."

44. As will be seen by reference to Table LVII., p. 129, the boys admitted during the year numbered 305. Of the 225 boys discharged, 80 entered the Royal Navy and 135 the Mercantile Marine.

45. The ship was inspected and the prizes distributed on 9 July by H.R.H. the Prince Albert (Duke of York), who addressed the visitors and the ship's company as follows:—

It has been a real pleasure to me to come here this afternoon to inspect the ship and the ship's company. I have been greatly impressed by the high state of cleanliness, comfort and efficiency of this establishment, and the best proof of these conditions is seen in the cheerful and healthy appearance of the boys, which shows that the training is a happy as well as a thorough one.

Gentlemen of the Ship Committee, you must all be pleased exceedingly with the result of this branch of your work. In carrying on an establishment of this kind, providing boys with a training for a career which will compare most favourably with any open to them in shore-going life, you are doing a work of national importance for which the country must always be grateful to you. We can never forget what we owe to our ships, both of the Royal Navy and the Mercantile Marine, and to the men who man them for their wonderful vital services in the great war which we have just finished so victoriously.

Captain Colmore and the Officers of the "Exmouth," I must heartily compliment you all on the efficient and smart appearance of your boys. I have already mentioned how their contented faces testify to their happy state on board this ship, and this I am certain must be due to the very good relations which exist between the boys and their officers. I know what great difficulties you must have had during the war owing to the number of officers and men who naturally left this establishment to serve their country in its hour of need, and how you surmounted them. It is very pleasing to hear what splendid services they have rendered to the Forces, and I heartily congratulate those who have come back and are here to-day on their safe return.

Boys of the "Exmouth," I want to tell you how very pleased I am by what I have seen this afternoon. Your very smart appearance, good drill and the clean state of your ship assure me that you give loyal assistance to your officers and instructors in carrying out their orders and getting the best out of your training here. I also see that you have learned the spirit of discipline, without which no successful work can be done. I understand that many of you will soon be leaving here and going out into the larger world of the Royal Navy and the Mercantile Marine, both of which are among the most honourable Services open to anyone—Services which have again proved the sheet-anchor and the mainstay of the British Empire. I want you all to remember that old boys from here have already made the name of the "Exmouth" known as a training centre from which some of the best recruits for the sea services are drawn, and the old ship depends on you to carry on her good reputation and to add fresh laurels to her splendid record. To do this you cannot do better than remember your training in this ship and to live up to its lessons of duty, courage and honour. I see in your record, as the Chairman has already stated, that one Victoria Cross was won by an old boy in the war; to those who are remaining here, I can only congratulate you on doing so. And do not forget to make the most of your opportunities here, because I know that you could not have a better training. I want to congratulate all the prize-winners to whom I distributed awards this afternoon. I thank you all for the cordial reception you have given me, and I wish you all every success in the future.

46. The report of the Admiralty Inspector, 1920, to the Admiral of the Training Service is :—

1. An ideal ship for the training of boys for the sea; in fact, infinitely superior to any other establishment of its kind afloat.
2. The ship was very clean throughout, and in excellent condition. She is extremely well organised.
3. The boys (who now number 625) all seemed very happy and contented, and appeared to take a keen interest in their work. The Captain Superintendent is fortunate in having a good staff of instructors, whose methods of engaging the attention of their respective classes favourably impressed me.
4. Arrangements are being made to increase the accommodation of the sanatorium from 24 beds to 50 beds, to reorganise the isolation ward, and to provide a special room for the dentist.
5. The recreation ground is hardly big enough to meet requirements, but this defect cannot be remedied as no other space is available.
6. All the boys, with the exception of 17 (new entries), are able to swim.
7. The Superintendent of the Physical and Recreational Training

School was unable to send a representative to report on the arrangements in force for the physical training of the boys.

8. The ship has an excellent band, The number of boys under instruction is very large, however, and as only two bandmasters are borne, it would be perhaps desirable to reduce classes. I concur generally in report of representative of the School of Music, which is attached.

9. Before departure I addressed the boys, and congratulated them on their general appearance and alert bearing.

47. It is regrettable that greater use of the ship is not made by the metropolitan boards of guardians. Early in the year the Board again had before them the standards of admission prescribed for the ship, but after fully considering a lengthy report submitted to them by the Ship Committee, in which evidence was given as to the futility of reducing these standards, the Board endorsed the Committee's view and ordered that a copy of the report should be forwarded to the metropolitan boards of guardians.

RELIGIOUS INSTRUCTION.

48. The Board have for some time past made arrangements, by the appointment of chaplains and religious instructors, for the spiritual care of the inmates of their institutions belonging to the Church of England and the Roman Catholic Church. The number of inmates registered as belonging to nonconformist religious bodies has been comparatively small, and under the regulations of the Local Government Board, ministers of the different bodies have always had access to these patients. The Board have now decided to appoint formally a nonconformist religious instructor at each institution where there are nonconformists patients.

LAND AND RIVER AMBULANCE SERVICES.

49. The number of patients conveyed to hospitals and elsewhere by the Board's ambulances totalled 58,937, as compared with 42,473 in the previous year. The steamboats of the River Ambulance Service conveyed 249 passengers to and from Long Reach. Of that number 48 were patients and 200 were visitors, staff, workmen, &c. There were 25 cases certified as smallpox admitted. The vessels were under steam 6,173 hours, and under way 479 hours; they ran 4,959 miles, and consumed 139 tons of coal. Statistics are given in Tables XLVII. and XLVIII.

WORKS.

50. The work of this department, which had been reduced to a minimum during the war, has rapidly increased during the past year. No works had been carried out at the institutions during the war except those absolutely essential for maintenance purposes, and the whole of the painting and cleaning work,

internal and external, required early attention. In April, 1919, the Board considered the question of the order in which outstanding works should be proceeded with. It appeared that the works suspended owing to the war fell under five headings :—

- (i.) Schemes sanctioned by the Local Government Board. Pre-war estimates, £367,048.
- (ii.) Works approved in principle by the Metropolitan Asylums Board, or by a central committee. Pre-war estimates, £167,754.
- (iii.) Minor works approved by sub-committees. Pre-war estimates, £42,276.
- (iv.) Central heating schemes. Pre-war estimates, £54,000.
- (v.) Cleaning and painting works and repairs. Pre-war estimates, £30,000.

The Board decided that all maintenance work, including painting and cleaning work, repairs, reconstruction of roads and paths, and alterations to machinery, should be proceeded with forthwith. With regard to the larger schemes, the Board decided to consult the Ministry of Health as to the reconstruction of the North-Eastern Hospital and the extension of Tooting Bec Mental Hospital, regard being had in the former case to the additional buildings erected on the site by the United States Military Authorities during their occupation of the hospital. The question of the erection of sanatoria has been dealt with earlier in this review.

51. With regard to the remaining works, the drainage works at Leavesden Mental Hospital and the erection of hostels for staff at Queen Mary's were assigned priority, followed by the rest of those on the list of works already definitely sanctioned. These decisions have been affected by various developments which have since taken place. The acquisition of fresh institutions, including Pinewood Sanatorium, Colindale Hospital and the institution at Grove Park, together with the settlement of important questions relating to claims for dilapidations against the War Office at the Brook and Grove Hospitals, and other institutions used by the military, have added very substantially to the duties of the Works Committee and the responsibilities of the Engineer-in-Chief, and arrangements have been made to strengthen his staff.

SUPPLIES.

52. The Contract Committee has dealt with the question of maintaining the supplies required for a daily population which by April, 1920, had risen to some 24,000 persons. Some slight diminution in the difficulties and restrictions experienced during the war began to make itself felt, but there was no early prospect of the restoration on a large scale of the method of purchase by periodical contracts at fixed prices which formed the

normal pre-war system; in fact, as late as June, 1919, the Ministry of Health sanctioned a continuation of the emergency arrangements for the purchase of supplies which had been in force since March, 1917. The reception and examination of goods at the Board's central stores and their distribution therefrom to the various institutions has been continued on the customary lines. The value of the goods dealt with in this way during 1919 was £140,000.

STAFF.

(a) Return from War Service and Employment of Disabled Men.

53. 1,649 of the Board's employees (representing in the case of the 1,493 male staff a percentage of 57) served in various branches of H.M. forces during the war, and their return to their work under the Board as the result of demobilisation in the normal course or of special invalidation, which had begun before the end of the period covered by the last report, was practically completed by the end of the year. The assimilation into the service of those men who had been discharged unfit for further naval or military duty presented certain difficulties, but posts were found for the majority. For example, men who had lost limbs were appointed as gateporters or given other work equally compatible with their disabilities. 140 men in all were invalided out; 82 resumed their former occupation; 13 permanently incapacitated were allotted special duties; 6 were superannuated; 7 have yet to be dealt with, and the remainder who were receiving army pensions left the service. It will thus be seen that the Board have more than carried out their pledge as to the reinstatement of their staff who enlisted. But in connection with the general question of the employment of ex-service disabled men the Board have gone even further than this; and it is gratifying to report that when, as the result of His Majesty's Proclamation, a letter was received from the Ministry of Health on 13 September last urging upon local authorities the duty of giving preference to such men and requesting the Board to guarantee to employ a number of disabled men, not less than 5 per cent. of their total male staff, investigation showed that over 7 per cent. were already being employed. The Board issued such instructions in this matter as should result in this percentage being maintained, if not increased. Including men not disabled, but excluding men previously in the Board's employ, 889 ex-service men were taken on during the year, either permanently or temporarily.

(b) Method of obtaining Staff.

54. The difficulties which were, as was only to be expected, experienced during the war period in obtaining the staff in numbers and efficiency necessary to administer the various

services for which the Board are responsible did not, contrary to anticipation, grow less with the advent of Peace. More especially in the case of females—nurses and domestics—was it found that the supply did not equal the demand. In 1917 the Board had enlisted the assistance of the Ministry of Labour by means of propaganda work, more particularly in country districts, in advertising their needs; and in March, 1919, they entered into a definite arrangement, experimentally, with the Ministry to fill vacancies at the various institutions. In doing this the Board took the view that where the State has set up at great expense official machinery to bring labour into touch with prospective employers it was incumbent upon them as a public authority at least to test fully the efficiency of such an organisation. This scheme, in addition to saving money spent on advertising in the press (which cost the Board over £1,000 per annum), has helped in obtaining staff urgently required in greater numbers and at shorter notice than could possibly be expected by means of advertisements. During the year 328 nurses and 365 domestics were obtained through the Great Marlborough Street Employment Exchange, where the work for the Board is centralised, in addition to the staff obtained through local exchanges.

(c) *Wages and Hours.*

55. In July, 1914, the Board decided that any questions relating to the conditions of service of their institution staff should be dealt with centrally by the General Purposes Committee. The relations between the Board and their staff, which then numbered over 6,000 and has since been substantially increased, involved problems of much complexity, often requiring careful negotiation. The development of organisation amongst employed classes of every grade increased the number of associations and unions with which the Board came into contact, and it was undesirable that representations from the same body should be dealt with by different committees and sometimes in different ways, or that decisions should be taken by one department in regard to its staff which must affect the whole staff of the Board. The matters dealt with centrally by the General Purposes Committee include all proposals for the revision of wages and uniform scale and regulations, staff regulations, dietary matters, questions arising out of the Workmen's Compensation and National Insurance Acts, representations from organisations of employees or bodies of staff, and appeals by individual employees.

56. The General Purposes Committee, which is a committee of the whole Board, decided to deal with these matters through a representative staff sub-committee. The wisdom of these

measures put into operation in 1914 has been shown since the termination of hostilities, as staff questions have during the last eighteen months become enlarged in extent and pressing in character. In 1918 the pay of the Board's institution staff was reconsidered and increases awarded to all grades, while the Board decided in the matter of war bonuses to follow the awards issued from time to time for the Civil service.

57. In March, 1919, the Board considered the question of obtaining representation on a national or metropolitan joint industrial council affecting local authorities. They approved generally of the principles laid down in the reports of the Whitley Committee on the post-war relations between employers and employed, and they decided to ask for representation on the National Joint Industrial Council for Local Government Authorities Non-trading Services. The committee who reported on the question of working hours expressed the view that the Board should assent in principle to the adoption of a working week of 48 hours. They pointed out that this would involve a greatly increased staff with a consequent increase in expenditure, but they did not consider that these considerations should be allowed to stand in the way of the adoption of the 48-hour week if, as was generally admitted in the industrial world, a working week of this length was right. The Board unanimously accepted the Committee's recommendations. There were difficulties to be faced, especially in the way of accommodation for the additional staff both inside and outside the institutions, and in the actual arrangements of the working hours. At the outset a considerable amount of overtime would have to be worked, but it was assumed that a 48-hour week was asked for because this working period was long enough for the worker, and not because he wished to increase his earnings by overtime pay, and therefore every effort has been made to reduce overtime to a minimum. The Board at this time decided to recognise formally the registered trade unions, enrolling members of the staff in their employment. This formal decision involved no change in actual practice, which for a long time past had been to receive representations made by unions of employees.

58. In May, owing to the difficulties experienced in setting up a separate Whitley Council for mental hospitals, a Conciliation Committee was formed, on which the Board was represented, of mental hospital authorities and their employees represented by the National Asylum Workers' Union. This committee dealt with a programme as to hours, wages, and the conditions put forward by the employees. With regard to hours, it was agreed to accept a working week of 60 hours, inclusive of meal times, leaving it to

the governing authorities to settle, in consultation with their staffs, as to the best means in which to give effect to this decision, the meal time to be not less than $6\frac{1}{4}$ hours per week, and the decision to take effect from 1 July. Subsequently, a meeting took place between representatives of the Board and of the mental hospitals staff at which an agreement was arrived at to adopt a 60-hour working week, inclusive of 10 hours per week for meals, or a net working week of 50 hours, together with 14 days' leave each six months. It was further agreed that the additional annual leave was granted to compensate for the actual working week not being reduced below 50 per week, and that in the event of the actual working week being further reduced, either by mutual agreement or by legislation, the existing period of annual leave would be restored. In other words, it was agreed that a working week of 50 hours with four weeks' annual leave was the equivalent of a working week of 48 hours with two weeks' annual leave. Other points in the agreement were that overtime was to be strongly deprecated and only worked in case of necessity, and that payment for it should be on the basis of time and a quarter for the first two hours and time and a half for any subsequent period, calculated on a weekly basis. Supervising officers, professional and clerical staff, and all the staff engaged on trade union conditions were not included in this agreement. The changes made in the nomenclature of the mental hospitals and the arrangements for training the nursing staff have already been referred to.

59. With regard to the staff outside the mental hospitals service, the working hours were fixed at 48 with two weeks' leave, but in May, 1920, it was found desirable to adopt a 50-hour week with four weeks' leave for the hospitals nursing service. The same arrangements with regard to overtime pay were adopted as above set out for the mental hospital service.

60. The payment of a war bonus at Civil service rates has already been mentioned. Under the agreement with the mental hospital employees this was abandoned and a substantial increase in permanent salary granted, together with a fixed war bonus of 23s. per week for males and 15s. per week for females. This was done by agreement at the wish of the employees. An application for an advance in war bonus was considered early in 1920, with the result that, in view of the increase in the Civil service war bonus, the fixed bonus in the mental hospitals service was increased by 8s. per week for males, 6s. 6d. per week for female nurses, and 5s. per week for other female staff. In the rest of the Board's service, where the resident female staff were receiving a fixed bonus of £18 per annum, an addition to permanent salaries

was made at the rate of 30 per cent, the bonus remaining unaltered.

61. The Staff Sub-Committee during the year have devoted much time to the question of dieting the staff, have carefully considered the periodical comparative returns of food issued, have dealt with any anomalies which became apparent both in under-consumption and over-consumption, and have done everything possible to ensure that the staff have been adequately fed. It is not possible to ensure that boarded staff should escape the difficulties in the matter of dieting and complaints with regard to the quality of food which are experienced at times by all households.

62. The Finance Committee have considered the charges to be made for the emoluments of board, lodging and washing, where supplied in kind to the staff, and have made the adjustments which are necessary. All costs have gone up, whether for food, service, laundry, lodging, *i.e.*, maintenance and repair of the accommodation provided, and the cost of providing new accommodation, and it is reasonable that the boarded or resident staff who receive increased wages and war bonuses should pay a share of these extra charges which fall upon the Board.

63. On 31 December, 1913, the staff in the Board's institutions numbered 6,593; on 31 December, 1919, the staff numbered 8,173; and on 30 April, 1920, it had increased to 8,819, the increase being due very largely to the adoption of the 48-hour working week or its equivalent.

64. It will be gathered that a very great amount of time and thought has been given by the Board to considerations affecting the welfare of their staff, an amount which may at times seem disproportionate to that devoted to the patients, who, after all, are the reason for the existence of the Board and their staff, and their primary consideration, yet the efforts so expended will not be grudged if they result in the Board securing a contented staff ready to give their best to the duties which fall to their lot.

FINANCE.

65. Table VII. sets out under the customary headings the figures relating to the Board's expenditure for the year ended 31 March, 1919. The total net expenditure amounted to £1,309,477, which is equal to a rate of 6·92d. in the pound. The expenditure in the principal departments within the same period was as follows:—

Infectious hospitals	..	..	£402,772
Mental hospitals	..	..	372,544
Children's institutions	..	..	146,679
Tuberculosis	..	..	71,263

66. In 1907 the whole of the Board's loans, amounting to about £3,000,000 at varying rates of interest, were consolidated and made repayable by equal half-yearly instalments. Under this arrangement the consolidated loan was to be liquidated in 14 years, and in addition the ratepayers benefited by a reduction of some £300,000 in the interest to be paid. Owing to the foresight shown at this time the Board are in the exceptionally favourable position at the present time, when financial operations are very difficult, of being within £700,000 of the end of their pre-war indebtedness, which will be reached in 1922. They are the possessors of properties of which the pre-war value was probably £6,000,000, and the present-day value probably more than double. The great demands for additional accommodation in connection with the schemes referred to in this report will involve the raising of new loans, and the Board will devote their efforts to meeting all reasonable demands for necessary objects in connection with hospital accommodation, while promoting that economy in unessential schemes and general administration which the exigencies of the times make imperative.

THE BOARD AND ITS WORK.

67. A list of the members of the Board is given in Table II. By reason of the war the election to the Board due in 1916 was not held, and the Board elected in 1913 was continued in office until May, 1919. The holders of the offices of Chairman and Vice-Chairman and of chairman of committees and sub-committees as well as the personnel of the committees and sub-committees remained practically unchanged. The long tenure of office of Mr. R. Woolley Walden, J.P., as Chairman, and the Very Rev. Canon Sprankling, as Vice-Chairman, came to an end in May, 1919. Mr. Walden had devoted himself to the responsibilities of his office and had taken a very special interest in the war activities of the Board. His services in the latter connection were recognised by his appointment as Commander of the Order of the British Empire, and by the Cross of Officer of the Order of the Crown conferred upon him by the King of the Belgians. The Board placed on record on the termination of Mr. Walden's six years of office their unqualified appreciation of the excellent way he had discharged his duties through that long period of stress and anxiety, during which the calls upon him had been of no common order, and their sense of the admirable manner in which the difficulties of the office had been surmounted and of the unvarying courtesy he had displayed on all occasions. At the first meeting of the new Board the Very Rev. Canon Sprankling, who had occupied the office of Vice-

Chairman for six years, was elected Chairman, and Mr. Thomas Cornell, who had been a member of the Board since 1898, was elected Vice-Chairman.

68. The end of the period of office of the Board elected in 1913 witnessed the severance of their connection with the Board of several members who had held office for many years. Notable amongst these were Colonel R. F. Webb, who had represented Kensington for 25 years; Dr. Elliott S. Browne, who had represented St. Marylebone for 18 years and had been chairman of both the Infectious Hospitals and Children's Committees; Dr. H. Willingham Gell, who had been a member for over 14 years, first representing Paddington and afterwards nominated by the Local Government Board, who had been Chairman of the Casual Wards Committee; Mr. J. O. Devereux, L.C.C., a representative of Southwark for 12 years, Vice-Chairman of the Children's Committee; Mr. A. Sullivan (Wandsworth, 14 years); the Rev. F. H. Higley (Stepney, 12 years), and Mr. O. Seager (Hammersmith, 11 years). Sir Francis Fleming, K.C.M.G., who had represented Kensington for 13 years, resigned in February, 1920, and Mr. Richard Brown, who had represented Camberwell for 18 years, and had been Chairman of the Contract Committee and Vice-Chairman of the Children's Committee, resigned in May, 1920.

69. A general description of the work of the Board is given in No. I. of the Tables, while No. III. gives certain details of each of the institutions controlled by the Board

Most of the work of the Board is done by committees (and their sub-committees), of which the following is a list:—

General Purposes Committee, a committee of the whole Board, to whom are referred all questions of policy and all questions affecting the Board's work as a whole. This committee has 5 sub-committees.

Finance Committee (12 members), whose duties are sufficiently indicated by its name.

Infectious Hospitals Committee (36 members), who manage the infectious hospitals, a list of which is included in Table III. This committee works through 14 sub-committees.

Tuberculosis Committee (21 members), to manage the institutions for tuberculosis. The Committee has 7 sub-committees.

Mental Hospitals Committee (30 members), who manage the imbecile asylums and the industrial and epileptic colonies. A list of these institutions is included in the same table. This committee has 7 sub-committees.

Children's Committee (25 members), who manage the hospitals, schools and homes for sick children, a list of which is given in the same table. This committee has 6 sub-committees.

Ambulance Committee (12 members), who control the land ambulance service.

Training Ship Committee (12 members), who manage the training ship. Three sub-committees.

Casual Wards Committee (12 members), who control the casual wards.

Works Committee (16 members), who supervise building and engineering work. One Sub-committee.

Contract Committee (24 members), who arrange for the supplies needed at the several institutions. One sub-committee.

Statistical Committee (12 members), whose principal function is to supervise the issue of the annual report of the Board, of which this is the twenty-second consecutive issue.

(Signed) J. SPRANKLING,

Chairman of the Board.

(Signed) DUNCOMBE MANN,

Clerk to the Board.

OFFICE OF THE BOARD,

EMBANKMENT, LONDON, E.C. 4.

July, 1920.

APPENDIX A.

THE WAR WORK OF THE METROPOLITAN ASYLUMS BOARD, 1914-19.

1. Some reference has been made in the annual reports of the Board for the years from 1914 to 1918 to the war work undertaken by the Board at the request of the Government, and it is proposed to place on record in this report a complete, if necessarily brief, account of the whole contribution made by the Board and its staff towards the successful prosecution of the great war.

2. This contribution may be considered under the following divisions :—

- (a) Service of the staff with the forces ;
- (b) Provision and administration of institutions for alien enemies ;
- (c) Provision and administration of institutions for war refugees ;
- (d) Provision and maintenance of war hospitals ;
- (e) Loan of institutions to the United States and other military authorities ;
- (f) Provision of hospital accommodation for soldiers and sailors suffering from advanced tuberculosis.

(a) Service with the forces.

3. On the outbreak of war the Board decided to afford every possible facility to members of their staff who desired to volunteer for active service with the forces. It was agreed that employees called up and all those who volunteered with the permission of the Board, which was freely accorded, should receive their civil pay, less their naval or military pay, that their posts should be kept open for them, and that all service with the forces should count towards superannuation. It was also decided that the allowances granted to dependents of employees killed while serving should be continued for six months after the date of death.

The Board's male staff at the outbreak of war numbered about 2,000. The number of male employees called up on mobilisation was 265. In addition, 51 nurses joined the army nursing service. At the end of 1915 only 778 men of military age remained working for the Board. Practically all these presented themselves for attestation under the Derby Scheme, and 231 were found medically unfit. A list was prepared by the Board of those who were at that time deemed indispensable to the carrying on of the work, and all claims were submitted to the City of London Local Tribunal. 130 men received temporary exemption to July, 1916, and others for shorter periods. The passing of the first Military Service Act in 1916 made little difference to the Board's service, as every permanent employee of military age and fitness had already volunteered and had joined the forces or had attested and been exempted. The Board's claims were again scrutinised in June, 1916, but there were few cases questioned. In July, 1916, the second Military Service Act was passed, and men previously rejected were liable to re-examination, and it was found necessary to enter appeals in a few of these cases. Of the total male staff, 1,493 served with the forces, whilst a number of others were lent for civilian war work. Apart from the staffing of two war hospitals, 156 nurses joined the army nursing services, 130 men gave their lives for the country—their names are recorded at the end of this report. 81 decorations were conferred by our own and allied Governments on members of the Board's male staff, and 25 on members of the female staff serving with the forces.

(b) Alien enemies.

4. Shortly after the beginning of hostilities the Board undertook to provide and manage accommodation for destitute alien enemies. The workhouse of the Holborn Guardians in Endell Street, W.C., was taken over for this purpose and opened on 27 August, 1914. In all, 363 persons, mostly Germans and Austrians, were admitted, and they remained in this institution until 9 September, 1914. The Clerk to the Board was appointed a member of the Destitute Aliens Committee under the Home Office.

(c) War refugees.

5. The chief war work undertaken by the Board was the provision and management of institutions for housing war refugees, largely from Belgium. The Board were invited to undertake this work by the Local Government Board on 4 September, 1914, when it became apparent that the invasion of Belgium would lead to a great flow of refugees from that country into England, and that the task of housing the refugees on arrival would be beyond the powers of any voluntary organisation. The Board accepted the undertaking and entrusted the supervision of the work to their Chairman (Mr. R. Woolley Walden), and Vice-Chairman (the Very Rev. Canon Sprankling), and the Clerk to the Board (Sir Duncombe Mann). In all, some 13,000 beds were provided and equipped, and from first to last about 160,000 refugees (75,000 men, 43,000 women and 42,000 children) passed through the Board's hands. The refugees were intended to be receiving hostels at which the refugees should stay for a few nights only. They were all registered on arrival, and at the larger institutions an employment exchange was provided to deal with those for whom work could be found, a military bureau under the Belgian Military authorities enrolled

those suitable for army service, and representatives of the War Refugees Committee arranged for those requiring hospitality in the country. The equipment provided consisted of a bedstead and mattress, 2 sheets, 2 pillow cases, and 5 blankets, and over 12,000 such equipments were purchased. Three meals daily of a simple but adequate nature were provided and clothing, largely obtained at the outset from voluntary gifts, was supplied to those in need. Bath-rooms, workrooms, school and play rooms were devised. The spiritual needs of the refugees were ministered to by Belgian priests appointed as chaplains under the general oversight of Monsignor De Waechter, Auxiliary Bishop of Malines. The tedium of waiting was rendered less trying by the provision of numerous entertainments. Having regard to the large numbers dealt with, singularly little difficulty was experienced with regard to the health of the refugees. Cases of infectious disease were sent to the infectious hospitals of the Board. Other serious cases were sent to the nearest infirmary. At Alexandra Palace and Earl's Court small hospitals were fitted up. Most of the refugees were administered by officials drawn from the permanent staff of the Board, and the nucleus of the staff in every case was obtained from the Board's service. The Committee of three already mentioned appointed by the Board continued the supervision of the work throughout the war and gave a large amount of time and personal attention to it in principle and in detail. To their work, to the personal interest taken in it by successive Presidents of the Local Government Board, beginning with the Rt. Hon. Sir Herbert Samuel, G.B.E., to the ready advice and assistance of the Board's chief officials, Sir Horace Monro, K.C.B., Sir Frederick Willis, K.B.E., and their inspectors, Sir Arthur Downes and Mr. J. S. Oxley, C.B.E., to the initiative and resource displayed by the principal officials concerned, to the labours and devotion of a large staff under the most trying and arduous conditions, and to the valuable aid of a considerable number of voluntary workers, the great success which attended this work is due. In the stress and anxieties of the military campaigns it naturally received but passing attention, but there can be no doubt that the labour devoted to securing the welfare of the refugees will result in the building up of lasting ties of friendship with the allied nations, and especially with Belgium.

6. On 4 September it was contemplated that the Crystal Palace would be available for the accommodation of refugees, and all preliminary arrangements were made for opening the Palace in the evening of that day, but on arrival at the Palace it was found that the Admiralty had requisitioned it.

The following accommodation was then provided by the Board or placed at their disposal by the Local Government Board, viz. :—

	Accommo- dation.		Opened	Closed.
Poland Street Workhouse, Oxford Circus ..	800 ..	5 Sept., 1914 ..	16 Sept., 1914	
Hackney Wick Casual Ward (Hackney Wick Refuge)	200 ..	6 Sept., 1914 ..	20 May, 1916	
Workhouse, Silver Street, Edmonton (Edmonton Refuge)	1,200 ..	7 Sept., 1914 ..	2 May, 1918	
S. Giles' Home, Endell Street, W.C.	.. 1,000 ..	9 Sept., 1914 ..	3 Dec., 1914	
Alexandra Palace .. .. .	.. 4,000 ..	14 Sept., 1914 ..	29 March, 1915	
S. Anne's Home, Streatham Hill, S.W.	.. 500 ..	12 Oct., 1914 ..	31 March, 1916	
Millfield House, Edmonton .. ..	.. 450 ..	14 Oct., 1914 ..	28 Sept., 1916	
Earl's Court Exhibition (War Refugees Camp, Earl's Court)	4,000 ..	15 Oct., 1914 ..	7 July, 1919	
Park Hospital .. .. .	.. 800 ..	16 Oct., 1914 ..	27 Oct., 1914	
S. Marylebone Casual Ward .. ..	.. 95 ..	22 Oct., 1914 ..	16 Oct., 1915	
War Refugees Hospital and Dispensary, Sheffield Street, W.C.	40 ..	3 Feb., 1915 ..	7 June, 1919	
Surrey House, Wandsworth .. ..	.. 20 ..	1 July, 1916 ..	7 June, 1919	

A brief account of the work of each institution follows.

7. *Poland Street Refuge.*—This workhouse was taken over on Saturday, 5 September. It had been disused for 18 months, during which time it had not been cleaned, the equipment and fittings (including gas and water fittings) removed and supplies cut off. By 10 p.m. a section of the buildings had been prepared for use and between 10 p.m. and 1 a.m. 200 refugees were admitted. These proved to be Russian Jews, mostly from Antwerp, and as more Jewish refugees were expected, it was decided to reserve the Poland Street institution for Jews. On 16 September it was handed over to the Jewish authorities, by whom it was afterwards maintained. Dr. H. E. Cuff, the Board's principal medical officer, Miss S. J. Cockrell, matron of S. Marylebone Infirmary, lent by the S. Marylebone Guardians, and Mr. W. J. Gibbs, steward of Tooting Bec Mental Hospital, were the chief officers, and they were after a few days transferred together to the Alexandra Palace. The services of Mr. S. J. Woodward, assistant steward of the Park Hospital, were lent to the Jewish authorities as manager, and he remained at Poland Street until he joined the staff at Earl's Court.

8. *Hackney Wick Refuge*.—Eighty refugees were admitted to this casual ward at 2 a.m. on 7 September. After a short time it was decided to reserve this accommodation as an isolation hostel for families in which cases of infectious disease had occurred in other refuges, and Hackney Wick was utilised for this purpose until 30 May, 1916, when it was closed. 1,000 refugees in all were dealt with in this refuge. Mr. M. Willecock, superintendent of the casual ward, was in charge of the refuge. Dr. E. W. Goddall, then Medical Superintendent of the Eastern Hospital, supervised the medical arrangements.

9. *Edmonton Refuge and Millfield House*.—On 6 September, 1914, a beginning was made with the equipment of this institution which the Board had acquired for mental hospital purposes. The refuge was opened on 7 September. Later in the month the refuge was visited by H.M. the Queen and by His Eminence Cardinal Mercier, Archbishop of Malines. On 14 October, 1914, Millfield House was opened as an annexe to Edmonton. From the opening until the end of 1914 Dr. J. L. Gordon, medical superintendent of the Fountain Mental Hospital, was in charge of these two refuges, with Mrs. Wilcox as matron and Mr. C. J. Baker, steward of the Northern Hospital, as steward. Miss E. F. Inderwick, a member of the Board, devoted much time to the work at Edmonton in the earlier months. In December, 1914, Mr. S. D. Pallin, steward of the Southern Hospital, became superintendent of the two refuges, with Mrs. Pallin as matron. It was decided to reserve these institutions for cases requiring more supervision and control than was possible in the general refuges, and admissions were accordingly confined to selected cases transferred from those refuges. 12,000 refugees have passed through these two institutions. Mr. and Mrs. Pallin showed great skill in the care of a difficult class, and in providing for their occupation. Their services were duly recognised by Mr. Pallin becoming a member of the Order of the British Empire and a Chevalier of the Order of Leopold of Belgium, and Mrs. Pallin receiving the Médaille de la Reine Elizabeth.

10. *S. Giles' Home, Endell Street, W.C.*—This institution, which had been used for alien enemies, was cleaned and re-opened for refugees. From 9 September until 3 December, 1914, the home was used for small parties arriving in London at all hours of the day and night. 7,000 persons in all were so received. The home was closed on 3 December, and handed over to the War Office for use as a military hospital. Mr. F. Elkerton, who was appointed a Chevalier of the Order of the Crown of Belgium, was superintendent, and Miss N. B. Woodman, matron. Miss I. M. Baker, a member of the Board, gave a very large amount of personal service at this Home.

11. *The Alexandra Palace*.—This great institution was taken over on 11 September, 1914, and was prepared and equipped under the direction of Dr. H. E. Cuff, the Board's principal medical officer, with Miss S. J. Cockrell as matron, and Mr. W. J. Gibbs as steward, assisted for some time by Mr. J. E. Wells, steward of the North-Eastern Hospital. Admissions began on 14 September, and during the week equipment for 3,000 persons was provided, subsequently increased to enable 4,000 to be received in an emergency. From the opening of the Alexandra Palace until after the fall of Ostend, on 15 October, a great stream of refugees passed through the Palace. The average daily number was 500, the daily discharges in many separate parties sent all over the country being correspondingly high. On Monday, 12 October, 1914, 1,200 persons were received between 1.30 and 3.30 a.m. and on the occasion of the loss of the refugee ship *Amiral Ganteaume* in the Channel on 26 October, 1914, over 1,900 persons were brought to London and admitted to the Alexandra Palace after midnight. The Alexandra Palace was closed in March, 1915, by which date it had dealt with 32,000 refugees. In addition to an able staff, who got through an enormous amount of hard work in a very short time, Dr. Cuff gathered around him a number of voluntary workers, of whom the principal were Mr. Sloper, Chairman of the Trustees of the Palace, and Mrs. Sloper, Mr. E. Wheatley, resident manager of the Palace, Mrs. Graham Thompson, in charge of the clothing stores, Mrs. Hovey and Mrs. Fulham Turner. The Alexandra Palace was visited by H.M. the Queen in September, 1914, and Her Majesty expressed her great satisfaction at the excellent arrangements made for the comfort of the refugees. The Palace was also visited by His Eminence Cardinal Mercier, the Comte de Lalaing, Belgian Minister, the Rt. Hon. Sir Herbert Samuel, the Duke of Norfolk, and many other distinguished visitors. In recognition of his services Dr. Cuff was made an Officer of the Order of the British Empire and an Officer of the Order of the Crown of Belgium.

12. *S. Anne's Home, Streatham Hill*.—This institution, accommodating 500 persons, was taken over from the S. Pancras Guardians on 12 October, and at once opened and filled. The arrangements were organised by Dr. R. M. Bruce, medical superintendent of the Western Hospital, and the institution then left in charge of Mr. W. Begley, who had been the superintendent under the S. Pancras Guardians. At first used for civilian refugees, the institution was in 1915 set apart for Belgian reformé soldiers and for conscripts for the Belgian Army under the jurisdiction of the Belgian military authorities. The institution was closed on 31 March, 1916, over 10,000 persons having been received.

13. *Park Hospital, Hither Green*.—As an emergency measure, 800 beds were placed at the disposal of Belgian refugees at this hospital between 16 and 27 October, and 650 people were admitted. Dr. R. A. Birdwood, the medical superintendent, made all necessary arrangements.

14. *S. Marylebone Casual Ward*.—This institution, with 95 beds, was set apart for difficult cases between 22 October, 1914, and 16 October, 1915, and 300 persons were dealt with. This work was eventually transferred to the Edmonton Refuge.

15. *Surrey House, Wandsworth*.—This house was utilised for the temporary isolation of persons who had been in contact with infectious disease after the closing of Hackney Wick, and was available from 1 July, 1916, until the end of the war. 50 refugees found temporary accommodation at the house.

16. *The War Refugees Camp, Earl's Court*.—On 13 October, 1914, the Local Government Board took over the Earl's Court Exhibition premises and placed them at the disposal of the Metropolitan Asylums Board for the accommodation of war refugees. The summer exhibition there closed on Wednesday evening, 14 October, and the Board took possession on 15 October. The premises were occupied by show cases, booths and the general paraphernalia of the exhibition, but the clearance of the buildings, the collection of a staff and the supply of equipment were promptly proceeded with on the same day, and in the evening 1,477 refugees were received, fed and housed. The adaptation of the buildings proceeded during the winter months and eventually accommodation in an emergency was provided for 4,000 persons.

The Empress Theatre alone, under a single span roof, provided dining accommodation in the arena for over 3,000 persons and also 1,400 beds, 1,000 of them on the great galleries at the side, from which the seats were removed. The camp buildings covered 30 acres, intersected by two railways—the three island sites being connected by long covered bridges. The various structures were added to by improvised extensions, colonnaded arcades and open bars and mountain railway stations were enclosed, rifle ranges floored and repaired, and rooms constructed in linoleum and timber in odd corners. Suitable buildings were provided for use as a chapel, schools, hospitals, baths, laundries and workshops. As time went on additional buildings and quarters for 200 married couples were erected by the refugees.

The Earl's Court Camp at first fulfilled the same object as the other refuges—the temporary housing of refugees pending their distribution through the country, but it became early apparent that a more permanent settlement was required for those people whom for various reasons it was better to retain in such a settlement. For the rest of the war Earl's Court fulfilled the double function of receiving refugees requiring temporary accommodation and of providing for "settlers." Under the former heading, in addition to Belgian civilians were included Belgian army recruits and soldiers en route for the front or on leave from the army, and French soldiers and civilians. Later still, when the Russian débâcle began, provision was made for large numbers of soldiers and civilians who had been in Russia and were being repatriated through England. They included people of almost every allied race, but especially French, Italians, Serbians and Poles. For the resident population, a school for 600 children, with evening schools for adults, were opened, and works which served both as a training school for the unskilled, afterwards drafted to outside munition works, and also as a means of occupying the semi-permanent population. In the works large army contracts were undertaken, including aeroplane and shell cases in the electric saw and planing mills, army clothing in the women's workshops, with subsidiary industries, such as basket making, tinsmith's, blacksmith's, tailor's and bootmaking shops. The resident workers received wages, which, allowing for the cost of the maintenance, equalled the outside rates. Many thousands were placed in outside work through the agency of the Employment Exchange, and over 5,000 were recruited from the camp for the Belgian army.

The recreative side of camp life was provided for by daily concerts, a cinema theatre, and by club rooms for men and women, the latter under the Y.W.C.A. A hostel in Earl's Court, in association with the camp, was maintained for the accommodation of refugees of the professional class. After the armistice the camp was used as a depot in connection with the repatriation of refugees from England, and large numbers passed through it on their way home. Approximately 100,000 persons passed through the camp. The camp was visited during the four years by many distinguished visitors, including H.R.H. the Princess Royal, who wrote of this "splendid work which must cheer the suffering," and H.R.H. Princess Christian. H.R.H. the Duchess of Vendôme (sister of the King of the Belgians) came on several occasions, and wrote, "Je suis bien heureuse d'exprimer à nouveau toute ma profonde admiration pour la magnifique organisation de cette vraie cité de charité—merci à la noble Angleterre" The Belgian Ministers in England, M. Paul Hymans and the Baron Moncheur, and many of the members of the Belgian Government came at different times, and the first-named, on leaving England, wrote, "I am well aware of the splendid work that has been accomplished at Earl's Court for over three years. . . . I know with what patience and devotion the staff has attended to the refugees and how efficiently the work has been done." The Chief of the Italian Military Mission inspected the Italian soldiers and civilians, and the representative of the French Ambassador, the Serbian and Polish Ministers looked to the welfare of their compatriots. The General commanding the Polish legion in France wrote, "J'ai appris quel accueil cordial et quelle large

hospitalité les recrues de l'Armée Polonaise de France reçoivent au Camp d'Earl's Court . . . et m'exprime de vous remercier d'un concours dont j'ai apprécié le valeur."

Dr. R. M. Bruce, medical superintendent of the Western Hospital, was delegated to take charge of the camp at the outset, but his health broke down after a few days, and Mr. G. A. Powell, deputy clerk to the Board, became officer-in-charge. The staff numbered at one time over 300 English people apart from Belgian workers, together with a large band of voluntary helpers, of whom over 100 were at the same time doing some regular work, as well as the staffs of the Ministry of Labour, the Belgian Army Office, and of other departments who came into more or less regular contact with the camp. The difficulties, to name some of them, caused by the calling up for military service first of almost all the staff of military age and then of the Belgian workers, by the upkeep, despite the dearth of labour and materials, of the acres of decaying temporary structures of which the camp largely consisted, by food rationing, by the large in-and-out population side by side with a resident one, and by the admixture of races and sexes, of soldiers and civilians, in a camp situated right in the metropolis to which the inmates had almost unrestricted access, were faced with cheerful confidence by all the workers in the camp, who devoted themselves with unflinching zeal and patience, often under trying conditions, to securing the welfare of the refugees. The late Lord Downham, then President of the Local Government Board, wrote to the Officer-in-charge: "The arrangements for the care and comfort of the refugees appeared excellent, and the happy and healthy appearance of the children as well as of the adults, and their general contentment, afford eloquent testimony to the collective and individual consideration given to their interests. You and your staff are to be congratulated. . . ." Mr. Powell's services were recognised by his being made a Commander of the Order of the British Empire, an Officer of the Order of Leopold of Belgium, and a Chevalier of the Order of the Crown of Italy, and he received the thanks of the Serbian Government. Dr. G. L. Thomson, senior assistant medical officer of the Board's Southern Hospital, was chief medical officer until May, 1915, and Dr. Alexander Hunter, of the South-Western Hospital, who was made an Officer of the Order of the British Empire, was chief medical officer from 1915 to 1919. To their expert knowledge and devoted work may be attributed the good health of the camp and its freedom from any epidemics. Mr. F. G. Hopgood, steward of Queen Mary's Hospital, was steward from the opening till 1918, when Mr. S. D. Pallin succeeded him. Mr. S. J. Woodward, of the Park Hospital, was works manager, and these chief officials were made members of the Order of the British Empire in recognition of their work, as was the matron, Miss N. B. Woodman, who in 1915 succeeded Miss L. A. Morgan, of the Northern Hospital, in that post. Mention must also be made of the services of Mr. G. P. Tull, assistant steward, who acted as steward during the last two months, Mr. J. G. Abrahams, chief registration officer, the Rev. J. Hardy, S.J., chief resident chaplain both at Alexandra Palace and Earl's Court, Dr. Maurice Ballion, assistant medical officer, and Mr. O. Jacobs, head school-master. Principal amongst the voluntary workers were the late Mrs. Woolley Walden, Lady Downes, Lady Jerred, Mdlle. M. Horn, Mrs. Wickham, Mrs. Nepean, Mrs. F. L. Turner, the Misses Shepherd, Don, Tritton, Murray and Chase. Entertainments during the first two years were managed by Mr. Edwin Evans, M.B.E., and the Hon. Mrs. R. Lyttleton. A number of decorations were conferred on the principal voluntary workers.

17. *War Refugees Hospital and Dispensary, Sheffield Street, W.C.*—This institution with 40 beds was opened in February, 1915, to serve as a small observation hospital, and a dispensary where out-patients could come from London and districts. It fulfilled this most useful function until the close of the war, first under the direction of Dr. D. F. Riddell, and after he joined the forces, under Dr. A. A. Bathe. In all about 70,000 visits of out-patients were recorded.

18. *Joyce Green Hospital.*—On 28 June, 1918, about 1,140 refugees from Russia arrived in England. These refugees had been in contact with smallpox, and at the request of the Local Government Board it was decided to isolate them at Joyce Green Hospital. Two cases of smallpox occurred at Joyce Green, and the refugees were detained for four weeks. They were mostly Belgians, but a few Italians and Serbians were included. When all fear of the spread of smallpox was over the refugees were disposed of, most of them proceeding to Earl's Court. The arrangements at Joyce Green were made by Dr. A. F. Cameron, the Medical Superintendent.

(d) War Hospitals.

19. *Brook Hospital, Shooters Hill, S.E.*—In October, 1915, the Brook Hospital, Shooters Hill, Woolwich, was requisitioned by the War Office for military purposes, and became known as the Brook War Hospital. The medical superintendent, Dr. J. B. Byles, was appointed officer in charge with the commission of temporary Lieutenant-Colonel, R.A.M.C., and the two remaining assistant medical officers, Dr. E. Swainston and Dr. W. F. Jones, were granted commissions of temporary Major, R.A.M.C., and appointed Registrar and O.i/c. of the Medical Division respectively. Similar rank was granted to Mr. Hamilton Irving, F.R.C.S., who was appointed O.i/c. of the Surgical Division. The other members of the resident medical staff comprised civilian medical practitioners, temporary officers, R.A.M.C., officers of the United States, M.O. Reserve Corps, and others supplied by the United States Red Cross Association. The services

of a highly skilled medical and surgical visiting staff were obtained, consultants attended the various special and dental departments, and a capable staff of visiting anaesthetists was found amongst the local practitioners.

The steward, Mr. Mathews, and such of his staff that were not called up were retained and supplemented by temporary assistants as the work increased. The matron, Miss E. M. Bann, and her assistants, together with a considerable number of the nursing and domestic staff, were also retained, and their numbers largely added to.

The hospital received the first patients on 2 September, 1915, and discharged the last man on 5 November, 1919, being open for military use for a period of four years and two months, during which time the amount of work done can be readily understood from the following rough summary of statistics:—

	Officers.	Other ranks.
Total admissions	414	30,080
Admissions by sick convoy	283	10,253
Admissions from U.K. troops	131	19,827
Dominion troops included in the above:—		
Australian	14	1,254
Canadian	33	1,009
New Zealand	4	62
South African	1	9
United States troops	1	4

For the treatment of these large numbers the hospital accommodation was increased from 580 to 1,000 beds, and eight auxiliary V.A.D. hospitals capable of receiving from 20 to 60 beds each were placed at the disposal of the Brook, which then became the General Hospital, and supplied the auxiliaries with patients.

The Brook Hospital required considerable temporary building additions to cope with the increased numbers and altered type of patients. A large dining hall capable of seating 200 patients was erected, the nurses' quarters were added to, a chapel was supplied, and temporary clothing stores, a recreation room, temporary quarters for the medical officers, together with huts for the R.A.M.C. detachment were rapidly put up. Two operating theatres were built and excellently equipped, an X-ray apparatus was installed, and a massage and electrical department was instituted, and did good service.

The hospital with these additions was found to be splendidly adapted for the work in hand. The wards, always spacious, lost little of their usual comfort by the large increase in the number of beds; the balconies were of inestimable value for bedridden cases, many more could have been used with advantage had they existed. The grounds, too, lent themselves to pleasant gentle exercise for those recovering, and for games for the more robust.

Of the patients, those admitted by sick convoy came from France and the Mediterranean, and included both medical and surgical cases. From the Mediterranean Force came many cases of enteric, dysentery and malaria, as well as others sick and wounded, while from France, though many sick were received, a large proportion were suffering from wounds. The last named included every variety of injury in every state of severity, gun-shot wounds predominating, many in the gravest condition. An insight into the stress of affairs at the front was obtained and could be gauged by the celerity or otherwise with which the wounded men were transferred to this hospital; usually the interval between actual wounding and admission to the Brook was not less than a week, but at the time of some of the now famous attacks patients arrived here less than three days after they had been injured. It was in the very busy times such as these that the great value of the auxiliary hospitals showed itself, for they received from the Brook the convalescent cases and enabled the central hospital to keep beds vacant for the patients arriving by convoy. These hospitals did splendid work and were most reliable in every way, their treatment and nursing being of a high standard and their records and books being kept in a most efficient manner.

The officer in charge of the hospital determined that attention should not only be paid to the treatment of the patients, but that their general comfort should be seen to, and everything done for their entertainment and recreation. Concerts and cinematograph productions were given frequently, drives and conducted parties were organised for the convalescents, while concerts and other entertainments occasionally took place in the wards through the kindness of generous visitors. Most of the patients on discharge expressed their appreciation of the attention they had received, and it was a constant source of satisfaction to those responsible to see the happy faces and contented demeanour of the officers and other ranks who were under treatment.

Naturally hard work and constant attention to detail was necessary for the satisfactory running of this institution; the feeding, clothing and refitting of these large numbers were no mean task, but were ably carried out by Mr. Mathews, the steward, without a hitch, and the two divisional officers, Major Jones and Major Irving, proved themselves to be the right men in the right place. It is invidious to make a selection for praise, and especially so as all members of the staff worked with keenness and ability and carried out their duties to the satisfaction of the officer in charge. It has been said that each section worked to its fullest extent, and that the

result has been highly satisfactory, but this was largely due to the efforts of the officer in charge, who, though he tactfully left each department to be managed by its head, was ever present to lend advice and guidance when it was necessary. The success of this hospital was due in the first place to the services rendered by Lieutenant-Colonel Byles, who was mentioned in despatches, assisted by Major Swainston as second-in-command. The matron, Miss Bann, received the Royal Red Cross, 1st Class, and other decorations gained will be found in the general list. Reference must also be made to those visiting ladies whose kindness, attention and generosity played so large a part in relieving the tedium of the patients' stay in hospital. Their visits were regular and frequent, and they spared themselves neither trouble nor expense in their efforts to brighten the lot of the sick and wounded.

20. *Grove Hospital, Tooting*.—The hospital, known as the Grove Military Hospital, was taken over in November, 1916, and after a few structural alterations, including the equipping of an operating theatre, X-ray and massage rooms, and the addition of three outbuildings for Pack Stores, Regimental Clothing Stores and Hospital Clothing Stores, was ready with about 1,100 beds for the reception of patients, the first convoy arriving on 12 February, 1917. The number of beds was reduced in the last week of May, 1919, to 972.

Dr. E. W. Goodall, medical superintendent of the North-Western Hospital, was appointed officer-in-charge with the temporary commission of Lieut.-Colonel; Major M. A. Cooke, T.D., R.A.M.C.T.F., being appointed registrar. Mr. H. E. Austin, the steward of the hospital, acted as quartermaster and steward; and Miss Browne continued her duties as matron, assisted by such of the Board's nursing staff as elected to remain, and some additional staff of about 110 sisters and trained nurses. A detachment of 35th Coy. R.A.M.C. was detailed for general duties, the remaining duties being performed by the civilian staff of the Board. The civilian side of the hospital was administered through the Board, and all matters connected with patients, R.A.M.C., &c., passed through the usual military channels.

The medical and surgical staff comprised half and whole time members—some regular, some T.C., and some T.F.R.A.M.C.; the remainder being civil medical practitioners—about 16 in number. In July, 1919, Lieutenant-Colonel E. W. Goodall was demobilised, having been invited to go with a unit to Poland in connection with the typhus fever epidemic, Lieutenant-Colonel M. A. Cooke, R.A.M.C.T.F., assuming command until 5 September, 1919, when Bt. Lieutenant-Colonel H. J. Parry, C.B.E., D.S.O., R.A.M.C., succeeded him.

When the hospital was first opened for military patients Mr. Warren and Colonel Sir Hugh Rigby were appointed as consulting and operating surgeons, but latterly Dr. Brown, of Streatham, performed the duties of visiting surgeon to the hospital. Colonel E. F. Buzzard and Colonel Acland acted as consulting physicians.

From 12 February, 1917, to 30 September, 1919, there were 21,095 patients admitted from every field force and theatre of war, and amongst those cases were 116 deaths. The massage department dealt with 2,162 cases and gave about 116,000 treatments. The number of operations performed during this period amounted to 2,295.

Special sections of the hospital were earmarked for infectious and contagious cases, tubercle of the lung, skin, scabies and venereal cases, and a ward was set apart for sick military prisoners from Wandsworth Detention Barracks. 24 beds were reserved for officers suffering from infectious and contagious diseases, and a further 140 for venereal disease among officers. Later 340 beds were set aside for V.D. other ranks and the V.D. officers' section was closed.

The hospital consisted of a central administration block and two corridors of ward blocks running parallel, so that the greatest amount of sunshine, light, and air could be obtained. Each block contained two long wards, some with 30, others with 40 beds, and a small ward attached of 5 beds. The hospital was originally prepared for general medical and surgical cases for other ranks, and infectious diseases of both officers and other ranks. In October, 1917, arrangements had to be made for the reception and treatment of venereal disease among officers, 140 beds being assigned for this purpose. On 12 September, 1919, this section was closed and the patients were transferred to the Military Hospital, Hemel Hempstead, Herts. During the time this section of the hospital was open, 1,132 officers received treatment. The proportion of cases treated in this section for gonorrhœa and syphilis was as 3:2. From 15 June, 1918, to 7 March, 1919, 80 beds were set apart for other ranks V.D., and then again from 30 August, 1919, 340 beds were given up for these diseases, the proportion of cases of gonorrhœa and syphilis treated being 13:1.

The number of small wards containing from 2 to 10 beds made it an ideal hospital for the reception of ordinary infectious diseases and their complications. Amongst the diseases treated in this section of the hospital were cases of sprue, bilharzia, one of leprosy and one of anthrax. Dr. J. D. Palleston, assistant medical officer of the hospital before it was taken over, ably looked after these cases, having specialised in these diseases.

Dental and ophthalmic departments were attached to the hospital, and in January, 1919, an education department was opened.

The following tables summarize the cases treated in the hospital for the period from 12 January, 1917, to 30 September, 1919, and give the nature of the diseases, the deaths that occurred, and the nature of the operations performed.

TABLE SHOWING NATURE OF DISEASES TREATED.

OTHER RANKS (Completed Cases).							
Trench fever	...	...	98	Other general diseases	...	...	116
Diphtheria...	...	...	73	Nervous	...	...	248
Diphtheria carrier...	...	...	4	Mental	...	...	5
Enteric fever	...	...	1	Eye...	...	...	89
Influenza...	...	...	1,456	Other organs, Sp. sense	...	...	182
Measles	...	...	102	V.D.H.	...	...	100
Scarlet fever	...	...	27	D.A.H.	...	...	160
Smallpox	...	...	13	Other circulatory diseases	...	...	84
Para-typhoid A	...	...	3	Respiratory	...	...	488
Other diseases	...	...	477	Hernia	...	...	143
Dysentery	...	...	28	Digestive diseases...	...	...	601
Dysentery carrier	...	...	1	Lymphatic diseases	...	...	5
Other diseases	...	...	27	Urinary diseases	...	...	132
Malaria	...	...	279	Generative diseases	...	...	113
Sandfly fever	...	...	3	Myalgia	...	...	236
Other diseases	...	...	2	Diseased organs of locomotion	...	...	207
Pyrexia of uncertain origin	...	...	47	I.C.T.	...	...	455
Major septic	...	...	45	Skin	...	...	529
Minor septic	...	...	307	Local injuries	...	...	611
Other diseases	...	...	3	Shell shock	...	...	24
Pneumonia...	...	...	71	Other general diseases	...	...	15
Rheumatic fever	...	...	34	G.S.W.	...	...	3,175
Sore throat...	...	...	16	Gas poisoning	...	...	138
Tonsillitis	...	...	129	Trench foot	...	...	108
T.B. lung	...	...	798	N.Y.D.	...	...	107
Other T.B. diseases	...	...	86	N.A.D.	...	...	65
Gonorrhœa	...	...	477	Goitre	...	...	3
Syphilis	...	...	38	Poisons	...	...	3
Soft chancre	...	...	3	Cancer	...	...	1
Intoxications	...	...	2	Unwounded prisoners of war	...	...	25
Scabies	...	...	463				
Other parasitic diseases	...	...	12			Total	13,459
Debility	...	...	166				

OFFICERS.

Measles	...	...	30	Local injuries	...	...	1
Other diseases	...	...	210	Diphtheria...	...	...	4
Major septic	...	...	83	Diphtheria carrier	...	...	1
Minor septic	...	...	8	I.C.T.	...	...	37
T.B. lung	...	...	2	N.A.D.	...	...	24
Gonorrhœa	...	...	692	Nervous	...	...	4
Syphilis	...	...	431	Urinary	...	...	6
Scabies	...	...	615	Generative	...	...	47
Skin	...	...	82	Soft chancre	...	...	9
G.S.W.	...	...	5	Malaria	...	...	7
N.Y.D.	...	...	101	Organs special sense	...	...	1
Lymphatic	...	...	2	Enteric fever	...	...	1
Organs of locomotion	...	...	1	Digestive diseases...	...	...	4
Debility	...	...	1	Dysentery	...	...	1
Pneumonia...	...	...	2	V.D.H.	...	...	3
Influenza	...	...	4	Other diseases	...	...	2
Smallpox	...	...	8	Railway accident	...	...	1
Eye	...	...	1				
Tonsillitis	...	...	2			Total	2,499
Scarlet fever	...	...	9				
Parasitic diseases	...	...	57				

TABLE SHOWING DEATHS THAT HAVE OCCURRED.

OTHER RANKS.							
Nervous	...	...	3	Cancer	...	...	1
Respiratory	...	...	2	Influenza	...	...	11
Hernia	...	...	1	Malaria	...	...	1
Digestive diseases	...	...	3	Major septic	...	...	2
Urinary diseases	...	...	3	Pneumonia	...	...	38
Myalgia	...	...	1	T.B. lung	...	...	42
Local injuries	...	...	1				
G.S.W.	...	...				Total	111

OFFICERS.					
Diphtheria	..	...	...	...	1
Pneumonia	...	...	...	...	2
Major septic	...	...	...	...	1
Railway accident	...	...	...	...	1
Total					5

TABLE SHOWING OPERATIONS PERFORMED.

Hæmorrhoids	...	...	...	63	Scraping	...	...	...	...	84
Adenoids	...	...	...	21	Examinations	...	...	...	...	6
Hernia	...	...	...	84	Appendicitis	...	...	...	...	17
Circumcision	...	...	...	18	Removal of nails	...	...	...	...	9
Varicose veins	...	...	...	12	Exploring	...	...	...	...	25
Amputations	...	...	...	56	Other operations	...	...	...	...	1,759
Opening of abscesses	...	...	...	28						
Removal of f.b.	...	...	...	113						
Total										2,295

During the severe influenza epidemic in the autumn and winter of 1918 two wards were set apart for the reception and treatment of cases of that disease; and it is worthy of note that though a considerable number of patients and members of the staff were attacked, there was only one death amongst them, viz., one of the officer patients.

Lieutenant-Colonel Goodall undertook the arrangements connected with the adaptation and opening of the hospital, and remained in charge during the greater part of its occupation as a military hospital. His great experience in hospital administration proved a most valuable asset, and he devoted himself to securing the comfort and welfare of the patients in every phase of hospital life. He was created an officer of the Order of the British Empire. He was most ably assisted in this work by the adjutant and registrar, Major (afterwards Lieutenant-Colonel) M. A. Cooke, T.D., who was awarded the same decoration.

The steward, Mr. H. E. Austin, was mentioned in despatches, and was made a member of the Order of the British Empire, and the matron, Miss Browne, received the Royal Red Cross (1st Class).

Other decorations received by the Board's staff will be found in the general list, but all the staff worked with great keenness and ability, and contributed their share towards the success of the hospital. A number of voluntary helpers, whose work was greatly appreciated, visited the hospital regularly and devoted themselves to the entertainment and recreation of the patients.

21. *The Southern and North-Eastern Hospitals.*—The Southern (Upper) Hospital, known as the Dartford War Hospital, was placed at the disposal of the United States military authorities for the treatment of their wounded in July, 1918, and handed back in March, 1919. The North-Eastern Hospital was similarly lent in August, 1918, and returned in March, 1919. The loan of the hospitals was greatly appreciated by the United States authorities, by which they were managed. The respective medical superintendents, Dr. F. H. Thomson, and Dr. J. H. Griffiths, remained at the hospitals as representatives of the American Red Cross, with the temporary rank of captain. The Southern (Lower) Hospital was lent to the War Office in May, 1915, for the use of enemy sick and wounded.

22. *Orchard Hospital.*—These temporary hospital buildings were lent to the War Office in April, 1915, for the use of sick and wounded overseas troops, chiefly Australians.

(e) *Loan of Buildings.*

23. Reference has already been made to the loan of the Southern, North-Eastern and Orchard Hospitals. In addition, the following accommodation was lent to the War Office:—(i.) part of High Wood, Brentwood, in 1918, for the accommodation of troops; (ii.) part of the Edmonton Institution in May, 1918, for hospital purposes; (iii.) the Children's Home, Hanwell, in August, 1918, for office purposes; (iv.) part of the Mead Ambulance Station in July, 1915, for the Army Service Corps.

The following casual wards were lent to the Government:—(i.) Hackney (from 1 June, 1916, to 31 March, 1919), for interned enemy aliens; (ii.) Lewisham (from 26 June, 1915); and Fulham (from 25 July, 1916, to 14 July, 1919) for use in connection with the adjacent war hospitals; (iii.) Camberwell (from 11 March, 1918, to 3 December, 1919), S. Marylebone (from 2 July, 1918), Chelsea (from 1 January, 1917, to 15 July, 1918) for detention purposes.

The ambulance steamer "Red Cross" was lent to the Government in September, 1917.

(f) *Tuberculosis.*

24. The treatment of soldiers and sailors respectively for advanced tuberculosis was undertaken in a number of the infectious hospitals during the war, and ex-service men are still being received and treated by the Board.

25. A list of the Board's officials who gave their lives for the country in the war follows, and the names of the members of the Board and of its staff who gained decorations in the war are also given.

THE ROLL OF HONOUR.

LIST OF THE BOARD'S PRE-WAR PERMANENT EMPLOYEES WHO SERVED WITH H.M. FORCES,
"KILLED, DIED, DIED OF WOUNDS, OR REPORTED MISSING"—

Allen, R. G. . . . .	..	..	Clerk .. ..	..	Western Hospital
Allum, John .. ..	..	..	Assistant steward ..	..	Queen Mary's Hospital
Andrews, S. A. .. ..	..	..	Porter .. ..	..	North-Eastern Hospital
Austin, A. G. .. ..	..	..	Laundryman .. ..	..	Tooting Bec Mental Hospital
Bailey, William .. ..	..	..	Male attendant .. ..	..	Casual Wards
Baker, J. E. .. ..	..	..	Painter .. ..	..	South-Western Hospital
Ball, J. W. .. ..	..	..	Baker .. ..	..	Darenth Training Colony
Ballantyne, P. H. .. ..	..	..	Clerk .. ..	..	Head Office
Barham, Thomas .. ..	..	..	Labourer .. ..	..	Eastern Hospital
Barnes, D. S. .. ..	..	..	Male nurse .. ..	..	Fountain Temporary Mental Hospital
Bates, A. E. .. ..	..	..	Motor driver .. ..	..	North-Western Ambulance Station
Beardwell, Harry .. ..	..	..	Male nurse .. ..	..	Caterham Mental Hospital
Bennett, Victor .. ..	..	..	Motor driver .. ..	..	Eastern Ambulance Station
Bowey, John .. ..	..	..	Labourer .. ..	..	Caterham Mental Hospital
Bowler, E. J. .. ..	..	..	Porter .. ..	..	Joyce Green Hospital
Bradley, H. W. .. ..	..	..	Male nurse .. ..	..	Leavesden Mental Hospital
Bradley, W. H. .. ..	..	..	Male nurse .. ..	..	Leavesden Mental Hospital
Brown, George .. ..	..	..	Garden labourer .. ..	..	Leavesden Mental Hospital
Burville, J. T. .. ..	..	..	Porter .. ..	..	Joyce Green Hospital
Butler, W. P. .. ..	..	..	Male deputy charge nurse	..	Leavesden Mental Hospital
Cannon, C. E. .. ..	..	..	Farm labourer .. ..	..	Caterham Mental Hospital
Cannons, C. E. .. ..	..	..	Garden labourer .. ..	..	Caterham Mental Hospital
Chapman, F. H. .. ..	..	..	Male charge nurse .. ..	..	Tooting Bec Mental Hospital
Chick, Edward .. ..	..	..	Male nurse .. ..	..	Caterham Mental Hospital
Clark, George .. ..	..	..	Porter .. ..	..	Park Hospital
Clive, Robert .. ..	..	..	Apprentice .. ..	..	Training Ship Exmouth II.
Coghlan, Michael .. ..	..	..	Porter .. ..	..	Southern Hospital
Coles, Richard .. ..	..	..	Male nurse .. ..	..	Tooting Bec Mental Hospital
Collins, E. J. .. ..	..	..	Male deputy charge nurse	..	Tooting Bec Mental Hospital
Coplostone, F. L. .. ..	..	..	Chief officer .. ..	..	Training Ship Exmouth
Cosby, A. T. .. ..	..	..	Lift attendant .. ..	..	Head Office
Cottam, G. H. .. ..	..	..	Male nurse .. ..	..	Tooting Bec Mental Hospital
Couchman, A. E. .. ..	..	..	Stoker .. ..	..	Darenth Training Colony
Coxhill, R. W. .. ..	..	..	Male deputy charge nurse	..	Leavesden Mental Hospital
Creed, H. W. .. ..	..	..	Clerk .. ..	..	South-Western Hospital
Crees, Frederick .. ..	..	..	Porter .. ..	..	Eastern Hospital
Creighton, Edward .. ..	..	..	Messenger .. ..	..	Southern Hospital
Crowhurst, S. G. .. ..	..	..	Male nurse .. ..	..	Darenth Training Colony
Crowhurst, W. R. .. ..	..	..	Farm labourer .. ..	..	Darenth Training Colony
Cullum, George .. ..	..	..	Male nurse .. ..	..	Caterham Mental Hospital
Currey, Herbert .. ..	..	..	Porter .. ..	..	Tooting Bec Mental Hospital
Cutts, Alfred .. ..	..	..	Porter .. ..	..	Southern Hospital
Dillon, W. St. J. .. ..	..	..	Male attendant .. ..	..	Casual Wards
Durrant, T. J. .. ..	..	..	Male nurse .. ..	..	Caterham Mental Hospital
East, A. G. .. ..	..	..	Clerk .. ..	..	Leavesden Mental Hospital
Easterling, Frederick .. ..	..	..	Caretaker .. ..	..	Casual Wards
Else, A. H. .. ..	..	..	Male nurse .. ..	..	Leavesden Mental Hospital
Faulkner, A. A. .. ..	..	..	Porter .. ..	..	South-Western Hospital
Fearis, F. C. .. ..	..	..	Male nurse .. ..	..	Caterham Mental Hospital
Filby, G. W. .. ..	..	..	Male nurse .. ..	..	Leavesden Mental Hospital
Fisher, A. J. .. ..	..	..	Clerk .. ..	..	Head Office
Fripp, William .. ..	..	..	Male nurse .. ..	..	Leavesden Mental Hospital
Gentle, L. W. .. ..	..	..	Kitchenman .. ..	..	Leavesden Mental Hospital
Giles, John .. ..	..	..	Stoker .. ..	..	Park Hospital
Gladwell, John .. ..	..	..	Messman .. ..	..	Darenth Training Colony

Hardwick, James ..	..	Male nurse ..	..	Fountain Temporary Mental Hospital
Harmer, H. L. ..	..	Labourer ..	..	Caterham Mental Hospital
Harrington, T. J. ..	..	Male nurse ..	..	Darenth Training Colony
Harvey, James ..	..	Porter ..	..	Southern Hospital
Hayes, Richard ..	..	Porter ..	..	Park Hospital
Head, G. W. ..	..	Porter ..	..	Eastern Hospital
Henderson, W. A. ..	..	Clerk ..	..	North-Western Hospital
Hill, Charles ..	..	Laundryman ..	..	Fountain Temporary Mental Hospital
Hill, L. G. ..	..	Clerk ..	..	Park Hospital
Holloway, W. A. ..	..	Industrial attendant ..	..	Darenth Training Colony
Hughes, Joseph ..	..	Handyman ..	..	Joyce Green Hospital
Humphrey, W. G. ..	..	Labourer ..	..	Joyce Green Hospital
Jackson, C. E. ..	..	Male nurse ..	..	Leavesden Mental Hospital
Jenkins, Harry ..	..	Porter ..	..	Queen Mary's Hospital
Jewiss, J. E. G. ..	..	Stoker ..	..	Eastern Hospital
Jones, J. L. ..	..	Porter ..	..	Park Hospital
Kimble, Arthur ..	..	Kitchenman ..	..	Leavesden Mental Hospital
King, Albert ..	..	Male nurse ..	..	Leavesden Mental Hospital
King, A. W. ..	..	Male nurse ..	..	Caterham Mental Hospital
Lambkin, William ..	..	Porter ..	..	Park Hospital
Langley, Robert ..	..	Male deputy charge nurse	..	Tooting Bec Mental Hospital
Lloyd, Charles ..	..	Garden labourer ..	..	High Wood
MacNab, Angus ..	..	Visiting ophthalmic consultant	..	Mental Hospitals
Mahon, Charles ..	..	Painter ..	..	Joyce Green Hospital
Mahoney, J. M. ..	..	Night watchman ..	..	Southern Hospital
Marner, G. L. S. ..	..	Draughtsman ..	..	Head Office
Martin, W. H. F. ..	..	Porter ..	..	Tooting Bec Mental Hospital
Mayers, Edward ..	..	Porter ..	..	Eastern Hospital
Middleditch, A. W. ..	..	Clerk ..	..	Head Office
Millin, E. A. ..	..	Clerk ..	..	Head Office
Moore, A. C. ..	..	Male nurse ..	..	Leavesden Mental Hospital
Morison, A. A. ..	..	Assistant medical officer	..	Brook Hospital
Mullins, E. J. ..	..	Male nurse ..	..	Leavesden Mental Hospital
Munday, W. T. ..	..	Porter ..	..	Queen Mary's Hospital
Neppiras, T. E. ..	..	Male deputy charge nurse	..	Fountain Temporary Mental Hospital
Orton, G. E. ..	..	Clerk ..	..	Joyce Green Hospital
Packwood, C. J. ..	..	Male deputy charge nurse	..	Tooting Bec Mental Hospital
Parker, F. G. ..	..	Assistant schoolmaster ..	..	Training Ship Exmouth
Parmenter, J. P. ..	..	Porter ..	..	Southern Hospital
Parsons, Joseph ..	..	Porter ..	..	North-Western Hospital
Patch, S. R. ..	..	Porter ..	..	Park Hospital
Peckham, Vernon ..	..	Handyman ..	..	Fountain Temporary Mental Hospital
Peplow, W. W. ..	..	Assistant tailor ..	..	Caterham Mental Hospital
Peters, H. J. ..	..	Boatswain ..	..	Training Ship Exmouth II.
Plummer, Lewis ..	..	Male nurse ..	..	Leavesden Mental Hospital
Pullen, J. W. ..	..	Male nurse ..	..	Caterham Mental Hospital
Purkis, H. A. ..	..	Boy clerk ..	..	Head Office
Rate, R. A. ..	..	Stoker ..	..	Training Ship Exmouth
Reardon, Frederick ..	..	Clerk ..	..	Joyce Green Hospital
Reeves, T. H. ..	..	Farm labourer ..	..	Joyce Green Hospital
Rickards, Reuben ..	..	Porter ..	..	Park Hospital
Sandford, William ..	..	Clerk ..	..	Caterham Mental Hospital
Savage, W. H. ..	..	Male nurse ..	..	Tooting Bec Mental Hospital
Shelfer, P. J. ..	..	Stoker ..	..	South-Western Hospital
Smith, G. B. ..	..	Boy clerk ..	..	Leavesden Mental Hospital
Spearing, W. J. ..	..	Male nurse ..	..	Caterham Mental Hospital
Spensley, F. O. ..	..	Assistant medical officer	..	Darenth Training Colony
Spong, G. K. ..	..	Stores porter ..	..	Goldie Leigh Homes

Steventon, V. M.	..	..	Clerk	..	..	Fountain Temporary Mental Hospital
Stewart, Charles	..	..	Male attendant	..	..	Casual Wards
Stone, Joseph	..	..	Clerk	..	..	The Downs Sanatorium
Storrie, H. C.	..	..	Assistant medical officer	..	..	The Downs Sanatorium
Stovold, Jesse	..	..	Male charge nurse	..	..	Fountain Temporary Mental Hospital
Stringer, Ronald	..	..	Boy clerk	..	..	Caterham Mental Hospital
Sullivan, J. A.	..	..	Porter	..	..	North-Eastern Hospital
Sullivan, William	..	..	Porter	..	..	Joyce Green Hospital
Tann, Henry	..	..	Male nurse	..	..	Caterham Mental Hospital
Taylor, George	..	..	Male nurse	..	..	Caterham Mental Hospital
Tuckwell, A. J. J.	..	..	Male attendant	..	..	Casual Wards
Turner, C. G. A.	..	..	Male nurse	..	..	Tooting Bec Mental Hospital
Vear, J. V.	..	..	Male deputy charge nurse	..	..	Caterham Mental Hospital
Wallaker, Charles	..	..	Porter	..	..	North-Western Hospital
Wright, J. E. W.	..	..	Attendant	..	..	Fountain Temporary Mental Hospital
Yeo, J. F. J.	..	..	Boy clerk	..	..	Head Office
Young, C. E.	..	..	Clerk	..	..	Mead Ambulance Station

TOTAL 130.

DISTINCTIONS GAINED

(a) BY MEMBERS OF THE BOARD IN CONNECTION WITH THE BOARD'S WORK:—

Baker, Miss I. M.	..	..	..	..	..	Medaille de la Reine Elizabeth
Inderwick, Miss E. F.	..	..	..	..	..	Medaille de la Reine Elizabeth
Sprankling, The Very Rev. Canon	..	..	..	..	..	Officier de l'Ordre de Leopold II.
Walden, R. Woolley, J.P.	..	..	..	..	..	C.B.E., Officier de l'Ordre de la Couronne

(b) BY THE BOARD'S PRE-WAR PERMANENT STAFF:—

(i.) With H.M. Forces:—

Anderson, Margaret S.	Staff nurse	..	..	Brook Hospital	..	Royal Red Cross, 2nd cl.
Arnold, F. J.	Clerk	..	..	T. S. Exmouth	..	M.C.
Ashley, May	Home sister	..	..	Brook Hospital	..	Royal Red Cross, 2nd cl.
Bann, Emmeline M.	Matron	..	..	Brook Hospital	..	Royal Red Cross, 1st cl.
Barrett, Thomas	Male nurse	..	..	Tooting Bec Mental Hospital	..	M.M.
Boddy, W. C.	Male attendant	..	..	Casual Wards	..	M.M.
Browne, Alice A.	Matron	..	..	Grove Hospital	..	Royal Red Cross, 1st cl.
Bruce, W. S.	Male attendant	..	..	Casual Wards	..	Chevalier de l'Ordre de Leopold II.
Byles, Dr. J. B.	Medical superintendent	..	..	Brook Hospital	..	Mentioned in Despatches
Calder, Dr. H. M.	Assistant medical officer	..	..	Eastern Hospital	..	D.S.O., M.C.
Callan, Helen	Sister	..	..	South-Western Hospital	..	Royal Red Cross, 1st cl.
Carr, Annie L.	Assistant matron	..	..	Brook Hospital	..	Royal Red Cross, 2nd cl.
Cartwright, Alfred	Handyman	..	..	South-Eastern Hospital	..	M.M.
Clarke, E. H.	Male nurse	..	..	Fountain Temporary Mental Hospital	..	M.M.
Cleveland, C. M.	Clerk and store-keeper	..	..	South-Eastern Ambulance Station	..	D.S.M.
Cluley, G. W.	Industrial attendant	..	..	Bridge Training Home	..	M.M., Mentioned in Despatches
Coleman, Reginald	Clerk	..	..	Head Office	..	Mentioned in Despatches
Craven, A. H.	Superintendent	..	..	Eastern Ambulance Station	..	D.S.M., Silver Medal of Royal Humane Society.
Cremer, E. W.	Clerk	..	..	Queen Mary's Hospital	..	M.C.
Croucher, W. H.	Industrial attendant	..	..	Darenth Training Colony	..	M.M.
Davey, Rosa H.	Sister	..	..	South-Western Hospital	..	Mentioned in Despatches
Edens, F. H.	Male nurse	..	..	Caterham Mental Hospital	..	M.M.
Ely, Grace W.	Staff nurse	..	..	North-Eastern Hospital	..	Mentioned in Despatches
Ellis, E. R.	Boy clerk	..	..	Tooting Bec Mental Hospital	..	M.M.
Ellis, James	Male nurse	..	..	Caterham Mental Hospital	..	M.M.
Endacott, H. C.	Signal instructor	..	..	T. S. Exmouth	..	D.S.M.

Farndon, Florence ..	Sister ..	.. South-Eastern Hospital	Mentioned in Despatches
Fisher, Harry ..	Male nurse ..	.. Leavesden Mental ..	M.M.
		Hospital	
Ford, H. J. ..	Superintendent	.. South-Eastern Ambulance Station	Mentioned in Despatches
Franekeiss, Nellie F.	Sister ..	.. The Downs Sanatorium	Royal Red Cross, 2nd cl.
Garon, R. W. ..	Signal instructor	.. T. S. Exmouth ..	Medaille Militaire
Gilder, F. C. ..	Motor driver	.. North-Western Ambulance Station	M.M.
Goodall, Dr. E. W. ..	Medical superintendent	Grove Hospital ..	.. O.B.E.
Gornall, James ..	Ward orderly	.. The Downs Sanatorium	D.C.M.
Grice, Katherine E.	Sister ..	.. Western Hospital	.. Croix de Guerre.
Grover, W. J. ..	Porter ..	.. South-Eastern Hospital	M.M.
Guthrie, Rubie ..	Sister ..	.. Eastern Hospital	.. Associate Royal Red Cross
Hadingham, W. K.	Gate porter	.. North-Western Hospital	M.S.M., Mentioned in Despatches
Houlding, G. E. ..	Stoker ..	.. Grove Hospital ..	.. Mentioned in Despatches
Hudson, Ada E. ..	Sister ..	.. Grove Hospital ..	.. Mentioned in Despatches
Inglis, Dr. J. P. P.	Assistant medical officer	Caterham Mental Hospital	Mentioned in Despatches
Jones, Charles ..	Male charge nurse	Darenth Training Colony	M.M.
Jones, Owen ..	Industrial attendant	Darenth Training Colony	M.M.
Kelly, Dr. Oswald ..	Assistant medical officer	Western Hospital	.. Medaille Militaire, Legion of Honour (Chevalier)
King, E. J. B. ..	Clerk ..	.. Northern Hospital	.. M.C.
Lowe, H. E. ..	Carpenter ..	.. Leavesden Mental Hospital	.. Mentioned in Despatches
McDonald, C. M. ..	Male nurse ..	.. Caterham Mental Hospital	M.M.
MacLennan, Anna M. M.	Sister ..	.. South-Western Hospital	Royal Red Cross, 2nd cl.
Mahoney, Kate ..	Sister ..	.. Western Hospital	.. M.M.
Marsden, H. J. ..	Male nurse ..	.. Leavesden Mental Hospital	M.C.
Miles, Gordon ..	Clerk ..	.. Head Office ..	.. M.M.
Moffat, Rose G. ..	Staff nurse ..	.. South-Western Hospital	Royal Red Cross, 2nd cl.
Marks, J. B. ..	Draughtsman	.. Head Office ..	.. O.B.E., Order of Crown of Roumania, Mentioned twice in Despatches
Mountenay, W. S. ..	Assistant school-master	T. S. Exmouth ..	.. M.C., Croix de Guerre
Munson, Henry ..	Porter ..	.. Park Hospital ..	.. D.C.M., M.M., Mentioned in Despatches three times
Osmond, H. W. ..	Male nurse ..	.. Caterham Mental Hospital	D.C.M.
Othen, George ..	Seaman Instructor	T. S. Exmouth ..	.. Russian Order of St. Ann, 2nd class
Pearce, H. C. ..	Clerk ..	.. North-Eastern Hospital	D.C.M., M.M.
Pickering, Sidney ..	Stoker ..	.. Northern Hospital	.. D.C.M.
Potter, G. L. ..	Male nurse ..	.. Caterham Mental Hospital	M.M.
Powell, Dr. J. F. ..	Assistant medical officer	Caterham Mental Hospital	M.C.
Prior, William ..	Porter ..	.. Joyce Green Hospital	.. M.M.
Prichard, J. C. ..	Male nurse ..	.. Caterham Mental Hospital	M.M.
Quinlan, Mary E. ..	Assistant matron	.. Brook Hospital ..	.. Royal Red Cross, 2nd cl.
Rainbow, Harriet K.	Sister ..	.. Brook Hospital ..	.. Royal Red Cross, 2nd cl.
Rees, A. J. ..	Clerk ..	.. Head Office ..	.. M.S.M.
Rhodes, Dr. E. L. N.	Assistant medical officer	Queen Mary's Hospital	Mentioned in Despatches
Riach, Elizabeth ..	Sister ..	.. Grove Hospital ..	.. Royal Red Cross, 2nd cl. Mentioned in Despatches
Riddell, Dr. D. F. ..	Medical officer	.. War Refugees Dispensary	M.C.
Riddle, E. E. R. ..	Head stableman	.. Belmont Laboratories	.. D.C.M.
Ridgway, Charles ..	Male charge nurse	.. Leavesden Mental Hospital	D.S.M., Mentioned in Despatches

Robertson, H. J.	.. Clerk	Head Office	D.C.M.
Rogers, C. J.	.. Male charge nurse ..	Leavesden Mental Hospital	M.M.
Rowe, P. S.	.. Male deputy charge nurse ..	Caterham Mental Hospital	M.M.
Saltwell, E. J.	.. Clerk	Leavesden Mental Hospital	M.C., Mentioned in Despatches
Simmons, T. H. H.	Male nurse	Leavesden Mental Hospital	M.M.
Stannard, James	.. Motor driver ..	North-Western Ambulance Station	M.M.
Stewart, Jessie	.. Sister	South-Western Hospital	Royal Red Cross, 2nd cl.
Sugden, Sarah E.	.. Sister	Grove Hospital	Royal Red Cross, 2nd cl.
Tasker, A. J.	.. Clerk	Head Office	Mentioned in Despatches
Taylor, Dr. D. C.	.. Assistant medical officer ..	Queen Mary's Hospital ..	M.C.
Thorpe, Nancy H.	.. Matron	Brook Hospital	Royal Red Cross, 2nd cl.
Thurley, Alexander	.. Porter	Western Hospital	D.C.M.
Tregido, A. F.	.. Seaman instructor ..	T. S. Exmouth	D.S.M.
Turnbull, Dr. P. M.	.. Assistant medical officer ..	Tooting Bec Mental Hospital	M.C.
Whittington, Theodore H.	Oculist	Queen Mary's Hospital	Mentioned in Despatches
Wratten, Frederick J. Porter	.. ..	Queen Mary's Hospital	Mentioned in Despatches
TOTAL 104.			

(ii.) *For services rendered in a civilian capacity in connection with the war :—*

Austin, H. E.	.. Steward	Grove Hospital	M.B.E., Mentioned
Cameron, Dr. A. F.	.. Medical superintendent ..	Joyce Green Hospital	Chevalier of the Order of the Crown of Italy
Cuff, Dr. H. E.	.. Principal medical officer ..	Medical Superintendent, Alexandra Palace	O.B.E., Officier de l'Ordre de la Couronne
Colmore, Capt. R. B.	.. Captain superintendent ..	T. S. Exmouth	O.B.E.
Hopgood, F. G.	.. Steward	War Refugees Camp, Earl's Court	M.B.E.
Hunter, Dr. Alexander	.. Medical officer ..	War Refugees Camp, Earl's Court	O.B.E.
Kelly, F. A. . .	.. Principal clerk ..	Head Office	M.B.E.
Mann, Sir Duncombe	.. Clerk to the Board ..	.. ..	Officier de l'Ordre de Leopold.
Powell, G. A.	.. Deputy Clerk to the Board ..	Officer in charge War Refugees Camp, Earl's Court	C.B.E., Officier de l'Ordre de Leopold, Chevalier of the Order of the Crown of Italy
Pallin, S. D.	.. Superintendent ..	Edmonton Refuge ..	M.B.E., Chevalier de l'Ordre de Leopold
Woodward, S. J.	.. Works manager ..	War Refugees Camp, Earl's Court	M.B.E.

The following members of the nursing staff were awarded the Medaille de la Reine Elizabeth (Belgium) :—

Bateman, Lavinia Jane	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Cattell, Ethel Maude	.. Staff nurse ..	.. War Refugees Camp, Earl's Court
Cook, May Marian	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Davies, Annie	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Hale, Jennie	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Henley, Kate Bowen	.. Staff nurse ..	.. Transport work
Hutchinson, Ethel	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Jefferies, Mary Ann	.. Assistant matron ..	.. Alexandra Palace
Jacob, Elsie Irene	.. Probationer ..	.. War Refugees Camp, Earl's Court
Keenan, Mary Anne	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Kelly, Lillie	.. Staff nurse ..	.. Transport work
Mackenzie, Margaret	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Morgan, Lizzie Ann	.. Matron ..	.. War Refugees Camp, Earl's Court 1914-1915
O'Driscoll, Tern Helen	.. Probationer ..	.. Transport work
Pallin, Grace Duncan	.. Matron ..	.. Edmonton Refuge
Scoble, Elizabeth Ann	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Shaw, Marian Rose	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court
Surridge, Dorothy Maud	.. Assistant nurse ..	.. War Refugees Camp, Earl's Court

Thomas, Eva	Assistant nurse	War Refugees Camp, Earl's Court
Thorpe, Nancy Hetty	Matron	Joyce Green Hospital
Weatherill, Jane Ann	Assistant nurse	War Refugees Camp, Earl's Court
Wickham, Mary Elizabeth	Staff nurse	War Refugees Camp, Earl's Court
Willden, Edith Mary	Matron	War Refugees Dispensary, Sheffield Street

TOTAL 39.

(c) BY OFFICERS TEMPORARILY EMPLOYED BY THE BOARD DURING THE WAR.

Abrahams, J. G.	Chief Registration Officer	War Refugees Camp ..	M.B.E., Chevalier of the Order of the Crown of Italy
Begley, W.	Superintendent ..	St. Anne's Home ..	Chevalier de l'Ordre de la Couronne
Brooks, Ethel	Interpreter	War Refugees Camp ..	} Medaille de la Reine Elizabeth
Clark, M.	Nurse	War Refugees Camp ..	
Cooper, Agnes	Sister	Edmonton Refuge ..	
Cockrell, S. J.	Matron	Alexandra Palace ..	
Elkerton, F.	Superintendent ..	S. Giles's Home ..	Chevalier de l'Ordre de la Couronne
Gosling, Ethel M.	Sister	Alexandra Palace ..	Medaille de la Reine Elizabeth
Jacobs, O.	Head Schoolmaster	War Refugees Camp ..	Medaille du Roi Albert
Jacobs, Mrs. E.	In charge of Women's Social Work	War Refugees Camp ..	} Medaille de la Reine Elizabeth
Judkins, Florence E. ..	Matron	War Refugees Dispensary ..	
Parker, Nora	Assistant Matron ..	Edmonton Refuge ..	
Truscott, Clare	Assistant Matron ..	War Refugees Camp ..	
Van Wouwe, J.	Registration Officer	War Refugees Camp ..	Medaille du Roi Albert
Woodman, Norah	Matron	War Refugees Camp ..	Medaille de la Reine Elizabeth

TOTAL 16.

(d) By VOLUNTARY WORKERS AT INSTITUTIONS MANAGED BY THE BOARD DURING THE WAR:—

Carr, Miss	War Refugees Camp ..	} Medaille de la Reine Elizabeth.
Chase, Miss Frances	War Refugees Camp ..	
Chessex, Mlle.	War Refugees Camp ..	
Collins, The Hon. Mrs. Henn ..	Edmonton Refuge ..	
Dibblee, Miss	War Refugees Camp ..	
Don, Miss	War Refugees Camp ..	
Downes, Lady	War Refugees Camp ..	
Evans, Edwin	War Refugees Camp ..	
Hogge, Miss	War Refugees Camp ..	} M.B.E.
Horn, Mlle. Marguerite	War Refugees Camp ..	
Hovey, Mrs.	Alexandra Palace ..	} Medaille de la Reine Elizabeth.
Jerred, Lady	War Refugees Camp ..	
Lyttleton, The Hon. Mrs. R. H. ..	War Refugees Camp ..	
Murray, Miss Rhoda	War Refugees Camp ..	
Nepean, Mrs. A.	War Refugees Camp ..	
Patton, Miss R.	War Refugees Camp ..	
Rue, Mme. J.	War Refugees Camp ..	
Shepherd, Miss R.	War Refugees Camp ..	
Sloper, Mrs.	Alexandra Palace ..	
Thompson, Mrs. Graham	Alexandra Palace ..	
Tritton, Miss Annette	War Refugees Camp ..	
Turner, Mrs. F. L.	War Refugees Camp ..	
Turner, Mrs. Fulham	Alexandra Palace ..	
Wakeham, Miss	War Refugees Camp ..	
Walden, Mrs. R. Woolley	War Refugees Camp ..	
Wickham, Mrs.	War Refugees Camp ..	
Wittenoom, Miss	War Refugees Camp ..	

TOTAL 27.

(e) In addition, other Belgian decorations, viz., Medaille du Roi Albert, Palmes en Or and Palmes en Argent de l'Ordre de la Couronne, have been bestowed upon 27 members of the Board's staff and voluntary workers at war refuges. This list was issued too late for inclusion in this report.

APPENDIX B.

REPORT OF THE CASUAL WARDS COMMITTEE ON THE ADMINISTRATION OF CASUAL WARDS, APPROVED BY THE BOARD ON 8 NOVEMBER, 1919.

(1) At the last meeting of the Board before the summer recess we undertook to report on the question of the administration of the casual wards with particular reference to the tasks which may be enforced under the regulations, and we now submit the following report.

(2) A brief historical summary of the past efforts of the community to deal with vagrancy is given in the first annual report of the Casual Wards Committee for the year 1912, which also contains the history of this question so far as the Metropolis is concerned, an account of the arrangements under which the casual wards were handed over by the then Local Government Board for central and uniform administration under the Metropolitan Asylums Board, and a statement of the Board's policy. The annual report of the Casual Wards Committee for the following year, 1913, contains an account of the progress made, the remedial measures introduced, the discrimination made between the different types of persons who sought admission to the wards, and the successful efforts made to assist and restore all those who were helpable. Both reports were separately printed and may be commended to those who wish to approach an admittedly difficult problem from the standpoint of reason and knowledge. In reporting afresh after seven years' experience it may be stated at the outset that arguments quoted in these reports are as forcible now and the conclusions arrived at for the most part as reliable to-day as they were then.

(3) The Departmental Committee of the Local Government Board which enquired into casual ward administration in 1904, an enquiry which led ultimately to the transfer of the wards to a central authority, found that there were twenty-eight casual wards in London under twenty-eight different authorities, and that, as might be expected, there was an entire absence of uniformity in the management.

It will be agreed that whatever regulations are made and whatever method of administration is adopted these should be uniform in one town, if not throughout the country, and the only way in which this could be ensured was by adopting central administration.

(4) The regulations which exist for the administration of casual wards are found in Acts of Parliament or in Orders made by central Government departments under the authority of Acts of Parliament. The Board have from the outset taken the view, and consistently acted upon it, that their duty was to provide for the uniform administration of the casual wards according to these regulations. Such a view does not preclude the Board from making recommendations in favour of changes which they may think justified by experience.

(5) The Metropolitan Houseless Poor Act, 1865, provides that the London casual wards are to be kept open for the admission of destitute persons between 6 p.m. and 8 a.m. October-March, and between 8 p.m. and 8 a.m. April-September. Subject to this provision, the regulations of the late Local Government Board fix the hours of opening at not earlier than 4 p.m. October-March, and 6 p.m. April-September. The actual hour of opening is 6 p.m. The majority of the casual wards are provided with porches or shelters for persons waiting admission. The regulations require that each inmate shall be searched, bathed, his clothing dried and disinfected, and returned the next morning, and suitable night garments provided.

(6) The regulations provide that an inmate shall not be allowed to discharge himself at an earlier period than that at which he is entitled to discharge himself under the Casual Poor Act, 1882, viz., at 9 a.m. on the morning of the second day after admission, nor before he has performed the work prescribed. Where an inmate has been admitted more than once in a month, he shall not be allowed to discharge himself before 9 a.m. on the fourth day after admission. The Board may, however, give directions in specified cases for earlier discharge; the superintendent may discharge earlier in special circumstances, subject to report; and a person genuinely looking for work may leave earlier than the time fixed.

(7) The following are the prescribed tasks:—

Males.

Detained one night ..	Stone breaking 3 cwt.	Stone pounding $\frac{1}{2}$ cwt.	Oakum picking 1 lb. unbeaten, 2 lb. beaten.	Digging, pumping wood-cutting, corn grinding, scrubbing and cleaning— 3 hrs. work.
„ more than one night. For each entire day	10 cwt.	$1\frac{1}{2}$ cwt.	4 lb. unbeaten, 8 lb. beaten	9 „ „

Females.

Detained one night ..	Oakum picking $\frac{1}{2}$ lb. unbeaten 1 lb. beaten	Washing, scrubbing, cleaning and needlework— 3 hrs. work
„ more than one night, for each entire day	2 lb. unbeaten 4 lb. beaten	9 hrs. work

(8) Before discussing the question of tasks, we may briefly refer to the types of persons who use the casual wards, and the classification into four groups made sixteen years ago by the Departmental Committee. First there is the bona-fide working man in search of work. Sixteen years ago the estimates placed the proportion of this class at under 3 per cent. of the whole—to-day he has almost disappeared from the casual wards. Secondly, came those who undertake casual labour for a short time, but will not or cannot undertake continued work. By frequenting a casual ward, whatever the method of administration, this type soon degenerates into the habitual vagrant. The third class is the "work shy" or habitual vagrant, who professes to look for work but has no desire to find it. The enquiry of 1904 revealed the fact that amongst this number are many who, although strong and able-bodied, deliberately embark upon a career of idleness and of alternation between casual ward and prison. They were often qualified and able to work, and had been assisted over and over again until they were given up as hopeless and their papers marked "prefer to walk the street." Lastly, there is the class of old and infirm persons who are unemployable, who cling to the little liberty left to them by going from casual ward to casual ward in preference to entering infirmaries.

(9) The Casual Wards Committee approached their task in 1912 with a determination to improve the administration of the wards, to discriminate with the utmost care between the inmates, to co-operate to the fullest extent with every voluntary agency engaged in assisting the destitute and homeless, to see that a real spirit of humanity governed all dealings with the inmates, and to spare no effort to ensure that all who were willing to be helped and capable of being helped should become self-respecting and self-supporting citizens. These ideals have, with the support of the staff, been maintained with what we claim to be the most satisfactory results. We refer not merely to the very substantial diminution in vagrancy in London, which had been definitely ascertained before the war with its special conditions came about, a decrease not attained by driving people out of London, since the statistics of vagrancy in the home counties showed no increase, but to the fact that numbers of inmates had been assisted to a position in which resort to casual wards was no longer necessary. The fullest use has been made of the opportunities allowed for relaxing the rules as to detention and tasks in suitable cases. The arrangements made at the outset with various agencies to receive deserving cases from the casual wards were extended, so that all suitable cases are as far as possible intercepted at the door of the casual wards and remitted direct to these agencies. The superintendents are fully acquainted with these arrangements and are alive to the necessity of passing on all helpable cases and in particular seeing that everything is done to prevent young persons of either sex from drifting into the vagrant life.

(10) We may also refer here to the work done by the Casual Wards Committee in conjunction with the Metropolitan Poor Law Inspectors Advisory Committee on the Homeless Poor in dealing with the homeless poor at night, particularly on the Embankment, where the loitering and sleeping out of large numbers of persons at night had been a notorious evil. This problem was approached on the same lines and in the same spirit as that of dealing with the actual inmates of casual wards, and as indicated in our reports of 1912 and 1913, where full particulars are given, the evil had been almost entirely removed before the war by the work done for the benefit of homeless and destitute persons by individual and collective effort on the part of all the bodies concerned, their members and officers.

(11) Before the war, of the 24 casual wards taken over, only nine were open. The number of inmates of casual wards in 1910 and 1911 averaged about 1,000. The numbers for 1912 onwards were:—

	Jan.	March.	June.	Sept.	Dec.
1912	1,022	951	475	629	461
1913	617	602	293	294	228
1914	313	302	186	238	164
1915	172	160	101	115	118
1916	106	121	78	79	102
1917	94	107	66	74	88
1918	76	87	52	42	40
1919	65	61	41	76	—

The census of homeless persons taken by the London County Council showed a diminution of homeless persons (a) in "sit-ups" from 1,778 in Feb., 1910, to 158 in Feb., 1913, and 106 in Feb., 1914; and in the streets from 969 in 1910, to 491 in 1913 and 434 in 1914.

(12) The problem of the casual wards is not the bona-fide "out of work" looking for work. It is not so much the old and partly infirm person who, as the figures we give later show, have formed in recent years the majority of those sheltering in the wards. It is regrettable that these people should come to casual wards at all, but there is no power to compel them to enter, or remain in, other institutions where they could be permanently cared for. For them all that is wanted is suitable employment according to their capacity. There is not and ought not to be any question of a deterrent task. There remains the other type of "work shy" person, the real able-bodied loafer who deliberately intends to exist without work at the expense of his industrious neighbour, the latter being taxed to provide board and lodging for him. That he

exists is well known to all students of social questions and to all with experience of human nature. Speaking of casual wards, one who can speak with much authority has said: "I sometimes go into the ward and talk to the men, and I am bound to say that what you would call men in search of work are rather rare, except that they all declare they are in search of work; the man who you could really believe was trying to find work is very rare." It is a further fact that the number of such persons appears to rise rapidly with any improvement of the conditions under which shelter and maintenance can be had at public expense, and we pointed out in 1913 that while the community undertakes to restrain and deter the drunkard, the petty thief, and the minor criminal, there is justification for adopting restrictive measures against a man who deliberately determines to make himself a public burden for the rest of his life. It is solely against such people that the restrictive regulations and deterrent tasks of the casual wards have in the last resort been enforced. As to the tasks themselves, the difficulty has always been to find tasks to which the unskilled person can be put who does not remain long enough to be trained. Where the stay is sufficiently long, as in colonies of a prison character, or the Board's own training colonies for feeble-minded, useful occupations can be taught and practised, and it may be that eventually detention of the class we are discussing in a labour colony may be decided on. Meantime, we have made the fullest use of other unskilled work such as wood chopping, cleaning, corn grinding, sewing, &c., and the least possible use of such tasks as stone-breaking.

(13) The breaking of stone by hand is a work performed without stigma by unskilled labour in rural districts, and while most of the stone required in urban areas is broken by machinery, yet it is not a generally accepted argument that work should not be done by hand which could be done by machinery, and the product of the stone-breaking tasks has a market value, so that the work is not futile. We realise, however, the drawbacks of stone-breaking as a task, and we would point out that no stone-breaking has been done during the last six months. At the present time we see no reason to believe that it will be necessary to impose this task during the next six months, but we cannot take the responsibility of recommending that it should be entirely deleted from the list of tasks and of depriving the Committee of all possibility of imposing it under any circumstances.

(14) Fortunately the number of men against whom restrictive measures are necessary has for various reasons greatly diminished during the war, and there is no sign at the moment of any particular increase in their number. We fear, however, that if all serious restrictions were removed there would be a speedy increase in the numbers of undesirable users of casual wards, including many who could well afford to pay for a night's lodging but who would not feel called upon to do so if they could avoid it.

With regard to oakum picking, this task, though far from ideal, presents no insuperable difficulties to the unskilled worker if the right material is selected. The product of the work is a commercial one used largely for caulking the decks of ships, and while the question of finding, if possible, more suitable tasks for those who now pick oakum will receive our careful attention we are not prepared at present to dispense with this work altogether.

To sum up we wish to emphasise:—

(i) That the whole spirit of the casual ward administration and the work for the homeless poor undertaken by the Board since 1912 has been to improve the condition, and, in association with other voluntary agencies, to uplift and restore in every possible case those coming under their care.

(ii) That the Board's policy has been proved successful by its results (a) in the number of people who have been assisted by individual or collective effort to recover themselves whether from the casual wards or under the homeless poor scheme; (b) in diminishing vagrancy and sleeping out in the metropolis without any increase outside the metropolis.

(iii) That restrictive regulations have only been enforced as a last resort, and, so far as detention is concerned, in the interest of the person affected.

(iv) That there has been no stone-breaking for six months past, and that while there is no intention of using stone-breaking as a task, except as a last resort, and then only after reference from the individual superintendent to the central register and consideration of the inmate's record, the committee are not prepared at present, and without the experience of a real post-war winter, to take the responsibility of recommending its total abolition from the list of tasks; that if it should be necessary for any stone-breaking to be done during the winter, this will, if possible, be confined to one ward.

We propose that the administration of the casual wards on the lines we have indicated should be continued for a further period of six months. During this time we will give our close attention to the question of employment of inmates, and also to that of improving the aspect of some of the wards and the conditions under which work is carried out; and submit a further report to the Board thereon.

We recommend—

(A) That the report of the Casual Wards Committee, dated 3 November, 1919, be approved and adopted. [Adopted.]

(Signed) M. J. WILDE, *Chairman*.

ANNUAL REPORT, 1919-20.

Return showing by ages the number of admissions to casual wards for the period 1 January, 1919, to 30 September, 1919.

		Ward No. 1		Ward No. 2		Ward No. 3		Ward No. 4		Ward No. 5		Ward No. 6	
		M.	W.	M.	W.	M.	W.	M.	W.	M.		M.	W.
Under 20	..	4	2	8	5	1	—	5	2	8		5	1
20—30	..	6	—	3	2	5	—	4	2	18		8	—
30—40	..	25	1	16	1	19	—	20	1	58		18	2
40—50	..	50	4	29	8	49	1	60	6	111		54	7
50—60	..	92	22	85	22	155	—	168	20	270		162	25
60—70	..	83	13	2,277	29	230	—	334	19	509		433	11
Over 70	..	14	—	30	5	16	1	51	2	71		44	1

APPENDIX C.

THE BOARD'S EXISTING AND PROSPECTIVE ACCOMMODATION FOR TUBERCULOSIS.

(a) ADULTS.						Existing		Prospective additions.		Total
<i>Sanatoria—</i>						M.	F.	M.	F.	
Downs, Sutton, Surrey						292	—	—	—	292
Pinewood, Wokingham, Berks						80	—	72	—	152
Highdown, Godalming, Surrey						—	—	—	232	232
Copthorne, East Grinstead, Surrey						—	—	300	—	300
Northern Hospital, Winchmore Hill, Middlesex (part of)						—	262	—	—	262
<i>Hospitals—</i>										
St. George's Home, Chelsea, S.W.						—	50	—	—	50
Colindale Hospital, Hendon, N.W.						271	—	224	—	495
King George's Hospital, Grove Park, Lee, S.E.						—	—	500	—	500
Lowestoft *						—	—	160	—	160
Beds in Infectious Hospitals † —										
North-Western Hospital, Park Hospital, South-Eastern Hospital, Western Hospital						150	—	—	—	150
Total						793	312	1,256	232	2,593

* For surgical tuberculosis.

† For ex-service men suffering from advanced pulmonary tuberculosis.

(b) CHILDREN.

	Existing beds.	
Queen Mary's Hospital, Carshalton, Surrey	562
Princess Mary's Hospital, Margate, Kent	271
Millfield, Rustington, Sussex	120
High Wood, Brentwood, Essex	304
Total	1,257

SUMMARY.

Adults, existing	1,105
„ prospective	1,488
Children, existing	1,257
Total	3,850

APPENDIX D.

REPORT BY DR. W. MAIR, RESEARCH PATHOLOGIST, ON THE DIPLOCOCCAL THEORY OF SCARLET FEVER.

It is proposed in the following article to give a short account of the work on scarlet fever which has been done for the Metropolitan Asylums Board in their research laboratory.

The work began with an attempt to infect monkeys with scarlet fever. It was found that the injection of mouth washings from scarlet fever cases subcutaneously in the monkey produced occasionally a condition which resembles in several respects human scarlet fever. From the animals which reacted in this way a diplococcus was isolated which is capable of producing the reaction when injected in pure culture. If the virulence of this diplococcus be increased by mouse passage, a moderate dose (1 to 2 c.c. of a serum broth culture) produces the reaction in the monkey with great constancy.

The reaction consists in a febrile rise of temperature with the production of a marked local inflammation, and occasionally sloughing of the skin, or abscess formation. This is accompanied by a leucocytosis and a very marked production of Döhle's bodies in the leucocytes. It is chiefly this appearance of Döhle's bodies which gives ground for believing that the reaction is actually scarlet fever in the monkey.

An arthritis and teno-synovitis such as occurs in scarlet fever has been observed on several occasions, but nothing resembling the rash of scarlet fever has been produced. The lesion at the site of injection represents the local inflammation about the tonsils and fauces in the human subject, and the tissue necrosis corresponds to the sloughing of these regions which occurs in so-called septic cases of scarlet fever.

It is unnecessary here to give a full description of this micro-organism, which I have named *Diplococcus scarlatinæ*. It may suffice to state that it is an oval or lanceolate Gram positive diplococcus, soluble in bile salt solutions, showing some tendency to capsule formation, and belonging therefore to the group of so-called "pneumococci." It can be isolated from the throats of scarlet fever patients during the acute stage of the disease in from 80 to 90 per cent. of the cases. In the majority of cases it can be no longer found after four or five weeks, but in about 25 per cent. it persists beyond this period.

Marked complement fixation is obtained with the serum of convalescents when tested with extracts of the diplococcus, but similar reactions occur, though less frequently and with lesser intensity, with normal sera.

The scarlatinal diplococcus cannot be isolated from the blood of scarlet fever cases. If the diplococcal theory is correct, scarlet fever must be regarded as analogous to diphtheria, where the casual microbe obtains only a slight foothold in the tissues and from the local lesion pours toxin into the blood stream. This inability to produce septicæmia is one of the features which distinguishes the scarlatinal diplococcus from other members of the pneumococcal group. The difference is well seen in experimental work with the monkey, where the subcutaneous injection of the scarlatinal diplococcus produces marked local inflammation and profound toxæmia, which leads to the invasion of the blood stream by other cocci, although the diplococcus itself shows little tendency to invade the blood stream. True pneumococci, on the other hand, cause little reaction at the site of injection, but readily pass into the blood and produce inflammation of the internal organs.

At present it is impossible by cultural methods alone to distinguish the different members of the pneumococcal group from one another. By serological methods it is comparatively easy to distinguish the scarlatinal diplococcus from pneumococci which occur in pneumonia, meningitis, and other lesions of internal organs.

In certain proportion (about 30 per cent.) of apparently normal throats, however, bile-soluble diplococci occur which are much more closely related to the scarlatinal diplococcus. It has been possible by a somewhat complicated precipitin method, using extracts of the diplococci and rabbit sera, to show that the diplococci from scarlet fever throats are more closely related to one another than they are to those which are found in normal throats. It cannot, however, be said that a sharp definition of the scarlatinal group has yet been obtained. More recently, sera have been prepared in the rabbit which give satisfactory agglutination with broth cultures of the diplococci, and work on these lines is now proceeding with a view to obtaining, if possible, a sharper differentiation of the scarlatinal diplococci from the related cocci which occur in normal throats. The agglutination test is simpler than the precipitin method previously described, and is apparently more specific. So far only scarlatinal strains have been examined by this method. The results are confirmatory of the previous work, since it is shown by this test that the scarlatinal strains are closely related to one another.

The results which have been shortly summarised above suggest that the bile-soluble diplococci, including those which occur so frequently in apparently normal throats, are not harmless saprophytes, but are at least potentially pathogenic, and are associated not chiefly with pneumonia, but with a different group of diseases of which scarlet fever is the best defined example. It may well be, however, that the proportion of cases which react to the scarlatinal virus without showing a rash is much higher than has hitherto been supposed. On the other hand, it is possible that conditions such as pneumococcal angina and idiopathic nephritis are due to diplococci related

to, but capable of differentiation from, the scarlatinal diplococcus. These questions can only be answered by more extensive serological examination of the group. In this connection, it may be of interest to note that out of six cases of "war nephritis" which I had the opportunity of examining, bile-soluble diplococci were isolated in four, and the sera of all six cases gave marked complement fixation with the diplococci isolated. Tested by the precipitin method, these diplococci showed a close relationship to the scarlatinal diplococcus. It is probable therefore that this nephritis must be classed among the diseases allied to scarlet fever.

The epidemics of acute febrile disease which occur occasionally in industrial schools present features which suggest that this disease also may belong to the scarlatinal group, although there is so far little or no direct evidence to this effect. In these epidemics rapidly fatal cases suggestive of malignant scarlet fever occur in association with atypical pneumonia and other cases showing only an acute febrile condition. A serological examination of the "pneumococci" isolated in these cases would be of great interest, and meanwhile it is difficult to resist the speculation that there may be concerned in these epidemics a bile-soluble diplococcus intermediate in type between the scarlatinal diplococcus and the true pneumococci.

The following are the papers which have been published dealing with the subject of this article:—

1. "Experimental Scarlet Fever in the Monkey." *Journ. Path. and Bacteriol.*, 1915, vol. xix., p. 443.
2. "On the Etiology of Scarlet Fever." *Ibid.*, 1916, vol. xx., p. 366.
3. "A Contribution to the Serological Classification of the Bile-soluble Diplococci." *Ibid.*, 1917, vol. xxi., p. 305.
4. "The Preparation of Desoxycholic Acid." *Biochem. Journ.*, 1917, vol. xi., p. 11.

APPENDIX E.

REPORT BY DR. G. CARTWRIGHT WOOD (BACTERIOLOGIST).

DIPHTHERIA ANTITOXIN.

(1) The preparation of diphtheria antitoxin has been carried out much on the lines of former years. The number of doses supplied during 1919 to the various institutions of the Board was 40,198, each of 4,000 units, or, in all 160,792,000.

During the year 8,754 cases, including 435 in which diphtheria bacilli were found to be present, although they manifested no clinical evidence of the disease, were treated for diphtheria in the Board's hospitals. It is calculated that, on the average, 18,367 units were used for each patient. The corresponding figures for 1918 were 129,000,000 units for a total of 6,634 patients, or 19,445 units per patient.

In addition to the Board's institutions, two hospitals not under the Board, viz., the Middlesex Hospital and the Hospital for Sick Children, Great Ormond Street, were, as in previous years, provided with diphtheria antitoxin, the total amount supplied during 1919 being 300,000 units.

DIAGNOSTIC WORK.

(2) During the past year 71 specimens, mainly swabs from the throat, nose, or ear of patients in the hospitals of the Board, have been examined for the presence of virulent diphtheria bacilli. These specimens were derived from 51 patients in whom the diagnosis was doubtful, or who were awaiting their discharge from hospital. Specimens from 0.5 per cent. of the diphtheria patients treated in the Board's hospitals were thus examined at the laboratories, the remainder probably being cases in which the diagnosis was simple and straightforward. In 1918 the corresponding figures were 304 specimens from 204 patients, or 3.07 per cent. of the total cases treated.

In addition, 7 specimens from 6 inmates of the Board's mental hospitals, 89 from 68 patients in the children's institutions, and 1 specimen from the sanatoria have been similarly examined.

(3) During 1919, 293 samples of blood taken from typhoid patients in the Board's fever 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). These specimens were derived from 208 patients.

2 samples of blood from 2 inmates of the Board's mental hospitals and 1 sample from the children's institutions were tested in a similar manner. 248 samples of blood have also been examined for their agglutinative reaction upon organisms allied to typhoid bacilli, viz., the members of the paratyphoid group.

(4) Of fæces 1 sample, and of urine 3 samples, from 3 cases in the Board's hospitals were examined for the presence of typhoid bacilli, and 1 sample of fæces from the Board's mental hospitals was similarly examined.

(5) Of sputum, 5,941 samples were examined microscopically for the presence of tubercle bacilli. These specimens were derived from patients in the Downs Sanatorium, Pinewood Sanatorium, Northern Hospital, Queen Mary's Hospital, North-Western Hospital, Western Hospital, South-Eastern Hospital, Park Hospital, and War Refugees' Dispensary. In addition, 42 specimens from cases suspected to be suffering from tuberculosis have been examined for various institutions under the Board.

(6) Of cerebro-spinal fluid from cases suspected to be suffering from cerebro-spinal meningitis, 85 samples were submitted for examination during the year.

(7) Other samples (36 in number) were received at the laboratories and there examined with the object of separating and, if possible, identifying the organisms present. In 15 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 5 cases vaccines prepared from organisms, of which cultures are maintained at the laboratory, were supplied.

(8) 4 examinations for the gonococcus and 1 examination for syphilis have been carried out.

(9) 2 specimens were examined for actinomycosis, 5 samples of excreta were examined for the presence of the dysentery bacillus, and 8 samples of blood were examined for malaria.

(10) 1 sample of sewage effluent was submitted for bacteriological examination.

(11) 8 specimens were examined for ringworm, and 1 specimen was examined histologically.

(12) The water supplies of certain of the Board's institutions have been kept under observation during the year, 12 samples of potable water taken from 3 institutions being brought under examination.

(13) Outfits necessary for diagnostic work and a large quantity of various culture media were supplied to the Board's institutions. Tabular statements are appended.

APPENDIX F.

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 to the Asylums of the Board since the last report was submitted is as follows :—

Leavesden ..	13
Fountain ..	4
Darenth ..	3
Caterham ..	2
	—
Total..	22
	—

The only institution under the Committee which was not visited was the Edmonton Epileptic Colony.

Leavesden.—The number of cases of trachoma at Leavesden is the same as last year, the new admissions from Caterham and the Fountain being equalled by the number of deaths. The cases under treatment during the past three years have been as follows :—

			1917-18	1918-19	1919-20
Males	..	..	66	38	36
Females	..	..	38	35	37
Totals	..	..	104	73	73

Many of these cases are now in a cicatricial condition, the result of the persistent treatment which they have received. In the ordinary ophthalmia ward the figures are higher, partly owing to cases received from other institutions, and partly owing to an outbreak of acute ophthalmia in the female ward, consequent on a change of the nursing staff. It has been difficult to transfer cases from fear of spreading infection. The comparative figures for the past three years are as follows :—

			1917-18	1918-19	1919-20
Males	..	..	27	26	41
Females	..	..	50	48	53
			77	74	94

Fountain.—The cases of trachoma continue to diminish; as the children get older they go to Leavesden, and there have been no new admissions. Below are given comparative figures of all cases under treatment :—

			1917-18	1918-19	1919-20
Trachoma	} Male and Female {		19	15	12
Non-Trachoma			43	24	29
			62	39	41

Darent.—Three visits were paid to Darent, one operation was performed, a number of children with minor ailments were examined and several children were refracted and glasses ordered. The refraction was done under great difficulty, as beyond a case of trial lenses there is nothing. It is the only institution where the inmates are sensible enough to have glasses, and if the practice of ordering glasses is to be continued a set of test types and a suitable lamp would be necessary. Perhaps the Board may have these available from the recently closed school at Brentwood.

Caterham.—Two visits were paid and three operations performed, namely, one enucleation and two for cataract.

APPENDIX G.

REPORT BY MR. E. TREACHER COLLINS, F.R.C.S., ON THE TREATMENT OF OPHTHALMIA IN WHITE OAK SCHOOL.

There were 186 children left in the school at the end of 1918.

During the year 1919, 88 children have been admitted.

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

Trachoma	..	..	14	Purulent ophthalmia..	..	..	2
Follicular conjunctivitis	..	..	2	Corneal ulceration	..	..	5
Muco-purulent ophthalmia	..	..	1	Lachrymal obstruction	..	..	2
Chronic conjunctivitis	..	..	31	Marginal blepharitis	..	..	15
Phlyctenular ophthalmia	..	..	16				

93 children have been discharged cured :—

Trachoma	..	..	25	Phlyctenular ophthalmia	..	..	20
Follicular conjunctivitis	..	..	3	Purulent ophthalmia	..	..	1
Muco-purulent ophthalmia	..	..	5	Lachrymal obstruction	..	..	2
Chronic conjunctivitis	..	..	30	Marginal blepharitis	..	..	7

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

6 children were transferred to other institutions under the Board.

6 children absconded.

1 child died from pneumonia following influenza.

160 children were left in the school at the end of 1919.

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

Parish or union.	Non-trachomatous	Trachoma.	Total.
METROPOLITAN—			
Bermondsey	2	—	2
Bethnal Green	1	1	2
Camberwell	3	—	3
Chelsea	1	—	1
Fulham	3	2	5
George, St., in-the-East	1	—	1
Greenwich	1	1	2
Hackney	4	—	4
Hammersmith	4	—	4
Holborn	2	1	3
Islington	2	—	2
Kensington	8	1	9
Lambeth	4	—	4
Lewisham	2	—	2
Mile End	—	2	2
Paddington	3	1	4
Pancras, St.	7	2	9
Poplar	4	1	5
Shoreditch	5	—	5
Southwark	3	—	3
Stepney	1	1	2
Wandsworth	4	—	4
Westminster	6	—	6
EXTRA METROPOLITAN—			
Dartford	1	—	1
Manchester	—	1	1
Willesden	2	—	2
	<hr/> 74	<hr/> 14	<hr/> 88

The decrease in the number of children sent for admission to the Ophthalmia Schools, which commenced in 1913, before the war, was markedly accentuated during the war, and still continues. In 1912 the total number of new cases admitted was 694; in 1913, 459, that being a smaller number than in any preceding year since the schools were first opened. In 1914 the number of new cases was reduced to 381; whilst the number for 1919, the year with which this report deals, was only 88.

A very extensive outbreak of influenza occurred at the school in March, and, as already mentioned, one child died of pneumonia. The only other infectious disease which occurred during the year was chicken-pox, of which there was one case in January and three cases in November.

APPENDIX H.

REPORT BY SIR JAMES GALLOWAY, K.B.E., C.B., M.D., F.R.C.P. F.R.C.S.,
CONSULTING PHYSICIAN FOR SKIN DISEASES, ON THE WORK AT THE GOLDIE
LEIGH HOMES DURING THE YEAR 1919.

(a) GENERAL.—During the year 1919 the difficulties in carrying on the medical work, owing to the continuance of war conditions, referred to in the last report, have diminished, and the conditions now prevailing may be said to approach to the normal work of the institution.

I wish to draw attention once more to the fact that large groups of cases of contagious skin diseases continue to be admitted from the same institution or the same locality at one time. This fact indicates that the diseases in question must have been prevalent for some time before the patients were segregated and admitted to Goldie Leigh. This is specially regrettable in the case of ringworm on account of the difficulty and the long time required in curing the disease. I would urge that repeated inspection should be frequently made at all infirmaries and the institutions of the Board where there are children, so that the earliest cases of the disease may

be recognised, and I would point out that special care must be taken in scrutinising the cases of very young children and infants. In the case of children under two years of age, treatment is difficult, and X-ray treatment is specially hazardous. The result is that such children have to be retained for a long time under observation and treatment before they are cured; usually they have to be retained until they reach the age of about three years, when X-ray treatment may be made use of with care. The advantages resulting from preventing the spread of the disease amongst the young children are sufficiently obvious.

(b) RINGWORM DIVISION.—I am glad to report that the treatment of ringworm by X-rays has been carried out continuously by my colleague, Dr. H. G. Critchley, practically without accident or bad result. The rapidity of the cure in many cases is very satisfactory. In all cases the treatment made use of before admission should be noted on the admission forms, and I would ask that no treatment producing irritation or inflammation should be used in such cases, if it is decided that they shall be sent to Goldie Leigh.

(c) SKIN DISEASES OTHER THAN RINGWORM.—The majority of the patients in this section are children suffering from chronic pus-forming infections of the skin. A considerable number of cases of inflammation of the skin of the scalp continue to be received. I would urge again the necessity of careful scrutiny so that the pyogenic infections should be recognised and treated at the earliest possible moment.

A considerable number of cases of lupus and other tuberculous diseases of the skin are under treatment. Some of these have made good progress and will probably be cured. On the other hand, others are recognised as incurable. They are, however, retained for so long a time as may be deemed advisable on account of the skilled treatment they receive at the hands of our nurses.

I would take the opportunity of again emphasizing the great advantage in the recognition of these cases at the earliest possible time; the probability of permanent cure is much greater when the patients come under treatment before the disease is extensive or has advanced into inaccessible positions.

The points to which I have drawn attention have been explained more fully in my report of 1918. I understand that copies of this report may still be had, and will be sent to any of the officials of the Board who are interested in the class of patients who are treated at the Goldie Leigh Homes.

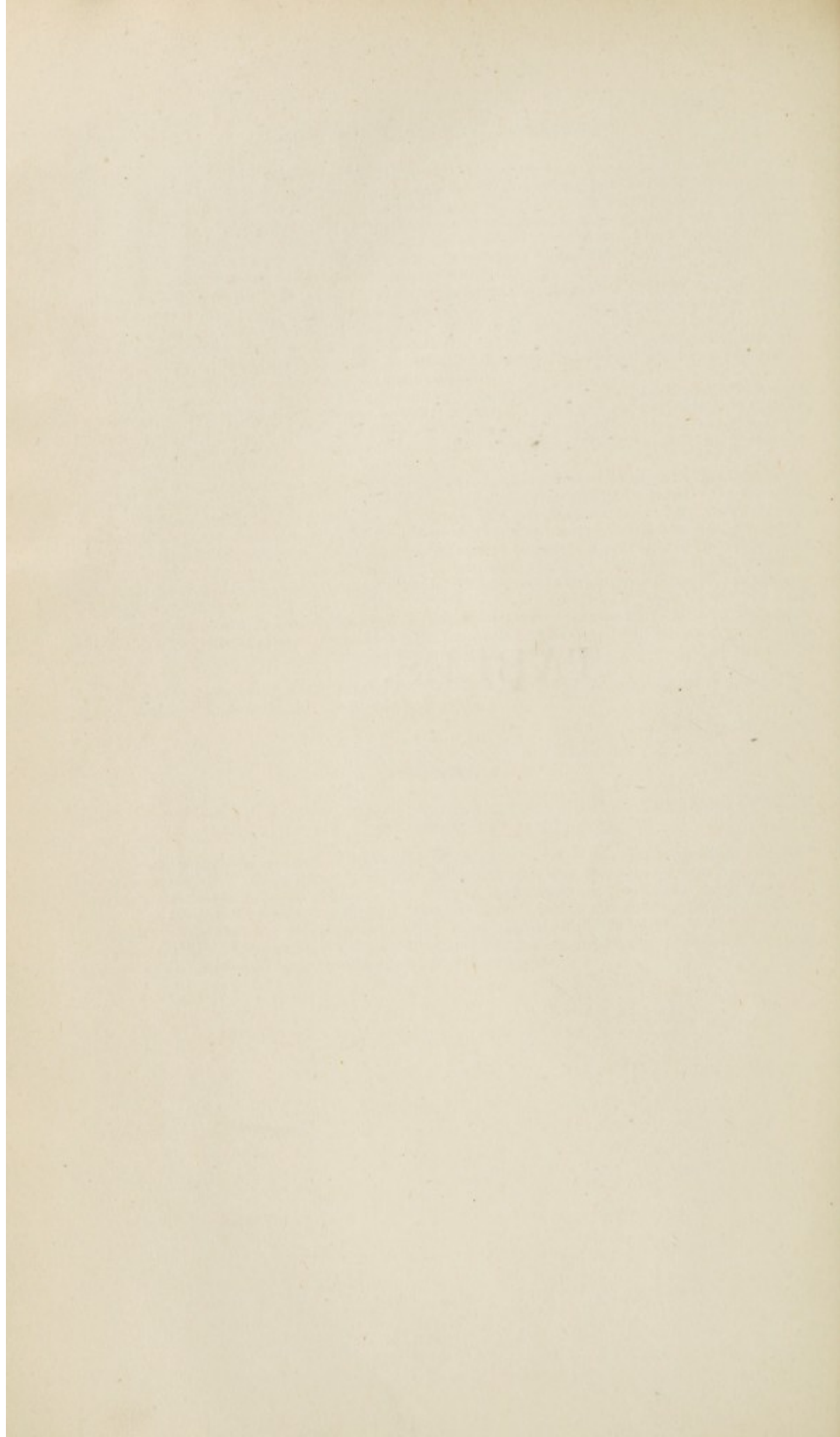
I desire to acknowledge the good work done at Goldie Leigh by my medical colleagues, by the matron and the nurses and other members of the staff.

APPENDIX I.

REPORT BY DR. H. G. CRITCHLEY, ASSISTANT PHYSICIAN FOR X-RAY WORK IN THE TREATMENT OF RINGWORM.

The difficulty and anxiety of administering X-rays to imbeciles and to children of tender years is very great. The number of children admitted with sore heads as the result of previous treatment continues to be as large as ever, and the X-ray treatment has to be delayed, and in some cases for several weeks, but it is gratifying to myself and to the nurses who work with me that, notwithstanding the difficulties of dealing with uncontrollable imbeciles, with very young children, and with sore heads, it can again be recorded that during the year the work has been carried out without accident, misadventure, or a bad result.

TABLES.



TABLES.

I.

PREFATORY NOTES ON THE CONSTITUTION AND DUTIES OF THE METROPOLITAN ASYLUMS BOARD.

CONSTITUTION.

The Metropolitan Asylums Board was established by an Order of the Poor Law Board, dated 15 May, 1867, pursuant to the provisions of the Metropolitan Poor Act, 1867 [30 & 31 Vic., c. 6]. This Act empowered the Poor Law Board to combine into districts the unions and parishes of the metropolis as they should think fit, for the purpose of establishing "asylums" for the reception and relief of the sick, insane or infirm, or other class or classes of the poor, and to issue Orders controlling the action of the Board of any such district.

The Metropolitan Asylum District embraces all the unions and parishes in London, and the Board deal with those matters which it is considered can best be transacted by a central authority for the whole of the metropolis rather than by each separate board of guardians acting locally. The Poor Law Board and their successors, the Local Government Board, and the Ministry of Health have from time to time issued Orders for the direction and guidance of the Metropolitan Asylums Board.

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

DUTIES.

(i.) Infectious diseases.

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

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

The Diseases Prevention (London) Act, 1883 [46 & 47 Vic., c. 35], removed the civil disabilities which had till then been attached to admission into the Board's hospitals.

In 1888 the Board was authorised to admit diphtheria patients, and by the Poor Law Act, 1889 [52 & 53 Vic., c. 56], they were empowered to admit non-pauper cases of fever, diphtheria, and smallpox.

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

By Order dated 18 February, 1911, the Local Government Board sanctioned the admission to any of the infectious hospitals of poor persons suffering from such infectious or contagious diseases other than those above mentioned as they might thereafter determine. On 22 February, 1912, the Board sanctioned the admission of poor children suffering from measles or whooping cough received through the metropolitan poor law authorities, while by further Orders, dated 30 May, 1911, and 9 August, 1912, issued pursuant to the provisions of the Public Health (London) Act, 1891, sec. 80, the Local Government Board sanctioned the admission, subject to certain restrictions, of non-pauper cases of measles and whooping cough respectively.

On 2 July, 1912, the Local Government Board (under their Order of 18 February, 1911) authorised the 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.

Provision is made at the infectious hospitals for the instruction of medical students and of candidates for the diploma of public health. Provision is also made for bacteriological work 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, s.s. (4).]

(ii.) *Institutions for tuberculous patients.*

The Board has entered into arrangements under which it provides accommodation for insured tuberculous patients and their dependents in the county of London [National Insurance Acts, 1911 to 1918, 1 & 2 Geo. 5, c. 55, and 3 & 4 Geo. 5, c. 37, and 7 & 8 Geo. 5, c. 1]. Accommodation for non-insured persons is also provided [National Insurance Acts, Public Health (Prevention and Treatment of Disease) Act, 1913, and Public Health (London) Act, 1891.]

Under the National Health Insurance Act, 1920, sanatorium benefit will cease to be included among the benefits conferred by Part I. of the Act of 1911. The Ministry of Health have fixed 1 January, 1921, for sanatorium benefit to cease as an insurance benefit, the cost being borne partly by the Government and partly by the Board.

(iii.) *Ambulance service.*

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

(iv.) *The mentally defective.*

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

A further Order, dated 18 May, 1875, defined the persons to be admitted into the Board's 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.

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.) *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, the sick and convalescent, those suffering from ophthalmia and ringworm and the mentally defective (see above). Under the first of these Orders the Board also provided for juvenile offenders from 1902 to 1910, when this branch of work was transferred to the London County Council.

(vii.) *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.

(viii.) Parturient women suffering from venereal disease.

The Local Government Board, in September, 1916, issued an order adding this class to those for whom provision is made by the Board, and arrangements have been made for the treatment of such cases in the City of London Guardians' institution at Thavies Inn.

Women and girls suffering from venereal disease are also now received.

(ix.) Ophthalmia neonatorum.

In September, 1917, the Local Government Board stated that it was necessary to make provision for hospital treatment of certain cases of ophthalmia neonatorum, and that they were of opinion that this duty could best be undertaken by the Board. One hospital has been opened, and another is in course of preparation.

(x.) Sane epileptics.

In 1916 the Board, on the suggestion of the Local Government Board, undertook to receive sane epileptic children in a portion of one of their children's homes, and subsequently they agreed also to arrange for the care of male adult sane epileptics. Early in 1917 the Local Government Board issued an order adding sane epileptics to the classes of poor persons for whose maintenance the Metropolitan Asylum District is deemed to be formed.

(xi.) Summary of duties.

The work of the Board now includes the following and the administration of the institutions, particulars of which are shown in Table III. :—

Infectious diseases—fourteen hospitals for smallpox, scarlet fever, diphtheria, enteric (or typhoid) fever, typhus fever, measles, whooping cough and puerperal fever (with arrangements for dealing with plague and cholera).

Bacteriological establishment and laboratories.

Sanatoria and hospitals for tuberculous patients (National Insurance Act, 1911-1913)—seven institutions, part of one of the infectious hospitals, and a certain number of beds at the fever hospitals for discharged soldiers and sailors suffering from advanced tuberculosis.

Parturient women with venereal disease—to be treated in the first instance for the Managers by the Guardians of the City of London Union.

Ophthalmia neonatorum—one small hospital and one in preparation.

Notification of infectious disease—the collection and distribution of information in this matter.

Mentally defective—four mental hospitals for imbeciles, including infirmary for aged patients, two training colonies for improvable imbeciles and feeble-minded.

Sane epileptics—one colony.

Sick children—five institutions (two inland, one at the seaside, one home for ringworm and other skin diseases, and one ophthalmia school).

Boys—a training ship Exmouth I. and its tender Exmouth II.

Casual poor—eighteen (12 closed) casual wards for homeless poor; homeless poor night office.

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

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

The following is a list of the several classes of patients 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.
- (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).
- { 1912. " " (other than poor law).
- (17) { 1911. " 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) { 1905. " plague and cholera (when necessary).
- (22) {
- (23) { Trench fever.
- (24) { 1919. { Malaria.
- (25) { Dysentery.

(c) *The physically afflicted—tuberculosis.*

- (26) { 1913. Cases received *via* the London Insurance Committee and the London County Council.
- { 1913. Cases received *via* Extra-Metropolitan authorities
- (27) 1897. Poor law children with tuberculous disease.
- (28) 1917. Discharged soldiers and sailors suffering from advanced tuberculosis.

(d) *The physically afflicted—other diseases.*

- (29) 1897 & 1908. Poor law children requiring seaside air or special treatment in a hospital or convalescent home.
- (30) 1916. Parturient women suffering from venereal disease.
- (31) 1920. Women and girls suffering from venereal disease.

(e) *Healthy classes.*

- (32) 1875. Poor law boys for training for the sea service (including many received from extra-metropolitan parishes and unions).
- (33) 1911. Casual poor.

ANNUAL REPORT, 1912.

The following is a list of the names of the persons who were members of the Board of Directors of the United States National Museum during the year 1912.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.
Dr. J. A. Allen, Secretary of the Smithsonian Institution, Washington, D. C.

TABLE II.

*List of members of the Board for the three years ending 15 May, 1922
(corrected to June, 1920).*

MEMBERS ELECTED BY THE SEVERAL METROPOLITAN BOARDS OF GUARDIANS.

UNION OR PARISH.	NAME.	ADDRESS.
Bermondsey ..	Eeroyd, W. H., J.P. ..	4, East Hill Road, Oxted, Surrey
Bethnal Green ..	Eickhoff, Walter, J.P. ..	"Clovelly," 165, Devonshire Road, Forest Hill, S.E. 23
Camberwell ..	Edmonds, Henry ..	3, Lyndhurst Square, Peckham, S.E. 15
" ..	Sayer, Samuel ..	302, Southampton Street, Camberwell, S.E. 5
Chelsea ..	Crosse, T. Warren ..	10, Crosswell Gardens, South Kensington, S.W. 5
City of London ..	Benson, C. J. ..	18, Camomile Street, E.C. 3
" ..	Champness, Major W. H. ..	14, Serjeants' Inn, E.C. 4
" ..	Doughty, Rev. Geo. Bell ..	27, Westbourne Gardens, W. 2
" ..	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' Street, S.W. 1
" ..	Walden, R. Woolley, C.B.E., J.P. ..	"Bella Vista," Upper Warlingham, Surrey
" ..	Wallis, 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 ..	Larter, G. W. ..	"Invergie," 54A, Cawley Road, South Hackney, E. 9
" ..	Parker, Richard ..	102, Downs Park Road, Clapton, E. 5
Hammersmith ..	Jones, J. G. ..	5, Elm Gardens, Brook Green, W. 6
Hampstead ..	Payne, E. Stapleford ..	45, Roslyn Hill, N.W. 3
Holborn ..	Garrity, Edward, 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 ..	Parker, W. B. ..	35, Fieldway Crescent, N. 5
" ..	Reed, Patrick ..	29, St. Paul's Place, Canonbury, N. 1
" ..	Walkley, Alfred, J.P. ..	Tower House, 17, Cromartie Road, Hornsey Rise, N. 19
Kensington ..	Rickards, A. G., K.C., J.P. ..	20, Southwell Gardens, S.W. 7
" ..	Graham, W. E. ..	12, Ladbroke Gardens, W. 10
" ..	Wilde, Miss M. J. ..	84, Lexham Gardens, W. 8
Lambeth ..	Brittain, George, J.P. ..	366, Kennington Road, S.E. 11
" ..	Thimm, Commandr. 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
" ..	Hobson, John ..	81, Praed Street, Paddington, 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 ..	Tapping, Dan ..	Dartmouth Villa, Patshall Road, N.W. 5
" ..	Cosburn, Major G. F., J.P. ..	83, Judd Street, W.C. 1
" ..	Miles, A. R. ..	29, Gloucester Crescent, N.W. 1
Shoreditch ..	Tucker, Thomas ..	20, Pleasant Place, N. 1
Southwark ..	Cornell, Thomas (Vice-Chairman of the Board) ..	"Ferndale," 176, Victoria Avenue, Southend-on-Sea
" ..	McCarthy, Philip ..	52, Pullen's Buildings, Penton Place, S.E. 17
Stepney ..	Attlee, Major C. R. ..	658, Commercial Road, E. 1
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, Sidecup, Kent
Woolwich ..	Hutchinson, Rev. C. W. ..	Wharf House, Bell Watergate, Woolwich, S.E. 13

MEMBERS NOMINATED BY THE MINISTRY OF HEALTH.

NAME.	ADDRESS.
Baker, Miss I. M. ..	37, Brooke Street, Holborn, E.C. 1
Bousfield, E. C., L.R.C.P., M.R.C.S., D.P.H. ..	6, De Crespigny Park, Denmark Hill, S.E. 5
Brinton, Miss M. D. ..	34, Bedford Gardens, Camden Hill, Kensington, W. 8
Curtis, Rev. Canon Hubert, M.A. ..	The Vicarage, Mallwood 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., J.P. ..	14, Upper Street, Islington, N. 1
Henderson, Admiral W. H. ..	3, Onslow Houses, S.W. 7
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
Paton, W. B. ..	10, Stanhope Gardens, Queen's Gate, S.W. 7
Rendel, James Meadows ..	7, Courtfield Road, South Kensington, S.W. 7
Salmond, 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. ..	Whitehouse, Boreham Wood, Herts.
Sheffield, Col. Frank ..	"Palaspai," Daleham Gardens, Hampstead, N.W. 3
Sommerville, Rev. W. J. ..	Otford Vicarage, nr. Sevenoaks, Kent
Sprankling, The Very Rev. Canon (Chairman of the Board) ..	St. Charles, Heath Road, Weybridge, Surrey

No.	Name of institution.					Where situated.				
1	Central stores					Soloman's Passage, Peckham Rye, S.E. 15..				
2	Bacteriological establishments					Sutton, Surrey				
Infectious hospitals.										
3	(c) Brook	Hospital	..	..	Fever	Shooters Hill, Woolwich, S.E. 18				
4	Eastern	"	..	..	"	Homerton Grove, E. 9				
5	(a) Grove	"	..	..	"	Tooting Grove, Tooting Graveney, S.W. 17				
6	(d) 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	(g) Northern (part of)	..	(Convalescent patients)			Winchmore Hill, N. 21				
13	(e) Southern Upper	"	"	"	"	Dartford, Kent				
14	(a) " Lower	"	"	"	"					
14	Joyce Green	"	Fever or smallpox			"	"	..	..	..
15	River hospitals.	Long Reach Pier Buildings	..	Smallpox		"	"	..	..	..
16		Long Reach Hospital	..	..	"	"	"	"	..	..
16		(a) Orchard Hospital	Fever or smallpox			"	"	..	..	..
17	St. Margaret's Hospital Ophthalmia neonat- [orum					Leighton Road, Kentish Town, N.W. 5 ..				
Institutions for tuberculosis.										
18	{	Northern Hospital (part of)	..	..	..	Winchmore Hill, N. 21				
19		The Downs Sanatorium	..	..	..	Sutton, Surrey				
20		Pinewood Sanatorium	..	..	..	Wokingham, Berks				
21		Colindale Hospital	..	..	..	Colindale Lane, Hendon, N.W. 9				
22		St. George's Home	..	..	..	Milman's Street, Chelsea, S.W. 10				
23		Princess Mary's Hospital for Children	..	..	..	Margate, Kent				
23		High Wood	..	..	..	Brentwood, Essex				
24	{	Millfield	..	..	..	Rustington, Littlehampton				
25		Highdown Sanatorium	{	Proposed new sanatoria		Near Godalming				
		Copthorne				"	East Grinstead	..	..	..
		Ellisfield				"	"	Basingstoke
Mental hospitals.										
26	Tooting Bec Mental Hospital and Children's Receiving Home					Tooting, S.W. 17				
27	Leavesden Mental Hospital					King's Langley, Herts				
28	Caterham					Caterham, Surrey				
29	Fountain (temporary) Mental Hospital ..					Tooting Graveney, S.W. 17				
30	(f) Belmont Asylum	..	..	..	..	Sutton, Surrey.. .. .				
31	Edmonton	..	..	..	..	Silver Street, Edmonton, N. 18				
Training colonies.										
32	{	Darenth—(i.) Imbeciles	..	..	{	Dartford, Kent				
		(ii.) Feeble-minded	..	..				
33		Bridge—Feeble-minded	..	..	..	Witham, Essex				
Colony for sane epileptics.										
34	Edmonton Epileptic Colony (male adults and children of both sexes)					Silver Street, Edmonton, N. 18				

(a) Temporarily under the control of the army authorities.

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

(c) Reverted to Board's purposes, after military occupation, in December, 1919.

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.	411	85	326
13	October, 1890	160 a. 0 r. 16 p.	922	166	756
13	Erected 1902		610	42	568
14	28 December, 1903		940	184	756
			7,309	1,353	5,956
15	27 February, 1902	24 a. 0 r. 37 p.	{	50 beds.	
16	Erected spring, 1902	63 a. 0 r. 18 p.		300	"
17	September, 1918	1 a. (about)		800	1,150
				—	48
18	(see above)	(see above)		48	
18	26 February, 1903	42 a. 3 r. 27 p.		262	"
19	7 July, 1919	82 a. 0 r. 0 p.		292	"
20	1 January, 1920	27 a. 2 r. 0 p.		160	"
21	14 May, 1914 .. .. .	.. .. .		271	"
22	26 June, 1898	3 a. 2 r. 20 p.		50	"
23	26 July, 1904 <i>(Used for ophthalmia until 1918, then for sane epileptics from Aug., 1918, until Nov., 1919)</i>	28 a.		270	"
				304	"
24	6 April, 1904	5 a. 2 r. 0 p.		120	"
25	Site purchased in May, 1914	57 a. (about)		232	"
25	" July	153½ a.		300	"
25	" "	185 a.		—	Not ready.
				—	2,261
26	19 January, 1903	28 a. 3 r. 18 p. <i>(including Bushey Down)</i>		1,114	"
27	October, 1870	223 a. 0 r. 4 p.		2,209	"
28	" "	204 a. 1 r. 32 p.		2,109	"
29	" 1893 <i>(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)</i>	10 a. (about)		658	"
30	Purchased 1902	93 a. .. ..		..
31	" 1914	23 a.		Not ready.	
32	November, 1878	164 a. 1 r. 0 p.		1,668 beds	
				—	7,758
33	12 February, 1901 <i>(Used for ringworm cases until 1906, then as a home for defectives until 1911)</i>	7 a. 1 r. 0 p.	{	630 beds.	
				210	"	840
34	Purchased 1914	10 a.		316	"
				—	316

(d) Reverted to Board's purposes, after military occupation, in April, 1919.

(e) March 1919.

(f) Let to Fulham Guardians but by arrangement lent to the military authorities. (g) Includes 262 beds for Sanatoria purposes.

No.	Name of institution.	Where situated.
35 {	(b) Training ship Exmouth	Grays, Essex
	Infirmary	" "
	Exmouth II., sea-going tender	" " and cruising
	Children's institutions.	
36	Queen Mary's Hospital for Children (sick and convalescent children)	Carshalton, Surrey
37	The Children's Infirmary (sick and convalescent children).	Cleveland Street, W. 1
38	S. Anne's Home (seaside convalescent home)	Herne Bay, Kent
39	Goldie Leigh Homes (ringworm & skin diseases)	Abbey Wood, S.E. 2
40	White Oak School (ophthalmia school) ..	Swanley Junction, Kent
	Casual wards.	
41 to 57	17 wards	Various parts of the metropolis
	Ambulance stations.	
58	Brook Station	Shooters Hill, Woolwich, S.E. 18
59	Eastern "	Brooksby's Walk, Homerton, E. 9
60	Mead " (motor workshop) ..	Carnwath Road, Fulham, S.W. 6
61	North-Western "	Lawn Road, Hampstead, N.W. 3
62	South-Eastern "	New Cross Road, S.E. 14
63	South-Western "	Landor Road, Stockwell, S.W. 9
64	Western "	Seagrave Road, Fulham, S.W. 6
	Wharves, piers, and steamers.	
65	North Wharf	Managers Street, Blackwall, E. 14
66	South "	Trinity Street, Rotherhithe, S.E. 16
67	West "	Carnwath Road, Fulham, S.W. 6
68	Five ambulance steamers	" "

No.	Date of opening.	Acreage.	Accommodation.
35	March, 1876 .. .. .	.. .. .	700 boys;
	August, 1905	6 a. 2 r. 13 p.	34 beds.
	July, 1913 .. .. .	.. .. .	70 boys.
			— 804
36	29 January, 1909	136 a. 0 r. 0 p.	766 beds.
37	May, 1916	$\frac{1}{2}$ a. (about)	234 „
38	26 December, 1897	2 a. 3 r. 0 p.	134 „
39	1 November, 1914	32 a.	270 „
40	20 March, 1903	49 a. 2 r. 10 p.	360 „
			— 1,764
41 to 57	Transferred to the Asylums Board, 1 April, 1912.	.. .. .	1,245 beds.
58	18 August, 1896	} The areas of these sites are included in those of the adjoining hospitals (see above).	.. .. .
59	20 June, 1885 .. ..		.. .. .
60	April, 1902	On part of the West Wharf site ..	.. .. .
61	1 September, 1897	} The areas of these sites are in- cluded in those of the adjoining hospitals (see above).	.. .. .
62	1 October, 1883 .. ..		.. .. .
63	2 May, 1898 .. .. .		.. .. .
64	9 July, 1884 .. .. .		.. .. .
65	Purchased January, 1884	— 2 r. 0 p.	9 beds.
66	„ December, 1883	2 a. 1 r. 0 p.	24 „
67	„ February, 1885	2 a. 2 r. 10 p. .. ..	.. .. .
68	May, 1884, to March, 1902 .. ..	.. .. .	178 beds.

TABLE IV.

Numbers and classification of the staff at the end of the year 1919.

	Infectious hospitals.		Mental hospitals.		Sanatoria.		Children's institutions and Exmouth.		Ambulance and other services.		Head office, &c.		TOTALS.	
	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.	Per.	Tem.
MALES.														
Principal officers' ...	37	—	19	1	3	—	12	1	15	—	—	—	86	2
Medical and dental staff ...	55	8	12	7	5	2	17	5	7	—	1	—	97	22
Attendants and instructors ...	18	—	556	56	9	4	54	2	—	—	—	—	637	62
Clerical staff ...	47	17	24	6	5	—	17	7	16	5	85	13	194	48
Engineering staff ...	124	59	59	34	7	3	36	21	14	14	—	—	240	131
Motor drivers ...	5	—	5	—	—	—	1	—	127	10	—	—	138	10
Porters ...	272	83	75	19	12	4	38	21	11	—	5	—	413	127
Garden and farm staff ...	21	30	49	15	7	1	10	14	—	—	—	—	87	60
Others ...	63	50	117	31	4	—	31	17	60	19	6	3	281	120
TOTAL ...	642	247	916	169	52	14	216	88	250	48	97	16	2,173	582
FEMALES.														
Principal officers ...	13	—	6	—	3	—	9	—	—	—	—	—	31	—
Medical staff ...	19	2	—	—	—	1	1	2	—	—	—	—	20	5
Nursing staff ...	1,678	83	705	34	55	15	329	13	10	—	—	—	2,757	145
Teaching staff ...	—	2	43	1	—	—	29	—	—	—	—	—	72	3
Motor drivers ...	—	—	—	—	—	—	—	—	—	17	—	—	—	17
Kitchen staff ...	110	13	33	5	17	4	30	1	2	—	13	—	205	23
Domestic staff ...	888	78	103	24	35	24	213	67	43	4	—	2	1,283	199
Needleroom staff ...	110	12	19	3	5	2	26	6	1	—	—	—	161	28
Laundry staff ...	212	26	80	9	7	4	40	7	—	—	—	—	339	46
Clerical and telephone staff ...	13	17	1	5	—	3	1	5	3	7	23	11	41	48
TOTAL ...	3,043	233	990	81	103	53	678	101	59	28	36	13	4,909	509
TOTAL MALE AND FEMALE ...	3,685	480	1,906	250	155	67	894	189	309	76	133	29	7,082	1,091
TOTAL ...													8,173	

TABLE V.

War refugees.

	* No. received during 1919.			
	Men.	Women.	Children.	Totals.
War Refugees' Camp, Earl's Court ...	2,978	4,085	2,570	9,633
Totals for 1919 ...	2,978	4,085	2,570	9,633
„ 1918 ...	4,701	1,770	1,810	8,281
„ 1917 ...	4,808	944	1,466	7,218
„ 1916 ...	5,551	2,882	3,878	12,311
„ 1915 ...	32,530	12,744	13,200	58,474
„ 1914 ...	20,854	14,778	16,137	51,769
Grand totals ...	71,422	37,203	39,061	147,686

* The last refugees left the camp early in June, 1919.

TABLE 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, 1919.

The Metropolitan Asylum district is coterminous with that of the metropolitan unions and parishes, *i.e.*, the Metropolis, excluding the Inns of Court (Inner and Middle Temples, Gray's Inn and Lincoln's Inn), which during the continuance of certain payments are extra parochial.

The population of the district, as estimated by the Registrar-General at the middle of 1919, was 4,358,309.

The rateable value of the district was £45,439,999 on the 6 April, 1918, being an increase of £200,734 (0·44 per cent.) during the year then ending.

The produce of one penny in the £ on the rateable value of the district at 6 April, 1918, represents £189,333.

The precepts levied by the Managers on the constituent parishes and unions of the district for the year work out at 6½d. in the £, and the average for the past five years was 6·7d. in the £.

The total expenditure for the year was £1,469,512 (no Loan expenditure), and the average for the past five years £1,359,148 (Loan £28,130 and General £1,331,018).

The total income on general account for the year was £1,390,687.

The rateable value of the property of the Board is £170,447, and the amount of the rates paid last year on the property occupied was £54,636, of which £27,573 was paid to metropolitan authorities, and £27,063 to provincial authorities.

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

No sanctions to borrow were received during the year.

No amount was borrowed during the year. The total amount borrowed to 31 March, 1919, was £5,814,449. The amount repaid in the year was £252,000, making the total amount of loans discharged £4,874,666.

The amount of loans outstanding at 31 March, 1919, was £939,783, and works out at £2 1s. 4d. for every £100 of rateable value, and is £0·21 per head of the population of the district as estimated by the Registrar-General at the middle of 1919.

The rates of interest on loans vary from £2 15s. 0d. per cent. to £4 5s. 0d. per cent. and the average rate of interest at 31 March, 1919, was 3½ per cent.

The number of institutions under the control of the Managers is 68 (Table III.).

The average daily number of inmates maintained was, in—

1914	(Year to 30 September)	...	...	...	16,619
1915	do.	...	...	...	16,295
1916	do.	...	...	...	14,514
1917	(Six months to 31 March)	...	...	...	13,797
1918	(Year to 31 March)	...	...	...	13,201
1919	do.	...	...	...	12,217

The number of persons in receipt of superannuation allowances at the end of the year was 345, and the superannuation payments, excluding compensation, amounted to £18,164 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 £9,718, after allowing for contributions refunded.

Dr.

TABLE VII.—Income and Expenditure Account

Year 1917-1918.	EXPENDITURE.	£	£
£	To Maintenance, &c., of inmates:—		
230,617	Provisions, necessities, clothing, and funerals	251,265	
1,475	Clothing for discharged inmates, expenses of boys going to sea and of children to and from homes, and certification, &c., of imbeciles	1,715	
232,092			252,980
	Salaries, establishment, &c., charges:—		
	Maintenance of officers and servants—	£	
302,841	Salaries and wages (including allowances)	388,016	
20,900	Pay of employees with H.M. forces, less army pay and allowances	26,974	
102,281	Provisions	109,858	
2,151	Necessaries	2,473	
8,946	Uniforms and sundries	12,529	
437,119			539,850
	Buildings and establishment—		
	WORKS—		
23,341	Wages, £18,324; Contracts and materials, £12,563	30,887	
4,458	GARDENING—		
	Wages, £5,775; Plants, seeds, &c., £145	5,920	
10,420	FURNITURE—	£	
10,659	Furniture and other articles	15,145	
2,819	Bedding and linen	12,732	
1,691	Earthenware	3,473	
	Hardware	2,049	
		33,399	
	HEATING, LIGHTING, AND CLEANSING—		
25,026	Wages of engineering staff	32,425	
92,108	Coal and coke	91,469	
37,803	Gas, electric light, water and other supplies	41,623	
		165,517	
208,325			235,723
65,590	Rates, rent, taxes and insurance		66,667
13,735	Medicines and medical and surgical appliances		17,404
	Miscellaneous expenses—		
5,986	Printing, stationery, postage and office expenses	8,463	
	Other charges—running expenses of ambulance vehicles and travelling, Managers' and sundry expenses (including Board's contributions under the National Insurance Act, 1911, £1,654)	25,812	
16,813			34,275
22,799			
	Sundry general expenses—		
247,483	Repayment of loans	252,090	
46,299	Interest on loans	37,861	
20,138	Pensions, notification fees, law expenses, &c.	24,106	
313,920			313,967
1,061,488			1,207,886
	Deduct—		
9,437	Balances on industrial, &c., accounts	11,936	
5,490	Services of nurses engaged in ambulance work and fees for hire of ambulances	8,389	
14,927			20,325
1,046,561			1,187,561
	Expenditure of a special character—		
22,556	Buildings—contract and non-contract	22,485	
30,545	Furniture, &c.	6,486	
53,101			28,971
1,099,662			1,216,532
1,331,754	Net total expenditure		1,469,512
58,365	Balance carried down, being surplus of income over expenditure for year		
£1,390,119			£1,469,512
	To Balance brought down, being expenditure in excess of income for year		£78,825
	To Balance at 31 March, 1919, carried to balance sheet		£304,561
			£383,386

for year ended 31 March, 1919.

Cr.

INCOME.			Year 1917-1918.
	£	£	£
Contributions from parishes and unions in the district (on rateable value), net		1,230,652	1,246,689
Parishes and unions in the district—			
Amounts recovered in respect of maintenance of inmates in the Board's institutions	13,580		11,305
Local Government Board—			
Grant , being half of net deficiency on maintenance and treatment of tuberculous patients—	£	£	
Balance of grant for 1915-1916	—		2,637
Grant for 1916-1917	—		14,051
Balance of grant for 1917-1918	10,191		10,000
On account of grant for 1918-1919	15,000		—
	25,191		
Grant , being half cost of balances (two-fifths) of sanatoria sites paid out of current account	—		2,600
		25,191	29,288
Extra metropolitan and other authorities, &c.—			
For maintenance of inmates in asylums, hospitals and schools	37,893		30,075
„ boys on Exmouth	11,737		10,436
„ inmates in sanatoria	35,679		29,303
		85,309	69,814
Interest on investments and balances in hands of bankers, &c.	9,220		12,844
Sundry receipts:—			
Rents of buildings and land (net)	6,677		6,790
Sale of old ambulance vehicles and sundry receipts	5,586		4,940
Value of furniture and other stocks transferred and brought into account during year	4,754		952
Superannuation contributions	9,718		7,497
		26,735	20,179
		160,035	143,430
Total income		1,390,687	1,390,119
Balance carried down, being expenditure in excess of income for year		78,825	

HEADS OF EXPENDITURE.				
1917-1918.			1918-1919.	
Amount.	Rate in the £		Amount.	Rate in the £
£	d.		£	d.
301,970	1'60	Imbeciles and feeble-minded	372,544	1'97
		Infectious sick—		
376,729	2'00	Fever, smallpox, &c.*	402,772	2'13
61,971	0'33	Tuberculosis*	71,263	0'38
		Ambulance service—		
56,686	0'30	Land	44,584	0'23
6,964	0'01	River (including wharves)	9,158	0'05
28,374	0'15	Boys on training ship	37,878	0'20
125,185	0'66	Children of various classes	146,679	0'77
17,588	0'09	Casual poor	17,656	0'09
		General expenses (including repayment of and interest on loans, printing, &c., and head office salaries and expenses)	366,978	1'94
356,287	1'89			
£1,331,754	7'06		£1,469,512	7'76
		<i>Less—</i>		
143,430	0'76	Income other than contributions from parishes and unions	160,035	0'84
£1,188,324	6'30	Net expenditure	£1,309,477	6'92

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

£1,469,512

£1,390,119

By Balance at 1 April, 1918 383,386

£383,386

LIABILITIES.									
LOAN ACCOUNT.									
Loans.									
								£	£
Loans outstanding 31 March, 1918	..	..	..	..	..	..	..	1,191,783	
Less instalments of loans repaid during the year	..	..	..	..	..	..	..	252,000	
Loans outstanding 31 March, 1919	..	..	..	..	..	..	..		939,783
London County Council	..	..	..	..	..	..	..	£857,962	
Public Works Loan Commissioners	..	..	..	..	..	..	..	56,821	
Other mortgagees	..	..	..	..	..	..	..	25,000	
								<u>£939,783</u>	
Balance.									
Instalments repaid	..	..	..	..	..	..	..	4,874,666	
Expenditure paid out of current account and sundry receipts	..	..	..	..	..	..	..	*496,396	
									<u>5,371,062</u>
Total on Loan Account									<u>£6,310,845</u>
GENERAL ACCOUNT.									
Suspense Adjustment Account.									
									£
Amounts due from other authorities for maintenance and treatment of inmates, &c., to be credited when received	..	..	..	..	..	..	..	39,207	
Sundry Creditors.									
Tradesmen's accounts and other amounts owing	..	..	..	..	..	..	..	136,452	
Legacies.									
									£
Captain Brown's legacy to the Training Ship (£119), less legal expenses; with unapplied interest (£9)	..	..	..	..	..	..	..	124	
William Thomas Ferguson's legacy to the Homerton Smallpox Hospital (£100), and accumulated income (£68); with unapplied interest (£8)	..	..	..	..	..	..	..	176	
George Dryden's legacy to the Stockwell Smallpox Hospital, less books purchased for hospital ships	..	..	..	..	..	..	..	114	
George Cook's legacy to Darenth Asylum (£100), less legal expenses; with unapplied interest (£10)	..	..	..	..	..	..	..	83	
Mrs. M. E. Bates' legacy to the Eastern Hospital (£100), less books purchased; with unapplied interest (£5)	..	..	..	..	..	..	..	99	
Mrs. A. Charlton's legacy (£200) and accumulated income (£23); with unapplied interest (£10)	..	..	..	..	..	..	..	233	
Mrs. E. R. Johnson's legacies (£7,000) and accumulated income (£1,013); with unapplied interest (£318)	..	..	..	..	..	..	..	8,331	
									<u>9,160</u>
Students' Fees for Clinical Instruction.									
						Total at 31 Mar., 1918.	Year to 31 Mar., 1919.	Total at 31 Mar., 1919.	
Amounts received from students	..	..	..	..	..	£28,001	£798	£28,799	
Less amounts paid to medical superintendents for clinical instruction	..	..	..	..	..	17,559	517	18,076	
						<u>£10,442</u>	<u>281</u>	<u>10,723</u>	
Less									
Amount transferred in reduction of outlay as estimated cost of provision of buildings for instruction (Park Hospital, £1,750, and Grove Hospital, £750)	..	..	..	..	..			£2,500	
Amount applied towards cost of erection of bacteriological laboratories	..	..	..	..	..			5,000	
Amount of out-of-pocket expenses on reproduction of work, "The Diagnosis of Smallpox"	..	..	..	..	..			143	
								<u>7,643</u>	
									<u>3,080</u>
Balance.									
Net credit balance	..	..	..	..	..	..	..	304,561	
Total on General Account									<u>492,46</u>
Grand Total									<u>£6,803,30</u>

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

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

at 31 March, 1919.

PROPERTY ASSETS AND CAPITAL OUTLAY.

LOAN ACCOUNT.

Capital Outlay.

Land, buildings, fittings and furniture (original cost)	..	..	..	..	..	£
						* 6,310,845

Total on Loan Account .. £6,310,845

GENERAL ACCOUNT.

Stock.

Goods at central stores and at the various institutions, including unused railway tickets and postage stamps	..	..	..	..	..	£
						238,580

Sundry Debtors.

Other authorities and sundry debtors	78,031
--------------------------------------	----	----	----	----	----	--------

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 subscribed for by staff	..	..	..	..	..	18,686
						5,064
£150,000 5 per cent. national war bonds, repayable 1 April, 1923	..	..	..	..	..	149,906
						154,970

Cash.

London County Westminster and Parr's Bank, Limited—	£	£			
Balances in their hands	..	..	..	..	63,934
Cheques drawn in advance for payments for ensuing year	..	..	..	..	41,134
					105,068
Less unrepresented cheques	..	..	..	..	98,288
					6,780
Accounting officers—balances in their hands	..	..	..	..	5,299
					12,079

Total on General Account .. £492,460

Grand Total .. £6,803,305

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

19 December, 1919.

(Signed) MORRIS HEYES, A.C.A.,
Treasurer and Accountant to the Board

TABLE IX.—Cases of infectious diseases notified, and deaths therefrom, in London in 1919.

Borough in which the cases were resident.	Estimated civil population to the middle of 1919.	Estimated density of population per acre.	NOTIFICATIONS.											DEATHS.					NOTIFIABLE DISEASES NOT ADMISSIBLE TO THE MANAGERS' HOSPITALS.					GRAND TOTAL OF NOTIFICATIONS.					
			NOTIFICATIONS.											DEATHS.					NOTIFIABLE DISEASES NOT ADMISSIBLE TO THE MANAGERS' HOSPITALS.										
			Cerebro-spinal meningitis.	Continued fever.	Diphtheria.	Enteric fever.	Membranous croup.	Ophthalmia neonatorum.	Poliomyelitis.	Puerperal fever.	Relapsing fever.	Scarlet fever.	Smallpox.	Typhus fever.	TOTAL NOTIFICATIONS.	Annual rate per 1,000 persons living.	Diphtheria (including membranous croup).	Enteric or typhoid fever.	Scarlet fever.	Smallpox.	TOTAL DEATHS.	Annual rate per 1,000 persons living.	Anthrax.		Cholera.	Erysipelas.	Poliomyelitis.	Chickenpox.*	TOTAL.
WEST:—																													
Paddington	143,938	106	1	..	255	10	4	29	5	15	..	262	..	..	587	4.0	17	..	4	..	21	0.14	..	..	77	..	..	77	664
Kensington	157,886	69	7	..	266	19	10	34	6	12	..	261	..	..	611	3.8	17	..	2	..	19	0.12	..	..	76	..	..	76	687
Hammersmith	130,981	57	6	..	234	9	3	31	6	12	..	186	1	..	482	3.6	21	..	5	..	24	0.18	1	..	78	..	..	79	561
Fulham	152,543	90	9	..	335	6	..	30	6	35	..	369	..	..	787	5.1	31	10	10	..	38	0.24	..	..	74	..	..	74	861
Chelsea	60,573	92	3	..	76	8	..	14	3	3	..	156	..	..	263	4.3	8	..	..	..	12	0.19	..	..	19	..	..	19	282
Westminster, City of	127,533	51	4	..	136	13	..	20	1	4	..	249	1	..	428	3.3	15	10	..	..	20	0.15	2	..	76	..	..	78	506
NORTH:—																													
St. Marylebone	97,953	67	3	..	156	4	..	22	5	6	..	198	..	..	394	4.0	10	..	..	..	15	0.15	..	..	58	..	..	58	452
Hampstead	88,012	39	1	..	85	8	2	11	3	2	..	126	..	..	238	2.7	7	..	..	..	9	0.10	..	..	36	..	..	36	274
St. Pancras	219,434	81	10	..	354	9	..	40	5	12	..	587	11	..	1,028	4.6	23	2	..	..	31	0.14	..	..	145	..	..	145	1,173
Islington	323,034	104	16	1	651	16	4	57	3	29	..	1,084	2	..	1,863	5.7	50	3	..	..	66	0.20	..	..	212	..	..	212	2,075
Stoke Newington	50,954	59	2	..	118	2	..	6	..	3	..	130	..	..	261	5.0	14	..	..	..	16	0.31	..	..	41	..	..	41	302
Hackney	216,736	66	6	2	696	23	4	34	6	17	..	653	..	..	1,441	6.5	91	3	..	..	102	0.46	..	..	111	..	..	111	1,552
CENTRAL:—																													
Holborn	38,156	94	2	1	94	3	..	6	..	..	..	57	..	..	163	4.2	6	1	..	..	7	0.18	..	..	25	..	..	25	188
Finsbury	75,291	128	5	..	143	6	..	10	1	6	..	264	..	..	435	5.7	9	..	..	..	9	0.12	1	..	50	..	..	51	486
City of London	13,893	21	..	..	23	1	..	..	1	..	..	16	..	..	41	2.9	2	..	..	..	2	0.14	..	..	2	..	..	2	43
EAST:—																													
Shoreditch	98,134	149	4	..	260	8	..	36	..	3	..	296	..	..	607	6.1	21	3	..	..	26	0.26	..	..	82	..	..	82	689
Bethnal Green	110,085	145	3	..	557	4	3	29	1	9	..	391	1	1	1,000	8.9	56	1	..	..	60	0.54	..	..	163	..	..	163	1,231
Stepney	232,506	132	12	1	796	33	1	27	1	13	..	1,023	1	..	1,908	8.1	45	6	..	..	61	0.26	..	..	219	..	..	219	2,127
Poplar	153,644	66	16	..	318	24	5	50	6	17	..	369	1	..	806	5.2	34	6	..	..	44	0.28	1	..	130	..	..	131	937
SOUTH:—																													
Southwark	179,971	159	6	..	500	12	5	55	2	19	..	799	..	..	1,398	7.6	42	3	..	..	49	0.27	2	..	208	..	..	210	1,608
Bermondsey	124,239	83	4	..	284	8	..	25	..	3	..	399	..	..	724	5.7	21	3	..	..	29	0.23	2	..	84	..	..	87	1,811
Lambeth	282,322	69	13	..	558	16	..	86	7	17	..	1,044	1	..	1,747	6.1	62	4	..	..	82	0.29	..	..	191	..	..	191	1,938
Battersea	159,316	74	13	..	242	11	..	53	6	11	..	496	3	..	835	5.2	20	3	..	..	26	0.16	..	..	95	..	..	95	930
Wandsworth	333,693	37	14	..	529	18	7	49	9	29	..	904	..	..	1,559	4.6	41	2	..	..	50	0.15	..	..	147	..	..	149	1,708
Camden	273,802	61	6	..	500	10	11	32	8	16	..	725	..	..	1,308	4.7	35	3	..	..	50	0.18	..	..	151	..	..	151	1,459
Deptford	111,205	71	2	..	262	8	1	20	3	7	..	521	..	..	824	7.3	16	2	..	..	27	0.24	1	..	72	..	..	73	897
Greenwich	98,484	26	9	..	378	20	1	16	1	6	..	658	..	..	813	8.1	16	2	..	..	25	0.25	..	..	53	..	..	53	909
Lewisham	167,754	24	12	..	398	26	..	28	1	7	..	243	4	..	714	5.2	27	5	..	..	37	0.17	1	..	68	..	..	69	783
Woolwich	136,237	16	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Port of London	..	..	..	..	1	6	..	..	..	..	..	2	2	..	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	4,358,309	58	202	6	9,481	345	66	870	92	313	..	12,953	28	24	358	5.5	777	59	145	5	986	0.22	11	..	2,835	4	110	2,960	27,318

* Notifiable in Greenwich from 1 February to 30 April, and in Bethnal Green for one month from 4 June and one month from 2 August.

NOTE.—Whooping cough was a notifiable disease in Greenwich and Wandsworth during the year, and 105 and 257 cases respectively were notified. Zymotic enteritis "11 July" in Greenwich (under five years) for six months from 12 July, and in Woolwich, during the year, 81, 671, 118, 144 and 121 cases being notified respectively.

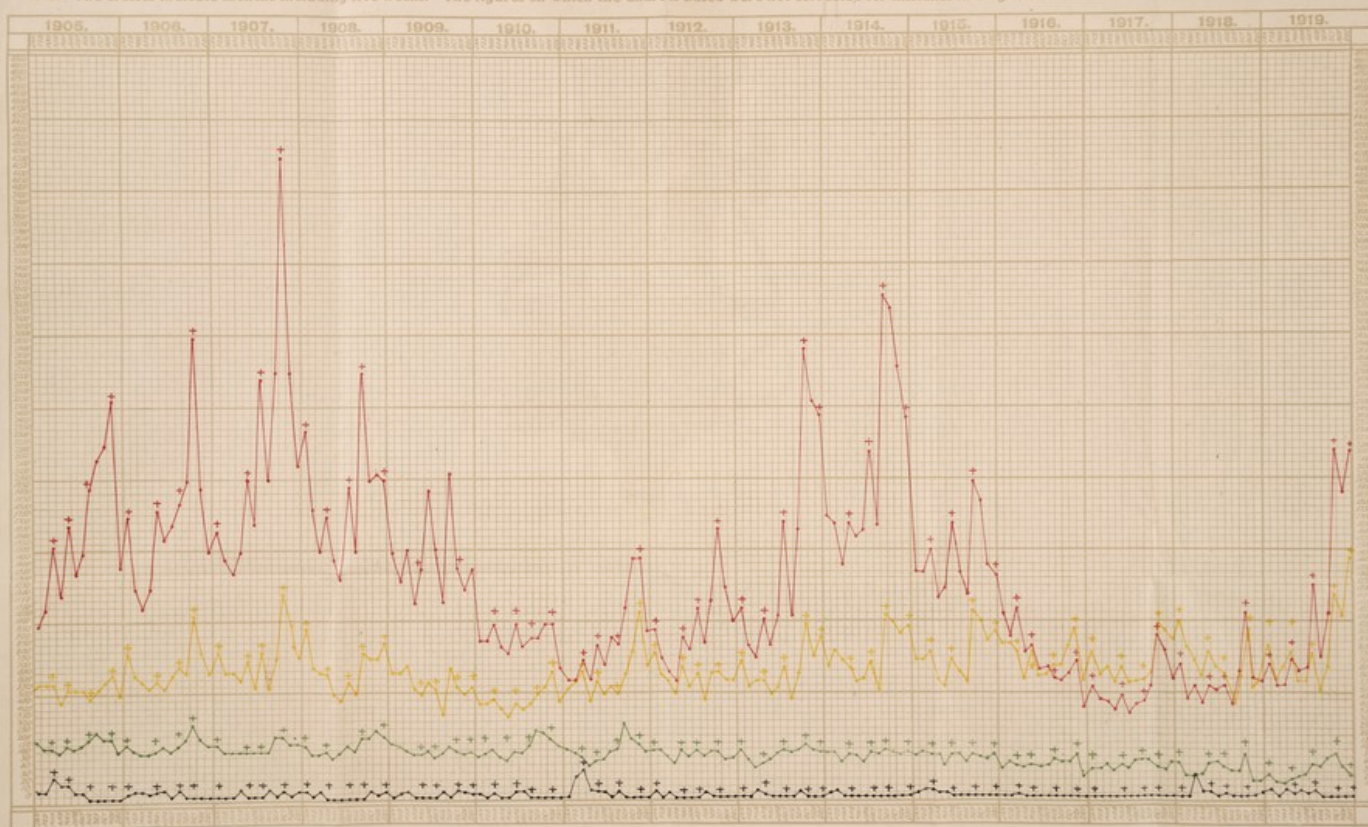
Epidemic diarrhoea notifiable in Southwark for three months, 252 cases. 41 cases of encephalitis lethargica were notified.

XII.

METROPOLITAN ASYLUMS BOARD.

NOTIFICATION CHART—Monthly notifications, Scarlet fever, Red line —•••, Enteric fever, Green line —•••, Diphtheria, Yellow line —•••, Smallpox, Black line —•••.

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



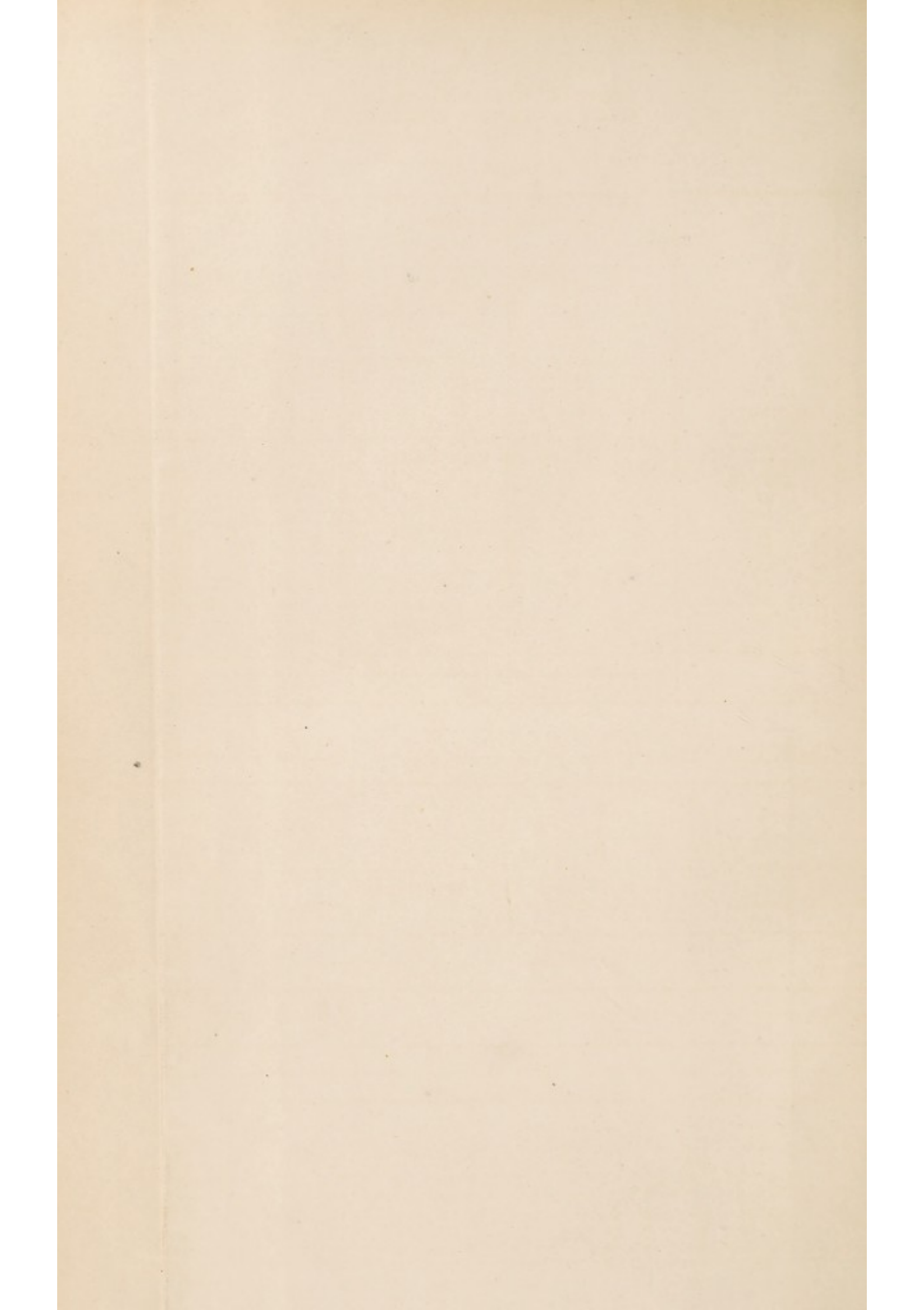


TABLE X.—Age and sex of scarlet fever, diphtheria and enteric fever cases notified, 1919.

AGES.	SCARLET FEVER.			DIPHTHERIA.			ENTERIC FEVER.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1	53	49	102	98	71	169	..	..	..
1 to 2	120	135	255	200	154	354	..	1	1
2 „ 3	284	256	540	295	236	531	1	1	2
3 „ 4	440	424	864	405	383	788	2	4	6
4 „ 5	546	535	1,081	414	412	826	2	4	6
Total under 5 ..	1,443	1,399	2,842	1,412	1,256	2,668	5	10	15
5 to 10	2,735	3,256	5,991	1,762	2,042	3,804	19	11	30
10 „ 15	1,148	1,570	2,718	662	799	1,461	38	28	66
15 „ 20	280	383	663	206	389	595	23	21	44
20 „ 25	80	241	321	101	259	360	10	29	39
25 „ 30	41	107	148	54	175	229	13	24	37
30 „ 35	41	90	131	44	100	144	16	17	33
35 „ 40	18	44	62	35	77	112	12	10	22
40 „ 45	20	28	48	18	34	52	6	16	22
45 „ 50	3	9	12	3	16	19	7	7	14
50 „ 55 .. ..	..	10	10	6	13	19	6	5	11
55 „ 60 .. ..	..	2	2	2	4	6	7	1	8
Upwards	1	4	5	2	10	12	3	1	4
Unrecorded ..	..	..	..	..	..	..	..	..	..
Totals	5,810	7,143	12,953	4,307	5,174	9,481	165	180	345

TABLE XI.—Number of cases of admissible diseases * notified, 1890-1919.

	YEARS.	Cerebro-spinal meningitis.	Continued fever.†	Diphtheria.	Enteric.	Polio-myelitis.	Puerperal fever.	Relapsing fever.†	Scarlet.	Smallpox.	Typhus.	Ophthalmia neonatorum.	TOTALS.
Totals for..	1890-9	..	1,302	105,065	33,013	..	..	68	212,399	5,971	178	..	357,996
Yearly average	1890-9	..	130	10,506	3,301	..	..	7	21,240	597	18	..	35,799
Totals for..	1900-9	328	326	86,792	22,073	..	..	9	181,443	10,626	88	..	301,685
Yearly average	1900-9	33	33	8,679	2,207	..	..	1	18,144	1,063	9	..	30,169
	1910	115	15	5,494	1,284	..	..	1	10,509	7	3	..	17,428
	1911	101	23	7,385	1,022	68	..	..	10,483	72	1	..	19,155
	1912	105	7	7,106	705	132	380	..	11,321	6	3	..	19,765
	1913	92	14	7,650	757	145	349	1	17,544	4	4	..	26,560
	1914	73	17	†9,149	789	93	393	1	25,048	3	1	..	35,567
	1915	701	12	†9,167	645	98	276	..	17,103	13	5	..	28,020
	1916	431	22	†8,778	463	190	277	1	8,758	3	1	..	18,924
	1917	405	13	†8,368	457	59	199	..	6,137	..	1	..	15,639
	1918	227	2	†8,285	368	50	158	..	6,850	36	1	..	15,977
	1919	202	6	†9,547	345	92	313	..	12,953	28	2	870	24,358

* Exclusive of whooping cough.

† Although relapsing and continued fevers are admissible to the Managers' hospitals, few cases so certified are sent in.

‡ Including cases of membranous croup.

ANNUAL REPORT, 1919.

TABLE XIII.—Admissions, discharges, and deaths at fever hospitals during 1919.

BROOK HOSPITAL.									
DISEASES.	Re- main- ing on 31 Dec., 1918.	Adm'd during 1919.		Total under treatment during 1919.	Disch. during 1919.		Died during 1919.	Mort. per cent.	Re- main- ing on 31 Dec., 1919.
		Direct from homes.	From other Board hosps.		Re- cov'd.	To other Board hosps.			
Cerebro-spinal fever	..	..	..	128	..	..	..	..	120
Diphtheria ..	..	128	..	128	..	..	8	11.76	120
Diph. (bacteriological)	..	6	..	6	3	..	..	..	3
Scarlet fever	..	97	..	97	..	..	..	..	97
Other diseases	..	231	..	231	3	..	8	6.61	220
Totals ..	..	19	..	19	6	..	..	..	13
	..	250	..	250	9	..	8	..	233
EASTERN HOSPITAL.									
Cerebro-spinal fever	..	8	..	8	4	..	4	50.00	..
Diphtheria ..	178	1,167	2	1,347	599	402	135	11.71	211
Diph. (bacteriological)	..	37	..	37	18	15	2	5.55	2
Diphtheria (negative)	..	..	..	..	..	..	..	..	..
Enteric ..	3	27	..	30	24	..	4	14.54	2
Measles ..	..	66	..	66	48	..	6	10.00	12
Puerperal ..	..	5	..	5	3	..	1	22.22	1
Scarlet fever	113	944	1	1,058	335	588	13	1.38	122
Whooping cough	..	4	..	4	1	..	1	33.33	2
Other diseases	..	294	2,258	2,555	1,032	1,005	166	7.43	352
Totals ..	25	228	..	253	218	..	9	3.95	26
	319	2,486	3	2,808	1,250	1,005	175	..	378
NORTH-EASTERN HOSPITAL.									
Cerebro-spinal fever	..	2	..	2	..	..	2	100.00	..
Diphtheria ..	..	628	..	628	265	121	74	13.60	168
Diph. (bacteriological)	..	19	..	19	15	2	..	..	2
Diphtheria (negative)	..	130	..	130	96	..	1	..	33
Enteric ..	..	1	..	1	..	..	1	100.00	..
Measles ..	..	101	..	101	89	1	†5	5.12	6
Puerperal ..	..	2	..	2	1	..	1	50.00	..
Scarlet fever	..	1,404	..	1,404	389	633	12	0.98	370
Whooping cough	..	6	..	6	5	..	1	16.66	..
Other diseases	..	2,293	..	2,293	860	757	97	4.84	579
Totals ..	..	109	..	109	96	..	3	2.88	10
	..	2,402	..	2,402	956	757	100	..	589
NORTH-WESTERN HOSPITAL.									
Cerebro-spinal fever	..	11	..	11	3	..	7	66.66	1
Diphtheria ..	120	1,010	4	1,134	369	537	81	8.10	147
Diph. (bacteriological)	17	103	..	120	77	30	2	1.89	11
Enteric ..	3	22	..	25	18	..	3	13.95	4
Measles ..	*7	150	..	157	142	2	10	6.58	3
Puerperal ..	..	21	..	21	16	..	4	19.51	1
Scarlet fever	124	1,590	9	1,723	328	1,194	29	1.84	172
Whooping cough	2	34	..	36	28	..	4	12.12	4
Other diseases	..	273	2,941	3,227	981	1,763	140	4.80	343
Totals ..	*51	539	..	590	516	2	26	4.80	46
	324	3,480	13	3,817	1,497	1,765	166	..	389
PARK HOSPITAL.									
Cerebro-spinal fever	..	2	..	2	..	..	2	100.00	..
Diphtheria ..	*120	965	..	1,085	585	260	77	8.16	163
Diph. (bacteriological)	4	46	..	50	43	7	..	..	..
Enteric ..	..	3	..	3	3	..	..	..	..
Measles ..	..	14	..	14	11	..	1	7.65	2
Scarlet fever ..	141	1,648	..	1,789	531	950	26	1.65	282
Whooping cough	..	34	..	34	30	..	4	11.76	..
Other diseases	..	265	2,712	2,977	1,203	1,217	110	4.20	447
Totals ..	*11	218	..	229	204	6	12	5.45	7
	276	2,930	..	3,206	1,407	1,223	122	..	454

† 1 death due to suicide.

TABLE XIII. (continued).—Admissions, discharges, and deaths at fever hospitals during 1919.

SOUTH-EASTERN HOSPITAL.									
DISEASES.	Re- maining on 31 Dec., 1918.	Adm'd during 1919.		Total under treatment during 1919.	Disch. during 1919.		Died during 1919.	Mort. per cent.	Re- maining on 31 Dec., 1919.
		Direct from homes.	From other Board hosps.		Re- cov'd.	To other Board hosps.			
Cerebro-spinal fever	..	8	..	8	2	..	5	66.66	1
Diphtheria ..	*190	1,153	1	1,344	976	106	91	7.82	171
Diph. (bacteriological)	*11	90	..	101	97	3	1	1.05	..
Enteric ..	6	22	..	28	25	..	..	..	3
Measles ..	..	55	..	55	49	1	1	1.89	4
Puerperal ..	..	17	..	17	8	..	7	43.75	2
Poliomyelitis	..	3	..	3	3	..	..	..	..
Scarlet fever ..	*154	1,879	2	2,035	452	1,335	25	1.35	223
Whooping cough ..	..	1	..	1	1	..	..	..	..
Other diseases ..	361	3,228	3	3,592	1,613	1,445	139	4.05	404
Totals ..	6	336	..	342	320	..	6	1.88	16
Totals ..	367	3,564	3	3,934	1,933	1,445	136	..	420
SOUTH-WESTERN HOSPITAL.									
Cerebro-spinal fever	..	13	..	13	4	..	9	69.23	..
Diphtheria ..	113	806	..	919	718	4	61	7.68	136
Diph. (bacteriological)	..	27	..	27	27	..	..	..	..
Enteric ..	3	46	..	49	34	..	6	13.95	9
Measles ..	8	124	..	132	109	..	9	7.44	14
Puerperal ..	1	20	..	21	15	..	3	15.79	3
Scarlet fever ..	125	1,122	..	1,247	398	689	21	1.87	139
Whooping cough ..	..	3	..	3	3	..	..	..	..
Other diseases ..	250	2,161	..	2,411	1,308	693	109	5.10	301
Totals ..	24	282	..	306	261	4	21	7.39	20
Totals ..	274	2,443	..	2,717	1,569	697	130	..	321
WESTERN HOSPITAL.									
Cerebro-spinal fever	..	14	..	14	5	..	7	53.85	2
Diphtheria ..	177	1,169	..	1,346	849	199	99	8.55	199
Diph. (bacteriological)	..	79	..	79	73	6	..	..	..
Enteric ..	2	14	..	16	15	..	..	..	1
Measles ..	2	234	..	236	196	..	17	7.61	23
Puerperal ..	3	24	..	27	18	..	5	21.28	4
Poliomyelitis	..	3	..	3	3	..	..	..	..
Scarlet fever ..	163	1,477	..	1,640	675	760	16	1.09	189
Whooping cough ..	11	63	..	74	49	..	5	8.55	20
Other diseases ..	358	3,077	..	3,435	1,883	965	149	4.91	438
Totals ..	17	243	..	260	232	..	16	6.52	12
Totals ..	375	3,320	..	3,695	2,115	965	165	..	450
JOYCE GREEN HOSPITAL.									
Cerebro-spinal fever	..	2	..	2	1	..	1	50.00	..
Diphtheria ..	10	158	435	603	466	1	9	1.68	127
Diph. (bacteriological)	3	20	21	44	43	..	..	..	1
Enteric ..	..	1	..	1	1	..	..	..	..
Measles ..	..	7	1	8	7	1	..	..	..
Scarlet fever ..	160	844	1,590	2,594	1,976	35	4	.18	579
Whooping cough ..	..	1	..	1	1	..	..	..	..
Other diseases ..	173	1,033	2,047	3,253	2,495	37	14	.50	707
Totals ..	1	49	3	53	50	..	1	1.94	2
Totals ..	174	1,082	2,050	3,306	2,545	37	15	..	709
NORTHERN HOSPITAL.									
Diphtheria ..	72	..	807	879	773	2	..	..	104
Diph. (bacteriological)	..	..	25	25	25	..	..	..	..
Scarlet fever ..	118	..	2,132	2,250	2,082	4	4	.19	160
Other diseases ..	190	..	2,964	3,154	2,880	6	4	.14	264
Totals ..	..	..	3	3	3	..	..	..	..
Totals ..	190	..	2,967	3,157	2,883	6	4	..	264
SOUTHERN HOSPITAL.									
Diphtheria ..	..	..	386	386	276	3	..	..	107
Diph. (bacteriological)	..	..	17	17	11	..	..	..	6
Measles ..	..	..	4	4	4	..	..	..	..
Scarlet fever ..	..	5	2,457	2,462	1,988	3	2	.09	469
Other diseases ..	..	5	2,864	2,869	2,279	6	2	..	582
Totals ..	..	..	6	6	5	..	..	..	1
Totals ..	..	5	2,870	2,875	2,284	6	2	..	583

ANNUAL REPORT, 1919.

TABLE XIII. (continued).—Admissions, discharges, and deaths at fever hospitals during 1919.

SUMMARY.							
DISEASES.	Re- main- ing on 31 Dec., 1918.	Admitted during 1919. Direct from homes.	Total under treatment during 1919.	Discharged during 1919. Recovered.	Died during 1919.	Mort. per cent.	Re- main- ing on 31 Dec., 1919.
Cerebro-spinal fever ..	..	60	60	19	37	63.79	4
Diphtheria ..	*980	7,184	8,164	5,876	635	9.27	1,653
Diph. (bacteriological) ..	*35	427	462	432	5	1.16	25
Diph. (negative) ..	..	130	130	96	1	.88	33
Enteric ..	..	136	153	120	14	10.37	19
Measles ..	*17	751	768	655	†49	6.60	64
Poliomyelitis ..	..	6	6	6	..	..	..
Puerperal ..	..	89	93	61	21	24.56	11
Scarlet fever ..	*1,098	11,010	12,108	9,154	152	1.50	2,802
Whooping cough ..	..	146	159	118	15	10.75	26
Totals ..	2,164	19,939	22,103	16,537	929	4.97	4,637
Other diseases ..	*135	2,023	2,158	1,911	94	4.67	153
Grand totals ..	2,299	21,962	24,261	18,448	1,023	..	4,790

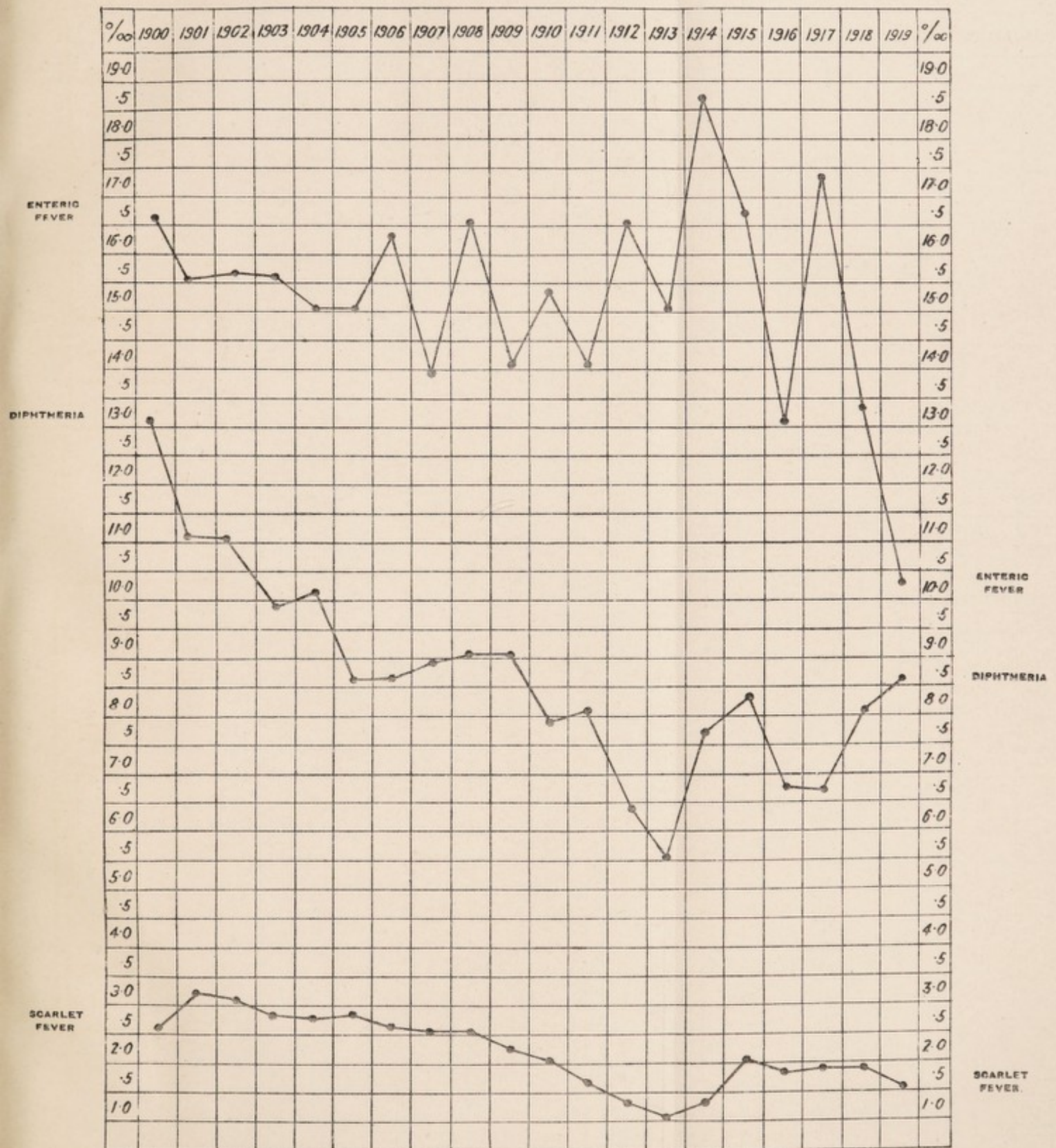
NOTE.—The mortalities returned as above include all deaths occurring from intercurrent diseases.
 The mortality rates are calculated according to the Registrar-General's formula—i.e., by dividing the deaths, multiplied by 100, by half the sum of the admissions, discharges, and deaths for the year.
 * These figures differ from those given in the Board's report for 1918, pp. 41-43, owing to the subsequent correction of errors of diagnosis.
 † 1 death due to suicide.

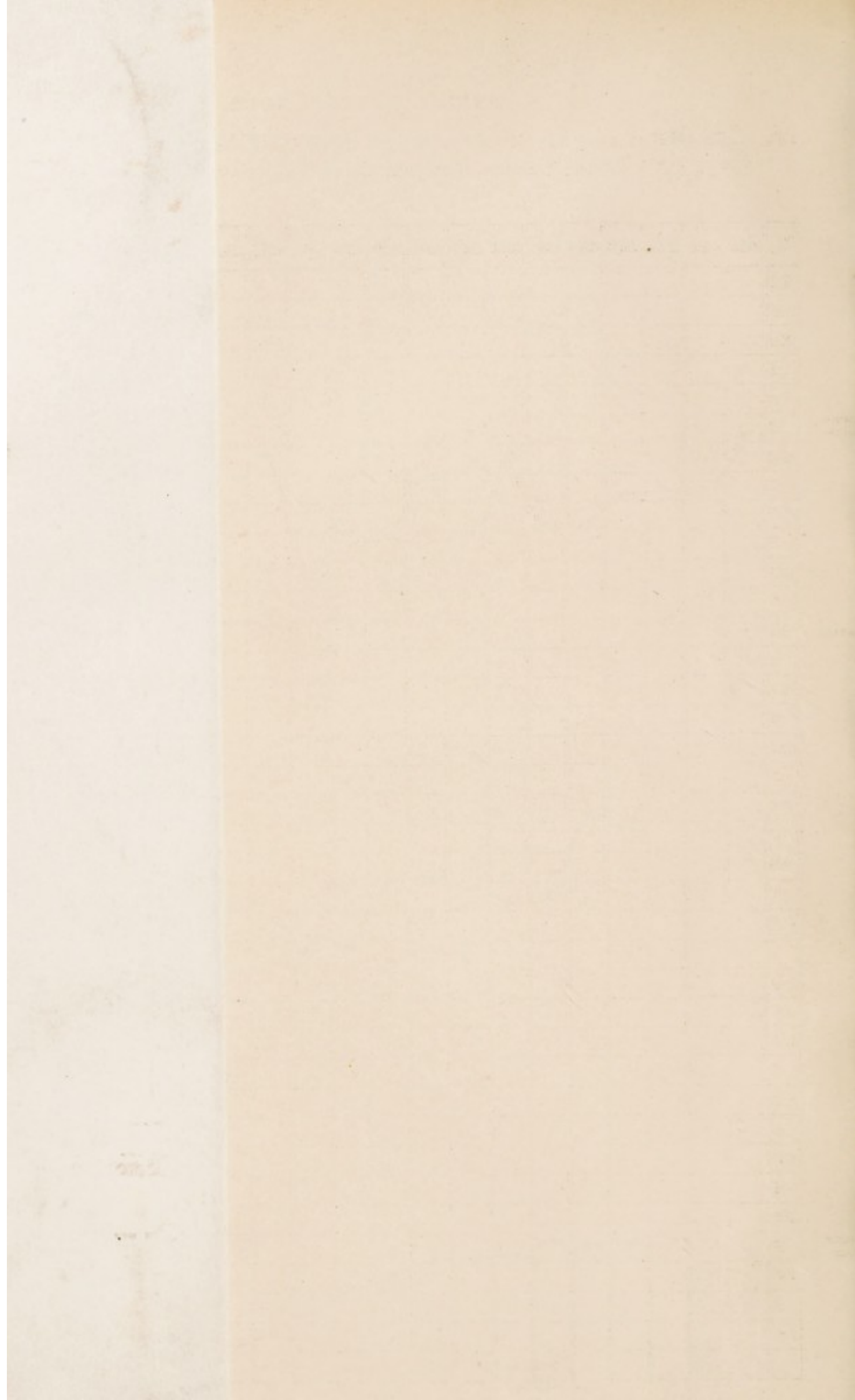
TABLE XIV.—Summary of monthly admissions at fever hospitals during 1919.

Diseases.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Totals.
Cerebro-spinal fever	4	6	6	10	8	5	3	5	4	2	2	5	60
Diphtheria ..	613	482	549	559	500	481	571	437	615	768	748	861	7,184
.. (bact).	38	54	58	27	19	16	19	30	32	50	54	30	427
.. (negative)	—	—	—	5	5	9	13	17	12	17	22	30	130
Enteric ..	8	4	5	8	9	10	15	23	24	15	11	4	136
Measles ..	56	34	57	59	99	79	100	68	32	54	58	55	751
Poliomyelitis ..	1	—	—	—	—	—	1	1	3	—	—	—	6
Puerperal ..	7	4	3	4	6	4	5	12	10	7	14	13	89
Scarlet fever ..	533	516	516	567	624	648	1,022	752	1,119	1,500	1,716	1,497	11,010
Whooping cough	13	28	25	6	12	6	10	4	9	11	13	9	146
Totals ..	1,273	1,128	1,219	1,245	1,282	1,258	1,759	1,349	1,860	2,424	2,638	2,504	19,939
Other diseases ..	149	143	232	140	175	154	179	149	172	189	181	169	2,023
Grand totals	1,422	1,271	1,451	1,385	1,457	1,412	1,938	1,498	2,032	2,604	2,819	2,673	21,962

ANNUAL REPORT, 1919.

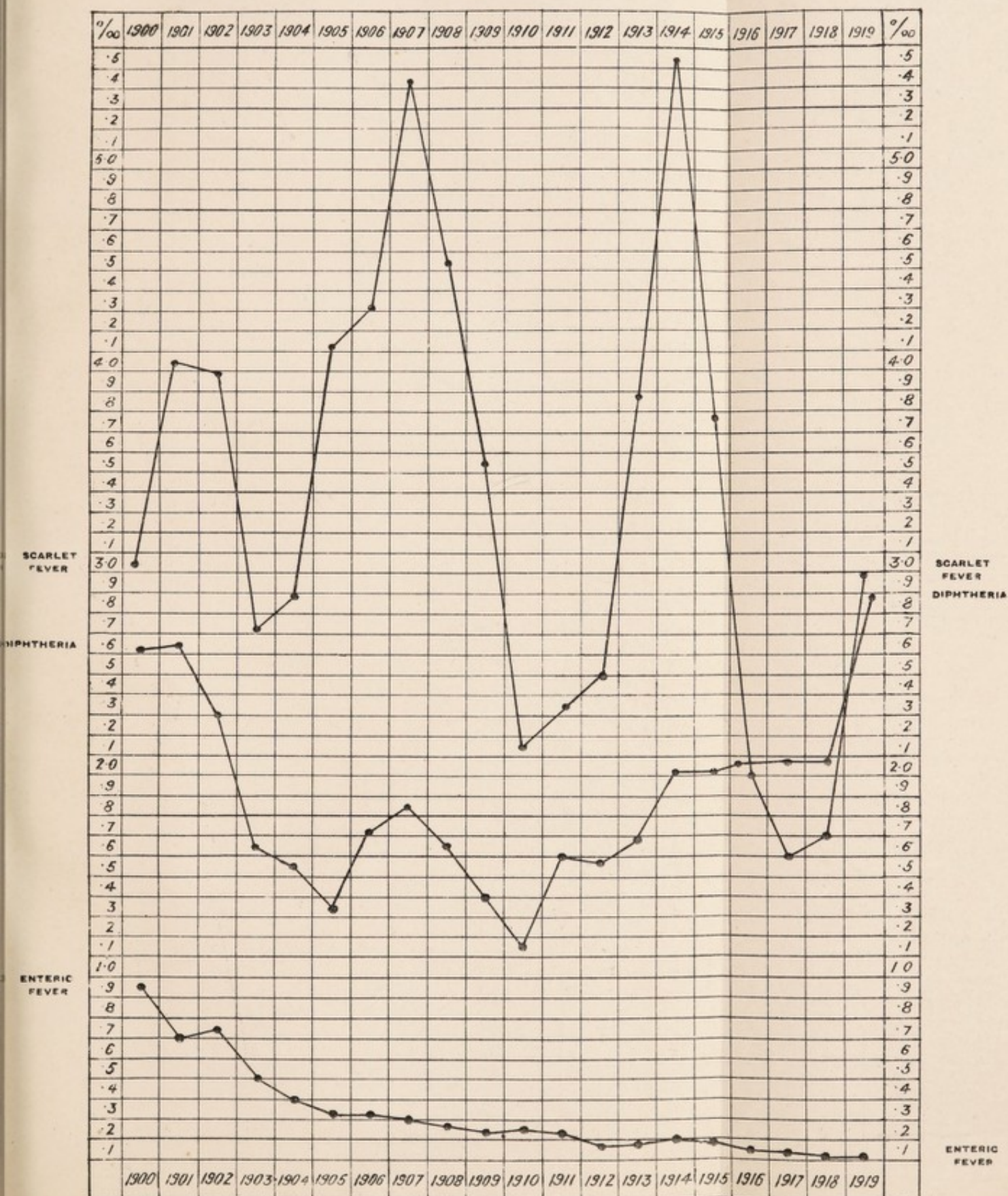
XVa.—CHART showing the case mortality from SCARLET FEVER, DIPHTHERIA, and ENTERIC FEVER in the Metropolis during each of the twenty years 1900-1919.

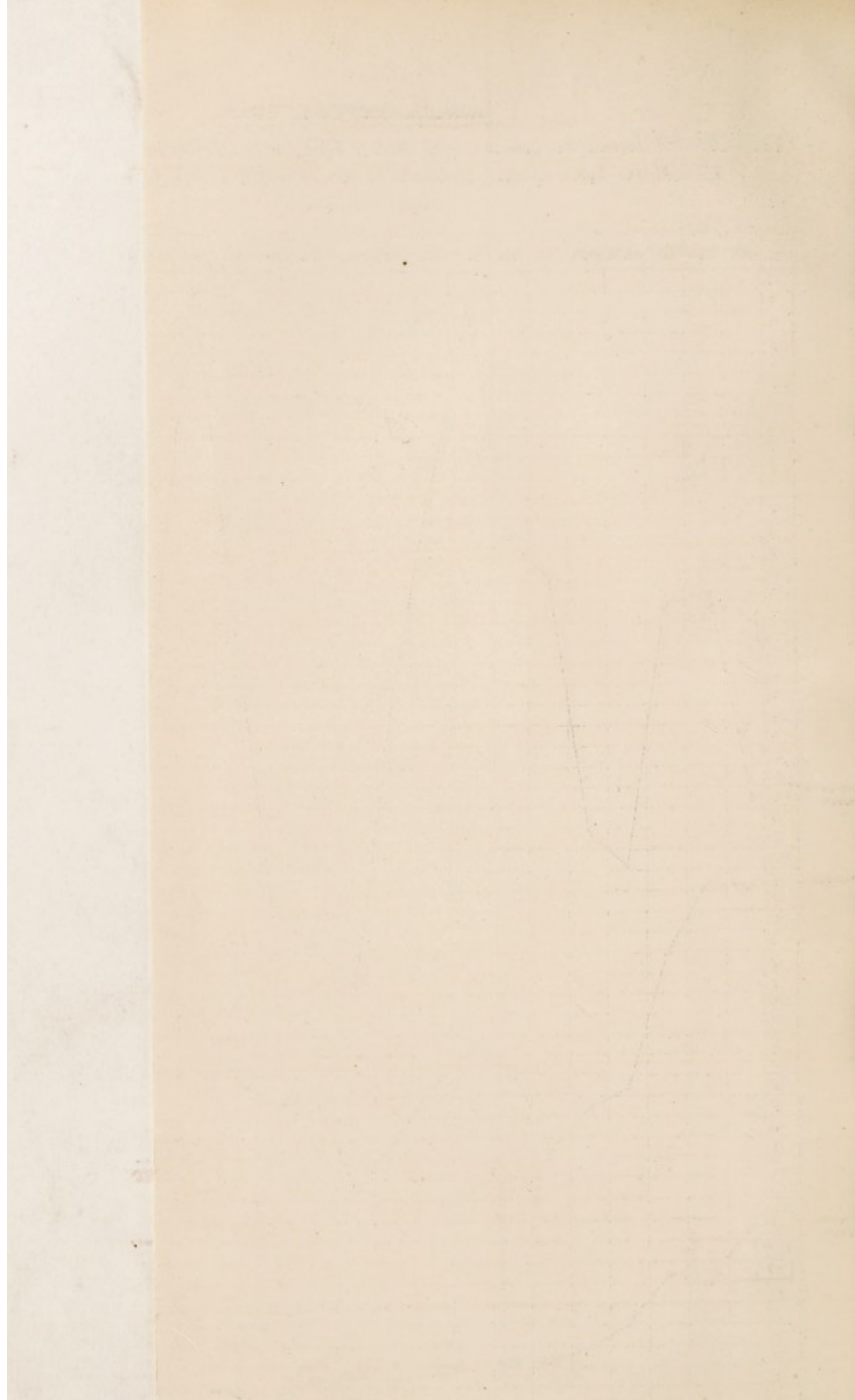




ANNUAL REPORT, 1919.

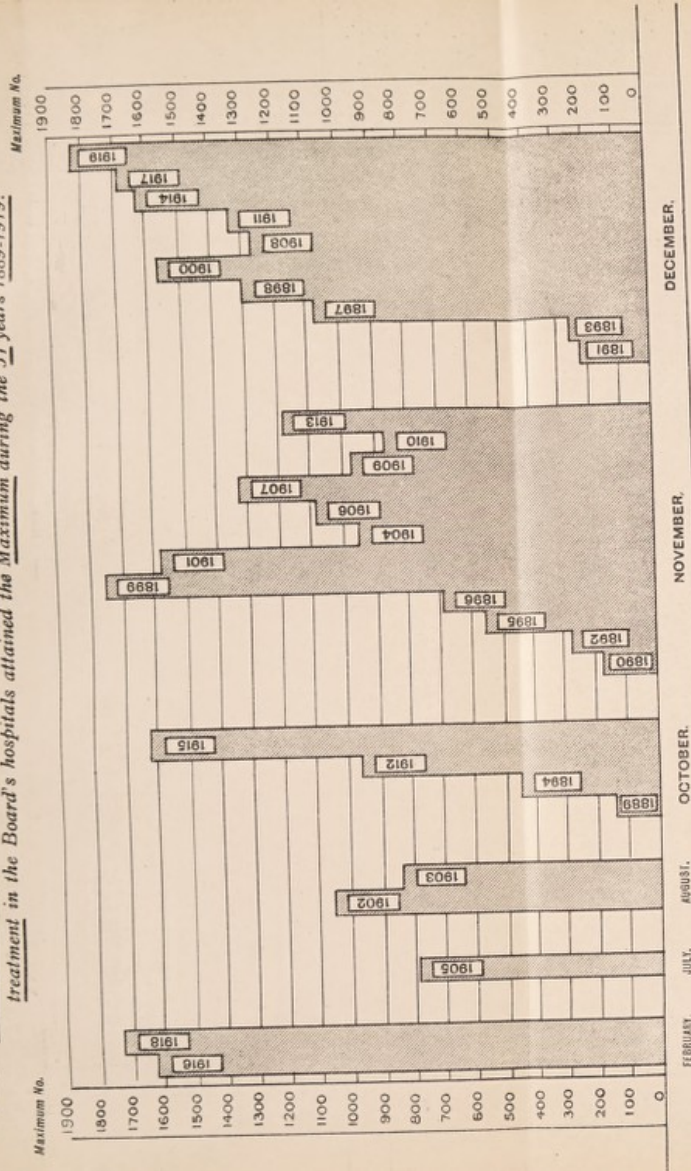
XVb.—CHART showing the incidence of SCARLET FEVER, DIPHTHERIA, and ENTERIC FEVER per 1,000 of the population of the Metropolis during each of the twenty years 1900-1919.





BOROUGH.	ADMISSIONS.										DEATHS.														
	Cerebro-spinal fever.	Diphtheria.	Diphtheria (bact.).	Diphtheria (negative).	Enteric.	Measles.	Polio-myelitis.	Puerperal.	Scarlet fever.	Whooping cough.	Other diseases.	Total admissions.	Cerebro-spinal fever.	Diphtheria.	Diphtheria (bact.).	Diphtheria (negative).	Enteric.	Measles.	Polio-myelitis.	Puerperal.	Scarlet fever.	Whooping cough.	Other diseases.	Total deaths.	
West—Paddington ..	4	166	25	3	2	36	10	10	204	9	58	517	4	11	..	..	..	..	1	..	2	3	..	4	25
Kensington ..	2	210	15	..	8	14	3	3	200	4	44	500	..	14	1	..	..	..	1	..	..	2	1	4	23
Hammersmith ..	1	163	7	..	3	15	1	1	171	5	43	409	1	13	..	..	1	..	..	..	..	2	2	2	19
Fulham ..	3	235	16	..	..	14	1	19	313	1	70	672	1	23	..	..	..	..	1	..	5	5	..	3	38
Chelsea ..	1	56	2	..	1	75	2	..	144	7	22	310	..	7	..	..	..	6	..	..	5	..	2	2	18
City of Westminster ..	1	106	8	..	1	23	..	..	216	8	72	435	1	13	..	..	..	2	..	..	6	..	6	6	27
North—St. Marylebone ..	..	106	9	1	1	35	..	..	178	1	48	379	..	7	..	..	..	5	..	..	..	1	1	4	23
Hampstead ..	..	41	6	3	..	18	..	..	77	..	24	169	1	3	..	..	..	..	..	..	..	1	1	1	7
St. Pancras ..	3	245	23	3	7	44	..	5	487	33	152	1,002	..	17	..	..	..	3	..	2	6	..	6	6	34
Islington ..	4	437	19	34	4	34	..	1	875	8	135	1,551	2	39	1	..	1	3	..	..	..	11	1	4	62
Stoke Newington ..	..	74	6	4	1	13	..	..	97	1	14	210	..	12	..	..	..	1	..	..	..	..	3	3	17
Hackney ..	3	547	10	18	6	27	..	4	477	20	102	1,214	2	81	2	..	1	3	..	2	9	6	4	4	110
Central—Holborn ..	..	73	15	1	1	20	..	..	63	..	49	222	..	7	..	..	..	..	..	..	1	..	2	2	10
Finsbury ..	1	75	7	4	2	20	..	1	204	4	52	370	1	3	..	1	..	1	..	..	..	..	..	..	6
City of London ..	..	17	3	..	..	..	..	..	16	..	5	41	..	2	..	..	..	..	..	..	..	..	..	..	2
East—Shoreditch ..	..	188	5	7	2	14	..	..	238	..	48	502	..	17	..	..	..	..	..	..	..	..	..	..	20
Bethnal Green ..	3	443	23	17	2	34	..	1	331	10	69	943	2	46	..	..	1	4	..	..	3	..	..	1	57
Stepney ..	..	575	25	3	10	29	..	..	935	4	139	1,720	1	30	..	..	2	2	..	..	..	11	1	2	49
Poplar ..	2	237	6	2	9	14	..	2	319	2	75	668	..	26	..	..	2	..	..	2	4	..	2	2	36
South—Southwark ..	..	404	17	..	11	34	..	9	691	4	86	1,256	..	34	..	..	1	4	..	..	..	5	..	4	48
Bermondsey ..	1	188	22	..	3	3	..	..	347	..	69	633	..	15	..	..	..	..	..	..	6	..	..	2	23
Lambeth ..	2	429	22	..	8	81	2	8	854	6	134	1,546	2	43	1	..	..	4	..	3	17	2	4	76	
Battersea ..	6	181	16	..	5	15	..	3	433	1	44	704	4	15	..	..	..	2	..	..	4	..	4	29	
Wandsworth ..	4	342	12	..	5	26	..	12	733	8	100	1,242	3	33	..	..	..	1	2	..	10	2	5	57	
Camberwell ..	..	390	18	..	4	28	..	4	545	..	68	1,057	..	28	..	..	1	2	..	1	11	..	4	46	
Deptford ..	1	188	10	..	3	16	..	2	437	..	46	703	1	12	..	..	1	..	..	..	8	..	..	22	
Greenwich ..	6	219	24	..	18	17	..	2	375	2	75	738	4	15	..	..	1	1	..	1	5	..	3	30	
Lewisham ..	5	292	15	..	1	19	1	1	504	..	48	886	3	19	..	..	..	..	..	..	7	..	7	36	
Woolwich ..	3	289	22	..	14	6	..	1	198	1	43	577	2	23	..	..	2	..	..	1	1	..	3	32	
Tottenham U.D.C. ..	2	217	7	29	2	1	..	..	309	2	41	610	1	27	..	..	..	..	..	..	3	..	3	34	
Extra-metropolitan ..	2	23	2	1	2	1	..	..	22	5	13	76	1	..	..	..	..	..	..	..	1	..	2	4	
London County Council ..	..	..	..	..	..	..	..	..	9	..	1	10	..	..	..	..	..	..	..	..	..	..	..	..	..
Ministry of Health ..	..	1	1	..	..	20	..	..	..	..	3	25	..	..	..	..	..	2	..	..	..	..	1	3	
War Office ..	..	17	4	..	..	5	..	..	8	..	27	61	..	..	..	..	..	..	..	..	..	..	..	..	..
Insurance Committees ..	..	..	..	..	..	..	..	..	..	..	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..	60	7,184	427	130	136	751	6	89	11,010	146	2,023	21,962	37	635	5	1	14	49	..	21	152	15	94	1,023	

XVIIb.—DIPHTHERIA.—Diagram showing the Months in which the number of patients under treatment in the Board's hospitals attained the Maximum during the 31 years 1889-1919.



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 34 years 1886-1919.

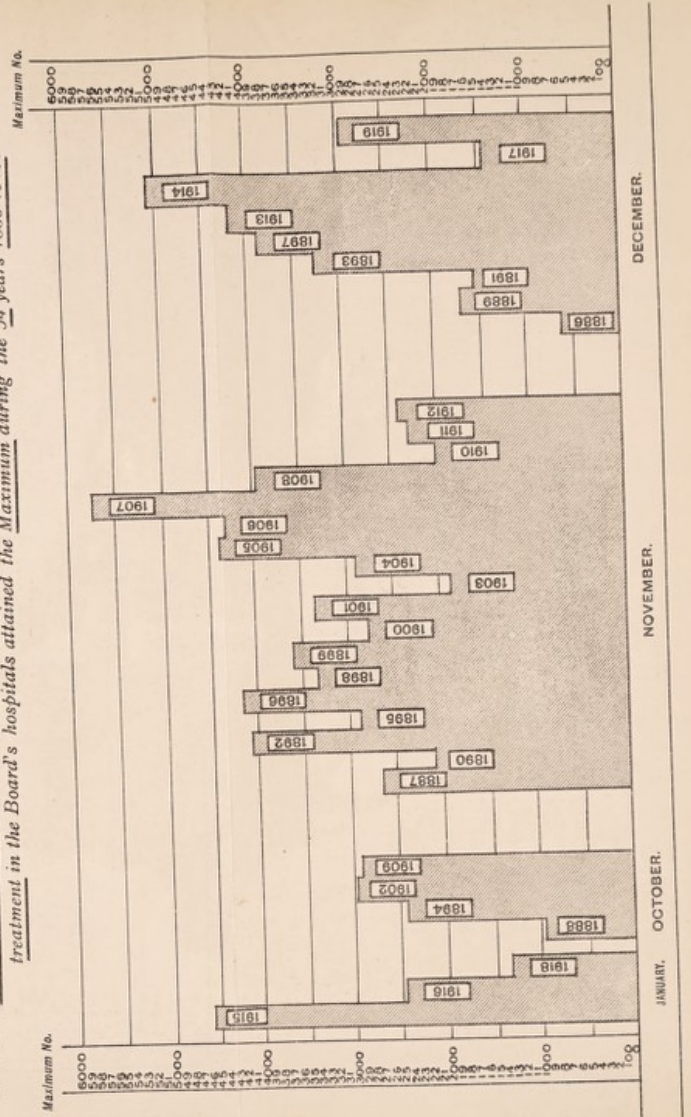


TABLE XIX.

Condition as to vaccination of patients admitted suffering from smallpox during the year 1919.

	Admissions.	Deaths.	Mortality per cent.
A. Vaccinated class :—			
A 1. Half and upwards of half square inch total area of cicatrices	11	—	—
A 2. One-third, but less than half ditto	—	—	—
A 3. Less than one-third ditto	2	—	—
A 4. Area not recorded	3	3	100·0
Total of vaccinated class	16	3	18·75
B. Doubtful class	—	—	—
C. Unvaccinated class	9	1	11·1
Totals ...	25	4	16·00

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

YEAR.	ADMISSIONS.			DEATHS.			Mortality per cent. of patients treated in Managers' hospitals.	Total annual mortality per 1,000 of estimated population.
	Smallpox.	Other diseases.	Total.	Smallpox.	Other diseases.	Total.	Smallpox.	Smallpox.
1 Dec., 1870, to 3 Feb., 1871	582	..	582	97	..	97	20·8	..
1871-2 (4 Feb., 1871, to 31 January, 1872)	13,139	6	13,145	2,460	..	2,460	18·9	2·42
1872-3 (year ended 31 Jan., 1873)	2,359	3	2,362	467	1	468	17·8	0·54
1873-4 (year ended 31 Jan., 1874)	174	17	191	35	..	35	17·0	0·03
1874 (11 months ended 31 Dec.)	112	8	120	10	..	10		0·02
1875	89	22	111	22	..	22		0·01
1876	2,134	16	2,150	372	1	373	21·6	0·21
1877	6,516	104	6,620	1,214	4	1,218	17·9	0·71
1878	4,558	96	4,654	824	9	833	18·0	0·39
1879	1,628	60	1,688	273	5	278	15·7	0·12
1880	1,982	50	2,032	286	2	288	15·9	0·12
1881	8,551	120	8,671	1,417	14	1,431	16·6	0·62
1882	1,799	55	1,854	260	3	263	13·0	0·11
1883	598	28	626	93	..	93	16·1	0·03
1884	6,363	204	6,567	940	3	943	16·0	0·31
1885	6,146	198	6,344	1,052	3	1,055	15·8	0·36
1886	99	33	132	22	2	24	14·3	0·01
1887	56	3	59	3	..	3		0·00
1888	62	5	67	8	..	8		0·00
1889	5	..	5	..	..	..	11·3	..
1890	22	5	27	3	..	3		0·00
1891	63	1	64	8	..	8		0·00
1892	325	23	348	35	..	35	7·6	0·01
1893	2,376	118	2,494	180	2	182		0·05
1894	1,117	120	1,237	102	7	109		0·02
1895	941	81	1,022	64	1	65	6·4	0·01
1896	190	41	231	9	1	10		..
1897	70	26	96	13	1	14		..
1898	5	9	14	..	..	..	7·3	0·00
1899	18	18	36	3	..	3		..
1900	66	19	85	3	..	3		..
1901	1,743	107	1,850	257	3	260	18·5	0·05
1902	7,916	608	8,524	1,337	5	1,342	16·6	0·28
1903	355	80	435	12	1	13	5·4	..
1904	449	64	513	27	..	27		..
1905	53	34	87	8	1	9		..
1906	27	6	33	..	..	..	..	..
1907	2	13	15	..	1	1		..
1908	1	3	4	..	..	..		..
1909	15	13	28	2	..	2	15·7	..
1910	5	5	10	..	..	..		..
1911	70	21	91	11	..	11		0·00
1912	5	5	10	1	..	1	25·0	..
1913	1	8	9	..	..	..		..
1914	1	7	8	..	..	..		..
1915	11	1	12	2	..	2	18·2	..
1916	1	4	5	..	..	..		..
1917 .. .. .	..	3	3	..	..	..		..
1918	45	8	53	..	..	..	16·0	..
1919	25	6	31	4	..	4		0·00
Totals	72,870	2,485	75,355	11,936	70	12,006	..	..

TUBERCULOSIS STATISTICS.

TABLE XXI.—Admissions (classified), discharges and deaths of tuberculous patients during 1919.

THE DOWNS SANATORIUM.

Admissions.	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous other than pulmonary.	Total Admissions.	Discharges.	Deaths.	Remaining 31st Dec., 1919.
	I.	II.	III.								
<i>Age groups.</i>											
Under 16 years	2	2	1	5	...	...	...	5	5	...	2
From 16 to 20 years	42	55	82	179	4	1	...	184	167	7	45
" 20 ,, 25	54	75	76	205	2	5	...	212	203	8	32
" 25 ,, 30	30	84	126	240	1	2	...	243	225	6	42
" 30 ,, 35	16	67	108	191	3	3	...	197	183	7	30
" 35 ,, 40	36	66	120	222	1	1	...	224	215	8	42
" 40 ,, 45	22	64	77	163	3	1	...	167	154	4	30
" 45 ,, 50	12	25	56	93	...	1	...	94	94	5	15
" Over 50	10	21	34	65	1	...	...	66	57	4	14
Totals	224	459	680	1,363	15	14	...	1,392	1,303	49	252

NORTHERN HOSPITAL.

<i>Age groups.</i>											
Under 16 years	30	57	37	124	3	...	1	128	919	2	220
From 16 to 20 years	37	59	69	165	1	...	...	166		7
" 20 ,, 25	29	48	69	146	2	...	...	148		13
" 25 ,, 30	33	57	53	143	2	...	...	145		6
" 30 ,, 35	25	66	55	146	...	...	...	146		7
" 35 ,, 40	16	37	39	92	...	...	...	92		5
" 40 ,, 45	6	31	32	69	...	1	...	70		3	
" 45 ,, 50	3	10	14	27	...	...	...	27		6
" Over 50	1	10	16	27	...	...	1	28		2
Totals	180	375	384	939	8	1	2	950	919	51	220

PINEWOOD SANATORIUM.

<i>Age groups.</i>											
Under 16 years	...	...	...	...	...	...	...	...	...	...	...
From 16 to 20 years	18	4	1	23	1	...	...	24	17	...	7
" 20 ,, 25	19	13	...	32	...	...	...	32	19	...	13
" 25 ,, 30	14	6	3	23	...	...	...	23	15	...	8
" 30 ,, 35	13	15	2	30	1	...	...	31	19	...	12
" 35 ,, 40	2	6	5	13	...	...	...	13	9	...	4
" 40 ,, 45	...	8	1	9	1	...	...	10	3	...	7
" 45 ,, 50	2	...	...	2	...	...	...	2	1	...	1
" Over 50	1	...	...	1	...	...	...	1	...	...	1
Totals	69	52	12	133	3	...	...	136	83	...	53

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

TABLE XXII.—Discharges of tuberculous patients during 1919, classified as to condition.

THE DOWNS SANATORIUM.

	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous. other than pulmonary.	Total dis- charges.
	I.	II.	III.					
Much improved ...	41	97	64	202	...	...	..	202
Improved ...	112	278	264	654	6	...	...	660
In statu quo...	51	98	238	387	4	14	1	406
Worse ...	...	8	27	35	...	...	...	35
Total discharges ..	204	481	593	1,278	10	14	1	†1,303

NORTHERN HOSPITAL (PART OF).

Much improved ...	74	107	53	234	4	...	1	239
Improved ...	111	195	188	494	5	...	1	500
In statu quo...	8	35	89	132	1	..	2	135
Worse ...	...	6	39	45	...	...	...	45
Total discharges...	193	343	369	905	10	...	4	†919

PINEWOOD SANATORIUM.

Much improved ...	5	6	1	12	...	...	...	12
Improved ...	27	21	4	52	1	...	...	53
In statu quo...	5	7	3	15	2	...	...	17
Worse ...	1	...	...	1	...	...	...	1
Total discharges...	38	34	8	80	3	...	...	83

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

† Of the above total, 191 patients remained under treatment less than 4 weeks.

" " 86 " " " " " " " " " "

TABLE XXIII.—Deaths of tuberculous patients during 1919, and numbers remaining 31 December, 1919.

THE DOWNS SANATORIUM.

Deaths ...	1	1	46	48	1	...	...
Remaining 31 Dec. ...	44	73	130	247	5	...	...

NORTHERN HOSPITAL (PART OF).

Deaths ...	2	3	46	51	..	...	...
Remaining 31 Dec. ...	58	64	94	216	4	...	...

PINEWOOD SANATORIUM.

Deaths ...	...	...	...	...	...	...	...
Remaining 31 Dec. ...	31	18	4	53	...	...	...

TABLE XXIV.—*Discharges and deaths of tuberculous patients during 1919, classified on examination of sputum.***THE DOWNS SANATORIUM.**

	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous not pulmonary.	Total discharges.	Total deaths.
	I.	II.	III.						
Tubercle bacilli found ...	87	248	482	817	...	...	...	817	36
Tubercle bacilli not found	87	190	84	361	9	1	1	372	6
No expectoration ...	12	21	6	39	...	...	...	39	..
Not examined ...	18	22	21	61	1	13	...	75	7
Totals ...	204	481	593	1,278	10	14	1	1,303	49

NORTHERN HOSPITAL (PART OF).

Tubercle bacilli found ...	34	124	245	403	...	...	...	403	45
Tubercle bacilli not found	62	95	60	217	1	...	1	219	2
No expectoration ...	97	124	64	285	9	...	3	297	3
Not examined ...	..	..	...	...	...	...	...	..	1
Totals ...	193	343	369	905	10	..	4	919	51

PINEWOOD SANATORIUM.

Tubercle bacilli found ...	9	9	6	24	...	...	...	24	...
Tubercle bacilli not found	24	20	2	46	2	...	...	48	...
No expectoration ...	5	3	...	8	1	...	...	9	...
Not examined ...	...	2	...	2	...	...	...	2	...
Totals ...	38	34	8	80	3	...	...	83	...

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

TABLE XXV.—*Reasons for discharge of tuberculous patients 1919.***THE DOWNS SANATORIUM.**

	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous not pulmonary.	Total discharges.
	I.	II.	III.					
Period of treatment expired ...	99	300	359	758	8	...	...	766
Against advice ...	75	135	131	341	1	13	...	355
Misconduct ...	16	20	14	50	1	..	...	51
Contagious disease ...	...	1	1	2	...	1	...	3
Transferred to other institutions ...	14	25	88	127	...	...	1	128
Totals ...	204	481	593	1,278	10	14	1	1,303

ANNUAL REPORT, 1919.

TABLE XXV. (continued).—Reasons for discharge of tuberculous patients 1919.

NORTHERN HOSPITAL (PART OF).

Period of treatment expired ...	186	313	351	850	8	...	4	862
Against advice ...	6	23	13	42	2	...	...	44
Misconduct ...	...	...	...	...	...	...	...	...
Contagious disease ...	1	2	1	4	...	...	...	4
Transferred to other institutions ...	...	5	4	9	...	...	...	9
Totals ...	193	343	369	905	10	...	4	919

PINEWOOD SANATORIUM.

Period of treatment expired ...	31	29	5	65	3	...	...	68
Against advice ...	...	...	...	...	...	...	...	...
Misconduct ...	5	2	1	8	...	...	...	8
Contagious disease ...	...	...	...	...	...	...	...	...
Transferred to other institutions ...	2	3	2	7	...	...	...	7
Totals ..	38	34	8	80	3	...	...	83

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

TABLE XXVI.—Capacity for work of tuberculous patients on discharge, 1919.

THE DOWNS SANATORIUM.

	*Stage (Turban-Gerhardt).			Total.	Diagnosis not confirmed.	Diagnosis not ascertained.	Tuberculous not pulmonary.	Total discharges.
	I.	II.	III.					
Fit for work ...	53	82	30	165	2	...	...	167
Fit for light work ...	77	196	120	393	3	1	...	397
Unfit for any work ...	74	203	443	720	5	13	1	739
Totals ...	204	481	593	1,278	10	14	1	1,303

NORTHERN HOSPITAL (PART OF).

Fit for work ...	31	30	3	64	5	...	...	69
Fit for light work ...	90	155	110	355	3	...	1	359
Unfit for any work ...	39	109	237	385	...	...	1	386
Fit for school ...	33	49	19	101	2	...	2	105
Totals ...	193	343	369	905	10	...	4	919

PINEWOOD SANATORIUM.

Fit for work ...	5	...	...	5	2	...	...	7
Fit for light work ...	24	16	...	40	1	...	...	41
Unfit for any work ...	9	18	8	35	...	...	...	35
Totals ...	38	34	8	80	3	...	...	83

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

TABLE XXVIII. (*continued*).*Number of tuberculous patients with complications, 1919.***NORTHERN HOSPITAL (PART OF).**

Laryngitis (tubercular)	27	Bronchitis	2
No obvious disease	7	Diabetes	2
Arthritis	6	Enteritis (tubercular)	2
Cardiac disease	4	Hæmoptysis	2
Diphtheria	4	Bronchiectasis	1
Pregnancy	4	Fibroid of uterus... ..	1
Scarlet fever	4	Lupus	1
Scoliosis	4	Mental	1
Abdominal tuberculosis... ..	3	Osteitis (tubercular)	1
Adenoids	3	Spleen	1
Nephritis, chronic	3		
Total	83		

PINEWOOD SANATORIUM.

Tuberculous in nature.				Non-tuberculous in nature.			
Laryngitis	3	Morbus cordis	3				
Adenitis	2	Tonsillitis... ..	2				
Acute Pleurisy	2	Sycosis	1				
Lupus	1	Scabies	1				
Orchitis	1	Otorrhœa	1				
		Urticaria	1				
		Pyorrhœa	1				
		Dysentery... ..	1				
		Bronchitis	1				
Total	9	Total	12				

TABLE XXIX.

*Number of tuberculous patients whose diagnosis was corrected after admission, 1919.***THE DOWNS SANATORIUM.**

No obvious disease	6	Bronchiectasis and cerebral abscess ...	1
Bronchiectasis	3		
Total	10		

NORTHERN HOSPITAL (PART OF).

Asthma	2	Tubercular glands of neck with no obvious pulmonary tuberculosis ...	4
Bronchiectasis	1		
Total	7		

PINEWOOD SANATORIUM.

Gastric ulcer	1	Dyspepsia	1
Anæmia	1		
Total	3		

TABLE XXX.

Admissions, discharges, and deaths of tuberculous patients in 1919.

	Remaining 31 Dec., 1918.			Admissions.			Discharges.			Deaths.			Remaining 31 Dec., 1919.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Ttl.	M.	F.	Total
The Downs Sanatorium	212	...	212	1,392	...	1,392	1,303	...	1,303	49	...	49	252	...	252
Northern Hospital (part of) ...	37	203	240	92	858	950	100	819	919	20	31	51	9	211	220
Pinewood Sanatorium	...	...	...	136	...	136	83	...	83	...	...	...	53	...	53
St. George's Home	2	40	42	1	159	160	2	85	87	...	72	72	1	42	43
North-Western Hosp.	34	...	34	113	...	113	62	...	62	48	...	48	37	...	37
Park	44	...	44	217	...	217	157	...	157	62	...	62	42	...	42
South-Eastern "	36	...	36	161	...	161	104	...	104	58	...	58	35	...	35
Western "	18	...	18	77	...	77	41	...	41	35	...	35	19	...	19
Totals ...	383	243	626	2,189	1,017	3,206	1,852	904	2,756	272	103	375	448	253	701

MENTAL HOSPITALS STATISTICS.

TABLE XXXI.

Number of admissions, transfers, discharges, and deaths (exclusive of feeble-minded patients) at the Board's several mental hospitals during 1919, according to parishes and unions, also the numbers remaining under treatment at the end of the year.

PARISHES & UNIONS.	No. remaining at mental hospitals 1 January, 1919.			Admitted.				Died.			Discharged.			Transferred to other mental hospitals of the Board.			No. remaining at mental hospitals on 31 December, 1919.				
				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 ..	104	118	222	7	35	42	6	19	25	15	16	31	2	5	7	6	19	25	94	132	226
Bethnal Green ..	80	119	199	12	(1)	13	14	19	33	18	20	38	5	5	10	14	19	33	72	106	178
Camberwell ..	124	183	307	13	12	25	10	10	20	15	16	31	(1)	(2)	(3)	10	10	20	120	176	296
Chelsea ..	33	46	79	4	(1)	5	1	5	6	6	4	10	(1)	(2)	(3)	1	5	6	30	46	76
Fulham ..	37	57	94	11	15	26	4	(1)	5	9	8	17	(2)	(2)	(4)	4	7	11	37	61	98
Greenwich ..	88	111	199	5	(1)	6	9	8	17	12	12	24	(1)	3	4	9	8	17	82	107	189
Hackney ..	99	172	271	(1)	42	43	12	17	29	22	38	60	(2)	5	7	12	17	29	95	171	266
Hammersmith ..	31	63	94	(1)	32	33	3	14	17	9	20	29	(2)	3	5	3	14	17	36	71	107
Hamstead ..	22	34	56	6	10	16	1	4	5	8	7	15	(2)	1	3	1	4	5	20	36	56
Holborn ..	129	165	294	21	37	58	11	23	34	17	30	47	(2)	11	14	11	23	34	131	169	300
Islington ..	123	149	272	(1)	19	20	17	11	28	14	14	25	(2)	5	8	17	11	28	117	143	260
Kensington ..	64	83	147	19	19	38	(3)	12	19	13	16	29	(1)	3	4	12	7	19	69	84	153
Lambeth ..	209	277	486	(1)	54	55	18	(1)	56	40	66	106	(2)	11	25	18	38	56	211	289	500
Lewisham ..	40	44	84	7	8	15	4	4	8	4	7	11	(2)	4	4	4	4	8	36	44	80
London, City of ..	35	41	76	1	1	2	..	..	..	5	4	9	(2)	1	1	..	..	..	31	36	67
Mill End ..	59	75	134	8	16	24	8	4	12	4	7	11	(2)	4	5	8	4	12	59	83	142
Paddington ..	56	55	111	(1)	23	24	8	5	13	9	11	20	(2)	2	5	8	5	13	56	66	122
Poplar ..	115	164	279	24	25	49	(2)	10	26	24	30	54	(2)	6	9	10	16	26	111	155	266
St. George's, East ..	39	48	87	3	1	4	5	5	11	3	5	8	(1)	1	3	5	6	11	37	42	79
St. Marylebone ..	65	82	147	22	34	56	4	(1)	17	17	28	45	(2)	4	5	4	13	17	69	85	154
St. Pancras ..	186	257	443	13	17	30	10	16	26	26	24	50	(1)	4	11	10	16	26	168	241	409
Shoreditch ..	85	77	162	16	17	33	(1)	10	16	10	11	21	(2)	1	5	8	6	16	80	69	149
Southwark ..	145	131	276	(2)	16	18	8	(1)	18	20	12	32	(1)	5	11	10	10	18	137	136	273
Stepney ..	40	41	81	(1)	1	2	2	4	6	7	5	12	(2)	2	2	2	4	6	33	37	70
Wandsworth ..	133	242	375	24	(1)	25	19	(1)	56	11	31	42	(1)	9	14	19	37	56	140	246	386
Westminster, City of ..	88	103	191	(1)	9	10	4	6	10	15	7	22	(2)	5	8	4	6	10	76	104	180
Whitechapel ..	88	81	169	13	7	20	6	16	22	15	9	24	(1)	6	9	6	16	22	79	75	154
Woolwich ..	51	73	124	3	9	12	1	7	8	5	8	13	(2)	1	1	1	7	8	48	74	122
Board of Control ..	..	3	3	..	2	10	..	..	..	..	..	..	(2)	2	7	..	..	..	..	8	8
Extra Metropolitan ..	24	41	65	12	13	25	3	5	8	4	6	10	(2)	..	..	3	5	8	32	48	80
Ministry of Health ..	1	..	1	..	..	..	..	..	..	..	..	..	(1)	..	..	..	..	..	..	..	..
Totals ..	2,393	3,135	5,528	(9)	(19)	(29)	(6)	(2)	(11)	369	472	841	(13)	(14)	(29)	(1)	220	(1)	2,306	3,140	5,446

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

TABLE XXXII.

GENERAL TABLE, showing the movement of the MENTAL HOSPITAL POPULATION during each year since the year 1908 together with the RECOVERY AND DEATH RATES.

SUMMARY.

YEAR.	ADMISSIONS.						DISCHARGED OR TRANSFERRED.												DIED.						Remaining on registers 31 December in each year.						Average daily number on registers.						Percentage of total recoveries on the number of admissions.						Percentage of deaths on average numbers resident.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Direct.			Indirect.*			Total.			Recovered.‡			Relieved.			Not Improved.‡						DIED.						Remaining on registers 31 December in each year.						Average daily number on registers.						Percentage of total recoveries on the number of admissions.						Percentage of deaths on average numbers resident.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.	M.	F.	Tl.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
From 1870 to 31 Dec., 1908	14,769	14,265	29,034	486	480	1,166	916	647	1,563	1,105	1,006	2,111	8,688	8,566	17,254

* Includes admissions from mental hospitals not under the Board.

† Includes transfers to mental hospitals not under the Board.

‡ Includes "not insane" cases.

TABLE XXXIV.

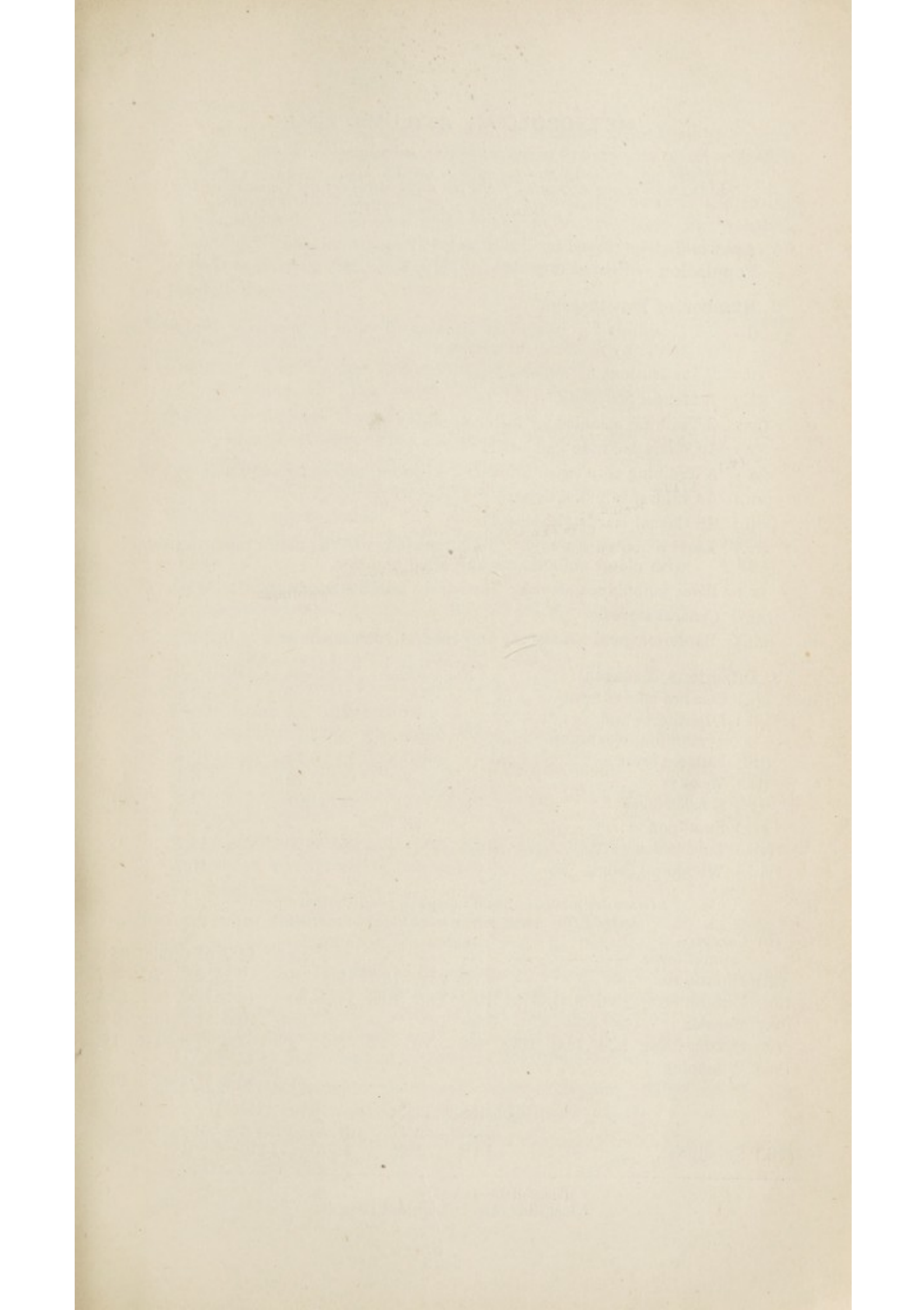
Summary showing the movement [i.e., admissions, discharges, &c.] of the mental hospitals population (exclusive of feeble-minded patients) during 1919.

	M.	F.	Total.	M.	F.	Total.
In the mental hospitals 1 January, 1919 ..				2,393	3,135	5,528
Total cases admitted during the year—						
Direct cases	362	471	833			
Indirect cases	1	86	87			
				363	557	920
Total cases under treatment during the year ...				2,756	3,692	6,448
Discharged or transferred* during the year as—						
Escaped	—	—	—			
Not insane	—	—	—			
Recovered	4	7	11			
Relieved	24	13	37			
Not improved	53	60	113			
Died	369	472	841			
Total cases discharged, transferred, and died during the year ...				450	552	1,002
Remaining in the mental hospitals 31 December, 1919 ...				2,306	3,140	5,446
Average number resident during the year ...				2,327	3,069	5,396

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

TABLE XXXV.—*Analysis of the admissions at the Mental Hospitals during the year 1919. (B1.)*

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	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DAREMTH.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
FOUNTAIN (temporary).	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
LEAVESDEN.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOOTING BEC.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOOTING BEC RECEIVING HOME FOR CHILDREN.	Direct	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Transfers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Indirect	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Statutory re-admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total admissions	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..



METROPOLITAN ASYLUMS BOARD.

Statistical items extracted from the annual report on the work of the Board for the year 1919.

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

Population estimated to middle of 1919, 4,358,309.

2. Number of institutions.

- (i.) 14 Hospitals for infectious diseases (6 were temporarily occupied by the army medical authorities).
- (ii.) 7 Institutions for tuberculosis.
- (iii.) 5 Mental hospitals.
- (iv.) 2 Training colonies for feeble-minded.
- (v.) 1 Colony for sane epileptics.
- (vi.) A Training ship (with infirmary on shore) and sea-going tender.
- (vii.) 5 Children's institutions.
- (viii.) 18 Casual wards (12 closed).
- (ix.) Land ambulance service: 7 stations (one used as motor repairing shop), with motor ambulances and other vehicles.
- (x.) River ambulance service: 3 wharves and 5 steamboats.
- (xi.) Central stores.
- (xii.) Bacteriological laboratory and research establishment.

3. Infectious diseases.

		* Notifications.	† Admissions.	Death rates, 1919.
(i.) Cerebro-spinal fever	...	202	60	63·8
(ii.) Diphtheria and membranous croup	...	9,547	7,741	8·7
(iii.) Enteric fever	...	345	136	10·4
(iv.) Measles	...	—	751	6·6
(v.) Scarlet fever	...	12,953	11,010	1·5
(vi.) Smallpox	...	28	25	—
(vii.) Tuberculosis	...	—	3,206	11·7
(viii.) Whooping cough	...	—	146	10·7

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

	1872-6	1877-81	1882-6	1887-91	1892-6	1897-1901	1902-6	1907-11	1912-16	1917	1918	1919
(i.) Cerebro-spinal fever	—	—	—	—	—	—	—	45·5	44·7	53·6	63·9	63·8
(ii.) Diphtheria	—	—	—	33·6	25·5	13·7	9·3	8·8	7·1	6·7	7·7	8·7
(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
(iv.) Measles	—	—	—	—	—	—	—	13·8	10·5	11·7	13·2	6·6
(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
(vi.) Whooping cough	—	—	—	—	—	—	—	11·6	10·2	13·4	17·5	10·7

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, 22,661; other infectious removals, 20,480. Conveyance of other persons, 16,927; total removals, 60,068. Mileage run by vehicles, 639,117.

RIVER SERVICE.—Patients conveyed down the river to the Board's hospitals, 202; other passengers conveyed to and from the hospitals, including staff, contractors' workmen, and recovered patients, 592; total passengers, 794. Miles run by steamboats, 4,959.

5. Mental Hospitals.

Patients admitted, 920; discharged or transferred to other institutions not under the Board, 161; died, 841; remaining, 5,446.

6. Training Colonies for feeble-minded patients.

Admitted, 128; discharged 60; died, 13; remaining, 720.

7. Mental Deficiency Act, 1913.

Patients admitted, 522; discharged, 28; died, 25; remaining, 703.

8. Institutions for sane epileptic patients.

Admitted, 84; discharged, 86; died, 7; remaining, 259.

9. Children's institutions.

Children admitted, 2,008; discharged, 1,694; died, 71; remaining, 1,596.

10. Ophthalmia neonatorum.

Admitted, 417; discharged, 355; died, 46; remaining, 38.

11. Training ship Exmouth.

Boys admitted, 305; discharged to royal navy, 83; to mercantile marine, 31; to army, 4; other discharges, 106; died, 1; remaining, 715.

12. Institutions for tuberculosis.

Admitted, 3,206; discharged, 2,756; died, 375; remaining, 701.

13. Casual wards.—Admitted, 5,935; discharged, 5,908; remaining, 82.

14. War refugees.—Admitted, 9,633; remaining, nil. Total admitted during 6 years, 147,686.

15. Total number of patients and other dependants in the various institutions on the last day of the year:—

Inmates	15,072
----------------	--------

16. General expenditure for the year ended 31 March, 1919, £1,469,512 (£1,330,557). (Figures in brackets are those for the preceding year.)

SUBDIVISION of general expenditure—Imbeciles and feeble-minded, £372,544 (£301,970); hospitals, £474,035 (£438,700); ambulance services—land, £44,584 (£56,686); river, £9,158 (£6,964); training ship, £37,878 (£28,374); children's homes and schools, £146,679 (£125,185); casual poor, £17,656 (£17,588); general expenses, £366,978 (£356,287).

17. Loans.—Total amount borrowed to 31 March, 1919, £5,814,449 (£5,814,449); total amount owing, £939,783 (£1,191,783).

18. Acreage of Board's property (exclusive of the casual wards and of the sites for new sanatoria), 1,884a. 3r. 32p.

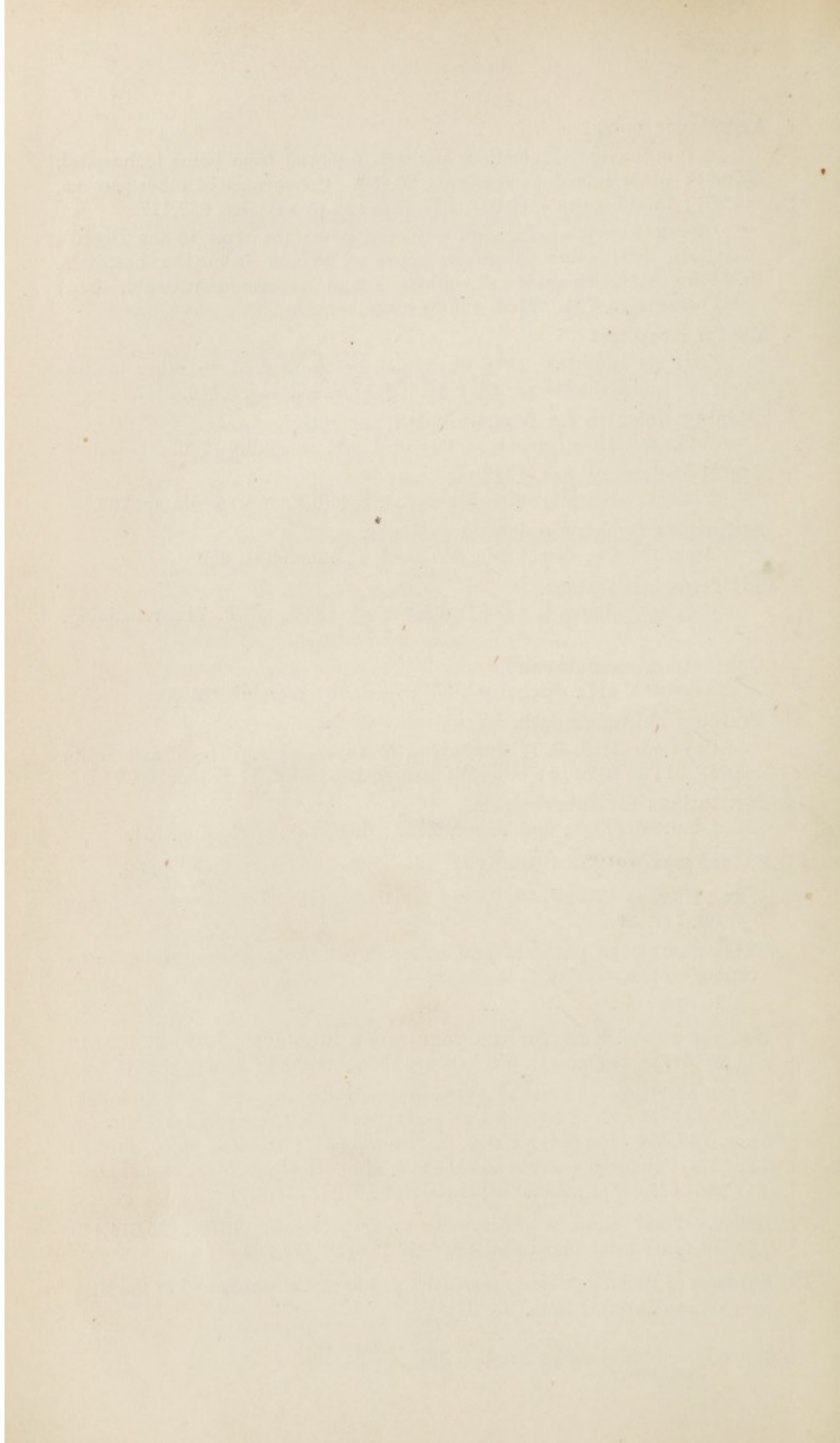


TABLE XXXVI. *Mental Hospitals.*—Showing the form of mental disorder on admission in the direct admissions and transfers during the year 1919. (B 5.)

[illegible]

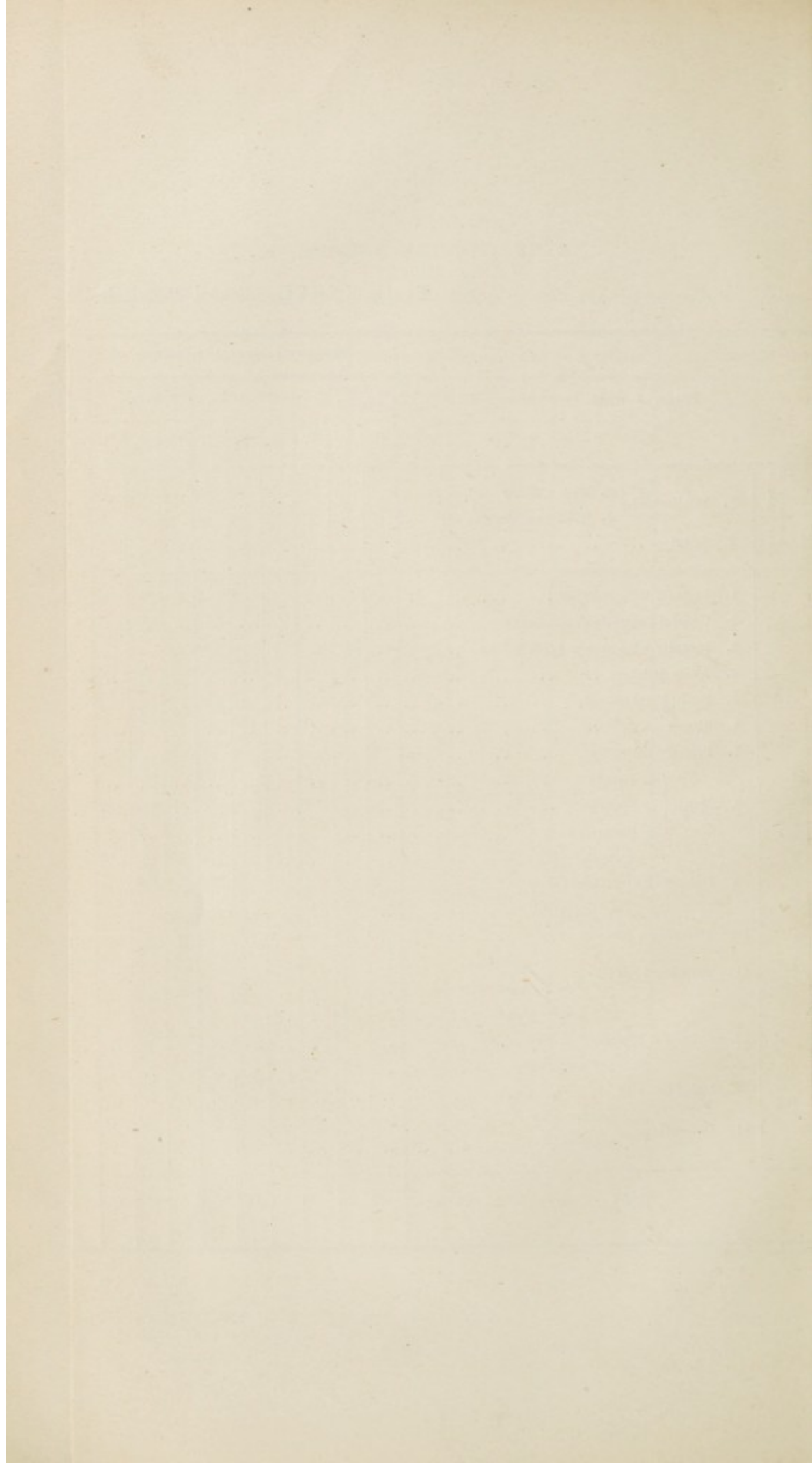


TABLE XXXV. (continued).—Analysis of the admissions to the Mental Hospitals during the year 1919. (B1.)

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	100	71	171	227	356	583	13	21	34	22	23	45	362	471	833
Indirect	1	11	12	..	37	37	..	37	37	..	1	1	1	86	87
Statutory re-admissions .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total admissions	101	82	183	227	393	620	13	58	71	22	24	46	363	557	920

TABLE XXXVI. (continued).—Showing the form of mental disorder on admission in the admissions during the year 1919. (B5.)

SUMMARY.

Forms of mental disorder.		DIRECT ADMISSIONS.			INDIRECT ADMISSIONS.			TOTALS.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital or infantile mental deficiency (idiocy or imbecility) occurring as early in life as it can be observed.	(1) Intellectual { With epilepsy ..	21	16	37	..	5	5	21	21	42
	(1) Intellectual { Without epilepsy ..	125	80	205	1	3	4	126	83	209
	(2) Moral .. .. .	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	(1) Insanity with epilepsy	7	..	7	..	2	2	7	2	9
	(2) General paralysis of insane ..	8	3	11	..	..	..	8	3	11
	(3) Insanity with grosser brain lesions ..	..	10	10	..	2	2	..	12	12
	(4) Acute delirium .. .. .	..	..	..	..	..	..	..	..	..
	(5) Confusional insanity .. .. .	..	..	..	..	..	..	..	..	..
	(6) Stupor .. .. .	..	..	..	..	..	..	..	..	..
	(7) Primary dementia	2	1	3	..	2	2	2	3	5
	(8) Mania { (a) Recent .. .. .	..	2	2	..	..	..	..	2	2
	(8) Mania { (b) Chronic	3	..	3	..	9	9	3	9	12
	(8) Mania { (c) Recurrent .. .. .	..	..	..	..	..	..	..	..	..
	(9) Melancholia { (a) Recent .. .. .	..	5	5	..	..	..	..	5	5
	(9) Melancholia { (b) Chronic .. .. .	..	7	7	..	6	6	..	13	13
	(9) Melancholia { (c) Recurrent .. .. .	..	2	2	..	..	..	..	2	2
	(10) Alternating insanity	1	..	1	..	..	..	1	..	1
	(11) Delusional { (a) Systematised	7	3	10	..	1	1	7	4	11
	(11) Delusional { (b) Non-Systematised .. ..	..	15	15	..	1	1	..	16	16
	(12) Volitional { (a) Impulse .. .. .	..	..	..	..	..	..	..	..	..
	(12) Volitional { (b) Obsession .. .. .	..	..	..	..	..	..	..	..	..
	(12) Volitional { (c) Doubt .. .. .	..	..	..	..	..	..	..	..	..
	(13) Moral insanity .. .. .	..	..	..	..	..	..	..	..	..
	(14) Dementia { Senile	188	326	514	..	8	8	188	334	522
	(14) Dementia { Secondary .. .. .	..	1	1	..	47	47	..	48	48
Total		362	471	833	1	86	87	363	557	920

TABLE XXXVII.—*Showing the GENERAL PARALYTICS in the direct admissions at the Mental Hospitals during the year 1919, arranged according to their ages at commencement of the attack and to their civil state, and also the number of instances in which the attack was ascertained to have been preceded by syphilis, together with the age at which the latter was contracted. (B 9.)*

SUMMARY.

TOOTING BEC MENTAL HOSPITAL (RECEIVING HOSPITAL).

CIVIL STATE.	AGE AT COMMENCEMENT OF THE ATTACK OF GENERAL PARALYSIS.												TOTALS.	With positive evidence of syphilis.				
	Under 15.		15—19.		20—24.		25—34.		35—44.		45—54.				55—64.		65 and up-wards.		Unknown.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	2	..	2	..	..	..	1	1	..	..	..	..
Married	1	1	2	..	3	..	..	..	..
Widowed	1	..	..	..	..
Unknown	1	..	1	..	..	..	..	..	..
TOTALS	2	..	2	2	1	3	..	4	1	5	..	8
SYPHILIS, congenital
" contracted prior to age 25
" 25—34
" 35—44
" 45—54
" at or after age 55
" at age unknown

* Denotes admission to Tooting Bec Children's Receiving Home.

TABLE XXXVIII. (continued). *Mental Hospitals.—An analysis of the discharges and transfers during the year 1919. (C 1.)*

SUMMARY.

Discharged as recovered—	M.	F.	T.	M.	F.	T.	M.	F.	T.
From direct and indirect admissions—									
First-attack cases	4	5	9	..	..	..	..	..	..
Not-first-attack cases .. .. .	..	..	..	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not	..	..	..	..	..	..	..	..	..
Total from direct admissions .. .. .	..	..	..	4	5	9	..	..	..
From transfers—									
First-attack cases .. .. .	..	2	2	..	..	..	..	..	..
Not-first-attack cases .. .. .	..	..	..	..	..	..	..	..	..
Cases unknown-whether-first-attack-or-not	..	..	..	..	..	..	..	..	..
Total from transfers .. .. .	..	..	..	..	2	2	..	..	..
Total discharged as recovered .. .. .	..	..	..	4	7	11	..	..	..
Discharged (not recovered) as—				Relieved			Not improved		
Relieved	24	13	37	24	13	37	..	..	..
Not improved	53	60	113	..	..	..	53	60	113
Total	77	73	150						
Reasons for such discharge—									
To go to care of friends	44	28	72	..	..	..	..	..	..
To go to workhouse	4	5	9	..	..	..	..	..	..
To go to L.C.C. and other mental hospitals	27	35	62	..	..	..	..	..	..
To be boarded out .. .. .	..	..	..	..	..	..	..	..	..
Statutory, by irregularity in reception order	..	..	..	..	..	..	..	..	..
Statutory, by lapsing of reception order ..	..	..	..	..	..	..	..	..	..
To fever hospital .. .. .	..	..	..	..	..	..	..	..	..
To M.D. section of Darent Training Colony	2	5	7	..	..	..	..	..	..
Total	77	73	150						
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 .. .. .	..	..	..	24	13	37	..	..	..
Not improved .. .. .	..	..	..	..	..	..	53	60	113

TABLE XXXIX. *Mental Hospitals.*—Showing all the causes of death that entered into the deaths during the year 1919, 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.									
									Epidemic diarrhoea and infectious enteritis.		Cerebral hæmorrhage.	Pneumonia.	Pulmonary tuberculosis.	General paralysis of the insane.	Valvular heart disease.	Fatty degeneration of the heart.	Chronic Bright's disease.	
	M.	F.	T.		M.	F.	T.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
CATERHAM MENTAL HOSPITAL.																		
GENERAL DISEASES—																		
Tuberculosis of lungs ..	13	23	36	6	2	..	2	15	23	38	..	..	..	..	..	..	..
" " intestine ..	2	2	4	1	..	1	1	2	3	5	..	..	..	..	..	..	..
" " glands ..	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..
" " disseminated ..	3	..	3	1	..	..	..	3	..	3	..	..	..	..	..	..	..
" " joints ..	..	1	1	..	..	..	..	1	1	1	..	..	..	..	..	..	..
Ulcerative colitis ..	1	4	5	..	..	..	..	1	4	5	..	..	..	..	..	..	..
Lobar pneumonia ..	4	3	7	2	2	..	2	6	3	9	..	..	..	1	..	..	..
Carcinoma of glands ..	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..
Diabetes ..	..	1	1	..	..	..	..	1	1	1	..	..	..	..	..	..	..
Septicæmia ..	..	3	3	..	..	..	..	3	3	3	..	..	..	..	..	..	..
Addison's disease ..	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM—																		
Cerebral hæmorrhage ..	5	8	13	3	..	..	..	5	8	13	..	..	..	..	..	12	5
Organic disease of brain ..	2	4	6	..	..	..	..	2	4	6	..	..	..	..	..	..	..
Epilepsy ..	3	7	10	..	..	1	1	3	8	11	..	..	..	..	..	..	..
General paralysis ..	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..
Mania ..	..	5	5	..	..	..	..	..	5	5	..	..	..	..	..	..	..
DISEASES OF CIRCULATORY SYSTEM—																		
Arterio-sclerosis ..	3	..	3	..	..	..	..	3	..	3	..	..	..	..	..	..	12
Fatty disease of heart ..	1	2	3	1	7	..	7	8	2	10	..	..	..	..	..	..	..
Valvular disease of heart ..	2	4	6	1	..	..	..	2	4	6	..	..	..	..	..	..	..
Dilatation of heart ..	1	..	1	..	7	..	7	8	..	8	..	..	1	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM—																		
Acute pleurisy ..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	1	..
Broncho-pneumonia ..	3	..	3	..	..	..	..	3	..	3	..	..	..	..	..	..	..
Gangrene of lung ..	2	2	4	..	..	..	..	2	2	4	..	..	..	..	..	..	..
Edema of lung ..	1	3	4	1	2	5	7	3	8	11	..	..	..	..	..	1	..
Chronic bronchitis ..	..	1	1	..	..	1	1	..	2	2	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM—																		
Gastric ulcer ..	..	2	2	..	..	..	..	..	2	2	..	..	..	..	..	..	..
Strangulation of intestine ..	1	1	2	1	..	..	..	1	1	2	..	..	..	..	..	..	..
Mucous colitis ..	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..
Ulcer of intestine ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" " (non-malignant) ..	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..
Simple enteritis ..	..	4	4	1	..	1	1	..	5	5	..	..	..	..	..	..	..
Cirrhosis of liver ..	..	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..
Ischio-rectal abscess ..	..	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..
DISEASES OF GENITO-URINARY SYSTEM—																		
Chronic Bright's disease ..	2	5	7	2	5	..	5	7	5	12	..	5	..	..	..	12	..
" Cystitis ..	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	1	..
OLD AGE—																		
Senile decay ..	3	22	25	4	..	3	3	3	25	28	..	..	..	..	..	1	..
" gangrene ..	..	2	2	..	..	..	..	..	2	2	..	..	..	..	..	..	..
Totals ..	59	112	171	26														

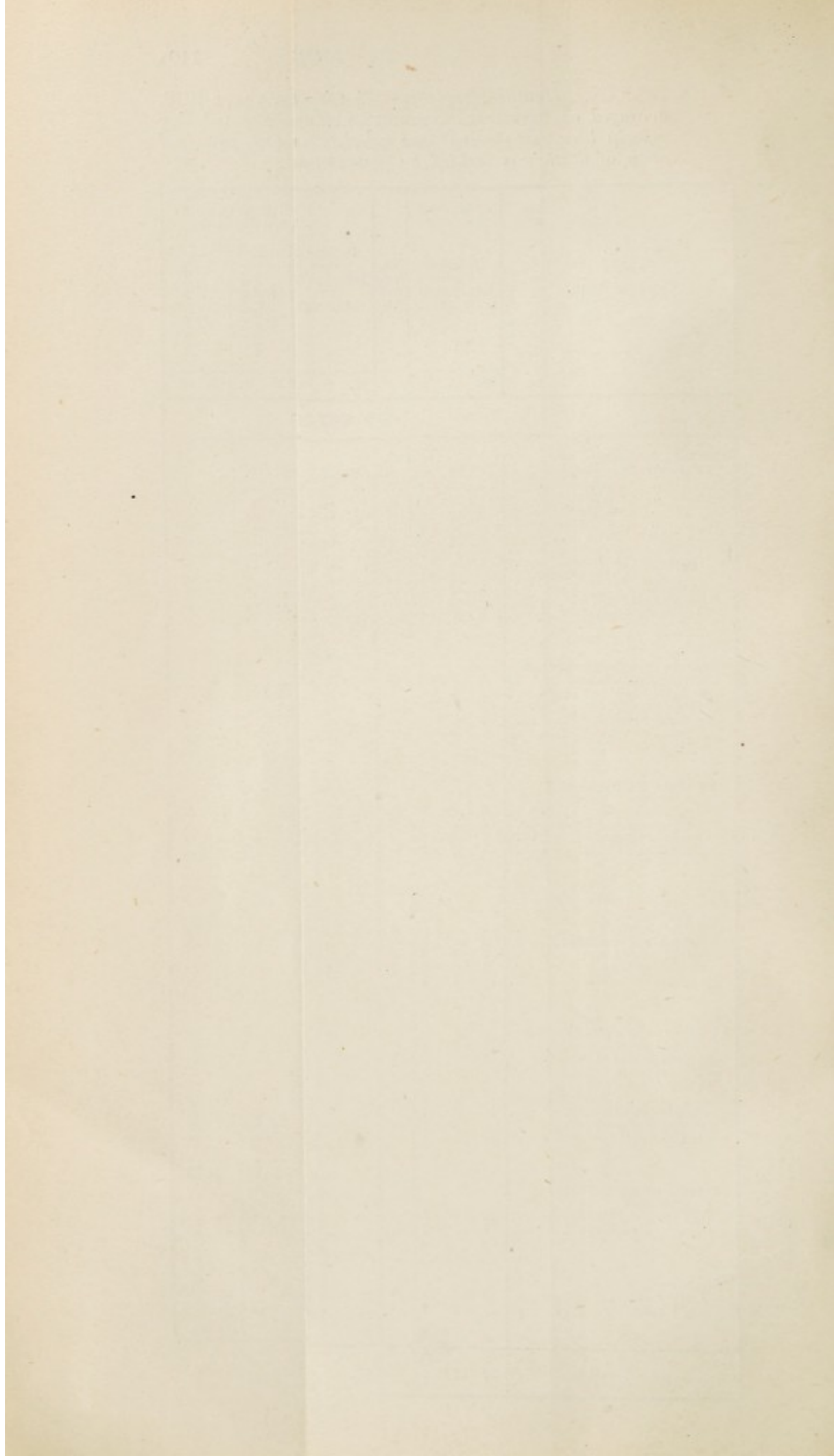


TABLE XXXIX. (continued). *Mental Hospitals.*—Showing all the causes of death that entered into the deaths during the year 1919, arranged as PRINCIPAL, CONTRIBUTORY, and the totals of these; also the number of times each cause (whether principal or contributory) was associated with certain selected causes; 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.			Instances when returned as CONTRIBUTORY.			Total Incidences.			Showing the total correlation between any given cause of death (whether acting as principal or contributory) and the subjoined selected causes.							
	M.	F.	T.	M.	F.	T.	M.	F.	T.	Pulmonary tuberculosis.	Splenic infarction.	Pulmonary oedema.	Empyema.	German measles.	Dilatation of heart.	Pyæmia.	
DARENTH TRAINING COLONY.																	
GENERAL DISEASES—																	
Tubercular meningitis	1	..	1	..	..	1	1	..	1	..	..	..	..	..	..	..	..
General tuberculosis	15	17	32	..	..	15	17	32	..	..	..	..	..	..	..	..	..
Pulmonary tuberculosis	..	1	1	..	..	..	1	1	..	..	..	..	..	..	..	..	..
Colitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis ..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM—																	
Epilepsy ..	..	3	3	..	..	..	3	3	..	..	..	..	..	..	..	..	..
Chronic cerebral disease	3	..	3	..	..	..	3	..	..	..	..	..	..	..	..	..	..
General paralysis ..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
DISEASES OF CIRCULATORY SYSTEM—																	
Heart disease (valvular)	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..
" (fatty degeneration)	..	1	1	..	..	..	1	1	2	..	..	..	..	..	..	..	..
Pericarditis ..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM—																	
Pneumonia (lobar) ..	..	2	2	..	..	..	2	2	4	..	..	..	..	..	..	..	..
Broncho-pneumonia	1	1	2	1	..	..	1	1	2	..	..	..	..	..	..	..	..
Bronchitis ..	..	1	1	1	1	1	1	1	5	..	..	..	..	..	..	..	..
Oedema of lungs ..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..
OLD AGE—																	
Senile decay ..	..	2	2	..	..	..	2	2	4	..	..	..	..	..	..	..	..
Totals ..	24	29	53	36	..	..	24	29	53	36	..	..	..	..	..	..	..

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.											
							Dysentery (colitis).	Pneumonia.	Pulmonary tuberculosis.	Valvular heart disease.	Cerebral softening.	Meningitis.	Influenza.	Acute nephritis.	Kidney disease.	Cerebral hemorrhage.		
	M.	F.		M.	F.												M.	F.
TOOTING BEC MENTAL HOSPITAL.																		
GENERAL DISEASES—																		
Phthisis	11	..	11	11	..	..	11	..	11	..	..	..	..	..	..	..	..
Hypostatic pneumonia ..	1	1	2	2	..	..	1	1	2	..	..	..	..	..	..	..	..
Pneumonia	1	..	1	1	..	6	6	1	6	..	..	..	..	..	..	..	..
Cancer of breast	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Broncho-pneumonia ..	..	2	2	2	..	1	1	..	3	3	..	..	..	..	..	..	..
Influenza .. ..	..	5	5	5	..	6	6	..	11	11	..	..	..	..	..	..	..
Pyæmia .. ..	..	1	1	1	..	..	..	1	1	..	..	..	..	..	..	..	..
DISEASES OF NERVOUS SYSTEM—																		
General paralysis	5	..	5	5	..	..	5	..	5	..	..	..	..	..	..	..	..
Cerebral hemorrhage ..	3	..	3	3	..	..	3	..	3	..	..	..	..	..	..	..	..
Cerebral tumour	3	..	3	3	..	..	3	..	3	..	..	..	..	..	..	..	..
Chronic brain disease ..	1	1	2	2	..	..	1	1	2	..	..	..	..	..	..	..	..
Cerebral softening ..	2	2	4	3	..	..	3	2	5	..	..	..	..	..	..	..	..
Status epilepticus .. ..	..	1	1	1	..	..	..	1	1	..	..	..	..	..	..	..	..
DISEASES OF CIRCULATORY SYSTEM—																		
Chronic heart and kidney disease	2	..	2	2	1	..	1	3	..	3	..	..	..	..	..	..	..
Syncope (cardiac)	1	5	6	6	..	..	1	5	6	..	..	..	..	..	..	..	..
Cardiac failure	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..
Chronic heart disease ..	7	8	15	15	..	2	2	7	10	17	..	..	..	..	..	..	..
Rupture of heart .. ..	..	1	1	1	..	..	..	1	1	..	..	..	..	..	..	..	..
Heart failure .. ..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..
DISEASES OF DIGESTIVE SYSTEM—																		
Cirrhosis of liver and ascites ..	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..
Chronic cirrhosis of kidneys ..	1	..	1	1	..	..	1	..	1	..	..	..	..	..	..	..	..
Cancer of liver	1	1	2	2	..	..	1	1	2	..	..	..	..	..	..	..	..
SENILE DECAY	117	163	280	253	..	..	117	163	280	2	..	1	1	..	1	2	..
Totals	158	193	351	322														
TOOTING BEC MENTAL HOSPITAL RECEIVING HOME.																		
GENERAL DISEASES—																		
Measles .. ..	..	2	..	2	..	..	2	..	2	..	..	..	1	..	..	..	..
Chronic scurvy .. ..	..	1	1	1	..												

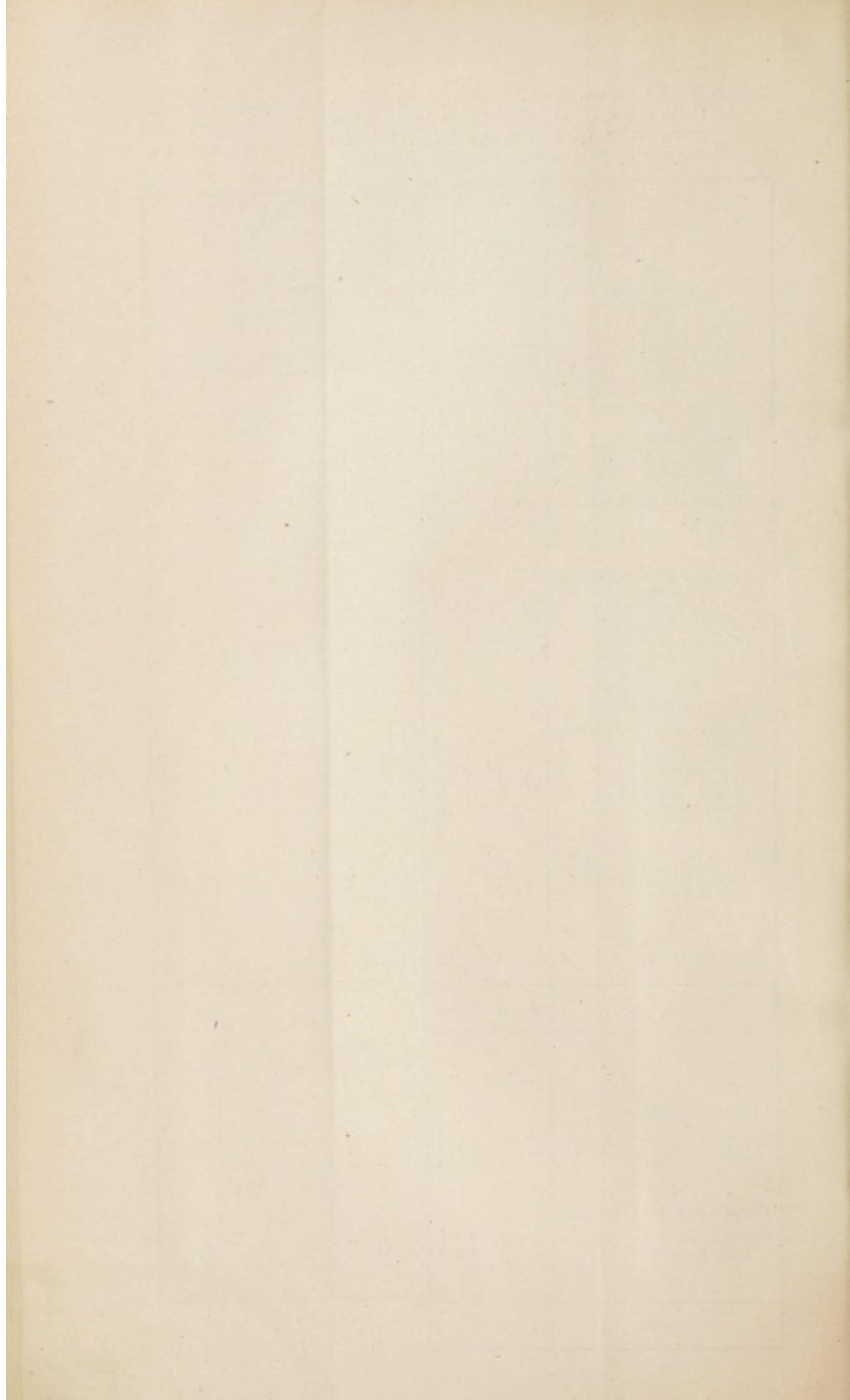
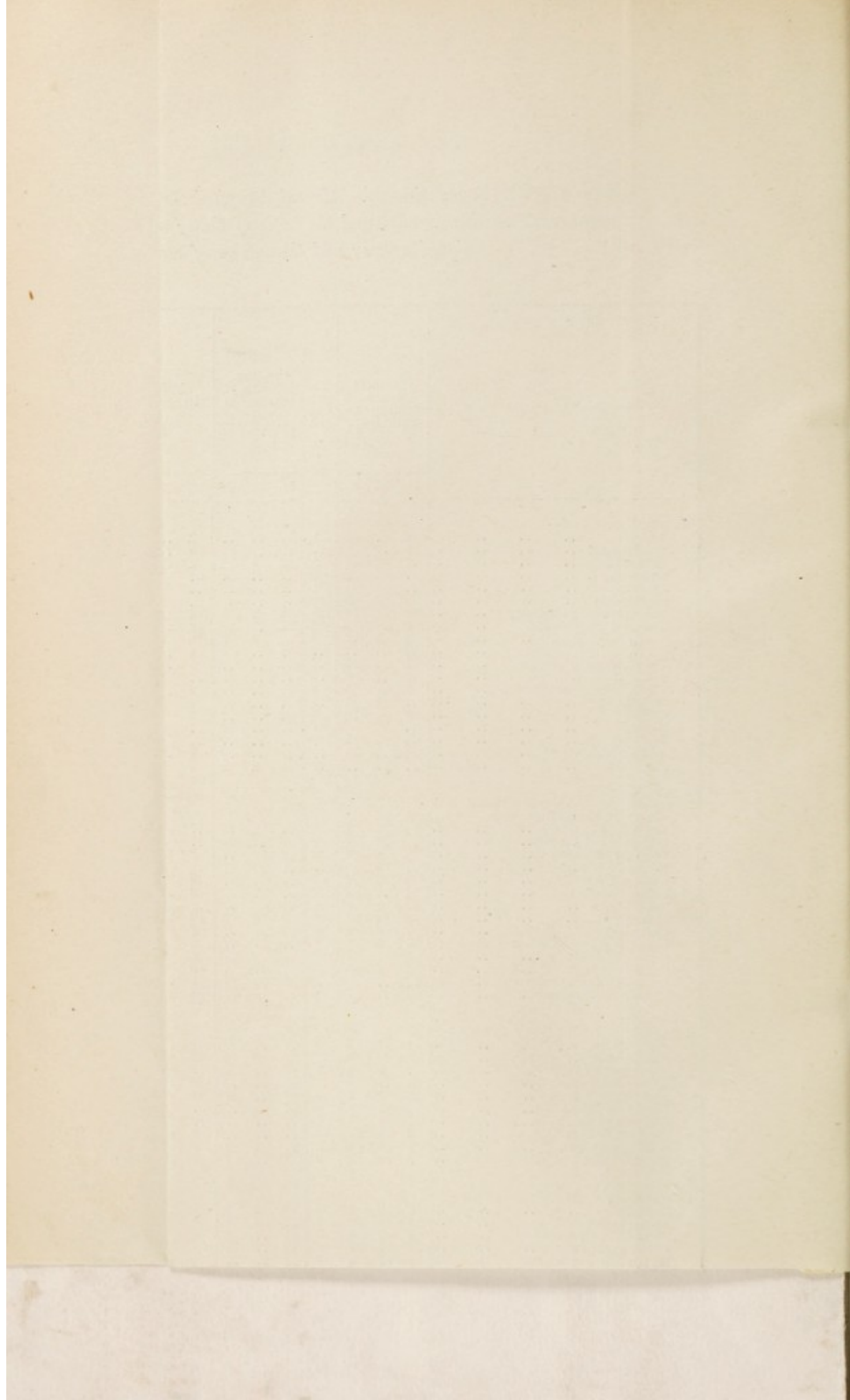


TABLE XXXIX (continued). *Mental Hospitals.*—Showing all the causes of death that entered into the deaths during the year 1919, arranged as PRINCIPAL, CONTRIBUTORY, and the totals of these; also the number of times each cause (whether principal or contributory) was associated with certain selected causes; and the number of occasions each principal cause of death was verified by post-mortem examination. (D1.)

SUMMARY.

Causes of death.	Instances when returned as PRINCIPAL.			No. verified P.M.	Instances when returned as CONTRIBUTORY.			Total incidence.	Showing the total correlation between any given cause of death (whether acting as principal or contributory) and the subjoined selected causes.																		
	M.	F.	T.		M.	F.	T.		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
GENERAL DISEASES—																											
Measles	2	..	2	1	..	..	..	2	..	2	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
Scarlet fever	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	8	8	6	3	9	12	3	17	29	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	
Pyemia	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, pulmonary ..	108	69	177	133	6	3	9	114	72	186	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tubercular meningitis	
" enteritis	
" peritonitis	
Tuberculosis of glands	
" joints	
" disseminated	
Rickets	
Cancer	
Scurvy	
Diabetes	
Addison's disease	
Marasmus	
DISEASES OF NERVOUS SYSTEM AND ORGANS OF SPECIAL SENSE—																											
Abscess of brain	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	2	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral softening	2	2	4	3	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Mania	2	2	5	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis	3	3	12	11	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hydrocephalus	2	2	1	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Porencephaly	1	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	6	14	20	7	6	3	9	12	17	29	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic cerebral disease	7	6	13	4	..	..	..	7	6	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital brain disease	5	5	10	6	..	..	..	5	5	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Glioma of brain	1	1	2	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gumma of brain	2	3	3	3	1	..	1	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Intra-dural hemorrhage	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Otitis double media	1	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF CIRCULATORY SYSTEM—																											
Pericarditis	1	1	2	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Endocarditis	15	40	55	45	8	6	14	23	46	69	..	3	..	3	14	..	1	10	2	8	..	..	..	..	..
Aneurysm of heart	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arterio-sclerosis	3	3	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Heart failure	3	6	9	7	7	..	7	10	6	16	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Aortic aneurysm	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Rupture of heart	1	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral hemorrhage	9	12	21	10	..	..	..	9	12	21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Senile gangrene	1	3	4	2	..	..	1	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic heart and kidney disease	2	..	2	2	1	..	1	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF RESPIRATORY SYSTEM—																											
Bronchitis	3	5	8	7	4	2	6	7	7	14	1	2
Broncho-pneumonia	3	5	10	4	..	4	4	5	9	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Catarrhal pneumonia	3	2	5	5	1	..	1	4	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lobar pneumonia	15	14	29	23	12	..	12	27	14	41	..	11	9	..	1	..	..	..	..	1	..	..	1	..	..
Hypostatic pneumonia	1	1	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	1	1	1	1	1	7	8	2	7	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Acute pleurisy	
Edema of lungs	
Gangrene of lungs	
Hydrothorax	
DISEASES OF DIGESTIVE SYSTEM—																											
Gastric ulcer	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteritis	4	4	1	..	1	1	..	5	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Colitis	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Strangulation of intestine	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ischo-rectal abscess	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulcer of intestine	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cirrhosis of liver	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" and ascites	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Gangrenous stomatitis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DISEASES OF URINARY SYSTEM—																											
Acute nephritis	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chronic nephritis	9	19	28	22	6	14	20	15	33	48	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
" cystitis	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..

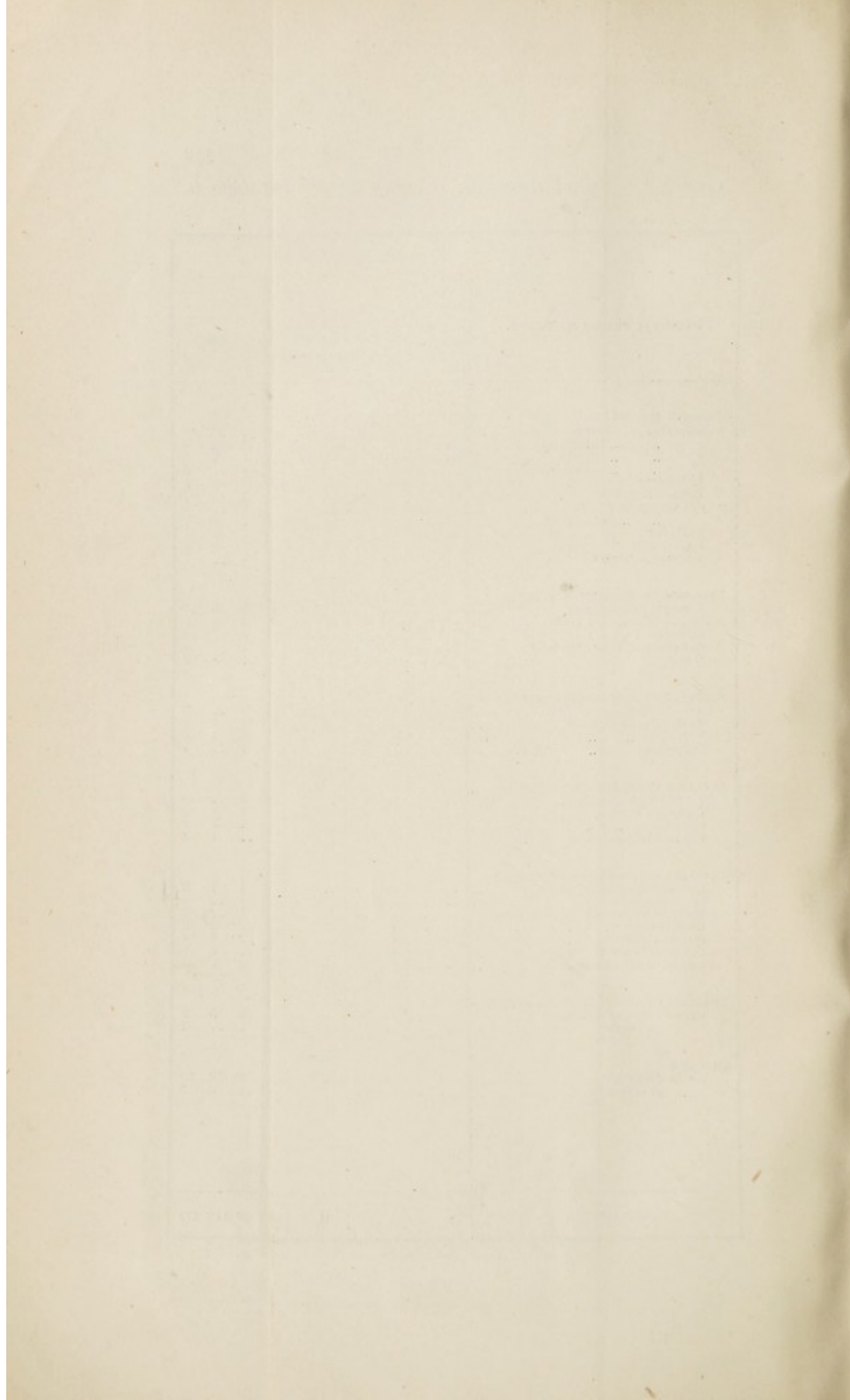


ANNUAL REPORT, 1919.

112

TABLE XL. *Mental Hospitals.*—Showing the principal cause of death in each death during the year 1919, 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.
GENERAL DISEASES—																
Tuberculosis of lungs ..			1 ..	4 1	1 2	.. 5	2 3	3 2	.. 1	.. 1	2 2	.. 2	.. 2	.. 2	13 23	36
" " intestines ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	2 2	4
" " glands ..				1 ..	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 1	2
" " disseminated ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	3 ..	3
Ulcerative colitis ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 4	5
Lobar pneumonia ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	4 3	7
Carcinoma of glands ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 ..	1
" " peritoneum ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1
Diabetes ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1
Septicæmia ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 3	3
Addison's disease ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 ..	1
DISEASES OF NERVOUS SYSTEM—																
Cerebral hemorrhage ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	5 8	13
Organic disease of brain ..				1 3	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	2 4	6
Epilepsy ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	3 7	10
General paralysis of insane ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1
Mania ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 5	5
DISEASES OF CIRCULATORY SYSTEM—																
Arterio-sclerosis ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	3 ..	3
Fatty disease of heart ..					.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	2 4	6
Valvular " " ..				1 ..	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 ..	1
Dilatation " " ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1
DISEASES OF RESPIRATORY SYSTEM—																
Broncho-pneumonia ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	3 ..	3
Gangrene of lung ..				1 ..	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	2 2	4
Edema " " ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 3	4
Chronic bronchitis ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1
DISEASES OF DIGESTIVE SYSTEM—																
Strangulation of intestine ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 1	2
Mucous colitis ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 ..	1
Ulcer of intestine (non-malignant) ..				1 ..	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 ..	1
Gastric ulcer ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	2 2	2
Simple enteritis ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 4	4
Cirrhosis of liver ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1
Ischio-rectal abscess ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1
DISEASES OF GENITO-URINARY SYSTEM—																
Chronic Bright's disease ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	2 5	7
" " cystitis ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	1 ..	1
OLD AGE—																
Senile decay ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	2 21	25
" " gangrene ..				.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 1	.. 2	2
Totals ..			1 ..	9 4	2 4	2 7	6 6	5 7	6 5	5 7	6 10	8 13	4 10	5 39	59 112	171



ANNUAL REPORT, 1919.

112c

TABLE XL. (continued). *Mental Hospitals.—Showing the principal cause of death in each death during the year 1919, 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.	M. F.	T.
GENERAL DISEASES—																	
Pulmonary tuberculosis			3 2	6 1	5 2	7 4	5 1	9 3	6 5	11 2	9 2	5 1	2 1	1	68	26	94
Tubercular enteritis											1				1	3	3
meningitis					1										1	2	1
Dysentery								1				1			2	4	5
Cancer								1		1		1			1	1	2
Gangrene									1						1	1	1
Influenza with complications, chiefly pneumonia														1		1	1
DISEASES OF NERVOUS SYSTEM—																	
Glioma of brain														1	1	1	1
Cerebral hæmorrhage										1 2		1		1	1	4	5
General paralysis of insane			1	1			1		1						2	3	5
Status epilepticus						1						1		1	2	1	3
Chronic meningitis									1	1					2	1	3
Gumma of brain									1	1					1	1	1
Hydrocephalus								1							1	1	1
Abscess of brain									1						1	1	1
Otitis double media			1												1	1	1
DISEASES OF CIRCULATORY SYSTEM—																	
Valvular disease of heart							1	2	1	1	3	1 2	1 3	1	3	14	17
Fatty degeneration of heart										2	3	1 1	3	1	1	10	11
Aortic aneurysm														1	1	1	1
Aneurysm of heart													1		1	1	1
Pericarditis													1		1	1	1
DISEASES OF RESPIRATORY SYSTEM—																	
Bronchitis										1	1		1 1	1	3	2	5
Bronchiectasis												1			1	1	1
Lobar pneumonia					1	1	1	1	2 1	1 1	1	1	4 1	3	11	9	20
Catarrhal									1			1 1	1	1	3	2	5
DISEASES OF URINARY SYSTEM—																	
Chronic nephritis						1		1	1 2	1	2	2 2	1 3	1 3	6	14	20
Acute				1											1	1	1
SENILE DECAY												1	1	4	6	13	19
ACCIDENTS—																	
Strangulated hernia in pouch behind uterus													1		1	1	1
Accidental choking with a piece of bread								1							1	1	1
An ununited fracture of neck of left thigh bone				1											1	1	1
Totals			4 3	8 3	7 2	9 6	7 3	10 11	12 10	18 9	11 13	12 12	11 17	6 30	115	119	234

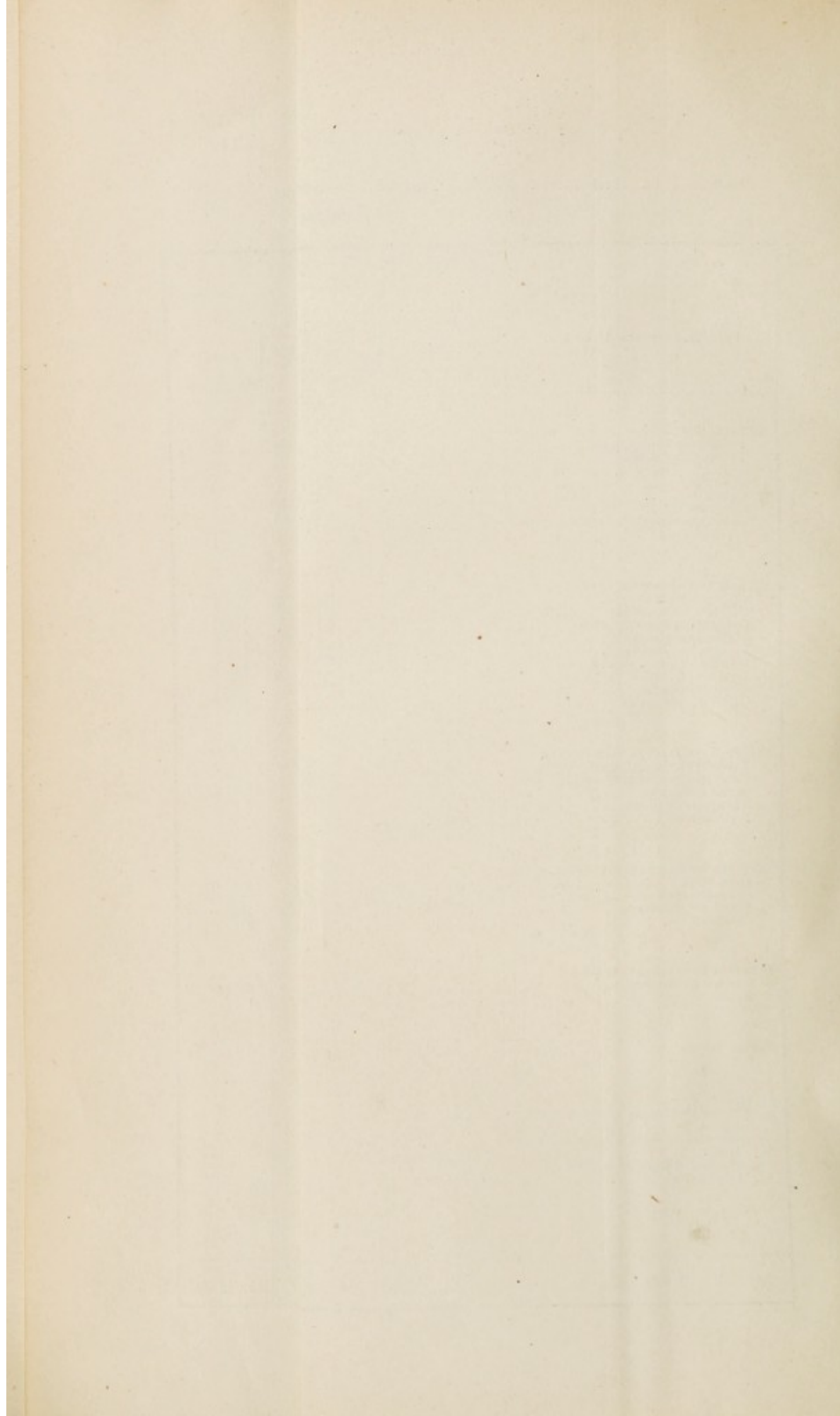


TABLE XL. (continued). *Mental Hospitals.—Showing the principal cause of death in each death during the year 1919, together with the ages at death in quinquennial periods. (D 2.)*

TOOTING BEG 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.
GENERAL DISEASES—																
Phthisis	1 ..	1 ..	..	1 ..	..	..	1 ..	3 ..	..	2 ..	2 ..	11 ..	11
Cancer of Breast	1 ..	..	1	1
Influenza	2 ..	1 ..	2 ..	5	5
Pyæmia	1 ..	..	..	1	1
DISEASES OF NERVOUS SYSTEM—																
General paralysis	1 ..	..	..	..	..	..	2 ..	2 ..	..	..	..	..	5 ..	5
Cerebral hæmorrhage	1 ..	1 ..	..	1 ..	..	1 ..	3 ..	3
tumour	1 ..	..	..	..	..	..	..	1 ..	..	..	3 ..	3
Chronic brain disease	1 ..	..	..	..	..	..	1 ..	..	..	1	2
Cerebral softening	2 ..	1 ..	..	1 ..	2	4
Status epilepticus	1 ..	..	..	..	..	1	1
DISEASES OF CIRCULATORY SYSTEM—																
Chronic heart and kidney disease	1 ..	1 ..	2 ..	2
Syncope (cardiac)	1 ..	4 ..	5 ..	6
Cardiac failure	1 ..	1 ..	1
Chronic heart disease	2 ..	2 ..	2 ..	7	15
Rupture of heart	1 ..	..	..	..	..	1 ..	1 ..	1
Heart failure	1 ..	1 ..	1
DISEASES OF RESPIRATORY SYSTEM—																
Hypostatic pneumonia	1 1	1 1	2
Pneumonia	1 ..	..	..	..	1 ..	1
Broncho-pneumonia	1 ..	..	1 ..	..	2 ..	2
DISEASES OF DIGESTIVE SYSTEM—																
Cirrhosis of liver and ascites	1 ..	1 ..	1
Chronic cirrhosis of kidneys	1 ..	..	1 ..	1
Cancer of liver	1 1	1 1	2
OLD AGE—																
Senile decay	1 ..	..	6 3	18 4	92 156	117 163	280
Totals	1 ..	1 ..	2 ..	.. 1	1 ..	..	4 1	5 1	4 3	11 6	25 9	104 172	158 193	351

TOOTING BEG MENTAL HOSPITAL RECEIVING HOME FOR CHILDREN.																
GENERAL DISEASES—																
Measles	2 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 ..	2
Chronic scurvy .. .. .	..	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	1 ..	1
DISEASES OF NERVOUS SYSTEM—																
Status epilepticus	2 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 ..	2
Acute meningitis	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	1
DISEASES OF RESPIRATORY SYSTEM—																
Phthisis	1 ..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 ..	1
Totals	2 4	..	1 ..	..	..	..	..	..	..	..	..	..	..	..	2	5 7

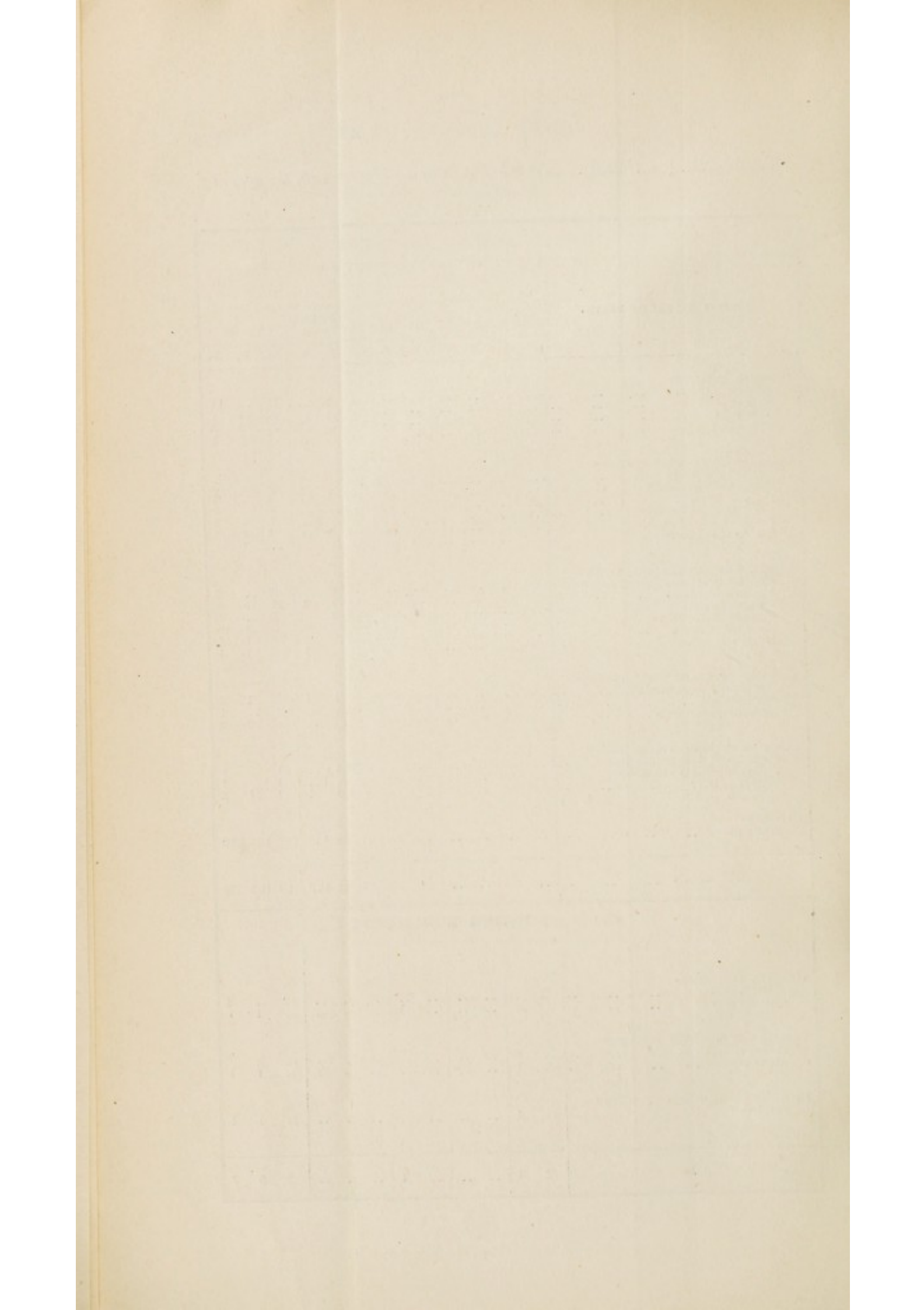


TABLE XL (continued). Mental Hospitals.—Showing the principal cause of death in each death during the year 1919, together with the ages at death in quinquennial periods. (D 2.)

SUMMARY.

PRINCIPAL CAUSE OF DEATH	AGES AT DEATH IN QUINQUENNIAL PERIODS.																												Totals		
	Less than 10.		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65-69		70 and over		Totals		
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
GENERAL DISEASES—																															
Typhoid fever ..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever	
Influenza	
Dysentery	
Septicemia	
Tuberculosis, pulmonary	
Tubercular meningitis	
Tuberculosis of glands	
" in joints	
" disseminated	
Rickets	
Cancer	
" of stomach	
" of breast	
" of uterus	
" of ovary	
" of fallopian tubes	
" of broad ligaments	
" of peritoneum	
" of mesentery	
" of mesocolon	
" of mesosplenic	
" of mesoduodenal	
" of mesopancreatic	
" of mesosuprapancreatic	
" of mesosplenic	
" of mesocolic	
" of mesosplenic	
" of mesoduodenal	
" of mesopancreatic	
" of mesosuprapancreatic	
" of mesosplenic	
" of mesocolic	
" of mesosplenic	
" of mesoduodenal	
" of mesopancreatic	
" of mesosuprapancreatic	
" of mesosplenic	
" of mesocolic	
" of mesosplenic	
" of mesoduodenal	
" of mesopancreatic	
" of mesosuprapancreatic	
" of mesosplenic	
" of mesocolic	
" of mesosplenic	
" of mesoduodenal	
" of mesopancreatic	
" of mesosuprapancreatic	
" of mesosplenic	
" of mesocolic	
" of mesosplenic	
" of mesoduodenal	
" of mesopancreatic																	

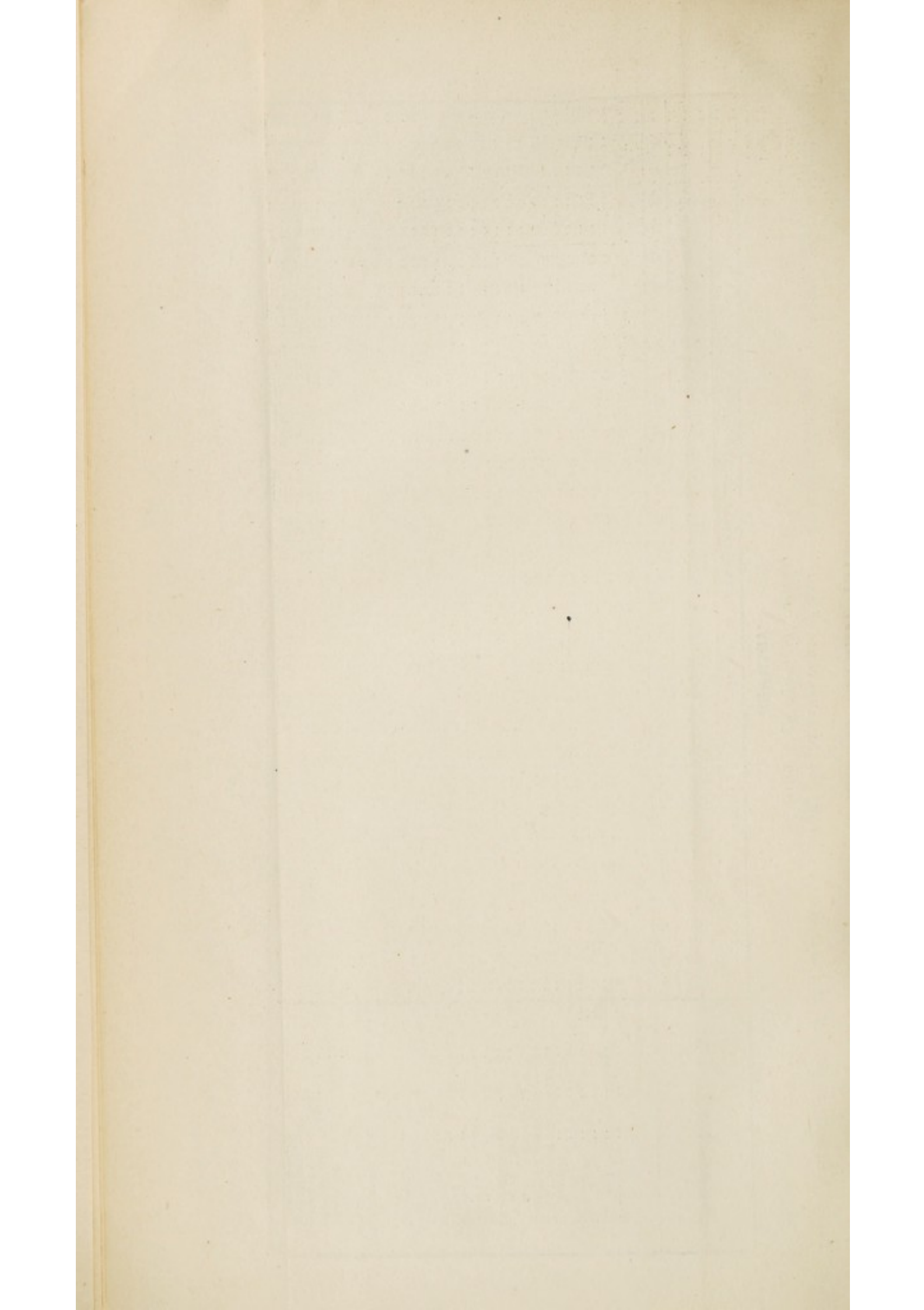


TABLE XLI.—Showing the form of mental disorder on 31 December, 1919, of those on the registers at that date at the Mental Hospitals. (E2.)

Forms of mental disorder on 31 December, 1919.		Caterham Mental Hospital.			Darenth Training Colony.			Fountain Mental Hospital.			Leavesden Mental Hospital.			Tooting Bec Mental Hospital.			Tooting Bec Receiving Home for Children.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Insanity occurring later in life.	1. Intellectual { <i>a.</i> With epilepsy <i>b.</i> Without epilepsy	67	117	184	111	116	227	55	49	104	123	136	253	1	5	6	4	2	6
	2. Moral	242	407	649	513	411	924	154	162	316	341	379	720	26	22	48	18	7	25
	1. Insanity with epilepsy	8	24	32	..	..	..	..	..	..	16	34	50	14	4	18	..	..	..
	2. General paralysis of the insane ..	..	..	..	..	..	..	..	..	..	1	5	6	3	..	3	..	..	..
	3. Insanity with grosser brain lesions ..	..	2	3	..	..	..	..	..	..	6	4	10	..	3	3	..	..	..
	4. Acute delirium .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	5. Confusional insanity	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	6. Stupor .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7. Primary dementia	16	21	37	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	8. Mania { <i>a.</i> Recent	11	72	83	..	..	..	..	..	..	1	2	23	..	1	1	..	..	..
	<i>b.</i> Chronic .. .. .	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>c.</i> Recurrent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	9. Melancholia { <i>a.</i> Recent	14	35	49	..	..	..	..	..	..	3	19	22	8	9	17	..	..	..
	<i>b.</i> Chronic .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..
	<i>c.</i> Recurrent .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Insanity occurring later in life.	10. Alternating insanity	1	10	10	..	..	..	..	..	..	6	12	18	..	..	..	..	..	..
	11. Delusional insanity { <i>a.</i> Systematised ..	5	19	24	..	1	1	..	..	..	5	4	9	12	20	32	..	..	..
	<i>b.</i> Non-systematised .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	12. Volitional insanity { <i>a.</i> Impulse .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>b.</i> Obsession .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	<i>c.</i> Doubt .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	13. Moral insanity	10	63	73	..	..	..	..	..	..	9	48	57	320	448	768	..	..	..
	14. Dementia { <i>a.</i> Senile	58	153	211	2	4	6	..	..	..	120	281	401	..	4	4	..	..	..
	<i>b.</i> Secondary .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Totals	434	925	1,359	626	532	1,158	209	211	420	631	944	1,575	384	519	903	22	9	31
	Prospect of mental recovery { Favourable .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Doubtful .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Unfavourable .. .. .	..	..	..	626	532	1,158	..	..	..	631	944	1,575	384	519	903	22	9	31

TABLE XLI. (continued).—Showing the form of mental disorder on 31 December, 1919, of those on the registers at that date at the mental hospitals. (E 2.)

SUMMARY.

Forms of mental disorder on 31 December, 1919.							M.	F.	T.
Congenital or infantile mental deficiency (idiotcy or imbecility) occurring as early in life as it can be observed.	1. Intellectual	{	a. With epilepsy	..	..	..	361	425	786
			b. Without epilepsy	..	..	..	1,294	1,388	2,682
	2. Moral	..	..	..	..	..	..	..	..
Insanity occurring later in life.	1. Insanity with epilepsy	..	..	..	..	..	38	62	100
	2. General paralysis of the insane	..	..	..	..	..	4	5	9
	3. Insanity with grosser brain lesions	..	..	..	..	..	7	9	16
	4. Acute delirium	..	..	..	..	..	..	..	..
	5. Confusional insanity	..	..	..	..	..	1	1	2
	6. Stupor	..	..	..	..	..	..	..	..
	7. Primary dementia	..	..	..	..	..	16	21	37
	8. Mania	{	a. Recent	..	..	..	..	..	..
			b. Chronic	..	..	..	12	95	107
			c. Recurrent	..	..	..	..	1	1
	9. Melancholia	{	a. Recent	..	..	..	8	9	17
			b. Chronic	..	..	..	17	57	74
			c. Recurrent	..	..	..	..	..	..
	10. Alternating insanity	..	..	..	..	..	1	..	1
	11. Delusional insanity	{	a. Systematised	..	..	..	6	22	28
			b. Non-systematised	..	..	..	22	44	66
	12. Volitional insanity	{	a. Impulse	..	..	..	..	..	..
			b. Obsession	..	..	..	..	..	..
			c. Doubt	..	..	..	..	..	..
	13. Moral insanity	..	..	..	..	..	..	..	..
	14. Dementia	{	a. Senile	..	..	..	339	559	898
			b. Secondary	..	..	..	180	442	622
Totals							2,306	3,140	5,446
Prospect of mental recovery									
{ Favourable							..	..	..
{ Doubtful							..	..	..
{ Unfavourable							1,663	2,004	3,667

TABLE XLII.

Showing the admissions, deaths and discharges of feeble-minded patients during the year 1919.

	DARENTH TRAINING COLONY.				BRIDGE TRAINING HOME.				EDMONTON EPILEPTIC COLONY.			
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Remaining 31 December, 1918	...	206	307	513	...	...	126	...	...	26	...	...
Direct admissions	...	65	49	114	...	...	14	...	...	...	...	...
Transfers from other institutions of the Board for feeble-minded	...	3	...	3	...	...	2	...	...	...	...	...
Total cases under treatment during the year	...	...	...	...	274	356	630	...	...	...	...	26
Discharged	*14	†37	51	...	...	...	7	...	...	2	...	...
Transferred to other institutions of the Board for feeble-minded	2	...	2	...	...	...	3	...	...	...	...	...
Died	4	9	13	...	...	...	...	...	...	...	...	...
Total transferred, discharged, and died	...	...	...	...	20	46	66	...	...	...	2	...
Remaining 31 December, 1919	...	...	...	...	254	310	564	...	...	...	24	...

* 4 to imbecile section,

† 6 to imbecile section.

‡ 1 to Queen Mary's Hospital.

TABLE XLII. (continued).—Summary of admissions, deaths, and discharges of feeble-minded patients during 1919.

	M.	F.	Total.	M.	F.	Total.
Remaining 31 December, 1918				358	307	665
Direct admissions	79	49	128	79	49	128
Total cases under treatment during the year ...				437	356	793
Discharged	*23	37	*60			
Died... ..	4	9	13			
Total discharged and died				27	46	73
Remaining 31 December, 1919				410	310	720

* Of this number 10 were transferred to the imbecile section of Darenth Training Colony, 1 to Queen Mary's Hospital, and the remainder left at the desire of their relatives, themselves, or the guardians of their respective unions.

TABLE XLIII.

Showing the admissions, transfers, discharges, and deaths of patients admitted under the provisions of the Mental Deficiency Act, 1913, during 1919.

Mental Hospital.	Remain- ing 31 Dec., 1918.			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., 1919.		
	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	12	12		3	20	23	7	7	14	10	39	49	1	1	...	...	...	...	3	3	10	35	45	
Darenth T.C.	96	68	164	160	128	288	7	3	10	263	199	462	13	3	16	26	11	37	4	3	7	220	182	402
Fountain	16	15	31	90	70	160	11	5	16	117	90	207	5	4	9	15	9	24	8	3	11	89	74	163
Leavesden	19	8	27	38	13	51	23	5	28	80	26	106	1	1	2	7	...	7	4	...	4	68	25	93
Totals.	131	103	234	201	231	522	48	20	68				19	9	28	48	20	68	16	9	25	387	316	703

* Includes 3 escaped cases.

TABLE XLIII. (continued).—Summary of admissions, discharges, and deaths of patients during the year 1919, admitted under the provisions of the Mental Deficiency Act, 1913.

	M.	F.	Total.	M.	F.	Total.
Remaining 31 December, 1918	131	103	234	...	...	...
Total cases admitted during the year	291	231	522			
Total cases under treatment during the year ...				422	334	756
Discharged during the year	19	9	28			
Died	16	9	25			
Total cases discharged and died during the year ...				35	18	53
Remaining 31 December, 1919				387	316	703

TABLE XLIV.—*Showing the admissions, deaths, and discharges of sane epileptic patients for the year 1919.*

	EDMONTON EPILEPTIC COLONY.						HIGH WOOD SCHOOL.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Remaining 31 December, 1918...	...	...	...	202	...	202	...	...	...	42	24	66
Direct admissions ...	56	1	57	...	...	...	16	11	27	...	...	...
Transfers from other institutions of the Board for epileptics ...	28	23	51	...	...	...	...	...	...	16	11	27
				84	24	108						
Total cases under treatment during the year ...	...	...	...	286	24	310	...	...	...	58	35	93
Discharged ...	40	4	44	...	...	...	30	12	42	...	...	...
Transfers to other institutions of the Board for epileptics ...	...	...	...	...	...	...	28	23	51	...	...	...
Died ...	7	...	7	...	...	...	...	...	...	...	...	...
Total discharged, transferred, died ...	...	...	...	47	4	51	...	...	...	58	35	93
Remaining 31 December, 1919...	...	...	...	239	20	259	...	...	...	...	...	...

TABLE XLIV. (continued).—*Summary of admissions, deaths, and discharges of sane epileptic patients during the year 1919.*

	M.	F.	Tl.	M.	F.	Tl.
Remaining 31 December, 1918 ...	244	24	268			
Direct admissions ...	72	12	84			
Total cases under treatment during the year ...				316	36	352
Discharged ...	70	16	86			
Died ...	7	...	7			
Total discharged, died ...	...	...	...	77	16	93
Remaining 31 December, 1919 ...	...	...	...	239	20	259

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

	Women.	Children.
Remaining under treatment 31 December, 1918 ...	6	2
Admissions ...	76	—
Born in hospital ...	—	64
Discharges ...	66	59
Deaths ...	—	1
Remaining under treatment 31 December, 1919 ...	16	6

NOTE.—There were 2 stillbirths during the year.

TABLE XLVI.—OPHTHALMIA NEONATORUM.

Showing the admissions, discharges, and deaths of patients during 1919.

Hospital.	Remaining, 31 Dec., 1918.			Admissions.			Discharges.			Deaths.			Remaining, 31 Dec., 1919.		
	Women.	Babies.	Total.	Women.	Babies.	Total.	Women.	Babies.	Total.	Women.	Babies.	Total.	Women.	Babies.	Total.
St. Margaret's ...	4	18	22	136	281	417	133	222	355	—	46	46	7	31	38
Totals...	4	18	22	136	281	417	133	222	355	—	46	46	7	31	38

TABLE XLVII.—Return of work of the Land Ambulance Service during 1919.

PARTICULARS OF WORK.						Patients, &c. removed.	Journeys made.	Miles run.
I.—INFECTIOUS CASES.								
REMOVALS FROM HOMES—								
To the Board's hospitals	{ Fever cases					22,175	20,900	245,347
	{ Smallpox cases ... ..					...	...	...
	{ Tuberculous cases					283	250	5,779
To the Board's wharves	{ Venereal cases					40	37	508
	{ Fever cases					129	27	342
	{ Smallpox cases					34	28	595
To general hospitals ...	...					1	1	12
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						325	311	2,884
Patients returned home, mistaken diagnosis	{ Fever cases					12	11	124
	{ Smallpox cases					5	5	99
Patients sent for but not removed (lost journeys) ... ..						...	443	3,838
Patients' friends brought from home to hospitals						118	17	74
" " taken from hospitals home						175	22	96
TRANSFERS BETWEEN HOSPITALS—								
Fever patients to	{ Northern					3,013	353	9,786
	{ Southern					2,809	248	10,615
	{ Joyce Green					1,620	191	7,991
Transfers between other hospitals of the Board						568	99	2,925
Other transfers between hospitals and wharves						18	3	54
DISCHARGED PATIENTS—								
From hospitals to homes						375	336	5,517
To ambulance stations	{ From Northern					2,735	193	7,349
	{ " Southern					2,413	145	7,165
	{ " Joyce Green					2,203	209	9,376
From ambulance stations to ambulance stations						465	139	2,662
" " " homes						14	14	139
" wharves to ambulance stations						382	30	462
" " homes						4	4	55
CONVEYANCE OF PATIENTS—								
To places other than the Managers' institutions (private removals)						3,225	2,530	53,016
Lost journeys ... ..						...	160	1,484
						43,141	26,706	378,304
II.—NON-INFECTIOUS CASES.								
BOARD'S CASES—								
Imbeciles						802	118	6,060
Ringworm (children)						1,050	138	3,069
Ophthalmia (children)						32	12	254
Defective children						728	88	4,652
Sick and debilitated children						133	27	1,425
Casuals						17	15	125
Staff and other persons						145	64	1,311
Lost journeys ... ..						...	161	1,387
Other cases						108	92	1,025
PRIVATE CASES—								
To other than the Managers' institutions						11,999	7,982	111,804
War refugees						152	69	2,262
Naval and military cases						630	324	5,982
						15,796	9,090	139,356
III.—OTHER WORK—								
CONVEYANCE OF COMMITTEES						266	29	390
CONVEYANCE OF STAFF						865	194	4,252
SERVICE REQUIREMENTS AND CONVEYANCE OF GENERAL STORES ... ..						...	2,908	51,499
TESTING ... ..						...	695	6,623
						1,131	3,826	62,764
Total for 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
" 1911						49,183	28,506	355,945
" 1910						37,240	22,479	283,074
Totals for 1886 to 1909 inclusive						796,091	519,776	5,588,265
Grand totals						1,356,648	849,567	10,249,681

* In addition to the above work 58,693 miles were run by motor vehicles attached to institutions of the Board outside London.

TABLE XLVIII.—RIVER SERVICE.

Number of patients, visitors, staff, etc., conveyed to and from Long Reach during the year 1919.

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	7	2	..	10	19
February .. ..	..	7	..	4	11
March	9	1	9	17	36
April .. ..	..	4	5	8	17
May	3	2	13	16	34
June	2	2	2	4	10
July	4	3	10	15	32
August .. ..	..	2	..	2	4
September .. ..	..	..	..	1	1
October .. ..	..	..	..	..	..
November	39	..	..	7	46
December	138	368	1	77	584
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 for 1907	458	2	5	412	877
Totals for 1906	27	27	18	637	709
Totals 1884 to 1905 (inclusive)	26,116	22,309	13,887	34,216	96,528
Grand totals	36,061	27,749	17,418	40,036	121,294

STEAMERS.

STEAMER	Fires alight.		Under steam.		Under way.		Coal consumed.		Number of days when steam raised.	Distance run.
	Hours.	Mins.	Hours.	Mins.	Hours.	Mins.	Tons.	Cwts.		Miles.
"Albert Victor" ..	190	..	132	..	44	33	36	12	20	501
"Geneva Cross" ..	..	..	..	..	..	..	..	..	..	..
"Maltese Cross" ..	550	..	345	..	89	24	50	5	30	837
"White Cross" ..	8,566	..	5,696	..	345	23	52	..	143	3,621
"Red Cross" ..	..	..	..	..	..	..	..	..	..	..
Totals	9,306	..	6,173	..	479	20	138	17	193	4,959

Quantity of stores, parcels, etc., conveyed to and from Long Reach.

Weight, 25 tons, 18 cwt., 0 qrs., 0 lbs.

TABLE XLIX.—SICK CHILDREN.
QUEEN MARY'S HOSPITAL.—GENERAL STATISTICS.

Year.	Admitted.	Total under treatment.	Discharged.	Transferred to other institutions of the Board.	Died.	Remaining at end of year.
1915	839	1,724	697	94	68	865
1916	643	1,508	535	80	80	813
1917	554	1,367	435	65	73	794
1918	462	1,256	425	62	79	690
1919	464	1,154	385	108	37	624

TABLE L.
QUEEN MARY'S HOSPITAL.—ADMISSIONS ARRANGED IN POOR LAW AREAS.

Parish or Union.	1915.		1916.		1917.		1918.		1919.	
	Under 3	Over 3	Under 3	Over 3	Under 3	Over 3	Under 3	Over 3	Under 3	Over 3
Bermondsey	—	29	2	12	—	13	—	8	1	11
Bethnal Green	6	37	—	13	1	12	—	16	—	7
Camberwell	—	20	—	13	1	6	—	13	—	10
Chelsea	—	3	—	3	—	3	1	4	1	3
Fulham	8	47	2	14	4	24	4	27	2	17
George, St., in-the-East	2	7	1	6	—	4	—	1	—	4
Greenwich	—	23	3	21	—	16	—	8	1	18
Hackney	2	62	—	31	—	31	1	16	—	27
Hammersmith	1	19	8	18	—	10	—	8	—	12
Hampstead	—	—	2	3	—	4	—	1	—	1
Holborn	7	43	1	34	—	24	—	34	5	21
Islington	5	41	2	27	3	24	—	22	—	17
Kensington	1	15	1	18	1	15	1	28	2	24
Lambeth	—	22	—	16	—	19	2	15	—	21
Lewisham	—	5	2	19	1	9	—	20	—	7
London, City of	—	—	—	—	—	—	—	—	—	1
Marylebone	2	33	2	20	1	11	2	28	2	10
Mile End	1	13	1	13	—	14	—	10	—	6
Paddington	10	22	4	28	5	20	—	7	—	8
Pancras, St.	8	22	9	29	2	14	—	2	—	10
Poplar	2	16	1	18	—	19	3	25	3	14
Shoreditch	—	24	—	32	1	24	—	19	—	8
Southwark	15	48	1	13	—	14	—	10	—	25
Stepney	—	15	—	11	1	14	2	9	1	7
Wandsworth	4	38	3	43	9	45	3	33	—	14
Westminster	1	3	—	5	3	13	—	5	—	2
Whitechapel	—	9	—	4	—	3	—	2	3	1
Woolwich	—	10	—	3	—	5	—	2	1	14
L.C.C.	1	116	—	107	—	66	—	40	—	109
War Refugees	1	6	2	3	1	20	—	17	—	—
Extra Metropolitan	1	13	—	19	1	23	—	13	—	12
Totals	78	761	47	596	35	519	19	443	22	442

TABLE LI.
QUEEN MARY'S HOSPITAL.—DISEASES AS STATED ON THE
ADMISSION ORDERS.

A.—SURGICAL.

Disease.	1915	1916	1917	1918	1919
TUBERCULAR DISEASE—					
Spine	63	68	85	40	61
Sacro-iliac joint	1	—	1	—	—
Hip	92	57	53	41	46
Knee	27	14	15	19	19
Ankle	2	3	3	5	3
Tarsus	9	—	4	1	—
Metatarsus	2	—	1	—	—
Toe	1	—	—	—	—
Shoulder	1	—	1	—	1
Elbow	9	2	2	4	7
Wrist	2	—	3	—	—
Metacarpus	—	2	5	—	4
Finger	3	1	4	3	3
Bone	10	5	10	7	11
Skin (including lupus)	10	5	4	5	6
Glands	54	67	53	33	22
DISEASES OF BONE—					
Necrosis (various)	5	3	2	5	10
Acute osteomyelitis	—	1	—	—	—
Periostitis	1	2	—	—	2
Fractures	5	4	—	1	5
DEFORMITIES—					
Spina bifida	1	—	—	—	—
Scoliosis	10	7	6	6	3
Round shoulders	—	1	—	—	—
Congenital dislocation of hip	—	—	3	—	1
Coxa vara	—	—	1	—	—
Ankylosis of knee	—	—	1	—	1
Genu valgum	6	2	—	2	2
Curved tibia	3	2	1	—	—
Talipes equinovarus	3	5	3	4	2
Pes cavus	1	—	1	—	—
Flat foot	1	1	—	1	3
Contraction after burn	1	—	—	—	—
Torticollis	—	—	—	—	1
RESPIRATORY SYSTEM—					
Adenoids	7	15	7	32	—
Hypertrophy of tonsils	—	4	—	—	—
Empyema	14	2	—	5	5
DIGESTIVE SYSTEM—					
Appendicitis	—	1	1	—	2
Hernia, inguinal	1	3	1	—	2
Fæcal fistula	—	—	—	1	—
GENITO-URINARY SYSTEM—					
Varicocele	1	—	—	1	3
Hydrocele	—	—	—	2	—
Phimosis	15	7	16	1	—
Epispadias	—	—	—	1	—
DISEASES OF THE EYE—					
Blepharitis	—	—	1	—	—
Entropion	1	—	—	—	—
Dacryocystitis	—	—	1	—	—
Corneal ulcer	1	—	—	—	—
Interstitial keratitis	—	1	—	1	—
Choroiditis	—	—	—	—	1
DISEASES OF THE EAR—					
Otitis media	19	7	1	3	3
Mastoiditis	5	2	1	1	1
Cholesteatoma	1	—	—	—	—
DISEASES OF THE NOSE—					
Ozæna	—	—	1	—	—
GENERAL—					
Abscess	4	1	—	2	1
Pyæmia	1	3	—	—	—
Syphilis of skin	2	—	1	—	—
" joints	1	1	—	—	1
Mycosis fungoides	—	1	—	—	—
Burn	—	1	—	—	1
Trismus	1	—	—	—	—
Teno-synovitis	—	1	—	—	—
Ganglion	—	—	—	—	1
Division of nerve	1	—	—	—	1

TABLE LI.—continued.

B.—MEDICAL.

Disease.	1915	1916	1917	1918	1919
TUBERCULAR DISEASE—					
Lungs	215	220	168	155	150
Bronchial glands	3	3	7	3	—
Larynx	1	—	—	1	—
Peritoneum	10	15	20	11	13
Intestine	3	1	—	1	—
General	3	4	1	1	1
DISEASES OF METABOLISM—					
Debility	66	33	15	11	19
Marasmus	6	3	—	4	4
Rickets	8	2	2	8	11
URINARY SYSTEM—					
Enuresis	1	—	—	—	—
Chronic nephritis	1	4	1	1	—
Diabetes	1	—	—	—	—
Nephralgia	—	—	—	1	—
NERVOUS SYSTEM—					
Chorea	16	5	1	4	2
Epilepsy	4	—	—	—	—
Petit mal	1	—	—	—	—
Imbecility	2	—	1	—	—
Mongolism	—	—	1	—	—
Hysteria	1	—	—	—	—
Tic	1	—	—	—	1
Infantile paralysis	15	9	11	12	13
Facial paralysis	2	—	—	—	—
Cerebral diplegia	3	1	8	1	1
Spastic paraplegia	1	—	—	1	—
Hemiplegia	1	—	1	1	—
Juvenile G.P.I.	1	—	—	—	—
Pseudo-hypertrophic paralysis	2	—	2	—	—
Myopathy	—	1	—	2	3
RESPIRATORY SYSTEM—					
Laryngitis	1	—	—	—	—
Bronchitis	7	6	5	5	2
Bronchiectasis	—	1	—	1	2
Pleurisy	5	3	3	4	1
Asthma	1	1	1	—	—
CIRCULATORY SYSTEM—					
Chronic heart disease	28	19	6	5	4
Acute endocarditis	3	1	—	—	—
Cardiac dilatation	1	—	—	—	—
Congenital heart disease	6	—	1	—	—
DIGESTIVE SYSTEM—					
Prolapsus ani	2	—	—	1	—
Gastro-enteritis	—	1	—	—	—
Congenital dilatation of colon	—	—	1	—	—
Colitis	—	—	—	—	1
SKIN—					
Boils	—	—	2	—	—
Eczema	—	—	1	—	—
Impetigo	4	—	—	—	—
Purpura	—	1	2	1	—
Scabies	1	—	—	—	—
Seborrhœa	—	2	—	—	—
Intertrigo	—	1	—	—	—
GENERAL—					
Pertussis	2	—	1	—	—
Rheumatism	5	1	—	—	1
Hæmophilia	1	—	—	—	—
Pseudo-leukæmia	1	—	—	—	—
Hodgkin's disease	—	—	1	—	—
Exophthalmic goitre	—	1	—	—	—
Hydrocephalus	—	2	—	—	—

TABLE LII.

QUEEN MARY'S HOSPITAL.—SURGICAL OPERATIONS UNDER ANÆSTHETICS.

Operation.	1915	1916	1917	1918	1919
TUBERCULAR DISEASE—					
Aspiration of abscess of spine	57	16	3	25	70
" " " hip	48	19	3	7	23
" " " knee	1	1	2	—	8
" " " elbow	—	—	—	1	—
For sinus of spine	7	3	—	1	4
" " hip	17	12	14	10	13
" " knee	6	1	4	4	8
" " elbow	—	1	4	7	1
Excision of glands	16	2	5	19	9
Scraping	6	9	10	20	14
" ulcers and sinuses	16	16	18	35	28
" lupus	16	5	6	6	1
For caries of bone	5	3	2	—	—
For abscess (various)	24	9	12	16	49
Amputation of thigh	—	—	—	2	2
" leg	—	—	—	—	1
" toe	—	—	—	1	—
Arthroplasty of hip	—	—	—	—	1
Wedge osteotomy	—	—	—	—	1
DISEASES OF BONE—					
For acute osteomyelitis	—	1	—	—	—
For sequestrum	2	4	2	13	5
DEFORMITIES—					
Tendon transplantation	—	—	—	—	4
" lengthening	1	1	—	2	1
" suturing	—	1	1	—	—
Tenotomy	6	9	7	1	6
For talipes	8	19	11	2	5
For dislocation	1	1	2	—	—
For congenital dislocation of hip	—	—	1	1	—
Osteotomy	—	1	3	1	—
Osteoclasis	3	—	—	1	—
RESPIRATORY SYSTEM—					
Tracheotomy	—	3	—	—	—
For adenoids and enlarged tonsils	23	50	53	75	33
For empyema	4	3	2	3	2
DIGESTIVE SYSTEM—					
For appendicitis	1	1	1	5	2
For hernia of linea alba	—	—	—	1	—
For inguinal hernia	—	3	2	1	2
Laparotomy	—	1	1	—	—
GENITO-URINARY SYSTEM—					
For varicocele	1	—	—	1	2
For undescended testicle	—	1	—	—	—
For hydrocele	—	—	—	2	—
Suprapubic lithotomy	1	—	—	—	—
Examination of bladder	—	—	1	—	—
Circumcision	16	10	24	12	13
DISEASES OF THE EYE—					
For ectropion	—	—	—	—	1
DISEASES OF THE EAR—					
Mastoidectomy	11	14	4	2	2
GENERAL	7	12	9	3	6
Totals	304	232	207	280	317

TABLE LIH.
QUEEN MARY'S HOSPITAL—CAUSES OF DEATH.

Disease.	1915	1916	1917	1918	1919
TUBERCULOSIS OF—					
Meninges	3	1	5	2	—
Lung	17	29	37	31	11
„ and meninges	1	—	—	—	—
Larynx	1	1	—	—	—
Peritoneum	2	2	—	1	4
Intestine	—	1	—	—	—
Spine	12	16	12	5	10
„ and lung	2	1	1	4	2
„ „ meninges	1	1	—	4	1
Sacro-iliac joint	2	—	—	—	—
Hip	8	10	4	4	5
„ and lung	—	1	—	—	—
„ „ meninges	1	1	1	1	1
Knee and meninges	—	—	1	—	—
Bone	—	—	1	—	—
Gland	—	—	—	1	—
Skin and meninges	—	—	1	—	—
General	4	3	6	3	—
CIRCULATORY—					
Chronic heart disease	5	7	—	1	—
Endocarditis	—	1	—	—	—
Congenital heart disease	—	—	1	—	—
Embolism	—	—	—	1	—
RESPIRATORY—					
Bronchiectasis	—	—	1	—	—
Broncho-pneumonia	2	1	—	—	—
Lobar pneumonia	—	—	—	1	—
Pleurisy	—	—	1	—	—
NERVOUS—					
Cerebral abscess	1	—	—	—	—
Tumour of spinal cord	—	1	—	—	—
Chronic hydrocephalus	1	—	—	—	—
Idiopathic muscular atrophy	1	—	—	—	—
URINARY—					
Chronic nephritis	—	1	1	—	1
Diabetes mellitus	1	—	—	—	—
INFECTIOUS DISEASE—					
Pertussis	1	—	—	—	—
Influenza	—	—	—	1	—
„ and tubercular lung	—	—	—	10	—
„ „ „ spine	—	—	—	4	—
„ „ „ hip	—	—	—	3	—
GENERAL—					
Pyæmia	—	1	—	—	1
Necrosis of femur	1	—	—	—	—
Cirrhosis of liver	—	1	—	—	—
Exophthalmic goitre	—	—	—	1	—
Hodgkin's disease	—	—	—	—	1
Status lymphaticus	1	—	—	—	—
Marasmus	—	—	—	1	—
Totals	68	80	73	79	37
Mortality per cent.	8.0	11.9	12.9	15.3	7.4

TABLE LIV.

CHILDREN'S INFIRMARY.

DISEASES FOR WHICH CHILDREN WERE ADMITTED TO THE CHILDREN'S INFIRMARY.

A.—SURGICAL.

TUBERCULAR DISEASE—						RESPIRATORY SYSTEM—							
Spine	..	..	..	..	1	Adenoids	..	..	..	..	1
Ankle	..	..	..	..	1						
Fingers	..	..	..	..	1	DIGESTIVE SYSTEM—					
						Prolapsus ani	..	..	..	..	2
DISEASES OF BONE—						DISEASES OF THE EAR—							
Fracture	..	..	..	..	1	Otitis media	..	..	..	..	128
DEFORMITIES—						DISEASES OF THE NOSE—							
						Ozæna	..	..	..	..	1
Coxa vara	..	..	..	..	1						
Genu valgum	1	Total					139
Flat foot	1								

B.—MEDICAL.

DISEASES OF METABOLISM—						URINARY SYSTEM—					
Marasmus	..	..	..	..	32	Enuresis	..	..	..	..	1
Debility	..	..	..	..	17	Nephritis	..	..	..	..	3
Anæmia	..	..	..	..	2						
						NERVOUS SYSTEM—					
RESPIRATORY SYSTEM—						Cerebral diplegia	..	..	..	..	1
						Infantile paralysis	..	..	..	..	11
						Chorea	..	..	..	..	16
						Muscular dystrophy	..	..	..	..	1
CIRCULATORY SYSTEM—						GENERAL—					
Valvular disease	..	..	..	..	9	Rickets	..	..	..	..	26
Congenital heart disease	..	..	..	..	2	Rheumatism	..	..	..	..	1
DIGESTIVE SYSTEM—						Total					
Enteritis	..	..	..	..	4						

TABLE LV.

Summary of admissions, discharges, and deaths at the hospitals, schools, and homes for sick children during 1919.

Institution.	Remaining at beginning of year.	Admissions.		Discharges.		Deaths.	Remaining 31 Dec., 1919.
		Direct.	From other institutions of the Board.	Direct.	To other institutions of the Board.		
I. HOSPITALS FOR CHILDREN.							
(i) Queen Mary's Hospital for Children, Carshalton, Surrey	690	372	92	386	105	39	624
ii) The Children's Infirmary, Cleveland Street, W.	156	250	24	173	77	22	158
*(iii) Princess Mary's Hospital for Children, Margate	...	154	3	7	5	...	145
†(iv) High Wood School, Brentwood	...	117	1	2	1	...	115
(v) Millfield, Rustington	114	75	8	69	8	2	118
Totals	960	968	128	637	196	63	1,160
II. SEASIDE AND CONVALESCENT HOME.							
S. Anne's Home, Herne Bay	85	426	54	417	40	2	106
Totals	85	426	54	417	40	2	106
III. CONTAGIOUS DISEASES OF THE SKIN OR SCALP.							
Goldie Leigh Homes, Abbey Wood	188	532	69	531	83	5	170
Totals	188	532	69	531	83	5	170
IV. OPHTHALMIA.							
White Oak School, Swanley	186	82	10	109	8	1	160
Totals	186	82	10	109	8	1	160
Grand totals	1,419	2,008	261	1,694	327	71	1,596

* Re-opened October, 1919

† Opened as a sanatorium November 25th, 1919.

TABLE LVI.
Training Ship "Exmouth." Boys admitted, discharged, and died—1876 to 1919.

YEAR	1870-1880 (5 yrs.)	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	T'als.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Admitted ..	1,375	226	348	350	326	267	374	241	301	329	290	223	322	299	307	278	347	325	323	341	423	413	329	223	294	277	279	242	297	311	322	282	394	368	250	420	345	383	450	305	13,808																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Discharged to Royal Navy	88	85	155	141	95	128	114	95	87	104	108	89	83	102	133	163	137	129	123	149	115	151	116	42	103	96	58	88	86	70	*73	105	109	98	135	85	115	113	80	83	4,229																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Discharged to mercantile marine ..	418	107	109	96	106	91	107	93	141	171	134	75	69	90	87	96	109	112	112	135	145	146	112	93	105	123	115	144	96	94	165	147	179	171	219	123	98	139	135	31	5,038																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Discharged to Army as musicians ..	77	27	46	74	61	43	55	36	18	56	48	42	66	28	26	37	49	28	32	58	93	56	101	51	17	12	39	13	17	9	11	4	10	7	16	14	13	14	10	4	1,418																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Discharged to situations ..	6	2	1	1	..	1	1	..	1	1	2	1	8	6	9	6	46																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Discharged to Exmouth H. as apprentices.	9	9	18																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
Discharged to union by order of guardians or committee, transferred, &c. ..	182	43	27	33	52	39	49	44	45	44	36	18	51	34	54	41	51	29	39	29	39	31	50	47	30	25	69	40	43	53	47	64	51	94	57	100	160	111	150	91	2,292																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Died ..	3	4	1	..	2	2	5	1	2	1	1	..	1	3	2	1	3	2	1	1	1	2	2	1	2	..	1	..	1	..	1	1	1	1	52																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Total discharges and deaths ..	774	266	338	344	318	303	330	269	293	376	327	225	270	257	303	338	350	300	307	373	393	387	381	234	258	256	282	285	243	226	299	322	349	370	436	323	394	384	385	225	13,093																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Total number of boys discharged (including deaths)																					

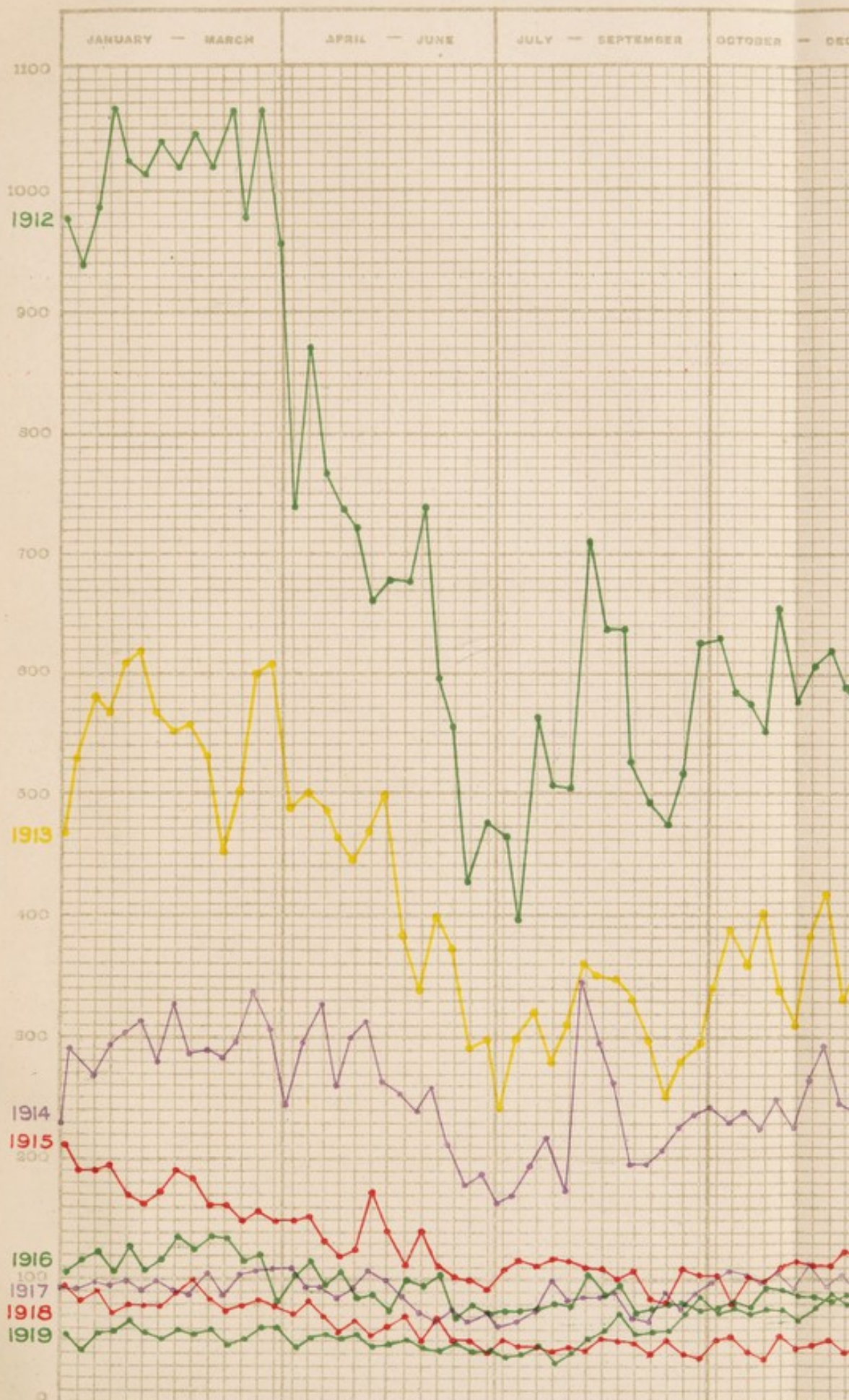
* Includes 15 to Canadian Navy.

TABLE LVIII.—CASUAL WARDS.
Admissions and discharges during 1919 (*casual poor*).

CASUAL WARDS.	Remaining 1 Jan., 1919.				Admissions.				Discharges.				Remaining 31 Dec., 1919.			
	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.	Men.	Women.	Children.	Totals.
Beddall Green	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hackney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Stepney	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poplar	7	..	..	7	545	61	4	610	546	60	4	610	6	1	..	7
Holborn	2	2	..	4	530	104	4	638	527	104	4	635	5	2	..	7
Bloomsbury	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chelsea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fulham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wandsworth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Pancras	11	..	..	11	727	14	1	742	732	14	1	747	6	..	..	6
St. Marylebone	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paddington	10	..	..	10	1,113	87	4	1,204	1,107	87	4	1,198	16	..	..	16
* Lambeth	14	..	..	14	1,600	..	..	1,600	1,580	..	..	1,580	34	..	..	34
Southwark	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Camberwell	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Greenwich	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lewisham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woolwich	8	1	..	9	1,068	69	4	1,141	1,065	69	4	1,138	11	1	..	12
Totals	52	3	..	55	5,583	335	17	5,935	5,557	334	17	5,908	78	4	..	82
Totals for 1918	96	5	..	101	5,760	323	6	6,089	5,804	325	6	6,135	52	3	..	55

* Used for men only.

CHART No. LIX. showing the number of inmates in Metropolitan Casual Workhouse on Friday night in each week during the 8 years ended 1919.



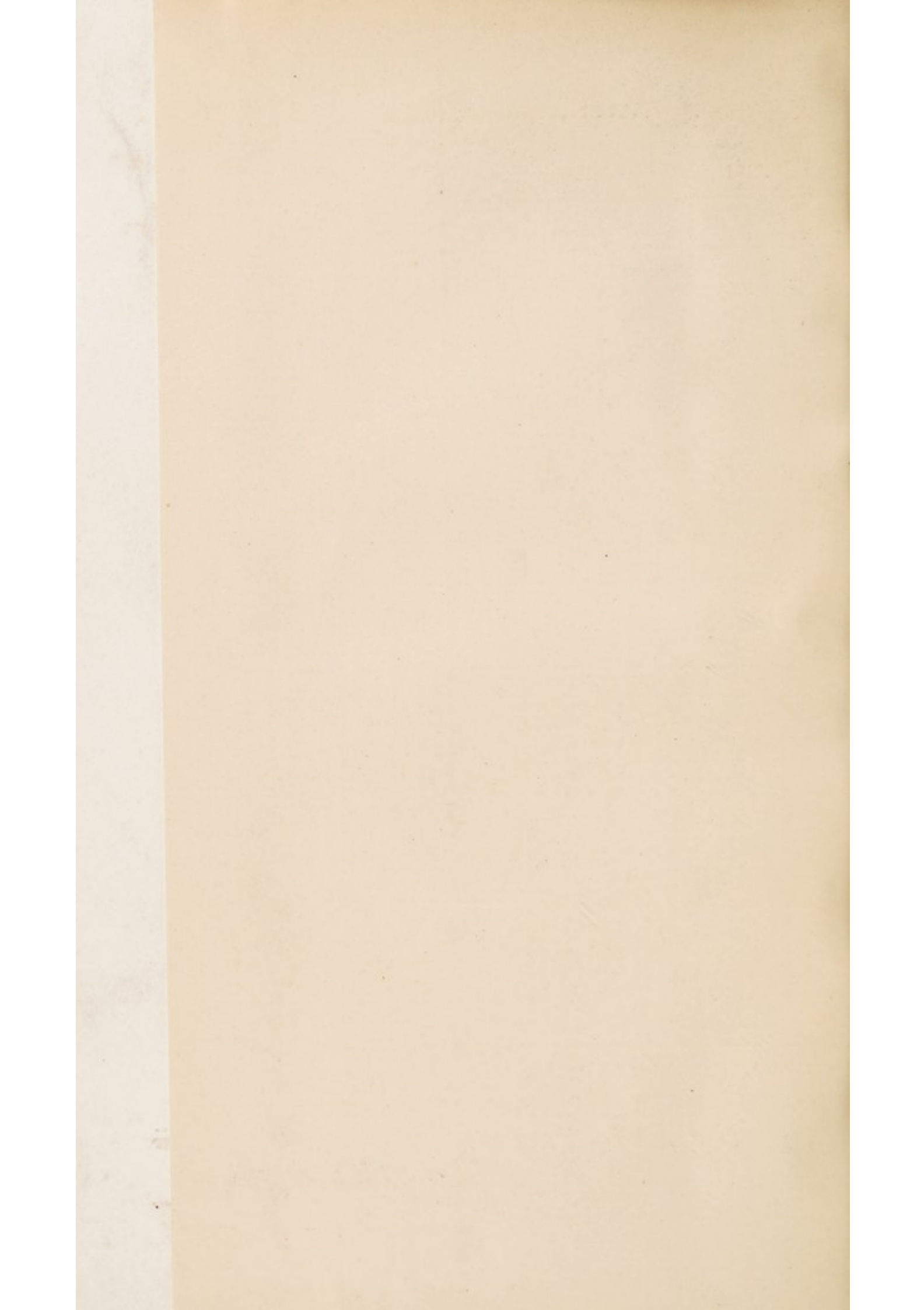


TABLE LX.
Return of work done and antitoxin supplied during 1919.

Institution.	Antitoxin supplied.			Media, etc., supplied.				Bacteriological work.													Other examinations.								
	No. of doses of each 4,000 units.	Total No. of antitoxin units supplied during 1919.	Total No. of antitoxin units supplied during 1918.	Serum tubes.	Swabs.	Beef broth.	Agar agar.	Tuberculin (old)	Diphtheria.	Faeces.	Urine.	Widal.	Para-typhoid.	Micro-organisms only.	Ordinary.	Cerebro spinal meningitis.	Isolation, etc., of cultures.	Special.	Vaccine.	Dysentery.	Malaria.	Syphilis.	Actinomyco- sis.	Gonococcus.	Sewage effluent.	Water samples.	Histological.	Ringworm.	
Leavesden M. Hospital	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Caterham	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Darenth T. Colony	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Fountain M. Hospital	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Eastern Hospital	6,975	27,000,000	20,400,000	1,550	1,550	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
North-Eastern Hospital	5,300	21,200,000	10,600,000	5,750	100	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
North-Western	5,550	22,200,000	20,700,000	5,100	5,700	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Western	5,750	23,000,000	19,800,000	6,100	6,300	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
South-Western	3,575	14,300,000	14,200,000	1,650	1,750	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grove	..	..	..	100	100	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
South-Eastern	5,975	23,900,000	24,800,000	2,400	2,450	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Park	4,775	19,100,000	16,200,000	8,300	8,250	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brook	575	2,300,000	..	1,000	1,050	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Northern	150	600,000	400,000	600	600	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Southern	550	2,200,000	500,000	3,950	3,750	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Joyce Green	900	3,600,000	700,000	8,250	8,200	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Margaret's	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Queen Mary's	73	292,000	100,000	1,400	1,350	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Children's Infirmary	25	100,000	100,000	50	50	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Princess Ma y's Hospital	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St. Anne's Home	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
High Wood	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
T.S. Exmouth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Downs Sanatorium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
St George's Home	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pinewood Sanatorium	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
War Refugees' Dispensary	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brook War Hospital	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Grove Military	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals M.A.B. institutions.	40,193	160,792,000	129,000,000	41,250	36,412	19	37	7	168	2	3	296	248	5,941	42	85	36	15	5	5	8	1	2	4	1	13	1	1	1
General hospitals—	..	..	..	Total	..	77,718	Total	77	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Great Ormond Street	25	100,000	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Middlesex Hospital	50	200,000	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals general hospitals	75	300,000	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals all institutions	40,273	161,092,000	129,000,000	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

Total examinations 6,883

TABLE LXI.—Results of bacteriological examinations, 1919.

(i.) DIPHTHERIA.	Totals.
Virulent diphtheria bacilli	15
Probable non-virulent diphtheria bacilli	11
Rods present resembling diphtheria bacilli unable to be separated in a pure culture	52
No rods resembling diphtheria bacilli present	90
Total	168

(ii.) WIDAL REACTION.	Totals.
Complete clumping in all dilutions ($\frac{1}{25}$; $\frac{1}{50}$; $\frac{1}{100}$)	9
Complete clumping in $\frac{1}{50}$ and $\frac{1}{100}$ dilutions, and incomplete clumping $\frac{1}{25}$	20
Complete clumping $\frac{1}{100}$ dilution only, and incomplete clumping $\frac{1}{50}$ and $\frac{1}{100}$ or $\frac{1}{50}$ only	27
Incomplete clumping $\frac{1}{25}$ and $\frac{1}{50}$ or $\frac{1}{100}$ only	114
Negative in all dilutions	126
Total	296

(iii.) FÆCES AND URINE.			
	Positive.	Negative.	Totals.
Fæces	1	1	2
Urine	—	3	3

TABLE LXII.—Summary of bacteriological examinations, 1919.

Institutions.	Diphtheria.	Typhoid.		Widal Reaction.	Para-typhoid.	Sputa.	Other examinations.	Totals.
		Fæces.	Urine.					
Mental hospitals ...	7	1	—	2	—	—	19	29
Infectious hospitals ...	71	1	3	293	247	96	119	830
Children's institutions	89	—	—	1	1	564	73	728
Sanatoria	1	—	—	—	—	5,276	14	5,291
War refuges	—	—	—	—	—	5	—	5
Totals	168	2	3	296	248	5,941	225	6,883

MEDICAL SUPPLEMENT.

PREFACE.

After an interval of four years the publication of a medical supplement is resumed. In the years preceding the war the supplement contained a series of statistical tables more directly of medical interest than those in the main statistical section of the Board. For this year, chiefly on account of the difficulties under which the work of compilation had to be carried out, it has been thought expedient to restrict the number of tables in the supplement. In future years it is hoped that this section of the annual report may again become a useful record of the side of the Board's work with which it deals, and that it will again contain papers of professional interest contributed by members of the medical staff of the various branches of the service.

With the exception of Table LXV. the tables published have been 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 1919.

Table LXV. shows in summary form the number of cases admitted in which the diagnosis was not confirmed on admission or after a period of observation in the infectious hospitals.

TRACHEOTOMY AND INTUBATION STATISTICS, 1919.

TABLE LXIII.—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.)

AGES.	PRIMARY DIPHTHERIA.			SECONDARY DIPHTHERIA.			OTHER CAUSES.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1	6	3	50.00	..	..	..	..	..	..
1 to 2	34	14	41.1	..	..	..	1	1	100.00
2 „ 3	50	20	40.00	..	..	..	..	..	..
3 „ 4	49	17	34.69	..	..	..	1	..	0.00
4 „ 5	28	4	14.28	..	..	..	..	..	..
5 „ 6	25	7	28.00	..	..	..	..	..	..
6 „ 7	11	3	27.27	..	..	..	..	..	..
7 „ 8	8	2	25.00	..	..	..	1	1	100.00
8 „ 9	2	..	0.00	1	1	100.00	..	..	..
9 „ 10	2	1	50.00	..	..	..	1	1	100.00
Over 10	4	1	25.00	..	..	..	1	..	0.00
Total	219	72	32.87	1	1	100.00	5	3	60.00

Tracheotomy before admission—

Cases, 30 .. Deaths, 4 Mortality, = 13.33 per cent.

LAPAROTOMY IN ENTERIC FEVER PERFORMED DURING 1919.

TABLE LXIV.

Hospital at which operation was performed.	Sex.	Age.	Period of illness.	Length of time between occurrence of signs of perforation and operation.	Condition of abdomen.	Nature of operation.	Result.	Remarks.
South-Western ..	M.	11	11th day of relapse	11 hours ..	Not distended. Turbid fluid. Large perforation 6 ins. above valve. Much lymph.	Abdomen opened in mid-line. Edges of perforation inverted and abdomen closed, leaving two large tubes in iliac fossa and pelvis for drainage.	Recovery ..	Rallied and did well for some days, but owing to continuance of purulent discharge, abdomen was again opened up on 14th day, some pus released, fresh drainage ensured, and case pursued a favourable course afterwards. Child was discharged in good health.
North-Western ..	M.	12	5th week ..	3 hours ..	Perforation at base of appendix. Abdomen full of blood and blood clot.	Laparotomy ..	Death ..	Appendix had been removed 5 days before admission. No definite bleeding point could be found. Patient died soon after returning to ward.
North-Western ..	F.	23	27th day ..	63 hours ..	Slight peritonitis around cecum. No perforation found.	Laparotomy ..	Death ..	Died 3 days later. Perforation found in small intestine near ileo-cecal valve at p.m. examination.

TABLE LXV.—Summary of cases of mistaken diagnosis admitted during 1919; also of deaths during 1919.

Disease as certified on admission but not confirmed.	EASTERN HOSPITAL.		NORTH- EASTERN HOSPITAL.		NORTH- WESTERN HOSPITAL.		WESTERN HOSPITAL.		SOUTH- WESTERN HOSPITAL.		SOUTH- EASTERN HOSPITAL.		PARK HOSPITAL.		BROOK HOSPITAL.		JOYCE GREEN HOSPITAL.		TOTAL.	
	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.	No. of cases.	No. of deaths.
Scarlet fever ..	89	2	75	1	156	5	43	2	91	3	93	2	92	1	5	..	13	..	667	16
Diphtheria ..	102	2	130	1	253	5	114	3	75	3	160	1	136	9	14	..	27	..	1,011	24
Enteric fever ..	24	2	..	..	15	3	10	2	16	4	4	..	..	..	..	..	1	..	70	11
Measles ..	8	..	28	1	31	..	15	1	14	..	..	..	1	..	..	..	..	..	97	2
Whooping cough ..	..	..	..	..	3	1	2	1	..	..	..	..	..	..	..	..	..	..	5	2
Cerebro-spinal fever ..	3	2	1	1	10	6	10	5	8	9	3	2	2	1	..	1	..	..	38	27
Acute anterior polio-myelitis ..	..	..	..	..	..	..	1	1	5	1	..	..	..	..	..	..	..	..	6	1
Encephalitis lethargica ..	..	..	..	..	..	..	1	1	1	1	..	..	1	1	..	..	..	..	3	3
Puerperal fever ..	..	..	..	..	1	1	..	..	4	..	4	..	..	..	..	..	..	..	9	..
Continued fever ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Chickenpox ..	..	..	1	..	3	..	1	..	4	..	1	..	..	..	..	..	..	..	10	..
Rubella ..	..	..	2	..	7	..	4	..	8	..	..	..	..	..	..	..	..	..	21	..
Anthrax ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Scabies ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
Erysipelas ..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	5	..
Mumps ..	..	..	2	..	2	..	7	..	27	..	1	..	..	..	..	..	..	..	39	..
Dysentery ..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2	..
Malaria ..	..	..	..	..	1	1	7	..	1	..	..	..	..	..	..	..	..	..	9	1
Tuberculosis ..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	..	..	..	..	4	..
Influenza ..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	1	1
Paratyphoid ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
Uncertified ..	22	1	..	..	..	..	24	..	20	..	25	1	..	..	..	..	..	..	91	2
Total ..	248	9	239	4	482	22	243	16	282	*21	295	6	232	12	19	..	42	1	2,092	91

* Includes 1 death of patient remaining over from 1918.

