Report of the Homes for Inebriates Association together with the Annual report of the Dalrymple House at Rickmansworth: 35th (1918/19)

Contributors

Homes for Inebriates Association (Great Britain)
Dalrymple House (Rickmansworth, England)

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REPORT

OF THE

Homes for Inebriates Association

TOGETHER WITH THE

THIRTY-FIFTH ANNUAL REPORT

OF THE

DALRYMPLE HOUSE AT RICKMANSWORTH.

1918-1919.

LONDON

H. K. LEWIS & Co. Ltd., 136 GOWER STREET, W.C.









REPORT

of the

HOMES FOR INEBRIATES ASSOCIATION

together with the

THIRTY-FIFTH ANNUAL REPORT

of the

Dalrymple House at Rickmansworth,

(Adopted, and ordered to be printed, at the Annual General Meeting of the Association,
held at 179, Marylebone Road, N.W. 1,
on Monday, 31st March, 1919).

1918-19.

LONDON

H. K. LEWIS & Co. Ltd., 136 GOWER STREET, W.C. 1919.



DALRYMPLE HOUSE, RICKMANSWORTH, HERTFORDSHIRE.

President.

SIR CHARLES CAMERON, BART., M.P.

Vice-Presidents.

THE ARCHBISHOP OF CANTER-BURY.

THE BISHOP OF LONDON.

THE BISHOP OF CARLISLE.

THE BISHOP OF GLOUCESTER.

THE BISHOP OF HEREFORD.

THE BISHOP OF CHICHESTER.

THE BISHOP OF NORWICH.

THE BISHOP OF PETERBOROUGH.

THE BISHOP OF NEWCASTLE.

THE BISHOP OF ST. DAVID'S.

THE BISHOP OF DOWN.

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BART., M.P. LORD DERWENT.

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Committee of Management.

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J. SWINFORD FRANCIS.*

W. S. CUFF.* T. B. GIFFEN.* SAMUEL ALFORD.*

Resident Medical Superintendent.

Dr. F. S. D. HOGG,

The Cedars, Rickmansworth.

Telephone-16, Rickmansworth.

Honorary Solicitor.

J. SWINFORD FRANCIS.

Audit Committee.

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T. B. GIFFEN.

Auditor.

R. H. MILLER.

Secretary.

J. SWINFORD FRANCIS, 173, Marylebone Road, N.W. 1

Members of the Committee and other Officers receiving applications for admission to the Dalrymple House, or information relative thereto, are requested to forward the same to the Medical Superintendent for him to reply direct to the applicants.

^{*} Members of House Committee.

The same

DALRYMPLE HOUSE, RICKMANSWORTH.

Report of the Medical Superintendent for the Year ending 31st January, 1919.

GENTLEMEN,

I have the honour to submit to you my Report for the year ending 31st January, 1919, which includes a summary giving various particulars about those who have been discharged from this Institution during the past thirty-five years.

Admissions.—Not including re-admissions, thirty-eight patients have placed themselves under treatment, and of these only five entered under the Inebriates' Act.

Both for the patients and their friends I consider admission under the Inebriates' Act preferable in a larger number of cases.

There is no distinction made as regards rules, terms, accommodation, diet, etc., between Act patients and those who are classed "private patients."

Those under the Act must remain in residence until the expiration of the period signed for, unless previously discharged or permitted to go away on leave of absence under the Act.

"Private patients" can terminate their stay at any time they wish to do so.

There is of course a very natural objection on the part of most persons, to the signing away of liberty of action for an indefinite or a fixed period, but there are many who are far too optimistic in their judgment of their own cases, in too much of a hurry to get well quickly, whose impulses and very natural desire to return to their ordinary life and vocation outweigh the caution that should be adopted in dealing with an issue where health, fortune and life are at stake. These persons are not fit judges as to the period when rehabilitation of self-control is sufficiently established, and the settlement of such a question should be placed beyond their decision,

while of course their arguments, views and their special circumstances should receive due consideration. It is frequently preferable that the signature under the Act should be for a period in excess of that considered in all probability sufficient. A discharge can at any time be applied for and obtained if such a course is advisable, or when urgent private affairs necessitate a premature termination of treatment, or a leave of absence (to which I have just referred) can be granted under which the patient is permitted to live elsewhere on the condition that he abstains from alcohol; should he not keep this condition, a return to the Retreat can be enforced. This leave is most useful in certain circumstances and is a valuable after treatment method of practically discharging a patient, and yet keeping in touch with him.



ISLAND AND BOAT HOUSE

Method of Admission under the Act.—The patient must sign a request for admission, for any period not exceeding two years, in the presence of a Stipendiary Magistrate, or, better still, and without any publicity, before any Justice of the Peace, at his private house or elsewhere. Two persons (of either sex—relatives are quite eligible) must sign a Statutory Declaration, and this can be done before any Justice of the Peace or any Commissioner for Oaths. There is no necessity for the three signatures to be made at the same time or place, one or all can be signed at Rickmansworth if preferred,

I mention this here as I am frequently questioned on these points. The request for Admission and the Statutory Declaration forms, I send to all applicants.

Discharges have numbered thirty-three (again omitting) readmissions who have left the Retreat) and three are away on leave of absence under the Act.

One of those discharged left on account of ill health, one was insane and unsuitable for treatment, and six left prematurely on the ground of urgent private affairs.

Treatment.—It has always been my aim to wean a man from alcohol, or from the particular drug for which he has an addiction, with as little discomfort to him as possible.

Subsequently the first consideration is to cure him, when possible, of any diseased condition that may be at the root of his drink or drug impulse, and restore him to a sound physical condition, and whether



CONCERT ROOM AND WORKSHOP

such a cause is discoverable or not, to train his mind to resist any such impulse by the cultivation of self-control, to strengthen his will power and determination and to make him realise that part of his cure lies in his own hands, and that total abstinence from alcohol (and of course from drugs in the case of a drug taker) is an absolute necessity.

This alcohol abstinence applies also to the drug habitué, who readily falls a victim to alcohol excess, when a relapse to his drug is the inevitable sequel.

To achieve this end, no single rule of thumb method can be successful. Various forms of therapy have to be employed according to the cause and nature of the case.

To a certain extent all are deprived of their liberty, but each patient is treated per se; in the case of some, a considerable amount of freedom may be granted a few days after admission, and the large majority can be given parole after two to four weeks residence.

My object is to make life for the patient as pleasant as possible, consistent with the necessary control, and it is not unusual for a patient to express genuine regret at having to leave. I have frequently been informed by men, that they would have come here long before they did had they known what the place was like.

With regard to period of treatment, this varies according to the case, duration of trouble, state of mental and physical health, and amount



EAST VIEW FROM ISLAND

of existing will power; it is generally impossible to determine this point until the case has been studied. Patients range from those of a strong constitution with a quite recently contracted habit, who require merely three or four weeks to set them up again; to others who have been drink sodden for years, periodically or continuously, for whom a year or more is necessary before it can be hoped that self-control can be established.

Too frequently a man has to cut treatment short on account of business, domestic, or financial reasons.

I have found, as a rule, that the longer the residence in the Retreat, the better the average of good result. This is shown in the following table, obtained from the after histories of a series of over 1,000 consecutive discharges, including drug cases.

Of those who remained under treatment :-

2 months or less	 about	33	per cent.	are	doing well.
2 to 3 months	 ,,	41	,,	,,	,,
3 to 6 months	 ,,	43	,,	,,	,,
6 to 12 months	 ,,	45	,,	,,	,,
over 12 months	 ,,	47	,,	. ,,	,,

As will be seen in my Summary, the average duration of stay is five to six months; generally speaking, a three months' treatment is essential while the longer periods are for the more severe conditions.



VIEW IN GROUNDS

The after treatment of these patients is of great importance and requires very careful consideration. Environment, unsuitable associates, climate, occupation, etc. etc., have to be thought about; sometimes domestic differences have to be smoothed over, or business and other worries arranged with the assistance of their friends; and there are too frequently insuperable difficulties, chiefly financial, in the way of placing a man under conditions which give him a fighting chance of success.

The man who becomes an Inebriate is rarely of a phlegmatic temperament; he is nearly always highly strung and nervous, and is readily upset under conditions which would leave the placid person unruffled.

A large number of those who come under treatment, honestly wish to be cured. They have struggled and have been beaten in their attempts to conquer their failing.

The temptation to drown care appeals strongly to them, and in the case of many, a single glass of liquor acts as a poison; one that impels the victim to excess. In some instances their condition is primarily due to self-indulgence that has enslaved them, and has sapped their will power; in others, it is the result of an inherited abnormality, of injury, or of disease.

Whatever the cause, they require sympathy, assistance and encouragement, to combat a desire, the strength of which is evidently not realised by those who class them all as merely vicious.

After History.—With regard to the table in this summary, which refers to results of treatment, it is obvious that in a condition such as inebriety in which continued total abstinence from alcohol or drugs is absolutely essential, reliable statistics cannot be obtained unless repeated enquiries are made as to progress.

I have therefore recently made enquiries as to the condition of patients, not only about those discharged since my last report was written, but, so far as possible, concerning those who have been reported as doing well during previous years.

During the year the health of the patients has been excellent; there has only been one case of serious illness.

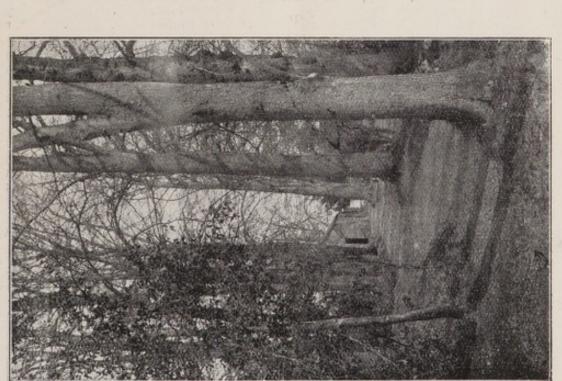
In conclusion, I wish to thank the House Committee for their kind co-operation and valuable assistance.

I am, Gentlemen,

Your Obedient Servant,

F. S. D. HOGG.





VIEWS IN GROUNDS.

SUMMARY

ONE THOUSAND THREE HUNDRED AND THIRTY-ONE CASES DIS-CHARGED SINCE THE OPENING OF THE DALRYMPLE HOUSE IN 1883.

	Under th		-			Education:—			
	13.3	e Act			. 785	College .			338
	Livate	•			. 705	Good .			934
					1,331	Elementary			59
Terr	n of Resid	lence :-			35				
	12 month	s and lo	nge	r	. 198				1,331
	9 ,,				. 66	Marriage:			
	8 ,,				. 29	Married .			685
	7 "				. 2	Single .			575
					. 247	Widowed .			71
	5 "				. 40				
	4 ,,				. 70				1,331
	3 ,,				454	Occupation :-			
	2 ,,				. 58	Occupation:			
	1½ ",	1			. 27	Accountants			II
	1 Month	or less			140	Agents .			7
					1,331	Artists and Th	eatrical		18
Age	:-Between	17 and	20 1	vears	I	Architects			7
	,,	20 and			181	Auctioneers			3 8
	,,	30 and			555	Bankers .			
	,,	40 and			404	Barristers-at-L	aw		23
	,,,	50 and		,,	159	Builder .			1
	,,	60 and	70	,,	29-	Caterer .			I
	**	70 and	80	,,	2	Chemists .			13
					1,331	Civil Servants			30
	Average agg	of all 1	Danie			Clerks . Clerks in Holy	Ondoro		84
Prov	Average age	or an i	ratio	ents 3	0.0.	Commercial Tr			29
LICV	Africa (Ea			tient					15
	Africa (So		•		2	Company Dire Confectioners	ctor		1
	Africa (W	Zoot)			25	Corn Broker			7
	America (i		I 2	Dentists .			4
	America (South	,		18	Distillers, Brew	ere &c		
	Argentine	South	•		10	Drapers .	cro, ecc.		33 10
	Australia					Engineers			51
	Borneo				13	Engravers			2
	Burmah				3	Farmers .			53
	0 .				17	Garage Proprie	tor		I
	Ceylon				4	Hotel Proprieto			5
	Channel I				6	House Decorate	ors		3
	China			- 1	I	Jewellers .			3
	Egypt				4	Journalists			3 3 15
	England-	-London	n		207	Land and Com	mission	Agen	nts 5
	Provinc	ial			600	Librarians			2
	France		,		15	Manufacturers			66
	India				15	Marine Mercha		ce	14
	Italy				I	Medical Practit	ioners		III
	Ireland				73	Merchants			137
	Japan				3	Military Officer	S .		77
	Madagasc				I	Naturalist			1
	New Zeal	and			6	Naval Officers			II
	Persia			- 2	I	No occupation			318
	Rhodesia				. I	Planters.			0
	Russia	2000			2	Photographer	:		I
	Scotland				61	Professors of M	usic		6
	Straits Se		ts		6	Publishers			4
	Switzerlan			*	3	Secretary	Tr.		1
	Transvaal				4	Schoolmasters,			
	United Sta	ates			10	Ship Owners			4
	Wales				23	Shopfitter Solicitors .			I
					I	SOURCITORS .			51
	West India	es .			1	Stockbrokers			18

Students in Law 1	Occupation (Continued).			Kind of Inebriant use:	
Surveyors	Students in Law .		T		
Tailors					
Tea Traders	Tailors				
Tobacconists 2 Veterinary Surgeons 3 Underwriters 3 Underwriters 3 Insanity or Insanity and Inebriety in about 13 per cent. Inebriety in about 23 per cent. Sinsanity and Inebriety in about 53 per cent. Sinsanity and Inebriety in about 54 per cent i			4	Beer	
Veterinary Surgeons 3			-		
Underwriters 3 1,331					. 40
Pamily History:- Insanity or Insanity and Inebriety in about 11 per cent. Inebriety in about 12 per cent. Inebriety in abo	Underwriters .				
Tampity of the property of t			Section Co.		
Insanity or Insanity and Inebriety in about 11 per cent. Inebriety in about 53 per cent. Nervous Same services	Family History :-		-,55-	Wine	
in about 11 per cent. Inebriety in about 53 per cent. **Temperament:—** Nervous .		and Ine	briety		
## Temperament:— Nervous					
Nervous				various .	and the same of th
Nervous					
Nervo-Sanguine	N.		818		all cases
Passionate					
Philegmatic	Passionate .				ther
Associate Habits:	Phlegmatic .		-	similar Institutions:—	
Associate Habits:—	Sanguine			Once	. 215
Three times 24 Four times 12			Samuel	Twice	
Bromidia 2 Four times 12	Associate Habits :-		-133-	Three times .	
Cannabis Indica 3 Chloral	Bromidia	. /	2	Four times .	
Chloral 15			3	Five times .	
Chloroform	Chloral				. 2
Heroin	Chloroform .		-	Insane Asylum .	. 12
Morphia 71	Cocaine		24	Exciting Cause:-	
Morphia and Cocaine			3		
Opium or Chlorodyne					
Paraldehyde			19		
Sulphonal	Opium or Chlorodyne		23		
Tobacco	Paraldehyde .				-
Trional	Suipnonai .			Stock Evchange	
Veronal 11			1209	Colonial Life	
Regular					
Regular			II		
Periodical 383 Journalist 5					
Theatrical I					
Every week			303		-
Nervous Shock— Domestic trouble 95				Injury	. 29
Domestic trouble 95	a weeks			Nervous Shock—	
Business worry 85 Financial loss 13 No occupation 51 Not assigned 65 Overwork 61 Overwork 61 Overwork 61 Overwork 680 Air Raids 1 Overwork 680 Air Raids 1					. 95
No occupation 51					. 85
No occupation 51	6				. 13
Not assigned O5	0				
Overwork Sexual excess 61					
Very irregular 236 383 Sociability Air Raids I			2		
Delirium Tremens:— Patients who have had I attack 221			I		7.0
Delirium Tremens:—	Very irregular .		236		
Patients who have had I attack 221			383	Air Raids .	. 1
Complicating Diseases:					1.331
Abductor (Laryngeal) Paralysis 1				Complicating Diseases:	-133-
""" """ 4 "" 6 Abscess of Antrum 3 """ """ 5 """ 2 Alcoholic Convulsions 16 """ """ 4 Alcoholic Neuritis 69 """ """ Amaurosis . 7 Amnesia . 2 Anal Fistula . 2 Ant. Poliomyelitis . 3 Appendicitis . 3 Asthma . . 20 Bronchitis (acute) . 2	" "	2 attack	S 117		
Normal Representation Norm	" " 3	3 ,,			aralysis I
""" "" " " " " " " " " " " " " " " " "					
"" "" 7 "" 1 Amaurosis					
Ordinary Habits:— 376 Amnesia					
Ordinary Habits:— 376 Anal Fistula			3983		. 7
Described as Social . 1264 Appendicitis	,, ,, 1	3 "	Berlinson		. 2
Described as Social . 1264 Appendicitis	Out		376		. 7
,, Solitary . 67 Asthma 20 Bronchitis (acute) . 2					. 3
Bronchitis (acute) . 2					
D 114 /1 11	" Solitary		07		
133 Diolethics (chronic)			1.331		
			.55*	(2)	-3

Comp	licating Diseases (Contin	iued).	1	Complicating Diseases (Continued)	
	Cataract		1	Remittent Fever . 9)
	Caries of Rib		I	Renal Disease 45	
	Cirrhosis of Liver .		II	Rheumatism (Chronic) . 25	
	Colotis, Ulcerative .		I		2
	Congenital Tremors .		2	Rhinitis (chronic) . Ic	
	O TO		57	Syphilis 27	
	Constitution (Chronic) .		I I		ī
	Cystitis				9
	Delirium Tremens .		4		I
	Delusional Insanity .		9	varicocci .	I
	Dercum's Disease .		I	vesicai i uberculos s .	
	Diabetes		II		
	Dysentery (Chronic) .		2		
	Dyspensia (Chronic) .		12	Discharged: -	
	Eczema		10000	Discharged.	
	Epilepsy .		16	Efflux of time 1,16	7
	Floating Kidney		3	Further treatment unnecessary 2	0
	Fracture of Bones .		4		5
	Gall Bladder (Suppuration	18)	I		I
	Gangrene		I		8
	General Debility .		53	Orgent private analy	
	General Paralysis		1	1,33	I
	Glycosuria (Intermittent))	4	-133	
	Gonorrhæa		II		
	Gout		20	Average length of period under treatmer	11
	Hæmorrhoids .		13	of all patients discharged, abou	11
	Hemiplegia .		5	5½ months.	
	**		3		
	Hyperidrosis .		1		
	Hypochondriasis		I		-6
	Hypothyroidism .		I	Re-admitted 15	56
	Hysteria		5		
	Kératitis .		I		
	Menière's Disease		3	After-History :-	
	Migraine		6		
	Morbus Cordis .		34	These figures refer to those discharge	ed
	Nosal Polypus .		2	during the past 16 years. Aft	er
	(Esophageal Stricture		I	histories of those who left prior	to
	Ozana		I	1899, are now mostly unobtainable	
	Perforating Ulcer		1	1099, 414	
	Phlebitis		3	per cen	it.
	Phthisis		IO	Doing well . about 41	.4
	Pneumonia .		4	Improved, 7	-5
	Progressive Muscular A	trophy		Not improved 10	0.8
	Prostatitis (Acute)		I	Insane . " 2	
	Pseudo Ataxy .		2	No news obtainable	
	Psoriasis		8	or dead . , 32	2.6
	Pulmonary Thrombus		I	Discharged unsuitable for	
	Pyelitis		I	treatment or transferred	
	Rectal Abscess .		I		5.7
	Rectal Abscess .		- 1		
	ADMISSIONS AND YEAR E	DISC	HAR G 31	GES OF PATIENTS DURING st JANUARY, 1919.	
	Admissions	and I	Discha	arges during the Year.	
TT 1				Discharged under Inebriates Act .	8
Und	ischarged Jan. 31, 1918 Inebriates Act	and or	8	Ditto, Private Patients	25
Disc	o, Private Patients	17 -	9	Undischarged Jan. 31st, 1919, under	
Ditte			5	Act	6
	o, as Private Patients .		33	Ditto, Private Patients	16
2.100			-	The state of the s	-

Total 55

Total

55

DONATIONS.

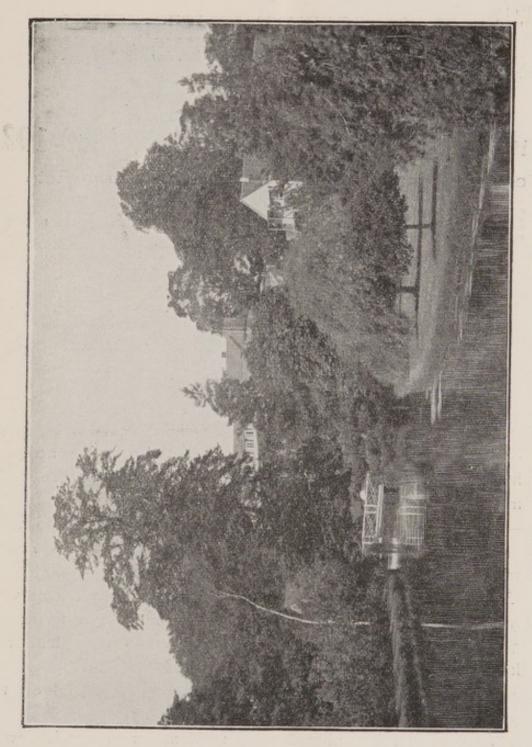
RECEIVED PRIOR TO FEBRUARY, 1919.

Mrs. Donald Dalrymple,	£ s. d. Arthur Pease 10 0 0
Norwich Danympie,	
1 D 1 D	Right Hon. the Earl of Shaftesbury (the late) 10 0 0
A Friend, per the late S. S.	
ALC A D D O C	
Sir Henry Harben, J.P. (the late) 500 0	Sir. J. W. Pease, Bart., M.P. 10 0 0
A Friend, per Dr. Norman	J. E. Wilson, J.P 10 0 0
Kerr 100 0 0	David Carnegie 10 0 0
J. J. Colman, M.P 50 0 0	T. Durbridge 10 0 0
	N. Montefiore 10 0 0
F. T. Bircham, (the late)	Right Hon. G. Cubitt, M.P. 10 0 0
Walton-on-Thames 50 0 0	Rev. Newman Hall, LL.B. 10 0 0
E. B. D 50 0 0	Rev. J. W. and Mrs. Ripley. 10 0 0
Harvey, James (the late) . 50 0 0	T. Gurney Buxton 10 0 c
Bishop Abraham, balance from	A Friend, per Dr. N. Kerr . 10 0 0
Prebendary Grier's Home 35 0 0	A Harvest Offering, per Dr.
Mrs. R. Dalrymple 35 o o	N. Kerr 10 0 0
L. E 31 10 0	George Barham 7 7 0
F. D. Mocatta 30 5 0	Edward Sheffield 6 6 o
Henry Birkbeck, Norwich . 25 0 0	W. Cadge, F.R.C.S., Norwich 6 6 o
W. Peek 21 0 0	Rev. Canon Duckworth, D.D.
Dr. Bridgwater, Harrow . 21 0 0	o(the late) 6 6 0
Sir Chas. Cameron, M.P 21 0 0	Sir Edwin Saunders, F.R.C.S. 5 5 0
Alfred Carpenter, M.D., J.P. 21 0 0	Sir Edward Baines, J.P., Leeds 5 5 0
S. S. Alford, F.R.C.P. (the late) 20 0 0	H. M. Bompas, Q.C 5 5 0
W. S. Gard (the late) . 16 16 0	Sir J. Paget, Bart., F.R.S 5 0 0
C. J. Hare, M.D., F.R.C.P 15 15 0	George Williams 5 5 0
J. Horniman 15 o o	J. T. Harris, Staines 5 5 0
Lady Eastlake 15 0 0	Mrs. Hagel 5 5 0
C. M. Burton 10 10 0	Harry Chub 5 5 0
Norman Kerr, M.D., F.L.S.	James Reckitt, Hull 5 5 0
(the late) 10 10 0	Rev. H. F. Mallett, M.A 5 5 0
Lady Tite 10 10 0	Francis Peak 5 5 0
Mrs. Bullock 10 10 0	C. J. B. Williams, M.D.,
W. T. Elliott 10 10 0	F.R.C.P 5 0 0
Joseph Peters 10 10 0	Sir William Bowman, Bart.,
Jacob Montefiore . 10 10 0	M.D., F.R.S 5 5 0
Anon, per F. S. D. Hogg . 10 10 0	Lady Baird 5 0 0
Sir T. Watson, Bart., M.D.	Miss Hill, Ramilton, Ireland 5 0 0
F.R.S. (the late) 10 0 0	John Prince, Upper Norwood 5 0 0
The Lord Bishop of Durham 10 0 0	Miss Martin, Upton-on-Severn 5 0 0
The Lord Bishop of Norwich 10 0 0	Dishon Abroham
The Duke of Westminster (the	C D 1
	P D W D-1 - 4 11 11
(late) 10 0 0	E. B. W. Palmer, Ambleside 5 o o

	£ s. d.		£	s.	d.
Hon. Lady Beauchamp .	5 0 0	Charles Meigh	3		0
E. A. F., per Dr. N. Kerr .	5 0 0	Rev. Dr. Hurndall	3	3	0
A Friend, per Dr. N. Kerr .	5 0 0	Sir H. Ferguson Davie, M.P.	3	3	0
Thomas McMullen, Belfast	5 0 0	General Gillilan	3	3	0
Sir H. Thompson, F.R.C.S.	700	Mrs. Fagan	3	3	0
Sir W. Drake		John Easton	3	3	0
Mrs. Charles Buxton.	5 0 0	Sir Douglas Maclagan, M.D.,			
Mrs. Laurie, Mazwelton .	5 0 0	Edinburgh	3	3	0
C. Foster, Thorpe		Miss Edwards, Attleborough	3	0	0
J. Wilkes, F.R.C.S.		G. H., per Mrs. Dalyrmple .	3	0	0
C. Holmes	5 0 0	Harrison Branthwaitte,			
T. H. Jackson		F.R.C.S.E	2	2	0
Sir Roger Cunliffe		C. A. Govett	2	2	0
E. Deacon		Frank Wright	2	2	0
J. Gordon Oswald	5 0 0	F. Vulliamy, Ipswich	2	2	0
The Duchess of Grafton .		Mrs. Sanderson, Chislehurst		2	0
Hon. Dudley Fortescue		Anonymous	2	2	0
George Palmer		Miss Battley, Reigate	2	2	0
R. Durant	5 0 0	A. J. Larking (the late), Brighton	2	2	0
Richard Barrington		C. P. Leckie		2	
Samuel Bircham	5 0 0	H. Weston, Brighton	2	2	0
Mrs. Bircham		Vaudry Lush, M.D., F.R.C.P.,			
J. Bonham Carter		Weymouth	2	2	0
Miss Holland		Mark H. Sutton, Reading .	2	2	0
Peter Brachi		Rev. C. Voysey'	2	2	0
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