we have said before, in our eyes this knowledge, and the close attention which necessarily underlies it, redound more to the credit of medical officers than economy. We feel sure that the notice given to such matters by Commissioners is a just and efficient acknowledgment of conscientious endeavour, made under drab and depressing conditions.

Medical Superintendents' Reports.

At *Banstead* the Matron gives demonstrations in invalid cooking all the year round, which are very well attended. This, of course, is in addition to the ordinary nursing instruction.

Bexley.—Dr. Stansfield goes a good deal into heredity and family histories. He gives a flagrant, but not, we fear, a very uncommon, instance of perverse and useless lying by relatives in this direction. A father, on the admission of his daughter, stated on the inquiry form that there had been no breakdown in his family, in spite of the fact that another daughter was at Bexley at the very time, and a brother was known to be in another London asylum. He gives some interesting statistics of multiple insanity in families, but these no doubt are embodied in Dr. Mott's work, to which we shall refer later. The following are truly horrifying: A father, three sons and one daughter; father, mother, son; father, mother, son and daughter; three brothers and two sisters; four brothers; and so on. Sterilisation is still a great desideratum in his judgment.

At *Cane Hill* the charge nurses have been given a separate mess as an experiment, similar to a sergeants' mess in the Army. The result has been very satisfactory, the status of these officers having been thereby raised and discipline improved.

Claybury.—Dr. Robert Jones truly says that the term "recovery" is used in an elastic sense. Thereby he personally denotes the attainment of a fair mental integrity at the time of discharge. Two women and three men, general paralytics, and five epileptics were so regarded on discharge. He says that in these cases no one would deem true recovery to have occurred, but they are able to support their families and to exercise their citizenship creditably. He also thinks that on our side we have as much reason for the use of the term as have special and general hospitals. This is probably quite true, but in the case of the upper classes one's legal responsibilities may be more coercing than medical considerations. A female patient was admitted suffering from leprosy. Dr. Robert Jones is fortunate in having some rich neighbours who are kind enough to entertain parties of patients in their grounds, and others who voluntarily aid mental convalescents. We make a note of this kindness since there is plenty of evidence of a really beneficent feeling towards the insane, if only it can be got to a start. Concrete instances of success, which can be pointed to, may encourage others who are willing.

At *Colney Hatch* Dr. Seward speaks very favourably of the new villas for young male patients. They help convalescence and improve the

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health and behaviour of those who have to remain uncured. The same is reported of the six new villas for female patients. With regard to employment he can report that all the boots worn by the patients are made in the asylum, and it is expected that all the cloth and cording required for them will also be made there.

At *Hanwell* Dr. Baily expresses a not uncommon opinion on the difficulties of the new handbook. He thinks that when it is put into the hands of probationers it inspires terror and confusion. Possibly this is the case if no guidance is given at the time. We believe that it is not uncommon for medical superintendents specifically to point out those portions which should first be studied by novices. It might well be considered by the Education Committee whether it should not itself issue a graduated syllabus or guide to the study of the book. In justice to the committee which produced the handbook, it should be understood that the advanced information was not expected to be assimilated by all, but was intended to facilitate further training of those who were capable of, and desired improvement beyond mere qualification for the certificate. It is the Education Committee and not the handbook which settles that qualification. We are glad to note that the striving after the certificate, even if not successful, tends, in Dr. Baily's opinion, to secure a better quality of nursing, and, after all, that is the aim of the system.

At *Horton* Dr. Lord regrets that our nomenclature should have so little meaning as regards prognosis. Is prognosis, as we are able to make it, sufficiently certain to afford a sure basis for classification in any direction whatever? In the last number we drew attention to the recoveries assigned by Dr. Bevan-Lewis to cases coming under headings usually associated with confirmed hopelessness, and we ventured to deprecate too much attention being given to classification as a guide to forming prognosis. We fear that it would be found to be a broken reed in practice and scientifically impracticable. Dr. Lord presses strongly that syphilis should be constituted a notifiable disease, chiefly on the ground of the health of the sufferer himself. Certainly, both on this ground and the possibility of infection of others, a very strong case might be made out. But we fear that the deeply rooted and weird sentiment that every man or woman may do what seemeth good to them with their bodies, as long as they keep within the statute law, would prevail over common-sense. Dr. Pearn has made a close examination into the fertility of 100 consecutive admissions of married female, and of 100 male similar cases. The former have borne 345 living children, in addition to 24 still-births and 36 miscarriages, while the latter have procreated 357 live children. In both series male children predominated.

At *Long Grove* Dr. Bond has worked some figures, valuable in themselves and peculiarly interesting at the present time, in relation to the "eugenic" risks attached to the discharge of patients from the asylum. His figures and deductions are so intricate that we reproduce his statement in full.

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Danger of relapsing cases.—Much has been said in recent years as to the danger of cases discharged from asylums, not so much to the present community as—from a "eugenic" point of view—to future generations. The belief seems widespread that it is from these patients the insane members of the next generation largely spring, and, in conformity with this belief, drastic measures to limit the fecundity of such persons have not only been advocated but, abroad, even put into practice. Without desiring to throw cold water on any attempt to curtail the burden of lunacy, one feels bound to deprecate some of the measures proposed until they have for their basis indisputable evidence of their probable efficacy, and this, it is submitted, is far from forthcoming. Family histories are notoriously difficult to obtain, but certain data, such as those I have summarised concerning the 70 not-first-attack female cases, are fairly easily obtainable. Their scrutiny seems to me to suggest that "the case against" them is yet far from proven:

Sixty-four not-first-attack female cases.—Time has not permitted me to obtain corresponding information from the male admissions. In six of the females sufficient information was not forthcoming, leaving a basis of 64 for consideration. In nearly one-third (18) of these the initial attack of insanity did not take place until the involutional period and after child-bearing was impossible; so that at once almost a third become removed from the sphere of eugenics. Of these, while 13 had given birth to a total of 79 children, the remaining 5 were childless. In 46, or slightly over two-thirds, the initial attack had occurred either in early life or in the period of maturity; of these, 7 have been childless and are now past child-bearing, other 4 who had a total of 13 children prior to their first attack have had none since and are now past the possibility of such; 15 have been hitherto childless, but their ages still permit the possibility of a family; 13 of them are, however, single; 3 had a total of 14 children prior to their first attack, and though they have had none since, their ages do not preclude the possibility. This leaves only 17, or one-quarter of the total, who have had offspring since their initial attack of insanity; these had a total of 18 children prior to the first attack and have had 49 subsequently, and 8 of them may now be regarded as past child-bearing.

It is, then, apparent that of this collection of 64 recurrent cases only 46 were amenable to any "eugenic" measures; that in 11, or one-quarter of these, parentage in the ordinary course of nature became impossible; thus leaving only 35 whose capability to reproduce mental disease might have been frustrated. My experience goes to show that only 12 *per cent.* of insane persons have a brother or sister also insane. So that even allowing that each one of these 35 will ultimately be the mother of an insane person (a by no means likely contingency), and also bearing in mind that only some 10 *per cent.* of the insane appear to have an insane parent, it can be deduced that 39 is the maximum insane progeny which might, perhaps, have been prevented by the application to some 46 potential mothers of the measures suggested; but that for every 39 cases so prevented there would probably arise from other sources 351 insane persons, whose origin these measures would not avert.

I am aware of some possible fallacies in this line of argument; my object in quoting such figures is to venture to counsel caution and the necessity of much more convincing facts before committing ourselves to the support of measures which may prove very barren of hoped-for results.

He regrets a prevailing tendency to the simple reproduction in Tables C4 and C5, dealing with the ætiology in recovered cases, of the facts as stated in the admission register, pointing out that an intelligent adjustment of factors on later knowledge would probably increase the true assignment of heredity. In his own case he thinks that another 10 *per cent.* was added by further inquiry during the residence of the patient.

For two years now he has treated his male tubercular cases in the open air, winter and summer, without the least difficulty. In regard to the dangers run from bovine tuberculosis, he states the alarming fact that no less than 41 *per cent.* of the young cows selected for purchase were

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returned as not being able to pass the test. It is somewhat suggestive that in spite of the knowledge that strict inquiry is made about each cow, the percentage of rejections is increasing, it having been 36 in the preceding year as against the rate stated above.

Pathologist's report.—Dr. Mott sets out a goodly array of work done and being done. One might well doubt whether in any other department of medicine, or, indeed, in the whole of medicine itself, there is a greater bulk of scientific and practical inquiry going on than is to be found at Claybury and other asylums all over the kingdom. On the latter side—the practical—the outstanding item is the careful and thorough attempt which is being made to follow up the family history in relation to mental weakness of a multitude of inter-related cases in the London asylums. This entails much personal devotion and a large expenditure of time and trouble to get at facts. It will become scientific when the deductions are drawn. One thousand eight hundred and thirty-four cases have been thus followed up, each having some connection with at least one other of the number (in two cases there were groups of six members of single families). Each case is, or has been, in one of the asylums of the area. Many cases have been rejected from the inquiry because there has been no living member of the family in one of the asylums at the time of inquiry. Dr. Mott has obtained the services of Dr. Edgar Schuster to make an independent analysis of the card-returns of the cases. The time has not sufficed to make a thoroughly exhaustive investigation of all the material, but Dr. Mott, with the corroboration of Dr. Schuster, is able to give the following important results of the inquiry:

The forms of insanity which are most hereditary—

Before this question can be discussed it is necessary to call attention to the fact that the terminology varies in different asylums and at different periods. Nevertheless, the facts clearly show that periodic insanity, recurrent mania, recurrent melancholia, alternating insanity, and manic-depressive insanity are different names employed for the same mental defect which has this common character of periodicity of sanity and insanity, consequently these cases are discharged and re-admitted a varying number of times. Dr. Schuster had available for examination records of 319 pairs of parents and children; of these the children in 69 cases suffered from periodic insanity. Of the 69 so affected, 28, or 40·6 *per cent.*, had parents similarly affected. Of the remaining 250 offspring with forms of insanity other than periodic only 41, or 16·4 *per cent.*, had parents suffering from periodic insanity. Moreover, his statistics show an even stronger resemblance between brother and brother or brother and sister than between father and mother and son and daughter.

The statistics also show a marked tendency for delusional insanity to run in families, and that the correlation between the offspring is more strongly marked than between parents and offspring. The same applies to dementia præcox and imbecility; likewise, in a varying degree, to other forms of insanity, but there is no indication of general paralysis running in families.

The age at onset of the first attack coincides with periods of physiological and psychical stress, *viz.*, puberty, adolescence, and the climacteric period. The onset and recurrence in a large number of cases are coincident with childbirth, and in some instances we have been able to trace insanity in the offspring born at those periods.

Another interesting point is that there is a great tendency for two children of the same parents to become insane at the same period of life, but this is what we should expect with dementia præcox—the insanity of adolescence.

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Another fact stands out prominently in these statistics, and that is, the much greater incidence of transmission from parents to offspring through the female side, as the following figures show:

Analysis of the 752 instances of two of a family.—Father and son, 44 instances; mother and son, 51 instances; father and daughter, 58 instances; mother and daughter, 104 instances; two sisters, 130 instances; two brothers, 87 instances; brother and sister, 136 instances. Female with grandfather, 1 instance; male with grandfather, 1 instance. Females with grandmother, 6 instances; male with grandmother, 5 instances.

Collateral.—Female with uncle, 12 instances; male with uncle, 11 instances. Female with aunt, 33 instances; male with aunt, 11 instances.

The report of Dr. Schuster which leads up to these conclusions is a most able document, and one which will repay perusal as being a good example of the scientific method of dealing with recorded facts.

Dr. Mott's report contains also an account of another investigation of prime importance.

With a view to ascertain whether there is any association between auditory hallucinations in the insane and chronic inflammatory changes in the middle ear as evidenced by the presence of adhesions between the ossicles and sclerotic changes, an investigation has been commenced by Dr. Gordon Wilson and Dr. Candler, which will be continued until a sufficient number of cases has been examined to furnish reliable data. The results obtained up to the present show that out of 66 cases examined *post-mortem*, in 72 *per cent.* changes of a marked or slight degree can be found in the middle ear. In 52 *per cent.* of the cases examined the changes were well marked, and were sufficient to have caused deafness of greater or less degree, and in 64 *per cent.* of these well-marked cases there was a history of previous auditory hallucinations of a severe and persistent character. It was also found that the cases in which there was only very slight evidence of adhesive changes in the middle ear were either free from auditory hallucinations or were subject to mild or transient attacks. In about 7 *per cent.* of the cases there was a history of hallucinations without any visible evidence of disease of the middle ear. Although the number of cases so far examined is too few to justify any definite statements, there is evidence that chronic adhesive changes can be found *post-mortem* in the middle ear of a large percentage of the insane. It would appear also that in about 50 *per cent.* of the cases with chronic changes in the middle ear there are associated well-marked auditory hallucinations, and the less evident the trouble in the middle ear the less evident the auditory hallucinations appear to be. The work on this subject is being continued.

Engineer's report.—Mr. Clifford Smith gives some interesting particulars concerning the consumption of coal, both steam and house. He takes for the purpose of contrast three asylums, Claybury opened in 1894, Bexley opened in 1902, and Long Grove opened in 1909, and he selects the summer quarters of the year for comparison, since the heating machinery is not then in use and fuel consumption is not influenced to any great extent by weather conditions. In each case the asylum had its full complement of patients. We work his figures of consumption into the following percentages per patient for the six months:

Claybury (1894)	1·06 tons
Bexley (1902)	·51 ,,
Long Grove (1909)	·24 ,,

The average consumption per patient through the whole year in all the asylums works out at 1·204 tons.

These remarkable and progressive results he attributes partly to improvement in methods and partly to more efficient apparatus. As

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to the former he gives the result of a test comparison made in certain wards at Claybury, which are fitted with open fires in all cases, some having in addition steam-heaters, the others having, also in addition to the open fire, warm air apparatus. Steam won handsomely at a considerably reduced cost. These facts may be of use to those who have to provide means of warming new asylums, and also to others who may be seeking to improve existing arrangements.

With regard to the water supplies, we learn that the pumping of water at the Central Station cost 9·075*d.* per 1,000 gallons, the cost including all repairs, rates, etc., and wages, but exclusive of interest on capital. The charge for water supplied by the Epsom authority amounts to 10*d.* per 1,000, but this of course would include allowance for capital. But the asylum water-charge provided for softening. It would be interesting to know what difference in price is caused by the latter process.

Statistics.—As before noted, these take up a large proportion, at least two-thirds, of the enormous bulk to which the report has grown. One naturally thinks of what is to be done with this mass of valuable information. To let it remain unused will be monstrous. It will be impossible for one brain to attack it properly, and there rises up in one's mind the possibility, not an unmentioned one, of the Association appointing a committee of congenial souls for the purpose of dealing with this and other reports. Time would doubtless be taken to settle on a proper scheme of procedure, but when this is once settled working out details would not be so tiresome. Should such a course be taken it would be necessary to limit the powers of the Committee by special resolution, lest those who already toil so hard should be subject to any fear that no fresh tables would be recommended.

Mr. Keene, with the help of a member of his staff, Mr. Wyett, has made a beginning of dealing in a general way with some items which will be of interest both to his committee and generally. He has prepared a tabulated statement of the movement of the asylum population from 1831, the year when the first asylum was opened, down to the present year. For the purpose of comparison this is divided into four periods—from 1880 to 1889, from 1890 to 1899, from 1900 to the end of 1909, and from 1831 to 1909. The lower death-rate among the males and the higher recovery-rate among the females are outstanding facts, but the proportionate accumulation of females, which is mainly the result of their recoveries not keeping pace with the male deaths, is not now so marked as it was some years ago. The number of cases having over *ten years' residence* at the end of each of the above periods shows that the females have all through contributed to that number more than the men have done. The percentages on total population for the last three decennia are (omitting fractions)—

	M.	F.	T.
1889	26	31	29
1899	17	21	19
1909	44	45	45

The bound upwards in the last period is very striking, and, one might say, disheartening. It appears as if failure to recover is the chief cause of the increase in long residence, as will be seen by the figures appended. The proportions given are the number recorded in either

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event, death or recovery, on the total number of patients treated, to the date specified from the actual opening in 1831. Bearing this method of calculation in mind, the decrease in recovery is descending faster than is suggested by the rates themselves, since the better results in the earlier years help to make the later figures look less unsatisfactory.

	Recoveries.			Deaths.		
	M.	F.	T.	M.	F.	T.
1889 . . .	25	25	25	31	23	27
1899 . . .	24	26	25	27	20	23
1909 . . .	20	23	22	29	24	26
1831–1909 . .	28	32	30	37	30	34

Mr. Keene emphasises the lessening of the proportion of *entrants* to *exits* by a table showing, in four-year averages, the combined *exits*, the rates in the case of both recovery and death not being those ordinarily used, but those of records of these events to total average residence. He shows that the average of 1890–1893 was, both sexes included, 21·26, while in 1906–1909 it had fallen to 15·28.

We find on reference to Table A2 that the average admission-rate for the first four years was 2,962 and for the last 4,048. So that decreasing rate of relief is felt over an increasing area of contribution—a double disadvantage. Facts like these, stated on precise terms, should go far to make inquirers think twice before they develop rash theories of increasing occurrence from increasing residue.

Mr. Keene notes a decrease during the last three years in the proportion of *direct* cases. Also that no less than 582 of the admissions were of more than twelve months' duration. He says that this large number, which is not confined to the last year only, must complicate the question as to relative frequence of occurrence, and he thinks they show that the mass of unregistered insanity, which has been so consistently drawn upon for the past twenty years, is by no means exhausted.

Over 54 *per cent.* of the admissions were married, while ten people who were married were returned as insane from birth or infancy. In regard to the factors of the insanity in those who have recovered, Mr. Keene sets out in a table the proportions which each ætiology has contributed in making up the total of recoveries. Perhaps we can get some hint from such a table as to the least dangerous ætiology. But of course no scientific conclusions can be based on anything but a special following up of each case; so that we could say so many individuals came in with this ætiology of insanity, and so many of those same individuals recovered. We venture to suggest to Mr. Keene that he might very usefully, on a future occasion, give us something of the kind, not, perhaps, so accurate as that which will result from individual record, but something that would be substantially correct, and would become more correct each year. If the totals of recoveries in the specified forms in C4 for each year, since the commencement of the new tables, were added together, form by form, we should get a useful average. Then if the totals of corresponding items in B7 were similarly added together we should get a fairly accurate basis of the ætiological incidence. Say that three years' tables are available, the addition of all three would cover nearly every case that recovered inside of three years from admission—the residuum of longer durations are almost negligable as practically abnormalities

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and very small in number. Each year they would less and less disturb the calculations. If one were in a position to say that for ten years past the average number of admissions in ætiological series is so much, and for the same term of years the recoveries in the same series were so many, we should be in possession of practical truth, which cannot be obtained by the contrast for one year of B5 and C4. We should add, perhaps, that Mr. Keene makes no claim whatever to any special value for his tabulation. But having said all this we are tempted to make a tentative comparison between these two tables for 1909 with the help of Mr. Keene's calculations.

Ratios of the Occurrence of Certain Factors of Mental Disease to Totals respectively of Admissions and Recoveries.

	Admissions (ourselves).	Recoveries (Mr. Keene).
Mental stress (of both kinds)	29·20	38·81
Alcohol	22·7	23·95
Insane heredity	29·3	29·19
Puberty and adolescence	6·7	7·08
Alcoholic heredity	8·7	9·44
Privation	5·2	5·07
Syphilis, acquired	10·7	4·46
Epilepsy	8·0	3·58
Cardio-vascular degeneration	9·7	5·16

In both calculations all cases having no assignment of factors have been eliminated. The totals under consideration are 3,012 and 1,144 respectively. The proportionate relation of these two totals is 2·63 to 1.

If this mode of calculation could in any way be accepted as speaking the truth, we might say that, in regard to the first five ætiologies, the chances are about three to one against recovery, assuming that we can feel sure that no other factors have contributed to the attack. As to the last three, as might be expected, the continuity of the factor entirely alters chances. It is suggestive that such an easily remediable factor as privation does not furnish more recoveries.

Longevity under mental trouble seems to be increasing year by year. At present 64 *per cent.* of the males and 67 *per cent.* of the females have a duration exceeding five years, as shown by Mr. Keene, while there are 294 males and 324 female cases of over forty years.

We trust that Mr. Keene will continue each year to furnish such useful material.

Other points we have found on casual examination to be interesting. We note that this year every form of insanity has been used by one or other of the superintendents, but, of course, particular forms are more adopted in one asylum than in others, this arising not from the prevalence of the form so much as from the individual views of reporters, to which Mr. Keene also adverts. The *volitional* class is represented by 22 cases in 3,931 admissions, being divided as impulse 9, obsession 5, and doubt 8. *Moral insanity* only provides 5 cases. *General paralysis* was found in 334, of which one-sixth were females.

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Melancholia in all its forms considerably exceeded the varieties of *mania*, this balance being in strong contrast with the figures for all England:

	London County.			Commissioners' Report.		
	M.	F.	T.	M.	F.	T.
Mania . .	315	491	806	3,040	3,766	6,806
Melancholia .	385	770	1,155	2,368	3,801	6,169
Total admissions	1,776	2,155	3,931	10,511	11,302	21,813

Acute delirium occurred 10 times, equally between the sexes, females being slightly less than the ratio for all England, where nearly two-thirds were females.

Alternating insanity was found in 13 cases as against the 53 in England. There is probably more doubt, or rather, difference of opinion, as to the proper rendering of this term, even among experts, than is found in regard to any other class of mental disease.

Delusional insanity runs it hard, however, in want of preciseness. In London it occurred in 538 cases, 199 being systematised, and 339 of the other form. In England the comparative numbers were 1,551, 705, and 846. The much greater proportional frequency in the former area will be noted. In the group of *confusional insanity*, *stupor*, and *primary dementia* there is much inter-asylum variation, the last not occurring at all in some. Whether this is from pure accident of incidence or from want of belief may be doubted.

Attention is arrested by the number of *dements* admitted. They were 277 (senile 116 and secondary 161). Turning to the report of the Metropolitan Asylums Board we find the comparative figures to be 279, 262, 17. Adding these together we get senile cases 378, secondary cases 178, total 556 on a total admission of 4,711. In the *remainder of England* these classes furnished 1,208 of the 17,892 admissions. Thus the burden of mental decrepitude seems to fall heavier in London than elsewhere. Outside the large class of labourers, general and undefined, a term as easily adopted as that of medical student when trouble comes, the most numerous among the *occupations* of the male admissions is that of commercial clerks. We have drawn attention to this fact before as one that needs investigation. They number 84. As we have not got the number of commercial clerks in London we cannot give a ratio of incidence similar to that given by the Commissioners for all England, but we can get a line by comparing the 84 out of 1,490 direct admissions in London with the 382 out of 10,511 of all England—the comparison showing 1 out of 17 in the first case and 1 in 27 in the latter case. The fact that out of 61 first admissions 12 occurred between the ages 25–34 and 23 between 35–44 would tend to show that clerical work had no special danger in the adolescent period, and that the incidence of the disease is not the result of accumulated wear and tear. The calling of warehouseman furnished 21 male cases, a ratio of 1–70, while in all England the ratio is 1–150. As in the Commissioners' return for England this calling stands highest of all, viz., 47·1 in 10,000 of the total population, it seems that the occupation is an especially dangerous one in the Metropolis. Female commercial clerks and typists, though the numbers are considerably smaller, show the same relative excess as in the

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case of the males, and 5 out of the 7 first admissions broke down just at the same age periods as given for the males. In the females domestic service seems to be more dangerous, *qua* insanity, in London than elsewhere, the ratio being in the former 1 in 5 admissions and in the latter 1 in 6. The ratio per 10,000 of the total population of England is stated by the Commissioner to be 14·7. The principal age-period of incidence is 25–34, furnishing one-sixth of the cases, though the periods on each side are well represented. Forty, or about one-ninth, broke down between the ages 15–19. In both sexes fashioners of apparel are heavily represented in comparison with England generally.

The ætiology of the admissions presents no great departure from the ordinary, the main causes being those generally met with. Nor is there any outstanding feature among the deaths. Comparative examination of age-periods, civil state, etc. is much too serious an undertaking to tackle in a review of this sort, but no doubt the vast accumulation of definite facts will aid, when properly analysed, in the elucidation of the natural history of the disease. One can but commend warmly the industry that has got it together and set it out in usable form.

Metropolitan Asylums Board's Asylums.

Referring to the Commissions on the Feeble-minded and on the Poor-law, the committee state that they feel themselves to be passing through a prolonged period not favourable to initiative or progress. They, with justice, complain that the latter Commission, reflecting the attitude of the former Commission, after bearing testimony such as "the Metropolitan Asylums Board have efficiently discharged as a central body the task entrusted to them," are inconsistent enough to seek the setting up of a new and experimental authority. It convicts the Commission of a silly inaccuracy in stating that the cost of three hospitals, with from 3,000 to 6,000 inmates, amounted to a million pounds, whereas that sum represents the total expenditure of the Board for all purposes.

The following extract contains views of importance in the question of the Board's work and of interest to those who scent Socialism everywhere. Dealing with the minority reports, the Board says:

> Whether any scheme for the break-up of the Poor Law, however attractive in its delineation, can in the end denude the country of its pauperism, whether any real co-ordination of relief work is attainable when the different branches of it are controlled by different committees, each so strong and important as to be semi-independent of one another, may well be doubted. To take only one instance, the suggested enlargement of the powers of education committees to include the maintenance of large numbers of children divided by the finest line, in point of poverty, from multitudes of those still the subject of parental effort and care, may well be viewed with the misgiving that such a provision would prove all too attractive, and, in removing whatever remains of the "stigma of pauperism," set up in its place a readiness to regard "public assistance" of an eleemosynary character as the normal rather than the abnormal condition of life, and so tend to sap that personal independence and undermine those foundations of self-help and self-reliance upon which the strength of a nation is built.
>
> Opposed to this view is that expressed in the main report, that we consider that the many and subtle problems associated with public assistance, especially when it is a family rather than one individual that requires rehabilitation, cannot be

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