

No. 157.

GOVERNMENT NOTIFICATION.

The following Annual Report of the Colonial Surgeon, with Returns annexed, for the year 1878, is published for general information.

By Command,

FREDERICK STEWART,
Acting Colonial Secretary.

Colonial Secretary's Office, Hongkong, 7th July, 1879.

GOVERNMENT CIVIL HOSPITAL,
HONGKONG, 19th May, 1879.

SIR,—I have the honour to forward my Annual Report for the year 1878, together with the Tables showing the work done in the different Establishments of the Colonial Medical Department. I also enclose the Report of the Superintendent of the Government Civil Hospital of the work done in that Establishment during the past year. I regret that this Report has not been sent in before, but the absence of the Superintendent on leave and the burning of the Hospital have occasioned him more trouble than usual in making up his Report and Tables.

The Superintendent of the Government Civil Hospital was away on leave for seven months during the past year, and a difficulty occurred in procuring a substitute. For about three weeks, I did the duties of Superintendent of this Establishment in addition to my own duties, but fortunately Dr. VON DER HORCK, who had newly arrived in the Colony, undertook to do duty as Acting Superintendent, and thus relieved me of such an arduous addition to my own work.

The Superintendent of the Government Civil Hospital is the only man in the Colonial Service of Hongkong, whose whole time is given to the service of the Government, who has any difficulty in procuring a substitute without loss to himself. In the service, two months' leave of absence in every year is allowed on full pay, and one year's leave on half pay after six years' service, provided a substitute can be procured who will undertake to do the full pay leave for nothing, and the half pay leave for the half pay. This is generally managed in other Departments, but in ours there are no surplus Medical Officers who can undertake to do the work. Consequently, under the Colonial regulations, unless the Superintendent can procure some Medical man not belonging to the service, to do the duties, generally at some loss to himself, he cannot get any leave. I represented this hard case to the Government, who, I am glad to say, coincided with my views, and the money was voted to pay the Acting Superintendent; so that the Superintendent was enabled to have his leave without loss to himself, or any detriment to the working of the Establishment under his charge.

This year we lost the services of an old and valued servant of the Government—Mr. A. A. BOTELHO, Apothecary to the Government Civil Hospital, who retired, owing to ill health, after twenty-three years' service. It has been impossible to procure an equally trustworthy and efficient officer in the Colony to take his place at the same pay. I therefore recommended that the salary should be considerably increased, and a properly qualified Apothecary should be procured from home who could also undertake the duties of Analyst, which recommendation has been approved of. There will thus be two qualified medical men attached to this institution, and any such trouble as was referred to in my last Annual Report will, I hope, be impossible in future.

POLICE.

There has been a considerable increase in the number of admissions from the Force to Hospital. The greatest number being from the coloured portion of the Force, and among them occurred the greatest number of deaths. Still the number of deaths in the Force was small, being only six altogether. Table III shows the number of sick from each district for each month of the year. There was a greater number of cases of venereal among the Police than usual, but only two cases of constitutional disease reported.

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TROOPS.

Table IV shows the strength, sickness and mortality amongst the Troops in Garrison here, and the figures are high, both as regards admissions to Hospital and Deaths.

	<i>Admitted to Hospital.</i>	<i>Deaths.</i>
1874,.....	1,067,.....	10
1875,.....	716,.....	9
1876,.....	563,.....	2
1877,.....	973,.....	9
1878,.....	944,.....	10

The admissions were less than last year, the deaths more by one, but the amount of sickness is not so surprising as it was in 1877, for then it was among troops that had been here a year and had previously come from Malta. Whereas last year it was among troops that had in the beginning of the year arrived from Singapore, and had been through a campaign in the Tropics. Here also there is a considerable increase in the number of cases of venereal disease, but of the 221 cases recorded, only 11 showed constitutional symptoms.

GOVERNMENT CIVIL HOSPITAL.

On the 26th of December, the temporary Government Civil Hospital was burnt down. Such short notice of its danger was given, owing to the rapidity with which the conflagration of the buildings below it spread, that there was only time to remove the patients, instruments and records, some of which were lost in removal. The furniture, bedding, stores and library of the Hospital were all burnt. The attendants also lost most of their things, being engaged in removing the Government property that I have mentioned as being saved from the fire. No thought of the fire spreading with such rapidity to the Hospital had been entertained, and the attendants had been on the alert all night expecting cases of injury might be brought in every moment, but though over 300 houses were completely destroyed, no case of injury fortunately occurred requiring to be brought to Hospital.

Our troubles concerning the Government Civil Hospital are now worse than ever. One building was destroyed by a typhoon in 1874, and another has been this year destroyed by fire. Both these buildings were, as has been frequently reported, inadequate in their accommodation. Now the Lock Hospital, which was well fitted for the work it was built for, is quite inadequate for the use it is put to as a temporary Civil Hospital, and the temporary Small Pox Wards are inadequate for the use they have been put to as a temporary Lock Hospital. Some rooms in the ruined Hospital destroyed in 1874, being used as Small Pox Wards are not watertight, but fortunately Small Pox is only prevalent during the dry season; they could not be used for any purpose during the typhoon season, as the building would not be safe. All these troubles have been fully reported on, and it is to be hoped that the proposed Government Civil Hospital accommodation, which has been so long coming, will soon be among the things that are, having all the requisites necessary for the comfort and well-being of the sick as well as the officers and attendants attached to it.

There has been a considerable increase in the number of patients received into the Civil Hospital this year, both medical and surgical cases, and the limited accommodation gave serious inconvenience, but the percentage of mortality among the patients received has been less than in any previous year, except 1876, as shewn by Table VI.

Table V shows the type of disease. Fevers and Bowel complaints being predominant, the former being chiefly of the milder forms, only one case of death occurring in over 300 cases of all types of Fever admitted. There has been a considerable increase in the number of venereal cases admitted, but I am happy to say those contracted in Hongkong have been of the mildest type.

Table VII shows the admissions and deaths in this Hospital for every month in the year. The greatest number of admissions took place in the month of August, but from May to November, the number averaged over 120 per month, the admissions for the other five months averaging under 90 per month.

Table VIII shows the number of dead bodies brought to Hospital, which, as usual, were principally Chinese.

The Staff worked well, although the loss of Mr. BOTELHO's services caused considerable inconvenience. Mr. SENNA, who acted for him, though painstaking and willing, not having had the same amount of experience, could not fill the void left by Mr. A. A. BOTELHO, but for all that deserves praise and credit for the way in which he has performed his duties.

VICTORIA GAOL.

The medical charge of this Establishment is in my hands. There has been a greater number of admissions to Hospital than usual and a greater number of deaths. The number of cases allowed to leave the Gaol with conditional pardons on account of disease have been fewer, which partly accounts for the increased number of deaths, but the main cause was the number of heart complaints: of these 22 were cases of general Anasarca, and the heart disease was first brought to notice by complaints of difficulty of breathing, rheumatic pains and swelling of the lower extremities. Ultimately in all these cases general Anasarca occurred, the whole body limbs and face being swollen to an immense size. Some of the cases that recovered and are still in Gaol appeared worse than others that died. Of the cases that died nearly all were examined *post-mortem*, and in all these so examined the disease was similar, dilated right side of the heart; in some cases the wall so thin as to be almost transparent; dropsical effusion into the pericardium and abdomen, and general congestion of all the internal organs. All these cases occurred in the beginning of the year in the cold months, a large number of Bronchitis and rheumatic cases occurring at the same time, many more than usual being of a severe type, I was puzzled to account for them; till at last I discovered the cells were being washed by regulation so many times a week, weather not being taken into account, so that on dull damp days the cell floors never dried at all, and the prisoners slept on them damp as they were almost when first washed.

Orders being given that the cells should only be washed on dry sunny days soon decreased this class of cases to an inconsiderable number. The case of Hernia was an old standing irreducible one. Operation revealed that a piece of omentum twisted round the gut was the cause of the obstruction, the gut was released from the constriction, but the old adhesions prevented its return to the abdomen, and the patient, a poor old debilitated creature, sunk and died soon after the operation. The case of Alcoholia was a poor old Indian named JERRY, who used to get his living by blacking sailors' boots and used to hang round the grog shops in Queen's Road trying for customers. It appears he more often got his pay in the form of a drink than anything else, and was frequently in Gaol for being drunk and incapable. This time he was brought in as usual, he hardly recovered his senses, was unable to take food, and died soon after admission. On enquiry it appeared he had lived on nothing but drink for many days.

There was one very curious case of feigned insanity this year in the Gaol. This was the prisoner NEWMAN on remand for murder. For nearly three months, this man never spoke except on one occasion, and so skilfully did he feign chronic dementia that had I not seen him from the first I should have been very doubtful about his case, as it was, I was quite sure he was sane. He was seen by other Medical men of more experience than myself in psychological cases, and they all had great doubts of his sanity. During his examination before the Magistrate, he kept up the sham most successfully, apparently taking no note of the proceedings. Yet when he suddenly gave it up a few days before his trial, he showed how attentive he had been by his analysis of the evidence, and how carefully he had noted things during the time he had been feigning by bringing a charge against one of the Warders of unnecessary cruelty, giving dates and naming events that occurred about the same time. He gave in, remarking "he'd sooner die than live fifteen or twenty years in Gaol after all." All through this case many important symptoms were absent. The temperature never varied from health, the skin was moist and no particular smell could be detected, the tongue was clean, bowels regular and pulse normal. He would not take any solid food for weeks, but he took enough soup and milk to keep a man in good condition, he never lost weight and though he would do nothing he was told to do, yet when compulsion was used he was very careful to avoid being hurt in any way. When electricity or the cold douche was used, he shouted and struggled, but never uttered a word. He contrived to do with very little sleep, but never slept less than three or four hours in the twenty-four. The symptoms were, his silence, his doing with little sleep, stripping himself naked, obscene and dirty habits, daubing the walls with night soil, and only once his own face and body, singing to himself, and a palsied motion of the head with twitching of the muscles of the face, but this only when he knew he was being watched. Two feigned attempts at suicide also when he knew he was being watched. These were very bungling attempts, very different from the cunning usually shewn in suicidal mania. He at last gave in when confined in a cell, specially prepared, so that he was watched at all times, without his knowledge though he suspected it, the trial was then too great and he gave in all at once. It was evident that he had at some time or other seen or been attendant on some case of madness, without which I do not think a man of his class could have made such a faithful copy. He was cool and self-possessed in his last moments making a short speech from the scaffold to the by-standers.

There is considerable difficulty with the sick in Hospital which is always overcrowded, the Chinese only getting about 200 cubic feet of space per man, and the Europeans about 500 cubic feet per man; it is true the cells have large windows and only barred gates opening on to the corridors, but in winter the windows at any rate have to be closed and the ventilation is anything but good, added to which the night soil bucket is in the cell, though the dry earth system in use keeps the smell from becoming overpowering. The other cells of the prison, with the exception of the European and separate cells, are just as much overcrowded. The close atmosphere of the cells and corridors at unlocking time in the morning is very bad, but all these things have been reported on many times by myself and others. Though the number of admissions to the Gaol this year is less than usual, yet the daily average number of prisoners is greatly in excess, and consequently the overcrowding is worse than it ever was.

	<i>Total number of prisoners admitted to Gaol.</i>	<i>Daily average number of prisoners.</i>
1873,.....	4,656	388
1874,.....	3,645	350.4
1875,.....	4,023	374.06
1876,.....	4,065	432.60
1877,.....	3,964	395.22
1878,.....	3,803	519.10

There have been the usual number of opium cases, but with no case has there been any trouble or difficulty; they are not allowed any opium or other narcotics, and seldom require any particular attention. One old woman said she had been an opium smoker for twenty-five years. She was sixty years old and anæmic, was treated for the Anæmia and improved very much in general health, but her opium smoking was entirely ignored.

The *Friend of China* has criticised me very severely for what I have said on this subject in previous reports, and, I think, in a very one sided and intemperate manner. It is asked "what peculiar advantages Dr. AYRES has to enable him to correct the errors of his predecessors in the field?" Now, although I have no desire to set my opinions up against such notable authorities as have been quoted, still I have some right to give an opinion. In Hongkong, which is purely a trading port, are to be found natives of all parts of the Chinese Empire, and I speak from personal inspection of their homes and habits. I think Hongkong has the only prison in China under European supervision that contains anything like a daily average of five hundred Chinese prisoners of every class, from compradores to beggars from all parts of the Empire. I have had now nearly six years' experience in this Colony, and I doubt if many have had greater advantages than myself for forming an opinion on the subject of opium smoking; and over seven years in Bengal and Assam should give me some experience in opium eating.

Much has been said about the Western nations not taking to the habit of opium smoking. As if any Western people had the patience necessary for the enjoyment of the habit. Has any Western nation taken up the Indian Hooka and Narghile for the purpose of smoking tobacco? I think not. Neither has the use of opium for eating or Indian hemp for smoking and eating been indulged in by Western nations to any extent for similar reasons. As little would an Asiatic think of indulging in the athletic and violent exercises, common among all Western nations, for pleasure. It is rare for the most inveterate Western tobacco smoker to sit down and smoke a pipe and do that only, he must read talk, walk, or do something else at the same time, so the short pipe, cigar, or cigarrete, or chewing, are the favourite Western modes of using tobacco. And therefore my friends would look upon me as a fool if I advised them, as the *Friend of China* suggests, to give up alcohol and tobacco in favour of opium smoking.

I distinctly say that opium smoking, as generally indulged in by the masses, is too limited to produce injurious effects on the constitution. It is a very small minority that are able to indulge in the habit to injurious excess, the drug being far too costly to admit of the masses indulging to such extent, independent of other reasons.

I also distinctly state that the habit of opium smoking is not of necessity an increasing one, any more than the habits of tobacco smoking and spirit drinking. The habit of opium eating is, but that of opium smoking is decidedly not. In the majority of cases, or rather I should say except in a very small minority of cases, it is usual to find that the opium smoker has indulged in the same quantity of the drug daily for years, neither increasing it or lessening it. Why, in the reports quoted by the *Friend of China*, the quantities used daily by individuals are given, and the proportionate numbers using the drug in those quantities daily, and so evidence is given of the correctness of my statement by the authorities quoted against me.

Dr. JAMES WATSON says: "My opinion of opium is that, except as a medicine, it is never necessary, and for other purposes is seldom if ever of any service." Just so, and that is my opinion also, but the same may be said of alcohol and tobacco.

Dr. WATSON continues: "While alcohol is only injurious when taken irregularly and in too large quantities, and, to the majority of people, who either work with head or hands, is, in some shape or other, if not a necessity, a great comfort, and, as a dietetic agent, of considerable value."

Well, opinions differ as the *Friend of India* says, and Dr. PARKER's experiments go to show that alcohol is anything but a benefit to workers with head and hands, and is certainly not a necessity, but used *medicinally* may be of great benefit as a *dietetic agent* and otherwise.

My opinion is that opium, tobacco and alcohol, except when used medicinally under competent direction, are in no case necessities, but in the way generally used by habit are distinctly luxuries, fortunately indulged in to excess by only a small minority. Generally used for pleasure and comfort by the individual indulging in them, very often, even when the indulgence is limited, to the discomfort more or less of his family and friends. Such being my opinions, I should not think of recommending the use of any of these drugs as a habit to any one, used in that way they may do harm and can do no good.

Being an individual of active habits and restless temperament, I have no sympathy with the opium smoker or eater. I like tobacco smoking, and indulge, though very moderately, in alcoholic liquors, but have no prejudice in their favour, believing that they are not necessary, but simply luxuries, which, moderately indulged in, do me no harm. I prefer tobacco to alcoholic liquors, which I rarely indulge in except as Dr. WATSON observes "as a dietetic agent"; yet do not set myself up as an example to be followed.

There has been a considerable alteration in the type of prisoners in the Gaol of late years. Instead of the sturdy desperadoes and pirates that used formerly to form the majority of the prisoners, we have now a considerable number of weak and broken-down prisoners in for minor offences, such as petty thefts, gambling, begging and committing nuisances, who spend a great deal of time in Hospital and have to be put to light work all the time they are in confinement. They are a great trouble and anxiety and in many cases the loss of freedom is about the only punishment that can be permitted, with that exception they have never been as well off in all their lives. The separate cells and the new diet scales have been very useful in dealing with this class of prisoners.

THE SMALL POX HOSPITAL.

This Establishment has been under my charge for the last four years, as when the temporary Government Civil Hospital was moved to the Central District, it was too far off for the attendance of the Superintendent.

There have been only seven cases admitted, all of them of a comparatively mild type, and there were no deaths.

THE LUNATIC ASYLUM

Is under my charge, and this year there have been five inmates. Two of whom died. One was an old Sidibhoy, who had become paralytic and idiotic and lingered for some months in this condition; the other was a case of Acute Mania, and the patient had mutilated himself frightfully. The rest were discharged.

TUNG WAH HOSPITAL.

The total number of cases admitted into this Hospital during 1878 was 1,646 and there were 756 deaths. This Establishment attends principally to out-patients, of whom 83,086 received advice, those admitted are in a very large number of cases incurable. The Hospital is entirely under Chinese supervision, kept fairly clean, and the patients' comfort attended to according to Chinese ideas. A great number of vaccinations have been performed, 1,683 altogether, of which 100 were performed by Chinese Doctors attached to this institution in Villages and Rural Districts of the Colony.

THE LOCK HOSPITAL.

The admissions to this Hospital during the past year were 105, showing a decrease of 72 as compared with last year. Among none of the registered women was there any case of constitutional disease, the sores being all of the soft type or caused by abrasions. Two Chinese women petitioned for admission and treatment, both of them suffering severely from constitutional disease. One of these women was covered with ulcers from the crown of her head to her feet, over thirty in number, varying from the size of a crown piece to the size of a man's hand, she was nearly eight months in Hospital, but was ultimately discharged cured. The other was suffering from extensive sores on the groins and genitals and was also discharged cured.

The average number of days' detention in Hospital shows a considerable increase, but this has been caused by obstinate acrid discharges in young recruits of the brothels, who have been over-worked, not from any increase in the severer forms of venereal disease.

Table *XV A* shows the admissions to Hospital, the number of diets issued, and the average number of days each case was under treatment.

Table *B* shows the number of women under examination, 244, and the number of examinations made, 12,086.

C and *E* Tables show the number of cases of venereal among the Naval and Merchant seamen, the Military and Police. Among the Military there has been a considerable increase on last year, the Naval show a slight decrease, the Police are nearly doubled, but have only two mild cases of constitutional disease. The Merchant seamen decreased, having few cases of constitutional disease.

Tables *E 2* and *3* show the amount of constitutional disease among the Naval and Military stationed here, and it will be observed that only a small number of the cases were contracted in Hongkong; 7 in the Navy and 13 among the Military.

Table *F* is conspicuous by its absence, this table showed the number of arrests of unlicensed prostitutes, but no arrests have been made this year, pending the enquiries of the Contagious Diseases Commission, the results of whose labours have lately been published. This has been probably the cause, in part, of the increase of disease, especially among the Military.

The Commission has done good work in discovering many abuses that ought to be and will be, I hope, impossible for the future, but the conclusions come to by two of its members are open to question. I think that the evidence goes to show that much good has been done, at any rate in the prevention of the spread of disease amongst the European part of the community, and that the type of disease contracted is not to be compared in severity with that recorded to have been common in past years.

That "the licensed brothels for foreigners are in themselves a source of infection," except of mild complaints inseparable from promiscuous intercourse, is not the case. That hereditary disease is contracted in Registered Houses for the use of Foreigners I am in a position to deny, for not one of the women in these houses have suffered from constitutional disease during the past four years. That disease is contracted in these houses of a sort is undeniable, but it is possible and by no means uncommon to contract disease from the chastest women, and marriage cannot prevent it. Self abuse will cause discharges which come under the head of venereal disease. No law made by man can

prevent some class of diseases arising from prostitution, but the laws were made to prevent all disease, as far as possible, by attention to health and cleanliness, and *especially* to stamp out *hereditary syphilis*, in this I contend it has been most successful in this Colony.

Undoubtedly the registered women are liable to contract disease from men coming from other countries, but that severe forms of disease even to the severest are not well known among the Chinese, is untrue. It is a daily occurrence to see Chinese in the streets of Hongkong horribly scarred with syphilitic disease, with nose and eyes completely gone. Prisoners come into the Gaol who, when stripped, reveal most horrible scars and deformities, the result of syphilis in its worst form. Sailors have been received in Hospital here with disease contracted in the nearest coast ports of the most revolting type. Two women have been received into Hospital this year, diseased by their own countrymen, and in a most deplorable state. Any one can see miserable little wretches of Chinese children about the streets of Victoria suffering from hereditary syphilis. One Chinese Doctor tells the Commission that he has been in practice 23 years in Hongkong, that he treats over 1,000 cases of syphilis a year, more among men than women; and he makes a very clear distinction between diseases in his evidence, though his theory and practice are not to be recommended. All this goes to prove the disease is here and in the Canton province in its worst form.

The Commission nowhere in commenting on the "Modification of Type of Disease" take into consideration that a similar law to our Contagious Diseases Ordinance is in force in Singapore and Japan, that similar laws prevail in Europe and India, that rapid communication is more common by sea, and seamen found to be diseased are sent ashore for treatment at the nearest port, that many vessels carry their own Surgeons and that by these means disease not belonging to China has been to a considerable extent prevented from entering this Port. So that similar laws in other countries must have helped to free this Port from disease, or perhaps the Commission give all the credit to those other countries for exporting these diseases into this Colony and China, and therefore as they now have laws for the prevention of the spread of disease there is no reason for us to trouble ourselves further about the matter.

That brothels licensed for Chinese should not have the Medical clauses of the Ordinance applied to them, I agree. But that the Government supervision of these houses has had no appreciable beneficial results, I deny. When I first arrived in this Colony, Typhoid Fever of a very virulent type was rife in these houses, and I had orders to enquire into the matter, the result was a Report I sent in, January 19th, 1874, which the Commissioners do not appear to have seen. Mr. TONNOCHY, then Acting Registrar General, went round with me on the first series of inspections, and a more disgusting, filthy, overcrowded state of things than these houses presented it is impossible to conceive. Now no brothel is allowed to have more inmates than it can decently accommodate, and every brothel is thoroughly cleaned and whitewashed once a year at least, oftener if required. Latrines and drains are kept in decent order and the houses have been rendered as wholesome as the style of building permits.

The Chinese community appreciate the cleanliness that has taken the place of the filthy state of things disclosed by my report, for I have often been spoken to on the subject by some of the leading Chinese merchants.

That being under Government supervision they ought never to have been in such a state, is undeniable. But being left in the hands of Inspectors, who had no orders to guide them and who were perfectly ignorant of what was required, it could hardly be otherwise.

I went round each house and wrote down in a book for the Inspectors' guidance, how many women it could accommodate and what it required to render it wholesome. I also wrote out a set of general rules to guide the Inspectors, and I make yearly inspections to see for myself that these places are in proper order. If these houses were again left to themselves as before, they would soon relapse into the condition in which I found them.

With the prosecution of unregistered women, my Department has nothing to do, but I think much might be done without any such disgraceful proceedings as have been revealed. Unlicensed women might be prevented from solicitation in the streets, and licensed women might have passes allowed them to be out in certain parts of the town at certain hours of the evening, it would then be easy to tell at once whether a woman on the street was licensed or not. Unlicensed houses kept by Chinese women admitting Foreigners who are known not to be residents, or known to be in a position to keep women might be prosecuted, for it is quite evident that Foreigners frequent these houses for one purpose and not to have a chat and a cup of tea or even a drink. If the Inspectors are not to be trusted, paid informers are still less so, and I do not see that the proof of actual intercourse is necessary. Even private soldiers and sailors have sufficient honourable feeling to prevent them betraying the women who diseased them, for it is certain in the majority of cases they are not so ignorant as they pretend to be of who the woman was. A man who would take money to, and after having intercourse with a woman, betray her for no other reason, must be a scoundrel whose evidence would be worthless on oath.

With regard to the examinations of the women at the Hospital, I have always carefully watched the newcomers, and I have never seen the slightest approach of anything like diffidence on the score of modesty, but there is always a look of anxiety and doubt on the face which, in nine cases out of ten, changes to a smile of relief when they find it does not, as they appear to dread, cause them any pain; thenceforward they do not seem to care about it. That any woman should like it is not to be expected, it is a nuisance no doubt to have to come to the Hospital and interfere with their occupations. With regard to the remarks made about the detention of the women in Hospital and the doubt about diagnosis of disease, it is a matter of experience. I always detain a woman if she has a discharge and there are any inflammatory symptoms with it, or if there are sores, as much for the women's benefit as any one else. Women with purulent discharge from the urethra or orifices of the glands of Bartholin are always detained. If all the women with innocent discharges were locked up the Hospital would be always full.

The health of the men in the different forces in the Colony during the past five years and the small number of women in Hospital is, I think, sufficient guarantee of the discretion used. For instance, this year of 12,086 examinations, in only 105 cases was detention required. In promiscuous intercourse there must be a certain amount of risk to both parties, Urithritis, or as it is called Uncomplicated Gonorrhoea, and sores from abrasions are among the most common, and some men and most young prostitutes are very subject to them, this is of course disease, but it is of a trivial character and easily cured, if not allowed to run on. These complaints furnish the greatest number of cases reported here, both among men and women. As Surgeon-Major GRANT observes "so far as Syphilis is concerned, the number of instances in which secondary affection has supervened is remarkably few and of a mild form," and it is to this end that my attention is directed. I am not desirous to fill the Hospital unnecessarily, and I have never had any complaint from the women, not even any grumbling, nor any need to prosecute them for such disturbances as they made formerly. Which, if the evidence before the Commission is to be believed, they must have been to great extent justified in.

HEALTH OF THE COLONY.

Table XVI shows the population, mortality and percentage of deaths of the European community in Hongkong in the last ten years. Of these years three only show a lower percentage, and the same number a less number of death than 1878, so that the health of the Colony, as far as Europeans are concerned, may be considered to have been exceptionally good, as the same allowance must be made every year for those who leave the Colony almost hopelessly ill.

Table XVIII shows the Annual Atmospheric Report, by which it will be seen that though the heat was as great as in any preceding year reported, yet the rainfall was considerably above the average; which bears out what has been voted in previous reports that the greater the rainfall is in tropical countries the better the health of the inhabitants.

Table XVII shows the work done by the Inspectors of Nuisances. There is a considerable increase in the number of persons summoned, and the amount collected is more than double that of last year, being \$2,111.83 as compared with \$857.96. I regret that no improvement has taken place in the construction of houses occupied by Chinese, many of which render the possibility of the inhabitants keeping them clean out of the question, not only are the plans wanting in all sanitary principles, but the construction is in many cases so faulty as to render them absolutely dangerous not only to their inhabitants but also to passengers through the streets. I could point out houses which have had to be rebuilt to my knowledge three times, the previous buildings, though quite new, having fallen down of themselves, from no atmospheric cause or convulsion of nature, but from faults of construction only, and this in a town where earthquakes are not unknown and which Typhoons have visited frequently and severely. I reported on the want of all sanitary arrangements in this class of houses especially in 1874, and the necessity for this being remedied in a town in which they are becoming yearly more numerous, and requisite owing to the rapidity with which the Chinese population increases.

I have the honour to be,

Sir,

Your obedient Servant.

PH. B. C. AYRES,
Colonial Surgeon.

The Honourable

W. H. MARSH.

Colonial Secretary,

&c., &c., &c.

The Superintendent of the Government Civil Hospital to the Colonial Surgeon.

GOVERNMENT CIVIL HOSPITAL,
HONGKONG, 10th May, 1879.

SIR,—I have the honour to forward the Hospital Statistics for the year 1878, with remarks thereon.

I was absent on leave for seven months from 11th May to December 12th, and I am therefore not in a position to make a complete report of the working of the Hospital for the year.

Any reference to the buildings in which the work was done is unnecessary, they have been burnt and may now be allowed to rest in peace.

The burning, on the morning of the 26th December, was fortunately not attended with any mishap to the patients, as, with two exceptions, they were able to convey themselves to places of safety, and there was sufficient warning to enable every one to be removed in time. Those of them who were unable to take care of themselves, or were homeless, were accommodated in the Gaol infirmary for 24 hours; the others, sailors, police, &c., made their way to the boarding houses and elsewhere and returned to Hospital when the new temporary establishment was opened on the following day.

The staff worked very well under the trying circumstances; most of them lost some of their effects in attending to the calls of duty, and some of them sacrificed everything belonging to themselves. Their behaviour on this occasion was such as to deserve some encouragement.

On the 27th December, the Lock Hospital at West Point was opened as a temporary Civil Hospital, and a few remarks concerning this building may not be out of place.

It is admirably situated, standing on an eminence about 107 feet above mean low water. Thus raised above the Queen's Road it stands well out towards the Harbour, and lying on the North-west side of the Peak, it has the advantage of wind from nearly every quarter.

The building itself, however, though good as a makeshift, is not large enough for a Civil Hospital, and it has faults of construction and arrangement, which materially detract from its value as a Hospital.

The approach from the Queen's Road is in a very bad condition; the road is dilapidated, and the space beside it is used for shooting rubbish, and also as a public latrine for coolies: it is very foul in some places.

The accommodation for patients is as follows:—

Ordinary cases,	{ Medical and Surgical, }	.....34
Special cases, ...	{ Venereal, .....15 Female, .....10	
Private cases, ...	{ 1st class, 4 2nd class, 1	

The 1st class wards are badly arranged, the four rooms being only separated by a wooden partition open at the top and bottom, and there is a stove only in one of them, so the other three are very cold in winter and cannot always be used.

The water closets are not well arranged, for they are all inside the building, and have free communication with the wards.

For the ordinary requirements of the Hospital there should be not less than the following number of beds:—

Ordinary cases,	{ Medical and Surgical, }	.....50
Special cases, ...	{ Venereal, .....20 Female, 8	
Private cases, ...	{ 1st class, { Male, 6 Female, 2 2nd class, { Male, 6 Female, 2	

and there should be as well some additional provision for emergencies, and accommodation for infectious fevers.

The dispensary, drug store and Apothecary's quarters are all in one room, separated merely by an eight-foot partition; neither of them is sufficiently large and the arrangement is palpably a bad one. There is no accommodation whatever for analytical work.

There is not sufficient room for the stores of all kinds, and the Storekeeper's quarters are very defective.

The office and consulting room both of the Colonial Surgeon and of the Superintendent of the Hospital are not large enough and not private enough for medical examinations.

There is no operating room.

The accommodation for nurses and servants is not sufficient and it is badly arranged.

There is no proper provision for *post-mortem* examinations and inquests. The inspection of dead bodies and dissections have to be made in a room which is too small and badly arranged, and as there is no separate dead house it not infrequently happens that while an examination is going on, there are other bodies lying by in advanced stages of decomposition.

Inquests, instead of being conducted in a separate building, are held in the waiting room of the Hospital; an arrangement at once inconvenient to the Coroner and his Court, and detrimental to the well-being of the patients and good order of the Hospital.

There is no laundry in the establishment, and the bedding and clothing are sent to the Gaol to be washed.

The fire alarm bell for the western district has been placed in the Hospital compound, and though this may be convenient for the fire brigade, it cannot be otherwise than a source of discomfort and danger to the sick in Hospital.

To a long list of imperfections may be added the want of a garden about the Hospital, where the patients might have the advantage of fresh air and change of scene.

On the 15th November, the Apothecary, Mr. A. A. BOTELHO, who had been ailing for some time, was obliged to retire from the service. He had served the Government for twenty-three years, and was a thoroughly able and trustworthy officer. Since Mr. BOTELHO'S retirement, the Steward, Mr. SENNA, has performed the duties of Apothecary, pending the arrival of a qualified medical practitioner from England to take up the appointment.

With regard to the Hospital work, the Register for 1878 records 1,385 cases: 98 of these comprising superficial wounds, 4 cases of dog bite, 2 of bites by men, and one of opium poisoning, were treated in the surgery and then dismissed: 19 of the others were brought in moribund from injury or disease, and died shortly afterwards.

There were thus 1,268 patients admitted during the year who underwent treatment in the Hospital. Of this number 565 were Police, and the remaining 703 were made up of seamen, private residents, destitutes, prisoners, members of the Chinese Customs and Revenue Services, and officers and seamen from foreign ships of war.

The number of admissions from the Police force was very large, being 147 more than last year. The increase took place during my absence, so I can only call attention to the fact. A reference to Table III. shows that the increase came principally from the Central Station, No. 7 and Aberdeen.

The causes of admission among the Police, were chiefly diarrhœa, febrile attacks, bronchial catarrh and surgical injuries.

The total number of days spent in Hospital in 1878 by members of the Force was 4,162; in 1877 it was 3,391.

The admissions from foreign ships of war were three in number: two French and one American. Room is usually found for these cases in the Naval Hospital, but when that is full they are sent to the Civil Hospital.

Table V. shows the varieties of disease among the Patients generally, with the mortality from each.

There is a considerable increase on the preceding year, in the number of cases registered as febricula, while diarrhœa also appears to have been more prevalent.

Venereal disease sent a larger number of cases to Hospital, and contusions were more common.

Fractures showed a slight increase.

Six cases of insanity were recorded: these were admitted into the Civil Hospital and after observation four of them were consigned to the Lunatic Asylum.

The mortality was not large, only 50 deaths having taken place in Hospital, and of these 19 were moribund when admitted.

It has, however, been before remarked that a small mortality is not a criterion of the severity of the cases which have been under treatment in the Hospital; for many of the Chinese who have become the subjects of severe injury, are removed by their friends, and swell the lists of mortality in their native places, instead of remaining in Hospital with a chance of recovery.

The number of dead bodies brought to the *post-mortem* Room by the Police was 118, two more than in 1877.

The receipts from paying patients during the year amounted to \$4,494.95. In addition to this the Board of Trade paid into the Treasury for the treatment of merchant seamen the sum of \$2,637.00 and Hospital stoppages for the Police amounted to \$671.99.

I have the honour to be,

Sir,

Your most obedient Servant.

C. J. WHARRY, M.D.,
Superintendent.

V.—TABLE showing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL, during the Year 1878.

DISEASES.	ADMISSIONS.				DEATHS.				DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Coloured.	Chinese.	Total.	Europeans.	Coloured.	Chinese.	Total.		Europeans.	Coloured.	Chinese.	Total.	Europeans.	Coloured.	Chinese.	Total.
Typhoid Fever,.....	3	..	..	3	..	..	..	..	<i>Brought forward</i> ,.....	368	245	125	738	14	7	4	25
Febricula,.....	85	115	63	263	..	..	..	..	Urethral Calculus,.....	..	..	1	1	..	..	..	..
Intermittent Fever,.....	8	6	..	14	..	..	..	..	Gonorrhoea,.....	71	15	3	89	..	..	..	..
Remittent Fever,.....	1	..	1	2	..	..	..	..	Gleet,.....	5	..	..	5	..	..	..	..
Rheumatism, Acute,.....	13	5	5	23	..	..	..	..	Stricture of Urethra,.....	4	1	..	5	..	..	..	..
Do., Subacute,.....	..	..	..	..	..	..	..	..	Excoriation of Penis,.....	6	2	1	9	..	..	..	..
Do., Muscular,.....	..	..	..	..	..	..	..	..	Phimosi,.....	1	..	..	1	..	..	..	..
Ischias,.....	1	..	..	1	..	..	..	..	Paraphimosis,.....	..	..	1	1	..	..	..	..
Lumbago,.....	1	1	..	2	..	..	..	..	Hydrocele Testis,.....	..	2	..	2	..	..	..	..
Scrofula,.....	..	..	1	1	..	..	..	..	Orchitis,.....	8	4	..	12	..	..	..	..
Scurvy,.....	2	1	..	3	..	..	..	..	Lacerated Scrotum,.....	..	..	2	2	..	..	..	..
Syphilis, Primary,—	..	..	..	..	..	..	..	..	Dysmenorrhoea,.....	2	..	..	2	..	..	..	..
Hard Chancre,.....	19	2	..	21	..	..	..	..	Menorrhagia,.....	1	..	..	1	..	..	..	..
Soft Chancre,.....	31	4	3	38	..	..	..	..	Parametritis,.....	1	..	..	1	..	..	..	..
Phagedenic Sore,.....	1	..	..	1	..	..	..	..	Periostitis,.....	1	1	..	2	..	..	..	..
Secondary,—	..	..	..	..	..	..	..	..	Necrosis of Tibia,.....	2	..	..	2	..	..	..	..
Roseola and Orchitis,.....	1	..	..	1	..	..	..	..	Arthritis (Wrist),.....	1	..	1	2	..	..	..	..
Local Affections,—	..	..	..	..	..	..	..	..	" (Knee),.....	..	2	..	2	..	..	..	..
Laryngitis,.....	1	1	..	2	..	..	..	..	" (Shoulder),.....	1	..	..	1	..	..	..	..
Rupia,.....	..	..	1	1	..	..	..	..	Chronic Arthritis,.....	3	..	..	3	..	..	..	..
Acne,.....	1	..	..	1	..	..	..	..	Inflamed Lymphatics of Arm } from wound of hand,.....	..	1	..	1	..	..	..	..
Periostitis,.....	1	..	..	1	..	..	..	..	Stiffness of Deltoid after Gun- } shot Wound,.....	..	1	..	1	..	..	..	..
Rheumatism,.....	4	..	..	4	..	..	..	..	Thecal Abscess,.....	2	1	..	3	..	..	..	..
Anæmic,.....	3	4	..	7	..	..	..	..	Bunion,.....	..	1	..	1	..	..	..	..
Anasarca,.....	4	1	3	8	1	..	1	..	Diffuse Suppuration of Leg,.....	..	..	1	1	..	..	1	1
Congestion of the Brain,.....	3	..	..	3	..	..	..	..	Inflammation of Foot,.....	..	..	1	1	..	..	..	..
Meningitis, Subacute,.....	..	..	1	1	..	..	..	..	Abscess,.....	6	3	4	13	..	..	..	..
Do., Chronic,.....	1	..	..	1	..	..	..	..	Lumbar,.....	1	..	..	1	..	..	..	..
Softening of the Brain,.....	1	..	..	1	..	..	..	..	Carbuncle,.....	2	..	..	2	..	..	..	..
Apoplexy,.....	..	1	..	1	..	..	..	..	Obesity,.....	..	1	..	1	..	..	..	..
Heat Apoplexy,.....	1	..	1	2	..	..	..	..	Pityriasis,.....	..	1	..	1	..	..	..	..
General Paralysis,.....	..	1	..	1	1	..	1	..	Psoriasis,.....	1	1	..	2	..	..	..	..
Paraplegia,.....	1	..	..	1	..	..	..	..	Herpes Circumatus,.....	1	..	..	1	..	..	..	..
Epilepsy,.....	1	..	..	1	..	..	..	..	" Preputialis,.....	1	..	..	1	..	..	..	..
Vertigo,.....	1	..	1	2	..	..	..	..	Eczema,.....	3	1	..	4	..	..	..	..
Hysteria,.....	1	..	..	1	..	..	..	..	Keloid,.....	..	..	1	1	..	..	..	..
Neuralgia,.....	3	1	..	4	..	..	..	..	Acne,.....	2	..	..	2	..	..	..	..
Cephalalgia,.....	..	1	1	2	..	..	..	..	Scabies,.....	1	1	..	2	..	..	..	..
Delirium Tremens,.....	5	..	..	5	..	..	..	..	Ulcer,.....	9	3	6	18	..	..	..	..
Alcoholism,.....	1	..	..	1	..	..	1	..	Bubo,.....	10	4	6	20	..	..	..	..
Mania,.....	2	..	..	2	..	..	..	..	Boils,.....	3	3	1	7	..	..	..	..
Dementia,.....	4	..	..	4	1	..	1	..	Burns and Scalds,.....	3	..	4	7	..	..	..	..
Conjunctivitis,.....	2	1	7	10	..	..	..	..	Burns from Stinkpots,.....	..	..	1	1	..	..	..	..
Iritis,.....	3	..	..	3	..	..	..	..	Debility,.....	23	5	11	39	..	..	..	..
Keratitis,.....	3	2	1	6	..	..	..	..	Opium Smoking,.....	..	..	1	1	..	..	..	..
Lachrymal Obstruction,.....	1	..	..	1	..	..	..	..	Poisoning, Opium,.....	..	..	5	5	..	..	..	..
Otorrhoea,.....	1	..	..	1	..	..	..	..	" Arsenic,.....	..	..	1	1	..	..	..	..
Otitis,.....	..	1	..	1	..	..	..	..	Attempted Drowning, Suicidal,.....	1	..	..	1	..	..	..	..
Cardialgia,.....	1	..	..	1	..	..	..	..	Immersion in Water,.....	..	..	2	2	..	..	..	..
Palpitation of the Heart,.....	2	..	..	2	..	..	..	..	Privation,.....	3	4	2	9	1	1	..	2
Morbus Cordis,.....	1	..	..	1	1	..	1	..	Indigestion,.....	7	..	..	7	..	..	..	..
Do. Mitral Regurgitation,.....	..	..	2	2	..	..	..	..	Morbund,.....	6	2	11	19	6	2	11	19
Aneurism of Abdominal Aorta,.....	1	..	..	1	..	..	..	..	Observation,.....	19	29	21	69	..	..	..	..
Varicose Veins,.....	1	..	..	1	..	..	..	..	Dog Bite,.....	1	..	..	1	..	..	..	..
Nasal Catarrh,.....	2	1	..	3	..	..	..	..	Contusions,.....	17	7	18	42	..	..	..	..
Tussis,.....	..	2	..	2	..	..	..	..	Sprain of Ankle,.....	3	..	2	5	..	..	..	..
Bronchial Catarrh,.....	4	23	2	29	..	..	..	..	Do. Side,.....	1	..	..	1	..	..	..	..
Bronchitis, Acute,.....	..	7	2	9	..	1	1	..	Do. Loin,.....	1	..	..	1	..	..	..	..
Do., Chronic,.....	3	1	..	4	..	..	..	..	Wounds, Contused,.....	5	2	23	30	..	..	..	..
Asthma,.....	..	1	..	1	..	..	..	..	Do., Incised,.....	7	4	12	23	..	..	..	..
Emphysema,.....	4	..	..	4	..	..	..	..	Do., Lacerated,.....	1	..	5	6	..	..	..	..
Acute Laryngitis,.....	..	1	..	1	..	..	..	..	Do., Gunshot of Forehead,.....	..	..	1	1	..	..	..	..
Pneumonia, Acute,.....	4	2	3	9	..	..	..	..	Do., Do. Arm,.....	..	1	1	2	..	..	..	..
Do., Chronic,.....	1	..	..	1	..	..	..	..	Do., Do. Leg,.....	..	..	1	1	..	..	..	..
Hæmoptysis,.....	1	..	..	1	..	..	..	..	Do., Do. Thigh,.....	..	..	1	1	..	..	..	..
Phthisis,.....	7	1	3	11	2	1	3	..	Do., Do. Loin,.....	..	1	..	1	..	..	..	..
Pleurisy,.....	..	1	..	1	..	..	..	..	Do., Punctured of Face, } Shoulder & Nates,.....	1	..	..	1	..	..	..	..
Hydrothorax,.....	1	..	..	1	..	..	..	..	Do., Punctured of Chest,.....	1	..	1	2	..	..	..	..
Parotitis,.....	..	1	..	1	..	..	..	..	Do., Do. Hand,.....	2	..	..	2	..	..	..	..
Cancer of Ovis,.....	2	..	..	2	..	..	..	..	Do., Do. Arm,.....	..	1	..	1	..	..	..	..
Alveolar Abscess,.....	1	..	1	2	..	..	..	..	Do., Do. Abdomen,.....	..	..	1	1	..	..	..	..
Inflammation of Antrum,.....	..	1	..	1	..	..	..	..	Do., Do. Loin,.....	1	2	..	3	..	1	..	1
Necrosis of Jaw,.....	1	..	..	1	..	..	..	..	Do., Do. Thigh,.....	..	..	1	1	..	..	..	..
Tonsillitis,.....	1	1	1	3	..	..	..	..	Concussion of Brain,.....	1	..	1	2	1	..	1	2
Gastritis,.....	2	..	..	2	..	..	..	..	Dislocation of Lower Jaw,.....	1	..	..	1	..	..	..	..
Gastric Irritation,.....	1	..	..	1	..	..	..	..	Do. Wrist,.....	..	..	1	1	..	..	..	..
Dyspepsia,.....	4	..	..	4	..	..	..	..	Do. Knee,.....	1	..	..	1	..	..	..	..
Carcinoma Pylori,.....	1	..	..	1	..	..	1	..	Do. Femur,.....	..	1	..	1	..	..	..	..
Dysentery,.....	13	1	3	17	2	1	4	..	Fracture, Simple, of Nasal Bones,.....	1	..	..	1	..	..	..	..
Perityphlitis,.....	1	..	..	1	..	..	..	..	Do., of Clavicle,.....	1	1	..	2	..	..	..	..
Peritonitis,.....	..	1	..	1	..	..	..	..	Do., Do. and Radius,.....	1	..	..	1	..	..	..	..
Diarrhoea,.....	47	23	9	79	..	1	2	3	Do., Do. and Scapula,.....	1	..	..	1	..	..	..	..
Do., Chronic,.....	11	1	..	12	..	..									

VI.—TABLE showing the RATE of MORTALITY in the GOVERNMENT CIVIL HOSPITAL, during of last 10 Years.

Rate to Total Number of Admissions.		Rate to Number of Europeans Admitted.		Rate to Number of Coloured Persons Admitted.		Rate to Number of Chinese Admitted.	
Per cent.		Per cent.		Per cent.		Per cent.	
1869,.....	9.00	1869,	5.88	1869,	2.45	1869,	21.85
1870,.....	6.48	1870,	4.05	1870,	3.86	1870,	15.38
1871,.....	6.61	1871,	4.20	1871,	3.98	1871,	13.18
1872,.....	6.82	1872,	4.86	1872,	2.39	1872,	12.93
1873,.....	6.33	1873,	3.33	1873,	7.93	1873,	7.14
1874,.....	9.12	1874,	9.06	1874,	6.22	1874,	12.50
1875,.....	4.55	1875,	4.35	1875,	4.08	1875,	5.76
1876,.....	2.49	1876,	2.81	1876,	2.53	1876,	1.76
1877,.....	5.15	1877,	4.16	1877,	3.25	1877,	8.12
1878,.....	3.88	1878,	3.46	1878,	3.08	1878,	5.76

C. J. WHARRY, M.D.,
Superintendent.

VII.—TABLE showing the ADMISSIONS into and DEATHS in the GOVERNMENT CIVIL HOSPITAL, during each Month of the Year 1878.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
January,	41	1	29	...	14	1	84	2
February,	44	1	21	...	16	1	81	2
March,	52	1	22	2	20	...	94	3
April,	45	2	18	...	18	2	81	4
May,	70	2	34	1	17	2	121	5
June,	59	2	35	3	23	...	117	5
July,	63	2	34	2	30	3	127	7
August,	66	3	42	...	30	...	138	3
September,	50	1	35	2	39	1	124	4
October,	60	4	27	...	28	3	115	7
November,	52	1	36	1	27	3	115	5
December,	33	2	24	...	33	1	90	3
Total,.....	635	22	357	11	295	17	1,287	50

C. J. WHARRY, M.D.,
Superintendent.

VIII.—LIST of DEAD BODIES brought to the GOVERNMENT CIVIL HOSPITAL for Examination, during each Month of the Year 1878.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL.
	Adults.	Children.	Adults.	Children.	Adults.	Children.	
January,.....	...	...	...	...	8	2	10
February,	1	...	...	...	4	2	7
March,	2	...	...	...	8	4	14
April, .....	...	...	...	...	2	1	3
May, .....	...	...	...	...	10	4	14
June, .....	...	...	...	...	4	4	8
July, .....	...	...	...	...	7	5	12
August,	2	1	3	...	10	2	18
September, .....	...	...	...	...	3	2	5
October, .....	...	...	...	1	6	4	11
November, .....	...	...	1	...	5	3	9
December, .....	...	...	...	...	6	1	7
Total,.....	5	1	4	1	73	34	118

C. J. WHARRY, M.D.,
Superintendent.

IX.—TABLE showing the ADMISSIONS into and DEATHS in the GOVERNMENT SMALL POX HOSPITAL, during each MONTH of the Year 1878.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
January,	1	...	1	...	...	...	2	...
February, .....	...	...	...	...	...	...	...	...
March,	2	...	...	...	...	...	2	...
April,	1	...	...	...	1	...	2	...
May, .....	...	...	1	...	...	...	1	...
June, .....	...	...	...	...	...	...	...	...
July, .....	...	...	...	...	...	...	...	...
August, .....	...	...	...	...	...	...	...	...
September, .....	...	...	...	...	...	...	...	...
October, .....	...	...	...	...	...	...	...	...
November, .....	...	...	...	...	...	...	...	...
December, .....	...	...	...	...	...	...	...	...
Total,	4	...	2	...	1	...	7	...

PH. B. C. AYRES,
Colonial Surgeon.

X.—TABLE showing the ADMISSIONS into HOSPITAL in VICTORIA GAOL, and MORTALITY, during the Year 1878.

DISEASES.	ADMISSIONS.				DEATHS.			
	Euro-peans.	Coloured Persons.	Chinese.	Total.	Euro-peans.	Coloured Persons.	Chinese.	Total.
Remaining under treatment 1st Jan., 1878,	...	1	9	10	...	...	...	...
Fever (Simple Continued),	8	...	17	25	...	...	...	...
Do. (Intermittent),	3	...	16	19	...	...	...	...
Gout,	1	...	...	1	...	...	...	...
Phthisis Pulmonalis, .....	...	...	2	2	...	...	...	...
Rheumatism,	3	...	17	20	...	...	...	...
Syphilis (Primary),	1	...	3	4	...	...	...	...
Do. (Secondary), .....	...	...	1	1	...	...	...	...
Apoplexy, .....	...	...	...	...	...	...	1	1
Insomnia,	1	...	...	1	...	...	...	...
Epilepsy, .....	...	...	2	2	...	...	...	...
Insanity, .....	...	1	...	1	...	...	...	...
Neuralgia,	2	...	1	3	...	...	...	...
Paralysis, .....	...	...	1	1	...	...	...	...
Disease of the Heart (Organic), .....	...	...	23	23	...	...	10	10
Anæmia,	1	...	8	9	...	...	...	...
Bubo, .....	...	...	5	5	...	...	...	...
Bronchitis,	4	1	12	17	...	...	...	...
Pneumonia, .....	...	...	1	1	...	...	...	...
Cancerum Oris,	1	...	3	4	...	...	...	...
Cynanche, .....	...	...	5	5	...	...	...	...
Colic and Constipation, .....	...	...	4	4	...	...	...	...
Dyspepsia,	1	...	6	7	...	...	...	...
Diarrhœa,	13	1	13	27	...	...	...	...
Dysentery,	4	...	20	24	...	...	1	1
Ascites, .....	...	...	2	2	...	...	...	...
Hernia, .....	...	...	1	1	...	...	1	1 *
Hepatitis,	3	...	3	6	...	...	...	...
Bright's Disease, .....	...	...	10	10	...	...	...	...
Orchitis, .....	...	...	3	3	...	...	...	...
Gonorrhœa,	1	...	...	1	...	...	...	...
Varicocele,	1	...	...	1	...	...	...	...
Synovitis, .....	...	...	2	2	...	...	...	...
Abscess,	2	...	7	9	...	...	...	...
Boils, .....	...	...	1	1	...	...	...	...
Carbuncle,	1	...	1	2	...	...	...	...
Ulcer,	1	...	2	3	...	...	...	...
Impetigo, .....	...	...	1	1	...	...	...	...
Sycosis,	1	...	...	1	...	...	...	...
Debility,	4	...	31	35	...	...	...	...
Alcoholia,	3	1	...	4	...	1	...	1
Scalds, .....	...	...	1	1	...	...	...	...
Contusions, .....	...	...	3	3	...	...	...	...
Fractures, .....	...	...	2	2	...	...	...	...
Wounds, .....	...	...	10	10	...	...	...	...
TOTAL,	60	4	240	304	...	1	13	14

Other Deaths:— { 1 European } Executed.
 { 1 Chinaman }

* Strangulated Hernia, died soon after Operation.—Case of Ruptured Spleen.

PH. B. C. AYRES,
Colonial Surgeon.

XI.—TABLE showing the CASES, not ADMITTED to HOSPITAL, treated by the COLONIAL SURGEON in VICTORIA GAOL, during the Year 1878.

DISEASES.	Europeans.	Coloured Persons.	Chinese.	Total.
Remaining under treatment 1st January, 1878,
Fever, (Simple Continued),.....	4	4
Do., (Intermittent),	1	1
Syphilis, Secondary,	1	1
Disease of the Heart, (Functional),	1	..	1	2
Anæmia,	1	1	2
Cancerum Oris,	1	1
Cynanche,	3	3
Dyspepsia,.....	3	3
Diarrhœa,.....	2	2
Dysentery,	3	3
Debility,	7	7
Contusions,	6	6
Wounds,	11	11
TOTAL,.....	1	1	44	46

PH. B. C. AYRES,
Colonial Surgeon.

XII.—TABLE showing the RATE of SICKNESS and MORTALITY in VICTORIA GAOL, during the Year 1878.

Total No. of Prisoners admitted to Gaol.	Daily Average No. of Prisoners.	Total Sick in Hospital.	Total Sick, Trifling Cases.	Total Deaths.	Serious Sickness to Total.	Rate of Sickness.		Rate of Mortality.	
						To Total.	To Average.	To Total.	To Average.
3,803	519.10	304	46	15	7.994	9.203	3.365	0.394	2.889

Note.—One death from Ruptured Spleen,—not admitted to Hospital,—found dead in Cell.

PH. B. C. AYRES,
Colonial Surgeon.

XIII.—TABLE of STATISTICS relating to the TUNG WAH HOSPITAL, during the Year 1878.

Remaining in Hospital on the 1st Jan., 1878.		Admitted during 1878.		Total Cases Treated in the Hospital.		Discharged.		Died.		Number of Out-Patients Treated at the Hospital.			Death Rate per cent., including Incurables and Moribund Cases.			Death Rate in the Total of the 84,732 Treated at and in the Hospital.		Remaining in Hospital on 1st January, 1879.	
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Total.	Male.	Female.	Total.	Per Cent.	Male.	Female.	
88	15	1,262	281	1,350	296	702	111	586	170	71,045	12,041	83,086	43.41	57.13	45.929	0.892	62	15	

XIV.—VACCINATIONS performed during the Year 1878, by TRAVELLING VACCINATORS of the TUNG WAH HOSPITAL.

IN THE CITY OF VICTORIA.	IN VILLAGES AND RURAL DISTRICTS.	TOTAL NUMBER OF VACCINATIONS.
1,583	100	1,683

XV.—LOCK HOSPITAL.

TABLE A.

SHOWING the ADMISSIONS into the GOVERNMENT LOCK HOSPITAL, during the 21 Years of its Existence, with the Number of DIETS issued and the AVERAGE LENGTH of TREATMENT.

ADMISSIONS.		NUMBER OF DIETS ISSUED.		AVERAGE NUMBER OF DAYS TREATED.	
1858,.....	124	1858,.....	4,797	1858,.....	43.8
1859,.....	162	1859,.....	5,389	1859,.....	30.8
1860,.....	261	1860,.....	9,107	1860,.....	23.7
1861,.....	442	1861,.....	10,778	1861,.....	23.4
1862,.....	485	1862,.....	12,193	1862,.....	22.0
1863,.....	420	1863,.....	11,707	1863,.....	23.7
1864,.....	442	1864,.....	11,940	1864,.....	27.0
1865,.....	390	1865,.....	11,303	1865,.....	28.0
1866,.....	406	1866,.....	13,060	1866,.....	28.6
1867,.....	434	1867,.....	13,120	1867,.....	25.5
1868,.....	579	1868,.....	16,462	1868,.....	23.6
1869,.....	546	1869,.....	16,799	1869,.....	24.8
1870,.....	722	1870,.....	18,382	1870,.....	23.1
1871,.....	593	1871,.....	12,308	1871,.....	18.5
1872,.....	656	1872,.....	15,103	1872,.....	20.9
1873,.....	500	1873,.....	11,219	1873,.....	19.5
1874,.....	345	1874,.....	6,814	1874,.....	18.6
1875,.....	134	1875,.....	2,916	1875,.....	18.7
1876,.....	168	1876,.....	2,730	1876,.....	14.5
1877,.....	177	1877,.....	3,069	1877,.....	16.6
1878,.....	105	1878,.....	2,242	1878,.....	19.0

TABLE B.

RETURN of the NUMBER of PROSTITUTES brought under the Provisions of Ordinance No. 10 of 1867, during the Year 1878.

Number of Beds in Lock Hospital.	Number admitted into Hospital on Certificate of Visiting Surgeon.	Number who submitted voluntarily.	Number against whom it was necessary to proceed by Information before the Registrar General.	Total Number brought under the Provisions of the Ordinance.	Total Number of Examinations made during the Year.	Total Number of Examinations made when no Disease was found.	Total Number discharged from Hospital.
64	105	244	.....	244	12,086	11,981	102

TABLE C.

CONTAGIOUS DISEASES RETURN, for the Year 1878.

Total No. of Females admitted into Lock Hospital.	TOTAL NUMBER OF MEN DISEASED ADMITTED INTO				Total No. of Men diseased.	AVERAGE NUMBER OF MEN IN GARRISON AND PORT, (per Month.)				Average No. of Men in Garrison and Port, (per Month).	Average Percentage of Men Diseased, (per Month).	REMARKS.
	Military Hospital.	Naval Hospital.	Police Hospital.	Civil Hospital.		Soldiers.	Seamen.	Police.	Merchant Seamen.			
104	188	221*	41†	98‡	548	1,053	644	621	10,309	12,627	0.36	* 59 of the Admissions into the Naval Hospital were not contracted in Hongkong. † 1 of the Admissions into the Police Hospital was not contracted in Hongkong. ‡ 37 of the Admissions into the Civil Hospital were not contracted in Hongkong.

TABLE D.

RETURN of WOMEN examined and treated in GOVERNMENT LOCK HOSPITAL, during the Year 1878.

EXAMINATION.				DISEASES.	HOSPITAL.			DISCHARGED.	
Average No. of days per month on which Examinations were held.	Total Number of Examinations made during the year.	Number admitted into Hospital.	Total Number of Examinations made when no Disease was found.		No. remaining in Hospital, 31st December, 1877.	Admitted.	Total Treated.	Cured.	No. remaining in Hospital, 31st December, 1878.
21	12,086	105	11,981	Primary Syphilis, uncomplicated,.....	1	30	31	31	...
				Gonorrhœa, do., .....	...	46	46	45	1
				Do., and Primary Syphilis, combined,.....	...	29	29	26	3
				TOTAL,.....	1	105	106	102	4

TABLE E.

CONTAGIOUS DISEASES RETURN, for the Year 1878.

Diseases.	Military Hospital.	Naval Hospital.	Police Hospital.	Civil Hospital.
Primary Syphilis, uncomplicated,.....	47	55	7	26
Do., complicated with Bubo,.....	...	1	...	...
Gonorrhœa, uncomplicated,.....	104	130	31	57
Do. and Primary Syphilis, combined,.....	...	8	1	5
Primary and Secondary Syphilis, combined,.....	...	17	2	10
Gonorrhœa and do., do., .....	...	2	...	...
Primary and do., and Gonorrhœa, combined,.....	4	1	...	...
Secondary Syphilis,	31	7	...	...
Bubo,	2	...	...	...
Total,.....1878,...	188	221	41	98
Total,.....1877,...	130	230	22	67

TABLE E 2.

CONTAGIOUS DISEASES ACT.

Table showing the Numbers of Naval Men admitted in Naval Hospital, during the Year 1878.

SECONDARY SYPHILIS.

	Contracted at Hongkong.	Contracted Elsewhere.	Total.
January, .....	...	4	4
February,	1	2	3
March,	3	...	3
April, .....	...	1	1
May,	1	2	3
June,	1	2	3
July, .....	...	...	...
August, .....	...	...	...
September, .....	...	2	2
October, .....	...	4	4
November,	1	3	4
December, .....	...	...	...
Total Number,			27

TABLE E 3.

CONTAGIOUS DISEASES ACT.

Table showing the Numbers of Military Men admitted in Military Hospital, during the Year 1878.

SECONDARY SYPHILIS.

	Contracted at Hongkong.	Contracted Elsewhere.	Total.
January, .....	...	7	7
February, .....	...	4	4
March, .....	...	5	5
April, .....	...	...	...
May,	1	...	1
June, .....	...	1	1
July,	1	2	3
August,	3	...	3
September,	1	1	2
October,	1	1	2
November, .....	...	2	2
December,	4	1	5
Total Number,			35

XVI.—TABLE showing the RATE of MORTALITY among the FOREIGN RESIDENTS in Hongkong, during the last 10 Years.

Years.	Number of European and American Residents.	Burials of Residents in Protestant and Roman Catholic Cemeteries.	Percentage of Deaths to Number of Residents.
1869,	2,289	66	2.92
1870,	2,289	71	3.10
1871,	2,736	83	3.03
1872,	2,520	65	2.50
1873,	2,520	49	1.94
1874,	2,520	72	2.85
1875,	2,520	59	2.34
1876,	2,520	74	2.93
1877,	2,767	84	3.03
1878,	2,767	67	2.42
Average of 10 Years,	2,545	69	2.71

XVII.—TABLE showing the Work performed by the INSPECTORS of NUISANCES, for the Year 1878.

No. of Summonses Issued.	No. of Persons Arrested.	No. of Persons Discharged.	No. of Persons Fined.	No. of Notices Issued.	Total Amount of Fines in Dollars.
1,608	76	136	1,548	10,000	\$2,111.83

