

GOVERNMENT NOTIFICATION.—No. 308.

The following Report of the Colonial Surgeon for 1888, is published for general information.
By Command,

FREDERICK STEWART,
Colonial Secretary.

Colonial Secretary's Office, Hongkong, 11th July, 1889.

GOVERNMENT CIVIL HOSPITAL,
HONGKONG, 8th May, 1889.

SIR,—I have the honour to forward my Annual Report for the year 1888 together with the Tables showing the work done in the Medical Department under my supervision, the report of the Superintendent of the Government Civil Hospital and that of the Government Analyst.

POLICE.

The admissions to the Hospital from the Police Force show a considerable increase, which is more apparent than real the fact being that the Force has been increased in strength by nearly fifty men. The increase has been among the European and Chinese portions of the Force as shewn in the table given below:—

	<i>Europeans.</i>	<i>Indians.</i>	<i>Chinese.</i>
Admissions to Hospital, 1881,	88.....	212.....	198
Do., 1882,	92.....	230.....	227
Do., 1883,	113.....	246.....	239
Do., 1884,	87.....	224.....	175
Do., 1885,	124.....	208.....	163
Do., 1886,	138.....	243.....	221
Do., 1887,	139.....	293.....	187
Do., 1888,	147.....	279.....	231

There were fifteen deaths in the Force as compared with nine last year. The only European that died was suffering from Small-pox. Three Indians and four Chinese died in the Civil Hospital. One Indian shot himself at No. 7 Station and six Chinese died while away on leave in their own country.

The following table gives the admissions to Hospital and the deaths in the Force for the last 10 years:—

	<i>Admissions.</i>	<i>Deaths.</i>
1879,	566.....	8
1880,	588.....	13
1881,	498.....	10
1882,	549.....	8
1883,	599.....	10
1884,	486.....	7
1885,	495.....	9
1886,	602.....	14
1887,	619.....	9
1888,	657.....	15

TROOPS.

There has been a considerable decrease in the amount of sickness amongst the Troops this year as compared with the previous two years, but a much larger number of deaths.

The sickness is still very much above the average of the last 10 years as the following table shows:—

1879,	1,035.....	8
1880,	1,075.....	13
1881,	1,116.....	4
1882,	1,019.....	9
1883,	1,105.....	10
1884,	1,097.....	12
1885,	1,190.....	24
1886,	1,607.....	9
1887,	1,749.....	14
1888,	1,485.....	21

There were two deaths from Sporadic Cholera.

GOVERNMENT CIVIL HOSPITAL.

The New wing of this Hospital has at last been opened and the accommodation as far as the sick are concerned is now complete.

Quarters for the Medical Staff, the European, and Chinese Nursing Staffs are in course of construction as also the Laboratory and Mortuary but all these I hope will be completed before the spring of next year.

Dr. ATKINSON the New Superintendent has had a very hard time of it this year and many troubles to contend with, nevertheless, I cannot speak too highly of the energy and skill he has shewn in the performance of his duties and the esteem he has earned for his kindness and consideration to the patients in the Hospital. I am glad to think that his work will be lightened this year as a New Medical Officer has been sanctioned to assist him. Five French Sisters of Mercy will shortly arrive as nurses to the Hospital. One trained European Wardmaster, Mr. CHAPMAN, has arrived from England and given much satisfaction and another has been sanctioned and will be appointed shortly. I regret we shall lose the services of Mr. WATSON, the assistant Apothecary, who leaves the service to better himself. I only hope his successor will prove as capable and good an officer. We shall also lose the services of the Chinese Wardmaster, A Lok, who has been in the service nearly twenty years and whose good service I have had to mention on many occasions; he will retire on pension.

Mr. ROGERS, the Steward, has gone Home this year on a well earned leave.

An assistant Chinese clerk has at last been sanctioned and I hope to be able to report next year that the Hospital Subordinate Staff is in good working order.

Mr. CROW, the Government Analyst and Apothecary, returns to his duties after acting for eighteen months as Sanitary Superintendent in place of Mr. McCALLUM who went Home on sick leave. As President of the Sanitary Board I have to mention that Mr. CROW performed his duties to the entire satisfaction of the Board, which were exceptionally onerous as the Board had been reconstituted and there was a great increase of work in connection with the New Health Ordinance lately passed.

The admissions to Hospital this year shew an increase of over a hundred while the deaths shew a decrease of nine as compared with last year. This increase of admissions has been principally from the Police Force. Board of Trade and Police cases.

There were 370 admissions for the various forms of malarial fever and 3 deaths among them.

There were 21 admissions to Hospital of a choleraic type and 13 deaths.

Dysentery cases 54 admissions and 5 deaths.

The following table shows the number and classification of those brought to Hospital for the last eight years:—

	1882.	1883.	1884.	1885.	1886.	1887.	1888.
Police,	549	599	486	495	602	619	657.
Board of Trade,	116	110	60	100	132	103	153
Private paying Patients, ...	268	260	259	283	381	324	313
Government Servants,	88	105	96	124	144	147	159
Police Cases,	207	227	231	238	142	208	242
Destitutes,	230	201	222	270	222	255	248
	<u>1,458</u>	<u>1,502</u>	<u>1,354</u>	<u>1,510</u>	<u>1,623</u>	<u>1,656</u>	<u>1,772</u>

Tables V A to G shew the character of the diseases admitted to Hospital. These tables have been re-arranged by the Superintendent and in a very much better form than those given in previous reports being more systematic and convenient for obtaining rapidly all necessary information. Table VI. gives the rate of mortality in the Hospital for the past ten years.

Table VII. gives the admissions of the various classes for each month of the year, May to September being the most sickly months.

The admissions and deaths in Hospital for the last ten years are as follows:—

	Admissions.	Deaths.
1879,	1,071	55
1880,	1,055	44
1881,	1,236	49
1882,	1,458	68
1883,	1,502	70
1884,	1,354	50
1885,	1,510	76
1886,	1,623	79
1887,	1,656	89
1888,	1,772	80

The percentage of deaths 4.51 is not above the total average for the last ten years.

Ten deaths occurred from injuries received. There were twenty-one admissions to Hospital of a Choleraic nature but I do not think any of them were of the Epidemic or Asiatic type for reasons I will give later on.

The total amount of fees received this year was \$9805.15 about \$500 dollars less than last year. But two private cases, Volunteer Firemen suffering from injuries received while on duty at fires and in the public service, were excused by Government from paying fees for that reason otherwise there would have been an increase of fees of over \$1,000 instead of a deficiency of \$500. One case was eight months in Hospital and I am happy to say the life of a well known and much respected Citizen was spared chiefly owing to the skilful and unremitting attention of Dr. ATKINSON. The severity of the case may be judged when I say that the patient lost a leg and the severe contusions received resulted in numerous abscesses, also that one of the Chinese Nurses in attendance died from blood poisoning his duty in this case costing him his life, he had been twelve years a nurse in the Hospital and bore an exceptionally good character.

SMALL-POX HOSPITAL.

A severe epidemic of Small-pox began in November, 1887 and in the month of January this year (1888) 84 cases were admitted to Hospital, 10 cases in February and 5 more in March, April, and May—99 cases altogether, the largest number ever admitted to this Hospital in the sixteen years I have been in the Colony. Of these 16 died. Very many of the cases were very severe and one who recovered was in Hospital 137 days. No more cases occurred in the Colony from May up to the end of the year, thanks to all the precaution taken as described in my last Annual Report.

Table VIIa. gives the sex, nationality, age and length of detention of the patients admitted to this Hospital very few of whom were children.

PUBLIC MORTUARY.

Table VIII. shews the number of bodies brought to the mortuary for examination and the cause of death. This year 164 bodies were brought in, Europeans 3, Coloured 4, Chinese 113, of the latter 20 were children.

55 were found to have died from disease, 64 were accidental deaths, 31 suicidal and 3 homicidal, 2 causes unrecognizable owing to decomposition.

VICTORIA GAOL.

The following figures give the number of admissions into Gaol and the daily average number of prisoners for the past ten years.

	<i>Total No. admitted to Gaol.</i>	<i>Daily average No. of Prisoners.</i>
1879,	3,665.....	576.13
1880,	3,530.....	575.25
1881,	4,150.....	666.00
1882,	3,498.....	622.00
1883,	3,486.....	542.15
1884,	4,023.....	552.00
1885,	3,610.....	530.00
1886,	4,600.....	674.00
1887,	4,302.....	584.00
1888,	3,627.....	531.00

These figures show a considerable decrease in the number of admissions on the past ten years, but what is of most importance they shew the smallest daily average of prisoners in Gaol in the past ten years.

Table IX. shews the number of prisoners admitted to Hospital the nature of their complaints and the number of deaths.

Table XI shews the rate of sickness and mortality of prisoners under treatment in the Gaol. There is an increase of 40 in the admissions to Hospital and an increase of 6 in the number of deaths. In 1887 there were in Hospital, 266 cases and 6 deaths, in 1888 there were in Hospital 306 cases and 12 deaths of these there were 16 cases of Choleraic Diarrhoea of which 7 died no such cases have occurred in the last fifteen years of my experience, none of these cases had any connection with the others they were confined to no particular class of prisoners and occurred in different cells, the outbreak only lasted a few days. Besides the deaths in Hospital there was one case of suicide in the cells, and two prisoners were killed in an attempt to escape from the chain-gang.

Table XII. shews the number of opium smokers consuming one mace and upwards received into Gaol, their weight on admission and their weights in each week of the first month in Gaol or until their discharge.

Table XIc. shews the number of opium smokers admitted to the Gaol Hospital and the diseases they were suffering from. There were no deaths among them and no cases of Cholera occurred among them, enfeebled though they are supposed to be by this said to be pernicious habit, though they had exactly the same diet as the other prisoners and were distributed among those that were attacked. The only cases worthy of note are first, one who was 60 years of age, had been an opium smoker forty years, the longest time of all the 75 who came into Gaol, smoked 3 mace per diem weight 85lbs. on admission and the same after a month's confinement though he was subject to the penal diet the same as other prisoners, he was never on the sick list nor received any particular treatment to cure him of the habit.

All opium smokers now are only under observation unless their is special reason besides this habit they receive no treatment whatever, the habit is entirely ignored and they go to their work and diet same as other prisoner.

The heaviest weight on admission was 133lbs. lost 2lbs. in the fortnight he spent in, Gaol was 58 years of age 20 years an opium smoker consumed one mace per diem.

The lightest weight admitted was 71lbs. he increased 4lbs. during a fortnight's confinement was 26 years of age one year an opium smoker and consumed one mace daily.

The greatest decrease in weight among the opium smokers was 8 lbs. and this case was never on the sick list, this man had been 15 years a smoker of one mace daily.

The greatest gain in weight was 8 lbs.—this man had been 10 years a smoker of 1½ mace had never been in hospital so that there was only the ordinary diet to account for the increase.

This habit in itself appears to me to be perfectly harmless. In conjunction with women, wine, late hours and gambling it is very possibly injurious, but in this case "it is not in it" to use a slang phrase, compared with tobacco as while indulging in this "pernicious" habit you must devote your whole attention to it and it alone. The opium hells of Europe and America combine more than one of these attractions as a rule. The great majority of opium smokers in China have this "vice" only and too much pity is wasted abroad which might well be spent at home. The "poor heathen Chinese" affords a better example than most Europeans, it is only a small minority even among the well-to-do that are not frugal and industrious in their habits, and sober in their enjoyments though they are opium smokers.

LUNATIC ASYLUM.

Table XI d. gives the number, nationality, disease and description of patients admitted to the Asylum.

There were eight patients last year of whom two remain this year in the Asylum. There being no female patients in the wards this year, they were used for European female Small-pox cases and have since been thoroughly disinfected, repainted, &c.

TUNG WA HOSPITAL.

The total number of patients treated during 1888 in this Hospital was 2,298 of these 1,428 died. 379 were admitted in a moribund condition.

The number of out patients treated was 99,721.

There remained in Hospital at the end of the year 88 patients.

To the Small-pox wards of this Hospital 349 cases were admitted of these 276 died, the majority of the admissions were infants and children and but very few cases had been vaccinated. All the cases occurred in the first half of the year. 1882 vaccinations were successfully performed in Victoria and the outlying districts.

TEMPORARY LOCK HOSPITAL

I regret to say this Hospital is still in the temporary buildings, the cause of this being, that the new Hospital has been given over to the European nurses of the Government Civil Hospital and other portions of the European Staff, till the New Quarters are built for them, these I hope will be ready by the beginning of next year.

Last year I reported the abolishment of the Contagious Diseases Ordinance and the unexpected wishes of the women of all classes to continue the Medical Examination. This voluntary attendance has been contrary to my expectations wonderfully good and regular but notwithstanding this the cases admitted to Hospital are of a much graver type the majority being for soft sores and buboes.

The extent of the severity is well indicated by the average number of days under treatment which has risen from 13.9 to 24.4 a larger average than has occurred since 1869.

There were 10,924 examinations made last year and 66 found diseased among the women.

Table E. In this Table the admissions to the Venereal Wards of the Military Hospital shew a large increase being 401 as compared with 222 in 1887 * * * *

The Naval Hospital shews a decrease in admissions to the Venereal Wards being 244 as compared with 268 in 1887. The Police Hospital also shews a decrease in admissions being 46 as compared with 70 in 1887.

The Civil Hospital a slight increase being 68 as compared with 54 in 1887.

But Tables E 2 and E 3 are the real tests shewing the amount of constitutional disease contracted in the Navy and Army. There were 10 cases admitted to the Naval Hospital as compared with 8 last year of this form of disease contracted in Hongkong.

There were 37 cases admitted to the Military Hospital as compared with 39 in 1887.

The Navy shew an increase of two the Army a decrease of two.

At any rate I think it is well shewn by these tables that the voluntary examination of the women is doing a great deal of good. We have much to be thankful for that they have shewn so much sense and it speaks well for the way the examinations are conducted in this Colony that they have caused no offence to the women.

HEALTH OF THE COLONY.

Table XVI. shews the rate of mortality amongst the European and American community in Hongkong for the last ten years from all classes of disease. The number and percentage is the highest recorded for many years, but as the number of this portion of the population has stood on the returns at 3,040 for eight years, I doubt if the percentages given of late years can be considered correct.

I give below for the fifteen years I have been in the Colony the mortality among the Europeans and Chinese as registered in Hongkong from diseases that may be attributed among other causes to insanitary houses, filth poison and overcrowding. In these Tables I have put down under the head of cholera all cases registered under the heads of Cholera Nostras, Cholera Sporadic, Choleraic Diarrhoea names given to the cholera common to Europe in the summer months as distinguished from what is known as Asiatic or Epidemic Cholera. Last summer there was a considerable outbreak of this form of disease, but there was nothing about it of the nature of an epidemic, solitary cases occurred all over the city, no particular quarter being distinguished as suffering more than another. Most of the cases occurring in the months of June and July when unripe stone fruits are imported and eaten in the Colony in large quantities. In all the cases I saw all the patients complained of griping pains in the bowels, and in all the *post mortems* I was present, and the stomach and bowels were extremely congested and inflamed. In the Asiatic form of cholera gripes are absent the only pain being from cramps chiefly in the lower extremities the vomiting and purging being quite painless. The bowels do not show any inflammation these symptoms being nearly the only difference between the two diseases except that the mortality in one is less than that of the other. The experience of the outbreak in the Gaol, I think, is quite sufficient to show that this outbreak was not of an epidemic character for with the overcrowding, and the bucket system for night-soil in the cells at night an epidemic form of this disease would not have stopped at sixteen cases. No European in the Gaol was attached and stopping the drinking of cold water (which the Chinese are not accustomed to) when at work and perspiring freely, giving congee water and weak tea instead, soon put a stop to the outbreak in the Gaol which only lasted a few days. As was remarked in the outbreak among the Military three years ago the temperance men were the sufferers so in some of the cases among Europeans that I saw they attributed the attack to drinking large quantities of iced water.

DEATHS AMONG EUROPEANS (BRITISH AND FOREIGN).

YEARS.	FEVERS.			DIARRHŒA.	CHOLERA.	VOMITING AND PURGING.	TOTAL.
	Enteric.	Simple Continued.	Typhus.				
1873, .....	...	6	2	17	...	...	25
1874,	1	4	4	17	...	...	26
1875,	1	5	...	18	...	...	24
1876,	1	9	...	14	...	...	24
1877,	5	8	4	10	...	...	27
1878,	3	15	2	9	...	...	29
1879,	3	21	...	14	...	...	38
1880,	1	12	1	10	...	...	24
1881,	2	17	...	10	...	...	29
1882,	10	13	1	13	...	...	37
1883,	1	9	...	9	...	...	19
1884,	7	4	...	12	...	...	23
1885,	7	11	...	9	19	...	46
1886,	5	8	...	5	...	...	18
1887,	7	10	...	6	...	2	25
1888,	5	4	...	16	25	...	30

DEATHS AMONG CHINESE.

YEARS.	FEVERS.			DIARRHOEA.	CHOLERA.	VOMITING AND PURGING.	TOTAL.
	Enteric.	Simple Continued.	Typhus.				
1873,	12	96	16	195	...	...	319
1874,	125	46	...	231	...	...	402
1875,	31	291	2	288	...	...	612
1876,	94	343	...	259	...	...	696
1877,	145	370	8	311	...	...	834
1878,	89	481	33	701	...	...	1,304
1879,	116	733	21	608	...	...	1,478
1880,	309	373	...	348	...	...	1,030
1881,	438	168	38	435	...	...	1,079
1882,	679	71	...	465	...	...	1,215
1883,	262	571	3	660	...	...	1,496
1884,	132	600	2	301	...	...	1,035
1885,	105	755	...	561	7	176	1,604
1886,	9	772	10	326	...	19	1,136
1887,	9	441	25	276	...	18	764
1888,	2	299	2	361	17	236	817

The outbreak of Small-pox in the beginning of the year also contributed largely to the mortality, in the foreign part of the community 29 died, amongst the Chinese there were 470 deaths from this cause. There has not been time to test the value of the new vaccination Ordinance because previous experience has shewn that every third year there has been a slight outbreak of this disease but never before one so large as this year. Small-pox generally appears in the winter months beginning about November, previous experience has shewn that one winter we have had no cases or at most half a dozen the next winter there has been a dozen or two and the third winter fifty or sixty this has been the rule during my experience of the Colony. This winter there has been only one case recorded among the Chinese and six or seven mild cases of varioloid among Europeans.

These outbreaks have brought much discussion over the long pending scheme of a Hospital for Infectious diseases. Some three years ago a commission was formed of the Military and Naval Surgeons the Military Engineers, the Surveyor General and myself and after long discussion it was agreed that the best and only suitable form of Hospital for Infectious Diseases in this Colony was a Hulk and to that opinion I still adhere. There is no site in the Colony to which there are not strong objections on one or more scores and most of these objections are removed when a hulk comes in question. There must be a receiving ward ashore where cases can receive immediate attention and be diagnosed. Four years ago four cases were brought in by the Police and sent into the Cholera Ward I was notified and hurried down at once much disgusted to find one drunken man one case of colic and two cases of high fever all of whom had been found "vomiting and purging" which of course proved that they were cases of Cholera, at that time there was a considerable scare and any one "vomiting or purging" no matter from what cause got a dose of Cholera mixture served out to him by his nearest friend or neighbour, who could procure it from the nearest Police Station. This sort of thing shews the absolute necessity for a ward of observation and there is no place better than the present Small-pox Ward attached to the Government Civil Hospital when it has received some necessary improvements.

Dr. ATKINSON has furnished a very interesting report and also notes of some interesting cases. He has also given some valuable recommendations. He has had very hard and much annoying work but as assistance is coming out in the shape of another Surgeon and his Subordinate Staff is in a fair way now to be as near perfect as possible I hope it will never occur again.

Mr. CROW furnishes an Analytical report some of which will interest the Public, the report on the milk supplied by the Dairy Farm is a very handsome gratuitous advertisement to an Establishment that is certainly a very great benefit to the Colony.

I have the honour to be,

Sir,

Your obedient Servant,

PH. B. C. AYRES,
Colonial Surgeon.

The Hon. F. STEWART, LL.D.

Colonial Secretary.

POLICE.

I.—TABLE shewing the ADMISSIONS into and DEATHS in the GOVERNMENT CIVIL HOSPITAL during each Month of the Year 1888.

MONTHS.	EUROPEANS.		INDIANS.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
Remaining on the 1st Jan., 1888,	3	...	8	...	1	...	12	...
January,	15	...	10	...	8	...	33	...
February,	8	...	7	...	3	...	18	...
March,	11	...	14	...	13	...	38	...
April,	6	...	16	...	14	...	36	...
May,	10	...	21	...	32	1	63	1
June,	21	...	53	2	26	2	100	4
July,	11	...	24	...	29	...	64	...
August,	13	...	33	1	38	1	84	2
September,	18	...	34	...	19	...	71	...
October,	15	...	29	...	19	...	63	...
November,	6	...	19	...	14	...	39	...
December,	10	...	11	...	15	...	36	...
Total,	147	...	279	3	231	4	657	7

J. M. ATKINSON, M.B.,
Superintendent.

II.—TABLE shewing the RATE of SICKNESS and MORTALITY in the POLICE FORCE during the Year 1888.

AVERAGE STRENGTH.				TOTAL SICKNESS.			TOTAL DEATHS.			RATE OF SICKNESS.			RATE OF MORTALITY.		
European.	Indian.	Chinese.	Total.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.
114	222	349	685	147	279	231	1	4	10	128.94	125.68	66.18	0.87	1.80	2.86

J. M. ATKINSON, M.B.,
Superintendent.

III.—POLICE RETURN of ADMISSIONS to HOSPITAL from each District during the Year 1888.

	CENTRAL No. 5 " 8 " 9			GOVERNMENT HOUSE No. 2 " 3			No. 1 STONE CUTTERS' ISLAND.			No. 6 MOUNT GOUGH.			WATER POLICE STATIONS TSMHATSU, WHITEFIELD.			SHAOKIWA.			POKFULAM.			ABERDEEN.			STANLEY TY TAM-TUK.			No. 7.			YAU MATI, HUNG HONG.			TOTAL.
	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.	European.	Indian.	Chinese.				
Remaining on 1st Jan., 1888,	2	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12
January,	7	8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	33
February,	2	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18
March,	6	10	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	38
April,	5	14	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	36
May,	5	16	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	63
June,	10	20	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	100
July,	6	20	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	64
August,	7	21	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	84
September,	11	18	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	71
October,	4	19	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	63
November,	5	8	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	39
December,	4	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	36
Total,	74	185	72	10	13	20	...	...	...	3	6	5	25	6	88	5	15	1	4	3	7	4	1	19	3	12	1	13	30	11	6	8	9	657

J. M. ATKINSON, M.B.,
Superintendent.

IV.—TABLE shewing the RATE of SICKNESS and MORTALITY of the TROOPS serving in HONGKONG during the Year 1888.

AVERAGE STRENGTH.			ADMISSIONS INTO HOSPITAL.			DEATHS.			AVERAGE DAILY RATE OF SICKNESS.		RATE OF MORTALITY PER 1,000 OF THE STRENGTH.	
White.	Black.	Total.	White.	Black.	Total.	White.	Black.	Total.	White.	Black.	White.	Black.
1,284	178	1,462	1,342	143	1,485	16	5	21	69.13	5.00	12.46	28.09

RD. LEWER,
Deputy Surgeon General,
P.M.O. China Station.

V.—TABLE showing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1888.

DISEASES.		ADMISSIONS.				DEATHS.			
		Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.
I.—General Diseases.									
A. Diseases dependent on Morbid Poisons,—									
	Sub-Group 1,	65	41	17	123	7	9	4	20
	" 2,	141	98	147	386	1	1	2	4
	" 3,	3	...	1	4	1	...	1	2
	" 4,	94	42	31	167	...	...	1	1
	" 5, .....	...	...	...	...	...	...	...	...
B. Diseases dependent on external agents other than Morbid Poisons,—									
	Sub-Group 1,	1	...	...	1	...	...	...	...
	" 2,	4	...	5	9	...	...	...	...
	" 3,	2	...	...	2	...	...	...	...
	" 4,	40	3	3	46	3	...	...	3
C. Developmental Diseases,									
D. Not classified,									
		14	7	12	33	...	...	1	1
		32	19	12	63	1	...	...	1
II.—Local Diseases.									
1	Nervous System,	15	5	22	42	1	...	3	4
2	Eye,	3	5	9	17	...	...	...	...
3	Ear, .....	...	5	...	5	...	...	...	...
4	Nose, .....	...	...	...	...	...	...	...	...
5	Circulatory System,	8	3	4	15	2	3	1	6
6	Respiratory,	43	34	26	103	6	2	2	10
7	Digestive,	101	78	53	232	4	2	3	9
8	Lymphatic,	3	...	1	4	...	...	...	...
9	Thyroid Body, .....	...	...	...	...	...	...	...	...
10	Supra Renal Capsules, .....	...	...	...	...	...	...	...	...
11	Urinary System,	6	2	4	12	1	1	1	3
12	Generative System,	3	2	7	12	...	...	...	...
13	Female Breast,	1	...	...	1	...	...	...	...
14	Male " .....	...	...	...	...	...	...	...	...
15	Organs of Locomotion,	22	7	23	52	...	...	...	...
16	Connective Tissue,	8	2	4	14	...	...	...	...
17	Skin,	37	17	21	75	...	...	...	...
III.	Poisons,	1	...	20	21	...	...	5	5
IV.	Injuries,	51	23	209	283	...	...	10	10
V.	Surgical Operations,	2	1	5	8	...	...	1	1
	Under Observation,	6	10	26	42	...	...	...	...
Total,		706	404	662	1,772	27	18	35	80

J. M. ATKINSON, M.B.,
Superintendent.

Va.—TABLE showing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1888.

SURGICAL OPERATIONS.	ADMISSIONS.				DEATHS.			
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.
Removal of Tumours from Parts,—								
Hæmatoma of Scalp, (Aspiration), .....	...	...	1	1	...	...	...	...
Adenoma of Thigh, (Excision),	1	...	...	1	...	...	...	...
Carcinoma of Breast, (Scirrhus), (Excision),	1	...	...	1	...	...	...	...
" of Tongue, (Epithelioma), (Excision),	1	...	...	1	...	...	...	...
" of Recurrence, (Excision),	1	...	...	1	...	...	...	...
" of Penis, (Epithelioma), (Excision), .....	...	1	...	1	...	...	...	...
Removal of Foreign Bodies,—								
Gun-shot Wound of Hand; (Bullet), .....	...	...	1	1	...	...	...	...
Opening of Abscess,—								
Deep Abscess of Leg, (Incision),	1	...	...	1	...	...	...	...
Lumbar Abscess, Aspiration, subsequent incision, .....	...	1	...	1	...	...	...	...
Hepatic Abscess, Apiration, (Dr. Manson's Aspirator),	1	...	...	1	1	...	...	1
" " " and subsequent incision,	1	...	...	1	1	...	...	1
" " " " "	1	...	...	1	1	...	...	1
Operation on the Eye,—								
Pterygium, .....	...	...	2	2	...	...	...	...
Excision of Eye-ball,	1	...	...	1	...	...	...	...
Operation on the Nose,—								
Extraction of Nasal Polypus, through the natural passages, .....	...	...	1	1	...	...	...	...
Plugging Nares for Epistaxis,	1	...	...	1	...	...	...	...
Operations on other Parts of the Head and Face, including the Mouth,—								
Removal of Tongue in part (Whitehead's operation),	1	...	...	1	...	...	...	...
" of Submaxillary Gland,	1	...	...	1	...	...	...	...
Operation for Harelip, .....	...	...	2	2	...	...	...	...
Operations on the Respiratory Organs,—								
Paracentesis of Pleura, pleuritic effusion, (Aspiration), .....	...	...	1	1	...	...	...	...
Operations on the Digestive Organs,—								
Application of the Stomach-pump, .....	...	...	7	7	...	...	...	...
Washing out the Stomach, .....	...	...	7	7	...	...	...	...
For Abdominal Fistula, .....	...	...	2	2	...	...	...	...
" Fistula-in-Ano, .....	...	1	...	1	...	...	...	...
" Anal Fissure, .....	...	...	1	1	...	...	...	...
" Hemorrhoids, (ligature under the influence of Cocaine,)	1	...	...	1	...	...	...	...
Paracentesis of the Abdomen for Ascites, (Aspiration), .....	...	...	1	1	...	...	1	1
Operations on the Generative Organs,—								
I.—MALE.								
For Phimosia, (Cocaine),	4	3	3	10	...	...	...	...
" Hydrocele, .....	...	2	1	3	...	...	...	...
II.—FEMALE.								
Obstetric Operations,—								
Application of Forceps, .....	...	...	3	3	...	...	...	...
Version, .....	...	...	2	2	...	...	1	1*
Operations on the Organs of Locomtion,—								
On Bones.								
Excision of portion of Tibia, (compound fracture), .....	...	...	1	1	...	...	...	...
Removal of Sequestra,	1	...	...	1	...	...	...	...
On Joints.								
Shoulder Reduction of Dislocation,	2	...	...	2	...	...	...	...
On Limbs as a whole.—Amputations.								
Flap.—Arm at Shoulder Joint, .....	...	...	1	1	...	...	...	...
Flap.—Fingers for Injury, .....	...	...	6	6	...	...	...	...
Flap.—Leg Upper-third Injury,	1	...	1	2	...	...	...	...
Flap.—Toes, (severe burn), .....	...	...	1	1	...	...	...	...
Operations on the Skin,—								
Skin Grafting,	2	...	...	2	...	...	...	...
Cupping,	2	...	...	2	...	...	...	...
Operations not Classified,—								
Resuscitation of Drowned Persons, .....	...	...	2	2	...	...	...	...
Treatment of Cases of Poisoning,	3	...	17	20	...	...	5	5
Total,	28	8	64	100	3	...	7	10

* Died of Syphilis.

Vb.—TABLE shewing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1888.

GENERAL DISEASES.	ADMISSIONS.				DEATHS.			
	Euro-peans.	Indians.	Chinese.	Total.	Euro-peans.	Indians.	Chinese.	Total.
<i>Group A.—Sub-Group 1.</i>								
1. Small-Pox, (transferred to Small-Pox Hospital).	13	...	1	14	...	...	...	...
2. Cow-Pox, . . . . .	...	...	...	...	...	...	...	...
3. Chicken-Pox, . . . . .	...	...	...	...	...	...	...	...
4. Measles, . . . . .	...	...	...	...	...	...	...	...
5. Epidemic Rose-rash, (Rotheln), . . . . .	...	...	...	...	...	...	...	...
6. Scarlet Fever, . . . . .	...	...	...	...	...	...	...	...
7. Dengue, . . . . .	...	...	...	...	...	...	...	...
8. Typhus, . . . . .	...	...	...	...	...	...	...	...
9. Plague, . . . . .	...	...	...	...	...	...	...	...
10. Relapsing Fever, . . . . .	...	...	...	...	...	...	...	...
11. Enfluenza, . . . . .	...	...	...	...	...	...	...	...
12. Whooping Cough, . . . . .	...	...	...	...	...	...	...	...
13. Mumps,	1	...	...	1	...	...	...	...
14. Diphtheria, . . . . .	...	...	...	...	...	...	...	...
15. Cerebro-spinal Fever, . . . . .	...	...	...	...	...	...	...	...
16. Simple-continued Fever,	9	9	6	24	...	...	...	...
17. Enteric Fever, Synonyms, Typhoid Fever, (Typhomalarial Fever),	7	1	1	9	2	...	...	2
18. Cholera, Synonyms Asiatic Cholera, Epidemic Cholera, . . . . .	...	...	...	...	...	...	...	...
19. Sporadic Cholera Synonyms Simple Cholera, Cholera Nostras,	7	10	4	21	4	6	3	13
20. Epidemic Diarrhoea, . . . . .	...	...	...	...	...	...	...	...
21. Dysentery,	28	21	5	54	1	3	1	5
Total,	65	41	17	123	7	9	4	20

J. M. ATKINSON, M.B.,
Superintendent.

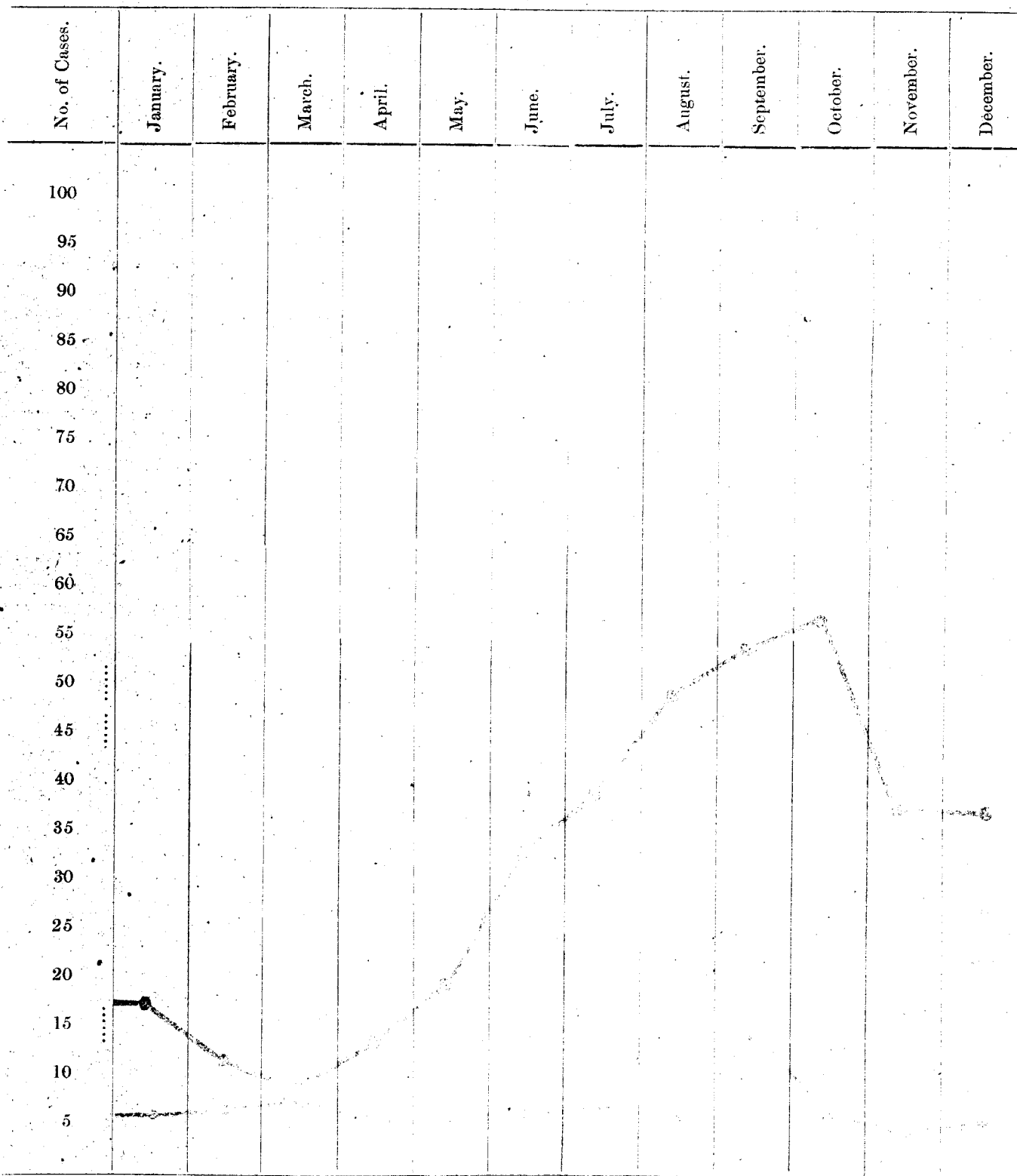
Vc.—TABLE shewing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1888.

GENERAL DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.
<i>Group A.—Sub-Group 2.</i>								
1. Malarial Fever,—								
a. Intermittent, Synonym, Ague,	122	96	122	340	...	1	...	1
b. Remittent,	18	2	10	30	1	...	1	2
c. Malarial Cachexia, . . . . .	...	...	...	...	...	...	...	...
2. Beri-Beri,	1	...	15	16	...	...	1	1

MONTHS.	INTERMITTENT.				REMITTENT.				Total Number of Cases.	Total Number of Deaths.
	Europeans.	Indians.	Chinese.	Deaths.	Europeans.	Indians.	Chinese.	Deaths.		
January,	7	...	6	...	1	...	...	...	14	...
February,	3	2	...	...	2	...	...	...	9	...
March,	3	2	...	...	2	...	1	...	8	...
April,	3	4	3	...	...	...	1	...	10	...
May,	3	4	8	...	...	...	1	...	18	...
June,	12	7	11	...	...	1	...	...	31	...
July,	15	9	13	1	3	...	...	1	40	2
August,	15	13	19	...	...	1	1	...	49	...
September,	21	21	9	...	8	...	4	...	63	...
October,	19	19	15	...	2	...	1	...	56	...
November,	4	11	20	...	...	...	...	...	35	...
December,	13	4	18	...	...	...	2	1	37	1
Total,	122	96	122	1	18	2	10	2	370	3

J. M. ATKINSON, M.B.,
Superintendent.

Vd.—DIAGRAM shewing NUMBER of CASES of MALARIAL FEVER admitted in each Month of the Year 1888.



Intermittent Fever. Red wave.
 Remittent " Blue "

J. M. ATKINSON,
 Superintendent.

Ve.—TABLE shewing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1888.

DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.
<i>Group A.—Sub-Group 3.</i>								
1. Phagedœna, .....	...	...	...	...	...	...	...	...
2. Erysipelas,	1	...	...	1	...	...	...	...
3. Pyœmia,	1	...	1	2	1	...	1	2
4. Septicœmia,	1	...	...	1	...	...	...	...
Total,	3	...	1	4	1	...	1	2

J. M. ATKINSON, M.B.,
Superintendent.

Vf.—TABLE shewing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1888.

DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.
<i>Group A.—Sub-Group 4.</i>								
1. Syphilis Synonym-pox,—								
<i>a.</i> Primary,	12	3	...	15	...	...	...	...
<i>b.</i> Secondary,	8	2	3	13	...	...	1	1
2. Gonorrhœa,	52	23	15	90	...	...	...	...
Total,	72	28	18	118	...	...	1	1

J. M. ATKINSON, M.B.,
Superintendent.

Vg.—TABLE shewing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1888.

DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.
<i>Group A.—Sub-Group 5.</i>								
1. Hydrophobia,
2. Glanders,
3. Horse-pox,
4. Splenic Fever,
Total,

J. M. ATKINSON, M.B.,
Superintendent.

VI.—TABLE showing the RATE of MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the 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.	
<i>Per cent.</i>		<i>Per cent.</i>		<i>Per cent.</i>		<i>Per cent.</i>	
1879,.....	5.13	1879,.....	3.12	1879,.....	8.39	1879,.....	4.72
1880,.....	4.17	1880,.....	3.73	1880,.....	2.66	1880,.....	5.80
1881,.....	3.96	1881,.....	3.87	1881,.....	3.09	1881,.....	4.80
1882,.....	4.66	1882,.....	4.35	1882,.....	4.38	1882,.....	5.24
1883,.....	4.66	1883,.....	4.37	1883,.....	3.01	1883,.....	6.08
1884,.....	3.69	1884,.....	3.15	1884,.....	1.24	1884,.....	6.08
1885,.....	5.03	1885,.....	4.65	1885,.....	3.06	1885,.....	7.01
1886,.....	4.86	1886,.....	4.25	1886,.....	4.66	1886,.....	5.73
1887,.....	5.37	1887,.....	4.50	1887,.....	4.56	1887,.....	6.96
1888,.....	4.51	1888,.....	3.96	1888,.....	4.70	1888,.....	4.98

J. M. ATKINSON, M.B.,
Superintendent.

VII.—TABLE showing the ADMISSIONS into and DEATHS in the GOVERNMENT CIVIL HOSPITAL during each Month of the Year 1888.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
Remaining on the 1st January, 1888,.....	39	2	14	..	9	..	62	2
January,.....	60	1	18	1	45	2	123	4
February,.....	61	..	13	..	19	1	93	1
March,.....	41	2	20	1	35	1	96	4
April,.....	38	1	25	1	56	2	119	4
May,.....	55	5	31	1	63	3	149	9
June,.....	62	4	60	4	80	7	202	15
July,.....	65	3	33	3	59	1	157	7
August,.....	65	3	54	4	73	4	192	11
September,.....	78	3	50	1	57	2	185	6
October,.....	65	..	41	1	55	4	161	5
November,.....	38	3	26	..	55	2	119	5
December,.....	39	1	19	2	56	4	114	7
Total,.....	706	28	404	19	662	33	1,772	80

J. M. ATKINSON, M.B.,
Superintendent.

VIIa.—TABLE of ADMISSIONS INTO and DEATHS in SMALL-POX HOSPITAL, 1888.

No.	SEX.	NATIONALITY.	AGE.	DATE OF ADMISSION.	DATE OF DISCHARGE.	No. OF DAYS IN HOSPITAL.	DESCRIPTION OF PATIENT.	RESULT.
1	Male	Chinese	16	1st January	31st January	30	Private Paying	Recovered
2	"	English	34	1st "	4th "	3	"	"
3	"	Irish	21	1st "	4th "	3	"	"
4	"	English	36	1st "	17th May	137	Destitute	"
5	"	Chinese	30	1st "	3rd January	2	Government Servant	"
6	"	"	21	1st "	3rd "	2	P.C. 189	"
7	"	American	43	1st "	13th "	12	Destitute	"
8	"	Scotch	27	1st "	6th "	5	P.C. 49	"
9	"	English	29	1st "	2nd "	1	Assistant Turnkey	"
10	"	Portuguese	6	1st "	31st "	30	Private Paying	"
11	Female	"	28	1st "	25th "	24	Destitute	"
12	"	Chinese	17	1st "	19th "	18	Wife of P.C. 230	"
13	Male.	Colonial	39	1st "	21st "	20	The Board of Trade	"
14	"	English	23	1st "	17th February	47	Destitute	"
15	"	"	40	1st "	6th "	36	Private Paying	"
16	"	Indian	18	1st "	3rd January	2	Destitute	Died
17	"	Malay	...	1st "	19th "	18	"	Recovered
18	"	Caucasian	32	1st "	1st "	1	The Board of Trade	Died
19	Female	Japanese	18	1st "	24th "	23	Destitute	Recovered
20	Male	Chinese	28	1st "	5th "	4	Private Paying	Died
21	"	"	26	1st "	18th "	17	P.C. 208	Recovered
22	Female	Japanese	23	1st "	12th "	11	Destitute	"
23	Male	Chinese	5	1st "	9th "	8	Son of Inspector Quincey	"
24	"	English	26	1st "	3rd March	62	Destitute	"
25	"	Scotch	22	1st "	25th January	24	The Board of Trade	"
26	"	Norwegian	20	2nd "	3rd "	32	Private Paying	"
27	Female	Japanese	24	3rd "	28th "	25	"	"
28	Male	Chinese	8	4th "	14th "	10	Destitute	"
29	"	Norwegian	28	4th "	20th February	47	Private Paying	"
30	"	Swede	24	5th "	23rd "	49	"	"
31	"	Portuguese	4	5th "	5th "	31	Destitute	"
32	"	Scotch	19	6th "	30th April	115	The Board of Trade	"
33	"	English	23	6th "	20th January	14	"	"
34	"	"	26	7th "	24th "	17	Government Servant	"
35	"	Irish	33	8th "	9th February	32	Private Paying	"
36	"	German	29	9th "	11th January	2	"	Died
37	"	English	6	9th "	16th "	7	Son of Government Servant	"
38	"	"	27	10th "	25th February	46	Private Paying	Recovered
39	Female	American	21	9th "	14th February	36	"	"
40	Male	English	38	10th "	15th January	5	"	Died
41	"	Japanese	21	10th "	24th "	14	"	Recovered
42	"	German	30	11th "	20th February	40	"	"
43	"	English	36	11th "	20th January	9	"	Died
44	"	American	29	12th "	2nd February	21	"	Recovered
45	"	Scotch	22	12th "	18th "	37	Assistant Turnkey	"
46	Female	English	25	14th "	27th January	13	Wife of Government Servant	"
47	Male	Norwegian	23	15th "	12th March	57	Private Paying	"
48	"	Scotch	26	15th "	27th January	12	"	Died
49	"	Norwegian	21	16th "	20th March	64	"	Recovered
50	"	English	22	16th "	2nd February	17	Assistant Turnkey	"
51	"	"	32	16th "	6th "	21	P.C. 42	"
52	"	Scotch	30	16th "	20th "	35	P.C. 103	"
53	"	Irish	50	16th "	26th January	10	Private Paying	Died
54	"	Scotch	26	17th "	17th February	31	P.C. 108	Recovered
55	"	Irish	27	17th "	20th "	34	P.C. 107	"
56	Female.	Scotch	21	17th "	18th "	32	Government Servant	"
57	Male.	"	35	15th "	8th "	24	Private Paying	"
58	"	English	14	17th "	7th February	21	Destitute.	"
59	"	Norwegian	33	17th "	28th January	11	Private Paying	"
60	"	"	22	17th "	17th February	31	"	"
61	"	"	29	17th "	28th January	11	"	"
62	"	"	23	17th "	24th February	38	"	"
63	"	"	41	17th "	1st March	44	"	"
64	"	Irish	24	18th "	1st "	43	P.C. 80	"
65	"	Chinese	27	18th "	19th January	1	Private Paying	Died
66	Female.	"	31	18th "	9th February	22	Destitute	Recovered
67	Male.	Spanish	9	19th "	7th April	79	Private Paying	"
68	"	English	41	19th "	21st January	2	"	Died
69	"	"	34	19th "	4th February	16	"	Recovered
70	"	"	23	19th "	2nd "	14	"	"
71	Female.	Chinese	15 ms.	20th "	20th January	1	Destitute	Died
72	Male.	English	28	20th "	31st "	11	Government Servant	Recovered
73	"	Chinese	1	20th "	25th "	5	Destitute	Died
74	"	American	27	22nd "	1st March	39	"	Recovered
75	"	Chinese	21	22nd "	14th "	52	"	"
76	"	"	26	25th "	25th February	31	P.C. 366	"
77	"	"	18	25th "	25th "	31	Destitute	"
78	"	Scotch	25	26th "	12th March	46	Private Paying	"
79	"	English	40	26th "	15th February	20	"	"
80	Female.	Chinese	5	27th "	5th "	9	"	Died
81	"	Portuguese	3	27th "	29th January	2	Destitute	"
82	Male.	Manila	24	29th "	25th February	27	Private Paying	Recovered
83	"	Portuguese	17	30th "	27th March	57	"	"
84	"	Japanese	17	31st "	15th February	15	"	"
85	"	Scotch	22	1st February	22nd March	50	Destitute	"
86	"	German	50	4th "	30th May	116	"	"
87	"	American	20	5th "	11th February	6	Private Paying	Died
88	"	Norwegian	23	7th "	15th March	37	"	Recovered
89	"	Swede	26	7th "	29th February	22	"	"
90	"	American	45	7th "	21st April	74	"	"
91	"	Irish	23	8th "	24th February	16	"	"
92	"	English	22	11th "	26th March	44	Government Servant	"
93	"	Victorian	18	13th "	18th February	5	Destitute	Died
94	Female.	Japanese	23	20th "	12th March	21	Private Paying	Recovered
95	Male.	French	32	2nd March	2nd April	31	"	"
96	"	English	26	5th "	26th March	21	"	"
97	"	Scotch	22	4th April	10th April	6	P.C. 78	Died
98	"	English	23	19th "	7th May	18	Private Paying	Recovered
99	"	Manila	19	8th May	19th June	42	Destitute	"

J. M. ATKINSON, M.B.,
Superintendent.

VIII.—RETURN OF DEAD BODIES BROUGHT BY THE POLICE TO THE PUBLIC MORTUARY DURING EACH MONTH OF THE YEAR 1888.

MONTHS.	EUROPEANS.						CHINESE.						OTHER NATIONALITIES.						CAUSE OF DEATH: REPORTED OR ASCERTAINED BY EXAMINATION.																
	Adults.		Children.		Total.		Adults.		Children.		Total.		Adults.		Children.		Total.		ACCIDENTAL.				SUICIDAL.				HOMICIDAL.								
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	From Disease.	Drowning.	Cerebral and spinal concussion.	Fracture of skull, limbs, &c.	Burning.	Poisoning.	Hemorrhage from wounds and ruptured viscera.	Asphyxia.	Rupture of abdominal muscles, protrusion of intestines.	Opium poisoning.	Hanging.	Wounds by fire arm.	Drowning.	Revolver wounds.	Hemorrhage from ruptured liver, &c.	TOTAL.	
January,	1	..	..	..	6	1	..	..	..	..	..	..	..	..	..	..	..	8	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	8
February, .....	..	..	..	..	5	1	1	..	..	..	..	..	..	..	..	..	..	8	3	1	1	..	..	..	..	..	1	..	1	..	..	..	..	..	10
March, .....	..	..	..	..	10	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	2	..	..	..	..	..	1	..	..	..	..	..	..	..	10
April, .....	..	..	..	..	13	1	1	..	..	..	..	..	1	..	..	..	..	2	3	1	3	1	2	2	..	1	..	..	..	..	..	..	..	..	16
May, .....	..	..	..	..	8	5	..	..	..	..	..	..	..	..	..	..	..	4	2	1	1	..	..	..	..	..	1	3	..	..	..	..	..	..	13
June,	1	..	..	..	19	1	1	1	..	..	..	..	1	..	..	..	..	11	2	1	1	..	..	1	..	..	2	..	..	1	..	..	..	..	23
July, .....	..	..	..	..	9	5	4	3	..	..	..	..	..	..	..	..	..	5	7	..	1	6	..	..	..	..	2	..	..	..	..	..	..	..	21
August, .....	..	..	..	..	7	1	..	1	..	..	..	..	..	..	..	..	..	4	1	..	..	..	..	1	..	..	2	1	..	..	..	..	..	..	9
September,	1	..	..	..	11	4	..	..	..	..	..	..	..	..	..	..	..	5	3	..	2	..	..	1	..	..	2	2	..	..	..	..	..	..	15
October, .....	..	..	..	..	13	4	1	..	..	..	..	..	..	..	..	..	..	7	1	..	2	1	..	1	..	..	..	..	..	..	..	..	..	..	18
November, .....	..	..	..	..	6	..	..	3 ^a	..	..	..	..	..	..	..	..	..	5	..	1	1	..	..	1	..	..	..	1	..	..	..	..	..	..	9
December, .....	..	..	..	..	6	1	1	1	..	..	..	..	1	..	..	..	..	5	..	2	..	..	..	..	..	..	1	1	..	..	..	..	..	..	10
Total,	3	..	..	..	113	24	10	10	2	2	..	..	2	..	..	..	..	55	24	6	17	8	2	7	8	1	8	1	16	12	1	2	1	2	162

(a.)—Two were far advanced in decomposition, the classification in these cases rests on a mere probability.

L. P. MARQUES,
Medical Officer in charge
of Post Mortem Examinations.

IX.—TABLE showing the ADMISSIONS into HOSPITAL in VICTORIA GAOL, and MORTALITY during the Year 1888.

DISEASES.	ADMISSIONS.				DEATHS.			
	Euro-peans.	Coloured Persons.	Chinese.	TOTAL.	Euro-peans.	Coloured Persons.	Chinese.	TOTAL.
Remaining under treatment 1st January, 1888,	1	...	9	10	...	...	...	...
<i>I.</i>								
Febricula,	10	...	14	24	...	...	...	...
Intermittent Fever, .....	...	...	7	7	...	...	...	...
Remittent „	6	3	19	28	...	...	...	...
Small Pox,	2	...	1	3	...	...	...	...
Chicken Pox,	1	...	...	1	...	...	...	...
<i>II.</i>								
Rheumatism, .....	...	...	1	1	...	...	...	...
<i>III.</i>								
Sclerotitis, .....	...	...	1	1	...	...	...	...
<i>IV.</i>								
Anæmia, .....	...	...	2	2	...	...	...	...
Fatty Degeneration of Heart, .....	...	...	1	1	...	...	1	1
Hypertrophy of Heart,	1	...	...	1	...	...	...	...
Dropsy, .....	...	...	2	2	...	...	...	...
<i>VII.</i>								
Bronchitis,	2	...	8	10	...	...	...	...
Hæmoptysis, .....	...	...	2	2	...	...	...	...
Phthisis Pulmonalis, .....	...	...	1	1	...	...	...	...
<i>VIII.</i>								
Colic, .....	...	...	8	8	...	...	...	...
Diarrhœa,	1	...	13	14	...	...	...	...
Choleraic Diarrhœa, .....	...	...	16	16	...	...	7	7
Eczema and Erysipelas, .....	...	...	1	1	...	...	1	1
Dysentery, .....	...	...	5	5	...	...	...	...
„ and Fever, .....	...	...	3	3	...	...	1	1
Hæmorrhoids, .....	...	...	3	3	...	...	...	...
Jaundice, .....	...	...	3	3	...	...	...	...
„ and Remittent Fever, .....	...	...	1	1	...	...	1	1
Constipation and Fever, .....	...	...	1	1	...	...	...	...
Ulceration of Rectum, .....	...	...	1	1	...	...	...	...
<i>IX & X.</i>								
Albumenuria,	1	...	2	3	...	...	...	...
Bright's Disease, .....	...	...	2	2	...	...	1	1
Hæmaturia, .....	...	...	1	1	...	...	...	...
Bubo, Gonorrhœa and Soft Sores, .....	...	...	1	1	...	...	...	...
Stricture of Urethra, .....	...	...	1	1	...	...	...	...
Gonorrhœa and Syphilis,	1	...	...	1	...	...	...	...
<i>XII.</i>								
Necrosis of Fingers, .....	...	...	1	1	...	...	...	...
Abscess, .....	...	1	25	26	...	...	...	...
Gluteal Abscess from Flogging, .....	...	...	5	5	...	...	...	...
Carbuncle, .....	...	...	1	1	...	...	...	...
Erysipelas, .....	...	...	5	5	...	...	...	...
„ of Head traumatic, .....	...	...	1	1	...	...	...	...
Impetigo,	1	...	...	1	...	...	...	...
Whitlow and Boils,	1	...	1	2	...	...	...	...
Ecchymosis, .....	...	...	1	1	...	...	...	...
<i>Unclassed.</i>								
General Debility, .....	...	...	20	20	...	...	...	...
„ „ (Opium Smoker), .....	...	...	10	10	...	...	...	...
Delirium Tremens,	1	...	...	1	...	...	...	...
<i>Wounds and Injuries.</i>								
Gun shot Wounds, .....	...	...	3	3	...	...	...	...
Revolver „ .....	...	...	1	1	...	...	...	...
Contused „ of Head, .....	...	...	1	1	...	...	...	...
„ Wounds from Flogging, .....	...	...	67	67	...	...	...	...
Incised Wounds, .....	...	...	1	1	...	...	...	...
<i>Unknown or Unrecognized.</i>								
Observation, .....	...	...	10	10	...	...	...	...
TOTAL.....	28	4	274	306	...	...	12	12

OTHER DEATHS:—1 Chinese, Suicide by strangulation in a cell;—2 Chinese killed during an attempt to escape at Kennedy Town.

L. P. MARQUES,
Medical Officer.

X.—TABLE showing CASES not ADMITTED to HOSPITAL, treated by the MEDICAL OFFICER, during the Year 1888.

DISEASES.		Europeans.	Coloured Persons.	Chinese.	TOTAL.
Remaining under treatment 1st January, 1888,.....		3	...	1	4
I.	Remittent Fever,	1	...	...	1
	Chicken Pox, .....	...	...	1	1
II.	Rheumatism, .....	...	...	1	1
IV.	Hypertrophy of Heart,.....	1	...	...	1
VII.	Bronchitis, .....	...	...	3	3
VIII.	Constipation,.....	1	...	1	2
	Menorrhagia, .....	...	...	1	1
	Diarrhoea, .....	...	...	2	2
XII.	Abscess of Neck, .....	...	...	1	1
	" of Leg, .....	...	...	1	1
Unclassed.	General Debility, .....	...	...	5	5
	" " (Old Age),	1	...	...	1
	Delirium Tremens,	1	...	...	1
Wounds and Injuries.	Contused Wounds from Flogging, .....	...	...	101	101
Unknown or Unrecognized.	Observation,	1	...	1	2
TOTAL,.....		6	...	118	124

XI.—TABLE showing the RATE of SICKNESS and MORTALITY in VICTORIA GAOL during the Year 1888.

Total No. of Prisoners admitted to Gaol.	Daily Average number 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.
3,627	531	306	123	15	0.843	1.182	3.621	0.413	2.788

XIa.—CASES ADMITTED to VICTORIA GAOL HOSPITAL, at the first Medical Examination by the MEDICAL OFFICER, during the Year 1888.

No.	SENTENCE.			DISEASES.	DATE OF ADMISSION.	DATE OF DISCHARGE.	REMARKS.
	Years.	Mos.	Days.				
1.	25	Erysipelas,	21 January.	6 February.	
2.	...	1	...	General Debility, (Opium Smoker),	21 February.	3 March.	
3.	14	Jaundice,	27 "	10 "	
4.	7	Albumenuria,	1 March.	3 "	
5.	Delirium Tremens,	12 April.	16 April.	On Remand.
6.	Observation,	1 May.	3 May.	On Remand.
7.	42	Bubo, Gonorrhœa and Soft Sores,	3 "	22 "	
8.	Observation,	29 "	31 "	On Remand.
9.	21	General Debility, (Opium Smoker),	1 June.	13 June.	
10.	42	Ecchymosis,	7 "	26 "	
11.	Observation,	27 July.	1 August.	On Remand.
12.	21	Observation,	23 August.	30 "	
13.	7	Anæmia,	31 "	7 Sept.	
14.	7	General Debility, (Opium Smoker),	1 Sept.	7 "	
15.	...	3	...	General Debility, " "	20 "	1 October.	
16.	...	3	...	Sclerotitis,	18 October.	29 "	
17.	Observation,	23 "	25 "	On Remand.
18.	...	2	...	General Debility, (Opium Smoker),	10 Nov.	16 Nov.	
19.	21	" ("),	12 "	1 Dec.	

XIIb.—TABLE showing the WEIGHTS of PRISONERS (OPIUM SMOKERS), for the First Four Weeks' Confinement in VICTORIA GAOL during the Year 1888.

No.	AGE.	LENGTH OF TIME OPIUM SMOKER.		CONSUMPTION PER DIEM.		WEIGHT WHEN ADMITTED.		WEIGHT FIRST FOUR WEEKS.				REMARKS.
1	35	1	Year.	1	Mace.	109	lbs.	112	110	111	110	
2	44	6	Years.	1	"	110	"	109				Paid his fine.
3	48	15	"	1	"	117	"	110	110	109		
4	34	7	"	2	"	106	"	101	103	101	102	
5	58	20	"	1	"	133	"	134	131			
6	41	18	"	1	"	113	"	116	114	112	112	
7	47	14	"	1	"	119	"	110	108	111	112	
8	46	20	"	1	"	106	"	104	105	104	103	
9	28	5	"	1	"	92	"	90	90			
10	39	15	"	2	"	100	"	92	95	103	106	
11	23	4	"	3	"	102	"	96	91	90	89	
12	32	2	"	1½	"	97	"	96	93	96		
13	42	7	"	1	"	106	"	106	105			
14	46	7	"	2	"	114	"	113	116			
15	26	4	"	1	"	102	"	107	108	110	107	
16	22	2	"	1	"	95	"	90	92			
17	28	3	"	1	"	110	"	108	106	106		
18	26	1	Year.	1	"	71	"	71	75			
19	48	15	Years.	2	"	94	"	96	99	98	100	
20	54	20	"	2	"	114	"	110	112	110		
21	39	10	"	1	"	110	"	105	105	102	104	
22	32	11	"	1	"	94	"	93	89	91		
23	50	22	"	2	"	104	"	101	103	103	105	
24	28	13	"	6	"	123	"	118	118			
25	43	15	"	1	"		"					Discharged at once.
26	42	14	"	2	"	91	"	89	90	90	92	
27	26	6	"	1	"	87	"	84	87	87	88	
28	79	37	"	3	"	79	"					Discharged at once.
29	21	2	"	1	"	86	"	86	88	87	91	
30	56	26	"	3	"	87	"	86	84	87	89	
31	60	40	"	3	"	85	"	83	87	84	85	
32	59	25	"	2	"	103	"	98	99	101	100	
33	66	40	"	4	"	80	"	78	85	82	82	
34	55	25	"	2	"	82	"	86	82	82	81	
35	40	17	"	4	"	124	"	123	122	120	120	
36	50	20	"	2	"	120	"	118	120	115	114	
37	36	2	"	2	"		"					Discharged at once.
38	24	3	"	1	"	107	"	104	104	103	102	
39	32	2	"	2	"	105	"	100	101	101	103	
40	30	10	"	1	"	107	"	101	102	105		
41	38	6	"	1	"	97	"	98	99	105	102	
42	56	25	"	2	"	86	"	82	84	86		
43	32	10	"	1	"	108	"	96	100	100		
44	30	10	"	2	"	91	"	96	98	97	98	
45	34	2	"	1	"	116	"	116	115	116	118	
46	35	10	"	1½	"	94	"	100	99	100	102	
47	21	3	"	2½	"	95	"	91	94	96		
48	28	5	"	2	"	100	"	100	99	100		
49	27	6	"	1	"	113	"	106	108	111	108	
50	25	7	"	2	"	89	"	94	96	95	93	
51	29	9	"	2	"	92	"	86	84	86	90	
52	24	2	Months.	1	"	93	"	98	100	97	97	
53	29	12	Years.	1	"	94	"	94	97	95	95	
54	35	12	"	2	"	112	"	109	107	105	109	
55	30	10	"	3	"	99	"	95	96	98	97	
56	44	20	"	2	"	120	"	118	121	123		
57	60	30	"	1½	"	91	"	88	91	89	86	
58	21	3	"	2	"	111	"	108	107	107	104	
59	48	20	"	3	"	111	"	106	110	112	115	
60	26	12	"	3	"	119	"	114	110	108	110	
61	23	2	"	2	"	117	"	117	115	114	113	
62	35	5	"	2	"	110	"	109	108	110		
63	40	5	"	2	"	111	"	110	111	111	111	
64	22	3	Months.	1	"	106	"	106	106	107	105	
65	40	10	Years.	1	"	122	"	120	117	115	120	
66	56	11	"	2	"	108	"	108	112	110	113	
67	21	5	"	1	"	86	"	85	85	85	87	
68	28	7	"	1½	"	98	"	95	90	92		
69	31	12	"	3	"	117	"	116	115	115	116	
70	58	30	"	1½	"	87	"	86	84	84		
71	58	7	"	2	"	106	"	104	102	106	104	
72	35	1	Year.	2	"	105	"	102	103	100	102	
73	42	10	Years.	1	"	132	"	129	126	127	128	
74	30	5	"	1	"	113	"	111	110	115	115	
75	28	7	"	2	"	105	"	110	105	105	104	

XIc.—TABLE shewing OPIUM-SMOKERS ADMITTED to HOSPITAL and treated by the MEDICAL OFFICER during the Year 1887.

DISEASES.	Europeans.	Coloured Persons.	Chinese.	Total.
Remaining under treatment 1st January, 1888,.....
General Debility, Opium Smoker, Nos. 4, 28, 30, 41, 49, 51, 65, 70, (12/S Gaol number),.....	10	10
Erysipelas, Opium Smoker, No. 2,	1	1
Jaundice, " " " 5,	1	1
TOTAL,	12	12

XId.—TABLE shewing the NUMBER and DESCRIPTION of PATIENTS treated in the GOVERNMENT LUNATIC ASYLUM during the Year 1888.

No.	Native of	Sex.	Age.	Diseases.	Date of Admission.	Date of Discharge.	No. of Days in Asylum.	Description of Patients.
1	Barbadoes,	M.	30	Mania,	1st Jan.	31st Dec.	366	The Board of Trade.
2	Ireland,	M.	50	Dementia,	" "	" "	366	Private Paying.
3	India,	M.	50	General Debility Dementia,	" "	17th Jan.	16	Destitute.
4	India,	M.	41	Meningitis,	3rd Feb.	10th April.	67	Destitute.
5	England,	M.	60	Imbecility,	3rd May.	25th October.	175	The Board of Trade.
6	England,	M.	30	Mania,	9th May.	26th May.	17	Private Paying.
8	Finland,	M.	42	Imbecility,	7th Sept.	31st Dec.	116	Destitute.

PH. B. C. AYRES,
Colonial Surgeon.

XII.—TABLE of STATISTICS relating to the TUNG WA HOSPITAL during the Year 1888.

Remaining in Hospital 31st Dec., 1887.			Admitted during the year 1888.			No. of Cases Treated in the Hospital, 1888.			No. of Patients Discharged during the year 1888.			Died during 1888.			No. of Out-Patients Treated during 1888.			Moribund Cases, 1888.			Remaining in Hospital 31st Dec., 1888.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
129	29	158	1,804	494	2,298	1,804	494	2,298	795	145	940	1,067	361	1,428	75,595	24,126	99,721	256	123	379	72	16	88

XIII.—CASES of SMALL-POX treated at the TUNG WA HOSPITAL during the Year 1888.

Remaining in Hospital 31st December, 1887.			Admitted during 1888.			Discharged 1888.			Died 1888.			Remaining in Hospital 31st December, 1888.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
...	15	43	173	176	349	43	30	73	130	146	276	...	...	...

XIV.—VACCINATION performed during the year 1888 by TRAVELLING VACCINATORS of the TUNG WA HOSPITAL.

In the City of Victoria.	In Out District.	Total.
1,683	199	1,882

JAMES J. CLERHEW,
Inspector of Nuisance,
Western Health District.

XV.—LOCK HOSPITAL.

TABLE A

SHewing the ADMISSIONS into the GOVERNMENT LOCK HOSPITAL, during the 31 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	361	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	16,779	1869	24.8
1870	722	1870	18,382	1870	23.4
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	14.3
1877	177	1877	3,069	1877	16.8
1878	105	1878	2,242	1878	19.0
1879	129	1879	2,199	1879	13.6
1880	57	1880	1,300	1880	14.7
1881	44	1881	1,330	1881	21.7
1882	99	1882	1,831	1882	15.5
1883	273	1883	3,451	1883	12.0
1884	325	1884	5,174	1884	13.1
1885	411	1885	6,161	1885	15.6
1886	401	1886	4,837	1886	12.2
1887	144	1887	2,014	1887	13.9
1888	66	1888	1,616	1888	24.4

Daily Average, 4.41 Longest stay 86 days.

PH. B. C. AYRES,
Colonial Surgeon.

TABLE B.
CONTAGIOUS DISEASES.

RETURN of the NUMBER of PROSTITUTES during the Year 1888.

Number of Beds in Lock Hospital.	Number admitted to Hospital on certificates of Visiting Surgeon.	Number who submitted voluntarily.	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.	NUMBER DISCHARGED FROM HOSPITAL.		
						No. discharged free from Disease who still follow their former Pursuits.	Number who have returned to their Friends or Emigrated.	Total Number Discharged.
32	66	269	269	10,924	10,853	66	...	269

PH. B. C. AYRES,
Colonial Surgeon.

TABLE C.
CONTAGIOUS DISEASES RETURN for the Year 1888.

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.			
66	401	244	46	68	759	1,468	1,097	685	14,277	17,527	0.360	

TABLE D.
RETURN of WOMEN examined and treated in the GOVERNMENT LOCK HOSPITAL during the Year 1888.

Average No. of days per month on which Examinations were held.	EXAMINATION.				DISEASES.	HOSPITAL.			DISCHARGED.	
	Total Number of Examinations made during the year.	Number admitted to Hospital.	Total Number of Examinations made when no Disease was found.	No. remaining in Hospital, 31st December, 1887.		Admitted.	Total Treated.	Cured.	No. remaining in Hospital, 31st December, 1888.	
Every day, Sundays and Government holidays excepted.	10,924	66	10,853	1	Primary Syphilis, uncomplicated,	59*	59	58	1	
					Gonorrhœa, do.,	4	4	3	1	
					Do., and Primary Syphilis, combined, .....	...	...	2	...
					Secondary Syphilis,	3	3*	...	...
					Primary and Secondary Syphilis and Gonorrhœa, .....	...	...	...	...
					TOTAL.....	1	66	66	63	2

* One died of Phthisis.

PH. B. C. AYRES,
Colonial Surgeon.

TABLE E.

CONTAGIOUS DISEASES RETURN for the Year 1888.

DISEASES.	Military Hospital.	Naval Hospital.	Police Hospital.	Civil Hospital.
Primary Syphilis, uncomplicated,	*193	79	15	21
Gonorrhoea, uncomplicated,	165	110	27	38
Do., and Primary Syphilis, combined, .....	...	16	1	...
Primary and Secondary Syphilis, combined,	43	31	1	5
Gonorrhoea and do., do., .....	...	7	...	1
Primary and Secondary Syphilis and Gonorrhoea, .....	...	1	2	3
Gleet, .....	...	...	...	...
TOTAL,.....1888,.....	* 401	244	46	68
TOTAL,.....1887,.....	222	268	70	54
TOTAL,.....1886,.....	216	235	25	65
TOTAL,.....1885,.....	145	200	27	130

* 63 Cases ulcer of Penis included in Admission for Primary Syphilis.

TABLE E 2.

CONTAGIOUS DISEASES ORDINANCE.

TABLE shewing the number of NAVAL MEN admitted into NAVAL HOSPITAL during the Year 1888.

SECONDARY SYPHILIS.

Months.	Contracted in Hongkong.	Contracted Elsewhere.	Total.
January,	2	.....	2
February, .....	.....	4	4
March, .....	.....	2	2
April,	1	.....	1
May,	3	1	4
June,	3	.....	3
July,	1	.....	1
August, .....	.....	1	1
September, .....	.....	2	2
October, .....	.....	1	1
November, .....	.....	7	7
December, .....	.....	.....	.....
Total Number,.....			28

TABLE E 3.

CONTAGIOUS DISEASES ORDINANCE.

TABLE shewing the number of MILITARY MEN admitted into MILITARY HOSPITAL during the Year 1888.

SECONDARY SYPHILIS.

Months.	Contracted in Hongkong.	Contracted Elsewhere.	Total.
January,	2	.....	2
February,	7	.....	7
March,	7	.....	7
April,	4	.....	4
May,	1	.....	1
June,	3	.....	3
July,	3	.....	3
August,	4	.....	4
September,	2	.....	2
October,	2	.....	2
November,	2	.....	2
December, .....	.....	.....	.....
Total Number,.....			37

XVI.—TABLE shewing the rate of MORTALITY among the FOREIGN RESIDENTS in Hongkong during the last 10 Years.

Years.	Number of European and American Residents.	Deaths.	Percentage of Deaths to Number of Residents.
1879,	2,767	55	1.98
1880,	2,767	69	2.49
1881,	3,040	64	2.10
1882,	3,040	55	1.80
1883,	3,040	81	2.06
1884,	3,040	94	3.09
1885,	3,040	99	3.25
1886,	3,040	103	3.38
1887,	3,040	108	3.55
1888,	3,040	122	4.01
Average of 10 Years,.....	2985.4	85.0	2.771

Enclosure 1.

Report from the Superintendent of the Civil Hospital.

GOVERNMENT CIVIL HOSPITAL,
HONGKONG, 12th March, 1889.

SIR,—I have the honour to submit the Annual Medical Report of the Government Civil Hospital for the year 1888.

1.—THE HOSPITAL BUILDINGS.

1. With regard to the main building of the Hospital the only alteration is the addition of a hand-lift at the east end of the building, by this considerable time and labour has been economised.

There is no doubt that in a Hospital, every contrivance to save labour and cleaning should be employed so that the time and labour of the attendants should be employed in Nursing and not in other duties, to further this I recommend that hot water should be laid to both floors.

2. The new Wing is finished and almost ready for occupation this will be a great improvement on the present building now occupied as a Male Lock Hospital, this latter will be handed over to the Colonial Surgeon and used as a Female Lock Hospital, this being the object for which it was originally intended.

3. A new Mortuary is in course of erection the early completion of which is important as the barracks for the Chinese attendants, which are urgently needed can not be commenced until this building is finished.

In addition to the present arrangement in connection with these buildings I consider the following additions are required:—

1st. The construction of a suitable laundry in connection with which a small Hospital Disinfecting apparatus and a hot water system for supplying hot water to both floors of the Hospital should be fitted up.

2nd. The construction of an office and stores for the Compradore and also a general store-room in place of the existing Mortuary and out offices which site will be rendered available for this purpose on completion of the new Mortuary and out offices.

SMALL-POX HOSPITAL.

These temporary buildings are the same as last year with the addition of a boiler and hot water apparatus.

I am glad to record that we have not been visited with an Epidemic of Small-pox this last winter there having been only eight cases under treatment since November, 1888, where as last year there were 88 cases in same period of time.

The erection of a permanent building for the reception of all cases of infectious diseases the importance of which I urged upon you in my last report has received my further consideration during the past year, and I am still more impressed with the necessity of early steps being taken to place a Hospital of this class at the disposal of the Public.

ADDITIONAL OFFICER'S QUARTERS.

A new building is in course of construction between the Hospital premises and the Diocesan Home this will provide accommodation for the Assistant Medical Superintendent, the Senior Apothecary and also for the Sisters who are shortly to arrive—this building will also include a chemical laboratory.

THE HOSPITAL PREMISES.

Some further improvements have been made in the general condition of the Recreation Grounds, and, as far as the soil will admit, in the laying out of the Gardens.

I take this opportunity of thanking Mr. FORD for the kindly assistance he has given.

The following improvements would greatly tend to the cheerfulness and security of the premises:—

1st. The substitution of a low parapet wall surmounted by a substantial open iron railing in place of the present high wall along the Hospital Road frontage of the premises adjoining the main building.

2nd. The substitution of an iron railing instead of the present temporary bamboo fence along the High Street frontage of the grounds adjoining the Superintendent's House and used as a Recreation Ground for the convalescent patients.

THE HOSPITAL STAFF.

The Senior Apothecary Mr. CROW has been employed as Acting Sanitary Superintendent.

Mr. WATSON and the two Student Apothecaries, one of whom Mr. CHAU KAM TSÜN was appointed after a competitive examination on the 15th October have worked well and given every satisfaction.

Mr. WATSON's duties and responsibility have been somewhat increased during this last year owing to the Small-pox Epidemic, to the absence of Mr. Crow, and to the increased number of patients under treatment in the Government Civil Hospital.

I take this opportunity of thanking all the Officers for their ready assistance and attention during the past year which as will be seen from the returns has been one of increased pressure.

The increase in the clerical work of the Hospital rendered it necessary for me to recommend the appointment of an assistant clerk.

I am glad to see that provision has been made in the Estimates for this additional officer, as the importance of keeping the records of this Department to a high standard is of considerable practical utility.

NURSING STAFF.

We commenced this year with the services of ex-Policeman CUBIT and of H. CARNEIRO as European Wardmasters, both these officers had to be trained in their duties as they were entirely unacquainted with nursing.

With reference to the former I cannot speak too highly of this Officer; owing to the expiration of his term of service in the Police he left the Colony on 6th November last.

I regret that Junior Wardmaster CARNEIRO proved unsuitable for his post, and on the 20th of July his services were dispensed with.

Finding it impossible to obtain a suitable trained man in the Colony I recommended on the 21st July that a Wardmaster be obtained from England such officer to have served in the Army Medical Staff Corps.

On the 1st August W. SPONG, Assistant Turnkey at the Gaol, was appointed temporarily as Junior Wardmaster.

CHINESE NURSING STAFF.

The new rules drawn up in conjunction with the Colonial Surgeon, shortly after my arrival have worked well so far.

With this class of servants constant watching and supervision are absolutely necessary.

To interest them the more in their work with the aid of Mr. LO CHEUNG-IP as Interpreter I gave a short course of lectures on Nursing.

CHAN-A-LOK, Chinese Wardmaster, I have found very useful not only in the Nursing Department but also in *Post Mortem* examinations and as Interpreter to the Chinese patients; having been in the Hospital for over twenty-two years he is anxious to resign, not feeling strong enough to carry on his work. However at the urgent request of Dr. AYRES and myself he agreed to remain on until our Nursing Staff became more adequate.

I regret having to report that there has been considerable sickness amongst the members of the Nursing Staff.

The total number of Staff employed at the Hospital was 44, out of this number twenty-nine Officers were 'warded' during the year for illness, of these fifteen were laid up with Malarial Fever, the earth-cutting and filling-in of the space between the main building and the new wing being in my opinion an important factor in the causation of this—during one week the two Acting European Wardmasters, two Chinese cooks, and two Chinese nurses as well as myself were laid up with Intermittent Fever.

LIN TING, senior nurse, who has been in the service of the Hospital for some years unfortunately contracted "blood poisoning," and died on the 1st January after seven days' illness.

WONG NANG contracted "Typhoid Fever" on the 13th March, he was under treatment for five weeks, he recovered and resumed his duties.

In addition to these there have been six attendants from the Lunatic Asylum and Lock Hospital under Medical treatment, one of the latter KWOK TING was admitted to the Hospital suffering from "Remittent Fever" on the 28th December and died on the 31st.

Here again the earth-cutting necessitated in preparing the foundation of the New Officers' Quarters was an important factor in the causation of this disease as since the North-East Monsoon has set in both the Lunatic European keepers have had frequent attacks of Malarial Fever in addition to those Officers already mentioned.

WORK DONE DURING THE YEAR.

In classifying the differing diseases I have adopted the Nomenclature of the Royal College of Physicians of London the one usually used by the Medical profession in Statistics.

Attached to this Report are the following Tables:—

I.—Shewing the admissions into and deaths in the Government Civil Hospital during each month of the year, of the Police.

II.—Shewing the rate of sickness and mortality in the Police Force during the year.

III.—Police return of admissions to Hospital from each district during the year.

V. is the General Return of the Sick treated in the Hospital.

Va. Surgical operations performed during the year.

Vb. Zymotic diseases, sub-group 1.

Vc. " " " 2.

Vd. Diagram shewing number of cases of Malarial Fever admitted in each month of the year.

Ve. Zymotic Diseases, sub-group 3.

Vf. " " " 4.

Vg. " " " 5.

VI. Shewing the rate of mortality in the Government Civil Hospital during the last 10 years.

VII. Shewing the admissions into and deaths in the Government Civil Hospital during each month of the year.

VIIa. Table of admissions into and deaths in the Small-pox Hospital.

From these it will be seen:—

1. That the number of patients under treatment in the Hospital during the year was 1772 an increase of 116 as compared with the previous year, the total number of deaths was 80, this giving a percentage of 4.51.

2. In addition to these there were 115 out-patients treated in the Receiving Ward, these consisting chiefly of minor surgery cases such as dog bites, scalp wounds lacerated and contused wounds, &c.

3. Out of the 1,772 in-patients sixty-eight were females, 5 of these were women in advanced stages of labour all requiring instrumental assistance, one died, this woman had been in labour for 24 hours before admission suffering from in addition a virulent form of syphilis. It is greatly to be regretted that these cases do not come in to the Hospital earlier as the Chinese Midwives are absolutely destitute of any obstetric skill.

4. There were 38 more Police under treatment than in 1887, they suffered principally from Malarial Fevers, injuries received while on duty, and Venereal Affections.

5. Whitfield Police Station since its re-opening from November 1st sent in 10 cases of Intermittent Fever out of a total Force of 23 men.

6. Cholera contributed 21 cases, of these 12 died—a percentage of 57.1, the first case was a seaman from the S.S. *Cicero*, admitted on the 27th of May, the last case came in on the 5th of July.

Whether this disease was true Asiatic Cholera I do not feel in a position to state. In a hot and moist climate like this "Choleraic Diarrhoea" is an affection met with every summer more or less. Dr. MACNAMARA states that "according to his experience there are few more certain sources of this form of Cholera than fish which has gone bad and it is very evident that whatever the deleterious influence may be which food of this description contains the mere fact of keeping it in boiling water for some time does not destroy its pernicious qualities." As fish enters largely into the diet of the population of Hongkong it is advisable that particular attention should be paid to the fish supply of the Colony.

The majority of these cases presented all the symptoms of Asiatic Cholera, viz:—"Violent vomiting, purging, with cramps, prostration, collapse, suppression of urine, and in three cases "rice-water stools."

The first record of Cholera in Hongkong is that by Dr. CHALDECOTT the Acting Colonial Surgeon in 1859. In his Annual Report for 1858 he states "that previously to Autumn of that year no well authenticated case of cholera was recorded to have happened in Hongkong and so confident were the Medical Practitioners of the immunity of the place that it was at first thought by them that the cases of the disease at first reported were in fact merely severe cases of Diarrhœa, but it was soon evident that the disease amongst us was true Asiatic Cholera, for no single symptom was wanting and it destroyed its victims in an equally short space of time.

At the same time the Portuguese in Macao suffered severely from the disease and cases occurred at Canton the disease afterwards visited the East Coast reached Shanghai and it is also reported raged with great virulence over a great part of the Japanese Empire."

I would simply note that in a similar manner last year Macao suffered from an outbreak of this disease, it has also been reported as being rife all through the Kwangtung Province, the disease also I am informed visited the Coast ports and from the Physicians Report of the Shanghai General Hospital I find that from August 1st to September 17th of last year there were 8 cases of Cholera treated there of which 6 died a mortality of 75 per cent.

7. Dysentery contributed 54 cases of which 5 were fatal, a mortality of 9.26 per cent.

8. Malarial Fever contributed 371 cases of these 3 died giving a mortality of .81 per cent.

With reference to the causes of Malarial Fever I quote from the Report of the Fever Commission page viii

"*Earth Cuttings.*—According to W. C. MACLEAN, C.B., M.D., Professor of military medicine, in the Army Medical School, Netley, who was encamped in Hongkong before it was ceded to the British Government, the soil was but little disturbed and the troops did not suffer; but, when excavations were made at a subsequent time, for the construction of the City of Victoria, a fatal form of remittent fever appeared, which caused great mortality. From this and many subsequent experiences, earth cuttings, both in Hongkong and other countries, have been considered as an important factor in the production of conditions tending to the outbreak of fever. At the same time it is observed in some districts of Hongkong and more especially, at the present excavations going on at Kowloon, an immunity from fever seems to exist in some places. In the Western District, however, earth cuttings of a recent date and of an extensive character have been in progress for some time, and the Commissioners cannot neglect the fact in the face of previous experience."

Dr. R. YOUNG, formerly Superintendent of this Hospital, has kindly given me a short memorandum on an outbreak of Malarial Fever at Kowloon in 1878 which I append to this. (Appendix B.)

There are doubtless many causes necessary for the evolution of the Malarial Miasm, however almost universal Medical testimony points to earth-cutting as one of these causes, our experience at the Government Civil Hospital during the past year certainly seems to bear this out.

I would strongly advise that the recommendation of the Fever Commissioners, or some slight modification of the same, with reference to the limitation of the period of earth cuttings be entertained.

The type of this Fever in Hongkong certainly seems to have been modified.

Nothing is more certain than that Aguish Districts may be rendered healthy by drainage so we may hope that in future years the type of this disease may be less severe than it is at present.

Last summer in the cases of 'Remittent Fever' under treatment there were some abnormally high temperatures in one of the cases that died the temperature taken per rectum registered 110.2° F.

9. *Beri-beri.*—There were 16 cases of Beri-beri under treatment one of which died, this latter was a case of "Beri-beria Hydrops," the other 15 were of dry variety "Beri-beria Atrophia," all these with exception of two came from the Water Police.

The Sanitary Board having asked for information from the medical men in the Colony, concerning the prevalence, nature and habitat, of this disease as occurring in Hongkong I sent for their perusal a short memorandum the results of an enquiry I made with reference to the existence of this disease amongst the Water Police.

Appended to this report is the memorandum. (*vide* Appendix A.) The first record of this disease as occurring in Hongkong I find in the Report of the Colonial Surgeon Dr. WILLIAM MORRISON for the year 1852. In this he states that:—

"Amongst the natives Dropsies assuming the character of Beri-beri afforded the greatest number of deaths.

Beri-beri has hitherto been regarded as a disease peculiar to Ceylon and its appearance in Hongkong excited some surprise."

Two cases of Beri-beri were also reported by Dr. DEMPSTER in Colonial Surgeon's Report for 1856.

10. Alcoholism contributed 42 cases of these two were fatal, a mortality of 4.17 per cent.

These cases occurred chiefly amongst the destitute sailors.

11. 21 cases of poisoning were under treatment, the poisonous agents being opium, stramonium, and carbolic acid, the 5 deaths were caused by opium.

With reference to the Stramonium cases, the poisonous agent was part of the plant including the flowers of "Datura alba," this was administered in the food some of which the Police fortunately obtained.

The symptoms generally resembled those of poisoning by Henbane and Night shade, in addition however all these cases suffered from hallucinations and after recovery it was found that they had lost all memory of what had happened since they partook of the food a period of about 20 hours, they never were insensible during this time and were able to walk, but with difficulty, to the Hospital.

These hallucinations were decidedly, in the majority of cases, hilarious.

I add to this Report the notes of three cases of medical interest as is the custom in the Army and Navy Annual Medical Reports, in future years I hope to be able to report more such cases.

I also include a short report on the recent Small-pox Epidemic.

During the year 39 *Post Mortem* Examinations have been made some being of exceptional medical interest.

The various appendices are as follows:—

Appendix A.—Memo. *re* "Beri-beri amongst the Water Police of Hongkong."

B.—Memo. of Dr. YOUNG on "Malarial Fever."

C.—Medical Cases.

D.—Report of Small-pox Epidemic.

The total amount of fees received from patients during the year was \$9,805.15 of this the Board of Trade paid \$2,271.25 and the Police \$1,080.88.

Before concluding I wish to thank the Naval and Military Surgeons and the Civil Doctors for their kindly assistance especially at operations.

GIFTS OF FLOWERS, NEWSPAPERS, &c.

The patients have been much indebted to several ladies of the Colony for frequent gifts of flowers, &c.

I have the honour to be,

Sir,

Your obedient Servant,

J. MITFORD ATKINSON, M.B., (Lond.),

*Superintendent of the Government
Civil Hospital.*

Appendix A.

THE PREVALENCE OF BERI-BERI AMONGST THE WATER POLICE OF HONGKONG.

The Sanitary Board having asked for information concerning the prevalence, nature, and habitat of this disease as occurring in Hongkong—I send for your perusal the results of an enquiry I have made with reference to the existence of this disease amongst the Water Police.

The reason for my selecting this body of men for the purpose of investigation is that out of eleven cases of this disease admitted into the Government Civil Hospital this year, eight have been from the Water Police, of the other three, two were Europeans and the third was a Chinese Police Constable from the Central Station. I also heard on good authority that there had been a number of cases amongst these men who had refused to place themselves under European treatment.

The Water Police mainly consist of Chinamen and are employed on boat-duty in the Harbour of Victoria and the districts of Aberdeen, Shaukiwan, Whitfield and Yaumati.

These men are on duty for the period of six hours out of the twenty-four, the bulk of them being on duty from 6 P.M. to 6 A.M.

They are under European officers, and their duty consists in patrolling the waters of the Harbour keeping watch amongst the sampans and junks.

Their uniform consists of a Chinese helmet, a jacket and trousers made of drabette cloth, stockings and the usual Chinese shoes during the summer months, and in winter similar clothes made of blue serge. In wet weather they are provided with overcoats and capes. When off duty they are quartered in the barracks, they provide themselves with food, and in the event of falling sick they are either sent to the Government Civil Hospital for treatment or they apply to the Inspector for leave; in some cases they will absent themselves without permission.

I have, since my arrival in the Colony, taken special interest in this particular disease, and in addition to the cases I have had under treatment at the Civil Hospital I have had the opportunity of seeing many cases of this disease in the wards of the Alice Memorial Hospital.

As far as I can ascertain in those which have come under my notice, the patient, when attacked, complains of:—Numbness in the legs, accompanied by swelling (Œdema) of the ankles, this is soon followed by progressive loss of power in the legs, “he soon gets tired” and as this advances he finds it difficult to walk, at times his limbs will give way completely under him so that he often falls down, there is also a feeling of numbness in the feet, and a tingling followed by numbness in the tips of his fingers.

On admission to the Hospital he presents the following symptoms:—

- i. More or less swelling (Œdema) of the ankles and feet. This seems to be the earliest symptom the Chinese complain of, although in some cases, it is altogether absent and is often very slight, in the severer forms of the disease this increases up the leg, and becomes general, in the one fatal case this was very marked, general dropsy supervening.
- ii. A peculiar ataxic gait—when told to walk there is an unsteadiness in his gait, the patient feels that he is losing control over the movements of his legs and during progression he lifts the foot up to an unnecessary height throws it forward and outwards and brings down the heel with a thud. In an advanced case at times, when walking he will suddenly lose all control over the muscles of his legs and fall down “all of a heap,” and he cannot get up without assistance.
- iii. On gently compressing the muscle of the calf with the finger and thumb considerable pain is experienced so much so that the patient will call out, this hyperæsthetic condition of the muscles is very well marked, and in severer cases not only are the muscles of the calves affected but also the muscles of the thighs, of the arms, the pectoral muscles, and indeed nearly all the muscles of the body become similarly affected.
- iv. Loss of power (paræsis), with subsequent wasting in the muscles affected, those of the legs, thighs and arms most generally undergoing this change.
- v. There is an enfeeblement of the normal knee-jerk, and in well marked cases a complete absence of the same.
- vi. An irregular action of the heart, in none of the cases have I seen evidence of valvular implication. In the fatal case before mentioned there was a peculiar tumultuous heaving action of the heart, and for two or three days before death decided evidence of heart failure, showing that the muscle of the heart was probably affected by the same degenerative changes which evidently occur in the voluntary muscles.

The only disease with which this may be confounded is Locomotor ataxy,—in both the ataxic gait is present, indeed I had two cases in the Hospital, one of Beri-beri and another of Locomotor ataxia and from the gait you could not distinguish the two, in Locomotor ataxia however you do not get the hyperæsthetic muscles, and you have a condition of the eyes, the so called “Argyll Robertson” phenomena, which you do not get in Beri-beri.

There are evidently two forms of the disease, the wet (Beri-beria hydrops), and the dry (Beri-beria atrophica.)

In the wet variety the Œdema is much more marked and becomes in fact general all over the body, all the symptoms are more marked and the disease runs a rapidly fatal course. In the dry variety the Œdema, although generally present at first, is very slight and soon disappears, and the disease is rarely fatal. (Fayrer's Tropical Diseases.)

I have recently, through the courtesy of The Honourable W. M. DEANE, The Captain Superintendent of the Police, been enabled to examine the majority of the men in the Water Police, the exceptions being those absent on leave, the total Force numbering from 120 to 130 men.

On October 12th I visited the Stations at Tsimsatsui and Yaumati. Out of a total of one hundred and twelve (112) at these two stations, there were fourteen (14) men who had suffered from this disease. All these men showed signs of having had this disease, and on being questioned through the Interpreter, stated that they had suffered from “Dropsy” accompanied by weakness in the legs, and in my opinion it was evidently Beri-beri from which they had been suffering.

Inspector CRADOCK, who has been connected with the Force for many years and is at present in charge of the Tsimsatsui Station, seemed quite familiar with the symptoms of this disease and he informed me that it had been a common complaint amongst these men for some years past but more men had suffered from it during the present year. He also stated that in many cases a fatal result had followed in a very short time.

Inspector CORCORAN who is at present in charge of the Station at Shaukiwan informed me that during three months of this year (March-May) when he was in charge of the Tsimtsatsui Station, three men died from this disease at their own homes within a short time of their having left the Force.

Two of the Lukongs (Chinese Constables) said that they had cured themselves by substituting beans for rice in their diet and by eating more fish, and that they had been advised to do this by a Chinese Doctor. This fact is very interesting, as in the Japanese Navy, where the disease is common, the cases were found to improve by adopting a more nitrogenous diet, substituting beans and peas for rice, the former as is well known containing much more Nitrogen, and after this change in the diet fewer cases occurred.

On October 14th I visited the Stations of Aberdeen and Shaukiwan; at the former one man out of four stationed there showed evidence of having suffered from this disease, and he informed me that he had had an attack three months ago, and that he had been cured by some Chinese medicine which he had obtained in Hongkong.

At Shaukiwan where four of these men are stationed one had suffered from this disease eight months ago. Inspector CORCORAN also informed me that one Lukong had been attacked by this disease in September last and after being ill for a few days had left the Force and gone to his home at Stanley where he died five days after. He left the Force on September 15th and died at Stanley on September 20th; this from his account was evidently a case of "Beri-beria hydrops." When at this station, I visited the Chinese Doctor to whom the men applied for advice when attacked by this disease and he evidently was quite familiar with it. He told me that the Chinese name for this disease is Shap-Hi 濕氣 (Dampness rising up), and his treatment consists in giving the man as much animal food (mutton, beef, &c.) as they can eat in lieu of their usual rice, together with certain drugs. He says the disease is very common in Hongkong, and that there are several varieties of it, he has also seen cases in his own district (Tung-koon 東莞) in the interior, but there the disease is much more rare.

The foregoing shows that out of one hundred and twenty-one (121) men examined (including one under treatment at present in the Hospital), seventeen (17) have had this disease, this being equivalent to 14.05 per cent.

With respect to the fatality of the disease, out of the eight cases I had in the Hospital one proved fatal, in addition to these, three fatal cases occurred in the Force stationed at Tsimtsatsui and one in the Force at Shaukiwan, giving five deaths this year in the entire Force of say one hundred and thirty men or a mortality of 3.84 per cent., or 17.24 per cent. of those attacked with the disease.

With regard to the infectious nature of the disease there is some difference of opinion; I have not myself in these cases coming under my treatment adopted any special precautions and have noticed no ill-effects.

In the Annual Medical Report of the Straits Settlements Civil Hospitals for the year 1886 Dr. ROWELL states page 9, section 81:—

"As regards the contagiousness of the disease, this has been quite absent. The patients have not been placed in separate wards, but scattered among the other patients, none of whom have contracted the disease. Nor have the clothes conveyed the disease, for they are changed at stated periods, washed and redistributed amongst the patients, beri-beri or not, but without fresh cases occurring amongst the other sick."

On the other hand (*vide* British Medical Journal of December 5th, 1886) Doctors CORNELLISSEN and SUGESORA, who have been recently investigating the disease in Acheen, conclude that:—

- i. It is a contagious disease.
- ii. Beri-beri patients infect certain localities, and persons in good health coming from districts free from beri-beri, and settling in those infected districts, contract the disease.
- iii. That wooden structures retain the infectious product more than brick buildings.
- iv. That contagion through the means of wearing apparel had been observed.

I am of opinion from the observations I have made that the prevalence of the disease in Hongkong is such as to require careful investigation by the Medical Profession.

In conclusion I would express my indebtedness to Dr. MANSON for giving me the benefit of his long experience of this disease which is one peculiar to the Tropics.

J. MITFORD ATKINSON, M.B., (Lond.),
Superintendent, Civil Hospital, Hongkong.

October 17th, 1888.

Appendix B.

MEMORANDUM *re* MALARIAL FEVER, KOWLOON POINT.

As near as I can remember it was during the summer or South-west Monsoon of 1878 that I attended an exceptionally large number of cases of Malarial Fever near Kowloon Point.

Coincident with these cases was the extensive fresh cutting of earth required in the preparation of the site for the New Water Police Station.

You will see on reference to the sketch plan of Kowloon Peninsular attached * that the prevailing winds of that season would blow over the houses and grounds of the building lots marked (2) on either side of Robinson Road (3.) None of these houses were clear of the fever. In the one marked x., with the exception of the cook, every one in the establishment was ill and all were attacked about the same time. It was thus not confined to Europeans but was equally bad amongst the Native Servants.

One death occurred in the house under where the Observatory is now, and another member of the same family suffered from repeated attacks and had to remain in Hongkong in order to keep clear of fever.

(Signed), R. YOUNG, F.R.C.S.E.

30th January, 1889.

Dr. J. MITFORD ATKINSON. •

Appendix C.

MEDICAL CASES.

I.—CASE OF FRAMBÆSIA.

Englishman, æt. 38, admitted 6th July, 1888, with the following history:—That he had contracted a syphilitic sore at Malta in 1st week of May of this year, this appearing some 16 days after connection with a coloured woman; in about a week after this sore appeared he noticed a small pimple on 4th finger of left-hand, this enlarged and spread until it has reached the size it now is; some two days after this as far as he can remember, a similar sore appeared on fore-finger of right hand, then another on the wrist, and in a few days later the outer side of middle-finger of right-hand became similarly affected evidently from contact with the sore on the right fore-finger, in like manner from the sore on the 4th finger of left-hand the inner side of left little finger became affected.

About 10 days after the first pimple appeared on fingers, *i.e.* (in the first week of June)—a similar sore appeared on inner side of right ankle this soon spread discharging fœtid matter and being very painful.

Similarly the second and third toes of each foot became affected.

On admission—he presented sores in all these regions which may be described as—“spreading tubercular-like ulcerated surfaces, presenting distinct up-growths or excrescences of a more or less convex form, and a dirty pinkish colour—these fungoid growths secreting an offensive ichorous discharge, on removing which flabby granulations were exposed.”

Two weeks after admission other similar sores appeared on the face, head and heel; I think the patient must have infected these regions with the discharge from the existing sores by means of his fingers.

Those on the heel were extremely painful, the Yaw eruption evidently commencing beneath the thick cuticle and some days elapsing before the excrescences broke through the skin, when they did, there was a profuse sanious discharge—very offensive. About this time there was slight secondary ulceration of throat.

Treatment.—Consisted in the internal and external administration of mercury, keeping the sores clean, and relieving the pain by the frequent application of a five per cent. solution of Cocaine, first of all the Bichloride was used, and afterwards the Double Iodide of Mercury and Arsenic, the diet being a liberal one; he gradually improved and was discharged perfectly cured on 15th of August.

* Plan not printed.

Remarks.—This disease is a very rare one amongst Europeans. Dr. MANSON who sent the patient here informed me that it was extremely rare, I have never heard of a European being affected with it before. It raises the important question whether Yaws is a distinct malady *sui generis*? or only a variety or modified form of syphilis, leprosy, or some other cachexia? (*Vide* Report on Leprosy and Yaws in the West Indies addressed to Her Majesty's Secretary of State for the Colonies by GAVIN MILROY, M.D., 1873.)

Whether syphilitic or not certainly this case tends to prove that antisyphilitic measures cure the disease, and in the Report above mentioned several Doctors (Dr. KEELAN and BOWERBANK) state that mercury is their sheet anchor in the treatment of this disease. May it not possibly be a rare modification of syphilis, fostered and engendered amidst poverty squalor and dirt, as evinced in its prevalence and virulence amongst the natives of the West Indies prior to their Emancipation from slavery, it is undoubtedly a fact that the disease is inoculable, as from the foregoing Report we learn that "Negroes used to inoculate their children with the disease partly from the belief that they must pass through the disease at one period or another and partly as it afforded to the idly-disposed a pretext for shirking work in the cane-fields."

Doubtless in this case the patient was unfortunate enough to contract this disease in Malta.

II.—CASES OF DATURA POISONING.

Five Chinese coolies ages varying from 14–28 years, were admitted to the Hospital on the 17th July last with a Police order stating that they had been drugged.

An emetic was at once administered and the contents of the stomach kept for the purposes of analysis.

The patients were all much in the same condition—suffering from various hallucinations evidently due to some interference with muscular co-ordination, delirium—(this delirium being decidedly hilarious), their gait was very unsteady, and in one that of NG-A-YING æt. 18 insensibility set in about quarter of an hour after admission—this patient having probably taken more of the poison.

In each case the pupils were widely dilated, and the pulse very quick, strong coffee was administered and they were carefully watched during the night—next morning most of them were better the exception being the youth alone named, he still remained semi-insensible and subsultus-tendinum, picking at the bed clothes, &c., was strongly marked, in all the temperature two hours after admission was slightly increased (99.6° F.) they gradually improved, and informed me the next morning that on evening of the 17th they all went to a Chinese eating-house for their evening meal, and shortly after partaking of the food which consisted chiefly of boiled rice with fresh vegetables and fish, they became giddy and forgot all that happened afterwards.

The contents of the stomach were carefully analysed by Mr. Crow, the Government Analyst, and was found to contain some of the dried flowers of the *Datura Alba* the *Naú Yeung-fa* 鬧羊花 in Chinese nomenclature. An alcoholic extract was obtained which evidently contained a powerful mydriatic alkaloid—this was proved by applying a few drops to a monkey's conjunctiva—in three minutes the pupil became widely dilated, this result occurring much earlier when applied to the human eye.

This plant is very common in Hongkong and is evidently much used by the Chinese as a stupefying agent.*

There was a similar case under treatment in the early part of this year—this was the first case of the kind I had seen and it perplexed me considerably. His symptoms were more severe, the pupils were widely dilated, insensibility more severe almost extending to coma, it was with great difficulty he could be aroused, and he had completely lost all muscular power, he did not recover for some six or seven days and for some time he had completely lost his memory.

III.—CASE OF TYPHOID FEVER SIMULATING TYPHUS.

H. R. C., a Swedish sailor, æt. 23, was admitted to the Hospital on 30th October last with the following history:—

That he had been feeling unwell for last few days, suffering from a feeling of general lassitude and slight diarrhoea.

He became much worse yesterday, having had one or two shivering fits.

On admission he was feverish, Temperature 101° F., skin hot and pungent, and he presented a roseolar eruption on the front of his chest and abdomen, no gurgling in right iliac fossa, tongue was the red at tip and edges and coated with a thick white fur, his pulse was 96, and he stated that his bowels had been open three times that morning.

* Notes on Chinese Materia Medica, by C. Ford, F.L.S.; Hokai, M.B.; and W. E. Crow 8, *Datura Alba* in *China Review*, Vol. XVI., p. 2.

October 31st.—Morning visit—his temperature had fallen to 100° F., his pulse was 96, in the evening pulse temperature was 108 and 102·8°; the rash seemed to be spreading over skin of chest and abdomen, the spots being irregular in outline, colour deeper at the centre than the edges.

November 1st.—Roseolar eruption was pretty general all over the body, pulse morning 108, Temperature 103·2° F. and in evening pulse 112 and Temperature 102° F.

November 2nd.—Bowels open four times during the last twenty-four hours, fæces thin and yellowish, pain was complained of this morning in the left hypochondriac region, and at base of the left lung, there was slight dulness there with a few fine crepitations, pulse and temperature will be seen by referring to the chart. *

The rash had become much more dusky in appearance, presenting a mulberry hue.

November 3rd.—This evening patient was much worse and delirious, he was also markedly deaf at 11 P.M. his temperature had risen to 106° F.; previous to this the treatment had consisted in the administration five minims of Tincture of Aconite every four hours in an ounce of chloroform water, I discontinued this medicine and gave him ten grains of antipyrin every hour.

November 4th.—At 4 A.M. his temperature had fallen to 102° F., at 9 A.M. it was 96·4° the antipyrin was now discontinued and Hydrocyanic Acid dil. minim. IV. every 4 hours in an effervescing mixture was given as he had been slightly sick, there being however no signs of collapse, the rash was now more of a dark mulberry colour.

November 5th.—Seemed decidedly better to-day in the evening however he became very delirious. Chloral hydrate grain X Pot Brom grs. XX was given, he slept after this.

November 6th.—Not so deaf this morning rash desquamating slightly and fading in colour.

November 7th.—Dulness at right base, a few fine crepitations to be heard, spitting a little rusty sputum, still complains of pain left hypochondrium; was sleeping at my evening visit.

November 8th.—Became delirious again early this morning rapidly sank and died at 10.45 A.M.

Post Mortem Examination same day at 1.30 P.M. :—

Lower part of Ileum intensely congested, mucous membrane ulcerated the ulcers being typical typhoid ulcers, one large ulcer had perforated through the mucous and muscular coats, the mesenteric glands were enlarged, softened, and in some cases had quite broken down—spleen patch of lymph on the surface about size of a crown piece on, cutting into this there was seen a whitish opaque mass about the size of a walnut immediately under the capsule this seemed broken down in the centre (? Infarct).

Remarks.—Dr. AYRES, the Colonial Surgeon, and Dr. JORDAN both saw this case with me several times during this short illness and we were of the opinion that the patient was suffering from 'typhus fever'—the rash being almost typical of typhus with the exception of the slight desquamation, it all came out in three days no fresh spots being developed after this, the temperature was also more like that of typhus the gradual rise of the first three or four days, and then the decided fall on morning of the seventh.

Appendix D.

MEDICAL REPORT ON THE RECENT SMALL-POX EPIDEMIC.

From November 1887 to March 1888 there were under treatment in the Small-pox Hospital one hundred and eleven cases.

The following table shews the nationalities of the patients and the number of deaths :—

Table shewing the Admissions and Mortality in the Government Small-pox Hospital during the year 1888.

DISEASE.	Admissions.				Deaths.			
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.
Small-pox,	71	6	34	111	12	4	7	23

From this table it will be seen that the percentage mortality was 20·7.

* Chart not printed.

Out of the total number of case eighty-four had previously been vaccinated, of these four died—a mortality of 3·36 per cent.—of the remaining twenty-seven cases nineteen died—a mortality of 70·37 per cent.—in three of the latter series it could not be ascertained whether the patient had been vaccinated or not as they were suffering from the “hæmorrhagic” variety of the disease: excluding these cases, we still have sixteen deaths out of twenty-four unvaccinated cases or a mortality of 66·6 per cent.

Conclusions drawn from such a small number of cases are necessarily more or less fallacious, but the difference is sufficiently striking to demonstrate the extraordinary modification of the disease induced by the protective influence of previous vaccination, and “It may be laid down as a fact admitting of no question, that whenever Small-pox attacks a community the unvaccinated portion of that community will suffer in enormously greater proportion than the vaccinated.”*

Treatment:—With regard to the prevention of pitting by the use of local remedies, nothing of course has been found of any avail where the primary inflammation has been intense enough to cause sloughing of the bed of the pock; but much of the eventual deformity is caused by the ulceration and erosion of the skin which goes on under the scabs.

The constant application of antiseptic oils will check the formation of pus under the crusts and in this way prevent the ulceration and subsequent pitting.

A mask of lint kept constantly on the skin, and moistened two or three times daily with carbolic oil (1 in 20) has given very good results. It is applied when the rash is maturing and in many cases after five or six days the scabs have peeled off leaving a slightly red rough surface with little or no loss of substance. Only two cases were sent away with deep pits, and the majority are marked no more than after a slight attack of Impetigo or Varicella.

As I understand the question of the site of the Hospital for Infectious Diseases is still *sub judice* I would take this opportunity of referring to the suggestion I made in my letter of 14th December, 1887, (C.S.O. No. 2797/89).

In that letter I advised that a hulk or disused man-of-war be fitted up for the treatment of such cases as was done in London the *Castalia* being so fitted up during the Small-pox Epidemic of 1884. I certainly think that this scheme presents many advantages over erecting a large Hospital on the Island of Hongkong, it would not involve such a large expenditure more perfect isolation would be ensured, it would also be more advantageous to the patients on account of the greater coolness, &c.

If such could be obtained the present Small-pox Hospital premises after a little alteration might be used as Receptive wards where all cases of Infectious Disease might be taken to for purposes of observation before transferring them to the Hulk, as many of these diseases are very obscure in their onset.

The hulk would require to be large enough to contain some sixty beds.

* Memo: on influence of vaccination in the prevention and diminution of mortality from Small-pox.—By Ernest Hart.

Enclosure 2.

Lock Hospital's Returns.

Year.	Number of examinations.	Gonorrhœa.	Leucorrhœa.	Soft Sore.	SYPHILIS.			Labial Abscess.	Abrasion & Ulceration of os Uteri.	Warts.	No of registered women admitted.	Free from disease.	REMARKS.
					Primary.		Secondary.						
					Hard Chancre	And Cutaneous Eruption.							
1886.	12,407	111	155	51	2	...	1	4	33	1	378	12,029	5 Women were found diseased, but were treated outside the Hospital by me.
1887.	11,496	28	42	33	1	...	3	2	21	...	129	11,367	
1888.	10,924	4	1	42	2	...	1	2	13	1	66	10,853	

PH. B. C. AYRES,
Colonial Surgeon.

D.

RETURN showing the NUMBER of TIMES in which WOMEN were EXAMINED and TREATED in the LOCK HOSPITAL during the Year 1888.

1888.	Number of Women Examined.	FOUND DISEASED.								Rree from Disease.	Remained.	Admitted.	Total Treated.	DISCHARGED CURED.								Total Discharged.	Remaining in Hospital.						
		Gonorrhoea.	Leucorrhoea.	Soft Sore.	SYPHILIS.			Abrasion.	Ul. of os Uteri.					Abrasion of os Uteri.	Warts.	Abscess.	Gonorrhoea.	Leucorrhoea.	Soft Sore.	SYPHILIS.				Abrasion.	Ul. of os Uteri.	Abrasion of os Uteri.	Warts.	Abscess.	
					Pri- mary.	Sec- ondary.	Hard Chancre.																						
January,	887	2	...	...	...	...	...	...	3	1	2	3	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	3	...
February,	786	...	...	1	...	...	...	...	3	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
March,	845	...	...	2	1	...	...	...	2	3	6	9	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
April,	792	...	...	2	...	...	...	...	...	5	3	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
May,	864	...	...	7*	...	...	...	...	1	6	6	12	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
June,	776	...	...	4*	...	...	...	...	...	6	4	10	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
July,	864	...	...	6	...	...	...	...	...	4	10	14	4	3	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...
August,	868	...	...	5	...	...	...	...	...	7	5	12	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
September, ...	763	...	...	3	1	...	...	...	...	8	4	12	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...
October,	853	...	1	10*	...	1	...	...	...	4	12	16	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	5	11
November,	823	1	...	7	...	...	...	...	...	11	8	19	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18	6
December,	740	1	...	...	...	...	...	...	...	6	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	2
Total,	9,861	4	1	47	2	1	...	...	6	1	66	67	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	64	2

* Was not detained in Hospital but treated outside.

PH. B. C. AYRES,
Colonial Surgeon

TABLE I.

RETURN of the NUMBER of COMPLAINTS against the REGISTERED WOMEN during the Year 1888.

1888.	COMPLAINTS FROM	NATURE OF COMPLAINTS.						NO. OF WOMEN POINTED OUT.	RESULT OF EXAMINATION.	
		Gonorrhoea.	Soft Sore.	SYPHILIS.					Free from Disease.	Found Diseased Detained.
				Primary.		Secondary.				
				Hard Chancre.	Cut. Erupt.					
January,	Different Quarters,...	13	...	1	...	...	...	14	14	...
February,	" "	13	...	8	...	...	...	21	21	...
March,	" "	10	5	2	...	...	...	17	16	1
April,	" "	23	1	6	...	...	...	30	30	...
May,	" "	10	8	...	...	...	...	18	17	1
June,	" "	8	6	...	...	...	...	14	13	1
July,	" "	15	6	1	...	...	...	22	21	1
August,	" "	7	3	2	...	...	...	12	10	2
September,	" "	12	4	4	...	...	...	20	19	1
October,	" "	10	23	...	...	1	...	34	30	4
November,	" "	9	28	3	...	...	...	40	36	4
December,	" "	11	34	1	...	...	...	46	44	2
	Total,	141	118	28	...	1	...	288	271	17

PH. B. C. AYRES,
Colonial Surgeon.

TABLE II.

RETURN shewing the RESULT of the EXAMINATIONS of the REGISTERED WOMEN stated to have infected men from H.M.'s Army, Navy, and others with Venereal Sores during the Year 1888.

1888.	COMPLAINTS FROM	NATURE OF COMPLAINTS.				NO. OF WOMEN POINTED OUT.	RESULT OF EXAMINATION.	
		Soft Sore.	SYPHILIS.		Secondary.		Free from Disease.	Found Diseased Detained.
			Primary.					
			Hard Chancre.	and Cut. Erupt.				
March,	H.M.'s Army,	4	2	...	...	6	5	1
April,	" "	1	5	...	...	6	6	...
May,	" "	8	...	...	...	8	8	...
June,	" "	4	...	...	...	4	4	...
July,	" "	5	...	...	...	5	5	...
August,	" "	3	1	...	...	4	3	1
September,	" "	3	3	...	...	6	5	1
October,	" "	23	...	...	...	23	19	4
November,	" "	26	...	...	...	26	22	4
December,	" "	34	1	...	...	35	34	1
		111	12	...	...	123	111	12
January,	H.M.'s Navy, .....	...	1	...	...	1	1	...
April,	" "	...	1	...	...	1	1	...
June,	" "	2	...	...	...	2	2	...
August,	" "	...	1	...	...	1	1	...
September,	" "	...	1	...	...	1	1	...
November,	" "	...	2	...	...	2	2	...
		2	6	...	...	8	8	...
March,	Govt. Civil Hospital,	1	...	...	...	1	1	...
July,	" "	1	1	2	2	...
September,	" "	1	1	1	...
October,	" "	...	1	1	1	...
November,	" "	1	1	2	2	...
		4	3	7	7	...
	Total,	117	21	138	126	12

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TABLE III.—*Shewing the RESULT of the EXAMINATIONS of the REGISTERED WOMEN stated to have conveyed Gonorrhæa infection during the Year 1888.*

1888.	COMPLAINTS FROM	NATURE OF COMPLAINTS. GONORRHEA.	NO. OF WOMEN POINTED OUT.	RESULT OF EXAMINATIONS.		REMARKS.
				Free from Disease.	Found diseased Detained.	
January,	Her Majesty's Army,	8	8	8	...	
February,	Do.,	13	13	13	...	
March,	Do.,	6	6	6	...	
April,	Do.,	16	16	16	...	
May,	Do.,	7	7	7	...	
June,	Do.,	6	6	5	1	
July,	Do.,	9	9	8	1	
August,	Do.,	5	5	5	...	
September,	Do.,	7	7	7	...	
October,	Do.,	7	7	7	...	
November,	Do.,	7	7	7	...	
December,	Do.,	11	11	10	1	
		102	102	99	3	
January,	Her Majesty's Navy,	3	3	3	...	
May,	Do.,	3	3	2	1	
June,	Do.,	1	1	1	...	
July,	Do.,	4	4	4	...	
September,	Do.,	2	2	2	...	
November,	Do.,	2	2	2	...	
		15	15	14	1	
April,	Government Civil Hospital, ...	1	1	1	...	
June,	Do., ...	1	1	1	...	
July,	Do., ...	1	1	1	...	
August,	Do., ...	2	2	2	...	
September,	Do., ...	3	3	3	...	
October,	Do., ...	3	3	3	...	
November,	Do., ...	1	1	1	...	
		12	12	12	...	
January,	Miscellaneous,	2	2	2	...	
April,	Do.,	3	3	3	...	
July,	Do.,	1	1	1	...	
		6	6	6	...	
	Total,	135	135	131	4	

PH. B. C. AYRES,
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F.

RETURN of WOMEN examined in WANTSAI during the Year 1888.

1888.	Number of Women Examined.	Free from Disease.	Found diseased and sent to the Lock Hospital.	NATURE OF DISEASE.											
				Gonorrhœa.	Soft Sore.	Leucorrhœa.	SYPHILIS.				Abrasion.	Ulceration of os Uteri.	Warts.		
							Primary.		Secondary.						
							Hard Chancre.	and Cutaneous Eruptions.							
January,	31	31	...	...	...	...	...	...	...	...	...	...	...	...	...
February,	28	28	...	...	...	...	...	...	...	...	...	...	...	...	...
March,	39	39	...	...	...	...	...	...	...	...	...	...	...	...	...
April,	32	32	...	...	...	...	...	...	...	...	...	...	...	...	...
May,	31	31	...	...	...	...	...	...	...	...	...	...	...	...	...
June,	28	28	...	...	...	...	...	...	...	...	...	...	...	...	...
July,	23	23	...	...	...	...	...	...	...	...	...	...	...	...	...
August,	46	45	...	...	1	...	...	...	...	...	...	...	...	...	...
September,	62	62	...	...	...	...	...	...	...	...	...	...	...	...	...
October,	48	45	...	...	1	1	...	...	...	...	...	1	...	...	...
November,	34	34	...	...	...	...	...	...	...	...	...	...	...	...	...
December,	65	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	467	463	...	...	2	1	...	...	...	...	...	1	...	...	...

PH. B. C. AYRES,
Colonial Surgeon.

TABLE A.

RETURN of the NUMBER of PROSTITUTES, brought under the Provisions of Ordinance No. 10, during the Year 1888:

Number of Beds in Lock Hospital.	Number admitted to Hospital on Certificates of Colonial 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.	REMARKS.
32	66	269	288	269	10,924*	10,853	64	In this table are included also the women examined at Wantsai and those examined outside.

* 5 of these women were found diseased and treated outside the Hospital by me.

PH. B. C. AYRES,
Colonial Surgeon.

TABLE C.

RETURN of WOMEN examined, and treated in the GOVERNMENT LOCK HOSPITAL, during the Year 1888.

EXAMINATION.				DISEASES.	HOSPITAL.		DISCHARGED.			REMARKS.
No. of days in Month on which Examinations were held.	Total Number of Examinations made during the Year.	Number admitted to Hospital.	Total Number of Examinations made when no Disease was found.		Admitted.	Total treated.	Cured.	TOTAL.	Number remaining in Hospital, 31st Dec., 1888.	
Examinations are held daily Sundays & Government holidays excepted.	10,924	66	10,853	Primary Syphilis, uncomplicated	59	59	58	58	1	In this table are included also the women examined at Wantsai and those examined outside the Hospital.
				Gonorrhœa do.	4	4	3	3	1	
				Do. and P. Syphilis combined ..	..	..	..	..	..
				P. & Secondary do. do.	3	3*	2	2	..	
				Gonorrhœa and S. do. do. ....	..	..	..	..	..
				P. & Secondary Syphilis & Gonorrhœa	..	..	..	..	..
TOTAL.....				66	66	63	63	2		

* One died of Phthisis.

PH. B. C. AYRES,
Colonial Surgeon.

Enclosure 3.

Report of the Government Analyst.

GOVERNMENT CIVIL HOSPITAL,
HONGKONG, 6th April, 1889.

SIR,—I have the honour to submit a statement of the work done in the temporary laboratory of this Hospital during the year 1888.

2. Owing to my being appointed to act as Sanitary Superintendent and Secretary to the Sanitary Board during the absence of Mr. HUGH MCCALLUM, only the most necessary investigations were conducted during the period under review.

MILK.

3. Judging from the results of the regular monthly analyses of the milk supplied to the Hospital when compared with the figures showing the composition of the samples obtained at the contractor's dairy by an Inspector of the Sanitary Department, the Medical Staff have every reason to be satisfied with the excellent quality of the deliveries of this important article of diet.

4. From the average result of the analyses made at regular intervals throughout the year it is evident that the milk supplied to the patients can be favourably compared to that distributed, by the Aylesbury Dairy Farm Company in England.

5. Dr. VIETH in his report on the work done in the Aylesbury Dairy Farm Company's Laboratory during 1884, gives 12.9 as the average percentage of *total solids*.* The average obtained in this laboratory during 1888 was 12.8. These two results, which show the quantity of actual water-free food contained in the milk are practically identical.

6. My attention has been drawn, privately, to certain passages in my report for the year 1887 on the subject of the necessity of checking the quality of the milk supplied to the Medical Department which, at the time, were evidently misunderstood by persons interested in the contracting Company. It should be remembered that the object of the analytical investigation of food is to arrive at facts concerning its composition which are unobtainable in any other way, and that any remarks by those who understand the constitution of such articles should, if received in a proper spirit, be as much a benefit to those responsible for the management of dairies as they are to the public generally. The delivery to the consumer of milk in its original purity depends on a number of details that cannot be too carefully watched.

7. Only one sample of milk was analyzed for the Magistrates during the past year. The specimen was certainly a very suspicious one, but in the absence of authentic information as to its source I was unable to certify that it contained *added* water.

TOXICOLOGICAL.

8. The following investigations were conducted under this head during 1888.

9. **Datura Poisoning.**—In July a chemical examination was ordered by Government of a quantity of fish-stew of which five carpenters were said to have partaken. As these men when under treatment in the Hospital had displayed symptoms that might be referred to a mydriatic poison a direct search was made for the alkaloid *atropine*, the active principle of several species of *Datura* and other plants of the Natural Order Solanaceæ.

10. During the course of the physical examination of the contents of the stew a large number of sections of a flower were noticed which bore a striking resemblance to parts of the Chinese drug 鬧羊花 *Nau Yeung-fa* the flowers of *Datura alba*, Nees.†

11. As there is no known chemical reaction by which *atropine* can be, with certainty, detected it was necessary to rely on a physiological test. An alkaloidal extract of the stew was accordingly prepared for ophthalmic use and handed to the Superintendent of the Civil Hospital under whose care the victims had come soon after the matter was reported to the Police.

12. In respect of the physiological action of the extract, Dr. ATKINSON certified as follows:—

“From the results of certain experiments carried out at the Civil Hospital this afternoon with a liquid submitted to me by the Government Analyst, I have no doubt that such liquid contained the alkaloid or active principle of one of the mydriatic poisons.”

(Signed), J. M. ATKINSON, M.B. (Lond.)

27th July, 1888.

13. The discovery of a mydriatic alkaloid was strong evidence of the poisonous nature of the food, and the presence in the stew of parts of a flower closely resembling the *Nau Yeung-fa* of Chinese Materia Medica warranted the assumption that *Datura alba*, a plant common enough in waste places on this Island and on the neighbouring mainland, was the agent that had been employed.

* *Analyst*, vol. X., p. 69.

† *China Review*, vol. XVI., p. 2. *Pharmaceutical Journal*, (3), XVIII., p. 319.

14. It is, however, almost impossible to speak with absolute certainty on the latter point. It is true that with the sole exception of a single specimen of *Datura Stramonium*, Linn, discovered on this Island in 1887,* only one species of *Datura* viz., *Datura alba*, Nees, has been recorded from S. China. Mr. MORRIS, the Assistant Director of the Royal Gardens, Kew, writing under date 21st of October, 1887, informs me however that "in all probability one, or more, other species exist." Moreover there are numbers of Solanaceous plants throughout China the flowers of which, when cut up and incorporated with food, it would be difficult to distinguish from those of the Thorn Apple, and which may contain alkaloids that cannot be distinguished, in cases of poisoning, from *atropine*.

15. In the case under notice a man, who had assisted in the preparation of the stew, was charged with administering a stupefying drug and tried at the Supreme Court, but the case fell to the ground through lack of evidence.

16. **Alleged tea drugging.**—In August an examination was ordered by Government of some tea infusion which it was alleged had produced dizziness in two women who had drank thereof. Unlike the case quoted above there was no real trustworthy evidence of poisoning. Both women when brought to the Hospital by the Police appeared to have nothing the matter with them, and as they refused to remain until the arrival of a Doctor, the analyst was left without the clue which could have been given by a physiologist had they been only slightly under the influence of some poison or other.

17. In this instance, although according to the Police report there was reason to suppose that the women had been under the influence of some drug, all the attempts made to discover a poisonous principle in the tea failed.

18. Where the Police have suspicion of poisoning it is of the greatest importance to let a Doctor see the supposed victims with the least possible delay. In a case of poisoning by the Chinese drug 斷腸草 *Tün Cheung-tso*, the active principle of which was first isolated in this laboratory in 1884,† and identified with *Gelsemium elegans*, Benth., a loss of time may mean the life of a victim. In a trumped up case of poisoning a Medical man could, by early observation, probably save weeks of fruitless work on the part of the Analyst.

19. The circumstances of this case would suggest the desirability in all instances where the Police consider it necessary to take persons to Hospital who are alleged to have been poisoned, of their receiving standing orders to detain the suspected persons until a Doctor arrives on the scene.

20. Before leaving this section of my report I would respectfully urge on the Government the necessity of introducing measures for controlling the sale of certain medicines which are used by the Chinese for criminal poisoning. The value to the Police of a *Sale of Poisons Ordinance* in their endeavours to secure the detection of the Crime of poisoning would, I believe, be considerable.

21. It will of course be urged that the usefulness of such a measure, in respect of the sale of vegetable poisons, is by no means evident, seeing that there are, growing *wild* in the Colony, the very plants which furnish the drug the sale of which it is proposed to control; and that a criminal would be hardly likely to purchase of a druggist or herbalist a poison which he could gather without much trouble in the Colony. Objections of this character are of course entitled to some weight. A perusal of the records of the crime of murder by poisoning will, however, show that the criminal, in matters of detail, is by no means so astute as people imagine.

22. I will only incidentally allude to this matter now as it is my intention to lay my views on this subject before the Government in the form of a special communication.

23. **Poisonous cheese.**—In July an analysis was ordered by Government of certain articles in connection with the poisoning of a number of men belonging to the Band of the 58th, Northamptonshire, Regiment.

24. The facts of the case are as follows:—

About 10.30, on the night of the 22nd of July, the men of the Band after the usual performance in the Botanical Gardens, had a supper, consisting of coffee, bread and cheese, soon after their return to barracks. All the men, viz. 38, had coffee and bread; but only 25 ate cheese. Out of the latter number, 22 were taken ill between 1.30 and 5.30 on the following morning. Three of the men who had partaken of the cheese did not experience any ill-effects.

The symptoms displayed by the sufferers were:—"Burning pain in the stomach and violent vomiting, causing partial collapse." This information was obligingly furnished by Dr. H. A. THOMPSON, A.M.S., the Medical Officer in charge of the 2nd Battalion of the Northamptonshire Regiment.

Thirteen of the sufferers were so bad that they had to go to Hospital, and of these, two were very seriously ill. All the men ultimately recovered. None of them had been ill before from eating cheese. All had enjoyed their former meals that day and were in perfect health before going to the Gardens. They did not have any refreshments while in the Gardens.

* Report of the Colonial Surgeon (Hongkong) for 1887. Enclosure No. 3, foot note 4.

† *Pharmaceutical Journal*, (3), XVI., p. 95; XVII., p. 924. *Lancet*, 1885, vol. I., p. 1181; 1887, vol. II., p. 80. *China Review*, vol. XV., p. 215.

25. The chemical investigation was limited to the examination of a vomit and some cheese which had been handed to me by Major ELLIS and also of a quantity of bread and cheese forwarded to me by the Captain Superintendent of Police, and was conducted with a view to finding a poisonous metal in all of the above mentioned substances and an acrid oily principle in the cheese, but all the attempts in this direction proved unsuccessful.

26. From the above particulars it will be seen that there were good reasons for assuming that the cheese was the cause of the mischief, but I am unable to adduce any evidence in confirmation of this theory. Two rats were fed on the cheese for several days but they did not exhibit any signs of poisoning.

27. It is quite possible that there was some obscure principle in the cheese, developed probably by a process of fermentation, which caused the poisonous symptoms displayed by the Bandsmen. It is noteworthy that three of the men who partook of the cheese were in no way affected: a fact, which would lead one to infer that, in cheese poisoning, idiosyncrasy may play a not unimportant part.

28. Mention should here be made that, at the period of the year referred to, several civilians complained of violent sickness after eating cheese.

29. I avail myself of this opportunity for conveying my best thanks to Major W. T. ELLIS, who was then in command of the 2nd Battalion of the 58th Regiment, for the valuable assistance rendered me while investigating this obscure case of poisoning.

GENERAL REMARKS.

30. **Students.**—The Senior Student Apothecary, Mr. Ü I KAI has worked well during the past year and is making satisfactory progress with his studies. The Junior Student, Mr. CHAU KAM TSÜN only entered on his duties on the 15th of October last. His appointment has not yet been confirmed.

31. **Laboratory.**—The analyses required by Government have been conducted in the temporary laboratory provided in this Hospital some years ago. It is to be hoped that the time is approaching when these make-shift arrangements can be dispensed with. The analytical work for the Government of this Colony is frequently of a very trying nature: that required in forensic cases entails a very heavy responsibility which ought only to be borne by a Chemist who has the best means at his disposal that both art and science can suggest. More than five years have now elapsed since the time when I was assured a suitable laboratory would have been provided. The work during the past five years has, however, not been without some good results, but its usefulness has been restricted by the limited nature of the investigations through want of proper accommodation.

32. It would be well if, when a new laboratory is built, advantage could be taken of the presence of the Government Analyst in England for securing the necessary appliances for furnishing the building.

33. My thanks are due to Mr. MALCOLM WATSON, the Assistant Apothecary, for the assistance he has given me in the Laboratory during the past year.

I have the honour to be,

Sir,

Your most obedient Servant,

WM. EDWARD CROW,
*Government Apothecary
and Analyst,
Civil Medical Department.*

Dr. PH. B. C. AYRES,
Colonial Surgeon and Inspector of Hospitals.

GOVERNMENT NOTIFICATION—No. 314.

The following Returns of Deaths for the Month ended 30th June are published for general information.

By Command,

FREDERICK STEWART,
Colonial Secretary.

Colonial Secretary's Office, Hongkong, 13th July, 1889.