

GOVERNMENT NOTIFICATION.—No. 420.

The following Report of the Principal Civil Medical Officer for 1897 is published.

By Command,

T. SERCOMBE SMITH,  
*Acting Colonial Secretary.*

Colonial Secretary's Office, Hongkong, 24th September, 1898.

No. 319.

MEDICAL DEPARTMENT,  
GOVERNMENT CIVIL HOSPITAL,  
HONGKONG, 27th June, 1898.

SIR,—I have the honour to forward the Annual Report of the Medical Department for 1897, including the report of the work of the Government Civil Hospital during that year, to which is attached a report on the Lunatic Asylums by the Medical Officer in charge, the report of the Medical Officer in charge of the Gaol and the Tung Wah Hospital. These have been carefully prepared and the tables attached have been as far as possible brought into accord with the nomenclature adopted in the Annual Reports of the Government Civil Hospital. Lastly, there is the report of the Acting Government Analyst.

It will be convenient here to attach a return of the Medical Officers of the Department:—

Name of Officer.	Date of first Appointment under Government.	Offices held in 1897.	Leave taken in 1897.		Name of Acting Officer.
			Full Pay.	Half Pay.	
Dr. P. B. C. Ayres, C.M.G.,...	14th August, 1873.	Colonial Surgeon.	2 months and 7 days.	.....	Dr. J. M. Atkinson.
„ J. M. Atkinson,.....	6th August, 1887.	Supt. G. C. Hospital, Acting Colonial Surgeon, & Principal Civil Medical Officer.	.....	.....	.....
„ G. P. Jordan, .....	17th August, 1888.	Health Officer of Port.	.....	.....	.....
„ J. A. Lawson, .....	1st Nov., 1889.	Assistant Surgeon.	.....	12 months.	Drs. Bell & Swan.
„ F. W. Clark, ... ..	14th Sept., 1895.	Assistant Surgeon, (Medical Officer of Health).	.....	.....	.....
„ J. Bell, .....	1st June, 1896.	Assistant Surgeon.	1 month and 26 days.	.....	Drs. Penny & Swan.
„ J. C. Thomson, .....	1st January, 1897.	Do.	.....	.....	.....

For the sake of convenience I continue the order hitherto adopted in the Annual Reports of the Colonial Surgeon.

POLICE.

The year has been a more healthy one as regards the Police than 1896.

The total number of admissions to the hospital have been 62 less than in the previous year, the average strength of the Force remaining the same. The deaths occurring in the hospital have been 4 as against 7 in 1896.

On referring to Table II it will be seen that the total sickness was slightly increased amongst the European section of the Force, diminished amongst the Chinese, and less in the Indian section; the rate of mortality being practically the same with the Europeans and Indians, but much less amongst the Chinese members of the Force.

The total number of admissions to hospital during the last ten years is given in the following table:—

Year.	Europeans.	Indians.	Chinese.
1888,.....	147	279	231
1889,.....	166	230	194
1890,.....	149	254	179
1891,.....	169	285	118
1892,.....	152	224	120
1893,.....	134	255	133
1894,.....	127	244	134
1895,.....	96	254	116
1896,.....	94	370	124
1897,.....	99	320	107

There have been seven deaths amongst the members of the Force during the year: one European, two Indians and one Chinese dying in hospital; one Indian died on leave, one Chinese at his residence in Hongkong and another at his native place whilst on leave.

The total admissions to Hospital and deaths in the Force for the last ten years are shown in the following Table :—

<i>Year.</i>	<i>Admissions.</i>	<i>Deaths.</i>
1888,.....	657	15
1889,.....	590	14
1890,.....	582	7
1891,.....	570	7
1892,.....	496	7
1893,.....	522	6
1894,.....	505	15
1895,.....	466	8
1896,.....	588	14
1897,.....	526	7

POLICE STATIONS.

The accommodation provided in several of the stations of the city is very inadequate. I refer more especially to Nos. V, VI, and VII Police Stations. To corroborate this statement from Table III it will be seen that the following Police were admitted from No. VII station during the year :—

<i>Europeans.</i>	<i>Indians.</i>	<i>Chinese.</i>	<i>Total.</i>
9	43	25	77

more than 14 per cent. of the total admissions. On the other hand at *Aberdeen* where the quarters have been built on an improved site there were only 14 admissions as against 27 in 1896. *Hung Hom* and *Yaumati* account for 42 admissions in 1897 as against 14 in 1896.

The Central Police Station leaves much to be desired as a barracks for the Police. It is much too overcrowded, and to secure the maintenance of the health and vigour of the Force the question of erecting barracks in close proximity to the city but not in its central and most overcrowded part will have to be considered.

ST. JOHN'S AMBULANCE CLASS.

Last summer I instructed a class consisting of one Inspector, three Sergeants and 15 Constables in "first aid to the injured," and of this class fifteen who presented themselves for examination passed. Surgeon-Colonel EVATT, P.M.O., very kindly acted as examiner. Every policeman should be qualified to render efficient "first aid" in case of need.

The different hours of duty of the men and the distance of many of the stations from the city render the regular attendance of members at a class of this sort somewhat difficult.

TROOPS.

From Table IV it will be seen that there was a decided increase in the sickness amongst the British Troops, the admissions to hospital being 2,973 as against 2,729 in 1896 whilst the strength has diminished from 1,470 to 1,417. All round 1897 must have been a less healthy year for the Troops than 1896 as although the total average strength of the Garrison had decreased from 2,784 to 2,645, the admissions to hospital increased from 4,274 to 4,455, against this the number of deaths diminished from 19 to 15. However, it must be borne in mind that many more men were invalided home during 1897 than has been the custom in former years and some of these would, in all likelihood, have died had they remained in the Colony.

The average daily rate of sickness amongst the Native Troops has decreased from 59.59 to 52.71 per cent. and the rate of mortality of the strength from 6.08 to 4.07 per 1,000. The improved accommodation provided for the men of the Hongkong Regiment accounts to a great extent for this, as I surmised would be the case in my Annual Report for 1895.

The following table gives the sickness and mortality among the Troops for the past ten years :—

	<i>Admissions.</i>	<i>Deaths.</i>
1888, .....	1,485	21
1889, .....	1,732	16
1890, .....	1,915	15
1891, .....	1,851	17
1892, .....	2,844	31
1893, .....	2,927	28
1894, .....	2,905	39
1895, .....	3,099	28
1896, .....	4,274	19
1897, .....	4,455	15

GOVERNMENT CIVIL HOSPITAL.

During the last year the increase in the number of Chinese admitted has been maintained, 65 more having been admitted than in the previous year although the total admissions of all nationalities is 153 less.

The figures for the last four years are :—

Year.	Chinese.	Total.
1894,.....	657	1,963
1895,.....	921	2,283
1896,.....	928	2,598
1897,.....	993	2,445

Notwithstanding that an extra ward was opened for them many have had to be refused admission owing to lack of accommodation.

This is the more remarkable as less patients have been admitted from the Tung Wah, the numbers being 42 in 1897 as against 102 in 1896.

More Japanese were admitted than has been the case in former years; this is accounted for by the establishment of large Glassworks at Hunghom, the employees all being Japanese.

STAFF.

The Colonial Surgeon left on the 29th April on two months' leave and I took over the duties of his office.

He retired on pension on the 28th June and I was appointed in his place; the title of Colonial Surgeon being altered to that of Principal Civil Medical Officer, the despatch stating "that I should continue to be responsible for the medical charge of the Government Civil Hospital." (C.O. Despatch No. 77 dated 12th April.)

Dr. LOWSON was away for the whole of the year, his services having been placed at the disposal of the Indian Government in connection with the Plague at Bombay. The duties of his office were performed by Drs. BELL and SWAN.

Dr. BELL was unfortunately "warded" on 3rd February, suffering from an attack of Typhoid fever; he left for Japan on the 17th March on two months' sick leave in order to recuperate, his duties being performed by Dr. H. L. PENNY, R.N., whose services were kindly lent to this Government by His Excellency Admiral BULLER from 12th February to the 8th April; after this date Dr. SWAN was employed up to the 19th September as Assistant Surgeon; his services were lent to the Army Medical Staff Corps from that date at the request of the Principal Medical Officer.

Dr. THOMSON was appointed provisionally, subject to the sanction of the Secretary of State for the Colonies, to be an Assistant Surgeon in the Medical Department on the 1st January, his duties being those of Visiting Surgeon to the Tung Wah Hospital with the privilege of private practice. (C.S.L. No. 1982/96 dated 24th December, 1896.)

On the 1st August he was appointed an Assistant Surgeon in this Department, his letter of appointment stating that he should as part of his duties continue to visit the Tung Wah Hospital.

GOVERNMENT CIVIL HOSPITAL.

The following table gives the number and classification of those admitted during the past ten years :—

	1888.	1889.	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.
Police, .....	657	590	582	570	496	522	505	466	588	529
Board of Trade, .....	153	135	110	135	157	132	100	129	87	45
Private paying Patients, .....	313	402	527	464	378	467	491	498	632	603
Government Servants, .....	159	135	191	179	168	205	168	203	269	227
Police Cases,.....	242	252	264	240	232	247	272	319	244	299
Destitutes, .....	248	279	283	279	284	262	427	668	778	742
	1,772	1,793	1,957	1,867	1,715	1,835	1,963	2,283	2,598	2,445

From this it will be seen that the number of Police cases increased by 54, the other classes all showing a diminution, this being the most marked amongst the Police bearing out my former statement that 1897 was a more healthy year at any rate as regards the Police Force.

Undoubtedly, more Chinese year by year avail themselves of the benefits that this Institution offers, and if the Hospital is to keep pace with the requirements in this respect the accommodation will have to be considerably increased.

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

	<i>Admissions.</i>	<i>Deaths.</i>
1888,.....	1,772	80
1889,.....	1,793	77
1890,.....	1,957	98
1891,.....	1,867	84
1892,.....	1,715	68
1893,.....	1,835	67
1894,.....	1,963	101
1895,.....	2,283	114
1896,.....	2,598	143
1897,.....	2,445	119

The percentage of deaths (4.86) compares favourably with that of the previous two years, as the following will show :—

<i>Year.</i>	<i>Admissions.</i>	<i>Deaths.</i>	<i>Percentage.</i>
1895,.....	2,283	114	4.99
1896,.....	2,598	143	5.69
1897,.....	2,445	119	4.86

LUNATIC ASYLUMS.

There is a slight increase in the total number of admissions as compared with the previous year, the number of deaths being less ; the figures are :—

<i>Year.</i>	<i>Admissions.</i>	<i>Deaths.</i>
1896,.....	128	16
1897,.....	136	12

Six more Europeans were admitted than in the previous year. Dr. BELL, the Medical Officer in charge, has furnished a report on the working of the Asylums which is contained in Enclosure II. This is the first time such a report has appeared.

In it is mentioned that three Chinese suffering from General Paralysis of the Insane were admitted. This is an interesting fact, as it has been recorded that Chinese do not suffer from this particular form of insanity.

INFECTIOUS HOSPITALS.

KENNEDY TOWN HOSPITAL.

There were 146 admissions to this hospital during the year as follows :—

	<i>Cases.</i>	<i>Deaths.</i>
Small-pox, .....	125	48
Plague, .....	15	14

Of the other six, five were under observation and one was in attendance.

HOSPITAL HULK "HYGEIA."

The hospital ship was maintained during the year in a satisfactory condition.

MATERNITY HOSPITAL.

This building was handed over to this Department in April, 1897.

Since the opening of the hospital there have been 20 confinements with three deaths; the latter being Chinese who were admitted practically moribund. One infant, the daughter of an European, died from Congenital Malformation of the heart.

PUBLIC MORTUARY.

568 bodies were received at the mortuary during the year. The particulars as to nationality and cause of death are given in Table VIII.

VICTORIA GAOL.

The following table gives the number of admissions to the Gaol and the daily average number of prisoners for the past ten years :—

	<i>Total number admitted to Gaol.</i>	<i>Daily average No. of prisoners.</i>
1888,.....	3,627	531.00
1889,.....	3,705	581.00
1890,.....	3,444	566.00
1891,.....	5,231	507.00
1892,.....	5,046	515.00
1893,.....	4,010	458.00
1894,.....	3,913	455.00
1895,.....	5,014	472.00
1896,.....	5,582	514.00
1897,.....	5,076	462.00

These figures show a considerable diminution in the number of prisoners, 506 less being admitted than in the previous year; the daily average was 462, 42 less than in 1896.

In Enclosure III will be found a report by the Medical Officer of Victoria Gaol.

From this it will be seen : that the admissions to hospital were 158 less than in 1896.

Of those treated in the hospital 27 were suffering from malarial fever and 32 from debility.

Flogging as now inflicted, viz., with the birch produces no contusion of the subcutaneous tissues, the usual result being a superficial redness which soon passes off and does not interfere with the prisoner's labour ; formerly when the rattan was used the men invariably had to go to hospital, some for a longer some for a shorter period, the contused wounds occasionally resulting in the production of gluteal abscesses.

The total number of whippings was 141 as compared with 206 floggings in 1896.

There were four deaths from natural causes, two Chinamen committed suicide by hanging themselves in their cells; and there were no executions.

#### TUNG WAH HOSPITAL.

With regard to this institution a Commission appointed by His Excellency Sir WILLIAM ROBINSON, G.C.M.G., fully inquired into its working and organisation and the report of this Commission, together with the evidence taken before it, was issued from the Government Printing Office in September, 1896.

One result of this was the appointment of Dr. THOMSON as Visiting Surgeon to this Institution.

His report for the year 1897 will be found in Enclosure IV.

In conjunction with Dr. THOMSON Mr. CHUNG KING-UE, who has been trained in Western Medicine at Tientsin and was subsequently House Surgeon for eight years at the Alice Memorial Hospital, was appointed Resident Surgeon to this hospital.

The existence of this hospital in which it appears that more than four-fifths of the inmates are treated by so-called Chinese methods, is somewhat anomalous in a British Colony.

It is not for me to discuss the matter from the point of view of the statesman who, doubtless, has to consider the desirability of humouring to some extent the prejudices of the Chinese population, who in this Colony out-number the Europeans by the proportion of twenty to one.

It is my duty to look at the matter from a medical point of view and there can be very little doubt from that point of view that the so-called Chinese medical methods are really nothing but empiricism or quackery ; as DYER BALL states in his work on "Things Chinese" :—

"Medical works claim attention from the numerous writers on this branch. The oldest work was written several centuries before the Christian era.

"It has been supposed from their minute account of the human body that the Chinese, at one time, practised dissection. If so, however, the remembrance of it has long been forgotten, and their medical works are characterised by groundless theories."

Dr. WILSON, Inspector of Naval Hospitals and Fleets in his work "Medical Notes on China" states—

"The healing art among the Chinese, with much pretension to learning and practical power, is in a very rude and insufficient state ; it is, in fact, a chaos of unfounded conceits, contradictory notions, and pompous phrases.

"They appear to have fallen into a petrified fixedness which nothing but the most powerful external agents can move.

"They affect to understand temperaments by the pulse. When one of the medical sages was requested to declare that of the writer, he laid his fingers along the wrist, appeared to think deeply while he interrogated the impulse, and, after a little, said, gravely, that the element of metal predominated.

"Surgery, in any proper sense of the word, has no existence among the Chinese ; as might have been concluded, without observation, from their total ignorance of anatomy. They set and support fractures of the extremities, after the fashion of an ordinary farrier ; and they are moderately successful in the reduction of simple dislocations ; but anything requiring knowledge of structure, or the nice application of mechanical power, is beyond their reach.

"Together with the bone-setting and puncturing noticed above, Chinese operative surgery consists almost entirely in the application of moxas, which, although it was not witnessed by the writer, is said to be practised extensively. Of scientific principles, it is needless to say, that it is destitute."

Dr. THOMSON goes very fully into the arrangements in force at this institution.

The patients who apply for admission are mostly poor people of the artisan class : coolies, etc., and nearly all have an ingrained dread of the foreigner and his so-called Western methods.

The doctors are not trained at all as we understand training, and are really nothing but quacks ; they do not pretend to have any knowledge of surgical treatment, indeed, there is no such thing in the hospital as a surgical instrument ; their panacea for all surgical injuries and diseases being the inevitable pitch-plaister : they never administer chloroform.

Once in 1895 when I demonstrated the use of a catheter to them in a patient suffering agonies from distension of the bladder they smiled complacently and seemed highly amused, but it did not seem to occur to them that such a knowledge would be useful. Similarly, they appeared amused at the ease with which a dislocation was reduced under chloroform.

During the year 1895 and 1896 I was assisted by the late Mr. U I KAI and frequently endeavoured to interest them in the different methods of surgical treatment especially enforcing the absolute necessity of cleanliness and of incising abscesses, etc., instead of covering them with pitch-plaster as is their wont, and thus exposing the patients to retention of pus and the dangers of septicaemia.

Seeing how futile my efforts were I reported to the Government every case which, in my opinion, was being mal-treated.

I stated in my evidence before the Commission that from a *medical* point of view I considered that the hospital should be abolished, and I still think so.

The object and purpose of the institution was the *proper treatment* of the indigent sick amongst the Chinese population, see Ordinance No. 3 of 1870, sections 3 and 16.

As an Asylum for Destitutes and a resting place for the dying, I think it does very useful work and would recommend its maintenance and continuance for these purposes; but as a hospital for the treatment of the sick I maintain that it should not be recognised in a British Colony.

It corresponds more to a workhouse at home with the exception that it is not maintained out of the rates.

For the indigent Chinese sick I would suggest the advisability of the Government's establishing:—

A hospital similar to the *Tan Tock Seng Hospital* at Singapore, which is open to all nationalities but in which the great bulk of the patients treated are Chinese.

The medical staff at this hospital consists of both Europeans and Asiatics, the Asiatics being employed only as dressers, under the direct supervision of the Colonial Surgeon in charge, and of two qualified European or Eurasian apothecaries.

European methods of treatment are insisted on. No opposition is or, as far as is known, has been experienced to European medical treatment. The patients voluntarily present themselves there for treatment as they do at the Government Civil Hospital and the Alice Memorial and Nethersole Hospitals in this Colony.

The experience at Singapore is similar to that here, viz., that the number of Chinese who seek admission to the General Hospital, which corresponds to our Government Civil Hospital, where they have to pay, has increased of late years. (See Report of Tung Wah Hospital Commission, page LXVI and LXVII.)

To return to Dr. THOMSON'S report "Each patient is on admission asked by a *head coolie* whether he prefers Chinese or Western treatment."

The method of ascertaining the causes of death cannot be considered scientific as Dr. THOMSON says "after cross-examination of the friends and relatives as to the symptoms and duration of the deceased's illness and a consideration of the appearance of the body a fairly accurate idea as to the cause of death for purpose of the Honourable Registrar General's statistics is obtained."

It would be better in all doubtful cases, where the cause of death is uncertain, and might be due to diseases such as plague or typhoid fever, that the facts of the case be reported to the Police Magistrate so that an order may be obtained from him for a *post-mortem* examination.

Now that the bye-laws for the compulsory reporting of infectious, contagious or communicable diseases are in force in this Colony, it is more important than ever, if the public health is to be safeguarded and maintained that notification of all such diseases should be made.

From Dr. THOMSON'S report I gather that very few, if any, *post-mortem* examinations have been held during the year.

Much good has been done and numerous minor improvements have undoubtedly been effected, *e.g.*:—

- (1) The abolition of sandal-wood burners in the wards.
- (2) Backs put in the lockers.
- (3) Substitution of tin trays for wicker baskets.
- (4) Iron screens to fire-places.
- (5) Removal of commodes, as far as possible, from the wards.

If the Tung Wah is to be retained as a hospital I advise from a sanitary point of view:—

- (1) The substitution of a water-closets system in place of the present plan of removal of excreta etc.
- (2) Erection of suitable and roomy wards in place of the Ko Fong wards.

#### VACCINE INSTITUTE.

This remained open until the 31st May when it was closed for the summer months.

In my report for 1896 (Appendix B) is given an account of the working of this Institute.

In the winter it was, after repeated experiments, found impossible to obtain healthy calves owing to the prevalence of foot-and-mouth disease amongst the cattle in the Colony, accordingly arrangements were made whereby calf lymph was regularly supplied from the Institut de Microbiologie at Saigon.

HEALTH OF THE COLONY.

Attached are the usual tables showing the number of deaths among the European and Chinese community from diseases which may be attributable to filth.

DEATHS AMONG EUROPEANS (BRITISH AND FOREIGN).

YEARS.	FEVERS.			DIARRHOEA.	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	...	50
1889, .....	2	3	...	10	...	1	16
1890, .....	4	4	...	4	...	...	12
1891, .....	5	1	...	4	5	...	15
1892, .....	...	1	...	6	...	...	7
1893, .....	5	1	...	11	...	...	17
1894, .....	4	2	...	3	...	...	9
1895, .....	5	...	...	9	5	...	19
1896, .....	7	4	1	4	2*	...	18
1897, .....	10	...	...	8	1*	...	19

\* Sporadic.

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	...	13	764
1888, .....	2	299	2	361	17	236	917
1889, .....	1	363	...	180	...	7	551
1890, .....	1	342	2	216	...	1	562
1891, .....	6	427	...	329	...	9	771
1892, .....	...	446	...	231	...	...	677
1893, .....	...	448	...	294	...	...	742
1894, .....	2	433	...	312	1	4	752
1895, .....	10	199	1	264	13	...	487
1896, .....	7	120	...	254	19	...	400
1897, .....	1	68	...	297	...	...	366

*Plague* made its appearance again towards the end of May, no cases having been reported since the previous November.

Three cases were admitted from Heung Lane between the 21st and 25th May; this is one of the narrow lanes off Queen's Road West. It was here that some of the first cases occurred in 1895; this lane and the houses abutting thereon were declared an infected area on the 20th May and promptly dealt with.

The recrudescence of the disease in lanes such as these, which are hemmed in by the neighbouring houses and are practically devoid of light and ventilation, shows the urgent necessity of the Government's resuming such insanitary areas, demolishing the buildings and reconstructing the streets and houses.

Fortunately this disease did not obtain a footing in the Colony this year.

This is important as the disease prevailed in the vicinity of the Colony up to the end of June.

Information was obtained of its existence at Tung Kun, up the East River, in an epidemic form towards the end of January.

Its existence was reported at Formosa and in the neighbourhood of Swatow in April, at Macao towards the end of May, and at Amoy in June.

Undoubted cases of the pneumonic variety, I have since heard, occurred in the Tung Kun district during the epidemic in January.

The importation and immigration into this Colony of all Chinese from Swatow and the Island of Formosa was prohibited by Proclamation on the 20th April; this was revoked on the 1st May.

Swatow and the Island of Formosa were proclaimed as infected with *Plague* on the 1st May.

This proclamation was revoked as regards Swatow on the 17th day of July and as regards Formosa on the 20th August.

How far these measures and more especially the bye-laws made under section 13 of Ordinance No. 15 of 1894, may have proved useful in preventing the introduction and in limiting the disease, it is impossible to definitely say, but it is satisfactory to be able to report that there were only 21 cases in all this year. A list of these is given in Appendix A.

*Small-pox* was more than usually prevalent this year; so many cases having occurred on the 26th February a certain part of the Town was declared infected, house to house visitation and the establishment of free vaccination stations were instituted.

Information was obtained of the prevalence of this disease in an epidemic form in Japan towards the end of 1896.

With regard to sanitary legislation the most important Acts were:—

- (1) The passing of Bye-laws under the Public Health Ordinance for the sanitary maintenance of opium divans and for the prevention of overcrowding therein. These came into force on the 1st June.
- (2) Additional Bake-house Bye-laws limiting the number of persons who shall pass the night in bake-houses and enforcing the concreting of their ground surfaces.
- (3) Bye-laws made under section 13 of Ordinance 15 of 1894 in regard to the following matters:—
  - (1) For prescribing the material and the nature and thickness thereof to be used for covering over the ground surface of all buildings and of any cook houses, latrines, or open surfaces connected therewith, such as back-yards, court-yards, or other spaces on which slops may be thrown or from which foul waters flow.
  - (2) For fixing from time to time the number of persons who may occupy a domestic building or any part thereof and for marking on the exterior or interior of such buildings the number of persons permitted to occupy the same or any part thereof.
  - (3) For prescribing the material to be used for enclosing the space to be left above any partitions in connection with section 8 of this Ordinance.
  - (4) For the periodical entry and inspection of all buildings and curtilages.
    - (a) For the purpose of ascertaining whether the same are in an overcrowded condition.
    - (b) For the purpose of ascertaining the sanitary condition, cleanliness and good order thereof or any part thereof and of any mezzanine floors, storeys or cocklofts therein or the condition of any drains therein or in connection therewith.
  - (5)—(a) For promoting cleanliness and ventilation in domestic buildings.
  - (b) For the cleansing and removal of refuse and all objectionable matter at stated times from domestic buildings.



- (6) For prescribing the conditions under which alone it shall be lawful to live in, occupy or use, or to let or sub-let, or to suffer or permit to be used for habitation or for occupation as a shop, any cellar, vault, underground room, basement or room any side of which abuts on or against the earth or soil.
- (7) For the prevention as far as possible or mitigation of any epidemic, endemic or contagious disease including *inter alia* provisions—
- (a) For the removal of persons suffering from any such disease.
  - (b) For the speedy and safe disposal of the dead.
  - (c) For house to house visitation.
  - (d) For the destruction of infected bedding, clothing or other articles.
  - (e) For the compulsory vacating of houses.
  - (f) For such other matters or things as may to the Board appear advisable for preventing or mitigating such disease.

These bye-laws are most important and were drawn up after many meetings of the Board and frequent consultation with the Law Officers of the Crown, they were finally approved by the Legislative Council on the 18th May. In Appendix B I give a copy of these bye-laws.

- (4) An Ordinance to enable the Government to provide suitable latrine accommodation for the Public. (Ordinance No. 8 of 1897.)
- (5) An Ordinance to prevent the spread of Infectious Disease arising from the consumption of contaminated or unwholesome milk. (Ordinance No. 17 of 1897.)

Vital statistics and the general sanitary condition of the Colony are fully dealt with in the Medical Officer of Health's annual report to the Sanitary Board.

With the exception of the outbreak of small-pox the statistics, especially of the Police and Government Civil Hospital, show that 1897 was a more healthy year than usual.

I have the honour to be,

Sir,

Your obedient Servant,

J. M. ATKINSON,  
*Principal Civil Medical Officer.*

The Honourable

T. SERCOMBE SMITH,  
*Acting Colonial Secretary.*

POLICE.

Table I.—Showing the ADMISSIONS into and DEATHS in the GOVERNMENT CIVIL HOSPITAL during each Month of the Year 1897.

MONTHS.	EUROPEANS.		INDIANS.		CHINESE.		TOTAL Admissions.	TOTAL Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
Remaining on the 1st Jan., 1897,.....	4	...	8	...	...	...	12	...
January,.....	8	...	14	...	4	...	26	...
February,.....	5	...	10	...	3	...	18	...
March,.....	9	...	16	...	7	...	32	...
April,.....	8	1	22	...	3	...	33	1
May,.....	6	...	21	...	7	...	34	...
June,.....	4	...	23	...	14	...	41	...
July,.....	14	...	39	...	10	...	63	...
August,.....	10	...	37	...	13	...	60	...
September,.....	9	...	39	...	8	...	56	...
October,.....	8	...	40	...	14	...	62	...
November,.....	9	...	30	...	16	...	55	...
December,.....	5	...	21	1	8	...	34	1
Total,.....	99	1	320	1	107	...	526	2

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table II.—Showing the RATE of SICKNESS and MORTALITY in the POLICE FORCE during the Year 1897.

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.
105	219	301	625	99	320	107	1	3	3	94.28	146.11	35.54	.95	1.37	.99

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table III.—POLICE RETURN of ADMISSIONS to HOSPITAL from each District during the Year 1897.

Months.	CENTRAL No. 5 " 8 " 9			GOVERNMENT HOUSE No. 2 " 3			No. 1 STONE CUTTERS' ISLAND.			GAP No. 6 MOUNTAIN LODGE.			WATER POLICE STATIONS TSIMSHATSUI.			TSAT-TSZ-MUI, SHAKUIWAN, SHER-O.			POKFULAM.			ABERDEEN.			STANLEY, TAITAMTUK.			No. 7.			YAUMATI, HUNGHOM.			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., 1897,.....	2	6	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12		
January,.....	6	7	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	26		
February,.....	2	6	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18		
March,.....	7	9	2	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	32		
April,.....	5	11	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	33		
May,.....	3	12	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	34		
June,.....	4	14	6	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	41		
July,.....	7	19	7	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	63		
August,.....	5	19	7	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	60		
September,.....	8	21	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	56		
October,.....	4	24	8	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	62		
November,.....	4	20	10	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	55		
December,.....	4	12	7	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	34		
Total,.....	61	130	48	2	18	6	..	4	..	3	9	4	10	5	12	2	6	3	..	7	..	..	..	11	3	3	8	2	9	43	25	9	29	4	526

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table IV.—Showing the RATE of SICKNESS and MORTALITY of the TROOPS serving in HONGKONG during the Year 1897.

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.
1,417	1,928	2,645	2,973	1,482	4,455	10	5	15	162.07	52.71	7.05	4.07

E. W. EVATT,  
Surgeon-Colonel, A.M.S.,  
Principal Medical Officer,  
China and Hongkong.

Table V.—Showing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1897.

GENERAL DISEASES.	ADMISSIONS.			TOTAL.	DEATHS.			TOTAL.
	Euro-peans.	Indians & Coloured Persons.	Asiatics, (Japanese included).		Euro-peans.	Indians & Coloured Persons.	Asiatics.	
Small Pox .....	2	...	2	4	...	...	...	...
Chicken Pox .....	...	1	...	1	...	...	...	...
Measles .....	4	...	...	4	...	...	...	...
Rubella, Synonyms, Rotheln, German Measles, Epidemic Rose Rash .....	2	...	...	2	...	...	...	...
Plague .....	...	...	4	4	...	...	...	...
Influenza .....	12	3	2	17	...	...	...	...
<b>DIPHTHERIA—</b>								
Laryngeal Diphtheria, Synonym, Membranous Croup .....	2	...	...	2	...	...	...	...
Simple Continued Fever, Synonym, Febricula .....	...	5	3	8	...	...	...	...
Enteric Fever, Synonym, Typhoid Fever .....	28	1	5	34	5	1	1	7
Dysentery .....	24	24	4	52	2	...	...	2
Beri-beri, Synonym, Kakké .....	...	1	34	35	...	...	4	4
<b>MALARIAL FEVER—</b>								
a. Intermittent, Synonym, Ague .....	72	103	129	304	...	...	...	...
b. Remittent .....	46	27	55	128	2	3	1	6
c. Malarial Cachexia .....	7	4	7	18	...	...	...	...
<b>PHAGEDŒNA—</b>								
Sloughing Phagedœna .....	3	...	3	6	...	...	...	...
<b>ERYSIPELAS—</b>								
Phlegmonous .....	1	...	...	1	...	...	...	...
<b>SEPTICŒMIA—</b>								
Puerperal Fever .....	...	...	2	2	...	...	2	2
Tubercle .....	...	...	2	2	...	...	1	1
<b>LEPROSY, SYNONYM, ELEPHANTIASIS GRÆCORUM—</b>								
Tubercular .....	...	...	2	2	...	...	...	...
<b>SYPHILIS, SYNONYM, POX—</b>								
a. Primary, Hard Chancre or infecting Sore .....	19	10	37	66	...	...	...	...
b. Secondary or Constitutional .....	36	8	38	82	...	...	5	5
c. Inherited .....	1	...	2	3	...	...	1	1
Gonorrhœa, Synonyms, Clap, Blennorrhagia .....	39	6	22	67	...	...	...	...
Diseases dependent on Animal Parasites .....	2	6	12	20	...	...	...	...
"    "    on Vegetable " .....	1	3	1	5	...	...	...	...
Effects of Animal Poisons .....	...	...	1	1	...	...	...	...
"    of Vegetable " .....	...	...	8	8	...	...	...	...
"    of Heat .....	4	...	12	16	1	...	3	4
Starvation .....	...	...	2	2	...	...	2	2
Scurvy, .....	3	...	...	3	...	...	...	...
<b>ALCOHOLISM—</b>								
Delirium Tremens .....	44	8	2	54	...	...	...	...
Rheumatic Fever, Synonym, Acute Rheumatism .....	3	...	1	4	...	...	...	...
Rheumatism .....	19	16	19	54	...	...	...	...
Gout .....	2	1	...	3	...	...	...	...
Cyst .....	1	...	...	1	...	...	...	...
New Growth, Non-Malignant .....	1	...	4	5	...	...	1	1
"    Malignant .....	7	...	6	13	3	...	2	5
Anæmia .....	1	...	3	4	...	...	...	...
<b>HODGKIN'S DISEASE, SYNONYM, ANŒMIA—</b>								
Lymphatica .....	...	...	1	1	...	...	...	...
Diabetes Mellitus, Synonym, Persistent Glycosuria .....	...	...	2	2	...	...	1	1
Congenital Malformations .....	...	...	1	1	...	...	...	...
Debility .....	13	3	13	29	...	...	...	...
Old-age .....	1	...	...	1	...	...	...	...
<b>LOCAL DISEASES.</b>								
<b>Diseases of the—</b>								
Nervous System .....	14	12	26	52	...	...	2	2
Eye .....	12	16	34	62	...	...	...	...
Ear .....	3	5	1	9	...	...	...	...
Nose .....	...	...	1	1	...	...	...	...
Circulatory System .....	14	6	20	40	5	1	7	13
Respiratory .....	46	47	66	159	3	5	7	15
Digestive .....	79	35	71	185	4	1	11	16
Lymphatic .....	22	8	35	65	...	...	...	...
Urinary System .....	14	3	19	36	4	1	3	8
Generative System .....	22	2	16	40	...	...	3	3
Male Organs .....	28	5	20	53	...	...	...	...
Female Organs .....	3	...	32	35	...	...	...	...
Female Breast .....	...	...	1	1	...	...	...	...
Male Breast .....	1	...	...	1	...	...	...	...
Organs of Locomotion .....	19	24	40	83	...	...	1	1
Connective Tissue .....	21	22	38	81	...	...	1	1
Skin .....	16	3	21	40	...	...	...	...
Local Injuries .....	63	20	290	373	...	...	18	18
Surgical Operations .....	1	1	2	4	...	...	...	...
Under Observation .....	22	10	14	46	...	...	1	1
<b>TOTAL.....</b>	<b>798</b>	<b>449</b>	<b>1,188</b>	<b>2,435</b>	<b>29</b>	<b>12</b>	<b>78</b>	<b>119</b>

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table Va.—LIST OF OPERATIONS performed during the Year 1897.

SURGICAL OPERATIONS.	OPERATION.	DEATHS.
Removal of Tumours,—		
Buboes Incision, .....	25	...
"  Scraping, .....	5	...
Sebaceous Cyst, .....	2	...
Adenoma, .....	2	...
Strumous glands, .....	1	...
Schirrus of Breast, .....	1	1
Wounds,—		
Of Abdomen, .....	1	1
Of Thigh (Gun-shot), .....	2	...
Of Jaw (Gun-shot), .....	1	...
Of Hand, (Gun-shot), .....	2	...
Of Arm, .....	1	...
Of Forearm, .....	1	...
Of both feet, (Gun-shot), .....	1	...
Operations on the Eye,—		
Excision of Eye-ball, .....	1	...
Trichiasis, .....	1	...
Pterygium, .....	1	...
Operations on Head and Neck,—		
Necrosis of Frontal Bone, .....	2	...
"  of Lower Jaw, .....	1	...
Abscess of Jaw, .....	1	...
Hare-lip, .....	1	...
Tracheotomy, .....	1	...
Abscess of Neck, .....	1	...
Operations on Organs of Circulation,—		
Nævus, .....	1	...
Ligature of Ext. Iliac, .....	1	...
Operations on Respiratory Organs,—		
Paracentesis Thoracis, .....	1	...
Empyema, .....	1	...
Operations on Genito-Urinary Organs,—		
<i>Male</i> ,—Stricture of Urethra, .....	2	...
Perineal Section, .....	3	...
Hydrocele (Radical Cure), .....	2	...
Circumcision, .....	14	...
Lithotomy, .....	1	...
Amputation of Penis, .....	1	...
Perineal Abscess, .....	3	...
Urethral Calculus, .....	2	...
Phagædena, .....	1	...
<i>Female</i> ,—Ruptured Perinæum, .....	1	...
Removal of Uterus, .....		
(a) Non-malignant, .....	1	1
(b) Malignant, .....	1	...
Forceps, .....	2	...
Labial Abscess, .....	6	...
Operations on Digestive Organs,—		
Abscess of Liver, .....	2	1
Hæmorrhoids, .....	6	...
Fistula in ano, .....	3	...
Paracentesis Abdominis, .....	3	...
Splenectomy, .....	1	1
Hernia, .....	4	2
Operations on Organs of Locomotion,—		
Amputation of Thigh, .....	3	1
"  of Arm, .....	1	...
"  of Leg, .....	3	1
"  of Fingers and Toes, .....	12	...
Knee Joint (incised), .....	2	...
Wound of Foot, .....	1	...
Bursa Patellæ, .....	1	...
Necrosis of Femur, .....	2	...
"  of Tibia, .....	4	...
"  of Os Calcis, .....	1	...
Rupture of Tendo Achilles, .....	1	...
Operations on Cellular Tissue,—		
Abscess of Axilla, .....	1	...
"  of Arm, .....	2	...
"  of Fingers, .....	4	...
"  of Palm, .....	1	...
"  of Thigh, .....	2	...
"  of Leg, .....	2	...
"  of Wrist, .....	1	...
"  of Buttock, .....	1	...
Ischio-rectal Abscess, .....	2	...
Mammary Abscess, .....	2	...
Diffuse Cellulitis, .....	1	...
Total, .....	168	9

Table Vb.—Showing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1897.

GENERAL DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Indians.	Asiatics.	Total.	Europeans.	Indians.	Asiatics.	Total.
<i>Group A.—Sub-Group 1.</i>								
1. Small-pox, (transferred to Small-pox Hospital), .....	2	...	2	4	...	...	...	...
2. Cow-pox, .....	...	...	...	...	...	...	...	...
3. Chicken-pox, .....	...	1	...	1	...	...	...	...
4. Measles, .....	4	...	...	4	...	...	...	...
5. Epidemic Rose-rash, (Rotheln), .....	2	...	...	2	...	...	...	...
6. Scarlet Fever, .....	...	...	...	...	...	...	...	...
7. Dengue, .....	...	...	...	...	...	...	...	...
8. Typhus, .....	...	...	...	...	...	...	...	...
9. Plague, .....	...	...	4	4	...	...	...	...
10. Relapsing Fever, .....	...	...	...	...	...	...	...	...
11. Influenza, .....	12	3	2	17	...	...	...	...
12. Whooping Cough, .....	...	...	...	...	...	...	...	...
13. Mumps, .....	...	...	...	...	...	...	...	...
14. Diphtheria, .....	2	...	...	2	...	...	...	...
15. Cerebro-spinal Fever, .....	...	...	...	...	...	...	...	...
16. Simple Continued Fever, .....	...	3	3	6	...	...	...	...
17. Enteric Fever, Synonyms, Typhoid Fever, (Typho-malarial Fever), .....	28	1	5	34	5	1	1	7
18. Cholera, Synonyms, Asiatic Cholera, Epidemic Cholera, ..	...	...	...	...	...	...	...	...
19. Sporadic Cholera, Synonyms, Simple Cholera, Cholera Nostras, .....	...	...	...	...	...	...	...	...
20. Epidemic Diarrhœa, .....	...	...	...	...	...	...	...	...
21. Dysentery, .....	24	24	4	52	2	...	...	2
Total, .....	74	34	20	128	7	1	1	9

J. M. ATKINSON, Principal Civil Medical Officer.

Table Vc.—Showing the ADMISSIONS and MORTALITY in the GOVERNMENT CIVIL HOSPITAL during the Year 1897.

GENERAL DISEASES.	ADMISSIONS.				DEATHS.			
	Europeans.	Indians.	Asiatics.	Total.	Europeans.	Indians.	Asiatics.	Total.
<i>Group A.—Sub-Group 2.</i>								
1. Malarial Fever,—								
a. Intermitent, Synonyms, Ague, .....	72	103	129	304	...	...	...	...
b. Remittent, .....	46	27	55	128	2	3	1	6
c. Malarial Cachexia, .....	...	4	7	18	...	...	...	...
2. Beri-Beri, .....	...	1	34	35	...	...	4	4

MONTH.	INTERMITTENT.				REMITTENT.				Total Number of Cases.	Total Number of Deaths.
	Europeans.	Indians.	Asiatics.	Deaths.	Europeans.	Indians.	Asiatics.	Deaths.		
	January, .....	1	5	...	...	...	...	1		
February, .....	...	2	...	...	1	1	...	...	4	
March, .....	...	2	3	...	...	...	...	...	5	
April, .....	1	3	1	...	...	1	...	...	6	
May, .....	1	3	1	...	1	...	...	...	6	
June, .....	...	4	3	...	1	1	...	...	9	
July, .....	...	10	...	...	...	...	...	...	10	
August, .....	2	10	3	...	...	2	3	...	20	
September, .....	3	11	2	...	...	7	2	...	25	
October, .....	1	17	7	...	1	5	2	...	33	
November, .....	3	10	5	...	1	2	1	...	22	
December, .....	1	8	2	...	...	1	1	...	13	
Total, .....	13	85	27	...	5	20	10	...	160	

J. M. ATKINSON, Principal Civil Medical Officer.

Table VI.—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 Asiatics Admitted.
Per cent.	Per cent.	Per cent.	Per cent.
1888,..... 4.51	1888,..... 3.96	1888,..... 4.70	1888,..... 4.98
1889,..... 4.29	1889,..... 3.37	1889,..... 4.13	1889,..... 5.41
1890,..... 5.00	1890,..... 2.33	1890,..... 5.30	1890,..... 7.80
1891,..... 4.40	1891,..... 3.46	1891,..... 2.97	1891,..... 7.33
1892,..... 3.96	1892,..... 2.92	1892,..... 3.28	1892,..... 5.74
1893,..... 3.65	1893,..... 1.57	1893,..... 2.28	1893,..... 7.34
1894,..... 5.14	1894,..... 3.71	1894,..... 3.51	1894,..... 7.36
1895,..... 4.99	1895,..... 2.47	1895,..... 1.32	1895,..... 8.35
1896,..... 5.50	1896,..... 3.65	1896,..... 1.84	1896,..... 8.88
1897,..... 4.86	1897,..... 3.63	1897,..... 2.61	1897,..... 6.56

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table VII.—Showing the ADMISSIONS into and DEATHS in the GOVERNMENT CIVIL HOSPITAL during each Month of the Year 1897.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		Total Admissions.	Total Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
Remaining on the 1st January, 1897,.....	38	..	10	..	68	..	116	..
January,.....	64	2	25	1	66	8	155	11
February,.....	62	1	17	1	54	7	133	9
March,.....	66	2	26	..	33	8	128	10
April,.....	60	2	34	1	63	4	157	7
May,.....	69	..	27	1	104	10	191	11
June,.....	61	5	29	3	115	2	205	10
July,.....	59	5	53	..	103	3	215	8
August,.....	60	1	51	1	112	9	223	11
September,.....	84	3	55	..	107	6	246	9
October,.....	65	2	53	2	106	7	224	11
November,.....	60	4	46	..	115	5	221	9
December,.....	59	2	33	2	89	9	181	13
Total,.....	798	29	450	12	1,188	78	2,445	119

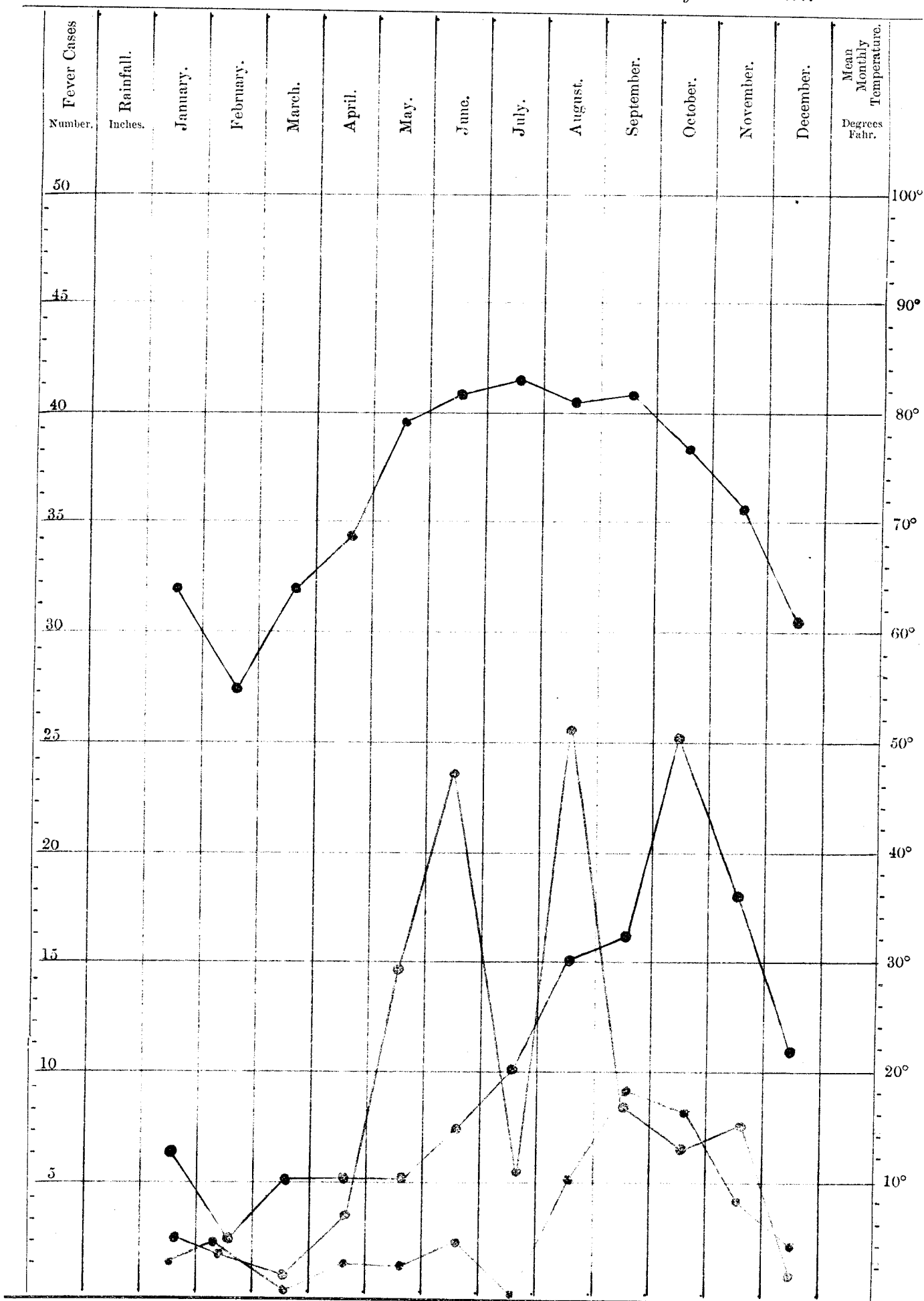
J. M. ATKINSON,  
Principal Civil Medical Officer.

Table VIIa.—MONTHLY AGGREGATE NUMBER of PATIENTS visited in the HOSPITAL daily for 1897, 1896, and 1895.

Months.	1897.	1896.	1895.
January,.....	3,501	3,316	3,047
February,.....	2,819	2,615	2,835
March,.....	3,270	2,939	3,034
April,.....	3,212	2,671	2,998
May,.....	3,295	3,074	2,978
June,.....	3,146	3,008	3,136
July,.....	3,384	3,726	2,920
August,.....	3,442	3,996	3,334
September,.....	3,453	3,952	3,750
October,.....	3,391	3,420	3,635
November,.....	3,226	3,350	3,530
December,.....	3,131	3,690	3,168
Total,.....	39,270	39,787	38,365

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table Vd.—DIAGRAM showing CASES of MALARIAL FEVER occurring every Month amongst the POLICE FORCE, the MEAN MONTHLY TEMPERATURE and the MONTHLY RAINFALL during the Year 1897.



Red Wave,.....Intermittent Fever Cases.  
 Green Wave, .....Remittent " "  
 Blue Wave, .....Monthly Rainfall in inches.  
 Black Wave,.....Mean Monthly Temperature in Degrees Fahrenheit.

J. M. ATKINSON,  
 Principal Civil Medical Officer.

Table VIIb.—Showing the ADMISSIONS into and DEATHS in the GOVERNMENT LUNATIC ASYLUMS during each Month of the Year 1897.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		Total Admissions.	Total Deaths.	Discharged to Canton.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.			
Remaining on the 1st January, 1897, .....	1	..	..	..	8	..	9	..	..
January, .....	..	..	1	..	7	1	8	1	5
February, .....	2	..	..	..	3	1	5	1	..
March, .....	1	..	1	..	3	..	5	..	..
April, .....	3	..	1	..	8	..	12	..	6
May, .....	3	1	..	..	11	1	14	2	..
June, .....	1	..	..	..	10	1	11	1	5
July, .....	3	..	..	..	10	1	13	1	..
August, .....	3	1	..	..	15	..	18	1	6
September, .....	1	..	..	1	6	1	7	2	..
October, .....	1	1	3	..	13	1	17	2	..
November, .....	0	..	..	..	7	..	7	..	..
December, .....	3	..	..	..	7	1	10	1	7
Total, .....	22	3	6	1	108	8	136	12	29

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table VIIc.—Showing the ADMISSIONS into and DEATHS in the GOVERNMENT HOSPITAL HULK Hygieia during each Month of the Year 1897.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		Total Admissions.	Total Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
Remaining on the 1st January, 1897, .....	None.	None.	None.	None.	None.	None.	None.	None.
January, .....	"	"	"	"	"	"	"	"
February, .....	"	"	"	"	"	"	"	"
March, .....	"	"	"	"	"	"	"	"
April, .....	"	"	"	"	"	"	"	"
May, .....	"	"	"	"	"	"	"	"
June, .....	"	"	"	"	"	"	"	"
July, .....	"	"	"	"	"	"	"	"
August, .....	"	"	"	"	"	"	"	"
September, .....	"	"	"	"	"	"	"	"
October, .....	"	"	"	"	"	"	"	"
November, .....	"	"	"	"	"	"	"	"
December, .....	"	"	"	"	"	"	"	"
Total, .....	"	"	"	"	"	"	"	"

J. M. ATKINSON,  
Principal Civil Medical Officer.

Table VII d.—Showing the ADMISSIONS into and DEATHS in the GOVERNMENT KENNEDY TOWN HOSPITAL during each Month of the Year 1897.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		Total Admissions.	Total Deaths.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.		
Remaining on the 1st January, 1897, .....	6	...	1	...	4	...	11	...
January, .....	2	1	...	1	9	6	11	8
February, .....	18	2	...	...	27	10	45	12
March, .....	4	1	...	...	25	17	29	18
April, .....	2	...	1	...	8	2	11	2
May, .....	2	...	...	...	9	5	11	5
June, .....	...	...	...	...	3	1	3	1
July, .....	...	...	...	...	10	9	10	9
August, .....	...	...	...	...	2	2	2	2
September, .....	1	1	...	...	2	1	3	2
October, .....	...	...	...	...	...	...	...	...
November, .....	3	1	...	...	2	2	5	3
December, .....	1	...	1	...	3	1	5	1
Total, .....	39	6	3	1	104	56	146	*63

\* Of these 14 deaths from Plague, 18 from Small-pox, and 1 from Heat Apoplexy.

† Of these 13 cases of Plague, 125 Small-pox, 1 in attendance, and 3 under observation.

J. M. ATKINSON,  
Principal Civil Medical Officer.



Table VIII.—RETURN OF DEAD BODIES BROUGHT TO THE MORTUARY, WITH THE CAUSE OF DEATH, IN 1897.

MONTHS.	EUROPEANS.			CHINESE.			Drowning.	Burns.	Fractured Skull, &c.	Poisoning.	Heart Disease.	Malarial Fever.	Phthisis.	Wounds.	Debility.	Bright's Disease.	Syphilis.	Ruptured Spleen.	Pneumonia.	Meningitis.	Scrofula.	Leprosy.	Ricketts.	Premature Birth.	Exposure.	Hanging.	Pericarditis.	Peritonitis.	Small-pox.	Dysentery.	Morbus Cordis.	Asphyxia.	Tubercle.	Convulsion.	Unascertained.	
	Adults.	Children.	Total.	Adults.	Children.	Total.																														
January, .....	...	...	10	21	1	3	1	...	1	3	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	1	12	...	...	1	...	...	4		
February, .....	1	...	9	58	...	2	...	1	...	2	...	...	...	...	2	...	...	...	...	...	...	...	4	12	1	...	1	29	1	...	...	1	...	...	8	
March, .....	...	...	15	53	...	1	...	...	1	1	...	...	...	...	1	...	2	...	1	...	...	...	1	4	...	...	1	38	...	1	...	...	1	...	4	
April, .....	...	...	18	40	...	1	...	...	1	11	...	...	...	...	...	...	...	...	3	...	...	...	1	...	...	...	...	25	...	...	5	...	...	2		
May, .....	2	...	6	36	...	20	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	12	...	...	2	...	...	2	...	2	
June, .....	...	...	18	30	...	1	...	...	1	17	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	1	2	...	...	1	...	...	1	...	10	
July, .....	...	...	17	27	...	8	...	...	2	8	...	...	2	...	...	...	...	...	...	...	...	...	6	...	...	...	1	1	...	...	1	...	...	1	...	11
August, .....	2	...	6	15	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	1	...	...	2	...	...	...	...	2	...	...	...	...	...	...	8	
September, .....	1	...	10	27	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	6	...	...	...	...	...	4	...	2	...	...	...	18	
October, .....	...	...	12	9	...	1	...	...	2	1	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	2	...	...	...	...	9		
November, .....	...	...	28	31	...	2	...	...	3	2	...	1	...	3	...	...	...	...	...	...	...	...	6	1	...	...	...	3	11	...	15	...	1	...	8	
December, .....	1	...	15	50	...	2	...	...	3	2	...	6	3	3	...	...	...	...	1	...	...	...	13	...	...	...	5	16	...	1	...	3	...	8		
Total, .....	7	...	164	397	48	67	1	2	11	16	21	7	9	16	67	1	2	1	6	3	2	1	1	50	17	4	4	129	85	1	28	2	9	87		

J. BELL,  
Medical Officer in charge of Post Mortems.

Government Civil Hospital,  
31st January, 1898.

**Enclosure 1.**

**I. THE HOSPITAL BUILDINGS.**

The main portion has been maintained in an efficient state without exceptional repairs.

A much needed improvement was effected by the opening of the Maternity Hospital which has been erected on the site of the old temporary small-pox buildings.

This building was handed over to this department on the 21st April and during the rest of the year some twenty confinements occurred then.

The question of Laundry and Wash House accommodation dealt with in C.S.O. No. 1312 of 1895 is still in abeyance. I trust the necessary funds for erecting and fitting up such a building will soon be provided; it is undoubtedly an urgent need.

*Lower Hospital.*—The ravages of white-ants in this building have necessitated considerable repairs being executed during the year.

As it appears to be practically impossible to add to the present buildings, the want of accommodation and the continued increase of Chinese buildings in the neighbourhood of the hospital with its consequent noises necessitates my again referring to the necessity of reserving a suitable site for a new hospital in the vicinity of the Hospital Staff Quarters.

I have referred to this in my Annual Reports from 1892 onwards and with the probable extension which will shortly occur to the frontiers of this Colony, the construction of a hospital supplying increased accommodation and arranged more in accordance with the best modern practice will be one of the first requirements.

In June a memorial stone for the New Women's and Children's Hospital which is to be built in commemoration of the Jubilee of Her Majesty Queen Victoria was laid by His Excellency Sir WILLIAM ROBINSON, G.C.M.G.

The question as to how far it is advisable to build over the present hospital premises has been reconsidered by the Jubilee Committee, and the general opinion appears to be in favour of the erection of such a hospital on the higher levels.

**LUNATIC ASYLUMS.**

No alteration of any importance has been made to these buildings during the year with the exception that the yard of the European Lunatic Asylum was concreted.

I would again draw attention to the lack of any accommodation for the useful employment of the inmates—a most necessary aid to the satisfactory treatment of such cases.

**INFECTIOUS HOSPITAL AND HOSPITAL HULK "HYGEIA."**

These have been maintained in a satisfactory state of repair during the year.

During the past year 146 cases have been treated at the Kennedy Town Hospital; of these 15 were suffering from plague and 125 from small-pox, the rest being under observation.

There were 63 deaths, 14 from plague and 48 from small-pox, the remaining one occurred from "heat-stroke."

The nationality of these cases is given in Table VIId.

Of the small-pox cases—

**In the month of January:—**

1	arrived from the	S.S. <i>Tai Sang</i> ,.....	Agents, Messrs. Jardine, Matheson & Co.
1	"	" S.S. <i>Tsinan</i> , .....	" " Butterfield & Swire.
1	"	" S.S. <i>Idzumi Maru</i> , .....	" " Nippon Yusen Kaisha.

**In the month of February:—**

1	arrived from the	S.S. <i>Powan</i> ,.....	Agents, H'kong, Canton & Macao Steam-boat Co.
6	"	" S.S. <i>Empress of India</i> , .....	" Canadian Pacific Railway Co.
1	"	" S.S. <i>Strathguy</i> ,.....	" Nippon Yusen Kaisha.
1	"	" S.S. <i>Phra Chula Chom Klao</i> ,.	" Messrs. Yuen Fat Hong.
7	"	" S.S. <i>Hongkong</i> , .....	Agent, Mr. A. R. Marty.

**In the month of March:—**

2	arrived from the	S.S. <i>Hongkong</i> , .....	Agent, Mr. A. R. Marty.
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**MATERNITY HOSPITAL.**

As this building now forms an important addition to the hospital accommodation, a short description of it will be of general interest.

This building has been erected on the hospital compound, on the site formerly occupied by the Temporary Small-pox Hospital, and consists of a one-storied building, containing 2 general wards with 4 beds in each, and 2 private wards containing 2 beds each, thus supplying accommodation for 12 lying-in cases. There is also a Nurse's Room, 4 bath-rooms and the necessary out-offices; it is surrounded by a verandah 8 feet wide.

The servants' quarters, which are situated on a lower terrace adjoining Eastern Street, are connected with the main building by a covered way and contains accommodations for 10 attendants, besides kitchens, wash-houses, drying room, ironing room, disinfecting room and store. The whole is enclosed with an iron railing, 6 feet high, with separate gates for access to the hospital and coolie quarters.

#### MEDICAL STAFF QUARTERS.

This building has been maintained in a satisfactory state of repair, the only expenditure required having been necessitated by white-ants attacking the wood work.

#### HOSPITAL PREMISES.

The grounds are in good order, a minor improvement would be to concrete the spare ground to the west of the Women's Hospital.

#### HOSPITAL AND NURSING STAFF.

Dr. PH. B. C. AYRES, Colonial Surgeon, was granted ten days' sick leave in February (C.S.O. No. 218 of 1897).

Mr. U I KAI, Apothecary's Assistant, resigned on 1st February and was succeeded by Mr. LEE KING SHUM (C.S.O. No. 57 of 1897).

Mr. MOK LAI I was appointed Student Apothecary on 26th January (C.S.O. No. 2,972 of 1896).

Dr. J. C. THOMSON was appointed Assistant Surgeon on 1st January (C.S.L. No. 1,982 of 1896).

E. A. S. T. H. GIDLEY was seconded to Medical Department for duty at Kennedy Town Hospital as Wardmaster on 1st January from Police Department and returned to Police duties on 14th June (C.S.O. No. 13 of 1897).

Dr. J. BELL, Assistant Surgeon, was laid up with Typhoid Fever, arrangements having been made to secure the services of Dr. H. L. PENNY to assist in the performance of the duties, and when convalescent was granted two months' sick leave (C.S.O. No. 399 of 1897).

Mr. J. R. CUNNINGHAM, Wardmaster, Kennedy Town Hospital, resigned on 1st March and was succeeded by Mr. FRANK ALLEN (C.S.O. No. 350 of 1897).

Miss E. M. M. DA COSTA was taken on as Probationer on 15th March and resigned on account of ill-health at end of April (C.S.O. No. 554 of 1897).

Dr. H. L. PENNY was recalled to his duty on board H. M. S. *Firebrand* on 8th April and Dr. J. H. SWAN was appointed to assist temporarily.

Mr. CHAN TSUN UN was appointed another Assistant Clerk on 26th April (C.S.L. No. 623 of 1897).

Miss CAROLINE WALKER resigned on 6th April (C.S.O. No. 2,614 of 1896 and C.S.O. No. 824 of 1897).

Misses F. M. BARR and A. E. TODD arrived here to join the Nursing Staff on 3rd April in place of Misses MARY E. MEAD and CAROLINE WALKER (C.S.O. No. 746 of 1897).

Miss ANNE PATERSON was granted six weeks' sick leave in May (C.S.O. No. 1,201 of 1897).

Dr. PH. B. C. AYRES, Colonial Surgeon, retired on pension on 28th June and was succeeded by Dr. J. M. ATKINSON with the title of Principal Civil Medical Officer (C.O.D. No. 77 of 1897).

Mr. LEE KING SHUM, Apothecary's Assistant, was dismissed on 21st July and was succeeded by Mr. CHAN KUN SHING (C.S.O. No. 1,802 of 1897).

Mr. G. MARQUES, Clerk and Interpreter to Medical Officer of Health, resigned on 1st August and was succeeded by Mr. W. E. CHUNYAT (C.S.O. No. 1,606 of 1897).

Mr. MOK LAI SUN, Student Apothecary, was dismissed on 11th August and was succeeded by Mr. CHENG KAM MING (C.S.O. No. 2,054 of 1897).

Mr. MOK LAI I, Student Apothecary, was dismissed on 14th August and was succeeded by Mr. U I CHU (C.S.O. No. 2,055 of 1897).

Mrs. E. MOY HING was taken as Probationer on 25th August and resigned on 25th November (C.S.O. No. 2,037 of 1897).

Mr. JAMES T. COURSE, Wardmaster at Kennedy Town Hospital, arrived here on 12th August in place of Mr. FRANK ALLEN who was appointed Inspector of Nuisances (C.S.O. No. 1,717 of 1897).

Dr. J. H. SWAN was transferred to Army Medical Department on 20th September (C.S.O. No. 2,323 of 1897).

Mr. W. E. CHUNYAT, Clerk and Interpreter to Medical Officer of Health, resigned on 1st November and was succeeded by Mr. A. A. REMEDIOS (C.S.O. No. 2,435 of 1897).

Miss M. QUINCEY was taken on as Probationer on 1st November and resigned at end of three months (C.S.O. No. 2,487 of 1897).

The following Officers were away on leave:—

Dr. J. A. LOWSON from 1st January to 31st December (C.S.O. No. 942 of 1896).

Mr. W. E. CROW from 1st January to 31st December (C.S.O. No. 360 of 1896).

Miss McINTOSH (Sister CATHERINE) from 1st January to 31st August (C.S.O. No. 1,837 of 1896).

Dr. PH. B. C. AYRES from 1st February to 7th February (C.S.O. No. 218 of 1897) and from 29th April to 28th June (C.O.D. No. 77 of 1897).  
 Dr. J. BELL from 16th March to 10th May (C.S.O. No. 399 of 1897).  
 Miss EASTMOND, Matron, from 1st April to 31st December (C.S.O. No. 652 of 1897).  
 Miss PATERSON (Sister GRACE) from 19th May to 28th June (C.S.O. No. 1,201 of 1897).  
 Mr. G. MARQUES from 1st July to 31st July (C.S.O. No. 1,696 of 1897).  
 Mr. WONG HING from 26th August to 15th September (C.S.O. No. 2,059 of 1897).  
 Miss PENRUDDOCKE (Sister MARGARET) from 19th September to 15th October (C.S.O. No. 2,043 of 1897).

WORK DONE DURING THE YEAR.

Attached to this report are the following tables:—

GOVERNMENT CIVIL HOSPITAL.

- I. Showing the admissions into and deaths in the Government Civil Hospital, during each month of the year, of the Police.
  - II. Showing 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. 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 showing number of cases of Malarial Fever occurring amongst the members of the Police Force admitted in each month of the year.
  - VI. Showing the rate of mortality in the Government Civil Hospital during the last 10 years.
  - VII. Showing the admissions into and deaths in the Government Civil Hospital during each month of last year.
  - VIIa. The aggregate monthly number of patients visited in the Hospital daily for the last three years.
  - VIIb. Table of admissions into and deaths in the Lunatic Asylums during the year.
  - VIIc. Table of admissions into and deaths in the Epidemic Hulk *Hygeia* during the year.
  - VIIId. Table of admissions into and deaths in the Infectious Hospital, Kennedy Town.
- Table V. has been altered in accordance with the Memorandum of the Sub-Committee on Classification in the last edition of The Nomenclature of Diseases (Royal College of Physicians, London), the separate diseases being given under the heading "General Diseases," the division into groups being omitted.

I have retained the Zymotic diseases in Tables Vb. Vc. and Vd. for purposes of reference.

The total number of cases treated during the year was as follows:—

In-patients,.....	2,445
Out-patients, .....	9,990
	12,435

This gives an increase of 325 as compared with the year 1896. This is exclusive of minor surgical cases, such as scalp wounds, dog bites, teeth extraction, &c. which were treated in the receiving ward.

*In-patients.*—The total number of in-patients shows a decrease of 153 as compared with 1896, but an increase of 162 as compared with 1895, the following figures giving the numbers treated during last four years:—

<i>Year.</i>	<i>In-patients.</i>
1894,.....	1,963
1895,.....	2,283
1896,.....	2,598
1897,.....	2,445

The total number of deaths was 119, a percentage of 4.86, the lowest for the last four years:—

<i>Year.</i>	<i>Percentage of Deaths.</i>
1894,.....	5.14
1895,.....	4.99
1896,.....	5.50
1897,.....	4.86

The average daily number of sick was 100.09 as against 102.56 in 1896.

Of the total number of in-patients 384 were females.

Further accommodation for European Women and Children and for Native Women of every nationality will shortly be provided by the erection of the Women's Jubilee Hospital.

*Private Paying Patients.*—The number of First and Second Class patients for the past three years has been as follows:—

	1895.	1896.	1897.
First Class,.....	20	65	53
Second Class, .....	101	146	153

*Nationality.*—Europeans and Indians show decrease of 79 and 136 respectively as compared with the previous year, whereas amongst the Asiatics there is an increase of 62.

The numbers of Asiatics admitted during past 4 years are as follows:—

1894,.....	783
1895,.....	1,054
1896,.....	1,126
1897,.....	1,188

The following diseases caused the greatest number of admissions:—

Fevers:—	
Simple continued (Febricula), .....	8
Enteric, .....	34
Intermittent, .....	304
Remittent, .....	128
	— 474
Venereal Diseases,.....	178
Disease of Digestive System, .....	185
„ Respiratory System,.....	159
Alcoholism, .....	54
Dysentery,.....	52
Beri-beri, .....	34
Injuries of various kinds, .....	373

*Deaths.*—Of the total number of deaths there were from:—

Lung Disease, .....	15
Heart Disease, .....	13
Injuries, .....	18
Disease of Digestive System, .....	16
Enteric fever, .....	7
Remittent fever, .....	6
Beri-beri, .....	4

*Police.*—The total number under treatment was 62 less than in the previous year.

There was an increase of 5 in the European section of the Force, and decreases of 50 and 17 amongst the Indians and Chinese.

GAOL OFFICERS.

The following were admitted during the year:—

Principal Warders, .....	2
Warders, .....	26
Assistant Warders, .....	11
Gaol Guards, .....	15

Malarial diseases and those due to venereal complaints gave the greatest number of admissions, there was no fatal case.

*Influenza.*—There were 17 cases under treatment with no deaths.

*Typhoid.*—There were 34 cases of Enteric fever admitted during the year exactly double the number occurring in 1896; of these 24 were Europeans, there was 1 Indian and 5 Chinese.

Seventeen originated locally, three were members of the Police Force and came, one from Yaumati, one from No. 7 and one from No. 5 Police Stations, the latter died. One was from Canton and the remaining sixteen were admitted direct from ships. The notes of some of the cases are given in the Appendix C. The total number of deaths was 7.

*Diphtheria.*—There were only two admissions from this disease; both patients recovered.

*Cholera and Choleraic Diarrhœa.*—There was an entire freedom from this class of disease, not a single case being admitted during the year.

*Dysentery.*—There were 52 cases with but 2 deaths, this disease being much less fatal than usual.

*Malarial fever.*—There were 55 less admissions than in the previous year, but the disease was more fatal, there being 6 deaths, all from the Remittent type.

*Beri-beri.*—There were fewer cases of these suffering from the disease, the number being 35 with 4 deaths as against 54 with 6 deaths in 1896.

*Venereal Disease.*—The number of cases suffering from constitutional syphilis again shows an increase, the number being—

	1895.	1896.	1897.
Primary Syphilis, .....	38	74	66
Secondary Syphilis, .....	31	46	82
	69	120	148

An increase on the previous year of 25 per cent.

*Injuries.*—There is a slight diminution to record in this class of cases, the number being 373 with 18 deaths as against 377 with 21 deaths in the previous year.

*Surgical Operations.*—There were 168 operations during the year with 9 deaths, as against 146 with 3 deaths in 1896.

Amongst the most important operations were:—

*Two abdominal hysterectomies.*—One recovered, the notes of the case being published in *The Lancet*, and the other died from shock.

*Femoral Aneurism.*—In the case of an American cured by ligature of the external Iliac Artery.

*A case of Splenectomy.*—A Chinaman was admitted in a state of collapse said to have been injured by a blow to the abdomen. As there were all the evidences of rupture of the spleen, laparotomy was performed, and on opening the abdomen it was found to be full of blood, there being a tear 4 inches long through the capsule into the substance of the spleen. The spleen was removed after ligaturing the splenic vessels and the abdomen emptied of blood.

The man never rallied, although transfusion was performed, but died 15 minutes after the operation was completed.

*Hepatic abscess.*—This was the case of an European Policeman following Dysentery, although one abscess was opened and drained there was another larger one in the dome of the right lobe, the apex of which had just been reached but not sufficiently to drain it; this had burst into the pleura.

The operation was performed on the 12th December, 1897, and the patient died on 6th January, 1898.

*Gun-shot wounds of both feet.*—This was an accidental injury occurring on board a Chinese Revenue Cruiser, a Chinese boy being shot through both feet with a charge of duck shot.

It happened at 4 p.m. on the afternoon of 14th January and the man did not reach the hospital until 1.45 a.m. the following morning as the accident had taken place some hours' distance from Hongkong.

In the left foot the metatarsus was smashed by a wound passing right through the foot from the dorsum to the sole.

In the right foot there was a huge gash, the charge passing across the sole of the foot from the outside to the inside tearing up the muscles and tendons but not injuring the bones.

Fortunately, efficient first aid had been rendered by the application of tourniquets, etc.

The case was a tedious one, but the man ultimately recovered with very good use of his feet considering the extent of the injuries.

*Gun-shot wound of the thigh.*—This patient was sent down from Fatslan by Dr. McDONALD; the bullet, which had been in his thigh for over 2 years, was located by means of the Röntgen Rays and extracted.

*Non-malignant tumour of face.*—An enormous tumour occupying the left side of the neck of a Chinese woman which had been growing for 18 years was removed on the 12th June, and the patient was discharged cured on the 9th July very much improved in appearance.

*Suppuration synovitis of the knee joint with septicæmia. Amputation of thigh.*—This man was sent in from the Tung Wah on the 21st June and as the only chance to save the man's life was amputation, the patient having consented to the operation, the limb was removed in the upper third of the thigh on the 29th June; after a rare struggle he ultimately recovered and was discharged on the 20th September; during the last 5 weeks in hospital he put on 22 lbs in weight.

*Lithotomy.*—This was a Chinaman who came down from the country to be operated on. The calculus was a somewhat large one and weighed 445 grains.

#### FRACTURES AND DISLOCATIONS.

The following fractures and dislocations were treated during the year:—

Skull, .....	5
Skull (base), .....	3
Femur, .....	7
Tibia, .....	8
Humerus, .....	3
Ulna, .....	2
Patella, .....	1
Lower Jaw, .....	3
Clavicle, .....	2
Ribs, .....	1
Foot, .....	2
Dislocation of Humerus, .....	1
"    "    Femur, .....	1
"    "    Thumb, .....	1

*Alcoholism.*—There were 54 cases as against 51 in 1896; none proved fatal.

*Poisoning.*—There were 8 cases of poisoning during the year, the poisonous agent being Opium, Datura and Arsenic.

In the Appendix C are given the notes of some cases of interest occurring in the hospital during the year.

*Vaccination.*—Four hundred and eighty free vaccinations were performed during the year with the following results :—

	Successful.	Unsuccessful.	Total.
Primary cases, .....	71	20	91
Re-vaccinations, ....	312	82	394
			485

*Lunatic Asylums.*—See report by Dr. BELL in Enclosure II.

*Fees.*—The fees received during the year were as follows :—

Government Civil Hospital, .....	\$15,808 05
Lunatic Asylums, .....	1,564 50
Infectious Hospitals, .....	1,031 08
	\$18,403 63

as against \$20,019.45 in 1896.

*Staff.*—The frequent change of the *personnel* amongst the subordinate Chinese staff is one of our great difficulties, during the year no less than 51 changes have occurred.

I take this opportunity of thanking the several members of the staff for the assistance rendered during the past year.

*Gifts of Flowers, newspapers, &c.*—The patients have been much indebted to several of the residents of the Colony for frequent gifts of flowers, newspapers, books, &c.

I have the honour to be,

Sir,

Your obedient Servant,

J. M. ATKINSON,  
Principal Civil Medical Officer.

The Honourable

T. SERCOMBE SMITH,  
Acting Colonial Secretary.

### Appendix A.

#### CASES OF BUBONIC PLAGUE REPORTED DURING 1897.

No. of Cases.	Date of Occurrence.	Residence of Patient previous to discovery. Treatment or Segregation.	Name.	Sex.	Age.	Date of Admission into Kennedy Town Hospital.	Date of Death.
1	21st May,	14, Heung Lane, .....	Luk Yee, .....	Male,	37 years,	21st May,	21st May.
2	23rd "	14, Heung Lane, .....	Lum Kwai, .....	"	30 "	23rd "	24th "
3	25th "	12, Heung Lane, .....	Lui Kit, .....	"	24 "	25th "	26th "
4	5th June,	7, Kau U Fong, .....	Ming Hang, .....	"	27 "	5th June,	7th June.
5	12th July,	22, Wing On Street, .....	Au Yiu Chau, .....	Female,	30 "	12th July,	12th July.
6	12th "	88, Third Street, .....	Ip Cheung, .....	"	12 "	12th "	12th "
7	13th "	9, Sing Hing Alley, .....	Leung Wing, .....	Male,	7 "	13th "	...
8	14th "	24, Gough Street, .....	Tang Fui, .....	"	11 "	14th "	14th July.
9	14th "	10, Hillier Street, .....	Wong Shek Cheong, ...	"	14 "	14th "	14th "
10	14th "	3, Ng Kwai Fong, .....	Wong Lim, .....	"	24 "	16th "	16th "
11	21st "	Found at Canton Str. Wharf, ...	Un Tin, .....	"	32 "	21st "	21st "
12	23rd "	Found at Wing Kut Street, .....	Mak Iu, .....	"	36 "	23rd "	23rd "
13	26th "	From Kowloon City, .....	Chu Yau, .....	Female,	19 "	26th "	26th "
14	26th "	Praya East, .....	Ho Tak, .....	Male,	30 "	26th "	26th "
15	31st "	144, Bonham Strand, .....	Leong Ping, .....	"	16 "	31st "	...
16	3rd Aug.,	4, U Lok Lane, .....	Ip Hau, .....	Female,	72 "	3rd Aug.,	...
17	26th Sept.,	26, Second Street, ...		Male,	20 "	26th Sept.,	27th Sept.
18	13th Nov.,	8, Po Yan Street, .....	Lam Hau, .....	"	11 "	13th Nov.,	13th Nov.
19	13th "	8, Po Yan Street, .....	Lam Chung, .....	"	14 "	13th Nov.,	13th Nov.
20	18th Dec.,	13, Queen's Road East, .....	Shum Heng Fa, .....	"	17 "	18th Dec.,	18th Dec.
21	19th "	9, Graham Street, .....	Kwok Fai, .....	"	23 "	19th Dec.,	21st "

## Appendix B.

## BYE-LAWS

*Made under section 13 of Ordinance 15 of 1894.*

1. The expressions "building," "domestic building" and "street" as used in these bye-laws, or in any bye-law amending, or substituted for, or added to the same, shall, unless inconsistent with the context, have and include the meanings respectively set against them in section 2 of Ordinance 15 of 1894.

The expressions "householder," "occupier," "owner" and "vessel," as used in these bye-laws, or in any bye-law amending, or substituted for, or added to the same, shall, unless inconsistent with the context, have and include the meanings respectively set against them in section 3 of Ordinance 24 of 1887.

2. The material to be used for covering the ground surface of all domestic buildings shall be good lime or cement concrete at least 6 inches thick, finished off smooth to the satisfaction of the Sanitary Board. Provided always that the said Board may in its discretion exempt the owners of existing domestic buildings, the floors of which have a space between the ground floor and the ground surface, from carrying out the requirements of this bye-law.

3. The material to be used for covering the ground surface of every cook-house, latrine, back-yard, court-yard or other space on which slops may be thrown, shall be good lime or cement concrete or other impervious material to the satisfaction of the Sanitary Board at least 6 inches thick and in addition such material shall be finished off smooth with not less than 2 inches of cement concrete of the proportion of one part of cement to four parts of fine broken stone, or with granite slabs bedded and jointed in cement mortar or with hard burnt bricks or tiles bedded and jointed in cement mortar, or with such other material as shall be approved of by the said Board.

4. The ground surface of every cook-house, latrine, back-yard, court-yard, or other space on which slops may be thrown shall have a fall of not less than  $\frac{1}{2}$  inch to 1 foot from the walls of the building towards the surface channel or other outlet for the drainage of such surface.

5. No court-yard or back-yard, which appertains to, or is used in connection with any domestic building, and which is at the time of the approval of these bye-laws by the Legislative Council, either wholly or partially open to the sky, shall be obstructed, in a vertical direction, either wholly or partially, or, if already partially so obstructed, be further so obstructed to any extent whatsoever, by the erection or fixture of any structure or object of any kind whatsoever, whether temporary or permanent, without the permission in writing of the Sanitary Board. Provided, nevertheless, that in cases where such back-yards exceed an area of 100 square feet in the case of buildings of two stories in height, and 150 square feet in the case of buildings of three or more stories in height, such back-yards need only be kept clear of obstructions (including bridges and covered ways) and fixtures, and open vertically to the sky throughout, to the extent of 100 and 150 square feet respectively.

One bridge or covered way may, however, when such is necessary for giving access to buildings, be erected on each story, but such bridges or covered ways must be erected one over the other, and any such bridge or covered way shall not exceed 3 feet 6 inches in width unless the Sanitary Board gives permission in writing in any particular case for the erection of bridges or covered ways of greater width.

This bye-law shall apply to all cases in which it is proposed to substitute another court-yard or back-yard for any existing one.

6. The Medical Officer of Health, or such other officer as the Sanitary Board may appoint for this purpose, shall, within such limits as the said Board may from time to time define, cause to be measured the floor area and cubic capacity of all domestic buildings or parts thereof, and shall cause to be calculated the number of occupants that may lawfully pass the night in such buildings or any parts thereof in accordance with the provisions of section 9 of Ordinance 15 of 1894, and shall cause such number in English and Chinese to be fixed to such buildings or parts thereof in such manner as the said Board may from time to time direct.

7. The space required by section 8, sub-section (b), of Ordinance 15 of 1894, to be left above partitions shall not be enclosed except with wire netting, iron bars, lattice work or carved wood work, arranged in such a way as to leave at least two-thirds of such space open and as far as practicable evenly distributed.

8. The Secretary to the Sanitary Board shall, upon the requisition of the Medical Officer of Health, or by direction of the President of the said Board, authorise in writing, in English and Chinese, one or more of the Board's officers to enter any domestic building at any hour between 6 p.m. and midnight, for the purpose of ascertaining whether such building or any part thereof is in an over-crowded condition.



9. No officer of the said Board shall, between the hours of midnight and 8 o'clock the following morning, enter any domestic building for the purpose of ascertaining whether such building or any part thereof is in an overcrowded condition, without the written permission, in English and Chinese, of the Secretary countersigned by the President of the said Board.

10. The Secretary to the Sanitary Board shall furnish the Inspectors of Nuisances with general authority in writing, in English and Chinese, to enter, between the hours of 8 A.M. and 6 P.M., and inspect, upon reasonable notice to the occupiers or owners, any building and curtilage in their respective districts for the purpose of ascertaining the sanitary condition, cleanliness and good order thereof or of any part thereof, and of any partitions, mezzanine floors, stories and cocklofts therein, or of the condition of any drains therein or in connection therewith. If it shall be requisite, for the purpose of ascertaining the sanitary condition of any domestic building or curtilage, to open the ground surface of any part thereof any Inspector of Nuisances in possession of authority in writing signed by the Secretary to the said Board or by the Medical Officer of Health, after giving not less than forty-eight hours' notice in writing signed by either of the aforesaid officers to the occupier or owner of such domestic building or curtilage of his intention to enter the same for the purpose of opening up the ground surface thereof, may so enter, with such assistants as may be necessary, and open the ground surface of any such premises in any place or places he may deem fit, doing as little damage as may be. Should the material which has been used for covering such ground surface and the nature and thickness thereof, be found satisfactory and in accordance with law, such ground surface shall be reinstated and made good by the said Board at the public expense.

11. The occupier of any domestic building shall at all times cause such building to be kept in a cleanly and wholesome condition and see that the drains, traps, gratings, fall-pipes and other sanitary fittings and appliances are kept free from obstruction and in an efficient state of repair; and he shall keep the windows and ventilating openings at all times free from obstruction unless prevented by inclement weather or by the illness of any person occupying such building.

12. Every occupier or householder of a domestic building shall cause all excremental matter to be removed daily from such building, to one of the public conservancy boats, by a duly registered night-soil carrier.

13. Every occupier or householder of a domestic building shall cause all domestic waste, refuse or other objectionable matter other than excremental matter to be removed daily from such building and taken to a public dust-cart or dust-bin.

14. The conditions under which alone it shall be lawful to live in, occupy, or use, or to let or sublet, or to suffer or permit to be used for habitation any cellar, vault, underground room, basement or room, any side of which abuts on or against the earth or soil, shall be that (1) such cellar, vault, underground room, basement or room fronts on a street which is of a clear width of not less than 8 feet free from any vertical obstruction whatever, and (2) that such cellar, vault, underground room, basement or room is provided with one window at least opening into the external air and that the total area of such window or windows clear of window frames shall be at least one tenth of the floor area of such cellar, vault, underground room, basement or room, and (3) that no side of such cellar, vault, underground room, basement or room abuts against the earth or soil to an average height exceeding four feet above the floor level, and (4) that through out the remainder of the height of such cellar, vault, underground room, basement or room the ground outside is at least 4 feet distant horizontally from the external wall of such cellar, vault, underground room, basement or room, and (5) that the area formed between such ground outside and such external wall is not obstructed or covered over either wholly or partially by the erection of structures, coverings or fixtures of any kind whatsoever. Provided always that the Sanitary Board may, if it thinks fit, grant permission in writing to obstruct or cover such area in any manner which may be previously approved by the Board.

15. The conditions under which alone it shall be lawful to occupy or use, or to let or sublet, or to suffer or permit to be used for occupation as a shop any cellar, vault, underground room, basement or room any side of which abuts on or against the earth or soil shall be that such cellar, vault, underground room, basement or room complies with the provisions of the preceding bye-law, or that such cellar, vault, underground room, basement or room fronts on a street of a clear width of not less than eight feet free from any vertical obstruction whatever, and that such cellar, vault, underground room, basement or room does not exceed thirty feet in length, as measured from the front wall to the back wall.

Such shop may not be used for habitation except by such a person or by such number of persons as the Sanitary Board may authorize in writing, and in every case in which the Sanitary Board authorizes any person or persons to use for habitation any such shop, sleeping accommodation shall be provided by the erection of a cockloft or bunks, which shall have a clear space of at least four feet between it or them and such side or sides of the cellar, vault, underground room, basement or room as abuts or abut against the earth or soil.

16. The Sanitary Board shall, if satisfied that any domestic building in the Colony is in a dirty condition, give notice to the householder to have such building, in respect of which the notice is given, thoroughly cleansed and lime-washed within a period of one week from the date of receipt of such notice, and such householder shall cleanse and lime-wash such premises in accordance with such notice.

In any case where no householder exists or can be found, the owner of such building shall be served with a notice to the above effect, and upon such service being duly effected, such owner shall cleanse and lime-wash such premises in accordance with such notice.

17. All persons knowing or having reason to believe that any person has been attacked by, or is suffering from, bubonic plague, cholera, small-pox or from such other epidemic, endemic or contagious disease as may be from time to time duly notified in the *Government Gazette*, shall notify the same without delay to any officer on duty at the nearest Police Station, or to some officer of the Sanitary Board, and any such officer receiving any such notification whether verbal or written or discovering any such case, shall notify the same with the least possible delay to the Medical Officer of Health or to the Secretary of the Sanitary Board, and may detain such person or remove him to a public hospital until he can be examined by the Medical Officer of Health or by some legally qualified and registered medical practitioner.

18. The Sanitary Board by its officers may provide for the removal of, and may remove to the *Hygeia* or other appointed place any person suffering from any such disease, and no removal shall take place except under the orders of the said Board or of one of its officers or of a legally qualified and registered medical practitioner, and then only in such manner and with such precautions as the said Board shall from time to time direct. No such removal, however, shall take place if the Medical Officer of Health or any legally qualified and registered medical practitioner certifies that such person is being lodged and cared for without danger to the public health.

19. The Sanitary Board may remove or cause to be removed for burial or cremation all bodies found in the Colony of persons who have died from any of such diseases and may bury or cremate or cause the same to be buried or cremated in accordance with the custom of the race to which the deceased belonged in such place and in such manner and with such precautions as the said Board may from time to time direct, and no persons, unless acting under the written sanction or direction of the Secretary of the said Board or of the Medical Officer of Health to bury or cremate, shall remove or bury or cremate any such bodies.

20. If any article of clothing or bedding or any other article which has been in contact with any person or any dead body in any way affected by any such disease can, in the opinion of the Medical Officer of Health or of an Inspector of Nuisances, be preserved without danger to the public health and can be effectively disinfected, then any such article shall be removed from any premises in which it shall be found by coolies hired by any person acting under the instructions of the Sanitary Board, or of one of its duly authorized officers, with such precautions and in such manner as the said Board shall from time to time direct, and shall be effectively disinfected and then returned to the owner or owners thereof. No person, save as aforesaid, shall handle any such article until it has been disinfected.

21. If, however, in the opinion, duly certified in writing, of an Inspector of Nuisances or of any other duly authorized officer of the Board, or of a legally qualified and registered medical practitioner, any bedding, clothing, or other article which has been in contact with any person or any dead body in any way affected by any such disease, or which shall have been found upon any premises recently occupied by such person or body cannot be effectively disinfected or ought, in the interests of the public health, to be destroyed then it shall, if the Medical Officer of Health or other officer of the Sanitary Board duly authorized to act on his behalf, concurs, be destroyed in such manner and in such place and with such precautions as the said Board may from time to time direct.

22. Any building or part of a building in which any person attacked by any such disease or in which the body of any person who has died of any such disease shall have been, or shall be found, shall forthwith, after the removal therefrom of the diseased person or of the dead body, be thoroughly cleansed and disinfected, to the satisfaction of the Medical Officer of Health; and—if in the opinion of the Medical Officer of Health or of any legally qualified and registered medical practitioner it is necessary—in the interests of the public health—the persons residing in such building or part of a building shall be detained therein or shall be removed to such buildings or vessels as the Board may direct and there isolated and kept under observation until such time as they may, in the opinion of the said Medical Officer of Health or other Medical Officer in charge of such buildings or vessels, be safely released: and it shall not be lawful for any person to re-occupy any such building or part of a building until it has been thoroughly cleansed and disinfected as aforesaid.

#### BYE-LAWS

*To be enforced only during the prevalence of an epidemic, endemic or contagious disease in the Colony or in any district thereof.*

23. During the prevalence in the Colony, or in any district thereof, of bubonic plague, cholera, small-pox or such other epidemic, endemic or contagious disease as may be from time to time notified in the *Government Gazette*, all receptacles, whether public or private, for excremental matter shall be kept thoroughly disinfected by the owner thereof to the satisfaction of the Medical Officer of Health or other

duly authorized officer of the Sanitary Board, by causing to be thrown into every such receptacle after use a sufficient quantity of any such disinfectant as may be approved by the said Board. All floors and channels as well as all partitions, seats and other fittings of every latrine shall be frequently washed and cleansed with water to which some such disinfectant has been added.

24. During the prevalence in the Colony, or in any district thereof, of any of the aforesaid diseases any building or part of any building certified in writing by the Medical Officer of Health or by any legally qualified and registered medical practitioner, to be unfit for human habitation, even although the same may have been cleansed and disinfected, as provided in Bye-law 23, may be closed by order of the Sanitary Board during the prevalence of any of such diseases or for such less period as the Medical Officer of Health or such legally qualified and registered medical practitioner may certify to be necessary, and the occupants of the same may be removed, after 24 hours' notice has been given to the householder or occupier to vacate the premises, by the service of a notice, duly signed by the Secretary of the Sanitary Board, or by the posting of such notice upon any portion of the premises.

In no case shall such premises be re-occupied except under a certificate of the Sanitary Board signed by the Secretary that such premises are fit for human habitation.

The said Board may, when necessary, erect matsheds, or hire buildings or charter vessels and use them for the accommodation of the persons so removed.

25. Any officer of the Sanitary Board may, during the prevalence in the Colony or in any district thereof of any of the aforesaid diseases, and within such limits as may from time to time be defined by the said Board, make a house to house visitation for the purpose of inspecting the sanitary condition of any premises so visited and of all and every part thereof, and of ascertaining whether there is any person in or upon the said premises attacked or affected by any of the said disease or the body of any person who has died therefrom. If the premises so visited or any part thereof shall be found in a dirty or insanitary condition in the opinion of any such officer he shall report the same to the Medical Officer of Health or to any such other officer as may be appointed for that purpose by the Sanitary Board, with the approval of the Governor, who shall inspect such premises and if he considers them or any part thereof to be in a dirty or insanitary condition he may forthwith take steps to have all furniture and goods removed therefrom and to have the said premises thoroughly cleansed and disinfected by persons acting under his instructions; and whenever, in his opinion, it is necessary for the thorough cleansing and disinfection of such premises to do any or all of the following acts, namely, to take down, remove from the premises or destroy any mezzanine floor, cockloft, partition, screen or other similar structure or fitting, or any portion thereof, or when in his opinion any mezzanine floor, cockloft, partition, screen, or other similar structure or fitting prevents the free access of light and air to the said premises, he shall forthwith have the same taken down, and if he considers the removal from the premises or the destruction thereof, or both, necessary in the interests of the public health, he shall forthwith cause the same to be removed from the premises or destroyed or both. Such destruction shall be carried out with such precautions and in such manner and in such place as the said Board may from time to time direct.

#### *Penalties.*

26. Any person who shall commit any breach of any of the above Bye-laws shall on conviction thereof be liable to a penalty not exceeding \$25 in every case.

Made by the Sanitary Board this 13th day of May, 1897.

HUGH McCALLUM,  
*Secretary.*

Approved by the Legislative Council this 17th day of May, 1897.

J. G. T. BUCKLE,  
*Clerk of Councils.*

### Appendix C.

#### 1. RHEUMATIC FEVER, "HYPERPYREXIA." RECOVERY.

*A. P., Female. Aged 27.*

Admitted on the 17th April with symptoms of acute rheumatism:—pain, swelling and tenderness in the joints of the lower extremities followed in a few days by affection of the wrists and elbows, accompanied by fever.

The treatment consisted of Salicin internally and lead and opium fomentations to the affected joints.

The patient progressed favourably until the 24th instant when the temperature in the morning was 102° F, this rose to 104° F by mid-day when eight grains of phenacetin were given, at 4 p.m. it had risen to 105.4°, and as at 6 p.m. it was 106.8° and the patient was becoming delirious, sheets dipped in iced water were applied to the body and changed every few minutes, an ice bag was placed on the head and ice was gently rubbed over the skin of the body; by 8 p.m. the temperature had fallen to 103° F, and the patient was conscious; at 9.30 p.m. it was 100° F.

From this date improvement was marked; only twice, viz., on the 28th and 29th, did the temperature rise above 101° F, the pains in the joints gradually subsided and the patient was convalescent by the 4th May.

*Remarks.*—I report this to show the efficacy of the wet pack even in the hyperpyrexia occurring in the course of rheumatic fever.

## 2. ENTERIC FEVER. PROFUSE HÆMORRHAGE HIGH TEMPERATURE. RECOVERY.

*L. S., Male. Aged 32.*

Admitted on 28th December, 1896, from the U. S. S. "*Machias*," complaining of general malaise for two weeks before admission with fever for the last 4 or 5 days.

His temperature on admission was 105° F and remained between 103° F and 105° F for the next five days, on the 2nd January a crop of roseolæ developed on the skin of the abdomen.

On the evening of the 5th January at 7.30 p.m. there was a profuse attack of hæmorrhage from the bowel, quite three pints of blood coming away.  $\frac{1}{2}$  grain of morphia and  $\frac{1}{100}$  grain Citrate of Ergotine were at once given hyperdermically; his temperature, which had been 104° in the morning, was now 99° F.

As at 12.20 p.m. that night there was a return of the hæmorrhage the morphia and ergotine were repeated.

On the morning of the 6th another profuse attack occurred and was again checked with morphia and ergotine, the patient being kept perfectly still and taking nothing but ice and iced water.

On the 7th instant there was slight hæmatemesis.

The fever was of a continued type up to the 22nd instant when marked morning remissions occurred, that morning it was down to 101° F, the following morning it was 100.2°, and on the 24th it was 99° F; a rigor occurred this day at 12.30 p.m. and the temperature rapidly rose to 105°; ten grains of phenacetin were given when it fell to 103°; as it had risen to 106° F by 6.25 p.m. the wet sheet was applied and by midnight the temperature had fallen to 98°. From this date he began to improve, the temperature only once reaching 102°.

The convalescence was somewhat delayed, but he was eventually discharged cured on the 20th March.

## 3. GANGRENOUS DYSENTERY. RECOVERY.

*A. D., Male. Aged 30.*

Admitted to hospital on the 12th February with a history of fever for three days accompanied by diarrhœa with dysenteric stools.

On admission his temperature was 101° F, that day the bowels were open twelve times, the stools containing blood and mucus; in the evening the temperature was 102.4° F.

He was placed on a strict milk diet and half drachm doses of Ipecacuanha powder were given twice daily.

At first this appeared to check the disease as on the 14th the bowels were moved but six times; four doses of the Ipecacuanha powder had by this time been given.

Salol and quinine were now substituted, and by the 17th instant the blood and mucus had all disappeared, but as there was still some tenesmus and the temperature remained up on the 18th, ipecacuanha was again administered, this time the powder *sine emetin* being given in doses of ten grains thrice daily as the ordinary powder had produced considerable nausea.

This was not so efficacious, accordingly on the 19th the pulv ipecac. ver. was given again, this being repeated in the evening and again the following morning; on this day a note was made "no blood, less tenesmus."

As on the 22nd the bowels had been open five times another powder was given.

On the 23rd instant a large slough of the mucus membrane of the bowel quite 3 inches long by  $\frac{1}{2}$  inch wide was passed; a boracic acid enema was at once given followed by an enema containing Pulv Ipecac. Ver.  $\mathfrak{z}$ ii, Mucilag Acacia  $\mathfrak{z}$ ss Aqua ad  $\mathfrak{z}$ iii; the following day at 8 a.m. two more larger sloughs of the bowel were passed, an enema similar to the above being given and repeated in the evening.

On the 25th as the stools were very offensive two more enemata were given.

There was a small slough passed in the morning of the 27th; after this an enema of pulv ipecac. ver.  $\mathfrak{z}$ ii was given.

From this date convalescence commenced and as the stools became more formed ipecacuanha was discontinued and pernitrate of iron given instead.

During the time the sloughs were coming away the patient was very low and his strength was maintained by champagne, small doses of brandy in his milk and Brand's Essence.

He recovered completely and up to the present has had no ill after-effects such as contraction of the bowel.

This case seems worthy of record as it is seldom that a case of gangrenous colitis like this recovers.

## Enclosure II.

GOVERNMENT CIVIL HOSPITAL,  
HONGKONG, 24th May, 1898.

SIR,—I have the honour to submit a short report of the Lunatic Asylum during the year 1897 with two tables showing the admissions and deaths that have occurred and the diseases for which the patients were admitted.

One hundred and thirty-six patients were admitted during the year, of which number twelve died, twenty-nine were sent to Canton, and eighty-nine were discharged in the care of friends either cured or partially relieved, the majority coming under the latter category.

Three deaths occurred amongst the Europeans, one from General Paralysis of the Insane and two from the effects of Alcohol; one a very interesting case of delirium tremens with high temperature already reported in *The Lancet*.

The majority of European admissions come under the heading of "Under Observation" and were due to the temporary effects of drink, and after two or three days' detention were discharged cured. The insane cases were mostly due to Melancholia with delusions and were sent home to their respective countries.

*Chinese.*—Three cases of General Paralysis of the Insane occurred amongst the Chinese, two male and one female. The majority of the other cases were those of Dementia and come under the category of "harmless lunatics." Unfortunately it is almost impossible to obtain any previous medical or family history of the cases so that the cause and origin of the mental condition is wrapt in mystery.

There were five undoubted cases of Puerperal Mania, none of which recovered their mental condition. It seems, therefore, a fairly common disease amongst Chinese, and I have no doubt it would be found to be much more prevalent if a correct previous history were obtainable.

The Asiatic death occurred in the person of an old man of 80 admitted with cerebral softening.

No European female lunatics have been admitted during the year.

The European Wardmasters LEE and SYDNEY have worked throughout the year without any interruption from illness, and both have done their work well and satisfactorily.

During my illness and absence on leave (3rd February to 10th May) the Lunatic Asylum was in charge of Dr. PENNY, R.N., and Dr. SWAN, and I take the opportunity to thank these gentlemen for the care and interest they took in these rather uninteresting patients.

Miss EASTMOND proceeded home on leave in April and the charge of the female lunatics was taken over by Miss IRELAND.

I have the honour to be,

Sir,

Your obedient Servant,

J. BELL,

Medical Officer in charge of Lunatic Asylum.

THE PRINCIPAL CIVIL MEDICAL OFFICER.

Table showing the ADMISSIONS into and DEATHS in the GOVERNMENT LUNATIC ASYLUMS  
during each Month of the Year 1897.

MONTHS.	EUROPEANS.		COLOURED.		CHINESE.		Total Admissions.	Total Deaths.	Discharged to Canton.
	Admissions.	Deaths.	Admissions.	Deaths.	Admissions.	Deaths.			
Remaining on the 1st January, 1897..	1	...	...	...	8	...	9	...	...
January, .....	...	...	1	...	7	1	8	1	5
February, .....	2	...	...	...	3	1	5	1	...
March, .....	1	...	1	...	3	...	5	...	...
April, .....	3	...	1	...	8	...	12	...	6
May, .....	3	1	...	...	11	1	14	2	...
June, .....	1	...	...	...	10	1	11	1	5
July, .....	3	...	...	...	10	1	13	1	...
August, .....	3	1	...	...	15	...	18	1	6
September, .....	1	...	...	1	6	1	7	2	...
October, .....	1	1	3	...	13	1	17	2	...
November, .....	...	...	...	...	7	...	7	...	...
December, .....	3	...	...	...	7	1	10	1	7
TOTAL,.....	22	3	6	1	108	8	136	12	29

*Table showing number of PATIENTS admitted to the ASYLUM under their respective diseases.*

DISEASE.	EUROPEANS.		CHINESE, &c.	
	Male.	Female.	Male.	Female.
Mania, .....	1	...	9	5
Puerperal Mania, .....	...	...	...	5
Dementia, .....	1	...	36	22
Melancholia, .....	1	...	9	...
General Paralysis of the Insane, .....	1	...	2	1
Cerebral Softening, .....	3	...	2	...
Epilepsy, .....	1	...	1	...
Under Observation, * .....	13	...	11	3
TOTAL, .....	21	...	70	36

\* This includes patients suffering from Alcoholism, Erysipelas, Measles, &c.

**Enclosure III.**

*Report of the Medical Officer of Victoria Gaol.*

VICTORIA GAOL,  
HONGKONG, 29th January, 1898.

SIR,—I have the honour to report regarding the work done in, and in connection with, the Victoria Gaol Hospital during the year 1897.

342 prisoners were admitted to the Gaol Hospital, and 455 less serious cases were treated in the cells. Six deaths, including two cases of suicide by hanging, occurred during the year. Malarial Fevers and Diarrhoea have been the most prevalent ailments among the casual sick.

2,830 prisoners were vaccinated during 1897, being a larger number than in any previous year.

The sanitary condition of the Gaol is good, and none of the sickness that has existed has been attributable to any defect in this respect.

I append the following Tables :—

- I. Showing the Admissions and Mortality in the Victoria Gaol Hospital ;
- II. Showing cases treated by Medical Officer, but not admitted to Hospital ;
- III. Showing cases admitted to Hospital at the First Medical Examination of them by the Medical Officer ;
- IV. Showing the Weights of Opium Smokers for the First Four Weeks' Confinement in Gaol ;
- V. Showing Opium Smokers admitted to Hospital ;
- VI. Showing the number of Vaccinations ;
- VII. Showing the number and percentage of prisoners admitted to Hospital at their First Medical Examination ;
- VIII. Showing the Rate of Sickness and Mortality in the Gaol during the year.

The Tables are similar to those of previous years, except in slight details. That showing the Rate of Sickness and Mortality I have re-constructed to afford a more complete view of the health of the Gaol, and those of general statistics I have compiled in accordance with the Nomenclature of Diseases of the Royal College of Physicians of London, thus bringing them into conformity with the Government Civil Hospital statistics.

I have the honour to be,

Sir,

Your obedient Servant,

JOHN C. THOMSON,  
Medical Officer.

Dr. J. M. ATKINSON,  
Principal Civil Medical Officer,  
&c., &c., &c.

Table I.—Showing the ADMISSIONS and MORTALITY in the VICTORIA GAOL HOSPITAL during the Year 1897.

	ADMISSIONS.			Total.	DEATHS.			Total.
	Euro-peans.	Indians and Coloured Persons.	Asiatics.		Euro-peans.	Indians and Coloured Persons.	Asiatics.	
<b>GENERAL DISEASES:—</b>								
Mumps, .....	...	...	1	1	...	...	...	...
Simple Continued Fever, .....	...	...	4	4	...	...	...	...
Dysentery, .....	1	...	2	3	...	...	...	...
Beri-Beri, .....	...	...	2	2	...	...	...	...
Malarial Fever—								
<i>a.</i> Intermittent, .....	1	...	10	11	...	...	...	...
<i>b.</i> Remittent, .....	2	..	14	16	...	...	...	...
Erysipelas, .....	...	...	2	2	...	...	...	...
Syphilis—								
<i>a.</i> Primary, .....	1	...	3	4	...	...	...	...
<i>b.</i> Constitutional, .....	...	...	1	1	...	...	...	...
Gonorrhœa, .....	1	...	...	1	...	...	...	...
Diseases dependent on Animal Parasites, .....	2	...	1	3	...	...	...	...
Effects of Mechanical Injuries, .....	1	...	15	16	...	...	...	...
" of Heat, .....	2	1	...	3	1	...	...	1
" of Strain, .....	1	...	...	1	...	...	...	...
Alcoholism, .....	2	...	...	2	...	...	...	...
Rheumatism, .....	3	...	4	7	...	...	...	...
Anæmia, .....	...	...	5	5	...	...	...	...
Debility, .....	3	1	28	32	...	...	1	1
<b>LOCAL DISEASES:—</b>								
Diseases of Nervous System, .....	...	2	20	22	...	...	...	...
" of Eye, .....	1	1	2	4	...	...	...	...
" of Ear, .....	...	...	1	1	...	...	...	...
" of Circulatory System, .....	...	...	4	4	...	...	...	...
" of Respiratory System, .....	1	...	25	26	..	...	1	1
" of Digestive System, .....	9	1	33	43	...	...	1	1
" of Lymphatic System, .....	1	...	7	8	...	...	...	...
" of Urinary System, .....	...	...	6	6	...	...	...	...
" of Generative System, .....	...	...	2	2	...	...	...	...
" of Male Organs, .....	...	...	6	6	...	...	...	...
" of Organs of Locomotion, .....	...	...	1	1	...	...	...	...
" of Connective Tissue, .....	2	1	36	39	...	...	...	...
" of Skin, .....	...	...	11	11	...	...	...	...
Under Observation, .....	6	...	49	55	...	...	...	...
Total, .....	40	7	295	342	1	...	3	4

OTHER DEATHS: Suicide by Hanging in Cell,—2 Chinese.

JOHN C. THOMSON, *Medical Officer.*

Table II.—Showing CASES TREATED by Medical Officer in VICTORIA GAOL, but NOT ADMITTED TO HOSPITAL, during the Year 1897.

	Euro-peans.	Indians and Coloured Persons.	Asiatics.	Total.
<b>GENERAL DISEASES:—</b>				
Malarial Fever—Intermittent, .....	...	...	1	1
Syphilis— <i>a.</i> Primary, .....	6	...	76	82
<i>b.</i> Constitutional, .....	...	...	4	4
Gonorrhœa, .....	17	...	22	39
Diseases dependent on Animal Parasites, .....	...	3	79	82
" " Vegetable Parasites, .....	9	...	51	60
Effects of Mechanical Injuries, .....	4	...	36	40
" Heat, .....	1	...	1	2
Rheumatism, .....	1	...	1	2
<b>LOCAL DISEASES:—</b>				
Diseases of Nervous System, .....	...	...	2	2
" Eye, .....	1	1	1	3
" Circulatory System, .....	1	...	...	1
" Digestive " .....	...	...	6	6
" Lymphatic " .....	...	...	6	6
" Generative " .....	...	...	2	2
" Male Organs, .....	...	...	2	2
" Connective Tissue, .....	4	3	65	72
" Skin, .....	1	...	48	49
TOTAL, ...	45	7	403	455

JOHN C. THOMSON, *Medical Officer.*

Table III.—Showing cases ADMITTED to VICTORIA GAOL HOSPITAL at the FIRST MEDICAL EXAMINATION by the Medical Officer during the Year 1897.

	Europeans.	Indians and Coloured Persons.	Asiatics.	Total.
<b>GENERAL DISEASES:—</b>				
Simple Continued Fever, ... ..	...	...	2	2
Malarial Fever—Intermittent, ... ..	1	...	1	2
Syphilis—Primary, ... ..	1	...	2	3
Gonorrhœa, ... ..	1	...	...	1
Disease dependent on Animal Parasites, ... ..	...	...	1	1
Effects of Mechanical Injuries, ... ..	1	...	1	2
„ Heat, .. ..	...	1	...	1
Alcoholism, ... ..	2	...	...	2
Rheumatism, ... ..	1	...	1	2
Debility, ... ..	...	...	4	4
<b>LOCAL DISEASES:—</b>				
Diseases of Nervous System, ... ..	...	...	2	2
„ Digestive System, ... ..	1	...	...	1
„ Lymphatic System, ... ..	...	...	1	1
„ Urinary System, ... ..	...	...	1	1
„ Male Organs, ... ..	...	...	2	2
„ Organs of Locomotion, .. ..	...	...	1	1
„ Connective Tissue, . ... ..	...	...	2	2
„ Skin, ... ..	...	...	1	1
Under Observation, ... ..	...	...	6	6
<b>TOTAL,...</b> ... ..	<b>8</b>	<b>1</b>	<b>28</b>	<b>37</b>

JOHN C. THOMSON,  
Medical Officer.

Table IV.—Showing the WEIGHTS of PRISONERS (OPIUM SMOKERS), for the First Four Weeks' Confinement in VICTORIA GAOL, during the Year 1897.

No.	Age.	Length of Time Opium Smoker.	Consumption, per diem.	Weight when Admitted.	Weight First Four Weeks.			
	Years.	Years.	Mace.	lbs.	lbs.	lbs.	lbs.	lbs.
1	55	10	1	115	114	111	112	112
2	46	3	3	104	105	106	108	105
3	27	10	2	89	88	87	90	90
4	25	6	1	101	102	101	102	101
5	50	14	4	75	73	75	77	...
6	66	40	3	98	97	96	...	...
7	49	30	1½	117	116	115	116	...
8	26	10	1½	97	97	95	96	96
9	50	16	1	87	88	94	100	100
10	60	20	2	96	96	96	...	...

JOHN C. THOMSON,  
Medical Officer.

Table V.—Showing OPIUM SMOKERS admitted into VICTORIA GAOL HOSPITAL for Treatment during the Year 1897.

Diseases.	Europeans.	Indians.	Asiatics.	Total.
Debility, .....	.....	.....	4	4
Dyspepsia,.....	.....	.....	1	1
Bronchitis, .....	.....	.....	2	2
<b>Total,.....</b>	<b>.....</b>	<b>.....</b>	<b>7</b>	<b>7</b>

JOHN C. THOMSON,  
Medical Officer.



**Table VI.**—*Showing the number of PRISONERS VACCINATED in VICTORIA GAOL during the Year 1897.*

Prisoners Vaccinated.	Number of those showing marks of previous Vaccination.	Successful.	Unsuccessful.	Not inspected, owing to early discharge from Gaol.
2,830	2,410	1,678	1,016	136

JOHN C. THOMSON,  
Medical Officer.

**Table VII.**—*Showing the NUMBER and PERCENTAGE of PRISONERS ADMITTED to VICTORIA GAOL HOSPITAL at the FIRST MEDICAL EXAMINATION by the Medical Officer during the Year 1897.*

Total number of Prisoners Admitted to Gaol.	Sick in Hospital.				Admitted to Hospital on First Medical Examination.				Percentage of Hospital cases on First Medical Examination.		Percentage of Hospital cases on First Medical Examination.	
	Europeans.	Indians.	Chinese.	Total.	Europeans.	Indians.	Chinese.	Total.	To Total Gaol Admissions.	To Total Hospital Cases.	Europeans.	Chinese.
											To Total Hospital Cases.	To Total Hospital Cases.
5,076	40	7	295	342	8	1	28	37	0.72	10.81	2.33	8.18

JOHN C. THOMSON,  
Medical Officer.

**Table VIII.**—*Showing the RATE of SICKNESS and MORTALITY in VICTORIA GAOL during the Year 1897.*

TOTAL NUMBER OF:—				DAILY AVERAGE NUMBER OF:—			RATE PER CENT. OF:—			
Prisoners admitted to Gaol.	Sick admitted to Hospital.	Sick not requiring to be treated in Hospital.	Deaths.	Prisoners in Gaol.	Sick in Hospital.	Sick not in Hospital.	Serious Sickness to Total Admissions to Gaol.	Total Sickness to Total Admissions to Gaol.	Daily Average number of Sick to Daily Average number of Prisoners.	Mortality to Total Admissions to Gaol.
5,076	342	455	6	462	11.80	8.55	6.73	15.70	4.40	0.11

JOHN C. THOMSON,  
Medical Officer.

**Enclosure IV.**

*Report of the Inspecting Medical Officer of the Tung Wa Hospital.*

TUNG WA HOSPITAL,  
HONGKONG, 4th February, 1898.

SIR,—I have the honour to report regarding the Tung Wa Hospital during the year 1897; and as this is the first report under the new conditions that have followed the issue of the Report of the Commission appointed in 1896 by His Excellency Sir WILLIAM ROBINSON, G.C.M.G., to enquire into the working and organization of the Hospital, I propose to describe in greater detail than will be necessary in future reports the arrangements which have been made for its more satisfactory working in the future, in order that these may be placed on record.

I assumed the duties of Inspecting Medical Officer on the 1st January, 1897; and on the same date Dr. CHUNG KING UE, who is a Diplomat of the Viceroy's Medical College, Tientsin, and was Resident Surgeon in the Alice Memorial Hospital during a period of eight years, became the first Resident Surgeon with a training in Western medicine, surgery, and midwifery in the Tung Wa Hospital.

At my morning visit I examine all new cases in the Receiving Ward, deal with all dead bodies in the Mortuary, and carefully inspect the whole hospital. At my afternoon visit I give attention chiefly to new admissions and dead bodies, and to any special matters that may have arisen during the interval, occasionally timing my visit so as to be able to inspect the food supplied to the patients at their afternoon meal.

THE RECEIVING WARD AND THE MORTUARY.

Each patient is on admission asked by a head coolie whether he prefers Chinese or Western treatment, it being explained that the latter will be carried out by a Chinaman, Dr. CHUNG. Having made his choice, he is temporarily treated in the Receiving Ward by the doctor under whose care he is to be, until the time of my visit. In that ward every case is examined and diagnosed by Dr. CHUNG, whether to be treated by himself or not, and at my own visit I confirm or modify his diagnosis before it is entered on the register. Cases of pronounced Small-pox, Bubonic Plague, etc. Dr. CHUNG sends on without delay to Kennedy Town Hospital. Suspicious cases are isolated by means of screens in a corner of the ward until I see them. After my visit all cases are removed to appropriate wards, such diseases as septicæmia, erysipelas, etc., being isolated in some of the Ko Fong small wards, and not being admitted to the general wards. When an infectious case has been in the Receiving Ward, efficient means are adopted to disinfect the ward after its removal.

In the Mortuary as in the Receiving Ward I reconsider Dr. CHUNG's reports regarding all cases. In the case of persons who die in the Hospital, there is the diagnosis made during life to go upon in arriving at an opinion as to the cause of death. In the case of bodies brought to the Hospital Mortuary already dead, the standing order is that the friends shall be retained until they have been interviewed by Dr. CHUNG, and delivery of a dead body is not taken by those in charge of the Mortuary until this has been done. He examines and cross-examines them as to the symptoms and duration of the illness that preceded death, and reports to myself; and as a general rule one can from such report, together with a consideration of the appearance of the body arrive at a fairly accurate idea as to the cause of death for purposes of the Hon. Registrar-General's statistics. If the case seem obscure, Dr. CHUNG requests the friends of the dead person to return about the usual time of my next visit to be further cross-questioned by myself regarding the circumstances preceding death. On account of the very strong prejudices the Chinese entertain against any interference with the dead body, I have acted on the policy of making as few post-mortem sections as possible, limiting such internal examinations to specially obscure cases, cases accompanied by suspicious circumstances, and cases in which the interests of the public health or the order of the Coroner left no alternative.

The arrangements for the burial of the dead are sufficient and satisfactory, and I have sought to have them carried out with due respect for the dead.

THE HOSPITAL BUILDINGS.

Two new wards have been built on the site of certain of the Ko Fong wards next to the Mortuary, and have been used as Surgical Wards since they were opened in April. This set free the two ground floor wards of the North Block, which, being somewhat shut in by other buildings and dimly lighted, were less suitable for purposes of ordinary treatment, to be used for the accommodation of destitutes and certain chronic and incurable cases that being without relatives or means of support cannot be got rid of. The ventilation of these destitute wards has been improved by the cutting of several openings in a wooden partition on the side next the gateway, and by substituting bamboo blinds for a fixed wooden venetian screen which formerly completely closed in the verandah of these wards on the east side.

The housing of destitutes is a not unimportant part of the work of the Tung Wa Hospital. Ship-wrecked sailors and fishermen picked up at sea, poor Chinese making their way back to their native districts from the Straits Settlements and elsewhere, outcasts found in the streets by the police, find here a shelter and food until the Directors are able to arrange for their being handed to their friends or transferred to their own villages on the mainland.

I have re-measured all the wards in the Hospital, and limited the number of patients in each to allow a minimum of 800 cubic feet per patient, counting only twelve feet of the height. If the whole height to the roof be taken into account, the space allowance per patient is in some of the wards considerably greater. The number of patients permitted is painted on a board at the door of each ward, and is never under any circumstances exceeded, except occasionally in the wards for destitutes when an unusually large number have been sent in.

Formerly no classification of diseases was attempted, excepting the crude Chinese separation of external diseases from internal diseases, but the Directors readily consented to my suggestion that the various wards should be devoted to the accommodation of patients suffering from special classes of disease. The re-arrangement was made in March, and now, while overflow is necessarily permitted from one ward to another when occasion requires it, the general plan of the Hospital is as follows:—

West Block:—	<i>Name of Ward.</i>	<i>Beds.</i>	<i>Diseases.</i>
First Floor, .....	Fuk	15	Malarial Fevers.
.....	Shau	15	Lung Diseases.
Ground Floor, .....	Hong	15	Diarrhœa and Dysentery.
.....	Ning	15	General Medical Cases.

	<i>Name of Ward.</i>	<i>Beds.</i>	<i>Diseases.</i>
North Block :—			
First Floor, .....	P'ing	17	Beri-Beri.
.....	On	17	General Medical Cases.
Ground Floor, .....	Tik	8	Destitutes.
.....	Kat	16	Destitutes and Chronics.
South Wards :—			
.....	Ch'uen	13	Surgical.
.....	Hing	11	Surgical.

There are still twenty-four of the Ko Fong small wards in existence. Of these eight are built against retaining walls, and are now used only as stores. The other sixteen, each able to accommodate two persons, had been reconstructed before I assumed the duties of inspection of the Tung Wa Hospital, and are used for the housing of women and children, and for the isolation of such patients as for any reason require to be kept apart from others. I have recommended the Directors to pull down all these wards except a single line of them, which should remain for isolation purposes, and on the ground thus cleared to erect two blocks, each two storeys high, making four new wards. The proposal has been favourably entertained, and if the financial question can be satisfactorily settled the matter will probably soon be proceeded with.

A large kitchen to be used exclusively for the infusion of Chinese medicines was erected early in the year, and the old kitchen became entirely available for ordinary cooking purposes.

The whole floor above the Receiving Ward has been re-constructed into roomy suitable quarters for the staff of native practitioners, while the room adjoining the central hall which most of them formerly occupied has been partitioned to form a bed-room and sitting-room for Dr. CHUNG. Quarters previously occupied by one of the doctors beside the Ko Fong wards are now used as private wards, and the former private wards beside the North gateway are now the quarters of Dr. CHUNG's assistant and the Steward, about to be mentioned. The room above the old coolie house, formerly the waiting-room for mourners in connection with the former mortuary, has been added to the coolie quarters, thus doubling the accommodation for servants. The old mortuary itself is used as a store house.

Before leaving the subject of the Hospital buildings, I may mention a number of improvements which have during the year been effected in the wards, and which taken together greatly improve their condition. The sandal-wood burners, the smoke from which used to be so suffocating to Europeans who entered the wards, have been removed. The purpose of the smouldering sandal-wood was to cover foul odours, and when I pointed out that under new circumstances such odours no longer existed, no objection was made to my request that they should be taken away altogether. The sets of lockers attached to the west block have been completed by having the back boards, omitted in their original construction, put in, and now all wardrobes have been removed from the wards in that block. The filthy wicker baskets formerly used for the reception of soiled surgical dressings have been replaced by tin trays. Iron screens have been made to close in all fireplaces in the wards. The fireplaces themselves are to be replaced soon by stoves in the middle of the wards, and this has already been done in three of them. The "epidemic of commodes" spoken of by one of the witnesses before the Commission has long ago disappeared, commodes being only permitted in the wards in the case of such patients as, in my opinion, require to use them, and being emptied as soon as possible after use. For the patients generally, commodes are placed in the bath-rooms attached to the wards of the west block, and behind screens in the verandahs of the north block and the new Surgical Wards, and are frequently cleansed, with the free use of Jeyes' Fluid as a disinfectant.

#### THE HOSPITAL STAFF.

I am well satisfied with the work of Dr. CHUNG, who carries out my instructions carefully. Besides treating such patients as elect to come under his care, he makes it his endeavour to persuade the most serious cases, especially surgical, where there is hope of cure or relief, to go to hospitals offering better facilities for treatment. He further maintains a general oversight of the sanitary condition of the hospital buildings and drainage, of the cleanliness of patients, wards, bedding and clothing, and of the ventilation of the wards.

He keeps two main records ;—a General Register, showing name, address, age, sex, disease, date and hour of admission, date of discharge, number of days in hospital, occupation, result, with space for remarks ; and a Register of Cases brought into the Mortuary already Dead, showing name, age, sex, occupation, address, date of death, probable cause of death when no post-mortem section has been made, cause of death when ascertained by internal examination, with space for remarks.

He reports all infectious cases, with the addresses from which they have come, without delay by telephone to the Central Police Station and the Medical Officer of Health, later notifying them in the usual way to the Secretary of the Sanitary Board ; and sends a daily Return of Deaths to the Registrar-General's Office.

He was absent from the Hospital for a period of three weeks from 26th April, making enquiries at the request of the Government into the prevalence of Bubonic Plague in the districts of Tung Kun, Shun Tak, and Shiu Hing on the mainland. During his absence Dr. U I KAI acted for him.

The Directors early in the year appointed a young man named TANG KING FAI, at a salary of fifteen dollars a month with food and quarters, to act as surgical dresser and general assistant to Dr.

CHUNG, with permission to attend the classes and go through the regular curriculum of the College of Medicine for Chinese. This appointment I regarded as satisfactory evidence of a willingness on their part to fall in with the new order of things, since it was perfectly voluntary.

Just at the close of the year the Directors decided to appoint a Chinaman of somewhat better standing than that of the head coolies to act as Steward of the Hospital, to be at the head of the working staff of the institution, and to be responsible for the sanitary maintenance of the buildings, for the cleanliness of the patients and of their clothing and bedding, and for the proper carrying out of the conservancy system. Such an officer is now on a term of probation, and will, I think, prove suitable.

Dr. CHUNG, the Steward, and a head coolie accompany me round the hospital at my morning and afternoon inspections daily, and I am thus able to point out anything not in order at the time and on the spot to the party responsible for it.

An additional barber has been appointed at my suggestion to allow more careful attention to the shaving of the patients, and an additional night-soil coolie to secure a more efficient and continuous attention to the removal of discharges from the wards.

Otherwise the staff of employees is as it has been in previous years.

Here I may remark that I have been permitted to address directly all employees of the Hospital on the subject of their work, and my orders and those of Dr. CHUNG have been obeyed without question.

#### CLOTHING AND BEDDING.

I have arranged that all clothing of patients shall be changed twice a week, on Wednesdays and Saturdays, that all covers of cotton quilts shall be changed every Saturday, and that either clothing or bedding soiled by discharges shall be removed from the wards without delay. I secure the regular carrying out of these regulations by having the clean clothing and quilt cover laid out on each bed for my personal inspection at my morning visit each Wednesday and Saturday, and having the order to change clothing issued to the patients in each ward by the head coolie accompanying me before I leave the ward. In the first months of the year I had a considerable amount of trouble in getting this systematically done, but now it is established as a matter of routine.

The recommendation of the Commission that the cotton quilts in use for bedding should be replaced by blankets has not been carried into effect. After bringing pressure to bear on the Directors on this subject in other ways, I had a formal meeting with them in March for a full discussion of it. At this meeting a majority of them, including the Chairman and the two Vice-Chairmen, were present, and I found them perfectly unanimous in their opposition to the proposal. They urged that the Chinese, rich and poor alike, are so accustomed to this form of bedding that it would materially take away from the comfort of the patients to introduce any other. They professed their willingness to have the covers of the quilts changed regularly, and the quilts themselves replaced as often as might be necessary, and begged that the alteration should not be insisted upon. In these circumstances I desisted from the attempt to enforce the improvement recommended, and gave my attention to the question whether a satisfactory degree of cleanliness can be maintained with the use of the quilts, and have come to the conclusion that while the change to blankets would certainly be an improvement it is not absolutely essential, and may well be allowed to stand over until such time as it may be possible to gradually introduce the use of blankets.

A few days after the meeting just referred to, I caused all the cotton quilts to be uncovered for my inspection, and removed thirty of the worst of them from use. A little later I made a more drastic examination of them, and with the consent of the police made a bonfire of more than one hundred of them on the Tai Ping Shan resumed area. A large number of others, not so completely spoiled as to require destruction by fire, were disinfected by heat at the public disinfector, and then broken up to be made anew, after the outer layer of wool had been picked off to be destroyed, and the remainder re-carded and mixed with a proportion of new cotton-wool.

New quilts having been purchased to replace those destroyed, and the stock of bedding having thus been placed on a satisfactory footing, I have made a weekly inspection since that time of those in use, all quilts being uncovered in preparation for the weekly change of covers before the time of my morning visit on Saturdays.

The quilted clothing supplied to the patients in the cold season is, of course, in the same category as the quilted bedding, and can only be cleansed by being periodically sent to the public disinfector. The change of clothing made twice a week refers to the cotton clothing which alone is necessary during the greater part of the year, and is used as under clothing in the winter.

#### THE BOARD OF DIRECTORS.

While in the matter of the quilted bed-covers the Directors were not able to fall in with my proposals, and in other matters lack of available funds or the pressure of outside Chinese opinion rendered them unable to carry out certain improvements which they themselves recognised as desirable, I have throughout the year experienced the most marked kindness and courtesy in all my relations both with the former Board and with those who have recently entered on office. The enlightened policy that is consistently guiding their action in their management of the affairs of the Hospital is rapidly producing improvement of the institution on all sides of its work.

## WORK DONE DURING THE YEAR.

The number of patients in the Hospital at the beginning of the year was 132; 2,776 were admitted during 1897, making a total of 2,908 under treatment; 1,793 were discharged; 994 died; leaving 121 on the evening of 31st December.

The admissions during the past ten years have been:—

1888, .....	2,298
1889, .....	2,050
1890, .....	2,260
1891, .....	2,514
1892, .....	2,455
1893, .....	2,255
1894, .....	2,354
1895, .....	2,732
1896, .....	2,041
1897, .....	2,776

From these figures it will be seen that the number of admissions last year is greater than in any year during the decade, which fact may be regarded as affording satisfactory evidence that the new order of things in the Tung Wa Hospital is not resented by the Chinese public.

Of the 2,908 cases treated during the year, 463 were treated according to Western methods by Dr. CHUNG, including 11 of those remaining on 1st January who transferred themselves to his care, and 114 were sent as follows:—45 to Government Civil Hospital, 5 to Lunatic Asylum, 52 (36 Small-pox and 16 Plague) to Kennedy Town Hospital, 4 to Alice Memorial Hospital, 6 to Nethersole Hospital, and 2 to French Convent.

117,542 consultations in the Out-Patient Department, which is a separate building on the opposite side of Po Yan Street, under the Pó Léung Kuk, are reported by the six native doctors.

1,864 Vaccinations were performed in Hongkong itself, and 278 in the out-lying districts, making a total of 2,142, as compared with 1,601 during 1896, by a public vaccinator connected with the Tung Wa Hospital.

661 male destitutes, including 75 ship-wrecked sailors, were supplied with food and shelter for varying periods during the year. Similar work among women is done by the Pó Léung Kuk.

Of the 994 deaths, 505 (408 male and 97 female) were moribund on admission, death occurring within a few hours after reception into the hospital.

In addition to the above, 419 dead bodies (315 male and 104 female) were brought to the Tung Wa Hospital Mortuary to await burial. In the case of these, as has been mentioned, an approximate diagnosis of the causes of death for purposes of the Honourable Registrar-General's returns was made by means of inspection of the bodies and examination of the relatives as to the symptoms and duration of the antecedent diseases.

The custom that prevails among the Chinese of removing so many of the dying and the dead from the crowded coolie quarters and poorer homes of the city, while mayhap it hastens the end of some of the former, is decidedly advantageous to the public health of the community.

Besides those actually moribund when admitted, a very large proportion of the patients brought to the Tung Wa Hospital are hopeless from the beginning, and would be regarded as such in any European hospital. The chief benefit they receive is that they spend their last days amid what is to them comparative ease and comfort. These include numerous cases of advanced phthisis, heart disease, beri-beri, cachexia from neglected wounds and abscesses, malarial conditions, and the general debility of old age.

With regard to malarial diseases, the mortality has in the past been out of all proportion to the admissions, and, while to some extent due to the pernicious forms of fever that prevail in some of the out-lying districts from which many of the cases come, has been chiefly the result of the neglect of the use of quinine, the specific remedy for malaria. In the latter part of the year I have insisted on the use of this drug in all cases diagnosed malarial, whether nominally under Western treatment or not. Considerable improvement has also been effected in the arrangements for the dieting of fever cases.

I append the following Tables:—

- I. Showing the Admissions and Mortality in the Tung Wa Hospital during the year 1897;
- II. Showing General Statistics relating to the Tung Wa Hospital during the year 1897;
- III. Showing Vaccinations at, and in connection with, the Tung Wa Hospital during the year 1897.

Table I. is compiled in accordance with the Nomenclature of Diseases of the Royal College of Physicians, London; and also shows the proportion of cases treated according to European and Chinese methods respectively.

I have the honour to be,

Sir,

Your obedient Servant,

JOHN C. THOMSON, M.D., M.A.,  
*Inspecting Medical Officer.*

Dr. J. M. ATKINSON,  
*Principal Civil Medical Officer,*  
§c., §c., §c.

Table I.—Showing the ADMISSIONS and MORTALITY in the TUNG WA HOSPITAL during the Year 1897.

	ADMISSIONS.			Deaths.		
	European Treatment.	Chinese Treatment.	Total.	European Treatment.	Chinese Treatment.	Total.
<b>GENERAL DISEASES:—</b>						
* Small-pox, ...	...	36	36	...	...	...
* Plague, ...	...	16	16	...	4	4
Influenza, ...	1	3	4	...	...	...
Mumps, ...	1	1	2	...	...	...
Dysentery, ...	20	113	133	7	53	60
Beri-Beri, ...	36	137	173	14	88	102
Malarial Fever:—						
<i>a.</i> Intermittent, ...	33	234	267	4	40	44
<i>b.</i> Remittent, ...	14	290	304	5	142	147
Erysipelas, ...	2	4	6	...	...	...
Septicæmia, Puerperal, ...	2	4	6	1	4	5
Tetanus, ...	...	5	5	...	3	3
Tuberc'le, ...	1	6	7	1	2	3
Leprosy, Tubercular, ...	...	1	1	...	...	...
Syphilis, Constitutional, ...	21	28	49	3	2	5
Effects of Vegetable Poisons, ...	3	...	3	2	...	2
" Mechanical Injuries, ...	30	160	190	1	4	5
Starvation, ...	...	3	3	...	...	...
Alcoholism, ...	1	1	2	...	...	...
Rheumatism, ...	24	64	88	...	...	...
New Growth, Non-Malignant, ...	2	...	2	2	...	2
" Malignant, ...	8	...	8	5	...	5
Anæmia, ...	3	29	32	1	11	12
Diabetes Mellitus, ...	...	1	1	...	...	...
Debility, ...	4	40	44	1	22	23
<b>LOCAL DISEASES:—</b>						
Diseases of the—						
Nervous System, ...	26	90	116	8	51	59
Eye, ...	...	4	4	...	...	...
Circulatory System, ...	30	101	131	13	66	79
Respiratory " ...	46	416	462	26	264	290
Digestive " ...	40	285	325	15	103	118
Lymphatic " ...	7	2	9	...	...	...
Urinary " ...	1	25	26	...	21	21
Generative " ...	6	7	13	...	...	...
Male Organs, ...	1	3	4	...	...	...
Organs of Locomotion, ...	11	18	29	2	1	3
Connective Tissue, ...	28	137	165	...	2	2
Skin, ...	50	60	110	...	...	...
<b>TOTAL, ...</b>	<b>452</b>	<b>2,324</b>	<b>2,776</b>	<b>111</b>	<b>883</b>	<b>994</b>

\* Transferred at once, unless actually dying, to Kennedy Town Hospital.

JOHN C. THOMSON,  
Inspecting Medical Officer.

Table II.—Showing GENERAL STATISTICS relating to the TUNG WA HOSPITAL during the Year 1897.

Remaining on 1st January, 1897.			Patients Admitted.			Admitted already moribund.			Patients Discharged.			Deaths.			Destitutes.			Out-Patients.			Dead brought to Mortuary.		
Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
114	18	132	2,450	326	2,776	408	97	505	1,623	170	1,793	830	164	994	661	0	661	84,019	33,523	117,542	315	104	419

JOHN C. THOMSON,  
Inspecting Medical Officer.

Table III.—Showing VACCINATIONS at, and in connection with, the TUNG WA HOSPITAL during the Year 1897.

Hongkong.	Yaumati.	Shauiwan.	Aberdeen.	Stanley.	Hungbam.	Total.
1,864	66	6	109	50	47	2,142

JOHN C. THOMSON,  
Inspecting Medical Officer.

Enclosure V.

GOVERNMENT LABORATORY,  
HONGKONG, 13th June, 1898.

SIR.—I have the honour to submit a statement of the work done in the Government Laboratory during the year 1897. The work has not only been greater in amount than in any previous year but it has also been of a much more difficult character.

2. The work may be conveniently summarized as follows :—

Description of Cases.	No. of Articles examined.
Toxicological, .....	63
Potable Waters, .....	97
Petroleum, .....	120
Morphine Ordinance, .....	3
Food and Drugs Ordinance, .....	26
Coins, .....	6
Buffalo Milk, .....	4
Coal, .....	15
Blood stains, .....	6
Miscellaneous, .....	28
<b>Total, .....</b>	<b>368</b>

TOXICOLOGICAL.

3. The toxicological cases investigated during the past year include 12 cases of human poisoning, exclusive of one case of Strychnine poisoning which occurred beyond the confines of the Colony.

4. In six cases death was found to be due to opium.

5. There were five cases of Datura poisoning during 1897, in all of which cases Datura Alba had been administered for criminal purposes. All the victims recovered from the effects of the drug. In one case of drugging the accused used a mixture composed of Datura seeds and Datura flowers steeped in samshu. No less than three bottles of this mixture were found on his person together with a bottle of arsenic, and a powder composed of arsenic and Datura seeds. The pollen grains of Datura form a useful means for the identification of the flowers when mixed with other substances as they can be easily identified by their colour, shape, and markings. The mydriatic principle of Datura was isolated from the urines of the drugged persons without difficulty. The urines were collected, in four cases within 24 hours of taking the drug, but in one case an interval of 48 hours had elapsed before the urine could be collected.

6. A powder resembling pepper which had been thrown into a man's eyes was found to be native arsenic. One eye was seriously affected for some time, but after a few months all traces of injury disappeared.

WATERS.

7. The results of the analyses of samples taken each month from the Pokfulum and Tytam Reservoirs, and from the Kowloon Service, indicate that these supplies continue to maintain their excellent qualities. During the past year the Kowloon Service has given complete satisfaction. The composition of the water supplies varies hardly at all from month to month. The following table shows the composition of the three waters collected in December :—

	Total solid matter dried at 212° F.	Chlorine.	Saline Ammonia.	Albumenoid Ammonia.	Oxygen absorbed in 4 hours at 80° F.	Nitrites.	Nitrates.	Sugar test for the detection of sewage.
Pokfulum, ....	4.0	.6	Absent.	Absent.	.013	Absent.	Absent.	No trace of sewage indicated.
Tytam, .....	3.8	.6	Do.	Do.	.013	Do.	Do.	Do.
Kowloon, ....	2.5	.6	Do.	Do.	.003	Do.	Do.	Do.

A large number of wells have been closed during the past three years, and as regards the water supplies of every description in this Colony it is satisfactory to know that they are all at present supplying water that is fit for potable purposes.

In Appendix A will be found the results of the analyses of 26 well-waters.

8. *The Dangerous Goods Ordinances, 1873 and 1892.*—Of petroleum 120 samples were examined and were found to give off inflammable vapour at temperatures considerably above the 73° F. limit.

9. *The Food and Drugs Ordinance, 18 of 1896.*—Twenty-six samples were examined :—

Description.	Number of samples.	Number found genuine.	Number found adulterated.
Milk, .....	9	8	1
Whiskey, .....	7	4	3
Beer, .....	4	4	0
Coffee, .....	4	3	1
Bread, .....	2	2	0

THE MORPHINE ORDINANCE, 1893.

10. There was one prosecution under this Ordinance, and three exhibits were forwarded for examination, all of which contained morphine hydrochloride.

MISCELLANEOUS.

11. *Buffalo Milk.*—Four samples collected in August had the following composition in 100 parts by weight :—

Description.	Specific Gravity at 15.5° C.	Total Solids.	Fat.	Solids not Fat.	Ash.	Water.
Morning, .....	1.038	19.92	7.86	12.03	.80	80.08
Morning, .....	1.034	21.92	9.89	12.03	.85	78.08
Evening, .....	1.028	16.97	6.33	10.64	.68	83.03
Evening, .....	1.037	21.05	7.85	13.20	.79	78.95

12. *Coins.*—The following shows the composition of three Chinese 20-cent pieces and of three Chinese 10-cent pieces :—

20-cent pieces marked Kwangtung Province 1 mace 4.4 candareens.

10- " " " " 7.2 candareens.

Description.	Specific Gravity.	Weight in Grains.	Weight of Silver in 1,000 parts.
20-cent, .....	10.256	82.47	795.4
do., .....	10.248	81.68	801.7
do., .....	10.253	82.92	790.3
10-cent, .....	10.373	41.38	798.0
do., .....	10.342	41.44	796.6
do., .....	9.912*	40.85	803.3

\* Confirmed by subsequent experiment.

13. *Disinfectants.*—Many much-advertised preparations have been found in previous years to have been perfectly useless. During the past year one of these so-called disinfectants was found to be in use in a house where a considerable number of cases of enteric fever were taking place. On occasions when it is imperative that a reliable disinfectant should be employed, recourse should be had only to preparations which are known to contain a sufficient quantity of either carbolic acid, perchloride of mercury, or other similar substances which will render such a preparation efficacious. During the past year one disinfectant was examined. Its composition was as follows :—

Coal tar acids, .....	12	} Percentages by volume.
Neutral Oils, .....	80	
Water, .....	8	



14. *Examinations for the general public.*—Samples of various descriptions were examined. The following is the scale of fees for the examination of samples for the general public as set forth in Government Notification No. 319:—

*Conditions.*

1. Postage or freight must be prepaid.
2. Applications should be addressed to the Colonial Secretary, and should be accompanied by samples and a remittance for the amount of the fee due.
3. The right is reserved of refusing samples from beyond the boundaries of the Colony, or such samples as may not be considered of sufficient public importance to warrant analysis.
4. The locality from which the samples come must be clearly described.
5. Crushed samples will not be received for analysis under any circumstances.
6. All samples analysed will remain the property of the Government.
7. The Government will not recognise any claims arising from the results of analysis.

*Tariff of Charges.*

(a) *Analyses of Food Materials.*—When any substance of the nature of a food or a drug\* is required to be examined as to evidence of purity or freedom from adulteration, a uniform charge of five dollars is made in accordance with section 11 of The Sale of Food and Drugs Ordinance, 1896.

\* The term "food" shall include every food or article used for food or drink by man, other than drugs or water. The term "drug" shall include medicine for internal or external use. (Section 2 of The Sale of Food and Drugs Ordinance, 1896.)

(b) *Water.*

Analysis for potable purposes (total solids, chlorine, nitrates, absorption of oxygen, free and saline and albumenoid ammonia and qualitative test for nitrites),.....	\$ 25.00
Qualitative analysis of mineral water, .....	15.00
Quantitative do., .....	50.00
Hardness only,.....	5.00

(c) *Mineral analyses.*

*Salts.*

Qualitative test for one constituent, .....	5.00
Complete qualitative analysis, .....	15.00
Quantitative analysis, each constituent,.....	10.00

*Metallic ores.*

Antimony, Tin, Silver, Gold, qualitative, .....	10.00
Do. quantitative, .....	25.00
General qualitative analysis, .....	15.00

*Coal.*

General analysis (moisture, volatile matter, coke, ash, specific gravity), .....	25.00
Ultimate analysis (carbon, hydrogen, nitrogen, oxygen, sulphur),.....	50.00
Sulphur only, quantitative, .....	10.00

*Graphite.*

Moisture, carbon, ash, quantitative, .....	25.00
--	-------

(d) *Kerosene.*

Flashing point (Abel close test), .....	2.50
Fire test, .....	2.50
Gravity, .....	5.00

(e) *Toxicological examinations.*

Qualitative examination,.....	50.00
Quantitative examination, .....	100.00

Charges for articles not enumerated in the above tariff and any further information can be obtained on application to the Government Analyst.

*Quantities which should be submitted for analysis.*

Wine, Brandy, Vinegar, Milk, at least.....	1 bottle (pint).
Butter, at least .....	¼ lb.
Water (examination for potable purposes), at least .....	½ gallon.
Mineral water, at least .....	2 gallons.
Substance for mineral analysis, at least .....	2 lbs.

15. *The Coal Supply of Hongkong.*—The following analyses show the composition of 14 coals on the Hongkong Market in December:—

LOCALITY.	APPEARANCE.	IN 100 PARTS OF THE ORIGINAL COAL.					CONDITION OF COKE.
		Moisture.	Volatile Combustible Matter.	Fixed Carbon.	Ash.	Sulphur.	
1. Moji, Japan, .....	Black lumps, dull laminae. Ash-grey colour. Colour of powder—dark chocolate.	2.818	38.762	43.840	14.580	.700	Cakes.
2. Cardiff, .....	Shining black lumps. Ash-grey colour. Colour of powder—black.	.851	13.219	81.601	4.329	.240	Cakes, good volume.
3. Moji, Japan, .....	Black lumps, dull laminae. Ash-reddish-white. Colour of powder—black.	4.232	39.618	45.660	10.490	.327	Cakes.
4. Moji, Japan, .....	Dull black lumps, slaty. Ash-red colour. Colour of powder—dark chocolate.	2.134	44.346	39.120	14.400	1.354	Cakes.
5. Kaiping Dust, China,	In small dull black lumps and powder. Ash-grey colour. Colour of powder—black.	1.119	24.181	48.620	26.080	1.175	Cakes, good volume.
6. Australian, .....	Black lumps, dull laminae, splintery. Ash-red colour. Colour of powder—black.	2.735	31.655	58.668	6,942	1.380	Cakes, good volume.
7. Moji, Mixed, Japan.	Shining black lumps, dull laminae. Ash-dark-grey colour. Colour of powder—black.	4.241	38.069	47.090	10.600	.935	Cakes.
8. Moji, Japan, .....	Shining black lumps, slaty. Ash-grey. Colour of powder—black.	3.499	36.241	45.740	14.520	1.101	Cakes.
9. Dust, Tonquin.	Black powder. Ash-brown colour.	11.160	5.440	61.060	22.340	.605	Powder.
10. Australian, Dust,	In small black lumps and powder. Ash-brown colour.	2.096	34.594	51.530	11.780	.974	Cakes, good volume.
11. Yubari, Japan,...	Shining black lumps, dull laminae. Ash-grey colour. Colour of powder—dark chocolate.	1.077	42.493	51.867	4.563	.937	Cakes.
12. Yubari, Japan, (Unscreened),	Dull black lumps, slaty. Ash-yellowish-grey colour. Colour of powder—black.	1.270	44.010	43.950	10.770	.276	Cakes.
13. Yubari, Japan, (Unscreened),	Dull black lumps, slaty. Ash-yellow colour. Colour of powder—black.	2.680	39.950	53.027	4.348	1.172	Cakes.
14. Tonquin, .....	Shining black lumps, dull laminae. Ash-light-grey. Colour of powder—black.	1.559	7.961	86.948	3.532	.692	Powder.

16. Leave of absence was continued to Mr. Crow throughout the year.

I have the honour to be,

Sir,

Your obedient Servant,

FRANK BROWNE, Ph. Ch., F.C.S.,  
*Sometime Demonstrator of Practical Chemistry in the  
 Laboratories of the Pharmaceutical Society.  
 Acting Government Analyst.*

THE PRINCIPAL CIVIL MEDICAL OFFICER.