Annexe A.

REPORT OF THE MEDICAL OFFICER OF HEALTH ON PLAGUE IN 1905.

In my 1904 Report on Plague I went somewhat fully into the questions of the channels of infection and the relation of rat plague to human plague. Experience of the 1905 epidemic does not suggest any alteration in my previously expressed opinions and I therefore present merely statistics in my Report herewith appended.

It is well known that a new Commission has lately been working in India on Plague and it is to be hoped that when the Report of the Commission is published much light may be thrown on the problems which the study of this disease presents.

The total number of cases of plague in 1905 was 304. The monthly distribution of the cases is shewn by the following Table which also similarly distributes the cases of previous epidemics since 1895.

MONTH.	YEAR.										
	1895.	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.
January,	...	49	...	9	1	8	7	1	4	...	12
February,	...	125	...	67	2	8	14	1	29	3	9
March,	...	168	...	137	25	5	54	2	115	4	3
April,	3	316	...	468	101	94	160	27	272	40	7
May,	2	344	3	534	421	326	701	157	515	135	78
June,	13	113	1	92	514	325	551	194	343	194	87
July,	2	52	11	7	263	209	109	131	85	96	76
August,	4	25	1	2	86	80	27	50	32	19	17
September,	3	9	1	1	57	16	24	2	9	9	2
October,	...	2	...	2	4	12	1	2	5	...	4
November,	5	1	2	...	1	2	1	1	4	5	3
December,	12	..	2	2	11	2	2	4	2	5	6
	44	1,204	21	1,320	1,486	1,087	1,651	572	1,415	510	304

My previous Reports on Plague Epidemics in the Colony have been written on the number of cases occurring from January to July inclusive. In order, therefore, to make figures in this report comparable with those for previous epidemics I have taken a similar period here for the basis of the following statistics.

The total number of cases from January to July was 272 as compared with 472 during the corresponding period of 1904.

Nationality and Sex.

These 272 cases were made up as follows:—

No. of Cases.	*Nationality.*	*Sex.*	*% for Sex.*	*Total.*
181	Chinese,	Males,	67·53	268
87	,,	Females,	32·47	
2	Indian,	Males,	100·0	2
0	,,	Females,	...	
1	Malay,	Males,	100·0	1
0	,,	Females,	...	
1	Portuguese,	Males,	100·0	1
0	,,	Females,	...	
272				272

In 1904 out of the total British and Foreign population, two Indians only were attacked. The above Table is therefore very similar to its corresponding one for the 1904 epidemic.

In 1904 the Chinese cases gave a case percentage for males of 65·3 and for females of 34·7.

Death-Rates.

The total death-rate for the epidemic is 94·1 per cent., as compared with 96·8 per cent. for 1904.

The following are the percentage death-rates recorded for each epidemic since 1894.

Year, ...	*1894*	*1896*	*1898*	*1899*	*1900*	*1901*	*1902*	*1903*	*1904*	*1905*
Death-rate per cent.,	92 7	89·5	89·0	96·1	95·5	95·2	97·5	88·4	96·8	94·1

Distributed according to nationality and sex the death rates for 1905 are as follows:—

Chinese, ...	268 cases	with	254	deaths	= 94·1 °/₀	(1904	96·8°/₀)
	181 males	,,	171	,,	= 94·47°/₀	(,,	9⁻·3°/₀)
	87 females	,,	83	,,	= 95.4 °/₀	(,,	95·7°/₀)
Indian, ...	2 cases	,,	1	death	= 50 °/₀	(,,	100·0°/₀)
	2 males	,,	1	,,	= 50 °/₀	(,,	100·0°/₀)
	0 female		nil			(	nil)
Malay, ...	1 case	,,	1	,,	= 100 °/₀	(	nil)
	1 male	,,	1	,,	= 100 °/₀	(	nil)
	0 female		nil			(	nil)
Portuguese, .	1 case	,,	1	,,	= 100 °/₀	(	nil)
	1 male	,,	1	,,	= 100 °/₀	(	nil)
	0 female		nil			(	nil)

The small number of cases amongst nationalities other than Chinese affords no room for comment.

For the Chinese it will be noticed that the rates for both sexes are somewhat lower than they were in 1904. The female death-rate does not vary s› much as that for males.

In the years 1903, 1904, 1905 the female death-rates have been 95·7 per cent., 95·7 per cent., and 95·4 per cent. respectively, and for the males 91·9 per cent., 97·3 per cent., and 94·47 per cent., respectively.

Types of the Disease.

Since the beginning of last year all cases of Plague notified to the Medical Officer of Health have been described as either bubonic, septic or pneumonic according to the view which the clinician or the pathologist has seen fit to take of each case.

No doubt such a classification is not strictly logical. There must be overlapping But if this be borne in mind such a classification may be useful especially if several epidemics be compared with each other in this respect.

The following are the figures for 1905 :—

	Bubonic.	Septic.	Pneumonic.	Total.
Males, ...137		44	4	185
Females, ... 62		24	1	87
Total, ...199		68	5	472

In 1904 the figures were:—

	Bubonic.	Septic.	Pneumonic.	Total.
Males, ...195		101	13	309
Females, ...108		47	8	163
Total, ...303		148	21	472

Expressed as percentages of the total cases for each sex these figures yield the following results :—

1905.

	Bubonic.	Septic.	Pneumonic.
Males,	74·05	23·78	2·17
Females,	71·28	27·58	1·14
Total,	73.16	25. 0	1.84

1904.

	Bubonic.	Septic.	Pneumonic.
Males,	63·1	32·6	4·2
Females,	66·2	28·8	4·9
Total,	64·2	31·3	4·4

In the year 1903 only the cases in which a post-mortem examination was made were thus classified. The figures for these which correspond with the above two Tables are :—

1903.

	Bubonic.	Septic.	Pneumonic.
Males,	59·1	35·9	4·8
Females,	64·9	30·9	4·1
Total,	61·3	34·0	4·5

By further analysis of the cases in 1905 by dividing them into certain age groups the following result is obtained :—

Age Period.	BUBONIC.				SEPTIC.				PNEUMONIC.			
	Cases.		Per Cent. of Cases in each Age Period.		Cases.		Per Cent. of Cases in each Age Period.		Cases.		Per Cent. of Cases in each Age Period.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Under 1 year.	1	0	33.3	0	0	2	0	66.6	2	1	66.6	33.3
1 to 5 years.	1	3	25.0	60.0	3	2	75.0	40.0	0	0	0	0
5 to 15 „	18	23	75.0	76.6	6	7	25.0	23.4	0	0	0	0
15 to 25 „	39	12	75.0	70.5	13	5	25.0	29.5	0	0	0	0
25 to 45 „	63	15	77.7	75.0	17	5	20.9	25.0	1	0	1.2	0
45 to 60 „	11	7	68.7	100.0	4	0	25.0	0	1	0	6.25	0
Over 60 „	4	2	80.0	40.0	1	3	20.0	60.0	0	0	0	0
Totals,.....	137	62			44	24			4	1		

Total male cases :—137 Bubonic.
44 Septic.
4 Pneumonic.

185

Total female cases :—62 Bubonic.
24 Septic.
1 Pneumonic.

87

The following examples shew how the above Table is to be read. Of all the female cases in the age group 5 to 15 years 76·6 per cent. were returned as of bubonic type and 23·4 per cent. as of septic type.

Again, of all male cases in the age group 25 to 45 years 77·7 per cent. were returned as of bubonic type, 20·9 per cent. as of septic type, and 1·2 per cent. as of pneumonic type.

Age and Sex Distribution of Plague.

The following Table shews the number of cases recorded during the year grouped into age periods for males and females, also the number of deaths and the death-rates for each such group:—

Age Period.	Total Cases.	%	Sex.	Cases.	%	Deaths.	Death-rate.
Under 1 year, ...	6	2·2	*m.*	3	50·0	3	100·00 %
			f.	3	50·0	3	100·00 %
1 year to 5 years, ...	9	3·3	*m.*	4	44·4	4	100·00 %
			f.	5	55·6	5	100·00 %
5 years to 15 years,.....	54	19·8	*m.*	24	44·4	24	100·00 %
			f.	30	65·6	30	100·00 %
15 years to 25 years, ...	69	25·3	*m.*	52	75·3	46	88·46 %
			f.	17	24·7	15	88·29 %
25 years to 45 years, ...	101	37·1	*m.*	81	80·2	75	92·59 %
			f.	20	19·8	19	95·00 %
45 years to 60 years, ...	23	8·4	*m.*	16	69·5	16	100·00 %
			f.	7	30·5	7	100·00 %
Over 60 years,.....	10	3·6	*m.*	5	50·0	5	100·00 %
			f.	5	50·0	5	100·00 %
Total,.....	272		*m.*	185	68·0	173	93·51 %
			f.	87	32·0	84	96·55 %
						257	

METEOROLOGICAL PHENOMENA AND PLAGUE.—JANUARY TO JULY, 1905.

Week.	*Mean Temperature.* °F.	*Relative Humidity.* %	*Sunshine.* Hours.	*Rainfall.* Inches.	*Plague Cases.*
1,	63·9	73·3	5·5	Nil.	1
2,	63·3	79·3	6·2	„	3
3,	68·0	83·7	3·8	„	3
4,	67·3	78·4	4·8	0·204	3
5,	52·4	86·8	Nil.	0·055	4
6,	50·8	85·1	0·014	0·012	3
7,	53·2	75·3	2·9	0·007	2
8,	61.3	93·5	0·53	0·069	2
9,	54·8	79·0	0·24	0·098	Nil.
10,	55·4	79·1	0·67	0·028	„
11,	62·5	90·8	2·90	0·474	„
12,	59·1	92·7	0·28	0·882	1
13,	62·3	93·7	0·60	0·225	2
14,	59·3	71·7	0·95	0·014	3
15,	67·6	92·3	0·84	0·101	1
16,	70·9	85·1	3·51	0·043	1
17,	72·2	87·5	7·68	0·003	2
18,	75·4	84·3	6·35	0·013	8
19,	76·8	82·1	10·84	0·001	18
20,	79·6	81·7	5·04	0·002	19
21,	80·5	76·0	7·7	0·170	19
22,	78·4	88·1	2·7	1·93	21
23,	81·3	85·6	2·3	0·818	21
24,	82·3	75·1	6·5	0·057	26
25,	79·4	83·7	2·5	0·783	16
26,	82·3	82·3	9·27	0·017	26
27,	81·4	77·5	7·6	0·488	19
28,	82·5	77·5	9·7	0·012	15
29,	83·0	78·8	9·0	0·094	19
30,	82·1	85·3	4·5	0·672	10
31,	79·8	87·0	7·5	0·734	5

The figures in the first four columns are weekly means, those in the fifth column shew the total Plague cases recorded each week.

RATS AND PLAGUE.

The systematic examination of rats caught or found dead in the Colony has been continued through the period following that covered by my last Report on Plague.

For the purpose of the following charts* and tables I have taken the whole of twelve months extending from July 31st, 1904, to August 5th, 1905.

The charts and tables therefore shew the rise and fall of plague in human beings and rats from the end of the 1904 Epidemic through the non-plague season to the end of the 1905 Epidemic.

In this respect these charts and tables are comparable with those published in my 1904 Plague Report. Moreover the division of the Colony into different districts for the purpose of these statistics is the same in those charts and tables as in those for 1904.

An examination of these charts and a comparison of them with those for 1904 will shew of course some differences.

Broadly speaking, however, the behaviour of the curves is very similar in the two years and would again point to the conclusion that the connection between rat plague and human plague is not a direct one but through some as yet undecided factor.

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* Not printed.

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905. City of Victoria. Population=188,659.*

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	270	19	7·04	8
32	315	18	5·7	2
33	269	10	3·7	1
34	328	13	3·9	0
35	267	8	3·0	2
36	276	10	3·6	3
37	272	12	4·4	4
38	353	14	3·9	0
39	307	8	2·6	0
40	400	15	3·7	0
41	341	6	1·7	0
42	401	5	1·2	0
43	346	3	0·8	0
44	389	5	1·2	0
45	417	5	1·2	0
46	438	11	2·5	2
47	515	6	1·1	0
48	551	9	1·6	0
49	449	10	2·2	1
50	486	7	1·4	1
51	447	10	2·2	0
52	387	9	2·3	0
1905.				
1	413	9	2·1	1
2	426	6	1·4	0
3	462	10	2·1	1
4	500	12	3·4	2
5	345	7	2·2	1
6	215	9	4·1	2
7	361	14	3·8	2
8	404	15	3·7	1
9	431	19	4.4	0
10	457	17	3·7	0
11	466	19	4·0	0
12	528	17	3·2	1
13	460	23	5·0	0
14	473	18	3·8	2
15	424	16	3·7	0
16	414	16	3·8	1
17	435	17	3·9	1
18	440	23	5·2	7
19	487	25	5·1	8
20	404	31	7·6	11
21	390	32	8·2	11
22	445	29	6·5	14
23	436	34	7·7	13
24	466	36	7·7	15
25	401	35	8·7	6
26	367	24	6·5	17
27	431	22	5·1	16
28	386	15	3·8	9
29	420	24	5·7	11
30	442	30	6·7	5
31	441	25	5·6	2

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Health District I. Population=13,478.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	45	3	6·6	1
32	35	1	2·8	0
33	22	0	...	0
34	44	3	6·8	0
35	19	1	5·2	1
36	29	2	6·9	1
37	25	3	12·0	0
38	41	3	7·3	0
39	44	0	...	0
40	50	4	8·0	0
41	41	1	2·4	0
42	32	0	...	0
43	27	0	...	0
44	45	0	...	0
45	39	0	...	0
46	40	1	2·5	0
47	43	1	2·3	0
48	34	0	...	0
49	50	2	4·0	0
50	55	2	3·6	0
51	29	0	...	0
52	40	1	2·5	0
1905.				
1	49	1	2·0	Nil.
2	39	0	...	0
3	47	3	6·3	0
4	53	0	...	0
5	50	0	...	0
6	30	1	3·3	0
7	41	1	2·4	0
8	37	0	...	0
9	42	0	...	0
10	44	2	4·5	0
11	47	2	4·2	0
12	48	2	4·1	0
13	54	4	7·4	0
14	47	1	2·1	0
15	43	1	2·4	0
16	37	2	5·4	0
17	40	2	5·0	0
18	38	1	2·6	0
19	33	2	6·0	0
20	37	4	10·8	0
21	37	3	8·1	1
22	38	3	7·8	1
23	50	3	6·0	1
24	29	3	10·3	0
25	43	4	9·3	0
26	31	0	...	0
27	51	4	7·8	0
28	32	2	6·6	1
29	59	2	3·4	0
30	53	1	1·8	0
31	45	1	2·2	0

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *August 31st, 1904, to August 5th, 1905.*

Health District II. Population=25,207.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	21	1	4·7	0
32	40	3	7·5	1
33	46	4	8·7	0
34	61	2	3·2	0
35	41	0	...	1
36	35	3	8·5	0
37	39	2	5·1	0
38	71	6	8·4	0
39	38	2	5·2	0
40	69	4	5·9	0
41	60	2	3·3	0
42	73	0	...	0
43	47	0	...	0
44	63	2	3·1	0
45	61	0	...	0
46	71	0	...	1
47	75	1	4·3	0
48	88	0	...	0
49	40	2	5·0	0
50	54	0	...	0
51	46	2	4·3	0
52	41	2	4·9	0
1905.				
1	39	1	2·5	1
2	48	0	...	0
3	46	2	4·3	0
4	53	2	3·7	0
5	34	3	8·8	0
6	48	2	4·1	0
7	47	3	6·3	2
8	45	4	8·8	0
9	40	3	7·5	0
10	47	3	6·3	0
11	47	3	6·3	0
12	39	1	2·5	0
13	45	2	4·4	0
14	44	7	15·8	0
15	36	4	11·1	0
16	35	4	11·4	1
17	42	1	2·3	0
18	53	3	5·6	0
19	62	4	6·4	0
20	41	5	12·2	2
21	36	0	...	1
22	50	3	6·0	4
23	62	5	8·0	3
24	50	6	12·0	5
25	28	2	7·0	2
26	21	1	4·8	2
27	34	3	8·8	0
28	30	1	3·3	0
29	46	6	13·0	0
30	63	4	6·3	1
31	42	0	...	0

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Health District III, Population=6,592.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	20	...	...	...
32	20	1	5	...
33	34	1	2·9	...
34	16	1	6·2	...
35	17	1	5·8	...
36	18	...	...	1
37	15	...	...	...
38	19	1	5·2	...
39	22	2	9·0	...
40	15	...	6·6	...
41	25	...	...	...
42	27	2	7·4	...
43	16	...	...	...
44	17	...	...	...
45	24	...	...	...
46	19	...	...	...
47	24	...	...	...
48	34	1	2·9	...
49	27	...	...	...
50	21	...	...	1
51	42	...	...	...
52	23	1	4·3	...
1905.				
1	26	2	7·6	...
2	17	...	...	...
3	30	...	...	...
4	17	...	...	...
5	19	...	...	...
6	14	...	...	...
7	15	1	6·6	...
8	30	1	3·3	...
9	25	2	8·0	...
10	21	1	4·8	...
11	17	...	...	...
12	31	1	3·2	...
13	29	...	...	...
14	21	1	4·8	...
15	33	...	...	...
16	34	1	2·9	...
17	28	1	3·5	...
18	31	...	...	...
19	27	...	...	...
20	18	1	5·5	...
21	12	1	8·3	...
22	23	2	8·7	...
23	19	...	...	2
24	26	3	11·5	...
25	29	1	3·4	...
26	26	...	...	...
27	31	...	...	...
28	36	1	2·7	...
29	39	1	2·5	...
30	40	2	5·0	...
31	41	7	17·0	...

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Health Districts IV to VIII Inclusive. Population=104,014.

Week.	Rats Caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	138	8	5·8	2
32	164	6	3·6	...
33	124	2	1·6	...
34	155	6	3·8	...
35	149	4	2·7	...
36	154	2	1·3	...
37	151	5	3·3	1
38	174	2	1·1	...
39	156	4	2·5	...
40	207	7	3·3	...
41	159	2	1·2	...
42	210	3	1·4	...
43	191	1	0·5	...
44	180	3	1·6	...
45	217	4	1·8	...
46	202	5	2·4	...
47	255	3	1.17	...
48	285	5	1·7	...
49	248	3	1·2	1
50	261	5	1·9	...
51	233	4	1·7	...
52	200	3	1·5	...
1905.				
1	200	4	2·0	...
2	223	5	2·2	...
3	234	2	0·8	...
4	262	4	1·5	2
5	155	4	2·5	1
6	95	2	2·1	1
7	183	6	3·2	...
8	212	5	2·3	...
9	228	11	4·8	...
10	235	8	3·4	...
11	227	10	4·4	...
12	286	9	3·1	1
13	221	6	2·7	...
14	229	5	2·1	1
15	201	10	4·9	...
16	205	5	2·4	...
17	229	10	4·2	1
18	212	15	7·0	3
19	254	14	5·1	7
20	216	14	6·4	6
21	229	22	9·6	6
22	250	17	6·8	5
23	209	15	7·1	5
24	280	13	4·6	4
25	227	23	10·1	4
26	195	12	6·1	12
27	218	10	4·5	9
28	209	6	2·8	4
29	191	7	3·6	7
30	198	17	8·6	2
31	241	12	4·9	1

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Health District IX. Population=25,083.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	34	7	20·6	5
32	35	5	14·3	1
33	31	1	3·2	1
34	36	1	2·7	0
35	33	1	3·0	0
36	29	2	6·9	1
37	24	2	8·3	1
38	32	0	...	0
39	33	0	...	0
40	38	0	...	0
41	37	0	...	0
42	42	0	...	0
43	46	0	...	0
44	63	0	...	0
45	52	0	...	0
46	72	2	2·7	0
47	78	1	1·2	0
48	75	1	1·3	0
49	55	2	3·6	0
50	61	0	...	0
51	62	1	1·6	0
52	49	0	...	0
1905.				
1	44	0	...	0
2	67	1	1·5	0
3	68	2	2·9	1
4	72	4	5·5	0
5	49	0	...	0
6	16	3	1·8	0
7	44	2	4·5	0
8	49	4	8·1	1
9	61	1	1·6	0
10	71	3	4·2	0
11	83	3	3·6	0
12	77	2	2·6	0
13	67	5	7·4	0
14	84	2	2·3	1
15	70	1	1·4	0
16	66	3	4·5	0
17	56	0	...	0
18	64	3	4·7	2
19	63	3	4·7	1
20	63	4	6·3	3
21	44	4	9·0	3
22	50	0	...	0
23	52	6	11·5	2
24	44	4	9·0	5
25	30	1	3 3	0
26	55	6	10·9	0
27	59	1	1·7	6
28	42	3	7·1	2
29	46	4	8·7	3
30	50	4	8·0	1
31	40	4	1·0	0

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Health District X. Population=14,285.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	12	0	12·2	1
32	11	2	18·1	0
33	12	2	16·6	0
34	16	0	...	0
35	9	1	11·1	0
36	11	1	9·0	0
37	8	0	...	2
38	16	2	12·5	0
39	14	0	...	0
40	21	0	...	0
41	19	1	5·2	0
42	17	0	...	0
43	19	2	10·4	0
44	21	0	...	0
45	24	1	4·1	0
46	34	3	8·8	1
47	40	0	...	0
48	35	2	5·7	0
49	29	1	3·4	0
50	34	0	...	0
51	35	3	8·5	0
52	34	2	5·8	0
1905.				
1	32	1	3·1	0
2	32	0	...	0
3	37	1	2·7	0
4	43	2	4·6	0
5	38	0	...	0
6	12	1	8·3	0
7	31	1	3·2	0
8	31	1	3·2	0
9	35	2	5·7	0
10	39	0	...	0
11	45	1	2·2	0
12	47	2	2·1	0
13	44	6	13·5	0
14	48	2	4·1	0
15	41	0	...	0
16	37	1	2·7	0
17	40	3	7·5	0
18	42	1	2·4	2
19	48	2	4·1	0
20	29	3	10·3	0
21	32	2	6·2	0
22	34	4	11·7	4
23	44	5	11·3	2
24	37	7	18·9	1
25	44	4	9·0	0
26	39	5	12·8	3
27	38	4	10·5	1
28	37	2	5·4	2
29	39	4	10·2	1
30	38	2	5·2	1
31	32	1	3·1	0

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to Augusl 5th, 1905. All Kowloon exclusive of Kowloon City and Sam-shui-po. Population=62,500.*

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	69	5	7·2	1
32	92	6	6·5	1
33	39	6	8·7	...
34	88	1	1·1	1
35	106	2	1·8	1
36	88	4	4·5	...
37	81	5	6·1	...
38	105	11	1·04	...
39	85	6	7·06	...
40	103	1	0·9	...
41	134	3	2·2	1
42	114	2	1·7	1
43	69	4	5·8	...
44	142	2	1·4	...
45	120	1	0·8	...
46	174	2	1·1	...
47	300	...	...	...
48	280	5	1·8	...
49	234	...	...	1
50	219	7	3·2	...
51	184	6	3·2	...
52	159	4	2 5	...
1905.				
1	128	6	4·7	...
2	115	8	6 9	3
3	128	8	6·2	2
4	139	4	2·9	1
5	106	4	3·7	1
6	75	7	9·3	...
7	145	11	7·6	...
8	198	9	4·5	...
9	236	16	6·7	...
10	269	15	5·6	...
11	232	14	6·0	...
12	207	12	5·8	...
13	214	19	8·8	...
14	176	15	8·5	...
15	178	11	6·2	...
16	155	11	7·1	...
17	156	9	5·8	...
18	172	12	6·9	...
19	221	12	5·4	6
20	163	14	8·5	3
21	157	11	7·0	5
22	206	18	8·7	8
23	158	14	8·8	4
24	169	13	7·7	5
25	193	16	8·2	6
26	186	14	7·7	6
27	152	13	8·5	3
28	130	13	10·0	7
29	108	9	8·3	3
30	127	8	6·3	5
31	121	13	10·7	3

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Kowloon District I.—Tsim-sha-tsui.—European Point. Population=2,000.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	Nil.	Nil.	Nil.	...
32	...	...	...	...
33	1	...	...	...
34	1	...	...	...
35	11	...	...	...
36	16	1	5·5	...
37	8	...	...	...
38	6	1	16 6	...
39	7	...	...	...
40	14	...	...	...
41	19	..	...	...
42	9	...	..	...
43	10	...	...	...
44	4	...	...	...
45	5	...	...	...
46	14	...	...	...
47	35	...	...	...
48	3	...	...	...
49	5	...	...	...
50	2	...	...	...
51	10	...	...	...
52	8	...	...	...
1905.				
1	2	...	...	...
2	4	...	...	...
3	2	...	...	...
4	7	...	..	...
5	2	...	...	...
6	1	...	...	...
7	3	...	...	...
8	15	1	6·6	...
9	28	2	7·1	...
10	36	1	2·8	...
11	21	...	...	...
12	15	1	6·6	...
13	25	2	8·0	...
14	10	1	10·0	...
15	10	...	...	...
16	1	...	...	...
17	7	...	...	...
18	10	...	...	...
19	4	...	...	...
20	2	1	50·0	...
21	10	...	...	...
22	10	2	20·0	...
23	16	2	12·5	...
24	12	...	...	...
25	21	...	...	...
26	18	1	5·5	...
27	6	...	...	...
28	2	...	...	...
29	5	...	...	...
30	7	1	14·3	...
31	5	1	20·0	...

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Kowloon District II.—Tsim-sha-tsui. Chinese Point. Population=4,760.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	25	2	8·0	Nil.
32	42	4	9·2	1
33	21	...	...	...
34	38	...	...	...
35	25	1	4·0	...
36	15	1	6·6	...
37	12	1	6·3	...
38	15	3	20·0	...
39	8	...	....	...
40	14	...	...	...
41	33	1	3·03	...
42	27	...	...	1
43	10	...	...	...
44	24	...	...	...
45	22	...	...	...
46	34	...	...	...
47	34	...	...	...
48	53	...	...	...
49	45	...	...	...
50	54	...	...	...
51	35	...	...	...
52	19	1	5·2	...
1905.				
1	29	2	6 9	...
2	22	4	18·1	1
3	25	1	4·0	...
4	24	...	...	...
5	17	...	...	...
6	16	2	12·5	...
7	31	3	9·7	...
8	29	1	3·4	...
9	37	4	10·8	...
10	39	3	7·7	...
11	44	2	4·5	...
12	40	...	...	...
13	33	2	6·06	...
14	31	3	9·6	...
15	29	3	10·3	...
16	33	2	6·06	...
17	33	2	6·06	...
18	33	3	9·09	...
19	40	3	6·5	1
20	47	3	6·4	1
21	25	1	4·0	1
22	35	3	8·6	1
23	27	3	11·1	...
24	28	2	7·7	...
25	33	...	...	1
26	22	2	9·09	...
27	35	3	8·5	...
28	32	4	12·5	...
29	23	4	17·4	...
30	22	2	9·09	...
31	26	1	3·8	...

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Kowloon District III.—Yaumati. Population=20,000.

Week.	Rats Caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	19	1	5·2	1
32	19	2	10·5	...
33	18	...	...	...
34	20	...	...	...
35	30	1	9·9	...
36	25	1	4·0	...
37	25	2	8·0	...
38	32	3	9 3	...
39	25	3	12·0	...
40	25	...	...	...
41	26	...	...	1
42	37	1	2.7	...
43	31	...	...	...
44	42	...	...	...
45	30	...	...	...
46	45	...	...	...
47	80	...	...	...
48	68	...	...	...
49	70	...	...	...
50	56	3	5·3	...
51	43	2	4·6	...
52	38	...	...	...
1905.				
1	27	...	...	...
2	23	1	4·3	...
3	28	2	7·1	2
4	37	2	5·4	1
5	26	3	11·5	1
6	14	1	7·1	...
7	39	3	7·6	. .
8	54	3	5·6	...
9	65	7	10·7	...
10	74	1	1·3	...
11	53	3	5·6	...
12	60	4	6·6	...
13	55	3	5·4	...
14	38	6	15·8	...
15	39	6	15·4	...
16	39	4	12·6	...
17	42	3	7·1	...
18	44	3.	6·8	...
19	63	2	3·1	4
20	39	5	12·8	...
21	31	3	9·7	4
22	51	4	9·8	4
23	33	2	6·06	2
24	35	4	11·4	3
25	49	12	24·0	5
26	48	1	2·1	3
27	39	...	...	2
28	31	3	9·6	5
29	23	...	...	2
30	36	4	11·1	4
31	31	3	9·6	3

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Kowloon District IV.—Mongkok. Population=8,333.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	2	...	...	...
32	8	...	...	...
33	9	...	...	...
34	6	...	...	...
35	6	...	...	...
36	5	...	...	...
37	6	...	...	...
38	4	1	25	...
39	4	...	...	...
40	8	...	...	...
41	4	...	...	...
42	5	...	...	...
43	...	...	...	...
44	3	...	...	...
45	3	...	...	...
46	20	...	...	...
47	21	...	...	...
48	17	...	...	...
49	13	...	...	1
50	12	...	...	...
51	5	...	...	...
52	7	...	...	...
1905.				
1	3	...	...	...
2	2	...	...	2
3	3	1	33·3	...
4	4	...	...	...
5	2	...	...	...
6	3	...	...	...
7	6	...	...	...
8	6	...	...	...
9	8	...	...	...
10	8	1	12·5	...
11	8	...	...	...
12	5	1	20	...
13	5	2	40	...
14	10	1	10	1
15	5	1	20	...
16	4	...	...	...
17	3	...	...	...
18	10	1	10	...
19	5	...	...	...
20	6	...	...	...
21	8	...	...	...
22	8	2	25	2
23	7	...	...	2
24	8	...	...	1
25	4	...	...	...
26	5	1	20	1
27	7	...	...	...
28	5	...	...	1
29	6	...	...	1
30	6	1	16·6	1
31	5	1	20	...

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Kowloon District VI.—Hunghom. Population=9,090.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	9	...	...	...
32	13	...	...	...
33	8	3	37·5	...
34	13	1	7·6	1
35	14	...	...	1
36	13	1	7·7	...
37	11	1	9·0	...
38	26	2	7·7	...
39	21	2	9·5	...
40	19	...	...	...
41	23	...	...	...
42	8	...	...	...
43	22	4	1·7	...
44	29	...	...	...
45	23	...	...	...
46	47	...	...	...
47	63	...	...	...
48	77	...	...	...
49	42	...	...	...
50	51	...	...	...
51	39	1	2·5	...
52	35	2	5·7	...
1905.				
1	28	2	7·1	...
2	30	...	...	...
3	33	1	3·0	...
4	32	...	...	...
5	19	1	5·3	...
6	16	1	6·25	...
7	24	1	4·1	...
8	31	2	6·4	...
9	33	2	6·06	...
10	41	1	2·4	...
11	40	3	7·5	...
12	40	2	5·0	...
13	39	4	10·2	...
14	43	3	6·9	...
15	36	...	...	...
16	36	2	5·5	...
17	33	2	6·06	...
18	41	3	7·3	...
19	47	4	8·5	1
20	31	3	9·6	2
21	41	4	9·7	...
22	51	2	3·9	1
23	42	4	9·5	...
24	42	4	9·5	1
25	52	2	3·8	...
26	40	5	12·5	...
27	35	3	8·5	1
28	29	1	3·4	1
29	22	4	18·3	...
30	20	...	...	...
31	24	4	16·6	...

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905. Kowloon District VII.—Kowloon City. Population=5,263.*

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	1	1	100	...
32	10	...	...	...
33	6	2	3·33	...
34	...	...	...	...
35	6	...	...	...
36	5	...	...	...
37	13	1	7·7	...
38	14	1	7·1	...
39	9	1	11·1	...
40	14	...	...	...
41	15	...	...	...
42	15	...	...	...
43	13	...	...	...
44	17	1	5·9	...
45	12	...	...	...
46	21	1	4·7	...
47	30	...	...	...
48	34	2	5·9	...
49	12	...	...	...
50	19	1	5·3	...
51	22	...	...	...
52	19	...	...	...
1905.				
1	10	...	...	...
2	11	1	9·09	...
3	11	2	18·1	...
4	13	...	...	...
5	12	...	...	...
6	8	...	...	...
7	12	...	...	...
8	14	...	...	...
9	21	...	...	...
10	26	2	3·8	...
11	20	1	5	...
12	15	...	...	...
13	15	1	6·6	1
14	14	...	...	...
15	12	1	8·3	...
16	12	...	...	...
17	10	1	10·0	...
18	17	...	...	...
19	14	...	...	1
20	10	1	10·0	1
21	9	...	...	...
22	15	1	6.6	...
23	14	...	...	...
24	13	...	...	1
25	18	1	5·5	1
26	18	...	...	...
27	30	6	20·0	...
28	12	2	16·6	...
29	9	...	...	...
30	14	...	...	...
31	11	2	18·1	...

TABLE I.—CASES OF RAT AND HUMAN PLAGUE. *July 31st, 1904, to August 5th, 1905.*

Kowloon Districts V and VIII.—Tai-kok-tsui, Fuk-tsan-heung, and Sham-shui-po. Population=10,000.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	9	1	11·0	...
32	6	...	...	2
33	7	...	...	...
34	9	...	...	...
35	12	...	...	...
36	8	...	...	...
37	6	...	...	...
38	8	...	...	...
39	11	...	...	...
40	9	1	11·0	...
41	14	...	...	...
42	13	1	7·7	...
43	14	...	...	...
44	23	1	3·8	...
45	24	1	4·1	...
46	32	1	3·1	...
47	36	...	...	...
48	28	3	10·7	...
49	37	...	...	...
50	34	3	8·8	...
51	30	3	10·0	...
52	33	1	3·03	...
1905.				
1	29	2	6·9	...
2	23	2	8·7	...
3	26	1	3·8	...
4	22	2	9·09	...
5	18	...	...	1
6	17	3	18·0	1
7	30	4	13·3	...
8	38	2	5·2	...
9	42	1	2·3	...
10	44	7	15·9	...
11	40	4	10·0	...
12	37	4	10·8	...
13	41	4	8·7	1
14	28	1	3·6	...
15	47	...	...	...
16	30	2	6·6	...
17	26	1	3·8	2
18	26	2	7·7	...
19	30	1	3·3	1
20	31	1	3·2	3
21	33	3	9.09	3
22	36	4	11·1	...
23	29	3	10·3	2
24	31	3	9·6	1
25	18	1	5·5	3
26	14	4	28·5	...
27	21	3	14·3	1
28	19	3	15·8	...
29	20	1	5·0	...
30	22	...	...	1
31	19	1	5·2	...

TABLE I.—CASES OF RAT AND HUMAN PLAGUE.—*July 31st, 1904, to August 5th, 1905.*
Kowloon District IX.—Scattered Villages. Population=10,000.

Week.	Rats caught.	Rats infected.	Per cent.	Plague cases.
1904.				
31	4	...	...	...
32	...	...	...	...
33	1	1	100	...
34	1	...	...	...
35	2	...	...	...
36	1	...	...	...
37	...	...	...	...
38	...	...	...	...
39	...	...	...	...
40	...	...	...	...
41	...	...	...	...
42	...	...	...	...
43	...	...	...	...
44	...	...	...	...
45	1	...	...	...
46	1	...	...	...
47	1	...	...	...
48	...	...	...	...
49	1	...	...	...
50	...	...	...	...
51	...	...	...	...
52	...	...	...	...
1905.				
1	...	...	...	...
2	...	...	...	...
3	...	...	...	...
4	...	...	...	...
5	2	...	...	...
6	...	...	...	...
7	...	...	...	...
8	1	...	...	...
9	2	...	...	...
10	1	...	...	...
11	6	1	16·6	...
12	1	...	...	...
13	1	...	...	...
14	2	...	...	...
15	...	...	...	...
16	...	...	...	...
17	2	...	...	...
18	1	...	...	...
19	2	...	...	...
20	...	...	...	...
21	...	...	...	...
22	...	...	...	...
23	...	...	...	...
24	...	...	...	...
25	...	...	...	...
26	1	...	...	2
27	6	...	...	...
28	...	...	...	...
29	...	...	...	...
30	1	...	...	...
31	...	...	...	...

Table II.—REGISTER OF PLAGUE CASES.

(i).—In Victoria City.

Date.	*Address.*
	A Chung's Lane.
8th July,	Found opposite No. 4.
	Amoy Lane.
27th „	No. 2.
	Arbuthnot Road.
1st May,	Victoria Gaol.
	Arsenal Street.
17th April,	No. 3.
26th June,	Found opposite No. 5.
	Belcher's Street.
29th May,	Found near No. 25.
	Caine Road.
10th June,	No. 28.
	Caroline Road.
10th July,	Cotton Mill.
	Centre Street.
22nd May,	Found opposite No. 38.
10th June,	No. 29.
12th „	Found opposite No. 48.
16th „	No. 21.
17th „	„ 17.
	Cheung Hing Street.
7th February,	Found in.
	Chung Ching Street.
3rd July,	No. 1.
	Chung Wo Lane.
17th July,	No. 15.
	Circular Pathway.
19th May,	Found opposite No. 15.
29th „	No. 24.
	Cochrane Street.
1st May,	No. 16.
25th „	„ 25.
5th June,	„ 29.
	Connaught Road West.
27th January,	No. 90.
19th May,	Found on "Wing Chai" wharf in.
24th „	No. 68.
5th June,	Found opposite No. 170.
5th „	„ „ „ 25.
28th „	No. 65.
1st July,	Found opposite No. 59.
4th „	„ „ „ 149.
5th „	No. 67.
5th „	„ 120.
11th „	„ 65.

Date.	*Address.*
	Connaught Road Central.
3rd July,	"Loi Yaü Ki" matshed in.
	Des Vœux Road Central.
23rd June,	No. 182.
26th „	Found opposite No. 178.
26th „	No. 182.
12th July,	"Sam Yik" matshed in.
	Des Vœux Road West.
2nd May,	Found opposite No. 312.
8th „	No. 305.
15th „	„ 306.
10th June,	„ 280.
27th „	„ 170.
	East Street.
17th July,	No. 35.
	Elgin Street.
17th July,	No. 29.
	First Street.
20th January,	No. 10.
3rd July,	„ 87.
25th „	„ 27.
	Gough Street.
23rd June,	No. 17.
	Graham Street.
10th May,	No. 11.
3rd July,	Found opposite No. 20.
	Heung Lane.
27th January,	No. 6.
	Hill Road.
2nd June,	Found opposite Public Mortuary.
	Hing Lung Street.
21st March,	No. 44.
	Hing Lung Lane West.
5th May,	Watchmen's Quarters in.
	Hollywood Road.
13th May,	No. 199.
21st June,	„ 153.
27th „	„ 200.
1st July,	„ 9.
18th „	„ 151.
19th „	„ 13.
20th „	„ 149.
	Kat On Street.
12th June,	No. 10.
	Kaü Ü Fong South.
13th June,	No. 6.

Table II.—REGISTER OF PLAGUE CASAS.

(i).—In Victoria City,—(Continued.)

Date.	*Address.*
	KENNEDY ROAD.
19th June,	Matshed near.
	KESWICK STREET.
28th June,	No. 30.
	KO SHING STREET.
29th April,	No. 24.
30th June,	„ 70.
	LOWER LASCAR ROW.
9th June,	No. 46.
	LEUNG I FONG.
20th July,	No. 1.
	LI SING STREET.
2nd May,	Found opposite No. 1.
	MOSQUE JUNCTION.
10th June,	No. 41.
	NG FUK LANE.
24th May,	No. 2.
24th „	„ 2.
	NEW STREET.
9th May,	No. 19.
	NULLAH LANE.
14th February,	No. 51.
3rd June,	„ 78.
9th „	„ 41.
20th „	Matshed near.
	PEEL STREET.
17th May,	No. 35.
3rd June,	„ 24.
19th July,	„ 10.
	POTTINGER STREET.
8th June,	No. 39.
	POTTINGER LANE.
10th July,	No. 1.
31st „	„ 1.
	POUND LANE.
1st July,	Found opposite No. 6.
	PRAYA EAST.
12th June,	No. 63.
13th „	„ 61.
15th „	Found opposite No. 6.
	PRAYA KENNEDY TOWN.
1st May,	No. 48.

Date.	*Address.*
	QUEEN'S ROAD CENTRAL.
1st July,	No. 275.
	QUEEN'S ROAD EAST.
14th February,	No. 148.
16th May,	„ 117.
18th „	„ 243.
3rd June,	„ 177.
12th „	„ 200.
	QUEEN'S ROAD WEST.
8th May,	No. 64.
18th „	„ 115.
22nd „	„ 62.
25th „	„ 58.
27th „	Found opposite No. 35.
10th June,	No. 365.
14th „	„ 506.
28th „	„ 385.
30th „	„ 477.
7th July,	„ 250.
17th „	„ 313.
27th „	„ 371.
	QUEEN VICTORIA STREET.
30th May,	No. 6.
	RIENAECKER STREET.
3rd April,	No. 4.
	RUTTER STREET UPPER.
13th May,	No. 2.
	SAI WOO LANE.
2nd June,	No. 26.
13th „	„ 5.
	SAM TO LANE.
26th June,	No. 5.
4th July,	„ 7.
11th „	„ 11.
	SECOND STREET.
5th July,	No. 49.
10th „	Found near No. 96.
10th „	Found opposite No. 20.
19th „	No. 124.
	SHEK KAI LANE.
24th May,	No. 4.
	SHEUNG FUNG LANE.
15th June,	No. 14.
10th July,	„ 1.
	SHING WONG STREET.
12th June,	No. 6.
	SQUARE STREET.
15th June,	No. 33.
29th „	„ 28.

Table II.—REGISTER OF PLAGUE CASES.

(i).—In Victoria City,—(Continued.)

Date.	*Address.*
	SQUARE STREET,—(*Continued.*)
14th July,	No. 47.
19th „	„ 32.
	STAUNTON STREET.
8th May,	No. 37.
15th „	„ 35.
	SUTHERLAND STREET.
3rd April,	No. 8.
	SWATOW LANE.
2nd January,	No. 8.
	TAI WO STREET.
5th June,	No. 14.
	TAI WONG LANE.
5th June,	No. 6.
	THIRD STREET.
5th June,	No. 3.
15th „	„ 58.
19th July,	„ 53.
	TRIANGLE STREET.
30th May,	No. 9.
30th „	„ 9.
	TORSIEN STREET.
23rd February,	Found opposite No. 23.
4th May,	No. 17.
13th „	„ 16.
15th „	„ 20.
7th July,	„ 6.
	TSUNG SAU LANE EAST.
7th July,	No. 8.

Date.	*Address.*
	TUNG TAK LANE.
20th July,	Found near.
	TUNG WO LANE EAST.
31st May,	No. 3.
31st „	„ 3.
	WANCHAI ROAD.
24th May,	No. 73.
29th „	„ 63.
	WELLINGTON STREET.
26th May,	No. 95.
2nd June,	„ 89.
28th „	„ 115.
3rd July,	„ 172.
5th „	„ 194.
	WEST STREET.
31st January,	Found opposite No. 42.
22nd July,	No. 39.
	WING LOK STREET.
9th February,	Found opposite No. 31.
11th May,	No. 233.
	WING KUT STREET.
17th June,	No. 12.
28th July,	„ 28.
	WING ON STREET.
1st July,	No. 39.
	WING WO STREET.
20th May,	No. 30.
	WONG NEI CHUNG ROAD.
5th June,	Found in.

(ii).—In Harbour.

Date.	*Address.*
19th May,	Fd. Breakwater. Causeway Bay.
15th June,	„ „ „ „
21st February,	Found on buoy in.
	BOATS.
26th May,	Rowing boat No. 4160.
16th July,	„ „ 4906.

Date.	*Address.*
	BOATS,—*Continued.*
8th June,	Unlicensed boat.
8th „	„ „
13th „	Cargo boat No. 997.
23rd „	Boat No. 3554.
1st July,	Fishing boat No. 19147.
13th „	„ „ „ 7189.

Table II.—REGISTER OF PLAGUE CASES.

(iii).—In Tsim Sha Tsui District.

TSIM SHA TSUI DISTRICT.

Date.	*Address.*	*Date.*	*Address.*
	AUSTIN ROAD.		HILLSIDE.
9th May,	No. 18.	19th January,	Found near Fo Pang.
14th „	„ 19.		
26th „	„ 10.		MACDONNELL ROAD.
30th „	Found opposite No. 7.		
13th June,	No. 4.	8th January,	Found at the rear of.
19th „	Found in.	3rd July,	Found in.

(iv).—In Yaumati District.

Date.	*Address.*	*Date.*	*Address.*
	BATTERY STREET.		STATION STREET NORTH.
31st January,	Found near Gas Works.	23rd June,	No. 53.
27th June,	Found at the end of.	12th July,	„ 32.
5th July,	No. 57.	31st „	Found near Pumping Station.
	KENNEDY STREET.		STATION STREET SOUTH.
13th June,	No. 47.	10th April,	Found at the South end of.
20th July,	„ 16.	29th May,	No. 143.
31st „	„ 14.	6th June,	„ 124.
		19th „	„ 149.
	KOWLOON ROAD.	21st „	„ 69.
		1st July,	Found near No. 91.
10th January,	Found in a drain.	11th „	No. 89.
		13th „	Found opposite No. 123.
	KUN CHUNG.	24th „	No. 87.
		24th „	„ 97.
13th June,	No. 151.	25th „	„ 114.
		31st „	„ 79.
	PRAYA.		
			TEMPLE STREET NORTH.
9th May,	Found at.		
10th „	No. 59.	26th May,	No. 30.
		13th July,	„ 34.
	RECLAMATION STREET.	18th „	Kowloon Public Mortuary.
10th May,	No. 7.		TEMPLE STREET SOUTH.
25th „	„ 72.		
3rd June,	„ 60.	21st May,	Found near.
1st July,	„ 184.	24th June,	„ in.
13th „	„ 115.		
18th „	„ 176.		UN CHOW VILLAGE.
25th „	„ 208.	10th June,	No. 27.

(v).—In Mong Kok Tsui District.

Date.	*Address.*	*Date.*	*Address.*
	MACDONNELL ROAD.		STATION STREET.
7th April,	Found at the rear of.	11th January,	No. 47.
25th July,	No. 156.	29th May,	„ 171.
		29th „	„ 205.
	PORTLAND STREET.	9th June,	„ 211.
		13th „	„ 167.
20th January,	No. 40.	30th „	„ 227.
	RECLAMATION STREET.		
26th January,	Found in.		
19th June,	No. 202.		

Table II.—REGISTER OF PLAGUE CASES.

(vi).—In Tai Kok Tsui District.

Date.	*Address.*
	FORESHORE.
7th June,	Found on.
14th „	„ „
	KRAMER STREET.
22nd May,	No. 24.

(vii).—In Hung Hom District.

Date.	*Address.*
	COOKE STREET.
3rd July,	No. 33.
	DES VŒUX ROAD.
8th May,	Matshed in.
19th „	„ „
	FORESHORE.
26th June,	Found near Tai Wan.
	HUNG HOM.
30th May,	Found on vacant ground in.
	KOWLOON CITY ROAD.
14th June,	Matshed in.
	TO KWA WAN.
26th June,	No. 139.

(viii).—In New Territory.

Date.	*Address.*
	Sham Shui Po District.
	BLACKSMITH LANE.
17th May,	Found in.
22nd „	No. 40.
	CHING STREET.
30th May,	No. 11.
	FUK TSUN HEUNG.
26th April,	No. 13.
	SHEUNG WAI.
19th June,	No. 89.
20th „	„ 77.
20th „	„ 77.

In New Territory,—Continued.

Date.	*Address.*
	SHAM SHUI PO.
2nd February,	No. 128.
10th „	„ 136.
18th May,	„ 51.
8th „	Matshed in.
	SAI KOK.
20th May,	No. 63.
	WANG STREET.
22nd May,	No. 37.
7th July,	„ 7.

(ix).—In Kowloon City District.

Date.	*Address.*
	CHEUNG SHA WAN.
31st March,	Found foreshore at.
1st May,	Boat-building yard.
11th „	„ „ „
	HOK LO TSÜN.
28th March,	No. 123.
	KOWLOON CHAI.
26th July,	No. 44.
	KOWLOON CITY.
15th May,	Found on Launch wharf in.
	SAI KUNG ROAD.
11th June,	Found in Road.
	SHEK KU LING.
20th June,	No. 5.
	WALLED CITY.
13th May,	No. 12.

(x).—In Shaukiwan District.

Date.	*Address.*
	SHAUKIWAN.
20th July.	Matshed in.
	SHAUKIWAN WEST.
20th May,	Found opposite No. 9.

Table II.—REGISTER OF PLAGUE CASES.

(xi).—In Stanley District.

Date.	*Address.*
	TAI TAM TUK.
18th May,	"I Wo" matsbed in.

(xii).—In Aberdeen District.

Date.	*Address.*
	STANLEY ROAD.
12th June,	Found in Road.

(xiii).—In Peak District.

Date.	*Address.*
	PEAK ROAD.
4th February,	"Coolies Quarters." Mount Austin Barracks.

(xiv).—Cases with no Fixed Abode.

Two cases found on May 12th, & July 1st.

Annexe B.

REPORT OF THE SUPERINTENDENT OF THE GOVERNMENT CIVIL HOSPITAL.

GOVERNMENT CIVIL HOSPITAL.

Staff.

Several changes have occurred in the Staff during the past year.

Dr. E. A. R. LAING, Assistant Superindendent, left the service in July and was succeeded in the Hospital by Dr. W. KOCH, who took up the duties of Assistant Superintendent in October, the Superintendent being in sole charge during the interval.

Sister STOLLARD left on home leave in April and Sister GORHAM returned from England in October. Sisters FRANKLIN and DEWAR resigned the service and were succeeded by Sister BARROW and RICHARDS in April and December.

The Matron, Miss BARKER, proceeded to Japan on two months' vacation leave in August.

Probationer Nurses GEARY, ROBERTS and PAGE resigned and Nurse POOLE joined during the year, the other two vacancies being still unfilled.

Mr. FRANKLIN, Apothecary and Assistant Analyst, was granted short leave.

Wardmaster COOMBS was transferred to the Sanitary Department and was succeeded by Wardmaster EGERTON in June.

Buildings.

Besides the usual minor repairs the whole of *A* Block was overhauled in the early part of the year, the wards being painted and colour-washed and the lavatories, in part, tiled. This necessitated closing the upper floor for some time. The cleansing stopped short of the exterior of the building which, I believe, is to be done this year. *B* Block was painted in 1904.

General Statistics.

The total number of admissions was 2,704 as against 2,585 last year; the increase would have been more but for the fact that owing to repairs it was necessary to close two general and two private wards for some time.

The total number of out-patients was 14,976 as against 13,706.

Attached are the following tables:—

Table I.—Showing admissions and deaths during each month.
" II.—Showing operations performed.
" III.—Showing admissions and deaths under respective diseases.
" IV.—Showing admissions and deaths in the Maternity Hospital.
" V.—Showing varieties of malaria met with in each month.

The following Table gives the number and class of patients admitted during the last ten years as well as the total number of the deaths:—

YEAR.	1896.	1897.	1898.	1899.	1900.	1901.	1902.	1903.	1904.	1905.
Police, ...	588	529	488	692	920	937	938	759	707	726
Paying Patients, ...	632	603	741	764	891	830	931	777	772	807
Government Servants, ,	269	227	186	208	266	339	460	319	267	271
Police Cases, ...	244	299	306	306	347	348	300	276	262	329
Free, ...	778	742	785	739	569	466	454	646	555	512
Board of Trade, ...	87	45	65	25	37	28	25	17	22	59
Total, ...	2,598	2,445	2,571	2,734	3,030	2,948	3,108	2,794	2,585	2,704
Total Deaths, ...	143	119	138	114	155	153	140	142	128	150

This shows as compared with last year an increase under all headings but "Free".

There were 150 deaths during the year which gives a mortality rate of 5.5 per cent. Of these deaths 51 cases were moribund on admission and died within twenty-four hours.

The average daily number of sick was 90.01 as against 93.94 last year.

The number of women and children admitted was 272 as against 238. The death-rate was the same, viz. :—9.2 per cent.

The nationalities of persons admitted were as follows:—

Europeans—848 as against 784.
Indians and Coloured—737 as against 644.
Asiatics (Chinese and Japanese)—1,119 as against 1,157.

Diseases.

The following more important diseases were responsible for the greatest number of admissions:—

Fevers:—	
Malarial,	267
Febricula,	120
Typhoid,	30
Venereal Diseases,	153
Diseases of Respiratory System,	247
Diseases of Digestive System,	233
Dysentery,	110
Beri-beri,	43
Rheumatism,	87
Alcoholism,	65
Injuries,	544

The following diseases caused the greatest number of deaths:—

Diseases of Respiratory System,	25
Diseases of Digestive System,	11
Diseases of Urinary System,	7
Beri-beri,	8
Injuries and burns,	50

Malarial Fever.—277 cases against 234 in 1904. Of this number, 267 were in for the disease itself and 10 others developed the illness whilst under treatment for other ailments (dysentery 5, wounds 3, beri-beri 1, anæmia 1). According to nationalities 66 cases were in Europeans, 137 in Indians, 60 in Chinese and 14 in Japanese. There is an increase this year though the increase is slight, the malarial cases as compared with the number of patients in hospital being 10.2 per cent. as against 9.05, a marked contrast to 1901 when they were 26.6 per cent. There can be no question that the war waged by the authorities against the mosquito has given as good results here as anywhere else, more marked in some localities than in others. The western end of Bonham Road, which used to supply us with very bad cases both in Europeans and their servants has not supplied a single admission this year which is another proof, if any is now needed, of the possibility of doing away with this tropical ailment. Only 3 deaths occurred—one in a child of 6 months and the others in adults already much debilitated by previous illness. As will be seen by Table VIII the malignant variety here as elsewhere is much the most common variety and the disease is more prevalent in the latter half of the year.

Febricula:—120 cases, as against 128 in 1904, appear under this heading with one death. A few of these cases no doubt are malarial fever in patients well under the influence of quinine before coming to hospital so that no parasites are found in their blood after repeated examinations but the bulk of them are cases in which fever is the only symptom and for which no cause can be assigned. The fatal case resembled typhoid fever clinically but the Widal reaction was negative and the bacteriological tests undertaken after death by Dr. HUNTER were also negative.

Typhoid.—30 cases with 6 deaths. Two of these cases are doubtful. They both resembled the disease clinically but the Widal reaction was negative and the post-mortem signs nil, including a bacteriological examination of the spleen in one case. We held, however, to the clinical side of the cases. Of the cases 12 were imported. The nationalities were Europeans 19, Indians 3, Chinese 3 and Japanese 5. If we exclude the two doubtful cases the death-rate of 14.3 per cent. is a decided improvement on what generally prevails in the tropics. Only one case had a relapse—a German. This nationality take the disease very severely in their own country and this peculiarity they bring with them to the tropics as they are generally the worst cases we have. One death was due to perforation and the others to toxæmia. Widal's test was employed in all the cases but one and I am much indebted to Dr. HUNTER for carrying out the test for us.

Dysentery.—110 cases with 3 deaths as compared with 106 and 6 deaths in 1904. Of this number, 53 were Europeans, 37 Indians, 15 Chinese and 5 Japanese. All the fatal cases were of the amœbic variety. Cases occurred all through the year being however more frequent in June, July and August. Though the cause, or causes, of tropical dysentery is still to a certain extent an unsettled question the matter is I think nearing a solution. Personally I am of opinion that there are but two forms, amœbic and bacillary. Since 1903 I have examined microscopically a large number of stools, over 500, and I have never found amœbæ in any but those showing dysenteric symptoms. In a few cases eggs of Ascaris Lumbricoides, Ankylostoma Duodenale, Distoma Sinense, Tricocephalus Dispar and the Cercomonas Intestinale have also been found but they are mere coincidences and invariably persist after the dysentery is cured and require, where possible, separate treatment.

As to the prevalence of one form more than the other since July, 1903, 245 cases have been examined of which 166 were bacillary and 79 amœbic so that as found by ROGERS in India the former is more prevalent. This is fortunate as it is far less serious a complaint in the great majority of cases. It is obviously impossible for us here to isolate the bacillus in each case so that I cannot say what special bacillus or group of bacilli produce the bacillary form. In a very few cases the disease is of a virulent type and the patient rapidly succumbs to the toxœmia but as a rule this form is much milder, answers readily to saline or other treatment and does not relapse. Probably like most bacillary diseases one attack confers an immunity, much the same as typhoid. Of the Police whose history we are able to follow 29 cases were admitted to hospital of which 18 were of the bacillary type and none of these had a relapse though one came in in January and again in October with amœbic dysentery showing that one form affords no protection against the other, as one would imagine.

The *amœbic* variety is the less prevalent form and fortunately so as it is a much more serious complaint, more difficult and more tedious to treat—in some cases I doubt whether they are ever cured by anything short of removal out of the tropics—and attended by a complication in the shape of liver abscess which may, I think, be looked upon as one of the most serious tropical ailments we have to deal with. The post-mortem appearances explain how unamenable these cases may be to treatment for the amœbæ are found to burrow deeply through all the coats of the intestine ending in some cases in perforation, and to attack the cæcum first. Any rectal injections in these cases never get near the seat of the mischief and this accounts for their failure in most cases to do any good. The only chance of a cure lies in some drug through the blood stream poisoning the parasite, and this drug has yet to be found. I tried several cases with a daily rectal injection of quinine and 5 grains in pill form every 4 hours by the mouth in an endeavour to saturate the system with the drug for some time. In most cases this treatment was not of marked benefit though in others a certain amount of success resulted. The best results were obtained with the Indian Police who come in early. It is not always easy to say when a case is cured for we have had patients leave us with normal stools without any trace of amœbæ to return in a very short time with the trouble as bad as ever—in one case 3 times. It is important to differentiate the two kinds of dysentery though it is perhaps difficult to do so, except in hospital, as it will generally be found that a relapse of amœbic dysentery should mean an immediate removal from the tropics as far as Europeans are concerned. Sooner or later other attacks occur with the consequent anæmia if not the more formidable complication of liver abscess. To send a case

of amœbic dysentery from one part of the tropics to another for a change is bad treatment as most of the cases sent to us in this way, when it was just as easy to send them home, have certainly had their change but it has been to a country where "nothing matters". The question as to what percentage relapses form is not easy to say as so many of the hospital cases disappear from notice. The Police figures are small but they give 10 per cent. Liver abscess due to amœbæ is a much more frequent complication than is generally supposed judging from the records of this hospital. We have had 11 cases against 73 of amœbic dysentery since June, 1903, *i.e*, 15 per cent., and the number is probably greater as it is difficult to get statistics relating to Chinese in this Colony. I was in hopes that a differential blood count might be of use in distinguishing the two forms theorising that there might be an increase of Eosinophiles due to the amœbæ as a parasite but practically this was not borne out. The latent form mentioned by ROGERS rarely occurs here but we had one case which was interesting. An Indian was admitted with fever and vague pains in the abdomen. The blood was negative for malaria and there were no physical signs. For several days (4) the fever continued and noticing there was a slight increase in the number of stools (3 daily) though the patient made no complaint of diarrhœa the stools were examined microscopically when blood and mucus cells were found together with numerous amœbæ both mobile and encysted forms. The patient went through an attack of dysentery and recovered. But for an examination of the stools the case would have been overlooked.

We are still in the dark as to how dysentery spreads and I have not even a theory to put forward. Neither variety assumes an epidemic form here and the cases occur all over the Colony throughout the year though there are more cases in June, July and August. These facts exclude the water as a carrier of the infection so that as with typhoid in this Colony one is inclined to fall back on the "raw vegetable" theory. The Chinese suffer much less from both forms, according to our figures, than the Europeans and Indians. The mobile form of the amœbæ die rapidly in the stool but the encysted form are much hardier and must be the means of spreading the disease. The question for the future to solve is whether they do not undergo some change in a suctorial insect and so get passed on to man, in a similar manner to malaria. In these days of theories I put forward this one for what it is worth as it seems to me to fit in with the etiology of amœbic dysentery better than any other one.

Malignant New Growths.—14 cases have been under treatment. As so much interest is now being taken in this subject and the question of native races suffering from the disease being in dispute I append a list of all our cases with particulars, the diagnosis in all but two having been settled microscopically by Dr. HUNTER:—

European	male,	aged	42—Dis. of omentum, etc.
,,	female,	,,	36—Chorion epithelioma.
Portuguese	female,	,,	41—Sarcoma of neck.
,,	male,	,,	38—Sarcoma duodenum and liver.
Chinese	male,	,,	33—Epithelioma of penis.
,,	,,	,,	32—Colloid cancer of mesentery.
,,	,,	,,	39—Carcinoma of liver.
,,	,,	,,	53—Epithelioma of tongue.
,,	,,	,,	40—Carcinoma of liver.
,,	,,	,,	28—Sarcoma of leg.
,,	,,	,,	50—Epithelioma of penis.
,,	female,	,,	35—Schirrus of breast.
,,	,,	,,	39—Sarcoma hard palate, etc.
,,	,,	,,	22—Sarcoma of arm.

The last case was one of recurrence after an operation done here in 1904. This Table shows that Chinese at any rate do not enjoy any immunity over other races.

Pernicious Anæmia.—9 cases with 5 deaths. Though we have cases diagnosed under this heading before not much attention has been paid to them. This year, however, they have all been carefully studied in view of the possibility that they might be due to Leishman-Donovani bodies or human piroplasmosis as suggested by Dr. HUNTER. Nothing of the kind, however, was found either by ordinary blood examination or by spleen puncture before death or at the post-mortem. All

cases were Indian adults. It is safe to infer that the disease does not occur here in Europeans as we should undoubtedly meet with or hear of them. As to whether it occurs in Chinese I cannot say but none have come under our notice. Every case was typical of the disease as described by ADDISON as far back as 1851 and more recently by HUNTER of the London Fever Hospital. In none of them was there any previous illness to account for the disease. The ages varied between 20 and 30 and they were all males. The blood in each case was carefully examined and the results correspond with those found at home. The hæmoglobin varied from 40 to 15 per cent. and the color index from 1.8 to 0.9, being above 1 in all cases but one. The red cells varied between 2,000,000 and 500,000, and the leucocytes from 2,000 to 1,000 with a large increase in the lymphocytes (68 to 45 per cent.). In all there were poikilocytosis, granular and polychromatophilic degeneration, with numerous megalocytes and megaloblasts. The post-mortem signs were practically nil either macroscopically or microscopically but in several cases the liver gave the iron reaction. In three of them there was marked stomatitis and ulceration of the mucous membrane of the mouth but unlike HUNTER's cases these were secondary and only occurred after the disease was well marked.

Heart Disease (Valvular).—25 cases were under treatment of which 10 were Chinese, 6 Indians and 9 Europeans. The ordinary causes which obtain at home, rheumatic fever and the exanthemata, being out of the question here one falls back on one of other causes, viz., Syphilis, which I suppose must be credited with giving rise to the bulk of valvular mischief in Chinese. We had one case of malignant endocarditis in a European in which the patient died suddenly of cerebral embolism. Post-mortem the mitral valve was found extensively affected and a smear taken from this resembled a pure culture of pneumococcus.

Aneurism.—Three cases were under treatment. The aortic case died suddenly from rupture into the pleural cavity, the femoral recovered after ligature of the external iliac and the brachial was cured, under Dr. KOCH, by dissecting out the complete sac.

Phthisis.—47 cases of this serious malady have come under treatment—11 Europeans, 15 Indians, 15 Chinese and 6 Japanese.

Appendicitis.—4 cases of which a European and a Chinese died from peritonitis and the other two recovered without operation.

Liver Abscess.—4 cases with three deaths compared with one case last year. The causation of this disease is still *sub judice* in some minds, but I think enough evidence has now been adduced both here and elsewhere to show that it is entirely and solely due to the amœbæ dysenteriæ and forms one of the worst and most serious complications of intestinal amœbiasis. I have under dysentery alluded to this already and given our figures. There is little doubt that most medical men treating these cases would be of the same opinion but for the fact that some of them probably are not familiar with the appearance of the parasite and are possibly also unaware that the amœbæ may not be found in the pus when the abscess is first incised but are easily detected in a day or two especially if a scraping from the wall is taken. In all of our cases they were present and in 2 of the cases were also found in the stool the patients being the subject of dysentery at the time. Liver abscess is with us a very fatal disease but many cases are brought here in the last stage of the disease. Since 1900 we have had 27 cases with 12 deaths, *i.e.*, 44 4 per cent.—a high rate. Two of the cases were interesting inasmuch as the pus showed large numbers of amœbæ but there were no traces of old or recent dysentery in the large or small intestine. COUNCILMAN and LAFLEUR proved the power of the amœbæ to work its way through the bowel wall into the peritoneal cavity and be carried along towards the lymphatics of the under surface of the diaphragm and so to the upper surface of the liver suggesting indirect infection from the bowel across peritoneal cavity with or without adhesions previously forming and this no doubt happened in the two cases above mentioned. All the abscesses were in the substance of the liver. In one, a Chinaman, the main abscess consisted practically of solid pus, a very rare occurrence, so that aspiration failed to detect the condition and it would have been an impossible one to treat. Most of these cases are fairly easily diagnosed but in a certain number the question is a difficult one to decide. One naturally turns to a blood count as a help and in most cases it is of great assistance taking the relative count of white to red and taking the normal as being between 1 to 1,000 and 1 to 715, *i.e.*, 5,000 to 7,000 white corpuscles. In 3 cases in which the count was made the relation was 1 to 269, 1 to 520 and 1

to 413 respectively. The neutrophilic leucocytes are always in excess as well, so that possibly assistance may be derived from this method which will help, taken of course in conjunction with the clinical history of the case. Unfortunately none of these "blood tests" are to my mind sufficiently positive to enable one to rely on them in doubtful cases—the only time a clinician wants help—as one of our dysenteric cases developed symptoms pointing to liver abscess and the blood count gave 16,000 white cells. The patient, however, recovered without any abscess and is now well. As with the Widal reaction for typhoid so with these blood counts it is to be wished they were "positivus aut nihil."

Fractures.—The following were treated during the year :—

Thigh,	10	
Leg,	11	
Arm,	5	
Forearm,	6	
Skull,	15,	with 12, deaths.
Ribs,	3	
Clavicle,	3	
Patella,	1	
Scapula,	1	
Jaw,	1	
Finger,	1	

Dislocations.—The following were under treatment :—

Shoulder,	6
Elbow,	2
Jaw,	1
Thumb,	1

Injuries.—544 cases with 41 deaths. They were many and various, some very trivial and others serious. There were 7 cases of bullet wounds of which two were fatal, both patients being shot through the abdominal cavity. Dynamite explosion accounted for 4, one of which was fatal. They were all in fishermen.

Parasites.—The two of interest which came under our notice were the Distoma Ringeri and Rhizoglyphus parasiticus. The former occurred in a Japanese from Formosa who is still in the Colony and still the subject of the disease. The latter was found by myself for the first time in this Colony which adds to its interest as far as we are concerned. It is a somewhat unknown parasite and not mentioned in any of the standard works on Tropical Disease and is known as the "water itch." It occurred in 3 cases here all on the feet where it gave rise to superficial ulceration with a tendency to formation of burrow. The parasite is not very easily found as they are not numerous. An illustration appears in MAX BRAUN'S work "Die Thierischen Parasiten des Menschen" and an account of one of our cases was illustrated in the "British Medical Journal" of November 11th, 1905.

Operations.

216 were performed during the year. Amongst the more important were :—

Liver Abscess.—3 cases, with 2 deaths.

Amputation of the Thigh.—3 cases, all recovered. They were done for severe compound fractures in which every endeavour was made to save the limb but as the patients were all sinking from septicæmia the operation was done by Dr. KOCH, Assistant Superintendent, with, I am glad to say, a successful result in each case as far as life was concerned.

Lethotomy.—Two cases with one death. Both were in Chinese.

Strangulated Hernia.—One case, successful.

Abdominal Section.—Two cases for bullet wounds, both fatal, and one exploratory, which case recovered.

Ligature of the External Iliac Artery.—This was successfully done for femoral aneurism.

Anæsthetics.—Chloroform was administered 158 times all by the open method and without any fatal result. Local anæsthesia was also frequently employed for minor operations.

Vaccinations.

The following were performed during the year :—

Primary cases.....181	Successful,	45	Unsuccessful,—Total 226.
Re-Vaccinations 138	„	88	„

Radiography.

The new apparatus duly arrived from home and has been installed. We are now able to work the machine from the electric mains, and so far it has worked uniformly well and is a great improvement on the former method with accumulating batteries.

I desire to thank all the members of the staff who have so ably assisted me during the year as well as those members of the community who have kindly presented books, papers, flowers, etc., to the patients.

The usual Appendix of interesting cases is attached.

MATERNITY HOSPITAL.

67 cases were under treatment with 2 deaths. Of this number 37 were paying patients, 20 free and 11 the wives of Government servants. Of the children born alive 30 were boys and 28 girls. The two fatal cases were both Chinese and death was due in each case to placenta prœvia. This class of patient unfortunately never realises the gravity of this complication and almost invariably apply too late for relief.

SICKNESS IN POLICE.

There were 726 admissions as against 707 in 1904, or 74.84 per cent. of the Force were under treatment as against 75.61.

There were 9 Europeans less, 74 Indians more and 46 Chinese less admitted. The average stay in hospital was 7.4 days per man.

Table VI gives the admissions and deaths from the various sections of the Force.

Table VII gives the sick and mortality rate in percentage of strength for the last ten years.

Table VIII gives the admissions into and deaths in the Government Civil Hospital during each month of the year.

There were 10 deaths as compared with 4 last year. Of these, 3 occurred in the European Section, 3 in the Indian and 4 in the Chinese. The causes of death were Heart Disease (2 Europeans), Heat stroke (European), Phthisis and Tuberculosis (3 Indians), Beri-beri (2 Chinese), Cancer (Chinese), after operation for stone in the bladder (Chinese).

There were 18 cases of invaliding—2 European, 9 Indian and 7 Chinese. The reasons for invaliding were:—Retinitis (1), Delusional Insanity (1), Phthisis (5), Bronchitis (3), Beri-beri (5), Heart Disease (1), Chronic Diarrhœa (1), Senile Debility (1).

Malaria.—125 admissions as against 107 in 1904 or 12.8 per cent of the Force were in hospital for this disease as against 11.55. The European Section suffered to the extent of 4·5 per cent., the Indian 25·9 per cent. and the Chinese 5·5 per cent. These figures show a slight increase over those of last year (11·55 per cent.). The percentages for the last five years are:—

1901=44.69; 1902=19.97; 1903=18.13; 1904=11.55; 1905=12.8.

None of the Europeans were in more than once for this illness, a fact worth noting by the writers on that theoretical subject "Immunity to Disease," as the idea that native races are comparatively insusceptible to malaria is not our experience here. Of the Indians 1.9 per cent. were in twice, 0.9 per cent. three times and 0.4 per cent. four times. Of the Chinese Section 1.4 per cent. had two attacks, and 0.9 per cent. four. There has, therefore, been a slight increase in malaria during the year as well as a slight increase in the repeat cases (1.9 per cent. as against 1.8 per cent. in 1904). The study of repeat cases is interesting but it adds considerably to one's difficulty in placing each case admitted to its right station. For instance an Indian policeman was in with *quartan* malaria in January, April and May. In January he came from Stanley, was transferred from there to Central on 8th April and returned to hospital on the 24th April. This entry was credited to Stanley though 16 days is a fairly long incubation period. In May, 30 days afterwards, he was in again from Central with same form of malaria. Were these attacks all one and the same infection? No resting form has yet been described for either Quartan or Simple Tertian malaria and in this case the 3rd entry was considered a fresh infection and duly credited to Central but I am still doubtful if this is correct as Quartan malaria is a very rare form indeed and it is very improbable that he would contract both a rare form and the same form as before. There are a few other cases somewhat equally dubious. Six cases had crescents in their blood on admission but of this number only one returned to hospital with the same illness.

Table IX gives the admissions compared to strength for the most important stations in the New Territory for the past five years and Table X the monthly admissions for malarial fever from each Police Station during the year.

The former Table shows an increase in Sha Tau Kok, Au Tau and and Pingshan. The amount of malaria prevalent in the New Territory, or parts of it, is very high—higher than these figures would give the impression—Sha Tin, San Tin, Tai O, and Sheung Shui have had no admissions to hospital for malaria so that the remaining five stations are responsible for an admission rate of over 40 per cent. as compared with the strength, a very high figure. Owing to the conditions prevalent malarial prevention must be a question of individual prophylaxis, always a difficult matter to carry out especially with the native sections, and from these figures it would not appear to be a success. Of the number admitted from these five stations the European section suffered to the extent of 50 per cent., the Indians 40.5 per cent., and the Chinese 38.8 per cent.

The average number of days spent by each man in hospital for this disease was 5.1 against 5.7 last year.

Phthisis.—6 cases were under treatment as against 4 last year. Of this number 2 died and the others were invalided.

Dysentery.—29 cases were under treatment as against 28 last year. Of these, 2 were Europeans, 19 Indians and 8 Chinese.

Beri-beri.—16 cases all as usual amongst the Chinese section. The outstations again had a clean bill of health, the cases coming from the Central (10 cases) and Yaumati (6 cases). I have no further light to throw on this disease and not even a theory to put forward. It seems to me that, if any further scientific investigation is to be undertaken towards solving the cause of this disease it should be done in the case of the police as the numbers are few and the men are all under the same circumstances as regards housing, work, food, etc.

Typhoid Fever.—Only one case occurred in a Chinaman. He went through a very severe attack but eventually recovered.

Other ailments.—These call for no special mention.

Sickness in Gaol Staff.

There were 82 admissions out of a staff of 119, or 68.9 per cent. against 58.4 per cent. last year. One death from tuberculosis occurred in an Indian guard. Three Indians were invalided for phthisis and one for chronic rheumatism and one European for heart disease.

Sickness in Sanitary Staff.

There were 35 admissions as against 29 in 1904. No deaths occurred and no invaliding was done amongst the more important members of the department. One or two Chinese on temporary engagement were not kept on owing to their being attacked with beri-beri, heart disease, etc.

J. Bell,
Superintendent,

Table. I.—*Admissions into and Deaths in the Government Civil Hospital during each month of the year.*

Month.	Europeans.		Indians &c.		Asiatics.		Total Admissions.	Total Deaths.
	A.	D.	A.	D.	A.	D.		
Remaning 31st December, 1904,	33	1	14	1	42	2	89	4
January,	66	5	49	2	73	7	188	14
February,	58	1	33	4	62	7	153	12
March,	58	1	62	3	61	5	181	9
April,	58	2	60	3	83	9	201	14
May,	84	3	47	2	111	7	242	12
June,	84	4	56	2	105	5	245	11
July,	107	6	70	2	108	14	285	22
August,	66	3	60	1	85	10	211	14
September,	70	...	66	4	106	3	242	7
October,	60	...	74	1	100	9	234	10
November,	60	5	81	...	100	8	241	13
December,	44	4	65	1	83	3	192	1
Total,	848	35	737	26	1,119	89	2,704	150

Table II.—*Operations performed in the Government Civil Hospital.*

SURGICAL OPERATIONS.	Number	Deaths.
Operations on Organs of Locomotion :—		
Amputation of Thigh,	3	...
„ „ Leg,	1	...
„ „ Toes,	4	...
„ „ Forearm,	8	1
„ „ Hand,	1	...
„ „ Fingers,	10	...
Opening knee joint,	1	...
Warty tumour of foot,	2	...
„ „ „ hand,	1	..
Removal of Tumours :—		
Buboes, Incised,	14	...
„ Removed or Scraped,	14	...
Sarcoma of arm,	2	...
Cysts,	5	...
Carbuncle,	1	...
Epithelioma of lip,	1	...
Schirrus of Breast,	1	...
Polypus (Nasal),	1	...
„ (Uterine),	1	...
Fibromata,	3	...
Eye Operations :—		
Cataract,	1	...
Pterygium,	1	...
Trachoma,	1	...
Entropion,	1	...
Operations on Genito-urinary Organs :—		
Lithotomy,	2	1
Hydrocele (Tapped),	5	...
Hydrocele (Radical cure),	2	..
Circumcision,	18	...
Ruptured urethra,	2	...
Stricture of urethra,	6	...
Bladder tapped,	1	...
Amputation of penis,	2	...
Operations on Digestive Organs :—		
Hernia strangulated,	1	...
Hepatic abscess,	3	2
Hæmorrhoids,	2	...
Fistula in ano,	3	...
Paracenteses abdominalis,	4	...
Abdominal Section (Bullet wound),	2	2
„ „ (Exploratory),	1	...
Operations on Circulatory System :—		
Ligature of ulnar artery,	1	...
„ „ external iliac artery,	1	...
Removal of brachial aneurism,	1	...
Wounds of chest,	1	...
„ „ scrotum,	2	...
General Abscesses :—		
Abscess of thoracic wall,	1	...
„ „ thigh,	3	...
„ „ leg,	2	...
„ „ scrotum,	1	...
„ „ neck,	2	...
„ „ perinæum,	2	...
„ „ arm,	1	...
„ „ scalp,	1	...
„ „ foot,	2	...
„ „ hand,	11	...
„ „ buttock,	3	...
„ „ axilla,	3	...
„ „ iliac,	1	...
Ischeo-rectal abscess,	4	...
General Operations :—		
Necrosis,	13	...
Sloughing Phagedena,	2	...
Sinus,	11	...
Needle (Removal of),	3	...
Paracentesis Thoracis,	4	...
Harelip,	2	...
Parturiton :—		
Placenta Previa,	2	2
Forceps,	4	...
Total,	216	8

Table III.—*Diseases and Deaths in the Government Civil Hospital.*

Diseases.	Remaining in Hospital at end of 1904.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1905.
		Admissions.	Deaths.		
General Diseases.					
Small-pox,	...	2	...	2	...
Measles,	...	2	...	2	...
Whooping Cough,	2	...	...	2	...
Dengue,	...	32	...	32	...
Diptheria,	...	1	...	1	...
Febricula,	...	120	1	120	2
Enteric Fever,	6	24	6	30	1
Cholera,	...	2	2	2	...
Dysentery,	2	108	3	110	5
Plague,	...	5	3	5	...
Malarial Fever,	...	...	...	...	...
1. Quartan,	...	13	...	13	...
2. Simple Tertian,	...	49	...	49	2
3. Malignant,	1	196	3	197	4
4. Mixed infection,	...	8	...	8	...
Malaria Cachexia,	...	...	...	...	...
Beri-beri,	2	41	8	43	...
Erysipelas,	1	3	...	4	...
Pyæmia,	1	...	...	1	...
Septicæmia,	...	1	...	1	...
Tubercle,	1	5	5	6	...
Sloughing Phagedena,	...	6	...	6	...
Syphilis,	...	...	...	...	...
(a) Primary,	2	15	...	17	...
(b) Secondary,	1	46	...	47	3
Gonorrhœa,	3	86	...	89	2
Alcoholism,	2	63	...	65	...
Delirium Tremens,	...	1	...	1	...
Rheumatism	4	83	...	87	1
Rheumatic Fever,	...	4	...	4	...
Cyst,	...	4	...	4	1
New Growth, non-maglinnnt,	...	9	...	9	2
New Growth, malignant,	1	13	4	14	...
Anæmia,	1	4	1	5	...
Pernicious Anæmia,	...	9	5	9	1
Debility,	2	103	2	105	2
Local Diseases.					
Diseases of the Nervous System.					
Sub-section 1.					
Diseases of the Nerves,—					
Neuritis,	1	8	2	9	...
Meningitis,	...	2	1	2	...
Abcess of Brain,	...	1	1	1	...
Sub-section 2.					
Functional Nervous Disorders.—					
Apoplexy,	...	2	2	2	...
Paralysis,	3	4	...	7	2
Epilepsy,	...	4	...	4	...
Neuralgia,	...	6	...	6	...
Hysteria,	...	1	...	1	...
Sub-section 3.					
Mental Diseases.—					
Mania,	1	1	...	1	...
Dementia,	...	3	1	2	...
Delusional Insanity,	...	2	...	3	...
Diseases of the Eye,	1	49	...	50	3
„ „ Ear,	...	11	...	11	...
„ „ Nose,	...	2	...	2	...
„ „ Circulatory System,	2	36	5	38	2
„ „ Respiratory System	9	238	25	247	4
„ „ Digestive System,	7	226	11	233	3
„ „ Lymphatic System,	3	50	...	53	3
„ „ Urinary System,	1	28	7	29	...
„ „ Generative System,					
Male Organs,	...	79	...	79	3
Female Organs,	...	9	...	9	...
„ Organs of Locomotion,	6	73	2	79	2
„ Cellular Tissue,	...	60	...	60	...
„ Skin,	...	34	...	34	1
Injuries,	22	522	41	544	18
Effects of heat,	1	29	9	30	1
Malformations,	...	3	...	3	...
Poisons,	...	2	...	2	...
Parasites,	...	56	...	16	...
Under observation,	1	16	...	57	...
Total,	89	2,615	150	2,704	68

Table IV.—*Monthly Admissions into and Deaths in the Government Maternity Hospital.*

	Europeans.		Japanese.		Chinese.		Total Admissions.	Total Deaths.
	A.	D.	A.	D.	A.	D.		
Remaining December 31st, 1904,...	2	...	1	...	...	...	3	...
January,.....	3	...	...	...	3	...	6	...
February, ...	...	...	...	...	3	...	3	...
March, ...	3	...	1	...	...	...	4	...
April, ...	3	...	1	...	2	...	6	...
May, ...	2	...	...	...	4	...	6	...
June, ...	1	...	1	...	3	...	5	...
July, ...	1	...	1	...	1	...	3	...
August, ...	1	...	1	...	2	...	4	...
September, ...	1	...	1	...	4	1	6	1
October, ...	7	...	1	...	...	...	8	...
November, ...	3	...	...	...	5	1	8	1
December, ...	2	...	...	...	3	...	5	...
Total,.....	29	...	8	...	30	2	67	2

Table V.—*Varieties of Malarial Fever met with monthly in the Government Civil Hospital.*

Month.	Quartan.	Simple Tertian.	Malignant.	Mixed Infection.	Total.	Percentage to Patients in Hospital
January, ...	4	1	7	...	12	4.33
February, ...	...	4	3	...	7	4.60
March, ...	2	4	2	...	8	4.41
April, ...	2	1	2	2	7	3.49
May, ...	2	2	2	...	6	2.47
June, ...	1	4	18	...	23	9.38
July, ...	1	7	29	1	38	13.33
August, ...	2	7	23	1	33	10.9
September, ...	1	2	22	1	26	10.7
October, ...	...	9	30	...	39	16.6
November, ...	...	6	45	1	52	21.6
December, ...	...	5	19	2	26	13.5
Total, ...	15	52	202	8	277	10.2

Table VI.—*Admissions into and deaths in the Government Civil Hospital from the Police for the last ten years.*

Year.	Europeans.	Indians.	Chinese.	Total Admissions.	Total Deaths.
1896	94	370	124	588	14
1897	99	320	107	526	7
1898	87	279	122	488	19
1899	117	421	154	692	16
1900	183	522	215	920	4
1901	202	521	214	937	8
1902	150	479	307	936	2
1903	130	431	198	759	5
1904	118	342	247	707	4
1905	109	416	201	726	10

Table VII.—*Sick Rate and Mortality Rate in the different Sections of the Police for the last ten years.*

Year.	Europeans.		Indians.		Chinese.	
	Sick Rate.	Mortality Rate.	Sick Rate.	Mortality Rate.	Sick Rate.	Mortality Rate.
1896...	89.52	0.95	172.89	1.40	40.52	3.26
1897...	94.28	0.95	146.11	1.37	35.54	0.99
1898...	77.67	3.57	123.45	1.32	41.78	4.10
1899...	104.46	3.57	151.98	1.08	47.09	2.75
1900...	135.50	...	147.40	0.57	57.02	0.40
1901...	160.31	3.17	147.17	0.56	52.97	0.49
1902...	126.00	0.84	131.90	0.80	76.90	...
1903...	115.04	...	124.56	0.57	54.69	0.82
1904...	92.91	1.57	96.33	0.28	54.52	0.22
1905...	81.96	2.26	117.51	0.84	41.61	0.81

Table VIII.—*Admissions into and Deaths in the Government Civil Hospital from the Police during each month of the year.*

	Europeans.		Indians.		Chinese.		Total Admissions.	Total Deaths.
	A.	D.	A.	D.	A.	D.		
Remaining on 31st December, 1904,	...	...	3	...	1	...	4	...
January, ...	11	1	27	...	5	...	43	1
February, ...	13	...	17	1	11	...	41	1
March, ...	2	...	35	...	11	...	48	...
April, ...	6	...	35	...	18	...	59	...
May, ...	13	...	22	1	18	...	53	1
June, ...	11	1	25	...	22	...	58	1
July, ...	12	1	40	...	19	2	71	3
August, ...	11	...	26	...	13	2	50	2
September, ...	7	...	37	1	25	...	69	1
October, ...	10	...	60	...	19	...	89	...
November, ...	8	...	55	...	23	...	86	...
December, ...	5	...	34	...	16	...	55	...
Total, ...	109	3	416	3	201	4	726	10

Table IX.—*Admissions for Malarial Fever from the most important Police Stations in the New Territory compared with strength.*

Stations.	*1901.*	*1902.*	*1903.*	*1904.*	*1905.*
Sha Tau Kok, ...	30.7	...	15.38	13.3	57.1
Ping Shan, ...	64.2	7.1	45.45	13.3	20.0
Sai Kung, ...	28.2	16.6	16.6	50.0	42.8
San Tin, ...	25.0	...	...	10.0	...
Tai Po, ...	70.0	50.0	33.3	27.2	16.6
Tai O, ...	10.0	10.0	11.1	10.0	...
Sha Tin, ...	25.0	...	12.5	33.3	...
Au Tau, ...	121.4	7.6	61.5	50.0	71.4
Sheung Shui, ...	63.6	20.0	9.0	...	...

Table X.—*Admissions for Malarial Fever from each Police Station during each month of the year.*

Statation.	Strength.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	Percentage to Strength.
Central	327	1	1	1	1	2	2	2	5	3	7	3	7	35	10.7
No. 1	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ 2	36	...	...	...	...	...	1	...	2	1	...	...	1	5	13.7
„ 5	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ 6 (Peak) ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
„ 7	62	...	...	1	...	...	...	...	...	...	...	1	...	2	3.2
„ 8	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mt. Gough	20	...	...	...	...	...	...	...	1	...	1	1	...	3	15.0
Bay View	10	...	...	...	...	...	...	...	...	1	2	1	...	4	40.0
Tsat Tze Mui	7	...	...	...	...	...	1	4	...	...	...	2	...	7	100.0
Quarry Bay	...	...	...	...	...	1	...	1	...	...	...	...	...	2	...
Shaukuivan	11	...	...	...	...	...	...	...	1	1	1	...	...	3	27.2
Shek O	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stanley	11	2	1	...	1	...	1	1	...	1	4	2	...	13	118.1
Aberdeen	16	...	...	1	...	...	1	3	2	1	3	4	...	15	93.7
Pokfulum	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kennedy Town ...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tsim Tsat Tsoi ...	189	...	...	...	...	...	...	...	...	...	...	...	1	1	0.52
Yaumati	33	...	...	...	...	...	...	...	...	...	1	...	...	1	3.09
Hunghom	17	1	...	...	...	...	...	...	...	...	...	...	1	2	11.7
Sam Shui Po	14	...	...	...	...	...	...	...	...	...	...	...	1	1	7.1
Kowloon City	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ping Shan	15	...	1	...	...	...	1	1	...	...	...	...	...	3	20
Au Tau	14	...	...	...	...	...	...	1	2	1	2	4	...	10	71.4
Sau Tiu	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sheung Shui	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tai Po	12	...	...	...	...	...	...	...	...	...	2	...	...	2	16.6
Sha Ta Kok	14	...	...	...	...	...	...	...	...	...	3	4	1	8	57.1
Tai O	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tung Chung	7	...	...	...	...	...	...	...	...	...	2	2	...	4	57.1
Sha Tin	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sha Tin Gap	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sai Kung	7	...	...	...	...	...	...	...	...	...	...	1	2	3	42.8
Ta Kee Leung	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lamma Island	5	...	...	...	...	...	...	...	...	...	...	1	...	1	20
Cheung Chau	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Junk Bay	2	...	...	...	...	...	...	...	1	...	...	2	...	3	150
Total	...	4	3	3	2	3	7	13	14	9	28	28	14	127	13.09

Appendix.

Notes on Cases.

Abscess of Lung.—Death.

A Mercantile Marine Engineer, aged 48, was admitted to Hospital suffering from pleurisy of the left base. The signs were well marked and the disease ran the usual course during the next few days the effusion reaching up to the level of the angle of the scapula.

In about ten days' time this was all re-absorbed, and on examination the friction rub was still present along the base associated with patches of dulness, tubular breathing and coarse crepitations. The sputum was muco-purulent without any traces of blood at any time.

On the 15th day the sputum became most offensive and continued so up to the end. The lung signs cleared up except in one patch about the size of the palm of the hand where coarse sounds were present with dulness on percussion.

Shortly after the stools became frequent with much tenesmus, the stools consisting almost entirely of bloody mucus. Neither amœbæ nor tubercle bacilli were found.

From this onwards the disease fluctuated considerably, most of the symptoms disappearing for a spell and the patient was able to get up and lie in the verandah. On the 46th day, however, a bad turn occurred and the patient took to his bed and died on the 51st day.

No tubercle bacilli were at any time found in the sputum.

The temperature chart was always above normal but ran no particular course, being at times of a remittent and at others of an intermittent type, the highest registered being 103°.

Post-mortem.—Left lung affected. No fluid in pleural cavity. Base of left lung showed a localised pleuritic thickening. The lower lobe contains two cavities about the size of a marble communicating with one another full of most fœtid puriform material, the cavities being lined with a thick pyogenic membrane. Patches of grey hepatisation were scattered over the lung round about the abscess cavity. Smears from the pus showed no pneumo-cocci nor tubercle bacilli but were full of ordinary micro-organisms. The other organs were healthy.

Remarks.—Non-pyæmic lung abscess is so extremely rare that this case is worth recording. The patient was in no special way unhealthy and it is very difficult to account for so serious a complication to an ordinary attack of pleurisy. The absence of tubercle bacilli and pneumo-coccus is also worth noting.

*Case of Chorion Epithelioma.**

The patient was a Russian, aged 36 years, a multipara, who was admitted to hospital on March 1st. She had had a normal labour three months previously at Port Arthur, the child being alive and well. 14 days after the confinement metrorrhagia and fever began and continued up to the time of her admission to the Government Civil Hospital. On examination the uterus was found to be fixed but was not much enlarged. The patient was very cachectic and had lost flesh. A soft mass protruded from the os which was patulous. The growth bled easily and the vagina had to be plugged for some hours after the examination. A piece was removed and examined by Dr. William Hunter, Government Bacteriologist, whose report is attached. During the patient's stay in hospital the temperature was of a continued type, ranging between 100° and 102° F. but occasionally rising above this. The bowels were freely opened and the stench around the patient was very offensive. Operation being considered to be out of the question the patient left the hospital a month after and eventually departed for Europe.

Report by Dr. Hunter.—Microscopically the piece of tissue submitted to me for examination was not unlike placental tissue. It was soft and spongy and full of blood. Histologically the tissue was found to be made up of areas of free hæmorrhage, blood sinuses, and a peculiar parenchyma. No definite stroma was found. The greater portion of the mass was composed of extravasated blood and

* Published in the "Lancet" Oct. 21, 1905.

as a result of this copious masses of blood pigment were found in certain areas of the tissue, particularly in the areas of free hæmorrhage but also in the parenchyma. The blood sinuses were abundant. They varied in size, possessed delicate endothelial tunics, and were packed full of the formed elements of the blood. The parenchyma possessed a characteristic histogenesis and led me at once to the diagnosis. At first sight certain parts resembled a small round-celled and rapidly growing sarcoma, but this, on more careful examination, proved to be leucocytic accumulations in which were found phagocytes, polyhedral cells, large epithelioid cells, and diffuse plasmodium-like structures. The polyhedral cells arranged themselves into alveoli. The large epythelioid cells—some resembling giant cells—were scattered throughout the parenchyma arranged sometimes singly, sometimes in small groups. They contained nuclei varying in number and endowment with chromatin. The diffuse plasmodial masses were few in number but contained many nuclei. The most typical forms arranged themselves into a network containing the polyhedral cells and leucocytic accumulations already referred to. In certain sections evidence of hyaline metamorphosis was noted. From the histological appearance I am of opinion that the tissue is a rapidly growing chorion epithelioma. The various contained tissue elements, especially the parenchyma, and their arrangement are characteristic. The plasmodial masses are of the type of a well-defined syncytium. These were few in number but this is probably due to the subdivision of the syncytial masses into immense epithelioid cells with large nuclei. Such a metamorphosis is not infrequent in certain forms of chorion epithelioma.

Remarks.—The case seems worth recording as this form of malignant disease is not very common and certainly not common immediately following a normal labour. The diagnosis of malignant disease was easy enough for us but it is not easy to say when it became so, as presumably the fever and metrorrhagia were possibly put down to endometritis following the labour, though, on the other hand, the case may have been overlooked owing to the fall of the celebrated fortress and to the incoming medical men having their hands full of war casualties.

Case of Liver Abscess,—Death.

A Chinese male, aged 40, was admitted on August 26th. Patient looked very wasted and ill and stated that he had been ill for over a month with fever on and off but no very definite account of his illness could be obtained. All the internal organs seemed healthy save that the liver dulness was slightly increased downwards. There were a number of purpuric spots on his body of various sizes. Tongue very furred and dry; urine normal. A blood count taken by Lieut. RANKIN, R.A.M.C., was normal. The patient continued in much the same condition for a few days but getting weaker all the time and on the 4th day his temperature rose from subnormal to 104°. The purpuric spots increased in number and size and slight diarrhœa supervened, the stools being acholic but no amœbæ or tubercle bacilli were found microscopically. The tongue continued to become more furred and drier. On August 31st (6th day) he had a rigor with a rise of temperature to 104°. The liver was found to be increased in size downwards but not tender. A distinct swelling extended on the right side from the middle line to the mid-axillary line. This swelling had a peculiar emphysematous feel, heard as loud friction sounds by the stethoscope. The swelling was aspirated over the dull and resonant areas giving exit to air and a little blood. Blood count gave 14,000 white cells. Temperature was normal on the 1st September all day but rose on the 2nd to 102° in the evening. Jaundice now came on and the liver dulness was aspirated but without any pus being found. Jaundice rapidly increased and the patient died on the 5th September.

Post-mortem.—All the organs, except the liver, were healthy. This organ was increased in size, extending two fingers' breadth below the ribs. In the right lobe was a large well defined mass about the size of a large orange extending to within ½ inch of surface, the mass being composed of thick cheesy material. Below and behind this mass and continuous with it was a small abscess cavity about the size of a coffee cup. The lining membrane of the abscess and the cut surface of the mass teemed with living amœbæ. The large intestine was quite normal and showed no signs of old or recent dysentery. No signs were found to account for the emphysematous condition.

Remarks.—This was a most puzzling case. The absence of amœbæ in the stool or of any history of dysentery negatived a liver abscess, more especially as the liver dulness was not much increased and there was no tenderness present at

any time. The advent of the ill-defined swelling in the abdomen with emphysema suggested the possibility of an abscess due to ruptured duodenal ulcer, the abscess cavity being shut off by adhesions. Nothing was found post-mortem to account for this peculiar crackling which I have never seen or heard of before. The inspissation of such a large abscess is most unusual, if not unique and would have made it impossible to treat the case, if it had been diagnosed, as the pus was quite solid. Presumably the amœbæ reached the liver without first attacking the large intestine—a most interesting fact.

Femoral Aneurism. Intraperitoneal Ligature of External Iliac. Incision of Sac. Recovery.

A Chinese coolie from South Africa, aged 56, was admitted on August 6th with a very large swelling over the right femoral artery. The skin over the tumour was very red and thin threatening at any moment to rupture. Expansile pulsation was easily made out and a soft blowing murmur was heard all over the tumour.

The following day under chloroform, as it was found difficult if not dangerous to tie the artery above Poupart's ligament, an incision was made in the right semilunar line, the intestines held out of the way and the external iliac easily tied with silk when the pulsation at once ceased. The abdominal incision was closed with six silk sutures.

Owing to the constant pain complained of over the sac 3 days after the patient was again placed under chloroform the sac freely incised and the recent blood clot herned out. Part of the sac only was dissected out and the hole plugged with glutol.

On the 5th day as the incision had healed the stitches were removed but next day the patient sat up in bed and a violent fit of coughing opened up the wounds. Under chloroform the intestines were at once returned and the incision closed again with silk sutures.

The after progress of the case was most satisfactory the incision healing well and firmly and the sac shelling out under glutol dressings. The patient left in due course for his home in North China.

Remarks.—This was an extraordinary large aneurism being about double the size of an orange. No history was obtainable as to injury and the patient stated that he first noticed it six months previously.

Short Notes on Cases of Liver Abscess.

As these cases are of great interest I think it as well to append short notes of each case.

1. European male, aged 49, from Philipine Islands. Ill for two months. No previous dysentery or bowel complaint. Liver much enlarged and painful. Rigors and high fever. Stool examined but showed no amœbæ or other abnormality. Blood count gave red cells 3,400,000, white cells 13,000, *i.e.*, 1 to 269. Large abscess cavity opened 48 hours after admission. Fatal. Post-mortem, only a single large abscess found teeming with amœbæ, no signs of old or recent ulceration in the intestines.

2. Chinese male aged 40. Ill for a month. Liver increased in size. Blood count red cells 4,160,000, white cells 8,000, *i.e.*, 1 to 520. Liver aspirated with negative results. Fatal. Post-mortem, large abscess full of inspissated pus with small cavity behind containing liquid purulent contents. Both abscesses teeming with amœbæ. No signs of old or recent dysentery.

3. European male, aged 36, resident in the Colony. Ill for 2 years on and off with dysentery. Patient very ill on admission with enormously enlarged liver and dysentery stools full of amœbæ. Abscess at once opened but case ended fatally. Post-mortem, a large abscess found on liver, smears from which showed numerous amœbæ. Large intestine much thickened and covered with small superficial ulcers smears from which also showed numerous motile amœbæ. No blood count made.

4. European aged 39, resident in the Colony. Admitted with dysentery and amœbæ in the stools. No malaria, sings of hepatitis supervened. Blood count gave red cells 3,861,000, white cells 9,333, *i.e.*, 1 to 413. Abscess located and opened. Pus full of amœbæ. Patient still in hospital.

Annexe C.

REPORT OF THE MEDICAL OFFICER IN CHARGE OF THE VICTORIA HOSPITAL FOR WOMEN AND CHILDREN.

Admissions, Diseases and Deaths.

The total number of admissions to the Victoria Hospital for Women and Children during 1905 was 212, including 9 carried forward from 1904. In 1904 the total number was 133.

Table I shows in detail the diseases and causes of death during the year.

The 212 persons admitted may be classified thus :—

(1) According to Age :—		
Under 3 years,	57	90
Between 3 and 12 years,	33	
Over 12 years,	122	
(2) According to Nationality :—		
Europeans,	182	
Asiatics,	30	
(3) For purposes of payment :—		
Government Servants,	6	
Wives of Government Servants,	34	
Private Paying Patients,	99	
Free Patients (chiefly young children),	72	
Police Case,	1	

All the cases of Malaria were from outlying parts. The 2 Tertian cases came from Stanley ; the Quartan case from Macao ; and the 10 Malignant cases from Morrison Hill Road (3 cases), Leighton Hill Road, Bay View, Shaukiwan, Kowloon Water-works, Kowloon City (2 cases), and the mainland. All made good recovery.

Nine deaths occurred, giving a mortality rate of 4·25 per cent. Four of the nine fatal cases were moribund at admission, and died within 24 hours.

Operations.

The following operations were performed :—

Circumcision,	3
Cervical Glands,	1
Curetting,	1
Dilatation of Cervix Uteri,	1
For Adherent Prepuce,	1
For Inguinal Hernia (radical),	2
Tonsillotomy,	1
Tracheotomy,	1
Vaccination,	5

Besides the above, there were many cases requiring incision of boils and abscesses, especially among children, and in several of the parturition cases operative measures were necessary.

Table II shows the average daily number of inmates of the Hospital during monthly periods throughout 1904 and 1905. It seems probable from the experience of the first two years that the Victoria Hospital will be increasingly appreciated during the hot months, but that during the colder season the classes who chiefly avail themselves of it will continue to prefer treatment at the Government Civil Hospital, where they can more conveniently be visited by relatives and friends.

Staff.

The Honourable Dr. J. M. Atkinson was in charge of the Hospital until 15th March, when he left the Colony on leave.

Sister Millington and Sister Lee have been on duty throughout the year, except that Sister Millington was warded from 8th June to 12th June, and from 16th June to 7th July, suffering from the effects of a snake-bite.

The Probationers have been changed periodically, doing duty alternately at the Victoria Hospital and the Government Civil Hospital. From 10th June to 30th November it was found necessary to have three, instead of two, probationer nurses on duty.

Buildings.

The Hospital buildings are in good repair, and in good sanitary condition.

Fees.

The total Fees received during 1905 was $4,394.34.

J. C. Thomson, M.D., D.T.M., D.P.H.

Table I.

DISEASES *and* DEATHS AT THE VICTORIA HOSPITAL *in* 1905.

DISEASES.	Remaining in Hospital at end of 1904.	Yearly Total. Admissions	Yearly Total. Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1905.	Remarks.
GENERAL DISEASES.						
Whooping Cough,	...	1	...	1	...	
Diphtheria,	...	2	...	2	...	
Febricula,	...	1	...	1	...	
Dysentery,	...	9	1	9	2	
Malarial Fever :—						
1. Quartan,	...	1	...	1	...	
2. Simple Tertian,	...	2	...	2	...	
3. Malignant,	...	10	...	10	...	
Septicæmia,	...	1	1	1	...	
Tubercle,	...	4	1	4	...	
Syphilis :—						
(*a.*) Secondary,	...	1	...	1	...	
(*b.*) Inherited,	...	2	...	2	...	
Gonorrhœa,	1	...	...	1	...	
Rickets,	...	1	...	1	...	
Scurvy,	...	1	...	1	...	
Alcoholism,	...	2	...	2	...	
Rheumatism,	...	3	...	3	...	
New Growth, malignant,	...	1	1	1	...	
Anæmia,	...	13	...	13	1	
Debility,	...	5	...	5	...	
LOCAL DISEASES.						
Diseases of Nervous System.						
SUB-SECTION 1.						
Diseases of the Nerves :—						
Neuritis,	...	2	...	2	...	
Meningitis,	...	1	1	1	...	
SUB-SECTION 2.						
Functional Nervous Disorders :—						
Apoplexy,	1	...	...	1	1	
Paralysis,	...	1	...	1	...	
Neuralgia,	...	1	...	1	...	
Hysteria,	...	1	...	1	1	
SUB-SECTION 3.						
Mental Diseases :—						
Melancholia,	...	1	...	1	...	
Diseases of the Eye,	1	...	...	1	...	
„ „ Circulatory System,	...	2	1	2	...	
„ „ Respiratory System,	...	11	1	11	...	
„ „ Digestive System,	...	21	...	21	...	
„ „ Lymphatic System,	...	2	...	2	...	
„ „ Urinary System,	...	1	...	1	...	
„ „ Generative System :—						
Female Organs,	1	6	...	7	...	
„ „ Organs of Locomotion,	...	2	...	2	...	
„ „ Cellular Tissue,	...	8	...	8	...	
„ „ Skin,	...	4	...	4	...	
Injuries :—						
Local,	...	1	...	1	...	*
Poisons,	...	2	...	2	...	†
Parturition,	2	13	1	15	1	‡
In Attendance and under Observation,	3	63	1	66	1	§
Total,	9	203	9	212	7	

* Scald.

† 1 Snake-Bite. 1 Paint Poisoning.

‡ Fatal case due to Shock, consequent on extreme General Debility.

§ Includes infants born in the Hospital, persons attending on small children, and cases admitted for quarantine observation. Fatal case was a prematurely born infant.

Table II.

Average daily number of Inmates of the Victoria Hospital during each month of the years 1904 and 1905.

Period.	Average daily number in Hospital.	Period.	Average daily number in Hospital.
1904.		*1905.*	
January,	3.39	January,	8.39
February,	6.65	February,	9.32
March,	3.74	March,	4.84
April,	5.63	April,	2.33
May,	6.48	May,	6.58
June,	4.90	June,	13.87
July,	6.87	July,	18.03
August,	10.13	August,	26.03
September,	8.53	September,	17.30
October,	6.13	October,	15.55
November,	9.10	November,	11.43
December,	5.13	December,	6.67

Annexe D.

REPORT OF THE MEDICAL OFFICER IN CHARGE OF THE GOVERNMENT LUNATIC ASYLUMS.

Admissions.

On reference to Table I it will be seen that the admissions numbered 160—118 being males and 42 females. This number is very slightly below that of the previous year—166, and practically the number has been constant for the past three years.

The following are the admissions for the past 7 years :—

1899,	78
1900,	109
1901,	90
1902,	120
1903,	155
1904,	166
1905,	160

The total number of cases under treatment during the year amounted to 177, of whom 148 were discharged on recovery or repatriated, and 7 died, leaving a total of 22 cases under treatment on the last day of the year.

Owing to the system of repatriation in force it is extremely difficult to calculate the recovery-rate in figures, as we unfortunately are unable to keep the native patients under observation for any length of time. It is, however, as well as one can make out, somewhat low.

Nature of Diseases.

These were of the usual nature. The more acute diseases, namely, those which usually give greater hopes of recovery, such as acute mania and acute melancholia are few in number. The cases of acute mania, with the exception of one, singularly enough, occurred among the Chinese, whose mentality is equilibrated on a very stable and stolid basis. This variety of mental disease is generally caused by, or at any rate, accompanies the rush and turmoil of existence when the senses have to be keen and the emotions are highly strung and the intellectuality is sharpened. Evidence of this is seen in the admission returns of the mental institutions in Western countries. With the well-known mental characteristics of the average Chinese, however, especially their strong will-power and self control, we do not expect these acute mental disorders. Rather, they drift, when the mind becomes affected and unhinged into chronic conditions of alienation, such as chronic mania and melancholia and dementia—such states as seem scarcely ever to readjust themselves or even to approach the normal.

Fourteen cases were admitted suffering from delusional insanity a condition, that is to say, where the patient retains strong active and fixed delusions but is free from manifestations of mania or melancholia. Sometimes, as in one case here, this may pass into a condition of acute delirious mania, but on the other hand, and perhaps more usually, it terminates in a condition of dementia.

Epilepsy does not seem common among the Chinese, only one case occurring among them to two among Europeans.

Cases of alcoholic insanity bulk largely among the admissions ; these I will refer to in the next paragraph.

On reference to Table II it will be seen that 33 males and 1 female were admitted suffering from alcoholism, that is, from the direct result of the abuse of alcohol—a percentage of 28 among the males on the number of mental cases admitted. Apart from these cases I was able to trace clearly, in many of the cases of chronic mania, melancholia

and delusional insanity among the women as well as among the men, the effect of alcohol as a causative factor. Altogether the misuse and abuse of alcohol may be considered the principal, and perhaps the leading, factor in the production of mental derangements, especially among the outlanders in this Colony. The type of disease produced varies from cases of delirium tremens too severe to be fit for treatment in the wards of a general hospital, to typical cases of alcoholic insanity. It will be noticed that England, Scotland and China contribute each a fifth of the cases, and Ireland and India about a tenth. The reason for this excessive indulgence in alcohol which so often leads to such disastrous results in persons of unstable mental equilibrium is perhaps not very difficult to seek: for it is an undisputed fact that the abuse of alcohol is common in this Colony especially among the wage-earning classes and a certain section of sea-faring folk. I may mention incidentally that I have seen more cases of alcoholic insanity and more cases of excessive alcoholic indulgence during my short period of service in this Colony than I have seen in a longer period of service in another Colony. The reason then most generally assigned is that the climate here is enervating and that in consequence the system requires bracing up. This idea combined with the well-known camaraderie among a set of men earning a precarious livelihood, often out of work, always isolated and bereft of home ties, must lead to excessive alcoholic indulgence and this in its turn surely leads to mental derangement. It cannot be too strongly insisted upon that if the climate is bad the means adopted to counteract its effects are worse and but augment its injurious effects, if any. Total abstainers and moderate drinkers, that is, those that drink with discretion, come off best.

Deaths.

These amounted to 7—of whom 6 were males and one female, giving a percentage on cases treated among the males just under 4 per cent. and among the women just over 2 per cent.

The immediate cause of death was as follows. Two males succumbed to exhaustion supervening on chronic mania. The patient who suffered from melancholia attempted suicide before she was admitted into the Asylum by inflicting wounds on her neck with a pair of scissors. These wounds apparently superficial set up extensive and deep seated cellulitis which proved fatal. One male suffering from dementia died of acute pleuritis, and one suffering from idiocy contracted pulmonary tuberculosis prior to admission which carried him off. One patient suffering from acute alcoholism suddenly and without warning developed extravasation of urine. He made no previous complaint nor were we led to suspect that such a condition might supervene. He succumbed in spite of the most active treatment. One male patient under observation with reference to his mental condition was suffering from pericarditis which proved fatal.

Occupation of Patients.

The occupation of those under treatment during the year is stated in Table III as far as ascertainable.

It is a great pity that the patients, both Europeans and Chinese, display a strong disinclination to work or to keep themselves occupied in some way that would distract their thoughts and take them out of themselves. Work and occupation as a means of treatment are well recognised in all English Asylums and have been found effective in ameliorating the mental condition of such as are able to undertake the one or the other. Our resources in this respect are limited, but we find European patients are particularly intractable. It is all we can do to induce the native patients to undertake a little gardening from time to time.

Buildings.

New water-closets were put in both Asylums.

New hardwood flooring was put down in Receiving Room and Wardmaster's Quarters.

Staff.

I took over charge on June 16th, 1905, *vice* Dr. Laing.

Wardmaster McKay was sent from Kennedy Town Hospital in June and was transferred to the Harbour Department in December.

Several minor changes occurred among the junior staff.

W. V. M. Koch, M.D.

Table I.—Diseases *and* Deaths.

DISEASES.	Remaining in Hospital at end of 1904.	Yearly Total. — Admissions	Yearly Total. — Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1905.	Remarks.
General Diseases.						
Malarial Fever :—						
Simple Tertian,	...	1	...	1	...	
Malignant,	...	1	...	1	...	
Alcoholism,	1	34	1	35	2	
Local Diseases.						
Diseases of Nervous System.						
Sub-section 2.						
Functional Nervous Disorders :—						
Epilepsy,	...	2	...	2	...	
Sub-section 3.						
Mental Diseases :—						
Idiocy,	1	...	1	1	...	
Mania,	7	46	2	53	12	
Melancholia,	...	10	1	10	...	
Dementia,	8	44	1	52	6	
Delusional Insanity,	...	12	...	12	1	
Diseases of the Circulatory System,	...	1	1	1	...	
Injuries,	...	2	...	2	...	
Under Observation,	...	7	...	7	1	
Total,	17	160	7	177	22	

Table II.—*Birth-places and Diseases of those under Treatment.*

NATIVE OF	Mania Acute.		Mania Chronic.		Melancholia.		Delusional Insanity.		Dementia.		Epilepsy.		Idiocy.		Alcoholism.		Observation.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
England,	...	...	2	...	1	...	4	...	...	...	1	...	...	...	7	...	1	...	16	...
Scotland,	...	...	...	...	...	1	...	...	1	...	...	...	...	...	7	...	...	...	8	1
Ireland,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	3	...
France,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Russia,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...
Germany,	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...
Austria,	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Netherlands,	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
Wales,	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
U. S. A.	1	...	...	1	...	...	...	1	...	...	...	...	...	...	2	...	...	...	3	2
China,	6	7	19	11	2	3	3	1	30	15	1	...	...	...	7	1	7	4	75	42
India,	...	...	...	...	...	...	...	...	2	...	...	...	...	...	3	...	2	...	7	...
Japan,	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Hongkong,	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	...
Straits Settlements,	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Macao,	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2	...	...	...	3	1
Manila,	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...
Chili,	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
New Zealand,	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	2	...
S. America,	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
	7	7	25	12	3	5	12	2	37	15	3	...	1	...	33	1	10	4	131	46

Table III.—*Occupations of those under Treatment.*

Males.		Females.	
Actor,	1	Boatwoman,	1
Barber,	2	Coolie,	4
Beachcomber,	1	Housewife,	5
Boatman,	1	Unclassified (for the most part coolies, housewives, &c.),	36
Boy (Servant),	1		
Catechist,	2	Total,	46
Chemist,	2		
Clerk,	6		
Commercial Traveller,	1		
Constable, Police, E. & I.,	2		
Cook,	1		
Coolie,	62		
Draughtsman,	3		
Engineer,	5		
Foreman,	1		
Hawker,	1		
Interpreter,	1		
Laundryman,	1		
Mason,	1		
Medical Practitioner,	1		
Overseer,	2		
Seamen,	14		
Sanitary Inspector,	1		
School Boy,	1		
Shop Clerk,	1		
Stone Mason,	1		
Stenographer,	1		
Telegraphist,	1		
Tidewaiter,	1		
Toymaker,	1		
Watchman,	2		
Wardmaster,*	1		
Unclassified,	8		
Total,	131		

*This patient was under treatment for digestive trouble, and was classified as being under observation.

Annexe E.

REPORT OF THE MEDICAL OFFICER IN CHARGE OF THE HOSPITALS FOR INFECTIOUS DISEASES.

During the year 1905 a total of 43 cases were under treatment for various infectious diseases.

A list of these diseases is shewn in Table II. A large majority of the patients suffered from Plague—27 males and 6 females. Four patients were admitted with Relapsing Fever, remarks on which cases will be found later on in this report. Two cases of Diphtheria were admitted. These were of an extremely mild nature and but for a bacteriological nature would have been pronounced cases of mild sore throat; they did well and recovered completely without any sequelæ. Two cases were admitted reported to be suffering from Plague, these were diagnosed to be suffering from Tubercular Adenitis, and Suppurative Adenitis. The case of Acute General Miliary Tuberculosis was sent to the Hulk "Hygeia" in a very early stage, suspected to be a case of incipient Small-pox: this disease, however, not developing the patient was transferred to Kennedy Town Hospital where he succumbed.

Plague.

The outbreak during the year was not so extensive and widespread as in former years, but the type of disease was more severe and the mortality high. The cases notified officially amounted to 304—and of these only 33 came under treatment in this hospital—26 males and 7 females; and 45 cases in the Tung Wah Plague Branch.

Varieties of the Disease.

Only two varieties occurred among the cases admitted—the Bubonic and the Septic—28 cases of the former being 85%, and 5 cases of the latter being 15%. No cases of Pneumonic or intestinal Plague were admitted. The Bubonic variety seems to have been especially prevalent in the Colony, for I find on examining the figures supplied me by Dr. Pearse, the Medical Officer of Health, that 226 of the 304 notified cases were of this variety.

Incidence on Males and Females.

Males as usual were affected in a greater proportion than females, 26 males having been admitted as against 7 females—78% and 22% respectively.

Incidence as regards Age Period.

The numbers are too small to be dealt with effectively, or to draw conclusions from. Table VII shews the age period in each variety. It will be seen (1) that most of the cases occurred between the ages of 11 and 35, (2) that Septic Plague occurs at earlier age periods than Bubonic.

Variety of the Disease in relation to Sex.

Among the males 23 suffered from Bubonic Plugue and 3 from Septic Plague: among the females, 5 had Bubonic Plague and 2 Septic:—

Males—Bubonic Plague,	.....	70·0	per cent.
Septic	,, ...	9·0	,,
Females—Bubonic	,, ...	15·0	,,
Septic	,, ...	6·0	,,

Mortality.

The disease was of great severity, as shewn (1) by the apparently rapid onset, (2) by the very short duration of the illness, (3) and by the extensive pathological changes found after death. These changes were especially in the direction of hæmorrhagic extravasations

into the tissues and around the lymphatic glands and also under the serous membranes, retroperitoneal, sub-epicardial, &c. In the females there was intense congestion of the endometrium and of the mucous membrane of the Fallopian Tubes.

The mortality rate was for males 80 per cent., for females 85 per cent., with a total percentage of deaths about 82 per cent.

Mortality with reference to Variety.

Of the Bubonic variety 85 per cent. died, of Septic cases 60 per cent. It will be noticed that the Bubonic variety was more fatal.

Mortality with reference to Age Period.

The disease is equally fatal at all age periods.

Presence of Bacilli in the Blood as a means of Diagnosis.

Last year I drew attention to the fact that the presence of the Plague bacilli in the peripheral blood was somewhat capricious and that their absence could not be held to negative a diagnosis of Plague in the presence of symptoms. I have again this year made an investigation into this subject and have carefully examined the peripheral blood in 28 cases. I found that in the Bubonic variety the bacillus pestis was absent from the peripheral circulation in 15 cases, and present in 8 cases, and in the Septic variety the bacillus was absent in 3 cases and present in 2.

It is also noticeable that the bacillus pestis cannot always be found in the peripheral blood immediately preceding death. I paid special attention to the examination of the blood of the cases that died. I was able to find the bacillus in 8 cases, and was satisfied that they were absent in 19 cases. These were all typical cases of Plague, for an anatomical examination was made in each case and diagnosis confirmed.

Spleen Puncture as an aid to Diagnosis.

The presence of the bacillus pestis in the peripheral blood thus not being always to be counted upon and consequently not being always available as a means of diagnosis, I have in a certain number of cases which were doubtful employed spleen puncture. The bacilli are not, however, always present in the spleen. Thus in an examination of 25 cases very shortly after death the bacillus pestis was present in the spleen in 16 cases, and could not be found in 9 cases. In spite of this, however, I consider that a combination of the two methods of examination enable a satisfactory opinion to be formed.

Focus of Infection.

In the very large majority of cases we are unable to point with clear evidence to a focus of infection, but knowing Plague to be an infectious disease we are driven to conceal our ignorance by the term cryptogenous infection. In the following four cases I was able to trace what I considered to be a focus of infection:—

(1.) Male.—Right Femoral Bubo. Patient has two or three small pustules on shin which on examination were found to be crowded with Plague bacilli. This patient died.

(2.) Male.—Right Axillary Bubo. There was a small necrotic patch about the size of a shilling a little outside and in a line with right nipple. This was caused by an injury, plague bacilli were found in it, and the bubo developed two days after. Patient recovered.

(3.) Female.—Right Femoral Bubo. A large vesicle was found in 2nd right toe, in which Plague bacilli were found. Death.

(4.) Male.—Right Femoral Bubo. Vesicles were found over right shin and plague bacilli were found. Patient died.

Significance of the Maturation of the Bubo.

As far as I have had an opportunity of observing, maturation of the bubo and early incision and evacuation is a favourable element in prognosis, should Plague bacilli be absent from the discharge. In five cases of Bubonic Plague the bubo matured, in two of these there were no Plague bacilli in the pus—they recovered : in two Plague bacilli were present —they died.

Resolution of the Bubo.

This occurred in one case—a male with a left axillary bubo. The bubo resolved and the patient ultimately recovered. The import of such resolution of a bubo seems favourable.

Treatment of Plague.

It must be confessed with regret that no advance has up to now been made in the treatment of Plague. No drug has yet been put forward which could act as a specific, no serum has been elaborated which can act as a preventive or a curative agent. We are driven back to allowing Nature to initiate her own defences and can only assist her by measures tending to keep up the strength of the patient. How weak are these measures the heavy mortality shews. Judging from analogy a serum would seem to afford the most rational means of combating the disease, and for this we have to look to the Laboratory worker. During the year I have been able to put Yersin's serum again to the test. A fresh supply was obtained and used extensively. Twenty-two cases were treated, and three recovered. Auxiliary means of treatment were also employed in order to enhance the chances of recovery and they must share in the credit of the recoveries. Through the kindness of Dr. WOOLLEY, Director of the Serum Laboratory in Manila, Dr. RUEDIGER of that institution sent me some serum prepared by himself. I used it in four cases at the end of the season. The cases were in a desperate condition and did not recover. The utility of the serum, therefore, has not had a fair test. Appended is a list of the cases treated by Yersin's serum, number of doses injected and the result :—

Male.—R.F.B. 1 injection, 20 c.c. 14 hours before death—Died.
Male.—Septic. 1 injection, 20 c.c. 2 hours before death—Died.
Male.—R.F.B. 2 injection, 10 c.c. each time, 5 hours and 2 hours before death—Died.
Female.—L.F.B. 1 injection, 20 c.c. 5 hours before death—Died.
Male.—Rs and L.F.B. 3 injections, three successive days. 20, 20, 25 c.c.—Died.
Male.—Septic. 4 injections on successive days, 20, 25, 20, 20 c.c.—Recovered.
Male.—R.A.B. 4 injections on successive days, 20, 25, 20, 20 c.c.—Recovered.
Male.—L.F.B. 1 injection, 20 c.c. 9 hours before death—Died.
Male.—Septic 4 injection, on successive days 20 c.c. each time—Recovered.
Male.—L.F.B. 2 injections on successive days 20 c.c. each-Died.
Male.—Septic. 4 injections on successive days, 20 c.c. each time—Died.
Male.—R. and L.F.B. 1 injection, 20 c c. the day before death—Died.
Female.—Septic. 1 injection, 20 c.c. 24 hours before death—Died.
Female.—L.F.B. 1 injection, 20 c.c. 11 hours before death—Died.
Male.—R.F.B. 1 injection, 20 c.c. 18 hours before death—Died.
Male.—R.F.B. 2 injections, 20 c.c. each time on successive days—Died.
Male.—R.A.B. 3 injections, in two days, 20 c.c. each time—Died.
Male.—L.F.B. 7 injections, 20 c.c. each time, first and last day, 40 c.c.—Died.
Female.—R.F.B. 3 injections. 20 c.c. each time within 36 hours—Died.
Female.—Septic. 2 injections, 20 c.c. each time—Died.
Male.—L.F.B 3 injections, 20 c.c. each time—Died.
Male.—R.F.B. 1 injection, 20 c.c.—Died.

In all 52 injections were given.

Bubonic cases—Recovered,	Male	1 ;	Female	0
Died,	,,	12	,,	3
Septic cases—Recovered,	,,	2	,,	0
Died,	,,	2	,,	2

It will be seen that the results this year confirm those of last year as regards the use of serum (Yersin's), and that an efficient and effective curative serum remains to be discovered.

Small-Pox.

Forty-eight cases were admitted for treatment—of these, 43 were males and 5 females. According to nationality there were :—

European	Males	21 ;	Females	1.
Chinese	,,	18	,,	4
Indian	,,	3	,,	0
Filipino	,,	1	,,	0
		43		5

Variety of Small-Pox.

The usual varieties were prevalent in the following proportion :—

	Discrete.	*Confluent.*	*Hæmorrhagic.*
Males—European, ...	15	5	1
Chinese, ...	13	5	0
Indian, ...	3	0	0
Filipino, ...	1	0	0
	32	10	1
Females—European, ...	0	1	0
Chinese, ...	3	1	0
	3	2	0
Total, ...	35	12	1

Deaths.

The deaths numbered eight and were :—

Europeans :—Males,	Confluent	4
	Hæmorrhagic	1
Female,	Confluent	1
Chinese :—Male,	Do.	1
Female,	Do.	1
		8

Vaccination and Small-Pox.

The days when the efficacy of vaccination as affording a means of protection against small-pox was questioned are practically past. It is universally conceded that vaccination is in the great majority of cases protective—should, however, the vaccinated person be attacked by small-pox it has been proved (1) that the attack is comparatively mild, and (2) that mortality is much reduced. It must be remembered that sometimes an attack of small-pox may supervene on recent successful vaccination, but careful enquiry reveals that the disease was incubating when the vaccination was performed. In such a case both run through their regular course, but the attack of small-pox is generally mild and modified, and there is no tendency to a fatal issue. Should, however, the attack of small-pox be well established vaccination in the course of the disease, as well as after it, proves unsuccessful. This fact is used as a means of differential diagnosis when there is any doubt as to the case ; if vaccination is successful the case is probably not small-pox. Some doubt has been recently thrown on this method of diagnosis in the medical papers, and cases have been brought forward shewing that vaccination may be successful after small-pox has begun. These exceptional cases were very few in number, and can scarcely be accepted as sufficient to overturn our own experience here, which is, that when small-pox is established vaccination proves unsuccessful.

Table I shows the condition as regards vaccination in relation to variety.

Number of Vaccination Marks in Patients who died.

European Males.....	Confluent Small-Pox.	No. of Marks,	1	.....Death,	1
	Do.	,,	2	..... ,,	2
	Do.	,,	0	..... ,,	1
	Hæmorrhagic Small-Pox.	,,	0	..... ,,	1
European Female ...	Confluent Small-Pox.	,,	0	..... ,,	1
Chinese Male	Do.	,,	0	..... ,,	1
Chinese Female	Do.	,,	0	..... ,,	1
					8

Treatment.

All severe cases are kept under the influence of red light, and large doses of carbolic acid have been used. By this means pustulation seems to be modified, and pitting is not so severe. In addition, symptomatic treatment is resorted to.

Relapsing Fever.

Notes on Cases.

On the 10th January, 1905, eight patients were sent to the Hospital Hulk "Hygeia" from the emigrant steamer "Cranley" which was *en route* to South Africa with coolies from Chin-Wan-Tao for the Gold Fields. Five of these cases were suffering from small-pox unmistakeably. The other three had a high temperature, a quick pulse, intense back-ache, headache and general aching over the bones and joints. The respiration was quickened, the tongue was dirty. It was thought that these cases were cases of incipient small-pox, and this opinion gained strength from the occurrence of undoubted cases of that disease. As however the illness had lasted seven days and there was no definite evidence of the existence or onset of small-pox I thought it advisable to examine the blood microscopically. Numerous spirilla were found, and there was no evidence of any malarial infection. These cases ran a characteristic course and the spirilla were found every day in the blood during the persistence of the high temperature.

Course of the Cases:—

First Case—Fever 7 days, Remission 5 days, Fever 4 days,—Recovery.
Second Case—Fever 12 days, No remission,—Recovery.
Third Case—Fever 12 days, Remission 3 days,—Sudden death.

I am unable to state exactly that the duration of the primary attack of fever was in each case accurate, because no information was supplied me by the ship's authorities, and I had to rely upon the statements of the patients.

The temperature in no case rose above 105° F. It was steady, was practically uninfluenced by antipyretics and quinine, and was only slightly modified by cold sponging and that but temporarily.

The treatment adopted was the administration of ordinary diaphoretics: antipyretics and quinine were tried, but without effect and digitalis and strychnine were given whenever the heart shewed signs of flagging.

The case that succumbed suffered slightly from chronic bronchitis. He had passed through 12 days of fever, and was in the third day of his remission. He seemed to be doing well, was quite cheerful and lively. He ate a hearty breakfast and fell back dead in his bed. Owing to the interesting nature of the case I detail the record of the post-mortem examination which was made about 6 hours after death.

Post-mortem examination.—Body well nourished. Vaccination positive. No post-mortem rigidity and very little lividity. Small chronic ulcer over Right Trochanter about the size of a twenty-cent piece, with a necrotic base and a slightly inflamed area around it. A small quantity—one drachm—of clear straw coloured serum in pericardial sac. Blood very fluid and watery—straw coloured except in mass. *Heart*—no epicardial petechiæ, slight amount of epicardial fat. Weight 10 oz. Heart muscle pale. Aortic valves normal, also mitral valves. No atheroma. Dilatation of right ventricle—walls thin—valves normal. Left ventricle, walls thin. Pulmonary valves normal. *Lungs*—Left Lung, 12 oz.—some chronic bronchitis, no consolidation, no pleurisy. Right Lung

in similar condition, weight 10 oz. *Spleen* enlarged, weighs 22 oz. Very small scattered circular areas, pale with red centre, shining through capsule, about the size of a split pea. On section these extend into the spleen substance $\frac{1}{16}$ inch, and are pale in colour and soft. They are produced by the blocking up of the final ramifications of the terminal arteries. *Liver* weighs 76 oz., is the subject of fine cirrhosis, and of a certain amount of congestion. Otherwise no abnormality. *Kidneys*, *Right*, 8 oz., slight cyanotic induration, otherwise normal. *Left*, in same condition. *Stomach* and *Intestines* normal. *Mesenteric glands* not enlarged. No enlargement of *superficial lymphatic glands*. *Brain* weighs 47 oz., is normal. *Bone marrow* normal. No spirilla were found in the blood or smears from organs. Cause of death—Heart Failure.

General Symptoms.—The high *temperature* maintained for some days and accompanied by severe backache and headache and pains in the limbs and joints, were most noticeable. The *Tongue* became coated with a brownish fur, thick and moist at first, but becoming blackish and dry before the approach of the crisis, soon after which it began to get moist and to clear. The *Pulse* was quick, with a tendency to dicrotism. About 20 hours before the crisis the *respiration* became affected—it was oppressed, and the patient had an anxious expression, pointed to his chest and indicated that he found it difficult to draw his breath. As soon as the crisis passed, however, all this quickly subsided, and the breathing became easy and normal. The *Spleen* was found to be enlarged and tender, and there was also some tenderness over the region of the *Liver*. The *Skin*, even in the Chinese, was noticeably yellow, as were also the *conjunctivæ*. The *urine* was not increased in amount, it shewed a slight increase in urates, but no blood or albumin was present. Apart from these symptoms and signs, none presented themselves that called for particular comment, and were such as usually accompany elevation of temperature—except in one instance which will be detailed further on.

An important note in connection with these three cases is to be made. Two cases remitted on January 14th, the third on January 24th: the Office-boy of the hospital who saw the patients frequently, and helped to coax mosquitoes to feed on them, but who had nothing to do with the nursing, was taken suddenly ill on January 30th. He was a known malarial subject and I had no reason to suspect that this attack was other than a malarial attack. On examination, however, of his blood numerous spirilla were discovered, and he passed through a typical attack of relapsing fever of a very severe nature. His fever fell on the 6th day, the remission lasted 5 days; the first relapse then set in and lasted 10 days, then a remission of 9 days was followed by a second relapse which lasted 5 days and he took about 21 days more to convalesce. He complained of severe pain, backache and headache. His tongue was very foul and flabby. Just before the crisis of the first relapse he suffered from great distress of breathing and had a lively fear of impending death. Then the crisis occurred and he got better again, to have another relapse later on. During the first relapse his condition was very serious. His tongue was foul, and the backache was especially severe, and he was constipated. On the fourth day he developed a peculiar mental state. He was at first apathetic and then remained in a state of deep unconsciousness from which he could, however, be aroused for a few moments at long intervals. Then he lost control of his sphincters, diarrhœa supervened, and the condition of unconsciousness deepened to such a degree that nothing could arouse him. This continued for three days, and during this time examination of the blood shewed that spirilla were absent, nor were they to be found in the centrifugalised urine. After a somewhat prolonged convalescence he recovered fairly well, a moderate degree of deafness however having set in which may possibly have been due to some injections (hypodermic) of quinine.

These cases are interesting, not only because Relapsing Fever is rare in Hongkong, but also because the fourth case shews how easily and rapidly it is transmissible and perhaps may point to a possible mode of transmission. The Office-boy used to assist in procuring films of blood for examination, and also in catching mosquitoes for me and coaxing them to feed. He never went near the patients at any other time, nor did he lend a helping hand in nursing them. Yet the disease suddenly develops in him, the typical spisochetæ are found in his blood, and he passes through a very severe and a characteristic attack. How did he contract it?

The Spirillum Obermeieri, the organism which is present in the disease and which causes it, is of varying length. In this series of cases it reached a length of from 24 to 30 microns they are said however to sometimes reach a length of 42 microns. It is wavy and spirally curled on staining, and when seen alive is very active, the principal movement being of a corkscrewy nature and sometimes of a lashing nature. It is very transparent and to be seen when living requires a darkened stage of the microscope. Its ends are pointed and its substance stains uniformly. It is stated by one observer that fine transverse strice are to be

noticed on high magnification. This striation, however, I was not able to make out, nor do I think it has been confirmed. There are generally four or more spirals, sometimes as many as twelve, in each organism. It is said to have cilia, and its mobility outside the body may be preserved for from 30 to 130 days: though with my specimens I was able to keep them alive for 11 days. No method is known by which it can be cultivated. As to its nature SCHAUDIN shews that the Spirocheta Ziemmani is a phase of a trypanosome, that it has a large nucleus and a micro-nucleus or blepharoplast—neither of which is present in a bacterial spirillum—and further, that it alters its shape: and he judges from analogy that the Spirillum Obermeiris is a protozoan parasite and a phase of a trypansome. Its presence in the blood is noticeable when the temperature rises and during the time it remains elevated, but its variation in numbers does not bear any relation to the elevation of temperature though there is a progressive increase till about 20 hours before the crisis. As soon however as the temperature falls no more spirilla can be found in the peripheral blood. What happens to them? METCHNIKOFF has shewn that they are gathered in the spleen where they are destroyed by the microphages and the macrophages; and this has been confirmed by the fact that monkeys into whom Relapsing Fever blood was injected and in whom the spirilla were found in the peripheral blood shewed none after the crisis if the spleen was present, but abundance when the spleen was extirpated. It would thus seem that the spleen was chiefly concerned in their destruction. GABRITCHEVSKY states that bactericidal substances appear at certain determinate periods in the blood, and that thus the spirilla are got rid of. The following experiments led him to this conclusion:—

(1.) To blood containing the spirochetæ he added blood taken from a case of Relapsing Fever immediately after the paroxysm, and the result was that the spirochetæ became immobile, changed form and died.

(2.) To blood containing spirochetæ he added normal serum, and the spirochetæ lived from 2 to 4 days.

(3.) Preventive inoculation with serum of a convalescent case was effective to a certain extent.

Then also it is known that temperature influences the mobility and the life of the spirochetæ. They live longest, outside the body, at the room temperature. As the temperature is raised they become immobile and then die: and contrary to what we may expect, a very low temperature may suspend life, or at any rate does not cause rapid death.

Thus there are three factors which assist in the disappearance of the spirochetæ, at all events temporarily, namely, the elevation of the temperature, the formation and development of the natural immunising power of the blood of the patient, and, lastly, the peculiar particular action of the spleen.

Their Absence after Death.—The spirochetæ are not found in the blood of a patient who dies of Relapsing fever, whether death takes place during the febrile period or during the afebrile period. This is the general rule. Exceptions very exceptionally occur. In my case I could find nothing whatever in the blood, the bone marrow, or any of the organs. What happens when they disappear, and where do they disappear? I grew them for 11 days in a solution of normal saline. They did not apparently increase in numbers, but they lived and were active. On the 12th day hœmolysis set in, and on the 13th day only granular debris could be found on examination. Hence I conclude that a bactericidal action of the blood is produced as a result of the secretion of some toxin by these spirilla, and that when this becomes powerful enough it causes a disintegration of them—without, however, the accompaniment of hœmolysis in the living body.

Methods of Transmission.—What is the method by which these spirochetæ are conveyed from an infected to a non-infected person? It is known of course that Relapsing Fever is a very infectious malady (and it is one of the notifiable diseases in Hongkong), and that widespread epidemics arise and are propagated from small foci.

Various experiments have been conducted with the object of demonstrating how this transmission of the disease is effected, and what animals are susceptible to it. I carried out a few experiments with this view and summarise the results:—

Transmission—A. By injection of blood of patient removed during life from the median vein : —

(*a.*) During the febrile period when spirilla were present.

(1.) Into *Monkeys*—after an incubation period of four days pyrexia set in spirilla were found in the peripheral blood, and an attack of relapsing fever was passed through.

(2.) Into *Rabbits*—these shewed no reaction and spirilla were not found in the blood at any time.

(*b.*) During the apyrexial period when spirilla were absent from the blood stream into a *Monkey*. The animal continued well, no rise of temperature took place, and spirilla could not be found in the blood on several examinations. It died unexpectedly on the 17th day after injection and all the organs were found to be crowded with spirilla.

B. By Suctorial Insects :—

(*a.*) Mosquitoes.—I induced mosquitoes of the ordinary variety met with here—the culex—to feed on the patients during the pyrexial periods, and within twenty-four hours after they had gorged themselves I could find no trace of any spirilla—mosquitoes were scarce at that time, and I was able to get only a few, and I think further investigation regarding this means of conveyance should be undertaken whenever practicable, for from the well known fact that malaria is conveyed by mosquitoes it is quite within reason to regard them as carriers of Relapsing Fever.

(*b.*) Bed Bugs and Ticks.—There are recognised as carriers. I was unsuccessful with the former, and had no opportunity of experimenting with the latter. It has been found that bed bugs are capable of conveying the organisms to monkeys which have thereupon shewn a rise of temperature, accompanied by the presence of spirilla in the peripheral blood. It should be noted, however, that the infected blood was squeezed out of the bugs, and was then injected into the monkeys—the point being that the bug did not introduce the blood and its organisms. Ticks have been recently proved by R. Koch to convey the disease by experiments which he performed in German East Africa.

C. By Vaccination—that is, by smearing freshly scarified surfaces with the freshly cut surfaces of organs which contained an abundance of the organisms.

(1) Monkeys—results negative.
(2) Rabbits—results negative.

D. By Feeding :—

(1) A monkey,
(2) A pig,

were fed with organs containing spirilla—Result in both cases negative.

From all these facts we may conclude :—

(1.) That Relapsing Fever is communicated by the bite of suctorial insects.
(2.) That an intermediate host probably exists, the tick being one such.
(3.) That the organism is only present in the peripheral blood at certain definite times, namely, during the pyrexial periods.
(4.) That when they are absent from the peripheral blood they congregate in the spleen.
(5.) That the blood during the whole course of the disease remains infectious, whether the organisms be present or not.
(6.) That treatment is not specific as in malaria but is in the main confined to dealing with symptoms and that the attacks of pyrexia cannot be shortened or terminated.

W. V. M. Koch, M.D.

Table I.

Small-pox :—condition as regards vaccination in relation to variety.

Nationality.	Number of Vaccination Marks.	Males.			Females.	
		Variety of the Disease.			Variety of the Disease.	
		Discrete.	Confluent.	Hæmorrhagic.	Discrete.	Confluent.
European, ...	1	3	1	...	...	...
	2	7	2	...	...	...
	3	3	...	...	...	...
	4	1	...	...	...	...
	8	1	...	...	...	...
	0	...	1	1	...	1
	Faint single.	...	1	...	...	...
		15	5	1	...	1
Chinese, ...	1	...	...	...	1	...
	2	2	1	...	...	...
	3	2	1	...	...	...
	4	1	...	...	...	...
	6	1	...	...	...	...
	0	7	3	...	1	1
	No note.	1	...	...	...	...
		14	5	...	2	1
Indian, ...	2	1	...	...	...	...
	4	1	...	...	...	...
	0	1	...	...	...	...
		3	...	...	...	...
Filipino, ...	3	1	...	...	...	...

Table II.

Diseases treated in Kennedy Town Hospital.

Diseases.	Admitted.		Discharged.		Died.		Remarks.
	M.	F.	M.	F.	M.	F.	
Plague, ...	26	7	5	1	21	6	
Relapsing Fever, ...	4	...	3	...	1	...	
Diphtheria, ...	1	1	1	1	...	...	
Tubercular Adenitis, ...	...	1	...	1	...	...	
Acute Gen. Milary Tuberculosis, ...	1	...	...	...	1	...	
Suppurative Adenitis, ...	...	1	...	1	...	...	
In Attendance, ...	2	2	2	2	...	...	
Small-pox, ...	...	1	...	1	...	...	Hulk "Hygeia" under Repairs.
Total, ...	34	13	11	7	23	6	

Table III.

Diseases treated on board the Hulk Hygeia.

Diseases.	Admitted.		Discharged.		Died.		Remarks.
	M.	F.	M.	F.	M.	F.	
Small-pox, ...	43	5	38	2	6	2	
Febricula, ...	1	...	1	...	...	...	Suspected Small-pox.
Influenza, ...	1	...	1	...	...	...	" "
Measels, ...	1	...	1	...	...	...	" "
M. A. D., ...	1	...	1	...	...	...	
Under Observation, ...	3	...	3	...	...	...	Relapsing Fever transmitted
In Attendance, ...	1	2	1	2	...	...	to Kennedy Town Hospital.
Total, ...	51	7	46	4	6	2	

Table IV.

Cases of Plague.

Month.	Bubonic.		Septic.		Total.		Remarks.
	Males.	Females.	Males.	Females.	Males.	Females.	
January,	...	...	...	...	...	...	
February,	...	...	...	...	...	...	
March,	...	...	...	...	...	...	
April,	1	...	...	...	1	...	
May,	19	4	3	2	22	6	
June,	1	...	...	...	1	...	
July,	...	...	...	...	...	...	
August,	...	...	...	...	...	...	
September,	...	...	...	...	...	...	
October,	1	...	...	...	1	...	
November,	1	1	...	...	1	1	
December,	...	...	...	...	...	...	
Total,	23	5	3	2	26	7	

Table V.

Deaths from Plague.

Months.	Bubonic.		Septic.		Total.		Remarks.
	Males.	Females.	Males.	Females.	Males.	Females.	
January,	...	...	...	...	...	...	
February,	...	...	...	...	...	...	
March,	...	...	...	...	...	...	
April,	1	...	...	...	1	...	
May,	16	4	1	2	17	6	
June,	1	...	...	...	1	...	
July,	...	...	...	...	...	...	
August,	...	...	...	...	...	...	
September,	...	...	...	...	...	...	
October,	1	...	...	...	1	...	
November,	1	...	...	...	1	...	
December,	...	...	...	...	...	...	
Total,	20	4	1	2	21	6	

Table VI.

Analysis of Plague Deaths.

Died.	Bubonic.		Septic.		Total.		Remarks.
	Males.	Females.	Males.	Females.	Males.	Females.	
Within 6 hours,	2	2	...	...	2	2	
„ 12 „	4	...	...	1	4	1	
„ 18 „	4	1	...	...	4	1	
„ 24 „	1	...	...	...	1	...	
„ 2 days,	4	1	...	1	4	2	
„ 3 „	3	...	1	...	4	...	
Long Periods,	2	...	...	...	2	...	
Total,	20	4	1	2	21	6	

Table VII.

Distribution of Plague Buboes.

Situation of Buboes.	Recovered.			Died.			Admitted.			Remarks.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
Femoral Left, ...	1	...	1	5	2	7	6	2	8	
„ Right, ...	...	...	...	9	2	11	9	2	11	
„ Right and Left,.....	...	...	...	2	...	2	2	...	2	
Inguinal Left, ...	...	...	...	1	...	1	1	...	1	
„ and Femoral Left, ...	...	...	...	1	...	1	1	...	1	
Axillary Left, ...	1	1	2	...	...	...	1	1	2	
„ Right, ...	1	...	1	2	...	2	3	...	3	
Total,.....	3	1	4	20	4	24	23	5	28	

Table VIII.

Age Incidence of Plague Cases.

Age.	Bubonic.			Septic.			Grand Total.	Remarks.
	Males.	Females.	Total.	Males.	Females.	Total.		
6-10 years, ...	...	...	...	...	1	1	1	
11-15 „	3	3	6	...	1	1	7	
16-20 „	4	...	4	1	...	1	5	
21-25 „	6	...	6	...	...	...	6	
26-30 „	4	1	5	...	...	...	5	
31-35 „	4	...	4	2	...	2	6	
36-40 „	1	1	2	...	...	...	2	
50-55 „	1	...	1	...	...	...	1	
Total,.....	23	5	28	3	2	5	33	

Table IX.

Age Incidence of Plague Deaths.

Age.	Bubonic.			Septic.			Grand Total.	Remarks.
	Males.	Females.	Total.	Males.	Females.	Total.		
6-10 years, ...	...	...	...	...	1	1	1	
11-15 „	3	3	6	...	1	1	7	
16-20 „	3	...	3	...	...	...	3	
21-25 „	5	...	5	...	...	...	5	
26-30 „	4	1	5	...	...	...	5	
31-35 „	3	...	3	1	...	1	4	
36-40 „	1	...	1	...	...	...	1	
50-55 „	1	...	1	...	...	...	1	
Total, ...	20	4	24	1	2	3	27	

Annexe F.

REPORT OF THE MEDICAL OFFICER IN CHARGE OF VICTORIA GAOL.

The post of Medical Officer was held, in succession, by Dr. J. C. Thomson and Dr. W. V. M. Koch, for three and five months, respectively. My appointment dated from September 1st.

The general health of the Gaol Staff has been good.

The sanitary condition of the Gaol is satisfactory, though overcrowding still obtains.

The daily average number of prisoners was 697. The Belilios Reformatory, on account of its more healthy surroundings, has been used for the accommodation of 100, short sentence prisoners, which leaves a daily average population of 597 in the Gaol itself, which properly provides accommodation for only slightly over 500 inmates. However, the general health of the prisoners has been good.

The admissions to Hospital numbered 441, as compared with 893 last year. This reduction, however, is due to the small number (179) being taken into the wards for purposes of observation, as compared with 624 last year. As the majority of these cases are found to be malingering this diminution is very satisfactory. There is a slight increase in the percentage of out-patients, that is, trivial cases, including parasitic skin conditions, treated in the cells. The rate of total sickness was 4.39 °/₀ of the average daily population of the Gaol, as compared with 3.86 °/₀ in 1904, 5.77 °/₀ in 1903 and 7.25 % in 1902.

One case of Plague and two of Enteric Fever occurred. There were only 29 cases of Dysentery, which is below the average for previous years.

There were 52 cases of Malarial Fever, the figures for recent years being :—

1900,	163
1901,	98
1902,	63
1903,	93
1904,	59
1905,	52

Newly admitted prisoners are carefully examined for parasitic and venereal disease, and, if necessary, put under treatment forthwith ; there were treated as out-patients 62 cases of Scabies, 303 Pediculosis, 97 Ringworm, 40 Syphilis (23 Primary, 17 Secondary) and 24 Gonorrhœa. The total number of out-patients, including the foregoing, was 1,020.

Two thousand nine hundred and eighty-four prisoners were vaccinated.

Two births occurred in the Female Prison. Mother and child did well in both cases.

Seven prisoners were discharged on medical grounds (beri-beri, lung diseases, &c.) as compared with twenty-two last year.

There were 13 deaths from natural causes. Three Europeans were executed.

No case of corporal punishment required any after-treatment.

I append the following Tables :—

I. Diseases and Deaths in 1905.
II. Rate of Sickness and Mortality in 1905.
III. Vaccinations in the Gaol during the past ten years.
IV. General Statistics of the Gaol during the past ten years.

William B. A. Moore.

Table I.—Diseases *and* Deaths *in* Victoria Gaol Hospital.

DISEASES.	Remaining in Hospital at end of 1904.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1905.	Remarks.
		Admissions.	Deaths.			
General Deseases.						
Plague,	...	1	...	1	...	
Influenza,	...	10	...	10	...	
Enteric Fever,	...	2	...	2	...	
Dysentery,	...	29	2	29	...	
Beri-beri,	...	2	...	2	...	
Malarial Fever :—						
(*a*) Intermittent,	...	3	...	3	...	
(*b*) Remittent,	1	48	1	49	...	
Erysipelas,	...	1	...	1	...	
Syphilis :—						
Secondary,	...	2	...	2	...	
Scurvy,	...	1	...	1	...	
Alcoholism,	...	4	...	4	...	
Rheumatism,	...	1	...	1	...	
Debility,	1	29	1	30	...	
Local Diseases.						
Diseases of the Nervous System—						
Functional Nervous Disorders—						
Apoplexy,	...	1	1	1	...	
Epilepsy,	...	2	...	2	...	
Mental Diseases—						
Idiocy,	...	1	...	1	...	
Mania,	...	3	...	3	...	
Melancholia,	...	1	...	1	...	
Dementia,	...	4	...	4	...	
Diseases of the Circulatory System,	2	9	1	11	...	
„ „ „ Respiratory „	...	39	6	39	...	
„ „ „ Digestive „	2	49	1	51	...	
„ „ „ Lymphatic „	...	1	...	1	...	
„ „ „ Urinary „	...	6	...	6	...	
„ „ „ Cellular „	2	9	...	11	...	
Injuries, Local,	...	3	...	3	...	
Poisons,	...	1	...	1	...	
Under Observation,	...	179	...	179	...	
Total,	8	441	13	449	...	

Table II.—Rate *of* Sickness *and* Mortality *in* Victoria Goal.

Total Number of :—				Daily Average Number of :—			Rate per cent. of :—			
Prisoners admitted to Gaol.	Admissions to Hospital.	Cases treated as Out-patients.	Deaths due to Disease.	Prisoners in Gaol.	Sick in Hospital.	Hospital Out-patients.	Admissions to Hospital to Total Admissions to Gaol.	Daily Average of Sick in Hospital to Daily Average of Prisoners.	Daily Average of All Sick in Gaol to Daily Average of Prisoners.	Deaths due to Disease to Total Admissions to Gaol.
6,323	441	1,020	13	697.41	7.33	23.33	6.97	1.05	4.39	0.2

Table III.—Number *and* Results *of* Vaccinations *in* Victoria Gaol *during the past ten years.*

Years.	Number of Prisoners Vaccinated.	Successful.	Unsuccessful.	Not inspected, owing to early discharge from Gaol.
1896,	831	631	200	...
1897,	2,830	1,678	1,016	136
1898,	4,507	2,875	1,252	380
1899,	3,378	2,004	1,063	311
1900,	2,638	1,765	666	207
1901,	2,880	2,150	337	393
1902,	3,973	2,552	872	549
1903,	2,887	1,781	611	495
1904,	2,578	1,667	357	554
1905,	2,984	2,106	288	590

Table IV.—General Statistics *connected with* Victoria Gaol *and the* Gaol Hospital *during the past ten years.*

Years.	Admissions to the Gaol.	Daily Average Number of Prisoners.	Number of Cases treated in Hospital.	Number of Out-patients.	Deaths due to Disease.
1896,	5,582	514	507	740	10
1897,	5,076	462	342	455	4
1898,	5,427	511	298	1,033	6
1899,	4,789	434	503	1,778	5
1900,	5,432	486	495	1,523	6
1901,	5,077	499	348	1,316	9
1902,	5,988	576	516	1,760	6
1903,	7,273	653	568	1,715	16
1904,	7,464	726	893	1,173	17
1905,	6,323	697·41	441	1,020	13

Annexe G.

REPORT OF THE MEDICAL OFFICER IN THE NEW TERRITORIES.

The total register of new patients was 2,002, as against 2,464 in 1904; 2,196 in 1903; and 1,749 in 1902.

The number of old patients was 686, as against 1,005 in 1904; and 855 in 1903.

There have been 105 regular professional visits to the various outstations in the Territory.

Vaccinations performed free of cost: 75. There was no case of small-pox reported to me during the year.

Lepers, now 13 in number, have been regularly seen and treated. Ten of them are supplied with rice by the Government every day.

There was one birth of a leper girl on September. The baby was born with macules on her body. She was sent in to the Tung Wa Hospital by the order of the local Magistrate.

The number of malarial fever cases was 635, as against 552 in 1904; 525 in 1903; and 275 in 1902.

Table I shows the diseases treated at the Dispensary.

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Table I.

Diseases treated at Dispensary.

	No. of Cases.
Disease of the Organs of Respiration,	145
,, Circulation,	59
,, Digestion,	313
Disease of the lymphatic system,	21
,, urinary system,	8
,, blood,	5
,, muscles,	103
,, skin,	166
,, eye,	183
,, ear,	6
General diseases :—	
Beri-beri,	15
Malarial Fever,	635
Syphilis,	75
Injuries,	268
Total,	2,002