

Annexe H.

REPORT OF THE INSPECTING MEDICAL OFFICER TO  
THE TUNG WAH HOSPITAL.

The Admissions to the Tung Wah Hospital during the past ten years have been as follows :—

1896, .....	2,041
1897, .....	2,776
1898, .....	2,898
1899, .....	2,542
1900, .....	2,981
1901, .....	2,989
1902, .....	2,576
1903, .....	2,457
1904, .....	2,667
1905, .....	2,833

At the beginning of the year 1905 there were 161 patients remaining in the wards from the previous year ; 2,833 were admitted during 1905, making a total of 2,994 cases ; 1,710 were discharged ; 1,114 died ; leaving 170 in the Hospital at the close of the year.

Of the 2,833 admissions, 120 were transferred for treatment to other institutions, as follows: 13 to Government Civil Hospital, 31 to Kennedy Town Hospital, 44 to the Tung Wah Plague Branch Hospital at Kennedy Town, 1 to the Italian Convent, and 31 cases of Beri-beri to the care of a Charitable Society in Canton.

Of the fatal cases, 267 were in a dying condition at the time of admission, and died within 24 hours.

There remains a net total of 2,446 patients actually treated in the Tung Wah Hospital, of whom 1,237, *i.e.*, 50.6 per cent., were under treatment by European methods, and 1,209, *i.e.*, 49.4 per cent., under Chinese native treatment.

The number of visits to the Out-Patient Department was 66,773.

2,004 persons were vaccinated at, and in connection with, the Hospital.

856 destitute persons were temporarily sheltered and fed, until they could be sent on to their native villages or otherwise provided for.

551 dead bodies were brought to the Hospital mortuary to await burial. In the case of as many as possible a diagnosis of the cause of death is made from the general appearance combined with the results of cross-questioning of relatives for purposes of registration. While this is unscientific and not entirely satisfactory, it is a necessary concession to Chinese feeling on the subject of interference with the dead body ; and the result of this is, that whenever it seems desirable for medico-legal or public health reasons, or because of contradictory evidence regarding the illness preceding death, to require an internal post-mortem examination, no objection is ever now made by the Hospital authorities. 128 of the bodies brought in dead, and also 124 bodies of persons who died in the Hospital, chiefly of persons moribund at admission, *i.e.*, 252 bodies in all, were sent to the Government Public Mortuary for internal examination.

Free burial was provided by the Hospital for the bodies of 2,291 poor people.

As in previous years, the Tung Wah Hospital was used as a convenient centre for the observation and diagnosis of cases believed or suspected to be Plague, and while Plague was prevalent two large airy wards near the ordinary Receiving Ward were set apart for this purpose.

The Plague Branch Hospital at Kennedy Town was opened on 1st June, and remained in use till 16th September. There were 45 admissions, 33 males and 12 females, of whom 37 died, *i.e.*, 82.2 per cent., and 8 recovered. Of the 45 cases, 31 were bubonic, and 14 septicaemic. No employée of the Hospital or of its Plague branch contracted Plague.

Not much operative work is as yet undertaken at the Tung Wah Hospital, on account of the unfavourable conditions as to nursing available. As often as possible serious surgical cases are persuaded to permit themselves to be transferred to the Civil Hospital. A considerable number of minor operations were performed, however, and a few of greater importance, including 2 Lithotomies, Amputation of Arm, and removal of Tumours (Epithelioma of Penis, Sarcoma of Neck, Fibroids, etc.).

The Western-treating staff has been augmented by the addition of another student of the Hongkong College of Medicine for Chinese, so that Dr. JEU HAU has now three students as resident assistants, one of them doing the vaccinations, and the other two acting as dispensers and surgical dressers.

An Eye Clinique for out-patients was commenced in December, and is now being carried on regularly. With the cordial consent of the Directors an arrangement was made with Dr. G. M. HARSTON to attend on Fridays at 5 p.m. to treat cases of eye disease, and Dr. HARSTON expresses himself willing to come twice a week if the number of patients should render it desirable. This is an important forward movement in the work of the Hospital, both from the point of view of the need existing among the Chinese for such a provision for the treatment of ophthalmic disease, and on account of the introduction with the hearty concurrence of the Directorate of an English ophthalmic surgeon into the Hospital.

\* Here may suitably be acknowledged the unfailing courtesy and consideration of the Directors in all their relations with the Inspecting Medical Officers, whose suggestions have been most carefully carried into effect.

Dr. KOCH acted as Inspecting Medical Officer from the beginning of the year till 15th March.

The following Tables are attached:—

- I. Return of Diseases and Deaths during the year 1905.
- II. Proportion of cases treated by European and Chinese methods respectively.
- III. General Statistics relating to the Hospital during 1905.
- IV. Vaccinations at, and in connection with, the Tung Wah Hospital during 1905.

Attention may be directed to the number of cases of Beri-beri and of Malaria admitted during the year. In the former there is a steady increase, in the latter a satisfactory diminution, year by year.

Reviewing the past nine years (the figures for 1896 to complete the decade are unfortunately not available), the figures are as follows:—

	<i>Beri-beri.</i>		<i>Malaria.</i>	
	<i>Admissions.</i>	<i>Deaths.</i>	<i>Admissions.</i>	<i>Deaths.</i>
1897,.....	173.....	102.....	571.....	191
1898,.....	168.....	84.....	521.....	122
1899,.....	279.....	123.....	305.....	58
1900,.....	361.....	214.....	541.....	159
1901,.....	412.....	219.....	507.....	122
1902,.....	414.....	217.....	403.....	119
1903,.....	277.....	170.....	221.....	61
1904,.....	742.....	329.....	212.....	56
1905,.....	731.....	334.....	153.....	48

There is manifestly a serious increase of the prevalence of Beri-beri in the Colony. The mortality in the Tung Wah Hospital during the past two years has been 45%: in former years it was even higher. The malignancy of the disease varies widely in different countries. SCHEUBE giving 3.7% as the rate of mortality in Japan, and DA SILVA LIMA giving 50.8% to 74.5% as the rate of mortality in Brazil. Probably the mortality noted in the Tung Wah Hospital is the rate of mortality among the severe cases, and the real mortality is much lower, as there are many mild cases that do not require to enter hospital. But at the best Beri-beri is a most deadly disease, and is now alarmingly prevalent in this Colony.

It is satisfactory to turn from the subject of Beri-beri to consider the figures given for Malaria. The marked diminution in the number of cases is coincident with the anti-malarial measures adopted in recent years by the Government. The great majority of the cases have come from outlying districts. The high case-mortality is due to the circumstance that the Chinese regard ordinary fever with comparative indifference, and that consequently most of the cases coming into hospital are of the most severe types, many arriving in a comatose state. Under the vigorous use of quinine hypodermically not a few of the apparently most hopeless cases recover, but treatment fails in many.

While the diminished figures relating to Malaria must be regarded with much satisfaction, it is probable that the drop will not continue to the same extent that may reasonably be looked for in statistics relating to Europeans in the Colony, as many of the patients come directly from the country districts for treatment, and many more come indirectly from the country through the daily large influx of Chinese to the Colony by the river steamers. Such persons will continue to develop in Hongkong Malaria contracted elsewhere, perhaps months, even years, previously.

The Hospital has been regularly inspected by Visiting Justices twice monthly, and on all occasions has been certified by them to have been found clean and in good order.

**Table I.**

*DISEASES and DEATHS in the TUNG WAH HOSPITAL, during the year.*

DISEASES.	Remain- ing in Hospital at end of 1904.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1905.	Remarks.
		Admissions	Deaths.			
<b>GENERAL DISEASES.</b>						
Small-pox, *	...	4	1	4	...	
Diphtheria, .....	...	1	1	1	...	
Cholera, .....	...	1	1	1	...	
Dysentery, .....	...	87	50	87	...	
Plague, *	...	111	34	111	...	
Malarial Fever :—						
1. Quartan, .....	...	11	...	11	...	
2. Simple Tertian, .....	...	36	...	36	5	
3. Malignant, .....	1	96	42	97	1	
Malarial Cachexia, .....	...	10	6	10	...	
Beri-beri, .....	56	731	334	787	50	
Erysipelas, .....	2	10	1	12	5	
Septicæmia, .....	...	27	22	27	...	
Tetanus, .....	...	6	4	6	1	
Tubercle, .....	5	21	10	26	3	
Leprosy :—						
Tubercular, .....	...	7	2	7	...	
Syphilis :—						
(a) Primary, .....	...	6	...	6	...	
(b) Secondary, .....	4	60	6	64	6	
Rheumatism, .....	2	32	...	34	3	
New Growth, non-malignant, .....	...	1	...	1	...	
New Growth, malignant, .....	1	23	10	24	2	
Anæmia, .....	...	1	...	1	1	
Debility, .....	7	50	15	57	3	
<b>LOCAL DISEASES.</b>						
<b>Diseases of Nervous System.</b>						
<b>SUB-SECTION 1.</b>						
Diseases of the Nerves :—						
Neuritis, .....	...	2	...	2	...	
Meningitis, .....	...	6	5	6	...	
Abscess of Brain, .....	1	...	1	1	...	
<b>SUB-SECTION 2.</b>						
Functional Nervous Disorders :—						
Apoplexy, .....	1	11	10	12	...	
Paralysis, .....	3	22	5	25	6	
Epilepsy, .....	3	7	1	10	1	
Hysteria, .....	...	1	...	1	...	
<b>SUB-SECTION 3.</b>						
Mental Diseases :—						
Idiocy, .....	...	3	...	3	...	
Mania, .....	...	2	...	2	...	
Melancholia, .....	...	2	...	2	...	
Dementia, .....	...	2	...	2	...	
Diseases of the Eye, .....	4	18	...	22	3	
" " Circulatory System, .....	...	107	44	107	6	
" " Respiratory System, .....	33	615	377	648	28	
" " Digestive System, .....	6	262	116	268	4	
" " Lymphatic System, .....	...	20	...	20	4	
" " Urinary System, .....	2	30	8	32	...	
" " Generative System, :—						
Male Organs, .....	...	13	...	13	...	
Female Organs, .....	...	1	...	1	...	
" " Organs of Locomotion, .....	...	2	...	2	...	
" " Cellular Tissue, .....	6	72	...	78	8	
" " Skin, .....	13	106	...	119	18	
Injuries :—						
Local, .....	11	183	6	194	12	
Poisons, .....	...	1	...	1	...	
Parturition, .....	...	13	2	13	...	
<b>Total, .....</b>	<b>161</b>	<b>2,833</b>	<b>1,114</b>	<b>2,994</b>	<b>170</b>	

\* Transferred at once, unless moribund, to Kennedy Town.

Table II.

*Admissions and Mortality in the Tung Wah Hospital, during the year, with the proportion of cases treated by European and Chinese methods respectively.*

General Diseases :—	ADMISSIONS.			DEATHS		
	European Treatment.	Chinese Treatment.	Total.	European Treatment.	Chinese Treatment.	Total.
Small-pox *.....	4	...	4	1	...	1
Diphtheria, .....	1	...	1	1	...	1
Cholera, .....	1	...	1	1	...	1
Dysentery, .....	35	52	87	19	31	50
Plague, * .....	111	...	111	34	...	34
Malarial Fever :—						
1. Quartan, .....	6	5	11	...	...	...
2. Simple Tertian, .....	10	26	36	...	...	...
3. Malignant, .....	48	48	96	20	22	42
Malarial Cachexia, .....	6	4	10	3	3	6
Beri-beri, .....	373	358	731	147	187	334
Erysipelas, .....	10	...	10	1	...	1
Septicæmia, .....	14	13	27	11	11	22
Tetanus, .....	2	4	6	1	3	4
Tubercle, .....	12	9	21	3	7	10
Leprosy, Tubercular, .....	7	...	7	2	...	2
Syphilis :—						
(a) Primary, .....	6	...	6	...	...	...
(b) Secondary, .....	49	11	60	6	...	6
Rheumatism, .....	14	18	32	...	...	...
New Growth :—						
(a) Non-malignant, .....	1	...	1	...	...	...
(b) Malignant, .....	21	2	23	9	1	10
Anæmia, .....	1	...	1	...	...	...
Debility, .....	30	20	50	7	8	15
Local Diseases :—						
Diseases of the—						
Nervous System, .....	36	22	58	14	8	22
Eye, .....	18	...	18	...	...	...
Circulatory System, .....	60	47	107	21	23	44
Respiratory System, .....	258	357	615	159	218	377
Digestive System, .....	105	157	262	38	78	116
Lymphatic System, .....	17	3	20	...	...	...
Urinary System, .....	17	13	30	4	4	8
Generative System :—						
(a) Male Organs, .....	9	4	13	...	...	...
(b) Female Organs, .....	...	1	1	...	...	...
Organs of Locomotion, .....	1	1	2	...	...	...
Cellular Tissue, .....	38	34	72	...	...	...
Skin, .....	61	45	106	...	...	...
Injuries, Local, .....	75	108	183	1	5	6
Poison, Opium, .....	1	...	1	...	...	...
Parturition, .....	13	...	13	2	...	2
	1,471	1,362	2,833	505	609	1,114
Less moribund cases, .....	135	132	267	135	132	267
	1,336	1,230	2,566	370	477	847
Less transferred elsewhere, .....	99	21	120	...	...	...
Net Total treated, .....	1,237	1,209	2,446	370	477	847

\* Transferred at once, unless moribund, to Kennedy Town.

Table III.—GENERAL STATISTICS relating to the TUNG WAH HOSPITAL during the year.

Patients.	Remaining in Hospital at end of 1904.	Admissions.	Total Cases Treated.	Discharged.	Died.	Remaining in Hospital at end of 1905.	Out-patients.	Vaccinations.	Destitute Persons Sheltered.	Dead Bodies brought to Hospital Mortuary for Burial.	Free Burials provided for Poor Persons.
Males, .....	111	2,409	2,520	1,471	921	128	49,689	858	856	395	...
Females, .....	50	424	474	239	193	42	17,084	1,146	...	156	...
Total, .....	161	2,833	2,994	1,710	1,114	170	66,773	2,004	856	551	2,291

Table IV.—VACCINATIONS at, and in connection with, the TUNG WAH HOSPITAL, during the year.

Victoria.	Shaukiwan.	Aberdeen.	Stanley.	Shek O.	Yanmati.	Hunghom.	Sanshui-po.	Kowloon City.	Total.
1,680	22	39	15	23	119	50	44	12	2,004

**Annexe I.**

REPORT OF THE MEDICAL SUPERINTENDENT OF THE ALICE MEMORIAL AND NETHERSOLE HOSPITALS.

**Table I.**  
**ALICE MEMORIAL HOSPITAL.**

RETURN of DISEASES and DEATHS.

DISEASES.	Remain- ing in Hospital at end of 1904.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1905.	Remarks.
		Admissions	Deaths.			
<b>GENERAL DISEASES.</b>						
Febricula, .....	1	3	...	4	...	
Enteric Fever, .....	...	2	...	1	...	
Dysentery, .....	...	1	1	2	...	
Malarial Fever, .....	...	11	...	11	...	
Beri-beri, .....	...	4	2	4	...	
Tubercle, .....	2	8	..	10	...	
Syphilis, Tertiary, .....	1	5	...	6	...	
Opium Habit, .....	...	6	1	6	1	
Rheumatism, .....	1	5	...	6	...	
New Growth, non-malignant, .....	...	10	1	10	1	
New Growth, malignant, .....	...	12	...	12	2	
Anæmia, .....	...	2	2	2	...	
Debility, .....	1	...	...	1	...	
<b>LOCAL DISEASES.</b>						
Diseases of Nervous System.						
Functional Nervous Disorders :—						
Apoplexy, .....	...	1	1	1	...	
Paralysis, .....	...	5	...	5	4	
Diseases of the Eye, .....	9	100	...	109	4	
"    "    Nose, .....	...	6	...	6	...	
"    "    Circulatory System, .....	...	3	...	3	...	
"    "    Respiratory System, .....	...	11	3	11	...	
"    "    Digestive System, .....	...	32	4	32	1	
"    "    Urinary System, .....	2	21	1	23	4	
"    "    Male Organs, .....	...	8	...	8	...	
"    "    Organs of Locomotion, .....	3	5	...	8	...	
"    "    Cellular Tissue, .....	3	34	...	37	3	
"    "    Skin .....	2	28	1	30	1	
Injuries, Local, .....	2	26	1	28	3	
Malformations, .....	1	2	...	3	...	
<b>Total, .....</b>	<b>28</b>	<b>351</b>	<b>18</b>	<b>379</b>	<b>24</b>	

**Table II.**  
**ALICE MEMORIAL MATERNITY HOSPITAL.**

RETURN of DISEASES and DEATHS.

DISEASES.	Remain- ing in Hospital at end of 1904.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1905.	Remarks.
		Admissions	Deaths.			
Labour, .....	1	45	1	46	4	
<b>LOCAL DISEASES.</b>						
Diseases of Digestive System, .....	...	2	...	2	...	
"    "    Urinary System, .....	...	2	...	2	...	
"    "    Female Organs, .....	...	5	...	5	...	
"    "    Organs of Locomotion, .....	...	1	...	1	...	

Out-patients attended at their houses by Dr. SIBREE :—Labour cases, 22.

Out-patients attended at their houses by Government Midwives (Chinese) under the superintendence of Dr. SIBREE :—  
Labour cases, 23.

TABLE III.—NETHERSOLE HOSPITAL.

RETURN of DISEASES and DEATHS.

DISEASES.	Remain- ing in Hospital at end of 1904.	Yearly Total.		Total Cases Treated.	Remain- ing in Hospital at end of 1905.	Remarks.
		Admissions	Deaths.			
<b>GENERAL DISEASES.</b>						
Fabricula, .....	...	2	...	2	...	
Dysentery, .....	...	3	2	3	...	
Malarial Fever, .....	2	6	...	8	...	
Beri-beri, .....	1	10	2	11	...	
Septicæmia, .....	...	2	2	2	...	
Tetanus, .....	...	2	1	2	...	
Tubercle, .....	5	18	2	23	5	
Syphilis, Tertiary, .....	...	2	...	2	1	
Rheumatism, .....	...	2	...	2	...	
Rheumatic Fever, .....	1	1	...	2	...	
New Growth, non-malignant, .....	...	9	1	9	1	
New Growth, malignant, .....	1	3	...	4	...	
Anæmia, .....	...	3	1	3	...	
<b>LOCAL DISEASES.</b>						
Diseases of Nervous System.						
SUB-SECTION 1.						
Diseases of the Nerves :—						
Meningitis, .....	...	1	1	1	...	
SUB-SECTION 2.						
Functional Nervous Disorders :—						
Epilepsy, .....	...	2	1	2	...	
Diseases of the Eye, .....	7	96	...	103	4	
"    "    Ear, .....	...	2	...	2	...	
"    "    Circulatory System, ...	4	9	1	13	...	
"    "    Respiratory System, ...	1	31	6	32	...	
"    "    Digestive System, .....	...	19	4	19	2	
"    "    Urinary System, .....	...	5	1	5	...	
"    "    Generative System, ....	1	...	...	1	...	
"    "    Female Organs, .....	...	4	...	4	...	
"    "    Organs of Locomotion, .	1	6	...	7	1	
"    "    Cellular Tissue, .....	...	22	...	22	1	
"    "    Skin, .....	4	16	...	20	1	
Injuries, General .....	...	1	...	1	...	
"    Local, .....	...	9	1	9	...	
Malformations, .....	...	6	1	6	...	
Parasites, .....	...	3	...	3	...	
Effects of Heat, .....	1	5	1	6	...	
Total, .....	29	300	28	329	16	

I. E. MITCHELL, M.D.

## Annexe J.

### REPORT OF THE GOVERNMENT BACTERIOLOGIST.

The new Public Mortuary has given great satisfaction. Post-mortem examinations can now be conducted under the most favourable circumstances, even during the hottest seasons of the year. The construction of the buildings, according to modern principles, has reduced to a minimum the dangers attached to this particular work. The whole compound has been regularly cleansed daily throughout the year. The laboratory accommodation is also so constructed as to allow of the most varied naked eye and microscopic pathology being undertaken.

The Bacteriological Institute was completed towards the end of the year. The internal fittings being somewhat complicated, require considerable care and time. Systematic research, therefore, has not yet commenced. In my next year's Report, I hope to be able to give a full account of this Institution and its special qualifications for carrying out bacteriological research under the best of conditions. In my opinion, the building and its equipment will be difficult to beat East of Suez.

During the past year, the routine examination of rats has been carried out by my Laboratory Assistant, Dr. LEE YIN SZE. This officer has performed his duties to my satisfaction. On the termination of Dr. LEE's agreement with the Government, it was considered advisable to recommend the appointment of a qualified Assistant from England. I am glad to say that such an appointment has now been sanctioned and Dr. C. M. HEANLEY, the newly appointed Assistant Bacteriologist, is on his way to Hongkong.

No case of sickness occurred amongst the members of my staff during the year. All those engaged with me at the Public Mortuary are vaccinated annually, as they frequently come into close contact with cases of Small-pox, during the prevalence of this disease in the early part of each year.

The question of "dumping" is specially dealt with in the Report. It would not appear that this practice is more prevalent during plague seasons than at other times. The majority of plague cases is not dumped.

Since I assumed the duties of Medical Officer in charge of the Public Mortuary, I have often come across cases in which a post-mortem examination revealed but little evidence of the cause of death. Such a statement may, on first thought, appear somewhat extravagant to many people, yet its truths are only too apparent in Hongkong, where, in the majority of cases, no reliable previous history of the individual is obtainable. The conditions, under which autopsies have to be performed in the Hongkong Morgue, are very different from those obtained at home. In Europe, apart from a few isolated cases, the pathologist obtains some history of the illness, or other factors, which guide him in arriving at a diagnosis. In Hongkong, however, the diagnosis has to be made from a pure pathological standpoint.

This has an important medico-legal bearing. Many cases of concealed murder cannot be detected by an autopsy alone, or at least, they are not likely to be discovered except, either by a happy chance or preternatural ingenuity on the part of the medical man. In many diseases, it is absolutely impossible to determine the cause of death by a post-mortem examination. One has only to think of some acute zymotics, *e.g.*, whooping cough or a disease like epilepsy, in order to be convinced of the hopelessness of the pathological task in the absence of clinical or other data. In a large number of cases, I return the cause of death in children, as marasmus. I arrive at this diagnosis from the condition of atrophy, wasting, and diarrhoea, yet my post-mortem examination shows nothing in any internal organ to which death could be ascribed. The autopsy does not show why the thread of life has been snapped. Again, in cases of prematurity, where is the post-mortem evidence of the exact cause of death? In olden times, such cases would have been described as death from the visitation of God. In the great majority of cases of all causes of death, the heart, lungs, liver, kidneys, etc., each or all of them may be diseased. What is the condition in any one or all of them, which is incompatible with life? It is in such cases that the absence of a definite clinical or previous history becomes of so great moment. From pure pathological appearances alone, one must, from a medico-legal standpoint, conclude, that the presence of extensive disease of such and such an organ, would be sufficient to account for death, and may have caused it now. When we come to the forensic side of