

Sanitary statistics of native colonial schools and hospitals.

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SANITARY STATISTICS

OF

NATIVE COLONIAL SCHOOLS AND
HOSPITALS.

BY

FLORENCE NIGHTINGALE.

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LONDON.

M.D.CCC.LXIII.

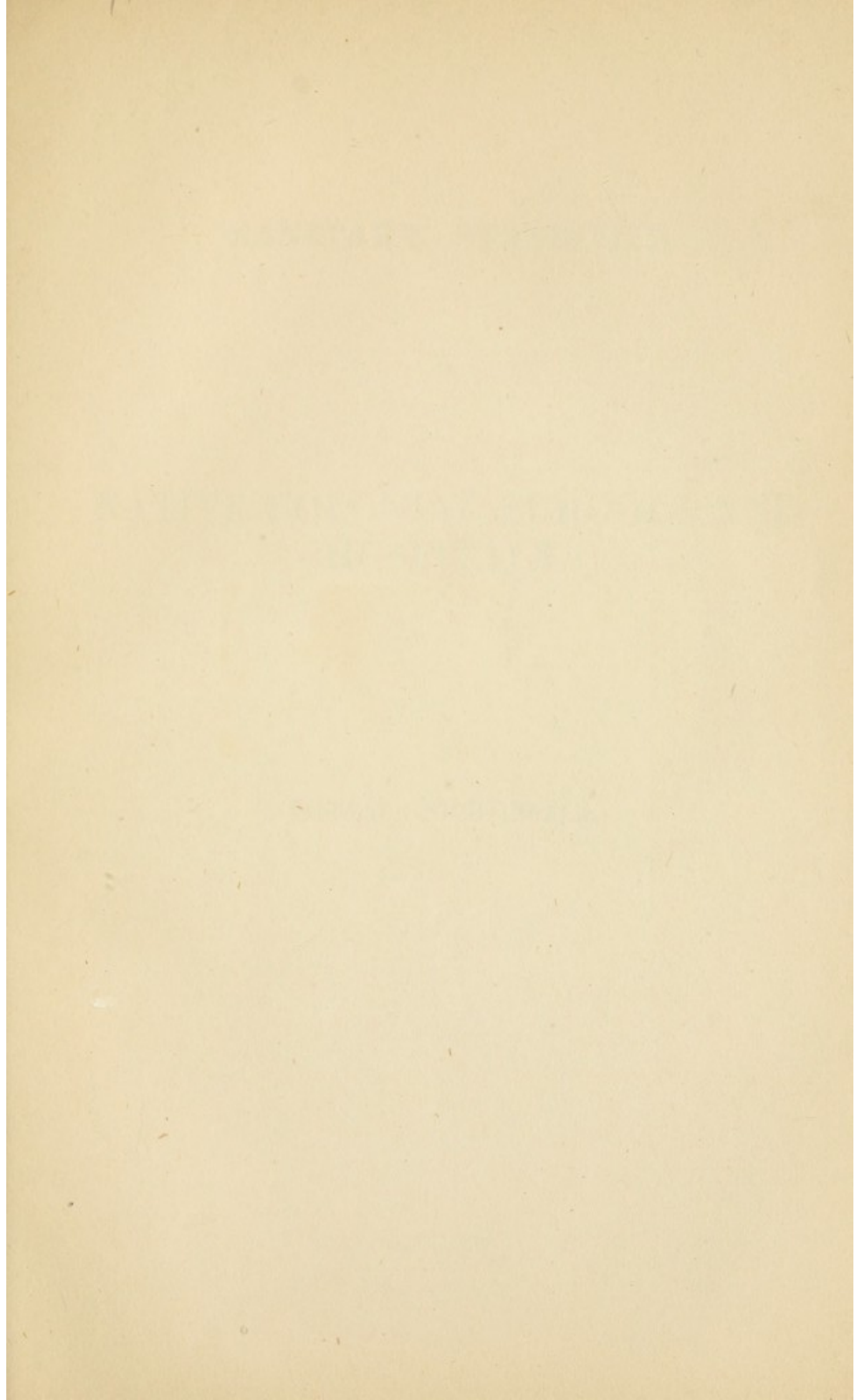
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FRANCIS R. HODGKINSON

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SANITARY STATISTICS OF NATIVE COLONIAL SCHOOLS AND HOSPITALS.

If it is said on reading this paper, There is nothing in it, I answer, That is why I wrote it, because there is nothing in it, in order that something might come out of nothing. It is to show that statistics, capable of affording complete *practical* results when wanted, have scarcely made a beginning in the colonies. It is to show that when the Colonial Office, with great labour and no little cost, has collected, and I, with the same, have reduced these materials, they are incapable of giving all the beneficial information expected. The material does not exist, or, if it does, it is in a very *undeveloped* state. Such as it is, I have tried to do the best I could with it. And this is the result.

Several years ago, before Sir George Grey returned to his government at the Cape, I had a conversation with him on a subject which had dwelt very much on his mind, viz., the gradual disappearance of the aboriginal races from the neighbourhood of civilized communities. One of the points raised in the discussion was the probable effect which European school usages and school education might exercise on the health of the children of parents and of races who had never hitherto been brought under education.

It appeared of great importance to ascertain, if possible, the precise influence which school training exercised on the health of native children. And I applied to the Colonial Office for aid in carrying out such an inquiry. The Duke of Newcastle entered warmly into the subject, and offered at once to call for any information which might throw light on it. I had a simple school form prepared and printed, copies of which were sent by the Colonial Office to the Governors of the various colonies. Returns were made from a large number of schools, but as no information has been received from many more, I presume the school statistics did not afford the means of supplying the required information.

I have received, through the Colonial Office, filled up returns from 143 schools, in Ceylon, Australia, Natal, West Coast of Africa, British North America, the results of which are given in the accompanying series of tables.

pp. 20 to 26. Table A. gives the name and date of opening of each school, the numbers of years included in the Return, the average number of native children, their sexes and ages for quinquennial periods, together with the mortality for the period included in the return. The results of this table for all the colonial schools are given in the reduction Table A. a., which states the total average attendance for all the schools in each colony, together with the total deaths, arranged in quinquennial periods, so far as it could be done. This table merely gives the general numerical results; but as the periods vary considerably it has been necessary to reduce the data under one common denomination, to obtain the absolute annual rate of mortality. This has been done in the Tables B, C, D, E, F, which show the years of life and the mortality for each sex and age.

p. 26. Table A. a. shows that the average attendance of all ages at these schools has been 7,485 boys, and 2,453 girls, making a total of 9,938 as the number of children on whom the rate of mortality has been obtained. A small proportion of these children, only 672 boys and 422 girls, were under 5 years of age. There were 3,546 (2,651 boys and 895 girls) between the ages of 5 and 10. Between the ages of 10 and 15 there were 3,268 children, viz., 2,288 boys, and 980 girls. At the age of 15 and upwards there were 1,391 boys, and only 156 girls, attending school.

The total deaths, for the various periods, on this school attendance were 451 boys and 132 girls, of all ages, besides 79 boys and 39 girls who are returned as leaving school *annually* to die at home. It is important to remark that, out of a total average school attendance of 9,938, only 235 boys and 82 girls are stated to leave school annually from ill-health.

pp. 27, 28. The relative mortality of boys and girls attending these schools is shown by Tables B. to F.

The death rate, it will be observed, varies considerably in different colonies. It is least among the native children at Natal, where a little more than five males per 1,000 and three females per 1,000 die annually. The Ceylon schools give a death rate of $14\frac{1}{2}$ per 1,000 per

annum for boys and about 3 per 1,000 per annum for girls. But, including deaths among children who leave school to die at home, this rate would be nearly doubled.

The Indian schools in Canada afford a total annual death rate of $12\frac{1}{2}$ per 1,000 for both sexes; but the mortality of girls is nearly double that of boys.

The Sierra Leone schools afford a very high rate of mortality, viz., 20 per 1,000 for males, and 35 per 1,000 for females.

The Western Australian schools yield the highest death rate of any, nearly 35 per 1,000 for boys and 13 per 1,000 for girls.

These death rates are of course only approximations to the truth. But on any supposition they are very high.

It is important to compare these death rates with those of children of the same ages at home. But we have only the means of doing so for 5 years of age and onwards. The home rates are given in Table E., which shows that from 5 to 10 the total mortality of both sexes is 9.2 per 1,000 at home. From 10 to 15 it is 5.3 per 1,000. Above 15 the home mortality is 8.4 per 1,000. Making allowance for native children dying at home, we shall be within the truth in assuming the mortality of native children at school as double that of English children of the same ages.

The next point of the inquiry is to ascertain the nature of the fatal diseases. And here we find a remarkable difference in the returns from different colonies. Thus out of 190 deaths in the Sierra Leone schools, all except 8 are due to small pox, measles, and hooping cough, scarlet fever, and other forms of fever. Table G,
p. 29.

In the Ceylon schools these same diseases, with the addition of diarrhœa, dysentery, and cholera, give rise to 261 deaths out of a total mortality of 341. In contrast with this great prevalence of miasmatic diseases, the West Australian schools yield only 2 deaths from children's epidemics, out of a total mortality of 9.

In the Natal schools three children died of miasmatic diseases out of a total mortality of 16, while in the Canadian schools there is only one miasmatic death out of a total mortality of 27.

The adult natives at many of the colonies are considered specially subject to tubercular diseases, more particularly consumption. This class of diseases is indeed supposed to be a main cause of the gradual decline and disappearance of uncivilized or semi-civilized races.

The facts, as regards these colonial schools, are as follow :—

Amongst the Sierra Leone children there is only one death from consumption and one from scrofula reported out of a total of 190 deaths. In the West Australian schools two of the nine deaths arose from consumption. In the Natal schools there was one death from consumption and one from scrofula out of 16 deaths. But there died seven children of other chest diseases besides consumption. The Ceylon schools yielded seven deaths from consumption, five from other chest diseases, and one from scrofula, out of a total mortality of 341.

These figures, so far as they go, show comparatively little liability to consumptive diseases among children in these colonies. But there is a native training institution in South Australia, in which a very large proportion of the mortality is due to tubercular diseases. Scrofula, phthisis, and hæmoptysis are returned as having occasioned 69·6 per cent. of the total mortality in the institution, among males, and 61·9 per cent. among females. When we cross over to Canada we find that, out of a total mortality of 27, 16 deaths arose from consumption and five from scrofula. Indeed all the specified deaths arose from tubercular disease except one solitary death from fever.

Table S,
p. 47.

I will next describe shortly the method of the school education, with its probable influence on the children's health.

The facts under this head are given in the form of notes to each school return. I have had them thrown together, pp. 30 to 39. for the sake of comparison, in Table H., the general results of which are as follow.

Many of the school houses are described in the returns as of bad construction, and ill situated for health, and the ventilation very insufficient. Some of them are unfavourably situated for free external ventilation, or their local position is damp and subject to malaria, the results of which, as well as the results of general defective sanitary condition in their vicinity are evidenced by the great prevalence of miasmatic diseases, such as fevers, diarrhœa, dysentery, and even cholera, among the children.

The period of tuition varies considerably, from two up to ten or more years. The school instruction is generally five; in a few cases, six days a week. At a few stations

nearly half the year is allowed for holidays. But generally the holidays are from two to six or eight weeks.

In most of the schools there seem to be no play hours on school days. When play hours are allowed these are from half an hour to two hours. At about a dozen schools only is there any out-door work combined with instruction. The largest amount of this work is given in the Natal and Canadian schools. Out of the whole number there are only nine schools at which there is any attempt made at combining the elements of physical education with the school instruction, and even where this is done the measure is partial and inefficient, being confined to a few exercises or simply to bathing. The obvious physiological necessity of engrafting civilized habits on uncivilized races gradually through the means of systematic physical training appears to be nowhere recognized, except at New Norcia (Benedictine) school, Western Australia, on the return from which there is the following very important statement:—Gymnastics are stated to be necessary to prevent sickness, and the reporter proceeds, “The idea of bringing savages from their wild state at once to an advanced civilization serves no other purpose than that of murdering them.” And the result of the out-door training practised at this school is said to have been hitherto successful “in preventing the destructive effects of this error.”

Confinement appears to be peculiarly injurious to the aborigines of South Australia, for the Governor states that he “almost always finds it necessary to release prisoners before the expiration of their sentences, as death is apt to ensue from any prolonged confinement.” Even partial confinement in schools, he thinks, injuriously affects the native constitution. Appendix II.
p. 62.

Another very important observation bearing on the necessity of careful consideration of habits is recorded on the return from one of the Natal schools. It might be supposed that one of the most obvious duties in bringing native children to school would be to clothe them, but nevertheless clothing an uncivilized child requires care.* In their natural state they expose themselves to torrents of rain which runs off them, and they are easily warmed

* People have been asked to assist in making clothing for the Kaffir tribes whom missionaries were going out to address, that the feeling of decency might not be offended in addressing the naked.

and dried at the hut fire. But it is stated that, when clothed in flannel and jersey, they get chilled by the rain, and that pulmonary diseases ensue as a consequence.

The method of conducting colonial schools appears to be based on our home system, without reference to physical training or other local conditions affecting health. This fact, together with the high rate of mortality, is the most prominent result of our inquiry. And although there is not sufficient evidence to show to what extent the school education increases the mortality, there is strong reason to believe that it is a cause. By far the greater part of the mortality is the direct result of mitigable or preventible diseases.

In all the schools within or near the tropics the miasmatic class of diseases occasions most of the mortality at the earlier periods of life. A considerable proportion arises from small-pox, showing bad management of children, and that vaccination is either neglected or imperfectly performed. The other fatal diseases are mainly those which in this country are connected with bad drainage, deficient and bad water supply, overcrowding, and want of sufficient house accommodation and cleanliness. In the Canadian schools consumption and scrofula appear to occupy the place of miasmatic diseases. But there is nothing in the school education, as described in the returns, sufficient to account for their special prevalence in these schools. The causes must probably be looked for in the close foul atmosphere of the native dwellings in a climate where warmth is more likely to be sought by closing every opening capable of admitting fresh air than would be the case in warmer latitudes, together with exposure and other conditions depressing to the general health.

Although these returns show the necessity of making systematic physical training and bodily labour at useful occupations an element absolutely essential and never to be neglected in the training of uncivilized and half civilized children in civilized habits and trains of thought, there is nothing to show that education properly conducted tends to the destruction and disappearance of native tribes.

The general result may be summed up in the following words: "Educate by all means, but look carefully at the
" problem with which you have to deal, and above all
" things never forget that education everywhere, but more

“ especially with uncivilized tribes, must always include
 “ physical training and useful work.”

Besides this statistical inquiry into the condition of schools, I had forms prepared for colonial hospitals into which natives are received for treatment, in order to compare the school diseases with those prevailing among the adult population. They were sent to the colonies, also by the great kindness of the Duke of Newcastle. And returns have been received from the following hospitals:—Free Town, Sierra Leone, Cape Coast, Natal, Mauritius, Colombo and Malabar, King William's Town, Kaffraria, and from two native hospitals in Canada. Colonial hospital returns.

These returns were applied for as affording the only means of arriving at a knowledge of the prevailing classes of diseases among natives and of the relative mortality from each class. Abstracts of the returns, showing the mortality on the admissions for different sexes and ages, and the relative per-centages of mortality from each disease, are appended. (Forms I. to Y.) Of course the results can be relied on only so far as they represent the proportions admitted and dead from each disease, taken on numbers often hardly sufficiently large for statistical purposes. On account of the smallness of these numbers, I consider the results as only approximations, which I give because there is nothing better to be had. The tables do not enable us to ascertain directly the state of health or rate of mortality of the native population; but they afford us in an indirect manner a considerable amount of important information as to the diseases from which natives suffer. The hospital statistics appear to be very much in the same unsatisfactory condition as they are in many of our home hospitals. With these reservations the mortality statistics of these hospitals show a very high death rate upon the numbers treated. pp. 40 to 53

Thus, in Free Town Hospital, the mortality to admissions among males is upwards of 20 per cent., and among females 18·6 per cent. of the admissions.* Table L, P. 41.

At the Civil Hospital, Port Louis, Mauritius, the mortality is 21·3 per cent. for males, and 38·8 per cent. for females. Table T, P. 48.

* The admissions are obtained by adding the deaths to the recoveries, in the absence of more definite information.

- Table V,
p. 50. In the Ceylon hospitals it is 20·7 per cent. for males, and 18·1 per cent. for females.
- Table P,
p. 44. At Natal the mortality is much lower, being 12·8 per cent. for males and 6·6 per cent. for females.
- Table N,
p. 43. In Kaffraria the mortality for males and females is 21·8 per cent.
- Table X,
p. 52. In the Canadian hospitals it is 12·3 per cent. for males and 14 per cent. for females.
- These high death rates can be attributed only to one or more of the following causes:—Defective stamina in the population, delay in applying for medical relief, bad and insufficient hospital accommodation, or defective medical treatment and management of the sick. The exact influence of each of these elements could hardly be appreciated without local inquiry. But the tables enable us to obtain some insight into the matter.
- Table M,
p. 42. We find, *e. g.*, that in the tropical districts the miasmatic class of diseases occasions a large proportion of the mortality, *e. g.*, at Sierra Leone 20·4 per cent. of the total mortality among males and 6·8 per cent. of that among females is due to small-pox; that 34 per cent. of the mortality among females is due to dysentery; and that 19 per cent. of the mortality among males is due to periodic fevers. The mortality from miasmatic disease in this hospital is no less than 43·9 per cent. of the total mortality among men, and 43·1 per cent. of the total mortality among women.
- Table M.
- Table K,
p. 40. At Cape Coast Hospital the admissions from miasmatic diseases, at least those recorded, amounted only to 9½ per cent. of the total admissions, and no deaths are attributed to this class of diseases. This is quite sufficient to show the imperfection of the hospital records at this station.
- Table U,
p. 49. At Port Louis Hospital, Mauritius, the miasmatic deaths from dysentery, diarrhœa, cholera, continued fevers, and rheumatism amounted to 54·9 per cent. of the total mortality for men, and 47·9 per cent. of the total female mortality.
- Table W,
p. 51. Dysentery appears to be particularly severe and fatal amongst the natives in Ceylon, for the returns show that 43·6 per cent. of the men's mortality and 30·1 per cent. of the women's were due to this one disease. The miasmatic class generally gave rise in these hospitals to 64·3 per cent. of the total deaths of men, and 60·1 per cent. of those of women.

In D'Urban Hospital and Grey's Hospital, Natal, 41·1 Table Q, per cent. of the men's mortality arose from continued P. 45. fever, and 6 per cent. from dysentery. This latter disease occasioned all the deaths in hospital among women. These two diseases are the only ones of the miasmatic class which proved fatal.

Miasmatic diseases appear to be rare among the native Table O, patients at King William's Town, Kaffraria. Only one of P. 43. them, dysentery, produced a fatal result, and it gave rise to no more than 6 per cent. of the total deaths of men and women conjointly.

The same diseases appear to be rare also in the Cana- Table Y, dian hospitals, where they occasioned 12·3 per cent. of P. 53. the men's mortality and 17·3 per cent. of the women's. The prevailing types were diarrhœa, periodic fevers, and rheumatism.

If we take the other points of comparison, supplied by tubercular diseases, we find a remarkable difference in the proportion of mortality in different colonies. Thus, the Table M. death rate from scrofula, phthisis, and hæmoptysis, at Free Town, Sierra Leone, amounts to 3·2 per cent. of the total deaths from all causes among men, and 2·3 per cent. among women. In this hospital other chest diseases give rise to a mortality of 2·4 per cent. for men.

At Cape Coast Hospital no deaths are registered from Table K. any class of tubercular or chest affections.

At D'Urban Hospital and Grey's Hospital, Natal, there Table Q. was a similar absence of mortality from these diseases.

The Ceylon hospitals afforded also only a small mor- Table W, tality, 0·7 per cent. for men, and 1·1 per cent. for P. 51. women. There was, however, a mortality of 1·3 per cent. for other chest diseases, among men, and 1·7 per cent. among women. In striking contrast with this comparative exemption from a class of diseases to which the disappearance of the native races has been to a large extent attributed, we find a very considerable increase in the other hospitals.

At Mauritius the mortality from scrofula, phthisis, and Table U. hæmoptysis, was 8·7 per cent. of the total mortality among men, and 3·7 per cent. among women. Other chest diseases furnish a mortality of 3·6 and 1·8 per cent. among men and women respectively.

At King William's Town Hospital, Kaffraria, the mor- Table O, tality from tubercular diseases, for men and women con-

jointly, was no less than 70·6 per cent. of the total deaths, and from chest diseases 11·7 per cent.

Table Y. Both classes of disease afford a high death rate in the Canadian hospitals. For the tubercular forms this amounts to 44·9 per cent. for men, and 41·3 per cent. for women. The other chest diseases give rise to 30·6 per cent. of the total hospital mortality for men, and 24·4 per cent. for women. Three-fourths of the whole hospital mortality among men, and two-thirds among women, were thus due to some form or other of chest disease.

Much has been said and written on the pernicious effects of the use of intoxicating liquors by uncivilized races. Diseases of the brain and nervous system, and liver diseases, are those which, at home, are generally supposed to indicate the greater or less prevalence of habits of intoxication among the people. Let us inquire to what extent admissions and deaths from these classes prevail in the various colonies.

Table M. At Sierra Leone brain and nervous diseases occasion 5·7 per cent. of the total admissions, and 12·7 per cent. of the total deaths among men, and 9·2 per cent. of the admissions, with 21·6 per cent. of the deaths, among women. Liver diseases afford only 0·1 per cent. of the admissions, and no deaths.

Table K. Cape Coast Hospital affords an extraordinary contrast to this, for there we find that, although brain and nervous diseases and liver diseases occasion no more than 4·8 per cent., and 2·4 per cent., respectively, of the admissions, all the deaths arose from them.

Table Q. The Natal hospitals show a proportion of admissions from brain and nervous diseases, of 5·7 per cent. of men, and 8·3 per cent. of women. But no deaths and no admissions from liver disease.

Table O. The King William's Town Hospitals, Kaffraria, show no admissions from either class.

Table U. At Mauritius the admissions from brain and nervous diseases were 3·5 per cent. for men, and 2·7 per cent. for women, and the deaths 6·1 per cent. for men, and 1·9 per cent. for women. Liver disease is so rare as to be scarcely appreciable.

Table W. A similar remark applies to the infrequency of liver disease in the Ceylon hospitals. In these hospitals, the admissions from brain and nervous diseases are 1·6 per cent. for men, and 3·2 per cent. for women. And the deaths 1·5 per cent. and 3·1 per cent. respectively.

No liver diseases were admitted into the Canadian hospitals. And the brain and nervous diseases afforded 6·5 per cent. admissions, and 2 per cent. deaths for men, with 5·2 per cent. admissions and no deaths for women. Table Y.

These are the statistical results of this inquiry. To Results. the extent to which the data are imperfect, the results are of course unreliable. The numbers are often much smaller than are required for such purposes. I have used them because the best obtainable, even with the assistance of the colonial governments; and the first lesson they teach is the necessity for assimilating the colonial registration and vital statistics to those at home. But, with all their defects, when these statistics are examined, they bring clearly into light certain great general facts.

As regards the schools, they show us that the educational idea in the colonies is just as deficient as it is at home, and that it is attended with worse physical consequences.

No account appears to be taken of the past history of the races on whom it is desired to confer the inestimable blessings of Christian civilization. Our teachers go among them just as they would into English villages. They collect the children who, together with their ancestors, have spent most of their existence in active out-door habits, into all classes of structures, good, bad, and indifferent, apparently without regard to the effect of local conditions on their health. In all probability the children are set together as close as they are placed in one of our Home "Model Schools," without any reference to children's epidemics or other fevers. This is not done without great risk, even with children of English birth. But to do this with children taken from their open air habits in uncivilized or semi-civilized communities is to incur the immediate danger of losing the most hopeful pupils by diseases, which, under a more rational system, might in all probability be avoided.

The education appears to be confined simply to head-work, and no provision is made for sustaining the health by physical training, while it is in danger of exhaustion by a cerebral stimulus, perhaps applied for the first time in the history of the family from which the child has sprung. It is true that cerebral disease forms only a small part of the school mortality; but the diseases from which the mortality proceeds in the tropical schools are

the result of overcrowding, defective ventilation, and other local sanitary evils, all of which are augmented by sedentary occupation.

The remedy for this is obviously to improve the school-houses; to give more attention to space, to ventilation, and to the locality where the school is placed, and above all to make physical training an essential and important part of the school system, never forgetting that the habits of generations cannot be suddenly broken through without danger to health and life.

In as far as concerns the effect of the schools on the disappearance of native races, the returns contain no appreciable evidence. Education, if properly conducted, together with the improved personal physical, and moral habits consequent on it, ought everywhere to be conservative and not destructive; but to be so it should be conducted, as already stated, with a full knowledge of the physiological effects of altered habits and the influence of these on health.

The hospital returns, so far as they can be relied on, show in the tropical colonies a large mortality from diseases arising from bad drainage, bad water, imperfect agriculture, want of cleanliness, and from other bad habits. Bad, overcrowded, unventilated dwellings must also in these colonies, as at home, bear their proportion of the blame. Thus mortality arising from mitigable or preventible causes of an external nature occasions in all the colonies by far the greatest part of the death rate in hospitals. Incivilization with its inherent diseases, when brought into contact with civilization without adopting specific precautions for preserving health, will always carry with it a large increase of mortality on account of the greater susceptibility of its subjects to those causes of disease which can to a certain extent be endured without as great a risk by civilized communities born among them.

The hospital returns throw little light on the causes of the disappearance of native races, unless these are to be found in the great prevalence of tubercular and chest diseases in certain of the colonies. This is especially remarkable in the returns from Australia, Kaffraria, and Canada. But why this class of affections should be so much more prevalent in the temperate than in the tropical colonies could only be ascertained by careful local inquiry. One thing is certain that, in those colonies from which complaints of the disappearance of native races have come,

tubercular and chest diseases appear to occasion the largest amount of hospital mortality.

The discovery of the causes of this must be referred back to the colonies. Anything which exhausts the constitution; above all things, foul air during sleep, will engender these diseases. Open locality, healthy winds, active daily occupation, are by themselves no safeguards, if the nights be spent in unventilated cabins. The Alpine climates of Europe are known to be the most free of any climates from this tribe of diseases. But even on their healthy mountain slopes scrofula in all its forms prevails among the peasants, engaged during summer on the high pastures, when they pass their nights in the close unhealthy chalets there.

It is possible that a tubercular taint so engendered may be the cause of the whole evil, and it is to this point that the inquiry has brought us.

Appended to the school and hospital returns from each colony, there are very interesting notes, giving generally the impression of the reporters on the nature and causes of disease among the aboriginal population. These notes, the chief portions of which I have appended, confirm the statistical evidence; but they afford little additional light on the causation.

The decaying races are chiefly in Australia, New Zealand, Canada, and perhaps in certain parts of South Africa. They appear to consist chiefly of tribes which have never been civilized enough or had force of character enough to form fixed settlements or to build towns. Such tribes have few fixed habits or none. But the papers show that they are naturally, in their uncivilized condition, possessed of far stronger stamina, and that they resist the effects of frightful wounds and injuries far better than civilized men. This latter fact tells strongly against any natural proclivity to diseased action. But we nevertheless see that when they come in contact with civilized men, and are, as a necessary consequence, obliged to conform themselves to a certain extent to the vices and customs of their *civilized* (!) neighbours, they perish from disease.

The evidence contained in these notes unfortunately proves that the pioneers of British civilization are not always the best of the British people. Many of them, it is to be feared, leave their own country, stained with vice and vicious habits, ready for any act of oppression, ready

Appendix
II., pp. 62-
3.

to take any advantage of the simplicity of the poor aborigines. Such people have introduced everywhere the use of intoxicating drinks, together with the diseases as well as the vices of their own depraved standard of civilization. Where the races are found most rapidly decaying, there the married women are found living in a state of prostitution and exposed to its diseases. And we know where such is the case, decline and extinction are inevitable.

This appears to be a main cause of the falling off in births; while the other evil habits introduced by Europeans destroy the stamina of the adult population and raise its rate of mortality. With the facts before us, imperfect as they are, we need feel no surprise at the gradual extinction of these unhappy races. But we should draw from them an argument for doing all that can be done to lessen these evils, and to remove, as far as practicable, any causes of disease and death which it may be in our power to remove.

Complaint of such things, in some form or other, runs through the whole of the evidence regarding these aboriginal populations, who appear to be far more susceptible of the operation of causes of disease arising out of imperfect civilization, than are civilized* men; how much more so must they be to such dreadful causes as those indicated above!

There is a strong presumption that, if aboriginal races are left undisturbed in their own country to follow their own customs and even their own vices, they will continue to exist as they have hitherto done, in a slowly increasing or stationary condition. But there is no reason to doubt the evidence contained in these papers that certain races require very little disturbance in their primeval habits to pass into a state of decline.

The great question at issue is, how this is to be arrested.

The facts appear to point to such remedial measures as the following:—

1. That provision of land should be made for the exclusive use of the existing tribes; but this, by itself, would be simply preserving their barbarism for the sake of preserving their lives. And the question naturally occurs whether Moravian settlements or settlements conducted on entirely similar principles, under whatever Christian

* Meaning by "civilized," men who can live together in a city or village without cutting each other's throats.

denomination, might not be introduced for the purpose of wisely and gradually winning the people to higher and better habits.

2. A good government which really understood its responsibilities would put down with any force requisite that most accursed of all British habits, the sale of intoxicating drinks to those who never knew them before. On the heads of these traffickers rests the blood of thousands of their fellow men.

3. Although a large proportion of children have died while under school instruction, there is no proof that education, if properly conducted, tends to extinguish races. And it *is* possible that by educating outcast native children, these tribes, with whatever mental constitution endowed, may be spared to contribute their quota to human knowledge and advancement.

4. The school diseases, however, indicate that education should be conducted in a very different manner from what it is in England. Physiology would teach us that it is not safe to take the child of uncivilized parents, and to submit it all at once to the restraints of civilization. What is wanted is a careful study of what can and what cannot be done with safety. Time would seem to be a great element in the education of these children. There should be as little interference as possible with their born habits and customs. And that interference should take place gradually and wisely. The probability is that if children could leave school in health, with sufficient training to enable them to enter the pale of civilization, their children would be the more able to bear the required development of the mental faculties. In any case, physical training, and a large amount of out-door work, are essentially necessary to success.

5. We all know how difficult it is to preserve health among dense populations in our houses at home. We may hence infer how much more difficult it is to draw together numbers of uncivilized or partially civilized people, within the same boundary, or under the same roof, without great risk to health and life. Bring a healthy family from the open country into a narrow crowded London alley, and the little ones will die, the elder ones will be sick for, perhaps, the first time of their lives, and the parents will fall into confirmed ill health, to say the least of it.

Our home experience hence teaches us the extreme importance of favourable sanitary conditions, whenever an

attempt is made to bring the uncivilized within the pale of civilization.

Every society which has been formed has had to sacrifice large proportions of its earlier generations to the new conditions of life arising out of the mere fact of change. Only by the greatest care and by the adoption of every requisite improvement can London itself bear the rapid increase of its population without danger from pestilence.

This destroying principle is now at work in the colonies where races are decaying. And its results can only be diminished by assimilating the new conditions, involved in the change, as nearly as possible, so far as healthiness is concerned, to the open air activity to which the people have been for generations accustomed.

These are the results of this inquiry. Defective in many particulars though they be, they are still sufficient to prove that, on the local authorities of the colonies, there rests a responsibility in the face of public opinion in Europe, of the very gravest kind. It is a matter for state interference. It is impossible to stand by, while races are disappearing, of whom it can be said that the "Australian is the finest
" model of the human proportions in muscular develop-
" ment," that his "head might compare with an antique
" bust of a philosopher," that his "perceptive faculties
" are peculiarly acute," that he is an "apt learner," and
" possesses the most intense desire to imitate his more
" civilized brethren in almost every thing;" that the
Australian aborigines are "possessed of mental power on
" a par with their brethren of the other races of man ;
" that they are perhaps superior to the Negro and some
" of the more inferior divisions of the great human
" family;" that they have "keen perceptive faculties, with
" a considerable deficiency in their reflective faculties, and
" a certain want of steadiness of purpose in their characters
" which appears the great obstacle to be overcome in
" reclaiming them and bringing them within the pale of
" civilization and Christianity."

These statements are from a report on the subject, made by a select committee of the Legislative Council of Victoria in 1858-9. In this report occurs the following passage, with which I conclude on account of its authority, appealing from its facts to the better feeling of the colonies, with the hope that the time is not far off when such a stigma as it affixes to the empire may be wiped away.

"The great and almost unprecedented reduction in the

number of the Aborigines is to be attributed to the general occupation of the country by the white population; to vices acquired by contact with a civilized race, more particularly the indulgence in ardent spirits; and hunger, in consequence of the scarcity of game since the settlement of the colony; and, also in some cases, to cruelty and ill-treatment. The great cause, however, is apparently the inveterate propensity of the race to excessive indulgence in spirits, which it seems utterly impossible to eradicate. This vice is not only fatal, but leads to other causes which tend to shorten life.

“Mr. Thomas, the guardian of Aborigines, states in evidence, that one morning he found five drunken blacks lying buried in the mud at the Merri Creek, which being followed by pulmonary attack, death, as is invariably the case, ensued. It may be remarked, that consumption forms a fruitful cause of mortality amongst them, in addition to the other causes enumerated.

“It would appear that they have materially degenerated since the advent of the whites, as Mr. Thomas has said ‘the young die two to one in proportion to the old; I have some old people yet.’ The rapid settlement necessary upon the country being occupied by flocks and herds was more unfavourable to the Aborigines than if it had only been gradually taken up for agricultural purposes.

“Your Committee are of opinion that great injustice has been perpetrated upon the Aborigines—that, when the Government of the colony found it necessary to take from them their hunting grounds and their means of living, proper provision should have been made for them. Had they been a strong race, like the New Zealanders, they would have forced the new occupiers of their country to provide for them; but being weak and ignorant, even for savages, they have been treated with almost utter neglect.

“With the exception of the Protectorate, which was an emanation of the Imperial Government, and which seemed to have been only partially successful, little or nothing has been done for the black denizens of the country.”

Every colony where the native races are declining could furnish some such report as this. The injustice has been a common one, and so should be the remedy.

B.
MORTALITY IN THE COLONIAL SCHOOLS.
(SIERRA LEONE.)

AGES.	Years of Life.			Deaths.			Annual Rate of Mortality per Cent.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.
All ages - -	7,779*	5,885*	1,894	190†	122†	68	2·44	2·07	3·59
Under 5 years -	1,684	1,019	665	78	41	37	4·63	4·02	5·56
5-10 " -	1,409	781	628	39	19	20	2·77	2·43	3·19
10-15 " -	1,812	1,259	553	28	18	10	1·55	1·43	1·81
15 and upwards -	459	411	48	3	2	1	·65	·49	2·08

* This total includes the years of life of 483 male children whose ages were not specified.

† Including 42 deaths of male children whose ages were not specified.

C.
MORTALITY IN THE COLONIAL SCHOOLS.
(NATAL.)

AGES.	Years of Life.			Deaths.			Annual Rate of Mortality per Cent.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.
All ages - -	3,832	1,710	2,122	16	9	7	·42	·53	·33
Under 5 years -	344	141	203	6	3	3	1·74	2·13	1·48
5-10 " -	2,279	1,035	1,244	7	3	4	·31	·29	·32
10-15 " -	898	346	552	3	2	1	·33	·58	·18
15 and upwards -	411	188	223	—	—	—	—	—	—

D.
MORTALITY IN THE COLONIAL SCHOOLS.
(WESTERN AUSTRALIA.)

AGES.	Years of Life.			Deaths.			Annual Rate of Mortality per cent.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.
All ages - -	357	202	155	9	7	2	2·52	3·47	1·29
Under 5 years -	147	83	64	7	6	1	4·76	7·23	1·56
5-10 " -	93	37	56	—	—	—	—	—	—
10-15 " -	81	56	25	1	—	1	1·24	—	4·00
15 and upwards -	36	26	10	—	—	—	—	—	—

E.

MORTALITY IN THE COLONIAL SCHOOLS.

(CEYLON.)

AGES.	Years of Life.			Deaths.			Annual Rate of Mortality per Cent.			Annual Rate of Mortality in England and Wales.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.
All ages - -	35,339	20,721	14,618	341	301	40	·96	1·45	·27	—	—	—
Under 5 years -	644	575	69	8	6	2	1·24	1·04	2·90	—	—	—
5-10 „ -	7,278	6,510	768	109	105	4	1·50	1·61	·52	·92	·92	·91
10-15 „ -	23,090	9,377	13,713	160	129	31	·69	1·38	·23	·53	·52	·54
15 and upwards, say 17.	4,327	4,259	68	64	61	3	1·48	1·43	4·41	·84	·82	·85

NOTE.—The mortality at all ages was ·96 per cent. of both sexes, but including the deaths of children who have been returned as leaving school to die at home, this number will be nearly doubled.

F.

MORTALITY IN THE COLONIAL SCHOOLS.

(CANADA.)

AGES.	Years of Life.			Deaths.			Annual Rate of Mortality per cent.		
	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.	Both Sexes.	Males.	Females.
All ages - -	2,141	1,286	855	27	12	15	1·26	·93	1·75
Under 5 years -	93	60	33	4	1	3	4·30	1·67	9·09
5-10 „ -	679	414	265	9	5	4	1·30	1·21	1·51
10-15 „ -	933	558	375	12	5	7	1·29	·90	1·87
15 and upwards	436	254	182	2	1	1	·46	·39	·55

G.

TABLE showing the CHIEF CAUSES OF MORTALITY at the SCHOOLS in each COLONY.

	Small-Pox.		Scarlet Fever, Measles, Whooping-Cough.		Fevers.		Diarrhoea, Dysentery.		Cholera.		Consumption.		Other Chest Diseases.		Brain and Nervous System.		Scrofula.		Not specified.		Total Deaths.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Sierra Leone -	42	34	11	9	23	23	-	-	-	-	1	-	-	-	1	-	1	-	3	2	122	68
Natal -	-	-	-	1	-	-	1	1	-	-	-	1	3	4	-	-	1	-	2	1	9	7
Western Australia -	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	-	4	-	4	1	7	2
Ceylon -	7	-	42	-	118	19	50	8	7	10	6	1	5	-	1	-	64	-	2	2	301	40
Canada -	-	-	-	-	1	-	-	-	-	-	7	9	-	-	-	-	3	2	1	4	12	15

H.

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES.

Name of School.	Length of School Education.	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
SIERRA LEONE.								
C. M. Jubilee -	3½ years -	6	42 days -	6	2	1½	Gymnastics	Building well constructed. Ventilation somewhat impeded. Diet plain and simple.
Kessy -	2 years -	5	21 days -	5	None -	None -	No -	Conducted in a thatched chapel. Situation good.
Campbell Town -	-	5	21 days -	5	None -	None -	No -	Stone chapel, without special ventilation.
Government -	-	5	-	-	None -	None -	No -	-
Bananas -	-	5	21 days -	5	None -	None -	No -	Frame built chapel, situated on the Island of Bananas. No special ventilation.
Christ Church -	7 years -	5	1 month -	4½	½	None -	No -	Building large and well ventilated.
Buxton -	2 years -	5	21 days -	5	None -	None -	No -	Conducted in the cellar of the chapel. Position and ventilation good.
Gibraltar -	2 years -	5	21 days -	5	None -	None -	No -	Building stone. Ventilation and position good.
Jehovah Shalom -	-	5	15 days -	5	None -	None -	No -	Frame built chapel, without special ventilation.
York -	-	5	15 days -	5	None -	None -	No -	Frame chapel, without special ventilation.
Zion -	2 years -	5	21 days -	5	None -	None -	No -	Stone chapel. Position and ventilation excellent.
Tabernacle -	-	5	15 days -	5	None -	None -	No -	Frame built chapel, without special ventilation.
Bathurst St. -	2 years -	5	21 days -	5	None -	None -	No -	Conducted in a wooden chapel. Ventilation in-different.
Liberated African -	-	-	-	-	-	-	-	-
WESTERN AUSTRALIA.								
Annesfield -	10 years -	5	Twice a year -	4 or 5	-	None -	No -	Brick house, situated on a hill. Diet: milk, porridge, bread, meat, vegetables, soup, rice, &c.

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
Western Australia—cont.								
New Norcia (Benedictines)	Till married	3	12 days	3	-	3	Gymnastics	Diet: bread, meat, tea, rice, vegetables, &c. Gymnastics necessary to prevent sickness.
Sisters of Mercy	Till married	5	35 days	5	2	None	None	All girls.
NATAL.								
Infant school, Edendale	-	5	None.	4	-	None	None	—
Day and Industrial, Edendale.	-	5	None.	2½	None	3½	None	—
New Germany	-	5	-	2	-	-	Yes	Room made of wattle and daub. Ventilation good. Diet: porridge and potatoes.
St. Michael's	-	5	-	2	None	None	None	Diet regular and simple.
Ekukanyeni	-	6	20 days	5	-	7	Yes	Room well ventilated. Diet: porridge, meat, and coffee. The greatest danger to the children is to be apprehended from their carelessness about getting wet with European clothing on them. In their native state they are used to be wet. And their bodies are easily warmed and dried at the hut fire. Thus they care little about rain. And, being exposed to the sudden storms of a semi-tropical climate, they are constantly found sitting in wet flannels and jerseys, and suffer much from coughs and colds. It cannot be doubted that much pulmonary disease will thus be generated by the very effort to improve their condition, unless constant care be taken to guard against this danger.
Ifumi Station	-	5	-	4 to 5	None	None	None	—

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
Natal—cont.								
Spring Vale -	-	5	-	2	None -	3	No -	Room of wattle and daub. Situated on the side of a hill. Diet: meal, milk, and potatoes.
Umvoti -	6 years	5	21 days	5	1	1	No -	Built of brick, thatched roof, mud floor.
Kwangubeni -	-	5	1 month	3	None -	None -	No -	Held in a chapel.
Verulam (Wesleyan) -	5 years	5	1 month	3 to 5	At inter-vals.	3 to 5	Only bathing	Diet: porridge with meat.
Indaleni -	-	5	1 month	5	None -	3 to 4	No -	Held in a chapel, well ventilated.
Pietermaritzburg -	-	5	42 days	4½	None -	None -	No -	—
CEYLON.								
Colombo academy -	12 to 15 years	5	2½ months and wet weather.	5	2	None -	Bathing, quoits, &c.	Situation the best that could be selected, and ventilation good. Principal buildings in bad repair. School cannot be held in wet weather. More and better accommodation required. Well ventilated, and situated in the healthiest part of the town.
Galle central school -	6 years	5	65 days	5	None -	None -	No -	The building is constructed at the bottom of a hill, and damp during wet weather. Ventilation good. Diet: rice, vegetables, and fish.
Kandy central school -	5 years	5	50 days	5½	¾	None -	No -	Locality of the school-house is very bad, situated in a very noisy, hot, and dusty road.
Colombo Pettah English school.	25 years	5	36 days	5	1	None -	No -	Well ventilated. Situated on the rising ground, enjoys the benefit of the sea breeze. Diet: rice, fish, curry, and beef occasionally.
Grand Pass English school	5 to 8 years	5	64 days	5	1	None -	No -	Situated on the plain, bordering the sea shore, admitting sea breeze freely.
Negombo Government boys' school.	-	5	39 days	5	1	None -	No -	Situated on the left bank of the Kaln Ganga. Ventilation very satisfactory.
Caltura English school -	5 years	5	56 days	5	1	None -	No -	

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
Ceylon—cont.								
Pantura boys' English school.	5 to 6 years	5	45 days	5	1	None	No	Ventilation sufficient. Situated on the bank of the lake, not far from the sea; district remarkably salubrious.
Matura Government elementary school.	"	5	56 days	5	1	None	No	School-room spacious and airy. Situated near the sea; position healthy.
Kornegalle English	4 years	5	63 days	5	None	None	No	
Malrandahn Government mixed school.	"	5	56 days	5	$\frac{1}{2}$	None	No	School-room is now more commodious and airy; will prove more beneficial to the health of the children.
Copetty mixed school	5 years	5	45 days	5	None	None	No	School-room is spacious and airy, situated near the sea.
Kandane -	"	5	56 days	5	1	None	No	School-room of stone, and well ventilated. Station generally healthy, except in November and three following months. "Tobacco much practised," with pernicious results.
Mabola mixed school	5 to 8 years	5	64 days	5	1	None	No	Building consists of two halls, well ventilated. Diet: rice, fish, beef occasionally. General health of the children good.
Kaigalle mixed school	8 years	5	56 days	5 $\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	No	School an open shed, and considered healthy.
Ratnapoora mixed school	3 years	5	61 days	5	1	None	No	Situated in a noisy and filthy position. Mud floors, dilapidated walls, and want of free ventilation.
Bentotte mixed school	10 years	5	66 days	5	None	None	No	House airy, but not kept clean. No provision made for a sweeper. Boys have materially suffered in health.
Government mixed school at Balepitimodera.	5 years	5	40 days	5	None	None	No	
Matura boys' school	-	5	56 days	5	1	None	No	School-room is spacious and airy, situated near the sea.

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
<i>Ceylon—cont.</i>								
Matura girls' school	-	5	56 days	5	None	None	No	School is situated in a healthy locality, not far from the sea, and well ventilated.
Belligam boys' school	6 years	5	56 days	5	$\frac{1}{2}$	None	No	Situated in a salubrious part of the town.
Boys' school, Dondra	3 years	5	62 days	5	None	None	No	Situated near the sea, in a salubrious locality.
Oodoovil female boarding school.	5 years	5	Thrice a year	7	1	1	Bathing	School-room and dormitories well ventilated.
Batticotta high school	6 years	5	3 months	7	1	None	No	Health of pupils generally good. House well ventilated. Diet simple. Climate generally healthy.
Batticotta training and theological school.	2 and 3 years	5	3 months	9	6	1	No	Rooms well ventilated.
Galle mixed school	4 years	5	65 days	5	None	None	No	Building sufficiently ventilated, but rather damp. Situated in the healthiest part of the town.
Kallowelle mixed	4 years	5	65 days	5	None	None	No	Building is commodious and well ventilated.
Belligam mixed school	6 years	5	59 days	5 $\frac{1}{2}$	$\frac{1}{2}$	None	No	Situated in a healthy locality.
Hambantotte mixed school	-	5	59 days	5	None	None	No	Situated in a salubrious part of the town.
Trincomalie, mixed, boys' school.	7 years	5	46 days	5	None	None	No	Situated in a healthy locality; enjoys the benefit of sea breeze.
Kandy mixed school	5 years	5	56 days	5	$\frac{1}{2}$	None	No	School is built in a healthy place.
Kandy industrial school	-	5	28 days	5	1	6	Bathing and drill.	Situated in a healthy locality. Room is large and well ventilated. Diet: rice and vegetables.
Pitiyagedere	-	5	56 days	5	1	None	No	Diet: rice, milk, curries, and vegetables.
Madewelletenne	1 to 4 years	5	56 days	5	None	None	No	Situated in a healthy locality.
Gampola mixed school	-	5	56 days	7	None	None	No	Situated in the heart of the town. School consists of one large hall. Ventilation free.
Nawelepitiye mixed school	-	5	41 days	6	1	None	No	School built on an elevation. Well ventilated.

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
<i>Ceylon—cont.</i>								
Kadugannawa -	-	5	56 days	5	None	None	No	The school walls are constructed of mud; roof thatched with cadjans.
Harispattoo mixed school -	1 to 3 years	5	56 days	5	None	None	No	School is built in a healthy locality.
Ambagamuwa mixed school	-	5	56 days	5	1	None	No	School is built on an elevated place, and freely ventilated.
Medemahanuwera	-	5	57 days	6½	½	None	No	—
Odoonuwera mixed school	-	5	62 days	5	1	None	No	Situated on a rock in the centre of a range of paddy fields. Building open, surrounded by a parapet wall.
Newera Ellia mixed school	6 to 7 years	5	61 days	5	1	None	No	—
Badulla mixed -	4 years	5	50 days	4	None	None	No	Situated in the town. Surrounded by buildings, which prevent ventilation. Injurious to the children
Matelle mixed school	2 to 2½ years	5	43 days	5	1	None	No	—
Odetenne in Matelle	-	5	43 days	5	None	None	No	School is an open shed; airy, and not crowded.
Madampe mixed school	-	5	56 days	6	1	None	No	Situated near the high road, opposite a large field and the lake.
Putlam mixed school	3 years	5	57 days	5	1	None	No	District is proverbial for its febriferous climate. Pupils are of impaired health from periodic fevers. They also suffer from catarrh, ophthalmia, diarrhœa, and dysentery; cholera occasionally, and the school is shut up.
Calpenty n mixed school	6 years	5	51 days	6	None	None	No	Pupils have been suffering from repeated attacks of fever. Fever is peculiar to this country.
Mullativoe Government mixed school.	9 years	5	52 days	6	None	5 min.	No	—
Manaar, mixed -	7 years	5	60 days	6	None	None	No	Situated in the heart of the town. Construction good. Ventilation free.

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
<i>Ceylon—cont.</i>								
Anuradhapoora, mixed	2½ years	5	64 days	7	None	None	No	School-room has plenty of ventilation, and its construction and position are tolerably good.
Mattacooly	3 years	5	61 days	5	None	None	No	House is a tile-roofed building, well ventilated.
Watelle vernacular boys' school.	3 or 4 years	5	49 days	5	1	None	No	Construction, mud walls and cadjan roof. Position airy and slightly elevated. Ventilation ample.
Pamanugama vernacular school.	-	5	61 days	5	None	None	No	School-room is well erected.
Mahawatta	5 years	5	63 days	5	None	None	No	Healthy place.
Mahare	-	5	54 days	5	None	None	No	
Kohillewatte vernacular school.	4 years	5	45 days	5	None	None	No	School is a large tile-roofed bungalow, situated on the bank of the Kalany Ganga; is well ventilated. Diet: rice, fish, and curry.
Kottawa vernacular, boys	5 years	5	48 days	5	None	None	No	Construction, mud walls and cadjan roof. Position high. Ventilation free. Diet: rice, yams, vegetables, fish, and grains.
Slave Island boys' school	2 to 4 years	5	42 days	5	None	None	No	School-room is spacious but not airy.
Milagria	-	5	40 days	5	None	None	No	School is a fine open building, situated in a very nice healthy and airy locality.
Dehiwella	-	"	"	"	"	"	"	
Attidiya vernacular school	8 years	5	45 days	-	"	"	"	
Weligampittia	-	5	56 days	"	"	"	No	School is a large roofed building, having a parapet wall round it.
Dandogame	-	5	56 days	"	"	"	No	School-room is well ventilated. Cold fever, sore eyes, and dysentery prevail to a great extent.
Seedua	-	5	56 days	5	½	None	No	
	-				None	None	No	

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
Ceylon—cont.								
Katane - vernacular school.	-	5	54 days	5	None	None	No	—
Andiamblam vernacular school.	-	5	57 days	5	None	None	No	—
Imbulgodde school	-	5	59 days	5	None	None	No	—
Indebetta vernacular boys' and girls' school.	4 or 5 years	5	45 days	5	None	None	No	—
Waragodde vernacular school.	-	5	49 days	5	None	None	No	Bungalow construction, situated near a lake, which affords a gentle breeze.
Bandaragama vernacular boys' school.	-	5	62 days	5	$\frac{1}{2}$	The rest.	No	Construction, mud walls and cadjan roof. Position airy and slightly elevated.
Waskaduwa vernacular boys' school.	5 years	5	45 days	5	None	None	No	School-house is a poor building, situated in an interior village. Children enjoy good health.
Katurunde vernacular boys' and girls' school.	4 or 5 years	5	45 days	5	None	None	No	Building is a cadjan thatched open bungalow, giving full light and ventilation. Locality healthy.
Payagalle, vernacular -	-	5	42 days	5	None	None	No	Bungalow construction, situated near the sea; enjoys a gentle breeze during the day.
Barbaryn vernacular school	-	5	62 days	5	None	None	No	—
Maccoon -	-	5	70 days	5	None	None	No	School is unhealthy, being too close to the sea.
Dondra vernacular boys school.	3 years	5	62 days	5	None	None	No	—
Parnegame Government vernacular boys' school.	4 $\frac{3}{4}$ years	5	60 days	5	None	None	No	Want of a school-room much felt.
Passara, Singhalese school	4 years	5	50 days	5	None	None	No	—
Badulla, Singhalese -	4 years	5	50 days	4	None	None	No	—
Badulla (Tamil) vernacular	5 years	5	50 days	6	None	None	No	—
Paloogame school	-	5	56 days	5	None	None	No	No school. School "is not yet built up."
Combalwella -	4 years	5	56 days	5 $\frac{1}{2}$	$\frac{1}{4}$	$\frac{1}{4}$	No	School is situated in a healthy part of the village.

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
<i>Ceylon—cont.</i>								
Matelle (Tamil) school	2 years	5	43 days	6	None	None	No	School is an open shed, airy and not crowded
Ratotte school	-	5	43 days	5	None	None	No	
Kotmalie, vernacular	4½ years	5	56 days	5	None	None	No	
Dummaladeniya of Chilau	-	5	42 days	5	None	None	No	
Calpenty (Tamil) school	4 years	5	51 days	6	None	None	No	
Female seminary	up to 16	5	63 days	5	None	None	No	
Kandy superior girls' school.	5 years	5	63 days	5	None	None	No	
Grand Pass mixed girls' school.	4 years	5	56 days	5	1	None	No	
Borella	3 to 5 years	5	36 days	5	None	None	No	
Colpetty girls' school	2 to 3 years	5	42 days	5	None	None	No	
Caltura girls' mixed school	5 to 8 years	5	56 days	5	1	None	No	School-room is spacious and airy. Construction: built of cabook. Position: situated on the left bank of the Kaln Ganga. Ventilation satisfactory.
Matura Government girls' school.	-	5	56 days	5	1	None	No	Constructed of mud. Situation high. Ventilation free. Diet: rice, yams, vegetables, fish, &c.
Kottawa, vernacular, girls	-	5	48 days	5	None	None	No	School is an open building.
Pantura, mixed, girls	-	5	60 days	5	None	None	No	School is situated in a most salubrious place. Ventilation free, and the children's health good.
Pantura, vernacular, girls	-	5	101 days	3 to 9	1	None	No	
Government (Tamil) girls' school.	5 years	5	46 days	5	None	None	No	

EDUCATION AND STATE OF SCHOOLS IN THE DIFFERENT COLONIES—continued.

Name of School.	Length of School Education.*	No. of School Days per Week.	Annual No. of Holidays.	School Hours.			Physical Education (including Gymnastics, Bathing, Exercise).	Remarks on State of School, &c.
				Instruction.	Play.	Out-door Work.		
CANADA.								
Saugeeng	6 to 8 years	5	None	6	None	None	No	Wooden frame building. Position, airy and healthy.
Snake Island	8 to 10 years	5½	None	6	None	None	No	A frame building in a good airy position, well ventilated, on the borders of a lake.
Rice Lake	5 or 6 years	5	7 days	-	None	None	No	A frame building in an airy situation, well ventilated.
Chemong or Mud Lake	5 or 6 years	5	35 days	5½	None	2	No	School house commodious and well ventilated.
Alnwick industrial school	-	5	-	6	None	None	No	Brick building properly ventilated. Position elevated. Diet: soups, vegetables, meats, and bread.
New England, co. Mohawk	-	5	28 days	6	1	None	No	Children healthy.
Mohawk	-	5	28 days	6	1	None	No	-
Mohawk Institution	5 or 6 years	5½	40 days	6	2	4	Yes	Brick building, well ventilated, situated in a healthy position. Diet: bread, meat, vegetables, corn meal, milk, butter, and soup.
Manitowaning	4 to 5 years	5½	7 days	4	None	None	No	-
Wikwemikong	5 to 7 years	5½	7 days	7	10 minutes.	None	Yes	-
St. Clair common day school.	-	5	14 days	6	None	None	No	-
Walpole Island common school.	6 to 15 years	5	28 days	6	None	None	No	Situated on the River Pont. Island damp.
Mount Elgin	5 to 6 years	5½	7 days	4½	3	3	No	Children remarkably healthy. Institution stands in an elevated position on the banks of the River Thames. Sleeping apartments well ventilated. Diet: plain and wholesome.

* In many instances this question has been misinterpreted as meaning the number of hours of instruction, and has been so filled up.

I.
CAPE COAST.
COLONIAL HOSPITAL.

Of the Admissions into Hospitals, the proportion per cent. who died
and who recovered during One Year, 1857-1858.

	All Ages.	
	Died in Hospital.	Recovered.
	M. and F.	M. and F.
All diseases - - - - -	4·3	87·0
Variola - - - - -	—	—
Dysentery - - - - -	—	100·0
Diarrhœa - - - - -	—	—
Cholera biliosa - - - - -	—	—
" spasmodica - - - - -	—	—
Periodic fevers - - - - -	—	100·0
Continued fevers - - - - -	—	—
Rheumatismus acutus - - - - -	—	100·0
" chronicus - - - - -	—	—
Scrofula - - - - -	—	—
Phthisis - - - - -	—	—
Hæmoptysis - - - - -	—	—
Brain and nervous system - - - - -	50·0	50·0
Chest diseases - - - - -	—	—
Liver diseases - - - - -	50·0	—

NOTE.—In some instances the number of admissions were exceeded by the deaths + the recoveries ; in calculating the per-centages the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.

In instances where the proportion of deaths or recoveries approach 100 per cent, the observations have been very few.

K.
CAPE COAST.
COLONIAL HOSPITAL.

	Proportion of Deaths from each Cause to 100 Admissions from each Cause.	Proportion of Admissions from each Cause to 100 Admissions from all Causes.	Proportion of Deaths from each Cause to 100 Deaths from all Causes.
	M. and F.	M. and F.	M. and F.
All causes - - - - -	4·3	100·0	100·0
Variola - - - - -	—	—	—
Dysentery - - - - -	—	4·7	—
Diarrhœa - - - - -	—	—	—
Cholera biliosa - - - - -	—	—	—
" spasmodica - - - - -	—	—	—
Periodic fevers - - - - -	—	2·4	—
Continued fevers - - - - -	—	—	—
Rheumatismus acutus - - - - -	—	—	—
" chronicus - - - - -	—	2·4	—
Scrofula - - - - -	—	—	—
Phthisis - - - - -	—	—	—
Hæmoptysis - - - - -	—	—	—
Brain and nervous system - - - - -	50·0	4·8	50·0
Chest diseases - - - - -	—	—	—
Liver diseases - - - - -	50·0	2·4	50·0
Other diseases - - - - -	—	83·3	—

NOTE.—The deaths + recoveries have been taken as the admissions in making these calculations.

L.
FREETOWN, SIERRA LEONE,
COLONIAL MEDICAL DEPARTMENT.

Of the Admissions into Hospitals, the Proportion per cent. who died and who recovered during Five Years, 1855 to 1860.

	All Ages.						Under 5 Years.						5 and under 15 Years.						15 and under 40 Years.						40 and upwards.					
	Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.		
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.				
All diseases	20.3	18.6	-	79.2	74.9	-	100.0	100.0	-	10.3	25.0	-	81.2	75.0	-	21.3	13.2	-	78.7	69.5	-	20.6	8.7	-	47.1	13.0	-			
Variola	26.2	7.0	-	72.8	93.0	-	100.0	100.0	-	13.5	1.7	-	86.5	98.3	-	28.6	14.8	-	70.6	74.1	-	33.3	-	-	66.7	100.0	-			
Dysentery	16.7	83.3	-	83.3	13.9	-	-	-	-	100.0	90.9	-	-	9.1	-	12.0	-	-	88.0	66.0	-	-	-	-	100.0	-	-			
Diarrhœa	25.0	-	-	75.0	100.0	-	-	-	-	16.7	-	-	83.3	50.0	-	30.0	-	-	70.0	50.0	-	-	-	-	-	-	-			
Cholera biliosa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
" spasmodica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Periodic fevers	14.8	-	-	84.6	-	-	-	-	-	25.0	-	-	75.0	-	-	11.7	-	-	85.4	-	-	26.7	-	-	73.3	-	-			
Continued fevers	16.7	-	-	83.3	100.0	-	-	-	-	-	-	-	-	-	-	16.7	-	-	83.3	100.0	-	-	-	-	-	-				
Rheumatismus acutus	5.6	28.6	-	92.6	71.4	-	-	-	-	-	-	-	100.0	-	-	4.0	28.6	-	96.0	71.4	-	33.3	-	-	33.3	-				
Rheumatismus chronicus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Scrofula	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Phthisis	19.7	10.0	-	80.3	75.0	-	-	-	-	-	-	-	100.0	66.6	20.7	11.8	-	79.3	76.5	-	-	-	-	-	-	-				
Hæmoptysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Brain and nervous system.	40.0	42.2	-	48.3	48.9	-	-	-	-	-	-	-	100.0	-	40.2	41.9	-	48.0	51.2	-	100.0	100.0	-	-	-	-				
Chest diseases	18.0	-	-	60.0	100.0	-	-	-	-	16.7	-	-	58.3	100.0	19.2	-	-	-	61.5	100.0	-	-	-	-	-	-				
Liver diseases	-	-	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	-	-	-	-	-	-				

NOTE.—In some instances the number of admissions were exceeded by the deaths + the recoveries; in calculating the percentages the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.
In instances where the proportion of deaths or recoveries approach 100 per cent. the observations have been very few.

M.
FREETOWN, SIERRA LEONE.
COLONIAL MEDICAL DEPARTMENT.

	Proportion of Deaths from each Cause to 100 Admissions from each Cause.		Proportion of Admissions from each Cause to 100 Admissions from all Causes.		Proportion of Deaths from each Cause to 100 Deaths from all Causes.	
	Males.	Females.	Males.	Females.	Males.	Females.
All causes - - -	20·3	18·6	100·0	100·0	100·0	100·0
Variola - - -	26·2	7·0	15·6	19·4	20·4	6·8
Dysentery - - -	16·7	83·3	2·9	8·0	2·4	34·0
Diarrhœa - - -	25·0	—	·9	·5	1·0	—
Cholera biliosa - - }	—	—	—	—	—	—
„ spasmodica - - }	—	—	—	—	—	—
Periodic fevers - -	14·8	—	26·2	—	19·0	—
Continued fevers - -	16·7	—	·4	·2	·3	—
Rheumatismus acutus - - }	5·6	28·6	2·9	1·6	·8	2·3
„ chronicus - - }	—	—	—	—	—	—
Scrofula - - - }	—	—	—	—	—	—
Phthisis - - - }	19·7	10·0	3·3	3·8	3·2	2·3
Hæmoptysis - - - }	—	—	—	—	—	—
Brain and nervous system -	40·0	42·2	5·7	9·2	12·7	21·6
Chest diseases - - -	18·0	—	2·1	1·1	2·4	—
Liver diseases - - -	—	—	·1	—	—	—
Other diseases - - -	19·3	11·6	39·9	56·2	37·8	33·0

NOTE.—The deaths + recoveries have been taken as the admissions in making these calculations.

N.
KAFFRARIA.

KING WILLIAM'S TOWN HOSPITALS.

Of the Admissions into Hospitals, the Proportion per Cent. who died
and who recovered during Four Months, 1858.

	All Ages.	
	Died in Hospital.	Recovered.
	Male and Female.	Male and Female.
All diseases - - - - -	21·8	78·2
Variola - - - - -	—	—
Dysentery - - - - -	10·0	90·0
Diarrhœa - - - - -	—	100·0
Cholera biliosa - - - - -	—	—
" spasmodica - - - - -	—	—
Periodic fevers - - - - -	—	—
Continued fevers - - - - -	—	—
Rheumatismus acutus - - - - -	—	—
" chronicus - - - - -	—	—
Scrofula - - - - -	—	—
Phthisis - - - - -	70·6	29·4
Hæmoptysis - - - - -	—	—
Brain and nervous system - - - - -	—	—
Chest diseases - - - - -	50·0	50·0
Liver diseases - - - - -	—	—

NOTE.—In some instances the number of admissions were exceeded by the deaths + the recoveries ; in calculating the per-centages, the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.

In instances where the proportion of deaths or recoveries approach 100 per cent., the observations have been very few.

O.

KAFFRARIA.

KING WILLIAM'S TOWN HOSPITALS.

	Proportion of Deaths from each Cause to 100 Admissions from each Cause.	Proportion of Admissions from each Cause to 100 Admissions from all Causes.	Proportion of Deaths from each Cause to 100 Deaths from all Causes.
	M. and F.	M. and F.	M. and F.
All causes - - - - -	21·8	100·0	100·0
Variola - - - - -	—	—	—
Dysentery - - - - -	10·0	12·8	6·
Diarrhœa - - - - -	—	3·9	—
Cholera biliosa - - - - -	—	—	—
" spasmodica - - - - -	—	—	—
Periodic fevers - - - - -	—	—	—
Continued fevers - - - - -	—	—	—
Rheumatismus acutus - - - - -	—	—	—
" chronicus - - - - -	—	—	—
Scrofula - - - - -	—	—	—
Phthisis - - - - -	70·6	21·8	70·6
Hæmoptysis - - - - -	—	—	—
Brain and nervous system - - - - -	—	—	—
Chest diseases - - - - -	50·0	5·1	11·7
Liver diseases - - - - -	—	—	—
Other diseases - - - - -	4·5	56·4	11·7

NOTE.—The deaths - recoveries have been taken as the admissions in making these calculations.

P.
NATAL.
D'URBAN HOSPITAL AND GREY'S HOSPITAL.
Of the Admissions into Hospitals, the Proportion per Cent. who died and who recovered during Five Years, 1855-1860.

	All Ages.						Under 5 Years.				5 and under 15 Years.				15 and under 40 Years.				40 and upwards.					
	Died in Hospital.		Recovered.		Died in Hospital.		Recovered.		Died in Hospital.		Recovered.		Died in Hospital.		Recovered.		Died in Hospital.		Recovered.		Died in Hospital.		Recovered.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
All diseases	12.8	6.6	79.7	73.3	100.0	—	—	25.5	—	75.0	—	11.0	—	81.1	78.6	100.0	100.0	—	—	—	—	—	—	—
Variola	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	9.1	100.0	90.9	—	—	—	—	—	—	—	—	9.1	—	90.9	—	100.0	—	—	—	—	—	—	—	—
Diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera biliosa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
" spasmodica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Periodic fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued fevers	33.3	—	66.7	—	—	—	—	—	—	—	—	33.3	—	66.7	—	—	—	—	—	—	—	—	—	—
Rheumatismus acutus	—	—	100.0	—	—	—	—	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—	—	—	—
" chronicus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scrofula	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Phthisis	100.0	—	—	—	—	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—	—	—	—	—	—
Hæmoptysis	—	—	70.0	25.0	—	—	—	—	—	—	—	—	—	70.0	25.0	—	—	—	—	—	—	—	—	—
Brain and nervous system.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chest diseases	—	—	100.0	—	—	—	—	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—	—	—	—
Liver diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

NOTE.—In some instances the number of admissions were exceeded by the deaths + the recoveries ; in calculating the per-centages, the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.

In instances where the proportion of deaths or recoveries approach 100 per cent., the observations have been very few.

Q.

NATAL.

D'URBAN HOSPITAL AND GREY'S HOSPITAL.

—	Proportion of Deaths from each Cause to 100 Admissions from each Cause.		Proportion of Admissions from each Cause to 100 Admissions from all Causes.		Proportion of Deaths from each Cause to 100 Deaths from all Causes.	
	Males.	Females.	Males.	Females.	Males.	Females.
All causes - - -	12·8	6·6	100·0	100·0	100·0	100·0
Variola - - -	—	—	—	—	—	—
Dysentery - - -	9·1	100·0	9·0	8·3	6·0	100·0
Diarrhœa - - -	—	—	—	—	—	—
Cholera biliosa - - -	—	—	—	—	—	—
„ spasmodica - - -	—	—	—	—	—	—
Periodic fevers - - -	—	—	—	—	—	—
Continued fevers - - -	—	—	17·0	—	41·1	—
Rheumatismus acutus - - -	—	—	3·2	—	—	—
„ chronicus - - -	—	—	—	—	—	—
Scrofula - - -	—	—	—	—	—	—
Phthisis - - -	100·0	—	·8	—	—	—
Hæmoptysis - - -	—	—	—	—	—	—
Brain and nervous system - - -	—	—	5·7	8·3	—	—
Chest diseases - - -	—	—	3·3	—	—	—
Liver diseases - - -	—	—	—	—	—	—
Other diseases - - -	12·0	—	61·0	83·4	52·9	—

NOTE—The deaths + recoveries have been taken as the admissions in making these calculations.

In instances where the proportion of deaths or recoveries approach 100 per cent. the observations have been very few.

R.
SOUTH AUSTRALIA.

POONINDIE NATIVE TRAINING INSTITUTION.

Of the Admissions into Hospital, the Proportion per Cent. who died and who recovered, during the 4 $\frac{3}{4}$ Years, 1856-60.

	All Ages.						Under 5 Years.						5 and under 15 Years.						15 and under 40 Years.						40 and upwards.					
	Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.		
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.				
All diseases	15.9	30.9	84.1	69.1	50.0	44.4	50.0	55.6	—	37.5	100.0	62.5	17.5	27.5	82.5	72.5	—	—	—	—	—	—	—	—	—	—	—			
Variola	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Cholera biliosa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
" spasmodica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Periodic fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Continued fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Rheumatismus acutus	—	—	100.0	—	—	—	—	—	—	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—	—	—	—	—			
" chronicus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Scrofula	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Phthisis	70.0	81.2	30.0	18.8	—	—	—	—	—	100.0	—	—	70.0	77.0	30.0	23.0	—	—	—	—	—	—	—	—	—	—	—			
Hæmoptysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Brain and nervous system	100.0	—	—	—	—	—	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Chest diseases	—	—	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Liver diseases	—	—	100.0	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			

NOTE.—In some instances the number of admissions were exceeded by the deaths + the recoveries ; in calculating the per-centages, the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.
In instances where the proportion of deaths or recoveries approach 100 per cent, the observations have been very few.

S.
SOUTH AUSTRALIA.
POONINDIE NATIVE TRAINING INSTITUTION.

	Proportion of Deaths from each Cause to 100 Admissions from each Cause.		Proportion of Admissions from each Cause to 100 Admissions from all Causes.		Proportion of Deaths from each Cause to 100 Deaths from all Causes.	
	Males.	Females.	Males.	Females.	Males.	Females.
All ages - - -	15·9	30·9	100·0	100·0	100·0	100·0
Variola - - -	—	—	—	—	—	—
Dysentery - - -	—	—	—	—	—	—
Diarrhœa - - -	—	—	—	—	—	—
Cholera biliosa - - -	}	}	—	—	—	—
„ spasmodica - - -						
Periodic fevers - - -	—	—	—	—	—	—
Continued fevers - - -	—	—	—	—	—	—
Rheumatismus acutus - - -	}	}	4·1	—	—	—
„ chronicus - - -						
Scrofula - - -	}	}	70·0	81·2	15·9	23·5
Phthisis - - -						
Hæmoptysis - - -						
Brain and nervous system - - -	100·0	—	2·1	—	13·0	—
Chest diseases - - -	—	—	3·4	—	—	—
Liver diseases - - -	—	—	2·8	1·5	—	—
Other diseases - - -	3·8	—	71·7	75·0	17·4	38·1

NOTE.—The deaths + recoveries have been taken as the admissions in making these calculations.

In instances where the proportion of deaths or recoveries approach 100 per cent. the observations have been very few.

T.
MAURITIUS.
CIVIL HOSPITAL, PORT LOUIS.
Of the Admissions into Hospital, the Proportion per Cent. who died and who recovered, during the Six Years, 1855-60.

	All Ages.						Under 5 Years.						5 and under 15 Years.						15 and under 40 Years.						40 and upwards.					
	Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.		
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.				
All diseases	21.3	38.8	78.7	61.2	42.5	36.4	57.5	63.6	26.2	27.7	73.8	72.3	18.4	36.3	81.6	63.7	38.7	61.9	61.3	38.1										
Variola	—	—	100.0	100.0	—	—	—	—	33.3	—	—	—	—	—	100.0	—	—	—	100.0	—	—	—	—	—	—	—	—	—		
Influenza	31.4	20.0	68.6	80.0	100.0	—	—	—	—	—	66.7	100.0	25.7	50.0	74.3	50.0	46.4	—	53.6	100.0	—	—	—	—	—	—	—	—		
Ophthalmia	5.3	16.7	94.7	83.3	—	—	—	—	—	100.0	100.0	—	5.4	—	94.6	100.0	5.6	—	94.4	—	—	—	—	—	—	—	—	—		
Dysentery	49.7	75.0	59.3	25.0	71.4	100.0	28.6	—	44.4	—	55.6	100.0	36.3	71.4	63.7	28.6	56.6	100.0	43.4	—	—	—	—	—	—	—	—	—		
Diarrhea	37.7	61.7	62.3	38.3	53.8	40.0	46.2	60.0	52.2	50.0	47.8	50.0	34.2	64.6	65.8	35.4	55.8	57.1	44.2	42.9	—	—	—	—	—	—	—	—		
Cholera biliosa	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
" spasmo- dica	62.0	63.6	38.0	36.4	100.0	—	—	—	61.6	33.3	38.4	66.7	57.3	64.7	42.7	35.3	84.0	100.0	16.0	—	—	—	—	—	—	—	—	—		
Periodic fevers	25.0	—	25.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Continued fevers	14.6	27.8	85.4	72.2	—	—	100.0	—	7.9	—	92.1	100.0	13.1	29.0	86.9	71.0	32.1	50.0	67.9	50.0	—	—	—	—	—	—	—	—		
Rheumatismus acutus	11.9	33.3	88.1	66.7	—	—	—	—	—	—	100.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Rheumatismus chronicus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Syphilitic diseases	4.3	16.7	95.7	83.3	—	—	—	—	—	—	100.0	100.0	3.7	17.5	96.3	82.5	12.1	—	87.9	—	—	—	—	—	—	—	—	—		
Anasarca	59.5	60.6	40.5	39.4	50.0	—	50.0	100.0	21.4	50.0	78.6	50.0	59.2	60.9	40.8	39.1	67.1	100.0	32.9	—	—	—	—	—	—	—	—	—		
Scrofula	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Phthisis	57.1	72.7	42.9	27.3	—	—	—	—	40.0	—	60.0	—	54.5	66.7	45.5	33.3	71.0	100.0	29.0	—	—	—	—	—	—	—	—	—		
Hæmoptysis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Brain and nervous system.	36.9	26.7	63.1	73.3	—	—	—	—	71.4	—	28.6	—	31.2	10.0	68.8	90.0	47.9	60.0	52.1	40.0	—	—	—	—	—	—	—	—		
Chest diseases	29.2	50.0	70.8	50.0	—	—	—	—	—	—	100.0	—	24.7	50.0	75.3	50.0	45.0	50.0	55.0	50.0	—	—	—	—	—	—	—	—		
Fractura	24.0	13.6	76.0	86.4	—	—	—	—	100.0	27.3	72.7	100.0	22.5	33.3	77.5	66.7	30.2	—	69.8	100.0	—	—	—	—	—	—	—	—		
Liver diseases	31.6	—	68.4	100.0	—	—	—	—	—	—	—	—	27.7	—	72.3	100.0	50.0	—	50.0	—	—	—	—	—	—	—	—	—		

NOTE.—In some instances the number of admissions were exceeded by the deaths + the recoveries; in calculating the per-centages the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.

U.

MAURITIUS.

CIVIL HOSPITAL, PORT LOUIS.

	Proportion of Deaths from each Cause to 100 Admissions from each Cause.		Proportion of Admissions from each Cause to 100 Admissions from all Causes.		Proportion of Deaths from each Cause to 100 Deaths from all Causes.	
	Males.	Females.	Males.	Females.	Males.	Females.
All Causes - - -	21·3	38·8	100·0	100·0	100·0	100·0
Variola - - -	—	—	·1	—	—	—
Dysentery - - -	40·7	75·0	5·7	6·4	10·9	12·4
Diarrhœa - - -	37·7	61·7	10·1	14·5	18·0	23·0
Cholera biliosa - - -	62·0	63·6	4·3	3·9	12·5	6·5
„ spasmodica - - -						
Periodic fevers - - -	25·0	—	·1	—	·1	—
Continued fevers - - -	14·6	27·8	12·7	6·4	8·8	4·6
Rheumatismus acutus - - -	11·9	33·3	8·3	1·1	4·6	1·4
„ chronicus - - -						
Scrofula - - -	57·1	72·7	3·3	2·1	8·7	3·7
Phthisis - - -						
Hæmoptysis - - -						
Brain and nervous system - - -	36·9	26·7	3·5	2·7	6·1	1·9
Chest diseases - - -	29·2	50·0	2·7	1·4	3·6	1·8
Liver diseases - - -	31·6	—	·5	·3	·7	—
Other diseases - - -	11·4	28·4	48·7	61·2	26·0	44·7

NOTE.—The deaths + recoveries have been taken as the admissions in making these calculations.

V.
SINGHALESE HOSPITALS.
COLOMBO AND MALABAR.

Of the Admissions into Hospitals, the Proportion per Cent. who died and who recovered, during Four Years, 1855-59.

	All Ages.						Under 5 Years.						5 and under 15 Years.						15 and under 40 Years.						40 and upwards.					
	Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
All diseases	20.7	18.1	84.0	80.4	6.1	6.6	93.9	93.4	17.3	10.6	82.7	88.3	12.9	17.0	86.6	81.8	25.6	24.8	74.4	72.6										
Variola	-	11.2	9.9	88.8	90.1	10.0	6.7	90.0	4.3	4.2	95.7	95.8	13.0	7.9	87.0	92.1	14.3	26.5	85.7	73.5										
Dysentery	-	49.0	54.1	45.9	-	25.0	100.0	75.0	40.8	38.1	59.2	61.9	43.3	51.8	56.7	48.2	62.9	62.6	37.1	37.4										
Diarrhoea	-	30.9	52.3	68.5	47.7	20.0	20.0	80.0	62.5	26.7	37.5	73.3	25.3	54.2	74.7	45.8	47.5	57.4	48.5	42.6										
Cholera biliosa	-	45.6	70.0	54.4	30.0	-	-	-	-	-	-	-	46.0	57.1	54.0	42.9	40.0	100.0	60.0	-										
" spasmodica	-	1.7	0.8	98.3	99.2	2.9	-	97.2	-	-	100.0	100.0	1.4	1.5	98.6	98.5	3.6	-	96.4	100.0										
Periodic fevers	-	2.3	-	97.7	100.0	-	-	-	33.4	-	66.6	-	1.8	-	98.2	100.0	2.4	-	97.6	100.0										
Continued fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
Rheumatismus acutus.	-	2.0	1.9	98.2	98.1	-	-	-	-	-	100.0	-	2.0	3.0	98.0	97.0	2.1	-	97.9	100.0										
Do. chronicus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
Scrofula	-	15.2	29.4	84.8	70.6	-	-	-	-	-	100.0	-	14.3	33.3	85.7	66.7	18.8	-	81.2	100.0										
Phthisis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
Hæmoptysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-										
Brain and nervous system.	-	12.6	12.6	76.3	58.6	-	-	-	-	-	100.0	33.3	8.3	8.1	83.5	67.6	20.0	20.6	62.9	44.1										
Chest diseases	-	20.7	24.2	79.3	72.7	-	-	-	-	-	100.0	-	14.7	26.3	85.3	73.7	35.0	23.1	65.0	69.2										
Liver diseases	-	12.0	33.3	88.0	66.7	-	-	-	-	-	100.0	-	7.4	50.0	92.6	50.0	18.2	-	81.8	100.0										

NOTE.—In some instances the number of admissions were exceeded by the deaths + the recoveries ; in calculating the per-centages, the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.

W.

COLOMBO AND MALABAR.

SINGHALESE HOSPITALS.

	Proportion of Deaths from each Cause to 100 Admissions from each Cause.		Proportion of Admissions from each Cause to 100 Admissions from all Causes.		Proportion of Deaths from each Cause to 100 Deaths from all Causes.	
	Males.	Females.	Males.	Females.	Males.	Females.
All causes - - -	20·7	18·1	100·0	100·0	100·0	100·0
Variola - - -	11·2	9·9	1·1	8·5	·8	4·6
Dysentery - - -	49·0	54·1	14·2	10·2	43·6	30·1
Diarrhœa - - -	30·9	52·3	8·2	7·8	16·1	22·3
Cholera biliosa - - -	45·6	70·0	·4	·5	·9	2·0
„ spasmodica - - -						
Periodic fevers - - -	1·7	·8	20·3	16·0	2·1	·7
Continued fevers - - -	2·3	- -	1·3	·2	·2	—
Rheumatismus acutus - - -	2·0	1·9	4·8	4·3	·6	·4
„ chronicus - - -						
Scrofula - - -	15·2	29·4	·7	·7	·7	1·1
Phthisis - - -						
Hæmoptysis - - -						
Brain and nervous system - - -	12·6	12·6	1·6	3·2	1·5	3·1
Chest diseases - - -	20·7	24·2	1·0	1·3	1·3	1·7
Liver diseases - - -	12·0	33·3	·3	·1	·2	·2
Other diseases - - -	11·0	13·2	46·1	47·2	32·0	33·8

NOTE.—The deaths + recoveries have been taken as the admissions in making these calculations.

X.
CANADIAN HOSPITALS.
MANITOWANING AND TUSCARORA.

Of the Admissions into Hospitals, the Proportion per Cent. who died and who recovered, during Five Years, 1855-60.

	All Ages.						Under 5 Years.						5 and under 15 Years.						15 and under 40 years.						40 and upwards.						
	Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			Died in Hospital.			Recovered.			
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		
All diseases	12.3	14.0	87.7	73.5	9.5	12.6	90.5	72.6	7.7	12.3	92.3	82.2	16.2	13.1	83.8	76.3	12.4	18.4	77.6	58.8											
Variola	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dysentery	12.5	-	87.5	100.0	-	-	100.0	100.0	-	-	-	-	50.0	-	50.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diarrhoea	10.2	18.6	89.8	81.4	11.1	19.2	88.9	80.8	11.1	37.5	88.9	62.5	-	-	100.0	100.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cholera biliosa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
" spasmodica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Periodic fevers	6.2	5.0	93.8	87.7	62.5	25.0	37.5	35.6	-	-	100.0	100.0	-	-	100.0	100.0	-	-	100.0	100.0	-	-	-	-	-	-	-	-	-	-	
Continued fevers	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Rheumatismus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
acutus	-	14.3	100.0	85.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
chronicus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scrofula	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Phthisis	93.6	79.2	6.4	20.8	-	-	-	-	100.0	100.0	-	-	92.1	70.6	7.9	29.4	-	100.0	-	-	-	-	-	-	-	-	-	-	-	-	
Hæmoptysis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brain and nervous system.	4.5	1.6	10.9	48.4	-	-	100.0	5.5	-	-	100.0	33.3	13.3	16.7	86.7	83.3	-	-	67.7	42.3	-	-	-	-	-	-	-	-	-	-	
Chest diseases	33.0	42.9	67.0	57.1	-	75.0	-	25.0	-	-	-	-	29.4	38.1	70.6	61.9	35.1	42.1	64.9	57.9	-	-	-	-	-	-	-	-	-	-	
Liver diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

NOTE.—In some instances the number of admissions were exceeded by the recoveries ; in calculating the per-centages the aggregate of the deaths and recoveries (D. + R.) were in these instances regarded as the number of admissions.

In instances where the proportion of deaths or recoveries approach 100 per cent. the observations have been very few.

Y.
CANADIAN HOSPITALS.
MANITOWANING AND TUSCARORA.

	Proportion of Deaths from each Cause to 100 Admissions from each Cause.		Proportion of Admissions from each Cause to 100 Admissions from all Causes.		Proportion of Deaths from each Cause to 100 Deaths from all Causes.	
	Males.	Females.	Males.	Females.	Males.	Females.
All causes - - -	12·3	14·0	100·0	100·0	100·0	100·0
Variola - - -	—	—	—	—	—	—
Dysentery - - -	12·5	—	1·0	·7	1·0	—
Diarrhœa - - -	10·2	18·6	7·7	7·5	6·2	8·7
Cholera biliosa - - }	—	—	—	—	—	—
„ spasmodica - - }	—	—	—	—	—	—
Periodic fevers - -	6·2	5·0	10·4	13·0	5·1	4·3
Continued fevers - -	—	—	—	—	—	—
Rheumatismus acutus - - }	—	14·3	4·9	4·9	—	4·3
„ chronicus - - }	—	—	—	—	—	—
Scrofula - - - }	—	—	—	—	—	—
Phthisis - - - }	93·6	79·2	6·1	8·3	44·9	41·3
Hæmoptysis - - - }	—	—	—	—	—	—
Brain and nervous system - -	4·5	1·6	6·5	5·2	2·0	—
Chest diseases - - -	33·0	42·9	11·8	10·9	30·6	29·4
Liver diseases - - -	—	—	—	—	—	—
Other diseases - - -	2·5	3·8	51·6	49·5	10·2	12·0

NOTE.—The deaths + recoveries have been taken as the admissions in making these calculations.

APPENDIX II.

ABSTRACTS of PAPERS relating to the CAUSES of MORTALITY among
ABORIGINAL RACES, received from the COLONIAL OFFICE.

SIERRA LEONE.

—
See Tables
L. and M.,
pp. 39 and 40.

Under the head of "All other Diseases" is included one "lethargus," a disease which, as far as I am aware, is altogether confined to the native population, "more particularly to the Kossohs and Congos tribes." It is not restricted to any particular period of life, as old and young are equally liable to it. It is purely a disease of the brain and nervous system, generally fatal, except when seen in the very early stages. As it is generally met with, the patient sleeps continually, even when standing up, and becomes perfectly incapable of any exertion; the sufferer will even fall asleep while being fed. I have seen them last in this state for months, and gradually die of inanition from want of a sufficiency of food to support life. I have tried all kinds of treatment, but cannot recommend any more likely to be beneficial than a prolonged slight salivation, if you can meet the case in the inflammatory stage or that previous to the sleeping state just alluded to.

This and leprosy are the only diseases met with here from which the European is exempt.

Freetown, Sierra Leone.

ROBT. BRADSHAW, L.K. & Q.C.P.I.
Colonial Surgeon.

NATAL.

Special Remarks.—Of seven of the eight cases of syphilis (native), Hottentots were the subjects. Here, as elsewhere, they copy European vices very readily. The Kafirs adhere to their own vices, but are more slow in copying European manners and habits, good or evil.

I have met with one decided case of scrofula among the Zulus, and one only.

The ages of infants are reckoned by moons, but adult Kafirs (as the rule) do not know how old they are; the ages given are therefore only surmised, and cannot be depended on.

The tendency of disease among the Kafirs is to collapse and paralysis. No year goes round without deaths from cold and wet, which they bear less well than European settlers. They are apt to sink under any serious form of disease.

Flesh wounds heal well, causing less constitutional disturbance than among Europeans, but fractured bones do not so soon re-unite. I have found lime water, a pint or more given daily, promote their union. Lime is scarce here, and the shells of eggs are correspondingly thin.

Lung disease is more frequent among natives than white settlers, unless the latter bring the seeds of disease with them; but I doubt whether it is true phthisis. I suspect that the lungs of both natives and settlers are more liable to become hepatized or otherwise disorganized than tuberculated. In examining the lungs of cattle who have died of lung sickness, I have found large portions of lung degenerated into an impervious muscle-like substance resembling beef, while in other portions the disease has shown itself to be of so anemic a character as to have proceeded without much pause to suppuration. I believe that in this climate, subjects of phthisis, who had only small tubercles in their lungs, would find their further development arrested; indeed this has been, in many cases, proved to have occurred.

The lung disease, called lung sickness, in cattle, does not, with regard to the organ attacked, affect human beings, but the tendency of the present race of mankind is to anemic rather than acutely inflammatory diseases. The most destructive modern diseases, influenza, cholera, and diphtheria, are of an anemic character; other diseases are now, more than formerly, inclined to assume this character. It is not that medicine and doctors, but that human constitutions, vary. The rule laid down by Pinel that bleeding confirms mania is good now; but 50 or 70 years ago, as, perhaps, 50 or 70 years hence, more exceptional cases did and may again occur than are at present met with.

The mortality from fever will be seen to have been great; but of the seven deaths recorded, six came into the hospital in a dying state. One, admitted November 25th, died five hours after admission; another, admitted at noon, December 11th, died at half-past four a.m. next morning; another, admitted on the 5th, died on the 6th; another, admitted on September 19th, died on the 20th; other two rallied by the administration of wine, sago, &c., but died from two to five days after admission, again sinking. They received shelter and attention, and had what chance there was of recovery; and some others, beyond all reasonable expectation, recovered. The number of Kafir and druggist-doctored patients thrown upon my hands in a moribund state is great. Of the cases of fever that I attended throughout, most did well. The hospital has been occupied somewhat more than three years and a half, but I have held office as district surgeon in the service of Government eight years and a half, and I speak of my experience during the whole term of such service.

NATAL.
—
Vide Tables
P. and Q.,
pp. 44 and 45.

In giving names to complaints, I have not set down diarrhœa or even tœnia, of which many instances have occurred, but these instances have been incidental or symptomatic. Tœnia has been discovered and treated in cases of patients who had wounds, &c., and this frequently. There is no complaint so generally prevalent among both natives and settlers. The tapeworm of South Africa is about two-fifths in width* narrower than that of Europe. The most effective treatment has been 1½ oz. sp. terebinth. early in the morning, and one drop of croton oil, or a dose of other aperient medicine, four or five hours after, *nisi prius soluta sit alvus*. A less dose than 1½ oz. more disturbs the system than this quantity, and fails to act. I procured some ethereal extract of male fern in one case, of which I gave one scruple early in the morning, and a black draught some hours after. It caused no nausea or other apparent constitutional disturbance, and a piece of tapeworm was expelled, still alive, which measured 22 feet long. Turpentine generally expels them dead.

The fracture that ended fatally was a compound fracture of the left thigh, and compound comminuted fracture of the tibia and fibula of the right leg, from a waggon accident. He sunk at the end of two days, never rallying from the shock to his system, and refusing to submit to the not very hopeful operation of amputation of the more seriously injured limb. I have had two cases of injury among the aborigines in which amputation was necessary, one a little above the ankle, the other four inches above the knee. In the latter case the leg had been torn off by the machinery of a flour mill, the knee stripped of its integuments, and the muscles above the knee stretched and contused, so that I felt myself obliged to operate high up, lest a second amputation should become requisite. The case occurred a few months ago. Both cases did well. I have represented my wish in both cases that an artificial leg and foot should be sent for to England, as it would be a convenience to the parties, and also have a good sanitary and social effect upon the natives. The cost of the cork or other artificial two legs, black imitation toes inclusive, would not, I should think, exceed 30*l*. Their aversion to operations necessary to save life would thus be in some measure overcome or lessened.

The natives who have become Christians evince some of the uncomfartableness and maladroitness that are incidental to a state of transition, but, perhaps, less than might have been expected. The premises I go upon are, perhaps, scanty and insufficient, but I am inclined to think that among Christian Kafirs more children die in infancy than among the unchristianized natives. This is not to be depended upon, nor can I, generally speaking, say much that is definite upon the subject of physical or other differences between Christian and other natives.

The natives hitherto, as the rule, have not shown the appetite for alcohol which the North American Indians so early, and so fatally for themselves, acquired. There are cases of elephantiasis among them; they are subject to skin diseases. These and other trifling diseases or cases of injury seldom appear at the hospital, or only as accompaniments of injury or other disease.

Prior to the completion and occupation of Grey's hospital, a row of cottages was rented as a hospital; prior to this the gaol and hospital were under one roof.

SAMUEL GOWER, M.R.C.S. Engl., &c.

* The English assumed as 1 in width, the South African 0·6.

NATAL.

Change of Diet and irregular Habits.—There is one very striking difference between the semi-civilized native and the one fresh from his original habits and mode of life. The one is more subject to inflammatory diseases than the other, from which the former does not so readily recover as the latter. Wounds and injuries of a very serious character readily admit of reparation; for instance, a native falls on a stake, which penetrated (by the side of the “sphincter ani”) the bladder; he walked 10 miles, and arrived at hospital with a pendulous coagulum at the mouth of the urethra. The catheter was used; urine and blood escaped, and continued to flow for a day or two; in a week he returned home quite well.

Civilization increases the proneness to Disease and the facility to succumb to its Power.—Skin diseases are more prevalent among the natives than the settlers. Phthisis carries off a great number; exposure to extremes is the cause. The subject requires to be treated at full length.

ED. W. HOLLAND, M.R.C.S.

MELBOURNE.

VICTORIA.

Vide Return,
p. 60.

Mr. Thomas, who has for 20 years been the guardian of the tribes contiguous to Melbourne, furnishes a statement, showing during that period 210 deaths as compared with 28 births, and, as he adds in a note, that of the children born most died before the first month was over, it cannot be expected that these tribes, now reduced to only 35 individuals in all, will be long in existence.

Making every allowance, indeed, for the effects of European vices, and especially of intemperance, by which quarrels are fomented, and exposure to cold and damp and disease produced, there is, it must be confessed, something mysterious in that deterioration of the savage which succeeds the introduction of civilization, —and which can hardly be more forcibly described than in the language of the old man quoted by Mr. Goodwin,—“before white fellow came, black fellow could run like emu, but now supposing big one run, then big one tired, and plenty heart jump about.”

Physical prostration, in fact, seems to follow the attempt to imitate the customs of civilized society; and, as I had abundant opportunity of observing in British Guiana among the Indians, the wearing of clothes and adoption of a more settled mode of life detracts from skill in hunting or fishing without imparting sufficient knowledge of or taste for agricultural pursuits to afford a livelihood in exchange.

HENRY BARKLY.

1. Although the aborigines of this colony are liable to the usual diseases of Europeans, I invariably found years back that they seldom had the common diseases, as rheumatism, &c., &c., to the extent Europeans have. Yet I may state, that eight-tenths of the mortality amongst the aborigines of Victoria arises through intemperance, bringing on pulmonary disorders, pleurisy, pneumonia, disorders of the chest, consumption, &c., which carries them off so speedily that the ablest medical treatment, when available, seldom saves them. I may safely state that when their respiratory organs are once affected recovery becomes hopeless. I have witnessed this so invariably within the last 10 years, as to look forward for death as soon as they are afflicted in the chest.

2. The aborigines, however, were not so affected in their respiratory organs years back as at present; they have only been carried off so precipitately since they have become slaves to intoxicating liquors. I have known blacks, years back, to labour under diseases of the lungs for nine or more months, but now seldom so many weeks, and often not so many days.

3. There is a peculiarity even in their pulmonary disorders to the European; there is not that straining distressing coughing which Europeans labour under; the phlegm comes free without much exertion and pain to the invalid, but accompanied with blood.

4. Wounds of whatever kind which do not affect a vital part are more readily cured than in white people. I have seen most desperate wounds inflicted by their weapons, that would have kept Europeans for months invalids, healed in an incredibly short time, and to the astonishment of medical men. Wounds, whether by accident or otherwise, are immediately attended to by their doctors; if in the fleshy part of the body, they suck the blood from the wound, and continue sucking it till blood ceases to be extracted. If little blood comes from

the wound they know all is not right, and will put the patient to pain by probing the wound with their lancet (a sharp bone), or place the body or limb in that position as to compress the opposite part to force blood. They know well the consequences of stagnant blood or matter, especially in the upper parts of the body. When the wound is thoroughly cleansed they leave the rest to nature, clap a lump of pidgerong (a kind of wax oozing from trees) on the wound; should there follow a gathering, they open the wound afresh, and see all right, and again cover it over with the pidgerong or gum.

5. *Rheumatism*.—Their general remedy is friction. If very severe about legs or thighs, the doctor gets a good mound prepared of ashes, excavating the ground 18 inches, made solely from bark, which never has any grit, but mere ash. If lumbago, the patient is laid on his stomach, the doctor rubs most unmercifully the hot ashes on the part affected, as a butcher would in salting meat; if in thighs or legs, the patient's feet are put into the mound of heated ashes, about half way up his legs, where he sits whilst the doctor is rubbing the hot ashes on the parts affected. During this process the doctor is incantating, blowing occasionally a portion of dust into the air with a hissing noise. When sufficiently operated upon, the invalid is wrapped up in his blanket.

6. *Boils*.—The blacks treat boils and swellings thus:—When hard, they lotion the part well with decoction of wattle bark; when obstinate, they boil wild marshmallow, and poultice; if the tumour softens and does not break, they apply their sharp bone lancet.

7. *Eruptions on the Skin*.—The aborigines are deeply afflicted with a disorder called by them *bubberum*, white men call it *itch*, but it is in no way like it; it appears as a raised dark scab, and spreads, joining each other, till it in severe cases covers almost all the lower extremities. It seldom affects the head or upper parts, but I have known it almost cover the thighs and downwards, so as to cause them much difficulty in moving about. Their native cure for this distemper is to grease the parts affected every night and morning with wheerup (a red ochre) mixed with a decoction of wattle bark. I knew one instance of this disease becoming most distressing to a white man in a respectable position who was continually cohabiting with black lubras.

8. *On Burns*.—Through their imprudence and carelessness they often get severe burns, which they cure by dabbing the parts over with melted fat, afterwards dash the parts affected over with a pulp made of opossum fur and dust of the wheerup.

9. *On Dysentery*.—The aborigines of Australia are very subject to dysentery, but not to the fatal extent as Europeans; their remedy of this disorder is drinking plentifully a decoction of wattle bark and eating gum through the day, and pills night and morning made by themselves of wattle bark and gum.

10. *Pains in the Head, Bilious, &c.*—If of long standing, the patient is compelled to lie on the back; the native doctor puts his foot on the patient's head above his neck as long as the patient can bear it, till water literally gushes from the patient's eyes. However rough this treatment, I have known this operation to give relief, and the patient cured.

11. *Disorders of the Lungs, Spitting of Blood, &c.*—The blacks study much the colour of the spittle in those affected in the lungs, and know well its stages. When the patient begins to spit blood, there is much attention paid to him; should this increase, which generally is the case, the native doctors have a consultation. When once the black doctors hold a consultation, they will not let the patient take any more medicine from the whites. The invalid is laid down on his back, is held firm by three or more blacks, whilst the native doctor keeps continually pressing with his feet, even to jump, on the patient's belly. I need scarcely state that this cruel practice brings on premature death.

12. *Venereal Disease*.—Though this disease in the first instance must have been contracted from the whites, the native doctors have prescribed a cure, which, though simple, I have found efficacious. They boil the wattle bark till it becomes very strong; they use it as a lotion to the parts affected. I can state here from my own personal knowledge of three Golburn blacks having this disease so deeply rooted in them, that the then colonial surgeon, Dr. Cousin, on examining them said life would not be saved unless they entered into the hospital, and an operation performed, which they would not consent to. After 18 months these three blacks returned to Melbourne among the tribes (two

MELBOURNE. were young, the other middle aged,) perfectly cured, and the blacks assured me they had used only the wattle bark lotion. Dr. Wilmot, our late coroner, also saw these three blacks whilst in this state and after their soundness, and in his report upon the aborigines stated "however violent this disease may appear among aborigines, that it could not enter into their system as it did in European constitutions."

13. In the aboriginal primitive state in times of sickness, as influenza or other diseases prevalent, they invariably carried fire about with them wherever they went; this was of bark only; a thick bark, which they provided for the day's journey.

14. *Fevers.*—The aboriginal doctors' treatment in fevers is strictly the cold water system; no matter what kind of fever it may be, cold water is the remedy, accompanied with prohibition of animal food. The doctors have a quantity of water by them, fill their mouths full, spurt it from the mouth over the whole of the patient's body, back and front, and for a considerable time to the navel, then with their hands throw it over the face and breast; then lay the patient on the back, breathe and blow at the navel, incantating continually while operating. If the patient be young, the doctor will carry him, and plunge him or her into the creek or river. The adult patients will voluntarily, by the assistance of their friends, plunge themselves in three or four times a day. The blacks obstinately persist in this mode of treatment, although they find generally death is the result. I was not a little surprised to find many years back that this also was the mode of treatment among the natives of the South Sea Islands. As soon as fever attacked them, they crept to the banks of the Yarra, and plunged themselves in three or more times a day, as the aboriginals of Australia. I was called to witness their habits when a party of them were enticed over by the late Mr. Boyd; they were located at Mr. Fennel's (Mr. Boyd's agent) by the banks of the Yarra.

15. I attach to this report on the diseases of the aborigines the opinions of 29 gentlemen, situated in various parts of the colony, who one and all bear testimony to the awful mortality amongst them.

<i>Names.</i>	<i>Diseases.</i>
Mr. Orr - -	Intemperance and venereal.
„ Lane - -	Scorbutic.
„ Templeton - -	Intemperance and venereal.
„ Sherard - -	Intemperance and exposure.
„ Shuter - -	Consumption and decline.
„ Wilson - -	Intemperance and exposure.
„ Feskin - -	Bronchitis, pericarditis, psoriasis, and intemperance.
„ McLeod - -	Intemperance and exposure.
„ Ormond - -	Consumption, venereal, and intemperance.
„ Cook - -	Syphilis.
„ Aitkin - -	Liver complaints; intemperance; rheumatism.
„ Skene - -	Syphilis, consumption, and rheumatism.
„ Beveridge - -	Pulmonary consumption and venereal.
„ Allen - -	Influenza.
„ Craig - -	Influenza, consumption, and intemperance.
„ Gilles - -	Intemperance.
„ Strutt - -	Intemperance and violence.
„ J. M. Allan - -	Influenza; inflammation of lungs; venereal.
„ Godfrey - -	Drunkennes; consumption; venereal.
„ Gottreux - -	Bronchitis; affection of the chest.
„ Currie - -	Pulmonary complaints; intemperance.
„ Lydiard - -	Syphilis; intemperance; rheumatism.
„ Stewart - -	Consumption; intemperance.
„ Mitchell - -	Pulmonary consumption; venereal.
„ Coake - -	Consumption and old age.
„ Huou - -	Influenza; intemperance.
„ Wills (Omeo)-	Intemperance; gun-shot wounds; venereal.
„ Featherston-	Pulmonary; venereal.
haugh.	
„ Lewes - -	Atrophy; influenza.

16. A return from a public hospital, I deem, would be a fair criterion for the Central Board, embracing the *two points, mortality and diseases.* MELBOURNE.

RETURN of ABORIGINAL NATIVES admitted into the Melbourne Hospital from 1st January to 8th November to date.

DATE.	NAME.	TRIBE.	DISEASE.	REMARKS.
April 17 - -	Tommy Buckley	Gipps' Ld. -	Burnt back -	Discharged, July 20
July 4 - -	Maria - -	Yarra - -	Pneumonia -	Do. " 24
September 14 -	James Shaw -	Hopkins' R. -	Pleurisy; Phthisis.	Died, October 21
" 18	Sandy - -	Sydney - -	Pneumonia and Phthisis.	Do. September 25
October 30 -	Tommy Buckley	Gipps' Ld -	Pleurisy and Phthisis.	Do. November 2
" 30 -	Tommy Nanning.	Yarra - -	Pneumonia and Phthisis.	Do. "

4 deaths, and 2 discharged.

RETURN showing the Number of Aboriginal Natives who have died in the Yarra and Western Port Districts from the 1st April 1839 to the 31st December 1859, distinguishing Sexes, Tribes, &c.

	Yarra Tribe.		Western Port Tribe.		Other Tribes journeying.		TOTAL.		Grand Total.	REMARKS.
	M.	F.	M.	F.	M.	F.	M.	F.		
From 1 April 1839 to 1 Mar. 1840 -	4	1	4	3	2	1	10	5	15	1 murdered.
" 1 Mar. 1840 to 1 Mar. 1841 -	1	-	1	1	4	-	6	1	7	2 murdered; 1 shot himself; 2 shot by authorities; 1 died in jail.
" 1 Mar. 1841 to 1 Mar. 1842 -	6	3	1	2	5	2	12	7	19	2 murdered; 2 died of grief; 1, after leg amputated; 2 executed.
" 1 Mar. 1842 to 1 Mar. 1843 -	4	2	1	1	2	-	7	3	10	1 executed.
" 1 Mar. 1843 to 1 Mar. 1844 -	2	5	3	3	2	2	7	10	17	1 died by violence.
" 1 Mar. 1844 to 1 Mar. 1845 -	1	1	1	4	3	3	5	8	13	1 murdered; 1 died of wounds.
" 1 Mar. 1845 to 1 June 1846 -	5	3	-	1	3	1	8	5	13	
" 1 June 1846 to 1 June 1847 -	1	4	2	-	5	-	8	4	12	2 executed.
" 1 June 1847 to 1 June 1848 -	-	4	7	3	2	1	9	8	17	
" 1 June 1848 to 1 June 1849 -	2	2	3	1	3	2	8	5	13	1 murdered.
" 1 June 1849 to 31 Dec. 1849 -	4	7	2	-	4	5	10	12	22	
" 1 Jan. 1850 to 31 Dec. 1850 -	1	-	1	1	-	1	2	2	4	2 murdered by Gipps' Land blacks.
" 1 Jan. 1851 to 31 Dec. 1851 -	1	-	-	-	-	1	1	1	2	1 speared in drunken fray.
" 1 Jan. 1852 to 31 Dec. 1852 -	2	-	3	1	5	1	10	2	12	5 murdered; 1, through intemperance.
" 1 Jan. 1853 to 31 Dec. 1853 -	-	-	-	-	1	1	1	1	2	
" 1 Jan. 1854 to 31 Dec. 1854 -	1	-	-	1	2	-	3	1	4	1 murdered in drunken row; 1, intemperance.
" 1 Jan. 1855 to 31 Dec. 1855 -	-	-	3	1	2	-	5	1	6	1 poisoned while drunk; 1, intemperance.
" 1 Jan. 1856 to 31 Dec. 1856 -	-	-	2	1	3	2	6	2	8	2, through intemperance; 1, supposed poisoned.
" 1 Jan. 1857 to 31 Dec. 1857 -	1	-	2	1	1	-	4	1	5	1 Murray R. black, through intemperance.
" 1 Jan. 1858 to 31 Dec. 1858 -	1	-	1	1	-	-	2	1	3	
" 1 Jan. 1859 to 31 Dec. 1859 -	1	1	1	-	3	-	5	1	6	2 suddenly intoxicated; 1, Collingwood stockade.
							129	81	210	

RETURN showing the Number of Aboriginal Natives born in the Yarra and Western Port Districts from the 1st April 1839 to the 31st December 1859.

	Yarra Tribe.		Western Port Tribe.		Other Tribes journeying.		TOTAL.		Grand Total.	REMARKS.	
	M.	F.	M.	F.	M.	F.	M.	F.			
From 1 Apr. 1839 to 1 Mar. 1840 -	-	1	-	1	-	1	-	3	3	<p>It will be apparent from this Return, taken carefully from my journal, that there has been no comparison of births in proportion to deaths. Of these children born, it is lamentable that most died before the first month, or removing from the encampment for a week or two and return childless.</p> <p>I have in one line included the last nine years, as there have been no births from any other tribe in the Yarra and Western Port Districts.</p>	
" 1 Mar. 1840 to 1 Mar. 1841 -	-	-	-	-	1	-	1	-	1		
" 1 Mar. 1841 to 1 Mar. 1842 -	-	-	-	-	1	-	1	-	1		
" 1 Mar. 1842 to 1 Mar. 1843 -	1	1	-	-	-	-	1	1	2		
" 1 Mar. 1843 to 1 Mar. 1844 -	-	-	-	-	-	-	-	-	-		
" 1 Mar. 1844 to 1 Mar. 1845 -	1	-	-	-	-	-	1	-	1		
" 1 Mar. 1845 to 1 June 1846 -	2	2	-	-	-	-	2	2	4		
" 1 June 1846 to 1 June 1847 -	-	1	-	-	-	-	-	1	1		
" 1 June 1847 to 1 June 1848 -	-	-	-	-	-	-	-	-	-		
" 1 June 1848 to 1 June 1849 -	1	1	-	-	-	1	1	2	3		
" 1 June 1849 to 31 Dec. 1849 -	1	-	-	-	-	3	1	3	4		
" 1 June 1850 to 31 Dec. 1859, } the last 10 years }	2	3	1	2	-	-	3	5	8		
							11	17	28		

WM. THOMAS,
Guardian of Aborigines.

Having travelled much in Australia, America, and the West Indies, and having also resided on the Coast of Africa, where I penetrated a considerable distance into the interior, traversing the countries between the Gambia and the Senegal, and ascending the former river 600 miles, I was consequently frequently brought into contact with numerous aboriginal tribes of very different characters and descent, and under varying physical and external circumstances.

I have, however, never seen natives whose general habits and physical conformation impressed me so completely with the idea of a perishable and doomed race as the aborigines of the southern portion of this continent.

I may add that as I almost always find it necessary to release native prisoners before the expiration of their sentences, because death is apt to ensue from any prolonged confinement, I cannot but think that even the partial confinement in schools injuriously affects the native constitution, so nearly do they approximate to the lower animal creation.

Adelaide,
Nov. 23, 1860.

RICHARD GRAVES MACDONNELL,
Governor.

The aboriginies of this colony (South Australia) have not a very wide range of disease from which they suffer.

I have never seen a case of small-pox, scarlet fever, measles, or hooping cough, and I was officially connected with them for 18 years.

Fever occurs, but not frequently, as they have no confined badly ventilated dwellings.

Diarrhœa and dysentery make their appearance in the hot weather, and from five to ten per cent. of the cases prove fatal; these attacks occur most frequently during dentition, as with the Europeans.

The brain and nervous system are seldom attacked primarily. In their native state they indulge in no stimulants, and are not guilty of overtaxing their mental powers.

Consumption is common amongst them; and in every death that I have seen in the school children, there have been tubercular deposits in the lungs. The same occurs in the adults who have been six months and upwards confined in gaol; in fact, they cannot survive confinement in a prison beyond two years. Confine them two years and they will waste and die in a few months after liberation.

The most fatal disease that has come under my notice is the venereal, contracted by contact with the Europeans. Males and females suffer alike from it, and die generally of secondary effects.

As a race the aborigines are dying off and disappearing before a more highly civilized people, and must eventually disappear altogether. The venereal disease on the one hand, and the fact that the women are apt to become prostitutes, and in consequence cease to bear children, on the other, are reducing them at a very rapid rate.

M. MOORHOUSE,
Late Protector of Aborigines.

It is universally admitted that they are fast decreasing in number, and the cause of this decrease is attributed by most witnesses to their partial assumption of semi-civilized habits; where formerly they clothed themselves with the skins of animals taken in the chase, contact with Europeans has so changed their habits that they now, in a great measure, depend upon the scanty dole of blankets issued by the Government, which supplies, it appears from evidence, have been most irregular. Great suffering has been occasioned, especially among the aged and infirm natives, by the insufficient and ill-timed supplies, both of blankets and provisions. Disease appears to be induced by this partial and irregular clothing; pulmonary complaints prevailed to a fearful extent during last winter, aggravated by, if not entirely attributable to, this cause.

This decrease in their numbers is attributable to many causes:—

- 1st. From infanticide, to a limited extent.
- 2nd. From certain rites performed upon young men of some tribes, impairing their physical powers.
- 3rd. From the introduction among them by Europeans of a more aggravated form of syphilis than was known to exist previous to our occupation of the country.

4th. From the introduction and use of intoxicating liquors, a habit of using which to excess is prevalent among the natives, who, despite of existing laws to the contrary, are frequently aided by Europeans in obtaining supplies.

5th. From the promiscuous intercourse of the sexes. This is proved by evidence to be carried to such an extent, not only between themselves, but also with Europeans, as, in a great measure, of itself to account for the infecundity of the race.

6th. From the disproportion of sexes.

GEO. HALL, Chairman.

The question raised by Miss Nightingale, "Can we civilize the aborigines without killing them?" naturally arises from the fact that wherever Europeans have taken possession of the country of savage races, the latter have gradually disappeared before the face of the "white man."

This state of things, I believe, may be traced to the three following causes:—

1st. The acquirement by the aborigines of the love for intoxicating liquors.

2nd. The immorality of the women with the "white man," preventing their bearing children.

3rd. The introduction of diseases more fatal to them than to the Europeans, arising from their exposed lives, and general objection to submit themselves to proper medical treatment.

It will thus be easily seen that the aborigines do not, in reality, gradually disappear before the advantages of civilization, but rather fall victims to the vices and diseases introduced by the advent of unprincipled Europeans among them.

Perth, Nov. 17, 1860.

JOHN FERGUSON,
Colonial Surgeon.

It is quite certain that the natives die in quick succession in the districts inhabited by Europeans, and it appears not less certain that a great many of the deaths are attributable to their having lived among us. But it is not civilization that has caused their deaths; it is rather the vices of the Europeans which they have imbibed, and the ignorance and recklessness of results in the natives themselves. They are mere children in understanding, and if their present wants are gratified they care not for the future. As an instance:—There is a stringent law prohibiting the selling or giving intoxicating drinks to them, but they willingly yield to the assistance offered to them by unprincipled sailors and others to elude this law made for their benefit. The men become intoxicated, and misery and wretchedness are the consequences to a portion of their families, who die prematurely, but not before their vicious habits have injured many besides themselves. There are many individuals in all countries who neither regard the laws of God nor man, and these unfortunate people might have been of the number, even if they had been civilized, but the probability is, that there would not have been so many victims if they had been rescued as children, and been taught what was right and really civilized. To live such a life as they now lead in towns among Europeans is not being civilized.

Not one of the Annesfield school children have ever shown the slightest wish to return to the bush; and from their parents and other relatives visiting them they have had opportunities enough to do so, if they had chosen to go. They duly appreciate civilization, and it has not injured the health of any of them, but, on the contrary, several that were ill when they came have improved in health.

It can scarcely be said that the civilization of the aborigines has been attempted in Western Australia. Five or six schools have at different times been established; some of these by private societies or individuals, and the remainder by Government. But there has been no organized system adopted, such as is necessary to the carrying out any great work. How little can any single school do! In the Annesfield Government Institution it has been the aim to prove that the natives are capable of being made useful members of society, and, what is more, that they are capable of understanding and embracing the great truths of salvation; and the result is fully satisfactory. But this institution is limited to 24 children.

The aborigines are like so much material without capital or tools to fashion it. For in a country such as this, where there are so many profitable

SOUTH
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ways of employing money and labour, few can be found willing to furnish either of these requisites for this work of benevolence and unsought justice. It is said that nothing can be effected among the adult natives. But the colony has now been in the possession of the English 31 years, and if the then parents had been induced to give up their children for training, or even if they had given them up three or four years after, when they had got to know us as a friendly people, there would now be few of them in the settled districts but such as would have had the opportunity of being civilized.

ANNE CAMFIELD.

CEYLON.

In reply to Miss Nightingale's question, "Whether we can civilize the native people without killing them?" it is gratifying to be able to assure her, that in Ceylon the native population, both of Singhalese and Tamil race, instead of declining and dying off before the European settlers, is rapidly increasing, and that the number both of our schools and scholars would be far greater than it is, if only we had the means of maintaining them at command.

J. COLOMBO.

The steady increase of population, however, except perhaps in the remotest districts, which education in any form has not yet reached, inclines me to believe that schools, whether conducted on the native or English systems, have proved an unqualified benefit to the people, and that, instead of inducing or extending disease of any kind, many of those enumerated in Miss Nightingale's list being unknown in Ceylon, they have, by even temporarily withdrawing those who by reason of their tender age are most subject to the injurious consequences of bad habits and premature exertion, secured for them a remarkable immunity from the prevailing diseases of the country for the remainder of their lives.

C. P. LAYARD, Govt. Agent.

See Tables V.
and W., pp. 50
and 51.

The principal civil medical officer has prepared returns to show the diseases of the Singhalese and mixed races, and of the Malabars. The deaths among the latter are in the proportion of 20 per cent. against 8 per cent. among the former. This remarkable disproportion in the mortality may be accounted for by the starving condition in which the Malabar coolies generally arrive in this colony; their uncleanly habits; their abstinence from animal food, and, as a consequence, the low standard of their vital organization; and exposure without sufficient clothing in the cold climate of the hills. They sink rapidly under attacks of diarrhoea, dysentery, and anasarca.

The diseases which are most prevalent and fatal among the native races are such as are incidental to this climate, viz., fever, chiefly of the intermittent type, bowel complaints, and anasarca, while cases of scrofula and consumption, to which Miss Nightingale alludes as prevalent "among those converted to Christian civilization," are happily seldom met with.

The Commission states, in reply to Miss Nightingale's question, "Can we civilize these people without killing them?" that those diseases which are supposed to be attendant on European civilization are not common among the native inhabitants of the colony, and that, so far from the natives dying out before the march of civilization, the native population is on the increase in the neighbourhood of the larger towns, while it is only in the remote and less civilized districts that the population is decreasing, and this from causes which are being gradually removed by the spread of education.

C. J. MAC CARTHY.

It will doubtless be satisfactory to Miss Nightingale to learn that scrofula and consumption are not common diseases among the native inhabitants of the colony, and that, so far from the efforts made to civilize the people having the effect of causing the extinction of the native races in this colony, the natives in the neighbourhood of the larger towns are rapidly increasing in numbers, while in some of the remoter districts where schools are as yet unknown the population is decreasing. Amongst the causes of this decrease may be mentioned the hateful practice of polyandry, now happily forbidden by law, and the want of proper sustenance, the result partly of imperfect means of cultivation. A better state of things is gradually being brought about by

the spread of education, and by this very civilization which is said to be likely to cause the extinction of the native races.

CEYLON.
—

J. F. DICKSON.

Remarks by the Rev. Mr. Ondoatjee.

In reference to the reasons which induced Miss Nightingale to enter on the present field of inquiry, it may be stated that the conversion of the natives of this island to Christianity, so far from its exerting any fatal or injurious effect on health and life, has vastly improved their condition socially as well as physically. Christian civilization is doing much for them; and the only hope we have of raising the people from that state of moral degradation in which they are found throughout the country is by imparting to them the knowledge of Christian truth, which never fails to produce the happiest effects on their habits of life in general, though it may occasionally happen, that by intercourse with foreigners, vices inimical to longevity are learnt by the aborigines. On the whole, however, it cannot for a moment be doubted that it is to the introduction of Christianity, and, along with it, of European science and European literature, that we have to look for the gradual amelioration of the condition of the races that inhabit this island; and, consequently, it appears to me that no effort should be spared to extend the benefits of a sound Christian education (giving it as much as possible a practical tone and character) throughout the length and breadth of this beautiful and interesting country. It must be admitted that there has been but little done as yet in the island in the way of Christian civilization; but those who are in a position to compare the state of things at present with what it was 20 or 30 years ago admit that there are signs of progress to be seen in various parts of the island, and surely this as a ground of encouragement is not to be despised or underrated.

MATURA.
—

Matura, 20th December 1860.

W. C. MACREADY,
Acting Asst. Agent.

This return contains the numbers of admissions to, deaths and discharges from, the civil hospital, during the last six years, of the creoles and Indians, which may be taken to represent the aboriginal population of this island, although few, except the creoles, are really natives. It will be seen that the rate of deaths is very large, and this, without explanation, might give rise to false inference as to the healthfulness of the island. The general death rate of the Indians throughout the island for 1859 was 25 per 1,000, or only 2 per 1,000 above that of all England for 1858; and, when it is considered that all, or almost all, the Indians are agricultural labourers or servants, and from the nature of their labour much exposed to casualties, such a death rate points to Mauritius as (what it is) an exceedingly healthy locality. Why then so large a mortality as 22 per cent. in the civil hospital? The answer is readily given by the fact that the same prejudice against hospitals exists among the Indians and creoles here as among the poorer classes in England, but in an exaggerated degree, and consequently that a very large proportion of absolutely hopeless cases are admitted; so much is this the case, that in 1860, out of 696 deaths, no less than 108 died within 24 hours after admission, and nearly one-half of the deaths occurred within the first week.

MAURITIUS.
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Vide Tables
T. and U.,
pp. 48 and 49.

In this return two epidemics of cholera are included; one of very severe character in 1856, and a smaller one in 1859, which carried off above 306 patients. The most fatal diseases, it will be seen, are dysentery, diarrhœa, phthisis, dropsy, and fever. The greater number of the cases of dysentery admitted are old worn-out cases in the last stage of emaciation, filth, and misery; many of them abandoned by their friends, picked up by the police, and brought into hospital to die. The greater part of the cases entered as diarrhœa in former years were undoubtedly either dysentery or phthisis; the latter is as prevalent (if not more so) among all classes of inhabitants as in England. The cases of dropsy depend on the same causes as in Europe, but many cases are seen which present scarcely any morbid change in any of the organs. Fever is of very low type, and true typhus and typhoid are not unfrequent. Although many of the Indians and creoles are habitual drunkards, cases of delirium tremens are very rare. Leprosy is a frequent and fearful disease among creoles and Indians, but the frequency is not shown in the return, as, until

MAURITIUS. — lately, all the cases of leprosy were sent to a ward for that purpose in the lunatic asylum. This disease rarely occurs among Europeans arrived from Europe, it is more frequent among creoles of European parents born in the island, and very much more so among the mixed African race and the Indians. Tetanus, both traumatic and idiopathic, occurs very much more frequently than in Europe.

Civil Hospital, Port Louis,
22d June 1861.

P. B. AYRES, M.D. Lond.,
Surgeon in charge.

CANADA. — Diseases of malarious origin are most numerous among Indians as well as whites, the former comparing favourably with the latter as far as health is concerned.

R. H. DEE, M.D.

MANATOW-
ANING.

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Vide Tables
X. and Y.,
pp. 52 and 53.

As regards the diseases it is easy to perceive that some predominate over others; for instance, chronicus rheumatismus, worms, porrigo, bronchitis chronica, phthisis pulmonalis, and others. These, of course, in a great measure originate from the careless and dirty habits of the semi-civilized Indians, along with their daily exposure to all sorts of weather without having different clothing to wear in winter from that which they have been in the habit of using during the summer; in addition to which, their living principally upon corn and potatoes (fish not always being procurable), which induces the production of worms, and at the same time being a sort of food very unsuitable for children. Scrofula is universal amongst them, and in a great measure is produced from their near intermarriages; and it is quite a common circumstance for a boy of 16 or 17 to marry a girl of the same age, and very often much younger; hence the offspring of such parents must necessarily be weak and degenerate, and in consequence of their hereditary debility more liable to the attacks of illness. Again, those Indians uncivilized living at a great distance in the interior, and who come down occasionally to trade with the Hudson's Bay Company, I have always been given to understand were for the most part generally healthy, much more so than those of the semi-civilized tribes. I myself have had but little communication with them, as they seldom visit our island, but the officers of the Company's service, with whom I have become acquainted, have always expressed but one opinion upon the subject.

DAVID LAYTON.

In running over the diseases for the last five years, many cases of common occurrence, not of dangerous or severe nature, are omitted, from the fact that no particular inventory was required, so that the enclosed number of cases are merely taken at the time of attendance from their symptoms and necessity for peculiar or active treatment.

You are aware that the Savnia Indians are principally Christians, or call themselves such, although living in a half-civilized state. For one portion of the year they are living in warm comfortable houses, while provisions and the necessaries of life are easily procured by them; during this period they are happy and contented, little sickness prevailing. The other portion of the year, from a peculiar propensity, I suppose inherent in the race, *they take to the bush*, while their living in wigwams, scant of clothing, provisions hard to be obtained, exposed to all the vicissitudes of climate, wet feet, &c., as a natural consequence *intermittents, remittent, and other fevers, rheumatism, laryngitis, bronchitis, pleurisy, pneumonia, phthisis pulmonalis, follow invariably.*

Their diversity of diet and method of living has a most pernicious influence in causing dyspepsia, worms, and most other ills to which the alimentary canal is liable, while congestion of liver, lungs, and irritation of bladder are of very frequent occurrence in a mild form; from this cause the whole tribe suffer, even to children of a year old.

What may have been their ailments while in a heathen state I cannot say, not being in attendance on them, but from what I hear of the number of deaths at that period, from variola before the introduction of vaccination, exposure, scant clothing and diet, and changes of climate, &c., it must have been enormous; to draw any definite result or give an average of deaths from their former and present mode of living would be impossible on my part. The few families of *Christian*

Indians on the reserve who live as *whites* are just as healthy, and increase in numbers equally, while the whole tribe, as they are at present, increase yearly.

THOMAS W. JOHNSTON, M.D.,
Savnia, C. W.

MANATOW-
ANING.
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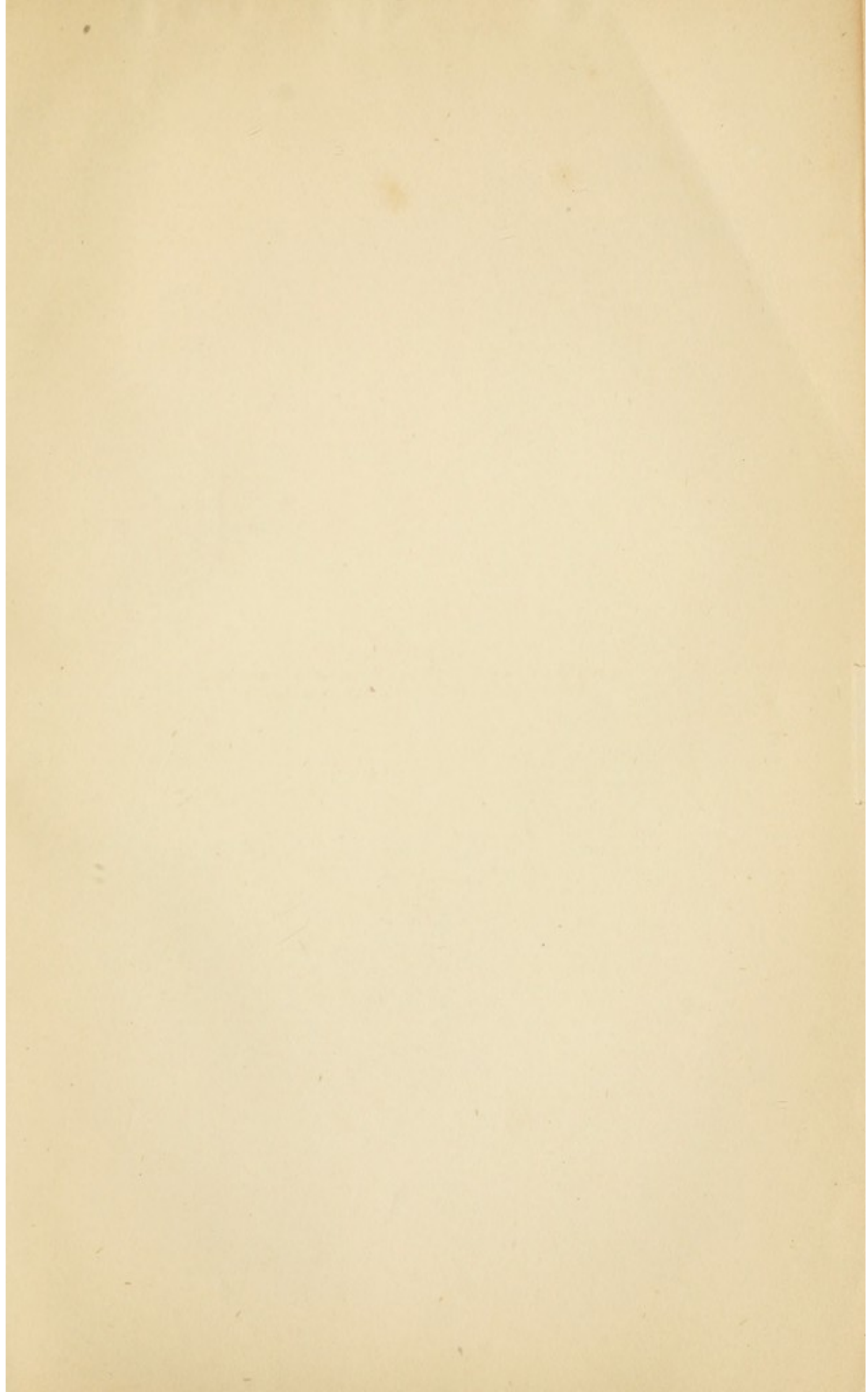
As to the sanitary state of the native population, I regret to state, not only from the information of several gentlemen with whom during my mission I had an opportunity of conversing, but also from personal observation and inquiry, that they are by no means in that healthy state which one would be led to expect when compared with the advance they have made in other respects. In the former it would appear that they are retrograding, and this decline is especially visible in and near the European towns, and easily attributable to causes, the prevalence of which is more or less detrimental to any body of persons, but felt in a greater degree in a mixed community of Europeans and natives. In illustration of this, I may mention the comparatively few births, while from the census it will be seen that a greater equality of the sexes prevails than was generally believed to be the case throughout the entire districts; and perhaps, therefore, the most favourable conclusion to form is, that the native population is not increasing, or, in other words, that, taking the deaths and births into account, it is likely to remain stationary for some time to come, unless swept off by some unusual and fatal disease.

Wellington,
15 June 1850.

H. TACY KEMP,
Native Secretary.

NEW ZEALAND.
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