Annual report of the Medical Department / Colony of the Gambia.

COLONY OF THE GAMBIA.

THE ANNUAL MEDICAL & SANITARY REPORT

FOR THE YEAR 1926.

Price 5/-

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MEDICAL REPORT.

12*th April*, 1927.

SIR,

I have the honour to submit for the information of His Excellency the Governor, and for transmission to the Right Honourable the Secretary of State, the Medical Report on the Health and Sanitary Conditions of the Gambia for the year 1926, together with the Returns, etc., appended thereto.

I have the honour to be,

Sir,

Your obedient servant,

K. B. ALLAN,

Senior Medical Officer.

THE HONOURABLE,

THE COLONIAL SECRETARY.

ANNUAL MEDICAL AND SANITARY REPORT

FOR THE

YEAR ENDED 31ST DECEMBER, 1926.

I. ADMINISTRATION.

(*a*) STAFF.

1. Dr. T. L. Craig, Senior Medical Officer, went on leave on 10th May, returned from leave and resumed duty on 15th October.

Appointed an Assistant Director of Medical Services, Nigeria, 13th September, and left the Colony on 31st December.

2. Dr. K.B. Allan, Medical Officer, proceeded on leave on 10th January, returned from leave and resumed duty on 3rd June. Acted Senior Medical Officer from 3rd June to 14th October. Acted as Medical Officer, Protectorate, from 13th November to 16th December.

Appointed Senior Medical Officer 13th September and took over the duties of Senior Medical Officer on 31st December.

3. Dr. G. E. Craig, Medical Officer, acted Senior Medical Officer from 10th May to 2nd June.

4. Dr. J. C. Cruickshank, Medical Officer, proceeded on leave 2nd July, returned from leave and resumed duty 31st December.

5. Dr. A. M. W. Rae, Medical Officer, has been stationed in the Protectorate during the whole year. Local leave, 21st November to 11th December.

6. Dr. F. A. Innes, Medical Officer of Health, proceeded on leave 26th May, returned from leave and resumed duty 3rd November.

7. Miss M. Thompson, Senior Nursing Sister, has been on duty in Bathurst throughout the year. Local leave, 21st November to 11th December.

8. Miss P. Stagg, Nursing Sister, proceeded on leave 18th July and resigned 9th November.

9. Miss J. Roberts, Nursing Sister, proceeded on leave on 15th February, returned from leave and resumed duty 25th July.

10. Miss T. Grant, Nursing Sister, appointed 1st December, arrived in the Colony and assumed duty 11th December.

11. Miss A. E. Green, Sister-in-Charge, Maternity and Child Welfare Centre, proceeded on leave 10th January, returned from leave and resumed duty 14th May.

12. Mr. A. F. V. Vaughan, Sanitary Inspector, proceeded on leave on 8th February, returned from leave and resumed duty on 26th July.

13. Mr. F. A. Wilford, Assistant Sanitary Inspector, appointed 30th December, 1925, arrived in the Colony and assumed duty 11th January, 1926.

(*b*) List of Ordinances.

Nil.

Rules and Regulations.

(*a*) No. 1. The Quarantine (Amendment).
(*b*) No. 11. The Hospital (Amendment).
(*c*) No. 15. The Public Health (Amendment).

(*c*) Financial.

MEDICAL DEPARTMENT.

	Estimated.	Actual.
	£	£ *s.* *d.*
Revenue	350	324 1 3
Expenditure	14,673	14,168 5 10

PUBLIC HEALTH DEPARTMENT.

	Estimated.	Actual.
	£	£ *s.* *d.*
Revenue	1,225	1,222 7 10
Expenditure	10,034	9,329 18 3

The actual expenditure on the Medical and Public Health services represents $11\frac{1}{9}$ per cent. of the actual revenue of Colony for the year.

II. PUBLIC HEALTH.

(*a*) General Remarks.

(1) *General Diseases.*

The most prevalent general diseases are Bronchitis, Malaria, Conjunctivitis, Influenza, Diarrhœa, Dyspepsia and Rheumatism. Diseases of the chest most frequently occur during the cold weather, January to March. Intestinal diseases are commonest during the rains, so also is Rheumatism. Influenza more frequently during August and September.

Most deaths occurred in the December quarter—108.

(2) *Communicable Diseases.*

1. *Mosquito or Insect-borne.—Malaria* was most frequent during the rainy season. Eighty-one in-patients with two deaths and fourteen hundred and twelve out-patients treated. One hundred and seventy were treated in the Protectorate.

Relapsing Fever.—Endemic in the South Bank Province with a very high mortality. Exact number of cases and deaths difficult to estimate.

Plague.—No cases occurred.

Yellow Fever.—No cases occurred. An outbreak occurred in French Senegal and in French Guinea in November.

Trypanosomiasis.—Seven in-patients with two deaths and five out-patients were treated. Eleven cases with three deaths were reported from the Protectorate.

Blackwater Fever.—Five cases with two deaths were reported in the Colony and Protectorate.

2. *Infectious Diseases.—Measles.*—Twelve cases; three in Protectorate.

Whooping Cough.—Nine cases.

Influenza.—Three hundred and sixty-eight cases with four deaths; ten in Protectorate.

Dysentery, Amœbic.—Twelve cases with one death.

Chicken-pox.—Nine cases.

Tetanus.—Seventeen cases with four deaths. One case and one death in the Protectorate.

Pulmonary Tuberculosis.—Twelve cases with one death. Forty-two cases with one death in the Protectorate.

Syphilis.—Four cases and sixty-six in the Protectorate.

Gonorrhœa.—Forty-nine cases and eighty-eight in the Protectorate. The figures recorded for Venereal Diseases are far too small and do not in any way give the true figures for these diseases, which are very prevalent throughout the whole Colony and Protectorate.

3. *Helminthic Diseases.—Cestoda.*—Twenty-four cases. In Colony and Protectorate.

Ascaris.—Four hundred and ninety-three cases. In Colony and Protectorate.

Ankylostomiasis.—Five cases recorded in the Protectorate.

Tænia.—Twenty-four cases recorded in the Protectorate.

N.B.—These figures are based on Hospital returns. Many cases of different diseases must occur which are never attended to either by a Medical Officer or a Hospital Attendant.

There are two private practitioners in the town of Bathurst whose lists of cases are not available for statistical purposes.

VITAL STATISTICS.

(1) General Native Population.

Estimated population for year 1926, 10,100.
Total births, 281.
Birth rate, 27·82 per mille.
Total deaths, 335.
Death rate, 33·16 per mille.
Infant mortality :—

(*a*) For community, 356.

(*b*) For Mother and Child Welfare Clinic, 54.

There is an excess of 54 deaths over births.
Registration is compulsory and reliable.

Still births recorded number 42, and are excluded from all calculations and rates.

ACTUAL DEATHS 1926, EXCLUDING STILL BIRTHS.

	Adult.	Infant.	Total.
January—March	54	17	71
April—June	52	24	76
July—September	56	24	80
October—December	73	35	108
October	36	18	54

(*Signed*) F. INNES,
M.O.H.

(2) General European Population.

Average population, 166 males, 29 females. Out of the total of 195 72 are Government Officials.

General health was good.

One death, non-official, due to Gastric Influenza and Cardiac failure.

Two invalidings, officials, due to Corneal Ulcer and Gastritis.

General Population.	1921.	1922.	1923.	1924.	1925.	1926.
Males	211	173	178	178	171	166
Females ...	27	32	32	40	43	29
Total ...	238	205	210	218	214	195
Officials ...	75	50	65	68	64	72
Non-Officials ...	163	155	155	150	150	123
Non-Officials—						
Invalidings ...	2	1	1	3	1	Nil.
Deaths ...	2	1	3	2	4	1
Invaliding Rate...	12·2 per mille	6·4 per mille	6·4 per mille	20·0 per mille	6·6 per mille	Nil.
Death Rate ...	12·2 per mille	6·4 per mille	19·3 per mille	13·3 per mille	26·6 per mille	8·1 per mille

(3) European Officials.

There were 60 cases on the sick list, the majority of the cases being Influenza and Malaria, accounting for 17 and 13 entries respectively. Twenty cases were sick in hospital and forty in quarters.

August to November were the most unhealthy months of the year.

August, 9 cases; September, 5 cases; October, 7 cases; November, 8 cases.

There is unfortunately no suitable building at Cape St. Mary that could be used as a Convalescent Home or Holiday Rest House now that Cape House has been taken over as a residence for the Governor or Acting Governor; as this building was originally intended for official convalescents.

The construction of a somewhat similar building is recommended.

TABLE SHOWING THE SICK, INVALIDING AND DEATH RATES OF EUROPEAN OFFICIALS.

	1924.	1925.	1926.
Total number of Officials resident	66	64	72
Average number resident	42	53	50
Total number on Sick List	68	43	60
Total number of days on Sick List	422	295	397
Average daily number on Sick List	1·15	0·81	1·08
Percentage of sick to average number resident	161·10	81·13	120
Average number of days on Sick List for each Patient ...	6·20	6·65	6·61
Average sick time to each resident	10·04	5·60	7·94
Total number invalided	2	2	2
Percentage of Invalidings to total residents	3·06	3·12	2·7
Total deaths	1	1	—
Percentage of Deaths to total residents	1·51	1·56	—
,, ,, ,, average number resident ...	2·31	1·88	—
Number of cases of sickness contracted away from residence	—	—	—

Causes of Invalidings.—Corneal Ulcer 1, Gastritis 1.

(4) NATIVE OFFICIALS.

Reported sick	1,416
Total on sick list	669
,, ,, medicine and duty	747
,, treated in hospital	83
,, ,, ,, quarters	586
Sick remaining from 1925	4
Hospital	1
Quarters	3
Sick remaining in 1926	5 all in hospital.

Prevalent Diseases.—Influenza, Bronchitis, Malaria, Diarrhœa, Constipation, Nasal Catarrh, Rheumatism, Colic, Boil, Abscess and Injuries. The greatest number of cases were seen in the months of August and October. Malaria, Bronchitis and Influenza were the most prevalent diseases those two months.

TABLE SHOWING THE SICK, INVALIDING AND DEATH RATES OF AFRICAN OFFICIALS.

	1924.	1925.	1926.
Total number of Officials resident	228	234	288
Average number resident	203	209	258
Total number on Sick List	531	655	669
Total number of days on Sick List	2,144	2,625	3,411
Average daily number on Sick List	5·85	7·47	9·34
Percentage of sick to average number resident	261·08	313·35	232·29
Average number of days on Sick List for each Patient ...	4·03	4·00	5·09
Average sick time to each resident	10·56	12·56	13·22
Total number invalided	—	—	10
Percentage of Invalidings to total residents	—	—	3·4
Total deaths	2	1	2
Percentage of Deaths to total residents	0·87	0·42	—
,, ,, ,, average number resident ...	1·47	0·47	—
Number of cases of sickness contracted away from residence	—	—	—

Causes of Invalidings—Pulmonary Tuberculosis, 2; Defective Vision, 2; Acute Mania, 1; Dementia, 1; Chronic Nephritis, 1; Chronic Rheumatism, 1; Cardiac Hypertrophy, 1; Chronic Arthritis, 1. Causes of Deaths—Pulmonary Tuberculosis, 1; Influenza, 1.

III. HYGIENE AND SANITATION.

A.

(i) *Malaria.*—Fourteen deaths of children under five years have occurred. This sort of thing will go on until all grassy earth " drains " in town are abolished and proper drains placed where required. Anopheline breeding places could thus be finally eliminated in Bathurst.

Trypanosomiasis.—Nine deaths are recorded. Sex and average age of victims render it most probable that the infections were acquired during travel in the Protectorate, but an occasional tsetse fly is caught in town. Clearing of mangroves on the outskirts of town is still a part of each year's preventive work. Quite a number of swamp-wandering unlicensed dogs have been destroyed.

Yellow Fever.—A very special watch was kept on all ships and river craft towards the end of the year owing to the wide prevalence of this disease in Senegal and the manifold chances of its introduction, but no case was encountered in the Gambia.

Plague.—Centres of infection have been reported from Azores to Lagos. All ocean ships are inspected, and the routine use of rat guards by ships at wharves is insisted on. Rats have been paid for at the Public Health Office to the number of 7,585 for the year; many others, however, are destroyed on firms' premises by use of poison, traps and dogs.

Smallpox.—No case occurred in Bathurst during the year, and only two have been definitely reported from the Protectorate. Thirty-six cases of varicella, however, were treated in the Infectious Diseases Hospital; all recovered. They were vaccinated immediately before or just after admission, both as a precautionary measure and to settle diagnosis.

Permanent cement buildings to replace the present " krinting " ones are badly wanted and must be urged as a necessity. The total vaccinations performed during the year numbered 1,621. The results, unfortunately, cannot be reckoned as positive in many cases because the Travelling Commissioners do not find it possible to re-visit villages for the necessary inspections.

Dysentery.—Only one case has been notified during the year, but numbers of others occurred.

Tuberculosis.—Eight cases have been notified but nineteen deaths have been returned as due to it. The average age of these is 34·1 years. The youngest, of 11 years, died of general tuberculosis. The scrubbing of school room floors with disinfectant has been kept up, but neglect occurs whenever supervision is relaxed.

Building regulations to deal with working class temporary houses have been carefully considered and drafted for revision by the legal authorities.

Helminthic Diseases.—These are common but do not necessitate any special measures; cases are treated at Hospital as they turn up.

(ii) *Scavenging.*—Regulations require that rubbish bins be provided in each yard for the collection of all refuse, and these are being supplied free in poorer areas as far as possible. Cart gangs empty the bins every few days and the material is burned in the S.W. edge of the town. One disadvantage of this disposal method is the possibility of fly breeding to some extent in imperfectly burned material, particularly at the rainy season.

Nightsoil disposal.—There is no improvement in the conditions indicated last year. The question of incineration, however, was examined by the Medical Officer of Health while on leave in the United Kingdom, and it is believed to be a method quite impracticable here.

Though a few more people each year avail themselves of the Government pail system, yet the total so served number now only 137, in addition to Government officials—a very small fraction of the population of about 10,000. Even so, each increase simply means so much more nightsoil dumped in the river's edge to be washed up or blown back on the beach in quantities. If any further appreciable decrease in our morbidity and mortality figures is to be attained it will only commence when every yard in town is sanitarily provided for and the nightsoil is dumped in proper currents in the river. *This is undoubtedly the outstanding sanitary requirement of Bathurst.*

Drainage.—In some streets an earth "drain" occupies from one-third to one-half of the thoroughfare, and consists of a broad grassy irregular area in which water lies long in the hollows. The sloping edges are in parts infested with crabs in whose deep holes water, covered over by grass, affords nursery to many mosquitoes. These "drains" are positively mischievous, and they mainly if not entirely account for the fact that malarial infections may still be readily acquired in Bathurst. In such cases it can usually be shown that ceaseless repressive measures and ill-health cost a community far more than it would do to engineer the work thoroughly and be done with it. There are important parts that could be done satisfactorily at once without waiting for any general scheme.

A similar danger, comparable with the grassy "drains" in town, is the large depressed area in the west end known as Box Bar. In and around it are many water holding irregularities and crab holes, grass covered and almost undetectable. No doubt it presents greater difficulty than the drains, and is entirely an engineer's problem, but not insoluble.

Water Supply.—This is delivered in town from a fenced collecting area 15 miles away. It is not filtered or treated in any way, but its physical properties are satisfactory at present. From the standpipes in town, however, there is frequently delivered a very copious sediment of iron oxides; the people complain of this as it renders the water quite unsuitable for laundry purposes until the sediment has time to settle out.

Offensive Trades.—The only one at present is the treatment of hides for export by American hide poison, and it is subject to regulations and is conducted satisfactorily.

Clearing of Bush.—The importance of this measure is indicated by the remarks under Trypanosomiasis. Annually, mangroves in swamp land around town, Infectious Diseases Hospital and Prison, are cut down and regrowth cut back. A considerable area has now been cleared. Diseased and stray dogs found wandering in swamps are shot, but there are too many goats (and sheep) kept on the outskirts of the town. Such animals entice flies to human habitations. Occasionally tsetse flies are caught in the very centre of the town, perhaps carried thither by motor traffic.

Sanitary Inspections.—Inspection work in Bathurst is carried out systematically throughout the year by an African Staff. From time to time their work is scrutinised and their visits and records checked by the Sanitary Inspectors and the Medical Officer of Health; only thus can a fair measure of reliability and effectiveness be maintained.

Cape St. Mary.—The villages of Bakau and Waslunga, the W.A.F.F. lines and European residences at Cape St. Mary are visited weekly by the

Assistant Sanitary Inspector. A certain amount of control is thus exercised; but owing to the wide extents of marsh land and their proximity to European dwellings, together with the large native population of the two villages, it is impossible to effect any appreciable reduction in the risk of contracting malaria and other diseases.

(iii) *School Hygiene.*—School children are examined by a Medical Officer in May and in November each year.

The report states that the general condition and physique of scholars are reasonably good. Diseases of hair and skin are infrequent, and obvious eye trouble is not common. About 8 per cent. require dental treatment. Children showing palpable spleens average about 30 per cent., and these are given quinine. The number of children requiring vaccination is still high—about one-third, and this matter awaits fresh lymph supplies. Out-patient hospital experience elicits considerable infestation with ascaris lumbricoides.

(iv) *Labour Conditions.*—The absence of manufacturing and industrial concerns has rendered almost unnecessary the imposition of legal conditions on the recruitment, housing and handling of labour. Some hundreds of labourers find employment as stevedores practically throughout the year; and in "the season" between December and the following April the loading of groundnut vessels employs many more hands. These come from the Protectorate mostly, on the chance of employment, and arrange their own lodging and food, except when a Trading Company provides a yard as dormitory and a little food to induce or retain their services. It is often from this floating class that infectious disease is introduced to Bathurst. On occasion it has been found expedient to vaccinate these labourers wholesale.

Existing conditions therefore, while not menacing, are sufficiently haphazard and loose.

(v) *Housing and Town Planning.*—In the past many domiciliary buildings of a poor type have been run up in Bathurst, subject to no regulations whatsoever. Bye-laws are being framed to deal with sites, building material, ventilation, etc., of all future buildings of this type, so that perpetuation of an insanitary and dangerous state of affairs may be gradually checked.

A step forward will have been taken, too, when it becomes possible to place on reclaimed ground that section of the population who have to live at present on the depressed areas of the town. The operations of sand-pumping, unfortunately, have been held up by coal shortage.

(vi) *Food in relation to Health and Disease.*—There is evidence that at least some of the people live on the border line of deficiency disease. An occasional death in town from beri-beri is not alarming, but it is instructive. Rice and fish form the mainstay of ordinary diet, but the rice is the imported white rice of commerce! Fresh fruits, vegetables, curdled milk, etc., are to be had by the people probably in just sufficient amount to prevent deficiency becoming manifest disease in many cases.

All meat is slaughtered and sold under regulations and inspection.

Foodstuffs, native grown and imported, are sold under inspection in the market. Occasionally a consignment of tinned milk, ham or preserves has to be seized in whole or part and destroyed.

Beri-beri.—In the Prison, beri-beri once more made its appearance. There had been a complete absence of it since the diet was adjusted in April, 1923. In this new outbreak 20 cases occurred between 3rd July, 1926, and 15th November, 1926, three of them proving fatal.

These dates coincide almost exactly with a period during which American polished rice had to be issued in place of so-called native swamp rice which ran down, viz., 19th July, 1926, to 18th November, 1926. Add to this the fact that the ·236 gill of concentrated lime juice issued to each man per week had unfortunately deteriorated in storage so that its prophylactic properties were at vanishing point, and nothing more was needed to produce the outbreak. The abrupt ending of cases following sharply on the resumption of swamp rice diet, notwithstanding the continued issue of the same lime juice, clinches the "diet deficiency" explanation of these cases.

B.

Measures taken to Spread the Knowledge of Sanitation and Hygiene.

It is a fact of importance, at least for the future, that there is regular teaching of the elements of hygiene in all the schools, and Government grants are earned for pupils who pass the prescribed examination in this subject.

That there were 205 convictions in Court during 1926 for breach of public health law shows that too many adults still prefer to learn their lesson in an unpleasant way. The frequent visits of our Inspectors of Nuisances to all compounds, and the voluminous and frequently lively conversations on subjects of "palaver" must increasingly bear good fruit.

C.

Training of Sanitary Personnel.

During six weeks the African Inspectors were given a course of half-hour instructions by Dr. K. B. Allan, and an examination was held at the end in which several acquitted themselves creditably.

In meat inspection, disinfecting of premises and clothing of infectious cases, and such like work, they are given individual tuition. Much more instruction of a general and systematic kind is still required to produce accuracy and efficiency in the work of these men.

D.

Recommendations for Future Work.

(*a*) A sanitary method of nightsoil disposal for Bathurst. (See remarks under (ii), Nightsoil Disposal.

(*b*) Improved arrangements for slaughter, inspection and storage of beef and pork.

(*c*) Extended shed accommodation in the Albert Market to permit of stallage and shelter for vegetable and native produce vendors.

(*d*) The abolition of all grass drains in town, grading of defective drains and provision of others where required.

(*e*) The erection of an Infectious Diseases Hospital in permanent material. (See under *A* (i) Smallpox.)

(*f*) Provision of a Sanitary Isolation Station for contacts and suspects in dangerous infectious disease.

IV. PORT HEALTH WORK AND ADMINISTRATION.

Ocean-going vessels to the number of 275 have been inspected on arrival, but no case of dangerous infectious disease has been encountered.

Defective and tardy notifications of epidemics in ports and places that concern us intimately have made this work anxious at times.

Six Masters of vessels were fined in Court for infringement of local regulations.

V. Maternity and Child Welfare.

The work of this branch has had another year of solid success. The District Sister in charge resumed duty in May after four months' furlough. It is gratifying that the African Nurses whom she had trained maintained the Clinic's work at a high level of efficiency during Miss Green's absence.

Three nurses have completed their full training and passed a qualifying examination. A fourth has received partial training.

Sick visits, infant weighing, and deliveries conducted all show an increase on the first year.

The importance and value of the work may be readily indicated by a comparison of Clinic results with those of ordinary town practice.

(*a*) Of Clinic deliveries 8·07 per cent. were still births as against 17·9 per cent. in practice outside the Clinic. In other words, the skilful and timely services of trained nurses turned into live births 50 per cent. of what would otherwise have been recorded as still births.

(*b*) The infant mortality rate for the town is 356, while that relating to Clinic infants is 54; in other words the general community lost over six of their infants within a year of birth for every one the Clinic lost!

This Clinic figure is a challenge in itself; it is hoped this remarkably low level of infant loss may be maintained.

(*c*) Not a case of Tetanus or Ophthalmia Neonatorum has yet occurred in the work; one post partum sepsis recovered. The table submitted contains bare facts and figures. Finally, it should be recorded that a Branch Clinic in another part of the town is contemplated, and it is hoped will materialise soon in response to growing popularity and well deserved confidence.

Baby Day.—December 29th was devoted to the interests of Bathurst's first "baby day" at the Clinic. Judging of the best babies was carried out in the morning by Mrs Aitken, Mrs. Davies, the Senior Nursing Sister and the Medical Officer of Health—a difficult task. In the afternoon His Excellency the Governor very kindly presided over a crowded clinic, and presented first, second, and third prizes to the winners in classes (*a*) under six months, (*b*) under one year, and (*c*) between one and two years. The Governor's special prize was won by bonny twins of one year and nine months old. The mothers and friends were entertained afterwards with light refreshments.

(*Signed*) FRANK A. INNES,

M.O.H.

MOTHER AND CHILD WELFARE CENTRE (LEMAN STREET). CLINIC ATTENDANCES FOR 1926.

Month.	Ante-Natal Clinic	Sick Visit Infants.	Weighing Clinic.	Births.	Waiting List.
January	56	35	161	11	—
February	33	37	122	13	—
March	35	42	137	11	—
April	25	34	130	16	—
May	52	67	188	19	—
June	70	119	226	8	—
July	70	136	277	12	—
August	111	170	281	11	—
September	131	236	294	14	—
October	106	179	292	14	—
November	108	135	269	20	—
December	67	85	274	12	102
Total	864	1,275	2,651	161	102
1925	818	1,601	963	101	74

Live births	148
Still births	13
Total	161

Deaths of infants born under supervision of Clinic (as far as can be traced)	8
Number of infants on weighing register	240
Number of infants attending regularly	159
Visits paid by African Nurses after confinement	1,422

VI. HOSPITALS, DISPENSARIES AND VENEREAL CLINICS.

The Victoria Hospital, Bathurst, consists of a Male section divided into three European wards with a total of nine beds and five African wards with a total of thirty beds. One of these wards is reserved for Venereal and Septic cases.

The female section is divided into three wards with a total of ten beds and two cots. One ward is a Maternity ward of three beds.

The total accommodation is therefore forty-nine beds and two cots.

Additional accommodation is required for laboratory, pantry, consulting-room for European patients and storerooms.

The main kitchen also needs enlarging.

The Venereal Disease ward should be enclosed by a fence.

The installation of the electric light last May has been a great boon to the Hospital and when there is a full twenty-four hour service the advantages will be very much greater, both in lighting and heating, including cooking and sterilising and later for running the X-ray and for electro-therapy.

A scheme for the future extension and improvement of this Hospital includes the following :—

The erection of an entirely new Out-patient Department on the Clifton Road side so that the Out-patients would be entirely separated from the In-patients and not mixed up as they are now.

This building would consist of consulting room, waiting room, dispensary, surgery, dressing room, and storerooms.

The present No. 6 ward to be pulled down and a new ward erected.

The present No. 2 Bungalow to be removed and two new Quarters built for the two Medical Officers, who should both be near the Hospital and not in the town; there is no necessity for a so-called " Town Medical Officer."

The present building known as the Old Military Hospital, which is at present occupied as quarters, to be turned into the European Hospital and the present European wards can then be reserved for better class African and Syrian paying patients.

In the space behind the Old Military Hospital, enclosed by Bungalow and Clifton Roads, quarters could be built for the Senior Medical Officer, with storerooms and offices underneath. The Sanitary Department offices could with advantage be included in the same building.

The present Sisters' quarters require reconstruction to enable all three Sisters, or at least the Senior Nursing Sister, having separate quarters.

The Medical Officer's house in Buckle Street should be handed over to the Medical Officer of Health for his quarters as it is near the wharf, which facilitates boarding ships at all odd hours.

Maternity and Child Welfare Centre.—Situated at 54, Leman Street. This house is eminently suitable as a centre. The top floor, which is quite unsuitable as quarters for any European Official, should be handed over to the Clinic as a Maternity Ward and a Crêche.

Another building is required for the Clinic which should be situated near the Victoria Hospital on the Clifton Road.

Infectious Diseases Hospital.—Should be entirely rebuilt in concrete as the present building is in a very bad state.

The Hospital, Georgetown.—This is quite a good building, but is frequently overcrowded, and the question of extensions in the future will have to be considered. A separate building should be constructed as a European ward.

A new Bungalow should be erected for the Protectorate Medical Officer.

Bathurst Prison.—One building is set apart as a ward and dispensary and is quite sufficient for what is required.

W.A.F.F. Lines, Cape St. Mary.—One room in the lines is used as a Dispensary. A dispenser lives at Bakau Village, which is quite close at hand.

The lines are eight miles from Bathurst.

Two Dispensaries were opened in the Protectorate, one at Basse and one at Ka-ur. Both are popular with the local inhabitants and are made use of. It is hoped that it may be possible to erect one or two more at other river ports.

Both the present ones are badly in need of repairs, particularly the one at Basse.

Destitute Home.—A building consisting of two wards, one for males and the other for females. There are also outbuildings for a house for the

Attendant and his wife who looks after the women, inmates, kitchen, store-room and latrines.

	Males.	Females.	Total.
Remaining in the Home from 1925	6	1	7
Admissions	13	5	18
Discharges	3	—	3
Ran away	2	—	2
Died	8	1	9
Remaining on 31/12/26	7	5	12
Average daily number	7·06	2·83	9·89

VICTORIA HOSPITAL, BATHURST.

	In-Patients.	Out-Patients.
1921	636	6,439
1922	880	8,794
1923	615	8,712
1924	605	13,591
1925	767	16,502
1926	787	9,219

The *average cost* per head of patients in hospital is one shilling and eightpence.

Surgical Operations.

Phimosis, Circumcision	19
Foreign Bodies, Removal	19
Abscess, Incision	16
Wound, Suturing	9
Hernia, Radical Cure	9
Hydrocele, Radical Excision	6
Tumour, Excision	6
Strangulated Inguinal Hernia, Radical Cure ...	4
Dislocation, Reduction	3
Elephantiasis of Scrotum, Amputation	3
Cataract, Removal	2
Fracture Reduction	2
Urethral Stricture, Dilatation	2
Ruptured Perineum, Suturing	2
Compound Fracture, Gangrene, Amputation ...	1
Onychia, Avulsion	1
Uterine Inertia, Forceps Delivery	1
Cyst, Excision	1
Ainhum, Amputation	1
Tubercular Glands, Excision	1
Ectropion, Plastic	1
Hæmatocele, Incision	1
Deaths, 4. Total	110

SURGICAL OPERATIONS

1921	1922	1923	1924	1925	1926
31	26	51	60	62	110

PREVAILING DISEASES TREATED.

Bathurst.

In-patients.		*Out-patients.*	
Malaria	81	Chronic Bronchitis	1,663
Influenza	76	Malaria	1,412
Ulcer	72	Constipation	1,016
Injuries	60	Ulcer	540
Pneumonia	27	Ascariaiasis	465
		Injuries	406
		Colitis	308
		Diarrhœa	298
		Influenza	292
		Dyspepsia	254
		Conjunctivitis	221

Georgetown.

In-patients.		*Out-patients.*	
Ulcer	17	Constipation	761
Pneumonia	16	Chronic Bronchitis	424
Endocarditis	15	Malaria	165
Injuries	13	Injuries	159
Trypanosomiasis	12	Diarrhœa	134
Tuberculosis of Lungs	7	Gastritis	132
		Gonorrhœa	85
		Goitre	81

Mortality amongst the In-patients was highest in the following diseases :—

Bathurst.

Pneumonia	12
Valvular Disease of the Heart	7
Tetanus	4
Influenza	4
Chronic Nephritis	4

Georgetown.

Pneumonia	6
Trypanosomiasis	3

Total.	In-Patients.	Out-Patients.	Deaths.
Bathurst	787	9,219	60
Georgetown	174	3,406	25

VII. PRISONS AND ASYLUMS.

Medical Report on Bathurst Prison.

The average daily number of prisoners during 1926 was 65·3. The number has fallen to a great extent in the last two years.

The general health of the prisoners has been good. Three hundred and nineteen out-patients were attended at the daily sick parade, and of these

52 were admitted for treatment to the gaol Infirmary. Minor digestive and pulmonary complaints, skin disease and rheumatism account for the majority of the attendances, but in the last quarter of the year there was an outbreak of Beri-beri (10 cases). There were 6 deaths, 2 due to Beri-beri, 2 to Cardiac Disease, 1 to Pneumonia and 1 to Aneurism.

The diet is sufficient and of good quality, but during some months of the year polished rice had to be used owing to the prohibitive cost of unpolished, which is, however, now obtainable again.

The sanitary arrangements of the gaol are efficient. During the year, the recommendation with regard to the construction of a concrete drain in front of the warders' quarters was carried out. Two storerooms, used to supplement the inadequate kitchen space in the warders' buildings, proved satisfactory.

The ventilation of the association cells, recommended in previous years, remains to be carried out.

(*Signed*) J. C. CRUICKSHANK,
M.O.

There is no Asylum in the Colony. Lunatics are sent to the Asylum at Freetown, Sierra Leone.

A few mild cases are sometimes kept in the Destitute Home.

VIII. METEOROLOGY.

Records are taken at Bathurst and Georgetown by the Medical Department.

All records are sent to the Director of Agriculture, who is in charge of all Meteorological Records and is recognised as the Meteorological Authority.

Bathurst is situated 16° 34′ 19″ longitude and 13° 27′ 16″ latitude. It is 6 feet above mean sea level.

The raingauge is 1 foot above the ground.

Local mean time, hours slow of Greenwich mean time 1 hour 6 minutes 40 seconds.

The Air Ministry have made the following recommendations :—

Bathurst.—The adoption of a Stevenson screen.

The readings of the barometer should be corrected for gravity.

The gravity correction is ·069 inch when the barometer is at 29·5 inches, ·070 inch when the barometer is at 30·0 inches and ·071 inch when the barometer is at 30·5 inches.

Georgetown.—The adoption of a Stevenson screen.

The raingauge should be a new copper gauge of 5 inches diameter of " Meteorological Office " or " Snowdon " type. The distance of the raingauge from any object should be at least twice the height of the object.

For future records.—The hour at which the observations are taken should be stated in the heading. The units in which the observations are given should be stated at the top of the columns. The column under " Air Temperature " headed " Mean " should be completed by including the mean dry bulb at 9.0 a.m., the heading being altered to read 9.0 a.m.

The mean values of Vapour Pressure and of Relative Humidity at 9.0 a.m. should be included in the records. The numbers of " days of clear sky," " overcast days," and " gales " should be included in the records.

The rainy season extends from June until October, the heaviest rains usually take place in August.

Rainfall for the last five years :—

	1922	1923	1924	1925	1926
Bathurst	45·71	65·53	56·46	44·77	39·05
Georgetown	28·51	36·07	47·01	49·11	31·47

The prevailing breeze at Bathurst is usually from the north-west, except during the Harmattan Season, December to March.

The highest temperature at Bathurst was 103° F. on the 20th April, and the lowest temperature was 58° F. on the 22nd February.

IX. SCIENTIFIC.

1. A case was reported from the Protectorate, a male Mandingo native, aged about 35 years, suffering from enlarged liver.

A new growth was suspected, and when the patient died a post-mortem examination was made, and the liver was sent to the Sir Alfred Lewis Jones Research Laboratory, Freetown, Sierra Leone, and the following report was received :—" The liver shows several tumours forming nodules on the surface of the organ. Sections of liver tissue remote from the tumours show cirrhosis, numerous small hæmorrhages, and the liver lobules invaded by tumour cells.

" Sections of the tumour show an overgrowth of an abnormal glandular tissue of an intestinal type. The growth is therefore an adeno-carcinoma, probably secondary to a primary carcinoma of the stomach or intestines."

2. During the year the following injections or courses of injections were made at Bathurst :—

Yellow Fever Vaccine	32
Ante-Tetanic Serum	23
Emetine	19
Novarseno-benzol	8
Quinine Bi-hydrochloride	6
Moogrol	4
Anti-venom serum in Blackwater	4
Influenza Vaccine	4
Antimony Sodium Tartrate	3
Colloidal Manganes for Furunculosis	1
Stibyl	1
Staphylococcal Vaccine	1
Bayer 205	1
Hay Fever Vaccine	1
Sodium Morrhyate	1
Luatol	1

3. Routine Laboratory work carried out as follows :—

Examination of Urines	647
,, ,, Sputa	25
,, ,, Blood	26
,, ,, Urethral Smears	14
,, ,, Gland Punctures	3
,, ,, Spleen Smears	1

(*Signed*) K. B. ALLAN,

Senior Medical Officer.

TABLE I.

RETURN OF STATISTICS OF POPULATION FOR THE YEAR 1926.

	Europeans and Whites.	Africans.	East Indians.	Chinese and Malays.	Mixed and Coloured.	Totals.
Number of inhabitants in 1925...	—	—	—	—	—	9,919 (estimated)
Number of Births during the year 1926	—	281	—	—	—	281
Number of Deaths during the year 1926	3	332	—	—	—	335
Number of Immigrants during the year 1926	—	—	—	—	—	—
Number of Emigrants during the year 1926	—	—	—	—	—	—
Number of inhabitants in 1926...	172	9,928	—	—	—	10,100 (estimated)
Increase, or	—	—	—	—	—	181
Decrease	—	—	—	—	—	—

TABLE II.

METEOROLOGICAL RETURN FOR THE YEAR 1926.

	Temperature.						Rainfall.		Winds.		Remarks
	Solar Maximum.	Minimum on Grass.	Shade Maximum.	Shade Minimum.	Range.	Mean.	Amount in Inches.	Degree of Humidity.	General Direction.	Average Force.	
January ...	—	—	93	63	30	74·5	—	—	N.-E.	—	
February	—	—	96	58	38	75·3	—	—	do.	—	
March ...	—	—	102	60	42	76·2	—	—	do.	—	
April ...	—	—	103	60	43	76·7	—	—	do.	—	
May ...	—	—	97	62	35	76·0	—	—	N.-W.	—	
June ...	—	—	100	66	34	81·1	2·15	—	do.	—	
July ...	—	—	96	68	28	81·5	10·46	—	do.	—	
August ...	—	—	92	68	24	79·8	12·11	—	do.	—	
September	—	—	91	68	23	79·1	8·13	—	Var.	—	
October ...	—	—	93	70	23	81·1	2·20	—	do.	—	
November	—	—	91	62	29	78·1	...	—	N.-E.	—	
December	—	—	94	60	34	76·2	...	—	do.	—	
	—	—	1,148	765	383	935·6	35·05	—	—	—	

TABLE III.

VICTORIA HOSPITAL, BATHURST.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926.

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.						
1. Enteric Group—						
(a) Typhoid Fever	...	...	...	...	...	
(b) Paratyphoid A. ...	...	...	...	...	...	
(c) Paratyphoid B. ...	...	...	...	...	...	
(d) Type not defined ...	...	...	...	...	...	
2. Typhus	...	...	...	...	...	
3. Relapsing Fever	...	...	...	...	...	
4. Undulant Fever	...	...	...	...	...	
5. Malaria—						
(a) Tertian	2	79	2	81	3	
(b) Quartan	...	...	...	...	...	
(c) Aestivo-autumnal ...	...	...	...	...	...	
(d) Cachexia	...	...	...	...	...	
(e) Blackwater	...	4	1	4	...	
6. Smallpox—						
Alastrim	...	...	...	...	...	
7. Measles	...	...	...	...	...	
8. Scarlet Fever	...	...	...	...	...	
9. Whooping Cough	...	...	...	...	...	
10. Diphtheria	...	...	...	...	...	
11. Influenza	...	76	4	76	1	
12. Miliary Fever	...	...	...	...	...	
13. Mumps	...	...	...	...	...	
14. Cholera	...	...	...	...	...	
15. Epidemic diarrhœa	...	...	...	...	...	
16. Dysentery—						
(a) Amœbic	2	5	1	7	...	
(b) Bacillary	...	...	...	...	...	
(c) Undefined or due to other causes	...	...	...	...	...	
17. Plague—						
(a) Bubonic	...	...	...	...	...	
(b) Pneumonic	...	...	...	...	...	
(c) Septicæmic	...	...	...	...	...	
(d) Undefined	...	...	...	...	...	
18. Yellow Fever	...	...	...	...	...	
19. Spirochætosis ictero-hæmorrhagica	...	...	...	...	...	
20. Leprosy	...	...	...	...	...	
21. Erysipelas	...	...	...	...	...	
22. Acute Poliomyelitis	...	...	...	...	...	
23. Encephalitis Lethargica ...	...	...	...	...	...	
24. Epidemic Cerebro-spinal Fever	...	...	...	...	...	
25. Other Epidemic Diseases—						
(a) Rubeola (German Measles)	...	...	...	...	...	
(b) Varicella (Chicken-pox)	...	6	...	6	...	
(c) Kala-azar	...	...	...	...	...	
(d) Phlebotomus Fever ...	...	...	...	...	...	
(e) Dengue	...	...	...	...	...	
(f) Epidemic Dropsy ...	...	...	...	...	...	
(g) Yaws	...	...	...	...	...	
(h) Trypanosomiasis ...	1	6	2	7	1	
Total carried forward ...	5	176	10	181	5	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	5	176	10	181	5	
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES—*contd.*	...	...	...	...	...	
26. Glanders	...	...	...	...	...	
27. Anthrax	...	...	...	...	...	
28. Rabies	...	...	...	...	...	
29. Tetanus	...	11	4	11	1	
30. Mycosis	...	...	...	...	...	
31. Tuberculosis, Pulmonary and Laryngeal	...	6	1	6	1	
32. Tuberculosis of the Meninges or Central Nervous System	...	...	...	...	...	
33. Tuberculosis of the Intestines or Peritoneum	...	2	1	2	...	
34. Tuberculosis of the Vertebral Column	...	...	...	...	...	
35. Tuberculosis of Bones and Joints	...	...	...	...	...	
36. Tuberculosis of other organs—						
(*a*) Skin or Subcutaneous Tissue (Lupus) ...	...	...	...	...	...	
(*b*) Bones	...	...	...	...	...	
(*c*) Lymphatic System ...	...	...	...	...	...	
(*d*) Genito-urinary	...	...	...	...	...	
(*e*) Other Organs	...	...	...	...	...	
37. Tuberculosis disseminated—						
(*a*) Acute	...	...	...	...	...	
(*b*) Chronic	...	...	...	...	...	
38. Syphilis—						
(*a*) Primary	...	3	...	3	...	
(*b*) Secondary	...	...	...	...	...	
(*c*) Tertiary	...	...	...	...	...	
(*d*) Hereditary	...	...	...	...	...	
(*e*) Period not indicated ...	...	...	...	...	...	
39. Soft Chancre	...	...	...	...	...	
40. A.—Gonorrhœa and its complications	...	30	...	30	3	
B.—Gonorrhœal Ophthalmia ...	...	...	...	...	...	
C.—Gonorrhœal Arthritis ...	...	...	...	...	...	
D.—Granuloma Venereum ...	...	...	...	...	...	
41. Septicæmia	...	1	1	1	...	
42. Other Infectious Diseases— Trypanosomiasis	...	...	...	...	...	
II.—GENERAL DISEASES NOT MENTIONED ABOVE.						
43. Cancer or other malignant Tumours of the Buccal Cavity	...	...	...	...	...	
44. Cancer or other malignant Tumours of the Stomach or Liver...	...	...	...	...	...	
45. Cancer or other malignant Tumours of the Peritoneum Intestines, Rectum	...	...	...	...	...	
Total carried forward ...	5	229	17	234	10	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	5	229	17	234	10	
II.—GENERAL DISEASES NOT MENTIONED ABOVE—*contd.*						
46. Cancer or other malignant Tumours of the Female Genital Organs	...	...	...	...	...	
47. Cancer or other malignant Tumours of the Breast ...	...	...	...	...	...	
48. Cancer or other malignant Tumours of the Skin ...	...	...	...	...	...	
49. Cancer or other malignant Tumours of Organs not specified	...	...	...	...	...	
50. Tumours non-Malignant ...	...	10	...	10	...	
51. Acute Rheumatism	...	...	...	...	...	
52. Chronic Rheumatism	1	25	...	26	...	
53. Scurvy (including Barlow's Disease)	...	...	...	...	...	
54. Pellagra...	...	...	...	...	...	
55. Beri-Beri	1	3	1	4	...	
56. Rickets	...	...	...	...	...	
57. Diabetes (not including Insipidus)	...	...	...	...	...	
58. Anæmia—						
(*a*) Pernicious	...	...	...	...	...	
(*b*) Other Anæmias and Chlorosis	...	1	...	1	...	
59. Diseases of the Pituitary Body	...	...	...	...	...	
60. Diseases of the Thyroid Gland—						
(*a*) Exophthalmic Goitre ...	...	...	...	...	...	
(*b*) Other diseases of the Thyroid Gland, Myxœdema	...	...	...	...	...	
61. Diseases of the Para-Thyroid Glands	...	...	...	...	...	
62. Diseases of the Thymus ...	...	...	...	...	...	
63. Diseases of the Supra-Renal Glands	...	...	...	...	...	
64. Diseases of the Spleen... ...	...	...	...	...	...	
65. Leukæmia—						
(*a*) Leukæmia	...	...	...	...	...	
(*b*) Hodgkin's Disease ...	...	...	...	...	...	
66. Alcoholism	...	2	...	2	...	
67. Chronic poisoning by mineral substances (lead, mercury, etc.)	...	...	...	...	...	
68. Chronic poisoning by organic substances (Morphia, Cocaine, etc.)	...	...	...	...	...	
69. Other General Diseases—						
Auto-intoxication	...	...	...	...	...	
Purpura Hæmorrhagica ...	...	...	...	...	...	
Hæmophilia...	...	...	...	...	...	
Diabetes Insipidus	...	...	...	...	...	
Total carried forward	7	270	18	277	10	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	7	270	18	277	10	
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.						
70. Encephalitis (not including Encephalitis Lethargica) ...	...	...	...	...	...	
71. Meningitis (not including Tuberculous Meningitis or Cerebro-spinal Meningitis)	...	5	2	5	...	
72. Locomotor Ataxia	...	2	...	2	...	
73. Other affections of the Spinal Cord	...	...	...	...	...	
74. Apoplexy—						
(*a*) Hæmorrhage	...	2	2	2	...	
(*b*) Embolism	...	...	...	...	...	
(*c*) Thrombosis	...	1	...	1	...	
75. Paralysis—						
(*a*) Hemiplegia	...	1	...	1	...	
(*b*) Other Paralyses ...	...	1	...	1	...	
76. General Paralysis of the Insane	...	...	...	...	...	
77. Other forms of Mental Alienation	...	5	...	5	1	
78. Epilepsy	...	2	...	2	...	
79. Eclampsia, Convulsions (non-puerperal) 5 years or over ...	...	...	...	...	...	
80. Infantile Convulsions	...	1	...	1	...	
81. Chorea	...	...	...	...	...	
82. A.—Hysteria	...	...	...	...	...	
B.—Neuritis	...	1	...	1	...	
C—Neurasthenia	...	...	...	...	...	
83. Cerebral Softening	...	...	...	...	...	
84. Other affections of the Nervous System, such as Paralysis Agitans	...	...	...	...	...	
85. Affections of the Organs of Vision—						
(*a*) Diseases of the Eye ...	...	...	...	...	...	
(*b*) Conjunctivitis	...	6	...	6	...	
(*c*) Trachoma	...	...	...	...	...	
(*d*) Tumours of the Eye ...	...	1	...	1	...	
(*e*) Other affections of the Eye	...	11	...	11	2	
86. Affections of the Ear or Mastoid Sinus	...	2	...	2	...	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.						
87. Pericarditis	...	...	...	...	...	
88. Acute Endocarditis or Myocarditis	...	...	...	...	...	
89. Angina Pectoris	...	...	...	...	...	
90. Other Diseases of the Heart—						
(*a*) Valvular—						
Mitral	...	10	7	10	1	
Aortic	...	...	...	...	...	
Tricuspid	...	...	...	...	...	
Pulmonary	...	...	...	...	...	
(*b*) Myocarditis	...	7	...	7	...	
Total carried forward ...	7	328	29	335	14	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	7	328	29	335	14	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM—*contd.*						
91. Diseases of the Arteries—						
(*a*) Aneurism	...	...	...	...	...	
(*b*) Arterio-Sclerosis ...	...	...	...	...	...	
(*c*) Other diseases	...	...	...	...	...	
92. Embolism or Thrombosis (non-cerebral)	...	...	...	...	...	
93. Diseases of the Veins—						
Hæmorrhoids	...	...	...	...	...	
Varicose Veins	...	...	...	...	...	
Phlebitis	...	...	...	...	...	
94. Diseases of the Lymphatic System—						
Lymphangitis	...	5	...	5	...	
Lymphadenitis, Bubo (non-specific)	...	11	...	11	...	
95. Hæmorrhage of undetermined cause	...	...	...	...	...	
96. Other affections of the Circulatory System	...	...	...	...	...	
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.						
97. Diseases of the Nasal Passages—						
Adenoids	...	...	...	...	...	
Polypus	...	...	...	...	...	
Rhinitis	...	...	...	...	...	
Coryza	...	...	...	...	...	
98. Affections of the Larynx—						
Laryngitis	...	3	...	3	...	
99. Bronchitis—						
(*a*) Acute	2	11	...	13	...	
(*b*) Chronic	...	...	...	...	...	
100. Broncho-Pneumonia	...	9	3	9	...	
101. Pneumonia—						
(*a*) Lobar	2	25	12	27	1	
(*b*) Unclassified	...	...	...	...	...	
102. Pleurisy, Empyema	...	3	1	3	...	
103. Congestion of the Lungs ...	...	...	...	...	...	
104. Gangrene of the Lungs ...	...	...	...	...	...	
105. Asthma	...	1	...	1	...	
106. Pulmonary Emphysema ...	...	...	...	...	...	
107. Other affections of the Lungs—						
Pulmonary Spirochaetosis...	...	...	...	...	...	
VI.—DISEASES OF THE DIGESTIVE SYSTEM.						
108. A.—Diseases of Teeth or Gums—						
Caries, Pyorrhœa, etc.	...	...	...	...	...	
B.—Other affections of the Mouth—						
Stomatitis	...	1	...	1	...	
Glossitis, etc.	...	...	...	...	...	
Total carried forward ...	11	397	45	408	15	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	11	397	45	408	15	
VI.—DISEASES OF THE DIGESTIVE SYSTEM—*contd.*						
109. Affections of the Pharynx or Tonsils—						
Tonsilitis	...	3	...	3	...	
Pharyngitis	...	1	...	1	...	
110. Affections of the Œsophagus	...	...	...	...	...	
111. A.—Ulcer of the Stomach ...	...	...	...	...	...	
B.—Ulcer of the Duodenum...	...	...	...	...	...	
112. Other affections of the Stomach—						
Gastritis	...	3	...	3	...	
Dyspepsia, etc. ...	...	5	...	5	...	
113. Diarrhœa and Enteritis—						
Under two years ...	...	...	...	...	...	
114. Diarrhœa and Enteritis—						
Two years and over—...	...	?	...	?	...	
Colitis	...	8	...	8	...	
Ulceration	...	...	...	...	...	
114a Sprue	...	...	...	...	...	
115. Ankylostomiasis	...	...	...	...	...	
116. Diseases due to Intestinal Parasites—						
(*a*) Cestoda (Tænia) ...	...	...	...	...	...	
(*b*) Trematoda (Flukes) ...	...	...	...	...	...	
(*c*) Nematoda (other than Ankylostoma)—						
Ascaris	...	...	...	...	...	
Trichocephalus dispar	...	...	...	...	...	
Trichina	...	...	...	...	...	
Dracunculus ...	...	2	...	2	...	
Strongylus	...	...	...	...	...	
Oxyuris	...	...	...	...	...	
(*d*) Coccidia...	...	...	...	...	...	
(*e*) Other parasites	...	...	...	...	...	
(*f*) Unclassified	...	...	...	...	...	
117. Appendicitis	...	2	...	2	...	
118. Hernia...	...	13	1	12	1	
119. A.—Affections of the Anus, Fistula, etc.	...	1	...	1	...	
B.—Other affections of the Intestines—						
Enteroptosis ...	...	...	...	...	...	
Constipation ...	...	...	...	...	...	
120. Acute Yellow Atrophy of the Liver	...	...	...	...	...	
121. Hydatid of the Liver... ...	...	...	...	...	...	
122. Cirrhosis of the Liver—						
(*a*) Alcoholic	...	...	...	...	...	
(*b*) Other forms	1	1	...	2	1	
123. Biliary Calculus	...	...	...	...	...	
124. Other affections of the Liver—						
Abcess	...	...	...	...	...	
Hepatitis	1	...	...	1	...	
Cholecystitis...	...	...	...	...	...	
Jaundice	...	2	...	2	...	
Total carried forward ...	13	438	46	450	17	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	13	438	46	450	17	
VI.—DISEASES OF THE DIGESTIVE SYSTEM—*contd.*						
125. Diseases of the Pancreas ...	...	...	...	...	...	
126. Peritonitis (of unknown cause)	...	2	1	2	...	
127. Other affections of the Digestive System	...	4	...	4	1	
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).						
128. Acute Nephritis	...	1	1	1	...	
129. Chronic	...	8	4	8	...	
130. A.—Chyluria	...	...	...	...	...	
B.—Schistosomiasis	...	...	...	...	...	
131. Other affections of the Kidneys—						
Pyelitis, &c.	...	...	...	...	...	
132. Urinary Calculus	...	...	...	...	...	
133. Diseases of the Bladder—						
Cystitis	...	...	...	...	...	
134. Diseases of the Urethra—						
(*a*) Stricture...	...	8	...	8	...	
(*b*) Other	...	7	...	7	1	
(*c*) Phimosis	...	9	...	9	1	
135. Diseases of the Prostate—						
Hypertrophy	...	...	...	...	...	
Prostatitis	...	...	...	...	...	
136. Diseases (non-Venereal) of the Genital Organs of Man—						
Epididymitis	...	1	...	1	...	
Orchitis	...	5	...	5	...	
Hydrocele	...	7	...	7	2	
Ulcer of Penis	...	...	...	...	...	
Hæmatocele	...	1	...	1	1	
137. Cysts or other (non-malignant) Tumours of the Ovaries ...	...	...	...	...	...	
138. Salpingitis—						
Abscess of the Pelvis ...	...	...	...	...	...	
139. Uterine Tumours (non-malignant)	...	...	...	...	...	
140. Uterine Hæmorrhage (non-puerperal)	...	...	...	...	...	
141. A.—Metritis	...	2	...	2	...	
B.—Other affections of the Female Genital Organs—						
Displacements of Uterus ...	...	...	...	...	...	
Amenorrhœa	...	...	...	...	...	
Dysmenorrhœa	...	1	...	1	...	
Leucorrhœa	...	...	...	...	...	
142. Diseases of the Breast (non-puerperal)—						
Mastitis	...	...	...	...	...	
Abscess of Breast	...	...	...	...	...	
Total carried forward ...	13	501	52	514	23	—

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	13	501	52	514	23	
VIII.—PUERPERAL STATE.						
143. A.—Normal Labour	...	17	...	17	...	
B.—Accidents of Pregnancy—						
(*a*) Abortion	...	2	...	2	...	
(*b*) Ectopic Gestation ...	...	...	...	...	...	
(*c*) Other accidents of Pregnancy	...	1	...	1	...	
144. Puerperal Hæmorrhage ...	...	3	1	3	...	
145. Other accidents of Parturition	...	...	...	...	...	
146. Puerperal Septicæmia ...	...	...	...	...	...	
147. Phlegmasia Dolens	...	...	...	...	...	
148. Puerperal Eclampsia ...	...	...	...	...	...	
149. Sequelæ of Labour	...	2	...	2	...	
150. Puerperal affections of the Breast	...	...	...	...	...	
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
151. Gangrene	...	...	...	...	...	
152. Boil—						
Carbuncle	5	67	...	72	3	
Ulcer	...	...	...	...	...	
153. Abscess—						
Whitlow	...	39	...	39	...	
Cellulitis	3	14	...	17	1	
154. A.—Tinea	...	...	...	...	...	
B.—Scabies	...	...	...	...	...	
155. Other Diseases of the Skin—						
Erythema	...	3	...	3	...	
Urticaria	...	...	...	...	...	
Eczema	...	...	...	...	...	
Herpes	...	...	...	...	...	
Psoriasis	...	...	...	...	...	
Elephantiasis	...	...	...	...	...	
Myiasis	...	...	...	...	...	
Chigoes	...	...	...	...	...	
Cutaneous Leishmaniasis ...	...	...	...	...	...	
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).						
156. Diseases of Bones—						
Osteitis	...	3	...	3	...	
157. Diseases of Joints—						
Arthritis	...	8	...	8	1	
Synovitis	1	7	...	8	...	
158. Other Diseases of Bones or Organs of Locomotion ...	...	...	...	...	...	
XI.—MALFORMATIONS.						
159. Malformations—						
Hydrocephalus	...	...	...	...	...	
Hypospadias...	...	...	...	...	...	
Spina Bifida, etc.	...	...	...	...	...	
Total carried forward ...	22	667	53	689	28	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	22	667	53	689	28	
XII.—DISEASES OF INFANCY.						
160. Congenital Debility	...	2	2	2	...	
161. Premature Birth	...	...	...	...	...	
162. Other affections of Infancy ...	...	...	...	...	...	
163. Infant neglect (infants of three months or over)	...	1	1	1	...	
XIII.—AFFECTIONS OF OLD AGE.						
164. Senility—						
Senile Dementia	1	2	...	3	...	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
165. Suicide by Poisoning... ...	...	...	...	...	...	
166. Corrosive Poisoning (intentional)	...	...	...	...	...	
167. Suicide by Gas Poisoning ...	...	...	...	...	...	
168. Suicide by Hanging or Strangulation...	...	...	...	...	...	
169. Suicide by Drowning... ...	...	...	...	...	...	
170. Suicide by Firearms	...	...	...	...	...	
171. Suicide by cutting or stabbing Instruments...	...	...	...	...	...	
172. Suicide by jumping from a height	...	...	...	...	...	
173. Suicide by crushing	...	...	...	...	...	
174. Other Suicides...	...	...	...	...	...	
175. Food Posioning—						
Botulism	...	...	...	...	...	
176. Attacks of poisonous animals—						
Snake Bite	...	...	...	...	...	
Insect Bite	...	...	...	...	...	
177. Other accidental Poisonings...	...	1	...	1	...	
178. Burns (by Fire)	...	9	2	9	...	
179. Burns (other than by Fire) ...	...	...	...	...	...	
180. Suffocation (accidental) ...	...	...	...	...	...	
181. Poisoning by Gas (accidental)	...	...	...	...	...	
182. Drowning (accidental) ...	...	...	...	...	...	
183. Wounds by Firearms (war excepted)	...	...	...	...	...	
184. Wounds (by cutting or stabbing Instruments)	...	...	...	...	...	
185. Wounds (by Fall)	...	...	...	...	...	
186. Wounds (in Mines or Quarries)	...	...	...	...	...	
187. Wounds (by Machinery) ...	...	...	...	...	...	
188. Wounds (crushing, *e.g.*, railway accidents, etc.) ...	...	...	...	...	...	
189. Injuries inflicted by Animals, Bites, Kicks, etc.	...	...	...	...	...	
190. Wounds inflicted on Active Service	...	...	...	...	...	
191. Executions of civilians by belligerents	...	...	...	...	...	
192. A.—Over fatigue	...	...	...	...	...	
B.—Hunger or Thirst ...	...	...	...	...	...	
Total carried forward ...	23	682	58	705	28	

TABLE III.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	23	682	58	705	28	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES (*contd.*).						
193. Exposure to Cold, Frost bite, etc.	...	...	...	...	...	
194. Exposure to Heat—						
Heatstroke	...	...	...	...	...	
Sunstroke	...	...	...	...	...	
195. Lightning Stroke	...	...	...	...	...	
196. Electric Shock...	...	...	...	...	...	
197. Murder by Firearms	...	...	...	...	...	
198. Murder by cutting or stabbing Instruments...	...	...	...	...	...	
199. Murder by other means ...	...	...	...	...	...	
200. Infanticide (Murder of an infant under one year) ...	...	...	...	...	...	
201. A.—Dislocation	...	...	...	...	...	
B.—Sprain	...	...	...	...	...	
C.—Fracture	3	57	2	60	3	
202. Other external Injuries ...	...	...	...	...	...	
203. Deaths by Violence of unknown cause...	...	...	...	...	...	
XV.—ILL-DEFINED DISEASES.						
204. Sudden Death (cause unknown)	...	...	...	...	...	
205. A—Diseases not already specified or ill-defined—						
Ascites	...	...	...	...	...	
Œdema	...	1	...	1	...	
Asthenia	...	...	...	...	...	
Shock	...	1	...	1	...	
Hyperpyrexia	...	...	...	...	...	
B.—Malingering	...	20	...	20	...	
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.						
Total	26	761	60	787	31	

TABLE IV.

VICTORIA HOSPITAL, BATHURST.

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926.

(Diseases as in Table V.)

Diseases.	Males.	Females.
1.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.		
1. Enteric Group—		
(*a*) Typhoid Fever	...	...
(*b*) Paratyphoid A.	...	...
(*c*) Paratyphoid B.	...	...
(*d*) Type not defined	...	...
2. Typhus	...	...
3. Relapsing Fever	...	...
4. Undulant Fever	...	...
5. Malaria—		
(*a*) Tertian	918	494
(*b*) Quartan	...	...
(*c*) Aestivo-autumnal	...	...
(*d*) Cachexia	...	...
(*e*) Blackwater	...	...
6. Smallpox—		
Alastrim	8	4
7. Measles	...	...
8. Scarlet Fever	7	2
9. Whooping Cough	...	...
10. Diphtheria	215	77
11. Influenza	...	...
12. Miliary Fever	...	...
13. Mumps	...	...
14. Cholera	...	...
15. Epidemic diarrhœa	...	...
16. Dysentery—		
(*a*) Amœbic	4	1
(*b*) Bacillary	...	...
(*c*) Undefined or due to other causes	...	...
17. Plague—		
(*a*) Bubonic	...	...
(*b*) Pneumonic	...	...
(*c*) Septicaemic	...	...
(*d*) Undefined	...	...
18. Yellow Fever	...	...
19. Spirochaetosis ictero-haemorrhagica	...	...
20. Leprosy	2	...
21. Erysipelas	...	...
22. Acute Poliomyelitis	...	...
23. Encephalitis Lethargica	...	...
24. Epidemic Cerebro-spinal Fever	...	...
25. Other Epidemic Diseases—		
(*a*) Rubeola (German Measles)	...	...
(*b*) Varicella (Chicken-pox)	...	3
(*c*) Kala-azar	...	...
(*d*) Phlebotomus Fever	...	...
(*e*) Dengue	...	...
(*f*) Epidemic Dropsy	...	...
(*g*) Yaws	...	...
(*h*) Trypanosomiasis	2	3
26. Glanders	...	...
27. Anthrax	...	...
28. Rabies	...	...
29. Tetanus	2	4
30. Mycosis	...	...
Total carried forward	1,158	588

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	1,158	588
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES—*contd.*		
31. Tuberculosis, Pulmonary and Laryngeal...	4	2
32. Tuberculosis of the Meninges or Central Nervous System ...	...	...
33. Tuberculosis of the Intestines or Peritoneum	...	...
34. Tuberculosis of the Vertebral Column	...	...
35. Tuberculosis of Bones and Joints	...	...
36. Tuberculosis of other organs—		
(*a*) Skin or Subcutaneous Tissue (Lupus)	...	...
(*b*) Bones	...	...
(*c*) Lymphatic System	...	...
(*d*) Genito-urinary	...	...
(*e*) Other Organs	...	...
37. Tuberculosis disseminated—		
(*a*) Acute	...	...
(*b*) Chronic	...	...
38. Syphilis—		
(*a*) Primary	1	...
(*b*) Secondary	...	...
(*c*) Tertiary	...	...
(*d*) Hereditary	...	...
(*e*) Period not indicated	...	...
39. Soft Chancre	...	...
40. A.—Gonorrhœa and its complications	18	1
B.—Gonorrhœal Ophthalmia	...	...
C.—Gonorrhœal Arthritis	...	...
D.—Granuloma Venereum	...	...
41. Septicæmia	...	...
42. Other Infectious Diseases—		
Trypanosomiasis	...	...
II.—GENERAL DISEASES NOT MENTIONED ABOVE.		
43. Cancer or other malignant Tumours of the Buccal Cavity ...	...	...
44. Cancer or other malignant Tumours of the Stomach or Liver	...	...
45. Cancer or other malignant Tumours of the Peritoneum Intestines, Rectum	...	...
46. Cancer or other malignant Tumours of the Female Genital Organs	...	...
47. Cancer or other malignant Tumours of the Breast	...	...
48. Cancer or other malignant Tumours of the Skin	...	...
49. Cancer or other malignant Tumours of Organs not specified...	...	...
50. Tumours non-Malignant	7	4
51. Acute Rheumatism	...	...
52. Chronic Rheumatism	347	137
53. Scurvy (including Barlow's Disease)	...	...
54. Pellagra	...	...
55. Beri-Beri	...	...
56. Rickets	...	...
57. Diabetes (not including Insipidus)	...	...
58. Anæmia—		
(*a*) Pernicious	...	...
(*b*) Other Anæmias and Chlorosis	7	4
59. Diseases of the Pituitary Body	...	...
60. Diseases of the Thyroid Gland—		
(*a*) Exophthalmic Goitre	1	...
(*b*) Other diseases of the Thyroid Gland, Myxœdema ...	...	...
Total carried forward	1,543	736

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	1,543	736
II.—GENERAL DISEASES NOT MENTIONED ABOVE—*contd.*		
61. Diseases of the Para-Thyroid Glands	...	...
62. Diseases of the Thymus	...	...
63. Diseases of the Supra-Renal Glands	...	...
64. Diseases of the Spleen	4	2
65. Leukæmia—		
(*a*) Leukæmia	...	...
(*b*) Hodgkin's Disease	...	...
66. Alcoholism	...	...
67. Chronic poisoning by mineral substances (lead, mercury, &c.)	...	...
68. Chronic poisoning by organic substances (Morphia, Cocaine, &c.)	...	...
69. Other General Diseases—		
Auto-intoxication	...	...
Purpura Hæmorrhagica	...	...
Hæmophilia	...	...
Diabetes Insipidus	...	...
Gout	1	...
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.		
70. Encephalitis (not including Encephalitis Lethargica)	...	...
71. Meningitis (not including Tuberculous Meningitis or Cerebro-spinal Meningitis)	1	...
72. Locomotor Ataxia	...	...
73. Other affections of the Spinal Cord	...	...
74. Apoplexy—		
(*a*) Hæmorrhage	...	...
(*b*) Embolism	...	...
(*c*) Thrombosis	...	...
75. Paralysis—		
(*a*) Hemiplegia	...	1
(*b*) Other Paralyses	...	...
76. General Paralysis of the Insane	...	...
77. Other forms of Mental Alienation	...	...
78. Epilepsy	4	4
79. Eclampsia, Convulsions (non-puerperal) 5 years or over ...	...	...
80. Infantile Convulsions	1	...
81. Chorea	...	...
82. A.—Hysteria	...	2
B.—Neuritis	42	17
C.—Neurasthenia	...	...
83. Cerebral Softening	...	...
84. Other affections of the Nervous System, such as Paralysis Agitans	3	4
85. Affections of the Organs of Vision—		
(*a*) Diseases of the Eye	28	6
(*b*) Conjunctivitis	156	65
(*c*) Trachoma	1	...
(*d*) Tumours of the Eye	...	...
(*e*) Other affections of the Eye	16	2
86. Affections of the Ear or Mastoid Sinus	48	17
Total carried forward	1,848	856

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward...	1,848	856
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.		
87. Pericarditis	1	...
88. Acute Endocarditis or Myocarditis	1	...
89. Angina Pectoris	...	...
99. Other Diseases of the Heart—		
(*a*) Valvular—		
Mitral	12	5
Aortic	...	...
Tricuspid...	...	...
Pulmonary	...	...
(*b*) Myocarditis	4	...
91. Diseases of the Arteries—		
(*a*) Aneurism	...	...
(*b*) Arterio-Sclerosis	...	...
(*c*) Other diseases	...	...
92. Embolism or Thrombosis (non-cerebral)	...	...
93. Diseases of the Veins—		
Hæmorrhoids	6	4
Varicose Veins	...	...
Phlebitis...	...	...
94. Diseases of the Lymphatic System—		
Lymphangitis	1	...
Lymphadenitis, Bubo (non-specific)	34	3
95. Hæmorrhage of undetermined cause	...	...
96. Other affections of the Circulatory System	...	...
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.		
97. Diseases of the Nasal Passages—		
Adenoids...	...	...
Polypus	...	...
Rhinitis	6	1
Coryza	49	13
98. Affections of the Larynx—		
Laryngitis	1	1
99. Bronchitis—		
(*a*) Acute	6	19
(*b*) Chronic	927	736
100. Broncho-Pneumonia	3	5
101. Pneumonia—		
(*a*) Lobar	13	2
(*b*) Unclassified	...	...
102. Pleurisy, Empyema	64	35
103. Congestion of the Lungs	8	6
104. Gangrene of the Lungs	...	...
105. Asthma	2	1
106. Pulmonary Emphysema	...	...
107. Other affections of the Lungs—		
Pulmonary Spirochætosis	...	...
VI.—DISEASES OF THE DIGESTIVE SYSTEM.		
108. A.—Diseases of Teeth or Gums—		
Caries, Pyorrhœa, &c.	42	32
B.—Other affections of the Mouth—		
Stomatitis	86	51
Glossitis, &c.	47	20
Total carried forward	3,161	1,790

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	3,161	1,790
VI.—DISEASES OF THE DIGESTIVE SYSTEM—*contd.*		
109. Affections of the Pharynx or Tonsils—		
Tonsilitis	25	33
Pharyngitis	9	4
110. Affections of the Œsophagus	1	...
111. A.—Ulcer of the Stomach	...	...
B.—Ulcer of the Duodenum	...	...
112. Other affections of the Stomach—		
Gastritis	8	10
Dyspepsia, &c.	126	128
113. Diarrhœa and Enteritis—		
Under two years	60	47
114. Diarrhœa and Enteritis—		
Two years and over	121	70
Colitis	158	150
Ulceration	...	...
114a Sprue	...	...
115. Ankylostomiasis	...	...
116. Diseases due to Intestinal Parasites—		
(*a*) Cestoda (Tænia)	4	...
(*b*) Trematoda (Flukes)	...	...
(*c*) Nematoda (other than Ankylostoma)—		
Ascaris	260	205
Trichocephalus dispar	...	...
Trichina	...	...
Dracunculus	1	1
Strongylus	...	...
Oxyuris	...	...
(*d*) Coccidia	...	...
(*e*) Other parasites	...	...
(*f*) Unclassified	...	...
117. Appendicitis	...	...
118. Hernia	17	...
119. A.—Affections of the Anus, Fistula, &c.	...	...
B.—Other affections of the Intestines	...	...
Enteroptosis	...	...
Constipation	668	348
120. Acute Yellow Atrophy of the Liver	...	...
121. Hydatid of the Liver	...	...
122. Cirrhosis of the Liver—		
(*a*) Alcoholic	...	...
(*b*) Other forms	1	...
123. Biliary Calculus	...	...
124. Other affections of the Liver—		
Abscess	...	...
Hepatitis	...	...
Cholecystitis	...	...
Jaundice	...	...
125. Diseases of the Pancreas	...	...
126. Peritonitis (of unknown cause)	...	...
127. Other affections of the Digestive System	3	...
Total carried forward	4,623	2,786

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	4,623	2,786
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).		
128. Acute Nephritis	2	...
129. Chronic	3	5
130. A.—Chyluria	...	...
B.—Schistosomiasis	...	...
131. Other affections of the Kidneys—		
Pyelitis, etc.	3	2
132. Urinary Calculus	...	...
133. Diseases of the Bladder—		
Cystitis	13	10
134. Diseases of the Urethra—		
(*a*) Stricture	4	...
(*b*) Other...	4	1
135. Diseases of the Prostate—		
Hypertrophy	...	...
Prostatitis...	...	...
136. Diseases (non-Venereal) of the Genital Organs of Man—		
Epididymitis	...	...
Orchitis	17	...
Hydrocele	11	...
Ulcer of Penis	...	...
Phimosis...	13	...
137. Cysts or other (non-malignant) Tumours of the Ovaries ...	...	2
138. Salpingitis—		
Abcess of the Pelvis	...	...
139. Uterine Tumours (non-malignant)	...	...
140. Uterine Hæmorrhage (non puerperal)	...	9
141. A.—Metritis	...	3
B.—Other affections of the Female Genital Organs—	...	1
Displacements of Uterus	...	...
Amenorrhœa	...	23
Dysmenorrhœa	...	11
Leucorrhœa	...	4
142. Diseases of the Breast (non-puerperal)—		
Mastitis	...	9
Abcess of Breast	...	...
VIII.—PUERPERAL STATE.	...	...
143. A.—Normal Labour		
B.—Accidents of Pregnancy—	...	25
(*a*) Abortion	...	...
(*b*) Ectopic Gestation	...	...
(*c*) Other accidents of Pregnancy	...	...
144. Puerperal Hæmorrhage	...	5
145. Other accidents of Parturition	...	1
146. Puerperal Septicæmia	...	...
147. Phlegmasia Dolens	...	...
148. Puerperal Eclampsia	...	...
149. Sequelæ of Labour	...	...
150. Puerperal affections of the Breast		
Total carried forward	4,693	2,897

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward...	4,693	2,897
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.		
Ulcer	442	98
151. Gangrene	...	1
152. Boil—	32	8
Carbuncle	45	23
153. Abcess—		
Whitlow	51	11
Cellulitis	16	3
154. A.—Tinea	14	9
B.—Scabies	16	12
155. Other Diseases of the Skin—	125	36
Erythema	9	8
Urticaria...	...	1
Eczema	11	8
Herpes	4	...
Psoriasis	4	...
Elephantiasis	...	...
Myiasis	...	...
Chigoes	...	...
Cutaneous Leishmaniasis	...	...
Pediculosis	...	6
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).		
156. Diseases of Bones—		
Osteitis	1	2
157. Diseases of Joints—		
Arthritis	3	...
Synovitis...	5	2
158. Other Diseases of Bones or Organs of Locomotion	48	54
XI.—MALFORMATIONS.		
159. Malformations—		
Hydrocephalus	...	...
Hypospadias	...	...
Spina Bifida, &c.	...	...
Torticollis	4	2
XII.—DISEASES OF INFANCY.		
160. Congenital Debility	...	...
161. Premature Birth	...	...
162. Other affections of Infancy	1	3
163. Infant neglect (infants of three months or over)	1	3
XIII.—AFFECTIONS OF OLD AGE.		
164. Senility—		
Senile Dementia	...	...
Total carried forward	5,525	3,187

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	5,525	3,187
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
165. Suicide by Poisoning	...	...
166. Corrosive Poisoning (intentional)	...	...
167. Suicide by Gas Poisoning	...	...
168. Suicide by Hanging or Strangulation	...	...
169. Suicide by Drowning	...	...
170. Suicide by Firearms	...	...
171. Suicide by cutting or stabbing Instruments	...	...
172. Suicide by jumping from a height	...	...
173. Suicide by crushing	...	...
174. Other Suicides	...	...
175. Food Poisoning—		
Botulism	...	...
176. Attacks of poisonous animals—		
Snake Bite	...	...
Insect Bite	1	...
177. Other accidental Poisonings	...	...
178. Burns (by Fire)	6	3
179. Burns (other than by Fire)	...	...
180. Suffocation (accidental)	...	...
181. Poisoning by Gas (accidental)	...	...
182. Drowning (accidental)	...	...
183. Wounds by Firearms (war excepted)	...	...
184. Wounds (by cutting or stabbing Instruments)	...	...
185. Wounds (by Fall)	...	...
186. Wounds (in Mines or Quarries)	...	...
187. Wounds (by Machinery)	...	...
188. Wounds (crushing, *e.g.*, railway accidents, &c.)	...	...
189. Injuries inflicted by animals, Bites, Kicks, &c.	...	...
190. Wounds inflicted on Active Service	...	...
191. Executions of civilians by belligerents	...	...
192. A.—Over fatigue	...	...
B.—Hunger or Thirst	...	...
193. Exposure to Cold, Frost Bites, &c.	...	...
194. Exposure to Heat—		
Heatstroke	...	...
Sunstroke	...	...
195. Lightning Stroke	...	...
196. Electric Shock	...	...
197. Murder by Firearms	...	...
198. Murder by cutting or stabbing Instruments	...	...
199. Murder by other means	...	...
200. Infanticide (Murder of an infant under one year)	...	...
201. A.—Dislocation	1	1
B.—Sprain	9	1
C.—Fracture	2	...
202. Other external Injuries	347	59
203. Deaths by Violence of unknown cause	...	...
Total carried forward	5,891	3,251

TABLE IV.—*continued.*

VICTORIA HOSPITAL, BATHURST—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	5,891	3,251
XV.—ILL-DEFINED DISEASES.		
204. Sudden Death (cause unknown)	...	...
205. A.—Diseases not already specified or ill-defined—		
Ascites	1	1
Œdema	30	10
Asthenia	...	...
Shock	...	...
Hyperpyrexia	...	...
B.—Malingering	14	3
Debility	11	7
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.		
Total	5,947	3,272

APPENDIX I.

ANNUAL MEDICAL REPORT FOR THE PROTECTORATE AND GEORGETOWN, 1926.

1. The Protectorate Medical Service consists of:—

(A) At Georgetown a Hospital with the following staff:—

(1) Dispenser.

(2) Interpreter dresser.

(3) Hospital labourer, who combines this duty with that of market caretaker.

(4) Cook.

(B) At Basse a dispensary with one dispenser.

(C) At Ka-ur a dispensary with one dispenser.

(D) The Protectorate Medical Officer dividing his time between Georgetown Hospital and the Protectorate. For purposes of travelling there is a medical launch, "Princess Mary."

2. *Financial.*—The revenue derived from the small charges for treatment and drugs amounted to £11. 10s. 1d.

3. *General.*—Great advances have been made during the year. Two new dispensaries have been opened at Basse and at Ka-ur. Both of these towns are busy ports with many people coming to them from other parts, and it is hoped that they will prove of great benefit to the people. In the last two months of the year 1,100 cases were treated at Basse. At Ka-ur, owing to the lamented death of the dispenser there and the consequent closing of the station for a time, results were not so good.

Georgetown Hospital has been improved by the addition of a small building, which is sub-divided into two—one part being used as the dispensary, and the other as an out-patient dressing room. This has allowed for the transference of the old dispensary into a female ward. Equipment has been greatly increased. New beds supersede the old broken ones. An up-to-date selection of surgical instruments has been added.

All these things have proved their worth in the increased work and usefulness of the Hospital, it now being the exception ever to have a bed unoccupied.

Things are looking up all round; and the native is now seeking these places out, confident of receiving some help.

4. *Health.—Europeans.*—A certain amount of sickness occurred among the European population, in one case necessitating invaliding; but on the whole there was not the same amount of serious illness as in 1925. No death falls to be recorded.

A certain amount of sickness was encountered among the crews of the groundnut steamers. This, as always, is largely due to carelessness, particularly in regard to taking proper precautions against sun affections.

(B) *Natives.*—(i) *Officials.*—At Georgetown there are about twenty native officials; while there are about the same number scattered throughout the Protectorate. No case of serious illness occurred amongst them.

(ii) *General Population.*

(A) Epidemic Disease.

(*a*) *Relapsing Fever.*—This again broke out on several occasions in South Bank Province; and is matter for very serious consideration. Mention was made last year that this occurs along the main routes from French country. Unfortunately it occurs in one of the poorest districts, where resistance seems to be very low indeed.

(*b*) *Beri-Beri.*—This broke out on one of the firms' steamers. One case died at Bansang, and two were admitted to Georgetown Hospital. It seems foolish that on these small boats, with a crew cooped up in small space, that husked rice should still be used.

(c) *Small Pox.*—There has been marked freedom from this scourge during the year.

(B) Conditions for which treatment was mainly required were as follows:—

(1) *Digestive Disturbance.*—The lack of attention to bowel regulation and the sameness of the food makes this group the greatest of all.

(2) *Helminthis Diseases.*—The prevalence of Ankylostomiasis and Taeniae and Ascaris infection remains unlessened, as it will do while surface fouling with excrete continues.

(3) *Respiratory Diseases.*—In addition to a marked amount of bronchitis and pulmonary tuberculosis, several cases of asthma have been met with. Pneumonia in the cold season still continues to take its toll.

(4) *Leprosy.*—At attempt was made during the rainy months to show how common this scourge is in the Protectorate. A few cases continue with treatment, but in the majority of cases this is not so, and consequently results are bad.

(5) *Venereal Disease.*—Still remains—attacking enormous numbers of the population, and is a great cause of disability.

(6) *Trypanosomiasis.*—A greater number of cases have been seen than for at least the last two years. It is difficult to say if there is a real or only apparent increase in the number of cases affected. Good results were obtained in two cases with Beyer 205.

(7) *Rheumatism.*—Particularly during the rains is almost universal.

(8) *Goitre.*—The number of cases seen increases, but it is noteworthy the number of cases which continue treatment with good results.

(9) *Eye Diseases.*—Blepharitis and Conjunctivitis are very common, and there is a great amount of deficient vision even among the children, amounting to semi-blindness in very many cases.

(10) *Skin Diseases.*—Are very common, viz., scabies, impetigo, syphilides, and a certain number of cases of yaws. Many of these skin complaints are of many years' standing, and extremely resistant to treatment.

(11) *Injuries* by axe and guns have been more numerous this year.

(12) *Malaria* is common, but usually takes the form of a very low fever with the natives.

(13) *Surgical Conditions* have increased in the work of Georgetown Hospital. Amputations are of necessity too frequent.

The usefulness of the service is increasing year by year, and with the aid of the dispensaries a much greater number of cases should be seen and helped in 1927.

(*Signed*) WILSON RAE,
M.O., Protectorate.

ANNUAL SANITARY REPORT FOR THE PROTECTORATE, 1926.

1. STAFF.

GEORGETOWN.

1. The Dispenser—acting as Inspector of Nuisances and Meteorological Observer.
2. The market caretaker.
3. Lamp-lighter.
4. Six sanitary labourers.
5. Vaccinator.

KUNTA-UR.

One headman and four labourers.

KA-UR.

Two labourers.

Sanitary labourers are employed also at Basse and Fatoto.

2. GENERAL.

As was stated last year, Georgetown is, of all the towns on the river, the one in the best sanitary condition. This is due to proper supervision being always possible there. The appointment of dispensers at Basse and Ka-ur will have a good effect at both these towns. Ka-ur previously had no sanitary labourers. There are now two there. As both Ka-ur and Basse possess large markets, we can look for good results in these important stations—with supervision.

All the markets possess fly-proof cages for meat. Unfortunately these receive rough handling, and often are really fly traps.

Kunta-ur is much better this year. The new permanent latrines are being used, and frequent inspections were made, and it was found that they were being kept in good condition. Kunta-ur, however, with the influx of labourers from Bathurst in the groundnut steamers must always prove a difficult problem. The incinerator is badly in need of repair. A visit was paid to Kunta-ur during the year by the Chairman, Board of Health, and the Medical Officer of Health.

3. ROUTINE PUBLIC HEALTH WORK.

A. ANTI-MOSQUITO MEASURES.—In Georgetown mostly can these be done to any extent—periodical inspection of the yards are made—and breeding places treated or got rid of. Mosquito proofing exists in most of the European houses, as at the Georgetown Hospital.

B. SMALL POX MEASURES.—A Vaccinator has been appointed, and is available at all times for any district in the Protectorate. All prisoners are vaccinated on admission to Georgetown Hospital.

C. REFUSE DISPOSAL.—In Georgetown four mud incinerators in good repair are used. They are controlled by the Sanitary gang, the people dumping refuse in them. Bermuda incinerators have been sent to the larger wharf towns.

D. SEWAGE DISPOSAL.—*Georgetown.*—Cesspits are largely used. A new Mohammedan School has been opened in Georgetown, and there the deep pit latrines have been dug. The pail and bucket system is used in the European houses and in the Prison. Disposal of sewage is undertaken by prison labour, and burying is done outside the town.

Kunta-ur.—Incineration takes place, but the condition of this incinerator is very poor. This seems the only method at present. Burying is not possible, because of the swamps.

Water Supply.—Near the river the drinking water used by the natives is always river water. Further inland, wells are used.

Many of these are very deep, and a clear, pure water is obtained. More care is being taken with the mouths of the wells. The banking is much more satisfactory, thus reducing surface contamination. There is still, however, much room for improvement in many towns.

4. Sanitary Report on Georgetown Prison is attached.

(*Signed*) WILSON RAE,

M.O., Protectorate.

ANNUAL MEDICAL REPORT ON GEORGETOWN GAOL, 1926.

The general health of the prisoners for the year has been good. Twenty-six prisoners have at various times been confined to the Infirmary—a cell specially set apart in the prison.

There have been very few serious cases. Of these may be mentioned pulmonary tuberculosis, leprosy, and pneumonia.

The main reasons for which treatment is sought are digestive and respiratory complaints, and minor injuries.

A sick parade takes place daily at 8 a.m. All prisoners are medically examined and vaccinated on admission.

One death occurred during the year.

Cause of death.—Hemipligia and Pyonephrosis.

(*Signed*) WILSON RAE,
M.O., Protectorate.

GEORGETOWN PRISON.

ANNUAL SANITARY REPORT, 1926.

The sanitary condition of the Prison is very good; cells, kitchen and yard are always clean on daily inspection.

Latrines.—The pail and earth system is used. The practice of always having supervision by a prisoner on light duty has proved of great benefit—the fly nuisance being absolutely absent. Excretia is buried in the bush each morning.

Water.—River water is used. This is stored in a barrel which is emptied daily.

Diet.—Rice, pap and meat or fish form the staple diet. The use of green vegetables has been insisted on, and these are used almost daily. There has never been any complaint during the year.

Accommodation.—

No. of cells, 8 (one is used as Prison Infirmary).
Dimension of cell, 20 ft. by 12 ft. by 15 ft.
Cubic capacity, 3,600 ft.
Number of prisoners varies. (Average number about four).
Space per head, approximately 900 cubic ft.

(*Signed*) WILSON RAE,
M.O. Protectorate.

GEORGETOWN.

VITAL STATISTICS.

	1925.	1926.
Births	27	19
Deaths	65	73
Births,—Sex rate.—Males		10
Females		9

(*Signed*) WILSON RAE,
M.O., Protectorate.

TABLE V.

GEORGETOWN HOSPITAL.

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926.

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
I.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.						
1. Enteric Group—						
(*a*) Typhoid Fever	...	...	...	...	...	
(*b*) Paratyphoid A. ...	...	...	...	...	...	
(*c*) Paratyphoid B. ...	...	...	...	...	...	
(*d*) Type not defined ...	...	...	...	...	...	
2. Typhus	...	...	...	...	...	
3. Relapsing Fever	...	...	...	...	...	
4. Undulant Fever	...	...	...	...	...	
5. Malaria—						
(*a*) Tertian	...	...	...	...	...	
(*b*) Quartan	...	...	...	...	...	
(*c*) Aestivo-autumnal ...	1	4	...	5	...	
(*d*) Cachexia	...	...	...	...	...	
(*e*) Blackwater	...	1	1	1	...	
6. Smallpox—						
Alastrim	...	...	...	...	...	
7. Measles	...	1	...	1	...	
8. Scarlet Fever	...	...	...	...	...	
9. Whooping Cough	...	...	...	...	...	
10. Diphtheria	...	...	...	...	...	
11. Influenza	...	...	...	...	...	
12. Miliary Fever	...	...	...	...	...	
13. Mumps	...	...	...	...	...	
14. Cholera	...	...	...	...	...	
15. Epidemic diarrhœa	...	...	...	...	...	
16. Dysentery—						
(*a*) Amœbic	...	...	...	...	...	
(*b*) Bacillary	...	...	...	...	...	
(*c*) Undefined or due to other causes	...	...	...	...	...	
17. Plague—						
(*a*) Bubonic	...	...	...	...	...	
(*b*) Pneumonic	...	...	...	...	...	
(*c*) Septicæmic	...	...	...	...	...	
(*d*) Undefined	...	...	...	...	...	
18. Yellow Fever	...	...	...	...	...	
19. Spirochætosis ictero-hæmorrhagica	...	...	...	...	...	
20. Leprosy	...	1	...	1	...	
21. Erysipelas	...	...	...	...	...	
22. Acute Poliomyelitis	...	...	...	...	...	
23. Encephalitis Lethargica ...	...	...	...	...	...	
24. Epidemic Cerebro-spinal Fever	...	...	...	...	...	
25. Other Epidemic Diseases—						
(*a*) Rubeola (German Measles)	...	...	...	...	...	
(*b*) Varicella (Chicken-pox)	...	...	...	...	...	
(*c*) Kala-azar	...	...	...	...	...	
(*d*) Phlebotomus Fever ...	...	...	...	...	...	
(*e*) Dengue	...	...	...	...	...	
(*f*) Epidemic Dropsy ...	...	...	...	...	...	
(*g*) Yaws	...	...	...	...	...	
(*h*) Trypanosomiasis ...	...	12	3	12	1	
Total carried forward ...	1	19	4	20	1	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	1	19	4	20	1	
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES—*contd.*	...	...	...	...	...	
26. Glanders	...	...	...	...	...	
27. Anthrax	...	...	...	...	...	
28. Rabies	...	...	...	...	...	
29. Tetanus	...	1	1	1	...	
30. Mycosis	...	...	...	...	...	
31. Tuberculosis, Pulmonary and Laryngeal	...	7	1	7	...	
32. Tuberculosis of the Meninges or Central Nervous System	...	...	...	...	...	
33. Tuberculosis of the Intestines or Peritoneum	...	...	...	...	...	
34. Tuberculosis of the Vertebral Column	...	...	...	...	...	
35. Tuberculosis of Bones and Joints	...	...	...	...	...	
36. Tuberculosis of other organs—						
(*a*) Skin or Subcutaneous Tissue (Lupus) ...	...	...	...	...	...	
(*b*) Bones	...	...	...	...	...	
(*c*) Lymphatic System ...	...	...	...	...	...	
(*d*) Genito-urinary	...	...	...	...	...	
(*e*) Other Organs	...	...	...	...	...	
37. Tuberculosis disseminated—						
(*a*) Acute	...	...	...	...	...	
(*b*) Chronic	...	...	...	...	...	
38. Syphilis—						
(*a*) Primary	...	6	...	6	1	
(*b*) Secondary	...	...	...	...	...	
(*c*) Tertiary	...	2	...	2	...	
(*d*) Hereditary	...	...	...	...	...	
(*e*) Period not indicated ...	...	...	...	...	...	
39. Soft Chancre	...	...	...	...	...	
40. A.—Gonorrhœa and its complications	...	3	...	3	...	
B.—Gonorrhœal Ophthalmia...	...	...	...	...	...	
C.—Gonorrhœal Arthritis ...	...	...	...	...	...	
D.—Granuloma Venereum ...	...	...	...	...	...	
41. Septicæmia	...	...	...	...	...	
42. Other Infectious Diseases— Trypanosomiasis	...	...	...	...	...	
II.—GENERAL DISEASES NOT MENTIONED ABOVE.						
43. Cancer or other malignant Tumours of the Buccal Cavity	...	...	...	...	...	
44. Cancer or other malignant Tumours of the Stomach or Liver...	...	1	1	1	...	
45. Cancer or other malignant Tumours of the Peritoneum Intestines, Rectum	...	...	...	...	...	
Total carried forward ...	1	39	7	40	2	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	1	39	7	40	2	
II.—GENERAL DISEASES NOT MENTIONED ABOVE—*contd.*						
46. Cancer or other malignant Tumours of the Female GenitalOrgans	...	...	...	...	...	
47. Cancer or other malignant Tumours of the Breast ...	...	...	...	...	...	
48. Cancer or other malignant Tumours of the Skin ...	...	...	...	...	...	
49. Cancer or other malignant Tumours of Organs not specified	...	...	...	...	...	
50. Tumours non-Malignant ...	...	2	...	2	...	
51. Acute Rheumatism	...	...	...	...	...	
52. Chronic Rheumatism	...	2	...	2	...	
53. Scurvy (including Barlow's Disease)	...	...	...	...	...	
54. Pellagra...	...	...	...	...	...	
55. Beri-beri	...	2	...	2	...	
56. Rickets	...	...	...	...	...	
57. Diabetes (not including Insipidus)	...	...	...	...	...	
58. Anæmia—						
(*a*) Pernicious	...	...	...	...	...	
(*b*) Other Anæmias and Chlorosis	...	...	...	...	...	
59. Diseases of the Pituitary Body	...	...	...	...	...	
60. Diseases of the Thyroid Gland—						
(*a*) Exophthalmic Goitre ...	...	...	...	...	...	
(*b*) Other diseases of the Thyroid Gland, Myxœdema	...	...	...	...	...	
61. Diseases of the Para-Thyroid Glands	...	...	...	...	...	
62. Diseases of the Thymus ...	...	...	...	...	...	
63. Diseases of the Supra-Renal Glands	...	...	...	...	...	
64. Diseases of the Spleen... ...	...	...	...	...	...	
65. Leukæmia—						
(*a*) Leukæmia	...	1	1	1	...	
(*b*) Hodgkin's Disease ...	...	...	...	...	...	
66. Alcoholism	...	...	...	...	...	
67. Chronic poisoning by mineral substances (lead, mercury, etc.)	...	...	...	...	...	
68. Chronic poisoning by organic substances (Morphia, Cocaine, etc.)	...	...	...	...	...	
69. Other General Diseases—						
Auto-intoxication	...	...	...	...	...	
Purpura Hæmorrhagica ...	...	...	...	...	...	
Hæmophilia...	...	...	...	...	...	
Diabetes Insipidus	...	...	...	...	...	
Total carried forward	1	46	8	47	2	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	1	46	8	47	2	
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.						
70. Encephalitis (not including Encephalitis Lethargica) ...	...	...	...	...	...	
71. Meningitis (not including Tuberculous Meningitis or Cerebro-spinal Meningitis)	...	...	...	...	...	
72. Locomotor Ataxia	...	1	1	1	...	
73. Other affections of the Spinal Cord	...	...	...	...	...	
74. Apoplexy—						
(*a*) Hæmorrhage	...	...	...	...	...	
(*b*) Embolism	...	...	...	...	...	
(*c*) Thrombosis	...	...	...	...	...	
75. Paralysis—						
(*a*) Hemiplegia	...	2	1	2	1	
(*b*) Other Paralyses ...	...	1	...	1	...	
76. General Paralysis of the Insane	...	...	...	...	...	
77. Other forms of Mental Alienation	...	3	...	3	...	
78. Epilepsy	...	...	...	...	...	
79. Eclampsia, Convulsions (non-puerperal) 5 years or over ...	...	...	...	...	...	
80. Infantile Convulsions	...	...	...	...	...	
81. Chorea	...	...	...	...	...	
82. A.—Hysteria	...	...	...	...	...	
B.—Neuritis	...	2	...	2	...	
C—Neurasthenia	...	...	...	...	...	
83. Cerebral Softening	...	...	...	...	...	
84. Other affections of the Nervous System, such as Paralysis Agitans	...	...	...	...	...	
85. Affections of the Organs of Vision—						
(*a*) Diseases of the Eye ...	...	...	...	...	...	
(*b*) Conjunctivitis	...	...	...	...	...	
(*c*) Trachoma	...	...	...	...	...	
(*d*) Tumours of the Eye ...	...	...	...	...	...	
(*e*) Other affections of the Eye	...	1	...	1	...	
86. Affections of the Ear or Mastoid Sinus	...	1	...	1	...	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.	...	...	...	...	...	
87. Pericarditis	...	...	...	...	...	
88. Acute Endocarditis or Myocarditis	...	15	1	15	...	
89. Angina Pectoris	...	...	...	...	...	
90. Other Diseases of the Heart—						
(*a*) Valvular—						
Mitral	...	1	1	1	...	
Aortic	...	...	...	...	...	
Tricuspid	...	...	...	...	...	
Pulmonary	...	...	...	...	...	
(*b*) Myocarditis	...	...	...	...	...	
Total carried forward ...	1	73	12	74	3	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	1	73	12	74	3	
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM—*contd.*						
91. Diseases of the Arteries—						
(*a*) Aneurism	...	...	...	...	...	
(*b*) Arterio-Sclerosis ...	...	...	...	...	...	
(*c*) Other diseases	...	...	...	...	...	
92. Embolism or Thombosis (non-cerebral)	...	...	...	...	...	
93. Diseases of the Veins—						
Hæmorrhoids	...	...	...	...	...	
Varicose Veins	...	...	...	...	...	
Phlebitis	...	...	...	...	...	
94. Diseases of the Lymphatic System—						
Lymphangitis	...	...	...	...	...	
Lymphadenitis, Bubo (non-specific)	...	1	...	1	...	
95. Hæmorrhage of undetermined cause	...	...	...	...	...	
96. Other affections of the Circulatory System	...	...	...	...	...	
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.						
97. Diseases of the Nasal Passages—						
Adenoids	...	...	...	...	...	
Polypus	...	1	...	1	...	
Rhinitis	...	...	...	...	...	
Coryza	...	...	...	...	...	
98. Affections of the Larynx—						
Laryngitis	...	...	...	...	...	
99. Bronchitis—						
(*a*) Acute	...	2	...	2	...	
(*b*) Chronic	...	...	...	...	...	
100. Broncho-Pneumonia	...	...	...	...	...	
101. Pneumonia—						
(*a*) Lobar	1	15	6	16	1	
(*b*) Unclassified	...	...	...	...	...	
102. Pleurisy, Empyema	1	1	1	2	...	
103. Congestion of the Lungs ...	...	...	...	...	...	
104. Gangrene of the Lungs ...	...	...	...	...	...	
105. Asthma	...	...	...		...	
106. Pulmonary Emphysema ...	...	...	...	...	...	
107. Other affections of the Lungs—						
Pulmonary Spirochætosis ...	...	...	...	...	...	
VI.—DISEASES OF THE DIGESTIVE SYSTEM.						
108. A.—Diseases of Teeth or Gums—						
Caries, Pyorrhœa, etc.	...	...	...	...	...	
B.—Other affections of the Mouth—						
Stomatitis	...	...	...	...	...	
Glossitis, etc.	...	...	...	...	...	
Total carried forward ...	3	93	19	96	4	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	3	93	19	96	4	
VI.—DISEASES OF THE DIGESTIVE SYSTEM—*contd.*						
109. Affections of the Pharnyx or Tonsils—						
Tonsilitis	...	...	...	...	...	
Pharyngitis	...	...	...	...	...	
110. Affections of the Œsophagus	...	...	...	...	...	
111. A.—Ulcer of the Stomach ...	...	...	...	...	...	
B.—Ulcer of the Duodenum...	...	...	...	...	...	
112. Other affections of the Stomach—						
Gastritis	...	...	...	...	...	
Dyspepsia, etc. ...	...	...	...	...	...	
113. Diarrhœa and Enteritis—						
Under two years ...	...	...	...	...	...	
114. Diarrhœa and Enteritis—						
Two years and over ...	...	2	...	2	...	
Colitis	...	...	...	...	...	
Ulceration	...	...	...	...	...	
114a Sprue	...	...	...	...	...	
115. Ankylostomiasis	...	...	...	...	...	
116. Diseases due to Intestinal Parasites—						
(*a*) Cestoda (Tænia) ...	...	...	...	...	...	
(*b*) Trematoda (Flukes) ...	...	...	...	...	...	
(*c*) Nematoda (other than Ankylostoma)—						
Ascaris	...	...	...	...	...	
Trichocephalus dispar ...	...	...	...	...	...	
Trichina...	...	...	...	...	...	
Dracunculus	1	1	...	2	...	
Strongylus	...	...	...	...	...	
Oxyuris...	...	...	...	...	...	
(*d*) Coccidia...	...	...	...	...	...	
(*e*) Other parasites	...	1	...	1	...	
(*f*) Unclassified	...	...	...	...	...	
117. Appendicitis	...	...	...	...	...	
118. Hernia...	...	2	...	2	...	
119. A.—Affections of the Anus, Fistula, etc.	...	...	...	...	...	
B.—Other affections of the Intestines—						
Enteroptosis ...	...	...	...	...	...	
Constipation ...	...	...	...	...	...	
120. Acute Yellow Atrophy of the Liver	...	...	...	...	...	
121. Hydatid of the Liver... ...	...	...	...	...	...	
122. Cirrhosis of the Liver—						
(*a*) Alcoholic	...	...	...	...	...	
(*b*) Other forms	...	1	1	1	...	
123. Biliary Calculus	...	...	...	...	...	
124. Other affections of the Liver—						
Abcess	...	1	...	1	...	
Hepatitis	...	...	...	...	...	
Cholecystitis...	...	...	...	...	...	
Jaundice	...	3	2	3	...	
Total carried forward ...	4	104	22	108	4	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	4	104	22	108	4	
VI.—DISEASES OF THE DIGESTIVE SYSTEM—*contd.*						
125. Diseases of the Pancreas ...	...	...	...	...	...	
126. Peritonitis (of unknown cause)	...	...	...	...	...	
127. Other affections of the Digestive System	...	...	...	...	...	
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).						
128. Acute Nephritis	...	3	...	3	...	
129. Chronic	...	...	...	...	...	
130. A.—Chyluria	...	...	...	...	...	
B.—Schistosomiasis	...	...	...	...	...	
131. Other affections of the Kidneys—						
Pyelitis, &c.	...	...	...	...	...	
132. Urinary Calculus	...	...	...	...	...	
133. Diseases of the Bladder—						
Cystitis	...	1	...	1	...	
134. Diseases of the Urethra—						
(*a*) Stricture...	...	...	...	...	...	
(*b*) Other	...	1	...	1	...	
135. Diseases of the Prostate—						
Hypertrophy	...	...	...	...	...	
Prostatitis	...	...	...	...	...	
136. Diseases (non-Venereal) of the Genital Organs of Man—						
Epididymitis	...	...	...	...	...	
Orchitis	...	2	...	2	...	
Hydrocele	...	...	...	...	...	
Ulcer of Penis	...	...	...	...	...	
Phimosis	...	4	...	4	...	
137. Cysts or other (non-malignant) Tumours of the Ovaries ...	...	...	...	...	...	
138. Salpingitis—						
Abscess of the Pelvis ...	1	...	...	1	...	
139. Uterine Tumours (non-malignant)	...	...	...	...	...	
140. Uterine Hæmorrhage (non-puerperal)	...	...	...	...	...	
141. A.—Metritis	...	...	...	...	...	
B.—Other affections of the Female Genital Organs—						
Displacements of Uterus ...	...	...	...	...	...	
Amenorrhœa	...	...	...	...	...	
Dysmenorrhœa	...	...	...	...	...	
Leucorrhœa	...	...	...	...	...	
142. Diseases of the Breast (non-puerperal)—						
Mastitis	...	...	...	...	...	
Abscess of Breast	...	...	...	...	...	
Total carried forward ...	5	115	22	120	4	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	5	115	22	120	4	
VIII.—PUERPERAL STATE.						
143. A.—Normal Labour	...	...	...	...	...	
B.—Accidents of Pregnancy—						
(*a*) Abortion	...	...	...	...	...	
(*b*) Ectopic Gestation ...	...	...	...	...	...	
(*c*) Other accidents of Pregnancy	...	...	...	...	...	
144. Puerperal Hæmorrhage ...	...	...	...	...	...	
145. Other accidents of Parturition	...	...	...	...	...	
146. Puerperal Septicæmia ...	...	...	...	...	...	
147. Phlegmasia Dolens	...	...	...	...	...	
148. Puerperal Eclampsia ...	...	...	...	...	...	
149. Sequelæ of Labour	...	...	...	...	...	
150. Puerperal affections of the Breast	...	...	...	...	...	
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.						
151. Gangrene	...	...	...	...	...	
152. Boil—						
Carbuncle	1	7	...	8	...	
153. Abscess—						
Whitlow	...	...	...	...	...	
Cellulitis	...	4	...	4	2	
154. A.—Tinea	...	...	...	...	...	
B.—Scabies	...	...	...	...	...	
155. Other Diseases of the Skin—						
Erythema	...	...	...	...	...	
Urticaria	...	...	...	...	...	
Eczema	...	...	...	...	...	
Herpes	...	...	...	...	...	
Psoriasis	...	...	...	...	...	
Elephantiasis	...	1	...	1	...	
Myiasis	...	...	...	...	...	
Chigoes	...	...	...	...	...	
Cutaneous Leishmaniasis ...	...	...	...	...	...	
Ulcer	5	12	1	17	5	
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).						
156. Diseases of Bones—						
Osteitis	...	1	...	1	...	
157. Diseases of Joints—						
Arthritis	...	2	...	2	...	
Synovitis	...	1	...	1	...	
158. Other Diseases of Bones or Organs of Locomotion ...	...	...	...	...	...	
XI.—MALFORMATIONS.						
159. Malformations—						
Hydrocephalus	...	...	...	...	...	
Hypospadias...	...	...	...	...	...	
Spina Bifida, etc.	...	...	...	...	...	
Total carried forward ...	11	143	23	154	11	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	11	143	23	154	11	
XII.—DISEASES OF INFANCY.						
160. Congenital Debility	...	...	...	...	...	
161. Premature Birth	...	...	...	...	...	
162. Other affections of Infancy ...	...	...	...	...	...	
163. Infant neglect (infants of three months or over)	...	...	...	...	...	
XIII.—AFFECTIONS OF OLD AGE.						
164. Senility— Senile Dementia	...	...	...	...	...	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.						
165. Suicide by Poisoning... ...	...	...	...	...	...	
166. Corrosive Poisoning ... ... (intentional)	...	...	...	...	...	
167. Suicide by Gas Poisoning ...	...	...	...	...	...	
168. Suicide by Hanging or Strangulation...	...	...	...	...	...	
169. Suicide by Drowning... ...	...	...	...	...	...	
170. Suicide by Firearms	...	...	...	...	...	
171. Suicide by cutting or stabbing Instruments...	...	...	...	...	...	
172. Suicide by jumping from a height	...	...	...	...	...	
173. Suicide by crushing	...	...	...	...	...	
174. Other Suicides...	...	...	...	...	...	
175. Food Poisoning— Botulism	...	...	...	...	...	
176. Attacks of poisonous animals Snake Bite	...	...	...	...	...	
Insect Bite	...	...	...	...	...	
177. Other accidental Poisonings...	...	...	...	...	...	
178. Burns (by Fire)	1	1	...	2	...	
179. Burns (other than by Fire) ...	...	...	...	...	...	
180. Suffocation (accidental) ...	...	...	...	...	...	
181. Poisoning by Gas (accidental)	...	...	...	...	...	
182. Drowning (accidental) ...	...	...	...	...	...	
183. Wounds by Firearms (war excepted)	...	...	...	...	...	
184. Wounds (by cutting or stabbing Instruments)	...	...	...	...	...	
185. Wounds (by Fall)	...	...	...	...	...	
186. Wounds (in Mines or Quarries)	...	...	...	...	...	
187. Wounds (by Machinery) ...	...	...	...	...	...	
188. Wounds (crushing, *e.g.*, railway accidents, etc.) ...	...	...	...	...	...	
189. Injuries inflicted by Animals, Bites, Kicks, etc.	...	...	...	...	...	
190. Wounds inflicted on Active Service	...	...	...	...	...	
191. Executions of civilians by belligerents	...	...	...	...	...	
192. A.—Over fatigue	...	...	...	...	...	
B.—Hunger or Thirst ...	...	...	...	...	...	
Total carried forward ...	12	144	23	156	11	

TABLE V.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES AND DEATHS (IN-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Remaining in Hospital at end of 1925.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1926.	Remarks.
		Admissions.	Deaths.			
Brought forward ...	12	144	23	156	11	
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES—*contd.*						
193. Exposure to Cold, Frost bite, etc.	...	...	...	...	...	
194. Exposure to Heat—						
Heatstroke	...	2	...	2	...	
Sunstroke	...	...	...	...	...	
195. Lightning Stroke	...	...	...	...	...	
196. Electric Shock...	...	...	...	...	...	
197. Murder by Firearms	...	...	...	...	...	
198. Murder by cutting or stabbing Instruments...	...	...	...	...	...	
199. Murder by other means ...	...	...	...	...	...	
200. Infanticide (Murder of an infant under one year) ...	...	...	...	...	...	
201. A.—Dislocation	...	...	...	...	...	
B.—Sprain	...	...	...	...	...	
C.—Fracture	...	...	...	...	...	
202. Other external Injuries ...	1	12	1	13	3	
203. Deaths by Violence of unknown cause...	...	...	...	...	...	
XV.—ILL-DEFINED DISEASES.						
204. Sudden Death (cause unknown)	...	...	...	...	...	
205. A—Diseases not already specified or ill-defined—						
Ascites	...	...	...	...	...	
Œdema	...	...	...	...	...	
Asthenia	...	...	...	...	...	
Shock	...	...	...	...	...	
Hyperpyrexia	...	...	...	...	...	
B.—Malingering	...	...	...	...	...	
Debility	...	3	1	3	...	
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED 10 DEATHS.						
Total	13	161	25	174	14	

TABLE VI.

GEORGETOWN HOSPITAL.

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926.

Diseases.	Males.	Females.
1.—EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES.		
1. Enteric Group—		
(*a*) Typhoid Fever	...	...
(*b*) Paratyphoid A.	...	...
(*c*) Paratyphoid B.	...	...
(*d*) Type not defined	...	...
2. Typhus	...	...
3. Relapsing Fever	...	...
4. Undulant Fever	...	...
5. Malaria—		
(*a*) Tertian	...	...
(*b*) Quartan	...	...
(*c*) Aestivo-autumnal	100	65
(*d*) Cachexia	...	...
(*e*) Blackwater	...	...
6. Smallpox—	2	...
Alastrim	...	...
7. Measles	2	...
8. Scarlet Fever	...	...
9. Whooping Cough	6	3
10. Diphtheria	...	...
11. Influenza	6	4
12. Miliary Fever	...	...
13. Mumps	...	...
14. Cholera	...	...
15. Epidemic diarrhœa	...	...
16. Dysentery—		
(*a*) Amœbic	...	...
(*b*) Bacillary	...	...
(*c*) Undefined or due to other causes	...	...
17. Plague—		
(*a*) Bubonic	...	...
(*b*) Pneumonic	...	...
(*c*) Septicaemic	...	...
(*d*) Undefined	...	...
18. Yellow Fever	...	...
19. Spirochaetosis ictero-haemorrhagica	...	...
20. Leprosy	14	6
21. Erysipelas	...	...
22. Acute Poliomyelitis	...	...
23. Encephalitis Lethargica	...	...
24. Epidemic Cerebro-spinal Fever	...	...
25. Other Epidemic Diseases—		
(*a*) Rubeola (German Measles)	...	...
(*b*) Varicella (Chicken-pox)	...	...
(*c*) Kala-azar	...	...
(*d*) Phlebotomus Fever	...	...
(*e*) Dengue	...	...
(*f*) Epidemic Dropsy	...	...
(*g*) Yaws	...	...
(*h*) Trypanosomiasis	8	3
26. Glanders	...	...
27. Anthrax	...	...
28. Rabies	...	...
29. Tetanus	...	...
30. Mycosis	10	3
Total carried forward	148	84

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	148	84
I.—EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES—*contd.*		
31. Tuberculosis, Pulmonary and Laryngeal...	29	6
32. Tuberculosis of the Meninges or Central Nervous System ...	...	...
33. Tuberculosis of the Intestines or Peritoneum	...	...
34. Tuberculosis of the Vertebral Column	...	...
35. Tuberculosis of Bones and Joints	...	...
36. Tuberculosis of other organs—		
(*a*) Skin or Subcutaneous Tissue (Lupus)	...	...
(*b*) Bones	...	...
(*c*) Lymphatic System	...	...
(*d*) Genito-urinary	...	...
(*e*) Other Organs	...	...
37. Tuberculosis disseminated—		
(*a*) Acute	...	...
(*b*) Chronic	...	...
38. Syphilis—		
(*a*) Primary	46	3
(*b*) Secondary	3	2
(*c*) Tertiary	1	3
(*d*) Hereditary	...	...
(*e*) Period not indicated	...	...
39. Soft Chancre	...	...
40. A.—Gonorrhœa and its complications	85	...
B.—Gonorrhœal Ophthalmia	...	...
C.—Gonorhhœal Arthritis	...	...
D.—Granuloma Venereum	...	...
41. Septicæmia	...	...
42. Other Infectious Diseases—		
Trypanosomiasis	...	...
II.—GENERAL DISEASES NOT MENTIONED ABOVE.		
43. Cancer or other malignant Tumours of the Buccal Cavity ...	...	...
44. Cancer or other malignant Tumours of the Stomach or Liver	...	...
45. Cancer or other malignant Tumours of the Peritoneum Intestines, Rectum	...	...
46. Cancer or other malignant Tumours of the Female Genital Organs	...	...
47. Cancer or other malignant Tumours of the Breast	...	...
48. Cancer or other malignant Tumours of the Skin	...	...
49. Cancer or other malignant Tumours of Organs not specified...	...	...
50. Tumours non-Malignant	2	3
51. Acute Rheumatism	...	...
52. Chronic Rheumatism	170	86
53. Scurvy (including Barlow's Disease)	...	...
54. Pellagra	...	...
55. Beri-Beri	2	...
56. Rickets	...	1
57. Diabetes (not including Insipidus)	...	...
58. Anæmia—		
(*a*) Pernicious	...	...
(*b*) Other Anæmias and Chlorosis	6	13
59. Diseases of the Pituitary Body	...	...
60. Diseases of the Thyroid Gland—		
(*a*) Exophthalmic Goitre	...	...
(*b*) Other diseases of the Thyroid Gland, Myxœdema ...	24	57
Total carried forward	516	258

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	516	258
II.—GENERAL DISEASES NOT MENTIONED ABOVE—*contd.*		
61. Diseases of the Para-Thyroid Glands	...	...
62. Diseases of the Thymus	...	...
63. Diseases of the Supra-Renal Glands	...	...
64. Diseases of the Spleen	2	1
65. Leukæmia—		
(*a*) Leukæmia	...	...
(*b*) Hodgkin's Disease	...	...
66. Alcoholism	...	...
67. Chronic poisoning by mineral substances (lead, mercury, &c.)	...	1
68. Chronic poisoning by organic substances (Morphia, Cocaine, &c.)	...	...
69. Other General Diseases—		
Auto-intoxication	...	...
Purpura Hæmorrhagica	...	...
Hæmophilia	...	...
Diabetes Insipidus	...	...
Debility	21	10
Achondroplasia...	...	1
Adeposity	1	1
III.—AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF THE SENSES.		
70. Encephalitis (not including Encephalitis Lethargica)	...	...
71. Meningitis (not including Tuberculous Meningitis or Cerebro-spinal Meningitis)	...	...
72. Locomotor Ataxia	...	...
73. Other affections of the Spinal Cord	...	...
74. Apoplexy—		
(*a*) Hæmorrhage	...	...
(*b*) Embolism	...	...
(*c*) Thrombosis	...	...
75. Paralysis—		
(*a*) Hemiplegia	2	1
(*b*) Other Paralyses	...	...
76. General Paralysis of the Insane	...	...
77. Other forms of Mental Alienation	2	...
78. Epilepsy	1	1
79. Eclampsia, Convulsions (non-puerperal) 5 years or over ...	...	...
80. Infantile Convulsions	...	...
81. Chorea	...	2
82. A.—Hysteria	...	...
B.—Neuritis	18	...
C.—Neurasthenia	...	...
83. Cerebral Softening	...	...
84. Other affections of the Nervous System, such as Paralysis Agitans	...	...
85. Affections of the Organs of Vision—		
(*a*) Diseases of the Eye	...	...
(*b*) Conjunctivitis	45	20
(*c*) Trachoma	...	...
(*d*) Tumours of the Eye	...	...
(*e*) Other affections of the Eye	21	7
86. Affections of the Ear or Mastoid Sinus	16	15
Total carried forward	645	318

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward...	645	318
IV.—AFFECTIONS OF THE CIRCULATORY SYSTEM.		
87. Pericarditis	...	...
88. Acute Endocarditis or Myocarditis	...	...
89. Angina Pectoris	...	...
90. Other Diseases of the Heart—		
(*a*) Valvular—		
Mitral	...	...
Aortic	...	...
Tricuspid	...	...
Pulmonary	...	...
(*b*) Myocarditis	28	8
91. Diseases of the Arteries—		
(*a*) Aneurism	...	1
(*b*) Arterio-Sclerosis	...	...
(*c*) Other diseases	...	...
92. Embolism or Thrombosis (non-cerebral)	...	...
93. Diseases of the Veins—		
Hæmorrhoids	...	...
Varicose Veins	1	...
Phlebitis...	...	...
94. Diseases of the Lymphatic System—		
Lymphangitis	2	2
Lymphadenitis, Bubo (non-specific)	7	8
95. Hæmorrhage of undetermined cause	...	...
96. Other affections of the Circulatory System	3	2
V.—AFFECTIONS OF THE RESPIRATORY SYSTEM.		
97. Diseases of the Nasal Passages—		
Adenoids	...	...
Polypus...	...	1
Rhinitis...	...	2
Coryza	12	7
98. Affections of the Larynx—		
Laryngitis	...	...
99. Bronchitis—		
(*a*) Acute	280	144
(*b*) Chronic	...	...
100. Broncho-Pneumonia	...	...
101. Pneumonia—		
(*a*) Lobar	10	5
(*b*) Unclassified	...	...
102. Pleurisy, Empyema	11	4
103. Congestion of the Lungs	...	...
104. Gangrene of the Lungs	...	...
105. Asthma	...	...
106. Pulmonary Emphysema	...	...
107. Other affections of the Lungs—		
Pulmonary Spirochætosis	...	...
VI.—DISEASES OF THE DIGESTIVE SYSTEM.		
108. A.—Diseases of Teeth or Gums—		
Caries, Pyorrhœa, &c.	19	4
B.—Other affections of the Mouth—		
Stomatitis	...	...
Glossitis, &c.	11	4
Total carried forward	1,029	510

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	1,029	510
VI.—DISEASES OF THE DIGESTIVE SYSTEM—*contd.*		
109. Affections of the Pharynx or Tonsils—		
Tonsilitis	11	4
Pharyngitis	...	...
110. Affections of the Œsophagus	...	...
111. A.—Ulcer of the Stomach	1	...
B.—Ulcer of the Duodenum	...	...
112. Other affections of the Stomach—		
Gastritis	72	60
Dyspepsia, &c.	...	...
113. Diarrhœa and Enteritis—		
Under two years	...	...
114. Diarrhœa and Enteritis—		
Two years and over	84	50
Colitis	16	6
Ulceration	...	...
114a Sprue	...	...
115. Ankylostomiasis	5	...
116. Diseases due to Intestinal Parasites—		
(*a*) Cestoda (Tænia)	20	3
(*b*) Trematoda (Flukes)	...	...
(*c*) Nematoda (other than Ankylostoma)—		
Ascaris	16	12
Trichocephalus dispar	...	...
Trichina	...	...
Dracunculus	...	...
Strongylus	...	...
Oxyuris	...	...
(*d*) Coccidia	...	...
(*e*) Other parasites	...	...
(*f*) Unclassified...	...	...
117. Appendicitis	...	...
118. Hernia	18	...
119. A.—Affections of the Anus, Fistula, &c.	2	1
B.—Other affections of the Intestines—		
Enteroptosis	...	...
Constipation	490	271
120. Acute Yellow Atrophy of the Liver	...	...
121. Hydatid of the Liver	...	...
122. Cirrhosis of the Liver—		
(*a*) Alcoholic	...	...
(*b*) Other forms	...	...
123. Biliary Calculus	...	...
124. Other affections of the Liver—		
Abscess	...	...
Hepatitis	...	...
Cholecystitis	...	...
Jaundice	2	...
125. Diseases of the Pancreas	...	...
126. Peritonitis (of unknown cause)	...	...
127. Other affections of the Digestive System	...	...
Total carried forward	1,766	917

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	1,766	917
VII.—DISEASES OF THE GENITO-URINARY SYSTEM (NON-VENEREAL).		
128. Acute Nephritis	6	2
129. Chronic	2	1
130. A.—Chyluria	...	...
B.—Schistosomiasis	...	...
131. Other affections of the Kidneys—		
Pyelitis, etc.	1	...
132. Urinary Calculus	...	...
133. Diseases of the Bladder—		
Cystitis	21	6
134. Diseases of the Urethra—		
(*a*) Stricture	4	...
(*b*) Other...	5	...
135. Diseases of the Prostate—		
Hypertrophy	...	...
Prostatis...	...	...
136. Diseases (non-Venereal of the Genital Organs of Man)—		
Epididymitis	...	...
Orchitis	12	...
Hydrocele	8	...
Ulcer of Penis	...	...
Varicocele	1	...
137. Cysts or other (non-malignant) Tumours of the Ovaries ...	...	1
138. Salpingitis—		
Abcess of the Pelvis	...	5
139. Uterine Tumours (non-malignant)	...	1
140. Uterine Hæmorrhage (non puerperal	...	2
141. A.—Metritis	...	4
B.—Other affections of the Female Genital Organs—		
Displacements of Uterus	...	1
Amenorrhoea	...	11
Dysmenorrhœa	...	5
Leucorrhœa	...	1
142. Diseases of the Breast (non-puerperal)—		
Mastitis	...	...
Abcess of Breast	...	...
VIII.—PUERPERAL STATE.		
143. A.—Normal Labour	...	...
B.—Accidents of Pregnancy—		
(*a*) Abortion	...	4
(*b*) Ectopic Gestation	...	...
(*c*) Other accidents of Pregnancy	...	...
144. Puerperal Hæmorrhage	...	...
145. Other accidents of Parturition	...	...
146. Puerperal Septicæmia	...	...
147. Phlegmasia Dolens	...	...
148. Puerperal Eclampsia	...	...
149. Sequelæ of Labour	...	3
150. Puerperal affections of the Breast	...	...
Total carried forward	1,826	962

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward...	1,826	962
IX.—AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.		
151. Gangrene	...	...
152. Boil—		
Carbuncle	5	3
153. Abcess—	36	10
Whitlow	...	...
Cellulitis	33	7
154. A.—Tinea	3	...
B.—Scabies	15	4
155. Other Diseases of the Skin—		
Erythema	37	18
Urticaria...	...	...
Eczema	...	...
Herpes	...	...
Psoriasis	...	...
Elephantiasis	5	...
Myiasis	...	...
Chigoes	...	...
Cutaneous Leishmaniasis	85	42
Ulcer	...	...
X.—DISEASES OF BONES AND ORGANS OF LOCOMOTION (OTHER THAN TUBERCULOUS).		
156. Diseases of Bones—		
Osteitis	18	6
157. Diseases of Joints—		
Arthritis	19	7
Synovitis...	3	...
158. Other Diseases of Bones or Organs of Locomotion	65	17
XI.—MALFORMATIONS.		
159. Malformations—		
Hydrocephalus	...	...
Hypospadias	...	...
Spina Bifida, &c.	...	...
Cervical Ribs	2	...
XII.—DISEASES OF INFANCY.		
160. Congenital Debility	...	...
161. Premature Birth	...	...
162. Other affections of Infancy	...	...
163. Infant neglect (infants of three months or over)	...	1
XIII.—AFFECTIONS OF OLD AGE.		
164. Senility—		
Senile Dementia	...	...
Total carried forward	2,152	1,077

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	2,152	1,077
XIV.—AFFECTIONS PRODUCED BY EXTERNAL CAUSES.		
165. Suicide by Poisoning	...	...
166. Corrosive Poisoning (intentional)	...	...
167. Suicide by Gas Poisoning	...	...
168. Suicide by Hanging or Strangulation	...	...
169. Suicide by Drowning	...	...
170. Suicide by Firearms	...	...
171. Suicide by cutting or stabbing Instruments	...	...
172. Suicide by jumping from a height	...	...
173. Suicide by crushing	...	...
174. Other Suicides	...	...
175. Food Poisoning—		
Botulism	...	...
176. Attacks of poisonous animals—		
Snake Bite	...	...
Insect Bite	...	...
177. Other accidental Poisonings	...	...
178. Burns (by Fire)	9	...
179. Burns (other than by Fire)	...	...
180. Suffocation (accidental)	...	...
181. Poisoning by Gas (accidental)	...	...
182. Drowning (accidental)	...	...
183. Wounds by Firearms, war excepted)	...	...
184. Wounds (by cutting or stabbing Instruments)	...	...
185. Wounds (by Fall)	...	...
186. Wounds (in Mines or Quarries)	...	...
187. Wounds (by Machinery)	...	...
188. Wounds (crushing, *e.g.*, railway accidents, &c.)	...	...
189. Injuries inflicted by animals, Bites, Kicks, &c.	...	...
190. Wounds inflicted on Active Service	...	...
191. Executions of civilians by belligerents	...	...
192. A.—Over fatigue	...	...
B.—Hunger or Thirst	...	...
193. Exposure to Cold, Frost Bites, &c.	...	...
194. Exposure to Heat—		
Heatstroke	...	...
Sunstroke	...	...
195. Lightning Stroke	...	...
196. Electric Shock	...	...
197. Murder by Firearms	...	...
198. Murder by cutting or stabbing Instruments	...	...
199. Murder by other means	...	...
200. Infanticide (Murder of an infant under one year)	...	...
201. A.—Dislocation	...	1
B.—Sprain	...	...
C.—Fracture	2	...
202. Other external Injuries	128	31
203. Deaths by Violence of unknown cause	...	...
Total carried forward	2,291	1,109

TABLE VI.—*continued.*

GEORGETOWN HOSPITAL—*continued.*

RETURN OF DISEASES (OUT-PATIENTS) FOR THE YEAR 1926—*continued.*

Diseases.	Males.	Females.
Brought forward	2,291	1,109
XV.—ILL-DEFINED DISEASES.		
204. Sudden Death (cause unknown)	...	...
205. A.—Diseases not already specified or ill-defined—		
Ascites	5	...
Œdema	...	1
Asthenia	...	...
Shock	...	...
Hyperpyrexia	...	...
B.—Malingering	...	...
XVI.—DISEASES, THE TOTAL OF WHICH HAVE NOT CAUSED DEATHS.	10	
Total...	2,296	1,110

APPENDIX II.

APPENDIX TO ANNUAL REPORT.

TABLE OF PERCENTAGES OF CASES AND DEATHS OCCURRING AT THE BATHURST AND GEORGETOWN HOSPITALS.

INFECTIVE DISEASES.

TOTAL INCIDENCE 2,494.

	Per cent.
Malaria	67·02
Influenza	11·27
Gonorrhœa	5·50
Syphilis	2·80
Pulmonary Tuberculosis	2·40
Trypanosomiasis	1·56
Tetanus	1·28
Leprosy	·88
Whooping Cough	·72
Dysentery (Amœbic)	·64
Measles	·60
Mycosis	·51
Chicken Pox	·36
Black Water Fever	·20
Small Pox	·08
Intestinal Tuberculosis	·08
Generalised Tuberculosis	·04
Septicæmia	·04

TOTAL DEATHS 65

	Per cent.
Tetanus	29·07
Malaria	15·38
Trypanosomiasis	13·84
Pulmonary Tuberculosis	12·30
Influenza	10·76
Dysentery (Amœbic)	9·70
Black Water Fever	3·07
Intestinal Tuberculosis	1·53
Generalised Tuberculosis	1·53
Syphilis	1·53
Septicæmia	1·53

GENERAL HYSTERIC AND PREVENTABLE DISEASES.

TOTAL CASES 11,275

	Per cent.
Digestive System	33·74
Respiratory	22·08
Skin Diseases	12·99
General Diseases	8·57
External Causes	6·10
Diseases of the Eye	3·43
Genito-Urinary Diseases	2·84
Diseases of Organs of Locomotion	2·42
Circulatory System	1·73
Nervous System	1·20
Ill-defined Diseases	·95
Diseases of the Ear	·87
Diseases of Infancy	·60
Puerperal State	·55
Affections of Old Age	·02

General Hysteric and Preventable Diseases—*continued.*

Total Deaths	225
	Per cent.
Respiratory System...	30·13
Diseases of Infancy...	25·75
Digestive System	17·03
Circulatory System	9·60
Genito-Urinary System	6·11
Nervous System	3·49
Diseases of the Skin	3·49
General Diseases	1·31
External Causes	1·31
Affections of Old Age	·87
Puerperal State	·43
Ill-defined Diseases	·43

APPENDIX III.

LEPROSY IN THE GAMBIA PROTECTORATE.

The following notes are the results of examinations made on one hundred cases of leprosy in South Bank and Upper River Provinces during the rains of 1926. My thanks are due to Captain Doke and Captain Jeffs, M.C., neither of whom spared themselves in helping me to find out these cases, and thus to examine them.

This does not pretend to be a full list and description of all the lepers in these Provinces—in both very large areas were not visited, but it does show that leprosy does exist and exists to a degree so marked as to present a medical and economic problem both serious and difficult of approach and of solution.

Extent of the Disease.

In India in the Census of 1921 the total number of lepers was 102,513, this being only 0·32 per mille, and yet the leper problem there is a very real one, and one which is receiving great attention. Among other totals the following may be quoted:—

British Guiana	·83	per mille.
West Indies	·74	,,
South Africa	·46	,,
Ceylon	·13	,,
Malay States	·34	,,

Here in the Gambia we have a much higher proportion than in any of these other parts of the Empire. The population of Upper River Province is given as 34,001, and of South Bank Province, 39,768; and particulars are given here 100 cases these—which gives us the proportion of 1·4 per mille; more than half of the Upper River Province was not examined, as also a large area of South Bank; and so the figure 1·4 per mille is much below the true figure. There is no reason to presume that the disease is not as prevalent in the other provinces.

A count made in South Bank Province by the Interpreters of people with *obvious* leprous lesions gives the figure for that province as 113.

The Difficulties of the Problem.

1. The *apparent* scarcity. Anyone travelling up and down the river, seeing only the people round the wharves is led to think that there are very few lepers indeed; nay, more than this; time spent travelling through the towns and villages away from the river will lead to much the same conclusions. It is only a diligent search that brings to light the appalling extent of the scourge. In many districts the chiefs had been advised to have all lepers at a certain place to be seen—this they did, I am sure, to the best of their ability, but a search through villages later showed that only a small percentage had come. Even headmen of a village might give two as the number of lepers in his village, while search revealed four or five. This vagueness in regard to the incidence of leprosy is extraordinary. It seems to be rather a failure of realisation. There exists what is almost a criminal ignorance of the contagiousness of the disease, and yet, as will be shown, we have here in this record of a hundred cases an overwhelming mass of evidence in support of the theory of contagion. This morning, even, a man told me he had contracted leprosy from constantly changing clothes with a leper friend. He states this as fact, and yet there seemed to be no realisation of the fact. This may appear paradoxical. It is the case. *The mental attitude of these people here towards this disease* is one I cannot grasp. They know the disease; often recognise it in a very early stage; see the number of fatalities as a result of it; believe in the main that it is got by intimate contact with others having the disease; and yet seem utterly unable to put this knowledge into practice, and so protect themselves against it.

Again, another great difficulty lies in the disease itself, a difficulty never met with to the same extent in any other of the diseases encountered here. Were leprosy a steady progressive disease without remissions it would greatly simplify the problem. But it has long periods of quiescence; periods extending often for many years, when the signs of activity of the disease do not show themselves, and a false idea of cure is given. The great importance of this lies in the fact that it lessens, if it does not actually remove, the people's fear of leprosy—and fear is the most potent weapon we possess for a proper tackling of the problem.

Difficulties might be multiplied indefinitely, so only two more may be mentioned, namely:—

(1) That infection is so often not acquired from the chronic easily recognised case, but from skin and nasal mucosa of the very early case before recognition be at all easy, or to those people even possible; and

(2) The intimate life of the people; the common feeding together, and the intimate contact in the huts where a number may sleep together. It is an unfortunate fact that the innate kindliness of these natives is probably the greatest factor in spreading the disease.

Predisposing Factors.

These exist in abundance, and only a few need be mentioned. To:—

(A) *Climatic Conditions.*—At any rate in the months from June to October we have here the hot moist climate so suitable for the spread of the disease.

(B) *The Presence of Intestinal Parasites* as a predisposing cause has been considered of importance; and our infected rate here in the Protectorate of either Ankylostome, Tæniæ or Ascaris is about 80 per cent.

(C) *Housing.*—The enormous importance of bed infection has long been recognised. And here in these hot, airless, often insanitary huts, at times markedly overcrowded, with a crowd sitting or lying on beds used by others, we have a perfect nidus for the disease (the examination of a sick man in one of these huts is at times a most overpowering experience).

The Contagiousness of Leprosy.

Before going into the various methods of contagion as exemplified by these records, I venture to quote here fully the history of two brothers, as shown Nos. 50 and 51, for the reason that they show only too clearly the dangers with which our native population is faced.

"Burima Lyuce as a small boy went to a native school away from his own village—a school at whch he stated there were about one hundred boys. Whilst at this school he lived and shared a bed with a boy suffering from skin leprosy. After a time he left this school and came home prior to going to another school to learn Arabic. Just before he again left home he noticed the first signs of leprosy on himself. He went to the other school, his younger brother accompanying him. There they remained for three years, sharing a bed together. On their return home the younger brother also developed leprosy."

We have here the record of two cases, but what of all the other boys at these schools of whom we have no record. While such a state of affairs continues, this scourge must remain, and can never be stamped out in this country.

Out of a total of 100 cases we have 57 in which we have a history supporting the theory of the contagiousness of the disease—surely a total which cannot be ignored.

(Note.—A little more tact and time given to the elucidation of the history in the first cases seen would undoubtedly have raised this total. I only afterwards appreciated this fact, and regret it exceedingly.)

Methods of Contagion.

(A) *The wearing of the clothing of a leper.*—We have three cases giving a definite history of leprosy following on the wearing of a leper's clothes. These are cases No. 43, No. 56, and No. 73. There is also an indefinite history in case No. 48. One need only realise how much the exchange of clothes takes place among one's own boys to see what a dangerous possibility of infection we have here.

(B) *Conjugal Relationships.*—We have only one case, No. 15, which gives any evidence of this—and this is probably a case of bed clothes infection.

(C) *Inoculation from Instruments.*—Exemplified by case No. 93. Following the opening of an abscess, a leprous lesion developed over the site of incision. It is to be noted that this site is not a usual one for the primary lesion.

(D) *Leper Play Mates.*—We have four cases of possible contagion in this group. Cases No. 8, No. 50, No. 63, and No. 68. Cases Nos. 8 and 63 are the only definite ones in this category. As in No. 68, the case of a boy who contracted the disease after a long period of watching cattle with a leper boy, and also in case No. 50, there is a possible bed infection.

(E) *Living in same yard with a leper.*—I have reduced this group so as to exclude cases of family relationship. This group, represented by the following cases, No. 5, No. 26, No. 22, No. 46, No. 48, No. 55, No. 56, No. 58, No. 69, No. 96, No. 97, and No. 100.

(F) *Family Relationship.*—This is easily the largest group. We may have the direct history of three generations, as *e.g.*, cases No. 32 and No. 33, where a father had it, and before his death his daughter developed it, and now her daughter at the age of nine shows definite lesions.

The cases in the group are:—

No. 1, No. 11, No. 17, No. 20, No. 23, No. 24, No. 26, No. 27, No. 29, No. 31, No. 32, No. 33, No. 35, No. 37, No. 38, No. 51, No. 52, No. 57, No. 59, No. 60, No. 61, No. 62, No. 64, No. 65, No. 66, No. 67, No. 70, No. 72, No. 74, No. 78, No. 81, No. 82, No. 84, No. 85, No. 88, No. 90, and No. 98.

The salient point is that these cases tend to show that *prolonged* and *intimate* association with a leper is conductive to the spread of the disease. Again they show that the spread is usually from the older to the younger—a point which renders the disease—if possible—more dreadful, as it is the young life of the races which runs the greater risk. *In 43 cases we have definite evidence of the disease commencing in the very early life*, i.e., *before the age of twelve years; and many of them in infancy—a factor of great economic importance.*

Sex Incidence.

Out of one hundred cases we have 71 males and 29 females. A fact in keeping with the general concensus of opinion that more males suffer from the disease than females. If a more elaborate count were made, I feel confident that the difference would not, however, be so great.

The Site of the Primary Lesion.

Unfortunately it is not possible to give detailed figures under this head; since, at any rate in old cases, I was seldom able to elicit any reliable statement.

One point of interest, however, is that in no single instance did I get a history of the primary lesion appearing on the feet. This is remarkable, as in India this is a common site. The ground, however, in those areas where it is most seen, is stony in character. Ours is singularly free from stones—a statement which tends to point to the possibility that injury may be important for localising the primary lesion. Again no case of foot drop is recorded. Case No. 93 is further evidence of this localising of the primary site, the lesion appearing directly over that point of the abdominal wall which had been incised.

As a rule, the shoulders, hips, thighs, arms, and face were the commonest primary sites. A finding which is directly in accord with practice. Dr. Ernest Muir, Research Worker in Leprosy in Calcutta, says the affected parts are primarily on the extensor surfaces of the body which are most lain upon at night, such as the cheeks, outer surfaces of the shoulders and arms, buttocks and outer surface of the thighs." Again he states " the majority of the lesions first noticed are on the part of insects." The presumption is that while wearing infected clothes or lying in infected bedclothes and subjected to the bites of insects, they inoculate themselves by scratching in the bacilli which have reached the surface of the body by contact with the infected clothes.

Treatment.

Any remarks on treatment should be prefaced by saying that prevention is definitely more essential and more practicable than treatment here can ever be.

Treatment will not be totally successful in all cases. The far advanced case is in a different category altogether from the early case. Chaulmoogra, etc., given by oral administration are extremely slow if even certain. Moogrol given hypodermically is good, but in the present state of knowledge of the natives difficult. The needle is feared; and apart from this treatment which requires skilled performance every few days is totally impossible where the leper population is scattered over hundreds of miles of country. Any attempt at it on a big scale would be farcical.

The greatest difficulty of all is psychological. Treatment to be of any avail must be carried on assiduously over very long periods in which for months no apparent improvement in condition is seen. And at present these patients have not the necessary patience. Interested at first, he is grieved to see no rapid change, and after a few visits comes no more. (Although in Georgetown at present we have three cases who have come regularly for injection for over three months—and with benefit.)

One reason why treatment is so difficult lies in the disease itself. We know of these long periods of quiescence, and that they may appear at any stage in the disease. There are natives who claim to be able to cure the disease—after they have been treated for varying lengths of time, one of these periods may supervene, and the unfortunate leper thinking himself cured, is unwilling to submit to thorough efficacious treatment. Nor can he be altogether blamed, because unless he is able to come and remain near a hospital where alone he can get regular treatment, it is useless. No compulsion in treatment is of any use. There must be complete co-operation between hospital and patient. As Sir Leonard Rogers says: " Compulsion should never be used in treatment. Unless patients are prepared to enter heart and soul into the treatment and do their part to make it successful, there is little hope of benefiting them."

The Solution.

There is no possible chance of stamping out leprosy in this country without some form of segregation, and the more complete it be the greater is our hope.

Would that it were possible by merely saying this to bring about a segregation so complete as to stamp out the disease. At the present moment I doubt, however, if such a policy is in the realm of practical politics. Finance, the bugbear of all advance, stands in the way. Segregation is not for days and weeks, but for months and years. It most certainly would pay in the long run by stopping the drain on a country as the result of crippled lives. Such a policy would require careful handling, so that not all lepers, but only those who are infectious should be segregated. It would be slow, as there would still be contagion for the early undiagnosed case, but a few years would prove its wonderful effectiveness.

A great difficulty lies in our geographical position. We are not a big country on either side of the river, and people can come and go across the border daily. Many of these cases first discovered the disease in French country or contracted it from strange farmers who had come from across the border. These points make the problem ever more and more difficult.

If a complete segregation be not for the present possible, what steps can be taken to combat this scourge?

A. We have seen how here the risk of contracting leprosy is greatest in infancy and adolescence. If so, then it should be criminal to allow children in the yard of a leper.

B. The people must learn *absolutely* that leprosy is a contagious disease, and thus that everything about a leper is dangerous, *i.e.*, his clothes, bedclothes, eating utensils, and that changing of clothes with a leper be forbidden for the good of the people, and that on no account whatsoever should anyone inhabit the hut of a leper. Surely this is not a difficult matter, nor is it that a leper should keep and use his own food utensils, and never those of others. I am confident this need not make of the leper a pariah and outcast; but that if it be explained to him he would rather be one who by self-sacrifice is contributing something very great to the common good.

C. If the big segregation colony be not possible just now, might not the villages affected tackle the problem on their own. Let each village have its own colony—if it consist of only one hut in a yard alone. The leper there is not ostracised. He is one of the village, but not so dangerous as before. In course of time this scheme might enlarge itself so that a district had its own little village colony—compounded of these small original ones. This is throwing no added expenditure on anyone. The native in the bush always looks after his weaker brother, whatever his ailment be, and it would at least be a step in the right direction. It is by no means perfect; nor altogether easy—one point of the bitterness is the question of the affected mother and unaffected child, but a problem of this magnitude cannot be faced without a certain amount of hardship ensuing.

Conclusion.

In this Protectorate of the Gambia we have a markedly large proportion of cases of leprosy—the most loathsome disease that flesh is heir to. The record of the cases given shows a huge mass of evidence pointing to the contagiousness of the disease, and also that this is greater among the children than the old. These point a way whereby the problem, despite its many and very real difficulties may be tackled, and by this way or some other it must be tackled and fought until the scourge is no longer present with us.

(*Signed*) WILSON RAE,
M.O., Protectorate.

Georgetown,
18/10/26.

LEPROSY STATISTICS.

1. Momadou Suwareh.—Aet. 25. Duration 4 years. Nerve case—loss of phalanges of feet; ulceration above and under fingers; probable source grandfather, who died of it.

2. Saidu Barra.—Aet. 40. Duration one year. Developed in French Guinea, but gives no history. Nerve case—hands affected phalanges.

3. Danjoh Jarra.—Aet. 25. Duration since childhood. Never case. Loss of all fingers, also three toes of left foot. Ulceration of side of foot and sole. Eyes also affected. No history.

4. Fulah Nohoh Conte.—Aet. 30-40. Duration since childhood. Nerve case; hands and feet affected. Gives no history. No sign of the disease in her children.

5. Fendah Sarneh.—Aet. 12. Skin case; forehead, side of eye and mouth. Lives in same yard as last case.

6. Binta Kanteh.—Nodular—face affected, no history.

7. Amadou Camara.—Aet. 12. A mixed case. Skin lesions on forehead and forearms. Ulceration of knee. Duration one year.

8. Samba Jaiteh.—Five years. Probable source is last case. Nodular—face and arms.

9. Samba Baldeh.—Nodular—forehead, elbows and ears. No history.

10. Alasan Santoh.—Aet. 12. Duration three years. A rapid course. A mixed case, great tissue, loss fingers and toes. Nodules very marked on face. No history.

11. Haddy N'Jie.—Aet. 28. Early case. Decolorised anæsthetic patch above eyes. Mother died of leprosy.

12. Baboucar Fye.—Aet. 30. Three years duration. A mixed case. One toe right foot gone. Nodules on face and arms. No history.

13. Bakari Kaiteh.—Aet. 30. Duration five years. Nodular—face affected. First noticed in French Guinea. No history.

14. Abduli Charm.—Aet. 35. Duration four years. A rapid course. Loss of greater part of fingers and toes. First noticed in Bathurst. No history. He is now under treatment .

15. Ceesay Jallow (F.).—Aet. 40. Duration three years. Mixed case. Loss of five toes left foot. Toes of right foot and fingers also affected. Marked affection face and eyes. Her husband died—a leper—two years ago.

16. Sarjo Joh.—Aet. 30-40. Nodular face, body and arms. Eyes also affected and sight very poor.

N.B.—There were three beds in this hut.

Three cases from this village had just gone to French country.

17. Karim Janneh.—Aet. 20. Since childhood. Skin of forehead. Uncle had leprosy.

18. Kutuba Ceesay.—Aet. 18. Duration seven years. A mixed case, with loss of finger and toes. No history obtained.

19. Babu Jabbeh.—Aet. 20. Skin case. Duration one year. No history.

20. Fematanding Saideh.—Aet. 7. Since at breast. Skin of face. Mixed case. Feet involved. Father died of it.

21. Fodah Sibbah.—Aet. 40. Since infancy. Extensive involvement of hands and feet, loss of toes and fingers. Ulceration of heels. Skin of face. Eyes affected. No history.

22. Bakari Sonkoh.—Aet. 20. Duration four years. Skin disease. Lived with a leper who died five years ago.

23. Alagy Manneh.—Aet. 40. Duration 20 years. Extensive skin involvement. His uncle had it.

24. Demba Sirra Demba.—Aet. 12. Duration one year. Skin of face. Father died of it.

25. Lamin Sanneh.—Aet. 6. One year slight and early involvement of skin. History, see next case.

26. Tomaring Sarnulh.—Aet. 30. Duration three years. Skin case. Mother died of it. This and last case lived together.

27. Mamar Jankee Sankeh.—Aet. 20. Duration 10 years. Nerve case. Loss of fingers and toes. Elder brother had it.

28. Luntanding Sanneh.—Aet. 30. Duration 11 years. Nerve case. No history.

29. Yessa Jammeh.—Aet. 40. Duration 11 years. Nerve case with loss of fingers. Brother died of leprosy.

30. Jalamang Marong.—Aet. 20. Since infancy. A nerve case with loss of all distal phalanges. Eyes now affected—as yet not severely. No history.

31. Naamona Camara.—Aet. 20. Duration 15 years. A severe case with loss of fingers and toes. Ectropian of eyelids. Mother died of it when this case was a child.

32. Haminah Dampha (F.).—Aet. 30. Duration since childhood. A mixed case. Heavy infection of skin of face; loss of fingers and toes. Father died of it ten years ago.

33. Wontong Mamburay (F.).—Aet. 9. An early case with lesion at sides of nose and one patch on back. A daughter of last case.

34. Lang Jobe.—Aet. 25. Since childhood. A mixed case. First showed as skin involvement of face; loss of fingers and toes; loss of one eye. No history.

35. Meta Manjang. Aet. 25. Duration 10 years. A mixed case, with loss of fingers and toes. Both uncle and grandfather died of it.

36. Arafang Lang Tomany.—Aet. 30. Duration 10 years. A nerve case with great loss of digits of hands and feet. Eyes also gravely affected. No history.

37. Jaila Jobe.—Aet. 8. Duration two years. Skin of back and arms especially. Elder sister died of it and grandmother also had it.

38. Bunia Camara.—Aet. 10. Since infancy. A nerve case with loss of fingers and toes. Grandmother had it.

39. Fanding Sanjang.—Aet. 26. Duration seven years. A skin case. No history.

40. Bakari Sanjang.—Aet. 35. Duration three years. Skin of forehead. No history.

41. Woppa Jallow.—Aet. 40. Duration 10 years. A very advanced case with loss of feet from mid-tarsal joints. Only a few stumps left for digits of hands. Ulcer of soles of feet. Eyes now involved. No history.

42. Maleh Conteh.—Aet. 60. First noticed one year ago. Skin of elbow and forearm on right side, and elbow and hand; left side knee and outer side of left leg. No history. (This case had congenital malformation—six fingers on each hand.)

43. Samba N'Jie.—Aet. 33. Duration eight years. First noticed in Senegal. A nerve case of rapid course. Loss of all fingers and toes. Massive ulceration of both arms and elbows. He had a friend who had leprosy and they were in the habit of exchanging clothes.

44. Sagga Touray.—Aet. 30. Commenced in Bathurst in 1919. First noticed defigmented patch on skin of forearms. Mixed case, with great loss of fingers and toes. No history. He has been having Moogrol infection for three months now, with improvement especially in his general condition.

45. George Roberts.—Aet. 7. One year. Skin above eyes and on left waist marked anæsthenia. No history available.

46. Kuta Kamara (F.).—Aet. 50. Duration four years. A very marked nodular case with eyes affected. Nerve also, with loss of toes. Lived with lepers at Brikama for two years, sleeping in same hut and same bed. Left there four years ago.

47. Kali Jowe.—Aet. 55. A very bad mixed case. Loss of all toes. Fingers also affected. Nodular aspect of face. Laryngeal affected also. No history as case is mentally unsound—considering his condition to be the result of under-hand work in order to deprive him of property.

48. Balla Sesohohr.—Aet. 40. Duration three years. Skin of face, right shoulder, arm and hands. Came from French Guinea. Slept in hut with friend who was a leper. (Possibility here of clothes infection.) This case is under treatment by Moogrol injections at Georgetown.

49. Adele Taylor.—Aet. 34. Duration two years. First noticed a small nodule on upper lip just under nose in January, 1925, while living in Bathurst. No history of infection. Has now spread all over face and ears, also to both arms. Appearance is nodular throughout. This case is having Moogrol injections with benefit after three months.

50. Burima Lyuce.—Aet. 23. Since childhood. Loss of all fingers. Toes also affected and skin of abdomen and legs. When a small boy, went to school, Buiba—at this there were a great number (he says 100) of boys. While there he lived and slept with a boy who had skin leprosy. He returned to Bai and then went to Senikunda to another school to learn Arabic. Immediately prior to going there the first signs of leprosy appeared. His younger brother went with him and they lived there three years together. On return, the younger showed signs of leprosy.

51. Mousa Lyuce.—Aet. 18. Duration nine years. Marked nodular leprosy of face. Leprotic ulcers of hands. Marked changes in nails. Marked longitudinal curving and grooving of nails of fingers and toes. A brother of last case; for history see above.

52. N'Jang Walli Demphs (F).—Aet. 30. Duration six years. Nerve case, loss of all fingers right hand and four left hand, all toes affected. Skin of abdomen and face. Grandfather and grandmother both died of it. This woman has a child of aet three which presents no signs of the disease.

53. N'Jang, Kiang Nanch (F).—Aet. 17. Duration since childhood, shows depigmented area with raised margin covering area round left eye and cheek. No history.

54. Sutae Dampha.—Aet. 50. Duration 10 years. A very large patch covering almost all the left side of chest. Patches on face, legs and arms marked Anæsthenia. No history.

55. Sinrita Jarrah.—Aet. 40. Duration six years. First noticed in French Guinea. Large circinate patches on face, arms, body and legs. Loss of sensation in all fingers. Leprotic ulcers on fingers. Lived in same yard with leper who is now dead.

56. Sanech Camara.—Aet. 40. Duration six years. Loss of fingers and toes. First noticed in Kombo. Large area on skin of abdomen. Used to work and sleep with a man who was a leper and was in the habit of changing clothes with him.

57. Boye Bandeh.—Aet. 18. Duration since childhood. Loss of fingers and toes. Large leprotic ulcers of soles. Skin of back also involved. Father died of leprosy.

58. Bubu Jobe.—Aet. 50. Duration uncertain. Skin of left shoulder and right forearms, and old leper lived with his family for years but has now gone into French country.

59. Hamadie Sowe.—Aet. 12. Duration one year. Deserite skin affection of face, arms and chest. Mother had leprosy and died.

60. Farba Dampha.—Aet. 40. Duration since 1914. First noticed on fingers. Claw hand loss of fifth, digit left hand. Two toes right also gone. Leprotic ulcer first toe right foot. *Blind since* 1920. Left eye first affected, and mouth, later right eye. Is able to distinguish light and shadow. His uncle had it and he lives with them.

61. M'Bye Dampha.—Aet. 18. Duration since childhood. All fingers and toes affected. Leprotic ulcers of sole. First noticed on right arm. Chest, abdomen and arms all show discrete lesions. This is a son of last case. There are three younger brothers who are no lepers.

62. Jumbo Nasso.—Aet. 20. Duration one year. An early case with skin lesions round right eye and round ears. His brother died of leprosy.

63. Serney Caesay.—Aet. 50. Duration not known. Loss of all fingers and all toes. Large depigmented areas of face (disease commenced there), arms, legs and abdomen. As a boy was always with two other boys who were lepers and died.

64. Maad Lown. Aet. 6. Duration since infancy. Both arms and side of face. He is a son of last case.

65. Ismaila Caesay.—Aet. 40. Duration two years. Mainly on right hand and right legs. All toes affected, loss of second digit right hand. His uncle died of it—and they lived together.

66. Adjuma Sowe.—Aet. 40. Duration 20 years. Loss of four toes on each foot. All fingers affected, also skin, abdomen and arm. His elder sister, Juba Sowe, who lives with him, has it and had it before he developed the disease.

67. Matta Bah (F.).—Aet. 25. Duration 18 years. Loss of all toes and most of all fingers. Skin of abdomen, legs and face affected. Disease first noticed on knees. Her grandfather died of it.

68. N'Dasu Sonkoh.—Aet. 19. Duration since childhood. Nodular infection of face. Claw hands—all fingers affected. Marked ridging of nails. First noticed on shoulder. Toes slightly affected and also skin of chest. He used to sleep with a boy in the cowfold. This boy had leprosy and has since died of it.

69. Hamadi Fatteh.—Aet. 14. Duration since childhood. Loss of all fingers, toes also affected. Face and arms exhibit large depigmented areas. A strange farmer —a leper—lived with them for several years. He has now gone to French country.

70. Lamin Gaye.—Aet. 25. Duration since childhood. Loss of four fingers and four toes on each side. Skin of face, ears, arms and buttocks affected. First noted as small patch on buttocks. Father died of it.

71. Momadu Chaum.—Aet. 20. Early case with lesion just below hair on forehead. Leprotic ulcer of thumb (left hand) with *marked thickening of radial nerve in upper arm.* Has slept in leper houses while collecting pasturage fees.

72. Haddy N'Jie (F.).—Aet. 30. Duration unknown. A slow case. Skin of forehead and both eyebrows affected. Mother died of it.

73. Charles Chaum.—Aet. 30. Duration four years. Skin of face and extensor surfaces of arms. He says himself that it was due to changing clothes with a leper repeatedly.

74. Muctarr Bah.—Aet. 25. Duration three years. Large area on left buttock and flexor surface of forearm and back of hand. Small patches between shoulders. His mother died of it.

75. Gusman Jallow.—Aet. 20. Large circinate patch on forehead with raised eyes and anæsthetic centre. Duration six years. No history.

76. Barinia Fofanch.—Aet. 30. Duration since childhood. Circinate patch centre of forehead and depigmented area below left ear. No history.

77. Mariama Camara (F.).—Aet. 50. Duration four years. Skin of arm. *Anhydrosis* very well marked.

78. Marya Camara.—Aet. 7. Duration three months. Skin of forehead and leg involved. Last case is his grandfather. Live together.

79. Dambellaba Kandeh.—Aet. 4. Duration one year. Depigmented areas on back alongside spine at lower angle of scapulæ, also on back of neck. No history.

80. Kekuta Camara.—Aet. 30. Duration one year. Skin of right elbow, skin below left eye and on back involved. Small toe affected. No history.

81. Samba Kambileh.—Aet. 5. Duration two years. Large leprotic area on back of neck. Father died of it two years ago.

82. Sumaneh Sesohohr. Aet. 7. Duration one year. First noticed on right thigh as small raised depigmented patch on extensor and outer surface. There is also a leprotic patch on left wrist. Father died a leper.

83. Penda Sohrneh.—Aet. 8. Duration three years. Large patch down on back above hip. No history.

84. Kasa N'Hahasoh.—Aet. 25. Duration four years. First noticed on right forearm. Large skin areas involved in front and back of trunk. Leprotic ulcers under joints of fingers. Commencing affection of toes of right feet. Ulcer on auterior aspect of wrist. Marked nail changes. Elder brother had it.

85. Madi Kaita.—Aet. 22. Duration three years. First noticed on face. Two small areas below mouth and over left cheek. Loss of first digit left foot and ulcer of left hand. Brother also had it, but not seen.

86. Balla Jallow.—Duration since childhood. A very advanced nodular case—all over body. Leprotic ulcers on hands and arms. Marked change in fingers. No history.

87. Luntang Bandeh.—Aet. 30. Duration 20 years. Loss of all fingers and toes of left foot. Loss of one toe on right foot. Depigmented skin areas on arms and feet. First noticed on extensor surface of right forearm. No history.

88. Bangallee Sirsohohr.—Aet. 35. Duration five years. First noticed on back of chest. Many leprotic ulcers on back; skin of face involved. Loss of all fingers and first digit left foot. Ulcers on all toes of right foot. Elder sister has it and lives with him. She was not seen.

89. Manaba Camara.—Aet. 25. Duration since childhood. Loss of terminal phalanges. All fingers, three toes left foot affected. Ulcers of two fingers. First noticed on right shoulder. Marked Anhydrosis especially on this area. Her mother died of it.

90. Musa Sajoe.—Aet. 35. Duration since 1915. Loss of destal phalanges of all toes left foot, loss of one digit right foot and ulceration of first digit. Marked nil changes on fingers all affected. Nodules on face and depigmented area below ear and on back. Lived with uncle who had it.

91. Coomba Silla.—Aet. 40. Duration eight years. Loss of all digits both hands and three toes right foot; nail of other feet show marked changes. Skin of face over both cheeks is involved. No history.

92. Bantang Soureh.—Aet. 19. Duration 15 years. First noticed as small patch on left elbow and left side of face. Whole of skin on extensor surface of arm, forearm and hand involved; also skin of face like Macrocheillia and both lips depigmented. No history.

93. Lansanah Tarawalli.—Aet. 20. Circular patching on chest and abdomen and slight involvement of fingers and toes. The first patch followed the opening of an abscess on front of abdomen and surrounds that point.

94. Mahamadu Sunkarra.—Duration since childhood. Skin of whole of extensor surface left arm and forearm involved, also skin of lips and shoulders; large patches on chest and abdomen, and skin of forehead. No history.

95. Kanku Tourey.—Aet. 5. Duration one year. Skin case, involving back, arms and legs. No history.

96. Sarjoe Soh.—Aet. 30. Duration 11 years. A very advanced skin case with leonine appearance of face. Skin of chest and abdomen affected, as also arms and thighs; and feet keratitis and very little sight in eyes. Lived with a leper in same yard. This leper has since died.

97. Nyiama Tourey.—Aet. 18. Duration one year.—Skin area involved below left scapula. A strange farmer—a leper—lived with them for four years. He has now gone.

98. Arafang Magasay.—Aet. 10. Duration three years. First noticed at left side of nose. Now extends over both arms, legs and chest. His elder brother died of it just before this child showed first signs.

99. Matter N'Jie.—Aet. 8. Duration two years. Patches on right shoulder and beneath waist belt on right hip; also right knee. No history.

100. Keba Gahahey.—Aet. 15. Duration three years. First noticed on knee. Ulceration of elbow and knee, ankle and sole. All fingers affected; shoulder also. Strange farmer lived in yard four years ago for one year.

NOTES ON REPORT BY DR. T. L. CRAIG, B.M.O.

The outstanding features in this report is the number of cases of Leprosy in the Protectorate. Although it is not outstanding in the proportion infected with Leprosy.

The mode of infection corresponds with the investigation made in India and other places.

There is a great reluctance on the part of patients to submit to treatment, and those who do submit rarely continue for a sufficient period. The organisation and arrangement of a leper camp as suggested by Dr. Rae as the only feasible way of dealing with the disease devolves chiefly on the Administrative Office, and I suggest it might be discussed by the Travelling Commissioners at their next Conference.

The land is usually set aside by the Chiefs and completely enclosed by a fence.

Series of huts for the inmates, caretaker, and a small dispensary built by Government, tools for farming, old blankets and clothes given by Government. Relatives of the lepers supplied the food through the Chiefs. Camp held from 100 to 150 lepers.