Annual report on the Medical Department / Sierra Leone.

SIERRA LEONE.

Annual Report

ON THE

MEDICAL DEPARTMENT

FOR THE

YEAR ENDING 31ST DECEMBER, 1907.

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ANNUAL REPORT ON THE MEDICAL DEPARTMENT FOR THE YEAR ENDING DECEMBER 31ST, 1907.

I have the honour to submit the annual report on the Medical Department of this Colony for the year 1907.

1.—MEDICAL STAFF.

I was appointed Principal Medical Officer of the Colony in February, 1907, arriving and taking over the Department on the 15th of that month from Dr. Hood, Senior Medical Officer, who proceeded to the Gambia to take over charge of the Medical Department of that Colony a few days after my arrival. I went on leave on the 20th May, completing 14 months' continuous service on the Coast. During my absence on leave from the 20th May to the 31st October, Dr. Kennan, Senior Medical Officer, acted as Principal Medical Officer.

The following changes and vacation leaves took place in the Staff:—

Dr. Hood, Senior Medical Officer, was transferred to the Gambia.

Dr. Kennan was promoted Senior Medical Officer and transferred from the Gold Coast Colony to fill Dr. Hood's place.

Dr. St. George Gray was promoted Senior Medical Officer and transferred to Southern Nigeria.

Drs. Davson, Latchmore, Jackson-Moore, Arbuckle, Allan, Burrows, and Wood-Mason went on usual leave of absence to England during the year.

Drs. Greenidge and Latchmore resigned their appointments and Drs. Alexander, Orpen, Todd and Murphy arrived in the Colony on first appointment to the West African Medical Staff.

The Medical Staff of the Colony during the year consisted of:—

Principal Medical Officer	1
Senior Medical Officer...	1
Medical Officers, West African Medical Staff	12
Local Native Medical Officers	3
Total	17

2.—FINANCIAL STATEMENT.

The following is a brief statement showing the Revenue and Expenditure during the year.

Revenue.	Actual. £	s.	d.
Maintenance of Patients from other Colonies...	725	9	6
Hospital Receipts	134	17	10
Maintenance of persons in Quarantine	9	17	6
Nursing Home Receipts	359	5	4
Sale of Medicines	98	8	5
Licence, Druggist	2	2	0
Fees, Druggist	1	10	0
Fees, Medical Student	5	0	0
Total	£1,336	10	7

Expenditure.	£	s.	d.
Personal emoluments and other charges, Medical Department...	7,291	10	6
Hospitals and Dispensaries ...	5,086	17	8
Personal emoluments, &c., Nursing Home	855	7	0
Protectorate, Salaries, &c. ...	6,808	19	3
Total	£20,042	14	5

3.—PUBLIC HEALTH.

The estimated population of the Colony proper, *i.e.*, exclusive of the Protectorate, for the year was 76,929. The total number of deaths registered was 1,192. The total number of births registered was 935. The figures are not reliable, as registration outside Freetown is not compulsory. Registration being voluntary in the outlying districts of the Colony many cases of deaths and births are not registered.

In Freetown, however, registration is compulsory and the figures are fairly reliable.

The estimated population of Freetown for 1907 was 37,280, the total number of deaths 816, and of births 588, giving a general death rate of 21 per 1,000 and a birth rate of 15 per 1,000. The birth rate is a fraction higher than that for 1906, and the death rate which showed a considerable fall in the previous year was still lower in 1907, and compares very favourably with previous years, being in fact, so far as I can ascertain, the lowest on record as shown by that for the previous six years,

1901	1902	1903	1904	1905	1906	1907
28	24	23	26	29	23	21

The following diseases were responsible for the largest proportion of the deaths :—

Respiratory System	161
Nervous System	58
Malarial Fevers	202
Digestive System	95
Circulatory „	42
Urinary „	24

Of the total number of deaths 452 were males and 364 females, and of these again 271, or 33 per cent., were under the age of five years. The total deaths under one year was 210, showing a death rate of 357 per 1,000 births for infants under one year, as compared with the infant mortality in England of 132 per 1,000 in 1906.

The infantile death rate for the past seven years has been

1901	1902	1903	1904	1905	1906	1907
575	466	471	398	461	434	357

per 1,000 births, so that this death rate for 1907, though still very high, as compared with that of England, is nevertheless the lowest for the past seven years.

This high infant death rate is, in my opinion, due chiefly to three potent causes—viz., 1, Malaria, 2, Carelessness in the management of child-birth, 3, Insanitary surroundings, and I may add 4, Ignorance as to feeding, clothing, and cleanliness of infants, and as this latter mental attribute is found even in the most highly cultured and civilized communities we must not be surprised if we find it pervading sections of the inhabitants of West African towns, entailing, owing to the trying climatic influences and the constant presence of the endemic diseases peculiar to Tropical West Africa, a proportionally higher death rate among young children.

In reference to the general death rate I only wish to refer to the lowering in the number of deaths due to diseases of the digestive system. This, in my opinion, must be put down to the people in general becoming more educated to the use of the wholesome drinking water now supplied in the public stand-pipes throughout the town. It is a well-known fact to medical men and others that the aboriginal native of the lower class, who has always been accustomed to drinking impure well or river water, prefers his drinking water to have a certain amount of " body " in it, *i.e.*, plenty of flavour of a saline or earthy variety and often of some more pronounced impurity. A water filtered and consequently without a marked flavour is, to him, unfit to drink. Patients in hospital are frequently known to crave for well water with strongly marked saline or other constituents, complaining that the pure filtered water (from Berkfield or Pasteur Filters) had no taste and that it " no satisfy " them.

EUROPEAN DEATH AND SICK RATES.

The total number of deaths among the European residents in the Colony during the year were 11.

And the causes of these were as follows :—

Blackwater Fever	3
Remittent Fever	2
Phthisis	1
Nephritis	1
Heat Stroke	1
Alcoholism	1
Valvular Disease of Heart	1
Ptomaine poisoning	1

and two non-resident cases landed from vessels, one malarial Cachexia and the other suicide. Of the former five were military, two officials, two missionaries and two merchants.

The following table gives a comparative statement of European deaths during the past ten years :—

Year.	Landed from Vessels.	Resident in Freetown.		Garrison.		Total.
		Climatic.	Otherwise.	Climatic.	Otherwise.	
1898	2	8	4	—	—	14
1899	—	3	6	—	—	9
1900	4	8	7	—	—	19
1901	—	5	2	3	—	10
1902	3	3	—	1	1	8
1903	2	2	2	2	3	11
1904	3	2	3	2	2	12
1905	3	2	2	1	—	8
1906	3	2	1	1	1	8
1907	*2	3	3	2	3	11

* These cases are not included in the total.

From the above it will be seen that the number of deaths from climatic causes among the Europeans resident in the Colony was more than in the previous two years; this increase is very probably due to the increase in the actual European resident population from 300 in 1906 to 550 in 1907, the number of deaths from these causes being five gives a death rate of nine per 1,000 from climatic diseases, which compares most favourably with former years. Taking into account the total European deaths we have a death rate of 20 per 1,000. I exclude the two cases landed from vessels, one being a case of suicide, and the other died a few hours after admission from malarial Cachexia.

This improvement in the health of Europeans is to a large extent due, in my opinion, to residence at Hill Station, where for the past three years a large number of the European officials on duty at headquarters reside.

OFFICIAL SICK RATE.

The total official strength for the year was :—

Europeans	135
Natives	546
Total	681

Of the former there were 119 admissions on the sick list. Of the latter there were 467 admissions on the sick list. Freetown Official sick rate for the past five years is shown in the following tables :—

OFFICIAL SICK RATE FOR LAST FIVE YEARS.

All Officials.

	1903	1904	1905	1906	1907
Total number on sick list	374	372	366	308	372
,, of days on sick list ...	2,458	2,879	2,593	2,299	2,483
Average daily number on sick list ...	6·73	7·86	7·10	6·28	6·80
,, number of days on sick list ...	6·57	7·74	7·08	7·46	6·67

EUROPEAN OFFICIALS.

	1903	1904	1905	1906	1907
Total number on sick list	94	70	82	68	75
,, of days on sick list ...	738	510	680	531	561
Average daily number on sick list ...	2·02	1·39	1·8	1·45	1·53
,, number of days on sick list ...	7·53	7·28	7·28	7·80	7·68

NATIVE OFFICIALS.

Total number on sick list	280	302	284	240	299
,, of days on sick list ...	1,720	2,369	1,913	1,768	1,922
Average daily number on sick list ...	4·71	6·47	5·24	4·84	5·26
,, number of days on sick list ...	6·14	7·84	6·77	7·36	6·42

There is an increase of 64 admissions on the sick list among officials over that for the previous year, 59 of these having occurred among Native Officials and 5 among Europeans.

The following invaliding and deaths occurred among officials:—

EUROPEANS.

Invalidings	3
Deaths	2
Causes of invalidings ...	... Abscess, Neuritis, Gastritis.
,, deaths ...	... Ptomaine Poisoning and Remittent Fever.

NATIVES.

Invalidings	1
Deaths	2
Causes of invalidings	Rheumatism.
,, deaths	Apoplexy, Remittent Fever.

Small-pox.—Vaccination was performed regularly during the year, but owing to the lymph becoming inert in many cases the number of successful cases was not as large as it should have been.

There was a mild outbreak of Small-pox in the month of March, but owing to the efficient measures taken for the isolation of the patients and the disinfection of the houses in which they lived the number of cases did not exceed 20, of whom 19 recovered and one died.

Lazaretto and Quarantine.—There was no quarantine during the year. There were however 23 cases of chicken-pox treated in the Lazaretto.

SANITATION OF FREETOWN.

The sanitation of Freetown is under the control of the Town Council and under my immediate supervision as Medical Officer of Health.

The Sanitary Staff consisted as usual of a Chief Sanitary Clerk and an Assistant Clerk, these also perform the duties of Cemetery Clerks. There is also a Sanitary Inspector who has nine Assistant Inspectors under him; the duties of these Inspectors is to visit and report daily on the sanitary condition of the different sections of the town of which they are each in charge, and to report on the manner in which the labourers perform their duties.

During the year the usual scavenging and cleaning of the streets, gutters and premises was performed in a fairly satisfactory manner.

There are seven public latrines in the town but no public urinals, eight dust-bins, two shoots leading on to beach, and ten dumping grounds for disposal of rubbish, with two burning pits for same purpose.

The following return of summonses, &c., shows some of the work done by the Sanitary Inspectors during the year :—

Number of Summonses	54
,, Convictions	39
Amount in fines ... ... £6 1s.	3d.
Persons arrested for committing nuisance ...	24
Number of abatement of nuisance notices served	2,660
Number of cess-pits examined	723
,, dead animals found and buried	152

The City Council for some reason or other decided to get the scavenging done by contract, a method of carrying on the cleaning of the town I am not in favour of, as in my opinion work of this kind is more satisfactorily performed if done directly by the Council itself, who should have their own staff of labourers, with mule or oxen carts for carrying on the work. The advantages would be :—Greater satisfaction in the work done by a permanent gang of scavengers, who would know how the work should be performed ; some form of animal transport, which is very necessary in a large town covering an extended area, as it enables a more rapid removal of rubbish than at present ; and finally it would be less costly than the present system, as shown below :—

Average cost of scavenging for the seven years 1899–1900 to 1905–1906	
When done by the Corporation	£851 13s. 2d. per annum.
Scavenging by contract, 1907–1908 ...	£1,200 0s. 0d. ,,

In the former case suitable mule and oxen carts were in use, in the latter, there is not even a wheel-barrow, and yet £350 more is expended on the work.

Cleaning of Streets, &c.—This was carried out fairly satisfactorily by the Contractor during the year, but owing to the absence of suitable carts and mules the dust-bins and dumping grounds were not kept as free from accumulation of refuse as one would wish. Carts are very necessary for this work in a large and scattered town ; without them the speedy removal of rubbish is an impossible task.

The removal of refuse from houses and yards is performed by the occupiers, who deposit it in the public dust-bins provided for that purpose and from these it is taken by the scavengers to selected dumping grounds and shoots, some being burned and the remainder thrown into the sea.

Burning pits for the disposal of rubbish have been tried in two sites, but being open and fully exposed to the heavy rains were not quite a success ; and the smoke as well as the disagreeable odours resulting from the processes of slow combustion and fermentation made them more of a nuisance than a benefit. A rubbish kiln or burner could, I think, be easily made of rough masonry suitably protected from rain and so constructed as to favour complete and rapid combustion, with a chimney sufficiently high to prevent the smoke being a nuisance to the surrounding dwellings. I have lately submitted a plan of such a structure.

The disposal of excreta is one of the most important and at the same time one of the most difficult questions to deal with in the sanitation of Freetown, and it is one that has been thoroughly gone into and largely written on by my predecessor, so that I do not think I can add anything that would be considered new on the subject.

The cess-pit form of closet is, with a very few exceptions, the system universally in use all over Freetown; these vary in depth from 7 to 27 feet average depth 11 feet 4 inches; in diameter they vary from 2 feet 6 inches to 6 feet, average 4 feet 2 inches; they number something over 3,000; the contents of the majority are as a rule fluid or in many cases semi-fluid, with a mass of solid matter floating on the top; in some the contents vary in level, in others they remain fairly constant in amount, this depending on the nature of the surrounding ground whether rock or porous soil. The rock is chiefly iron-stone of a porous nature, so that whether clay or rock there is a continuous soaking going on from the pits into the soil around, and this explains, in my opinion, why a large number of the pits do not require frequent emptying; some, it is declared, never require to be emptied. The substitution of some other means for the disposal of excreta has been under consideration for some time, and undoubtedly the cess-pit system should, if possible, be abolished or radically altered, as there is no doubt that contamination of the atmosphere around dwellings takes place, which is responsible for much of the digestive troubles and debility, &c., to which the inhabitants are subject. The main difficulty is apparently one of cost, as no change can be made without incurring a very large expenditure. The filling up of something over 3,000 pits averaging 11 feet deep by 4 feet square and the substitution of the pail system of closet will, if done by the Government, run into thousands of pounds. Another plan would be to allow the cess-pit system to continue, but in a modified and more sanitary form, by effectually sealing up each pit with a concrete top on which a suitable wooden seat could be fixed, making them mosquito proof, providing a ventilating shaft to carry the foul gases above the dwellings so as to prevent pollution of the air around and in them, and requiring the seat to have a secure method of covering to prevent the escape of gases and the entrance of mosquitos and other flying insects. If with these improvements a rain-proof shelter is provided to enclose the pit at a rough estimate the cost per pit will be £12, and this for at least 3,000 pits comes to a total expenditure of £36,000.

A modification would be to seal the existing pits off completely from the surrounding soil by a solid layer of concrete, reducing their capacity to 8 cubic feet, which would necessitate a weekly removal of contents; this would be, of course, in combination with the mosquito-proof seat, &c.

The water-carriage system of sewage disposal is at present out of the question as the water supply from the present single reservoir barely meets the necessary requirements of the (nearly) 40,000 inhabitants of Freetown, and it is doubtful whether this system would be quite suitable in a West African town.

The pail or bucket model of closet is most certainly the safest and best for Freetown, and this would mean the closing up of all the existing cess-pits, the provision of the receptacles (pail or bucket), and of some means for the final disposal of the excreta. For this only two methods are available in Freetown, (*a*) to have convenient areas of land in various parts of the outskirts of the town on which trenches could be made in which to bury the excreta, as is now the practice at Hill Station, where the method is most successful, or (*b*) to have a hopper barge into which the excreta would be thrown and conveyed out to sea and dumped at a suitable distance from the shore. Either of these plans would again require the use of several branch lines of railway through the various wards of the town, with special

sanitary wagons for the reception of the excreta for conveyance either to the barge jetty or to the various trenching grounds that would be required with each, respectively. I only very superficially touch on the disposal of excreta question here, as I am more fully treating on the subject in a special report.

ANTI-MALARIAL SANITATION.

The special sanitary measures required under this head were carried out as usual during the year. As these now form a fixed item in the general sanitation of Freetown they are included in the regular duties of the Sanitary Department of the Corporation. They consist of (1) the general cleaning of streets, open spaces and surface drains throughout the town, (2) the removal of all refuse and its disposal by burning or dumping into the sea, (3) the collection of old tins, bottles, calabashes, and other old discarded articles likely to act as water holders and therefore breed mosquitos, and (4) the constant inspection of all yards, gardens, and compounds for the purpose of detecting vessels of stagnant water or other artificial breeding places for mosquitos. The actual expenditure incurred on this work by the City Council during the year was £1,137. 12s. 7d.

The levelling of the streets and the improvement of the surface drains were continued during the year by the Government, at an expenditure of £1,991. 6s. 6d., £642. 3s. 4d. of this being expended on the drains.

The canalisation of the watercourses that flow through the town were repaired, where damaged by the floods of the rainy season. These small channels have had a most beneficial result in confining the small amount of water that usually flows in the dry season, and thus preventing the formation of the stagnant pools along the beds of the streams that formerly acted as natural breeding places for mosquitos.

Hill Station with its railway, undoubtedly the finest and the most successful anti-malarial measure ever carried out by any West African Colony, continues its good repute for its almost complete freedom from fever, mosquitos and other insect pests.

The special sanitary gang on duty performed their work satisfactorily, clearing away the bush in the immediate vicinity of the bungalows, cutting down high weeds and grass and sweeping and cleaning the surface drains, &c.

During the year special surface drains were laid down for the conveyance of rain and slop water from each bungalow to a suitable distance on the side of the hill adjoining. In this way the stagnation of water close to the quarters is prevented.

The following is a list of the diseases which occurred among the 48 residents at Hill Station during 1907 and for which they were placed on the sick list :—

Abscess	1	Febricula	1
Blackwater Fever ...	1	Impetigo	1
Diarrhœa	1	Lithæmia	1
Congestion of Liver ...	1	Ptomaine Poisoning ...	1
Dysentery	1	Remittent Fever ...	1
Dyspepsia	1		

The case of Ptomaine Poison resulted in death from intestinal perforation ; the attack was traced to tinned food.

The case of Blackwater Fever occurred in a member of the Wesleyan Mission who had recently returned from a four months' trip in the Protectorate. He was admitted to the Nursing Home where he made an uninterrupted recovery.

It will be seen that of the above eleven cases of illness only three can be put down to climatic causes the origin of which could not be traced to Hill Station.

Of the fourteen European ladies who resided at Hill Station on and off during the year none suffered from any serious illness ; on the contrary they all seemed to enjoy excellent health.

There are now two tennis courts and a croquet lawn for the use of the residents.

With all the advantages to health and comfort, so far as Europeans are concerned, that accrue from this great sanitary scheme, it seems to me inexplicable that up to the present the Cable Company is the only European firm in Freetown that has taken advantage of the opening of Hill Station as a residential site by erecting a bungalow there for the use of its European staff. We are accustomed to hear so much talk about what certain people at home have done for West Africa, and the interest they seem to have taken in measures having for their object the improvement of the health conditions prevailing there, that one cannot help being struck with the apathy and indifference shown in this particular instance. But, when a large firm does not supply even quinine for the use of its European staff, it would be too much to expect them to go to the expense of building residential bungalows on Hill Station.

HOSPITALS AND DISPENSARIES.

COLONIAL HOSPITAL—FREETOWN.

The Colonial Hospital was in charge of Drs. Burrows, Davson and Hunter, acting for the Senior Medical Officer during the period when he was administering the department in the absence of the Principal Medical Officer on leave. Dr. Renner worked in the Hospital and out-patient department during the entire year. Miss Roxburgh was appointed to succeed Miss Pratt (retired) as Matron, and her administration was marked by conscientiousness and energy.

The Nursing Staff consisted on an average of 16 male Nurses, and six female Nurses.

The Colonial Hospital, Freetown, is the training institution for Nurses (Dressers), and it may not be out of place if a few remarks are made here on the arrangements.

The male Nurses are all Dispensers "in embryo," half their time being spent in the wards, and half in the out-patient department and dispensary. An Apprentice (probationer) is employed for one year and if he is approved and passes an examination is promoted to the 2nd Class Nurse (Dresser) grade. At the end of next year (2nd) he is required to pass examination for 1st Class Nurse and at the end of the 3rd year he is eligible for examination for promotion to be 3rd Class Dispenser. Subsequent promotion from 3rd Class to 2nd Class, and 2nd Class to 1st Class Dispenser, is regulated by vacancies occurring in those grades, selection for appointment depending chiefly on merit and partly on seniority.

The result is in the case of the more intelligent and industrious students that the Dispensers have a fair knowledge of nursing, dressing, and the elements of diagnosis and treatment of disease, as well as compounding.

Dr. Kennan, Senior Medical Officer, is however of opinion that better results would be produced if a nursing staff, pure and simple, were formed, practically separate and distinct from the Dispenser Class, as is done elsewhere, and the whole of the three years be devoted by Dispenser students to more thorough learning of the art of compounding. I concur with this opinion, and the question of altering the system of training for Dispensers and Dressers is now being considered, and a new plan on the lines suggested will most likely be given a trial. It is certainly desirable that Dispensers should be more thoroughly trained in their special work than at present.

Some minor improvements in the Hospital buildings have been effected during the year, but an entirely new set of buildings is urgently needed ; therefore only the most urgent and pressing needs, due to the age, dilapidation and incompleteness of the present buildings have been put forward.

Amongst these improvements may be mentioned :—

A partial re-arrangement of the out-patient department, the erection of a post-mortem room, a disinfecting chamber, and the provision of a combined Medical Officer's retiring room and small Hospital Laboratory.

Lavatory accommodation for out-patients, a room in which "official" out-patients can be attended, which could also be used for special cases (gynæcological and ophthalmic) and more sanitary and suitable accommodation for the female Nurses, are all much needed. It is in the highest degree undesirable that those who are required to spend so much of their time in sick wards attending those suffering in many cases from foul disease, should themselves be obliged to occupy quarters which are, to say the least, little suited for the purpose.

The Surgical operations requiring an anæsthetic during the year numbered 190. This number constitutes a record.

The more important of these were :—

Abdominal Myomectomy	1
Abscess of Liver	1
Amputation arm	1
„ cervix uteri	1
„ foot	1
„ leg	4
Appendicectomy	1
Cataract, removal of	3
Clitoris—excision of, for Elephantiasis ...	1
Craniotomy	1
Curetting	6
Cystic tumour of Breast, removed	2
Elephantiasis Scroti, removed	5
Extirpation of Eyeball...	1
Fractured Patella, repaired	1
Hæmatocele, Scrotal : radical cure	3
Hæmorrhoids, removed	1
Hernia, radical cure	9
Herniotomy	6
Hydrocele, radical cure	2
Hysterectomy	1
Iridectomy	1
Ligature of femoral artery	1
Ovariotomy	1

In table No. 7 it will be seen that the grand total of In and Out-patients treated numbered 19,107 compared with 16,494 in the year 1906.

The reduction in the number of members of the West African Frontier Force treated is due to the removal of the Headquarters of that force from Freetown to the Protecterate.

There is a very marked reduction in the number of Europeans (both official and non-official) treated, and a satisfactory reduction in the numbers of most of the other classes, the larger number in the grand total over that for the year 1906 being due to the fact that the cases attending in the early morning for re-dressing have been recorded for the first time in the statistics for 1907.

Table 10 gives a list of the diseases met with among the out-patients treated during the year.

The chief diseases met with among the In-patients were the following :—

Abscess.
Bronchitis.
Cellulitis.
Debility.
Dysentery.
Elephantiasis.
Eye diseases.
Fevers, chiefly Malarial.
Generative System, Female.
Heart Affections.
Hernia.
Intestinal diseases.
Kidney ,,
Liver diseases.
Lymphatic diseases.
Parturition.
Phimosis.
Pneumonia.
Rheumatism.
Stomach diseases.
Tetanus.
Tubercle.
Ulcers.
Venereal diseases.
Wounds and other injuries.

The total number of In-patients treated was 1,099, and among them were 94 deaths, of which the following diseases accounted for the greater number :—

Apoplexy.
Diarrhœa.
Dysentery.
Heart disease.
Hernia, strangulated.
Kidney disease.
Liver disease.
Malarial Fevers.
Meningitis.
Pneumonia.
Tetanus.
Tubercle.

The following is a return of the diseases more or less peculiar to the Tropics that were treated during the year, with the deaths occurring under each :—

Disease.	Cases.	Deaths.
Ainhum...	1	nil
Debility...	26	1
Diarrhœa	25	6
Dysentery	8	2
Elephantiasis	12	2
Guinea Worm	1	nil
Liver diseases	25	5
Malarial Fevers ...	85	8
Tetanus...	8	3
Trypanosomiasis ...	2 (removed by their friends)	nil
Ulcers	106	1

Ulcers, Diarrhœa and Debility, though met with in temperate climates, must, owing to their forming so large a proportion of the Hospital cases met with in West Africa, be looked on as diseases indigenous to the country.

Dysentery on the other hand, which is considered as almost a purely tropical disease, is not so frequently met with as one would expect.

Tetanus is also much more frequently met with than in cooler climates, often arising from the slightest scratch. In many cases no skin wound can be found.

Trypanosomiasis.—Though only two cases were admitted during the year, this disease is nevertheless of much more frequent occurrence both in the Colony and the Protectorate at the present date than it was a few years back, the tsetse fly (*Glossina Palpalis*) being now found pretty well all over the Colony and Protectorate.

Malarial Fevers show a rise in the number of cases over that for the previous year, but they were on the whole of a milder type.

Syphilis, Gonorrhœa, Pneumonia and Rheumatism formed a fairly large proportion of the cases treated.

Table 9 gives a return of the cases treated in the Maternity Ward, and shows that useful work is being done in this section of the Hospital under the skilled management of Dr. Renner.

The general sanitary condition of the Hospital buildings and compound was kept up to a fairly satisfactory standard during the year.

The drinking water supply was abundant and good, and there was no occasion for complaint under this important head.

Mr. Young, Resident Dispenser, Mr. Lardner, Assistant Resident Dispenser, and Mr. Inniss, Storekeeper, held office during the year, in the latter part of which it was found necessary to appoint a temporary Assistant Storekeeper.

NURSING HOME.

There was one case remaining at the beginning of the year from 1906 and there were 65 admissions during the year, making a total of 66 cases treated in 1907 as compared with 59 in the previous year.

The number of Europeans treated in the Home during the past five years follows :—

	1903	1904	1905	1906	1907
Cases	76	90	79	59	66
Deaths	nil	nil	3	2	4

There is no doubt that the results would not have been so favourable had the Colony not been provided with the efficient services of the trained European Nursing Sisters attached to the Nursing Home.

Results of Treatment.

Deaths	4
Relieved	17
Cured	42
Not relieved	1
Remaining at end of year	2

The following shows the class from which the patients were derived :—

Government Employés	27
Commercial firms	25
Shipping	6
Military	4
Clerical	2
Cable Company	2
Total	66

Of the Government Employés 24 belong to the Railway Department. The diseases met with were as follows :—

Alcoholism ...	1	Injuries ...	4
Blackwater Fever	5	Lymphatic System	2
Circulatory System	1	Malarial Fevers	27
Debility... ...	2	Nervous System	5
Digestive System	12	Rheumatism ...	4
Dysentery ...	1	Tubercle ...	1
Influenza ..	1		

The deaths were due to the following causes :—

Ptomaine Poisoning	1
Septic Pneumonia	1
Blackwater Fever	2

Receipts and Expenditure.

Expenditure	£855. 7s. 0d.
Receipts	£359. 5s. 4d.
Deficiency made up by the Government ...	£496. 1s. 8d.

From this return it will be seen that the Nursing Home as a paying concern is a failure. As an institution for the treatment of fever-stricken Europeans however, it has proved an unalloyed blessing, which the high appreciation expressed by those who have had occasion to enter it as patients amply proves : this is entirely due, in my opinion, to the European Nursing Staff of three Sisters engaged for duty at the Home. The building itself and its position in the centre of the town are however great drawbacks, and worse still is the system of half-Government and half-private control by which it is supposed to be managed, with the result that it is under no one authority's control and the Government has to make up large deficiencies every year to meet the excess of expenditure over receipts. A special Ward or Wards, either as a separate building or as forming part of the General Hospital and worked entirely as a Government institution, would be a cheaper method in the end. This plan would save the expense of a European Matron at the Colonial Hospital, it

would allow of the services of the Nursing Sisters being always available for duty in connection with the General Hospital, as this would form a permanent part of their regular duties, and last though not least the Government would have complete control of the fees charged, and these could then be fixed on a more reasonably remunerative scale than at present to suit the class of patients admitted. In connection with the Nursing Home there should certainly be a convalescent Home at Hill Station, the climate of which makes it most suitable as a Sanatorium for those recovering from fever or other disease.

THE GAOL HOSPITAL.

Drs. Burrows, Kennan, and Hunter acted as Medical Officers to the prison for various periods during the year, and the latter sends the annual report as follows :—

"2. The daily routine and general conditions of the Gaol during the year "1907 were those prevailing in former years.

"3. There was the usual average amount of sickness amongst the "prisoners, a large percentage being minor ailments, which probably would "not have been brought to medical notice had the complainants not been in "confinement. During the rainy season abdominal complaints are of greater "frequency than others, and during the harmattan season chest complaints are "in the majority, pneumonia and bronchitis being the two most prevalent "diseases.

"4. There were no epidemic diseases.

"5. The sanitation of the Gaol was carried out thoroughly and effectively, "the compound and cells were always clean.

"6. The quality of the food has been satisfactory."

The Gaol buildings constitute an ancient and dilapidated pile kept together to meet its requirements by years of patching and repairing. I am glad to see that a new prison, on a new site, is about to be erected. This will meet a much needed improvement in the prison accommodation of the Colony.

The daily average strength of prisoners during the year was 210.

There were 203 patients treated in the Prison Hospital during the year and among these there were seven deaths from the following causes :—

Beri-beri	1
Diarrhœa	1
Heart Disease	2
Pneumonia	1
Remittent Fever	1
Sleeping Sickness	1

The total number of Out-patients treated was 7,007. The most prevalant diseases met with were ;—

Abscess	Dyspepsia
Bronchitis	Malarial Fevers
Diarrhœa	Rheumatism
Dysentery	

The Gaol Returns showing number of patients, results of treatment, and examination, &c., by the Medical Officer are included among the general Medical Returns.

KISSY INSTITUTIONS.

Lunatic Asylum.—There were 124 patients under treatment at the beginning of the year and 23 were admitted, making a total of 147 during the year 1907.

The results of the treatment were as follows :—

Three discharged as cured.
Two returned to the care of their friends.
Seven relieved.
Twenty deaths.

The deaths were half the number that occurred in 1906, and this is in great measure due to the rebuilding of the male wing of the Asylum, which is an improvement on the old building, and is more in accordance with modern requirements. The female wing is reported by Dr. Campbell, the Medical Officer in Charge, to be old and insanitary, and requires similar treatment to that received by the male portion of the institution, and in this I concur. Of the 20 deaths, four were due to beri-beri, two to meningitis, one to pulmonary tuberculosis, one to hemiplegia and one to trypanosomiasis.

There was no disease of an epidemic form during the year.

An increase of the staff of attendants is suggested as being necessary by Dr. Campbell.

The men who are mentally and physically fit are employed in gardening and in sanitary work, and the women do laundry work and sewing. Both are always in charge of reliable male and female attendants.

Female Incurable Hospital.—As stated in former reports this is an unsatisfactory building, owing to old age, and it is difficult to keep in good sanitary condition. There were 29 old cases and 59 admissions during the year and 18 deaths chiefly from general debility, old age and syphilis. There are seven cases of leprosy, and these have now been segregated from the other patients by dividing off a portion of one of the wards.

Lazaretto.—There was no quarantine in force during 1907 as affecting the shipping of the port, but 22 cases of chicken-pox were isolated in the lazaretto during the year.

Small-pox Hospital.—There were 20 cases of small-pox admitted in the year with one death. This building is now in a good state of repair, and has accommodation for about 100 cases or more if necessary.

Dispensaries.—There was a marked increase in the number of attendances at the Kissy and Wellington dispensaries over that of the year 1906, from which it is to be inferred that the inhabitants are willing, with a little insistence, to pay a small fee for medicines supplied them when they can afford to pay, and are beginning to understand the reasonableness of the charge. There were 977 new cases treated and 755 subsequent attendances, the majority of which were mild cases.

Drs. Jackson Moore, Wood-Mason and Campbell were in charge of the institutions during the year, and the report is furnished by Dr. Campbell.

SHERBRO.

The district was in charge of Drs. Davson, Burrows and Campbell during the year, and the report for the year was drawn up by Dr. Davson.

The Hospital.—There have been no changes in the building during the year, but quarters for a Second Class Nurse are now in course of construction.

212 patients were admitted into the Hospital as compared with 240 in 1906.

Dr. Davson states that the Medical Officers, having to act as deputy to the District Commissioner on frequent occasions, have been unable to devote as much time to operative work as they would have wished.

Small-pox Hospital.—This is a rough building but serves its purpose fairly well. The supply of drinking water to this institution is not satisfactory, a tank for the storing of rain water would be a great improvement. There were only two cases admitted during the year.

Vaccination has been carried on but with unsatisfactory results, owing to the lymph becoming inert from age and effects of climate. Dr. Davson suggests the advisability for importing a fortnightly supply of lymph from England direct to Bonthe during each dry season, and goes on to say that a large number of persons would thus by degrees be protected round about, conducing not only to the safety of this district but also to that of Freetown, to and from which place people are constantly travelling.

Hospital Fees.—During the year £15 was received from In and Out patients.

The health of the four European Officials of the district was very good, none of them being on the sick list. There were about 25 other Europeans resident in the district during the year, chiefly employed in the mercantile firms. Among these there was one death, attributed to heat apoplexy, and there were several cases of malarial fever of the remittent type, but, owing to the improved housing and the use of quinine, these cases were neither so frequent nor so serious as in former years.

There were 26 Native Officials on the sick list during the year mostly for short periods, and suffering chiefly from malarial fever. There were no deaths among them.

In the Gaol there have been no deaths, and only two cases of illness at all serious during the year. The total number of prisoners was 118, the daily average being 19.

Sanitation.—(*a*) The town of Bonthe, considering the difficulties existing and the small amount of money at its disposal, is in a fairly good sanitary state under the care of the Sherbro Municipal Board. The public water tank which has been erected has been found very useful, but the example, probably owing to cost, has not been generally followed on the part of private individuals. It is proposed to dig some suitable public wells, properly covered, to augment the water supply.

The drainage of the streets by cemented gutters will be continued as funds become available.

(*b*) In the Sherbro District the District Commissioners report an improvement in the sanitary condition of the towns, and it is intended to devote a portion of the Tax fund of the district to the provision of a good well in towns that have not a good water supply from streams, &c.

KARENE DISTRICT.

This district with its Headquarters station at Batkanu was in charge of Drs. Arbuckle and Todd—the former being relieved in August by the latter.

Dr. Todd furnishes the report for the year. The Station is situated about a quarter of a mile from the river Mabole, on elevated land about 200 feet above the river level and is a fairly healthy one, and owing to the gravelly porous nature of the soil, the surface drainage is good. A Company of the West African Regiment was stationed there until April.

The health of the Official staff of 60 was good, three of these being European.

The health of the prisoners was also satisfactory.

The number of Out-patients treated at the Hospital was 1,225, an increase over that for 1906 when there were 888 treated. The most prevalent diseases met with were Ulcers, Rheumatism, Constipation, and Syphilis.

There were only 16 In-patients treated during the year, a falling off from the numbers treated in the two previous years—1905, 86—1906, 60—this reduction being due to the withdrawal of the Company of the West African Regiment and also to the unusual absence of serious cases among the Government staff.

There were no deaths in the Hospital, and only minor operations were performed.

The amount received from the sale of Medicines was £10. 2s. 9d.

Vaccination was carried on during the year; 1,200 Natives were vaccinated.

There was only one small outbreak of Small-pox in the district during the year.

The sanitation of the Station has been improved, the cess-pits that were formerly in use having been abolished, and the pail system of closet introduced in their place. The pails are emptied daily into a trenching ground selected at a suitable site. All rubbish is collected in pits and when possible is burned in them. The decomposed remnants of all such rubbish is in time utilized for manuring an experimental farm at the Station.

Owing to the fact that the River Mabole overflows its banks in the rainy season and thereby forms a good sized lake in the low-lying land near by, mosquitos are bred in this stagnant water in large numbers, the water lodging in this annually formed lake for some considerable period of the dry season, and as it gradually subsides, leaving several marshy patches which remain even after the stream itself has to a large extent dried up. The wind blowing from the swampy areas thus formed to Batkanu favours the transference of the mosquitos bred there, and thus it is impossible to free the Station from them. It would be impossible to drain the land owing to its flat formation.

Water for drinking purposes is obtained from a spring on the outskirts of the Station during the rainy season, and in the dry season from a swiftly running stream. The water is good but not ideal.

In reference to the sanitary condition of the towns in the district, Dr. Todd noticed on his visits to them that those towns that had been inspected by Medical Officers in previous years were on the whole kept in better condition than others not so inspected, and that attempts had been made by the Chiefs to carry out the necessary improvements pointed out by the Medical Officers. Some of the more intelligent Chiefs were interested in what they were told of the relation of mosquitos to malarial fevers, and had taken measures for the prevention of the breeding of mosquitos in or near towns by removing pools of stagnant water, and levelling the ground, filling up holes, &c.

Enquiry was made as to the existence of native sanitary laws, and where found to exist they were as a rule strictly respected by the people, and suggestions made for their improvement by Dr. Todd, who seems to have taken a keen interest in the sanitation of the towns in his district, and made use of every opportunity to point out to the Chiefs and people how they should improve their surroundings from a sanitary standpoint, and the advantages to their health accruing therefrom.

RONIETTA DISTRICT—HEAD-QUARTERS AT MOYAMBA.

The district was under the charge of Dr. Scotland to January 22nd, of Dr. Campbell from 5th of April to October 11th, and of Dr. Wood-Mason from October 17th to the end of the year. Dr. Wood-Mason sends in the report for the year.

During the year 900 new cases were treated at the Dispensary. Of these 141 were officials.

There were 377 fewer new cases treated in 1907 than 1906. Ten European officials and 27 Native officials were placed on the sick list during the year. The chief diseases were Intermittent Fever, Rheumatism, Bronchitis, Dyspepsia and Constipation.

Four cases of Beri-beri occurred in the Prison, but there were no deaths from any cause.

The Patients admitted as In-patients were attended in a small building temporarily used as a Hospital.

A new Hospital for Natives has been built by contract made by the District Commissioner with a local builder, and is almost complete. The European Hospital has, by the instructions of His Excellency, the Governor, been taken over by the Acting District Commissioner and is now used as a School for Court Messengers. The furniture contained in this Hospital was recently sold by public auction.

The health of the non-official European population has been good.

His Excellency the Acting Governor inspected the Dispensary on the 18th January.

The Senior Medical Officer has twice visited the Station.

The town of Moyamba is kept in a clean condition by the Chief.

The European quarters have had charcoal laid down on the roofs, with the result that the quarters are cooler (2 to 3). Dr. Wood-Mason suggests that, if it should ever be practicable, a Dispensary should be started at Shenge, the

Chief of which town he recommended for the sanitary prize granted for the best kept town in the district, owing to its well kept sanitary condition. He also draws attention to the increasing number of cases of abortion. Many of these cases are, in his opinion, deliberately brought about by the women or their friends. One such case has just occurred with death from Septicæmia. If death certification were compulsory in the Protectorate, and enquiry on the lines of Coroner's inquests possible, some check might be applied to this practice. He also points out that a good deal of sickness amongst European Railway Officials is due to want of, or defective, mosquito nets. Even when supplied the nets are frequently of much too large mesh, affording easy access for mosquitos to the sleeper.

DARU DISTRICT—HEADQUARTERS AT DARU ON THE MOA RIVER.

This Station was in charge of Dr. R. W. Orpen for the greater part of the year, and he writes the report.

The number of cases treated at the Hospital and Dispensary was 1,100. This is a decrease of 663 as compared with the previous year. The Out-patients numbered 1,088 and the In-patients 12. The smallness of the number of In-patients is put down to the want of accommodation. At the same time he reports that the number of serious cases was extremely small, the chief being Gun-shot Wound 1, Hepatitis 1, Pleuro-pneumonia 1, Beri-beri 1.

Among the Out-patients none of the cases was of a serious nature. Malarial fevers showed a decrease as compared with 1906, which is explained by the fact that people come and ask for quinine who are evidently beginning to recognise its value as a prophylactic for fever.

There was no epidemic disease during the year. No proper hospital accommodation was provided up to the end of the year, but steps are being taken to remedy this defect. A temporary building was, however, provided for use as a small hospital, dispensary and consulting room.

The health of officials has been good, quinine is regularly used as a prophylactic, and there have been very few cases of illness among them.

The sanitation of the station, which has now been made Headquarters of the Frontier Force, was satisfactory. Latrines were emptied regularly and frequently inspected, and the ground around the barracks and Officers' quarters was kept free from high weeds and grass.

The water supply is obtained from the Moa River, and it is always filtered for drinking; it is reported to be fairly good in quality. A well was sunk with the object of providing better water, but, being open to suspicion owing to possible contamination, it was not made use of as a regular source for drinking water.

RAILWAY DISTRICT—HEADQUARTERS AT BO.

The Bo and Kenema Stations in the Railway District in charge of Drs. St. George Gray and C. H. Allan during the year—the latter writes the report.

Officials on the Sick List.—17 European Officials were placed on the sick list 29 times for a total of 228 days, and 35 Native Officials were placed on the sick list 48 times for a total of 390 days, but this latter total includes the administration staff at Kenema, who were responsible for 229 days of this amount.

Only one Official, a Native Ticket Examiner, died in this district, death being due to diarrhœa; with this exception it will be obvious that the health of the senior native officials has been remarkably good; estimating the number as low as 54, an average of only three days' sickness per man is very low considering that most of these are occupied in railway duties.

Bo.—Bo, being the nightly halting place for trains from Baiama and Freetown, the terminus of the Government Railway, and also the situation of the Schools for sons and nominees of Chiefs, has a large number of officials, and also a fairly large floating population.

This latter fact is of interest from a medical standpoint, as a large number of sick treated as Out-patients are not seen a second time.

Hospitals at Bo.—The Hospitals at Bo comprise:—

1. A European ward fitted with two beds. This was completed by the middle of the year and five patients admitted, one being a non-official. The average length of time for these in Hospital was 4·4 days. The ward is fitted with mosquito proof windows and doors and adjoins the Dispensary. It is situated almost in the centre of the European Compound and adjacent to the Medical Officer's quarters.

2. A native Hospital with six beds but capable of holding from eight to ten beds without undue overcrowding was built during the year, with the Dispenser's quarters, on a small space of land to the north side of the main compound.

3. A Hospital built in connection with the Government School for the use of the pupils. Only two have been treated as In-patients in the hospital during the year, but several have been given anæsthetics and attended daily in the nurses' houses.

Sanitation.—The dry earth system of sanitation is the only one in vogue in the European Compound, School, Railway Station and other adjacent Government houses at Bo.

The sanitary staff consists of an Inspector, Headman and twelve labourers. These are employed in removing the contents of the latrine buckets by night, the contents being disposed of by the approved method of burying in the soil in shallow trenches; the dumping ground is near the railway line, and the enriched soil is to be given to the School for their agricultual experiments and to any other departments that may apply for the same.

The main work of the sanitary gang by day during the wet season is the removal of super-abundant grass from the Compound and adjacent roads and the clearing of the surface-water drains.

During the dry season in addition to pumping water to supply the European bungalows, many permanent improvements, such as cutting and planting of trees making new roads, and repairing and putting up of new fences, have been undertaken.

Water Supply.—The water supply at Bo is very poor; the Freetown settlers and natives draw their main supply from three springs situated in different directions from the town; these in the dry season are nothing better than stagnant pools of water, the flow being slight. The European and Schoo

Compounds are little better off, the water having failed in the well at the end of last dry season ; luckily the rains commenced early and the tank water was substituted.

A scheme to obtain water some distance away and convey it in pipes to the highest point of the two compounds is now under consideration.

Vaccination.—Althougn about 350 people were vaccinated during the year, owing to over a hundred not being seen a second time, only 168 can appear in the returns as protected.

Kenema.—Kenema, the Headquarters of the District administration, is a new Station opened during the last quarter of the year 1906.

The Dispensary was opened on the 21st December, 1906, and 51 patients were attended to before the end of the year. In the year under report Out-patients have attended 1,901 times for 1,016 different diseases.

There is no Hospital at present, and the Medical Officer from Bo visits weekly.

The Barracks and Officials' houses are well laid out, and now that drainage has been carried out with regard to the former, which was extremely damp last rainy season, this should prove a very healthy Station.

Water Supply.—The water supply is abundant and excellent, being derived from a mountain stream which descends through a chain of waterfalls.

The sick rate admission for Europeans is nil, so this can be considered a healthy Station, especially as the District Commissioner and Assistant District Commissioners have had to occupy wretched quarters throughout the year pending the building of five stone houses with charcoal roofs on a hill above the barracks, which are situated at a distance of five furlongs from the railway station.

The Railway district has been exceptionally free from infectious diseases during the year which has apparently been a healthy year on the whole. Exception must be made to three slight outbreaks of Small-pox which occurred curiously during the rainy season. Nine cases were treated at Potahan and Biamah with three deaths and a third case at Kenema, contracted outside the district apparently, was also successfully attended. In all three places the sheds were burnt and there was no further spread of the disease.

KOINADUGU DISTRICT—HEADQUARTERS AT KABALLA.

This district was in charge of Dr. Jackson Moore and of Dr. J. Allen Scotland during the greater part of the year. The latter sends in the report as follows:—

"At the outset I beg to place on record my heartiest thanks to the "District Commissioner, Major H. G. Warren, and the Assistant District "Commissioner, Captain H. E. Baily, for kindness shown me during the year "under review. These gentlemen have been most kind and obliging and "sympathetic to me in my work, and have rendered valuable assistance and "given me every possible help for the due and efficient performance of my "duty. Captain Newstead, West African Frontier Force, and his subalterns "have shown every courtesy to me. In short, all the European officials have "been so nice and considerate in so much that I felt I was working among "genuine and sympathetic friends. In the Return, you will see there has been "nothing of special moment to invite particular attention."

" 2. *The West African Frontier Force Barracks.*—Sanitary and hygiene " measures have been pursued earnestly. The situation of the Barracks favours " natural and good drainage. There is a good space between each house, so " that ventilation is all that could be desired.

" *Prison Department.*—There is nothing special to say as regards this " department. The District Gaoler, Mr. Gabbidon, has spared no effort to " make this place scrupulously clean. There has been no epidemic in the " Barracks, the Prison, or the Native town throughout the year.

" *The Officials.*—There have been seven European Officials who have " done duty here, viz. :—Major Warren, Captains Bailey and Newstead, " Lieutenants Hart, Supple and Skelton and Dr. Jackson Moore; and I am " pleased to say none of them was on the sick list during the year. Among " the Native Officials, there has been no serious illness or death. In short, we " have had no death either in the Hospital or among Government employés."

" Rice, the staple food stuff of the district, was plentiful, and the water " supply is good and abundant."

Dr. Scotland writes in favour of Medical Officers patrolling their districts. This is necessary to a certain extent, and should, in my opinion, be only done in special cases and on the usual sanitary inspection of towns in the district. During his patrols in the Kaballa district he reports that Exophthamic Goitre was found to be extremely common. Leprosy was also found to be fairly common in the district, and in connection with this disease he states that fish, owing to the distance from the sea and the absence of rivers, is not a plentiful article of food.

Dr. Scotland goes on to say that " owing to the vigorous vaccination " and sanitary measures pursued by his predecessor, Dr. Jackson Moore, " and followed by him, there has been no epidemic of Small-pox in the district; " although formerly there used to be an annual outbreak of the disease." He continues, " Sometimes in the town the Chief and his big men refused having " their children vaccinated. Of course, I never press much because I am " painfully conscious that there are even conscientious objectors at Freetown " and elsewhere. Yet, whilst refusing vaccination, I used to see that their " town was clean and also the water supply. In every town I leave instruction " *re* the first step to be taken in an outbreak of Small-pox before I am sent " for. Further, I strictly advised Chiefs not to keep a case of leprosy in the " towns. These patrols must be continued always even where no vaccination " is performed, for, I am positive, much good has been done, and would be " increased in the future, and there is every favourable prospect of eradicating " Small-pox; besides, we would be attending to the people's needs in time " of illness, and we are sure to drive home the conviction that the doctor is " here for their good, and that, as they are paying their house tax towards " the support of the Government, they must be enjoying the blessings of " civilization."

PANGUMA DISTRICT.

Dr. Jackson Moore was in charge of this district for only a short period, and regrets not being able to give as full a report as he would wish. He goes on to say that from the records in the register there appears to have been 189 persons vaccinated, 33 being reported successful, and the remainder unsuccessful or not reported on. Most of these were done during fairly wide patrols in different parts of the district by Dr. Ward who was in charge of the district in the earlier part of the year. I feel, he says, it is unnecessary for me to do more than comment on the Panguma Headquarters, as much has been written in the past, and orders have been received to transfer them to another part of the country—Timiny.

The present site is not very favourable, nor is the water supply free from the risk of contamination. However, the surrounding country is very picturesque.

The total number of patients treated in the Hospital and Dispensary was 902, of whom 27 were In-patients.

There were two deaths, one a case of Trypanosomiasis in Hospital, and the other Acute Dysentery; no microscopic details were recorded.

The most prevalent diseases were Bronchitis, Rheumatism, Gonorrhœa, Malaria, and Nematodes; Elephantiasis Scroti is also very common.

There is at present here a suspected Trypanosomiasis case, although blood and gland juice gave negative results.

Three cases of Bilharziasis have been diagnosed; lateral and terminal spined eggs were observed in both urine and fæces.

I am convinced that many others suffer from the disease, as the Native population do not, as a rule, seek European treatment until the patient is in a bad condition.

The Official Staff here include, District Commissioner, his Assistant (now vacant), and Medical Officer (Europeans), Dispenser, Gaoler Schoolmaster, and two Clerks (Sierra Leonians)—and about twenty-five Court Messengers (Natives).

The health of all Officials has been satisfactory—no serious illness having occurred among them.

Dr. Moore, in order to emphasize the importance of selecting a good water supply so far as Europeans are concerned, points to the gross indifference and carelessness shown by many of the Native tribes, particularly the Mendis, with regard to the avoidance of contamination of their water supplies by excreta, &c., which is a very common occurrence.

DISPENSARY DISTRICTS IN THE PENINSULA.

York District.—This Dispensary district has been in charge of Dispenser J. F. Johnson during 1907, who reports as follows :—

There was no outbreak of Small-pox during the year, and there was no vaccination performed. The Dispensary was regularly attended, and the number of cases treated was

New cases	1,057	Total 2,064.
Subsequent attendances	1,007	

The most prevalent diseases were Rheumatism, Intermittent Fever, Yaws, Bronchitis and diseases of the digestive system.

Sussex, a sub-dispensary district, was visited by Mr. Johnson twice a month during the year, and he expresses the opinion which is supported by the wishes of the inhabitants that it should be visited every week.

The sanitary condition of the district was fairly good, the sources of drinking water, pools and streams were kept clean, and strict attention was given to sanitation.

Hastings District.—Dispenser Luke took over charge of this district from Dispenser P. J. John in March, 1907, and he reports that the public health was good during the year. There was no outbreak of any epidemic disease, and the diseases met with were of the usual kind, the most common complaints being Fevers, Worms, Rheumatism, Bronchitis, Dyspepsia and Ulcers.

The number of cases treated at the Dispensary was—New cases 1,521, old cases 1,747, total 3,268, which was an increase of 1,059 over that for 1906.

The sanitary condition of the district was good; strict supervision being exercised to keep the towns clean. One case of Small-pox was recorded, but owing to the necessary precautions being taken the disease did not spread.

The water supply served by a pipe from a reservoir is satisfactory.

The Civil Officers, comprising Police and Railway employés enjoyed good health during the year.

Kent District.—This Dispensary district was in charge of Dispenser M. O. Frazer during the year, and comprises the villages on the Banana Islands, which are about four miles from the mainland, and the village of Kent with several smaller villages in the neighbourhood on the mainland.

The total attendances at the Dispensary for the year were 1,829, an increase of 488 on the previous year. Mr. Frazer recommends the opening of a Branch Dispensary on the Banana Islands, as being more convenient than the present plan of taking over a small medicine chest on his periodical visits to the Islands. The provision of a ferry boat service is also very necessary, and would enable the Dispenser to be more regular in his visits as well as being a boon to the Islanders themselves.

Vaccination was carried out but was not very successful, owing to the lymph becoming inert.

Regent District.—The Regent Dispensary district was in charge of Dispenser T. Logan Hooke during the year, and he reports as follows:—

During the year the number of cases treated was higher than in 1906; there were 650 new cases and 1,399 subsequent attendances.

Among the diseases treated in the district Rheumatism, Bronchitis, Constipation, Dyspepsia and Ulcers are very common. No Officials were placed on the sick list during the year. The few Officials living in the district kept good health, excepting a few who were treated for slight ailments.

There were no cases of Small-pox in or reported from the district during the past year. The average attendances per day were five, including old cases.

The number of births and deaths registered was 33 and 18 respectively.

There is nothing in the district worth reporting on specially.

The sanitary condition of the village was good.

Mano-Salija Dispensary District.—This was in charge of Dispenser J. P. Metzger during the year, who reports that the health of Officials was good.

Attendances at the Dispensary were as follows:—

New cases, 1,005, Subsequent attendances, 563.

Total treated ... 1,568.

Skin diseases, Rheumatism, Bowel and Chest complaints were the prevalent diseases treated.

Vaccination was performed to some extent.

The sub-district of Sulima was visited weekly during the year; the number that attended for treatment was—new cases 539, old cases 326,—total 865. There was a total absence of any epidemic disease, and vaccination was practised to a limited extent.

Waterloo Dispensary District.—This Dispensary district was in charge of Dispenser E. G. Luke, who reports that the general health of the public was good, and there was no epidemic disease during the year.

The total number treated at the Dispensary was 6,373, being 1,348 more than that of 1906.

The sub-station of Six Miles town or Hawell was visited weekly, and the people seem to appreciate the opportunities thus afforded to receive medicines for their several ailments.

The sanitation of the district was good. There was no case of Small-pox in the year.

R. M. FORDE,

Principal Medical Officer.

Medical Department,

Sierra Leone,

28*th May*, 1908.

APPENDIX I.

CASE OF POPLITEAL ANEURISM.

By Dr. C. B. Hunter, *Medical Officer.*

1. John Freeman, an Aku by race, but born and bred in this Colony, aged 37 years, Cabinet Maker by trade, was admitted to Hart's Ward, of the Colonial Hospital, Freetown, on the 24th of July, 1907, complaining of a painful swelling in the left popliteal region.

2. The patient was fairly intelligent, and gave a clear history of his illness, which, he stated began about three years ago, with a feeling of fulness behind the left knee-joint and a certain amount of stiffness in the joint, this fulness gradually assumed a distinct swelling, but he never had much pain in it until one month ago, when it got so bad that he was unable to continue at his work, which he had previously regularly attended to. It was only the *pain* which caused him to ask for medical advice. There was no history of injury.

3. On examination of the swelling it was found to be about the size of a Tangerine orange, elastic to the feel, and pain much increased on the slightest pressure over it. The skin being dark it was difficult to be positive about its being inflammatory. There was no impulse or throbbing from the swelling, and no bruit was audible.

4. An inferential diagnosis of aneurism was made, but at the same time it was thought it might be an abscess.

5. Two days after admission to Hospital, the swelling was opened into, when there was an escape of a slight quantity of thin pus, followed by dark clots of blood, and then a profuse flow of blood, which at once showed the nature of the disease, and as there were no doubts now of the parts around being in an inflammatory condition it was at once decided to tie the artery, well above the seat of the aneurism, which was done in Hunter's canal, as there were no signs of the blood vessels being in an atheromatous state, the sac itself being cleared out of all clots, and a gauze drain put in for a couple of days. The incision over the seat of ligature was completely sewn up and healed by immediate union ; the after treatment of the limb was the usual one of wholly enveloping it in cotton wool, the foot of the bed being slightly raised, and movement controlled by sandbags at each side. Progress was uninterrupted, the only complaint being a numbness and tingling in the foot and leg for about a week, which gradually passed off, and the man was discharged from hospital a month after the operation with perfect freedom and ease in his limb. The patient was seen two months afterwards by Dr. Hunter, when he said that the leg had given him no more trouble, and he was carrying on his work daily.

6. The two points to be observed in this case are the suppuration and inflammatory state round the aneurism, which made it inadvisable to attempt ligature of the artery immediately above and below the sac ; and, secondly, tying the artery above as near the seat of damage as was thought consistent with safety, and not the more usual operation of tying higher up on the thigh in Scarpa's triangle, thereby diminishing the risk of gangrene of the leg.

RESEARCH.

It has not been found so far possible to institute a well-appointed laboratory under the Medical Department of this Colony. An effort is however being made towards encouraging and assisting individual Medical Officers in carrying on work to which they have been initiated at the Tropical Schools, and in some measure to organise and systematise it.

During the year Medical Officers were asked in the following terms to communicate a record of all scientific work in which they were engaged.

" . . . . Many Medical Officers in their spare time interest themselves in the study " of various special subjects for which their residence in the Tropics gives them favourable " opportunity. It appears to me desirable that record should be made locally of such work. " Much of it must necessarily be incomplete, perhaps intermittent, inconclusive, negative, and " the results such as may discourage the Officer from making any formal report to any " recognised Institution in England, or such as would not furnish suitable material for a " contribution to a scientific Journal.

" An Officer's modesty, the disadvantage he feels himself at, in being far removed from a " centre of scientific activity, recent literature, and books of reference, all tend to deter many " men from referring to their efforts, but the fact that such efforts are being honestly made is " of itself important, and I am anxious that opportunity should be given for recording locally " such work of Medical Officers, and a book for this purpose will be kept at this Office. If " the result warrant it, reference to the matter contained in this book will be made in the Annual " Medical Report.

" It is earnestly hoped that Medical Officers will assist in making this record worthy " of publication, and this can be done, not only by their work, but by their co-operation " in keeping the record up to date by sending information regarding the work of this kind " they are or have been engaged in. Details should not be forwarded for the purpose of this " record.

" It is not proposed to mention here subjects for investigation or study, or to make " suggestions regarding their specific nature; Medical Officers' own inclination, it is hoped, " will prompt them to pursue the course they feel most capable of following with advantage " and interest to themselves; but the instances may be given where Medical Officers send " specimens direct to one of the Tropical Schools, the British Museum, &c., and where " they undertake the examination of blood, pus, fæces, &c., from man and animals, water, " &c. (negative results may be of as much interest as positive and should be given).

" *Parasites of man and animals, &c.*—Those who make special study of Native habits " and customs, sanitary arrangements, tribal, &c., can assist by communicating the fact for " record."

" My anxiety is to show, if possible, as I believe with the assistance of Medical Officers " it will be, that though they may not be engaged in advanced original research work, they " take a practical interest in the subject, and in the circumstances of the people amongst whom " they live."

A small room has been set apart at the Colonial Hospital, Freetown, for the combined purpose of retiring room and laboratory, and some work has already been done in it. But with its present very incomplete apparatus and fittings little more than the ordinary routine scientific investigation of Hospital cases can be attempted.

It is felt that while the best results will probably be obtained by allowing each Medical Officer for the present to follow his own line, at least one object might be put before all for co-operation during each year. The object towards the investigation of which all Medical Officers have been asked to assist next year (1908) is to more completely ascertain the distribution of tsetse flies, which is only partly known at present, in the Colony and Protectorate.

Though the scheme in this form has been only a few months in operation, the following record gives some encouragement to hope that, though it may not result in "original" or brilliant research work, it will have the effect of keeping alive and stimulating the interest of Medical Officers in scientific work.

The following is a copy of the entries made in the " Research " Record Book.

Date.	Name of Medical Officer.	Stationed at	Nature of Study, &c.	Communicated to	Remarks.
1907.					
Aug. 16	Dr. D. Burrows	Sherbro ...	Hard Fibroma	Supt., Cancer Research.	
Sept. 6	Dr. H. E. Arbuckle	Batkanu ...	100 Blood-sucking flies ...	British Museum.	
„ 6	„	„	30 Blood-sucking flies ...	London School Tropical Medicine	
„ 6	„	„	Examined: 250 Hearts of Natives—Special.	For publication.	
„ 14	Dr. W. F. Campbell	Moyamba ...	Anet. Tetracera Obtusata: 14 lbs.	Professor Dunstan.	
„ 14	„	„	Ebonka or Paullinia Pinnata: 14 lbs.	„	
„ 14	„	„	Tatnookroo or Cuestis Sp.: 14 lbs.	„	

Date.	Name of Medical Officer.	Stationed at	Nature of Study, &c.	Communicated to	Remarks.
1907					
July	Dr. C. Hunter	Freetown ...	Elephantiasis Scroti: Tumour, 65 lbs.	Tropical School, Medicine, Liverpool.	
Aug.	,,	,,	85 lbs., Elephantiasis Scroti: Tumour.	,,	
Oct. 11	Dr. D. Burrows	Bonthe Sherbro	Lipoma, Back of Neck ...	Supt., Cancer Research.	
,,	,,	,,	Epithelioma, Frontal region of Scalp.	,,	
—	Dr. R. H. Kennan	Freetown	Hamagregarines in Frogs —Freetown, Hill Station Lumley, Aberdeen Wilberforce.	Slide specimens sent to Liverpool School Tropical Medicine.	
—	,,	,,	Disintegration of Samples of "Native and European" Fæces in Tap, Well, and Cesspit Waters compared.	—	
—	,,	,,	Specimen of Ceroplastes new variety, Liverpool School.	Liverpool School	
—	,,	,,	"Palm" Beetle larva and adult.	Liverpool School Tropical Medicines.	
—	,,	,,	Chameleon blood: 8 specimens, negative.	Laboratory, Colonial Hospital, Freetown.	
—	,,	,,	Fish blood: 6 specimens, negative.	,,	
Dec.	,,	,,	Chemical analysis of 7 specimens, well water.	,,	
—	,,	,,	Microscopical examination of 2 specimens, well water.	,,	
Dec.	,,	,,	Tsetse Flies caught at Makali, Makump, Matataka, and between Roting and Mabanta.	Liverpool School.	
—	Dr. E. W. Wood-Mason	Moyamba ...	Blood examinations of Lizards, Frogs, Snakes, &c.		
—	Dr. Jackson Moore	Panguma ...	1. Blood-sucking Flies (20).		
—	,,	,,	2. Blood examination: Weaver Birds. (18) Halteridium in 50 %		
—	,,	,,	3. Large Male Lizards (9). 5 contained Filaria, 3 contained Filaria and Hæmogregs.		
—	,,	,,	4. Large Female Lizards (5), results negative.		
—	,,	,,	5. Small "Snake" Lizards (6). 3 contained Hæmogregs.		
—	,,	,,	6. Frogs (6) negative.		
—	,,	,,	7. Bush Fowls (4) negative.		
—	,,	,,	8. Owls (3) negative.		
—	,,	,,	9. Bats (2) ,,		
—	,,	,,	10. Crows (2) ,,		
—	,,	,,	11. Hawks (3) ,,		
—	,,	,,	12. Human blood (2) (1 malignant parasite).		
—	,,	,,	13. House Rats (3) negative.		
—	,,	,,	14. House Mice (2) negative.		

Date.	Name of Medical Officer.	Stationed at	Nature of Study, &c.	Communicated to	Remarks.
—	Dr. Jackson Moore	Panguma...	15. Wild Parrot (1) negative.		
—	,,	,,	16. Dogs (2)negative.		
—	,,	,,	17. Horse (1) ,, (twice examined).		
—	,,	,,	18. Mud Fish (6) negative		
—	,,	,,	19. Snake (1) ,,		
—	,,	,,	20. Monkeys (2) ,,		
—	,,	,,	21. Freetamba Deer (1) negative.		
—	,,	,,	22. (?) Human Trypanosomiasis, negative (blood examined twice, gland juice twice). One enlarged gland removed, sent to Liverpool School.		
—	,,	,,	23. Wild Pigeons (5) negative.		
—	,,	,,	24. Urine—Children's (3) Bilharzia.		
—	,,	,,	25. Fæces ,, (3) Bilharzia.		
—	,,	,,	26. Fæces, Acute Dysentery.		
—	,,	,,	27. Pus—Gonorrhœal (4)		
—	,,	,,	28. House Flies (6)		
—	,,	,,	29. Meat Flies (8) and miscellaneous collection, about 30.		
—	,,	,,	30. Anthropology. Anthropography. 33 cases measured according to Dr. George Parson's schedule complete. 30 pairs of feet—impressions with charcoal paste (work in progress).		
—	Dr. W. Renner	Freetown ...	Numerous tumour specimens.	Cancer Research.	
—	,,	,,	Tape Worm	Liverpool School.	
—	,,	,,	Elephantiasis Scroti ...	,,	
—	,,	,,	Chondro-sarcoma (jaw) ...	,,	

APPENDIX II.

NOTES ON A FEW SANITARY POINTS CONCERNING FREETOWN.

By Dr. R. H. Kennan, *Senior Medical Officer.*

1. In a detailed examination of 60 pits the following point referring to the difficulty sometimes met with in correctly judging the presence of water in a pit was observed.

It is sometimes a matter of some little difficulty; and care is required, in judging whether the cess-pit contains water or not. Mere inspection with the aid of a lighted lamp lowered to the "bottom" will not always suffice, the contents may appear semi-solid, and be in truth partly so and be even "heaped up" in the centre; a stone may be dropped or thrown in and produce a "thud" sound only, yet a heavy stone produces a muffled "splash" sound, certainly indicating a substratum of water. I judge the variety of condition found in this connection to be a result of whether the pit was emptied shortly before it began to collect water in the wet season, or not; and in the latter case the amount of solid residue retained. That is, if at the commencement of the wet season and the collection of water in the pit, but little residue exists, the fæces falling down drop into water, cohesion is prevented, and disintegration facilitated; on the other hand, if the amount of residue be large, that is, forms a thick layer, the rising water raises the entire mass, cohesion having taken place, and disintegration proceeds more slowly, principally from the under surface: consequently a stone dropped or thrown in, if not large or heavy enough and with sufficient force, will merely "thud" on the thick, semi-solid top. This was several times illustrated. In one case in which a stone the size of an orange produced a "thud," a larger, heavier stone produced a muffled "splash," followed immediately by a marked increase in the amount of smell observed. Whether a "thud" or "splash" is produced in such a given case will also, *ceteris paribus*, depend on the distance through which the stone falls before meeting resistance.

2. The monthly rainfall record at the Meteorological Station, Tower Hill Barracks, Freetown, kindly communicated to me by Major Pearse, S.M.O., R.A.M.C., for 1907, was as follows:—

RAINFALL, TOWER HILL, SIERRA LEONE, DURING THE YEAR 1907.

Month.	Rainfall.
	Ins.
January	0·00
February	0·00
March	0·27
April	0·94
May	18·66
June	17·61
July	29·64
August	33·93
September	26·58
October	12·50
November	11·76
December	1·24
Total ...	153·13

Between the 2nd and 6th September, 1907 (*i.e.*, in the latter part of the wet season), over 1,000 Cess-pits in Freetown were examined by Inspectors of the Sanitary Department of the Town Council with a view of determining how many of them contained water to an appreciable extent.

The reports shew that over 520 contained water to that extent at that time.

Analysis of these records shew that, with but very few exceptions, none of the pits immediately round Tower Hill and in the area of the town between the north end of the hill and the sea, contained water in any appreciable amount. This area contains Tower Hill Barracks, Government House, the Public Offices, Customs Shed, &c., the principal European commercial firms and better class residences; the number of pits in this area is therefore relatively small and the pan latrine system is largely in vogue. Nevertheless at least 100 of the 1,000 pits may be considered to be in this area. It may be taken therefore that 520 out of 900 (about 60 per cent.) pits elsewhere in the more densely populated parts of the town contained sufficient water to produce a "splash" sound when heavy stones were thrown into them.

3. In the "Septic tank" scheme for the disposal of "night-soil" twenty-four hours is the time usually recommended during which the material should be allowed to lie in the first tank before it is passed on for further treatment involving aeration, &c.

It seemed desirable to check this time limit for the night-soil of "Natives" resident in Freetown, whose diet, though doubtless it contains usually more nitrogenous element than does that of the aborigines, contains probably considerably less, as a rule, than that of "Europeans."

A consolidated fresh "motion" from a European living on a markedly nitrogenous diet was divided into three equal portions, carefully and without any obvious breaking up of the different portions. One piece was placed in a bottle containing Hill Station tap water, a second was placed in a similar bottle containing an equal quantity of Freetown well water and the third was placed in another bottle containing Freetown cess-pit water.

Three equally sized pieces of a motion of similar consistence freshly passed by a Timini "houseboy" living in Freetown were placed under exactly similar conditions and the six bottles were stoppered and placed in the dark, agitation being carefully avoided.

At the end of twenty-four hours the sample of "European" fæces in the bottle containing cess-pit water had entirely disintegrated and fallen in discrete particles to the bottom. Similar result followed in the bottle containing well water twelve hours later, and in about twelve hours later some portions of the sample in the tap water remained floating and still conglomerate. Odour was most marked in the bottle containing cess-pit water and least in the bottle of tap water. Greater suction force was shown when withdrawing the stopper from the bottle containing cess-pit water several days afterwards than in the cases of the others.

The samples of the "Natives" fæces behaved similarly as regards disintegration, but the same degree was not attained till fully twelve hours later than the time taken in each of the corresponding cases of the "European" specimens. In neither series had the samples been allowed to be contaminated with urine before being put in the bottles, and no urine was added.

I have described the experiment as it was undertaken. It had also another object in view, which partly accounts for the water being taken from the three sources, but I do not go into that here.

I, of course, quite recognise the extremely amateur nature of the experiment as it was performed, and the consequent fallacies, and that the results in so far as they may be considered to have demonstrated anything merely tend to substantiate what was to be anticipated. More extended and accurate experiments would be necessary before a general conclusion could be fairly drawn, but I think the result would probably be that in the case of the night-soil of "Natives" in Freetown generally, a more prolonged rest in the first tank than is necessary for European's night-soil would be found desirable.

APPENDIX III.

A DESTRUCTOR OF DISUSED TINS IN THE TROPICS.

By Dr. R. H. Kennan, *Senior Medical Officer.*

To anyone acquainted with the prominent position occupied by old empty tin vessels in tropical sanitation, suggestions regarding improvement in the method of their disposal will not appear unreasonable. (The subject, however, is so closely connected with hospital sanitation that there need be no hesitation in introducing it to the attention of medical readers.) The number of empty tins which have contained sardines, potted meats, vegetables, cigarettes, oil, &c., &c., and which will be found in the neighbourhood of houses in the tropics is almost incredible, unless one has witnessed it. Many of these tins when first discarded are appropriated by small dealers and the native poor, who in turn throw them away after some time as useless.

In Freetown, Sanitary Inspectors' systematic visits from house to house, street to street, result in most of these tins being deposited in dust-bins, from whence they are removed by the Sanitary Authority to "dumping grounds" as half-way houses, or to "shoots" for direct deposit in the sea. In other towns remote from the sea the tins are usually buried in pits. The chief sanitary objection in the tropics to empty tins being allowed to remain as rubbish, is due to their capability of containing water and so favour mosquito breeding. If, then, every tin was crushed as soon as it was emptied of its original contents, its water-retaining capacity would be almost entirely obliterated, and it would occupy less space in transport and disposal, the latter being obviously especially important if the disposal has to be by burial. Inasmuch as this crushing on the premises of the individual users would be extremely difficult to arrange for, the next best thing seems to me to provide means for crushing the tins at a "dumping ground." They could be "weeded out" and so dealt with, while the consumable material is burnt.

I propose a very simple form of crusher which could be easily made in most urban localities, even in the tropics. It consists in a lever working on a tripod stand; to the end of the short arm is attached a weight which is raised by depression of the long arm and allowed to fall on the tin placed on the nether stone set in the ground. I have not seen this suggestion made for dealing with waste tins in the tropics, though it appears to me such an obvious proceeding that I can scarcely believe it can be novel. I do not suggest that bottles should be dealt with in the same way.

FREETOWN.

Meteorological Return for the Year.

	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 ...	Non-Recorded.	Non-Recorded.	94·0	68·8	25·2	81·4	...	67	E	...	
February ...			94·4	70·0	24·4	82·5	...	63	W	...	
March ...			97·0	72·8	24·2	83·4	·27	64	W	...	
April			95·0	70·0	25·0	82·6	·94	65	W	...	
May			92·4	68·0	24·0	81·6	18·66	68	W	...	
June			90·5	67·0	23·5	80·0	17·61	74	W	...	
July			89·8	66·0	23·8	78·2	29·64	80	W	...	
August ...			88·0	68·6	19·4	77·8	33·93	82	W	...	
September ...			91·0	69·0	22·0	78·7	26·58	80	W	...	
October ...			92·0	67·5	24·5	79·7	12·50	76	W	...	
November ...			91·5	67·0	24·5	81·1	11·76	72	E	...	
December ...			91·8	70·0	21·8	81·3	1·24	73	E	...	
Total ...	...	...	...	...	...	...	153·13	...	...	...	

HOSPITAL RETURNS, 1907.

Annual Medical and Surgical Returns, Colonial Hospital, Freetown.

Table No. 1.

	Males.	Females.	Total.
Patients remaining in Hospital, 31-12-06	31	17	48
„ admitted during the year 1907	782	269	1,051
Total number treated	813	286	1,099
Of these were—			
Cured	493	177	670
Relieved	177	48	225
Not relieved	50	29	79
Died	72	22	94
Remaining in Hospital on 31-12-07	21	10	31
Total number treated	813	286	1,099

Table No. 2.

	Males.	Females.
Average stay, in days, of Patients discharged	17·034	11·8
„ „ „ „ „ died	11·152	18·5
„ „ „ „ „ remaining	22·44	19·72
Daily average in Hospital	33·81	19·27

Table No. 3.

1.—Rate per cent. of Patients (94) died of total number (1,099) treated, 8·55.

	12 hours.	24 hours.	48 hours.	72 hours.	Total.
2.—Patients who died within the following hours after admission :—					
Males	6	6	6	4	22
Females	4	3	2	1	10
Total	10	9	8	5	32

Table No. 4.

Number of Destitute Persons sent for Admission by the Police and Sanitary Authorities, and transferred to the Hospitals at Kissy.

Males	11
Females	5
Total...	16

Table No. 5.

HOSPITAL RETURNS, 1907.

INTERN PATIENTS.

Return of Diseases and Deaths Treated at the Colonial Hospital in 1907.

Diseases.	Remaining in Hospital at end of 1906.	Year's Total.		Total Cases Treated.	Remaining in Hospital at end of 1907.
		Admissions.	Deaths.		
General Diseases—					
Dysentery	—	8	2	8	—
Malarial Intermittent Fever	—	63	5	63	2
Malarial Remittent Fever	—	22	3	22	—
Febriculæ	—	4	—	4	—
Pyæmia	—	4	1	4	—
Tetanus	—	8	3	8	1
Tubercle	1	15	3	16	—
Syphilis—Primary	—	4	—	4	—
Syphilis—Secondary	1	8	—	9	—
Syphilis—Tertiary	—	4	1	4	—
Chancre—Hard	—	8	—	8	—
Gonorrhœa	1	11	—	12	—
Alcoholism	—	2	1	2	—
Rheumatism	4	77	5	81	3
Rheumatic Arthritis	—	2	—	2	—
Anæmia	—	1	—	1	—
Debility	—	26	1	26	1
Starvation	—	2	—	2	—
Erysipelas	—	2	1	2	—
Trypanosomiasis	—	2	—	2	—
Epulis of Jaw	—	1	—	1	—
Cyst	—	2	—	2	—
Lipoma	1	5	—	6	—
Sarcoma	—	1	—	1	—
Fibroma	—	2	—	2	—
Non-Malignant New Growth	—	1	—	1	—
Diseases of the Nervous System—					
Neuritis	—	3	—	3	—
Functional Nervous Diseases—					
Epilepsy	—	4	1	4	—
Apoplexy	—	2	2	2	—
Paraplegia	—	4	1	4	—
Hemiplegia	—	15	2	15	—
Facial Paralysis	—	1	—	1	—
Paresis of Leg	—	4	—	4	—
Locomotor Ataxy	—	6	—	6	2
Cerebral Abscess	—	1	1	1	—
Cerebral Embolism	—	1	1	1	—
Meningitis	—	8	4	8	—
Concussion of the Brain	—	2	1	2	1
Coma	—	1	—	1	—
Infantile Convulsions	—	2	—	2	—
Aphasia	1	1	—	2	—
Neuralgia	—	8	—	8	—
Vertigo	—	1	—	1	—
Hysteria	—	2	—	2	—
Sciatica	—	2	—	2	1
Carried forward	9	353	39	362	11

RETURN OF DISEASES AND DEATHS IN 1907 AT THE COLONIAL HOSPITAL—*contd.*

Diseases.	Remaining in Hospital at end of 1906.	Year's Total.		Total Cases Treated.	Remaining in Hospital at end of 1907.
		Admissions.	Deaths.		
Brought forward ...	9	353	39	362	11
MENTAL DISORDERS—					
Mania	—	2	—	2	—
Dementia	—	1	—	1	—
Delusion	—	1	—	1	—
Idiocy	—	1	—	1	—
DISEASES OF THE EYE—					
Conjunctivitis	—	2	—	2	—
Iritis	—	1	—	1	—
Ptosis	—	1	—	1	—
Optic Neuritis	—	1	—	1	—
Keratitis	—	2	—	2	—
Ophthalmia	1	1	—	2	—
Corneal Ulcer	—	1	—	1	—
Cataract	—	3	—	3	—
Atrophy of Optic Nerve	—	1	—	1	—
Ankyloblepharon	—	2	—	2	—
Pterigium	—	1	—	1	—
DISEASES OF THE EAR—					
Otitis	—	2	—	2	—
DISEASES OF THE NOSE—					
Epistaxis	—	3	—	3	—
CIRCULATORY SYSTEM—					
Mitral Regurgitation	—	10	4	10	—
Mitral Stenosis	—	2	—	2	—
Cardiac Debility	—	1	—	1	—
Cardiac Dilatation	—	2	2	2	—
Cardiac Syncope	—	1	—	1	—
Aneurism	—	3	—	3	—
Palpitation	—	3	—	3	—
RESPIRATORY SYSTEM—					
Pleurisy	—	1	—	1	—
Pneumonia	—	46	15	46	1
Broncho-Pneumonia	—	3	—	3	—
Pertussis	—	1	—	1	—
Emphysema of Lungs	—	2	—	2	—
Asthma	—	2	—	2	—
Bronchitis	1	34	4	35	—
DIGESTIVE SYSTEM—					
Diarrhœa	2	25	6	27	—
Colic	—	10	—	10	—
Dyspepsia	—	10	—	10	—
Constipation	—	8	—	8	—
Reducible Hernia	—	18	—	18	2
Strangulated Hernia	1	6	3	7	—
Abscess of Liver	—	2	—	2	—
Carried forward ...	14	569	73	583	14

RETURN OF DISEASES AND DEATHS IN 1907 AT THE COLONIAL HOSPITAL—*contd.*

Diseases.	Remaining in Hospital at end of 1906.	Year's Total.		Total Cases Treated.	Remaining in Hospital at end of 1907.
		Admissions.	Deaths.		
Brought forward ...	14	569	73	583	14
DIGESTIVE SYSTEM—*continued.*					
Cirrhosis of Liver	—	3	1	3	—
Hepatitis	—	20	4	20	—
Dental Abscess	—	1	—	1	—
Gastritis	—	3	—	3	—
Ascites	1	3	—	4	—
Ulceration of Anus	—	1	1	1	—
Prolapsed Rectum	—	1	—	1	—
Hæmorrhoids	—	1	—	1	—
Peritonitis	—	2	2	2	—
Appendicitis	—	1	1	1	—
Prolapsed Anus	—	1	—	1	—
Enteritis	—	2	—	2	—
Gumboil	1	—	—	1	—
Abdominal Abscess...	1	—	—	1	—
Jaundice	—	2	—	2	—
LYMPHATIC SYSTEM—					
Adenitis	—	7	—	7	—
Lymphagitis...	—	1	—	1	—
Splenitis	—	2	—	2	—
Parotiditis	—	4	—	4	—
URINARY SYSTEM—					
Movable Kidneys	—	2	—	2	—
Cystitis	—	3	—	3	—
Bright's Disease	—	20	4	20	—
Urinary Fistula	—	2	—	2	—
Chyluria	—	1	—	1	—
MALE ORGANS OF GENERATION—					
Paraphimosis	—	1	—	1	1
Phimosis	1	18	—	19	—
Ulcer of Penis	—	1	—	1	—
Elephantiasis Scroti	1	11	2	12	1
Ulcer of Scrotum	—	3	—	3	—
Hydrocele	—	4	—	4	—
Orchitis	—	6	—	6	—
Stricture	—	17	1	17	1
FEMALE ORGANS OF GENERATION—					
Uterine Tumour	1	4	—	5	—
Endometritis	—	10	—	10	—
Ovarian Cyst	—	1	—	1	—
Elephantiasis Vulvæ	—	1	—	1	—
Vulvitis	—	1	—	1	—
Disordered Menses	—	5	—	5	—
Disorders of Pregnancy	—	3	—	3	1
Abortion	—	4	—	4	—
Abscess of Breast	1	1	—	2	—
Parturition	—	49	—	49	—
Puerperal Eclampsia	—	3	1	3	—
Retained Placenta	—	2	—	2	—
Carried forward ...	21	797	90	818	18

RETURN OF DISEASES AND DEATHS IN 1907 AT THE COLONIAL HOSPITAL—*contd.*

Diseases.	Remaining in Hospital at end of 1906.	Year's Total.		Total Cases Treated.	Remaining in Hospital at end of 1907.
		Admissions.	Deaths.		
Brought forward ...	21	797	90	818	18
ORGANS OF LOCOMOTION—					
Necrosis	2	4	—	6	—
Synovitis	—	6	—	6	1
Periostitis	—	2	—	2	—
Ostitis	—	1	—	1	—
Sinus of Knee	—	1	—	1	—
Ganglion	—	1	—	1	—
CONNECTIVE TISSUES—					
Abscess	—	20	—	20	1
Cellulitis	—	13	—	13	2
Bubo...	1	3	—	... 4	—
Carbuncle	—	2	—	2	—
Guinea Worm	—	1	—	1	—
DISEASES OF THE SKIN—					
Ulcers	11	106	1	117	4
Boils	—	1	—	1	—
Eczema	—	1	—	1	—
Ainhum	—	2	—	2	—
Ringworm	1	6	—	7	—
Whitlow	—	5	—	5	—
INJURIES GENERAL—					
Scald...	1	2	—	3	—
Burn	1	4	—	5	—
INJURIES LOCAL—					
Contused Wound	—	6	1	6	1
Incised „	—	10	—	10	1
Lacerated „	—	9	—	9	3
Punctured „	—	3	—	3	—
Gunshot „	—	1	—	1	—
Simple Fracture of Thigh	—	3	—	3	—
„ „ „ Leg	—	6	—	6	—
„ „ „ Arm	2	4	—	6	—
Compound Fracture of Thigh ...	—	3	—	3	—
„ „ „ Arm ...	—	1	—	1	—
Contusions	1	12	—	13	—
Sprains	—	3	—	3	—
Laceration of Liver	—	2	2	2	—
POISONS	1	—	—	1	—
OPERATION—*See* Table 6					
UNDIAGNOSED	6	10	—	16	—
Grand Total ...	48	1,051	94	1,099	31

Table No. 6.

Surgical Operations.—(Under Chloroform).

Colonial Hospital, 1907.

	Remaining in Hospital, 31-12-06.	Number Admitted.	Total.	Successful.	Not Relieved.	Died.	Remaining in Hospital, 31-12-07.
Abscess, Opening of	—	10	10	10	—	—	—
Abscess of Liver, Exploration into	—	1	1	1	—	—	—
Abscess of Breast, Opening of ...	—	1	1	1	—	—	—
Abdominal Myomectomy	—	1	1	1	—	1	—
Appendicectomy	—	1	1	1	—	1	—
Adenoma, Removal of	—	1	1	1	—	—	—
Amputation of Toe	—	5	5	5	—	—	—
Amputation of Leg	—	4	4	4	—	—	1
Amputation of Foot	—	1	1	1	—	—	—
Amputation of Finger	—	2	2	2	—	—	—
Amputation of Arm	—	1	1	1	—	—	—
Cystic Tumour of Breast, Removal of	—	2	2	2	—	—	—
Cysts, Removal of	—	4	4	4	—	—	—
Craniotomy	—	1	1	1	—	—	—
Cataract, Removal of	—	3	3	3	—	—	—
Cystitis, Exploration into Bladder..	—	1	1	1	—	—	—
Curetting of Uterus	—	6	6	6	—	—	—
Elephantiasis of Clitoris, Removal of	—	1	1	1	—	—	—
Drainage to Wound	—	2	2	2	—	—	—
Examination under Chloroform ...	—	9	9	9	—	—	—
External Hæmorrhoids, Removal of	—	9	9	9	—	—	—
Elephantiasis Scroti, Removal of ...	—	5	5	5	—	2	1
Epulis, Removal of...	—	1	1	1	—	—	—
Extirpation of Eyeball	—	1	1	1	—	—	—
Exploration to old site of Wounds	—	2	2	2	—	—	—
Excision of Elbow Joint	—	1	1	1	—	—	—
Suturing of Patella...	—	1	1	1	—	—	—
Glands, Removal of	—	2	2	2	—	—	—
Gun shot Wound, Removal of Slug	—	1	1	1	—	—	—
Grafting of Ulcer	—	1	1	1	—	—	—
Herniotomy...	—	15	15	15	—	2	2
Hernia, Reduction of	—	1	1	1	—	—	—
Hæmatoma, Incision of	—	1	1	1	—	—	—
Hydrocele, Radical Cure of ...	—	2	2	2	—	—	—
Hæmatocele(Scrotal),Radical Cure of	—	3	3	3	—	—	—
Hysterectomy	—	1	1	1	—	1	—
Iridectomy	—	1	1	1	—	—	—
Incisions	—	10	10	10	—	—	—
Ligaturing of Artery	—	3	3	3	—	—	—
Lipoma, Removal of	—	6	6	6	—	—	—
Lacerated Wound to Eye, Plastic Operation	—	1	1	1	—	—	—
Myoma of Cervix, Amputation of...	—	1	1	1	—	—	—
Ovarian Cyst, Removal of	—	1	1	1	—	—	—
Pterygium, Removal of	—	1	1	1	—	—	—
Podalic Version	—	1	1	1	—	—	—
Perineorrhaphy	—	1	1	1	—	—	—
Perineal Section	—	1	1	1	—	—	—
Stricture, Rapid dilatation... ...	—	5	5	5	—	—	1
Scraping of Ulcers	—	4	4	4	—	—	—
Synovitis of Knee, Drainage to ...	—	2	2	2	—	—	1
Sarcoma, Removal of	—	1	1	1	—	1	—
Lacerated Wounds	—	5	5	5	—	1	—
Sequestrotomy	—	2	2	2	—	—	—
Sinus Scraping	—	1	1	1	—	—	—
Urethrotomy	—	1	1	1	—	1	—
Ulcer of Rectum, Incised	—	1	1	1	—	—	—
Total ...	—	153	153	153	—	10	6

Table No. 6—continued.

MINOR OPERATIONS.

	Remaining, in Hospital 31-12-06.	Number Admitted.	Total.	Successful.	Not Relieved.	Died.	Remaining, in Hospital 31-12-07.
Circumcisions	—	27	27	27	—	—	1
Cellulitis of Thigh, Opening of ...	—	2	2	2	—	—	1
Catheterisation	—	1	1	1	—	—	—
Foreign Body, Removal of... ...	—	2	2	2	—	—	—
Perineal Section (Small)	—	1	1	1	—	—	—
Tapping of Bladder...	—	2	2	2	—	—	—
Trimming of Crushed Fingers ...	—	1	1	1	—	—	—
Wart, Removal of	—	1	1	1	—	—	—
Total	—	37	37	37	—	—	2
Grand Total	—	190	190	190	—	10	8

Table No. 7.

STATUS OF IN AND OUT-PATIENTS TREATED AT THE COLONIAL HOSPITAL DURING THE YEAR 1907.

	Europeans.		Natives.								
	Official.	Non-Official.	Officials.		Frontier Police.	Civil Police.	Pay Patients.		Paupers.		Total.
			M.	F.			M.	F.	M.	F.	
In-Patients ...	—	12	93	5	14	109	30	5	555	276	1,099
Out-Patients ...	293	38	2,289	253	94	577	251	484	7,626	6,103	18,008
TOTAL ...	293	50	2,382	258	108	686	281	489	8,181	6,379	19,107

Table No. 8.

SUMMARY OF DISEASES AND DEATHS AT THE COLONIAL HOSPITAL IN 1907.

(IN-PATIENTS.)

Diseases.	Year's Total.	
	Cases.	Deaths.
GENERAL DISEASES—		
Malarial Intermittent Fever	63	5
„ Remittent „	22	3
Syphilis	17	1
Gonorrhœa	12	—
Debility	26	1
Rheumatism	81	5
Tubercle	16	3
Other Diseases	57	8
LOCAL DISEASES—		
Diseases of Nervous System	74	13
„ Circulatory „	22	6
„ Respiratory „	90	19
„ Digestive „	126	18
„ Lymphatic „	14	—
„ Urinary „	28	4
„ Male Organs of Generation	63	3
„ Female „ „	25	—
„ the Organs of Locomotion	17	—
„ „ Connective Tissues	44	—
„ „ Skin	128	1
„ Eye	17	—
„ Ear	2	—
„ Nose	3	—
Affections connected with Pregnancy	7	—
„ „ Parturition	54	1
Poisons	1	—
Injuries	74	3
Unclassified	16	—
GRAND TOTAL	1,099	94

Table No. 9.

RETURN OF OBSTETRIC CASES TREATED IN THE COLONIAL HOSPITAL DURING THE YEAR 1907.

RANK.			DISEASES, &c., CONNECTED WITH PREGNANCY AND PARTURITION.			LABOUR.		DELIVERY.			
Prima Paræ.	Multi Paræ.	TOTAL.	Diseases, &c.	No.	TOTAL.	Presentation.	No.	Normal.	Forceps.	Cranio-otomy.	Podalic Version.
31	29	60	Puerperal Fever ...	1	13	Vertex	41	36	4	1	—
			Retained Placenta	3		„ with Eclampsia ...	3	1	2	—	—
			Abortion	5		Breech	1	1	—	—	—
			False Pains ...	4		Funis	1	—	1	—	—
						Transverse	1	—	—	—	1
			TOTAL ...			TOTAL ...	47	38	7	1	1

Table No. 10.

RETURN OF DISEASES. (Out-Patients.)

Treated at the Colonial Hospital in 1907.

	Officials.	C. Police.	F. Police.	Paupers.		
Total Number Treated ...	1,917	297	57	7,824	= 10,095	= 18,008.
Subsequent Attendances ...	956	280	37	6,640	= 7,913	

REGISTERED NUMBER OF NEW CASES.

	Officials.		C. Police.		F. Police.		Paupers.		TOTALS. Officials.		C. Police.		F. Police.		Paupers.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
GENERAL DISEASES									752	61	119	—	15	—	1035	1076
Small Pox ...	—	—	—	—	—	—	2	—								
Cow Pox	—	—	—	—	—	—	—	—								
Chicken Pox ..	—	—	—	—	—	—	—	1								
Measles	—	—	—	—	—	—	—	—								
Influenza	15	—	6	—	—	—	20	20								
Whooping Cough...	—	—	—	—	—	—	3	4								
Mumps	—	—	1	—	—	—	3	1								
Dysentery... ...	10	2	—	—	—	—	17	9								
Enteric { Intermittent Fever	265	17	47	—	4	—	193	166								
Enteric { Remittent Fever ...	136	9	10	—	2	—	41	64								
Beri-Beri	—	—	—	—	—	—	—	—								
Syphilis	—	—	—	—	—	—	—	—								
(*a*) Primary	—	—	—	—	—	—	34	27								
(*b*) Secondary	3	—	1	—	—	—	26	11								
Gonorrhœa ...	10	—	1	—	—	—	44	2								
Alcoholism ...	1	—	—	—	—	—	2	—								
Debility	69	15	3	—	—	—	65	109								
Malformation ...	—	—	—	—	—	—	—	—								
Rheumatism ...	238	18	50	—	9	—	552	645								
Non-Malignant New Growth ...	—	—	—	—	—	—	3	3								
Malignant New Growth... ...	—	—	—	—	—	—	—	—								
Tubercle	3	—	—	—	—	—	19	10								
Leprosy	—	—	—	—	—	—	1	1								
Yaws	—	—	—	—	—	—	8	1								
Anæmia	2	—	—	—	—	—	2	2								
Diabetes	—	—	—	—	—	—	—	—								
Total carried forward	752	61	119	—	15	—	1035	1076	752	61	119	—	15	—	1035	1076

	Officials.		C. Police.		F. Police.		Paupers.		TOTALS. Officials.		C. Police.		F. Police.		Paupers.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total brought forward	752	61	119	—	15	—	1035	1076	752	61	119	—	15	—	1035	1076
LOCAL DISEASES—																
Nervous System—	—	—	—	—	—	—	—	—	41	6	5	—	—	—	62	80
Meningitis ...	—	—	—	—	—	—	—	—								
Neuritis	1	1	—	—	—	—	5	4								
Apoplexy	—	—	—	—	—	—	1	3								
Paralysis	—	—	—	—	—	—	2	—								
Neuralgia	35	5	3	—	—	—	37	42								
Vertigo	—	—	1	—	—	—	4	5								
Epilepsy	—	—	—	—	—	—	1	2								
Tetanus	—	—	—	—	—	—	3	4								
Headache ...	5	—	2	—	—	—	9	20								
Mania	—	—	—	—	—	—	—	—								
Melancholia ...	—	—	—	—	—	—	—	—								
Idiocy	—	—	—	—	—	—	—	—								
Eye—	—	—	—	—	—	—	—	—	27	1	2	—	—	—	75	54
Conjunctivitis ...	25	1	—	—	—	—	56	44								
Staphyloma ...	—	—	—	—	—	—	1	3								
Keratitis	2	1	—	—	—	—	8	4								
Cataract	—	—	—	—	—	—	4	2								
Opthalmitis ...	—	—	—	—	—	—	1	—								
Myopia	—	—	1	—	—	—	3	1								
Amplyopia ...	—	—	—	—	—	—	2	—								
Ear—	—	—	—	—	—	—	—	—	17	1	3	—	—	—	47	45
Inflammation Ext. Meatus	14	1	1	—	—	—	29	25								
Deafness	—	—	1	—	—	—	4	6								
Otorrhœa	3	—	1	—	—	—	14	14								
Nose—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	5	2
Epistaxis	—	—	—	—	—	—	2	—								
Coryza	2	—	—	—	—	—	3	2								
Circulatory System	—	—	—	—	—	—	—	—	5	1	3	—	—	—	10	13
Pericardiitis ...	1	—	—	—	—	—	2	—								
Valvular Disease ...	3	1	1	—	—	—	6	11								
Hypertrophy ...	—	—	—	—	—	—	1	—								
Palpitation ...	1	—	2	—	—	—	1	1								
Aneurism	—	—	—	—	—	—	—	1								
Respiratory System	—	—	—	—	—	—	—	—	220	21	24	—	6	—	527	483
Laryngitis ...	2	—	—	—	—	—	3	3								
Bronchitis... ...	215	19	24	—	6	—	500	455								
Asthma	2	2	—	—	—	—	5	13								
Pneumonia ...	—	—	—	—	—	—	11	6								
Pleurisy	1	—	—	—	—	—	8	6								
Digestive System—	—	—	—	—	—	—	—	—	379	45	48	—	8	—	762	747
Stomatitis... ..	9	—	—	—	—	—	23	18								
Teething	1	—	—	—	—	—	1	4								
Caries of Tooth ...	4	—	1	—	—	—	21	30								
Gumboil	2	—	—	—	—	—	11	6								
Toothache... ...	39	—	4	—	1	—	89	119								
Total carried forward	1119	91	161	—	22	—	1906	1930	1443	136	204	—	29	—	2523	2470

	Officials.		C. Police.		F. Police.		Paupers.		TOTALS. Officials.		C. Police.		F. Police.		Paupers.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total brought forward	1119	91	161	—	22	—	1906	1930	1443	136	204	—	29	—	2523	2470
Sore Throat ...	16	7	3	—	—	—	77	29								
Quinsy	5	2	—	—	—	—	3	5								
Pharyngitis ...	—	—	—	—	—	—	—	2								
Dyspepsia... ...	112	24	1	—	1	—	128	274								
Enteritis	—	—	—	—	—	—	1	—								
Hernia	5	—	1	—	1	—	47	—								
Diarrhœa	47	—	7	—	2	—	38	29								
Constipation ...	116	4	27	—	2	—	218	106								
Colic	3	—	2	—	1	—	14	17								
Piles	6	1	1	—	—	—	6	5								
Fistula in Ano ...	—	—	—	—	—	—	—	—								
Hepatitis	7	1	—	—	—	—	2	9								
Jaundice	—	—	—	—	—	—	—	1								
Ascites	—	—	—	—	—	—	2	1								
Peritonitis ...	—	—	—	—	—	—	—	—								
Round Worms ...	—	2	1	—	—	—	22	23								
Tape Worms ...	7	4	—	—	—	—	59	39								
LYMPHATIC SYSTEM—	—	—	—	—	—	—	—	—	7	—	4	—	—	—	50	24
Hypertrophy of Spleen	—	—	—	—	—	—	8	1								
Inflammation of Glands	5	—	4	—	—	—	28	22								
Suppuration of Glands	2	—	—	—	—	—	14	1								
THYROID—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Goitre	—	—	—	—	—	—	—	4								
URINARY SYSTEM—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	15	6
Nephritis	—	—	—	—	—	—	3	1								
Bright's Disease ...	—	—	—	—	—	—	11	3								
Cystitis	2	—	—	—	—	—	—	1								
Incontinence of Urine	—	—	—	—	—	—	1	1								
GENERATIVE SYSTEM	—	—	—	—	—	—	—	—	12	11	1	—	—	—	135	94
MALE. Stricture of Urethra ...	3	—	—	—	—	—	26	—								
Urinary Fistula ...	—	—	—	—	—	—	2	—								
Phimosis (non-Gonorrhœal) ...	—	—	—	—	—	—	10	—								
Ulcer of Penis ...	4	—	1	—	—	—	35	—								
Hydrocele... ...	1	—	—	—	—	—	29	—								
Varicocele ...	—	—	—	—	—	—	1	—								
Orchitis (non-Gonorrhœal) ...	4	—	—	—	—	—	32	—								
FEMALE. Inflammation of Ovary	—	—	—	—	—	—	—	4								
Metritis	—	5	—	—	—	—	—	20								
Displacements ...	—	1	—	—	—	—	—	11								
Amenorrhœa ...	—	3	—	—	—	—	—	34								
Dysmenorrhœa ...	—	2	—	—	—	—	—	15								
Menorrhagia ...	—	—	—	—	—	—	—	10								
Affections connected with Pregnancy ...	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	4
Affections connected with Parturition ...	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Total carried forward	1464	148	209	—	29	—	2723	2602	1464	148	209	—	29	—	2723	2602

TOTALS.

	Officials.		C. Police.		F. Police.		Paupers.		Officials.		C. Police.		F. Police.		Paupers.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total brought forward	1464	148	209	—	29	—	2723	2602	1464	148	209	—	29	—	2723	2602
Female Breast—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
Inflammation ...	—	—	—	—	—	—	—	6								
Abscess	—	—	—	—	—	—	—	3								
Organs of Locomotion—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	29	5
Ostitis	—	—	—	—	—	—	6	—								
Caries	—	—	—	—	—	—	—	—								
Necrosis	—	—	—	—	—	—	3	2								
Synovitis	1	—	1	—	—	—	20	2								
Club Foot... ...	—	—	—	—	—	—	—	—								
Bursitis	—	—	—	—	—	—	—	1								
Connective Tissue—	—	—	—	—	—	—	—	—	13	1	4	—	1	—	75	35
Cellulitis	4	1	3	—	1	—	16	7								
Abscess	9	—	1	—	—	—	59	28								
Skin—	—	—	—	—	—	—	—	—	55	5	9	—	4	—	603	237
Eczema	8	—	1	—	—	—	40	15								
Psoriasis	—	—	—	—	—	—	5	1								
Herpes	—	—	—	—	—	—	2	1								
Ulcer	25	4	7	—	2	—	452	183								
Boil	4	1	—	—	—	—	21	13								
Whitlow	4	—	1	—	—	—	15	11								
Ring Worm ...	1	—	—	—	—	—	11	5								
Scabies	13	—	—	—	2	—	57	8								
POISONS	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
INJURIES—	—	—	—	—	—	—	—	—	83	—	33	—	11	—	743	251
Bites	1	—	3	—	1	—	12	7								
Contusions ...	2	—	—	—	—	—	1	5								
Scald	—	—	—	—	—	—	3	4								
Privation ...	—	—	—	—	—	—	1	—								
Burn	3	—	2	—	1	—	25	10								
Bruise	11	—	4	—	1	—	77	18								
Wounds—Incised	19	—	9	—	1	—	242	69								
„ Contused	29	—	10	—	—	—	230	81								
„ Gun-Shot	—	—	—	—	—	—	3	—								
Lacerated Wounds —Gun-Shot ...	4	—	—	—	2	—	50	9								
Punctured Wounds —Gun-Shot ...	3	—	—	—	—	—	33	21								
Sprain	10	—	5	—	5	—	52	26								
Dislocation ...	1	—	—	—	—	—	1	—								
Fracture	—	—	—	—	—	—	13	1								
OPERATIONS ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not yet Diagnosed ...	133	6	40	—	11	—	272	215	133	6	40	—	11	—	272	215
No Appreciable Disease	8	—	1	—	1	—	13	10	8	—	1	—	1	—	13	10
Total ...	1757	160	297	—	57	—	4458	3366	1757	160	297	—	57	—	4458	3366
Subsequent Attendances	863	93	280	—	37	—	3419	3221	863	93	280	—	37	—	3419	3221
GENERAL TOTAL	2620	253	577	—	94	—	7877	6587	2620	253	577	—	94	—	7877	6587

GAOL HOSPITAL, FREETOWN.

Annual Medical Returns for 1907.

Table No. 1.

	Males.	Females.	Total.
Patients remaining in Hospital, 1st January, 1907 ...	5	—	5
Admitted during the year	192	6	198
	197	6	203
Of these were discharged—			
Cured	134	4	138
Relieved	42	1	43
Not Relieved	7	—	7
Died	7	1	8
Remaining in Hospital on the 31st December, 1907	7	—	7
Total number of Patients treated ...	197	6	203
Daily average of Prisoners in prison during the year 1907			210
Number of Out-Patients treated during the year 1907			7,007
Daily average of Out-Patients treated during the year 1907			27

GAOL HOSPITAL, FREETOWN.

Table No. 2.

Return of Sick, &c., Seen and Examined by the Medical Officer, 1907.

	Quarter ending March.	Quarter ending June.	Quarter ending September.	Quarter ending December.	Total.
Reported Sick, daily	145	274	251	505	1,175
Sick placed under observation... ...	57	64	43	74	238
Sick admitted into Hospital	35	66	50	47	198
Convalescent on Light Labour ...	681	871	929	582	3,063
Examined for Solitary Confinement ...	68	82	75	101	326
Seen in Solitary Confinement	183	169	199	171	722
Examined for Corporal Punishment ...	1	3	2	3	9
New Comers, including Remand and Trial	169	209	206	246	830
Number of Prisoners seen	2	—	—	2	4
Total	1,341	1,738	1,755	1,731	6,525

Return showing In-Patients treated in all the Hospitals of the Colony and Protectorate except Colonial Hospital during 1907.

	Diseases.	Remaining in Hospital at end of 1906.	Yearly Total. Admissions.	Yearly Total. Deaths.	Total Cases Treated.	Remaining in Hospital at end of 1907.	Remarks.
General Diseases.	Cow Pox	—	2	—	2	—	
	Chicken Pox	—	1	—	1	—	
	Measles	—	5	—	5	—	
	Influenza	—	4	—	4	—	
	Dropsy	—	1	—	1	—	
	Dysentery	2	17	—	19	2	
	Malarial Fevers—						
	Intermittent	1	35	—	36	1	
	Remittent	—	37	1	37	—	
	Beri Beri	1	4	1	5	—	
	Erysipelas	—	1	—	1	—	
	Tubercle	—	1	—	1	—	
	Syphilis—						
	Primary	—	—	—	—	—	
	Secondary	—	3	—	3	—	
	Tertiary	26	35	12	61	27	
	Gonorrhœa	1	17	1	18	3	
	Leprosy	7	4	1	11	9	
	Rheumatism	5	69	2	74	14	
	Non-Malignant New Growth	—	1	1	1	—	
	Debility	7	23	7	30	9	
	Sleeping Sickness	—	3	2	3	—	
	Other Diseases	1	5	2	6	—	
Nervous System.	Neuritis	4	3	—	7	5	
	Apoplexy	—	1	1	1	—	
	Paralysis	20	27	14	47	26	
	Myelitis	—	1	—	1	—	
	Epilepsy	2	3	2	5	1	
	Neuralgia	—	2	—	2	—	
	Locomotor Ataxia	1	3	—	4	3	
	Idiocy	1	1	1	2	1	
	Melancholia	—	1	—	1	—	
	Other Disease	—	1	—	1	—	
Local Diseases.	Diseases of the Eye	1	15	—	16	1	
	„ „ Ear	—	2	—	2	—	
	„ „ Nose	—	2	—	2	—	
	„ „ Circulatory System	—	13	3	13	—	
	„ „ Respiratory System	1	42	3	43	2	
	„ „ Digestive System	2	102	3	104	5	
	„ „ Lymphatic System	2	18	2	20	2	
	„ „ Urinary System	—	7	—	7	1	
	Carried forward	85	512	59	597	112	

RETURN SHOWING IN-PATIENTS TREATED IN ALL THE HOSPITALS OF THE COLONY AND PROTECTORATE EXCEPT COLONIAL HOSPITAL DURING 1907—*cont.*

	Diseases.	Remaining in Hospital at end of 1906.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1907.	Remarks.
			Admissions.	Deaths.			
	Brought forward...	85	512	59	597	112	
LOCAL DISEASES.	Diseases of the Generative System—Male	2	30	1	32	—	
	" " Generative System—Female	—	4	—	4	1	
	Organs of Locomotion ...	2	9	—	11	1	
	Connective Tissue	—	28	—	28	2	
	Skin	18	74	7	92	20	
	Injuries General	—	2	—	2	1	
	" Local	3	48	1	51	4	
	Surgical Operations... ...	1	32	1	33	—	
	Unclassified	3	4	2	7	4	
	Total	114	743	71	857	145	

RETURN SHOWING OUT-PATIENTS TREATED IN THE VARIOUS DISPENSARIES OF THE COLONY AND PROTECTORATE, EXCEPT THE COLONIAL HOSPITAL, DURING THE YEAR 1907.

DISEASES.	Male.	Female.
GENERAL DISEASES—		
Small Pox	3	2
Chicken Pox	3	5
Measles	14	16
Influenza	11	13
Whooping Cough	2	2
Mumps	19	13
Dysentery	101	88
Febricula	7	4
Malarial Fevers—		
Intermittent	698	437
Remittent	19	9
Blackwater	2	—
Beri-beri	2	—
Syphilis—		
Primary	18	6
Secondary	43	35
Tertiary	168	198
Gonorrhœa	399	21
Debility	218	249
Rheumatism	1,535	1,100
Non-Malignant New Growth	7	8
Tubercle	5	3
Leprosy	7	8
Yaws	79	33
Anæmia	18	56
Malformations	6	6
Tetanus	1	3
Diabetes	—	2
Other Diseases	7	7
LOCAL DISEASES—		
Nervous System—		
Meningitis	3	3
Neuritis	11	8
Neurasthenia	—	1
Apoplexy	1	4
Paralysis	11	5
Neuralgia	114	96
Vertigo	16	23
Epilepsy	12	—
Mania	1	1
Chorea	1	—
Concussion of Brain	1	—
Cramp	—	1
Spinal Sclerosis	—	4
Torticollis	8	2
Hysteria	—	1
Headache	24	24
Diseases of the Eye	180	67
" " Ear	119	96
" " Nose	67	45
" " Circulatory System	63	77
" " Respiratory "	1,126	924
" " Digestive "	3,545	2,944
" " Lymphatic "	166	83
Carried forward	8,862	6,733

RETURN SHOWING OUT-PATIENTS TREATED IN THE VARIOUS DISPENSARIES OF THE COLONY AND PROTECTORATE, EXCEPT THE COLONIAL HOSPITAL, DURING THE YEAR 1907—*continued.*

DISEASES.	Male.	Female.
Brought forward	8,862	6,733
Diseases of the Urinary System	51	16
„ „ Generative „	271	270
„ „ Thyroid Glands	—	2
„ „ Female Breast	—	25
„ „ Organs of Locomotion	95	65
„ „ Connective Tissue	127	70
„ „ Skin	1,838	942
Poisons	5	1
Injuries	1,028	302
Surgical Operations	46	40
Parasites	8	29
Not yet diagnosed	14	8
No appreciable Diseases	71	27
TOTAL	12,446	8,530
Subsequent Attendances	10,482	8,732
GRAND TOTAL	22,928	17,262

Table I.

TABLE SHOWING THE INFANTILE MORTALITY.

	24 Hours and under.		1 Day to 1 Week.		1 to 2 Weeks.		2 to 3 Weeks.		3 to 4 Weeks.		1 to 2 Months.		2 to 3 Months.		3 to 4 Months.		4 to 5 Months.		5 to 6 Months.		6 to 7 Months.		7 to 8 Months.		8 to 9 Months.		9 to 10 Months.		10 to 11 Months.		11 to 12 Months.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
January	4	3	1	1	3	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	18
February	3	1	1	2	2	—	—	—	—	—	1	—	—	—	2	—	1	—	—	1	1	1	—	—	—	—	—	1	—	—	—	—	17
March	1	2	1	2	—	1	—	—	—	—	2	2	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	16
April	3	2	1	—	—	—	—	—	—	—	—	—	1	1	—	1	—	1	—	1	1	—	—	—	1	1	2	1	—	1	—	—	18
May	3	3	—	—	1	1	—	1	1	—	2	—	1	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	16
June	1	1	—	—	1	1	—	1	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	10
July	2	3	1	—	—	—	1	—	—	—	2	2	—	1	—	1	—	2	1	1	—	—	1	1	2	—	—	1	—	—	—	2	24
August	1	3	1	—	—	—	—	—	—	—	1	1	2	—	1	2	2	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	16
September	2	3	—	1	1	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	12
October	5	6	7	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	1	1	1	1	—	—	—	2	—	27
November	3	1	3	—	—	1	—	—	—	—	1	1	1	—	2	—	—	1	—	—	—	1	—	2	—	—	—	—	—	—	—	—	17
December	2	2	6	—	—	—	1	—	—	—	—	1	1	—	1	—	1	—	—	1	—	—	—	—	1	1	—	—	—	—	—	1	19
TOTAL	30	30	22	6	8	4	5	3	1	—	9	8	10	5	8	5	4	6	1	4	2	4	2	5	8	4	3	3	—	2	5	3	210

Table II.

TABLE SHOWING THE MORTALITY OVER 12 MONTHS.

——	Over 1 to 5 Years.		5 to 10 Years.		10 to 15 Years.		15 to 20 Years.		20 to 25 Years.		25 to 35 Years.		35 to 45 Years.		45 to 55 Years.		55 to 65 Years.		65 to 75 Years.		Over 75 Years.		TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
January	4	1	1	1	1	2	1	1	2	3	7	7	3	—	3	4	3	6	1	—	2	4	57
February	1	—	—	—	—	2	—	1	3	2	3	4	8	2	5	2	6	—	—	3	1	3	46
March	2	1	—	—	1	2	1	—	5	2	3	5	6	2	2	—	2	3	1	1	—	1	40
April	3	3	1	—	—	1	2	1	—	2	5	3	7	—	—	—	2	4	1	1	1	3	40
May...	3	4	—	1	1	—	1	2	2	—	8	6	6	1	3	2	3	4	—	—	3	2	52
June...	2	2	1	1	2	—	—	—	3	2	4	3	4	2	4	2	2	5	1	3	1	3	47
July...	5	4	1	—	—	—	1	—	4	3	8	5	3	6	2	4	1	8	2	2	1	5	65
August	4	2	1	—	—	1	2	1	3	3	6	1	5	2	2	1	2	4	3	2	3	2	50
September	6	1	2	3	1	—	3	—	2	1	7	2	6	2	2	1	6	1	3	2	1	1	53
October	1	3	—	2	—	1	2	1	1	5	4	4	4	3	4	2	1	3	2	3	—	1	47
November	2	2	—	2	1	—	4	1	3	3	3	5	2	4	—	1	5	5	—	1	3	3	50
December	3	2	1	—	5	—	3	1	8	2	5	3	9	2	3	1	1	4	1	—	1	4	59
TOTAL	36	25	8	10	12	9	20	9	36	28	63	48	63	26	30	20	34	47	15	18	17	32	606

Table III.

TABLE SHOWING THE MORTALITY DUE TO DIFFERENT DISEASES UP TO THE AGE OF FIVE YEARS.

DISEASES.	24 Hours and under.		1 Day to 1 Week.		1 to 2 Weeks.		2 to 3 Weeks.		3 Weeks to 1 Month.		1 to 2 Months.		2 to 3 Months.		3 to 4 Months.		4 to 5 Months.		5 to 6 Months.		6 to 7 Months.		7 to 8 Months.		8 to 9 Months.		9 to 10 Months.		10 to 11 Months.		11 to 12 Months.		1 to 5 Years.		TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Fever	—	—	2	—	1	—	2	—	—	—	1	2	3	2	2	3	2	2	1	2	—	2	—	1	2	1	1	1	—	—	2	1	5	6	47
Debility	7	11	2	—	2	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	27
Starvation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Exhaustion	1	3	1	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	15
Nervous System	7	3	13	3	4	2	—	—	1	—	8	4	3	2	—	1	—	2	—	2	2	1	2	4	3	2	—	2	—	—	2	2	8	9	92
Alimentary ,, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Pulmonary ,, ...	—	—	2	1	1	—	—	1	—	—	—	—	2	—	3	1	2	1	—	—	—	1	—	—	—	1	1	—	—	—	1	—	9	6	33
Premature Birth	15	13	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34
Natural Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Miscellaneous	—	—	—	—	—	—	2	1	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	2	—	1	—	—	2	—	—	8	2	21
TOTAL	30	30	22	6	8	4	5	3	1	—	9	8	10	5	8	5	4	6	1	4	2	4	2	5	8	4	3	3	—	2	5	3	36	25	271

Table IV.

TABLE SHOWING THE MORTALITY DUE TO DIFFERENT DISEASES OVER FIVE YEARS.

DISEASES.	5 to 10 Years.		10 to 15 Years.		15 to 20 Years.		20 to 25 Years.		25 to 35 Years.		35 to 45 Years.		45 to 55 Years.		55 to 65 Years.		65 to 75 Years.		Over 75 Years.		TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
General Diseases—																					
Small Pox	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Fever, Intermittent	—	—	—	5	3	1	5	4	6	4	1	4	1	4	—	6	4	1	6	1	56
Fever, Remittent	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—	3
Fever, Blackwater	—	—	—	—	—	—	—	—	2	1	2	—	—	—	—	—	—	—	—	—	5
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Debility	—	—	—	—	—	—	—	—	1	3	1	—	—	—	3	4	—	4	3	23	42
Rheumatism	1	—	2	—	—	1	2	—	2	1	8	2	1	1	2	5	—	1	—	—	29
Tubercle	—	—	—	—	—	1	1	1	—	1	—	1	—	—	—	—	—	—	—	—	5
Other Diseases	1	1	2	—	—	—	2	3	4	1	5	1	2	—	4	6	2	2	—	—	36
Local Diseases—																					
Nervous System	3	4	1	2	3	—	3	2	8	3	4	—	4	3	—	8	—	3	3	3	57
Circulatory „	—	—	1	—	1	—	3	4	7	2	3	2	1	6	8	4	—	2	2	1	47
Respiratory „	2	3	1	2	8	2	12	4	18	12	16	6	11	2	7	10	3	1	1	2	123
Digestive „	—	2	2	—	4	1	6	5	6	9	12	4	6	2	8	4	2	4	1	2	80
Lymphatic „	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Urinary „	—	—	—	—	1	1	1	2	2	4	2	2	—	1	1	—	2	—	1	—	20
Generative, Male	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2
„ Female	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Affections connected with Pregnancy ...	—	—	—	—	—	2	—	1	—	4	—	1	—	—	—	—	—	—	—	—	8
„ „ „ Parturition ...	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—	—	3
Connective Tissue...	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poison	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2
Injuries	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Unclassified	1	—	3	—	—	—	1	1	4	—	6	2	3	—	—	—	2	—	—	—	23
TOTAL	8	10	12	9	20	9	36	28	63	48	63	26	30	20	34	47	15	18	17	32	545

Table V.

TABLE SHOWING THE MORTALITY DUE TO DIFFERENT DISEASES AT ALL AGES.

DISEASES.	January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.		TOTAL.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
General Diseases—																									
Fever, Intermittent	5	2	2	4	2	2	1	5	5	1	4	7	3	8	6	5	7	—	7	7	3	5	6	6	103
Fever, Remittent	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	4
Fever, Blackwater	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	2	—	5
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Debility...	3	6	3	4	2	1	2	4	3	2	2	3	1	9	3	3	1	3	3	2	2	2	4	3	71
Rheumatism	—	—	2	1	1	—	1	—	2	—	—	—	2	1	1	2	—	2	—	—	4	2	1	—	22
Tubercle	—	—	—	—	1	—	1	—	—	2	—	—	—	—	—	1	—	—	1	1	—	1	—	—	8
Other Diseases	2	1	1	—	4	—	2	—	3	2	3	—	6	—	2	—	5	—	2	2	2	4	3	1	45
Local Diseases—																									
Nervous System	6	5	9	6	6	4	8	7	8	8	6	2	8	5	8	4	8	3	9	6	3	2	11	6	148
Circulatory „	—	1	3	2	1	—	3	2	4	2	1	1	2	—	4	2	4	3	1	3	1	—	1	1	42
Respiratory „	13	9	10	2	3	6	7	6	6	7	6	6	6	12	5	1	8	3	3	6	8	12	11	5	161
Digestive „	5	7	3	1	6	9	4	1	2	2	4	7	4	11	5	4	4	1	1	1	3	2	8	—	95
Lymphatic „	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	3
Urinary „	1	—	—	2	—	1	2	1	—	—	—	—	1	2	1	1	3	—	2	3	2	1	—	1	24
Generative, Male	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
„ Female	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Affections connected with Pregnancy ...	—	—	—	2	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—	7
„ „ „ Parturition ..	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Connective Tissue	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	3
Skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poison	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2
Injuries	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	3
Unclassified	3	4	2	1	2	1	—	1	5	3	2	2	4	2	4	2	3	4	6	3	4	3	3	2	66
TOTAL	39	36	38	25	29	27	31	27	39	29	29	28	38	51	40	26	46	19	37	37	33	34	53	25	816

Table VI.

Table showing the distribution of Deaths according to Months and Sexes, 1907.

Month.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Male	39	38	29	31	39	29	38	40	46	37	33	53	452
Female	36	25	27	27	29	28	51	26	19	37	34	25	364
Total	75	63	56	58	68	57	89	66	65	74	67	78	816