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Contributors

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Colony of Seychelles.

ANNUAL REPORT
ON THE
MEDICAL DEPARTMENT
FOR THE
YEAR 1925

Published by Command of His Excellency the Governor.



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ANNUAL MEDICAL AND SANITARY REPORT
FOR THE YEAR ENDING 31st DECEMBER 1925.

—(o)—

Medical Department,
Seychelles, 28th May, 1926.

Sir,

I have the honour to submit for the information of His Excellency the Governor and for transmission to the Right Honourable the Secretary of State, the Medical Report on the health and sanitary conditions of Seychelles for the year 1925 together with the Returns &c., appended thereto.

I have the honour to be,

Sir

Your obedient servant,

JOHN THOS. BRADLEY,
Chief Medical Officer.

To Clerk to Governor.

Victoria

COLONY OF SEYCHELLES.

Annual Medical and Sanitary Report for the Year ending 31st December, 1925.

SECTION 1—ADMINISTRATION.

A.—Staff

The establishment for 1925 as sanctioned in the Estimates was as follows:—

European.

Chief Medical Officer.
Resident Surgeon and Assistant Medical Officer.
Assistant to Medical Department South Mahé.
Five Hospital Nurses (Order of St Joseph de Cluny).

Asiatic.

1 Assistant Medical Officer.

The staff of the Hospital was as follows:—

5 Hospital Nurses (Order of St Joseph de Cluny).
5 Probationer nurses drawn from the local families.
1 Head Midwife in Maternity Section.
1 Midwife qualified.
2 Probationers in training for midwife.
2 Ward maids Maternity Department.
4 Male Attendants at Hospital (3 for day duty and 1 for night).
2 Ward maids (1 for day duty, 1 for night).
1 Cook.
1 Cook's mate.
1 Maid servant Sisters' quarters.
1 Washerwoman.
10 District Nurses.

Attached to the Pharmacy and Chief Medical Officer's Office.

1 Dispenser and Chief Clerk.
1 Assistant Dispenser and 2nd Clerk.
1 Probationer.
1 Messenger.

Fiennes Institute.

Master of Fiennes Institute
1 Nurse in charge
1 Cook
3 Male Attendants (2 for day duty, 1 for night).
1 Female Attendant
1 Boy Messenger

Leper Camp.

1 Guardian, 1 Cook, 1 Washerman (appointed from lepers in camp).

Anse Royale Lunatic Asylum.

1 Head Male Attendant.
1 Head Female Attendant.
2 Assistant Male Attendants.
2 Assistant Female Attendants.
1 Cook.

Quarantine and Public Health.

1 Sanitary Inspector.
2 1st class Assistant Sanitary Inspectors.
1 2nd class " " Inspector
2 Dispensers.
1 Assistant Sanitary Inspector and disinfectant attendant.
1 Keeper Quarantine Station.

Shortage in Establishment.

None the establishment was at full strength during the year except for a short interval when Capt Phani relinquished his appointment.

Mr Maxime Lanier, M.R.C.S., L.R.C.P., Assistant Medical Officer resigned his appointment on 1st March 1925.

Vide M.P. 135/25 to date from 1st March 1925 G. L. Rameau, M.D., Paris was appointed as a temporary assistant to the Medical Department to work in the South Mahé District and to take charge of the Lunatic Asylum.

Sister Herbert was granted leave for Europe from 5th May and was pensioned off at the end of 1925.

Sister Yvonne who went on leave on 12th March 1924 returned off leave on the 12th February 1925, and took up duty on same date.

Capt. N. Phani relinquished his post on the 28th May and left Praslin on the 11th June. He left the colony by the June steamer for Bombay and his appointment was terminated.

Mr A. M. Holloway Surgeon Dentist registered in the Union of South Africa Register was appointed on the 18th August 1925 to act as Honorary Dentist to the Seychelles Hospital.

Sister Lucy Matron in charge of the Hospital retired on pension on the 31st December 1925. Sister Catherine of the same society (Order of St Joseph de Cluny) was appointed to replace her.

Dr K. C. Mathew, M.B., B.S., Madras, was appointed to the vacancy in Praslin and La Digue Islands, due to difficulty in getting a berth he only arrived in the colony on the 12th January 1926.

B.—Financial.

Estimated expenditure for the year 1925 was Rs 95,700 of this amount :—

	Rs
Personal Emoluments amounted to	50,875
Other charges which include cost of drugs and instruments, dieting uniform &c.	44,825
Total ...	95,700

Compared with 1924 there was an increase of Rs 6,563, the principal increase was under the heading Personal Emoluments. Under Other Charges were comprised the following :—

	Rs
Fiennes Institute	13,000
Leper Camp	3,000
Anse Royale Lunatic Asylum	6,500
Quarantine and Public Health	1,000
Total ...	23,500

II.—PUBLIC HEALTH.

The Health of the Colony was good during the year, there was no outbreak of any infectious or contagious diseases with the exception of mild chicken-pox which is endemic in the Colony.

General Diseases.

Nothing out of the ordinary occurred, at the change of the moonsoons there are always feverish colds.

Communicable Diseases.

There is no malarial fever in the Colony the Anopheles mosquito is not found in any island of the group. All cases of malaria are introduced from outside the Colony.

Elephantiasis is seen at times, but does not appear to be on the increase, diseases such as Leprosy and Syphilis and venereal diseases are reported on, under special headings. There are a good many cases of Pulmonary Tuberculosis seen from time to time, a good number of the patients appear to have contracted the disease in East Africa where they went as workmen on the railway or as servants.

Mosquitos are common in all the islands of the group and are of the genus Culex or Stegomyia.

Liver abscesses occur from time to time but due to Emetine treatment they are not so common as in the past.

Venereal clinics

During the year a free venereal clinic for Syphilis was opened by the Chief Medical Officer on Wednesdays at 1 p.m. and free injections of Sulfarsenol or Bismuth were given. The preparations used of Bismuth were "Bicreol" or "Bismostab" both are reliable drugs and although several hundred of injections were given there were no accidents and the results were good.

The "British Social Hygiene Council" has helped the Venereal Department with literature and special pamphlets on the subject also by posters illustrating the nature of the disease.

These posters have been placed in waiting room for Venereal patients, and in the septic and venereal wards of the Hospital.

The department has also received from the same society the "British Journal of Venereal Diseases" also "Health and Empire" these Journals are received regularly each quarter.

The principle of providing free treatment for Venereal Diseases, appears to have borne fruit as the number of new cases appear to have largely diminished. In my opinion the virus of Syphilis in this Colony has got attenuated and is easily cured, after three injections of Bismuth extending over 21 days all rashes have disappeared. The usual course is seven injections spread over seven weeks, followed for two months by a mixture of mercury and Potass Iodide, then a final course of seven injections spread over seven weeks. Patients take well to the treatment and prefer injections to oral medication.

Gonorrhoea is always prevalent and it is only the bad cases that come under notice, a great number of the African population prefer native medicines and drugs. Stricture due to gonorrhoea is a common complaint in the Colony. There is free treatment for Gonorrhoea three days in the week at the extern department of the hospital. I attribute to Gonorrhoea the bulk of the female uterine complaints found in the Colony.

Leprosy Campaign.

The thanks of the Medical Department is due to the "British Empire Leprosy Relief Association" for the information and literature they have supplied during the year on the treatment of the disease, and the prophylaxis to be taken to prevent it spreading. In addition they have offered to this Department 3 lbs of seeds of *Hydnocarpus Wightiana*, these seeds will be planted out by the Director of Agriculture and we trust at a no distant date to be able to produce locally *Chaulmoogra* oil.

A free supply of 40/0 creosote added to sterilized oil of *Hydnocarpus Wightiana*, to be used for injections, has also been offered by the same association.

The Leper Camp at Round Island had on the 31st December 18 Lepers, there being 14 males and 4 females. The type of Leprosy in the males was 4 nerve cases, 6 mixed cases, and 4 nodular, in the females there were 2 mixed cases and 2 nodular.

The treatment was carried out as in the past with *Chaulmoogra* oil in emulsion, and all nodular cases appear to benefit from the drug, in one bad nodular case the nodules have practically disappeared from the face.

In addition to the 18 Lepers at Round Island we have under strict segregation 33 male and female lepers and 5 observation cases which are under inspection and control.

Mahé Island	...	...	...	...	21
La Digue Island	...	...	...	...	5
Praslin Island	...	...	...	...	4
Total					30

In addition new cases diagnosed but guardians not yet appointed	3
In Leper Camp	18
Total					51

There are kept under observation as suspects	5
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The segregated Lepers are inspected several times a month to see that they comply with the regulations, and in case of non-compliance their guardian is prosecuted.

All segregated Lepers are in charge of a relative, or next of kin who is responsible if the precautions for the mitigation and prevention of the disease laid down by the Chief Medical Officer are not carried out. During the year there were 2 prosecutions for failing to carry out the regulations, in addition two segregated Lepers that would not obey the regulations were sent to the Leper Asylum at Round Island.

Attached to this report Appendix D. are regulations for segregated lepers. These regulations are made in French as the bulk of the native only understand Creole French. English being a foreign language to them. These regulations have been amended since last report by the addition of paragraphs preventing the lepers from bathing in rivers, or washing the clothes of lepers in public rivers or streams.

The main Leprosy Ordinance is No. 1 of 1909 with amending Ordinances No. 12 of 1896 and Ordinance No. 12 of 1922, under the Heading of Prisons and Asylums a detailed report on the upkeep and cost of the Leper Asylum at Round Islands is given.

I am still satisfied that the disease is not spreading in the Colony although we have 51 lepers under control for 1925 compared with 42 in 1924, this is due to a better sanitary staff the Sanitary Inspector in charge being a painstaking and hardworking officer, that personally visits and inspects every suspected case and when necessary bringing the suspect before the nearest medical officer for examination.

Ankylostomiasis Campaign in 1925.

In my report for 1924 I stated that the International Health Board would give us help, as they had promised to send a medical expert about May of 1925.

Dr Clark H. Yeager arrived in the Colony on the 20th June 1925 and carried out a general survey of the three principal islands, Mahé, Praslin and La Digue between the 24th June and 5th August. He worked in close co-laboration with the Medical Department and the small sanitary staff that we had, was placed at his disposal.

I pointed out to Dr Yeager that after the departure of Dr Kendrick due to the want of medical officers, and there being no properly organized sanitary department it was only in 1924 that an effort was made to cope with this disease. Mass treatment was carried out in 1924 and 11,600 cases were thus treated but the campaign was at present lying in abeyance until a survey on proper lines could be organized.

The result of this survey shows that there is a very high soil contamination, much heavier than was expected, and this point is of great economic importance in an agricultural colony like Seychelles, as the soil pollution means that labourers are easily infected and it will be practically impossible to eradicate the disease unless this source of infection (soil pollution) is prevented. This can only be carried out by a trained sanitary staff, made familiar with the requirements of good sanitation, and especially sanitation to eradicate the hookworm larvæ, the key note of success in the treatment of ankylostomiasis in my opinion is prophylaxis, as the result of the survey shows that although we rid a patient of his hookworm, he is automatically infected within a few months due to soil pollution.

The sanitary staff was reorganized in 1924 after my return from leave and consisted of a sanitary Inspector with 3 assistant sanitary Inspectors and one labourer.

The duties of Sanitary Inspectors

The routine duties of the Sanitary Inspectors includes :—

1. The inspection of all roads, streets, cemeteries, streams, etc. in the town of Victoria.
2. The inspection of premises within the town of Victoria with a view to the detection of any nuisance which may be prejudicial to the public health.
3. The inspection of all latrines, and urinals both public and private in the Colony with a view to ascertain whether such be kept in a clean and sanitary condition.
4. The inspection of all meat killed at the Slaughter House before same is delivered for sale or consumption.
5. The inspection of the market and all comestibles offered for sale therein, and the inspection of all bakeries, ice and aerated water manufactures.
6. The inspection of all comestibles exposed for sale in shops of the town of Victoria and also by hawkers.
7. The inspection of milk offered for sale.
8. The supervision of the fumigation of cargo from vessels.
9. The supervision of the sterilisation of passenger's baggage and other articles ordered to be sterilized.
10. The inspection from time to time of the night soil service and the disposal of sewage.
11. The supervision of the destruction of rats in the town of Victoria.
12. The inspection of Leprosy and to carry out the ankylostomiasis campaign.

These varied duties if properly carried out leave very little time to the small staff to carry out a systematic examination of all the latrines in the Colony and to give mass treatment for ankylostomiasis.

After the survey of Dr Clark Yeager and to meet the needs of the Colony in the matter of prophylaxis two dispensers were appointed to the Sanitary Department, their work being to carry out mass treatment in the different districts under the orders and control of the Medical Officers, and to assist the sanitary staff in the inspection and supervision of latrines. It was further decided that in 1926 all the country public latrines would be handed over to the sanitary branch of the Medical Department, and two labourers would be appointed to keep them clean.

The question of the public latrines in Country districts being so important, it was decided to have a fixed standard pattern, with a moveable slab 3 feet by 5 feet of reenforced concrete to form the floor of the latrine, the sides and roof in galvanized iron. The estimated cost of each latrine is about Rs. 70.

Provision was made in the estimates of 1926 for their erection and the following site were selected.

Pointe Au Sel	On top of the Hill
Anse Royale	Junction Les Canelles and Anse Royale roads.
Anse Bougainville	Junction of Bougainville and Anse Goelette roads.
Anse Forbans	Junction Quatre Bornes and Anse Forbans roads.
Quatre Bornes	Junction Anse Corail and Takamaka roads.
Anse Corail	On Mr Désaubin's property.
Anse Takamaka	Vicinity of the Church.
Baie Lazare	Vicinity of the Church.
Anse La Mouche	Junction Les Canelles and Anse La Mouche roads.
Anse Boileau	Vicinity Police Station.
Grand Anse	Junction Grand Anse, Barbacons and La Misère roads.
Port Gland	Vicinity of the Church.
Bel Ombre	Vicinity of the Church.
North East Bay	On Hon. Stephens' property.
Bel Air	Junction Sans-Souci, St Louis and Bel Air roads.
Le Niol	On Mr Julius Houareau's property.
Mont Fleury	Crown Land Plaisance.

In addition the following old public latrines eleven in number will be re made with a sanitary concrete floor these old latrines are situated as follows :—

La Mi-ère Road	2½ miles from Victoria.
" " "	4½ " " "
Cascade	5 " " "
Anse-aux Pins	9 " " "
St Louis Road	On top of Hill near Reservoir.
North East Bay	Near Police Station.
Glacis	" " "
Anse Etoile Road	Near Slaughter House.
" " "	Near K. S. K. Naiken's shop.
Foret Noir Road	2¾ miles from Victoria.
" " "	5½ " " "

There will be then in the country districts of the island of Mahé 28 public latrines for the convenience of the rural population, the sites have been specially selected where people usually congregate or else in the neighbourhood of small hamlets. There will be two labourers under the supervision of the sanitary staff to keep these latrines clean, and to see that faeces are not promiscuously deposited as in the past.

Next year I trust to be able to have provision made in the estimates for the erection of public latrines at Praslin and La Digue, especially the latter which is badly infected with hookworm.

After the departure of Dr Clark Yeager an intensive campaign was carried out in the several districts of the Colony, this campaign is still actively proceeding. Dr Yeager donated to the Medical Department prior to his departure all the stock of the International Health Board in the Colony. In addition to drugs and other appliances this comprised three microscopes which were most useful and badly required. Each of the A. M. O's in the outdistricts have now been furnished with a microscope.

The two dispensers were appointed from the 1st September 1925 to carry out intensive treatment and up to the 31st December intensive treatment was carried out in the following districts of the Colony and 10,190 patients were treated, each patient receiving at least two treatments within 7 days, the drugs used were chenopodium, Epsom salt and castor oil.

From 1st September to 31st December 1925.

			Brought forward	...	6,912
Seychelles Hospital	...	3,289	Baie Lazarre	...	621
Anse Etoile	...	720	Anse La Mouche	...	191
Beau Vallon	...	523	Anse Boileau	...	522
Glacis	...	373	Grand Anse	...	192
Cascade	...	347	Port Gland	...	131
Anse-aux-Pins	...	598	Praslin	...	1,090
Anse Royale	...	449	La Digue	...	231
Anse Bougainville	...	176	Privately	...	300
Anse Takamaka	...	437			
Carried forward	6,912		Total	...	10,190

The small sanitary board is now working well, it requires to be co ordinated with a medical man at its head, the present arrangement is that the Chief Medical Officer has in addition to his manifold duties to take charge of the department.

As I have previously pointed out the keynote in the eradication of the disease is prophylaxis—prevention of soil pollution, and this means constant supervision of the staff, a medical man personally inspecting suspected localities, yards and schools, collecting specimen for examination and arranging for treatment. As our medical staff in 1925 is just barely sufficient to meet the needs of the Colony it is impossible to detail one man specially for this important work.

The survey of Dr Yeager brings forward one important point and that is that treatment without the necessary prophylaxis although it does good, means the re-infection of the patient in a comparatively short period, and the work of elimination of parasites has to be done all over again. In future both will work hand in hand intensive treatment with prophylaxis to prevent soil pollution, due to faecal contamination and in localities where there is serious soil pollution steps must be taken to destroy the eggs and embryos.

The *Necator Americanus* and *Ancylostoma duodenale* have been found in stools, in some instances only one species being found, in others both varieties.

Ordinance No. 17 of 1917 makes it an offence to contaminate the ground with faeces, &c., it compels householders to keep their latrines in repair. Practically every householder is visited now twice a year and examination made of his yards and latrines.

For the year the following prosecutions were entered.

Having no latrines.

23 householders were prosecuted.

18 " " fined.

5 cases were dismissed.

Fines amounting to Rs 105 were inflicted on the 18 householders found guilty.

Dirty and insanitary yards.

38 householders were prosecuted.

34 " " fined.

4 cases were dismissed.

Fines amounting to Rs 220 were inflicted on the 34 householders found guilty.

Bad and insanitary condition of latrines.

35 householders were prosecuted.

28 " " fined.

7 cases were dismissed.

Fines were inflicted amounting to Rs 142 on the 28 householders found guilty.

To sum up the campaign in future will be conducted on the following lines:—

Prevention of pollution of the soil and water by faecal contamination.

Interdiction of the promiscuous deposition of faeces in the neighbourhood of huts, villages and plantations.

Provision of public latrines along the highways which are easily accessible.

Guarding of water supply from all possible sources of faecal contamination.

Explanation as to the proper disposal of excrement, and in the case of areas badly contaminated warnings to the inhabitants as to the danger of residing in the areas, there are several localities in Mahé that are badly contaminated.

Systematic periodical examination of the stools of children and labourers in the several districts of the Colony.

Literature and pamphlets explaining the disease to be handed round to the schools, clergy and managers of estates, and special attention to be paid to educating school children as to the nature of the disease by means of lectures given by a medical officer, and a small catechism in French explaining the disease.

Finally intensive treatment to be systematically carried out at least twice a year in each district of the Colony.

The report of Dr Clark Yeager is of much interest, and contains some valuable suggestions I have therefore incorporated same in my report of the campaign for 1925. The tables of statistics being omitted as they are only of local interest.

Hookworm Survey in Seychelles

by

CLARK HARVEY YEAGER.

A programme for the relief and control of hookworm disease was directed in the Seychelles by Dr J. F. Kendrick from February 8th 1917 to December 31st 1919.

During this original campaign a large proportion of the inhabitants were examined and treated. This intensive work extended over the three principal islands of the group, namely Mahé, Praslin and La Digue. After the original campaign was completed in these three islands, a second series of treatments were administered covering the whole of the South Mahé area, district No. 1 of the central Mahé area, and part of district No. 2 of this area.

There are numerous points of interest in comparing the original records with those of the recent survey. This survey covered 34 different places in the three main islands of the group. Microscopical examinations were made of a number of inhabitants in these different places, and the percentage of infection appears to be as high as it was six years ago. In the survey, counts of the number of ova per cubic centimetre were made in several cases to determine the degree of infestation. In one series of cases the treatments were administered and actual count of the parasites was recorded and the clinical symptoms noted, so that a comparison could be made of the ova count. The *Necator americana* and *Ankylostoma duodenale* were identified in a series of cases, in some instances only one species being found, and in others both varieties. Ova or intestinal parasites other than hookworm were found, but the records do not present an accurate index of the relative incidence of these infestations, as thorough examination was made for hookworm only. Hemoglobin tests were made to determine the degree of anaemia, and there are numerous cases showing from 20 to 40 per cent hemoglobin, no doubt almost entirely due to ankylostomiasis. There are many cases of anaemia, but as there is no malaria in the Seychelles except a few imported cases this one complicating cause may be ruled out.

In this survey all the patients who had been previously treated have been recorded, and the results show as great a degree of infestation as the cases not previously treated.

Numerous samples of soil have been examined for hookworm larva, showing a widespread soil pollution, the greatest concentration being the floor of a latrine. This same condition was found in Mauritius, which is evidence that the soiled mud floor of a poor latrine is more dangerous than none. Practically all of the latrines have been inspected by the men employed for the survey, and the central staff which the Chief Medical Officer so kindly placed at our disposal.

It was not the purpose of this survey to administer treatments but merely to investigate, as the time was too limited for a complete treatment campaign. However, numerous persons on the ports of Mahé, Praslin and La Digue and Félicité have been treated. Treatments were administered at the Convent School, the Prison, the Hospital, and to out-patients coming to the Hospital in Victoria. Notice was sent in advance to Praslin and La Digue and hundreds of the inhabitants were treated upon arrival of the survey staff.

Illustrated literature has been distributed to all of the schools, and many letters have been sent to the Superintendent of Schools and others requesting special attention to the routine teaching of the prevention of soil pollution, as well as instruction about hookworm disease. In 1924 the Medical Department sent a description of the disease to the schools, and the teachers have been giving instruction from the leaflet.

The original intensive treatment campaign conducted by Dr Kendrick did a great deal of good and in this survey individuals have been located throughout the islands who were unfit to work until treated, and they are now useful citizens. Among the thousands treated from five to eight years ago, there are some who have become heavily reinfected, and hundreds at present showing severe clinical symptoms of the disease.

No doubt the mass infection is not merely as great as it would have been had there been no campaign, but some of these people were treated over eight years ago, and since then have accumulated a large number of parasites.

During 1924 a series of treatment were administered by the Medical Department, but this was the first time treatment has been administered on a large scale since the original work. The dispensary plan of treating these mass infections is not successful. As a rule any of the inhabitants have the privilege of going to a Government Dispensary to receive treatment, but the lightly or moderately infected cases do not realise the importance of treatment therefore it is necessary to develop an organization to stimulate these people. The Dispensary method of treating always does a certain amount of good, but a far more effective plan is to select definite treatment days and especially notify the inhabitants that a Doctor will be at a certain place at a set time for the administration of the vermifuge. This plan meets with a great deal of success in certain places, but it is advisable to organize a department and give treatment according to the intensive method. The personnel of the department should visit schools and other institutions and visit from house to house, explaining the disease, distributing literature, collecting specimens for examination and arranging for treatment. The financial condition of the Colony has been very low and the staffs have not been large enough to carry on the work originally administered by Dr Kendrick.

The sanitation in some places is quite satisfactory, but most areas have been very badly neglected. In some places there was no checking from the time Dr Kendrick left the Colony until the beginning of this survey.

The records kept of the La Digue inspection in November of last year are very misleading, as all latrines are reported to be in good condition and it is obvious that for at least a couple of years they have been very insanitary, and there are a number of families with no latrine accommodation. Many of the latrines are piled to above the surface of the surrounding ground, and the floors of many show the presence of extreme concentration of hookworm larva. The records of the inspection do not give the names of the owners of the premises. The names of the tenants have been given, and as they move from time to time, they are difficult to check. The Island of Praslin also shows neglect, and parts of Mahé are almost as bad.

Before the close of the survey, the chief sanitary inspector had interviews with the staff, and has arranged for the recording of their notes in a more uniform manner. It is obvious that a number of the staff members are not familiar with the requirements of good sanitation, and it is believed that a course of instruction would be very valuable.

A great saving of funds will result by adopting a standard type of bucket latrine and slabs for pit latrines of reinforced concrete. The present inspection showed a great variety of size and style of latrines on Government premises. These wooden latrines cost a great deal more than they would if a standard type and size were installed. Before the close of the survey, His Honour the Administrator arranged to send for samples of standard reinforced concrete slabs. These slabs could be cast from a form very much cheaper than constructing various sized latrines at the different places.

While it is important to continue treatment on a large scale, the prevention of soil pollution is of even greater importance. A permanent department is necessary, not only for the administration of the drug and continuation of the intensive plan, but also for educational purposes. With efficient propaganda the inhabitants of the country would realize the importance of sanitation. A permanent department will increase the prosperity and revenue of the country. It will reduce the great number of anaemia cases, giving greater resistance to other diseases, and the sick and death rate will proportionately improve. The increased vitality of those treated will result in a greater amount of work accomplished by the individual, and the offspring will be more healthy. Permanent disabilities, which are numerous, will be reduced, and lives will be saved.

It has been noted with pleasure that Government has taken a step in the right direction in adopting standard types of latrines, and has already arranged for the appointment of two men to devote their time exclusively to hookworm examination and treatment.

According to the results of the laboratory tests of La Digue and other places, it appears from the records that the patients treated during 1924 show the presence of as many parasites as those treated several years ago. Investigation at the time revealed the fact that many patients coming for treatment and submitting specimens were frequently the most heavily infected. Therefore, it is reasonable to come to the conclusion that the treatment has produced better results than the records indicate. If a heavily infected patient has 1,000 worms and his treatment removes 70-95 per cent, he still retains from 50 to 300 parasites. Therefore, the ovacount on this person will be greater than in other cases of light infection not treated. It has been noted that the specimens brought to the dispensary by patients frequently show a greater number of ova than the specimens which have been collected in the house to house canvas.

Sanitary inspection by the Director shows that a considerable amount of improvement is necessary in Mahé, and especially in the Islands of Praslin and La Digue. It is a gratification to note that Government is now taking steps to increase the sanitary staff. The present staff has a great deal to do, but during the time of the survey has made a special effort to prevent soil pollution.

Treatment.

Treatments were not administered during the resurvey on a large scale in Mahé. Numerous people who came to the dispensary were treated, and doses were given to the Convent School. The inhabitants of Praslin and La Digue requested treatment upon hearing of the arrival of the staff. Many of these persons walked several miles in order to have the advantage of treatment, and inhabitants of the Island of Félicité came to La Digue for this purpose. The time was very limited at these places, therefore a mixture of carbon tetrachloride and oil of chenopodium was given so that the inhabitant could derive the greatest amount of benefit from a single treatment. In order to make it more effective, a dose of oil of chenopodium was given to a large proportion of these persons to be taken a week later at their homes.

For the benefit of those interested who are not familiar with the treatment of hookworm disease, the following notes are submitted:—

Where only one dose can be administered, the best results appear to be from the administration of a mixture of carbon tetrachloride and oil of chenopodium. Excellent results will be obtained, however, in the administration of the oil of chenopodium alone. When given in a mixture, the proportion of two parts carbon tetrachloride to one part chenopodium is recommended. The rule of dosage is simple. Give 0.1 c.c. of this mixture for every year of apparent age up to a maximum of 1.5 c.c. The mixture is most easily administered in water, and should be followed by a saline purgative. Good results have been obtained by the immediate administration of a purgative, but in order to allow sufficient time for the oil of chenopodium to act, it is probably advisable to give the purgative two hours after the vermifuge. Satisfactory results will be obtained from the administration of 1.6 c.c. carbon tetrachloride with 0.8 c.c. chenopodium freshly mixed. Whenever these two drugs are used the mixture should be made the day of treatment. A mixture of carbon tetrachloride, 4 parts, to asaridol, 1 part, in a total adult dose of 2 c.c. has produced excellent results. Two minims for each year of apparent age is the usual dosage for children, although in the slighter built oriental race a slightly smaller dose appears to be advisable. When carbon tetrachloride is administered alone, the doses may be calculated on the basis of 0.1 c.c. for every year of apparent age up to 2.5 c.c. for the adult female and 3 c.c. for the adult male, provided that there are no contra-indications to the use of this vermifuge. In cases showing a marked or heavy ascariasis infection, the mixture already recommended is satisfactory, but oil of chenopodium, or its

derivative ascaridol, is the anthelmintic par excellence in cases of ascaris infection. It is probably advisable to give the mixture a week to ten days preceding or following a dose of plain oil of chenopodium or ascaridol. In very heavy ascaris infections it is probably better to administer the oil of chenopodium first. The memorandum on the following page has been useful in places in which mass treatments are given.

In mass work usually one or two treatments are administered, and rarely more than four treatments in resistant cases. Numerous cases have been observed in which large doses of vermifuge have been administered at frequent intervals for a series of from 4 to 20 treatments, and the patients still show the presence of ova. In as much as one treatment will remove over 90 per cent of the parasites and two treatments over 97 per cent, the patient is clinically cured, except in the very severest infections. Therefore, a series of treatments is advisable at frequent intervals. The entire population of the Seychelles should be given an opportunity of receiving treatment once every six months or at least once a year. Several unusual cases were encountered in the Seychelles and a series of 157 resistant cases have been observed in Mauritius. In one exceptional case in Seychelles a patient had received six consecutive treatments of the oil of chenopodium in doses of from one $\frac{1}{2}$ to 2 $\frac{1}{2}$ c.c. following this the mixture of carbon tetrachloride and oil of chenopodium was administered to this patient, after which 66 hookworms were recovered.

Instructions to Government Dispensers.

OIL OF CHENOPODIUM TREATMENTS.

The medically unfit for treatment for Ankylostomiasis.

Persons medically unfit for treatment include those suffering from acute diseases, such as malaria (febrile stage) fevers of any type, diarrhoea dysentery, gastritis, &c., those having chronic dysentery or diarrhoea, organic cardiac or renal disease, pulmonary tuberculosis beyond the incipient stage, or general anasarca; those who are extremely weak or feeble from old age or from other cause; and pregnant woman, or women with serious hemorrhagic diseases of the uterus. Patients having these complications should not be treated for hookworm disease except under hospital conditions.

Apparent age	Chenopodium dose	Magnesium sulphate dose
2—5	1—4 minims	1 drachms
6—10	5—10 "	2 "
11—15	11—15 "	3 "
16—20	16—20 "	4 " to 1 oz
21—50	20—24 "	6 " "
Over 50	16—18 "	6 " "

Drop bottles should be accurately tested before use. Usually 2 drops equal one minim. The pipet or minim glass is usually more accurate.

The dose of chenopodium as given above is the total dose. The total dose is divided into two equal doses and given an hour apart. Give the dose of magnesium sulphate two hours after the last dose of chenopodium.

The vermifuge is not to be given to patient to take at home.

Every dose must be taken in the presence of the Doctor.

Example :—Dose of chenopodium is 20 minims. Give 10 minims in about 1 ounce of water at 7 a.m.; give the remaining 10 minims in 1 ounce of water at 8 a.m.; give the dose of magnesium sulphate in solution at 9. or 10 a.m. according to instructions. This constitutes one treatment. Repeat this treatment at intervals of 7 days. Three treatments usually cure.

Directions to patients awaiting treatment.

It is understood that patient has been examined physically and dose prescribed by a qualified Medical Officer before the Dispenser administers treatment.

(1) Patients may eat very light meal in the evening before treatment next morning no food or drink. They may take a cup of tea with sugar and milk if you like, but no other food or drink of any kind. Treatments are to be administered early in the morning.

(2) After the magnesium sulphate purge has acted well (at least 2 times) patient may take food, preferably rice, milk, sugar, but no curry stuffs before the late evening meal. After this first meal, patient resumes his regular habits of eating &c.

(3) In case the purge has not acted within two hours after taking it, the dose should be repeated. If this fails a third dose or an enema should be given.

Unfoward Symptoms following over dose of Chenopodium.

The symptoms of absorption of chenopodium come under the heads of :—

- (1) Gastro-intestinal symptoms and
- (2) Neuro toxic symptoms.

(1) Gastro-Intestinal Symptoms :—Sensation of heat or burning in the region of the stomach and sometimes pains. Nausea and vomiting are sometimes present. These symptoms are not severe and need give rise to no alarm. They pass off after the purge has acted.

(2) **Neuro-Toxic Symptoms** :—Complaints of tingling or numb sensations in the extremities. More severe symptoms consisting of headache (usually frontal) vertigo, timietus aurium, deafness, muscular weakness, muscular incoordination, localized muscular spasms, delirium or mental incoherence, convulsion and coma. These symptoms usually follow in the order given above.

Treatment :—On the development of symptoms of poisoning by chenopodium give a purge at once and repeat if necessary. An enema is indicated to assist in elimination. You must clean out the alimentary canal to prevent further absorption of the drug.

Do not give alcoholics by mouth as a stimulant. Stimulants are indicated but send for the Medical Officer to advice what stimulant to use. In the meantime wrap patient in warm blankets and if necessary apply heat by means of hot water bottles. Give hot tea or coffee while waiting for the doctor.

Microscopic Examination.

In the resurvey of the Seychelles the Clayton Lane direct centrifugal flotation method was used and found to be very accurate. 1 x 3 inch slides were used instead of the 1 inch slides recommended by Clayton Lane. This method was used, however, for a limited number of specimens, the majority being examined according to the Willis technique.

For mass work on a large scale the Willis technique is very satisfactory and up to the present time has been found to be most convenient. A memorandum prepared by the International Health Board describing this technique as follows :—

The Willis Technique of Fecal Examination in the Diagnosis of Hookworm infection, as used by the field staff of the International Health Board.

The diagnosis of hookworm infection has for many years been based almost exclusively on the recognition of hookworm ova in the feces. Indirect methods of diagnosis which depend mainly on the symptomatology of the disease are relatively unreliable.

Methods Preceding the Willis Technique.

The smear method, which up to 1914 was used almost exclusively, is the oldest and least complicated of the direct methods. It derives its name from the fact that a small quantity of the stool, after being mixed with water, is spread on a slide and then examined under the microscope. This procedure is still commonly used in ordinary practice by physicians, though in field work on a large scale it has been superseded by more rapid and more accurate methods.

When the microscopic examination of a smear fails to disclose ova, recourse may be had to the centrifuge. A simple centrifuging, which requires only the use of water as a thinning medium, was one of the first refinements of the smear method to be generally practiced.

Persistent efforts have been made during the last decade to obtain a high degree of concentration of the ova by suspending a sample of the feces in a fluid of greater specific gravity than the ova so that they will float to the surface. A number of techniques resulting from these efforts are known as levitation, or flotation methods. Various dense fluids, such as solutions of sodium chloride, calcium chloride, sodium acetate, ammonium chloride, sugar, glycerine, and magnesium sulphate, have been recommended and used. Many variations have since been worked out, all based on the theory that the ova are most easily gathered from the top of the mixture.

One procedure was described by Kofoid and Barber in 1919, in which the surface film containing the ova was removed with a wire loop. This is called the salt-flotation-loop method, or simply the Kofoid-Barber method.

The Willis Method.

In 1921 Dr H. H. Willis, Medical Officer in charge of one of the field units of the Australian Hookworm Campaign, published a description of his flotation method of fecal examination. All other levitation methods known at that time, he rejected because the necessary apparatus was not simple enough to be practicable for the general practitioner in rural districts or for use in extensive campaign work. The amount of labour required for washing the equipment was also excessive under the earlier methods.

The specimen containers or tins used by Dr Willis were circular 3.3 cm. in diameter and 0.8 cm. in depth, with a capacity of one quarter of an ounce. Half-ounce tins of the same diameter are equally suitable for this method, and a part of the larger sample it provides can be used for making egg counts by the stool method. From the ordinary container in which the specimen is collected enough of the material is removed to leave it not more than one-sixth full, that is, to leave about one gram in a quarter ounce tin. A saturated solution of coarse table salt having a specific gravity of about 1.130 is then added drop by drop, while the mixture is thoroughly stirred with a toothpick, until the container is filled to the brim. A glass slide measuring two to three inches is then applied to the surface of the liquid and the mixture allowed to stand five to ten minutes, in no case more than fifteen minutes, to permit the ova to rise. The slide is then carefully removed, inverted with a rotary motion to prevent the drop of liquid from running off, and placed under the microscope with a magnification of about 100 diameters. The ova and droplets of fat will be found floating on the surface, while most of the debris has settled to the bottom. If no ova are found in the first slide, the mixture in the tin is stirred again and salt solution added to bring the liquid to the brim. A slide is then applied and a second examination made.

The Willis technique is therefore a simple application of the principle that hookworm ova will rise to the top of a salt solution and come into contact with a glass slide resting on the surface, so that they can be easily removed with the drop which adheres to the slide when it is lifted.

Other salts, such as magnesium sulphate, or even calcium chloride are theoretically better than the table salt, but are difficult to obtain and are more expensive. Since the ova are apt to become distorted if they are permitted to remain in the brine solution more than half an hour, it is best not to prepare too many specimens at once. It is well, therefore, when a large number of specimens are to be examined, not to prepare more than ten to twelve of them at a time. Great care should be exercised to insure proper mixing of specimens which have been kept for several days. In the use of such specimens another possibility of error arises from the fact that the ova may have hatched and that the larvae very seldom appear on the slide. This is a defect of the Willis method, although a minor one. In most cases the difficulty can be obviated by keeping the specimens in the ice box.

The advantages of this method are summarized by Dr Willis as follows:—

1. It allows the general practitioner to make an accurate diagnosis in his surgery in ten minutes, no special apparatus other than a microscope being required. It likewise allows him to determine easily and accurately whether his patients are cured.
2. It is simple and calls for no special skill or experience beyond the ability to recognize the ova under the microscope.
3. It is rapid. One microscopist can examine 120 specimens in an ordinary working day, as compared with 50 when the plain smear-centrifuge method is employed. With the assistance of a boy, 200 specimens can be examined in the same time.
4. There is no risk of ova being carried over from one specimen to another, as each specimen is dealt with in the container in which it is collected.
5. A small specimen is adequate. The method is therefore suitable for use in campaign work in country districts where specimens have to be carried on horseback for many miles.
6. It is more accurate than the combined or plain smear-centrifuge method.

During the last four years the claims made for the efficiency, rapidity, and economy of the Willis technique have been largely substantiated. At the same time a number of minor improvements have been introduced. Dr D. M. Molloy, for example, nailed the covers of ten specimen tins upside down on a board and set the tins containing the specimens in these up-turned covers, which held the tins firmly while the brine mixture was being stirred. This device obviates the soiling of the fingers while holding the container. A rack more durable and more easily cleaned may be made by soldering the covers of the tins to a piece of galvanized iron with rolled edges.

After the specimen in the first tin has been mixed with the salt solution, a slide is applied and specimen No. 2 is mixed, and so on until a complete set of specimens have been prepared. By the time the slide is placed on the last one, No 1 is ready for examination. Adequate preparation of the mixture usually requires more time than the examination.

Ova Counts.

For purposes of comparison Ova Counts were made according to Stoll's method. A number of three-day total specimens were collected for accuracy in estimating the number of Ova per gram in the large series of cases.

Soil Examinations.

Soil examinations were made with Buermann's apparatus as modified by Cort and others in the West Indies work. The majority of soil examinations were made with the gravitation apparatus reported in previous records to the International Health Board. (See gravity apparatus reported in I. H. B. Bulletin October 1925).

Conclusions.

The actual figures show heavy reinfection throughout the Colony. There are instances of individuals previously treated, who now show very heavy reinfection and severe clinical symptoms, but there are many others who have remained clinically cured since first treated, and some who have not been reinfected. In general, the good effects of treatments administered five or eight years ago are very evident and, as pointed out, the bare statistics, without considering existing facts, are misleading. It is believed that the general mass infection was greatly reduced and at present is not nearly as high as in 1917. Added to this we have the excellent results obtained by the treatments administered by Dr Cuff during 1924. It is strongly advised that mass treatments be continued on a large scale. By continuing to improve the sanitation, the Colony will be placed in the list of low infection.

Vital Statistics.

The annexed table II gives the number of births and deaths during the year. The population is composed of whites of European descent, creoles, divided into white creoles, coloured creoles and black creoles a certain number of liberated African slaves still remain in the Colony but their number is diminishing yearly. The disappearance of the old African slaves is breaking one of the links of the old regime, and their native songs, dances, and peculiar customs and habits will after another ten years be quite blotted out.

The English Colony has increased by a number of additional clerks having arrived from England to take up duty in the Eastern Telegraph Company. These new arrivals with their wives constitute a pleasant addition to the social life of the Colony.

The estimated population on the 31st December 1925 was 26,185, the birth rate during the year was 27.99 per thousand, and the death rate was 14.96 per thousand. There is therefore little variation as compared with 1924, birth rate was 29.97 per thousand, death rate was 14.62 per thousand.

The principal diseases in 1925 were Pneumonia with 32 deaths, Pulmonary Tuberculosis with 26 deaths, Endocarditis 19 deaths, Ankylostomiasis 14 deaths, Amoebic Dysentery 11 deaths, Cerebral Hæmorrhage 10 deaths, Hemiplegia 9 deaths, Hereditary Syphilis 10 deaths, Arteriosclerosis 9 deaths, Infantile Marasmus 9 deaths, there were 23 deaths registered without a medical certificate, and 35 deaths due to old age and senile decay.

The population of South Mahé was estimated at 4,604 the birth rate was high 37.79 per thousand, death rate 12.81 per thousand, marriage rate 6.51 per thousand, and still-birth rate 1.73 per thousand.

The principal diseases were Cerebral Hæmorrhage with 6 deaths, Endocarditis 3 deaths, Pulmonary Tuberculosis 4 deaths, Infantile Marasmus 5 deaths.

The European population enjoyed good health during the year and a good many planters from East Africa visited the Colony for a change of air and climate. After the highlands of the interior of East Africa the change to Seychelles appears to be much appreciated by the European planters of the African Colonies.

No contagious or infectious diseases occurred in the Colony, there was a mild form of influenza, prevalent at the change of monsoons, and chicken-pox is endemic in the Colony, but the disease cause no mortalities.

Registration of deaths and still-births is compulsory, and the Civil Status law with regard to registration is based on the old French laws and all declarations are carefully scrutinized and examined, and therefore statistical purposes are reliable.

There were no Europeans invalided, and none died during the year. As the maximum temperature rarely or never exceeds 86° F. shade, and is usually about 80° to 84° F. Europeans enjoy good health, and the only drawback to the climate is the hot and moist atmosphere in the rainy season.

The native officials are drawn from the different divisions of the créole population, their health was good during the year and calls for no special comment.

Section III—Hygiene and Sanitation.

The Sanitary Inspector and staff carried out their duties during the year with energy and intelligence, all yards and compounds were visited at least twice a year. The neighbouring Islands of Praslin and La Digue were inspected, also the Islands of Cerf and St Anne close to the principal Island of Mahé.

The provision of Ordinance No. 9 of 1917 were enforced, and prosecution instituted when necessary.

General Sanitary Work.

This included meat inspection at the public slaughter house of Victoria: the following cattle &c., were slaughtered:—

Oxen	Pigs	Turtles
377	501	116

3 pigs were found diseased and destroyed.

The water supply which is under the Public Works Department was maintained in a high state of efficiency during the year, and the public was supplied with an unlimited supply of pipe borne water from a catchment area high up in the hills surrounding the town of Victoria, the quality of the water is excellent.

Conserancy.

This includes disposal of night soil, road sweeping and house refuse. This is all carted away during the night and buried in trenches, this service was carried out in a satisfactory manner during the year.

Applications to keep cattle and pigs within the limits of the town of Victoria were all examined by the Sanitary Department and the sites examined and reported on. Permission only being granted when their would be no nuisance created.

The inspectors examined the bakeries, the manufacture of ice and aerated water, and steps were taken to see that the bakeries were kept clean and sweet, and that all water used in the manufacture of ice and aerated water was filtered.

Special attention was paid to hawkers of milk, several cases were prosecuted and fines amounting to Rs 29-50 were inflicted.

No new legislation with reference to sanitary matters was introduced during the year.

The general sanitation of the town of Victoria was good during the year, and the Sanitary Board presided over by the Chief Medical Officer, and the Victoria Town Board presided over by the Superintendent of Public Works both these bodies are responsible for the sanitation and scavenging of the town of Victoria.

In the rural districts there are Local Boards that carry out all sanitary and hygienic work.

Drainage.

The system employed is that of open drains for surface waters, with cement sides and bottoms.

There are a good number of small rivulets all over the Colony which act as natural drains.

School Hygiene.

In 1925 the Medical Officers of this department carried out a general inspection of all schools in their district. A report is made on the sanitary condition of the buildings, the health of the children, in addition treatment for ankylostomiasis is given to the children at the visit. It is intended to have two medical inspections in the year, and to make these visits coincide with the visit of the Inspector of Schools.

The Medical Officers of South Mahé and Praslin visited all the schools of their districts and reported on the appearance of the children, the school buildings and the latrines.

There are 27 Grant-in-aid schools scattered over the colony.

The principal fault found by the Medical Officers is the poor latrine accommodation, and the lighting in some schools requires to be remedied.

The general health of the children was good but many children had enlarged tonsils and adenoids. a good number appeared to be suffering from worms, all were clean and free from vermin, and a few cases of scabies were discovered.

Labour conditions.

There are no labourers recruited in this colony for work outside the colony, labourers are usually engaged on a contract for a year to work in the outlying islands. The terms of the agreement, rations, medical attendance and housing are all governed by law, and all engagements must be entered into before a stipendiary magistrate.

All labourers on private work, estates and plantations are engaged by the month, there is a labour law in force which governs the relations between master and man, but as a rule legal actions are rare, if the master or man is not satisfied fifteen days notice terminates the agreement.

The bulk of the labourers are of African descent principally employed in agriculture on coconut estates.

Housing and Town Planning.

All buildings to be erected or repair in the town of Victoria must be first submitted with plans to the Town Board for approval. A competent inspector of the Board inspects all new buildings.

Food in relation to Health and Disease.

All cattle, pigs, turtles and fish sold in the colony must be exposed in the public market, where it is inspected. Rice is imported from India, a small quantity from Madagascar. Vegetables are locally grown but practically all available land is planted in coconuts, and without importation the population would not be able to feed itself. There are special food regulations for the outlying islands, only rice that is unpolished can be used as a ration, except in some very special cases.

Measures to spread Hygiene and Sanitation are taught in the schools but is not a compulsory subject.

The Sanitary personnel are instructed by the Medical Department, and by the Sanitary Inspector, lectures are given at times to the staff.

A manual of instruction is supplied.

IV Port Health Work and Administration.

The pratique laws of the Colony are governed by Ord. No. 1 of 1916. As the Colony is only six days steaming from Bombay, and three days steaming from Mombasa, and as these ports, especially Bombay, have epidemics of small-pox, plague and cholera, a careful watch has to be kept on all passengers that arrive in the Colony.

85 steamers, 5 sailing ships and 3 men-of-war called at Mahé in 1925 as follows:—

From Bombay	...	13
„ Mombasa	...	9
„ Madagascar	...	9
„ Colombo	...	4
„ Durban	...	2
„ Mauritius	...	3
„ Preston	...	1
„ Alexandria	...	1
„ Australia	...	1
	—	
Total	...	43
	—	
In full Quarantine	...	5
Partial Pratique	...	25
Clean Bill of Health	...	13
	—	
		43
	—	

95 passengers were sent to the Quarantine Station at Long Island during 1925, and Rs 820 was collected in fees from the passengers.

112 passengers from Bombay and Mombasa were vaccinated during the year.

83 labourers engaged in loading and unloading vessels were also vaccinated.

The thanks of the department is due to the League of Nations Health Organisation, Eastern Bureau for the weekly cable of health in neighbouring ports these reports are of great assistance to the Port Medical Officer.

All cargo arriving in the Colony is fumigated, this destroys any mosquitos that may have arrived from foreign ports. Old gunny sacks and cloth goods that are secondhand are sterilized in the steam desinfector on Hodoul Island.

When ever there is an epidemic in the neighbouring ports all dock and cargo labourers of the ships are kept under supervision for at least ten days, and the local lighterage Company assists in this supervision by giving a list of all labourers employed in loading or unloading ships.

Quarantine Station Long Island.

The quarters on this island are furnished and are used by the Senior Civil Servant Officers of the Colony, and certain approved civilians as a holiday resort. Situated on a small island about three miles from the mainland, with a delightful view of the sea and surrounding islands, is an ideal place to spend a holiday.

The quarters and island are often applied for by the European resident as a place to hold pic-nics and recuperate when it is not required for quarantine purposes.

The number of local residents that visited the station in 1925 was 223 and they paid fees amounting to Rs 137 for use of quarters.

V.—Maternity and child welfare.

There is no pre-natal teaching as such given directly in the Colony the nurses and midwives follow a course of child welfare and pre-natal instructions in their hospital course of instructions.

VI.—Hospital, Dispensaries and Venereal Clinics.

In my report for 1924 I drew attention to the opening of the Seychelles Hospital, with a modern up to date theatre, and containing quarters for a Resident Surgeon.

The grounds of the hospital are now well planted and laid out, the building is one of the show places of the island, and is one of the principal edifices that catch the eyes of passengers on steamers arriving in the port of Victoria.

Mr A. M. Holloway, Surgeon Dentist has been appointed to take charge of the Dental Department, and this supplies a much needed want in the Colony, as a qualified dentist was required to complete the staff of the Hospital. Mr Holloway who is practising in Johannesburg visits the Colony for four months in each year.

Dressing Room at Seychelles Hospital.

During the year there were 923 patients dressed for wounds and injuries in the external dressing room, and fees amounting to Rs 121 were paid by the patients for dressing supplied. All dressings are supplied at cost.

Seychelles Hospital Admittances during 1925.

731 patients were admitted consisting of 444 males and 287 females, there were in addition in the hospital on the 1st January 1925, 14 males and 6 females, making a total treated of 751 patients (458 males and 293 females).

346 males and 194 females were discharged as cured.

69 males and 48 females were discharged as relieved.

14 males and 36 females were discharged as unrelieved.

12 males and 17 females died in hospital.

The average cost of third class and free patients is 50 cents of a rupee per diem, that of 2nd class patients about Rs 1 and 40 cents per diem, there are two first classes (A. and B). Class A works out about Rs 4 and class B at about Rs 2.50 per diem.

This does not include stimulants and medical extras.

The total amount paid by patients for hospital fees in 1925 amounted to Rs 6,247.52 in this is included fees amounting to Rs 1,454.39 paid by the patients in the lunatic Asylum at Anse Royale.

The fees in the Maternity Department amounted to Rs 1,132.50.

NEW BUILDINGS IN SEYCHELLES HOSPITAL.

Hospital Annexe.

During the year 1925 His Honour the Chief Justice J. L. Devaux whilst acting as Administrator had a series of concerts and collection of funds from the public.

These funds were raised to complete an unfinished building lying in the hospital grounds, and that was originally intended to be used as an operating theatre.

This building will be enlarged with galleries round the sides, the upper portion to be used as nurses' quarters the lower portion as a "children's ward".

The funds raised were not sufficient to provide a nurses' quarters in addition to a children's ward, and the government has voted the balance required to finish the work.

This building should be completed early in 1926 and will finish off the building operations connected with the hospital.

The labourers and employees of the different department are entitled to free medical treatment, the following were treated during 1925.

Victoria Town Board	...	185
Public Works Department	...	178
Police Department	...	119
Port Office Department	...	45
Agricultural Department	...	36
Total		563

Operations performed during the year numbered 294 of which 259 were cured, 29 improved, 6 died, total of operations 294.

Table of Operations with remarks thereon.

Nature of operations.	No.	Cured.	Improved.	Died.	Remarks.
Abscesses, incision of ...	23	19	4	...	Minor operations
Amputations ...	8	7	1	...	
Appendicitis ..	4	4	...	...
Bone grafting ...	1	1	...	...
Breast excision of for cancer ...	1	...	1	...	
Cæsarian Section ...	1	1	...	...
Capsuleoraphy ...	1	1	...	...
Colostomy ...	3	...	3	...	
Empyema ..	1	1	...	...
Excision of joint ..	2	2	...	...
Fracture plating of ...	2	2	...	...
Gastro Enterostomy ...	1	1	...	...
Hæmorroids and Fistula	18	18	...	...
Hernia Strangulated ...	6	5	...	1	
Hernia ..	29	29	...	...
Hydrocele ...	11	11	..	...
Hysterectomy ...	11	8	...	3	
Iridectomy ..	2	1	1	...	
Intestinal resection ...	1	1	...	...
Liver abscess ...	1	1	Minor operations.
Mastoiditis ...	4	3	1	...	
Maxilla resection of ...	1	...	1	...	
Miscellaneous ...	100	87	13	...	
Nephropexy ...	1	1	...	...
Ovarian Cyst ...	2	2	..	...
Salpingo-Oophorectomy	7	7	...	...
Thyroidectomy ...	11	9	1	1	
Phineorraphy ...	2	2	...	...
Plastic operations ...	15	12	3	...	
Trephining ..	1	...	...	1
Tonsilectomy ...	21	21	...	...
Uterine Suspension ...	2	2	...	...
Total ...	294	259	29	6	

The principal diseases treated in the hospital were Amoebic dysentry, Tuberculosis Pulmonary, Syphilis, Endocarditis, Haemorrhoids, Pneumonia, Gastro Enteritis, Hernia, Hydrocele, Uterine Fibroids and fractures.

Maternity Section Seychelles Hospital.

There were 133 patients admitted during the year, and there were 96 babies born. Anaesthetics were given 5 times and forceps were applied in five cases. There were 9 cases of abortion, there were 2 maternal deaths (one admitted from outside) and 2 babies died.

There were 13 still births, and 5 twin births, 2 cases of Eclampsia and one case of Caesarean Section.

Dispensaries.

Dispensaries under Ankylostomiasis, Leprosy and Venereal clinics, there is reference to work carried out in connection with the free treatment of these diseases, and the dispensaries in connection with same.

Seychelles Hospital Dispensary.

There was an attendance of 574 patients to this department where free medical attention is given to poor people.

Anse Royale Dispensary.

There was free attendance given to 187 poor people.

Praslin and La Digue Dispensaries.

The returns for 1925 are not available.

Vaccination.

The lymph supplied was of good quality and the results were as follows :—

Central District Mahé	Successful 1st time	...	...	...	420
	„ 2nd time	...	...	...	4
	Unsuccessful	...	...	...	nil
	Total	...	...	...	424
South Mahé District	Successful 1st time	...	...	...	151
	„ 2nd time	...	...	...	5
	Unsuccessful	...	...	...	nil
	Total	...	...	...	156

Praslin and La Digue not available.

VII. PRISONS AND ASYLUMS.

Victoria Prison.

This is the only prison in the Colony, the sanitary condition was good during the year, there were a few mild cases of chicken-pox seen amongst the prisoners, no infectious or contagious diseases otherwise noted in prison.

There were 248 men and 65 women prisoners convicted during the Year 1925, as compared with 263 men and 94 women in 1924, shewing a decrease of 15 men and 29 women.

156 men and 62 women were imprisoned for non-payment of fines and costs including taxes, and 61 men and 3 women for penal purposes.

The total number of prisoners in jail on the 1st January 1925 was 41 and on 31st December 43.

The unexpired terms of sentences of prisoners under detention on 31st December were as follows :—

Life sentence	...	...	1
Over 5 years	...	...	2
1 year to 5 years	...	...	16
6 months to 1 year	...	...	14
Below 6 months	...	...	10
Total	...	...	43

The maximum number of prisoners during the Year 1925 was 56 on the 17th August and the minimum 34 on 28th March.

The daily average was 37.1 men and 6.4 women.

The total number of prisoners sent to the Seychelles Hospital for medical treatment during the year was 10 men and 1 woman.

On 418 occasions prisoners were sentenced to solitary confinement with or without forfeitures of 1/3 rations including those who were under penal diet, further 77 prisoners who were under the Mark System Regulations were deprived of part of their marks owing to bad conduct.

6 men were sentenced to corporal punishment for repeated offences against prison discipline.

Prisoners were employed at the following industries:—

Making and repairing blinds, rope making, breaking stones, beating coconut fibre, basket making, carpenter, washing, sewing, mending and making mattresses.

2 prisoners escaped during the year and were quickly recaptured.

The total expenditure on the Prison during 1925 amounted to Rs 12,688.91.

Lunatic Asylum, South Mahé.

Asylum Expenditure in 1925.

Maintenance ... ..	...	5,883	05
Upkeep of Asylum and Asylum grounds ...	...	142	00
	Total ...	6,025	05
Less amount paid by paying patients ...	...	1,454	39
		4,570	66
Salaries of Attendants and Cook ...	...	3,168	00
	Total cost of Asylum ...	7,738	66
The total amount voted for upkeep of Asylum was ...	...	9,818	00
Balance in favour on 31st December 1925 ...	...	2,079	34

Table showing the admissions, Re-admissions, discharges and deaths during the year ending 31st December 1925.

	Males.	Females.	Total.	Males	Females.	Total.
In Asylum 1st January, including those out on trial ..	14	12	26	...	..	...
<i>Cases admitted during 1925.</i>						
First admission	3	4	7	...	...	...
Not first admissions ...	...	...	...	...	...	...
Total cases under care during the year.	17	16	33	17	16	33
<i>Cases discharged during 1925.</i>						
Recovered	2	1	3	...	...	...
Relieved ... ..	...	...	...	...	...	...
Not improved ... ..	...	...	...	...	...	...
Died	2	2	4	...	...	...
Total cases discharged and died during the year ..	4	3	7	4	3	7
<i>Remaining in Asylum.</i>						
31st December 1925, including those out on trial ... ..	...	...	...	13	13	26

See Appendices A, B and C attached to this Report.

Leper Camp Round Island.

This Asylum is situated on a small island about 2½ miles from Victoria each leper has his own hut, a cook and dresser is appointed in addition to a guardian. The food supplied is liberal and comforts such as tobacco, coffee and sugar are provided.

In my report for 1924 I referred to the three men of powerful Physique that were patients, they are still in the camp, and they are a terrible nuisance. Two houses in masonry were built for their accommodation and to keep them from getting away during the night.

They terrorize the other inmates, and make the life of the guardian miserable. It is difficult to know how to deal with lepers of this class that are not amenable to discipline, and belong to the criminal class in the colony.

During the year there were admitted to the camp 6 lepers 2 males and 4 females.

There died 1 male and 1 female, and on the 31st December 1925 there were 18 lepers in the camp, males 14 and females 4.

The total cost of maintenance and upkeep of the Asylum in 1925 was Rs4,080.19.

Elsewhere in the report I have referred to the Leprosy Campaign and the means to combat the spread of the disease.

Free medical treatment is provided for all segregated lepers, the drug used is Chaulmoogra oil in emulsion.

Mrs Croyan prior to her departure from the Colony, where she was on a visit left the sum of Rs 50 to be used to purchase comforts for the lepers, this sum has been handed over by His Excellency the Governor to the Chief Medical Officer.

Fiennes Institute.

This Home for the old people is situated at Plaisance in the suburb of the town of Victoria. The building is under the charge of the First Assistant Medical Officer who visits at least three times a week.

The daily average of these old people was about 80, there were 40 deaths during the year, the bulk of deaths was due to senile decay.

The upkeep of the Institution for the year cost Rs11,360.55, the cost per head was Rs142.01.

The number of patients admitted during 1925 was 61 discharge 42, considering their age the patients enjoyed good health and appeared happy and comfortable.

Compared with 1924 when the daily average was 86, with 44 deaths during the year.

VIII METEOROLOGY.

(Statistics thereon see Table V. attached).

IX.—SCIENTIFIC.

Due to cancer research occupying to-day such an important position this department has issued to all Medical Officers a confidential form. The information supplied will each year be tabulated and reported on in the Annual Report.

The information on the two cases supplied during 1925 is not of sufficient value to make a table of cases for this report.

I have attached to this report in the appendix a copy of the form used. Appendix E.

JOHN THOS : BRADLEY, M.D.
Chief Medical Officer.

TABLE I.

Return showing the medical Staff and the principal members of the Subordinate staff.

Names and Qualifications.	Rank of Appointment	Where stationed on 31st Dec. 1925	Remarks
John T. Bradley, M. D. ...	Chief Med Officer	Victoria	
C. C. H. Cuff, F.R.C.S. (Edin.)	1st Asst Medical Officer and Resident Surgeon	do	Is Resident Surgeon at Hospital.
G. L. Rameau, M.D. Paris ...	Asst Medical Dept	South Mahé	Temporary Appt. for South Mahé.
K. C. Mathew, M.B. Bch. Madras	Asst Medical Officer	Praslin	In charge of Praslin and La Digue took up duties in January 1925.
J. E. Houareau ...	Dispenser	Victoria	
E. Mathiot ...	Asst Dispenser	do	
T. d'Offay ...	Probationer	do	
Sister Lucy ...	Matron Seychelles Hospital	do	Order of St Joseph de Cluny.
Sister Yvonne ...	Nurse do	do	
Sister Laure ...	do do	do	
Sister Herbert ...	do do	do	Retired on pension on 31st December 1925.
Sister Marguerite ...	do do	do	
G. Hodoul ...	Pupil Nurse	do	Probationer for 3 years.
C. Collie ...	do do	do	do
L. Durup ...	do do	do	do
E. Payet ...	do do	do	do
A. Grandcourt ...	do do	do	do
O. Gendron ...	do do	do	do
Mrs May Desaubin ...	Head Midwife	do	
Mrs Man Cam ..	2nd Midwife	do	
F. Westergreen ...	Sanitary Inspector	do	
A. Pool ...	Asst Sanitary Insp.	do	
J. Hickey ...	do do do	do	
G. Michaud ...	do do do	do	
T. Horner ...	Master F. Institute	Plaisance	
M. Savy ...	Nurse F. Institute	do	
L. Appasamy ...	Guardian	Round Island	
E. St Ange ...	Male Attendant	L. A. S. Mahé	
Mrs F. Hoarau ...	Female Attendant	do do	
10 Local Midwives ...	...	Country Districts	

TABLE II.

	Males.	Females	Total.
Estimated Population on 31st December 1924. ...	12,645	13,202	25,847
Births during 1925 ...	359	374	733
Arrival during 1925 ...	330	127	457
Decrease by deaths ...	196	196	392
Decrease by departures ...	315	145	460
Estimated population on 31st December 1925 ...	12,823	13,362	26,185
Net increase during 1925 ...	178	160	338

Birth rate during 1925 per thousand 27.99

Death rate " " " " 14.96

TABLE III.

AGES AT WHICH DEATH HAS OCCURRED.

Under 1 year		1 to 5 years		6 to 70 years		70 to 100 years		Over 100 years		Total	
M	F	M	F	M	F	M	F	M	F	M	F
35	35	30	27	40	38	41	50	...	1	146	151
70		57		78		91		1		297	

TABLE IV.

SUMMARY OF ROUTINE SANITARY WORK DONE
DURING THE YEAR IN THE TOWN.*Victoria.*

	Approximate area	Number of proclaimed open spaces.
1925	1 sq. mile.	3

Population.

	Number of Natives.		Number of Europeans.		Total.
	Males.	Females	Males.	Females.	
1925	2,114	2,508	186	220	5,028

Housing.

Number of Houses	Number occupied by Europeans.	Number occupied by Natives.
1925		
906	144	760

Number of huts :— 10

Erection of new buildings during the year.

	1925
Number of houses built without sanction	Nil.
Number of huts built without sanction	"

Action taken.

1925	Number of prosecution	
	Huts	Houses
	Nil	Nil

Latrines.

1925	For males		For females	
	Number	Number of seats	Number	Number of seats
Number of Public latrines..	...	...	...	...
6	5	11	1	2
Number of new Public latrines erected during the year	...	...	...	...
Nil	...	...	...	...

	1925.
Number of private latrines	508
Average number of pails of night-soil removed daily	217
Average number of soiled pails removed and clean pails substituted	217
Number of night-soil men employed to clean latrines and remove excreta	12
Number of cesspools	Nil
Number of cesspools cleaned	"
Number of new cesspools constructed during the year	"
Number of old cesspools abolished	"

Removal of refuse.

	1925
Number of dustbins ...	62
Number of carts at work daily to remove refuse from streets ...	2
Amount of refuse removed daily (cart-loads) ...	12
Number of carts at work daily to remove refuse from yards and premises ...	...
Amount of refuse removed daily from yards and premises ...	...
Number of men employed for removing refuse ...	5

Mode of disposal of excreta, refuse and offal.

	Daily average number of pails of excreta.	Daily average number of cart loads of refuse.	Daily average number of cartloads of slaughter House and Market offal.
	1925	1925	1925
Buried ...	56	12	...
Burnt ...	...	...	...
Thrown into sea	...	...	$\frac{1}{4}$

*Average daily number of cartloads of tin cases, bottles broken crockery and other
incombustible materials removed from houses, huts and compounds,*

1925.

Nil.

TABLE V.
Meteorological Returns for 1925.

1925	Months	Temperature							Rainfall		Winds		Deaths	Remarks
		Barometer 10 a.m.	Solar Maximum	Minimum on grass	Shade Maximum 16 4 p.m.	Shade Minimum 10 10 a.m.	Range	Mean	Amount in Inches	Depth of Humidity	Directions of Wind	Average force	Deaths per month	
	January	30.073	...		80.7	75.3	5.4	78.0	25.24		NW.	7.3	27	
	February	30.104	137		82.1	75.6	6.5	78.8	13.65		NW.	6.6	28	
	March	30.080	145		84.5	75.3	9.2	79.9	22.76		C.	2.5	42	
	April	30.099	149		85.5	77.2	8.3	81.3	14.52		SE.	3.4	27	
	May	30.087	141		82.8	77.8	5.0	80.3	5.70		SE.	11.8	38	
	June	30.124	139		82.0	77.4	4.6	79.7	1.16		SE.	12.4	21	
	July	30.147	137		81.3	77.0	4.3	79.1	4.98		SE.	13.9	28	
	August	30.145	139		81.0	75.7	5.3	78.3	5.79		SE.	14.3	30	
	September	30.153	139		82.4	77.1	5.3	79.7	5.35		SE.	14.1	30	
	October	30.157	143		83.9	77.3	6.6	80.6	10.79		SE.	6.4	29	
	November	30.095	136		84.1	76.6	7.5	80.3	15.58		NW.	4.8	39	
	December	30.135	137		83.9	76.7	7.2	80.3	8.77		NW.	7.0	53	

TABLE VI.

(1)

Return of Diseases and Deaths in 1925 at the Seychelles Hospital.

Diseases.			Remaining in Hospital at end of 1924.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1925.	Remarks.
				Admissions	Deaths			
EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.								
Malaria (Imported)	...	...	...	8	...	8	...	
Dysentery (Amoebic)	...	...	...	11	...	11	...	
Tuberculosis	...	...	...	15	...	15	...	
Syphilis	...	...	...	11	...	11	...	
Chancre	...	...	...	3	...	3	...	
Gonorrhœa	...	...	...	2	...	2	...	
Gonorrhœal Rheumatism	...	...	...	2	...	2	...	
Syphilitic Iritis	...	...	...	1	...	1	...	
Influenza	...	...	...	1	...	1	1	
Venereal Disease	...	...	...	18	...	18	1	
GENERAL DISEASES NOT MENTIONED ABOVE.								
Carcinoma of Cervix	...	...	1	4	1	5	...	
„ Uterus	...	...	1	1	...	2	...	
„ Breast	...	...	...	1	...	1	...	
Sarcoma of Maxilla	...	...	...	1	...	1	...	
Ovarian Cyst Malignant	...	...	...	3	...	3	1	
Prostate „	...	...	...	1	...	1	...	
Uterus „	...	...	...	1	...	1	...	
Lipoma various	...	...	...	6	...	6	...	
Fibroma „	...	...	...	6	...	6	...	
Goitre	...	...	...	1	...	1	...	
Abdominal Growth	...	...	...	1	...	1	...	
„ Abscess	...	...	2	...	...	2	...	
Adenoma of Thyroid	...	...	...	10	1	10	1	
Rheumatism	...	...	...	5	...	5	...	
Rheumatic fever	...	...	...	3	...	3	...	
Beri-Beri	...	...	...	1	...	1	...	
Diabetes	...	...	...	1	...	1	...	
Anæmia	...	...	...	2	...	2	...	
Alcoholism	...	...	...	1	...	1	...	
Cystic Tumour of Scapula	...	...	...	1	...	1	...	
Feverish Symptoms	...	...	...	5	...	5	...	
Papilloma of foot	...	...	...	1	...	1	...	
„ Anus	...	...	...	2	...	2	...	
Scirrhus of Breast	...	...	...	2	1	2	...	
Sebaceous Cyst	...	...	...	2	...	2	...	
Tuberc	...	...	...	1	...	1	...	
AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF SENSES.								
Meningitis	...	...	...	2	2	2	...	
Paralysis	...	...	...	1	...	1	...	
Hemiplegia	...	...	...	2	...	2	...	
Epilepsy	...	...	...	3	...	3	...	
Hysteria	...	...	...	1	...	1	...	
Neurotic	...	...	...	5	...	5	...	
Neurasthenia	...	...	...	3	...	3	...	
Conjunctivitis	...	...	...	1	...	1	...	
Perforation of Cornea	...	...	...	1	...	1	...	
Abscess Mastoid	...	...	...	3	...	3	...	
Mastoiditis	...	...	...	1	...	1	...	
Otitis	...	...	...	3	...	3	...	
Carried forward	..	4	161	5	165	6		

Return of Diseases and Deaths in 1925 at the Seychelles Hospital.

Diseases.	Remaining in Hospital at end of 1924.	Yearly Total.		Total Cases Treated	Remaining in Hospital at end of 1925.	Remarks.
		Admissions.	Deaths.			
Brought forward	4	161	5	165	6	
AFFECTION OF THE NERVOUS SYSTEM AND ORGANS OF SENSES.—(Continued).						
Injury to eye ...	...	1	...	1	...	
Lumbago ...	...	3	...	3	...	
Paralytic drop foot ...	...	1	...	1	...	
Sciatica ...	...	1	...	1	...	
Glaucoma ...	...	1	...	1	...	
Otorrhea ...	...	1	...	1	...	
Parotid Abscess ...	...	1	...	1	...	
AFFECTIONS OF THE CIRCULATORY SYSTEM.						
Endocarditis ...	1	14	4	15	...	
Mitral Stenosis ...	...	1	...	1	...	
Aortic Regurgitation ...	...	1	...	1	...	
Articular Rheumatism ...	...	1	...	1	...	
Heart Stroke ...	...	1	...	1	...	
„ Block ...	...	2	1	2	...	
Cardiac ...	...	1	1	1	...	
Hæmorrhoids ...	...	14	...	14	...	
Bubo ...	1	5	...	6	...	
Cerebral Abscess ...	...	1	1	1	...	
Insolation ...	...	1	...	1	...	
Angina Vincent's ...	...	1	...	1	...	
Aneurism Aorta ...	...	1	1	1	...	
Intermittent Heart ...	...	1	...	1	1	
AFFECTIONS OF THE RESPIRATORY SYSTEM.						
Polypus ...	...	3	...	3	...	
Bronchitis ...	...	5	...	5	...	
Broncho Pneumonia ...	...	4	1	4	...	
Pneumonia ...	1	37	2	38	1	
Pleurisy ...	...	3	...	3	...	
Gangrene of Lung ...	...	1	...	1	...	
Asthma ...	1	5	...	6	...	
DISEASES OF THE DIGESTIVE SYSTEM.						
Caries teeth ...	...	5	...	5	...	
Glossitis ...	...	1	...	1	...	
Tonsillitis ...	...	19	...	19	...	
Gastritis ...	...	7	...	7	...	
Gastro-Enteritis ...	...	13	1	13	1	
Gastric Ulcer ...	1	1	...	2	...	
Dyspepsia ...	...	1	...	1	...	
Colitis ...	1	2	...	3	...	
Colic ...	...	3	...	3	...	
Ankylostomiasis ...	...	8	1	8	...	
Appendicitis ...	1	5	...	6	...	
Hernia ...	1	32	...	33	1	
„ Strangulated ...	1	5	1	6	...	
„ Ventral... ..	...	2	...	2	...	
„ Epigastric ...	...	1	...	1	...	
Fistula ...	1	3	...	4	...	
Constipation ...	...	5	...	5	...	
Carried forward	14	386	19	400	10	

Return of Diseases and Deaths in 1925 at the Seychelles Hospital.

Diseases.	Remaining in Hospital at end of 1924.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1925.	Remarks.
		Admissions	Deaths			
Brought forward	14	386	19	400	10	
DISEASES OF THE DIGESTIVE SYSTEM.—(Contd.)						
Jaundice	...	1	...	1	...	
Abscess Liver	...	2	...	2	...	
Hepatitis	...	6	...	6	...	
Hæmatemesis	...	1	...	1	...	
Peritonitis	...	3	1	3	...	
Growth of colon and perforation	...	1	1	1	...	
Intestinal obstruction	...	3	2	3	...	
Empyema of Antrum	...	1	...	1	...	
Indigestion	1	2	...	3	...	
Prolapse in Ano	...	2	...	2	...	
DISEASES OF THE GENITO URINARY SYSTEM.						
Abscess Perinephretic	...	1	...	1	...	
Nephritis	...	7	...	7	...	
Floating kidney	...	1	...	1	...	
Cystitis	1	6	...	7	...	
Abscess Urethral	...	1	...	1	...	
Stricture	...	2	...	2	...	
„ Meatus	...	1	...	1	...	
Prostatitis	...	2	...	2	...	
Orchitis	...	4	...	4	...	
Hydrocele	1	12	...	13	...	
Phimosis	...	3	...	3	...	
Circumcision	...	1	...	1	...	
Ovarian Cyst	...	3	...	3	...	
„ abscess and peritonitis	...	1	...	1	...	
Ovaritis	...	3	...	3	...	
Salpingitis	...	4	...	4	...	
Uterine Fibroids	...	13	2	13	1	
Fibrosis Uteri	...	1	...	1	...	
Mastitis	...	1	...	1	...	
Endometritis	...	3	...	3	...	
Cæsarian Section	...	1	...	1	...	
Pregnancy	...	1	...	1	...	
Prolapse Uteri	...	3	...	3	...	
Pyosalpinx	...	3	...	3	...	
Hæmaturia	...	4	...	4	...	
Adenitis	...	1	...	1	...	
Glands in Groin	...	10	...	10	...	
Granuloma of Vulva	...	1	...	1	...	
Papilloma of Bladder	...	1	...	1	...	
Renal Colic	...	1	...	1	...	
Uræmia	...	2	1	2	...	
Retention of Urine	...	1	...	1	...	
Recto Vaginal Fistula	...	1	...	1	...	
Ischio Rectal Abscess	...	4	...	4	...	
Caruncle	...	1	...	1	...	
AFFECTIONS OF THE SKIN AND CELLULAR TISSUES						
Abscess	...	39	...	39	1	
„ Perineal	...	3	...	3	...	
Carried forward	17	555	26	572	12	

Return of Diseases and Deaths in 1925 at the Seychelles Hospital.

Diseases.	Remaining in Hospital at end of 1924.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1925.	Remarks.
		Admissions	Deaths			
Brought forward	17	555	26	372	12	
AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.—(Continued)						
Carbuncle	1	1	...	2	...	
Cellulitis	...	5	...	5	...	
Eczema	...	2	...	2	...	
Psoriasis	...	2	...	2	...	
Elephantiasis of leg	...	1	...	1	...	
Contracted finger	...	1	...	1	...	
" scar of axilla	...	1	...	1	...	
Icterus	...	3	...	3	...	
Gumata of leg	...	1	...	1	...	
Jiggers	...	1	...	1	...	
Rodent Ulcer	...	5	...	5	...	
Septic foot	1	6	...	7	...	
" finger	...	5	...	5	...	
Ulcer	...	25	...	25	...	
DISEASES OF BONES AND ORGANS OF LOCOMOTION.						
Osteitis	...	5	...	5	...	
Osteoma of Metatarsal	...	1	...	1	...	
Arthritis	...	5	...	5	...	
Synovitis	...	3	...	3	1	
Necrosis of toe...	...	1	...	1	...	
Flat ankle	...	1	...	1	...	
Coccygodynia	...	1	...	1	...	
MALFORMATIONS.						
Hypospadias	...	1	...	1	...	
Talipes	...	7	...	7	...	
Hare-lip	...	1	...	1	...	
Cleft palate	...	1	...	1	...	
AFFECTIONS OF OLD AGE						
Senile decay	...	4	2	4	...	
Debility	...	4	...	4	...	
AFFECTIONS PRODUCED BY EXTERNAL CAUSES						
Bruise	...	1	...	1	...	
Dislocation	...	7	...	7	...	
Burn	...	1	...	1	...	
Cut	...	4	...	4	...	
Contusion	...	5	...	5	...	
Injury	...	18	...	18	...	
Wounds	...	11	...	11	1	
Fractures	1	26	1	27	1	
Dog bite	...	1	...	1	...	
ILL-DEFINED DISEASES.						
Not Diagnosed...	...	1	...	1	...	
Ascitis	...	4	...	4	...	
Fish bone	...	1	...	1	...	
Inflamed leg	...	1	...	1	...	
Malingering	...	1	...	1	...	
Total	20	731	29	751	15	

TABLE VII.

Return of Patients treated at the Dispensaries.

Month.	Seychelles Hospital.		Anse Royale.		Praslin.		Total.
	M	F	M	F	M	F	M. & F.
January	9	20	7	1	...	...	37
February	18	26	32	24	...	...	100
March	22	26	7	10	...	...	65
April	16	20	4	...	...	...	40
May	11	15	14	9	...	...	49
June	16	30	5	2	...	...	53
July	20	26	7	3	...	...	56
August	19	34	6	6	...	...	65
September	12	54	6	10	...	...	82
October	29	53	6	9	...	...	97
November	16	32	4	4	...	...	56
December	19	31	6	5	...	...	61
Total	207	367	104	83	...	...	761

Result of Cases treated at the Seychelles Hospital.

Sexes.	Remaining in Hospital at the end of 1924.	Admitted during 1925.	Total treated.	Cured.	Relieved.	Unrelieved.	Died.	Remaining at the end of 1925.	Total.
Males	14	444	458	346	69	14	12	8	449
Females	6	287	293	194	48	36	17	7	302
Total	20	731	751	540	117	50	29	15	751

APPENDIX A.—1924.

TABLES SHOWING THE ADMISSIONS, DISCHARGES, DEATHS FOR EACH YEAR
FROM THE OPENING OF THE ASYLUM 13th MARCH 1906.

Years	Admitted.			Discharged.									Died.			Remaining in Asylum inclu- ding those out on trial 31st Dec. each year			Remarks
				Recovered.			Relieved.			Not improved.									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1906	2	2	4	...	...	...	...	...	...	...	...	...	1	...	1	1	2	3	
1907	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	4	5	9	
1908	7	1	8	2	...	2	1	...	1	...	...	...	3	1	4	5	5	10	
1909	12	2	14	4	...	4	...	...	...	...	...	...	...	...	...	13	7	20	
1910	3	3	6	2	1	3	...	...	...	...	...	...	1	...	1	13	9	22	
1911	4	3	7	2	1	3	...	...	...	...	...	...	4	...	4	11	11	22	
1912	5	2	7	3	1	4	1	...	1	1	...	1	2	2	4	9	10	19	
1913	2	5	7	2	1	3	...	...	...	...	...	...	1	...	1	8	14	22	
1914	5	3	8	...	1	1	...	1	1	...	...	...	1	2	3	12	13	25	
1915	3	6	9	1	...	1	...	...	...	...	...	...	2	3	5	12	16	28	
1916	4	2	6	1	1	2	...	...	...	...	...	...	1	7	8	14	10	24	
1917	1	2	3	...	...	...	...	...	...	1	1	2	2	2	4	12	9	21	
1918	2	9	11	2	...	2	...	...	...	...	...	...	3	4	7	9	14	23	
1919	6	...	6	2	1	3	...	...	...	...	...	...	...	3	3	13	10	23	
1920	4	3	7	5	...	5	...	...	...	...	1	1	2	2	4	10	10	20	
1921	5	5	10	1	2	3	...	...	...	...	2	2	1	2	3	13	9	22	
1922	4	5	9	1	...	1	...	...	...	...	...	...	3	3	6	13	11	24	
1923	6	...	6	...	...	...	3	...	3	...	...	...	1	1	2	15	10	25	
1924	5	3	8	1	1	2	...	...	...	...	...	...	5	...	5	14	12	26	
1925	3	4	7	2	1	3	...	...	...	...	...	...	2	2	4	13	13	26	

TABLE SHOWING CONDITION AS MARRIAGE, PROBABLE CAUSE OF INSANITY, MENTAL DISEASE AND OCCUPATION
OF PATIENTS FOR THE YEAR 1925.

Condition in reference to Marriage	Males.	Females.	Total.	Probable Cause of Insanity.	Males.	Females.	Total.	Form of Mental Disease.	Males.	Females.	Total.	Occupation.	Males.	Females.	Total.
Married	2	5	7	<i>Moral.</i>				<i>Congenital or Infantile Mental.</i>				Clerk	1	...	1
Single	9	7	16	Domestic trouble	...	1	1	(a) with Epilepsy	...	1	1	Labourer	11	...	11
Widow	...	1	1	Adverse circumstances	...	1	1	(b) without Epilepsy	...	...	2	Planter	1	...	1
Widower	1	...	1	Mental anxiety and worry	...	...	...	Epilepsy acquired	...	...	...	Sailor	...	...	...
Unknown	1	...	1	Religious excitement	...	...	...	General paralysis of the Insane	...	...	...	Carpenter	...	...	...
	1	...	1	Love affairs	...	...	...	<i>Mania.</i>	...	...	...	Overseer	2	...	2
	1	...	1	Fright and nervous shock	...	...	...		1	1	14	Proprietor	...	2	2
				<i>Physical.</i>				Acute	...	...	...	Merchant	...	...	...
				Intemperance in drink	...	...	3	Chronic	6	8	5	Mason	...	...	...
				sexual	...	...	...	Recurrent	4	1	...	Nurse	...	...	...
				Veneral disease	...	5	11	A. potu	...	...	...	Cook	...	...	...
				Self abusive sexual	...	...	1	Puerpural	...	...	1	Seamstress	...	...	...
				Over exertion	...	...	...	Senile	...	1	...	Washerwoman	...	3	3
				Sunstroke	...	...	...		...	...	...	Tailor	...	...	...
				Accident or Injury	...	...	1	<i>Melancholia.</i>	...	...	1	Barber	...	...	...
				Pregnancy	...	1	1	Acute	...	1	1	Unknown	...	8	8
				Parturition and the puerpural state	...	...	...	Chronic	...	...	...		...	...	...
				Lactation	...	...	...	Recurrent	...	...	...		...	...	...
				Uterine and ovarian disorders	...	...	...	Puerpural	...	...	...		...	...	...
				Puberty	...	...	1	Senile	...	...	...		...	...	...
				Change of life	...	...	...		...	...	...		...	...	...
				Fever	...	...	...	<i>Dementia.</i>	...	...	...		...	...	...
				Privation and starvation	...	...	...		...	...	...		...	...	...
				Old age	...	1	1	Primary	...	...	...		...	...	...
				Other bodily disease and disorders	...	...	...	Secondary	...	...	...		...	...	...
				Previous attack	...	1	2	Senile	...	...	...		...	...	...
				Hereditary influences	...	...	...	Organic (coarse brain disease)	...	...	...		...	...	...
				Congenital defect	...	...	3		...	...	...		...	...	...
				Other ascertained causes	...	1	...	<i>Not insane.</i>	...	...	...		...	...	...
				Unknown	...	...	...		...	...	...		...	...	...
	13	13	26		13	13	26		13	13	26		13	13	26

APPENDIX C.—1925.

TABLE SHOWING THE NUMBER OF PATIENTS FOR EACH MONTH IN THE ASYLUM, THEIR COST AND THE AMOUNT CONTRIBUTED BY PAYING PATIENTS TOWARDS MAINTENANCE FOR 1925.

Month	No. of patients			Cost						Cost of Washing per month for a patient		No. of Paying patients			Total amount contributed by paying patients		Class of paying patients		Remarks
	Males	Females	Total	Total daily		Per Head		Patient per month		Rupees	cents	Males	Females	Total	Rupees	cents	1st Class	2nd Class	
				Rs	c.	Rs	c.	Rs	c.										
January ...	14	10	24	13	12	..	47	14	52	...	59	1	3	4	114	...	3	1	
February ...	12	11	23	13	41	...	50	13	68	...	59	1	3	4	105	...	3	1	
March ...	11	11	22	12	69	...	49	15	13	...	61	1	3	4	114	...	3	1	
April ...	11	11	22	13	...	...	50	15	...	...	72	1	3	4	111	...	3	1	
May ...	12	11	23	12	95	...	56	14	87	...	58	1	3	4	114	...	3	1	
June ...	12	13	25	13	87	...	48	14	38	...	71	1	4	5	137	87	4	1	
July ...	12	13	25	14	28	...	49	15	27	...	60	1	4	5	146	...	4	1	
August ...	14	12	26	14	04	...	47	14	50	...	54	1	4	5	128	45	4	1	
September ...	14	13	27	14	05	...	46	13	59	...	62	1	3	4	111	...	3	1	
October ...	14	12	26	13	99	...	45	13	99	...	51	1	3	4	114	...	3	1	
November ...	12	12	24	12	94	...	43	12	94	...	51	1	4	5	113	07	4	1	
December ...	13	12	25	13	78	...	49	15	26	...	69	1	4	5	146	...	4	1	

APPENDIX D.

Règlements faits par le Médecin en Chef en vertu de la Sec. 4 de l'Ord. No. 1 de 1919 et de l'Ord. No. 12 de 1922 pour la gouverne de ceux qui sont en charge des Léproux.

Vous....., résidant à....., ayant accepté de prendre charge de..... qui a été déclaré un lépreux, devrez observer et exécuter les instructions suivantes, faute de quoi le malade confié à vos soins pourra être envoyé à l'Asile du Gouvernement à l'Ile Ronde.

Précautions à prendre.

Vous empêcherez le malade de se mêler au public, et d'entrer dans tout magasin, boutique, marché, ou autre endroit fréquenté par le public, ou de marcher sur les routes ou rues publiques.

Vous veillerez à ce que le malade n'entreprene pour des tiers aucun travail tel que préparer de la nourriture, des boissons, faire des vêtements laver du linge, traire les vaches, nourrir de volailles destinées à être vendues ou données en cadeau, ou tout autre travail qui pourrait de quelque façon que ce soit contaminer le public ou répandre la maladie.

Vous veillerez à ce que le malade ait une maison à lui seul, à ce qu'il ait à son usage personnel couverts, assiette, verre, etc., et que son linge et ses vêtements ne soient ni lavés ni mélangés avec ceux d'autres personnes.

Il est absolument interdit au malade de faire usage de n'importe quel véhicule public ou pirogue, d'aller à la pêche sauf dans sa propre pirogue, en un mot d'employer n'importe quel moyen de transport qui ne lui soit propre.

Aucun lépreux ne se baignera ni ne lavera aucune partie de son corps dans aucune rivière ou ruisseau ; aucun lépreux ou toute autre personne ne lavera aucun ustensile, vêtement, ou tout autre article à l'usage d'un lépreux dans aucune rivière ou ruisseau, ou jettera ou fera jetter dans aucune rivière ou ruisseau aucun article quelconque qui aura été en contact avec un lépreux.

Vous ferez comprendre au malade qu'il peut raisonnablement espérer être guéri de sa maladie mais que la plus grande propreté est absolument de rigueur dans toutes ses actions et qu'il doit veiller scrupuleusement à ne rien faire qui puisse disséminer les germes de son corps et contaminer une autre personne.

Vous, comme gardien, devrez prendre garde de toucher un lépreux ou tout objet appartenant ou servant à un lépreux et si vous le faites vous devrez immédiatement vous laver les mains car les germes de la lèpre sont disséminés par leurs vêtements, leur lingerie, leur ameublement et tout ce qui sert à leur usage.

Vous devrez au moins une fois par mois voir le médecin en charge de votre district et lui faire un rapport sur l'état de santé du malade.

Vous exécuterez ponctuellement les prescriptions du médecin et vous veillerez à ce que le malade prenne le médicament prescrit et obéisse aux ordres du médecin.

Si vous êtes pauvre et que vous ne puissiez payer les soins médicaux, adressez-vous au médecin de votre district qui vous donnera gratuitement des soins et des médicaments nécessaires.

Seychelles Hospital

Médecin en Chef.

Ce

19

A copy of these regulations has been duly served on _____

The guardian of the leper _____
Dated this _____

Signature.

APPENDIX E.

**PRIVATE and CONFIDENTIAL to be used only for tabulation of Cases of
Cancer in this Colony.***Cancer Research in Seychelles.*

NAME OF PATIENT.

AGE.

SEX.

OCCUPATION.

Racial antecedents.

Marital conditions.

History of case, state earliest onset.

Nature of cancerous affection and
organ affected.If a female, number of children and
date of last pregnancy, state
number of miscarriages.Locality and if any further cases of
cancer has been noted in locality.

Nature and source of water supply.

Food and if much preserved or tinned
food was used.

Personal habits of patients.

History of venereal disease if any.

History of any intercurrent disease.

Family history with regard to cancer.

Treatment carried out in case.

Remarks of Medical Attendant.

Dated

Signature of Medical Officer.

Copy of Report

ANNUAL REPORT

MEDICAL DEPARTMENT

YEAR 1880

