

Annual report on the work of the Ministry of Public Health / Egypt.

Contributors

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MINISTRY OF THE INTERIOR, EGYPT.

Department of Public Health.

ANNUAL REPORT ON THE WORK OF THE PUBLIC HEALTH DEPARTMENT FOR 1922.



Government Press, Cairo, 1926.

To be obtained, either directly or through any Bookseller, from
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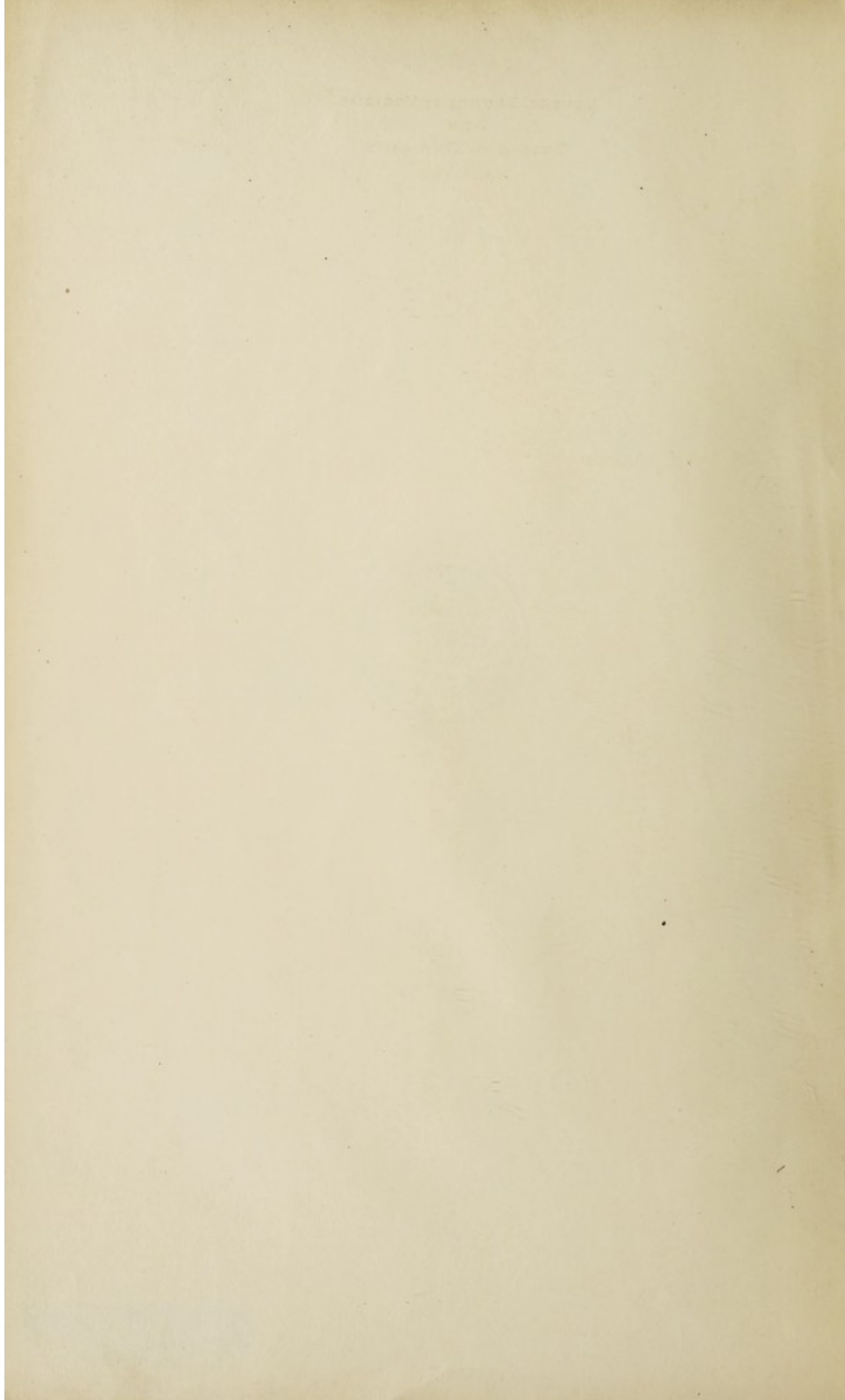


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ANNUAL REPORT OF THE DEPARTMENT OF PUBLIC HEALTH FOR THE YEAR 1922.

SECTION I.

1.—VITAL STATISTICS.

The birth rate for 1922 was 43·2 per thousand, as compared with 42·3 for 1921, and the death rate was 25·2 per thousand, as compared with 25·3 for 1921.

Tables I and II give the usual detailed figures regarding Vital Statistics of the whole country.

TABLE I.—ANNUAL GENERAL RETURN OF BIRTHS AND DEATHS REGISTERED IN EGYPT
DURING THE YEAR 1922.

GOVERNORATES AND PROVINCES.	POPULATION CALCULATED.	BIRTHS.				DEATHS.			
		Egyptians	Foreigners.	Total.	Inh. per Thousand	Egyptians.	Foreigners.	Total.	Inh. per Thousand
GOVERNORATES.									
Cairo	777,500	39,552	671	40,223	51·7	26,280	587	26,867	34·6
Alexandria	456,300	21,112	1,495	22,607	49·5	11,482	817	12,299	27·0
Canal } Ismailia...	33,000	1,579	120	1,699	51·5	924	65	989	30·0
} Port Said	81,300	3,730	300	4,030	49·6	1,664	202	1,866	23·0
Damietta	33,400	1,573	3	1,576	47·2	706	1	707	21·2
Suez	32,500	1,400	161	1,561	48·0	975	72	1,047	32·2
Eastern Desert									
Province	36,900	1,746	1	1,747	47·3	781	—	781	21·2
Western Desert									
Province	5,700	763	18	781	137·0	383	—	383	67·2
Sinai Province ...	4,600	439	—	439	95·4	208	1	209	45·4
TOTAL... ..	1,461,200	71,894	2,769	74,663	51·1	43,403	1,745	45,148	30·9
PROVINCES.									
Lower Egypt:—									
Beheira	940,000	35,194	14	35,208	37·5	21,710	11	21,721	23·1
Daqahliya	1,047,800	45,788	38	45,826	43·7	24,032	32	24,064	23·0
Gharbiya	1,734,500	72,383	35	72,418	41·8	43,472	37	43,509	25·1
Minûfiya	1,132,500	48,659	2	48,661	43·0	27,555	6	27,561	24·3
Qalyûbiya	559,500	23,774	9	23,783	42·5	13,451	9	13,460	24·1
Sharqiya	979,100	37,196	18	37,214	38·0	22,681	24	22,705	23·2
TOTAL... ..	6,393,400	262,994	116	263,110	41·2	152,901	119	153,020	23·9
Upper Egypt:—									
Asyût	1,066,800	48,208	3	48,211	45·2	29,101	8	29,109	27·3
Aswân	261,000	9,100	3	9,103	34·9	4,865	4	4,869	18·7
Beni Suef	500,600	21,945	7	21,952	43·9	10,950	2	10,952	21·9
Faiyûm	546,300	25,691	4	25,695	47·0	15,106	3	15,109	27·7
Girga	938,500	40,863	—	40,863	43·5	24,175	1	24,176	25·8
Giza	595,900	28,417	7	28,424	47·7	14,859	6	14,865	24·9
Minya	826,000	34,982	8	34,990	42·4	21,337	9	21,346	25·8
Qena	893,600	35,626	—	35,626	39·9	20,499	8	20,507	22·9
TOTAL... ..	5,628,700	244,832	32	244,864	43·5	140,892	41	140,933	25·0
GENERAL TOTAL	13,483,300	579,720	2,917	582,637	43·2	337,196	1,905	339,101	25·2
	9,500								
	13,473,800								

TABLE II.—TOTAL POPULATION, BIRTHS, DEATHS, AND INFANT MORTALITY IN THE GOVERNORATES AND CHIEF TOWNS DURING THE YEAR 1922.

TOWNS.	Population estimated up to July 1, 1922.	BIRTHS.			DEATHS.			INFANT MORTALITY.		PROPORTION PER CENT OF INFANT MORTALITY.			
		Egyptians.	Foreigners.	Total.	Per Thousand.	Egyptians.	Foreigners.	Total.	Per Thousand.	Deaths under 1 Year.		1-9 Years to Deaths.	
										To Births.	To Deaths.		
GOVERNORATES.													
Cairo	777,500	39,552	671	40,223	51.7	26,280	587	26,867	34.6	23.5	35.1	30.5	
Alexandria	456,300	21,112	1,495	22,607	49.5	11,482	817	12,299	27.0	19.4	35.7	22.6	
Ismailia (Band.)	17,400	862	120	982	56.4	485	62	547	31.4	21.1	37.8	32.9	
Ismailia (Dawahi)	15,800	717	—	717	45.4	439	3	442	28.0	13.1	21.3	35.3	
Port Said	81,300	3,730	300	4,030	49.6	1,664	202	1,866	23.0	14.9	32.2	26.0	
Damietta	33,400	1,573	3	1,576	47.2	706	1	707	21.2	14.0	31.1	26.0	
Suez	32,500	1,400	161	1,561	48.0	975	72	1,047	32.2	23.6	35.1	25.0	
Lower Egypt:—													
Benha	19,300	745	7	752	39.0	488	4	492	25.5	22.6	34.6	26.6	
Damanhûr	50,500	2,450	5	2,455	48.6	1,726	2	1,728	34.2	22.9	32.6	36.2	
Manşûra	51,500	2,321	36	2,357	45.8	1,253	27	1,280	24.9	17.1	31.4	24.3	
Shibîn el Kôm	27,000	1,383	2	1,385	51.3	693	2	695	25.7	15.7	31.4	22.9	
Tanta	77,100	3,497	32	3,529	45.8	2,252	19	2,271	29.5	18.4	28.5	32.8	
Zagazig	42,600	1,867	18	1,885	44.2	1,169	12	1,181	27.7	19.6	31.3	30.2	
Upper Egypt:—													
Asyût	53,000	2,561	2	2,563	48.4	1,873	3	1,876	35.4	26.9	36.7	31.7	
Aswân	11,200	536	—	536	47.9	339	2	361	32.2	27.6	41.0	22.7	
Beni Suef	33,000	1,685	7	1,692	51.3	1,234	1	1,235	37.4	26.7	36.5	26.0	
Faiyûm	46,700	2,649	4	2,653	56.8	1,831	1	1,832	39.2	28.1	40.7	29.7	
Giza	19,300	1,247	7	1,254	65.0	871	3	874	45.3	29.0	41.6	33.9	
Minya	36,000	1,992	6	1,998	55.5	1,367	7	1,374	38.2	29.2	42.4	27.4	
Qena	23,700	1,362	—	1,362	57.5	1,005	—	1,005	42.4	30.5	41.4	30.8	
Sohâg	21,400	1,148	—	1,148	53.6	955	—	955	44.6	28.0	33.7	31.9	
TOTAL	1,926,500	94,389	2,876	97,265	50.5	59,107	1,827	60,934	31.6	22.0	35.1	28.6	

2.—UNHEALTHY, INCONVENIENT AND DANGEROUS ESTABLISHMENTS.

The outstanding feature in the *Etablissements Insalubres* work during the year 1922 was the promulgation of Law No. 23, dated May 25, 1922, imposing upon the owners of all *Etablissements Insalubres, Incommodes et Dangereux* all the payment of annual inspection fees, and the consequent modification of the Law and Regulations of these establishments, issued in 1904.

As the proceeds of these fees are to be used for the payment of the Staff engaged in the work of licensing, control and inspection of these establishments, a separate budget, showing all such Staff as well as the other expenditure incidental to the carrying out of the said work has been drawn up by this Administration and forwarded to the Ministry of Finance.

The Law and the Regulations thereof run as follows :—

Law No. 23 of 1922 modifying the Law No. 13 of 1904 concerning objectionable Unhealthy and Dangerous Establishments.

WE, KING OF EGYPT,

Considering the Law No. 13 of 1904 regarding Objectionable, Unhealthy and Dangerous Establishments ;

On the proposition of the Minister of the Interior and the approval of the Council of Ministers ;

Considering the decisions of the General Assembly of the Mixed Court of Appeal dated January 28 and April 15, 1922, in conformity with the Decree of January 31, 1889 ;

DECREE AS FOLLOWS :

Art. 1.—The following Article is added after Article 6 of the abovementioned Law :—

Art. 6 (bis). The owners of Objectionable, Unhealthy and Dangerous Establishments actually existing or established in the future shall be subject to the payment of annual inspection fees as fixed by the Regulations annexed to the present law.

Art. 2.—The Minister of the Interior is charged with the execution of the present law which shall come into force one month after its publication in the *Journal Officiel*.

May 25, 1922.

ARRÊTÉ MODIFYING THE ARRÊTÉ OF AUGUST 29, 1904 ON THE OBJECTIONABLE, UNHEALTHY AND DANGEROUS ESTABLISHMENTS.

THE MINISTER OF INTERIOR,

Considering the Law No. 13 of 1904 on Objectionable, Unhealthy and Dangerous Establishments, modified by the Law No. 23 of 1922.

Considering the Arrêté of the Ministry of the Interior dated August 29, 1904, and regulating the application of the said law.

Considering the deliberation of the General Assembly of the Mixed Court of Appeal held on January 28 and April 15, 1922, in accordance with the Decree of January 31, 1889 ;

DECIDES AS FOLLOWS :

Art. 1.—The preliminary fees referred to in Article 4 of the abovementioned *Arrêté* are fixed as follows :—

	L.E.	M.
(a) Establishments employing from one to three persons or paying rent not exceeding L.E. 18 per annum	0	500
(b) Establishments employing from four to fifteen persons or using as motor force either several animals or motors of a power not higher than fifteen effective h.p. or paying as annual rent a sum superior to L.E. 18 but not exceeding L.E. 240	2	000
(c) Establishments employing more than fifteen persons or using motors of a power exceeding fifteen effective h.p. or paying more than L.E. 240 as annual rent	5	000

Art. 2.—The following article is added after the abovementioned Article 4.

Art. 4 (*bis*). The owners of Objectionable, Unhealthy and Dangerous Establishments will be subject to the payment of the following annual inspection fees :—

	L.E.	M.
(a) Establishments employing from one to three persons or paying less than L.E. 18 as annual rent	0	250
(b) Establishments employing from four to six persons or using one animal as motor force or paying as annual rent more than L.E. 18 but not more than L.E. 60	0	750
(c) Establishments employing from seven to fifteen persons or using as motor force either several animals or one or more motors of a total power not exceeding five effective h.p. or paying as annual rent more than L.E. 60 but not more than L.E. 120	1	509
(d) Establishments employing more than fifteen persons or using one or more motors of a total power not exceeding fifteen effective h.p. or paying as annual rent more than L.E. 120 but not more than L.E. 240	3	000
(e) Establishments employing one or more motors of a total power not exceeding thirty effective h.p. or paying as annual rent more than L.E. 360	5	000
(f) Establishments employing one or more motors of a total power exceeding thirty effective h.p. or paying as annual rent more than L.E. 240 but not more than L.E. 360	8	000

Art. 3.—The present *Arrêté* shall come into force one month after its publication in the *Journal Officiel*.

June 4, 1922.

Work done during the Year.

The number of applications for licences for establishments falling under Class 1 dealt with during 1922 was 565 as compared with 478 in 1921, 263 in 1920, 141 in 1919, 194 in 1918, 203 in 1917 and 204 in 1916.

A statistical table showing in detail the types of 1st Class establishments for which licenses were applied for in 1922 is attached.

The total number of Ministerial *Arrêtés* laying down additional conditions to improve the sanitary condition of various existing establishments which were approved by the

Administration during 1922 was 132 as compared with 135 in 1921, 90 in 1920 and 79 in 1919.

A statistical table showing in detail these Ministerial *arrêtés* is attached.

A general statistical table showing the number of all types of establishments licensed under the Health Division of the Schedule of *Etablissements Insalubres* in the whole of Egypt up to December 31, 1922, is also attached.

It will be seen from this table that the number of 1st Class establishments is 4,234, 2nd Class 40,686, and 3rd Class is 6,626 and the total number of the three classes is 51,546.

Overseers of Etablissements Insalubres.

The number of overseers remains the same as the last two years.

The six more posts required to complete the Programme and which were asked for in 1921-1922 and 1922-1923 Budgets have not yet been granted.

They have consequently been re-inserted in the proposals for 1923-1924 Budget.

These posts are allotted as follows:—

One each to Damietta, Gharbiya Province (2nd post), Giza and Aswân and two relief posts at Central Administration.

General Sanitary Condition of Etablissements Insalubres in the Country.

I am glad to state that it can be gathered from the various reports submitted to this Section and from my inspections that the general sanitary condition of the existing establishments in the majority of localities shows a continued marked improvement.

Details of the applications for licences for establishments falling under Class I of the Law of August 1904 (public and cattle markets included) which were dealt with in 1922:—

TABLE I.—INCONVENIENT, UNHEALTHY, AND DANGEROUS ESTABLISHMENTS.

NATURE OF ESTABLISHMENT.	Approved.	Refused.	Given up.	Under Consideration	TOTAL.
Rice husking establishments	11	—	—	6	17
Rice husking and corn mills	40	—	5	11	56
Oil pressing, corn mills, and rice husking establishments	2	—	—	—	2
Sweetmeat factories... ..	26	2	6	12	46
Sweetmeat and Pastry factories	3	1	—	—	4
Sweetmeat and Ice-cream factories	1	—	—	—	1
Sweetmeat and Dairies	1	—	—	—	1
Pastry and alimentary paste	17	1	7	6	31
Sugar-cane crushing factories	11	—	1	3	15
Sugar-cane crushing and corn mills	1	—	—	1	2
Dairies	9	1	2	6	18
Dairies and ice-cream factories	2	—	1	—	3
Shops for the sale of milk	10	—	3	4	17
Milk-bottling establishments	—	—	1	—	1
Public bakeries... ..	70	3	16	38	127
Frying ovens	10	—	1	1	12
Bean cooking establishments... ..	5	—	2	1	8
Aerated water factories	11	2	3	5	21
Soap factories	6	—	4	2	12
Knacker's yards	1	—	—	—	1
Butter factories... ..	3	—	—	—	3
Butter substitute factories	3	—	—	1	4
Cheese factories	4	3	1	1	9
Distilleries... ..	7	—	7	4	18
Tanneries	12	—	2	2	16
Cotton ginning mills	7	—	—	3	10
Candle factories	4	—	—	—	4
Tobacco and cigarettes factories	7	—	1	1	9
Fish <i>halaquas</i>	7	1	4	5	17
Ice-cream factories	12	1	4	1	18
Beer-bottling establishments	1	—	—	—	1
Meat curing and preserving factories	3	—	—	1	4
Flax and hemp scutching and carding mills... ..	—	—	—	2	2
Ice factories	5	—	—	1	6
Ice and cold storage factories... ..	1	—	—	—	1
Ice factories and corn mills	—	—	—	1	1
Depots of chemical products	4	—	—	1	5
Manure depots	2	—	—	—	2
Sewage depots	1	—	—	—	1
Public and cattle markets	15	4	—	10	29
Public markets without cattle	5	3	1	1	10
TOTAL	340	22	72	131	565

The draft *arrêtés* laying down additional conditions for establishments possessing permits under the Law of August 23, 1904 (*Etablissements Insalubres*) which were dealt with in 1922 are as follows :—

TABLE II.—MINISTERIAL “ARRÊTÉS.”

NATURE OF ESTABLISHMENT.	Approved.	Refused.	Under Consideration	TOTAL
<i>Alexandria :—</i>				
Flour depots	3	—	—	3
Public stables	12	—	—	12
Groceries	13	—	—	13
Distilleries	7	—	—	7
Frying establishments	4	—	—	4
Tanneries	1	—	—	1
Bakeries	13	—	—	13
Sale of vegetables	1	—	—	1
Sale of fish	1	—	—	1
Public markets	1	—	—	1
Butchers' shops	10	—	—	10
Sale of poultry	1	—	—	1
Public kitchens	4	—	—	4
Dye shops	2	—	—	2
Sweetmeat factories	2	—	—	2
Blacksmith establishments	2	—	—	2
Cattle <i>zeribas</i>	5	—	—	5
Sale of fruits	1	—	—	1
Dairies	1	—	—	1
Triperies	1	—	—	1
<i>Fesikh</i> depots	1	—	—	1
Carpenter's shops	1	—	—	1
Coal depots	1	—	—	1
<i>Cairo :—</i>				
Public bakeries	1	—	—	1
Tobacco factories	1	—	—	1
Dye shops	1	—	—	1
<i>Ta'amia</i> establishments	1	—	—	1
Cattle <i>zeribas</i>	2	—	—	2
Fish <i>halagas</i>	1	—	—	1
Public baths	1	—	—	1
<i>Gharbiya Province :—</i>				
Public stables	1	—	—	1
Oil mills	2	—	—	2
Sweetmeat factories	1	—	—	1
Cattle <i>zeribas</i>	1	—	—	1
<i>Daqahliya Province :—</i>				
Groceries	5	—	—	5
Frying establishments	2	—	—	2
Public stables	1	—	—	1
Cotton ginning factories	1	—	—	1
<i>Qalyûbiya Province :—</i>				
Oil mills	1	—	—	1
<i>Sharqiya Province :—</i>				
Public kitchens	1	—	—	1
Cotton ginning factories	1	—	—	1
<i>Minûfiya Province :—</i>				
Public bakeries	1	—	—	1
<i>Minya Province :—</i>				
Flour mills	1	—	—	1
Dye shops	2	—	—	2
<i>Asyût Province :—</i>				
Cattle markets	1	—	—	1
Tanneries	12	—	—	12
<i>Girga Province :—</i>				
Oil mills	4	—	—	4
TOTAL	132	—	—	132

TABLE III.—"ETABLISSEMENTS INSALUBRES" OF CLASSES I, II,

NATURE OF ESTABLISHMENT.	GOVERNORATES.														
	CAIRO.														
	Ezbekiya.	'Abdin.	Babel Shafriya.	Muski.	Gamaliya.	Sayeda Zeinab.	Darbel Ahmar.	Bahig 1 and 2.	Wally.	Shubra.	Khalifa.	Old Cairo.	Zeitun.	Helwan.	Mina el Basol.
CLASS I.—Category A "Saha."															
Aerated water factories	7	1	2	—	—	1	—	4	1	4	1	1	4	—	3
Preserved meat factories	1	1	—	1	—	—	—	1	—	—	—	—	—	—	1
Natural butter factories	11	18	—	—	—	—	—	1	1	2	—	—	—	1	2
Butter substitute factories... ..	—	—	—	6	—	—	1	—	—	—	—	—	—	—	1
Milk bottling and canning establishments	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Cheese factories	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sugar refineries	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food markets	1	1	—	—	—	—	—	—	—	—	—	—	1	—	1
Wholesale fish markets	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Fessikh factories... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20
Fish preserving factories	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ovens and bakeries	44	18	68	40	76	85	73	48	48	24	51	16	12	6	53
Sweetmeat factories	7	8	14	22	26	9	8	14	1	4	6	4	1	1	19
Vegetable and fruit preserving factories	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dairies (sale of milk, etc.)... ..	20	15	4	6	16	23	17	2	12	7	9	—	5	4	5
Ice cream factories and depots... ..	3	2	3	—	1	—	2	—	1	—	—	—	—	—	4
Pastry and alimentary paste factories ...	16	6	25	24	11	12	3	13	5	1	2	3	2	1	7
Sugar-cane factories, etc., by mechanical motor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Starch factories	—	—	—	—	3	—	—	1	—	—	—	2	—	—	—
Breweries and beer factories	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Beer bottling establishments	4	—	—	5	—	—	—	1	—	—	—	—	—	—	—
Alcohol factories... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
Distilleries	17	1	6	5	13	—	1	2	—	—	—	1	—	—	2
Slaughter-houses... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Ice factories... ..	—	1	—	—	—	—	—	2	—	1	—	—	—	—	1
Cold storage establishments	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Asphalt and bitumen factories	—	—	—	—	—	—	—	3	—	—	—	—	—	1	1
Match factories	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Public baths... ..	—	2	4	2	18	6	17	6	1	—	6	1	—	2	2
Cotton ginning factories	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Rice husking factories	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hospitals	—	4	—	2	—	—	—	—	3	2	—	1	—	1	1
Crematoria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Embalming establishments (human bodies)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Indiarubber factories	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Paper factories	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Candle, tallow, and soap factories ...	—	—	3	2	17	—	5	4	2	4	—	3	—	—	9
Tanneries	—	—	—	—	—	—	—	—	—	—	—	31	—	—	28
Mineral acids and chemical prod. factories	—	1	—	—	10	—	—	—	—	—	—	—	—	—	—
Depots of chemical products, except mineral acids and chemical manures... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Sewage and refuse depots	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Manufactories of manure from sewage.	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Knackers' yards	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Flax and hemp scutching and carding mills	—	—	—	—	—	—	—	—	—	1	—	1	—	—	3
Tobacco and cigarette factories	2	1	—	—	—	—	1	—	—	3	—	1	—	—	1
TOTAL CLASS I....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CLASS II.—Category A "Saha."															
Groceries (bagqals)	578	288	332	295	646	483	543	495	339	620	274	181	247	139	251
Retail oil shops (vegetable oils)	24	1	8	—	25	15	—	63	1	—	23	33	11	5	1
Wholesale grocery depots	7	—	—	—	12	—	—	—	1	—	—	—	—	—	4
Flour depots... ..	46	51	52	60	76	62	89	83	22	20	51	26	1	—	39
Vinegar factories... ..	1	—	2	2	1	5	1	2	2	1	1	—	—	—	—
Public kitchens	46	26	20	45	43	28	18	15	12	13	10	6	9	30	15
Sugar-cane factories, (not by Mech. motor)	—	—	1	—	—	1	2	—	—	—	—	—	—	—	5
Fessikh depots	1	—	—	1	—	—	—	—	—	—	—	5	—	—	6
Pickle (turshy) factories	1	—	7	—	—	1	3	4	2	—	4	3	—	—	6

AND III, LICENSED IN EGYPT UP TO DECEMBER 31, 1922.

ALEXANDRIA.										PROVINCES.													TOTAL.	
Moharram Bay.	El Gamrok.	El Mina.	Karnus.	El Raml and Hadra.	Maryut.	Manshiya.	Suez.	Damietta.	Port Said and Ismailia.	Behdra.	Gharbiya.	Daqahliya.	Sharqiya.	Minufiya.	Qalyubiya.	Giza.	Faiyum.	Beni Suef.	Minya.	Assut.	Girga.	Qena.		Aswan.
—	—	—	2	1	—	2	5	—	9	3	10	5	9	5	2	—	2	3	5	7	1	2	1	107
—	3	—	—	—	—	5	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15
—	—	—	—	1	—	4	—	7	1	1	—	—	—	—	1	—	—	—	—	—	6	—	—	57
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	3
—	—	—	—	1	—	1	—	6	—	1	—	4	—	—	1	1	—	—	2	—	—	—	—	19
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	1	3	—	2	—	—	1	—	—	—	—	2	1	—	—	—	3	—	—	—	—	18
—	—	—	—	—	—	1	1	—	1	2	4	1	2	1	4	5	2	—	3	1	3	2	2	36
—	1	—	2	—	—	—	—	—	—	—	5	2	—	—	—	—	—	—	—	—	—	—	—	30
1	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	3
35	71	—	93	22	—	30	51	64	122	66	153	73	46	23	23	26	9	13	62	24	5	9	3	1,804
2	18	—	5	1	—	15	—	6	12	36	85	45	34	28	12	24	7	2	5	2	4	3	4	507
—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
11	6	—	9	11	—	16	—	—	8	1	8	—	2	—	—	8	—	—	—	1	4	—	—	266
1	—	—	1	1	—	10	2	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	38
5	16	—	19	3	—	31	7	2	13	3	19	6	3	3	—	5	3	—	1	—	—	—	—	321
—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	5	39	1	12	1	63
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	7
2	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
—	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	1	—	—	—	—	—	—	—	14
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3
1	4	—	2	—	—	10	—	—	2	—	14	3	1	2	2	—	1	—	1	4	3	2	1	111
—	—	—	—	—	—	—	1	1	—	2	—	1	—	5	4	—	1	—	4	2	—	—	—	26
3	—	—	1	—	—	—	1	2	5	1	—	1	1	—	—	—	1	—	1	1	—	—	—	23
—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
1	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
3	2	—	—	1	—	1	2	2	3	2	12	3	—	1	—	1	2	1	2	2	1	1	—	112
—	—	—	—	—	—	—	—	—	—	13	38	8	7	8	7	—	8	8	7	1	—	—	—	106
1	—	—	1	—	—	—	—	27	—	19	34	75	20	—	—	1	2	—	—	—	—	—	—	180
10	—	—	—	—	—	—	—	1	—	—	—	—	—	3	1	—	—	—	—	3	—	—	—	34
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
2	—	—	6	—	—	1	—	—	1	—	4	—	—	—	—	—	—	—	—	1	—	—	—	64
—	—	—	—	—	—	—	—	1	—	2	14	2	1	—	—	—	21	—	1	28	—	3	1	133
—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	6	—	—	—	—	14
—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	6	6	—	—	—	—	—	—	24
—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	4
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	7
4	—	—	—	—	—	4	—	—	6	2	4	1	1	1	—	—	—	—	—	1	—	—	—	37
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4,234
73	290	—	375	206	—	201	243	169	476	1888	3814	911	1296	1196	350	545	547	194	299	438	273	290	111	20,546
—	—	—	1	—	—	—	134	106	416	131	346	233	30	72	45	91	115	26	66	59	54	34	87	2,257
3	38	—	3	—	—	124	7	1	25	7	34	7	4	2	—	—	—	—	—	12	1	—	—	314
21	27	—	46	9	—	14	46	4	165	35	76	16	6	1	2	22	—	1	—	36	2	—	10	1,270
—	—	—	—	—	—	2	—	—	—	—	4	3	1	—	1	1	—	—	—	1	—	—	—	32
9	6	—	18	21	—	61	31	4	71	44	102	90	82	33	18	48	22	17	68	56	48	29	21	1,310
—	6	—	5	1	—	1	—	—	—	1	—	4	—	—	—	—	—	—	4	45	5	444	—	527
—	—	—	—	—	—	1	—	1	—	4	14	11	13	1	—	1	1	2	2	4	—	—	—	68
—	4	—	2	—	—	3	2	1	2	6	10	5	—	—	2	4	1	2	7	10	—	—	1	93

3.—CEMETRIES AND PRIVATE TOMBS.

The attached tables show:—

(1) Work done during 1922 in connection with newly created cemeteries or additions to existing cemeteries.

(2) Special authorizations given by the Department during 1922 for burial in private tombs not situated within cemeteries.

(3) Cases of encroachments on cemetery land dealt with by legal action.

TABLE I.—WORK DONE IN CONNECTION WITH CEMETERIES DURING 1922.

GOVERNORATES AND PROVINCES.	NEW CEMETERIES.				OLD CEMETERIES.					
	Establishment.	Enlargement.	Roads for Cemeteries.	Cases under Consideration.	Surrounded by Pillars.	Authorized.	Portion Condemned.	Condemned.	DISAFFECTED.	
									Already disaffected.	Under disaffection
GOVERNORATES.										
Cairo	—	—	—	16	—	—	—	—	—	—
Suez	—	—	—	3	—	—	—	—	1	—
Port Said	—	—	—	12	—	—	—	—	—	—
PROVINCES.										
Gharbiya	—	—	—	112	133	24	—	—	2	2
Beheira	—	—	—	57	214	7	—	—	—	4
Minûfiya	—	1	—	84	21	12	—	9	7	2
Sharqiya	—	—	—	65	31	2	—	1	2	1
Daqahliya	—	—	—	39	56	—	1	—	1	1
Qalyûbiya	—	—	—	44	—	5	—	—	1	2
Giza	—	—	—	24	—	1	—	—	1	1
Beni Suef	—	—	—	15	—	—	—	1	—	—
Faiyûm	—	1	—	38	33	1	—	—	—	3
Minya	—	—	—	33	—	—	—	—	—	2
Asyût	—	—	—	30	15	1	—	—	—	1
Girga	—	—	—	47	51	3	1	11	16	—
Qena	—	—	—	19	—	6	—	—	—	—
Aswân	—	—	—	22	—	—	—	—	—	1
TOTAL	—	2	—	660	554	62	2	22	31	20

TABLE II.—THE FOLLOWING TABLE SHOWS THE SPECIAL AUTHORIZATIONS GIVEN BY THE DEPARTMENT OF PUBLIC HEALTH DURING 1922 FOR BURIAL IN PRIVATE TOMBS NOT SITUATED WITHIN CEMETERIES.

Provinces.	Number of Authorized Tombs.	Cases Under Con- sideration.
Sharqiya... ..	2	3
Qalyûbiya	—	2
Daqahliya	—	1
Faiyûm	—	1
TOTAL	2	7

Special other applications for private tombs were submitted to the Department and routine inquiries resulted in their refusal.

TABLE III.—LEGAL ACTIONS BROUGHT BY THE CONTENTIEUX AGAINST ENCROACHERS ON CEMETERY LANDS DURING 1922.

GOVERNORATES AND PROVINCES.	Judgment in Government's Favour.	Judgment against Government.	Encroachment adjusted or not proved.	Cases under Consideration.	Cases administratively settled.
GOVERNORATES.					
Cairo	—	—	1	1	—
PROVINCES.					
Gharbiya	1	1	5	112	2
Sharqiya	1	—	9	83	11
Qalyûbiya	—	—	1	13	13
Beheira	1	—	3	90	9
Daqahliya	—	1	5	20	9
Minûfiya	1	1	3	41	9
Beni Suef	—	—	5	6	3
Faiyûm	3	—	2	48	5
Giza	2	—	3	5	5
Minya	1	1	4	13	—
Asyût	—	1	1	15	3
Girga	—	—	3	8	1
Qena	1	—	1	7	—
Aswân	1	—	1	5	—
TOTAL	12	5	47	467	70

4.—BIRKAS.

The number of private *Birkas* inspected during 1922 and found to constitute a danger to public health amounted to 167 covering an area of 212 feddans.

The Law No. 5 of 1914 relating to the filling in or draining of such *birkas* has consequently been enforced on the owners of these *birkas*.

The following table shows the number and area of Government *birkas* filled in during 1922 at the request of the Public Health Administration, same having been found to constitute a danger to public health :—

TABLE I.—LIST OF GOVERNMENT *Birkas* FILLED IN DURING THE YEAR 1922.

PROVINCES.	Number of <i>Birkas</i> filled in.	TOTAL AREA.			
		Feddâns.	Qirâts.	Sahms.	Square Metres.
Gharbiya	4	—	20	14	3,602
Daqahliya	3	3	14	4	15,079
Minûfiya	2	—	14	—	2,450
Sharqiya	4	—	21	20	3,821
Giza	1	—	13	18	2,406
Faiyûm	1	—	16	4	2,829
Beni Suef	22	4	15	23	19,593
Minya	5	—	12	16	2,217
Asyût	9	2	20	12	11,987
Girga	3	—	15	—	2,625
Qena	1	—	13	20	2,421
TOTAL	55	16	10	11	69,030

5.—MOSQUES.

(a) Private Mosques.

The following is a statement of the work which has been carried out in connection with the improvement of the ablution and drainage systems of private mosques throughout the country :—

TABLE I.—PRIVATE MOSQUES DEALT WITH IN 1922.

	Cairo.	Provinces.	Total.
Ablution system of private mosques newly constructed and opened for use	—	4	4
Ablution systems of old private mosques requiring repairs :—			
Number opened for use after repair	—	117	117
" closed for want of repair	1	564	565
" under repair... ..	—	360	360
Plans of new private mosques approved during 1922	1	14	15

(b) Mosques belonging to Waqfs Ministry.

A sum of L.E. 2,000 has been granted in 1922-1923 Budget for the sanitation of mosques belonging to the Waqfs Ministry. This sum represents the Government share of the cost of the sanitary installations for these mosques, some of which have already been finished and some are still under execution.

The following is a statement showing the work done in connection with these mosques up to end of 1922 :—

MINISTRY OF WAQFS MOSQUES DEALT WITH IN 1922.

Plans and estimation of sanitary installations approved (work still in progress)	6
Sanitary installations approved in 1921 but work completed and drainage system opened in 1922	8

6.—PROTECTION OF DRINKING WATER SUPPLIES.

Arrêtés were issued and published in the *Official Journal* for preventing the pollution of drinking water during 1922 at the following localities :—

Abu Hommos and Kafr el Dauwâr (Beheira Province).
Tala (Minûfiya Province).

7.—SLAUGHTERHOUSES AND SLAUGHTERING SITES.

No new slaughter houses were approved by the Administration during 1922.

Sites for the slaughtering of animals for food in villages where no slaughter houses exist were approved in the following villages :—

Fâriskûr (Daqahliya).
Shanawân (Minûfiya).
Aryamûn (Sharqiya).
Qûsiya (Asyût).
Batra (Gharbiya).
Astanha (Minûfiya).

8.—SEWAGE DEPOTOIRS.

One sewage *dépotoir* was approved by the Administration during 1922 at Mahmûdiya, Beheira Province.

9.—PROSTITUTION.

The following tables indicate the places to which the Regulations regarding "*Maison de tolérance*" were applied and also certain information regarding the prostitutes examined during 1922.

TABLE I.—SHOWING EXAMINATION OF PROSTITUTES IN MARKAZES DURING THE YEAR 1922.

PLACE.		Number of Prostitutes.	Number of Examinations.	SICK OF		
				Syphilis.	Gonorrhoea.	Other Diseases.
GOVERNORATES.						
Cairo	Natives	1,620	37,689	95	1,836	158
	Europeans	308	8,876	12	180	6
Alexandria...	... ..	1,460	46,335	155	621	483
Port Said ...	Natives	279	10,208	15	51	113
	Europeans	143	3,667	5	29	18
Ismailia ...	Natives	150	4,370	14	46	3
	Europeans	15	401	—	—	—
Suez ... ..	... ..	113	5,058	21	5	18
Damietta ...	... ..	3	109	1	—	—
PROVINCES.						
<i>Beheira</i> :—						
Damanhûr ...	... ..	158	4,045	28	75	—
Shubrakhit ...	... ..	9	383	—	2	—
<i>Gharbiya</i> :—						
Tanta ... ..	... ..	252	6,664	12	89	42
Disûq ... ..	... ..	35	884	7	4	—
Mahalla el Kubra...	... ..	40	1,776	—	12	4
Kafr el Zaiyât ...	... ..	29	636	3	5	—
Kafr el Sheikh ...	... ..	24	128	2	7	—
<i>Minûfiya</i> :—						
Shibin el Kôm ...	... ..	15	399	5	—	5
Minûf ... ..	... ..	5	403	4	—	—
<i>Sharqiya</i> :—						
Zagazig ... ..	... ..	58	2,700	24	88	4
Bilbeis ... ..	... ..	20	926	6	8	3
Faqûs ... ..	... ..	28	270	12	13	—
Ibrahimia ... ..	... ..	42	210	—	2	4
<i>Daqahliya</i> :—						
Mansûra... ..	... ..	169	3,658	74	81	—
Mit Ghamr ... ..	... ..	97	1,752	2	9	—
Simbillâwein...	... ..	29	624	3	1	—
<i>Qalyûbiya</i> :—						
Benha ... ..	... ..	61	1,222	6	35	3
<i>Giza</i> :—						
Giza ... ..	... ..	20	808	—	12	2
Imbâba ... ..	... ..	25	1,105	—	1	4
<i>Faiyûm</i> :—						
Faiyûm ... ..	... ..	59	2,033	15	28	4
<i>Beni Suef</i> :—						
Beni Suef ... ..	... ..	86	2,157	38	141	—
<i>Minya</i> :—						
Minya ... ..	... ..	60	3,384	31	129	8
Beni Mazâr ...	... ..	24	906	8	21	—
<i>Asyût</i> :—						
Asyût ... ..	... ..	141	3,446	80	292	4
Rôda ... ..	... ..	24	40	—	3	—
Abu Tig ... ..	... ..	66	52	34	16	—
Mallawi ... ..	... ..	30	1,283	1	4	—
Manfalût ... ..	... ..	33	1,017	3	14	—
<i>Girga</i> :—						
Sohâg ... ..	... ..	95	3,330	2	87	1
Tahta ... ..	... ..	19	541	—	1	—
Akhmim... ..	... ..	24	685	2	16	6
Girga ... ..	... ..	45	1,023	2	50	3
Balyâna ... ..	... ..	69	900	2	26	—
<i>Qena</i> :—						
Qena ... ..	... ..	72	2,030	4	81	8
Luxor ... ..	... ..	45	1,459	4	29	—
Qûs ... ..	... ..	5	169	2	21	—
Dishna ... ..	... ..	18	52	2	14	—
Nag ^c Hammâdi ...	... ..	41	1,060	6	5	5
Farshût ... ..	... ..	23	357	1	—	4
<i>Aswân</i> :—						
Aswân ... ..	... ..	6	478	6	9	9
TOTAL... ..		6,192	171,708	749	4,399	922

TABLE II.—NUMBER OF PROSTITUTES TREATED IN GOVERNMENT HOSPITALS DURING 1922.

HOSPITALS.		Number of Prostitutes.	DISEASES.		
			Syphilis.	Gonorrhœa.	Other Diseases.
Cairo ...	Hôd el Marsûd for Natives ...	3,092	800	2,166	126
	Lock Hospital for Europeans ...	232	20	205	7
Alexandria...	Lock Hospital for Natives ...	918	234	280	404
	Lock Hospital for Europeans...	382	49	172	161
Suez ...		244	21	205	18
Port Said ...		158	16	99	43
Damietta ...		1	1	—	—
Tanta ...		233	61	147	25
Damanhûr ...		103	28	75	—
Mansûra... ..		155	74	81	—
Zagazig		116	24	88	4
Shibin el Kôm ...		10	5	—	5
Benha		44	6	35	3
Beni Suef		179	38	141	—
Faiyûm		47	15	28	4
Minya		168	31	129	8
Asyût		376	80	292	4
Sohâg		223	9	212	2
Qena		93	4	81	8
Isna... ..		42	5	37	—
Aswân		24	4	9	11
TOTAL		6,840	1,525	4,482	833

10.—MEDICO-LEGAL EXAMINATIONS AND REPORTS.

TABLE I.—STATISTICS.

LOCALITY.	SLIGHT.		SERIOUS.		FATAL.		TOTAL.	
	Accident.	Criminal.	Accident.	Criminal.	Accident.	Criminal.	Accident.	Criminal.
GOVERNORATES.								
Cairo...	324	10,164	82	205	46	149	452	10,518
Alexandria...	1,002	2,071	287	204	335	208	1,624	2,483
Canal	173	1,028	32	15	41	9	246	1,052
Suez	36	316	2	7	16	2	54	325
Damietta	44	320	5	4	22	3	71	327
<i>Lower Egypt:—</i>								
PROVINCES.								
Beheira	329	2,904	196	288	310	179	835	3,371
Gharbiya	514	3,969	331	369	527	189	1,372	4,527
Minûfiya	282	3,394	226	276	256	148	764	3,818
Daqahliya	325	2,392	185	112	285	49	795	2,553
Sharqiya... ..	292	2,455	218	198	342	79	852	2,732
Qalyûbiya	195	1,073	139	162	141	53	475	1,298
<i>Upper Egypt:—</i>								
PROVINCES.								
Giza... ..	200	1,532	110	337	162	92	472	1,961
Faiyûm	209	904	123	227	82	85	414	1,216
Beni Suef	182	2,029	109	182	127	72	418	2,283
Minya	232	2,269	233	270	243	138	708	2,677
Asyût	901	2,543	370	547	430	262	1,701	3,352
Girga	238	2,448	122	298	322	132	682	2,878
Qena	200	1,612	108	299	277	58	585	1,969
Aswân	57	678	53	46	85	16	205	740
TOTAL	5,735	44,101	2,931	4,046	4,059	1,923	12,725	50,070

SECTION II.

1.—GENERAL HOSPITALS.

The number of Government hospitals remains the same as for last year, *i.e.* 20 general hospitals for the treatment of ordinary diseases, 2 lock hospitals for native prostitutes attached to Alexandria and Qasr el 'Aini General Hospitals, and 3 Fever Hospitals used solely for the treatment of Infectious diseases at 'Abbâsiya, Tanta, and Port Said.

Moreover the General Hospitals at Alexandria, Suez, Zagazig, and Minya, each have a special Infectious annex.

In addition to these Government hospitals there are also in the country a few private hospitals and out-patients' clinics maintained either by private individuals, charitable bodies or by provincial or local councils.

Other bodies, notables and councils have made a start during the year to establish and equip hospitals at Mallawi, Maghâgha, Nabarôh, and Tanta; but they were not completed by the end of the year. They have promised to hand them over, when they are ready, to the Department for maintenance on the same lines as the Government ones.

These bodies, etc., in the opinion of the Department, should receive every encouragement from the Government towards the beneficial projects they have started.

At the same time the establishment of such hospitals will undoubtedly relieve the congestion of the limited accommodation of the Government hospitals which is already overtaxed.

Luxor Hospital which was very generously presented to the Government by Messrs. Thomas Cook & Son, is now undergoing the necessary alterations and repairs, and it is hoped that it may be opened in the near future.

A new hospital is now being built at Damietta and it will be a source of satisfaction when it is completed as the building at present in use lacks suitable accommodation and its stability has even been questioned.

The following new works and extensions have either been carried out during the year or are in course of construction.

- (1) *Harim* block extension at the Alexandria General Hospital.
- (2) First class pavillion 'Abbâsiya Fever Hospital.
- (3) Administration block, 'Abbâsiya Fever Hospital.
- (4) Medical Officers' Quarters, 'Abbâsiya Fever Hospital.
- (5) Huts, 'Abbâsiya Fever Hospital.
- (6) Reconditioning old building of Luxor Hospital.
- (7) Maternity Section, Qasr el 'Aini Hospital.
- (8) Damietta New Hospital.

Other minor repairs and small alterations have also been done during the year.

The Department regrets that owing to lack of funds the Building Programme has again been delayed and curtailed and there is now a long list of new buildings, repairs, and alterations awaiting attention.

The following is a comparative list of patients treated in all the Government hospitals during 1920, 1921, and 1922 :—

TABLE I.—LIST OF PATIENTS.

	1920	1921	1922
Number of in-patients... ..	62,493	57,901	60,858
Number of out-patients	274,557	285,983	308,382
Number of operations... ..	12,797	17,370	14,456

The question of obtaining and training suitable Egyptian ladies as nurses (*garde-malades*) was discussed and it is satisfactory to relate that this proposal has now been taken up.

The existing most unsatisfactory procedure of admitting prostitutes to the general hospitals has previously been mentioned and every endeavour should be made as soon as possible to provide means whereby these women could be accommodated and treated outside the Government Hospital.

X-rays.—Arrangements have been made whereby the hospitals of Damanhûr, Tanta, Benha, Qalyûb, Mansûra, Beni Suef, Asyût, Zagazig, Minya, and Port Said, are to be provided with new bed side units. The Department having no expert themselves have to apply to the Physical Department for all that is necessary and owing to the death of Mr. Abel and the delay in appointing another expert, the X-ray apparatus of many hospitals had to be closed down

TABLE II.—COMPARATIVE GENERAL STATISTICS.

	1921	1920	Increase or Decrease.
Number of hospitals	24	24	—
„ beds	4,021	4,008	— 13
„ in-patients treated	60,312	60,858	+ 546
Of which voluntary patients... ..	31,522	36,983	+ 5,461
Death rate for in patients per cent	5·706	5·251	— 0·455
Number of days of treatment	884,360	900,762	+ 16,402
„ new out-patients	285,983	308,382	+ 22,399
„ out-patients' visits	679,119	598,690	— 80,429
Major operations	17,370	14,456	— 2,914
Cost of upkeep L.E.	235,340·520	214,060·112	— 21,280·408
Receipts... .. „	13,580·661	16,255·952	+ 2,675·291

TABLE III.—COMPARATIVE DETAILED STATISTICS.

YEAR.	Number of Beds.	Number of In-Patients.	Number of Days of Treatment.	Number of New Out-Patients.	Number of Out-Patients' Visits.	Total Cost of Maintenance.		Cost per Bed per Annum.		Cost per Patient Day.
						L.E.	M.	L.E.	M.	
1908	2,263	31,802	556,543	—	—	—	—	—	—	—
1909	2,491	34,221	598,539	144,509	353,409	—	—	—	—	—
1910	2,385	35,065	579,796	152,733	312,152	—	—	—	—	—
1911	2,385	37,018	621,350	173,401	385,062	—	—	—	—	—
1912	2,346	38,887	614,921	192,227	424,707	77,992	867	33	245	127
1913	2,409	42,794	627,813	207,882	417,845	83,698	539	34	744	133
1914	2,485	44,914	681,680	179,338	346,673	92,189	050	37	098	135
1915	3,320	50,483	858,878	152,329	340,774	114,843	117	34	591	134
1916	3,825	55,489	946,557	178,788	392,961	123,379	860	32	256	130
1917	3,872	56,289	871,228	209,909	471,742	114,591	683	29	595	131
1918	4,543	75,002	1,117,791	215,417	436,035	166,218	433	36	588	149
1919	4,592	64,704	1,021,498	219,573	402,996	183,141	974	39	883	179
1920	4,091	62,493	936,239	274,557	578,789	230,612	232	56	370	246
1921	4,021	57,901	884,360	285,983	679,119	235,340	520	58	527	266
1922	4,008	60,858	900,762	308,382	598,690	214,060	112	53	408	238

TABLE V.

SECTIONS.	Fever عبدستيا.	Quar el 'Aini.	Alexandria.	Suez.	Hôd el Marsâd.	Asyût.	Port Said.	Mansûra.	Zagazig.
<i>Medical :—</i>									
Alimentary :—									
Diseases of stomach	—	—	57	31	—	17	—	20	13
Tuber. peritonitis	—	—	22	—	—	2	6	—	1
Dysentery	8	—	105	119	—	37	80	6	6
Diarrhœa and enteritis	—	—	126	14	—	33	93	20	24
Liver	—	—	24	1	—	16	10	39	6
Other diseases	—	—	46	1	—	—	23	—	—
Respiratory :—									
Pneumonia	15	—	74	23	—	6	29	9	5
Phthisis	2	—	131	43	—	4	78	6	11
Pleurisy	—	—	35	9	—	1	17	—	7
Other diseases	—	—	167	55	—	—	146	20	154
Circulatory :—									
Heart	—	—	104	34	—	10	41	3	10
Other diseases	—	—	25	—	—	—	—	—	—
Urinary :—									
Nephritis	—	—	72	43	—	27	32	19	2
Other diseases	—	—	89	8	—	—	41	12	58
Blood :—									
Spleen	—	—	56	7	—	2	33	—	36
Other diseases	—	—	51	1	—	—	50	2	—
Nervous :—									
Brain	—	—	7	2	—	—	33	1	3
Spinal cord	—	—	10	—	—	—	—	—	—
Other diseases	—	—	97	2	—	—	28	6	7
Constitutional :—									
Rheumatism	—	—	85	60	—	35	46	12	10
Diabetes	—	—	20	1	—	4	6	—	5
Senility	—	—	38	12	—	3	37	8	3
Debility	—	—	47	42	—	8	53	22	31
Parasitic :—									
Malaria	27	—	55	227	—	11	8	—	11
Ankylostomiasis	—	—	60	16	—	113	46	35	50
Filaria	—	—	52	—	—	—	—	—	—
Pellagra	—	—	1	16	—	29	10	53	19
Poisoning :—									
Alcohol	—	—	98	—	—	7	24	—	5
Other poisons	—	—	98	21	—	13	25	17	29
Lunatics	—	—	133	8	—	15	39	29	19
Other medical diseases	1,653	—	79	1,185	—	349	363	234	151
<i>Surgical :—</i>									
Fractures :—									
Simple	—	—	235	30	—	90	72	30	56
Compound	—	—	83	15	—	70	11	19	39
Tumours :—									
Malignant	—	—	60	6	—	—	6	1	7
Non-malignant	—	—	31	4	—	30	9	4	11
Traumatic injuries	—	—	585	47	—	460	203	271	318
Burns	—	—	137	28	—	33	32	12	19
Bilharziasis	—	—	168	53	—	207	187	308	173
Fistula in ano	—	—	55	6	—	27	54	23	56
Liver abscess	—	—	6	3	—	4	23	2	1
Hernia	—	—	284	47	—	119	154	57	91
Hæmorrhoids	—	—	235	43	—	93	56	18	36
Appendicitis	—	—	13	10	—	2	9	—	—
Vesical calculus	—	—	27	12	—	23	19	20	26
Other surgical diseases	—	—	830	379	—	535	481	293	252
<i>Infectious Cases</i>	—	—	—	—	—	—	—	—	—
<i>Ophthalmic</i>	—	—	485	53	—	—	92	4	—
<i>Skin Diseases</i>	—	—	298	63	*14	30	73	15	62
<i>Venereal :—</i>									
Syphilis	—	—	169	58	772	197	80	138	89
Gonorrhœa	—	—	65	305	2,112	344	180	89	101
Sores	—	—	17	—	—	—	—	—	—
<i>Midwifery</i>	—	—	58	7	104	16	24	9	8
<i>Gynecological diseases</i>	—	—	123	28	—	47	54	20	24
<i>Foundlings</i>	—	—	35	—	—	—	—	—	—
<i>Relatives accompanying patients</i>	—	—	185	43	—	68	65	24	13
<i>Fevers</i>	—	—	562	—	—	—	—	—	—
<i>Nothing</i>	—	—	128	—	—	—	—	—	—
TOTAL	1,705		6,948	3,221	3,002	3,134	3,281	1,930	2,058

* Scabies.

EARLY RETURN OF SICK, 1922.

Tanta.	Minya.	Damanhūr.	Beni Suēf.	Benha.	Shibhīn el Kōm.	Fayyūm.	Sohāg.	Damiēta.	Qena.	Qalyūb.	Aswān.	Port Said Infectious.	Isna.	Tanta Infectious.	TOTAL.
23	3	9	1	—	22	17	103	15	22	14	1	—	—	—	368
—	1	—	2	—	—	5	—	—	1	—	2	—	—	—	42
11	30	41	5	33	7	31	44	6	12	18	6	—	1	—	660
52	15	41	1	6	7	6	18	6	22	5	6	—	6	—	501
4	1	1	—	5	—	—	8	1	—	4	3	—	—	—	123
2	52	—	2	—	—	7	—	1	3	3	16	—	—	—	156
8	5	6	5	3	4	8	7	4	3	5	5	—	—	—	224
—	3	3	3	6	1	7	14	—	12	1	4	—	2	—	341
2	2	—	4	—	2	—	—	6	—	—	2	—	—	—	87
44	20	19	27	22	29	27	59	10	36	25	7	—	5	—	870
8	3	12	4	3	—	16	18	12	—	12	1	—	—	—	291
1	1	12	—	3	—	13	—	—	6	—	2	—	2	—	65
44	9	24	14	18	5	17	17	12	5	7	—	—	3	—	370
14	17	2	5	2	9	5	6	—	27	—	7	—	—	—	302
9	—	6	5	—	8	10	2	21	—	5	—	—	—	—	200
1	5	6	3	3	—	11	61	—	—	28	2	—	—	—	224
2	—	—	1	—	—	—	3	—	—	1	—	—	—	—	53
5	—	—	—	—	—	1	1	3	—	—	—	—	—	—	21
6	7	21	9	14	—	2	7	1	9	1	1	—	1	—	127
11	17	6	5	11	20	19	29	9	19	11	10	—	1	—	416
—	—	2	—	—	4	4	12	—	8	2	1	—	—	—	69
6	2	—	—	6	—	3	3	1	—	—	—	—	1	—	123
15	2	16	7	15	6	23	6	8	43	5	3	—	11	—	377
3	—	1	7	4	7	17	2	46	17	4	80	—	—	—	527
—	17	35	38	23	12	25	246	99	679	—	22	—	54	—	572
—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	53
13	2	13	24	6	4	14	13	21	2	4	—	—	—	—	244
13	9	—	5	11	7	10	—	—	1	—	1	—	—	—	191
96	4	11	6	11	19	6	6	2	7	3	—	—	—	—	394
29	16	32	12	12	1	13	13	—	10	—	9	—	—	—	390
112	103	154	40	295	179	186	80	58	63	46	45	—	27	—	5,556
72	69	36	24	50	80	33	49	14	52	18	29	—	—	—	1,044
63	35	43	42	25	23	28	30	11	26	8	14	—	—	—	585
12	8	3	2	10	2	—	2	6	13	2	9	—	—	—	149
4	5	2	3	3	3	10	14	—	9	2	6	—	—	—	150
463	448	342	320	396	677	144	273	34	221	14	94	—	45	—	5,462
32	14	20	17	32	21	8	18	13	10	5	9	—	—	—	460
—	35	297	105	76	34	129	38	333	156	—	18	—	—	—	2,317
28	12	53	29	19	30	13	2	18	5	46	5	—	—	—	481
1	2	—	1	—	—	—	1	—	3	—	—	—	—	—	47
61	47	50	151	81	64	64	41	19	25	98	13	—	—	—	1,466
39	26	33	12	47	40	24	17	4	13	62	12	—	5	—	815
1	2	2	—	—	3	2	—	1	1	—	2	—	—	—	48
39	12	22	36	3	12	26	6	20	12	15	2	—	—	—	330
445	194	311	282	393	371	248	324	224	223	375	103	—	44	—	6,307
—	—	—	—	—	—	—	—	—	—	—	—	388	—	264	—
—	2	—	—	—	4	1	1	21	23	4	28	—	76	—	794
66	27	32	11	30	30	47	32	12	15	6	9	—	2	—	874
125	52	103	64	39	38	76	156	36	75	20	33	—	24	—	2,296
167	132	75	162	36	4	72	236	6	196	1	15	—	43	—	4,941
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18	13	8	14	10	15	4	10	—	5	3	3	—	1	—	330
24	5	19	5	16	21	—	15	11	7	31	12	—	1	—	463
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
38	19	30	39	28	21	20	16	19	25	28	9	—	—	—	690
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,232	1,505	1,944	1,466	1,806	1,846	1,453	1,557	1,144	2,144	1,039	606	388	355	264	41,845

TABLE VI.—PATIENTS AND COST 1922.

HOSPITAL.	No. of Beds.	NEW IN-PATIENTS.		NEW OUT-PATIENTS.		Number of Operations.	COST OF UPKEEP.								TOTAL.		Cost per Bed.	Cost per Patient Day		
		Number.	No of days of Treatment.	Number.	No. of Visits.		Rations.	Stores Equipment.		Salaries.		Other Expenses.								
								L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.					
'Abbásiya Fever	900	1,705	22,416	—	—	—	5,570	445	2,938	780	12,853	021	1,957	929	23,320	175	25	911	1	040
Qasr el 'Aini	657	13,074	211,033	122,416	177,413	1,886	14,207	057	13,474	297	14,883	449	4,846	364	47,411	167	86	202	0	234
Alexandria	352	6,948	107,452	43,447	138,323	4,837	7,041	239	6,546	190	10,177	229	3,033	370	26,798	028	76	130	0	249
Suez	165	3,221	29,909	7,386	11,568	238	2,854	522	2,301	530	5,345	459	868	166	11,369	677	68	907	0	380
Hód el Marsúd	300	3,002	42,741	112	5,139	—	1,380	186	910	835	1,263	960	232	163	3,787	144	12	624	0	089
Asyút	185	3,134	54,330	12,683	19,177	851	2,372	130	3,371	176	2,389	178	369	899	8,502	383	45	959	0	152
Port Said	160	3,281	45,553	13,364	27,042	523	3,851	062	6,014	090	4,645	496	798	053	15,308	703	95	679	0	336
Mansóra	141	1,930	37,938	7,697	16,737	256	1,902	249	2,130	448	2,365	725	776	433	7,174	855	50	885	0	164
Zagazig	120	2,058	33,868	8,460	22,904	620	1,518	568	2,200	262	2,701	178	332	492	6,752	500	56	271	0	190
Tania	125	2,232	40,694	7,551	16,666	691	2,011	468	2,328	229	2,935	284	721	514	7,996	495	64	749	0	180
Minya	102	1,505	25,618	6,422	13,700	362	1,074	849	1,162	083	2,456	386	363	411	5,056	729	49	575	0	197
Damanhúr	89	1,944	27,303	5,038	9,027	409	1,184	138	592	197	1,751	488	701	375	4,232	198	47	287	0	155
Beni Suef	82	1,466	24,784	7,947	14,963	784	1,226	772	1,140	479	2,222	752	339	508	4,929	511	60	116	0	199
Benha	75	1,806	26,382	7,819	13,664	505	1,347	212	1,572	063	1,566	075	688	289	5,173	639	68	982	0	196
Shibín el Kóm	74	1,846	28,020	7,508	11,806	307	1,390	252	1,673	664	1,774	464	329	409	5,167	789	69	835	0	184
Sohág	73	2,059	30,281	7,279	15,321	325	1,135	018	1,453	737	1,527	519	502	400	4,618	674	63	269	0	152
Faiyúm	72	1,453	25,185	11,095	23,460	422	1,008	180	1,229	186	2,270	462	213	813	4,721	641	65	578	0	216
Qena	69	2,144	31,026	4,876	11,353	539	1,376	737	1,678	670	2,091	344	368	559	5,515	310	78	790	0	177
Damietta	58	1,144	17,675	9,565	19,067	134	961	999	1,118	644	1,948	406	129	423	4,158	461	71	698	0	235
Qalyúb	54	1,039	14,506	11,469	20,145	497	645	888	911	260	1,303	617	320	358	3,181	134	58	909	0	219
Port Said Infections	54	388	2,875	—	—	—	318	643	721	926	1,082	882	124	689	2,248	140	51	094	0	782
Aswán	42	606	10,940	4,184	9,449	184	881	887	865	653	1,373	047	358	799	3,479	386	77	319	0	318
Isna	31	355	6,432	2,064	1,566	86	340	556	763	701	1,044	277	131	606	2,280	140	73	553	0	354
Tanta Infections	28	259	3,801	—	—	—	187	017	203	932	442	488	42	796	876	233	31	294	0	231
TOTAL	4,008	58,599	900,762	308,382	598,690	14,456	55,788	074	57,303	032	82,418	186	18,550	820	214,060	112	53	408	0	238

TABLE VII.—ADMISSIONS AND DISCHARGES, 1922.

HOSPITALS.	ADMITTED.		TOTAL.	DISCHARGED.			TOTAL.	Remaining
	Existing	Admitted.		Cured.	Improved.	Died.		
Fever, 'Abbâsiya (Cairo) ...	72	1,705	1,777	1,542	64	136	1,742	35
Qasr el 'Aini (Cairo) ...	529	13,074	13,603	11,951	—	1,112	13,063	540
Alexandria ...	297	6,948	7,245	3,117	3,263	609	6,989	256
Suez ...	98	3,221	3,319	2,273	862	117	3,252	67
Hôd el Marsûd ...	90	3,002	3,092	12	2,944	—	2,956	136
Asyût ...	138	3,134	3,272	2,051	995	105	3,151	121
Port Said ...	105	3,281	3,386	1,960	1,160	130	3,250	136
Mansûra ...	87	1,930	2,017	1,007	812	108	1,927	90
Zagazig ...	84	2,058	2,142	1,294	689	85	2,068	74
Tanta ...	99	2,232	2,331	1,761	357	109	2,227	104
Minya ...	52	1,505	1,557	1,211	220	54	1,485	72
Damanhûr ...	73	1,944	2,017	1,290	545	107	1,942	75
Beni Suef ...	75	1,466	1,541	1,043	324	103	1,470	71
Benha ...	58	1,806	1,864	1,103	634	62	1,799	65
Shibîn el Kôm ...	81	1,846	1,927	1,544	253	73	1,870	57
Faîyûm ...	57	1,453	1,510	833	558	62	1,453	57
Sohâg ...	45	2,059	2,104	1,444	518	60	2,022	82
Damietta ...	43	1,144	1,187	699	421	32	1,152	35
Qena ...	81	2,144	2,225	1,770	331	35	2,136	89
Qalyûb ...	36	1,039	1,075	749	250	27	1,028	49
Aswân ...	39	606	645	492	106	15	613	32
Port Said Infectious ...	6	388	394	358	—	31	389	5
Isna ...	9	355	364	254	91	9	351	10
Tanta Infectious ...	5	259	264	239	—	25	264	—
TOTAL ...	2,259	58,539	60,858	39,997	15,397	3,206	58,600	2,258

TABLE VIII.—IN-PATIENTS (VOLUNTARY, MILITARY AND POLICE, ADMITTED DURING 1922.

HOSPITALS.	Voluntary Cases.	Police Cases.	Military Cases.	Total Number of Cases.	Total Number of Days of Treatment.
Fever, 'Abbâsiya (Cairo) ...	1,507	173	25	1,705	22,416
Qasr el 'Aini (Cairo) ...	8,053	5,011	10	13,074	211,033
Alexandria ...	5,251	1,615	82	6,948	107,452
Suez ...	2,706	515	—	3,221	29,909
Hôd el Marsûd ...	—	3,002	—	3,002	42,741
Asyût ...	1,805	1,329	—	3,134	54,330
Port Said ...	2,408	816	57	3,281	45,533
Mansûra ...	987	943	—	1,930	37,938
Zagazig ...	971	1,086	1	2,058	33,868
Tanta ...	1,462	733	37	2,232	40,694
Minya ...	379	1,126	—	1,505	25,618
Damanhûr ...	1,273	671	—	1,944	27,303
Beni Suef ...	1,307	123	36	1,466	23,249
Benha ...	1,410	396	—	1,806	26,382
Shibîn el Kôm ...	462	1,384	—	1,846	28,020
Faîyûm ...	733	674	46	1,453	25,185
Sohâg ...	1,826	228	5	2,059	30,281
Damietta ...	1,018	125	1	1,144	17,635
Qena ...	1,371	772	1	2,144	31,026
Qalyûb ...	789	145	105	1,039	14,508
Aswân ...	322	255	29	606	10,940
Port Said Infectious ...	364	22	2	388	2,875
Isna ...	320	35	—	355	6,321
Tanta Infectious ...	259	—	—	259	3,801
TOTAL ...	36,983	21,179	437	58,599	899,116

2.—GENERAL DISPENSARIES.

34,708 patients were treated in the various Government Dispensaries during the year. The detailed attendances at each dispensary are given in the following table.

The receipts for medicines supplied are given for each dispensary separately in the next table.

TABLE I.—OUT-PATIENTS TREATED GRATUITOUSLY IN GOVERNMENT DISPENSARIES DURING 1922.

DISPENSARIES.	Number of Patients.	DISPENSARIES.	Number of Patients.
		<i>Brought forward...</i>	14,861
Rosetta	1,177	Beni Mazâr	4,040
El 'Atf	1,092	Samallût	1,722
Ityâi el Barûd	992	Abu Qurqâs	1,183
Dilingât	38	Wasta	2,058
Shubrakhût	889	Dairût... ..	481
Baltim (Brullus)	146	Manfalût	811
Barrage	188	Abnûb... ..	161
Fariskûr	359	Abu Tig	454
Shirbin	2,542	El Badâri	247
Fuwa	452	Tema	789
Santa	83	Akhmim	2,078
Quesna	775	Girga	1,910
Bilqâs	3,459	Balyana	1,125
Matariya (Manzala)... ..	354	Basyûn	199
Kafr el Dauwâr	115	Nag' Hammâdi... ..	912
El Saff	961	Dishna	106
Biba	653	Qûs	394
Itsa	580	Idfu	1,035
Tell el Kebir	6	El Dirr	142
Quay	—		
<i>Carried forward</i>	14,861	<i>TOTAL...</i>	34,708

TABLE II.—DISPENSARIES RECEIPTS DURING 1922.

DISPENSARIES.	RECEIPTS.		DISPENSARIES.	RECEIPTS.	
	L.E.	M.		L.E.	M.
			<i>Brought forward</i> ...	190	911
Rosetta	11	871	Beni Mazâr	4	155
El 'Atf	10	278	Samallût	6	903
Ityâi el Barûd	4	865	Abu Qurqâs	5	385
Dilingât	7	357	Wasta	17	793
Shubrakhût... ..	4	238	Dairût... ..	7	684
Baltim (Brullus)	4	850	Manfalût	4	705
Barrage	8	138	Abnûb... ..	27	280
Fariskûr	11	090	Abu Tig	4	954
Shirbin	5	360	El Badâri	5	316
Fuwa	9	075	Tema	9	290
Santa	10	791	Akhmim	6	275
Quesna	10	391	Girga	5	119
Bilqâs	12	033	Balyana	8	117
Matariya (Manzala)	21	335	Basyûn	16	835
Kafr el Dauwâr	2	210	Nag' Hammâdi... ..	13	251
El Saff	20	180	Dishna	10	140
Biba	19	372	Qûs	5	218
Itsa	8	929	Idfu	12	382
Tell el Kebir	8	550	El Dirr	1	192
Quay	—				
<i>Carried forward</i>	190	911	<i>TOTAL...</i>	362	665

3.—KASR EL 'AINI HOSPITAL.

(a) General.

Qasr el 'Aini Hospital.—The number of in-patients admitted during the year was 13,074. The following table shows the continuous increase in the number of in-patients admitted in the hospital during the last five years:—

YEAR.	Number of In-patients.
1918	10,708
1919	11,531
1920	11,784
1921	12,174
1922	13,074

The death-rate of in-patients in 1922 was 8.35 per cent as against 9.13 per cent in 1921.

The number of out-patients was 122,416, the number of attendances being 353,251. The following table gives the number of out-patients of the last five years:—

YEAR.	Number of Out-patients.
1918	96,436
1919	100,794
1920	119,499
1921	106,622
1922	122,416

The number of operations performed during 1922, was 5,190 as against 5,039 in 1921.

The following notes may be of interest:—

Intoxications.—The following table gives the number of cases admitted for various intoxications during the last three years:—

Intoxications.	1920	1921	1922
Alcohol	155	148	66
Cocaine	5	13	25
Hashish	2	—	2
Manzool	11	18	56
Opium	2	6	19

It will be seen from the above table that the number of cases admitted for alcoholic intoxication in 1922 was less than half that for 1921. On the other hand the number of cases admitted for cocaine poisoning in 1922 was double that in 1921 and for *manzool* and opium poisoning treble that in 1921.

Lethargic Encephalitis.—13 cases of this disease were admitted during the year as against 3 in 1921. 2 of the cases were of the myoclonic type, and 1 of the cerebellar type. Several cases presented a clinical picture closely simulating Paralysis Agitans.

Lithotrity Versus Suprapubic Lithotomy.—During 1922, 51 cases of Vesical Calculus were treated by Lithotrity with 7 deaths—a mortality of 11.76 per cent. 6 of the 7 cases that died showed, post-mortem, advanced Cystitis and Pyelonephritis. In the remaining case no definite cause of death was discovered. In none of the 7 cases was there a rupture of the Bladder. This mortality compares very unfavourably with statistics of 815 cases done by Freyer on adult males with a mortality of 3.06 per cent.

The mortality from Suprapubic Lithotomy during 1922 was 10.81 per cent in 37 cases, as against 12.75 per cent in Freyer's statistics.

The above facts suggest that cases with septic urinary passages stand Lithotrity worse than they do Suprapubic Lithotomy. This, however, is a disputed question and well worth further and more thorough investigation.

Splenectomy.—12 splenectomies were done for Endemic Splenomegaly during the year. Of these 2 died in hospital. One, two and half months after operation; post-mortem the Liver showed advanced Cirrhosis. The other died of Bronchopneumonia on the third day of the operation. He too had advanced Cirrhosis of the Liver.

8 cases of ruptured spleen were admitted during the year. 5 died before and 3 after operation. 2 of the 8 cases had rupture of the liver as well. The remaining 6 cases had enlarged spleens (malarial or otherwise) hence the high mortality.

Tetanus.—Both the incidence and mortality of Tetanus were higher during 1922 than the previous year. Of 16 cases admitted 12 died—a mortality of 75 per cent (as against 2 admissions and 1 death in 1921). Of the 4 cases that recovered, 2 had an incubation period of 17 days and 32 days respectively. The other 2 had no wounds or history of wounds so that the incubation periods could not be ascertained. Of the 12 cases that died, 3 had an incubation period of 2 days, 5 days, and 10 days respectively; 2 had recent wounds but the exact time of infliction could not be ascertained. The other 7 cases had no wounds or recent scars so that, there again, the incubation period could not be estimated.

Hydrophobia.—In spite of an increase in the number of antirabic cases, the number of cases of Hydrophobia has decreased as shown by the following table:—

Year.	Antirabic cases.	Hydrophobia cases.
1920	1085	12
1921	1261	7
1922	1362	5

Of 7 cases of Hydrophobia in which the site of the bite was known, in 6 this was the face and in 1 the forearm. Of 11 cases of Hydrophobia 6 had no prophylactic treatment and 5 had a complete course.

The following notes were contributed by members of the Staff:—

Ankylostomiasis.—During the past year trial was made of two new anthelmintics for ankylostomiasis, namely carvacrol and carbon tetrachloride. The former drug is a fluid isomer of thymol and it was thought might be effective in smaller doses, on account of its liquid character. The results showed that, to be effective, the drug required to be given in about the same amount as thymol (dose 3 c.c.) and did not appear to possess any special advantages.

Carbon tetrachloride was only introduced this last year and we began investigations before clinical reports on its own use were published. Those now available show that the doses used have been 3 c.c. alone or 5 c.c. with castor oil. These dose have no toxic action on the liver, and act well without preliminary preparation of the patient.

Our experience at Qasr el 'Aini so far, is in favour of large doses; a single dose of 3 c.c. being much less efficacious. Excellent results have followed the administration of 6 to 8 c.c. of carbon tetrachloride mixed with about the same quantity of castor oil, given in two halves at 2 hours interval. Greater dilutions than 1 in 3 of the drug reduce its efficiency. As large a dose as 10 c.c. has been given with no ill effect, but it must be remembered that the combination with castor oil minimises absorption.

The drug appears to have a strong bactericidal as well as vermifugal effect. The results obtained compare favourably with those of chenopodium and thymol, and are naturally most striking when a large number of worms are present. The following are instances obtained from doses of 8 c.c. with 12 c.c. castor oil:—

Hospital No.	Number of worms passed.			
	1st.	2nd.	3rd.	4th Treatment.
9773	9	2	1	0
10950	57	2	—	—
10716	55	3	—	—
10618	150	3	—	—

More work is in progress to determine the most effective and economical method of using the drug on a large scale, since it appears a safer and more powerful anthelmintic than those hitherto employed. For this purpose a special annexe has been prepared at Port Said.

Auricular Fibrillation.—Quinine sulphate was tried in 12 cases showing this condition. The diagnosis was made on clinical grounds. 0.040 grammes in tabloid form was given by mouth three times a day. In no case was the fibrillation stopped. The pulse rate was reduced and the irregularity diminished but with no obvious advantage. Nausea and vomiting were induced in the majority of the cases.

Bilharziasis.—Oral administration of tartar emetic was tried in 6 cases. Enteric coated pills each containing 0.06 grammes tartar emetic were given twice a day. In only one case was the urine reported negative after a course of twenty pills. In another case forty pills were given but with no effect. In 4 cases treatment had to be stopped after a few days on account of the onset of vomiting, diarrhoea and colicky pains.

Rectal administration of tartar emetic was tried in 13 cases. The method of Administration was as follows: a mild laxative was given at night and in the morning an enema of 100 c.c. distilled water containing the dose of tartar emetic required with 8 m.m. tinct. opii. was given with a funnel attached to a soft rubber catheter. Enemata were retained for periods between 8 and 24 hours. Six grains of tartar emetic were given to begin with, increasing by two grains each time. The enemata were given very other day.

Hospital No.	Diseases.	Sex.	Number of Enemata.	Maximum single dose.	Total Amount.	Result.
				grms.	grms.	
1855...	B. B.	M.	12	24	170	Cured.
2095...	B. B.	M.	9	16	112	Cured.
1981...	B. B. R.	M.	8	18	110	Not cured.
1816...	B. B. R.	M.	11	20	156	Not cured.
1755...	B. B.	M.	10	20	116	Not cured.
1681...	B. B. R.	M.	9	16	96	Not cured.
1951...	B. B.	M.	8	18	98	Not cured.
1956...	B. B.	M.	8	18	102	Not cured.
1877...	B. B. R.	M.	9	15	88	Not cured.
2000...	B. B. R.	M.	8	16	96	Not cured.
2088...	B. B. R.	M.	7	15	72	Not cured.
1402...	B. B. R.	F.	10	18	104	Not cured.
1982...	B. B.	F.	8	18	96	Not cured.

(B.B.: Bilharziasis of Bladder; B.B.R.: Bilharziasis of Bladder and Rectum.)

The above table shows that the rectal administration of tartar emetic is far inferior to the intravenous method.

A combination of tartar emetic and emetine was found more effective in the treatment of intestinal bilharziasis than either drug used alone.

Bismuth was tried chiefly as a possible substitute for antimony in the treatment of bilharziasis. The compound used was the liquor bismuthi et ammonii citratis (B.P.) sterilised for intravenous use. Subcutaneous or intramuscular injections proved to be irritating and unsuitable. The results were that slight chronic infections were cured, but an attempt to use larger doses than 1 c.c. (for the treatment of more active infections) was abandoned owing to the development of toxic symptoms.

Meanwhile research in France on the action of bismuth in syphilis and spirochaetal infections showed that preparations of this metal were ten times as toxic when administered intravenously as when given by intramuscular injection. Further, by suspending soluble bismuth compounds in an oily vehicle, the irritating properties were overcome. Such compounds are now being tried; the double tartarate can now be bought.

The employment of intravenous injection in almost toxic doses revealed an extraordinary effect on the kidneys and renal excretion resulting in a striking diuresis. This effect was studied and reported in the *Lancet*.—August 12, 1922, page 328.

Cancer.—The use of diathermy for malignant conditions has, for some time, been recognized as efficacious. It was used in the Surgical Unit as a routine both for the cure of superficial conditions and to replace the knife in all operations on cancer and sarcoma. Of 8 cases done during the last three months, two were discharged apparently cured.

Cancer immunisation has so far been done in 37 cases with some promising results. The difficulty of establishing a follow-up system, however, robs this method of treatment, as any other, of much of its value.

The use of amniotic fluid in the treatment of inoperable cancer is also under investigation. It has been tried in 5 cases. These are still under treatment.

Milk Injections.—Two cases of undoubted septicæmia were treated with milk injections. Both cases were cured. Two cases of inoperable carcinoma have also been treated in the same way, but further investigation is still necessary for arriving at any conclusions.

Blood Transfusion.—Blood transfusion in regard to deficiency diseases is now on its trial. A suggestive field has been opened by the complete restoration of carbohydrate tolerance for twenty-one days in a case of Diabetes Mellitus following the transfusion of whole blood.

Vasectomy for Senility.—This promises to enable the helpless aged poor to earn at least a partial livelihood.

Unilateral vasectomy in cases of senility and debility without gross organic disease has been performed seventeen times with encouraging results. In one case of senile chorea marked amelioration of symptoms was effected. Photographic records of patients are being carefully kept.

Butyn.—Butyn is a substitute for cochain as a local anæsthetic. It has the following advantages over cocaine:—

(1) It is more powerful, and acts more rapidly, and over a longer period than cocaine.
(2) *In the quantity required*, it is less poisonous than cocaine, and its cost is very little greater.

(3) It does not produce the same intoxicating effect on the central nervous system and consequently does not possess attractions for the drug-taker.

After employing it for a period of three months in close on a hundred operation cases, it was found to be extraordinarily effective as an anæsthetic, either dropped locally into, the eye, or in infiltration-anæsthesia. No toxic results had so far been noticed.

A 2 p.c. solution has been used ten cubic centimetres of which cost P.T. 5.6 as compared with P.T. 5.2 for a 5 p.c. solution of cocaine hydrochloride, which is less effective as a local anæsthetic in ophthalmic work. Also, smaller quantities of the solution were used in each case, so that the cost may actually be less than in the case of cocaine.

Child Welfare.—The centre has passed through its third year of its existence with increasing popularity. The number of children now on the register is 249. Of these 162 (or 65 per cent) have been attending fairly regularly at least once a month, 56 are not attending regularly and 31 babies are known to have died.

There is one great defect in the work as carried out at present. This is the absence of home visitation. There is no doubt that a certain number, probably a large one, are not carrying out in their homes the instructions they have been given in the centre, and for these the health visitor is essential. It is hoped that when more funds are available, such a serious defect will be remedied.

(b) Anthelmintic Section.

Numbers.—The number of new cases sent to the section during 1922 was nearly one and a half times that of 1921. The subjoined table shows the monthly attendance of new patients in each division with the total figures for the two previous years.

These figures show the usual summer increase, interrupted by Ramadan.

Accommodation.—There is accommodation for about 100 patients. Women and children have a separate place for waiting and also for resting after treatment. In summer 255 to 300 patients attend daily, and therefore the accommodation is taxed. They are divided into batches and occupy the tents in turn, finishing their rest on the ground outside.

Sex.—About 12 per cent of the total number are females and 20 per cent children under 12.

	1920	1921	1922		
			Bilharzia.	Ankylostoma.	Total.
January	66	157	197	22	219
February	94	177	229	52	281
March	121	196	299	78	377
April	146	313	416	135	551
May	155	276	222	108	330
June	95	392	603	195	398
July	184	568	529	171	700
August	124	460	515	110	625
September	264	528	548	212	660
October	191	437	374	131	505
November	173	411	364	60	424
December	155	273	264	67	331
Total for year	1,768	4,188	4,560	1,241	5,801

Attendances.—About 20 per cent of the patients sent to the section showed a negative result for helminthic infection on examination of the dejecta. Of the 80 per cent positive cases, half the number completed the full course for bilharziasis and the other half received less than ten injections. More or less irregularity in attendance is noticed in the majority of patients. The most regular in attendance are the children and women: of the men employees and students specially those of El Azhar, are the best.

BILHARZIA DIVISION.

Specimens are collected for examination the first day of attendance and the treatment started the next day when the results are known. Negative cases which have symptoms and signs of other diseases, *e.g.* cystitis, or, in the case of intestinal disease, amœbic infection, are given appropriate treatment.

As a routine measure, a reexamination of the dejecta is made at the time the penultimate injection (the eleventh) is given, and the result recorded. Should living ova still be found, extra injections are given—usually three—and the result again ascertained.

The following is an analysis of the results of examination and treatment of the patients treated during August, September, and October.

	Total.	Men.	Women.	Children.
<i>Lesion :—</i>				
Urinary	1,401	1,010	160	231
Intestinal	30	16	4	10
Mixed	6	5	1	—
Total	1,437	1,031	165	241
Unsuitable cases	282	208	51	23
Suitable cases	1,155	823	114	218
<i>Attendance :—</i>				
Incomplete	575	415	53	107
Full course	580	408	61	111
<i>Results :—</i>				
Satisfactory	538	382	54	102
Needed extra injections	3	3	—	—
Persistent Sepsis	35	19	7	9
Amœbiasis	4	4	—	—

From the above it will be seen that about 24 per cent of the cases are unsuitable, *i.e.* show no ova or have severe cystitis which requires treatment before any underlying bilharzial infection can be safely dealt with. The ordinary course was sufficient in all but 0.5 per cent.

Examination of patients returning three to four months after a satisfactory course showed a complete cure had been obtained.

Drugs.—No difference was found between the sodium and the potassium antimony tartrate as regards their effect on the ova. For the patient the sodium salt is less toxic; vomiting and coughing are less than with the potassium compound. Also the sodium salt appears less irritative to the subcutaneous tissues, so that in some cases of escape from the vein very little inflammation followed and usually subsided under fomentations. In a few instances a sterile abscess was evacuated with a syringe. Nocturnal enuresis in children is sometimes an early sign of bilharziasis. Such cases were cured by antimony treatment. One case of cutaneous leishmaniasis in a girl was sent for treatment. The condition improved after four injections when the patient ceased attendance, so that the effect of a prolonged course could not be ascertained.

Complications.—Cough and sometimes vomiting are the usual immediate toxic effects. Sometimes bleeding occurs from the strain; this is readily checked by rest and giving ice to suck.

One death occurred.—This was a girl of 14, who had received eight injections without any symptoms. After the ninth, she coughed a while and then felt better. She left the tent in a good condition, but in the same afternoon was brought to the hospital in a collapsed condition and died that night.

An epileptic boy was seized with a fit every time he was given an injection. He was admitted into hospital.

Emetine.—This drug is used for subcutaneous injection in children whose veins are too small for intravenous injections. In consequence of the claim made by a local doctor and published in a foreign journal of repute, that a daily dose of emetine (the maximum being 2 grains) continued for twelve days will certainly cure bilharziasis without the development of toxic symptoms, this course was given to two adult men and a woman. The hæmaturia disappeared after six injections but there were many living and few dead ova on examination of the urine. After the tenth injection a considerable proportion of living ova were still present, and following the next injection the patients complained of numbness in their hands and legs. This result confirmed all the hospital's previous work that it is not possible to shorten treatment if we aim at a cure and not a mere amelioration of an obvious symptom.

Bismuth.—Under treatment with soluble compounds of bismuth some mild cases of bilharziasis were cured, the ova being killed. More active infections were much less affected, and at present it does not seem that bismuth is a satisfactory substitute for antimony in this disease.

ANKYLOSTOMA DIVISION.

1,241 patients were sent to the section for treatment under the tentative diagnosis of ankylostomiasis. The stools were examined on the first day of attendance.

The flotation method was employed in examination except in the case of liquid and blood stained stools. Analysis of 351 cases seen during the three months of August, September, and October gave the following results:—

Negative cases	...	...	...	...	...	...	...	...	...	165
Ankylostoma (pure and mixed)	...	...	...	...	...	...	...	...	...	139
Ascaris only	...	...	...	...	...	...	...	...	...	10
Tænia only	...	...	...	...	...	...	...	...	...	3
Oxyuris only	...	...	...	...	...	...	...	...	...	2
Heterophyes	...	...	...	...	...	...	...	...	...	0

Chronic diarrhoea and dysentery:—

Amoebic	...	...	...	...	...	...	...	...	...	13
Bilharzial	...	...	...	...	...	...	...	...	...	9
Bacillary	...	...	...	...	...	...	...	...	...	8
Flagellate	...	...	...	...	...	...	...	...	...	2

The ankylostoma patients are the most unsatisfactory in their attendance. When possible anthelmintic treatment is given at their first visit, but this is often impossible

owing to the late hour of arrival or the fact that they have recently had food. Such cases were told to come early the next morning fasting, but often the patients never returned. It is customary to give one treatment to negative cases and two or three to positive cases of ankylostomiasis; other infections receive appropriate treatment.

Of the 351 cases above detailed:—

- 95 took no treatment.
- 78 took one treatment.
- 100 took two treatments.
- 56 took three or more.
- 13 were treated with emetine for amœbiasis.
- 9 were treated with antimony for bilharziasis.

The hæmoglobin and pulse rate of every patient are determined before a vermicide is given.

The hæmoglobin and pulse rate of every patient are determined before a vermicide is given. A marked rise is noticed in the hæmoglobin value under treatment when the worms are expelled, as is shown by the absence of ova in the stools on subsequent examination.

Patients sent to the bilharzia division who are anæmic are not given the antimony course until their condition is improved by the expulsion of ankylostomes and the administration of hæmatinics.

Drugs.—Oil of chenopodium was almost the only drug used as a vermicide. It is put up in capsules of 0.5 c.cm. Adults were given four capsules (2 c.c.) children three capsules, followed by a purge. Santonin and male fern are given for ascaris and tænia respectively.

Carbon tetrachloride is now under trial. At first it was given in doses of 6 c.c. (adult) or 4 c.c. (child) mixed with an equal dose of castor oil. It is now being given pure in doses of 4 c.c. and 3 c.c. (children).

(c) Statistics In-patients.

THE FOLLOWING IS AN ANALYSIS OF 12,862 PATIENTS DISCHARGED AND DIED DURING THE YEAR 1922.

SECTION.	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
Medical	3·700	874	199	1·349	263	488	142	297	88
Surgical	4·832	1·059	169	2·049	484	337	111	430	193
Ear Nose and Throat	212	86	34	29	15	23	9	10	6
Ophthalmic	1·328	526	278	302	119	75	27	1	—
Gynæcological	318	—	196	—	71	—	41	—	10
Obstetric... ..	367	—	283	—	40	—	20	—	24
Skin... ..	335	187	27	81	19	14	3	2	2
Venereal	408	35	3	260	58	44	7	—	1
Antirabic	1·362	963	389	—	—	—	—	9	1
GRAND TOTAL	12·862	3·730	1·578	4·070	1·069	981	360	749	325

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
MEDICAL IN-PATIENTS.									
SPECIFIC INFECTIOUS DISEASES.									
<i>Bacterial Diseases :—</i>									
Typhoid Fever	16	2	2	2	1	7	1	1	—
Influenza	66	45	11	8	1	1	—	—	—
Cerebrospinal Meningitis... ..	2	—	—	—	—	1	1	—	—
Broncho-pneumonia	35	7	2	15	1	1	—	8	1
Lobar Pneumonia	50	20	2	6	1	3	1	12	5
Generalised tuberculosis	1	—	—	—	—	—	—	—	1
Pulmonary tuberculosis	286	—	—	110	33	45	15	68	15
Tubercular peritonitis	34	—	—	11	9	2	4	7	1
<i>Protozoal Diseases :—</i>									
Amœbic dysentery	101	28	4	48	5	6	3	5	2
Malaria	19	10	—	8	1	—	—	—	—
METAZOAL DISEASES.									
<i>Trematodes :—</i>									
Urinary Bilharziasis	76	9	2	57	5	2	1	—	—
Intestinal Bilharziasis	75	9	—	53	1	7	—	5	—
Urinary and Intestinal Bilharziasis	30	2	—	22	3	2	—	1	—
<i>Cestodes :—</i>									
Taenia... ..	8	1	2	2	3	—	—	—	—
<i>Nematodes :—</i>									
Ankylostomiasis... ..	189	26	4	119	13	11	3	13	—
Ascariasis	3	1	—	1	1	—	—	—	—
Oxyuriasis	2	—	1	—	—	1	—	—	—
INFECTIOUS DISEASES OF DOUBTFUL OR UNKNOWN AETIOLOGY.									
Glandular Fever	1	1	—	—	—	—	—	—	—
Mumps	2	—	—	—	—	1	1	—	—
Rheumatic Fever	37	16	—	15	5	—	1	—	—
Smallpox	1	—	—	—	—	1	—	—	—
Typhus	1	—	—	—	—	1	—	—	—
Undiagnosed Fevers... ..	27	7	6	7	4	2	—	1	—
POISONS :—									
Aconite	1	1	—	—	—	—	—	—	—
Alcohol	66	62	3	—	—	—	—	1	—
Arsenic	6	5	—	—	—	—	—	—	1
Carbolic Acid	11	6	5	—	—	—	—	—	—
Carbon Monoxide	1	1	—	—	—	—	—	—	—
Cocaine	25	23	1	—	—	1	—	—	—
Copper... ..	1	—	—	—	1	—	—	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.

MEDICAL IN-PATIENTS (continued).

POISONS (contd.) :—

Creosote	1	1	—	—	—	—	—	—	—
Datura	11	11	—	—	—	—	—	—	—
Hashish	2	2	—	—	—	—	—	—	—
Iodine	4	2	2	—	—	—	—	—	—
Manzool	56	51	3	—	—	—	—	2	—
Nitric Acid	1	1	—	—	—	—	—	—	—
Opium	19	13	—	—	—	3	—	2	1
Petroleum	2	—	2	—	—	—	—	—	—
Potassium Permanganate ...	2	2	—	—	—	—	—	—	—
Ptomaine	45	27	17	—	—	—	—	—	1
Sublimate	10	5	1	—	—	—	1	2	1
Tartar Emetin	1	—	—	—	—	—	—	—	1
Zinc Sulphate	1	—	1	—	—	—	—	—	—
Suspected Poisoning	21	15	3	—	—	1	—	2	—

DEFICIENCY DISEASES :—

Pellagra	126	9	—	69	4	20	—	21	3
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DISEASE OF METABOLISM :—

Diabetes Mellitus	39	—	—	5	5	25	2	2	—
Diabetes Insipidus	1	—	—	—	—	1	—	—	—
Rickets	4	—	—	—	2	1	1	—	—

DISEASES OF THE DIGESTIVE SYSTEM

Mouth :—

Stomatitis	2	1	1	—	—	—	—	—	—
-------------------	---	---	---	---	---	---	---	---	---

Tonsils :—

Tonsillitis	8	7	1	—	—	—	—	—	—
--------------------	---	---	---	---	---	---	---	---	---

Pharynx :—

Pharyngitis	6	5	1	—	—	—	—	—	—
--------------------	---	---	---	---	---	---	---	---	---

Stomach :—

Gastritis	49	22	9	9	5	4	—	—	—
Dilatation	2	—	—	1	1	—	—	—	—
Ulcer	10	—	—	6	1	2	—	1	—
Carcinoma	2	—	—	—	—	1	—	1	—
Hyperchlorhydria	1	—	—	1	—	—	—	—	—
Neurosis	2	—	—	—	2	—	—	—	—

Intestines :—

Constipation	11	5	1	4	1	—	—	—	—
Diarrhoea	43	20	4	11	2	1	1	1	3
Colic	25	23	2	—	—	—	—	—	—
Colitis	11	2	—	3	2	—	2	1	1

Liver :—

Hepatitis	7	2	—	3	2	—	—	—	—
Jaundice	22	3	3	12	1	2	—	1	—
Cholesystitis	1	—	—	1	—	—	—	—	—
Carcinoma	2	—	—	—	—	1	—	—	1
Biliary Colic	5	5	—	—	—	—	—	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
MEDICAL IN-PATIENTS (continued).									
DISEASE OF THE DIGESTIVE SYSTEM (contd.)									
<i>Pancreas</i> :—									
Carcinoma	1	—	—	—	—	—	—	1	—
Abdominal Tumours	6	—	—	—	—	2	4	—	—
DISEASES OF THE RESPIRATORY SYSTEM :—									
Laryngitis	2	1	—	1	—	—	—	—	—
Bronchitis	251	69	7	136	15	11	2	10	1
Asthma	15	3	—	11	1	—	—	—	—
Emphysema	6	—	—	6	—	—	—	—	—
Bronchiectasis	4	—	—	2	1	—	—	1	—
Pleurisy	36	6	1	21	2	4	—	1	1
Gangrene	1	—	—	—	—	—	—	1	—
Oedema of Lungs	1	—	—	—	—	—	—	1	—
DISEASES OF THE URINARY SYSTEM:									
Nephritis	131	8	2	63	14	12	3	21	8
Renal colic	109	106	1	—	—	1	1	1	—
Lithuria	1	1	—	—	—	—	—	—	—
DISEASES OF THE BLOOD :—									
Anæmia	51	4	1	30	5	8	2	1	—
Hodgkin's Disease	5	—	—	1	—	3	—	1	—
Myelocytic Leukaemia	9	—	—	2	1	3	2	—	1
Purpura	2	—	1	—	—	—	—	—	1
DISEASES OF THE CIRCULATORY SYSTEM :—									
<i>Myocardium</i> :—									
Auricular fibrillation	2	—	—	—	2	—	—	—	—
Angina Pectoris	1	—	—	1	—	—	—	—	—
Heart Failure	133	1	2	63	20	9	1	32	5
<i>Endocardium</i> :—									
Mitral Regurgitation	18	—	—	10	3	3	—	2	—
Mitral Stenosis	17	—	—	10	4	2	—	1	—
Mitral Stenosis and Regurgitation	46	—	—	28	13	2	—	1	2
Aortic Regurgitation	5	—	—	2	—	1	—	2	—
Aortic and Mitral Regurgitation	4	—	—	1	—	1	—	2	—
Pulmonary Stenosis	1	—	—	—	—	—	1	—	—
<i>Blood Vessels</i> :—									
Arteriosclerosis	11	—	—	6	—	1	3	1	—
DISEASES OF THE DUCTLESS GLANDS									
<i>Spleen</i> :—									
Endemic Splenomegaly and Cirrhosis	199	—	—	125	24	26	6	16	2
<i>Thyroid</i> :—									
Myxœdema	1	—	—	—	1	—	—	—	—
Cretinism	1	—	—	—	—	—	1	—	—
DISEASES OF THE NERVOUS SYSTEM.									
<i>Brain</i> :—									
Mental Diseases	123	—	—	—	—	101	22	—	—
Neurasthenia	5	—	—	3	—	2	—	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
MEDICAL IN-PATIENTS (continued).									
DISEASE OF THE NERVOUS SYSTEM (contd.) :—									
Hysteria	18	2	2	2	5	2	5	—	—
Epilepsy	23	—	—	18	—	4	1	—	—
Chorea... .. .	9	2	1	2	3	—	1	—	—
Paralysis Agitans	6	—	—	3	—	3	—	—	—
Hemiplegia	131	—	—	63	8	32	15	7	6
Cerebral Diplegia	2	—	—	—	—	1	—	1	—
Acromegaly	1	—	—	—	—	1	—	—	—
Cerebral Tumour	1	—	—	—	—	1	—	—	—
General Paralysis of the Insane	6	—	—	—	—	6	—	—	—
Lethargitis Encephalitis ..	13	—	—	1	2	8	2	—	—
Bulbar Paralysis	4	—	—	—	—	3	1	—	—
Headache	7	4	1	1	—	1	—	—	—
Congenital Deaf-mutism ...	1	—	—	—	—	1	—	—	—
Coma	5	1	—	1	—	2	—	1	—
Spinal Cord :—									
Acute Anterior Poliomyelitis	4	—	—	—	1	1	1	1	—
Progressive Muscular Atrophy	14	—	—	—	—	11	3	—	—
Myelitis	34	—	—	16	3	10	3	2	—
Lateral Sclerosis	39	—	—	21	3	8	4	—	3
Disseminated Sclerosis	2	—	—	—	—	2	—	—	—
Tabes Dorsalis	6	—	—	4	—	1	1	—	—
Nerves :—									
Neuritis	5	—	—	4	1	—	—	—	—
Facial Paralysis	14	—	—	8	2	2	2	—	—
Neuralgia	2	—	—	2	—	—	—	—	—
Sciatica	13	4	—	7	—	2	—	—	—
DISEASES OF THE LOCOMOTORY SYSTEM.									
Osteo-arthritis	16	—	—	10	4	1	1	—	—
Fibrositis	64	31	1	28	4	—	—	—	—
Lumbago	6	3	—	3	—	—	—	—	—
Pseudo-hypertrophic muscular paralysis	3	—	—	—	—	3	—	—	—
Myoclonus	1	—	—	1	—	—	—	—	—
MISCELLANEOUS DISEASES :—									
Asthenia	98	6	1	15	4	25	12	26	9
Scorpion Sting	144	63	68	—	—	—	—	3	10
Spider Sting	1	—	1	—	—	—	—	—	—
Snake-bite	4	2	2	—	—	—	—	—	—
Hunger Strike	3	—	—	—	—	3	—	—	—
Suffocation	1	1	—	—	—	—	—	—	—
Malingering	3	3	—	—	—	—	—	—	—
Under observation	41	31	10	—	—	—	—	—	—
Undiagnosed	25	6	1	8	1	5	2	1	1
SURGICAL IN-PATIENTS, INJURIES.									
INJURIES TO THE CRANIUM :									
Fissured Fracture	9	—	—	5	—	2	—	2	—
Depressed Fracture	72	11	1	20	6	5	2	20	7
Fractured Base	65	12	—	20	8	—	1	15	9
INJURIES TO THE BRAIN :—									
Concussion	57	9	3	27	4	3	2	6	3
Laceration	11	2	—	2	—	2	—	4	1
Hæmorrhage	6	—	—	4	—	—	—	1	1

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
SURGICAL IN-PATIENTS (continued).									
INJURIES TO THE SPINE :—									
Sprain	9	1	—	3	2	3	—	—	—
Fracture	19	—	—	3	2	3	2	8	1
INJURIES TO THE NECK :—									
Cut-throat	1	—	—	—	—	—	—	1	—
INJURIES TO THE CHEST :—									
Contusion of Lung	2	—	—	2	—	—	—	—	—
Penetrating wound of Lung ...	20	3	—	12	—	—	—	5	—
INJURIES TO THE ABDOMEN :—									
Contusion	3	1	—	1	1	—	—	—	—
Internal Hæmorrhage	1	—	—	—	—	—	—	1	—
Penetrating wounds	5	2	1	1	—	—	—	1	—
Rupture of Stomach	2	—	—	—	—	—	—	2	—
Intestine	7	—	2	1	1	—	—	2	1
Liver	6	—	—	—	—	—	—	4	2
Spleen	7	—	—	—	—	—	—	5	2
INJURIES TO THE URINARY TRACT :—									
Contusion of Kidney	1	1	—	—	—	—	—	—	—
Rupture of Kidney	3	1	—	—	—	—	1	1	—
Rupture of Urethra	3	—	—	2	—	—	—	1	—
INJURIES TO MUSCLES AND TENDONS :									
Rupture of Muscle:	1	—	—	1	—	—	—	—	—
Cut Tendons	8	—	—	7	—	1	—	—	—
INJURIES TO VESSELS :—									
Arterial Hæmorrhage	2	—	—	—	—	—	—	2	—
INJURIES TO NERVES :—									
Traumatic Neuroma	2	—	—	1	—	—	1	—	—
INJURIES TO BONES :—									
Contusion	12	3	2	6	—	—	1	—	—
Fractures :—									
Nasal Bone :—									
Simple	4	—	—	4	—	—	—	—	—
Compound	3	—	—	3	—	—	—	—	—
Superior Maxilla :—									
Compound	2	—	—	2	—	—	—	—	—
Mandible :—									
Simple	6	—	—	6	—	—	—	—	—
Compound	3	—	—	2	1	—	—	—	—
Ribs :—									
Simple	41	—	—	31	4	—	—	4	2
Compound	11	—	—	7	—	—	—	2	2
Clavicle :—									
Simple	31	—	—	25	6	—	—	—	—
Scapula :—									
Simple	4	—	—	2	2	—	—	—	—

(c) STATISTICS IN-PATIENTS (*continued*).

		TOTAL.	DISCHARGED.						DIED.	
			Cured.		Relieved.		Unrelieved.		M.	F.
			M.	F.	M.	F.	M.	F.		
SURGICAL IN-PATIENTS (continued).										
INJURIES TO BONES (contd).										
Humerus :—										
Simple	51	—	—	31	16	2	1	—	1	
Compound	7	—	—	5	—	—	—	2	—	
Ulna :—										
Simple	50	—	—	39	9	2	—	—	—	
Compound	6	—	—	6	—	—	—	—	—	
Radius :—										
Simple	36	—	—	28	8	—	—	—	—	
Compound	1	—	—	1	—	—	—	—	—	
Radius and Ulna :—										
Simple	28	—	—	22	3	3	—	—	—	
Compound	13	—	—	11	1	—	—	—	1	
Carpus :—										
Simple :	2	—	—	2	—	—	—	—	—	
Metacarpus and Phalanges :										
Simple	10	—	—	10	—	—	—	—	—	
Compound	4	—	—	3	—	1	—	—	—	
Pelvis :—										
Simple	10	—	—	6	—	1	1	1	1	
Compound	2	—	—	—	—	—	1	2	—	
Femur :—										
Neck :—										
Simple	25	—	—	15	5	3	—	—	—	
Shaft :—										
Simple	62	—	—	45	10	3	1	2	1	
Compound	6	—	—	4	2	—	—	—	—	
Condyles :—										
Simple	5	—	—	4	1	—	—	—	—	
Compound	1	—	—	—	—	—	—	1	—	
Patella :—										
Simple	3	—	—	3	—	—	—	—	—	
Tibia :—										
Simple	24	—	—	19	4	1	—	—	—	
Compound	15	—	—	14	—	—	—	1	—	
Fibula :—										
Simple	10	—	—	8	2	—	—	—	—	
Tibia and Fibula :—										
Simple	70	—	—	49	15	4	1	1	—	
Compound	46	—	—	30	4	2	1	7	2	
Tarsus :—										
Simple	3	—	—	3	—	—	—	—	—	
Compound	1	—	—	1	—	—	—	—	—	
Metatarsus and Phalanges :										
Simple	4	—	—	3	—	1	—	—	—	
Compound	10	—	—	10	—	—	—	—	—	
Multiple Fractures										
Simple	27	—	—	19	1	—	—	7	—	
Compound	25	—	—	11	1	—	—	11	2	

(c) STATISTICS IN-PATIENTS (continued)

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.

SURGICAL IN-PATIENTS (*continued*).

INJURIES TO JOINTS :—									
Traumatic Synovitis... ..	10	2	1	5	1	—	1	—	—
Sprains	13	4	—	8	1	—	—	—	—
Penetrating wounds... ..	2	—	—	1	—	1	—	—	—
Foreign Bodies	2	—	—	—	—	1	—	—	—
DISLOCATIONS :—									
<i>Simple</i> :—									
Sterno-clavicular	1	1	—	—	—	—	—	—	—
Acromio-clavicular	1	—	—	1	—	—	—	—	—
Shoulder	9	3	1	4	1	—	—	—	—
Elbow	8	2	—	3	1	2	—	—	—
Wrist	2	—	—	—	1	1	—	—	—
Metacarpus and Phalanges	3	—	—	2	1	—	—	—	—
Hip	8	—	—	7	1	—	—	—	—
Knee	3	1	—	1	—	—	1	—	—
Ankle	2	1	—	—	—	1	—	—	—
<i>Compound</i> :—									
Hip	1	—	—	—	—	—	—	1	—
Ankle	3	—	—	—	—	—	—	1	2
MISCELLANEOUS :—									
Burns and Scalds	221	8	5	38	31	3	3	38	95
Contusions	99	28	3	52	13	—	2	1	—
Hæmatomata	22	2	2	17	1	—	—	—	—
Abrasions	13	6	—	5	1	1	—	—	—
Incised Wounds	50	10	3	34	2	—	1	—	—
Stab Wounds	30	4	—	22	2	2	—	—	—
Contused Wounds	159	25	1	108	16	3	2	4	—
Lacerated Wounds	46	4	—	33	3	2	1	3	—
Gun-shot Wounds	69	25	2	34	—	3	—	3	2
Foreign Bodies (needles etc.)...	13	2	4	2	4	1	—	—	—
Crushed limbs	136	1	1	69	11	3	1	40	9
Under observation	2	1	1	—	—	—	—	—	—
GENERAL DISEASES :—									
Septicæmia	2	—	—	—	—	—	—	2	—
Pyæmia	13	1	—	4	—	—	—	5	3
Tetanus	17	4	—	—	—	1	—	12	—
NON-SPECIFIC PYOGENIC INFECTIONS :—									
Abscess	161	22	—	101	26	5	2	6	1
Cellulitis	125	29	5	61	11	7	—	8	4
Erysipelas	97	18	6	36	6	—	1	27	3
Whitlow	31	7	4	14	6	—	—	—	—
Ulcer	45	8	2	28	3	1	1	1	1
Sinus	24	1	2	13	5	1	2	—	—
SPECIFIC INFECTIONS :—									
Tubercular Abscess	39	4	1	21	4	4	1	4	—
Tubercular Ulcer	5	—	—	2	2	1	—	—	—
Gumma	1	1	—	—	—	—	—	—	—
Syphilitic Ulcer... ..	5	—	—	1	1	2	—	—	1
Oriental Sore	20	1	—	6	6	6	—	1	—
Madura Foot	1	—	—	—	—	—	1	—	—
Other Granulomata	7	—	1	3	2	—	1	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
SURGICAL IN-PATIENTS (continued).									
GANGRENE :—									
Limbs	30	—	—	5	2	7	3	7	6
Carbuncle	7	—	—	5	2	—	—	—	—
Cancrum Oris	3	—	—	1	—	—	—	1	—
Noma	1	—	—	—	—	—	1	—	—
Perforating Ulcer	1	—	—	1	—	—	—	—	—
TUMOURS :—									
Lipoma	16	6	4	2	2	1	1	—	—
Fibroma	2	2	—	—	—	—	—	—	—
Angioma	6	—	1	1	3	—	1	—	—
Sarcoma	16	4	—	6	3	2	1	—	—
Cyst	3	3	—	—	—	—	—	—	—
Undiagnosed	8	—	—	3	—	3	2	—	—
DISEASES OF THE BRAIN AND MENINGES :—									
Meningocele	5	—	1	1	—	—	1	2	—
Septic Meningitis	1	—	—	—	—	—	—	1	—
Hydrocephalus	1	—	—	—	—	1	—	—	—
Hernia Cerebri	1	—	—	—	—	1	—	—	—
Cerebral Tumour	2	—	—	—	—	—	1	1	—
DISEASES OF THE SPINE :—									
Spina Bifida	2	—	—	—	—	—	1	—	1
Pott's Disease	63	—	—	26	20	8	6	1	2
Spondylitis Deformans	2	—	—	2	—	—	—	—	—
DISEASES OF THE LIPS :—									
Hare-lip	14	6	6	—	1	1	—	—	—
Angioma	1	—	1	—	—	—	—	—	—
Epithelioma	11	2	—	4	1	2	—	2	—
DISEASES OF THE JAWS :—									
Cleft Palate	1	—	—	—	—	—	1	—	—
Alveolar Abscess	2	1	—	1	—	—	—	—	—
Dental Cyst	2	—	1	—	1	—	—	—	—
Simple Epulis	3	1	—	—	—	1	1	—	—
Malignant Epulis	3	—	1	—	1	—	1	—	—
Sarcoma	3	—	—	—	—	2	—	1	—
Ankylosis	1	—	1	—	—	—	—	—	—
DISEASES OF THE MOUTH :—									
Pyorrhoea Alveolaris	9	4	1	4	—	—	—	—	—
Ulcer of Tongue	1	—	—	—	1	—	—	—	—
Cancer of Tongue	6	—	—	—	—	3	1	2	—
Cancer of Cheek	3	1	—	—	—	1	—	1	—
Parotitis	3	1	—	1	—	1	—	—	—
Parotid Tumour :—									
Simple	3	2	—	—	—	1	—	—	—
Malignant	2	—	—	—	—	1	1	—	—
Parotid Fistula	4	2	2	—	—	—	—	—	—
Ranula	5	1	3	—	1	—	—	—	—
DISEASES OF THE NECK :—									
Branchial Fistula	2	1	—	1	—	—	—	—	—
Thyroglossal Cyst	4	1	1	1	1	—	—	—	—
Ludwig's Angina	2	1	—	1	—	—	—	—	—
Goitre :—									
Simple	31	5	17	3	3	1	1	1	—
Malignant	1	—	—	—	—	—	1	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.

SURGICAL IN-PATIENTS (continued).

DISEASES OF THE CHEST :—									
Necrosis of Ribs	11	1	2	5	1	1	—	—	1
Empyoma	23	4	—	9	1	4	—	4	1
Perichondritis of Trachea	1	—	1	—	—	—	—	—	—
Mediastinal Tumour... ..	1	—	—	—	—	—	—	1	—
DISEASES OF THE BREAST :—									
Mammary Abscess	6	—	—	—	5	—	—	—	1
Mastitis :—									
Acute	1	—	1	—	—	—	—	—	—
Chronic	1	—	—	—	—	—	1	—	—
Carcinoma	22	2	2	—	9	—	6	—	3
DISEASES OF THE ABDOMINAL WALL :—									
Inguinal Hernia :—									
Reducible	305	254	1	28	—	20	—	2	—
Recurrent	8	5	—	2	—	1	—	—	—
Irreducible	11	9	—	1	—	1	—	—	—
Obstructed	11	8	—	2	—	1	—	—	—
Strangulated	39	24	—	4	—	2	—	8	1
Femoral Hernia :—									
Reducible	2	2	—	—	—	—	—	—	—
Umbilical Hernia :—									
Reducible	6	—	5	—	1	—	—	—	—
Strangulated	1	—	1	—	—	—	—	—	—
Ventral Hernia :—									
Reducible	16	7	6	—	—	2	1	—	—
Diaphragmatic Hernia :—									
Irreducible	1	—	—	—	—	—	1	—	—
DISEASES OF THE PERITONEUM :—									
Peritonitis :—									
Purulent	9	1	—	—	1	—	—	7	—
Tubercular	3	—	—	1	—	—	—	2	—
Mesenteric Cyst	2	—	1	—	—	1	—	—	—
DISEASES OF THE STOMACH :—									
Carcinoma	4	—	—	1	1	1	—	1	—
DISEASES OF THE INTESTINES :—									
Obstruction :—									
Acute	15	—	2	—	—	—	—	11	2
Chronic	4	1	—	—	1	—	—	2	—
Perforation	1	—	—	—	—	—	—	1	—
Appendicitis :—									
Acute	27	10	1	6	1	3	—	5	1
Chronic	6	2	2	—	2	—	—	—	—
Bilharziasis	9	1	—	3	1	2	—	2	—
Carcinoma	4	—	—	1	1	1	—	1	—
Faecal Fistula	2	—	—	—	—	1	—	1	—
DISEASES OF THE LIVER :—									
Abscess	15	7	—	7	—	—	—	1	—
Cholelithiasis	3	1	—	1	—	—	1	—	—
Carcinoma	3	—	—	1	—	—	—	2	11
DISEASES OF THE PANCREAS :—									
Carcinoma	2*	—	—	—	—	1	—	1	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.		M.	F.
		M.	F.	M.	F.	M.	F.		
SURGICAL IN-PATIENTS (continued).									
DISEASES OF THE SPLEEN :—									
Endemic Splenomegaly	12	2	2	2	2	2	—	2	—
Sarcoma	1	—	—	—	—	1	—	—	—
Cyst	1	—	—	—	—	1	—	—	—
ABDOMINAL TUMOURS	8	—	1	1	—	2	1	1	2
DISEASES OF THE RECTUM :—									
Prolapse	18	4	—	10	2	1	1	—	—
Stricture	1	—	—	1	—	—	—	—	—
Bilharziasis... ..	8	—	—	8	—	—	—	—	—
Carcinoma	1	—	—	—	—	1	—	—	—
DISEASES OF THE ANUS :—									
Imperforate Anus	7	1	1	3	—	—	—	2	—
Congenital Narrow Anus	2	—	1	1	—	—	—	—	—
Anal Abscess	8	3	—	5	—	—	—	—	—
Anal Fissure	9	3	—	3	1	1	1	—	—
Anal Fistula	45	9	—	24	6	4	—	2	—
Piles	158	68	5	65	6	13	—	1	—
Papilloma	4	—	—	4	—	—	—	—	—
Ischio-rectal Abscess	14	4	1	8	1	—	—	—	—
DISEASES OF THE KIDNEYS :—									
Movable Kidney	2	—	1	—	1	—	—	—	—
Pyelitis	2	—	—	1	—	1	—	—	—
Pyelonephritis	1	—	—	—	—	—	—	—	1
Tuberculosis	1	—	—	1	—	—	—	—	—
Renal Calculus	12	1	1	6	2	1	—	1	—
Hydronephrosis... ..	10	1	—	—	2	5	—	2	—
Pyonephrosis	14	—	—	8	3	1	1	1	—
Perinephric Abscess... ..	4	1	—	2	—	—	—	1	—
Renal Fistula	2	—	—	1	1	—	—	—	—
Renal Tumours... ..	4	1	—	—	—	3	—	—	—
Bacilloria	2	—	1	—	—	—	1	—	—
Renal Colic	10	1	—	6	—	3	—	—	—
DISEASES OF THE URETER :—									
Bilharziasis... ..	3	—	—	2	1	—	—	—	—
DISEASES OF THE BLADDER :—									
Ectopia Vesicae... ..	6	—	—	1	—	5	—	—	—
Cystitis	22	2	—	15	2	1	1	1	—
Bilharziasis... ..	19	1	—	11	2	5	—	—	—
Calculus	98	45	6	25	2	4	1	13	2
Carcinoma	13	—	—	—	—	6	1	5	1
Perivesical Abscess	3	—	—	3	—	—	—	—	—
Incontinence	3	—	—	2	—	1	—	—	—
Retention	4	1	—	2	—	—	—	—	1
DISEASES OF THE PROSTATE :—									
Senile Enlargement	33	1	—	15	—	10	—	7	—
Malignant Disease	4	—	—	1	—	1	—	2	—
DISEASES OF THE URETHRA :—									
Hypospadias	2	1	—	1	—	—	—	—	—
Epispadias	1	—	—	—	—	1	—	—	—
Periurethral Abscess... ..	23	3	—	18	—	1	—	1	—
Stricture	12	3	—	6	—	2	—	1	—
Impacted Calculus	14	8	1	2	—	1	—	2	—
Fistula... ..	71	17	—	42	—	11	—	1	—

(c) STATISTICS IN-PATIENTS (*continued*).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.		M.	F.
		M.	F.	M.	F.	M.	F.		
SURGICAL IN-PATIENTS (<i>continued</i>).									
DISEASES OF THE PENIS :—									
Bilharsiasis... ..	3	1	—	1	—	1	—	—	—
DISEASES OF THE SCROTUM :—									
Gangrene	11	2	—	7	—	—	—	2	—
Elephantiasis	9	3	—	3	—	3	—	—	—
DISEASES OF THE TESTES :—									
Undescended Testicle	3	3	—	—	—	—	—	—	—
Orchitis	15	3	—	12	—	—	—	—	—
Epididymitis	2	1	—	—	—	1	—	—	—
Tuberculosis	5	1	—	3	—	1	—	—	—
Hernia Testis	2	1	—	1	—	—	—	—	—
Tumours	3	—	—	3	—	—	—	—	—
Hydrocele	104	86	—	13	—	5	—	—	—
Haematocele	7	6	—	1	—	—	—	—	—
DISEASES OF THE SPERMATIC CORD :									
Funiculitis	47	15	—	25	—	6	—	1	—
Varicocele	21	20	—	—	—	1	—	—	—
Hydrocele	16	14	—	1	—	1	—	—	—
Lipoma	1	—	—	—	—	1	—	—	—
DISEASES OF THE SKIN AND APPENDAGES :—									
Boil	8	4	1	3	—	—	—	—	—
Contracted Scar... ..	6	2	—	2	2	—	—	—	—
Keloid	1	—	—	—	—	—	1	—	—
Ingrowing Toe-nail	1	1	—	—	—	—	—	—	—
Dermoid Cyst	3	1	1	—	—	—	1	—	—
Sebaceous Cyst... ..	1	1	—	—	—	—	—	—	—
Rodent Ulcer	13	2	—	7	1	3	—	—	—
Epithelioma	4	—	—	1	—	—	1	2	—
DISEASES OF MUSCLES FASCIAE TENDONS AND BURSÆ :—									
Myositis	3	2	—	—	1	—	—	—	—
Tenosynovitis	2	1	—	1	—	—	—	—	—
Bursitis	3	1	—	2	—	—	—	—	—
DISEASES OF THE BLOOD VESSELS :—									
⌘ Aneurysm	2	—	—	—	—	1	—	1	—
Phlebitis	7	1	—	5	1	—	—	—	—
Thrombosis	7	1	—	4	1	—	—	—	1
Varicose Veins	6	2	—	4	—	—	—	—	—
DISEASES OF THE NERVES :—									
Neuroma	1	—	—	—	1	—	—	—	—
Neuro-fibroma	4	1	1	1	—	1	—	—	—
Paralysis	6	—	—	2	3	1	—	—	—
DISEASES OF THE LYMPHATIC SYSTEM :—									
Lymphangitis	2	1	—	—	—	—	—	—	1
Elephantiasis	9	2	—	1	1	5	—	—	—
Lymphadenitis :—									
Septic	14	4	—	7	1	1	—	1	—
Tubercular	97	15	18	19	22	10	11	1	1
Lymphadenoma... ..	2	1	—	—	—	1	—	—	—
Lympho-sarcoma	9	—	—	2	—	3	1	3	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
SURGICAL IN-PATIENTS (continued).									
DISEASES OF BONES :—									
Periostitis	9	1	—	5	1	1	1	—	—
Osteo-myelitis :—									
Acute	6	—	—	4	2	—	—	—	—
Chronic	14	1	—	8	3	1	—	—	1
Tubercular	14	1	1	9	3	—	—	—	—
Necrosis	72	4	2	33	14	8	1	8	2
Osteoma	4	2	1	—	—	1	—	—	—
Chondroma... ..	2	—	—	—	2	—	—	—	—
Myeloma	3	1	1	1	—	—	—	—	—
Sarcoma	11	1	—	2	1	3	2	2	—
DISEASES OF JOINTS :—									
Synovitis	10	4	—	5	1	—	—	—	—
Baker's Cyst	2	1	—	1	—	—	—	—	—
Septic Arthritis :—									
Wrist	2	—	—	1	—	—	—	1	—
Knee	4	—	—	—	—	—	1	3	—
Ankle	1	—	—	—	—	—	—	1	—
Tubercular Arthritis :—									
Shoulder... ..	9	—	—	6	2	—	1	—	—
Elbow	5	—	—	1	3	1	—	—	—
Wrist	2	—	—	1	1	—	—	—	—
Sacro-iliac	2	—	—	—	1	—	1	—	—
Hip	44	—	—	20	15	6	1	2	—
Knee	24	—	—	14	3	2	2	3	—
Ankle	17	—	—	8	5	2	2	—	—
Osteo-arthritis	3	—	—	2	1	—	—	—	—
Ankylosis	16	2	1	5	5	2	1	—	—
DEFORMITIES :—									
Genu Varum	1	1	—	—	—	—	—	—	—
Genu Valgum	4	—	—	1	3	—	—	—	—
Talipes... ..	6	—	1	2	2	—	1	—	—
Flat Foot	1	—	—	—	—	1	—	—	—
Fingers and Toes	2	—	—	—	—	1	1	—	—
UNDER OBSERVATION	6	5	1	—	—	—	—	—	—

EAR, NOSE AND THROAT IN-PATIENTS.

DISEASES OF THE EAR :—									
<i>External Ear :—</i>									
Trauma	4	2	—	—	—	2	—	—	—
Cyst of Pinna	1	1	—	—	—	—	—	—	—
Boils of Meatus... ..	1	1	—	—	—	—	—	—	—
Wax	1	1	—	—	—	—	—	—	—
<i>Middle Ear :—</i>									
Otitis Media	32	12	1	6	2	9	2	—	—
Polypus	3	—	—	2	1	—	—	—	—
Mastoiditis	21	4	4	3	5	2	1	2	—
<i>Internal Ear :—</i>									
Labyrinthitis	1	—	—	—	—	1	—	—	—

(c) STATISTICS IN-PATIENTS (*continued*).

	TOTAL	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.		M.	F.
		M.	F.	M.	F.	M.	F.		
EAR, NOSE AND THROAT IN-PATIENTS (continued)									
DISEASES OF THE NOSE :—									
Nasal Fossæ :—									
Epistaxis	2	2	—	—	—	—	—	—	—
Rhinitis	8	5	—	2	—	1	—	—	—
Hypertrophied Turbinates ...	2	2	—	—	—	—	—	—	—
Deflected Septum	1	1	—	—	—	—	—	—	—
Polypus	14	7	3	2	—	—	2	—	—
Rhinoscleroma	2	—	—	—	—	—	2	—	—
Tumour	1	—	—	—	—	—	—	—	1
Maxillary Sinus :—									
Suppuration	2	—	—	1	1	—	—	—	—
Polypus	1	—	1	—	—	—	—	—	—
Sarcoma	1	1	—	—	—	—	—	—	—
Ethmoidal Sinus :—									
Sinusitis	1	—	—	1	—	—	—	—	—
Frontal Sinus :—									
Sinusitis	1	1	—	—	—	—	—	—	—
Cyst	1	1	—	—	—	—	—	—	—
DISEASES OF THE PHARYNX :—									
Tonsillitis	26	17	5	1	2	—	—	1	—
Peritonsillar Abscess... ..	2	2	—	—	—	—	—	—	—
Enlarged Tonsils	24	13	10	—	1	—	—	—	—
Pharyngitis... ..	2	2	—	—	—	—	—	—	—
Retropharyngeal Abscess ...	3	1	1	—	—	—	—	—	1
Adenoids	3	2	1	—	—	—	—	—	—
Nasopharyngeal Fibroma ...	1	1	—	—	—	—	—	—	—
DISEASES OF THE LARYNX :—									
Laryngitis :—									
Simple	2	—	—	—	—	1	1	—	—
Tubercular	1	—	—	—	—	1	—	—	—
Syphilitic	4	—	—	1	1	1	—	1	—
Oedema	1	—	—	—	—	—	—	1	—
Foreign Body	1	—	—	—	—	—	—	—	1
Carcinoma	5	—	—	4	—	1	—	—	—
Obstruction	8	—	—	1	2	2	—	2	1
DISEASES OF THE TRACHEA :—									
Perichondritis	2	1	1	—	—	—	—	—	—
Obstruction	1	—	—	—	—	—	—	1	—
DISEASES OF THE OESOPHAGUS :—									
Stricture	4	1	—	2	—	—	—	1	—
Foreign Body	7	3	4	—	—	—	—	—	—
Carcinoma	2	—	—	—	—	—	—	1	1
Obstruction	5	—	—	1	—	2	1	—	1
UNDER OBSERVATION	7	2	3	2	—	—	—	—	—

OPHTHALMIC IN-PATIENTS.

DISEASES OF THE EYELIDS :—									
Trauma	7	5	—	1	—	—	1	—	—
Blepharitis	4	2	—	2	—	—	—	—	—
Cellulitis	1	1	—	—	—	—	—	—	—
Stye	4	3	—	—	1	—	—	—	—
Gangrene	2	—	—	1	—	—	1	—	—
Trichiasis	395	201	154	22	5	10	3	—	—

(c) STATISTICS IN-PATIENTS (*continued*).

	TOTAL.	DISCHARGED.						DIED.	
		Cured.		Relieved.		Unrelieved.			
		M.	F.	M.	F.	M.	F.	M.	F.
OPHTHALMIC IN-PATIENTS (continued).									
DISEASES OF THE EYELIDS (contd.):—									
Entropion	14	7	5	1	1	—	—	—	—
Ectropion	10	1	4	4	—	—	1	—	—
Meibomian Cyst	5	4	—	—	—	—	1	—	—
Tumours	3	2	—	1	—	—	—	—	—
DISEASES OF THE CONJUNCTIVA :—									
Trauma	2	2	—	—	—	—	—	—	—
Conjunctivitis	72	55	7	7	1	1	—	1	—
Purulent Ophthalmia	15	3	3	7	1	1	—	—	—
Plyctenular Conjunctivitis	16	11	1	2	1	1	—	—	—
Trachoma	69	29	9	18	10	3	—	—	—
Keriosis	2	—	—	1	1	—	—	—	—
Pterygium	16	11	2	1	—	2	—	—	—
Tumours	3	1	1	1	—	—	—	—	—
DISEASES OF THE CORNEA :—									
Trauma	12	—	—	9	—	3	—	—	—
Keratitis	10	2	—	5	3	—	—	—	—
Ulcer :—									
Simple... ..	123	37	19	51	13	2	1	—	—
Hypopyon	11	6	—	3	2	—	—	—	—
Perforating... ..	35	8	7	10	8	2	—	—	—
Infiltration	19	13	1	4	1	—	—	—	—
Pannus	15	—	—	11	1	3	—	—	—
Rough Cornea	4	3	—	1	—	—	—	—	—
Leucoma	66	21	8	24	7	6	—	—	—
Leucoma Adherens	46	20	3	13	7	2	1	—	—
Staphyloma	31	1	3	14	8	3	2	—	—
Ectasia	4	—	—	2	2	—	—	—	—
Foreign Body	4	4	—	—	—	—	—	—	—
DISEASES OF THE LACRIMAL APPARATUS :—									
Dacrycoystitis	4	1	2	—	1	—	—	—	—
Lacrymal Abscess	1	—	1	—	—	—	—	—	—
Lacrymal Fistula	6	2	1	1	—	1	1	—	—
DISEASES OF THE LENS :—									
Dislocation	3	—	1	—	—	1	1	—	—
Cataract	119	40	35	18	14	8	4	—	—
DISEASES OF THE UVEAL TRACT :									
Iritis	11	3	—	4	1	2	1	—	—
Iridocyclitis	2	—	—	—	1	1	—	—	—
Closed Pupil	3	—	—	2	—	—	1	—	—
DISEASES OF THE GLOBE :—									
Trauma	5	1	—	2	—	2	—	—	—
Panophthalmitis	20	—	—	10	7	2	1	—	—
Glaucoma	86	15	9	37	21	3	1	—	—
Shrunken Globe	2	—	—	2	—	—	—	—	—
Tumours	3	—	—	1	—	—	2	—	—
Proptosis	2	—	—	2	—	—	—	—	—
DISEASES OF THE RETINA :—									
Detachment	4	—	—	—	—	4	—	—	—
Retinitis	2	—	—	—	—	2	—	—	—

(c) STATISTICS IN-PATIENTS (*continued*).

		TOTAL.	DISCHARGED.						DIED.	
			Cured.		Relieved.		Unrelieved.			
			M.	F.	M.	F.	M.	F.	M.	F.
OPHTHALMIC IN-PATIENTS (<i>continued</i>).										
DISEASES OF THE OPTIC NERVE :—										
Neuritis	2	—	—	1	—	1	—	—
Atrophy	7	—	—	—	—	6	1	—
Tumour	1	1	—	—	—	—	—	—
DISEASES OF THE ORBIT :—										
Tumours	6	—	—	1	1	1	3	—
MISCELLANEOUS :—										
Hypermetropia	2	—	—	2	—	—	—	—
Myopia	1	—	—	1	—	—	—	—
Strabismus	11	7	2	1	—	1	—	—
UNDER OBSERVATION	1	1	—	—	—	—	—	—
UNDIAGNOSED	1	—	—	—	—	1	—	—

	TOTAL.	DISCHARGED.			DIED.
		Cured.	Relieved.	Unrelieved.	

GYNÆCOLOGICAL IN-PATIENTS.

DISEASES OF THE VULVA :—					
Trauma	3	2	—	1	—
Imperforate Hymen	1	1	—	—	—
Bartholinitis	3	2	1	—	—
Bilharziasis	1	1	—	—	—
Tumour	1	—	1	—	—
INEFFICIENCY OF THE PELVIC DIAPHRAGM :—					
Complete rupture of Perineum	1	1	—	—	—
Cystocele... ..	6	4	1	1	—
Rectocele	4	4	—	—	—
Cysto-rectocele	11	10	—	1	—
Prolapse	11	9	2	—	—
Procidentia	18	15	3	—	—
DISEASES OF THE VAGINA :—					
Trauma	2	2	—	—	—
Atresia :—					
Congenital	1	1	—	—	—
Acquired... ..	1	—	1	—	—
Stenosis	2	1	1	—	—
Vaginitis	1	1	—	—	—
Bilharziasis	3	—	1	2	—
Cyst... ..	1	1	—	—	—
Fistula Vesico-vaginal... ..	23	10	6	7	—
" Recto-vaginal	5	3	1	1	—
DISEASES OF THE BLADDER :—					
Cystitis	1	—	—	1	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.			DIED.
		Cured.	Relieved.	Unrelieved.	

GYNÆCOLOGICAL IN-PATIENTS (continued).

DISEASES OF THE CERVIX UTERI :—

Laceration	2	2	—	—	—
Stenosis	19	15	2	2	—
Hypertrophy	4	4	—	—	—
Endocervicitis	2	1	—	1	—
Erosion	1	1	—	—	—
Polypus	4	2	2	—	—
Carcinoma	7	—	3	3	1
Other Tumours	1	—	1	—	—

DISEASES OF THE CORPUS UTERI :—

Ametria	1	—	—	1	—
Atrophy	1	—	—	1	—
Acute Antelexion	1	1	—	—	—
Retroversion-flexion	17	9	7	1	—
Endometritis	16	12	3	1	—
Fibrosis	1	1	—	—	—
Fibroids	15	11	—	2	2
Sarcoma	2	2	—	—	—

DISEASES OF THE OVIDUCTS :—

Salpingitis :—					
Acute	2	2	—	—	—
Chronic	3	1	2	—	—
Tubercular	1	1	—	—	—
Hydrosalpinx	1	—	—	2	—
Pyosalpinx	1	1	—	—	—
Salpingo-oophoritis	12	8	4	—	—

DISEASES OF THE OVARIES :—

Prolapse	4	2	2	—	—
Oophoritis	6	4	2	—	—
Solid Tumours	3	2	—	—	1
Cysts :—					
Benign	25	18	1	5	1
Malignant	3	1	1	1	—

DISEASES OF THE PERIMETRIUM :—

Perimetritis	20	7	7	3	3
---------------------	----	---	---	---	---

DISEASES OF THE PARAMETRIUM :—

Parametritis	24	13	9	1	1
Paraovarian Cyst	2	1	—	1	—

MISCELLANEOUS :—

Hermaphrodite	1	—	—	1	—
Amenorrhoea	2	—	1	1	—
Dysmenorrhoea	1	—	1	—	—
Menorrhagia	2	—	2	—	—
Metrorrhagia	5	4	—	—	1
Stitch Sinus	3	2	1	—	—
Retro-peritoneal Sarcoma	1	—	1	—	—

UNDIAGNOSED	2	—	1	1	—
--------------------	---	---	---	---	---

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.			DIED.
		Cured.	Relieved.	Unrelieved.	
OBSTETRIC IN-PATIENTS.					
PREGNANT UNDER OBSERVATION	67	47	10	10	—
ABNORMAL PREGNANCY :—					
<i>Toxæmias</i> :—					
Vomiting	3	3	—	—	—
Hyperemesis	1	—	1	—	—
Pregnancy Kidney	2	1	—	—	1
Eclampsia	5	2	1	—	2
DISPLACEMENT OF THE GRAVID UTERUS :—					
Retroversion	1	—	1	—	—
ABORTION :—					
Threatened	66	45	15	6	—
Incomplete	17	15	2	—	—
Complete	6	6	—	—	—
PREMATURE LABOUR	5	5	—	—	—
EXTRAUTERINE PREGNANCY	2	2	—	—	—
DISEASES ASSOCIATED WITH PREGNANCY :—					
Syphilis	2	—	2	—	—
Leucorrhœa	1	—	—	1	—
Cystitis	1	—	—	—	1
Renal Colic	1	1	—	—	—
Piles... ..	1	—	1	—	—
Bronchitis	1	—	1	—	—
Fevers	2	1	—	1	—
Indigestion	1	1	—	—	—
TUMOURS ASSOCIATED WITH PREGNANCY :—					
Ovarian Cyst... ..	1	1	—	—	—
NORMAL LABOUR :—					
Live Birth	72	71	—	—	1
Still-birth	10	10	—	—	—
ABNORMAL LABOUR :—					
<i>Abnormal Presentations</i> :—					
Persistent Occipito Posterior	2	2	—	—	—
Face... ..	1	1	—	—	—
Breech	5	3	—	—	2
Transverse	7	6	—	—	1
Complex	1	—	—	—	1
Prolapse of Cord	2	2	—	—	—
<i>Multiple Pregnancy</i> :—					
Twins	9	9	—	—	—
<i>Anomalies of the Expulsive Forces</i> :—					
Uterine Inertia	2	—	1	—	1
Premature Rupture of Membranes	2	1	—	1	—
<i>Obstructed Labour</i> :—					
Contracted Pelvis... ..	27	23	1	—	3
Malposition of Os... ..	1	1	—	—	—
Hydrocephalus	1	1	—	—	—
Ruptured Uterus	2	1	—	—	1

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED.			DIED.
		Cured.	Relieved.	Unrelieved.	
OBSTETRIC IN-PATIENTS (<i>continued</i>).					
<i>Antepartum Hæmorrhage :—</i>					
Revealed Accidental Hæmorrhage ...	1	1	—	—	—
Placenta Prævia	5	4	—	—	1
<i>Retained Placenta</i>	3	2	—	—	1
<i>Injuries due to Delivery :—</i>					
Perineal Tears	2	2	—	—	—
Haematoma of Vulva	1	—	—	1	—
NORMAL PUERPERIUM... ..	3	2	1	—	—
ABNORMAL PUERPERIUM :—					
Subinvolution	2	1	1	—	—
Pelvic Thrombosis	1	—	1	—	—
Puerperal Ulcer	1	1	—	—	—
Puerperal Sepsis	12	3	1	—	8
NOT PREGNANT	6	6	—	—	—

	TOTAL.	DISCHARGED.								DIED.	
		Cured.		Relieved.		Unrelieved.					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.

SKIN IN-PATIENTS.

Acne Rosacea	1	—	—	1	—	—	—	—	—
Acne Vulgaris	4	2	—	2	—	—	—	—	—
Arsenical Dermatitis	2	—	—	1	1	—	—	—	—
Chilblains	1	1	—	—	—	—	—	—	—
Dyshidrosis	1	1	—	—	—	—	—	—	—
Eczema	64	30	5	21	4	3	—	1	—
Erythema Multiforme	3	3	—	—	—	—	—	—	—
Erythema Scarlatiniforme	2	1	—	1	—	—	—	—	—
Favus	21	12	2	4	2	1	—	—	—
Granuloma	2	—	—	2	—	—	—	—	—
Herpes Catarrhalis	1	1	—	—	—	—	—	—	—
Herpes Zoster	1	1	—	—	—	—	—	—	—
Hyperkeratosis	4	1	—	2	—	1	—	—	—
Impetigo	13	5	3	1	2	—	—	1	1
Intestinal Intoxication	2	1	1	—	—	—	—	—	—
Leprosy	4	—	—	—	—	3	1	—	—
Leucoderma	1	—	—	—	—	—	1	—	—
Lupus Vulgaris	13	—	—	8	3	1	1	—	—
Mycosis Fungoides	1	—	—	—	—	1	—	—	—
Occupation Dermatitis	4	2	—	2	—	—	—	—	—
Oriental Sore	5	3	—	2	—	—	—	—	—
Penphigus	2	—	—	2	—	—	—	—	—
Pityriasis Capitis	4	4	—	—	—	—	—	—	—

(c) STATISTICS IN-PATIENTS (continued).

NAME.	RESIDENCE.	AGE.	SEX.	TOTAL.	DISCHARGED.						DIED.	
					Cured.		Relieved.		Unrelieved.			
					M.	F.	M.	F.	M.	F.	M.	F.

SKIN IN-PATIENTS (continued)

Prurigo	11	5	4	—	2	—	—	—	—
Psoriasis	12	4	1	4	2	1	—	—	—
Pyoderma	30	17	1	10	1	1	—	—	—
Ringworm	6	1	3	1	1	—	—	—	—
Scabies	97	75	6	13	—	2	—	—	1
Seborrhœa	1	1	—	—	—	—	—	—	—
Sycosis	10	8	—	2	—	—	—	—	—
Tinea Circinata	2	2	—	—	—	—	—	—	—
Tinea Versicolor	6	5	—	—	1	—	—	—	—
Urticaria	4	1	1	2	—	—	—	—	—

VENEREAL IN-PATIENTS.

Gonorrhœa	92	33	3	38	5	11	2	—	—
Syphilis	307	—	—	217	53	31	5	—	1
Soft Sore	9	2	—	5	—	2	—	—	—

ANTIRABIC IN-PATIENTS.

Dogbites	1257	890	367	—	—	—	—	—	—
Camelbites	25	22	1	—	—	—	—	2	—
Catbites	21	12	9	—	—	—	—	—	—
Donkeybites	11	7	3	—	—	—	—	1	—
Horsebites	11	10	—	—	—	—	—	1	—
Humanbites	5	2	3	—	—	—	—	—	—
Monkeybites	1	—	1	—	—	—	—	—	—
Mulebites	1	—	—	—	—	—	—	1	—
Wolfbites	25	20	5	—	—	—	—	—	—
Hydrophobia	5	—	—	—	—	—	—	4	1

OPERATIONS.

5,190 operations were performed in the Hospital during the year. Of these 3,265 were performed in the Theatres and 1,925 in the Kushuks, Reception-Room and Outpatients.

The following table shows the number of operations performed under various anæsthetics :—

ANÆSTHETIC.	Number.
Chloroform, Ether or both ...	1,886
Somnoform... ..	1,018
Stovaine (intraspinal)	996
Cocaine, Eucaïne, Novocaine, Eudrenine, and Stovaine (local)	1,290

(c) STATISTICS IN-PATIENTS (continued).

The following is an analysis of the 3,265 operations performed in the different Theatres:—

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
General Surgical	1,705	1,445	260	1,286	236	159	24
Ear Nose and Throat	182	110	72	108	71	2	1
Ophthalmic	1,111	702	409	702	409	—	—
Gynæcological	197	—	197	—	193	—	4
Obstetric	70	—	70	—	59	—	11
TOTAL	3,265	2,257	1,008	2,096	968	161	40

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.

OPERATIONS PERFORMED IN THE GENERAL SURGICAL THEATRES.

OPERATIONS ON THE SKIN AND FASCLE :—							
Esquilectomy	5	5	—	5	—	—	—
Secondary Suture	17	17	—	13	—	4	—
Thierch's Skin Graft	11	9	2	8	2	1	—
Plastic by :—							
Flaps	4	3	1	3	1	—	—
Tube Graft... ..	11	8	3	8	3	—	—
Lymphangioplasty	3	2	1	2	1	—	—
Extraction of Foreign Body	13	5	8	5	8	—	—
Evacuation of :—							
Acute Abscess	43	35	8	33	8	2	—
Cold Abscess	21	18	3	15	3	3	—
Excision of :—							
Sinus	12	6	6	6	5	—	—
Scar	4	4	—	4	—	—	—
Elephantiasis	1	1	—	1	—	—	—
Oriental Sore	4	2	2	2	2	—	—
Other Granulomata	1	—	1	—	1	—	—
Lipoma	11	7	4	7	4	—	—
Fibroma	2	1	1	1	1	—	—
Neuro-fibroma	2	2	—	2	—	—	—
Angioma	8	4	4	4	4	—	—
Rodent Ulcer	4	4	—	4	—	—	—
Sarcoma	9	8	1	8	1	—	—
Cyst	9	4	5	4	5	—	—
Tumours of Unknown Nature	2	2	—	2	—	—	—
Exploration of Tumours	3	1	2	1	2	—	—
OPERATIONS ON THE BLOOD VESSELS :—							
Ligature of :—							
Bleeding points... ..	4	4	—	4	—	—	—
Common Carotid Artery	1	1	—	1	—	—	—
Subclavian Artery	1	1	—	1	—	—	—
Internal Iliac Artery	2	—	2	—	1	—	1
Trendelenburg's for Varicose Veins	3	3	—	3	—	—	—
Blood Transfusion	7	6	1	6	1	—	—
OPERATIONS ON THE LYMPH GLANDS :—							
Excision of Tubercular Glands of :—							
Neck	56	26	30	26	30	—	—
Axilla	3	—	3	—	3	—	—
Groin	1	—	1	—	1	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
OPERATIONS PERFORMED IN THE GENERAL SURGICAL THEATRES (continued.)							
OPERATION ON THE LYMPH GLANDS (contd.):—							
Excision of:—							
Lymphadenoma of Neck	1	1	—	1	—	—	—
Lymphosarcoma	1	1	—	1	—	—	—
OPERATIONS OF TENDONES:—							
Tenotomy	2	2	—	2	—	—	—
Tenorrhaphy	1	1	—	1	—	—	—
Transplantation... ..	3	1	2	1	2	—	—
OPERATIONS OF BURSAE:—							
Excision	3	3	—	3	—	—	—
OPERATIONS ON BONES:—							
Osteotomy of:—							
Radius and Ulna	2	2	—	2	—	—	—
Femur	5	3	2	3	2	—	—
Tibia	1	1	—	1	—	—	—
Wiring of:—							
Mandible	2	2	—	2	—	—	—
Humerus	2	1	1	1	1	—	—
Radius and Ulna	1	1	—	1	—	—	—
Femur	1	1	—	1	—	—	—
Patella	1	1	—	1	—	—	—
Plating of:—							
Humerus	4	4	—	4	—	—	—
Femur	4	4	—	4	—	—	—
Tibia	1	—	1	—	1	—	—
Bone Graft for Fracture of:—							
Tibia	2	2	—	2	—	—	—
Ulna	1	1	—	1	—	—	—
Excision of:—							
Ribs	10	5	5	5	5	—	—
Sternum	1	1	—	1	—	—	—
Scapula	2	2	—	—	—	2	—
Osteoma	3	2	1	2	1	—	—
Chondroma... ..	1	1	—	1	—	—	—
Myeloma	2	2	—	2	—	—	—
Sarcoma	2	2	—	2	—	—	—
Sequestrectomy of:—							
Malar Bone	1	1	—	1	—	—	—
Mandible	5	3	2	3	2	—	—
Humerus	9	8	1	7	1	1	—
Ulna	2	1	1	1	1	—	—
Radius... ..	4	3	1	3	1	—	—
Metacarpus and Phalanges	2	2	—	2	—	—	—
Ilium	2	1	1	1	1	—	—
Femur... ..	24	22	2	17	2	5	—
Tibia	11	9	2	9	2	—	—
Fibula	2	2	—	—	—	—	—
Tarsus	1	1	—	1	—	—	—
OPERATIONS ON JOINTS:—							
Aspiration	2	2	—	2	—	—	—
Arthrotomy for:—							
Reduction	1	1	—	1	—	—	—
Internal Derangement	1	1	—	1	—	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
OPERATIONS PERFORMED IN THE GENERAL SURGICAL THEATRES (continued).							
OPERATIONS ON JOINTS (contd.):—							
Arthrotomy for (contd.):—							
Foreign Body	1	1	—	1	—	—	—
Septic Arthritis	6	6	—	2	—	4	—
Erasion	2	2	—	2	—	—	—
Arthroplasty of:—							
Elbow	2	—	2	—	2	—	—
Hip	1	1	—	1	—	—	—
Arthrectomy of:—							
Temporo-maxillary	4	1	3	1	3	—	—
Sterno-clavicular	1	1	—	1	—	—	—
Shoulder	1	1	—	1	—	—	—
Elbow	4	1	3	1	3	—	—
Knee	5	4	1	4	1	—	—
AMPUTATIONS:—							
Above the Elbow	2	2	—	2	—	—	—
Below the Elbow	6	3	3	3	3	—	—
Above the Knee	6	6	—	2	—	4	—
Below the Knee	21	19	2	11	1	8	1
Reamputation	2	2	—	—	—	2	—
OPERATIONS ON THE SPINE:—							
Laminectomy	3	2	1	—	1	2	—
Plastic for Spina Bifida	1	—	1	—	—	—	1
Bone Graft for Pott's	2	—	2	—	1	—	1
OPERATIONS ON THE SKULL:—							
Craniectomy for:—							
Depressed Fracture	77	71	6	55	2	16	4
Traumatic Hemiplegis	1	1	—	1	—	—	—
Cerebral Tumour	2	2	—	1	—	1	—
Excision of Meningocele	2	—	2	—	1	—	1
OPERATIONS OF THE ORBIT:—							
Exnloration (Kronlein's)	3	3	—	3	—	—	—
Exebteration	4	3	1	2	1	1	—
OPERATIONS ON THE AIR SINUSES:—							
Killdan's for Frontal Sinusitis	1	—	1	—	1	—	—
Schwartz's for Mastoiditis	3	2	1	2	1	—	—
OPERATIONS ON THE LIPS:—							
Plastic for Harelip	13	6	7	6	7	—	—
Excision of:—							
Granuloma	1	1	—	1	—	—	—
Epithelioma	10	9	1	8	1	1	—
OPERATIONS ON THE JAWS:—							
Plastic for Cleft Patate	1	1	—	1	—	—	—
Excision of:—							
Lower Jaw... ..	1	1	—	—	—	1	—
Simple Epulis	2	1	1	1	1	—	—
Myeloid Epulis	1	—	1	—	1	—	—
OPERATIONS ON THE MOUTH:—							
Excision of:—							
Ranula	4	2	2	2	2	—	—
Epithelioma of Cheek	2	2	—	2	—	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
OPERATIONS PERFORMED IN THE GENERAL SURGICAL THEATRES (continued).							
OPERATIONS ON THE SALIVARY GLANDS :—							
Excision of :—							
Parotid Tumour	2	2	—	2	—	—	—
Parotid Fistula	4	2	2	2	2	—	—
OPERATIONS ON THE NECK :—							
Excision of :—							
Branchial Fistula	1	1	—	1	—	—	—
Thyroglossal Cyst	2	—	2	—	2	—	—
Adenoma of Thyroid	2	—	2	—	2	—	—
Partial Thyroidectomy	27	8	19	8	19	—	—
OPERATIONS ON THE CHEST :—							
For Empyoma :—							
Aspiration	4	4	—	4	—	—	—
Drainage	15	14	1	9	—	5	1
Schede's	1	1	—	1	—	—	—
Estlander's	1	1	—	—	—	1	—
Drainage of Mediastinal Abscess	1	—	1	—	1	—	—
Exploration of Pericardial Cavity	1	1	—	1	—	—	—
OPERATIONS ON THE BREAST :—							
Amputation	1	—	1	—	1	—	—
Excision of Breast and Axillary Contents	10	1	9	1	9	—	—
OPERATIONS ON HERNIÆ :—							
Inguinal Herniotomy for :—							
Reducible Hernia	288	288	—	286	—	2	—
Irreducible Hernia	14	14	—	13	—	1	—
Strangulated Hernia	36	35	1	27	—	8	1
Recurrent Hernia	11	11	—	11	—	—	—
Femoral Herniotomy for Reducible Hernia... ..	3	3	—	3	—	—	—
Ventral Herniotomy for Reducible Hernia... ..	18	11	7	10	6	1	1
Parumbilical Herniotomy for :—							
Reducible Hernia	5	—	5	—	5	—	—
Strangulated Hernia	1	1	—	1	—	—	—
OPERATIONS ON THE ABDOMEN :—							
Peritoneum :—							
Laparotomy for :—							
Exploration	22	18	4	11	4	7	—
Septic Peritonitis	6	5	1	2	—	3	1
Tubercular Peritonitis	6	3	3	3	3	—	—
Subphrenic Abscess	1	1	—	1	—	—	—
Cutting of Obstructing Bands	1	—	1	—	1	—	—
Epiploexy... ..	2	1	1	1	1	—	—
Excision of :—							
Mesenteric Cyst	1	—	1	—	1	—	—
Sarcoma of Omentum	1	—	1	—	1	—	—
Stomach :—							
Gastrorrhaphy for Rupture	3	3	—	1	—	3	—
Gastrostomy	3	1	2	—	—	1	2
Gastro-jejuno-stomy	2	1	1	1	1	—	—
Small Intestines :—							
Enterorrhaphy for Perforation	5	4	1	—	1	4	—
Enterostomy for Obstruction... ..	3	2	1	—	1	2	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
OPERATIONS PERFORMED IN THE GENERAL SURGICAL THEATRES (continued).							
OPERATIONS ON THE ABDOMEN (contd.):—							
Small Intestines (contd.)							
Enterectomy for:—							
Rupture	2	1	1	1	1	—	—
Gangrene	3	2	1	—	—	2	1
New Growth	1	—	1	—	—	—	1
Entero-colostomy for Obstruction ...	2	2	—	—	—	2	—
Large Intestines:—							
Colorrhaphy for Rupture	1	1	—	—	—	1	—
Untwisting of Volvulus	2	1	1	—	1	1	—
Serous Incisions for Bilharziasis	1	1	—	1	—	—	—
Colostomy for Obstruction	3	2	1	1	1	1	—
Coloectomy for:—							
Intussusception	4	4	—	—	—	4	—
Volvulus	2	2	—	—	—	2	—
New Growth	7	6	1	3	1	3	—
Appendix:—							
Appendicectomy	15	12	3	10	3	2	—
Drainage of Abscess	10	9	1	7	—	2	1
Spleen:—							
Splenectomy for:—							
Rupture	3	2	1	—	—	2	1
Endemic Splenomegaly	12	7	5	6	5	1	—
Liver:—							
Tamponade for Rupture... ..	2	2	—	—	—	2	—
For Liver Abscess:—							
Aspiration	8	7	1	7	1	—	—
Drainage	9	9	—	8	—	1	—
Cholecystostomy	1	1	—	1	—	—	—
Cholecystectomy	1	1	—	1	—	—	—
Cholecystenterostomy	1	1	—	—	—	1	—
OPERATIONS ON THE URINARY TRACT:—							
Kidney:—							
Exploration	1	1	—	1	—	—	—
Drainage of Perinephric Abscess ...	5	4	1	3	1	1	—
Nephrotomy for:—							
Exploration	6	6	—	6	—	—	—
Calculus	2	—	2	—	2	—	—
Nephrostomy	6	4	2	3	2	1	—
Nephrectomy for:—							
Infarction	1	1	—	—	—	—	—
Hydronephrosis	1	1	—	1	—	—	—
Pyonephrosis	5	4	1	4	1	—	—
Nephropexy	1	—	1	—	1	—	—
Bladder:—							
Plastic for Ectopia	1	1	—	1	—	—	—
Suture for Rupture... ..	2	2	—	2	—	—	—
Lithotripsy	51	51	—	44	—	7	—
Lithotomy:—							
Suprapubic	37	33	4	30	3	3	1
Perineal	2	2	—	2	—	—	—
Suprapubic Cystosomy	27	27	—	18	—	9	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
OPERATIONS PERFORMED IN THE GENERAL SURGICAL THEATRES (continued).							
OPERATIONS ON THE URINARY TRACT (contd):—							
Urethra :—							
Plastic for :—							
Hypospadias	2	2	—	2	—	—	—
Epispadias	1	1	—	1	—	—	—
Urethrotomy for :—							
Stricture	5	5	—	5	—	—	—
Calculus	1	1	—	1	—	—	—
Excision of Bilharzial Fistula	36	36	—	34	—	2	—
OPERATIONS ON THE MALE GENITAL ORGANS :—							
Testicle :—							
Eversion of Tunica Vaginalis for :—							
Hydrocele	114	114	—	114	—	—	—
Haematocele	6	6	—	6	—	—	—
Orchidectomy	6	6	—	5	—	1	—
Spermatic Cord :—							
Excision of :—							
Hydrocele	4	4	—	4	—	—	—
Varicocele	17	17	—	17	—	—	—
Vasectomy	5	5	—	4	—	1	—
Prostate :—							
Suprapubic Prostatectomy	5	5	—	3	—	2	—
Penis :—							
Decortication for Bilharziasis	5	5	—	5	—	—	—
Scrotum :—							
Excision for Elephantiasis	7	7	—	7	—	—	—
OPERATIONS ON THE FEMALE GENITAL ORGANS :—							
Ovariectomy	1	—	1	—	1	—	—
OPERATIONS ON THE RECTUM AND ANUS :—							
Plastic for Imperforate Anus	7	5	2	3	1	2	1
Incision of Sphinctre for Anal Fissure ...	1	1	—	1	—	—	—
Ligature for Piles	57	55	2	54	2	1	—
Whitehead's	25	22	3	22	3	—	—
Semilunar Incision for Prolapse	13	12	1	12	1	—	—
Excision of :—							
Bilharzial Masses	6	6	—	6	—	—	—
Anal Fistula	15	15	—	14	—	1	—
MISCELLANEOUS OPERATIONS :—							
Cancer Immunisation	13	11	2	7	2	4	—
Diathermy for :—							
Rodent Ulcer	2	2	—	2	—	—	—
Epithelioma of Face	3	3	—	3	—	—	—
Cancer of Breast	1	—	1	—	—	—	1
Cancer of Lip	1	1	—	—	—	1	—
Melanotic Sarcoma of Axilla	1	1	—	—	—	1	—
Cerebral Implantation of Carcinomatous Gland	1	—	1	—	1	—	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
OPERATIONS PERFORMED IN THE EAR, NOSE AND THROAT THEATRES.							
OPERATIONS ON THE EAR :—							
<i>Pinna</i> :—							
Plastic for Split Lobule	4	—	4	—	4	—	—
<i>Tympanum</i> :—							
Curettage	1	—	1	—	1	—	—
Excision of Polypus	4	3	1	3	1	—	—
<i>Mastoid</i> :—							
Schwartz's	14	10	4	9	4	1	—
Stacke's	1	1	—	1	—	—	—
OPERATIONS ON THE NOSE :—							
Ablation of Mucosa	1	1	—	1	—	—	—
Submucous Resection of Septum	2	2	—	2	—	—	—
Scraping of Hypertrophied Turbinates	1	1	—	1	—	—	—
Partial Turbinectomy	9	7	2	7	2	—	—
Excision of Polypus	14	11	3	11	3	—	—
Excision of Tumour	2	1	1	1	—	—	1
OPERATIONS ON THE FRONTAL SINUSES :							
Drainage	1	1	—	1	—	—	—
OPERATIONS ON THE MAXILLARY ANTRUM :—							
Puncture	1	—	1	—	1	—	—
Excision of Cyst	1	1	—	1	—	—	—
OPERATIONS ON THE LACRYMAL APPARATUS :—							
Dacryocystotomy	1	—	1	—	1	—	—
Dacryocystostomy	1	1	—	1	—	—	—
Excision of Fistula	1	—	1	—	1	—	—
OPERATIONS ON THE PHARYNX :—							
Evacuation of Peritonsillar Abscess	2	1	1	1	1	—	—
Tonsillectomy	47	26	21	26	21	—	—
Curettage of Adenoids	1	—	1	—	1	—	—
Tonsillectomy and Curettage of Adenoids	48	20	28	20	28	—	—
OPERATIONS ON THE LARYNX :—							
Extraction of Foreign Body	1	1	—	1	—	—	—
Scraping for Perichondritis	1	1	—	1	—	—	—
OPERATIONS ON THE ŒSOPHAGUS :—							
Extraction of Foreign Body	4	4	—	4	—	—	—
OPERATIONS ON THE TRACHEA :—							
Tracheotomy	5	5	—	5	—	—	—
MISCELLANEOUS OPERATIONS :—							
Secondary Suture	1	1	—	1	—	—	—
Scraping of Sinus	5	5	—	5	—	—	—
Incisions for Cellulitis	7	5	2	4	2	1	—
Excision of Rodent Ulcer	1	1	—	1	—	—	—

OPERATIONS PERFORMED IN THE OPHTHALMIC THEATRES.

OPERATIONS ON THE LIDS :—							
For Trauma :—							
Suture	3	3	—	3	—	—	—
Skin Graft	7	5	2	5	2	—	—
For Cellulitis Incisions	1	1	—	1	—	—	—

(c) STATISTICS IN-PATIENTS (continued)

	TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
				M.	F.	M.	F.
OPERATIONS PERFORMED IN THE OPHTHALMIC THEATRES (continued).							
OPERATIONS ON THE LIDS (contd.):—							
For Trachoma :—							
Cauterisation	5	4	1	4	1	—	—
Expression and Scraping	103	65	38	65	38	—	—
Tarsotomy	7	5	2	5	2	—	—
For Trichiasis and Entropion :—							
Excision of Lashes	4	3	1	3	1	—	—
Snellen's	388	230	158	230	158	—	—
Van Millingen's	46	30	16	30	16	—	—
Excision of Skin	4	2	2	2	2	—	—
For Extropion :—							
Cauterisation	2	2	—	2	—	—	—
Snellen's Suture	5	4	1	4	1	—	—
For Meibomian Cyst :—							
Scraping	1	1	—	1	—	—	—
Excision	1	—	1	—	1	—	—
For Tumour :—							
Excision	2	1	1	1	1	—	—
OPERATIONS ON THE BULBAR CONJUNCTIVA :—							
For Pannus Peritomy	1	1	—	1	—	—	—
For Pterygium Transplantation	22	19	3	19	3	—	—
For Tumours :—							
Cauterisation	1	1	—	1	—	—	—
Excision	5	4	1	4	1	—	—
Subconjunctival Injections	4	4	—	4	—	—	—
OPERATIONS ON THE LACRYMAL APPARATUS :—							
Splitting of Canaliculus	1	—	1	—	1	—	—
Dacryocystectomy	6	3	3	3	3	—	—
OPERATIONS ON THE CORNEA :—							
Suture	2	2	—	2	—	—	—
Removal of Foreign Body	1	1	—	1	—	—	—
Tattooing	3	2	1	2	1	—	—
Paracentesis	9	8	1	8	1	—	—
Cauterisation	4	4	—	4	—	—	—
Staphylectomy	1	—	1	—	1	—	—
OPERATIONS ON THE LENS :—							
For Cataract :—							
Discission of Capsule	1	1	—	1	—	—	—
Needling	24	11	13	11	13	—	—
Curette Evacuation	8	6	2	6	2	—	—
Extraction	104	56	48	56	48	—	—
For Dislocation Extraction	4	4	—	4	—	—	—
OPERATIONS OF THE IRIS :—							
Cautery for Prolapse	3	1	2	1	2	—	—
Iridectomy for :—							
Prolapse	22	10	12	10	12	—	—
Leucoma	103	77	26	77	26	—	—
Iritis	5	4	1	4	1	—	—
Closed Pupil	2	1	1	1	1	—	—
Conical Cornea	3	1	2	1	2	—	—
Glaucoma	20	15	5	15	5	—	—
Cataract	35	20	15	20	15	—	—

(c) STATISTICS IN-PATIENTS (continued).

		TOTAL.	Male.	Female.	DISCHARGED.		DIED.	
					M.	F.	M.	F.
OPERATIONS PERFORMED IN THE OPHTHALMIC THEATRES (<i>continued</i>).								
OPERATIONS ON THE GLOBE :—								
Sclerectomy for :—								
Glaucoma		2	2	—	2	—	—	—
Traumatic Cataract		1	1	—	1	—	—	—
Trephining for Glaucoma		75	46	29	46	29	—	—
Evisceration for Panophthalmitis		16	10	6	10	6	—	—
Enucleation for :—								
Taruma		6	6	—	6	—	—	—
Staphyloma		21	14	7	14	7	—	—
Glaucoma		1	1	—	1	—	—	—
OPERATIONS ON THE EYE MUSCLES :—								
Tenotomy and Advancement		16	10	6	10	6	—	—

	TOTAL.	DISCHARGED.	DIED.
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OPERATIONS PERFORMED IN THE GYNÆCOLOGICAL THEATRES.

ABDOMINAL OPERATIONS :—			
Exploration	7	6	1
Ovaries :—			
Ovariectomy for :—			
Benign Cyst	15	14	1
Malignant Cyst	2	2	—
Tubes :			
Salpingectomy for :—			
Ectopic Gestation	5	5	—
Tubo-ovarian Abscess	1	1	—
Tubercular Disease	1	1	—
Salpingostomy for Pyosalpinx	1	1	—
Stomato-plastic for Chronic Salpingitis	1	1	—
Uterus :			
Separation of Adhesions	1	1	—
Ventro-suspension	7	7	—
Suture of Rupture	1	1	—
Classical Conservative Caesarian for :—			
Contracted Palvis	19	18	1
Vaginal Atresia	1	—	1
Myomectomy	3	3	—
Subtotal Hysterectomy for Fibroids	6	6	—
Pan-hysterectomy for Sarcoma Uteri	1	1	—
Parametrium :—			
Excision of Parovarian Cyst	1	1	—
OPERATIONS ON THE ABDOMINAL WALL :			
Ventral Herniotomy	1	1	—
Parumbilical Herniotomy.	1	1	—
Alexander Adam's Suspension	2	2	—

(c) STATISTICS IN-PATIENTS (continued).

	TOTAL.	DISCHARGED	DIED.
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OPERATIONS PERFORMED IN THE GYNAECOLOGICAL THEATRES (continued).

VAGINAL OPERATIONS :—

Perineum Vulva and Vagina :—

Anterior Colporrhaphy	2	2	—
Posterior Colpoperineorrhaphy for Peri- neal Insufficiency	12	12	—
for Complete Perineal Tear	2	2	—
Anterior Colporrhaphy and Posterior Col- poperineorrhaphy	26	26	—
Plastic for :—			
Vulval Atresia	2	2	—
Imperforate Hymen	2	2	—
Vaginal Atresia	1	1	—
Vesico-vaginal Fistula	12	12	—
Excision of :—			
Cyst of Bartholin's Gland	2	2	—
Fibroma of Vaginal Wall	1	1	—
Cyst of Vaginal Wall	1	1	—
Incision of Cyst of Vaginal Wall... ..	1	1	—

Cervix Uteri :—

Curettage and Caution of :—			
Ulcer of Cervix	1	1	—
Inoperable Cancer of Cervix	1	1	—
Trachelorrhaphy	3	3	—
Amputation	8	8	—
Plastic for Cervico-versical Fistula.	1	1	—

Corpus Uteri :—

Dilatation and Curettage	31	31	—
Morcellement of Submucous Fibroid	4	4	—
Wertheim's Interposition	1	1	—

MISCELLANEOUS OPERATIONS :—

Drainage of Appendix Abscess	1	1	—
Secondary Suture	1	1	—
Scraping of Sinus	2	2	—
Excision of Anal Fistula	2	2	—

OPERATIONS PERFORMED IN THE OBSTETRIC THEATRES.

FOR ABNORMAL PREGNANCY :—

Esxpresion of Ovum	2	2	—
Blunt Curettage	5	5	—

FOR ABNORMAL LABOUR :—

Introduction of De Ribes's Bag	1	1	—
Incisions of Cervix... ..	1	1	—
Forceps for :—			
Prolonged Second Stage	5	4	1
Rigid Os	1	1	—
Contracted Pelvis	9	9	—
Eclampsia	2	1	1
Extraction of :—			
Impacted Shoulder	1	1	—
Impacted Breech	3	3	—

(c) STATISTICS IN-PATIENTS (*continued*).

	TOTAL.	DISCHARGED.	DIED.
OPERATIONS PERFORMED IN THE OBSTETRIC THEATRE (<i>continued</i>).			
FOR ABNORMAL LABOUR (<i>contd.</i>):—			
Bipolar Version for :—			
Transverse Presentation	5	4	1
Prolapse of Cord	1	1	—
Placenta Prævia	2	1	1
Inceplete Dilatation of Os	1	1	—
Bipolar Version and Perforation of Aftercoming			
Head	2	1	1
Perforation for :—			
Contracted Pelvis	15	13	2
Vaginal Atresia	1	1	—
Decapitation	7	5	2
Eviseration... ..	2	2	—
Manual Removal of Placenta	4	2	2

4.—ALEXANDRIA GOVERNMENT HOSPITAL.

(a) General.

6,948 patients were admitted to the hospital, 5,562 males and 1,386 females. This is a decrease of 1,312 cases less than the number of admissions during the year 1921. With the addition of 297 cases remaining at the end of the year 1921 to the total number of admissions, we get a total of in-patients 7,245.

The admissions during 1921 as well, were 474 cases less than during the preceding year for reasons explained below.

In great contrast with the diminution of admissions during both years, the enormous increase in the number of patients that attended at the different Out-patients Departments is to be noted. The following table demonstrates the vast contract.

YEAR.	Out-Patients.			Admissions.
	Old Cases.	New Cases.	TOTAL.	
1920	41,296	24,038	65,334	8,734
1921	85,440	39,354	124,794	8,260
1922	95,076	43,447	138,523	6,948

This means that while the admissions have decreased, the out-patient cases are more than doubled.

The following factors explain to a great extent the diminution in the total number of admissions during the year.

(1) The number of beds of this hospital is at present too small for the city of Alexandria and the environments which naturally drain here. During past years extra cases were allowed to lie on the floor or were accommodated in the balconies, but such arrangements were found impractical and were stopped. If we had more beds we could have accepted more cases and the admissions would have shown a big increase. This can be proved by a simple look at the above table shown of the out-patient attendances and admissions, which

shows that, while the admissions have decreased, the out-patient cases have become more than doubled.

(2) The outbreak of infectious diseases during 1922 was the mildest we ever had. There was no need to open the Chatby Isolation Hospital as all the cases we received were easily accommodated in the Infectious Block of the General Hospital.

The following table shows the difference between this year and preceding years.

YEAR.	Chatby cases.	Hospital cases.	TOTAL.
1916	1,157	1,575	2,732
1917	2,924	2,057	4,981
1918	3,367	2,386	5,753
1919	2,454	1,795	4,249
1920	1,089	1,440	2,529
1921	Nil.	849	849
1922	Nil.	559	559

This diminution adds another factor to the causation of the general diminution of admissions.

(3) No military cases at all were dealt with during the past two years, while they used to increase the general number of the takings-in. The following table explains that.

YEAR.	Number of Military Admissions.
1915	1,885
1916	1,232
1917	111
1918	988
1919	701
1920	28
1921	Nil.
1922	Nil.

(4) Admissions to the *harim* were stopped early in December due to the new buildings.

The 6,948 admissions mentioned before do not include the women that received treatment at the Lock Hospital for native prostitutes (formerly the ex-Austro-Hungarian Hospital at Muharram Bey, and at present at Gabbary).

918 cases were treated during the year 1922, just four patients more than the number we dealt with last year. With the addition of thirty-eight cases remaining on December 31st; 1,021 to the total number of admissions during 1922 which is 924 we get a total of 962, i.e. the 918 cases mentioned above and forty-four cases left at the end of the present year.

The following table shows the total number of cases dealt with as in-patients under the direction of this hospital during the year 1922.

Number of cases treated at General Hospital	6,989
Number of cases treated at Lock Hospital	918
Number of cases at end of year at General Hospital ...	258
Number of cases at end of year at Lock Hospital ...	44
TOTAL	8,209

The following table demonstrates the progressive increase in the admissions and the out-patients during the past seventeen years. The admissions went progressively up from 4,232 year 1906 till 10,407 year 1918, and then showed a decrease, the explanation of which has been stated in the former pages and in the reports of the three preceding years. In great contrast with this diminution is the great increase in the number of the out-patient attendances, as this was only 3,829 year 1906 and has been 43,447 new cases only, this year, which is over eleven times as many. The total number of out-patient attendances this year, whether old or new is 138,523.

YEAR.	Admissions.	Out-patient New Cases.
1906	4,232	3,829
1907	4,653	3,799
1908	5,296	4,717
1909	5,676	8,623
1910	6,032	10,000
1911	6,114	11,111
1912	6,523	12,109
1913	7,288	18,449
1914	7,531	17,565
1915	7,907	18,931
1916	9,599	20,388
1917	9,963	16,399
1918	10,407	18,771
1919	9,278	18,061
1920	8,734	24,038
1921	8,260	39,354
1922	6,948	43,447

With the addition of 6,948 admissions to 43,447 new cases at out-patient Department (as the new cases at out-patient shown above do not include the admissions), we get a total of 50,395 new cases at the out-patient during the year.

The total number of cases that were discharged from the hospital during 1922 was 6,989, 5,578 males and 1,411 females. The following table shows the results attained.

	Males.	Females.	TOTAL.
Cured	2,391	725	3,117
Improved	2,328	415	2,743
No improvement	414	106	520
Died... ..	445	164	609
TOTAL	5,578	1,411	5,989

The daily average of patients in the hospital during the year 1922 was 294.

The total number of deaths was 609, which is approximately 8·7 per cent of the total number of cases that were treated at the hospital. It is to be noted that the deaths due to infectious diseases only were 104, which, if added to the deaths due to burns and serious casualties explains the causation of about 40 per cent of the deaths.

CLASSIFICATION OF THE 6,948 ADMISSIONS.

Cases admitted at their own request	3,455
„ „ at request of Police	1,815
„ sent by different administrations	873
Policemen	457
Ghaffirs	194
Egyptian Army	82
European prisoners	9
Native prisoners	63
TOTAL	6,948

TABLE I.—RESULTS OF TREATMENT OF THE 6,989 CASES THAT WERE DISCHARGED FROM THE ALEXANDRIA GOVERNMENT HOSPITAL DURING THE YEAR 1922.

DISEASES.	Cured.		Improved.		No Improvement.		Died.		Total.		GRAND TOTAL.
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
<i>Alimentary.</i>											
Diseases of stomach	41	3	4	1	1	—	2	—	48	4	52
Tubercular peritonitis	3	—	7	4	2	1	4	1	16	6	22
Dysentery	58	3	31	3	5	2	9	—	103	8	111
Diarrhœa and enteritis	72	4	14	5	8	1	16	2	110	12	122
Liver	8	1	8	3	2	1	1	1	19	6	25
Other diseases	34	2	6	1	2	—	1	—	43	3	46
<i>Respiratory.</i>											
Pneumonia	36	3	3	3	—	—	27	2	67	8	75
Phthisis	—	—	30	12	27	5	43	11	100	28	128
Pleurisy	13	1	12	1	—	—	5	1	30	3	33
Other diseases	40	6	97	12	7	—	7	2	151	20	171
<i>Circulatory.</i>											
Heart	—	—	42	19	10	5	25	4	77	28	105
Other circulatory diseases	2	1	9	5	2	—	3	1	16	7	23
<i>Urinary.</i>											
Nephritis	5	—	37	9	9	3	19	1	70	13	83
Others	50	2	25	3	5	1	1	—	81	6	87
<i>Blood.</i>											
Spleen	9	—	30	6	4	2	4	—	47	8	55
Others	6	1	25	6	7	5	2	—	40	12	52

TABLE I (continued).

DISEASES.	Cured.		Improved.		No Improvement.		Died.		Total.		GRAND TOTAL.
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
<i>Nervous.</i>											
Brain	—	—	1	—	—	—	2	2	3	2	5
Spinal cord	—	—	3	1	4	—	2	—	9	1	10
Others	22	—	27	6	30	7	5	2	84	15	99
<i>Constitutional.</i>											
Rheumatism	40	7	25	8	4	—	—	—	69	15	84
Diabetes	—	—	11	—	5	1	2	—	18	1	19
Senility	—	—	6	6	12	4	6	2	24	12	36
Debility	8	1	12	1	4	2	13	4	37	8	45
<i>Parasitic.</i>											
Pellagra	3	—	23	3	9	2	10	2	45	7	52
Malaria	43	3	8	—	1	—	1	—	53	3	56
Ankylostoma	15	—	35	—	6	—	—	—	56	—	56
Filaria	—	—	—	—	1	—	—	—	1	—	1
<i>Poisoning.</i>											
Alcohol	90	7	—	—	—	—	1	—	91	7	98
Other poisons	67	28	1	—	—	—	2	—	70	28	98
Lunatics	—	—	5	1	97	30	—	—	102	31	133
Other Medical diseases	34	5	23	5	7	1	4	—	72	11	83
<i>Fractures.</i>											
Simple	18	5	179	20	2	1	12	—	211	27	238
Compound	3	2	52	6	6	1	9	4	70	13	83
<i>Tumours.</i>											
Malignant	5	6	10	1	14	10	9	6	38	23	61
Non-malignant	10	2	12	3	2	4	—	—	26	7	33
Traumatic injuries	106	9	371	39	7	2	38	9	522	59	581
Burns	2	8	36	23	—	1	19	55	57	87	144
Bilharziasis	28	—	103	3	18	1	13	1	162	5	167
Fistula in ano	16	—	36	—	2	1	—	—	54	1	55
Liver abscess... ..	4	—	4	—	—	—	—	—	8	—	8
Hernia	216	7	28	—	32	—	4	—	280	7	287
Hæmorrhoids... ..	116	14	104	3	12	—	2	—	234	17	251
Appendicitis	8	—	1	—	1	—	2	—	12	—	12
Vesical calculus	11	—	12	—	3	—	1	—	27	—	27
Other surgical diseases	225	48	424	70	36	2	35	12	720	132	852
Ophthalmic	169	78	161	76	3	4	—	—	333	158	491
Skin... ..	187	9	81	16	2	1	1	—	271	26	297
<i>Venereals.</i>											
Syphilis	29	15	111	13	1	—	1	—	142	28	170
Gonorrhœa	22	2	32	3	1	—	—	—	55	5	60
Soft sores	9	—	11	—	1	—	—	—	21	—	21
Midwifery	—	42	—	5	—	1	—	12	—	60	60
Gynæcology	—	111	—	10	—	4	—	5	—	130	130
Foundlings	14	21	—	—	—	—	—	—	14	21	35
Relatives accompanying patients	28	154	—	—	—	—	—	—	28	154	182
Fevers	380	75	—	—	—	—	82	22	462	97	559
Cases under observation, found to be nothing	86	40	—	—	—	—	—	—	86	40	126
GRAND TOTAL	2,391	726	2,328	415	414	106	445	164	5,578	1,411	6,989
	3,117		2,743		520		609		6,989		

(b) Operations Performed at the Government Hospital during the Year 1922.

The number of operations performed at this hospital during the year 1922 was as follows :—

Operations performed at the Male Surgical Theatre by the two male	
Surgical Sections	1·364
Operations performed at the <i>harim</i> Theatre, Surgery, Gynæcology and	
Obstetrics	456
Operations performed at Ophthalmic Theatre	2·633
Operations performed at R.R. and out-patient	384
TOTAL	4·837

The ophthalmic operations are differentiated in the Ophthalmic Report, and the out-patient operations are shown in the report about the out-patient.

The following is a differential list of the surgical operations, males and females, Gynæcology and Obstetrics.

TABLE I.—DIFFERENTIAL LIST OF THE OPERATIONS, SURGICAL AND GYNÆCOLOGICAL, PERFORMED AT THE ALEXANDRIA GOVERNMENT HOSPITAL DURING THE YEAR 1922.

OPERATIONS.	Cured.	Improved.	No Improvement.	Died.	Under Treatment.	TOTAL.
Laparotomies	112	13	3	17	5	150
Herniotomy :—						
Inguinal	246	—	—	—	6	252
Ventral	8	—	—	—	4	12
Femoral	5	—	—	—	—	5
Strangulated hernia :—						
Inguinal	12	—	—	1	1	14
Umbilical	1	—	—	—	—	1
Femoral	—	—	—	—	—	—
Hydroceles and hæmatoceles... ..	146	—	—	—	3	149
Varicocele	29	—	—	—	2	31
Castration	10	—	—	—	—	10
Trephining... ..	11	3	—	6	2	22
Prostatectomy	4	—	—	1	1	6
Kidney operations	6	—	—	—	1	7
Benign tumours and cysts	13	—	—	—	—	13
Malignant tumours :—						
Sarcoma lower jaw	—	—	—	—	1	1
„ thigh	1	—	—	—	—	1
„ breast... ..	1	—	—	—	—	1
Epithelioma of lip	3	—	—	—	—	3
Rodent ulcer	—	—	—	—	1	1
Cancer of breast	3	—	—	1	—	4
„ „ tongue	—	—	—	1	—	1
„ „ axilla	1	—	—	—	—	1
Others... ..	2	1	—	1	—	4
Goitre	5	—	—	—	1	6
Parotid and salivary calculi	2	—	—	—	—	2
Amputations :—						
Due to injury	16	2	—	2	—	20
Due to disease	22	1	—	1	—	24

TABLE I.—DIFFERENTIAL LIST OF THE OPERATIONS, ETC. (continued).

OPERATIONS.	Cured.	Improved.	No Improvement.	Dead.	Under Treatment.	TOTAL.
Supernumerary finger	1	—	—	—	—	1
Lithotrity	10	—	—	1	—	11
Lithotomy :—						
Suprapubic... ..	9	—	—	—	—	9
Perineal	2	—	—	—	—	2
Cystotomy :—						
Suprapubic... ..	5	—	—	1	1	7
Perineal	—	—	—	—	—	—
Mastoid	5	1	—	—	—	6
Circumcision	3	1	—	—	1	5
Fistula :—						
Anal	57	14	—	—	1	72
Urinary	5	—	—	—	2	7
Piles and fissures	185	20	—	—	7	212
Anal and ischio-rectal abscesses	34	—	—	1	1	36
Necrosis	70	32	1	1	2	106
Extraction of nail... ..	2	—	—	—	—	2
Plastics	31	6	—	—	2	39
Skin-grafting	11	3	—	—	3	17
Empyema thoracic	13	5	—	3	1	22
Abscesses, cellulitis, sinuses, ulcers, etc. ...	133	24	2	10	5	174
Carbuncle of neck	—	—	—	2	—	2
Elephantiasis	2	—	—	—	—	2
Hare-lip	1	—	—	—	—	1
Prolapse of rectum	9	—	—	—	—	9
Imperforate anus	—	—	—	1	—	1
Spina bifida	—	—	1	—	—	1
Varicose veins	—	—	—	—	—	—
Papillomata of rectum	8	—	—	—	2	10
Decortication	—	—	—	—	—	—
Flap wounds	30	4	—	2	2	38
Ranula	—	—	—	—	—	—
Dilatation of urethra	1	—	—	—	—	1
Trimming operations	47	1	—	1	3	52
Gunshot wounds	2	—	—	—	—	2
Bilharziasis... ..	1	3	—	—	—	4
Bone operations :—						
Plating and wiring	7	—	1	1	—	9
Compound fractures... ..	13	4	—	—	—	17
Excisions :—						
Head of mandible	1	—	—	—	—	1
Shoulder	4	—	—	—	—	4
Elbow	2	—	—	—	—	2
Foreign bodies	6	—	—	—	—	6
Nasal polypi	2	—	—	—	—	2
Glands :—						
Of neck	19	2	—	—	—	21
Of axilla	5	—	—	—	—	5
Of groin	1	—	—	—	—	1

TABLE I.—DIFFERENTIAL LIST OF THE OPERATIONS, ETC. (*continued*).

OPERATIONS.	Cured.	Improved.	No Improved.	Died.	Under Treatment.	TOTAL.
Examination under chloroform	4	—	—	—	—	4
Reduction of dislocation	2	1	—	—	—	3
Stitch sinus	2	—	—	—	—	2
Tonsillectomy	2	—	—	—	—	2
Tracheotomy	1	4	—	—	—	5
<i>Major Gynæcological Operations</i> (see <i>Laparotomies</i>).						
<i>Minor Gynæcological Operations.</i>						
Urethral caruncle	2	—	—	—	—	2
Cysts of external genitals	1	—	—	—	—	1
Redundant hymen	2	—	—	—	—	2
Bartholinectomy	2	—	—	—	—	2
Colpo-perinorrhaphy... ..	5	—	—	—	—	5
Anterior colporrhaphy	7	—	—	—	—	7
Posterior colporrhaphy	1	—	—	—	—	1
Vaginal cyst	1	—	—	—	—	1
Vaginum bipartum	1	—	—	—	—	1
Vesico-vaginal fistula	—	1	—	—	—	1
Vaginal drainage	6	—	—	—	—	6
Uterine polypus	4	—	—	—	—	4
Scraping of cervix	1	—	—	—	—	1
Dilatation of cervix... ..	11	—	—	—	—	11
Curettage	56	—	—	—	—	56
Evacuation of uterus for abortion	17	1	1	—	—	19
<i>Midwifery.</i>						
Eclampsia, accouchement forcée	2	—	—	1	—	3
Forceps	5	—	—	1	—	6
Podalic version	2	—	—	1	—	3
Embryotomy	—	—	—	1	—	1
TOTAL	1,545	147	9	59	60	1,820

SUMMARY.

Operated cases cured	1,545
„ „ improved	147
„ „ no improvement	9
„ „ died	59
„ „ under treatment	60
TOTAL	1,820

This shows that the mortality of the operation cases was only 3·2 per cent.

TABLE II.—DIFFERENTIATION OF THE 150 LAPARATOMIES PERFORMED DURING THE YEAR.

OPERATIONS.	Cured.	Improved.	No Improved.	Died.	Under Treatment.	TOTAL.
SURGICAL OPERATIONS.						
<i>Injuries of Abdominal wall :—</i>						
Stab wounds	8	—	—	—	1	9
Rupture due to fall... ..	1	—	—	—	—	1
<i>Liver and Gall bladder operations :—</i>						
Tropical abscesses	6	—	—	—	1	7
Gallstones	2	—	—	—	—	2
Hydatid cyst	—	—	—	—	1	1
<i>Spleen :—</i>						
<i>Splenectomy for :—</i>						
Disease	10	—	—	—	—	10
Rupture	1	—	—	1	—	2
<i>Stomach Operations :—</i>						
Perforating stab wounds... ..	1	—	—	1	—	2
Gastro-enterostomy	1	—	—	—	—	1
<i>Operations on the Intestines :—</i>						
Perforating stab wounds... ..	2	—	—	2	—	4
Resection for growth	1	1	—	1	—	3
Suspension for prolapse	2	—	—	—	—	2
Bilharzial growth	1	4	—	—	—	5
Typhoid perforation... ..	—	—	—	3	—	3
Volvulus	1	—	—	—	—	1
<i>Vermiform Appendix :—</i>						
Appendicitis	12	—	—	1	2	15
Perforated Appendicitis and peritonitis...	—	—	—	1	—	1
<i>Peritoneum :—</i>						
Septic peritonitis of unknown origin...	—	—	—	1	—	1
Tubercular peritonitis	—	7	—	1	—	8
<i>Retro-peritoneal Affections :—</i>						
Sarcomata	—	—	2	—	—	2
<i>Mesentery :—</i>						
Malignant cyst	—	—	1	—	—	1
<i>Ureters :—</i>						
Uretro-sigmoidostomy	—	—	—	1	—	1
<i>Gynaecology :—</i>						
Salpingo-cophorectomy with drainage for septic affections	6	—	—	2	—	8
Salpingi-cophorectomy	6	—	—	—	—	6
Ventro-suspension	20	—	—	—	—	20
Abdominal drainage for septic affections of broad ligament	7	—	—	—	—	7
Ovariectomy	6	—	—	—	—	6
Subtotal hysterectomy	10	1	—	—	—	11
Reduction of descended ovary	1	—	—	—	—	1
Salpingectomy	1	—	—	—	—	1
Parovarian	1	—	—	—	—	1
Resection of ovaries	3	—	—	—	—	3
Ruptured uterus	—	—	—	1	—	1
Myomectomy	1	—	—	—	1	2
Wertheim's operation for cancer of cervix	1	—	—	—	—	1
Total	112	13	3	17	5	150

(c) List of the Infectious Diseases treated at the Alexandria Government Hospital during the Year 1922.

DISEASES.	Cured.		Died.		Total.		GRAND TOTAL.
	Males.	Females.	Males.	Females.	Males.	Females.	
Typhus	18	6	21	5	39	11	50
Relapsing fever... ..	2	—	—	—	2	—	2
P.O.U.O.	134	25	10	4	144	29	173
Influenza	74	12	2	—	76	12	88
Smallpox	6	—	—	—	6	—	6
Chickenpox... ..	1	1	—	—	1	1	2
Mumps	14	—	—	—	14	—	14
Cerebro-spinal ² Meningitis	3	1	6	1	9	2	11
Measles	—	—	—	—	—	—	—
Scarlet fever	—	—	—	—	—	—	—
Diphtheria	3	1	3	—	6	1	7
Plague... ..	28	4	17	3	45	7	52
Erysipelas	65	19	16	3	81	22	103
Tetanus	7	1	7	—	14	1	15
Typhoid fever	4	1	—	2	4	3	7
Paratyphoid	21	2	—	1	21	3	24
Hydrophobia	—	—	—	—	—	—	—
Puerperal fever... ..	—	2	—	3	—	5	5
Sunstroke	—	—	—	—	—	—	—
TOTAL	380	75	82	22	462	97	559

This shows that the total number of infectious diseases that were received this year was only 559, as compared with 849 during 1921 and 1,440 during 1920. This is one of the factors that explain the general diminution in the total number of admissions. There was no need to open Chatby this year.

(d) The Chatby Isolation Hospital.

As mentioned in the annual report for 1921, the outbreak of infectious diseases during that year was distinctly milder than during any of the preceding five years, so much so, that there was no need to open the Isolation hospital at Chatby. It has been milder still this year, and the following figures show the contrast.

Year.	No. of Cases treated at Chatby.	No. of Cases treated in hospital.	TOTAL.
1916	1157	1575	2732
1917	2924	2057	4981
1918	3367	2386	5753
1919	2454	1795	4249
1920	1089	1440	2529
1921	nil	849	849
1922	nil	559	559

This table, while giving an idea on the state of the town with regard to infectious diseases, demonstrates one of the factors of the decrease in the total number of admissions to the hospital during the year.

(e) **The Lunatic Section.**

133 cases of lunacy were admitted to the hospital during the year, which is thirty-four cases less than during 1921; three other cases were admitted for observation for lunacy and were found sane and let go. This makes a total of 136 admissions.

These 136 cases were disposed of as follows:—

	Males.	Females.	TOTAL.
Cases sent to Asylum:—			
Certified by Police Medical Officer ...	48	13	61
Certified by Hospital Medical Officer ...	30	10	40
Cases discharged:—			
Cured	—	—	—
Not insane	2	1	3
Still insane	24	8	32
Died	—	—	—
TOTAL	104	32	136

The three observation cases appear in the general list of the discharges of the hospital under the heading of "Cases under Observation found to be nothing" and are not included under the heading "Lunatics."

The 32 cases that were discharged as still insane were either handed to their relatives being quiet and harmless or sent to different Consulates.

(f) **The Out-Patient Department.**

The work in the different sections of the Out-patients Department of the hospital is progressively increasing. The total number of cases that attended during this year, both old and new went up to 138,523, which is about 5,500 more than the preceding year and double the number that was received during 1920.

The fact that the numbers attending at the different sections of the out-patient are steadily and enormously increasing inspite of the diminution in the admissions, proves that if there were more beds in the hospital, more cases could have been accepted and the numbers of the admissions as well would have gone up.

The new cases that attended at all sections of the out-patient were 43,447 while it was 39,354 last year, 24,038 during 1920, and 18,061 during 1919. In the former pages of this report a list was given showing the continuous increase in the numbers of the cases that attended at the out-patient during the past seventeen years. From 3,829 cases year 1906, it reached at 43,447 year 1922, which is over eleven times as many.

The present buildings of the out-patient are quite inadequate, and should be expanded as soon as possible. The Hospital wrote many times on this subject and explained its importance and forwarded plans for the proposed expansion, and hope that steps be taken to find the necessary money.

384 minor operations were performed at the out-patients by the Resident Medical Officers, such cases as would not deserve admission. 287 of these were cases of different abscesses and cellulitis, 44 accidental wounds and small plastics, 45 cases of small cysts and tumours and 6 cases of foreign bodies.

(g) **The Ophthalmic Section.**

A separate ophthalmic report has been drawn up showing precisely the amount, nature and results of the work done.

New cases at the ophthalmic out-patients during the year were 6,827, as compared with 6,110 last year.

Old cases attendances were 46,551, against 37,647 last year

The total number of cases, old and new, at the ophthalmic out-patient during the year was 53,378 which is about 10,000 cases more than during the preceding year.

Total number of ophthalmic admissions was 556.

Total number of ophthalmic operations, minor and major was 2,633.

(h) The Lock Hospital for Native Prostitutes.

918 cases received treatment at the Lock Hospital during the year, as compared with 914 during last year and 1,057 during 1920. With the addition of 44 cases remaining at the end of the year, the total is 962.

The Lock Hospital used to be the ex-Austro-Hungarian Hospital at Muharram Bey, Hospital and was evacuated on December 1, 1922, and the patients were subsequently moved to Gabbary.

The following table demonstrates the nature and results of treatment of these cases.

DISEASES.	Cured.	Transferred to General Hospital.	Total.
Syphilis	234	—	234
Gonorrhoea	280	—	280
Soft sore	107	—	107
Skin diseases... ..	19	—	19
Relatives accompanying patients	19	—	19
Under observation (found non-contagious) ...	253	6	259
TOTAL	912	6	918

SUMMARY.

Cases existing at beginning of 1922 ...	38
Cases admitted during the year	924
Cases discharged during the year	918
Cases remaining at end of 1922	44

(i) The Anthelmintic Annex.

A Short Note on the Treatment of Bilharziasis and Ankylostomiasis.

BILHARZIASIS.

As in the year 1921, the out-patients annex looked after the majority of the bilharzia cases; the severe, complicated and debilitated cases, however, as well as policemen, soldiers, and *ghafirs*, Municipality labourers, etc., together with those patients coming from distant places, especially the women had to be admitted for treatment into the hospital wards.

The total number treated during the year 1,922 is 405 as compared with 481 during the year 1921. Of these, 304 cases, *i.e.* 75 per cent were out-patients, while 101, *i.e.* 25 per cent were in-patients.

The patient is given every other day an injection of the tartar emetic, Saturdays Mondays, and Wednesdays, being the fixed days for the out-patients.

Nature of the Cases.—As most of the intestinal cases are usually complicated by other secondary and dysenteric infections and exhausted by excessive bleeding and gastro-intestinal disturbances, they have to be treated in hospital, whilst urinary cases predominate in the out-patients.

Thus, while a total of 405 cases of which:—

74 per cent, *i.e.* 301 cases were vesical.
 20 „ „ 80 cases rectal, and
 6 „ „ 24 cases were double infections.

In the out-patients, of the 304 cases:—

91 per cent, *i.e.* 279 were vesical.
 3 „ „ 9 rectal, and
 6 „ „ 16 were double infection.

In the in-patients, of the 101 cases:—

22 per cent, *i.e.* 22 cases were vesical.
 70 „ „ 71 rectal, and
 8 „ „ 8 cases were double infection.

Age.—Patients of all ages attended, the average being 12 to 35 years. The youngest was a boy of 4 years.

Sex.—Of the 304 out-patients, 7 were females, *i.e.* 2.3 per cent.

Of the 101 in-patients, 6 were females, *i.e.* 6 per cent.

Of the 13 females treated, 2 only had intestinal infection, while the rest were purely vesical.

Concomitant Disease and complications.—Most of these cases present a category of diseases especially of the parasitic affections, *i.e.* ankylostoma, pellagra, and dysenteries with spleno-megaly, hepatic cirrhosis, urinary fistulæ, rectal papillomata and the complications of their advanced stages.

Twenty-six cases of the 101 in-patients had pellagra and sixteen had amœbic dysentery.

Attendance.—In spite of the treatment being regularly and comfortably given, many of the patients stopped attending either after the fifth injection, at a time when improvement sets in, or as the eighth, and is probably due to the severe reaction or other external influences.

Of the 304 out-patient cases, 205 stopped before the treatment was finished. Eight cases out of the 101 in-patients were stopped for either severe reaction or progressing debility.

Routine.—A special form has to be filled up for every new patient showing the history, past and present, age; sex, etc., and the microscopical findings with the progress of the treatment. The specimen, whether urine, stools, or both, is examined microscopically before starting the treatment and this is repeated after the second week and after the third week and then as a confirmatory control some ten days after the end of the treatment. Tartar Emetic still holds its first position. A sterile 6 per cent solution in distilled water is prepared in hospital for stock use. The dosage varies with age and constitution. A half grain is the usual initial dose especially in youngsters, these being usually increased to a maximum of 2 grains. Improvement is apparent after the seventh grain, but an average total of seventeen to twenty-one grains is usually necessary for a real cure to be attained. Twelve grains have effected a cure in a boy of eight.

Emetine has been used in very few cases with the special advantage of controlling bleeding in chronic advanced cases.

Reactions.—Nausea, vomiting, irritative cough, rigors, insomnia, pains all over the body, anorexia, wasting and debility are the general reactions experienced by the patients. A sense of dysuria is also noted. Stomatitis and diarrhœa in course of antimony treatment are signs of danger especially in pellagrins.

It may be interesting to note that, in a straight forward early case, the more reaction a patient suffers the better result he will enjoy.

Conclusion.—Of 405 cases dealt with:—

150 got cured, *i.e.* 37 per cent.

213 stopped treatment *i.e.* 49 per cent.

38 were relieved, *i.e.* 13 per cent.

4 died, *i.e.* 1 per cent.

ANKYLOSTOMIASIS.

As in preceding years, all ankylostoma patients were admitted to the hospital and looked after in the medical wards.

Fifty-six patients were treated during the year 1922 and most of them required treatment for one or more concomitant disease.

Oil of chinopodium is considered the best and most effective vermifuge and has always been given the preference to any other anthelmintic. Thymol had to be given on a few occasions, when the oil of chinopodium failed to give a satisfactory result.

Three c.c. of the oil given on three successive doses, at two hours interval, repeated on the fourth day and the eighth, if necessary, was the usual routine dosage for an adult. Thymol to be given in doses from 1 to 3 or 4 grammes according to the age and constitution of the patient.

There were no deaths at all as, out of the fifty-six cases, fifteen were completely cured, thirty-five were considered relieved and six were discharged unrelieved, due to their refusal to stay long enough in hospital. No alarming symptoms ever appeared, in fact no untoward symptoms beyond giddiness, epigastric discomfort and whistling in the ears.

Any number of worms have been expelled on the first day of treatment, and it is interesting to note that other worms especially the ascaris, which is a very common concomitant used to be voided as well.

It was a rule to purge the patient before and after the administration of the vermifuge and fast him in between. The stools passed during the next twenty-four hours were then collected, emulsified strained with gauze and examined. Some cases, though negative microscopically, contained worms and *vice-versa* other cases, positive under the microscope, could not be made to pass worms.

The results of treatment were always satisfactory, the patients usually gained in hæmoglobin, added body weight and felt great improvement.

(j) The X-Ray Section.

454 cases required examination and sometimes re-examination with the rays during the year. Eight therapy seances were done for skin cases.

The following is a list showing the nature of the cases that required X-raying.

Fractures :—

Elbow	24
Thigh	25
Shoulder	12
Clavicle	1
Forearm	33
Knee	4
Ankle	22
Lower jaw	4
Leg	54
Wrist	15
Foot	5
Upper Arm	17
Scapula	2
Fingers and hand	4
Ribs	2
Hip	12
Pelvis	1
Spine	2

Dislocations :—

Elbow	2
Shoulder	2
Hip	2
Wrist	1
Ankle	1

Tumours :—

Spine	1
Radius, sarcoma	1
Chest	1
Mandible	1
Skull	1
Pancreas	1
Liver, cancer	1
Wrist, sarcoma	1
Orbit, sarcoma	1
Aneurysm of aorta	1
Bismuth meal	4
Pericardial Effusion	1
Stricture of oesophagus	1
Subdiaphragmatic abscess	1
Bullet, abdomen	1

Needle :—

Hand	6
Scalp	1
Arm	1
Knee	1
Foot	1
Chest wall	1
Dextrocardia	2
Glass, foot	2
Supernumerary fingers	1
Supernumerary tees	1
Kidneys and ureters for stones	50
Bladder for stones	1
Gallstones	1

Necrosis and osteomyelitis :—

Tigh	7
Foot	3
Elbox	2
Lower jaw	7
Leg	6
Ankle	5
Arm	1
Wrist	1
Spine	1
Forearm	1
Hand	1
Periostitis if shoulder	1
Excision of knee	4
Plating :—	
Femur	1
Humerus	1
Radius and ulna	2
Wiring elbow	1
Ankylosis, :—	
Knee	1
Hand	1
Ankle	1
Hip	2
Elbow	2
Osteo-arthritis, knee	5
T. B. :—	
Lungs	2
Larynx	1
Tubercular:—	
necrosis	
Ankle	3
Knee	17
Hip	12
Shoulder	1
Spine	8
Elbow	6
Pelvis	5
Hand	1
GRAND TOTAL	445

457 policemen and 194 *ghafirs* were admitted during the year, as compared with 694 policemen and 301 *ghafirs* last year and 727 and 303 during 1920, and 263 the year before respectively.

72 prisoners, 63 natives and 9 Europeans received treatment as in-patients during the year as compared with 145 last year and 198 the year before.

Ninety-eight cases of drunkenness were admitted during the year, out of which seven were females. Last year the number was 125, 118 and 8 respectively.

Thirty-six foundlings were sent to the hospital during the year, fourteen and twenty-two males and females respectively, of whom only two males and nine females survived.

Fifteen barbers and twelve *dayas* received instruction this year, of which thirteen barbers and eleven *dayas* passed the examination.

3,226 examinations and re-examinations have been made by the Medical Commission, which is 129 cases more than the preceding year, 267 cases more than during 1920. Of these 3,226 examinations, 199 were done outside the hospital.

2,183 packages were dealt with, all for import and none for export. All were on behalf of our Department, in contradistinction to preceding years, when they were always a few on behalf of other Departments and Administrations.

1,649 medico-legal reports were made by the R.M.O.s, 1,546 short reports and 103 long ones, including thirty autopsies.

The number of patient days, was 107,452.

The cost per bed per annum was L.E. 76.130 mills.

The cost per patient per day was L.E. 0.249 mills.

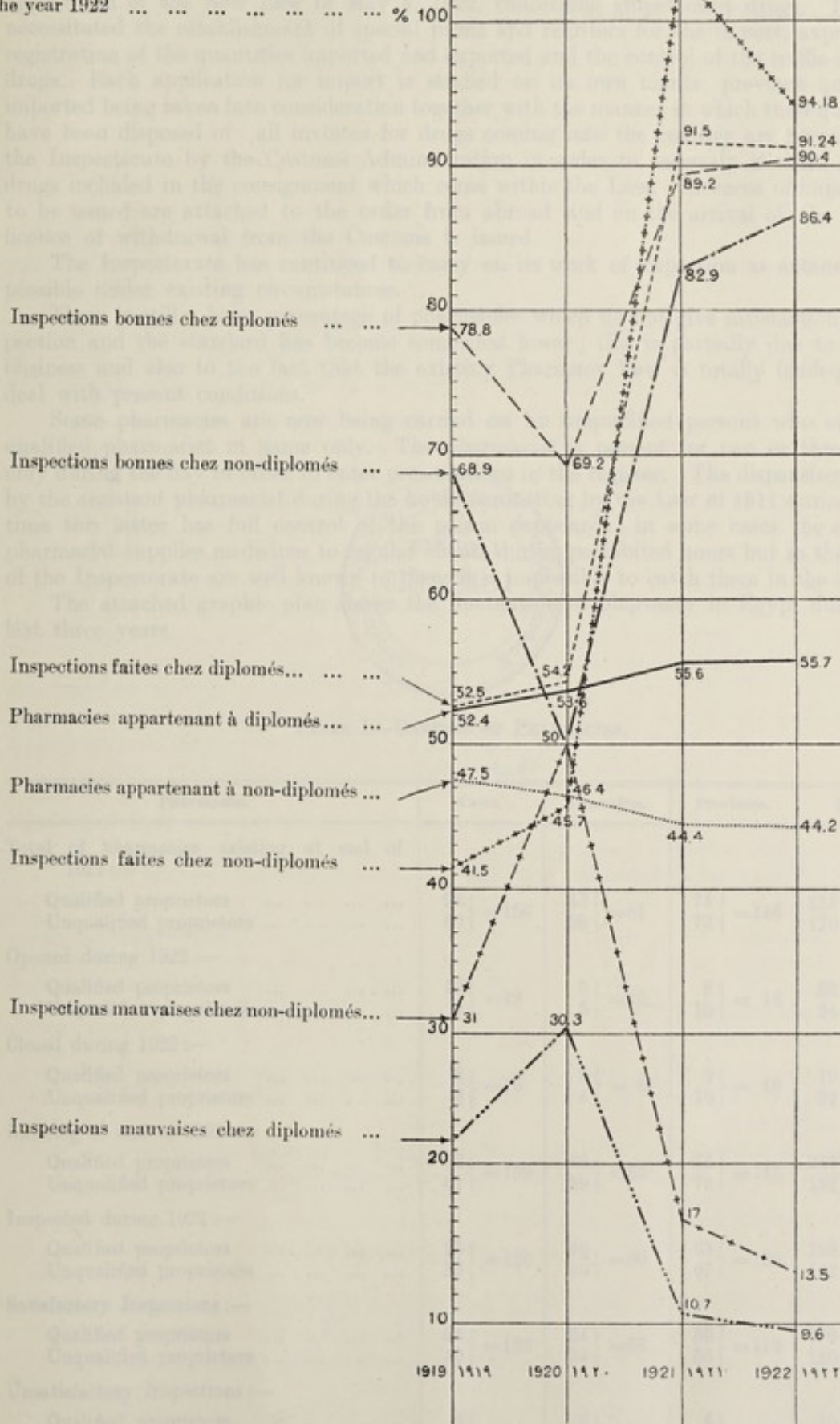
The expenditure of the hospital has been L.E. 26,798.064 mills.

Treatment fees received from in-patients L.E. 358.447 mills.

Treatment fees received from out-patients L.E. 1,049.760 mills.

INSPECTORATE OF PHARMACIES.

Graphic Diagram showing the progress of Pharmacy in Egypt with regard to the number of pharmacies existing and the result of inspections from the year 1919 to the year 1922 % 100



5.—INSPECTORATE OF PHARMACIES.

The work of the Inspectorate of Pharmacies has increased considerably since the application of the New Law of May 8, 1922, concerning stupefacient drugs. This has necessitated the establishment of special forms and registers for the import, export, and registration of the quantities imported and exported and the control of the traffic in these drugs. Each application for import is studied on its own merits, previous quantities imported being taken into consideration together with the manner in which these quantities have been disposed of; all invoices for drugs coming into the country are forwarded to the Inspectorate by the Customs Administration in order to ascertain if there are any drugs included in the consignment which come within the Law. Licences of importation to be issued are attached to the order from abroad and on the arrival of the drugs a licence of withdrawal from the Customs is issued.

The Inspectorate has continued to carry on its work of inspection as extensively as possible under existing circumstances.

There is still a large percentage of pharmacies which do not give satisfaction on inspection and the standard has become somewhat lower; this is partially due to lack of business and also to the fact that the existing Pharmacy Law is totally inadequate to deal with present conditions.

Some pharmacies are now being carried on by unqualified persons who engage a qualified pharmacist in name only. The pharmacist is present for two or three hours only during the day in order to enter prescriptions in the register. The dispensing is done by the assistant pharmacist during the hours permitting by the Law of 1911 during which time this latter has full control of the poison cupboards; in some cases the assistant pharmacist supplies medicines to regular clients during prohibited hours but as the agents of the Inspectorate are well known to them it is impossible to catch them in the act.

The attached graphic plan shows the fluctuation of pharmacy in Egypt during the last three years.

TABLE I.—CONTROL OF PHARMACIES.

Pharmacies.	Cairo.	Alexandria.	Provinces.	TOTAL.
Total of pharmacies existing at end of 1921 :—				
Qualified proprietors	96 {	43 {	74 {	213 {
Unqualified proprietors	60 { =156	38 { =81	72 { =146	170 { =383
Opened during 1922 :—				
Qualified proprietors	10 {	5 {	8 {	23 {
Unqualified proprietors	9 { =19	5 { =10	10 { = 18	24 { = 47
Closed during 1922 :—				
Qualified proprietors	8 {	2 {	9 {	19 {
Unqualified proprietors	8 { =16	4 { = 6	10 { = 19	22 { = 41
Existing at end of 1922 :—				
Qualified proprietors	98 {	46 {	73 {	217 {
Unqualified proprietors	61 { =159	39 { =85	72 { =145	172 { =389
Inspected during 1922 :—				
Qualified proprietors	95 {	40 {	63 {	198 {
Unqualified proprietors	55 { =150	40 { =80	67 { =130	162 { =360
Satisfactory Inspections :—				
Qualified proprietors	86 {	34 {	59 {	179 {
Unqualified proprietors	50 { =136	34 { =68	56 { =115	140 { =319
Unsatisfactory Inspections :—				
Qualified proprietors	9 {	6 {	4 {	19 {
Unqualified proprietors	5 { =14	6 { =12	11 { = 15	22 { = 41

TABLE I.—CONTROL OF FARMACIES (*continued*).

	Cairo.	Alexandria.	Provinces.	TOTAL.
Samples of drugs, etc., sent to Laboratories for analysis :—				
Conform	—	—	—	111
Not conform	—	—	—	56 } = 167
Contraventions against the Pharmacy Law No. 14 of 1904 :—				
Qualified proprietors	4	8	2	14
„ managers	4	2	6	12
Assistant pharmacists	1	3	—	4
Apprentices	3	—	1	4
Unqualified proprietors	—	3	—	4
Unauthorized persons	8	17	21	46
Judgments given against contraveners :—				
Qualified proprietors	—	1	2	3
„ managers	1	1	2	4
Unauthorized persons	3	5	11	19
Cases pending :—				
Qualified proprietors	4	6	—	10
„ managers	2	—	3	5
Assistant pharmacists	1	3	—	4
Apprentices	3	—	1	4
Unqualified proprietors	—	3	1	4
Unauthorized persons	5	12	10	27
Cases filed :—				
Qualified proprietors	—	1	—	1
Unqualified proprietors	1	1	1	3

PHARMACISTS.

Thirty-two new pharmacists have been authorized during the year 1922 to practice in Egypt of which twelve graduated from Cairo.

The following table shows the origin of the above-mentioned diplomas :—

Athens	2
Atlanta	1 (ex-assistant).
Beyrouth	6
Cairo	12
Constantinople	10
Damascus	1

The Department still has great difficulty in recruiting pharmacists for the Government Service and at the present time there are five vacant posts and it is impossible to find anyone to fill them.

There are eighteen Student Pharmacists serving their training in pharmacies of which eleven are from the School of Medicine, Cairo, and seven from other faculties.

ASSISTANT PHARMACISTS.

As advised in last year's report an arrangement has been made with the Ministry of Education whereby candidates for registration as apprentice assistant pharmacists are obliged to produce the Secondary Education Certificates, Part I (Ministerial Order No. 2337 which came into force on October 1, 1922).

Of the seventy-six apprentices who were registered this year it is improbable that all of them will present themselves for examination for admission to the School after their three years apprenticeship.

There are at present time 279 apprentices serving their time in various pharmacies

Apprentice assistant pharmacists registered during the year 1922	76
Apprentice assistant pharmacists serving their time in pharmacies up to the end of 1922	279
Struck off the register for various reasons	12
Passed the examination for admittance to the School in June 1922 and in October 1922	24
Passed the final examination in June 1922 and in October 1922	12

AUTHORIZED POISON DEALERS.

In conformity with the Law of May 8, 1922, two new forms of authorizations are now issued. These now replace the old form which was issued under the Law of 1904; they consist of:—

(a) Authorization to deal solely in stupefacient drugs which come within the meaning of the law which is based on the Hague Convention with the addition of all preparations of Cannabis Indica (Indian Hemp); these authorizations are valid for one year only.

(b) Authorization to deal in poisons included in Schedule I of the Law of 1904 but excluding stupefacient drugs. These are valid for five years.

The old form of authorization to deal either wholesale or retail in poisons included in Schedule II (Industrial and Agricultural) has not been modified except that on May 23, 1922. Nitrate of silver was added to Schedule II. This was found necessary as large quantities were being imported for the fabrication of mirrors which is comparatively a new industry of this country.

Certain difficulties have arisen for the reason that some pharmacists and druggists have placed orders with foreign firms without having previously obtained the necessary licence of importation and in some cases this Department has been obliged to refuse importation for various reasons. On the other hand certain countries refuse to export to Egypt as it is not considered a signatory to the Hague Convention, even should a licence to import has already been granted by the Egyptian Government.

The above authorizations are granted both to local wholesale dealers and to accredited agents of reputable European firms.

	Cairo.	Alexandria.	Provinces.	TOTAL.
Authorization existing at end of 1921	43	38	12	93
Authorizations granted during 1922	16	6	9	31
Authorizations issued up to the end of 1922	59	44	21	124
Contraventions against authorized dealers	3	1	—	4
Judgments given	1	1	—	2
Cases pending	2	—	—	2

POISONOUS PLANTS.

The transport in the country for export of poisonous plants, such as Henbane, Colocynth, Datura, etc. is controlled as far as possible. Only one new authorization has been issued during the year.

A considerable amount probably escapes detection as it is transported by river or caravan.

The quantities which have been legally sent from Upper Egypt to the ports of embarkation are as follows:—

688 kilos. of Colocynth.

5-500 kilos. of Henbane.

OPIMUM.

As in the past the cultivation of the Opium Poppy and the collection of the opium is entirely uncontrolled; it is quite impossible to state the quantity produced or how it is disposed of. In order to exercise any effective control it would be necessary to know:—

- (1) The quantity of seeds sown.
- (2) The total area planted.
- (3) The number of plants allowed to mature.
- (4) The quantity of opium collected.
- (5) The percentage of alkaloids which it contains.

According to various analyses which have been made in the Public Health Laboratories, it has been found that the Morphia content varies from 3 per cent and in some cases as much as 15 per cent has been found. The strength depends to a large extent on the district in which the opium has been grown.

The total quantity of opium imported during the year is 9,555 kilogrammes; according to the registers of authorized poison dealers, this quantity has been re-exported to adjacent countries by sailing boats or by caravan.

With regard to the opium produced in Egypt it is known officially that 1,395 kilogrammes have been transported under authorization of which 665 kilogrammes have been disposed of by authorized persons and 730 kilogrammes by the cultivators on their own account.

STUPEFACIENT DRUGS (COCAINE, MORPHINE, HEROIN, DIONINE, AND CANNABIS INDICA).

Although the new law has been successful to a certain extent in limiting the importation of stupefacient drugs for medicinal use to the actual needs of the country, it is certain that contraband traffic is still being carried on to an enormous extent.

The following table shows the quantities imported during the last three years. Allowance must be made for the fact that the new law did not come into force until May 27, 1922.

YEAR.	Kilogrammes.				
	Morphine.	Cocaine.	Heroin.	Dionine.	Cannabis Indica Extract.
1920	19,943	63,089	4,231	2,846	23,000
1921	33,714	80,838	9,248	3,492	15,000
1922	22,340	155,423	39,286	8,314	33,008

This table clearly shows that since 1920 the imports of cocaine have been steadily increasing every year; a fluctuation in the quantity of morphine increasing in 1921, and decreasing in 1922; an enormous increase in the quantities of heroin and dionine namely from 4 to 39 kilogrammes and from 6 to 8 kilogrammes respectively. Taking into consideration the large quantity of cocaine imported in 1922, namely 155 kilogrammes the figures show a large increase generally in the imports of the most dangerous habit-forming drugs.

It is to be regretted that the abuse of heroin and cocaine is facilitated by certain doctors over whom the pharmacy law has no jurisdiction. It is very probable that if steps could be taken to prevent these doctors writing prescriptions *ad libitum* for these drugs the consumption would decrease considerably.

6.—CHILDREN'S DISPENSARIES.

The twelve Provincial Council Dispensaries were kept working throughout the year although various difficulties in supplying locums for holiday duty were experienced. The Provincial Councils are sometimes dilatory in replying to requests for payment of the acting Matron's salary, hence the disinclination of suitable Sisters to undertake these temporary posts. Had it not been for the services of the Travelling Inspecting Sisters lent by the Public Health Department, several dispensaries would have had to be closed during the summer leaves of the Matrons, unnecessary suffering to the children who specially require the help rendered during the hot weather months would otherwise have resulted.

BUILDINGS.

No new buildings have been erected though a site was selected at Wasta for the much needed new dispensary, the present house becoming increasingly inadequate for the large daily attendances. So far no further steps have been taken by the Beni Suef Provincial Council.

Minya Council requested plans and working estimate for a new branch dispensary at Samallût where funds were originally collected for a hospital. These, however, being insufficient, for that purpose were to be diverted to erect a Children's Dispensary. The Council however wished Public Health Department to be responsible for the yearly maintenance; as this was impossible the scheme unfortunately fell through and a day-school was built with the funds.

DOCTORS' VISITS.

The visits of local practitioners are on the increase and are of great value to both the Matrons and the patients.

The scheme at Mansûra where a Doctor visits the Dispensary daily by arrangement with the Municipality is working well and excellent team work is being done. Minor operations are performed daily and the Dispensary steadily increasing in popularity as is evidenced by the following figures: 3,000 more new cases have been treated than during the previous year; and the total attendances number 45,989 as against 38,329 in 1921.

Tanta also shows a similar upward rise where a Doctor appointed by the Council attends regularly.

INCREASE ATTENDANCES.

There has been a steady rise in attendances at several of the Dispensaries, markedly so at the small branches at Biba and Wasta, although no Doctor is available at these places for daily duty. An Egyptian *munarrida* lives at each and the Matron visits on alternate days.

Biba has had 11,895 more attendances during the year; and Wasta—even more striking for so small a place—shows an increase of 22,288 over 1921.

These figures fully indicate the need for similar branch Dispensaries at other small towns and market centres to which the women can bring their children. In this way wide areas comprising numerous villages and *'ezbas* are brought into reach of medical care for their scattered but numerous population.

The aim of the Public Health Department is to encourage the establishment of children's Dispensaries throughout the country. But the Department considers that the maintenance of these should be the charge of the local authorities and not of the Central Administration; also that a definite fixed proportion of Provincial Councils funds in each district should be allotted to health institutions.

The high infant mortality year by year shows the urgent need for far more similar teaching centres for the enlightenment of the poorer women and for the benefit of their children.

The registers kept at the Dispensaries show that large numbers of women come long distances from their country homes in order to benefit by the advice and teaching given at the Dispensaries and that the attendances are by no means confined to the residents in the town.

TABLE I.—CASES AND ATTENDANCES, 1922.

DISPENSARIES.	New Cases.	Old Cases.	Total Attendances.	Period.
Damanhûr	11,602	44,408	56,010	293 days
Tanta	9,397	41,740	51,137	293 "
Mansûra	12,181	33,808	45,989	297 "
Zagazig	2,892	12,009	14,901	294 "
Shibin el Kôm	6,995	24,409	31,404	300 "
Giza	5,151	18,575	23,726	265 "
Faiyûm	5,138	18,101	23,239	292 "
Beni Suef	7,829	37,649	45,478	297 "
Biba	5,614	35,213	40,827	298 "
Wasta	6,809	39,297	46,106	299 "
Minya	5,719	21,770	27,489	291 "
Port Said	8,873	24,399	33,072	287 "
TOTAL... ..	88,000	351,378	439,378	Average 292 days
Total in 1914 ...	47,601	202,088	249,689	— —
Total in 1915 ...	48,923	206,159	255,082	— —
Total in 1916 ...	70,223	320,587	390,810	293 days
Total in 1917 ...	69,233	314,474	383,707	295 "
Total in 1918 ...	70,061	312,188	382,249	289 "
Total in 1919 ...	55,384	235,831	291,215	231 "
Total in 1920 ...	71,292	320,411	391,703	282 "
Total in 1921 ...	78,819	301,136	379,955	293 "
Total in 1922 ...	88,000	351,378	439,378	292 "
Increase or Decrease ...	+ 9,181	+ 50,242	+ 59,423	—1 "

TABLE II.—CHILDREN'S DISPENSARIES. ANALYSIS OF CASES DURING 1922.

CASES.	Damanhûr.	Tanta.	Mansûra.	Zagazig.	Shibin el Kôm.	Giza.	Faiyûm.	Beni Suef.	Biba.	Wasta.	Minya.	Port Said.
Eyes	2	—	8	384	—	1	63	255	1,053	745	1,378	704
Skin	1,113	943	1,541	376	995	1,528	724	1,670	584	738	690	1,010
Ears	114	402	373	96	148	34	147	312	162	211	103	356
Chest	1,140	1,175	1,969	323	720	977	789	1,033	411	755	700	1,022
Abdomen	6,163	3,963	3,663	753	2,513	2,053	1,704	3,748	2,251	2,528	2,220	4,428
Surgical... ..	301	426	193	116	61	96	58	185	26	42	22	692
General	1,314	988	1,966	215	804	571	978	563	234	506	1,198	256
Infectious	26	80	94	3	47	80	104	43	17	2	111	437
Total number of new cases	10,173	7,977	9,807	2,266	5,288	5,340	4,567	7,809	4,739	5,527	6,422	8,905
Number of old cases	37,549	28,627	28,522	11,910	21,320	25,653	18,666	36,465	24,194	18,291	21,734	28,205
TOTAL... ..	47,722	36,604	38,329	14,176	26,608	30,993	23,233	44,274	28,932	23,818	28,156	37,110
Number of working days	294	278	287	298	296	290	281	298	302	303	299	286

7.—MATERNITY TRAINING SCHOOLS.

The eight Maternity Training Schools in the Provinces continued to train successive batches of Egyptian women in the elements of Midwifery.

PUPILS.

The *daya* pupils are almost entirely drawn from the illiterate classes of village women and where possible from the families of hereditary *dayas* as these women are more likely to gain the confidence of their patients. Much patience and oft-repeated, clear, simple teaching is required to impart even the rudiments of midwifery into these untrained minds during the four month's course. Diagrams and printed charts are used freely at the daily lectures, and practical demonstrations are given by the Matron on the various models. Each pupil is required to conduct at least twenty cases in the homes of the patients during which she is personally instructed by the Matron or *bash-daya*.

A proposal has recently been made that the *daya* pupils should be taught reading and writing during their stay at the Maternity School, but it must be pointed out that the four months term is all too short to impart the simple course of midwifery to these village women. It is next to impossible to expect these women—often middle-aged—to grasp even the Arabic alphabet whilst working hard often by night as well as by day, in the homes of their patients.

An admirable scheme which it is hoped to extend is to persuade the young daughters of hereditary *dayas* to attend a day school and so to better fit themselves to enter as pupils at the Maternity School when old enough.

It is much to be regretted that a better class of Egyptian women does not come forward to train as midwives. In a profession where two lives are always at stake—the mother's and child's—the very best attendants are required if the heavy Maternal and Infant mortality still prevailing in Egypt is to be reduced to the level of European countries.

Tanta.—This was one of the first Provincial Maternity Schools to be founded and though closed for four years is steadily gaining in popularity since its re-opening in June 1921.

On the resignation of the Matron early in 1922, Gharbiya Provincial Council appointed a *muwallida* to succeed her. The new Matron had previously worked at Biba Dispensary. The Tanta post is an arduous one, the work being exceptionally heavy in this large centre of population, as many as 919 cases were conducted by the Matron and her pupils during the year, a larger number than in any other Provincial Maternity School. The size of the town and the large number of calls necessitated the appointment of a second *bash-daya*.

Mansûra and Shibîn el Kom.—Both these Provincial Councils also appointed *muwallidas* to succeed the English Matrons on the latter's retirement.

As was pointed out in last year's report, it is difficult to find Egyptian candidates for these Matronships who possess the requisite professional training, the practical experience and the administrative qualifications essential for these responsible positions.

For this reason, however, two Egyptian ladies have recently been sent by the Public Health Department to England for a further course of midwifery, who will on their return be appointed in charge of *dayas'* Training Schools.

Zagazig.—This School worked steadily throughout the year and comes next to Tanta in the number of cases attended, 867 in all; whilst the visits paid by the Matron and her pupils numbered 11,745.

The six beds for in-patients accommodated twenty-nine mothers only as a certain amount of prejudice still exists among the *fellahin* against being confined away from their own homes.

Also the Matron being single-handed she is fully occupied in the heavy work in the district and should the ward be always full extra assistance would be required, so emergency cases only are advised to come in.

Minya and Sohâg.—The work of these Schools is as popular as ever and no difficulty is now experienced in obtaining pupils. The doctors in both places speak enthusiastically of the training given as evidenced by the cleaner methods employed by the *dayas* trained at these institutions.

Faîyûm.—This School has been closed since the Matron resigned in July. The Provincial Council wish to appoint a *muwallida* but so far have not found a suitable candidate.

Beni Suef.—The building specially purchased for a Maternity School has never been utilised for the purpose, though the Provincial Council has again been discussing the question. The position is an excellent one and a fully qualified Matron is available if only the funds collected in 1913 could be utilised.

EXAMINATION RESULTS.

The total number of *dayas* trained in the eight Schools was 180, ten of whom failed to pass the examination. Although the percentage of passes was similar to the previous year, the standard generally at both Mansûra and Shibîn el Kom was distinctly lower.

MEDICAL.

The number of cases attended during the year was 4,419, of these 182 were abnormal and included one set of triplets, seven caesarian sections and two craniotomies. The Matrons and *dayas* paid 40,660 visits to the patients in their homes during 1922 and fifty-nine in-patients were treated in the wards of the Maternity Schools.

Help in difficult cases was given by doctors in sixty cases.

TRAVELLING INSPECTING SISTERS.

Four sisters have been fully employed during the year and have inspected *dayas* throughout Egypt, giving special attention to those who have taken the four months' course at a Provincial Council Training School.

This work has now been established for three years and the results are most satisfactory, the women are greatly helped and stimulated by the periodical visits, their difficulties are explained and as official interest is now shown in their work many are keeping up to the standard taught in the Schools. The visits of these Inspectresses is now welcomed by the *dayas* and many of the Markaz doctors who are trying to raise the standard of health work throughout Egypt.

The sisters are explaining to all the practising *dayas* the probability that in a few years, time no illiterate pupils will be admitted for training hence the necessity for sending their daughters to School and in many instances action is being taken in this direction. Suitable candidates for training are interviewed in outlying villages and recruited for the Schools. The Provincial Councils of Beheira, Gharbiya, Sharqiya, Giza, Faîyûm, and the Municipalities of Mansûra and Port Said have all profited by the services of the Sisters or varying lengths of time during the year when emergency locums during sickness or for holiday duty were undertaking to avoid closing the institutions.

TABLE I.—MATERNITY SCHOOLS. ANALYSIS OF ABNORMAL CASES DURING 1922.

CASES.	Janashir.	Tanta.	Mansûra.	Zagazig.	Shibin el Kôm	Faiyûm.	Mînya.	Sohâg.	TOTAL.
<i>Multiple Births :—</i>									
Twins	8	18	4	5	11	1	5	1	53
Triplets	—	1	—	—	—	—	—	—	1
<i>Abnormal Presentations :—</i>									
Breach ordinary	9	13	4	22	18	5	6	5	82
" difficult... ..	—	2	—	1	—	—	3	—	6
Footling	—	1	—	—	—	—	—	—	1
Face	1	1	3	4	—	3	—	2	14
Transverse	—	1	1	3	3	2	2	1	13
Cord	—	—	1	2	1	—	—	—	4
Unreduced O.P.	—	—	—	1	—	—	—	—	1
Shoulder	—	—	—	—	—	—	—	1	1
<i>Instrumental Deliveries :—</i>									
Forceps	1	5	6	12	1	4	5	2	36
Craniotomy	—	—	—	—	—	—	1	1	2
Cesarian section	—	4	2	1	—	—	—	—	7
Version	1	—	—	—	—	—	—	—	1
<i>Complications :—</i>									
Post-partum hæmorrhage	1	1	—	8	4	—	4	1	19
Ante-partum "	—	1	1	7	1	—	—	1	11
Placenta previa... ..	2	—	1	3	1	—	—	—	7
Retained and adherent placenta	—	1	—	8	1	—	2	—	12
Uterine inertia	2	—	—	3	1	—	2	1	9
Contracted pelvis	—	—	1	1	2	—	4	—	8
Cicatrised Os and vagina	—	—	—	—	—	—	—	—	—
Rigid Os	—	1	—	—	1	—	—	—	2
Cancer	—	—	—	—	—	—	—	—	—
Laceration of perineum ...	—	—	—	8	—	—	—	—	8
Laceration of Vagina ...	—	—	—	—	—	—	—	—	—
Hydramnios	—	1	—	—	—	—	1	—	2
Albuminuria	—	—	—	4	—	—	—	—	4
Gen. Odema (Heart)	—	—	—	1	—	—	—	—	1
Eclampsia	1	1	—	—	—	1	1	—	4
Syphilis	—	—	—	—	1	—	—	—	1
Syncope	—	—	—	1	—	—	—	—	1
Metritis	—	—	—	—	—	—	—	—	—
Here Lip	—	—	—	—	—	—	—	—	—
Ascitis in infant	—	—	—	—	—	—	—	—	—
Anencephalus	—	1	—	—	—	—	—	1	2
Hydrocephalus	—	—	—	1	—	—	—	—	1
Ophthalmia Neonatorum...	—	—	—	—	—	—	—	—	—
<i>Illness complicating Puerperium :—</i>									
Puerperal fever... ..	1	—	—	3	—	—	—	—	4
Sapremia	—	—	—	2	—	—	—	—	2
Puerperal ulcer	—	—	—	—	—	—	—	—	—
Abscess of breast	—	1	—	—	—	—	—	—	1
Albuminuria	—	2	—	1	—	—	—	—	3
Fever, three days	—	1	—	2	—	—	—	—	3
Fever, undiagnosed	—	—	—	1	—	—	—	1	2
Influenza	—	1	—	—	—	—	—	—	1
Malaria	—	—	—	1	—	—	—	—	1
Dysentery	—	—	—	1	—	—	—	—	1
Cystitis	—	1	—	2	—	—	—	—	3
Pneumonia... ..	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	—	—	—
Phthisis	—	—	—	—	—	—	—	—	—
Pulmonary embolism ...	—	—	—	—	—	—	—	—	—
Thrombosis... ..	—	—	—	1	—	—	—	—	1
Pelvic cellulitis... ..	—	—	—	—	—	—	—	—	—
" abscess	—	—	—	—	—	—	—	—	—
Puerp. mania	—	—	—	—	—	—	—	—	—
Vag. Fistula	—	—	—	—	—	—	—	1	1
<i>Brought forward ...</i>	27	59	24	110	46	16	36	19	337

TABLE I.—MATERNITY SCHOOLS, ETC. (*continued*).

CASES.	Samahûr.	Tanta.	Mansûra.	Zagazig.	Shibûn el Kôm.	Faiyûm.	Minya.	Sohâg.	TOTAL.
<i>Carried forward</i>	27	59	24	110	46	16	36	19	337
<i>Maternal Deaths:—</i>									
Pneumonia... ..	—	—	—	1	—	—	—	—	1
Puerperal fever	2	1	—	1	1	1	—	—	6
Heart failure	1	—	—	—	—	—	—	—	1
Rupture uterus	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	1	—	—	—	—	1
Nephritis	—	—	—	—	—	—	—	—	—
Eclampsia	—	1	—	—	—	—	—	—	1
Placenta Previa	—	—	—	—	—	—	—	2	2
Phthisis	—	—	—	—	—	—	—	—	—
Hæmorrhage	2	—	—	—	—	—	—	—	2
<i>Infant Mortality:—</i>									
Still-births	6	17	9	30	14	21	13	9	119
Died after birth	1	1	—	6	—	—	5	4	17
<i>Premature Births:—</i>									
Viable... ..	—	6	5	14	4	12	9	5	55
Non-viable (abortions) ...	—	33	8	12	25	7	13	21	119
TOTAL	39	118	46	175	90	57	76	60	661
Total number of cases attended	622	919	233	867	723	280	421	347	4,412

TABLE II.—SCHOOLS FOR *Dayas*. STATISTICS FOR 1922.

CASES.	Samahûr.	Tanta.	Mansûra.	Zagazig.	Shibûn el-Kôm.	Faiyûm.	Minya.	Sohâg.	TOTAL.
Abortions	1	33	5	10	24	5	13	21	112
Deliveries	469	674	156	558	518	197	262	197	3,031
B.B.A.	31	12	5	16	24	1	34	31	154
Primipara	93	137	29	130	97	34	63	62	645
Abnormal Comp.	13	24	11	65	35	6	19	9	182
Premature births	—	9	6	16	8	15	9	5	68
Still-born	6	17	10	30	14	13	13	9	112
Deaths Mother	4	3	—	3	1	1	—	2	14
Child... ..	1	5	1	10	1	8	5	4	35
In-patients... ..	4	5	10	29	1	—	3	7	59
Total number of cases	622	919	233	867	723	280	421	347	4,412
Number of visits of matrons and dayas	7,339	5,136	2,560	11,745	1,812	2,320	5,581	4,167	40,660
Number of working days	253	292	228	296	214	172	317	291	Average. 258
Number of <i>dayas</i> trained	30	29	20	24	21	15	29	12	180
	27	29	19	24	15	15	29	12	170

TABLE III.—MATERNITY HOMES. NUMBER OF *Dayas* WHO PASSED EXAMINATION AND THOSE WHO FAILED IN 1922.

SCHOOLS.	Entered.	Passed.	Failed.
Damanhûr	30	27	3
Tanta	29	29	—
Mansûra	20	19	1
Zagazig	24	24	—
Shibin el Kôm	21	15	6
Faiyûm	15	15	—
Minya	29	29	—
Sohâg	12	12	—
TOTAL	180	170	10

Number of Egyptian midwives who attended midwifery course in the maternity homes 180
 Number of those who passed the examination 170
 „ „ failed 10

(5) Ophthalmic Needs of Egypt—other than Cairo.

Alexandria, Port Said, Damietta, Suez, and other ports.—At Alexandria a section of the Government Hospital has been devoted to ophthalmic purposes. There is a good operating room, but the staff is small, and a satisfactory out-patient department. As the Government Hospital is crowded, it is one of the new buildings should be devoted to a well-organized ophthalmic department. The operating room would be very satisfactory, and it is to be hoped that during 1923 a satisfactory from the Ministry of Finance for the purpose of the new building.

The Maternity of Alexandria is situated adjacent to a very good operating hospital which reflects great credit on both the Municipality and the Government.

At Port Said a very satisfactory out-patient clinic has been organized by the Municipality and is maintained by the Government. A few beds in the Government Hospital are available for ophthalmic work.

The Government Hospital at Damietta is on the point of being rebuilt and a small is available for the purpose. In the new building a satisfactory ophthalmic department has been provided. In the small new temporary quarters have been provided and an ophthalmic clinic is now being carried on.

At Suez a section of the Government Hospital will be devoted to ophthalmology as soon as the hospital has been enlarged; plans are ready for the purpose.

Rosetta situated in an isolated position 71 kilometres from Alexandria, although no longer a town, is now being developed. The town itself has a population of 25,000, while the greater number of which Rosetta is the centre has a population of 75,000, there is no hospital of any kind there. While a travelling hospital was working at Rosetta during 1922 a very large amount of work was done showing the need for ophthalmic relief.

SECTION III.

I.—GENERAL REMARKS.

(a) Ophthalmic Needs of Cairo.

In the Report for the year 1919 the provision of a large central ophthalmic hospital for Cairo was recommended. For this purpose the Government were prepared to grant a suitable site in Bulâq, one of the most populous quarters of Cairo, on condition that the money for building was raised from voluntary sources within two years. However, owing to political troubles at that time the money was not raised and the offer of the site lapsed.

Experience of the ophthalmic needs of Cairo has been considerably increased during the last two years by the maintenance of two tent hospitals one at Giza and one at Rôd el Farag. The hospital at Giza ministered mainly to the inhabitants of Giza town and the more distant markazes of Giza Mudiriya, while the hospital at Rôd el Farag ministered not only to the very large working class population around the site of the hospital but also to those of Saptiya and Bulâq. If it is ever possible to increase the facilities for ophthalmic relief in Cairo it may be desirable to consider the advisability of building small hospitals at a cost of L.E. 10,000 to L.E. 15,000 on the outskirts of Cairo rather than to build at any one place a single expensive hospital which it might be difficult for the inhabitants of even the immediate suburbs of Cairo to visit. The Rôd el Farag Hospital should be replaced by an adequate building as soon as possible and, in the future, hospitals should be built at Bulâq, Abbâsiya, Helmiya, and Saïyeda Zeinab.

For the purpose of training ophthalmic surgeons the new permanent hospital at Giza and the Giza Laboratory will if necessary be found amply sufficient, together with the clinical material obtainable at Rôd el Farag.

(b) Ophthalmic Needs of Governorates other than Cairo.

Alexandria, Port Said, Damietta, Suez, with note on Rosetta.

At Alexandria a section of the Government Hospital has been allotted for ophthalmic purposes. There is a good operating room, beds for thirty patients, and a fairly satisfactory out-patients department. As the Government hospital is increased in size a part of the new buildings should be devoted to a self-contained ophthalmic block. This arrangement would be very satisfactory, and it is to be hoped that money will be forthcoming from the Ministry of Finance for the purpose in the next budget.

The Municipality of Alexandria in addition maintains a very useful ophthalmic hospital which reflects great credit on both the Municipality and the Surgical Staff.

At Port Said a very satisfactory out-patient clinic has been provided by the Municipality and is maintained by the Government. A few beds in the Government Hospital are available for ophthalmic cases.

The Government Hospital at Damietta is on the point of being rebuilt and a credit is available for this purpose. In the new building a satisfactory Ophthalmic Department has been provided. In the mean time temporary quarters have been provided, and an ophthalmic clinic is now being carried on.

At Suez a section of the Government Hospital will be devoted to ophthalmology, as soon as the hospital has been enlarged: plans are ready for this purpose.

Rosetta, situated in an isolated position 71 kilometres from Alexandria, although no longer a Governorate, may be considered here. The town itself has a population of 21,950, while the police district of which Rosetta is the centre has a population of 77,669, there is no hospital of any kind here. While a travelling hospital was working at Rosetta, during 1917 a very large amount of work was done showing the need for ophthalmic relief.

(c) Mudiriya Hospitals.

Thirteen of the fourteen provinces of Egypt have now been supplied each with a specially built and specially designed ophthalmic hospital. The money for capital expenditure has been provided as follows: The Government L.E. 19,240, Provincial Councils or Municipalities L.E. 33,326; public subscriptions or private benefactions L.E. 58,126; all are maintained by the Government.

The hospital most recently opened is that of Qena.

The Giza Hospital is being carried on temporarily in tents until the building is completed.

(d) Ophthalmic Needs of the Southernmost Part of Egypt.

A travelling hospital housed under canvas provides for the ophthalmic needs of the southern province, Aswân. This province, extending for 300 kilometres along the banks of the Nile, is too poor to provide a sum sufficient to build and equip a permanent hospital. It is desirable that there should be a built hospital at the capital town of the province Aswân, as a centre for the ophthalmic campaign both north and south of that town. North of Aswân town the travelling hospital will always be required for the towns of Isna (population 17,386), Idfû (population 20,102), and Kom Ombo (population 20,185) which are a very long way from the existing hospital at Qena, and the proposed hospital at Aswân. South of Aswân town the river should be patrolled by a floating hospital for the relief of the inhabitants of Upper Nubia as far south as Wadi Halfa.

However, it is not possible for the Government to provide a floating hospital for the province as well as a permanent hospital at Aswân town, especially if, the travelling hospital already at work in the province is allowed to remain there. Perhaps however this floating hospital for the southernmost part of Egypt may be provided by some outside agency.

(e) Ophthalmic Hospitals in the Markazes.

Some years ago ophthalmic hospitals were built in three of the largest markazes, Mahalla el Kubra, Kafr el Zaiyât, and Santa. These hospitals were and are maintained by the Provincial Council of Gharbiya. They are controlled by the Director of the Ophthalmic Section of the Department acting as the Deputy of the President of the Council; so that the full power remains with the Council.

The Provincial Councils of Daqahliya and of Asyût also each maintains a travelling hospital in tents: each of these hospitals is maintained in the same way, to the mutual satisfaction of the Provincial Council and of the Department of Public Health.

It is desired that all provincial councils should be aware that if they are able to afford to provide a travelling or a built hospital and to maintain it, the Department of Public Health is prepared to have plans and estimates made for submission to the provincial council, and to manage the hospital when it is ready as the deputy of the President of the Council. All this is done gratuitously. Well trained ophthalmic surgeons are provided for the hospitals and replaced during illness, leave, etc. Efficient inspection also is provided by the Department.

(f) The Oases.

The Frontiers District Administration, is fully aware of the importance of providing ophthalmic treatment in the districts under its control, such as Mersa Matrûh, Sollûm, Kharga, and Dakhla; also in the Sinai Peninsula, and Egyptian Medical Officers of Frontiers District Administration are sent to the Ophthalmic Hospital at Giza for theoretical and practical courses as circumstances allow.

(g) **Ophthalmic Laboratory.**

In the last Report it was shown that the clinical ophthalmic pathological and bacteriological work was accommodated in a hired building at Giza. Also that money for the construction of a special laboratory, on a site adjoining the new permanent hospital at Giza, had been granted by the Imperial War Graves Commission as a memorial to the men of the Egyptian Labour Corps and Camel Transport Corps who fell in the Great War.

The plans of the Laboratory are those approved by the London Committee of the Imperial War Graves Commission. The Egyptian Government has granted a sum of L.E. 2,000 for the equipment of the Laboratory.

2.—**CLINICAL SECTION.**

(a) **Glaucoma.**

The number of cases of primary glaucoma examined during the year 1922 was 2,512 or 1·7 per cent of the total number of new patients presenting themselves for treatment. This number included 1,968 cases of absolute glaucoma in one or both eyes.

The operation performed was usually Elliot's operation of trephining the coreosclera combined with iridectomy through the trephine hole; 503 operations were performed. In 466 operations, including those in which owing to lenticular opacity extraction would have to be performed sooner or later, iridectomies were performed.

In the report for the year 1913 was mentioned: "the operation can and should be performed for a patient on an unaffected eye, as soon as the fellow eye has been definitely diagnosed as glaucomatous, since the operation is almost devoid of risk, and early operation is prophylactic against the development of increased tension, glaucoma usually affecting both eyes sooner or later." This policy has been religiously adhered to during the last 10 years, and there is no reason to alter this opinion. Secondary infections are extremely rare in Egypt, only seventeen cases having been reported since 1911 out of 5,017 operations of trephining performed during this period.

The extraordinary difference in the incidence of secondary infection between our experiences in Egypt and the experience of some European surgeons must have its origin in one of four causes:—

(1) Defective inspection of post operation cases in Egypt: the patients developing much more secondary infection than we have knowledge of but refraining from presenting themselves at hospitals.

(2) The texture of the conjunctiva of the Egyptians being of a more resistant nature than that of Europeans. (*See Report for 1921, p. 8.*)

(3) The technique used being of a more adroit nature than that in Europe.

(4) Greater liability to endogenous infection in Europe than in Egypt. It is impossible to form a definite opinion at the present time on this important matter.

It must be remembered that the cases here considered were all hospital patients, who instantly agreed to whatever operative treatment was proposed by the hospital surgeon, a very different state of affairs to that obtaining in Europe among glaucoma patients.

TABLE I.—PRIMARY GLAUCOMA.

Acute	39
Subacute	97
Chronic	2,376
* TOTAL 2,512	
Total number of patients examined 147,492	
Per cent of glaucoma cases	1.70
Per cent of absolute glaucoma cases	1.33
Operations :—	
Iridectomy	466
Trephining with iridectomy	503

* Including 1968 absolute monocular and binocular.

(b) Cataract Operations.

The operation of election in the 641 extractions of senile cataract performed during 1922 was the combined operation of extraction with iridectomy. In certain cases of complicated cataract a preliminary iridectomy was performed.

Loss of vitreous is an exceedingly serious event in the operation and one to be avoided by every means in the power of the operator, as in such a large number of cases detachment of the retina occurs either as an immediate or as a delayed sequela of the operation.

The average of vitreous loss for thirty-three operators of 6.8 per cent seems to be not excessive as compared with the results published by those surgeons in other countries who go in for what may be called the more fancy operations. It must be remembered that some of our surgeons are very junior, also that complicated operations are more frequent than in England, owing to the effect of trachoma and acute ophthalmias.

A selection of the operation which best suits the operator, which can be performed in the minimum time with the minimum disturbance of the tissues, and which is least likely to be followed by loss of vitreous appears to me to be obviously the best line to take.

(c) Influence of Temperature on Eye Disease.

The six months June to the end of November corresponding to the warmer months of the year are those in which the amount of clinical work is at its maximum. The relation between the temperature and the number of new patients treated is shown in the accompanying graph.

The relation of the incidence of various micro-organisms to the temperature given has been sufficiently worked out in these Reports annually since 1914 and will not be dealt with further.

(d) **Acute Ophthalmia.**

The importance of applying treatment as soon as attack of acute ophthalmia appears is of course self evident. Frequently however, the patient defers coming to the hospital until ulceration of the cornea has already developed.

In these cases whatever may be the bacteriological cause of the condition, the local treatment is the same, thorough swabbing of the conjunctiva of the everted upper and lower lids with silver nitrate 2 per cent, in the morning, (and again in the evening in all severe cases, taking care, however, not to cause excessive necrosis of the superficial epithelium). Constant washing of the eyes by the patient himself under supervision, with, if possible, occasional irrigation of the conjunctival sac by the surgeon, with ordinary surgical eusol solution is to be used.

If, owing to the weather or other conditions, the eusol cannot be utilised at its full strength, potassium permanganate solution of a strength of 1 in 5,000 should be used.

The following table is interesting although the deductions to be drawn from it must be taken with some reserve. The micro-organisms were spotted in the ordinary clinical routine from their morphological characters as seen in a film preparation only. Also as regards the ulceration occurring in patients under treatment the results given are probably too low for two reasons, one being that many patients do not continue their attendance if they are not rapidly progressing, and the other is the natural reluctance of medical officers to report their less satisfactory cases.

TABLE III.—ULCERS COMPLICATING CONJUNCTIVAL INFECTION DURING 1922.

ORGANISM.	No. Ulceration.	ULCERATION OCCURRING IN		Total.	Per Cent of Cases in which Ulceration occurred.
		New Patients.	Patients under Treatment.		
Gonococcus	7,779	3,473	53	11,305	31·18
Koch-Weeks	4,183	1,230	8	5,421	22·82
Pneumococcus	149	151	1	301	50·49
Morax-Axenfeld	1,025	389	2	1,416	27·61
Mixed infection	505	260	—	765	33·98
TOTAL... ..	13,641	5,503	64	19,208	38·97

From the table it is seen that a very small percentage of patients who come under treatment before ulceration develops, suffer any damage to the cornea.

The organisms most frequently found were in the following order (in cases in which the cornea was ulcerated) pneumococcus, mixed infection, gonococcus, Morax-Axenfeld bacillus, Koch-Weeks bacillus. These are in exactly the same order as was shown in the last Report.

(e) **Membranous Conjunctivitis.**

Membranous conjunctivitis is not uncommon in Egypt, especially during the warmer months. Up to the present time microscopical examination of the conjunctival discharge with an oil immersion lens has always failed to show the presence of organisms other than the gonococcus, the Koch-Weeks bacillus, the pneumococcus, the staphylococcus, the streptococcus, Morax-Axenfeld or Xerosis bacillus. During August and September of year 1922, however, a diphtheritic condition being suspected by one of the Medical Officers material was sent up to the Public Health Laboratories in order that cultures might be made. In a certain number of cases the results were positive and warning having been issued to all hospitals, special precautions were taken to prevent the spread of this dangerous condition.

A résumé of this subject only can be given here. The organisms in twenty-two cases were reported from the Public Health Laboratories as having been shown after culture to be identical in morphological features with the Klebs-Löffler bacillus. And by exhaustive animal experimentation, four of these twenty-two cases were proved to have been actually caused by this organism. It is of course clear that time would not allow of more than four cases being subjected to the necessarily prolonged investigation required by modern bacteriologists for the complete proof of the nature of the organism as being actually the Klebs-Löffler bacillus causative of diphtheria.

One or two points stand out as certain from our recent experience. It is quite impossible on clinical grounds to state whether or not a case of membranous conjunctivitis is due to the diphtheria bacillus or not. Another equally important point is that microscopical examination with an oil immersion objective of a stained film of the conjunctival discharge is without importance as regards an exact diagnosis. In several cases in which animal experimentation fully showed that the condition of infection with the bacillus diphtheria was present a careful examination of the discharge only showed the presence of an organism resembling the gonococcus, the Koch-Weeks bacillus, etc.

3.—STATISTICS OF BLINDNESS.

(a) Blindness in Egypt.

The section in last year's Report may be consulted on this subject. During 1922, 17,374 persons who were blind in one or both eyes were seen at the hospitals, or 11·8 per cent of those examined. Table V is comparatively more than the number of blind persons due to double causes given for some binoculars.

TABLE IV.—YEARLY PERCENTAGES OF BLINDNESS AMONGST OPHTHALMIC HOSPITALS PATIENTS SINCE THE YEAR 1909.

YEAR.	Per Cent of Blindness in One or Both Eyes.	YEAR.	Per Cent of Blindness in One or Both Eyes.
1909	15·6	1916	11·2
1910	17·4	1917	13·9
1911	19·2	1918	14·6
1912	15·8	1919	15·3
1913	14·8	1920	13·8
1914	13·2	1921	12·2
1915	12·0	1922	11·8

Our definition of blindness is that proposed by Trousseau, that is to say inability to count fingers held up at a distance of 1 metre.

The pathological causes of blindness are given below. Trachoma is not an immediate cause of blindness and will not be found in the table, though obviously it may be a contributory cause especially where by its cicatrization entropion and consequent injury to the globe is caused.

TABLE V.—PATHOLOGICAL CAUSES OF BLINDNESS.

A.—Congenital	15
B.—Acquired :—	
I.—conjunctivitis resulting in :—	
(a) Total corneal opacity	4,758
(b) Shrunken globe	4,878
(c) Secondary glaucoma	3,220
(d) Other conditions	1,304
II.—Fundus :—	
(a) Optic atrophy	251
(b) Retinitis pigmentosa	32
(c) Detachment of retina	54
(d) Various	170
III.—Glaucoma Primary :—	
Absolute monocular	924
Absolute binocular	1,044
IV.—Cataract	1,861
V.—Injury	196
VI.—Operation	62
VII.—Infectious disease... ..	16
VIII.—Iritis endogenous	328
IX.—Various	289
	19,402

(b) Statistical Enquiry on Blindness.

The first census in which information was asked for concerning disabilities was 1907. Enumerators were instructed to enter on the census schedule, details of the persons who were either totally blind or blind in one eye. This information was again asked for in 1917.

The details collected on the schedules were tabulated in the Government Statistical Department and the resulting tables published in the census reports of the respective years.

Table VI shows the proportion of persons per thousand of each sex who are either totally blind or blind in one eye for each governorate and Mudiriya in the country. This table has certain systematic features:—

- (i) The proportion of blindness is, generally speaking, less in governorates than in the Mudiriyas.
- (ii) The proportion of males suffering from blindness is greater than that of females, although the proportion of females totally blind is greater.
- (iii) The proportion of persons suffering from blindness in the Mudiriyas is least in the three most southerly ones, Girga, Qena, and Aswân.

The proportion of blindness is greatest in Faiyûm, a province that is, geographically, apart from the remainder of Egypt.

TABLE VI.—PERSONS PER 1,000 OF EACH SEX SUFFERING FROM BLINDNESS IN ONE OR BOTH EYES IN GOVERNORATES AND MUDIRIYAS.

GOVERNORATE OR MUDIRIYA.	Blind in one eye.		Blind in both eyes.		Total persons afflicted with blindness.	
	Male.	Female.	Male.	Female.	Male.	Female.
Cairo	29	21	13	14	42	33
Alexandria	15	9	7	6	22	15
Canal	20	15	7	8	27	23
Suez	23	18	6	10	29	28
Damietta	17	14	11	13	28	27
Eastern Desert	16	15	10	16	26	31
Western Desert	22	7	10	10	32	17
Sinai	16	16	10	18	26	34
Beheira	42	29	10	14	52	43
Daqahliya	34	25	10	15	44	40
Gharbiya	41	31	11	16	52	47
Minûfiya	42	30	10	13	52	43
Qalyûbiya	36	24	11	13	47	37
Sharqiya	40	30	11	15	51	45
Aswân	21	15	14	15	35	30
Asyût	38	24	13	14	51	38
Beni Suef	48	30	11	12	59	42
Faiyûm	57	42	13	17	70	59
Girga	25	16	10	11	35	27
Giza	38	23	12	12	50	35
Minya	51	37	11	14	62	51
Qena	24	16	10	11	34	27
Egypt	35	26	11	14	46	40

TABLE VII. SHOWS THE PROPORTION OF THE POPULATION PER 1,000 OF EACH SEX, SUFFERING FROM BLINDNESS IN 1907 AND 1917.

	1907			1917		
	Male.	Female.	TOTAL.	Male.	Female.	TOTAL.
Blind in one eye	36	28	32	37	26	31
Blind in both eyes	12	14	13	11	13	12

These figures show a slight decrease in the proportion of blindness during intercensal period, but it should be borne in mind that the machinery of an ordinary census is not well-adapted to the collection of information regarding disabilities. It is difficult to define a disability in precise and non-technical terms and it is more difficult to ensure that the enumerator interprets the definition intelligently. There is also a general reluctance in most countries to admit disabilities, and census results in this respect are usually deficient.

TABLE VIII.—SHOWS THE PROPORTION OF BLINDNESS PER 1,000 OF EACH SEX BY RELIGION.

RELIGION.	BLIND IN ONE EYE.		BLIND IN BOTH EYES.		TOTAL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Moslem	37·2	26·4	10·9	13·9	48·1	40·3
Christian	31·8	21·9	10·0	11·2	41·8	33·1
Jewish... ..	16·4	12·4	6·6	5·1	23·0	17·5

In each religion the proportion of blindness is higher among males than among females. The proportion of men totally blind is higher than that of females, among the Jews only.

The proportion of blindness is greatest among Moslems, being 4·8 per cent among the males and 4 per cent among females. The Christians population suffer far more than does the Jewish, whose figure is less than half that of the Moslem.

TABLE IX.—PROPORTION PER 1,000 OF EACH SEX SUFFERING FROM BLINDNESS PER AGE-GROUPS.

AGE GROUP.	BLIND IN ONE EYE.		BLIND IN BOTH EYES.	
	Male.	Female.	Male.	Female.
Under 1 year	2·8	1·4	0·7	0·8
From 1 to 4 years	11·2	6·9	2·3	1·9
" 5 " 9 "	20·3	13·2	3·6	3·0
" 10 " 19 "	31·3	20·3	5·1	4·8
" 20 " 29 "	40·8	24·1	6·9	6·1
" 30 " 39 "	48·7	33·9	8·5	9·1
Over 39 years	58·6	47·1	30·1	42·7

At all ages the percentage of males suffering from total blindness is greater than that of females. The figures for infants under one year are probably valueless. The greatest increase is between one to four years and five to nine years when the proportion is practically doubled, and afterwards the increase is steady. Total blindness increases to a striking extent after forty years of age.

4.—THE EGYPTIAN OPHTHALMIC HOSPITALS LABORATORY.

The advantage of such a laboratory was felt since the starting of these hospitals in 1904, but the heavy clinical labours of the staff prevented achieving this for some time. In 1913, however, laboratory work was first begun in Asyût Ophthalmic Hospital.

The laboratory now installed near Giza Stationary Ophthalmic Hospital, in the suburbs of Cairo, receives material from all the different ophthalmic hospitals scattered in the provinces and from private clinics, a special circular is printed giving the methods of fixation adopted in the laboratory and special boxes are prepared for the dispatch of such parcels from and to the laboratory. The reports, received from the units, containing the history and description of the specimens are type-written in duplicate, one copy is

filed by the pathologist and the other is sent back to the unit concerned to be stuck to the patient's clinical notes and filed amongst the interesting cases. In urgent cases, the result is sent by telegram. The material varies, and the following list englobes the nature of the specimens :—

- (1) Tumours.
- (2) Excised globes.
- (3) Tarsi (excised).
- (4) Excised sacs (lacrymal).
- (5) Smears (including those sent for the diagnosis of spring catarrh). Diphtheria specimens are examined at the Department of Public Health Laboratories.
- (6) Microscopical examinations of secretions and excrements (urine, stools, blood, sputum, etc).
- (7) Investigations.
- (8) Globes of animals received from the Egyptian Veterinary School of Giza. This started in 1920 when the investigation of "Periodic Ophthalmia" in horses was undertaken for the discovery if this had a bacterial etiological factor. This investigation gave a negative result. An institute, such as this has been found of considerable benefit and here newly qualified men joining the Ophthalmic Section are required to attend for a month in October during the clinical courses, to learn the practical methods of special bacteriology and for instruction in the preparation of specimens for microscopical examination. These medical officers when sent to the different units in the provinces, are expected to be able to examine the smears of all cases of acute conjunctivitis and corneal ulcers and to prepare specimens for Giza Laboratory for further reports on their nature.

During the theoretical courses in April, attended by the same men, these are supplemented by lectures on the pathology of the subjects dealt with, as well as demonstrations of microscopical sections bearing to the same subjects.

As in other laboratories museum specimens are stocked and microscopical sections of special interest are kept for teaching and reference.

If one throws a glance on the statistical figures (*see* p. 106) interesting facts can be concluded. Out of twenty-seven lid specimens twenty are tumours, eleven of which are malignant. Out of fifty-four specimens of diseases of the conjunctiva three only are malignant tumours and fifteen are degenerative inflammations such as hyaline and amyloid. Malignant tumours of the cornea are nil. The diseases of the iris and ciliary body are mostly inflammatory. The only tumour of the choroid reported this year was a very rare one, simple angioma of a benign nature. Malignant tumours of the retina and orbit are not infrequent. An interesting fact in inflammation of the sac, a good number of these show microscopical picture similar to trachoma of the conjunctiva. Out of fifty-four specimens in which spring catarrh was suspected clinically, only eleven are positive.

5.—OPHTHALMIC INSPECTION AND TREATMENT AT THE GOVERNMENT PRIMARY SCHOOLS.

A.—1921-1922.

The ophthalmic clinics which have been established at sixteen of the Primary Schools of the Ministry of Education are effecting a remarkable change in the condition of the eyes of the pupils. It is well known now, thanks to the careful statistical work which has been carried out during the last fifteen years by the Ophthalmic Section of the Department of Public Health, that an average of 90 per cent of the pupils in all the schools show evidence on expert examination of trachoma either in its active form or in a cured or partially cured form. It must be insisted on that such statistics can only be correctly made by an ophthalmic surgeon of experience working under high professional supervision and according to a carefully arranged plan.

But in these reports on the ophthalmic progress of Egypt it has always been stated that the inspection of the pupils and the compilation of statistics is valueless unless

combined with an adequate system of treatment. It may also be stated that the examination of a large number of pupils for the purpose of detecting whether or not they have trachoma (this entails manipulation of the eyelid in order to see its under-surface); in the hands of a medical officer who is not an ophthalmic expert is a very serious danger to all the pupils and especially to those who are still unaffected with any eye disease, owing to the danger of infecting them.

There appears to be, even in some medical quarters, an idea that all that is required in running a school ophthalmic clinic is for the medical officer to see whether or not the pupil has granulations or cicatrices signicative of trachoma, and perhaps to order drops to be used by some of the pupils. But the diagnosis of trachoma is a much more difficult matter than this.

Treatment of trachoma is the work of an expert. It entails the danger if carried out by a medical officer who is not an ophthalmic surgeon, of infecting healthy pupils, and of doing serious damage to the eye, which may result in irreparable loss of sight. To be of the slightest benefit the eyelids must be everted with full antiseptic precautions, and a powerful drug applied to the whole of the conjunctiva.

In the sixth Annual Report of the Ophthalmic Section (1918), it was stated that the application of antiseptic drops alone seemed to have had the effect of causing a real improvement among the trachomatous pupils of Faiyûm School, but that this required corroboration. It must now be stated that while it was perfectly true that these pupils did improve, it was because such a large number of them went to the local ophthalmic surgeon at his private clinic for more effective treatment, and not because the mere instillation of drops was entirely effective.

No easy method of curing trachoma has yet been discovered although experiments are still being carried on with a view to reduce, if possible, the interference of the Ophthalmic Surgeon.

The danger of acute ophthalmias (*ramad el sadidi el had*) is always present in the spring and autumn of each year with the responsibility of advising on the condition and its treatment.

The testing of the visual acuity of all the pupils and the prescription of spectacles is obviously the business of an expert.

Besides the difficulty of keeping careless pupils supplied with spectacles which are constantly breaking, the constantly altering astigmatism caused by the changing curvature of the cornea due to trachoma is a difficult matter to deal with, as when cylindrical glasses are ordered to correct this, they not infrequently have to be changed after some months.

Ophthalmic inspection and treatment are carried out at the present time by the Ophthalmic Section of the Department of Public Health at the primary schools shown below:—

Cairo.—Husseiniya, Muhammad Aly.

Alexandria.—Râs el Tin, Moharram Bey.

Provinces.—Tanta, Asyût, Mansûra, Beni Suef, Zagazig, Damanhûr, Shibîn el Kôm, Sohâg, Minya, Faiyûm, Benha, Gîza, Qena (will be commenced in next school session 1922-1923).

The work is carried out as a part time job at the request of the Ministry of Education and the charge is borne by the budget of the Department of Public Health and shown as services rendered to the Ministry of Education. It is therefore not an additional charge on the budget of the Ministry of Education. The sum at the present time is L.E. 545. The medical staff who carry out the work do not get any payment for their labours at the schools. The work is carried on cheerfully by them in addition to their present exhausting hospital work, as they know that it is of value to their country and also that the fatiguing work of inspection is carried out by the inspectors without extra pay.

The only advantage which any one has been able to find as accruing to the ophthalmic staff is that they get an experience of trachoma in all its stages, and that it is possible to study and treat the disease with greater care than in the crowded out-patient departments of ophthalmic hospitals.

There can be no doubt that the present arrangement whereby the ophthalmic work is carried out by the Department of Public Health is very much better for the pupils than if carried on by medical officers of the Ministry of Education. It is also certainly very much more economical.

If an extension of the present system of ophthalmic treatment to other primary schools in Cairo by the Department of Public Health is desired an estimate of the cost can be prepared. All such work would have to be carried out gradually, and certain groups of neighbouring schools should be first undertaken such as Abdin, Qerabiya, Muhammadiya, Munira.

The utility of the clinics is shown by the reduction of the more serious stages of trachoma from 62 per cent at Tanta in 1907, to an average of 10 per cent at all the schools at the present time.

It is claimed that although this may be in some degree a natural process, it is partly the result of the careful and systematic treatment which has been carried out by the ophthalmic surgeons.

It is to be noted that all methods of treatment which entail manipulation of the eyelid, of the patient, as in the application of drugs to the lining membrane of the upper lid are carried out by fully qualified surgeons and not by male or female hospital attendants.

It has been previously pointed out that trachoma appears to be closely related to the age of the pupils, the more serious stages being common in the first school year and less common in the fourth year. This is the result of the gradual process of cicatrization which the life history of the disease manifests. These serious stages diminish from approximately 42 per cent in the first year, 26 per cent in the second year, 17 per cent in the third year to 16 per cent in the fourth year.

Spectacles have been ordered for a total of 321 pupils who are now in the schools during this and previous years. On the day of the general inspection, 215 pupils were wearing their correction, 75 pairs of spectacles were on order or under repair while thirty-one pupils were not wearing their glasses either because they did not like them or because they had forgotten them at home.

It is a matter of great importance to note that 36 per cent of the pupils have insufficiently good vision to enable them to attain to the very low visual standard demanded for candidates to the ranks of the pensionable civil service (6/12 and 6/12 or 6/6 and 6/18). This defect of vision can only in certain cases, be corrected by spectacles: 137 pupils were enabled to attain to the Government standard, while 184 pupils who were refracted under atropin failed to reach this degree of vision.

The deficient vision is due, in a large number of cases, to corneal opacity (11 per cent of all the pupils have an opacity in one or both corneae); this opacity in some cases is due to cicatrization after ulceration, and in other cases to trachomatous pannus. In yet other cases to ametropia, frequently astigmatic.

B.—1922-1923.

The schools treated were the Government Primary Schools of Tanta, Asyût, Mansûra, Beni Suef, Zagazig, Damanhûr, Shibin el Kôm, Sohâg, Minya, Faiyûm, Giza, Benha, Moharram Bey, and Râs el Tin at Alexandria, Husseinîya and Muhammad Aly at Cairo. Thus all the primary schools in the Mudiriya towns in which there is an ophthalmic hospital are provided with proper inspection and treatment. The hospital at Qena was delayed in completion and has only just been opened: the ophthalmic work in the primary school at this town will be commenced in October. There is as yet no permanent hospital at Aswân town, the province being served by a travelling hospital which only spends part of the year at Aswân town. Until a permanent hospital is built (the principle of building one is accepted by the Government), it is impossible to undertake the work.

Arrangements are also in force for the treatment of the pupils of the secondary schools at Tanta and Asyût who require it. However, with the advance in the age of the pupils. However as has been shown in these Reports, there is much less necessity for regular treatment among the secondary schools students than among these of the primary schools.

No further extension of ophthalmic treatment in the schools of Cairo or Alexandria or inauguration in the elementary schools (*kuttabs* or *maktabs*) can be carried out without an increase of staff and the elapse of the period necessary for training the new medical officers in ophthalmic work.

The percentage of the pupils inspected who were found to show evidence of past or present trachoma was almost exactly 90 per cent. It has been explained in these Reports on various occasions during the last fifteen years that the methods of treatment used were of an experimental nature. During the last year, seven different forms of treatment were being carried out at different groups of schools with a view to discovering what form was the most satisfactory, considering the amount of time at the disposal of the school

medical officer. There is clearly no doubt that in places where a large number of persons are in need of treatment, methods must be used which are applicable to large numbers. For instance where a medical officer has to apply active treatment to 120 pupils between the hours 3 p.m. to 4 p.m. a very different scheme may have to be adopted to that which a specialist would apply in his private consulting room. However, it is almost invariably the case that the successful private practitioners of Egypt adopt the same methods of treatment as those carried out as a routine at the ophthalmic hospitals and at the school ophthalmic clinics. It is owing to the close observation which has been possible in these school clinics that a great advance in our experience has been gained. The treatment of trachoma among private patients and among hospital patients is unsatisfactory because the patients are inclined to stop their treatment if they get a little better, or if the treatment is uncomfortable, while at the schools the patients are continuously under observation.

The methods of treatment which have been adopted depend on the various stages of trachoma.

Instructions for carrying out Clinical Work at Schools.

(1) *The treatment of Conjunctivitis.*

(a) Acute conjunctivitis should be treated by silver nitrate 2 per cent solution and constant wash with ordinary surgical eusol or potassium permanganate solution 1 in 5,000, which is to be used at the ophthalmic room under the superintendence of the school *tamurgi* (hospital attendant).

(b) Angular conjunctivitis and blepharitis: painting the conjunctiva of the lids with AgNO_3 2 per cent solution especially the border of lids; yellow oxide of mercury ointment to lid margins.

(2) *The Treatment of Trachoma.*

(Ti) By copper sulphate 3 per cent drops applied twice a day, or by silver nitrate 2 per cent solution applications when there is discharge. Copper sulphate 10 per cent painting may be used when advisable.

(Tiia) By rupturing the follicles after cocainization (at the school ophthalmic room) with Graddy's forceps. No scraping with a spoon is to be done. Undue force should not be used and endeavour should be made to cause as little bleeding as possible: this mechanical treatment may require several applications. A bottle of eusol and some cotton wool should be given to each pupil after mechanical treatment. This should be followed by HgCl_2 one per cent solution applied to the conjunctiva firmly with a glass rod and cotton wool for 10 applications. During this time further mechanical treatment may be applied if there are still follicles unruptured. After every mechanical treatment a period of at least five days HgCl_2 rubbing should be applied.

After this CuSO_4 drops 3 per cent should be given until cicatrization is complete.

(Tiib') Try effect of mechanical treatment as above. If without benefit advise combined excision.

(Tiib'') Palliatives or combined excision.

(Tiic) Silver nitrate solution 2 per cent.

(Tiin) CuSO_4 3 per cent drops or painting with CuSO_4 solution 10 per cent. Foci of post trachomatous degeneration are to be incised after cocainization; this is part of mechanical treatment.

It is to be particularly noted that mechanical treatment is not an operation and no permission from the parents is required. If any pupil however, refuses to undergo the treatment, the parent should be communicated with through the headmaster to obtain his insistence on the treatment.

As an instance of the improvement that has taken place a comparison may be made between the condition of the corneae of the pupils at Tanta Primary School in 1913 and in 1923.

TABLE X.—COMPARISON OF CORNEAL OPACITY AMONG PUPILS OF
TANTA PRIMARY SCHOOL IN THE YEARS 1913 AND 1923.

YEAR.	Both Corneæ Clear.	One Cornea clear the other showing opacity.	Opacity of both corneæ.
1913	182	74	126
1923	512	41	25

This improvement is a most remarkable one.

During the present school year the serious stages of trachoma (1 and 2) amounted to 32·3 per cent. This was reduced by treatment to 14·5 per cent by the end of the treatment session. This percentage is worked out from a total of 6,140 pupils under observation at the schools dealt with.

6.—HOSPITAL STATISTICS.

TABLE XI.—SYNOPSIS OF WORK OF HOSPITALS SINCE 1919.

	1919	1920	1921	1922
Hospitals in existence :—				
Travelling	5	5	5	5
Permanent	13	15	16	16
New patients treated	76,525	94,921	113,201	133,750
Total attendances of out-patients	906,961	1,064,509	1,322,074	1,510,020
Operations performed	49,974	56,503	65,378	76,035
In-patients	3,613	4,232	4,513	4,798
Details :—				
Patients examined	83,577	108,113	127,223	147,492
Patients regularly treated	76,525	94,921	113,201	133,750
Incurable cases	4,467	6,400	6,727	6,582
Blind in one eye... ..	8,537	9,833	10,566	12,524
Blind in both eyes	4,278	5,154	5,053	4,850
Trichiasis cases examined	20,052	23,154	28,245	32,720
„ eyes operated on and cured	24,611	27,081	28,939	30,869

TABLE XII.—WORK DONE AT ALL OPHTHALMIC HOSPITALS DURING 1922.

1. IN-PATIENTS : TOTAL NUMBER	4,798
(Number of available beds 286)	
Number of diets issued	95,032
2. OPERATIONS :—	
i. Major :—	
(a) Senile cataract	641
(b) Soft cataract	240
(c) Trichiasis or entropion	30,869
(d) Other operations	7,942
TOTAL	39,692
ii. Minor	36,343
GRAND TOTAL	76,035
3. OUT-PATIENTS :—	
I. Incurable	4,457
II. Postponed	9,285
III. Tickets issued, i.e. new cases	133,750
IV. Old cases	1,362,528
V. Visits made by patients to hospital for treatment (equal I+II+III+IV)	1,510,020
VI. Average number of visits made to hospital by patient under regular treatment (old cases+tickets issued) ÷ tickets issued. The factor of incurable cases is neglected	11.2
VII. Discharges :—	
(a) Cured	17,792
(b) Relieved	3,917
(c) Incurable	2,125
(d) Spontaneously ceased to attend after having attended only once...	25,734
(e) Spontaneously ceased to attend after having attended more than once	68,183
VIII. Trichiasis cases seen among new out-patients :—	
(a) No previous operation having been performed	25,712
(b) Previous operation performed :—	
i. Successfully	4,453
ii. Unsuccessfully (not at an Ophthalmic Hospital, but probably by some charlatan)	2,555
IX. Spectacles ordered	477
X. General anæsthetics	4,735
XI. Constant wash cases (number of days' treatment)	272,689
XII. Ages of patients examined :—	PER CENT.
Under one year	5.68
From 1 to 5 years	14.03
" 6 " 10 "	11.50
" 11 " 15 "	10.54
" 16 " 20 "	7.29
" 21 " 25 "	7.63
" 26 " 30 "	8.31
" 31 " 35 "	7.94
" 36 " 40 "	6.79
" 41 " 45 "	5.54
" 46 " 50 "	4.27
" 51 " 55 "	2.95
" 56 " 60 "	2.77
" 61 " 65 "	2.17
" 66 " 70 "	1.22
Over 70 years	1.36
TOTAL	133,750
XIII. Origin of patients :—	
Patients from :—	
(a) Town in which hospital is situated	53,093
(b) Markaz in which hospital is situated	47,946
(c) Other Markazes	32,711
TOTAL	133,750

N.B.—3. 1. Incurable cases do not receive tickets, but are recognized as soon as seen by the surgeon as both incurable and devoid of surgical interest.

VII. (c) Incurable cases include those which are recognized as soon as seen by the surgeon as incurable but are given tickets for statistical or other purposes.

TABLE XIII.—LIST OF DISEASES.

AMETROPIA :—

Hypermetropia	512
Myopia	680
Astigmatism	551
Presbyopia	92

CONJUNCTIVA :—

Conjunctivitis, gonococcal	11,305
" Morax-Axenfeld	1,416
" Koch-Weeks	5,421
" Pneumococcal	301
Other organisms or negative	2,897
Trachoma I	7,272
" IIa	14,333
" IIb'	1,366
" IIb"	49
" IIc	576
" III including post trachomatous degeneration	82,311
" IV	4,562
Phlyctenule	4,405
Pterygium	2,005
Pinguecula	350
Xerosis	235
Symblepharon	107
Dermoid	14
Other conditions :—	
Argyrosis	231
Colloid degeneration	38
Hypertrophied caruncle	89
Injuries (foreign bodies, burn, etc)	62
Cyst	22

Eyelids :—

Pediculus ciliaris	314
Trichiasis and entropion	27,809
Distichiasis	41
Ectropion	386
Lagophthalmos	820
Blepharitis	15,880
Hordeolum	870
Wart	135
Chalazion	718
Eczema	140
Rodent ulcer	13
Dermoid	38
Ptosis	144
Erysipelas	7
Herpes	13
Chancre	19
Epithelioma	7
Other tumours	39
Leucoderma	2

Lacrimal Apparatus :—

Lacrimal fistula	93
Stenosis of the duct	41
Dacryocystitis, acute	55
" chronic	1,058

Cornea :—

Ulceration, simple	7,948
" hypopyon	421
" perforation	2,515
" special forms	106
Pannus	16,735

TABLE XIII.—LIST OF DISEASES (*continued*).

Cornea (continued) :—

Keratitis, interstitial	22
„ trachomatous	244
Nebula or leucoma	43,995
Adherent leucoma	7,603
Totally opaque cornea	4,758
Staphyloma	1,772
Xerosis of cornea	414
Abscess of cornea	71
Conical cornea	288
Injuries (burn, foreign bodies, etc.)	278

Limbus :—

Tumours	14
----------------	----

Iris :—

Anterior synechia	769
Posterior „	641
Inflammation	329
Iris bombé	17
Irido-dialysis	53
Congenital coloboma	22
Aniridia	8
Persistent pupillary membrane	4
Iridodonesis	76
Various	25

Sclerotic :—

Ciliary staphyloma	728
Episcleritis	6
Injuries	24

Choroid :—

Coloboma	4
Rupture	3
Disseminated choroiditis	26
Choroido-retinitis	18
Atrophy of choroid	63
Tumours	2
Albinismus	5

Retina :—

Retinitis, Albuminuric and diabetic	8
„ syphilitic	9
„ pigmentosa	61
Detachment of retina	64
Embolism and thrombosis of retinal vessels	2
Glioma	7
Other conditions	14
Night blindness (in which retinitis pigmentosa is absent)	37

Optic Nerve :—

Neuritis	48
Atrophy	270
Opaque nerve fibres	6
Other conditions	7

Lens :—

Cataract, senile	2,586
„ soft	219
„ traumatic	78
„ lamellar	7

TABLE XIII.—LIST OF DISEASES (*continued*).

<i>Lens (continued) :—</i>		
Cataract anterior polar	558	
„ posterior „	24	
„ dislocated, traumatic	105	
„ „ operative	33	
„ „ congenital	5	
Aphakia	374	
Secondary cataract	175	
Ectopia lentis	—	
<i>Vitreous :—</i>		
Opacities	112	
Foreign bodies	2	
<i>Muscles :—</i>		
Strabismus, alternating	369	
„ convergent	2,037	
„ divergent	2,522	
Heterophoria	18	
Nystagmus	558	
Paralysis	11	
<i>Glaucoma :—</i>		
Primary, acute	} Including absolute glaucoma caused by acute, sub-acute or chronic glaucoma. {	39
„ sub-acute		97
„ chronic		2,376
Secondary		3,664
<i>Globe :—</i>		
Shrunken globe	4,878	
Buphthalmos	34	
Exophthalmic goitre	—	
Panophthalmitis	237	
Microphthalmos... ..	16	
Anophthalmos	66	
Injury	109	
Exophthalmos	1	
<i>Orbit :—</i>		
Tumours	17	
Cellulitis	9	
Tenonitis	—	
Periostitis	3	
Injuries	5	
Cyst, frontal	2	
„ ethmoidal	4	
Contracted socket	24	
Fly-blown	9	
<i>Blind : —</i>		
In one eye	12,524	
In both eyes ⁽¹⁾	4,850	

⁽¹⁾ Patients are accounted blind who cannot count fingers at one metre.

TABLE XIV.—LIST OF OPERATIONS.

<i>Eyelids :—</i>	
For Trichiasis and entropion :—	
Snellen's	25,049
Anagnostakis	83
Snellen-Anagnostakis	185
Canthoplasty	422
Grafting mucous membrane	4,716
Electrolysis	1,976
Excision of lash	194
Other operations	414
For Ectropion :—	
Plastic	23
MacCallan's	9
Kenneth Scott's	—
Kuhnt's	11
Other operations	26
For ptosis	19
For symblepharon	55
For hordeolum and chalazion	952
Cyst removed	150
Wart excised	70
Restitching wounds	49
Opening abscesses	474
Rodent ulcer, excision	1
<i>Conjunctiva :—</i>	
For trachoma :—	
Expression	15,603
Scraping	2,213
Combined excision of Heistrath	520
Post-trachomatous degeneration	13,870
Other operations	291
Pterygium	956
<i>Cornea :—</i>	
Foreign body removed	271
Sæmisch's section	87
Cautery	61
Tattooing	4
<i>Iris :—</i>	
Iridectomy for adherent leucoma	2,842
„ visual	356
„ for glaucoma	466
„ preliminary for cataract	42
Cystoid cicatrix	3
Division of anterior synechia	26
Various	76
<i>Lacrimal Sac :—</i>	
Slitting canal	4
Excision	223
Various	568
<i>Lens :—</i>	
For senile cataract :—	
Extraction with iridectomy	587
„ after previous iridectomy	54
For membrane after extraction :—Discission	379
TOTAL carried forward	
74,380	

TABLE XV.—PATHOLOGICAL REPORT (*contd.*)

	Brought forward...	91
LIMBUS :—		
Tumours :—		
Benign including cysts	6	
Malignant	1	
CORNEA :—		
Wounds	7	
Inflammation including ulceration	1	
Tumours : Benign... ..	4	
SCLEROTIC :—		
Wounds	5	
Inflammation... ..	1	
IRIS AND CILIARY BODY :—		
Inflammation... ..	18	
LENS :—		
Cataract	1	
CHOROID :—		
Degeneration including ossification	3	
Tumours : Benign... ..	1	
RETINA :—		
Inflammation... ..	1	
Tumours : Malignant	5	
ORBIT :—		
Tumours :—		
Inflammation... ..	3	
Benign including cysts	1	
Malignant	5	
LACRIMAL GLAND :—		
Tumours, Benign including cysts	2	
LACRIMAL SAC :—		
Inflammation... ..	32	
GLAUCOMA :—		
Primary	6	
Secondary :—		
Anterior synechia or adherent leucoma	142	
Inflammation (irido-cyclitis, etc.)	6	
SYMPATHETIC OPHTHALMIA... ..	1	
PHTHISIS BULBI :—		
Inflammation... ..	34	
Post operative	1	
UNCLASSIFIED	6	
UNDETERMINED	20	
	Carried forward...	404

TABLE XV.—PATHOLOGICAL REPORT (contd.)

EXAMINATION OF CELLS :—	
Eosinophilia :—	
Positive	11
Negative... ..	37
Undetermined	6
OTHER ANIMALS (Horses, Mules, and Donkeys) :—	
Diseased	2
Normal	58
TOTAL... ..	518

TABLE XVI.—WASSERMANN TESTS.

Positive	36
Doubtful	7
Negative	59
Unfit	15
	117

TABLE XVII.—NUMBER OF PATIENTS TREATED AND OPERATIONS PERFORMED AT THE OPHTHALMIC HOSPITALS DURING 1922.

HOSPITALS.	NUMBER OF PATIENTS.	HOSPITALS.	NUMBER OF OPERATIONS
No. 1 Rôd el Farag	12,400	No. 1 Rôd el Farag	7,031
No. 2 S.O.H. Giza	11,965	Tanta	6,633
Tanta	8,889	No. 2 S.O.H. Giza	5,655
Asyût	8,317	No. 3 T.O.H.	4,681
Port Said	7,296	Asyût	4,479
Beni Suef	6,602	Benha	4,105
Alexandria	6,432	Sohâg	3,651
No. 3 T.O.H.	6,290	Asyût P.C.T.O.H.	3,597
Faiyûm	6,220	Minya	3,391
Minya	6,089	Beni Suef	3,293
Asyût P.C.T.O.H.	5,921	Mansûra	3,233
Sohâg	5,870	Shibin el Kôm	3,196
Benha	5,815	Daqahliya P.C.T.O.H.	3,139
Mansûra	5,518	Faiyûm	3,000
Zagazig	5,224	Zagazig	2,755
Shibin el Kôm	5,202	Alexandria	2,633
Mahalla el Kubra	4,838	Mahalla el Kubra	2,449
Daqahliya P.C.T.O.H.	4,831	Santa	2,432
Damanhûr	4,076	Kafr el Zaiyât	2,284
Kafr el Zaiyât	2,994	Damanhûr	2,216
Santa	2,961	Port Said	2,182

N.B.—Number of working days :—

No. 3 T.O.H.	10 $\frac{1}{2}$	months.
Asyût P.C.T.O.H.	10 $\frac{1}{2}$	"
Daqahliya P.C.T.O.H.	9 $\frac{1}{2}$	"
Other Hospitals	12	"

TABLE XVIII.—AVERAGE NUMBER OF OPERATIONS PER MONTH AT ALL
OPHTHALMIC HOSPITALS DURING 1922.

HOSPITALS.	MAJOR.	HOSPITALS.	MINOR.
No. 1 Rôd el Farag	271	Tanta	390
No. 2 Stationary Giza	247	No. 1 Rôd el Farag	315
Asyût	211	No. 3 Travelling... ..	257
Beni Suef	192	No. 2 Stationary Giza	224
Sohâg	185	Daqahliya Travelling... ..	185
Benha	184	Asyût Travelling... ..	177
No. 3 Travelling... ..	179	Asyût	162
Asyût Travelling... ..	177	Benha	158
Zagazig	167	Minya	122
Faiyûm... ..	167	Mansûra	119
Tanta	163	Sohâg	119
Minya	161	Shibîn el Kôm	116
Mansûra	151	Mahalla el Kubra	105
Shibîn el Kôm	151	Alexandria Branch	104
Daqahliya Travelling... ..	137	Port Said	98
Santa	130	Kafr el Zaiyât	87
Alexandria Branch	116	Faiyûm... ..	83
Damanhûr	105	Beni Suef	82
Kafr el Zaiyât	104	Damanhûr	79
Mahalla el Kubra	99	Santa	73
Port Said	84	Zagazig... ..	63

TABLE XIX.—NEW PATIENTS TREATED ACCORDING TO THE AGE AT WHICH THEY
SOUGHT TREATMENT.

Age.	No. of Patients.
Under one year	7,597
From 1 to 5 years	18,763
„ 6 to 10 years	15,388
„ 11 to 15 „	14,094
„ 16 to 20 „	9,751
„ 21 to 25 „	10,203
„ 26 to 30 „	11,110
„ 31 to 35 „	10,623
„ 36 to 40 „	9,081
„ 41 to 45 „	7,413
„ 46 to 50 „	5,719
„ 51 to 55 „	3,943
„ 56 to 60 „	3,703
„ 61 to 65 „	2,912
„ 66 to 70 „	1,628
Over 70 years	1,822
TOTAL	133,750

TABLE XXII.—CONJUNCTIVAL MICRO-ORGANISMS FOUND DURING 1922.

ORGANISMS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Gonococcus	156	120	151	502	810	1,457	1,602	1,280	1,387	1,632	1,540	668	11,305
Koch-Weeks	154	139	167	611	592	807	776	450	480	564	449	232	5,421
Morax-Axenfeld ...	49	75	105	118	150	145	136	136	123	150	131	98	1,416
Pneumococcus	9	6	10	19	33	26	40	28	26	42	43	19	301
Xerosis	11	6	5	14	17	9	30	16	24	17	32	27	208
Staphylococcus	—	—	—	—	1	1	1	—	1	—	1	—	5
Micrococcus	—	—	—	—	—	—	—	—	—	2	—	—	2
Streptococcus	—	1	—	—	2	1	1	—	2	—	1	—	8
Other organisms ...	14	8	27	23	24	26	30	41	36	37	17	12	295
TOTAL	393	355	465	1,287	1,629	2,472	2,616	1,951	2,079	2,444	2,214	1,056	18,961
Negative	75	76	91	148	199	255	260	233	259	267	341	175	2,379
GRAND TOTAL ...	466	431	556	1,435	1,828	2,727	2,876	2,184	2,338	2,711	2,555	1,231	21,340

TABLE XXIII.—BLINDNESS AMONG OUT-PATIENTS SINCE 1909.

YEAR.	TOTAL NUMBER OF PATIENTS EXAMINED.	ONE EYE.		BOTH EYES.		ONE EYE AND BOTH EYES.	
		Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
1909	22,373	2,116	9.4	1,385	6.1	3,501	15.6
1910	25,506	2,438	9.5	2,010	7.8	4,448	17.4
1911	31,274	3,196	10.2	2,811	8.9	6,007	19.2
1912	43,668	4,115	9.4	2,824	6.4	6,939	15.8
1913	62,233	5,360	8.6	3,878	6.2	9,238	14.8
1914	75,398	6,425	8.5	3,591	4.7	10,016	13.2
1915	71,930	5,637	7.8	2,992	4.2	8,629	12.0
1916	94,447	7,042	7.4	3,504	3.7	10,546	11.2
1917	100,410	9,385	9.3	4,611	4.6	13,996	13.9
1918	90,668	8,969	9.9	4,261	4.7	13,230	14.6
1919	83,577	8,537	10.2	4,278	5.1	12,815	15.3
1920	108,113	9,833	9.1	5,154	4.7	14,987	13.8
1921	127,223	10,566	8.3	5,053	3.9	15,619	12.2
1922	147,492	12,524	8.5	4,850	3.3	17,374	11.8
TOTAL	1,084,312	96,143	8.9	51,202	4.7	147,345	13.6

TABLE XXIV.—TOTAL PERCENTAGE OF BLINDNESS IN ONE OR BOTH EYES.

	1919	1920	1921	1922
	Per Cent.	Per Cent.	Per Cent.	Per Cent.
<i>Permanent Hospitals :—</i>				
Tanta	12.05	7.82	9.78	8.78
Asyût	20.7	19.05	16.5	14.32
Mansûra	18.2	17.70	19.3	18.79
Beni Suef	18.9	16.40	17.07	17.55
Zagazig	19.6*	17.76	11.1	11.58
Damanhûr	10.8	9.2	9.77	9.49
Shibîn el Kôm	8.2	6.3	9.09	9.06
Sohâg	13.9	16.3	16.16	13.74
Minya	20.6	19.8	19.85	19.04
Faiyûm	17.7	12.36	11.1	14.17
Benha	—	9.6	7.4	9.67
Alexandria	—	10.7	9.7	9.67
Aswân (Oph. Branch)	—	—	14.6	—
Port Said	—	—	6.13	3
Mahalla el Kubra	12.5	10.4	9.2	8.65
Kafr el Zaiyât	11.4	10.93	10.88	9.34
Santa	15.6	13.84	12.63	12.55
<i>Travelling Hospitals :—</i>				
No. I Travelling :—				
Aswân	22.7	—	—	—
Idfu	—	24.16	—	—
Damietta	—	14.3	—	—
Rôd el Farag	—	16.86	14.35	12.3
No. II Stationary :—				
Gîza	8.4	14.73	13.09	13.03
No. III Travelling :—				
Barrage	16.5	15.25	—	—
Port Said	—	11.12	—	—
Nag Hammâdi... ..	—	9.42	4.1	—
Aswân	—	—	20.26	16.36
Luxor	—	—	—	8.9
Asyût Travelling :—				
Manfalût	—	—	6.46	—
Deirût	—	14.22	—	—
Mallawi	—	20.0	—	9.7
Abnûb	—	15.27	14.6	—
Abu Tig	17.9	—	9.8	14.1
Badâri	10.5	—	—	6.22
Daqahliya Travelling :—				
Mit-Ghamr	15.3	18.5	—	9.6
Matariya	15.2	—	8.95	—
Dikirnis	—	—	11.1	—
Fariskûr	13.9	—	—	10.18
Aga	—	16.56	—	—
Simbillawein	—	15.58	12.32	20.29

* Increased owing to E.L.C. patients.

TABLE XXV.—SOURCES OF PROVISION OF HOSPITALS.

HOSPITALS.	Date at which opened.	Government Grant.	Public Subscription or Private Benefaction.	Provincial Councils or Municipality.
		L.E.	L.E.	L.E.
No. 1 Travelling*	1904	—	1,000	—
No. 2 Camp†	1905	—	—	1,500
Tanta	1908	8,463	—	—
Asyût	1911	8,817 and site	5,004	—
Mansûra	1912	—	5,000	—
Beni Suef	1912	—	4,000	—
Asyût Travelling	1912	—	—	720
Zagazig	1913	—	—	4,286
Mahalla el Kubra... ..	1913	—	—	2,400
Kafr el Zaiyât	1913	—	—	2,200
Daqahliya Travelling	1913	—	—	720
Damanhûr	1914	—	—	5,000
Shibin el Kôm	1914	—	5,422	—
Sohâg	1914	960	4,000	—
Minya	1915	—	—	5,500
Santa	1915	—	—	2,600
Faiyûm	1916	Site.	—	4,000
No. 3 Travelling‡	1918	—	1,000	—
Benha	1920	—	14,000	—
Port Said... ..	1921	1,000	—	1,000
Qena §	—	—	12,400	2,800
Giza §	—	Site.	6,300	600
TOTAL		19,240	58,126	33,326

* Retained in Cairo for provision of clinical facilities for teaching.

† Stationary at Giza until completion of Giza Permanent Ophthalmic Hospital.

‡ For South Egypt, Luxor to Aswân, until Aswân Permanent Hospital is completed.

§ Under construction.

7.—EXPENDITURE STATISTICS.

TABLE XXVI.—ACTUAL EXPENDITURE.—(A) CENTRAL ADMINISTRATION, 1921-1922.

CHAPTER.	Grant.	Total actual Expenditure.
	L.E.	L.E.
Pensionable staff	7,394	5,546
Hors cadre staff	313	284
Allowances :—		
Ophthalmic allowance	216	135
Compensation allowance	48	48
Transport, transfer, and travelling allowance :—		
Inspection allowance	384	288
Consolidated allowance	58	55
Transfer	40	4
Travelling allowance	300	262
Transport	600	428
Books and periodicals	30	30
Telephone	12	12 *
Telegrams	30	7
Petty expenses	20	3
TOTAL... ..	9,445	7,102 †

* Excluding trunk line calls.

† This figure is very low owing to two posts of divisional inspectors were vacant the whole year of 1921, one of which to cover the extra expenses of a Medical Officer during his educational mission in England.

TABLE XXVII.—ACTUAL EXPENDITURE.—(B) GOVERNMENT OPHTHALMIC HOSPITALS, 1921-1922.

CHAPTER.	Grant.	Total Actual Expenditure.
	L.E.	L.E.
Pensionable staff	9,374 *	8,205
Hors cadre staff	7,128	6,728
Ophthalmic allowance	1,896 †	1,349
Transport, transfer and travelling allowance	1,693	1,941
Food	4,954	5,040
Forage	51	43
Water	265	236
Light	180	149
Disposal of sewage	100	43
Heating	— ‡	946
Rent	100	65
Telegrams and telephones	165	120
Stores :—		
General equipment	†	3,927
Surgical equipment		107
Instruments		690
Drugs		1,491
Dressings		371
Transport of stores		159
Books and periodicals	12	12
Petty expenses (including move of Travelling Camps)	598	573
TOTAL... ..		32,195 §

* To this L.E. 201 is granted by the Government for the salary of a medical officer of Daqahliya Provincial Council Travelling Ophthalmic Hospital which is recovered from the said Council.

† To this L.E. 72 is granted by the Government for the Ophthalmic allowance of the M.O. of Daqahliya Provincial Council Travelling Ophthalmic Hospital which is recovered from the said Council.

‡ No special grant for the ophthalmic hospitals. The grant is for the various units of the whole Department.

§ Excluding repairs being omitted as the credit is at the disposal of the Public Works Ministry and no return is made.

TABLE XXVIII.—ACTUAL EXPENDITURE.—(B) GOVERNMENT OPHTHALMIC HOSPITALS (PER UNIT), 1921-1922.

CHAPTER.	No. 1, T.O.H.	No. 2, S.O.H.	No. 3, T.O.H.	Tanta	Asyut.	Mansura.	Beni Suef.	Zagazig.	Damanhur.	Shibin el Kém.	Sohag.	Minya.	Fayoum.	Benha.	Alexandria Oph. Branch and School.	Port-Said.	Cairo Schools.	Suez.	Damietta.	TOTAL.
	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.
Pensionable staff	565	527	334	845	744	578	487	475	422	490	419	536	337	517	346	277	134	89	83	8,205*
Hors cadre staff	435	635	406	460	514	425	433	416	379	451	475	431	388	421	145	265	49	—	—	6,728*
Ophthalmic allowance	147	131	109	128	138	72	60	72	34	68	58	69	42	78	72	—	36	18	17	1,349
Transport, transfer and travelling allowance	242	179	412	98	259	9	83	97	51	94	81	63	15	68	23	100	11	39	17	1,941
Food	251	283	279	347	484	497	397	349	337	469	333	365	240	409	—	—	—	—	—	5,040
Forage	6	34	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43
Water	10	—	15	41	50	12	27	16	32	—	—	—	—	33	—	—	—	—	—	236
Light	—	—	—	35	40	33	41	—	—	—	—	—	—	—	—	—	—	—	—	149
Disposal of sewage	—	—	—	1	—	—	—	12	—	—	—	1	29	—	—	—	—	—	—	43
Heating	38	1	27	100	106	55	98	100	114	3	86	7	106	101	—	4	—	—	—	946
Rent	55	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65
Telegrams and telephones	—	3	3	10	15	12	10	12	9	10	1	9	9	15	—	2	—	—	—	120
Stores:—																				
General Equipment	334	712	192	214	286	187	151	196	192	266	180	162	228	131	—	496	—	—	—	3,927
Surgical Equipment	—	1	—	18	—	11	15	—	2	7	—	—	2	45	—	6	—	—	—	107
Instruments	47	58	22	31	47	32	24	59	29	47	29	37	38	44	—	146	—	—	—	690
Drugs	90	75	108	134	118	112	115	97	49	88	84	75	83	165	—	98	—	—	—	1,491
Dressings	12	4	13	59	31	2	29	41	10	36	29	37	22	46	—	—	—	—	—	371
Transport of stores	3	—	12	12	12	12	12	12	12	12	12	12	12	12	—	12	—	—	—	159
Books and periodicals	1	1	1	1	1	1	1	1	1	1	1	1	—	—	—	—	—	—	—	12
Petty expenses	17	40	295	17	21	29	11	22	14	18	16	17	17	15	—	24	—	—	—	573
TOTAL	2,253	2,684	2,238	2,551	2,869	2,079	1,994	1,977	1,687	2,060	1,804	1,822	1,568	2,100	586	1,430	230	146	117	32,195

* Including 20 per cent permanent increase ; but excluding war bonuses which were charged against a special credit of M. of Finance.
 † Excluding upkeep of buildings for which no account is kept by P.H.D. but by P.W.M.

TABLE XXIX.—ACTUAL EXPENDITURE.—(C) PROVINCIAL COUNCIL OPHTHALMIC HOSPITALS, 1921-1922.

CHAPTER.	GHARBIYA.					ASYUT.		DAQAHLIYA.	
	Grant.	Expenditure.	Expenditure Per Unit.			Grant.	Expenditure.	Grant.	Expenditure.
			Mahalla el Kubra.	Kafr el Zaiyat.	Santa.				
	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.	L.E.
Employees	810	760	262	264	234	223	45	353	329
Servants	474	459	120	134	205	104	87	288	244
Money to meet salaries of Nizami Gaffirs	24	24	—	—	24	—	—	—	—
Transport and travelling allowance :—									
Travelling allowance		11	—	—	11		—		—
Railways... ..	18	35	8	6	21		25	100	73
Sundry		10	2	2	6		41		44
Food	130	96	—	—	96		—	160	88
Water	—	—	—	—	—		2	—	—
Light and heating	34	20	5	5	10		4	20	14
Rent... ..	—	—	—	—	—		—	15	—
General furniture :—									
Equipment		296	85	88	123		*87		186
Instruments	500	72	30	14	28		25	200	37
Drugs		273	67	71	135		48	150	83
Dressings... ..	240	5	5	—	—		—		—
Stationery and periodicals	—	—	—	—	—		—	8	—
Post and telegrams	3	4	2	1	1		1	1	—
Petty expenses	45	13	2	3	8		10	15	15
TOTAL... ..	2,278	2,078	588	588	902	547	*375	1,310	1,113

* This besides L.E. 299 cost of new tents purchased by permission of the Provincial Council to replace worn out ones, paid for from economies.
N.B. —Up-Keep : Gharbiya Provincial Council Budget L.E. 50 for each hospital.

TABLE XXX.—COMPARISON OF THE COST OF MAINTENANCE OF A PERMANENT
OPHTHALMIC HOSPITAL IN 1914 AND 1922.

	Number.	1914.	TOTAL.	Number.	1922.	TOTAL.
		L.E.	L.E.		L.E.	L.E.
ART. 1.— <i>Salaries, Wages, and Allowances :—</i>						
A.—Pensionable Staff :—						
Medical Officer	2	336		2	420	
Clerk	1	60		1	90	
			396			510
C.—Hors Cadre Staff :—						
Moawin	1	48		1	60	
Chief attendant	1	36		2	84	
Attendants (male)	2	42		5	150	
Attendants (female)	2	36		2	42	
Cook	1	24		1	42	
Sai	1	18		1	30	
Gardener	—	—		1	30	
Boab	1	18		—	—	
Sundry subordinate staff	3	54		—	—	
	12		276	13		438
20 per cent War Gratuity		—	—		—	189
E.—Allowances		72	72			
ART. 2.— <i>Transport, Transfer, and Travelling Allowances :—</i>						
Transport	}	50	50	}	5	105
Transfer					50	
Travelling allowance					50	
ART. 3.— <i>Food</i>			139			530
ART. 5.— <i>Rent, Water, Lighting, etc.:—</i>						
Water		30			60	
Lighting... ..		40			50	
Heating		20			30	
Sewage		12			—	
			102			140
ART. 6.— <i>Books and Periodicals</i>			1			1
ART. 7.— <i>Telegrams and Telephones :—</i>						
Telegrams	}	9	9	}	2	12
Telephones					10	
ART. 8.— <i>Petty Expenses</i>			12			30
ART. 11.— <i>Stores</i>			300			500
TOTAL... ..			1,357			2,455

TABLE XXXI.—COST OF UNIFORM DIETS FOR ALL IN-PATIENTS AT OPHTHALMIC HOSPITALS DURING 1922, EXCLUDING COST OF RATIONS OF EMPLOYEES.

HOSPITALS.	Number of Diets issued.	Total Cost. *	Cost per Day per Head.
		L.E.	Mills.
Benha	4,224	276	65·4
Damanhûr	3,606	221	61·4
Shibin el Kôm	6,293	349	55·4
Mansûra	6,943	371	53·4
Beni Suef	5,927	295	49·7
No. 3 Camp, Aswân and Luxor	3,680	176	47·9
Zagazig	5,209	248	47·7
Minya	5,712	269	47·1
Asyût	7,744	355	45·8
Faiyûm	3,361	153	45·6
Tanta	5,500	241	43·8
Daqahliya Travelling†: Mit Ghamr, Fâriskûr, and Simbellawein,	2,198	88	40·0
No. 1 Camp, Rôd el Farag	4,215	161	38·3
Sohâg	7,880	263	33·4
Santa†	3,047	96	31·5
No. 2 Stationary, Giza	6,482	189	29·1
TOTAL... ..	82,021	3,751	45·7

* Fuel excluded.

† Rations of these hospitals are not supplied by contractors but bought locally.

Scale of Full Diet as given to all In-patients at Ophthalmic Hospitals.

	Grammes.
Bread	600
Beef	150
Vegetables	150
Lentils... ..	75
Rice	75
Milk	200
Artificial butter	25
Sugar	30
Salt	15

TABLE XXXII.—NUMBER OF BEDS AT THE OPHTHALMIC HOSPITALS.

	First.	Third.
No. 1 Travelling	—	10
No. 2 Stationary	—	20
No. 3 Travelling	—	10
Tanta	—	20
Asyût	1	27
Mansûra... ..	—	20
Beni Suef	—	16
Zagazig	—	16
Damanhûr	—	16
Shibin el Kôm	—	16
Sohâg	—	16
Minya	—	16
Faiyûm	—	12
Benha	—	16
Alexandria	—	30
Port Said	—	6
Qena	—	20
Damietta	—	5
Daqahliya	—	8
Santa	—	10

8.—STATISTICS OF SCHOOL CLINICS.

(a) Statistics of Ophthalmic Treatment in Schools, 1921-1922.

Ophthalmic treatment at the Government Primary Schools of Tanta, Asyût, Mansûra, Beni Suef, Zagazig, Damanhûr, Shibin el Kôm, Sohâg, Minya, Faiyûm, Giza, Benha, Alexandria, Husseinîya and Muhammad Aly at Cairo, during 1921-1922.

TABLE I.—PUPILS INSPECTED.

SCHOOLS.	BEGINNING OF THE YEAR.			END OF THE YEAR.		
	Pupils inspected.	Pupils with trachoma.	Per cent.	Pupils inspected.	Pupils with trachoma.	Per cent.
Tanta	610	518	84·9	589	526	89·3
Asyût	418	404	96·6	409	391	95·6
Mansûra	486	427	87·8	471	410	87·0
Beni Suef	376	356	94·7	369	352	95·4
Zagazig	366	309	84·4	344	292	84·9
Damanhûr	240	209	87·0	223	198	88·7
Shibin el Kôm	157	154	98·0	148	139	93·9
Sohâg	208	206	99·0	234	231	98·7
Minya	297	282	94·9	302	290	96·0
Faiyûm	227	225	99·0	226	224	99·1
Giza	246	239	97·2	229	222	96·9
Benha	373	350	93·8	358	334	93·3
Alexandria	370	212	57·3	366	222	60·6
Husseinîya	681	591	86·8	655	569	86·8
Muhammad Aly	597	554	92·8	594	559	94·1
TOTAL	5,652	5,036	89·1	5,517	4,959	89·8

TABLE IIa.—CONDITION OF CONJUNCTIVA.

SCHOOLS.	BEGINNING OF THE YEAR.							END OF THE YEAR.						
	Healthy.	Conjunctivitis.	TRACHOMA.				TOTAL.	Healthy.	Conjunctivitis.	TRACHOMA.				TOTAL.
			I.	II.	III.	IV.				I.	II.	III.	IV.	
Tanta... ..	76	16	34	28	211	245	610	63	—	4	2	234	286	589
Per cent ...	12.4	2.6	5.6	4.6	34.6	40.1		10.7	—	0.7	0.3	39.7	48.5	
Asyût	14	—	81	75	122	126	418	18	—	45	18	144	184	409
Per cent ...	3.5	—	19.3	17.9	29.1	30.1		4.4	—	11.0	4.4	35.2	44.9	
Mansûra ...	59	—	61	9	115	242	486	61	—	53	2	62	293	471
Per cent ...	12.1	—	12.5	1.8	23.7	49.8		12.9	—	11.2	0.4	13.2	62.2	
Beni Suef ...	20	—	26	96	102	132	376	17	—	1	—	28	323	369
Per cent ...	5.3	—	6.9	25.5	27.1	35.1		4.6	—	0.3	—	7.6	87.5	
Zagazig ...	57	—	53	32	120	104	366	50	2	7	2	136	147	344
Per cent ...	15.5	—	14.5	8.7	32.8	28.4		14.5	0.6	2.0	0.6	39.5	42.7	
Damanhûr ...	31	—	22	23	77	87	240	25	—	11	4	96	87	223
Per cent ...	12.9	—	9.1	9.6	32.1	36.2		11.2	—	4.9	1.8	43.0	39.0	
Shibin el Kôm ...	3	—	5	23	78	48	157	9	—	5	2	83	49	148
Per cent ...	1.9	—	3.2	14.6	49.7	30.6		6.1	—	3.4	1.3	56.0	33.1	
Sohâg	2	—	33	28	91	54	208	3	—	25	21	121	64	234
Per cent ...	0.9	—	15.9	13.5	43.7	25.9		1.3	—	10.7	8.9	51.7	27.3	
Minya	15	—	20	27	151	84	297	12	—	28	17	126	119	302
Per cent ...	5.0	—	6.7	9.1	50.8	28.3		4.0	—	9.2	5.6	41.7	39.4	
Faiyûm	2	—	18	22	145	40	227	2	—	9	8	159	48	226
Per cent ...	0.9	—	7.9	9.7	63.8	17.6		0.9	—	4.0	3.5	70.3	21.2	
Giza	7	—	22	23	96	98	246	7	—	4	2	127	89	229
Per cent ...	2.8	—	8.9	9.3	39.0	39.8		3.0	—	1.7	0.9	55.4	38.9	
Benha	23	—	58	12	224	56	373	24	—	27	6	203	98	358
Per cent ...	6.2	—	15.5	3.2	60.0	15.0		6.7	—	7.5	1.7	56.7	27.3	
Alexandria ...	151	7	86	21	53	52	370	142	2	79	11	48	84	366
Per cent ...	40.8	1.9	23.2	5.7	14.3	14.0		38.8	0.5	21.6	3.0	13.1	22.9	
Husseiniya ...	90	—	193	76	170	152	681	86	—	151	15	228	175	655
Per cent ...	13.2	—	28.3	11.1	24.9	22.3		13.1	—	23.0	2.3	34.8	26.7	
Muhammad Aly	43	—	106	56	191	201	597	35	—	17	4	203	335	594
Per cent ...	7.2	—	17.8	9.4	31.9	33.7		5.9	—	2.8	0.7	34.2	56.3	
TOTAL	593	23	818	551	1946	1721	5,652	554	4	466	114	1998	2381	5,517
Per cent ...	10.5	.4	14.5	9.7	34.4	30.4		10.0	0.1	8.4	2.0	36.2	43.2	

TABLE IIb.—EFFECT OF TREATMENT ON SERIOUS STAGES OF TRACHOMA.

YEAR.	BEGINNING OF THE YEAR.			END OF THE YEAR.	
	Pupils with any stage of Trachoma.	Pupils with serious stage of Trachoma I. and II.		Pupils with serious stage of Trachoma I. and II.	
	No.	No.	Per Cent.	No.	Per Cent.
1907-1908	464	289	62.3	—	—
1914-1915	1,553	342	22.0	61	4.0
1916-1917	1,528	327	21.4	48	3.0
1917-1918	1,699	282	16.6	71	4.2
1919-1920	2,454	410	16.7	201	8.2
1920-1921	3,363	643	19.1	290	8.6
1921-1922	5,036	1,369	27.2	580	11.5

TABLE IIc.—STAGES OF TRACHOMA AT BEGINNING AND END OF SCHOOL YEAR.

STAGES OF TRACHOMA.		BEGINNING OF THE YEAR.		END OF THE YEAR.	
		No.	Per Cent.	No.	Per Cent.
Trachoma	I	818	16.2	466	9.4
"	II	551	10.9	114	2.3
"	III	1,946	38.6	1,998	40.3
"	IV	1,721	34.2	2,381	48.0

TABLE IIIa.—TRACHOMA AND ITS RELATION TO SCHOOL YEARS (Beginning of the Year.)

SCHOOLS.	1ST YEAR.				2ND YEAR.				3RD YEAR.				4TH YEAR.											
	Healthy.	Conjunctivitis.	Trachoma.			Healthy.	Conjunctivitis.	Trachoma.			Healthy.	Conjunctivitis.	Trachoma.											
			I.	II.	III.			IV.	I.	II.			III.	IV.	I.	II.	III.	IV.						
Tanta	27	5	23	8	68	51	20	6	8	11	84	68	19	3	3	3	46	75	10	2	—	6	13	51
Asyût	3	—	31	33	25	21	5	—	29	24	46	42	5	—	14	13	33	32	1	—	7	5	18	31
Mansûra	14	—	26	4	33	42	21	—	28	4	38	84	11	—	7	—	24	79	13	—	—	1	20	37
Beni Suef	4	—	11	41	26	22	5	—	9	31	32	38	8	—	4	15	28	45	3	—	2	9	16	27
Zagazig	19	—	37	21	34	17	19	—	10	4	39	20	9	—	5	2	30	39	10	—	1	5	17	28
Damanhûr	11	—	12	12	20	10	7	—	6	10	33	35	6	—	2	1	12	21	7	—	2	—	12	21
Shibin el Kôm	3	—	2	15	23	10	—	—	2	7	26	12	—	—	1	1	21	20	—	—	—	—	8	6
Sohâg	—	—	18	14	26	12	—	—	9	9	27	17	—	—	3	4	27	20	2	—	3	1	11	5
Minya	3	—	5	19	46	18	3	—	7	2	54	21	4	—	4	4	26	33	5	—	4	2	25	12
Faiyûm	1	—	12	6	41	11	—	—	2	11	46	11	1	—	2	2	33	10	—	—	2	3	25	8
Giza	—	—	12	11	36	23	1	—	8	9	34	35	4	—	2	1	16	28	2	—	—	2	10	12
Benha	5	—	36	8	39	8	5	—	16	1	69	19	12	—	3	2	69	15	1	—	3	1	47	14
Alexandria	49	2	39	10	16	11	45	—	19	7	17	9	37	3	19	4	14	20	20	2	9	—	6	12
Husseinîya	8	—	67	33	45	27	23	—	61	22	45	40	25	—	33	15	47	47	34	—	32	6	33	38
Muhammad Aly	6	—	31	25	37	40	14	—	29	16	63	60	11	—	34	8	58	64	12	—	12	7	33	37
TOTAL	153	7	362	260	515	323	168	6	243	168	653	511	152	6	136	75	484	548	120	4	77	48	294	339

TABLE IIIb.—COMPARISON OF SERIOUS STAGES OF TRACHOMA (BEGINNING OF THE YEAR).

Class.	Total Cases of Trachoma.		Serious Stages of Trachoma I. and II.		Per Cent.	
	1920-1921.		1921-1922.		1920-1921.	
	1920-1921.		1921-1922.		1920-1921.	
First Year ...	1,098	1,460	622	33.3	42.6	
Second Year ...	963	1,575	411	15.7	26.1	
Third Year...	719	1,243	211	10.9	16.9	
Fourth Year ...	583	758	125	7.8	16.5	

TABLE IV.—VISION OF ALL PUPILS WITHOUT SPECTACLES.

Vision.	Tanta.	Asyut.	Mansura.	Beni Suef.	Zagazig.	Damanhur.	Shibin el Kaim.	Sohag.	Minya.	Falyūm.	Giza.	Benha.	Alexandria.	Husseinia.	Muhammad Ali.	Total.	Grand Total.	Per Cent.
<i>Good Vision :—</i>																		
(a) Normal vision in each eye 6/6 and 6/6 ...	87	62	58	18	51	63	22	21	81	3	29	46	68	84	122	815		
b) Vision 6/6 and 6/9 or 6/9 and 6/9 ...	122	100	89	69	85	40	24	37	48	24	53	64	133	212	153	1,253	2,068	36.6
<i>Fair Vision :—</i>																		
(a) Vision 6/6 and 6/12 or 6/12 and 6/12 or 6/12 and 6/12 ...	110	94	87	70	77	44	30	51	63	37	52	62	53	145	150	1,125		
(b) Vision 6/6 and 6/18 ...	11	43	4	4	99	4	37	52	55	15	9	67	2	8	10	420	1,545	27.3
<i>Bad Vision :—</i>																		
Fails to attain any of the above standards ...	280	119	248	215	54	89	44	47	50	148	103	134	114	232	162	2,039	2,039	36.0
TOTAL ...	610	418	486	376	366	240	157	208	297	227	246	373	370	681	597	5652	5,652	

TABLE V.—SPECTACLES ORDERED.

	Tanta.	Ayût.	Mansûra.	Beni Suef.	Zagazig.	Damanhûr.	Shibin el Kôm.	Sohâg.	Minya.	Faiyûm.	Giza.	Benha.	Alexandria.	Husseiniya.	Muhammad Ali.	Total.
Number of pupils now attending obtained spectacles in previous years	18	14	29	11	16	11	8	12	12	13	3	9	20	9	—	185
Number of pupils now attending obtained spectacles in this year... ..	—	5	6	2	—	5	7	—	—	4	3	10	—	13	12	67
Number of pupils now attending ordered spectacles but not yet obtained	14	—	13	—	3	2	—	2	—	3	4	7	6	15	—	69
Total	32	19	48	13	19	18	15	14	12	20	10	26	26	37	12	321
Spectacles on order or under repair	14	1	13	1	5	4	—	2	—	3	3	6	6	17	—	75
Number of pupils wearing spectacles on date of general inspection	15	11	32	12	12	14	15	9	12	14	6	15	16	20	12	215
Net number not wearing spectacles which were previously ordered	3	7	3	—	2	—	—	3	—	3	1	5	4	—	—	31

TABLE VI.—VISION OF PUPILS ORDERED SPECTACLES.

	TOTAL	GRAND TOTAL	Per Cent.
(a) <i>Before ordering.</i>			
Good Vision :—			
(a) Nomal vision in each eye 6/6 and 6/6	1		
(b) Vision 6/6 and 6/9 or 6/9 and 6/9	—	1	0.3
Fair Vision :—			
(a) Vision 6/6 and 6/12, 6/9 and 6/12, 6/12 and 6/12	9		
(b) Vision 6/6 and 6/18	3	12	3.7
Bad Vision :—			
Fails to attain any of the above standards	308	308	95.9
TOTAL... ..	321	321	
(b) <i>After ordering.</i>			
Good Vision :—			
(a) Attains 6/6 and 6/6 with aid of spectacles not greater in strength than +—6D.	18		
(b) Attains 6/6 and 6/9 or 6/9 and 6/9 with aid of spectacles not greater in strength than +—6D.	41	59	18.4
Fair Vision :—			
(a) Attains 6/6 and 6/12 or 6/9 and 6/12 or 6/12 and 6/12 with aid of spectacles not greater in strength than +—6D.	63		
(b) Attains 6/6 and 6/18 with aid of spectacles not greater in strength than +—6D.	15	78	24.3
Bad Vision :—			
(a) Fails to attain any of the above standards with aid of spectacles not greater in strength than +—6D	153		
(b) Attains any of the above standards with aid of spectacles greater in strength than +—6D	31	184	57.3
TOTAL... ..	321	321	

TABLE VII.—CONDITION OF CORNEA BEFORE TREATMENT.

SCHOOLS.	Both Corneæ clear.	One cornea clear the other showing opacity.	Opacity of both corneæ.
Tanta	540	50	20
Asyût	378	33	7
Mansûra	412	49	25
Beni Suef	328	31	17
Zagazig	323	28	15
Damanhûr	218	20	2
Shibîn el Kôm	138	13	6
Sohâg	186	19	3
Minya	266	26	5
Faiyûm	175	34	18
Giza	208	29	9
Benha	310	36	27
Alexandria	365	5	—
Husseiniya	650	19	12
Muhammad Aly	522	56	19
TOTAL... ..	5,019	448	185
Per cent	88.8	7.9	3.3

(b) Statistics of Ophthalmic Treatment in Schools, 1922-1923.

Ophthalmic treatment at the Government Primary Schools of Tanta, Asyût, Mansûra, Beni Suef, Zagazig, Damanhûr, Shibîn el Kôm, Sohâg, Minya, Faiyûm, Giza, Benha, Moharram Bey and Ras El-Tin at Alexandria, Husseinîya, and Muhammad Aly at Cairo, during 1922-1923.

TABLE I.—PUPILS INSPECTED.

SCHOOLS.	Beginning of the Year.			END OF THE YEAR.		
	Pupils inspected.	Pupils with Trachoma.	Per Cent.	Pupils inspected.	Pupils with Trachoma.	Per Cent.
Tanta	579	531	91·7	629	575	91·4
Asyût	515	500	97·1	487	472	96·9
Mansûra	483	412	85·3	485	416	85·7
Beni Suef	373	349	93·6	347	327	94·2
Zagazig	380	327	86·0	379	330	87·0
Damanhûr	276	259	93·8	280	263	93·9
Shibin el Kôm	170	165	97·0	162	158	97·5
Sohâg	248	247	99·6	234	231	98·7
Minya	324	311	96·0	307	294	95·7
Faiyûm	226	222	98·2	224	220	98·2
Giza	304	286	94·1	287	271	94·4
Benha	388	372	95·9	383	367	95·8
Muharram Bey	382	290	75·9	363	273	75·2
Husseinîya	728	652	89·6	713	626	87·7
Muhammad Aly	655	631	96·3	657	620	94·3
Râs el Tin	785	586	74·6	762	572	75·0
TOTAL	6,816	6,140	90·08	6,699	6,015	89·78

TABLE IIa.—CONDITION OF CONJUNCTIVA.

SCHOOLS.	BEGINNING OF THE YEAR.							END OF THE YEAR.						
	Healthy.	Conjunctivitis.	TRACHOMA.				TOTAL.	Healthy.	Conjunctivitis.	TRACHOMA.				TOTAL.
			I.	II.	III.	IV.				I.	II.	III.	IV.	
Tanta	46	2	35	29	270	197	579	54	—	31	3	254	287	629
Per cent ...	7.9	.3	6.0	5.0	46.6	34.0		8.6	—	4.9	.4	40.4	45.6	
Asyût	15	—	99	95	159	147	515	15	—	73	33	218	143	487
Per cent ...	2.9		19.2	18.4	30.9	28.5		3.1	—	14.9	6.7	44.3	30.4	
Mansûra	71	—	83	11	79	239	483	69	—	83	1	59	273	485
Per cent ...	14.7		17.2	2.3	16.3	49.5		14.2	—	17.1	.2	12.2	56.3	
Beni Suef	24	—	26	49	81	193	373	20	—	—	—	35	292	347
Per cent ...	6.4		6.9	13.1	21.7	51.7		5.7	—	—	—	10.1	84.1	
Zagazig	53	—	36	37	140	114	380	49	—	7	3	172	148	379
Per cent ...	13.9		9.5	9.7	36.8	30.0		12.9	—	1.8	.8	45.4	39.0	
Damanhûr	17	—	54	29	125	51	276	17	—	22	3	157	81	280
Per cent ...	6.1		19.6	10.5	45.3	18.5		6.1	—	7.8	1.1	56.1	28.9	
Shibîn el Kôm	5	—	9	15	98	43	170	4	—	1	1	92	64	162
Per cent ...	2.9		5.3	8.8	57.6	25.3		2.5	—	.6	.6	56.7	39.5	
Sohâg	1	—	34	41	111	61	248	3	—	32	29	115	55	234
Per cent ...	.4		13.7	16.5	44.7	24.6		1.6	—	13.7	12.3	49.1	23.5	
Minya	13	—	18	23	150	120	324	13	—	14	14	134	132	307
Per cent ...	4.0		5.5	7.1	46.3	37.0		4.2	—	4.6	4.6	43.6	42.9	
Faiyûm	4	—	11	29	149	33	226	4	—	8	19	159	34	224
Per cent ...	1.8		4.8	12.8	65.9	14.6		1.8	—	3.6	8.5	70.9	15.1	
Giza	18	—	13	16	130	127	304	16	—	3	13	130	125	287
Per cent ...	5.9		4.3	5.2	42.7	41.8		5.6	—	1.0	4.5	45.3	43.5	
Benha	16	—	71	38	183	80	388	16	—	22	6	160	179	383
Per cent ...	4.1		18.3	9.8	47.2	20.6		4.2	—	5.7	1.5	41.8	46.7	
Muharram Bey	92	—	142	21	57	70	382	90	—	125	9	71	68	363
Per cent ...	24.1		37.2	5.5	14.9	18.3		24.8	—	34.4	2.5	19.6	18.6	
Husseiniya	76	—	229	77	166	180	728	87	—	99	10	241	276	713
Per cent ...	10.4		31.4	10.6	22.8	24.7		12.2	—	13.8	1.4	33.8	38.7	
Muhammad Aly	24	—	214	58	177	182	655	37	—	70	4	233	313	657
Per cent ...	3.7		32.7	8.8	27.0	27.8		5.6	—	10.6	6.6	35.5	47.6	
Râs el Tin	199	—	267	73	174	72	785	190	—	148	6	278	140	762
Per cent ...	25.3		34.0	9.3	22.2	9.2		24.9	—	19.4	8	36.5	18.3	
TOTAL	674	2	1341	641	2249	1909	6816	684	—	738	154	2508	2615	6699
Per cent ...	9.9	.03	19.7	9.4	32.9	28.0		10.2	—	11.0	2.3	37.4	39.0	

TABLE IIb.—CONDITION OF TRACHOMA IN GOVERNMENT SCHOOLS (IN GROUPS).
Numbers.

METHOD OF TREATMENT.			TRACHOMA.			
			I.	II.	III.	IV.
Regular treatment as carried out at O.Hs. (Tanta, Asyût, Mansûra, Beni Suef, Damanhûr, Shibîn el Kôm and Benha)	Preliminary ...	377	266	995	950	
	Final	232	47	975	1,324	
Treatment by painting on Saturdays, and Mondays; and by drops on Sundays, Tuesdays and Wednesdays (Zagazig and Minya)	Preliminary ...	54	60	290	234	
	Final	21	17	306	280	
Blue drops only (Sohâg and Faîyûm)	Preliminary ...	45	70	260	94	
	Final	40	48	274	89	
CuSO ₄ drops 3 per cent (Giza and Muharram Bey) ...	Preliminary ...	155	37	187	197	
	Final	128	22	201	193	
Treatment by painting 10 per cent CuSO ₄ twice a week and drops CuSO ₄ 3 per cent on alternate days by tamurgi (Husseiniya)	Preliminary ...	229	77	166	180	
	Final	99	10	241	276	
HgCl ₂ for a few days preceded in certain cases by mechanical treatment. After this CuSO ₄ 3 per cent drops (Muhammad Aly)	Preliminary ...	214	58	177	182	
	Final	70	4	233	313	
Treatment by painting 10 per cent CuSO ₄ on Saturdays, Mondays and Wednesdays, and drops 3 per cent by B.T. on the other days (Râs el Tin)	Preliminary ...	267	73	174	72	
	Final	148	6	278	140	

Per Cent.

Regular treatment as carried out at O.Hs. (Tanta, Asyût, Mansûra, Beni Suef, Damanhûr, Shibîn el Kôm and Benha)	Preliminary ...	14.6	10.3	38.4	36.7
	Final	9.0	1.8	37.8	51.4
Treatment by painting on Saturdays and Mondays; and by drops on Sundays, Tuesdays and Wednesdays (Zagazig and Minya)	Preliminary ...	8.4	2.4	45.4	36.7
	Final	3.3	2.7	49.0	44.9
Blue drops only (Sohâg and Faîyûm)	Preliminary ...	9.6	14.9	55.4	20.0
	Final	8.9	10.6	60.7	19.7
CuSO ₄ drops 3 per cent (Giza and Muharram Bey) ...	Preliminary ...	26.9	6.4	32.4	34.2
	Final	23.5	4.0	36.9	35.5
Treatment by painting 10 per cent CuSO ₄ twice a week and drops CuSO ₄ 3 per cent on alternate days by tamurgi (Husseiniya)	Preliminary ...	35.1	11.8	25.4	27.6
	Final	15.8	1.6	38.5	44.1
HgCl ₂ for a few days preceded in certain cases by mechanical treatment. After this CuSO ₄ 3 per cent drops (Muhammad Aly)	Preliminary ...	33.9	9.2	28.0	28.8
	Final	11.3	.6	37.5	50.5
Treatment by painting 10 per cent CuSO ₄ on Saturdays, Mondays, and Wednesdays, and drops 3 per cent by B.T. on the other days (Râs el Tin)	Preliminary ...	45.5	12.4	29.7	12.3
	Final	25.8	1.0	48.6	24.5

TABLE IIc.—EFFECT OF TREATMENT ON SERIOUS STAGES OF TRACHOMA.

YEAR.	BEGINNING OF THE YEAR.			END OF THE YEAR.	
	Pupils with any stage of Trachoma.	Pupils with serious stages of Trachoma I and II.		Pupils with serious stages of Trachoma I and II.	
	No.	No.	Per Cent.	No.	Per Cent.
1907-1908	464	289	62.3	—	—
1914-1915	1,553	342	22.0	61	4.0
1916-1917	1,528	327	21.4	48	3.0
1917-1918	1,699	282	16.6	71	4.2
1919-1920	2,454	410	16.7	201	8.2
1920-1921	3,363	643	19.1	290	8.6
1921-1922	5,036	1,369	27.2	580	11.5
1922-1923	6,140	1,982	32.3	892	14.5

TABLE IIId.—STAGES OF TRACHOMA AT BEGINNING AND END OF SCHOOL YEAR.

STAGES OF TRACHOMA.		BEGINNING OF THE YEAR.		END OF THE YEAR.	
		No.	Per Cent.	No.	Per Cent.
Trachoma	I	1,341	21.8	738	12.2
„	II	641	10.4	154	2.5
„	III	2,249	36.6	2,508	41.7
„	IV	1,909	31.1	2,615	43.5

TABLE IIIa.—TRACHOMA AND ITS RELATION TO SCHOOL YEARS. (BEGINNING OF THE YEAR.)

SCHOOLS.	1ST YEAR.					2ND YEAR.					3RD YEAR.					4TH YEAR.				
	Healthy.		Conjunctivitis.		TRACHOMA.				Healthy.	Conjunctivitis.	TRACHOMA.				Healthy.	Conjunctivitis.	TRACHOMA.			
					I.	II.	III.	IV.			I.	II.	III.	IV.			I.	II.	III.	IV.
Tanta	14	—	—	—	22	12	94	31	13	1	11	9	92	63	12	—	2	3	48	64
Asyût	6	—	—	—	45	49	43	27	3	—	28	33	39	44	5	—	18	10	55	51
Mansûra	26	—	—	—	42	3	28	36	24	—	22	6	26	91	13	—	14	2	14	76
Beni Suef	8	—	—	—	12	22	15	36	2	—	12	16	24	55	7	—	1	9	21	49
Zagazig	15	—	—	—	29	29	50	13	21	—	4	7	43	24	12	—	2	1	32	38
Damanhûr	3	—	—	—	21	20	23	5	6	—	15	4	41	14	3	—	11	5	40	18
Shibîn el Kôm	2	—	—	—	8	9	25	7	1	—	1	4	32	8	1	—	—	2	28	15
Sohâg	—	—	—	—	14	16	29	9	1	—	12	16	36	15	—	—	7	7	32	19
Minya	4	—	—	—	8	12	46	17	3	—	7	4	43	38	3	—	2	4	25	38
Faiyûm	—	—	—	—	4	13	34	5	3	—	6	10	43	11	—	—	1	6	42	11
Giza	10	—	—	—	7	8	35	52	3	—	3	3	41	38	5	—	3	4	36	30
Benha	—	—	—	—	38	17	29	9	4	—	22	8	58	22	5	—	9	9	58	27
Muharram Bey	25	—	—	—	54	8	9	13	29	—	38	8	18	27	28	—	8	2	18	18
Husseinîya	13	—	—	—	81	30	35	16	19	—	69	23	50	42	20	—	45	13	52	59
Muhammad Aly	5	—	—	—	59	18	43	25	4	—	62	14	43	68	8	—	60	21	46	55
Râs el Tîn	65	—	—	—	91	23	48	19	85	—	82	33	55	26	28	—	60	10	38	14
TOTAL	196	—	—	—	535	289	586	320	221	1	394	198	684	586	150	—	263	108	585	582
															107	1	149	46	394	421

TABLE IIIb.—COMPARISON OF SERIOUS STAGES OF TRACHOMA (BEGINNING OF THE YEAR).

CLASS.	TOTAL CASES OF TRACHOMA.		SERIOUS STAGES OF TRACHOMA I and II.		PER CENT.	
	1921-22	1922-23	1921-22	1922-23	1921-22	1922-23
First Year	1,460	1,730	622	824	42.6	47.6
Second "	1,575	1,862	411	592	26.1	31.8
Third "	1,243	1,538	211	371	16.9	24.1
Fourth "	758	1,010	125	195	16.5	19.3

TABLE IV.—VISION OF ALL PUPILS WITHOUT SPECTACLES.

VISION.	Tanta.	Asyut.	Mansura.	Beni Suef.	Zagazig.	Damanhur.	Shibin el Kôm.	Sohag.	Minya.	Falyûm.	Giza.	Benha.	Muharram Bey.	Husseinia.	Muhammad Ali.	Kas el Ym.	Total.	Grand Total.	Per cent.
Good Vision :—																			
(a) Normal vision in each eye 6/6 and 6/6	59	108	59	25	53	80	23	23	71	14	31	63	107	61	99	306	1,182		
(b) Vision 6/6 and 6/9 or 6/9 and 6/9	111	112	107	66	89	49	28	49	68	22	44	68	77	214	226	190	1,520	2,702	39.6
Fair Vision :—																			
(a) Vision 6/6 and 6/12 or 6/9 and 6/12	133	111	82	83	89	45	34	54	70	37	64	64	70	26	18	98	1,078		
(b) Vision 6/6 and 6/18	1	5	2	4	84	4	2	3	73	1	1	4	6	149	140	36	515	1,593	23.4
Bad Vision :—																			
Fails to attain any of the above standards	275	179	233	195	65	98	83	119	42	152	164	189	122	278	172	155	2,521	2,521	36.9
TOTAL...	579	515	483	373	380	276	170	248	324	226	304	388	382	728	655	785	6,816	6,816	—

TABLE V.—SPECTACLES ORDERED.

	Tanta.	Asyut.	Manshara.	Beni Suef.	Zagazig.	Damanhour.	Shibin el Kôm.	Sohag.	Minya.	Faiyûm.	Giza.	Benha.	Muhammad Bey.	Huseiniya.	Muhammad Aly.	Ras el Tim.	Total.
Number of pupils now attending obtained spectacles in previous years	29	12	33	10	10	13	12	6	17	9	15	15	15	11	7	17	231
Number of pupils now attending obtained spectacles in this year	—	2	—	2	2	11	—	2	—	—	3	1	—	21	11	—	55
Number of pupils now attending ordered spectacles but not yet obtained	13	3	16	5	3	—	6	—	—	9	1	5	8	4	3	20	96
TOTAL	42	17	49	17	15	24	18	8	17	18	19	21	23	36	21	37	382
Spectacles on order or under repair	29	3	16	6	3	—	6	2	—	11	1	5	8	6	3	20	119
Number of pupils wearing spectacles on date of general inspection	12	12	24	11	12	21	12	5	17	5	14	14	15	29	17	17	237
Net number not wearing spectacles which were previously ordered	1	2	9	—	—	3	—	1	—	2	4	2	—	1	1	—	26

TABLE VI.—VISION OF PUPILS ORDERED SPECTACLES.

	TOTAL.	GRAND TOTAL.	Per Cent.
(a) <i>Before ordering.</i>			
Good Vision :—			
(a) Normal vision in each eye 6/6 and 6/6	4		
(b) Vision 6/6 and 6/9 or 6/9 and 6/9	4	8	2.1
Fair Vision :—			
(a) Vision 6/6 and 6/12, 6/9 and 6/12, 6/12 and 6/12	11		
(b) Vision 6/6 and 6/18	3	14	3.6
Bad Vision :—			
Fails to attain any of the above standards	360	360	94.2
TOTAL.....	382	382	

(b) *After ordering.*

Good Vision :			
(a) Attains 6/6 and 6/6 with aid of spectacles not greater in strength than +—6 D.	29		
(b) Attains 6/6 and 6/9 or 6/9 and 6/9 with aid of spectacles not greater in strength than +—6 D.	59	88	23.0
Fair Vision :—			
(a) Attains 6/6 and 6/12 or 6/9 and 6/12 or 6/12 and 6/12 with aid of spectacles not greater in strength than +—6D.	84		
(b) Attains 6/6 and 6/18 with aid of spectacles not greater in strength than +—6 D.	16	100	26.2
Bad Vision :—			
(a) Fails to attain any of the above standards with aid of spectacles not greater in strength than +—6 D.	158		
(b) Attains any of the above standards with aid of spectacles greater in strength than +—6 D.	36	194	50.8
TOTAL...	382	382	

TABLE VII.—CONDITION OF CORNEA BEFORE TREATMENT.

SCHOOL.	Both Corneae clear.	One cornea clear the other showing opacity.	Opacity of both corneae.
Tanta	512	41	25
Asyût	454	33	28
Mansûra	412	45	26
Beni Suef	328	32	13
Zagazig	328	34	18
Damanhûr	244	31	1
Shibîn el Kôm	132	17	21
Sohâg	204	34	10
Minya	292	28	4
Faiyûm	153	31	42
Giza	247	29	28
Benha	330	36	22
Muharram Bey	376	6	—
Husseiniya	679	43	6
Mohammad Aly	586	64	5
Râs el Tin	737	42	6
TOTAL... ..	6,014	546	255
Per cent	88.2	8.0	3.7

SECTION IV.

I.—INFECTIOUS DISEASES.

(a) Typhus and Relapsing.

The reduction in the number of cases of the principal infectious diseases noted as having begun in the year 1920 has been continued in 1922 as regards typhus and relapsing fever.

Thus in 1922, only 170 cases of relapsing fever were recorded as against 1,217 in 1921 and 2,876 in 1920.

This is the smallest number recorded during the last ten years.

The following table shows the incidence of cases and deaths of relapsing fever during these last ten years:—

YEAR.	Cases.	Deaths.	Percentage death rate.	Death rate per thousand Living.
1913	432	45	13.15	0.003
1914	211	28	13.27	0.002
1915	761	72	9.46	0.005
1916	10,494	862	8.21	0.068
1917	11,162	1,043	9.34	0.081
1918	12,642	829	6.55	0.064
1919	3,258	598	18.24	0.046
1920	2,876	430	14.60	0.032
1921	1,217	198	16.27	0.014
1922	170	35	20.58	0.002

The diminution in typhus fever has been much more marked. Only 2,484 cases were recorded in 1922 as against 4,476 in 1921. This too in the case of this disease is the smallest number recorded during the last ten years.

The following table shows the number of typhus fever cases and deaths recorded during the last ten years:—

YEAR.	Cases.	Deaths.	Percentage death rate.	Death rate per thousand Living.
1913	4,936	1,438	28.9	0.118
1914	9,508	2,533	26.6	0.206
1915	17,096	4,216	25.2	0.338
1916	30,507	7,096	23.2	0.563
1917	18,569	4,147	22.4	0.325
1918	24,935	6,589	26.4	0.511
1919	16,970	5,569	32.8	0.432
1920	13,279	3,512	26.4	0.269
1921	4,476	1,273	28.44	0.096
1922	2,484	717	28.86	0.053

The diminution in these diseases is very satisfactory. As stated in last year's report some part of this reduction may be attributed to increase in knowledge among the populace of the part played by the louse in the dissemination of these diseases and to the considerable improvement in the methods of delousing.

(b) Smallpox.

Although the number recorded during 1922 (305 cases) exceeded that which occurred in 1921, yet it is satisfactory to note that this number is far less than the number of cases which occurred in any of the twenty years previous to 1921. This is due to the general vaccination referred to in last year's report, which campaign was begun in 1919 and finished in 1921. Nearly all the cases which occurred in 1922 had escaped vaccination during the general vaccination campaign. 203 cases out of 305 total occurred in Girga Mudiriya and consequently the whole Mudiriya has been revaccinated.

The following list shows the distribution of the smallpox cases which occurred during the year 1922.

Locality.	Cases.	Deaths.
Cairo	26	9
Alexandria	10	3
Ismailia	1	—
Port Said	6	1
Damietta	—	—
Suez... ..	7	2
Beheira	—	—
Daqahliya	2	—
Gharbiya	1	1
Minûfiya	—	—
Qalyûbiya	—	—
Sharqîya... ..	2	—
Asyût	19	8
Aswân	1	—
Beni Suef	1	1
Faiyûm	1	—
Girga	203	62
Gîza... ..	5	—
Minya	1	—
Qena	19	2
TOTAL	305	89

The following table shows the number of cases and deaths recorded during the last twenty years :—

YEAR.	Cases.	Deaths.	Percentage death rate	Death rate per thousand living.
			Pur cent.	
1903	2357	565	23·97	0·053
1904	4336	1093	25·20	0·101
1905	4186	851	20·32	0·077
1906	1965	409	20·50	0·036
1907	2130	573	26·90	0·050
1908	2578	620	24·04	0·053
1909	4096	1023	25·28	0·088
1910	3117	648	20·78	0·055
1911	2824	737	26·09	0·062
1912	1985	456	22·97	0·038
1913	2934	706	24·06	0·058
1914	7097	1564	22·03	0·127
1915	5222	1262	24·16	0·101
1916	2972	902	30·35	0·071
1917	1567	409	26·10	0·032
1918	1198	306	25·54	0·023
1919	7895	1926	24·39	0·148
1920	3004	796	26·48	0·061
1921	92	24	26·	0·001
1922	305	89	29·	0·006

(c) Plague.

The total number of plague cases in 1922 was 487 as compared with 356 in 1921. The number of deaths in 1922 was 228 showing a mortality of 46·8 per cent. The mortality in 1921 was 42·9 per cent.

The death rate in 1922 although higher than in 1921, is low when compared with previous years.

Of the 487 cases which occurred in 1920, 448 cases were bubonic, 10 pneumonic, and 29 septicæmic.

Thus the proportion of pneumonic cases to bubonic was 2·20 per cent. Of the 487 cases 183 cases occurred in the Ports, *i.e.*, seventy-one cases in Alexandria, fifty-four cases

in Port Said, and fifty-eight cases in Suez. The remaining 304 cases occurred in the interior. Of these, sixty occurred in Tanta in a village called Birma.

The following table gives a recapitulation of the plague statistics from 1899 to 1922.

Year.	Cases.	Deaths.	Percentage death rate.
1899	93	45	48·0
1900	127	60	47·2
1901	205	102	49·5
1902	481	291	60·0
1903	303	160	52·7
1904	854	501	58·66
1905	266	181	68·0
1906	631	475	75·2
1907	1,253	914	72·9
1908	1,511	780	51·6
1909	513	207	40·5
1910	1,238	615	49·7
1911	1,656	1,041	62·9
1912	884	441	49·9
1913	654	304	46·5
1914	219	111	50·7
1915	235	120	51·0
1916	1,702	828	48·7
1917	732	399	54·5
1918	357	153	42·8
1919	877	473	53·9
1920	462	269	58·2
1921	356	153	42·9
1922	487	228	46·8

The death-rate per thousand living for the last ten years is as follows :—

Year.	Death rate per thousand living.
1913	0·025
1914	0·009
1915	0·009
1916	0·065
1917	0·031
1918	0·011
1919	0·036
1920	0·020
1921	0·011
1922	0·016

(d) Malaria.

The amount of malaria in the country was normal.

The following table shows the number of Malaria cases notified during the year 1921 and during the year 1922:—

LOCALITY	1921	1922	LOCALITY	1921	1922
			<i>Brought forward ...</i>	295	330
Cairo	6	5	Sharqiya	19	22
Alexandria	2	7	Daqahliya	2	—
Port Said	24	23	Giza	1	2
Ismailia	29	29	Beni Suef	3	4
Damietta	74	41	Fayoum	22	22
Suez	131	203	Minya	5	2
Beheira	9	5	Asyût	8	12
Gharbiya	10	2	Girga	1	3
Minûfiya	4	11	Qena	10	3
Kalyûbiya	6	4	Aswân	1,646	678
<i>Carried forward ...</i>	295	330	<i>TOTAL ...</i>	2,012	1,078

A credit of L.E. 20,000 was placed at the disposal of the Anti-malaria Commission in the year 1922-1923. It was distributed as follows:—

	L.E.	mills.
(1) Provincial towns	4,900	—
(2) Canal area	3,900	—
(3) Cairo city	3,396	400
(5) Faiyûm	1,650	—
(6) Shellal and Derr	853	600
(7) Abu Za'bal	1,450	—
(8) Abu Qir	600	—
(9) Fish distribution	600	—
(10) Report expenses	250	—
	<u>20,000</u>	<u>—</u>

Of this sum, only L.E. 12,937 were actually spent on the following works which were carried out in these places.

Provincial Towns.

Damanhûr.—Filling in of two *birkas* on Government property, cost L.E. 1,250.

Tanta.—Filling in of one *birka* on Egyptian State Railways property; cost L.E. 876.

Work was undertaken in both places by the Municipalities concerned.

The Commission paid a sum of L.E. 1,700 to the Railways for filling their *birkas* in the following places:—

Tanta, Zagazig, Benha, and Kafr el Zaîyât.

In addition to this, the Egyptian State Railways devoted a sum to filling borrow pits in the neighbourhood of the Railway Stations where the Egyptian State Railways employees were liable to infection with malaria, and the Director Section IV, undertook to indicate to the Deputy Chief Engineer, the order of importance of the Egyptian State Railways *birkas* from the point of view of malaria. During the year the Egyptian State Railways carried out the filling of 66,564 cubic metres in the following places: Cairo, Damanhûr, Tanta, Kafr el Zaîyât, Mît Ghamr, Mansûra, Qalyûb, Belqas, Simbellawein Shibîn el Qanater, Kôm Hamâda, and Tûkh.

A great part of the credit was to have been applied for the suppression of a dangerous "migra" at Damanhûr on the bank of the old Khatatba and the construction of an alternative irrigation scheme, as well as the construction of a drain for the waste water from the mills which are now discharging into the present channel. This work could not be undertaken as investigations *re* legal rights of millowners were not completed.

Canal Zone.

The credit allotted for this zone was divided as follows:—

- (a) L.E. 200 upkeep of the Kubri drains.
- (b) L.E. 400 lowering level of Nefisha drain.
- (c) L.E. 650 suppressing escape at the tail end of the Sweet Water Canal at Suez
- (d) L.E. 2,400 drainage of area between the Suez Gardens and the Maritime Canal, from Suez to Kubri.
- (e) L.E. 250 improvement of drains to the north end of the Kubri area.

Nos. (a) and (b) were completed.

No. (c) Some difficulties with the contractor have arisen as regards the suppression of this escape and the Inspector of Irrigation, First Circle, promised to undertake the work on the irrigation funds.

No. (d) Only about half of this work was done.

No. (e) Nothing could be done in this connection as the Main Drainage people were busy on other more important work.

In addition to the above, one *birka* at Suez near the Gas Co. was filled in.

The Canal Company has cooperated with the Canal Sub-Committee and carried out the following works at the recommendation of this Sub-Committee.

(a) Filling in of area of seepage at Port Said on west bank of the Sweet Water Canal, South of the Menzala Navigation Company.

(b) Turning the escape from the Sweet Water Canal at El Cab, Râs el Tîn and Râs el 'Esh into the Maritime Canal.

Cairo City and Districts.

(a) *Helwan*, L.E. 1,420 spent on extension of existing drainage scheme to drain the marshy area lying between the aerodrome and the Helwân Road, and construction of a percolating pit for the overflow of a sulphur spring near Mr. Beasley's house.

(b) *Tura*, L.E. 976·400 mills. spent on filling in Government *birkas*. Several small *birkas* in the vicinity of Tura Prison have been filled in by the Prisons Department who undertook the work free of charge.

(c) *Ghezîra*, L.E. 1,000 conversion of open drains into closed culverts and running expenses of pumping station.

Oases.

(a) *Siwa*, L.E. 1,000 construction of drains at Siwa and Aghurmi.

(b) *Kharga*, L.E. 1,200 for the construction of a drain for the 'Ein el Sheikh *birka*.
L.E. 200 for continuance of agricultural experiments.

Faiyûm.—Filling in of Government *birkas* and remodelling of Irrigation Channels and drains at Sanhûr, Ibshâwây, Abhît el Hagar, Hawâret 'Adlân, Minshât Rabi', Kalhana and Abu Sîr Definnu.

Shallâl and Derr.

Shallâl.—L.E. 200 for draining a large *birka* to the south-west of Shallâl Station and filling in two small *birkas* near the Quarantine Station.

Derr.—L.E. 653·600 mills. of this, a sum of L.E. 203·600 mills. for covering expenses of work done in the year 1921 and L.E. 450 cost of filling in three *birkas* at Derr.

Abu Za'bal.—Filling in of the eastern end of the old bed of the Ismailia Canal near the dwellings of the wireless station officials. The work cost L.E. 821·560 mills. only.

Fish Distribution.

Number of *birkas* stocked in the provincial and Bandar towns was 89 and 328 *sakyas* and 397 wells in Derr District were also stocked. Total number of fish stocked was about 38,000. Cyprinodin were successfully transplanted from brackish to sweet water.

(c) **Influenza.**

There was no serious outbreak of influenza. The type was mild. The number of cases notified during 1922 was 4,493.

2.—**MULIDS,**

The Department gave its opinion regarding the holding of seventy-four *mulids*, the period of each varying between seven and fifteen days.

3.—**PILGRIMAGE.**

The total number of pilgrims proceeding from Egypt this year was 6,132. They were all vaccinated against cholera before leaving Suez.

The size of pilgrimage is gradually increasing. The figures since 1916–1922 are as follows :—

Year.	Number of Pilgrims.
1916	1,076
1917	281
1918	464
1919	444
1920	1,657
1921	2,959
1922	6,132

Previous to the war, the number of pilgrims averaged about 13,000 per annum. No epidemics were reported from the Hedjaz during the pilgrimage.

The Egyptian pilgrims were as usual, carefully traced on their return to Egypt and those who showed any intestinal symptoms whatever had their stools bacteriologically examined.

The necessary desert patrols were put in Sinai during the season of the return of the pilgrimage. These patrols intercepted a total of twenty-one pilgrims.

4.—**PASSENGER AND IMMIGRANT COTROL.**

Under this system, 84,629 persons arrived from countries infected or suspected to be infected with cholera and their addresses taken. Of these 79,885 were traced.

The control of passengers returning to Egypt *via* Qantara referred to in previous reports has been continued during the year.

The following list shows the number of persons returning to Egypt *via* Qantara in 1922 who were put under observation:—

Total Number	...	...	...	...	...	...	33,738
Observed	...	...	...	...	...	...	29,896
Not observed...	...	...	...	...	...	...	3,842
Percentage found...	...	...	...	...	...	...	88·62

PASSENGERS CONTROL FIGURES.

	Found.	Not found.	Total.	Percentage found.
Alexandria... ..	29,561	149	29,710	99·49
Port Said	9,182	361	9,543	96·21
Suez	9,648	387	10,035	92·20
Damietta	1,598	5	1,603	99·68
Total Passengers landed...	49,989	902	50,891	98·22

DETAILED STATISTICS OF PASSENGERS WHO LANDED AT PORT SAID
FROM CHOLERA-INFECTED COUNTRIES DURING 1922.

DESTINATION.	Total.	1ST AND 2ND CLASS.			3RD CLASS AND DECK PASSENGERS.		
		Found.	Not found.	Percentage of found.	Found.	Not found.	Percentage of found.
				Per Cent.			Per Cent.
Cairo	2,221	1,254	103	92·40	754	110	97·26
Alexandria	386	187	22	89·47	155	22	87·57
Interior	819	285	2	99·30	494	38	92·85
Port Said	6,117	591	31	95·00	5,462	33	97·12
TOTAL	9,543	2,317	158	93·61	6,865	203	97·12

Total passengers dealt with	9,543
Found	9,182
Not found	361
Percentage found	96·21 %

ANNUAL STATISTICS OF SHIPS, CREWS
& PASSENGERS WHO LANDED AT DAMIETTA DURING
THE YEAR 1922.

No. of Ships.	No. of Crews.	No. of Passengers.	Persons.	
			Observed.	Not obs.
226	1,577	26	1,598	5

ANNUAL STATISTICS FOR 1922 OF PASSENGERS WHO LANDED

MONTHS.	PASSENGERS FOR CAIRO.						PASSENGERS FOR INTERIOR						PASSENGERS REMAINED AT ALEXANDRIA.					
	1st and 2nd Class.			3rd Class.			1st and 2nd Class.			3rd Class.			1st and 2nd Class.			3rd Class.		
	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.
			%			%			%			%			%			%
January	367	30	92.44	100	1	99.00	23	—	100	96	1	98.96	122	1	99.18	389	1	99.7
February	351	26	93.10	73	2	97.33	23	—	100	73	3	96.05	167	1	99.40	360	1	99.7
March	2,302	12	99.48	97	—	100	19	—	100	109	—	100	106	—	100	390	3	99.2
April	154	4	97.46	111	2	98.23	11	—	100	126	—	100	168	—	100	430	—	100
May	63	—	100	97	—	100	24	—	100	72	1	98.63	241	—	100	530	1	99.8
June	52	1	98.11	111	1	99.10	32	—	100	104	—	100	224	—	100	446	2	99.5
July	76	1	98.70	128	2	98.46	58	—	100	229	1	99.56	229	—	100	817	1	99.8
August	635	—	100	198	4	98.01	116	—	100	206	1	99.51	345	—	100	824	1	99.8
September	387	—	100	479	4	99.17	222	—	100	506	2	99.60	581	—	100	1,441	—	100
October	66	1	98.51	1,141	1	99.91	34	—	100	859	—	100	213	—	100	3,330	4	99.8
November	79	—	100	696	6	99.14	15	—	100	377	3	99.21	178	—	100	2,714	6	99.7
December	76	—	100	624	5	99.20	42	—	100	275	—	100	13	—	100	2,286	3	99.8
TOTAL ...	4,608	75	98.39	3,855	28	99.27	619	—	100	3,032	12	99.60	3,787	2	99.92	13,957	23	99.8

TOTAL OF THE ANNUAL SHIPS DURING 1922.

	Jan.	Feb.	March	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	T.
From Ports dealt with under "Arrêté" and "Supplementary Measures"...	54	54	66	62	98	103	141	148	93	131	89	92	
From other ports	62	71	102	97	134	95	83	125	131	104	107	89	

TOTAL NUMBER OF PASSENGERS.

Found	29,561*
Not found	149
No return	20
TOTAL (general)...	17,807

Percentage of passengers found, 99.49 per cent.

* Including 42, III class passengers entered at Chatby Observation Camp, 5,457 refugees from Black Sea and Near East.

ALEXANDRIA FROM SHIPS COMING FROM CHOLERA-INFECTED COUNTRIES.

PASSENGERS IN TRANSIT.						TOTAL.						REMARKS.
1st and 2nd Class.			3rd Class.			1st and 2nd Class.			3rd Class.			
Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	Found.	Not found.	Percentage found.	
		%			%			%			%	
2	—	100	41	—	100	514	31	94.31	626	3	99.52	{ 56 III Class. Immigrants from Central Europe. 28 I-II " Tourists Cairo (Not found)
1	1	50	19	—	100	542	28	95.08	525	6	98.87	{ 91 III " Immigrants from Central Europe. 15 I-II " Tourists Cairo (Not found). 1 III " Passenger entered Chatby Camp.
6	1	94.11	15	—	100	2,543	13	99.49	611	3	99.51	{ 91 III " Immigrants from Central Europe. 5 III " Passenger entered Chatby Camp. 1 I-II " Passenger Brit. Officer. No return Cairo.
7	—	100	20	—	100	35	4	89.7	687	2	99.70	{ 129 III " Immigrants from Central Europe. 1 III " Passenger entered Chatby Camp.
23	—	100	12	—	100	351	—	100	711	2	99.71	18 III " Immigrants from Central Europe.
7	—	100	11	—	100	325	1	99.69	672	3	99.55	{ 9 " Immigrants from Central Europe. 1 " No return Khartoum.
2	2	85.71	27	2	93.10	375	2	99.20	1,201	6	99.50	{ 45 " Immigrants from Central Europe. 1 " Passenger entered Chatby Camp.
7	—	100	17	1	94.44	1,113	—	100	1,245	7	99.44	{ 25 " Immigrants from Central Europe. 4 " Passengers entered Chatby Camp
29	—	100	60	—	100	1,219	—	100	2,486	6	99.75	{ 247 " Immigrants from Central Europe. 1 " Passenger entered Chatby Camp.
10	1	90.90	188	1	99.47	323	2	99.38	5,518	6	99.89	{ 52 " Immigrants from Central Europe. 27 " Passengers entered Chatby Camp. 1 " No return Beni Suef. 4 " " Khartoum.
9	0	100	86	—	100	281	—	100	3,873	15	99.61	{ 1 " entered Chatby Camp. 27 " Immigrants from Central Europe.
3	0	100	51	—	100	234	—	100	3,236	8	99.75	{ 8 " " " " 1 " Passenger entered Chatby Camp. 14 " " no return Khartoum.
36	5	96.89	547	4	99.27	8,170	82	99.68	21,391	67	99.68	

Total of passengers	{ 1921 17807
	{ 1922 29730
Total of ships from Ports under "Arrêté" and "Supplementary Measures"	{ 1921 945
	{ 1922 1131
Total III Immigrants from Central Europe in transit by rail to Palestine	798

REFUGEES FROM BLACK SEA AND NEAR EAST.

September	213
October	1649
November	1911
December	1684

TOTAL out of them II N.E. ... 5457

ANNUAL STATISTICS OF PASSENGERS ARRIVED FROM CHOLERA-INFECTED COUNTRIES AND ENTERED EGYPT THROUGH PORT TAWFIK DURING 1922.

MONTH.	CAIRO.			ALEXANDRIA.			CANAL.			INTERIOR.			TOTAL.			Percentage of Found.
	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.	
January	53	6	59	17	1	18	560	—	560	161	66	227	691	73	864	91.5
February	49	5	54	53	4	57	384	2	386	64	9	73	550	20	570	96.4
March	104	3	107	60	4	64	485	—	485	168	2	170	817	9	826	98.9
April	64	9	73	50	1	51	529	5	534	125	62	187	768	77	845	90.8
May	108	3	111	76	—	76	517	—	517	122	25	147	823	28	851	96.7
June	47	3	50	44	2	46	556	1	557	85	5	90	732	11	743	98.5
July	93	5	98	31	2	33	591	3	594	104	9	113	819	19	838	97.74
August	105	10	115	85	5	90	661	1	662	152	12	164	1,003	28	1,031	97.29
September	74	12	86	145	4	149	681	3	684	192	7	199	1,092	26	1,118	97.7
October	114	5	119	31	10	41	820	8	828	134	17	151	1,099	40	1,139	96.5
November	111	21	132	32	2	34	459	5	464	92	23	115	694	51	745	93.2
December	176	2	178	45	2	47	221	1	222	18	—	18	460	5	465	98.93
TOTAL	1,098	84	1,182	669	37	706	6,464	29	6,493	1,417	237	1,654	9,648	387	10,035	—
Percentage	92.2	7.1	—	94.8	5.2	—	99.6	0.4	—	85.7	14.3	—	96.2	3.8	—	—

Percentage of last year 1921 : 89.3 found ; 10.7 not found.

STATISTICAL REPORT OF TOTAL PASSENGERS WHO ARRIVED EGYPT VIA KANTARA
DURING 1922.

MONTH.	Total Number Passed Through.			
	Station Office.	Palestine Trains.	Caravans.	Office Camp.
January	2,446	1,518	—	974
February	2,139	1,695	—	898
March... ..	2,512	2,686	—	785
April	3,740	3,523	—	1,764
May	3,190	4,032	—	1,213
June	2,869	2,701	—	24
July	3,130	3,327	—	303
August	3,436	2,232	—	—
September	2,795	2,428	1,086	—
October	2,410	2,427	1,554	—
November	1,974	2,267	537	—
December	1,804	1,907	232	—
GRAND TOTAL	32,445	30,743	3,409	5,961

With some extension of the Institute under the Government's patronage schemes for spending the year were discussed early in the year.

In view of the decision to elect the House of Parliament on the subject of the disease, the Institute is now a well-organized institution and the work must be carried out without delay. The question of the purchase of a large building is at present being settled by a Government Committee, and while it is possible that improved methods of dealing with dogs may lead to some reduction of the disease in the larger towns, it does not appear probable that any considerable or rapid diminution of cases in the provinces is to be anticipated, so that provision for the treatment of an increasing number of patients must be increased.

During the course of the year the fitting of the library of the Central Institute was completed and some small alterations in the hospital house carried out.

In connection with the investigation work of the anthrax and Bilharzia Commissions, the Institute was able to obtain the services of a Professor of the London School of Tropical Medicine, and Prof. Leiper visited Egypt in January to make preliminary arrangements. Owing to press of work in London Prof. Leiper found himself unable to enter into the appointment to carry out the work in question but it was arranged to secure the services of his assistant, Dr. Mohammed Khalil Abd el Kader, who arrived in Egypt and commenced his duties in November. A number of the laboratories has been devoted to the investigation of the Bilharzia and Anthrax Commissions and a large amount of the necessary preliminary work has been carried out. Under the same Department, of which the Director of the Laboratory is President, experiments to test the value of Carbon Tetrachloride in the treatment of Bilharzia in Egypt were commenced.

The question of typhus fever in Egypt has been seriously studied by the Department of Public Health during recent years and great work in the prevention of its extension have been made by an energetic campaign of house destruction and in the larger towns, and the progress, owing to want of the lack of knowledge as to the exact method by which it is transmitted by the louse, the measures taken could only be to destroy the louse, and did not really get to the root of the matter. In the beginning of the present year new laboratory arrangements being made at the Public Health Laboratory, it was arranged by the Department of Public Health to undertake the work.

STATISTICAL REPORT OF TOTAL PASSENGERS WHO ARRIVED EGYPT VIA KANAWA
DURING 1922.

Month	Total Number of Passengers			Grand Total
	Male	Female	Children	
January	2,440	1,518	—	3,958
February	2,138	1,502	—	3,640
March	2,512	2,588	—	5,100
April	2,740	2,522	—	5,262
May	2,190	1,022	—	3,212
June	2,520	2,702	—	5,222
July	2,120	2,222	—	4,342
August	2,420	2,222	—	4,642
September	2,702	2,222	—	4,924
October	2,410	2,222	—	4,632
November	1,912	2,222	—	4,134
December	1,902	222	—	2,124
Grand Total	32,412	30,742	—	63,154

Percentage of total for 1922: 39.4 female, 60.6 male.

PUBLIC HEALTH LABORATORIES

1.—INTRODUCTION,

The total number of examinations carried out in the laboratories during the year was 19,073 as compared with 20,075 in 1921. The general work of the laboratories has, however, increased—the reduction in the number of examinations being due to the fact that an abnormally large number of specimens were examined for malaria and relapsing fever during the year 1921.

During the summer the Government decided on the immediate erection of Houses of Parliament and it was found that the erection of these buildings on the site selected in the Public Works Gardens would necessitate the sacrifice of part of the animal accommodation of the Antirabic Institute. As the construction had to be proceeded with at once, it was not possible at the moment to replace this accommodation by new buildings and part of the work of the Institute had to be carried out under considerable difficulties in temporary huts erected for the purpose. This was fortunately accomplished without accident although the injection of large numbers of patients in the atmosphere of dust created by the building operations gave rise to considerable anxiety.

With the steady increase of rabies in Egypt, it has for several years been clear that some extension of the Institute must be foreseen. Various schemes for effecting this were discussed early in the year.

In view of the decision to erect the Houses of Parliament on the adjoining site, obviously no extension of the present Institute is now possible and its re-erection on another site must be considered without delay. The question of the increase of rabies in Egypt is at present being studied by a Government Committee and while it is possible that improved methods of dealing with dogs may lead to some reduction of the disease in the larger towns, it does not appear probable that any considerable or rapid diminution of rabies in the provinces is to be anticipated, so that provision for the treatment of an increasing number of patients must be foreseen.

During the course of the year the fitting of the library of the Central Institute was completed and some small alterations in the animal houses carried out.

In connection with the investigation work of the ankylostoma and Bilharzia Committee it was hoped to obtain the services of a professor of the London School of Tropical Medicine and Prof. Leiper visited Egypt in January to make preliminary arrangements. Owing to press of work in London, Prof. Leiper found himself unable to enter into an agreement to carry out the work in question but it was arranged to secure the services of his assistant, Dr. Mohammed Khalil Abd el Khalek, who arrived in Egypt and commenced his duties on November 25. A section of the Laboratories has been devoted to the investigation work of the Ankylostoma and Bilharzia Committee and a large amount of the necessary preliminary work has been carried out. Under the same Committee, of which the Director of the Laboratories is President, experiments to test the value of Carbon Tetrachloride in the treatment of Ankylostoma in Egypt were commenced.

The question of typhus fever in Egypt has been seriously studied by the Department of Public Health during recent years and great steps in the prevention of its extension have been made by an energetic campaign of louse destruction both in the larger towns and the provinces. Owing however, to the lack of knowledge as to the exact method by which man is infected by the louse, the measures taken could only be to a certain extent palliative and did not actually get to the root of the matter. As the beginning of the present year new laboratory accommodation being available at the Public Health Laboratories, it was arranged by the Department of Public Health to undertake the investi-

gation of this problem. If these investigations were to be of real value, it was essential that they should be carried out by highly trained men who were not only experienced in this class of work but who had a special knowledge of typhus fever. The governing body of the Lister Institute, London, was approached by the Egyptian Government and very kindly offered to lend the services of two of their staff both of whom had already been working at the aetiology of typhus fever and had had a large experience of the disease. The work in Egypt was begun in February of 1922, and was already showing promising results, when Mr. Bacot, one of these two workers, developed a temperature and was sent to the Fever Hospital, Abbâsiya, where it was soon found that he was suffering from typhus fever. The attack was very severe and ended fatally on April 12. A week later, his co-worker, Dr. Arkwright, who had been working in the same room and with the same material as Mr. Bacot, developed the disease and was sent to hospital. Dr. Arkwright had a very serious attack which, however, in his case fortunately ended in recovery.

Mr. Bacot has been for some years entomologist to the Lister Institute of Preventive Medicine in London and had made himself a European reputation more particularly in connection with insect-borne diseases. His name is especially known through his brilliant work with Martin on the exact mechanism of the infection of man with plague by means of the rat-flea—a piece of work which entirely altered existing ideas on the role of insects as transmitters of bacterial disease. During the war he was engaged in work with the Red Cross in Poland concerning himself more particularly with typhus and Trench fever, the latter disease which is also carried by the louse he himself contracted in the course of his work. He also worked in British East Africa on similar problems and during the war served on numerous committees. Mr. Bacot was the author of many publications in the scientific literature almost all bearing on the same question of the insect transmission of disease.

The work on which Mr. Bacot was engaged in Cairo, namely the exact role of the louse in the transmission of typhus fever from man to man, is notoriously dangerous and a very large number of eminent bacteriologists who have undertaken the work, have contracted the disease, in many cases fatally.

The exact mechanism of these laboratory infections is not yet known but in the case of Dr. Arkwright and Mr. Bacot, who were experienced workers and who used all reasonable precautions, the most probable source of infection appeared to be the faeces of the infected lice with which they were working. This question is dealt with in a note on the work which is being published by Dr. Arkwright in the British Journal of Experimental Pathology.

In the report of the Laboratories for 1919 the question of the desirability of extending the facilities for bacteriological diagnosis to certain towns in the provinces was raised and it was pointed out that the bacteriological diagnosis for the whole of Egypt, except the city of Alexandria, had up to that time been carried out entirely in the Public Health Laboratories in Cairo and that while, under the circumstances, this state of affairs had perhaps been unavoidable, the demands for diagnosis had increased to so large an extent during the last few years, that some degree of decentralization was highly desirable.

During the year the laboratory at the Government Hospital Suez, has been equipped and is now in a position to undertake local work as soon as the staff is available and a site for a similar laboratory has been selected in Port Said in the vicinity of the Government Hospital there.

Two Egyptian bacteriologists worked in London during their leave and a third who is attached to the Antirabic Institute was sent by the Egyptian Government to Paris for a year's training in the work of the Pasteur Institute there. One Egyptian bacteriologist was appointed during the year and was attached to the Antirabic Institute.

There has been a considerable amount of sickness amongst the staff—mainly caused by influenza and one of the English staff was on sick leave for the last two months of the year.

During the time of the pilgrimage a bacteriologist and a laboratory attendant were detached to Suez and worked in the laboratory there carrying out the necessary bacteriological examinations in connection with the returned pilgrims.

Similarly a bacteriologist was drafted to Alexandria in connection with the refugees arriving in that port. Visits were also paid by one of the staff to Asyût and Faiyûm Ophthalmic Hospitals to assist in the investigation of cases of acute membranous conjunctivitis.

The occurrence of a number of deaths in the village of Saft el 'Enab in patients with an indefinite history led to an investigation by the Epidemic Section and a number of visits to the village were made by the staff of the Laboratories to assist in the investigation.

In the course of their visit to the near East, the Health Committee of the League of the Nations visited the Laboratories of the Department and were shown the methods of diagnosis employed and made themselves acquainted with the general nature of the work carried out.

As stated in previous reports, apart from the question of diagnosis, the Laboratories are constantly referred to by the different services of the Public Health Department and other Government Administrations for advice and assistance on various questions of a scientific nature pertaining to Public Health, and Public Health projects such as water supplies, drainage installations, etc., are submitted for technical opinion. This branch of the activities of the Laboratories is becoming increasingly important, and the steadily increasing number of questions passed to the Laboratories for study and technical advice together with work in connection with a number of committees now occupies a large amount of the time of the Director and the Sub-Director.

Assistance in the form of advice, vaccine, cultures, etc., has been given to the Palestine Medical Service as well as to the British Forces in Egypt.

In addition to the cholera vaccine required for the pilgrimage, the Department has to keep a large supply of cholera vaccine so as to be in a position to cope with an outbreak of cholera in the country. The supply must be renewed at frequent intervals involving a large expense and it has therefore been arranged that the Laboratories will make the necessary arrangements to undertake the preparation of this vaccine as required and will be in a position to carry this out on a large scale and at short notice in the event of an outbreak.

A considerable amount of research and investigation has been carried out during the year; this has been mainly in connection with the routine work of the Laboratories and special points referred to the Laboratories by other sections of the Government Administrations.

In the past great difficulties have been experienced owing to the impossibility of obtaining laboratory equipment, instruments, glass, chemicals, etc., in Egypt and the delay in procuring these from Europe. The extension of the Laboratories allowed the construction of the necessary stores and these have now been equipped so that a reasonable reserve of the above materials is always available and there is no risk of dislocation of the work owing to lack of supplies and in case of emergency a branch laboratory can be equipped at the shortest notice.

In view of the special risk of fire, fire-hydrants have been introduced on each landing of the building and the Superintendent of the Cairo Fire Brigade has visited the laboratories and advised as to the additional measures to be taken, such as the provision of fire-extinguishers and sand buckets. The arrangements recommended by him are being carried out.

2.—BACTERIOLOGICAL SECTION.

The following table gives a list of the examinations made under their several headings. The figures do not include the specimens of water examined bacteriologically; these are given in the report on the Water Service:—

TABLE LV.

NATURE OF SPECIMENS.	Government.	Private.	TOTAL.
Cholera... ..	91	—	91
Plague	1,002	7	1,009
Cerebro-spinal meningitis... ..	10	8	18
Diphtheria	507	849	1,356
Malaria and relapsing fevers	4,879	76	4,955
Cultural examination for enteric	35	55	90
" " dysentery (and microscopic)	74	32	106
Agglutination reaction for Malta fever	104	20	124
" " enteric "	1,692	403	2,095
" " Weil-Felix	1,945	34	1,979
Influenza	267	—	267
Wassermann reaction	727	4	731
Films for gonorrhoea and Spirochæta pallida	1,236	2	1,238
Sputum for tuberculosis	350	14	364
Urine and faeces for bilharzia ova	16	33	49
Anthrax	11	—	11
Miscellaneous	128	29	157
GRAND TOTAL	13,074	1,566	14,640

3.—CHEMICAL SECTION.

The following chemical analyses have been performed during 1922:—

TABLE LVI.

SAMPLES RECEIVED FROM	Water and Sewage.	MANZŪL HALĀWA, ETC.		BUTTER FAT.		BUTTER.			EDIBLE OILS.		MILK.				Magnesium Sulphate, Sodium Sulphate and Epsom salt.	Drugs, etc.	Miscellaneous.	TOTAL.
		Narcotics or Alkaloids.		Genuine.	Adulterated by admixture with other Fats.	Genuine.	by admixture with other fats. Containing an excessive amount of water.	Adulterated by admixture with other Oils.	Genuine.	Adulterated.	Doubtful (kind of milk not stated).	Abnormal.						
		Present.	Absent.															
Government Administrations	117	8	17	35	28	9	1	1	54	8	992	258	96	31	8	180	305	2,148
British Army ...	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	8	3	14
Priv. individuals	—	—	—	4	—	—	—	—	3	—	2	1	—	—	—	—	6	16
GRAND TOTAL	119	8	18	39	28	9	1	1	57	8	994	259	96	31	8	188	314	2,178

In addition to the above, the following analyses were performed:—

14 Public Health Department	} Condensed Milk.
12 Customs Administration	
2 General Parquet...	
2 Private Individual	Human Milk.

TABLE LVII.—The miscellaneous analyses in the preceding table are made up as follows:—

NATURE OF SPECIMENS.	Government.	British Army.	Private. :	TOTAL.
Bleaching powder	112	1	—	113
Bread	8	—	—	8
Canned foods	63	—	—	63
Cheese... ..	2	—	—	2
Coffee	1	—	—	1
Disinfectants	3	—	—	3
Flour	21	2	3	26
Fruits and jams... ..	72	—	—	72
Sand	2	—	—	2
Stomach Contents	2	—	—	2
Vinegar	6	—	—	6
Various	13	—	3	16
GRAND TOTAL	305	3	6	314

TABLE LVIII.—MILK ANALYSES.

The collection of samples of milk by the Cairo City Health Inspectorate and the Provincial Health Offices was continued in 1922. 957 samples were collected in Cairo and 372 in the provinces. A summary of the results (which are included in the table of chemical analyses) is appended:—

SAMPLES RECEIVED FROM.	Number of Samples Analyzed.	GENUINE.		ADULTERATED.							
				Watered.		Skimmed.		Skimmed and Watered.		Total.	
		No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
Cairo City Health Inspectorate	911	732	80.4	55	6.0	94	10.3	30	3.3	179	19.6
Port Said " "	155	136	87.7	18	11.6	1	0.7	—	—	19	12.3
Ismailia " "	48	31	64.6	15	31.2	1	2.1	1	2.1	17	35.4
Suez " "	74	58	78.4	12	16.2	3	4.1	1	1.3	16	21.6
Shibin el Kôm " "	16	10	62.5	4	25.0	1	3.25	1	6.25	6	37.5
Damietta " "	4	2	50.0	1	25.0	1	25.0	—	—	2	50.0
TOTAL ...	1,208	969	80.2	105	8.7	101	8.4	33	2.7	239	19.8
	92	Results doubtful (kind of milk not being stated).									
	29	Abnormal.									
GRAND TOTAL ...	1,329										

RESULTS OF THE TESTS CARRIED OUT BY THE CAIRO CITY HEALTH INSPECTORATE
OF BATCHES OF CALF LYMPH MANUFACTURED DURING 1922.

TABLE LX.

Number of Batch.	Number of Children vaccinated.	RESULTS.				
		SUCCESSFUL.				Failed.
		4 Pustules.	3 Pustules.	2 Pustules.	1 Pustule.	
177	56	46	4	2	2	2
178*	94	78	8	6	2	0
179	34	29	5	0	0	0
180	45	37	4	3	0	1
181	73	72	1	0	0	0
182	60	56	3	1	0	0
183	82	79	3	0	0	0
184	78	77	0	1	0	0
185	73	71	2	0	0	0
186	67	62	4	1	0	0
187	68	63	4	1	0	0
188	72	71	0	1	0	0
189	67	66	0	1	0	0
190	43	39	3	1	0	0
190†	68	65	3	0	0	0
191	71	66	2	2	0	1
192	66	65	1	0	0	0
193	36	30	3	1	1	1
194	30	30	0	0	0	0
195	25	20	2	2	1	0
196	79	77	1	1	0	0
197	48	44	3	0	1	0
198	67	64	2	1	0	0
199	50	43	5	1	1	0
200	34	33	1	0	0	0
201	50	48	2	0	0	0
202	66	57	7	2	0	0
203	62	56	1	4	0	1
204	59	48	6	3	2	0
205	53	47	5	0	0	1
206	67	67	0	0	0	0
207	48	46	2	0	0	0
208	42	40	1	1	0	0
209	63	63	0	0	0	0
210	64	63	1	0	0	0
GRAND TOTAL	2,060	1,918	89	36	10	7
Percentage ...	—	93.1	4.3	1.7	0.5	0.4

* Lanolinized lymph.

† Batch with oil of cloves.

ANTIRABIC INSTITUTE.

In 1922, a total of 2,411 cases of bites were reported to the Institute. From this number the following deductions should be made:—

933 persons not treated at all, the biting animal was found by the Veterinary Service to be non-rabid.

5 persons who ceased to attend for treatment without a satisfactory reason.

121 persons whose treatment was discontinued as being unnecessary, the observation of the animal for a period of ten days or more having shown it not to be rabid.

2 persons whose treatment, although completed, must be considered useless, the animal inflicting the bite having been proved healthy by inoculation of rabbits.

The statistics, therefore, comprise 1,350 patients. This figure is an increase of 190 over the number treated in 1921.

(a) Monthly Incidence.

The monthly incidence of the 1,350 cases dealt with in the statistics is shown below :—

Month.		Persons.
January	...	87
February	...	89
March	...	143
April	...	113
May	...	110
June	...	148
July	...	98
August	...	143
September	...	95
October	...	124
November	...	95
December	...	105

(b) Topographical Distribution.

The 1,350 persons treated may be classified as follows :—

Egyptians	...	1,191 persons.
Foreigners resident in Egypt	...	143 "
Foreigners not resident in Egypt	...	16 "

Their place of origin was :—

Governorates :—

Cairo	...	318 persons.
Alexandria	...	67 "
Suez Canal	...	14 "
Damietta	...	11 "

Provinces :—

Qalyūbiya	...	78 persons.
Sharqiya	...	59 "
Daqabliya	...	139 "
Minūfiya	...	106 "
Gharbiya	...	158 "
Beheira	...	24 "
Giza	...	124 "

Provinces :—

Beni Suef	...	30 persons.
Faiyūm	...	31 "
Minya	...	59 "
Asyūt	...	59 "
Girga	...	31 "
Qena	...	12 "
Aswān	...	6 "
Sinai Peninsula	...	1 "
Marsa Matrūh	...	8 "
Sudan	...	2 "
Palestine	...	10 "
Abroad	...	3 "

(c) Classification of Biting Animals.

The injuries to the 1350 persons were inflicted by :—

Dogs	...	1,187 cases.	Camels	...	10 cases.
Cats	...	61 "	Weasel	...	1 "
Wolves	...	45 "	Pig	...	1 "
Monkeys	...	3 "	Rats	...	9 "
Donkeys	...	15 "	Ichneumon	...	2 "
Horses	...	6 "	Rabid Human Being	...	4 "
Mules	...	4 "	Infected in the Laboratory	...	2 "

(d) Position of the Injuries.

125 cases were bites on the head.

761 cases were bites on naked skin :—

172 serious.

589 slight.

464 cases were bites through clothing.

(e) Notes on the Animals inflicting the Bite.

1. It is to be noted that the number of persons bitten does not correspond to the number of the animals causing the bites reported by the Veterinary Service, as in several cases one animal caused the injury to more than one person.

2. As a result of their observation by the Veterinary Service, 1,050 animals, having bitten 1,054 persons, were found to be non-rabid.

3. Experimental inoculation of rabbits undertaken at the institute showed, up to the present, that two animals, having bitten two persons, were healthy (some rabbits inoculated are still under observation).

4. In a certain number of cases, definite diagnosis could not be established, and these cases are considered as suspect. The details are as follows:—

558 animals escaped and could not be found.

70 animals were killed and the carcass destroyed.

175 brains of animals arrived at the Institute in state of decomposition and no investigation was possible.

49 animals remained suspect, the rabbit inoculated being inconclusive.

The total of suspected animals is therefore, 852.

5. Rabies was considered to be proved in the case of fifty-one animals having bitten 123 persons. The diagnosis was determined:—

By the Veterinary Inspectors in the case of nine animals (seven dogs and two donkeys) having bitten seventeen persons.

By rabbit inoculation in the case of forty-two animals (thirty-nine dogs, one cat, one donkey, and one rat) having bitten 106 persons.

6. In the case of fifteen animals, having bitten forty-four persons, positive diagnosis of rabies is presumed by the death of one or more of the patients bitten.

(f) Method of Treatment.

From July 1, 1922, and after the occurrence of a case of death (No. 13470) which took place under doubtful circumstances, and which may expose the method of treatment to criticism, the treatment was modified as follows: emulsions are heated for twenty minutes at 56° C. in a bain-marie. This temperature, according to the experiments of Babes and then carried out in our Antirabic Institute, is sufficient to attenuate the virus of rabies, but not to sterilise it, so that it will be harmless when inoculated subcutaneously. The result of treatment during the next year will show if this procedure gives as satisfactory results.

TABLE LXI.—RESULT OF ANTIRABIC TREATMENT IN CAIRO DURING 1922.

	INJURIES ON THE HEAD.			INJURIES ON NAKED SKIN (head excepted).			INJURIES THROUGH CLOTHING.			TOTALS.		
	Treated.	Died.	Mortality per Cent.	Treated.	Died.	Mortality per Cent.	Treated.	Died.	Mortality per Cent.	Treated.	Died.	Mortality per Cent.
Class A ...	25	0	0·0	96	0	0·0	29	0	0·0	150	0	0·0
" B ...	1	0	0·0	13	0	0·0	3	0	0·0	17	0	0·0
" C ...	99	2	2·0	652	8	1·2	432	1	0·2	1183	11	0·9
	125	2	1·6	761	8	1·0	464	1	0·2	1350	11	0·8

Class A.—The animal causing the bite proved to be rabid by the development of rabies in patients bitten or by experimental inoculation.

Class B.—The animal causing the bite was declared to be rabid by the Veterinary Surgeon.

Class C.—The animal causing the bite was suspected of rabies.

TABLE LXII.—NOTES ON PATIENTS WHO DIED IN 1922.

Serial No.	NAME OF PATIENT.	Age.	Sex.	Place where the Accident occurred.	Position of Injuries.	Nature and Number.	Bitten by	Date of Bite.	Dates of Treatment.	Date of Death.
13,319	Ahmed el Biali	20	M.	Kafr el Arab, Fariskûr Dist.	R. leg.	3 slight 2 severe.	Dog. Diagnosis impossible.	29.3.19 22	1.4.22 21.4.22	22.5.22 53 days after the bite. 21 " " treatment.
13,509	Hosna Abdou	25	F.	El Wizariya, Kafr el Sheikh Dist.	L. hand. L. breast	3 sl. sev. 2 sl. sev. 4 slight.	Wolf. Diagnosis impossible.	14.5.22	16.5.22 5.6.22	22.6.22 38 days after the bite. 16 " " treatment.
13,551	Sayed Aly Okasha	8	M.	Zeitûn, Cairo.	L. eye-brow	2 severe	Dog. Diagnosis impossible.	25.5.22	26.5.22 16.6.22	6.7.22 41 days after the bite. 19 " " treatment.
13,266	Fatma Mohamed Abdallah ...	9	F.	El Safaniya, Fashn Dist.	Face	3 sl. sev.	Dog. Diagnosis impossible.	20.3.22	24.3.22 13.4.22	2.7.22 103 days after the bite. 79 " " treatment.
13,118	Mohamed Ali Hegab	38	M.	Tambedi, Mit-Ghamr Dist.	L. fore-arm R. Index	1 severe. 2 sl. sev.	Dog. Diagnosis impossible.	11.2.22	14.2.22 6.3.22	29.9.22 229 days after the bite. 206 " " treatment.
14,152	Fadl Sayed Ibrahim	5	M.	Kafr Menaker, Benha Dist.	R. foot.	1 sl. sev.	Dog. Diagnosis impossible.	10.10.22	13.10.22 2.11.22	19.11.22 39 days after the bite. 16 " " treatment.
14,213	Ahmed Gendi	25	M.	El Hafer, Wasta D.	L. cheek R. cheek	2 sl. sev. 2 slight.	Dog. Diagnosis impossible.	25.10.22	27.10.22 16.11.22	13.12.22 48 days after the bite. 26 " " treatment.
14,255	Abbas Sid Ahmed	22	M.	Kafr Tuefa, Mit-Ghamr Dist.	R. hand	1 slight.	Dog. Diagnosis impossible.	1.11.22	27.11.22 7.11.22	6.1.1923. 65 days after bite. 39 " " treatment.
14,275	Hadieh Mohamed	4	F.	Giza.	L. leg	1 sl. sev.	Dog. Diagnosis impossible.	10.11.22	11.11.22 1.12.22	9.1.23. 59 days after bite. 38 " " treatment.
14,399	Atieh Maximos... ..	8	M.	Beni Mazâr B.	L. hand	3 slight	Dog. Diagnosis impossible.	14.12.22	16.12.22 5. 1.23	25.1.23. 42 days after bite. 20 " " treatment.
14,364	Anissah Soliman	6	F.	El Barûm, Fâqûs Dist.	L. thirth	2 severe	Dog. Diagnosis impossible.	5.12.22	7.12.22 27.12.22	25.3.23. 109 days after bite. 87 " " treatment.

BUDGET AND STAFF

Actual expenditure during 1922-23 amounted to	L.E. 633,860
" " " 1921-22 " " " " " " " " " " " "	" 607,310
Increase of 1922-23 over 1921-22	<u>L.E. 26,550</u>

BUDGET, 1922-1923.

TABLE I.—COMPARISON BETWEEN ACTUAL EXPENDITURE DURING 1922-23
AND THAT OF 1921-22.

	Actual Expenditure 1922-1923	Actual Expenditure 1921-1922	Increase.	Decrease.
	L.E.	L.E.	L.E.	L.E.
Art. 1. Salaries, wages, and allowances...	338,286	298,553	39,733	—
" 2. Transport, transfer, and travelling allowances	30,820	29,440	1,380	—
" 3. Food	60,623	80,696	—	20,073
" 4. Forage	1,770	2,008	—	238
" 5. Rent, water, light, etc.	16,104	16,811	—	707
" 6. Books and periodicals	536	465	71	—
" 7. Telephones and telegrams	2,509	2,312	197	—
" 8. Petty expenses... ..	4,084	5,087	—	1,003
" 9. Purchase of animals	1,002	1,155	—	153
" 10. Free water fountains	3,722	3,473	249	—
" 11. Stores... ..	97,686	119,579	—	21,893
" 12. Uniforms	1,233	669	564	—
Supplies to Provincial Councils ...	—	1,708	—	1,708
" 13. Upkeep of material and equipment	1,949	2,180	—	231
" 14. Transport of stores	8,217	7,522	695	—
" 15. Allowances to sanitary barbers ...	529	525	4	—
" 16. Disinfecting ships at the ports ...	4,987	5,587	—	600
" 17. Maintenance of temporary lazarets at Gabbary... ..	3,899	4,434	—	535
" 18. Sanitary improvements in mosques	1,053	1,609	—	556
" 19. Allowances for dentist examinations	—	—	—	—
" 20. Prophylactic measures against Ankylostoma	6,626	6,118	508	—
" 21. Passenger control	9,211	5,597	3,614	—
" 22. Maintenance of lock hospitals for Europeans	6,119	7,219	—	1,100
" 23. Subventions	11,842	—	11,842	—
" 24. New works	21,364	6,814	14,550	—
	634,171	609,561	73,407	48,797
To deduct:				
Recoveries for services rendered	311	2,251	1,940	—
	633,860	607,310	75,347	48,797
TOTAL				
Net Increase			26,550	

SUBVENTIONS TRANSFERRED FROM FINANCE BUDGET.

	L.E.
Quarantine Board... ..	7,000
Maintenance of the quarantine post at Suakin "	1,000
Association Internationale d'Assistance Publique	560
Lady Cromer's Dispensaries	1,192
Asile des Vieillards	150
Victoria Deaconesses Hospital (Cairo)	154
International Public Health Office at Paris	482
Sleeping Sickness Commission	1,000
Tropical Diseases Bureau	100*
Allowance to the Presidents of the Medical Boards of London (£ 179) & Paris (£ 46)	225
TOTAL	11,863

* Limited to 5 years, ending on March 31, 1927.

NEW WORKS 1921-1922. ESTIMATED EXPENDITURE.

	1921-1922
	L.E.
1. Equipment for new buildings :—	
(a) Qena Ophthalmic Hospital	1,250
(b) 'Abbāsiya Fever Hospital :—	
1st Class Pavilion	600
Administrative Block	800
New quarters for 8 M. O. 'S	650
(c) Central Laboratories	500
(d) Port Said Ophthalmic Hospital	250
(e) Ophthalmic Treatment at Qena Paimary School	76
2. Additional Equipment, Vaccine Institute	100
3. Various	
(a) Installation of 57 New Disinfection Stations	2,207
(b) Anti-Malaria Campaign	20,000
(c) Purchase of X-Ray apparatus	2,000
(d) General Repairs to Quarantine Station at Suakin	1,700
TOTAL	30,133

TECHNICAL AND ADMINISTRATIVE CADRE.

GENERAL ADMINISTRATION.

TITLE.	Grade.	1921	1922	TITLE.	Grade.	1921	1922
TECHNICAL.				<i>Brought forward ...</i>		69	71
Under Secretary of State	—	1	1	Director of Permits and Secretary to B. of Health	IV	1	1
Assistant Under Secretary of State	—	1	1	Chief of Translation and Publication	V	1	1
Director, Public Health Laboratories	—	1	1	Chief of Secretariat	V	1	1
Deputy Director, Public Health Laboratories ...	II	1	1	Chief Store Officer	V	1	1
Director, Antirabic Institute	III	1	1	Senior Inspector of Stores...	V	1	1
Bacteriologist, Grade A ...	III	3	3	Inspector of Stores	VI	2	2
Bacteriologist, Grade B ...	IV	8	8	Senior Administrative Assistant (H. and M. Depts).	V	2	2
Bacteriologist, Grade C ...	V	3	3	Senior Administrative Assistant (Finance and Personnel)	V	2	2
Chemist, Grade A	III	1	1	Junior Administrative Assistant (H. and M. Dept.)	VI	2	2
„ „ B	IV	2	2	Administrative Assistant, Cairo Health Inspector	VI	1	1
„ „ C	VA	2	2	Inspector, Provincial Clerical Work	VI	1	1
Assistant Chemist	VI	3	3				
Senior Pharmacist	VB	2	2	HEALTH DEPARTMENT.			
Pharmacist	VI	1	1	Director General, Health Department	—	1	1
Assistant Pharmacist ...	VII	6	6	Inspector General	Special	1	1
General Service Medical	VI	19	21	Director of Section	I	1	1
Hakima (Kabla)	VII	6	6	Deputy Director of Section	II	1	1
Foreman of Works	VI	1	1	P.M.O., Cairo City	II	1	1
Foreman of Works	VII	1	1	Deputy Director of Section	III	1	1
ADMINISTRATIVE.				M.O. of Health, Cairo City	III	2	2
Secretary-General	II	1	1	M.O. of Health, Port Said	III	1	1
Deputy Secretary General	III	1	1	Divisional Inspector...	III	7	7
Director Finance and Personnel	III	1	1	„ „ ...	IV	3	3
Deputy Director Finance and Personnel	IV	1	1	Chief Sanitary Engineer ...	III	1	1
Director of Stores	III	1	1	Inspector, Epidemics ...	IV	3	3
Deputy Director of Stores...	IV	1	1				
<i>Carried forward ...</i>		69	71	<i>Carried forward ...</i>		107	109

TITLE.	Grade.	1921	1922	TITLE.	Grade.	1921	1922
<i>Brought forward</i>		107	109	<i>Brought forward</i>		378	383
S.M.O., Cairo City	IV	3	3	Hospital, P.M.O., Grade A, Suez... ..	IV	1	1
Public Health Inspector ...	IV	16	16	Hospital P.M.O., Grade A, Port Said	IV	1	1
P.M.O., Cairo and Alex- andria Police	IV	2	2	Chief Assistant M.O., Alex- andria	IV	1	1
Sanitary Engineer	IV	1	1	Pathologist, Alexandria Hospital	IV	1	1
Sanitary Engineer	V A	1	1	Surgeon, Alexandria Hos- pital... ..	V A	1	1
Assistant P.H.I.	V A	11	13	M.O., Central Medical Com- mission	V A	1	1
Alexandria Port M.O. ...	V A	1	1	Asistant Director, Abbassia Fever Hospital	V A	1	1
Food and Nuissance Ins- pector	V B	4	4	P.M.O., General Hospital	V A	17	17
Assistant M.O., Police, Cairo and Alexandria ...	V A	2	2	Gynæcologist, Alexandria Hospital	V A	1	1
Inspector of Overseers ...	V A	1	1	P.M.O., Ophthalmic Hos- pitals	V A	15	15
General Service Medical Officer	VI	171	171	P.M.O., Hôd El Marsûd Lock Hospital	V A	1	1
Inspector of Disinfection ...	VII	1	1	General Service Medical Officer	VI	38	42
Inspector of Vidange ...	VII	1	1	Deputy Chief Inspector of Pharmacies	V A	1	1
Hakima (Kabla)	VII	20	21	Senior Pharmacist	V B	5	5
Overseer	VII	19	19	Pharmacist	VI	23	23
Draftsman	VII	1	1	Assistant Pharmacist ...	VII	7	8
MEDICAL DEPARTMENT.				Matron	VI	11	11
Director General, Medical Department	—	1	1	Inspecting Nursing Sister	VII	4	4
Director of Section	I	1	1	Nursing Sister, Special Class	VII	10	10
Deputy Director of Section	II	1	1	Nursing Sister, First Class...	VII	26	27
Deputy Director of Section	III	1	1	Nursing Sister, Second Class	VII	1	2
Divisional Inspector... ..	III	5	5	Housekeeper	VII	2	2
Senior Inspectress	III	1	1	Hakima (Kabla)	VII	37	37
President, Medical Com- mission	III	1	1	Sewing Woman	VII	1	1
Hospital Director Alex- andria	III	1	1	Electrician	V B	1	1
Hospital Director, Abbasia Fever Hospital	III	1	1	Electrician	VI	1	1
Junior Inspectress	IV	1	1	Electrician	VII	1	1
Vice-President, Central Med. Commission	IV	1	1	Steward	VI	1	1
Chief Inspector of Pharma- cies	IV	1	1				
<i>Carried forward</i>		378	383	TOTAL		589	601

CLERICAL CADRE.

Title.	Grade.	1921	1923
<i>Central Administration.</i>			
Employees.	A	13	13
"	B	41	41
"	C	112	114
<i>Finance and Personnel.</i>			
"	A	3	3
"	B	17	17
"	C	35	38
<i>Health Department.</i>			
"	A	12	12
"	B	34	34
"	C	209	197
<i>Medical Department.</i>			
"	A	5	5
"	B	31	32
"	C	71	75
TOTAL ...		583	581

HORS CADRE STAFF.

CATEGORY.	1922	1921	CATEGORY.	1922	1921
			<i>Brought forward</i> ...	937	908
Chief attendants, Hospitals ...	122	116	Disinfectors, 2nd class ...	36	36
Male " " ...	526	508	Cooks ...	60	58
Female " " ...	203	198	Printers ...	3	3
Moawens ...	38	38	Overseers ...	56	56
Laboratory assistants, 2nd class ...	5	5	Sanitary barbers ...	46	46
" " 3rd " ...	12	12	Mechanics ...	2	2
" " 4th " ...	17	17	Various categories ...	955	882
Disinfectors, 1st class ...	14	14			
<i>Carried forward</i> ...	937	908	TOTAL ...	2,095	1,991

OFFICIALS AND EMPLOYEES PAID AGAINST CREDITS.

	Grade.	1921 (on March 1922.)	1922 (on March 1923)
Passenger Control :—			
Medical Officers	Contract.	1	7
Employees	"	9	14
Epidemic Credit :—			
Medical Officers	"	22	11
Employees	"	7	1
Ankylostoma :—			
Medical Officers	"	5	11
Employees	"	6	6
Venereal Diseases Credit :—			
Medical Officers	"	1	1
Kabla	"	1	1
Employees	"	2	2
Head Nursing Sister	"	1	1
Assistant Nursing Sister	"	1	1
Margin of Permanent Staff :—			
Employees	"	10	5
Margin of Temporary Staff :—			
Employees	"	4	8

CENTRAL MEDICAL COMMISSION.

1.—INTRODUCTION.

During the year 1922, the Central Medical Commission issued 11,190 medical certificates. Out of this total 3,980 employees were examined for sick leave of which number 155 were not granted sick leave. The number of applicants for retirement from service on grounds of physical unfitness was 1,554, of these 157 were found fit for further service.

The above figures are set out in Table I and supplementary Table A.

The number of applicants and examinations for admission to service was 5,006 and the failures amounted to 2,509 and of these failures 1,681 failed in the vision tests.

The numbers of the medical certificates issued by the Central Medical Commission during the last five years are as follows:—

1918	...	...	...	...	...	...	8,430
1919	...	...	...	...	...	...	9,028
1920	...	...	...	...	...	...	12,640
1921	...	...	...	...	...	...	11,165
1922	...	...	...	...	...	...	11,190

2.—PROVINCIAL MEDICAL COMMISSIONS.

As can be seen from the attached table No. II, 12,748 medical certificates were issued by the Provincial Medical Commissions during 1922.

3.—NIZAMI GHAFIRS.

The number of *nizami ghafirs* who were examined by the Medical Officers of the Markazes on admission to service and for extension of their voluntary period of service are as follows:—

	Fit.	Unfit.	Total.
For admission to service	11,932	5,793	17,725
For extension of service... ..	415	68	483
TOTAL	12,347	5,861	18,208

DETAILS OF THE EXAMINATIONS FOR SICK LEAVE AND INVALIDING CARRIED OUT
BY THE CENTRAL MEDICAL COMMISSION DURING 1922.

MONTHS.	SICK LEAVES.					INVALIDING.				
	GRANTED.		REFUSED.		TOTAL.	VIDE CERTIFICATES.		BY CENTRAL MED. COM.		TOTAL.
	Vide Certificates approved.	By C. M. C.	Vide Certificates	By C. M. C.		Approved.	Disapproved.	Unfit.	Ft for Duty.	
January	183	200	—	19	402	78	1	11	6	96
February	196	153	—	21	370	55	1	22	7	85
March	198	182	—	18	398	75	1	26	10	112
April	206	142	—	13	361	86	1	37	14	138
May... ..	163	78	—	9	250	70	—	28	11	109
June	162	91	—	9	262	118	—	59	32	209
July... ..	208	102	—	15	325	88	—	27	24	139
August	177	108	—	9	294	71	—	23	2	96
September	238	148	—	9	395	99	—	41	9	149
October	200	126	—	11	337	89	1	29	14	133
November	168	111	—	14	293	98	—	29	11	138
December	198	87	—	8	293	108	—	30	12	150
TOTAL	2,297	1,528	—	155	3,980	1,035	5	362	152	1,554

MEDICAL EXAMINATIONS MADE BY THE CENTRAL MEDICAL COMMISSION
OF CAIRO DURING 1922.

[illegible]

MEDICAL EXAMINATIONS MADE BY THE CENTRAL AND PROVINCIAL MEDICAL COMMISSIONS DURING THE YEAR 1922.

COMMISSIONS.	OBJECT OF MEDICAL EXAMINATION.										CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ADMISSION TO SERVICE.						
	NUMBER OF CASES.										DISEASES OF						
	For Admission to Service.	For Sick Leave.		For Invaliding from Service.		For Determination of Age.	Other Examinations if any.	TOTAL.	Defective Vision.	Urinary System.	Respiratory System.	Circulatory System.	Nervous System.	Digestive System.	Other Miscellaneous Diseases.	TOTAL.	
		Granted.	Refused.	Infant.	After birth.												
Central Medical Com.	5,606	3,825	155	1,397	157	391	259	11,190	1,681	322	104	355	1	—	46	2,509	
Alexandria	806	1,449	410	189	45	261	66	3,226	62	3	—	—	—	—	—	65	
Suez	117	58	6	26	17	78	5	307	39	6	—	—	—	—	1	46	
Port Said	178	76	10	30	19	85	—	398	58	3	—	1	—	—	4	66	
Damietta	11	40	8	8	6	15	1	89	7	—	—	—	—	—	—	7	
Beheira	144	333	21	61	25	106	8	638	38	5	—	1	—	—	3	47	
Gharbiya	200	424	26	134	39	88	10	981	87	—	—	2	—	—	2	91	
Minufiya	168	229	17	68	50	71	20	623	31	—	—	1	—	—	2	34	
Daqahliya	214	586	52	86	55	129	27	1,149	79	5	—	1	—	—	7	92	
Sharqiya	204	384	17	64	14	78	20	781	69	25	—	8	—	—	—	102	
Qalyubiya	146	158	38	32	53	71	18	516	37	16	—	—	—	—	22	75	
Giza	89	247	4	76	26	21	1	464	35	—	—	—	—	—	1	37	
Faiyûm	117	336	3	36	16	63	1	572	22	—	—	—	—	—	2	24	
Beni Suef	67	193	4	31	15	46	23	379	30	1	—	1	—	—	—	41	
Minya	155	165	19	42	22	77	11	491	70	6	—	—	—	—	2	78	
Asyût	128	238	24	51	28	113	29	611	49	5	—	2	—	—	—	56	
Girga	78	198	1	32	21	217	35	582	18	—	—	1	1	—	—	20	
Qena	219	163	2	31	18	160	37	639	74	5	1	—	—	—	2	82	
Aswân	60	53	8	26	31	70	3	251	18	3	1	1	—	—	2	25	
TOTAL	8,167	9,155	825	2,420	657	2,140	574	23,938	2,514	405	106	374	2	—	96	3,497	

TABLE 1. - SUMMARY OF THE RESULTS OF THE INVESTIGATION OF THE CAUSES OF THE DEATHS OF THE SAILORS OF THE U. S. NAVY, 1899-1900.									
No.	Name	Rank	Age	Date of Death	Cause of Death	Place of Death	Service	Remarks	Total
1	John A. Smith	Private	25	1899	Dysentery	San Francisco	1		1
2	James B. Jones	Private	28	1899	Dysentery	San Francisco	1		1
3	William C. Brown	Private	30	1899	Dysentery	San Francisco	1		1
4	Robert D. White	Private	32	1899	Dysentery	San Francisco	1		1
5	Thomas E. Black	Private	35	1899	Dysentery	San Francisco	1		1
6	Charles F. Green	Private	38	1899	Dysentery	San Francisco	1		1
7	Edward G. Hall	Private	40	1899	Dysentery	San Francisco	1		1
8	Frederick H. King	Private	42	1899	Dysentery	San Francisco	1		1
9	George I. Lee	Private	45	1899	Dysentery	San Francisco	1		1
10	Harold J. Miller	Private	48	1899	Dysentery	San Francisco	1		1
11	Isaac K. Davis	Private	50	1899	Dysentery	San Francisco	1		1
12	John L. Wilson	Private	52	1899	Dysentery	San Francisco	1		1
13	Robert M. Moore	Private	55	1899	Dysentery	San Francisco	1		1
14	Thomas N. Taylor	Private	58	1899	Dysentery	San Francisco	1		1
15	Charles O. Young	Private	60	1899	Dysentery	San Francisco	1		1
16	Edward P. Adams	Private	62	1899	Dysentery	San Francisco	1		1
17	Frederick Q. Baker	Private	65	1899	Dysentery	San Francisco	1		1
18	George R. Clark	Private	68	1899	Dysentery	San Francisco	1		1
19	Harold S. Evans	Private	70	1899	Dysentery	San Francisco	1		1
20	Isaac T. Fisher	Private	72	1899	Dysentery	San Francisco	1		1
21	John U. Gibson	Private	75	1899	Dysentery	San Francisco	1		1
22	Robert V. Howell	Private	78	1899	Dysentery	San Francisco	1		1
23	Thomas W. Ingram	Private	80	1899	Dysentery	San Francisco	1		1
24	Charles X. Jordan	Private	82	1899	Dysentery	San Francisco	1		1
25	Edward Y. Keith	Private	85	1899	Dysentery	San Francisco	1		1
26	Frederick Z. Lester	Private	88	1899	Dysentery	San Francisco	1		1
27	George A. Martin	Private	90	1899	Dysentery	San Francisco	1		1
28	Harold B. Nelson	Private	92	1899	Dysentery	San Francisco	1		1
29	Isaac C. Oliver	Private	95	1899	Dysentery	San Francisco	1		1
30	John D. Parker	Private	98	1899	Dysentery	San Francisco	1		1
31	Robert E. Quinn	Private	100	1899	Dysentery	San Francisco	1		1
32	Thomas F. Ryan	Private	102	1899	Dysentery	San Francisco	1		1
33	Charles G. Scott	Private	105	1899	Dysentery	San Francisco	1		1
34	Edward H. Turner	Private	108	1899	Dysentery	San Francisco	1		1
35	Frederick I. Walker	Private	110	1899	Dysentery	San Francisco	1		1
36	George J. Young	Private	112	1899	Dysentery	San Francisco	1		1
37	Harold K. Ziegler	Private	115	1899	Dysentery	San Francisco	1		1
38	Isaac L. Baker	Private	118	1899	Dysentery	San Francisco	1		1
39	John M. Clark	Private	120	1899	Dysentery	San Francisco	1		1
40	Robert N. Evans	Private	122	1899	Dysentery	San Francisco	1		1
41	Thomas O. Fisher	Private	125	1899	Dysentery	San Francisco	1		1
42	Charles P. Gibson	Private	128	1899	Dysentery	San Francisco	1		1
43	Edward Q. Howell	Private	130	1899	Dysentery	San Francisco	1		1
44	Frederick R. Ingram	Private	132	1899	Dysentery	San Francisco	1		1
45	George S. Jordan	Private	135	1899	Dysentery	San Francisco	1		1
46	Harold T. Keith	Private	138	1899	Dysentery	San Francisco	1		1
47	Isaac U. Lester	Private	140	1899	Dysentery	San Francisco	1		1
48	John V. Martin	Private	142	1899	Dysentery	San Francisco	1		1
49	Robert W. Nelson	Private	145	1899	Dysentery	San Francisco	1		1
50	Thomas X. Oliver	Private	148	1899	Dysentery	San Francisco	1		1
51	Charles Y. Parker	Private	150	1899	Dysentery	San Francisco	1		1
52	Edward Z. Quinn	Private	152	1899	Dysentery	San Francisco	1		1
53	Frederick A. Ryan	Private	155	1899	Dysentery	San Francisco	1		1
54	George B. Scott	Private	158	1899	Dysentery	San Francisco	1		1
55	Harold C. Turner	Private	160	1899	Dysentery	San Francisco	1		1
56	Isaac D. Walker	Private	162	1899	Dysentery	San Francisco	1		1
57	John E. Young	Private	165	1899	Dysentery	San Francisco	1		1
58	Robert F. Ziegler	Private	168	1899	Dysentery	San Francisco	1		1
59	Thomas G. Baker	Private	170	1899	Dysentery	San Francisco	1		1
60	Charles H. Clark	Private	172	1899	Dysentery	San Francisco	1		1
61	Edward I. Evans	Private	175	1899	Dysentery	San Francisco	1		1
62	Frederick J. Fisher	Private	178	1899	Dysentery	San Francisco	1		1
63	George K. Gibson	Private	180	1899	Dysentery	San Francisco	1		1
64	Harold L. Howell	Private	182	1899	Dysentery	San Francisco	1		1
65	Isaac M. Ingram	Private	185	1899	Dysentery	San Francisco	1		1
66	John N. Jordan	Private	188	1899	Dysentery	San Francisco	1		1
67	Robert O. Keith	Private	190	1899	Dysentery	San Francisco	1		1
68	Thomas P. Lester	Private	192	1899	Dysentery	San Francisco	1		1
69	Charles Q. Martin	Private	195	1899	Dysentery	San Francisco	1		1
70	Edward R. Nelson	Private	198	1899	Dysentery	San Francisco	1		1
71	Frederick S. Oliver	Private	200	1899	Dysentery	San Francisco	1		1
72	George T. Parker	Private	202	1899	Dysentery	San Francisco	1		1
73	Harold U. Quinn	Private	205	1899	Dysentery	San Francisco	1		1
74	Isaac V. Ryan	Private	208	1899	Dysentery	San Francisco	1		1
75	John W. Scott	Private	210	1899	Dysentery	San Francisco	1		1
76	Robert X. Turner	Private	212	1899	Dysentery	San Francisco	1		1
77	Thomas Y. Walker	Private	215	1899	Dysentery	San Francisco	1		1
78	Charles Z. Young	Private	218	1899	Dysentery	San Francisco	1		1
79	Edward A. Ziegler	Private	220	1899	Dysentery	San Francisco	1		1
80	Frederick B. Baker	Private	222	1899	Dysentery	San Francisco	1		1
81	George C. Clark	Private	225	1899	Dysentery	San Francisco	1		1
82	Harold D. Evans	Private	228	1899	Dysentery	San Francisco	1		1
83	Isaac E. Fisher	Private	230	1899	Dysentery	San Francisco	1		1
84	John F. Gibson	Private	232	1899	Dysentery	San Francisco	1		1
85	Robert G. Howell	Private	235	1899	Dysentery	San Francisco	1		1
86	Thomas H. Ingram	Private	238	1899	Dysentery	San Francisco	1		1
87	Charles I. Jordan	Private	240	1899	Dysentery	San Francisco	1		1
88	Edward J. Keith	Private	242	1899	Dysentery	San Francisco	1		1
89	Frederick K. Lester	Private	245	1899	Dysentery	San Francisco	1		1
90	George L. Martin	Private	248	1899	Dysentery	San Francisco	1		1
91	Harold M. Nelson	Private	250	1899	Dysentery	San Francisco	1		1
92	Isaac N. Oliver	Private	252	1899	Dysentery	San Francisco	1		1
93	John O. Parker	Private	255	1899	Dysentery	San Francisco	1		1
94	Robert P. Quinn	Private	258	1899	Dysentery	San Francisco	1		1
95	Thomas Q. Ryan	Private	260	1899	Dysentery	San Francisco	1		1
96	Charles R. Scott	Private	262	1899	Dysentery	San Francisco	1		1
97	Edward S. Turner	Private	265	1899	Dysentery	San Francisco	1		1
98	Frederick T. Walker	Private	268	1899	Dysentery	San Francisco	1		1
99	George U. Young	Private	270	1899	Dysentery	San Francisco	1		1
100	Harold V. Ziegler	Private	272	1899	Dysentery	San Francisco	1		1
101	Isaac W. Baker	Private	275	1899	Dysentery	San Francisco	1		1
102	John X. Clark	Private	278	1899	Dysentery	San Francisco	1		1
103	Robert Y. Evans	Private	280	1899	Dysentery	San Francisco	1		1
104	Thomas Z. Fisher	Private	282	1899	Dysentery	San Francisco	1		1
105	Charles A. Gibson	Private	285	1899	Dysentery	San Francisco	1		1
106	Edward B. Howell	Private	288	1899	Dysentery	San Francisco	1		1
107	Frederick C. Ingram	Private	290	1899	Dysentery	San Francisco	1		1
108	George D. Jordan	Private	292	1899	Dysentery	San Francisco	1		1
109	Harold E. Keith	Private	295	1899	Dysentery	San Francisco	1		1
110	Isaac F. Lester	Private	298	1899	Dysentery	San Francisco	1		1
111	John G. Martin	Private	300	1899	Dysentery	San Francisco	1		1
112	Robert H. Nelson	Private	302	1899	Dysentery	San Francisco	1		1
113	Thomas I. Oliver	Private	305	1899	Dysentery	San Francisco	1		1
114	Charles J. Parker	Private	308	1899	Dysentery	San Francisco	1		1
115	Edward K. Quinn	Private	310	1899	Dysentery	San Francisco	1		1
116	Frederick L. Ryan	Private	312	1899	Dysentery	San Francisco	1		1
117	George M. Scott	Private	315	1899	Dysentery	San Francisco	1		1
118	Harold N. Turner	Private	318	1899	Dysentery	San Francisco	1		1
119	Isaac O. Walker	Private	320	1899	Dysentery	San Francisco	1		1
120	John P. Young	Private	322	1899	Dysentery	San Francisco	1		1
121	Robert Q. Ziegler	Private	325	1899	Dysentery	San Francisco	1		1
122	Thomas R. Baker	Private	328	1899	Dysentery	San Francisco	1		1
123	Charles S. Clark	Private	330	1899	Dysentery	San Francisco	1		1
124	Edward T. Evans	Private	332	1899	Dysentery	San Francisco	1		1
125	Frederick U. Fisher	Private	335	1899	Dysentery	San Francisco	1		1
126	George V. Gibson	Private	338	1899	Dysentery	San Francisco	1		1
127	Harold W. Howell	Private	340	1899	Dysentery	San Francisco	1		1
128	Isaac X. Ingram	Private	342	1899	Dysentery	San Francisco	1		1
129	John Y. Jordan	Private	345	1899	Dysentery	San Francisco	1		1
130	Robert Z. Keith	Private	348	1899	Dysentery	San Francisco	1		1
131	Thomas A. Lester	Private	350	1899	Dysentery	San Francisco	1		1
132	Charles B. Martin	Private	352	1899	Dysentery	San Francisco	1		1
133	Edward C. Nelson	Private	355	1899	Dysentery	San Francisco	1		1
134	Frederick D. Oliver	Private	358	1899	Dysentery	San Francisco	1		1
135	George E. Parker	Private	360	1899	Dysentery	San Francisco	1		1
136	Harold F. Quinn	Private	362	1899	Dysentery	San Francisco	1		1
137	Isaac G. Ryan	Private	365	1899	Dysentery	San Francisco	1		1
138	John H. Scott	Private	368	1899	Dysentery	San Francisco	1		1
139	Robert I. Turner	Private	370	1899	Dysentery	San Francisco	1		1
140	Thomas J. Walker	Private	372	1899	Dysentery	San Francisco	1		1
141	Charles K. Young	Private	375	1899	Dysentery	San Francisco	1		1
142	Edward L. Ziegler	Private	378	1899	Dysentery	San Francisco	1		1
143	Frederick M. Baker	Private	380	1899	Dysentery	San Francisco	1		1
144	George N. Clark	Private	382	1899	Dysentery	San Francisco	1		1
145	Harold O. Evans	Private	385	1899	Dysentery	San Francisco	1		1
146	Isaac P. Fisher	Private	388	1899	Dysentery	San Francisco	1		1
147	John Q. Gibson	Private	390	1899	Dysentery	San Francisco	1		1
148	Robert R. Howell	Private	392	1899	Dysentery	San Francisco	1		1
149	Thomas S. Ingram	Private	395	1899	Dysentery	San Francisco	1		1
150	Charles T. Jordan	Private	398	1899	Dysentery	San Francisco	1		1
151	Edward U. Keith	Private	400	1899	Dysentery	San Francisco	1		1
152	Frederick V. Lester	Private	402	1899	Dysentery	San Francisco	1		1
153	George W. Martin	Private	405	1899	Dysentery	San Francisco	1		1
154	Harold X. Nelson	Private	408	1899	Dysentery	San Francisco	1		1
155	Isaac Y. Oliver	Private	410	1899	Dysentery	San Francisco	1		1
156	John Z. Parker	Private	412	1899	Dysentery	San Francisco	1		1
157	Robert A. Quinn	Private	415	1899	Dysentery	San Francisco	1		1
158	Thomas B. Ryan	Private	418	1899	Dysentery	San Francisco	1		1
159	Charles C. Scott	Private	420	1899	Dysentery	San Francisco	1		1
160	Edward D. Turner	Private	422	1899	Dysentery	San Francisco	1		

CENTRAL STORES.

The year has been marked by general commercial stagnation, reduced store demands from the Department and a further lowering of prices.

The low incidence of epidemics has continued; no exceptional requirements have been registered for the rest of the Department. The consumption of stores has therefore, been below the average.

This falling off in consumption presents as many difficulties for the Stores' Direction as abnormal increases. Stores are provided on the average consumption of three years; they are purchased well in advance of the use period. If in this period consumption markedly declines, an accumulation of stores occurs which cannot be prevented. In the meantime a new Stores' Budget has been prepared and approved and its contracts placed on the market. The effect of all this is a growing accumulation which can only be gradually reduced.

Reserves in the Central Stores are now almost down to their new level, *i.e.* corresponding to the lowered consumption; any new expansion or increase in consumption will necessitate additional credits.

Last year a sum of L.E. 76,641 was handed back to the Government as economy on stores expenditure. This year the amount will be L.E. 72,784. The greater part of this economy is due to better prices being obtained than was anticipated. As an example of the state of the local market the following instance may be given:—

The Department contracted for razors at the rate of P.T. 6 per razor; the razor is a very good Sheffield article, costing in England about 4 shillings.

In last year's report it was stated that the provision of new store buildings would some day become an acute question. There are signs that this will occur sooner than anticipated, a committee on hired Government Buildings having since reported on the matter.

In surveying the work of the Section over the past year, the general impression gained is that a point of stability has been reached. All Units of the Department appear to have adequate establishments, losses have sunk to an extraordinary low figure; the staff, both at the Central Stores and in the Provinces can now be regarded as a trained staff. The first instalment of L.E. 6,000 has been obtained towards equipping Health Offices on a more comfortable scale; a new edition of the Stores' Regulations of the Department will be issued during the next few months.

CENTRAL STORES.

The year has been marked by general commercial stagnation, reduced store demands from the Department and a further lowering of prices. The low incidence of epidemics has continued, no exceptional requirements have been registered for the rest of the Department. The consumption of stores has therefore been below the average.

This falling off in consumption presents no great difficulties for the stores. There is an abnormal increase. Stores are provided on the average consumption of three years; they are purchased well in advance of the need. It is in this period of consumption that the purchase of stores is made. An accumulation of stores which cannot be purchased in the meantime a new Stores Budget has been prepared and approved and its contents placed on the market. The effect of all this is a growing accumulation which can only be gradually reduced.

Reserves in the Central Stores are now almost down to their own level. A corresponding to the lowered consumption; any new expansion in storage in consequence will necessitate additional credits.

Last year a sum of £.K. 75,000 was handed back to the Government as savings on stores expenditure. This year the amount will be £.K. 70,000. The greater part of this economy is due to better prices being obtained than was anticipated. As an example of the state of the local market the following instance may be given:

The Department contracted for stores at the rate of £.T. 6 per cwt.; the price is a very good standard article, costing in England about 1 shilling.

In last year's report it was stated that the provision of new store buildings would some day become an acute question. There are signs that this will soon become an anticipated, a committee on joint Government buildings has been set up in the matter. In surveying the work of the Section over the past year, the general impression gained is that a point of stability has been reached. All units of the Department appear to have adequate establishments, houses have been built to an extent that has given the staff both at the Central Stores and in the Province can now be regarded as a trained staff. The first instalment of £.K. 4,000 has been obtained towards carrying Health Officer on a more comfortable scale; a new edition of the Store Regulations of the Department will be issued during the next few months.

LEGAL.

The following enactments bearing on the work of the Department of Public Health were promulgated in 1922 :—

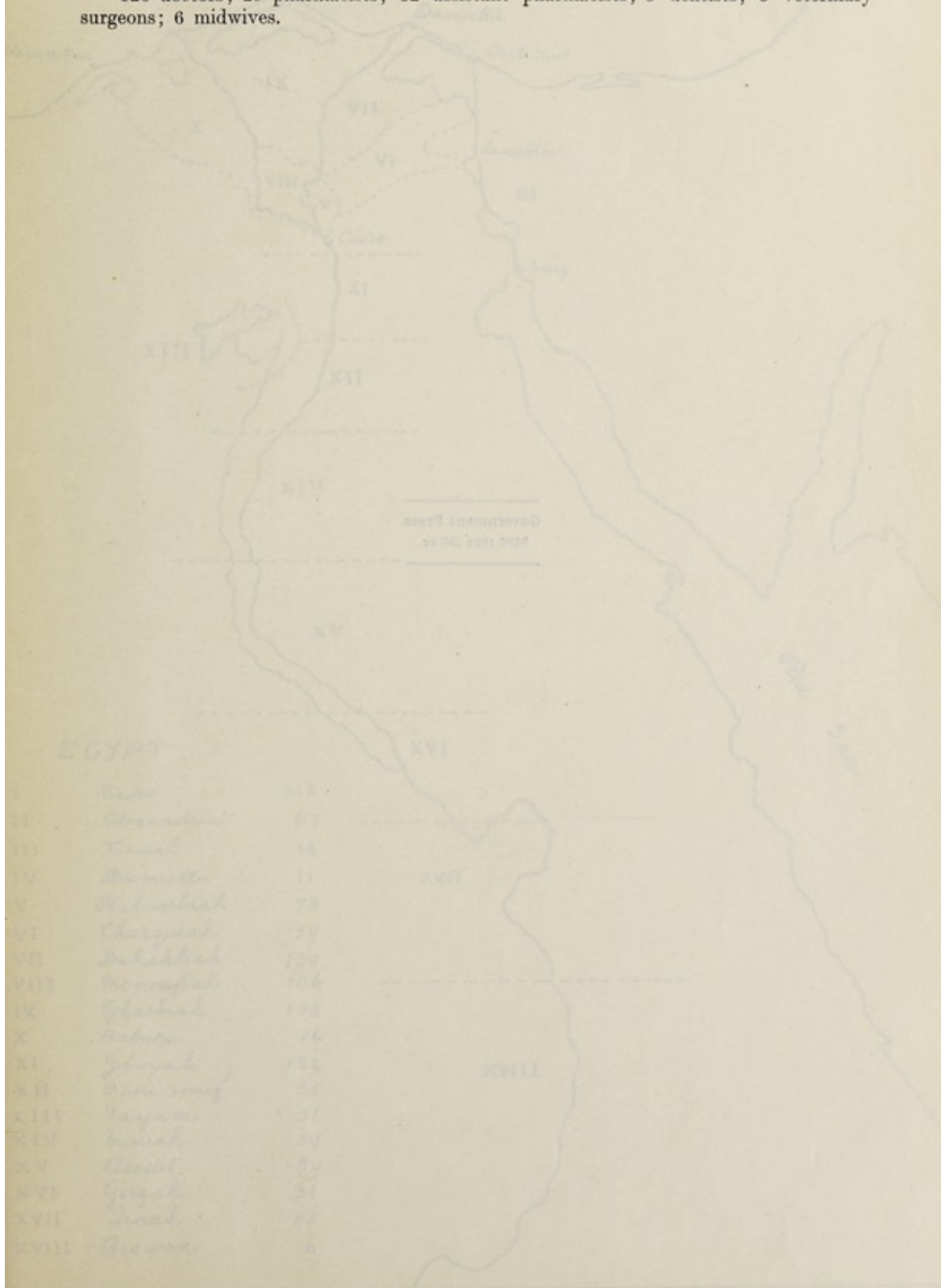
- (1) Law No. 1 of 1922 organizing a Committee for Mohamedan Cemeteries in Cairo
- (2) *Arrêté* of February 21, 1922, *re* treatment fees in Government Hospitals
- (3) *Arrêté* of April 24, 1922, adding Establishments for coffee grinding in which animals or mechanical motors are employed to the list of *Etablissements Incommodes, Insalubres et Dangereux*, Class II, Cat. A.
- (4) Decree and *Arrêté* of May 8, 1922, *re* importation and exportation of Stupefacient drugs.
- (5) *Arrêté* of May 23, 1922, adding "Nitrate of Silver" to Tableau II annexed to the *Règlement re* practice of Pharmacy and sale of poisons.
- (6) Law No. 23 of 1922 and *Arrêté* of June 4, 1922, *re* Inspecting and Instruction fees modifying Law No. 13 of 1904 on *Etablissements Incommodes, Insalubres et Dangereux*.
- (7) Law No. 24 of 1922 modifying Law No. 1 of 1904 *re Etablissements Publics*.
- (8) *Arrêté* of August 15, 1922, *re* treatment fees at the Antirabic Institute.
- (9) *Arrêté* of October 28, 1922, replacing the term "rope" in Class II, Category 4 of the Schedule of *Etablissements Incommodes, Insalubres et Dangereux* by the term "rop and twine."

LIST OF CONTRAVENTIONS AGAINST PUBLIC HEALTH LEGISLATION DURING 1922.

NAME OF LAW, ETC.	Cairo.	Canal.	Damanietta.	Suez.	Giza.	Faiyum.	Bent Suef.	Minya.	Assiut.	Girga.	Qena.	Aswan.	Qalyubia.	Gharbia.	Minufiya.	Sharqia.	Dagahliya.	Behetia.	TOTAL.
<i>Vidange and dépotoirs. Arrêté of November 8, 1886, modified by Arrêté of June 2, 1910</i>	677	79	8	46	—	2	—	—	—	—	—	—	1	45	12	11	126	3	1,010
<i>Practice of medicine and its branches. Arrêté of June 13, 1891</i>	4	—	—	—	2	1	8	3	3	1	2	3	8	7	12	9	15	6	84
<i>Practice of Dentistry. Law No. 14, 1920</i>	—	2	—	—	—	—	—	—	—	—	—	—	2	1	—	—	4	1	10
<i>Vaccination. Decree of December 17, 1890, modified by Decree of August 6, 1897, and by Law No. 9, 1917 ...</i>	596	79	7	—	101	245	186	255	259	147	142	91	70	270	177	163	203	211	3,202
<i>Enclosure of waste lands. Arrêté of June 15, 1893 ...</i>	42	—	2	—	—	—	1	22	3	4	8	—	—	—	27	2	4	19	134
CEMETERIES :—																			
<i>Inhumation, exhumation, and transport of bodies abroad. Regulations of September 15, 1876, and March 26 and October 30, 1877... ..</i>	—	—	—	—	—	—	—	27	—	—	—	—	—	10	—	—	—	—	37
<i>Transfer of cemeteries. Decree of January 29, 1894</i>	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	1	—	5
<i>Enclosure of cemeteries ; unauthorized inhumation. Decree of March 12, 1898</i>	1	—	1	—	2	19	—	2	5	—	—	—	—	—	3	—	12	12	57
PROPHYLACTIC MEASURES :—																			
<i>Permanent and exceptional measures to prevent epidemics. Arrêtés of May 11, 1895, and December 19, 1904</i>	—	—	—	—	15	—	—	4	3	—	—	2	—	—	—	—	1	—	25
<i>Oysters and shell-fish during epidemics. Arrêté of June 16, 1912</i>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Cholera. Arrêté of October 17, 1895, and supplementary Arrêté of May 30, 1896</i>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Plague and cholera. Decree of May 27, 1899, modified by Laws No. 3 of February 16, 1911, and No. 10 of April 27, 1913</i>	—	—	—	—	—	1	4	5	1	—	—	—	—	13	—	—	—	—	24
<i>Disinfection of houses during epidemics. Arrêtés of May 23 and June 26, 1901</i>	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
<i>Passenger control in case of cholera abroad. Arrêté of January 21, 1911</i>	13	—	3	—	12	—	19	32	114	—	—	—	—	14	1	1	90	6	305

MEDICAL AND ALLIED PERMITS OFFICE.

During the year 1922, permits to practice their professions in Egypt were issued to :
 126 doctors; 29 pharmacists; 12 assistant pharmacists; 5 dentists; 5 veterinary
 surgeons; 6 midwives.



MEDICAL AND ALLIED PERMITS OFFICE.

During the year 1923, permits to practice their professions in Egypt were issued to:
150 doctors; 20 pharmacists; 12 assistant pharmacists; 5 dentists; 5 veterinary
surgeons; 6 midwives.

Government Press
9498-1924-250 ex.

Rabies in Egypt in 1922.

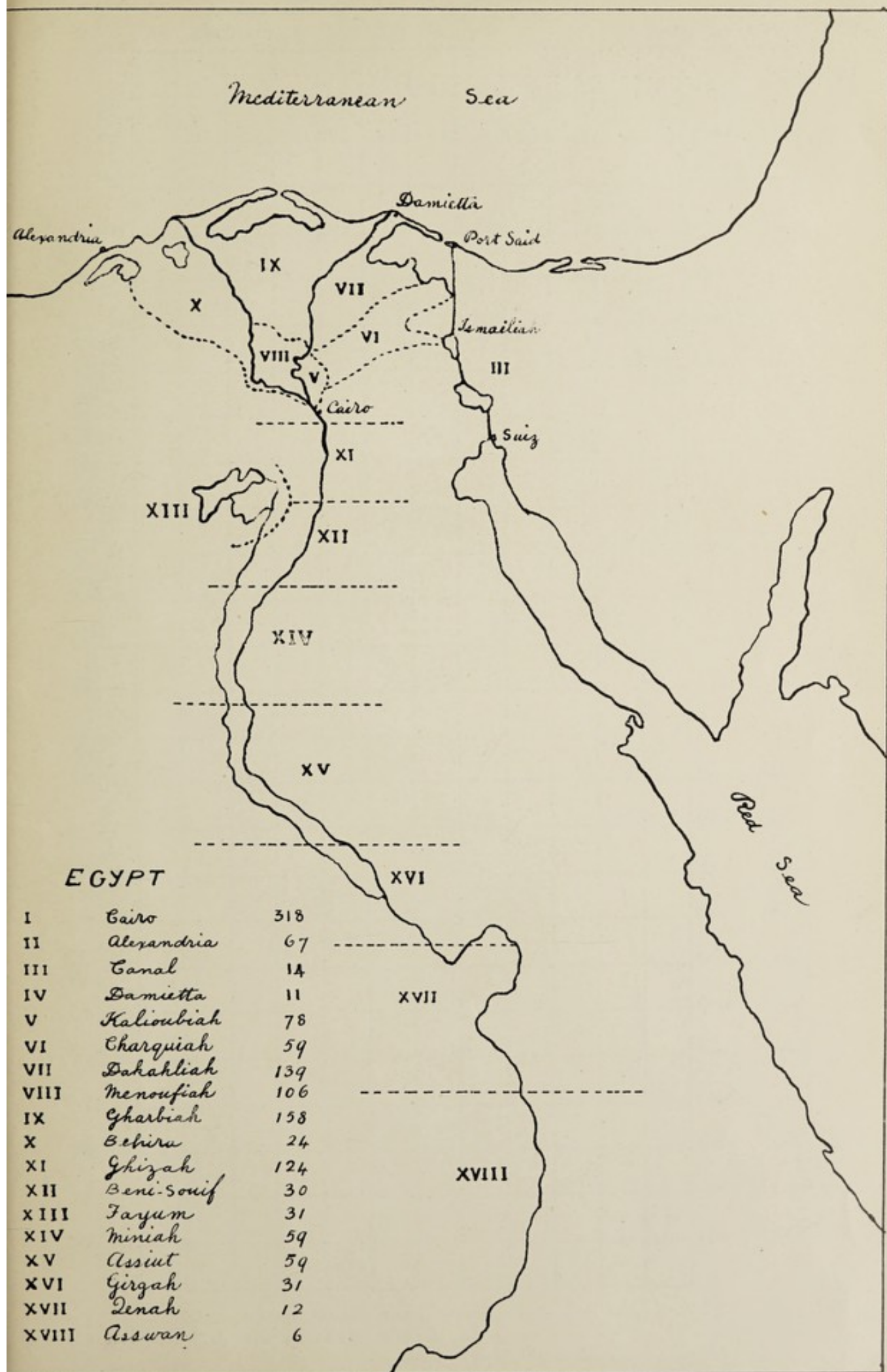
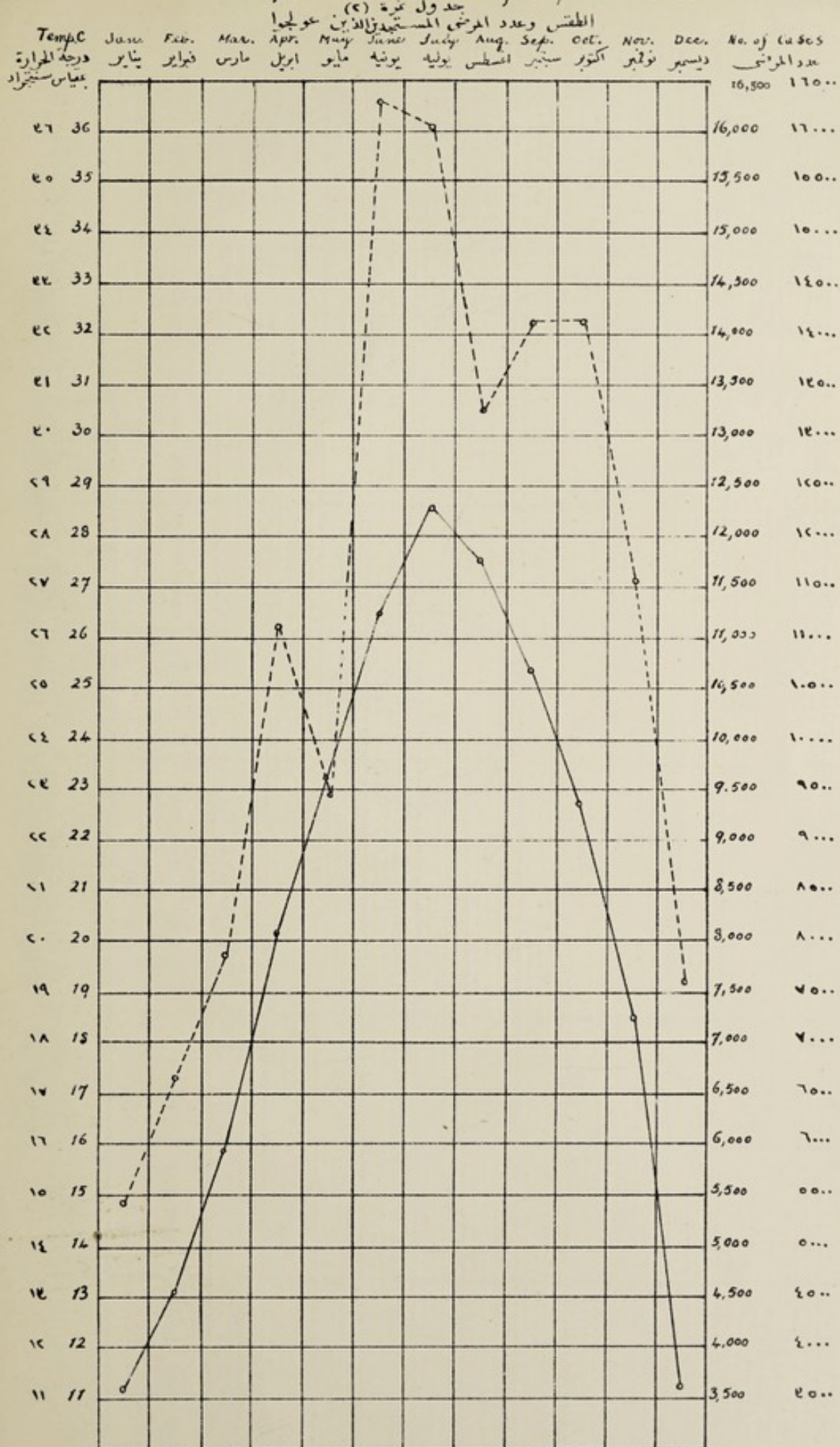




Table II.
Temperature and number of new patients treated





Curve showing the monthly incidence in 1922.

