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Contributors

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MINISTRY OF THE INTERIOR, EGYPT.

Department of Public Health.

Annual Report on the Work of the Department of Public Health for 1927.



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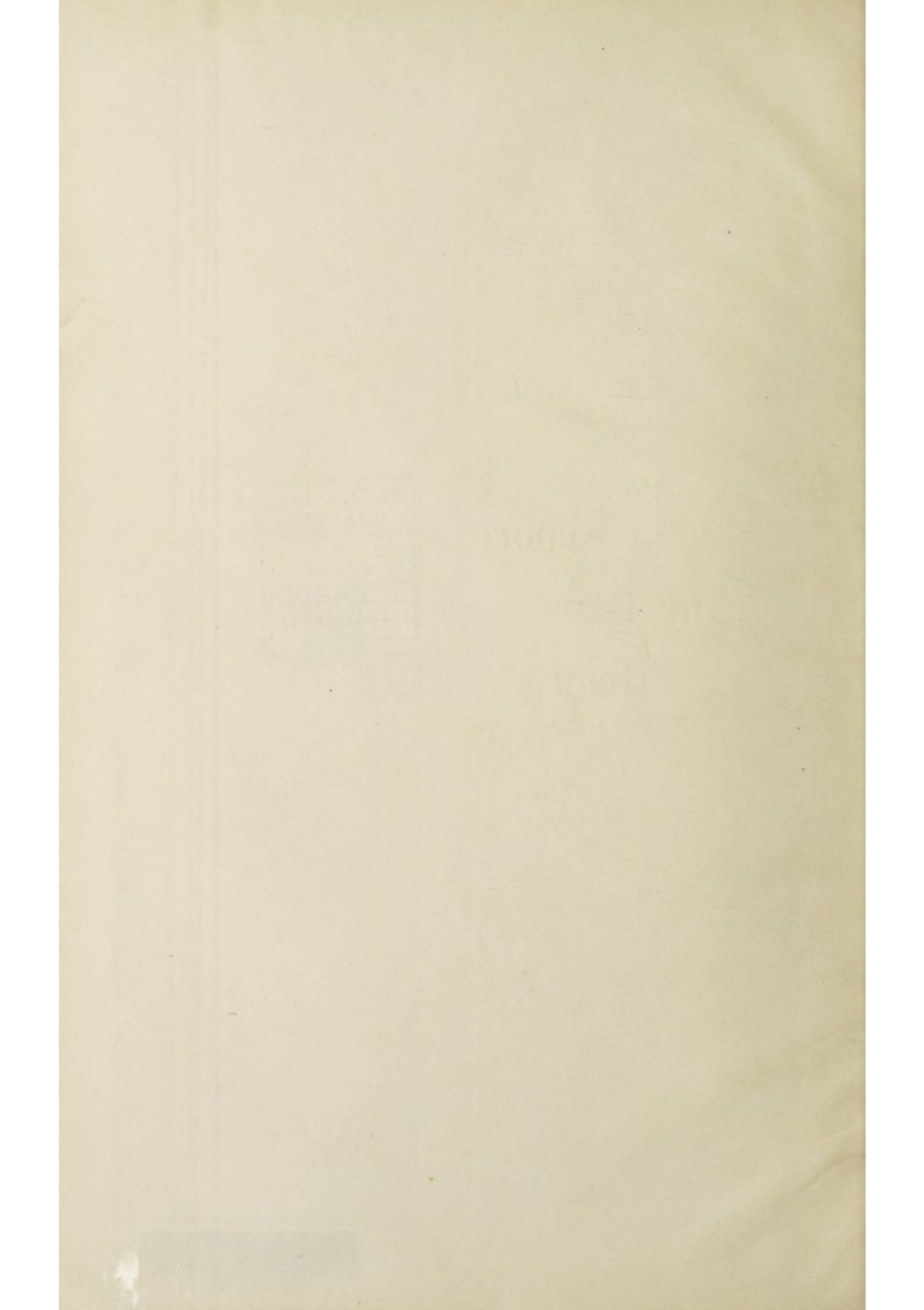
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NOTICE.

In addition to this General Report, the Department of Public Health publishes separate Reports bearing on the work of the following Sections:—

- 1.—Lunacy Division.
- 2.—Ophthalmic Section.
- 3.—Public Health Laboratories.
- 4.—Cairo City Inspectorate.

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NOTICE

In relation to the recent report, the Department of Public Health
wishes to state on the work of the following:

1. James Brown
2. John Smith
3. John Smith
4. John Smith

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GENERAL SANITATION SECTION

VITAL STATISTICS.

POPULATION.

The first regular general census enumeration of the population for Egypt was taken in 1882, and the second in 1897, since then it has been taken every 10 years, the last being in 1927, the details of which have not yet been published.

The first census enumeration was made at a time totally unsuitable for enumeration, namely during the rebellion of Orabi; there is, therefore, considerable doubt as to the accuracy of the returns. The population of Egypt has been estimated at different periods previous to the time of the first Census, i.e. in 1800 during the French Invasion of Egypt; in 1821 at the time of Muhammad 'Ali. All these figures, however, are only approximate and cannot be relied upon statistically for comparison:—

The following table gives the actual population during each Census enumeration:—

Year.	Nature of Census.	Population.	Increase.	% increase in one year.
1800	During the French Invasion...	2,460,200	—	—
1821	At the time of Muhammad Ali	2,536,400	76,200	In 21 years.
1846	General Census	4,476,440	1,940,040	In 25 years.
1882	" "	6,806,381	2,329,941	In 36 years.
1897	" "	9,734,405	2,928,024	2.86 in 1 year.
1907	" "	11,287,359	1,552,954	1.59 in 1 year.
1917	" "	12,750,918	1,463,559	1.29 in 1 year.
1927	" "	14,618,756	1,867,838	1.1 in 1 year.

The rate of increase of population of Egypt is higher than most European Countries.

THE DENSITY OF POPULATION.

The following table shows the number of inhabitants per square kilometer of land in the Governorates and Provinces. The most densely populated Governorate is Damietta, after which then comes the Canal Zone, Alexandria and Cairo. In the Provinces, Minûfiya stands first, then Qalyûbiya, Girga, Giza, and Asyût.

TABLE I.—SHOWING THE DENSITY OF POPULATION IN THE GOVERNORATES AND PROVINCES ACCORDING TO THE CENSUS RETURNS OF 1907, 1917 AND 1927.

Name of Governorate or Province.	No. of inhabitants per square kilometer according to the Census enumeration of		
	1907	1917	1927
Cairo	6,060	4,891	6,071
Alexandria	7,551	5,920	7,640
Canal	7,666	9,795	14,422
Damietta	—	15,492	17,454
Suez	2,621	3,369	4,503
Beheira	170	210	230
Daqahliya	346	372	407
Gharbiya	226	227	253
Minûfiya	617	666	684
Qalyûbiya	468	554	585
Sharqiya	256	191	202
Aswân	532	270	248
Asyût	454	468	513
Beni Suef	351	413	463
Faiyûm	254	292	318
Girga	531	550	612
Giza	446	495	558
Minya	339	377	413
Qena	457	458	491
TOTAL	359	360	400

The last survey of Egypt was made between 1908-1915.



BIRTHS.

The number of live-births registered in Egypt for the year 1927 is 627,583 equivalent to a rate of 42.7 per thousand inhabitants. The number registered in the chief towns and other cities in which there is a Medical Officer of Health during the year 1927 is 169,164 equivalent to a rate of 50.6 per thousand of inhabitants compared with 50 per thousand last year.

Table II shows the birth-rate in the Governorates and chief towns of the Provinces during the last four years. No marked change is to be noticed from year to year in this rate. On the whole, however, there is a tendency to increase.

BIRTH-RATE IN THE 'URBAN AND RURAL DISTRICTS.

The highest birth-rate recorded in the Governorates during 1927 is still at Ismailia after which comes Cairo and Alexandria (*see* Table II).

Among the principal towns of the provinces Giza shows the highest birth-rate, the next is Sohâg, then Minya and Qena. The birth-rate is still higher in these last three cities than in any other city in Egypt. The lowest birth-rate in 1927 was in Zagazig. Benha showed the lowest birth-rate for the last three years.

The birth-rate in the 'urban is higher than in the rural districts which fact is common to all other countries.

DISTRIBUTION OF BIRTHS ACCORDING TO SEX.

There is invariably a greater proportion of males born than females, which is common in other countries. Table III shows the number of males and females children born during 1927 in the principal towns of Egypt, and Table IV shows their comparison with the five preceding years.

THE MONTHLY TOTAL OF BIRTHS.

The following table and graph (*a*) show the monthly number and rate of live-births during the years 1926 and 1927. The birth-rate is slightly higher during the cold months of the years:—

Month.	Number of Births.		Rate in 1000.		Month.	Number of Births.		Rate in 1000.	
	1926	1927	1926	1927		1926	1927	1926	1927
January	54,252	56,893	45.1	46.4	July	51,740	51,915	43	42.4
February... ..	50,105	53,328	41.6	43.5	August	52,324	51,245	43.5	41.8
March	54,908	45,542	45.6	44.5	September	49,083	48,496	40.8	39.6
April	54,895	55,081	45.6	44.9	October	50,997	51,210	42.4	41.8
May	52,405	52,109	43.5	42.5	November	50,846	50,868	42.3	41.5
June	49,251	49,675	40.9	40.5	December	53,019	52,221	44.1	42.6

TABLE II.—SHOWING BIRTH-RATE PER THOUSAND INHABITANTS IN THE PROVINCES
AND PRINCIPAL TOWNS OF EGYPT (1924-1927).

Governorates and Bandars.												
Urban Districts.				Rural Districts.			Districts of which Bandars have been cited in preceding columns.				Mudirias of which chief towns are mentioned in first column.	
Locality.	1924	1925	Average	1926	1927	Average	1924	1925	1926	1927	1926	1927
Cairo	51.6	50.3	51	51.6	53	52.3	—	—	—	—	—	—
Alexandria ...	48.7	47.4	48.1	49.6	49.5	49.6	—	—	—	—	—	—
Ismailia ...	56.3	51.9	54.1	56	58.4	57.2	—	—	—	—	—	—
Port Said ...	46.9	44.1	45.5	43.6	43	43.3	—	—	—	—	—	—
Damietta ...	41.7	42.5	42.1	41.1	40.9	41	—	—	—	—	—	—
Suez ...	47.1	48.2	47.7	46.3	47.1	46.7	—	—	—	—	—	—
Damanhûr ...	46.9	48	47.5	49.3	46.8	48.1	37	38.4	37.2	37	37.8	36
Mansûra ...	45.5	44.4	45	43.7	45.6	44.7	44.5	45.7	44.8	45.6	44.7	44.2
Tanta ...	46.9	44.6	45.8	46.7	47.8	47.3	41.7	42	42.1	41.7	42.2	42.0
Shibîn el Kôm ...	49.9	46.7	47.9	46.7	44.7	45.7	43.5	42.2	44.3	44.0	42.9	41.6
Benha ...	40.4	40.9	40.7	39.1	43.9	41.5	46.1	44.9	45.4	42.5	43.2	40.6
Zagazig ...	44	41.5	42.8	42.3	41.1	41.7	39.9	39.3	43.3	42.3	39.9	38.7
Aswân ...	47.3	49.7	48.5	47.6	52.4	49.5	35.7	36.4	34.3	30.1	33.3	37.0
Asyût ...	47.8	45.1	46.5	42.4	47	44.7	47.8	47.2	46.5	47.7	45.6	45.4
Beni Suef ...	56.5	58.2	57.4	54.3	55.1	54.7	43.5	41.8	44.5	40.5	42.2	41.1
Faiyûm ...	59.6	45.2	56.9	59	54.9	57	49.1	45	44.7	46.1	45.2	44.5
Sohâg ...	58.3	54.9	56.6	55.3	60.8	58.1	41.1	41.5	45.2	46.6	43.2	42.4
Giza ...	62.8	64.6	63.7	66.1	69	67.6	47.3	46.9	48.1	44.8	47.3	46.7
Minya ...	57.8	54.6	56.2	59.4	60.1	59.8	42.9	41.4	43.6	41.5	44.5	42.8
Qena ...	57.9	53.2	55.6	54.6	58	56.3	35.9	35	33.7	36.2	35.3	36.7

TABLE III.—NUMBER OF BIRTHS IN THE PRINCIPAL TOWNS CLASSIFIED
BY SEX DURING 1927.

Locality.	Male Births.	Female Births.	Total.
Cairo	23,716	22,640	46,356
Alexandria	12,681	12,179	24,860
Ismailia	582	574	1,156
Port Said	1,976	1,920	3,896
Damietta	771	752	1,523
Suez	794	752	1,564
Damanhûr	1,279	1,303	2,582
Mansûra	1,331	1,246	2,577
Tanta	2,030	1,947	3,977
Shibîn el Kôm	697	674	1,371
Benha	665	696	1,361
Zagazig	951	941	1,892
Aswân	317	289	606
Asyût	1,358	1,290	2,648
Beni Suef	998	953	1,951
Faiyûm	1,356	1,396	2,752
Sohâg	709	671	1,380
Giza	753	716	1,469
Minya	1,150	1,144	2,294
Qena	715	746	1,461
TOTAL	54,829	52,829	107,608

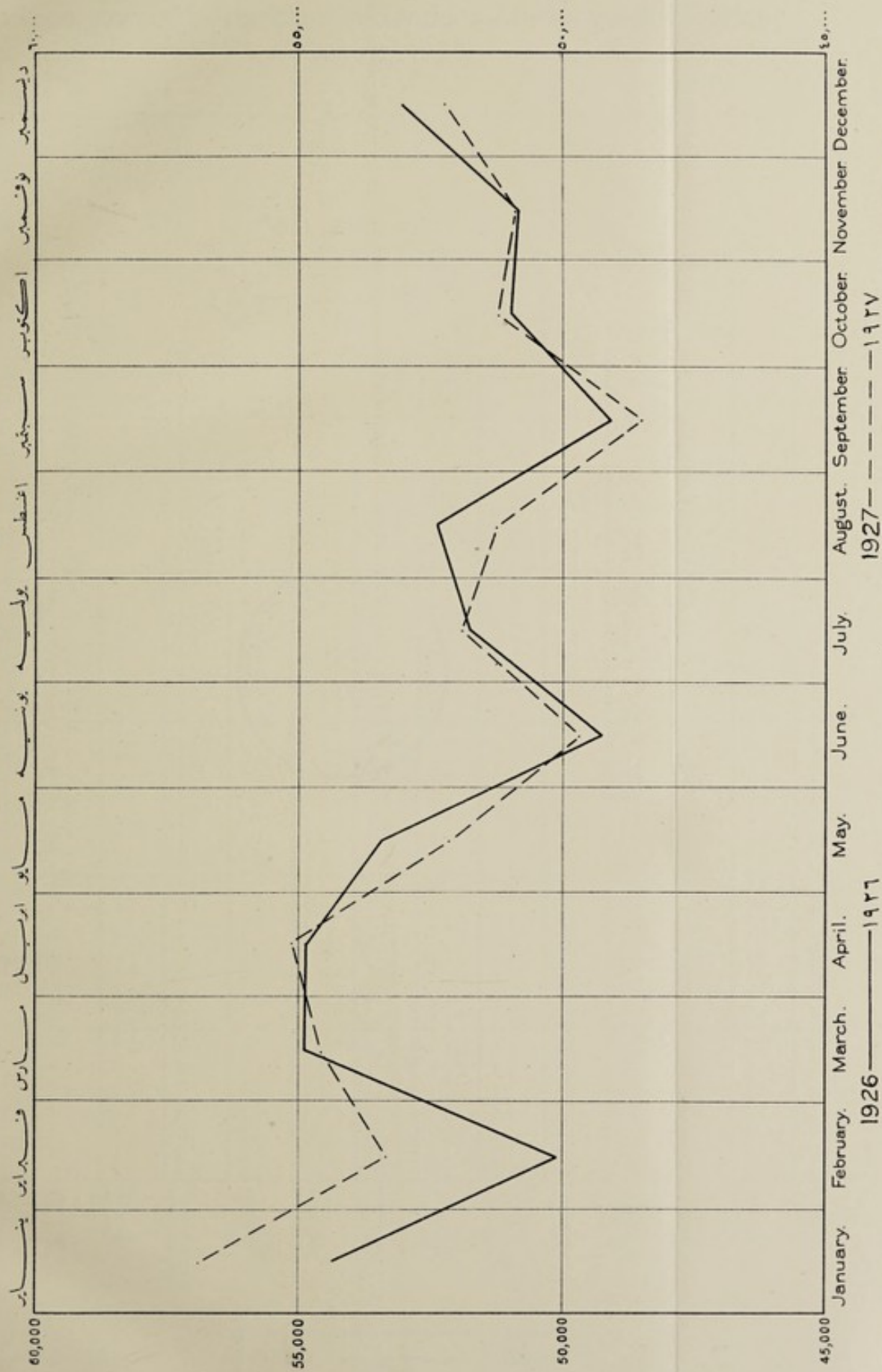
TABLE IV.—ANNUAL BIRTH-RATE BY SEX FROM 1922-1927.

Year.	Male Births.	Female Births.	Total.	Rate per thousand.
1922	303,346	279,316	582,662	43.2
1923	305,982	282,873	588,855	43
1924	313,032	291,536	604,568	43.3
1925	315,219	292,345	607,564	42.8
1926	323,838	299,987	623,825	43.2
1927	326,124	301,459	627,583	42.7

Graph A

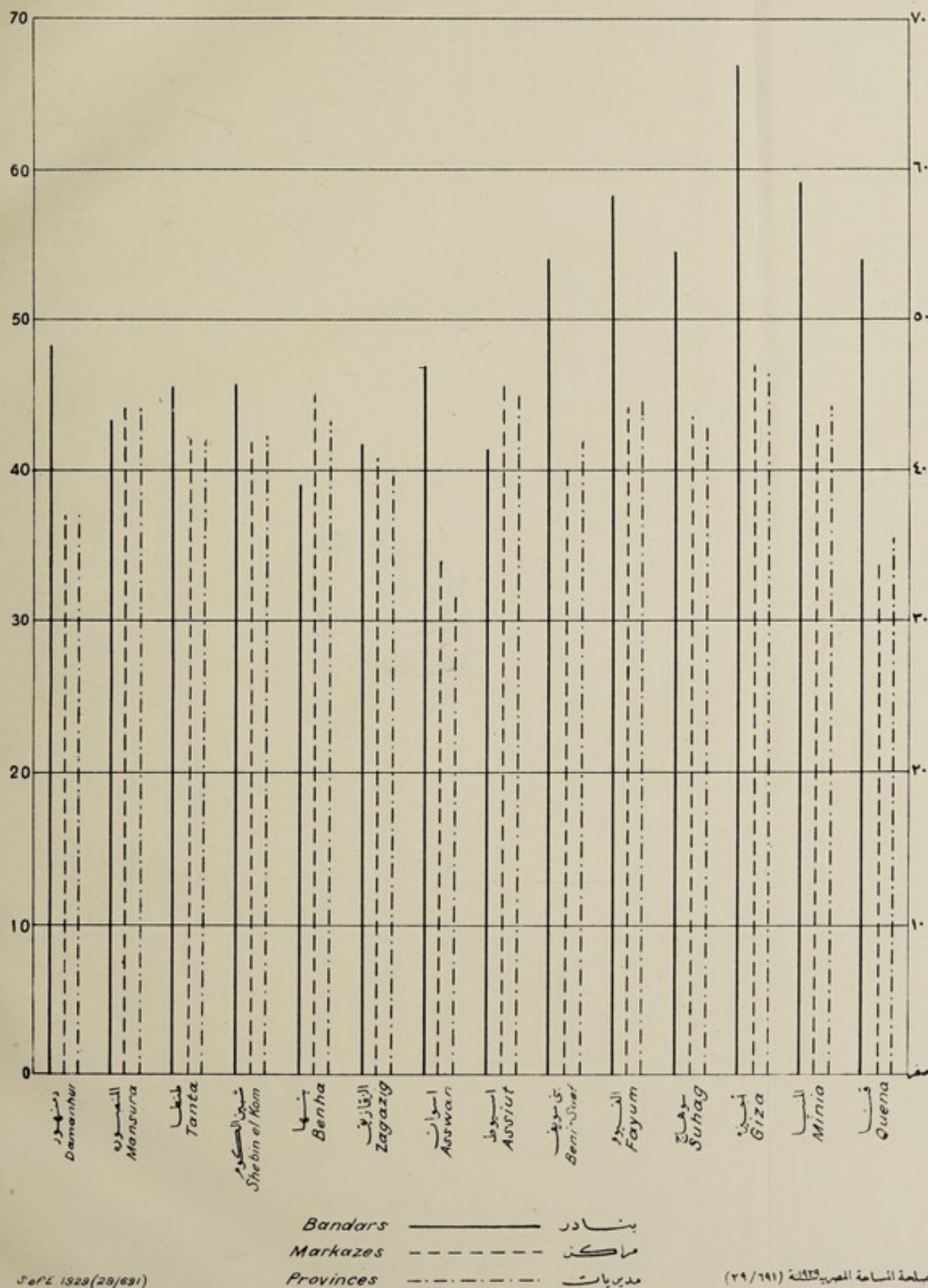
المجموع الشهرى للمواليد سنة ١٩٢٦ وسنة ١٩٢٧
Monthly Total of Births during 1926 & 1927.

الرسم ١



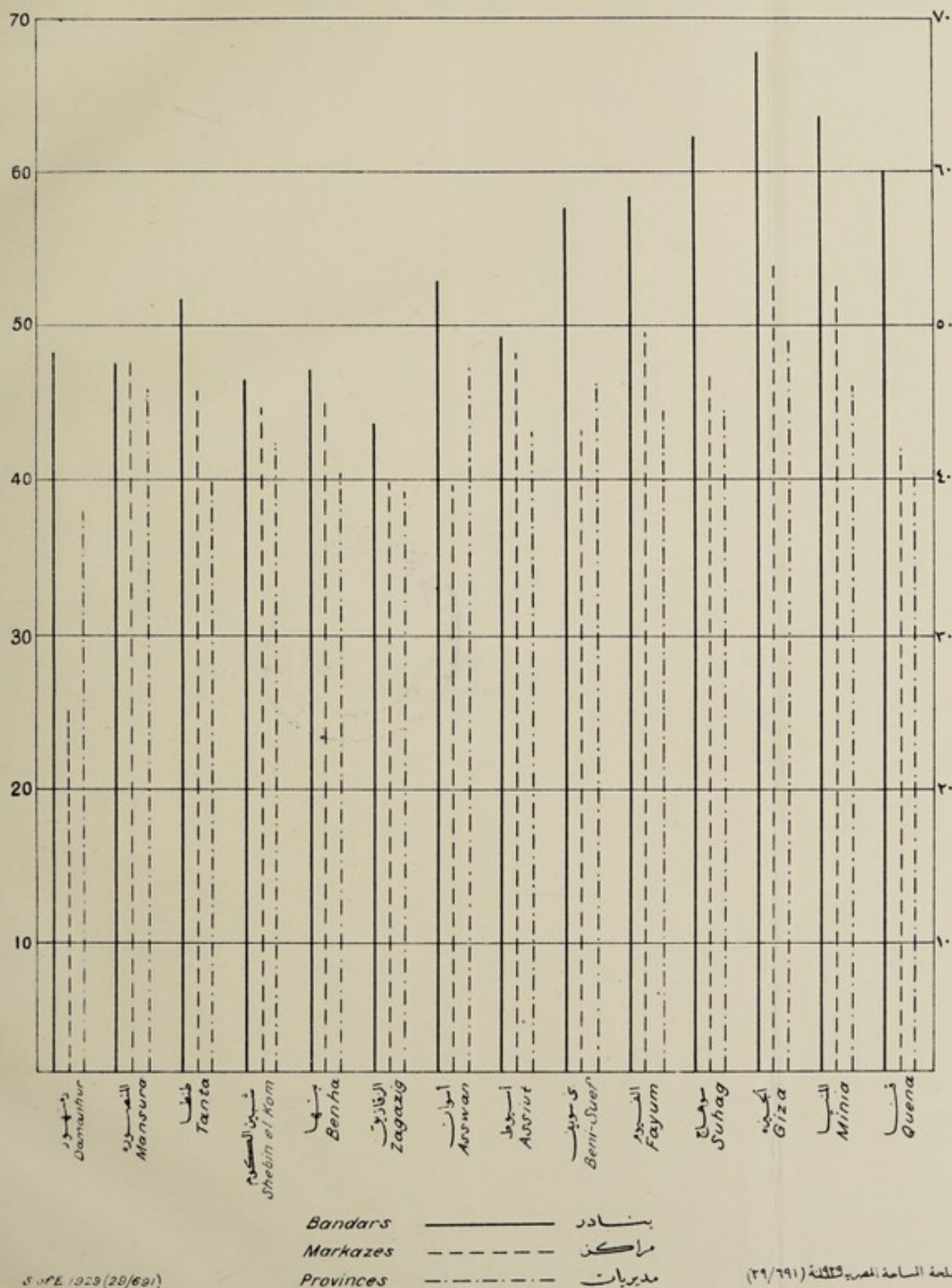


نسبة المواليد للمديريات والبنادر والمراكز سنة ١٩٢٦
 Comparison of Birth-rates in Bandars, Markazes & Provinces
 During 1926.





مقارنة نسبة المواليد في الالف لعدد السكان في البنادر والمراكز والمديريات في سنة ١٩٢٧
 Comparison of Birth-rates in Bandars, Markazes & Provinces
 During 1927.





DEATHS.

Registration and Certification of Deaths in Egypt.

Deaths are entered in special registers, kept at the P.H. Offices. A Death certificate must be furnished showing the cause of death ; it requires the signature of the attending doctor, should the deceased have been attended by one during his last illness ; in the absence of such attendant it must be signed by the Medical Officer of Health after examining the body after death in towns where there is an appointed Medical Officer of Health. Sanitary barber appointed by the Department of Public Health examines the body in rural districts where there is no M.O.H. All such deaths are entered into a register under one heading "normal death" if there is no indication of death from violence or infectious diseases. Certification in this case is the cause of much trouble in endeavouring to record accurate statistics of the cause of death.

The special efforts of the D.P.H. in enforcing accurate registration, in preventing secret burial and by increasing the number of qualified M.Os.H. in rural districts tend to diminish the unreliability of statistics. As a consequence of these efforts a misleading increase of death-rate has been noticed the last few years (as shown from the following table). The reason for this increase will be shown later on. The death-rate for 1927 has, however, been 24.5 per thousand which is the lowest during the last few years :—

Year.	Number of Deaths.	Death-rate per 1000 inhabitants.
1922	339,114	25.2
1923	352,633	25.7
1924	343,664	24.6
1925	369,385	26
1926	377,461	26.2
1927	359,455	24.5

In point of fact the increasing death-rate is apparent only and is due to the increasing accuracy of registration and control of secret burial. This is more clearly shown if we compare the death-rates of some of the big cities for example Cairo, where registration and certification have been accurate for a very long period ; the death-rate in Cairo has been 33.4 per thousand, which is the lowest since 1900, as shown from the following table :—

Year.	Death-rate per thousand inhabitants.
1901-1910	38.8
1911-1915	39.6
1916-1920	38.9
1921-1925	34.5
1926	34.5
1927	33.4

Again in comparing the death-rates in other cities where new water works or sewage disposal systems have been installed in recent years, the death-rates are shown to be actually decreasing as shown in the following table :—

Town.	Death-rate in 1925.	Death-rate in 1927.
Tanta	35	31.2
Mansûra	26.2	25.5
Minya	48.6	43.7
Asyût	34.7	32.1

For all these reasons, in order to ensure statistics being comparable, it is better to confine the figures to the returns of the chief towns and cities where there is an appointed medical officer. The number of such cities and towns is 127.

DEATH-RATES IN 'URBAN AND RURAL DISTRICTS.

Taking the chief towns of Mudirias and Governorates as a standard for the cities of the country and the chief towns of Markazes (districts) as an example of the rural districts, it is observed that death-rate is always lower in rural than in 'urban districts for several reasons, the most important being less overcrowding of the inhabitants, pure air, and the open air life of the inhabitants of rural districts.

The mean death-rate in the principal towns of Lower Egypt (29.6 per thousand in 1927) is by far lower than that in Upper Egypt (38.8 per thousand in 1927) owing to the higher mean temperature in the latter.

The lowest death-rate recorded in 1927 was in Damietta (19.9 per thousand in 1927), the highest was in Giza 45.4 per thousand ; the latter having the highest birth-rate (*see* Table VI).

MONTHLY TOTAL OF DEATHS.

A study of table (VII) and graph (c) shows that the number of deaths increases markedly during the summer months and a comparison of these with the infant mortality during the same months graph (f) shows that most of this increase is due to the high infant mortality rate during that season of the year.

MALE AND FEMALE MORTALITY AT DIFFERENT AGES.

Table (VIII) shows that more than half the total deaths (56.4 per thousand) are occurring at the age period 0-5, the rate then declines rapidly to 4.3 per thousand at the age period 5-9 and this latter rate continues nearly the same for the rest of life.

The death-rate among male is always higher than among female nearly at all ages (up to 80 years) which is common in all other countries although in different ratios.

TABLE V.—PRINCIPAL CAUSES OF DEATH.

The following table shows the number and death-rate from the different causes of death in the principal towns and cities in Egypt in 1925, 1926 and 1927, where Medical Officers of Health are stationed and the diseases causing deaths are diagnosed :—

Name of Disease.	Year 1925.		Year 1926.		Year 1927.	
	Number.	Rate per thousand.	Number.	Rate per thousand.	Number.	Rate per thousand.
Notifiable infectious diseases †	3,230	1.60	6,223	1.94	2,839	0.85

† Except tuberculous diseases of the lungs, Dysentery, Puerperal and Hydrophobia, shown separately in the list.

Name of Diseases.	Year 1925.		Year 1926.		Year 1927.	
	Number.	Rate per thousand.	Number.	Rate per thousand.	Number.	Rate per thousand.
Non notifiable Infectious Diseases	41	·02	139	·04	194	·06
Tuberculous Diseases of the Lungs	1,864	·92	2,202	·69	2,197	·66
Other Forms of Tuberculous Diseases	449	·22	639	·20	633	·19
Malignant Tumours	498	·25	656	·20	658	·20
Non Malignant Tumours	84	·04	159	·05	128	·04
Venereal Diseases-Syphilis	220	·11	339	·11	384	·11
Gonorrhoea	—	—	—	—	—	—
Kala-Azar	—	—	—	—	—	—
Malaria	18	·01	—	—	49	·01
Dysentery	1,325	·66	2,132	·67	1,050	·31
Bilharziasis	111	·06	249	·08	378	·11
Ankylostomiasis	29	·01	86	·03	130	·04
Pellagra	126	·06	169	·06	229	·07
Filariasis	3	·00	3	·00	6	—
Egyptian Splenomegaly	4	·00	13	·01	52	·02
Abscess of the Liver	31	·01	63	·02	50	·01
Pneumonia	3,435	1·07	6,877	2·15	7,317	2·19
Pleurisy	77	·04	99	·03	143	·04
Bronchitis (acute or chronic)	9,087	4·5	9,341	2·92	8,323	2·49
Other Diseases of the Respiratory System	534	·26	852	·27	1,082	·32
Acute Nephritis	903	·37	1,252	·39	1,189	·36
Chronic Nephritis	903	·45	1,110	·35	1,312	·39
Gynaecological Diseases	55	·03	102	·03	61	·02
Non-Venereal Diseases in the Male	124	·06	161	·05	108	·03
Other Diseases of the Genito-Urinary System	232	·11	329	·10	458	·14
Valvular Diseases of the Heart... ..	207	·10	338	·11	480	·14
Aneurism	—	—	3	—	14	·00
Other Diseases of the Heart and Blood Vessels	3,417	1·69	4,172	1·30	44,54	1·33
Appendicitis	56	·03	75	·02	69	·02
Hernia	106	·05	126	·04	129	·04
Gastro-enteritis of Children (below 5 years of age)	22,115	10·95	29,384	9·18	32,196	9·62
Other Diseases of the Alimentary System	1,407	·70	2,261	·71	2,430	·73
Peurperal Septicaemia	119	·06	247	·08	527	·08
Other Diseases of and Accidents of the puerperium	123	·06	221	·07	385	·12
Cerebral Haemorrhage and Embolism	567	·28	653	·20	781	·23
Other Diseases of the Brain, Nervous System and special senses	1,733	·86	1,998	·62	2,132	·64
Diseases of the Liver and Spleen	316	·16	518	·16	532	·16
Diseases of the Skin and cellular tissues	266	·13	288	·09	413	·12
Diseases of the Bones and Joints	977	·48	1,431	·45	1,563	·47
Diseases of the Blood	135	·07	469	·15	422	·13
Rheumatism and Gout	74	·04	103	·03	202	·06
Diabetes	272	·13	284	·09	395	·12
Hydrophobia	7	—	8	—	6	·00
Speticeamia and Pyæmia	215	·11	269	·08	333	·10
Alcoholic and Other Chronic Poisoning	8	—	5	—	25	·01
Gangerene	154	·08	219	·07	242	·07
Senility	5,172	2·56	9,517	2·97	10,082	3·01
Death from Accident	1,824	·90	2,536	·79	2,671	·80
Death from Suicide	80	·04	83	·03	106	·03
Death from homicide	370	·19	534	·17	731	·22
Other causes of death	9,367	4·64	18,444	5·76	17,073	5·10
TOTAL	72,321	35·8	107,411	33·56	107,093	

If we exclude the diseases of Infancy we find that the most important causes of death take the following order:—

“Other causes of death,” diseases of the respiratory organs, senility; diseases of the heart and Blood Vessels, diseases of the nervous system, renal disease, Tuberculosis, Dysentery and Cancer.

The number of deaths falling under the Heading “Other causes of death” is extraordinary high. The number includes the deaths certified by the barbers under the name “normal death.”

The deaths caused by diseases of the respiratory organs include a large number of deaths in children caused by Bronchitis and Pneumonia.

The increase in the number of deaths caused by Senility and old age is due to the fact that deaths after 60 are tabulated under old age.

The increase in the number of deaths caused by Dysentery is caused partly by the inclusion of deaths of children from Diarrhoea and enteritis and partly by the inclusion of deaths caused by Bilharzia, Ankylostoma and other intestinal worms so very prevalent in Egypt.

As to Pulmonary T.B. it is somewhat strange that it causes so many deaths in a country such as Egypt recommended on account of ideal weather conditions for the treatment of that disease, but the Department of Public Health has lately taken the necessary measures to combat this disease and it is hoped that its efforts in this connection will lead to its extermination, as the weather of the country will greatly enable it to attain this aim.

AGE AND SEASONAL DISTRIBUTION OF THE DEATH-RATES OF CERTAIN IMPORTANT DISEASES.

Pulmonary Tuberculosis: Most deaths caused by Pulmonary Tuberculosis occur between the age period 15-50. It is therefore one of the most dangerous and disabling diseases and if we consider that the best means for treating this disease depends on complete rest, good nourishing food, and hygienic conditions and open air life, we can imagine the great difficulty in combating such a disease specially in Egypt where very few of the lower classes, who constitute the majority of the inhabitants, can afford to carry out treatment on these lines.

The first step, in dealing with this disease, has been taken by the D.P.H. including it in the list of notifiable diseases. More effective means will follow at an early date. The greater number of deaths caused by this disease occurs in Winter (*see graph d.*)

Dysentery: Graph (*e*) shows that deaths caused by Dysentery occur between the 1st and 4th year of life and between 20-40; most of these during the summer months. The increase in the deaths between the 1st and the 4th year of life is probably due in great part to inclusion of deaths of infants caused by enteritis.

Cancer: is the eighth among the causes of death in the large towns of Egypt. The mortality is highest in the later years of life (*see graphs c and e bis*). Nothing definite is known of its causation and for the present the only way of combating its spread is to attract the attention of the people to its dangers by lectures, movies etc., so as to seek medical advice at the earliest possible moment.

TABLE VI.—DEATH-RATES IN THE PRINCIPAL TOWNS, 1926-1927.

Name.	Rate per thousand inhabitants.				Mean for principal town Bandars in 1927.
	1926		1927		
	Urban.	Rural.	Urban.	Rural.	
Cairo	34.5	—	33.4	—	29.6
Alexandria	30.5	—	30.2	—	
Ismailia	34.5	29.5	28.9	—	
Port Said	27.9	—	23.5	—	
Damietta	24.6	—	19.9	—	
Suez	28.7	—	28.6	—	
Damanhûr	27.9	19.4	29.9	19.4	
Mansûra	28	30.4	25.5	23.2	
Tanta	29.6	27.6	31.2	27.8	
Shibîn el Kôm	22	27.4	29.8	27.6	
Benha	22.7	28	32.6	27.7	
Zagazig	26.6	23.4	28.7	23.7	

DEATH-RATES IN THE PRINCIPAL TOWNS.

Name.	Rate per thousand inhabitants.				Mean for principal towns.
	1926		1927		
	Urban.	Rural.	Urban.	Rural.	
Aswân	39.6	27.9	34.2	25.9	38.8
Asyût	35	26.7	32.1	23.8	
Beni Suef	42.3	20.7	39	17.5	
Faiyûm	46.8	36	37.4	28.7	
Sohâg	44.6	21.5	39.4	21.8	
Giza	47.7	30.4	45.4	26.3	
Minya	48.8	24.9	43.7	23.1	
Qena	44.8	16.5	38.8	13.6	

TABLE VII.—MONTHLY DEATH-RATES (1926-1927).

Month.	Number of Deaths.		Rate per thousand inhabitants.	
	1926	1927	1926	1927
January	33,738	27,595	28.4	22.5
February	27,717	27,198	23.4	22.2
March	30,000	25,158	24.9	20.5
April	30,357	25,493	25.2	20.8
May	38,372	31,158	31.9	25.4
June	40,338	34,874	33.5	28.5
July	37,014	38,837	30.8	31.8
August	31,367	34,274	26.1	28.0
September	26,746	28,877	22.2	23.6
October	26,602	29,076	22.1	23.7
November	26,262	28,012	21.8	22.9
December	28,948	28,903	24.1	23.6
TOTAL	377,461	359,455	26.2	24.5

TABLE VIII.—ANNUAL DEATH-RATES AT DIFFERENT AGES FOR BOTH SEXES (1926).

Age period.	Males.	Females.	Total.	Death-rate per one hundred of total deaths.
YEARS.				
Less than 1 year ...	51,647	39,657	91,304	24.2
From 1-4 years ...	65,370	56,176	121,546	32.2
" 5-9 " ...	9,384	6,862	16,246	4.3
" 10-19 years ...	9,838	5,784	15,622	4.1
" 20-29 " ...	9,509	6,095	15,604	4.1
" 30-39 " ...	10,299	7,345	17,644	4.7
" 40-49	9,200	6,020	15,220	4
" 50-59	8,087	4,996	13,083	3.5
" 60-69	8,533	5,929	14,462	3.8
" 70-79	8,694	7,054	15,748	4.2
" 80-89	8,312	9,200	17,512	4.6
" 90-99	9,500	13,782	23,282	6.2
Undefined	121	67	188	—
TOTAL	208,494	168,967	377,461	

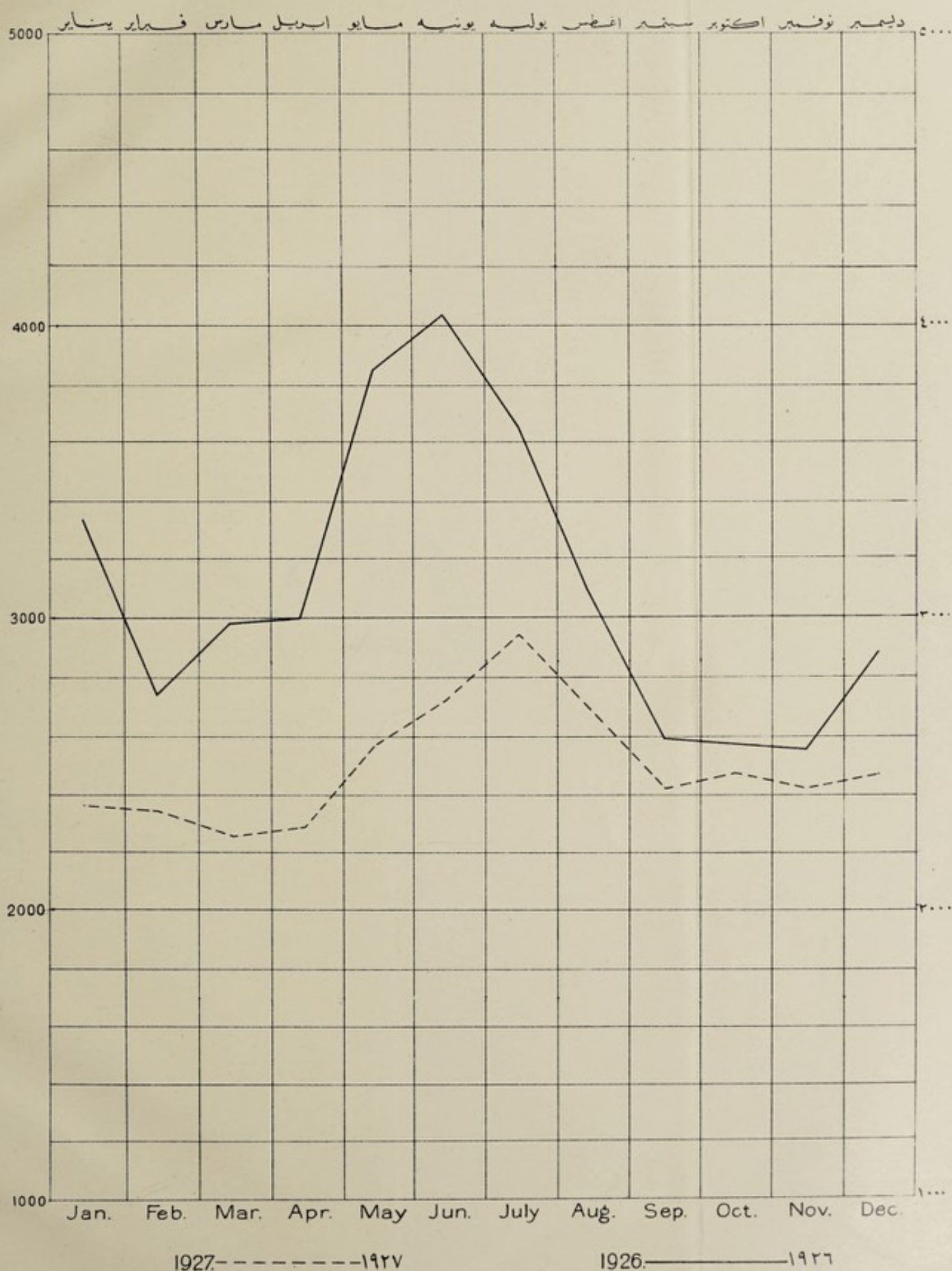
TABLE VIII (*bis*).—ANNUAL DEATH-RATES AT DIFFERENT AGES FOR BOTH SEXES (1927).

Age period.	Males.	Females.	Total.	Rate per thousand of total deaths.
- 1	53,768	41,374	95,142	26.4
1- 4	52,919	44,431	97,350	27.1
5- 9	7,563	5,908	13,471	3.7
10-19	9,404	5,841	15,245	4.2
20-29	9,747	6,404	16,151	4.5
30-39	10,793	7,797	18,590	5.2
40-49	9,360	6,294	15,654	4.4
50-59	8,697	5,371	14,068	3.9
60-69	9,109	6,291	15,400	4.3
70-79	9,007	7,247	16,254	4.5
80-89	8,422	9,514	17,936	5.
90-99	9,613	14,323	23,936	6.7
Undefined age ...	183	75	258	.1
	198,585	160,870	359,455	100

TABLE IX.—IMPORTANT CAUSES OF DEATHS IN THE PRINCIPAL TOWNS
EXCEPT INFANT DISEASES.

Disease.	Number of deaths.		Rate per thousand deaths.	
	1926	1927	1926	1927
Other causes of death	18,444	17,073	171.7	159.4
Pneumonia, bronchitis and respiratory diseases	17,169	16,865	159.8	157.5
Senility	9,517	10,082	88.6	94.1
Heart diseases and blood vessels	4,513	4,948	42.	46.2
Diseases of the nervous system	2,651	2,913	24.7	27.2
Liver diseases, acute and chronic	2,362	2,501	22.9	23.4
Tuberculous diseases of the lungs	2,202	2,197	20.5	20.5
Dysentery	2,132	1,050	19.8	9.8
Cancer	656	658	6.1	6.1

المجموع الشهري للوفيات لسنتي ١٩٢٦ و ١٩٢٧
Monthly Total Deaths for 1926 & 1927.





DEATHS OF CERTAIN INFECTIOUS DISEASES AT DIFFERENT AGE-PERIODS.

Age period.	Pulmonary T.B.		Dysentery.		Malignant Tumours.	
	1927	1926	1927	1926	1927	1926
- 1	6	6	64	120	—	2
1- 4	38	47	225	643	5	8
5- 9	65	84	78	232	3	7
10-19	422	432	104	199	11	11
20-39	1,111	1,090	236	396	94	94
40-59	444	430	206	319	248	254
60-	111	113	137	223	297	280
TOTAL	2,197	2,202	1,050	2,132	658	656

MONTHS.

January	180	209	129	222	67	55
February	162	184	93	153	55	37
March	205	211	65	174	54	53
April	186	181	64	175	54	57
May	200	184	92	219	54	62
June	203	195	82	204	47	55
July	151	196	108	211	58	52
August	191	177	109	196	44	54
September	165	178	78	142	61	59
October	171	175	80	137	51	54
November	175	140	78	141	59	58
December	208	172	72	158	54	60
TOTAL	2,197	2,202	1,050	2,132	658	656

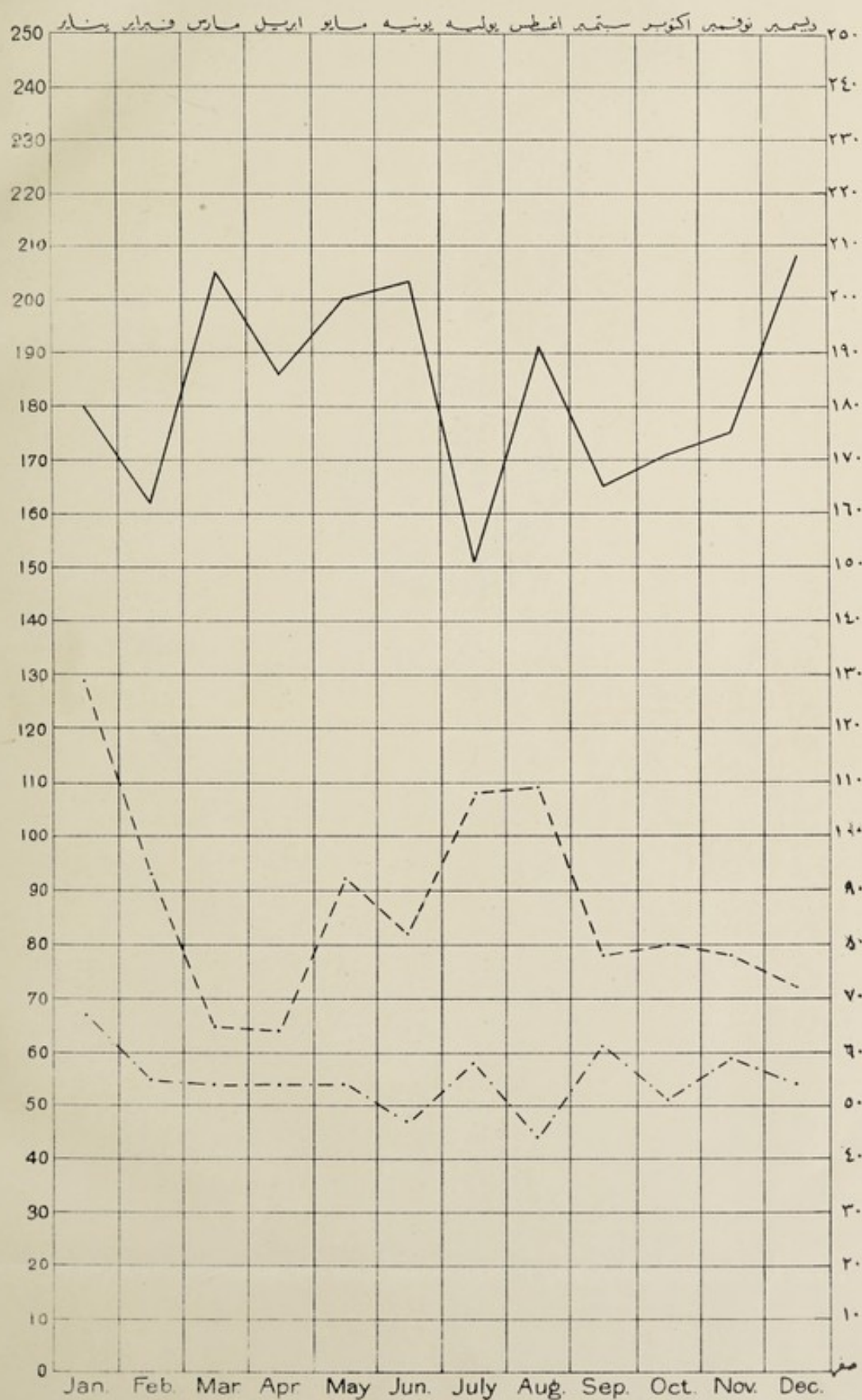
TABLE 1. - SUMMARY OF DATA FOR THE MONTH OF JANUARY 1964

Date	Time	Temperature (°C)		Humidity (%)		Wind Speed (km/h)	Wind Direction
		Max	Min	Max	Min		
1	0800	15.0	10.0	75	65	10	SE
2	0800	16.0	11.0	78	68	12	SE
3	0800	17.0	12.0	80	70	15	SE
4	0800	18.0	13.0	82	72	18	SE
5	0800	19.0	14.0	85	75	20	SE
6	0800	20.0	15.0	88	78	22	SE
7	0800	21.0	16.0	90	80	25	SE
8	0800	22.0	17.0	92	82	28	SE
9	0800	23.0	18.0	95	85	30	SE
10	0800	24.0	19.0	98	88	32	SE
11	0800	25.0	20.0	100	90	35	SE
12	0800	26.0	21.0	100	92	38	SE
13	0800	27.0	22.0	100	95	40	SE
14	0800	28.0	23.0	100	98	42	SE
15	0800	29.0	24.0	100	100	45	SE
16	0800	30.0	25.0	100	100	48	SE
17	0800	31.0	26.0	100	100	50	SE
18	0800	32.0	27.0	100	100	52	SE
19	0800	33.0	28.0	100	100	55	SE
20	0800	34.0	29.0	100	100	58	SE
21	0800	35.0	30.0	100	100	60	SE
22	0800	36.0	31.0	100	100	62	SE
23	0800	37.0	32.0	100	100	65	SE
24	0800	38.0	33.0	100	100	68	SE
25	0800	39.0	34.0	100	100	70	SE
26	0800	40.0	35.0	100	100	72	SE
27	0800	41.0	36.0	100	100	75	SE
28	0800	42.0	37.0	100	100	78	SE
29	0800	43.0	38.0	100	100	80	SE
30	0800	44.0	39.0	100	100	82	SE
31	0800	45.0	40.0	100	100	85	SE

TABLE 2. - SUMMARY OF DATA FOR THE MONTH OF JANUARY 1964

Date	Time	Temperature (°C)		Humidity (%)		Wind Speed (km/h)	Wind Direction
		Max	Min	Max	Min		
1	0800	15.0	10.0	75	65	10	SE
2	0800	16.0	11.0	78	68	12	SE
3	0800	17.0	12.0	80	70	15	SE
4	0800	18.0	13.0	82	72	18	SE
5	0800	19.0	14.0	85	75	20	SE
6	0800	20.0	15.0	88	78	22	SE
7	0800	21.0	16.0	90	80	25	SE
8	0800	22.0	17.0	92	82	28	SE
9	0800	23.0	18.0	95	85	30	SE
10	0800	24.0	19.0	98	88	32	SE
11	0800	25.0	20.0	100	90	35	SE
12	0800	26.0	21.0	100	92	38	SE
13	0800	27.0	22.0	100	95	40	SE
14	0800	28.0	23.0	100	98	42	SE
15	0800	29.0	24.0	100	100	45	SE
16	0800	30.0	25.0	100	100	48	SE
17	0800	31.0	26.0	100	100	50	SE
18	0800	32.0	27.0	100	100	52	SE
19	0800	33.0	28.0	100	100	55	SE
20	0800	34.0	29.0	100	100	58	SE
21	0800	35.0	30.0	100	100	60	SE
22	0800	36.0	31.0	100	100	62	SE
23	0800	37.0	32.0	100	100	65	SE
24	0800	38.0	33.0	100	100	68	SE
25	0800	39.0	34.0	100	100	70	SE
26	0800	40.0	35.0	100	100	72	SE
27	0800	41.0	36.0	100	100	75	SE
28	0800	42.0	37.0	100	100	78	SE
29	0800	43.0	38.0	100	100	80	SE
30	0800	44.0	39.0	100	100	82	SE
31	0800	45.0	40.0	100	100	85	SE

وفيات الدرن الرئوى والدوسنطاريا والأورام الخبيثة في سنة ١٩٢٧
Deaths from Cancer, Dysentery & Chest Diseases occurring in
Principal Towns During the Months of 1927.



Pulmonary Tuberculosis

Dysentery

Malignant Tumours

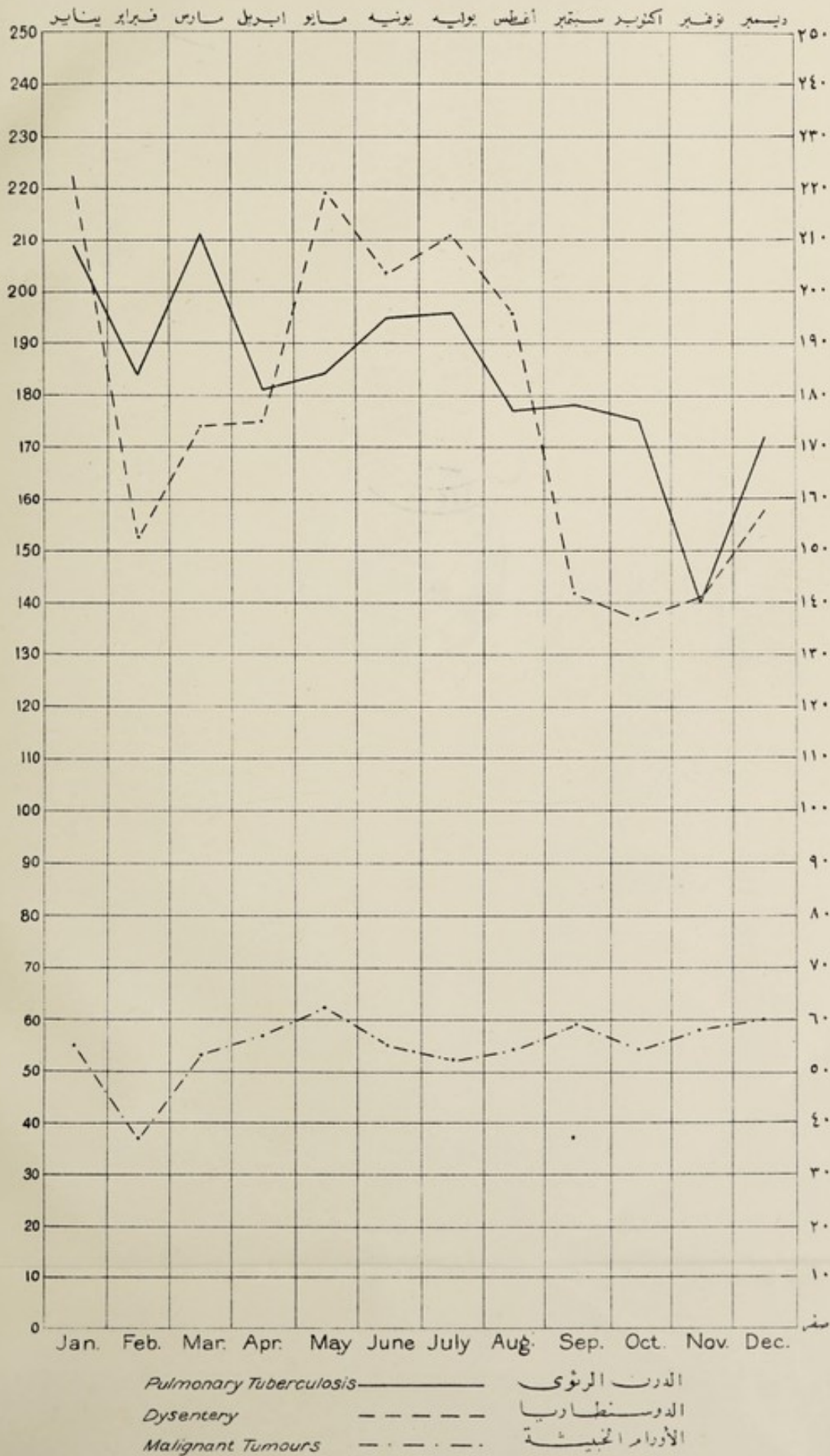
الدرن الرئوى

الدوسنطاريا

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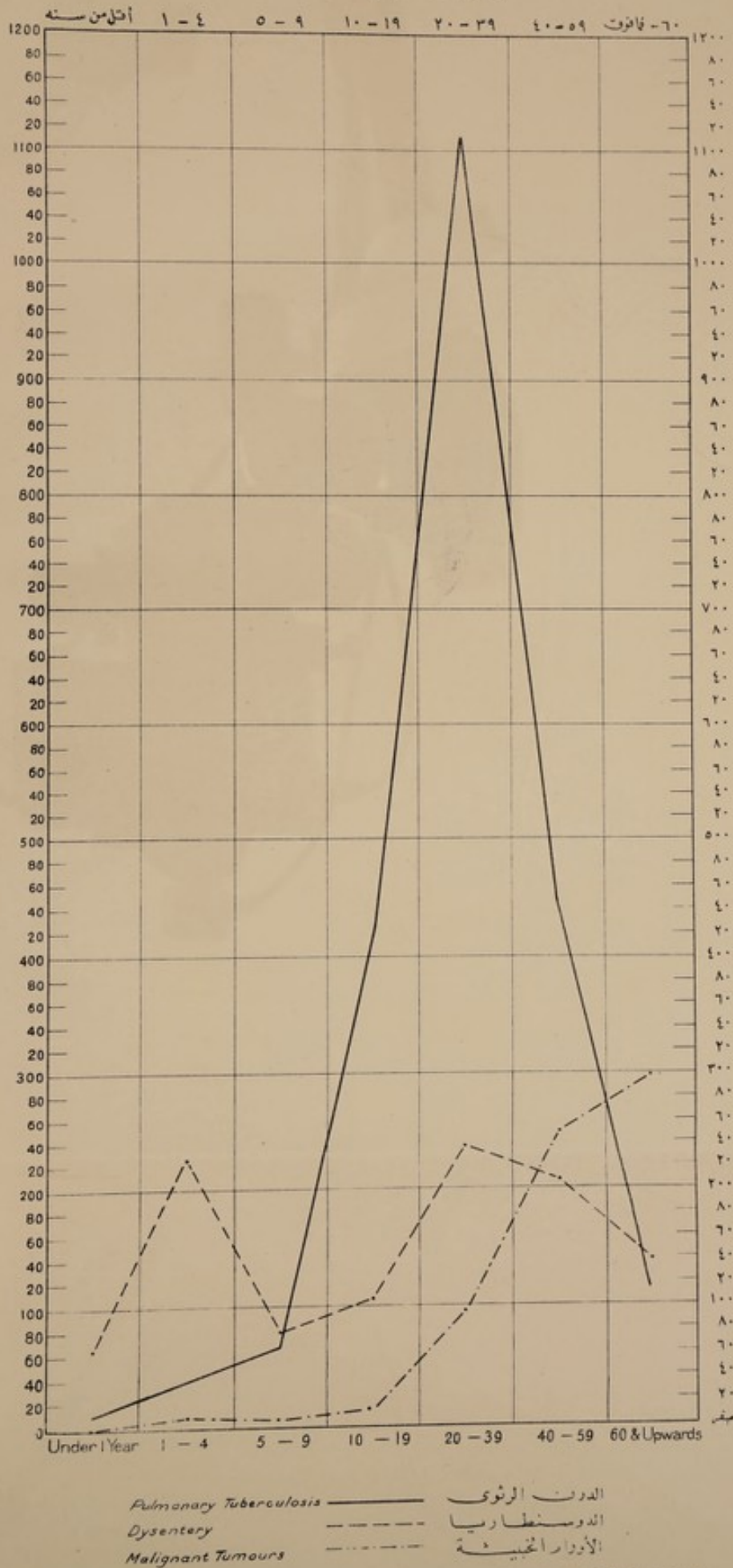


وفيات السرطان والدوسنتاريا وأمراض الصدر بالنسبة لشهور السنة في المدن الكبرى لسن ١٩٢٦
Deaths from Cancer, Dysentery & Chest Diseases occurring in Principal Towns During the Months of 1926.



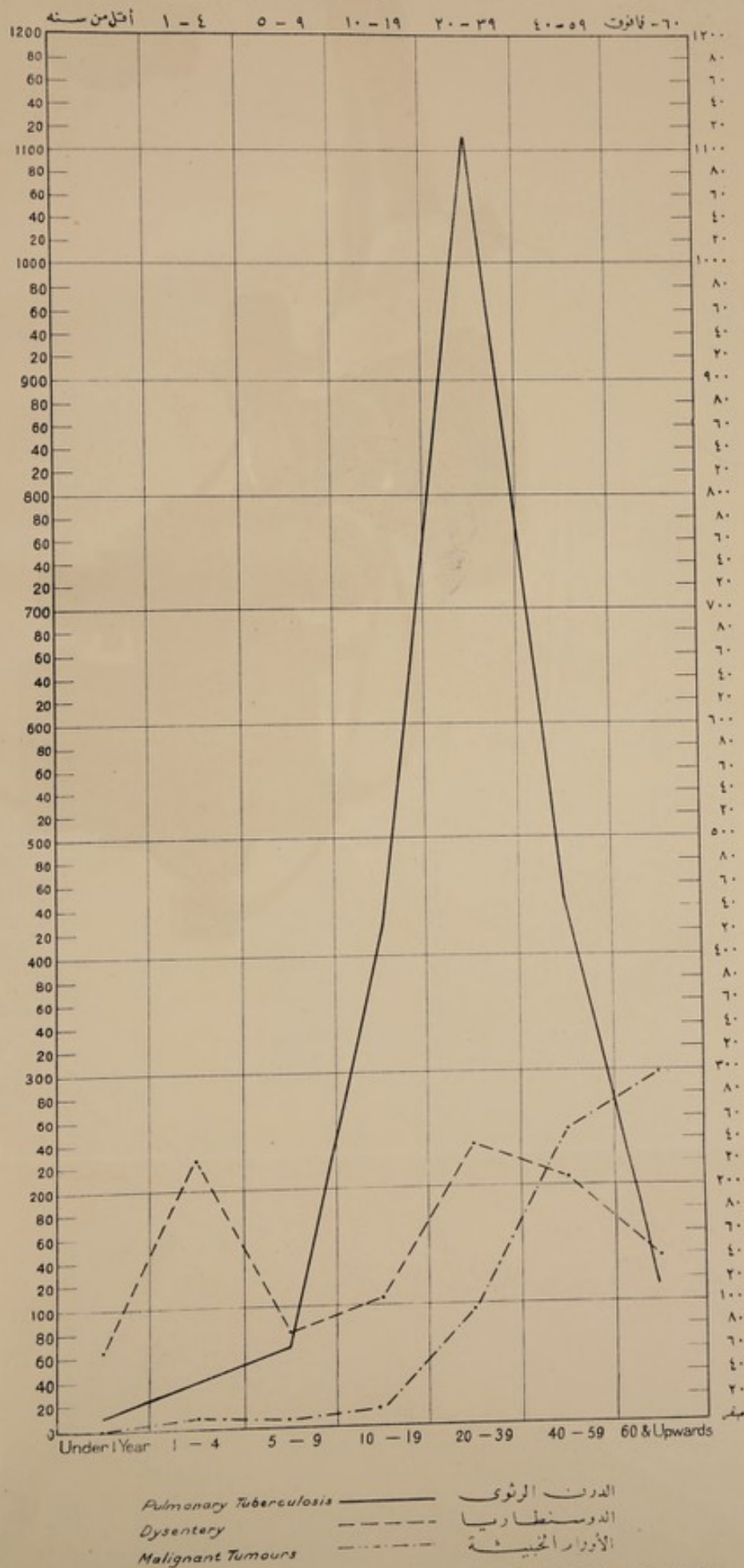


وفيات الأمراض المذكورة بالنسبة للأعمار في سنة ١٩٢٧
Deaths from Cancer, Dysentery & Pulmonary Tuberculosis
at Different Ages in 1927.





وفيات الأمراض المذكورة بالنسبة للأعمار في سنة ١٩٢٧
Deaths from Cancer, Dysentery & Pulmonary Tuberculosis
at Different Ages in 1927.





INFANT MORTALITY.

For the same reasons discussed under Statistics of deaths concerning registration and secret burial in Rural Areas where there is no M.O.H., it is considered better to confine the figures for infant mortality to the returns of the Principal towns.

The number of deaths of children under 1 year of age in these latter areas was 37,454 equivalent to a rate of 221 per 1000 living births in 1927 compared with 215 last year.

The following table gives the infant mortality rate in Egypt and in the Principal towns from the year 1919:—

Year.	Rate per thousand living births in Egypt.	Rate in the principal towns.
1919... ..	128	—
1920... ..	137	—
1921... ..	133	—
1922... ..	140	—
1923... ..	143	—
1924... ..	150	—
1925... ..	155	—
1926... ..	146	215*
1927... ..	152	221*

* Figures not available before that date.

The following table gives a comparison of the infant mortality rate in Egypt and several other European Countries from the year 1909:—

Year.	Egypt.	England.	Holland.	Switzerland.	Spain.	Sweden.	Italy.
1909	331	109	91	115	154	72	155
1910	282	105	108	105	149	75	142
1911	299	130	137	123	152	72	153
1919	128	89	84	82	156	70	141
1920	137	80	73	84	165	60	153
1921	133	83	76	74	147	—	—
1922	139	77	67	70	145	—	—
1923	143	69	57	—	148	—	123
1924	150	75	—	—	—	—	—
1925	155	75	—	—	—	—	—
1926	146	—	—	—	—	—	—
1927	152	—	—	—	—	—	—

It will be seen from the above figures that infant mortality is decreasing in all countries mentioned above, while there are radical differences between them as regards climate, modes of living and population and one might well ask if there is a common factor affecting the mortality of infants in these different countries. This appears to be the decrease in birth-rate and it is quite logical that children in small families have a better chance of being looked after than in large families and this might be one of the causes of the increasing infant mortality in Egypt having a higher birth-rate.

But the effect of the decreasing birth-rate in lowering the infant mortality rate is not true in every case as there are some countries in which the birth rate is stationary while the infant mortality rate is decreasing and again some countries have an increasing birth-rate with again a decreasing infant mortality rate.

Doubtless there are several other adverse factors which influence the life of children and the efforts directed towards the removal of these factors in recent years by public health people have a great influence in decreasing infant mortality.

The infant mortality rate in Egypt, compared with the other countries mentioned in the preceding table, is double that of England in the last years, a little bit more than this in other countries, as Switzerland, Holland and Sweden ; it is the same as that of Spain and nearly as much as that of Italy.

No doubt the adverse conditions affecting the infant mortality in Egypt can be conquered to a very great extent as has been done in other countries.

The increase in infant mortality not only causes a great loss of young children in early life, but will also cause an increase of deaths in the following years for the diseases which kill some will weaken others and leave them in a condition liable to succumb to many diseases in later life.

General Factors affecting infant Mortality.

The most important factors affecting Infant Mortality in Egypt are high temperature during summer, ignorance and poverty.

High temperature as a cause of increase of Infant Mortality.

Graph (f) shows the monthly number of deaths of children under 1 year of age during 1924, 1925, 1926 and 1927. The number of deaths increases rapidly in the summer months reaching its maximum in June and July when the temperature is highest. It then decreases as the temperature becomes lower. This is also shown by comparison of the mean infant mortality rate in the principal towns of Upper and Lower Egypt respectively ; it is much higher in the former owing to the high mean temperature (see Table X).

The cause of the increase of infant mortality during the summer months might be due either to the direct effect of the temperature on young children, lowering their resistance to disease, or to the spread of serious infectious diseases especially enteritis ; during this period, it is probable that both these factors are at work.

Ignorance : One of the most difficult problems to combat in Egypt is the ignorance of the mothers as regards looking after their children.

The D.P.H. is making every effort to instruct the people in the healthy ways of upbringing of their children by public lectures, movies, the distribution of pamphlets, increasing the number of infant welfare centres and health visitors and in teaching public health and hygiene in primary schools specially to girls. These efforts will soon have their effect in lowering the present high infant mortality rate.

Poverty : The standard of living of the Egyptian peasants who form the majority of the population in Egypt is an extremely low one and great efforts are required to raise it to a higher level. The D.P.H. is endeavouring to assist the poorer classes by means of child welfare centres at which clothes and other domestic requirements ought to be distributed to poor mothers, in the same way as General Hospitals of the Department, which issue clothes, drugs and rations gratis to patients.

INFANT MORTALITY OF BOTH SEXES AT DIFFERENT AGE PERIODS AND DISEASES CAUSING THE HEAVIEST MORTALITY.

Table II shows the number of infant deaths in the first year of life in both sexes. The death rate of male infants is invariably higher than that of females throughout the whole year and continues higher in later years of life ; the number of male births is also higher than that of females. This is nearly common to all other countries.

By analysing the deaths of the first year of life (Tables 12 a and 12 b) in certain towns it will be seen that in Cairo the number of deaths in the 1st month is nearly one and half times the number of deaths in the next three months and more than twice the number in Alexandria, nearly twice the number in Asyût, and slightly more than the number in Tanta, thus indicating clearly that the child is in need of greater care in the first month than during any other period.

The diseases which cause the highest mortality among children in Egypt are the following in order of importance (Table XIII) congenital debility, gastro-enteritis, diseases of the respiratory organs, syphilis and infectious diseases. The combating of these diseases will certainly lessen their victims.

INFANT MORTALITY RATE IN RELATION TO THE GENERAL DEATH-RATE.

Table X shows the rate of infant mortality per 1000 of deaths at all ages in the principal towns of Egypt from the year 1925. It is still very high and is responsible for nearly 1/3 of the total deaths although it has decreased markedly in most towns.

DEATHS OF CHILDREN FROM 1-4 YEARS AGE.

It is rather strange that the death-rate of children of 1-4 years is increasing rapidly in towns having the lowest infant mortality rate as for instance in the Canal Districts, Damietta, Mansûra and Shibîn El Kôm in 1926 (compare Table X and Table XV).

This age period is difficult to control and children are left to suffer through the ignorance of their mothers while at the same time they are prone to suffer from very dangerous diseases common at this age such as measles and diphtheria.

Children under one year of age are easily controlled by child-welfare centres and lady health visitors, and these after the 4th year of their age can be effectively controlled by *Kuttâbs* and Schools.

The increase in infant deaths in that year might be due to the spread of measles and the rate has markedly decreased in 1927 specially in Damietta.

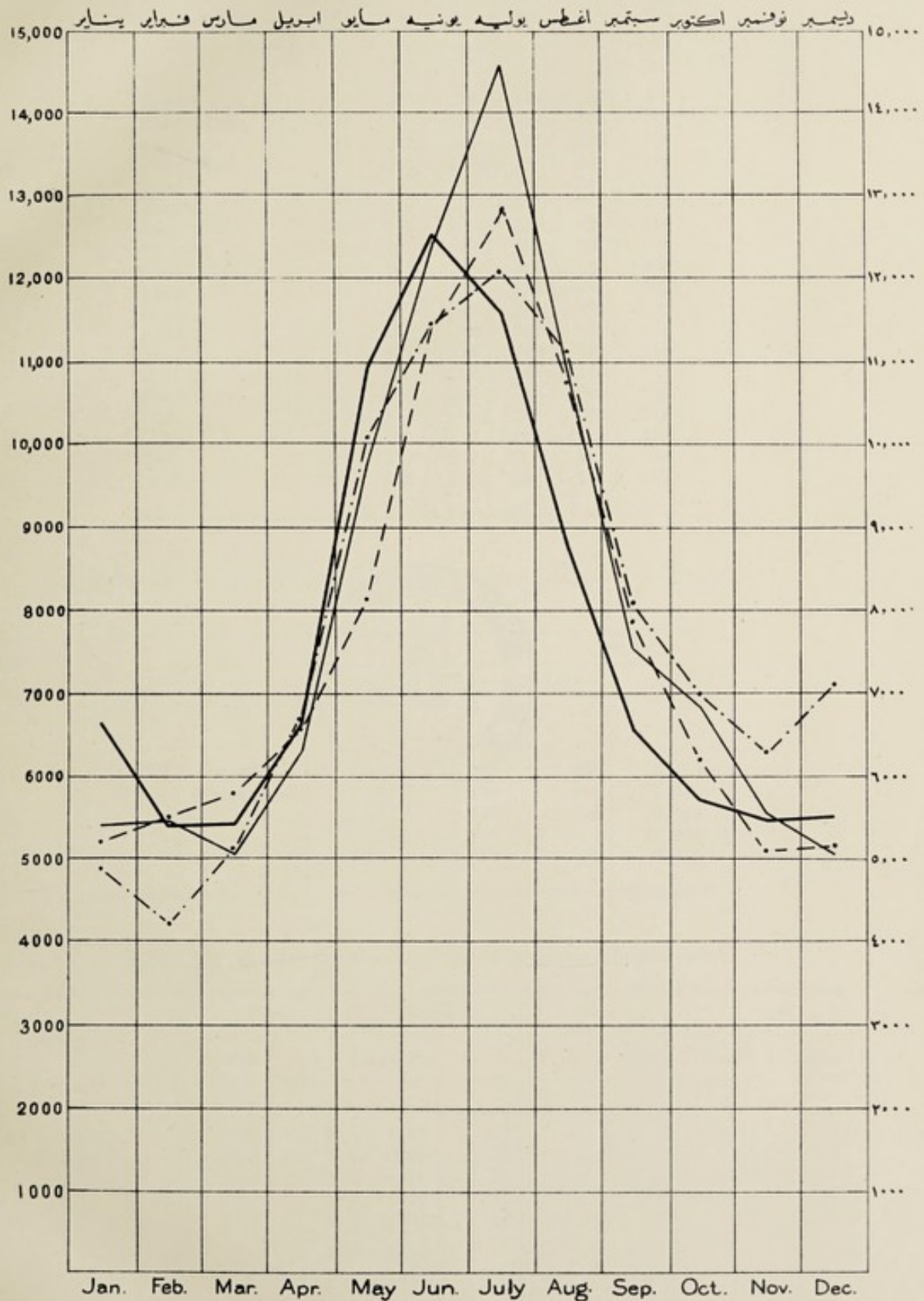
CONCLUSION.

Child mortality is a very difficult problem to deal with but much can be done to reduce that peril by exercising great efforts in different spheres of life. These can be summarised in the following :—

1. Education of pupils in public health subjects specially girls, who should be educated the art of mother craft.
2. Safe guarding the mother during pregnancy.
3. Assistance and care of the mother during labour.
4. Education of the mother in the healthy up-bringing of her child.
5. Care of the child during the first year of life and specially during the first few weeks after birth.
6. Improving the home conditions of the family especially amongst the lower classes.

عدد وفيات الاطفال في شهور السنة لسنى ٢٧, ٢٦, ٢٥, ١٩٢٤

Infant Mortality during months of certain years.



1926. ————— ١٩٢٦

1927. ————— ١٩٢٧

1924. — — — — — ١٩٢٤

1925. — ١٩٢٥



INFANT MORTALITY RATE IN PRINCIPAL TOWNS IN 1922-1927.

Locality.	1922	1923	1924	1925	1926	1927
Cairo	237	236	245	243	223	225
Alexandria... ..	203	220	234	243	206	222
Canal	161	173	167	182	184	188
Damietta	140	120	153	130	130	149
Suez	248	247	243	287	247	230
Benha	227	210	209	207	204	203
Damanhûr	230	185	232	231	187	210
Mansûra	171	163	169	181	160	155
Shibîn el Kôm	158	148	132	128	128	180
Tanta	184	174	207	213	182	192
Zagazig	198	190	204	212	172	213
Aswân	276	319	276	308	273	234
Asyût	269	257	252	265	277	242
Beni Suef	268	303	267	266	248	271
Faiyûm	282	299	300	320	278	278
Giza	292	278	299	257	279	261
Minya	292	306	279	329	286	277
Qena	305	326	280	361	316	284
Sohâg	280	260	259	292	292	239

TABLE II.—DEATHS OF CHILDREN UNDER 1 YEAR BY SEX AND AGE PERIOD
IN 1926 AND 1927.

Age period.	1926		1927	
	Males.	Females.	Males.	Females.
Under 1 month ...	7,402	5,370	7,600	5,455
From 1-3 months ...	7,122	5,498	7,521	5,739
" 3-6 " ...	12,537	9,287	13,608	10,450
" 6-9 " ...	16,859	13,253	17,516	13,844
" 9-12 " ...	7,728	6,049	7,523	5,886

TABLE XII (a).—INFANT MORTALITY RATE IN CERTAIN TOWNS (1926).

Age period.	Cairo.		Alexandria.		Tanta.		Asyût.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Under 1 Month	1960	34	1531	63	125	33	174	73
1- 2 Months	1338	30	592	24	120	31	88	37
3- 5 "	2236	50	871	36	172	45	125	53
6- 8 "	2392	54	1030	42	151	30	132	56
9-11 "	1885	43	762	31	125	33	137	58

TABLE XII (b).— (1927).

Under 1 Month	2012	43	1633	66	159	40	182	69
1- 2 Months	1289	38	644	26	86	22	90	34
3- 5 "	2549	55	1,063	43	155	39	130	49
6- 8 "	2626	57	1122	45	207	52	145	55
9-11 "	1858	40	815	33	155	39	94	35

TABLE XIII.—PRINCIPAL CAUSES OF DEATHS OF CHILDREN UNDER 1 YEAR OF AGE AND THEIR RATE PER THOUSAND BIRTHS IN THE PRINCIPAL TOWNS OF EGYPT.

Town.	Congenital debility.	Gastro-enteritis.	Diseases of chest.	Syphilis.	Infectious diseases.
Cairo	68.21	99.85	34	1.47	4.10
Alexandria	86.71	76.31	31.2	53	2.7
Ismailia	82.6	70.3	70	—	3.1
Port Said	48.7	75.2	75	3.58	3.3
Damietta	41.2	64.4	12	1.3	9.3
Suez	65.6	123.6	36	.7	2.1
Damanhûr	93.9	76.3	11	.4	.8
Mansûra	26.7	106.5	18	1.3	1.7
Tanta	39.7	64.1	44	.8	1.8
Shibin el Kôm	53.1	44.5	24	1.0	2.2
Benha	71.9	95.8	29	1.3	1.3
Zagazig	37.8	121.3	100	—	5
Aswân	75.4	159.8	23	3.6	1.8
Asyût	73.6	120.5	56	1.3	2.5
Beni Suef	45.3	99.1	74	4.7	2.1
Faiyûm	83.7	133.4	39.8	.3	13.
Sohâg	109.4	140	16.9	3	12.1
Giza	104.3	100.6	38.4	3	8.7
Minya	42.3	152.9	41.9	1.8	5.8
Qena	91.6	161.2	33.8	7	2.9

TABLE XIV.—INFANT MORTALITY RATE IN THE PRINCIPAL TOWNS.

Town.	1922	1923	1924	1925	1926	1927
Cairo	356	346	375	330	335	359
Alexandria	373	378	389	313	332	362
Canal	331	325	340	338	285	368
Damietta	312	275	310	260	218	306
Suez	356	327	384	369	393	380
Benha	347	331	318	292	353	273
Damanhûr	326	330	379	315	330	329
Mansûra	317	274	311	305	251	279
Shibin el Kôm	315	315	316	297	269	269
Tanta	287	275	312	271	289	295
Zagazig	317	295	320	299	274	304
Aswân	412	380	325	420	332	356
Asyût	367	357	373	346	335	355
Beni Suef	366	363	392	373	319	383
Faiyûm	407	382	446	384	350	408
Giza	418	424	447	359	387	399
Minya	425	360	386	368	348	381
Qena	414	434	417	389	386	424
Sohâg	337	332	386	360	361	369

TABLE XV.—DEATH-RATE OF CHILDREN IN THE AGE GROUP 1-4 YEARS IN THE PRINCIPAL TOWNS.

Town.	1922	1923	1924	1925	1926	1927
Cairo	285	325	260	340	313	265
Alexandria	215	298	239	375	317	263
Canal	262	355	296	284	407	244
Damietta	235	300	246	282	405	199
Suez	232	262	220	316	204	262
Benha	217	276	251	357	237	355
Damanhûr	326	225	207	350	287	276
Mansûra	223	324	233	233	334	239
Shibîn el Kôm	209	258	168	171	223	222
Tanta	303	327	252	339	262	237
Zagazig	278	355	214	296	305	280
Aswân	184	175	273	201	225	185
Asyût	291	312	268	299	286	244
Beni Suef	221	299	261	266	317	245
Faiyûm	273	371	238	325	349	248
Giza	306	292	255	341	328	291
Minya	246	354	275	335	331	235
Qena	280	261	207	334	326	201
Sohâg	320	324	251	332	339	259

TABLE XVI.—STILL BIRTHS, THEIR NUMBER AND RATE PER 1,000 BIRTHS IN THE GOVERNORATES AND PROVINCES DURING 1925-1927.

Town.	1925		1926		1927	
	Number.	Rate.	Number.	Rate.	Number.	Rate.
Cairo	1,167	28.3	1,099	24.8	1,236	26.7
Alexandria	519	22.5	516	21.1	441	17.7
Ismailia	41	27.7	34	21.1	40	23.9
Port Said	111	28.8	104	26.5	143	5.7
Damietta	62	40.8	53	35.2	51	33.5
Suez	33	20.1	34	21.1	27	6.0
Sinai	2	3.8	17	28.1	5	8.4
Southern Desert	44	24.4	26	20.5	20	15.9
Western Desert	21	19.9	52	32.0	62	34.7
Red Sea District	—	—	2	17.4	5	38.5
Beheira	203	5.6	201	5.3	181	5.0
Daqahliya	714	8.3	410	8.1	429	8.4
Gharbiya	702	9.2	586	7.4	595	7.5
Minûfiya	427	8.6	398	7.6	378	7.4
Qalyûbiya	227	9.1	247	9.6	150	6.1
Sharqiya	235	5.7	252	6.0	242	5.8
Aswân	67	7.1	52	5.7	53	5.2
Asyût	210	4.1	220	4.2	216	4.1
Beni Suef	77	3.3	79	3.4	90	3.9
Faiyûm	224	8.6	210	8.0	188	7.1
Girga	159	3.8	199	4.6	194	4.4
Giza	162	5.5	121	4.1	139	4.7
Minya	149	4.1	148	3.8	134	3.5
Qena	168	4.8	86	2.5	90	2.5
TOTAL	5,424	8.9	5,131	8.2	5,109	8.1

The majority of still births are due to syphilitic infection of the parents, and if we take their rate as a measure of the spread of that disease we find that it is increasing with civilisation being more prevalent in the Governorates than in other towns, and in towns of Lower Egypt than in those of Upper Egypt. In 1927 Port Said had the highest rate among the Governorates, Suez the lowest.

In Lower Egypt, Daqahliya had the highest and Beheira the lowest rate.

In Upper Egypt, the highest rate was in Faiyûm and the lowest in Qena, the latter having the lowest rate in all Egypt.

INFECTIOUS DISEASES.

The number of cases of infectious diseases notified during 1927 has been 25,609 cases with 8,341 deaths or 326 per thousand cases.

The following table gives the number of cases and deaths from infectious diseases from 1922-1927 :—

Year.	Number of cases.	Number of deaths.
1922	18,982	5,495
1923	29,213	10,682
1924	15,691	4,796
1925	27,123	9,224
1926	35,679	12,164
1927	25,609	8,341

It might appear at first sight that the number of infectious diseases is increasing despite the great efforts exercised by this Department in preventive work. The fact is however that those figures serve more to indicate that notification is becoming more and more accurate. This is shown clearly in Table XVII where in 1903 the number of notified cases of typhoid was 187 while the total deaths amounted to 570, while if we take 1:5 as the case-mortality rate in typhoid (which is nearly true) the number of cases should have been at least 2,850.

Again we mention with great credit to this Department the absence of cholera from the country for a very long period, although Egypt lives constantly on the edge of a volcano as regards cholera, situated as she is on the main trade routes and being adjacent to many countries where cholera is often rife.

The number of cases of relapsing fever reached the enormous number of 13,926 in 1918, but has almost disappeared in recent years (Table XVII); the same condition applies to several other diseases.

CASE MORTALITY IN INFECTIOUS DISEASES.

Table XVIII gives the number of cases and deaths of the notifiable infectious diseases and their case mortality. Of the more common diseases, measles appears to be very fatal having a case mortality of over 40 per cent being second only to cerebrospinal meningitis and plague but it is even more dangerous than both owing to the occurrence of an enormous number of cases. This condition of affairs is rather serious and many deaths are due to the common belief of the mothers that it is one of the diseases which the child is bound to contract some time or other; other causes of high mortality are the ignorance of the mother as to the fatal sequelae of measles and carelessness in seeking medical advice. It must be added that it is very difficult to check the spread of the disease and this difficulty arises from the fact that the disease is highly infectious in the earliest days before a diagnosis can be made. In these circumstances, isolation by the State Authority is useless.

DEATHS FROM INFECTIOUS DISEASES AT THE DIFFERENT AGE PERIODS.

Table XIX gives the number of deaths from notifiable infectious diseases at different age periods.

Measles causes most deaths before the 4th year of life included in this category, also diphtheria and whooping cough.

The death-rate from small-pox is highest between the age periods 0-4 and 20-40. The high death-rate in the former period is due to the neglect of vaccination of the newly born, in the latter to neglect of re-vaccination as it has been shown that the immunity conferred by vaccination lasts approximately 8 years.

Typhus, typhoid and plague cause the highest mortality in middle age.

DEATHS OF INFECTIOUS DISEASES BY MONTHS.

Graphs (g), (h), and (i) show the number of deaths per month of the more common infectious diseases during 1926 and 1927.

NUMBER OF CASES AND DEATHS FROM THE NOTIFIABLE INFECTIOUS DISEASES SINCE 1903.

Year.	Typhus.		Plague.		Cholera.		Small-pox.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1903...	706	519	203	160	7	3	2,357	565
1904...	1,603	1,085	854	501	—	—	4,336	1,093
1905...	2,478	1,111	266	181	—	—	4,186	851
1906...	1,668	938	631	475	—	—	1,965	409
1907...	1,063	836	1,253	911	—	—	2,130	572
1908...	2,926	1,153	1,511	780	—	—	2,578	625
1909...	3,782	1,608	513	207	—	—	4,046	1,023
1910...	2,908	1,210	1,238	615	—	—	3,117	648
1911...	5,151	1,702	1,656	1,041	2	2	2,824	727
1912...	5,382	1,658	884	441	—	—	1,985	456
1913...	4,936	1,438	654	304	—	—	2,934	706
1914...	9,508	2,533	219	111	—	—	7,097	1,564
1915...	17,096	4,216	235	120	—	—	5,222	1,262
1916...	30,507	7,095	1,702	828	1	1	2,972	802
1917...	18,569	4,174	732	399	4	2	1,567	409
1918...	25,246	7,354	357	153	15	5	1,241	347
1919...	16,986	5,573	877	473	—	—	7,928	1,938
1920...	13,253	3,510	763	269	1	—	3,021	805
1921...	4,487	1,271	358	153	—	—	93	24
1922...	2,489	723	487	228	—	—	309	90
1923...	1,935	603	1,519	725	—	—	518	145
1924...	1,683	588	373	193	—	—	799	221
1925...	1,314	290	138	77	—	—	762	158
1926...	966	201	154	73	—	—	2,676	542
1927...	794	189	78	25	—	—	240	34

TABLE XVII.

Year.	Relapsing fever.		Diphtheria.		Measles.		Typhoid.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1903...	413	181	685	484	3,037	2,337	187	570
1904...	201	76	906	5,585	6,501	5,259	433	492
1905...	122	49	1,459	898	3,158	1,719	294	317
1906...	96	25	1,383	838	3,035	2,882	340	294
1907...	342	13	1,428	838	5,967	5,456	521	417
1908...	662	18	487	775	2,262	1,635	438	443
1909...	227	24	943	489	4,258	3,957	689	643
1910...	149	127	667	165	7,435	4,936	702	484
1911...	545	55	1,144	1,254	8,380	5,160	729	490
1912...	220	9	1,599	1,337	4,678	2,778	892	470
1913...	432	45	1,853	1,396	6,125	3,119	1,092	407
1914...	211	28	2,440	1,319	5,158	2,270	2,042	578
1915...	761	72	2,153	1,004	4,394	1,754	6,540	2,992
1916...	10,494	862	1,889	747	7,746	3,614	3,442	1,092
1917...	11,162	1,043	1,535	627	7,416	3,643	2,549	556
1918...	13,926	1,697	1,350	453	3,654	1,741	3,118	935
1919...	3,221	591	977	347	3,514	1,642	2,707	587
1920...	2,898	429	810	316	9,244	3,753	1,799	426
1921...	1,208	197	873	336	3,048	1,254	1,380	346
1922...	172	35	959	422	5,607	2,583	1,689	437
1923...	39	6	1,137	464	17,871	7,673	1,765	466
1924...	5	6	1,545	689	3,606	1,750	1,794	462
1925...	3	6	1,784	734	12,970	6,084	1,978	570
1926...	—	—	1,554	618	21,860	9,152	2,268	538
1927...	2	1	2,453	1,057	3,995	1,696	2,362	573

TABLE XVIII.—NUMBER OF CASES AND DEATHS FROM INFECTIOUS DISEASES
AND THE RATIO OF DEATHS TO CASES.

Diseases.	1922			1923			1924		
	Cases.	Deaths.	Rate.	Cases.	Deaths.	Rate.	Cases.	Deaths.	Rate.
			per cent.			per cent.			per cent.
Cerebro-Spinal Meningitis	41	25	61	44	37	84	18	13	72
Chicken pox	337	—	—	522	13	2	416	10	2
Diphtheria	959	422	44	1137	464	41	1,545	689	45
Measels	5,607	2,583	46	17,871	7,673	43	3,606	1,750	49
Plague	487	228	47	1,519	725	48	373	193	52
Relapsing Fever	172	35	20	39	6	15	5	—	—
Scarlet Fever	134	3	2	107	5	5	164	8	5
Small-pox	309	90	29	519	145	28	799	221	28
Typhoid Fever	1,689	437	26	1,765	466	26	1,794	462	26
Typhus	2,489	723	29	1,935	603	31	1,683	588	35

Diseases.	1925			1926			1927		
	Cases.	Deaths.	Rate.	Cases.	Deaths.	Rate.	Cases.	Deaths.	Rate.
			per cent.			per cent.			per cent.
Cerebro-Spinal Meningitis	32	22	69	25	18	72	29	18	62
Chicken pox	885	14	2	574	15	3	787	12	2
Diphtheria	1,784	734	41	1,554	618	40	2,453	1,057	43
Measles	12,970	6,084	47	21,860	9,152	42	3,995	1,696	42
Plague	138	77	56	154	73	47	78	35	45
Relapsing Fever	3	—	—	—	—	—	2	1	50
Scarlet Fever	117	16	14	87	6	7	72	3	4
Small Pox	762	158	21	2,676	542	20	240	34	14
Typhoid Fever	1,978	570	29	2,268	538	24	2,362	573	24
Typhus	1,314	290	22	966	201	21	794	189	24

TABLE XIX.—DEATHS FROM INFECTIOUS DISEASES AT DIFFERENT AGE PERIODS
DURING 1926-1927.

Age period.	Measles.		Diphtheria.		Whooping cough.		Small-pox.	
	1926	1927	1926	1927	1926	1927	1926	1927
0- 1	801	176	42	66	38	37	29	1
1- 4	3,202	362	366	580	51	62	24	1
5- 9	192	29	110	253	6	8	15	3
10-19	8	0	12	29	0	0	18	2
20-39	4	1	3	5	0	0	50	6
40-59	0	0	0	4	1	0	5	0
60-	0	0	0	0	0	0	0	1

Age period.	Typhoid.		Influenza.		Typhus.		Plague.	
	1926	1927	1926	1927	1926	1927	1926	1927
0- 1	4	4	12	31	0	0	0	0
1- 4	91	60	46	64	3	2	0	0
5- 9	62	60	16	27	2	2	2	0
10-19	120	108	17	24	11	17	8	9
20-39	164	213	40	79	42	34	9	6
40-59	45	71	33	58	16	17	7	4
60-	31	21	17	34	3	10	4	3

MONTHLY TOTAL OF DEATHS CAUSED BY INFECTIOUS DISEASES DURING 1926-1927.

Disease.	January.		February.		March.		April.		May.		June.		July.		August.		September.		October.		November.		December.	
	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927
Typhoid	23	28	19	11	32	21	43	23	43	38	59	43	68	102	66	109	54	61	38	45	28	27	28	
Influenza	31	47	24	62	19	19	16	17	15	23	9	18	7	18	9	14	4	18	9	23	17	37	21	21
Typhus	3	5	16	2	12	9	10	9	7	17	8	7	8	9	6	1	3	3	1	5	2	7	1	8
Plague	—	—	1	1	3	1	3	5	8	3	9	4	3	1	—	—	—	—	1	—	2	6	—	1
Measles	413	9	356	11	472	32	589	58	893	132	773	117	456	88	142	38	67	19	27	25	14	23	5	16
Diphtheria	58	28	24	32	20	26	31	19	30	30	35	37	29	63	48	87	65	109	68	195	66	180	59	131
Whooping Cough	5	3	7	6	10	3	25	12	11	15	11	16	5	23	7	6	1	8	1	8	4	1	7	9
Small-pox	13	—	12	2	21	1	23	1	26	4	17	3	10	1	12	1	—	—	—	—	2	—	3	1

Table XVIII - Number of Cases and Deaths from Typhoid Fever in the City of New York, 1900-1910

Year	Number of Cases	Number of Deaths
1900	1,000	100
1901	1,200	120
1902	1,100	110
1903	1,300	130
1904	1,400	140
1905	1,500	150
1906	1,600	160
1907	1,700	170
1908	1,800	180
1909	1,900	190
1910	2,000	200

Table XIX - The Mortality Rate from Typhoid Fever in the City of New York, 1900-1910

Year	Mortality Rate
1900	10%
1901	10%
1902	10%
1903	10%
1904	10%
1905	10%
1906	10%
1907	10%
1908	10%
1909	10%
1910	10%

وفيات التيفويد والأنفلونزا والطاعون والتيفوس في المدن الكبرى في سنة ١٩٢٧

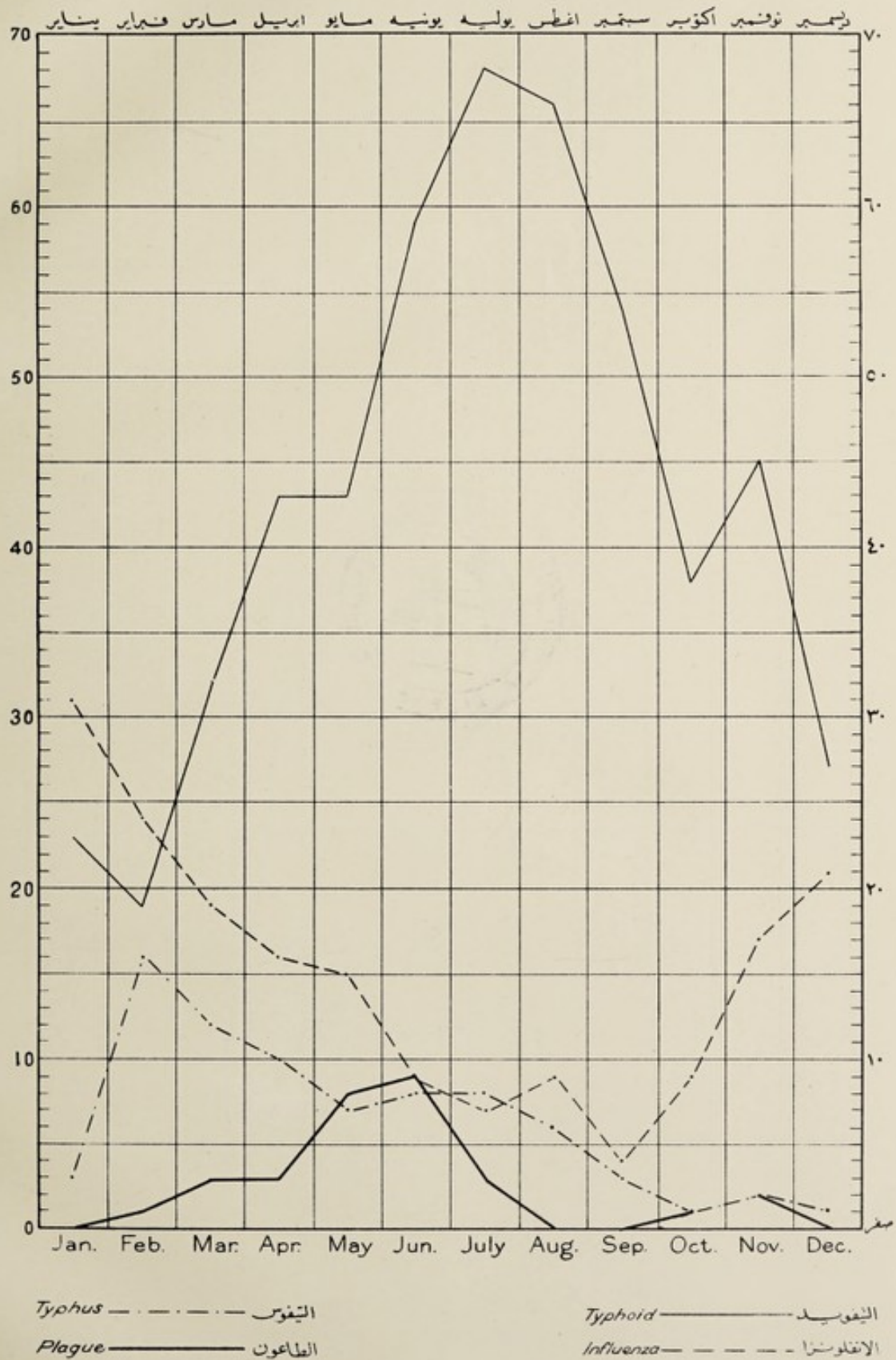
Deaths from Typhoid, Influenza, Plague & Typhus
in Principal Towns during months of 1927

Typhus - - - - - التيفوس

Typhoid - - - - - التيفويد



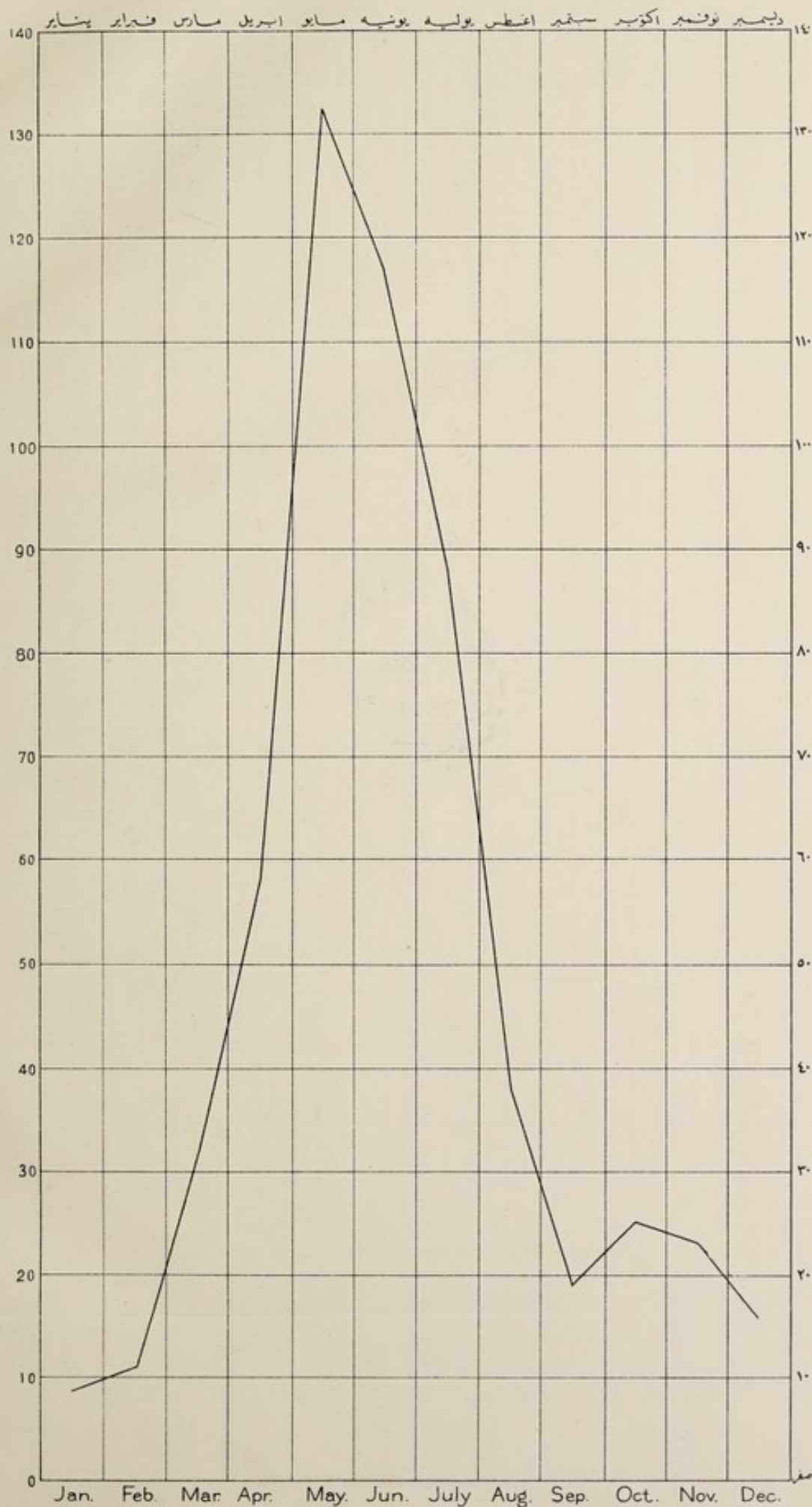
وفيات التيفويد والانفلونزا والطاعون والتيفوس في المدن الكبرى في سنة ١٩٢٦
Deaths from Typhoid, Influenza, Plague & Typhus
in Principal Towns during months of 1926.





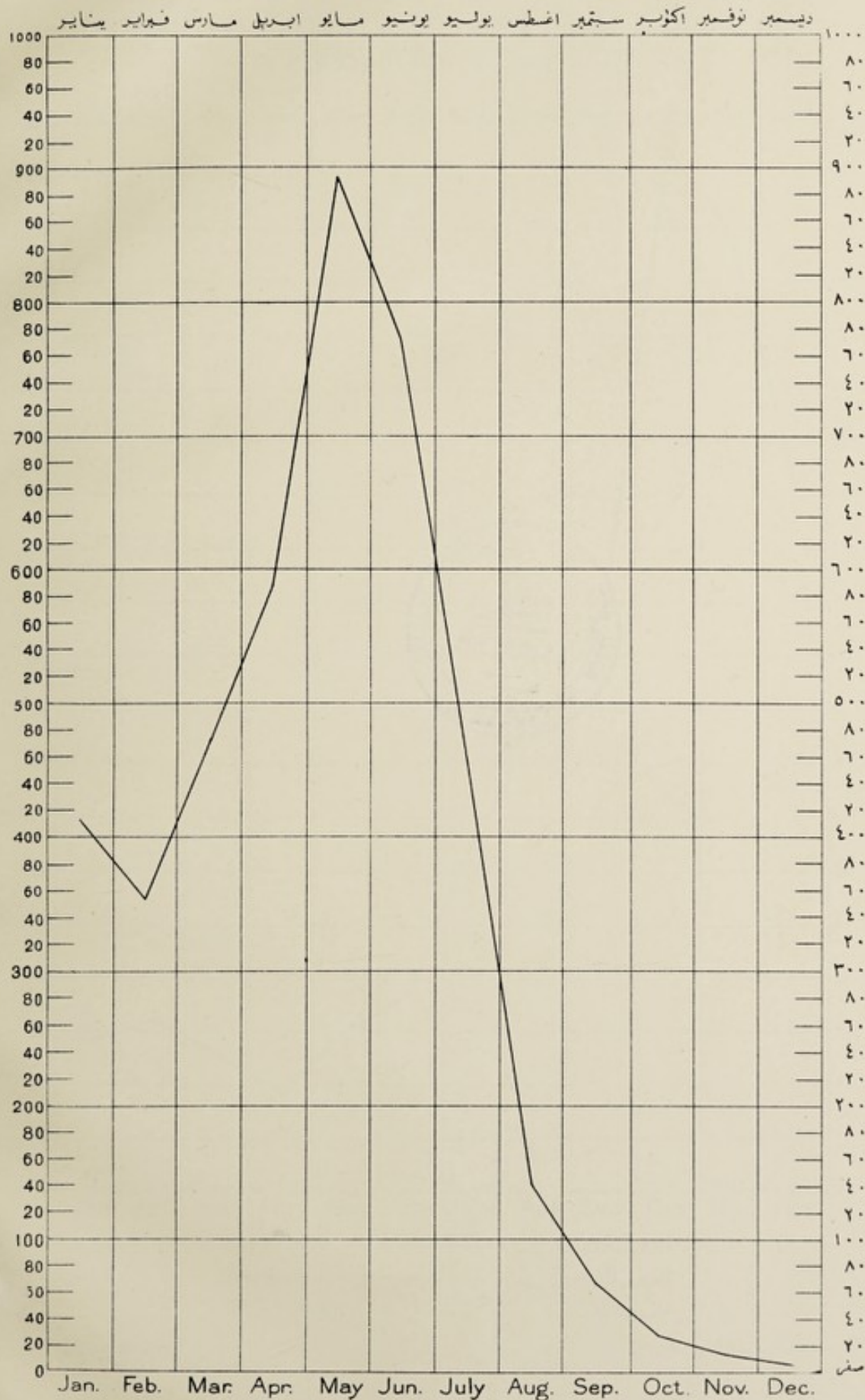
وفيات الحصبة في المدن الكبرى في سنة ١٩٢٧

Deaths from Measles in Principal Towns during 1927.





وفيات الحصبة في المدن الكبرى في سنة ١٩٢٦
Deaths from Measles in Principal Towns during 1926.

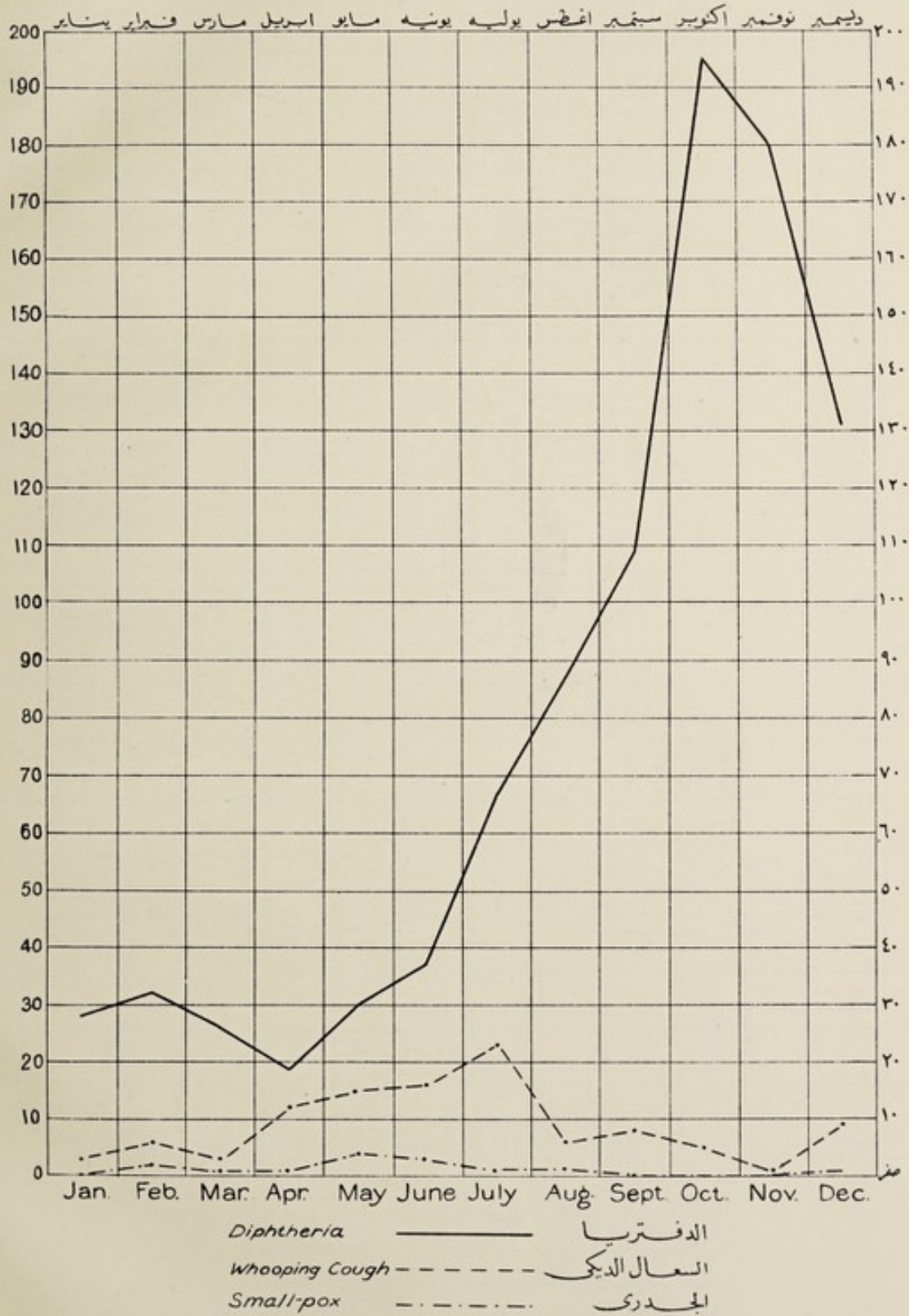




Graph I

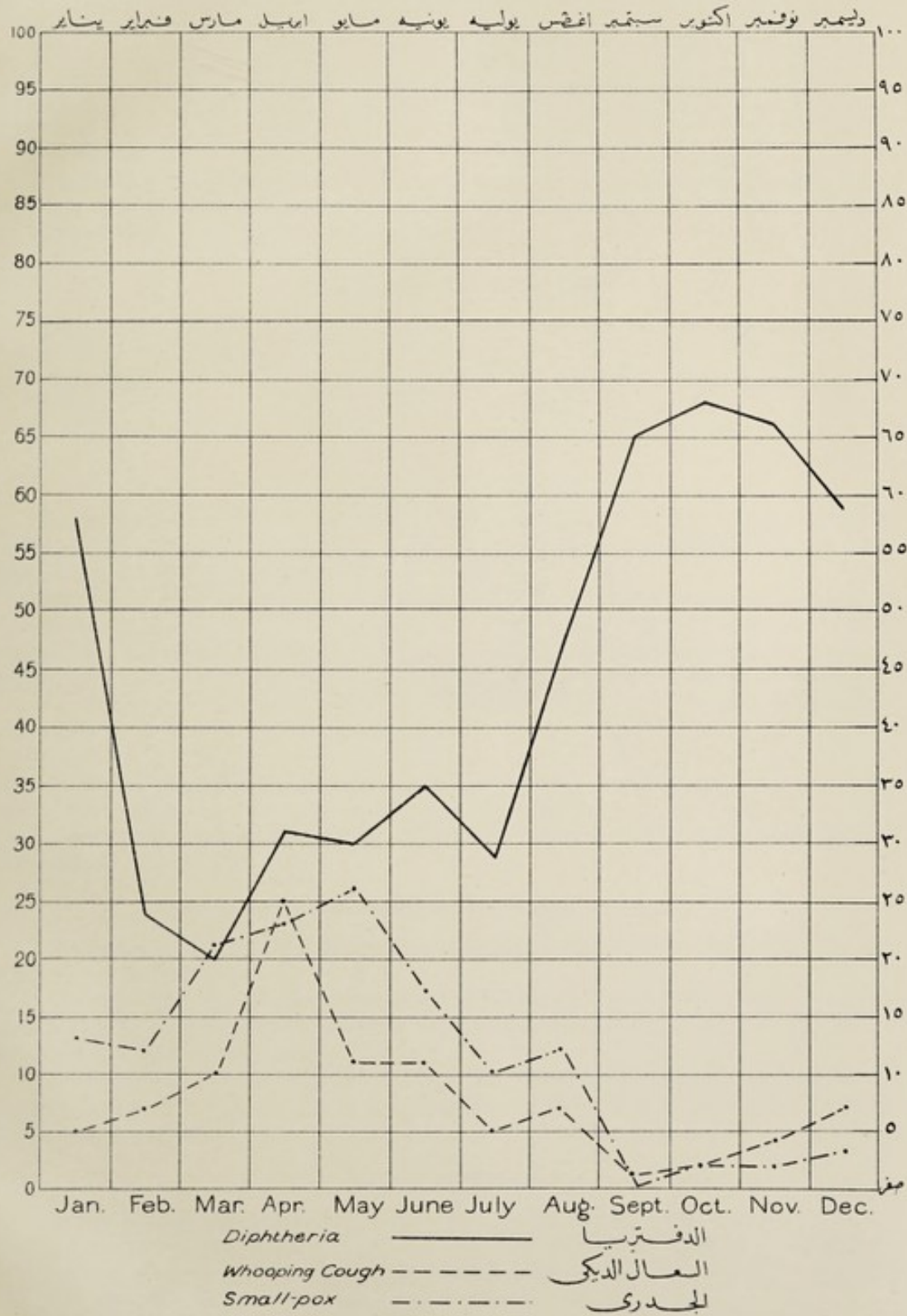
الرسم ط

وفيات الدفتريا والسعال الديكي والجدري في المدن الكبرى في سنة ١٩٢٧
Deaths From Diphtheria, Whooping Cough & Small-pox
in Principal Towns During 1927.





وفيات الدفتريا والسعال الديكي والجدرى في المدن الكبرى في سنة ١٩٢٦
Deaths From Diphtheria, Whooping Cough & Small-pox
in Principal Towns During 1926.





WATER.

The Section carried out the supervision of drinking water supplies all over Egypt. The results of analyses of water samples taken from General Water Supplies were very satisfactory.

ERECTION OF WATER INSTALLATIONS.

The Municipalities Section, Ministry of the Interior, has prepared schemes for the erection of water Installations at the following localities :—

Samannūd	Gharbiya Province.	Sohâg	Girga Province.
Tala	Minûfiya "	El Maragha	" "
Kafr el Dauwâr	Beheira "	Farshût	Qena "
Qalyûb	Qalyûbia "	Nag' Hammâdi... ..	" "
Samâlût	Minya "	Naqâda	" "
Dairût	Asyût "	Qena	" "
Deir Mawâs	" "		

The Section has participated in this work in so far as the selection of sanitary sites on which these installations would be erected, were concerned, with a view to ensuring the safeguarding of the intakes from pollution.

PROTECTION OF WATER INTAKES.

During 1927, Arrêtés were issued and published in the *Journal Officiel* preventing the population of drinking water at the following localities :—

1. Abu Tig	Asyût Province.	4. Beni Suef	Beni Suef Province.
2. Mallawi	" "	5. Fashn	Minya "
3. El Mahalla el Kubra	Gharbiya "	6. Tahta	Girga "

CAIRO WATER INTAKE.

The present Cairo Water Intake situated on the Nile at Rôd el Farag requires the exercise of great care, as the water is permanently exposed to pollution, for the intake being situated downstream to Cairo.

The Department has therefore requested the Cairo Water Company to select a site for a another intake upstream to the City. The Water Company refused to accede to the request of the Department, as, according to the terms of the Convention, the Company is not compelled to execute such a work. The proposal is still under consideration.

As the question of selecting another intake for the Cairo Water Supply, requires a considerable time to put into force, the Department thought it advisable, in order to ensure the safeguarding of the drinking water of Cairo, that the Cairo Governorate and Giza Mudiria would issue Arrêtés prohibiting the mooring of *Dahabias* and floating houses on the Nile within the precincts of Cairo, and at the same time removing them to another place, some distance from the intake. These two Arrêtés were issued and published in the *Journal Officiel*.

CHLORINATION OF WATER.

The question of improving the quality of drinking water by chlorination is still under study by this Section.

At the same time, the Municipalities Section, Ministry of the Interior, was approached with a view to taking energetic measures for chlorinating all filtered water in the country by means of special apparatus.

The Department records with pleasure that the Municipalities Section is putting this suggestion into force in so far as the financial position of each Local Commission or Municipality permits.

FREE WATER TAPS.

As the Department is anxious to see the poorer classes using suitable water for drinking purposes, the Municipalities and Local Commissions which have water installations, were frequently requested to instal free water taps at their own expense, in the poor quarters for the use of the above-mentioned classes.

In Cairo, the Department of Public Health instals, at its own expense, free water taps. In addition to the already existing taps of this description which have previously been installed a free water tap has been installed, this year, at Khareetet Moubarek, Old Cairo Quarter.

MAIN SEWER AND DISPOSAL OF SEWAGE.

No Main Sewers have been constructed during 1927, although the Main Drainage Projects of Damanhûr, and Kafr el Zaiyât are being carried out. The Municipalities Section was approached with a view to considering the construction of Main Drainage systems at Benha, Zagazig, Minya and Asyût, as soon as the financial conditions of these Municipalities and Local Commissions permit.

SEWAGE DEPOTOIRS.

The Department has investigated questions concerning the selection of sites, far removed from habitations, water courses and slaughterhouses, for their use as Sewage Depotoirs, at each of the undermentioned localities :—

- | | | |
|--------------------|------------------|-----------------|
| 1. Damietta. | 7. Simbillâwein. | 13. Abu Kebir. |
| 2. Zifta. | 8. Fâriskûr. | 14. Qalyûb. |
| 3. Ashmûn. | 9. Beni Mazâr. | 15. Dikrnis. |
| 4. Tala. | 10. Aswân. | 16. Kôm Hamâda. |
| 5. Tûkh. | 11. Osiem. | 17. Sanabou. |
| 6. Minyet El Qamh. | 12. Abnûb. | |

No final decision has been taken as regards the selection of the above-mentioned sites.

CLEANLINESS OF STREETS.

The Department has prepared a scheme for the erection of destructors, in which Cairo street refuse would be burnt. It was considered advisable to allot L.E. 150,000 for the erection of 5 Destructors on sites, suitable for the purpose, in Cairo City. This question is still under study by the Ministry of Public Works and the Tanzim Department.

In the case of smaller towns, the Department has prepared a design for small incinerators for burning street refuse. The Municipalities Section was requested to put this suggestion into force as soon as possible for safeguarding public health.

CONSTRUCTION OF BUILDINGS ON SANITARY PRINCIPLES.

It is considered in the interests of Public Health, that the erection of buildings should follow to hygienic principles in so far as ventilation, light and water installations are concerned, the Department has considered therefore the framing of a law to include all these requirements.

A committee, for this purpose, has consequently been formed to consider this question. It is composed of delegates from the various Ministries and Departments interested in this subject. The Committee has not yet completed the draft law in question.

In addition, the State Domains Department has been requested that, when proposing to sell plots of lands for building purposes, it should stipulate in the deed of sale, the sanitary conditions which have been formerly notified to it, so that the erection of buildings will be in conformity with hygienic principles.

IMPROVING INSANITARY BUILDINGS.

As there are in Cairo, buildings, by no means few in number, which are not only insanitary but also suitable centres for the spread of disease, the Section deemed it advisable to constitute a Committee to consider the demolition of insanitary buildings. Experience has revealed the fact that microbes of infectious disease flourish in dirty places, unprovided with sufficient light and ventilation, as also rats and flies.

The Committee frequently holds meetings for studying this question which is still under consideration.

FOOD STUFFS.

All Units of the Department, have shown considerable energy in taking samples from different kinds of food stuffs exposed for sale and sending them to the Public Health Laboratories for analysis in order to discover whether they are fit for human consumption or not.

All food stuffs, which analysis proved unsuitable for human consumption, were condemned, the Department being immediately notified.

It is proposed to draft a food law to control the preparation and sale of food.

MOSQUES.

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 system of private mosques throughout the country:—

PRIVATE MOSQUES DEALT WITH IN 1927.

	Cairo.	Provinces.	Total.
Ablution systems of old private mosques requiring repair	—	—	—
Number opened for use after repair	1	133	134
Number closed for want of repair	11	296	307
Number under repair	19	130	149
Plans of new private mosques approved during 1927	1	13	14

Mosques belonging to Wakfs Ministry.

A sum of L.E. 2,500 has been provided in the 1927-1928 Budget for the sanitaiton of Mosques belonging to the Wakfs Ministry. This sum represents the Government's share of the cost of the sanitary installation for these mosques, some of which have already been complete and while some are still under construction.

The following is a statement showing the work done in connection with these mosques up to the end of 1927:—

MINISTRY OF WAKFS MOSQUES DEALT WITH DURING 1927.

Plans and estimation of sanitary installation approved (work still in progress)	64
Sanitary work under completion in ablution Systems	5
Ablution systems of Mosques closed for want of repair	10
Sanitary work completed in Ablution systems	15

BIRKAS.

As experience has shown that the administrative proceedings, laid down in Law No. 5 of 1914 dealing with the filling in and draining of private *Birkas*, which law had been re-issued in 1916, in order to apply it to foreigners, take a long time for execution, a draft law covering all requirements, has been prepared by a Committee representing the different Ministries and Departments interested in the subject. The Draft law is now in its final stages.

The number of private *Birkas* inspected during 1927 and found to constitute a danger to public health amounted to 355 covering an area of 318 feddâns.

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*.

32 private *Birkas* have been filled in during 1927.

The following table shows the number and area of Government *Birkas* filled in during 1927 at the request of the Public Health Administration, same having been found to constitute a danger to public health.

LIST OF GOVERNMENT "BIRKAS" FILLED IN DURING 1927,

Mudirias.	Number of Birkas filled in.	Total area.		
		Feddân.	Qirât.	Sahm.
Gharbiya	9	1	7	7
Sharqiya	4	—	15	3
Daqahliya	3	1	22	—
Qalyûbiya	1	—	1	4
Giza	6	2	19	12
Faiyûm	2	13	2	21
Minya	1	—	6	18
Asyût	11	3	14	17
Girga	1	—	2	—
Qena	2	—	15	10
TOTAL	40	24	10	20

TABLE I.—WORK DONE IN CONNECTION WITH CEMETERIES DURING 1927.

Provinces and Governorates.	New Cemeteries.				Old Cemeteries.					
	Establishment.	Enlargement.	Roads for cemeteries.	Cases under consideration.	Surrounded by pillar.	Authorised.	Portion condemned.	Condemned.	Already disinfected.	Under disinfection.
Gharbiya	9	—	8	72	18	1	—	—	—	47
Beheira	2	—	1	61	3	—	—	—	—	8
Minûfiya	—	1	—	53	3	1	—	2	—	21
Sharqiya	—	—	—	86	—	—	—	—	—	31
Daqahliya	3	—	3	55	6	—	—	—	—	27
Qalyûbiya	4	—	1	28	5	—	—	—	3	26
Giza	—	—	—	21	—	—	—	—	—	6
Beni Suef	—	1	—	24	1	—	—	—	—	5
Faiyûm	1	—	1	32	2	—	—	—	—	4
Minya	—	—	—	37	—	—	—	—	—	21
Asyût	—	—	—	50	—	—	—	—	—	19
Girga	1	—	1	66	5	3	—	—	—	1
Qena	—	—	—	24	1	1	—	—	—	3
Aswân	—	—	—	21	—	—	—	—	—	4
Cairo Governorate ...	—	1	—	9	1	—	—	—	—	2
Suez	—	—	—	1	—	—	—	—	—	—
Damietta „ ...	—	—	—	—	—	—	—	—	—	—
Port Said „ ...	—	—	—	—	—	—	—	—	—	1
Alexandria „ ...	—	—	—	—	—	—	—	—	—	2
TOTAL	20	3	15	640	45	6	—	2	3	228

The Department of Public Health, however, has taken upon itself, from a health point of view, to get rid as much as possible of all old condemned cemeteries in the country. Correspondence took place between P.H.D. and Survey Department in this connection and it appears that the condemned cemeteries referred to come nearly to 5,000 in number and the Department of Public Health has therefore taken the necessary precautions leading to its disinfection.

TABLE II.—LEGAL ACTIONS BROUGHT BY THE CONTENTIEUX AGAINST ENCROACHERS ON CEMETERY LAND DURING 1927.

Provinces and Governorates.	Judgement in Government's favour.	Judgement against Government.	Encroachment adjusted or not proved.	Cases under consideration.	Cases administratively settled.
Gharbiya	1	—	8	124	15
Beheira	7	—	2	81	10
Minûfiya	2	—	—	73	5
Sharqiya	2	1	1	112	11
Daqahliya	—	—	2	51	3
Qalyûbiya	2	—	—	28	3
Giza	—	—	3	21	3
Beni Suef	6	—	1	14	1
Faiyûm	3	—	—	41	1
Minya	1	1	3	20	—
Asyût	1	—	2	20	9
Girga	2	—	1	49	11
Qena	3	—	1	13	3
Aswân	—	—	3	12	1
Cairo Governorate	—	—	—	8	—
Suez	—	—	—	—	—
Damietta	—	—	—	4	—
Port Said	—	—	—	—	—
	30	2	27	671	76

TABLE III.—THE FOLLOWING TABLE SHOWS THE SPECIAL AUTHORIZATIONS GIVEN BY THE D.P.H. DURING 1927 FOR BURIAL IN PRIVATE TOMBS NOT SITUATED WITHIN CEMETERIES.

Provinces and Governorates.	Number of authorized Tombs.	Cases under consideration.
Gharbiya	2	3
Beheira	—	1
Sharqiya	1	3
Daqahliya	—	2
Minûfiya	2	1
Qalyûbiya	—	1
Giza	—	—
Beni Suef	—	1
Faiyûm	—	1
Minya	1	3
Asyût	—	1
Girga	—	—
Qena	—	—
Aswân	—	—
Cairo Governorate ...	—	2
TOTAL	6	19

ETABLISSEMENTS INSALUBRES.

The number of applications for licences for the établissements insalubres falling under Class I dealt with during 1927 was 984 as compared with 877 in 1926, 749 in 1925 and 735 in 1924.

Statistical table showing in detail the types of first class établissements proposed for licences and dealt with in 1927 is following.

A general statistical table comes out showing the number of all types, licenced under the Health Division of the Schedule of établissements insalubres and existing in the whole of Egypt up to December 31, 1927.

It will be seen from these tables that the number of first class établissements is 5,215, and of second class établissements 55,619 and of third class établissements 8,850; the total number of all kinds of the above classes is 69,684.

A comparative statistical table showing the number of the establishments licensed during the five years period of 1923 to 1927 inclusive is given below:—

Year.	1st Class Ests.	2nd Class Ests.	3rd Class Ests.	Total.
1923	4,435	43,941	7,550	55,926
1924	4,839	48,944	8,464	62,247
1925	4,834	50,751	8,511	64,096
1926	4,824	54,780	8,731	68,335
1927	5,215	55,619	8,850	69,684

THE ANNUAL INSPECTION.

As it has been found necessary to inspect the unhealthy, ill adapted, and dangerous establishments at regular periods in order to ensure that they fulfil the necessary conditions from the public health and public security points of view and as this work entails increase of expenditure on the part of the Government for the increase of officials, travelling expenses etc.; the Government enacted Law No. 23 of May 25, 1922 imposing the collection of annual inspection fees from the owners of these establishments. These fees vary in amount in proportion to the power of the mechanical motor, the rent or the number of the workmen employed in the establishment according to the nature of the trade, they were introduced in order to meet the expenditure required to enable the carrying out of regular inspection.

The Department gave adequate instructions to all units to ensure that all establishments in all parts of the country, are inspected at least once a year.

For this purpose the Department circulated a printed form to be filled in monthly by the Medical Officer concerned, the form must show the number of establishments inspected during the month and the number of those which have not been inspected within his circumscription; also whether the inspection was carried out by him personally or by the Sanitary overseer attached to the Health Inspectorate of the Province; the Department is thus able to control the work and is kept aware as to what extent it is run and to ensure the alertness of its officials so that every establishment will be systematically inspected.

In addition, the Department issued directions to all inspectors and medical officers as to the procedure they should adopt in order to get the conditions uncomplied with in such establishments carried out whether by unofficial, administrative or legal means.

This system has given satisfactory results as shown by the continued improvement of the establishments from a sanitary point of view.

THE MINISTERIAL ARRÊTÉS.

Many of the establishments carried on by licences issued several years ago, as well as those in existence at an earlier date in virtue of declaration receipts (Ikhtârs) are found in an unsatisfactory condition compared with establishments of the same kind recently licensed. Under the circumstances all efforts must be made to improve the sanitary condition of these old establishments.

For this purpose the Central Administration and its units adopt diplomatic means at first. If the owners of these establishments are willing to carry out the conditions recommended; the matter is then settled, otherwise the Department takes steps for the issue of Ministerial Arrêtés imposing the conditions required.

The number of Ministerial Arrêtés issued in 1927 imposing additional conditions on old licensed establishments for the improvement of their condition was 331 compared with 285 in the preceding year.

A statistical table showing details of these Arrêtés is inserted on page 65.

When issuing these Arrêtés, the Department takes into consideration several points; viz. the condition of the establishment, the nature of the trade and the degree of danger to Public Health arising from them as well as the economical condition of their owners; always bearing in mind that practicable measures only are to be recommended.

The Department has made certain modifications in the schedule of the établissements insalubres. These modifications were necessitated by the change of circumstances and economical conditions and the desire for improving existing conditions.

The creation of new industries prompted the Department to add certain of these to the schedule of the établissements insalubres. Thus, the bootmaking establishments are placed under special restrictions, blue and chalk factories and other industries have been added as shown on the attached list in virtue of Ministerial Arrêtés.

Again the progress and growth of certain industries included in the list necessitated their transfer from the class dealt with by the Mudiria P.H.Is., to the class dealt with by the Central Administration and also led to the change of nomination of some of them in a sense to apply generally to different kinds springing out of the original industry as shown on the attached list referred to above.

Likewise, the increase of population as well as the establishment of many trades in certain villages which were not subject to the regulations of the établissements insalubres as regards the establishments under Category (b) necessitated the issue of Ministerial Arrêtés adding many villages to the list of the localities subject to the regulations as regards the establishments under the said Category.

SLAUGHTERING SITES.

The Department was not satisfied with the organisation contained in the Regulations for slaughterhouses and butcheries issued in 1893 with regard to the locating of slaughtering sites for the slaughter of cattle in the localities which have no slaughterhouses as these sites cannot fulfil the sanitary conditions required and the butchers cannot be effectively controlled.

Therefore, a Committee was formed to modify these regulations so as to adapt them to present conditions and to include specially the limitation of zones for the abattoirs including all the localities existing within a radius of 3 kilometres from the abattoir and to authorise the Health Service to get Ministerial Arrêtés issued adding any of these localities to the circumscription of the Abattoir.

The Committee has concluded its work and the Department hopes that the modified regulations will be prepared very soon in a final form approved by the Administrative authorities concerned in order to be issued.

The Department selected in 1927, 13 slaughtering sites in the villages indicated in the attached list.

It has also approved six sites for slaughterhouses to be erected and managed by local commissions of the localities concerned as shown on the preceding list.

SCHOOL FOR SANITARY "MOAWINS."

The development of the country led the Department to take new measures for the promotion of sanitation generally. It felt the need of the provision of a certain class of official possessing a thorough knowledge of general sanitation so that he might safely be entrusted with control over the enforcement of certain sanitary regulations and to assist the Medical Officers in carrying out certain duties concerning public health which overburdened the medical officers and which in reality do not require the technical experience of a medical man.

It has been the practice up to the present to have these posts filled by young men in possession of the Secondary Education Certificate Part II, or an equivalent certificate, and trained in the work connected with general sanitation for a year. They were, moreover, encouraged in various ways to complete their course of study in foreign countries. The success of these officials in the performance of the work entrusted to them in connection with the établissements insalubres was quite apparent.

The Department, however, entertained the idea of getting more men of this class called *Moawin Sihi* to be employed in all parts of the country and to be entrusted also with other duties concerning Public Health. It has, therefore, been considered that the best and the most economical means for the purpose is to establish a school in Cairo with the name of School for Sanitary Overseers to train this class scientifically and practically for the responsible work that will be entrusted to them.

INDUSTRIAL ZONES.

The Department noticed that very often licenses were given to certain établissements insalubres (large factories and obnoxious trades) in places where habitations were erected shortly afterwards; they then became a source of nuisance and danger to Public Health and numerous complaints arose.

To obviate this state of things and seeing the progress which the country attained during the last few years necessitating an advance in the sanitary arrangements actually existing, the Department recommended the provision of industrial zones to be appropriated for the factories and the habitations of workmen in all Governorates (other than Alexandria) and the Mudiria and Markaz Chief Towns, making of this the first step for town planning and house law.

Local Committees were formed for the selection of these zones; the former actually selected the sites for same in several localities and most of them were approved after examination by this Department; it is expected that in the near future the sites for all other localities will be examined.

When all zones have been selected the Administrative authority (Ministry of the Interior) will prepare the necessary law for the enforcement of this project.

LEGISLATION FOR WORKMEN.

Up to the present, Egyptian legislation has no provisions for the organisation of the work and the protection of workmen.

It was no easy matter for the Government to overlook the security of the health and interests of workmen who form a considerable part of the population, subject to disadvantages arising from competition for production.

Therefore, the Council of Ministers in the meeting held on July 2, 1927 approved the formation of a Committee at which the Public Health Department was represented to investigate the question of organisation for the work and the workmen in Egypt and to submit proposals upon which to base the regulations adequate for the protection of the health and general interests of the workmen.

The Committee examined the question in very great deal. It investigated the subject from all points of view consulting the legislation of different foreign powers and the treaties contracted between them and the principles decided by the work Committee of the league of nations which must be adopted by all civilised countries of the world. This Department explained to the Committee the efforts it has made in this respect and made its proposals to the Committee.

The Committee approved the fundamental principles outlined in the Department's proposals.

The Committee is still proceeding with its investigations, and it is hoped that its work will be completed next year; the question being so serious and requiring careful consideration.

LIST OF THE MINISTERIAL ARRÊTÉS ISSUED REGARDING THE ÉTABLISSEMENTS INSALUBRES IN 1927.

Addition of Certain Trades to the Schedule of the Etablissements Insalubres.

(1) A Ministerial Arrêté issued on February 21, 1927 adding the establishments for making boots and shoes employing more than 10 workmen to Class II, Category "A" of the schedule of the établissements insalubres.

(2) A Ministerial Arrêtés issued on September 4, 1927 adding the blue and chalk factories to Class II, Category "A" of the said schedule.

(3) A Ministerial Arrêté issued on September 5, 1927 adding the rennet preparing factories to Class I, Category "A" of the said schedule.

(4) A Ministerial Arrêté issued on October 1, 1927 adding all industrial establishments not included in the schedule of the unhealthy, inconvenient and dangerous establishments employing more than 10 workmen to class II, Category "A" of the said schedule

(5) A Ministerial Arrêté issued on December 1, 1927 adding the establishments for cleaning canvas to Class II, Category "A" of the said schedule.

Modification in the Nomination of Certain Kinds of Etablissements Insalubres.

(6) A Ministerial Arrêté dated August 18, 1927 substituting the title of "Beer Bottling Establishments" which is included in Class I, Category "A" of the said Schedule by the title "Establishments for bottling beer and other spirituous liquors".

(7) A Ministerial Arrêté issued on September 4, 1927 substituting the title of "Depôts of green and fresh hides" which is included in Class II, Category "A" of the said schedule by the title of "Depôts and factories of green and fresh hides".

(8) A Ministerial Arrêté issued on September 5, 1927 substituting the title of "Stables and cattlesheds in cities, Mudiria and Governorate chief towns, Markaz bandars, zones and villages indicated by Arrêtés of the Ministry of Interior" which is included in Class II, Category "B" of the schedule of the établissements insalubres by the title "Stables cattlesheds and animal tethering grounds (Wekâlas) in the cities, Mudiria and Governorate chief towns, Markaz Bandars, zones and villages indicated by Arrêtés of the Ministry of Interior".

Transfer from Class II to Class I.

(9) A Ministerial Arrêté issued on December 1, 1927 transferring the oilmills from Class II, Category "A" to Class I, Category "A" of the said schedule.

The Addition of Villages to the List of Towns Subject to the Regulations for the Unhealthy, Inconvenient, and Dangerous Establishments as regards the Establishments under Category "B" of the Three Classes.

(10) A Ministerial Arrêtés issued on March 2, 1927 adding Manchia village, Beheira Province to the list of towns subject to the Regulations for the Unhealthy, Inconvenient and Dangerous Establishments as regards the establishments under Category "B" of the three classes.

(11) A Ministerial Arrêté issued on October 1, 1927 adding Bakhannis village, Qena Province to the said list.

(12) A Ministerial Arrêté issued on December 19, 1927 adding numerous villages of all Mudirias to the said schedule.

Details of the applications for licences for establishments falling under class 1 according to the Law of August 1904 modified by the Law number 23 of 25th May 1922 (public and cattle markets included) which were dealt with in 1927 :—

NATURE OF ESTABLISHMENT.	Approved.	Refused.	Given up.	Under consideration.	Total.
Milk, cheese and butter factory	35	19	4	18	76
Fish preparing establishments	3	—	—	—	3
Hospitals	3	—	—	—	3
Wholesale fish establishments	8	—	1	6	15
Tanneries	3	1	2	3	9
Medical product factory	1	—	—	—	1
Oxygen factory	1	—	—	1	2
Depots of rags and bones	—	2	—	—	2
Distilleries	5	—	4	2	11
Schools and <i>kottabs</i> not subject to Sanitary Inspection of Ministry of Education	4	8	7	38	57
Artificial butter factories	10	3	2	3	18
Establishments for preparation and preservation of meat... ..	3	—	—	1	4
Tobacco and cigarette factories	—	1	1	—	2
Cotton ginning factories	1	—	1	2	4
Pressing and cleaning cotton establishments... ..	—	—	2	1	3
Pastry and alimentary paste factories	36	2	2	11	51
Soap factories	4	—	1	1	6
Ice factories	4	—	—	3	7
Public baths	3	—	—	3	6
Sugar cane crushing factories with mechanical motors	9	3	1	3	16
Aerated water factories	24	7	2	9	42
Aerated water and beer factories	—	1	—	1	2
Ice-cream factories	8	—	7	1	26
Public markets without cattle	10	3	2	9	24
Public and cattle markets... ..	13	7	2	20	42
Cornmill, rice-husking and oil pressing establishments	1	—	—	—	1
Corngrinding and cereal sifting establishments	3	—	—	—	3
Corngrinding and ice factory establishments... ..	1	1	—	—	2
Cereal sifting and cleaning establishments	5	—	1	3	9
Ricehusking establishments	13	—	4	4	21
Sweetmeat and oil pressing factory... ..	2	—	—	—	2
Sweetmeat factories	61	28	11	27	127
Corngrinding and ricehusking establishment... ..	76	1	7	16	100
Bakeries and public ovens... ..	152	39	10	46	247
Wax factories	—	—	—	1	1
Carbon coal depot	—	—	—	1	1
Alcohol and fermentation factories	—	—	—	1	1
Oil pressing factories	—	—	—	1	1
Spinning and weaving factories	—	1	—	1	2
<i>Fissikh</i> factories	—	—	—	1	1
Food market... ..	1	—	—	—	1
Milk and sweetmeat factories	27	1	—	—	28
Beer bottling establishment	3	—	—	—	3
Vegetable and fruit markets	—	1	—	—	1
TOTAL	543	129	74	238	984

MINISTERIAL ARRÊTÉS.

The draft arrêtés laying down additional conditions for establishments possessing permits under the Law of August 1904 "Etablissements Insalubres" approved in 1927 are as follows :—

Nature of Establishment.	Number.	Total.	Nature of Establishment.	Number.	Total.
<i>Cairo.</i>			<i>Beni Suef Province.</i>		
Establishments and depots of fowels	6	—	Bakeries	2	—
Cement establishment	1	—	Stable	1	3
Dyeshop	1	—	<i>Qalyûbiya Province.</i>		
Bakeries and ovens	53	—	Stable	1	1
Bûza factories	2	—	<i>Asyût Province.</i>		
Establishments for roasting and frying meat, fish, etc.	13	—	Bakery	1	1
Public baths	3	—	<i>Faiyâm Province.</i>		
Cornmill establishments	2	—	Tanneries	24	24
Public cookshops	2	—	<i>Gharbiya Province</i>		
Cattle sheds	8	—	Public and cattle market	1	—
Aerated water factories	2	—	Public bakery	1	—
Distilleries of spiritual liquors	6	—	Aerated water factory	1	3
Pastry establishment	1	—	<i>Beheria Province.</i>		
Oilmill	1	—	Pottery	1	—
Wool scutching establishments	2	—	Grocery establishment	1	—
Public stables	2	—	Cornmill establishment	1	3
Pickling establishment	1	—	<i>Damietta.</i>		
Weaving establishments	2	108	Bakery	1	1
<i>Sharqiya Province.</i>			<i>Port Said.</i>		
Fissikh depots	2	—	Establishments for frying and roasting meat, fish, etc.	2	—
Grocery establishments	15	—	Public bakeries and ovens	27	—
Cookshops	2	—	Cement flag factory	1	30
Butchery establishments	5	—	<i>Suez.</i>		
Public stables	3	—	Public bakeries and ovens	4	—
Bakeries and ovens	4	—	Grocery establishments	6	10
Triperies	1	—	<i>Alexandria.</i>		
Establishments for frying and roasting fish etc.	12	—	Public bakeries and ovens	3	—
Establishments for selling vegetables and fruits	1	—	Ests. for grocery and spiritual liquors	1	—
Brick kiln	1	—	Grocery establishments	4	—
Dyeshops	4	—	Depot for grocery and petroleum	1	—
Sweetmeat factories	3	—	Simple blacksmith shop	3	—
Fissikh retail shops	2	—	Butchery establishment	2	—
Bûza factory	1	—	Depot of wood	1	—
Establishment for the sale of bread	1	—	Aerated water factory	1	—
Cattle tethering ests. and sheds	3	—	Depot of spiritual liquor	1	—
Oilpressing mill	1	61	Metal foundry	1	—
<i>Daqahliya Province.</i>			Distilleries	3	—
Grocery establishments	6	—	Sweetmeat factories	2	—
Public bakeries and ovens	13	—	Establishment for sale of fruit	1	—
Public stables	3	—	Depot of cement	1	—
Establishments for frying and roasting meat, fish, etc.	3	—	Stables	4	—
Public cookshops	4	—	Blacksmith workshop	1	—
Sweetmeat factories	6	—	Cornmill establishment	1	—
Fissikh depot	1	—	Tinsmith establishment	1	—
Oil pressing establishments	3	—	Carpenters' shops	2	—
Cheese factory	1	—	Cattleshed	1	—
Tanneries	2	—	Card paper factory	1	—
Cornmill and ricehusking establishments	2	—	Cookshop	1	—
Butcher establishment	1	—	Printing establishment	1	—
Aerated water factory	1	—	Depot of petroleum	1	39
Establishment for sale of fish	1	47			

SLAUGHTERHOUSES AND SLAUGHTERING SITES.

Sites for slaughterhouses at the following villages were approved during 1927 :—

Shubra Khît	...	...	...	...	...	...	Beheira	Province.
Kôm Hamâda	...	...	...	...	...	...	"	"
Samannûd	...	...	...	...	...	...	Gharbiya	"
Ousîm	...	...	...	...	...	...	Gîza	"
Naqada	...	...	...	...	...	...	Qena	"
Kom Ombo	...	...	...	...	...	...	Aswân	"

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

Gharbiya.

Biala	...	...	...	...	...	...	Talkha	Markaz.
Nabareah	...	...	...	...	...	...	"	"
Sanhour	...	...	...	...	...	...	Disûq	"
Ma'sra	...	...	...	...	...	...	Shirbîn	"
Motobus	...	...	...	...	...	...	Fuwa	"

Minûfiya.

Tata	...	...	...	...	...	...	Minûf	Markaz.
Ghamrein	...	...	...	...	...	...	"	"

Qalyûbiya.

Barrage	...	...	...	...	...	...	Qalyûb	Markaz.
El Marg	...	...	...	...	...	...	Shibîn el Qanater	Markaz.

Beni Suef.

Tansa	...	...	...	...	...	...	Biba	Markaz.
Hilliya	...	...	...	...	...	...	"	"
Qumbush	...	...	...	...	...	...	"	"
Saft Râshîn	...	...	...	...	...	...	"	"

Table 1. "Physical Characteristics" of Group I, II and III

No.	Name of the object	Group I				Group II				Group III			
		Length	Width	Height	Weight	Length	Width	Height	Weight	Length	Width	Height	Weight
1	Small white object	10	5	2	10	15	8	3	15	20	10	4	20
2	Small white object	12	6	3	12	18	9	4	18	22	11	5	22
3	Small white object	14	7	4	14	20	10	5	20	24	12	6	24
4	Small white object	16	8	5	16	22	11	6	22	26	13	7	26
5	Small white object	18	9	6	18	24	12	7	24	28	14	8	28
6	Small white object	20	10	7	20	26	13	8	26	30	15	9	30
7	Small white object	22	11	8	22	28	14	9	28	32	16	10	32
8	Small white object	24	12	9	24	30	15	10	30	34	17	11	34
9	Small white object	26	13	10	26	32	16	11	32	36	18	12	36
10	Small white object	28	14	11	28	34	17	12	34	38	19	13	38
11	Small white object	30	15	12	30	36	18	13	36	40	20	14	40
12	Small white object	32	16	13	32	38	19	14	38	42	21	15	42
13	Small white object	34	17	14	34	40	20	15	40	44	22	16	44
14	Small white object	36	18	15	36	42	21	16	42	46	23	17	46
15	Small white object	38	19	16	38	44	22	17	44	48	24	18	48
16	Small white object	40	20	17	40	46	23	18	46	50	25	19	50
17	Small white object	42	21	18	42	48	24	19	48	52	26	20	52
18	Small white object	44	22	19	44	50	25	20	50	54	27	21	54
19	Small white object	46	23	20	46	52	26	21	52	56	28	22	56
20	Small white object	48	24	21	48	54	27	22	54	58	29	23	58
21	Small white object	50	25	22	50	56	28	23	56	60	30	24	60
22	Small white object	52	26	23	52	58	29	24	58	62	31	25	62
23	Small white object	54	27	24	54	60	30	25	60	64	32	26	64
24	Small white object	56	28	25	56	62	31	26	62	66	33	27	66
25	Small white object	58	29	26	58	64	32	27	64	68	34	28	68
26	Small white object	60	30	27	60	66	33	28	66	70	35	29	70
27	Small white object	62	31	28	62	68	34	29	68	72	36	30	72
28	Small white object	64	32	29	64	70	35	30	70	74	37	31	74
29	Small white object	66	33	30	66	72	36	31	72	76	38	32	76
30	Small white object	68	34	31	68	74	37	32	74	78	39	33	78
31	Small white object	70	35	32	70	76	38	33	76	80	40	34	80
32	Small white object	72	36	33	72	78	39	34	78	82	41	35	82
33	Small white object	74	37	34	74	80	40	35	80	84	42	36	84
34	Small white object	76	38	35	76	82	41	36	82	86	43	37	86
35	Small white object	78	39	36	78	84	42	37	84	88	44	38	88
36	Small white object	80	40	37	80	86	43	38	86	90	45	39	90
37	Small white object	82	41	38	82	88	44	39	88	92	46	40	92
38	Small white object	84	42	39	84	90	45	40	90	94	47	41	94
39	Small white object	86	43	40	86	92	46	41	92	96	48	42	96
40	Small white object	88	44	41	88	94	47	42	94	98	49	43	98
41	Small white object	90	45	42	90	96	48	43	96	100	50	44	100
42	Small white object	92	46	43	92	98	49	44	98	102	51	45	102
43	Small white object	94	47	44	94	100	50	45	100	104	52	46	104
44	Small white object	96	48	45	96	102	51	46	102	106	53	47	106
45	Small white object	98	49	46	98	104	52	47	104	108	54	48	108
46	Small white object	100	50	47	100	106	53	48	106	110	55	49	110
47	Small white object	102	51	48	102	108	54	49	108	112	56	50	112
48	Small white object	104	52	49	104	110	55	50	110	114	57	51	114
49	Small white object	106	53	50	106	112	56	51	112	116	58	52	116
50	Small white object	108	54	51	108	114	57	52	114	118	59	53	118
51	Small white object	110	55	52	110	116	58	53	116	120	60	54	120
52	Small white object	112	56	53	112	118	59	54	118	122	61	55	122
53	Small white object	114	57	54	114	120	60	55	120	124	62	56	124
54	Small white object	116	58	55	116	122	61	56	122	126	63	57	126
55	Small white object	118	59	56	118	124	62	57	124	128	64	58	128
56	Small white object	120	60	57	120	126	63	58	126	130	65	59	130
57	Small white object	122	61	58	122	128	64	59	128	132	66	60	132
58	Small white object	124	62	59	124	130	65	60	130	134	67	61	134
59	Small white object	126	63	60	126	132	66	61	132	136	68	62	136
60	Small white object	128	64	61	128	134	67	62	134	138	69	63	138
61	Small white object	130	65	62	130	136	68	63	136	140	70	64	140
62	Small white object	132	66	63	132	138	69	64	138	142	71	65	142
63	Small white object	134	67	64	134	140	70	65	140	144	72	66	144
64	Small white object	136	68	65	136	142	71	66	142	146	73	67	146
65	Small white object	138	69	66	138	144	72	67	144	148	74	68	148
66	Small white object	140	70	67	140	146	73	68	146	150	75	69	150
67	Small white object	142	71	68	142	148	74	69	148	152	76	70	152
68	Small white object	144	72	69	144	150	75	70	150	154	77	71	154
69	Small white object	146	73	70	146	152	76	71	152	156	78	72	156
70	Small white object	148	74	71	148	154	77	72	154	158	79	73	158
71	Small white object	150	75	72	150	156	78	73	156	160	80	74	160
72	Small white object	152	76	73	152	158	79	74	158	162	81	75	162
73	Small white object	154	77	74	154	160	80	75	160	164	82	76	164
74	Small white object	156	78	75	156	162	81	76	162	166	83	77	166
75	Small white object	158	79	76	158	164	82	77	164	168	84	78	168
76	Small white object	160	80	77	160	166	83	78	166	170	85	79	170
77	Small white object	162	81	78	162	168	84	79	168	172	86	80	172
78	Small white object	164	82	79	164	170	85	80	170	174	87	81	174
79	Small white object	166	83	80	166	172	86	81	172	176	88	82	176
80	Small white object	168	84	81	168	174	87	82	174	178	89	83	178
81	Small white object	170	85	82	170	176	88	83	176	180	90	84	180
82	Small white object	172	86	83	172	178	89	84	178	182	91	85	182
83	Small white object	174	87	84	174	180	90	85	180	184	92	86	184
84	Small white object	176	88	85	176	182	91	86	182	186	93	87	186
85	Small white object	178	89	86	178	184	92	87	184	188	94	88	188
86	Small white object	180	90	87	180	186	93	88	186	190	95	89	190
87	Small white object	182	91	88	182	188	94	89	188	192	96	90	192
88	Small white object	184	92	89	184	190	95	90	190	194	97	91	194
89	Small white object	186	93	90	186	192	96	91	192	196	98	92	196
90	Small white object	188	94	91	188	194	97	92	194	198	99	93	198
91	Small white object	190	95	92	190	196	98	93	196	200	100	94	200
92	Small white object	192	96	93	192	198	99	94	198	202	101	95	202
93	Small white object	194	97	94	194	200	100	95	200	204	102	96	204
94	Small white object	196	98	95	196	202	101	96	202	206	103	97	206
95	Small white object	198	99	96	198	204	102	97	204	208	104	98	208
96	Small white object	200	100	97	200	206	103	98	206	210	105	99	210
97	Small white object	202	101	98	202	208	104	99	208	212	106	100	212
98	Small white object	204	102	99	204	210	105	100	210	214	107	101	214
99	Small white object	206	103	100	206	212	106	101	212	216	108	102	216
100	Small white object	208	104	101	208	214	107	102	214	218	109	103	218

TABLE V.—“Unhealthy Establishments” OF CLASSES I, II, AND III,

NATURE OF ESTABLISHMENT.	Cairo.	Alexandria.	Suez.	Damietta.	Canal.	Beheira.
CLASS I.—Category A “Saha.”						
Aerated water factories	31	12	4	2	8	6
Meat preparing and preserving establishments	15	12	—	—	—	—
Natural butter factories	25	6	—	2	1	1
Butter substitute factories	16	8	3	—	1	—
Cheese factories	4	2	—	15	—	1
Food markets	4	4	—	—	3	—
Whole sale fish markets (halaquas)	1	1	1	1	2	6
<i>Fessikh</i> factories	—	—	—	10	—	—
Fish preparing and preserving establishments	—	2	—	—	—	—
Ovens and bakeries	651	454	54	73	163	64
Sweetmeat factories	162	81	2	9	17	19
Establishments for conservation of vegetable, fruits etc.	—	—	—	—	—	—
Dairies (for the sale or manipulation of milk)	207	125	—	1	5	2
Factories and Depôts of ice-cream	57	39	1	—	2	—
Establishments for making pastry and alimentary paste	116	167	7	1	7	6
Sugar-cane crushing and molasses factories	1	—	—	—	—	—
Breweries	—	3	—	—	—	—
Establishment for bottling beer and other spiritual liquors	22	11	—	—	1	—
Alcohol factories	2	1	—	—	—	—
Distilleries	28	19	—	—	4	—
Ice factories	8	7	2	2	7	2
Cold storage establishments	—	4	—	—	2	—
Asphalt and bitumen factories	1	3	—	—	—	—
Public and swimming baths	58	14	2	2	4	3
Cotton ginning factories	—	1	—	—	—	18
Rice-husking establishments	—	4	—	33	2	101
Hospitals	3	19	1	—	—	—
Caoutchouc factories	2	—	—	—	—	—
Candle, tallow, and soap factories	19	24	—	—	1	—
Tanneries	30	22	—	1	—	4
Mineral acids and chemical product factories	3	—	—	—	—	—
Sewage and refuse depôts	4	1	—	—	—	1
Manufactories of manure from sewage, etc.	2	1	—	—	—	—
Paper factories	—	1	—	—	—	—
Flax and hemp scutching and carding mills	2	2	—	—	—	—
Tobacco and cigarette factories	10	14	—	—	4	2
Establishments for making wine and spiritual liquors without distillation	3	1	—	—	4	—
Cotton pressing and cleaning establishments	—	11	—	—	—	1
Cereal sifting and cleaning establishments	4	—	—	—	—	—
Depôts of bones and rags	7	11	—	—	1	—
Spinning and weaving establishments with mechanical motors	4	5	—	2	—	—
Schools and <i>kuttâbs</i> not subject to sanitary inspection of the Ministry of Education	6	126	1	20	9	20
Rennet preparing factories	—	—	—	9	—	—
TOTAL CLASS I	1,508	1,218	78	183	249	257
CLASS II.—Category A “Saha.”						
Groceries (<i>baqqâls</i>)	7,228	2,603	256	260	580	2,083
Retail vegetable oil shops	175	6	5	102	147	66
Wholesale grocery depôts	154	218	21	2	26	14
Flour depôts	831	240	11	12	104	10
Vinegar factories	12	2	—	—	—	—
Public kitchens and kitchens of public establishments	502	277	25	6	73	47
Sugar-cane factories, without mechanical motors	28	21	—	—	1	—
<i>Fessikh</i> depôts	8	24	2	2	1	11

LICENSED AND EXISTING IN EGYPT UP TO DECEMBER 31, 1927.

Gharbiya.	Daqahliya.	Sharqiyah.	Minufiya.	Qalyubiya.	Giza.	Faiyum.	Beni Suef.	Minya.	Assut.	Girga.	Qena.	Aswan.	TOTAL.	TOTAL GENERAL.
16	14	13	6	5	—	5	3	7	8	3	2	2	148	
—	—	—	—	—	—	—	—	—	—	—	—	—	27	
—	1	—	—	—	—	—	—	—	—	3	—	—	39	
1	—	—	—	—	—	—	—	2	—	—	—	—	31	
1	14	—	—	1	2	1	—	1	—	1	—	—	43	
1	2	—	—	5	—	—	—	—	—	—	—	—	19	
8	1	1	—	5	4	1	3	3	1	7	—	3	49	
—	3	—	—	—	—	—	—	—	—	—	—	—	13	
—	7	—	—	—	—	—	—	—	—	—	—	—	9	
44	90	48	30	29	24	9	20	70	32	5	20	7	1,987	
54	41	23	28	12	8	9	5	7	3	4	4	—	488	
—	—	—	3	1	—	—	—	—	—	—	—	—	4	
2	2	1	—	1	6	—	1	—	1	—	—	—	354	
—	—	2	—	—	—	—	—	—	—	3	—	—	104	
8	—	2	2	1	6	2	1	2	—	—	—	—	328	
—	—	—	—	1	—	—	1	—	42	—	17	1	63	
—	—	—	—	—	1	—	—	—	—	—	—	—	4	
1	—	—	—	—	—	—	—	—	—	—	—	—	35	
—	—	—	—	—	—	—	—	—	—	—	—	—	3	
6	1	1	—	—	—	—	1	—	1	2	2	1	66	
4	2	1	1	1	1	1	1	1	1	—	1	2	45	
—	—	—	—	—	—	—	—	—	—	—	—	—	6	
—	—	—	—	—	—	—	—	—	—	—	—	—	4	
12	2	1	1	—	1	2	1	1	3	2	1	—	110	
56	9	11	8	7	1	7	8	12	3	—	—	—	121	
120	128	49	—	—	—	7	—	—	—	—	—	—	439	
1	—	—	—	2	—	—	—	—	—	1	—	—	27	
—	—	—	—	—	—	—	—	—	—	—	—	—	2	
3	—	1	—	—	—	—	—	—	1	—	—	—	49	
17	3	1	—	—	—	24	3	1	29	—	2	1	138	
—	—	—	—	—	—	—	—	—	—	—	—	—	3	
—	—	—	—	—	—	—	—	—	—	—	—	—	6	
—	—	—	—	—	—	—	—	—	—	—	—	—	3	
—	—	—	—	—	—	—	—	—	—	—	—	—	1	
3	—	—	—	3	—	—	—	—	—	—	—	—	10	
4	1	1	1	—	1	—	—	—	—	—	—	—	38	
2	—	2	—	—	—	—	—	—	—	—	—	—	12	
—	—	—	—	—	—	—	—	—	—	—	—	—	14	
—	1	—	—	—	—	—	—	—	1	—	—	2	8	
—	—	—	—	—	—	—	—	—	—	—	—	2	19	
—	—	—	—	—	—	—	—	—	—	—	—	—	11	
49	53	18	4	9	3	—	—	—	—	8	—	—	326	
—	—	—	—	—	—	—	—	—	—	—	—	—	9	
493	370	176	84	83	58	68	48	109	126	39	49	19	5,215	
3,526	2,155	1,695	2,604	1,109	1,415	1,138	850	1,459	1,406	622	561	359	31,909	
182	157	23	43	37	38	109	12	35	48	44	46	26	1,301	
22	8	5	—	3	—	2	3	—	7	—	1	14	500	
57	13	6	—	3	27	—	1	3	46	1	—	10	1,374	
2	1	1	—	—	—	—	—	—	—	—	—	—	18	
107	71	46	43	22	30	19	18	55	61	46	36	28	1,512	
1	3	—	—	—	—	—	—	2	22	1	434	—	514	
7	19	9	—	1	—	1	3	1	—	5	—	—	94	

LICENSED AND EXISTING IN EGYPT UP TO DECEMBER 31, 1927.

Gharbiya.	Dahliya.	Shariya.	Misriliya.	Qalyubiya.	Giza.	Faiyum.	Beni Suef.	Minya.	Asyut.	Girga.	Qena.	Assuan.	TOTAL	TOTAL GENERAL.
11	8	2	—	1	3	1	3	11	8	—	—	1	175	
37	23	17	5	6	9	4	1	4	6	49	79	27	343	
107	101	63	110	32	88	54	24	84	109	91	73	41	1,213	
13	—	9	2	—	—	5	2	—	10	7	1	—	91	
—	1	—	1	2	1	—	—	—	—	3	—	—	22	
11	4	7	7	4	—	7	3	11	—	—	3	—	83	
357	167	232	363	227	261	210	178	197	224	260	116	12	3,148	
147	72	70	110	31	13	17	45	33	53	41	45	11	850	
2	—	—	1	1	23	—	—	20	—	—	1	—	50	
—	2	—	—	—	2	—	6	—	—	—	—	—	43	
—	—	—	—	—	—	—	—	1	—	—	—	—	2	
1	—	—	—	—	—	—	—	—	—	—	—	—	4	
31	11	8	14	8	1	1	5	10	2	1	1	2	138	
35	22	27	24	14	20	13	—	45	22	11	6	1	273	
—	—	—	—	—	—	—	16	—	—	—	—	—	1	
—	—	2	—	—	—	—	—	—	—	—	—	—	42	
—	—	—	—	2	—	—	—	—	—	—	—	—	10	
8	4	—	1	—	—	2	—	—	—	—	—	—	4	
1	—	2	—	—	—	—	—	1	—	—	—	—	24	
60	1	—	4	2	—	—	—	—	16	1	18	—	150	
—	1	—	—	1	—	—	—	—	2	1	2	—	241	
—	—	—	—	—	—	—	1	—	—	—	—	—	60	
17	50	80	1	73	15	1	60	26	49	46	85	—	633	
2	—	3	1	1	—	—	—	1	—	—	—	—	29	
28	13	28	9	12	—	3	5	16	10	3	—	2	2,010	
36	17	8	4	12	—	2	7	1	11	1	7	3	731	
—	2	—	—	—	—	—	—	—	4	141	—	12	481	
—	—	—	—	—	—	—	—	—	—	—	—	—	19	
—	—	—	—	—	—	—	—	—	—	—	—	—	1	
4,808	2,929	2,341	3,347	1,604	1,946	1,589	1,243	2,016	2,116	1,375	1,515	549	48,105	
46	104	46	5	20	19	6	16	12	13	—	6	1	1,933	
80	26	17	10	3	—	—	2	13	3	5	—	—	191	
16	9	2	6	2	—	2	—	2	—	—	—	—	161	
60	21	20	44	18	10	5	3	10	18	32	2	—	482	
265	172	76	108	86	137	70	53	90	135	67	52	17	4,277	
22	6	6	28	9	1	15	1	14	30	27	30	6	203	
5	1	—	—	5	—	—	—	1	—	11	—	—	267	
494	339	167	201	143	167	98	75	142	199	142	90	24	7,514	
6	—	1	6	10	—	—	—	—	5	4	—	—	32	
145	116	58	53	39	37	35	40	70	78	44	51	12	2,582	
—	—	7	—	—	8	—	—	3	—	—	2	—	20	
—	—	—	—	—	—	—	—	5	—	—	—	—	7	
—	1	11	—	3	—	—	—	—	—	—	—	—	18	
2	4	—	—	—	—	2	—	—	—	—	—	—	32	
153	121	77	59	52	45	37	40	78	83	48	53	12	2,691	
367	176	101	151	122	162	118	91	228	243	121	139	42	3,676	
15	15	1	2	1	—	4	—	7	1	1	2	4	164	
4	2	—	—	—	—	—	—	1	2	2	2	—	224	
143	89	41	27	25	28	35	23	47	50	17	28	9	2,095	
529	282	143	180	148	190	157	114	283	296	141	171	55	6,159	
6,477	4,041	2,904	3,871	2,030	2,406	1,949	1,520	2,628	2,820	1,745	1,878	659	69,684	

Report on the Work of Section IV.

INTRODUCTION.

The most important features in this year's report are the strict measures taken to safeguard the country against infection with cholera which was prevalent in an epidemic form in 'Irâq and Persia, countries having close relations with Egypt.

In former times, the means of communications existing between these countries and Egypt consisted of sea and land routes only. A journey by the former took about 20 days and by the latter not less than two months. At the present day, conditions have changed owing to the use of aeroplanes and motor cars. Passengers from the 'Irâq, if travelling by aeroplane, now arrive in Egypt in a few hours and if travelling by motor car arrive in not more than three days.

The danger of the importation of infection into Egypt from these countries has thus materially increased. For these reasons, the Department in conjunction with the Quarantine Board took very severe measures for the protection of the country against infection with cholera.

An arrangement was agreed upon with the 'Irâq Government whereby the latter inform the Department by cable of all new cases and the localities in which they occur.

The above Government also agreed to warn all persons intending to leave the 'Irâq, not to take their departure unless they have been vaccinated against cholera and unless five days have elapsed since their vaccination. In addition the Government prohibited the use of all roads leading from 'Irâq to Syria with the exception of one, so that effective and strict control could be exercised over all travellers.

As Syria and Palestine are situated geographically between the 'Irâq and Egypt, all passengers from 'Irâq to Egypt must pass through these two countries before entering Egypt, an arrangement was made between the Sanitary Authorities of these two countries, whereby it was agreed that uniform measures should be taken by them respectively. Thus Palestine and Syria formed two strong lines of defence protecting Egypt against the danger of infection.

In addition to the above measures, arrangements were made by the Ministry of Interior (Public Security Department) whereby the Department would be informed by wire of the names of all passengers coming from 'Irâq and Persia, immediately on their departure from these countries.

As dates of various kinds, are the most important articles of food imported by Egypt from 'Irâq, the Department laid down the necessary conditions to ensure the non-importation of infection by such food. These conditions decreed that consignments of dates should not be released before the lapse of 21 days from the date of their dispatch from 'Irâq, always provided that the dates are properly packed.

As regards foodstuffs and drinks brought with passengers arriving by aeroplanes or motor-cars, it was stipulated that these should be destroyed. Postal parcels for Egypt arriving in aeroplanes were opened in the presence of a delegate from the Department of Public Health for the purpose of ascertaining that they did not contain foodstuffs. If any parcels arrived in Egypt in transit consigned to persons abroad, the Department wired to the Postal Administration of the country concerned intimating that the parcel was received from 'Irâq, a country infected with cholera.

It is satisfactory to note that the above measures were entirely successful in their object and fulfilled the purpose for which they were laid down. They successfully protected the country against infection with cholera.

The Department is very grateful for the valuable assistance rendered by the President of the Quarantine Board.

The detailed measures taken to safeguard the country against cholera infection are recorded in detail in the text of this report; these measures are of paramount importance and will have to be adopted in case of a cholera menace in the future.

As regards infectious diseases in general, the following are the chief features to be noted:—

(1) The marked decline in the number of plague cases which occurred during the year, the incidence being 78 for the year. This is the smallest number of cases recorded in any one year since the year 1900.

(2) The decrease in the incidence of small-pox during the year, the total number of cases being 240. With the exception of 1921 this is the smallest number of cases recorded since 1900. Most of these cases occurred before or during the vaccination campaign. By the end of the year, the vaccination campaign, begun in the end of December 1925, was completed. Thus, with the exception of Cairo in which 300,000 persons only were re-vaccinated, Alexandria in which only 319,637 persons were vaccinated, and a part of the Western Desert Province, the whole population of the country were re-vaccinated.

It is satisfactory to note that this campaign was completed without any complaints worthy of notice on the part of the inhabitants. The number of persons vaccinated since the beginning of the campaign up to end of 1927 reached 14,600,000. It was calculated that the cost of the campaign worked out at 3 milliems per person.

(3) The continued diminution in the incidence of typhus. 794 cases were recorded during the year. This is the smallest number recorded in any one year since 1903.

(4) The continued increase in the incidence of typhoid occurring in the country since 1920. The causes for this increase and the measures taken to counteract it were mentioned in last year's report. This disease, as also other intestinal diseases such as Dysentery etc., is prevalent in the summer for the most part, but is by no means rare during the winter. The high incidence in summer is due to several factors, the most important of which is the marked prevalence of flies during this season. Investigation has proved that the disease is sporadic and occurs in different localities. This shows that the infection is not due to drinking water; a water borne epidemic usually showing a characteristic rise and fall in the incidence of the disease; it is most probably due to food contaminations by flies carriers, dust and dirt.

In order to obviate the danger of the spread of infection by persons contracting this disease, the Department decided to prevent convalescents from mixing with other people until they were reported free of infection after repeated bacteriological examination. It is impossible to eliminate this disease, until filtered water supplies are in use in all parts of the country, and efficient measures for the destruction of refuse by burning, the proper disposal of excreta and a campaign against flies are introduced.

Furthermore, the Department continues to encourage the inhabitants to get inoculated against the disease.

(5) The increase in the number of Diphtheria cases occurring during the year. 2,453 cases were recorded. This is the largest number of cases reported in any one year during the last 25 years. Of these cases, 1,114 occurred in Cairo, 483 in Alexandria, 33 in Port-Said and 49 in Suez.

This increase is due to two reasons:—

(a) The spread of "Kuttābs" and other educational institutions, which facilitate the spread of infection, through the herding of children together.

(b) Improvement of notification.

The Department is contemplating the use of anatoxin for children of Primary Schools and "Kuttābs" when it has been clearly established that no complications occur from its use, that anatoxin can be obtained and kept in a good condition, and that the public are sufficiently educated to accept inoculation.

(6) The marked decline in the incidence of measles; 3,995 cases occurred during the year, as against 21,860 in 1926, and 12,970 in 1925.

TYPHUS FEVER.

794 cases have been recorded during the year as against 966 in 1926, 1,314 in 1925, 1,683 in 1924 and 1,925 in 1923.

The number of cases recorded in 1927 is less than that recorded in any year during the last 23 years. This decrease in incidence is due to the stringent measures taken by the Department namely: the isolation of patients immediately notification is received, the delousing of patients and contacts and in most cases the delousing of all inhabitants in the infected village.

Below are given the number of typhus fever cases recorded during the last 25 years :—

Year.	Number of Cases.	Number of Deaths.
1903	706	519
1904	1,603	1,085
1905	2,478	1,111
1906	1,668	938
1907	1,063	836
1908	2,926	1,153
1909	3,782	1,608
1910	2,908	1,210
1911	5,151	1,702
1912	5,382	1,659
1913	4,936	1,438
1914	6,508	2,533
1915	17,096	4,216
1916	30,507	7,095
1917	18,569	4,174
1918	24,953	7,354
1919	16,970	5,573
1920	13,279	3,510
1921	4,476	1,273
1922	2,489	717
1923	1,935	603
1924	1,683	588
1925	1,314	290
1926	966	201
1927	794	189

RELAPSING FEVER.

Only two cases have been recorded during the year. No cases occurred in 1926 and only three cases were notified in 1925.

The following list shows the number of cases and deaths from relapsing fever during the last 11 years :—

Year.	Number of Cases.	Number of Deaths.	Death-rate per cent.	Death-rate per thousand of the inhabitants.
1917	11,162	1,043	9.34	0.081
1918	12,642	829	6.55	0.064
1919	3,372	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	0.014
1923	39	6	15.38	0.002
1924	5	—	—	0.008
1925	3	—	—	—
1926	—	—	—	—
1927	2	1	50	—

RELAPSING FEVER IN THE SUDAN.

During the second half of January 1927, the Department received information to the effect that a severe epidemic of relapsing fever was raging in Darfur Province in the Sudan, and that thousands of the inhabitants had died from this disease.

In spite of the fact that Darfur Province is a very great distance from the Nile Valley and Egypt, the Department decided as an additional safeguard against infection, to establish a Passenger Control Post at Shellal, for the Medical Examination of all persons coming from the said Province; any persons found to be suffering from suspicious symptoms were placed under surveillance before entering Egypt.

The Department issued instructions to the Suez Port Health Office to carry out medical observation of all persons coming from the Sudan by sea. A circular letter was also sent to all public health offices instructing them to observe persons arriving from the Sudan for 21 days.

These measures continued throughout the year. 2,105 persons arrived at Shellal from this province during the year and were observed. No case of the disease occurred.

TYPHOID FEVER.

2,362 cases were recorded during 1927 as against 2,268 in 1926 and 1,978 in 1925.

The following list shows the number of typhoid fever cases recorded during the last 12 years :—

Year.	Number of Cases.	Number of Deaths.
1916	3,442	1,092
1917	2,549	756
1918	3,118	935
1919	2,707	587
1920	1,799	426
1921	1,380	346
1922	1,694	431
1923	1,765	466
1924	1,794	462
1925	1,978	570
1926	2,268	538
1927	2,368	573

Of the total cases recorded in 1927, 1,130 cases occurred in Cairo and 463 in Alexandria. The Department continued to carry out gratuitous inoculation of all contacts of cases and all persons who submitted themselves for inoculation. During the year, 129,752 persons were given one inoculation and 97,074 persons two inoculations.

In order to diminish the danger of infection from this disease, the Department decided to prohibit persons suffering therefrom from leaving the hospital until their faeces and urine had been examined five times at intervals of 5 days ; this procedure was carried out in order to attempt to prevent carriers of the disease being set free among the population.

As not a small number of typhoid patients continue to be carriers for months or years after the disappearance of the symptoms, these obviously cannot be isolated for much long periods ; the Department has, therefore, drawn up the following recommendations which have been printed in the form of handbill for distribution amongst the patients and their relatives.

NOTICE.

TO CARRIERS OF THE GERMS OF TYPHOID, PARATYPHOID FEVERS AND DYSENTERY.

- (1) Do not urinate or defaecate except in the places specially selected for this purpose and which you are sure will not pollute water supplies.
- (2) You should wash your hands with soap and water after urinating or defaecating.
- (3) You should wash your hands before and after eating, and use special utensils and service for your meals.
- (4) You should not perform any work calling for the preparation or handling of food.
- (5) You should soak your underclothing which might have been polluted with faeces or urine in carbolic solution 5/100 and have these clothes washed separately.
- (6) You should not use public baths, basins ; a separate place provided with a *Douche* should be used.
- (7) You should present yourself to a doctor for examination once every month.

If you do not follow these recommendations, you will be the cause of infection of members of your family and friends with the disease.

SMALL-POX.

The number of small-pox cases recorded during the year was 240 as against 2,676 in 1926, 762 in 1925, 799 in 1924, and 519 in 1923.

The Department continued to carry out general vaccination referred to in last year's report ; the number of persons vaccinated during the year was 6,500,000.

All the inhabitants of Egypt with the exception of those of Cairo, Alexandria and the Western Desert Province have thus been re-vaccinated. The total number of persons vaccinated in Cairo was 300,000 and in Alexandria 319,637 ; the reasons for the non-vaccination of the whole of the inhabitants of these two cities are as follows :—

- (1) All the infants are vaccinated by private practitioners.

(2) A large number of the inhabitants of these two cities consist of students and teachers usually vaccinated by the Ministry of Public Instructions at the commencement of the school year.

As regards the Western Desert Province, population 9000, inhabitants escape vaccination because they are Nomad Arabs and therefore cannot be located except during the months of March and April, the period of gathering barley. Necessary measures have been taken to endeavour to vaccinate them during this period of the year.

The vaccine issued from the Public Health Laboratories for general vaccination was sufficient to vaccinate 21,475,995 persons.

The method adopted in carrying out general vaccination was to enrol the names of the whole population of the village in special registers, house by house, and then begin vaccination according to the details inserted in these registers.

Vaccination was carried out by the sanitary barbers but the enrolling of the population was undertaken by daily paid disinfectors, by ambulance tamourgies, or by special individuals appointed locally. The whole work was supervised by Medical Officers of the Epidemic Section and the work was so arranged that every Medical Officer supervised the work of two or three gangs working in a village or in two neighbouring villages; the work was thus efficiently controlled.

Medical Officers and subordinates were obliged to live in places situated in the centre of the area in which vaccination was being carried out.

Each vaccination inspector supervised the work in a Mudiria. Supervision was also carried out by the Divisional Inspectors, Public Health and Epidemic Inspectors. The work was thus adequately controlled. Barbers engaged in the work gained a sufficient amount of experience in carrying out vaccination which is now the most important of their duties.

It is satisfactory to record that vaccination was completed without any complaints worthy of notice from the part of the inhabitants; this is the more remarkable when it is explained that Administrative Officials in the Provinces were engaged during 1926 in election work for the house of deputies. These difficult circumstances, however, did not affect the vaccination campaign in the least.

All Arabs were vaccinated, as also Beduins who were encountered by the vaccination gangs.

The cost of this campaign in Minûfiya Province amounted to about L.E. 3,245 and the number of people vaccinated was 1,010,000 that is to say the vaccination of each person costs about three milliemes.

The following list shows the number of small-pox cases recorded during 1927:—

GOVERNORATE OR MUDIRIA.	Number of Cases.	Number of Deaths.
Cairo	14	3
Alexandria	10	1
Ismailia	2	—
Port Said	1	—
Damietta	1	—
Suez	15	2
Sinai	4	—
Beheira	26	3
Daqahliya	4	1
Gharbiya	22	4
Minûfiya	49	11
Qalyûbiya	—	—
Sharqiya	81	4
Aswân	2	—
Asyût	5	3
Beni Suef	—	—
Faiyûm	—	—
Girga	1	1
Giza	—	—
Minya	1	1
Qena	2	—
TOTAL	240	34

List showing the number of deaths from small-pox during the period from 1902-1927 and the death-rate per 100,000 of the population :—

Year.	Number of Deaths annually.	Number of Deaths per 100,000.
1902	280	2.82
1903	515	5.61
1904	1,094	1.71
1905	851	8.23
1906	409	3.89
1907	573	5.36
1908	620	5.71
1909	1,023	9.3
1910	648	5.8
1911	737	6.51
1912	456	3.97
1913	706	6.07
1914	1,564	13.23
1915	1,262	1.52
1916	902	7.41
1917	409	3.25
1918	306	2.37
1919	1,926	14.95
1920	796	6.1
1921	24	0.19
1922	89	0.66
1923	145	1.2
1924	221	1.6
1925	158	1.11
1926	544	3.13
1927	34	.24

PLAGUE.

The total number of plague cases recorded during 1927 was 79 as against 150 in 1926. The total number of deaths in 1927 was 35 showing a mortality of 44.3 per cent. The mortality rate in 1926 was 48.6 per cent and in 1925 was 55.8 per cent.

Of the 79 cases occurring in 1927, 71 were bubonic and 8 Septicaemic. No cases of Pneumonic Plague occurred.

Of the 79 cases that occurred during the year, 27 occurred in the Ports, distributed as follows :—

20 in Alexandria. 6 in Port Said. 1 in Suez.

The following list shows the Governorates and Provinces in which plague cases occurred in 1927 :—

GOVERNORATE OR MUDIRIA.	Number of Cases.	Number of Deaths.
Cairo	—	—
Alexandria... ..	20	11
Ismailia	—	—
Port Said	6	4
Damietta	—	—
Suez	1	—
Eastern Desert Province...	—	—
Western " " 	11	1
Sinai	—	—
Beheira	—	—
Daqahliya	7	1
Gharbiya	3	2
Minûfiya	—	—
Qalyûbiya	—	—
Sharqiya	1	1
Aswân... ..	—	—
Asyût	—	—
Beni Suef	10	4
Faiyûm	—	—
Girga	15	10
Giza	—	—
Minya	5	1
Qena	—	—
TOTAL	79	35

The following list shows the villages in which plague cases occurred during 1927:—

Village.	Markaz.	Number of cases.
Alexandria Govte....	—	20
Port Said " ...	—	6
Suez " ...	—	1
Western Desert Province	—	11
Bandar Tanta ...	Tanta	2
Mit el Sûdân ...	"	1
Timai el Amdîd ...	El Simbillâwein ...	7
Abu Hammâd ...	Zagazig	1
Manhara	Beni Suef	2
Bahtamôh	"	2
Sumusta el Sultânî	Biba "	5
Nina	"	1
El Fuqqâ'i	Abu Qurqâs	5
Bandar Sohag ...	Sohag	2
El Khalâfiya ...	Girga	4
El Birba	"	8
Arab el Atawla ...	Akhmîm	1
TOTAL... ...		79

The following list shows general statistics of plague since 1899 :—

Year.	Number of cases.	Number of Deaths.	Death rate. per cent.
1899	93	45	48
1900	127	60	47·2
1901	205	102	49·5
1902	481	291	60
1903	303	160	52·7
1904	854	501	58·66
1905	266	181	68
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
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
1923	1,519	725	47·7
1924	373	193	51·70
1925	138	77	55·89
1926	150	73	48·66
1927	79	35	44·30

A large number of steamers arrive at Egyptian Ports from the Near East where plague is endemic ; while in ports a large number of rats desert the steamers, and as a large number of the dwellings within the boundries of the ports are built of wood making them

suitable for rat breeding, the Department carried out since a lot of years systematic rat catching in Port Said and Suez. In Alexandria, the Municipality itself carries out this work. At a later date, the Department and the International Quarantine Board agreed that rats caught and the fleas found therein should be examined. This work is of interest from a scientific point of view as it enables us to obtain information about plague infection of rats in the important ports of the world.

For these reasons, an arrangement was made between this Department and the International Quarantine Board to the effect that the Department should carry out rat catching within the boundaries of the above-mentioned towns and the Quarantine Board within the boundaries of the Ports themselves. Rats caught must be sent to the Bacteriological Laboratory of the International Quarantine Board in the Port for examination. This arrangement was put into force in 1926 and from that date till now, no infection in rats caught in these ports was found.

The following list shows the number of rats sent to the Laboratories of Alexandria, Port Said, and Suez for examination during 1927 and the result of their examination:—

District.	Rats.			Fleas.	
	Norvegicus.	Rattus.	Alexandrinus.	Ceptepsyla Muscule.	Ceptepsyla Cheopis.
Alexandria	247	637	101	903	1,449
Port Said	6,946	237	—	2,440	12,001
Suez	1,202	2	100	—	2,462

On the rats caught at Suez, the following varieties of fleas were observed:—

Number.	Fleas.
108	Chepren.
14	Etenecephalus Felis.

The following list shows the number of rats caught in the country during 1927:—

District.	Number of rats.	District.	Number of rats.
		<i>Brought forward</i>	22,476
Cairo	4,444	Qalyûbiya	6
Port Said	12,835	Giza	235
Suez	3,819	Beni Suef	874
Damietta	—	Faiyûm	175
Beheira	318	Minya	243
Gharbiya	219	Asyût	—
Minûfiya	—	Girga	1,206
Daqahliya	771	Qena	—
Sharqiya	70	Aswân	40
<i>Carried forward</i>	22,476	TOTAL	25,255

The following list shows the villages infected with plague in which general vaccination against the disease was carried out:—

Village.	District.	Population.	Number vaccinated.
Port Said	Governorate	70,873	1,837
Matruh (El Mallâh)	Western Desert Prov.	13,990	10,133
Mit el Sûdân	Tanta	3,144	2,613
Bandar Tanta	"	74,195	380
Manhara... ..	Beni Suef	1,595	1,387
Bahtamôh	"	432	517
Sumusta el Sultâni	Biba... ..	2,500	2,250
Nina	"	3,333	25
El fuqqâ'i	Abu Qurqâs	2,046	1,760
Bandar Sohâg	Sohâg	23,830	1,205
Arab el Atawla	Akhmim	1,462	90
El Khalâfiya... ..	Girga	3,916	3,652
Alexandria	Governorate	501,800	28,761

Egyptians.

TABLE I.—DETAILS OF CASES

Serial Number.	Governorate or Province.	District.	Village.	Duration of Outbreak.		Cases existing at end of previous year.
				From	To	
1	Alexandria.	Governorate.	—	April	Not concluded on 3 December 31	—
1	Port Said.	"	—	March	16 August 18	—
1	Suez.	"	—	September	4 October 3	—
1	Western Desert Province.	Mersa Matrûh.	El Mallâh.	January	5 February 18	—
TOTAL ...						—
1	El Gharbiya.	Tanta.	Bandar.	Existing from previous year.	June 15	1
2	"	"	Mit el Sûdân.	January	4 —	—
TOTAL ...						1
1	El Daqahliya.	Simbillâwein.	Timai el Amdid.	July	9 August 11	—
1	El Sharqiya.	Zagazig.	Tel el Kebir (Abu Hammâd).	January	5 —	—
1	Beni Suef.	Beni Suef.	Bahtamôh.	July	13 July 27	—
2	"	"	Manhara.	"	13 " 27	—
TOTAL ...						—
1	Beni Suef.	Biba.	Nina.	June	7 —	—
2	"	"	Sumusta el Sultâni.	April	30 May 12	—
TOTAL ...						—
1	Minya.	Abu Qurqâs.	El Fuqqâ'i.	August	9 August 11	—
1	Girga.	Sohâg.	Bandar.	April	19 May 9	—
1	"	Girga.	El Birba.	"	5 April 29	—
2	"	"	El Khalâfiya.	"	13 May 4	—
1	Girga.	Akhmîm.	'Arab el Atawla.	April	19 —	—
GRAND TOTAL (Egyptians) ...						...
Foreigners ...						...
GRAND TOTAL (Egyptians and Foreigners) ...						...

OF PLAGUE IN 1927.

Admissions to Hospital.				Died in Hospital or Discharged.			Cases existing at end of year.	Deaths out of Hospital.			TOTAL.	
Bubonic.	Septicemic.	Pneumonic.	TOTAL.	Died.	Recovered	TOTAL.		Bubonic.	Septicemic.	Pneumonic.	Cases.	Deaths.
16	—	—	16	7	4	11	5	2	2	—	20	11
4	—	—	4	2	2	4	—	1	1	—	6	4
1	—	—	1	—	1	1	—	—	—	—	1	0
11	—	—	11	1	10	11	—	—	—	—	11	1
32	—	—	32	10	17	27	5	3	3	—	38	16
2	—	—	2	1	2	3	—	—	—	—	2	1
—	1	—	1	1	—	1	—	—	—	—	1	1
2	1	—	3	2	2	4	—	—	—	—	3	2
6	1	—	7	1	6	7	—	—	—	—	7	1
—	—	—	—	—	—	—	—	—	1	—	1	1
2	—	—	2	1	1	2	—	—	—	—	2	1
1	—	—	1	—	1	1	—	1	—	—	2	1
3	—	—	3	1	2	3	—	1	—	—	4	2
1	—	—	1	1	—	1	—	—	—	—	1	1
5	—	—	5	1	4	5	—	—	—	—	5	1
6	—	—	6	2	4	6	—	—	—	—	6	2
4	—	—	4	—	4	4	—	—	—	—	5	0
2	—	—	2	1	1	2	—	—	—	—	2	1
7	1	—	8	7	1	8	—	—	—	—	8	7
4	—	—	4	1	3	4	—	—	—	—	4	1
11	1	—	12	8	4	12	—	—	—	—	12	8
1	—	—	1	1	—	1	—	—	—	—	1	1
67	3	—	70	26	40	66	5	4	5	—	79	35
—	—	—	—	—	—	—	—	—	—	—	—	—
67	3	—	70	26	40	66	5	4	5	—	79	35

TABLE II.—MONTHLY COMPARISON OF PLAGUE CASES AND MORTALITY DURING THE YEARS 1925, 1926 AND 1927.

MONTH.	1925					1926					1927				
	Existing from previous year.	Admis- sions to Hospital.	Died in Hospital.	Recovered.	Died out of Hospital.	Existing from previous year.	Admis- sions to Hospital.	Died in Hospital.	Recovered.	Died out of Hospital.	Existing from previous year.	Admis- sions to Hospital.	Died in Hospital.	Recovered.	Died out of Hospital.
January	1	10	3	7	5	—	—	—	—	—	1	12	2	7	1
February	—	—	—	1	—	—	—	—	—	—	—	—	—	4	—
March	—	—	—	—	—	—	6	4	1	2	—	1	1	—	—
April	—	8	5	2	1	—	9	3	2	1	—	24	13	3	—
May	—	27	11	8	4	—	22	12	10	6	—	2	2	7	—
June	—	17	8	15	6	—	35	12	17	10	—	2	2	1	2
July	—	8	5	6	3	—	18	6	16	3	—	13	3	6	1
August	—	15	2	5	4	—	4	1	7	—	—	6	—	8	1
September	—	3	2	9	3	—	12	3	12	—	—	1	—	2	—
October	—	17	8	8	4	—	9	—	1	3	—	—	—	1	—
November	—	1	1	1	1	—	3	2	7	3	—	4	3	—	1
December	—	1	1	—	—	—	2	—	3	2	—	5	—	1	3
ANNUAL TOTAL	1	107	46	62	31	—	120	43	76	30	1	70	26	40	9

1925	1926	1927
Per cent.	Per cent.	Per cent.
42.99	83.35	37.14

Percentage of Deaths in Hospital to Admissions

Percentage of Deaths in Hospital to Admissions ...

TABLE III.—MONTHLY INCIDENCE OF CASES

GOVERNORATE OR PROVINCE.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Lower Egypt.										
<i>Governorates:—</i>										
Alexandria	—	—	—	—	1	1	1	—	—	—
Suez	—	—	—	—	1	1	5	2	6	5
Western Desert Province	—	—	—	—	—	—	—	—	—	—
<i>Provinces:—</i>										
Beheira	—	—	—	—	—	—	—	—	—	—
Gharbiya... ..	—	—	—	—	5	3	3	1	3	1
Daqahliya	—	—	—	—	—	—	1	1	—	—
Sharqiya	—	—	—	—	—	—	—	—	—	—
Upper Egypt.										
<i>Provinces:—</i>										
Faiyûm	—	—	—	—	—	—	—	—	1	1
Beni Suef	—	—	—	—	—	—	—	—	17	11
Minya	—	—	—	—	1	1	—	—	1	—
Girga	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL	—	—	—	—	8	6	10	4	28	18
Percentage to the Grand Total ...	—	—	—	—	5·33	8·21	6·66	5·47	18·66	24·65
Total of Lower Egypt ...	—	—	—	—	7	5	10	4	9	6
Percentage to Total of Lower Egypt ...	—	—	—	—	7·36	11·90	10·52	9·52	9·47	14·28
Total of Upper Egypt ...	—	—	—	—	1	1	—	—	19	12
Percentage to Total of Upper Egypt ...	—	—	—	—	1·81	3·22	—	—	34·54	38·70

TABLE IV.—MONTHLY INCIDENCE OF CASES

GOVERNORATE OR PROVINCE.	JANUARY.		FEBRUARY.		MARCH.		APRIL.		MAY.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Lower Egypt.										
<i>Governorates:—</i>										
Alexandria	—	—	—	—	—	—	3	2	—	—
Port Said... ..	—	—	—	—	1	1	—	—	1	1
Suez... ..	—	—	—	—	—	—	—	—	—	—
Western Desert	11	1	—	—	—	—	—	—	—	—
<i>Provinces:—</i>										
Gharbiya	1	1	—	—	—	—	1	—	1	1
Daqahliya	—	—	—	—	—	—	—	—	—	—
Sharqiya	1	1	—	—	—	—	—	—	—	—
Upper Egypt.										
<i>Provinces:—</i>										
Beni Suef	—	—	—	—	—	—	5	1	—	—
Minya	—	—	—	—	—	—	—	—	—	—
Girga	—	—	—	—	—	—	15	10	—	—
GRAND TOTAL	13	3	—	—	1	1	24	13	2	2
Percentage to the Grand Total ...	16·46	8·56	—	—	1·26	2·85	3·37	37·14	2·3	5·71
Total of Lower Egypt ...	13	3	—	—	1	1	4	2	2	2
Percentage to Total of Lower Egypt ...	26·53	15·0	—	—	2·04	5·0	8·16	10·0	4·08	10·0
Total of Upper Egypt ...	—	—	—	—	—	—	20	11	—	—
Percentage to Total of Upper Egypt ...	—	—	—	—	—	—	66·66	73·33	—	—

MEASLES.

The number of cases notified in the year 1927 was 3,995 as against 21,860 in 1926, 12,970 in 1925 and 3,606 in 1924.

The number of cases and deaths recorded during the last 12 years is shown in the following table :—

Year.	Cases.	Deaths.	Year.	Cases.	Deaths.
1916	7,746	3,614	1922	5,582	2,570
1917	7,416	3,643	1923	17,871	7,673
1918	3,684	1,757	1924	3,606	1,750
1919	3,483	1,643	1925	12,970	6,084
1920	9,225	3,749	1926	21,860	9,152
1921	3,049	1,254	1927	3,995	1,696

DIPHTHERIA.

In the year 1927, 2,453 cases were notified as compared with 1,554 in 1926, 1,784 in 1925 and 1,545 in 1924.

1,057 Deaths were recorded in the year 1927 as against 618 in the year 1926.

Of the cases recorded in the year 1927, 1,114 occurred in Cairo, 483 in Alexandria, 33 in Port Said, 26 in Damietta, 49 in Suez and the remainder in the Provinces.

The main reason for this increase may be chiefly due to the increased number of schools and *Kuttābs* and marked improvement in notification.

DYSENTERY.

As both bacillary and Amoebic Dysentery are infectious thus requiring precautions, and statistics of this disease being necessary, it was, therefore, considered necessary to add this disease to part II of the Schedule of Infectious diseases attached to Law No. 15, 1912.

A Ministerial Arrêté to this effect was issued on January 22, 1927 and published in the *Journal Officiel* No. 9, dated January 31, 1927.

The number of cases recorded during the year was 1,401 with 1,037 deaths.

INFLUENZA.

7,951 cases were recorded in 1927 as against 2,602 in the year 1926, 2,496 in 1925 and 2,764 in 1924.

The deaths numbered 459 as compared with 264 deaths in 1926.

Although the number of cases recorded in 1927 exceeds those recorded in any year since 1919, nevertheless, the disease was of a mild type with no pulmonary complications of any importance.

CEREBRO SPINAL MENINGITIS.

The cases numbered 29 compared with 25 in the preceding year, 32 in 1925 and 18 in 1924.

The deaths numbered 18 as against 18 in 1926, 22 in 1925 and 13 in 1924.

SCARLET FEVER.

In 1927, 72 cases were notified as against 87 in 1926, 117 in 1925 and 164 in 1924.

The number of deaths was 3 as against 6 in 1926, 16 in 1925 and 8 in 1924.

PULMONARY TUBERCULOSIS.

Up to the year 1927 Pulmonary Tuberculosis was only notifiable after death, but this being unsatisfactory from the point of view of prevention and statistics, it was considered necessary to include this disease in the Schedule of notifiable infectious diseases, in order that necessary precautions could be taken to safeguard the contacts and check the disease by all possible means and at the same time to obtain as reliable statistics as possible.

An Arrêté was issued and published in the *Journal Officiel* No. 67, dated August 8, 1927, substituting "Pulmonary tuberculosis after death for Pulmonary Tuberculosis."
2,324 cases were recorded in the year 1927.

SMALL PORTABLE DISINFECTING MACHINES.

Most of the Markazes and Sanitary Outposts are provided with large fixed disinfecting drums operated by steam.

These apparatuses were installed in 1919.

The working of these drums require vigilance and special care; as steam under pressure is preferable to ordinary steam. As the use of these large fixed drums is confined to the localities in which they are built, it was considered necessary to provide small portable machines for use in infected localities in order to guarantee efficient disinfection.

11 machines of this type were obtained this year.

TRANSPORT OF RAGS.

57 licenses were issued during the year for the transport of rags of which 13 were for rail and 44 were for river transport.

MÔLIDS.

The Department gave its opinion with regard to the celebration of 129 *Môlids*; periods varying from 3 to 20 days.

SUB-DIVISION OF MARKAZES.

Owing to the large number of villages entrusted to Medical Officers of Markazes and the large population contained in such villages, the following Markazes and Cairo Quarters have been sub-divided each consisting of two divisions. An M.O. and a clerk were provided for each new Section:—

1. Qena.	Second Section at Qift.	
2. Fuwa.	"	Mutûbis.
3. Kafr el Dauwâr.	"	Kôm Difshu.
4. El Saff.	"	Sôl.
5. Hihya.	"	Abu Kebîr.
6. Fâriskûr.	"	Mahallet Inchâq.
7. Zeitûn, Cairo.	"	Heliopolis.
8. Sayeda Zeinab, Cairo.	"	Sharia 'Omar Ibn 'Abd el 'Aziz, Mûnira, Cairo.

The following table shows the number of patients treated in the fever hospitals during 1927:—

TABLE 1.—SHOWING PATIENTS TREATED IN THE FEVER HOSPITALS (1927).

Hospitals.	Patients admitted.			Patients Discharged.				
	Existing from last year.	New.	Total.	Died.	Cured.	Improved.	Total.	Remaining.
'Abbassiya	79	3,683	3,762	278	3,393	12	3,683	79
Port Saïd	13	1,374	1,387	26	1,351	—	1,377	10
Tanta	16	691	707	31	664	—	695	12
Mansûra	—	254	254	4	247	—	251	3
Zagazig	2	233	235	16	192	25	233	2
Minya	5	248	253	13	209	27	249	4
Asyût	5	323	328	28	284	8	320	8
Qena	1	58	59	4	55	—	59	—

LIST SHOWING CASES AND DEATHS OF INFECTIOUS DISEASES WHICH OCCURRED
IN EGYPT DURING 1927.

Name of Disease.	Cases.	Deaths.
Typhus	794	189
Typhoid and Para Typhoid ...	2,362	573
Small Pox	240	34
Scarlet Fever... ..	72	3
Relapsing Fever	2	1
Plague	79	35
Measles	3,995	1,696
Diphtheria	2,453	1,057
Cholera	—	—
Chicken Pox	787	12
Cerebro Sp. Meningitis	29	18
Influenza	7,951	459
Dysentery	1,401	1,037

OUTBREAK OF CHOLERA IN 'IRÂQ.

Date and origin of the disease.

On July 23, 1927, a notification was received from the Quarantine Board, regarding the occurrence of 5 cases of cholera at Basra during the week ending July 23, 1927.

The official information received by the Department showed that cholera first appeared in Abadan, a Port in Persia which is situated near Basra ; from there the disease was conveyed to Basra ; thence it spread to most of the *livas* of 'Irâq. Owing to the measures taken, the disease did not appear in Baghdad until October 9, 1927 when only 7 cases and 5 deaths occurred. The disease disappeared on December 23, 1927.

ROUTES FROM 'IRÂQ TO EGYPT.

There are four routes leading from 'Irâq to Egypt :—

- (1) By motor-car and railway to Beyrouth, and thence by Sea to Egypt.
- (2) By motor-car and railway through Damascus and Palestine to Egypt *via* Qantara.
- (3) By Aeroplane.
- (4) By the Red Sea to Suez and other Egyptian Ports.

The Department, in conjunction with the Quarantine Board, applied strict measures recorded below, to passengers arriving by the above routes in order to prevent the importation of the disease into Egypt.

PASSENGERS ARRIVING BY MOTOR-CAR VIA BEYROUTH OR QANTARA.

The Medical Officers of the Ports and Qantara examined the passports of passengers arriving from infected districts and any passenger who had not passed 5 days from date of his departure from 'Irâq, was detained to complete the five days ; specimens were taken for examination and the passenger was not released until his stools were free from cholera vibrios.

Passengers unable to prove the date of their departure from those districts, were detained and the same precautions taken.

With regard to the arrival of passengers who had passed more than 5 days, their luggage was disinfected and those travelling first and second class were allowed to enter Egypt if they were found to be in good health. Third class passengers who could not give satisfactory and well known addresses, were detained and specimens were taken for examination.

In every case, foodstuffs and drinks found in the luggage of passengers, were destroyed.

Instructions were also issued to Medical Officers to be on the alert and to observe strictly passengers arriving from those districts daily for a period of 5 days from the date of their arrival ; those found to be suspicious cases were isolated and specimens taken for examination ; such information was reported to the Department by wire.

An arrangement was made between the Department and the General Headquarters of the British Army by which British Troops and their families arriving at Port Said, Alexandria, Suez, and Qantara from infected localities, should be detained in the Army Hospitals for a period of 5 days, or until it had been proved that they were not cholera carriers. The native attendants accompanying them should be handed over to the Public Health representatives; the Department and the Medical Officer concerned were to be notified of suspected or positive cases occurring among the British Troops and their families arriving in Egypt from infected localities.

PASSENGERS ARRIVING BY AIR.

The Department agreed with the International Quarantine Board, that the Zeitûn Medical Officer (now Heliopolis M.O.) should act for the Quarantine Board at Heliopolis Aerodrome under the supervision of the Epidemic Section and Cairo Health Inspectorate, that all passengers and crews of the Imperial Airway line who arrive before the lapse of five days from the date of their departure from the infected localities should be isolated in the aerodrome and their stools examined bacteriologically. Parcels registered or otherwise, arriving in Egypt by aeroplane must be examined for foodstuffs and drinks and the necessary measures taken according to their condition and nature. With regard to parcels in transit for other countries these were not to be opened but the countries of destination were to be informed that these parcels had not been examined.

BRITISH AIR FORCE.

The British Air Force was asked to stop, if possible, flying between 'Irâq and Egypt during the presence of the epidemic and at the same time to isolate all arrivals of the Air Force in a special camp at Heliopolis. This was carried out and a camp was erected for the purpose near Heliopolis Aerodrome.

PASSENGERS ARRIVING BY THE RED SEA.

With regard to passengers arriving by the Red Sea, the Quarantine Board took stringent measures and the necessary instructions were given by the Board to its Medical Officers in this respect.

In addition to the above, an agreement was made with the Director of Public Security, Ministry of the Interior, to the effect that he will notify by wire the Department and the Quarantine Board of names of all passengers coming to Egypt either from Persia or Mesopotamia.

AGREEMENT CONCLUDED BETWEEN THE HEALTH SERVICES OF 'IRÂQ, SYRIA, PALESTINE AND EGYPT.

In order to ensure the protection of the country against infection, the Department deemed it necessary to keep in touch with the Health Services of 'Irâq, Syria, and Palestine; the last two countries are situated between 'Irâq and Egypt. This was arranged and these services undertook to notify this Department through the Quarantine Board, of passengers passing through the above-mentioned countries on their way to Egypt and of the measures taken against them.

These services also agreed to take the same sanitary precautions as are carried out in Egypt.

The Health Service of Baghdad kept us informed by wire of the progress of the disease and supplied all information deemed necessary by this Department.

All routes from 'Irâq to Syria with the exception of one, were closed in order that passengers might be under the strictest control.

For the purpose of rendering co-operation between these countries and Egypt as complete as possible, the Quarantine Board invited delegates from Palestine and Syria to come to Cairo to meet the delegates of the Quarantine Board and discuss all measures regarding the protection of Egypt and their own countries and the measures which should be taken in case of the appearance of the disease in one of these two countries. A delegate from Palestine attended this Committee, but the delegate of Syria did not attend. The meeting resulted in a complete agreement with regard to all measures which should be taken.

The Committee also accepted the invitation of the Inspector General of the Health Service of Baghdad, regarding the departure of delegates from Egypt to 'Irâq to discuss the measures which should be taken. Consequently, one of the Officials of the Department left for Baghdad with the President of the Quarantine Board.

CREATION OF THE CHOLERA COMMITTEE.

A special Committee was formed of the concerned officials of the Department to note the progress and spread of the disease at 'Irâq, to enforce the necessary measures and to supervise the conditions.

THE APPEARANCE OF CHOLERA IN BAGHDAD.

As soon as cholera appeared in Baghdad, a meeting was held in the Offices of the Quarantine Board at Alexandria on October 19, 1927 in which was present a delegate from the Department of Public Health and it was decided to take the following steps:—

First and second class passengers who have not completed a period of 5 days from date of arrival at Damascus, should be detained to complete this period; if they have completed 5 days from date of arrival at Damascus to time of arrival at Qantara and were able to give satisfactory addresses, they were allowed to enter the country and were put under observation for a period of three days in accordance with the Arrêté of 1911.

Third class passengers were detained for a sufficient period for the purpose of examining their stools twice whether or not they had passed 5 days from date of arrival at Damascus.

Certain exceptions were made as follows:—

- (1) Persons who passed more than 10 days from the date of their arrival at Damascus.
- (2) Persons who were isolated at Damascus for a period of 5 days on condition that they would give satisfactory and known addresses and that they live in healthy places.

CONDITIONS OF IMPORTATION OF FOODSTUFFS AND DRINKS.

The Department agreed with the Quarantine Board that the following conditions should be published in the *Journal Officiel*.

Foodstuffs.—All dry foodstuffs to be admitted into the country. The action to be taken with regard to fresh foodstuffs depends on their nature and method of packing. They must be clean and they must not be contaminated.

Dates are to be admitted if they are firmly packed and the Department has the right to prevent the sale of dirty or moist dates or those which are found to be in a suspicious condition.

Drinks.—All non-alcoholic drinks must be examined and they may be refused or admitted at discretion. The admission of alcoholic drinks depends on the quantity of alcohol they contain.

The above measures are to be carried out by the Department of Public Health.

TRANSIT FOODS AND DRINKS.

Dates, foodstuffs and drinks in transit are to be examined by the officials of the Quarantine Board and the Department of Public Health; they must not be despatched to the receiving countries except after ascertaining that those foodstuffs are free from any infection.

EXPERIMENTS MADE ON DATES.

Owing to a diversion of opinion regarding the period of viability of cholera vibrio in dates, the Department deemed it necessary to make experiments in this respect; the Inspector General of Health, Baghdad was asked through the Quarantine Board, to send by sea a quantity of dates infected with cholera dejecta for the purpose of carrying out necessary investigations.

A sample of these dates was examined in the Quarantine Laboratory at Suez; another sample was examined in the Department's Laboratories at Cairo. The result showed that no cholera vibrio survived in these dates.

As the infection of dates had been made with peptone water cultures of the vibrio at Baghdad and not with the stools of a patient, that is to say, the normal method of infection, the Inspector General of Health Services of Baghdad, was asked to send another sample contaminated with the faeces of an undoubted case of cholera. He sent the required specimen and the result was also found to be negative.

The Department agreed that the consignments of dates and 'Agwa imported from Irâq should not be released before the lapse of 21 days from date of despatch.

THE TERMINATION OF QUARANTINE MEASURES.

As no new cholera cases occurred at 'Irâq after December 23, 1927, the Quarantine Board decided to stop the isolation of passengers leaving 'Irâq after January 7, 1928 and instead, to place them under medical observation.

Some of these passengers arrive in Egypt by air or by cars and stay a short time; they then leave for abroad before the lapse of 5 days from date of their departure from 'Irâq; owing to these circumstances, the Quarantine Board requested the Department to inform the Quarantine Directors at the Ports by wire of the departure of any of those passengers for abroad before the lapse of the 5 days previously referred to.

Instructions were issued to the Medical Officers of Ports to ask passengers coming from 'Irâq as to the date of their departure from this country and if it appeared that they had not passed 5 days from the date of their departure, this date must be written in red ink in the observation lists which are sent to the Medical Officer of their destination also the name of the town from which they have come.

Instructions were also issued to the Department Medical Officers to the effect that on receiving observation lists for such passengers, they must medically examine them at once and ask them as to the date on which they intend to leave Egypt; if it appeared that they will leave before the lapse of the 5 days referred to, they have to ask the name of the ship on board which they will leave and the Egyptian Port from which it will sail and send a wire to the Quarantine Director of this Port and to the President of the Quarantine Board showing the name of the ship, date of the passenger's departure from 'Irâq, the Egyptian port from which they will embark and the name of the ship on board which they will leave.

The following return shows the number of passengers who arrived in Egypt from these infected localities :—

96 arrived <i>via</i> Alexandria during the period from August 6, 1927 to December 24, 1927.					
33	„	Suez	„	„	6, 1927 „ 31, 1927.
47	„	Port Said	„	„	Sept. 6, 1927 „ 16, 1927.
206	„	Qantara	„	„	July 24, 1927 „ 31, 1927.
382					

PASSENGERS CONTROL.

During the year 56,034 passengers arrived at Egyptian Ports from cholera infected districts, of these 55,945 were observed and 89 could not be traced, *i.e.* the percentage of those found was 99.84 per cent.

23,829 passengers arrived at the country *via* Qantara, of whom 23,697 were observed, *i.e.* a percentage of 99.44 per cent.

Attached are given detailed statistics regarding ships and passengers who arrived to Egypt from infected countries.

STATISTICS OF PASSENGERS ARRIVING AT ALEXANDRIA

Month.	Passengers for Cairo.						Passengers for Interior.					
	1st and 2nd classes.			3rd class.			1st and 2nd classes.			3rd class.		
	Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.
January	741	—	100	99	—	100	38	—	100	50	—	100
February	798	—	100	114	—	100	26	—	100	44	—	100
March... ..	2,600	—	100	79	—	100	59	—	100	260	—	100
April	285	—	100	71	—	100	26	—	100	162	—	100
May	413	—	100	130	—	100	44	—	100	120	—	100
June	123	—	100	107	—	100	64	—	100	74	—	100
July	190	—	100	145	—	100	113	—	100	109	—	100
August	853	—	100	258	—	100	479	—	100	336	1	100
September	1,495	3	99·7	501	2	99·6	706	—	100	282	—	100
October	1,439	3	99·7	242	—	100	522	1	99·8	272	—	100
November	524	—	100	199	1	99·5	211	—	100	128	—	100
December	547	4	99·4	101	1	99	112	—	100	94	—	100
TOTAL	10,008	10	99	2,046	4	99·8	2,400	1	99·9	1,931	—	100

Month.	Ships.			Sailor.			Refugees.		
	Coming from infected ports.	Coming from non infected ports.	Total.	Found.	Not found.	Rate per cent.	Total.	Found.	Not found.
January ...	85	107	122	52	—	100	80	80	—
February...	69	91	160	39	—	100	87	87	—
March ...	110	101	211	124	—	100	28	28	—
April ...	136	121	257	51	—	100	18	18	—
May ...	153	129	282	44	—	100	47	47	—
June ...	151	121	272	68	—	100	26	26	—
July ...	244	100	344	81	—	100	40	40	—
August ...	242	197	349	141	—	100	—	—	—
September	189	147	336	120	—	100	—	—	—
October ...	157	180	337	105	—	100	—	—	—
November	119	126	245	73	—	100	—	—	—
December	87	114	201	72	—	100	—	—	—
TOTAL ...	1,742	1,444	3,186	970	—	100	326	326	—

COUNTRIES INFECTED WITH CHOLERA DURING 1927.

Passengers remained at Alexandria.						Passengers in Transit.						Total.					
1st and 2nd classes.			3rd class.			1st and 2nd classes.			3rd class.			1st and 2nd classes.			3rd class.		
Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.	Found.	Not found.	Rate per cent.
5	—	100	304	—	100	10	—	100	54	—	100	964	—	100	507	—	100
6	—	100	239	—	100	2	—	100	—	—	—	1,002	—	100	397	—	100
5	—	100	348	—	100	51	—	100	—	—	—	2,975	—	100	687	—	100
6	—	100	435	—	100	4	—	100	4	—	100	611	—	100	672	—	100
8	—	100	437	—	100	1	—	100	1	—	100	806	—	100	688	—	100
6	—	100	391	—	100	—	—	—	7	—	100	533	—	100	579	—	100
2	—	100	498	—	100	10	—	100	1	—	100	795	—	100	75	—	100
1	—	100	687	—	100	—	—	—	—	—	—	2,033	—	100	1,281	—	100
6	—	100	1,144	—	100	—	—	—	—	—	—	4,247	3	99·9	1,927	2	99·8
9	1	99·7	821	—	100	—	—	—	—	—	—	3,930	5	99·8	1,335	—	100
5	—	100	562	—	100	—	—	—	—	—	—	1,350	—	100	889	1	99·7
5	—	100	390	—	100	—	—	—	—	—	—	1,084	4	99·6	585	1	99·8
4	1	99·97	6,256	—	100	78	—	100	67	—	100	20,320	12	99·9	10,300	4	99·9

Number of passengers who were found... .. 30,620

 " " " could not be traced... .. 17

 " sailors who were discharged from ships... .. 970

Total 31,607

As against 27,848 in 1926.

Number of ships which arrived from infected ports 1,742 as against 1,719 in 1926.

LIST SHOWING SHIPS WHICH ARRIVED TO SUEZ PORT FROM INFECTED COUNTRIES AND PASSENGERS ON BOARD OF WHICH THEY ARRIVED DURING THE YEAR 1927.

MONTH.	Number of Ships.	Cairo.			Alexandria.			Canal.			Interior.			Total.		
		Observed.	Not found.	Total.	Observed.	Not found.	Total.	Observed.	Not found.	Total.	Observed.	Not found.	Total.	Observed.	Not found.	Grand Total.
January ...	58	856	—	856	99	—	99	425	—	425	—	—	—	1,380	—	1,380
February ...	57	90	1	91	356	—	356	608	1	608	12	—	12	1,065	2	1,067
March ...	70	139	—	139	693	—	693	599	—	599	5	—	5	1,436	—	1,436
April ...	68	91	—	91	86	—	86	2,000	—	2,000	—	—	—	2,177	—	2,177
May ...	79	121	1	122	106	—	106	1,086	—	1,086	8	—	8	1,321	1	1,322
June ...	56	50	—	50	106	—	106	707	—	707	9	—	9	472	—	872
July ...	56	32	2	34	28	—	28	295	—	295	6	—	6	361	2	363
August ...	60	120	—	120	173	—	173	667	—	667	21	3	24	981	3	984
September ...	39	79	—	79	48	—	48	292	—	292	3	—	3	422	—	422
October ...	70	66	1	67	47	—	47	561	—	561	3	—	3	680	1	681
November ...	58	44	1	45	60	—	60	374	—	374	1	—	1	479	1	480
December ...	67	80	1	81	42	—	42	472	—	472	4	—	4	598	1	599
TOTAL ...	738	1,768	7	1,775	1,844	—	1,844	8,088	1	8,089	72	3	75	11,772	11	11,783
PERCENTAGE ...		99.6	00.39	—	100	—	—	99.99	00.01	—	96	4	—	99.91	00.09	—

LIST SHOWING PASSENGERS COMING FROM INFECTED COUNTRIES IN 1927 *via* PORT SAID.

DESTINATION.	Number of passengers.	1ST AND 2ND CLASSES PASSENGERS.			3RD CLASS PASSENGERS.		
		Found.	Not found.	Rate per cent of those who were found.	Found.	Not found.	Rate per cent of those who were found.
Cairo	2,653	2,006	37	98·13	600	10	98·36
Alexandria	520	259	7	97·36	248	6	97·63
Port Said	7,619	1,191	—	100	6,428	—	100
Interior of Egypt	1,150	298	1	99·66	851	—	100
TOTAL	11,942	3,754	45	98·18	8,127	16	99·8

Number of passengers observed ... 11,881

 " not found... 61

Percentage of " observed ... 99·48

Number of ships 1,018

LIST SHOWING SHIPS, PASSENGERS AND SAILORS ARRIVING FROM INFECTED COUNTRIES
IN 1927 AT DAMIETTA.

	Number.	Found.	Not found.	Rate per cent of those who were found.
Sailors who arrived	697	697	—	100
Passengers "	5	5	—	100
TOTAL	702	702	—	100

Number of ships 110.

LIST SHOWING PASSENGERS WHO ARRIVED TO EGYPT FROM INFECTED COUNTRIES IN 1927 *via* QANTARA.

MONTH.	Cairo.			Alexandria.			Canal Zone.			Interior.			Total.			1st Class Passengers.	By land.
	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.	Found.	Not found.	Total.		
January	539	2	541	194	—	194	312	13	325	55	—	55	1,100	15	1,115	729	4
February	495	3	498	249	—	249	214	—	214	55	—	55	1,013	3	1,016	1,359	1
March	570	3	573	310	5	315	360	7	367	49	2	51	1,289	17	1,306	1,815	—
April	1,498	12	1,510	681	2	683	850	5	855	1,393	9	1,402	4,422	28	4,450	1,469	—
May	747	7	754	545	6	551	1,225	1	1,226	111	1	112	2,628	15	2,643	738	—
June	648	4	652	419	3	422	389	2	391	113	1	114	1,569	10	1,579	327	—
July	562	13	575	423	—	423	461	2	463	120	—	120	1,566	15	1,581	311	—
August	1,055	2	1,057	536	1	537	590	1	591	166	1	167	2,347	5	2,352	365	37
September	1,520	2	1,522	485	1	486	474	1	475	203	1	204	2,682	5	2,687	416	140
October	1,119	1	1,120	288	3	291	501	1	502	149	1	150	2,057	6	2,063	345	65
November	783	6	789	242	1	243	480	—	480	140	—	140	1,645	7	1,652	337	17
December	694	2	696	219	3	222	370	—	370	96	1	97	1,379	6	1,385	765	6
TOTAL	10,230	57	10,287	4,591	25	4,616	6,226	33	6,259	2,650	17	2,667	23,697	132	23,829	9,036	270
PERCENTAGE	99.43	00.57	—	99.46	00.54	—	99.48	00.52	—	99.37	00.63	—	99.44	00.56	—	—	—

PILGRIMS.

During the period from April 11, to June, 1927, 15,071 Egyptian pilgrims and 2,262 foreign pilgrims departed from Egypt to the Hedgaz. In addition to these 6,064 pilgrims in transit passed through the Canal to Hedgaz during this period.

Below are given the batches of pilgrims who left for Hedgaz and the names of the ships on which they departed.

NUMBER OF PILGRIMS WHO TRAVELLED AND DATE OF DEPARTURE IN 1927 FROM PORT TEWFIQ.

Date.	Name of Ship.	Egyptians.	Foreigners.
April 11 to May 8		146	474
May 9 transit	Brindz... ..	—	304
" 10	Aloy	—	675
" 10	Gharibaldi	1,189	—
" 11	Tolmedo	713	—
" 11	Mansûra	—	345
" 12	Nazaryo Sawro	1,591	—
" 13	Port Alexandretta	1,078	—
" 16	Antama	—	650
" 16	Gharibaldi	1,189	—
" 16	Qena	—	556
" 17	Tolmedo	723	—
" 17 transit	Maltani	—	847
" 17	Erotonits	—	965
" 18	Nazaryo Sawro	592	—
" 19	Sas-ri	—	19
" 20	Ramali	—	462
" 20	Port Alexandretta	1,161	6
" 22	Teodors	—	318
" 22	Gharibaldi	1,189	—
" 23 transit	Peomonti	—	814
" 23	Qena	4	509
" 23	Mansûra	3	119
" 24	Stati ly	—	481
" 24	Nazaryo Sawro	1,550	—
" 26	Mesoua	—	45
" 26	Port Alexandretta	1,179	3
" 28	Gharibaldi	1,165	—
" 28	Tourki	—	148
" 30	Kafourizi	—	400
" 31	Qena	16	132
June 1	Port Alexandretta	583	4
		15,071	8,326
		23,397	

VACCINATION OF PILGRIMS.

Instructions were issued to the Medical Officers of districts to vaccinate against small-pox every pilgrim sent by the Administrative Authority to the Health Office and to inoculate him twice against cholera. An entry to this effect is to be made in the pilgrim registers and in the passport of the pilgrim concerned.

The Department also established a special office at Suez for pilgrim work, the duty of which is to verify the passports of pilgrims for the purpose of controlling the pilgrims' passports and ensuring that they have been vaccinated and inoculated twice against cholera and to complete the vaccination of those who have not been vaccinated before being allowed to depart.

RETURN OF PILGRIMS.

Pilgrims commenced to return to Suez on June 24, 1927; the Tôr Lazarette was opened on June 20, 1927 and closed on August 20, 1927.

During the period from August 27 to December 25, 1927 (*i.e.* after the closure of Tôr Lazarette) 35 pilgrims of whom 13 were Egyptians, returned to Suez and were quarantined for the recognised period at Moses wells and Shatt.

5,900 foreign pilgrims passed through the Canal in transit for abroad.

Hereunder, are shown the nationalities of the foreign pilgrims who arrived at Suez during the year :—

Nationality.	Number of pilgrims.	Nationality.	Number of pilgrims.
		<i>Brought forward</i>	1,683
Persian	627	Afghanian	29
Syrian	558	Irakian	296
Turkish	161	Palestinian	588
Tripolian	163	Nigerian	155
Dutch	5	Of Aman	5
Of Gold Coast ...	45	Czechoslovakian ...	19
Albanian	2	French	77
Indian	66	Romanian	7
English	17	Italian	98
Sudanese	23	Kiweitian	20
Greek	5	Hedjazian	53
Servian	10	Javan	10
Russian	1	Abyssinian	1
<i>Carried forward</i>	1,683	TOTAL	3,041

Of these foreign pilgrims, 3,014 returned to their own country immediately after their arrival at Suez.

97 remained in Egypt and were put under observation for the recognised period.

After the return of pilgrims, 176 Egyptian pilgrims remained at Suez and were observed there. 166 were admitted to the Government Hospital.

All pilgrims were traced and observed with the exception of one who could not be traced in spite of the enquiries which were made and it appeared that he was a beggar, with no fixed abode.

Below is a return showing the number of Egyptian pilgrims who proceeded to the Hedgaz during the last 12 years :—

YEAR.	Number of pilgrims.
1916	1,076
1917	281
1918	464
1919	444
1920	1,657
1921	2,959
1922	6,132
1923	5,458
1924	8,164
1925	18
1926	16,959
1927	14,992

MEDICAL MISSIONS.

In view of the fact that it was decided that no *Mahmal* should be sent this year, the Department sent two dispensaries to the Hedgaz. One to Jedda, composed of one doctor, one disinfectant, two *tamourgies* and one *farrash*; the other to Mecca, composed of one doctor, one disinfectant, three *tamourgies* and one *farrash*. The latter dispensary was transferred to Yombo as soon as *Courban* ceremonies at Mecca were completed. The establishment of drugs and medical equipment sent with these dispensaries was increased. Necessary instructions were issued to Medical Officers of dispensaries to carry out their work in accordance with the régime followed in hospitals and a great quantity of foodstuffs and cooking articles were sent in order that food might be issued to patients who were admitted to the two dispensaries.

The two missions left from Suez on May 10, 1927. Immediately after their arrival to Jedda, Jedda dispensary was opened and the staff of Mecca Mission proceeded to Mecca where they arrived on May 16, 1927; the tents of the dispensary were erected and opened for the treatment of patients. When pilgrims ceased to pass through Jedda on June 26, 1927, Jedda Mission returned to Egypt.

When the pilgrimage ceremonies at Mecca were completed and the pilgrims had proceeded to Medina, the Department instructed the doctor of Mecca dispensary to proceed to Yombo and put up the dispensary there until the return of all Egyptian pilgrims from Medina to Yombo on their way to Egypt. The Mission left Mecca on June 17, 1927 and arrived at Yombo on July 5, 1927; immediately after its arrival, the dispensary was opened for the treatment of pilgrims. When Egyptian pilgrims had all passed through Yombo, the dispensary returned on July 24, 1927, on board the last ship transporting pilgrims.

MEASURES TAKEN DURING THE RETURN OF PILGRIMS.

The Departmental order which was published in each of the last two years embodying the instructions which should be followed in the observation of pilgrims on their return was re-published on June 1, 1927.

The Ministry of the Interior, on the request of the Department, issued a circular to the Administrative Authorities to instruct *Omdas* and *Sheikhs* to assist Medical Officers in so far as they are concerned.

An Epidemic Inspector was detailed to Suez to supervise the work in connection with the return of pilgrims during the pilgrimage season.

The Egyptian State Railways was requested to allot a platform in Cairo Station for the arrival of pilgrim trains.

The Egyptian State Railways, at the request of the Department, issued the instructions, usually published, to its staff concerned to the effect that they should inform Medical Officers of any pilgrim who breaks the journey at any station other than that to which he has booked his ticket in order to be observed at the localities in which he has detrained.

THE CONTROL OF THE EASTERN FRONTIERS DURING THE PILGRIMAGE SEASON.

The measures applied in Sinai during the return of pilgrims commenced on June 20, 1927. Two Medical Officers were delegated for this *ma'mouria*, each M.O. being supplied with a motor car in order to be able to move quickly from one place to another in Sinai Peninsula and to inspect the caravan routes and wells and observe pilgrims returning from the Hedgaz in order to protect the country against the probable importation of cholera by those pilgrims.

The Ministry of Finance approved the granting of a reward of L.E. 5 to every person intercepting any pilgrim returning to Egypt through an unknown route.

The Ministry of War was asked to appoint the necessary *Ghaffirs* for guarding routes and wells, their wages being paid from the Department's budget. It was also asked to increase the number of patrols for routes and boundaries.

Sheikhs of Arabs were summoned to two meetings one at El 'Arish and the other at Kantilla and were given necessary instructions to intercept strangers who arrive in districts in their circumscription and to report them to *Ghaffirs* or policemen in order to bring them to the Quarantine Station at Kantilla or El 'Arish. They were also given to understand the importance of intercepting strangers for the purpose of safeguarding their districts against the importation of cholera by means of passengers arriving from the Hedgaz and that a reward of L.E. 5 will be paid to every person intercepting any pilgrim and he who will neglect this duty will be punished.

Instructions were given to the two Medical Officers detailed for this *ma'mouria* to put up isolation tents at Kantilla and El 'Arish and for one of them to remain at El 'Arish and the other at Kantilla. They were also ordered to exchange posts once every fortnight and that each Medical Officer should continually inspect routes and wells in his circumscription, examine pilgrims and all persons who are found and quarantine them in the isolation camp under strict observation for a period of 5 days. Stool specimens should be taken for bacteriological examination in the laboratory which was installed for the purpose in 'Arish Hospital in order to be sure that they are not cholera carriers. At the end of the 5 days, those who do not develop symptoms suspicious of cholera or another infectious disease should be released.

Owing to the spread of cholera in Persia and Mesopotamia, the duration of the Mission of the above two Medical Officers in Sinai was extended for two months ending on November 19, 1927.

An Epidemic Inspector was detailed to supervise the work of the two Medical Officers from time to time. The Medical Officers returned to the Central Administration on November 20, 1927 as the *ma'mouria* terminated on November 19, 1927.

Hereunder the number of persons who were intercepted and isolated at Kantilla, El 'Arish and Timid:—

El 'Arish...	...	...	...	...	...	525 persons.
Kantilla	...	...	...	...	...	25 „
Timid	...	...	...	...	...	108 „
TOTAL						658 „

CONTROL OF THE RED SEA COASTS.

The Department came to an agreement with the Quarantine Board, Ministry of the Interior, and the Frontiers Administration as regards the control of the Red Sea Coast during the pilgrimage season, the isolation in tents for 5 days of all persons coming on board sailing ships (Sambouks) from the Hedgaz, putting them under observation and sending notification lists to their destinations for subsequent observation there. Pilgrims arriving on board ships should be sent to Tôr.

The expenses incurred were paid off the passengers control credit and necessary action was taken for paying a reward of L.E. 2 to each person intercepting any pilgrim landing from the Hedgaz.

The Control of the Red Sea Coasts was terminated on September 15, 1927.

MALARIA.

The number of malaria cases recorded during the year was 538, this number is the least recorded since 1918 with the exception of 1923 as in the latter year only 507 were recorded, as shown herebelow:—

YEAR.	Cairo.	Gebel Asfar.	Canal Zone.	Kôm Ombo.	Idku.	Total Number of cases in the whole Country.
1918	23	—	126	2,079	—	2,936
1919	11	—	205	1,304	—	1,683
1920	18	10	31	1,594	—	1,870
1921	6	2	184	1,626	—	2,012
1922	5	—	255	678	—	1,078
1923	7	175	280	8	—	507
1924	9	1,646	192	465	—	2,448
1925	8	1,783	193	611	4,502	7,254
1926	14	51	149	1	460	881
1927	52	50	137	1	—	538

Detailed statistics of the cases recorded in 1927 are annexed to this report. This disease is still non-notifiable; the number of cases recorded, therefore, from any locality, cannot, by any means, be regarded as a basis to indicate the amount of infection, as notifications are only, confined to cases occurring amongst *Gaffirs*, policemen and officials. Also some of the inhabitants who report to Health Medical Officers on their own accord.

The Department is contemplating making this notification compulsory.

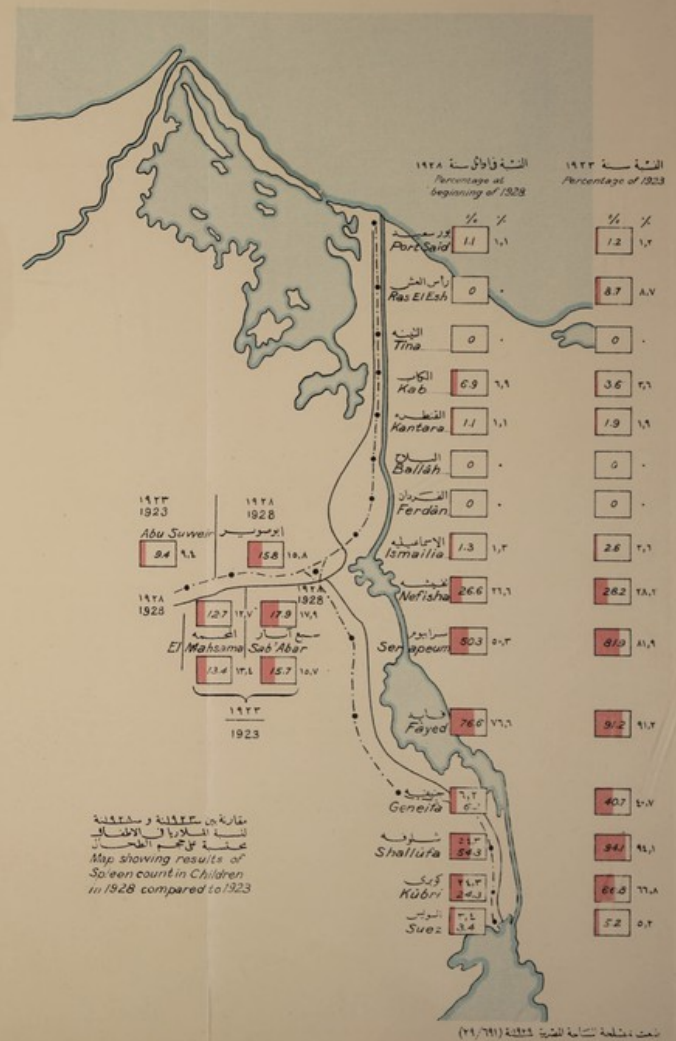
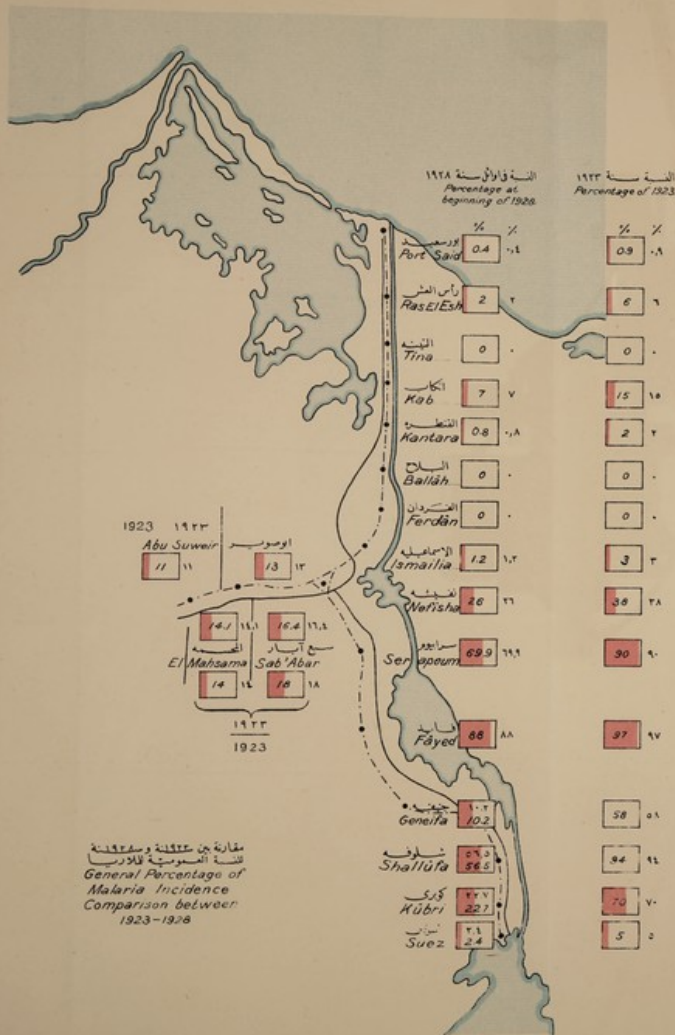
The number of cases reported from Cairo, are mostly imported from other localities of the country, i.e. the disease is not endemic in Cairo.

The Department discovers the extent of the spread of the disease in a locality by a spleen count of children between 2-10 years of age.

It is interesting to place on record that cases have gradually decreased in endemic areas, such as Gebel Asfar, Kôm Ombo and Idku as a result of the large preventive projects which have been carried out in these areas. For instance in Gebel Asfar, the disease has almost been eradicated by the completion of the drain and the drying off of the *birkas* which formed prolific breeding grounds and also by the continual cleaning of this drain by a special gang, paid from the Malaria Committee credit.

In the Canal Zone, conditions have been considerably improved by the execution of the large projects, alluded to in previous reports. A spleen count has been made, the results of which are shown on the attached map, giving a comparison with the previous state so as to indicate the amount of progress attained in this area.

In Kôm Ombo, the Department is undertaking the distribution of quinine, on a large scale, the company is at the same time advised to regulate the irrigation of sugar-cane, and to plant it some distance from the dwellings of the *'Ezbas*. This plan has resulted in the prevention of new cases and the improvement in the splenic index amongst children.





The following table shows the quantities of quinine issued by the Department this year, as compared with previous years :—

5 GRAIN PILLS.

Year.	Oases.	Gebel Asfar.	Canal.	Kôm Ombo.	Derr.	Other localities.
1924	2,500	143,000	5,000	1,200	700	411,120
1925	70,500	393,500	110,400	500	7,000	399,855
1926	25,000	153,000	86,395	2,000	1,500	433,105
1927	23,100	24,000	58,000	1,000	8,400	506,700
2 GRAIN PILLS.						
1924	5,700	10,000	—	1,700	1,600	196,680
1925	1,300	13,000	3,500	500	8,300	152,130
1926	38,500	8,000	7,300	1,000	3,300	149,900
1927	41,50	13,500	3,200	—	2,700	173,600

Arrêtés have been issued to apply Law No. 1, 1926, to Cairo, Faiyûm Bandar, Benha, Kafr el Dauwâr, Simbillawein, Samannûd, Suez Town, Canal and Gebel Asfar Zones, villages of Farsis in Zifta District and Idku in Rosetta District.

The Law was applied on Giza Bandar in the year 1926.

MALARIA STATION AT IDKU.

It was stated in last year's report that malaria stations similar to those founded by the Rockefeller Foundation in Italy, are to be established.

One has now been opened at Idku, a very malarious town situated not far from Alexandria, the second capital of Egypt and one of the large ports of the Mediterranean Sea ; the breeding places are the large *birkas* surrounding the town with Lake Idku in addition.

A large proportion of the breeding, taking place in these marshes, is of the anopheline variety, because the lake is overgrown with weeds and grass ; for the complete eradication of the disease from this zone, this lake must be completely dried ; this can only be undertaken as a part of the large drainage projects, moreover, even in the case of possible drainage, there will arise the difficulty of providing water for its irrigation. Even if this difficulty could be surmounted, there will arise the question of providing adequate means of living for over 11,000 population who live mainly on the fishing industry.

A malaria station was, therefore, constructed in this locality.

Complete details regarding the work of this station will be included in the next year's report, as the work was only begun about the close of the year.

The necessary expenditure has been paid off from the malaria credit as no provision was made for it in this year's budget.

An Epidemic Medical Officer is carrying out the work there.

The following species of anopheline mosquitoes quoted from Mr. Kirk Patrick's Report are present in Egypt :—

Mauritanus.

North of the Delta, commonest in the area of Alexandria, Damanhûr to Dessûk, Mansûra to Damietta and to El Gamaliya (on Bahr el Saghir).

Pharonsis.

Throughout the Delta, but especially common in the rice growing districts, also Qantara, Wadi Tumilât and west shores of bitter lakes. Also occurs commonly all over Faiyûm.

Rhodesiensis.

Eastern Sinai, at Qosseima, 'Ein Godeirat and 'Ein Kodos.

Sergenti.

Moussa wells, Fayed and El-Shawashna in Faiyûm and Kharga Oases.

Superpictus.

Qosseima in Sinai.

Multicolor.

Throughout the Delta, rather less common in the north, though exceptionally abundant round Baltim, very common round Cairo especially at El Marg, Khanka, Old Cairo and Helwân. Also abundant in Wadi Tumilât and in Canal Zone, eradicated from Ismailia also Faiyûm.

As regards drainage and filling in executed by the Anti-Malaria Commission, on the recommendation of the Department, for the eradication of the anopheline mosquito no mention has been made as a detailed report is being published annually by that Commission.

LIST SHOWING DISTRIBUTION OF MALARIA CASES DISCOVERED IN 1927.

District.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Cairo	1	—	—	1	2	4	2	6	9	10	15	2	52
Canal	—	1	3	4	2	—	15	9	14	23	7	13	91
Suez... ..	2	1	—	—	—	2	10	9	5	4	9	4	46
Shibin el Qanâtir	2	—	—	1	4	3	14	7	—	20	7	1	59
Qalyûb	—	—	—	—	1	—	12	3	3	2	—	—	21
Tûkh	—	—	—	—	—	—	1	—	—	—	1	—	2
Delta Barrage	—	—	—	—	—	1	—	1	—	—	—	—	2
Benha	—	—	—	—	—	—	3	—	3	5	—	—	11
Tanta	—	—	—	—	—	—	—	—	—	—	1	—	1
Disûq	—	—	—	—	1	1	—	—	—	—	1	—	3
Kafr el Sheikh	—	—	—	—	—	—	1	—	—	—	—	—	1
Kafr el Zaiyât	—	—	—	—	1	1	2	1	1	1	—	—	7
Qallin	—	—	—	—	1	—	1	—	—	3	—	—	5
Qattûr	—	—	—	—	—	—	1	—	—	—	—	—	1
Talkha	—	—	—	—	—	—	1	—	—	1	—	—	2
Samannûd	—	—	—	—	—	—	—	—	—	3	—	—	3
Santa	—	—	—	—	—	—	1	—	—	4	1	—	6
Borollos	—	—	—	—	—	—	—	—	—	1	1	—	2
Mehalla el Kubra	—	—	—	—	—	—	1	1	—	—	—	—	2
Belqâs	—	—	—	—	—	—	1	—	—	—	—	—	1
Mit Ghamr	—	—	—	—	—	2	—	—	—	1	—	—	3
Aga	—	—	—	—	—	—	1	—	1	—	—	—	4
Dikrnis	—	—	—	—	—	1	—	1	—	2	—	—	4
Menzala	—	—	—	—	—	2	—	—	—	—	—	—	2
Matariya	—	—	—	—	—	—	—	1	—	—	—	—	1
Diarb Nigm	—	—	—	—	—	—	—	—	—	1	—	—	1
Tell el Kebir... ..	1	—	—	—	1	—	—	—	—	—	—	—	2
Zagazig	—	1	—	—	1	—	7	1	1	3	—	—	14
Hiya	—	—	—	—	—	—	1	1	1	1	1	—	5
Minyet el Qamh	—	—	—	—	—	—	1	—	—	3	1	—	5
Bilbeis	—	—	—	—	—	—	—	1	—	—	4	—	5
Kafr Saqr	—	—	—	—	—	—	—	—	1	—	—	—	1
Fâqûs	—	—	—	—	—	—	—	—	—	1	1	—	2
Shibin el Kôm	—	—	—	—	2	1	16	8	—	5	—	—	32
Minûf	—	—	—	—	2	1	—	—	—	2	—	—	5
Tala... ..	—	—	—	—	1	1	—	—	3	1	—	—	6
Quesna	—	—	—	—	—	3	—	1	4	3	2	—	13
Rosetta	1	—	—	12	2	—	2	2	—	5	—	—	24
Raml	—	—	2	—	—	—	4	—	—	2	1	—	9
Kôm Hamada	—	—	—	—	—	—	—	—	—	1	—	—	1
Giza... ..	—	—	—	—	4	—	—	1	—	—	—	—	5
Biba... ..	—	1	—	—	1	—	—	—	1	4	5	4	16
Beni Suef	—	—	—	—	—	—	—	—	—	3	2	—	5
Wasta	—	—	—	—	—	—	—	—	—	—	1	—	1
Sinnûris	3	—	—	—	—	—	3	2	—	10	3	—	21
Faiyûm	—	—	—	—	—	1	—	—	1	3	3	—	8
Itsa	—	—	—	—	—	—	—	—	—	—	1	2	3
Abu Qerqâs	—	—	—	—	—	1	—	—	1	—	2	—	4
Fashn	—	—	—	—	—	—	—	2	1	2	1	—	6
Asyût	—	—	—	—	—	—	1	2	—	—	2	2	7
Qena	—	—	—	—	—	—	—	—	—	—	—	1	1
Aswân	1	—	—	—	—	—	—	—	—	—	—	—	1
Kôm Ombo	—	—	—	—	—	—	—	—	—	1	—	—	1
Idfu... ..	—	—	—	—	—	—	—	—	—	—	—	2	2
TOTAL	11	4	5	18	26	25	102	62	50	131	73	31	538

Frontiers Medical Section.

1.—INTRODUCTORY NOTE.

The following are the branches of the Frontiers Medical Section :—

(a) *Seven Hospitals* ; one at each of :—

'Amriya, Mersa-Matrûh, Sidi Barrâni, Sollûm, Kharga Oasis, Dakhla Oasis, and El 'Arish.
The work in each hospital includes out-patients and in-patients.
The Medical Officer carries also the work of a health office.

(b) *Eight Health Offices* ; one at each of :—

Siwa Oasis, Bahariya Oasis, Qantara East, Tôr, Rafa, Qosseir, Safaga and Hurghada.
The work in these health offices differs from that in the Nile Valley in having a clinic attached to each for the gratuitous treatment of out-patients.

(c) *Ten auxiliary First Aid Outposts* ; one at each of :—

Khanka, Ghâbit el Bûs, Mersa Thlemel, Shatt, Kuntella, Themed, Qossaima, Daba'a, Burg el 'Arab and Abu Sir.

In each of these out-posts there is a pharmacy provided with the necessary medicaments for rendering first aid and carrying out simple treatment.

2.—A SHORT NOTE ON EACH BRANCH.

WESTERN DESERT GOVERNORATE.

(a) *Mariût District (with Amriya Hospital and Health Office).*

The Public Health condition in that district was satisfactory and no infectious diseases occurred. The average number of births increased to 9 per thousand as against 8 per thousand in the previous year ; also the average number of deaths increased to 8 per thousand against 7 per thousand in 1926, thus it kept pace with the birth rate.

The number of in-patients amounted to 110 against 88 in 1926 but the number of out-patients has dropped to 5,618 against 9,253 in the previous year. This decrease is due to the non-occurrence of infectious diseases.

(b) *Matrûh District (with a Hospital and Health Office).*

No infectious diseases occurred in that district, except few cases of measles which caused few deaths amongst infants. Venereal diseases cases have decreased this year ; 28 cases are reported, as compared with 49 in 1926.

The number of Ophthalmic in and out-patients was 1,253 ; majority of cases were Trichiasis and Trachoma.

(c) *Sidi Barrani District (with a Hospital and Health Office).*

The public health in this district was good, and no infectious diseases occurred, except few cases of whooping cough and measles.

There was a great attendance at the in and out-patients departments ; the number of in-patients which was 48 in 1925 and 109 in 1926 has increased to 140 in 1927. There was also an increase this year in the number of out-patients having amounted to 5,058 as compared with 3,872 in 1926 and 4,055 in 1925.

The decrease in the number of out patients treated in 1926 is due to the fact that the lands in the Western Desert were barren as no rains fell this year and the inhabitants were obliged to immigrate in search of grazing for their live stock.

The arrangement made between the Department of Public Health and the Frontiers Administration, to the effect that 'Omdas and *Sheikhs* should partake the responsibility for the notification of births and deaths, proved to be effective in bringing forth the better

carrying out of the registration. This is clear from the fact that 317 births were registered in 1927 as compared with 122 in 1926 and 89 in 1925. Likewise the deaths registered have amounted to 174 as against 90 in 1926 and 48 in 1925.

The number of children vaccinated against small pox in 1927 was 215 as compared with 94 in 1926.

(d) *Sollûm District (with a Hospital and Health Office).*

As stated in 1926 report, this district is relatively smaller than that of Sîdi Barrâni but owing to its geographical situation (on the boundary line between Egypt and Tripoli) and being the Headquarters of a Battalion of the Egyptian Army, special attention is paid to its public health affairs. The Medical Officer of that district carries out the Quarantine duties. All arrivals from the West are examined.

The sanitary condition in that district was satisfactory.

The number of out-patients which was 3,145 in 1926 has increased to 3,979 this year; but the number of in-patients has dropped to 232 in 1927 as compared with 383 cases reported last year. This was due to the small number of immigrants coming from the West.

The number of operations shows a remarkable increase, 209 operations are reported in 1927 as against 154 in last year.

Light has thus begun to dawn upon Arabs that the lancet is not as fearful as they imagined and that an operation is sometimes a necessity.

There was a very remarkable increase in the number of eye diseases treated, 1,085 cases were reported this year as against 141 in 1926.

It is interesting to note from this enormous increase that the inhabitants, who are still primitive, began to seek treatment whenever necessary.

(e) *Siwa District (with a Health Office).*

In 1927, deaths outnumbered births by 19. This is due to the prevalence of measles (202 cases with 8 deaths), influenza (214 cases with 28 deaths) and whooping cough (80 cases with 18 deaths).

The number of out-patients in 1926 was 3,624 but in 1927 it reached 6,790. Of these there were 16 malaria cases (old), 300 trachoma cases (including complications) and some cataract cases.

The abundance of flies in Siwa is due to the keeping of animal manure by the inhabitants for manuring their gardens and fields. The charging of the inhabitants to establish stables for their cattle being impossible, a district order was issued by Siwa Frontiers Administrative Authorities to the effect that the manure should be covered by earth from time to time, leaving it where it is so long as not required, and some good results were obtained.

Repairs to the school rooms and prisons were made and their latrine windows were also fitted with wire netting to exclude flies.

As the present cemetery of Siwa is near the buildings, a new one for the use of the inhabitants of the Eastern side of the town was built at a distance of 276 metres from the present and was called "Abu Raash", another new one for the use of the inhabitants of the Western Side of the town was erected at a distance of 400 metres from the old and was called "Biston".

(f) *Bahariya District (with a Health Office).*

The inhabitants of Bahariya are so poor that they very hardly obtain their food; this is especially the case after the financial crisis of 1925. The condition became worse by the decrease in the prices of cotton, with the consequent result of a less demand of dates by Arab merchants, nearly the only crop of the inhabitants, and thus a drop in the prices of dates to a moiety ensued.

As there was no money to buy foodstuffs, dates became the main food; it had a bad effect on children and the result was a 70 per thousand deaths amongst them.

SINAI GOVERNORATE.

(a) *El 'Arish District (with a Hospital and a Health Office).*

Medical and Sanitary work in the district comprises the treatment of in and out-patients, the supervision of the sanitary condition and the combating of epidemics.

As to general cleanliness every effort was made to keep the town clean within the regulations applicable in the Frontiers Areas. It is regrettable to state that inside the houses there are prolific breeding grounds for flies. Houses are built without openings except

in the Northern Side being the door and one window, the door opens on a courtyard where the inhabitants sleeping rooms exist and where all live stock of camels, donkeys and sheep are kept; no other openings for ventilation or for light are provided for. This contributes for the insanitary condition of houses, to which is added the animal manure, which is the best medium for the breeding of flies.

The "Etablissements Insalubres" law is not applicable in Frontiers Areas except as far as local conditions permit.

The Department hopes that in the near future all the prescriptions of this law will be made applicable to these localities.

Sinai, being the key to Egypt from the East, special attention is paid to the control of epidemics there. The arrangement now in force is to prevent any person from entering Egypt unless he is medically examined, for ensuring that he is free from any infectious disease, and he should, as well, be vaccinated against small-pox. The Administrative Authorities help the Medical Officer in strictly carrying out this arrangement, as it is an important measure for the prevention of diseases being transported into this country.

A general vaccination against small-pox was made in this area, and the anti-malaria projects in Sinai received the greatest attention especially at Qossaima where the marshes of "Ein el Gedeirat" exist.

The Hospital, epidemic store and disinfecting station were all repaired this year.

As Purulent Ophthalmia has appeared amongst the inhabitants of El 'Arish, the Department has sent a Medical Officer, who remained there for two months treating all eye cases who reported themselves at Hospital. It is worthy of mention to state here the decision of the Department referred to in last year's report that the Frontiers Medical Officers should be trained at Giza Ophthalmic Hospital so that they can treat ophthalmic diseases occurring within their circumscription without seeking the help of specialists.

(b) *Rafa District (with a Health Office).*

Although for Departmental reasons the work of Rafa Health Office was carried out by El 'Arish Medical Officer for a long period during 1927, yet the number of out-patients at the end of the year amounted to 3,402.

Practical supervision is made on the registration of births and deaths, but the difficulty lies in the constant moves of the inhabitants (Beduins) with the consequent result that this registration will remain inexact.

(c) *Qantara East District (with a Health Office).*

The appearance of cholera in Persia and Mesopotamia has considerably increased the work of this health office.

The Department has decided, as a preventive measure, to isolate and control, for five days, all camel drivers, merchants and foot passengers coming on foot from adjacent countries to the Eastern Frontiers.

This arrangement was followed until cholera had been exterminated from the above-mentioned two countries. 701 persons were isolated and controlled.

The sanitary condition at Qantara was satisfactory and the proportion of births to deaths was 3 to 1 respectively.

Only two small-pox cases and a case of typhus were reported. 4,642 persons were vaccinated against small-pox. Eye diseases have decreased and 11 syphilis cases were treated. It was observed that the latter disease was imported from Ismailia and Port Said.

A barber was appointed for El Kab and Om Khalaf localities of the Qantara West as the sanitary affairs of these two villages were detached from P.H.O., Port Said and added to the duties of M.O., Qantara East. Extra sweepers were also engaged at Qantara.

There appeared 8 cases of malaria which were examined, treated with Plasmoshine, instead of Quinine, and good results were obtained.

9,624 out-patients attended for treatment; their number in 1926 was 8,913.

New buildings on a sanitary style were built, near their workshop, for the labourers of Palestine Railways.

(d) *El Tôr District (with a Health Office).*

The Public Health at Tôr was on the whole satisfactory ; but 11 Diphtheria cases with a percentage of 30 per cent deaths were reported.

The number of malaria cases is still high though it has decreased considerably than previous year ; 34 cases were reported as against 88 in 1926.

There are no venereal diseases amongst the inhabitants of Tôr. Only two syphilitic cases came from the Nile Valley and left before they were cured.

The number of out-patients which was 3,356 last year, amounted to 4,743 this year.

SOUTHERN DESERT GOVERNORATE.

(a) *Kharga District (with a Hospital and a Health Office).*

The birth-rate was higher than the death-rate, the former was 48 per thousand, and the latter 28.4.

The attendance in the in and out-patients departments is increasing, the out-patients examined were 18,268 against 12,827 in 1926 and the in-patients 212 as compared with 204 in last year.

The majority of cases treated in hospital are of malaria in summer and pneumonia in winter. There are some tubercular cases, but the patients seek treatment in the last stage of the disease when it becomes incurable.

No infectious diseases occurred except seven cases of small-pox.

Venereal diseases are not common in that oasis ; most of the cases treated in the hospital were among the merchants who came from the Nile Vally for trade.

(b) *Dakhla District (with a Hospital and a Health Office).*

The sanitary condition at Dakhla was satisfactory. The ratio of deaths in 1927 (26 per thousand) was less than that of the previous year which amounted to over 30 per thousand.

A case of diphtheria, 3 dysentery cases, and two of puerperal fever were reported. No other infectious diseases occurred.

The number of the out-patients was 10,650 in 1927 as compared to 8,250 in 1926. 790 vaccinations were made of which 742 were successful.

The sanitary inspection of the 12 villages of Dakhla is carried out properly every month.

Malaria cases have increased than previous year, especially at Gedîda, Hindaw, Mût, Ma'sara, and Asment.

Bilharzia has been overcome, thanks to the efforts of the specialist who was sent by the Department for the treatment of patients suffering from this disease.

Eye diseases are common at Kalamon and Kasr. 1483 cases were treated in hospital this year as against 579 in 1926.

RED SEA DISTRICT.

Hurghada, Safaga and Qosseir Health Offices.

The physicians of the Mining Companies at Hurghada, Safaga, and Qosseir act as Medical Officers of Health against a monthly remuneration paid to each of them by the Department of Public Health.

As most of the inhabitants are the labourers of the companies and their families, the work rendered by these Medical Officers for the Public Health Department is confined to the treatment of Government Officials and inhabitants who are not employed by the companies, and inspecting schools, barracks and prisons as well as the registration of births and deaths and vaccination.

3.—GENERAL VACCINATION AGAINST SMALL-POX IN FRONTIERS AREAS.

The following table shows the Frontiers Areas where vaccination has been carried out:—

District.	Population.	Number of Persons Vaccinated.	Number of Persons Remaining Unvaccinated.
El 'Arish	7,000	7,000	—
El Qantara	5,933	4,642	1,291
El Tôr	1,000	960	40
Safaga	627	629	—
Siwa	3,500	3,220	280

In the middle of December 1927 an order was issued to the Medical Officers of the other localities besides those mentioned above to carry out general vaccination amongst the inhabitants who were not vaccinated before.

4.—ANTI-MALARIA PROJECTS ACHIEVED IN THE FRONTIERS AREAS.

SIWA OASIS.—SIWA TOWN.

A.—Projects achieved under estimates allotted for special works.

B.—Projects achieved by gang of labourers appointed for the maintenance of drains under "margin estimates".

C.—Projects achieved by the inhabitants.

A.—Projects achieved under estimates allotted for special works include:

1.—Digging new drains.

- Malloul drain—length 500 metres; its subsidiary drains—length 300 metres.
- Drains and subsidiary drains of El Geer and Tammura Lalli reservoirs in the agricultural area of Tammakrat—length 675 metres.
- Drain for El Harek and El Geer reservoirs at Tammakrat to drain extra water after the agricultural season is over.
- Abu Na'ama drain at Saboukha—length 180 metres.

2.—Repairs of drains and old reservoirs.

- 'Ein Tammakrat drain—length 400 metres (finishing up work of last year); connecting Tankhalifa drain—length 275 metres with Ghabit 'Ein Moussa drain—length 260 metres.
- Reservoir for agricultural land of Tatraband—square area 3,200 metres.
- Reservoir for Zagawa Garden—square area 1,600 metres.
- Reservoir for southern agricultural land of Zagawa—square area 1,400 metres.

3.—Filling in and drainage of:—

- Malloul pools—cubic area 2,000 metres.
- Drainage of a land near Tammakrat—square area 7,000 metres.
- Filling in of pools and drying up of lands near Saboukha—square area 1,000 metres.

B.—Projects achieved by gang of labourers for the maintenance of drains include:—

1.—Digging new drains.

- 'Ein Bumezedgen drain—length 100 metres and a reservoir with dimensions of $10 \times 10 \times 2$ metres.
- Zamanazel drain for Tammakrat—length 380 metres.
- Subsidiary drain at Ziadet garden—length 85 metres.

2.—*Repair of old drains.*

- (a) Repair and deepening of a drain west of Ein Tammusi—length 205 metres.
- (b) Bellief drain—length 1,200 metres.
- (c) Several other drains—length 1,000 metres.

3.—*Filling in of pools and drying lands in different places*—Square area not less than 5,000 square metres.

C.—Projects achieved by the inhabitants include :—

1.—*Digging new drains and subsidiary drains.*

- (a) Wafra Garden drain—length 730 metres.
- (b) Ein Ghabit Ashou drain—length 280 metres ; and its subsidiary drains—length 160 metres.
- (c) North of Harek drain and subsidiary drain—length 60 metres.
- (d) A number of small subsidiary drains in various gardens—length 700 metres.

2.—*Repair of old subsidiary drains.*

- (a) Tannadi Mosque drain—length 340 metres.
- (b) Subsidiary drain for the various agricultural lands of Tammakrat—length 1,500 metres.
- (c) Several subsidiary drains in various geardens—length 3,000 metres.

3.—*Filling in of pools and drying up of lands.*

- (a) Wafra garden pools—cubic area 300 metres.
- (b) Several pieces of land in various gardens—square area 10,000 metres.

SIWA OASIS.—AGHOURMI TOWN.

A.—Projects achieved under estimates allotted for special works include :—

1.—*Digging in of new drains and reservoirs.*

- (a) Gardens pools drain—length 545 metres and its subsidiary drains—length 765 metres, and its reservoir to the East of Arfuri reservoir—dimensions : $20 \times 20 \times 2$ metres. A new reservoir south of 'Ein el Goba—measures : $30 \times 30 \times 2$ metres. A new reservoir for Birkit El Wakf—dimensions : $5 \times 5 \times 1$ metres.
- (b) East Tamansour drain—length 290 metres and its subsidiary drains—500 metres long. Tamansour reservoir—dimensions : $30 \times 20 \times 2$ metres. Birkit Hammam reservoir—dimensions : $20 \times 25 \times 2$ metres.

2.—*Repair of old drains.*

- (a) Remaining part of Goba drain—length 670 metres.
- (b) Drains and subsidiary drains ending at Goba drain—length 600 metres

3.—*Filling in of pools and drying up of pieces of land.*

- (a) Gardens pools—cubic area 2,000 metres.
- (b) Tamansour pools—cubic area 1,500 metres.

B.—Projects achieved by gang of labourers appointed for the maintenance of drains include :—

1.—*Digging new drains and subsidiary drains.*

- (a) South Annuzi drain—length 385 metres. Its subsidiary drains—length 400 metres. Its two reservoirs, dimensions : $4 \times 4 \times 1$ metres, and $7 \times 7 \times 2$ metres.
- (b) Drain for the pool south of Azmouri reservoir—length 200 metres.
- (c) Azmouri reservoir drain—length 140 metres.
- (d) West Ambrouk drain—length 235 metres. Its subsidiary drains—length 80 metres. Its reservoir—dimensions : $5 \times 5 \times 1$ metres.

2.—*Repairs of drains and old subsidiary drains.*

- (a) El Terehi drain—length 185 metres. Its subsidiary drains—length 135 metres.
- (b) Part of Choukhchoukh drain—length 565 metres.
- (c) Birkit Azizi drain—length 120 metres.
- (d) El Awali drain—length 265 metres.
- (e) Part of the drain in the agricultural area of El Hammam—length 330 metres.
- (f) El Refi and El Kwemi reservoirs drain—length 90 metres.

3.—*Filling in of pools and drying up of infiltration water and pieces of land.*

- (a) Tershawi pools—cubic area about 500 metres.
- (b) Various pools and oozes—square area about 3000 metres.

C.—*Projects achieved by the inhabitants include :—*

1.—*New subsidiary drains in various gardens—length about 500 metres.*

2.—*Repair of old subsidiary drains.*

- (a) The subsidiary drain of El Arrusi agricultural land—length 365 metres.
- (b) The subsidiary drain of El Hammam agricultural land—length 280 metres.
- (c) The subsidiary drain of El Atibat agricultural land—length 330 metres.
- (d) Several new subsidiary drains in various places—length 3,000 metres.

3.—*Filling in of various oozes and drying up of pieces of land.—measure about 5,000 square metres.*

KHARGA OASIS.

(1) The old porcelain pipes along the soldiers house drain were replaced by new 12 inch pipes, as the former ones were of small size and failed to drain the water.

This drain has been sided with stones and extended by 150 metres to the north east ; consequently a *birka* of 100 metres has been drained. Four inspection rooms were constructed on the drain in order to facilitate its cleaning in case of necessity.

(2) Twelve inch porcelain pipes for a distance of 20 metres to the east were laid along Biukhra drain under the sand dunes.

(3) A new drain starting from the junction of Sukkout and Biukhra drains has been dug to a distance of 800 metres. It now ends at the new Sukkout Birka which was stocked with fish this year. The said drain was dug by the gang of the drains' labourers as no credit was allotted for same, while the water accumulated from these two drains (Sukkout and Biukhra) was scanty and covering a vast area, which is in the vicinity of the drainage site, i.e. new Sukkout Birka. After digging this drain the water was all directed to the latter *Birka*, which is at a distance of 3 kilometres from Old Sukkout Birka ; this *Birka* can now be stated to have completely been dried.

DAKHLA OASIS.

Although no credits were allotted for the anti-malaria projects at Dakhla Oasis during 1927, yet the inhabitants cleaned out eight kilometres of drains. The channel of Ein el Bashaim at Mutt was filled in to a depth of half a metre. No water now exists in the channel.

NORTHERN SINAI.

El 'Arish.

In El 'Arish the Anti-malaria work merely consisted in filling in of small depressions along the railway Line that usually become filled with water after each rain. The *Shadoof* diggings have also been controlled and those unused have been filled up. This work started at the end of February, which is the suitable time for the purpose. El 'Arish has consequently become free of mosquitoes and their breeding places.

El Qossaima.

At El Qossaima the draining and the filling in of depressions undertaken this year are a complete success. This place is entirely free from mosquitoes.

'Ein el Gedeirat.

At Wâdi El Gedeirat the work is of a very difficult nature. There we have a large spring rising in the bed of a *Wâdi* and flowing down it for a distance of about 2 kilometres.

The *Wâdi* bed is composed in some places of large stones, in others of fine gravel and also in some parts of stiff clay. In some spots the *Wâdi* is filled with reeds (*Bûs*).

The water does not flow swiftly but in a succession of pools and swamps and is therefore the very worst type of mosquito breeding haunt. Fish were put in last spring and were a success in those stretches of water to which they had access but owing to the large number of falls (*Shellâls*) and separate pools in the *Wâdi* there were many places where fish could not penetrate and there mosquitoes bred.

200 metres of *Wâdi* bed have been cleared of reeds and all obstructions, holes filled in with stones and gravel and the water caused to flow rapidly through a clean bed.

The construction of a masonry and concrete dam has been commenced about 400 metres from the springs and at a spot where no water will rise to the surface below the dam. The height of the dam is 3 metres and length 25 metres and width at the bottom 3 metres. This will hold back the water in one continuous pool for about 8 metres in which the fish will be able to move freely.

The work will be completed by the end of the financial year.

SOUTHERN SINAI.

El Tôr.

All swamps which were the breeding places of mosquitoes have been filled in and malaria will entirely disappear from Tôr.

Bahariya Oasis.

No malaria new projects were carried out at Bahariya.

The work there consisted only in repair and upkeep of Bawiti drain which was constructed in 1925.

5.—SUMMARY OF THE WORK DONE.

Number of in and out-patients treated last year was 90,589 while it reached this year 104,356 with an increase of about 13 per cent as shown in table VIII.

Number of cases examined microscopically and pathologically this year is 513, same number as last year.

The ratio of births in 1926 was 37 per thousand but in 1927 it reached 38·7 per thousand, though the number of population in both years has not changed.

Among the diseases which are prevalent in Frontiers Areas are the ophthalmic diseases and for this reason the Department (as previously stated) has decided that Frontiers Medical Officers should be trained for some time in Ophthalmic Hospitals in order to be able to treat all eye cases locally.

Number of ophthalmic cases in 1926 was 4,567 but it reached 8,277 in 1927. This increase is due to the inhabitants who have now begun to benefit by medical treatment; a fact to be recorded with great satisfaction.

TABLE I.—STATISTICS OF IN AND OUT-PATIENTS IN THE FRONTIER DISTRICTS HOSPITALS.

Months.	In-patients.				Out-patients.		
	Number of beds.	Admitted.	Died.	Discharged.	New cases.	Old cases.	Total.
January	105	133	1	134	3,520	3,443	6,510
February	105	182	4	146	5,101	3,896	8,544
March	105	161	3	183	3,356	3,636	6,539
April	105	120	6	118	3,355	3,567	6,469
May	105	140	7	128	4,349	4,472	8,368
June	105	120	3	109	3,280	3,758	6,585
July	105	156	1	157	3,512	4,622	7,681
August	105	157	1	136	3,880	5,427	8,854
September	105	161	2	162	4,155	5,357	9,059
October	105	115	1	119	3,628	6,334	9,509
November	105	123	11	114	3,512	6,493	9,552
December	105	125	4	112	3,971	6,009	9,527
TOTAL	105	1,693	44	1,618	45,619	57,014	102,633

TABLE II.—IN-PATIENTS TREATED IN 1927 IN THE FRONTIER DISTRICTS HOSPITALS (*See* TABLE I).

	Males.	Females.	TOTAL.
Remaining from last year	21	9	30
Admitted during present year	1,379	314	1,693
TOTAL	1,400	323	1,723
Cured... ..	1,047	237	1,284
Uncured	300	63	363
Died	24	6	30
TOTAL	1,371	306	1,677
Remaining till December 31, 1927	29	17	46

TABLE III.—PATIENTS TREATED IN THE IN AND OUT-PATIENTS DEPARTMENTS OF THE FRONTIER DISTRICTS HOSPITALS DURING 1927.

Patients.	Number of patients admitted of their own accord.	Number of police cases.	Number of prisoners.	Number of police men and ghaffirs.	Total.	Number of days of treatment.
In-patients	1,346	113	115	119	1,693	—
Out-patients	99,935	536	740	1,422	102,633	—
Total	101,281	649	855	1,541	104,326	—

TABLE IV.—OPERATIONS AND RESEARCHES.

Number of Cases.				Number of cases examined by (X) Ray.	Number of cases of which specimens were taken and sent to laboratory.	Number of cases microscopically examined.	Other pathological researches.
Erysipelas.		Tetanus.					
On admission to hospital.	During treatment.	On admission to hospital.	During treatment.				
—	—	—	—	One by Qasr El 'Eini.	127	513	—

TABLE V.—VENEREAL DISEASES.

MONTHS.	Total of In and Out-patients.	Out-patients.						In-patients.						605 or 914 Injections.	Mercury Injections.	Microscopical researches.
		Syphilis.					Gonorrhoea.	Syphilis.					Gonorrhoea.			
		Number of Cases.	Primary.	Secondary.	Tertiary.	Hereditary.		Number of Cases.	Primary.	Secondary.	Tertiary.	Hereditary.				
January ...	21	12	1	3	8	—	7	2	—	—	1	1	—	24	7	—
February ...	26	13	1	3	5	4	8	5	—	1	3	1	—	15	2	—
March ...	25	11	5	2	2	2	12	2	—	—	2	—	—	32	6	—
April ...	26	11	2	2	6	1	5	9	—	1	7	1	1	55	17	—
May ...	31	15	1	6	5	3	8	7	—	1	5	1	1	42	1	—
June ...	16	8	—	3	3	2	4	4	—	—	4	—	—	40	10	2
July ...	39	29	1	4	18	6	4	6	2	—	2	2	—	56	17	—
August ...	36	24	—	3	8	13	6	6	—	1	4	1	—	45	16	—
September ...	41	24	2	4	12	6	8	5	—	1	4	—	4	89	2	—
October ...	36	19	—	1	14	4	9	6	1	—	3	2	2	43	2	—
November ...	29	25	1	—	20	4	3	1	—	—	1	—	—	65	—	1
December ...	19	12	1	1	8	2	2	5	—	—	3	2	—	26	—	—

TABLE VI.—OPERATIONS.

NATURE.	Number.	NATURE.	Number.
Amputations	9	<i>Brought forward</i> ...	424
Excision of neck Ganglions	8	Hydrocele	4
" breast "	—	Hæmatocele	—
" goitre	—	Excision of part of rib	—
Tumours ... { Malignant	2	Plastic operations	5
{ Non-Malignant	15	Mastoidotomy	5
Gastro-enterostomy	—	Grafting operations	1
Appendectomy	—	Other important operations	157
Splenectomy	—		
Hysterectomy	—	TOTAL	596
Ovariectomy	—		
Liver abscess	1	Indigestion operations	177
Excision of gall-bladder	—	Septic operations	63
Herniotomy { Inguinal	1	Deaths after operations	3
{ Femoral... ..	—	" due to narcotics	—
{ Ventral... ..	—		
Other Operations	361		
Piles ... { Whiteheads	1		
{ Ligature	10		
Fistulas ... { Rectal	12		
{ Urinary	1		
Vesico-vaginal fistulas	1		
Perineotomy	—		
Suprapubic- { For excision of prostate.	2		
Cystostomy { For extraction of vesical	—		
calculus.	—		
<i>Carried forward</i> ...	424		

OPERATIONS PERFORMED UNDER ANAESTHETICS.

Total.	In-patients.	
	Minor Operations.	Major Operations.
596	380	216

TABLE VII.—LABORATORY.

Nature of examination.		Examination performed in Hospital.		Examination performed in Laboratory.		Total.
		Positive.	Negative.	Positive.	Negative.	
Pus for tuberculoses	...	6	18	—	—	24
Urine for Cylinders	...	135	14	—	—	149
Urine for Bilharzial ova	...	69	42	1	—	112
Secretion from the Urethra	...	48	15	1	—	64
Blenorrhagia from the cervix uteri	...	3	—	1	—	4
Urine for	Bilharzial ova	9	8	—	—	17
	Ankylostomiasis ova	17	14	—	—	31
	Ascaris ova	5	6	—	—	11
	Amoebic ova	16	16	—	1	33
Blood	for examination of corpuscles	1	3	2	2	8
	for malaria parasites	12	9	27	45	93

VITAL STATISTICS.

TABLE VIII.—BIRTHS, DEATHS, VACCINATIONS, PATIENTS TREATED IN HOSPITALS AND INFECTIOUS DISEASE CASES OCCURRING IN THE FRONTIERS DISTRICTS.

Vaccination.			Percentage of Infantile Mortality.				Infantile Mortality.			Deaths.				Births.			Population.
Total.	Unrelieved.	Successful.	Rates of those from 1 to 10 years.		Rates of those under one year.		1-10 Years.	0-1 Year.	Rate per 1000 of Population.	Total.	Foreigners.	Egyptians.	Rate per 1000 of Population.	Total.	Foreigners.	Egyptians.	
			to Deaths.	Per cent.	to Deaths.	Per cent.											
			to Births.	Per cent.													
3341	167	3174	29	29	29	21.5	662	679	22	2,104	9	2,095	38.7	3,667	12	3,655	94,546

OPERATIONS.										In and Out-patients.				Number of Beds in Hospital.		
From January 1, 1927 to December 31, 1927.					From January 1, 1926 to December 31, 1926.					From January 1, 1927 to December 31, 1927.			From January 1, 1926 to December 31, 1926.			
Total.	Unrelieved.	Improved.	Successful.	Total.	Unrelieved.	Improved.	Successful.	Total.	Number of Out-patients.	Number of In-patients.	Total.	Number of Out-patients.	Number of In-patients.		Total.	Number of Out-patients.
596	39	86	471	399	10	62	327	104,356	102,633	1,723	90,589	89,207	1382	105		

Number of infectious disease cases occurring during the period from January 1, 1927 to December 31, 1927.										Number of infectious disease cases occurring during the period from January 1, 1926 to December 31, 1926.									
Infectious Diseases.										Infectious Diseases.									
Ophthalmic Diseases.	Syphilis.	Relapsing Fever.	Typhus.	Typhoid Fever.	Diphtheria.	Measles.	Small-pox.	Malaria.		Ophthalmic Diseases.	Syphilis.	Relapsing Fever.	Typhus.	Typhoid Fever.	Diphtheria.	Measles.	Small-pox.	Malaria.	
8,277	261	—	6	5	13	285	3	676		4,567	395	1	18	12	5	592	8	576	

General Hospital Section.

INTRODUCTION.

In the last years reports special reference was made to the granting of two credits one for the creation of three Child Welfare Centres and the other for the extension of the researches work in connection with the Endemic diseases and the increasing of the number of the travelling hospitals for the campaign of such diseases.

Two special sections have subsequently been established for dealing with the above-mentioned purposes. One of them which is the Child Welfare Section has been started in December 1927. In the special chapter of this Departmental Report dealing with the said section, the object of its creation will be explained. The creation of the other one which is the Endemic Diseases Section has taken place in April 1928. The object of its creation is the carrying out of the prophylactic and curative measures against Bilharziasis, Ankylostomiasis, Pellagra, Dysentery, Malaria, Tuberculosis, and other endemic diseases. The latter section is intended to serve as a means for the efficient study of these diseases; an aim becoming of Egypt which should be the centre for the study and researches of the Tropical diseases. It is expected that these activities will lead to the wiping out of these diseases from the country.

It is worthy of mention that there is thorough connection between the general hospitals section and the above-mentioned two new sections, in the same way as the Epidemic and Ophthalmic Sections as all of them have some branches attached to the General Hospitals.

At the beginning of 1927, the Department has laid down the principles to be followed in the various health and medical questions. A programme was made up for the establishment of Medical Institutions with a view to the increasing of the number of hospitals so that they will be sufficient for the needs of the inhabitants. The percentage of beds thereof as to the total number of the inhabitants of Egypt will then become one bed per 1,000 of the inhabitants.

This programme is summarized as follows:—

(1) Extension of the provincial hospitals in the chief towns of the Mudirias, so that each of them will be equipped by the most recent medical instruments such as X Rays permanent and portable apparatus, and furnishing them with all modern methods of treatment and with sections for the different medical branches under the direction of specialists.

(2) In each district (Markaz) there will be a hospital where ordinary, venereal, ophthalmic and parasitic diseases are treated.

(3) For every 30,000 persons of the inhabitants a village hospital will be erected. This sort of hospital will be a mere out-patients' clinic for the first aid and treatment of simple diseases. It will also be provided with an ambulance for the first aid and transport of patients who are in need of special treatment to the nearest hospital.

(4) Special hospitals for the Gynaecology and midwifery cases will be established.

(5) Hospitals for the treatment of the venereal diseases as well as for prostitutes will also be erected.

(6) Generalization of up-to-date venereal diseases clinics in all localities that are in need of them.

(7) Establishment of dispensaries in the form of out-patients' clinics for guiding the patients suffering from tuberculosis in the first stage, as well as establishing a hospital for this purpose where the technical treatment will be carried out on the modern methods by specialists.

(8) Establishment of a modern hospital for the combating and treatment of leprosy, which has actually begun and it is hoped that the building thereof will shortly take place on a piece of land selected for this purpose at Khanha (Cairo suburb).

(9) Creation of a hospital for the combating and treatment of Cancer.

The execution of this programme has actually been commenced as a special credit has been provided for in the Budget of 1928-1929 for the erection of ten Markaz hospitals and twenty village hospitals, so that during the five years following the said fiscal year (1928-1929), 50 Markaz hospitals and 100 village hospitals will be established.

PRESENT GENERAL HOSPITALS.

In the year 1927, Mit Ghamr Hospital has been opened. The number of the General Hospitals has thus become 26. It is also expected to open El Fikriya Hospital as well as Tayiba Hospital which is established at the expense of H.E. Badrawi Pasha 'Ashûr.

TREATMENT IN HOSPITALS.

The progress of the treatment methods in hospitals still receives the greatest part of the care of the Department which provides these institutions with the modern means of treatment, encourages the medical staff as to increase their scope of researches and studies. Specialists have also been appointed, *e.g.* a specialist in children diseases has been appointed at Alexandria Hospital, another for skin diseases and a third for internal diseases and a fourth for X Rays. Also specialists in children diseases at Asyût and Benha Hospitals and another for Internal diseases at Asyût Hospital have been appointed. Although the Department is proceeding gradually in this way yet its activities in this connection are limited by the number of specialists available in the different medical branches.

IN AND OUT-PATIENTS STATISTICS.

The attendance of patients at the medical institutions is still increasing either in the in and out-patients departments of the hospitals or in the independant general clinics. This can be clearly observed from the following table which shows the total number of patients treated during the last three years :—

	1925	1926	1927
Patients treated in the In-patients department of Hospitals ...	63,149	64,225	67,977
Patients treated in the Out-patients department of Hospitals ...	412,170	613,649	705,610
Number of Out-patients' attendances... ..	831,173	1,319,692	1,698,840
Number of patients treated in independant Clinics... ..	—	50,473	85,017

RECEIPTS AND EXPENSES.

The total receipts during 1927 from the in-patients sections, General Hospitals, amounted to L.E. 3,776·576 milliemes only. This is due to the decision affording free treatment in the 3rd ordinary class with effect from February 2, 1927.

The expenses amounted to L.E. 227,517·372 milliemes including the expenditure of Hôd el Marsûd and Gabbâry Lock Hospitals. The following table shows the total expenditure and the rate per patient per day and annum in the last three years :—

	1925	1926	1927
Number of days of treatment ...	1,008,893	1,049,209	1,092,907
Expenses (L.E.)	240,949	228,370	227,517
Rate of expenses per patient per day	228 ^m / _m	209 ^m / _m	208 ^m / _m
	L.E. MILLS.	L.E. MILLS.	L.E. MILLS.
Rate of expenses per patient per annum	82 220	76 285	75 720

N.B.—It is to be noted that these figures include the expenses of the Infectious Diseases Hospitals for the year 1925 *i.e.* before their detachment from the Hospitals Section and attachment to the Health Department.

VENEREAL DISEASES CLINICS.

In 1927, four venereal clinics have been opened in Tanta, Mansûra, Asyût, and Qenâ. At the beginning of 1928 (the time of drafting this report) four more clinics have been opened in Zagazig, Suez, Faiyûm, and Cairo (Sabtia Quarter). It is hoped that four other clinics will be opened before the end of the year 1928.

VENEREAL DISEASES.

The number of patients suffering from these diseases who were treated in the in and out-patients departments amounted to 6,261 and 29,369 respectively, shown as follows:—

	In-patient Sections.			Out-patient Sections.		
	Syphilis.	Gon.	Total.	Syphilis.	Gon.	Total.
General Hospitals	1,203	2,036	3,239	15,166	2,146	17,312
Venereal diseases hospitals (for prostitutes)	1,432	1,590	3,022	3,777	—	3,777
Venereal diseases hospitals (clinics)	—	—	—	5,106	3,174	8,280
TOTAL	2,635	3,626	6,261	24,049	5,320	29,369

ACCOMMODATION IN HOSPITALS.

The number of beds in hospitals was 3,457 during 1927 *i.e.* 107 beds more than that of the previous year. Besides that 387 beds exist in Hôd el Marsûd and Gabbâry Hospitals for the treatment of prostitutes.

OPERATIONS AND X-RAYS EXAMINATION.

The following table shows the number of operations performed during this year as compared to that of the last year, both in the in and out-patients sections of the general hospitals. Classification of these operations is however shown in Table No. 10:—

	1926	1927
Number of operations in the in-patient sections in hospitals ...	19,698	21,190
Number of operations in the out-patient sections in hospitals ...	4,285	3,978
TOTAL	23,983	25,168

The number of cases examined by X-Rays amounted to 6,734.

DEATHS.

The number of patients treated in the in-patient sections of general hospitals during this year amounted to 67,977 of which 4,152 died; a percentage of 6.1. Most of the deaths occurred amongst the cases brought in dangerous conditions due to accidental or criminal causes, or due to chronic diseases.

PARASITIC DISEASES HOSPITALS.

During 1927, nine travelling Ankylostoma hospitals and 3 school Ankylostoma clinics have been opened. The number of patients treated is increasing gradually as shown by the following table:--

Year.	Bilharziosis and Ankylostomiasis.
1925	82,666
1926	155,125
1927	283,735

The total number of expenses of these hospitals amounted to L.E. 27,537·868 milliemes as shown in the Table No. 16.

Details as to the treatment in the hospitals is shown in the Table No. 18.

MEDICAL INSTITUTIONS NOT ATTACHED TO D.P.H.

It is worthy of mention, before concluding this summary to point out that there are other medical institutions in Egypt which are not attached to this Department. They are shown in Table No. 19.

Besides these, there are private clinics containing some beds. All these institutions are intended for the benefit of the different classes of the public.

TABLE I.—NUMBER OF BEDS IN GENERAL HOSPITALS, 1927.

NAME OF HOSPITAL.	BEDS FOR PATIENTS.							BEDS FOR STAFF.				GRAND TOTAL.
	1st Class.	2nd Class.	Special 3rd Class.	Ordinary 3rd Class and 4th Class.			TOTAL.	Rest house.	Resident, nurses etc.	Other staff.	TOTAL.	
				Patients.	Children.	Ophthalmic branch.						
Qasr el 'Aini	—	—	—	773	41	—	814	—	117	16	133	947
Alexandria	1	8	—	378	12	31	430	—	19	18	37	467
Port Said	4	8	20	128	3	—	163	—	11	4	15	178
Suez	7	16	—	175	2	8	208	—	7	—	9	215
Damietta	2	2	—	72	—	22	98	3	—	11	14	112
Damanhûr	—	4	—	91	2	—	97	3	—	—	—	100
Tanta	1	4	—	141	4	—	150	1	3	—	4	154
Mansûra	1	7	—	146	—	—	154	—	2	—	2	156
Zagazig	1	2	—	99	4	—	106	2	2	—	4	110
Shibin el Kôm	1	1	—	78	—	—	80	1	—	—	1	81
Benha	—	—	—	81	8	—	89	—	—	—	—	89
Qalyûb	2	2	—	55	—	—	59	—	—	—	—	59
Faiyûm	1	2	—	77	—	—	80	1	—	—	1	81
Lamlûm (Maghâgha)	—	—	—	12	—	—	12	—	—	—	—	12
Beni Suef	—	2	—	81	2	—	85	1	—	—	1	86
Minya	1	1	—	75	2	—	79	1	—	—	1	80
Asyût	—	14	—	163	7	—	184	—	3	—	3	187
Tahta	—	—	—	15	—	—	15	—	—	—	—	15
Sohâg	—	2	—	71	—	—	73	1	—	—	1	74
Qena	—	2	—	67	2	—	71	1	—	—	—	72
Luxor	—	2	—	24	—	—	26	—	—	—	—	26
Isna	—	—	—	31	—	—	31	—	—	—	—	31
Aswân	1	2	—	41	—	—	44	1	1	—	2	46
Mit Ghamr	—	—	—	22	—	8	30	1	—	1	2	32
*Mallawi	—	—	—	9	—	7	16	—	—	—	—	16
*Barrim (Kôm Hamâda)	—	—	—	18	—	13	31	—	—	—	—	31
TOTAL	23	81	20	2,923	89	89	3,225	17	165	50	232	3,457
Hôd el Marsûd	—	—	—	229	—	—	229	—	3	18	21	250
Gabbâri	—	—	—	134	—	—	134	—	3	—	3	137
GRAND TOTAL	23	81	20	3,286	89	89	3,588	17	171	68	256	3,844

* For certain reasons, the In-patients Sections in these hospitals have not yet been opened.*

TABLE II.—SHOWING NUMBER OF PATIENTS TREATED IN THE IN-PATIENTS DEPARTMENT
IN GENERAL HOSPITALS, 1927.

NAME OF HOSPITAL.	Existing from last year.	Voluntary admissions.	SENT BY THE POLICE.				TOTAL.	Males.	Females.
			Police cases.	Police men and Ghalifa.	Prisoners.	Prostitutes.			
Qasr el 'Aini	649	9,179	7,514	485	49	—	17,227	12,598	4,629
Alexandria... ..	301	5,352	3,877	885	55	—	10,169	7,769	2,400
Port Said	121	2,466	358	191	39	112	3,166	2,409	757
Suez	96	2,472	308	246	35	190	3,251	2,462	789
Damietta	68	1,447	277	91	2	3	1,520	1,069	451
Damanhûr	41	775	695	503	58	183	2,214	1,745	469
Tanta	122	1,186	1,068	411	22	226	3,113	2,310	803
Mansûra	143	1,265	983	301	40	102	2,691	2,100	591
Zagazig	86	1,412	589	606	4	94	2,705	2,271	434
Shibîn el Kôm	83	913	634	284	7	3	1,841	1,457	384
Benha	101	1,557	629	316	10	13	2,525	2,107	418
Qalyûb	40	986	133	70	—	—	1,189	917	272
Faiyûm	81	433	637	197	43	52	1,362	1,114	248
Beni Suef	71	716	558	78	15	68	1,435	1,133	302
Lamlûm (Maghâgha)	14	262	149	12	—	—	423	352	71
Minya	72	416	688	161	55	105	1,425	1,103	322
Asyût	165	1,950	1,368	199	19	288	3,824	2,870	954
Tahta	22	305	127	20	—	—	452	325	127
Sohâg	56	806	403	168	33	68	1,478	1,168	310
Qena	57	969	254	118	1	62	1,404	1,118	286
Luxor	21	370	53	18	1	—	442	375	67
Isna	33	472	57	18	2	39	588	422	166
Aswân... ..	42	410	193	66	32	25	726	554	172
Mit Ghamr	—	161	33	25	—	—	219	152	67
Mallawi	4	30	63	6	—	—	99	90	9
Barrim (Kôm Hamâda)	—	—	—	—	—	—	—	—	—
TOTAL	2,489	37,310	21,448	5,475	522	1,633	65,488	49,990	15,498
Hôd el Marsûd	133	—	—	—	—	2,246	2,246	—	2,246
Gabbari	83	—	—	—	—	896	896	—	896
GRAND TOTAL	2,705	37,310	21,448	5,475	522	4,775	68,630	49,990	18,640

TABLE III.—SHOWING NUMBER OF PATIENTS DISCHARGED FROM GENERAL HOSPITALS, 1927.

Name of Hospital.	Cured.	Relieved.	Died.	TOTAL.	Males.	Females.	Remaining at end of the year.
Qasr el 'Aini	—	15,570	1,508	17,078	12,490	4,588	798
Alexandria... ..	5,518	3,789	796	10,103	7,739	2,364	367
Port Said	1,387	1,625	123	3,135	2,397	738	152
Suez	2,337	757	130	3,224	2,431	793	123
Damietta	1,026	440	45	1,511	1,065	446	77
Damanhûr	1,139	942	96	2,177	1,714	463	78
Tanta	1,788	1,125	200	3,113	2,299	814	122
Mansûra	1,501	1,070	124	2,695	2,097	598	139
Zagazig	1,902	713	87	2,702	2,267	435	89
Shibîn el Kôm	756	938	157	1,851	1,468	383	73
Benha... ..	1,545	919	75	2,539	2,120	419	87
Qalyûb	676	446	53	1,175	912	263	54
Faiyûm	1,087	179	101	1,367	1,122	245	76
Beni Suef	1,011	315	113	1,439	1,131	308	67
Lamlûm (Maghâgha)	268	139	19	426	353	73	11
Minya... ..	1,152	191	68	1,411	1,083	328	86
Asyût... ..	2,723	917	189	3,829	2,874	955	160
Tahta	280	143	28	451	324	127	23
Sohâg	789	614	84	1,487	1,165	322	47
Qena	1,085	252	60	1,397	1,111	286	64
Luxor	317	118	18	453	384	69	10
Isna	427	173	13	613	440	173	8
Aswân... ..	408	277	46	731	562	169	37
Mit Ghamr	143	48	8	199	141	58	20
Mallawi	45	45	11	102	92	10	1
Barrim (Kôm Hamâda)... ..	—	—	—	—	—	—	—
TOTAL	29,310	31,746	4,152	65,208	49,781	15,427	2,769
Hôd el Marsûd... ..	1,281	947	—	2,228	—	2,228	151
Gabbâri	904	—	—	904	—	904	75
GRAND TOTAL	31,505	32,693	4,152	68,530	49,781	18,559	2,995

TABLE IV.—SHOWING NUMBER OF PATIENTS TREATED IN THE OUT-PATIENTS DEPARTMENTS IN GENERAL HOSPITALS, 1927.

Name of Hospital.	Voluntary Admissions.	Sent by the Police.	TOTAL.	New Patients.	Old Patients.	Number of Visits.
Qasr el 'Aini	166,287	12,413	178,700	178,700	320,169	498,869
Alexandria	98,783	9,290	108,073	108,073	195,975	304,048
Port Said	31,913	748	32,661	32,661	27,164	59,825
Suez	12,392	851	13,243	13,243	23,325	36,569
Damietta	27,466	475	27,941	27,941	26,211	54,152
Damanhûr	5,127	619	5,746	5,746	15,647	31,393
Tanta	22,635	1,638	24,273	24,273	25,415	49,688
Mansûra	33,219	598	33,817	33,817	23,159	56,976
Zagazig	27,120	603	27,723	27,723	36,913	64,636
Shibîn el Kôm	9,593	448	10,041	10,041	24,181	34,222
Benha	22,542	258	22,800	22,800	27,593	50,393
Qalyûb	14,356	217	14,573	14,573	18,193	32,766
Faiyûm	20,562	274	20,836	20,836	21,513	42,349
Beni Suef	19,038	383	19,421	19,421	26,113	45,534
Lamlûm (Maghâgha)	9,089	65	9,154	9,154	22,169	31,323
Minya	10,757	538	11,295	11,295	15,795	27,090
Asyût	17,832	809	18,641	18,641	16,426	35,067
Tahta	10,854	150	11,004	11,004	10,750	21,754
Sohâg	20,785	250	21,035	21,035	23,199	44,234
Qena	12,872	211	13,083	13,083	9,677	22,760
Luxor	10,349	56	10,405	10,405	13,639	24,044
Isna	9,367	59	9,426	9,426	11,709	21,135
Aswân	6,576	204	6,780	6,780	7,693	14,473
Mit Ghamr	12,934	251	13,185	13,185	8,043	21,228
Mallawi... ..	14,540	123	14,663	14,663	18,830	33,493
Barrim (Kôm Hamâda)	17,091	—	17,091	17,091	23,728	40,819
GRAND TOTAL	674,079	31,531	705,610	705,610	993,230	1,698,840

TABLE V. VENEREAL DISEASES IN HOSPITALS, 1927.

Name of Hospital.	Prostitutes.				Cases treated.					
	Syphilis.	Gonorrhoea.	Other Diseases.	TOTAL.	Out-Patients.			In-Patients.		
					Syphilis.	Gonorrhoea.	TOTAL.	Syphilis.	Gonorrhoea.	TOTAL.
Qasr el 'Aini	—	—	—	—	8,387	1,233	9,620	371	117	488
Alexandria	—	—	—	—	2,309	498	2,807	201	31	232
Port Said... ..	7	88	17	112	27	—	27	67	133	200
Suez	22	161	7	190	59	31	90	59	560	619
Damietta	2	1	—	3	22	2	24	7	5	12
Damanhûr	11	158	14	183	83	9	92	38	162	200
Tanta	9	204	13	226	304	28	332	34	231	265
Mansûra	8	85	9	102	106	16	122	24	113	137
Zagazig	5	36	53	94	156	15	171	15	38	53
Shibin El Kôm	1	2	—	3	135	16	151	20	11	31
Benha	5	8	—	13	96	—	96	26	14	40
Qalyûb	—	—	—	—	311	1	312	2	1	3
Faiyûm	4	20	28	52	751	2	753	16	24	40
Beni Suef	7	34	27	68	308	43	351	22	53	75
Lamlûm (Maghâgha)	—	—	—	—	26	—	26	—	—	—
Minya	—	69	36	105	47	15	62	6	72	78
Asyût	30	255	3	288	511	49	560	81	266	347
Tahâ	—	—	—	—	307	17	324	8	—	8
Sohâg	3	57	8	68	578	33	611	142	62	204
Qena... ..	4	57	1	62	155	9	164	18	71	89
Luxor	—	—	—	—	174	36	210	3	3	6
Isna	1	36	2	39	190	55	245	38	36	74
Aswân	—	24	1	25	40	35	75	5	33	38
Mit Ghamr	—	—	—	—	27	3	30	—	—	—
Mallawi	—	—	—	—	56	—	56	—	—	—
Barrim (Kôm Hamâda)	—	—	—	—	21	—	21	—	—	—
Hôd el Marsûd	1,013	1,233	—	22,216	3,686	—	3,686	1,013	1,233	2,247
Gabbâry	419	357	120	896	91	—	91	419	357	776
TOTAL	1,551	2,885	339	4,775	18,943	2,146	21,089	2,635	3,626	6,261

TABLE VI.—VENEREAL DISEASES CLINICS.

Name of Clinic.	Gonorrhoea.	Syphilis.	TOTAL.	New Patients.	Old Patients.	Number of Visits.	Patients found not attacked by V.D.
Cairo	1,694	1,565	3,259	3,259	11,997	15,256	794
Port Said	249	745	994	994	11,511	12,505	471
Tanta	666	619	1,285	1,285	7,743	9,028	14
Mansûra	457	406	863	863	5,185	6,048	432
Asyût	58	1,179	1,237	1,237	5,457	6,694	958
Qena	50	592	642	642	2,214	2,856	565
TOTAL	3,174	5,106	8,280	8,280	44,107	52,387	3,224

TABLE VII.—CLINICS FOR GENERAL DISEASES.

Name of Clinic.	New Patients.	Old Patients.	Number of Visits.
El Dirr (Dahabieh)	1,943	1,964	3,907
Tala	20,414	24,026	44,440
Minshât Sabri	11,716	7,445	19,151
Fashn	4,674	12,845	17,519
TOTAL	38,737	46,280	85,017

TABLE VIII.—DISEASES TREATED IN CLINICS FOR GENERAL DISEASES.

Name of Clinic.	Surgical Diseases.	Medical Diseases.	Venereal Diseases.	Skin Diseases.	Ophthalmic Diseases.	Parasitic Diseases.	TOTAL.
ElDirr(Dahabieh)	131	817	19	37	850	89	1,943
Tala	1,160	11,025	82	1,758	4,852	1,537	20,414
Minshât Sabri ...	346	4,871	127	1,764	2,539	2,059	11,716
Fashn	115	2,842	55	450	246	966	4,674
TOTAL	1,752	19,555	283	4,009	8,487	4,651	38,737

TABLE IX.—PREGNANT CASES EXAMINED FOR SYPHILIS.

Name of Hospital.	Number of Cases	Result of Examination.		
		Negative.	Positive.	Suspected.
Qasr el 'Aini	1,340	1,141	145	54
Alexandria	168	52	110	6
Port Said	15	11	4	—
Suez	47	43	4	—
Damietta	54	44	9	1
Damanhûr	52	30	12	8
Tanta	34	25	9	—
Mansûra	130	60	13	57
Zagazig	43	27	3	13
Shibân el Kôm	85	37	16	3
Benha	20	12	8	—
Qalyûb	65	46	9	10
Faiyûm	64	22	13	29
Beni Suef	38	25	13	—
Lamlûm (Maghgâha)	38	32	4	2
Minya	109	74	18	4
Asyût	158	123	32	3
Tahta	102	56	28	18
Sohâg	42	21	21	—
Qena	40	29	10	1
Luxor	11	10	1	—
Isna	6	5	1	—
Aswân	5	2	1	2
Mit Ghamr	28	25	3	—
Mallawi	14	7	7	—
Barrim (Kôm Hamâda)	3	—	3	—
Hôd el Marsûd	11	4	7	—
Gabbâry	—	—	—	—
TOTAL	2,722	1,963	504	211

TABLE X.—THEATRES AND RESEARCHES.

NAME OF HOSPITAL.	Operations under Anæsthe. ic.		Cases Examined by X-Ray.	Specimens thereof sent to Lab.	Examined Microscopically.	Pathological researches.
	In-patients.	Out patients.				
Qasr el 'Aini	5,960	1,081	4,372	—	—	—
Alexandria	2,891	731	1,001	12,944	4,630	12
Port Said	954	152	155	2,128	—	22
Suez... ..	426	114	83	1,401	9,244	—
Damietta *	433	2	19	4	4,118	8
Damanhûr *	401	482	4	269	3,738	3
Tanta	873	399	79	35	7,115	9
Mansûra	1,102	—	46	338	3,342	14
Zagazig	1,434	56	118	539	2,711	82
Shibîn el Kôm *	556	23	6	259	1,007	10
Benha	876	100	79	614	124	11
Qalyûb	636	264	83	606	7,149	18
Faiyûm *	643	156	21	276	1,348	12
Beni Suef	576	13	135	13	1,282	33
Lamlûm (Maghâgha) †	208	—	—	147	3,220	—
Minya	374	73	163	213	1,872	5
Asyût	1,206	123	370	491	174	17
Tahta †	126	51	—	393	81	2
Sohâg †	486	9	—	772	2,168	11
Qena †	331	24	—	604	4,286	7
Luxor †	143	8	—	349	71	3
Isna †	192	22	—	75	433	3
Aswân †	164	8	—	134	818	1
Mit Ghamr †	159	50	—	139	14	2
Mallawi †	40	—	—	—	—	—
Barrim (Kôm Hamâda) †	—	37	—	23	—	—
GRAND TOTAL	21,190	3,978	6,734	22,696	58,946	285

* The apparatus in Damanhûr was not working. In Damietta, Shibîn el Kôm, and Faiyûm the apparatus was provided too late.

† These hospitals are not yet provided with X-Ray apparatus.

TABLE XI.—SHOWING SORTS OF OPERATIONS PERFORMED IN HOSPITALS, 1927.

OPERATIONS.	Number.	OPERATIONS.	Number.
Ing. Hernia :—		Orthopedic Surgery :—	
Simple	1,978	Joints	83
Strangulated	126	Tendons	6
Femoral Hernia :—		Operations :—	
Simple	4	Plastic	103
Strangulated	1	Skin Grafting	46
Umbilical Hernia :—		Bone grafting	2
Simple	70	Plating	6
Strangulated	5	Wiring	8
Laparotomy :—		Gynaecology	315
Intestinal obstruction	35	Labour :—	
Peritonitis	25	Normal	21
Due to injury or Haemorrhage	109	Difficult	140
Cholecystostomy	5	Caesarean Section	16
Excision of tumours :—		Abscess of Prostate	2
Benign	7	Lithotrity	166
Malig.	8	Suprapubic Cystotomy :—	
Appendicectomy	54	For Extraction of Stone	192
Splenectomy	161	Prostatectomy	45
Hysterectomy	33	For Drainage	35
Ovariectomy	35	For Tumours	12
Other Causes	72	Perineal Section :—	
Excision :—		For Extraction of stone	148
Glands of neck	112	For drainage	15
Breast	14	Fistula :—	
Goiter	78	Anal	645
Tumours :—		Urinary	153
Benign	301	Vesico-Vaginal	10
Malig.	77	Piles :—	
Liver Abscess	23	Whiteheads	64
Pyothorax	26	Legature and cut	987
Kidney operations	37	Prolaps of Rectum	61
Hydrocele	1,393	Other operations	2687
Haematocoele	37		
Hydrocele of cord	42		
Varicocele	141		
Amputation	329		
Mastoid Abscess operations	23		
Head Operations	495		
Face	41		
Necrosis of Bone	474		
		TOTAL	12,339
		Number of operations at Qasr el 'Aini	
		Hospital	5,960
		Number of operations at Alexandria	
		Hospital	2,891
		GRAND TOTAL	21,190

TABLE XII—EXPENSES.

NAME OF HOSPITAL.	Salaries.		Rations.		Equipments.		Instruments and drugs.		Other Expenses.		TOTAL.	
	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.	L.E.	Mills.
Qasr el 'Aini	22,28	600	17,247	302	5,090	144	13,772	165	3,626	351	62,017	622
Alexandria	15,538	793	7,335	174	4,210	343	7,068	298	2,114	382	36,266	990
Port Said	4,027	600	3,837	854	1,405	766	2,056	428	677	429	12,005	137
Suez	4,686	009	2,937	129	1,046	595	1,300	396	564	164	10,534	293
Damietta	1,871	552	1,063	138	398	160	934	778	281	233	4,548	862
Damanhur	2,105	08	926	978	623	518	1,119	938	416	361	5,191	803
Tanta	3,600	005	1,979	363	781	910	1,625	266	649	185	8,636	329
Mansûra	2,971	864	1,858	916	654	104	2,117	166	389	391	7,991	441
Zagazig	2,693	811	1,628	399	986	602	1,046	206	234	282	6,589	600
Shibân el Kôm	2,119	50	1,519	296	381	612	833	205	371	493	5,225	106
Benha	1,958	521	1,210	265	572	828	1,120	079	920	381	5,082	074
Qalyûb	1,648	731	747	323	285	171	874	253	138	612	3,694	032
Fayûm	2,055	699	1,054	090	213	337	1,201	543	66	321	4,590	960
Beni Suef	2,009	676	1,148	193	649	942	1,089	844	265	146	5,162	795
Lamlûm (Maghâgha)	879	530	267	446	86	67	455	605	80	753	1,770	079
Minya	2,176	423	1,238	382	342	850	560	088	165	663	4,483	326
Asyût	3,609	101	2,556	478	101	841	422	244	567	023	9,505	268
Taba	1,090	500	410	580	134	500	1,312	117	80	971	1,958	668
Sohâg	2,079	369	1,087	265	376	535	1,217	926	147	706	4,908	801
Qena	2,014	852	1,060	713	526	950	824	183	141	967	4,568	665
Luxor	1,032	793	429	297	199	420	341	182	130	363	2,133	055
Isna	1,266	548	324	191	219	225	364	257	78	165	2,252	386
Aswân	1,545	887	843	528	340	441	642	158	138	044	3,510	058
Mit Ghinnr	134	275	126	613	925	081	1,008	792	96	595	2,941	356
Barrim (Kôm Hamâda)	841	129	—	—	107	859	459	357	15	271	1,493	616
Mallawi...	842	843	—	—	114	096	575	304	56	573	1,588	816
TOTAL ...	87,612	339	52,837	883	21,515	456	45,001	701	11,713	819	218,681	198
Hôd el Marsûd	1,935	722	1,794	663	1,013	223	192	246	576	996	5,512	850
Gabbâry	1,139	924	1,247	670	479	158	151	690	304	882	3,323	324
GRAND TOTAL ...	90,687	985	55,880	216	23,007	837	45,345	637	12,595	697	227,517	372

TABLE XIII.—GENERAL STATISTICS OF PATIENTS AND COST OF MAINTENANCE PER PATIENT.

Name of Hospital.	Number of beds.		Number of In-patients.	Number of days of treatment.	Total Annual Expenses.		Cost per patient per day.	Cost per patient per Annum.	
	Patients.	Officials.			L.E.	Mills.		L.E.	Mills.
Qasr el 'Aini ...	814	133	17,876	268,831	62,017	622	233	85	045
Alexandria	430	37	10,470	116,184	36,266	990	312	113	880
Port Said	163	15	3,287	61,143	12,005	137	200	60	143
Suez... ..	208	7	3,347	42,848	10,534	293	246	89	790
Damietta	98	14	1,588	33,004	4,548	862	138	50	370
Damanhûr	97	3	2,255	25,725	5,191	803	202	73	730
Tanta	150	4	3,235	48,936	8,636	329	176	64	240
Mansûra	154	2	2,834	48,345	7,991	441	165	60	225
Zagazig	106	4	2,791	37,014	6,589	600	178	64	970
Shibîn el Kôm ...	80	1	1,924	27,916	5,225	106	187	68	255
Benha	89	—	2,626	35,361	5,082	074	144	52	560
Qalyûb	59	—	1,229	18,373	3,694	192	201	73	365
Faiyûm	80	1	1,443	25,676	4,590	960	179	65	335
Beni Suef	85	1	1,506	27,725	5,162	795	186	67	890
Iamlûm (Maghâgha)	12	—	437	4,116	1,770	079	430	156	950
Minya	79	1	1,497	29,279	4,483	326	153	55	845
Asyût	184	3	3,989	72,048	9,505	268	132	48	180
Tahta	15	—	474	8,288	1,958	668	236	86	140
Sohâg	73	1	1,534	24,483	4,908	801	200	73	—
Qena	71	1	1,461	26,166	4,568	665	175	63	875
Luxor	26	—	463	6,882	2,133	055	310	113	150
Isna	31	—	621	7,853	2,252	386	287	104	755
Aswân	44	2	768	13,380	3,510	058	262	95	630
Mit Ghamr	30	2	219	6,554	2,941	356	449	104	168
Barrim (Kôm Hamâda)	31	—	—	—	1,423	616	35	12	775
Mallawi	16	—	103	2,759	1,588	816	44	16	060
TOTAL	3,225	232	67,977	1,018,889	218,681	198	215	78	475
Hôd el Marsûd ...	229	21	2,379	44,059	5,512	850	125	45	625
Gabbâry	134	3	979	29,924	3,323	324	111	40	515
GRAND TOTAL ...	3,588	256	71,335	1,092,907	227,517	372	208	75	920

TABLE XV.—EXPENSES OF ANKYLOSTOMA AND BILHARZIA HOSPITALS AND CLINICS, 1927.

Name of Hospital or Clinic.	Salaries.		Equipments.		Instruments and Drugs.		Water, Light etc.		Movement.		Sundry.		TOTAL.	
	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.	L.E.	M.
Ank. Hosp. :—														
Alexandria	209	981	83	756	42	113	—	—	—	—	—	—	335	850
Damietta	404	950	118	397	62	443	—	—	—	342	5	255	681	387
Tanta	628	323	211	641	72	785	51	645	29	827	38	110	1,035	211
Benha	719	10	87	98	131	700	7	402	—	—	13	997	959	267
Mansûra	461	660	4	126	88	803	—	—	1	470	—	905	556	964
Cairo	375	534	380	810	185	169	69	977	—	—	—	—	991	190
Shubrakhît	482	188	314	320	69	498	33	190	31	165	23	148	953	509
Beni Suef	637	340	154	493	134	431	8	911	14	475	23	510	673	160
Kafr Saqr	582	798	127	169	66	613	24	197	39	415	77	70	917	462
Faiyûm	535	414	177	292	41	770	25	80	2	140	18	570	800	266
Mallawi	537	225	61	629	70	964	19	100	44	125	2	695	735	738
Shibin el Kôm	612	752	192	934	108	874	14	520	2	825	56	181	988	86
Samallût	463	468	274	850	178	172	—	—	2	710	5	285	924	485
Biba	412	60	803	919	—	—	—	—	24	165	8	755	1,248	899
Dairût	494	462	7	787	30	708	—	—	1	685	3	265	537	907
Tahâ	423	150	779	588	201	499	—	—	3	522	14	420	1,422	979
Kôm Ombo	391	506	352	589	79	66	—	—	—	—	18	229	831	390
Dessûk	400	100	481	185	202	913	21	66	5	760	29	907	1,141	511
Abu Hommos	503	716	505	514	—	—	26	462	27	87	11	845	1,074	674
Badrashein	424	306	358	788	265	689	10	178	4	365	15	695	1,260	611
Mehalla Kubra	363	65	192	171	165	486	—	—	15	590	14	346	750	658
*Minûf	418	928	103	232	199	953	—	—	18	3	10	480	750	596
*Nagf Hammâdi	441	195	36	557	68	707	1	400	—	—	47	186	596	45
*Zagazig	678	915	62	80	135	718	44	60	—	—	9	736	930	509
*Belbeis	672	—	141	506	158	—	17	99	57	621	10	621	1,037	447
*Manzala	323	345	—	—	23	660	9	530	—	—	5	164	261	639
Mit Ghamr (Crown Prince Fârûq)	269	181	11	391	115	540	—	—	—	—	9	572	405	684
Ank. Clinics :—														
Cairo Schools... ..	516	636	96	669	29	486	—	—	—	—	—	—	632	831
Alexandria	537	615	142	512	—	—	—	—	3	260	17	647	801	34
Tanta	329	896	9	368	14	582	—	—	0	401	1	415	355	662
Mansûra	473	519	238	936	155	639	—	—	5	610	4	30	867	739
Shibin el Kôm School	315	67	374	257	44	456	—	—	—	—	—	—	763	360
Ank. Hosp. :—														
Qalyûb	883	897	99	718	128	94	—	—	—	—	4	75	1,115	778
TOTAL	5,903	826	7,136	282	3,254	271	387	177	335	568	530	744	27,537	868

* These hospitals are technically and administratively directed by the D.P.H. although they belong to and on the expense of the Provincial Councils.

TABLE XVI.—SHOWING SORTS OF DISEASE

SECTIONS.	Qasr el 'Ain.	Alexandria.	Port Said.	Suez.	Damietta.	Damanhour.	Barrin (Kôm Hamada).	Tanta.	Maadira.	Mit Ghamr.	Zagazig.	Shibin el Kôm.
<i>Medical :—</i>												
<i>Alimentary :—</i>												
Diseases of stomach		114	25	43	3	18		19	23	—	38	4
Tuber. peritonitis ...		20	15	6	—	—		4	1	—	1	5
Dysentery ...		119	57	49	3	9		26	6	2	7	11
Diarrhoea and Enteritis ...		184	29	16	—	18		9	4	1	23	9
Chronic Colitis ...		—	—	4	—	1		—	—	—	2	1
Liver ...		79	31	10	—	9		45	13	—	10	9
Other diseases ...		36	78	59	—	8		8	4	—	3	8
<i>Respiratory :—</i>												
Pneumonia ...		67	13	28	4	7		4	14	2	3	6
Phthisis ...		153	44	28	1	17		30	7	—	5	9
Asthma ...		—	—	1	—	—		—	—	—	5	2
Pleurisy ...		45	10	5	4	5		8	2	—	2	—
Other diseases ...		269	112	167	16	47		66	29	1	33	31
<i>Circulatory :—</i>												
Heart-Mitral, Aortic		108	52	40	6	24		43	19	—	14	13
Other diseases ...		7	1	12	—	2		—	—	—	1	2
<i>Urinary :—</i>												
Nephritis ...		140	20	43	2	13		48	26	1	5	20
Cancer of bladder ...		—	—	—	—	—		—	—	—	—	2
Hydronephrosis ...		—	—	—	—	—		—	—	—	—	1
Pyonephrosis ...		—	—	—	—	—		—	—	—	—	1
Other diseases ...		105	76	43	4	28		52	29	—	84	60
<i>Blood :—</i>												
Spleen ...		64	140	55	1	26		45	29	—	19	4
Other diseases ...		11	69	30	—	—		3	—	—	—	21
<i>Nervous :—</i>												
Epilepsy ...		—	—	—	—	—		—	—	—	1	—
Tabs Dorsalis ...		—	—	—	—	—		3	—	—	—	—
Brain ...		135	11	13	—	12		6	14	—	—	1
Spinal cord ...		27	2	—	—	3		5	9	—	1	1
Other diseases ...		31	55	15	2	4		15	7	2	18	12
<i>Constitutional :—</i>												
Rickets ...		—	—	—	—	—		—	—	—	—	—
Rheumatism ...		93	51	15	7	20		20	20	2	43	23
Diabetes ...		24	7	5	—	3		8	7	—	—	8
Senility ...		76	16	4	—	4		23	16	—	4	6
Debility ...		27	25	12	—	42		52	12	—	18	14
<i>Parasitic :—</i>												
Malaria ...		25	6	—	—	4		3	—	—	16	5
Ankylostomiasis ...		17	27	62	46	22		25	45	—	19	35
Filaria ...		5	—	—	—	—		—	—	—	—	—
Pellagra ...		62	34	70	2	65		47	43	—	12	15
<i>Poisoning :—</i>												
Hashish ...		—	—	—	—	1		—	—	—	—	—
Opium ...		—	—	—	—	1		1	—	—	—	1
Cocaine ...		—	—	—	—	5		—	—	—	—	—
Heroin ...		—	—	—	—	5		—	—	—	1	—
Alcohol ...		246	30	8	—	1		38	34	—	9	2
Other poisons ...		279	41	31	1	16		64	26	—	30	25
Lunatics ...		272	35	8	—	43		48	31	—	21	—
Other medical diseases		172	132	569	32	69		75	101	20	94	49

Please see separate details.

TREATED IN GENERAL HOSPITALS, 1927.

Qalyub.	Faiyum.	Beni Suef.	Lamlkm.	Minya.	Mallawi.	Assut.	Tahia.	Sohag.	Qena.	Luxor.	Ism.	Aswan.	TOTAL.
3	17	4	—	4	—	46	—	5	22	5	6	6	405
1	1	—	—	—	—	6	—	—	—	1	1	—	63
10	1	11	5	2	—	19	8	6	30	3	4	12	405
6	15	5	1	9	—	10	23	23	8	7	2	—	429
—	—	—	—	—	—	—	—	—	—	—	—	—	8
11	7	3	—	14	—	16	1	18	14	9	3	3	327
4	1	2	1	6	—	9	—	5	8	14	1	1	299
—	9	3	10	3	2	25	1	7	5	6	1	4	225
2	6	4	—	3	—	14	3	3	6	2	5	10	361
—	—	—	—	—	—	1	—	—	3	—	1	—	14
2	2	1	—	—	1	16	—	—	1	2	—	4	112
23	29	24	6	14	—	66	4	28	21	9	10	30	1,093
13	5	8	4	8	—	32	14	36	19	9	5	9	495
1	6	1	2	—	1	24	—	1	1	1	—	—	67
18	4	18	2	9	—	14	13	20	24	6	8	10	512
—	—	1	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	—	—	7	—	—	—	—	1	—	9
—	—	—	1	—	—	—	—	—	—	—	—	—	2
24	26	28	20	23	—	34	—	6	8	—	1	6	722
3	12	4	—	—	—	6	2	3	1	1	—	2	425
39	4	2	1	12	—	5	—	2	—	23	—	—	222
—	—	—	—	—	—	—	—	—	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	3
—	3	2	—	—	—	4	3	2	2	1	2	1	212
1	1	—	—	—	—	3	—	4	1	—	—	—	59
3	8	10	3	18	—	59	—	18	37	3	3	7	346
—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	10	11	2	10	—	37	5	13	11	3	7	11	472
—	4	8	3	3	—	22	5	17	14	5	1	6	153
—	2	1	—	—	—	7	1	4	1	2	1	4	173
6	8	13	—	23	—	23	5	10	22	2	2	12	441
2	26	5	—	—	—	4	1	—	1	—	—	2	100
113	30	23	3	28	—	170	13	64	316	71	98	4	1,349
—	—	—	—	—	—	—	—	—	—	—	—	—	5
12	6	17	4	3	—	9	—	3	1	11	2	3	454
—	—	—	—	—	—	—	—	—	—	—	—	—	1
—	2	—	—	—	—	15	—	1	1	—	—	—	22
—	—	10	—	—	—	5	—	—	11	—	—	—	32
—	—	6	—	—	—	30	—	—	3	—	—	—	45
1	9	6	1	4	—	9	2	1	—	1	—	14	445
—	19	29	6	12	1	69	12	26	6	—	2	13	728
3	15	23	—	34	—	40	—	32	18	—	1	11	628
9	19	20	13	8	3	106	20	27	6	26	32	69	1,730

TABLE XVI.—SHOWING SORTS OF DISEASES

SECTIONS.	Qasr el 'Alak.	Alexandria.	Port Said.	Suez.	Damietta.	Damanhour.	Barrin (Kôm Hamda)	Tanta.	Mansûra.	Mit Ghamr.	Zagazig.	Shibin el Kôm.	Bahig.
<i>Surgical :—</i>													
Fractures :—													
Simple		433	108	26	39	66		112	127	4	107	83	
Compound		114	23	13	13	52		81	75	5	51	56	
Tumours :—													
Malignant		53	19	7	4	21		19	8	—	28	11	
Non-malignant		15	14	47	6	3		9	1	1	39	21	
Cancer of breast		—	—	—	—	1		1	—	—	—	2	
Goitre		—	—	1	—	1		4	—	4	2	1	
Tubercular joint		—	—	—	—	1		4	—	—	3	3	
Necrosis of bones		—	—	3	—	4		5	—	4	10	4	
Traumatic injuries		396	180	68	218	454		543	492	21	384	469	
Burns		188	33	22	16	25		56	56	3	40	35	
Bilharziasis		83	229	219	327	255		85	172	1	73	57	
Fistula in Ano		92	65	25	34	26		59	67	3	58	31	
Hæmorrhoids		431	139	57	18	43		170	127	14	160	81	
Liver abscess		5	11	—	—	1		2	—	—	—	—	
Hernia :—													
Inguinal-Ventral- Stangulated		536	207	93	79	53		176	215	25	220	103	
Hydrocele		—	—	16	—	9		9	—	15	100	6	
Intestinal Obstruction		—	—	—	—	1		—	—	—	—	1	
Appendicitis		33	30	13	—	5		9	1	—	4	2	
Vesical calculus		41	32	20	5	29		38	44	3	84	29	
Other surgical diseases		1,122	490	321	278	339		540	616	61	611	359	
Ophthalmic		414	86	173	307	—		—	4	—	—	—	
<i>Infectious Diseases</i>		1,497	—	195	—	—		—	—	—	—	—	
Under observation		118	—	—	—	—		—	—	—	—	—	
Skin Diseases... ..		371	79	47	20	26		30	36	—	24	25	
<i>Veneral :—</i>													
<i>Syphilis :—</i>													
Acquired-Hereditary		213	42	62	5	41		29	37	—	18	22	
Gonorrhœa		57	106	275	4	163		230	102	—	14	14	
<i>Midwifery :—</i>													
Normal-Difficult		148	44	12	2	13		51	14	5	33	13	
Gynæcological diseases		331	71	49	40	22		74	37	14	94	29	
Foundlings		54	—	—	—	2		—	—	—	—	—	
Relatives accompanying patients		393	35	131	39	47		56	32	5	59	51	
TOTAL		10,470	3,287	3,347	1,588	2,255		3,235	2,834	219	2,791	1,924	2,

TREATED IN GENERAL HOSPITALS, 1927 (contd.).

Qalyūb.	Faiyūm.	Bani Suēf.	Lamlūm.	Minya.	Mallawi.	Asyūt.	Tahta.	Sohāg.	Qena.	Luxor.	Ismā.	Aswān.	TOTAL.
30	101	53	26	124	4	178	17	61	38	9	19	40	1,874
24	95	81	18	112	3	141	11	59	27	9	13	11	1,138
12	3	24	—	12	—	29	4	15	11	—	8	5	314
9	13	17	1	12	—	—	1	30	18	—	12	9	290
—	—	—	—	—	—	1	—	1	1	—	1	—	8
—	—	1	—	—	—	6	—	—	1	—	—	—	21
—	—	1	—	—	—	2	—	—	1	1	—	—	16
—	—	3	—	—	—	22	—	1	2	2	—	—	64
111	342	279	95	450	58	1,074	85	262	207	39	30	132	7,121
4	34	42	4	36	2	76	13	13	11	2	4	25	769
166	34	41	1	76	—	27	4	15	51	16	52	21	2,152
23	22	28	9	15	—	28	5	13	16	11	5	12	724
47	48	43	18	27	—	57	5	18	24	12	14	15	1,711
—	—	3	—	1	—	—	1	1	—	—	1	—	31
109	87	151	68	44	6	112	20	85	61	15	21	12	2,706
—	—	2	—	—	—	23	—	3	12	1	5	—	219
—	—	—	—	—	—	—	—	—	—	—	—	—	2
3	1	2	—	1	—	5	—	1	—	2	—	3	120
18	33	40	19	25	7	25	—	7	17	19	10	14	586
262	174	232	65	133	15	665	117	328	194	71	76	131	7,719
—	—	—	—	—	—	—	3	1	—	—	66	10	1,064
—	—	—	—	—	—	—	—	—	—	—	—	—	1,692
—	—	—	—	—	—	—	—	—	—	—	—	—	119
6	22	5	—	11	—	48	—	23	10	3	1	7	809
2	19	21	—	10	—	81	9	80	19	5	16	6	766
1	29	47	—	80	—	269	1	66	72	3	46	33	1,661
7	14	12	3	14	—	30	6	7	4	2	—	—	439
50	44	38	8	42	—	50	13	20	7	3	5	10	1,093
—	—	—	—	—	—	—	—	—	—	—	—	—	56
27	21	37	14	22	—	64	22	39	34	15	14	18	1,202
1,229	1,443	1,506	437	1,497	103	3,989	474	1,534	1,461	463	621	768	50,101

TABLE XVII.—SHOWING COST OF MAINTENANCE PER PATIENT IN ANKYLOSTOMA
HOSPITALS AND CLINICS.

Name of Hospital or School Clinic.	Expenditure.		Number of new cases.	Alotment for each new case.	Number of attendance.	Alotment for each attendance.
	L.E.	M.				
Shoubra khit Ank. Hosp.	953	509	5,382	177	14,195	67
Beni Suef „	673	160	9,606	70	31,159	21
Kafr Saqr „	917	462	8,489	108	28,731	31
Faiyûm „	800	266	8,397	95	28,706	27
Mallawi „	735	738	8,094	119	17,304	42
Shibîn el Kôm „	988	086	17,014	58	54,344	18
Samallût „	924	485	5,538	166	23,603	39
Biba „	1,248	839	9,434	132	27,322	45
Dairût „	537	907	8,729	61	35,096	15
Tahta „	1,422	979	10,261	138	5,020	263
Kôm Ombo „	831	390	9,318	88	2,585	321
Dessûk „	1,141	511	9,817	116	38,160	29
Abu Hommos „	1,074	674	5,455	197	17,651	60
Badreshein „	1,260	611	8,971	140	29,081	43
Mahalla „	750	658	5,550	135	17,274	43
Cairo „	991	190	12,547	78	20,301	48
Qalyûb „	1,115	778	14,381	77	60,485	18
Banha „	959	267	17,028	56	49,466	19
Tanta „	1,035	211	14,529	71	53,342	19
Mansûra „	556	964	7,853	70	53,314	10
Damietta „	681	387	5,823	116	20,265	33
Alexandria annex	335	850	3,664	91	15,219	22
Cairo Sch. Clinic	652	831	6,355	102	—	—
Alexandria School Clinic	801	034	7,011	114	809	990
Tanta „	355	662	4,098	86	1,425	249
Mansûra „	867	739	3,285	264	3,225	269
Shibîn el Kôm „	763	360	3,368	226	—	—
Minûf Ank. Hosp.	750	696	7,864	95	27,522	27
Zagazig „	930	509	17,362	53	53,054	17
Belbeis „	1,037	447	12,022	86	52,018	19
Manzala „	261	639	4,731	55	3,398	76
Nag' Hâmmadi „	595	045	9,649	61	15,396	38

TABLE XVIII.—LIST OF ANKYLOSTOMA AND BILHARZIA CASES TREATED, 1927.

NAME OF HOSPITAL OR ANNEX.	Result of Microscopical Examination after Treatment.				Number of Old Patients treated.		Number of New Patients given Medicines.		Examination of Stools of New Cases.		Exam. of Urine of New Cases.		Number of New Cases.									
	Bilharzia.		Ankylostoma.		Bilharzia.	Ankylos- toma.	Bilharzia.	Ankylos- toma.	Negative.	Positive for other Parasites.	Positive for Acarina.	Positive for Bilharzia.		Number of Specimens of stools examined.	Positive for Bilharzia.	Number of Specimens of Urine examined.	Total.	Males over 12 years.	Males below 12 years.	Females over 12 years.	Females below 12 years.	
	Total.	Positive.	Negative.	Total.								Positive.	Terminal ova.									Lateral ova.
Shoubra el Khayma	536	75	461	630	69	561	14,131	1,931	5,365	1,158	2,272	225	2,560	1,121	1,000	5,375	1,977	5,380	2,600	1,770	456	
Beni Suef	1,639	542	1,097	5,187	2,515	2,672	28,644	5,060	9,530	1,073	1,840	764	2,560	1,121	1,000	8,979	6,715	9,606	4,937	2,587	842	
Kafr Saqr	1,816	487	1,329	5,883	1,234	2,149	27,486	3,941	8,489	1,715	3,549	303	3,400	1,329	1,200	8,489	6,715	8,396	4,449	1,079	603	
Fayum	1,275	461	814	1,970	525	1,445	28,272	431	8,354	1,023	1,557	451	1,449	71	22	8,326	6,715	8,396	4,449	1,079	603	
Matruh	297	51	246	8,036	3,758	4,278	13,450	2,728	5,541	593	2,670	526	254	182	1	6,035	4,445	6,094	3,760	1,664	322	
Shibin el Kôm	3,733	946	2,787	8,276	2,219	6,057	17,414	3,087	4,730	3,179	1,736	10,437	36	7,571	16,368	11,574	16,594	16,014	7,571	2,023	1,643	
Samalut	1,724	718	1,006	2,542	1,193	1,349	22,410	1,193	3,676	1,130	2,545	549	180	100	4	3,267	4,396	5,538	3,118	1,898	296	
Baba	1,072	611	461	6,682	4,389	2,293	22,922	4,000	9,923	2,269	2,179	721	105	14	1	6,531	8,077	9,343	5,042	1,018	635	
Dahyut	1,145	290	855	3,471	1,207	2,264	34,625	3,471	5,376	757	2,736	508	251	29	2	6,186	8,729	8,729	4,628	1,089	339	
Taba	1,288	1,580	1,288	2,390	2,430	1,680	27,590	2,430	5,811	4,274	4,459	534	667	1	2	4,800	10,292	10,292	6,219	662	402	
Kôm Ombo	1,200	335	865	2,231	511	1,720	37,436	724	4,610	9,754	1,089	1,501	472	1,718	1,718	2,840	9,756	9,817	5,505	747	597	
Desak	1,445	234	1,211	1,569	267	1,302	17,315	336	2,563	5,455	1,290	1,501	472	1,718	1,718	2,258	5,455	5,455	3,113	785	465	
Abu Homnos	486	113	373	1,954	375	1,579	17,315	336	2,563	5,455	1,290	1,501	472	1,718	1,718	2,258	5,455	5,455	3,113	785	465	
Badrashein	1,345	145	1,200	3,805	1,216	2,589	25,274	3,805	8,950	1,854	4,014	610	16	1	1	4,774	8,922	8,922	4,617	635	417	
Imbaba	518	123	395	1,682	91	1,591	16,592	682	16,592	5,548	2,119	2,686	666	533	9	1,283	3,350	5,550	3,313	785	375	
Cairo	2,567	592	1,975	5,154	2,423	2,731	16,644	3,667	6,332	5,599	6,272	1,157	93	26	26	3,920	12,526	6,475	12,543	1,164	859	
Qalyub	1,729	477	1,252	6,247	1,639	4,608	45,238	6,247	5,132	5,418	3,206	2,064	1,293	171	226	2,896	13,363	14,381	7,520	1,804	1,204	
Benha	2,030	663	1,367	4,600	854	3,746	46,872	2,594	8,915	15,948	4,008	2,035	478	6,071	290	174	8,230	16,335	17,029	10,178	1,162	
Tanta	1,770	533	1,237	2,513	712	1,801	50,876	2,466	6,891	14,524	1,607	3,378	907	10,095	165	2,926	4,421	14,514	14,529	7,890	1,129	
Mansûra	2,450	412	2,038	1,454	217	1,231	51,880	1,434	6,336	7,533	2,103	2,974	10,076	39	3,150	1,760	7,782	5,676	7,842	4,943	402	
Damietta	748	99	649	3,779	1,402	2,377	12,764	1,501	3,220	5,762	1,713	1,530	1,205	1,251	79	3,349	5,867	5,907	3,359	868	985	
Alexandria S.	390	91	299	524	145	379	11,410	3,879	1,430	3,664	1,832	1,040	3,031	38	443	3,664	2,217	3,664	2,217	846	333	
Mit Ghaur S.	2,382	798	1,584	3,935	1,111	2,824	38,926	1,111	6,261	1,535	1,832	1,325	1,734	98	171	5,986	6,070	6,345	2,129	1,354	939	
Cairo	29	2	27	1,616	345	1,271	486	323	87	4,229	4,596	1,515	4,462	92	5	28	136	7,011	7,011	3,576	1,289	
Alexandria	436	40	396	670	124	546	3,079	146	350	2,186	2,219	1,433	1,492	4	101	3,774	1,028	3,246	1,636	180	956	
Tanta	57	9	48	80	40	40	1,300	125	154	2,014	1,007	1,014	488	26	151	791	3,745	4,089	2,033	227	402	
Shibin el Kôm	1,511	411	1,100	4,606	1,152	3,454	20,371	1,151	3,695	1,903	749	539	2,157	—	715	3,300	3,306	3,306	1,932	59	386	
Muoff	2,637	765	1,872	7,159	5,343	45,895	7,159	8,805	17,312	1,116	2,509	6,870	70	2,170	4,987	7,867	7,867	7,867	4,286	1,070	75	
Zarziz	2,619	830	1,789	9,758	4,135	5,623	42,967	9,751	2,653	12,022	462	3,147	2,130	1,305	10,603	17,312	17,312	17,312	9,871	1,642	1,251	
Belbeis	465	66	399	884	223	661	3,069	398	1,181	1,315	1,315	1,315	1,315	1,315	1,315	8,635	12,022	12,022	4,329	1,407	969	
Manzala	353	73	280	3,295	763	2,532	14,653	703	3,320	2,228	3,781	187	42	168	—	4,140	5,604	4,638	2,363	1,985	567	
Nag' Hammadi	353	73	280	3,295	763	2,532	14,653	703	3,320	2,228	3,781	187	42	168	—	4,140	5,604	4,638	2,363	1,985	567	
GRAND TOTAL	40,710	11,608	29,102	105,940	38,280	67,660	746,688	70,667	173,576	251,931	135,415	23,757	92,462	2,871	23,633	113,776	277,931	163,622	261,708	283,735	153,941	21,381

TABLE XIX.—PRIVATE HOSPITALS.

Governorate or Mudiria.	Name of Hospital.	Residence.
Cairo	The Italian Hospital	'Abbassiya.
	" French "	"
	" Greek "	"
	" Coptic "	Malika Nazly Street.
	" Jewish "	Ghamra Street.
	Victoria "	Nimr Street.
	Kitchener "	Shubra Street.
	British Mission Hospital	Old Cairo "
	Anglo-American "	El Gezira "
	A. Ramez Bey & M. Maher Bey Hosp.	Manial el Rôda.
	Dr. Glanz's Hospital	Helwan.
	Dr. Roger's " (for mental diseases)	"
Alexandria ...	Dr. Papayanni Hospital	Doqqi, Giza.
	The Italian Hospital	El Hadra
	" French "	Labban Street.
	" Greek ... "	'Attârin "
	" Jewish "	Moharram Bey Street.
	" Anglo-Swiss Hospital	" " "
	Amir Farûq's "	El Hadra "
	Dr. M. Kamel's "	Ramla "
	" R. Iskander's "	" "
	" Nicola's "	" "
	" Kalzolari's "	Moharram Bey Street.
	" Farori's "	Ramla "
Canal	" Baroudi's "	"
	The British Hospital	Port Said.
Suez	" French "	Ismailia.
	" " "	Suez.
Gharbiya	" " "	Tanta.
	Minshâwi Hospital	"
	Badrâwi Pasha "	Samannûd.
Minûfiya	British Mission Hospital	Minûf.
Qalyûbiya	" " "	Shibn el Qanâtir.
Asyût	American " "	Asyût.
Frontiers	Sinai Mining Co. Hospital	Abu Zenima.
	Anglo-Egyptian Oil Field Co. Hospital	Hurghada.
	" Phosphates Co. Hospital	Safaga.
	" " " "	Qusseir.

TABLE XX.—HOSPITALS BELONGING TO PRISONS DEPARTMENT.

Cairo	Cairo Prison Hospital	Bab el Khalq.
	" " " (for women)	Manshiya.
	Tura " "	Tura.
	Abu Za'bal Prison Hospital	Abu Za'bal.
Alexandria	The Prison Hospital	Alexandria.
Gharbiya	" " "	Tanta.
Sharqiya	" " "	Zagazig.
Qalyûbiya	Delta Reformatory Hospital	Barrage.
Beni Suef	The Prison Hospital	Beni Suef.
Asyût	" " "	Asyût.
Qena	" " "	Qena.

TABLE NO. XX (contd.).—HOSPITALS BELONGING TO MINISTRY OF WAR.

Governorate or Mudiria.	Name of Hospital.	Residence.
Cairo	Egyptian Army Hospital	Abbassiya.

HOSPITALS BELONGING TO MINISTRY OF WAKFS.

Cairo	The King's Hospital	Dawawin Street.
	Sanatorium Foâd	Helwân.
	Qualaoun Ophthalmic Hospital	Nahhaseen.

TABLE NO. XXI.—HOSPITALS BELONGING TO PROVINCIAL COUNCILS.

Gharbiya	Foua General Hospital	Foua.
	Zifta General Hospital	Zifta.
	Kafr El-Sheikh General Hospital	Kafr El Sheikh.

TABLE XXII.—SHOWING CLINICS AND DISPENSARIES NOT BELONGING TO P.H.D.

(1) DISPENSARIES BELONGING TO MINISTRY OF WAKFS.

Cairo	El Azhar Dispensary	El Hussein Street.
	El Manshiya "	Manshiya "
	Old Cairo "	Old Cairo "
	Boulâq "	Boulâq "
Alexandria	Ras El Tin "	Ras el Tin Street.
	El Gabbary "	El Gabbary "
Gharbiya... ..	Tanta "	Tanta.

(2) DISPENSARIES BELONGING TO SOCIETIES.

	Ben. Coptic Orphans Welfare Dispens.	Sikket el Daher, 31 Kism Bab el Sha'riya.
	Mabarret Mohammad Aly (œuvre) ...	Baramoni Street, Kism Abdin.
	Dispensary of Child Welfare Society ...	Madrasit-el-Tibb Street, Kism el Sayeda.
	Dispensary of El Nizam Asylum (for Girls) ...	Faggala Street, Kism Azbakiya.
	Dispensary of Foltis Roman Society ...	Tewfikia " " "
	" " Girls Asylum (American) ...	El Mas'ûd " " el Waily.
	" " El Mowâsâh el Islamiya ...	El Barrad " " "
	" " Saint Lewis ...	El Sergany " " "
Cairo	" " Boys Asylum (orphans)...	Kobbet el Fidâwia Street, Kism el Waily.
	" " Dar el Ta'âwon el Islahi ...	Shamashirgy Street, Kism Darb el Ahmer.
	" " the Nuns ...	Birket el Ratl Street, Kism Babel Sha'riya.
	" " " ...	Late Ali Pasha Shérif Palace Street, Kism 'Abdin.
	" " W. J. L. O. Society ...	El Baghala Street, Kism Gamaliya.
	" " Samaret el Tewfik Soc. ...	El Faggala Street, Kism Azbakiya.
	" " Lady Cromer ...	Manshia Street, Kism el Khalifa.
	" " " " ...	Malaka Nazly Street, Kism el Azbakiya.
Alexandria	El Orwa el Woska Dispensary ...	El Gomrok
	El Saba' Banât " ...	El Manshiya
	Dar el Ommahât " ...	Moharram Bey
Beheira	Dispensary of the American Society ...	El Mahmoudiya.
	" " El Gam'ya el Khairiya ...	"
	el Islamiya ...	"
Minûfiya... ..	C. M. S. Clinic ...	Ashmoun.

TABLE No. XX (contd.)—HOSPITALS, DISPENSARIES AND CLINICS IN EGYPT

Location	Name of Hospital	Remarks
Cairo	Kasr el Ayn Hospital	General Hospital
Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital

Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital
Cairo	The King's Hospital	General Hospital

TABLE No. XXI—HOSPITALS, DISPENSARIES AND CLINICS IN EGYPT

Location	Name of Hospital	Remarks
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary

TABLE No. XXII—HOSPITALS, DISPENSARIES AND CLINICS IN EGYPT

Location	Name of Hospital	Remarks
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary

TABLE No. XXIII—HOSPITALS, DISPENSARIES AND CLINICS IN EGYPT

Location	Name of Hospital	Remarks
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary

TABLE No. XXIV—HOSPITALS, DISPENSARIES AND CLINICS IN EGYPT

Location	Name of Hospital	Remarks
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary
Cairo	El Aghia Dispensary	Dispensary

Qasr-el-Aini Hospital.

INTRODUCTION.

SIR,

We have the honour to submit the Annual Report on patients treated at Kasr el'Aini Hospital during the year 1927.

The number of in-patients admitted was 17,227. The following table shows continuous increase in the number of in-patients admitted in the Hospital during the last 5 years:—

Year.	Number of In-Patients.
1923	13,760
1924	14,534
1925	14,934
1926	15,513
1927	17,227

The death rate was.....8.7 per cent.

The number of out-patients was 498,908 against 363,346 in 1926. These were as follows:—

	New.	Old.
Surgery	29,368	58,583
Medical	81,134	107,934
Eyes	22,076	37,871
Skin	9,956	18,227
Venereal	7,103	27,970
Nose, Ear and Throat	4,742	5,768
Gynaecology	16,234	50,901
Children	8,098	12,943
TOTAL	178,711	320,197

We have the honour to be,

Sir,

Your Obedient Servants:

Signed ...	A. HANDOUSA (Left for mission in Sept., 1927) ...	} <i>Surgical Registrars.</i>
	A. HILMY	
	A. AGATY (Finished his contract in Nov., 1927) ...	} <i>Medical Registrars.</i>
	MOHD. IERAHIM	
	A. DIASTY	} <i>Gynaecological Registrars.</i>
	A. RAFLA	

MEDICAL IN-PATIENTS

INTRODUCTION.

The scheme of this report differs from previous reports in one essential thing. Contrary to what was followed in previous years, it was thought more convenient to combine the statistics of every section with the notes instead of putting each separately. The whole Medical inpatients have been divided into 13 sections and the statistics were put first followed by the necessary remarks; the skin and venereal cases are not included.

ADMISSIONS.

The total number of inpatients is 5,834 or 863 cases more than previous years; if the skin and venereal cases are added the number will be 6,307. A glance at the following list* will show the progressive increase in the number of admissions.

Year	Number of Admissions
1907	2,270
1912	3,354
1926	5,442
1927	6,307

It is a noteworthy fact that in spite of a slight increase in the total number of beds, the number of inpatients is nearly 3 times what it was 20 years ago. To cope with this increase most of the chronic cases were refused or referred to the provincial hospitals and the cases amenable to treatment were discharged before being thoroughly investigated and treated. In the report of last year attention was drawn to this and I must say that unless active measures are taken to stop or deal with this continuous increase the condition will become worse.

It is true that the Medical Annex built this year with the extra 20 beds added to the medical side did very much to relieve the pressure in the Medical Wards, nevertheless we have been always crowded and many interesting cases were refused.

DEATHS.

The total number of deaths is 608 or 9 per cent.

Year	Percentage of Deaths.
1907	9,13
1912	8,04
1922	8,35
1926	10,0
1927	9,00

There is practically no change in the death rate; this is due to the fact that the majority of deaths were cases of heart failure, advanced pulmonary tuberculosis, senility and debility and that most of them arrived at the Hospital in a hopeless condition. The poor classes from which our patients come are not educated and it is difficult to expect any improvement in the death rate unless our patients know the value of medicine and seek medical advice early.

The clinical laboratory attached to the medical side is a new thing; being of great help so as it is considered separately and in detail in the following pages.

* The number of admission in this list includes the Skin and Venereal inpatients.

THE CLINICAL LABORATORY.

The importance of the Clinical Laboratory and the valuable help it has afforded makes it necessary to refer to it in some detail.

Before starting this Laboratory, all the clinical work was sent to Dr. Onsy Bey even including such common place things as leucocytic counts, urea in urine etc. This entailed the piling of too much work on the limited staff of the laboratory with loss of time which may be of the utmost value to the patient; moreover many of the recent clinical tests were not done in the Hospital.

Although considerably handicapped by shortage of some of the necessary apparatuses and reagents, we tried to carry out most of the recent tests and it is gratifying to state that we proceeded satisfactorily. A short account of the work done in the laboratory is given below.

A.—BLOOD ANALYSIS.

Estimation of blood sugar:—

Maclean's method was followed in all the cases; it is simple and accurate. Blood sugar estimations which were looked upon as a curiosity became an ordinary routine work. Curves were done in many cases of glycosurea, endocrine disorders and in some cases of coma. Sugar estimations were done to control the effects of insuline in cases of diabetic coma and it was possible in this way to give very big doses and to carry the treatment on scientific lines.

Leucocytic counts, blood films etc. were done in an immense number.

B.—URINARY SYSTEM.

Blood ureas and urea concentration tests were carried as a routine in all cases of suspected kidney diseases.

Ambard's apparatus which was first introduced by Prof. Biggam requires a few words of comment. It is handy, easy to manipulate and gives fairly accurate results; it is true that the soya bean method is more delicate provided the beans are fresh but they deteriorate quickly and moreover the process takes more time.

The apparatus is also more cumbersome.

C.—DIGESTIVE SYSTEM.

(1) Test meals.

The ordinary Ewald's test meal of bread and tea was only carried before; the fractional test meal devised by Rehfus was started in Prof. Biggam's section and was later on carried as a routine in all cases of suspected gastric disease in the various medical sections. Rhyles tube was used. The value of this method over the simple one is so obvious as to need no further discussion.

(2) Occult blood in stools and test meals.

The benzidine test was used in all the cases, it is simple and accurate.

(3) Aspiration of the contents of the bile ducts and gall bladder by a duodenal tube for bacteriological and cytological examination was carried in some cases of jaundice and cholecystitis.

D.—HEPATIC CASES.

In all our cases of suspected liver disease, an attempt was made to investigate the liver functions on the following lines:—

(1) Pigmentary function.

The Van den Berg's test was introduced and carried on a large scale; it became a routine test in nearly all cases of jaundice. It was of help in diagnosing cases of obstructive jaundice; in other cases the results were unsatisfactory.

(2) Metabolic Functions.

The Galactose and the Laevulose tests were carried on a small scale owing to the limited supply we have. They were of special help in cases of suspected tumours of liver; this is referred to again in the section of gastric diseases.

(3) Coagulation time of blood.

A portable and very useful apparatus was brought by Prof. Biggam which simplified very much this test; it consists of a small capillary tube with a moveable metal bead inside and a handle. The blood is drawn into the Capillary tube which is dipped in warm water at body temperature and withdrawn every now and then. The time at which the bead ceases to move is taken as the coagulation time.

(4) The fragility time was also carried whenever necessary.

MEDICAL INPATIENTS.

DISEASE.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
1. Nervous System and Muscles	792	596	196	548	179	48	17
2. Respiratory Sysytem	957	823	134	647	104	176	30
3. Circulatory system	522	391	131	304	109	87	22
4. Digestive system	834	610	224	575	205	35	19
5. Urinary system	399	353	46	326	34	27	12
6. Fevers	520	404	116	377	113	27	3
7. Blood and Spleen... ..	195	165	30	155	28	10	2
8. Deficiency Diseases	90	81	9	77	8	4	1
9. Ductless Glands	73	59	14	55	13	4	1
10. Parasitic Diseases	152	136	16	131	16	5	—
11. Poisons	1,013	689	324	663	313	26	11
12. Miscellaneous	287	162	125	133	115	29	10
TOTAL	5,834	4,469	1,365	3,991	1,237	478	128

SKIN AND VENEREALS

1. Skin Diseases	183	152	31	150	31	2	—
2. Venereal Diseases	290	238	52	238	52	—	—
TOTAL	743	390	83	388	83	2	—

Section I.—DISEASES OF THE NERVOUS SYSTEM AND MUSCLES.

A.—STATISTICS INPATIENTS.

<i>Brain :</i>							
Aphasia	6	6	—	6	—	—	—
Arterio-Sclerosis	1	1	—	1	—	—	—
Cerebral Haemorrhage	8	7	1	1	—	6	1
Cerebral Tumour	5	3	2	1	1	2	1
Cerebellar Tumour	2	2	—	—	—	2	—
Cerebral Thrombosis	1	1	—	—	—	1	—
Chorea	17	4	13	4	13	—	—
Cerebro-spinal Syphilis	7	6	1	5	1	1	—
Cerebral Diplegia	1	1	—	1	—	—	—
Encephalitis	42	37	5	37	5	—	—
Epilepsy	17	15	2	15	2	—	—
General Paralysis of the Insane	7	6	1	6	1	—	—
Headache	1	1	—	1	—	—	—
Hemiplegia	161	120	41	104	32	16	9
Hydrophobia	13	7	6	—	—	7	6
Hydrocephalus	2	2	—	2	—	—	—
Hysteria	11	8	3	8	3	—	—
Infantile Convulsions	2	2	—	2	—	—	—
Insomnia	1	1	—	1	—	—	—
Insane	238	170	68	167	66	3	2
Monoplegia	11	10	1	9	1	1	—
Myo-clonus	1	1	—	1	—	—	—
Oculo-Motor Paralysis	1	—	1	—	1	—	—
Optic Atrophy	7	6	1	6	1	—	—
Paralysis Agitans	11	10	1	10	1	—	—
Polio-encephalitis	2	1	1	1	1	—	—
Pontine Haemorrhage	6	6	—	—	—	6	—
Progressive Bulbar Paralysis	1	1	—	1	—	—	—
Pseudobulbar Paralysis	1	—	1	—	1	—	—
Neurasthenia	1	1	—	1	—	—	—

STATISTICS IN PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
<i>Spinal Cord :</i>							
Amyotrophic Lateral Sclerosis	2	2	—	2	—	—	—
Dissiminated Sclerosis	5	2	3	2	3	—	—
Infantile Paralysis	4	2	2	2	2	—	—
Myelitis	26	22	4	18	3	4	1
Progressive Muscular Atrophy	3	2	1	2	1	—	—
Spastic Paraplegia	16	12	4	12	4	—	—
Subacute Combined	1	1	—	1	—	—	—
Tabes Dorsales	5	5	—	5	—	—	—
Tumour of Cord	1	1	—	—	—	1	—
<i>Meninges :</i>							
Epidemic Menigitis	2	2	—	1	—	1	—
Menigitis	7	4	3	2	2	2	1
Spinal Menigitis	1	1	—	1	—	—	—
<i>Nerves :</i>							
Facial Paralysis	30	22	8	22	8	—	—
Foot Drop	2	2	—	2	—	—	—
Peripheral Neuritis	18	12	6	11	6	1	—
Sciatica	27	20	7	20	7	—	—
Wrist Drop	6	6	—	6	—	—	—
<i>Muscles :</i>							
Muscular Dystrophies	11	11	—	11	—	—	—
Other Cases	40	31	9	30	7	1	2

B.—NOTES.

(1) *Brain Tumours.*

There is a remarkable increase in the number of brain tumours this year ; seven admissions against three last year ; out of these, two were cerebellar and the rest cerebral. In the majority of them a surgical attempt was made to remove the tumour after localising it by the aid of ventriculography. So far the results have been disappointing.

(2) *Insanes.*

The number of the insanes admitted is still high ; it is however 56 cases less than last year ; this difference is due mostly to the fact that only suspicious cases were accepted ; others that were evidently mad were refused and sent back to the Markaz or Kism concerned to be transferred directly to the Asylum.

(3) *Hydrophobia*.*

It is unfortunate that this terrible disease is still present and nothing can be done to stop it or to lessen its dangers. Nearly all the cases were treated ones ; the bite was in the face or in the scalp and the poor patient developed the symptoms a few days after the course of injections was finished ; some got the disease while in hospital, just before the end of the treatment. The duration of the illness varied ; the shortest period was 24 hours and the longest about 6 days ; in the very acute cases, the disease started suddenly with hyperpyraexia and marked delirium and death from exhaustion was very rapid. A list of the cases of hydrophobia and dog bites in a previous four years follows :—

Year.	Cases of Dog Biter.	Hydrophobia.
1907	424	3
1912	665	14
1922	1,362	5
1926	1,060	13

* Hydrophobia and erysipelas being under the supervision of the medical registrars are included in the statistics of the medical section.

(4) Intrathecal injection of lipiodol for localising diseases of the spinal cord were tried in some cases. In one the injection was done at a low level and the patient tilted; this case was injected twice and in each time severe pain was felt in the back at the seat of injection one day after it was done. In the rest of the cases the injection was made into the cisterna magna.

(5) *Interesting Cases.*

(a) A peculiar case of cerebral hæmorrhage deserves mention. Patient I.A. Hospital No. 332 admitted as a case of hæmiplegia and aphasia; the patient was drowsy; B.P. 115 and 80 and the C.S.F. was tinged with blood. The history was of sudden onset one day previous to admission and venesection was done outside. The paralysis recovered quickly and the patient was able to move his right side and even to stand in a short time. Seventeen days after admission while attempting to walk he became collapsed and died. The P.M. showed left cerebral hæmorrhage of some duration affecting internal capsule especially its anterior limb and the caudate nucleus and bursting through the lateral ventricle. Contrary to what some neurologists say that all cases of cerebral hæmorrhage with blood, C.S.F., die this patient recovered from the attack.

(b) *Tubercular Meningitis.*

Pt. F.Y. Hospital No. 3023 was admitted in a drowsy condition and unable to give a reliable history. His complaint was severe headache, abdominal pains and vomiting of four days duration. He lies curled in bed; kernig's sign not marked, reflexes brisk on right side; paralysis of left external rectus. Pt. ran a low temperature not rising more than 38°; examination of the discs revealed optic neuritis.

Leucocytic count ...	21,562	
Polymorphs ...	76	per cent.
Lymphocytes ...	22	" "
Eosinophylls ...	2	" "

The result of the P.M. showed basal meningitis; caseating tuberculous glands of mediastinum, tubercles of the spleen (capsules studded with them); kidneys and lungs were normal.

(c) *Tubercular mass of sphenoid.*

Pt. A. Mansour a child 8 years old; hospital No. 11,128 when first admitted to the ophthalmic section his complaint was only blindness and a fundus examination showed post-neuritic atrophy. The mental condition was then clear and there was no evidence of any spinal or cranial disease. Later on the patient became drowsy and was transferred to the medical side. The history as taken from the relatives was of persistent vomiting four months before admission and starting failure of vision a month later with marked headache. Leucocytic count 18,750; cerebrospinal fluid under marked tension but clear. In the medical side the patient developed definite signs of meningitis; he became more drowsy; lies curled in bed resisting any examination; with closed eyes and a positive kernig's sign. X-ray of the skull showed separation of the sutures and marked widening of the pituitary fossa. The patient ran a low irregular temperature and died three weeks after admission. The P. M. showed a caseating mass involving the sphenoid and pituitary region, examination of which revealed its tuberculous nature.

(d) *Tumour of Spinal Cord.*

K. A. a Policeman 25 years old, hospital No. 3,144 admitted with vague pains in the lower limbs and difficulty in walking and a provisional diagnosis of peripheral neuritis was made. The upper limbs were free; the knee jerks were feeble and there was slight sensory disturbances in the lower limbs. The patient remained in the hospital for two months; the pain continuously increasing and reaching a limit which prevented him from sleep; the lower limbs got progressively weak and wasted and the patient died from exhaustion. Post-mortem examination showed the presence of a tumour between the anterior and lower part of the cord and the vertebrae which were slightly eaten away.

(e) *Lead Neuritis.*

This is a rather interesting case; patient A. Bayouni, hospital No. 16,362, age 35 years works in soldering metals since 20 years, he was completely paralysed in all four; all deep reflexes were abolished and sensory disturbances were very slight; no bladder or bowel trouble. The history of the paralysis was very short three days before admission and he used to be very constipated.

On examination a distinct blue line was found on gums. The patient rapidly got worse and died three days after admission.

Section II.—DISEASES OF THE RESPIRATORY SYSTEM.

DISEASES AND OTHER CASES.	TOTAL	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
<i>Nose :</i>							
Epistaxis	7	6	1	6	1	—	—
Nasal Catarrh	1	1	—	1	—	—	—
<i>Larynx :</i>							
Obstruction of	1	1	—	1	—	—	—
Spasm of	1	1	—	1	—	—	—
Stridor	1	1	—	1	—	—	—
<i>Bronchi :</i>							
Acute Bronchitis	68	56	12	55	12	1	—
Asthma	74	61	13	56	12	5	1
Bronchiectasis	15	14	1	10	—	4	1
Chronic Bronchitis	229	207	22	176	19	31	3
<i>Lungs :</i>							
Broncho-pneumonia	79	63	16	42	7	21	9
Emphysema	23	23	—	22	—	1	—
Interstitial-pneumonia	2	1	1	1	1	—	—
Malignant Tumour of Lung	1	1	—	—	—	1	—
Pneumonia	46	40	6	28	2	12	4
Pulmonary Tuberculosis	340	288	52	200	42	88	10
Pneumonokoniosis	1	1	—	—	—	1	—
<i>Pleura :</i>							
Empyema	8	7	1	3	1	4	—
Hydropneumothorax	2	2	—	1	—	1	—
Pleurisy	51	43	8	40	7	3	1
<i>Other Cases :</i>							
Drowned	2	2	—	1	—	1	—
Mediastinal Tumours	5	4	1	2	—	2	1

B.—NOTES.

(1) The total number of cases is 957 as compared with 742 cases in last year ; the increase is mostly due to cases of Chronic Bronchitis (229 cases against 88 last year).

(2) The death rate is still very high ; from the above total 206 died or more than 20% . Pulmonary Tuberculosis alone attributes to about half of this number (98 deaths).

(3) Pulmonary Tuberculosis still stands high in the list of admission and this in spite of the fact that only serious cases were accepted. Helwân Sanatorium did not materially relieve us. Of the many cases which were recommended, only a few were accepted after repeated requests and lengthy correspondence.

Artificial pneumothorax was tried as a treatment in one of the cases but without success ; complete collapse was prevented by a band of adhesion. An attempt was made by the Surgeon to cut this band but even after the operation the patient went rapidly down and was discharged at request of relatives in a very bad condition.

Cases of Miliary Tuberculosis are included ; one of them deserves a few words. This was a young female admitted with fever, enlarged spleen and diarrhœa ; the physical signs in the chest were those of bronchitis and a leucocytic count showed leucopaenia. The temp. continued to fluctuate in a manner very suggestive of a fever of the typhoid group and the blood gave a week positive result for Malta Fever. The patient died and the P.M. showed extensive Miliary Tuberculosis.

(4) Artificial pneumothorax was also tried in some cases of tubercular pleural effusion, the fluid was aspirated and replaced by air and also in a case of pleural effusion with doubtful origin to clear the diagnosis.

(5) Intratracheal injections of lipiodol for diagnosing lung disease were continued this year on the same lines as last year. An attempt, however, was made to try the oral method on account of its simplicity. The patients' tongue is pulled out and the lipiodol injected by a glass syringe with a rubber nozzle down into the base of the tongue, the patient meanwhile asked to breath deeply. This method was not successful; out of the four cases done, two developed symptoms of iodine poisoning of a mild degree, viz headache and marked corhyza; the method was discontinued and the old method described in the report of last year and discussed in full detail in an article in the Journal of the Egyptian Medical Association (Feb. 1928) was resumed.

(6) The usual routine treatment for lung diseases was followed this year.

Continuous oxygen inhalation through alcohol or brandy was introduced for treating bad cases of pneumonia with marked benefit.

Intravenous injections of Mercurochrome 1 per cent was tried in some cases of pneumonia with occasional benefit. It is said to have given good results in the treatment of septicaemia in the surgical side and in B. coli pyelitis. Its effect seems to be by producing a protein shock and not by a direct germicidal action; the injection is followed by a rapid rise of temperature in the same way as we get after milk or T.A.B. injections.

Section III.—DISEASES OF THE CIRCULATORY SYSTEM.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
MEDICAL IN-PATIENTS.							
<i>Pericardium :—</i>							
Pericarditis... ..	11	8	3	4	3	4	—
<i>Myocardium :—</i>							
Myocarditis	8	7	1	7	1	—	—
Fatty Degeneration of	1	1	—	1	—	—	—
<i>Endocardium :—</i>							
Endocarditis (simple)	1	—	1	—	1	—	—
Endocarditis (malignant)	7	2	5	1	4	1	1
<i>Valvular Diseases :—</i>							
Aortic regurgitation	21	16	5	13	4	3	1
Double Aortic	8	7	1	5	—	2	1
Mitral Regurgitation	30	20	10	20	9	—	1
Mitral Stenosis	32	20	12	20	11	—	1
Double Mitral	68	41	27	38	25	3	2
<i>Abnormal Rhythm :—</i>							
Auricular Fibrillation	11	3	8	2	7	1	1
Extrasystoles	1	1	—	1	—	—	—
Tachycardia	1	1	—	1	—	—	—
<i>Heart Failure</i>							
Chronic Bronchitis	108	87	21	71	18	16	3
Nephritis	103	94	9	62	8	32	1
Valvular Diseases	23	18	5	17	3	1	2
Auricular Fibrillation	44	32	12	16	5	16	7
Congenital Heart Disease	18	13	5	7	5	6	—
<i>Vascular Diseases :</i>							
Aneurysm	1	1	—	1	—	—	—
Angina Pectoris	4	3	1	2	1	1	—
Aortitis	2	2	—	1	—	1	—
Arterio-sclerosis	4	3	1	3	1	—	—
Hypertension	14	10	4	10	3	—	1
	1	—	1	—	1	—	—

B.—NOTES.

(1) Very slight progress has been made in this system ; the introduction of the electro-cardiograph into the physiological department was of very little value to the hospital. The difficulties in carrying the patients from the hospital to the school and in making the necessary arrangement with the responsible doctor in the physiological department prevented us from investigating some very interesting heart cases. It is hoped in the future to get a special one for the hospital.

(2) An interesting case of Pulmonary Aneurysm deserves a few words. This is an adult male 30 years old with symptoms of breathlessness, Palpitation and oedema of lower limbs. Examination showed marked enlargement of the heart with a systolic murmur at apex conducted outwards ; over the pulmonary area and especially in the third left intercostal space; to the left of the sternum was heard a rough rumbling murmur occupying the whole of diastole and accompanied by a distinct thrill, a systolic murmur was heard also over the pulmonary artery. The screen showed a definite bulging in the upper left quadrant of the praecordia which fills immediately after the ventricle contracted. Professor Vaquez happened to see the case and suggested that it may be either primary pulmonary aneurysm which is a very rare condition or dilatation of the pulmonary artery secondary to mitral disease.

(3) A remarkable accident happened this year and deserves mention. Two cases of aortic disease were under treatment by potassium iodide and developed severe iodide rash. They resisted all forms of treatment and died and on post-mortem both were found to be suffering from an infective endocarditis.

Section IV.—DISEASES OF THE DIGESTIVE. SYSTEM.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
MEDICAL IN-PATIENTS.							
Mouth :							
Tonsillitis	54	23	31	23	31	—	—
Stomatitis	16	14	2	14	2	—	—
Pharynx :							
Pharyngitis	1	1	—	1	—	—	—
Oesophagus :							
Stenosis of	3	—	3	—	2	—	1
Stomach :							
Achalasia of Cardia	3	2	1	2	1	—	—
Achlorhydria	1	1	—	1	—	—	—
Cancer of	4	3	1	3	1	—	—
Cancer of Pylorus	1	1	—	—	—	1	—
Dilatation of	1	—	1	—	1	—	—
Dyspepsia	14	9	5	9	5	—	—
Gastritis	37	26	11	26	10	—	1
Gastralgia	2	1	1	1	1	—	—
Haematemesis	7	4	3	4	3	—	—
Hyperchlorhydria	2	2	—	2	—	—	—
Pyloric Stenosis	1	1	—	—	—	1	—
Ulcer of	31	20	11	20	10	—	1
Vagotonia	1	1	—	1	—	—	—
Intestines :							
Appendicitis	8	5	3	5	3	—	—
Colitis	3	3	—	3	—	—	—
Constipation	12	5	7	5	7	—	—
Diarrhoea	33	23	10	21	7	2	3
Doudenal Ulcer... ..	4	4	—	4	—	—	—

A.—STATISTICS (*contd.*).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
MEDICAL IN-PATIENTS (contd.).							
<i>Intestines (cont):</i>							
Dysentery	120	96	24	86	23	10	1
Enteritis	29	10	19	10	13	—	6
Enteroptosis	1	—	1	—	1	—	—
Intestinal Colic	40	37	3	37	3	—	—
Intestinal Obstruction	3	1	2	1	—	—	2
<i>Peritoneum :</i>							
Tubercular Peritonitis	47	36	11	24	11	12	—
Ascites	131	101	30	100	29	1	1
<i>Liver and Gall-Bladder :</i>							
Biliary Colic	6	4	2	4	2	—	—
Cholecystitis	16	10	6	10	6	—	—
Cirrhosis of Liver	49	40	9	36	8	4	1
Cirrhosis and Splenomegaly	62	56	6	56	6	—	—
Hepatitis	4	4	—	4	—	—	—
Jaundice	51	42	9	39	9	3	—
Liver Abscess	2	2	—	2	—	—	—
Tumours of Liver	7	5	2	4	1	1	1
<i>Pancreas :</i>							
Cancer of	1	1	—	1	—	—	—
Other cases	—	—	—	—	—	—	—
<i>Intraabdominal Tumours</i>	25	16	9	16	8	—	1
<i>Glenard's Disease</i>	1	—	1	—	1	—	—

B.—NOTES.

(1) The value of the clinical laboratory and the services it has afforded in the various branches of medicine are discussed in detail in the introduction; but I must mention here that in no other system was its services so valuable as it was in the digestive system. Fractional test meals which were never done before, Van den Berg's reaction, examination of the stools for occult blood etc., etc., were carried on a very large scale and difficulties which were met with in diagnosing a gastric ulcer were to a large extent overcome. Last year it was only with difficulty that an ordinary test meal was done and the diagnosis in most of the cases was a matter of guessing. In the report of last year under gastric ulcer is mentioned the following:—

“18 admissions are mentioned in the report; it must be noted that the majority of them are quiry cases in which the diagnosis has not been confirmed.”

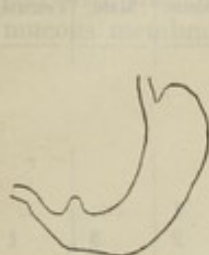
(2) Gastric cases :

(a) A definite scheme for investigation was followed in all gastric cases; a complete fractional test-meal; a full X-ray examination and examination of the stools for occult-blood were carried in every case and from the data collected it was possible to make a definite diagnosis in the majority of patients.

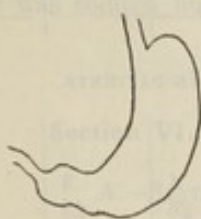
(b) The Alkali treatment of gastric and duodenal ulcers was followed with very satisfactory results. As an example I am going to mention in more detail the following case:—

B.R. detective in the Cairo City Police was admitted in April 1927 with typical symptoms of gastric ulcer. The X-rays showed a definite ulcer of moderate size in the lesser curvature. Patient was started on full doses of Pulvis Bismuthi Co. (equal parts of Sod. bicarbonate, magnesium carbonate and bismuth oxycarbonate) a teaspoonful two hrly, with limitation of diet to milk according to Maclean.

In a few days time, all the symptoms disappeared and the patient was discharged after a month with distinct improvement. He was instructed to follow the treatment outside and the X-ray taken after 3 months showed complete healing of the ulcer. Patient was gradually put on ordinary diet with no return of symptoms; he is still under our observation.



X-RAY.—On admission.



After one month.



After 3 months.

(c) A remarkable case of pyloric stenosis deserves a few words. This is a male 45 years old with a history of more than 10 years gastric trouble. His principal complaints were pain at night in the stomach region which obliged him to keep awake and copious vomiting every two or three days. A fractional testmeal showed a resting juice of more than 700 c.c. and a climbing curve with high acidity, the X-rays showed pyloric stenosis with marked dilatation of the stomach.

(3) Liver and Gall bladder:

(a) Cholecystography was continued, the oral method was preferred and gave good results.

(b) Liver efficiency tests were carried on cases of suspected liver disease with fairly accurate results, the galactose and the levulose tests were both tried.

(c) An interesting case of hepatitis with probably a liver abscess deserves mention. Patient M. Abdel Megid age 36 years admitted with a temperature of 38.7; he complained of general malaise and evening rise of temperature. Pain and tenderness in right half of abdomen. Illness started fifty days before admission by repeated rigors, rise of temperature, headache, delirium at the height of the fever and pain in the right iliac region relieved by poultices. Later on he developed pain in the liver region and occasionally in the right shoulder. Examination revealed slight enlargement of the liver with tenderness most marked in the region of gall bladder, a few crepitations at right base with diminished breath sounds and slight dullness. Leucocytic count 32,500; polymorphs 76 per cent; stools negative for amoeba. The patient remained for 10 days in the Hospital with high fluctuating temp. and no improvement whatever. He was then started on emetine injections one grain daily; the temperature went down after the second injection and remained normal, the tenderness disappeared, his general condition improved and he was discharged cured.

(d) A case of multiple angiomas of liver.

A female about 40 years old with a slightly movable, tense, fairly rounded and dull mass in the right lumbar and umbilical regions. Diagnosis from a kidney tumour was difficult; an area of resonance intervened between lower border of liver and tumour. The levulose test showed a deficiency in the liver functions; exploratory laparotomy was done and tumour was found to be a big angioma arising from under surface of liver with other smaller ones scattered on the surface.

CANCER OF THE PANCREAS.

A man about 40 years old suffering from loss of appetite; progressive wasting and continuous pain in the epigastric region radiating to the back and frequently most marked there and preventing him from sleep. On palpation a hard mass was felt deep in the abdomen in the epigastric region; the stools were bulky and pale. The patient did not develop jaundice.

Bismuth meal showed that the stomach wall is pushed in by a mass outside. Exploratory laparotomy was done and a carcinoma of the body of the pancreas was found.

Section V.—DISEASES OF THE URINARY SYSTEM.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
MEDICAL IN-PATIENTS.							
Albuminuria	4	3	1	3	1	—	—
Acute Nephritis	26	23	3	20	2	3	1
Bacilluria	1	1	—	1	—	—	—
Chronic Nephritis	87	65	22	62	16	3	6
Chyluria	2	2	—	2	—	—	—
Cystitis	7	5	2	5	2	—	—
Haemoglobinuria	1	1	—	1	—	—	—
Haematuria	3	2	1	1	1	1	—
Hydronephrosis	1	—	1	—	—	—	1
Oedema	2	2	—	1	—	1	—
Nocturnal Enuresis	1	—	1	—	1	—	—
Pyelitis	10	8	2	8	2	—	—
Pyonephrosis	9	8	1	5	—	3	1
Renal Calculus	4	4	—	4	—	—	—
Renal Colic	221	212	9	212	9	—	—
Uraemia	20	17	3	1	—	16	3

B.—NOTES.

(1) The introduction of Ambard's apparatus in the clinical laboratory and the simplicity with which a blood urea was done made it quite easy to investigate renal cases thoroughly. A very elaborate scheme for examination was followed including examination of urine for proteins, casts etc.; estimation of blood-urea; urea concentration test and estimation of blood pressure. Any patient in whom a renal lesion was suspected from albuminuria, oedema or other symptoms and those known to be suffering from nephritis and it is desired to know the progress of the disease were subjected to the above line of investigation.

(2) Interesting cases :

(a) Patient M. H. age 15 years was admitted semiconscious and unable to give any history; he suffered from repeated epileptiform convulsions and a diagnosis of epilepsy was made; but a complete examination of the case on the above lines revealed the nature of the condition.

Urine of pale colour and low sp. gr. 1011 contains 4 per cent of Albumin and a few pus cells but no casts; estimation of blood urea however gave a very high reading 450 mgr. per 100 c.c. of blood; so the case was definitely one of *uraemia*.

Patient became more drowsy with occasional twitchings of the muscles, breathing slow and deep, tongue dry; he became rapidly bad and died.

P. M. showed advanced bilharziasis of lower ends of ureters and uretric orifices blocking them, few sandy patches in bladder, ureters dilated, advanced right hydronephrosis and beginning hydronephrosis of left kidney.

(b) Hydronephrosis with suppression of urine and congenital absence of one kidney.

Patient A. Ali age 15 years No. 2507 complaints of suppression of urine since two days before admission, general oedema and headache. Three months history of intermittent attacks of pain in the loin and epigastric region with vomiting and oedema; history of blood in the urine since two years.

Examination revealed the presence of a hard tender tumour occupying the region of the right kidney. On catheterisation only 5 c.c. of urine were drawn; it was alkaline in reaction and full of leucocytes, R. B. C. and albumen.

B.P.S. 190 and D. 120.

Blood urea was done twice ; at the beginning it was 340 mgrs. per 100 c.c. of blood and after three days it was 400 mgrs. Pt. remained for seven days in Hospital with complete suppression of urine. X-ray examination showed nothing. Mental condition remained clear till the end when Pt. became drowsy and then passed into coma and died.

P. M. revealed the presence of bilharzia of ureter and bilharzial stricture at its lower end with marked right hydronephrosis. There was complete absence of left kidney ; mucous membrane of bladder was sodden but not apparently bilharzial.

Section VI.—FEVERS.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

MEDICAL IN-PATIENTS.

Convalescent	4	2	2	2	2	—	—
Diphtheria	3	—	3	—	3	—	—
Erysipelas	51	37	14	30	12	7	2
Fever	156	126	30	123	30	3	—
Influenza	98	81	17	81	17	—	—
Malaria	34	28	6	28	6	—	—
Malta Fever	1	—	1	—	1	—	—
Measles	1	—	1	—	1	—	—
Mumps	1	1	—	1	—	—	—
Paratyphoid	8	5	3	5	3	—	—
Rheumatic Fever	112	84	28	83	28	1	—
Reaction after T.A.B.	2	2	—	2	—	—	—
Sunstroke	1	1	—	1	—	—	—
Septicaemia	1	1	—	1	—	—	—
Tetanus	21	17	4	4	3	13	1
Typhoid Fever	25	18	7	15	7	3	—
Whooping Cough	1	1	—	1	—	—	—

B.—NOTES.

(1) The number of erysipelas cases is very small ; this is due to the fact that only cases that died in the erysipelas section and those in which erysipelas was the principal complaint are counted, all cases that were cured from erysipelas and returned to the Hospital Sections are not included.

Omnadine was continued as the routine treatment for all cases of erysipelas. The result of this treatment has been discussed in detail in an article in the Journal of the Egyptian Medical Association 1927.

(2) The mortality from tetanus is still high ; it is almost like that of last year ; most of the deaths were cases of the fulminating type that arrived at the Hospital in a very desperate condition and died in a very short period. Some of the cases after improving distinctly under treatment got suddenly bad and died ; usually, after an intrathecal injection the patient is seized with a severe rigor with high fever, becomes rapidly exhausted and dies. A successful attempt was made to prevent the sad event by stopping the intrathecal injection, after giving only six. This accident may be of the nature of an anaphylactic shock but I am not prepared to give a definite explanation.

(3) It has been almost always the rule of sending cases of infectious fevers whether of a known or quiry nature to the fever hospital ; on rare occasions cases of typhoid have been accepted for teaching purposes.

Section VII.—DISEASES OF THE BLOOD AND SPLEEN.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
MEDICAL IN-PATIENTS.							
<i>Blood :—</i>							
Anaemia	93	77	16	69	15	8	1
Hodgkin's Disease	6	5	1	5	1	—	—
Lymphatic Leukaemia	1	1	—	—	—	1	—
Myelogenous Leukaemia	3	2	1	2	—	—	1
Purpura	2	—	2	—	2	—	—
<i>Spleen :—</i>							
Splenomegaly	90	80	10	79	10	1	—

B.—NOTES.

(1) It is a noteworthy fact that not a single case of pernicious anaemia is mentioned in the reports of the last few years ; nearly all cases of anaemia were secondary to ankylostoma or other parasitic infections.

The liver diet treatment of anaemia originated by Murphy and Monet was first introduced into the Hospital by Professor Azmy Bey and then tried in the other Medical Sections. The number of cases treated in this way were so few that no final conclusion could be drawn as regards its utility.

(2) X-ray treatment was tried with success in cases of Hodgkins disease ; one case a prisoner with marked enlargement of the glands in the neck and mediastinum did well under this treatment.

Also in cases of splenomedullary leukæmia a valuable aid was given by this treatment. Two cases treated with success deserve a few words ; the first a messenger in the D.P.H. 35 years old, hospital No. 8420 was admitted with advanced leukæmia ; arsenic and other drugs did not influence the disease. A course of X-ray treatment was followed by marked improvement ; the spleen diminished rapidly in size and the leucocytic count improved.

The other case a boy 15 years old with advanced leukæmia was treated by X-ray and splenectomy. The operation was successful, the leucocytic count fell from 421,250 to 42,000 and the patient was discharged improved.

(3) The case of lymphatic leukæmia is rather interesting, this was a young adult admitted into the hospital in a bad condition with fever and enlarged spleen ; the leucocytic count showed a marked increase in the proportion of lymphocytes ; on careful examination the glands in the neck and axilla were found to be slightly enlarged and pathological examination of one of these verified the diagnosis.

(4) Under splenomegaly are included the early cases only ; cases with cirrhosis and ascites are counted under the digestive system.

Section VIII.—DEFICIENCY DISEASES.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
Pellagra	87	79	8	75	7	4	1
Rickets	3	2	1	2	1	—	—

B.—NOTES.

Nothing special has been done regarding cases of pellagra; the treatment by subcutaneous injections of crude cod liver oil is not promising. Most of the cases were advanced ones with marked gastro-intestinal and nervous symptoms and heavy parasitic infections.

Section IX.—DISEASES OF DUCTLESS GLANDS.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
Acromegaly	1	1	—	1	—	—	—
Cretinism	1	1	—	1	—	—	—
Diabetes Insipidus	3	2	1	2	1	—	—
Diabetes Mellitus	63	51	12	47	11	4	1
Exophthalmic Goitre	3	2	1	2	1	—	—
Pituitary Deficiency	2	2	—	2	—	—	—

B.—NOTES.

The clinical laboratory has enabled us to investigate cases of diabetes thoroughly; sugar curves, Rother's test and Sella's bicarbonate test were carried in the majority of cases and insulin treatment was controlled by blood sugar estimation wherever possible.

Section X.—PARASITIC DISEASES.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
Ankylostoma	34	27	7	25	7	2	—
Ascaris	5	3	2	3	2	—	—
Bilharzia of Rectum	20	20	—	19	—	1	—
Bilharziasis	47	42	5	41	5	1	—
Bilharzia and Ankylostoma	42	40	2	39	2	1	—
Filaria	4	4	—	4	—	—	—

Section XI.—POISONS.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
Acetic Acid	1	1	—	1	—	—	—
Alcoholic Poisoning	94	90	4	90	4	—	—
Arsenic	3	2	1	2	1	—	—
Belladonna	1	1	—	1	—	—	—
Benzine	1	1	—	1	—	—	—
Boric Acid	1	1	—	1	—	—	—
Carbolic Acid	38	29	9	26	9	3	—
Carbon Tetrachloride	1	—	1	—	1	—	—
Cocaine	25	24	1	24	1	—	—
Castor Oil Seed	1	—	1	—	1	—	—
Colocynth	1	—	1	—	1	—	—
Datura	13	11	2	11	2	—	—
Gas	4	4	—	2	—	2	—
Hashish	15	15	—	15	—	—	—
Heroine	34	33	1	33	1	—	—
Lysol	2	2	—	2	—	—	—
Manzool	66	62	4	60	4	2	—
Mercury	2	1	1	—	—	1	1
Opium	22	22	—	1	—	10	—
Petroleum	2	2	—	2	—	—	—
Ptomaine	265	130	135	128	135	2	—
Pot-Permanganate	4	4	—	4	—	—	—
Poisoning	43	39	4	38	4	1	—
Scorpion Sting	360	204	156	199	146	5	10
Snake bite	8	7	1	7	1	—	—
Sublimate	1	1	8	1	—	—	—
Sulphuric Acid	1	1	—	1	—	—	—
Tartar Emetic	4	2	2	2	2	—	—

Section XII.—MISCELLANEOUS.

A.—STATISTICS.—MEDICAL IN-PATIENTS.

Senility and Debility	72	50	22	37	15	13	7
Rheumatic Diseases	57	38	19	38	19	—	—
Coma	6	5	1	1	1	4	—
Fainting	3	3	—	3	—	—	—
Malingering	5	5	—	5	—	—	—
Moribund	2	2	—	—	—	2	—
No Diagnosis	70	57	13	48	13	9	—
Premature	3	2	1	1	—	1	1
Test Feeds	26	—	26	—	24	—	2
Wet Nurses	43	—	43	—	43	—	—

B.—NOTES.

(1) Cases of senility and debility have been always a nuisance to the Medical side; they are brought from the streets in a very filthy condition; encroach on the very limited space in the Hospital and nothing of the course in the way of treatment is done to them. When the service of the *Tekiah* is requested months are spent in useless correspondence before the case is shifted.

(2) Rheumatic diseases include myositis, lumbago and rheumatoid arthritis.

(3) Under coma are included cases in which the cause was not known. Cases of uræmia, opium poisoning etc. are put under separate headings.

(4) Babies which are under weight are admitted for test feeds into the *Malga* and wet nurses with sick children are also admitted into the same place.

PART II.

Foundlings and the Child Welfare Centre by Dr. I. Shawki.

Section I.—FOUNDLINGS.

A.—STATISTICS :

<i>Malgaa</i> Babies.						babies
Remaining in Hospital, December 1926	...	...	...	...	...	109
Admitted, year 1927	...	...	...	...	...	166
Total in Hospital						275
In School	...	...	...	...	...	1
Claimed by Parents...	...	...	...	...	...	2
Adopted	...	...	...	...	...	44
In <i>Malgaa</i>	...	...	...	...	...	17
With <i>Mourdaas</i> ...	...	...	...	...	...	110
Died during the year	...	...	...	...	...	101
Total						275
Remaining in Hospital, December 1927 :—						
In School	...	...	...	...	...	1
In <i>Malgaa</i>	...	...	...	...	...	17
With <i>Mourdaas</i> ...	...	...	...	...	...	110
Total						128
Deaths during 1927 :—						
(1) Gastro-intestinal Diseases	...	...	...	...	...	51
(2) Marasmus	...	...	...	...	...	9
(3) Respiratory Diseases...	...	...	...	...	...	33
(4) Exposure	...	...	...	...	...	1
(5) Prematurity and General Debility	...	...	...	...	...	7
Total						101

B.—NOTES.

(1) The death rate is still very high. The improvement in that rate which had set in some five years ago could only be just maintained. As stated in previous report, owing to the fact that the number of wet nurses that could be engaged, was limited (to 65 till 1927) babies had often to be weaned irrespective of age and time of the year. Most of them had to be completely weaned as early as the ninth month.

Some years ago, we were able to maintain the babies on the breast for a longer period through private funds, and were thus able to improve the death rate to a certain extent.

(2) Last year the number of wet nurses budgeted for was increased to 100. It seems, however, that the number of foundlings being admitted to the Home (certainly during the first 3 months of 1928) will soon outstrip the increase in the number of wet nurses ; a further increase will soon become inevitable.

(3) There is, however, another very important point to be noted in considering the death rate in the Home and that is the absolute unsuitability of the building for the purposes for which it is being utilised, namely as a home for bringing up healthy children (weaned foundlings).

(4) I need only mention that the floor reserved for this purpose comprises three wards which open directly into each other, with even no doors between. Further, one of these wards had to be utilised as a sick children's ward for all sorts of diseases amongst out-patients and the foundlings.

(5) There is no means of effecting any isolation either for the healthy children themselves, or for those newly weaned foundlings ; some of whom may be (and actually proved to have been) in the incubation period of some infectious disease when taken off from the wet nurses and put into the wards. Actually every year an epidemic sweeps the whole wards and carries off a certain number (measles in 1926, Influenzal Bronchopneumonia in 1925, etc.).

(6) I had previously called attention to this unsatisfactory state of affairs and some three years ago put forward definite proposals for certain structural alterations in the building, namely the provision of a narrow Verandah on the southern aspect and running the whole length of building. The three wards would then open on to this Verandah, and the direct communications between them will be closed up.

Further an isolation ward was to be provided on an adjacent roof. I remember that the scheme was estimated to cost a little less than L.E. 1,000 (one thousand). Neither the Public Health Department, nor the Kassem Pacha Wakf (which was approached as well) could see their way to putting it through.

(7) As repeatedly mentioned in previous notes, the infantile death rate in the Foundlings Home will be expectedly higher than the average rate for Cairo City for example.

The condition of exposure and exhaustion in which many of the children are found when picked up from door steps, dust bins, streets etc., will have its effect in raising the death rate.

Further, for various reasons which I need not go into here, it is generally recognised that the infantile death rate amongst illegitimate children and those boarded out, is often double the normal infantile death rate in any community. We have every reason to believe that a large number, if not most of the Foundlings admitted to this Home are illegitimate. Still, even if the death rate in the Home be discounted for the above-mentioned factors, I believe it is abnormally high, and could be improved.

(8) The main lines of improvement which to my mind will help to produce a diminution in the death rate are :—

- (a) Increase in the number of wet nurses permitted by the budget, so that babies could be weaned by choice (rather than by force of circumstances) at a proper age, and in a proper time of the year.
- (b) The pay of the wet nurses should be such as to be enticing to a degree so as to give us a good choice of satisfactory nurses.
- (c) Structural alterations in the building as mentioned before, so as to effect as good an isolation as possible for the healthy children and to provide an isolation observation ward for the newly weaned.

(8) The wet nurses' pay has been increased last year from 2½ P.T. to 3 P.T. per day the number permitted has been increased from 65 to 100. Further increase in both items will have to be contemplated soon. Another attempt will be made this year to push the scheme for alterations in the building through. The question of providing more spacious home to accommodate not only foundlings picked up in the street etc., but as well those children whose mothers require to relinquish permanently for further reasons. this question will have to be seriously considered as the accommodation in the present building is already far too short of the requirement, which will obviously be on the increase in proportion to the population.

Section II.—THE CHILD WELFARE CENTRE.

A.—STATISTICS :

(a) Child Welfare :—

Children on Center's Books January 1927...	257
New registration during 1927	360
Total	617

Of the above total:

Regular attendance	454
Struck off, for irregular attendance or change of address	76
Struck off, over age	42
Known to have died in 1927	45
Total	617

(b) District Midwifery Service run from the Centre :—

Normal labours attended by our midwives	444
Normal labours delivered by <i>Dayas</i> before arrival of our Midwives	97
Difficult Labours sent to Hospital	16
Abortions	3
Reported fever, during puerperium	7

B.—NOTES.

(1) Owing to the limited space available here for the child welfare clinic and the increasing numbers which have reached on some days 150, it was found necessary to discontinue attendance of children after the end of the second year. This explains the above-mentioned figure for "struck off over age."

(2) Beginning on January 1928 a third day has been allotted for the child welfare clinic by utilising the bath room by kind permission of the Matron. By this means, and by arranging for children over 6 months of age to attend only once every fortnight, it will be possible to allow the children to remain under observation in the centre till the end of the third year.

(3) It was noticed that a certain number of the mothers do not attend regularly. Some may have not attended for 2 months or more, and then present themselves only when the child is ill, or when the time comes for the distribution of clothes from the centre etc. Such are interviewed by the Doctor and warned that if they do not attend fairly regularly they will be struck off the centre's register.

Others of the mothers fail to present their children at all. Those, who have not turned up at the clinic for 3 successive weeks, the midwife is instructed to visit and try to persuade to regular attendance. Those that cannot be traced, or who fail to attend regularly afterwards are struck off the books of the centre.

Striking such mothers off the books of the centre (with consequent loss of the material benefits as the giving of food, milk and clothing,) has a two-fold object:—

(a) The keeping of their case sheets among the other sheets of the children who attend the centre necessitates their being sorted weekly, which is an extra unproductive work.

(b) The including of such children in the statistics of the centre gives a misleading idea of the centre's activities.

(4) As regards the deaths of children on the books of the Centre in the past year, a rate can be obtained by comparing the deaths with the number of children registered during 1927, i.e., not with the births served by the centre as many of the mothers did not turn up at the Welfare Clinic at all. The infantile death rate for 1927 will therefore be $1000 \times 45 \div 360 = 125$. Such a figure of 125 per 1,000 may appear very satisfactory but should be regarded only as very approximate indeed, as it is obvious that some of the children who have ceased attendance and cannot be traced, have died, also that the 45 deaths reported to the Centre during 1927, include children over 6 years old.

(5) In order, however, to gauge as nearly as possible, the effect of Welfare work in a given centre on the life of children cared for, the case sheets of all children attending regularly till the end of their first year of life, should be examined individually and; an investigation by the home-visiting staff should then be made to find out the fate of those children who ceased attendance before completing the first year of life. A simple calculation will then give the infantile death rate for the centre by comparing the deaths of children before the end of their first year, with the total of those attending the centre regularly plus the number of children who are known to have lived beyond their first birthday.

Such a procedure has been reported in a previous note for the years 1921 to 1925 (both included) and the infantile death rate was then calculated to be 164 per thousand.

Such a rate shows a decisive improvement on the corresponding rate for the city of Cairo, i.e., 233. (See Cairo City Inspectorate Report embodied in the Department of Public Health Report for 1925 page 73).

(6) There is no doubt that an important indication of the popularity of the Centre, and the individual attention with care shown by the staff, is the regularity or otherwise of attendance of the mothers. For this reason it is important to indicate the percentage of mother attending the Clinics regularly. As an arbitrary definition, we consider a mother to be regular when she presents herself at the centre at least once a month. Such a percentage has been during the past year 87; a satisfactory figure. It can however, be improved by more home visiting.

Instructions for the head nurse here are that every two or three weeks, she should go through all the case sheets and give the visitors the addresses of mothers who have not turned up for three weeks or more.

The Visitors do their best then to persuade such mothers to resume their regular attendance at the Welfare Clinic. Those who still fail to turn up and those who cannot be traced at their original address, are struck off the books for the reasons stated before.

(7) As regards the statistics of the external midwifery service, it is to be noted that out of a total of 560 labours on the books of the centre, in 97 cases or 18 per cent of the total, the mother had already been delivered by the time the midwife of the centre has arrived, what is usually called B.B.A. cases. A large number of Bs. B. A. will no doubt diminish the utility of a centre and should always call for an investigation of the cause. An inquiry into the remediable causes leading to the occurrence of Bs. B. A. has shown that these could be described under two headings :—

(a) Either that the *Hakima* of the centre is very slow in starting for the case, after the labour card has been sent by the mother to the gate-porter. To remedy this, the gate-porter has now a book in which he records the exact hour of his receiving a call (or card) and the time when the *Hakima* starts off for it.

(b) The mother herself, sends the call or card to the Hospital only after the labour pains have already progressed sometime. It has been invariably the rule in these B.B.A. cases that the midwife finds the *Daya* already on the spot and has delivered the case. Inquiry has shown that in most similar cases, it was the *Daya*, who in her daily round on her expected cases, persuades the mother that the pains she is having are not true labour pains etc., in order that the *Daya*, might deliver the case herself (and receive her full fees). To remedy this the Health Medical Officer of the district is asked to gather the *Dayas* from time to time and impress upon them that the midwife of the centre will always be glad to be assisted by the *Daya* in any case, and that the latter will still be entitled to her fees.

(8) Seven cases of puerperal fever have occurred in the Midwifery service in 1927. All were very mild and there was no fatality. Of these 7 cases, two were in-patients delivered by the *Daya*, B. B. A. in the remaining five cases, the centre is more or less morally responsible for. This represents a percentage incidence of 1.2%. There is no doubt that this is an appreciably high percentage and should be improved. One must take into consideration, however, the nature of the environment in which all these cases delivered, and the fact that in this Kasr el Aini Centre, being a teaching centre as well, cases are handled to pupils as well.

PART III.

Skin and Venereals by Dr. Moh. Ibrahim.

Section I.—SKIN DISEASES.

A.—STATISTICS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
Acne	2	2	—	2	—	—	—
Dermatitis	3	2	1	2	1	—	—
Diffuse Sclerodermia	1	1	—	1	—	—	—
Dysidrosis	2	—	2	—	2	—	—
Eczema	67	57	10	57	10	—	—
Erythema	3	1	2	1	2	—	—
Favus	18	14	4	13	4	1	—
Herpes	2	2	—	2	—	—	—
Hyperkeratosis	2	2	—	2	—	—	—
Impetigo	2	2	—	1	—	1	—
Leishmaniasis	2	2	—	2	—	—	—
Leprosy	2	2	—	2	—	—	—
Lupus Erythematosus	3	2	1	2	1	—	—
Lupus Vulgaris	10	8	2	8	2	—	—
Neurofibromatosis	1	—	1	—	1	—	—
Prurigo	9	8	1	8	1	—	—
Psoriasis	13	12	1	12	1	—	—
Pyodermia	7	6	1	6	1	—	—
Ringworm	7	5	2	5	2	—	—
Scabies	19	16	3	16	3	—	—
Sycosis	1	1	—	1	—	—	—
Taenia Circinata	1	1	—	1	—	—	—
T. B. of Skin	3	3	—	3	—	—	—
Urticaria	2	2	—	2	—	—	—
Warts	1	1	—	1	—	—	—

Section II.—VENEREAL DISEASES.

<i>Gonorrhea :</i>							
Acute Gonorrhoea	41	34	7	34	7	—	—
Balanitis	4	4	—	4	—	—	—
Chronic Gonorrhoea	32	26	6	26	6	—	—
Gonorrheal Orchitis	22	22	—	22	—	—	—
Vulvitis	1	—	1	—	1	—	—
<i>Syphilis :</i>							
Buboes	6	5	1	5	1	—	—
Chancre	43	42	1	42	1	—	—
Congenital Syphilis	3	—	3	—	3	—	—
Gumma	48	31	17	31	17	—	—
Mercurial Stomatitis	2	1	1	1	1	—	—
Phagedenic Ulcer	21	21	—	21	—	—	—
Secondary Syphilis	18	11	7	11	7	—	—
Sore	24	20	4	20	4	—	—
Syphilis	10	7	3	7	2	1	—
Syphilis and Gonorrhoea	8	7	1	7	1	—	—
Tertiary Syphilis	7	7	—	7	—	—	—

Surgical Inpatients.

INTRODUCTION.

(a) OPERATIONS.

6,382 operations were performed in the Hospital during this year. Out of these:—

- 2,157 done in the General Theatre.
- 1,050 done in the Ophthalmic Theatre.
- 505 done in the Ear, Nose and Throat Theatre.
- 243 Gynaecological Operations.
- 158 Midwifery Operations.
- 184 Normal labours.
- 1,689 Operations in Kushoks.
- 422 Operations in out-patient and reception room.
- 659 Operations in eye's out-patients.

(b) THE ANNEX.

This is a small new building that was opened for patients on March 7, 1927. It was built so that it will help to meet the continuous increase of admissions and has already become a very important and useful part of the Hospital being a clearing station to minor cases.

It was built in the courtyard of the Hospital taking the shape of the letter U and facing the main Hospital gate. The two lateral limbs are two long wards, one surgical and one medical; each accommodating for 25 beds. In the cross part there are rooms for the sister, kushuks for small operations and dressings and two amphitheatres used for clinical lectures and demonstrations to the students and pupils.

The following is an extract from the Director's books of duties and instructions:—

RULES FOR THE ANNEX.

"The Annex is intended for patients requiring admission but who may be discharged after a very short time or require only a few days treatment.

It consists of two sections and only male surgical and male medical cases will be admitted.

Patients shall not remain for longer than seven days in the Annex and if they require further treatment they must be transferred for their respective sections in the general Hospital.

Orthopædic cases are temporarily accommodated in the Annex.

No infectious or suspected infectious cases must be admitted to the Annex.

The assistant-physicians and assistant surgeons shall be in charge of the Annex in rotation with the assistance of the registrars and house-officers, clinical assistants and students will be allotted to the two sections by the registrars."

From March 7, till the end of the year, 908 patients were admitted to the surgical annex, i.e. about one tenth of the admissions of the surgical side (including eyes, ear, nose and throat) during all the year 1927 have passed through that one ward of twenty five beds. That shows the amount of continuous work done there and the great relief it has been to the Hospital.

SURGICAL IN-PATIENTS.

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

FRACTURES.

Head :—

Simple fissured fracture of Vault ...	40	34	6	23	6	11	—
Compound fissured fracture of Vault ...	8	6	2	5	2	1	—
Simple depressed fracture of Vault ...	146	119	27	87	21	32	6
Compound depressed fracture of Vault ...	21	18	3	15	2	3	1
Fractured base of skull ...	128	107	21	61	12	46	9
Compound fracture of Maxilla ...	7	4	3	3	2	1	1
Simple fracture of Mandible ...	3	3	—	3	—	—	—
Compound fracture of Mandible ...	14	14	—	13	—	1	—
Simple fracture of Clavicle ...	77	64	13	64	13	—	—
Compound fracture of Clavicle ...	2	2	—	2	—	—	—
Simple fracture of Scapula ...	6	6	—	6	—	—	—
Simple fracture of Humerus ...	66	56	10	55	10	1	—
Compound fracture of Humerus ...	24	18	6	13	5	5	1
Simple fracture of Ulna ...	74	58	16	58	16	—	—
Compound fracture of Ulna ...	12	9	3	8	3	1	—
Simple fracture of Radius ...	66	57	9	57	8	—	1
Compound fracture of Radius ...	5	4	1	3	1	1	—
Simple fracture of Ulna and Radius ...	43	36	7	35	7	1	—
Compound fracture of Ulna and Radius ...	14	12	2	10	2	2	—
Simple fracture of Metacarpals and Phalanges ...	13	8	5	8	5	—	—
Compound fracture of Metacarpals and Phalanges ...	16	13	3	13	3	—	—
Simple fracture of Pelvis ...	33	27	6	17	5	10	1
Simple fracture of Ribs ...	64	54	10	43	8	11	2
Simple fracture of Nasal Bones ...	15	13	2	13	2	—	—
Compound fracture of Nasal Bones ...	7	6	1	6	1	—	—
Simple fracture of Femur ...	139	108	31	106	29	2	2
Compound fracture of Femur ...	14	10	4	3	1	7	3
Simple fracture of Patella ...	7	5	2	5	2	—	—
Simple fracture of Tibia ...	58	49	9	49	9	—	—
Compound fracture of Tibia ...	18	17	1	14	1	3	—
Simple fracture of Fibula ...	17	16	1	16	1	—	—
Compound fracture of Fibula ...	4	4	—	4	—	—	—
Simple fracture of Tibia and Fibula ...	156	132	24	131	24	1	—
Compound fracture of Tibia and Fibula ...	74	62	12	52	11	10	1
Simple fracture of Tarsus ...	3	3	—	3	—	—	—
Simple fracture of Metatarsals and Phalanges ...	19	18	1	18	1	—	—
Compound fracture of Metatarsals and Phalanges ...	8	6	2	6	2	—	—
Simple multiple fracture ...	83	62	21	41	15	21	6
Compound multiple fracture ...	28	21	7	6	3	15	4
Separation of epiphysis ...	16	13	3	13	3	—	—
Fracture zygomatic arch ...	5	4	1	4	1	—	—
Undiagnosed ...	8	7	1	—	—	7	1

Crushes :—

Upper Limbs ...	35	32	3	24	3	8	—
Lower Limbs ...	38	36	2	21	—	15	2

Head Injuries :—

Haematoma of Scalp ...	70	53	17	51	17	2	—
Compression ...	10	8	2	3	1	5	1
Concussion ...	179	134	45	110	89	24	5
Cerebral Irritation ...	4	4	—	4	—	—	—
Hydrocephalus ...	3	1	—	—	—	1	2
Cerebellar Tumour ...	1	—	1	—	—	—	1
Cerebellar Abscess ...	2	2	—	—	—	2	—
Miscellaneous and undiagnosed ...	31	26	5	12	3	14	2

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
DISEASES OF BONES.							
Epiphysitis	2	—	2	—	2	—	—
Periostitis	6	4	2	4	1	—	1
Acute Osteomyelitis	11	7	4	4	4	3	—
Chronic Osteomyelitis	26	17	9	15	8	2	1
Caries	13	7	6	5	5	2	1
Necrosis	91	68	23	63	21	5	2
Myeloma	1	—	1	—	1	—	—
Periosteal Sarcoma	5	4	1	3	1	1	—
Osteoma	3	2	1	2	1	—	—
Miscellaneous	6	5	1	4	1	1	—
JOINTS.							
Injuries :—							
Contusions	59	50	9	50	9	—	—
Sprains	10	10	—	10	—	—	—
Dislocations :—							
Temporo-maxillary	3	2	—	2	—	—	—
Sterno-clavicular	3	2	1	2	1	—	—
Acromio-calvicular	2	2	—	2	—	—	—
Shoulder	13	8	5	8	5	—	—
Elbow	7	7	—	7	—	—	—
Wrist	1	1	—	1	—	—	—
Hip	2	2	—	2	—	—	—
Finger	3	2	1	2	1	—	—
Diseases :—							
Septic Synovitis	1	1	—	1	—	—	—
Synovitis of knee	19	11	2	17	2	—	—
Internal Derangement of knee	3	7	2	1	2	—	—
Traumatic Synovitis	14	13	1	13	1	—	—
Septic Arthritis	7	6	1	3	—	3	1
Tubercular diseases :—							
Elbow	10	8	2	8	2	—	—
Shoulder	2	1	1	1	1	—	—
Hip	56	39	17	34	16	5	1
Knee	20	14	6	14	5	—	1
Ankle	4	4	—	4	—	—	—
Maxilla	1	—	1	—	—	—	1
Sacro-Iliac Diseases	4	4	—	4	—	—	—
Osteoarthritis	4	2	2	2	2	—	—
Ankylosis of :							
Temporo-Maxillary	2	1	2	1	2	—	—
Elbow	7	5	2	5	2	—	—
Knee	5	5	—	5	—	—	—
Finger	1	1	—	1	—	—	—
Deformities :—							
Infantile paralysis	3	3	—	3	—	—	—
Traumatic paralysis	1	1	—	1	—	—	—
Genu Valgum	2	1	1	1	1	—	—
Genu Varum	2	—	2	—	2	—	—
Ingrowing toe nail	2	2	—	2	—	—	—
Congenital dislocation of hip	1	—	1	—	1	—	—
Talipes-Equino-Varus	10	5	5	5	5	—	—
Flat foot	2	2	—	2	—	—	—
Foot drop	1	1	—	1	—	—	—
Club foot	4	1	3	1	3	—	—
Syndactylism	1	—	1	—	1	—	—
Osteomalacia	1	—	1	—	1	—	—

SURGICAL IN-PATIENTS (*continued*).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.		
				Male.	Female.	Male.	Female.	
WOUNDS.								
Contused wounds	166	134	32	134	32	—	—	
Flap wounds	26	20	6	20	6	—	—	
Incised wound	48	44	4	43	4	1	—	
Lacerated wound	69	58	11	55	9	3	2	
Stab wound	29	26	3	26	3	—	—	
Bullet wound... ..	35	32	3	28	3	4	—	
Septic wound	37	31	6	80	5	1	1	
Contused wound of scalp	122	97	25	97	25	—	—	
Contusions and Abrasions	114	89	25	86	25	3	—	
Broken needles in body	17	4	13	4	13	—	—	
BURNS AND SCALDS.								
Burns and Scalds	326	147	179	75	76	72	103	
ANIMAL BITES.								
Dog bite	1,524	1,147	377	1,143	373	4	4	
Wolf bite	14	13	1	13	1	—	—	
Camel bite	61	58	3	54	3	4	—	
Donkey bite	46	43	3	42	3	1	—	
Mule bite	5	5	—	5	—	—	—	
Horse bite	34	32	2	32	2	—	—	
Ape bite	13	2	6	7	6	—	—	
Rat bite	3	7	1	2	1	—	—	
Cat bite	34	20	14	20	14	—	—	
Fox bite	4	4	—	4	—	—	—	
Human bite	11	7	4	7	4	—	—	
TUMOURS.								
Fibroma	3	—	3	—	3	—	—	
Lipoma	10	4	6	4	6	—	—	
Sarcoma	28	22	6	15	6	7	—	
Epithelioma	19	13	5	10	4	3	2	
Rodent Ulcer	6	4	6	4	2	—	—	
Dermoid cyst	4	4	—	4	—	—	—	
Angioma	1	1	—	1	—	—	—	
Sebaceous cyst	1	1	—	1	—	—	—	
Undiagnosed tumour	9	7	2	6	2	1	—	
ABDOMEN.								
Incised wounds of abdominal wall ...	10	8	2	8	2	—	—	
Penetrating wounds	2	1	1	1	—	—	1	
Faecal fistula	9	8	1	5	—	3	1	
Tumour of abdominal wall	1	1	—	1	—	—	—	
Cancer of abdominal wall	4	—	4	—	4	—	—	
Acute Abdomen :—								
Ruptured Liver	8	7	1	4	—	3	2	
„ Spleen	5	5	—	3	—	2	—	
„ Mesentry	1	—	1	—	1	—	—	
„ Stomach	4	4	—	2	—	2	—	
„ Small Intestine	13	12	1	6	1	6	—	
Acute Intestinal Obstruction :—								
By :								
Tumours	—	—	—	—	—	—	—	
Volvulus	5	5	—	2	—	3	—	
Intussusception	4	3	1	1	1	2	—	
Mekle's diverticulum	2	2	—	2	—	—	—	
Faecal Incarceration	1	—	1	—	1	—	—	
Imperforated Anus	4	3	1	3	—	—	1	
Not Diagnosed	15	10	5	5	2	5	3	

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

WOUNDS (continued).

ABDOMEN (continued).

Acute Peritonitis :—

General purulent	24	17	7	8	3	12	4
General tubercular	3	1	2	1	2	—	—
Local acute appendicitis	26	24	2	22	2	2	—
Local Appendicular abscess	10	9	1	8	1	1	—
Chronic Appendicitis	12	8	4	8	4	—	—
Appendicular mass	2	2	—	2	—	—	—
Chronic intestinal obstruction	4	3	1	3	1	—	—
Cancer of stomach	1	—	1	—	—	—	1
Gastric Ulcer	3	1	2	—	1	1	1
Liver abscess	14	13	1	8	1	5	—
Tumour of liver	5	1	4	1	3	—	1
Gall stones	5	1	4	1	3	—	—
Cholecystitis	2	—	2	—	2	—	—
Endemic splenomegaly	56	44	12	41	11	3	1
Tubercular Caecum	3	1	2	1	2	—	—
Cancer of Caecum	2	1	1	1	1	—	—
Tumour of abdomen	14	9	5	9	5	—	—
Bilharzial mass of intestines	3	3	—	3	—	—	—
Retro-peritoneal Sarcoma	2	2	—	2	—	—	—
Swallowed bodies	11	9	2	8	2	1	—
Blows on abdomen (put under obser- vation)	28	17	11	17	11	—	—

Hernia :—

Indirect Inguinal hernia	323	322	1	321	1	1	—
Direct Inguinal hernia	1	1	—	1	—	—	—
Recurrent Ing. Hernia	17	17	—	17	—	—	—
Irreducible Ing. Hernia	7	7	—	6	—	1	—
Obstruction Ing. Hernia	3	3	—	3	—	—	—
Strangulated Ing. Hernia	75	75	—	63	—	12	—
Femoral Hernia	2	2	—	2	—	—	—
Umbilical hernia and para... ..	12	2	10	2	10	—	—
Ventral Hernia	22	14	8	14	8	—	—
Strangulated ventral hernia	3	1	2	1	1	—	1
Incisional Hernia	3	2	1	2	1	—	—
Inflamed Hernia	1	1	—	1	—	—	—
Sliding Ing. Hernia	1	1	—	1	—	—	—

Colon and Rectum :—

Proctitis	1	1	—	1	—	—	—
Bilharzia of Rectum	11	11	—	11	—	—	—
Prolapse of Rectum	15	12	3	11	2	1	1
Stricture of Rectum	2	—	2	—	2	—	—
Cancer of Rectum	6	2	4	2	1	—	3
Piles	131	115	16	114	16	1	—
Complicated piles	22	17	5	17	5	—	—
Piles with fistula	9	9	—	9	—	—	—
Piles with anal fissure	4	3	1	3	1	—	—
Anal abscess	13	13	—	13	—	—	—
Anal fissure	6	5	1	5	1	—	—
Anal fistula	56	51	5	51	5	—	—
Ischio-rectal abscess	23	23	—	23	—	—	—
Anal stricture	5	5	—	5	—	—	—

Kidney :—

Floating Kidney	1	—	1	—	1	—	—
Renal colic	10	8	2	8	2	—	—
Renal Calculus	21	20	1	20	1	—	—
Pyelitis	5	5	—	5	—	—	—
Hydronephrosis	18	15	3	12	2	3	1
Pyonephrosis	8	7	1	6	—	1	1
Perinephric Abscess	8	8	—	8	—	—	—
Cancer of kidney	1	1	—	1	—	—	—
Other tumours of kidney	2	2	—	1	—	1	—
Ruptured kidney	3	3	—	3	—	—	—
Renal Fistula	3	3	—	2	—	1	—

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
<i>Ureter :—</i>							
Stone of ureter	42	42	—	39	—	3	—
Bilharzia of ureter	2	2	—	2	—	—	—
Ureterocele	1	—	1	—	1	—	—
<i>Bladder :—</i>							
Ectopic vesica	1	1	—	1	—	—	—
Ruptured bladder... ..	4	4	—	2	—	2	—
Bilharziasis	24	22	2	21	2	1	—
Cystitis	26	22	4	19	2	3	2
Vesical Calculus	83	79	4	73	4	6	—
Impacted stone of ureter	25	25	—	24	—	1	—
Malignant bladder	14	13	1	13	1	—	—
Perivesical abscess	2	2	—	1	—	1	—
Retention of urine	4	4	—	3	—	1	—
Vesical fistula	3	3	—	2	—	1	—
<i>Prostate :—</i>							
Enlarged prostate... ..	43	43	—	35	—	8	—
Malignant prostate	5	5	—	4	—	1	—
Prostatitis	2	2	—	2	—	—	—
<i>Cord :—</i>							
Bilharzial masses of cord	1	1	—	1	—	—	—
<i>Urethra :—</i>							
Ruptured urethra	4	4	—	4	—	—	—
Hypospadias	4	4	—	4	—	—	—
Stricture of urethra	10	10	—	10	—	—	—
Periurethral abscess	38	38	—	38	—	—	—
Urinary fistula	44	44	—	33	—	11	—
Extravasation of urine	1	1	—	1	—	—	—
<i>Diseases of Penis :—</i>							
Ulcer of penis	2	2	—	2	—	—	—
<i>Scrotum and its Contents :—</i>							
Gangrene of scrotum	16	16	—	13	—	3	—
Elephantiasis of scrotum	4	4	—	4	—	—	—
Undescended testicles	1	1	—	1	—	—	—
Orchitis	19	19	—	19	—	—	—
Tubercular Epididymitis	6	6	—	6	—	—	—
Hydroceles	171	171	—	171	—	—	—
Hematocele	7	7	—	7	—	—	—
Funiculitis	16	16	—	16	—	—	—
Hydrocele of cord	3	3	—	3	—	—	—
Varicocele	26	16	—	26	—	—	—
CHEST.							
Contusion of chest wall	25	21	5	21	5	—	—
Penetrating wounds (stabs)	21	20	1	18	1	2	—
Empyema	15	11	4	4	2	7	2
Necrosis of ribs	9	5	4	5	4	—	—
Osteoma of ribs	1	1	—	1	—	—	—
BREAST.							
Acute Mastitis	5	—	5	—	5	—	—
Mammary abscess	15	—	15	—	15	—	—
Cancer of breast	16	—	12	3	11	1	1
Sarcoma of breast	1	—	1	—	1	—	—
Gangrene of breast	1	—	1	—	1	—	—
SPINE.							
Spina bifida	2	—	2	—	2	—	—
Pott's disease	47	32	15	27	15	5	—
Contusion of spine	18	12	5	11	5	2	—
Fractured spine	22	25	3	14	2	11	1
Cervical rib	2	2	—	2	—	—	—

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.		
				Male.	Female.	Male.	Female.	
<i>Affections of Scalp :—</i>								
Epithelioma	1	—	1	—	1	—	—	
<i>Face :—</i>								
Epithelioma of Face	3	2	1	2	1	—	—	
Rodent Ulcer... ..	12	8	4	8	2	—	2	
Tumour of Orbit	3	2	1	2	1	—	—	
Harelip	9	3	6	3	6	—	—	
Angioma of Lip	3	1	2	—	2	1	—	
Epithelioma of Lip	10	8	2	7	2	1	—	
Parotid tumours	6	3	3	3	3	—	—	
<i>Mouth :—</i>								
Ranula	4	1	3	1	3	—	—	
<i>Jaw :—</i>								
Sarcoma of upper jaw... ..	3	1	2	—	2	1	—	
Myeloma of lower jaw... ..	1	1	—	1	—	—	—	
Epulis of jaw	6	2	4	2	3	—	1	
Cancer of jaw	2	2	—	2	—	—	—	
Other tumours of jaw... ..	2	—	2	—	2	—	—	
Alveolar abscess	5	5	—	5	—	—	—	
Necrosis of jaw	7	5	2	5	2	—	—	
<i>Tongue :—</i>								
Cancer of tongue	16	14	2	10	2	4	—	
Papilloma of tongue	1	1	—	1	—	—	—	
Macro Glossia	1	1	—	1	—	—	—	
<i>Neck :—</i>								
Goitre	24	3	21	3	21	—	—	
Malignant goitre	1	1	—	—	—	1	—	
Cyst of neck	5	4	1	4	1	—	—	
Thyroglossal cyst	2	2	—	2	—	—	—	
<i>Lymphatic System :—</i>								
Cystic Hygroma	1	1	—	1	—	—	—	
Elephantiasis	7	4	5	4	3	—	—	
Tubercular Glands	48	23	25	22	23	1	2	
Lymphadenoma	1	1	—	1	—	—	—	
Acute Adenitis	6	2	4	2	4	—	—	
Hodgkin's Disease	2	1	1	1	1	—	—	
Malignant Glands... ..	8	5	3	4	2	1	1	
<i>Acute Infections :—</i>								
Cancrum Oris	6	1	5	—	1	1	4	
Acute Abscess	381	297	4	279	79	18	5	
Cellulitis	156	122	34	111	31	11	3	
Erysipelas	6	3	3	1	3	2	—	
Nile Boil... ..	4	2	2	2	2	—	—	
Whitlow	11	7	4	7	4	—	—	
<i>Chronic Infections :—</i>								
A.—Specific :								
Tubercular Abscess	9	3	6	3	6	—	—	
Leishmaniasis	4	3	1	3	1	—	—	
Madura foot	4	3	1	3	1	—	—	
Other granulomata	1	—	1	—	1	—	—	
Tuberculous Ulcer	3	—	3	—	3	—	—	
B.—Non-Specific :								
Ulcer	16	13	3	13	2	—	1	
Perforating Ulcer	2	—	2	—	2	—	—	
Sinus	8	7	1	7	1	—	—	

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
<i>Gangrene:—</i>							
Senile gangrene	5	3	2	—	2	3	—
Gangrene of limbs	18	13	5	7	4	6	1
Gas Gangrene	3	3	—	—	—	3	—
Carbuncle	11	8	3	8	2	—	1
Bed sores... ..	1	—	1	—	—	—	1
<i>General Infections:—</i>							
Pyæmia	14	10	4	5	2	5	2
<i>Scars:—</i>							
Contracted Scar	12	5	7	5	7	—	—
Keloid	3	1	2	1	2	—	—
<i>Diseases of Blood Vessels:—</i>							
Arterial Haemorrhage	10	3	7	3	7	—	—
Varicose veins	2	2	—	2	—	—	—
Vericose Ulcer	5	4	1	4	1	—	—
Thrombosis of Veins	3	1	2	1	2	—	—
Phlebitis	11	8	3	8	3	—	—
<i>Diseases of Muscles and Tendons:—</i>							
Myositis ossificus	1	—	1	—	1	—	—
Ganglions	1	1	—	1	—	—	—
Rupture of muscles	2	1	1	1	1	—	—
Spasm of muscles... ..	1	1	—	1	—	—	—

EAR, NOSE AND THROAT IN-PATIENTS.

<i>DISEASES OF EAR:—</i>							
<i>External Ear:—</i>							
Foreign body in ear:	2	2	—	2	—	—	—
Furunculosis	1	—	1	—	1	—	—
<i>Middle Ear:—</i>							
Otitis Media	10	9	1	9	1	—	—
Acute mastoiditis	28	22	6	20	5	2	1
Miscellaneous	6	6	—	5	—	1	—
<i>Diseases of Nose:—</i>							
Nasal Fossa Epistaxis	3	3	—	3	—	—	—
Rhinitis	2	1	1	1	1	—	—
Hypertrophied turbinates	24	22	2	22	2	—	—
Polypus	6	4	2	4	2	—	—
Rhino scleroma	6	2	4	2	4	—	—
Deflected Septum... ..	7	6	1	6	1	—	—
Ethmoiditis	4	2	2	2	2	—	—
Sinusitis	3	2	1	2	1	—	—
Empyema	3	2	1	2	1	—	—
Tumour of nose	4	4	—	3	—	1	—
Ulcer of nose	4	4	—	4	—	—	—
Obstructed nose	4	4	—	4	—	—	—
<i>Diseases of Pharynx:—</i>							
Tonsillitis	24	16	8	16	8	—	—
Peritonsillar abscess	5	5	—	5	—	—	—
Enlarged tonsils	22	12	10	12	10	—	—
Pharyngitis	1	—	1	—	1	—	—
Adenoids... ..	1	—	1	—	1	—	—
Foreign body	1	1	—	1	—	—	—

EAR, NOSE AND THROAT IN-PATIENTS. (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.		
				Male.	Female.	Male.	Female.	
<i>Diseases of Larynx:—</i>								
Tubercular	1	1	—	5	—	—	—	
Foreign bodies	2	2	—	2	—	—	—	
Cancer	9	8	1	8	1	—	—	
Obstruction	13	11	2	8	1	3	1	
Papilloma	1	1	—	1	—	—	—	
<i>Diseases of Trachea:—</i>								
Old tracheotomy	9	9	—	9	—	—	—	
<i>Diseases of Oesophagus:—</i>								
Foreign body... ..	5	4	1	4	1	—	—	
Obstruction	5	2	3	2	2	—	1	
Miscellaneous... ..	27	25	2	25	2	—	—	

SURGICAL IN-PATIENTS.

EYES:—

Trichiasis	338	207	131	207	131	—	—
Blepharitis	33	24	9	24	9	—	—
Ectropion	12	10	2	10	2	—	—
Cataract	91	60	31	60	31	—	—
Trachoma	113	66	47	66	47	—	—
Purulent Conjunctivitis	64	46	18	46	18	—	—
Phlyctenular Conjunctivitis	18	17	1	17	1	—	—
Ptyregium	21	19	2	19	2	—	—
Pannus	30	20	10	20	10	—	—
Dacryocystitis	4	2	2	2	2	—	—
Lacrymal Fistula	7	1	6	1	6	—	—
Iritis	1	1	—	1	—	—	—
Prolapse of Iris	19	9	10	9	9	—	1
Irido Cyclitis	10	7	3	7	3	—	—
Glaucoma	82	58	24	58	24	—	—
Detachment of the retina	3	3	—	3	—	—	—
Retinitis Pigmentosa	4	4	—	4	—	—	—
Optic Atrophy	7	6	1	6	1	—	—
Optic Neuritis	3	3	—	3	—	—	—
Defective Vision	11	11	—	11	—	—	—
Foreign body in eye	13	13	—	13	—	—	—
Tumours of eye	1	—	1	—	1	—	—
Perforated Ulcer	6	5	1	5	1	—	—
Hypopion Ulcer	2	2	—	2	—	—	—
Adherent Leucoma	46	26	20	26	20	—	—
Leucoma	15	9	6	9	6	—	—
Keratitis	3	2	1	2	1	—	—
Corneal Infiltratus... ..	34	23	11	23	10	—	1
„ Ulcer	242	166	76	165	76	1	—
„ „ with Prolapse	32	22	10	22	10	—	—
„ Abscess	2	2	—	2	—	—	—
Staphyloma	26	17	9	17	9	—	—
Nebula	7	6	1	6	1	—	—
Ruptured Cornea	5	5	—	5	—	—	—
Subconjunct. Haemo. and Contusion	22	17	5	17	5	—	—
Ruptured Globe	7	5	2	5	2	—	—
Panophthalmitis	19	13	6	13	6	—	—
Chalazion	8	6	2	6	2	—	—
Miscellaneous	52	23	29	21	28	2	1

SURGICAL IN-PATIENTS (*continued*)

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
OPERATIONS.							
SKIN AND FASCIA:—							
Thierch's skin graft	17	14	3	14	3	—	—
Plastic for:							
Flaps	3	2	1	2	1	—	—
Secondary suture	3	2	1	2	1	—	—
Excision of:							
Scar	4	3	1	3	1	—	—
Sinus	9	8	1	7	1	1	—
Ulcer (Leishmaniasis)	3	3	—	3	—	—	—
Elephantiasis	2	—	2	—	2	—	—
Keloid	1	—	1	—	1	—	—
Rodent Ulcer	5	3	2	3	2	—	—
Pachy Dermatocele	1	—	1	—	1	—	—
Ingrowing Toenail	2	2	—	2	—	—	—
Diathermy for:							
Leishmaniasis	2	2	—	2	—	—	—
Rodent Ulcer	4	4	4	4	3	—	1
Lupus Vulgaris	1	1	—	1	—	—	—
Anal Wart	1	1	—	1	—	—	—
Sarcoma	4	3	1	3	1	—	—
Epithelioma	12	9	3	9	2	—	1
Evacuation of:							
Acute Abscess	6	6	—	5	—	1	—
T. B. Abscess	3	2	1	2	1	—	—
Removal of foreign body	28	18	10	18	10	—	—
„ „ Coin from Oesophagus ...	1	1	—	—	—	1	—
BLOOD VESSELS:—							
Ligature of:							
Profunda femoris	1	1	—	1	—	—	—
Arteries of neck	1	1	—	1	—	—	—
Blood transfusion	1	—	1	—	1	—	—
Reoperation for Haemorrhage in wound	2	2	—	2	—	—	—
LYMPH GLANDS:—							
Excision of:							
Tuberculous Glands-Neck	31	16	15	16	14	—	1
Axilla	7	1	6	1	6	—	—
Groin	4	2	2	2	2	—	—
Lymphadenomatous	1	1	—	1	—	—	—
Malignant Glands	7	5	2	3	2	2	—
TENDONS AND SHEATHES:—							
Tenorrhaphy	1	—	1	—	1	—	—
Tenotomy	3	2	1	2	1	—	—
Tendon Lengthening	1	1	1	—	1	—	—
Excision of Ganglions	1	—	—	1	—	—	—
BURSAE:—							
Removal of Bursae	1	1	—	1	—	—	—
BONES:—							
Skull:							
Craniotomy for:							
Depressed Fracture	160	135	25	107	20	28	5
Fissured Fracture	42	39	3	31	3	8	—
Necrosis	3	3	—	3	—	—	—
Abscess of Brain	2	1	1	—	—	1	1
Tumour of Brain	2	2	—	—	—	2	—
Subdural Haemorrhage	1	1	—	—	—	1	—
Ventricular puncture	5	4	1	—	—	4	1

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

OPERATIONS. (continued).

<i>Other Bones :</i>							
Osteotomy	8	7	1	7	1	—	—
<i>Wiring of :</i>							
Humerus	1	1	1	1	—	—	—
Femur	1	—	—	—	1	—	—
Mandible	1	1	—	1	—	—	—
Radius and Ulna	4	4	—	4	—	—	—
Patella	2	2	—	2	—	—	—
Suture Patella	2	1	1	1	1	—	—
<i>Plating of :</i>							
Humerus	1	1	—	1	—	—	—
Femur	1	1	—	1	—	—	—
Bone Graft	1	—	1	—	1	—	—
Open operation for fracture	2	2	1	2	1	—	—
<i>Excision of :</i>							
Olecranon	1	1	—	1	—	—	—
Ribs	7	5	2	5	2	—	—
Osteoma	4	4	—	3	—	1	—
Myeloma	1	—	1	—	1	—	—
Calliper extension	2	1	1	1	1	—	—
<i>Sequestrectomy of :</i>							
Malar bone	1	1	—	1	—	—	—
Mandible	6	5	1	5	1	—	—
Radius	1	1	—	1	—	—	—
Metacarpals	1	1	—	1	—	—	—
Femur	11	9	2	7	1	2	1
Tibia	20	16	4	15	4	1	—
<i>Scraping of :</i>							
Tibia	4	3	1	3	1	—	—
Sternum	1	1	—	1	—	—	—
Iliac bone	4	4	—	4	—	—	—
Other bones	29	24	5	22	5	2	—
<i>Drainage for :</i>							
Acute Osteomyelitis	3	2	1	2	1	—	—
Subperiosteal Abscess	2	2	—	2	—	—	—
AMPUTATIONS.							
Above-elbow joint	1	1	—	1	—	—	—
Below-elbow joint	2	1	1	1	—	—	—
Of fingers	4	2	2	2	2	—	—
Above knee	8	5	3	4	3	1	—
Of foot	2	2	—	2	—	—	—
Of toes	1	1	—	1	—	—	—
<i>Trimming of :</i>							
Crushed limbs	2	1	1	1	1	—	—
Septic stumps	2	2	—	2	—	—	—
Formation of new finger	1	1	—	1	—	—	—
JOINTS:							
<i>Excision of :</i>							
Elbow joint	1	1	—	1	—	—	—
<i>Open reduction for :</i>							
Old dislocations	5	4	1	4	—	—	1
Arthrodesis	4	3	1	3	1	—	—
Formation of hip joint by rib	1	—	1	—	1	—	—
Moving stiff joint	3	2	1	2	1	—	—

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
OPERATIONS (continued).							
SPINE :—							
Hibbs operation of Fixation	2	2	—	2	—	—	—
TUMOURS :—							
Removal of :							
Fibroma	3	—	3	—	3	—	—
Lipoma	9	3	6	3	6	—	—
Dermoid Cyst	4	4	—	4	—	—	—
Sarcoma of different regions	9	6	3	6	3	—	—
Epithelioma of different regions	1	—	1	—	—	—	1
Angioma	1	1	—	1	—	—	—
Sebaceous cyst	1	1	—	1	—	—	—
Operation for Syndactylism	2	—	2	—	2	—	—
Duns operation for drop foot	1	1	—	1	—	—	—
NERVES :—							
Pressing from adhesions	1	1	—	1	—	—	—
Sympathetomy	3	3	—	—	—	3	—
Resection for :							
Spastic paraplegia	1	1	—	1	—	—	—
Spasm of muscles	2	2	—	2	—	—	—
Phrenectomy	2	2	—	2	—	—	—
SCALP :—							
Excision of :							
Epithelioma	1	—	1	—	1	—	—
EYE GLOBE :—							
Excision for :							
Malignant disease	3	2	1	2	1	—	—
FACE :—							
Excision for :							
Parotid Tumour	4	3	1	3	1	—	—
Cyst of cheek	1	1	—	1	—	—	—
LIPS :—							
Plastic for :							
Harelip	9	3	6	3	6	—	—
Macrochelia	1	—	1	—	1	—	—
Excision for :							
Epithelioma	9	7	2	6	2	1	—
Angioma	1	1	—	—	—	1	—
MOUTH :—							
Excision of :							
Ranula	3	—	3	—	3	—	—
JAWS :—							
Excision of :							
Simple Epulis	3	—	3	—	3	—	—
Tumour of upper jwa	2	1	1	1	1	—	—
„ „ Lower jaw	8	6	2	5	2	1	—
Lock jaw	2	1	1	1	1	—	—
TONGUE :—							
Diathermy for cancer of tongue	4	4	—	2	—	2	—
Excision for cancer of tongue	4	4	—	3	—	1	—
Excision of Papilloma	1	—	1	—	1	—	—
Excision of Macroglossia	1	1	—	1	—	—	—

SURGICAL IN-PATIENTS (*continued*).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

OPERATIONS (*continued*).

NECK							
Operation for Goitre	19	3	16	3	16	—	—
Adenomatous Goitre	4	—	4	—	4	—	—
Malignant Goitre	1	1	—	—	—	1	—
Cyst of Neck	3	2	1	2	1	—	—
Thyro-glossal Fistula	2	2	—	2	—	—	—
BREAST							
Diathermy for cancer of Breast ...	1	—	1	—	1	—	—
Amputation for cancer of Breast ...	9	1	8	—	7	1	1
Amputation for sarcoma of Breast...	1	—	1	—	1	—	—
CHEST							
Thoracoplasty	1	—	1	—	1	—	—
Drainage for Empyema	13	9	4	4	2	5	2
ABDOMEN							
<i>Peritoneum :</i>							
<i>Laparotomy for :</i>							
Exploration	40	34	6	29	5	5	1
Drainage	21	17	4	5	3	12	1
Tuberculous Caecum and periton- eum	5	2	3	2	3	—	—
<i>Removal of :</i>							
Obstructing bands	8	5	3	3	2	2	1
Internal Hernia	2	1	1	—	1	1	—
<i>Stomach :</i>							
Gastroraphy for rupture	4	4	—	2	—	2	—
Gastrostomy	4	2	2	—	1	2	1
Gastro-jejunostomy	6	4	2	3	—	1	2
Dilatation of cardia	1	1	—	1	—	—	—
<i>Small Intestines :—</i>							
Enterorrhaphy for rupture... ..	11	10	1	6	1	4	—
Enterotomy for obstruction	1	1	—	1	—	—	—
Enterectomy for Intussusception ...	1	1	—	1	—	—	—
Enterectomy for Gangrene... ..	3	1	2	1	—	—	2
Resection of Meckle's diverticulum...	2	2	—	2	—	—	—
<i>Large Intestine :—</i>							
Caecostomy	1	1	—	1	—	—	—
„ for imperforate Anus	1	1	—	—	—	1	—
„ for cancer of Rectum	1	1	—	1	—	—	—
„ for obstruction	1	1	—	—	—	1	—
Untwisting of volvulus	5	5	—	2	—	3	—
Reduction and fixation for intussus- ception	4	3	1	1	1	2	—
<i>Appendix :</i>							
Appendicectomy	24	23	1	22	1	1	—
Drainage of abscess	13	11	2	11	2	—	—
Appendicular fistula removed	1	—	1	—	—	—	—
<i>Spleen :</i>							
Splenectomy for rupture	5	5	—	3	—	2	—
Endemic splenomegaly	48	39	9	36	8	3	1

SURGICAL IN-PATIENS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

OPERATIONS (continued).

ABDOMEN (cont.):—

Liver and Biliary Passages :

Tamponade for rupture	2	2	—	1	—	1	—
Suturis for rupture	6	5	1	3	—	2	1
Drainage for liver abscess	14	13	1	10	1	3	—
Cholecystostomy	3	1	2	—	1	1	1
Cholecystectomy	5	1	4	1	4	—	—
Choledocholithotomy	1	—	1	—	1	—	—

Hernia :

Inguinal herniotomy for :

Reducible hernia	309	308	1	307	1	1	—
Irreducible hernia	7	7	—	6	—	1	—
Strangulated hernia	70	69	1	57	1	12	—
Obstructed hernia	3	4	—	3	—	—	—
Recurrent hernia	13	13	—	13	—	—	—

Femoral herniotomy for :

Reducible hernia	2	2	—	2	—	—	—
-------------------------	---	---	---	---	---	---	---

Ventral herniotomy for :

Reducible hernia	22	14	8	14	8	—	—
Strangulated hernia	2	2	—	1	—	1	—

Paraumbilical herniotomy for :

Reducible hernia	13	3	10	3	10	—	—
-------------------------	----	---	----	---	----	---	---

Herniotomy for :

Incisional hernia	3	2	1	2	1	—	—
--------------------------	---	---	---	---	---	---	---

Rectum and Anus :

Plastic for :

Imperforate anus	2	1	1	—	—	1	1
-------------------------	---	---	---	---	---	---	---

Incision for :

Anal fissure	2	2	—	2	—	—	—
Ligature of piles	134	123	11	122	11	1	—
Similunar incision for prolapse	1	1	—	1	—	—	—
Excision of coccyx and Rectopexy for prolapse	1	1	—	1	—	—	—
Excision for prolapse	5	5	—	5	—	—	—
Cautery for prolapse	1	1	—	1	—	—	—
Excision of Bilharzial masses	4	4	—	4	—	—	—
Anal fistula	60	55	5	55	5	—	—
Incision for Ischio-rectal Abscess	1	1	—	1	—	—	—
Excision of rectum for cancer	2	1	1	1	1	—	—
Anal abscess	1	1	—	1	—	—	—
Anal Wart	1	1	—	1	—	—	—
Dilatation of rectum	2	—	2	—	2	—	—

GENITO-URINARY TRACT :—

Kidney :

Nephrectomy for :

Hydronephrosis	5	4	1	2	1	2	—
Pyonephrosis	2	1	1	—	—	1	1
Renal Calculi	4	3	1	3	1	—	—

Nephrotomy for :

Calculus	6	6	—	6	—	—	—
-----------------	---	---	---	---	---	---	---

Nephrostomy for :

Hydronephrosis	3	3	—	1	—	2	—
Pyonephrosis	4	4	—	4	—	—	—
Nephropexy for floating kidney	1	—	1	—	1	—	—
Drainage of perinephric abscess	2	2	—	2	—	—	—
Excision of renal fistula	1	1	—	1	—	1	—

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.

OPERATIONS (continued).

GENITO URINARY (contd.).

Ureter :

Lithotomy for stone	39	39	—	37	—	2	—
Stone pushed into bladder	1	1	—	1	—	—	—
Dilatation of ureter	1	—	1	—	1	—	—

Bladder :

Cystoscopy	3	2	1	2	1	—	—
Suture for rupture	2	2	—	1	—	1	—
Lithotripsy	11	11	—	10	—	1	—
Lithotomy (Supra-pubic)	83	81	2	74	2	7	—
Stone sucked by evacuator	1	1	—	1	—	—	—
Supra-pubic Cystostomy	3	73	—	54	—	19	—
Excision of supra-pubic fistula	1	1	—	1	—	—	—

Prostate :

Supra-pubic prostatectomy	11	11	—	9	—	2	—
----------------------------------	----	----	---	---	---	---	---

Urethra :—

Plastic for :

Hypospadias	1	1	—	1	—	—	—
Rupture	2	2	—	2	—	—	—

Urethrotomy for :

Stricture	3	3	—	3	—	—	—
Calculus	2	2	—	2	—	—	—
Excision of Bilharzial Fistula	39	39	—	37	—	2	—
Dilatation for stricture	2	2	—	2	—	—	—
Extraction of impacted stone	2	2	—	2	—	—	—

Testicle :—

Eversion of tunica vaginalis for hydrocele	165	165	—	165	—	—	—
Hematocele	7	7	—	7	—	—	—
Orchidectomy	2	2	—	2	—	—	—

Spermatic Cord :—

Excision of hydrocele	3	3	—	3	—	—	—
Partial excision of varicocele	21	21	—	21	—	—	—

Scrotum :—

Partial resection for :

varicocele	1	1	—	1	—	—	—
Elephantiasis	4	4	—	4	—	—	—

Prepuce :—

Circumcision	1	1	—	1	—	—	—
---------------------	---	---	---	---	---	---	---

EAR, NOSE AND THROAT:

External Ear :—

Abscess behind ear	2	2	—	1	—	1	—
Polypus in ear	8	6	2	6	2	—	—
Removal of foreign body	6	5	1	5	1	—	—
Otitis	3	2	1	2	1	—	—
Perforation of drum	1	1	—	1	—	—	—

Mastoid :—

Schwartz operation	24	20	4	20	3	—	1
Scraping for mastoid	10	7	3	7	3	—	—

SURGICAL IN-PATIENTS (continued).

DISEASES.	TOTAL.	MALE.	FEMALE.	DISCHARGED.		DIED.	
				Male.	Female.	Male.	Female.
OPERATIONS (continued).							
EAR, NOSE AND THROAT (contd.):—							
Nose:—							
Deflected Septum	13	11	2	11	2	—	—
Partial Turbinectomy	62	40	22	40	22	—	—
Excision of Polypus	17	13	4	13	4	—	—
Cautery to hypertrophied turbinitis ...	14	6	8	6	8	—	—
Excision of nasal tumour	11	8	3	8	3	—	—
Epistaxis... ..	4	3	1	3	1	—	—
Sinuses:—							
Sinusitis	37	19	18	19	18	—	—
Pharynx:—							
Uvulotomy	2	2	—	2	—	—	—
Eusophoscopy	4	3	1	3	1	—	—
Tonsillectomy	172	99	73	99	73	—	—
Curettage of adenoid	26	14	12	14	12	—	—
Curettage of adenoid and tonsils ...	53	22	31	22	31	—	—
Peri-tonsillar abscess	2	—	2	—	2	—	—
Removal of foreign body	2	1	1	1	1	—	—
Larynx:—							
Excision of tumour	2	2	—	2	—	—	—
Trachea:—							
Tracheotomy	12	12	—	11	—	1	—
Miscellaneous:—							
Necrosis of Bones... ..	6	3	3	3	3	—	—
Examination	1	1	—	1	—	—	—
Eyes:—							
Snellen's... ..	370	250	120	250	120	—	—
Electrolysis	40	30	10	30	10	—	—
Van Mellingen	40	28	12	28	12	—	—
Iridectomy	115	57	58	57	58	—	—
„ with Sclerectomy	11	8	3	8	3	—	—
Excision of iris	6	3	3	3	3	—	—
Trephine	36	29	7	29	7	—	—
Needling with curettage	60	44	16	44	16	—	—
Extraction of Lens with Iridectomy	72	42	30	42	30	—	—
Enucleation	20	12	8	12	8	—	—
Scraping... ..	120	80	40	80	40	—	—
Picking and Expression	105	75	30	75	30	—	—
Paracentesis	10	7	3	7	3	—	—
Saemisch's Section	1	1	—	1	—	—	—
Cautery of ulcer with Carbolic... ..	20	13	7	13	7	—	—
Syringing of lacrimal sac	10	6	4	6	4	—	—
Evisceration	28	22	6	22	6	—	—
Excision of chalazion	23	19	4	19	4	—	—
„ lacrimal sac	10	6	4	6	4	—	—
Incision of Styte	6	4	2	4	2	—	—
Operation for Pterygium	27	25	2	25	2	—	—
„ Ptosis	6	3	3	3	3	—	—
Excision of Tarsus	10	5	5	5	5	—	—
Canthoplasty... ..	1	1	—	1	—	—	—
Dilatation of Canaliculus	5	4	1	4	1	—	—
Slitting of Canaliculus... ..	1	1	—	1	—	—	—
Cutting of Symblepharon	3	2	1	2	1	—	—
Excision of eyeball	25	17	8	17	8	—	—
Combined Incision	2	1	1	1	1	—	—
Cellulitis of Orbit	2	—	2	—	2	—	—
Excision of Granuloma	3	2	1	2	1	—	—
Removal of foreign body	31	29	2	29	2	—	—
Cautery for Xerotic patches	2	2	—	2	—	—	—
	1,221	828	393	828	393	—	—

THORACO PLASTY FOR A CASE OF PULMONARY TUBERCULOSIS AND TUBERCULAR EMPYEMA.

Patient S.A., female from Abbasiya, Cairo, age 18 years, married, was admitted to the medical side on July 28, 1927 for a Lt. Tubercular Empyema, that was pointing in the post axillary line. The patient was very weak, thin and pale. Temp. 37.3 Pulse 130. Examination of sputum was positive for the Tub. Bacillus.

On August 2, 1927 aspiration of 500 cc. was done ; but the empyema ruptured a few days later. The patient was transferred to the surgical side on August 8, 1927. She was very bad then and an incision enlarging the wound was made to drain the chest, as she would not have born the usual resection operation.

On August 11, 1927 she had a rib resected, and tube drainage applied. The temperature which used to rise to 38° c. gradually settled down and she became better, unexpectedly making a quick and marvellous recovery. In a months' time you would have been surprised at the change in her ; so much better she looked, and the wound was healing nicely ; later it closed completely.

Thoraco plasty was then done by Prof. Aly Bey Ibrahim, Senior Surgeon to the Hospital. The operation was done in two stages on October 16, 1927 (Ribs 4-11) and November 5, 1927 (Ribs 1-3).

THORACO-PLASTY.—Lt. side.

First stage: Removal of fourth to eleventh ribs inclusive.

The patient was put in a position almost sitting up, and turned to the right side, her left arm thrown over the front of the chest to the opposite side. She was given a general anaesthetic.

An incision was made in the back two inches to the left of the middle line, from the level of the third space, vertically downwards and then curving outward over the lowest ribs. The incision was deepened down to the ribs and the whole flap thrown forwards carrying the scapula with it. Portions of the lower ribs about 10 centimetres of each were then removed, starting near their posterior ends. The flap was then stitched back and the wound drained through its lower angle.

Second stage: Removal of first to third ribs inclusive.

The same position of the patient was maintained and a similar incision done. Smaller portions of the upper three ribs removed from the posterior part, a little difficulty was met with in the case of the first rib of which a very small part could be removed.

The wound was then closed and drained.

The patient got over both operations very well.

A corset was ordered for her and she was discharged on December 19, 1927 in a very good condition.

AN OPERATION FOR MAKING THE FOREARM PREHENSILE AFTER LOSS OF A HAND.

By MR. A. K. HENRY.

Professor of Clinical Surgery.

(Being extract taken from his long and exact account that appeared in the British Journal of Surgery.)

Pt. a police-man about 22 years who had his hand cut off by a tram-car wheel ; admitted April 12, 1927.

When I first saw him the stump was painful and septic. The sepsis, however, was soon controlled ; healing began, and it seemed a pity that the muscular energy of his well-developed forearm should be wasted for lack of surgical effort.

My objects were the following :—

(1) To cut from the outer side of the Radius a rod of bone which should have about the total length of a normal thumb including the metacarpal segment.

(2) To leave in situ :—

- (a) The thumb tendons already related to this piece of bone: abductor longus and extensor brevis.
- (b) The tendon of the brachioradialis.
- (c) The trunk of the Radial artery.

(3) To make two false joints, one in the rod about two inches from its distal end, the other proximally where the rod should meet the radius.

(4) To attach two flexor tendons to the jointed rod, viz. the flexor pollicis longus and the flexor carpi radialis.

(5) To enclose those structures in a tube of skin.

(6) To set the new digit thus formed and furnish obliquely across the palmer face of the stump in such a way as to oppose its ulnar border.

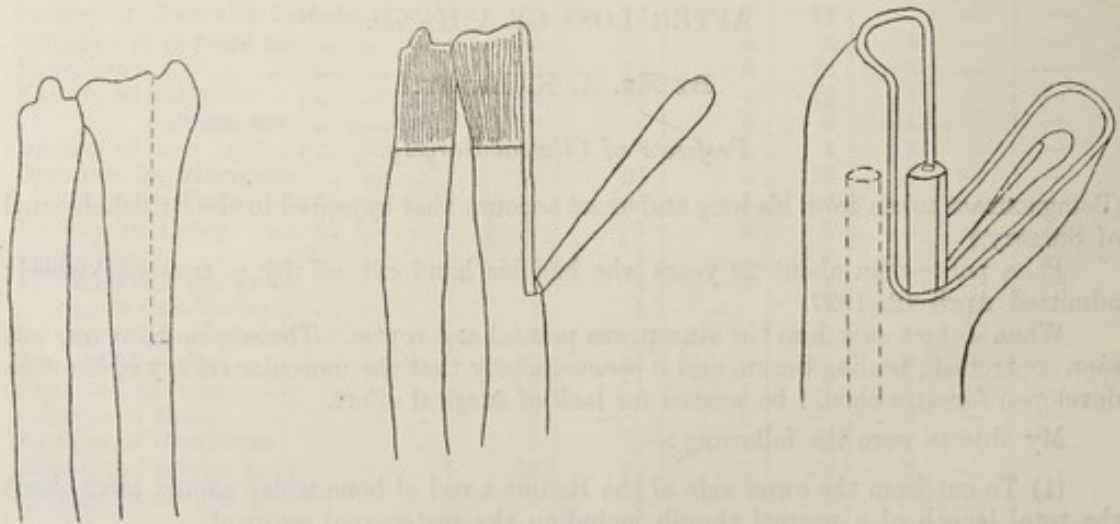
The initial difficulty before me was to secure a clean field for osteoplastic operation. I was certain from experience that once the patient was allowed to leave the hospital with a cicatrized stump, resignation would set in, and he would never return. I did not, therefore, wait for the stump to heal, but decided to attempt the destruction of latent sepsis by means of the high-frequency current, while the patient was yet willing for operation.

THE OPERATION.

On June 22, 1927, I completed at one sitting what was in effect a two-stage intervention. The limb received the usual picric acid preparation on two successive days.

Stage I.—I first charred the granulations of the stump together with an inch-wide margin of the skin with sparks from a high frequency current. I then coagulated the region of the carpus. The limb was cleaned afresh with ether and 5 per cent solution of picric acid in alcohol and after change of gloves and instruments the second stage of the operation was begun.

Stage II.—A circular disarticulation was made at the Radio-carpal joint, dividing the skin a finger-breadth distal to the Radial styloid. Two longitudinal 5 inch incisions were then made in the forearm one in the mid-line of its flexor aspect, the second on the dorsal side a finger breadth radial to the middle line. In order to provide a whelp at the base of the new digit both these incisions approached the ulna at their proximal ends. Each cut was then deepened to the bone. The periosteum was divided longitudinally and at the distal end of the Radial shaft a 5 inch rod was separated from the lateral third of the bone by means of a motor-driver saw. An attempt was thus made to obtain a joint in the bony rod 2 inches from its distal end by dividing it sub-periostially with cuts so placed as to prevent over-extensions. The tendon of the flexor pollicis longus, the radial artery and the tendon of the flexor carpi radialis were transferred en bloc to the flexor face of the rod. The skin was then stitched round the new digit. The ulnar and radial shafts were next shortened sufficiently to allow a medial flap of skin to be turned like a hood over the radial aspect and when this flap was sutured into place the resemblance of the end of the limb to the prize-fighter's glove was striking.



POST OPERATIVE COURSE.

In about a month free passive movement could be made at the distal joint of the new digit while slight active movements were seen at the proximal joint and many hours were spent in trying to develop them. The patient took little interest in these attempts and for some three months apart from the brief daily periods which could be spared for his tuition, he made no serious attempt to use the limb. One day, however, after faradic stimulation he surprised me by making a few large movements of the new digit, soon after he began to make them at will and for a while I was under the mistaken impression that they were taking place at the intended joint between the radius and the proximal end of the bony rod. It was found, however, from radiograms that the rod had become ankylosed with the Radial shaft and careful examination showed that the new digit did not move independently. Actually it was carried round into opposition by the pronation of the radius while supination restored it to the position of rest. During these two active phases the tendons inserted into the digit stood out sharply. I was able very soon to teach the patient to grasp a small matchbox between the new digit and the palmar face of the stump. This grasp was weak and could only be accomplished at the root of the digit, the real strength of which was wasted because the palm of the boxing glove was too short to allow of contact with the thumb. It became obvious that some form of apparatus was needed to give the digit a kind of little finger against which it could be forcibly opposed, and after consultation with my colleague, Professor A. Biggam, I designed a gauntlet to fit over the stump and lace round the forearm, leaving the new digit free. Once the gauntlet was fitted the whole mentality of the patient seemed suddenly to change; his apathy vanished, and at once he began to work hard and continuously to master his new grip. Within 48 hours he could write a fair Arabic script with his prehensile stump, and a week later, just three months after operation, he employed the limb to perform a variety of functions *e.g.* biting a piece of bread held with the left forearm."

A CASE OF ACHALASIA OF THE CARDIA TREATED BY DEVULTION OF CARDIAE SPHINCTER.

Patient R. A., male, fellah from Talah, age 25-30 years, was admitted to the medical side on May 2, 1927 for vomiting and difficulty in swallowing. Hospital Number 5027 Op. No. 872.

History: For about one year patient had difficulty in swallowing feeling the food to be arrested behind the sternum and vomiting then occurred. He used to drink water after which he felt a little of the food passing on but vomiting would still persist.

An X Ray examination gave the following result:—

"Obstruction at lower end of oesophagus with dilatation above and reverse peristalsis. After one hour, during which the patient vomited twice similar appearances were to be seen, but some barium has passed to the stomach—Achalasia or Cardiospasm."

Patient was somewhat thin and pale and had bilharzia of Bladder.

Atropine Sulphate injections (one milligram daily $\frac{1}{2}$ hour before lunch) were tried. He had a course of Tartar emetic for his bilharzia. Patient stayed in the medical side for about one month. His general condition improved, adding weight and colour, but his condition was not much better. He was transferred to the Surgical side and devultion of cardiac sphincter done by Dr. Moor who was then assistant Surgeon to Section I.

The abdomen was opened by a paramedian incision in the epigastrium and the stomach was brought into the wound and isolated with sponges, an incision was made in its anterior wall and the hand passed into it, one finger was then pushed up through the cardiac opening of the stomach and then two and three and the sphincter dilated and stretched until it allowed 4 fingers to pass easily. The stomach was closed and the abdominal wound stitched up. The clips were removed on the tenth day and the patient discharged on the fifteenth day cured—having made an uninterrupted recovery.

REPORT OF RADIOLOGICAL DEPARTMENT, 1927.

Total number of diagnostic Examinations...	11,459
Number of cases dealt with has been	4,372

They were made up as under :—

In-patients ...	2,905
Out-patients ...	973
From other Hospitals ...	112
From Police of which 109 showed no lesion ...	228
From Medical Commission ...	9
Miscellaneous ...	145

The In-patients were found to show no lesion in 650 cases and Out-patients similarly in 346.

In cases showing positive findings diagnosis were grouped as under :—

Opaque media Examinations (alimentary tract) ...	96
GallBladder filling Examinations...	12
Medical not other-wise included ...	444
Gynaecology ...	20
Fractures ...	1,285
Urological ...	391
Surgical not otherwise included ...	935

TREATMENT.

By X-Rays ...	62
By Radium ...	9

GYNÆCOLOGICAL AND MIDWIFERY DEPARTMENT.

INTRODUCTION.

The year 1927, was the first in which the Gynæcology and Midwifery Department was provided with Registrars. Two were appointed, namely : Dr. A. K. Diasty and myself. Just at the time of beginning to write this report, early in 1928, I was unfortunately deprived of the valuable help of my colleague who was transferred to the Public Health Department Hospitals. This report differs greatly from those of all previous years in arrangement and size, being nearly more than ten times bigger than that of last year.

This increase is due to the adoption of a detailed classification, to the individual description of cases of interest as well as to short notes on most of the cases.

It will be noticed from the report that there is hardly any increase in the total admissions in comparison with that of last year, although there has been a very great increase in the out-patient cases.

It is very striking to notice that the number of out-patient cases in 1924 was 21,313 and during the brief period of the last 4 years it has increased to more than 3 times, being 48,672 in 1926 and 67,136 in the present year.

Naturally the cases requiring admission, have increased accordingly, but it is very regrettable to say that the actual admissions do not keep rate with the increase of the out-patient numbers.

While there was an increase of about 38 per cent in the out-patients number of 1927 over those of 1926, yet the admissions only increased by about 2.7 per cent. This extreme limitation in the increase of the admissions is due to the regrettable fact that the number of beds in this department has remained unincreased, although there was some definite increase in other sections of the Hospital.

This reflects not only on the poor patients whose admissions are successively postponed on many occasions, but also to a great extent on the benefit that the students gain from the clinical work, *e.g.* where as in 1924 every student was responsible for an average of 5 beds, not more than one bed can now be allowed to each.

The question of increasing the number of beds in this department is not the idea and I hope it is now the time for doing it, so as to meet the tremendous increase in the out-patients number, as well as the students.

In writing the report, I followed as far as I could the usual classifications, but at times I had to digress from it owing to the fact that certain conditions were found to fall under more than one heading. These conditions had to be put under separate headings in order to avoid repetition *e.g.* prolapses, displacements, etc. were not included under traumatic heading. Similarly fistulæ were not put under traumatic heading. Both being most common affections of the Vagina, were given separate headings.

Puerperal sepsis cases that were delivered outside the Hospital, and then admitted for that condition, had separate insolation wards with the septic Gynæcological cases, far from the Midwifery wards. They were included in the report in the Gynæcological in-patients tables.

OUT-PATIENT DEPARTMENT.

The number of cases treated in the combined Gynæcology and Midwifery Out-patient Department during the year ending in December 1927 was 67,135 cases, of which there were :—

New cases	16,234
Old cases	50,901
TOTAL	67,135

A comparison with some of the previous years shows a regular and big increase in the number from one year to the other.

The following numbers of the last four years and the year 1917 *i.e.* 10 years ago are quoted as examples :—

YEAR.	TOTAL.
1917	19,675
1924	21,313
1925	30,270
1926	48,672
1927	67,135

The number of the year 1927 is amounting to more than three times that of 1924.

Examination of the blood for the Wasserman Reaction is done as far as possible to all new pregnant women, and to other patients whose clinical conditions raise suspicion for, or necessitates such an examination.

The number of cases examined was :—

During 1927	1,340
„ 1926	413

The following table shows the result of these examinations which gives an approximate idea of the incidence of syphilitic infection amongst pregnant women whose number forms the majority of that total.

It may be passed as 10·8 per cent.

EXAMINATION OF THE BLOOD FOR THE WASSERMANN REACTION.

Month.	Total.	Result of Examination.		
		Negative.	Positive.	Doubtful.
January	139	112	24	3
February	120	103	12	5
March	75	60	12	3
April	141	116	20	5
May	130	107	16	7
June	76	65	8	3
July	214	194	8	12
August	89	78	8	3
September	51	43	6	6
October	133	115	12	6
November	89	71	16	2
December	83	77	3	3
TOTAL ...	1,340	1,141	145	54

The doubtful Wassermann cases had, as far as possible, a repetition of their examinations.

All positive cases used to be sent to the Venereal Out-patient Department where they take their anti-Syphilitic treatment.

EXTERNAL MATERNITY DEPARTMENT.

Total number of calls	560	
		Primipara 80
		Multipara 464
		Not known 16
Total number of deliveries	444	
		Premature Labours 7
		Full Term Labours 437
		Single Pregnancies 428
		Twin Pregnancies 16
Total number of children delivered	460	
Normal labours delivered by <i>Dayas</i> before arrival of <i>Mowallida</i> (midwife)...	97	
Abortions	3	
Difficult cases sent to Hospital	16	One death
Total Calls	560	
Maternal Morbidity... ..	7	i.e. 1·5 per cent with no deaths.
Perineal lacerations... ..	5	} Primipara 4.
		} Multipara 1.
Neo-Infantile Mortality	9	i.e. 1·95 per cent.
Still births	12	i.e. 2·6 per cent.

DELIVERIES BEFORE ARRIVAL OF *Mowallidas* (MIDWIVES).

The number of cases delivered normally before the arrival of the *Mowallida* seems to be unreasonably high in comparison with the total deliveries. In some of these cases the (*Mowallida*) might have been busy with another labour and by the time she finished it, another was already over. But in the majority of these cases, the delay was either from the patients themselves, or most probably from the *Dayas* attending these cases, who, by the delay in calling the *Mowallida*, deliver their patients and gain the full material benefits.

However, in all these cases, the *Mowallida* usually looks after the child and pays the routine necessary daily visits to the mother, at least till the seventh day.

DEATHS.

Amongst the 16 difficult cases sent to the Hospital, there was one death. This was a case of albuminuria with Post-Partum Eclampsia. Her child was alive.

NEO-INFANTILE MORTALITY.

Serial No.	Age.	Parity.	Period of Pregnancy.	Presentation.	Weight of Child.	Remarks.
					lbs.	
1	21	Primip.	7 month	V.	5	Eight hours in the second stage of labour. Child died on the 6th day. Cause of death not given.
2	22	4th	?	"	5½	Delivered by the Daya before the arrival of Mowallida. Child died 6 hours after labour. Previous children alive.
3	24	3rd	?	"	4½	Two hours in the second stage. Child born asphyxiated and helped, but died two hours later. Previous children alive.
4	20	"	"	"	4½	Child died on same day of delivery. Previous 2 pregnancies ended in premature labours, stillborn children at 7 and 8 months respectively.
5	"	"	F. T.	"	8½	Four hours in the second stage. Pelvic measurements, L.S. 21, L.C. 23.5, E.C. 19.5. Child died on 8th day. Cause not given. Two previous children alive.
6	25	5th	F. T.	"	6	Born in asphyxia livida and helped but died on 5th day. Previous 4 pregnancies ended in abortions.
7	30	2nd	7 months	"	3	Died on second day. Prematurity.
8	32	10th	F. T.	B.	7½	Died on third day. It was the second of Twins, the first alive. Mother had Dysentery.
9	24	4th	F. T.	V.	5	It was the second of Twins, born in asphyxia pallida and helped but died 10 hours later. First of Twins B.B.A. of Mowallida-Still born. Mother had a very big amount of albuminuria and was transferred to Hospital.

*All Normal Labours
No Maternal Mortality*

V. = Vertex.
F.T. = Full term

B. = Breech.

STILL-BIRTHS.

Serial No.	Age.	Parity.	Presentation.	Period of Pregnancy	Weight of Child.	Remarks.
					lbs.	
1	35	7th	V.c. Prolapse of Cord	F.T.	8½	Second stage of labour lasted 10 hours. Pelvic measurements, L.S. 24 cms., L.C. 27 cms., E.C. 20 cms.
2	30	3rd	Face	F. T.	8½	Second stage of labour lasted 8 hours—Congenital syphilis. Pelvic measurements: L.S. 21 cms., L.C. 23 cms., E.C. 17 cms.
3	30	4th	B.	8 months	—	? Congenital Syphilis. All previous children still-born.
4	26	9th	Incom- plete B.c. prolapse of cord	?	6½	Twin pregnancy—Albuminuria of mother—2 abortions before.
5	26	9th	V.	?	3½	
6	18	Primip.	V.	F.T.	7½	F.H.S. not heard before labour—Urine clear. Pelvic measurements normal. Second stage 4 hours.
7	24	4th	V.	F. T.	6	It is the first of Twins, and was delivered before arrival of midwife by the Daya. Second of Twins alive, Previous labours alive children.
8	25	Primip.	V.	F. T.	8½	Prolonged second stage—24 hours F.H.S. not heard on arrival of midwife. L.S. 22 cms., L.C. 25 cms., E. C. 19 cms
9	25	2nd	V.	F. T.	6	It is the second of Twins. Cause of death not given. First was breech alive. Pelvis normal.
10	24	5th	V.	F. T.	4	? Congenital syphilis. One stillborn immediately before the present one. Flat pelvis.
11	33	10th	V.	F. T.	7	? Cause. Three hours second stage of labour. Normal pelvis. Rest of children alive.
12	26	4th	V.	?	—	Second of Twins—first of them is 4 lbs., born alive. Normal Pelvis. Previous children alive.

*All labours ended Normally although 3 had
prolonged second stage.
No Maternal Mortality.*

V. = Vertex.
B. = Breech.
F. T. = Full Term.

IN-PATIENTS DEPARTMENT.

MIDWIFERY AND GYNÆCOLOGY SECTIONS.

The total number of admissions during the year ending in 1927 was 924 with an increase of only 25 cases from that of the previous year. The total number of deaths was 49, i.e. a mortality of about 5.3 per cent. Out of that total number 565 cases were treated in the midwifery section with 35 deaths i.e. a mortality of about 6.2 per cent and 359 cases were treated in the gynaecology section with 14 deaths i.e. a mortality of about 3.9 per cent.

A comparison between the total number of admissions of some of the previous years may be of interest.

Year.	Total admissions.
1912	398
1917	142
1922	685
1926	899
1927	924

The total number of Gynæcological operations as seen in the following tables is 308 while the total number of Gynæcological patients operated upon is 243. This difference is due to the fact that many patients had more than one operation done to them *e.g.* dilatation and curettage and laparotomy for another condition, or dilatation and curettage and colporrhaphy, etc.

The total number of Gynæcological diseases as seen in the following tables is 472 while the total for the Gynæcological patients was 359. This difference is also due to the fact that many patients had more than one disease, *e.g.* prolapse of uterus and endometritis, stenosis of cervix and ovarian disease, etc.

The same applies to midwifery operations which amounted to 148 while the total number of patients operated upon was 158. The following papers are the detailed statistics of the two sections, each one separate.

INTERNAL MATERNITY TABLE.

Total admissions.	Total.	Discharged.	Died.	Remarks.
Total Deliveries	316	295	21	
Parity : Primipara	106	101	5	
" : Multipara	208	194	14	
" : Not mentioned	2	—	2	
Labour : Normal	184	179	5	
" : Abnormal	132	116	16	
Not delivered (Pregnant)	30	30	—	
Not pregnant, police cases... ..	20	20	—	
Under observation	75	75	—	
Threatening abortion not aborted }				
Premature labours	17	16	1	
Twin pregnancies... ..	14	11	3	
Normal perperium	4	4	—	
Retained placenta	14	11	3	
Perineal tears	9	9	—	Admitted as such from outside. 7 other cases occurred in Hospital Patients.
<i>Complications of pregnancy</i>				
<i>Abortion</i>	56	55	1	
Complete	27	27	—	
Incomplete	29	28	1	
Treated Medically	23	22	1	
Treated by Operation	6	6	—	

INTERNAL MATERNITY (continued).

Total admissions.	Total.	Discharged.	Died.	Remarks.
<i>Miscarriages :</i>	33	32	1	
Complete	19	19	—	
Incomplete	14	13	1	
Treated Medically... ..	11	10	1	
Treated by Operation	3	3	—	
Hyperaemesis Gravidarum	3	3	—	
Eclampsia	13	10	3	
Vesicular mole	2	2	—	
Hydramnios	7	7	—	
Placenta praevia	13	9	4	
Insanity (and as well Puerperal)	3	3	—	
<i>Complications of Labour :</i>				
1. Prolonged second stage	2	2	—	No evident cause given.
2. Uterine Inertia	2	2	—	
3. Vaginal Atresia	1	1	—	
4. Rigidity of os.	12	10	2	
5. Contraction of Pelvis	47	42	5	
6. Hydrocephalus	2	1	1	
7. Post Partum Haemorrhage and Retained Placenta	14	11	3	
8. Rupture of Uterus	9	4	5	
9. Ruptured Perineum	16	16	—	
<i>Other Complications of Pregnancy :</i>				
1. Influenza	2	2	—	
2. Pneumonia	3	2	1	One 7th month-living b-by in uterus when patient was discharged.
3. Phthisis... ..	3	—	3	
4. Gonorrhoea	1	1	—	Did not abort.
5. Cervical-Polypus	1	1	—	
6. Myoma of Uterus	1	1	—	Myomectomy operation-case went on to full term.
7. Heart Diseases	3	2	1	
8. Hemiplegia	1	1	—	Labour ended normally.
9. Dysentery	1	1	—	7th month Foetus alive.
10. Rheumatism... ..	2	2	—	
11. Retention of Urine	1	1	—	6 Days history (5 pints of urine).
12. Cirrhosis of liver with splenomegaly	1	1	—	Labour ended normally.
13. Malignant disease of Thyroid gland	1	1	—	Normal labour,

INTERNAL MATERNITY PRESENTATIONS

	Total.	Discharged.	Died.
<i>Presentation :</i>			
Vertex (Occipito-Anterior)	225	217	8
Vertex (occipito-Posterior)	14	12	2
Face	3	3	—
Brow	4	3	1
Transverse	6	4	2
Prolapsed arm	16	14	2
Neglected shoulder	8	6	2
Prolapse of Cord	28	25	3
Breech	2	1	1
Not mentioned			
TOTAL ...	316	295	21

TOTAL DELIVERIES.

The total number of deliveries includes both normal and abnormal cases. Separate following sheets show every group separate from the other.

NOT DELIVERED.

Amongst the group of cases put down as "Not Delivered" and discharged as such, some received treatment for complications of pregnancy, others had same antinatal care, while others were a fairly long time before term and were discharged for shortage of beds and either asked to come back at a later period, or sent to the care of the external maternity department, while still some others were discharged at their own request.

UNDER OBSERVATION.

Patients of this group are mostly early pregnancy cases who had some sort of Trauma and who did not abort. They are usually sent by the Police for observation and their average stay in Hospital is 5 days.

NOT PREGNANT.

The same applies to the cases put down as "Not Pregnant" except that their average stay in Hospital is one or two days unless the trauma necessitates a longer period of treatment. Naturally, as their heading means, they are not pregnant.

MULTIPARITY.

It may be of interest to notice that amongst the cases that delivered normally, there was one who had the biggest number of pregnancies for this year, namely 18 pregnancies.

CHILDREN.

Size.—The biggest living child delivered this year weighed 9 $\frac{7}{8}$ lbs.

STILLBIRTHS.

Those resulting from premature labours are not to be counted in the total number of stillbirths as they are already counted in the two sub-divisions of primipara and multipara according to the parity of their mothers.

RUPTURED PERINEUM.

These were all incomplete tears. 9 of these cases were delivered outside the Hospital and sent for repair while 7 occurred in Hospital cases.

There are following separate tables giving an analysis of the normal labours, their presentations, twin pregnancies, pelvic presentations, neo-infantile mortality, still births and maternal mortality. There are other similar tables for all abnormal cases and mid-wifery operations with a separate table for their mortalities.

NORMAL LABOURS.

	Result of Mother.			Result of Child.			
	Total.	Discharged.	Died.	Total.	Alive.	Dead.	
Total number of cases	184	180	4	—	—	—	
Single Pregnancies	174	171	3	174	144	30	
Twin pregnancies	10	9	1	20	14	6	
Total number of children delivered	—	—	—	194	156	36	
Premature labours	17	17	—	17	4	13	Not to be added to the total.
Primipara	57	57	—	57	49	8	
Multipara	125	121	4	135	108	27	All twins were multipara.
Not mentioned... ..	2	1	1	2	1	1	Eclampsia-Coma.
<i>Presentations :</i>							
Vertex	165	162	3	165	143	22	
Breech	16	15	1	16	12	4	
Face and Arm	1	1	—	1	—	1	
Vertex and hand	1	1	—	1	—	1	
Transverse	1	1	—	1	—	1	
Prolapse of arm	1	1	—	1	—	1	
Not mentioned	9	8	1	9	3	6	
<i>Ruptured Perineum all incomplete</i>							
Primipara	16	16	—	—	—	—	
Multipara	15	15	—	—	—	—	
Multipara	1	1	—	—	—	—	
Cervical laceration	1	1	—	—	—	—	Pt. 20 years old. Child with vertex presenting 7½ lbs weight.
Post Partum Haemorrhage ...	2	2	—	—	—	—	
Insanity cases	2	2	—	—	—	—	

NORMAL LABOURS.—TWIN PREGNANCIES.

Serial No.	Age.	Parity.	Pre-sen-tation.	Condition on Births.	Weight of Child.	Remarks.
					lbs.	
1	35	5	V. B. {	Good Blue asphyxia {	5 4½	First child born outside the hospital. Mother had much albuminuria, later thrombosis of left iliac and femora, veins, phlegmasia ba dolens, abscess of rt. ovary. Jaundice and died. One baby died 22 days old.
2	26	7	?	Both S.B. One S.B.	— 5	Both born before arrival of mother into Hospital. She had eclampsia and recovered
3	25	4	?	2nd Alive	6	Second child died 5 hours later. Both born before arrival into Hospital.
4	40	9	V. V. {	Alive {	5 4	Both left Hospital in good condition.
5	27	9	V. V. {	" {	6 7	Both left Hospital in good condition.
6	35	9	B. V. {	" {	4 3	Seven months Intra-uterine life. Both babies died 13 and 14 days old.
7	40	10	B. V. {	S.B. Alive {	— 7	First born before arrival. Second left Hospital in good condition.
8	25	3	? V.	S.B. Alive	3½ 4	First born before arrival. Second left Hospital in good condition.
9	30	3	? S.B.	" S.B.	5½ 4½	First born outside Hospital alive. Second born one day shortly after admission to Hospital.
10	45	16	B. B.	Alive	4½ 4½	Both born in asphyxia livida and helped. Both discharged in good condition.

V. = Vertex.

B. = Breech.

S.B. = Stillborn.

NORMAL LABOURS.—PELVIC PRESENTATIONS.

Serial Number.	Age.	Partly.	Period of Pregnancy.	Result of Mother.	Result of Child.			Single or twin Pregnancy.	Weight of Child.	REMARKS.
					Alive.	Still-born.	Died.			
1	35	5	?	Died	+	—	—	Twin	4½ lbs.	First child vertex born outside Hospital. Mother had albuminuria, thrombosis left iliac and femoral veins Pylgmaia alba dolens. A sepsis of Ovary-jaundice.
2	20	1	7 months	Alive	+	—	—	Single	5	Incomplete breech presentation-born in asphyxia livida and helped.
3	25	2	?	"	+	+	—	"	3	Eclampsia mother, 7 fits in 7 hours.
4	30	7	F.T.	"	+	—	—	"	9½	Born in asphyxia livida and helped.
5	25	6	F.T.	"	+	—	—	"	5	Extended legs, one brought down and case left to normal efforts. Delivery finished 15 minutes afterwards.
6	30	5	F.T.	"	+	—	—	"	5½	Incomplete breech.
7	20	1	F.T.	"	+	—	—	"	7½	First of twins died 13 days later. Other was vertex and died 14 days old.
8	35	9	7 months	"	+	—	—	Twin	4	Baby discharged in a fair condition.
9	25	9	F.T.	"	+	—	—	Single	6	Both born in asphyxia livida and helped. Both discharged in a good condition.
10	18	1	7 months	"	+	—	—	"	3½	Incomplete breech, prolapsed pulsating cord.
11	45	16	?	"	+	—	—	Twin	4½	Incomplete breech, one leg pulled down.
12	45	16	?	"	+	—	—	"	4½	Incomplete breech with placenta praevia.
13	20	2	F.T.	"	+	—	—	Single	3	Placenta praevia lateralis. Complete breech.
14	30	5	7 months	"	—	+	—	"	5	
15	30	10	"	"	—	+	—	"	3½	
16	30	10	"	"	—	+	—	"	3½	

F.T. = Full Term.

NORMAL LABOURS.—NEO-INFANTILE MORTALITY.

Serial No.	Age.	Parity.	Period of Pregnancy.	Presentation.	Weight of Child.	REMARKS.
1	30	3	8 months	V.	5 lbs.	Mother had albuminuria.—Child died on 6th day.—Prematurity and exposure, it showed freezing of feet.
2	25	1	?	?	3½	B.B.A. child brought to Hospital very cyanosed and helped. Died on 3rd day. Mother idiot.
3	30	3	F.T.	V.	8½	Prolonged second stage, contracted pelvis, child born asphyxiated and helped, it died on third day.
4	35	5	F.T.	B.	4½	{ Second of Twins, born in asphyxia livida and helped. Died 22 days old. { Mother had albuminuria in great amounts.
5	25	2	?	?	3½	B.B.A. died 17 days old. Eclampsia mother.
6	32	6	F.T.	V.	9½	Born in asphyxia livida and helped but died 11 hours later.
7	17	1	8 months	V.	3½	Mother had heart failure, nephritis. V. Had general condition on admission. Child died on 3rd day.
8	30	5	7 months	B.	4	Died 12 hours after labour. Prematurity.
9	25	4	F.T.	?	5	B.B.A. second of Twins and died 5 hours after birth.
10	30	1	F.T.	V.	5	Born in blue asphyxia and helped, died 24 hours later. Mother had Fever before labour.
11	27	2	F.T.	V.	5	{ Twins both died six days old.
12	27	2	"	"	3½	{ Second of twins, died on 4th day.
13	27	9	F.T.	V.	5½	{ Twins, small premature babies both died, on 13th and 14th days respectively.
14	35	9	7 months	B.	4	{
15	35	9	"	V.	3	{
16	18	1	F.T.	?	5	{ B.B.A. by about 15 hours brought in asphyxia livida. Helped but died one day later.
17	20	2	F.T.	V.	6	Died on third day, no cause known.
18	18	?	?	?	3½	B.B.A. by about 20 hours. Died 9 days old. Mother eclampsia.

B.B.A.=Born before arrival. B.=Breach. F.T.=Full Term. V.=Vertex.

NORMAL LABOURS.—STILLBIRTHS.

Serial Number.	Age.	Parity.	Period of Pregnancy.	Presentation.	Weight of Child.	Condition of birth.	REMARKS.
					lbs.		
1	20	2	F. T.	V.	7	—	Precipitate labour. Previous labour and stillborn premature child.
2	25	7	"	V.	7 $\frac{1}{4}$	—	Flat Pelvis, subperiosteal haemorrhages in foetal-skull. Placental infarctions.
3	35	7	?	V.	5 $\frac{1}{2}$	—	Placenta Praevia. Much bleeding for two days before admission to Hospital. Condition of mother on admission very bad, died 3 days later.
4	35	2	?	V.	6 $\frac{1}{2}$	—	Mother suffering of pneumonia. Poor condition on admission.
5	20	1	?	?	?	—	Placenta Praevia.
6	35	8	?	V.	7	—	Uterine inertia Rigid os.
7	26	7	?	?	—	}	Both B.B.A. to Hospital. Twins.
8	26	7	?	?	—		
9	18	?	?	V.	3 $\frac{1}{2}$		
10	25	2	?	B.	3	—	Eclampsia. General condition very bad. Had two fits during labour. Mother died three hours after labour and about 3 $\frac{1}{2}$ hours after admission.
11	25	4	7 months	Arm	5	—	Eclampsia, had seven fits before delivery of child.
12	20	3	"	V.	3 $\frac{1}{4}$	Macerated	History of a fall from a height two days before labour.
13	30	10	"	V.	1 $\frac{1}{2}$		Congenital Syphilis.
						"	General condition of mother on admission very poor. Tough membranes thick were ruptured manually. Placenta praevia.
14	35	12	F. T.	V.	8	—	Albuminuria F.H.S. not heard before delivery. Posterior. Asynclitism with high R.R. delivered very shortly after admission.
15	40	7	"	V.	5	—	Precipitate labour in a tram-car before arrival to Hospital.
16	25	4	"	?	6	—	One of twins born before arrival of mother to Hospital Albuminuria.
17	40	7	"	Face and Arm	7	—	Placenta praevia and albuminuria.
18	18	1	7 months	V.	4 $\frac{3}{8}$	—	Prematurity, F.H.S. not heard before labour. Rigid Os.
19	25	2	7 "	V.	2 $\frac{1}{8}$	—	Prematurity. Ascites in mother.
20	19	1	7 "	V.	3	—	Prematurity Albuminuria and fever in mother.
21	19	3	?	V.	3	?	No notes.
22	35	6	7 months	V.	4 $\frac{1}{8}$	Macerated	Born before arrival to Hospital by 2 hours.
23	35	3	F. T.	V.	6 $\frac{1}{4}$		
24	17	3	?	B.	4	—	Born before arrival to Hospital by 5 hours Temp. 38 C. on admission.
25	25	1	?	V.	5	—	General condition of mother very bad on admission. Accidental haemorrhage. Mother recovered.
26	25	5	F. T.	V.	7	—	Condition of mother very bad on admission. Placenta praevia.
27	25	1	7 months	V.	2	Macerated	Congenital Syphilis.
28	18	1	7 "	B.	3 $\frac{1}{8}$		
29	40	4	?	T.	3 $\frac{1}{8}$	Macerated	Prematurity. Hydramnios.
30	30	3	?	?	4 $\frac{1}{2}$		
31	30	6	?	V.	6 $\frac{3}{8}$	—	Second of Twins born one day after the first labour outside the Hospital.
32	20	1	8 months	V.	5 $\frac{1}{2}$	—	Albuminuria. All previous pregnancies ended in abortions.
33	22	1	7 "	?	2 $\frac{1}{2}$	—	Eclampsia and had nine fits before labour. Temp. 38 C. Mother recovered.
34	25	6	F. T.	V. and Arm	8 $\frac{1}{4}$	—	Tuberculosis in mother. Baby born before arrival to Hospital.
							Albuminuria. Condition very bad on admission, head and arm of child born before admission, cord twisted round the neck Delivery completed in Hospital.
35	30	10	7 months	B.	3 $\frac{7}{8}$	—	Placenta praevia lateralis.
36	30	7	8 "	V.	5	—	Placenta praevia lateralis.

F.T. = Full Term.
V. = Vretex.

B. = Breech.
B.B.A. = Born before arrival.

INTERNAL MATERNITY.—MATERNAL MORTALITY-NORMAL LABOURS.

Serial Number	Age.	Parity	Period of Pregnancy.	Presentation.	Weight of Child.	REMARKS.
1	35	5	Full Term	V.	5	Twins first child outside the Hospital, second born in Hospital. Mother had excessive albuminuria then thrombosis of left iliac and Femoral.
				B.	4½	Iliac and Femoral veins. Phlegmasia alba dolens, abscess of Rt Ovary, jaundice. Died 23 days after delivery.
2	25	?	7 months	V.	?	Eclampsia died 3 hours after delivery and about 3½ hours after admission to Hospital. G. condition bad on admission.
3	30	5	—	V.	6	Mother gave a history of dog bite long before admission. Died of Hydrophobia 12 days after labour-child alive.
4	35	7	Full Term	V.	—	Placenta Praevia lateralis. Bleeding for 2 days before admission. Extreme Exhaustion. Pulse 140 delivered shortly after admission. Died on second day.
5	30	2	7 months	V.	—	Pulmonary Tuberculosis with T.B. disease of larynx. Died 7 days after labour.

ABNORMAL LABOURS.—PERSISTENT-OCCIPITO-POSTERIOR

Serial Number.	Age.	Parity.	Mode of Delivery.	Result.		REMARKS.
				Mother.	Child.	
1	30	1	Forceps	Al.	Al.	Rigidity of os as well. Manual dilatation 30 hours in labour ¹
2	30	1	"	"	S. B.	High retraction ring. Smelly vaginal discharge. Intra uterine death of foetus, macerated.
3	35	8	"	"	Al.	Seven hours in second stage. High retraction ring correction at first then forceps.
4	27	7	"	"	S. B.	Correction then forceps. Child born in asphyxia pallida, could not be revived.
5	35	10	"	"	Al.	Uterine inertia as well. Morphia treatment. Correction and then forceps later.
6	24	4	"	"	S. B.	Rigid os. High retraction ring incisions to cervix. Correction and then forceps.
7	35	9	Craniotomy	"	"	High retraction ring. Much vaginal discharge. Oedema of lips of cervix. F.H.S. not heard.
8	22	2	"	"	"	Generally contracted pelvis 20 hours in the second stage. Retraction ring at umbilical level, F.H.S. not heard.
9	20	1	"	"	"	V. High retraction ring, umbilical level, foetus alive. Trial to correct it and forceps. Extraction failed.
10	35	7	"	"	"	24 hours in labour. Retraction ring high. Prolapsed not-pulsating cord.
11	32	3	"	"	"	Maternal distress, pulse 135 Temp. 39.5 C. Meconium F.H.S. heard. Trial with forceps extraction and correction failed.
12	30	4	"	"	"	Intra uterine death of foetus. Much vaginal discharge 30 hours in labour
13	23	4	"	"	"	F.H.S. not heard before labour.
14	35	5	"	D	"	Four days in labour retraction ring above umbilicus smelly vagina discharge. Pulse 138 Temp. 33.8 C.

Al. = Alive. D. = Died. S.B. = Stillborn.

ABNORMAL LABOURS.—FACE PRESENTATION.

Serial Number.	Age.	Parity.	Period.	Mode of Delivery.	Result.		REMARKS.
					Mother.	Child.	
1	20	1	F. T.	Craniotomy.	Al	S. B.	Generally contracted pelvis. Prolonged second stage, two days in labour.
2	25	1	F. T.	"	"	"	Generally contracted pelvis two days in labour. Retraction ring above umbilicus. Head jammed in the pelvis

N.B.—One face presentation case ended normally and is mentioned in the normal labours table.

BROW PRESENTATION.

1	25	4	F. T.	Forceps	Al.	Al.	Correction of brow and case left normal Not progressing extracted with forceps.
2	30	1	F. T.	"	"	S. B.	First of twins. Prolonged second stage. Correction of the brow and then forceps.
3	25	6	F. T.	"	"	Al	Correction of the brow and then forceps extraction.
4	30	1	8 month	"	D	S. B.	First of twins—Correction of brow and then forceps Foetus born in a macerated condition. Second of twins as well macerated. Mother died of puerperal sepsis

F.T. = Full Term. Al. = Alive. D. = Died. S.B. = Stillborn.

TRANSVERSE PRESENTATION.—PROLAPSE OF ARM—NEGLECTED SHOULDER.

PRESENTATION:—PROLAPSE OF CORD.

Serial number.	Age.	Parity.	Period of Pregnancy.	Mode of Delivery.	Result.		REMARKS.
					Mother.	Child.	
1	25	5	F. T.	Low Forceps	Al.	Al.	Hydramnios—Transversalic—Cephalic Version. Left to normal—later forceps—Child in asphyxia and revived.
2	30	3	F. T.	Decapitation	Al.	S. B.	Neglected shoulder—9 hours, second stage.
3	25	2	"	Podalic Version	Al.	Al.	Hydramnios—Transverse lie—Flat Pelvis.
4	25	2	"	"	"	"	Transverse presentation—Child in asphyxia and revived
5	35	9	7 month	Decapitation	"	S. B.	Prolapsed arm and cord, not pulsating, flat contracted pelvis.
6	35	7	F. T.	"	"	"	Neglected shoulder with uterus in tonic contraction and retraction ring 4 fingers above umbilicus threatening rupture of uterus.
7	—	3	"	Podalic Version	"	"	Prolapsed arm and cord* pulsating. Reposition of both, version and extraction. Child born in asphyxia pallida and could not be revived inspite of all attempts.
8	20	2	"	Decapitation	"	"	20 hours in labour. Both arms prolapsing. F.H.S. not heard.
9	30	5	"	"	"	"	24-hours in labour Neglected shoulder F.H.S. not heard
10	30	6	"	Podalic Version	"	Al.	Transverse presentation—second of twins.
11	30	5	"	" "	"	"	Transverse presentation—Flat contracted pelvis—Pendulous abdomen.
12	25	6	"	Decapitation	"	S. B.	Neglected shoulder—Retraction ring little above the umbilicus.
13	20	3	"	"	D.	"	Neglected shoulder—No notes given.
14	35	7	"	Podalic	Al.	Al.	Prolapsed arm—Foetus alive but died 9 hours after labour. Cirrhosis of liver and splenomegaly in mother.
15	25	2	"	Decapitation	"	S. B.	Neglected shoulder—Hydrocephalus—macerated foetus
16	20	3	"	Podalic Version	"	"	Second of twins—prolapsed arm—Patient admitted one day after birth of first child, High retraction ring reaching up to the umbilicus head high up that it was easier to get down a leg.

TRANSVERSE PRESENTATION-PROLAPSE OF CORD OF ARM—NEGLECTED SHOULDER (*continued*).
PRESENTATION.—PROLAPSE OF CORD.

Serial Number.	Age.	Parity.	Period of pregnancy.	Mode of Delivery.	Result.		REMARKS.
					Mother.	Child.	
17	27	—	F.T.	Podalic version	Al.	S.B.	Prolapsed hand F.H.S. not heard before operation.
18	20	2	"	Decapitation	"	"	Two days in labour. Contracted pelvis—Perforation of after coming head—Pulse 122 Temp. 39 C. before operation.
19	35	7	"	"	"	"	Neglected shoulder, Bladder was found torn through on admission. Repaired after delivery.
20	25	4	8 month	Normal	"	"	26 hours in labour—Prolapsed arm—delivered normally in her way to the wards.
21	30	2	F.T.	Embryotomy	D.	"	Rigid os. Premature rupture of membranes. flat pelvis. Prolapsed cord. Pulse 120 Temp. 38.8 C. before operation. Macerated decomposed foetus. Smelly vaginal discharge.
22	30	2	"	Podalic Version	"	"	Neglected shoulder—Ruptured uterus. Foetus in abdomen—Extraction and perforation of after-coming head.
23	27	4	"	"	Al.	"	Prolapsed hand. F.H.S. not heard.
24	25	3	"	Normal	"	"	Prolapsed hand and cord not pulsating.
25	25	2	"	"	"	Al.	Transverse-born asphyxiated and helped.
26	30	1	"	Podalic Version	D.	S.B.	Second of twins—the first was also dead. Prolonged second stage.

F.T. = Full Term. Al. = Alive. D. = Died. S.B. = Stillborn.

ABNORMAL LABOURS.—PELVIC PRESENTATIONS.

Serial Number.	Age.	Parity.	Period of Pregnancy.	Result of Mother.	Result of Child.	Mode of Delivery.	REMARKS.
1	40	7	F.T.	D.	S.B.	Extraction.	Complete breech. Dead foetus—Extended head and arms. Forceps to after-coming head. High retraction ring. Fair amount of P.P.H. Died of paralytic ileus.
2	35	5	"	Al.	"	"	Prolapsed cord—Extended arms. Child delivered in asphyxia and could not be revived.
3	20	2	7 months	"	Al.	"	Prolapsed of cord, pulsating.
4	30	4	F.T.	"	S.B.	Traction of foot. Forceps to after coming head.	Incomplete breech. Placenta praevia lateralis—Prolapsed cord. Nuchal position of arm.
5	18	1	"	"	"	Manual dilatation of os. Extraction and perforation of after coming head.	Breech, Extended legs. Rigid os. Premature. Rupture of Membranes. Contracted pelvis—Dead foetus 4 days in second stage of labour. Pulse 140 Temp 39 C.
6	25	4	"	"	—	Forceps Extraction	No notes mentioned.
7	20	1	"	"	"	Extraction after pulling down legs.	Breech with extended legs.
8	35	9	"	"	"	Extraction.	Breech—Hydranmios—Monster with ascites
9	40	8	"	"	"	"	Incomplete breech, F.H.S. not heard. Three days in labour.
10	35	3	"	"	D.	Pulling legs down & extraction.	Incomplete breech with extended legs 24 hours in labour. Child born in asphyxia pallida—it took 1½ hours to revive it—But died 5 hours after.
11	25	1	"	D.	S.B.	Manual dilatation of os. and extraction of foetus.	Two days in labour—Rigid os. Tear of cervix. Most probably due to an attempt at delivery outside. Perforation of aftercoming head. Died of double pneumonia.
12	35	4	—	Al.	Al.	Extraction.	Impacted breech with extended legs.

N.B.—All these cases were single pregnancies.

F.T. = Full Term.

S.B. = Stillborn.

Al. = Alive.

D. = Died.

TWIN PREGNANCIES.

Serial Number.	Age.	Parity.	Presentation.	Mode of Delivery.	Condition on birth.	Weight in lbs.	Result of Mother.	REMARKS.
1	30	5	Vertex Transverse	Normal Podalic version and Extraction ...	Al.	2½	Al.	Born before arrival to Hospital.
2	30	1	Brow Transverse	Correction & then forceps Podalic version and Extraction ...	Al. S.B.	2½	D.	Delivered in Hospital. Mother died of puerperal sepsis—Both children were macerated and decomposed on birth.
3	30	3	Vertex Prolapsed arm	Normal Podalic version and Extraction ...	Al. S.B.	4½	Al.	First born outside the Hospital. Second child—its head was so high up that it was easier to get down a leg and do version although the retraction ring was high at the umbilical level. First child was born one day before the second.
4	20	2	? Neglected shoulder	Born before arrival ... caesarian Hysterectomy ...	? S.B.	—	D.	Two days in labour—neglected shoulder presentation. Attempt by the Daya to reduce the prolapsed arm ruptured the uterus. Patient brought to the Hospital with the foetus in the peritoneal cavity.

Al. = Alive. S.B. = Stillborn. D. = Died.

PLACENTA PRAEVIA.

Serial Number.	Age.	Parity.	Variety.	Period in Months.	Result.		TREATMENT AND REMARKS.
					Mother.	Child.	
1	25	4	—	8	D.	—	Profuse bleeding for 8 hours before admission. General condition very bad. Died one hour after admission. Not delivered F. H. S. not heard.
2	30	8	Lateral	8	Al.	S.B.	Vertex presenting—vaginal plugging. Delivered normally afterwards. History of irregular bleedig for five days before admission.
3	35	10	"	7	"	"	Bleeding for five hours. Breech presenting—Pulling down a leg—Extraction.
4	35	7	"	9	D.	"	Extreme exhaustion—Pulse 140. History of bleeding for two days before admission. Normal labour, Vertex presentation shortly after admission. Patient died on second day.
5	20	1	Marginal	?	Al.	"	Os two fingers—Vertex—Vaginal plugging—Normal labour later. F. H. S. not heard on admission.
6	40	10	Lateral	7	"	"	Normal labour—F. H. S. not heard before.
7	35	7	"	9	"	"	Os one finger—Vertex—Vaginal plugging—12 hours later forceps extraction.
8	22	4	"	8	"	"	Os two fingers dilated—Vertex—Vaginal plugging—24 hours later normal labour.
9	30	5	"	—	D.	S.B.	20 hours bleeding before admission. Transverse presentation—Rupture of uterus 1½ hours before admission. Intra peritoneal bleeding—General condition very bad on admission. Pulling down a leg, immediate delivery with perforation of aftercoming head Uterine plug. Mother child with ascites, stunded upper and lower limbs—Phocomelus— Lateral placenta praevia.
10	30	4	"	9	"	"	Incomplete breech—Extended legs, prolapsed non pulsating cord, Pulling down a leg—Extraction Nuchal position of arm—Forceps to aftercoming head.
11	17	1	Marginal	8	"	"	Two days bleeding—Head not engaged. Tonic contraction of uterus, rigid os—Manual dilatation and Craniotomy. F. H. S. not heard before operation.
12	40	12	Lateral	8	"	Al.	Podalic version—Rupture of membranes and rapid delivery.

Al. = Alive. D. = Died. S.B. = Stillborn.

INTERNAL MATERNITY. MIDWIFERY OPERATIONS.

	Total	Discharged.	Died.	
Caesarian Section	18	15	3	
Forceps	39	37	2	
Version	14	12	2	
Craniotomy	39	34	5	
Decapitation	9	8	1	
Embryotomy	1	—	1	
Extraction of Breech	12	10	2	
Manual separation of Placenta and Evacuation of Uterus	17	14	3	Deaths not to be added to the total.
Manual Dilatation of Os.	9	7	2	
Incisions to Cervix	3	3	—	All incomplete.
Episiotomy... ..	7	7	—	
Suture of Ruptured Perineum ...	16	16	—	
Total number of operations...	184	—	19	
Total number of Patients ...	158	139	19	

N.B.—Many patients had more than one operation done to them, e.g. dilatation or incisions to cervix. Episiotomy or repair of perineum, or version and craniotomy to after coming head etc.

CAESARIAN SECTION.

Serial Number.	Age.	Parity.	Measurements.			Result.		Incision in uterus.	REMARKS.
			L.S.	I.C.	E.C.	Mother.	Child.		
1	30	4	19	19.5	17.5	Al.	Al.	Upper Segt.	Three instrumental labours before. Old case of V.V. Fistula & searing of vaginal vault 12 hours in second stage
2	30	1	17	22	16.5	„	S.B.	Lower Segt.	Two days in labour—Rigid os 2 fingers—No engagement of head.
3	18	3	24	27	16	„	Al.	„	Two previous stillborn instrumental labours. True conjugate 7 cms
4	35	3	—	—	—	D.	„	„	Double mitral—Heart failure—Pt. in a dying condition.
5	18	1	19	21.5	16.5	Al.	„	„	Operation done before rupture of membranes.
6	30	7	21	25	16	„	„	„	All previous labours ended normally but still births.
7	20	1	23	27	15.5	„	„	„	Operation before rupture of membranes. True conjugate 6.3 cms
8	30	2	18	23	17	„	„	„	Previous labour was caesarian section.
9	21	1	23	26	15	D.	S.B.	„	Child born in asphyxia pallida—could not be revived. Pt. died of pelvic peritonitis.
10	28	4	20	24	16	Al.	Al.	„	First two labours stillborn instrumental, last was caesarian.
11	35	6	20	26	18	„	„	„	Not for contracted pelvis—For dystochia. Pt. had a ventral suspension. Oper. done 5 years ago. Transverse lie of fetus. Posterior development of uterus. 24 hours in labour. A broad band of tissue was found anchoring the uterus to the abdominal wall. All previous labours were normal (All before V. susp. Oper.).
12	35	8	20	24.5	19	„	S.B.	„	Ventral suspension 7 years ago. Posterior development of uterus. Thick adhesions—F. H. S. not heard.
13	18	1	—	—	—	D.	Al.	„	Generally contracted pelvis. Membranes ruptured about 12 hours before oper. Child in asphyxia pallida revived. Died on 4th day.
14	30	2	22	25	16	Al.	„	„	Two hours in the second stage—Previous caesarian section 7 years ago.
15	30	5	19	26	17	„	S.B.	„	Membranes ruptured three days before operation. Posterior development of uterus. Os one finger, previous labours were—two normals, third a neglected shoulder, 4th caesarian, F. H. S. not heard before
16	25	1	16	23	18	„	„	„	Triradiate pelvis, True conjugate 5.1 cms.
17	28	5	17	23	16	„	„	„	Two previous stillborn instrumental labours, other two caesarian sections.
18	20	2	19	25	17	„	„	„	Operation done before rupture of membranes. Previous labour was a caesarian section.

L.S.—Interspinous diameter. I.C.—Intercostal diameter. E.C.—External Conjugate. Al.—Alive. S.B.—Stillborn. D.—Died.

FORCEPS.

Serial Number.	Age.	Parity.	Duration of Labour.	Indications.	Result.		REMARKS.
					Mother.	Child.	
1	25	5	24 hours ...	Maternal Distress ...	Al.	Al.	Hydramnios—Transverse—Cephalic version—Left to Normal—Then forceps later. Child in asphyxia and helped.
2	25	1	15 hours in 2nd stage	Foetal Distress	"	"	Child in asphyxia livida and helped.
3	30	1	30 hours in 2nd stage...	Occipito-Posterior ...	"	"	Rigid os manually dilated—Rotation of head manually then forceps extraction.
4	20	2	27 hours ...	Foetal Distress	"	D.	S. C. P. child born in asphyxia—Heart went on beating for 3 hours in spite of continuous attempts at artificial respiration, it did not react. Died in the end
5	20	1	2 days...	P.O.P. and Maternal distress	"	S.	High R. R.—Child macerated.
6	24	1	Prolonged ...	Flat contracted pelvis ...	"	"	Dolicocephalic head.
7	30	1	2 days...	Foetal and Maternal distress	"	Al.	High R. R. Rigid os. Manual dilatation. Narrow vulva episiotomy.
8	25	3	2 days... Prolonged	Foetal distress	"	"	Prolonged second stage. Meconium.+++
9	20	4	2nd stage ...	—	"	"	Originally brow presentation—Corrected—Left to normal—not much progress. Helped with Forceps
10	35	8	7 hours 2nd stage ...	Maternal distress ...	"	"	Retraction ring two fingers below umbilicus. Occipito Posterior.
11	35	7	one day ...	Lateral placenta praevia ...	"	S.B.	F. H. S. not heard before operation.
12	35	2	Prolonged 2nd stage ...	Maternal distress ...	"	Al.	Child 9 $\frac{1}{2}$ lbs. Previous labour forceps.
13	30	4	9 hours 2nd stage ...	Foetal distress	"	"	Contracted flat pelvis—Pendulous abdomen. Meconium +++ Previous labour instrumental.
14	27	1	3 days...	Foetal and Maternal distress	"	"	Contracted pelvis—High retraction ring—Rigid os—Manual dilatation. Narrow vulva. Episiotomy.
15	30	10	28 hours ...	Oedema of lips of cervix ...	"	"	
16	30	1	9 hours 2nd stage ...	Maternal Distress ...	"	"	Rigid os—High retraction ring. Manual dilatation of os. Previous labour instrumental.
17	35	3	?	Contracted flat pelvis ...	"	"	Previous labour instrumental.
18	27	5	2 days...	Maternal distress threatening rupture of uterus ...	"	S.B.	V. Oedematous and sloughing cervix. Retraction ring at umbilicus. Foetus extracted in a macerated condition.
19	18	1	2 days...	Maternal distress ...	"	"	Generally contracted pelvis. Baby born asphyxiated. Heart beating for 35 minutes but could not be revived
20	30	1	Prolonged 2nd stage ...	—	D.	?	No notes given.
21	25	5	Prolonged 2nd stage ...	—	Al.	Al.	Marked Anterior ansyncitism. Flat contracted pelvis.
22	18	1	Prolonged 2nd stage ...	Foetal and Maternal Distress	"	"	Rigidity of os. Incision to cervix before Forceps.

FORCEPS (continued).

Serial Number.	Age.	Parity.	Duration of Labour.	Indications.	Result.		REMARKS.
					Mother.	Child.	
23	25	6	?	Brow presentation ...	Al.	Al.	Correction into vertex Then forceps extraction.
24	35	10	2 days...	Occipito Posterior ...	"	"	Rotation manually then forceps extraction.
25	20	1	Prolonged 2nd stage	Eclampsia ...	"	"	Pt. comatose—No anaesthetic used. She had 21 fits
26	30	6	Prolonged 2nd stage	—	"	"	Rotation and extraction.
27	25	5	27 hours 2nd stage ...	Occipito Posterior ...	"	"	
28	35	8	8 hours 2nd stage ...	Oedema of vaginal walls ...	"	"	Big size of head—Not fully flexed.
29	40	8	Prolonged ...	Maternal distress ...	"	S. B.	Flat contracted pelvis. Ant. parietal and ear presentation. High retraction ring F. H. S. not heard.
30	20	1	18 hours 2nd stage ...	Maternal distress ...	"	"	Temp. 39 C. Pulse 128 Meconium+Narrow vulva. Extraction after episiotomy. Heart of child beating but no attempt at respiration—All means failed.
31	20	1	24 hours 2nd stage ...	Threatening rupture of uterus	"	"	G. C. Pelvis V. High retraction ring. Cervix and vagina sloughing. F. H. S. not heard.
32	35	8	Prolonged ...	Exhausted patient ...	"	Al.	10 hours in labour. Rigid os.
33	20	1	Prolonged ...	Maternal distress Foetal distress			Mother's pulse 140. Meconium + + She could not tell exactly how long in labour.
34	30	3	12 hours 2nd stage ...	Oedema of vaginal walls ...	"	"	Previous labour instrumental. Flat contracted pelvis
35	19	1	Prolonged 2nd stage	—	"	S. D.	G. C. pelvis—Rigid perineum. V. V. fistula resulted
36	20	1	6 hours 2nd stage ...	Foetal distress	"	Al.	G. C. pelvis Strong pains.
37	15	1	12 hours 2nd stage ...	Maternal distress ...	D.	S. B.	G. C. pelvis General Condition poor on admission—had deep perineal tear—Died of puerperal sepsis.
38	24	4	24 hours 2nd stage ...	Occipito posterior ...		"	Rigid oedematous os—incised. Retraction ring mid way between umbilicus and symphysis.
39	30	6	Prolonged 2nd stage	—	Al.	Al.	Flat contracted pelvis—Asystolism.

Al. = Alive. S.B. = Still-born. D. = Died. G.C. Pelvis = Generally Contracted Pelvis.

VERSION.

Serial Number.	Age.	Parity.	Period of Pregnancy.	Indication.	Result.		REMARKS.
					Mother.	Child.	
1	25	2	F.T.	Transverse ...	Al.	Al.	Child born in asphyxia pallida and helped. Hydramnios. Flat pelvis cord pulsating—Child delivered in asphyxia pallida—Heart beating but could not be revived.
2	?	3	"	Prolapsed arm and cord ...	"	S.B.	
3	30	6	"	Transverse ...	"	Al.	Second of twins.
4	40	12	8 months	Placenta praevia ...	"	"	External version—Rupture of membranes—Rapid delivery.
5	30	5	F.T.	Transverse ...	"	"	Flat contracted pelvis—Pendulous abdomen.
6	30	1	"	Transverse ...	D.	D.	Second of twins—The first was dead. Prolonged 2nd stage.
7	20	2	?	?	Al.	?	No notes given.
8	35	7	F.T.	Prolapsed arm	"	Al.	Baby died 9 hours after labour—Mother had splenomegaly and cirrhosis of liver.
9	30	5	"	Ruptured uterus	"	S.B.	Foetus and placenta in abdomen. Extraction of foetus vaginally.
10	30	3	?	Prolapsed arm	"	"	Perforation of after coming head. Laparotomy on 2nd day for extraction of placenta. Mother recovered.
11	30	2	F.T.	Neglected shoulder and ruptured uterus	D.	"	Second of twins the first was born one day before the second outside the Hospital. Retraction ring about one finger above umbilicus.
12	16	1	"	C. Flat pelvis ...	Al.	"	Foetus in abdomen. Pulling down a leg and delivery. Perforation of after coming head.
13	27	4	"	Prolapsed arm.	"	"	Rupture of membranes—internal Podalic Version.—Quick delivery—Child in asphyxia could not be revived.
14	25	1	"	Contracted pelvis Funnel shaped ...	"	"	F.H.S. not heard before operation.
					"	"	15 hours in the second stage. Forceps and craniotomy failed.

F.T. = Full term. Al. = Alive. S.B. = Stillborn. D. = Died.

CRANIOTOMY.

Serial Number.	Age.	Parity.	Result of Mother.	REMARKS AND HISTORY.
1	18	1	Al.	Generally contracted pelvis, 3 days in labour, macerated foetus. Decomposed placenta Patient had puerperal sepsis, jaundice and puerperal insanity—Discharged cured.
2	20	1	"	Generally contracted pelvis—39 hours in labour—High retraction ring. Dead foetus.
3	20	1	D.	Generally contracted pelvis—two days in labour—Uterine inertia—Oedema of cervix Died of puerperal sepsis.
4	35	9	Al.	Persistent occipito—Posterior. Two days in labour—High retraction ring. Oedema of cervix. F.H.S. not heard.
5	25	2	"	Complex presentation—Head, arm foot and cord. 10 hours in second stage. Attempt to pull on leg while pushing head and arm upwards failed.
6	30	1	"	Generally contracted pelvis. Prolonged second stage. Rigid perineum. F.H.S. not heard. Patient is mentally deficient.
7	17	1	"	Two days in labour—Placenta praevia marginalis. Eight months pregnancy. Foetus dead. Cervix two fingers dilated. Uterus in tonic contraction—Manual dilatation of os and craniotomy.
8	22	2	"	Generally contracted pelvis. Persistent Occipito—Posterior 20 hours in the second stage. F.H.S. not heard.
9	28	7	D.	Three days in labour—Hydrocephalus—Macerated foetus. Death from puerperal sepsis
10	30	3	Al.	Generally contracted pelvis. Retraction ring at umbilical level. Much vaginal discharge Head floating over pelvic brim—Forceps failed.
11	30	1	"	Generally contracted pelvis—three days in labour—Dead foetus—Vaginal walls sloughing.
12	20	1	"	Persistent occipito posterior. Retraction ring at umbilical level. Forceps failed.
13	35	3	"	Previous labour instrumental. Generally contracted pelvis. Foetal distress. Head floating over pelvic brim. Uterus in tonic contraction. Forceps failed.

CRANIOTOMY (continued).

Serial Number.	Age.	Parity.	Result of Mother.	REMARKS AND HISTORY.
14	25	3	A.L.	Maternal distress. Pulse 140. Threatening rupture of uterus. Flat contracted pelvis. Forceps failed.
15	35	7	"	Persistent occipito. Posterior. Prolapsed not pulsating cord. High retraction ring 24 hours in the second stage of labour.
16	20	1	"	2 days in labour. Rigidity of os. F. H. S. not heard. Manual dilatation before delivery.
17	20	1	"	Generally contracted pelvis. Face presentation. Two days in labour.
18	25	1	"	Face presentation —Contracted pelvis—two days labour—Retraction ring above umbilicus head of foetus jammed in the pelvis—Maternal distress. Foetus was alive but no other way of treatment could have been done.
19	20	1	"	Eclampsia—Contracted pelvis—Extreme Exhaustion of patient. Pulse 180, patient comatose. No anaesthetic used.
20	30	5	"	Three days labour. Rigid os 3 fingers. Oedematous lips. High retraction ring. Much vaginal discharge. F. H. S. not heard.
21	40	5	"	Big size of Foetus, dead and decomposing. Prolonged second stage. High retraction ring
22	37	8	"	Big size of Foetus, Prolonged second stage. Rigidity of os. with Oedema and impending smothering Manual dilatation.
23	30	5	"	Flat contracted pelvis. High retraction ring—Oedema of lips of cervix. Forceps failed.
24	30	4	"	Persistent Occipito Posterior. Contracted Pelvis. Foetus dead. 30 hours in labour. Much vaginal discharge.
25	23	4	"	Occipito—Posterior. Dead Foetus.
26	25	1	"	Rigid os. Slightly Contracted Pelvis. Two days in labour. Pulse 130. Temp. 39, F.H.S. not heard.
27	35	5	D	Persistent Occipito Posterior. Manual distress. Retraction ring above umbilicus. Pulse 130. Temp. 38.8 C. Foetus decomposing 4 days in labour.
28	30	?	"	Big size of foetus. Prolapsed cord. Ruptured bladder—Uterus and ureter.
29	19	2	Al.	Generally Contracted Pelvis. Came in with a ruptured uterus in lower uterine segment. Previous labour was by caesarian section.
30	20	1	"	Generally contracted pelvis—two days in labour—Retraction ring above umbilicus. Much vaginal discharge. F.H.S. not heard.
31	30	3	"	Rigid os 2 fingers. Albuminuria. Oedema of legs and abdominal wall. Pulse 130 Temp. 38. Incision to cervix before delivery.
32	20	1	"	Generally contracted Pelvis—Maternal distress. Pulse 120. Temp. 38. Much overlapping of head.
33	35	6	"	Three days in labour—Flat contracted pelvis. Rigid os. Three fingers. Much vaginal discharge. Previous labours premature.
34	25	2	"	Two days in labour. Generally contracted pelvis. Maternal distress. Retraction ring at umbilicus. Pulse 120 Temp. 38.6 C. Much vaginal discharge. Overlapping of head Previous labour stillborn child.
35	18	1	"	Contracted pelvis. Big size of foetus—Oedema of cervix. Two days in labour—F.H.S.?
36	27	1	"	Rigid os. Two days in labour—Pulse 128 Temp. 38.2 C. F.H.S. not heard. Manual dilatation of os.
37	20	1	"	Rigid os. Generally contracted pelvis. Three days in labour.
38	32	3	"	Persistent occipito—Posterior. Flat contracted pelvis. Three days in labour—Maternal and foetal distress. Temp. 39.5 and Pulse 136 in the mother—Forceps failed.
39	25	1	"	Contracted pelvis—Funnel and shaped. Maternal distress, 15 hours in the second stage—Craniotomy done but failed for extraction—Instrument slipping—so version done and extraction.

N.B.—Decapitation operations were all mentioned in the Transverse and Neglected Shoulder presentations table

ECLAMPSIA.

The treatment done in all Eclampsia cases consisted of Stomach and colon lavage, and administration of 4—6 ozs. of a mixture of magnesium Sulphate and Senna through the Stomach tube after wash, and as well the rectal tube. The Colon lavage and administration of mist Senna Co., per rectum is repeated every 4 hours during the whole period of unconsciousness. Cupping over kidney regions with hot application afterwards, saline is given subcutaneously, Bromides and chloral per rectum to control the fits. Morphia in severe cases which do not react quickly to the previous treatment, the blood pressure is recorded on admission, and repeated 4 hourly. Venesection is done in cases with very high blood pressure. Careful attention to the heart and lungs with Stimulation if necessary. Further treatment depends upon the patient's condition.

ECLAMPSIA CASES.

Ten cases were treated throughout this year with 3 deaths, Amongst them there were 5 Primiparas and 2 Multiparas second and fourth para, and 3 cases of unknown Parity. Two had instrumental labours and the rest delivered normally.

There were 3 living children, 2 stillborn and 5 born before arrival of the patient to the Hospital. The condition of the latter children were not known.

The highest record of blood pressure was 200 and 100 millimetres of mercury for the Systolic and Diastolic pressures respectively.

The biggest amount of Albuminuria was 18 per cent.

The biggest number of fits in Hospital was 21 for one patient who was delivered by forceps; child alive as well as the mother.

The second instrumental labour case was brought to the Hospital in a very bad condition with extreme exhaustion and a pulse of 180.

Craniotomy done, no anæsthetic used. Patient died about 8 hours after admission to Hospital.

The second case of death, a Primipara who delivered 6 days before admission, had Post-Partum Eclampsia and was brought in a bad condition and died 9 hours after admission.

The third case of death, Parity not known, was brought to Hospital in a very bad condition, delivered normally a 7 months Stillborn foetus very shortly after admission and died 3 hours later.

The rest of these Eclampsia cases delivered normally and recovered.

The treatment adopted in all these cases is already mentioned in general.

MATERNAL MORTALITY.

Serial Number.	Age.	Parity.	Period.	Mode of delivery.	HISTORY AND REMARKS.
1	30	4	F. T.	Outside Hospital	P. P. H. for 8 days. retained placenta. General condition very poor on admission, Pulse 130. Died few hours after admission
2	20	1	„	Craniotomy.	Contracted pelvis. Prolonged second stage. Died of puerperal sepsis.
3	28	7	„	„	Hydrocephalus, 3 days in labour. Died on third day. Exhaustion.
4	30	5	„	Podalic version. Perforation of aftercoming head	Transverse. Bleeding for 20 hours. Lateral placenta prævia Prolapse arm. Ruptured uterus before admission. Monster foetus. Phocomelus. died 1½ hours after admission.
5	40	7	„	Extraction	Breech with extended arms. Paralytic ileus 4th day.
6	30	3	„	Outside Hospital	Retained decomposed placenta. Died on 8th day puerperal sepsis.
7	20	1	„	Craniotomy	Contracted pelvis. Eclampsia. Pulse 180. Died 6 hours after operation. No anaesthetic used, Pt. comatose.

MATERNAL MORTALITY (continued).

Serial Number.	Age.	Parity.	Period.	Mode of delivery.	HISTORY AND REMARKS.
8	30	1	8 months	Forceps and version.	Twins—Brow and transverse.—Both children macerated. Died of puerperal sepsis.
9	30	2	F.T.	Embryotomy	Flat contracted pelvis. Rigid os. Premature rupture of membranes. Prolapse cord—Decomposed foetus. Puerperal sepsis.
10	20	3	„	Decapitation.	Neglected shoulder. Death on 3rd day.
11	35	5	„	Craniotomy.	Four days in labour—Pulse 138 Temp. 38.8 C. Persistent Occipito—Posterior. Death on second day.
12	30	—	„	„	Prolapsed cord—Ruptured uterus and bladder. Vaginal delivery on admission, laparotomy on second day. Died second day.
13	30	2	„	Podalic version.	Neglected shoulder and ruptured uterus Vaginal delivery and pack. Died on second day.
14	15	1	—	Forceps.	Generally contracted pelvis. Puerperal sepsis
15	25	1	—	Extraction & Perforation of after-coming head.	Incomplete breech with extended legs, rigid os. Contracted pelvis, two days in labour—Cervical tear in an attempt to deliver the case outside Hospital, double pneumonia and Death.
16	45	16	„	Manual separation of placenta.	Forceps outside Hospital: Retained placenta. P. P. H. for five days. General condition very poor on admission, placenta foul smelling.
17	20	4	„	Normal labour	P. P. H. retained pieces of placenta. Died 34 days later, of tubercular Pleuro-broncho—Pneumonia.
18	35	5	„	Craniotomy	Persistent occipito posterior. Sudden death on second day—nothing abnormal could be detected in P. M.
19	30	6	6 months	Incomplete Miscarriage	Outside the Hospital. Died two days after admission—P. P. H. and sepsis.
20	30	6	F. T.	Craniotomy.	Hydrocephalus. Acute puerperal sepsis. Died on 4th day.
21	17	1	?	Normal labour.	Six days before admission. Post partum eclampsia. Died 9 hours after admission.
22	30	2	F. T.	Podalic version.	Ruptured uterus—Foetus in peritoneal cavity—four days in labour. G. C. very bad. Died 18 hours after admission.
23	15	1	F. T.	Forceps.	Twelve hours in the second stage before admission. Deep. Perineal Tear, puerperal sepsis
24	35	3	3 month	Incomplete Abortion.	Nine days before admission Putrid Endometritis, Ruptured. Tubo ovarian abscess with Pelvic Peritonitis.
25	21	1	F. T.	Caesarian.	G. C. Pelvis. 30 hours in labour—Attempt at forceps delivery outside Hospital with failure. Pelvic Peritonitis.
26	30	6	„	Caesarian Hysterectomy.	24 hours second stage Ruptured Uterus. Whole of ant. part of lower uterine segment torn. Foetus and Placenta in abdomen. Sloughing Vaginal walls. Abscess of Kidney-fatty liver pleurisy-Generalised Peritonitis. Death on 9th day.
27	35	3	„	Caesarian.	Double mitral. Heart failure.
28	35	3	6 months	Miscarriage.	Pneumonia. Pt. had as well big abscess of abdominal wall on admission.
29	25	4	8 months	Not Delivered.	Placenta Praevia (? variety) Profuse bleeding 8 hours before admission C. very bad. F. H. S. not heard. Died one hour after admission.
30	35	3	F. T.	Normal outside Hospital.	Two hours before admission. Retained Placenta. Postpartum haemorrhage. Condition V. bad on admission. Died 12 days later.

GYNAECOLOGY IN PATIENTS TABLE.

DISEASE.	Total.	Alive.	Died.	REMARKS.
DISEASES OF THE VALVA, VAGINA, URETHRA AND BLADDER.				
(a) <i>Congenital</i> :—				
Inperforate Hymen	6	6	—	Two cases had Haematometra as well. One case pregnant. Double Uterus as well.
Atresia of Vagina... ..	4	4	—	
Double Vagina	2	2	—	
(b) <i>Traumatic</i> :—				
1. <i>Mechanical</i> :				
Abrasions and contusions of Labia ...	2	2	—	
Ruptured Hymen... ..	1	1	—	
Perineal Tears :				
Incomplete... ..	3	3	—	
Complete	7	7	—	
2. <i>Chemical</i> :				
Pepper in Vagina... ..	3	3	—	
(c) <i>Inflammatory</i> :—				
<i>Acute</i> :				
Abscess of Labia	1	1	—	
Abscess of Bartholin Gland	1	1	—	
Vaginitis, non specific	1	1	—	
<i>Chronic</i> :				
Bilharzia of Labia and Vagina ...	3	3	—	
Cystitis Bilharzial... ..	1	1	—	
(d) <i>Neoplasms</i> :—				
<i>Benign</i> :				
Fibroma of Labia	1	1	—	
Cyst of Labia... ..	1	1	—	
Urethral caruncula	1	1	—	Monocular.
<i>Malignant</i> :				
Squamous carcinoma of Vulva and Vagina	1	1	—	X Ray treatment.
(e) <i>Fistulae</i> (Traumatic) :—				
Vesico-Vaginal	19	18	1	Three cases inoperable. Two cases with ectropion of bladder One case was due to a big tear in the anterior Vaginal wall opening the whole Urethra.
Recto-Vaginal	1	1	—	

N.B.—Cystoceles and Rectoceles are mentioned under heading of Displacements of Uterus.
Fistulae although Traumatic in origin yet they were given separate heading as they form a most pregnant affection.

DISEASES OF THE CERVIX.				
(a) <i>Congenital</i> :—				
Stenosis	14	14	—	
(b) <i>Traumatic</i> :—				
Laceration	7	7	—	
(c) <i>Inflammatory</i> :—				
Cervicitis... ..	2	2	—	
Erosion	8	8	—	
(d) <i>Neoplasms</i> :—				
<i>Benign</i> :				
Polypi adenomatous	12	12	—	
<i>Malignant</i> :				
Carcinoma	6	5	1	

GYNÆCOLOGY IN-PATIENTS TABLE (continued).

DISEASES.	Total.	Alive.	Died.	REMARKS.
DISEASES OF THE VULVA, VAGINA, URETHRA AND BLADDER (continued).				
DISEASES OF THE UTERUS.				
(a) Menstrual Disorders —				
Dysmenorrhoea	3	3	—	
Menorrhagia	17	17	—	
(b) Congenital:—				
Acute Antiflexion	6	6	—	
Bicornuate Uterus	2	2	—	
Double Uterus	2	2	—	Not to be added to the total as they are mentioned under double Vagina as well.
(c) Traumatic:—				
Ruptured Uterus non Gravid	2	2	—	One due to a foreign body (splinter of wood)—Other during dilatation and curettage.
(d) Inflammatory:—				
Endometritis	27	27	—	
Haemorrhagic Endometritis	3	3	—	
Myometritis	2	2	—	
(e) Neoplasms:—				
Benign:				
Submucous myoma	3	3	—	All were degenerating.
Subserous and Interstitial fibroid...	30	29	1	Two cases were pregnant as well.
Myoma undergoing Inflammatory degeneration	1	1	—	One of the subserous was accompanied with pregnancy and undergoing red degeneration.
Fibroid with Para and Perimetritis...	1	1	—	
Malignant:				
Carcinoma	7	6	1	One case was inoperable with metastasis in neck and axilla.
(f) Subinvolution:—	3	3	—	
(g) Displacements of Uterus:—				
Retro-Versions or flexion	20	20	—	
Cystocele	4	4	—	
Rectocele	6	6	—	
Cysto-rectocele	38	38	—	
Prolapse of Uterus	12	12	—	
Procidentia	39	36	3	One was pregnant in six months mis carriage and patient discharged
DISEASES OF THE TUBES AND OVARIES.				
(a) Inflammatory:—				
Salpingitis	2	2	—	
Hydrosalpinx	3	3	—	
Salpingo-Ophoritis	29	29	—	
Tubo-Ovarian abscess	5	4	1	
Ovaritis	5	5	—	
Tubercular Disease of Ovaries and Tubes	2	2	—	In both cases there was Diffuse tubercular peritonitis.
(b) Neoplasms:—				
Benign:				
Ovarian cyst (cyst-adenoma)	16	16	—	
Dermoid	2	2	—	
Malignant:				
Ovarian tumour	2	2	—	

GYNAECOLOGY IN-PATIENTS TABLE (continued).

DISEASE.	Total.	Alive.	Died.	REMARKS.
DISEASES OF THE VULVA, VAGINA, URETHRA AND BLADDER (contd.).				
DISEASES OF THE TUBES AND OVARIES. (contd.).				
(c) <i>Displacements</i> :—				
Prolapse of Ovary	5	5	—	
Prolapse of Ovary in canal of Nuck ...	1	1	—	
(d) <i>Ectopic Pregnancies</i> :—				
Tubal pregnancy	3	3	—	
Ruptured Ectopic (Haematocele)	5	5	—	
DISEASES OF THE BROAD LIGAMENT				
(a) <i>Traumatic</i> :—				
Exudate of blood in Parametrium	1	1	—	After a fall from a height.
(b) <i>Inflammatory</i> :—				
Parametritis	17	17	—	This case of death had double Pyonephrosis.
Parametric abscess	4	4	—	
(c) <i>Neoplasms</i> :—				
<i>Benign</i>				
Intra ligamentary fibroid	1	1	—	
DISEASES OF THE PELVIC PERITONEUM.				
(d) <i>Inflammatory</i> :—				
Pelvic peritonitis-perimetritis	2	2	—	Gonorrhoeal one of these cases had full term pregnancy and condition occurred after labour.
Perimetric abscess	4	4	—	
<i>Tumours of Pelvis</i>	2	1	1	Undiagnosed.
<i>Puerperal Fever</i>	17	11	6	Not to be added to the total.
<i>Puerperal Fever with Femoral Thrombosis</i>	2	1	1	
<i>Miscellaneous</i> :				
Chronic appendicitis	3	3	—	
Anal fistula	1	1	—	
Prolapse of rectum	1	1	—	
Diffuse peritoneal-Muco-Sarcoma ...	1	1	—	
Recurrent Hypernephroma	1	1	—	
Pyelonephritis	1	1	—	With Endometritis.
Sinus of abdominal wall	1	1	—	
Abscess of abdominal wall with abdominal tumour	1	1	—	
Huge abscess of abdominal wall with pregnancy in the 6th month	1	—	1	Patient had pneumonia and miscarriage as well. Not to be added to the total as it is counted in mid-wifery tables.

N.B.—All puerperal fever cases mentioned here, were delivered outside the hospital and were admitted afterwards to Hospital in the Gynaecological wards for treatment.

GYNAECOLOGY IN-PATIENTS OPERATION TABLE. (contd.)

DISEASE.	Operat on.	Total.	Alive.	Died.	REMARKS.
DISEASE OF THE VULVA, VAGINA, URETHRA AND BLADDER.					
(a) <i>Congenital</i> :—					
Imperforate Hymen ...	Incision and Drainage ...	6	6	—	Two of the cases had haematocolpo metra.
Atresia Vaginalis ...	Dilatation ...	2	2	—	
Double Vagina ...	Excision of Partition ...	1	1	—	
(b) <i>Traumatic</i> :—					
<i>Perineal Tears</i> :					
Complete ...	Lawson-Taits Complete Perinorrhaphy	5	5	—	
Incomplete ...	„	3	3	—	
(c) <i>Inflammatory (chronic)</i> :—					
Bilharzia of Vulva and Vagina ...	Excision of Bilharzial masses	2	2	—	
(d) <i>Neoplasms (Benign)</i> :—					
Urethral caruncula ...	Excision ...	1	1	—	
Fibroma of Labia ...	Removal ...	1	1	—	
Cyst of Labia ...	Removal ...	1	1	—	
(e) <i>Fistulae (Traumatic)</i> :					
Vesico-Vaginal ...	Dedoublement	13	13	—	
Vesico-Cervico-Vaginal ...	Repair ...	2	2	—	
Recto-Vaginal ...	Complete Perinorrhaphy ...	2	2	—	

N.B.—Cysto-Rectoceles are mentioned under the heading of displacements of the Uterus.

DISEASES OF CERVIX.					
(a) <i>Congenital</i> :—					
Stenosis ...	Dilatation and Curettage ...	13	13	—	
(b) <i>Traumatic</i> :—					
Lacerations ...	Trachelorrhaphy ...	3	3	—	
(c) <i>Inflammatory</i> :—					
Erosion ...	Excision ...	1	1	—	Big area of erosion with Hypertrophy which resisted palliative treatment.
Bilharzial Polypus ...	Excision ...	1	1	—	Dilatation and Curettage as well done.
(d) <i>Neoplasms</i> :—					
Benign-Polypi ...	Removal ...	5	5	—	
Malignant-Carcinoma ...	Curettage of growth or excision of piece for Examinations ...	7	6	1	Death occurred one week after Weir-theims operation. Mentioned later.

GYNÆCOLOGY IN-PATIENTS OPERATION TABLE (continued).

DISEASE.	Operation.	Total.	Alive.	Died.	REMARKS.
DISEASES OF THE VULVA, VAGINA, URETHRA AND BLADDER (continued).					
DISEASES OF THE UTERUS.					
(a) Menstrual Disorders :—					
Dysmenorrhoea	Dilatation and Curettage ...	5	5	—	
Menorrhagia and Metrorrhagia	Dilatation and Curettage ...	9	9	—	Two fully and equally developed bodies. Patient had 8 pregnancies
(b) Congenital :—	Exploratory Laparotomy ...	1	1	—	
Bicornuate Uterus... ..	Excision of one side	1	1	—	This side was rudimentary and gravid.
Double Uterus	Exploratory Laparotomy ...	1	1	—	One Uterus was found normally developed, dilated and curetted. The other side was found distended. Haematometra and Colpos and was drained Vaginally.
Acute Antiflexion	Dilatation and Curettage ...	8	8	—	Not to be added to the total.
(c) Traumatic :—					
Ruptured Gravid Uterus...	Suture of rupture (abdominally)	1	2	1	Not to be added to the total, counted in Midwifery mortality.
	Subtotal Hysterectomy ...	3	2	1	
Ruptured non-Gravid Uterus ...	Suture (abdominally)	1	1	—	Rupture occurred during dilatation and Curettage.
	Subtotal Hysterectomy ...	1	1	—	Rupture from a splinter wood during an attempt of self induced abortion under misapprehension of pregnancy.
(d) Inflammatory :—					
Endometritis	Dilatation and Curettage ...	43	43	—	
(e) Neoplasms.					
Benign-Fibroid	Subtotal Hysterectomy ...	7	7	—	
	Abdominal Myomectomy ...	6	5	1	One was pregnant (6 months) and went on to full term.
	Vaginal Myomectomy ...	2	2	—	
Malignant Carcinoma ...	Dilatation and Curettage ...	6	6	—	Dianostic.
	Wertheim total Hysterectomy	1	1	—	

GYNAECOLOGY IN-PATIENTS OPERATION TABLE (continued).

DISEASE.	Operation.	Total.	Alive.	Died.	REMARKS.
DISEASES OF THE VULVA, VAGINA, URETHRA AND BLADDER (continued).					
DISPLACEMENTS OF UTERUS					
Cystocele	Anterior Colporrhaphy ...	3	3	—	
Rectocele	Colpo-perinorrhaphy ...	6	6	—	
	Fother Gills operation ...	16	16	—	
	Kjelland Interposition operation ...	5	3	2	Two deaths due to uraemia about 3 weeks after operation.
Prolapse and Procidentia ...	Le-fort's partial colpectomy...	1	1	—	
	Classical operation anterior and posterior Colpo-perinorrhaphy ...	43	42	1	See Mortality table pl.
Retro versions and flexions	Kelly's Ventral suspension ...	7	7	—	
	Baldy's Operation ...	1	1	—	Uterus found so thickly adherent that nothing could be done.
	Laparotomy ...	1	1	—	
DISEASES OF THE OVARIES AND TUBES.					
(a) Inflammatory :—					
Hydrosalpinx	Excision	3	3	—	
Blocked tubes	Tubal Insufflation and Salpingostomy...	2	2	—	
Blocked Tubes	Tubal Insufflation	3	3	—	Found patent.
Pyosalpinx	Excision	2	2	—	
Tubo Ovarian abscess ...	Excision	6	5	1	
Ovarian Abscess	Excision	1	1	—	
(b) Neoplasms (Benign) :—					
Solid Ovarian tumour ...	Ovariectomy ...	1	1	—	
Ovarian Cyst	Ovariectomy ...	13	13	—	
Small cystic ovary	Puncture or resection...	9	9	—	
Malignant :					
Malignant Ovarian tumour	Removal	2	2	—	
(c) Ectopic Pregnancy :—					
Tubal (non-ruptured) ...	Excision of pregnant tube...	3	3	—	
Tubal (ruptured)	Enucleation of pelvic haematocoele and excision of tube	1	—	—	

GYNAECOLOGY IN-PATIENTS OPERATION TABLE (contd.).

DISEASE.	Operation.	Total.	Alive.	Died.	REMARKS.
DISEASES OF THE VULVA, VAGINA, URETHRA AND BLADDER (cont.).					
DISEASES OF THE BROAD LIGAMENT.					
(a) <i>Inflammatory</i> :—					
Parametric abscess	Abdominal Drainage ...	1	1	—	
(b) <i>Neoplasms Benign</i> :					
Intra ligamentary fibroid	Laparotomy ...	1	1	—	Nothing could be done.
Parovarian Cyst	Laparotomy and Removal	2	2	—	
DISEASES OF PELVIC PERITONEUM.					
Chronic Pelvic Peritonitis with Uterine Fibroids...	Laparotomy ...	1	1	—	Nothing could be done as there were thick adhesions all around the Fibroid.
<i>Miscellaneous.</i>					
Sinus of abdominal wall...	Excision of Track	1	1	—	
Big chr. abscess of abdominal wall	Excision of abscess cavity & Bipping ...	1	1	—	Abdomino—pelvic tumour as well, nothing done to it.
Chronic appendicitis ...	Appendicectomy ...	3	3	—	
Tubercular Peritonitis ...	Laparotomy and Closure...	1	1	—	
Retro-Peritoneal sarcoma.	Laparotomy ...	1	1	—	Nothing done.
Full Bladder	Evacuation by catheter ...	1	1	—	Case admitted as ? abdominal tumour.

GYNAECOLOGY OPERATIVE MORTALITY.

Serial Number.	Age.	Diagnosis.	Nature of Operation.	Date of Operation.	Date of Death.	REMARKS.
1	20	Tubo Ovarian abscess	Excision of whole mass	12-4-27	7-5-27	Death due to—Cellulitis of both breast tissues and Pneumonia.
2	40	Procidentia	Kjelland Walkin's Wertheim Oper.	15-6-27	2-7-27	(Suddenly developed uraemia on June 30, 1927, Erysipelas of chest on July 1, 1927 Urinary examination before operation did not suggest any kidney disease. Stovaine Anaesthesia.
3	35	Fibroids of Uterus.	Enucleation	22-11-27	26-11-27	
4	40	Procidentia	Classical Operation.	23-11-27	12-12-27	(Suddenly developed uraemia on December 10, 1927. Urine examination before operation did not suggest any kidney trouble. Stovaine Anaesthesia.
5	50	Procidentia	Wertheim interposition operation.	6-12-27	14-12-27	Pt. showed signs of impending uraemia on third day of operation but could not be saved inspite of energetic treatment. No P.M. again urine examination did not suggest any kidney trouble before operation Stovaine Anaesthesia for the operation.
6	—	Cancer of Cervix.	Wertheim's Total Hysterectomy	27-12-27	11-1-28	P. M. could not be done to the case.

GYNÆCOLOGY MORTALITY (Non operative).

Serial Number.	Age.	Diagnosis.	Date of Operation.	Date of Death.	REMARKS.
1	22	Vesico Vaginal Fistula with Ectropion of the bladder	18- 1-27	25- 3-27	Ascending Pyelonephritis—Surgical Uræmia—Cirrhosis of liver. Pulmonary Tuberculosis.
2	25	Puerperal sepsis with Femoral Thrombosis	15- 5-27	5- 7-27	Delivered normally outside the Hospital 11 days before admission—Pyæmia.
3	35	Septicæmia Puerperal	27- 5-27	27- 5-27	History of normal labour 17 days before admission. Brought to Hospital in a very bad condition and died few hours after admission.
4	20	Parametritis	2- 7-27	10- 7-27	Double Pyonephrosis as well.
5	35	Puerperal sepsis	29- 7-27	2- 8-27	Forceps delivery outside the Hospital, 3 days before admission, Sloughing Vaginal walls, Lacerations of cervix, Retained Pieces of Placenta, foul smelly vaginal discharge. Temp. 40 C.—Pulse 140 on admission. P. M. Putrid Endometritis, Parametritis with localised Pelvic Peritonitis.
6	35	Puerperal sepsis	30- 7-27	31- 7-27	Delivered normally 4 days before admission—Retained decomposed pieces of placenta, foul smelly vaginal discharge. P.M. Very septic uterus especially lower uterine segment, very Toxic organs.
7	18	Puerperal sepsis	20- 8-27	21- 8-27	Premature labour 15 days before admission—Retained pieces of placenta—Congestion of bases of lungs. Foul smelly Vaginal discharge. Pulse 140. Temp 39.2 C.—lived 14 hours in Hospital.
8	30	Carcinoma of cervix and uterus advanced degeneration			Carcinoma of cervix and uterus and involving bladder with septic absorption, died 6 days after admission P.M. Double Pyonephrosis.

PREGNANCY WITH PULMONARY TUBERCULOSIS.

TUBERCULAR DISEASE OF THE PLACENTA.

Sudanese patient 30 years old, admitted to Hospital on January 2, 1927. Hospital number 52.

History.—Amenorrhœa 6 months, cough 3 months. Hoarse voice with emaciation last month.

Married when 26 years old, had one previous pregnancy, 3 months duration ended in abortion about 2 years ago. No history of any previous trouble was given by the patient except that her menses got gradually scanty since the last year. Had no other disturbance in menstruation before.

She had a precipitate premature labour in her way to the wards, placenta soon expelled. The foetus who was found to be about 7 months of Intra-Uterine life, lived 15 minutes only. Weight $1\frac{1}{5}$ lbs. Length 32 centimetres.

Placenta.—The amniotic sac was found to be spotted with several small dirty yellowish white specks mostly near its attachment to the placenta. Few of these were seen on the foetal surface of the placenta itself

Examination of the Patient.—Advanced pulmonary tuberculosis with cavity formation in the left apex and tubercular disease of the larynx.

Examination of the sputum showed positive tubercular Bacilla.

Examination of microscopic section from the nodules showed the following :—

Areas of caseation with few giant cells simulating a tuberculous lesion.

Patient died on January 9, 1927.—Post mortem examination could not be done.

FIBROID UTERUS WITH PREGNANCY.—MYOMECTOMY-DELIVERY AT FULL TERM.

Patient 23 years old, admitted to Hospital on July 11, 1927. Hospital number 8758 Primipara, 6 months pregnancy.

History.—Sudden onset of pain to the right side of the umbilicus with appearance of a small swelling in that region about 3 days before admission to Hospital. She said that the lump was at first mobile then became fixed with increased pain. Bowels open, no vomiting, Temperature 37.2° c. Pulse 136-general condition rather bad.

Past History. A similar attack of 3 days duration on the left side of the abdomen about 2 months before the present one, and relieved without any treatment.

Other-wise the course of pregnancy seemed to have been normal.

Examination.—A tumour about the size of a mandarin was found attached to the right side of the fundus of the uterus which was reaching the umbilical level. The tumour seemed to possess a slight degree of mobility, was very tender and somewhat hard in consistency; otherwise abdomen normal.

Nothing of importance in other systems of the body.

Laparotomy.—On first morning after admission, a simple degenerating sessile subserous myoma about the size of a mandarin was found attached to the fundus a little to the right of the middle line. Myoma enucleated and patient made an uninterrupted recovery and was discharged in a good condition.

On section the tumour showed red degeneration.

The case was followed up till full term, readmitted to Hospital, and had a normal labour with a living child.

CAESARIAN SECTION.—POSTERIOR DEVELOPMENT OF UTERUS.

Eighteen caesarian section cases were done this year, 17 had lower uterine segment incisions while one only had an upper uterine segment incision. In 16 cases the indication for operation was contraction of the pelvis. In the remaining 2 which happened by chance to have been done on one day, the indication was posterior development of uterus as a result of adhesions from previous laparotomies.

It may be of interest to give a short account on these 2 cases.

Case No. 1.—Patient 38 years old, admitted to Hospital on June 19, 1927—Hospital No. 7526.

She had one abortion and 6 previous full term pregnancies ending in normal labours. Sometime after her last labour, nearly about 7 years ago, she underwent a laparotomy (History suggesting a ventral suspension); about 2 years after operation, she had a full term pregnancy which ended in an instrumental labour and a stillborn child. Then she had the present pregnancy. On admission to Hospital this time, she was at full term, gave history of slight labour pains for 2 days but completely subsided shortly before admission. Her general condition: good, temperature 37° C. Pulse 82°. Head presenting and not engaged, membranes intact. Cervix was found displaced posteriorly to such an extent that it was lying up in the hollow of the sacrum, and could hardly be reached with the examining finger. Foetal heart sounds could not be heard.

6 days after admission, she had strong labour pains, cervix was neither taken up nor dilating, head of foetus was lying much anterior to the region of the internal os. Caesarian section done with a lower uterine segment incision, although that segment was not yet fully formed. On opening the abdomen, thick adhesions between the abdominal wall and the uterus fixing the baby anteriorly and displacing the cervix much posteriorly. Child was stillborn, (somewhat macerated). Patient made an uninterrupted recovery.

Case No. 2.—Patient 35 years old, admitted to Hospital on June 23, 1927 Hospital No. 7,769.

She had one abortion and 4 full term pregnancies which ended in normal labour. Sometime after her last labour, nearly about 5 years ago, she underwent a laparotomy (Probably for ventral suspension of uterus) Patient was in labour for about one day. Her general condition fair, Pulse 108, Temperature 37.7° C. membranes ruptured very early in labour, foetus lying transversely alive but distressed.

V. P. Examination.—Cervix was found displaced much posteriorly so high up in the hollow of the sacrum that it could only with difficulty be reached by the examining fingers. It was neither dilated nor taken up.

Caesarian section was done, lower uterine segment incision although as in the previous case that segment was not yet fully formed.

Broad bands of fibrous tissue were found anchoring the fundus to the anterior abdominal wall with antifixation of the uterus and posterior displacement of cervix. Uterine cavity was bipped before closure. Child delivered alive and the patient made an uninterrupted recovery.

PREGNANCY WITH PROCIDENTIA OF UTERUS AND EXTENSIVE EROSION OF CERVIX.

Patient 45 years old, admitted on July 4, 1927 Hospital No. 8,346.

History.—Married for 25 years. Had 3 pregnancies, all ended at full term, with normal labours, 24, 9 and 7 years ago respectively. Shortly after her last labour she underwent a laparotomy for prolapse of uterus (probably ventral suspension) sometime later (patient could not give a helpful history) the prolapse recurred. Amenorrhœa for 6 months.

Examination.—General condition bad, temperature 39.9° C. Pulse 120, pregnant-6th month. Heart and lungs were normal, no abnormality felt in abdominal viscera.

Patient had a complete miscarriage 2 days after admission, her condition slightly improved for 3 days then had a stormy puerperium but finally recovered.

PREGNANCY WITH ANEURYSM OF THE AORTA.

Patient, 25 years old, admitted to Hospital on December 6, 1926, Hospital No. 14,785. Delivered normally on January 30, 1927.

She had 2 previous pregnancies, first ended at full term, normal labour living child 6 years old, second ended in 3 months abortion about 11 months ago.

She had prolapse of uterus, about 40 days after her first labour, operated upon abdominally (in a Hospital other than Kasr el Aini) 3 years after that labour, but the condition recurred after discharge from that Hospital.

She was operated upon vaginally about 3 months later in Kasr el Aini Hospital and cured.

Dyspnoea and palpitations on exertion, 3 years history, swelling of feet and legs one year ago and again 6 months after, and was treated at each time. Cough in the last 6 months.

Her present pregnancy in 8 months.

Examination.—Diffuse apex pulsations in the left fourth, fifth, and sixth intercostal spaces at about midclavicular line and extends laterally for a short space.

Other visible pulsations in the second and third left intercostal spaces from the mid-clavicular line (Left) to the left lateral sternal line. Systolic thrill in the areas of these pulsations cardiac dullness. Right border normal, upper border second rib, left border 1c m. lateral to left mammary line downwards till the sixth intercostal space.

There is a soft systolic mitral regurgitant murmur, harsh systolic pulmonary murmur of short duration with a somewhat longer duration soft diastolic murmur. Accentuated second aortic sound.

Blood pressure.	Rt Side.	Left Side.
Systolic	115 mms. of mercury.	100 mms. of mercury.
Diastolic... ..	65 mms. of mercury.	50 mms. of mercury.

X-Ray examination—Aneurysm of the arch of the aorta.

Wasserman reaction—Positive.

Labour pains started on January 30, 1927 at 11 a.m. and delivered normally at 7.45 p.m., and was only 40 minutes in the second stage of labour. Her pulse was recorded once hourly during her labour period. It varied from 80 per minute in the morning to 96 at 6.30 p.m. it went down to 72 about 15 minutes before delivery and was 76 immediately after. Her blood pressure hardly showed any change during labour and only decreased by about 5-10 millimetres of mercury after.

Patient had a normal puerperium and was discharged in a good condition.

UTERUS BICORNIS.—PREGNANCY IN THE RUDIMENTARY HORN.

Patient 25 years old, admitted on March 24, 1927, Hospital No. 3,256.

Complaint.—Amenorrhœa for 3½ months. Sudden onset of pain in the Hypogastrium and right Iliac regions with slight bleeding per Vagina 3 days before admission to Hospital. On second day a small fleshy oval mass was passed per Vagina (Uterine decidua).

The bleeding stopped but the pain continued till admission.

Menstruation.—Amenorrhœa for the last $3\frac{1}{2}$ months.

Menses used to be regular of moderate amount. Dysmenorrhœa (pain preceding menses by a day or two and relieved to some extent by its flow) from the time of onset of menses till her first pregnancy when the condition was after-wards relieved.

Pregnancies.—Patient married for 7 years, 3 previous pregnancies.

First.—Ended at full term normal labour living child $2\frac{1}{4}$ years old.

Second.—2 months abortion 9 months ago.

Third.—2 months abortion, $5\frac{1}{2}$ months ago.

Then the present pregnancy.

Examination.—General condition good, Pulse 98—Temperature normal—no pelvic or peritonitic symptoms.

P. V. Examination.—Uterus found slightly enlarged in antiversion flexion and pushed to the left of the middle line by a big soft mass a little bigger than the size of a big orange replacing the right adnexa which could not be felt. Left adnexa felt normal. Diagnosis of ectopic gestation was made.

Laparotomy.—The condition was found to be a bicornuate Uterus with full development of the left side and pregnancy in the rudimentary horn on the right side. Excision done. Patient made an uninterrupted recovery.

UTERUS BICORNIS UNICOLLIS.—(NORMAL DEVELOPMENT OF BOTH SIDES).

Patient, 30 years old, admitted to Hospital on 14/2/1927. Hospital number 4,939.

Complaint.—Pain deep in the pelvis, inguinal, sacral and Hypogastric regions, one year duration, habitual constipation.

Menstruation.—First appeared at age of 11 years, used to be regular monthly, 3 days duration, red fluid with small blackish clots and of foetid odour.

Recently it has changed into "yellowish sanious fluid" For 10 days before, during and for a few days after menstruation there is pain in Uterus, supra-pubic and sacral regions. Amount of menses getting scanty.

Pregnancies.—Six previous pregnancies.

With the exception of the second pregnancy which ended in 3 months abortion, all were full term pregnancies that ended in normal labours, with living children, Pregnancies were 11, 10, 9, 7, 5, and 3 years ago respectively.

Examination.—General condition fair, patient somewhat anaemic, heart and lung normal. No abnormality felt in abdominal viscera.

P. V. Exam.—Two Uteri felt, one on either side of the middle line, equal in size, in Antiversion-flexion, freely mobile, and felt attached to each other at the region of the isthms.

Ovaries—one on the lateral side of each uterus, both freely mobile and felt normal. One cervical canal.

Exploratory Laparotomy.—Two fully developed Uterine cornua attached to each other at the isthmus with a normal tube from the lateral side of every one leading to a normal ovary.

DOUBLE UTERUS AND VAGINA.

Patient 15 years old, admitted to Hospital on October 15, 1927, Hospital No. 13,886,

Complaint.—"Sterility." (She is married for 5 months only).

Menstruation.—About 15 months ago patient noticed gradual and progressive swelling of the Hypogastrium with severe monthly pains without the appearance of menses. She was treated at that time outside Kasr el Aini Hospital, the swelling was evacuated per Vaginum after which she had her menses regularly but in excessive amounts.

There is Dysmenorrhœa, pain for 3 days before the flow and continuous intermenstrual discharge.

Examination P.V.—There is a broad vertical septum extending from the vault of the Vagina to about one inch within the vulvar orifice and dividing the vagina in two equal halves. Two cervixes felt one on either side leading to two separate uteri, the right normal in size while the left is much smaller.

Operation.—Septum removed-dilatation and curettage of the developed side.

DOUBLE UTERUS AND VAGINA.—HÆMATOCOLPOMETRA OF ONE SIDE.

Patient 14 years old admitted to Hospital on July 4, 1927 Hospital No. 8,365.

Complaint.—Patient noticed about 2 months ago a swelling inside the Vagina with fullness of the Hypogastrium. The appearance of the swelling was accompanied with continuous pains but attacks of increased pains occur at irregular intervals. She thinks that swelling was of gradual onset but can not tell when did it begin.

Menstruation.—First saw her menses about 1½ years ago since that time menstruation was irregular missing periods varying from one to six lasting about 3 days and accompanied with severe pains for varying periods before, during, and after the flow. The pain at times was for 15 days.

Pregnancy.—Married for 9 months and was never pregnant.

Examination P.V.—There is a big cystic mass bulging through the Vagina and occupying the anterior, mainly on the right side, posterior and right lateral fornices extending upwards for about 4 fingers breadth above the symphysis pubis. Very high up between the upper surface of that cystic mass and the much stretched Vaginal Vault there is a small dimple (the ext. os) which leads to a small uterus which possesses a fair degree of mobility on the top of that cystic mass. The latter ends in its right and upper corner by a little harder cystic smaller mass with a depression between the two. Their cavities seemed to be continuous. The whole tumour possessed slight degree of forward and backward movement.

Exploratory Laparotomy.—The condition was found to be double uterus and Vagina with Hæmatocolpometra on the right side. Abdomen closed, vaginal drainage with partial excision of the vaginal septum. (Left uterus fairly developed).

PROCIDENTIA IN GIRL 12 YEARS OLD.

Patient, 12 years old, admitted to Hospital on December 6, 1926, Hospital No. 14,778.

Complaint.—Descent of Uterus, 2 years duration, the external os outside vulvar orifice. Patient helps in doing the ordinary house-hold work and does not carry heavy weights.

Examination.—General condition good.

P.V. Examination.—Hymen is intact, a little thicker than normal, breadth about 2 millimetres. Its orifice is very wide allowing the cervix to pass through it. The finger could as well be passed between the hymenal orifice and the cervix. Vaginal walls lax, descent is more in the posterior. Cervix below level of Vulva and Hypertrophied supravaginally. Body is normal in size.

Menstruation not yet began, but there were occasional very scanty bleedings at times.

The case was operated upon and cured.

PROCIDENTIA IN A GIRL 18 YEARS OLD.

Patient Virgin 18 years old. Admitted to Hospital on August 1, 1927, Hospital No. 9,983.

Complaint.—Descent of uterus about one month duration.

History.—Patient gives a history of a fall on her buttocks while carrying a heavy weight about one month before admission to Hospital. Two days later she felt as if her uterus was displaced downwards with heaviness in the pelvis. A little later she definitely noticed a descent of the uterus which gradually but rapidly increased till on admission it could be seen outside the hymenal orifice with the straining of the patient.

Examination.—Hymen intact, much thicker than normal, very small in breadth, orifice is dilated to the extent of allowing easily 3 fingers in.

Supra Vaginal hypertrophy of cervix.

Body in retroversion and flexion.

Menstrual history: normal.

The case was operated upon and cured.

Alexandria Hospital.

The total number admitted in Hospital during the year 1927 was 10,169 in the in-patients Section and 108,073 in the out-patients department.

A glance at the following tables will show the progressive increase in the number of admissions in the last three years :—

IN-PATIENT.

Year.	Males.	Females.	Total.
1925... ..	7,104	1,887	8,991
1926... ..	7,128	2,019	9,147
1927... ..	7,769	2,400	10,169

OUT-PATIENTS.

Year.	Males.		Females.		Total.	
	New.	Old.	New.	Old.	New.	Old.
1925	32,822	39,001	29,361	28,979	62,183	67,980
1926	44,982	73,094	52,072	43,081	97,054	116,175
1927	52,568	138,922	55,505	57,053	108,073	195,975

TABLE OF VENEREAL DISEASES TREATED AT ALEXANDRIA HOSPITAL, 1927.

KIND OF DISEASE.		No. In-pt.	No. Out-pt.
1.—GONORRHOEA		55	460
(a) Gonorrhœa of Man		42	291
1. Urethritis Acute		13	169
2. Urethritis Chronica		29	—
3. Complications of Gonorrhœa in Man :—			
(a) Oedema Lymphangitis, Lymphadenitis		—	14
(b) Para and peri-urethritis		—	3
(c) Prostatitis		18	306
(d) Spermatocystitis		—	—
(e) Epididymitis		27	221
(f) Cystitis		—	—
(g) Pyelitis		—	—
(b) Gonorrhœa of Woman		13	54
1. Urethritis		2	37
2. Vaginitis		—	42
3. Endometritis, Salpingitis, Oophoritis, Perimetritis... ..		13	—
4. Bartholinitis		—	—
(c) Complications of Gonorrhœa in both sexes :—			5
1. Arthritis		—	—
2. Endocarditis		—	—
3. Conjunctivitis		—	—

TABLE OF VENEREAL DISEASES TREATED AT ALEXANDRIA HOSPITAL, 1927 (*contd.*).

KIND OF DISEASE.	No. In-pt.	No. Out-pt.
2.— ULCUS VENEREUM	28	159
Buboes	7	92
3.— SYPHILIS :—	191	1,763
(a) Acquired Syphilis	179	1,693
1. Primary Stage	56	283
(a) Chancre, Oedema Indurativum	56	283
(b) Lymphadenitis and Lymphangitis	53	283
2. Secondary Stage (Skin and Appendages) :—	50	342
(a) Macular Syphilis	3	37
(b) Papular „	33	74
(c) Pustular „	1	3
(d) Affections of Mucous Membranes	14	61
(e) Leucoderma	3	6
(f) Specific Alopecia	3	6
(g) Onychia and Paronychia	—	4
(h) Papules of Genitals	24	207
2 A.— Secondary Stages (Affections of Organs) :—	18	120
(a) Syphilis of Liver	—	3
(b) „ Lungs, Trachea and Larynx... ..	—	21
(c) „ Heart and Vessels	2	5
(d) „ Uro-genital System	—	—
(e) „ Testicles	—	2
(f) „ Lymphatic-apparatus	—	—
(g) „ Periosteum, bones, joints and muscles	—	103
(h) „ Nervous System	10	16
(i) „ Eye	—	—
(j) „ Ear	1	3
2 B.— Secondary Stage :—	8	812
(a) Latent-syphilis	—	—
3. Tertiary Stage	47	136
(a) Tubercular Cutanea	14	36
(b) Gummata... ..	33	100
(b) Hereditary Syphilis	12	69

TABLE OF SKIN DISEASES TREATED AT HOSPITAL.

KIND OF DISEASE.	No. In-pt.	No. Out-pt.
1.—CIRCULATORY DISTURBANCES :—		
(a) Hyperæmia Cutis, Erythemas	4	134
(b) Anæmia Cutis, Raynaud's Dis., Chil-blains	—	—
2.—HÆMORRHAGES-PURPURA		
	2	2
3.—ABNORMAL SECRETIONS AND DISEASES OF SWEAT AND SEBORRHEIC GLANDS :—		
(a) Hyperidrosis	1	3
(b) Seborrhea... ..	—	558
(c) Alopecia pityrodes	—	38
(d) Comede, Miliun	—	—
(e) Lichen Pillaris	—	53
(f) Acne Vulgaris	3	528
(g) Acne Rosacea... ..	1	4
(h) Sycosis Simplex	11	132
4.—INFLAMMATIONS :—		
(a) Mechanical inflammation	3	11
(b) Chemical inflammation	9	562
(c) Heat Inflammation (Combustic) burn	—	—
(d) Bacterial inflammation :—		
1. Impetigo Simplex	10	8
2. Impetigo Contagiosa	8	1,098
3. Impetigo Herpetiformis	—	—
4. Furunculosis	8	522
5. Malignant pustule... ..	—	—
6. Phlegmone, Erysipelas	—	—
(e) Skin Diseases of Inflammatory Nature :—		
1. Urticaria	1	306
2. Prurigo Lichen Urticatus	1	8
3. Eczema	1	306
4. Lichen Vidal Chronicus	11	3,006
5. Erythema Nodosum	14	128
6. Erythema Exudativum Multiformis	6	4
7. Toxic Erythema	5	12
8. Pemphigus Vulgaris, foliaceus, vegetans	1	1
9. Herpes Zoster	2	24
10. Dermatitis Herpetiformis	—	—
11. Psoriasis Vulgaris	18	188
12. Pityriasis Lichenoidis chronicus-parapsoriasis	2	18
13. Pityriasis Rubra Hebra	—	—
14. Pityriasis Rubra Pilaris	2	3
15. Lichen Ruber planus	11	318
16. Lichen Rubra Accuminatus	4	114
5.—CHRONIC INFECTIOUS DISEASES :—		
(a) Tuberculosis :—		
1. Lupus Vulgaris	3	142
2. Scrofuloderma	2	3
3. Lichen Scrofulosorum, Sarcoid, Erythema, Bazin	5	45
4. Lupus Erythematosus	9	120
(b) Leprosy	—	—
(c) Rhinoscleroma... ..	—	—
(d) Actinomycosis	1	—

TABLE OF SKIN DISEASES TREATED AT HOSPITAL (*contd.*).

KIND OF DISEASE.		No. In-pt.	No. Out-pt.
6.—HYPERTROPHIES :—			
(a) Hypertrophy of pigment :—			
1. Prickles Xeroderma Pigmentoza	1	918	
2. Chloasma	—	158	
(b) Hyperkeratosis :—			
1. Callus	—	—	
2. Warts, Condyloma Accuminata	1	66	
3. Molluscum Contagiosum	—	8	
4. Ichthyosis	—	2	
(c) Hypertrophy of Connective tissue :—			
1. Elephantiasis, Plastic Induration of Penis	—	—	
2. Scleroderma, Acne Keloid, Keloids	1	16	
7.—TUMOURS :—			
(a) Benign :—			
1. Fibroma	—	—	
2. Myoma	—	—	
3. Lipoma	—	—	
4. Xanthoma	—	11	
5. Nævus	—	3	
6. Lymphangioma	—	—	
(b) Malignant :—			
1. Rodent ulcer, Epitheliomas	1	6	
2. Sarcoma	—	—	
3. Multiple idiopathic sarcoma (Kaposi)	—	—	
4. Mycosis Fungoidis	—	—	
5. Leukæmia and Pseudo leukæmia	—	—	
8.—ATROPHIES :—			
(a) Macular Skin Atrophy			
(b) Total Skin Atrophy			
(c) Atrophy of pigment, Vitiligo			
9.—ULCERATIONS :—			
(a) Ulcus Cruris Varicosum			
(b) Perforated ulcer of foot			
(c) Acute Multiple neurotic gangrene, Cancrum Oris... ..			
10.—NEUROSIS :—			
Cutaneous pruritis			
11.—PARASITIC SKIN DISEASES :—			
(a) Dermatozoons :—			
Scabies			
(b) Epizoons :—			
1. Pediculosis Capitis	}	— {	144
2. „ Vestimentorum			
3. „ Pubis			
(c) Hyphomycoses :—			
1. Favus	11	270	
2. Trichophytia Superficialis and Profunda	10	283	
3. Sycosis Parasitaria	5	—	
4. Eczema Marginatum	—	36	
5. Pityriasis Rosea	1	—	
6. „ Versicolor, Herpes Tonsurans	8	444	
7. Erythrasma.	2	36	
12.—DISEASES OF HAIR AND NAILS :—			
(a) Hypertrichiosis			
(b) Alopecia Areata			
(c) Pigmentary Changes of Hair			
(d) Onychiomycosis Trichophytia			

بيان عدد أصابات الدفتريا في شهور سنة ١٩٢٧

Showing N° of Cases of Diphtheria per month during 1927

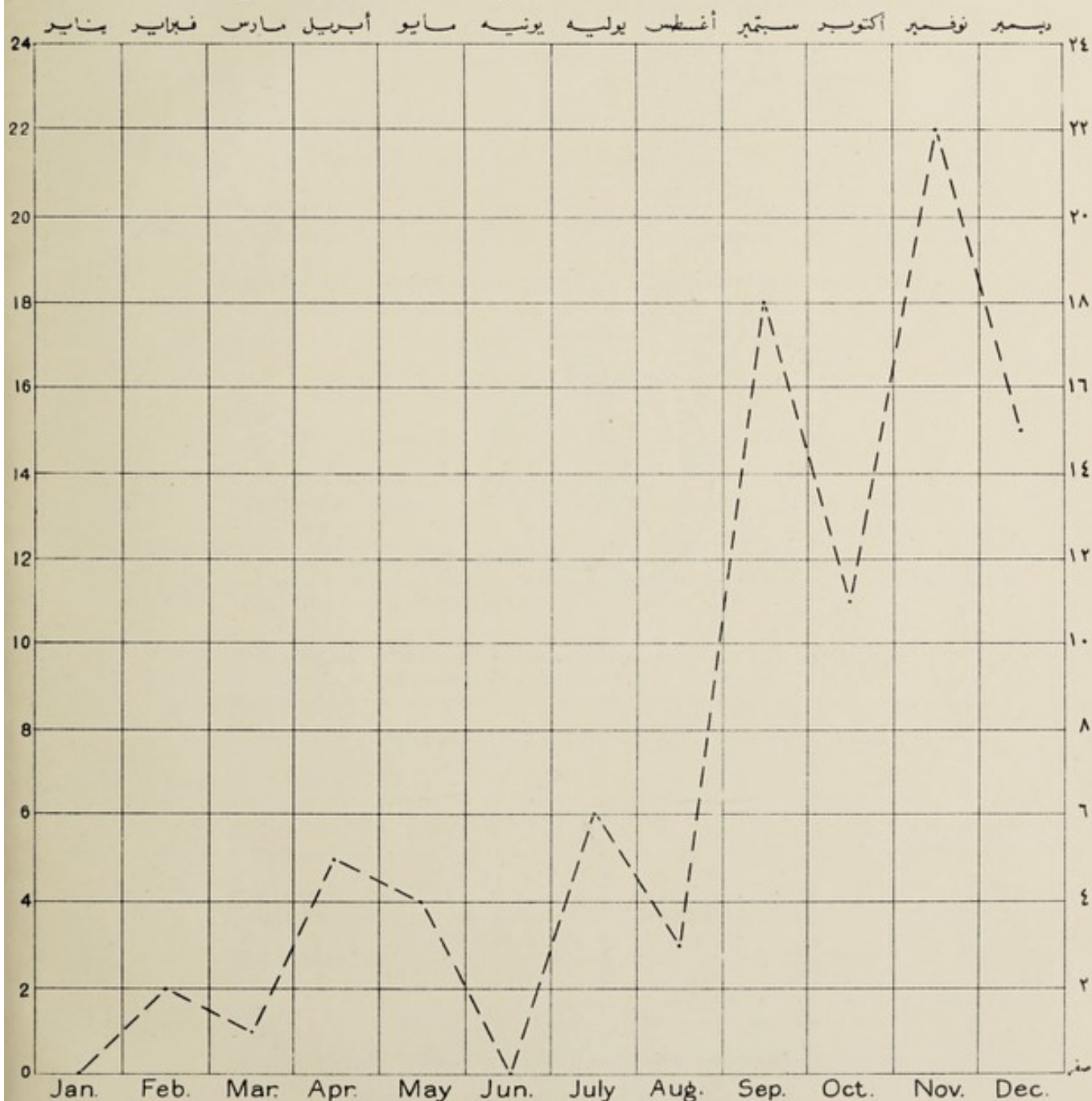




TABLE NO. II.—SHOWING THE NUMBER OF FOUNDLINGS ADMITTED TO HOSPITAL IN 1927.

		Existing.	Died.	Handed over to			Rate per cent of Deaths.*	Total.
				Malga. (Asylum).	Parents.	Adopters.		
Remaining from years 1925-26.	Males ...	5	4	1	—	—	—	10
	Females ...	5	9	4	—	—	50	18
	Total ...	10	13	5	1	—	1	28
Year 1927.	Males ...	7	7	—	—	—	50	14
	Females ...	13	16	—	1	1	52	31
	Total ...	20	23	—	1	1	—	45

* Please see Chapter of this Report dealing with the "Child Welfare Section" for the causes of this high percentage.

TABLE NO. III.—DEATHS OF FOUNDLINGS IN ACCORDANCE WITH THEIR WEIGHT.

	More than 7 lbs. wt.	Under 7 lbs. wt.	Under 5 lbs. wt.	Died on the 1st day (Not weighed)
† No. of foundlings.	13	15	11	4
No. of deaths. ...	4	5	10	4
Rate of deaths per cent.	30%	33%	91%	100%

† The total here is 43 babies, because 2 were handed over: one to her mother and the other to an adopter. Hence the total is 45 babies.

TABLE NO. IV.—SHOWING DEATHS OF FOUNDLINGS (1927) IN ACCORDANCE WITH THEIR WEIGHT AND DATE OF DEATH.

	More than 7 lbs. weight.	Under 7 lbs. weight.	Under 6 lbs. weight.	Not weighed.	Total.
Died in the first week ...	—	—	8	4	12
Died during the first month ...	1	2	—	—	3
Died during the first year ...	3	3	2	—	8
Total ...	4	5	10	4	23

TABLE V.—CAUSES OF DEATHS IN FOUNDLINGS.

NUMBER OF DEATHS :—

Diseases.

(1) Congenital Weakness ...	15
(2) General Debility and Boils ...	2
(3) Gastro-Enteritis ...	8
(4) Dysentery (Sheiga) ...	5
(5) Broncho-Pneumonia ...	6

TABLE VI.—MEDICAL IN-PATIENTS.

ALIMENTARY SYSTEM.

<i>Mouth.</i>		
Lip. Angioma ...	2	
M.N. Stomatitis ...	43	
Gums. Suppuration ...	3	
Tongue ...	—	
<i>Stomach.</i>		
Acute Gastritis ...	15	
Chronic Gastritis ...	1	
Dyspepsia ...	1,243	
Gastro-Enteritis ...	137	
<i>Intestines.</i>		
Acute Enteritis ...	1,725	
Chronic Enteritis ...	8	
Colitis ...	18	
Intestinal Colic ...	—	
Constipation ...	70	
Intestinal Worms ...	375	
Appendicitis ...	1	
Rectum ...	—	
Prolapse ...	38	
<i>Anus.</i>		
Imperforate Anus ...	1	
Anal Fissures ...	2	
Piles ...	2	
<i>Liver.</i>		
Jaundice ...	6	
Sirrhosis ...	—	
<i>Peritoneum.</i>		
Acute Peritonitis ...	—	
Tubercular Peritonitis ...	7	
Ascites ...	6	
<i>Umbilical Hernia</i> ...	8	
<i>Inguinal Hernia</i> ...	12	
	3,742	

RESPIRATORY SYSTEM.

<i>Nose.</i>		
Adenitis-Enlarged Turbinates ...	7	
Epistaxis: 16 cases of Whooping cough ...	16	
Ozena ...	—	
<i>Larynx.</i>		
Acute Laryngitis ...	—	
<i>Tonsils</i>		
Quinsy ...	1	
Acute Tonsillitis ...	82	
Enlarged Tonsils ...	117	
<i>Lungs and Bronchii.</i>		
Acute Bronchitis ...	1,133	
Chronic Bronchitis ...	18	
Asthma ...	2	
Acute Lobar Pneumonia ...	9	
Broncho-Pneumonia ...	204	
Bronchiectasis ...	4	
Pulmonary Tuberculosis ...	6	
<i>Pleura.</i>		
Pleurisy dry ...	4	
Pleurisy with Effusion ...	3	
Empyæma ...	1	
Hæmothorax ...	—	
Hydropneumothorax ...	1	

CIRCULATORY SYSTEM.

Heart.

Congenital	5
-------------------	---

Pericardium.

Pericarditis	—
Pericardial Effusion	—

Endocardium.

Rheumatic Endocarditis	1
Malignant Endocarditis	—

Valves.

Mitral-Stenosis	2
Mitral-Regurgitation	6
Double Mitral	11
Other Valves	—

<i>Heart Failure</i>	2
	5,385

URINARY SYSTEM.

Kidney.

Acute Nephritis	38
Chronic Nephritis	—
Renal Colic	3
Hydronephrosis	—
Stone in Kidney	—

Ureter.

Stone in Ureter	—
------------------------	---

Bladder.

Vesica Ectopia	1
Acute Cystitis	15
Bilharziasis... ..	26
Stone in Bladder	10
Incontinence	7

Genitals.

Congenital	—
Phymosis	5
Balanitis	10
Hydrocele	7
	5,507

NERVOUS SYSTEM

Convulsions.

General	5
Tetany	4
Laryngismus Stridulosa	2
Epilepsy	3
Chorea	1

Brain and Meninges.

Hydrocephalus	4
Acute Meningitis	1
Tubercular Meningitis	—
Epidemic Meningitis	—
Cerebral Haemorrhage	—

Nerves.

Anterior poliomyelitis	—
Myelitis (II last year)	30
Facial Paralysis	3
Diphtheritic Paralysis	21
Spastic Paraplegia	4
Paraplegia	1
Haemoplegia	5

BLOOD AND LYMPHATIC SYSTEM.

Anaemia.

Primary Anaemia	—
Secondary Anaemia Intestinal Worms	105
Ankylostoma	10
Bilharzia	26

Spleen.

Von Yachs	9
Eg. Splenomegaly	2
Hodgkins	—

Glands.

Acute Inflammatory	15
Simple Inflammatory	25
Tub. Inflammatory	20
Syph. Inflammatory	—
	212

INFECTIOUS DISEASES.

Scarlet	—
Measles	17
Small Pox	—
Chicken Pox	20
Mumps	9
<i>Diphtheria.</i>	
Nasal	13
Pharyngeal	47
M.N.	6
	66
Typhoid	25
Typhus	—
Influenza	248
Dengue	—
Whooping Cough	640
Malaria	2
<i>Dysentery.</i>	
Amoebic Bacillary	3
Shiga	12
Flexner	3
Tetanus	2
Congenital Syphilis	14
	1061

RHEUMATISM.

Muscular Torticollis	2
Acute	14
Chronic	1
	17

Bones and Joints.

Joints.

Acute Synovitis	—
Rheumatic Synovitis	14
Syphilitic Synovitis	1
Tubercular Synovitis	3
Pott's	12
	30

DIFICIENCY DISEASES.

Richitis	582
Scurvy	—
Debility after fevers	147
Pellagra	2
	731

The details of the cases examined are as follows :—

	In-Patients.	Out-Patients.	Total
Bones.			
Fractures	352	22	
Negative for fractures, diseases, and foreign bodies	139	23	
Tumours	12	2	
Foreign bodies near bones	17	9	
Diseases of bones	56	4	
Developmental Errors and Deformities	9	—	
	585	60	645
Joints.			
Dislocations: including 2 fracture dislocations of spine... ..	9	1	
Inflammations	13	—	
Tubercular joints	12	1	
Tubercular vertebrae	13	—	
Foreign bodies in joints... ..	2	—	
Negative for diseases	2	1	
	51	3	54
Urinary-Tract.			
Negative for stones.	70	7 in children.	
Bilharzial bladder without stones... ..	12	—	
Stones in bladder	5	6 in children.	
Stones in kidneys	5	—	
One case has 2 stones in the right and 3 in left kidney.			
One case has 4 stones in right kidney with pyonephrosis			
One case has 3 stones in left kidney and 1 stone in right kidney.			
Stones of Ureters.			
Upper part... ..	1 in left side.	—	
Middle „	4	—	
Lower „	7 one with nine stones.	—	
Bilharzial Calcification of ureter	2		
Stone of urethra	1		
Tumours... ..	1 of bladder of kidney and hydronephrosis.		
Negative result for tumour	2		
Pyelography	1		
	112	13	125
Chest.			
Tuberculosis of lungs	31	3 in children	
Dry Pleurisy	8	1	
Pleurisy with effusion	10	2	
Chronic bronchitis with peribronchial fibrosis	2	2	
Fibrosis and Pneumokoniosis	2	4	
Resolving pneumonia with pleurisy and dilated heart	8		
Lung abscess	1		
Pneumothorax with pyothorax	1		
Secondary cancer of lung	1		
Enlarged hilum glands	9	—	
Negative result for diseases of chest ...	13	4	
	86	16	102

The details of the cases examined are as follows (*cont.*):—

	In-Patients.	Out-Patients.	Total.
<i>Heart and Vessels.</i>			
Dextro-cardia	2	I with transposition of viscera.	
Pericarditis with effusion	5		
Dilated arch of aorta	1	—	
Displaced heart by fibrosis	1		
Dilated heart	2	—	
	11	1	12
<i>Gastro-Intestinal-Tract.</i>			
Duodenal Ulcer	14		
Negative result for ulcer of stomach or duodenum	7	—	
Periduodenitis and Pericholecystitis ...	3	—	
Spasmodic condition of duodenum ...	2	—	
Enlarged gall-bladder pressing upon duodenum	1		
Dilated Stomach	1	—	
Gastritis	1	—	
Liver abscess	1	—	
Functioning gastro-jejunostomy	1	—	
Tumours of caecum	3	—	
Fistula in bowel	1	—	
Colitis	1	—	
Tumours of abdomen	1	—	
Appendix not visualised	1	—	
Foreign body in oesophagus	4	—	
Negative result for foreign body	1	—	
Stones of oesophagus	1	—	
Cancer of "	1	—	
TOTAL	45	—	45

Gall-Bladder.

investigation with tetra-iod-phenol-phathalein injections or capsules.

5 cases-gall-bladder not visualised

1 case-gall-bladder faintly seen

5 cases gall-bladder well-visualised of which:—

3 no evidence of cholecystitis,

1 no evidence of gall-stones,

1 markedly dilated gall-bladder.

11

Uterus.

3 radium tubes for cancer-radiographed.

1 no evidence of pregnancy

4

Lipiodol Injections:

1 intra thecal for tumours with negative result.

1 Inj. of fistula in back

1 Inj. of a parotid fistula

3

TOTALS ... 645 Bones.

54 Joints.

125 Urinary-Tracts.

102 Chests

12 Hearts.

45 Gastro-Intestinal-Tracts.

11 Gall-Bladders.

4 Uteri.

3 Lipiodol Injections.

1,001 Patients for whom 2,142 Radiographies were made

OPERATIONS DONE IN ALEXANDRIA HOSPITAL DURING 1926.

Operations.	Cured.	Improved.	Same.	Died.	Under Treatment.	Total.
Laparotomies	79	10	—	35	—	124
Herniotomy :—						
Inguinal	461	—	—	2	1	464
Ventral	10	—	—	—	—	10
Femoral	4	—	—	—	—	4
Umbilical	3	—	—	—	—	3
Recurrent	26	—	—	1	—	27
Strang. Ing.	34	—	—	5	1	40
Strang. Umb.	1	—	—	2	—	3
Hydrocele and Hæmatocele	275	—	—	—	1	276
Post Operative Hernia	4	—	—	—	—	4
Undescended Testicle	12	—	—	—	—	12
Varicocele	43	—	—	—	—	43
Castration	5	2	—	—	—	7
Trephining	45	4	—	12	1	62
Prostatectomy	11	1	—	3	1	16
Kidney Operations	6	2	—	2	—	10
Benign Tumours and Cysts	49	2	—	—	—	51
Malignant Tumours :—	1	—	5	1	—	7
Sarcoma of Lower Jaw	1	—	—	—	—	1
„ Upper Jaw	2	—	—	—	—	2
„ Thigh	—	—	—	—	—	—
„ Breast	—	—	—	—	—	—
„ Brain	—	—	—	—	—	—
Epithelioma of Lip	2	—	—	—	—	2
Rodent Ulcer	3	—	—	—	—	3
Cancer of Breast	—	—	—	—	—	—
„ Tongue	—	—	—	—	—	—
„ Axilla	—	—	—	—	—	—
Other tumours	1	—	1	1	—	3
Goitre	18	—	—	—	1	19
Parotid and Salivary Calculi	1	—	—	—	—	1
Amputations :—						
Due to Injury	26	10	—	5	—	41
„ disease	12	1	—	8	—	21
Supernumerary Finger	—	—	—	—	—	—
Lithotrity	11	—	—	2	—	11

OPERATIONS DONE IN ALEXANDRIA HOSPITAL DURING 1926 (cont.)

Operations.	Cured.	Improved.	Same.	Died.	Under Treatment.	Total.
Suprapubic	24	—	—	2	1	27
Perineal	12	—	—	2	—	14
Cystotomy	4	3	—	—	—	7
Cystoscopy	17	—	—	—	—	17
Mastoid	11	1	—	—	—	12
Circumcision	15	—	—	—	—	15
Fistula in Ano	104	21	—	—	—	125
Urinary Fistula... ..	4	1	—	—	—	5
Condylomata	—	—	—	—	—	—
Piles and Fissures	389	12	—	—	8	409
Anal and Ischio-Rctal Abscesses	37	5	—	1	—	43
Necrosis	37	28	1	4	2	72
Extraction of Nail	6	—	—	—	—	6
Plastics	58	9	—	—	1	68
Skin Grafting	15	5	—	—	—	20
Empyema	2	1	—	2	—	5
Abcesses and Cellulitis	60	64	—	12	9	145
Sinuses, Ulcers, etc.... ..	2	4	—	—	—	6
Carbuncle of Neck	1	1	—	—	—	2
Elephantiasis	—	—	—	—	—	—
Hare Lip	—	—	—	—	—	—
Prolapse of Rectum... ..	12	2	—	—	—	14
Imperforate Anus	—	—	—	—	—	—
Spina Bifida	—	—	—	—	—	—
Varicose Veins	9	—	—	—	—	9
Papilloma of Rectum	6	1	—	—	—	7
Decortication	—	—	—	—	—	—
Flap Wounds	23	5	—	—	3	31
Cut Tongue	—	—	—	—	—	—
Ranula	—	—	—	—	—	—
Dilatation of Urethra	—	2	—	—	—	2
Urethrotomy	—	—	—	—	—	—
Trimming Operations	3	4	—	2	—	9
Gunshot Wounds	2	—	—	—	—	2
Bilharziasis	—	—	—	—	—	—

OPERATIONS DONE IN ALEXANDRIA HOSPITAL DURING 1926 (cont.)

Operations.	Cured.	Improved.	Same.	Died.	Under Treatment.	Total.
Bone Operations (Scraping)	1	—	—	—	—	1
Plating and Wiring	1	—	—	—	—	1
Comp. Fractures	4	7	—	3	2	16
Excisions	—	—	—	—	—	—
Head of Mandible	—	—	—	—	—	—
Shoulder	—	—	—	—	—	—
Elbow	1	—	—	—	—	1
Foreign Bodies	10	—	—	—	—	10
Coin in Oesophagus	—	—	—	—	—	—
Fish bone in Throat	—	—	—	—	—	—
Nasal Polypi	—	—	—	—	—	—
Enlarged Turbinates	—	—	—	—	—	—
Glands of Axilla	4	—	—	—	—	4
Glands of Neck	13	2	—	—	—	15
Glands of groin	—	—	—	—	—	—
Exam. under Chloroform	13	—	—	—	—	13
Reduction of Dislocation	6	—	1	—	—	7
Stitch Sinus	—	—	—	—	—	—
Tonsillectomy	20	—	—	—	—	20
Tracheotomy	—	2	—	—	—	2
Laryngotomy	—	—	—	—	—	—
Cold Abscess	3	1	—	—	—	4
Branchial Sinus	—	—	—	—	—	—
Others	57	4	—	4	—	5
Major Gynaecological	See Laparotomies					
Minor Gynaecological :—						
Epithelioma of Labia	—	—	—	—	—	—
Urethral Caruncle	—	—	—	—	—	—
Cysts of External Genitals	—	—	—	—	—	—
Redundant Hymen	—	—	—	—	—	—
Bartholinectomy	6	—	—	—	—	6
Colpo Perineorrhaphy	30	—	—	—	—	30
Anterior Colporrhaphy	20	—	—	—	—	20
Post. Colporrhaphy	—	—	—	—	—	—

OPERATIONS DONE IN ALEXANDRIA DURING 1926. (cont.)

Operations.	Cured.	Improved.	Same.	Died.	Under. Treatment.	Total.
Vaginal Cysts	—	—	—	—	—	—
Vaginal Warts	—	—	—	—	—	—
Vaginum Bipartum	—	—	—	—	—	—
Vesico vaginal Fistula	—	—	1	—	1	2
Recto Vaginal Fist.	1	—	—	—	—	1
Atresia of Vagina	—	—	—	—	—	—
Vaginal Drainage	6	—	—	—	—	6
Uterine Polypus	6	—	—	—	—	6
Scraping of Cervix for Malig. Dis....	3	—	—	—	—	3
Amputation of Cervix	1	—	—	—	—	1
Curettage	123	—	—	—	—	123
Evacuation for Abortion	41	—	—	1	—	42
Midwifery	—	—	—	—	—	—
Eclampsia	2	—	—	2	—	4
Accouchement Forcés	—	—	—	—	—	—
Forceps	7	—	—	—	—	7
Podalic Version... ..	9	—	—	1	—	10
Placenta Previa	4	—	—	1	—	5
Neglected Shoulder	2	—	—	—	—	2
Transverse	—	—	—	—	—	—
Craniotomy	—	—	—	—	—	—
Vesicular Mole	2	—	—	—	—	2
Excision of Vulva for Malig. Growth ...	2	—	—	—	—	2
Circumcision	2	—	—	—	—	2
Laparotomies	—	—	—	—	—	—
Explorations	15	1	—	—	—	1
Gastro Jejunostomy	4	—	—	1	—	5
Appendicitis	17	3	—	1	—	21
Splenectomy	21	—	—	4	—	25
T.B. Peritonitis	5	—	—	3	—	8
Liver Abscess	—	1	—	—	—	1
Intestinal Obstruction	2	—	—	6	—	8
Acute Peritonitis	1	1	—	4	—	6
Rupture of Liver	—	—	—	1	—	1

OPERATIONS DONE IN ALEXANDRIA DURING 1926 (*contd.*).

Operations.	Cured.	Improved.	Same.	Died.	Under Treatment.	Total.
Talma Morrison	—	—	—	—	—	—
Intestinal Growth Bilharzial	1	—	—	—	—	1
Stab Wound with Injury to Intestine... ..	2	—	—	—	—	2
Stab Wound without Injury to Intestine	2	—	—	2	—	4
Stones of Ureter	2	—	—	—	—	2
Abdominal Tumours	—	—	—	—	—	—
Gastrotomy (for a teeth plate)	1	—	—	—	—	1
Gastrostomy	1	—	—	1	—	2
Liver Abscess and Hydatid Cyst	2	—	—	1	—	3
Rupture of Liver and other Int. Hæcæ	—	—	—	2	—	2
Resection of Gut	2	—	—	3	—	5
Cholecystostomy (for stones)... ..	1	—	—	—	—	1
<i>Kidney and Ureter Ops.</i>	1	—	—	—	—	5
Stone of Kidney	4	—	—	1	—	5
Nephrectomy	1	—	—	1 *	—	2
Nephropexy	1	—	—	1	—	1
Stone of Ureter	2	—	—	—	—	2
Laparotomies Gynaecol. Operations	—	—	—	—	—	—
Pyosalpinx	22	—	—	—	—	22
Ventrosuspension	47	—	—	—	—	47
Ovarian Cysts and Tumours	18	—	—	1	—	19
Ovarian Dermoids	—	—	—	—	—	—
Chronic Salpingitis	—	—	—	—	—	—
Cystic Ovaries						
Hysterectomy	11	—	—	1	—	12
Haematosalpinx and Hydro Salpinx	3	—	—	—	—	3
Suppurating Ovarian	1	—	—	—	—	1
Hæmatometra	—	—	—	—	—	—
Werthiems	—	—	—	—	—	—
Obstetrical	—	—	—	—	—	—
Extra-Uterine	3	—	—	—	—	3
Ruptured Uterus (Labour)	—	—	—	1	—	1
Caesarian Section	1	—	—	—	—	1
T.B. Peritonitis and Appendages... ..	—	—	—	—	—	1
TOTAL	2,592	224	9	150	33	3,008

* for rupture.

OPERATIONS.

	Cured.	Improved.	Same.	Died.	Under treatment.	Total.
General Total ...	2,592	224	9	150	33	3,008
Per cent ...	86.1	7.5	.03	5	1.37	100

INFECTIOUS DISEASES' CASES.

DISEASE.	Cured.	Died.	Total.
Malaria ...	22	1	23
Typhoid ...	49	23	72
Typhus ...	10	3	13
Relapsing fever ...	—	—	—
Simple Fever ...	—	—	—
Influenza ...	982	—	982
Small-pox ...	5	—	5
Chicken Pox ...	4	—	4
Mumps ...	28	—	28
Measles ...	2	—	2
Scarlet Fever ...	—	—	—
Diphtheria ...	23	41	74
Plague... ...	5	7	12
Erysipelas ...	61	4	65
Tetanus ...	9	12	21
Paratyphoid ...	21	5	26
Whooping Cough ...	1	—	1
Sun-Stroke ...	—	—	—
Cerebro-Spinal fever... ..	2	4	6
Puerperal fever... ..	1	1	2
Dengue ...	183	—	183
Under observation ...	46	1	47
Relatives of Patients ...	4	—	4
TOTAL ...	1,468	102	1,570

POISONS, 1927.

POISON.	Males.			Females.			Total.			TOTAL.
	Cured.	Relieved.	Died.	Cured.	Relieved.	Died.	Cured.	Relieved.	Died.	
Sublimate ...	—	—	1	—	—	—	—	—	1	1
Iodine ...	1	—	—	—	—	—	1	—	—	1
Opium ...	3	4	4	—	—	1	3	4	5	12
Manzoul ...	10	—	2	2	—	—	12	—	—	14
Heroine ...	61	15	3	—	—	—	61	15	3	79
Carbolic Acid ...	4	—	1	1	—	2	5	—	3	8
Cocaine ...	—	—	—	—	—	—	—	—	—	—
Ptomaine ...	79	—	—	43	—	—	122	—	—	122
Mineral Acid ...	1	—	—	—	—	—	1	—	—	1
Lysol ...	1	—	1	—	—	—	1	—	1	2
Unknown Substance ...	15	—	6	2	—	—	17	6	—	23
Acetic Acid ...	1	—	—	—	—	—	1	—	—	1
Carbon dioxide ...	—	—	—	—	—	—	—	—	—	—
Datura ...	2	—	1	—	—	—	2	—	1	3
Other poisons ...	6	—	—	—	1	—	6	1	—	7
Hasheesh ...	2	—	—	—	—	—	2	—	—	2
TOTAL ...	186	19	19	48	1	3	234	26	16	276

DEATHS IN 1927.

Cause of Death.	Male.	Female.	Total.	Cause of Death.	Male.	Female.	Total.
<i>Alimentary.</i>				<i>Parasitic.</i>			
Diseases of Stomach	7	3	10	Malaria	1	—	1
Tuber Peritonitis	3	2	5	Ankylostomiasis	1	—	1
Dysentery	11	3	14	Pellagra	10	1	11
Diarrhoea and Enteritis	5	7	12	<i>Poisoning.</i>			
Liver	3	2	5	Alcohol	4	—	4
Other Diseases	—	1	1	Other Poisons	19	3	22
<i>Respiratory.</i>				Other Medical Diseases	10	2	12
Pneumonia	17	3	20	<i>Fractures.</i>			
Phthisis	20	10	30	Simple	18	3	21
Pleurisy	1	—	1	Compound	26	2	28
Other Diseases	36	3	39	<i>Tumours.</i>			
<i>Circulatory.</i>				Malignant	5	1	6
Heart	13	6	19	Non-Malignant	2	—	—
Other Diseases	1	—	1	<i>Traumatic Injuries</i>	58	9	67
<i>Urinary.</i>				Burns	30	60	90
Nephritis	28	11	39	Bilharziasis	7	—	7
Other Diseases	5	1	6	Piles... ..	1	—	1
<i>Blood.</i>				Liver Abscess	1	—	1
Spleen	6	2	8	Hernia	12	3	15
<i>Nervous.</i>				Appendicitis	4	1	5
Brain	13	6	19	Vesical Calculus	2	—	2
Spinal Cord	5	—	5	Other Surgical Diseases	67	11	78
<i>Constitutional.</i>				Syphilis	2	3	5
Rheumatism	1	1	2	Gonorrhœa	1	—	1
Diabetes	4	—	4	Midwifery	—	10	10
Senility	22	7	29	Gynæcological	—	3	3
Debility	15	9	24	Infections	67	35	102
				Foundlings	3	5	8
				TOTAL	567	229	796

TABLE SHOWING THE IN-PATIENTS ADMITTED TO GABBARI HOSPITAL IN 1927.

DISEASE.	CURED.	RELIEVED.	DIED.	TOTAL.
Syphilis, Gonorrhœa and Soft-Chancres	2	—	—	2
Syphilis and Gonorrhœa	319	—	—	319
Syphilis	106	1	—	107
Gonorrhœa	360	1	—	361
Soft-Chancres... ..	1	—	—	1
Skin Diseases	3	—	—	3
Chancres	58	—	—	58
Relatives accompanying Patients	4	—	—	4
Under observation... ..	48	1	—	49
TOTAL	901	3	—	904

Patients remaining until December 31, 1926 : 83.

“ admitted during 1927 : 896.

“ discharged during 1927 : 904.

“ remaining at the end of 1927 : 75.

MEDICAL COMMISSION EXAMINATIONS.

2,378 persons were examined for different purposes.

SHORT AND DETAILED MEDICO-LEGAL REPORTS.

1,494	Short Medico-legal Reports.
239	Detailed Medico-legal Reports.
1,733	Total.

BARBERS AND DAYAS (MID-WIVES). 1927.

The Department of Public Health has decided to suspend the study of this course for a period of two years.

OUT-PATIENTS DEPARTMENT. NUMBER OF OPERATIONS.

MONTH.	Men Section.	Hareem Section.	Men and Hareem.	Total.
January	24	20	—	44
February	18	13	—	31
March	6	17	—	23
April	9	17	—	26
May	49	38	—	87
June	31	23	—	54
July	49	55	—	104
August	64	42	—	106
September	49	10	—	59
October	—	—	91	91
November	—	—	61	61
December	—	—	45	45
Total	299	235	197	731

IN-PATIENTS DEPARTMENT. NUMBER OF OPERATIONS.

MONTH.	Surgical Men A.	Surgical Men B.	Surgical Hareem A.	Surgical Hareem B.	Hareem Section.	Gynaecological and Midwifery.	Total.
January	85	71	—	—	55	—	211
February	80	68	—	—	45	—	193
March	81	71	—	—	48	—	200
April	64	70	—	—	43	—	177
May	115	86	—	—	65	—	266
June	99	53	—	—	30	—	182
July	94	112	—	—	70	—	276
August	132	136	—	—	56	—	324
September	107	77	12	6	23	39	264
October	100	92	21	33	—	35	281
November	102	90	22	19	—	38	271
December	70	93	23	19	—	41	246
Total	1,129	1,019	78	77	435	153	2,891

Central Medical Commission.

During the year 1927, the Central Medical Commission issued 11,594 medical certificates, a decrease of 617 compared with the figures for the year 1926. This decrease although slight, yet it is due to the restrictions laid down by the Ministry of Finance for employment in new posts.

Out of the total of 11,594: 4,603 employees were examined for sick leave of which number 309 applications or 6·7 per cent were not granted. The number of applicants for retirement from the service on grounds of physical unfitness was 2,318, of these 271 or 11·7 per cent were found fit for further service.

The above figures are set out in detail in Tables Nos. I, I (*bis*) and 3.

The number of applicants examined for admission to the service or proceeding to missions abroad was 4,144 of which 2,129 were *cadre* and temporary officials, 260 candidates for missions abroad and the rest 1,755 were *Hors Cadre* employees (*see* Table I (*bis*)).

As the Regulations of the United States of America interdict the admission to the country of anyone suffering from trachoma, the Public Health Department has approved after several communications of the suggestion of the Ministry of Foreign Affairs that officials proposed to be appointed in the United States should not be sent to the Central Medical Commission with a view to decide their medical fitness to go there. They are simply requested to obtain a certificate from one of the well-known ophthalmic surgeons as to their being free from trachoma in order to facilitate their departure to America so long as they are going to travel on board the Dollar Line Steamers from Alexandria. The Public Health Department, is however, not responsible if the Steamer's doctor detects any case prior to departure. As regards other persons going to America such as the candidates for missions, their medical examination by the Central Medical Commission will remain in its present proper channel.

The Ministry of Finance has issued Circular No. 21/1927 prescribing that the decision of the Council of Ministers dated January 5, 1926 exempting the students returning from Missions abroad from medical examination on their employment in the Government Service, only apply to those who have already been examined before their departure by the Central Medical Commission or by the London and Paris Boards and found medically fit for service. The members of the educational missions who have been medically examined by their private doctors are not exempted from the medical examination by the Central Medical Commission on their entry to the Government Service.

Out of the number of *cadre* and temporary officials, 128 or 6 per cent failed, 764 or 36 per cent rejected in the first and second sessions or in the first session only, and out of the number of candidates for missions abroad 13 or 5 per cent failed, 74 or 28 per cent rejected in the first and second sessions or in the first session only (*see* Table No. 2).

Out of the number of *cadre* and temporary officials, 23·7 per cent failed in vision and 12 per cent rejected or found unfit on account of defects in the urinary system and 4 per cent in the blood circulatory system. Out of the number of *hors cadre* candidates, 46 per cent failed in vision and 4 per cent found unfit on account of defects in the urinary system and 1·7 per cent in the blood circulatory system.

The number of medical certificates issued by the Central Medical Commission during the last five years was as follows:—

1923	...	...	...	...	...	10,893
1924	...	...	...	...	...	9,765
1925	...	...	...	...	...	11,230
1926	...	...	...	...	...	12,211
1927	...	...	...	...	...	11,594

Having noticed since two years that the Regulations of the Central Board and Provincial Medical Boards of 1912 and 1914 are in lack of revision on account of several modifications introduced and instructions added to them by the Central Medical Commission and Financial circulars, the Central Medical Commission communicated with the Ministry of Finance in 1926 with a view to having the two Regulations amalgamated and made up to date in order to comprise all the modifications now in force. The Ministry of Finance having studied this question, made up a draft Regulation for Medical Boards, which was checked by the Central Medical Commission after making the necessary corrections and modifications which were found necessary for the purpose, and returned it to the Ministry of Finance on November 1927.

Among the important suggestions made by the Central Medical Commission and passed to the Ministry of Finance for approval, is the question of diminution of the physical standard of fitness for temporary employees proposed for appointment in cadre posts and candidates for permanent service who have attained 40 or 50 years of age. It has been found that the regulations now in force have been made only for youths enjoying good health and good vision on entry to Government Service. The Ministry of Finance has forwarded this suggestion to the Officials' High Committee which is entrusted with the question of studying the Employment Regulation but no decision has yet been arrived at.

PROVINCIAL MEDICAL COMMISSIONS.

15,053 medical certificates were issued by the Provincial Medical Boards during 1927, an increase of 1,051 certificates as compared with those of 1926 (*see* Table No. 4).

NIZAMI GHAFIRS.

The number of Nizami Ghaffirs who were examined by the Medical Officers of Markazes on admission to service and for extension of their voluntary period of service was as follows:—

	Fit.	Unfit.	Total.
For admission to service ...	9,024	4,775	13,799
For extension of service ...	32	5	37
TOTAL ...	9,056	4,780	13,836

TABLE I.—ANNUAL RETURN OF MEDICAL EXAMINATIONS MADE BY THE CENTRAL MEDICAL COMMISSION DURING THE YEAR 1927.

MONTHS.	OBJECT OF MEDICAL EXAMINATION.								CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ENTRY TO SERVICE.							
	NUMBER OF CASES.								DISEASES OF :							
	For Admission to Service.	For Sick Leave.		For invaliding. from Service.		For Determination of Age.	Other Examinations.	TOTAL.	Defective Vision.	Urinary System.	Respiratory System.	Circulatory System.	Nervous System.	Digestive System.	Other Miscellaneous Diseases.	TOTAL
		Granted.	Refused	Unfit.	Fit.											
January ...	241	368	26	154	12	28	38	867	72	21	—	6	—	—	1	100
February ...	325	299	16	144	11	20	41	856	94	31	1	6	—	—	3	135
March ...	283	308	18	113	6	57	33	818	112	23	—	12	—	—	8	155
April ...	214	269	17	116	12	13	27	668	74	15	1	4	—	—	5	99
May ...	239	360	24	190	15	15	24	867	100	18	—	5	—	—	11	134
June ...	253	256	24	115	24	10	39	721	99	30	—	6	—	—	7	142
July ...	351	310	25	160	63	22	30	964	119	28	—	7	—	—	20	174
August ...	436	383	32	190	16	21	72	1,150	143	44	—	20	—	—	9	216
September ...	456	355	25	181	25	10	99	1,151	157	44	—	33	—	—	3	237
October ...	323	450	44	23	34	17	46	1,145	97	24	—	7	—	—	5	133
November ...	339	506	34	260	21	49	2	1,231	113	19	—	11	—	—	7	150
December ...	424	430	24	193	29	27	29	1,156	139	32	—	4	1	—	7	183
TOTAL ...	3,884	4,294	309	2,047	271	289	500	11,594	1,319	329	2	121	1	—	86	1,858

TABLE NO. II.—LIST OF MEDICAL EXAMINATIONS MADE BY C.M.C. ON CANDIDATES FOR ADMISSION TO GOVT. SERVICE (PERM. AND TEMP.) AND CANDIDATES GOING ON MISSION, DURING 1927.

PERM. AND TEMP. OFFICIALS.				CANDIDATES GOING ON MISSION.			
Total.	Fit.	Unfit.	Rejected in 1st and 2nd sessions or in 1st session only.	Total.	Fit.	Unfit.	Rejected in 1st and 2nd sessions or in 1st session only.
2,129	1,237	128	764	260	173	13	74
Percentage of candidates found unfit ... 6				Percentage of candidates found unfit ... 5			
Percentage of candidates rejected in both 1st and 2nd sessions or in 1st session only ... 36				Percentage of candidates rejected in both 1st and 2nd sessions or in 1st session only ... 28			

TABLE NO. III.—DETAILS OF THE EXAMINATIONS FOR SICK LEAVE AND INVALIDING CARRIED OUT BY THE CENTRAL MEDICAL COMMISSION DURING 1927.

MONTHS.	SICK LEAVES.					INVALIDING.				
	GRANTED.		REFUSED.		TOTAL	VIDE CERTIFICATE.		BY C.M.C.		TOTAL.
	Vide certificate appl.	by C.M.C.	Vide certificate	by C.M.C.		Appl.	Disappd.	Unfit.	Fit for duty	
January	235	133	4	22	394	126	—	28	12	156
February	187	112	2	14	315	104	—	40	11	155
March	211	97	3	15	326	85	—	28	6	119
April	183	86	2	15	286	93	—	23	12	128
May	243	117	3	21	384	152	—	38	15	205
June	187	69	5	19	280	84	—	31	24	139
July	198	112	4	21	335	121	—	39	66	226
August	239	144	4	28	415	152	—	38	16	206
September	240	115	1	24	380	132	—	49	25	206
October	290	160	12	32	494	177	—	54	34	265
November	354	152	2	32	540	214	—	46	21	281
December	295	135	2	22	454	141	1	52	28	222
TOTAL	2,862	1,432	44	265	4,603	1,581	1	466	270	2,318

TABLE NO. IV.—ANNUAL RETURN OF MEDICAL EXAMINATIONS MADE BY THE CENTRAL AND PROVINCIAL MEDICAL COMMISSIONS, DURING THE YEAR 1927.

COMMISSIONS.	OBJECT OF MEDICAL EXAMINATION.						CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ENTRY TO SERVICE.									
	NUMBER OF CASES.						DISEASES OF.							TOTAL.		
	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.
		Grant.	Reinst.	Enl.	Dis.											
Central Medical Com. ...	3,884	4,294	309	2,047	271	289	500	11,594	1,319	329	2	121	1	—	86	1,858
Alexandria ...	936	1,010	35	248	38	49	12	2,378	254	58	15	—	—	—	23	350
Suez ...	76	50	4	30	32	9	4	205	24	7	5	—	—	—	5	41
Port Said ...	205	123	16	64	23	21	24	476	51	25	6	—	—	—	—	82
Damietta ...	40	75	—	5	2	23	1	146	16	1	1	—	—	—	—	18
Beheira ...	560	552	16	156	42	42	16	1,384	143	53	—	—	—	—	5	201
Gharbiya ...	388	813	40	152	51	44	35	1,523	150	17	2	11	—	5	3	188
Minufiya ...	561	466	22	108	75	24	16	1,272	120	49	—	2	—	1	7	179
Daqahliya ...	348	549	12	132	57	59	25	1,182	119	7	2	5	—	—	—	133
Sharqiya ...	338	407	13	117	30	14	30	949	146	22	1	3	—	—	6	178
Qalyubiya ...	156	178	23	50	29	29	15	480	41	18	—	—	—	—	1	60
Giza ...	150	277	2	115	89	18	15	666	38	11	5	—	—	—	—	54
Faiyûm ...	287	226	10	29	11	26	7	596	132	46	—	4	—	—	—	182
Beni Suef ...	275	193	15	44	29	28	12	596	94	23	—	1	1	—	2	121
Minya ...	322	418	13	35	64	18	3	873	98	18	—	1	—	—	1	118
Asyût ...	308	388	23	49	37	15	34	854	153	8	2	24	—	—	2	189
Girga ...	205	295	3	50	25	4	52	634	103	9	1	—	—	—	1	114
Qena ...	238	205	28	38	28	23	86	646	80	16	—	—	—	—	3	99
Aswân ...	37	96	5	20	9	12	14	193	9	—	—	—	1	—	1	11
TOTAL ...	9,314	10,615	589	3,439	992	747	901	26,647	3,090	717	42	172	3	6	146	4,176

TABLE NO. V.—ANNUAL RETURN OF MEDICAL EXAMINATIONS MADE BY THE CENTRAL AND PROVINCIAL MEDICAL COMMISSIONS, DURING THE YEAR 1927.

MONTHS.	OBJECT OF MEDICAL EXAMINATION.								CAUSES OF REJECTION OF CANDIDATES APPLYING FOR ENTRY TO SERVICE.							
	NUMBER OF CASES.								DISEASES OF :							
	For Admission to Service.	For Sick Leave		For Invaliding from Service		For Determination of Age.	Other Examinations.	TOTAL.	Defective Vision.	Urinary System.	Respiratory System.	Circulatory System.	Nervous System.	Digestive System.	Other Miscellaneous Diseases.	TOTAL.
		Granted.	Refused.	Unfit.	Fit.											
January ...	618	838	45	259	62	65	90	1,977	199	52	6	9	—	—	4	270
February ...	833	687	30	237	51	60	77	1,975	278	53	4	15	—	5	6	361
March ...	791	694	40	192	53	94	62	1,920	311	54	1	14	1	—	17	398
April ...	583	609	27	188	65	41	58	1,571	212	34	4	7	—	—	8	265
May ...	625	841	36	323	67	40	68	2,000	223	47	2	10	—	—	17	299
June ...	471	601	43	193	68	48	77	1,502	178	40	4	8	—	—	13	243
July ...	721	858	70	296	137	75	84	2,241	243	56	2	11	—	—	24	336
August ...	1029	957	56	317	66	47	106	2,575	278	103	3	22	—	—	19	425
September ..	1117	1027	56	318	94	47	115	2,777	324	89	3	39	1	—	7	463
October ...	82	1165	64	391	133	59	63	2,692	251	61	2	14	—	1	9	338
November ..	752	1272	58	441	95	94	49	2,772	267	61	5	12	—	—	11	356
December ..	931	1066	64	336	101	77	52	2,627	326	67	6	11	1	—	11	422
TOTAL ..	9,314	9615	589	3,489	992	747	901	26,647	3,090	717	42	172	3	6	146	4,176

TABLE NO. VI.—NIZAMI GHAFFIRS EXAMINED DURING THE YEAR 1927 BY THE DISTRICT MEDICAL OFFICERS.

MONTHS.	For Admission to Service.			For Extension of Voluntary Service.		
	Fit.	Unfit.	Total.	Fit.	Unfit.	Total.
January... ..	919	491	1,410	3	1	4
February	850	485	1,335	4	—	4
March	848	459	1,307	3	—	3
April	738	379	1,117	10	2	12
May	862	480	1,342	—	—	—
June	682	318	1,000	—	—	—
July	677	365	1,042	—	—	—
August	764	405	1,169	2	—	2
September	612	335	947	2	—	2
October	677	327	1,004	—	1	1
November	614	291	905	2	—	2
December	781	440	1,221	6	1	7
TOTAL	9,024	4,775	13,799	32	5	37

Section of Pharmacies.

Amendments to the Decree-Law of Stupefacient Drugs.

In the last year's report it was alluded to the amendments which were intended to be made in this law.

It was decided to distinguish between the penalty provided for the illegal trade of stupefacient drugs and that provided for their use as the dealers are blood suckers who pervert the conduct of the young men and defame the reputation of their country while those addicted to this habit commit their crimes against themselves only. It was accordingly suggested that the penalty to be inflicted upon the formers (dealers without permit) should be from one year imprisonment with labour to five years and a fine from L.E. 200 to L.E. 1,000 instead of simple imprisonment from one month to three years or a fine from L.E. 10 to 300 and the penalty to be inflicted on the drug addicts to be raised from six months imprisonment with labour to three years and a fine from L.E. 30 to L.E. 300.

It was also suggested that in case a person of the latter category is condemned to imprisonment for the first time he may be sent to a special reformatory for a period not less than six months and not exceeding one year.

It was also proposed that the judgment pronounced should at once be executed even if an appeal is lodged and to double the penalty in case of recidivistes.

Moreover it was proposed that the following accessory penalties are to be inflicted :—

I.—Publication of the final judgment in the papers as this publication has good moral effect as example to others and may be considered in certain cases as a penalty to persons who fear shame or disgrace.

II.—Depriving the condemned person from his political rights for a period not exceeding five years which begin after the execution of the penalty.

It was also suggested that the period of suspension from exercising the profession, industry or commerce should be the same as the period of the penalty and should begin after the expiration of the imprisonment and in case of recidivistes the authorisation of exercising the profession or commerce should be altogether withdrawn.

It is worthy of mention that it is expected that this law will be approved with the said amendments and issued at the beginning of the coming year.

Project of the Law on the Exercise of Pharmacy and Trade of Poisonous Substances.

The legislative Committee has considered the law on Pharmacy and trade of poisonous substances and has passed it to the Council of Ministers for approval and promulgation.

The following are the important prescriptions of the law :—

(1) The pharmacists who obtained their diplomas from abroad should sit to an examination before being allowed to practise their profession. A high council must be created to try the pharmacists who commit dishonourable acts in connection with their profession and also to consider the case of those who become unfit for further practice.

(2) The number of pharmacies in the governorates and in chief towns of provinces should be limited in accordance with a certain rate to the number of population resident ; a certain distance should be maintained between every two neighbouring pharmacies. This restriction being applicable only to proprietors of pharmacies who are not qualified pharmacists.

(3) The opening of clinics attached to the pharmacies will not be permitted, as well as the selling of drugs by itinerant vendors in the streets is prohibited.

The permit to practise the profession of pharmacy to which the picture of the pharmacist is affixed must be kept in the pharmacy in which he works, so as to justify his identity in case of necessity.

(4) In case of changing the proprietor of the pharmacy the new owner must obtain a new permit.

(5) Authority to inspect the medical practitioners clinics and out-patients' Departments of hospitals, which issue medicines to the patients who attend to them.

(6) The necessity of procuring a permit to sell simple drugs.

(7) The prohibition of the importation of foreign specialities unless they are considered officially as such in the countries of export. These specialities must also have labels affixed to them, showing the substances from which they are composed and the purposes for which they are used.

(8) The appointment of a pharmacist or assistant pharmacist to each drug store of poisonous substances to undertake the sale and registration of the quantities sold.

(9) The execution of the judgment ordering the closure of the pharmacy or the drug store whoever the proprietor may be at the time of execution.

These restrictions were proposed to fill in the present gaps in the law so that efficient control may be exercised over the preparation and sale of medicines in order to safeguard public health and to prohibit the false or harmful foreign specialities from importation to the country.

Project of Egyptian Pharmacopoeia.

The committee formed to lay down the pharmacopoeia is still preparing it.

Project of the Law of Chemical and Bacteriological Laboratories.

The project of this law is still under the consideration of the Contentieux and as soon as the Department receives it, it will be sent to the Ministry of Justice in order to take the necessary action for issuing this law.

Countries approving the Geneva Convention.

In the last year's report it was mentioned that the Council of Ministers approved in its meeting of January 21, 1926, of Egypt taking part in signing the Opium Convention of Geneva in order that no stupeficient drugs are allowed to be imported to Egypt or exported therefrom without a special licence from the Department of Public Health. This convention has prescribed that each one of the group of countries signing it engages to abstain from exporting any stupeficient substance to another country of the group, unless by a permit of importation delivered by the Competent Government.

The Ministry of Foreign Affairs notified the Department that the following countries have signed the Convention :—

Sudan, Great Britain, San Salvador, Seruak, Romania, San Marin, Austria, Dantzing City, Portugal, Bahama Isalnds, Dominica, Bolivia, Monaco, Bulgaria, Tchecoslovakia, Poland, Belgium, Finland and Hibrides Islands.

These countries have executed the Convention as they did not export to Egypt any stupeficient drug without a licence of importation issued by this Department. This Department has also not allowed the exportation of stupeficient drugs to any one of them unless the exporter furnishes it with a licence of importation from the importing country.

However, these countries export to Egypt, without a licence of importation, drugs which are not considered as stupeficients according to the Convention but they are considered as such in virtue of the Decree-Law dated March 21, 1925.

The Department used to stick to the prescriptions of the law in connection with the latter kind of drugs. It, therefore, issues licences of importation to the importers in order to prevent their entry to the country in quantities more than that needed for medicinal purposes.

Importation of Stupeficients and their withdrawal from Customs.

Table No. II shows the quantities of stupeficient drugs imported according to 328 licences of importation and 332 licences of withdrawal.

By comparing the quantities of narcotic drugs imported during the last three years as mentioned in the following table it appears that the drugs imported this year are less than those imported in previous years. This decrease is due to the strict control exercised by the Department over pharmacies and drug stores with the result that these establishments were obliged to import the quantities of narcotic drugs which are actually needed for their trade.

TABLE NO. I.—SHOWING STUPEFACIENTS IMPORTED DURING THE LAST THREE YEARS.

NAME OF DRUG.	Quantity imported in 1925.	Quantity imported in 1926.	Quantity imported in 1927.
	grammes	grammes	grammes
Cocaine Hydrochlor	10,189	7,832	6,425
Morphine Hydrochlor	3,240	1,155	3,150
Heroin Chlorhydrate	1,340	1,185	370
Dionine Pure	5,315	2,042	1,475
Ampoules Morphine	1,819	1,277	1,268
Ampoules Cocaine	267	3,088	184
Ampoules Sedol	463	2,270	420
Eucodel Powder	500	2,270	5

Exportation of Stupefacient Drugs.

Table No. III shows the quantities of stupefacient drugs exported to foreign countries according to 17 licences.

Withdrawal of Poisonous Substances.

The Department granted this year 191 licences to medical practitioners, directors of hospitals and different firms to clear from customs houses poisonous substances imported from abroad for use in the practice of their profession.

Withdrawal of Chlorate of Potash.

The Public Security Department, after taking the Department's opinion according to the agreement mentioned in the report of 1925, granted the pharmacies and drug stores licences to withdraw from Custom Houses 2,078 kilogrammes of Chlorate of Potash for medicinal and industrial purposes.

Storing of Chlorate and Nitrate of Potash.

As chlorate of potash is an explosive article which should not be stored in establishments except according to a special authorisation from the Public Security Department, but as the pharmacies and drug stores cannot dispense with this substance, the Department made an agreement with the said Department in order to allow the pharmacies and drug stores to keep in their establishments five kilos of chlorate and nitrate of potash without obtaining an authorisation from the Public Security Department. A special authorisation should be obtained from that Department for storing quantities more than five kilos of these substances.

A circular embodying this agreement has been printed and will be issued to pharmacies and drug stores for their information and compliance.

Withdrawal of Absinth.

The Public Security Department has also allowed the pharmacies and drug stores to clear from Custom Houses the following quantities of Absinth :—

Absinth herbs.	Extract of Absinth.	Tincture of Absinth.
grammes	grammes	bottles
1,750	2,375	100

Permit Cards.

According to article 22 of the Decree-Law of March 21, 1925, the Department granted to medical practitioners, veterinaries, dentists and directors of hospitals, 1,951 permit cards for purchasing stupefacient drugs for the use of their clinics and hospitals.

Drug Stores.

The main feature in this year's report is the amalgamation of four big societies. These four societies are the firms of Delmar, Gannaga, Galetti, and Giolioti. They were united in the "Société Anonyme des Drogueries d'Egypte." People thought that this amalgamation will raise the prices of the specialities and the chemical products supposing that the society will be without any competitor and thus raises the prices as it likes. Moreover it monopolises some kinds of drugs prepared by the factories and sells them at high prices. This amalgamation having been effected, the Newspapers stated that the Government and the Department of Public Health must take the necessary action to prevent this monopoly and to make the prices of the drugs indispensable to public in this country the same as their original prices abroad so that the people will not be obliged to pay high prices without any cause but the ambition of the company to gain profit by all means. At this time the Department examined the matter from all points of view and gathered many information from the European factories in Egypt, the proprietors of pharmacies and their managers and the owners of drug stores who refused to join the company. The Department is on the alert and is ready to deal with the matter in case of necessity.

PHARMACIES.

There are in Egypt 465 pharmacies: 252 pharmacies belonging to pharmacists and 213 to non-pharmacists *i.e.* there is one pharmacy for every 30,000 of the inhabitants and as there should be one pharmacy for at least every 8,000 inhabitants, Egypt is still in need of 1,175 pharmacies.

The Department has noticed that most of the proprietors of pharmacies prefer to open their pharmacies in Cairo and Alexandria and not in the provinces, a fact that induced the Department to make a provision in the proposed Law for regulating the practice of pharmacy and trade in poisonous substances, limiting the number of pharmacies in every town in accordance with a certain proportion to the inhabitants resident, so that they may be justly distributed throughout the whole country.

If the number of pharmacies at present existing *i.e.* 465, is compared with the number which was existing before the issue of the Regulation of 1904 (then 64) when the opening of pharmacies was only allowed to "pharmacists" it will be evident that the number has greatly increased—this is due to the fact that capitalists who are not pharmacists have begun to invest their money in this trade. It is hoped that by applying the principle of limiting the number of pharmacies in proportion to the number of the inhabitants resident the number of pharmacies in the provinces will be increased.

Table No. IV shows the number of pharmacies opened and those closed during 1927 and the nationality of their proprietors as well.

PHARMACIES FOR NIGHT SERVICE.

There are, in Cairo, 5 pharmacies for night service opened all night in order to issue the required medicines to the public. These pharmacies are in the following quarters Heliopolis, Daher, Shubra, Mohammed Ali Street and 'Ataba el Khadra.

The Department will increase the number of night pharmacies as far as the financial condition permits.

The following table shows the number of prescriptions dispensed at night at each of the five pharmacies during the year 1927, as compared with those issued in the last 8 months of 1926:—

NAME OF PHARMACY.	Number of Prescriptions dispensed in 1927.	Number of Prescriptions dispensed in 1926.
Mohammed Ibrahim, Sharia Abdel Aziz	632	507
Taufikia, Sharia Mohammed Aly.	409	185
Haddad, Sharia Shubra	675	308
Mani, Sharia Idris Ragheb, Daher.	600	448
Oasis, Sharia San Stefano, Heliopolis	510	293
TOTAL	2,826	1,741

The specialities and prepared medicines sold without prescriptions for first aid purposes are not included in the above-mentioned table.

OPIMUM.

Owing to prevention of the cultivation of poppies in Egypt, none of the merchants applied for licences for its exportation. The number of authorised dealers up to the end of December 1927, is 23.

POISONOUS PLANTS.

No permits were granted in the year 1927 for purchasing poisonous plants. The persons authorised to deal in these plants are 78, classified as follows :—

Name of Plants.	Number of Persons up to end of December 1927.
Henbane for exportation	41
Colocynth for exportation	16
Datura for exportation	14
Belladonna for exportation	2
Cigué	2
Henbane, colocynth and datura	3
	78

The quantity of henbane exported this year is about 60,390 kilos and 850 grammes.

EGYPTIAN MEDICINAL SPECIALITIES.

The Department has registered 15 specialities prepared by qualified pharmacists and refused to register the specialities prepared by non-pharmacists.

PHARMACIES ATTACHED TO PUBLIC HEALTH OFFICES.

In the last year's report, it was mentioned that the Department transformed 15 small pharmacies into large ones and stated that medicines will be added to the remaining small pharmacies as soon as opportunity permits. 12 small pharmacies were changed in the year 1927 into large ones and were transferred to the Health Offices which were divided into two sections.

The number of the small pharmacies remaining until the end of December, 1927 are seven and they will also be changed into large ones.

In the budget of the year 1927-1928 provision was made for opening six new pharmacies in the Headquarters of the following second Sections of districts which were divided into two sections :—

DISTRICT.	Headquarters.
El Saff, Section II	Soal.
Hihya " "	Abou Kebir.
Kafr El Dawar, Section II	Menchat Bolin.
Foua, Section II	Motobés.
Faraskour, Section II	Mehallet Anga.
Kena, Section II	Kift.

The above-mentioned pharmacies were actually opened.

STUDENT PHARMACISTS.

The following table shows the number of student pharmacists graduated at the school of medicine, Kasr el Aini, as well as the students of foreign colleges, who were allowed to pass the statutory period of training in the pharmacies *i.e.* 6 months :—

Students of Qasr el 'Aini	Students of Foreign Colleges
11	6

APPRENTICE ASSISTANT PHARMACISTS UNDER TRAINING.

The number of apprentice assistant pharmacists who served their training at the pharmacies until the end of December 1927 was 26 persons.

The following table shows the number of apprentices struck off the list for reasons mentioned below; and also those who succeeded in the final examination for assistant pharmacists :—

Number of applicants struck off for passing more than the statutory period of 5 years without succeeding in the examination for admittance to the school of Assistant pharmacists	1
Number of applicants struck off for cheating in the examination	1
" " succeeding in the final examination of assistant pharmacists	14
	{ June - 12
	{ October - 2,

List showing the number of samples of medicines etc. received by the Dept. for analyses during 1927 :—

No.	
248	Samples of sodium sulphate and magnesium sulphate received from abroad for medicinal use of which: 239 samples found fit for use and 9 " " unfit for use.
27	Samples of tartar emetic and carbon tetrachloride received from abroad of which : 20 samples found fit for use and 7 " " unfit for use.
17	Consignments of sodium sulphate, magnesium sulphate, carbon tetrachloride and tartar emetic imported for technical use or scientific research, and released from the customs.
236	Samples of contrabands, medicines, specialities, etc., suspected of their impurity or of their containing dangerous drugs, of which : 84 samples found pure, and 67 " " impure, and 72 " " negative, and 13 " " positive.
66	Samples of aphrodisiac drugs imported of which : 38 samples released from the customs, and 28 " unreleased.
29	Samples found insufficient for analyses.
623	TOTAL.

Last year, the number of the imported consignments of sodium sulphate and magnesium sulphate, which have been refused admission into the country for their being unfit for medicinal purposes was 51 out of 243, i.e. 21 per cent, but this year the number of the consignments refused was 9 out of 248, i.e., only 2.3 per cent. The great decrease in the number of the refused consignments is due to the fact that the importers try to obtain the pure substances which are fit for medicinal purposes.

The Department seeing that the aphrodisiac medicines imported from abroad have been spread all over the country as their importation was not subject to any control, has, for the sake of safeguarding the health of the public, agreed with the Customs Administration not to release any of these medicines except by a permit from the Department. This year the Department have given permits for admission of only 38 consignments out of 66.

On giving the permits for admission of these goods, the Department have observed that the medicines should be of the recognised specialities.

Having noticed that some private individuals drive in cabs and carry with them medicines and drugs which they cry for sale on the public roads, and having been proved in many instances that most of these medicines and drugs are injurious to public health, the Department have approached the Headquarters of the Police to issue orders to the effect that any such vendor found on the Public roads will be arrested, the medicines and drugs in his possession will be seized and sent to the concerned Health Office for taking the necessary action in accordance with the Law. This procedure has greatly diminished the number of these vendors. In order to exterminate this practice, an article was provided for in the proposed law on pharmacy and trade of poisonous substances to the effect that such vendors will be liable to punishment in case they undertake the selling of drugs in streets or in unauthorised establishments.

Table No. II. showing the quantities of stupeficient drugs imported during 1927:—

OPUIM.

Powder.	Tincture.	Tincture Camphor Co.	EXTRACT.		
			Fluid.	Dry.	Soft.
grms.	grms.	grms.	grms.	grms.	grms.
41,093	9,390	15,000	2,750	1,825	1,500

MORPHINE AND ITS SALTS.

Hydrochlorate.	Bromate.	Sulphate.	AMPOULES.		
			0·015.	0·01.	0·02.
grms.	grms.	grms.			
3,150	2	35	100	37.601	44,642

CODEINE AND ITS SALTS.

DIONINE.

HEROINE AND ITS SALTS.

Pure.	Phosphate.	Sulphate.	Hydrochlor.	Pure.	Hydrochlor.	Ampoules. 0·02.
grms.	grms.	grms.	grms.	grms.	grms.	grms.
7,350	4,350	100	105	1,475	370	354

COCA.

COCAINE AND ITS SALTS.

Leaves.	EXTRACT.		Hydrochlorate.	Powder.	AMPOULES.		
	Fluid.	Soft.			0·01.	0·02.	0·05.
grms.	grms.	grms.	grms.	grms.			
3,250	63,855	100	6,425	100	1,828	1,820	3,600

NOVOCAINE.

CANNABIS INDICA.

Salt.	Ampoules.
2,235 grms.	6,450.

EXTRACT.	
Fluid.	Soft.
880 grms.	310 grms.

DIFFERENT SUBSTANCES.

2,200 grammes	Tutocaine.
200 „	Pantopon powder.
5 „	Eucodal powder
1,000 „	Dover powder
5,288 „	Chlorodyne.
500 „	Black drops.
1,500 „	Elixir paregorique.
10 „	Diocaine.
23,250 „	Laudanum sydenham.
2,875 bottles	Sirops bousquet.
27,000 grms.	Tincture camphor Co.
450 „	Unguentum gal. opium.

DIFFERENT KINDS OF AMPOULES.

13,800	Aminocaine.
6,500	Winter.
100	Anesthobytul.
200	Hydobytul.
300	Hypnine.
2,940	Brocaine.
4,500	Syncaïne.
3,000	Tutocaine.
32,175	Scurocaine.
12,000	Pantopon.
3,000	Anestocaine.
42,000	Sedol.
59,400	Eucodal.
1,200	Dentoïne.

DIFFERENT KINDS OF TABLOIDS.

58,000	Tabloids	Eucodal.	500	Tabloids	Heroine.
8,500	"	Dover powder.	1,480	Tabloids	Morphine sulphate.
19,400	"	Damiana.	100	"	" hydr.
1,000	"	Papaverine.	1,200	"	Ipeca pulvis.
100	"	Paracodeine.	1,200	"	Lead and opium.
5,050	"	Dicodid.			

TABLE No. III. OF STUPEFACIENT DRUGS EXPORTED TO ABROAD FROM EGYPT.

O P I U M.			MORPHINE AND ITS SALTS.			
Powder.	Fluid Extract.	Opium Powder and Creta.	Chlorhyd.	AMPOULES.		
				00·1	0·02	0·05
grms.	grms.	grms.				
300	500	250	25 grms.	1,350	506	132

Codeine Pure.		DIONINE.	HEROINE AND ITS SALTS.	
			Hydrochlor.	Ampoules 0·02.
grms.		grms.		
100		5	3 grms.	1,200

COCA.		COCAINE AND ITS SALTS.				NOVOCAINE.
EXTRACT.		Hydrochlor.	AMPOULES.			Salt.
Fluid.	Soft.		0·01.	0·02.	0·05.	
grms.	grms.					
2,000	250	223 grms.	840	2,844	2,802	20 grms.

DIFFERENT SUBSTANCES.

grms.

150	Laudanum Sydenham.	71	bottles of syncaïne eye drops.
450	Dover powder.	21	" " cocaine " "
28,5	Syncaïne.	200	Cocaine tabloids.
5	Papaverine.	6	boxes of pantopon tabloids.
500	Extract Dover powder.	6	" " " ampoules.

TABLE NO. IV.—NUMBER OF PHARMACIES IN EGYPT EXISTING AT THE END OF 1927.

PHARMACIES.	Cairo.			Alexandria.			Provinces.			Total.		
	Local Subjects.	Foreign Subjects.	Total	Local Subjects.	Foreign Subjects.	Total	Local Subjects.	Foreign Subjects.	Total	Local Subjects.	Foreign Subjects.	Total.
Number of pharmacies existing at the end of 1926 :—												
Qualified proprietors... ..	76	22	98	29	18	47	74	15	89	179	55	234
Unqualified „	57	28	85	25	25	50	62	19	81	144	72	216
	133	50	183	54	43	97	136	34	170	323	127	450
Number of pharmacies opened during 1927 :—												
Qualified proprietors... ..	10	1	11	4	1	5	12	1	13	26	3	29
Unqualified „	7	1	8	3	—	3	4	1	5	14	2	16
	17	2	19	7	1	8	16	2	18	40	5	45
Number of pharmacies closed during 1927 :—												
Qualified proprietors... ..	5	2	7	1	—	1	3	—	3	9	2	11
Unqualified „	7	1	8	3	2	5	5	1	6	15	4	19
	12	3	15	4	2	6	8	1	9	24	6	30
Number of pharmacies existing at the end of 1927 :—												
Qualified proprietors... ..	81	21	102	32	19	51	83	16	99	196	56	252
Unqualified „	57	28	85	25	23	48	61	19	80	143	70	213
	138	49	187	57	42	99	144	35	179	339	126	465
Warnings sent to proprietors and managers of pharmacies to draw their attention to take care of their pharmacies and to cleanse them and for other irregularities :—												
Qualified proprietors... ..	4	1	5	—	1	1	5	1	6	9	3	12
Unqualified „	1	2	3	1	1	2	4	—	4	6	3	9
	5	3	8	1	2	3	9	1	10	15	6	21

Number of inspections made during 1927 as follows :—

Number of pharmacies inspected once... 268 × 1 = 268

„ „ „ „ twice. 138 × 2 = 276

„ „ „ „ thrice. 16 × 3 = 48

TOTAL... 592

Number of inspections found satisfactory 532

Number of inspections found unsatisfactory... .. 60

TOTAL ... 592

THE STUPEFACIENT AND POISONOUS SUBSTANCES.

PERMITS.

The following table shows the number of permits for dealing in the stupefacient and poisonous substances in 1927, as compared with 1926:—

	Cairo.	Alexandria.	Provinces.	Total.
Number of permits at the end of 1926...	127	89	39	255
Cancelled in 1927...	28	18	6	52
Remaining ...	99	71	33	203
Authorised in 1927 ...	40	10	9	59
Number of permits at the end of 1927 ...	139	81	42	262

THE FOLLOWING IS THE CLASSIFICATION OF THE 262 PERMITS:—

	Stupefacients.			Poisonous Substances.						Total.		
	Number of Permits.	Local Subject.	Foreigner.	Table I.			Table II.			Number of Permits.	Local.	Foreigner.
				Number of Permits.	Local.	Foreigner.	Number of permits.	Local.	Foreigner.			
Cairo ...	28	11	17	78	40	38	33	18	15	139	69	70
Alexandria ...	19	8	11	42	18	24	20	9	11	81	35	46
Provinces ...	8	—	8	23	12	11	11	3	8	42	15	27
TOTAL...	55	19	36	143	70	73	64	30	34	262	119	143

PERMITS CANCELLED IN 1927 ARE AS FOLLOWS:—

	Stupefacients.			Poisonous Substances.						Total.		
	Number of Permits.	Local Subject.	Foreigner.	Table I.			Table II.			Number of Permits.	Local.	Foreigner.
				Number of Permits.	Local.	Foreigner.	Number of permits.	Local.	For.			
Cairo ...	10	3	7	10	3	7	8	—	8	28	6	22
Alexandria ...	6	—	6	8	2	6	4	—	4	18	2	16
Provinces ...	1	—	1	3	—	3	2	—	2	6	—	6
TOTAL...	17	3	14	21	5	16	14	—	14	52	8	44

LIST OF CONVICTIONS PRONOUNCED IN CASES OF NARCOTICS DEALT WITH DURING 1927.

Number of Cases.	Number of accused Persons	SENTENCES.				
		Fine.	Imprisonment.	Corporal Punishment.	Handing over to Relatives.	Reformatory.
8,931	10,354	391	9,854	77	9	23

LIST SHOWING THE NARCOTIC DRUGS SEIZED BY COASTGUARDS
AND CUSTOMS ADMINISTRATIONS DURING THE YEAR 1927.

HASHISH.		MANZUL.		OPIUM.		COCAINE.		MORPHINE.		HEROINE.	
Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.	Kilo.	Gr.
7,091	000	10	000	141	000	6	000	7	000	68	000

LIST SHOWING NUMBER OF THE PROCÈS-VERBAUX AND DELITS DRAWN
UP BY THE DEPARTMENT DURING 1927 AND HOW DISPOSED OF :

Number of Suits.		Number of sentences issued in these suits in 1927.		NON CONVICTION.				Number of cases pending trial.	
				Acquittal.		Filed.			
				Delits.	Contraventions.	Delits.	Contraventions.		
Delits.	Contravent.	Delits.	Contravent.	Delits.	Contraventions.	Delits.	Contraventions.	Delits.	Contravent.
16	203	5	59	—	12	1	10	10	122

Details of suits of contraventions :—

Number of Suits.

- 68 For illegal trade of poisonous drugs.
- 1 " establishing pharmacies without permit.
- 40 " illegal practise of pharmacy.
- 44 " contravening of the pharmacists of laws issued in 1904 and 1925.
- 22 " contravention of poison-dealers of the laws issued in 1904 and 1925.
- 5 " contravention of aid-pharmacists of the law issued in 1911.
- 23 " trading in adulterated medicines and drugs.

203 TOTAL.

Details of the delits :—

Number of Delits.

- 5 Against pharmacists contravening the law issued in 1925.
- 3 Against doctors contravening the law issued in 1925.
- 2 Against narcotic drugs dealers contravening the law issued in 1925.
- 6 Against persons for illegal trade of narcotics.

16 TOTAL

69 Of the last years-suits of contravention have been dealt with in 1927.

7 Of the last years delits have been dealt with in 1927.

Details of the sentences pronounced in the suits of contraventions drawn up against offenders by the department during the year 1927 :—

Number of sentences

- 35 Fine only.
- 9 " and closure.
- 6 " " confiscation.
- 4 " closure and confiscation.
- 1 Imprisonment, closure and confiscation.
- 4 " only.

59 TOTAL.

Details of the sentences pronounced in the delits drawn up by the Department against offenders during the year 1927 :—

Number of sentences

- 1 Fine only.
- 1 Imprisonment, confiscation and closure for a prescribed period.
- 1 Fine, closure for a prescribed period and suspension of practising the trade for a prescribed period also.
- 2 Imprisonment, suspension of practising the trade for a prescribed period and closure for a prescribed period also.

5 TOTAL.

TABLE SHOWING THE VARIOUS FORMS OF INVESTMENT
AND THE PERCENTAGE OF THE TOTAL INVESTMENT

Form of Investment	Percentage of Total Investment
Real Estate	45.00
Stocks and Bonds	35.00
Government Securities	15.00
Other Investments	5.00
Total	100.00

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Real Estate	45.00
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Other Investments	5.00
Total	100.00

Child Welfare Section.

1.—INTRODUCTION.

In the Throne Speech read at the opening of the first Parliamentary Session on March 15, 1924, reference had been made as to the intention of His Majesty's Government to "Bettering of public security and health, raising the social and intellectual level of women, the protection of Motherhood and Child Welfare."

Consequently, the public Health Department set to create the new "Child Welfare Section."

2.—OBJECT AND DUTIES OF THE SECTION.

In December 1927, the new Section was started under a special director, at the Central Administration of the Department of Public Health and formed part of its Medical Administration. Its object and duties, as defined by Service Order No. 125 dated December 20, 1927, are the following:—

(1) Attention by all legal means to the treatment of hereditary diseases and to the improvement of the off-spring from the points of view of health, growth, habit and disposition.

(2) Attention to motherhood and education of mothers as to the means of care and prevention of diseases as well as encouraging them to fully perform their duties as mothers.

(3) Attention to children welfare and health with a view to reducing their mortality.

The Section has also been charged with the duties of creating and running of children dispensaries, welfare centres, maternity schools, sea-side Sanatoria for children and special wards in Government Hospitals for treating children diseases.

3.—MORTALITY AMONG CHILDREN UNDER ONE YEAR OF AGE.

One of the most important objects of the Section is to take steps to reduce infant mortality in the country. Comparison between our infantile mortality figures and those of other countries shows a great difference not in our favour; besides the fact that mortality rate among children under one year of age in those countries has greatly diminished in the last few years and the decrease is still progressive, thanks to the efforts of their maternity homes and child welfare centres which are widely spread. Among other causes bringing about such a good state of affairs, the improvement of public health and economical conditions, can be cited.

The following table No. I shows infant mortality per thousand in 35 countries including Egypt:—

COUNTRIES.	1901-1905.	1910-1914.	1921-1925.	Difference between 1901 and 1925.
New Zealand	75	56	43	— 32
Norway	81	66	52	— 29
Australia... ..	97	72	58	— 39
Sweden	91	72	60	— 31
Netherlands	92	103	64	— 28
Switzerland	134	102	65	— 69
United States	123	106	72	— 51
Union South Africa	—	88	73	—
Ireland	98	86	75	— 23
England and Wales	138	109	76	— 62
Denmark... ..	119	99	82	— 37
Ontario	115	112	84	— 31
Scotland	120	109	92	— 28
France	139	119	95	— 44
Finland	131	111	96	— 35
Belgium	148	131	100	— 48
Dutch Guiana	134	137	105	— 29
Uruguay	98	105	106	+ 8

COUNTRIES.	1901-1905.	1910-1914.	1921-1925.	Difference between 1901 and 1925
Hawaii	—	186	119	—
Germany... ..	199	163	122	— 77
Italy	167	139	127	— 40
Austria	216	191	142	— 74
Spain	172	151	143	— 29
Porto Rico	—	154	147	—
Egypt (year 1925)	123	—	155	+ 32
Philippine Islands	197	171	156	— 41
Bulgaria	148	149	156	+ 8
Japan	152	157	159	+ 7
Jamaica	176	183	176	—
British India	—	208	184	—
Hungary	212	197	187	— 25
Ceylon	169	203	189	+ 20
Straits Settlements	254	284	204	— 50
Roumania	208	194	205	— 3
Chile	—	285	265	—

This table shows that in 1925 death rate of infants up to one year per thousand children born alive was 43 in New Zealand ; between 50 and 60 in Norway and Australia ; 60 to 70 in Sweden, the Notherlands and Switzerland ; nearly the same rate in England, while in Egypt, the rate was as much as 155 per thousand, which is very high.

The greatest decreases in the twenty five years as shown in Table No. I (column 4) occurred in Germany and Austria where it was 77 and 74 per 1,000 respectively. Switzerland comes next with a reduction of 69. The greatest rate in decrease is shown by Switzerland where it was 51.5 per cent. In England and Wales, New-Zealand, the United States and Australia, the decrease faltered between 50 and 40 per cent.

The following Table No. II shows the number of infant mortality under one year of age in the country during the last 10 years (from 1918 to 1927) as well as the number of population, and births and rate of Infant mortality per thousand births ; this rate, as may be perceived, shows tendency to a rise :—

TABLE II.

YEARS.	Total Population.	Births.	Deaths below one year.	Infant Death Rate per 1000.
1918	12,907,870	502,905	—	—
1919	12,877,700	493,507	63,264	128
1920	13,042,400	558,609	75,259	136
1921	13,228,700	558,898	64,604	133
1922	13,474,300	582,662	81,400	139
1923	13,701,600	588,855	84,339	143
1924	13,964,900	604,568	90,498	150
1925	14,311,900	607,564	94,247	155
1926	14,432,200	623,825	91,304	146
1927	14,168,756	627,583	95,143	221 *

It appears from the above table that in 1919, death rate in the first year of life for Egypt as a whole was 128 per thousand infants born alive, which proportion increased in 1923 up to 143 o/oo. During 1927, this rate reached 221 in Governorates, towns and villages where P.H. medical officers are available (according to information furnished by the Statistical Department). This is a regrettably very high rate which is in need of strenuous efforts and a long time before it can be reduced.

* In Governorates, towns and villages where P.H. medical officers examine deaths.

4.—CHILDREN DISPENSARIES BELONGING TO THE GOVERNMENT.

In 1906, the Mudiriya of Minya opened a free children's dispensary. At that time no such dispensary existed in Egypt whether belonging to the benevolent institutions, (native or foreign) or to the Government.

In 1912, the P.H.D. approached the Provincial Councils with the proposal of creating dispensaries to treat diseases of children under 10 years of age. The result was that at the end of 1927, 15 dispensaries were existing of which 12 belonged to Provincial Councils, one to Port-Said Municipality, one to Mansûra Municipality and one at Assyût which belonged to P.H.D.

The distribution of these dispensaries, however, does not follow the thickness of population nor the extension of the localities. For instance, in the small Beni Suef province which counts 506,830 inhabitants, there exist 3 dispensaries, whereas in Assyût, which counts 1,077,109 inhabitants one dispensary only exists. In Giza Mudiriya, there was a dispensary which the Provincial Council closed in 1925, although the infantile mortality rate in that Mudiriya is appallingly high.

The two following tables show the work done at the dispensaries during 1927.

TABLE III.—NUMBER OF CHILDREN TREATED IN DISPENSARIES AND NUMBER OF THEIR CALLS.

DISPENSARIES.	New Patients.	Old Cases.	Attendances.	Working Days.
Minya (Sept. 1906)	9,702	20,109	29,811	292
Tanta (June 1902)	6,399	5,136	11,535	164
Fayoum (June 1912)	7,841	23,189	31,030	301
Shebin el Kom (Nov. 1912)	12,377	36,391	48,768	304
Mansura (Jan. 1913)	23,400	30,887	54,287	268
Zagazig (Feb. 1913)	13,187	78,146	91,332	295
Beni-Suef (June 1913)	6,079	12,635	18,714	196
Port-Saïd (June 1914)	10,330	42,827	53,157	296
Beba (Oct. 1915)	6,897	36,827	43,714	267
Wasta (Oct. 1915)	4,922	36,172	41,094	297
Damanhour (April 1917)	8,380	17,034	25,414	299
Toukh (Feb. 1924)	5,399	16,511	21,910	248
Assiout (Oct. 1925)	8,815	3,496	12,311	262
Kena (Dec. 1926)	5,441	5,784	11,225	253
Luxor (Jan. 1927)	7,014	4,790	11,804	202
	136,182	369,934	506,106	3,944

TABLE IV.—INFANT DISEASES TREATED IN 1927 AT THE CHILDREN DISPENSARIES SHOWN IN TABLE III.

NATURE OF DISEASE.	Damanhūr.	Tanta.	Mansourah.	Zagazig.	Shehīn el Kom.	Tākh.	Port Said.	Fayūm.	Beni Suef.	Baba.	Wasta.	Minya.	Asyūt.	Qena.	Luxor.
Eyes	2	—	—	784	94	1,288	—	14	3	964	1,103	1,054	21	408	6,154
Skin	639	406	2,810	1,470	1,473	501	953	952	837	890	730	932	2,005	706	1,081
Ears	187	128	1,670	526	438	255	356	207	404	213	220	282	353	281	191
Chest	1,712	1,670	3,559	2,614	2,011	348	2,152	972	1,002	781	298	2,013	1,045	540	294
Abdomen	3,426	2,187	7,544	7,551	7,284	1,440	5,325	4,439	1,492	2,767	2,294	4,710	3,701	2,666	1,201
Surgical	467	97	1,406	121	183	370	940	175	2	86	77	231	582	349	251
General	730	1,264	5,940	32	199	350	248	229	2,579	821	305	215	838	357	100
Syphilis	9	13	24	—	14	67	71	30	—	32	—	—	—	88	20
Worms	1,148	597	—	—	946	655	156	155	27	428	—	79	146	10	—
Infectious	70	57	187	37	79	104	30	40	33	13	6	115	56	105	18
Total number of new cases	8,380	6,399	25,400	13,186	12,377	5,399	10,330	7,841	6,079	6,897	4,922	9,702	8,815	5,441	7,014
Number of old cases	17,034	5,136	30,887	78,146	36,391	16,511	42,827	23,189	12,635	38,827	36,172	20,109	3,496	5,784	4,790
Total	25,414	11,535	54,287	91,332	48,768	21,910	63,157	31,030	18,714	43,734	41,094	29,811	11,311	11,225	11,804
Number of working days	299	164	268	295	304	248	296	301	196	267	297	292	262	253	202

During the last six years, from 1922 to 1927, 622,039 new and 2,081,438 old cases, i.e. a total of 2,703,477, attended these dispensaries. Out of this total, 136,182 new and 369,934 old cases were treated in 1927, that is to say a total of 506,116 cases.

From these figures, it appears that the attendance at these dispensaries although great, is still increasing. Provincial Councils and Municipalities have spent in 1927 on the 14 dispensaries depending on them L.E. 10,285. As 127,367 new cases have been treated in these dispensaries, the amount spent on each child would be 80 milliemes. The total number of cases (new and old) treated in 1927 was 494,805, thus making an average sum of 20 milliemes per child. This is an insignificant expense in comparison with the benefit achieved by sick children frequenting these dispensaries.

5.—DISPENSARIES RUN BY BENEVOLENT EGYPTIAN OR FOREIGN SOCIETIES.

The number of dispensaries run by benevolent societies (Egyptian or Foreign) known to the P.H.D. was 12 in 1927. The reports of 1927 sent by some of these societies, show the work done by them as follows:—

TABLE V.—SHOWING NUMBER OF CHILDREN TREATED IN DISPENSARIES RUN BY BENEVOLENT SOCIETIES AS PER REPORT SENT TO THE P.H.D. (1927 FIGURES).

DISPENSARY.	New and Old cases.
Lady Cromer Dispensary at Madbuli... ..	53,661
" " " " at Manshiya	48,952
Society for the Protection of the Child	35,450
Madam Sha'rawi's Dispensary	338
Gam'iyet el'Amal at Cairo and Alexandria ...	1,700
Children Dispensary belonging to American... University	8,054 *
Mohamed Ali's Benevolent Fund... ..	38,721
TOTAL	186,876

According to all the aforesaid data, the total number of sick children treated in Government Dispensaries as well as, in those belonging to the benevolent societies known to the P.H.D. reached 692,992 in 1927. This is a large number that should not be overlooked. It shows clearly that the country is in a great need for such dispensaries, more so on account of the unhealthy condition of the rural habitation in Egypt and the poverty of the population, such reasons being the principal factors in causing children diseases.

6.—DEATH RATES OF CHILDREN BETWEEN 1-9 YEARS DURING LAST FOUR YEARS.

It would be useful to insert in this Report the following Table (No.VI.) to show the appalling death rate of children, between 1 to 9 years of age, during the last 4 years, in Governorates, Bandars and Towns to which P.H. medical officers are appointed. The table shows to what extent does the death angel scathe the life of the children on whom the nation's prosperity, wealth, and strength depend.

TABLE VI.—CHILDREN (BETWEEN 1 TO 9 YEARS) DEATH RATE PER HUNDRED GENERAL DEATHS DURING THE LAST FOUR YEARS.

GOVERNORATES AND MUDIRIYAS BANDARS	1924	1925	1926	1927
Cairo	27.9	36	33.5	28.8
Alexandria	25	38.6	33.1	28.7
Isma'iliya	24.2	25.8	36.7	26.4
Port Said	32.1	30.9	43	25.9
Damietta	27	31.1	44.2	24.1
Suez... ..	24	34.1	22.1	27.5
Benha	27.9	38.4	24.8	38.5
Damanhour	24.4	38.4	31.9	30.6
Zagazig	24	32.3	32.7	30.3
Shebin el Kôm	18	20.3	25.3	24.5
Tanta	27.1	36.7	28.6	29.9
Mansura	26.3	26.9	36.1	30.3
Asswan	30.2	21.9	25.7	21
Asyût	29.6	31.9	32.1	26.8
Beni Suef	28.6	29.7	35.6	27.6
Giza	27.6	37.2	34.7	31.1
Sohag	27.1	35.8	37	29.3
Fayum	25.8	35.1	38.1	26.5
Qena	22.5	35.4	35.3	22.7
Minya	30.5	36.8	36.2	25.7

7.—MATERNITY SCHOOLS.

After the year 1912, Provincial Councils began to open Maternity Schools in Mudiriya Chief Towns. Their number is now 10 and their work during 1927 is summarized in the following Table (No. 7):—

TABLE VII.—SHOWING WORK DONE BY MATERNITY SCHOOLS DURING 1927.

CASES	Damanhūr.	Tanta.	Mansūra.	Zagazig.	Shebin el Kôm.	Fayūm.	Bent Saeḍ.	Minya.	Sohāg.	Cairo (Kitchener).	Total.
Abortions	3	10	—	4	42	1	1	22	—	23	106
Deliveries	629	934	397	560	570	266	377	280	248	475	4,736
B.B.A.	79	1	10	24	184	17	—	36	—	58	409
Primipara	183	174	102	102	99	49	59	47	213	139	977
Abnormalities ...	3	—	4	10	16	6	—	2	6	1	48
Premature births	10	18	6	7	18	14	8	5	2	9	97
Still births (1)	27	25	6	14	31	10	9	8	10	20	160
Deaths { Mother...	1	—	1	—	4	2	—	1	—	—	9
{ Child ...	—	—	—	—	6	5	9	—	—	—	20
In-patients	9	—	9	4	24	—	—	—	—	25	71
Total number of cases	944	1,162	535	725	994	380	463	401	289	750	1,633
Number of visits of matrons and <i>dayas</i>	7,043	6,635	2,373	4,791	6,170	2,316	1,090	2,579	839	3,389	37,225
Number of working days	347	204	348	283	330	285	243	298	273	325	2,956
Number of women trained	10	44	20	32	18	8	14	19	22	19	206
Number of <i>dayas</i> having succeeded in examination.	10	44	20	32	18	8	9	19	19	18 (2)	197
Number of those given permits...	10	20	20	32	18	8	9	10	19	18	164

8.—DAYAS.

The proper instruction of *dayas* is vital to the country at the present moment; *Dayas* being responsible for the life of mothers and their children during confinement.

According to the last Census, there existed in Egypt about 4½ millions women in the age of fertility. Specialists in Obstetrics in Egypt are very few. At the end of 1927 there was a number of 231 qualified midwives who were trained and qualified at the Qasr el 'Aini Maternity School. At the end of the same year, there existed 8,522 *dayas* with white permits, i.e. having been instructed at Government Hospitals for a period from 3 to 6 weeks, and 1,994 *dayas* with green permits—a more better trained class than the former because they attend a 6 months course of instruction at Maternity Schools. Out of these numbers 156 and 164 *dayas* have been instructed and qualified this year at Government Hospitals and Maternity Schools (of Cairo and the Provinces) respectively.

A circular has lately been issued by the P.H.D. abolishing *dayas*' training in Government Hospitals and it is now the duty of Mudiriya and Governorates in which no Maternity Schools exist to consider seriously the question of opening such institutions in their Chief-towns to supply the Mudiriya or Governorate with the *dayas* required.

(1) According to the above statistics, the still-births rate is 24·7 per thousand births. The figures sent in by the Statistical Department, show that the number of still-births in one year ending the middle of 1927 has reached 3,512, in all towns and villages where P.H. doctors are appointed. Consequently, the still births-rate per thousand infants born alive in these towns and villages is 20·7.

(2) *Dayas* of the last batches at Tanta and Minya Maternity Schools who passed their examination in success were given their permits in January 1928, and thus were excluded from this year's report.

Qaliubiya, Giza, Assiut, Qena, Aswan Mudiriya, Alexandria and Canal Governorates have not as yet Maternity Schools and are depending on a class of *dayas* insufficiently trained at the general hospitals.

9.—PUERPERAL FEVER.—PUERPERAL MORTALITY.

Cases and deaths of puerperal fever (which is a notifiable contagious disease) in Govern-
rates, bandars and towns, where P.H. doctors are posted, during the year ending the middle
of 1927, were as follows :—

Number of births : 169,164.

Puerperal fever cases : 257, that is to say, a rate of 1·6 per thousand births.

Deaths due to puerperal fever : 390, that is to say, a rate of 2·3 per thousand births.

63 puerperal fever cases occurred in Cairo in 1927 of which 49 died, i.e. a rate of 77·937
per cent, which figure is very high. Considering that puerperal fever is a microbical disease,
it could possibly be prevented or at least greatly and easily diminished if methods of clean-
liness and asepsis are adopted before, during and some days after confinement.

10.—MATERNITY SECTIONS IN GENERAL HOSPITALS.

There are no special maternity hospitals in Egypt, there only exists a Maternity
Section of 26 beds at the Qasr el 'Aini Hospital. In other Government Hospitals when a
labour case is sent for confinement, a bed is assigned for it.

Table No. VIII below shows the maternity cases sent in 1927 to Government Hospitals
and the result of their treatment. It is expected that the number of these cases will increase
in future owing to the fact that the Child Welfare Centres recently opened have to transfer
all cases of difficult labour to Government Hospitals. The Department notes with pleasure
the efforts of the Child Welfare Society and the Ministry of Wakfs towards establishing
Hospitals for this purpose and for Children.

TABLE No. VIII.—MATERNITY CASES SENT TO THE GOVERNMENT GENERAL HOSPITALS, 1927.

HOSPITALS.	In-patients.	New cases.	Cured.	Relieved.	Unrelieved	Deceased.	Remaining.
Qasr el 'Aini (<i>see separate report</i>)							
Alexandria	2	146	115	8	9	10	6
Port Said	1	43	32	7	1	3	1
Suez	—	12	10	—	—	2	—
Damietta	—	2	2	—	—	—	—
Damanhūr	—	13	8	1	1	2	1
Barrim (Kôm-Hamada)	—	—	—	—	—	—	—
Tanta	3	48	40	2	3	6	—
Mansûra	—	14	6	2	—	6	—
Mit Ghamr	—	5	4	—	—	—	1
Zagazig	1	32	28	—	—	3	2
Shebîn el Kôm	—	13	9	1	—	3	—
Benha	—	5	3	1	—	1	—
Qaliûb	—	7	5	1	—	1	—
Faiyum	—	14	8	—	—	5	1
Maghâgha	—	3	3	—	—	—	—
Beni Suef	1	11	8	1	—	2	1
Minya	—	14	13	—	—	1	—
Mallawi	—	—	—	—	—	—	—
Asyût	2	28	24	4	—	—	2
Tahta	—	6	4	—	—	2	—
Sohâg	—	6	3	1	—	2	—
Qena	1	3	3	—	—	1	—
Luxor	—	2	1	—	—	1	—
Isna	—	—	—	—	—	—	—
Aswan	—	—	—	—	—	—	—

11.—FOUNDLINGS HOMES.

The P.H.D. runs two Foundlings Homes, one at Qasr el 'Aini Hospital (Cairo) and the
second at Alexandria Government Hospital. In 1927, 100 wet-nurses were employed by
the Qasr el 'Aini Hospital at the expense of 1,100 pounds a year and 50 by the Alexandria
Hospital who were paid 550 pounds yearly. The work in the two homes during 1927 is
shown in the following Table No. IX :—

TABLE No. IX

NAMES.	Admitted in 1927.	Remaining from other years.	Total.	Deaths.	Death-rate.
					%
Qasr el 'Aini	166	109	275	101	38
Alexandria	45	28	73	36	49.31

Deaths were due to the following reasons:—

TABLE No. X.

NAMES.	Congenital weakness.	Weakness with boils.	Gastro enteritis.	Dysentery.	Bronco pneumonia.	Exposure to variations of weather.
	(1)	(2)			(3)	
Qasr el 'Aini	15	2	8	5	6	—
Alexandria	7	9	51	—	33	1

Death-rate of children at Alexandria Home is very high and the Medical Officer in charge attributes it to the following causes :—

- (1) Weakness of a big proportion of the children, their weight being below average ;
- (2) Ignorance of wet-nurses as to the principles of feeding and care of babies ;
- (3) The spread of diseases in the locality in which the child lives ;
- (4) Negligence and insufficient care by the wet-nurse to children.

The M.O., however, hopes that conditions will improve next year, as wet-nurses could be closely watched and instructed by the Hospital Child Welfare Section. The Midwives will call at the houses of such wet-nurses and give them the necessary instructions, so the wet-nurses will feel the supervision.

It may be of use to give here the deaths of children with reference to their weights and ages.

The Medical Officer in charge of the Alexandria Home has drawn the following Table No. XI which he included in his report :—

TABLE No. XI.—DEATHS AT ALEXANDRIA FOUNDLINGS HOME DISTRIBUTED ACCORDING TO THEIR AGES AND WEIGTHS AT DEATH.

	Not weighed death occurred on the first day.	Weigh less than 5 pounds.	Weigh less than 7 pounds.	Weigh more than 7 pounds.
Total number of foundlings (4) ...	4	11	15	13
Death cases	4	10	5	4
Death-rate per cent... ..	100 %	91 %	33 %	30 %

As to the observations of the M.O. of Kasr el Aini Foundlings Home regarding the high death-rate and the improvements he suggests to be introduced in order to reduce this rate, please *see* the report of Kasr el Aini Hospital page.

(¹) This appears in Kasr el Aini's report under "Premature labour and Debility."

(f) " " " " " " " " "Weakness and Debility."

(2)	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	4
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(4) The number of foundlings in the above table is 43; there are 2 female foundlings who have not been included, one handed to her mother and the second to her adopter. Their total number would then be 45, corresponding to the figure contained in Table 1X.

TABLE NO. XII.—SHOWING THE NUMBER OF FOUNDLINGS HANDED OVER TO THEIR PARENTS, THOSE ADOPTED AND THE REMAINING IN THE HOME AT END OF 1297.

	Remaining at end of December 1927.	At School.	Handed over to Parents.	Adopted.	In the Home.	With wet-nurses.	Deceased.	Total.
Kasr el Aini	128	1	2	44	17	110	101	403
Alexandria	30	—	1	1	—	5	5	73

In 1927, five children above 2 years of age were handed over to the Abbasy Home by the Alexandria Foundlings Home. They are now in good health.

Six children of more than 1 year and a half (on December 1, 1927) were injected with Toxin Antitoxin against Diphtheria.

12.—CHILD WELFARE CENTRES.

While examining the 1926-1927 Budget, Parliament sanctioned a credit of 24,000 pounds among the P.H.D.'s Budget for the creation and furnishing in Cairo of 3 child welfare centres to serve as models for similar centres to be opened in future.

After the Budget has been approved and the Royal Decree issued, the P.H.D. began to execute the Parliament's decision and opened the following child welfare centres : at Old Cairo, on January 23, 1927, another at Boulac on February 12, 1927, and a third one at Darb el Ahmar on April 21 of the same year. It also began to search for vacant State land in the said districts on which permanent premises for these Centres can be erected.

Necessary credits were sanctioned in 1927-1928 Budget for the creation of 2 Child Welfare Centres in Tanta and Beni-Suef in contribution with the two Provincial Councils (they were opened respectively in September 18 and 19, 1927), also for the opening of 3 units for the care of the child at Alexandria, Asyût and Benha Hospitals (of which only Alexandria and Asyût Units were opened in November 9, 1927) and for 4 Travelling Clinics at Suez Governorate, Qalyûbiya (Benha), Giza and Faiyûm Mûdiriya (Giza clinic only was opened in November 15, 1927) and also for the extension of the Child Welfare Section at Kasr el 'Aini Hospital.

In the last 10 days of December 1927, a special Child Welfare Section was created at the P.H.D. and was entrusted to a special director. It was before that time a sub-section under the Director of Hospitals. Steps were taken to organise it and supervise its work in such a way that ensures good results.

Child Welfare Centres under the direction of the Section give their utmost attention to motherhood with the object of preventing those diseases which affect the child's health during pregnancy ; mothers are examined, their blood and urine tested, and their stature noted to know if it is possible for them to be delivered without assistance. Complications and troubles of pregnancy are treated : *e.g.* Toxaemia of pregnancy or disorder of kidney functions are immediately treated to save the mother from imminent danger.

Health propaganda in relation to child-welfare is carried out at the Centres. Mothers are instructed in such a way as to ensure their benefit as mothers and the benefit of their children as well. They are instructed in health matters such as dress, food and habitation ; and they are advised to consult the doctor at the Centre immediately they think they are pregnant, as many cases of abortion happen in the first few weeks of pregnancy, thus leading to the loss of many children and a great deal of mothers' energy. These abortions are sometimes due to a weak health of the mothers and can be dealt with by adequate treatment. In many cases, they are caused by some habits which could be detected and dealt with.

The responsibility of the Centres increases in last months of pregnancy, for this period of pregnancy needs attention and perfect and repeated supervision. To work very carefully and smartly is also an important point to guarantee her return to the natural physique and to her useful work for herself, her family and country.

Babies are also attended to during and after confinement to guarantee to the Egyptian Nation strong off-spring free from hereditary diseases and from disfigurements or disablements which are due to many diseases that attack the child and which can be easily prevented.

Table No. XIII shows the work done at the Child Welfare Centres during 1927 in detail as per the monthly returns received by the Section.

It will be observed from the table that Child Welfare Centres, opened in 1927, took 4,276 samples of blood for testing by Wassermann's method at the P.H.D. Laboratories; 236 of which were positive, *i.e.* 5.51 per cent; 6,868 samples of urine were also examined of which 321 were found to contain albumen during pregnancy, *i.e.* 4.61 per cent.

New pregnant cases were 5,521; old pregnant cases who frequented the Centres were 14,369, *i.e.* a total of 19,890.

The number of confinements attended by the Centres was 1,730 of which 55 cases of difficult labour were transferred to hospital.

717 arsenical injections, 71 mercurial, 42 circumcisions, 419 vaccinations, 2,249 lectures on food and feeding, 2,095 lectures on clothing, 2,126 on diseases and 2,141 lectures on the health of mother and child were given during the year. 14,705 visits to the homes of mothers and babies have been made by the midwives and 20,643 made by health visitors. Doctors at the Centres made 286 visits to examine mothers, babies or to attend labour cases.

13.—PROPAGANDA.

Child Welfare Centres pay special attention to give private advices to every expectant mother, and to mothers of the newborn in every matter that concerns their mode of living, their child and its feeding and cleanliness. Lectures are also given to them on health subjects.

The Department is now in possession of a cinema-film brought from Brussels called "The Future Mother." It shows how a girl of thirteen, trained how to nurse babies, fought against the ignorance of old women and succeeded in stumping out their traditions. The film is divided into 7 parts. The first part deals with the care of the baby and mother during delivery.

The second part deals with bathing, weighing and dressing of the baby, etc.

The third part: Feeding of babies on their mothers' milk. The motto of Pinard: "Mother's heart and milk cannot be replaced."

The fourth part: Continuation of Part 3.

The fifth part: On mixed and artificial feedings. Constituents of the milk of the she-ass, goat and cow.

The sixth part: Sterilisation of the milk. The suckling bottle. How to prepare it.

The seventh part: On the danger of teats. Here the little girl "Margo" the heroine, explained to the old woman in a very instructive and impressive way the story of a mother who took out of her handkerchief a teat which she put in her baby's mouth. The teat dropped on a spit of a consumptive. The mother picked it up and simply wiped off the dirt with her handkerchief and directly put it in her child's mouth and produced tuberculosis in the child who died of the disease.

14.—LAWS.

The Department is considering at present the question of preparing laws for the protection of the child, motherhood, nursing and other matters of the same nature and effect.

CASES TREATED DURING 1925 AT CHILD WELFARE CENTRES, TRAVELLING CLINICS AND CHILDREN'S WARDS IN GENERAL HOSPITALS.

DOCTOR.										MIDWIVES.														HEALTH VISITORS.												
Gonorrhoea.	Number of blood samples taken.	Result of urine examination.				Pregnant women.				Number of healthy children.		Number of the children treated.		Number of injections.		Difficult cases of labour.		Cases examined by the doctor.	Still-births.	Deaths.		Lectures.				Grants-in-aid.			Visits.		Circumcisions.	Vaccinations.	Doctor's visits.			
		Number of samples examined.	Negative.	Albumen during pregnancy.	Albumen after delivery.	Old cases.	New cases.	Treated at the centres.	Sent to Hospitals.	606 or 914.	Mercurial.	At night.	By day.	At night.	By day.	Mother.	Child.			Feeding.	Clothing.	Diseases.	General health of mother and child.	Food.	Ready-made clothes.	Cloth.	To mother.	To child.								
7	321	42	779	—	1568	72	8	2098	811	2073	4451	37	107	16	134	234	—	—	9	1	2	1538	1506	1507	1442	24154	82	200	1982	1602	3408	2150	—	20	—	
—	1994	108	1500	—	3896	198	21	6315	2498	5401	3084	43	493	55	293	293	28	1	17	19	1	160	143	127	160	3019	204	185	3639	3392	2087	2077	42	230	202	
—	1249	9	1231	—	—	—	—	5157	1240	1676	3587	—	77	—	205	175	7	2	14	16	—	3	245	215	254	245	456	—	904	942	864	2208	2760	—	158	40
—	—	5	229	—	490	35	—	266	805	178	4	—	5	—	50	64	—	1	2	7	2	52	50	52	52	216	4	89	213	239	1380	841	—	7	39	
—	73	5	39	—	252	4	3	378	347	189	—	—	—	—	99	116	7	1	4	8	—	—	197	91	148	192	—	3	79	497	357	1087	953	—	4	5
—	47	31	18	—	94	10	—	35	99	—	—	—	—	—	—	6	1	1	—	1	1	20	20	20	20	—	—	—	42	42	—	—	—	—	—	
—	113	9	101	—	102	—	—	19	113	2	—	—	17	—	5	22	—	1	1	1	2	31	37	27	26	—	36	—	180	177	238	—	—	—	—	
—	—	20	88	—	108	1	—	72	108	12	—	—	18	—	10	24	1	1	—	2	7	6	—	—	—	—	48	—	394	123	60	—	—	—	—	
6	1276	235	3950	—	6510	321	32	13269	5521	9531	1126	80	717	71	698	982	38	7	78	56	5	39	2248	2095	2126	2142	62064	377	6434	7917	6788	11908	8735	42	410	266

Central Stores.

Owing to the continual erection of new establishments as General, Ophthalmic, and Ankylostoma hospitals, Child Welfare Centres, etc., the work of the Central Stores has greatly extended. This is shown by the following figures :—

	In 1926.	In 1927.	Increase.
Receipt Vouchers	15,289	14,678	—
Issue Vouchers	49,548	57,531	7,983
Correspondence Inward	59,917	111,485	51,568
Correspondence Outward	71,917	76,560	4,643
Postal Parcels received	3,339	3,478	139
Postal Parcels sent	19,609	16,197	—
Workshops Labour	42,862	73,524	30,662

No.

NEW UNITS.

- 2 Laboratories at 'Abbasiya Fever Hospital and Alexandria Hospital.
- 1 General Hospital (El Amir Farouk) at Mit Ghamr.
- 4 Ophthalmic Hospitals, one at Maghagha, 2 travelling hospitals No. 6, and No. 7 and one belonging to Gharbiya Provincial Council.
- 9 Ankylostoma Travelling Hospitals, Nos. 7, 8, 9, 10, 11, 12, 14, 15 and one belonging to Daqahliya Provincial Council.
- 4 Out-patients clinics for venereal diseases at Tanta, Asyût, Qena and Mansûra.
- 3 Ankylostoma clinics attached to Mansûra, Tanta, and Shebîn el Kôm Schools.
- 9 Ophthalmic clinics attached to Nasriya, Nahhasseen, Abdin, Shubra, Bab el Shaaria, Kerabia, Port Said, Suez and Damietta Schools.
- 1 Travelling Child Welfare hospital at Giza.
- 5 Child Welfare Centres at Old Cairo, Bulâq, Darb el Ahmar, Tanta and Beni Suef.
- 2 Child Welfare sections at Alexandria and Asyût Hospitals.
- 1 Ophthalmic branch at Mit Ghamr Hospital.
- 1 Ankylostoma branch at Mit Ghamr Hospital.
- 19 Health Offices at Bandars of Shebîn el Kôm, Mehalla el Kobra, Benha, Giza, Sohâg and Qena and District Sections of Shûbra II, Dekernes II, Dessouk II, Shebîn el Kanatir II, Fayûm II, Itsa II, Maghagha II, Manfalout II, Luxor II, Port Fouad, Toukh II, Deshna II, Fakous III.
- 12 Pharmacies enlarged and transferred to Dessouk II, Fakous III, Kafr Sakr II, Dekernes II, Toukh II, Shebîn el Kanatir II, Fayûm II, Itsa II, Maghagha II, Deshna II, Luxor II, Kafr el Sheikh II.

73 TOTAL.

CONTRACTS AND ORDERS MADE IN 1927 AS COMPARED TO 1926.

	1926.	1927.	Increase.
Local Orders	1,468	1,624	156
Foreign Orders	283	273	—
Contracts	279	330	51

STORES BUILDINGS.

Owing to the incessant increase in the activities of the Central Stores, the present buildings became inadequate to accommodate all the articles. The Ministry of Finance was therefore approached on the subject and a credit of L.E. 35,000 was approved in the Budget of 1927 for the erection of up-to-date buildings for the Stores and the Workshops. These buildings will be erected on the Government land at 'Abbasiya. The Department of Public Buildings is now endeavouring to prepare the plans for the erection of these buildings as soon as possible in order that the present Central Stores and the additional stores at Faggala and Bulâq may be transferred to them.

In the mean-time, the Department has hired a temporary store at Sharia el Falaki for storing the extra drugs.

Sanitary Inspection Section.

The Divisional Inspectors continued, under the control of this Section, to supervise and inspect periodically the carrying out of technical and administrative work in the localities falling within their competence, to ensure the better carrying out of these duties, in pursuance of the regulations laid down for that purpose.

The advice given by these Inspectors to the officials and employé of the various branches of the Department had the best effect on the running of the work, and the improvement of the sanitary condition of the country as a whole.

The results of the investigations carried on by them in connection with cases of negligence attributed to officials and employés as well as the complaints received by the Administration against its units, had a good effect on the better carrying out of the work.

The following tables illustrate the extension of the activities of the Sanitary Inspection Section in connection with the general inspection of units, the carrying on of enquiries and inspections and the verification of medico-legal reports and forms :—

TABLE NO. I.—SHOWING STATISTICS IN CONNECTION WITH MEDICO-LEGAL CASES
DEALT WITH DURING 1927.

LOCALITIES.	SLIGHT CASES.		SERIOUS CASES.		FATAL CASES.		TOTAL.	
	Accident.	Criminal.	Accident.	Criminal.	Accident.	Criminal.	Accident.	Criminal.
<i>Governorates :—</i>								
Cairo	493	16,313	77	262	142	21	712	16,596
Alexandria	3,402	2,415	127	110	103	70	3,632	2,595
Canal	150	1,259	25	45	37	14	212	1,318
Suez	14	370	4	22	15	7	33	399
Damietta	66	587	13	7	29	8	108	602
<i>Lower Egypt :—</i>								
Daqahliya	642	3,531	289	157	295	85	1,226	3,773
Sharqiya	323	2,541	288	472	299	113	910	3,126
Qalyûbiya	366	1,265	128	133	184	76	678	1,474
Gharbiya	852	4,139	578	713	545	275	1,975	5,127
Minûfiya	555	3,098	330	250	293	112	1,178	3,460
Beheira	535	3,535	194	304	291	121	102	3,960
<i>Upper Egypt :—</i>								
Giza	323	2,109	118	202	250	47	691	2,358
Beni Suef	252	2,428	161	265	180	71	593	2,764
Faiyûm	178	1,945	83	200	130	111	391	2,256
Minya	597	2,235	293	294	221	147	1,111	2,676
Asyût	579	4,828	447	636	478	246	1,504	5,710
Girga	260	2,835	137	320	294	107	691	3,262
Qena	219	1,933	130	288	268	75	617	2,296
Aswân	79	359	55	44	121	14	255	417
TOTAL	9,885	57,725	3,477	4,724	4,175	1,720	17,537	64,169

TABLE No. II.—STATISTICAL LIST ON THE WORK OF DIVISIONAL INSPECTORS DURING 1927 AS COMPARED WITH 1926.

MONTH.	DIVISIONAL INSPECTOR, TANTA.				DIVISIONAL INSPECTOR, ZAGAZIG.				DIVISIONAL INSPECTOR, MINYA.				DIVISIONAL INSPECTOR, QESA.			
	Inspections.		Examinations.		Inspections.		Examinations.		Inspections.		Examinations.		Inspections.		Examinations.	
	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927	1926	1927
January	16	16	1	3	2	21	2	6	4	8	2	2	24	11	1	2
February	18	7	—	1	3	16	2	2	3	5	5	1	13	7	4	—
March	10	20	2	1	6	20	1	3	1	4	2	—	16	10	—	3
April	16	18	1	1	—	24	2	1	—	5	6	1	9	12	2	1
May	15	19	2	4	5	12	6	2	5	4	7	—	17	13	3	2
June	9	14	3	2	1	16	—	1	—	2	1	1	19	9	1	1
July	1	4	2	2	2	13	—	4	6	1	2	—	7	13	1	4
August	—	2	—	3	—	15	1	5	10	5	2	8	—	3	—	—
September	12	1	1	1	4	29	—	1	9	2	1	9	—	—	—	—
October	13	1	2	2	6	13	2	1	10	5	2	19	4	19	3	—
November	9	1	3	1	4	6	1	—	6	4	—	13	6	11	3	—
December	9	—	1	2	2	18	3	6	7	7	1	20	10	1	3	1
TOTAL	128	103	18	23	36	178	20	32	61	52	31	74	125	109	21	31

The number of complaints received by the Department this year amounted to 259 as against 146 in 1926. They were examined, investigated and action taken as regards them. Statistics are hereunder shown :—

Number of complaints.	1927	1926
Total Number	259	146
Found True	95	57
Groundless	164	89

It would be observed that the percentage of complaints found true to the total received this year was 36.6 as against 39 in 1926.

The vigilance of Divisional Inspectors and other responsible officials, in exercising effective supervision on the work of the units, contributes to this fair progress.

BUDGET.

Actual expenditure amounted to:—

1927-1928	1926-1927
L.E.	L.E.
970,400	847,102

Increase of 1927-1928 as compared with 1926-1927 L.E. 123,298

COMPARISON BETWEEN ACTUAL EXPENDITURE 1927-1928 AND THAT OF 1926-1927.

	Actual Expenditure 1927-1928	Actual Expenditure 1926-1927	Increase.	Decrease.
	L.E.	L.E.	L.E.	L.E.
<i>Expenditure on Services under D. P. H. direct control.</i>				
Art. 1. Salaries, Wages and Allowances ...	514,959	463,602	51,357	—
" 2. Transport, Transfer and Travelling Allowances	31,615	29,592	2,023	5,314
" 3. Food	115,485	120,799	—	1,021
" 4. Forage	1,855	2,876	—	—
" 5. Rent, Water, Light, etc.	26,454	25,944	510	—
" 6. Books and Periodicals	617	575	42	—
" 7. Telephones and Telegrams	3,100	3,053	47	—
" 8. Petty Expenses	4,586	4,417	169	1,433
" 9. Purchase of Animals	2,235	3,668	—	—
" 10. Free Water Fountains	4,567	4,267	300	—
" 11. Stores	145,486	119,283	26,203	—
" 12. Uniforms	14,677	418	14,259	—
" 13. Upkeep of Material and Equipment	2,047	1,933	114	—
" 14. Transport of Stores	10,376	7,303	3,073	—
" 15. Allowances to sanitary barbers ...	722	659	63	—
" 19. Allowances for dentist examinations	29	26	3	—
" 20. Passenger Control... ..	7,423	7,181	242	—
" 21. Maintenance of Lock Hospitals for Europeans	2,929	3,046	—	117
" 23. Maintenance of Ankylostoma Pa- vilions and F.D.S. buildings ...	2,635	273	2,362	—
" 23 bis. Expenditure in connection with the scheme of infant Protection	—	194	—	194
" 24. New Works	55,176	25,046	30,130	—
TOTAL	946,973	824,155	130,897	8,079
<i>Expenditure on Credits shown in D.P.H. Budget for work done by other Departments.</i>				
Art. 16. Disinfecting ships at the ports ...	6,000	5,907	93	—
" 17. Maintenance of temporary lazarets at Gabbary	4,560	4,065	495	—
" 18. Sanitary improvements in mosques	2,455	2,500	—	45
" 22. Subventions	10,412	10,475	—	63
TOTAL	970,400	847,102	131,485	8,187

DETAILS OF SUBVENTIONS SHOWN UNDER ARTICLE 22.

	L.E.
Quarantine Board	7,000
International Public Health Office at Paris	482
Sleeping Sickness Commission	1,000
Tropical Diseases Bureau	100 *
Allowances to the Presidents of the Medical Boards of London and Paris	225
Giza Memorial Ophthalmic Laboratory	1,706
TOTAL	10,513

ACTUAL EXPENDITURE UNDER ARTICLE 24.—NEW WORKS.

Equipment for New Buildings :—

Two travelling Ophthalmic Hospitals (completion of equipment)	124
Three travelling Ophthalmic Hospitals	5,167
Aswān Ophthalmic branch	925
Suez Ophthalmic branch	735
Ophthalmic treatment in Government Schools	737
Stations for infant welfare	3,359
Ankylostoma Hospitals and Annexes	11,235
Four Venereal Diseases clinics	968
New Health Offices	699

Various :—

Cost of a disinfecting machine	325
Purchase of a motor launch	1,452
Cost of a washing machine	24
War graves for Turkish and German prisoners... ..	96
Cost of a motor equipped laboratory	1,137
Materials for Dirr Dahabieh and Mataria Dispensary	58
Replacing of electric wiring at Abbasiya Asylum	1,097
Health propaganda (including L.E. 300 to Fouad Museum)	493
Malaria and other campaigns	24,815
Fire pumps at Suez Hospital	542
Cost of wooden shelters for use as Ankylostoma Labs.	1,188

TOTAL 55,176.

* Limited to 5 years, ending on March 31, 1927.

TEMPORARY ESTABLISHMENT.

	Grade.	1926	1927	Remarks.
<i>Temporary Establishment.</i>				
Food and nuisance inspector... ..	V b	1	1	
Overseer	VII	1	1	
Matrons	VI	10	10	
Inspecting nursing sisters	VII	2	2	
Nursing sisters, special class	VII	10	10	
Nursing sisters, 1st class	VII	29	33	
Nursing sisters, 2nd class	VII	3	3	
Sewing woman	VII	1	1	
Electrician	VI	2	2	
"	VII	3	3	
TOTAL		62	66	

SPECIAL CREDITS.

<i>Passenger control credit.</i>				
Medical Officer	VI	1	1	
Employees	C Red.	15	15	
<i>Epidemic credit.</i>				
		16	16	
Medical Officers	VI	22	28	
<i>Maintenance of Lock Hospital credit.</i>				
Medical Officer	V	1	1	
Mowallida	VII	1	1	
Employee	C Red.	1	1	
<i>Unforeseen A.</i>				
		3	3	
Employee	C Red.	1	1	
<i>Hors Cadre Staff.</i>				
Laboratory Assistants	—	78	119	
Overseers	—	64	67	
Chief Attendants	—	249	273	
Shawishes	—	39	41	
Farrashes	—	128	141	
Sai	—	179	206	
Cooks	—	85	94	
Attendants, male	—	954	1,034	
Attendants, female	—	437	492	
Electrical workmen	—	14	14	
Assistant Inspector of Disinfection	—	—	1	
Disinfectors	—	52	51	
Rat-catchers	—	4	4	
Chauffeur Motor-launch	—	4	4	
" Side-car	—	7	7	
" Motor-car	—	2	1	
Assist. Female Nurse	—	53	52	
Moawens	—	12	12	
Barbers	—	122	123	
Mechanics	—	4	4	
Imams	—	2	3	
Miscellaneous categories	—	863	931	
		3,352	3,674	

DISTRIBUTION OF BUDGET

	Budget Grants.	Central Administration.		Stores.	Laboratory	Lunacy Division.
		Head office and secretariat including the Health and Med. head offices.	Finance and Personnel Services.			
Art. 1.—Salaries, Wages and Allowances :—						
(a) Permanent Establishment	376,912	20,129	13,830	16,015	19,641	15,104
(b) Temporary Establishment	17,451	—	—	—	—	842
(c) Hors Cadre Posts	135,988	2,486	291	2,770	2,754	22,274
(d) Daily-paid Staff	24,290	—	—	5,587	716	290
(e) Allowances	22,130	250	—	24	886	4,039
	576,771	22,865	14,121	24,396	23,997	42,549
<i>Deduct :—</i>						
Anticipated Underspending	22,160	887	548	947	931	1,651
	554,611	21,978	13,573	23,449	23,066	40,898
Recoveries for services rendered	5,229	—	—	—	—	—
TOTAL	549,382	21,978	13,573	23,449	23,066	40,898
Art. 2.—Transport, Transfer and T.A.						
3.—Food	124,907	—	—	—	—	42,600
4.—Forage	2,246	—	—	—	461	997
5.—Rent, Water, Light, etc.	28,795	110	—	1,780	1,010	2,450
6.—Books and Periodicals	755	480	—	—	—	25
7.—Telephones and Telegrams	3,806	200	35	177	450	197
8.—Petty Expenses	5,848	10	—	200	290	590
9.—Purchase of Animals	1,570	—	—	110	1,160	300
10.—Free Water Fountains	4,650	—	—	—	—	—
11.—Stores	154,865	1,200	—	—	6,800	12,711
12.—Uniforms	19,398	50	—	—	—	—
13.—Upkeep of Material and Equipment	2,000	20	—	—	150	—
14.—Transport of Stores	11,648	110	—	—	650	—
15.—Allowances to Sanitary Barbers	721	—	—	—	—	—
16.—Disinfecting Ships at the Ports	6,000	—	—	—	—	—
17.—Maintenance of Temporary Lazarets at Gabbary	4,560	—	—	—	—	—
18.—Sanitary Improvements in Mosques	2,500	—	—	—	—	—
19.—Allowances for Dentist Examinations	100	100	—	—	—	—
20.—Passenger Control	9,848	—	—	—	—	—
21.—Maintenance of Lock Hospital for Europeans	3,020	—	—	—	—	—
22.—Subventions	10,513	—	—	—	—	—
23.—Maintenance of Ankylostoma Pavilions and buildings of Frontier Medical Section	2,940	—	—	—	—	500
TOTAL	435,732	3,130	285	2,717	11,221	60,742
<i>Deduct :—</i>						
Recoveries for services rendered	1,031	—	—	—	—	—
	434,701	3,130	285	2,717	11,221	60,742
Art. 24.—New Works	94,380	—	—	—	2,500	3,550
GENERAL TOTAL	1,078,463	25,108	13,858	26,166	36,787	105,190

(1) The two credits are placed at the disposal of Quarantine Board Administration.

(2) This credit is placed at the disposal of Waqfs Ministry.

(3) This credit is placed at the disposal of Alexandria Municipality for the maintenance of Alexandria Lock Hospital for Europeans.

(4) Refer to detailed list.

(5) Of this credit L.E. 27,000 is placed at the disposal of Anti-Malaria Commission and L.E. 15,000 represents Government's share in the building of Alexandria Fever Hospital.

CREDITS, 1927-282.

Health Department.			Medical Department.							Credits placed at the disposal of other Services.
Inspectorates.	Frontier Districts.	Fever Hospitals.	General Hospitals.	Ophthal- mic Hospitals.	Ankylos- toma Hospitals.	Vener- eal diseases Clinics.	Infant Welfare.	Inspec- torate of Pharma- cies.	Central Medical Commis- sion.	
148,741	5,789	5,301	60,782	29,860	20,566	5,400	8,730	3,593	3,431	—
4,406	—	2,343	9,748	112	—	—	—	—	—	—
25,235	6,168	8,298	35,785	13,982	11,014	1,800	2,526	346	259	—
15,407	240	—	2,050	—	—	—	—	—	—	—
2,454	4,893	2,266	2,204	288	1,200	—	3,626	—	—	—
196,243	17,090	18,208	110,569	44,242	32,780	7,200	14,882	3,939	3,690	—
7,514	663	706	4,273	1,616	1,272	279	577	153	143	—
188,729	16,427	17,502	106,296	42,626	31,508	6,921	14,305	3,786	3,547	—
			1,716	1,176	1,080		1,257			
188,729	16,427	17,502	104,580	41,450	30,428	6,921	13,048	3,786	3,547	—
20,073	1,250	120	2,600	2,520	4,052	200	1,650	400	5	—
2,000	893	7,416	58,214	10,858	—	—	2,926	—	—	—
477	154	42	—	115	—	—	—	—	—	—
10,267	240	1,282	7,110	1,180	912	1,308	946	—	—	—
250	—	—	—	—	—	—	—	—	—	—
1,489	5	140	605	296	36	92	54	10	20	—
1,310	30	160	1,520	695	552	90	356	40	5	—
—	—	—	—	—	—	—	—	—	—	—
4,650	—	—	—	—	—	—	—	—	—	—
20,103	4,500	3,736	75,379	13,920	12,937	1,311	2,118	—	150	—
3,487	700	657	12,110	2,144	—	—	450	—	—	—
40	70	60	1,410	170	65	10	—	—	5	—
1,800	400	350	6,900	980	380	65	—	—	13	—
721	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	6,000 ⁽¹⁾
—	—	—	—	—	—	—	—	—	—	4,560 ⁽¹⁾
—	—	—	—	—	—	—	—	—	—	2,500 ⁽²⁾
—	—	—	—	—	—	—	—	—	—	—
9,848	—	—	—	—	—	—	—	—	—	—
920	—	—	—	—	—	—	—	—	—	2,100 ⁽³⁾
—	—	—	—	—	—	—	—	—	—	10,513 ⁽⁴⁾
—	1,440	—	—	—	1,000	—	—	—	—	—
77,435	9,682	13,963	165,848	32,878	19,934	3,076	8,500	450	198	25,673
—	—	—	—	—	—	—	1,031	—	—	—
77,435	9,682	13,963	165,848	32,878	19,934	3,076	7,469	450	198	25,673
5,279	—	625	9,005	11,191	14,540	2,160	3,530	—	—	42,000 ⁽⁵⁾
271,443	26,109	32,090	279,433	85,519	64,902	12,157	24,047	4,236	3,745	67,673

THE SECRETARIAT.

TRANSLATION, PUBLICATION AND PRINTS.

The Secretariat has continued this year the work of translating, revising, printing and publishing the annual reports and other periodicals which the Department usually issues. The following are the reports, etc., which have been printed during the year 1927:—

- (1) Annual Report of the Department for 1924 (in Arabic and English).
- (2) Report of Cairo Health Inspectorate for 1924 (in Arabic and English).
- (3) Report of the Lunacy Division for 1925 (in Arabic and English).
- (4) Report of the Ophthalmic Section for 1925 (in Arabic and English).
- (5) Reports and Notes of the Public Health Laboratories No. 6 (in Arabic). The English copy of these notes was printed last year.
- (6) The Department Programme for the improvement of Public Health (in Arabic).
- (7) Report No. 1 of the Work of the Anti-Malaria Commission (in Arabic and English). Under Print.
- (8) Report No. 2 of the Work of the Anti-Malaria Commission (in Arabic and English). Under print.

In addition to the above, the Secretariat has, on the demand of the Department's Sections, translated certain technical pamphlets and other reports, from both the French and English languages.

Thirty-five new forms have been printed this year, thus the forms of the Department, including the registers, have become 975 in number.

CODIFICATION OF REGULATIONS AND INSTRUCTIONS OF THE DEPARTMENT.

The Secretariat is still directing its efforts towards the issue of the remaining books of regulations so as to complete the work it had begun with in connection with the compilation of a complete set of books of regulations to meet its requirements as already mentioned in last year's report.

In addition to the books previously issued, which form a part of the set, The Secretariat has prepared the following books and sent them to the Government Press for printing:—

- (1) General Public Health Handbook (in Arabic and English).
- (2) Lunacy Regulations (in Arabic and English).
- (3) Regulations on Infectious Diseases and Allied Subjects—Second Edition—(in Arabic and English).

The following books are in course of preparation:—

- (1) General Hospitals Regulations (in Arabic and English).
- (2) Measures to be adopted in the Outbreak of Cholera—Second Edition—(in Arabic and English).
- (3) Archives Regulations (in Arabic).

Moreover, a pamphlet: "International Nomenclature List of Diseases; for the use in filling in Death Certificates," was issued this year, in Arabic, English and French.

In conformity with the policy followed by the Secretariat as to having the books of compiled regulations as complete and perfect as possible, it has issued some amendments to the books which have already been issued, which amendments have proved during work to be necessary. It is now preparing a comprehensive amendment to the book of Regulations on Births, Deaths, and Burial Permits. This amendment is expected to be issued shortly.

HEALTH CONGRESSES AND EXHIBITIONS.

The following is a brief account of the Health Congresses or Conferences connected with health questions in which the Egyptian Government has been represented during 1927:—

- (1) *The International Anti-Rabic Congress.*

The Health Committee of the League of Nations has brought about the opportunity of holding this Conference at the Pasteur Institute, Paris, on April 25, 1927 at 10 a.m. in order to examine certain international questions pertaining to anti-rabic treatment.

The Council of Ministers has, in its sitting of October 24, 1926, decided the participation of the Egyptian Government in this Congress and the delegation of Dr. Sadek Girgis Moftah Bey, the Director of Anti-Rabic Institute, Department of Public Health and Ismail Sarwat Effendi, 2nd Secretary of the Egyptian Legation at France, to represent Egypt in this Conference.

In compliance with the request of the Health Committee of the League of Nations, Dr. Moftah Bey has submitted to that Committee a technical report on rabies virus, methods of preventive vaccination against rabies and the accidents he witnessed in the Department's institute during treatment and concluded his report by a work on immunisation of dogs, etc.

These two delegates have most satisfactorily carried out their mission and Dr. Sadek Moftah Bey submitted a report on this Conference mentioning the resolutions taken by it.

(2) *Centenary of the two celebrated doctors Vulpian and Pinel.*

The Medico-Psychologic Society of France invited, through the Department of Public Health, the Egyptian Academies, colleges and scientific societies to send their representatives to take part in the Centenary of the death of the 2 celebrities Vulpian and Pinel which was to be held in Paris on May 30 and 31, 1927 on the occasion of the Annual Assembly of the "Congrès de Neurologie et de Psychiatrie."

The Department of Public Health has directed this invitation to the various colleges and medical societies in Egypt. The Egyptian University, the Egyptian Medical Society, Tanta and the Medical Society, Alexandria, have accepted the invitation; the first was represented by Dr. Hassan el Diwany Effendi, Director, Egyptian Educational Mission, Paris, the second by Doctors Abdallah Loka and Ibrahim Shalaby, the third by Dr. Mohamed Mahfouz Effendi.

(3) *Congress of the Royal Institute of Public Health.*

This Congress was held in the City of Ghent, Belgium, June 1 to 6, 1927.

Egypt was represented in it by the two Professors Dr. Ali Bey Ibrahim and Dr. Mohamed Khalil Abdel Khalek Effendi of the Egyptian University (Faculty of Medicine).

(4) *International Anti-Tobacco Congress.*

This Congress was held in Prague, July 2 to 4, 1927. The Egyptian Government was represented in it by the Official in charge of the Egyptian Legation at Tchecoslovakias who submitted a report thereon.

(5) *The 38th Congress and Exhibition of the Royal Sanitary Institute.*

This Congress was held in the City of Hastings, England, July 11 to 16, 1927.

The Egyptian Government has been represented in it by George Kattawi Effendi, 2nd Secretary of the Egyptian Legation, London. He submitted a report on this Congress.

His Excellency the Under-Secretary of State, Ministry of Interior for Public Health attended the meetings of the "Office International d'Hygiène Publique," Paris, in November 1927, in his capacity as representative of the Egyptian Government in that Office.

During this year the Egyptian Government received an invitation from the Committee of the Red Cross Society at Geneva to contribute towards the foundation of an International Institute for the examination of the sanitary equipment.

It has been considered that such institute will be of great benefit. It will enable the nations participating in it to be benefited by the exertions of the various Governments and be acquainted with the latest means for first aid, etc., more especially if the various countries could send their respective delegates to visit that Institute from time to time. The Council of Ministers has, therefore, decided in its sitting of May 31, 1927, that the Egyptian Government would participate in the expenses of this Institute by paying an annual amount of 500 francs in gold.

The National Committee of the Red Cross has actually received this sum in January 1928 and again an equal sum in October of the same year.

REGISTRATION OF CORRESPONDENCE.

The number of correspondence registered this year exceeded that of last year by about 20,000.

It is noticed that this increase is continuous since 1924-1925 as may be seen from the following schedule :—

Year.	Total Number of correspondence registered.	Daily Average (Considering that the annual working days are about 300).
1924-1925	214,858	716
1925-1926	231,533	772
1926-1927	253,755	846
1927-1928	271,273	904

APPLICATION FOR EXTRACTS.

Statistics are given hereafter of the number of applications received this year and the two previous years of applications for extracts from births, deaths, vaccination, personnel and patients registers which are handed over by the Sections and branches of the Department in Cairo to the Secretariat, viz :—

Year.	Number of Applications.
1925-1926	3,932
1926-1927	4,341
1927-1928	3,768

LAWS, REGULATIONS AND ARRÊTÉS.

The following are the Laws, Regulations and Arrêtés, dealing with public health issued during 1927 :—

(1) Ministerial Arrêté issued on November 30, 1926, and published by Departmental Order No. 5 of January 1, 1927, affording gratuitous treatment at the lowest class of the General Hospitals.

(2) Ministerial Arrêté issued on December 8, 1926, and published by Departmental Order No. 6 dated January 15, 1927, adding the schools and kuttabs, which are not under the health inspection of the Ministry of Education, to Class I, Category A of the Schedule of the Etablissements Insalubres.

(3) Ministerial Arrêté of January 22, 1927, published by Departmental Order No. 18 of February 5, 1927, adding the "Dysentery" to the Schedule of Infectious Diseases.

(4) Law No. 3 of 1927, published by Departmental Order No. 33 dated April 6, 1927, modifying some prescriptions of Law No. 10 issued in 1917, in connection with the prophylactic measures to be taken against "Cholera."

(5) Ministerial Arrêté dated February 21, 1927, published by Departmental Order No. 37 of April 6, 1927, adding the establishments for making boots and shoes employing more than 10 workmen to the Schedule of the Etablissements Insalubres.

(6) Ministerial Arrêté of March 2, 1927, published by Departmental Order No. 37 dated April 6, 1927, adding Menshia village of Behaira Province to the list of towns subject to the Regulations for the Unhealthy, Inconvenient and Dangerous Establishments.

(7) Ministerial Arrêté of August 18, 1927, published by Departmental Order No. 92 dated September 15, 1927, modifying the nomination of certain Unhealthy Establishments.

(8) Ministerial Arrêté of September 4, 1927, published by Departmental Order No. 96 dated October 1, 1927, adding the blue and chalk factories to Class II, Category A of the Schedule of the Etablissements Insalubres.

(9) Ministerial Arrêté of September 4, 1927, published by Departmental Order No. 96 dated October 1, 1927, modifying the nomination of certain kinds of Unhealthy Establishments.

(10) Ministerial Arrêté of September 5, 1927, published by Departmental Order No. 107 dated October 15, 1927, modifying the nomination of certain kinds of Unhealthy Establishments.

(11) Ministerial Arrêté of July 23, 1927, published by Departmental Order No. 106 dated October 15, 1927, adding the " Pulmonary Tuberculosis " to the Schedule of Infectious Diseases.

(12) Ministerial Arrêté of October 1, 1927, published by Departmental Order No. 111 dated November 1, 1927, adding all Industrial Establishments not included in the Schedule of the Unhealthy, Inconvenient and Dangerous Establishments employing more than 10 workmen.

(13) Ministerial Arrêté of October 1, 1927, published by Departmental Order No. 112 dated November 1, 1927, adding the village of " Bakhaniis," Qena Province, to the list of towns subject to the Regulations for the Unhealthy, Inconvenient and Dangerous Establishments.

(14) Ministerial Arrêté inserted in the *Journal Officiel* No. 105 dated December 12, 1927, adding the " Sulphuric Ether " to the poisonous substances mentioned in Table I attached to the Regulations of the practice on pharmacy and trade in poisonous substances.

The following list shows the Sanitary Contraventions dealt with during 1927:—

Medical and Allied Permits.

During the year 1927, permits to practise their professions in Egypt were issued to:--

211	Doctors.
27	Dentists.
13	Veterinary Surgeons.
15	Midwives.
35	Pharmacists.
41	Assistant-Pharmacists.
344	Barbers.
164	<i>Dayas</i> (green permits).
156	<i>Dayas</i> (white permits).

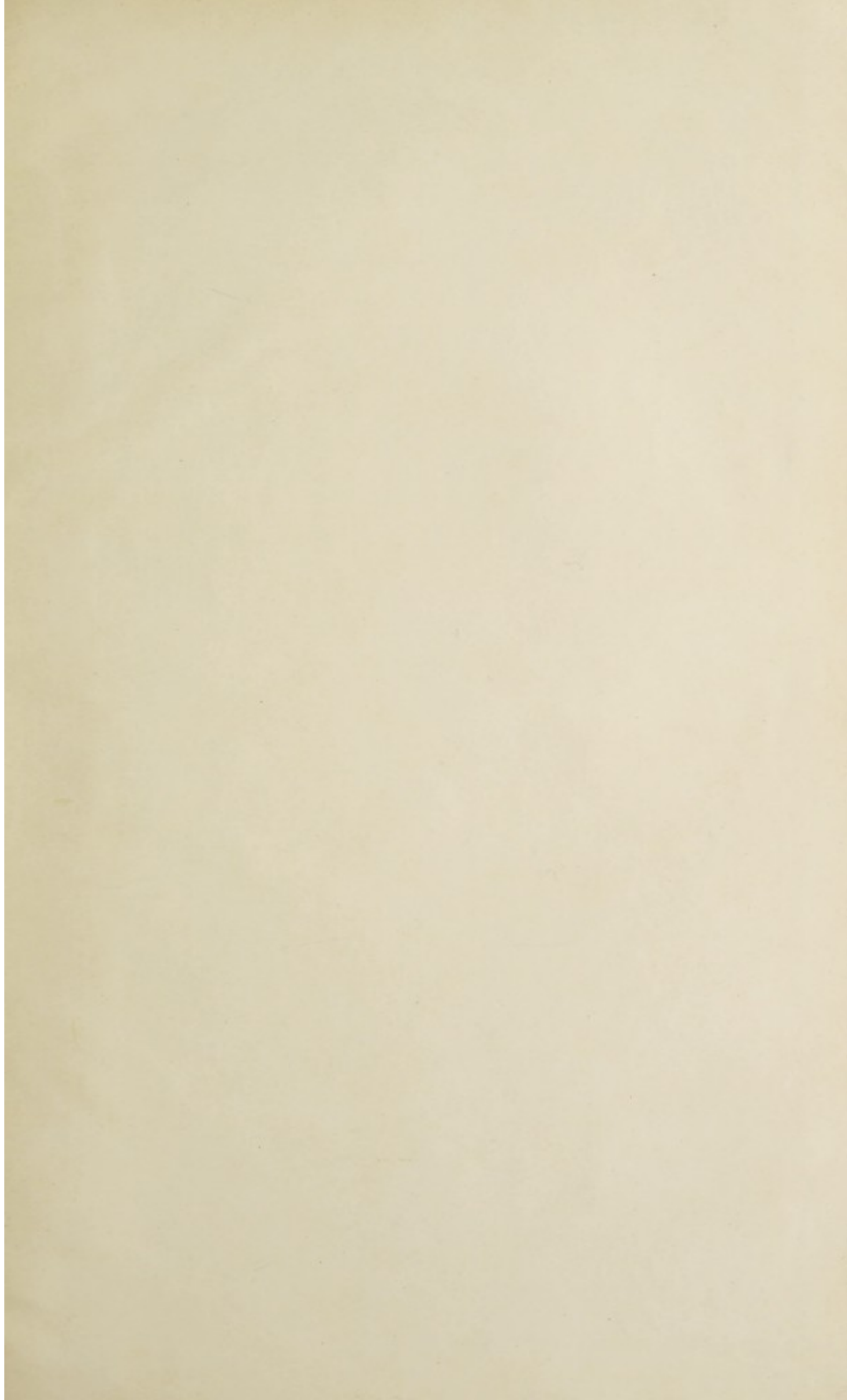
Medical and Allied Formine

Formine No. 107, revised to include the following in 1929 and 1930

- 107. Formine
- 108. Formine
- 109. Formine
- 110. Formine
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Government Press

2,834-1929-400 ex.



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