

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

Contributors

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Department of Public Health.

Annual Report on the Work of the Department of Public Health for 1929.



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It will be seen that the birth-rate for Egypt is still high and is maintained below 40 per thousand even during the years of the Great War.

The death-rate, on the other hand, is declining steadily. This is due the most with the falling mortality rate. The decline is more marked in Urban districts and is due to the regular and accurate registration of births in urban and principal towns since the promulgation of the Births and Deaths Law in 1924. Until recently, most births were unknown in rural districts, but owing to the stringent measures taken by the Department, registration has become regular and the returns more accurate. This is the cause why the death rate for Egypt as a whole has not dropped to the same extent as in Urban districts. No doubt that better medication and registration of births, coupled with the spread of compulsory primary vaccination that has been, have helped a great deal towards this end.

Some vaccination is found in the case of cases of small-pox occurring in Egypt. In 1926 twenty-six cases were reported, of which 15 were imported from other countries. In 1927 only 25 cases were reported, of which only 10 were imported from other countries. The annual vaccination carried out by the Department in 1926-27 also contributed to the result.

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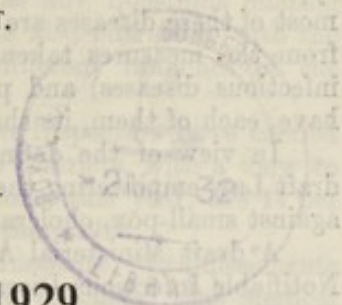
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MINISTRY OF THE INTERIOR, EGYPT.

Department of Public Health



ANNUAL REPORT FOR 1929.

INTRODUCTION.

The health condition of the country during this year was, on the whole, satisfactory. The birth-rate was 43·7 per thousand of population, the death-rate 27·3 and the infantile mortality rate 159 per thousand births.

In towns, these rates were 44·4, 28·3 and 214 respectively.

If we consider the birth and death rates for the Country as a whole, and especially those for towns since 1901 we find a gradual improvement as shown in the following table :—

Years.	Birth-rates per 1,000 of population.		Death-rates per 1,000 of population.		Infantile Mortality rates per 1,000 of births.	
	Egypt.	Urban Dists.	Egypt	Urban Dists.	Egypt.	Urban Dists.
1901-1905*	—	45·5	—	37·0	—	282
1906-1910*	45·9	49·4	27·0	39·1	—	296
1911-1915*	44·6	47·8	27·9	37·8	—	281
1916-1920	40·0	41·4	31·7	40·0	—	257
1921-1925	42·9	49·4	25·3	32·5	144	229
1926	43·2	50·0	26·2	33·1	146	217
1927	44·0	43·3	25·2	27·2	152	222
1928	43·3	42·3	26·2	30·3	151	237
1929	43·7	44·4	27·3	28·3	159	214

From the above figures it will be seen that the birth-rate for Egypt is still high as it never dropped below 40·0 per thousand even during the years of the Great War.

The death-rate, on the other hand, is declining steadily. This is also the case with the infantile mortality rate. This decline is more apparent in Urban Districts and is due to the regular and accurate registration of deaths in cities and principal towns since the promulgation of the Births and Deaths Law in 1894. Until recently, secret burial was common in rural districts, but owing to the stringent measures taken by the Department, registration became regularized and the returns more accurate. This is the cause why the death-rate for Egypt as a whole has not dropped to the same extent as in Urban Districts. No doubt that better notification and registration of births, together with the system of compulsory primary vaccination that ensues, have helped a great deal towards this end.

A proof of better registration is found in the rarity of cases of small-pox occurring nowadays. In 1929, twenty-six cases were reported, of which 16 were imported from abroad; the actual cases that occurred in the Country were only 10, as compared with 20 in 1928. The general vaccination carried out by the Department in 1926-27 also contributed to this good result.

* These rates are for Egyptians only, as the Law on Births and Deaths did not become applicable to Foreigners till 1912.

During 1929, no epidemics of importance occurred; the cases of small-pox, typhus, typhoid and other diseases were ordinary. It is worthy of mention that the death-rates for most of these diseases are falling steadily. Better notification, less fear among the public from the measures taken, better treatment in fever hospitals and village shelters (for infectious diseases) and public education through propaganda work, etc., these factors have, each of them, its share in lowering the fatality rate of these diseases.

In view of the definite effects of prophylactic vaccines, the Department prepared a draft Law empowering the Public Health Authorities to vaccinate the public compulsorily against small-pox, cholera, typhoid and diphtheria.

A draft Ministerial Arrêté was also prepared adding Erysipelas to the Schedule of Notifiable Infectious Diseases.

Thanks to the system of Public Health International Exchanges we have been duly informed during the year of the spread of some diseases in the neighbouring countries which are linked to Egypt either by sea or by air. The Department was therefore able to take the most stringent measures to defend the Country against the importation of such diseases.

The Department is not only charged with the public health work but has also a Medical Section for treatment. Hospitals have been improved by every means and so equipped to become up-to-date medical institutions with special units for treatment of different diseases by specialists.

Twenty-nine new units were opened this year, detailed as follows:—

4 District Hospitals.	1 Children Asylum.
4 Venereal Diseases Clinics.	1 Chemical Laboratory.
6 Health Offices.	2 Chest Diseases Dispensaries.
1 Ankylostoma Hospital.	1 Leprosy Clinic.
1 „ „ Annex.	2 Ophthalmic Clinics.
3 Ophthalmic Annexes.	1 „ „ Hospital.
1 Sea Sanatorium.	1 General Hospital.

The following table shows the percentage of increase in the work of the various medical units of the Department as compared with that of 1928:—

	General Hospitals.	Ankylostoma.	Ophthalmic.	Venereal diseases clinics.	Frontier Districts.
	Per cent.	Per cent.	Per cent.	Per cent.	Per cent.
New Cases	16.4	21	17	59	24
In-patients	11.2	—	23	—	
Attendance of patients at the Department	22.5	—	18	—	
Out-patients	27.7	—	12	—	

As regards the work of the Child Welfare Centres it suffices here to mention that new cases of pregnancy increased by 52.6 per cent, cases of delivery increased by 101.6 per cent, visits to houses increased by 83.3 per cent and blood specimens taken this year were double those of the previous year.

The development realised in the different branches of the Department was not limited to these branches but also comprised the offices of the Central Administration and consequently, the scope of action of the Technical Secretariat Office was gradually expanded with a view of attaining the aim for which it was created, so that it may, in future, become a purely technical office which will be entrusted with the duty of examining all technical questions relating to the general policy of the Department. This evolution will necessarily take place very shortly as a natural consequence to the steady progress of the Department and of the increasing number of Committees constituted for examining the different technical questions entrusted to them. The Technical Secretariat Office has, therefore, been called upon, this year, to examine all questions contained in the reports and bulletins published by the "Office International d'Hygiène Publique" and by the

"Organisation d'Hygiène de la Société des Nations" as well as any questions relating to Health Conferences. The Technical Secretariat Office was also entrusted with the distribution of the medical and health researches to the different branches of the Department.

Again it is worthy of note that the Central Administration Inspectors have carried out a great deal of inspections to the different branches in the Districts, with a view to controlling the work and guiding the staff. The total inspections, this year, are 11 per cent more than 1928, 14 per cent than 1927 and 22 per cent than 1926.

This year was distinguished by the opening of a Sanitary Institute. "Etablissements Insalubres" and Sanitation in this Country require great care specially that Medical Officers in the towns and districts, whatever their number may be increased cannot cope with all such questions and taking into consideration that the increase of Public Health men among the inhabitants of districts and villages will surely effect the spread of health propaganda which is the aim of the Public Health Administration. A Sanitary Institute was therefore instituted for the graduation of sanitary inspectors to attend to the sanitation work.

This year's budget has been estimated at L.E. 1,614,257, or, L.E. 476,478 more than the last year. The actual expenditure was L.E. 1,276,353 of which L.E. 151,271 were allotted to new projects. It is worthy of mention that the item of new works this year is nearly twice and a half that of 1928.

The Department did not exceed the sum allotted in its Budget and, in spite of the large increase of new projects this year, it was possible to carry them out without a marked increase in the number of staff both technical and clerical as is clearly shown in the Budget tables annexed to this report.

Province (24-2) and the lowest at Assiut (24-2) where the rate did not exceed 28-7. Districts attached to the Frontier Districts, where the rate did not exceed 28-7. In cities and bandars (chief towns), the number of deaths amounted to 113,131, i.e. 44-4 per thousand of population. The highest rate was that of Bahariya (28-3) and the lowest at Bahariya, where it did not exceed 24-7. The birth rate in Upper Egypt is still higher than that of Lower Egypt, the former being 44-7 and the latter 42-8 as compared with 41-8 and 41-4 last year respectively. 11. Deaths.—The number of deaths which occurred this year throughout Egypt amounted to 408,457, i.e. a rate of 27-2 per thousand of population. The highest rate was at Sinai Governorate where it amounted to 37-8 and the lowest at Bahariya Province, as it did not exceed 20 (excluding the Red Sea Districts attached to the Frontier Districts where the rate was only 17-2 per thousand). The number of deaths which occurred in cities and bandars (chief towns) amounted to 130,010, i.e. a rate of 28-3. The highest rate was that of Bahariya, i.e. 30-3 and the lowest at Bahariya, as it did not exceed 22-8. The following table (No. I) shows the various distribution of the number of births and deaths occurring throughout Egypt. TABLE I.—BIRTHS AND DEATHS IN EGYPT IN 1928.

Province	Area	Population	Births	Deaths	Rate of Births	Rate of Deaths
(1) Upper Egypt		14,760,900	655,217	48,740	44.4	33.0
(2) Lower Egypt		12,510,800	419,181	41,472	33.5	33.2
(3) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5
(4) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5
(5) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5
(6) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5
(7) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5
(8) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5
(9) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5
(10) Bahariya Province		1,270,000	52,217	17,127	41.1	13.5

Public Health Section.

(a) STATE OF PUBLIC HEALTH.

In order to give a general description of the state of public health in Egypt, we are obliged, as in other countries, to use as a basis of drawing our inferences, the statistics of births and deaths recorded during 1929 so long as there is no disease registration.

It is worthy of mention that although all births and deaths occurring throughout Egypt should be notified and registered, yet the diseases causing death are not registered as a routine work except in cities and localities where Public Health Medical Officers are stationed. Taking into consideration the importance of the registration of the causes of death and its result in connection with the measures to be adopted in the immunisation and treatment of the public, the Department's policy tends towards the establishment every year of such an extra number of public health offices as its budget permits. Six offices of this sort have, this year, been opened by dividing the following districts into two sections :—

Aga, Fashn, Ayat, Esna, Edfu and Tanta.

The number of public health offices at the end of 1929 has amounted to 174 as compared to 134 in 1923.

(b) BIRTHS AND DEATHS.

I. Births.—The number of births occurring throughout Egypt during 1929 amounted to 645,217, a rate of 43·7 per thousand of population. The highest birth-rate was at Giza Province (54·2) and the lowest at Aswân Province, *i.e.* 37·2 (excluding the Red Sea District attached to the Frontier Districts, where the rate did not exceed 28·7).

In cities and bandars (chief towns), the number of births amounted to 113,131, *i.e.* 44·4 per thousand of population. The highest rate was that of Sohag Bandar (56·3) and the lowest at Zagazig, where it did not exceed 34·7.

The birth-rate in Upper Egypt is still higher than that of Lower Egypt, the former being 44·7 and the latter 42·8 as compared with 44·9 and 42·4 last year respectively.

II. Deaths.—The number of deaths which occurred this year throughout Egypt amounted to 403,457, *i.e.* a rate of 27·3 per thousand of population.

The highest rate was at Sinai Governorate where it amounted to 37·8 and the lowest at Beheira Province, as it did not exceed 20 (excluding the Red Sea District attached to the Frontiers Districts where the rate was only 17·2 per thousand).

The number of deaths which occurred in cities and bandars (chief towns) amounted to 72,026, a rate of 28·3. The highest rate was that of Fayoum, *i.e.* 50·3 and the lowest at Port-Said as it did not exceed 22·8.

The following table (No. I) shows the various distribution of the number of births and deaths occurring throughout Egypt :—

TABLE I.—BIRTHS AND DEATHS OF EGYPT IN 1929.

	Estimated Population.	Births.		Deaths.		Inf. mortality.	
		Number.	Rate.	Number.	Rate.	Number.	Rate.
<i>Governorates :</i>							
(1) Urban (cities only) ...	1,919,500	83,854	43·7	50,984	26·6	17,410	208
(2) Urban and Rural ...	2,026,600	89,268	44·0	54,045	26·7	18,213	203
<i>Lower Egypt :</i>							
(1) Urban (bandars only)...	326,600	14,270	43·7	8,967	27·5	2,555	170
(2) Urban and Rural ...	6,852,400	293,244	42·8	178,677	26·1	39,114	133
<i>Upper Egypt :</i>							
(1) Urban (bandars only)...	300,400	15,007	50·0	12,075	40·0	4,215	281
(2) Urban and Rural ...	5,831,900	262,705	44·7	170,735	29·0	45,025	171
<i>Egypt :</i>							
(1) Urban (cities and bandars) ...	2,546,500	113,131	44·4	72,026	28·3	24,180	214
(2) Urban and Rural ...	14,760,900	645,217	43·7	403,457	27·3	102,352	159

III. Causes of Deaths.—It has previously been stated that the causes of deaths are registered in towns and localities only where public health offices exist; which offices amounted now to 174. The semestrial estimation of population of these cities and localities was 3,930,000.

Table II shows the number of deaths and the most important diseases causing same, as well as the death-rate of each disease per thousand of total number of deaths. This table shows that the largest number of deaths is caused by the group of diseases of diarrhoea and enteritis; diseases of the respiratory system come next, causing about 17% of the total number of deaths.

TABLE II.—DISEASES CAUSING DEATHS OCCURRING IN TOWNS WHERE PUBLIC HEALTH OFFICES EXIST.

Disease.	Total Number of Deaths.	Rate of Deaths caused by the Disease per 1,000 of total number of Deaths.
Infectious Diseases	6,587	55
Pulmonary Tuberculosis	2,013	17
Other Tuberculous Diseases	649	5
Venereal Diseases	469	4
Malaria	54	0
Dysentery	692	6
Acute Pneumonia	10,217	85
Bronchitis	9,038	75
Other Respiratory Diseases	1,344	11
Heart Diseases	3,042	25
Other Diseases of the Circulatory System	517	4
Diseases of Urinary and Genital System (other than Venereal)	4,130	34
Diseases of Puerperium and Delivery	695	6
" of Diarrhoea and Enteritis	39,223	326
Senility	8,945	74
Accidental Deaths including cases of Suicide.	3,753	31
Other causes	29,102	242
Total Number of Deaths	120,470	1,000

It must be borne in mind that the excess in the number of deaths of diarrhoea is in fact caused by the spread of this disease among the young population and two thirds of these deaths occur amongst children not exceeding the second year of their age. It is hoped that the spread of enlightenment among the classes of the population as well as the establishment of child welfare centres will cause the decrease of the deaths of this disease to a great extent.

This is all what can be deducted from the distribution of diseases causing the deaths and entered in the Death Registers. Attention is drawn to the fact that the above-mentioned statistics and rates should not be taken to represent the real state of affairs, as most of the diseases are diagnosed after death and such diagnosis is of course based on the history of the disease stated by the relatives of the deceased and the observations of the Medical Officers during their examination. It is therefore evident that most of these diagnoses are approximate and should be taken as thus.

IV. Age and Sex Distribution of Deaths.—The following table (No. III) shows that the deaths of males always outnumber those of females with the exception of aged persons (80 years and upwards). It is also noticed that females deaths are a little bit bigger than those of males in the age period of 2-5 years. As regards the age distribution of deaths as shown by the said table, it is observed that most of deaths occur during childhood, as child mortality, in general, represents two thirds of the deaths, a third in the infantile population and the other in the children between 1 to 5 years of age.

TABLE III.—DEATHS OF TOWNS WITH P.H.D. OFFICES DISTRIBUTED
ACCORDING TO AGE AND SEX DURING 1929.

Age Periods.	Males.	Females.	Total.	Percentage to total of Deaths.
Less than 1 year	21,233	18,657	39,890	33·0
1-2 years	10,322	10,122	20,444	17·0
2-5 "	8,569	8,650	17,219	14·3
5-10 "	1,901	1,677	3,578	3·0
10-20 "	2,000	1,477	3,477	2·8
20-30 "	2,392	1,867	4,259	3·7
30-40 "	2,644	1,844	4,488	3·8
40-50 "	2,437	1,472	3,909	3·2
50-60 "	2,519	1,475	3,994	3·3
60-70 "	2,812	2,043	4,855	4·0
70-80 "	2,797	2,371	5,168	4·3
80-90 "	2,085	2,521	4,606	3·8
90 and upwards	1,717	2,852	4,569	3·8
Unknown	11	3	14	0·01
Total... ..	63,439	57,031	120,470	100

V. *Infantile Mortality.*—During this year 102,352 infants died in all localities of Egypt, a rate of 159 per thousand births. The number of those who died in urban localities amounted to 24,180, a rate of 214 per thousand.

The highest infantile mortality rates in the Provinces at Fayoum (228 per thousand) and the lowest at Beheira as it did not exceed 103. The former rate in urban population was at Qena being 336 per thousand and the latter at Mansura (170).

The cause of this high infantile mortality at Fayoum and Qena is the spread of measles among children.

Table IV shows the distribution of all infantile deaths of Egypt according to age and sex; the deaths of males always outnumber those of females during the first year of age.

On examining the infantile mortality we find that the death-rate of the first month is 13·4 % of the total number of deaths of infants in the first year of their age, being the highest rate of any of the twelve months, but on comparing the trimonthly statistics of deaths with each other, we find that about the third of the infantile mortality (34·7 %) occurs in the age period from 6 to 9 months and the lowest death-rate is in the 2nd period from 9 to 12 months (14·6 %). These different phenomena in the distribution of deaths between the different age periods coincide with the state of affairs in other countries.

The diseases causing mortality of infants not exceeding the 1st year are indicated in Table V.

Most of these deaths are caused by enteric troubles; diarrhoeas being responsible for 464 per thousand of the total of deaths, then come the diseases of growth and atrophy, which cause 295 deaths per thousand.

In spite of the fact that these rates should be taken with great reserve, it is observed that they are high to a certain extent and the Department hopes that the spread of maternity homes and child welfare centres as well as the general measures taken to ameliorate the state of public cleanliness throughout the country will result in improving this state of affairs.

TABLE IV.—AGE AND SEX DISTRIBUTION OF INFANTILE MORTALITY IN EGYPT.

Age Groups.	Males.	Females.	Total.	Death-rate per thousand births.	Death-rate per hundred deaths.
0-1 month	7,636	5,709	13,345	216	13.4
1-2 months	3,668	2,724	6,392	118	—
2-3 „	3,838	3,010	6,848	117	—
0-3 „	—	—	—	—	26.3
3-4 „	4,256	3,294	7,550	136	—
4-5 „	5,062	4,088	9,150	183	—
5-6 „	4,730	3,753	8,483	177	—
3-6 „	—	—	—	—	24.4
6-7 „	8,073	6,689	14,762	295	—
7-8 „	4,159	3,368	7,527	147	—
8-9 „	7,399	5,941	13,340	267	—
6-9 „	—	—	—	—	34.7
9-10 „	3,379	2,755	6,134	113	—
10-11 „	3,775	2,926	6,701	124	—
11-12 „	1,164	956	2,120	36	—
9-12 „	—	—	—	—	14.6
Total... ..	57,139	45,213	102,352	159	100.0

TABLE V.—DISEASE DISTRIBUTION OF THE INFANTILE MORTALITY IN LOCALITIES WHERE PUBLIC HEALTH OFFICES EXIST.

Disease.	Number of deaths.	Rate per thousand to total births.	Rate per thousand to infantile mortality.
Measles	774	4	19
Venereal Diseases... ..	279	2	7
Diseases of growth and atrophy.	12,053	68	295
Chest Diseases	5,351	30	131
Enteritis... ..	18,969	106	461
Other causes	3,443	19	84
Total... ..	40,869	229	1,000

(c) SAFEGUARDING THE COUNTRY AGAINST IMPORTED EPIDEMICS.

Egypt is distinguished among all countries of the world by its eminent history, good climate and unparalleled geographical situation. If the last fact had endowed Egypt in the past with great international importance, yet the hasty progress of aviation has greatly enlarged this importance. In spite of the perpetual exposure of the Country, due to its geographical situation, to the importation of most epidemic diseases, the Department of Public Health has succeeded in safeguarding the Country against these diseases.

The great assistance rendered by the system of the international exchange of public health information must be recorded here with appreciation. This system has undoubtedly reached such a degree of excellence that it is now very easy to become aware of the public health condition, especially the course of epidemics in most of the countries of the world.

We are supplied regularly with these news in the form of notifications and periodical reports by many foreign localities, such as the International Office of Public Health, Paris, the Public Health Section, League of Nations, Geneva, the International Intelligence Office of the Quarantine Board, the Consulates of Egypt abroad and the Departments of Public Health of many countries, etc. We are indebted to all these Authorities for receiving the important news of public health.

Thanks to this international assistance which enabled this Department to be informed of the outbreak of cholera at Karachi in India, and in view of the fact that there is an air route between this port and Egypt, it was possible, by the aid of the Quarantine Board, to take the necessary measures for preventing the importation of this dangerous epidemic to the country by air; taking into consideration that the air voyage between Karachi and Abou-Kir is 31 hours and 45 minutes, and between Karachi and Heliopolis 33 hours and 5 minutes.

The method of exchanging International Notifications has also enabled this Department to be informed of the spread of plague in Morocco, Tunis and Greece, as well as small-pox in England and some of the countries of Europe situated on the Mediterranean Sea, Eden and some of the countries of the Far East such as India, Shanghai, etc.

Consequently the Department was obliged to give instructions to its Ports Medical Officers to examine accurately all passengers coming from the above-mentioned countries; meanwhile similar instructions were given to all Medical Officers of the Department to put these passengers under control for the necessary period.

Such measures have given a satisfactory result and lead to the detection of 31 infectious cases amongst the passengers who arrived at the Egyptian Ports during the year 1929; all these cases were isolated in Fever Hospitals, and necessary precautions were taken to prevent the conveyance of infection to the population.

The following table shows the number of cases, their nature and provenances:—

Nature of Disease.	Number of cases detected.	Provenances.
Small-pox	19	7 from India, 7 from Abadan (Persia), 2 from Japan, 1 from each of England, Manella and Shanghai.
Measles	3	2 from Bombay and 1 from Japan.
Malaria	1	Russia.
Dysentery	2	1 from India and 1 from Abadan.
Typhoid	4	2 from England, 1 from Holland and 1 from Calcutta.
Meningitis	1	Both from Calcutta.
Mumps	1	

The Medical Officers in the Country were not of less activity than their colleagues of the Ports; thanks to their efforts which discovered about 99.9% of the passengers coming from infected localities and put them under control.

The total number of passengers who reached Egypt was 95,837, of which 40,356 arrived *via* Kantara and the rest arrived by sea. Out of the 95,832 passengers who were traced and observed, 40,328 were among those who arrived *via* Kantara. The above-mentioned figures give evidence to the efforts and care exercised by Medical Officers in tracing and observing such a large number of passengers.

It is of interest to state in this connection something about the Annual Pilgrimage, the dangers expected of its trip and the measures taken by the Department of Public Health to save the Country from the most fatal diseases such as cholera which might be conveyed by Pilgrims.

The precautions taken for this purpose are not only confined to the inoculation of pilgrims against cholera but also include their inoculation against small-pox, plague and typhoid. All Egyptian Pilgrims are obliged to submit to these precautions.

In addition, the Department sends every year, in company with the pilgrimage three ambulant dispensaries, one to be stationed at Mekka and the other two at Jeddah and Yumbu. These dispensaries are furnished with the necessary equipment, articles and motor-cars required for the transport and treatment of patients. These dispensaries render another important service by closely following the course of diseases that might spread amongst pilgrims in order to take the necessary instantaneous precautions and to report the suspected cases at once to the Central Administration of the Department.

During this year, the Department has delegated, as usual, two Medical Officers, each provided with a motor-car, to inspect Sinai Peninsula and to intercept the pilgrims coming by desert routes (only one pilgrim of this sort was found during 1929). In the same time the Frontiers Districts Administration undertook the work of controlling the West Coast of the Red Sea to intercept any pilgrim travelling by Sambooks.

By these stringent prophylactic measures, the Egyptian Medical Authorities could protect the Country from cholera and other incidental epidemics.

During the year 1929, 18,172 Egyptian pilgrims proceeded to Hedjaz. Of these 207 died in the country of Hedjaz, 20 died at Tor and 15 died in their districts after their return to Egypt. The following infectious diseases have only appeared amongst pilgrims after their return from Hedjaz :—

Typhoid, Paratyphoid and Dysentery.

(d) INFECTIOUS DISEASES WHICH APPEARED IN THE COUNTRY.

The following list shows the number of cases and deaths of infectious diseases which were notified to the Department of Public Health from 1927 to 1929 :—

Disease.	1927		1928		1929	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Plague...	79	35	517	179	182	69
Typhus ...	794	189	599	138	1,141	214
Typhoid ...	2,362	573	2,293	627	2,934	665
Influenza ...	7,951	459	4,001	268	3,872	314
Small-Pox ...	240	34	20	4	26	4
Diphtheria ...	2,453	1,057	2,660	1,091	2,201	924
Measles ...	3,995	1,696	14,823	6,794	22,365	9,190
Whooping Cough ...	1,380	293	2,850	304	2,641	255
Cerebro-Spinal Meningitis ...	29	18	35	22	17	7
Scarlet Fever ...	72	3	77	4	108	5
Dysentery ...	1,401	1,037	1,677	875	2,005	737
Pulmonary Tuberculosis...	2,324	2,321	2,566	2,261	2,796	2,237

The most striking fact which the above table shows, is the sensible increase in the cases of Typhoid Fever; an increase which is in fact more apparent than real.

This increase is due to the creation of new bacteriological laboratories which facilitated the quick and easy diagnosis of diseases, and to the disappearance of the inhabitants' habit of fear from notifying the infectious disease cases to Public Health Authorities to avoid the measures of isolation, disinfection and observation, etc. The disappearance of the said habit was due to the elevation of the standard of education in the Country and to the efforts of Public Health Department's Propaganda Section. It is to be borne in mind that Fever Hospitals and Segregation stations in the towns and markazes have proved to be more efficient in the treatment of patients than ambulant cordons.

The rate of deaths caused by typhoid fever is gradually decreasing as may be seen from the following table :—

Year.	Rate of death.
	Per cent.
1911-1915 (average)	45.3
1916-1920	27.8
1921-1925	26.4
1926	23.2
1927	24.4
1928	26.2
1929	22.6

The Department confidently anticipates the result of precautions taken for combating this disease such as vaccination, etc. The number of persons vaccinated during the year was 87,639.

The Department has also carried out a general disinfection to the poor localities and villages and tried to increase the establishment of filtered water works in the various parts of the Country (this subject is more detailed in a special chapter of this Report dealing with "Etablissements Insalubres").

Diphtheria.—One of the most prevalent infectious diseases this year was Diphtheria ; the number of cases which occurred was 2,201 of which 924 died. The rate of death being so high, the Department has studied the question of effecting permanent or prolonged immunity by vaccinating children with Anatoxin Ramon. It has actually commenced to vaccinate all children between the ages of two and twelve years.

Measles.—The cases of this disease have greatly increased this year ; the number reached 32,365 of which 9,190 died. It is evident that the prevention of this disease is of great difficulty and therefore the Department is considering the project of erecting travelling dispensaries for the treatment of children from measles and other diseases.

Plague.—The total number of plague cases recorded during 1929 were 182 of which 167 were bubonic and 15 septicæmic. Of the 167 bubonic cases, 54 died, *i.e.* a rate of 32.3% ; all the septicæmic cases ended with death. A third of both the cases and deaths of plague occurred in Alexandria, the two other thirds occurred in the rest of the Country with the exception of Sharkia province where no cases were detected. Distribution of these cases is shown in Table VI.

The Department has undertaken, as usual, a great campaign against plague in the infected localities. 117,331 persons were inoculated by Anti-plague Vaccine. A number of rats amounting to 28,294 were trapped of which 6,692 were alive and the remainder were dead.

The following list shows the number and species of rats examined by the Laboratories of the Quarantine Board at Alexandria, Port-Saïd and Suez, being caught in these ports during the year 1929 :—

District.	Rats caught and their species.		
	R. Norvegicus.	R. Rattus.	Acomys.
Alexandria	3,640	1,177	169
Port Saïd	10,453	167	5
Suez	1,278	474	278

TABLE VI.—DISTRIBUTION OF PLAGUE CASES DURING 1929.

Governorate or Mudirieh.	Number of Cases.		Number of Deaths.	
	Septicæmic.	Bubonic.	Septicæmic.	Bubonic.
Alexandria Governorate	1	60	1	21
Canal Governorate, Port-Said ...	6	11	6	7
Suez Governorate	—	1	—	—
Gharbia Mudirieh	—	23	—	8
Menufieh „	—	3	—	—
Dakahlia „	4	12	4	3
Kalioubia „	—	1	—	—
Behera „	—	3	—	—
Beni Suef „	1	33	1	10
Fayoum „	1	—	1	—
Minia „	—	5	—	—
Assiout „	—	7	—	3
Guirga „	—	3	—	—
Kena „	1	—	1	—
Aswân „	1	5	1	2
TOTAL	15	167	15	54

Typhus is still prevailing to some extent in spite of its number of cases being greatly decreased than those of previous years. The Department hopes that with the spread of education and personal hygienic instructions amongst the people, this disease will be abolished as relapsing fever.

The small-pox cases notified this year did not exceed 26 including 16 cases from abroad. The actual cases detected in Egypt are only ten, and this is the least number of cases notified in Egypt in any previous year. This is due to the regularization of birth notification, the accurate preliminary vaccination process and to the good results attained by the general vaccination carried out in 1926-27.

Malaria.—The notification thereof is still optional with the result that only 643 cases were reported this year as compared to 3,869 cases last year.

Of the cases of Malaria occurring this year 41 were conveyed from abroad, all amongst pilgrims returning from El Hedjaz with the exception of eleven cases which were transmitted from Sudan to Luxor and 16 from Near-East to Port-Said.

It is worthy of mention that some malignant cases of malaria were detected amongst drug addicts at Kasr El Aimi Hospital. The infection was due to the use of a syringe contaminated with the parasites of the disease.

(e) GENERAL SANITATION.

(1) “*Etablissements Insalubres, Incommodes et dangereux.*”—The applications for permits regarding 1st class establishments are examined by the Department; the number of these applications was 1,031 in 1929 as compared to 1,061 in 1928, 984 in 1927 and 877 in 1926.

The following list shows the number of the three classes of establishments existing up to the end of 1929:—

Total number	71,034.
1st class establishments	6,685.
2nd class „	56,571.
3rd class „	7,778.

The Department has carried out a large campaign for the amelioration of the state of all Establishments in general, and has given a special care for the improvement of establishments which prepare or sell foodstuffs and drinks. Evidently this campaign commenced in Cairo and was then directed to the different towns and villages in the Country. The object of the campaign is the protection of consumers and clients of these establishments, and also for the protection of labourers and workmen engaged by these establishments from the danger to which they are exposed.

The Department has noticed that owners of large factories such as mineral water factories, ice factories, sweet-meat factories, etc., have increased in the villages. The reason of this increase is that the sanitary conditions stipulated in towns are so severe that they try to escape them by establishing their factories in villages where the said conditions are of less severity. Consequently, the Department decided to refrain from approving any of the above-mentioned establishments of the 1st class foodstuff establishments unless they are provided with a water supply connected with the locality's main water supply and unless the building is erected with burnt bricks.

The Department has paid special attention to butchers' shops and imposed the necessary conditions to keep them ever clean and to prevent the decomposition of meat or its contamination by dust while being exposed for sale outside the shops. These efforts have given satisfactory results as regards butchers' shops, which fact impressed the Department to make it applicable to kitchens and sweet-meat factories, etc.

The Department of Public Health benefited much from its authority granted by law for the amelioration of old establishments, and therefore issued during 1929, 810 Arrêtés for this purpose as compared to 256 in 1928 and 331 in 1927.

The Department having observed the abundance of dust in the work-rooms of the Cotton Ginning Factories and the danger to which the labourers employed therein are exposed by inhaling the air full of this dust, decided that a special apparatus for the extraction of dust should be installed.

(2) *Water*.—The Medical Officers and Health Inspectors make regular and periodical inspection on water installations of the various towns and take the necessary samples from every installation for Bacteriological analysis. The number of samples taken for this purpose during 1929 was 2,552.

The Department has chosen, during the year, the sites required for the erection of water installations in the following five localities:—

Faccous and Abu Kebir	Sharkia Province.
Wasta	Beni-Suef Province.
El Kosia	Assiout Province.
Geziret Shandawil	Gerga Province.

During 1929 six Arrêtés were issued prohibiting the pollution of drinking water at the following localities:—

Abnoub and Badari... ..	Assiout Province.
Fayoum Bandar	Fayoum Province.
Samalout	Minia Province.
El Minshat Village	Gerga Province.
Nefisha	Ismailia.

In addition, the Department has installed 10 free water taps in the poor localities of Cairo City.

(3) *Food Stuffs*.—*Milk*.—The number of samples analysed during 1929 was 3,579 the analysis showed that only 15 per cent of these samples were adulterated.

The following list shows the number of foodstuffs samples taken for analysis :—

TABLE VII.—SAMPLES OF FOODSTUFFS TAKEN FOR ANALYSIS DURING 1929.

Kind of sample.	No.	Remarks.
Cooked Butter	407	37 per cent adulterated.
Butter	30	
Artificial Butter	21	
Cocoa-nut Oil	4	
Linseed Oil... ..	20	
Olive Oil	7	4 samples were found adulterated.
Tins Milk	47	} 80 of these samples were found } unfit for consumption.
Preserved Foods	791	
Biscuits	14	
Cheese... ..	6	
Tea and Coffee	39	
Flour	92	
Vinegar	5	

The Medical Officers and Food Inspectors are charged with the inspection of foodstuffs exposed for sale in shops and markets. They have destroyed large quantities of foodstuffs during the year as shown in the following table :—

TABLE VIII.—FOODSTUFFS DESTROYED DURING 1929 BEING UNFIT FOR HUMAN CONSUMPTION.

Kind of Food.	Preserved in tins.	Fresh.
	Weight.	Weight.
	Kgs.	Kgs.
Meat and Fish	11,473	320
Fruits and Vegetables	2,820	140
Milk and Products	226	52
Other Articles	784	50
Total... ..	15,303	562

In order to ameliorate the state of aerated waters and ice factories, the Department is paying great attention to control them and continue to take samples therefrom for bacteriological analysis.

The number of samples taken of aerated waters and ice was 1,263 and 269 respectively.

(4) *Mosques.*—The Department has given permits for the re-opening of 192 ablution systems (31 of them in mosques belonging to the Ministry of Wakfs); the systems in question having been repaired in compliance with sanitary conditions. In the same time the Department has closed 237 ablution systems (8 of which belonging to the Ministry of Wakfs) being in need of repair and being a source of danger if left unclosed.

During the year, the Department approved 6 plans for six new private mosques and also approved the plans and estimates for repairing 45 mosques belonging to the Ministry of Wakfs.

(5) *Precautions against Malaria.—Birkas.*—89 of the private birkas to which the Law No. 5-1914 had previously been made applicable, were filled in during 1929.

The General Committee, constituted by a Ministerial Arrêté for the filling in of birkas, has filled in, during 1929, 326 birkas distributed over the whole country; the total area of these birkas amounted to 906,115 sq. metres. In addition, work of filling in 134 more birkas is now in course of completion.

The number of birkas sold during 1929 to the inhabitants on condition that they must be filled in, was 63 and their area was 29 *feddans*, 20 *kirats* and 20½ *sahms*. The condition of filling in was duly fulfilled.

Wells and Sakias.—The Department is still applying the arrêtés issued by the Ministry of the Interior in 1895 and on December 19, 1904, regarding the filling in of wells and sakias found to be unfit for human use after its water being bacteriologically or chemically analysed.

The number of water samples taken from such wells and sakias amounted to 1037. They were found contaminated to a great extent that the mentioned wells and sakias were decided to be filled in.

(6) *Cemeteries.*—The following statistical list shows the state of cemeteries of the country during 1929 :—

	No.
Cemeteries newly established	34
„ enlarged	17
„ fenced with pillars	52
„ authorised for burial	52
„ condemned totally or partly ...	2

Cemeteries Disaffected :—

(a) Cemeteries evacuated from bones ...	35
(b) „ under evacuation	517
Encroachments on Cemeteries sites	637

The Department has decided, for hygienic purposes, not to allow more than one cemetery in one town, and began to release the country from old cemeteries where burial was stopped for 10 years or more by disaffecting these cemeteries and delivering them to the State Domains Department. Some Local Commissions seized this opportunity and converted many cemeteries into parks, etc.

(7) *Health Propaganda.*—The amount of work charged to the Health Propaganda was doubly increased during 1929 owing to the various activities carried out by the section such as making lectures and projecting films to instruct the public how to live in a sanitary condition. This method attracted the population to attend the lectures in large numbers.

The number of such films became in 1929 twice as much of previous year.

The Department has applied for this purpose two motor vehicles provided with a dynamo and an apparatus for the projection of Health Films in the rural districts where no electric current is available.

The Propaganda Section in question has seized the opportunity of the important *Mouleds* and erected tents in each *Mouled* and made a projection of Health Films and thus enabled thousands of the inhabitants to see these films.

The system of fortnightly lectures was properly carried out by the Medical Officers during the year and the number of audience was larger than last year. The number of pamphlets distributed during this year amounted to 212,700.

(f) FRONTIERS DISTRICTS MEDICAL SECTION.

The circumscription of this section includes Sinai, South and Western Desert Governorates and the Red Sea District which contain a population of 98,600.

The number of births recorded is 4,534, a rate of 45.9 per thousand, the highest birth-rate occurred in the Western Desert District which is also the highest recorded in the whole Country as it reached 50.6 per thousand. The lowest birth-rate was at the Red Sea District as it did not exceed 28.7 per thousand.

The number of deaths in the Frontiers Districts was 2,568, a rate of 26 per thousand, but this rate reached 37.8 in Sinai Governorate, which rate is the highest recorded in the whole Country. The lowest death-rate was in the Red Sea District having not exceeded 17.9 per thousand population.

The infantile mortality during 1929 in the Frontiers Districts amounted to 671, a rate of 148 per thousand births.

The following is a list of the infectious diseases reported during 1929:—

TABLE IX.

Year.	Malaria.	Small-pox.	Measles.	Diphtheria.	Typhoid.
1929... ..	757	1	239	13	15
1928... ..	638	—	228	52	13

The number of both in and out-patients treated in Frontiers Districts hospitals and health outposts amounted to 127,511 in 1929 as compared to 102,428 in 1928, *i.e.* an increase of 24%.

When purulent ophthalmia spread in Dakhla Oasis in June 1929 the Department delegated an ophthalmic surgeon to treat the patients. He arrived at the spot on 16th June and stayed till 3rd September 1929 and treated, during this period, 17,981 of whom 1,994 were in-patients and the remainder out-patients. He performed 62 minor operations and 164 major ones. The said ophthalmic surgeon did not leave Dakhla until the disease was subdued and the state became entirely satisfactory.

IX and X.—Doctors and Pharmacists authorized to practise their professions, and their nationalities.

XI.—Imported and Exported Suspectible Drugs and Poisonous Plants.

XII and XIII.—Stores Work.

XIV and XV.—Budget Estimates and Personnel.

Medical Section.

(a) GENERAL HOSPITALS.

The work of the Public Health Department does not deal only with the amelioration of public health, combating epidemics, and treatment of infectious disease cases, but also includes the treatment of ordinary diseases. The Department made every possible effort to improve the existing hospitals either by repairing their buildings, or by furnishing them with the necessary equipment and the latest inventions and appliances of medical treatment.

The Department continued the adoption of specialization system in the various sections of the general hospitals by appointing specialists, but owing to the lack of this sort of medical men, the Department is in the habit of sending missions for specialization in the different branches of medicine to provide for the number of specialists necessary for the hospitals.

The seven hospitals established in execution of the Public Health Reformation Programme (please see the Annual Reports of 1927 and 1928) were handed over to the Department and commenced work during 1929. Two of these hospitals are General Hospitals, one (50 beds) was built at Esna and the other (40 beds) was built at Tayeba ; the latter hospital was established at the expense of His Excellency Badrawi Achour Pasha, a renowned Egyptian notable. The five others are village hospitals established at Sahragt-el-Kubra, Kafr Shukr, Danchwai, Kafr Rabie and Kossia

Again, 176 beds were added to the existing hospitals to raise the number to 3,848 beds. It is to be noted that, by adding the 82 beds of the Suez Fever Hospital to the Medical Department, the real increase of beds will be 258.

The progress previously mentioned can be easily noticed by comparing the figures shown in the following list:—

Number of Patients.	1927	1928	1929
In-patients	67,977	70,821	78,745
Out-patients	705,610	781,965	908,318
Patients of Travelling and Village Hospitals	38,727	43,596	52,567
Number of out-patients attendances	1,783,858	2,019,855	2,475,209
„ of operations performed in In-patients Departments	21,190	22,078	26,632
Number of operations performed in Out-Patients Departments	3,978	4,144	6,875
Number of cases examined by X-Rays	6,734	11,666	15,499

(b) SOCIAL PROPHYLAXY.

(I) Venereal Clinics.—Four new venereal clinics were opened during 1929 at Beni-Suef, Sohag, Shebin El-Kom and Damanhour. The total number of such clinics amounted now to 14.

The attendance of the public to this kind of clinics has noticeably increased during the last three years as can be seen from the following list:—

Year	Number of Clinics.	New Patients.			Average of each Clinic.
		Syphilis.	Gonorrhoea.	Total.	
1927	6	5,106	3,174	8,280	1,380
1928	10	9,130	5,076	14,206	1,420
1929	14	15,449	7,203	22,652	1,618

The new patients treated in venereal sections of General Hospitals are detailed in the following table:—

Units.	In-patients.			Out-patients.		
	Syphilis.	Gonorrhoea.	Total.	Syphilis.	Gonorrhoea.	Total.
General Hospitals	784	1,801	2,585	6,622	3,671	10,293
Venereal Hospitals	769	2,909	3,678	—	—	—

(2) *Chest Diseases Dispensaries.*—Two Chest Diseases Dispensaries were opened in 1929, one in Cairo and the other at Mansoura. The number of patients who attended both dispensaries amounted to 5,787; only 1,007 thereof were found suffering from Pulmonary Tuberculosis and the remainder suffered from other chest diseases.

The age distribution of the cases of Tuberculosis shows that the case rate of the diseases increases after puberty. The following table gives some details of tuberculosis:—

No. of new patients.	No. of new persons suffering from Tuberculosis.	Positive for T.B.	Age Distribution.				
			0-5	5-15	15-25	25-35	35 and upwards.
5,787	1,007	362	5	179	289	264	269

In addition, Medical Officers have made 87 visits to patients in their houses and 210 visits were made by nurses.

(c) *BILHARZIOSIS AND ANKYLOSTOMIASIS.*

The number of Bilharziosis and Ankylostomiasis units remained 55 in 1929 as they were in the previous year. The only reform made was the conversion of Damietta Ankylostoma Permanent Hospital into a Travelling one which was given No. 26, in order to gain the greatest possible benefit thereof. Also, during the Scholastic Holiday of 1929, the Ankylostoma School Clinics were converted into Travelling Hospitals for the treatment of inhabitants.

During the year 1929, the Department furnished 18 units with 3-rooms kiosks and 17 units with one-room kiosks in place of tents. In a 3-rooms kiosk, a room is assigned for the doctor's office, the other for the clerk and the third for injection. The one-room kiosk is only used for microscopical examinations.

The Department having found some difficulty in supplying its Ankylostoma Units with carbon tetrachloride and tartar emetic, have taken the necessary steps to store a quantity of these drugs sufficient for two years.

The Researches Section of the Public Health Laboratories has carried out the necessary researches at Cairo Ankylostoma and Bilharzia Hospital on the efficacy of "Fouadin," an organic preparation of Antimony, in the treatment of Bilharziasis, and the Director of the Researches Section reported favourably on its use for the treatment of Bilharziasis. The present high cost of the drug, however, is calculated to hinder its substitution on a wide scale for tartar emetic.

The number of patients treated at the Ankylostoma and Bilharzia Units was 535,106; as compared with a total number of 440,955 patients treated during the previous year showing an increase of 21%.

The following is a disease distribution of patients examined:—

Number of new patients... ..	535,106
Number of urine specimens examined... ..	529,164
Positive for Bilharzia	317,418
Number of stools examined	513,814

Positive for Bilharzia :—

(a) Schistosoma Mansoni	47,668
(b) " Hæmatobium	6,604
Positive for Ankylostoma	371,504
" " Askaries	158,383
" " other Parasites	47,968
No. of cases negative for all parasites... ..	95,851

(d) OPHTHALMIC SECTION.

His Majesty the King has condescended to inaugurate Princess Fawkia Government Ophthalmic Hospital at Rod El-Farag, Cairo, on May 4th of this year. This hospital is the largest ophthalmic institution in the Country (containing 106 beds) and the Department, by establishing it, has got ample means for thorough teaching and training of a large number of Medical Officers on Ophthalmic Surgery.

During 1929, three ophthalmic branches were established in the General Hospitals at Aswân, Tayeba and Esna.

The number of ophthalmic units reached 45 (of which 31 are permanent and 14 travelling). The number of beds was raised to 987 in 1929 with an increase of 266 beds of which 161 beds were put in New Units and the remainder in the Old Hospitals. This arrangement entailed an increase of patients attending to ophthalmic units by one fifth more than the previous year, and consequently the number of operations increased 12%.

The following list shows the clinical work done in 1929 as compared with that of 1928 :—

	1928.	1929.	Increase in 1929
			per cent.
New Patients... ..	381,790	461,481	17
In-patients	12,967	16,890	33
Operations	171,487	195,942	12
Out-patients attendances	3,364,425	4,242,241	18

It is worthy of mention that the rate of blindness among patients of Ophthalmic Units is continually decreasing as may be noticed in the following table :—

Period.	Rate of Blindness per cent.	
	One Eye.	Both Eyes.
1910-1915 (average)	8.7	5.8
1916-1920 (")	9.1	4.5
1921-1925 (")	8.1	2.9
1926	7.7	2.6
1927	7.4	2.4
1928	7.2	2.1
1929	6.6	1.8

Purulent Ophthalmia is the direct cause of 79 per cent of the cases of blindness in Egypt. The gonococcus is still the predominant factor of infection with acute ophthalmia; its percentage to the total of other causes of blindness being 40 per cent.

School Clinics.—The number of School Clinics in which ophthalmic treatment had been carried out was 32 in Primary Government Schools and 26 in others belonging to Provincial Councils with an increase of two clinics in the former schools and three clinics in the latter schools.

12,191 pupils were examined, of whom 92 per cent were found to be suffering from trachoma in its various stages. About 28 per cent of these were in the serious stages of the disease (trachoma I and II). As a result of ophthalmic treatment, the latter percentage dropped to 8 per cent.

The following table shows the state of trachoma at the beginning and at the end of the scholastic year:—

Stage of Trachoma.	At the beginning of the Scholastic Year.		At the end of the Scholastic Year.	
	Number.	Percentage.	Number.	Percentage.
Trachoma I	1,835	16.3	740	6.8
„ II	1,562	13.9	179	1.6
„ III	3,459	30.8	4,874	44.5
„ IV	4,367	38.9	5,163	47.1

The following list shows the serious cases of trachoma and its percentage in the different ages at the beginning of the scholastic year:—

Class.	Rate per cent of pupils suffering from trachoma I and II.
1st Year	45.4 per cent.
2nd „	30.4 „
3rd „	21.5 „
4th „	16.1 „

The following table gives a short account of ophthalmic work carried out during the last three years:—

	1927	1928	1929
<i>Hospitals:—</i>			
Travelling Hospitals... ..	10	14	14
Permanent Hospitals	26	27	31
New patients treated	347,742	81,790	461,481
Number of out-patients attendances	3,239,159	3,461,425	4,242,241
* Operations	158,989	171,487	195,942
In-patients	10,810	12,967	16,890
<i>Details:—</i>			
Patients examined	361,577	401,530	79,932
„ continued treatment	347,742	381,790	61,481
„ uncurable	6,115	5,224	5,715
„ Monocular	26,591	28,816	31,893
„ Binocular	8,689	8,592	8,697
Cases of Trichiasis examined... ..	53,794	56,028	65,756
Successful operations of Trichiasis	60,878	62,255	68,105

(e) CHILD WELFARE SECTION.

The inhabitants' appreciation of the efforts of this section can be noticed from the steady increase of their attendance to Child Welfare Units; this increase was not only due to the opening of new centres which did not exceed 5, i.e. 31.25%, while the rate of the increase of pregnant amounted to 52.6% and that of deliveries 101.6%.

The increase of the above-mentioned attendances had entailed an increase in mother and child house visits to 83.3%, doubled the number of samples of blood taken from pregnant, and caused an increase of 50% in lectures delivered to mothers.

The following list gives details of the activities above referred to:—

	1928	1929
No. of Child Welfare Centres ...	16	21
„ New Pregnants... ..	14,602	22,287
„ Deliveries	6,240	12,582
„ Visits	120,835	226,364
„ Lectures	13,638	19,994
„ Blood Samples	10,488	20,713 (only 8.8% of them were positive for Syphilis).

The number of puerperal fever was only 14, *i.e.* 1.4 per thousand births. The deaths caused by confinement did not exceed 15, *i.e.* 1.2 per thousand births.

The rate of still-births has fallen from 24% to 20% only. This is a proof of the care given to mothers during the pregnancy and delivery periods; the Child Welfare Section is now paying attention to house visits of pregnant in the last month of pregnancy to give every possible assistance for avoiding complications during pregnancy and puerperium periods.

A valuable service was carried out by Health Inspectorates in this connection, they undertook the work of disinfection by lime-washing the rooms of poor classes where delivery is expected to occur.

Orders were given to health visitors to pay regular house visits to mothers in order to observe the cleanliness of their houses and to see the extent of their compliance with the advices and directions made by Welfare Centres.

The Section, being well aware of the fact that sufficient nutrition is essential to both pregnant and mothers, distributes milk gratuitously to poor women. The quantity of milk distributed during 1929 was 32,921 kilogs. as compared with 22,714 kilogs. in 1928. Besides milk, the Section distributes ready-made clothes to poor mothers for their children.

In 1928, the Section commenced to inoculate the children by Anatoxin Ramon as a prophylactic measure against diphtheria. 1,990 children were inoculated up to the end of 1929.

The Department convinced some Provincial Councils and Local Commissions to establish special Child Welfare Centres; two centres were, therefore, established at Sohag and Kafr el Zayat. The Councils of Toukh, Shebin el Kanater, Zagazig and Minia have converted their dispensaries into Child Welfare Centres.

But Kena Provincial Council had closed his two existing dispensaries and gave a donation of L.E. 1,500 for the equipment of the Child Welfare Centre to be established at the Capital of the Moudirieh.

There remain, at present, only six of these dispensaries in the following towns: Port-Said, Shebin el Kom, Damanhour, Beba, Wasta and Mansoura. It is anticipated that these dispensaries will, in future, be converted into Child Welfare Centres. It is to be noted that the Child Welfare Centres are of more use than the dispensaries as the latter work does not exceed issuing medicines to children attending thereto.

Foundlings.—The Department has established a new asylum in Cairo to look after the foundlings which was opened about the end of the year; thus raising the number of such asylums to three, one of them is in Kasr el Aini Hospital and is assigned to the foundlings of Cairo, the second is at Alexandria for its foundlings and the third, which is newly established, is at Cairo and accepts the foundlings from the various Provinces of the Country.

The following list shows the number of foundlings and their rate of deaths in the first 2 asylums. It is obvious that this rate is always high in all parts of the world :—

Asylum.	New Foundlings.	Old Foundlings.	Total.	Deaths.	Death-rate per cent.
Kasr-El-Aini	191	122	313	104	33
Alexandria	36	35	71	41	58
Total	227	157	384	145	38

The Department has also established a Sea Sanatorium at San-Stefano, Alexandria, for convalescent children who were suffering from acute or chronic diseases (such as tuberculosis of bones, etc.).

(f) LEPROSY.

A leprosy clinic was opened in March 1929, but the In-patients Department of this clinic could not start its work up to the end of the year; it is expected to be ready during the next year. 392 patients attended the clinic in 1929 but only 208 were found to be suffering from the disease. All the patients were Egyptians with the exception of one.

(g) PHARMACIES SECTION.

The Department, on finding that the old Law of 1904 on the Practice of Pharmacy and Commerce in Poisonous Substances does not cope with the advanced state of the Country because of the continuous increase of new pharmacies, trade in poisonous substances and sale of drugs, foreign and Egyptian specialités, it has prepared a new law to fill in the gap of the old law and to safeguard the public health; the law in question was promulgated on May 4, 1929, containing new terms and stipulations for the control of pharmacies, pharmacists, hospitals, dispensaries, medical practitioners' clinics, Egyptian and foreign specialités, poisonous and simple drug-stores, and commissioners dealing in trade of such substances. The application of this law has also enabled the Department to exercise full control over the manufacture, preparation and sale of drugs.

Students of Pharmacy.—Twenty-eight students of Pharmacy were allowed to pass the period of training in pharmacies; 15 of these students were graduated in Kasr El-Aini Hospital and 13 in Foreign Colleges.

Pharmacies.—The total number of pharmacies amounted to 455 at the end of 1929; the number of inspections made thereon was 527, and the number of samples of medicine examined was 622.

Poisonous Substances.—During 1929, 130 persons were permitted to trade in poisonous substances.

Opium.—The number of persons permitted to export the local product of opium was 21, and the quantity of opium existing in the Country was 439 kilogrammes, 209 kilogs. were in the hands of merchants and the remainder kept by the cultivators.

(h) MEDICAL PERMITS SECTION.

The Medical Permits Section had taken necessary measures for the strict application of both the Decree Law No. 66 of 1928 concerning the practice of medicine and the Decree Law No. 14 of 1929 dealing with the practice of Pharmacy in Egypt. These two Decree Laws having provided for the necessity of registration of the names of all practitioners of medicine and pharmacy already authorised to practice their profession in virtue of the old laws, 2,409 applications from doctors and 666 from pharmacists were submitted for the registration of their names.

The annexed Tables IX and X show the origin of Diplomas and nationality of their holders.

During 1929, permits were issued to the following practitioners of medical branches :—

- 62 Doctors.
- 2 Veterinary Surgeons.
- 12 Dentists.
- 27 Pharmacists.
- 7 Assistant Pharmacists.
- 27 Midwives.
- 3 Barbers.
- 155 Dayas (Green Permits).
- 4 „ (White „).

According to the new laws in question a special examination was made to holders of Foreign Diplomas before granting them permits to practice their profession in Egypt; the following table shows the number of candidates who attended the said examination during 1929 :—

Examination.	Number of Candidates.	Egyptians.		Foreigners.		Total.	
		Successful.	Failures.	Successful.	Failures.	Successful.	Failures.
Doctors	57	26	12	14	5	40	17
Pharmacists	7	—	3	—	4	—	7
Dentists	25	7	6	7	5	14	11

(i) MEDICAL COMMISSIONS.

The amount of work done this year by the Central and Provincial Medical Commissions surpasses that of previous year. This increase is due, on one hand, to the gradual expansion of Ministries, Government Departments and their branches, and on the other hand to new instructions of the Ministry of Finance *re* the estimation of ages of temporary officials and employees nominated on permanent posts.

The following list is an abstract of the work done by Medical Commissions during 1929 :—

Kind of Examination.	Cadré.	Hors Cadre.	Total.
For admission into Service	3,042	8,589	11,631
For Missions Abroad	—	—	266
Sick Leaves granted	6,755	3,732	10,487
Pronounced unfit for remaining in service.	109	4,323	4,432
Other examinations	—	—	2,092
Total	9,906	16,644	28,908

Medical Fitness.—The rate of medical fitnesses reached 61% amongst cadré candidates and 57·4 % amongst hors cadre candidates.

The percentage of failures in vision was 23·6 % in both permanent and temporary service candidates. The main reason of failure in most cases was due to myopia. The percentage of those rejected or found unfit on account of defects in the urinary system was 5·7 %. The main reason was due either to Albumen or traces of Albumen, the presence of which cannot be taken as a proof of the existence of kidney diseases. Albumen sometimes exists from other reasons different altogether from kidney diseases. The percentage of diseases causing heart failure was 4 % most of which was due to functional incompetence.

The following table shows the number of candidates rejected and the causes of rejection :—

Disease.	Number.
Myopia	4,206
Urinary System	740
Blood Circulatory	207
Re-piratory System	49
Other Diseases	219
Total	5,421

Sick Leaves.—During 1929, the Central Medical Commission has examined 4,880 employees for sick leaves; out of this number, 3,535 were cadré and temporary employees, and 1,345 hors cadre. 2,235 pensionable and temporary employees and 799 hors cadre employees were found suffering from medical diseases. The number of persons suffering from surgical and ophthalmic diseases was 1,205 cadré and temporary officials and 509 hors cadre.

The under-mentioned list shows the nature of diseases for which sick leave was granted and their rate per cent :—

Disease.	Percentage for Cadré and Temporary.	Percentage for Hors Cadre.
Bronchi and Lungs	8·9	7·4
Stomach and Intestines	8·9	6·4
Anæmia and General Debility	8·9	12·6
Rheumatism	5·9	4·6
Eyes	8·6	5·6
Different Surgical Operations	7·2	5·4
Fractures	3·9	13·6
Fevers	4·5	4·8
Percentage of typhoid to above "fevers" ...	35·8	15·8

The number of sick leave days granted to the cadré and temporary officials was 123,880. If we notice that the number of cadré and temporary Government Officials as established in the Budget of 1929 was 28,007 (excluding the officials of His Majesty the King's Court, Egyptian State Railways and Ministry of Wakfs who do not obtain their sick leaves through the Medical Commission), we find that the percentage of days of absence for sickness, compared with the days of work is 1·4 %, taking into consideration that the days of work in the whole year are 300 days only. This percentage increases to about 2 % if we add the number of leaves not exceeding 10 days which the Medical Officers of the Kisms and Markazes are authorized to grant.

The number of Officials and employees who were granted sick leave from one day to 10 days by Medical Commissions of the Governorates and Mudirias amounted to 19,676 of whom 14,663 were found to be suffering from medical diseases, 3,263 from surgical diseases, and 1,750 from ophthalmic diseases. It is to be noted here that more than half the total of these officials was repeatedly examined for extension of leave.

Nizami Ghaffirs.—The number of Nizami Ghaffirs who were examined by the Medical Officers of Markazes on admission to service or for extension of their period of service was 16,403 ghaffirs. 10,108 of them were found physically fit and the remainder unfit, i.e. 38·3 % of ghaffirs were declared unfit although the requisite standard of fitness for such category is less than that of the cadré employees.

TABLE II.—CAUSES OF INSANITY.

	Males.	Females.	Total.
Congenital defect resulting in idiocy, imbecility and weak-mindedness	271	26	297
Hereditary defect resulting in:—			
(1) Primary dementia	283	129	412
(2) Epileptic insanity	28	14	42
(3) Mania depressive	24	137	161
Pellagra	14	77	91
Toxic agencies:—			
(a) Indegenous:			
Syphilis	55	7	62
Fever	2	2	4
(b) Exogenous:			
Drug insanity	106	8	114
Puerperium	—	13	13
Old age	53	14	67
Moral causes, grief, loss, etc.	11	5	16
Causes unknown	69	24	93
Impaired health	44	30	74
Total	960	486	1,446

STORES.

During 1929, the Stores Department initially equipped two houses for House Officers at Kasr El-Aini Hospital and Esna Hospital (General and Ophthalmic Sections), and Demerdash Pacha Hospital with up-to-date steel furniture in order to be up to the level of the most modern hospitals in Egypt.

In consequence of the creation of the New Units, the Stores work has greatly increased, steel furniture has replaced wooden furniture.

The Stores General Adjudications have been published all over the world with the result that competition arose between merchants and that the cost of articles was greatly reduced. Moreover, the economical situation during this year was worse than that of 1928/29, and this was the reason why the well known manufacturers were obliged to sell their goods at about the cost of production.

With regard to the instruments contracted for at the end of the year, the prices thereof were increased. This was due to the following two reasons:—

- (1) Instruments were ordered of stainless steel at the recommendation of Hospitals Section.
- (2) Increase of Customs Tariff.

The Department's demands from abroad were highly increased that the cost of both the demands supplied by the Inspecting Engineers' Offices at London and America amounted to about L.E. 24,000

With regard to wooden furniture, it must be added in addition to previous reasons that the employment of modern machinery in Egypt, decreased the cost of labour than the previous years.

The economy realised in the credit for clothing was due to the decrease of cotton price than that of 1928.

A sum of L.E. 10,587 was economised from certain chapters of the Stores budget for many reasons, the most important of which are:—

- (1) The decline in cost of textile goods on account of the fall of cotton prices.
- (2) Failure of the contractors to supply some articles such as X-Rays Apparatuses and accessories led to their purchase with lower prices than those estimated in tenders as a result of competition between merchants.

Appendix No. 1.

Arrangements with the Quarantine Board regarding measures to be taken :—

(a) IN CONNECTION WITH THE PROTECTION OF EGYPT FROM CHOLERA
WHICH MAY BE IMPORTED BY AIR ROUTE.

(1) All passengers arriving in Egypt by air from Karachi and stopping in this country or proceeding to Europe must be in possession of a certificate of inoculation against Cholera bearing a date not earlier than six months and not later than five days before the date of their embarkation.

(2) Passengers arriving at Aboukir by air from Karachi and stopping in Egypt will be detained and observed in Gabbary Lazaret for a period not longer than is necessary to complete five days from the date of their departure from Karachi (India). Their stools must be examined and results reported to the Central Administration of Public Health Department. The crews of aircraft, being under stringent control and their addresses known, should be only subjected to "surveillance."

(3) Air-ships latrines must be disinfected, water tanks emptied, foodstuffs, etc., which are expected to be bearing the vibriion of cholera, seized and destroyed. These measures must be regularly executed under the supervision of Medical Officers on arrival of air-ships.

(4) The Post-Master General was duly informed that all parcels and mail bags arriving from Karachi should be accurately examined; foodstuffs and drinks, etc., which might probably bear the cholera vibriion must be seized and destroyed.

(5) Lists of passengers arriving at Aboukir from Karachi must be regularly sent to the Port Health Office by the Medical Officer charged with the supervision of air-ships at Aboukir; instructions were given to this Medical Officer to make separate lists of passengers landing at Aboukir in transit and other lists of passengers who will be isolated at Gabbary Lazaret.

(6) Passengers proceeding to Europe must be put under Quarantine Escort when transferred from Aboukir to Gabbary Lazaret or from Aboukir to Alexandria.

(7) Passengers exceptionally landing at Heliopolis are subjected to similar measures as those followed in Aboukir, and their stools are bacteriologically examined by Public Health Laboratories at Cairo.

Further instructions were given to Ports Health Offices, Kantara Segregation Camp and Cairo City Health Inspectorate to put the following annotation in red ink on the observation lists of passengers arriving from Karachi :—

"COMING FROM KARACHI, TO BE CAREFULLY EXAMINED."

The term "carefully examined" was explained by the Department in the following meaning: a daily examination of the passenger for a period of five consecutive days by the Medical Officer personally, and paying special attention to deaths occurring amongst passengers or among their contacts during the thirty days observation period.

Port Health Offices and Kantara Segregation Camp were also instructed to detain all passengers arriving in Egypt *via* Kantara and Syria either by land or sea routes on their arrival to the Egyptian Ports and Kantara to complete five days from the date of their departure. Specimens of their stools should be taken for examination after purging. Such passengers must not be discharged unless their stools are examined twice and give negative results.

As regards the passengers coming from Karachi by the Red Sea Route, a disinfection is made to their luggage. Only 1st and 2nd Class passengers are allowed to enter the Country on condition that they are found in good health. But the 3rd Class Passengers who do not give their exact and fully known addresses are detained, and specimens of their stools are taken for examination. They cannot be discharged except when two examinations of every passenger's stools have given negative results.

The Department has already agreed with the Quarantine Board to communicate with both Customs and Post Offices Departments in order not to deliver parcels of foodstuffs or drinks despatched from Karachi to Egypt unless they are examined by a Quarantine Delegate in conjunction with a Public Health Delegate. Instructions were duly given by the Department to its Medical Officers to follow the above measures strictly until cholera disappeared from Karachi. These instructions were afterwards suppressed by the Department Circular No. 759 dated 21st October, 1929.

(b) PRECAUTIONS AGAINST THE IMPORTATION OF SMALL-POX INTO EGYPT.

Owing to the fact that the "S.S. Toscana" in the course of its voyage from India to France and Great Britain had transmitted the infection of small-pox to different parts of these countries, the Department had, in agreement with the Quarantine Board, enforced the following measures:—

(1) *Passengers arriving at Alexandria and Port-Said:—*

Medical inspection of passengers and crew will be carried out by Quarantine Medical Officers. Passengers in transit will not be allowed to disembark unless in possession of a certificate of vaccination dated not earlier than two years or more recent than three weeks from the date of their arrival in Port-Said and Alexandria ports. Passengers disembarking with the intention of perpetual residence in Egypt are handed over to the Port Medical Officer for giving their addresses and for filling their observation lists which will be sent to Medical Officers of the localities to which they intend to proceed in order to put them under the necessary small-pox observation period of 21 days.

(2) *Passengers arriving at Suez from India:—*

Passengers not in possession of certificates of vaccination dated not earlier than two years or more recently than three weeks should not be permitted to disembark.

Passengers permitted to disembark, are handed over by the Quarantine Authorities to the Port Medical Officer for medical examination and putting the necessary annotation on their observation returns that they must be supervised for small-pox for the necessary period of 21 days.

In case of ships arriving to Egyptian Ports which have had in course of the voyage a case of small-pox on board, the Quarantine Board has decided that the provision of Art. 42 of the International Sanitary Convention should be applied.

Ports Health Offices were instructed to stick to the application of the Convention in question by detaining every passenger not in possession of a certificate of recent vaccination to complete 21 days from date of his departure from India, England or other infected countries, provided that the Quarantine Authorities consider the ship clean; but if considered unclean, no permission of disembarkation to any passenger is granted.

(c) DISEMBARKATION OF SICK PASSENGERS IN EGYPTIAN PORTS.

(1) Cases of sickness, occurring among passengers or the crew, while on board, requiring to be transferred to a hospital must be urgently notified by Captains of Ships to the Quarantine Office which sends a Medical Officer to treat the patient in conjunction with the Company's Doctor. The wounded who are able to disembark are exempted from the aforesaid measures.

(2) No patient can be conveyed unless he is visited by a Quarantine Medical Officer who will, in every case, give the disembarkation certificate after seeing the documents certifying the visit of the Ship's Medical Officer to the patient. When the patient has been examined, a Quarantine Delegate must wait in the ship to accompany him (whether walking or conveyed in a stretcher) to the Port Health Office which will observe the patient on entering the town.

(3) The Port Quarantine Office must urgently inform the Public Health Office of all patients whose state necessitates disembarkation and transfer to a hospital. Dangerous cases which are in need of conveyance at night (after 6 p.m.) are sent direct to hospitals after being visited by a Quarantine Medical Officer who notifies the Health Office about them in the next day.

(4) In case of an outbreak of a definite or suspicious infectious disease in the Port of Alexandria, the Health Section of Alexandria Municipality must be informed at once by the Port Health Office.

Generally speaking, it is the duty of the Quarantine Authorities to observe the disembarkation of passengers while the Public Health Department observes them after entering the Country.

The number of both in and out patients treated in 1928 amounted to 127,511 in 1928 as compared to 102,428 in 1927, an increase of 24.5%.

When persistent ophthalmia spread in 1928 the Department delegated an ophthalmologist to treat the patients. He arrived at the spot on 18th June and stayed till 3rd September 1928 and treated during this period 10,000 whom 1,004 were in-patients and the remainder out-patients. He performed many operations and 101 major ones. The said ophthalmia spread but very little and the disease was confined and the state became entirely satisfactory.

Encroachments on Cemeteries

The Department has decided, for hygienic purposes, not to allow more than one cemetery in one town, and began to release the country from old cemeteries where burial was stopped for 10 years or more by disintering these cemeteries and delivering them to the State Domain Department. Some Local Commissions seized this opportunity and converted many cemeteries into parks, etc.

(5) *Health Propaganda* - The amount of work done by the Health Propaganda was doubly increased during 1928 owing to the various activities carried out by the section such as making lectures and projecting films to instruct the public how to live in a sanitary condition. This method attracted the population to attend the lectures in large numbers.

The number of such films became in 1928 twice as much of previous year.

The Department has applied for the purchase of two motor vehicles provided with a dynamo and an apparatus for the projection of Health Films in the rural districts where no electric current is available.

The Propaganda Section is constantly seized the opportunity of the important Measles and cerebral tests in each Moudia and made a projection of Health Films and thus enabled thousands of the inhabitants to see these films.

The system of fortnightly lectures was persistently carried out by the Medical Officers during the year and the number of audiences was larger than last year. The number of pamphlets distributed during this year amounted to 212,700.

(6) FRONTIER DISTRICTS MEDICAL SECTION.

The circumscription of this section includes Sinai, South and Western Desert, Gharbi, Assiut and the Red Sea District which contain a population of 93,000.

The number of births recorded is 4,324, a rate of 46.0 per thousand, the highest birth-rate recorded in the Western Desert District which is also the highest recorded in the whole Country as it reached 50.0 per thousand. The lowest birth-rate was at the Red Sea District as it did not exceed 28.7 per thousand.

The number of deaths in the Frontier Districts was 2,508, a rate of 26.9 per thousand, but this rate reached 37.8 in Sinai District, the which rate is the highest recorded in the whole Country. The lowest death rate was in the Red Sea District having not exceeded 17.8 per thousand population.

The infantile mortality during 1928 in the Frontier Districts amounted to 671, a rate of 14.8 per thousand births.

TABLE I.—CASES AND DEATHS OF INFECTIOUS DISEASES

Provinces and Governorates.	Typhus.		Small-pox.		Relapsing Fever.		Typhoid.		Scarlet Fever.		Cerebro- Spinal Fever.		Diphtheria.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>Governorates:—</i>														
Cairo	9	6	1	1	—	—	1,222	349	79	2	6	4	807	305
Alexandria	6	2	1	—	—	—	811	145	20	1	6	2	516	151
Ismailia	—	—	—	—	—	—	18	13	—	—	1	—	14	3
Port-Said	9	2	3	—	—	—	58	6	—	—	—	—	24	10
Damietta	1	1	—	—	—	—	10	1	—	—	—	—	18	5
Suez	4	1	12	2	—	—	19	24	—	—	—	—	29	12
Western Desert ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Southern „ ...	—	—	—	—	—	—	8	3	—	—	—	—	10	3
Sinai	—	—	1	—	—	—	5	—	—	—	—	—	3	—
<i>Provinces:—</i>														
Beheira	288	34	1	—	—	—	50	1	—	—	—	—	44	28
Dakahlia	273	52	3	—	—	—	78	14	3	—	1	—	85	43
Gharbiya	167	26	1	1	—	—	122	26	2	—	—	—	131	81
Menoufia	106	12	—	—	—	—	50	11	—	—	—	—	82	56
Qaliubia	4	1	—	—	—	—	50	13	—	—	—	—	36	20
Sharkiya	30	6	—	—	—	—	50	10	—	—	—	—	28	13
Assiut	5	1	1	—	—	—	48	11	—	—	1	—	63	26
Aswân	26	9	—	—	—	—	43	8	—	—	—	—	20	7
Beni-Suef	4	2	2	—	—	—	19	6	—	—	—	—	20	11
Fayoum	3	2	—	—	—	—	17	7	—	—	—	—	59	28
Girga	121	40	—	—	—	—	66	8	—	—	—	—	59	36
Giza	57	9	—	—	—	—	32	6	2	1	1	1	56	19
Minia	—	—	—	—	—	—	36	7	1	1	—	—	53	38
Kena	28	8	—	—	—	—	21	6	1	—	1	—	44	29
Total	1,141	214	26	4	—	—	2,834	675	108	5	17	7	2,201	924

IN PROVINCES AND GOVERNORATES DURING 1929.

Measles.		Pulmonary Tuberculosis.		Dysentery.		Whooping Cough.		Influenza.		Plague.		Other Infectious Diseases.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
805	308	777	777	732	365	1,127	26	1,507	100	—	—	835	101	7,907	2,344
1,283	308	814	501	534	115	174	1	539	19	61	22	568	61	5,433	1,328
36	5	27	15	4	1	—	—	—	—	—	—	16	1	116	28
119	51	60	47	23	11	3	1	69	1	17	13	61	10	446	151
106	32	29	27	8	1	13	—	—	—	—	—	26	6	211	73
56	14	33	27	16	1	11	1	117	1	1	—	139	4	437	87
—	—	9	4	5	—	11	2	12	3	—	—	3	1	41	10
163	21	36	12	27	1	12	2	242	26	—	—	56	1	554	69
732	63	2	—	16	—	—	—	138	20	—	—	17	—	914	83
341	117	51	39	5	3	10	2	17	—	3	—	88	42	898	266
2,531	838	100	69	39	25	59	2	34	4	16	7	144	56	3,366	1,110
912	313	165	148	79	66	82	22	333	4	23	8	132	84	2,149	779
1,759	932	60	61	27	11	167	70	108	21	3	—	169	110	2,531	1,284
495	147	59	49	100	15	60	2	55	3	1	—	84	41	944	291
500	140	114	97	26	21	70	6	146	3	—	—	126	35	1,090	331
2,895	1,891	107	79	81	19	248	62	68	6	7	3	143	51	3,667	2,149
636	324	55	46	21	8	215	10	8	1	6	3	50	20	1,080	436
1,355	649	46	35	26	9	70	6	8	2	34	11	54	21	1,638	752
2,144	514	59	47	23	10	66	5	24	2	1	1	46	18	2,442	634
2,312	1,052	52	43	40	12	27	2	219	84	3	—	76	49	2,975	1,326
719	219	36	33	65	12	83	2	134	8	—	—	55	22	1,240	332
768	299	29	16	18	8	54	29	53	1	5	—	46	24	1,063	423
1,698	953	76	65	90	23	79	3	41	5	1	1	42	19	3,122	1,112
22,365	9,190	2,796	2,237	2,005	737	2,641	251	3,872	314	182	69	2,976	777	44,264	15,398

**TABLE II.—ÉTABLISSEMENTS INSALUBRES LICENSED AND ACTUALLY EXPLOITED
IN EGYPT DURING 1929.**

Governorates and Provinces.	Etablissements Insalubres.					Total.
	First Class.	Second Class.		Third Class.		
		Category A.	Category B.	Category A.	Category B.	
<i>Governorates :—</i>						
Cairo	1,819	10,605	1,990	1,236	1,678	17,328
Alexandria	989	3,601	1,177	377	849	6,993
Damietta	212	628	82	19	80	1,021
Canal	300	1,101	155	98	185	1,839
Suez... ..	86	501	77	41	59	764
<i>Provinces :—</i>						
Qaliubia	91	1,864	142	47	156	2,300
Beheira	269	2,831	169	33	233	3,535
Menoufia... ..	191	3,771	222	53	174	4,411
Gharbiya	699	5,123	492	198	552	7,064
Sharkiya... ..	282	2,554	168	68	155	3,227
Dakahliya	623	3,327	331	107	271	4,659
Giza... ..	111	2,181	205	56	253	2,806
Fayoum	96	1,834	125	40	166	2,261
Beni-Suef	80	1,342	83	45	118	1,668
Minia	198	2,526	132	65	270	3,191
Assiut	262	2,837	201	89	373	3,762
Girga	151	1,585	164	58	141	2,099
Kena	158	1,669	79	55	184	2,145
Aswân	68	581	13	17	73	752
Grand Total	6,685	50,461	6,007	2,702	5,970	71,825

**TABLE III.—ÉTABLISSEMENTS INSALUBRES.
APPLICATIONS EXAMINED IN 1929.**

	Number.
Licence Approved	579
„ Refused	95
Under Consideration	243
Dispensed with	114
Total	1,031

**TABLE IV.—ÉTABLISSEMENTS INSALUBRES—MINISTERIAL ARRÊTÉS
ISSUED ON THE DEMAND OF THE DEPARTMENT IN 1929.**

Governorates and Provinces.		Number of Arrêtés.	Governorates and Provinces.		Number of Arrêtés.
<i>Governorates:—</i>			<i>Provinces (contd.).</i>		
Cairo		725	Qaliubia		—
Alexandria		20	Giza		2
Canal		10	Fayoum		2
Suez		—	Beni-Suef		5
Damietta		1	Minia		21
			Assiout		7
<i>Provinces:—</i>			Girga		3
Gharbiya		3	Kena		3
Beheira		4	Aswân		—
Menoufia		1			
Dakahlia		1			
Sharkiya		2			
			Total		810

TABLE V.—GENERAL HOSPITALS.—NUMBER OF BEDS.

Hospital.	For Patients.						Grand Total.
	First Class.	Second Class.	Special Third Class.	Ordinary Third or Fourth Class.			
				Patients.	Children.	Ophthalmic Branch	
Kasr-el-Aini	—	—	—	854	51	—	905
Alexandria	1	8	—	378	12	31	430
Port-Said	4	6	6	146	3	—	165
Suez	5	9	—	110	2	25	151
Damietta	2	2	—	72	—	22	98
Damanhour	—	4	—	93	—	—	97
Bereem	—	—	—	18	—	13	31
Tanta	1	2	—	153	4	—	160
Tayiba... ..	—	—	—	32	—	8	40
Mansoura	1	7	—	146	—	—	154
Mit Ghamr... ..	—	—	—	22	—	10	32
Zagazig	1	2	—	117	—	—	120
Shebin-el-Kom	1	1	—	82	—	—	84
Benha	—	—	—	86	14	—	100
Qaliub... ..	2	2	—	56	—	—	60
Fayoum	1	2	—	97	—	—	100
Beni-Suef	—	2	—	98	—	—	100
Maghagha	—	—	—	24	—	—	24
Minia	1	1	—	76	2	—	80
Fikriya	—	—	—	22	—	8	30
Mallawi	—	—	—	13	—	7	20
Assiout	—	14	—	194	7	—	185
Tahta	—	—	—	26	—	—	26
Souhag	—	2	—	77	—	—	79
Kena	—	1	—	79	—	—	80
Luxor	—	2	—	24	—	—	26
Isna	—	—	—	51	—	24	75
Aswân... ..	1	2	—	45	—	23	71
Total	21	69	6	3,191	95	171	3,523
Hod-el-Marsoud... ..	—	—	—	264	—	—	264
Gabbary	—	6	—	144	—	—	150
Total	21	75	6	3,599	95	171	3,937

TABLE VI.—GENERAL HOSPITALS.—OPERATIONS AND X-RAY EXAMINATIONS.

Hospitals.	Operations.		Total.	X-Ray Examinations	Remarks.
	In-patients.	Out-patients.			
Kasr-el-Aini	6,325	1,307	7,632	6,500	
Alexandria... ..	4,053	1,005	5,058	4,611	
Port-Said	1,075	106	1,181	694	
Suez	531	400	931	310	
Damietta	539	344	883	186	
Damanhour	687	425	1,112	136	
Bereem	—	98	98	—	
Tanta... ..	1,554	77	1,631	231	
Tayiba	178	191	369	—	No apparatus exists at present.
Mansoura	759	128	887	116	
Mit-Gamr	550	753	1,303	—	
Zagazig	1,758	46	1,804	232	
Shebin-el-Kom... ..	1,058	60	1,118	220	
Benha	977	361	1,338	22	The apparatus was out of order.
Qaliub... ..	810	453	1,263	175	
Fayoum	754	206	960	211	
Beni-Suef	867	17	884	431	
Maghagha	326	95	421	—	No apparatus exists at present.
Minia	387	16	403	86	
Fikriya	230	208	438	—	No apparatus exists at present
Mallawi	243	7	250	—	" " " " "
Assiout	1,394	202	1,594	1,338	
Tahta	252	6	258	—	No apparatus exists at present
Souhag	589	28	617	—	" " " " "
Kena	378	13	391	—	
Luxor	134	68	202	—	
Isna	94	136	230	—	No apparatus exists at present.
Aswân... ..	132	119	251	—	" " " " "
Total... ..	26,634	6,875	33,507	15,499	

TABLE VII.—GENERAL HOSPITALS.—DISEASES TREATED IN 1929.

	Number of patients.		Number of patients.
(a) Medical Diseases :—		Tubercular joints and Necrosis of bones	615
Alimentary	2,256	Traumatic	7,431
Respiratory	2,064	Burns	923
Circulatory... ..	727	Bilharziasis	1,537
Urinary	1,646	Liver Abscess	55
Blood	934	Rectal Surgery... ..	3,281
Nervous	736	Hernia	3,235
Constitutional	1,308	Hydrocele	1,479
Parasitic	1,447	Appendicitis	199
Poisoning	2,222	Vesical Calculus	748
Lunatic	654	Other Surgical Diseases... ..	7,295
Other Medical Diseases	1,650	(c) Ophthalmic... ..	3,175
(b) Surgical Diseases :—		(d) Skin Diseases	964
Fractures	3,336	(e) Venereal Diseases	2,302
Tumours	847	(f) Midwifery	903
		(g) Gynæcological Diseases	1,488

TABLE X.—COUNTRIES OF ORIGIN OF DIPLOMAS HELD BY REGISTERED DOCTORS AND PHARMACISTS UP TILL DEC. 31, 1929.

Country of Origin of Diploma.	Number of Diplomas in Medicine.	Number of Diplomas in Pharmacy.
Egypt	853	146
Syria	319	145
Great Britain	251	18
Greece	217	58
France	153	15
Germany	144	6
Turkey	126	198
Switzerland	86	24
America	81	31
Italy	81	9
Austria	40	12
Russia	28	2
Malta	3	2
Other Countries*	27	—

* The "Other Countries" are classified as follows:—

Belgium	5
Australia	4
Hungary	3
Czechoslovakia	3
Roumania	3
Poland	2
Netherlands	2
Denmark	2
Estonia	1
Persia	1
India	1
Total	27

TABLE XI.—IMPORTED AND EXPORTED STUPEFACIENT DRUGS IN 1929. (THE IMPORTED QUANTITIES ARE COMPARED WITH THOSE OF 1928).

Name of Drug.	1929.	1928.
<i>1.—Quantities Imported:—</i>		
Opium and its preparation	93 kilos.	92.5 kilos.
Morphine and its salts	5,719 gr.	6,792 gr.
Eucodal	994 "	176 "
Heroine and its salts	86 "	549 "
Dionine	1,465 "	2,158 "
Cocaine and its salts	8,305 "	7,404 "
Nóvocaine	1,549 "	2,253 "
Codeine	6,300 "	5,365 "
Cannabis Indica (Tincture and Extract)	1,550 "	1,050 "
<i>2.—Quantities Exported:—</i>		
Cocaine	110 gr.	
Morphine	110 "	
Eucodal	4 "	
Codeine	3,904 "	
Opium	330 "	
Henbane	197,173 kilos.	
Coloquinth	1,861 "	
Datura	1,452 "	

TABLE XII.—CENTRAL STORES.—COMPARISON OF THE WORK IN 1928 AND 1929.

Kind of Work.	1928	1929	Increase.
Receipt Vouchers	15,919	15,572	—
Issue Vouchers	55,231	65,181	9,950
Outward Correspondence	86,675	83,734	—
Inward "	84,132	90,326	6,194
Postal Parcels received	3,874	6,124	2,250
Railway Consignments	16,750	19,200	2,450
Postal Parcels despatched	17,927	22,371	4,444
Claims	2,089	2,127	38
Workshops labour (repairs)	73,953	88,322	14,369
" " (new works)	3,556	5,848	2,292
" " (Discs for Oph. Hospls.) ...	No previous statistics.	634,720	—

TABLE XIII.—CENTRAL STORES.—CONTRACTS AND ORDERS MADE IN 1929, COMPARED WITH THOSE OF 1928.

	1928	1929	Increase.
General Adjudications	68	73	5
Competitive local offers	1,024	790	—
Contracts	377	528	151
Supplementary Contracts	170	191	21
Local Orders	1,308	1,533	225
Foreign Orders	231	175	—
Forms 50 C.G. (Expenses)	5,110	5,151	41
Bills	3,082	3,461	379
Credits	79	152	55
Questions submitted to the Contract Board.	354	661	307
Petty Cash Vouchers	No previous statistics.	515	—

TABLE XIV.—POSTS IN THE DEPARTMENT AND ITS BRANCHES IN 1928 AND 1929.

	Central Administration.		Health Department.		Medical Department.		Lunacy Division.		Total.	
	1928	1929	1928	1929	1928	1929	1928	1929	1928	1929
Technical Establishment:—										
Permanent	49	60	378	406	475	636	27	29	929	1,131
Temporary	—	—	16	16	46	51	3	2	65	69
Administrative Estab. ...	14	13	2	2	3	2	5	5	24	22
Clerical Establishment ...	222	201	318	348	241	298	19	19	800	866
Hors Cadre	179	181	974	992	2,104	2,682	656	655	3,913	4,510
Grand Total ...	464	455	1,688	1,764	2,869	3,669	710	710	5,731	6,598

TABLE XV.—BUDGET ESTIMATES AND ACTUAL EXPENDITURES.

	Budget Estimates.		Actual Expenditures.	
	1928	1929	1928	1929
Art. I.—Salaries, Wages and Allowances	592,230	641,501	556,490	597,304
Art. II.—General Expenses... ..	455,413	553,802	436,424	527,778
Art. III.—New Works	90,136	418,954	62,553	151,271
			1,055,467	1,276,353
Money refunded for services rendered... ..			3,485	5,576
Total	1,137,779	1,614,257	1,051,982	1,270,777

Appendix No. 3.—PUBLIC HEALTH LAWS AND REGULATIONS IN FORCE.*

No.	Subject.	Laws and Regulations.
1	<p>PUBLIC HEALTH AUTHORITIES:—</p> <p><i>(A) Original Public Health Authorities :</i></p> <p>1.—Department of Public Health</p> <p>2.—Quarantine Board</p> <p>3.—Board of Health... ..</p> <p>4.—Superior Medical Council ...</p> <p>5.—Superior Council for Pharmacists</p> <p>6.—Public Health Committees</p> <p>7.—Water Board</p> <p>8.—Anti-Malaria Commission...</p> <p>9.—Health Committee for Ras-El-Bar Summer Resort ...</p> <p><i>(B) Other Authorities interested in Public Health Questions :</i></p> <p>1.—Local Councils</p> <p>2.—Municipalities</p> <p>3.—Village Councils</p> <p>4.—Consultative Committee of the Municipalities and Local Commissions</p> <p>5.—Provincial Councils</p> <p>6.—Tanzim Department (Cleaning Department)</p> <p>7.—Mohammedan Cemeteries Committees</p> <p>8.—Theatres Commission ...</p>	<p>Decree of February 1886, modified by Decree of 1920.</p> <p>Decree of June 1893.</p> <p>Arrêté of the Minister of Interior dated December 1919, modified by Arrêtés of November 1925 and February 1931.</p> <p>Decree-Law No. 66-1928 (Arts. 10-13).</p> <p>Decree-Law No. 14-1929 (Arts. 11-14).</p> <p>Arrêtés of the Minister of Interior dated May 1895 and December 1904.</p> <p>Arrêté of the Minister of Interior dated January 1925.</p> <p>Arrêté of the Prime Minister dated 1923.</p> <p>Arrêté of the Minister of Interior dated April 1921.</p> <p>Arrêté of the Minister of Interior dated July 1905, modified by Arrêtés dated March 1920, September 1922 and December 1923.</p> <p>Decree of January 1890 ; Arrêtés of the Minister of Interior dated June 1904 and May 1926, as regards Alexandria Municipality. Other Municipalities have been created.</p> <p>Arrêté of the Minister of Interior dated February 1918, amended by Arrêtés of May 1923, September 1924 and February 1925.</p> <p>Arrêté of the Minister of Interior dated July, 1909, modified in September 1924.</p> <p>Arrêté of the Minister of Interior dated January 1910.</p> <p>Organic Law No. 29-1913.</p> <p>Decree of August 1889 ; and annexed Regulations issued by the Ministry of Public Works in September 1889.</p> <p>Decision of the Council of Ministers dated November 1908 transferring the Tanzim Depts. of cities and villages to the Ministry of Interior, with the exception of Cairo, Helwan, Port-Said, Ismailia, and Port-Tewfik.</p> <p>Arrêté of the Ministry of Interior dated May 1909 constituting Alexandria Tanzim Council.</p> <p>Arrêté of the Ministry of Interior dated March 1911 constituting Tanzim Councils for villages having no Village Councils.</p> <p>Arrêté of the Ministry of Interior dated April 1922, empowering the Permanent Committees of the Local Commissions of cities to which Tanzim Regulations are not applicable, the attributions of Tanzim Councils.</p> <p>Arrêté of the Ministry of Public Works dated July 1929 constituting a Board for Tanzim and Public Services in Cairo.</p> <p>Law No. 1-1922 (for Cairo).</p> <p>Law No. 38-1923.</p> <p>Decision of the Minister of Interior dated February 1912, modified by Arrêté of May 1914.</p>

* Up till May 1931, the date on which this report has been edited.

Appendix No. 3.—PUBLIC HEALTH LAWS AND REGULATIONS IN FORCE (*continued*).

No.	Subject.	Laws and Regulations.
	3.—Foodstuffs markets	Decision of the Governor of Cairo dated March 1911. Decision of Alexandria Municipality Commission of July 1912. Law No. 14-1904.
5	CEMETERIES :— 1.—Inhumation, Exhumation and Transport of Bodies Abroad ; Transport and Fencing of Cemeteries 2.—Crematoriums 3.—Mohammedan Cemeteries Committees	Regulation issued in October 1877. Decrees of December 1887, January 1894, January of 1896, and March 1896. Arrêté of the Minister of Interior dated December 1907. Law No. 1-1922 (for Cairo City). Law No. 38-1923.
6	WATER CHANNELS AND PROHIBITION OF ITS CONTAMINATION :— 1.—Water Board 2.—Prevention of Contamination of Water Channels 3.—Protection of Water Intakes	Arrêté of the Minister of Interior dated January 1925. Art. 335 of the Penal Code. Art. 4 of Law No. 14-1911 regarding latrines Arrêté of the Ministry of Interior dated May 1895. (Public Health Committees). Arrêté of the Ministry of Public Works No. 6-1929 re Mooring of Dahabiyas and House-Boats in Cairo and suburbs. Arrêté of the Ministry of Interior dated May 1931 (<i>Sebbeh</i> "Manure."
7	BIRTHS AND DEATHS	Law No. 23-1912.
8	INFECTIOUS DISEASES (Cholera and Plague)	Arrêté of the Ministry of Interior dated May 1895. " " " " " " " " May 1896. Decree of May 1899, modified by Law No. 3-1911, Law No. 10-1913 and Law No. 31-1930. Arrêté of the Ministry of Interior dated January 21, 1911 (Passenger control in case of Cholera Abroad) Law No. 10-1917, modified by Law No. 3-1918 and by Law No. 3-1927 (Prophylactic Measures against Cholera). Arrêté of the Ministry of Interior dated May 1901 (Alexandria) (Disinfection of Houses. Arrêté of the Ministry of Interior dated June 1901 Arrêté of the Ministry of Interior dated January 1911 (Navigation on the Mahmudiya Canal). Arrêté of the Ministry of Interior dated June 1914 (Pilgrims).
9	OTHER INFECTIOUS DISEASES :— 1.—General Prophylactic Measures 2.—Vaccination against small-pox 3.—Rags	Law No. 15-1912, modified by Law No. 18-1915 and by Decree-Law No. 52-1931. Decree of 1890, modified in 1893 and by Law No. 3-1917. Law No. 1-1906. Arrêté of the Ministry of Interior dated 1913, modified in December 1924.

Appendix No. 3.—PUBLIC HEALTH LAWS AND REGULATIONS IN FORCE (concluded).

No.	Subject.	Laws and Regulations.
4.—Oysters and Shell-fish ...		Arrêté of the Ministry of Interior dated June 1912 (Prohibiting their fishing from 1st May to 1st September every year).
5.—Anthrax		Arrêté of the Ministry of Finance dated April 1926 (Prohibiting their importation for the same period). Law No. 18—1928.
6.—Psittacosis		Arrêté of the Ministry of Interior dated June 1920. Decree-Law of May 1930 (Prohibiting importation of parrots, their feathers, etc.).
7.—Dengue Fever		Decree-Law of July 1930 <i>re</i> the agreement concluded between Egypt and France (on behalf of Oriental Countries under the French Mandate).
8.—Malaria		Law No. 1—1926.
10	VENEREAL DISEASES	Arrêté of the Ministry of Interior dated 1905 and modified in April 1925 (Prostitutes).
11	PROTECTION OF JUVENILES	Law No. 14—1909. Arrêté of the Ministry of Interior issued in 1924 and 1930.
12	RABIES	Law No. 22—1905 modified by law No. 12—1922 and by Decree-Law of March 1925.
13	EZBEHS	Art. 41 of the Organic Law No. 29—1913.
14	THEATRES	Arrêté of the Ministry of Interior dated July 1911. " " " " " " February 6, 1912, modified by Arrêté of May 1914 (Theatres Commission).

Appendix No. 2 - Summary of the Work of the Ministry of Health, 1911-1912

No.	Description of Work	Date
1	Regulation of the Ministry of Health dated July 1911	July 1911
2	Regulation of the Ministry of Health dated July 1911	July 1911
3	Regulation of the Ministry of Health dated July 1911	July 1911
4	Regulation of the Ministry of Health dated July 1911	July 1911
5	Regulation of the Ministry of Health dated July 1911	July 1911
6	Regulation of the Ministry of Health dated July 1911	July 1911
7	Regulation of the Ministry of Health dated July 1911	July 1911
8	Regulation of the Ministry of Health dated July 1911	July 1911
9	Regulation of the Ministry of Health dated July 1911	July 1911
10	Regulation of the Ministry of Health dated July 1911	July 1911
11	Regulation of the Ministry of Health dated July 1911	July 1911
12	Regulation of the Ministry of Health dated July 1911	July 1911
13	Regulation of the Ministry of Health dated July 1911	July 1911
14	Regulation of the Ministry of Health dated July 1911	July 1911
15	Regulation of the Ministry of Health dated July 1911	July 1911
16	Regulation of the Ministry of Health dated July 1911	July 1911
17	Regulation of the Ministry of Health dated July 1911	July 1911
18	Regulation of the Ministry of Health dated July 1911	July 1911
19	Regulation of the Ministry of Health dated July 1911	July 1911
20	Regulation of the Ministry of Health dated July 1911	July 1911
21	Regulation of the Ministry of Health dated July 1911	July 1911
22	Regulation of the Ministry of Health dated July 1911	July 1911
23	Regulation of the Ministry of Health dated July 1911	July 1911
24	Regulation of the Ministry of Health dated July 1911	July 1911
25	Regulation of the Ministry of Health dated July 1911	July 1911
26	Regulation of the Ministry of Health dated July 1911	July 1911
27	Regulation of the Ministry of Health dated July 1911	July 1911
28	Regulation of the Ministry of Health dated July 1911	July 1911
29	Regulation of the Ministry of Health dated July 1911	July 1911
30	Regulation of the Ministry of Health dated July 1911	July 1911
31	Regulation of the Ministry of Health dated July 1911	July 1911
32	Regulation of the Ministry of Health dated July 1911	July 1911
33	Regulation of the Ministry of Health dated July 1911	July 1911
34	Regulation of the Ministry of Health dated July 1911	July 1911
35	Regulation of the Ministry of Health dated July 1911	July 1911
36	Regulation of the Ministry of Health dated July 1911	July 1911
37	Regulation of the Ministry of Health dated July 1911	July 1911
38	Regulation of the Ministry of Health dated July 1911	July 1911
39	Regulation of the Ministry of Health dated July 1911	July 1911
40	Regulation of the Ministry of Health dated July 1911	July 1911

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