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MUNICIPALITY OF COLOMBO.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1911.

TROPICAL DISEASES BUREAU
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APPENDIX E.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1911.

1.—Introduction.

The mean temperature of the air during the year 1911 was much the same as the average; but there was, for the 9th year in succession, a great shortage of rain recorded, amounting to 24·06 inches.

The most noteworthy event of the year was the taking of the Decennial Census upon the night of March 10, 1911, when a population of 212,295 was disclosed, representing the remarkable intercensal increase of 36·02 per cent. This great increase has had a most important bearing upon the health of the town, a point which is referred to later, but which cannot be properly dealt with until the full Census data are available. From the Census figures, it is estimated that the mean population for the year 1911 was 213,974, as compared with the estimate of 202,311 made prior to the taking of the Census, the rate of increase during the recent decade having been higher than in the previous decade.

The birth-rate during 1911 was higher than the average, but owing to the large number of children of Colombo parents, who are born and registered in districts outside the town, the birth-rate as recorded does not afford a true measure of the fertility of the population, which is undoubtedly great in the case of the Burghers and the Sinhalese.

The general death-rate during 1911 was rather above the average, owing to an increased mortality amongst Malays, Sinhalese, Burghers, and Tamils. There was, on the other hand, a reduction in the mortality amongst Europeans, "Others," and Moors.

The increase in the death-rate was confined to two wards, viz., St. Paul's and San Sebastian, all the other wards having a lower rate than the average. Amongst the principal causes of deaths, pneumonia and enteric were the only ones which showed an increase; but in the case of enteric, the apparent increase was more than counterbalanced by the decrease in the number of deaths ascribed to simple continued and remittent fever, both of which terms are being to a large extent abandoned by the medical profession, who now, as the result of improved methods of diagnosis, prefer to apply the more specific term of enteric fever. The only exception to this is in the case of the Malays, a large proportion of whose deaths from fevers continue to be returned under the unscientific headings of simple continued and remittent fever. There appears to be little doubt that, although the Malays have apparently one of the lowest death-rates from enteric, they in reality suffer more from this disease than any other race except the Europeans. The steadily increasing and now very high mortality from pneumonia is a serious matter, more especially as it is a difficult disease to deal with. Its increased prevalence is probably associated in some measure with the climatic conditions which have prevailed.

The mortality from phthisis has shown a noteworthy improvement during the last two years, which is very encouraging in regard to the preventive measures which have been adopted during that period, and which are detailed in sections 7 (*a*) and 11.

The infant mortality, which has been improving so steadily for a series of years, was higher than the record low rate of 1910, but was still 22 per 1,000 below the average. The defect in the registration of births referred to above has the effect of making the infant death-rate here appear higher than it probably is in reality.

There was a considerable increase in the number of infectious diseases notified and dealt with during 1911 compared with the previous year, which was in a large measure due to phthisis having been made a compulsorily notifiable disease, and to an improvement in the diagnosis and notification of enteric fever. There were 19 cases of cholera and 36 of smallpox reported from the town during the year, the original infection of each disease having been imported, as usual, from India, *via* the Ragama camp in the case of the cholera and *via* Tondi in the case of the smallpox.

The housing problem in Colombo has become very acute, both as regards the insufficiency of accommodation and as regards the existence of unhealthy areas and unhealthy dwellings, and it is urgently necessary that something should be done to improve matters, some account of which is given in section 11.

The question of the purity of the food supply in Colombo is one which has long been crying for better attention, and it is recommended that the Council should give this matter immediate consideration. Proper food laws are much required, but even if there were such they could not be properly administered unless the Council appointed a sufficient staff for the purpose.

The admittedly poor quality of the bread in Colombo is said to be due to the use of inferior flour, and the bakers assert that their customers will not pay the price which the use of Trieste flour renders necessary.

The question of improving the quality of the tinned foods imported into the Island requires attention, and recommendations are made on this subject in section 12 (*b*).

There has been quite a remarkable improvement in the matter of milk adulteration during the last few years as the result of the action taken by the Public Health Department, the percentage of adulterated samples having dropped from 73 per cent. of the samples examined in 1907 to 17 per cent. of those examined in 1911.

The question of improving the quality of the town water by filtration before distribution has been under consideration for some time, and the installation of the Jewell system has been recommended.

The polluted state of the wells in Colombo, particularly the large public bathing wells, is a matter which, although important, cannot be properly dealt with until there is a sufficient supply of town water permanently available to justify closing these wells and substituting town water.

The state of the public markets remains highly unsatisfactory. The dairies have been improved, but are most difficult to maintain in a sanitary condition. The laundry trade is in a most unsatisfactory state.

Dr. Hirst, the first Municipal Bacteriologist, assumed duties on July 1, 1911.

Details in regard to the various subjects dealt with by this Department are given in the succeeding sections and in the statements annexed.

2.—Meteorology.

The mean temperature for the year was 80·8°, the average for 42 years being 80·7°. The total rainfall for the year was 58·26 inches, which is 24·06 inches below the average.

3.—Population.

The decennial Census was taken on the night of March 10, 1911, when a population of 212,295 was disclosed, representing the remarkable increase of 36·20 per cent., of which, however, 7 per cent. was due to the inclusion of the eastward extension in 1910. The actual population of each race upon the night of the Census is shown in the statement No. 2 in Annexure B, the information in regard to which was kindly furnished by Mr. E. B. Denham, C.C.S., Superintendent of Census, whose report will be awaited with much interest. It is unnecessary to say more here than to mention that the mean estimated population for the year 1911 was 213,974, compared with the estimate of 202,311 made prior to the taking of the Census. One consequence of this great difference between the two estimates is that the laborious task of revising all the death-rates from every cause for each of the ten years since 1901 has had to be undertaken before this report could be written.

The extraordinary increase in the population has a most important bearing upon the health of the town, as indicated in the section dealing with housing, but this is a point which cannot be fully considered until the report of the Superintendent of Census, with its attached data, has been published.

The total number of occupied houses at the time of the 1901 Census was 27,268, which had increased to 38,667 at the time of the recent Census, the largest increases being in St. Paul's, Maradana, and Kollupitiya Wards. It is possible that the system of enumeration of houses differed at the two periods, and that these figures are not really comparable. One point stands out clear however, and that is that the erection of new houses has not kept pace with the increase of the population, all classes of which are at present keenly feeling the insufficiency of house accommodation.

4.—Births.

During the year 1911 there were 5,280 births registered in Colombo, representing a ratio of 24·7 per 1,000 living, as against the average of 23·1 for the preceding ten years, an increase of 1·6 per 1,000. 623, or 11·8 per cent., of those births were attended by the Municipal midwives.

The birth-rates for each ward and in respect of each race are shown in Annexure B. That the births recorded in Colombo are far short of being a complete statement of the children born of Colombo parents would appear to be beyond all question, for not only is it well known that an ancient custom prevails amongst most of the indigenous races, whereby prospective mothers migrate prior to their confinement to the homes of their parents, which are in many instances situated outside the town; but a comparison of the birth-rates of the several races in Colombo with those of the same races in the Island generally shows that the Colombo rates, as recorded, cannot possibly be accepted as a true measure of the fertility of the Colombo population. The direct effect of the migration referred to is to make the infant death-rate appear much larger than it really is, because a large proportion of these children are brought to Colombo after the mother has sufficiently recovered, and help to swell the unregistered (in Colombo) part of the infant population, and to contribute towards the infant death-rate, which is reckoned upon the population of the infants registered in Colombo only.

5.—Deaths.

During the year 1911 there were 7,234 deaths (inclusive of deaths of non-residents) registered in Colombo, representing a ratio of 33·8 per 1,000 living, as against the average of 33·0 during the preceding ten years, an increase of 0·8 per 1,000. 631 of these were deaths of non-residents of Colombo who died in the hospitals, the death-rate (exclusive of non-residents) being only 30·9 per 1,000. Further corrected for age and sex constitution the death-rate was 35·5 per 1,000.

(*a*) *Deaths by Races.*

The Malays had the highest death-rate during the year, viz., 40·1 per 1,000, next come the Sinhalese (37·1), then the Tamils (33·4), then Moors (29·2), then Europeans (28·3), then Burghers (27·3), and lastly the "Others," who had the unusually low death-rate for them of 27·3 per 1,000. The rates of the Europeans, Tamils, and "Others" are, however, much affected by fluctuations in their populations, and are not therefore very reliable. Comparing these rates with the average of the preceding ten years, it is found that the mortality amongst "Others" was 7·6 per 1,000 below their average, amongst Europeans it was 1·3 below their average, and amongst Moors it was 0·5 below their average. The rates of all the other races were above their average.

It is necessary to bear in mind, when considering these death-rates, that some of them are seriously affected by the deaths in hospitals of non-residents of Colombo. Thus, if we deduct the hospital deaths, the European crude death-rate is reduced from 28·3 to 22·7, the Burgher rate from 27·3 to 26·7, the Sinhalese rate from 37·1 to 31·4, the Tamil rate from 33·4 to 32·6, the Moor rate from 29·2 to 28·8, the Malay rate from 40·1 to 40·0, and the "Others" rate from 27·3 to 25·6. There is thus a great difference between some of the races in the extent to which their rates are affected by the deaths in hospitals of non-residents of the town, the increase in the mortality on this account being as much as 5·7 per 1,000 in the case of the Sinhalese, 5·6 in the case of Europeans, 1·7 in the case of "Others," but only 0·8 for Tamils, 0·6 for Burghers, 0·4 for Moors, and 0·1 for Malays. The reason of this difference is no doubt that whereas a proportionately large number of sick Europeans and "Others" are received into the hospitals from ships, and in the case of Europeans from up-country also, very few of the indigenous races enter the hospitals from these sources. In the case of the Sinhalese, there is a large population of these in the adjoining rural districts, many of whom come into Colombo to obtain hospital treatment. There are probably not many Moors, Malays, or Tamils in the adjoining rural districts, in addition to which both the Moors and Malays appear to have a strong aversion to going into hospital, especially so as regards their women. Before one can fairly compare the mortality amongst the different races, a further correction should be made, viz., for differences in the age and sex constitution of the several races in Colombo compared with that of the same races in the Island as a whole.

(*b*) *Deaths in Wards.*

The following are the crude death-rates in the various wards during 1911, the average for the previous ten years being in each case shown within brackets.

St. Paul's 31·4 (24·9); New Bazaar 28·2 (28·5); San Sebastian 26·6 (23·7); Kotahena 25·1 (26·1); Maradana 23·0 (25·7); Slave Island 21·8 (27·4); Eastward Extension 18·2 (not known); Kollupitiya 15·2 (19·3); Pettah 12·4 (13·4); Fort 10·7 (12·2). It will be seen that with the exception of St. Paul's, which shows an increase of 6·5, and San Sebastian, which shows an increase of 2·9, all the wards had a lower death-rate during 1911 than their average for the preceding ten years, the improvement being most marked in Slave Island (—5·6); Kollupitiya (—4·1); Maradana (—2·7). The crude rates shown above do not include the deaths of ward residents which occurred in the hospitals. If all the deaths of these ward residents are transferred to their respective wards, it is found that there is a very material increase on some of their rates. The Pettah rate is thus increased by 16·1; St. Paul's by 5·6; Maradana by 4·5; New Bazaar by 3·7; Kollupitiya by 3·5; San Sebastian by 3·3; Slave Island by 2·3; Kotahena by 1·8; and Fort by 1·4.

By this means we get the following as the true ward death-rates, viz., St. Paul's 37·0; New Bazaar 32·0; San Sebastian 29·9; Pettah 28·5; Maradana 27·5; Kotahena 26·9; Slave Island 24·1; Eastward Extension 21·4; Kollupitiya 18·7; Fort 12·1. This correction places the wards of highest mortality in much the same order as does the infant mortality. It is of especial interest to note the comparatively low position of Slave Island which in past years has generally been one of the highest death-rated wards in the town.

6.—Infant Mortality.

Deaths, 1,669; death-rate per 1,000 recorded births, 316; average rate for preceding ten years, 338; decrease, 22 per 1,000.

The infant death-rate in Colombo is probably not so high as it appears for the following reason. It is reckoned as a proportion to the infant population as represented by the number of births registered in Colombo during the year. If, therefore, any of the births escape registration in Colombo during the year, the death-rate will be reckoned on a population smaller than the actual, and will consequently be made to appear higher than it really is. This is actually happening in Colombo, for it is known that it is the custom amongst the indigenous races for women to repair prior to their confinement to the house of their parents, and as many of the Colombo men are married to country women, many of the men themselves hailing from the country originally, it follows that a large number of children of Colombo parents are born and registered in these extra urban districts, their births being thus lost to Colombo; and as such of these children as survive are brought to Colombo, where their subsequent deaths are registered, the effect is to make the infant mortality appear higher than it really is. How far this custom affects the infant death-rate it is impossible, with any

certainty, to say; but, as the result of a rough estimation, I make it that the infant death-rate, instead of being about 300, is probably nearer 200 per 1,000 births.

The average infant death-rate for each race in 1911 and for each race during the four years 1908–1911, in respect of which records for the individual races are available, has been as follows :—

	European.	Burgher.	Sinhalese.	Tamil.	Moor.	Malay.	"Others."
Average, 1908–1911 ..	159	200	290	436	410	304	441
1911	182	218	286	413	423	291	408

The persistently high infant death-rates amongst the Tamils, Moors, and "Others" demand attention. A large proportion of the Tamils, and many Moors, being poor, are compelled to live in unhealthy areas, such as exist in St. Paul's, New Bazaar, and San Sebastian Wards, their infants being thereby exposed to conditions which are invariably associated with a high rate of mortality. The mothers are, moreover, very ignorant and careless, and, especially in the case of Tamils, have to work instead of attending to their children. The great need in their case is that sanitary dwellings should be provided for them at a rental which they can afford to pay. This will certainly not be done so long as it is left to the property owners to carry out, for, the moment a better class house or tenement is erected, even in an insanitary area, the rent is raised, and the house is thereby placed beyond their means. In this connection reference is requested to the section dealing with the housing problem.

It is generally admitted that the infant mortality is the best test of the sanitary condition of a district, and the statistics in Colombo fully bear this out as shown by the following statement, in which the infant death-rate in each ward during 1911 and the average for the preceding ten years are given.

The consistently high rates in St. Paul's, New Bazaar, and San Sebastian are a true index of the unhealthy condition of the dwellings in these wards. The Pettah rates are very erratic, and are scarcely comparable with those of other wards owing to the smallness of the infant population upon which the rates are reckoned. Slave Island shows a conside able improvement, as does Kotahena. The infant death-rate in 1911 in the new Eastward Extension was a high one (374), and indicates that much improvement is required there.

Infant Mortality in Colombo Wards, expressed as a Rate per 1,000 Births.

Ward.	Average, 1901–10.	1911.	Ward.	Average, 1901–10.	1911.	Ward.	Average, 1901–10.	1911.
Fort ..	211	300	Kotahena ..	366	295	Kollupitiya ..	258	249
Pettah ..	407	279	New Bazaar ..	410	382	Eastward Extension ..	—	374
San Sebastian ..	387	372	Maradana ..	332	370			
St. Paul's ..	440	509	Slave Island ..	368	325			

7.—Pulmonary Diseases.

Under this heading are included phthisis, pneumonia, and bronchitis.

Deaths, 1,897; ratio, 8·24; average, 8·11; increase, 0·13 per 1,000.

Phthisis shows a decrease of 0·55 per 1,000, pneumonia an increase of 0·68, while bronchitis was the same as the average.

(*a*) *Phthisis.*

The improvement in the death-rate from phthisis which took place during 1910 was continued during 1911, the number of deaths recorded from this cause being 634, representing a ratio of 2·96 per 1,000, of which no less than 88 or 13·8 per cent. were deaths in hospitals of non-residents of Colombo. The crude death-rate from this cause since 1901 has been as follows :—

Mortality from Phthisis, 1901–1911.

Year.	Death-rate.	Year.	Death-rate.
1901 ..	3·20	1908 ..	3·70
1902 ..	2·98	1909 ..	4·13
1903 ..	3·18	1910 ..	3·13
1904 ..	3·51		
1905 ..	3·56	Average ..	3·51
1906 ..	4·06		
1907 ..	3·79	1911 ..	2·96

It will be seen from the above that the mortality from this disease more or less steadily rose up till 1909, since when it has shown a noteworthy decrease. The race with the highest average rate during the ten years 1901–1910 was the "Others" (4·15); next come the Sinhalese (3·89); then the Malays (3·85); then the Moors (3·31); then Burghers (3·13); then Tamils (3·07); and lastly the Europeans (2·21). In this connection, it is of interest to state that 50 per cent. of the European deaths from this cause in 1911 were amongst non-residents of Colombo, 28 per cent. of the Tamil, 26 per cent. of the Sinhalese, 6 per cent. of "Others," 1·6 per cent. of the Moors, and none of either the Burgher or Malay. During the year 1911 the Malays had the highest death-rate of any race from this cause, notwithstanding the fact that none of them were outsiders. As in previous years, there was in 1911 an extraordinarily high death-rate from phthisis amongst Muhammadan women (Malays and Moors) compared with the rates amongst the males of these races, and, as has previously been pointed out, this is no doubt in a large measure attributable to their peculiarly insanitary custom, whereby they keep their women very much confined to their houses, which are often badly lighted and ventilated. In the case of the stricter Moors, the women are further deprived of the benefits of fresh air and sunlight by their insanitary custom of shutting themselves up in closed carriages, or wearing heavy veils or cloths over their heads when they go out. It is high time that the more intelligent of the Muhammadans turn their attention to this matter. What is required is that their women should have outdoor exercise, with plenty of fresh air and sunlight; they should be taught that phthisis is an infectious disease, and that they should not go and unnecessarily sit or sleep in the same room with a patient suffering from this disease, and that those so suffering should adopt precautions with a view to preventing the spread of the infection to others. A female health visitor with a special knowledge of phthisis could, I believe, do much good by teaching these people, amongst whom the feeling of family attachment is strongly developed.

The death amongst each race since 1901, and the rates for each sex in 1911, are shown in the statements in Annexure B.

In view of the marked improvement in the mortality from phthisis which has occurred in the last two years, and the fact that the increasing prevalence of this disease in the Island generally has recently been the subject of a Government Commission, it may be of interest to state what are the preventive measures now recognized to be necessary, and how far they have been, or still require to be, adopted in Colombo.

Preventive Measures.—The measures which are now recognized to be necessary for the prevention of phthisis may be divided into the three following more or less distinct groups: (*a*) Direct preventive measures; (*b*) indirect preventive measures; (*c*) relief and educational measures.

Direct Preventive Measures.—These include all those which have for their object the prevention of the spread of the virus of the disease from infected to non-infected persons, and comprise such measures as detection, notification, segregation, and disinfection.

Indirect Preventive Measures.—Under this heading come general sanitary measures which have for their object the prevention or removal of conditions which tend to act as predisposing causes of the disease, such as overcrowding, contamination of the atmosphere, defective lighting and ventilation, dampness, &c.; in other words, general sanitary measures. These measures will include such works as drainage, paving, dust prevention, cleansing, prevention of overcrowding, and improvement of unhealthy dwellings and unhealthy areas, including re-housing of the poorer classes displaced during the progress of improvement schemes.

Relief and Educational Measures.—Under this heading come the erection of sanatoria for the treatment of early and, therefore presumably, curable cases, providing suitable employment for those who, although infected, are still capable of doing selected work, organizing and distributing relief to the families of bread winners who are incapacitated for work by the disease, propagating knowledge in regard to the causes, methods of prevention, and cure of the disease by popular lectures, by teaching in schools, and by the distribution of literature on the subject.

Incidence of Control.—The carrying out of the direct and indirect measures ennumerated above is an obligation which rests with, and can only be properly discharged by, the authorities armed with legal powers, and with sufficient staff and funds at their disposal.

The organizing and carrying out of relief and educational measures belongs more properly, at least in the earlier stage, to the sphere of action of the voluntary worker and philanthropist, and need not be further considered here.

Preventive Measures adopted in Colombo.—Although phthisis has for many years been a steadily increasing and, indeed, one of the principal causes of sickness and deaths in Colombo, it was not until early in 1906 that this was recognized, as the result of working out and tabulating the rates for a series of years from all the principal causes of deaths.

At that time, however, and for some time subsequently, the attention of the public, and consequently of the Council and its Public Health Department, was much occupied by enteric fever, which, although not nearly such a prevalent disease amongst the population as a whole as phthisis, is much more dramatic in its operations, and strikes, as a rule, the European population more severely than any other race here (*vide* remarks under enteric fever).

The prevention of phthisis in common with other causes of deaths was, however, not neglected, as this Department was constantly engaged in carrying out general sanitary measures, such as checking overcrowding, improving the lighting, ventilation, and drainage of dwellings, teaching the cult of the open window, cleansing of premises, and such like, all of which act as indirect preventive measures.

It was not until July, 1909, that, as the result of a long asked for increase of staff, it became practicable to make a more direct attack upon this disease, by inquiring into, advising, and carrying out disinfection in connection with every death from phthisis reported in the Registrar-General's weekly returns. As it was found that a considerable delay was entailed between the date of death and the date of disinfection by having to wait for the weekly returns, the Registrar-General was asked to instruct his divisional registrars to report every death from phthisis direct to this office as soon as information thereof was received. This he kindly agreed to, with the result that the work was greatly accelerated. By these means 195 phthisis infected houses were disinfected during the year 1909, the risk of infection being contracted in these houses being thereby prevented. The next advance was secured by the passing of Ordinance No. 6 of 1910, which made phthisis for the first time a compulsorily notifiable infectious disease, and notification of cases began to be received in August of that year. Thus 257 phthisis infected houses were disinfected in 1910, and 364 in the year under review, making a total since July 17, 1909, of 826 houses disinfected. In every case reported the history of the case was as far as possible inquired into, the facts were recorded, and advice was given to the occupants as regards prevention.

How far these measures have been directly responsible for the marked decrease in the mortality from phthisis which occurred during 1910 and 1911 it is of course impossible to say, and the improvement may not be maintained in succeeding years; but it is at least highly satisfactory in view of the very limited powers and means which are at present at our disposal, and is a great encouragement to continue the struggle and to adopt still further measures against this disease which has obtained such a deep-rooted hold here.

In this connection it is necessary to point out that the Council have as yet neither the legal power to enforce segregation of cases, no matter how dangerously infectious they may be, nor, even if they had such power, have they a hospital in which they could isolate them. It is impossible, therefore, for the present to do more than strive to improve the methods now being carried out.

That there is much room for such improvement scarcely needs mention, for notification of cases by the medical practitioners is still exceedingly defective, there being far more deaths than cases notified. It is, however, hoped, and indeed expected, that in respect of this disease, as was the case in respect of enteric fever, the practitioners will before long show the same willingness to co-operate with the sanitary authorities here as has been experienced in other countries which have undertaken measures for the prevention of phthisis.

The detection of cases which are not under the care of a medical man—and it is certain that there are many such, especially in the earlier stages of the disease—will, it is hoped, be facilitated by the extension of the existing dispensary system; but especially by the establishment, as is proposed, of a special tuberculosis dispensary with a special staff whose whole time could be devoted to this work. As I have elsewhere pointed out, however, this tuberculosis dispensary must, for reasons previously explained, be made a part of the existing sanitary organization.

To conclude, as regards direct preventive measures, the next and most important advance must be the provision by the Council of a hospital for the segregation of advanced and dangerously infectious cases, and the granting by the Legislature of power to the sanitary authorities to compel the segregation of such cases. So long as dangerously infectious cases are allowed to remain at large in the town, there is no more hope of stamping out this disease than there would be in the case of, say, smallpox under similar conditions. It is however recognized that owing to the sometimes very chronic nature of this disease the power to enforce and maintain segregation would have to be used with discretion, and that provision will have to be made so as to ensure this.

Indirect Preventive Measures.—One has seen it stated that of all zymotic diseases phthisis has shown the least tendency to diminution from general sanitary measures. This is no doubt true as a general statement; but where, as in Colombo at present, practically every principle of sanitation is violated, particularly as regards the insanitary construction and disposition of dwellings, the irrepressible tendency towards overcrowding, the lack of proper means of drainage and disposal of waste, the almost entire absence of measures for the occlusion of damp in a climate with an average rainfall of 82·32 inches per annum, and the ignorance and indifference of the population as regards sanitary measures generally; under such cicumstances there can be no doubt that the problem of phthisis prevention in Colombo is intimately associated with, and to a considerable extent dependent upon, the carrying out of the indirect preventive measures enumerated above, and that no scheme for the prevention of this disease, which omits to provide for the carrying out of these measures, can be considered either complete or likely to be really effective. For this reason, I propose to give here a short account of what has been, and still requires to be, done in Colombo in respect of these indirect preventive measures.

Drainage.—Although, as is known, many miles of sewers have been laid, and the whole town will in time be thus served, very few premises have so far been drained (only 97 out of the estimated number of 8,000 to 10,000 available at the end of 1911), and consequently the sanitary condition of the town has not yet

appreciably benefited by this great work ; indeed, on the contrary, it has in some respects suffered in consequence of the breaking up of the streets, the blocking of existing open side drains, and such like, all of which are, of course, unavoidable during the construction stage. Needless to say, the benefit of the sewers can be reaped by the town at large only after the connections have been made, and it is therefore most necessary that, as the City Sanitation Engineer has recently pointed out, if the work of connection is to be completed within a reasonable period, the present rate of progress must be very considerably augmented.

Paving and Damp-proofing.—There is no legal power to enforce paving of floors, backyards, or lanes, and progress in this direction has therefore been very difficult ; but, as the statement of structural improvements included in each annual report shows, a considerable number of dwellings, backyards, and passages have been paved at the instance of this Department. There is no legal power to require the provision of damp-proof courses, and scarcely a house in Colombo is so protected. Special powers are urgently required in those respects, and will it is expected be included in the proposed new by-laws.

Dust Prevention.—The practice of road oiling is now being carried out by the Works Department on a considerable scale, and has very materially reduced the dust nuisance. It is, however, not so effective or so lasting as paving, the initial cost of which, however, is heavy.

Cleansing.—This subject falls under two heads, viz., (*a*) public, and (*b*) private cleansing.

Public cleansing includes scavenging and the conservancy of latrines. As regards the scavenging, it has been enormously improved since the contract system was abolished, and the work was taken over departmentally by the Works Department in 1905, the latest and a most important improvement in this connection being the establishment of a Horsfall refuse destructor, with a view to replacing the old and highly insanitary method of tipping.

The conservancy of latrines was taken over on September 1, 1911, from the contractor, in view of the unsatisfactory manner in which the work was being performed by him, and already one sees signs of great improvement ; but the bucket system can never, even with the most perfect management, be anything but highly objectionable and insanitary in a town of the size and with a population so careless in these matters as exists in Colombo.

Private Cleansing.—The work of maintaining private premises in a cleanly condition is one in respect of which the householders are held responsible under the Ordinance, and one of the principal tasks of the Sanitary Inspectors consists in endeavouring to keep them up to the mark (*vide* records of work done and prosecutions annexed).

Careless and obstinate although many of the householders are, an enormous improvement has been effected in the state in which private premises are kept, as any one who was acquainted with the back compounds of Colombo, say ten years ago, and as they are to-day, must recognize. The records of the Works Engineer as regards the output of scavenging rubbish are the best evidence on this subject.

Overcrowding.—Midnight inspections, with a view to the detection and prevention of overcrowding, have for years been regularly carried out ; but it is a hopeless task so long as there is the present insufficiency of house accommodation. The most that can be done is to get the worst instances abated, and this is as far as possible being done (*vide* also section dealing with housing).

Unhealthy Areas and *Unhealthy Dwellings.*—This subject, which has a most important bearing, not only upon the question of phthisis prevention, but upon the health of the population generally, is dealt with under a separate section, to which reference may be made.

(*b*) *Pneumonia.*

Deaths, 859 ; death-rate, 4·02 per 1,000 ; average for the preceding ten years, 3·34 ; increase, 0·68 per 1,000. This death-rate has only twice been exceeded during the decade 1901–1910, viz., in 1908 and 1909.

Forty-six, or 17 per cent., of the deaths from pneumonia in 1911 were of non-residents of Colombo who died in the hospitals. This disease was the principal cause of deaths amongst the population of Colombo during 1911, being responsible for no less than 13·0 per cent. of the total deaths. It was the principal cause of deaths amongst every race except the Europeans. As regards the cause of this disease, all authorities are agreed that it is an infectious disease ; but there is a divergence of opinion on the extent to which it is preventible. Parkes and Kentwood, for example, state that "so far as has been ascertained, neither meteorological nor insanitary conditions appear to exercise any marked influence in the epidemic prevalence of pneumonia." Osler states that in America it has shown a decided increase, and in some places, *e.g.*, in Chicago, it has gradually replaced phthisis as the principal cause of death. He records the fact that in America it is more fatal amongst coloured than amongst the white people, an observation which equally applies to Ceylon. It is more common in cities, and individuals who are much exposed to hardship and cold are particularly liable to it, *e.g.*, the Tamils and "Others," whilst debilitating causes of all sorts render individuals more susceptible, alcoholism being a particularly predisposing factor.

Notter and Firth state that "insanitary conditions, especially filth, overcrowding, and want of ventilation act apparently as powerful, though not indispensable, predisposing causes." It is difficult to see what can be done to check the spread of this disease here beyond improving the general sanitary conditions of the town, as indicated in the sections dealing with housing and phthisis prevention.

The death-rate amongst each race from this cause during 1911, and the average (shown within brackets) for the preceding ten years, has been as follows :—Europeans 1·00 (1·42) ; Burghers 3·24 (2·38) ; Sinhalese 3·42 (3·29) ; Tamils 5·76 (4·04) ; Moors 3·35 (2·95) ; Malays 3·68 (2·43) ; "Others" 5·82 (5·38).

(*c*) *Bronchitis.*

Deaths, 270 ; death-rate, 1·26 per 1,000 ; average for preceding ten years, 1·26 ; increase, nil. The death-rate for each race since 1901 is shown in the statement in Annexure B.

8.—Diarrhœal Diseases.

Deaths, 959 ; death-rate, 4·57 per 1,000 ; average for preceding ten years, 5·98 ; decrease, 1·41 per 1,000.

This group includes diarrhœa and enteritis (which are for all practical purposes synonymous) and dysentery.

As will be seen from the following statement, the death-rate from this group has showed a rapid drop since 1906 :—

Diarrhœal Diseases, 1901–1911.

Year.	Death-rate per 1,000.	Year.	Death-rate per 1,000.
1901	6·53	1908	5·40
1902	6·64	1909	4·78
1903	6·89	1910	4·19
1904	5·32		
1905	6·89	Average ..	5·98
1906	7·85		
1907	5·11	1911	4·57

One of the most noteworthy points in regard to the mortality from this group is the great preference which practitioners have of late years shown for the term "enteritis" rather than that of "diarrhœa." The two terms are for all practical purposes synonymous; but whereas ten or fifteen years ago nearly all these cases were returned as diarrhœa, they are now mostly being returned under the heading of "enteritis." During 1901, for example, out of a total of 681 deaths returned under those two headings, the proportions were diarrhœa 669 deaths, enteritis 12 deaths, whereas in 1911, out of a total of 696 deaths, the proportions were enteritis 520 deaths and diarrhœa 176 deaths. The only way in which one can judge whether the mortality from these causes has increased or decreased is to combine all the deaths returned under these two heads, as has been done in the succeeding sections.

(*a*) *Diarrhœa and Enteritis.*

Deaths, 696; death-rate, 3·25 per 1,000; average for preceding ten years 3·91; decrease, 0·66 per 1,000. The death-rate since 1901 has been as follows:—

Mortality from Diarrhœa and Enteritis, 1901–1911.

Year.	Death-rate per 1,000.	Year.	Death-rate per 1,000.
1901	4·38	1908	3·75
1902	4·34	1909	3·18
1903	4·14	1910	2·99
1904	3·48		
1905	4·21	Average ..	3·91
1906	4·64		
1907	3·47	1911	3·25

It will be seen from the above that although the mortality during 1911 was somewhat above that of the previous year, it has, on the whole, greatly improved since 1906, up till which date the tendency was upwards.

The mortality amongst each race during 1911 and the average for the preceding ten years (within brackets) have been as follows:—Europeans 2·66 (2·25); Burghers 2·73 (3·24); Sinhalese 2·91 (4·23); Tamils 4·89 (4·89); Moors 2·18 (2·48); Malays 3·68 (3·41); "Others" 2·33 (3·20).

The persistently high death-rate from this cause amongst the Tamils is noteworthy. No doubt poverty and exposure to hardships of the large Tamil beggar population has a good deal to do with this, as in the case of pneumonia; the consumption of contaminated and unwholesome food is an important factor in the causation of this disease.

The details of the mortality from this cause are given in Annexure B.

(*b*) *Dysentery.*

Deaths, 263; death-rate, 1·32; average, 2·07; decrease 0·75 per 1,000. The mortality from this cause, although slightly higher than in 1910, has greatly decreased since 1906, as the following statement shows:—

Mortality from Dysentery, 1901–1911.

Year.	Death-rate per 1,000.	Year.	Death-rate per 1,000.
1901	2·15	1908	1·65
1902	2·30	1909	1·60
1903	2·75	1910	1·20
1904	1·84		
1905	2·68	Average ..	2·07
1906	3·21		
1907	1·64	1911	1·32

The death-rate in 1911 amongst the various races and the average (within brackets) for the preceding ten years have been as follows:—Europeans 2·33 (3·60); Burghers 0·52 (1·40); Sinhalese 0·85 (1·79); Tamils 2·03 (2·95); Moors 1·40 (1·75); Malays 0·55 (1·53); "Others" 0·83 (2·41).

The Europeans, as usual, were the heaviest sufferers from this disease, dysentery and enteric fever being the two diseases from which they suffer more than any other cause.

9.—Fevers.

Deaths, 490; death-rate, 2·29 per 1,000; average for preceding ten years, 2·46; decrease 0·17. Of the total deaths registered from fevers 58, or 11·8 per cent., were deaths of non-residents of Colombo which occurred in hospitals. In other cases reported from the town no doubt the infection was acquired outside, but developed in or was brought to and reported as from Colombo, just as no doubt in some cases persons infected in the town died in the country. The heading "fevers" includes enteric, simple continued, remittent, and intermittent fever.

The death-rate from this group since 1901 has been as follows:—

Mortality from Fevers, 1901–1911.

Year.	Death-rate per 1,000.	Year.	Death-rate per 1,000.
1901	2·90	1908	2·72
1902	2·73	1909	2·10
1903	3·00	1910	1·69
1904	2·10		
1905	2·01	Average ..	2·46
1906	3·28		
1907	2·53	1911	2·29

The statement above shows that although the mortality during 1911 from these causes was a good deal higher than the record low rate of 1910, there has been a marked improvement during the last ten years.

Intermittent fever (malaria), which used to appear in the returns as a cause of death, has completely disappeared, there having been no deaths ascribed to that cause during 1911. Remittent fever (malaria) has also to a large extent disappeared from the returns. This bears out what I have frequently remarked, that there appears to be very little primary malaria in Colombo. One sometimes hears it stated that "seven-day fever," of which there has recently been a great deal in Colombo, is a form of malaria, but there is no evidence at present so far as I can gather in support of this.

There would appear to be little doubt that a great deal of the mortality ascribed indefinitely to "fever" in Colombo is nothing more nor less than enteric fever; but, on the other hand, as the experience at the enteric hospital has shown, many cases returned as enteric are not due to enteric at all, but to such diseases as pneumonia, seven-day fever, influenza, and such like. The examinations carried out so far by Dr. Hirst, the Municipal Bacteriologist, show that in 44 examinations of blood for B. Typhosus and B. Paratyphosus A 22 or 50 per cent. gave a negative reaction. As he remarks, "these numbers are too small to form the basis of very definite conclusions, but it is interesting to note the large proportion of cases giving a negative reaction. This is a common experience in enteric hospitals in all parts of the world, and may be mainly attributed to the difficulty of accurately diagnosing enteric fever on clinical grounds in the early stages of the disease." In this connection I may mention an interesting and unusual case which occurred during the year, in which many of the symptoms pointed to its being a case of modified smallpox, but which ultimately developed into a genuine case of enteric fever.

The ward with the highest average fever-rate during the ten years 1901–1910 was Slave Island; but the ward with the highest rate in 1911 was St. Paul's; the ward with the lowest average was San Sebastian; but Maradana was lowest in 1911. These ward rates are, however, quite untrustworthy, owing to the large proportion of cases which go into, and are returned against, the hospitals, in which no less than 35·1 per cent. of all deaths from fevers occurred during 1911.

(*a*) *Enteric Fever.*

Cases reported, 1,149; deaths registered, 396; death-rate, 1·85 per 1,000; average death-rate for preceding ten years, 1·18; increase, 0·67; case-rate per 1,000 living, 5·70; case mortality, 38·9 per cent.

880 enteric infected houses were disinfected and 185 filthy compounds were cleansed, while 354 cases with a mortality of 21·7 per cent. were treated in the enteric hospital.

The case mortality for the town quoted above, viz., 38·9 per cent., clearly indicates that many non-fatal cases must have escaped recognition and notification, for the true case mortality in Colombo is almost certainly not more, and is very probably less, than 12 per cent. The Europeans, who suffer from this disease more severely than any other race, and amongst whom diagnosis and notification of mild cases is no doubt more accurate and complete than in any other race, had a case mortality in 1911 of 12·9 per cent. Probably a large number of the unrecognized mild cases occur amongst children.

There can be no doubt that the enteric rates for most of the indigenous races, but especially for the Malays, are far from correct.

An examination of the vital statistics leaves no doubt that enteric fever has been endemic in Colombo for many years; but that in the past, as even now in the case of the Malays, the true incidence and mortality from this disease have been obscured under other names, particularly those of simple continued fever, remittent fever, and intermittent fever. This is clearly indicated by the following statement, which requires no expert knowledge of statistics to understand, and shows that the apparent increase of enteric has been accompanied by an even greater decrease in the mortality ascribed to these other fevers, the explanation being that, as the knowledge of enteric and its many varieties has increased, diagnosis has improved, and is gradually wiping these other unspecific terms off the death returns:—

	1897.		1911.
All fevers, *i.e.*, the total of (*a*), (*b*), (*c*), and (*d*) ..	3·75	..	2·29
(*a*) Enteric	0·71	..	1·85
(*b*) Simple continued fever	1·24	..	0·21
(*c*) Remittent fever	1·68	..	0·23
(*d*) Intermittent fever	0·10	..	0·00

It will be observed that the total fever mortality is considerably lower now than it was in 1897.

The full details of the statistics in regard to enteric are given in Annexure B.

Owing to the infection being so widely implanted here, the possible sources are so numerous, and the channels whereby it may gain access are so obscure and devious, that it is impossible to state with any degree of certainty which are the most usual. There are, however, one or two so well known and so obvious that they may with certainty be specified.

(1) *Direct Contact with an Infected Case.*—This would include contact, not only with those known to be suffering from the disease, but also with unrecognized cases, and with carriers. The latter two are the most dangerous by reason of their true nature being concealed, the result being that no precautions are adopted.

Direct contact is probably a very fruitful source of infection in Colombo, especially amongst the poorer and more ignorant classes, who do not realize the risks they run, and are slow, even when warned, to adopt precautions. It is a source which is, however, not by any means confined to the poorer classes, several instances having occurred amongst the well-to-do and educated classes, in which there was more than a suspicion that infection had been acquired by direct contact with an infected relation or friend. No one should be allowed to leave the room of an enteric patient, whether at home or in the hospital, without washing and disinfecting their hands.

(2) *Infection from Latrines.*—Infection may be acquired in this manner either by direct contact with the infected matter in the latrine, or through the agency of flies which have visited the latrine for the purpose of laying eggs. The latter is, I believe, one of the most fruitful sources of infection in Colombo. It is a source which can only be effectively prevented by the abolition of the bucket latrine and the institution of the water-carriage system instead.

The extraordinary indifference and carelessness of even educated householders in the matter of these latrines may be gathered from the fact that during a recent inspection of most of the houses in the Cinnamon gardens, although the house latrines were all right, in only 5 out of a total of 225 premises visited was it found that any sort of covering was used for the contents of the buckets in the servants' latrines, most of which, be it noted, are situated within a few paces of the back verandah and of the house kitchen. It is no wonder, under such circumstances, that when the fly season comes round enteric fever breaks out every now and then and spreads amongst these houses. When the danger of such neglect has been pointed out, it does not help matters to write replies arguing who is responsible and pointing out how unpleasant it is to have to visit the servants' latrine. The householder is responsible under the law, and in accordance with commonsense, for the sanitary condition of his own premises, and the more unpleasant a place his servants' latrine is to inspect the more need is there that he should do so, and see that proper steps are taken to improve it and to protect both his own and his neighbour's households. If he fails to do so, he must be viewed as a menace to public health.

It is of interest in this connection to note that out of 900 cases of enteric investigated last year, in no less than 801, or 89 per cent., there were badly kept bucket latrines on the premises.

(3) *Milk.*—Contaminated milk is a probable source of infection in some cases, especially where, as in Colombo, the milk is known to be frequently adulterated. There has however, as shown in the section dealing with food, been an extraordinary improvement during the last few years in the matter of milk adulteration. It is a rather remarkable fact that bad as the milk supply of Colombo undoubtedly has been, and even now is, it is rarely that any evidence has been obtained which pointed definitely to milk as the source of infection. It was definitely stated in 574, or no less than 63·78 per cent., of 900 cases which occurred during 1911 that no milk at all was used by the patient prior to illness. The sub-inspectors were instructed to make the most careful inquiries on this point, and not to accept a negative answer without making sure by repeated questions that even an occasional use of milk had not been made. In 141 cases, or 15·67 per cent., tinned, *i.e.*, sterilized, milk had been used.

Thus in no less than 715, or 79·45 per cent., of the total enteric cases investigated, it was definitely asserted that local milk had not been used by the patient. In 38 cases, or 4·22 per cent., milk was obtained only from a cow kept upon the premises. This leaves us with only 147, or 16·33 per cent., of cases in which cows' milk was obtained from outside the premises, 100, or 11·11 per cent., of these being supplied by known dairies, and 47, or 5·22 per cent., from itinerant vendors who could not be traced. The evidence in regard to the 100 cases supplied by the known dairies affords no justification for laying the blame for infection upon them.

Epidemics caused by milk have, as a rule, certain definite characteristics, none of which have been met with here during recent years. The only conclusion one can draw from these facts is that, if the information supplied is correct, although milk is a possible source, especially if used unpasteurized or unboiled, it is not, as matters stand, a very common source of enteric in Colombo. On the other hand I feel sure, as the result of a good many years' experience here in the matter of collecting information, that the replies given to the sub-inspectors as to the use of milk are by no means reliable, and therefore one must keep an open mind in regard to the degree in which milk is a source of infection here, and must omit no precaution in this respect. It would be most unwise, for instance, to neglect either to pasteurize or boil milk which one had not actually seen drawn from the cow into vessels which one had seen sterilized, and by a milkman whom one had seen wash his hands immediately prior to the milking.

(4) *Water.*—Another possible source of infection is through contaminated water, *e.g.*, foul wells and bathing places. How far infected water from wells and such like is a source of infection here it is impossible to say, but the town water has been shown by repeated examinations to be above suspicion (see remarks in section 13).

(5) *Dust.*—Infected dust is a possible, but a probably extremely rare, source of infection.

(6) *Indirect Contact.*—This may be a source of infection by handling infected clothes, &c., but, crude although the dhobies' methods are, I do not think he probably often is responsible for the spread of enteric.

In conclusion, the chief sources of infection by enteric here are probably direct contact and badly kept bucket latrines. The former can best be met by segregating all cases in hospitals, the latrine source can only properly be dealt with by the abolition of the bucket system and the introduction of the water-carriage system, pending which householders must protect themselves and their neighbours by using coir dust in their latrines, fly-proofing their kitchens and latrines, boiling milk, covering up food, and such like.

As it will be many years at the present rate of progress before the water-carriage will have completely displaced the bucket system, it behoves those who are specially susceptible, *e.g.*, newly arrived Europeans, to further protect themselves by being inoculated against enteric. In view of the remarkable results which have been obtained in India and elsewhere by this method, it strikes one as little short of folly not to take advantage of it. It is such a trivial operation, less painful as a rule than vaccination. I think firms who are responsible for the importation of young Europeans should insist in every instance upon their being inoculated prior to leaving England. Such a policy would probably save a lot of inconvenience and money, not to speak of young lives, so many of which this disease has been responsible for cutting off in the past.

I have already recommended that the Council should adopt such a policy in regard to its own employés, and I understand the suggestion has been favourably received.

(*b*) *Simple Continued Fever.*

Deaths, 45; death-rate, 0·21 per 1,000; average rate for preceding ten years, 0·58; decrease, 0·37; cases notified, 71. It is impossible to say what the true cause of the 45 deaths ascribed to simple continued fever was; some of them were probably enteric fever.

(*c*) *Remittent Fever.*

Deaths, 49; death-rate, 0·23 per 1,000; average rate for preceding ten years, 0·69; decrease, 0·23.

A quarter of these deaths were in Slave Island, no fewer than 8 of them being amongst Malays. When it is considered that whereas the term "remittent fever" as commonly used implies malaria, and that Slave Island, where most of the Malays live, is distinctly a non-malarious district, it is a significant fact that the Malays should be the only race which continues to have a high mortality ascribed to this cause. There can be little doubt that these deaths were in reality due to causes other than malaria, many of them being probably due to enteric fever.

(*d*) *Intermittent Fever.*

This has entirely disappeared from the returns as a cause of death. The great reduction in the mortality ascribed to remittent fever, and the entire disappearance of intermittent fever from the returns, bears out what has been previously maintained, that except for small occasional outbreaks on the outskirts of the town, there is practically no primary malarial infection in Colombo.

(*e*) *Seven-day Fever.*

Although this is not a notifiable disease, inquiries show that there have of late been a good many cases in Colombo. It has no doubt been in existence here for many years, but has not been differentiated. The concensus of opinion of the medical practitioners is that it has no causal relation to the drainage works now in progress, and that therefore the use of the term "drainage fever," which is sometimes applied to it, is a misnomer. Its specific cause has not yet been ascertained; but there appears to be a growing suspicion that it may be spread by the bite of a mosquito. Whether this is so, or whether the virus is ingested, or gains access in some other way, has not yet been ascertained.

10.—Infectious Diseases Notification.

(*a*) *General.*

The notifiable infectious diseases are plague, cholera, smallpox, chickenpox, measles, scarlet fever, diphtheria, acute or choleraic diarrhœa, enteric fever, simple continued fever of seven days' duration or over, and, since January 1, 1910, phthisis.

The total number of these diseases reported during 1911 was 3,069, which is an increase of 785 compared with 1910.

The totals from 1906, the first year upon which an annual report was submitted, onwards have been as follows :—

Infectious Diseases notified, 1906–1911.

Disease.	1906.	1907.	1908.	1909.	1910.	1911.
Plague ..	—	—	—	—	—	—
Cholera ..	4	28	30	—	1	19
Smallpox ..	40	49	438	85	69	36
Chickenpox	231	256	543	828	901	934
Measles ..	354	72	666	436	149	330
Scarlet fever	1	—	—	—	—	—
Diphtheria	10	13	7	8	18	12
Acute diarrhœa	12	13	85	11	11	19
Enteric ..	903	931	1,351	787	835	1,063
Simple continued fever	42	121	251	119	78	71
Phthisis ..	—	—	—	—	222	585
Total ..	1,597	1,483	3,371	2,274	2,284	3,069

These figures are not inclusive of cases reported by the hospitals from the port and elsewhere outside the town. In 1910 the outside cases numbered 183, while in 1911 they numbered 260, of which latter 85 were enteric fever, 81 were chickenpox, 29 were smallpox, and 2 were cholera.

(*b*) *Cholera.*

Nineteen cases were reported from the town and two from the port; all proved fatal except two. In twelve of the cases a bacteriological examination was made with a positive result in each. The outbreak commenced at Ragama camp, and spread from there to the town, the first two cases which occurred in the town having been employed as sweepers at the camp. The town cases were spread over a period extending from May 26 until July 27. All the cases except one were males. The largest number of cases occurred at the 20–25 age period.

Of the Colombo cases, 10 were Tamils, 7 Sinhalese, and 3 Moors. Eleven were of the cooly class, one dhoby, one cigar seller, one fortune teller, two no occupation, and one female.

(*c*) *Smallpox.*

Sixty-five cases were reported, of which 36 were from the town, 20 from extra urban districts, and 9 from the port. There were 8 deaths in all, representing a case mortality of 12·3 per cent., which is a low case mortality, and indicates that the community is fairly well vaccinated. The first infection was, as usual, imported from India, the patient having arrived as a deck passenger *via* Tondi, which was at that time an open port, quarantine having been imposed in the case of only Tuticorin and Paumben. Upon the matter being brought to the notice of the port authorities, Tondi was also quarantined. Every year sees a repetition of this importation of smallpox from India, and it will continue to be so as long as the disease is endemic in India and the ports of departure for Ceylon are left open. It is the deck passengers who bring the infection, as all indentured estate coolies are passed through the quarantine camp at Ragama.

Vaccination.—17,325 vaccinations were performed during the year, of which 8,310 were primary and 9,015 were secondary. As there were only 5,280 births registered during the year, the figures quoted above include a number of primary vaccinations of persons over one year of age; but a proportion of the discrepancy is no doubt due to the vaccination of children who, although born of Colombo parents, have been born in districts outside the town, from whence they have been brought into Colombo and been there vaccinated (see section 4).

(*d*) *Chickenpox.*

There were 934 cases reported from the town, 71 from extra urban districts, and 10 from the port. One death was ascribed—probably erroneously—to this cause.

(*e*) *Measles.*

There were 330 cases reported from the town, 17 from extra urban districts, and 6 from the port. Four deaths were ascribed to this cause, representing a case mortality of 1·1 per cent., which is low.

(*f*) *Diphtheria.*

Twelve cases were reported from the town, there being 4 deaths, representing a case mortality of 33·3 per cent., which is very high, and probably indicates that a number of mild non-fatal cases escaped recognition and notification.

(*g*) *Acute Diarrhœa.*

Nineteen cases were reported from the town. The death returns do not discriminate between acute diarrhœa and simple diarrhœa.

11.—Housing.

(*a*) *General.*

The problem of housing in Colombo is one which, as the result of many years of legally uncontrolled and consequently indiscriminate and insanitary erection of buildings, has now become so pressing that, in the interests of public health, action can no longer be safely deferred. These remarks have reference not to the mere insufficiency of house accommodation, which is being keenly felt by all classes, but to the question of improving the existing and preventing the creation of new unhealthy areas and unhealthy dwellings, which latter has for years, and is now, going on so rapidly in Colombo, and is seriously affecting the health, especially of the poorer and more numerous section of the population. It is not, however, the health of only those residing within these unhealthy areas which is affected, for there being constant communication between the quarters of the poor and those of the well-to-do, through servants, tradesmen, &c., many of the diseases which are bred and fostered in the poorer quarters—*e.g.*, enteric, phthisis, &c.—cannot be restrained within such limits, but make excursions from there into the dwellings of the well-to-do, whose death-rate is also thus maintained at a higher level than it otherwise should be.

For confirmation of this one has only to look at the death-rates of the various races in Colombo, where it will be seen that the Europeans and Burghers, types of two classes who more than any other live outside the unhealthy areas, have nevertheless had average death-rates during the recent decade of 29·6 and 26·3

per 1,000 respectively—rates which, though not so high as those of the poorer races, are higher than they ought to be, and higher than they no doubt would be if a large part of the poorer population were not living in comparatively close proximity to them in unhealthy areas. Action taken, therefore, with a view to protecting the poorer classes from the evil effects of living in unhealthy dwellings and unhealthy areas would also have an effect in relieving the whole population from a situation which has for many years been steadily, and during recent years has been rapidly, increasing in danger.

(b) Unhealthy Areas.

Although the unhealthy dwelling is the unit of the unhealthy area, and the two subjects are therefore intimately associated, it is usual to deal with them separately, especially in the matter of legislation.

To deal with an unhealthy dwelling, all that is required, in England for instance, is that a closing order should be obtained from the court, and thereafter an order to improve or demolish the building as the circumstances of the case may require.

In dealing with an unhealthy area, on the other hand, as much larger interests are involved, a much more complicated procedure must be adopted. An elaborate scheme must be prepared, with plans, &c., for the improvement of the area. This may include the demolition of a whole area, the laying out of streets, the provision of open spaces, the rebuilding of houses on sanitary lines, the re-housing of the poorer classes so displaced, &c., all of which are subject to the strict observance of procedure in the matter of giving notice, considering objections raised, assessing compensation, &c. So complicated is the procedure, and so great is the task, that in most places—*e.g.*, Glasgow, Bombay, Calcutta, &c.—it has been found to be beyond the scope of the ordinary authorities (*i.e.*, the City Council), and to be necessary to create a special authority—the City Improvement Trust, armed with special powers to enable them to raise funds, make by-laws, appoint staff, and frame and carry out improvement schemes.

In Bombay, for example, where such an Improvement Trust has been in existence for thirteen years, the following is a brief summary of what had been done up to the end of the eleventh year.

Capital to the amount of Rs. 40,000,000 had been borrowed, of which Rs. 37,000,000 had been spent upon 36 improvement schemes, which included (*a*) the construction of 72 completed and 3 partly constructed roads aggregating 12·1 miles; (*b*) the construction of 30 completed and 14 partly constructed blocks of dwellings for the poorer classes, containing 3,843 rooms capable of accommodating 13,263 adults. Of these, 2,839 rooms capable of accommodating 9,040 adults had been completed at a capital cost of Rs. 239 per adult accommodated, the average rent per room being Rs. 3·03.

In Colombo there are no laws for dealing with unhealthy areas, and consequently practically nothing has been done to improve matters in that respect. It is true that the widening of Churchyard lane (now Short's road) and of Panchikawatta (now part of Skinner's road) has effected a local improvement in these districts; but, as no provision was made for re-housing the poor people so displaced, as required by all modern improvement schemes, these people have merely been driven from one place to another, which in turn they have helped to overcrowd and render more unhealthy. The result cannot, therefore, be considered a gain to the town as a whole from a sanitary point of view. These road widenings have benefited traffic more than sanitation, and were indeed carried out primarily in the interests of traffic.

Not only has practically nothing been done to improve the existing unhealthy areas (as distinct from unhealthy dwellings), but, owing to the lack of control over the erection of new buildings, the old unhealthy areas have been steadily increasing both in size and number, particularly during recent years, when something of the nature of a building boom has been in progress. The result of this is that the condition of the town has been steadily retrograding in this respect, and had it not been for the persistent efforts of the Council's departments to improve matters in other directions (as detailed elsewhere in this report), there can be no doubt that the evil effects would have been reflected in a steadily rising death-rate, which would consequently have been much higher than it now is. How long these other measures will be able to counteract the steadily growing evil effect of insanitary building it is impossible to say, but at the present rate of building it will probably not be for long. Even now the health of the town is, I consider, in a state of very unstable equilibrium, as witness the frequently recurring tendency of the death-rate to rise.

It does no sort of good getting excited at such times and rushing forward emergency measures, which are always costly and rarely effective. The whole problem of housing must be carefully considered, ways and means must be devised, and a regular programme must be drawn up and followed out.

It is my belief that the only practical way to effect this is to follow in the footsteps of places like Bombay and Calcutta, and to create an Improvement Trust for the city. The longer action in this matter is deferred the greater will be the cost to the ratepayers.

Before leaving this subject, it may be as well to give a short account of what has been attempted and the difficulties which have been met here. Before doing so, however, it is necessary to explain the grounds upon which the action of the Council's officers has been based, as the great amount of opposition which has been met shows that there is a great deal of ignorance and misunderstanding upon this point, with the result that men who have honestly been striving to improve matters have almost invariably met with opposition, and have frequently been subjected to most unjust criticism.

It is universally accepted as an axiom of sanitary science that dwellings, to be healthy, must have, amongst other conditions, a sufficiency of unobstructed air space and sunlight, sufficient drainage, and protection from dampness, and must be maintained in a cleanly condition.

In order to secure these conditions, it is recognized by all authorities that buildings must be erected in accordance with certain principles, the chief of which are that every dwelling should have, both in front and in rear, and in the case of deep buildings at the side also, a sufficient area of unobstructed open space, for the purposes of access, ventilation, drainage, and scavenging.

They must also be provided with a sufficient number of openings, in the shape of windows, doors, and ventilators, of an area sufficient to secure proper admission of light and air to every room intended for human habitation.

The question of what shall be considered legally sufficient in these respects has been decided on scientific grounds and as the result of experience, and although one finds slight variations in respect of what has been fixed by the laws of different countries there are certain minima in respect of which all agree, and a good example of which is to be found in the model by-laws issued by the Local Government Board for the guidance of sanitary authorities in England. It will be of interest to mention a few of the principal of these, bearing in mind the well-known fact that more is required in the tropics in the matter of air space than in England and other temperate climates.

(*a*) Every dwelling must have along the whole of its frontage an open space measuring at least 24 feet to the boundary of any land or premises immediately opposite, or to the opposite side of the street, and no street must under any circumstances be less than 24 feet wide, and if intended for carriage traffic, no street must be less than 36 feet in width; in some districts the minimum width of street is 40 feet.

Compare this with Colombo, where there are many private streets intended and used for carriage traffic which are only 15 feet and even less in width, and right up to or within a few feet of which new buildings have been, and still are being, erected, *e.g.*, the numerous lanes in Kollupitiya.

(*b*) Every dwelling must have along the whole of its rear, and belonging exclusively to the house, an open space of an aggregate extent of not less than 150 square feet, and which must measure in no case less than 10 feet from every part of the back wall of the house to the boundary of any land or premises immediately in the rear ; if the house is 15 feet in height, the space must measure not less than 15 feet ; if 25 feet in height, then not less than 20 feet ; and if 35 feet or more in height, then not less than 25 feet.

More recent legislation requires that every new dwelling shall have, in addition to the back yard, a scavenging lane at the rear, the land for which must be provided by the owners of the houses.

Compare these conditions with what not only already exists, but is still being done in Colombo. Take one of the most recent, although not by any means the worst, examples of improper development, viz., School lane, Kollupitiya. In this lane, as in scores of other places in the town, we have got a newly-developed block of land where, not only has no space been left for a scavenging lane at the back, but no space has been left for even a back yard, the houses being built either right up to, or within a few feet of, the back boundary of the premises. The result is that instead of having between the backs of the two rows of buildings a clear open space comprising two rows of back yards and a scavenging lane, into which the sun could penetrate and down which the wind could sweep, we have got, in what was until recently an excellent residential site, with clean, dry, sandy soil, two rows of houses, the number of which is steadily increasing, with only a narrow and irregular slit of space between them, which, without doubt, will in time, as has been the experience in similar places elsewhere in the town, be converted into a slop-sodden, evil-smelling strip of ground right up against the house walls.

An effort was made to put a stop to this insanitary building, but without success. The owners were warned by the Inspector of Private Buildings, in some cases before more than the trenches for the foundations had been cut, that they must leave a space of at least 7½ feet between the back wall of the house and the back boundary of the premises, and that if they neglected to do so the conformity certificate required by the Ordinance would be refused.

The reason for adopting 7½ feet, which is of course too little, was because this is the minimum distance required by the by-laws between ranges of huts, and because it is the only attempt at specification of distance contained in the by-laws, and it was thought that it might be possible to enforce it as regards higher buildings such as those in Kollupitiya lane. No heed whatever was paid to these warnings, and the houses were completed. The owners then applied (in some cases they even omitted this formality) for the conformity certificate required by the Ordinance, preparatory to putting tenants in, and upon the certificates being refused upon the grounds stated, they represented that they were being unjustly dealt with. The Chairman, after considering the matter in all its bearings, was advised that, although these houses had undoubtedly been built contrary to the sanitary principles enumerated above, he had no power to withhold the certificates owing to the defective state of the building laws, and the certificates were accordingly granted.

Thus, the only result of this attempt to prevent the creation of what is in a minor degree a new insanitary area was that the officers concerned were subjected to the indignity of being charged with harassing the house owners, and this, notwithstanding the warnings which had been given by them, and the fact that the conditions which they had required fall far short of the minima required in even a temperate climate such as England, where open space about dwellings is admittedly not so important as in the tropics.

Many more instances could be quoted showing the futility of attempting to carry out sanitary measures, especially in the matter of buildings, in the absence of proper legislation ; but the above will suffice to indicate the manner in which the town is being spoiled, and in which the time of the Council's officers is being wasted, and the urgent need which exists for the adoption of up-to-date laws governing the erection of new buildings.

Before leaving this subject, it may be of interest to mention that a usual plea in favour of permitting the erection in an unhealthy area of new buildings which do not conform to modern sanitary requirements is that, although not perhaps in accordance with modern requirements, they nevertheless provide a better class of dwelling than those previously in existence there, and that therefore the tenants will be benefited thereby. Although at first sight a plausible one, no more fallacious argument could be advanced, for the rents of these improved but still unhealthy dwellings are invariably set higher than in the case of the older and more insanitary ones, and the class of tenant who could afford to live in the older type cannot afford to do so in these newer ones. There may be such, but I know of no slum landlord in Colombo who has shown the slightest symptoms of philanthropy in the matter of providing his tenants with a better class house at the same rent as the older and more insanitary ones. The carrying out of structural improvements is invariably made the occasion for raising the rent, and although one cannot blame the landlords for this, which is only natural, one must object to these fallacious arguments being brought forward as a reason for permitting an increase in the size and number of the already far too extensive and numerous unhealthy areas within the town.

(c) *Unhealthy Dwellings.*

This question, as will be seen from the foregoing, is intimately associated with the question of unhealthy areas, which are merely aggregates of unhealthy dwellings. The method of procedure which has been adopted here has been as follows. The Sanitary Inspectors were instructed to report all dwellings which, by reason either of their situation or of their structure, were unhealthy. This is quite distinct from the question of being unhealthy by reason of want of cleansing, surface drainage, paving, &c., points which have now for years been dealt with by this Department. These reports, after having been duly considered, and the dwelling if necessary inspected, were, unless the alteration was such that it could be dealt with by this Department, forwarded to the Works Engineer for the preparation of plans by the staff of the Inspector of Private Buildings. These plans having been submitted to this Department were then returned with notes as to the improvements required. The Inspector of Private Buildings then took action to have these improvements effected, notices being served upon the owners to that end. In the event of the owners failing to comply with the notices, applications, signed by the Chairman, were made to the court, which then, if satisfied of the justice of the requirements, issued an order prohibiting the further use of the buildings as human dwellings until such time as the improvements were carried out. Disobedience of the orders of the court was dealt with by prosecutions.

The improvements so required have for the most part been of a very minor nature, such as putting in or enlarging doors, windows, and ventilators, raising the walls of low huts, demolishing obstructive verandahs and rooms, cutting back obstructive eaves, removing obstructive partitions, &c., and, as the result of most strenuous work by the Inspector of Private Buildings and his staff, a great deal of improvement has thus been effected. It was soon found, however, that the Inspector of Private Buildings was so under-staffed that he could not keep pace with the work transmitted from this Department, and the Works Engineer reported so to the Chairman and returned a large file of our reports undealt with. As, however, the Sanitary Inspectors were instructed to continue reporting all unhealthy dwellings, there is now a very large and steadily growing accumulation of these undealt with reports in this office.

There is a vast amount of improvement work urgently requiring to be carried out in connection with unhealthy dwellings, and it is in my opinion most necessary that the staff of the Inspector of Private Buildings should be increased, so as to enable him to deal with it in a more expeditious manner. Although Mr. LaBrooy, the Inspector of Private Buildings, is not an officer of my Department, I have probably had more opportunities of observing his work in connection with buildings than any one else, and I should like to be permitted to

express my admiration for his tireless energy and great patience in the face of almost overwhelming difficulties, the result of defective by-laws, and of sometimes very unjust criticism which is I believe to be the result of a misunderstanding or ignorance of the requirements of modern sanitation in the matter of human dwellings.

It is highly necessary that the requirements in these respects should be specified in the by-laws, which would then serve as a guide both to the public and to the inspectors, instead of, as too often happens at present, being used as a screen to protect the jerry-builder and slum owner from the consequences of his misdeeds, since an obvious breach of a well-known sanitary principle frequently escapes punishment on the grounds that the by-laws do not cover the point.

(d) House Accommodation.

The rapid growth of the population of Colombo during the recent decade, amounting to 36 per cent., has resulted in an insufficiency of house accommodation, which is being keenly felt by all classes. The comparatively sudden increase in the prosperity of the Island during recent years has, as might be expected, been particularly felt in Colombo. Firms whose business has suddenly increased have had rapidly to augment their staffs of assistants, clerks, and servants of all kinds. The increased demand for labour has in turn been responsible for an increase in the rate of wages. This again has attracted people to Colombo, not only from all parts of the Island, but also from India and elsewhere. Not only so, but during the last few years an extraordinary number of large public works have been undertaken in Colombo, which again have attracted large numbers of people to the town.

The result of all this is a rather sudden and far from healthy congestion of population, in consequence of which house accommodation has become more and more scarce, and rents have gone up, the result being that every owner of a few feet of land has been tempted to run up a building in the hope of sharing in the increased prosperity. Many obstructive buildings have thus been erected, which, in the absence of proper building laws, the officers of the Council have been powerless to prevent, although they have done their best to do so. Another effect of this rapid increase of population is that it has encouraged what has now become an irrepressible tendency towards overcrowding, especially in the poorer quarters. All this development of property would, if it had been controlled by proper laws, have greatly improved the condition of the town, instead of which, as pointed out in the previous sections, it has been responsible for a steady, and even rapid, retrogression, the evil effects of which have been counteracted only by the success of the efforts of the Council's departments in other directions.

12.—Food.

(a) General.

1,083, or nearly 15 per cent., of the total deaths registered in Colombo during the year 1911 were ascribed to diarrhœa, enteritis, and dysentery—diseases which are known to be closely associated with the consumption of unwholesome and contaminated food, and yet Colombo, unlike other towns in the East, has no special staff for carrying on the important work of food inspection. The town is in exactly the same position in regard to this matter as it was ten or for that matter twenty years ago, all the food inspection having to be carried out by the Sanitary Inspectors, who have a multiplicity of other duties to perform, and can therefore only give a very limited and entirely insufficient amount of time to food inspection.

The appointment of at least one special food inspector has been urged time after time in these reports, but without any practical result, although two separate Committees have approved and the Council itself has once resolved upon such an appointment—only to annul it later on. However disheartening this may be, the question is of too great importance to the health of the community to be dropped, and I therefore once more urge that the Council should reconsider it.

The details of the unwholesome food stuffs seized during 1911 are given in Annexure B.

(b) Tinned Food Stuffs.

The huge scale upon which tinned milk is used will be seen from the fact that during the twelve months extending from June, 1910, to July, 1911, 1,732,560 tins were imported into the Island. A certain amount of it is of inferior quality, and far short of fresh cow's milk in nutritiousness and digestibility. Some of it is made from skimmed milk, although that fact is not declared upon the label, and the directions for dilution are frequently such that, if carried out, a mixture will be produced which is far below the Colombo standard for pure milk. This is most unfair to the local milk dealer, who is punished every time he sells milk below the standard.

In my report for 1910 it was recommended that a by-law should be passed making it an offence to sell tinned milk with instructions for dilution on the label, which, if carried out, would reduce the milk to below the Colombo standard. This is only fair, and should I think be given effect to in the proposed new by-laws.

Not only milk, but also large quantities of butter, fish, beef, and mutton are also imported in tins, and I would repeat my recommendation that the date of filling at the factory should be clearly impressed upon each tin, failing which it should be liable to seizure.

(c) Bread.

The inferior quality of the Colombo bread is a frequent source of complaint, and several bakers were interviewed on the subject with a view of finding out if possible what the explanation was. The following were the facts elicited.

The quality of bread depends mainly upon two things, viz., the quality of the yeast and the quality of the flour. The best bread is made with toddy yeast, the price of which varies from Re. 1·50 per lb. during the months of January to April to 50 cents during the months May to December. It takes about 1 lb. of yeast to make 50 lb. of bread. Bread made with hops yeast and potatoes goes sour very quickly in the tropics. The quality of the bread is often affected by bakers adding various things to the yeast with a view to economy, but the best bread is made with pure toddy yeast, which must be fresh. The cheaper yeasts are more liquid, have a sour smell, and a dirty grayish appearance.

The best flour is Trieste flour, which costs Rs. 30 per bag; next comes Bombay superfine at Rs. 15; then Bombay flour at Rs. 13; and a still cheaper variety at Rs. 12. The better the flour is the whiter and better the bread is. Alum does not appear to be used here as an adulterant. Trieste flour is too expensive, and none of the bakers use it. It has been tried, but does not pay, as a one-lb. loaf costs 28 cents, as compared with 14 cents, the price of a loaf made of Bombay superfine flour. It would not pay to use Trieste flour unless 600 lb. of bread per day were guaranteed. These are the facts supplied to me by one of the leading bakers.

(d) Milk.

The extraordinary improvement which has been effected, as the result of the action taken by this Department during the last few years in respect of the milk supply of the town, is shown by the fact that whereas in 1907, 73 per cent. of the samples examined were adulterated, only 17 per cent. were found adulterated in 1911. The 1911 figures are based upon the examination of 1,087 samples, which is the largest number ever dealt with.

This work of milk sampling has absorbed a great deal of the time of the Sanitary Inspectors, often to the exclusion of other work, but this has been fully justified, as the result given above shows. 184 prosecutions were entered during the year for the sale of adulterated milk.

13.—Water.

(*a*) *Town Water.*

Although no pathogenic or even suspicious germs have ever been found in the Colombo water, which has always been pronounced good and wholesome by the City Analyst, a rather high bacterial count has at times been observed, and it contains too much suspended matter, which rapidly deposits upon and occludes the iron pipes. The Municipal Engineer and I were deputed by the Council to visit and report upon the Jewell system of filtration in Bangalore, and as a result of our inquiries we recommended that it should be adopted in connection with the Colombo water supply.

(*b*) *Wells.*

The dangerously polluted condition of the wells in Colombo is shown by the fact that out of 56 samples examined 52 were found to be dangerously polluted.

Twenty-two wells were closed during the year.

(*c*) *Liquor.*

The details in regard to samples are given in Annexure B. and the only further point which calls for remark is that copper continues to be found in arrack, sometimes in large quantities. The whole liquor question is at present the subject of a Government Commission.

14.—Public Markets.

(*a*) *Buildings.*

There is little improvement to record in this respect, the reconstruction of Dean's road market being still far from completion. A large central market, on the lines of the one at Bombay for example, is badly wanted.

(*b*) *Administration.*

A considerable advance has recently been effected in this respect by the appointment of assistant market-keepers and additional coolies as recommended in my report No. 39 of February 25, 1911. These men took up duties only on March 1 of this year.

15.—Slaughter-house.

The sanitary condition of the slaughter-house buildings, apart from minor defects in the matter of repairs, is fairly good; but the arrangements for the disposal of the drainage, which contains much blood, and creates a fly-breeding nuisance in the neighbourhood, remains the same. The extension of the sewers, so as to receive the liquid waste from the sheds, is the only satisfactory solution of the difficulty.

The returns of animals slaughtered, &c., are given in Annexure B. They show an increase of 2,302 in the number of cattle slaughtered, but a decrease of 331 pigs and 20 sheep or goats. 728 animals were rejected on account of their being too old and wasted, which is a reduction of 143 compared with the 1910 figures. The Superintendent has been instructed to be more strict in this matter, as it was found that many animals were being passed which were much too thin to be put upon the meat market. The quality of the meat in Colombo is exceedingly poor, and it is only by rigorously rejecting old and wasted animals that it can be improved—a task which, however, the Superintendent appears to find some difficulty in carrying out as well as might be wished.

16.—Registered Trades.

(*a*) *Dairies.*

The condition of dairy premises in Colombo, although much improved in some respects, is far from satisfactory. The fact of the matter is that a dairy is a very difficult business to conduct properly. It involves a considerable initial expenditure, and thereafter incessant supervision over the workmen by the owner or manager.

The following are the points in respect of which they mostly fail. A cheap form of cement is used for the drains and floors, the result being that it soon cracks and holes form in which dirt collects. They do not provide either scalding apparatus for the vessels or cooling and straining apparatus for the milk, the result being that the milk leaves the dairy in a very filthy condition, and teeming with micro-organisms, which rapidly increase in this warm climate. Such a milk is very likely to cause indigestion and diarrhœa, especially in infants and invalids. There are very few, if any, dairies in Colombo the milk from which will stand even the crude test of letting it settle, it will almost invariably show a deposit of filth visible to the naked eye, which means very gross pollution indeed. With very few exceptions, the management of the dairy is so casual and inefficient that but for, and in many cases in spite of, the warnings and prosecutions by the Sanitary Inspectors, it not only loses its original spick and span appearance, but becomes an actual source of nuisance. With the growth of the business, the number of the cattle is increased beyond that for which the sheds were built, and for which permission was granted on the registration certificate. The cleansing staff is not correspondingly increased, the result being that they are overworked, and the premises become ill-kept and evil smelling. The yard is fouled and obstructed by the tying of calves for which there is no room in the sheds, and the feeding tubs increase in number and obstruct the open yard, and slackness of supervision by the manager is everywhere observed. The fact is that with very few exceptions the owners or managers care very little about the sanitary condition of the premises so long as they can make money, and the amount of supervision which can be exercised by the Sanitary Inspectors is, in the absence of any real endeavour by the manager, insufficient to ensure that the dairy is kept at all times in a sanitary condition.

There are exceptions to the above, but they are few and far between. What is required is more supervision, and I find it hard to arrange for that with the present very limited staff. The appointment of even one special dairies inspector would very materially improve matters, and I think this should be done.

The registration of 4 dairies was cancelled during the year 1911, and 5 new premises were registered, leaving 38 dairies on the register at the end of the year. The distribution of these in the town is shown in Annexure B.

(*b*) *Bakeries.*

There were 56 bakeries on the register at the end of 1910, 4 were discontinued, and 4 new ones were registered during 1911, leaving 56 on the register at the end of the year. Their distribution in the town is shown in Annexure B.

The following are the chief conditions required. The bakery should not be situated in an insanitary area, but this cannot be insisted upon so long as the bakery itself and its immediate surroundings are in order. It must not be in a position where foul smells from latrines and such like can reach it. Where the sewers are

available, a latrine must be provided for the workmen ; but where the sewers are not available, the latrine must be at some distance, and disconnected from the bakery.

The bakery must be well lighted and ventilated, particular attention being paid to the ventilation. It must also be protected as far as possible against undue heat, as otherwise the workers perspire too freely when at work. To secure this the oven is where possible disconnected from the kneading room by an unroofed yard or space, only an open sided roofed air passage for the workers being allowed between the oven and the kneading room.

The floor and the walls to a height of 5 feet must be cemented, the rest of the walls being limewashed. A tap, with a basin, soap, and clean towels must be provided for the workmen, who must wear clean white aprons covering the whole of the front of their bodies. The kneading tables must be kept in good repair, free from gaps between the boards, and must be kept scrupulously clean. No unnecessary articles must be kept in the kneading room. Spitting is strictly prohibited in the kneading room or on the passages.

Unless not more than one day's supply of flour is kept upon the premises, there must be a separate flour store, with cemented floor and a bench upon which to keep the flour sacks. This store must be properly ventilated. The bread baskets must be kept clean.

These requirements are, upon the whole, well carried out, the bakers being much better as a class to deal with than the dairymen. The most usual faults are that the workmen tend to discard the apron and work in their dirty clothes ; but they have greatly improved in this respect, as the result of prosecutions being entered every time they are detected. Another fault is that the boards of the tables in time become worn and separate at the joints, leaving a gap where dough and dirt accumulate. The remedy is to remove and refix, or to put a new top to the table. The worst kept bakeries have always been those where an eating-house is run in conjunction with the bakery, and this is now being put a stop to, complete structural disconnection between the bakery and the eating-house being insisted upon.

Thirty-two prosecutions were entered during the year for having unclean workmen in the bakery. Sixteen prosecutions were entered for having unclean bakeries.

(*c*) *Laundries.*

There were 235 laundries on the register at the end of 1910; 25 were discontinued and 63 new ones were registered during 1911, leaving 273 on the register at the end of the year.

The laundry trade in Colombo is most unsatisfactory. There is not a single laundry in Colombo which can be considered satisfactory. Where pipe water is used, as in the case of the Racquet Court laundries, the dhobies are too sparing with the clean water, batch after batch of dirty clothes being washed in the same water, until it resembles soup rather than water. It is true that the clothes are, as a rule, ultimately passed through clean water, but it is doubtful whether the filth is thus properly removed. The clothes frequently look clean enough and white enough ; but they have seldom the proper clean smell, which is the test of properly washed clothes. The clothes which could stand such a process, and most of the things sent to the dhoby here could do so, are neither boiled nor even washed in hot water.

Even worse than the washing arrangements are the clothes dressing arrangements, the requirements in respect of which are as follows. Separate accommodation must be provided for keeping clean and dirty linen respectively, and neither of the rooms so set aside must be used for domestic purposes. This, although a very elementary requirement, is exceedingly difficult to enforce, especially in the case of the poorer class dhobies who constitute the great majority of the dhobies in Colombo. They declare that this involves taking a larger house, the rent of which they cannot afford to pay, and there is a good deal of truth in this. The result is that a good many of the laundries are vermin infested, and it is I believe a not uncommon experience to get clothes back with bugs upon them. These vermin, which are known to be carriers of certain diseases, may be derived either from the dirty linen of some of the other customers, or from the dhoby himself, who not unfrequently uses his ironing table or the floor of the laundry as a bed. With a view to as far as possible reducing the breeding places of vermin, and to facilitate cleansing, every dhoby is required to cement the floor and the walls to a height of 5 feet, a requirement which has been long and obstinately opposed, but is now being everywhere complied with. The chief difficulty in the way of improving matters here lies in the fact that, not only are a very large number of the dhobies very poor, and therefore unable to take a large house and to equip it properly as a laundry, but a large proportion of the customers are poor, and cannot afford to pay the rates which an up-to-date laundry would probably have to charge in order to be a success financially. The amount of clothes washing which has to be done in the tropics is greatly in excess of what is required in temperate climates, and therefore the rates must be lower here, unless people are able to afford a heavier dhobies' bill. Low rates, on the other hand, will probably not make it possible to run a laundry on up-to-date lines.

There thus seems to be no solution of this problem, except what I suggested some years ago, viz., to have two standards, one for the ordinary dhoby, and the other for first class dhobies. Here, however, success is dependent upon the customers, for unless they are prepared to make it worth the dhobies' while to comply with the higher standard, no dhoby will embark upon the undertaking. A dhoby once told me that if he were guaranteed a sufficient number of customers he would undertake to establish an up-to-date laundry, but he added that a laundry on Western lines had been tried before in Colombo and failed through lack of support. Needless to say, if any guarantee of this sort is to be furnished, it must be by the customers themselves. I see no hope of seeing really up-to-date laundry methods being adopted here, except as the result of private enterprise backed up by the residents of the town. In the meantime we can only go on as we are doing, trying to improve the existing crude methods.

(*d*) *Eating-houses.*

A large proportion of the working classes, and many of the clerks, take their midday meal in eating-houses, the number of which is consequently large, there being 287 upon the register at the end of 1911. These eating-houses demand a great deal of sanitary supervision, otherwise they tend to rapidly degenerate, as the customers are for the most part indifferent to the conditions under which their food is prepared and served, and it is consequently not worth the while of the eating-house keeper to trouble on their account about the niceties. There are, however, a number of better class houses, the number of which I am glad to say is increasing, where a considerable effort has been made to render them attractive to those with more fastidious tastes. It is largely a matter of experience or education. A person who has dined in a bright clean house will be more likely to notice and to resent eating in a badly kept one, and consequently the larger the number of good houses there are the greater will be the number of those persons who, having experienced the better conditions, will avoid the badly kept houses. Some of the eating-houses are kept in quite a creditable condition.

(*e*) *Offensive and Dangerous Trades.*

Under this heading come manure depôts, soap manufactories, hide stores, dyeing houses, cotton stores, straw depôts, timber depôts, and aerated water factories. The supervision over the dangerous trades enumerated above, with the exception of the aerated water factories, might more properly be under the Superintendent of the Fire Brigade than the Medical Officer of Health.

The numbers registered are given in Annexure B.

17.—Cemeteries.

The appointment in 1910 of an assistant cemetery-keeper, instead of a sexton, and of a head gardener, with an increase in the number of coolies, has resulted in smoother working at the Kanatta cemetery, which has been considerably improved in appearance. The whole of the cemetery has now been surveyed and a new plan prepared, upon which the ground is marked out in systematic blocks, plots, and paths. The work of marking in the existing graves, the older ones of which are not in accordance with any systematic method of alignment, is now engaging the attention of the assistant keeper, who was specially selected for his knowledge of survey work. All new graves are being dug in accordance with the new plan, except in a few instances, where this is impossible owing to the irregular disposition of old graves. The head gardener has planted a considerable number of shrubs and flowering trees, especially flamboyants, which should in time greatly improve the appearance of the cemetery. The introduction of a water service has greatly facilitated the keeping of plants in condition. An estimate has been prepared with a view to the paving of the footpaths, which it is hoped will be carried out as funds permit. It has been found necessary to select a new piece of ground for the burial of paupers, as the old part was becoming overcrowded. The construction of a lych gate is now in progress. Cooly lines have been erected, and are now in use.

18.—Work Statements.

(*a*) *Sanitary Inspectors.*

The experience of every year demonstrates the necessity for employing a Chief Sanitary Inspector, as is done in other towns. Nowhere is this want more felt than in the conduct of prosecutions in the Municipal Court, where many cases are lost purely as the result of unskilful handling by the inspector. This is no more than is to be expected, where, instead of having one trained man to examine, arrange, and present the evidence in every case, each one of the thirteen inspectors has to work up and conduct his own cases. If all the prosecutions were conducted by one Chief Inspector, he would in time become an expert in Municipal law and procedure, and the Council would probably be saved a considerable amount of money, which they now have to spend in lawyers' fees, while the public would be saved from what are sometimes made to appear as unnecessary and harassing prosecutions, for a prosecution which is entered, and, as the result merely of unskilful handling ends in acquittal, does a great deal more harm than good, and fosters in the minds of those who have been so prosecuted the feeling that they have been unjustly dealt with in being prosecuted at all. Not only so, but they go away and repeat what their acquittal has probably led them to believe is a non-punishable offence, only to be again brought up and probably convicted. This brings me to a point which has long been a source of anxiety to me. One frequently hears it said that the Sanitary Inspectors as a class are given to abusing their powers by entering false or frivolous charges, and by omitting to take action where they ought to do so—the alleged motive being unlawful personal gain. One sometimes wonders whether it ever occurs to the makers of this charge that they are doing a most unfair thing. They are attacking a body of men who, just because none of them are personally attacked, are unable to retaliate, or even to defend themselves. If any man has evidence that any one of the inspectors has on any single occasion acted as suggested, why does he not come forward and make his charge and give us an opportunity of either confirming it or disproving it ? No ; he knows that if he did so and failed to prove his case, he would be exposed to an action for libel, so he adopts the unfair method of making vague general charges and insinuations against the inspectors as a class. The fact that the definite personal charge may be difficult to prove is no excuse for besmirching the whole body of inspectors. It in no way helps us to put a stop to such a practice even if it does exist. Such definite personal charges have been made, and in every instance they have been refuted as the result of an inquiry. There have been instances where such a charge has been made, but has been found upon inquiry to have been made at the instance of a second party, who, when the inquiry began, bolted, and the evidence obtained pointed to its having been he (the accuser) and not the inspector who was levying blackmail, and he was using the inspector's name, and so far unproved bad reputation, as a cloak for his misdeeds. There have been other instances where the charge, although made against a particular inspector, and signed apparently with the accuser's name, was found upon inquiry to be pseudonymous. It will I think be conceded that should such a practice exist no one could be more anxious to put a stop to it than the head of the department concerned, but it is most unfair to make general charges which can neither be proved, nor disproved, and which consequently, while they cast odium upon the innocent as well as the guilty, do no good at all, but have on the contrary a most depressing and discouraging effect both upon the men concerned and upon their superiors in office.

There can be no doubt that the appointment of a trained Chief Sanitary Inspector, whose character should be above suspicion, and who should sift all the evidence put forward by the Sanitary Inspectors, and conduct their prosecutions, would go a long way to improve matters, and I strongly recommend the appointment of such an officer for this and other reasons. It would be useless to promote one of the existing staff, for, justly or unjustly, they could not, as matters stand, hold the confidence of the people. What is required is a man with a good moral character, a strict disciplinarian, one trained in sanitary work, and with no local ties or connections which might influence him, or be alleged to influence him, in the discharge of his duties, and who has not either rightly or wrongly been the subject of suspicion as to his methods of procedure.

Turning now to the work done by the Sanitary Inspectors during 1911, the details are given in Annexure B, the chief points being as follows : 48,792 inspections were carried out during the year, which is 1,694 fewer than in 1910, the reduction being due to the inspectors having been appointed Supervisors of Census, which occupied a great deal of their time ; the number of notices served was 3,101, which is greater by 517 than in 1910 ; 22 wells and 45 cesspits were closed, 787 houses were disinfected (exclusive of disinfection by sub-inspectors) ; 4,912 prosecutions were entered, 4,111 convictions were obtained, 205 were discharged or withdrawn, 641 were pending at the end of the year, and fines aggregating Rs. 35,763·85 were imposed, representing an average fine of Rs. 8·69 per conviction. The details of prosecution are given in Annexure B.

As regards structural improvements effected, there were 1,143 windows and sky lights and 618 ventilators constructed ; 109 insanitary tenements were demolished, mostly in Kollupitiya North Ward ; 44 insanitary tenements were altered and improved ; the floors of 71 rooms and 42 passages and compounds were paved ; obstructive plank partitions were demolished in 38 dwellings ; in addition to a number of other improvements, the details of which are given in Annexure B.

(*b*) *Sub-Inspectors.*

The work of the sub-inspectors comprises inquiring into and taking action in respect of enteric fever and phthisis. During the year 1911 they supervised the disinfection of 880 fever infected houses and 364 phthisis infected houses, making a total of 1,244 houses disinfected, which, together with the 787 disinfected by the Sanitary Inspectors, makes a total of 2,031 houses disinfected during the year.

(*c*) *Enteric Cleansing Gang.*

This gang consists of an overseer and four coolies, whose duty it is to cleanse and disinfect compounds and latrines which are either enteric infected or are so filthy that the ordinary procedure of serving notice upon the occupant cannot be awaited. 447 enteric infected latrines, &c., were so disinfected, and 185 filthy compounds were cleansed during the year.

(*d*) *Ambulance.*

The ambulance work was, as hitherto, carried out by the Fire Brigade, to the Superintendent of which I take this opportunity of expressing my thanks for the excellent manner in which the work has been carried out.

(*e*) *Disinfecting Station.*

This is in charge of an overseer, whose duty it is to receive, pass through the equifex steam disinfector, and despatch infected articles of clothing, &c.

185 loads, comprising 5,379 articles, were thus passed through the disinfector during the year.

(*f*) *Insect Pest Prevention Gang.*

This gang consists of an overseer and two coolies, whose duty it is to search out and deal with the breeding places of mosquitoes and flies. Naturally such a small gang can only touch the merest fringe of this work which requires to be done in Colombo ; but they are useful for dealing with complaints from householders in regard to mosquitoes. During the year 1911, 2,038 premises were visited, in 1,176 of which mosquitoes were found breeding, and their breeding places were destroyed, the occupants being instructed how to prevent a recurrence, and warned that if they failed to do so they would be prosecuted ; 90 notices to abate insect breeding were served ; 494 pools, &c., were oiled, the quantity of oil used during the year being 172¼ gallons.

This most useful work of insect pest prevention is one which to be really effective requires to be taken up upon a vastly larger scale ; but the lack of funds for other important purposes leaves little hope at present of the success of a recommendation in this respect. It is a matter, however, which must be dealt with before long, and I propose to do so later.

19.—Municipal Free Dispensary, Slave Island.

This, the first of a proposed series of Municipal free dispensaries adopted by the Council, was opened in Church street, Slave Island, in February, 1910.

The staff, which originally consisted of one medical officer, one dispenser, one female health visitor, one midwife, and one orderly, was increased by the appointment of an additional female health visitor on March 1, 1911.

The object of this dispensary is to supply skilled medical attendance to those who are too poor to afford the lowest fees accepted by private practitioners ; to search out in their homes cases of sickness which are not under the care of a medical man ; to advise in the matter of the care and feeding of infants, and in matters of domestic hygiene generally, with special reference to the prevention of phthisis ; to supervise the work of the Municipal midwife in the district.

The Municipal midwife system was established prior to the establishment of the dispensary ; but the Slave Island midwife has been attached to the dispensary, and is under the control of the medical officer, who checks her work, and where necessary deals with difficult cases.

The following are the chief points dealt with in the Medical Officer's reports :—

During 1911 7,966 patients were treated, as compared with 6,179 in 1910. This represents 16,707 visits to the dispensary, as against 12,462 in the preceding year. The daily average attendance was 50·83, as against 40·16 in 1910. The number of visits paid by the health visitors was 20,337 ; instructions *re* infant care and feeding were left in 1,784 houses ; 262 dispensary tickets were issued, 261 of which were used ; 136 visits were paid by the health visitors to labour cases with a view to checking the work of the midwife.

The Medical Officer paid 98 visits to the houses of patients unable to attend at the dispensary ; he paid 45 visits at the request of the health visitors ; he visited 58 of the 79 cases attended by the midwife, and gave surgical or medical aid in 3 of these cases.

There is a considerable decrease in the number of cases treated on tickets issued by the health visitors, which is atributed to the fact that the dispensary is now so well known that patients in most cases do not wait for the visitors to come round.

The Medical Officer reports that there is a widely prevalent custom amongst Sinhalese, Tamils, Moors, and Malays, whereby the new-born infant is given castor oil and sugar, or cow ghee and sugar, during the first three days, and he attributes many cases of digestive disturbance to this practice. He further points out that this custom has an injurious effect, inasmuch as the children are not put to the breast during these three days, the secretion of milk being thereby much interfered with. This is a matter requiring education, and steps are being taken to that end. He further reports that no case of puerperal septicæmia occurred amongst the midwife's cases ; but 17 such cases were treated, which were due to the mismanagement by unqualified midwives. Returns showing the cases treated and the work done are annexed.

20.—Municipal Midwives.

615 cases, representing 623 births, were attended by the six Municipal midwives during 1911, there having been 8 multiple births. This is slightly less than in 1910. There were 29 still-births and 19 deaths within four days, representing a death-rate (exclusive of still-births) of 2·89 per cent., which is slightly in excess of the 1910 rate. The midwife with the lowest death-rate amongst her cases was Agida Perera of Kotahena district, with only 1 death, representing a rate of 0·68 per cent. amongst 146 births. The numbers of male and female children born were 325 and 298 respectively. Burghers show a large excess of female, and Moors a large excess of male infants ; other races show a fairly equal distribution of sexes. Details are given in Annexure B.

21.—Municipal Enteric Hospital.

This hospital was opened with 48 beds on January 15, 1909, with a staff of 1 part-time Medical Officer, 1 apothecary, 2 nurses, and 10 attendants and servants. The staff of nurses has had at times to be increased during periods of unusual prevalence of the disease.

The Medical Officer reports that the buildings have been kept in good repair ; but complains that the accommodation for the staff is insufficient, a remark with which I agree. Proposals will be submitted upon this point later. During the year 1911, 354 cases were admitted for treatment, there being 77 deaths, representing a case mortality of 21·7 per cent., as compared with 351 cases and 52 deaths representing a case mortality of 14·8 per cent. in 1910.

The sources from which the cases were derived were as follows :—

Sent in by Municipal Officers	74
Transfers from General Hospital	173
Transfers from Lady Havelock Hospital	56
Transfers from Lying-in Home	1
Voluntary admissions	50
Total ..	354

A few (about six) minor operations were performed, and five post-mortems were held during the year.

The Medical Officer draws attention to the large number of cases sent in as enteric from other hospitals, which are found to be due to causes other than enteric. This is, however, a usual experience in enteric hospitals all over the world, and is due to the great difficulty of diagnosing this disease, especially in the earlier stages, the usual remedy being a more frequent use of Widal's blood test.

The following statement shows the case mortality amongst the cases derived from the various sources since the hospital was opened in 1909 :—

Case Mortality, Enteric Hospital, 1909–1911.

Percentage of Deaths.

By whom sent.	1909.	1910.	1911.	Rough Average.
Municipal Officers ..	18·29	8·23	18·9	15·4
General Hospital ..	14·81	14·25	20·2	16·4
Female hospitals ..	27·27	27·77	29·8	28·28
Voluntary from town ..	15·38	20·00	24·0	19·79
Average ..	17·80	14·81	21·7	18·10

The persistently high mortality amongst the cases sent in from Lady Havelock Hospital is very striking. Possibly women are more backward than men at seeking hospital treatment, and consequently delay seeking admission until all hope of recovery by home treatment has vanished, thereby greatly reducing their chances of recovering at all. It is a point which would appear to be worthy of some investigation by the authorities of the hospitals concerned.

22.—Municipal Bacteriological Laboratory.

Dr. L. Fabian Hirst took up duties as the first bacteriologist appointed by the Council on July 1, 1911. His report is annexed.

By November 14 the construction and equipment of the laboratory at Maligakanda was sufficiently advanced to enable him to undertake a certain amount of work in connection with enteric fever. Of 44 blood samples, 36 were examined for B. Typhosus, 17 giving a positive, 4 an incomplete, and 15 a negative reaction ; while of 8 samples examined for B. Paratyphosus A, 1 gave a doubtful positive and 7 a negative reaction. Dr. Hirst draws attention to the large proportion of negative results, which, as he states, is a common experience in enteric hospitals in all parts of the world.

It is hoped that before long the equipment of the laboratory will be so far completed that Dr. Hirst will be able to undertake, not only examinations of blood, sputum, &c., on behalf of the Public Health Department, but also samples sent in by the medical practitioners in the town. He will also undertake the carrying out of inoculation against enteric fever, the examination of food stuffs, beverages, water, sewage, &c.

There is a plethora of bacteriological work awaiting him as soon as he is ready to undertake it.

23.—Staff.

The various appointments, resignations, and changes which occurred amongst the staff during the year are shown in Annexure B. A noticeable feature is the frequent resignations of the apothecaries at the enteric hospital, the reason usually given being the inadequacy of the house accommodation provided. A special communication dealing with this matter will be submitted shortly.

The staff worked well throughout the year.

W. MARSHALL PHILIP,
Medical Officer of Health.

Colombo, March 30, 1912.

Annexure A.

REPORT OF THE MUNICIPAL BACTERIOLOGIST.

I took up my duties as Bacteriologist on July 1, 1911. Pending the building of the temporary Bacteriological Laboratory I worked in the Municipal Office on the records of infectious diseases, and of the food and water supply of Colombo, and arranged the details of the construction and equipment of this temporary laboratory. On November 7 the building of the laboratory was completed. I had brought out with me from England some of the more essential appliances for the equipment of the laboratory, and a stock of chemicals and glassware sufficient to last a few months. The fitting up of the laboratory with these appliances, the training of the attendants, and the preparation of the requisite stocks of culture media and reagents was immediately begun.

By November 14 I was in a position to undertake a certain amount of routine work. Reports were forwarded to the Medical Officer of Health and the Medical Officer of the enteric hospital on the examination of the blood of patients from the enteric hospital and from cases of suspected enteric in various parts of Colombo. Examination was chiefly made for the detection of the presence of agglutinins in the blood against the B. Typhosus cases which gave a negative reaction to B. Typhosus and were suffering from a typhoid-like disease was also tested against a strain of B. Paratyphosus A (Schotmuller) obtained from the Lister Institute of Preventive Medicine.

Of the cases tested against B. Typhosus, 17 gave a positive reaction, 15 a negative, and 4 incomplete. Of the cases tested against B. Paratyphosus A, 1 gave a doubtful positive reaction and 7 negative reaction.

These numbers are too small to form the basis of very definite conclusions, but it is interesting to note the large proportion of cases giving a negative reaction. This is a common experience in enteric hospitals in all parts of the world, and may be mainly attributed to the difficulty of accurately diagnosing enteric fever on clinical grounds in the early stages of the disease. In a few cases the negative reactions may be attributed to the late formation of agglutinins in the blood. They may not appear before the third week of the disease, or even later in rare instances. In other cases the sample of blood may have been sent too early ; many of the cases, however, were tested a second time, invariably with the same result.

The incomplete reactions comprise those cases which gave a more or less complete positive reaction in a dilution of 1–20 of the patient's blood serum, but practically no reaction in higher dilutions. All specimens of blood were tested in three dilutions, 1–20, 1–50, 1–100. Such a reaction might indicate the commencement of the formation of agglutinins in the patient's serum. Some agglutination may usually be detected on the fifth day with a suitable culture of B. Typhosus. In this case a second sample taken a few days later would show a good reaction; in other cases an incomplete reaction may be explained by a previous attack of enteric fever or by recent inoculation of the patient against this disease. In India a typhoid-like disease, due to the B. Paratyphosus A, seems to be comparatively common. I have met with a few such cases in England. The few observations I have been able to make in Colombo seem to indicate that the disease is not very common here.

Annexure B.

STATISTICS.

No. 1.

(*a*) Average Monthly Mean Temperature at Colombo (Fort). 42–43 Years.

	°
January	79·1
February	80·2
March	82·1
April	82·7
May	82·3
June	81·0
July	80·5
August	80·7
September	80·7
October	80·0
November	79·7
December	79·1
Year	80·7

(*b*) Monthly Mean Temperature at Colombo (Fort) during 1911.

	°
January	78·6
February	80·0
March	82·5
April	83·2
May	82·3
June	81·4
July	80·8
August	81·1
September	81·0
October	79·4
November	79·5
December	79·8
Year	80·8

(*c*) Average Monthly Mean Pressure at Colombo (Fort). 42–43 Years.

	Inches.
January	29·874
February	29·875
March	29·854
April	29·838
May	29·806
June	29·812
July	29·804
August	29·828
September	29·845
October	29·848
November	29·856
December	29·842
Year	29·840

(*d*) Monthly Mean Pressure at Colombo (Fort) during 1911.

	Inches.
January	29·861
February	29·909
March	29·873
April	29·842
May	29·811
June	29·843
July	29·866
August	29·847
September	29·858
October	29·894
November	29·859
December	29·865
Year	29·861

(*e*) Average Monthly Rainfall at at Colombo (Fort). 42 Years.

	Inches.
January	3·47
February	1·97
March	4·33
April	9·93
May	10·93
June	7·48
July	4·48
August	3·50
September	4·67
October	14·48
November	11·81
December	5·27
Year	82·32

(*f*) Monthly Rainfall at Colombo (Fort) during 1911.

	Inches.
January	5·47
February	0·45
March	2·39
April	1·97
May	6·46
June	4·08
July	1·21
August	1·30
September	4·12
October	10·22
November	13·63
December	6·96
Year	58·26

No. 2.—Population of Races according to the Census of 1901 and 1911.

Race.	1901.	1911.	Increase.	Percentage Increase.
All Races	155,869	212,295	56,426	36·2
Europeans	2,657	3,001	344	13·0
Burghers	11,861	13,485	1,624	13·7
Sinhalese	68,772	94,085	25,313	36·8
Tamils	34,640	51,975	17,335	50·0
Moors	28,898	38,169	9,271	32·1
Malays	4,493	5,364	871	19·4
Others	4,548	6,216	1,668	36·7

Eastward extension represents 7 per cent. of the increase.

No. 3.—Population of Races (Mean Population), 1901 and 1911.

Race.	1901.	1911. Estimate prior to taking of Census	1911. Estimate after the Census.	Difference between the Mean Populations of 1901 and 1911.	Increase. Per Cent.
All Races	157,097	202,311	213,974	56,877	36·20
Europeans	2,678	3,296	3,013	335	12·51
Burghers	11,955	14,980	13,635	1,680	14·05
Sinhalese	69,313	92,447	94,760	25,447	36·71
Tamils	34,913	44,395	52,593	17,680	50·65
Moors	29,126	35,836	38,507	9,381	32·21
Malays	4,528	5,568	5,451	923	20·38
Others	4,584	5,789	6,015	1,431	31·22

N.B.—The 1911 estimates include the Eastward extension, which represents 7 per cent. of the increase.

No. 4.—Area and Estimated Population of Wards, 1901 and 1911.

Ward.	Total Area.	Nett available Area.	1901.		1911.		Increase during the Decade.	
			Estimated Population.	Density per Acre of available Area.	Estimated Population.	Density per Acre of available Area.	Increase in the Population.	Increase in the Density.
	Acres.	Acres.						
Fort and Galle Face ..	220	112	2,303	20·6	3,540	31·6	1,237	11·0
Pettah	92	67	7,620	113·7	8,036	119·9	416	6·2
San Sebastian ..	116	108	9,422	87·2	11,637	107·7	2,215	20·5
St. Paul's ..	143	135	20,420	151·3	24,929	184·7	4,509	33·4
Kotahena ..	1,649	1,056	33,618	31·8	40,875	38·7	7,257	6·9
New Bazaar ..	289	226	17,608	77·9	22,484	99·5	4,876	21·6
Maradana ..	1,297	1,025	30,620	29·9	44,075	43·0	13,455	13·1
Slave Island ..	313	304	17,061	56·1	22,157	72·9	5,096	16·8
Kollupitiya ..	1,928	1,655	18,425	11·1	25,240	15·3	6,815	4·2
Eastward Extension ..	1,593	1,593	—	—	11,001	6·9	11,001	—
The Lake ..	416	—	—	—	—	—	—	—
Colombo Town ...	8,056	6,281	157,097	33·5	213,974	34·1	56,877	1·4

No. 5.—Colombo and Ceylon Birth-rates, 1901–1911.

Year.	Birth-rate per 1,000 Population. Colombo.	Ceylon.
1901	20·6	37·5
1902	22·9	38·5
1903	21·5	40·0
1904	21·6	38·5
1905	22·5	38·7
1906	26·4	35·7
1907	23·4	32·8
1908	24·5	40·1
1909	23·7	36·7
1910	23·1	—
Average, 1901–1910 ..	23·1	—
1911	24·7	—

No. 6.—Racial Birth-rates.

Race.	Birth-rate per 1,000 Population. Average, 1901–1910.	1911.
All Races	23·1	24·7
Europeans	29·0	22·0
Burghers	32·7	35·5
Sinhalese	29·3	31·9
Tamils	12·0	12·8
Moors	19·3	19·5
Malays	29·6	38·6
Others	12·6	11·8

No. 7.—Ward Birth-rates.

Ward.	Birth-rate per 1,000 Population. Average, 1901–1910.	1911.
Colombo Town	23·1	24·7
Fort and Galle Face	3·9	2·8
Pettah	6·7	5·4
San Sebastian	19·7	21·5
St. Paul's	17·2	16·2
Kotahena	20·5	24·0
New Bazaar	22·9	24·9
Maradana	21·7	21·8
Slave Island	23·3	22·8
Kollupitiya	17·4	17·9
Eastward Extension	—	16·3

No. 8.—Colombo and Ceylon Death-rates, 1901–1911.

Year.	Death-rate per 1,000 Population. Colombo.	Ceylon.
1901	34·7	27·6
1902	33·3	27·5
1903	34·4	25·9
1904	30·2	24·9
1905	33·9	27·7
1906	39·1	34·3
1907	31·4	30·1
1908	35·2	29·4
1909	32·0	30·3
1910	28·8	—
Average, 1901–1910 ..	33·0	—
1911 Crude rate	33·8	—
1911 Corrected for non-residents dying in institutions	30·9	—

No. 9.—Colombo Racial Death-rates (all Causes).

Race.	Death-rate per 1,000 Population. Average. 1901–1910.	1911. Crude Rate.	1911. Rate corrected for Deaths of Non-residents in Hospitals.	Increase or Decrease (Crude) during 1911.
Europeans ..	29·6	28·3	22·7	— 1·3
Burghers ..	26·3	27·3	26·7	+ 1·0
Sinhalese ..	35·6	37·1	31·4	+ 1·5
Tamils ..	32·7	33·4	32·6	+ 0·7
Moors ..	29·7	29·2	28·8	— 0·5
Malays ..	35·2	40·1	40·0	+ 4·9
Others ..	34·9	27·3	25·6	— 7·6
All Races ..	33·0	33·8	30·9	+ 0·8

No. 10.—Colombo Ward Death-rates (all Causes).

Ward.	Death-rate per 1,000 Population. Average. 1901–1910.	1911. Crude Rate.	1911. Rate corrected for Deaths in Hospitals of Non-residents.	Increase or Decrease on the Crude Rate.	Increase or Decrease as the result of correcting the Ward Rates for Deaths in Hospitals.
Fort and Galle Face ..	12·2	10·7	12·1	— 1·5	+ 1·4
Pettah ..	13·4	12·4	28·5	— 1·0	+ 16·1
San Sebastian ..	23·7	26·6	29·9	+ 2·9	+ 3·3
St. Paul's ..	24·9	31·4	37·0	+ 6·5	+ 5·6
Kotahena ..	26·1	25·1	26·9	— 1·0	+ 1·8
New Bazaar ..	28·5	28·3	32·0	— 0·2	+ 3·7
Maradana ..	25·7	23·0	27·5	— 2·7	+ 4·5
Slave Island ..	27·4	21·8	24·1	— 5·6	+ 2·3
Kollupitiya ..	19·3	15·2	18·7	— 4·1	+ 3·5
Eastward Extension ..	—	18·2	21·4	—	—
Colombo Town* ..	33·0	33·8	30·9	+ 0·8	—

* 31·3 per cent. of the total deaths occurred in the hospitals, and as the home addresses of 10·9 per cent. of the deceased were not ascertained, their deaths could not be transferred to their proper registration districts. This explains the fact that the mean rate for the town is in excess of the mean of the ward rates.

No. 11.—Brtihs and Deaths and their Rates with the Principal Causes of Deaths for each Ward in the Town of Colombo during the Year 1911.

Ward.	Population (inclusive of the Military) for the Middle of the Year.	Births.										Deaths.																						
		Total Births.			Nationality.							Total Deaths.			Nationality.							Principal Causes.												
		Persons.	Males.	Females.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.	Persons.	Males.	Females.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.	Cholera.	Smallpox.	Measles.	Fevers.	Phthisis.	Pneumonia and Bronchitis.	Diarrhœa and Dysentery.	Infantile Convulsions and Tetanus.	Old Age.	Violence. Accident.	Violence. Homicide.	Violence. Suicide.	Violence. Execution.
Colombo Town ..	213,974	5,280	2,721	2,559	66	482	3,022	678	751	210	71	7,234	4,097	3,137	85	370	3,510	1,764	1123	218	164	20	8	4	548	722	1175	510	661	275	128	8	11	16
Fort and Galle Face ..	3,540	10	6	4	8	—	—	2	—	—	—	38	36	2	14	1	4	10	4	2	3	1	—	—	4	1	9	1	—	—	9	—	—	—
Pettah	8,036	43	25	18	—	7	24	8	2	—	2	99	77	22	—	6	28	48	14	2	1	—	—	—	13	8	30	5	6	5	3	—	—	—
San Sebastian ..	11,637	250	131	119	—	14	87	16	124	8	1	309	164	145	—	12	100	47	126	16	8	—	—	—	25	34	65	19	41	17	—	—	—	—
St. Paul's	24,929	403	227	176	—	17	123	183	67	2	11	781	411	370	1	14	162	395	176	5	28	1	—	1	76	88	171	75	114	27	3	—	—	—
Kotahena	40,875	979	478	501	2	86	697	120	61	12	1	1,023	532	491	2	61	669	188	94	7	2	1	—	—	85	84	216	61	76	77	15	—	4	—
New Bazaar ..	22,484	560	277	283	1	56	231	50	206	10	6	635	306	329	—	45	229	75	253	14	19	1	—	—	35	84	126	50	108	25	1	—	1	—
Maradana	44,075	965	505	460	11	122	532	73	159	51	17	1,019	514	505	8	81	503	129	233	44	21	2	—	2	44	107	158	23	164	30	17	1	2	—
Slave Island ..	22,157	505	266	240	6	35	176	78	75	112	23	484	245	239	3	29	148	98	87	106	13	—	—	—	42	21	81	36	59	26	2	—	2	—
Kollupitiya	25,240	453	242	211	33	63	256	62	24	8	7	385	200	185	13	31	213	78	37	7	6	1	—	—	28	30	42	38	55	13	3	1	—	—
Eastward Extension ..	11,001	179	95	84	—	7	151	13	6	2	—	200	98	102	—	11	151	28	5	2	3	—	—	—	4	13	21	11	22	12	3	—	—	16
Hospitals (Town Residents) ..	—	933	470	463	5	75	745	73	27	5	3	839	546	293	18	48	358	320	51	7	37	10	4	—	108	90	125	39	7	4	25	2	1	—
Hospitals (Untraced) ..												791	566	225	9	23	405	305	31	5	13	2	—	1	26	74	85	81	7	38	28	3	1	—
Hospitals (Outside Residents)												631	402	229	17	8	540	43	12	1	10	1	4	—	58	88	46	71	2	1	19	1	—	—

Ward.	Rate per 1,000 Population.							Infant Mortality.	
	Births.			Deaths.					
	Average, 1901 to 1910.	1910.	1911.	Average, 1901 to 1910.	1910.	1911. Crude Rate.	1911. Corrected for Deaths in Hospitals	Children under One Year of Age.	Proportion to 1,000 Births registered.
Colombo Town ..	23·1	23·1	24·7	33·0	28·8	33·8	30·9	1,669	316
Fort and Galle Face ..	3·9	4·4	2·8	12·2	11·4	10·7	12·1	3	300
Pettah	6·7	5·4	5·4	13·4	11·8	12·4	28·5	12	279
San Sebastian ..	19·7	21·0	21·5	23·7	22·1	26·6	29·9	93	372
St. Paul's	17·2	16·5	16·2	24·9	22·9	31·4	37·0	205	509
Kotahena	20·5	22·1	24·0	26·1	21·7	25·1	26·9	289	295
New Bazaar	22·9	22·3	24·9	28·5	23·0	28·3	32·0	214	382
Maradana	21·7	30·9	21·8	25·7	21·3	33·0	27·5	357	370
Slave Island	23·3	22·4	22·8	27·4	21·8	21·8	24·1	164	325
Kollupitiya	17·4	19·3	17·9	19·3	18·2	15·2	18·7	113	249
Eastward Extension ..	—	—	16·3	—	—	18·2	21·4	67	374
Hospitals (Town Residents) ..	—	—	—	—	—	—	—	152	163
Hospitals (Untraced) ..	—	—	—	—	—	—	—		
Hospitals (Outside Residents) ..	—	—	—	—	—	—	—		

No. 12.—Deaths of Males and Females at different Age Periods for each Race in the Colombo Municipality during the Year 1911.

Age at Death.	Europeans.		Burghers.		Sinhalese.		Tamils.		Moors.		Malays.		Others.		All Races.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year of age (see particulars on statement) ..	6	6	54	51	451	413	144	136	176	142	37	24	21	8	889	780
Under Five Years—																
1 year and under 2 ..	1	1	15	18	114	101	39	26	36	38	8	7	2	1	215	192
2 years and under 3 ..	—	1	10	8	60	73	23	16	20	29	2	3	—	—	115	130
3 years and under 4 ..	—	—	4	5	37	57	9	8	10	11	1	5	1	—	62	86
4 years and under 5 ..	—	—	1	3	20	27	8	6	6	2	1	1	1	—	37	39
Over Five Years—																
5 years and under 10 ..	—	—	3	6	62	89	20	18	20	18	7	4	1	3	113	138
10 years and under 15 ..	—	—	3	10	40	49	26	18	19	12	1	4	1	2	90	95
15 years and under 20 ..	2	—	4	4	85	62	92	21	28	27	2	14	11	—	224	128
20 years and under 25 ..	7	—	12	10	117	111	116	52	43	34	4	5	20	4	319	216
25 years and under 35 ..	12	6	16	13	248	226	239	104	56	53	6	11	34	3	611	416
35 years and under 45 ..	16	3	13	12	182	115	181	69	48	20	9	9	15	—	464	228
45 years and under 55 ..	8	3	18	5	144	94	106	44	27	19	5	5	14	2	322	172
55 years and under 65 ..	4	1	15	9	129	74	64	31	36	20	6	1	7	—	261	136
65 years and under 75 ..	5	—	13	9	71	52	38	31	25	24	7	4	2	3	161	123
75 years and under 85 ..	2	1	8	11	63	58	24	20	25	37	8	6	4	2	134	135
85 years and over	—	—	—	7	34	52	12	23	25	37	7	4	2	—	80	123
Total ..	63	22	189	181	1857	1653	1141	623	600	523	111	107	136	28	4097	3137
Persons ..	85		370		3,510		1,764		1,123		218		164		7,234	

No. 13.—Births and Deaths and their Rates for each Race in the Town of Colombo during the Year 1911, showing the Rates for the Previous Year and the Average for the Previous Ten Years.

Race.	Population (inclusive of the Military) at the Middle of the Year.	Births.			Deaths.				Birth-rate per Mille per Annum.			Death-rate per Mille per Annum.			
		Average, 1901 to 1910.	1910.	1911.	Average, 1901 to 1910.	1910.	1911, inclusive of Deaths of Non-residents.	1911, exclusive of Deaths of Non-residents.	Average, 1901 to 1910.	1910.	1911.	Average, 1901 to 1910.	1910.	1911, inclusive of Deaths of Non-residents.	1911, exclusive of Deaths of Non-residents.
All Races..	213,974	4,107	4,819	5,280	5,871	5,750	7,234	6,603	23·1	23·1	24·7	33·0	28·8	33·8	30·9
Europeans	3,013	81	76	66	83	78	85	68	29·0	25·6	22·0	29·6	26·2	28·3	22·7
Burghers..	13,635	409	473	482	329	316	370	362	32·7	35·2	35·5	26·3	23·5	27·3	26·7
Sinhalese..	94,760	2,268	2,684	3,022	2,757	2,738	3,510	2,970	29·3	29·0	31·9	35·6	29·5	37·1	31·4
Tamils ..	52,593	503	618	678	1,369	1,336	1,764	1,721	12·0	12·1	12·8	32·7	26·2	33·4	32·6
Moors ..	38,507	636	728	751	982	967	1,123	1,111	19·3	19·4	19·5	29·7	25·8	29·2	28·8
Malays ..	5,451	145	170	210	172	162	218	217	29·6	31·8	38·6	35·2	30·3	40·1	40·0
Others ..	6,015	65	70	71	179	153	164	154	12·6	11·9	11·8	34·9	26·0	27·3	25·6

No. 14.—Mortality from Groups of Diseases, 1910 and 1911, and the Average for 1901 to 1910. All Races.

Cause of Deaths.	Total Deaths.				Rate per 1,000 Population.					
	Average, 1901 to 1910.	1910.	1911, inclusive of Outside Deaths.	1911, exclusive of Outside Deaths.	Average, 1901 to 1910.	1910.	1911, inclusive of Outside Deaths (Crude).	1911, exclusive of Outside Deaths (Corrected).	Increase or Decrease on the Crude Rate.	Increase or Decrease on the Corrected Rate.
All Causes	5,871	5,750	7,234	6,603	33·00	28·76	33·81	30·86	+ ·81	—2·14
Zymotic diseases ..	1,565	993	1,291	1,125	8·80	4·77	6·03	5·26	—2·77	—3·54
Parasitic diseases ..	199	213	259	212	1·12	1·02	1·21	·99	+ ·09	— ·13
Dietetic diseases ..	30	63	71	70	·17	0·30	·33	·33	+ ·16	+ ·16
Constitutional diseases ..	760	790	969	845	4·27	3·79	4·53	3·95	+ ·26	— ·32
Developmental diseases ..	351	372	403	398	1·97	1·88	1·89	1·86	— ·08	— ·11
Local diseases ..	2,390	2,747	3,546	3,303	13·43	13·17	16·57	15·43	+3·14	+2·00
Violence	106	129	163	143	·60	0·61	·76	·67	+ ·16	+ ·07
Ill-defined diseases ..	470	443	532	507	2·64	2·12	2·49	2·37	— ·15	— ·27

No. 15.—Principal Causes of Deaths, 1901–1911, All Races, All Ages.

Cause of Deaths.	Rate per 1,000 Population. Average, 1901 to 1910.	1911.	Increase or Decrease.
Diarrhœa and enteritis	3·91	3·25	—0·66
Phthisis	3·51	2·96	—0·55
Pneumonia	3·34	4·02	+0·68
Infantile convulsions	2·70	2·29	—0·41
Dysentery	2·07	1·32	—0·75
Bronchitis	1·26	1·26	0·00
Tetanus	1·19	0·79	—0·40
Enteric and suspected enteric	1·18	1·85	+0·67
Remittent fever	0·69	0·23	—0·46
Simple and ill-defined fever	0·58	0·21	—0·37
Anchylostomiasis	0·44	0·22	—0·22
Intermittent fever	0·01	0·00	—0·01

No. 16.—Mortality from Groups of Diseases, 1901 to 1911. Rate per 1,000 Population.

Year.	Pulmonary.	Diarrhœal.	Fevers.
1901	8·48	6·53	2·90
1902	7·15	6·64	2·73
1903	7·40	6·89	3·00
1904	7·40	5·32	2·10
1905	8·10	6·89	2·01
1906	9·08	7·85	3·28
1907	8·04	5·11	2·53
1908	9·12	5·40	2·72
1909	9·32	4·78	2·10
1910	7·19	4·19	1·69
Average, 1901 to 1910	8·11	5·98	2·46
1911	8·24	4·57	2·29
Increase or Decrease	+ 0·13	— 1·41	— 0·17

No. 17.—Principal Causes of Deaths, 1911, expressed as a Percentage of Total Deaths in each Race.

Cause of Death.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Phthisis	9·6	5·9	8·8	10·2	8·1	10·8	8·8	10·4
Pneumonia	13·0	4·4	12·2	10·9	17·7	11·6	9·2	22·7
Bronchitis	4·1	1·5	5·3	3·8	2·8	6·1	6·0	3·9
All pulmonary	26·7	11·8	26·3	24·9	28·6	28·5	24·0	37·0
Diarrhœa and enteritis	10·5	11·8	10·2	9·3	15·0	7·6	9·2	9·1
Dysentery	4·0	10·3	1·9	2·7	6·2	4·9	1·4	3·3
All diarrhœal	14·5	22·1	12·1	12·0	21·2	12·5	10·6	12·4
Enteric and suspected enteric	6·0	10·3	9·4	7·2	3·9	5·1	2·8	6·5
Simple and ill-defined fever	0·7	1·5	0·0	0·8	0·7	0·3	1·4	0·0
Remittent fever	0·7	1·5	0·6	0·5	0·7	0·9	3·7	1·3
Intermittent fever	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0
All fevers	7·4	13·3	10·0	8·5	5·3	6·3	7·9	7·8

No. 18 (*a*) Causes of Deaths which occurred in the Colombo Municipality during the Year 1911.

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.										Hospitals.			Nationality.						
		Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.*	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
All Causes ..	6603	38	99	309	781	1023	635	1019	484	385	200	839	631	791	68	362	2970	1721	1111	217	154
I. Specific, febrile, or zymotic diseases ..	1125	7	20	54	179	171	104	93	83	73	20	179	166	142	21	65	490	306	185	32	26
II. Parasitic diseases ..	212	—	—	3	15	53	18	34	21	14	7	27	47	20	—	7	123	47	25	5	5
III. Dietetic diseases ..	70	—	—	1	1	22	1	3	4	—	3	15	1	20	—	3	31	27	5	3	1
IV. Constitutional diseases ..	845	1	10	47	99	123	101	149	35	41	23	116	124	100	8	52	404	177	157	26	21
V. Developmental diseases ..	398	1	5	18	31	105	25	50	36	22	17	6	5	82	3	21	214	66	71	21	2
VI. Local diseases ..	3303	16	57	159	405	417	341	630	211	194	93	431	243	349	31	180	1391	967	549	100	85
VII. Violence ..	143	9	3	—	3	19	2	20	4	4	19	28	20	32	2	6	72	36	19	3	5
VIII. Ill-defined and not specified diseases ..	507	4	4	27	48	113	43	40	90	37	18	37	25	46	3	28	245	95	100	27	9
I. Specific, febrile, or zymotic :																					
1. Miasmatic diseases ..	472	2	11	23	79	89	36	42	30	24	3	111	52	22	8	40	252	86	64	11	11
2. Diarrhœal diseases ..	458	2	5	19	76	62	51	25	36	39	11	49	72	83	11	18	168	157	85	8	11
3. Malarial diseases ..	83	2	3	3	8	9	4	13	14	6	2	6	1	13	1	3	22	32	13	9	3
4. Zoogenous diseases ..	2	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	2	—	—	—
5. Venereal diseases ..	29	—	—	5	3	—	3	2	—	—	2	8	8	6	—	2	14	5	8	—	—
6. Septic diseases ..	81	1	1	4	13	11	9	11	3	4	2	5	18	17	1	2	34	24	15	4	1
II. Parasitic diseases ..	212	—	—	3	15	53	18	34	21	14	7	27	47	20	—	7	123	47	25	5	5
III. Dietetic diseases ..	70	—	—	1	1	22	1	3	4	—	3	15	1	20	—	3	31	27	5	3	1
IV. Constitutional diseases ..	845	1	10	47	99	123	101	149	35	41	23	116	124	100	8	52	404	177	157	26	21
V. Developmental diseases ..	398	1	5	18	31	105	25	50	36	22	17	6	5	82	3	21	214	66	71	21	2
VI. Local diseases :—																					
1. Diseases of nervous system ..	923	1	16	52	138	103	134	211	84	90	33	31	20	30	4	51	455	190	175	31	17
2. Diseases of organs of special sense ..	2	1	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	—	—	—	—
3. Diseases of circulatory system ..	205	4	2	13	18	13	19	50	9	22	6	32	29	17	7	17	100	40	28	11	2
4. Diseases of respiratory system ..	1175	9	31	66	175	227	128	161	88	44	21	132	51	93	5	64	456	365	206	36	43
5. Diseases of digestive system ..	704	—	7	7	38	47	31	177	16	24	18	170	88	169	9	35	265	276	85	17	17
6. Diseases of lymphatic system and ductless glands ..	1	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	1	—	—	—	—
7. Diseases of urinary system	143	—	—	14	27	10	18	14	5	6	7	27	26	15	3	6	49	52	27	3	3
8. Diseases of reproductive system—																					
(*a*) Organs of generation	13	—	—	—	1	1	1	—	—	1	—	5	6	4	—	1	5	4	1	—	2
(*b*) Parturition ..	93	1	1	7	7	14	9	12	9	3	7	15	10	8	1	4	42	21	22	2	1
9. Diseases of organs of locomotion ..	3	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	1	2	—	—	—
10. Diseases of integumentary system ..	41	—	—	—	1	2	1	4	—	4	1	18	11	10	1	1	17	17	5	—	—
VII. Violence :—																					
1. Accident or negligence..	109	9	3	—	3	15	1	17	2	3	3	25	19	28	1	5	52	29	17	2	3
2. Homicide ..	7	—	—	—	—	—	—	1	—	1	—	2	1	3	—	—	5	1	—	—	1
3. Suicide ..	11	—	—	—	—	4	1	2	2	—	—	1	—	1	1	1	4	2	2	1	—
4. Execution ..	16	—	—	—	—	—	—	—	—	—	16	—	—	—	—	—	11	4	—	—	1
VIII. Ill-defined and not specified causes ..	507	4	4	27	48	113	43	40	90	37	18	37	25	46	3	28	245	95	100	27	9
Miasmatic Diseases.																					
Smallpox	4	—	—	—	—	—	—	—	—	—	—	4	4	—	—	—	2	—	—	2	—
Chickenpox	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—
Measles	4	—	—	—	1	—	—	2	—	—	—	—	—	1	—	—	2	1	1	—	—
Whooping cough ..	4	—	—	—	—	3	—	1	—	—	—	—	—	—	—	1	3	—	—	—	—
Mumps	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	4	—	—	—	—	—	—	1	—	—	—	3	—	—	—	3	1	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever ..	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Simple and ill-defined fever ..	45	—	—	1	3	1	—	7	17	15	—	—	—	1	1	—	25	13	3	3	—
Enteric fever and suspected enteric	396	2	11	22	71	79	33	30	13	9	3	103	52	20	7	34	214	68	57	6	10
Beri-Beri	†1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Influenza	12	—	—	—	3	6	2	1	—	—	—	—	—	—	—	2	4	3	3	—	—
Other epidemic diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* The figures in this column have not been included in the total for Colombo Town. The distribution in the wards of the deaths of town residents in hospital is shown in statement No. 18 (*b*), but is included in "Total Deaths" column given above.

† An imported case.

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.											Hospitals.			Nationality.						
		Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.*	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Diarrhœal Diseases.																					
Cholera	19	1	—	—	1	1	1	2	—	1	—	10	1	2	1	—	6	8	3	—	1
Diarrhœa	176	—	3	7	22	35	23	14	15	20	9	5	18	23	3	11	82	42	28	5	5
Dysentery	263	1	2	12	53	26	27	9	21	18	2	34	53	58	7	7	80	107	54	3	5
Malarial Diseases.																					
Remittent fever	49	2	2	2	2	5	2	7	12	4	1	5	6	5	1	2	14	12	10	8	2
Ague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malarial cachexia ..	34	—	1	1	6	4	2	6	2	2	1	1	6	8	—	1	8	20	3	1	1
Zoogenous Diseases.																					
Hydrophobia	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Glanders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cowpox and other effects of vaccination	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Venereal Diseases.																					
Syphilis	28	—	—	5	3	—	3	2	—	—	2	8	7	5	—	2	14	4	8	—	—
Gonorrhœa, stricture of urethra ..	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—
Septic Diseases.																					
Phagedæna	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	12	1	—	1	—	—	1	2	—	—	—	1	1	6	1	—	6	2	3	—	—
Pyæmia, septicæmia ..	35	—	1	3	8	4	6	2	—	1	1	2	14	7	—	1	9	16	8	—	1
Puerperal fever	34	—	—	—	5	7	2	7	3	3	1	2	3	4	—	1	19	6	4	4	—
Parasitic Diseases.																					
Thrush	7	—	—	—	1	3	3	—	—	—	—	—	—	—	—	—	4	1	2	—	—
Worms (animal)	159	—	—	3	10	50	15	31	21	14	6	6	5	3	—	7	106	17	22	5	2
Dochmius duodenalis ..	46	—	—	—	4	—	—	3	—	—	1	21	42	17	—	—	13	29	1	—	3
Dietetic Diseases.																					
Starvation, want of breast milk ..	70	—	—	1	1	22	1	3	4	—	3	15	1	20	—	3	31	27	5	3	1
Scurvy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chronic alcoholism ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delirium tremens ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Constitutional Diseases.																					
Rheumatism	20	—	—	2	—	4	1	6	5	—	—	1	3	1	—	—	6	4	6	3	1
Rickets	27	—	—	2	2	13	7	2	—	1	—	—	—	—	—	3	17	—	6	—	1
Cancer	28	—	1	3	2	1	1	7	—	1	1	8	16	3	2	7	9	6	4	—	—
Tabes mesenterica ..	8	—	—	—	—	—	—	3	—	—	5	—	1	—	—	1	6	—	1	—	—
Tubercular meningitis ..	59	—	1	3	3	6	4	9	3	2	—	13	6	15	—	5	28	13	9	2	2
Phthisis	634	1	8	34	88	84	84	107	21	30	13	90	88	74	4	32	303	140	120	19	16
Other forms of tuberculosis scrofula	9	—	—	1	—	2	1	4	—	1	—	—	2	—	—	1	5	2	1	—	—
Purpura hæmorrhagic diathesis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anæmia, chlorosis, leucocy-thæmia	20	—	—	1	2	7	1	1	2	2	3	—	2	1	—	2	8	5	4	—	1
Diabetes mellitus ..	29	—	—	—	2	4	2	8	4	4	1	2	5	2	2	—	18	4	4	1	—
Leprosy	3	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—	1	—	2	—	—
Elephantiasis	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Parangi	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined constitutional diseases	7	—	—	—	—	1	—	1	—	—	—	2	1	3	—	1	3	2	—	1	—
Developmental Diseases.																					
Premature birth	119	1	—	1	3	26	—	18	10	9	5	2	2	44	2	9	85	10	8	4	1
Atelectasis	4	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	2	1	1	—	—
Cyanosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spina bifida	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imperforate anus ..	1	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—
Cleft palate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other congenital defects ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Old age	274	—	5	17	27	77	25	30	26	13	12	4	1	38	1	12	126	55	62	17	1
Diseases of Nervous System.																					
Inflammation of the brain or its membranes	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Softening of brain ..	7	—	—	—	—	—	—	—	—	5	1	1	1	—	—	2	5	—	—	—	—
Apoplexy	24	—	1	2	5	5	3	3	2	1	1	—	—	1	1	2	10	6	4	—	1
Paralysis	63	—	2	2	5	12	9	11	10	3	1	3	1	5	—	6	28	9	14	6	—
Epilepsy	9	—	—	2	2	—	1	1	—	—	—	2	—	1	—	2	1	5	1	—	—
Convulsions	79	1	6	2	9	5	12	20	10	8	5	1	—	—	—	9	42	17	10	1	—
Infantile convulsions ..	490	—	4	28	66	18	76	159	58	52	22	2	—	5	2	16	257	85	102	19	9
Laryngismus stridulus ..	2	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	2	—	—	—	—
Collapse	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	169	—	2	13	48	58	32	5	1	3	—	5	2	2	—	5	72	49	35	2	6
Mania	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
Paraplegia, diseases of the spinal cord ..	6	—	—	—	—	—	—	1	—	—	1	3	—	1	—	—	2	2	1	—	1

* The figures in this column have not been included in the total for Colombo Town. The distribution in the wards of the deaths of town residents in hospital is shown in statement No. 18 (*b*), but is included in "Total Deaths" column given above.

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.										Hospitals.			Nationality.						
		Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.*	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Other undefined diseases of brain	71	—	1	3	3	4	1	11	3	17	1	12	14	15	—	9	34	17	8	3	—
Other undefined diseases of nervous system	2	—	—	—	—	—	—	—	—	1	—	1	1	—	1	—	1	—	—	—	—
Organs of Special Sense.																					
Conjunctivitis and other diseases of the eye	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Otitis and other diseases of ear	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Epistaxis and other diseases of nose	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Circulatory System.																					
Pericarditis	6	—	—	1	—	—	—	—	—	—	—	4	1	1	—	1	1	4	—	—	—
Morbus cordis (disease of heart)	75	2	1	4	6	6	3	15	8	15	2	4	8	9	5	8	34	14	9	5	—
Valve disease of heart	5	—	—	—	1	—	—	1	—	—	—	1	—	2	—	—	4	1	—	—	—
Hypertrophy of heart	6	2	—	1	—	—	1	—	—	2	—	—	1	—	1	—	3	1	1	—	—
Angina pectoris syncope	10	—	1	3	1	1	—	1	1	2	—	—	1	—	—	1	4	4	1	—	—
Aneurism	2	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	2	—	—	—	—
Embolism thrombosis	2	—	—	—	—	—	—	—	—	—	—	1	4	—	—	—	2	—	—	—	—
Phlebitis	4	—	—	—	—	—	—	—	—	1	—	2	—	1	—	—	1	2	1	—	—
Varicose veins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined diseases of heart or circulatory system	95	—	—	4	10	5	15	33	—	2	4	20	14	2	1	4	40	23	15	10	2
Respiratory System.																					
Laryngitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	270	—	3	20	33	54	39	32	51	19	6	10	—	3	1	19	114	49	68	13	6
Asthma	23	—	—	—	1	11	1	2	6	—	—	1	2	1	—	—	10	2	7	3	1
Pneumonia	859	9	27	45	138	162	87	126	30	23	15	115	46	82	3	44	324	304	129	20	35
Pleurisy	13	—	1	—	1	—	—	—	—	1	—	5	—	5	—	1	6	5	—	—	1
Other and undefined diseases of respiratory system	10	—	—	1	2	—	1	1	1	1	—	1	3	2	1	—	2	5	2	—	—
Digestive System.																					
Stomatitis	6	—	—	—	—	—	—	3	—	1	2	—	1	—	—	—	6	—	—	—	—
Dentition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Quinsy	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—
Sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dyspepsia	6	—	—	—	—	—	—	5	1	—	—	—	1	—	—	—	3	2	1	—	—
Hæmatemesis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malæma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of stomach	12	—	1	—	2	3	2	—	—	—	1	3	1	—	—	—	6	4	1	—	1
Enteritis	520	—	—	4	10	19	16	154	10	15	12	139	53	141	5	26	193	216	56	15	9
Ulceration of intestines	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Ileus obstruction of intestines	17	—	1	2	1	3	3	3	—	1	—	3	1	—	—	1	8	1	5	1	1
Stricture or strangulation of intestines	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—
Intussusception of intestine	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Hernia	13	—	—	—	5	—	2	1	1	1	—	2	3	1	—	2	—	4	5	—	2
Fistula	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Peritonitis	37	—	—	1	6	1	2	2	2	4	1	11	10	7	—	2	16	15	4	—	—
Ascites	10	—	—	—	2	5	1	1	1	—	—	—	—	—	—	—	2	1	6	—	1
Gallstones	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	23	—	1	—	4	4	2	1	1	—	1	6	13	3	1	1	6	14	1	—	—
Other diseases of liver	19	—	1	—	2	2	1	1	—	1	—	3	3	8	—	1	7	9	1	—	1
Other and undefined diseases of digestive system	37	—	3	—	6	9	2	6	—	1	—	3	2	7	3	2	15	9	5	1	2
Diseases of Lymphatic System and Ductless Glands.																					
Diseases of lymphatic system	1	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	1	—	—	—	—
Diseases of spleen	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Urinary System.																					
Nephritis	84	—	—	6	15	5	12	6	2	1	1	24	17	12	—	2	24	39	15	2	2
Bright's disease	44	—	—	5	10	2	6	7	2	3	6	2	5	1	2	2	21	9	8	1	1
Uræmia	6	—	—	1	—	2	—	—	—	1	—	1	1	1	—	—	3	—	3	—	—
Suppression of urine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Calculus (stone)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hæmaturia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of bladder	1	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—
Other and undefined diseases of urinary system	8	—	—	2	1	1	—	1	1	1	—	—	1	1	1	2	1	3	1	—	—

* The figures in this column have not been included in the total for Colombo Town. The distribution in the wards of the deaths of town residents in hospital is shown in statement No. 18 (*b*), but is included in "Total Deaths" column given above.

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.										Hospitals.			Nationality.						
		Fort and Gallo Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana Hospitals.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.*	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Diseases of Organs of Generation.																					
Ovarian diseases	1	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	1	—	—	—
Diseases of uterus and vagina ..	7	—	—	—	1	1	1	—	—	—	—	2	2	2	—	1	4	1	—	—	1
Disorders of menstruation ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Perineal abscess	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pelvic abscess	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of testes, penis, scrotum, &c.	5	—	—	—	—	—	—	—	—	1	—	2	1	2	—	—	1	2	1	—	1
Diseases of Parturition.																					
Abortion or miscarriage ..	3	—	—	—	1	—	—	—	—	1	—	—	—	1	—	—	2	1	—	—	—
Puerperal mania	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal convulsions ..	9	—	—	—	—	1	1	1	5	1	—	—	—	—	—	—	4	1	4	—	—
Placenta prævia, flooding ..	8	—	—	1	—	2	1	1	—	—	—	1	2	2	—	—	7	—	1	—	—
Phlegmasia dolens ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined accidents of childbirth	73	1	1	6	6	11	7	10	4	1	7	14	8	5	1	4	29	19	17	2	1
Diseases of Organs of Locomotion.																					
Cies, necrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arthritis, ostitis, and periostitis ..	3	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	1	2	—	—	—
Other and undefined diseases of organs of locomotion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Integumentary System.																					
Carbuncle	4	—	—	—	—	—	—	1	—	2	—	1	2	—	1	—	3	—	—	—	—
Phlegmon, cellulitis ..	13	—	—	—	—	—	—	2	—	2	1	5	5	3	—	—	8	4	1	—	—
Lupus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer, bed sore	21	—	—	—	—	1	1	—	—	—	—	12	3	7	—	—	5	13	3	—	—
Eczema	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—
Pemphigus	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Other and undefined diseases of integumentary system ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Accident or Negligence.																					
Fractures, contusions ..	24	3	—	—	1	3	—	3	—	—	—	7	5	7	—	1	11	6	4	1	1
Gunshot wounds	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Cut, stab	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Burn, scald	18	—	1	—	1	—	1	—	—	1	—	6	5	8	—	—	11	2	4	—	1
Poison	4	—	—	—	—	—	—	1	—	—	—	2	1	1	—	—	3	1	—	—	—
Drowning	15	6	1	—	—	5	—	—	—	1	2	—	—	—	—	1	7	4	2	1	—
Snake-bite	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Otherwise	48	—	1	—	1	7	—	13	2	1	1	10	6	12	—	4	20	16	7	—	1
Homicide.																					
Murder, manslaughter ..	7	—	—	—	—	—	—	1	—	1	—	2	1	3	—	—	5	1	—	—	1
Suicide.																					
Gunshot wounds	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Cut, stab	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poison	2	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	—	—	—	—
Drowning	3	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—
Hanging	3	—	—	—	—	1	1	—	1	—	—	—	—	—	—	—	—	2	1	—	—
Otherwise	2	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	1	—
Execution.																					
Hanging	16	—	—	—	—	—	—	—	—	—	16	—	—	—	—	—	11	4	—	—	1
Ill-defined and not Specified Causes.																					
General dropsy	26	—	—	—	3	5	7	7	1	2	1	—	2	—	—	1	15	2	6	2	—
Debility	454	1	4	23	41	107	34	31	86	32	14	36	15	45	2	24	218	89	90	24	7
Sudden deaths (causes unascertained)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abscess	7	—	—	—	2	—	—	1	2	1	—	—	4	1	—	—	6	—	1	—	—
Tumour	7	—	—	1	—	—	—	1	—	2	2	1	2	—	—	3	3	1	—	—	—
Hæmorrhage	5	1	—	1	1	—	1	—	1	—	—	—	—	—	1	—	1	2	—	1	—
Other ill-defined and not specified causes	8	2	—	2	1	1	1	—	—	—	1	—	2	—	—	—	2	1	3	—	2

* The figures in this column have not been included in the total for Colombo Town. The distribution in the wards of the deaths of town residents in hospital is shown in statement No. 18 (*b*), but is included in "Total Deaths" column given above.

No. 18 (*b*) Causes of Deaths of Town Residents which occurred in the Colombo Hospitals during the Year 1911.

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.										Hospitals.			Nationality.						
		Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
All Causes ..	839	5	129	39	140	75	84	196	49	87	35	—	—	—	18	48	358	320	51	7	37
I. Specific, febrile, or zymotic diseases ..	179	1	21	8	22	16	22	44	12	27	6	—	—	—	5	22	96	36	8	3	9
II. Parasitic diseases ..	27	—	6	—	6	2	3	3	2	3	2	—	—	—	—	—	8	17	—	—	2
III. Dietetic diseases ..	15	—	3	1	3	—	—	3	—	4	1	—	—	—	—	—	5	10	—	—	—
IV. Constitutional diseases ..	116	—	15	2	15	10	16	31	7	11	9	—	—	—	3	7	53	35	11	2	5
V. Developmental diseases ..	6	—	—	—	1	1	1	1	1	1	—	—	—	—	—	—	4	1	—	1	—
VI. Local diseases ..	431	4	71	24	87	37	37	96	26	35	14	—	—	—	9	17	152	205	27	1	20
VII. Violence	28	—	5	2	—	4	2	7	1	5	2	—	—	—	—	1	15	9	2	—	1
VIII. Ill-defined and not specified diseases ..	37	—	8	2	6	5	3	11	—	1	1	—	—	—	1	1	25	7	3	—	—
I. 1. Miasmatic diseases ..	111	1	11	5	12	10	14	28	10	15	5	—	—	—	3	21	65	11	3	3	5
2. Diarrhœal diseases ..	49	—	10	1	7	3	7	10	1	9	1	—	—	—	1	—	22	20	3	—	3
3. Malarial diseases ..	6	—	—	—	1	1	—	3	—	1	—	—	—	—	1	—	2	2	—	—	1
4. Zoogenous diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Venereal diseases ..	8	—	—	1	1	1	1	2	1	1	—	—	—	—	—	1	4	1	2	—	—
6. Septic diseases ..	5	—	—	1	1	1	—	1	—	1	—	—	—	—	—	—	3	2	—	—	—
II. Parasitic diseases ..	27	—	6	—	6	2	3	3	2	3	2	—	—	—	—	—	8	17	—	—	2
III. Dietetic diseases ..	15	—	3	1	3	—	—	3	—	4	1	—	—	—	—	—	5	10	—	—	—
IV. Constitutional diseases ..	116	—	15	2	15	10	16	31	7	11	9	—	—	—	3	7	53	35	11	2	5
V. Developmental diseases ..	6	—	—	—	1	1	1	1	1	1	—	—	—	—	—	—	4	1	—	1	—
Diseases of—																					
VI. 1. Nervous system ..	31	—	2	1	1	5	1	9	3	7	2	—	—	—	1	6	17	5	1	—	1
2. Organs of special sense	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Circulatory system ..	32	1	3	2	4	2	2	9	2	3	4	—	—	—	2	1	19	8	2	—	—
4. Respiratory system ..	132	2	22	6	27	14	9	31	12	6	3	—	—	—	—	3	52	55	10	—	12
5. Digestive system ..	170	1	35	12	38	9	14	36	7	14	4	—	—	—	5	3	43	105	7	1	6
6. Lymphatic system and ductless glands ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Urinary system ..	27	—	3	2	8	3	5	2	1	2	1	—	—	—	—	2	6	16	2	—	1
8. Reproductive system—																					
(*a*) Organs of generation	5	—	—	—	—	1	1	3	—	—	—	—	—	—	—	—	3	1	1	—	—
(*b*) Parturition ..	15	—	—	1	4	3	1	4	—	2	—	—	—	—	—	2	8	4	1	—	—
9. Organs of locomotion ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
10. Integumentary system	18	—	6	—	4	—	4	2	1	1	—	—	—	—	1	—	4	10	3	—	—
VII. 1. Accident or negligence ..	25	—	5	2	—	4	2	4	1	5	2	—	—	—	—	1	12	9	2	—	1
2. Homicide ..	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—	—	—
3. Suicide ..	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
4. Execution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VIII. 1. Ill-defined and not specified causes ..	37	—	8	2	6	5	3	11	—	1	1	—	—	—	1	1	25	7	3	—	—
Miasmatic Diseases.																					
Smallpox	4	—	1	—	1	—	—	—	2	—	—	—	—	—	—	—	2	—	—	2	—
Chickenpox	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mumps	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	3	—	—	—	—	1	—	2	—	—	—	—	—	—	—	3	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Simple and ill-defined fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever	103	1	9	5	11	9	13	27	8	15	5	—	—	—	3	18	63	10	3	1	5
Suspected enteric fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other epidemic diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhœal Diseases.																					
Cholera	10	—	3	1	1	1	2	—	1	1	—	—	—	—	—	—	4	4	1	—	1
Diarrhœa	5	—	—	—	—	—	1	—	—	4	—	—	—	—	—	—	4	1	—	—	—
Dysentery	34	—	7	—	6	2	4	10	—	4	1	—	—	—	1	—	14	15	2	—	2
Malarial Diseases.																					
Remittent fever	5	—	—	—	—	1	—	3	—	1	—	—	—	—	1	—	2	1	—	—	1
Ague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malarial cachexia ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Zoogenous Diseases.																					
Hydrophobia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Glanders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cowpox and other effects of vaccination	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Venereal Diseases.																					
Syphilis	8	—	—	1	1	1	1	2	1	1	—	—	—	—	—	1	4	1	2	—	—
Gonorrhœa, stricture of urethra ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.										Hospitals.			Nationality.						
		Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Septic Diseases.																					
Phagedæna	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Pyæmia and septicæmia ..	2	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—
Puerperal fever	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—
Parasitic Diseases.																					
Thrush	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Worms (animal)	6	—	1	—	—	1	1	1	—	—	2	—	—	—	—	—	5	1	—	—	—
Dochmius duodenalis ..	21	—	5	—	6	1	2	2	2	3	—	—	—	—	—	—	3	16	—	—	2
Dietetic Diseases.																					
Starvation, want of breast milk ..	15	—	3	1	3	—	—	3	—	4	1	—	—	—	—	—	5	10	—	—	—
Scurvy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chronic alchoholism ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Delirium tremens ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Constitutional Diseases.																					
Rheumatism	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer	8	—	1	—	1	1	—	3	—	2	—	—	—	—	1	1	1	4	1	—	—
Tabes messenterica ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tubercular meningitis ..	13	—	3	1	1	1	2	3	—	1	1	—	—	—	—	1	6	4	2	—	—
Phthisis	90	—	11	1	13	7	12	24	7	8	7	—	—	—	1	5	43	26	8	2	5
Other forms of tuberculosis scrofula	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Purpura, hæmorrhagic diathesis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anæmia, chlorosis, leucocy-thæmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes mellitus ..	2	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	1	—	—	—	—
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Elephantiasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Parangi	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined constitutional diseases	2	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Developmental Diseases.																					
Premature birth	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2	—	—	—	—
Atelectasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cyanosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spina bifida	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Imperforate anus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cleft palate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other congenital defects ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Old age	4	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	2	1	—	1	—
Nervous System.																					
Inflammation of the brain or its membranes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Softening of brain ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—
Apoplexy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paralysis	3	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	3	—	—	—	—
Epilepsy	2	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—
Convulsions	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—
Infantile convulsions ..	2	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	2	—	—	—	—
Laryngismus stridulus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Collapse	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus	5	—	—	—	—	2	—	1	—	1	1	—	—	—	—	1	3	1	—	—	—
Mania	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Paraplegia disease of the spinal cord	3	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	1	1	—	—	1
Other undefined diseases of brain ..	12	—	2	—	1	2	1	2	2	2	—	—	—	—	—	2	7	2	1	—	—
Other undefined diseases of nervous system	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—
Organs of Special Sense.																					
Conjunctivitis and other diseases of the eye	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Otitis and other diseases of the ear	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epistaxis and other diseases of nose	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Circulatory System.																					
Pericarditis	4	—	—	—	1	—	—	2	—	1	—	—	—	—	—	—	1	3	—	—	—
Morbus cordis (disease of heart) ..	4	1	—	—	1	—	—	—	—	1	1	—	—	—	1	—	2	1	—	—	—
Valve disease of heart ..	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Hypertrophy of heart ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anginapectoris, syncope ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aneurism	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Embolism, thrombosis ..	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Phlebitis	2	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Varicose veins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined diseases of heart or circulatory system ..	20	—	2	2	1	2	2	6	1	1	3	—	—	—	1	1	14	3	1	—	—

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.										Hospitals.			Nationality.						
		Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Respiratory System.																					
Laryngitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	10	—	1	—	4	—	—	5	—	—	—	—	—	—	—	1	2	3	4	—	—
Asthma	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Pneumonia	115	1	21	6	22	11	8	26	12	5	3	—	—	—	—	2	45	50	6	—	12
Pleurisy	5	1	—	—	1	2	—	—	—	1	—	—	—	—	—	—	3	2	—	—	—
Other and undefined diseases of respiratory system ..	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Digestive System.																					
Stomatitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dentition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Quinsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dyspepsia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hæmatemesis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malæma	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Disease of stomach ..	3	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	2	1	—	—	—
Enteritis	139	1	30	12	35	6	12	27	6	6	4	—	—	—	4	1	30	93	7	1	3
Ulceration of intestines ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ileus obstruction of intestines ..	3	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	2	—	—	—	1
Stricture or strangulation of intestine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Intussusception of intestine ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia	2	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1
Fistula	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Peritonitis	11	—	2	—	2	—	—	4	1	2	—	—	—	—	—	2	5	4	—	—	—
Ascites	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gallstones	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of liver	6	—	3	—	—	1	1	—	—	1	—	—	—	—	—	—	1	5	—	—	—
Other diseases of liver ..	3	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	2	1	—	—	—
Other and undefined diseases of digestive system ..	3	—	—	—	—	—	1	2	—	—	—	—	—	—	1	—	1	—	—	—	—
Diseases of Lymphatic System and Ductless Glands.																					
Diseases of the lymphatic system ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of spleen ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Urinary System.																					
Nephritis	24	—	3	1	7	3	5	2	—	2	1	—	—	—	—	2	5	15	1	—	1
Bright's disease	2	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	—
Uræmia	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Suppression of urine ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Calculus (stone)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hæmaturia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of bladder ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined diseases of urinary system ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Organs of Generation.																					
Ovarian diseases	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Diseases of uterus and vagina ..	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—	—	—
Disorders of menstruation ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Perineal abscess	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pelvic abscess	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of testes, penis, scrotum, &c.	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—
Diseases of Parturition.																					
Abortion or miscarriage ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal mania	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal convulsions ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Placenta prævia, flooding ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—
Phlegmasia dolens ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined accidents of child-birth	14	—	—	1	4	3	1	4	—	1	—	—	—	—	—	2	7	4	1	—	—
Diseases of Organs of Locomotion.																					
Cies, necrosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arthritis, ostitis, periostitis ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Other and undefined diseases of organs of locomotion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Integumentary System.																					
Carbuncle	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Phlegmon, cellulitis ..	5	—	—	—	1	—	3	1	—	—	—	—	—	—	—	—	3	1	1	—	—
Lupus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ulcer, bed sore	12	—	6	—	3	—	1	1	—	1	—	—	—	—	—	—	1	9	2	—	—
Eczema	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pemphigus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other and undefined diseases of integumentary system ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Colombo Town. Total Deaths exclusive of Non-residents.	Ward.										Hospitals.			Nationality.						
		Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Town Residents.	Outside.	Unknown.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Accident or Negligence.																					
Fractures, contusions ..	7	—	1	2	—	1	1	1	—	1	—	—	—	—	—	1	2	3	—	—	1
Gunshot wounds	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cut, stab	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Burn, scald	6	—	—	—	—	2	—	—	—	2	2	—	—	—	—	—	4	1	1	—	—
Poison	2	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—
Drowning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Otherwise	10	—	3	—	—	1	1	2	1	2	—	—	—	—	—	—	5	4	1	—	—
Homicide.																					
Murder, manslaughter ..	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—	—	—
Suicide.																					
Gunshot wounds	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cut, stab	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poison	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Drowning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hanging	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Otherwise	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Execution.																					
Hanging	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ill-defined and not specified causes.																					
General dropsy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Debility	36	—	7	2	6	5	3	11	—	1	1	—	—	—	1	1	25	6	3	—	—
Sudden deaths (causes unascertained)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abscess	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tumour	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Hæmorrhage	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other ill-defined and not specified causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

No. 18 (*c*) Causes of Deaths of Non-residents which occurred in the Colombo Hospitals during the Year 1911.

Causes of Deaths.	Hospitals.	Nationality.						
	Outside.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
All Causes ..	631	17	8	540	43	12	1	10
I. Specific, febrile, or zymotic diseases ..	166	8	3	145	6	3	—	1
II. Parasitic diseases ..	47	—	—	46	1	—	—	—
III. Dietetic diseases ..	1	—	—	1	—	—	—	—
IV. Constitutional diseases ..	124	2	1	110	5	3	—	3
V. Developmental diseases ..	5	—	—	5	—	—	—	—
VI. Local diseases ..	243	7	4	193	28	5	1	5
VII. Violence ..	20	—	—	17	1	1	—	1
VIII. Ill-defined and not specified diseases ..	25	—	—	23	2	—	—	—
I. 1. Miasmatic diseases ..	56	4	2	50	—	—	—	—
2. Diarrhœal diseases ..	72	2	—	67	3	2	—	—
3. Malarial diseases ..	12	—	1	9	1	—	—	1
4. Zoogenous diseases ..	—	—	—	—	—	—	—	—
5. Venereal diseases ..	8	—	—	7	1	—	—	—
6. Septic diseases ..	18	2	—	14	1	1	—	—
II. Parasitic diseases ..	47	—	—	46	1	—	—	—
III. Dietetic diseases ..	1	—	—	1	—	—	—	—
IV. Constitutional diseases ..	124	2	1	110	5	3	—	3
V. Developmental diseases ..	5	—	—	5	—	—	—	—
Diseases of—								
VI. 1. Nervous system ..	20	—	—	15	5	—	—	—
2. Organs of special sense ..	—	—	—	—	—	—	—	—
3. Circulatory system ..	29	2	—	23	3	—	1	—
4. Respiratory system ..	51	1	1	40	6	—	1	2
5. Digestive system ..	88	3	1	67	12	3	—	2
6. Lymphatic system and ductless glands	2	—	—	1	1	—	—	—
7. Urinary system ..	26	1	2	22	1	—	—	—
8. Reproductive system—								
(*a*) Organs of generation ..	6	—	—	6	—	—	—	—
(*b*) Parturition ..	10	—	—	10	—	—	—	—
9. Organs of locomotion ..	—	—	—	—	—	—	—	—
10. Integumentary system ..	11	—	—	9	—	1	—	1

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Hospitals.	Nationality.						
	Outside.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
VII. 1. Accident or negligence	19	—	—	16	1	1	—	1
2. Homicide	1	—	—	1	—	—	—	—
3. Suicide	—	—	—	—	—	—	—	—
4. Execution	—	—	—	—	—	—	—	—
VIII. 1. Ill-defined and not specified causes	25	—	—	23	1	1	—	—
Miasmatic Diseases.								
Smallpox	4	—	—	4	—	—	—	—
Chickenpox	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—
Mumps	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—
Cerebro-spinal fever	—	—	—	—	—	—	—	—
Simple and ill-defined fever	—	—	—	—	—	—	—	—
Enteric fever	52	4	2	46	—	—	—	—
Suspected enteric fever	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—
Other epidemic diseases	—	—	—	—	—	—	—	—
Diarrhœal Diseases.								
Cholera	1	1	—	—	—	—	—	—
Diarrhœa	18	—	—	15	1	2	—	—
Dysentery	53	1	—	50	2	—	—	—
Malarial Diseases.								
Remittent fever	6	—	1	4	—	—	—	1
Ague	—	—	—	—	—	—	—	—
Malarial cachexia	6	—	—	5	1	—	—	—
Zoogenous Diseases.								
Hydrophobia	—	—	—	—	—	—	—	—
Glanders	—	—	—	—	—	—	—	—
Cowpox and other effects of vaccination	—	—	—	—	—	—	—	—
Venereal Diseases.								
Syphilis	7	—	—	6	1	—	—	—
Gonorrhœa, stricture of urethra	1	—	—	1	—	—	—	—
Septic Diseases.								
Phagedæna	—	—	—	—	—	—	—	—
Erysipelas	1	—	—	1	—	—	—	—
Pyæmia and septicæmia	14	2	—	10	1	1	—	—
Puerperal fever	3	—	—	3	—	—	—	—
Parasitic Diseases.								
Thrush	—	—	—	—	—	—	—	—
Worms (animal)	5	—	—	5	—	—	—	—
Dochmius duodenalis	42	—	—	41	1	—	—	—
Dietetic Diseases.								
Starvation, want of breast milk	1	—	—	1	—	—	—	—
Scurvy	—	—	—	—	—	—	—	—
Chronic alcoholism	—	—	—	—	—	—	—	—
Delirium tremens	—	—	—	—	—	—	—	—
Constitutional Diseases.								
Rheumatism	3	1	—	2	—	—	—	—
Rickets	—	—	—	—	—	—	—	—
Cancer	16	—	—	15	—	1	—	—
Tabes mesenterica	1	—	—	1	—	—	—	—
Tubercular meningitis	6	—	—	4	—	—	—	2
Phthisis	88	2	—	79	4	2	—	1
Other forms of tuberculosis scrofula	2	—	—	2	—	—	—	—
Purpura, hæmorrhagic diathesis	—	—	—	—	—	—	—	—
Anæmia, chlorosis, leucocy-thæmia	2	—	—	2	—	—	—	—
Diabetes mellitus	5	—	—	5	—	—	—	—
Leprosy	—	—	—	—	—	—	—	—
Elephantiasis	—	—	—	—	—	—	—	—
Parangi	—	—	—	—	—	—	—	—
Other and undefined constitutional diseases	1	—	—	—	1	—	—	—
Developmental Diseases.								
Premature birth	2	—	—	2	—	—	—	—
Atelectasis	—	—	—	—	—	—	—	—
Cyanosis	—	—	—	—	—	—	—	—
Spina bifida	—	—	—	—	—	—	—	—
Imperforate anus	1	—	—	1	—	—	—	—
Cleft palate	—	—	—	—	—	—	—	—
Other congenital defects	1	—	—	1	—	—	—	—
Old age	1	—	—	1	—	—	—	—
Nervous System.								
Inflammation of the brain or its membranes	1	—	—	1	—	—	—	—
Softening of brain	1	—	—	—	1	—	—	—
Apoplexy	—	—	—	—	—	—	—	—

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Hospitals.	Nationality.									
	Outside.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.			
Paralysis	1	—	—	1	—	—	—	—			
Epilepsy	—	—	—	—	—	—	—	—			
Convulsions	—	—	—	—	—	—	—	—			
Infantile convulsions	—	—	—	—	—	—	—	—			
Laryngismus stridulus	—	—	—	—	—	—	—	—			
Collapse	—	—	—	—	—	—	—	—			
Tetanus	2	—	—	2	—	—	—	—			
Mania	—	—	—	—	—	—	—	—			
Paraplegia disease of the spinal chord	—	—	—	—	—	—	—	—			
Other undefined diseases of brain	14	—	—	10	4	—	—	—			
Other undefined diseases of nervous system	1	—	—	1	—	—	—	—			
Organs of Special Sense.											
Conjunctivitis and other diseases of the eye	—	—	—	—	—	—	—	—			
Otitis and other diseases of the ear	—	—	—	—	—	—	—	—			
Epistaxis and other diseases of nose	—	—	—	—	—	—	—	—			
Circulatory System.											
Pericarditis	1	—	—	1	—	—	—	—			
Morbus cordis (disease of heart)	8	—	—	7	—	—	1	—			
Valve disease of heart	—	—	—	—	—	—	—	—			
Hypertrophy of heart	1	—	—	1	—	—	—	—			
Anginapectoris, syncope	1	—	—	—	1	—	—	—			
Aneurism	—	—	—	—	—	—	—	—			
Embolism, thrombosis	4	—	—	2	2	—	—	—			
Phlebitis	—	—	—	—	—	—	—	—			
Varicose veins	—	—	—	—	—	—	—	—			
Other and undefined diseases of heart or circulatory system	14	2	—	12	—	—	—	—			
Respiratory System.											
Laryngitis	—	—	—	—	—	—	—	—			
Croup	—	—	—	—	—	—	—	—			
Bronchitis	—	—	—	—	—	—	—	—			
Asthma	2	—	—	2	—	—	—	—			
Pneumonia	46	—	1	36	6	1	—	2			
Pleurisy	—	—	—	—	—	—	—	—			
Other and undefined diseases of respiratory system	3	1	—	2	—	—	—	—			
Digestive System.											
Stomatitis	1	—	—	1	—	—	—	—			
Dentition	—	—	—	—	—	—	—	—			
Quinsy	—	—	—	—	—	—	—	—			
Sore throat	—	—	—	—	—	—	—	—			
Dyspepsia	1	—	—	1	—	—	—	—			
Hæmatemesis	—	—	—	—	—	—	—	—			
Malæma	—	—	—	—	—	—	—	—			
Disease of stomach	1	—	—	1	—	—	—	—			
Enteritis	53	—	—	41	10	1	—	1			
Ulceration of intestines	—	—	—	—	—	—	—	—			
Ileus obstruction of intestines	1	1	—	—	—	—	—	—			
Stricture or strangulation of intestine	—	—	—	—	—	—	—	—			
Intussusception of intestine	—	—	—	—	—	—	—	—			
Hernia	3	—	—	3	—	—	—	—			
Fistula	—	—	—	—	—	—	—	—			
Peritonitis	10	1	—	8	—	—	—	1			
Ascites	—	—	—	—	—	—	—	—			
Gallstones	—	—	—	—	—	—	—	—			
Cirrhosis of liver	13	—	—	10	1	2	—	—			
Other diseases of liver	3	1	—	1	1	—	—	—			
Other and undefined diseases of digestive system	2	—	1	1	—	—	—	—			
Diseases of Lymphatic System and Ductless Glands.											
Diseases of the lymphatic system	2	—	—	1	1	—	—	—			
Diseases of spleen	—	—	—	—	—	—	—	—			
Diseases of Urinary System.											
Nephritis	17	1	—	15	1	—	—	—			
Bright's disease	5	—	—	5	—	—	—	—			
Uræmia	1	—	1	—	—	—	—	—			
Suppression of urine	—	—	—	—	—	—	—	—			
Calculus (stone)	—	—	—	—	—	—	—	—			
Hæmaturia	—	—	—	—	—	—	—	—			
Diseases of bladder	2	—	1	1	—	—	—	—			
Other and undefined diseases of urinary system	1	—	—	1	—	—	—	—			
Diseases of Organs of Generation.											
Ovarian diseases	3	—	—	3	—	—	—	—			
Diseases of uterus and vagina	2	—	—	2	—	—	—	—			
Disorders of menstruation	—	—	—	—	—	—	—	—			
Perenial abscess	—	—	—	—	—	—	—	—			
Pelvic abscess	—	—	—	—	—	—	—	—			
Diseases of testes, penis, scrotum, &c.	1	—	—	1	—	—	—	—			
Diseases of Parturition.											
Abortion or miscarriage	—	—	—	—	—	—	—	—			
Puerperal mania	—	—	—	—	—	—	—	—			

Causes of Deaths, &c.—*contd.*

Causes of Deaths.	Hospitals.	Nationality.						
	Outside.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
Puerperal convulsions	—	—	—	—	—	—	—	—
Placenta prævia, flooding	2	—	—	2	—	—	—	—
Phlegmasia dolens	—	—	—	—	—	—	—	—
Other and undefined accidents of childbirth	8	—	—	8	—	—	—	—
Diseases of Organs of Locomotion.								
Cies, necrosis	—	—	—	—	—	—	—	—
Arthritis ostitis, periostitis	—	—	—	—	—	—	—	—
Other and undefined diseases of organs of locomotion	—	—	—	—	—	—	—	—
Diseases of Integumentary System.								
Carbuncle	2	—	—	2	—	—	—	—
Phlegmon, celulitis	5	—	—	4	—	1	—	—
Lupus	—	—	—	—	—	—	—	—
Ulcer, bed sore	3	—	—	2	—	—	—	1
Eczema	—	—	—	—	—	—	—	—
Pemphigus	—	—	—	—	—	—	—	—
Other and undefined diseases of integumentary system	1	—	—	1	—	—	—	—
Accident or Negligence.								
Fractures, contusions	5	—	—	4	—	—	—	1
Gunshot wounds	2	—	—	2	—	—	—	—
Cut, stab	—	—	—	—	—	—	—	—
Burn, scald	5	—	—	3	1	1	—	—
Poison	1	—	—	1	—	—	—	—
Drowning	—	—	—	—	—	—	—	—
Snake-bite	—	—	—	—	—	—	—	—
Otherwise	6	—	—	6	—	—	—	—
Homicide.								
Murder, manslaughter	1	—	—	1	—	—	—	—
Suicide.								
Gunshot wounds	—	—	—	—	—	—	—	—
Cut, stab	—	—	—	—	—	—	—	—
Poison	—	—	—	—	—	—	—	—
Drowning	—	—	—	—	—	—	—	—
Hanging	—	—	—	—	—	—	—	—
Otherwise	—	—	—	—	—	—	—	—
Execution.								
Hanging	—	—	—	—	—	—	—	—
Ill-defined and not specified causes.								
General dropsy	2	—	—	1	1	—	—	—
Debility	15	—	—	15	—	—	—	—
Sudden deaths (causes unascertained)	—	—	—	—	—	—	—	—
Abscess	4	—	—	3	1	—	—	—
Tumour	2	—	—	1	1	—	—	—
Hæmorrhage	—	—	—	—	—	—	—	—
Other ill-defined and not specified causes	2	—	—	2	—	—	—	—

No. 19.—Infant Mortality by Wards, 1901 to 1910. Rate per 1,000 Births.

Year.	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana Hospitals.	Maradana exclusive of Hospitals.	Slave Island.	Kollupitiya.	Eastward Extension.
1901	389	—	364	480	462	508	431	285	339	426	211	—
1902	360	—	426	429	509	417	422	207	310	399	271	—
1903	410	273	630	384	481	518	468	417	361	432	333	—
1904	353	154	419	408	482	382	452	172	336	454	232	—
1905	361	666	481	461	559	381	461	147	353	458	251	—
1906	302	76	328	418	337	310	357	210	287	311	276	—
1907	304	100	298	367	431	289	395	204	296	325	251	—
1908	355	353	467	333	412	346	467	215	426	340	340	—
1909	310	286	350	326	350	354	377	161	305	359	254	—
1910	295	267	349	356	433	282	323	193	327	343	217	—
Average, 1901 to 1910	338	211	407	387	440	366	410	204	332	368	258	—
1911	316	300	279	372	509	295	382	163	370	325	249	374
Increase or Decrease	— 22	+ 89	—128	— 15	+ 69	— 71	— 28	— 41	+ 38	— 43	— 9	—

No. 20.—Quarterly Infant Mortality, 1901 to 1911, expressed as a Rate per 1,000 Births.

Year.	1st Quarter.					2nd Quarter.					3rd Quarter.					4th Quarter.				
	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.	Quarter's Births.	12 Months' Births.	Quarter's Deaths.	Quarterly Rate.	Annual Rate.
1901 ..	833	3,264	307	368	376	772	3,248	314	406	386	745	3,235	275	369	340	884	3,234	369	417	456
1902 ..	934	3,335	309	321	359	799	3,362	270	338	333	883	3,500	343	388	392	1,065	3,681	412	386	447
1903 ..	979	3,726	371	378	398	880	3,807	355	403	373	815	3,739	345	423	369	878	3,552	381	423	429
1904 ..	940	3,513	334	355	389	917	3,550	312	340	363	897	3,632	326	363	359	916	3,670	324	353	353
1905 ..	1,091	3,821	306	280	320	891	3,795	348	391	367	885	3,783	297	336	314	1,049	3,916	463	441	472
1906 ..	1,426	4,251	308	216	289	1,109	4,469	339	306	304	1,029	4,480	353	343	306	1,162	4,726	428	368	362
1907 ..	1,124	4,424	319	284	288	965	4,280	278	288	260	1,022	4,273	337	328	315	1,169	4,280	366	313	342
1908 ..	1,269	4,425	400	315	361	1,154	4,614	379	328	328	1,028	4,620	370	360	320	1,151	4,602	486	422	422
1909 ..	1,217	4,550	360	296	317	1,068	4,464	354	331	317	1,033	4,469	345	334	309	1,271	4,589	364	286	317
1910 ..	1,268	4,640	360	284	310	1,064	4,618	298	285	258	1,096	4,675	363	333	311	1,415	4,819	399	282	331
Average, 1901-1910	1,108	3,995	336	304	337	960	4,021	325	338	323	943	4,041	335	356	332	1,096	4,107	399	364	389
1911 ..	1,583	5,134	367	232	286	1,185	5,273	361	305	274	1,207	5,390	430	356	319	1,305	5,280	511	392	387

No. 21.—Infant Mortality, 1911 (Principal Causes), expressed as a Rate per 1,000 Births of each Race.

Cause.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
All Causes ..	316	182	218	286	413	423	291	408
Premature birth ..	23	30	19	29	15	10	19	14
Atrophy and debility ..	48	15	35	33	86	73	72	56
Bronchitis ..	19	15	21	14	28	35	5	28
Pneumonia ..	32	—	33	29	38	39	33	14
Diarrhœa ..	20	61	29	18	18	21	14	56
Convulsions ..	91	30	33	84	119	133	95	127
Tetanus ..	27	—	6	21	59	41	5	42
All other Causes ..	56	30	42	58	50	71	48	71

No. 22.—Infant Mortality, 1911, Deaths at different Age Periods and from several Causes.

Cause of Death.	Age.													Race.							
	Age in Weeks.					Age in Months.															
	1	2	3	4	Total.	2	3	4	5	6	7-9	10-12	Total.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.	All Races.
I.—Developmental diseases :—																					
(1) Premature birth ..	105	7	5	1	118	2	—	—	—	—	1	—	3	2	9	87	10	8	4	1	121
(2) Atelectasis ..	3	—	—	—	3	—	—	—	—	—	—	1	1	—	—	1	2	1	—	—	4
(3) Atrophy and debility ..	96	15	18	14	143	31	19	9	11	10	17	11	108	1	17	101	58	55	15	4	251
(4) Others ..	3	—	—	—	3	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	3
II.—Diseases of respiratory system :—																					
(1) Laryngitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(2) Croup	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(3) Bronchitis	—	4	—	2	6	12	10	15	6	16	21	14	94	1	10	41	19	26	1	2	100
(4) Pneumonia ..	2	2	—	6	10	11	14	12	19	17	47	37	157	—	16	88	26	29	7	1	167
(5) Others	1	—	—	—	1	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—	2
III.—Diseases of digestive system :—																					
(1) Diarrhœal	—	1	2	2	5	15	11	7	10	20	21	19	103	4	14	55	12	16	3	4	108
(2) Dentition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(3) Others	4	3	5	8	20	21	17	9	7	11	27	11	103	1	10	70	12	24	4	2	123
IV.—Diseases of nervous system :—																					
(1) Convulsions ..	117	65	31	42	255	58	44	25	19	16	38	28	228	2	16	255	81	100	20	9	483
(2) Laryngismus stridulus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(3) Tetanus	109	26	5	—	140	—	—	—	—	—	1	—	1	—	3	63	40	31	1	3	141
(4) Others	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
V.—Tuberculous diseases :—																					
(1) Tabes mesenterica ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(2) Tubercular meningitis ..	—	—	—	—	—	—	—	1	—	—	—	2	3	—	—	—	1	1	1	—	3
(3) Others	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VI.—Accidents :—																					
(1) Injury	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1
(2) Umbilical hæmorrhage ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(3) Suffocation ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
(4) Other violence ..	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
VII.—Infectious diseases :—																					
(1) Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(2) Chickenpox ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(3) Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(4) Whooping cough ..	—	—	—	—	—	—	—	—	—	—	3	—	3	—	1	2	—	—	—	—	3
(5) Mumps	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(6) Diphtheria	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	1
(7) Cerebro-spinal fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(8) Scarlet fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VIII.—Syphilis	2	2	—	5	9	2	5	4	1	—	1	—	13	—	2	13	3	4	—	—	22
IX.—All other causes	2	3	7	7	19	23	18	7	8	17	24	18	115	1	7	81	15	23	5	2	134
Total ..	445	128	73	88	734	175	138	89	82	107	202	142	933	12	105	864	280	318	61	29	1669
Percentage of Total Infant Deaths ..	26·7	7·7	4·3	5·3	44·0	10·5	8·3	5·3	4·9	6·4	12·1	8·5	56·0	0·7	6·3	51·7	16·8	19·1	3·7	1·7	100·0

No. 23.—Pulmonary Diseases, 1901 to 1911. Death-rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	8·48	6·74	7·98	9·21	8·15	7·43	6·84	10·91
1902	7·15	2·59	5·07	7·17	8·00	7·23	6·07	8·94
1903	7·40	3·29	5·67	7·89	7·22	7·17	5·76	11·23
1904	7·40	5·08	6·75	7·77	6·31	7·71	9·24	9·75
1905	8·10	3·22	5·80	8·62	7·51	8·18	9·07	11·51
1906	9·08	4·26	7·50	9·29	9·71	8·26	8·10	13·76
1907	8·04	1·75	5·60	8·26	8·05	8·05	10·14	12·11
1908	9·12	4·52	7·44	9·90	8·17	8·91	9·19	13·33
1909	9·32	3·09	7·69	9·47	10·04	9·21	10·39	8·86
1910	7·19	5·05	6·24	7·01	7·98	7·28	6·92	6·47
Average, 1901–1910	8·11	3·87	6·51	8·43	8·14	7·95	8·11	10·56
1911	8·24	2·66	7·00	7·82	9·34	8·23	9·56	9·48
Increase or Decrease	+0·13	—1·21	+0·49	—0·61	+1·20	+0·28	+1·45	—1·08

No. 24.—Pulmonary Diseases, 1901 to 1911. All Races, Death-rate per 1,000 Population.

Year.	Phthisis.	Pneumonia.	Bronchitis.	Total Pulmonary.
1901	3·20	3·67	1·61	8·48
1902	2·98	2·86	1·31	7·15
1903	3·18	2·96	1·26	7·40
1904	3·51	2·53	1·36	7·40
1905	3·56	3·24	1·30	8·10
1906	4·06	3·65	1·37	9·08
1907	3·79	3·22	1·03	8·04
1908	3·70	4·15	1·27	9·12
1909	4·13	4·09	1·10	9·32
1910	3·13	3·05	1·01	7·19
Average, 1901 to 1910	3·51	3·34	1·26	8·11
1911	2·96	4·02	1·26	8·24
Increase or Decrease	—0·55	+0·68	—	+0·13

No. 25.—Pulmonary Diseases, 1911. Death-rate of each Sex per 1,000 Population. (Calculated on the Census Population, 1911.)

Races.	Pulmonary Group.		Phthisis.		Pneumonia.		Bronchitis.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
All Races	7·53	9·64	2·45	3·87	4·16	3·92	·92	1·85
Europeans	3·56	1·87	1·19	1·87	1·78	—	·59	—
Burghers	7·21	6·88	3·00	1·76	2·55	3·95	1·66	1·17
Sinhalese	6·98	8·95	2·75	3·78	3·27	3·65	·96	1·52
Tamils	8·69	11·73	2·17	4·18	5·95	5·57	·57	1·98
Moors	6·63	11·23	2·28	4·65	3·11	3·86	1·24	2·72
Malays	7·05	12·66	1·41	5·93	4·58	2·77	1·06	3·96
Others	10·90	7·80	2·78	3·90	7·48	—	·64	3·90

No. 26.—Mortality from Phthisis, 1901 to 1911. Rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	3·20	3·75	3·53	3·76	2·45	2·50	3·09	3·93
1902	2·98	1·11	2·66	3·34	2·97	2·53	3·04	2·34
1903	3·18	2·93	2·55	3·56	2·41	3·31	2·99	4·58
1904	3·51	2·54	4·07	3·91	2·62	3·45	3·99	3·86
1905	3·56	2·51	2·74	4·07	2·85	3·29	4·95	4·56
1906	4·06	2·49	3·75	4·44	4·05	3·30	4·05	5·04
1907	3·79	1·05	3·00	4·22	3·17	3·47	5·77	6·25
1908	3·70	2·79	3·13	4·23	3·01	3·46	4·11	4·63
1909	4·13	2·41	3·34	4·34	3·86	4·40	4·62	4·34
1910	3·13	1·68	2·60	3·27	3·09	3·33	2·24	2·89
Average, 1901–1910	3·51	2·21	3·13	3·89	3·07	3·31	3·85	4·15
1911	2·96	1·33	2·36	3·20	2·65	3·12	3·49	2·66
Increase or Decrease	—0·55	—0·88	—0·77	—0·69	—0·42	—0·19	—0·36	—1·49

No. 27.—Mortality from Pneumonia, 1901 to 1911. Rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	3·67	2·62	2·52	3·84	4·45	2·74	2·43	6·33
1902	2·86	1·11	1·58	2·51	3·96	2·77	1·95	5·54
1903	2·96	0·36	2·14	3·05	3·65	2·21	2·13	5·41
1904	2·53	2·18	1·79	2·51	2·65	2·40	1·89	5·49
1905	3·24	0·71	2·10	3·37	3·88	2·68	1·65	5·36
1906	3·65	1·77	2·63	3·52	4·62	3·23	1·21	6·20
1907	3·22	0·70	2·13	3·04	3·90	3·15	2·98	4·92
1908	4·15	1·39	3·29	4·28	4·20	3·89	3·91	7·22
1909	4·09	0·68	3·26	4·03	5·12	3·59	3·46	4·16
1910	3·05	2·35	2·68	2·79	3·91	2·75	2·81	3·24
Average, 1901–1910 ..	3·34	1·42	2·38	3·29	4·04	2·95	2·43	5·38
1911	4·02	1·00	3·24	3·42	5·76	3·35	3·68	5·82
Increase or Decrease ..	+0·68	—0·42	+0·86	+0·13	+1·72	+0·40	+1·25	+0·44

No. 28.—Mortality from Bronchitis, 1901 to 1911. Rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	1·61	0·37	1·93	1·61	1·25	2·19	1·32	0·65
1902	1·31	0·37	0·83	1·32	1·07	1·93	1·08	1·06
1903	1·26	—	0·98	1·28	1·16	1·65	0·64	1·24
1904	1·36	0·36	0·89	1·35	1·04	1·86	3·36	0·40
1905	1·30	—	0·96	1·18	0·78	2·21	2·47	1·59
1906	1·37	—	1·12	1·33	1·04	1·73	2·84	2·52
1907	1·03	—	0·47	1·00	0·98	1·43	1·39	0·94
1908	1·27	0·34	1·02	1·39	0·96	1·56	1·17	1·48
1909	1·10	—	1·09	1·10	1·06	1·22	2·31	0·36
1910	1·01	1·02	0·96	0·95	0·98	1·20	1·87	0·34
Average, 1901–1910 ..	1·26	0·24	1·00	1·25	1·03	1·69	1·83	1·03
1911	1·26	0·33	1·40	1·20	0·93	1·76	2·39	1·00
Increase or Decrease ..	—	+0·09	+0·40	—0·05	—0·10	+0·07	+0·56	—0·03

No. 29.—All Diarrhœal Diseases, 1901 to 1911. Mortality of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	6·53	3·25	3·77	5·45	7·44	4·73	5·31	5·89
1902	6·64	7·42	4·98	6·15	10·11	4·50	3·91	7·24
1903	6·89	9·17	5·59	7·17	8·45	4·94	6·40	5·62
1904	5·32	6·17	4·97	5·63	5·14	4·48	7·14	6·30
1905	6·89	5·38	6·04	7·33	8·10	5·01	5·77	6·74
1906	7·85	7·46	5·59	7·69	10·98	5·45	5·46	7·56
1907	5·11	5·62	3·31	4·47	8·09	3·84	2·58	0·44
1908	5·40	5.92	4·62	6·32	5·91	2·90	3·71	6·66
1909	4·78	3·78	3·65	4·94	6·50	2·93	4·42	3·79
1910	4·19	3·70	3·12	4·09	5·74	3·12	3·36	2·72
Average, 1901–1910 ..	5·98	5·85	4·64	6·02	7·84	4·23	4·94	5·61
1911	4·57	4·99	3·25	3·76	6·92	3·58	4·23	3·16
Increase or Decrease ..	—1·41	—0·86	—1·39	—2·26	—0·92	—0·65	—0·71	—2·45

No. 30.—Diarrhœal Diseases, 1901 to 1911. All Races, Death-rate per 1,000 Population.

Year.	Diarrhœa and Enteritis.	Dysentery.	Total. Diarrhœal.
1901	4·38	2·15	6·53
1902	4·34	2·30	6·64
1903	4·14	2·75	6·89
1904	3·48	1·84	5·32
1905	4·21	2·68	6·89
1906	4·64	3·21	7·85
1907	3·47	1·64	5·11
1908	3·75	1·65	5·40
1909	3·18	1·60	4·78
1910	2·99	1·20	4·19
Average, 1901 to 1910 ..	3·91	2·07	5·98
1911	3·25	1·32	4·57
Increase or Decrease ..	—0·66	—0·75	—1·41

No. 31.—Diarrhœa and Enteritis, 1901 to 1911. Death-rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	4·38	1·50	2·77	3·87	7·85	2·57	3·54	3·71
1902	4·34	3·71	3·82	4·26	6·76	2·13	3·04	3·83
1903	4·14	3·30	3·70	4·62	5·06	2·34	3·84	3·33
1904	3·48	1·45	3·10	3·92	3·13	2·97	5·04	3·66
1905	4·21	1·79	4·03	4·84	4·79	2·43	3·71	3·77
1906	4·64	2·13	4·08	4·86	5·94	3·02	4·05	3·68
1907	3·47	2·81	1·97	3·23	5·40	2·71	0·99	0·22
1908	3·75	1·74	2·87	4·77	3·87	1·99	2·54	3·33
1909	3·18	0·68	2·25	3·57	3·96	1·91	3·46	2·71
1910	2·99	2·69	2·83	3·15	3·73	1·95	2·43	1·53
Average, 1901–1910	3·91	2·25	3·24	4·23	4·89	2·48	3·41	3·20
1911	3·25	2·66	2·73	2·91	4·89	2·18	3·68	2·33
Increase or Decrease	—0·66	+0·41	—0·51	—1·32	—	—0·30	+0·27	—0·87

No. 32.—Mortality from Dysentery, 1901–1911. Rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	2·15	3·75	1·00	1·58	3·59	2·16	1·77	2·18
1902	2·30	3·71	1·16	1·89	3·35	2·37	0·87	3·41
1903	2·75	5·87	1·89	2·55	3·39	2·60	2·56	2·29
1904	1·84	4·72	1·87	1·71	2·01	1·51	2·10	2·64
1905	2·68	3·59	2·01	2·49	3·31	2·58	2·06	2·97
1906	3·21	5·33	1·51	2·83	5·04	2·43	1·41	3·88
1907	1·64	2·81	1·34	1·24	2·69	1·13	1·59	0·22
1908	1·65	4·18	1·80	1·55	2·04	0·91	1·17	3·33
1909	1·60	3·10	1·40	1·37	2·54	1·02	0·96	1·08
1910	1·20	1·01	0·29	0·94	2·01	1·17	0·93	1·19
Average, 1901–1910	2·07	3·60	1·40	1·79	2·95	1·75	1·53	2·41
1911	1·32	2·33	0·52	0·85	2·03	1·40	0·55	0·83
Increase or Decrease	—0·75	—1·27	—0·88	—0·94	—0·92	—0·35	—0·98	—1·58

No. 33.—Fevers, 1901–1911. All Races Death-rate per 1,000 Population.

Year.	Enteric Fever and Suspected Enteric.	Simple and Ill-defined Fever.	Remittent Fever.	Intermittent Fever.	All Fevers.
1901	0·60	1·43	0·84	0·03	2·90
1902	0·56	1·14	1·03	—	2·73
1903	0·59	1·30	1·10	0·01	3·00
1904	0·54	0·57	0·97	0·02	2·10
1905	0·78	0·28	0·94	0·05	2·01
1906	1·50	0·80	0·97	0·05	3·28
1907	1·66	0·26	0·60	0·05	2·53
1908	2·29	0·17	0·26	—	2·72
1909	1·65	0·19	0·25	0·01	2·10
1910	1·32	0·14	0·23	—	1·69
Average, 1901–1910	1·18	0·58	0·69	0·01	2·46
1911	1·85	0·21	0·23	—	2·29
Increase or Decrease	+0·67	—0·37	—0·46	—0·01	—0·17

No. 34.—All Fevers, 1901–1911. Death-rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	2·90	5·25	2·11	2·69	3·04	2·72	5·53	4·34
1902	2·73	4·45	2·15	2·80	2·43	2·42	5·64	3·60
1903	3·00	2·55	2·30	3·65	2·13	2·59	5·32	2·07
1904	2·10	2·90	1·54	2·55	1·32	2·27	4·62	4·86
1905	2·01	2·13	1·68	2·35	1·61	1·65	2·88	2·37
1906	3·28	7·11	3·33	4·26	1·93	1·97	4·44	4·84
1907	2·53	4·22	2·52	3·01	1·47	2·15	3·96	4·72
1908	2·72	8·70	3·27	3·55	1·42	1·69	3·50	2·40
1909	2·10	1·72	2·02	2·63	1·60	1·70	1·72	1·98
1910	1·69	4·38	2·38	2·00	0·98	1·17	2·98	2·38
Average, 1901–1910	2·46	4·38	2·32	2·90	1·72	1·89	3·97	3·25
1911	2·29	2·99	2·66	2·67	1·77	1·81	3·12	1·99
Increase or Decrease	—0·17	—1·39	+0·34	—0·23	+0·05	—0·08	—0·85	—1·26

No. 35.—All Fevers, 1901 to 1911. Death-rate of each Ward per 1,000 Population.

Year.	Colombo Town.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastward Extension.	Hospitals.*
1901 ..	2·90	3·02	2·11	2·33	1·81	3·33	1·76	1·53	5·15	2·16	—	12·67
1902 ..	2·73	2·89	1·57	1·24	2·54	2·89	2·27	1·91	4·56	1·52	—	10·86
1903 ..	3·00	0·39	1·69	1·52	1·98	3·58	2·75	1·57	4·72	2·08	—	14·48
1904 ..	2·10	1·51	0·51	1·39	1·06	3·79	1·79	0·93	2·11	0·78	—	16·39
1905 ..	2·01	0·36	1·16	0·87	2·21	1·70	2·00	1·26	2·05	1·38	—	19·88
1906 ..	3·28	1·74	0·77	2·39	1·77	2·45	2·41	2·41	3·70	2·63	—	26·36
1907 ..	2·53	—	1·15	2·34	1·74	2·33	1·91	2·48	2·25	1·07	—	22·37
1908 ..	2·72	0·63	0·38	1·56	1·37	1·45	1·91	1·89	2·73	2·78	—	32·61
1909 ..	2·10	0·30	0·75	1·43	1·38	1·68	1·54	1·28	1·75	0·96	—	34·00
1910 ..	1·69	0·60	1·07	0·90	1·31	1·77	1·14	1·08	1·34	1·72	—	24·60
Average, 1901–1910 ..	2·46	1·16	1·09	1·02	1·68	2·44	1·92	1·63	2·89	1·70	—	—
1911 ..	2·29	1·12	1·63	2·15	3·05	2·08	1·58	0·97	1·90	1·11	0·36	35·1
Increase or Decrease..	—0·17	—0·04	+0·54	+1·13	+1·37	—0·36	—0·34	—0·66	—0·99	—0·59	—	—

* The figures in this column represent the percentage of total deaths from all fevers.

No. 36.—Fevers, 1903–1911. Cases notified.

Year.	Enteric Fever.	Simple Continued Fever.	All Fevers.
1903 ..	262	—	262
1904 ..	303	—	303
1905 ..	454	25	479
1906 ..	948	42	990
1907 ..	946	121	1,067
1908 ..	1,370	251	1,621
1909 ..	794	119	913
1910 ..	876	79	955
Average, 1903–1910 ..	744	80	824
1911 ..	1,149	71	1,220

N.B.—This Table includes Port, Outside, and Untraced Cases.

No. 37.—Fevers, 1911. Cases notified by Races.

Race.	Enteric Fever.	Continued Fever.	All Fevers.	Case-rate per 1,000 Population.
All Races ..	1,149	71	1,220	5·70
Europeans ..	54	1	55	18·34
Burghers ..	174	17	191	14·07
Sinhalese ..	600	38	638	6·74
Tamils ..	153	7	160	3·03
Moors ..	108	2	110	2·85
Malays ..	23	3	26	4·78
Others ..	37	3	40	6·65

N.B.—This Table includes Port, Outside, and Untraced Cases.

No. 38.—Fevers, 1911. Cases notified by Wards.

Ward.	A. Enteric Fever.	B. Continued Fever.	C. Total of A and B.	D. Case-rate of A per 1,000 Population.	E. Case-rate of C per 1,000 Population.	F. Death-rate from All Fevers.
Fort	5	—	5	1·40	1·40	1·12
Pettah	31	—	31	3·88	3·88	1·63
San Sebastian	49	3	52	4·21	4·47	2·15
St. Paul's	132	6	138	5·30	5·54	3·05
Kotahena	155	15	170	3·79	4·16	2·08
New Bazaar	96	4	100	4·27	4·44	1·58
Maradana	206	9	215	4·65	4·86	0·97
Slave Island	110	5	115	4·96	5·19	1·90
Kollupitiya	133	23	156	5·26	6·17	1·11
Eastward Extension	21	4	25	1·90	2·27	0·36
Colombo Town	938	69	1,007	4·38	5·04	2·29
Port	14	—	14	—	—	—
Outside Limits	72	—	72	—	—	—
Untraced	125	2	127	—	—	—
Grand Total	1,149	71	1,220	—	—	—

No. 39.—Enteric Fever, 1901–1911. Death-rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	0·60	4·50	0·58	0·66	0·37	0·30	0·22	1·52
1902	0·56	3·71	1·16	0·62	0·27	0·13	0·21	1·70
1903	0·59	1·46	1·07	0·96	0·07	0·13	0·42	0·41
1904	0·54	2·54	1·06	0·67	0·15	0·95	0·63	2·03
1905	0·78	1·43	0·96	1·12	0·29	0·40	1·03	0·99
1906	1·50	5·69	2·23	2·14	0·61	0·51	1·21	1·94
1907	1·66	3·87	1·90	2·20	0·68	1·34	1·19	2·84
1908	2·29	8·01	3·05	3·08	1·10	1·33	1·95	2·03
1909	1·65	1·38	1·71	2·20	1·06	1·41	0·96	0·90
1910	1·32	3·71	2·01	1·62	0·68	0·90	1·12	2·04
Average, 1901–1910	1·18	3·64	1·58	1·56	0·54	0·68	0·93	1·67
1911	1·85	2·33	2·51	2·26	1·29	1·48	1·10	1·66
Increase or Decrease	+0·67	—1·31	+0·93	+0·70	+0·75	+0·80	+0·17	—0·01

No. 40.—Enteric Fever, 1901–1911. Death-rate of each Ward per 1,000 Population.

Year.	Colombo.	Fort and Galle Face.	Pettah.	San Sebastian.	St. Paul's.	Kotahena.	New Bazaar.	Maradana.	Slave Island.	Kollupitiya.	Eastern Extension.	Hospitals.*
1901	0·60	1·29	0·26	0·63	0·14	0·26	0·39	0·19	0·35	0·16	—	50·5
1902	0·56	2·06	0·31	0·10	0·24	0·46	0·27	0·28	0·22	0·31	—	42·9
1903	0·59	—	—	—	0·14	0·20	0·10	0·42	0·27	0·30	—	62·3
1904	0·54	0·37	—	0·19	—	0·33	0·15	0·37	0·32	0·14	—	56·5
1905	0·78	—	0·25	—	0·18	0·68	0·30	0·47	0·68	0·85	—	37·5
1906	1·50	1·04	—	0·57	0·26	1·24	0·25	1·00	0·61	0·97	—	49·4
1907	1·66	—	0·25	1·21	0·95	1·53	0·73	1·90	0·80	0·62	—	32·3
1908	2·29	0·32	0·38	1·19	1·27	1·04	1·62	1·59	1·56	2·30	—	37·4
1909	1·65	—	0·50	1·34	1·21	1·07	1·44	1·11	0·80	0·46	—	38·1
1910	1·32	0·60	1·07	0·87	1·27	1·33	0·86	0·77	0·64	1·22	—	31·5
Average, 1901 to 1910	1·18	0·60	0·27	0·66	0·58	0·83	0·63	0·85	0·63	0·80	—	—
1911	1·85	0·56	1·38	1·89	2·85	1·94	1·47	0·68	0·58	0·36	0·27	39·1
Increase or Decrease	+0·67	—0·04	+1·11	+1·23	+2·27	+1·11	+0·84	—0·17	—0·05	—0·44	—	—

* The figures in this column represent the percentage of total deaths from enteric fever.

No 41.—Enteric Cases reported during 1911. (Inclusive of Port and Outside Cases.)

Race.	Sex.	0 to 5 Years.	5 Years to 10 Years.	10 Years to 15 Years.	15 Years to 20 Years.	20 Years to 25 Years.	25 Years to 30 Years.	30 Years to 35 Years.	35 Years to 40 Years.	40 Years to 50 Years.	50 Years to 60 Years.	60 Years and over.	All Ages.	Total of each Race.	Case-rate per 1,000 Population.	Deaths.	Case Mortality per Cent.	Death-rate per 1,000 Population.
All Races	Males	38	74	83	104	133	111	54	32	40	20	9	698	1149	5·37	448	38·9	2·09
	Females	36	63	73	52	73	52	37	16	28	6	15	451					
Europeans	Males	1	1	1	—	9	13	9	3	6	—	—	43	54	18·00	11	20·3	3·66
	Females	—	—	2	—	3	2	1	—	3	—	—	11					
Burghers	Males	4	13	15	14	22	15	4	4	1	3	2	97	174	12·82	36	20·6	2·65
	Females	4	13	18	7	14	7	6	4	3	—	1	77					
Sinhalese	Males	22	43	43	51	48	54	23	13	22	10	3	332	600	6·33	260	43·3	2·74
	Females	24	39	42	32	38	33	23	10	15	4	8	268					
Tamils	Males	5	6	12	21	28	18	5	3	6	7	1	112	153	2·89	68	44·4	1·28
	Females	2	7	5	3	8	3	3	1	6	1	2	41					
Moors	Males	4	10	10	11	12	3	7	3	5	—	3	68	108	2·80	57	52·8	1·47
	Females	4	1	4	7	9	6	4	1	—	1	3	40					
Malays	Males	1	1	1	2	5	1	1	1	—	—	—	13	23	4·23	6	26·1	1·10
	Females	1	2	2	2	1	1	—	—	1	—	—	10					
Others	Males	1	—	1	5	9	7	5	5	—	—	—	33	37	6·15	10	27·0	1·66
	Females	1	1	—	1	—	—	—	—	—	—	1	4					

No. 42.—Simple Continued Fever, 1901–1911. Death-rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	1·43	—	1·17	1·41	1·25	1·26	4·87	2·18
1902	1·14	0·37	0·58	1·14	0·98	1·13	4·35	1·27
1903	1·30	0·36	0·74	1·68	0·98	0·81	3·84	0·62
1904	0·57	—	0·24	0·70	0·28	0·50	2·31	0·81
1905	0·28	0·35	0·24	0·25	0·27	0·27	1·03	0·39
1906	0·80	1·42	0·79	1·02	0·61	0·41	1·41	0·77
1907	0·26	—	0·23	0·22	0·20	0·20	1·79	0·56
1908	0·17	—	0·07	0·28	0·04	0·05	0·97	—
1909	0·19	—	0·31	0·19	0·23	0·08	0·19	0·36
1910	0·14	—	0·37	1·13	0·11	0·19	0·37	0·17
Average, 1901–1910	0·58	0·28	0·46	0·65	0·46	0·45	1·96	0·64
1911	0·21	0·33	—	0·26	0·25	0·07	0·55	—
Increase or Decrease	—0·37	+0·05	—0·46	—0·39	—0·21	—0·38	—1·41	—0·64

No. 43.—Simple Continued Fever, 1911. Cases reported.

Race.	Cases.	Case-rate per 1,000 Population.
All Races	71	0·33
Europeans	1	0·33
Burghers	17	1·25
Sinhalese	38	0·40
Tamils	7	0·13
Moors	2	0·05
Malays	3	0·55
Others	3	0·49

No. 44.—Remittent Fever, 1901 to 1911. Death-rate of each Race per 1,000 Population.

Year.	All Races.	Europeans.	Burghers.	Sinhalese.	Tamils.	Moors.	Malays.	Others.
1901	0·84	0·75	0·36	0·62	1·31	1·16	0·44	0·43
1902	1·03	0·37	0·41	1·04	1·18	1·16	1·08	0·63
1903	1·10	0·73	0·49	0·99	1·08	1·65	1·06	1·04
1904	0·97	0·36	0·24	1·17	0·84	0·82	1·68	1·62
1905	0·94	0·35	0·48	0·97	1·05	0·98	0·82	0·99
1906	0·97	—	0·31	1·09	0·71	1·05	1·82	2·13
1907	0·60	0·35	0·39	0·59	0·59	0·61	0·79	1·32
1908	0·26	0·69	0·15	0·19	0·28	0·31	0·58	0·37
1909	0·25	0·34	—	0·23	0·21	0·19	0·57	0·72
1910	0·23	0·67	—	0·25	0·19	0·08	1·49	0·17
Average, 1901–1910	0·69	0·46	0·27	0·68	0·71	0·76	1·06	0·87
1911	0·23	0·33	0·15	0·15	0·23	0·26	1·47	0·35
Increase or Decrease	—0·46	—0·13	—0·12	—0·53	—0·48	—0·50	+0·41	—0·54

No. 45.—Infectious Diseases, 1911. Cases reported during each Month. (Exclusive of Port and Outside Cases.)

Disease.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total for the Year.	Case-rate per 1,000 Population.	Case Mortality per Cent. (Inclusive of Port and Outside Cases and Deaths).
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	5	11	3	—	—	—	—	—	19	0·089	95·2
Smallpox	—	2	—	1	1	6	13	9	1	2	1	—	36	0·168	12·3
Chickenpox ..	67	120	246	179	132	49	25	21	19	23	25	28	934	4·365	·1
Measles	13	30	30	31	41	42	18	19	25	22	40	19	330	1·542	1·1
Diphtheria	2	1	—	1	1	3	—	1	—	1	—	1	12	0·056	33·3
Acute diarrhœa ..	2	—	—	—	1	5	4	—	—	1	2	4	19	0·089	—*
Enteric fever ..	93	56	73	73	66	91	114	141	104	107	81	64	1,063	4·968	39·0
Continued fever ..	5	4	6	3	5	1	5	7	12	8	14	1	71	0·332	63·3
Phthisis	58	42	47	46	32	34	26	35	74	50	83	58	585	2·734	—†
Total ..	241	255	402	334	284	242	208	233	235	214	246	175	3,069	14·343	19·6

* Acute diarrhœa is not differentiated in the returns for diarrhœa.

† Phthisis has been excluded in the calculation of this rate, as it shows a larger number of deaths than cases reported.

No. 46.—Infectious Diseases, 1911. Cases reported from Port and Outside Limits.

Disease.	Port.	Outside.	Total.
Cholera	2	—	2
Smallpox	9	20	29
Chickenpox	10	71	81
Measles	6	17	23
Diphtheria	—	—	—
Enteric fever	14	71	85
Continued fever	—	—	—
Phthisis	—	40	40
Total ..	41	219	260

No. 47.—Cholera Cases reported, 1903–1911.

Year.	Cases reported.	Case-rate per 1,000 Population.	Port and Outside Cases not included in Case-rate.
1903	1	0·006	—
1904	1	0·006	3
1905	—	—	—
1906	1	0·005	3
1907	29	0·158	2
1908	30	0·160	1
1909	—	—	—
1910	1	0·005	8
Average, 1903–1910 ..	8	0·043	2
1911	19	0·089	2
Increase or Decrease ..	+11	+0·046	—

No. 48.—Mortality from Cholera, 1901–1911.

Year.	Deaths.	Rate per 1,000 Population.
1901	—	—
1902	2	0·011
1903	—	—
1904	1	0·005
1905	—	—
1906	2	0·010
1907	19	0·104
1908	22	0·117
1909	—	—
1910	—	—
Average, 1901–1910	5	0·023
1911	19	0·089
Increase	14	0·066

No. 49.—Smallpox Cases reported, 1903–1911.

Year.	Cases notified from Town.	Cases notified from Port and Outside not included in Case-rate.	Case-rate per 1,000 Population.
1903	7	6	0·040
1904	1	3	0·005
1905	45	9	0·259
1906	40	26	0·224
1907	49	10	0·267
1908	438	7	2·330
1909	78	25	0·405
1910	69	18	0·331
Average, 1903–1910 ..	91	13	0·498
1911	36	29	0·168
Decrease	55	+16	0·330

No. 50.—Mortality from Smallpox, 1901–1911.

Year.	Deaths.	Death-rate per 1,000 Population.
1901	29	0·185
1902	27	0·169
1903	1	0·005
1904	1	0·005
1905	17	0·098
1906	11	0·062
1907	8	0·042
1908	88	0·489
1909	27	0·140
1910	20	0·096
Average, 1901–1910	23	0·128
1911	4	0·019

No. 51.—Vaccinations performed during 1911.

Ward.	Primary Vaccinations.	Re-vaccinations.	Total.
Fort, Pettah, and San Sebastian	1,251	1,874	3,125
St. Paul's	1,284	1,638	2,922
Kotahena	913	839	1,752
New Bazaar	923	1,690	2,613
Maradana	1,509	1,091	2,600
Slave Island	794	878	1,672
Kollupitiya	783	230	1,013
Itinerating (Colombo) ..	853	775	1,628
Total ..	8,310	9,015	17,325

No. 52.—Chickenpox, 1903–1911.

Year.	Cases reported.	Case-rate per 1,000 Population.	Deaths.
1903	230	1·391	1
1904	274	1·615	—
1905	398	2·287	2
1906	231	1·294	—
1907	259	1·414	2
1908	543	2·889	—
1909	828	4·294	—
1910	901	4·320	—
Average, 1903 to 1910 ..	458	2·508	1
1911	934	4·365	1
Increase	476	1·857	—

No. 53.—Measles, 1903–1911.

Year.	Cases reported.	Case-rate per 1,000 Population.	Deaths.
1903	119	0·720	—
1904	278	1·639	5
1905	397	2·281	16
1906	354	1·983	4
1907	74	0·404	—
1908	666	3·544	7
1909	436	2·261	11
1910	149	0·714	4
Average, 1903 to 1910 ..	309	1·693	6
1911	330	1·542	4

No. 54.—Diphtheria, 1903–1911.

Year.	Cases reported.	Case-rate per 1,000 Population.	Deaths.
1903	—	—	—
1904	6	0·035	4
1905	2	0·012	—
1906	10	0·056	1
1907	13	0·077	4
1908	7	0·037	4
1909	8	0·041	2
1910	18	0·086	4
Average, 1903 to 1910 ..	8	0·044	2
1911	12	0·056	4

No. 55.—Acute Diarrhœa and Cholera Cases, 1907–1911 (exclusive of Cases from the Port).

Month.	1907.		1908.		1909.		1910.		1911.	
	Acute Diarrhœa.	Cholera.	Acute Diarrhœa.	Cholera.	Acute Diarrhœa.	Cholera.	Acute Diarrhœa.	Cholera.	Acute Diarrhœa.	Cholera.
January	3	22	3	1	1	—	—	—	2	—
February	—	3	2	1	1	—	—	—	—	—
March	1	1	6	1	—	—	—	—	—	—
April	1	—	12	3	1	—	—	—	—	—
May	—	—	10	1	2	—	3	—	1	5
June	—	2	16	—	1	—	1	—	5	11
July	3	—	9	3	—	—	1	1	4	3
August	2	—	1	3	—	—	1	—	—	—
September	2	—	—	1	3	—	—	—	—	—
October	—	—	4	—	—	—	2	—	1	—
November	—	1	16	12	1	—	—	—	2	—
December	1	—	6	4	1	—	3	—	4	—
Total each disease	13	29	85	30	11	—	11	1	19	19
Total ..	42		115		11		12		38	

No. 56.—Unwholesome Food Stuffs seized, 1911.

	Cwt.	qr.	lb.		Cwt.	qr.	lb.
Fresh fish	0	0	20½	Sponge cakes	0	0	7
Dry fish	6	3	0½	Other sweets	0	2	0
Beef	0	0	24	Cheese	0	0	11
Salt beef	1	3	12	Ghee	0	0	12
Salt fish	0	0	4	Mangoes	0	1	0
Potatoes	1	2	15½				
Onions	3	0	5				
Wheat flour	7	0	0	30 wood apples	48 bottles of chutney		
Condensed milk	0	0	22	158 mangoes	4 bottles of jam		
Cakes	7	0	0	9 papaw and soursops			

No. 57.—Food Stuffs condemned at Customs Premises.

427 bags of rice	28 bags of coffee
9 bags of dry fish	3¾ cwt. cured fish
400 bags of potatoes	24 gallons ghee
68 bags of wheat	

No. 58.—Analysis made by the City Analyst during 1911.

Nature of Samples sent to Analyst.	Number of Samples sent to Analyst.	Number condemned.	Number passed.	Number awaiting Report at end of Year.
Town water	159	2*	157	—
Well water	66	52	4	10
Soda water	33	26	6	1
Milk†	1,100	182	905	12
Bread	32	—	32	—
Flour	29	—	29	—
Sugar	24	—	24	—
Sweets	7	—	7	—
Ground coffee	3	—	3	—
Ghee	2	—	—	2
Arrack	1	1	—	—
Lake water	28	—	—	—
Total	1,484	263	1,167	25

* Due to dirty sample bottles.

† One sample spoilt.

No. 59.—Bacteriological Examination of Town Water, 1911, by Director, Bacteriological Institute.

	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.
Number of bacteria per c.c. of water (agar plate)	340	352	550	384
Number of bacteria per c.c. of water (gelatine plate)	360	416	872	496
Bacillus coli	—	—	—	—
Bacillus enteritidis sporogenes	—	—	—	—
Typhosus	—	—	—	—
Cholera vibrio	—	—	—	—
Streptococci	—	—	—	—
Germs liquifying gelatine	—	—	—	—

No. 60.—Slaughter-house Returns, 1911.

Dematagoda Slaughter-house.

Animals slaughtered.

Quarter.	Cattle.	Sheep and Goats.	Pigs.
First Quarter	5,206	18,017	467
Second Quarter	5,888	20,332	481
Third Quarter	6,045	20,877	395
Fourth Quarter	6,130	20,217	432
Total	23,269	79,443	1,775

Return of Cattle Rejected.

	Indian.		Ceylon.		Nature of Disease.							Total.
	Black.	Buffalo.	Black.	Buffalo.	Wasted.	Sores and Abscess.	Skin Disease.	Hoof Disease.	Injured.	In Young.	Fever.	
First Quarter	22	1	25	25	65	4	—	1	—	3	—	73
Second Quarter	101	8	23	72	200	3	—	—	—	—	1	204
Third Quarter	157	32	30	62	278	2	1	—	—	—	—	281
Fourth Quarter	73	3	41	72	185	3	—	—	—	1	—	189
Total	353	44	119	231	728	12	1	1	—	4	1	747

Return of Goat and Sheep Rejected.

	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Indian	39	7	4	3	53
Cause—					
Hoof-and-mouth	39	—	—	—	39
Emaciated	—	2	—	—	2
In young	—	—	1	—	1
Fevers	—	2	—	—	2
Dying	—	2	3	3	8
Dead	—	1	—	—	1

No. 61.—Carcases, Livers, &c., condemned, and Animals found Dead.

Number of Carcases condemned and Cause.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Cattle—					
Cysticercus	3	9	5½	9	26½
Sarcosystis	24½	38½	29½	21½	113½
Total	27½	47½	35	30½	140

No. 61.—Carcases, Livers, &c., condemned, and Animals found Dead—*contd.*

Number of Carcases condemned and Cause.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
Pigs—					
Cysticercus	2	—	1	—	3
Discoloured	—	1	—	—	1
Septic poisoning	—	—	—	1	1
Total	2	1	1	1	5
Animals found dead*—					
Cattle	1	3	—	3	7
Sheep and goats	5	13	14	5	37
Pigs	—	—	—	2	2
Total	6	16	14	10	46
Number of livers condemned.					
Cattle	113	169	169	152	603
Sheep and goats	—	—	1	1	2
Total	113	169	170	153	605
Cause—					
Congestion	1	—	3	2	6
Hydatis	111	163	166	147	587
Cysticercus	1	2	—	—	3
Flukes	—	4	1	4	9
Total	113	169	170	153	605

* For causes of deaths see statement below.

No. 62.—Causes of Deaths of Animals found Dead.

Sheep and Goats.	Number.	*Cattle.*	Number.
Anthrax	2	Congestion of lung	3
Inflammation of the kidneys	1	Exhaustion	2
Congestion of intestines	4	Injured	1
Inflammation of the lungs	10	Strangulation	1
Congestion of the liver	7	Total	7
Rupture of spleen	4		
Gastritis	4		
Retention of the placenta	3		
Rinderpest	1		
Fatty degeneration of heart	1		
Total	37	*Pigs.*	
		Injured	2

No. 63.—Registration of Dairies, 1911.

Ward.	Number on Register at end of previous Year.	Number discontinued during 1911.	New Registrations during 1911.	Total on Register at end of 1911.
Fort	—	—	—	—
Pettah	—	—	—	—
San Sebastian	—	—	—	—
St. Paul's	7	—	1	8
Kotahena North	—	—	—	—
Kotahena South	2	—	—	2
New Bazaar	2	—	—	2
Maradana North	4	—	—	4
Maradana South	3	—	1	4
Slave Island	2	1	1	2
Kollupitiya North	4	—	—	4
Kollupitiya South	10	3	1	8
Eastward Extension	3	—	1	4
Total	37*	4	5	38

*The total of 38 given in the report for 1910 is an error, the discontinuation during that year of one dairy in Kotahena North having by an oversight been omitted.

No. 64.—Registration of Bakeries, 1911.

Ward.	Number on Register at end of previous Year.	Number discontinued during 1911.	New Registrations during 1911.	Total on Register at end of 1911.
Fort	4	—	2	6
Pettah	5	1	—	4
San Sebastian	3	—	1	4
St. Paul's	5	* 1	—	4
Kotahena North	4	—	—	4
Kotahena South	7	—	—	7
New Bazaar	3	—	—	3
Maradana North	5	1	1	5
Maradana South	4	—	—	4
Slave Island	9	1	—	8
Kollupitiya North	3	—	—	3
Kollupitiya South	1	—	—	1
Eastward Extension	3	—	—	3
Total	56	4	4	56

No. 65.—Registration of Laundries, 1911.

Ward.	Number on Register at end of previous Year.	Number discontinued during 1911.	New Registrations during 1911.	Total on Register at end of 1911.
Fort	—	—	—	—
Pettah	21	5	8	24
San Sebastian	6	—	1	7
St. Paul's	—	—	—	—
Kotahena North	11	1	3	13
Kotahena South	15	—	4	19
New Bazaar	17	2	6	21
Maradana North	31	14	13	30
Maradana South	44	—	3	47
Slave Island	33	—	—	33
Kollupitiya North	46	3	10	53
Kollupitiya South	6	—	11	17
Eastward Extension	5	—	4	9
Total	235	25	63	273

No. 66.—Registration of Eating-houses, 1911.

Ward.	Number on Register at end of previous Year.	Number discontinued during 1911.	New Registrations effected during 1911.	Total on Register at end of 1911.
Fort	38	1	4	41
Pettah	52	4	12	60
San Sebastian	9	—	2	11
St. Paul's	27	4	2	25
Kotahena North	13	2	—	11
Kotahena South	2	—	—	2
New Bazaar	14	3	2	13
Maradana North	9	—	6	15
Maradana South	19	5	8	22
Slave Island	60	—	1	61
Kollupitiya North	10	3	1	8
Kollupitiya South	12	—	3	15
Eastward Extension	3	—	—	3
Total	268	22	41	287

No. 67.—License issued for the carrying on of Offensive and Dangerous Trades, 1911.

Timber depôts	52
Straw depôts	27
Dyeing houses	18
Cotton stores	18
Manure depôts	22
Firewood depôts	106
Soap manufactories	4

No. 68.—Registration of Aerated Water Factories, 1911.

	Number on Register at end of previous Year.	Number Discontinued during 1911.	New Registrations effected during 1911.	Total at end of 1911.
Fort	—	—	—	—
Pettah	2	—	—	2
San Sebastian	1	—	—	1
St. Paul's	—	—	—	—
Kotahena North	—	—	—	—
Kotahena South	—	—	—	—
New Bazaar	1	1	—	—
Maradana North	1	—	—	1
Maradana South	—	—	1	1
Slave Island	7	—	1	8
Kollupitiya North	2	1	—	1
Kollupitiya South	—	—	—	—
Eastward Extension	—	—	—	—
Total	14	2	2	14

No. 69.—Work done by Ward Inspectors during 1911.

Nature of Work.	Fort.	Pettah.	San Sebastian.	St. Paul's.	Kotahena North.	Kotahena South.	New Bazaar.	Maradana North.	Maradana South.	Slave Island.	Kollupitiya North.	Kollupitiya South.	Eastward Extension.	Total.
Number of inspections ..	3,531	5,215	3,055	5,160	4,433	3,265	3,636	4,103	2,168	3,522	4,290	2,261	4,155	48,792
Number in which sanitary defects were found ..	486	752	895	629	584	618	785	827	457	529	913	455	1,055	8,985
Number of notices served ..	354	106	353	268	139	324	281	292	79	137	381	227	160	3,101
Number of notices voluntarily complied with ..	141	73	81	153	97	163	155	142	61	106	195	101	98	1,566
Number of premises where defects were rectified after warning ..	141	318	490	146	352	635	268	331	118	275	521	170	738	4,503
Number of wells closed ..	—	—	—	—	—	4	2	6	1	—	2	6	1	22
Number of cesspits closed	2	—	—	—	2	5	1	1	2	—	—	1	31	45
Number of houses disinfected ..	9	32	67	87	23	50	113	178	38	86	47	15	42	787
Number of prosecutions ..	564	437	341	433	232	356	527	521	388	262	392	284	175	4,912
Number of convictions ..	464	356	280	354	210	290	425	437	330	219	342	243	161	4,111
Number discharged or otherwise dealt with ..	17	19	30	15	10	19	20	19	7	21	10	16	2	206
Number pending at end of quarter ..	83	62	54	64	12	47	86	63	55	38	40	25	12	641
Number of premises limewashed by the Municipal cleansing gang ..	9	—	—	—	—	8	9	—	—	1	6	1	—	34
Number of type plan latrines erected ..	1	—	—	6	11	—	13	1	20	18	8	—	40	118
	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.	Rs. c.
Amount of fines ..	5,766 0	2,951 50	1,673 50	2,380 0	1,203 35	2,973 50	3,477 50	3,790 0	2,245 50	2,145 50	3,600 0	2,351 50	1,206 0	35763 85

No. 70.—Structural Improvements by Ward Inspectors during the Year 1911.

Nature of Improvement.	Inspector de Silva, Fort.	Inspector Karunatilleke, Pettah.	Inspector Jayasinghe, San Sebastian.	Inspector Abeyesekera, St. Paul's.	Inspector Sirasinghe, Kotahena North.	Inspector Blacker, Kotahena South.	Inspector Dabera, New Bazaar.	Inspector Sumahin, Maradana North.	Inspector Stouter, Maradana South.	Inspector Ambrose, Slave Island.	Inspector LaBrooy Kollupitiya North.	Inspector Horan, Kollupitiya South.	Inspector Akbar, Eastward Extension.	All Inspectors, Colombo Town.
1. Windows and skylights ..	40	9	74	240	31	260	144	6	2	38	166	24	23	1,143
2. Ventilators	14	58	15	32	—	45	222	—	41	16	157	18	—	618
3. Latrines	1	—	—	—	9	—	17	1	14	19	54	12	48	175
4. Children's latrines	—	—	—	—	—	10	4	—	—	—	—	—	—	14
5. Masonry receptacles for coir dust ..	—	—	—	—	—	—	18	—	—	—	—	—	—	18
6. Cementing floor of closets ..	—	—	7	—	—	4	—	—	—	—	—	—	—	11
7. New drains	—	1	3	7	1	18	4	4	1	2	—	2	—	43
8. Old drains improved	—	—	—	21	—	—	—	4	—	—	—	—	—	25
9. Paving of passages and compounds ..	5	11	3	5	—	1	12	1	—	4	—	—	—	42
10. Insanitary tenements improved ..	—	—	13	20	—	—	8	—	—	—	3	—	—	44
11. Insanitary tenements demolished ..	—	—	1	2	—	1	11	—	—	19	51	3	21	109
12. Insanitary rooms demolished ..	1	—	—	—	1	—	—	—	—	—	—	—	—	2
13. Removal of plank partitions ..	36	—	—	—	2	—	—	—	—	—	—	—	—	38
14. Number of rooms cemented ..	21	18	13	—	—	—	18	—	—	—	—	1	—	71
15. Doors enlarged	—	—	—	—	—	—	—	—	—	—	34	—	—	34
16. Obstructive staircase demolished ..	—	—	1	—	—	—	—	—	—	—	—	—	—	1
17. Obstructive roof demolished ..	—	—	1	—	—	—	—	—	—	—	—	—	—	1
18. Obstructive eaves cut back ..	—	8	1	—	—	—	3	—	—	—	—	—	—	12
19. Eating-house improved with water service	12	—	—	—	—	—	—	—	—	—	—	—	—	12
20. Insanitary cattle shed demolished ..	—	—	—	—	—	—	2	—	—	—	—	—	—	2
21. Cementing floor of cattle sheds ..	—	—	1	—	—	—	1	—	—	—	—	—	1	3
22. Dovetailed ceiling provided in kneading room of bakery	2	—	—	—	—	—	—	—	—	—	—	—	—	2
23. Improvements to bakery by cementing walls	—	3	—	—	—	—	1	—	—	—	—	—	—	4
24. Improvements to hides depôt by cementing walls	—	1	—	—	—	—	—	—	—	—	—	—	—	1
25. Improvement to poultry mart by cementing walls	—	2	—	—	—	—	—	—	—	—	—	—	—	2
26. Improvements to laundry by cementing walls	12	1	—	—	—	3	—	—	—	—	—	—	—	16

No. 71.—Samples taken for Analysis by each Inspector during 1911.

Nature of Sample.	Inspector Serasinghe.	Inspector Blacker.	Inspector Samahin.	Inspector de Silva.	Inspector Karunatilleke.	Inspector Stouter.	Inspector Horan.	Inspector Ambrose.	Inspector Dabera.	Inspector Davidson.	Inspector Jayasinghe.	Inspector Abayasekara.	Inspector LaBrooy.	Inspector Akbar.	All Inspectors.
Town water ..	12	11	12	12	12	12	12	12	13	7	5	12	15	12	159
Well water ..	1	17	8	1	—	2	14	—	3	—	12	—	14	4	66
Soda water ..	—	—	4	—	4	5	—	13	1	—	3	—	3	—	33
Milk	100	70	72	91	130	42	91	79	82	15	43	111	97	77	1,100
Bread	—	—	3	1	2	7	—	—	4	12	—	9	—	4	32
Flour	—	—	3	—	12	7	—	—	5	12	—	6	—	4	29
Sugar	—	—	3	—	12	7	—	—	5	12	—	1	—	4	24
Sweets	—	—	—	—	—	2	—	—	—	3	2	—	—	—	7
Ground coffee ..	—	—	—	—	—	—	—	—	—	3	—	—	—	—	3
Ghee	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2
Arrack	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Lake water ..	—	—	28	—	—	—	—	—	—	—	—	—	—	—	28
Total ..	113	98	133	107	152	84	117	104	113	34	56	139	129	105	1,484

No. 72.—Details of Prosecutions by Ward Inspectors during 1911.

Nature of Offence.	Fort.	Pettah.	San Sebastian.	St. Paul's.	Kotahena North.	Kotahena South.	New Bazaar.	Maradana North.	Maradana South.	Slave Island.	Kollupitiya North.	Kollupitiya South.	Eastward Extension.	Total.
Nuisances.														
Filthy premises	302	218	137	344	113	196	344	337	183	150	272	168	126	2,890
Neglect to keep sanitary bin ..	74	—	4	—	—	—	—	—	—	—	—	—	—	78
Neglect to cleanse and limewash ..	54	—	1	2	—	15	8	11	—	—	—	—	—	91
Neglect to pay limewashing bills ..	6	—	—	—	1	5	12	—	—	—	1	—	—	15
Food.														
Food exposed to dust and flies ..	32	53	44	1	18	12	40	42	56	19	3	26	9	355
Sale of unwholesome food	—	15	16	6	3	9	6	—	8	—	14	1	2	80
Eating-house.														
Unregistered eating-house	17	19	3	1	1	—	5	4	1	3	1	—	—	55
Filthy eating-house	—	—	—	—	1	—	3	5	—	1	3	—	—	13
Eating-house within 30 feet of closet ..	—	8	—	—	—	—	—	—	—	—	—	—	—	8
Neglect to cement eating-house ..	—	—	—	—	—	—	—	6	1	—	—	—	—	7
Plank walls in eating-house ..	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Dairies and Milk.														
Unregistered dairy	1	—	—	—	8	1	—	11	—	—	—	—	—	21
Filthy dairy	—	—	—	—	—	—	1	—	—	—	—	3	—	4
Neglect to notify change of dairy premises ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Neglect to submit list of customers of dairy	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Sale of adulterated milk	40	24	4	9	11	21	13	13	2	8	19	13	7	184
Sale of milk without a card ..	5	5	1	—	5	7	7	9	—	6	3	2	4	54
Sale of milk where cream had been extracted	—	—	—	—	—	—	1	1	—	1	—	—	—	3
Unregistered milk vendor	—	—	—	—	—	—	4	—	—	1	—	—	—	5
Refusing to allow a sample of milk to be taken	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Cattle Sheds.														
Unlicensed cattle sheds	4	—	—	—	—	—	—	1	—	—	—	—	—	5
Filthy cattle shed	—	—	—	—	4	—	—	—	—	—	—	—	—	4
Bakeries.														
Unlicensed bakery	—	—	1	1	1	—	1	2	—	—	3	4	—	13
Filthy bakery	12	—	—	12	1	3	5	1	—	—	—	—	12	16
Unclean workmen in bakery ..	3	—	—	1	1	4	6	4	3	6	12	—	12	32
Kneaders without aprons	—	—	—	1	—	—	—	—	—	—	—	—	—	1

No. 72.—Details of Prosecutions by Ward Inspectors during 1911—*contd.*

Nature of Offence.	Fort.	Pettah.	San Sebastian.	St. Paul's.	Kotahena North.	Kotahena South.	New Bazaar.	Maradana North.	Maradana South.	Slave Island.	Kellupitiya North.	Kollupitiya South.	Eastward Extension.	Total.
Markets.														
Obstruction of passages in public market ..	—	45	11	—	—	—	—	—	6	—	—	—	—	62
Throwing rubbish on passages in public markets..	—	—	—	—	—	—	—	—	6	—	—	—	—	6
Filthy stalls	9	—	64	4	13	4	18	5	79	41	11	27	2	277
Unnecessary articles in stalls ..	—	2	8	—	—	—	—	—	5	—	—	—	—	15
Keeping stalls close to the public road ..	—	—	1	—	1	—	—	—	8	—	—	—	—	10
Neglect to sweep floor of stalls ..	—	—	—	—	—	—	—	—	4	—	—	—	—	4
Unlicensed stalls	—	—	1	—	—	—	—	2	—	—	—	—	—	3
Misbehaving in market	—	1	—	—	1	—	—	—	1	—	—	—	—	3
Unlicensed fish vendor	—	—	1	—	1	—	2	—	—	—	—	—	—	4
Laundries.														
Unregistered laundry	—	5	—	—	2	4	15	27	1	—	22	11	3	90
Filthy laundry	—	—	1	—	—	—	3	—	—	—	7	—	—	11
Washing clothes in prohibited site ..	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Offensive and Dangerous Trades.														
Unregistered cotton depôt.. ..	—	—	—	1	—	—	—	1	—	—	—	—	—	2
Unregistered firewood depôt ..	—	—	2	1	—	—	—	—	2	—	—	1	—	6
Unregistered manure depôt ..	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Unregistered straw depôt	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Unregistered timber depôt.. ..	—	—	—	—	—	1	1	—	—	—	—	—	—	2
Unregistered opium divan	12	—	—	—	—	—	—	3	—	1	—	—	—	16
Throwing rubbish on roadside ..	—	39	6	36	—	8	—	—	10	7	—	—	—	106
Abuse of roadside	—	—	—	3	—	6	1	—	—	—	—	—	—	10
Filthy drain	—	—	—	—	5	—	—	—	—	—	—	—	—	5
Nuisance caused by horse, cattle, poultry, &c.	1	—	11	11	32	48	27	17	8	16	22	9	8	210
Foul cesspit	—	—	—	6	—	3	—	3	2	—	—	—	8	22
Open and exposed privies ..	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Failure to provide privy accommodation ..	—	—	—	—	1	1	—	—	—	—	—	—	—	2
Neglect to fill well	—	—	—	—	1	—	2	1	—	—	1	6	—	11
Sinking wells without permission ..	—	—	—	—	—	—	—	—	1	—	2	1	—	4
Infectious Diseases.														
Neglect to report infectious diseases ..	—	1	4	2	4	5	8	9	—	1	—	—	2	36
Concealing a case of smallpox ..	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Assisting in removing an enteric patient ..	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Bathing Places.														
Filthy bathing places	—	—	—	—	—	—	—	1	—	—	—	1	—	2
Filthy bathing tubs	—	—	—	—	—	1	3	—	—	—	—	9	—	13
Neglect to paint tubs in bathing places ..	—	—	—	—	1	—	—	—	—	—	—	—	—	1
Resistance to a public officer ..	1	—	—	—	—	2	1	1	—	—	—	—	—	5
Neglect to repair wall	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Removal of a corpse without permit ..	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Overcrowding	—	—	—	—	—	—	—	—	—	—	5	1	—	6
Using obscene language	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Neglect to report death of a bull ..	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Total ..	564	437	321	433	232	356	527	521	388	262	392	284	175	4,892

No. 73.—Work done by Sub-Inspectors during 1911.

Ward.	Houses disinfected. Fevers.	Houses disinfected. Phthisis.	Total.
Fort	5	—	5
Pettah	20	2	22
San Sebastian	44	20	64
St. Paul's	92	53	145
Kotahena North	82	25	107
Kotahena South	83	35	118
New Bazaar	94	51	145
Maradana North	142	102	244
Maradana South	71	25	96
Slave Island	101	33	134
Kollupitiya North	74	8	82
Kollupitiya South	72	10	82
Total ..	880	364	1,244

No. 74.—Enteric Cleansing Gang, Work done by Overseer during 1911.

Ward.	Number of Premises where there were Cases of Enteric.	Number of Filthy Premises.	Total.
Fort	2	11	13
Pettah	21	5	26
San Sebastian	32	9	41
St. Paul's	81	24	105
Kotahena North	23	7	30
Kotahena South	10	3	13
New Bazaar	78	26	106
Maradana North	92	44	136
Maradana South	35	40	75
Slave Island	71	11	82
Kollupitiya North	2	5	7
Kollupitiya South	—	—	—
Eastward Extension	—	—	—
Total	447	185	632

No. 75.—Work done at the Disinfecting Station. Number of Pieces and Loads disinfected during 1911.

Month.	Number of Loads.	Number of Pieces.
January	14	250
February	14	376
March	15	254
April	12	205
May	12	256
June	17	508
July	17	926
August	14	623
September	13	282
October	26	769
November	17	545
December	14	385
Total	185	5,379

No. 76.—Insect Pest Prevention Gang, Work done by Overseer during 1911.

Ward.	Number of Premises visited.	Number of Premises where Mosquito Larvæ found.	Number of Notices served.	Number of Pools, Swamps, Gullies, &c., oiled.	Quantity of Oil expended. Gallons.
Fort	31	10	3	23	10½
Pettah	44	15	—	5	1¾
San Sebastian	79	27	10	19	9½
St. Paul's	93	46	4	31	13¼
Kotahena North	53	23	2	15	7½
Kotahena South	52	16	6	12	2
New Bazaar	137	54	12	40	10½
Maradana North	782	402	28	126	39½
Maradana South	487	416	10	155	40¾
Slave Island	73	30	5	15	6½
Kollupitiya North	9	5	—	4	3
Kollupitiya South	12	9	—	7	7
Eastward Extension	186	123	10	42	20¾
Total	2,038	1,176	90	494	172¾

No. 77, Statement A.—Annual Return of Sick treated at the Municipal Free Dispensary, Slave Island, from January 1 to December 31, 1911.

	Number.		Number.
General Diseases :—		**Parasitic Diseases :—**	
Meningitis	1	Ascaris lumbricoides	866
Enteric fever	68	Anchilostoma duodenale	20
Influenza	825	Tænia solium	—
Measles	13	Oidum albicans	12
Chickenpox	3	Ascaris scabici	107
Dysentery	207	**Constitutional Diseases :—**	
Chronic dysentery	26	Debility	146
Whooping cough	4	Rheumatism	369
Erysipelas	22	Rheumatic affections	302
Toxæmia of pregnancy	2	Obesity	11
Parangi	3	Senility	2
Mumps	1	Diabetes mellitus	11
Malarial Diseases :—		**Diseases of the Nervous System :—**	
Malarial intermittent	402	Neurasthenia	12
Malarial cachexia	153	Convulsions	4
Puerperal septicæmia	17	Epilepsy	4
Anæmia (cause unknown)	10	Hysteria	6

Annual Return of Sick treated at the Municipal Free Dispensary—*contd.*

Diseases of Nervous System—*contd.*	Number.
Migraine	26
Facial neuralgia	7
Hemiplegia	2
Spastic paraplegia	2
Facial paralysis	1
Tabes dorsalis	2
Syringomyelia	2
Pott's disease	—
Peripheral neuritis	3
Acute anterior poliomyelitis	1
Monoplegia	—
Organs of Special Sense :—	
Eye :	
Ophthalmia neonatorum	1
Catarrh ophthalmia	32
Blepharitis	4
Stye	5
Foreign body	4
Ear :	
Earache	22
Otitis media	22
Acute catarrh	18
Foreign body	3
Nose :	
Polypus	2
Epistaxis	4
Ozæna	13
Foreign body	2
Circulatory System :—	
Pericarditis	1
Aortic regurgitation	2
Mitral stenosis	6
Mitral regurgitation	4
Hæmorrhoids	8
Varicose veins (leg)	4
Angina pectoris	2
Respiratory System :—	
Acute bronchitis	674
Chronic bronchitis	191
Asthma	217
Lobular pneumonia	30
Lobar pneumonia	22
Phthisis	27
Digestive System :—	
Stomatitis	29
Gum boil	25
Toothache	85
Pyorrhœa alveolaris	18
Acute pharyngitis	26
Chronic pharyngitis	9
Tonsillitis	16
Gastritis	167
Dyspepsia	93
Chronic enteritis	317
Constipation	335
Colic	43
Hepatitis	4
Jaundice	1
Cirrhosis of liver	2
Psilosis	3
Prolapsus of rectum	7
Lymphatic System :—	
Lymphangitis	18
Adenitis	60
Elephantiasis of scrotum	2
Elephantiasis of leg	5
Urinary System :—	
Albumenuria	3
Acute Bright's disease	13

Urinary System—*contd.*	Number.
Chronic Bright's disease	13
Cystitis	7
Inconsistance of urine	—
Generative System :—	
Balanitis	1
Phinosis	2
Paraphymosis	—
Orchitis	15
Retention of urine	1
Urethritis	8
Epididymitis	2
Hydrocele	4
Phlebitis of right spermatic cord	1
Vaginitis	5
Leucorrhœa	20
Amenorrhœa	27
Dysmenorrhœa	29
Menorrhagia	23
Meterrhagia	8
Threatened abortion	5
Abortion	19
Prolapsus of uterus	3
Integumentary System :—	
Acne rosacea	2
Lichen tropicus	20
Seborrhœa	2
Urticaria	12
Dermatitis herpetiformis	1
Tænia versiclor	1
Erythema bullosa	11
Pruritus	70
Eczema	159
Ringworm	39
Impetigo contagiosa	6
Herpes zoster	2
Abrasion	2
Incised wound	25
Contused wound	65
Punctured wound	41
Lacerated wound	6
Contusion	90
Sinus	6
Onychia	30
Furuncles	108
Leucoderma	2
Carbuncle	2
Burn	17
Fistula in ano	1
Gangrene	1
Sycosis barbæ	1
Ulcer	498
Abscess	103
Mastoid abscess	1
Cellulitis	20
Organs of Locomotion :—	
Periostitis	8
Fractures	3
Dislocations :	
(*a*) Maxillary joint	3
(*b*) Shoulder	1
Tumours :—	
Nævus	1
Ranular	1
Cerebral tumour	1
Cancer	3
Goitre	1
Uterine fibroid	1
Abdomenial Diseases :—	
Intestinal obstruction	2
Inguinal herniæ	1

No. 78, Statement B.—Statement showing Details of Work done by the Health Visitor, Mrs. R. H. Pereira, from January 1 to December 31, 1911.

1.	Number of visits paid to houses	10,230
2.	Number of dispensary tickets issued	137
3.	Number of cases in which Medical Officer was requested to visit	33
4.	Number of houses where instructions *re* infant feeding given	736
5.	Number of visits paid to labour cases	103

No. 79, Statement C.—Statement showing Details of Work done by the Health Visitor, Mrs. A. Cruse, from March 1 to December 31, 1911.

1.	Number of visits paid to houses	10,107
2.	Number of dispensary tickets issued	125
3.	Number of cases in which Medical Officer was requested to visit ..	12
4.	Number of houses where instructions *re* infant feeding given ..	1,048
5.	Number of visits paid to labour cases	33

No. 80, Statement D.

A.	Visits paid by the Medical Officer to those unable to attend at the dispensary	98
B.	Visits paid to those reported by the Health Visitor as unable to attend	45
C.	Labour cases in which medical or surgical aid rendered ..	3
D.	Visits paid to cases attended to by the Municipal midwife ..	58
E.	Cases sent in by Health Visitors by tickets	261

No. 81.—Number of Cases conducted by Municipal Midwives during the Year 1911.

Name of Midwife.	Division.	First Quarter.	Second Quarter.	Third Quarter.	Fourth Quarter.	Total.
A. Wickremasinghe ..	St. Paul's ..	24 ..	25 ..	29 ..	17 ..	95
Agida Perera ..	Kotahena ..	42 ..	39 ..	29 ..	34 ..	144
Nonno Hamy ..	San Sebastian ..	26 ..	13 ..	26 ..	40 ..	105
M. P. Muruger ..	St. Paul's ..	35 ..	23 ..	19 ..	22 ..	99
A. M. Wickramaratne ..	Slave Island ..	22 ..	21 ..	12 ..	22 ..	77
Sarah Dias ..	New Bazaar ..	30 ..	24 ..	21 ..	20 ..	95
	Total ..	179	145	136	155	615

No. 82.—Births and Infant Deaths.—Still-births and Deaths within Four Days.

Race.	Births.			Deaths.			Still-births.			Death-rate per cent. (inclusive of Still-births).	Death-rate per cent. (exclusive of Still-births).
	Persons.	Males.	Females.	Persons.	Males.	Females.	Persons.	Males.	Females.		
All Races	623	325	298	18	9	9	29	17	12	7·55	2·89
Burghers	49	19	30	1	1	—	3	1	2	8·16	2·04
Sinhalese	273	136	137	5	1	4	11	6	5	5·86	1·83
Tamils	162	88	74	11	7	4	10	6	4	13·26	6·79
Moors	99	61	38	1	—	1	4	3	1	5·05	1·01
Malays	35	18	17	—	—	—	1	1	—	2·86	—
Others	5	3	2	—	—	—	—	—	—	—	—

No. 83.—Statistics of Cases conducted by Municipal Midwives during the Year 1911.

Ward and Name of Midwife.	Burghers.		Sinhalese.		Tamils.		Moors.		Malays.		Others.		All Races.			Mortality.			
													Persons.	Males.	Females.	Deaths.	Still-births.	Death-rate per cent. (inclusive of Still-births).	Death-rate per cent. (exclusive of Still-births).
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.							
St. Paul's, A. Wickremasinghe ..	2	2	12	27	14	20	14	3	—	1	—	—	95	42	53	3	1	4·21	3·16
Kotahena, Agida Perera	10	13	46	60	5	7	2	—	2	1	—	—	146	65	81	1	6	4·79	0·68
San Sebastian, Nonno Hamy ..	1	3	29	17	10	8	19	15	1	2	—	—	105	60	45	6	7	12·38	5·71
St. Paul's, M. P. Muruger	—	—	4	5	46	29	13	6	—	—	—	—	103	63	40	5	7	11·65	4·85
Slave Island, A. M. Wickramaratne ..	2	5	20	12	10	4	—	—	13	8	3	2	79	48	31	1	7	10·13	1·27
New Bazaar, Sarah Dias	4	7	25	16	3	6	13	14	2	5	—	—	95	47	48	2	1	3·16	2·10
Total of each Sex ..	19	30	136	137	88	74	61	38	18	17	3	2	*623	325	298	18	29	7·55	2·89
Grand Total ..	49		273		162		99		35		5								

* Inclusive of 8 multiple births.

No. 84.—Municipal Enteric Hospital. Statistics of Patients treated and the Deaths occurred during the Year 1911.

Race.	Admissions.										Deaths.									
	Sent in by Municipal Inspectors.		Sent in from General Hospital.		Sent in from other Hospitals.		Voluntary Seeking Admission.		Total.		Sent in by Municipal Inspectors.		Sent in from General Hospital.		Sent in from other Hospitals.		Voluntary Admission.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Burghers ..	8	5	9	7	1	3	2	7	20	22	2	1	3	1	—	1	—	—	5	3
Sinhalese ..	23	18	73	32	12	38	19	21	127	109	5	2	13	8	4	11	5	7	27	28
Tamils and Malabars ..	7	3	44	3	1	2	1	—	53	8	2	—	5	2	—	1	—	—	7	3
Moors ..	7	—	5	—	—	—	—	—	12	—	1	—	2	—	—	—	—	—	3	—
Malays ..	3	—	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	1	—
All Races ..	48	26	131	42	14	43	22	28	215	139	11	3	23	11	4	13	5	7	43	34
Total ..	74		173		57		50		354		14		34		17		12		77	

No. 85.—Municipal Enteric Hospital. Case Mortality per Cent.

	Burghers.	Sinhalese.	Tamils and Malabars.	Moors.	Malays.	All Races.
Sent in by Municipal Inspectors	23·1 ..	51·2 ..	20·0 ..	14·3 ..	33·3 ..	18·9
Sent in from General Hospital ..	25·0 ..	20·0 ..	14·9 ..	40·0 ..	— ..	20·2
Sent in from other hospitals ..	25·0 ..	30·0 ..	33·3 ..	— ..	— ..	29·8
Voluntary seeking admission ..	— ..	30·0 ..	— ..	— ..	— ..	24·0
Total ..	19·1	23·3	16·4	25·0	33·0	21·7

No. 86.—Staff Changes, 1911.

Inspectors.—Inspector H. W. Davidson resigned on August 17, 1911.
Sub-Inspector I. C. Jayasinhe promoted Inspector on September 1, 1911.
Supervisor C. Vanderput succeeded as Sub-Inspector on November 1, 1911.

Slave Island Dispensary.—Mrs. A. Cruse appointed Health Visitor on March 1, 1911.
G. P. Wijeyesekara appointed Dispenser on April 1, 1911, *vice* Charles Weeraratne resigned.

Enteric Hospital.—Dr. S. O. Dharmaratne was transferred and Dr. C. A. Pereira appointed in November.
William S. Maas appointed Apothecary on July 25, 1911, *vice* P. A. Schokman resigned.
Exchange of duties by G. P. Wijeyesekara and William S. Mass in August.
M. A. Raj appointed Apothecary on November 1, 1911, *vice* G. P. Wijeyesekara resigned.
Miss R. Ferdinands appointed nurse on December 1, 1911.

Bacteriological Laboratory.—J. Albert Perera and N. D. de Costa appointed attendants on October 1, 1911.