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COLONY OF SEYCHELLES.

ANNUAL REPORT
OF THE
MEDICAL and HEALTH
DEPARTMENT

FOR THE YEAR

1935



Published by Command of His Excellency the Governor.

Printed by the HEAD PRINTER
at the Government Printing Office,
Victoria, Mahé—Seychelles.

1936.



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Printed by the Press of the
Colonial Office, at the
Colonial Office, Victoria, British Columbia.

1896



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Victoria, Maldives—Seychelles.

1936.

Medical Department,
Seychelles, 7th September, 1936.

**Annual Medical and Health Report for the year
ending 31st December, 1935.**

I have the honour to submit for the information of His Excellency the **Governor**, and for transmission to the Right Honourable the Secretary of **State**, the Medical Report on the Health and Sanitary conditions of the **Seychelles** for the year 1935, together with Returns, etc., appended thereto.

I have the honour to be,

Sir,

Your obedient servant,

E. M. LANIER,

Senior Medical Officer.

To

The Clerk to Governor,
Victoria.

Medical Department,
Bogotá, 7th September, 1935.

Annual Medical and Health Report for the year
ending 31st December, 1935.

I have the honor to acknowledge the receipt of the letter of the
Governor and the transmission to the High Honorable the Secretary of
State, the Medical Report on the Health and sanitary conditions of the
Republic for the year 1935, together with the annexed studies.

I have the honor to be,
Sir, Very Respectfully,
Your obedient servant,
The Clerk to the Governor,
Bogotá.

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COLONY OF SEYCHELLES

ANNUAL REPORT

On the Medical and Health Department

1st January to 31st December 1935.

I.—ADMINISTRATION.

The sanctioned Estimates for 1935 was Rs. 72,018 as compared with Rs. 95,999 for 1934. This represented a reduction in sanctioned expenditure of no less than Rs. 23,981.

This reduction, necessitated by the economic crisis, and achieved by reductions in personnel and in the provisions for the maintenance of the various services including medical stores, drugs, dressings, hospital equipment etc., were not however accompanied by any reduction in the demand for indoor or outdoor medical relief.

The following table shows that these demands have steadily increased during the past four years and moreover that the greater increase was in 1935 when the estimated expenditure had to be reduced by nearly 25%.

Year.	Sanctioned Estimates.	Actual Expenditure.	Total No. of in-patients.	Total No. of out-patients.
1932	99,869	98,981.09	862	3362
1933	99,712	101,568.08	949	6478
1934	95,999	78,509.83	859	8439
1935	72,018	72,682.42	976	9941.

From this table it will be seen that the total number of patients treated has risen in the course of last four years from 4,224 to 10,917, an increase of 6,693 while during the same period the actual expenditure has decreased by Rs. 26,299.67.

The increased demands for medical relief had however to be met and to the greatest extent possible they were met but with such a necessarily reduced budget no important schemes of Public Health development was possible and no appreciable administrative progress made though some minor changes have taken place which have resulted in improvements.

Another Indian Medical Officer has been appointed for two years as a relief during the period of vacation and study leave of the other two Assistant Medical Officers. One of the latter left in October for a special course of study in Leprology at the Calcutta School of Tropical Medicine and will later attend a course of Bacteriology at Madras.

The post of Resident Surgeon has not yet been filled and the Senior Medical Officer in addition to his administrative and other duties still acts as the Government Surgeon.

The new appointment of a Lady Health Visitor has already proved its worth but alone this officer is unable to cope with the large amount of preventive work to be done amongst the women and children of the poorer classes especially in the rural districts.

The health of the people is a factor of primary importance in the economic development of a country. Bad or indifferent health whether due to disease or malnutrition must reduce the capacity for work, lower the standard of living and prevent the proper development of the resources of the country. This must in time affect the expansion of Government Revenue on which improvement in the material and moral welfare of the people so much depend. The value of other forms of expenditure must be largely dependent on the standard of health.

Of late attempts have been made to develop the tourist industry in these islands and to a certain extent these attempts have been successful. During the year 326 saloon passengers landed at Mahé against 173 in 1934. This number will probably increase for the Seychelles endowed with much unspoilt natural beauty and still free from malaria and from most of the deadly tropical diseases form an ideal health resort for people from adjacent malarious countries. At the same time one must not forget that with an increased traffic of tourists from unhealthy surrounding countries, there are greater risks than formerly of introduction of diseases into the Colony. The danger of the introduction of certain groups of diseases by healthy carriers for instance is a real one.

This small Colony depends for its economic development on its agriculture and on its salubrity. That it should spend generously on the former is only reasonable and logical but it is also necessary that the latter be preserved and even improved.

STAFF.

The establishment of the Department on 31st December 1935 was as follows :—

A.—PROFESSIONAL STAFF.

EUROPEAN.

The Senior Medical Officer.
Resident Surgeon (temporarily in abeyance).

ASIATIC.

Assistant Medical Officer South Mahe.
Assistant Medical Officer Praslin.
Assistant Medical Officer (temporary appointment).

B.—HOSPITAL STAFF.

1 Matron.
1 Nursing Sister.
3 Probationer Nurses.
1 Midwife.
1 Probationer Midwife.
1 Ward Maid Maternity.
3 Male Attendants at Hospital (2 for day duty, one for night).
3 Ward Maids (2 for day duty, one for night).
1 Cook.
1 Cook's Mate.
1 Maid Servant.
2 Washerwomen.

C.—PHARMACY AND CLERICAL STAFF.

1 Dispenser and Chief Clerk.
1 Assistant Dispenser.
1 Storekeeper and Second Clerk.

D.—PUBLIC HEALTH AND SANITARY STAFF.

1 Chief Sanitary Inspector.
1 Assistant Sanitary Inspector.
2 Probationer Sanitary Inspectors.
1 Lady Health Visitor.
3 Labourers.
1 Keeper Guardian Station.

E.—ASYLUM FOR MALE LEPERS ROUND ISLAND PRASLIN.

Officer in charge A. M. O. Praslin.
1 Guardian.
2 Labourers.
1 Cook.
1 Assistant Cook.
1 Washerman (inmate).

F.—ASYLUM FOR FEMALE LEPERS ROUND ISLAND MAHÉ.

Officer in charge of Leprosy Campaign (The Chief Sanitary Inspector).
1 Female Guardian.
1 Labourer.
1 Cook (inmate).

G.—FIENNES INSTITUTE.

1 Master.
 1 Nurse.
 1 Probationer Nurse.
 2 Male Attendants (1 for day, 1 for night duty).
 1 female Attendant.

H.—LUNATIC ASYLUM ANSE ROYALE.

Officer in charge A. M. O. South Mahé.
 1 Head Male Attendant.
 1 Head Female Attendant.
 2 Male Attendants.
 2 Female Attendants.
 1 Cook.

I.—COTTAGE HOSPITAL PRASLIN.

Officer in charge A. M. O. Praslin.
 1 Nurse.
 1 Attendant and cook.

STAFF CHANGES.

PROMOTION.	DATE.
Dr E. M. Lanier to be Senior Medical Officer	1. 1. 35

APPOINTMENTS.

Dr V. T. Kuriyan to be Temporary Assistant Medical Officer	8. 10. 35
N. Young to be Nurse Fiennes Institute	15. 5. 35
O. Gendron to be Nurse Fiennes Institute	1. 11. 35
Charley Morel to be Guardian Male Leper Camp	1. 9. 35
Probationer Nurse	1
„ Midwives	2
„ Sanitary Inspectors	2
<i>Transfers.</i> —C. Collie to be nurse Cottage Hospital Praslin	1. 1. 35
J. Faure, nurse Cottage Hospital Praslin to be nurse Fiennes Institute	1. 1. 35
G. Hodoul, nurse Fiennes Institute to be Lady Health Visitor	1. 1. 35

Resignation and termination of appointments.

E. Vidot, Guardian Male Leper Camp	31. 8. 35
M. Grandcourt, Assistant Sanitary Inspector	30. 9. 35
N. Young, nurse Fiennes Institute	31. 10. 35
Probationer Nurses	4
„ Midwife	1
District Midwife	1
<i>Dismissal.</i> —J. Faure, nurse Fiennes Institute	15. 6. 35
<i>Leave.</i> —Dr P. M. Joseph	8. 10. 35
<i>Retirement.</i> —Sister Yvonne	31. 1. 35
<i>Death.</i> —Sister Yvonne	13. 3. 35

B.—LEGISLATION ENACTED IN 1935.

Ordinance No. 11 of 1935.—To amend the Medical Practitioners and Dentists Ordinance (No. 20 of 1934).
 do No. 17 of 1935.—To amend the Pharmacy Ordinance, 1899 (No. 19 of 1899).
 do No. 22 of 1935.—To amend the Hospitals and Dispensaries Ordinance, 1899 (No. 20 of 1899).
 do No. 26 of 1935.—To regulate the importation, exportation, manufacture, sale and use of opium and other dangerous drugs.

C.—FINANCIAL.

MEDICAL AND SANITARY REVENUE.

1935.		1934.	
Hospital and Maternity fees	Rs. 5,797.70	Hospital and Maternity fees	Rs. 4,508.50
Lunatic Asylum fees	" 868.00	Lunatic Asylum fees	" 822.50
Quarantine fees	" 140.00	Quarantine fees	" 145.00
X-Ray fees	" 75.00	X-Ray fees	" 85.00
Sale of Medicines	" 2,863.00	Registration fees	" 60.00
		Sale of Medicines	" 2,536.92
	<u>Rs. 9,743.70</u>		<u>Rs. 8,152.92</u>

MEDICAL AND SANITARY EXPENDITURE.

The estimated expenditure for 1935 was in

Personal emoluments	...	...	Rs 38,883.00
Other charges	...	...	" 33,135.00
		Total	<u>Rs 72,018.00</u>

The actual expenditure for 1935 was in

Personal emoluments	...	...	Rs 39,933.70
Other charges	...	...	" 32,748.72
		Total	<u>Rs 72,682.42</u>

II.

PUBLIC HEALTH.

(A) GENERAL REMARKS.

The health of the population was fair throughout the year. No outbreak of epidemic diseases occurred though there was a marked prevalence of influenza and pneumonia, especially amongst children, during the earlier part of the year.

The Colony fully deserves its reputation as a health resort for tourists from adjacent malarial countries and for those who, living at high altitudes, feel the need of a holiday at sea level.

On the other hand the health of residents living throughout the year at sea level would benefit greatly if more hill stations were opened where people would be encouraged to spend some weeks or months each year. At present there is only one such station, La Misère, with a certain number of bungalows built at an altitude varying from 1,300 to 1,800 feet but it is rendered difficult of access for want of a motoring road.

The death rate for the year was 14.09 per thousand which is higher than in 1934 when the death rate was unusually low, in fact the lowest yet recorded, 10.17 per thousand. It should not be forgotten however that statistics, when small numbers are involved, are apt to be very sensitive to changes which would make but little difference if the population were larger.

I. GENERAL DISEASES.

During the year under review 11 cases of cancer were admitted to Hospital against 10 in 1934. Eighteen deaths due to malignant diseases were recorded in 1935 against twelve in 1934.

Diseases of the arteries and of the circulatory system still account for the largest number of deaths, 1.77 per thousand population.

Rheumatic affections are very prevalent especially those arising as complications of gonorrhoea.

Of the diseases of the respiratory system, asthma still remains the most common.

Affections of the ear and nasopharynx are frequent.

In the group of diseases of the digestive system acute or subacute hepatitis, quickly reacting to emetine treatment is most prevalent. 31 cases were treated in Hospital during the year.

Chronic constipation is very common and probably accounts with injudicious diet for the high incidence of diseases of the appendix met with.

57 cases hernia, 16 of which were strangulated, were admitted during the year against 29, 8 of which were strangulated, in 1934.

46 cases of appendicitis, 9 of which were acute, were treated during the year against 26 in 1934, all of which were acute or subacute.

II. COMMUNICABLE DISEASES.

(a) Mosquito or insect borne.

Malaria:—As stated in last year's report there is so far no malaria in the Seychelles owing to the absence of the anopheline mosquitoes. The potential danger of its introduction however is discussed in Chapter III of this Report under "Preventive Measures".

Dengue:—There was no case admitted to Hospital during the year; sporadic cases are often seen however at all seasons of the year outside the Hospital.

Filariasis:—Cases of Elephantiasis of the legs are not uncommon. Many cases of lymphadenitis, lymphangitis and hydrocele are undoubtedly of filarial origin.

(b) Infectious diseases.

Small pox:—No case was imported or occurred in the Colony during 1935.

Chicken pox:—The disease is endemic and most cases so mild that medical advice or treatment is not sought; hence the difficulty of estimating the incidence of the disease.

Influenza:—Ten deaths from this disease were registered during the year against 2 in 1934. During the earlier part of the year the disease, without however assuming epidemic proportions, was very prevalent and responsible for the large number of fatal cases of pneumonia seen especially amongst children. 21 deaths from pneumonia were recorded against 9 in 1934.

Dysentery.—Seven cases, all of the amoebic type, were admitted to the Hospital during the year against 14 in 1934. No death was recorded. The disease appears to be more prevalent after the rainy season.

Leprosy.—The incidence of this disease remains high for a Colony of this size, 3.12 per thousand in 1935 against 2.95 per thousand in 1934. 10 cases were discovered against 5 in 1934. Four deaths occurred. A further report of the disease is given in Chapter III under "Hygiene and Sanitation."

Tetanus.—Two cases were admitted to Hospital during the year, and two deaths occurred against six in 1934.

Tuberculosis.—Out of 16 cases of tuberculosis admitted to Hospital during the year 11 were tuberculosis of the lungs and 5 of other organs.

23 deaths from tuberculosis of the respiratory system and three deaths from other forms of tuberculosis were recorded during the year.

Veneral Diseases.—These diseases are very prevalent but their incidence is difficult to ascertain in accurate figures as the majority of patients only come to a medical man for advice and treatment after they have tried several brands of native medicines. Complications of gonorrhoea are very common and often run a severe course but syphilis appears to be generally of a milder type than that usually seen in Europe. Lymphogranuloma inguinale is common.

12 cases of Veneral diseases of a severe type were admitted to Hospital in 1935.

(c) Helminthic disease.

Infections with *Trichuris trichiura* and *Oxyuris Vermicularis* are prevalent but the most common helminthic diseases met with in the Colony are ankylostomiasis and ascariasis. A fuller report will be found under "Ankylostomiasis Campaign."

B. VITAL STATISTICS.

(1) GENERAL POPULATION.

The estimated population on 31st December 1935 was 29,503 (Males 14,509, Females 15,294) showing an increase of 397 over the preceding year.

Marriages.—188 marriages were celebrated in 1935 as compared with 154 in 1934.

Births.—The total number of births for the year was 819 (420 males, 399 females). The crude birth rate was 27.48 per thousand against 29.31 per thousand in 1934.

Deaths.—During the year the number of deaths was 420 as compared with 317 in 1934. The crude death rate was 14.09 per thousand against 10.78 per thousand in 1934.

The table below gives the crude death rate in the Colony for the last ten years.

Year.	Rate.	Year.	Rate.
1926	17.80 o/oo	1931	13.53 o/oo
1927	15.87 do	1932	12.86 do
1928	16.12 do	1933	12.14 do
1929	17.94 do	1934	10.78 do
1930	13.99 do	1935	14.09 do

The average death rate for the period 1926—1930 was 16.34 per thousand while the average death rate for the following period 1931—1935 was 12.62 per thousand.

The next table shows the causes of death registered during the year.

<i>Title.</i>	<i>Corresponding title number in International list of causes of deaths (1929 Revision).</i>	<i>Number of deaths.</i>	<i>Rate per o/oo population.</i>
Influenza	(11)	10	.31
Tuberculosis of the respiratory system	(23)	23	.77
Other Tuberculosis	(24-32)	3	.10
Leprosy	(33)	4	.13
Venereal diseases	(34-35)	33	1.11
Helminthic infections	(40-41-42)	3	.10
Tetanus	(22)	2	.07
Other infectious and/or parasitic diseases	(39-43-44)	3	.10
Cancer and other tumours	(45-55)	18	.61
Diabetes	(59)	4	.13
Diseases of the blood	(70-74)	6	.20
Cerebral hæmorrhage and appoplexy etc	(82)	23	.77
Diseases of the nervous system and sense organs	(78-79)	11	.36
Diseases of the circulatory system	(90-103)	53	1.77
Pneumonia	(107-109)	21	.70
Other diseases of the respiratory system	(104-105)		
	(110-114)	10	.31
Diarrhoea and enteritis	(119-120)	19	.63
Hernia and Intestinal obstruction	(122)	7	.24
Diseases of the digestive system	(115-129)	12	.40
Nephritis	(130-131-132)	17	.57
Other non venereal diseases	(133-139)	4	.13
Childbirth and puerperium	(149-150)	4	.13
Congenital malformation etc and conditions of early infancy	(157-158-161)	26	.87
Other forms of violence	(172-198)	6	.20
Senility	(162)	49	1.64
Ill-defined causes	(199-200)	49	1.64
		<hr/> 420	

Infantile Mortality.—Seventy five children under one year and forty three aged from one to five years died in 1935 as compared with forty two (under one year) and thirty three (from one to five years) in 1934.

The infantile mortality rate is the number of deaths of infants under one year occurring in any year for every thousand live births registered during the same year.

The rates for the last three years are given below :—

1933	81.6
1934	48.7
1935	91.57

The infantile mortality rate for 1935 was 91.57 o/oo

Congenital syphilis was responsible for the largest number of deaths under one year, 16 against 6 in 1934.

Influenza and the pneumonias which were rather prevalent during the earlier part of the year caused 12 deaths against 4 in 1934.

There were 10 deaths due to marasmus against 6 in 1934.

The number of deaths under 5 years of age occurring during the last three years were distributed as follows :—

	1933			1934			1935		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Under 1 year	43	24	67	19	23	42	43	32	75
One year to under two years	6	9	15	8	5	13	8	7	15
Two years and under three years	5	5	10	5	2	7	9	6	15
Three years and under 4 years	3	2	5	3	1	4	2	1	3
Four years and under 5 years	1	2	3	1	...	1	5	5	10
	58	42	100	36	31	67	67	51	118

In the table below the deaths have been grouped according to the causes registered on the deaths certificate.

Under one year.

Omphalohagia	1
Marasmus	10
Prematurity	6
Congenital syphilis	16
Gastro enteritis	3
Congenital Morbus Cordis	5
Meningitis	1
Influenza	7
Broncho pneumonia	5
Pulmonary Tuberculosis	1
Enteritis	2
Septicæmia	2
Bronchial Ashma	2
Congenital malformation	1
Injury to left side	1
Peritonitis	1
Bronchitis	1
Ill-defined causes	10

Ankylostomiasis	1
Enteritis	2
Broncho pneumonia	8
Nephritis	2
Marasmus	4
Dysentery	2
Gastro enteritis	2
Influenza	1
Meningitis	2
Congenital syphilis	3
Dropsy and chronic colitis	2
Oedema of lungs	1
Shock due to burns	1
Secondary anæmia	1
Tuberculosis Meningitis	1
Bronchitis	2
Tetanus	1
Ill-defined causes	7

75

43

Still-births.—Forty six still births were registered in 1935 (32 males, 25 females) as compared with 57 in 1934.

This is equivalent to 56.1 o/oo of live births for same period as compared with 66.1 o/oo for 1934.

Registration.—Registration of births, still-births and deaths is compulsory and these returns can be taken as correct. If a death occurs and a medical certificate cannot be produced a police enquiry is usually held into the case, after which, if there be no evidence of foul play the Police Magistrate directs that the body be buried and the death registered under "Ill-defined causes". 49 deaths were registered under this heading in 1935 against 40 in 1934.

2. EUROPEAN POPULATION.

During the year under review the health of the European population was good.

Four europeans died during the year and the deaths registered as follows :—

- (1) Broncho pneumonia and senile decay.
- (2) Senility.
- (3) Carcinoma of liver
- (4) Chronic Interstitial Nephritis.

2. OFFICIALS.

The number of officials from various Government Departments treated at Head Quarters in Victoria during the year is given hereunder. Officials treated in the districts by the Assistant Medical Officers are not included in this list.

Agriculture	154
Audit	7
Ecclesiastical	44
Medical	42
Legal	4
Police	122
Port	41
Post Office	9
Printing	20
Public Works	94
Secretariat	83
Treasury	3
Victoria Town Board	101
Education	4
Charity	7
Total	685

32 were admitted to Hospital during the year as in-patients.

III

HYGIENE AND SANITATION.

(1) PREVENTIVE MEASURES.

(a) MOSQUITO AND INSECT BORNE DISEASES.

In last year's Report the danger of the introduction of *Anopheles* into the Colony was pointed out and the two outbreaks which occurred, but quickly died out, in 1908, and 1930 in the Aldabra Group were recalled.

In the 1930 outbreak the anopheline was undoubtedly imported there by a schooner from the East Coast of Africa and the species found was *A. Gambia* (costalis) that "dexterous colonizer" as Colonel Alcock described it and the well known transmitter of malaria in Africa, Madagascar and Mauritius. As this Colony is surrounded by malarial countries the danger of the re-introduction of the anopheles is a real one.

The history of the introduction of malaria in Mauritius should not be forgotten. The island was apparently free from the disease till 1853 about which time *A. Gambia* is assumed to have been introduced there and an outbreak of malaria occurred. In Port Louis alone, out of 80,000 people 22,000 perished in 13 months and Mauritius has never since been free from malaria.

At present small crafts trading between the Seychelles and adjacent malarious countries anchor in the outer harbour where they are carefully inspected and fumigated, their water tanks being emptied and cleaned, before they can enter the inner harbour.

During the year four sailing vessels from Madagascar were so treated. Fumigation of cargo from larger vessels was carried out on 41 occasions.

As was pointed out last year the method of fumigating cargo by simple combustion of sulphur in a shed with open caves is unsatisfactory. Government is considering ways and means for the purchase, when possible, of some apparatus such as the Clayton for fumigating cargo and for other disinfecting purposes as fumigation cannot be considered effective unless carried out in a building rendered as airtight as possible.

(b) EPIDEMIC AND INFECTIOUS DISEASES.

Small-pox and vaccination.

Under Ordinance 23 of 1899 every child has to be vaccinated before the age of nine months. There are few defaulters and vaccination of children is readily accepted. Revaccination is not however compulsory except in time of epidemics and in infected localities and the majority of the population has not been revaccinated since childhood. Compulsory vaccination at regular intervals would remedy this and protect the whole community. At present all passengers proceeding to Seychelles from a country where small-pox is endemic must produce a certificate countersigned by the Health Authorities at the port of embarkation to the effect that they have been vaccinated not less than 12 days and not more than 3 years prior to embarkation.

Since the beginning of the year any person prior to being issued a permit to go on board ships coming from ports infected with epidemic small-pox must be vaccinated or produce satisfactory evidence of being protected by vaccination performed not more than three years previously. Labourers working the cargo are also vaccinated.

Since 1934 all labourers proceeding to the outlying islands are revaccinated prior to their departure and this affords an opportunity of revaccinating a floating population of over 1,000 yearly.

794 children were vaccinated during 1935 by the Government Medical Officers against 658 in 1934. The results are given hereunder :—

	Central district	South Mahé district	Praslin and La Digue
Successful vaccinations on first attendance ...	453	168	124
Successful vaccinations on second and subsequent attendance ...	3	36	4
Unsuccessful ...	—	—	6
Total ...	456	204	134

Leprosy.

The following table summarises the situation in the Colony during the past five years.

	1931	1932	1933	1934	1935	1936
Number of known lepers on 1st January ...	71	84	89	87	87	93
New cases detected during the year ...	16	8	4	5	10	—
Number of deaths during the year ...	3	3	6	5	4	—
Number segregated in Asylum ...	40	46	42	36	42	—
Number segregated at home ...	44	43	45	51	51	—
Total population of Colony ...	27,444	28,235	28,731	29,406	29,803	—
Incidence of Leprosy i. e. number of lepers per thousand population..	3.06	3.15	3.03	2.95	3.12	—

Ten new cases were discovered in 1935 all of the cutaneous type, three of the C2 and seven of the C3 types.

The classification of types used is that recommended by the International Leprosy Conference held at Manila in 1931, N representing the neural cases, C the cutaneous, NC the mixed ones. In each case the numeral following indicates the degree of severity.

The new cases included four men and six women.

The ages were as follows :—

Age	Number
20	1
35	4
37	1
45	1
60	1
65	2

No children were found infected although a careful survey of school children of Praslin La Digue was carried out during the year by the Medical Officer of that district. The incidence of the disease in children, as far as it has been possible to ascertain, does not appear to be high. On the other hand, the type of cases which is prevalent is the cutaneous.

Eminent leprologists maintain that it is not the number of cases that matters but the age and type of cases that is important and that an area where the cutaneous type is prevalent is much more serious than one where only nerve cases are seen. If infective cases are common and the incidence amongst children high, they consider that active measures should be taken to endeavour to prevent further spread.

In the Annual Medical Report for 1934 it was stated that the incidence of leprosy was too high for a Colony of this size. This year the incidence is still higher 3.12 o/oo against 2.99 o/oo in 1934.

The anti-leprosy measures adopted in the past, some of which must still remain in force until the Leprosy Ordinance of 1909 has been repealed and replaced by a new Ordinance conforming with the modern knowledge of the disease and its means of control is now being considered by the Government and steps are being taken to secure a suitable and attractive island for the establishment of a modern leper colony to which infective cases will themselves seek admission.

Today, dread of possible segregation on either of the two leper islands causes many patients, assisted by relatives and friends, to hide themselves until such time as they are discovered and during that time they have probably infected many others.

The system of home isolation on the other hand is highly unsatisfactory and unsuitable for this Colony. The natives here, by their mentality, temperament and education, cannot be relied upon to observe the elementary rules of segregation and, in fact, sometimes with the connivance of their own guardian, break these rules more often than not, especially at night as constant supervision by the sanitary staff or Police force of about 45 home segregated lepers scattered in different parts of the island is impracticable. The percentage of open (infective) and closed (non-infective) cases under going home isolation and segregation on the leper islands is given below.

	Home isolation	Segregation on leper islands
Open cases	29.07	25.59
Closed cases	23.26	22.09

The percentage of infectious cases segregated at home is much too high and such a mode of segregation, so ineffective for this Colony, must be regarded as a possible factor in the spread of the disease.

The island of Curieuse with its large area of flat land, its luxuriant vegetation and abundant supply of fresh water, is still considered as the only suitable island on which to set up and develop the ideal leper colony and until such an island is secured little progress can be expected in the control of leprosy in the Colony.

Some of the inmates at the male leper camp continued to give trouble during the year and escapes to the mainland were frequent. I strongly recommend once a proper island has been secured, that the care and welfare of the lepers settled there be entrusted to some Religious Nursing Sisters or Missionary ladies rather than to a layman acting as guardian as at present.

There is a small leprosy clinic in Victoria where patients undergoing home isolation come weekly for treatment. At the two leper settlements treatment is also administered weekly and consists in injections of hydnoceol and local applications of trichloroacetic acid solution.

Two patients were discharged on parole during the year. They are re-examined every three months and so far no case has relapsed.

All contacts of new cases are now systematically examined every six months for the early signs of the disease. This measure should enable one to detect early cases which could then with treatment be cleared up or prevented from going on to the infective stage.

In October 1935 the Medical Officer of Praslin—La Digue left for a course of Leprology at the Calcutta School of Tropical Medicine. A medical officer with a special training in the modern aspects of leprosy, its early diagnosis and mode of control should be a valuable asset for this Colony.

(c) HELMINTHIC DISEASES.

Ankylostomiasis.—Ankylostomiasis still remains one of the main causes of ill-health seen especially in the rural areas amongst the natives and those of the poorer and less educated classes. In certain districts notably Glacis and La Digue the disease appears to be more prevalent.

The Department has continued its work, begun in 1917 under the auspices of the Rockefeller Institute, for the control of the disease. Ordinance No. 9 of 1917 makes the provisions of latrine on each premises compulsory but no permanent improvement can be expected so long as the natives will continue to prefer polluting the soil with their excrement rather than using their latrines. The degree of infection of the population as a whole is certainly not so high as when the campaign started in 1917 but until the natives who form the bulk of the population acquire the latrine habit, re-infection is inevitable and mass treatments, repeated at frequent intervals, are the only practicable means of keeping the disease under control.

Mass treatments were carried out in 1935 at the following centres.

Centres	Number of patients treated
Seychelles Hospital	4324
Beau Vallon	169
Anse Etoile	366
Glacis	578
Bel Ombre	352
La Gogue	9
Port Gland	195
Grand Anse	305
Anse Boileau	166
Anse à la Mouche	130
Baie Lazare	728
Quatre Bornes	547
Anse Royale	573
Mont Plaisir	54
Pointe au Sel	14
Anse aux Pins	413
Cascade	359
La Misère	67
Praslin, Baie St Anne	1082
Praslin, Grand Anse	434
La Digue	1064

Total

11,924

A total of 11,924 treatments were administered during the year against 11,058 during 1934.

In Praslin a more intense hookworm campaign was carried out by the Assistant Medical Officer of that district prior to his departure on leave and 2580 people were treated against 1638 in 1934.

The following prosecutions were entered during 1935.

For having no latrine :

2 householders were prosecuted

2 householders were fined Rs 3.

For unsanitary yards :

2 householders were prosecuted.

2 householders were fined Rs 7.

(2) GENERAL MEASURES OF SANITATION.

The Victoria Town Board is the principal Authority for the enforcement of the various sanitary laws in the town of Victoria. In the country districts the local Boards of Health are entrusted with the same duties.

SEWAGE DISPOSAL.

Trenching of night soil has been the mode of disposal employed since 1933 when dumping in a cofferdam one mile out at sea was discontinued. Definite directions are issued by the Sanitary Department as to the method of laying out the trenching ground etc and up to the present this system has been working fairly satisfactorily. A Sanitary Inspector trained in the Medical Department but attached to the Victoria Town Board supervises this work.

The installation in a few private houses of a septic tank system of sanitation is a welcome innovation and it is hoped that this system will become more and more generalised as its advantages and relative inexpensiveness are realised and will in time largely replace the more insanitary pail or pit latrines.

COLLECTION AND DISPOSAL OF REFUSE.

In the Country districts the local Boards are responsible of the cleanliness of their districts; in the central district, the Victoria Town Board has a staff of men with carts to collect from house to house domestic refuse which is afterwards dumped on the foreshore. Offensive smells from some of these dumps are sometimes the cause of complaints from residents in the vicinity but the matter is quickly remedied by covering the refuse with a layer of red earth.

DRAINAGE.

The system employed is that of open gutters to drain the surface water after the rains. There are also a great number of small rivulets which act as natural drains for surface water.

Such a system of drainage is however inadequate at times, especially in some of the rural districts where after heavy rains swamps are seen which become good breeding places for mosquitoes.

WATER SUPPLY.

The Colony has a good water supply, and for draining purposes the water, taken directly from the mountains, is pure, palatable and free from pathogenic organisms. Except after heavy rain the water is clear and the supply adequate.

Such a system of water supply implies however careful supervision of the catchment areas and of the reservoirs in order to ensure the absence of pollution of the supply. As pointed out last year a special river ranger is needed to patrol the water reserves.

The following prosecutions were entered during the year for pollution of rivers :

19 offenders were prosecuted.

13 offenders were fined Rs 65.

3 offenders were discharged.

3 offenders were ordered to pay cost.

(3) SCHOOL HYGIENE.

Apart from the two secondary schools which are not under Government control, there are 27 grant-in-aid schools at which free elementary education is given, and which are assisted and controlled by Government.

Periodical inspections of schools are carried out by the Medical Officers of the Department and during the year about two thousand children were examined in the various schools of Mahé.

The health of the children was fair though the incidence of dental caries, intestinal parasites and malnutrition was high. The school rooms are provided with adequate ventilation and light and there is no overcrowding.

Latrine accommodation is on the whole sufficient but most of the latrines, though kept fairly clean are offensive and should be more thoroughly deodorised; the attention of the managers of the schools has once more been drawn to this.

The teaching of hygiene in all grant-in-aid schools is now compulsory. In some schools the practice of drill and physical exercise are taught.

The shortage of staff in Mahé has not permitted such frequent examinations of school children as would have been desirable but the medical officer of Praslin—La Digue carried out during the year a detailed survey of all the schools of his district and the results of his examinations are given below.

	Schools of Praslin.	Schools of La Digue.
Total number examined	349	169
Percentage of :		
Lack of cleanliness	2%	Nil
Deficient nutrition and development	8.3%	13%
Defective teeth or dental caries	14.7%	14.2%
Intestinal parasites	21.6%	22.5%
Tonsils and Adenoids	.6%	.6%
Diseases of respiratory system	.9%	1.2%
Disease of circulatory system	Nil	2.3%
Diseases of nervous system	Nil	Nil
Eye defects	.3%	.6%
Clinical evidence of Congenital syphilis	7.2%	6.9%
Umbilical Hernia	6.9%	6.9%
Skin diseases	6.8%	4.6%

The high incidence of dental caries seen indicates the necessity of a school dentist.

(4) LABOUR CONDITIONS.

The bulk of the labourers are of African descent and are mostly engaged in Agricultural work on coconuts estates in Mahé and on the outlying islands. Some men are also recruited for work on the islands of Glorieuse and Juan de Nova which are under the administration of Madagascar. Reports from Madagascar show that the sanitary conditions of these French Islands are satisfactory and that the scale and type of rations are the same as those laid down for the labourers of the Seychelles outlying islands.

Labourers for the outlying islands are now medically examined before their departure and this is in the interests of both owners and labourers.

The floating population of these islands is estimated at about one thousand yearly.

It has not been possible through shortage of staff to spare a medical officer for medical inspection of any of the more important outlying islands during the year.

Flat Island lying about 65 miles south of Mahé and with a very small population of 13 was visited in 1935 by the Superintendent of Police who reported that there were no diseases on the island at the time of his visit.

(5) FOOD IN RELATION TO HEALTH AND DISEASE.

Meat and fish sold in the public markets are examined by a Sanitary Inspector who also attends daily at the public abattoir to inspect the meat before it is sent to the markets.

The bulk of the population are rice eaters. Fish is plentiful and forms an important adjunct to the diet of the poorer classes while others consume meat as well, especially pork. The value of vegetables and fruits is not as fully appreciated as it should.

Cases resulting from a lack of anti-neuritic vitamins in the diet are frequently seen.

Meat Inspection at abattoir by Chief Sanitary Inspector.

Number of oxen slaughtered during the year 346

Number of pigs slaughtered during the year 437

Number of green turtles slaughtered during the year 293

The following were found diseased and destroyed :—

Three green turtles in putrid condition.

One pig was seized (tubercular abscesses in the liver and kidney).

The following prosecutions were entered during the year for breach of food or markets regulations.

Exposing food for sale unprotected from flies and dust :

Six offenders were prosecuted.

Five offenders were fined Rs 12

One offender was ordered to pay cost.

MEASURES TAKEN TO SPREAD THE KNOWLEDGE OF HYGIENE AND SANITATION.

Children in grant-in-aid schools receive instructions in elementary hygiene. It is hoped that by closer cooperation between school teachers and medical officers the teaching of elementary hygiene to school children will become more practical and will be made more attractive. The Sanitary Inspectors are instructed to avail themselves of every opportunity of giving advice to the public on matters of hygiene in the course of their ordinary duties when carrying out sanitary inspections of premises etc. and when giving mass treatment in the ankylostomiasis campaign.

TRAINING OF SANITARY PERSONEL.

Classes in Hygiene and Sanitation are held and lectures given by the medical officers.

Two new probationer Sanitary Inspectors were engaged during the year.

Instruction is given on the following subjects : tinned food, inspection of bake houses, manufacture of mineral water and ice, inspection of meat at slaughter house, adulteration of milk, fumigation of cargo and sterilization of passengers' luggage, construction of sanitary latrines, urinal, modes of disposal of night soil and supervision of this service, modes of control of Ankylostomiasis and Leprosy etc.

RECOMMENDATION FOR FUTURE WORK.

There is an urgent need of a new leper island where a modern leper colony could be set up and of an island sufficiently large to allow for future expansion and development of the colony. This matter has already been referred to under "Leprosy".

The policy of the Department should aim at the development of public health work but no progress is to be expected in the field of either preventive or curative medicine until a well equipped and up to date laboratory has been provided. Without such a laboratory the work of the Department has to be carried out under a great handicap.

The need of some disinfecting plant such as the Clayton is one of real urgency.

A housing and planning scheme of some definite standard is required as in some of the congested centres buildings of the most varried types lie side by side giving an unsightly aspect to certain parts of the town.

IV. PORT HEALTH WORK AND ADMINISTRATION.

In this Colony the Port Sanitary Authority is the Senior Medical Officer assisted by a Quarantine Committee composed of this Officer as Chairman, the Superintendent of Police and three other members appointed annually by the Governor.

The laws and regulations governing Quarantine and Port Health Administration are contained in Ordinance 1 of 1916 and Ordinance 33 of 1919. A new Ordinance is under consideration which will be more in accordance with modern practice and with the principles of the International Sanitary Convention. Special local conditions have however to be taken in consideration.

The duties of Port Health Officer are carried out by the Senior Medical Officer who boards every ship on arrival before granting her free or partial pratique.

During 1935 the ships that called at Mahé included 3 British men-of-war, 2 German men-of-war, 49 merchant steamers, 7 sailing ships including dhows.

From Bombay	14
„ Mombasa	22
„ Madagascar	11
„ Mauritius	2
„ Colombo	2
„ Mozambique	3
„ Port Bandor	2
„ Zanzibar	1
„ Port Amelia	1
„ Durban	3
	<hr/>
	61

Free pratique was given to 47 vessels.

Partial pratique was given to 13 vessels.

Full quarantine was imposed on 1 vessel.

Fumigation was carried out on 4 sailing and auxiliary vessels coming from Madagascar.

Four deratisation certificates were issued.

Number of dead rats found 27.

Fees amounting to Rs 140 were collected.

Number of passengers who arrived in the Colony.

Saloon	326
Deck	112

Total 438

Number of passengers who left the Colony.

Saloon	300
Deck	90

Total 390

QUARANTINE ISLAND.

Long Island lying in the harbour about 3 miles from the mainland, is a small hilly island, green and cool, and when not required for quarantine purposes, is often used by officials and others for their holidays. It is a favourite place for picnics and bathing parties.

Landing on the quarantine island and use of the accommodation thereon is not allowed save under written permit from the Senior Medical Officer and under conditions as may be attached.

The so called second class quarters have now been rebuilt and four additional rooms are available for quarantine purposes.

There are therefore two quarantine stations on the island, Station No 1 facing South South-West, now occupied by the first class quarters and Station No 2, the newly rebuilt second class quarters facing North-East.

Passengers from two different ships can then be in quarantine at the same time and station No 2 can if necessary be used as a small isolation hospital for cases of contagious diseases landed on the island or occurring amongst quarantined passengers.

This is an improvement on the conditions prevailing in the past. At the same time I must point out that the quarantine accommodations available on the island and our quarantine arrangements generally are inadequate for the increasing number of passengers now landing at Mahé.

Every month each ship brings in 20 to 30 visitors and in the event of quarantine being imposed we could not accommodate more than 14 to 16 saloon passengers on Long Island. Provision for further accommodation is therefore indicated.

The number of visitors who stayed at Quarantine Station in 1935 was 96.

The number who came for picnic parties were 148.

Two passengers from Bombay and 58 labourers were detained in quarantine.

Rs 496.87 were spent during the year for quarantine and maintenance of quarters.

During the year one prosecution was entered for breach of quarantine regulations and the offender was ordered to pay costs.

V. MATERNITY AND CHILD WELFARE.

Ante natal and infant welfare clinics are held at the Seychelles Hospital twice a week. A certified midwife and nurse already in Government service was appointed to act as Lady Health Visitor since the beginning of the year.

The provision of an adequate and competent staff of health visitors is the most important sanitary measure for combating maternal and infant mortality. The establishment of such a staff is of course no easy matter and the composition of such a group of workers is of first importance. Only women of energy and intelligence and those alive to the true meaning of their calling can be expected to carry out in an efficient manner this delicate and exacting form of social service.

The present Lady Health Visitor cannot alone cope with the amount of work involved in this service. The long distances between the patients' houses especially in the rural districts, the time lost in travelling and the fatigue are but a few of the difficulties she has to contend with.

In spite of these difficulties her visits are becoming more and more popular with the poorer women and children of the central and rural districts and many pauper cases requiring ante-natal treatment are now induced to come to the free clinics.

Number of houses to which one visit was made	198
" " " two " were made	118
" " " three " "	52
" " " four " "	26
" " " five " "	8
" " " six " "	4
" " " seven " "	1

Total number of visits made 407

During the year two probationers qualified for their midwives certificate and two received the Diploma of Medical and Surgical Nursing and Midwifery.

143 patients were admitted to the Maternity section in 1935; in addition there were four remaining from 1934.

There were 108 live births including three cases of twins.

Forceps under chloroform was applied five times.

There were six still-births against twelve in 1934 and five deaths of new born against two in 1934.

There were 13 cases of miscarriages or abortions in 1935 against 11 in 1934.

One maternal death occurred due to ante-partum hæmorrhage in a woman admitted in labour.

A viable dicephalic monster was born during the year but only lived for a minute or so.

There are twenty beds in the Maternity section, 2 in first class, 6 in second class, 12 in third class.

VI. HOSPITAL, DISPENSARIES, AND VENEREAL DISEASES CLINIC.

The main institution is the Seychelles Government Hospital opened in 1924. It is a spacious building in a splendid situation overlooking the small islands which encircle the harbour of Victoria. Including the Maternity section it has 90 beds but there is sufficient space to accommodate a larger number of patients if it ever became necessary.

949 patients (481 males, 468 females) were admitted during the year against 824 in 1934.

There were in addition 27 patients (16 males, 11 females) remaining in Hospital on 1st January 1935.

The total number of in-patients treated in 1935 was 976 against 859 in 1934.

406 males and 409 females were discharged cured.

48 males and 20 females were discharged as relieved.

18 males and 24 females were discharged as unrelieved.

There were 19 deaths in Hospital in 1935 against 22 in 1934.

The daily charges in the Seychelles Hospital are given hereunder.

Third class	Rs 0.50 or free
Second class	„ 1.50
First class B	„ 3.00
First class A	„ 5.00

COTTAGE HOSPITAL PRASLIN.

A full report of the work carried out at the Cottage Hospital is given in Appendix B by the Assistant Medical Officer of Praslin.

VENEREAL DISEASES CLINICS.

These clinics are held twice a week.

Bismuth injections in the form of Bicroel as well as arsenical preparations are administered.

889 injections were given at the venereal clinic in 1935 against 809 in 1934.

Venereal clinics are also held at South Mahé, Praslin and La Digue and are referred to in their reports by the Assistant Medical Officers of these districts.

This Colony is a signatory to the International Agreement signed at Brussels in 1924 providing facilities for the free treatment of venereal diseases to all merchant seamen irrespective of nationality. The treatment centre is at the Seychelles Hospital.

X-RAY AND ELECTRO-MEDICAL DEPARTMENT.

There is a modern X-Ray and electro-therapeutic Department functioning since 1929 and which is proving of great assistance in the work of the Hospital.

Diathermy treatment and Ultra-Violet irradiations with the quartz mercury vapour lamp are also applied in this Department and a good many hospital patients of the poorer classes received free electro-medical treatment during the year.

SURGICAL OPERATIONS PERFORMED AT THE SEYCHELLES HOSPITAL.

Operations performed in 1935 numbered 458 against 383 in 1934. 443 were cured, 5 were relieved and 5 died.

LIST OF OPERATIONS.

Operations	No.	Cured.	Relieved.	Died.	Remarks.
(1) ABDOMINAL.					
Herniotomy-inguinal ...	38	38	...	...
Herniotomy-femoral ...	1	1	...	...
Herniotomy-ventral ...	2	2	...	...
Herniotomy-strangulated ...	16	13	...	3	
Appendicectomy ...	...	...	...	...
For acute appendicitis ...	8	8	...	...
For chronic appendicitis ...	27	37	...	...
Exploratory Laparotomy ...	2	...	1	1	
Intussusception ...	1	1	...	...
Intestinal obstruction ...	1	1	...	...
Liver abscess ...	6	6	...	...
Ascitis ...	3	...	3	...	
Carried forward ...	112	107	4	4	

LIST OF OPERATIONS.—(Continued).

Operations.	No.	Cured.	Relieved.	Died.	Remarks.
Brought forward ...	115	107	4	4	
(2) ANO-RECTAL					
Excision of Hæmorrhoids...	1	1	...	...
Excision of fistula in ano...	8	8	...	...
Dilation of rectal stricture.	1	1	...	...
(3) EAR, NOSE AND THROAT.					
Removal of nasal polypi ...	2	2	...	...
Mastoidectomy ...	2	2	...	...
Removal of tonsils and adenoids ...	3	3	...	...
(4) EYES.					
Extraction of cataract ...	1	1	...	...
Excision of eyeball ...	1	...	1	..	
(5) GENITO-URINARY.					
Radical cure of Hydrocele ...	5	5	...	...
Amputation of penis ...	2	2	...	...
Circumcision ...	3	3	...	...
Orchidectomy ...	2	2	...	...
External Urethrotomy ...	4	4	...	...
Orchidopexy ...	1	1	...	...
Nephrotomy ...	1	1	...	...
(6) GYNAECOLOGICAL.					
Hysterectomy ...	2	2	...	...
Salpingo-Oophorectomy ...	3	3	...	...
Curettage ...	5	5	...	...
Ectopic gestation ...	1	1	...	...
(7) CRANIAL.					
Trephining ...	1	1	...	...
Subdural abscess ...	1	1	...	...
(8) ORTHOPAEDICS.					
Reduction of fractures ...	16	16	...	...
Reduction of dislocations ...	4	4	...	...
Sequestrectomy ...	2	2	...	...
Amputation of thigh ...	1	1	...	...
Amputation of finger ...	2	2	...	...
(9) MISCELLANEOUS.					
Drainage of septic conditions ...	153	153	...	...
Suture of wounds ...	83	83	...	...
Excision of cysts ...	13	13	...	...
Excision of non-malignant tumours ...	2	2	...	1	
Excision of malignant tumours ...	2	1	...	...
Hare-lips ...	3	3	...	...
Plastic operations ...	5	5	...	...
Removal of foreign bodies ...	7	7	...	...
	458	448	5	5	

PRISONS AND ASYLUMS.

The Senior Medical Officer carries out the duties of Police Surgeon and of Prison Medical Officer.

During the year the health of the prisoners was on the whole satisfactory. The rations supplied are adequate and of good quality.

The minimum number of prisoners during the year was 27, the maximum 110, the daily average 58.

The execution of three criminals took place in the prison during the year. A post mortem examination was held in each case and the cause of death returned as follows :

Dislocation between 1st and 2nd Cervical Vertebrae.

Fracture dislocation 3rd and 4th Cervical Vertebrae.

Dislocation between 1st and 2nd Cervical Vertebrae

The total number of prisoners transferred to Hospital for treatment during 1935 was :

9 males.

1 female.

At the Hospital there is a ward specially prepared to receive male prisoners.

The sanitary condition of the prison remained satisfactory throughout the year.

LUNATIC ASYLUM ANSE ROYALE.

The Medical Superintendent of the Lunatic Asylum is the Assistant Medical Officer of South Mahé. Statistical Reports on the Asylum will be found in Appendix A.

PAUPER ASYLUM OR FLENNES INSTITUTE.

The Institute is situated at Plaisance about two miles from Victoria. It has accommodation for about 130 paupers. It is visited by a medical officer twice a week and at other times if necessary.

The daily average number of paupers in 1935 was 98 against 92 in 1934.

There were 41 deaths during the year mainly from cardiac diseases, syphilis and senile decay.

The actual expenditure for maintenance of paupers was Rs 6890.46 which represents a saving of Rs 109.54 on the amount voted.

The number of patients admitted during the year was 59.

The health of the inmates considering their advanced age was fair throughout the year. Most of them occupy themselves in making mats, baskets and brooms. The cost of materials for these industries was Rs 58.25 and the sale of the finished articles realised Rs 133.05.

VIII. METEOROLOGY.

This has been supplied by the Port Officer and is given in tabular form in Table IV.

IX. SCIENTIFIC.

In the Laboratory at the Hospital the usual analysis and bacteriological examinations of sputum, urine, faeces, pus and other exudates are carried out.

It is not however possible with the equipment available in the laboratory to carry out bacteriological and biochemical investigations or research of any of the more obscure conditions and diseases met with here.

In concluding this report it is my pleasant duty to thank all members of the Department for their willing co-operation and assistance during the year.

E. M. LANIER,

Senior Medical Officer.

TABLE I.

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

Names.	Rank of appointment.	Where stationed on 31st December 1936.
E. M. Lanier M.D., M.R.C.S.	... Senior Medical Officer	Victoria
K. C. Mathew M.B., B.S.	... Assistant Medical Officer	South Mahé
P. M. Joseph M.B., B.S.	... do	Praslin and La Digue
W. T. Kuryan M.B., B.S.	... Assistant Medical Officer Temporary appointment since October 1935	
J. E. Houareau	... Dispenser	Victoria
H. Barallon	... Assistant Dispenser	do
A. Loustau-Lalanne	... 2nd Clerk and Storekeeper	do
Sister Catherine	... Matron Hospital	Seychelles Hospital
Sister Laure	... Hospital Nurse	do
Mrs Man-Cham	... Midwife	do
5 Probationer nurses	... Probationers	do
F. Westergreen	... Chief Sanitary Inspector	Victoria
D. Morel	... Asst. Sanitary Inspector	do
G. Hodoul	... Lady Health Visitor	do
E. Forte	... Master Fiennes Institute	Plaisance
Olga Gendron	... Nurse do do	do
M. Payet	... Head Male Attendant	Lunatic Asylum South Mahé
N. Jumeau	... Head Female Attendant	Lunatic Asylum South Mahé
C. Collie	... Midwife and Nurse Cottage Hospital	Praslin

TABLE II.

A return of Medical and Sanitary Revenue and Expenditure has been given at the beginning of this report under C. Financial.

TABLE III.

RETURN OF STATISTICS OF POPULATION FOR THE YEAR.

		Males.	Females.	Total.
Number of inhabitants in 1935.	...	14,509	15,294	29,803
Number of births during 1935.	...	420	399	819
Number of deaths during 1935.	...	233	187	420
Number of immigrants during 1935.	...	253	128	381
Number of emigrants during 1935.	...	214	169	383
Number of inhabitants in 1934.	...	14,283	15,123	29,406
Increase.	...	226	171	397

TABLE IV.
METEOROLOGICAL RETURNS FOR 1935.

1935	Months	Temperature						Rainfall		Winds		Deaths	Remarks.
		Barometer in inches	Solar Maximum	Shade Maximum	Shade Minimum	Range	Mean	Amount in inches	Relative Humidity %	Direction of Wind	Average force		
	January	30.073	137	82.8	75.2	7.1	78.7	19.39	79.0	NW.	6.9	37	
	February	30.045	142	82.1	77.6	4.5	79.8	12.21	75.1	NW.	6.9	31	
	March	30.045	141	84.9	78.0	6.9	81.4	14.27	73.4	NW.	7.8	35	
	April	30.043	141	85.5	77.8	7.7	81.6	10.95	73.1	ESE.	5.7	35	
	May	30.064	142	83.3	77.5	5.8	80.4	6.58	76.7	ESE.	6.7	39	
	June	30.063	123	82.1	75.4	6.7	78.7	6.27	76.6	ESE.	13.2	31	
	July	30.092	113	80.5	75.5	5.0	78.0	13.63	82.1	SE.	15.5	33	
	August	30.101	106	80.5	76.2	4.3	78.3	3.50	78.8	ESE.	14.7	34	
	September	30.096	125	81.1	77.7	3.4	79.4	2.77	78.6	ESE.	16.5	34	
	October	30.088	127	80.8	77.1	3.7	78.9	6.75	73.2	ESE.	9.5	45	
	November	30.084	131	83.6	77.3	6.3	80.4	11.42	66.4	NW.	6.7	27	
	December	30.059	127	83.2	76.0	7.2	79.6	13.66	75.4	NW.	6.8	39	

TABLE V.

Return of Diseases and Deaths (In-Patients) in 1935 at the Seychelles Hospital.

Diseases.	Remaining in Hospital at end of 1934.	Yearly Total.		Total Cases Treated	Remaining in Hospital at end of 1935.	Remarks.
		Admissions.	Deaths.			
I. Epidemic, Endemic and Infectious Diseases.						
Influenza	...	7	...	7	...	
Dysentery (amœbic)	...	7	...	7	...	
Tetanus	...	2	...	2	...	
Tuberculosis of lungs	1	10	3	11	...	
„ meninges	...	1	1	1	...	
„ hip	...	2	...	2	...	
„ peritoneum	...	2	...	2	...	
Syphilis secondary	...	2	...	2	1	
„ tertiary	1	21	...	22	...	
Gonorrhœa and its complications	...	8	...	8	...	
„ ophthalmia	...	4	...	4	...	
„ arthritis	...	2	...	2	...	
Lymphogranuloma inguinale	...	12	...	12	1	
Pyæmia	1	1	...	2	1	
II. General Diseases not mentioned above.						
Carcinoma of breast	...	2	...	2	...	
„ cervix uteri	...	6	...	6	...	
„ stomach	...	1	1	1	...	
Other malignant tumours	...	2	1	2	...	
Tumours non-malignant	...	10	...	10	...	
Rheumatism acute	...	15	...	15	1	
„ chronic	1	13	...	14	...	
Diabetes	...	4	...	4	...	
Anæmias	
Pernicious anæmia	...	1	...	1	...	
Other anæmias	3	3	...	6	1	
Alcoholism	...	2	...	2	...	
III. Affections of the Nervous System and organs of Senses.						
Subdural abscess	...	1	...	1	...	
Meningitis (not including tuberculous or cerebro-spinal meningitis)	...	2	2	2	...	
Myelitis	...	1	1	1	...	
Hysteria	...	1	...	1	...	
Neurasthenia	...	2	...	2	...	
Neurosis	...	2	...	2	...	
Neuralgias	...	8	...	8	...	
Nervous dyspepsia	...	1	...	1	...	
Pleurodynia	...	4	...	4	...	
Affections of the organs of vision.						
Cataract	...	1	...	1	...	
Wound of cornea	...	1	...	1	...	
Affections of the Ear or Mastoid Sinus.						
Otorrhœa	...	9	...	9	...	
Otalgia	...	5	...	5	...	
Mastoid disease	...	2	...	2	...	
Moluscum of ear	...	1	...	1	...	
Carried forward	7	181	9	188	5	

TABLE V.—(Continued).

Diseases.	Remaining in Hospital at end of 1934.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1935.	Remarks.
		Admissions	Deaths			
Brought forward	...	7	121	9	188	5
IV. Affections of the Circulatory System.						
Adherent pericardium	2	...	2	...
Myocarditis acute	2	2	2	...
" chronic	11	...	11	1
Endocarditis	7	1	7	...
Tachycardia	2	...	2	...
<i>Diseases of the Arteries.</i>						
Arterio sclerosis	1	...	1	...
<i>Diseases of the Veins.</i>						
Hæmorrhoids	2	...	2	...
Phlebitis	...	1	1	...	2	...
<i>Diseases of the Lymphatic System</i>						
Adenitis	6	...	6	...
Lymphangitis	3	...	3	...
V. Affections of the Respiratory System.						
Adenoids	3	...	3	...
Polypus	2	...	2	...
Sinusitis	1	...	1	...
Bronchitis acute	8	...	8	...
" chronic	3	...	3	...
Bronchial catarrh	3	...	3	...
Congestion of lungs	1	...	1	...
Broncho pneumonia	4	1	4	...
Lobar	5	1	5	1
Pleurisy	...	1	...	...	1	...
Asthma	16	...	16	...
VI. Diseases of the Digestive System.						
Dental abscess	2	...	2	...
<i>Affections of the Pharynx or Tonsils.</i>						
Tonsillitis	6	...	6	...
Peritonsillar abscess	5	...	5	...
<i>Affections of the Stomach.</i>						
Gastritis	...	1	1	...	2	...
Gastro enteritis, acute	2	...	2	...
Gastralgia	5	...	5	...
Dyspepsia	2	...	2	...
Enteritis	11	...	11	...
Ankylostomiasis	5	...	5	...
Carried forward	...	10	303	14	313	7

TABLE V.—(Continued).

Diseases.		Remaining in Hospital at end of 1934.	Yearly Total		Total Cases Treated.	Remaining in Hospital at end of 1935.	Remarks
			Admissions	Deaths			
Brought forward		10	303	14	313	7	
Affections of the Stomach—(Continued)							
Appendicitis acute	...	...	8	...	8	...	
„ chronic	...	1	36	...	37	...	
Appendicular abscess	...	...	1	...	1	...	
Hernia inguinal	...	1	37	...	38	3	
„ femoral	...	...	1	...	1	...	
„ ventral	...	...	2	...	2	...	
„ strangulated	...	...	16	3	16	...	
Affections of the anus.							
Fistulae &c.	...	...	17	...	17	1	
Stricture of rectum	...	...	1	...	1	...	
Affections of the intestines.							
Constipation	...	...	1	...	1	...	
Affections of the liver.							
Liver abscess	...	...	6	...	6	...	
Hepatitis	...	...	31	...	31	...	
Catarrhal jaundice	...	...	3	...	3	...	
Cholecystitis	...	...	1	...	1	...	
Peritonitis	...	1	1	1	2	...	
Pancreatitis	...	...	1	...	1	...	
Other affections.							
Abdominal colic	...	...	16	...	16	...	
Intussusception	...	...	1	...	1	...	
Intestinal obstruction	...	...	1	...	1	...	
VII. Diseases of the Genito-Urinary System (non-venereal)							
Nephritis acute	...	1	...	...	1	...	
„ chronic	...	...	1	...	1	...	
Pyelitis	...	...	1	...	1	...	
Renal lithiasis	...	...	5	...	5	...	
Cystitis	...	...	6	...	6	...	
Urethral stricture	...	...	17	...	17	...	
Urethritis	...	...	1	...	1	...	
Epididymitis	...	1	...	...	1	...	
Orchitis	...	1	4	...	5	...	
Tumour of testicle	...	...	2	...	2	...	
Undescended testicle	...	...	1	...	1	...	
Hydrocele	...	...	5	...	5	...	
Cyst of penis	...	...	2	...	2	...	
Fungoid growth of penis	...	...	3	...	3	1	
Phimosis	...	...	3	...	3	...	
Salpingitis	...	...	12	...	12	1	
Salpingectomy	...	...	1	...	1	...	
Uterine fibroid	...	3	11	...	14	...	
Hæmatoma vulvæ	...	...	2	...	2	...	
Metritis	...	1	3	...	4	...	
Carried forward		20	564	18	584	13	

TABLE V.—(Continued).

Diseases.		Remaining in Hospital at end of 1934.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1935.	Remarks.
			Admissions	Deaths			
Brought forward	...	20	564	18	584	18	
TABLE VII.—(Continued)							
Menorrhagia	...	...	1	...	1	...	
Vaginitis	...	...	2	...	2	...	
Leucorrhœa	...	...	1	...	1	...	
Oophoritis	...	...	7	...	7	...	
Ovarian cysts	...	...	2	...	2	...	
VIII. Puerperal State.							
Normal labour	...	3	108	...	111	7	
Accidents of pregnancy	...	...	...	...	...	...
Abortion	...	...	13	...	13	2	
Threatened abortion	...	...	1	...	1	...	
Ectopic gestation	...	...	1	...	1	...	
Other accidents of pregnancy	...	...	26	...	26	4	
Other accidents of parturition	...	...	...	...	...	...
Puerperal hæmorrhage	...	1	1	1	2	...	
„ eclampsia	...	...	1	..	1	...	
IX. Affections of the skin and Cellular Tissues.							
Gangrene	...	...	1	...	1	...	
Carbuncle	...	...	3	...	3	...	
Abscess	...	2	48	...	50	1	
Cellulitis	...	...	7	...	7	...	
Eczema	...	...	2	...	2	...	
Epithelioma of lip	...	...	1	...	1	...	
Ulcers	...	1	20	...	21	...	
Septic wounds	...	...	14	...	14	1	
X. Diseases of Bones and Organs of locomotion.							
Periostitis	...	...	4	...	4	1	
Arthritis	...	...	7	...	7	...	
XI. Malformation.							
Harelip	...	...	3	...	3	...	
XII. Diseases of infancy.							
Marasmus	...	...	2	...	2	...	
XIII. Affections of old age.							
Senile decay	...	...	5	...	5	1	
XIV. Affections produced by external causes.							
Burns	...	...	8	...	8	...	
Wounds and injuries	...	...	48	...	48	1	
Dog Bite	...	...	2	...	2	...	
Dislocations	...	...	4	...	4	...	
Fractures	...	...	16	...	16	1	
Sprains	...	...	3	...	3	...	
Bruises	...	...	6	...	6	...	
Fish bone in œsophagus	...	...	1	...	1	...	
XV. III defined diseases.							
Ascites	...	...	2	...	2	...	
Observation	...	...	14	...	14	...	
Grand Total	...	27	949	19	976	32	

TABLE VI.

RETURN OF PATIENTS TREATED AT THE DISPENSARIES.

Month.	Seychelles Hospital.		Anse Royale.		Praslin.		Total.
	M	F	M	F	M	F	M. & F.
January	88	295	96	83	35	30	627
February	86	367	108	128	15	23	727
March	96	382	103	137	29	25	772
April	102	368	90	95	25	29	709
May	104	420	118	123	21	39	825
June	96	335	84	76	22	33	646
July	120	400	49	95	26	44	734
August	87	472	76	94	23	45	799
September	99	422	63	75	15	25	699
October	86	367	62	126	31	47	719
November	81	289	34	60	64	92	620
December	79	228	48	44	43	58	500
Total	1,124	4,345	931	1,136	351	490	8,377

TABLE SHOWING CONDITION AS MARRIAGE, PROBABLE CAUSE OF INSANITY, MENTAL DISEASE AND OCCUPATION
OF PATIENTS FOR THE YEAR 1935.

Condition in reference to Marriage.	Males.	Females.	Total.	Probable Cause of Insanity.	Males.	Females.	Total.	Form of Mental Disease.	Males.	Females.	Total.	Occupation.	Males.	Females.	Total.
	18	14	32		18	14	32		18	14	32		18	14	32
				<i>Moral.</i>				<i>Congenital or Infantile Mental defect.</i>							
Married	4	6	10	Domestic trouble	...	...	...	(a) with Epilepsy	...	...	...	Proprietor	1	2	3
				Adverse circumstances	...	...	...	(b) without Epilepsy	...	...	...	Clerk	2	...	2
				Mental anxiety and worry	...	...	...	General paralysis	...	1	2	Labourer	4	2	6
Single	12	6	18	Religious excitement	...	2	2	<i>Mania.</i>	...	...	...	Mason	1	...	1
				Love affairs	1	...	1								
Widow	...	...	...	Fright and nervous shock	...	...	...					
				<i>Physical.</i>				Acute	1	2	3		1	...	1
								Sub acute (Hypomania)	...	1	1	Carpenter	1	...	1
Widower	2	...	2	Intemperance in drink	2	...	2	Chronic	3	3	6		...	...	...
				sexual	...	3	3	Recurrent	3	4	7	Washerwoman	...	1	1
				Veneral disease	...	...	...		...	...	...		...	...	...
				Self abuse sexual	6	...	9	<i>Melancholia.</i>	...	...	...		...	...	...
Unknown	...	...	...	Over excitation	...	...	...		2	...	2	Nurse	...	1	1
				Sunstroke	...	...	...	Acute	...	1	1	Unknown	9	8	17
				Pregnancy	...	...	...	Chronic	...	...	...		...	...	...
				Parturition and the puerperal state	...	1	1	Recurrent	...	...	...		...	...	...
				Lactation	...	...	...	Paranoia	1	...	1		...	...	...
				Uterine and ovarian disorders	...	...	...	<i>Manic Depressive.</i>	...	...	...		...	...	...
				Puberty	...	...	...		1	...	1		...	...	...
				Change of life	...	1	1		...	...	...		...	...	...
				Fever	...	...	...	Acute	...	...	...		...	...	...
				Privation and starvation	...	...	...	Chronic	...	...	...		...	...	...
				Old age	...	...	...	Senile Dementia	...	1	1		...	...	...
				Other bodily disorders	...	3	3	Imbecility	1	...	1		...	...	...
				Previous attack	...	...	...	Idiocy	1	...	1		...	...	...
				Hereditary influences	9	4	13	Dementia paranoides	2	1	3		...	...	...
				Unknown	...	...	...		...	...	...		...	...	...
	18	14	32		18	14	32		18	14	32		18	14	32

APPENDIX A 1935.

TABLE SHOWING THE NUMBER OF PATIENTS FOR EACH MONTH IN THE ASYLUM, THEIR COST AND THE AMOUNT CONTRIBUTED BY PAYING PATIENTS TOWARDS MAINTENANCE FOR 1935.

Month	No. of patients			Cost				Cost of Washing per month for a patient		No. of Paying patients			Total amount contributed by paying patients		Classes of paying patients		Remarks		
	Males	Females	Total	Total daily	Per Head		Patient per month	Rupees	cents	Males	Females	Total	Rupees	cents	1st Class	2nd Class			
					Rs	c.													
																		Rs	c.
January ...	13	13	26	8	37	...	26	8	06	...	...	30	2	2	4	64	00	2	
February ...	12	13	25	7	48	...	23	6	44	...	...	29	1	2	3	59	00	1	2
March ...	12	13	25	7	59	...	24	7	44	...	...	31	1	2	3	65	00	1	2
April ...	12	13	25	7	85	...	25	7	50	...	...	37	1	2	3	63	00	1	2
May ...	13	13	26	7	68	...	24	7	44	...	...	28	1	2	3	65	00	1	2
June ...	12	13	25	7	65	...	24	7	20	...	...	31	1	2	3	63	00	1	2
July ...	12	13	26	7	70	...	24	7	44	...	...	36	2	2	4	68	25	1	3
August ...	12	14	26	7	69	...	24	7	44	...	...	25	2	2	4	81	50	1	3
September ...	13	14	27	8	34	...	25	7	50	...	...	29	2	2	4	79	00	1	3
October ...	13	14	27	8	25	...	25	7	75	...	...	27	2	2	4	81	50	1	3
November ...	14	14	28	8	83	...	26	7	80	...	...	29	3	2	5	80	75	1	4
December ..	14	14	28	8	93	...	26	8	06	...	...	37	3	2	5	93	00	1	4

TABLES SHOWING THE ADMISSIONS, DISCHARGES, DEATHS FOR EACH YEAR
FROM 1926 TO 1935.

Years	Admitted.			Discharged.									Died.			Remaining in Asylum inclu- ding those out on trial 31st Dec. each year			Remarks
				Recovered.			Relieved.			Not improved.									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1926	5	4	9	1	2	3	—	—	—	1	1	2	1	2	3	15	12	27	
1927	6	—	6	—	1	1	1	—	1	—	—	—	5	—	5	15	11	26	
1928	4	4	8	3	—	3	—	3	3	—	—	—	4	1	5	12	11	23	
1929	5	2	7	1	—	1	1	3	4	—	—	—	3	3	6	12	7	19	
1930	4	3	7	1	—	1	2	1	3	—	—	—	2	—	2	11	9	20	
1931	3	3	6	—	—	—	1	1	2	—	—	—	4	—	4	9	11	20	
1932	5	4	9	2	1	3	—	1	1	—	—	—	1	—	1	11	13	24	
1933	6	4	10	1	—	1	—	—	—	—	—	—	1	4	5	15	13	28	
1934	2	2	4	—	—	—	1	1	2	—	—	—	2	1	3	14	13	27	
1935	4	1	5	2	—	2	1	—	1	—	—	—	1	—	1	14	14	28	

ANSE ROYALE DISPENSARIES.

Vaccination :—Successful.	1st time	168
do	2nd time	30
do	3rd time	6
Total		204

RETURN OF PATIENTS TREATED AT SOUTH MAHE DISPENSARY.

Month.	Old.		New.		Total.
	M.	F.	M.	F.	M. & F.
January	82	71	14	12	179
February	90	106	18	22	236
March	81	119	22	18	240
April	83	80	7	15	185
May	101	102	17	21	241
June	79	63	5	13	160
July	45	83	4	12	144
August	67	87	9	7	170
September	60	65	3	10	138
October	49	98	13	28	188
November	32	50	2	10	94
December	42	38	6	6	92
Total	811	962	120	174	2,067

**ANNUAL MEDICAL REPORT
OF THE ASSISTANT MEDICAL OFFICER,
PRASLIN AND LA DIGUE,
For the Year
1935.**

For the major part of the year the work of medical relief to the districts of Praslin and La Digue was in the hands of Dr. Joseph who left on study leave in October. The last two months fell to my lot with Dr. Mathew filling in the gap for a short period of three weeks.

From my short experience here I feel I can safely say that the general health of the population as a whole was quite satisfactory. There is no record of any epidemic at all. Still I am afraid the two felt scourges of secondary anaemia due to worms and venereal diseases are quite rampant especially amongst the poor people. Some of the worst complications of Gonorrhoea are to be met with rather too frequently.

Ankylostomiasis Campaign :—Mass treatment with oil of chenopodium was carried out regularly at the dispensaries of Grand'Anse and La Digue and the Cottage Hospital at Baie St. Anne. A total of 2,580 treatments were administered during 1935.

Vaccination :—One hundred and thirty four children were successfully vaccinated during the year against one hundred and thirty one during 1934.

LEPROSY.

(a) *Segregated cases.*

There are twenty one segregated cases, seventeen in Praslin and four at La Digue. Hydnocecol treatment is given regularly both at Baie St. Anne and at La Digue. Two of the segregated cases were discovered in 1935. There are three suspected cases in Praslin, who are under observation and treatment.

(b) *Male Leper Camp Round Island.*

The year began with eighteen inmates in the camp. Three were admitted in the course of the year, but there were two deaths during the year, both very advanced cases which showed no response to treatment. Thus the year closed with nineteen inmates in the camp. All the inmates are given injections regularly.

Cottage Hospital :—A comparison of the statistics will show that the volume of work both in the in-patients and out-patients is steadily increasing. The Maternity section is doing much good work, nearly half the deliveries on the island are conducted at the Cottage Hospital. The appointment of a trained Health Visitor will greatly enhance the utility of this section of work and will be a great help to the rather overworked nurse of the Cottage Hospital.

VITAL STATISTICS.

Year.	Total Births.		Total Deaths.		Still Births.	
	Praslin.	La Digue.	Praslin.	La Digue.	Praslin.	La Digue.
1934	88	61	22	13	9	2
1935	62	56	37	13	5	1

STATISTICS OF THE COTTAGE HOSPITAL.

No. of cases admitted.	No. of cases cured.	No. of cases relieved.	No. of cases Transferred to Seychelles Hospital.	Deaths.
100	85	4	7	4

Causes of deaths :—

Pneumonia	...	...	1
Septicæmia	...	...	2
Heart Failure	...	...	1

**ANALYSIS OF CASES TREATED IN THE IN-PATIENT DEPARTMENT
OF THE COTTAGE HOSPITAL.**

I. SKIN AND CELLULAR TISSUE.

Abcesses	...	...	4
Lipoma	...	...	3
Sebaceous cysts	...	...	7
Cellulitis	...	...	4

II. ALIMENTARY SYSTEM.

Mumps	...	...	1
Ulcerative Stomatitis	...	...	1
Intestinal colic	...	...	3
Acute appendicitis	...	...	1
Diarrhœa	...	...	1

III. RESPIRATORY SYSTEM.

Bronchopneumonia	...	...	2
Influenza-Respiratory type	...	...	1

IV. GENITO URINARY SYSTEM.

Orchitis	...	...	1
Epididimitis	...	...	2
Stricture Urethra	...	...	5
Cystitis	...	...	1
Vesical Calculus	...	...	1
Nephritis	...	...	1
Hæmaturia - renal	...	...	1

V. OTHER DISEASES NOT MENTIONED ABOVE.

Pyrexia	...	...	3
Septicæmia	...	...	2
Heart failure	...	...	1
Amœbic Hepatitis	...	...	4
Arthritis	...	...	1

VI. MATERNITY CASES.

Full term	...	...	25
Abortions	...	...	4
Premature	...	...	2

ANALYSIS OF MATERNITY CASES.**(a) Fullterm :—**

Normal labour	...	...	21
Breech	...	...	2
Forceps	...	...	1
Eclampsia	...	...	1

(b) Abortions :—

Incomplete	...	...	2
Threatened	...	...	1
Inevitable	...	...	1

(c) *Premature* :—

Macerated	...	...	1
Still born	...	...	1

(d) *Still Births* :—

Premature	...	...	2
Forceps	...	...	1

VII. INJURIES.

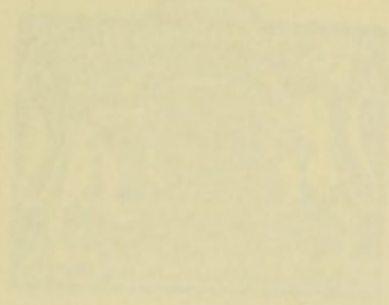
Wounds	...	...	2
Fall from a tree	...	...	1
Concussion of brain	...	...	1

VIII. FRACTURES AND DISLOCATIONS.

Fracture rib	...	...	1
Fracture skull	...	...	1
Fracture both forearms	...	...	1
Fracture lower end of humerus...	...	...	2
Multiple fracture of arm	...	...	1
Dislocation knee	...	...	1
Dislocation spine	...	...	1

LIST OF CASES FOR WHICH SURGICAL AID WAS GIVEN AT THE COTTAGE HOSPITAL (IN-PATIENTS AND OUT-PATIENTS INCLUSIVE.)

Nature of cases.	Number of cases.	Nature of interference.	Anæsthetic.
Abcesses of various types	4	Incision	Chloroform
Phymosis	1	Circumcision	C. E. Mixture
Multiple soft sores prepuce	1	Circumcision	Local
Lypoma	3	Removed	Local
Cysts	7	Enucleated	Local
		1 Sib-strapped	2 Chloroform
Fractures	6	4 Reduced and set up	4 Nil
		1 Initial treatment	
Dislocations	2	Reduced	Nil
Neavus face	1	Removed	Local
Tongue tie	3	Sublingual fold incised	Nil
Crushed finger	1	Amputation	Local
Cellulitis foot	2	Incision	Nil
Foreign body chest	1	Searched	Local
Wounds	2	Sutured up	Nil
Retention of Urine	2	Suprapubic puncture	Nil
Stricture of Urethra	3	Dilated	Nil
Incomplete abortion	2	Completed with finger	Nil
		Forceps 1	Chloroform
Difficult labour	3	Breech 2	Nil



COMMONWEALTH OF MASSACHUSETTS



ANNUAL REPORT

OF THE

MEDICAL and HEALTH

DEPARTMENT

FOR THE YEAR

1880

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J. W. B. L. Secretary.

